

Mental Health SF Implementation Working Group

Approved Meeting Minutes

February 22, 2022 | 9:00 – 1:00 PM

This meeting was held by WebEx pursuant to the Governor's Executive Orders and Mayoral Emergency Proclamations suspending and modifying requirements for in-person meetings. During the Coronavirus Disease (COVID-19) emergency, the Mental Health San Francisco Implementation Working Group will convene remotely until it is legally authorized to meet in person.

Note: The agenda, meeting materials, and video recording will be posted at the Mental Health SF Implementation Working Group website:

<https://www.sfdph.org/dph/comupg/knowcol/menthlth/Implementation.asp>

1. Call to Order/Roll Call

The meeting was called to order at 9:04 AM.

Committee Members Present: Dr. Scott Arai, Psy. D., Kara Chien, J.D., Dr. Vitka Eisen, M.S.W, Steve Fields, M.P.A.,Ed.D, Dr. Ana Gonzalez, D.O., Dr. Hali Hammer, M.D., Dr. Monique LeSarre, Psy. D., Jameel Patterson, Andrea Salinas, L.M.F.T., Amy Wong

Committee Members Excused Absent:

Committee Members Unexcused Absent: Shon Buford, Philip Jones, Sara Shortt, M.S.W.

2. Welcome and Review of Agenda

Chair Monique LeSarre opened the meeting and reviewed the meeting goals and agenda. She noted that today's conversation regarding the Office of Coordinated Care (OCC) will be delayed to allow the discussion group more time. Chair LeSarre reiterated that the chat function has been disabled for issues of accessibility. She asked IWG members to notify facilitators if they needed to step away from the meeting to ensure that quorum is maintained. Chair LeSarre reviewed the main presenters for today's MHSF domain presentations.

3. Discussion Item #1: Remote Meeting Update

Facilitator Jennifer James reviewed the required findings for State and Local Requirements regarding IWG continuing to meet virtually. She invited the IWG to ask questions and comment regarding the resolution.

4. Public Comment for Discussion Item #1

No public comment.

5. Vote on Discussion Item #1

Chair LeSarre motioned to approve the Remote Meeting Update findings; Member Eisen seconded the motion. The IWG approved the remote meeting findings.

Dr. Scott Arai, Psy. D. - Yes
Shon Buford - Absent
Kara Chien, J.D. - Yes
Dr. Vitka Eisen, M.S.W. - Yes
Steve Fields, M.P.A., Ed.D - Yes
Dr. Ana Gonzalez, D.O. - Yes
Dr. Hali Hammer, M.D. - Yes
Philip Jones - Absent
Dr. Monique LeSarre, Psy. D. - Yes
Jameel Patterson - Yes
Andrea Salinas, L.M.F.T. - Yes
Sara Shortt, M.S.W. - Absent
Amy Wong - Yes

6. Discussion Item #2: Approve Meeting Minutes

The IWG members did not have any updates or corrections to the January 2022 IWG meeting minutes.

7. Public Comment for Discussion Item #2

No public comment.

8. Action on Discussion Item #2

Member Eisen motioned to approve the January 2022 meeting minutes; Member Chien seconded the motion. The resolution was approved by the IWG.

Dr. Scott Arai, Psy. D. - Yes
Shon Buford - Absent
Kara Chien, J.D. - Yes
Dr. Vitka Eisen, M.S.W. - Yes
Steve Fields, M.P.A., Ed.D - Yes
Dr. Ana Gonzalez, D.O. - Yes
Dr. Hali Hammer, M.D. - Yes
Philip Jones - Absent
Dr. Monique LeSarre, Psy. D. - Yes
Jameel Patterson - Yes
Andrea Salinas, L.M.F.T. - Yes
Sara Shortt, M.S.W. - Absent
Amy Wong - Absent

9. Discussion Item #3: New Beds and Facilities: Crisis Diversion Unit Recommendations

Chair LeSarre reviewed the corresponding domain and the staff that are associated with said domain. Facilitator Jennifer James reviewed the recommendation roadmap. She reminded the IWG that this is a "Step Out Stage" for Conflict of Interest. She confirmed members who have recused themselves and asked the IWG if there is anyone else who wished to recuse themselves. Members Fields, Eisen and Arai recused themselves from the New Beds and Facilities discussion.

