

Mental Health SF Implementation Working Group DRAFT Meeting Minutes

January 25, 2022 | 9:00 AM – 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/knowlcol/menthlth/Implementation.asp>

1. Call to Order/Roll Call

The meeting was called to order at 9:10 AM.

Committee Members Present: Dr. Scott Arai, Psy. D., Shon Buford, 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., Sara Shortt, M.S.W.

Committee Members Excused Absent: Amy Wong

Committee Members Unexcused Absent: Philip Jones

2. Welcome and Review of Agenda

Chair Monique LeSarre opened the meeting and reviewed the meeting goals and agenda. She asked IWG members to notify facilitators if they needed to step away from the meeting to ensure that quorum is maintained. She also reviewed the main presenters for today's MHSF domain presentations.

3. Discussion Item #1: Remote Meeting Update

Facilitator 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 - Yes
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. - Yes
Amy Wong - Absent

6. Discussion Item #2: Approve Meeting Minutes

The IWG members did not have any updates or corrections to the December 2021 IWG meeting minutes.

7. Public Comment for Discussion Item #2

No public comment.

8. Action on Discussion Item #2

Member Chien motioned to approve the December 2021 meeting minutes; Member Eisen seconded the motion. The resolution was approved by the IWG.

Dr. Scott Arai, Psy. D. - Yes
Shon Buford - Yes
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 - Yes
Dr. Monique LeSarre, Psy. D. - Yes
Jameel Patterson - Yes
Andrea Salinas, L.M.F.T. - Yes
Sara Shortt, M.S.W. - Yes
Amy Wong - Absent

9. Discussion Item #3: MHSF Director's Update

MHSF Director Hillary Kunins provided an update on current MHSF related activities. She discussed a significant new hiring push under the Tenderloin Emergency Declaration and that additional position requests are likely. She noted this has been facilitated by updates to streamline the hiring process. Her update included identifying vacant positions and hiring status. She reported that there is a goal of 200 hires from the eligible list by the end of March and the status of those hires.

MHSF Director Kunins provided a brief overview of Community Care Expansion (CCE) and Behavioral Health Continuum Infrastructure Program (BCHIP). She communicated that these are state and federal funding opportunities that can support acquisition, construction, rehabilitation, and expansion of facilities and described a few requirements for the funding.

Discussion:

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

Member Shortt inquired how the emergency declaration will expedite and streamline hiring, considering that there is currently a 6-8 month hiring process. She expressed her excitement about the possibility of getting staffing needs met. Director Kunins replied that the emergency declaration allows for a direct hire in case there is no match on the eligibility list and, in cases where there are lists, the process will remain the same. She also stated that the emergency declaration opens the possibility to expand hiring practices that adhere to civil service procedures put into practice, by possibly cutting out steps for more efficient hiring. Member Shortt inquired about the timeline to complete the hires and if they would compromise experience and qualifications. Director Kunins restated that the goal is 200 hires by the end of March and that the objective is not to compromise experience and qualifications.

Member Salinas inquired if the multiple components of Office of Coordinated Care (OCC) can be explained to the IWG and individuals on the ground. They also wondered how OCC maps or will fit into Whole Integrated Care. She also expressed that there have been multiple requests for data and inquired if hiring new staff would facilitate providing those data requests. Member Salinas further inquired if there is an opportunity for the Tenderloin Linkage Center to become a permanent Mental Health Services Center (MHSC). Director Kunins provided clarification on the responsibilities of the OCC staff. She addressed Member Salinas' concern regarding data requests and stated that the intent is to hire additional analysts to increase responsiveness to the data requests. Director Kunins provided brief background about the Tenderloin Linkage Center. She clarified that the Emergency Declaration is a 90-day emergency and it provided opportunity to quickly acquire a site for the Linkage Center. She stated that the aim is to have people come off the street by having representatives from the government and Community Based Organizations (CBOs) in one location. Director Kunins acknowledged Member Salinas' final question, but replied that there is no answer to her question, given that the Center is only on day 8 of operation.

Chair LeSarre inquired about the new center and the police involvement that was initially proposed. Director Kunins confirmed that there will not be any law enforcement involvement. She added that visiting the center is completely voluntary and stated that the goal is to provide a welcoming and dignified experience for individuals.

