

Behavioral Health Services and Mental Health SF Update

San Francisco Health Commission

March 16, 2021

Marlo Simmons, Acting Director, BHS

*Claire Horton, CMO, San Francisco Health Network and
Executive Sponsor, MHSF Steering Committee*



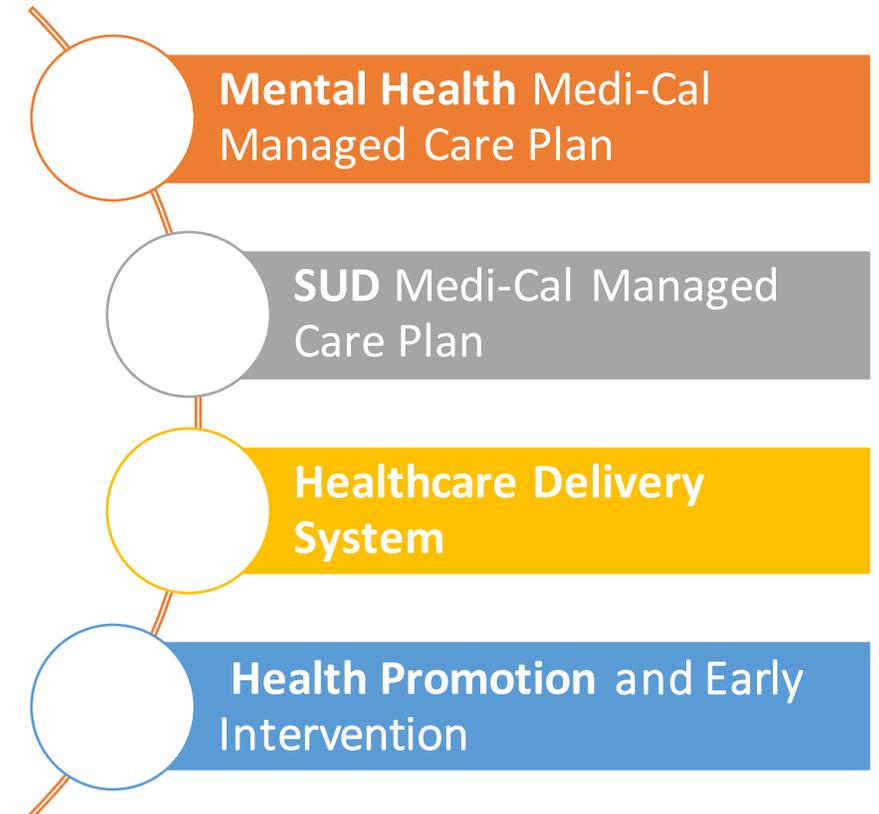
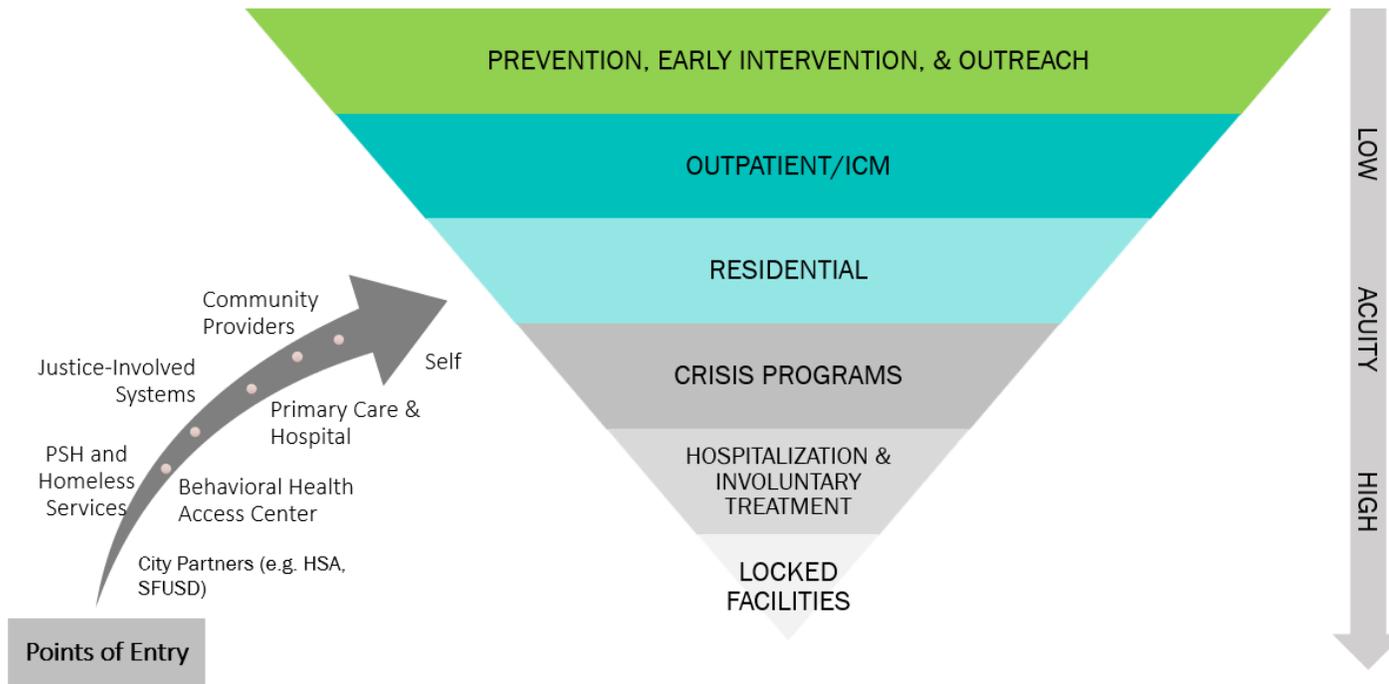
San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Outline