Facilitator James invited Member Hammer to read the agreements out loud. Member

Hammer read the Group Agreements out loud to the IWG.

Facilitator James reviewed the MHSF Crisis Diversion Unit Recommendations.

Member Salinas acknowledged the EMS6 team and their hard work and expressed that it is unfortunate that those with experience in this area have had to recuse themselves. She reviewed the Overarching Goals/Vision for the Crisis Diversion Unit for Section (iv) of the legislation and the recommendations.

Discussion:

Chair LeSarre invited the IWG to provide feedback and to ask questions regarding the presentation.

Vice Chair Patterson inquired if access to outpatient mental health clinics will be addressed in these recommendations. Member Salinas referred to recommendation 5 and indicated that this might need to be more specific in terms of where they will be referred to. She stated that the OCC might have some capacity to take on individuals that need care coordination, but that can be addressed during the OCC presentation. Vice Chair Patterson expressed that his concern was not addressed with the response. He indicated that there are only four free mental health clinics in the city and there are long wait lists to access services. Member Salinas clarified what is being said in recommendation 5 and acknowledged that Vice Chair Patterson's concern is valid. Chair LeSarre agreed that Vice Chair Patterson is bringing up an important point and recommended bringing up the concern with linkage during the OCC presentation. She inquired if Vice Chair Patterson would be ok with updating language to clarify the linkage process for recommendation 5.

Member Wong acknowledged that wonderful work that the discussion group has done with these recommendations. She requested clarification on the role of Hummingbird in recommendation 5. Member Salinas clarified that those are just examples and that if individuals don't want to return to the street, efforts should be made to mobilize resources.

Chair LeSarre expressed how crucial it is to address accessibility in recommendation 5 and the importance of explicitly adding that language.

Member Hammer asked if recommendation 7 would limit where services can be created, because of recommendation 6 addressing 290 sex offender status. She then continued that maybe it would be a moot point, given that it is not a residential location. Chair LeSarre indicated that there would be follow-up regarding Member Hammer's concern.

Facilitator Ashlyn Dadkhah read a comment from DPH Community Paramedic Medical Director Joe Graterol indicating that for Item 10d(4), it would make sense to track transfers to higher levels of care. Member Salinas and Chair LeSarre thanked him for the suggestion.

Dr. David Pating acknowledged the IWG for continuing to draft recommendations for the vulnerable populations in San Francisco and highlighted that the goal is to make the services client-centered. He provided feedback on the recommendations provided

and reminded that, ultimately, there does need to be medical necessity. He addressed the use of the “waitlist” language in Section D and asked that the language be revised, given that waitlists are not optimal. Chair LeSarre clarified that the suggestion is not that NB&F have a waitlist, but that it has been the experience of the community that waitlists exist. Member Salinas agreed with Chair LeSarre and that the goal of this recommendation is to provide the possibility of a waitlist. Dr. Pating agreed.

Dr. Pating also addressed Program Objective 1 and updated the IWG that there is not a possibility to include long-term respite, due to the physical and licensing limitations of the building. He clarified that there is only the possibility to have a 23-hour facility. Member Salinas inquired if the plan is to replicate Dore Urgent Care (DUC). Dr. Pating clarified that it was not a replication given that it would have services that are not provided at Dore, such as staffing differences, medical and substance use services, mental health services, and a first respondent drop-off. He acknowledged that some services are similar but that the clientele would be different, particularly individuals that do not meet criteria for 5150. Member Salinas inquired if there are any avenues to account for longer stays. Dr. Pating reiterated that it is not possible to have longer stays at the site that longer stays are no longer in the planning goals. Chair LeSarre expressed that although the building cannot meet the needs of individuals who need more than 23-hour care, the need is still there. She emphasized that there needs to be a solution to meet that crucial need.

Member Chien requested other solutions for options to serve individuals with extended needs – beyond the 23 hours. She acknowledged that she is not a clinician, but she feels 23 hours is not enough to address crises.

Dr. Yoonjun Kim agreed that individuals need more than 23 hours care for crisis stabilization. She provided more background on the licensing requirements for a 24-hour and beyond program.

