Call to Order/Roll Call
Kara Chien
Seats still open:

- Seat 3: Lived experience
- Seat 9: Residential Treatment Program Management and Operations

IWG member send suggestions to:
oksana.shcherba@sfgov.org
Vote to

Excuse Absent Member(s)

Decision Rule:

• Simply majority, by roll call
Meeting Goals

- Provide feedback to the Controller's Office about the Mental Health Service Center options
- Receive updates on and provide rapid response recommendations to various New Beds & Facilities projects

All materials can be found on the MHSF IWG website at: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Reminder: Mental Health SF Domains

Mental Health SF Domains

- Office of Coordinated Care
  - Case Management and Navigation
  - Overall Care Coordination
  - Marketing / Community Outreach
  - Inventory of Programs and Services
- Street Crisis Response Team
  - Pilot Phase
  - Ongoing Implementation
- Mental Health Service Center
  - Centralized Access
  - Pharmacy Services
  - Transportation
- New Beds and Facilities*
  - Expanding Existing Models
  - Drug Sobering Center
  - Crisis Unit
  - TAY

Dr. Hillary Kunins

Jamila Wilson
Dan Kaplan
Mike Wylie
David Pating

Data and IT Systems
HR Hiring and Pipeline
Equity
Analytics and Evaluation
Discussion Item #1
Remote Meeting Update

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
State and Local Requirements

RESOLVED, as follows:

1. the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, the IWG has considered the circumstances of the state of emergency.

2. As described above, because of the COVID-19 pandemic, conducting meetings of this body and its discussion groups in person would present imminent risks to the safety of attendees, and the state of emergency continues to directly impact the ability of members to meet safely in person.
Public Comment for Discussion Item #1

Remote meeting update

Steps:

• Call (415) 655-0001
• Enter access code 2483 910 2312
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #1
Remote meeting “findings”

Decision Rule:
• Simply majority, by roll call
Discussion Item #2

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Public Comment for Discussion Item #2
Approve Meeting Minutes

Steps:

• Call (415) 655-0001
• Enter access code 2483 910 2312
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #2

Approve Meeting Minutes

Decision Rule:

• Simply majority, by roll call
Discussion Item #3

MHSF Director’s Update

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Public Comment for Discussion Item #3
MHSF Director’s Update

Steps:
• Call (415) 655-0001
• Enter access code 2483 910 2312
• Press ‘#’ and then ‘#’ again
Discussion Item #4

Mental Health Service Center: Briefing & Discussion

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Mental Health Service Center

Update #3: Preliminary Options Discussion
Legislation Summary & Landscape of BHS Services
MHSC Legislative Requirements

The MHSF legislation specifies the Service Center provide 6 key services.

**Assessment of Immediate Need**
Assess a patient’s need for immediate medical treatment refer as necessary and appropriate.

**Pharmacy Services**
Stock and provide mental health + substance use medications at a reasonable cost 7 days a week.

**Transportation**
To other service sites. From Jail and ZSFGH.

**Psychiatric Assessment, Diagnosis, Case Management, and Treatment**
Provide onsite consultations, diagnosis and/or referral, create a treatment plan, prescribe medications, and assign case mgmt./care.

**MH Urgent Care**
Clinical intervention for those experiencing escalating psychiatric crisis and require rapid engagement, assessment, and intervention.

**Drug Sobering Center**
Clinical support and beds at appropriate level of care for individuals experiencing psychosis due to drug use.

---

Office of Private Insurance
Not under the MHSC section, but seeks to provide advocacy for insured residents, towards MH Parity and prevention goals of MHSF.
## System-wide View

<table>
<thead>
<tr>
<th>MHSC Requirement</th>
<th>Existing Programs</th>
<th>Future Programs</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>BHAC</td>
<td>DUCC</td>
<td>SCRT</td>
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<tr>
<td>Assessment of Immediate Need</td>
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<td>Pharmacy Services</td>
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<td>Mental Health Urgent Care</td>
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<td>Transportation</td>
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<td>Drug Sobering Center</td>
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**Do BHS Programs Meet MHSC Requirements?**

- Meets
- Partially Meets
- Does Not Meet
Deliverables and Timeline

Planned Deliverables

- **Crosswalk of Existing Services** – Identify current services, remaining gaps compared to the legislation.

- **Benchmarking** – Research several other 24/7 service models, including program structure, demand, and key lessons learned.

