

Mental Health SF Implementation Working Group

Approved Meeting Minutes

March 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/knowlcol/menthlth/Implementation.asp>

1. Call to Order/Roll Call

The meeting was called to order at 9:06 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., Andrea Salinas, L.M.F.T., Sara Shortt, M.S.W., Amy Wong

Committee Members Excused Absent: Jameel Patterson

Committee Members Unexcused Absent: Philip Jones

2. Welcome and Review of Agenda

Chair Monique LeSarre opened the meeting and reviewed the meeting goals, agenda and the Mental Health San Francisco domains being presented. Chair LeSarre reminded that the chat function has been disabled for issues of accessibility and reminded the public that they may send questions and comments to MentalHealthSFIWG@sfgov.org throughout the month. She asked IWG members to notify facilitators if they needed to step away from the meeting to ensure that quorum is maintained.

3. Discussion Item #1: Remote Meeting Update

https://www.sfdph.org/dph/files/IWG/Findings_Resolution_for_Fully_Remote_Policy_Bodies-2-28-22.pdf

Facilitator James reviewed the required findings for State and Local Requirements regarding IWG continuing to meet virtually. She notified the IWG there has been an update to the requirements and read those out loud to the IWG. She encouraged IWG members to speak up if they had questions regarding the State and Local Requirements.

4. Public Comment for Discussion Item #1

No public comment.

5. Vote on Discussion Item #1

Member Fields motioned to approve the Remote Meeting Findings; Member Eisen seconded the motion. The IWG approved the Remote Meeting Findings.

Dr. Scott Arai, Psy. D. - Yes
Shon Buford – Absent during vote
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 - Absent
Andrea Salinas, L.M.F.T. - Yes
Sara Shortt, M.S.W. - Yes
Amy Wong – Yes

6. Discussion Item #2: Approve Meeting Minutes

Member Hammer highlighted that the name of the hospital on Page 5 is incorrect and requested that be updated to Zuckerberg San Francisco General Hospital. She also stated that the final paragraph of Item 16, Page 9, has incorrect information on the Permanent Housing Advanced Clinical Services (PHACS). She provided the correct information and requested that the incorrect information be stricken from the record. Facilitator James updated the February meeting minutes live with Member Hammer’s requests.

7. Public Comment for Discussion Item #2

No public comment.

8. Action on Discussion Item #2

Chair LeSarre motioned to approve the February 2022 meeting minutes as amended; Member Hammer seconded the motion. The amended February 2022 meeting minutes were approved by the IWG.

Dr. Scott Arai, Psy. D. - Yes
Shon Buford – Absent during vote
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 – Absent

Andrea Salinas, L.M.F.T. - Yes
Sara Shortt, M.S.W. - Yes
Amy Wong - Yes

9. Discussion Item #3: MHSF Foundations: IWG Recommendations Process Review

Facilitator Jennifer James provided framing around the rapidly changing nature of the work that the IWG is expected to address. She noted that the IWG has developed some recommendations expediently, while others are taking longer to complete. She reviewed the four key areas of consideration identified by the City Planning Team on how to get to recommendations both thoroughly and expediently. First, she acknowledged that public bodies could experience challenges with Conflict of Interest. While members have to recuse themselves so that public dollars are not unduly influenced, the recommendation process has a number of ways for IWG members to fully participate before they have to recuse themselves. Second, she emphasized the iterative nature of recommendations, in which the recommendations are based on the best knowledge available at the time and will be routinely updated by the IWG when new information surfaces that suggests a modification or addition. Third, the IWG should fully utilize the variety of information and data activities and tools at their disposal to gather the information they need to feel confident in a recommendation. And fourth, she underscored that robust participation from the IWG is critical for well-considered recommendations.

Chair LeSarre thanked the individuals who regularly participate in the meetings and stated positive improvements have been made in participation. She called for members to speak out if they believe that being part of the IWG no longer works for them. Facilitator James reminded the IWG members of the virtual whiteboard where they can post their input and also encouraged members to speak up.

