Call to Order/Roll Call
Meeting Goals

- Receive a remote meeting update
- Receive Street Crisis Response Team progress update and determine if Discussion Group is needed
- Deepen understanding of the New Beds & Facilities (focus on Crisis Diversion)
- Deepen understanding on the Office of Coordinated Care, recommendation brainstorming if ready

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 Components

- Office of Coordinated Care
  - Care Coordination & Transition Mgmt (CCTM)
  - Case Management Expansion
  - Marketing / Outreach
  - Transportation

- Street Crisis Response Team
  - Pilot Phase
  - Ongoing Implementation

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

- New Beds and Facilities*
  - Expansion of Existing Models
  - Drug Sobering Center*
  - MH Urgent Care/Crisis Diversion Facility*

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

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

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

Remote meeting update

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

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

2. As described above, State and City officials continue to recommend measures to promote physical distancing and other social distancing measures, in some settings.

3. 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.
State and Local Requirements

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

More information from DHR will be sent to you about how members can upload your vaccination information.

If you have questions, please contact Heather Littleton at the Controller’s Office (heather.littleton@sfgov.org)
Public Comment for Discussion Item #1

Remote meeting update

Steps:

• Call (415) 655-0001
• Enter access code 146 630 7514
• 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 146 630 7514
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #2

Approve Meeting Minutes

Decision Rule:

• Simply majority, by roll call
Discussion Item #3

Street Crisis Response Team (SCRT) Program and Recommendations Update

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

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

Dr Angelica Almeida

Mental Health SF Components

Office of Coordinated Care
- Care Coordination & Transition Mgmt (CCTM)
- Case Management Expansion
- Marketing / Outreach
- Transportation

Street Crisis Response Team
- Pilot Phase
- Ongoing Implementation

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

New Beds and Facilities
- Bed Optimization Report Findings
- Drug Sobering Center*
- MH Urgent Care/Crisis Diversion Facility*

*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
Iterative Process of Recommendation Development

1. **DPH develops issue paper and presentation on MHSF component**
2. **IWG reviews and discusses MHSF component**
   - As needed, the IWG identifies additional information needs, including customer research, to inform recommendations
3. **IWG drafts, refines and votes on recommendations, in consultation with DPH.**
4. **DPH integrates recommendations into implementation plan, as possible, and communicates status of all recommendations to IWG**
Programmatic Updates and Milestones
Data Overview
Response to Recommendations
Evaluation Update
Next Steps
PROGRAMMATIC UPDATES & MILESTONES

- SCRT now has 6 (six) fully operational teams providing 24/7 citywide coverage of San Francisco
- The Office of Coordinated Care team launched April 5th, 2021, and includes behavioral health clinicians and health workers dedicated to follow up and care coordination for SCRT clients
- Teams have continued to hire and train new staff
- The transition to EMD Dispatch will tentatively take place in early 2022
- A 7th team has been approved and will tentatively launch in early 2022
- SCRT has a new Director, Kathleen Silk
## Team Coverage and Hours

<table>
<thead>
<tr>
<th>Region</th>
<th>Hours</th>
<th>Launch Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenderloin</td>
<td>0900-2100</td>
<td>Launched 11/30/2020</td>
</tr>
<tr>
<td>Mission/Castro</td>
<td>0700-1900</td>
<td>Launched 2/1/2021</td>
</tr>
<tr>
<td>Bayview</td>
<td>1100-2300</td>
<td>Launched 4/5/2021</td>
</tr>
<tr>
<td>Waterfront/Chinatown/North Beach</td>
<td>0700-1900</td>
<td>Launched 5/10/21</td>
</tr>
<tr>
<td>Park/Richmond/Sunset</td>
<td>0600-1800</td>
<td>Launched 6/14/21</td>
</tr>
<tr>
<td>Citywide/Overnight</td>
<td>1830-0630</td>
<td>Launched 7/26/21</td>
</tr>
<tr>
<td>Team 7</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
DATA OVERVIEW

Crisis Calls Handled by SCRT
- September: 666
- Cumulative*: 3,834

800-B Calls that Received SCRT Response**
- September: 54%
- Cumulative: 35%

Average Response Time
- September: 16 min
- Cumulative: 15 min

Client Engagements
- September: 271
- Cumulative: 2,150

Engagement Outcomes: Cumulative
- Crisis resolved on scene; client remained safely in community: 43%
- Client transported to hospital: 15%
- Client linked & transported to social or behavioral setting: 15%
- 911 initiated on scene: 7%

* A single client engagement may result in multiple outcomes.

