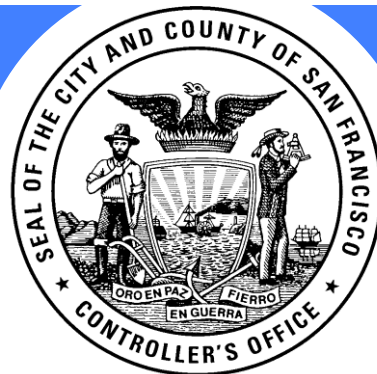


Our City, Our Home Oversight Committee

September 2021



CITY & COUNTY OF SAN FRANCISCO

09.21.2021

Meeting Agenda September 21, 2021

1. Call To Order
2. Public Comment (10 min)
3. Approval, with possible modification, of the [August 17th Meeting Minutes](#). (5 min)
4. Amend [OCOH Oversight Committee Bylaws](#) to reflect new meeting schedule and location (15 min)
5. Welcoming New Leaders (30 min)
 - Director Shireen McSpadden of the Department of Homelessness and Supportive Housing
 - Director Hillary Kunins of Behavioral Health Services and Mental Health SF
6. Discussion of Our City, Our Home Oversight Committee Liaison Roles, with possible action by the Committee. (45 min)
7. Propose agenda items for subsequent meetings and provide Committee updates, with possible action by the Committee. (10 min)
8. Adjourn

4. Amend [OCOH Oversight Committee Bylaws](#) to reflect new meeting schedule and location (15 min)

“The Committee’s regular meetings will occur on the ~~third Tuesday~~ **fourth Thursday** of each month beginning at 9:30 a.m. The Committee will meet remotely until it is authorized to meet in person under the Mayor’s COVID-19-related emergency orders. Thereafter, the Committee will hold regular meetings at City Hall, Room **_416_**. The Chair, or the Committee by majority vote at a meeting, may schedule a special meeting at any time, subject to applicable noticing requirements.” (page 5)

5. Welcoming New Leaders (30 min)

- Director Shireen McSpadden of the Department of Homelessness and Supportive Housing
- Director Hillary Kunins of Behavioral Health Services and Mental Health SF

Public Comment



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

HSH Departmental Update

Our City, Our Home Oversight Committee

September 21, 2021

<http://hsh.sfgov.org>



New Leadership, New Vision

6

- Building relationships with providers and community partners.
- Enhancing trust between the community and HSH.
- Listening to providers, advocates, staff, & people with lived experiences of homelessness.



Opportunity: New Strategic Plan

7

• The HSH **Five-Year Strategic Framework** is ending and HSH will be engaging in a new strategic planning process.

- HSH would like to compliment and leverage the work of the OCOH committee rather than duplicate efforts.
- Opportunity to engage community in new ways.

• **Racial equity** is central to the HSH strategic planning work:

- Right-sizing support for provider partners.
- Invest in Black-led provider organizations.
- Ensure equal access and impacts across the Homeless Response System.



Strategic Planning: Focus Areas

8

• Coordinated Entry

- Access the **effectiveness** and **impact** of the current approach to Coordinated Entry.
- Focus on ensuring accessibility.
- Focus on equity in impact and housing placement.

• Contracting Reform

- Focus on ways to improve the process of partnering with the City.
- Support **provider innovation** through contracting and billing reform.



Key Priority Initiatives

9

While HSH has many programmatic priorities, we have identified six key initiatives:

- Implementation of the new federal **Emergency Housing Vouchers**
- Shelter-in-Place hotel **rehousing**
- Assessment and reform of **Coordinated Entry**
- New housing **acquisition**
- **Shelter reinflation** and expansion of **new shelter models**
- **Hiring** and building the **departmental culture**



Emergency Housing Vouchers

10

HSH and San Francisco Housing Authority are collaborating to use **906 Emergency Housing Vouchers (EHVs)** as part of the American Rescue Plan (ARP).

- Eligible individuals must be:
 - Experiencing homelessness or at risk of homelessness
 - Fleeing/trying to flee domestic or dating violence, sexual assault, stalking, human trafficking.
 - Recently homeless; rental assistance will prevent homelessness or housing instability.
- Within these broad categories, the CoC will prioritize within these categories using community input and data on current population and housing needs.
- Rollout will be phased over the next 18 months, with more information coming soon.