- New BHS and MHSF leadership
- Behavioral Health Services' Racial Equity Action Plan
- Update on Mental Health San Francisco and Overdose Response
- Update on BHS and MHSF hiring

Behavioral Health Services



Recent BHS Highlights and Celebrations

- Deborah Sherwood Retires After 20 Years of Service
- Peers Honored at 10th Annual Mental Health Services Act Awards Ceremony
- New BHS Webinar Recordings Available Online
- Transition Age Youth (TAY) System of Care Launches TAY Outpatient Plus Program
- Children, Youth, and Families (CYF) TIPs Website as an Avenue for Principle-Guided Practice
- BHS Staff Wellness Retreat Program Returns
- BHS CME Program Awarded Accreditation with Commendation



South of Market Mental Health 2019 Staff Wellness Retreat

New Director of Behavioral
Health Services and Mental
Health SF

Dr. Hillary Kunins

Begins March 29!



Former Executive Deputy Commissioner of
Mental Hygiene at the New York City Department
of Health and Mental Hygiene



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*New Director of the Children, Youth,
and Families System of Care (CYF SOC)*

Dr. Farahnaz Farahmand



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BHS 2019/2020 Equity Report

BHS Racial Equity Action Plan A3

San Francisco Health Network Behavioral Health Services | Office of Equity and Workforce Development

BHS Equity Work Plan Report Fiscal Year 2019/2020

FINAL January 2021

This Report Includes:
Background, Summary, and Recommendations
BHS 2019/2020 Equity Work Plan and Additional Activities List
BHS FY 2019/2020 Equity Work Plan and Additional Activities Objectives and Outcomes

FINAL 1/13/21

San Francisco Health Network Behavioral Health Services | Title: BHS Racial Equity A3 2021 | Owner: BHS CEWD Director | V: 4 | Date: 1/28/21

I. Background: What problem are you talking about and why focus on it now?

Since 2017, equity is a top health goal of both DPH and BHS. Health equity is defined as an outcome where everyone has a fair and just opportunity to be as healthy as possible. Those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities.

II. Current Conditions: What is happening today and what is not working?

The BHS workforce does not adequately represent clients served as exemplified by the low percentage of Black/AA licensed clinical staff (13%) compared to 20% generation rates of Black clients. Only 41% of BHS staff who responded to the employee engagement survey believed their department is taking active steps to improve racial equity and Black/AA staff across all classifications are paid \$20k less than their white counterparts. Black/As are 14% of DPH employees yet 26% of all Disciplinary Actions and Lateness are 17% of DPH employees yet 20% of all Disciplinary Actions.