Referral Source: Cumulative
- 911 Dispatch: 83%
- SCRT Observed in Community - "On view": 10%
- Non-Crisis Community Support: 4%
- Other: 2%
DATA OVERVIEW

Office of Coordinated Care Follow Up Rate

September: 59%
Cumulative: 33%

Connections to Care: Cumulative

- Connected with existing provider or treatment facility: 34%
- Direct client follow up: 33%
- Unable to locate individual: 27%
- Other: 4%
- Individual declined support: 2%
DATA OVERVIEW – CLIENT CHARACTERISTICS

Race & Ethnicity

- Black or African Descent: 4%
- White/Caucasian: 16%
- Asian/Pacific Islander: 43%
- Hispanic/Latinx: 27%
- Unknown/No Entry: 6%
- Other: 4%

Living Situation

- Experiencing Homelessness: 18%
- Housed/Other: 7%
- Unknown/No Entry: 75%
IWG RECOMMENDATIONS

Submitted three main recommendations, each with associated sub-recommendations. The three main recommendations were:

1. A mapping of all current crisis response programs must be undertaken
   Status: underway, anticipated presentation in early 2022

2. Once gaps in service are identified BHS shall undertake a restructuring of current crisis services as needed. Based on this restructuring, a final set of recommendations for the implementation of SCRT can be made by BHS and the MHSF IWG.
   Status: Contingent on recommendation #1

3. In the interim, while the above steps are undertaken, in order to address current implementation challenges, and minimize inefficient use of Prop C funds we assert the following: Current implementation of SCRT is too narrow [followed by 4 sub recommendations].
   Status: Today’s update
Street Crisis Response Team Updates on IWG Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Sub-recommendation</th>
<th>Status (10/19/21)</th>
</tr>
</thead>
</table>
| 1. A mapping of all current crisis response programs must be undertaken, for example SCRT, HOT, EMS-6, Mobile Crisis, Comprehensive Crisis Services, High Intensity Care Team, any other teams unknown to the IWG members. No new MHSF street crisis programs should be planned, implemented, expanded until after the mapping is completed, and proposed programs shall be brought to the MHSF IWG for review prior to launch. | A. The strategic vision for each program should be clearly defined, with visual representation of the mapping, with all program components and their relationship to each other within the system of care.  
B. How many requests for services does each program currently receive per month?  
C. How many requests for services do they have the capacity to respond to per month?  
D. Provide data on how many total individuals served, including unduplicated individuals.  
E. Conduct an assessment of the collection of programs as a whole to identify any redundancies and/or contradictions between these programs.  
F. The evaluation should undertake an analysis of current gaps in crisis response services and the adequacy of funding levels for services across the continuum of crisis services. | 1A-F. IN PROGRESS  
At the highest level, the Controller’s Office project will include a landscape assessment of various outreach teams in the City, gather and analyze data about inputs to these teams, and focus on HSOC, SCRT, SORT and SWRT in a deeper operational review of data, metrics, outcomes, and coordination.  
DPH will continue to work with the Controller’s Office on scope of this analysis. |
| 2. Restructuring of current crisis services as needed, once gaps in service are identified by BHS. A final set of recommendations for the implementation of SCRT can be made by BHS and the MHSF IWG based on this restructuring. | A. SCRT to submit an updated strategic vision, goals, and objectives (if deemed needed). | 2A. NOT STARTED  
Pending how Rec #1 is addressed. |
IWG RECOMMENDATIONS

3A. SCRT to expand scope to respond to all 800A and 800B calls for "Mentally Disturbed Person"

- SCRT continues to make progress in responding to an increasing number of 800B calls
  - Current data shows that SCRT teams responded to 54% in September and 35% cumulatively
- The goal is to respond to as close to 100% of 800B calls as possible before the transition to EMD dispatch
  - SCRT hopes to achieve this by setting incremental goals and improving operational efficiency now that there are 6 fully operational teams
IWG RECOMMENDATIONS

**3B.** Respond from a de-escalation model that challenges racism, and stigmatization of persons that are houseless and struggling with mental health challenges. Provide which model of de-escalation and mediation the team is being trained to use.