SIP Rehousing

- **Five SIP hotels** have been demobilized.
- Demobilizations conducted in a thoughtful and client-centered way.
- ~88% of guests either moved into housing or to another SIP hotel to continue their rehousing process.

Destination Upon Demobilization – Last Three Demobilizations	Percent
Transition in Place (Housing)	13%
SIP	64%
Housing	10%
Medical	1%
Friend/Family	1%
Non-Congregate Shelter	4%
Other	1%
Unknown	3%
Streets	3%



SIP Rehousing: Policy Changes

12

Given the delta variant & FEMA reimbursement updates, HSH has made the following policy changes:

- SIP rehousing timeline extended by 6 months to **September 2022**.
- **Paused the transfer** of SIP hotel guests to **congregate** facilities
- Change to Pandemic Prioritization: HSH will **rehouse all COVID-vulnerable guests** who entered the SIP system, including those who entered the program after November 2020.
- Implemented the new SIP Rehousing **Documentation Policy**.



Coordinated Entry Evaluation and Planning

13

- **Coordinated Entry (CE)** System will be undergoing an evaluation this fall.
 - Co-designed with input from stakeholders
 - Race equity analysis
 - Quantitative analysis of CE Data
 - Qualitative analysis
 - People with lived experience
 - Providers
 - Access Points
 - Stakeholders
- CE Evaluation will help to inform the strategic planning process