Member Fields inquired how BHS is reaching out to the larger community. He expressed concern that the Bland report will be used to get ideas of how to build a continuum of services and expressed his feeling that it is not the appropriate report to utilize for that service. Director Kunins reported that this is broader than residential beds. She clarified that deadlines for these funds are important but that there will be opportunities for rolling applications. She stated that BHS is planning to convene community organizers and providers – including the IWG, other organizational groups and contracted providers – and that the plan is to reach out in the next week to request feedback. Director Kunins encouraged the IWG to think about the infrastructure that the future care services would need.

Chair LeSarre asked about the plan to make the funding equitable and anti-racist, particularly for those communities and neighborhoods that have been underrepresented and overpoliced. Director Kunins reported that the resource allocation has been thought of conceptually, but there are no systems in place for prioritizing where investments will be made. She stressed that there are no details of the application yet.

Member Buford inquired if the City would provide workshops or if the City would be taking the lead, applying directly, and distributing the funds. Director Kunins indicated that CBOs can apply separately and that there might be county letter of support required. She acknowledged that the City does not have the specifics outlined yet. She encouraged the IWG members to read the slide deck for more information and to share any suggestions.

Member Eisen stated that she has attended stakeholder webinars around these funds and confirmed that organizations can apply individually but do need a letter of support. She stated that the state is unclear regarding the next phases of funding. She expressed that the State of California is challenged because it has a small window of time to get the funds deployed.

10. Public Comment for Discussion Item #3: MHSF Director's Update

Sarah Larson expressed her concern that one system will be superimposed over another and encouraged the creation of an available housing list before new programs are created. She asked for clarification of the role of the Behavioral Health Facility, which has numerous beds but is not included in reports. She stated that the Behavioral Health Facility should be part of the Behavioral Health System.

Chair LeSarre thanked the caller and reminded that the public's questions not required be answered during the IWG meeting.

11. Discussion Item #4: New Beds and Facilities: Crisis Diversion Unit Recommendation Review

Chair LeSarre reviewed the Recommendation Roadmap for this New Beds and Facilities (NB&F) domain to orient IWG members on the group's progress. She informed the IWG that this is one of the conversations where IWG should be vigilant about conflict of interest.

Member Eisen, Member Arai and Member Fields recused themselves from the discussion. Facilitator Ashlyn Dadkhah moved the recused members to the Attendees list.

Member Hammer requested clarification of the conflict key's Yellow rating "Be Vigilant Conflict of Interest." Facilitator Jennifer James reminded the IWG that John Givner recommended that members ask themselves if their participation in the discussion is a conflict of interest. Facilitator Dadkhah added that if members think they have a conflict of interest during a "Yellow-Be Vigilant" discussion, they should check in with the City Attorney to see if there could be a potential conflict of interest. Member Hammer clarified that she does not have a conflict of interest and that she was asking because she appreciated the input from one or more members that have recused themselves.

Chair LeSarre invited Member Patterson to review the Group Agreements.

Facilitator Jennifer James introduced the draft recommendation and informed the public that the recommendations are posted on the Mental Health San Francisco Implementation Working Group page.

https://www.sfdph.org/dph/files/IWG/Crisis_Diversion_Unit_Draft_Recommendations_1522_Post%20Mt%20g.pdf

Member Salinas reviewed the Overarching Goals/Vision for the Crisis Diversion Unit and requested feedback on the Overarching goals. Member Salinas reviewed the Program Objective recommendations.

Discussion for Overarching Goals/Vision:

Member Hammer thanked the members for putting together the recommendations. She brought up issues with the wording of Goal C and suggested to add language that says "to the extent possible" or "based on availability" because it won't always be possible to get into the programs. Chair LeSarre requested language on how to bridge the gap in services. Member Hammer repeated that it is a matter of wording and checking in with OCC on which services will be provided in the interim. Member Gonzalez suggested removing the word "directly" because it implies that individual will be linked directly. Member Salinas thanked Members for providing feedback and reported that the discussion group will go back and revise these. She also stated that there could potentially be an opportunity include data collection if someone doesn't get linked.