- All SCRT members complete 40 hours of didactic and experiential training as a part of their onboarding, topics include:
  - Crisis care workflow, triaging, BARS scale, vignettes and case scenarios
  - Rationale for mobile crisis, mobile crisis as a specialty, crisis theory and crisis intervention, team science, team decision making, provider wellness, safety in the field, psychotherapy integration, challenging interactions, reporting veracity, violence assessment and intervention, suicide theories and risk factors
- Additional trainings include:
  - Harm reduction
  - De-escalation techniques
  - Privacy and confidentiality
  - Introduction to community partners and resources
  - Equity
IWG RECOMMENDATIONS

• **3C.** Eliminate current SCRT call code criteria in use: (i) Person must not be displaying self-harm behaviors (ii) Person does not pose an imminent threat to themselves, others or property.

  - SCRT will continue to prioritize 800B calls that do not involve weapons or self-harm behaviors. It is the goal to respond to as close to 100% of these calls as possible before transitioning to EMD dispatch in 2022 which will include new call codes.
IWG RECOMMENDATIONS

- **3D.** Improve dispatch protocols to SCRT. (I) Establish alternative number to 911.
  (ii) Improve dispatch training for 311/911 to discern what is actual or perceived threats. (iii) Create policies and procedures that establish when police can and should defer/transfer response to SCRT. (iv) DPH and IWG need data from 311/911 on their protocols for triaging calls, and data of all 800 calls received with which entities they were triaged/directed to in order to recommend future improvements to dispatch. (v.) Public service announcements to San Franciscans to make them aware of SCRT.

  - SCRT has made progress on establishing an alternate number to access the team. Details and timeline are being coordinated with the Mayor’s Office and DEM, with CON assistance.

  - SCRT meets routinely with DEM and SFPD to discuss operational updates, data, policies, procedural changes, and any issues. SFPD issued a bulletin to their staff on how and when to request SCRT.

  - SCRT will transition to EMD Dispatch in 2022 which will include new call codes. Teams have started trainings to prepare them for this switch. DEM has also developed training for their staff.

  - SCRT PSA has been released: [https://www.youtube.com/watch?v=v4fwMZrql1Y&t=1s](https://www.youtube.com/watch?v=v4fwMZrql1Y&t=1s)

  - SCRT now has a website: [https://sf.gov/street-crisis-response-team](https://sf.gov/street-crisis-response-team)
**NEXT STEPS**

- SCRT will be back at IWG in Spring 2022
- Leadership will continue to be data driven in their approaches to operational and programmatic decisions
- Teams will continue training for transition to EMD Dispatch
- SCRT will continue to collaborate with City partners and community-based organizations
Next Steps for SCRT

• Now (if needed): A discussion group for any new/refined recommendations from today’s meeting

• 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 #3
SCRT Program and Recommendations Update

Steps:

- Call (415) 655-0001
- Enter access code 146 630 7514
- Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #4

New Beds and Facilities: Crisis Diversion Discussion

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 Components

- 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*

*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
Role of IWG: to advise on the design, outcomes, and effectiveness

Current Domain Components

- New Beds and Facilities
  - Bed Optimization Report Findings
- Drug Sobering Center*
- MH Urgent Care/Crisis Diversion Facility*

Reorganizing in Recognition of Complexity

In IWG meeting work priorities

- New Beds and Facilities
- Expanding Existing Models (information)
  - Dashboard
  - Procurement updates
- Drug Sobering Center (design)
- Crisis Diversion (design)
- Transition Age Youth (design)

Between meeting work*

Discussion of upstream factors and the interconnectedness of the system

* Figuring out format and connection to other groups, such as OCOH
Reminder of the Recommendation Roadmap

You are here!