- **Equity Assessment** – Work with DPH's equity leads to ensure appropriate criteria are considered in the analysis.

- **Interviews with MHSF Stakeholders** – Share findings and solicit feedback on the analysis.

- **Options + Cost Analysis** – Provide three options for a MHSC roll-out, from a standalone to a virtual center approach. Provide cost estimates for each.

- **Project Summary** – Summarize project work in a PowerPoint deck.
3 Options for Service Center
Option 1—Stand-Alone Center

Deliver all services required by the MHSF Legislation in one location. To do so in most cost-effective manner, could scale-up an existing program that already provides some of the required services.

- **Candidates**—BHAC expansion or new location
- **Services Offered**—All services outlined in the MHSF legislation, including a pharmacy and MH urgent care.
- **Staffing**—Augment existing program staff with new hires to cover (1) new service areas, and (2) additional shifts – if expanding existing location.
- **Cost Estimate**—TBD *(Expected to be the highest magnitude, due to need to either expand or renovate a facility and hire additional staff.)*
- **Facility Availability and Timing**—TBD *(Possibly long to obtain new site). One location may limit access for regions/communities in the city (equity goal).*
Deliver required MHSC services through several programs already in operation, with needed staff expansion. However, no individual site would offer all the MHSC required programs.

- **Services Offered**—All service requirements will be met by existing BH programs/sites, however, established and effective access point(s) is needed. The success of the OCC will assume a large role in this model - effective coordination of intakes and access to care is needed.

- **Staffing**—Will not need to build new programs but will need to staff additional shifts at existing sites. OCC may also need additional case management staff.

- **Cost Estimate**—TBD (*Expected to be medium to highest order of magnitude. Can leverage existing service models, but certain centers may need to expand hours & staffing*)

- **Transportation**—OCC’s Bridge Engagement Services Team to coordinate transportation to care and between sites.

- **Facility Availability and Timing**—An additional facility may not be needed. Around one-year timeline. *Multiple locations help support equity goals.*
Option 3—Virtual Center

Streamline existing MH call lines into one intake line, similar to those offered in New York City and Los Angeles. This would build off work already underway by the 9-8-8 Workgroup.

- **Services Offered**—Provide an assessment of immediate need, virtual consultations, and linkages to services provided throughout the BHS landscape. To the extent possible, improve data systems to allow for real-time inventory across the BHS landscape.

- **Staffing Model**—Will not need to build new programs, but may need to hire additional staff to support 24/7 shifts.

- **Cost Estimate**—TBD (Expected to be lowest magnitude. There are currently several call-centers in operation within the City.)

- **Facility Availability and Timing**—No facility needed. Around 2 years for stakeholder coordination.
Overall Questions:

What are the benefits of each option?
How do each of the options help to fulfill the goals of the MHSF legislation?
How does each provide an opportunity or benefit to meeting DPH and BHS’s equity goals?

What are the challenges of each option?
How might they be challenging to implement?
Will they have challenges or hinder meeting equity goals?
Any key services or MHSF goals that are left unaddressed?

Options
1. Stand-Alone Center
2. Multi-Location Center
3. Virtual Center

Equity Criteria
To what degree does it:
1. Target DPH/BHS priority populations
2. Provide culturally congruent services
3. Promote workforce diversity
4. Location that supports access (region, transit, etc.)
Public Comment for Discussion Item #4

Mental Health Service Center: Briefing & Discussion

Steps:

• Call (415) 655-0001
• Enter access code 2483 910 2312
• Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #5

New Beds and Facilities: Minna Project and Drug Sobering Center Updates & Recommendation Review

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Reminder: Mental Health SF Domains

Mental Health SF Domains

- Office of Coordinated Care
  - Case Management and Navigation
  - Overall Care Coordination
  - Marketing / Community Outreach
  - Inventory of Programs and Services

- Street Crisis Response Team
  - Pilot Phase
  - Ongoing Implementation

- Mental Health Service Center
  - Centralized Access
  - Pharmacy Services
  - Transportation

- New Beds and Facilities* (Mental Health and Substance Use Treatment Expansion)
  - Expanding Existing Models (Dashboard Updates & Rapid Response)
  - Drug Sobering Center
  - Crisis Stabilization Unit
  - TAY

Data and IT Systems
HR Hiring and Pipeline
Equity
Analytics and Evaluation

David Pating
Minna Project:
a Dual Diagnosis Transitional Care Program for People With Justice Involvement

Prepared for Mental Health SF Implementation Working Group

June 28, 2022

Presented by
David Pating, MD
Domain Co-lead, New Beds and Facilities
Review: Minna Project Opening

Program Overview and Services

Program Evaluation: Key Outcomes
06/09/22: Minna Project Ribbon Cutting!
Minna Project

- Located at 509 Minna Street on South Market Street
- Joint project of Dept Public Health (DPH) & Adult Probation Department (APD).