Discussion for Program Objectives:

Member Buford provided feedback on Program Objective 4 and stated that the services are voluntary

and that the IWG should be careful trying to force individuals to stay. He inquired how these will be enforced and who will make the assessment of an individual's capacity. Member Salinas indicated that individuals cannot be brought into the facility on a 5150. Chair LeSarre asked Member Buford for clarification. Member Buford clarified that there may be a time when someone arrives on a voluntary basis and then chooses to leave. He reiterated that it may not be an enforceable principle and that language should be taken into consideration.

Member Gonzalez stated that Objective 6 says "detox" and that is not the correct term. Dr. David Pating stated that it is called "withdrawal management". She inquired if Objective 2 has room for flexibility, for example telehealth, or if the prescriber needs to be on site. Chair LeSarre agreed that there should be room for flexibility and the goal is for individuals to access their medication.

Member Hammer echoed Member Buford's concern regarding Objective 4 and suggested changing the first sentence. Member Salinas expressed that the goal is for these objectives to be client-centered and expressed concern that changing the wording would focus on people who want to be discharged. Member Hammer expressed that she feels this is addressed in the subsequent sentences. She remarked that this wording could potentially raise more questions and recommended striking that sentence. Member Shortt disagreed that the first sentence should be stricken. She expressed that she feels it is a powerful statement and suggested changing the wording. Member Salinas stated that she will reword the sentence and keep it client-centered and positive.

Member Salinas suggested adding wording for Objective 9 about data to address some concerns about tracking where individuals go to afterwards, particularly if they went to the CDU but refused service. Chair LeSarre added that it would help track people who went back to their encampments. Member Shortt remarked that after the language for Objective 9 was written, the website findtreatment-sf.org was launched. Member Hammer stated that it will be updated daily, not in real time, and that it may be kept long-term. Dr. Pating added that it might not be the best resource for immediate needs, as it is only updated once a day.

Member Chien asked about what type of beds are on findtreatment-sf.org. Dr. Pating replied that mental health and substance use beds are on that website, but that locked facilities are not included.

Member Gonzalez inquired if discharge with medication, recidivism, and impact on Psychiatric Emergency Services (PES) data will be tracked. Chair LeSarre agreed that this request should be made and that it will be included.

Member Salinas asked Dr. Pating if there is a possibility to shift to direct services billing if the stay exceeds 23 hours. Dr. Pating stated that the NB&F is still looking into the options after 23 hours. Chair LeSarre asked the IWG if they feel the billing and funding questions should be added to the recommendations. Dr. Pating suggested taking those policy recommendations to other agencies and that NB&F may not be able to provide feedback. He suggested removing the legislation piece so that the NB&F team can focus on the design and not delve into policy.

Member Chien suggested requesting updated reports from the CDU regarding funding. She also suggested making a separate request to the Board of Supervisors to amend MHSF to include continuous funding via other paths.

Chair LeSarre informed the IWG that the discussion group will do a final refinement and bring the recommendations back to the February 22 meeting.

12. Public Comment for Discussion Item #4

Member of the public stated that they work for SCRT and acknowledged all the work that has been completed thus far. She inquired if there will be evening and weekend availability. She stated that the lack of services available after 5 pm has been discouraging for many.

13. Discussion Item #5: Update from Analytics and Evaluation

Dr. Monica Rose provided an overview of the topics for the presentation. She reviewed the target populations per the MHSF legislation and broad definitions of those target populations. Dr. Rose provided a brief explanation of how the core metrics were developed and prioritized. She presented

the core metric areas ranging from Housing to Quality of Life and discussed the goal for each. Dr. Rose provided a high-level overview of how the data will be used to identify disparities and how there is a potential to find additional metrics. She reviewed the next steps for the both the current quarter and the next quarter, including expanding the Analytics & Evaluation team. Dr. Rose presented questions to the IWG and encouraged them to provide feedback.

Discussion:

Chair LeSarre recommended including languages to the core metric areas and asked for disaggregated data based on neighborhood. Dr. Rose acknowledged the importance of language and expressed the challenges of doing analysis with persons experiencing homelessness.