Discussion

Member Eisen highlighted the challenges of subject matter experts having to recuse themselves. She noted that the IWG needs to find an organized way to collect information from everyone to help Discussion Groups feel completely informed. She inquired if it would be possible to reach out to outside experts for guidance. Facilitator Ashlyn Dadkhah reminded the IWG that the first two phases of the Recommendation Roadmap are the times to collect the information.

Member Fields noted that the first stages in the roadmap assume that the presenters from the City and Department Public Health are the experts, but that is not always the case and that can also create delays. He encouraged the IWG bring in service providers and clients when considering recommendations. He also stated that the continuity of the conversation is limited for the IWG given the constraints of raising hands and speaking in order.

Member Salinas stated that those members with experience working directly with mental health consumers are able to provide practical solutions to address the work. She addressed that there are some members who do not regularly show up. Member Salinas also requested that DPH provide updates and information so that the working groups can be most effective.

Heather Littleton from the Controller's Office addressed Member Salinas' concerns. She provided a brief review of the bylaws and the importance of being present. She addressed that the DPH lead for the domain should attend meetings and that significant updates will be provided to the working group.

Member Buford encouraged everyone to work collaboratively for the benefit of all the people of San Francisco.

Member Shortt requested guidance on how the IWG members communicate that they need to miss a meeting. Littleton indicated that there needs to be guidance given from the City Attorney on how to implement the missed meetings.

Facilitator James read the four submissions on the virtual whiteboard:

- "possibly more support with notes in the Discussion Groups if possible"
- "Talk in the City re: equitable compensation for participation in City boards, work groups and commissions. Could Controller's Office revisit how we can appropriately compensate members for whom extra participation may be on their own time and a hardship?"
- "It would be nice to have a constant reminder when we're discussing recommendations of these 4 points (see the 4 stickynotes provided in the Jamboard): maybe banners across the top and bottom of slides?"
- "Provide comprehensive data requested and information regarding the existing programs and what is needed and why"

10. Public Comment for Discussion Item #3:

Neftali Ramirez, Clinical Lead, SCRT, shared his appreciation for the IWG on behalf of himself and the SCRT team. He provided a brief overview of what services the SCRT team provides and the partnerships that they create with other agencies. He addressed the challenges the SCRT team experienced providing services outdoors and the new challenges that will come when the team begins to provide services indoors.

11. Discussion Item #4: Office of Coordinated Care Recommendation Discussion

https://www.sfdph.org/dph/files/IWG/Office_of_Coordinated_Care_Recommendations_rev_3.14.22.pdf

Chair LeSarre introduced the Office of Coordinated Care (OCC) Director, Heather Weisbrod. Facilitator James reviewed the anticipated OCC discussion meetings. Facilitator Dadkhah reviewed the recommendation roadmap and asked for IWG who need to recuse themselves. Member Salinas recused herself and Facilitator Dadkhah moved her out of the panelist list.

Chair LeSarre encourages everyone to read the Group Agreements to themselves. She invited Member Eisen to review the Office of Coordinated (OCC) recommendations. Member Eisen informed the IWG that the Discussion Group met with Deputy Director, Behavioral Health Services, Marlo Simmons to finalize the recommendations before they were presented to the IWG. Member Eisen reviewed the Discussion Group Recommendations. She informed the IWG that prior to the recommendations specific to OCC, the group included general, overall recommendations to DPH in support of the overall intent of MHSF.

Discussion

Member Fields commended the Discussion Group for addressing care coordination. He noted that the caseload ratio should take into consideration that there are some individuals in housing with high acuity. Eisen clarified that housing is not the sole definer of the ratio and that it was meant to address stable clients who have received housing. Chair LeSarre asked for the recommendation to be modified to make the distinction. Member Fields noted that the recommendations do not address individuals that are resistant to being tracked and that extra time needs to be spent doing outreach with those individuals. Chair LeSarre inquired if it is possible to create a new working group to address Member Fields' suggestion. Littleton agreed that it is possible to create new recommendations for this suggestion and that all members can participate, given that it will be information sharing stage. Member Eisen expressed that this would be part of the OCC's responsibility to create ways to engage resistant individuals.