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
AGENDA

1. Overview – Demonstration of need
2. Crisis Services Landscape
3. Crisis Systems Gaps
4. Crisis Diversion Models
5. Budget
6. Future Directions
7. Questions
Why now? How did we get here?
Mental Health SF Legislation (File No. 191148)

Mental Health Urgent Care. Mental Health SF shall include a Mental Health Urgent Care Unit that shall offer clinical intervention for individuals who are experiencing escalating psychiatric crisis and who require rapid engagement, assessment, and intervention to prevent further deterioration into an acute crisis or hospitalization. Such facility may, but shall not be required to be, located at the Mental Health Service Center.

Mental Health and Substance Use Treatment Expansion. (A) Crisis residential treatment services, including but not limited to, acute diversion, crisis stabilization, detoxification, and 24-hour respite care.

• The need: Crisis assessment, de-escalation, and treatment in a trauma-informed, recovery-oriented environment

• Crisis facilities can provide a safe and therapeutic alternative to emergency departments, psychiatric hospitals, or jail

• Imperative to advance racial equity in access to behavioral health care
## DPH Behavioral Health Residential Treatment Expansion

The San Francisco Department of Public Health (DPH) is increasing residential treatment and care services by approximately 400 overnight treatment spaces or beds. The expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

### Project Phases and Status

<table>
<thead>
<tr>
<th>Goal</th>
<th>Project</th>
<th>Status</th>
<th>Est. Beds</th>
<th>Project Phases and Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Hummingbird - Valencia</td>
<td>Open 2021</td>
<td>26 beds currently open</td>
<td>Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro</td>
</tr>
<tr>
<td>20</td>
<td>Managed Alcohol Program PSH</td>
<td>Open 2020</td>
<td>10 beds currently open</td>
<td>Out of county supervised living and treatment for people with chronic mental health illness and/or coming Tom locked facilities</td>
</tr>
<tr>
<td>20</td>
<td>12-month Rehabilitative Board and Care</td>
<td>Open 2021</td>
<td>10 beds currently open</td>
<td>Out of county psychosocial rehabilitation for people who are conserved in a locked setting</td>
</tr>
<tr>
<td>31</td>
<td>Mental Health Rehabilitation Beds (aka PSW)</td>
<td>Open 2021</td>
<td>20 beds available</td>
<td>Out of county secure 24-hour medical care for people with chronic mental health conditions</td>
</tr>
<tr>
<td>13</td>
<td>Psychiatric Skilled Nursing Facilities (aka PSN)</td>
<td>Open 2021</td>
<td>24-hour medical care for people with chronic mental health conditions</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cooperative Living for Mental Health</td>
<td>Open Fall 2021</td>
<td>Status Accepting applications</td>
<td>Communal living for people with chronic mental health and/or substance use</td>
</tr>
<tr>
<td>20</td>
<td>SOMA RISE</td>
<td>Open Fall 2021</td>
<td>Status Acquiring initial permitting and construction</td>
<td>Supervised residential program for individuals with mental health issues who require assistance with activities of daily living</td>
</tr>
<tr>
<td>73</td>
<td>Residential Care Facility (per Board and Care)</td>
<td>Opening date to be determined</td>
<td>Status Acquiring initial permitting and construction</td>
<td>Long-term sober living environment for clients coming out of residential care programs</td>
</tr>
<tr>
<td>140</td>
<td>Residential Step-down - SUD</td>
<td>Opening date to be determined</td>
<td>Status Acquiring initial permitting and construction</td>
<td>Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues</td>
</tr>
<tr>
<td>30</td>
<td>Enhanced Dual Diagnosis</td>
<td>Opening date to be determined</td>
<td>Status Program design in development</td>
<td>Supervised treatment for young adults with serious mental health and/or substance use issues</td>
</tr>
<tr>
<td>10</td>
<td>Transitional Age Youth (TAY)</td>
<td>Opening date to be determined</td>
<td>Status Program design in development</td>
<td>Short-term, urgent care intervention as an alternative to hospital care</td>
</tr>
</tbody>
</table>

### Key

- **Complete**
- **In progress**
- **Planned**

October 15, 2021
Understanding the current state
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