Chair LeSarre suggested taking a provisional vote that would include the proposed revisions. Facilitator James reminded the IWG that the recommendations will not be set in stone and that these recommendations will be revisited on a regular basis with DPH. She reminded the IWG of the process for Level of Agreement, prior to the vote. She reminded that there must be 7 votes for the motion to pass.

Round 1: Crisis Diversion Unit Level of Agreement

One IWG member voted a “2: I see issues we need to resolve.”

Member Hammer expressed her concern regarding the new issues that Dr. Pating brought up. She requested more information from Dr. Pating, Dr. Kim or Dr. Kunins to ensure that the recommendations are still relevant.

Director Dr Hillary Kunins asked for clarification from the Crisis Diversion team. Dr. Pating explained that this conversation will need to occur under Continuum of Care discussions. He also addressed the subtle difference between wanting and needing treatment. He clarified that the licensing may be under outpatient clinic and would need additional research regarding the sexual offender questions brought forth by Member Hammer earlier in the discussion.

Facilitator James reiterated that these recommendations can be approved by the IWG even if DPH has issues that it needs to work through.

Member Salinas expressed her concern that the services are being changed to accommodate the building.

Member Hammer inquired if the discussion group feels that the recommendations are relevant, considering the new information provided. Member Salinas indicated that a lot of the recommendations are not relevant and that with 23 hours there will be a challenge to collecting data and creating linkages. Member Chien stated that she prefers to move forward and add language regarding current limitations to the recommendation. Chair LeSarre expressed her concern that DPH does not have the right buildings and the IWG is not able to provide effective recommendations. Director Kunins acknowledged the questions and expressed that she is unsure of the answer but will provide a response.

Round 2: Crisis Diversion Unit Level of Agreement

4 members still indicated that they saw issues that needed to be resolved prior to accepting the recommendation. Facilitator Dadkhah requested members verbally agree or disagree to move forward. The IWG approved moving forward, based on majority.

Dr. Scott Arai, Psy. D. - Recused
Shon Buford - Absent
Kara Chien, J.D. - Yes
Dr. Vitka Eisen, M.S.W. - Recused
Steve Fields, M.P.A., Ed.D - Recused
Dr. Ana Gonzalez, D.O. - Yes
Dr. Hali Hammer, M.D. - Yes
Philip Jones - Absent
Dr. Monique LeSarre, Psy. D. - No
Jameel Patterson - Yes
Andrea Salinas, L.M.F.T. - No
Sara Shortt, M.S.W. - Absent
Amy Wong - No

10. Public Comment for Discussion Item #3: Crisis Diversion Unit Recommendations Review

Caller 1 suggested that the IWG hold off on voting because there is no consensus. She inquired which role Zuckerberg San Francisco General Hospital and Trauma Center has in this given that they have moved a majority of individuals from PES to acute services. She stated that are some individuals who are not ready to be released into the community. She addressed recommendation 5 and that there are people who can be a danger to others that do not meet the level of 5150 criteria and asked that the safety of others in the community also be considered.

Member Salinas indicated that she was receiving messages that some members of the public could not give their comments. Chair LeSarre asked those individuals to email their written comments so that they could be read out loud by the facilitation team.

11. Vote on Discussion Item #3

Facilitator James clarified that the IWG bylaws indicate that there needs to be an affirmative vote of at least 7 members. She stated that it does not appear that there will be consensus between the 7 members present and that no formal vote will be taken. Chair LeSarre agreed that no vote will be taken. She also indicated that Zuckerberg General is not being ignored but that the IWG is seeking alternative ways to provide services.

12. Discussion Item #4: Citywide Street Outreach Teams Briefing

Chair LeSarre introduced all presenters for Discussion Item #4.

Shalini Rana, Mayor's Office Health Advisor, stated that both the Street Crisis Response Team and the street response activity are a priority for the Mayor. She explained that the Department of Emergency Management (DEM) has led a separate working group on how to meet a more effective street response for vulnerable populations.