Member Chien suggested that there should be a working group across continuum of care with the different programs to address how to engage those that do not want to be engaged. She indicated that this could also address the general conflict-of-interest concern the IWG has noted.

Member Gonzales noted that the terms "case manager" and "care coordinator" are being used interchangeably. She suggested that the correct term for this document would be "care coordinator." Chair LeSarre acknowledged that the language would be updated to reflect the language to care coordinator.

Member Shortt expressed her enthusiasm for the foresight to include funding in the recommendation so that the work is not fully dependent on Prop C funds. She suggested to remove the phrase "should the measure expire" and add the wording to state that funding should continue to be sought.

Director Weisbrod acknowledged the alignment that she sees in the recommendations. She indicated that the OCC is in building mode and that the goal is to help individuals. She stated that they are planning on setting up systems to provide support for individuals who have been on a 5150 and who have been justice involved. She indicated that the OCC is going to be an ECM provider and is currently seeing ECM clients.

Member Fields inquired if the OCC would have some part in reviewing hospital policies to understand why individuals keep coming back and to collaborate to create a consistent model. Member Eisen indicated that the Discussion Group attempted to address that throughout the recommendations.

Director Dr. Hillary Kunins stated that she will be meeting with the General Hospital and looks forward to addressing what is needed to potentially evolve and mutually support each other's work.

Member Arai inquired if the OCC would have the power to convene different agencies and departments or whether that belongs to the Mental Health Services Center (MHSC). He stressed the importance of the Placement Team in the OCC. Director Weisbrod indicated that the Utilization Management will not exist within the OCC, but it will work in tandem with OCC. Director Kunins mentioned that Medi-Cal has certain regulations that require separation of assessment and placement of care.

Member Chien thanked the Discussion Group members for their work on these recommendations.

Facilitator Dadkhah polled the IWG members on their level of agreement for the amended OCC recommendations. Facilitator James confirmed that all members voted to move

forward with the recommendations as they currently stand.

12. Public Comment for Discussion Item #4

Caller 1 stated that she does not see any inclusion of the 116 Board & Care Beds at the Behavioral Health Facility and inquired if they are being factored into the New Beds and Facilities count. She stated that at the RCSC only 50% of the beds are filled.

13. Action on Discussion Item #4

Member Chien motioned to approve the Office of Coordinated Care Recommendations; Chair LeSarre seconded the motion. The Office of Coordinated Care Recommendations were 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. - Absent during vote
Philip Jones - Absent
Dr. Monique LeSarre, Psy. D. - Yes
Jameel Patterson - Absent
Andrea Salinas, L.M.F.T. - Recused
Sara Shortt, M.S.W. - Yes
Amy Wong - Yes

14. Discussion Item #5: Transitional Youth (TAY) Initial Brief

Chair LeSarre introduced the speakers for the Transitional Age Youth (TAY) Residential component and reviewed the recommendation roadmap.

Director Heather Weisbrod informed the IWG that she is presenting as the former TAY Systems of Care Director. She provided a brief background and reviewed the treatment service continuum. She acknowledged that because the TAY Systems of Care is so new, there are a lot of people who are not aware of services available.

Kali Cheung, Acting Director, TAY Systems of Care, provided more detail on low-threshold programs, which don't require clients meet mental health criteria to access services. She then provided more detail on the program, which requires mental health criteria be met - Outpatient - Specialty Mental Health. She highlighted that there are two new additions to that program - outreach-based case management and culturally congruent services specific to Black, African American TAY.

Director Weisbrod reviewed the higher-intensity services on the continuum. She stated that TAY can access substance use and mental health services in the adult residential continuum and that there are programs that are TAY-specific. She highlighted that the Progress Foundation recognized that there needed to be tailored programming for TAY and created those to meet the need. Director Cheung provided a brief overview of the advocacy that has occurred to address the residential treatment needs of TAY.

