May 25, 2021

Mental Health San Francisco

Implementation Workgroup | May 2021

San Francisco
Department of Public Health

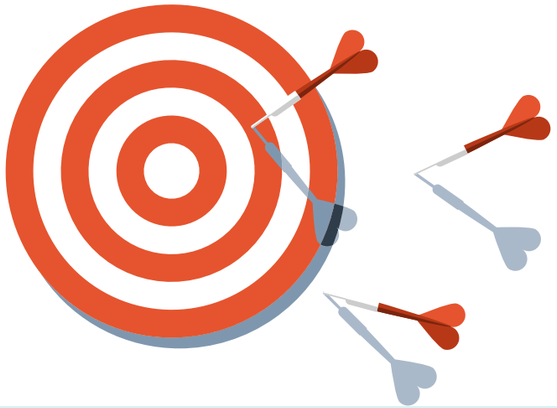
harder + co community research

9:00-9:10 AM

Call to Order/Roll Call

Meeting Goals

- Agree upon principles the group will apply to all future MHSF recommendations
- Finalize Street Crisis Response Team recommendations
- Develop initial Drug Sobering Center recommendations
- Deepen shared understanding of MHSF components and foundations

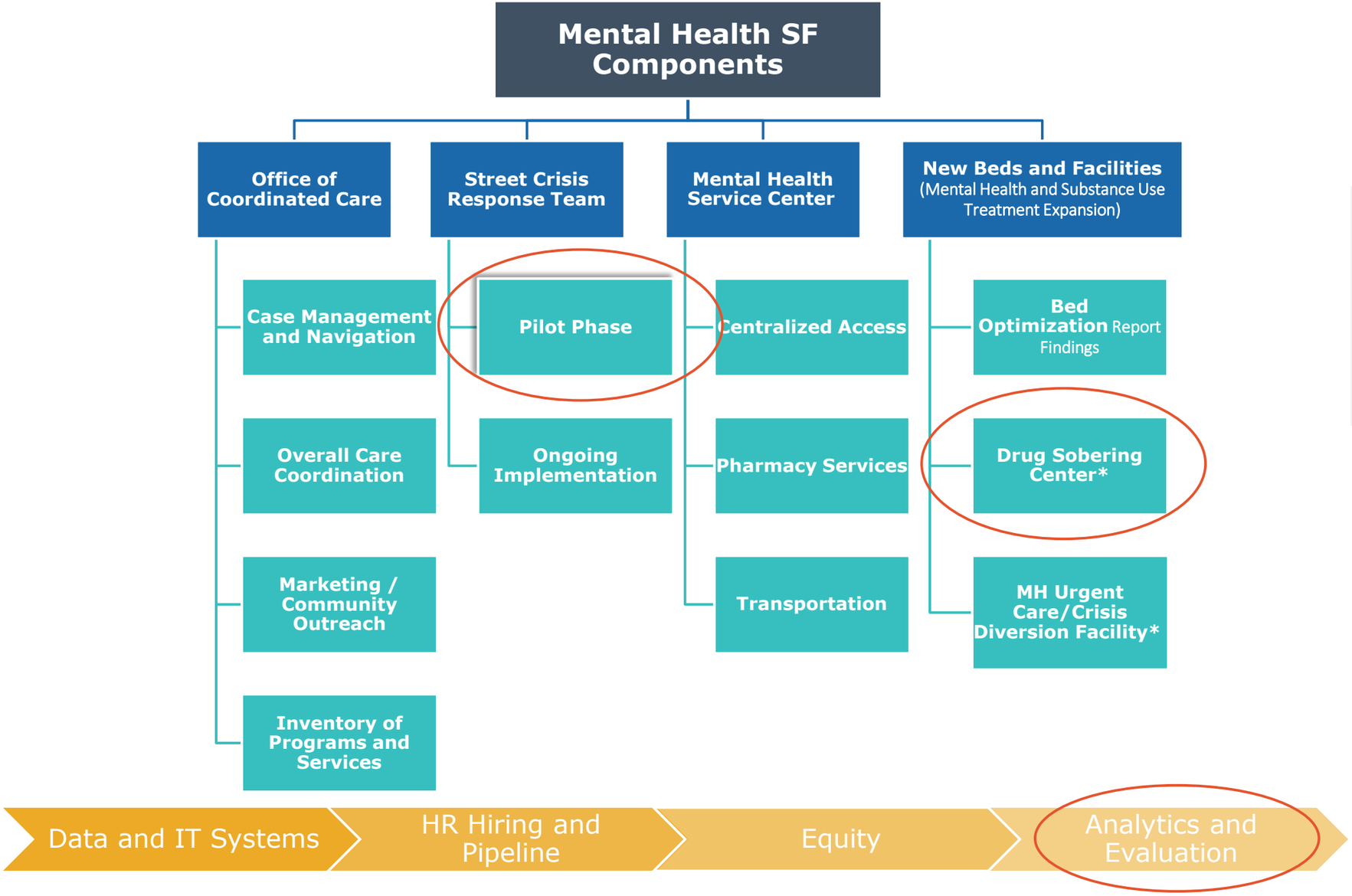


All materials can be found on the MHSF IWG website at: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

Group Agreements

1. No one knows everything, together we know a lot
2. Listen actively, respectfully and for new information
3. Critique the idea, not the person
4. Step up/Step back
5. Speak from own experience; avoid generalizations
6. Focus on solutions that best create anti-racist, anti-sexist, anti-transphobic, anti-xenophobic, and promote a decolonized community
7. Use virtual meeting tools (camera, raise hand)
8. Allow the facilitator to guide the process

Reminder: Mental Health SF Components



**service falls under Mental Health Service Center in legislation, DPH has organized under New Beds and Facilities for operational efficiency*

Note: Office of Private Health Insurance & Accountability will be addressed at a later time

Reminder: Mental Health SF Components

Implementation Working Group

SFDPH Implementation Team

Dr Hillary Kunins
Marlo Simmons
Diane Prentiss
Sneha Patil

Mental Health SF Components

Dr Angelica Almeida

- **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)
  - Bed Optimization Report Findings
  - Drug Sobering Center*
  - MH Urgent Care/Crisis Diversion Facility*

