Call to Order/Roll Call
Meeting Goals

- Brainstorm New Beds & Facilities - Crisis Diversion Program
- Brainstorm Office of Coordinated Care
- Receive update from Street Crisis Response Team discussion group

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
- Drug Sobering Center
- Crisis Diversion
- TAY

*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
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
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
Public Comment for Discussion Item #1

Approve Meeting Minutes

Steps:

• Call (415) 655-0001
• Enter access code 2487 792 3979
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #1

Approve Meeting Minutes

Decision Rule:

• Simply majority, by roll call
Discussion Item #2

New Beds and Facilities: Crisis Diversion Discussion and Recommendation Brainstorm

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 Diversion
  - TAY

*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**

**Jenna Bilinski**

**Dr Matthew Goldman**
Reminder of the Recommendation Roadmap

**September 28-October 26*:**
IWG receives background and discusses

**November 9***:
IWG engages in white board session to source recommendation ideas

**December**:
Discussion Group crafts recommendations

**December 14***:
IWG reviews Discussion Group’s work

**January**:
Discussion Group refines recommendation wording

**January 25***:
Review recommendations and vote

* Occurs during monthly IWG public meetings

Conflict of Interest key:
- ● step out
- ○ be vigilant
- □ all can participate
CRISIS SERVICES SUMMARY

Mental Health SF Implementation Working Group

November 9, 2021

Jenna Bilinski, RN, MBA
Matthew Goldman, MD, MS
ADDRESSING RACIAL HEALTH EQUITY

- Trauma-informed, behavioral health and medical response rather than a law enforcement response
- Therapeutic de-escalation and medically appropriate response to person in crisis through a multi-disciplinary team
- Appropriate and targeted linkages and follow up care for people in crisis, including mental health care, substance use treatment, and social services
- Community based outreach for individuals served by the program and the communities where they live
- Community engagement and rapport building
- Integration of someone with lived experience on the team (both in terms of behavioral health services, but also representing communities being served) creating pathways to employment and allowing for more robust engagements
# CURRENT MENTAL HEALTH CRISIS CARE SERVICES

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<thead>
<tr>
<th></th>
<th>Higher Acuity</th>
<th>Lower Acuity</th>
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</thead>
<tbody>
<tr>
<td><strong>Program</strong></td>
<td>Psychiatric Emergency Services</td>
<td>Acute Diversion Unit</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>1001 Potrero Ave (Mission)</td>
<td>Multiple locations</td>
</tr>
<tr>
<td><strong>Capacity</strong></td>
<td>18 beds</td>
<td>44 beds</td>
</tr>
<tr>
<td><strong>How to access</strong></td>
<td>Walk-in, drop-off (transferred from medical emergency dept during COVID)</td>
<td>37% self referral, 1% BIBP, 19% Hospital, 16% Outpatient Setting, 1% ADU, 2% RTF, 13% PES, 2% SCRT</td>
</tr>
<tr>
<td><strong>Length of Stay</strong></td>
<td>&lt; 23 Hours</td>
<td>14-21 Days</td>
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<tr>
<td><strong>Available Services</strong></td>
<td>Co-located with medical emergency dept + high acuity mental health care</td>
<td>Mental health care, mild substance use disorder</td>
</tr>
<tr>
<td><strong>Restrictiveness</strong></td>
<td>Locked</td>
<td>Unlocked</td>
</tr>
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</table>

*Note: Hummingbird is not a crisis care facility but is included since PES discharges clients to this program.
GAP OVERVIEW: QUANTITATIVE EVIDENCE

• Inadequate Capacity: According to the national Crisis Now guidelines, our system does not currently meet the recommended capacity of 42 “crisis receiving beds” based on San Francisco’s population count