**Goal:** Improve quality of life and enhance recovery for clients (a) with *justice-involvement*, (b) have *mental illness and/or substance use disorder* and, (c) are *homeless* (or at-risk for homelessness).
From Hotel to Housing...

- 75 units with private baths
- Treatment space
- Commercial kitchen and laundry facility
- Two dining rooms
...Bright and Airy!
# ON-SITE SUPPORTIVE SERVICES

## Individualized support services provided on site

<table>
<thead>
<tr>
<th>DPH Clinical Services</th>
<th>APD Supportive Services</th>
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<tbody>
<tr>
<td>• Clinical services</td>
<td>• Property management</td>
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<tr>
<td>▪ Clinical assessment and review</td>
<td>• Reentry case management services</td>
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<tr>
<td>▪ Case management</td>
<td>• Program coordination, referrals and intakes</td>
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<tr>
<td>▪ On-site specialty MH/SUD outpatient services</td>
<td>• On-site 12-step and support group</td>
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<tr>
<td>▪ Medication management</td>
<td>• Peer support</td>
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<td>▪ Individual therapy</td>
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<td>▪ Group therapy</td>
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</table>
Key principles & design elements for the Minna Project’s clinical services

<table>
<thead>
<tr>
<th>Environmental Recommendations</th>
<th>Care Practices</th>
<th>Other Support</th>
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</thead>
<tbody>
<tr>
<td>Welcoming/culturally-affirming space for multiple groups</td>
<td>Trauma informed care</td>
<td>Court support</td>
</tr>
<tr>
<td>Use of non-judgmental language i.e., “clean” or “dirty” for peoples’ drug use</td>
<td>Harm reduction, substance use treatment, medication management</td>
<td>Basic computer skills</td>
</tr>
<tr>
<td></td>
<td>Non-pharmacological interventions e.g., meditation, working out, adequate free time</td>
<td>Fair housing management</td>
</tr>
</tbody>
</table>
MAY MHSF IWG INPUT: Equity

Ideas to support the Minna Project’s racial equity

**Workforce Equity**
- Reflective, culturally competent workforce
- Language competence, esp. Cantonese and Spanish
- Pay parity between sectors and across position types
- Workforce pipelines at local high schools

**Staff Training**
- Support and training around bias and DEI issues
- Address stereotype threat
- Assure that return to custody is not part of care plan
- Understand how different communities view abstinence and harm reduction
Key Outcomes for IWG consideration

Identify one key performance measure of success for Minna Project in each of the following domains?
1. Transitional Housing for PEH (1)
2. Justice Involvement (1)
3. Behavioral Health (1)

Some examples:
"how many clients transition to permanent housing,"
"a reduction in recidivism or re-arrest"
"a reduction in visits to PES"
Discussion
Soma RISE

- Located at 1076 Howard Street on South Market St.
- Dept Public Health (DPH) in contracted partnership with HealthRight 360 (HR360)

**Goal:** Provide a safe and welcoming space for people to stabilize and "come down" from drug intoxication.

**Additional support services:** Food, showers, and safe place to rest
Linkages
Operations
Metrics
MHSF Policies
Linkages

- Offer linkages
- Track linkages accepted
- Track types of linkages accepted
Operations

- Storage space for client belongings
- Quiet activities
- Options for those that can’t be served, i.e. under 18
- Outreach to under-represented communities
- Partner with other community service providers
- Outreach to CBOs and DPH outpatient service centers
- Pay parity between DPH and CBOs
Metrics

• Number of people served
• Number of linkages
• Number of overdose reversals
• Number of harm reduction kits accepted
• Number of trainings provided
• Number of showers, meals, etc.
Example Dashboards I (services)
Based on Tenderloin Center

Part of Tenderloin Emergency Initiative data and reports

Increasing connections to care for people in the Tenderloin

Data about people in the Tenderloin connecting to health and social services.
Cumulative daily guests at the Tenderloin Center