Dr David Pating

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

Dr Monica Rose
Wendy Lee

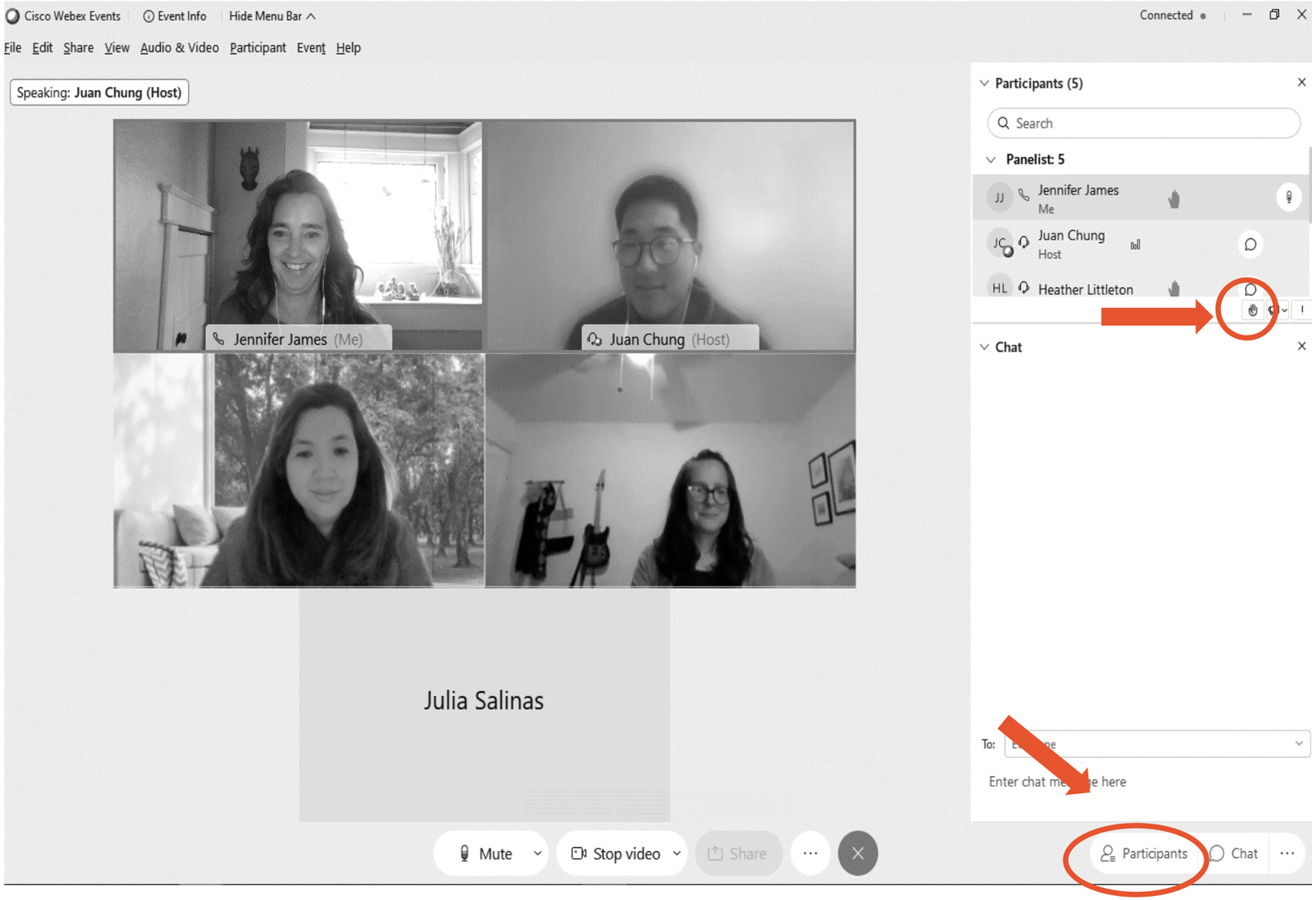
9:10-9:20 AM

Discussion Item #1

Approve Meeting Minutes

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

IWG Discussion: Reminder to raise your hand



Public Comment for Discussion Item #1

Approve Meeting Minutes

Steps:

- Call (415) 655-0001
- Enter access code 146 130 8366
- Press ‘#’ and then ‘#’ again

Vote on Discussion Item #1

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call

9:20-9:40 AM

Discussion Item #2

Principles to apply when developing MHSF recommendations

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

Slate of Principles to apply to recommendations

Will answer the question: Does the recommendation…

1. Reflect evidence and/or community based best practices, data, research, and a comprehensive needs assessment.
2. Prioritize mental health and/or substance use services for people in crisis.
3. Provide timely and easy access to mental health and substance use treatment (low barriers to services).
4. Create welcoming, nonjudgmental, and equity- driven treatment programs/spaces where all individuals are treated with dignity and respect.
5. Utilize a harm reduction approach in all services. (*Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Mental Health SF shall treat all consumers with dignity and compassion, and shall provide care without judgment, coercion, discrimination, or a requirement that clients consumers stop engaging in specific behaviors as a precondition to receiving care*.)
6. Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services.
7. Facilitate the integration of mental health and substance use services to ensure that individuals experience treatment as one seamless and completely coordinated system of care, organized around their individual needs.

Other items from discussion group

- Recommendation not to add a principle related to equitable behavioral health practices because it is already part of other recommendations
- Recommendation to add a principle about a living wage to all programs designed by MHSF
- Discussed if a principle should be added related to addressing conservatorship and involuntary treatment. It was not included as a principle to guide recommendations as it is part of the "governing design" of MHSF (i.e., cannot be changed)

Level of Agreement with Principles

Question:

"Do you agree with the slate of principles brought forth by the discussion group, and amended as needed, today?"

1. No way, I block this
2. I see issues we need to resolve
3. I see issues, but can live with it
4. I'm fine with this as is
5. I love this!