Director Weisbrod provided an overview of the Needs Assessment they conducted. She

stated that there was a round of stakeholder feedback, as well as workgroup which comprised different agencies that currently provide services to TAY. Director Cheung reviewed some of the key takeaways from the Needs Assessment. Director Weisbrod presented demographic data that stood out from the Assessment. Cheung provided an overview of the need to have TAY-Specific Residential Programs. Director Weisbrod presented vignettes that represented some of the gaps and needs that were identified.

Director Cheung reviewed the key elements of the proposed service model and the guiding principles for the TAY Behavioral Health Recovery Program and program goals. She also reviewed the equity plan for the program. Director Weisbrod displayed a table summarizing the Behavioral Recovery Program and identified populations that are not included in the program scope.

Discussion

Chair LeSarre requested that the data be disaggregated further. She inquired if there is currently a day treatment model that mirrors the work being done in residential treatment. She stated that she has not seen any data related around psychosis and challenges for those returning from war. She also noted the lack of addressing language challenges for individuals. She stated that individuals cannot be grouped as a monolith into AAPI group as it is too diverse. She also highlighted that there is no justice-involved connection, workforce connection or peer connection.

Member Eisen expressed that she would like for the team to remember that program design and facilities are just buildings. She asked that the team consider the staffing needs of the proposed models and the ripple down effect to CBO partners.

Member Chien acknowledged the team for providing a comprehensive and data-enriched presentation, that provided a better understanding of TAY services and to see the gaps in service.

Member Salinas echoed the request to expand on justice-involved TAY, given that the population is over-represented in the jail numbers. Weisbrod thanked the IWG members for their feedback and noted that these are the bones of the model and that there are a lot of things that have not been thought through yet.

Member Eisen inquired how the licensing issues is being addressed, given the funding and the types of services being provided. She also inquired about how the TAY team plans to retain individuals through periods of crisis and/or continued drug use. Director Weisbrod indicated that there is no licensing requirement given that it is not designated as a residential program. She noted that Outpatient programs also require licensing. She indicated that the approach to retain individuals during periods of crisis will be developed with time and that the goal to be flexible will be key. She added that youth who were interviewed provided feedback that they would feel comfortable being combined with individuals who are in different stages of change and others felt it would be detrimental. She noted that this would be a topic where the IWG's expertise would be beneficial.

Member Fields stated that there are younger TAY who accept residential treatment and have better outcomes compared to Non-TAY client. He highlighted that there is a critical moment when the residential treatment is beneficial. He mentioned that he does not want to lose sight of those TAY that do want to make a commitment to a 24-hour treatment.

Member Hammer inquired if the respite services can be reimbursed under CalAIM and if those services are similar to the existing Hummingbird models. Director Weisbrod indicated that the team had not thought about leveraging CalAIM funds and thanked Member

Hammer for raising that as an option. She also noted that the question regarding Hummingbird has been asked multiple times and that it is a model that is to be used but also emphasized the on-site behavioral treatment. She acknowledged Member Fields for continuing to do the work and clarified that this will not replace the work that is currently being done with TAY. Dr. Yoonjung Kim clarified that the respite services for TAY can be covered by CalAIM and Medi-Cal.

Chair LeSarre inquired if the TAY program would intersect with other insurance outside of Medi-Cal. Director Weisbrod noted that the prospect of engaging other insurances has not been brought up and agreed that the need exists. Chair LeSarre suggested utilizing this TAY program as a pilot and stressed the importance of collaborating between agencies.

15. Public Comment for Discussion Item #5

No Public comment was provided for this item.

16. Discussion Item #6: Mental Health Service Center: Controller's Office Project Update

Chair LeSarre informed the IWG that this is a new MHSF domain and introduced the presenters for this domain.

Director Dr. Hillary Kunins informed the IWG that the Controller's Office has been engaged to scope out options and opportunities around the Mental Health Services Center (MHSC).

Mike Wylie, Project Manager, Controller's City Performance Unit, reviewed the agenda for this presentation.

Jamila Wilson, Performance Analyst, provided a brief background on the MHSC legislation requirements. She provided an overview of the state of the various programs that are part of the MHSC and the corresponding components of the MHSC legislation that is being addressed within each of those programs.