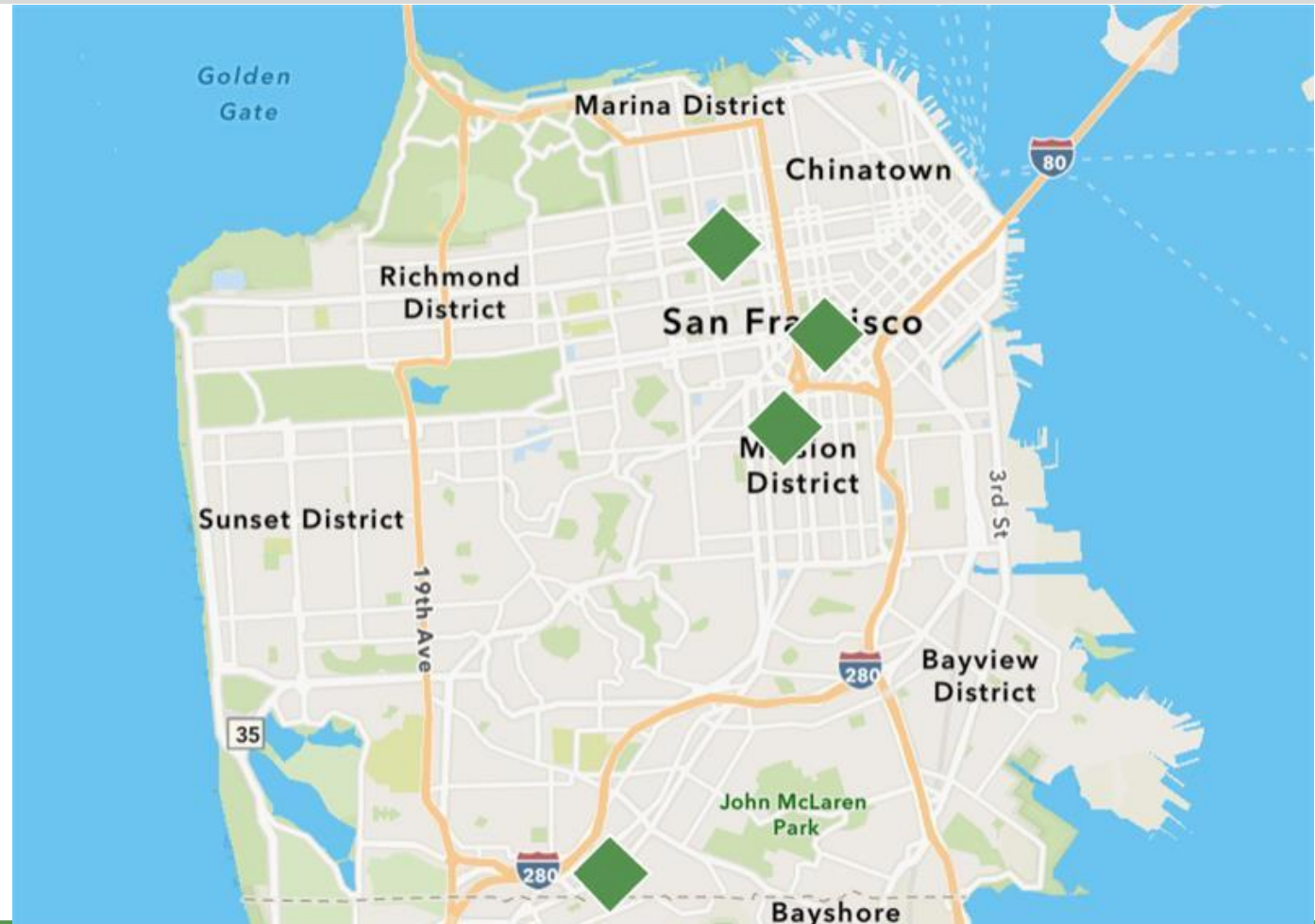
New Housing Acquisition

14

Proposal:

- Acquire 4 buildings to convert to PSH
- Geographic diversity
- High-quality buildings with amenities

**Proposed acquisition sites in green.*



<http://hsh.sfgov.org>



Reopening Shelter Capacity and Expansion

15

• Reopening Shelter Capacity

- Reopened **Central Waterfront Navigation Center**
- Expanded capacity at **Oasis family shelter**
- Reopening **Dolores Street & Jazzie's Place**

• Shelter Expansion

- Candlestick Point **Vehicle Triage Center**
- Piloting cabins at the **33 Gough Safe Sleep Site.**
- Expanding **stabilization beds**



Hiring & Building Department Culture

16

- Goal: Fill all new and vacant HSH positions
- Goal: Maintain a **turnover rate of 10% or less**
- Build **sustainability** within the Department:
 - Staff listening session
 - Promoting wellness and work-life balance
 - Staff surveys

San Francisco Department of Public Health Division of Behavioral Health Services

Overview

A presentation to the Oversight Committee of Our City, Our Home
September 21, 2021

Hillary Kunins, MD, MPH, MS
Director of Behavioral Health Services and Mental Health SF
San Francisco Department of Public Health

Behavioral Health Services

San Francisco Department of Public Health

- Largest provider/funder of mental health and substance use prevention, early intervention, and treatment services in San Francisco
- Total budget: ~\$600M
- Contract with more than 80 community-based organizations
- Serve approximately 21,000 people



Behavioral Health Goals, Priorities, Principles

Goals

- Increase quality of life and reduce mortality among all people with serious mental illness and/or substance use issues
- Improve access to and quality of mental health services & substance use treatment