Public Comment for Discussion Item #2

Principles IWG will apply to developing recommendations

Steps:

- Call (415) 655-0001
- Enter access code 146 130 8366
- Press '#' and then '#' again

9:40-10:25 AM

Discussion Item #3

Street Crisis Team Recommendations

All materials can be found on the MHSF IWG website at:
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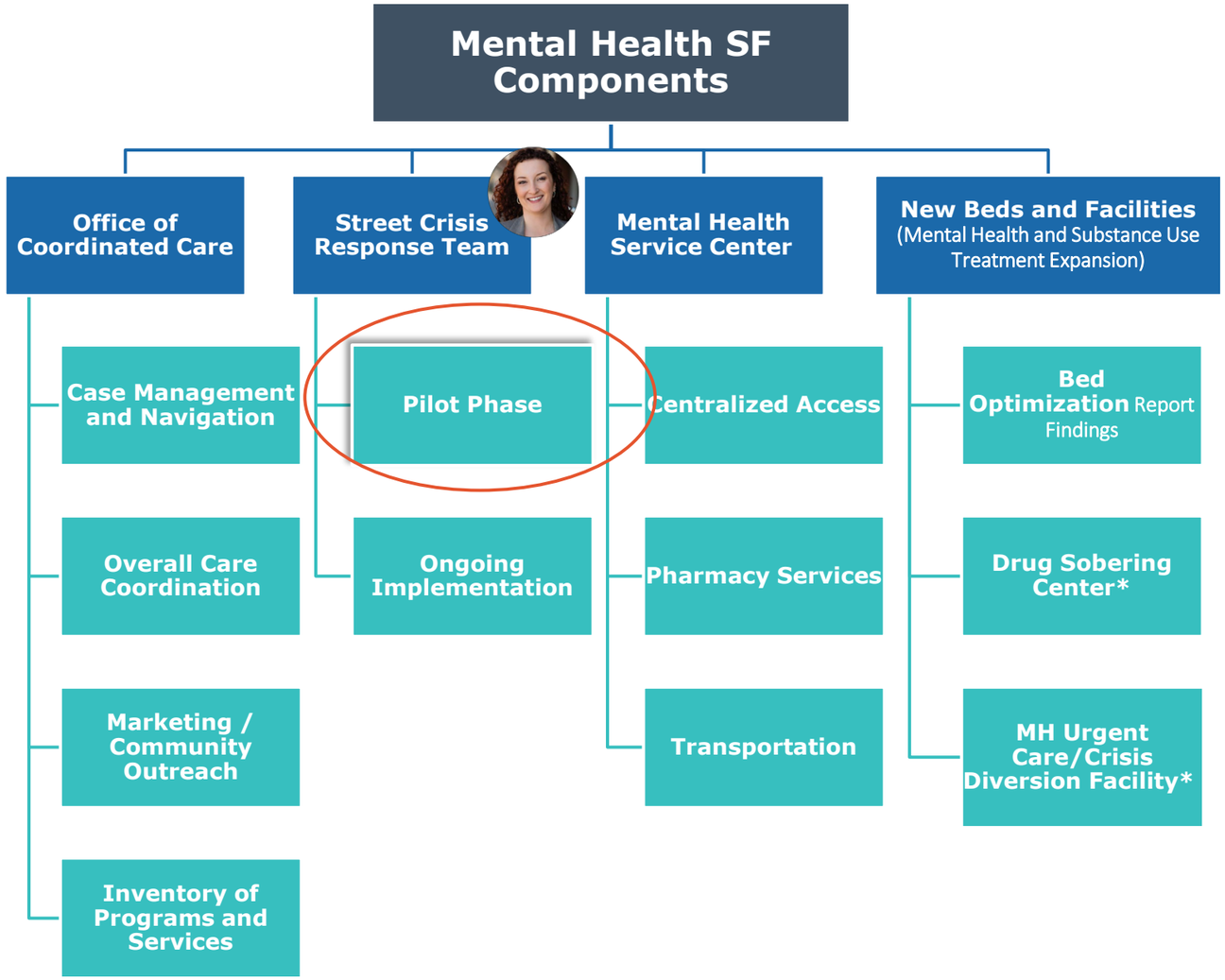
Reminder: Mental Health SF Components



**service falls under Mental Health Service Center in legislation, DPH has organized under New Beds and Facilities for operational efficiency*

Note: Office of Private Health Insurance & Accountability will be addressed at a later time