• Overfull Occupancy

• Increased Demand
GAP OVERVIEW: QUALITATIVE EVIDENCE

- High rates of co-occurring substance use disorder in our target population
- High rates of co-occurring physical illness in our target population
- 23 hours is not enough time to resolve most crises, especially for people with complex psychosocial needs
- Peer support roles in crisis settings are evidence based and strongly supported by the community
- The role for community paramedics in MH/SUD crisis response has continued to grow
SERVICE TYPE: BUILD ON WHAT WORKS

Current (i.e., Dore Urgent Care Clinic)

- Open 24/7
- Prescriber on-site
- Accept transfer from Street Crisis Response
- Walk-in (no admission referral)
- Access to Acute Diversion Units
- Collaborates with Psych Emergency Services
- Lounge model stabilization milieu
- Only voluntary clients

Potential Enhancements

- Higher acuity substance use stabilization
  - Mild to moderate withdrawal management
  - Mild to moderate intoxication management
  - Medication for Addiction Treatment
- 3-5 day stay
- Peer role
- Expand physical healthcare
- Accept transfer from ambulance
# Vision for Crisis Diversion for SF

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<tr>
<th>Program</th>
<th>Higher Acuity</th>
<th>Lower Acuity</th>
<th>Acute Diversion Unit</th>
<th>*Hummingbird</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychiatric Emergency Services</strong></td>
<td>Crisis Diversion (proposed)</td>
<td>Dore Urgent Care Clinic</td>
<td>Multiple locations</td>
<td>Potrero &amp; Valencia (Mission)</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>1001 Potrero Ave (Mission)</td>
<td>52 Dore St. (SOMA)</td>
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</tr>
<tr>
<td><strong>Capacity</strong></td>
<td>18 beds</td>
<td>10-15 chairs/beds</td>
<td>12 loungers</td>
<td>44 beds</td>
</tr>
<tr>
<td><strong>How to access</strong></td>
<td>Walk-in, drop-off (transferred from medical emergency dept during COVID)</td>
<td>Drop-off and walk-in</td>
<td>37% self referral, 1% BIBP, 19% Hospital, 16% Outpatient Setting, 1% ADU, 2% RTF, 13% PES, 2% SCRT</td>
<td>No drop-off; must have a psychosocial assessment, MH diagnosis, a physical assessment, tuberculosis clearance</td>
</tr>
<tr>
<td><strong>Length of Stay</strong></td>
<td>&lt; 23 Hours</td>
<td>3-5 Days</td>
<td>&lt; 23 Hours</td>
<td>14-21 Days</td>
</tr>
<tr>
<td><strong>Available Services</strong></td>
<td>Co-located with medical emergency dept + high acuity mental health care</td>
<td>Mental health, substance use and physical care (wound care, mild alcohol withdrawal, etc.)</td>
<td>Mental health care, mild substance use disorder</td>
<td>Some physical care, mild substance use disorder; no prescriptions filled</td>
</tr>
<tr>
<td><strong>Restrictiveness</strong></td>
<td>Locked</td>
<td>Unlocked</td>
<td>Unlocked</td>
<td>Unlocked</td>
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</table>

*Note: Hummingbird is not a crisis care facility but is included since PES discharges clients to Hummingbird.*
The SF Crisis Diversion Unit is budgeted under Proposition C (OCOH) to receive approximately $3.2 million annual operating funds and can utilize the one-time Proposition C funds available for site acquisition and tenant improvements.

A SF Crisis Diversion Unit is also anticipated to generate up to $1.5 million Medi-Cal reimbursable services which may supplement a total operations budget of over $4.5 million annually.
KEY QUESTIONS FOR CONSIDERATION

1. As we begin planning for expanding crisis services, what advice or recommendations do you have for DPH?

2. Are there other models we did not discuss that we should consider?
Question: Will Crisis Services have relationships with Acute Diversion Units (ADUs)?

- DPH appreciates this question and would need to examine existing ADU capacity and contracts with ADU providers to determine if it is feasible for ADUs to be a disposition from the CDU.

What did Crisis Now recommend for inpatient beds?