Member Fields expressed concerned about the characterization of MHSF as only for people who are unhoused as the target population. He stated that he believes that the overall purpose of MHSF was to expand and not to narrow services. He provided examples of the innovative portion of the legislation that focuses on expanding what health insurance plans cover. He clarified that he is not raising concerns about the approach of taking a segment of the population to do the analysis but objected to the characterization of the priority population being individuals who are on the street. He expressed his opinion that addressing the ways people end up on the street is more beneficial. Director Kunins stated that Member Fields raised an important conceptual issue and that individuals are vulnerable to being unhoused. She stated that, together, with different committees, sources of funding and programs- there has been a hypothesis that services have been more effective for more stable individuals than with those experiencing homelessness. She expressed that the metrics are written to create a narrow denominator to capture how the services are meeting the needs of those target populations and are not exhaustive indicators for the work as a whole. She acknowledged that if the data capacity is expanded, there might be a possibility to explore various other denominators. Dr. Rose agreed with Director Kunins' response to Member Fields' concerns. Member Fields expressed his hope that the services can someday be expanded to individuals that are marginally housed and that services providers think are being helped but are not being provided adequate support.

Member Arai commented on the narrow characteristics and that individuals tend to move back and forth from psychosis. He expressed that the funding source typically dictates how providers determine the reason for people seeking services. He suggested that this can lead to issues with data integrity and suggested using a co-occurring model instead of a mental health or substance use disorder, independent of each other. Dr. Rose acknowledged the challenges to quantifying the population in an inclusive manner. She reiterated the definition of qualifying Serious Mental Illness, per the core metrics. She clarified that there will be a look-back period to determine if there have been previous episodes.

Member Eisen inquired if there is a way to address the lack of housing when reporting so that it does not appear to be a failure of the legislation itself. She also suggested adding a housing maintenance metric. Member Eisen inquired how the wait time will be recorded in the system to differentiate between a bureaucratic failure or system failure, where there are not enough staff to provide services. She also inquired about how the quality-of-life metric will be measured. Dr. Rose agreed that it is important to work with the Department of Homelessness and Supportive Housing (HSH) to determine housing capacity in conjunction with the proposed metrics. She addressed that the housing maintenance metric is in the next phase of data. Dr. Rose acknowledged that there are multiple operational metrics under many of the metrics – particularly wait time. She stated that for quality-of-life, there are different assessments that can be considered but that this measure needs a deeper conversation, and perhaps even a Workgroup, to determine the correct tools.

Member Chien asked how the justice involved population factors into the current data collection. Dr. Rose acknowledged that the justice involved population is high risk and that there have been conversations with OCC to explore how referrals will be provided to that population upon release and how to determine who needs to be tracked.

Member Salinas proposed that individuals with a primary diagnosis of Post-Traumatic Stress Disorder (PTSD) be added to the SMI population. She inquired if the Crisis Urgent Care metric includes PES and inpatient. Dr. Rose stated that the metric will include all the services Member Salinas noted. Member Salinas remarked that many of metrics mentioned already exist within Structured Clinical Management and Full-Service Partnerships and that it is challenging for those metrics to be collected

when individuals are unhoused. She expressed the importance of tracking the correlations between metrics and between populations and the impacts of those correlations. Dr. Rose requested clarification regarding which metrics Member Salinas' was referring to during the comment regarding PES. She acknowledged the comment regarding the importance of addressing possible correlations between metrics.

Member Buford recognized that the time frame for implementing everything is very optimistic. He suggested having some educational knowledge of services and provided the example of contacting 311 versus 911, stating that this service may help with bed shortages. He suggested including how the 911 and 311 systems are being utilized as a metric.

Chair LeSarre inquired if Dr. Rose's staffing count was included in Director Kunins' report and asked for clarification on the number of staff that will be added to Analytics and Evaluation. Dr. Rose indicated that the data was part of Dr. Kunins' presentation and that there will be 4 new analysts hired. Chair LeSarre elevated Member Salinas' earlier comment regarding adding PTSD to the SMI population. She expressed that this encompasses TAY, incarcerated population and community trauma and violence. She expressed that she would like to see the data around impact of community violence and how it related to the cycle of violence and the criminal justice system. Chair LeSarre expressed concern with the rise of community violence and suggested that this is a population that should be followed. Chair LeSarre expressed her concern with the current level of communication between the department and the community. Director Kunins acknowledged Chair LeSarre's comment around communication. She stated that once new staff are hired, it will facilitate the communication and enable both internal and external work. Deputy Director Kunins stated that there are potential negatives and positive for including PTSD.