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

SCRT Recommendations

Share screen of recommendations

SCRT Recommendation Voting process

1. IWG consensus-based process
   - Step 1: Review proposed SCRT recommendations
   - Step 2: Check for understanding
   - Step 3: Ask for revisions
   - Step 4: Polling on member level of agreement with all SCRT recommendations, 1-5
   - Step 5: If any 1s or 2s, discuss, clarify and repeat from Step 3
2. Public comment
3. Modify final slate of SCRT recommendations as needed
4. Simple roll call yes/no vote

Public Comment for Discussion Item #3

SCRT Recommendations

Steps:

- Call (415) 655-0001
- Enter access code 146 130 8366
- Press ‘#’ and then ‘#’ again

SCRT: Final Vote

1. IWG consensus-based process
   - Step 1: Review proposed SCRT recommendations
   - Step 2: Check for understanding
   - Step 3: Ask for revisions
   - Step 4: Polling on member level of agreement with all SCRT recommendations, 1-5
   - Step 5: If any 1s or 2s, discuss, clarify and repeat from Step 3
2. Public comment
3. Modify final slate of SCRT recommendations as needed
4. Simple roll call yes/no vote

1	No way, I block this
2	I see issues we need to resolve
3	I see issues, but can live with it
4	I'm fine with this as is
5	I love this!

5 Minute Break

11:00 AM-12:15 PM

Discussion Item #4

Drafting Drug Sobering Center Recommendations

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 Components

Mental Health SF Components

- **Office of Coordinated Care**
  - Case Management and Navigation
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Data and IT Systems → HR Hiring and Pipeline → Equity → Analytics and Evaluation

Drug Sobering Center Discussion

Community Engagement:

- Based on Methamphetamine Task Force's 2019 efforts
- DPH and its partner HealthRight360 will hold quarterly feedback meetings to provide program updates and hear direct feedback from the community and consumers about the program.

What is "set"

- Location (Tenderloin, based on overdose data)
- Program Operator

Proposed services:

- Hospitality and support services
- Snacks and beverages
- Provision of materials to support activities of daily living (i.e., clothing, showering, hygiene supplies)
- On-site security for safety monitoring
- On-site EMT to provide health assessments and first aid
- Referral to primary care medical, outpatient mental health and substance use services, and other community resources
- Linkage to social services including housing supports
- Access to harm reduction supplies and education
- Individualized peer support and counseling using motivational interviewing to move clients towards harm reduction

Drug Sobering Center Discussion

DPH's question of the IWG

1. The Drug Sobering Center is a pilot which will be evaluated along four dimensions: a) contribution to MHSF global outcomes, b) Drug Sobering Center services and utilization, c) quality; and d) satisfaction. What other outcome measures would the IWG deem important or essential in evaluation of this program as pilot?

2. How should the Drug Sobering Center be evaluated in the context of rapidly changing patterns of community drug use?

Public Comment for Discussion Item #4

Drug Sobering Center

Steps:

- Call (415) 655-0001
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- Press '#' and then '#' again

5 Minute Break

12:15 PM-12:50 PM

Discussion Item #5

MHSF Foundation Building

- **Analytics and Evaluation Domain Overview**

All materials can be found on the MHSF IWG website at:
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Reminder: Mental Health SF Components

Mental Health SF Components

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

MHSF Analytics and Evaluation

11:35 AM-12:15 PM

Monica Rose, MA, PhD
Director, Research & Evaluation
Quality Management
Behavioral Health Services