<table>
<thead>
<tr>
<th>Program</th>
<th>Higher Acuity</th>
<th>Lower Acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychiatric Emergency Services</strong></td>
<td><strong>Dore Urgent Care Clinic</strong></td>
<td><strong>Acute Diversion Unit</strong></td>
</tr>
<tr>
<td>Location</td>
<td>Location</td>
<td>Location</td>
</tr>
<tr>
<td>1001 Potrero Ave (Mission)</td>
<td>52 Dore St. (SOMA)</td>
<td>Multiple locations</td>
</tr>
<tr>
<td>Capacity</td>
<td>Capacity</td>
<td>Capacity</td>
</tr>
<tr>
<td>18 beds</td>
<td>12 loungers</td>
<td>44 beds</td>
</tr>
<tr>
<td>59 beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to access</td>
<td>How to access</td>
<td>How to access</td>
</tr>
<tr>
<td>Walk-in, drop-off (transferred from medical emergency dept during COVID)</td>
<td>Pending</td>
<td>No drop-off; must have a psychosocial assessment, diagnosis, physical assessment, tuberculosis clearance</td>
</tr>
<tr>
<td>Drop-off and daytime walk-ins; overnight stays authorized and arranged in advance</td>
<td>Drop-off and daytime walk-ins; overnight stays authorized and arranged in advance</td>
<td></td>
</tr>
<tr>
<td>Length of Stay</td>
<td>Length of Stay</td>
<td>Length of Stay</td>
</tr>
<tr>
<td>&lt; 23 Hours</td>
<td>&lt; 23 Hours</td>
<td>14-21 Days</td>
</tr>
<tr>
<td>14-21 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available Services</td>
<td>Available Services</td>
<td>Available Services</td>
</tr>
<tr>
<td>Co-located with medical emergency dept + high acuity mental health care</td>
<td>Mental health care, mild substance use disorder</td>
<td>No physical care, mild substance use disorder; no prescriptions filled</td>
</tr>
<tr>
<td>Shelter + minor physical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrictiveness</td>
<td>Restrictiveness</td>
<td>Restrictiveness</td>
</tr>
<tr>
<td>Locked</td>
<td>Unlocked</td>
<td>Unlocked</td>
</tr>
<tr>
<td>Unlocked</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Hummingbird is not a crisis care facility but is included since PES discharges clients to this program.*
Crisis Systems Gaps

What we’ve learned so far
GAP OVERVIEW

Current pathway:
• Common client profile:
  • Dual diagnosis (mental health and substance use disorders)
  • Pre-contemplative regarding treatment
  • Unstably housed
• Residential programs require capacity to consent to treatment; no severe dual diagnosis
• Hummingbird Potrero/Valencia are primarily designed as temporary housing and do not offer mental health or substance use treatment
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.
  - We have a capacity of 12 spaces (limited to 8 available with COVID) at Dore Urgent Care Center (DUCC).
  - This leaves us with a gap of 30 treatment spaces.

OVERFULL OCCUPANCY

• A system that is at 85% or higher occupancy on average is highly likely to be at risk of poorer quality care due to inability to accommodate surges in volume
  • PES is at capacity, especially during the COVID-19 pandemic
  • DUCC is at or near capacity for at least 12 hours a day (10am-10pm)

INCREASING DEMAND

• Demand for acute mental health services has grown
• Multiple stressors:
  • COVID pandemic
  • Meth and opioid crises
  • Forest fires and related climate-related disruption/displacement
  • And more
• EMS reports the number of crisis calls are high and growing
ADDITIONAL STAKEHOLDER QUALITATIVE EVIDENCE

We met with EMS-6, SCRT, CCS, DUCC, Hummingbird, PES, and others, and we found:

1. High rates of co-occurring substance use disorder in our target population
2. High rates of co-occurring physical illness in our target population
3. 23 hours is not enough time to resolve most crises, especially for people with complex psychosocial needs
4. Peer support roles in crisis settings are evidence based and strongly supported by the community
5. The role for community paramedics in MH/SUD crisis response has continued to grow
CRISIS MODELS

Ideas for consideration
EVIDENCE BASED MODELS

• The literature describes a wide variety of crisis receiving facilities, which vary in scope, capability, and populations served.
• Crisis receiving facilities improve the following outcomes:
  • Reduced rates of inpatient psychiatric hospitalization
  • Reduced boarding of psychiatric clients in Eds
  • Reduced arrests