55,219
1/17/2022 through 6/12/2022

Average daily guests at the Tenderloin Center

Operational Period
Services requested at the Tenderloin Center

- Requests: Basic necessities: 44,179
- Requests: Safe or social space: 35,236
- Requests: Harm reduction: 9,094
- Requests: Housing and social services: 7,903
- Requests: Medical care: 1,735
- Requests: Behavioral health: 1,270
- Requests: Other services: 461

2/28/2022 to 6/12/2022

Number of Requests
Dignity services provided through the Tenderloin Center

The following dashboard shows the cumulative number of meals, showers, and loads of laundry provided at the Tenderloin Center since the initiation of data tracking for each measure.

<table>
<thead>
<tr>
<th></th>
<th>Cumulative meals provided</th>
<th>Cumulative showers provided</th>
<th>Cumulative loads of laundry provided</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>40,365</td>
<td>5,249</td>
<td>1,776</td>
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<tr>
<td>Date Range</td>
<td>1/17/2022 - 6/12/2022</td>
<td>1/17/2022 - 6/12/2022</td>
<td>1/17/2022 - 6/12/2022</td>
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</table>
Number of referrals made at the Tenderloin Center

- Behavioral Health: 392 referrals
- Housing & Shelter Support: 1,274 referrals
- Physical Health: 253 referrals
- Social Services: 2,028 referrals
Reducing fatal and non-fatal overdoses in the Tenderloin

Data trends about San Francisco’s work to reduce overdoses in the Tenderloin
Naloxone medicine distributed in the Tenderloin

- DPH Street Outreach
- Tenderloin Center

Operational Period

### Graph Description

The graph shows the distribution of naloxone medicine in the Tenderloin over a series of operational periods. Each bar represents the number of distributed naloxone doses, differentiated by the outreach program responsible for the distribution (DPH Street Outreach or Tenderloin Center). The x-axis represents the operational periods, while the y-axis shows the number of doses distributed, ranging from 0 to 150.

- **DPH Street Outreach** is represented by blue bars.
- **Tenderloin Center** is represented by orange bars.

The data points for each period indicate the specific number of doses distributed by each program, allowing for a visual comparison of their respective contributions over time.
MHSF Policy Considerations

• Mapping of other programs, their success criteria, data on these programs, and assessment of gaps in the continuum of care
• Immediate, onsite access to case manager, housing, and prescriptions refills
• Explore alternative locations
• Pay parity between DPH and CBOs
Public Comment for Discussion Item #5
Minna Project and SOMA Rise (Drug Sobering Center) Updates & Recommendation Review

Steps:
• Call (415) 655-0001
• Enter access code 2483 910 2312
• Press ‘#’ and then ‘#’ again
Public Comment for
Any other matter within the jurisdiction of the Committee not on the agenda

Steps:
• Call (415) 655-0001
• Enter access code 2483 910 2312
• Press ‘#’ and then ‘#’ again
# Anticipated IWG Meeting Topics 2022

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<tr>
<th>Topic Area</th>
<th>Jan</th>
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<td><strong>IWG Domains</strong></td>
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<td>Street Crisis Response Team</td>
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<td>New Beds &amp; Facilities (NB&amp;F): Drug Sobering Center</td>
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<td>NB&amp;F: Expansion of Existing Models</td>
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**Deliverable**: IWG Annual Progress Report

**Deliverable**: IWG Implementation Report

<table>
<thead>
<tr>
<th>Other Intersecting Departments/Projects/Briefings</th>
<th>Jan</th>
<th>Feb</th>
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<td>CON: Citywide Street Outreach Briefing (SCRT, SFHOT, SORT, etc.)</td>
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<td>HSH: Housing Briefing</td>
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<td>DPH MHSF Budget Update</td>
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*D=Design  U=Update*
Housekeeping

• Next Meeting Date and Time
  o 4th Tuesday of the month 9:00AM-1:00PM
  o **July 26, 2022**

• This week, call for **volunteers** for July TAY recommendations Discussion Group

• Meeting Minutes Procedures
  o Draft minutes in the next two weeks
  o Approved meeting minutes will be posted

• MHSF IWG e-mail address for public input: [MentalHealthSFIWG@sfgov.org](mailto:MentalHealthSFIWG@sfgov.org)
Adjourn