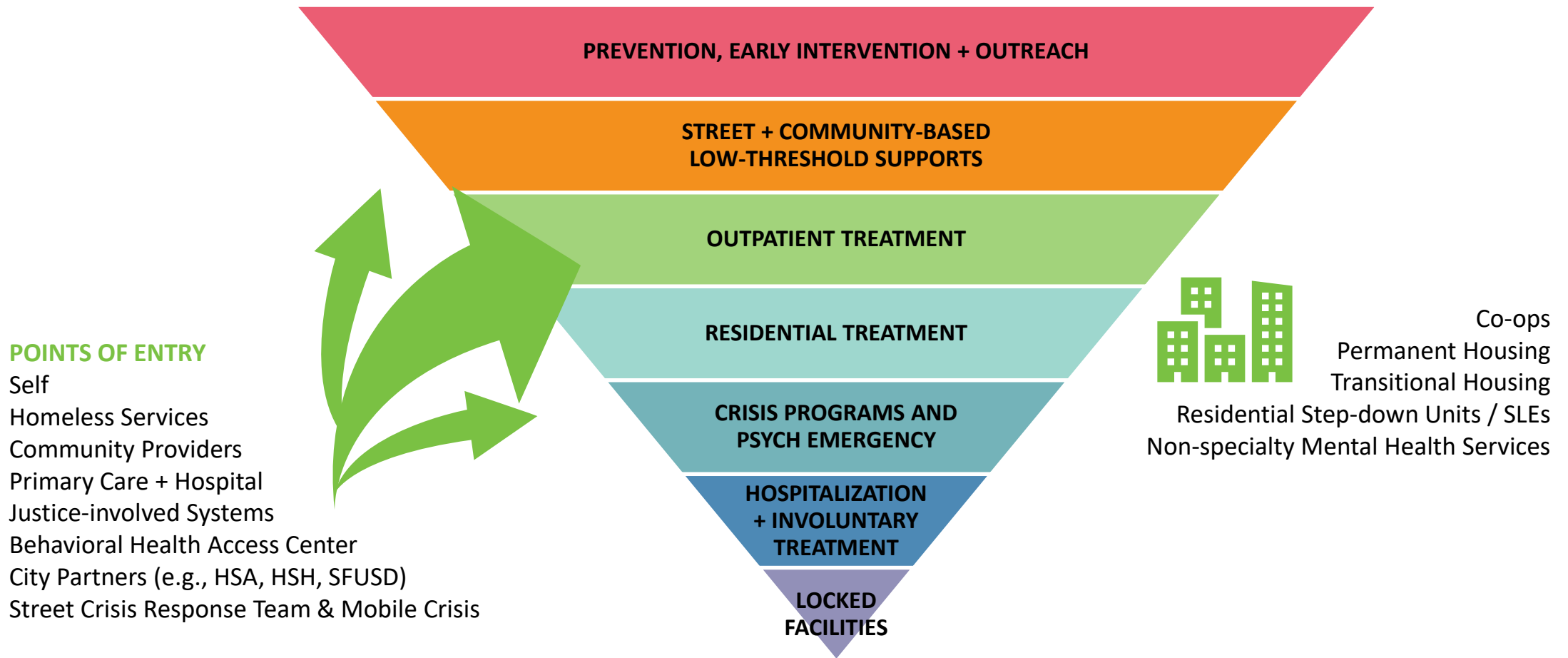
Key Priorities

- Reach and treat people experiencing homelessness who have mental health and/or substance use challenges
- Reduce overdose deaths
- Strengthen the behavioral health services workforce

Guiding Principles

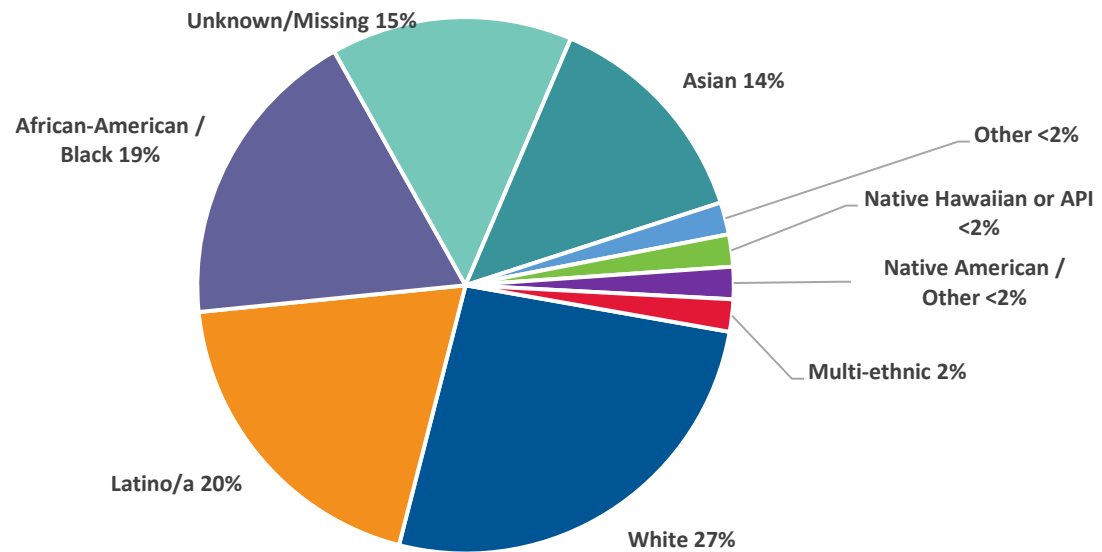
- Racial equity in outcomes paramount
- Gaps in levels of care must be filled
- Proactive and low-threshold services vital part of care continuum