Rapid Response Team Overview: Laura Marshall, Project Manager from the Controller's Office, provided a brief background on the various teams and their tasks and the corresponding partners. She reviewed the process for how the appropriate team is dispatched from the 911 system. She distinguished between the processes for Scheduled and Rapid Response teams and the different issues each can address. She indicated that teams use Case Conferencing model to coordinate between teams and that there a high number of case conferences needed, due to privacy and other concerns.

Member Hammer inquired about the SCRT team that is linked to OCC. Marshall indicated that it may be that these are being referred directly to SCRT and that the information did not appear in the data. She also stated that they will attempt to incorporate that direct referral into the process.

EMS-6 and SWRT: Simon Pang, FIR Chief of Community Paramedicine, provided background on how San Francisco Fire Department became involved in the work. He noted that firefighters see the revolving door and it makes sense to help fill in the gaps of where services currently exist. He explained the four different teams within the Paramedicine program and that there is real-time care coordination with both internal and external partners. He reviewed the EMS-6 team in more detail, including the number of encounters, connection rate, and personnel associated with the team. He clarified that success involved meeting people where they are and meeting their needs. He also expanded on the Street Wellness team and gave examples on how this team is more equipped than law enforcement to respond to high users. He also reviewed the number of encounters and connection rates. He emphasized that the Street Wellness team does not leave anyone in dangerous situations.

Member Wong expressed that this is the first time she is hearing about these services. She inquired how there can be collaboration between all the services being presented. Pang indicated that collaboration already exists within different programs. He indicated that EM-6 works 20 hours a day, holidays and weekends.

Street Overdose Response Team (SORT): Michael Mason, FIR Rescue Captain and Section Chief Street Overdose reviewed statistics of disparities in overdose deaths. He indicated that the response team, which includes a Peer Support Specialist, responds in real time. He identified that only 50% of overdoses are being coded as overdoses by the 911 dispatch.

He spoke about the various responses that SORT can provide. He indicated that there is a current application with the State of California for a Buprenorphine pilot program and that for now, the team relies on hospital and DPH partners. He reiterated that the team reaches out to vulnerable individuals that might never receive services otherwise, particularly those that have survived overdoses.

Chair LeSarre invited Mason to come back to discuss the Buprenorphine pilot program. She suggested it would be beneficial to build collective impact with the fire department, given who they can reach and make these resources more available.

Kevin Lagor, DPH Nurse Practitioner, Post Overdose Engagement Team (POET) stated that this is where most of the collaboration occurs. He indicated that this multi-disciplinary team reaches out within 72 hours of an overdose and follows those individuals for approximately one year. He stated that this team provides life-saving medication, as well as harm reduction education. He stressed that there is a behavioral health component to understand why people use. He indicated that the team is only 30% staffed, but that they are able to find 55% of people who have experienced and overdose.

Vice Chair Patterson acknowledged that the lack of outreach can be attributed to both COVID and the digital era because a lot of people don't have access. He expressed hope that services are not set up in a way that someone must overdose to get these services.

Street Crisis Response Team: Dr. Angelica Almeida, SCRT Lead, introduced Chief of Operations for Paramedicine Division, April Sloan.

Dr. Almeida provided a brief update on SCRT. She addressed Member Hammer's earlier comment regarding the OCC and indicated that SCRT was launched April 5, 2021 and is now fully staffed. She reminded the IWG that this is the dedicated team for individuals who had behavioral health crises. She reviewed some themes that have emerged from the data including SCRT call volumes by month, which showed a general upward trend since Team 1 launched.

Member Salinas inquired if SCRT only handles 800B calls since the transfer to EMD and asked about the hours of the 7th team. Sloan indicated that there is no start date scheduled for the 7th team and they are still working on identifying times of service. She also indicated that they are still responding to 800B calls but they will now be coming from the Fire Department side and 100% of calls will be fielded by SCRT and paramedics. She added that, on occasion, there will be special calls that require a call to law enforcement.

Member Hammer stated that she appreciates all the presentations today. She asked committee members about their stated need for mapping of services. She inquired if there are any remaining questions from IWG members. Chair LeSarre identified that she would like to see more of the mapping of roles and how they fit into the overall work. She also invited Shalini Rana to share next steps for the gap analysis. She reiterated that there is a separate group that has only met twice and that they are still mapping their plan.