- The Crisis Now model recommends 98 inpatient psychiatric beds for a population the size of San Francisco. There are currently 126 inpatient psychiatric beds for adults across San Francisco hospitals. Additionally, there are 15 beds for adolescents and 12 beds for the elderly.
Reminder of the Recommendation Roadmap

**Up Next!**

- **September 28 - October 26**
  - IWG receives background and discusses

- **November 9**
  - IWG engages in white board session to source recommendation ideas

- **Nov-Dec**
  - Discussion Group crafts recommendations

- **December 14**
  - IWG reviews Discussion Group’s work

- **January**
  - Discussion Group refines recommendation wording

- **January 25**
  - Review recommendations and vote

---

**Conflict of Interest key**
- Red = step out
- Yellow = be vigilant
- Green = all can participate

* Occurs during monthly IWG public meetings
Public Comment for Discussion Item #2
New Beds and Facilities: Crisis Diversion Discussion and Recommendation Brainstorm

Steps:
• Call (415) 655-0001
• Enter access code 2487 792 3979
• Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #3

Office of Coordinated Care Discussion and Recommendation Brainstorm

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

Mental Health SF Domains

Office of Coordinated Care

Street Crisis Response Team

Pilot Phase

Overall Care Coordination

Ongoing Implementation

Case Management and Navigation

Centralized Access

Marketing / Community Outreach

Pharmacy Services

Inventory of Programs and Services

Transportation

New Beds and Facilities* (Mental Health and Substance Use Treatment Expansion)

Expanding Existing Models

Drug Sobering Center

Crisis Diversion

TAY

Data and IT Systems

HR Hiring and Pipeline

Equity

Analytics and Evaluation

*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

Marlo Simmons
### Office of Coordinated Care

...The Department shall operate an Office of Coordinated Care to oversee the seamless delivery of mental health care and substance use services across the City's behavioral health systems...

<table>
<thead>
<tr>
<th>Component</th>
<th>Goal</th>
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<tbody>
<tr>
<td><strong>Central Coordinating Team</strong></td>
<td>Ensure administrative care coordination for priority populations by providing centralized tracking, consultation and connection to care (including expanded case management services)</td>
</tr>
<tr>
<td>(working name)</td>
<td></td>
</tr>
<tr>
<td><strong>CCTM</strong> (name under development)</td>
<td>Address challenges in connecting to and navigating Behavioral Health Services by providing short-term field-based direct stabilization, case management, and linkage supports.</td>
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<tr>
<td><strong>24/7 Behavioral Health Access Line</strong></td>
<td>Operate a well-known and effective call center</td>
</tr>
<tr>
<td><strong>Behavioral Health Access Center</strong></td>
<td>Support seamless drop-in access for assessment and linkage services</td>
</tr>
<tr>
<td><strong>Member Services and Outreach</strong></td>
<td>Raise awareness about BHS services</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Verify, enroll and maintain benefits</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Facilitate access and coordination across programs (June RFP)</td>
</tr>
</tbody>
</table>
Critical Care Management

**CCTM:** New program designed to address challenges in connecting to and navigating Behavioral Health Services

**Provides** short-term field-based linkage and case management services with the goal of helping people get connected to longer-term behavioral health services.

**Core CCTM Model Elements:** Accessibility, Rapid Response, Focus on Engagement, Assertive Outreach, and services provided in flexible locations.

**Who:** San Francisco resident adults (including older adults and TAY) with significant behavioral health needs who need support to get connected to behavioral health services

---

**Expand linkage programs and promote coordination among these programs**

- **Who:** San Francisco resident adults (including older adults and TAY) with significant behavioral health needs who need support to get connected to behavioral health services
- **Initial Priority Populations (rolling out in phases)**
  - Individuals with contact with the Street Crisis Response Team
  - Individuals placed on 5150s and high utilizers of crisis services
  - Individuals transitioning from inpatient, jail, LTC (SMI/SUD)