Behavioral Health Care Safety Net

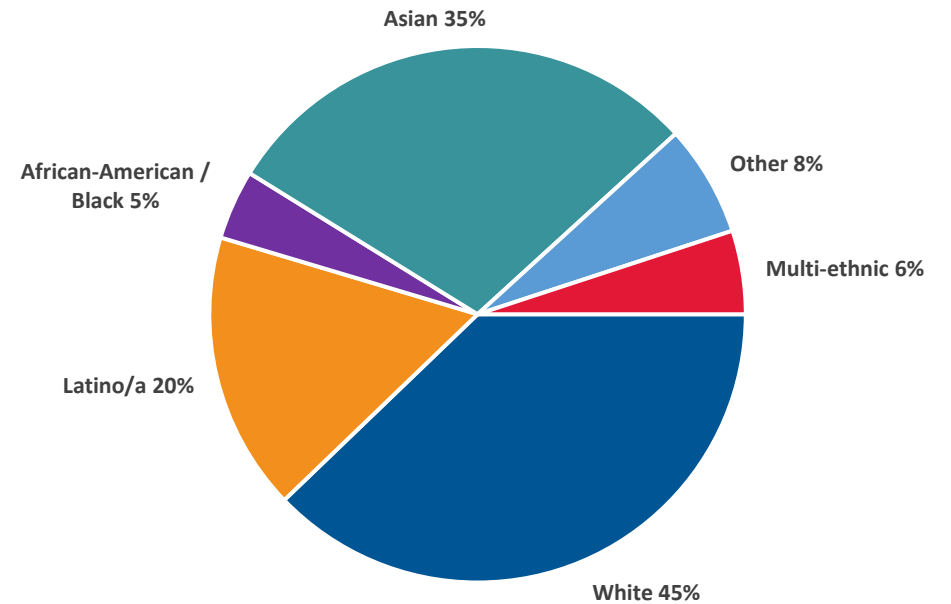


Demographic Characteristics of Clients of Behavioral Health Services (BHS) Compared to San Francisco Population

Clients of BHS Race/Ethnicity



Residents of San Francisco Race/Ethnicity



Mental Health SF

- Will improve access to mental health services, substance use treatment, and psychiatric medications for all San Francisco adult residents with serious mental illness and/or substance use disorder who are homeless

Office of Coordinated Care

Improve and centralize care coordination for clients

Mental Health Services Center

Center for patients to access treatment, medications, and referrals

New Beds & Facilities

Expand behavioral health treatment and care placements

Street Crisis Response Team

Provide help for behavioral health crises on the streets

New MHSF Initiatives + Programs

Hummingbird Valencia

- Residential treatment and care
- Opened Spring 2021
- For stabilization, rest, and care connection
- 30 overnight beds and up to 20 daytime beds for drop-in clients
- Collaboration among DPH, PRC/Baker Places, The Salvation Army, and Tipping Point Community
- Clients referred by urgent care; street teams including the Homeless Outreach Team, Street Crisis Response Team, Street Medicine; and Comprehensive Crisis Services

Pharmacy Expansion

- Expanding access through telemedicine, deliveries to Shelter-In-Place Sites, and expanded hours.
- Working with community partners to distribute the overdose reversal medication, naloxone, for free (projected as ~28,000 kits/year)
- Provide on-site harm reduction services such as fentanyl test strips and safe use kits.
- Innovative practices like microdosing of buprenorphine to respond to growing numbers of fentanyl
- More frequent medication pick-ups to respond to the needs of clients (ex: weekly, daily)

Office Coordinated Care

- Real-time inventory of program and service availability
- Expand case management and navigation services
 - Case managers
 - Intensive case managers
 - Critical care managers
- Coordination with Psychiatric Emergency Services and Jail Health Services (care plans, benefits enrollment, case management)
- Oversee the collection and analysis of the data to operate and evaluate an effective system
- Marketing and community outreach

Beds Dashboard

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.

30 Beds	Open 2021 Hummingbird - Valencia Status Serving clients Open	Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro
Goal 20 Est. Beds	Open 2020 Managed Alcohol Program Status Permanent location and additional funding will expand the program from 10 beds to 20 beds Open 10 beds currently open	Pilot Medical supervision for people with chronic alcohol dependency in a 24 month supportive housing setting
20 Beds	Open 2021 12-month Rehabilitative Board and Care Status Accepting placements Open	Pilot Out-of-county supervised living and treatment for people with chronic mental health illness and/or coming from locked facilities
Goal 31 Est. Beds	Open 2021 Mental Health Rehabilitation Beds (aka LSAT) Status Accepting placements Open 20 beds available	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal 13 Est. Beds	Open Summer 2021 Psychiatric Skilled Nursing Facilities (aka PSNF) Status Contract negotiations 1 2 3 4 / /	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal 6 Est. Beds	Open Fall 2021 Cooperative Living for Mental Health^Δ Status Accepting applications 1 2 3 4 / /	Communal living for people with chronic mental health and/or substance use Additional \$11M to stabilize leased properties available through MOHCD