EXAMPLE OF A CRISIS FACILITY OUTSIDE SF

• New York - Support and Connection Centers
  • New York City launched two Support and Connection Centers in 2020
  • Community-based centers offering short-term clinical and non-clinical services
  • Aimed to give police officers and emergency medical providers an alternative to avoidable emergency room visits or criminal justice interventions

https://www1.nyc.gov/site/doh/about/press/pr2020/east-harlem-support-connection-center-opening.page
KEY THEMES FROM IWG SUB-GROUP MEETING

Discussed challenges regarding clients who are difficult to find placement for

Discussed features of expanded and enhanced services

Discussed services and linkages to be developed during implementation phase

- Transportation & service-navigation
- Post-crisis placement
- Linkage to primary care
- Linkage to MAT
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 stabilizes 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

<table>
<thead>
<tr>
<th>Program</th>
<th>Higher Acuity</th>
<th>Lower Acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Emergency Services</td>
<td>Crisis Diversion (proposed)</td>
<td>Dore Urgent Care Clinic</td>
</tr>
<tr>
<td>Location</td>
<td>1001 Potrero Ave (Mission)</td>
<td>TBD</td>
</tr>
<tr>
<td>Capacity</td>
<td>18 beds</td>
<td>12 loungers</td>
</tr>
<tr>
<td>How to access</td>
<td>Walk-in, drop-off (transferred from medical emergency dept during COVID)</td>
<td>Drop-off and walk-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No drop-off; must have a psychosocial assessment, MH diagnosis, a physical assessment, tuberculosis clearance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drop-off and daytime walk-ins; overnight stays authorized and arranged in advance</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>&lt; 23 Hours</td>
<td>3-5 Days</td>
</tr>
<tr>
<td>Available Services</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>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental health care, mild substance use disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No physical care, mild substance use disorder; no prescriptions filled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shelter + minor physical care</td>
</tr>
<tr>
<td>Restrictiveness</td>
<td>Locked</td>
<td>Unlocked</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unlocked</td>
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<tr>
<td></td>
<td></td>
<td>Unlocked</td>
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</tbody>
</table>

*Note: Hummingbird is not a crisis care facility but is included since PES discharges clients to Hummingbird.*
Acting as stewards of finite resources
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.
FUTURE DIRECTIONS

Next steps
1. Seek input from the MHSF Implementation Workgroup
2. Seek input from community representatives
3. Seek additional input from city agency partners and local provider organizations
4. Identify additional data that demonstrate the need for additional crisis facility capacity
5. Identify a building that may be appropriate for the CDU
6. Explore regulatory options for licensure and required staffing levels
7. Determine operating expenses, reimbursement potential, and projected budget
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?
CLARIFYING QUESTIONS
Dr. Kunins hosted a discussion group on NB&F crisis diversion on 10/20.

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

Participants included:
- Chair LeSarre
- Member Arai
- Member Chien
- Member Fields
- Member Salinas
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

---

Mental Health SF Implementation Working Group
Public Comment for Discussion Item #4

New Beds and Facilities: Crisis Diversion Discussion

Steps:

• Call (415) 655-0001
• Enter access code 146 630 7514
• Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #5

Office of Coordinated Care

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
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
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
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Mental Health SF Implementation Working Group
October 2021
OCC: Program Design Timeline and Expected Recommendation Points

Current Recommendation Cycle:
- Big picture concept design, touch on CCTM & Case Mgmt Expansion

Future targeted recommendations at appropriate planning milestones:
- Transportation
- ZSFG pilot
- Marketing

MHSF Milestone Map (May 2020 - June 2022)