**Measures of Success (examples)**

- Decrease the percent of people who use crisis or acute care medical and/or behavioral health services
- Increase the number of people receiving routine behavioral health care
- Increase number of individuals connecting to non-BHS services: housing, primary care, health insurances etc...
- Increase connection to behavioral health services for Black and African American, Latino-a-e-x, and Asian American communities
CCTM Workflow

Community Partner make a referral to CCTM

Partner with referrer to find appropriate resources

Warm hand-off

Meets referral criteria

Yes

Outreach & Active Engagement with client

Initial Assessment of Needs & Development of Treatment Plan

No

Provide short-term linkage & case management services

Start process of connecting to long-term Behavioral Health Services

Connect to services/benefits including housing, health insurance, primary care, etc

Provide short-term Behavioral Health Intervention (i.e., bridge psych meds)

Active reassessment throughout engagement

Warm hand-off to longer-term behavioral health services

As-needed follow-up to support engagement in ongoing care
IWG Questions

**OCC**
- What else should the OCC consider in its conceptual design?
- Who are our key stakeholder groups to engage in planning and implementation?

**CCTM**
- What services and supports should the team provide to promote wellness and recovery?
- Suggestions for client engagement strategies?
Reminder of the Recommendation Roadmap

**August-October***
IWG receives PPT presentation and discusses

**Nov 9***
IWG engages in white board session to source recommendation ideas

**Nov-Dec**
Discussion Group crafts recommendations

**Dec 14***
IWG reviews Discussion Group’s work

**Jan**
Discussion Group refines recommendation wording

**Jan 25***
Review recommendations and vote

* Occurred during monthly IWG public meetings

Conflicts of Interest key:
- **red** = step out
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Mental Health SF Implementation Working Group

November 2021
Public Comment for Discussion Item #3
Office of Coordinated Care Discussion and Recommendation Brainstorm

Steps:

- Call (415) 655-0001
- Enter access code 2487 792 3979
- Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #4

Street Crisis Response Team: Discussion Group Report Back

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

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- New Beds and Facilities*
  - Expanding Existing Models
  - Drug Sobering Center
  - Crisis Diversion
  - TAY

*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
• Dr. Almeida and Dr Silk hosted a discussion group on SCRT on 11/2

• The invitation was to all IWG members, with a limit of 6 participants

Participants included:
  • Chair LeSarre
  • Member Arai
  • Member Salinas
Next Steps for SCRT

• Early 2022: DPH/CON will return to IWG with results of city-wide street team mapping in (Rec #1)

• Spring 2022: SCRT return to IWG to review findings and elicit feedback/new recommendations
Public Comment for Discussion Item #4

SCRT Discussion Group Report Back

Steps:

- Call (415) 655-0001
- Enter access code 2487 792 3979
- Press ‘#’ and then ‘#’ again
Discussion Item #5
Housekeeping

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowncol/mentalhlth/Implementation.asp
## Anticipated IWG Meeting Topics (FY21-22)

<table>
<thead>
<tr>
<th>Deep Dive Topic Area</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
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<th>Dec</th>
<th>Jan</th>
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<td>Street Crisis Response Team</td>
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**D=Design**

**U=Update**

November 2021
Local Vaccination Requirements

The Mayor has issued an order that all policy body members to be fully vaccinated by the end of the year.

Directions on how to submit your vaccine status will be forthcoming and you will want to report by 12/15/21.

If you have questions, please contact Heather Littleton at the Controller’s Office (heather.littleton@sfgov.org).
Housekeeping

- Website for the IWG
- Volunteer if interested in NB&F Crisis Diversion or OCC Discussion Group
- Next Meeting Date and Time
  - **December 14** (special date): 9:00 am - 1:00 pm
  - **January 25**: 9:00 am - 1:00 pm
- Meeting Minutes Procedures
  - Draft minutes in the next two weeks
  - Approved meeting minutes will be posted
Public Comment for Discussion Item #5
Housekeeping

Steps:

- Call (415) 655-0001
- Enter access code 2487 792 3979
- 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 2487 792 3979
• Press ‘#’ and then ‘#’ again
Adjourn