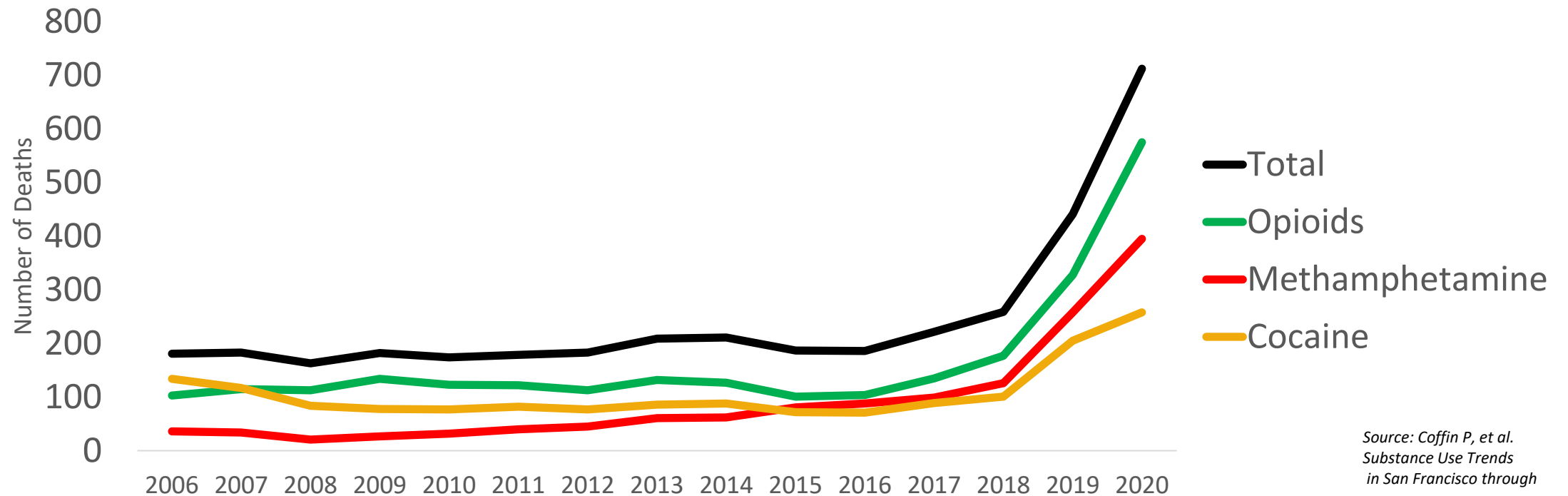
KEY

September 15, 2021

Project Phases and Status		Complete
Δ MHSF legislation		In process
1 Program design		Planned
2 Regulatory assessment		
3 Facility selection		
4 Out for bid/contracting		
5 Community outreach & City approvals		
6 Permit & construction		
Goal 20 Est. Beds	Open Fall 2021 SOMA RISE^Δ (aka Drug Sobering Center) Status Permits in process, preparing for construction 1 2 3 4 5 6	Pilot 24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services
Goal 73 Est. Beds	Opening date to be determined Residential Care Facility^Δ (aka Board and Care)* Status Active negotiations to acquire a building 1 2 3 4 5 6	Supervised residential program for individuals with mental health issues who require assistance with activities of daily living.
Goal 140 Est. Beds	Opening date to be determined Residential Step-down - SUD^Δ Status Active negotiations to acquire a building 1 2 3 4 5 6	Long-term sober living environment for clients coming out of residential care programs
Goal 30 Est. Beds	Opening date to be determined Enhanced Dual Diagnosis^Δ Status Program design in development 1 2 3 4 5 6	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
Goal 10 Est. Beds	Opening date to be determined Transitional Age Youth (TAY) Residential Treatment^Δ Status Program design in development 1 2 3 4 5 6	Supervised treatment for young adults with serious mental health and/or substance use issues
Goal 15 Est. Beds	Opening date to be determined Crisis Diversion Facility^Δ Status Program design in development 1 2 3 4 5 6	Short-term, urgent care intervention as an alternative to hospital care

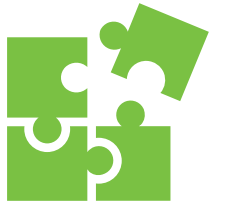
Overdose Deaths in San Francisco

- Driven by fentanyl
- >4 x higher among Black/African-Americans than other San Franciscans
- 1/3 deaths among people experiencing homelessness