<table>
<thead>
<tr>
<th>Sub-Domain</th>
<th>Major Milestone</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>OCC Phase 1 move to new office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>Hire leadership and staff</td>
<td></td>
<td></td>
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<tr>
<td>Transportation</td>
<td>Planning and launch RFP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCTM</td>
<td>Service program design</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCTM</td>
<td>Stakeholder engagement</td>
<td></td>
<td></td>
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<tr>
<td>CCTM</td>
<td>Pilot w/ZSFGH discharges</td>
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<td></td>
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<tr>
<td>CCTM</td>
<td>Planning for expansion across homeless response system, including permanent supportive housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Mgmt Expansion</td>
<td>Communication to stakeholders re expansion plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Mgmt Expansion</td>
<td>Initial expansion of existing ICM contracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Mgmt Expansion</td>
<td>Hiring for new positions (civil service); design and issue RFP for additional services (contracted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing &amp; Outreach</td>
<td>Communication coordinator hired and onboarded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing &amp; Outreach</td>
<td>Communication plan</td>
<td></td>
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</tr>
</tbody>
</table>
### 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central Coordinating Team</strong></td>
<td>Ensure care coordination for priority populations by providing</td>
</tr>
<tr>
<td>(working name)</td>
<td>centralized tracking, consultation and connection to care</td>
</tr>
<tr>
<td></td>
<td>(including expanded case management services)</td>
</tr>
<tr>
<td><strong>CCTM (name under development)</strong></td>
<td>Address challenges in connecting to and navigating Behavioral Health</td>
</tr>
<tr>
<td></td>
<td>Health Services by providing short-term field-based direct</td>
</tr>
<tr>
<td></td>
<td>stabilization, case management and linkage supports.</td>
</tr>
<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>
OCC Hiring Update

OCC Oversight and Operations
- 1 FTE Director – ETA January
- 2 FTE Health Program Coordinators – ETA March
- 1 FTE Communications Manager – ETA December
- 3 FTE Eligibility Workers – Hired
- 1 FTE Clerk – TBD

SCRT Care Coordination Team (7 FTE - Hired)

OCC Care Coordination and Transition Management (CCTM) Team
- 1 FTE Health Program Coordinator - ETA March
- 2 FTE Senior Behavioral Health Clinicians - ETA December
- 8 FTE Behavioral Health Clinicians - ETA December
- 8 FTE Health Workers – ETA February
Behavioral Health Access Line
Upgraded Phone System

- ETA: November
- Modern system replacing system created in 1999.
- An indefinite number of agents can be placed on the queue reducing the need for hold and reducing hold times considerably.
- The new system will track hold times, dropped call rate, language, length of calls, and the ability to choose a disposition.
- Immediate transfer and conference call capabilities to Comprehensive Crisis, Suicide Prevention, 311, and 911.
- Scalability to increase capacity as demand and call volume increase.
- Productivity of the individual agents can be tracked.
BHAC/Pharmacy Expanding Hours

• Behavioral Health Access Center and BHS Pharmacy at 1380 Howard
• BHAC: Assessment and linkage services
• Increasing access into evenings and weekends
  • Monday-Friday 8:00am-7:00pm
  • Saturday-Sunday 9:00am-4:00pm (ETA January 2022)

Pharmacy Highlights

• Nearly doubling of hours
• Expanding access through telemedicine, deliveries to Shelter-In-Place Sites
• Expansion of space to allow for new high efficiency bubble-packing machines
• Working with community and DPH partners to significantly increase distribution free overdose reversal medication, naloxone (projected as ~28,000 kits/year)
  • DPH-Naloxone_Clearinhouse@sfdph.org
• Provide on-site harm reduction services such as fentanyl test strips and safe use kits.
• Innovative practices like microdosing of buprenorphine
• Allows more frequent medication pick-ups and observed dosing options to respond to the needs of clients (ex: weekly, daily)
Case Management Expansion
Rooted in Wellness and Recovery; Aligned with MHSF and CalAIM

Expand Case Management Capacity (three levels)
- Critical Care Management
- Intensive Case Management
- Outpatient Case Management

ICM/FSP Model Alignment
- Consistent staffing model and caseloads
- Access to flex funds and housing

Contracting Improvements
- Assess funding mix maximize revenue (MHSA, GF, Medi-Cal, Prop C)
- Establish consistent unit rates

System Flow
- UM pilot: data about future system flow and case management expansion

Workforce Development and Retention
- Grow BHS Case Management Training Academy (whole person care approaches, health promotion, harm reduction, housing access)
- Reduce salary disparities between CBOs and Civil Service
- Reduce ICM case loads from 17
- Streamline documentation & expand access to mobile technology
Expand Case Management Capacity

Critical Care Management

Expand linkage programs and promote coordination among these programs

- **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

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 handoff to longer-term behavioral health services