Dr. Rose acknowledged everything that has been said so far. She disclosed that she has received services in the system and understands community trauma.

14. Public Comment for Discussion Item #5

Sarah Larson stated that she feels like things are finally moving. She remarked that there should be a focus on people who are a danger to themselves and others and vulnerable to predation instead of categories. She also stated that she does not understand why the public's questions cannot be answered during the IWG meeting when the recording indicates that questions can be asked.

15. Discussion Item #6: Office of Coordinated Care (OCC) Recommendation Discussion

Chair LeSarre oriented the IWG to the MHSF domain that will be addressed during the presentation.

Member Salinas recused herself from Discussion Item #6 and was moved to Attendee's list.

Member Eisen noted that one of the challenges of this process is that members with subject matter and expertise must recuse themselves.

Facilitator Dadkhah reminded the IWG that the OCC recommendations were presented in December and the feedback was incorporated to produce today's recommendations.

Member Eisen summarized the OCC Discussion Group Recommendations. Facilitator Dadkhah inquired if there was a version of the document with the revisions documented and asked if Member Eisen could verbalize some of the changes made. Member Eisen stated that there was a version with the edits but that it was challenging to read.

Discussion:

Member Chien expressed her appreciation for being a part of IWG and working on the subcommittees and that their expertise has helped her understand Systems of Care and sustainability. She suggested that OCC needs a diagram of services and that every time there is a new program, it should be included in the diagram. She also suggested having an opportunity for miscellaneous recommendations in addition to the MHSF domain recommendation process. She also provided

feedback that OCC is a very innovative service and stated that there should be an oversight committee.

Member Shortt noted that she appreciated that the recommendations included funding and that there is an over-reliance in Proposition C money. She suggested that the City needs to create more funding streams to fund these services. She asked for clarification on the case load recommendation. Member Eisen clarified that the recommendation is for services overall – not specifically OCC. Member Shortt requested to provide distinction between the acuity levels. She stated that there is a large gap between the number of clients and that gap should be closed, given that individuals acuity can fluctuate. Member Eisen responded that this recommendation helps address the issue of losing staff.

Deputy Director Marlo Simmons clarified that in the legislation there are 3 levels of management and that aligns with the drafted recommendation. She acknowledged that lower-level services are not fully staffed. She also indicated that the recommendation aligns with DPH and that the recommendation seems highly actionable. Deputy Director Simmons also clarified the role of OCC and their level of engagement and tracking.

Member Fields commented that DPH has the Scattered Site Housing Co-Op model that addresses several the OCC recommendations. He stated that these types of models need to be taken into consideration. He noted the importance of unilateral and cohesive services, across level of acuity. Chair LeSarre asked for clarification regarding Member Fields' comment. Member Fields replied that creating a new system of case management risks separating continuity of care.

Member Eisen informed the IWG that suggestions from today's meeting might require another round of presenting recommendations. Facilitator Jennifer James informed the IWG that recommendations can be revised as changes happen and as implementation occurs.

16. Public Comment for Discussion Item #6

Sarah Larson commended the IWG for the OCC recommendations.

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

No public comment.

18. Discussion Item #7: Housekeeping and future meetings

Facilitator James shared the Anticipated IWG Meeting Topics for 2022 and stated that there may be modifications. Heather Littleton provided an update that there will be an analysis for potential programs options for the Mental Health Service Center (MHSC). She indicated that there is a plan for the IWG to receive and initial presentation and there will be a lot of content to discuss in the Spring.

Facilitator James informed the IWG that there are no updates for vaccine requirements. She also encouraged IWG members to attend the February discussion groups. Chair LeSarre thanked all of the presenters, the facilitator team and the IWG for providing their input during the meeting.

19. Adjourn

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