Source: Coffin P, et al.
Substance Use Trends
in San Francisco through

Overdose Prevention



Goals:

Reduce overall overdose death rate in San Francisco including reducing disparities in overdose deaths among people experiencing homelessness and among Black/African American San Franciscans

Strategic interventions and programs:

Overdose education and distribution of harm reduction supplies

- Expand naloxone distribution (multiple settings)
- Expand fentanyl test strips
- Expand safer smoking supplies
- *multiple settings, focused on people experiencing homelessness and others*

Expand access to and remove barriers to high impact treatment

- Buprenorphine telemedicine
- Expand low threshold buprenorphine (multiple settings)
- Expand connection to care (HOUDINI link; Bridge)
- Expand contingency management
- 24/7 methadone treatment admissions
- Expanded pharmacy hours

Establish focused non-fatal overdose response

- Street opioid response teams
- *See next slide*

Increase social support and decrease stigma for people at risk of overdose and their loved ones

- SOMA Rise
- Advocate for safer consumption spaces
- Hummingbird Valencia
- Community education and organizing

Street Overdose Response Team

- Launched August 2020; operates 12 hours a day, 7 days a week
- Provides immediate care, resources, and ongoing support to people who have recently experienced an overdose and are most at risk of another

Reaches people immediately following an overdose and connects them to care and treatment

Includes a paramedic and street medicine clinician who respond citywide to overdose calls

Collaboration between the San Francisco Department of Public Health and the San Francisco Fire Department

Services include naloxone, buprenorphine initiation, counseling, and referrals to harm reduction, substance use treatment, housing, or shelter

In 2022, SORT will increase staffing, including peer specialists, and up to 24/7 coverage

6. Discussion of Our City, Our Home Oversight Committee Liaison Roles with possible action by the Committee(45 min)

- Reference document, "OCOH Liaison Structure (VI)"

Public Comment

Our City, Our Home Oversight Committee
Committee Structure: 9 committee members
Publicly noticed: YES
Officers: Chair, Vice Chair, Data Officer
Staff support: Controller's Office
Funding: Activities funded by 3% admin.
Timeline: Ongoing

The purpose of the Oversight Committee shall be to monitor and make recommendations in the administration of the Our City, Our Home Fund, to take steps to ensure that the fund is administered in a manner accountable to the community and consistent with the law, and to advise the Board of Supervisors on appropriations from the Our City, Our Home Fund. As part of this purpose, the Oversight Committee shall:

- Develop recommendations for prioritizing the use of funds appropriated from the Our City, Our Home Fund
- Every three years conduct a needs assessment with respect to homelessness and homeless populations and make annual recommendations about appropriations from the Our City, Our Home Fund to the Board of Supervisors consistent with that needs assessment
- Promote and facilitate transparency in the administration of the Our City, Our Home Fund
- Promote implementation of the programs funded by the Our City, Our Home Fund in a culturally sensitive manner

Immediate Needs Liaison

Publicly noticed: Not required, Could notice for certain meetings to ensure transparency

Structure:
 1 Appointed Member Liaison who has the authority to meet with key stakeholders as necessary (e.g. people with lived experience, providers, city departments, funders, general public, adjacent system partners), meetings cannot have more than 4 members of the committee

Goals: Develop short-term proposals for release of funds for immediate needs until strategic investment plan is in place; Develop/support shelter and housing plan for SIP and non-SIP people experiencing homelessness; Consider funding plans for SIP wind-down and congregate emergency shelter/safe sleep sites, safe parking sites; include cross departmental investment plan with behavioral health YR 1 investment recommendations

Timeline: 2019 Immediate Needs Allocation

Community Impact: Accountability Liaison

Publicly noticed: Not required, Could notice for certain meetings to ensure transparency

Structure:
 1 Appointed Member Liaison who has the authority to meet with key stakeholders as necessary (e.g. people with lived experience, providers, city departments, funders, general public, adjacent system partners), meetings cannot have more than 4 members of the committee. Community Action Board of people with lived experience of homelessness.

Goals: Convene and mobilize anyone interested in ending homelessness; hold community-wide meetings to review /dashboard progress toward ending homelessness; discuss dashboards and metrics; debate progress toward goals; conduct communication activities to inform public of progress/needs; mobilize resources to address gaps; engage stakeholders to participate in strategic planning activities

Funding: Activities funded by 3% admin and also privately funded.