Dan Kaplan, Senior Performance Analyst, Office of the Controller provided an overview of the City Performance Group. He informed the IWG that this group is currently supporting the MHSF and that the budget for this comes from San Francisco Department of Public Health. He provided a high-level summary of planned deliverables for MHSC. He highlighted that the group plans to collaborate with DPH equity leads to ensure the deliverables are equitable.

Wylie proposed IWG engagement and provided some parameters around the Discussion Group. He suggested that once the Discussion Group meets and gives feedback and recommendations, the meetings would then yield recommendations which would be brought to the full IWG in May. He stated that the goal is to have recommendations completed by June, which coincides with budget meetings.

Discussion

Chair LeSarre inquired about the equity departments referred to during the presentation. Director Kunins stated that the team would meet with Director Jessica Brown, Office of Equity and Workforce Development. Chair LeSarre inquired if Director Kunins had any other suggestions on who the team should meet with regarding the equity component. Director Kunins responded that Jessica Brown has experience in equity and that after consulting, the team may be directed to other internal departments focused on equity.

Member Shortt asked if the linkage center might be part of MHSC. That might clarify what the

process or communication should be when new components get dropped in and whether it is something that the IWG should review. She acknowledged that it may have been a fast process and time was limited. She noted that there have been other instances where changes have been made and the IWG has not been asked for input or approval. Director Kunins thanked Member Shortt for her questions and stated that she believes that the role of the Linkage should be incorporated into the MHSC conversation. She stated that she agrees about having processes to keep the IWG aware in real time to provide feedback in a timely way. She recognized that this also occurred with the Crisis Diversion Unit (CDU) and expressed her hope that the sudden change brought on by Emergency Declarations or that are bound by short turnaround times do not continue to occur. Member Shortt provided another example of this and expressed that it could be embarrassing for IWG members to not be abreast of a new situation due to lack of communication and updates. Director Kunins assured the IWG that DPH wants a good partnership between the IWG and DPH and that she continues to seek genuinely inclusive processes.

Member Salinas expressed her concern that the Behavioral Access Center (BHAC) does not have the necessary resources to link individuals to services. She acknowledged that hiring is currently underway for the Office of Coordinated Care (OCC) and suggested expanding other levels of care as well so that resources can be allocated between all providers. Director Kunins stated that there is a shared goal of creating more and easier entry points, as well as services. She suggested a presentation for the IWG to give more background on what is being provided at the Linkage Center. She stated that the Linkage Center does not have individuals who are engaging fully, and it is not creating a demand for the scarce resources in the city. Member Salinas inquired if there is a timeline to expand services at the different levels of care. Chair LeSarre asked Member Salinas to clarify if her request is part of MHSC and she indicated that the IWG will ask for the inquiry to be addressed.

Member Eisen inquired about whether there will be a conflict of interest for CBOs to participate in the MHSC conversation, given that it is city-run. Heather Littleton asked that all questions surrounding conflict of interest be directed at City Attorney John Givner. She stated that because the conversation is general and no recommendations are being provided, there should be no conflict of interest.

17. Public Comment for Discussion Item #6

Alisa de los Reyes, SCRT clinician and a member of SEIU 1021, expressed that it has been a privilege to work for Street Crisis Response Team (SCRT) because the clinicians are committed to providing the best care for individuals. She addressed the IWG recommendations to expand the scope of work for the SCRT team. It was not their understanding upon hiring, but something they want to do with training, resources, and support during the next two months. She stated that the IWG will have SCRT for the April agenda and expressed that she would like to participate again on that item.

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 briefly reviewed the upcoming topics. She reminded the IWG that there is going to be a MHSC Discussion Group coming up. She reminded members of the public that they can provide input between meetings via email at MentalHleathSFIWG@sfgov.org.

20. Adjourn

The next meeting will be on Tuesday, April 26, 2022 from 9:00 AM- 1:00 pm. Meeting adjourned at 1:00 PM.