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

Initial Assessment of Needs & Development of Treatment Plan

Initial Assessment of Needs & Development of Treatment Plan

Start process of connecting to long-term Behavioral Health Services

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

Active reassessment throughout engagement

Warm hand-off to longer-term behavioral health services

Provide short-term linkage & case management services

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

Yes

No

Meets referral criteria

Outreach & Active Engagement with client
Expand Case Management Capacity

Intensive Case Management

**Phase 1: Clear waitlist by hiring staff**

- Reduce salary disparities leading to hiring & retention difficulties
- Add primary case manager FTEs to current programs needed to clear waitlist

**Phase 2: Model Alignment**

- Work with stakeholders to refine model
- Update contracts and add staff needed to achieve model alignment

**Phase 3: Add new ICM programming**

- Publish RFP for new ICM services focused on innovative and culturally and linguistically congruent services for people experiencing homelessness
Expand Case Management Capacity

Outpatient Case Management

- Pilot field-based case management teams at outpatient clinics
- Increase outpatient clinics ability to serve people experiencing homelessness and provide services in the field
- Multidisciplinary mobile outreach teams designed with expectation of better-engaging people stepping down from higher levels of care, people experiencing homelessness, and people who are linked to outpatient clinics but unable to make clinic-based appointments

Add field-based case management capacity at mental health and SUD outpatient programs
OCC Planning

Community Engagement

- ICM/FSP Providers – ongoing
- CCTM Advisory Group - ongoing
- Outpatient Providers - TBD
- IWG Case Management Discussion Group
  - Early November: inform allocation plan and case load sizes
- OCC Community Stakeholder Input Sessions – TBD (after IWG Discussion Group)
CCTM Workflow

Community Partner make a referral to CCTM

Partner with referrer to find appropriate resources

Meets referral criteria

Outreach & Active Engagement with client

Initial Assessment of Needs & Development of Treatment Plan

Warm hand-off to longer-term behavioral health services

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

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

Jam Board Exercise

• What services and supports should this team provide to promote wellness and recovery?
• Suggestions for client engagement strategies?
• Key stakeholder groups to engage in planning?
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
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

Conflict of Interest key
- step out
- be vigilant
- all can participate
Public Comment for Discussion Item #5
Office of Coordinated Care

Steps:

- Call (415) 655-0001
- Enter access code 146 630 7514
- Press ‘#’ and then ‘#’ again
Discussion Item #6

Updates on Next Steps

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

You can find this at: https://www.sfdph.org/dph/files/IWG/DPH_MHSF_Progress_Report_October_01_2021.pdf
Clarifying what timelines we’re working under

Timing of Implementation Recommendation Report

- no budgetary dependency for a spring 2022 domain
- level of recommendations can differ by domains
- rolling submission of completed recs
- annual October progress report
## Anticipated IWG Meeting Topics (FY21-22)

### Deep Dive Topic Area | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Spring
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Street Crisis Response Team | D | D | D | D | D | | | U | | | U | U | U
**New Beds & Facilities (NB&F): Drug Sobering Center** | D | D | D | D | | | | U | | | | | |
**NB&F: Foundation building** | | | | | | | | | | | | | |
**NB&F: Crisis Diversion** | | | | | | | | | | | | | |
**NB&F: TAY (TBD)** | | | | | | | | | | | | | |
Office of Coordinated Care (OCC) | | | | | | | | | | | | | |
**Mental Health Service Center (MHSC)** | | | | | | | | | | | | | |
**A&E: metrics update** | | | | | | | | | | | | | |
**IWG Progress Report #1** | | | | | | | | | | | | | |
**IWG Implementation Report** | | | | | | | | | | | | | |

*D=Design, U=Update*
Public Comment for Discussion Item #6
Updates on Next Steps

Steps:

• Call (415) 655-0001
• Enter access code 146 630 7514
• 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 146 630 7514
• Press ‘#’ and then ‘#’ again
Housekeeping

- Website for the IWG
- Meeting materials
- Volunteer if interested in any needed Discussion Groups
- Next Meeting Date and Time
  - **November 9** (special date): 9:00-1:00
  - **December 14** (special date): 9:00-1:00
- Meeting Minutes Procedures
  - Draft minutes in the next two weeks
  - Approved meeting minutes will be posted
Adjourn