Timeline: Ongoing

Community Impact: Communication Liaison

Publicly noticed: Not required, Could notice for certain meetings to ensure transparency

Structure:
 1 Appointed Member Liaison who has the authority to meet with key stakeholders as necessary (e.g. people with lived experience, providers, city departments, funders, general public, adjacent system partners), meetings cannot have more than 4 members of the committee.

Goals: Conduct communication activities to inform public, engage stakeholders, and ensure Committee activities are transparent and accessible

Funding: Activities funded by 3% admin and also privately funded.

Timeline: Ongoing

Systems Modeling/ Strategic Investment Plan Liaison

Publicly noticed: Not required, Could notice for certain meetings to ensure transparency

Structure:
 1 Appointed Member Liaison who has the authority to meet with key stakeholders as necessary (e.g. people with lived experience, providers, city departments, funders, general public, adjacent system partners), meetings cannot have more than 4 members of the committee

Goals: Develop a system model and strategic investment action plan for OCOH funds to end homelessness and improve behavioral health wellness; Facilitate systems modeling process using HMIS/One System, CCMS, and other available data; Establish outcomes, targets, progress benchmarks to be tracked through public data dashboards

Funding: Funded by 3% admin and also privately funded.

Timeline: Phase 1: 2020 SIP Rehousing Plan, FY2021-2023, set stage for comprehensive planning. Phase 2: Comprehensive planning to serve as needs assessment, updated at least every three years, and allocated against annually

Diversion/Prevention Liaison

Publicly noticed: Not required, Could notice for certain meetings to ensure transparency and participation

Structure:
 1 Appointed Member Liaison who has the authority to meet with key stakeholders as necessary (e.g. people with lived experience, providers, city departments, funders, general public, adjacent system partners), meetings cannot have more than 4 members of the committee

Goals: Convene diversion and prevention stakeholders to inform systems planning and strategic investment proposals

Staff Support: Mayor's Office, BOS staff, HSH, MOCD, DPH, Controller's Office/ Office of Racial Equity, Contracted staffing from systems modeling

Timeline: As needed to inform planning and modeling

Housing Inventory & Pipeline Liaison

Publicly noticed: Not required, Could notice for certain meetings to ensure transparency and participation

Structure: 1 Appointed Member Liaison who has the authority to meet with key stakeholders as necessary (e.g. people with lived experience, providers, city departments, funders, general public, adjacent system partners), meetings cannot have more than 4 members of the committee

Goals: Convene housing inventory and pipeline stakeholders to inform systems planning and strategic investment proposals; Develop strategic and OCOH investment plan for housing development pipeline (PSH, aff housing units, hotels/motels/SIPS/ behavioral health/healthcare aq/rehab/capital needs etc.) Make recommendations for housing development, acquisition, lease.

Staff Support: Mayor's Office, BOS staff, HSH, MOCD, DPH, Controller's Office/ Office of Racial Equity, Contracted staffing from systems modeling

Timeline: As needed to inform planning and modeling

Behavioral Health Liaison

Publicly noticed: Not required, Could notice for certain meetings to ensure transparency and participation

Structure: 1 Appointed Member Liaison who has the authority to meet with key stakeholders as necessary (e.g. people with lived experience, providers, city departments, funders, general public, adjacent system partners), meetings cannot have more than 4 members of the committee

Goals: Convene behavioral health stakeholders to inform systems planning and strategic investment proposals. Consider Medi-Cal funding, consider most strategic use of OCOH funds. Make recommendations for improved systems integration between behavioral health and housing/homelessness systems

Staff Support: Mayor's Office, BOS staff, HSH, MOCD, DPH, Controller's Office/ Office of Racial Equity, Contracted staffing from systems modeling

Timeline: As needed to inform planning and modeling

Key Questions on Liaison Structure

- What are the differences between the System Modeling Liaison and the Data Officer roles?
- Does the Committee see a continuing need for the Communications Liaison role?
- Does the Committee see a continuing need for the Diversion/Prevention Liaison role?
- What is missing from the current structure
- How will Liaisons communicate/report back to the Community?

7. Propose agenda items for subsequent meetings and provide Committee updates, with possible action by the Committee in response to this item. (10 min)

Public Comment

Adjourn

Thank you.

Questions? Email OCOH.CON@sfgov.org