Wendy Lee
City Performance Unit
Office of the Controller

MENTAL HEALTH SF ANALYTICS & EVALUATION

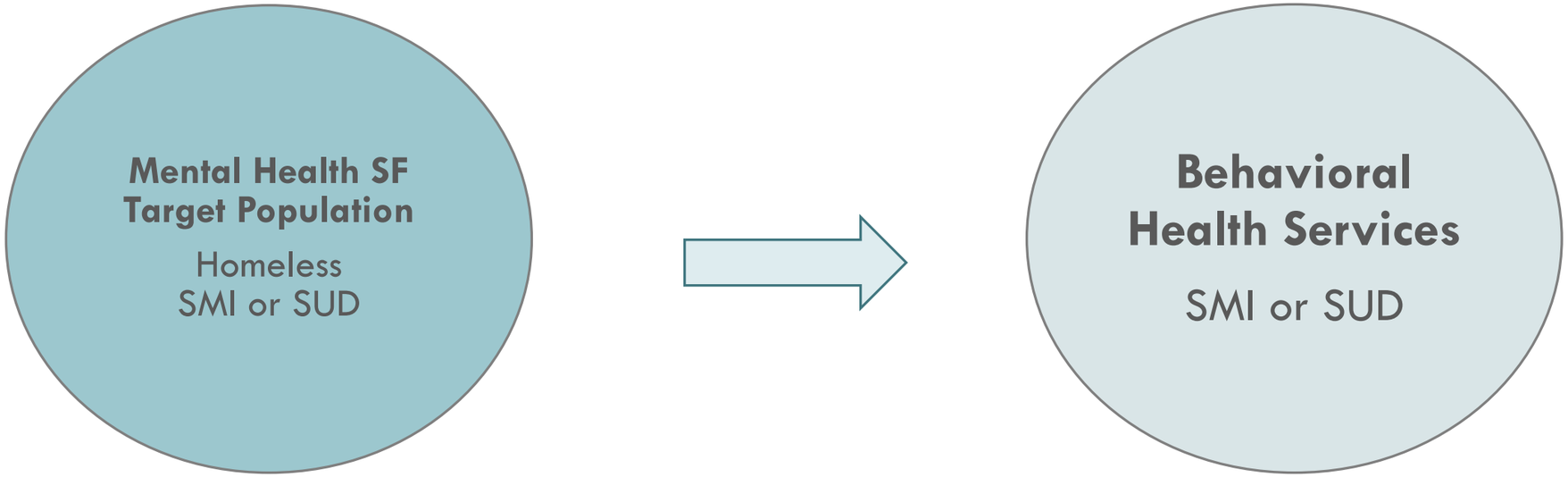
MHSF Analytics and Evaluation Domain