My department is taking active steps to improve racial equity

III. Targets and Goals: What specific measurable outcomes are desired and by when?

Selected Metric	Baseline	Benchmark	Target by (When)
% of licensed Black/AA employees that respond affirmatively that their department is actively improving racial equity	41%	51%	Q4 2021
% of executives and managers receiving 360 anti-racism assessment and coaching	0%	25%	Q4 2021
% of completed PDMPs with equity goals implemented	0%	0%	Q4 2021
% of Equity Champions actively implementing BHS equity framework	0%	0%	Q4 2021

IV. Analysis: Why does the problem exist, in terms of causes, constraints, barriers?

V. Possible Countermeasures: Which countermeasures do you propose and why?

Cause/Barrier	Countermeasure	Description ("If True")	Impact	Effort
A.	360 Degree Anti-Racist Leadership Reviews	If executives' and managers participate, they will be able to build their capacity to identify explicit/implicit biases when conducting PFSEs, PNs, and providing feedback for staff.	H	H
B.	Racial Equity Champions, Fellows, Affinity Groups and Action Council	Rebuilding equity groups will allow more staff to participate in racial equity efforts and build their capacity to facilitate discussions, develop and implement policies to affect change.	H	L
C.	Staff Wellness Retreats	Creating an environment for staff wellness and support to reduce staff stress and increase feelings of belonging and community.	H	M
D.	Training, Equity Learning Requirement, and Internship Program	Developing standardized process for equity trainings in order to align BHS with DPH OIG and IS.	H	M
E.	Recruitment, Hiring Offers, Salary Gaps, and Exit Interviews	Create targeted outreach and recruitment strategy to increase workforce diversity.	H	L
F.	Culturally Congruent Behavioral Health Approaches	If we develop culturally congruent behavioral health approaches, we increase linkage and retention into care for our most marginalized populations.	H	H
G.	Community Engagement	Instituting community engagement throughout BHS to ensure transparency and accountability.	H	M

VI. Plan: What, when, how will you implement, and by whom and when?

Countermeasure	Activities	Milestones	Owner	Date
1.	Determine HR/Consultants, participating managers, and 360 Review operations	# participating managers; 360 Review Operations	Jessica Brown	
2.	Recruits and renews Racial Equity Champions and Racial Equity Action Council	# Racial Equity Champions; # Racial Equity Action Council members		
3.	Launch Staff Wellness Retreats	# Staff Wellness Retreats		
4.	Develop Training Policy and Unlearning Racism Train the Trainers	Training Policy; # Unlearning Racism Train the Trainers		
5.	Conduct exit interviews, salary gap analysis, develop recruitment plan, hire BPOC clinicians	# Exit interviews; Salary gap analysis; # Recruitment; # BPOC clinicians; B/AA Special Conditions Hiring Waiver		
6.	Develop TI/racial equity approaches service manual; hire more BPOC peers; deliver culturally congruent services to BPOC clients by BPOC staff	Program Proposal to State; manualized curriculum; # culturally congruent approaches		
7.	Convene DCES, MISA, and BHS Care to determine plan for community engagement spread	BHS wide community engagement plan		

VII. Follow-Up: How will you ensure ongoing PDCA?

- BHS Executive Leadership Monthly Equity Focused Meetings
- BHS Racial Equity Action Council (Civil Service, Contractors/CBOs, and Racial Equity Champions)
- BHS Racial Equity Champions, Fellows, and Affinity Groups (Black/African American, Latinx, Asian, and white identified)

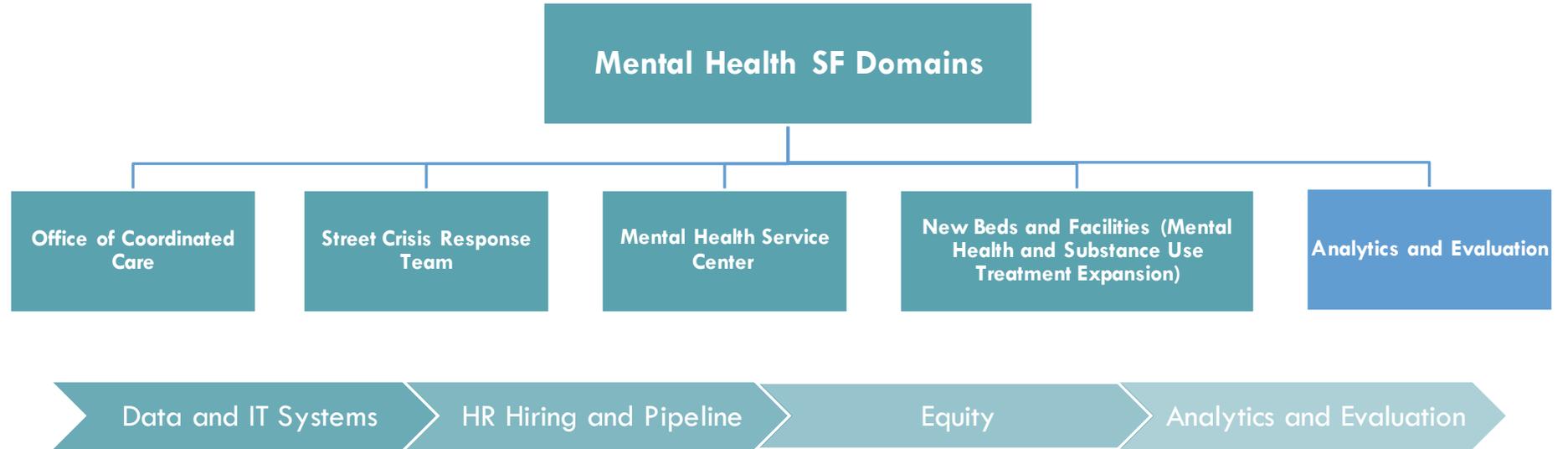
BHS Racial Equity Action Plan A3 Priorities *Phase 1, 2021*