Member Salinas inquired who is being interviewed and where the data for the gap analysis are coming from. Rana replied that the committee is still scoping the work and clarified the objectives of the group.

13. Public Comment for Discussion Item #4

Caller 1 inquired how the dispatcher decides which program to use. She suggested that

programs should be combined if they are understaffed. She also provided feedback that EMTs would be an important decider of which group is called and expressed that too many people involved. She also inquired about compensation parity for outreach workers.

14. Discussion Item #5: Office of Coordinated Care Recommendation Discussion

Director Kunins informed the IWG that Heather Weisbrod has been hired as the Inaugural Director for OCC. Chair LeSarre explained that the OCC recommendations will be tabled for March, given that Member Eisen is absent, and she was part of the discussion group. The remainder of the intended discussion item was cancelled as the Discussion Group needed more time before presenting recommendations.

15. Public Comment for Discussion Item #5

Discussion Item #5 was tabled. Public comment was not provided for this item.

16. Discussion Item #6: Homelessness and Supportive Housing Update

Chair LeSarre introduced the presenters for the Department of Homelessness and Supporting Housing (HSH) -Kristina Leonoudakis-Watts, Permanent Supportive Housing (PSH) Services Manager and Elizabeth Hewson, Manager of Supportive Housing Programs.

Leonoudakis-Watts provided a brief introduction on what HSH is and what they do. She specified that today's conversation is around PSH and gave a brief definition of PSH and, subsequently, the objective of HSH and PSH together. She explained that the way to get individuals housed is via the Coordinated Entry System (CES) Access Points.

Hewson provided a snapshot of the CES demographics, for those accessing these services. She referred to the Point in Time Count used to determine the number of people experiencing homelessness and an in-depth survey of a subset of that specific population. She indicated that the most recent count was put on pause because of the pandemic, but provided data from the 2019 Point in Time Count. Chair LeSarre inquired if the various data categories are disaggregated by race, veteran status, and asked for clarification regarding the Latinx data. Hewson indicated that the gender data is available to be disaggregated by race, but that it is not shown on today's slides. She clarified that the HSH collects demographic information based on HUD's Homeless Management Information System (HMIS) and the data is collected based on that, particularly around the Latinx ethnicity.

Vice Chair Patterson inquired if staff at Access Points have been adequately trained in CES. He also expressed concern that the VI-SPDAT prioritized certain individuals when there are other individuals that have not been prioritized that could benefit from housing.

Hewson provided information on the current housing landscape in San Francisco and the wide range of supportive services that are provided by PSH.

Member Fields inquired if the current behavioral health support provided by PSH is available 24/7 for crisis calls. Hewson indicated that is not the case, despite there being staff available around the clock. Member Fields noted that continuity of care is essential to providing services.

Member Salinas asked for clarification on pay equity. Hewson clarified that there is a wide range of salary levels from different PSH sites that have HSH civil service staff. She stated that HSH is working on wage parity to hire and retain qualified staff. She clarified that the salary analysis is being developed before developing a plan to implement the parity.

Leonoudakis-Watts briefly reviewed how CCSF Departments support populations with complex challenges. She acknowledged that technology is an effective way to facilitate coordination between different collaborators.

Hewson presented on the Permanent Housing Advanced Clinical Services (PHACS), which is in the early implementation stage and is currently hiring staff. She reviewed other departments that have collaborated with CCSF.

17. Public Comment for Discussion Item #6

No public comment.

18. Public Comment for Any other matter within the Jurisdiction of the Committee not on the Agenda

No public comment.

19. Discussion Item #7: Housekeeping and future meetings

Facilitator James shared the Anticipated IWG Meeting Topics for 2022 and emphasized the changes to the topic calendar. She also reviewed that there is a vaccination requirement. She reviewed the new public input process that includes receiving written comments via MentalHleathSFIWG@sfgov.org.

Chair LeSarre acknowledged the challenges of the shutdown and encouraged members to practice self-care.

20. Adjourn

Chair LeSarre motioned to adjourn the meeting and Member Fields seconded the motion. The next meeting will be on Tuesday, March 22, 2022 from 9:00 AM- 1:00 pm. Meeting adjourned at 1:02 PM.