IWG May 25th, 2021

PURPOSE OF MENTAL HEALTH SF, PER THE LEGISLATION

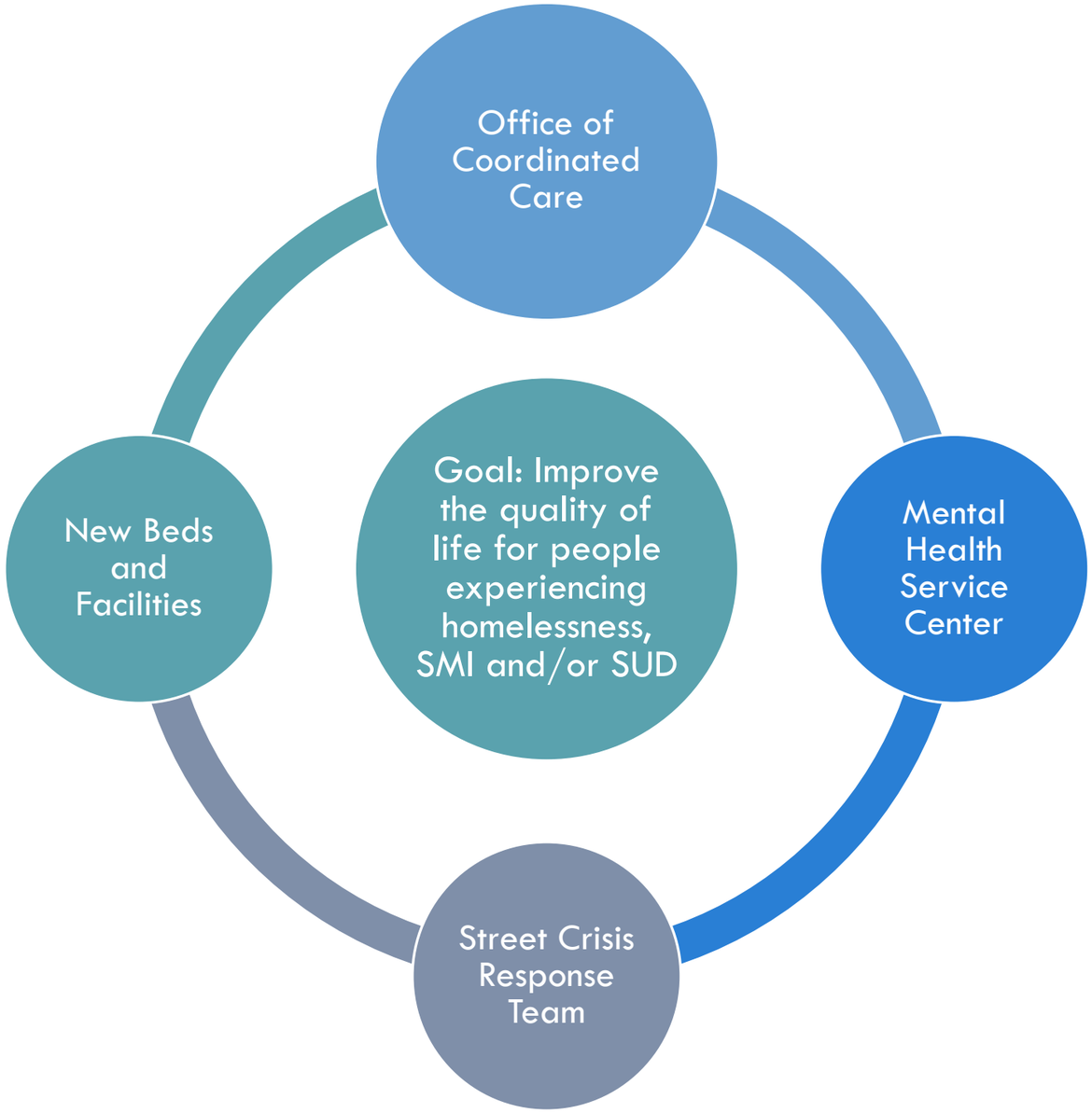
According to Section (c)(1) on page 6 of the legislation:

(1) Persons Experiencing Homelessness.

The primary focus of Mental Health SF is to help people with serious mental illness and/or substance use disorders who are experiencing homelessness get off of the street and into treatment. Persons who are experiencing homelessness and who are diagnosed with a serious mental illness and/or a substance use disorder shall have low barrier, expedited access to treatment and prioritized access to all services provided by Mental Health SF.



MENTAL HEALTH SF DOMAINS



AIMS OF THE MENTAL HEALTH SF ANALYTICS & EVALUATION TEAM

1. Determine whether the overarching purpose of Mental Health SF is being met
   - *Are persons with serious mental illness and/or substance use disorders who are experiencing homelessness getting into treatment and are they benefiting from treatment?*
2. Determine whether the components of Mental Health SF are being implemented appropriately
   - *Are the services being implemented as intended per the legislation and are persons receiving those services benefiting?*
3. Determine whether any disparities exist by race/ethnicity, language, gender identity, age, or sexual orientation
   - *Are the services being delivered equitably? Are there any differences in outcomes by demographic factors?*

KEY PERFORMANCE INDICATORS FOR MHSF TARGET POPULATION

⬆ INCREASE ROUTINE CARE
⬇ REDUCE CRISIS SERVICES & EVENTS

- **Increase the % of the target population who are:**
  - engaged in planned, routine behavioral health care services
  - assigned intensive case managers
  - placed in and maintaining housing

- **Decrease the % of the target population who are:**
  - hospitalized or using crisis or urgent care services
  - incarcerated

LINKING THE POPULATION KPIS TO THE DOMAINS

	Street Crisis Response Team	Mental Health Services Center	Office of Coordinated Care	New Beds & Facilities
Increase engagement in planned, routine behavioral health care	X	X	X	X
Increase the % of the target population who have been placed in and are maintaining housing			X	
Decrease utilization of crisis services	X	X	X	X
Decrease incarceration	X		X	X

EXAMPLES OF KPIS FOR EACH DOMAIN

Street Crisis Response Team	Mental Health Services Center	Office of Coordinated Care	New Beds & Facilities
Increase % of crises resolved without transport to emergency services	Increase % of clients referred to and linked to treatment	Increase % of clients linked to services	Reduced wait time from referral to admission
Increase % of calls resulting in client contact	Increase % of clients enrolled in benefits	Increase % of clients retained in care	Reduce psychiatric inpatient administrative days
Increase % of clients linked to routine care	Increase % of staff trained in use of Narcan and overdose reversal	Reduce wait times for ICM/FSP slots	Reduce % of clients admitted to PES
Reduce % of clients admitted to PES		Increase % of clients assessed for housing	Reduce % of clients incarcerated