Mental Health SF Overview

Legislation calling for increased access to treatment to behavioral health services, with a focus on people experiencing homelessness with behavioral health needs

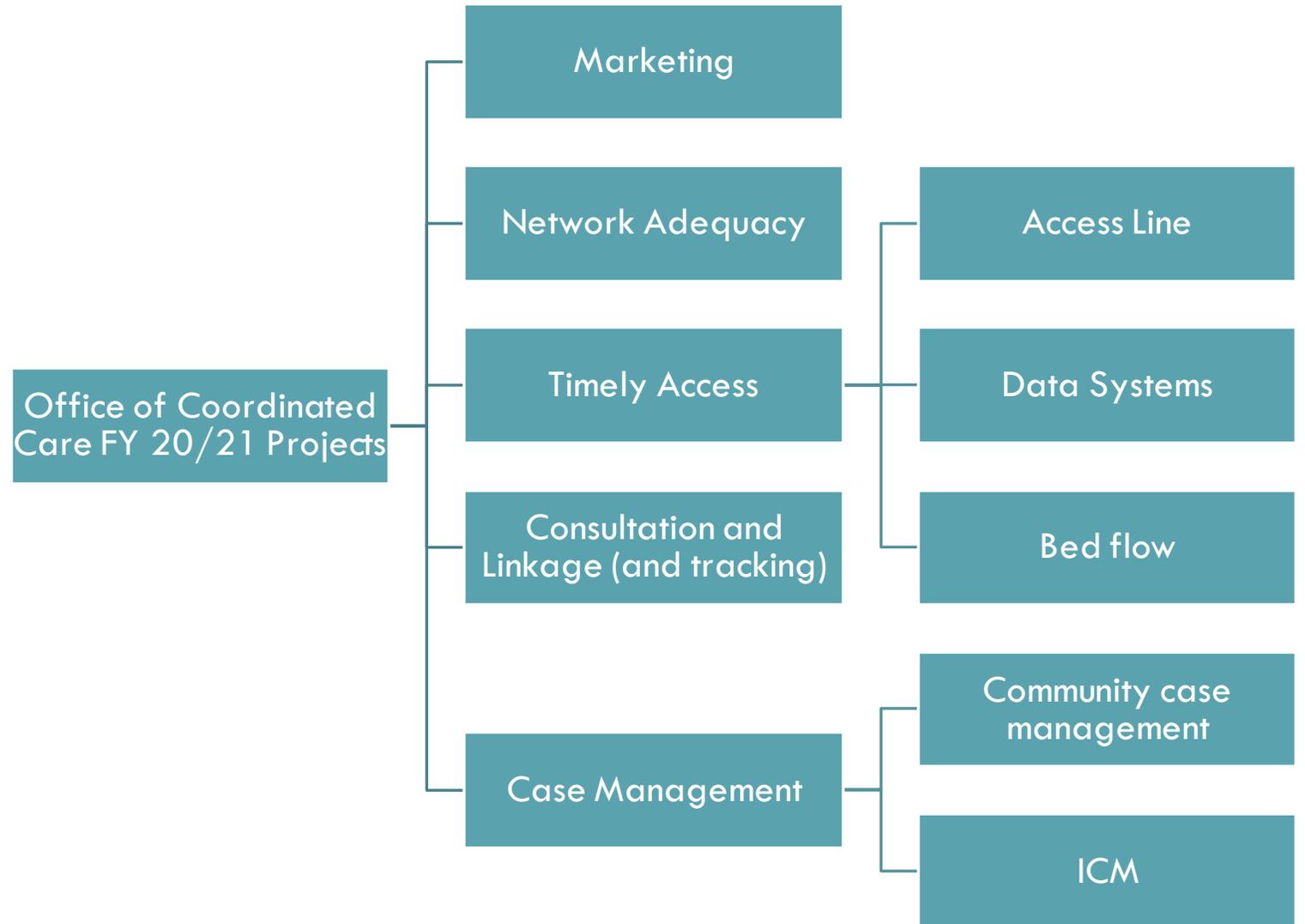


Note: Office of Private Health Insurance & Accountability are currently not in development and will be launched at a later time