KPI = Key Performance Indicator
PES = Psychiatric Emergency Services

EXAMPLES OF MHSF A&E WORK TO DATE

- ✓Defined homelessness and data available from EHRs to track homelessness, made some recommendations for improvements
- ✓Standardized key definitions needed for reporting
- ✓Met with the leads of each domain to review draft KPIs and provided feedback
- ✓Set up data request process
- ✓Mechanism and template set up for routine reporting for Street Crisis Response Team metrics
- ✓Reviewing IT needs for tracking MHSF activities and develop reports

PROCESS OF DEVELOPING THE MHSF EVALUATION

- Define and quantify MHSF target population per legislation
- Define and develop key performance indicators for the target population & each domain

- Collect stakeholder input
- Finalize evaluation framework

Develop and distribute regular data reports on key performance indicators and population impact

E.g., monthly data reporting for Street Crisis Response Team

Questions & Discussion

Clarifying questions?

What is missing from the evaluation planning thus far?

How would you define success for the MHSF target population?

What are the most important outcomes to track?

Public Comment for Discussion Item #5

MHSF Foundation Building

Steps:

- Call (415) 655-0001
- Enter access code 146 130 8366
- 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 146 130 8366
- Press ‘#’ and then ‘#’ again

Housekeeping

Next Steps

- IWG Drug Sobering Center discussion group

Next Meeting Date and Time

- June 22, 2021: 9:00 AM - 1:00 PM
- Fourth Tuesdays of the month

Website for the IWG

- https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

Meeting Minutes Procedures

- Draft minutes in the next two weeks
- Approved meeting minutes will be posted

Adjourn

Appendix: Deliverable Dates

Ordinance Deliverable	Original Date in Ordinance	Proposed Adjusted Date
IWG Annual Progress Report: Every year, IWG submits progress report to BOS, Mayor, and Dir of Health	Starting October 1, 2020	October 1, 2020 is cancelled. Next report: October 1, 2021
IWG Final Design/Implementation Recs Report: The IWG submits "its final recommendations concerning the design of Mental Health SF, and any steps that may be required to ensure its successful implementation" to the BOS, Mayor, and Dir of Health	June 1, 2021 (This original date assumes the IWG has met for over a year)	May 2022 to allow enough time for the IWG to cover MHSF topics and provide recommendations.
DPH Annual implementation plan (services, finance resources, what is infeasible to deliver)	Feb 1, 2021 (and annually thereafter) to Mayor and BOS - (this original date assumed the IWG has met 10+ months)	May 2021 - light progress report given COVID and budget. First full implementation plan will be presented in Feb 2022.

Appendix: Ordinance Components

1) Mental Health Service Center

2) Office of Coordinated Care

3) Crisis Response Street Team

4) Mental Health and Substance Abuse Use Treatment Expansion

5) Office of Private Health Insurance Accountability

Appendix: IWG Members

Name	Qualification	Appointed By
Scott Arai, Psy. D.	Residential Treatment Program Management and Operations	Mayor
Shon Buford	Peace Office, Emergency Medical Response, Firefighter (San Francisco Fire Department)	Mayor
Vitka Eisen, M.S.W., Ed.D	Treatment provider with mental health harm reduction experience (Health Right 360)	Mayor
Steve Fields, M.P.A.	Treatment provider with mental health treatment and harm reduction experience (Progress Foundation)	BOS
Ana Gonzalez, D.O.	DPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)	Mayor
Phillip Jones	Lived experience	BOS
Monique LeSarre, Psy. D.	Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)	BOS
Jameel Patterson	Lived experience	Mayor
Andrea Salinas, L.M.F.T.	Treatment Provider with experience working with criminal system involved patients	BOS
Sara Shortt, M.S.W.	Supportive Housing provider	BOS
Amy Wong	Healthcare worker advocate	BOS
Kara Chien, J.D.	Health law expertise	City Attorney
Hali Hammer, M.D.	DPH employee with health systems or hospital administration experience (Primary Care Behavioral Health, SFDPH)	Mayor