OFFICE OF COORDINATED CARE

Updates:

- Hiring
- Stakeholder and community engagement
- Building out office space



MENTAL HEALTH SERVICE CENTER

Updates:

- Hiring to expand hours to evening and weekends
- Data collection and community engagement to understand service needs late at night
- Upgrading phone system and streamlining client flow

1. **Centralized access point** for patients who seek access to mental health and/or substance use treatment, psychiatric medications, and subsequent referral to longer-term care.
2. **24/7 drop-in access/services** include: triage, clinical, psycho-social assessment, linkage supports, pharmacy services
3. **Drug Sobering Center and Mental Health Urgent Care Unit**
4. **One or more physical buildings**—accessible by public transportation and to people with disabilities—located near other City-funded mental health services

NEW BEDS AND FACILITIES

Updates:

- Prop C funding released by BOS
- OCC working on bed flow optimization
- Plan to update bed analysis every two years
- FindtreatmentSF.org now includes both SUD and mental health beds

1. **Drug Sobering Center:** Operating contract, service model, and budget are in progress. Securing an ideal space still in process.
2. **Board and Care (ARF & RCFE):** Evaluating acquisition of a facility with space for 150 residents. It will meet our bed goals and have room for another program, researching best fit among other programs.
3. **Locked Sub-acute and Psych Skilled Nursing:** Contracting temporary beds.
4. **Mental Health Residential Treatment 12-month Program:** Exploring a pilot program with a new vendor.
5. **TAY and Managed Alcohol:** Teams are working on program design and identifying facility specifications.

ANALYTICS AND EVALUATION

Updates:

- Engaging stakeholders (Prop C, IWG, community) in developing evaluation framework
- Requested two new FTE to support ongoing evaluation/reporting work

GOAL: Evaluate the impact of MH SF interventions on the target population and the effectiveness of MH SF programs through key performance indicators.

1. **Draw causal linkages** between program activities and client outcomes
2. **Measure the equity of impact** through close review of client characteristics by race/ethnicity, neighborhood, language, and SOGI when possible
3. **Enable transparency and accountability** of Mental Health SF activities
4. **Align data efforts**, methodology, and shared client outcomes across the SFDPH
5. **Support effective communications** with internal and external stakeholders

OVERDOSE RESPONSE

Updates:

- Installed naloxone dispensers on every floor in SIPs, along with contracted harm reduction staff
- Approximately 4,000 overdose reversals in 2020

GOAL: Develop, fund, and execute a multi-faceted plan to combat the rise of overdose deaths in San Francisco

1. Increase annual number of supplied **naloxone** doses
2. Expand medication **linkage programs** from acute/urgent care, outreach including contingency management, and harm reduction SUD services at high risk sites (offer medication and improve retention)
3. Expand low threshold access to **buprenorphine**
4. Expand low threshold **contingency management** to reduce the use of methamphetamine and reduce deaths from stimulant overdose
5. Reduce percent yearly increase in **total drug overdose deaths**

Batch Hiring:

2930 Behavioral Health Clinician (Masters Level)

BHS Vacancies

- Filling vacant 2930 was identified as a priority
- Since last HC update, of 41 positions vacant, 33 have been filled (most positions not filled have special conditions)
- 7 for MHSF

COVID "C3 Project"

- A Separate Job Announcement (1 year duration)
- Of the 26 requisitions approved, 9 have been hired.
- Job announcement remains open

Topic: MHSF Hiring							Date revised:		2/8/2021		
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Position groups by priority	Targeted start date by priority group	New hiring requests since last LSC update	Total requests to fill within group	Total hired to date by priority group	Number of requests in process by stage						Total requests in process (all stages)
					Form III Submission	Position Approved	Reassign/Exempt	Selection Process	Request to Hire	Onboarding Process	
A	5/1/2021		5			2		3			
B	5/1/2021		16			4	2	5	5		
C	6/1/2020		10		6	1	3				
D	7/1/2020		15								
E	8/1/2020		9								

HR UPDATE