

Mental Health SF Implementation Working Group

Approved Meeting Minutes

October 26, 2021 | 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/knowcol/mentahlth/Implementation.asp>

1. Call to Order/Roll Call

The meeting was called to order at 9:05 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 Absent: Philip Jones, Jameel Patterson

2. Welcome and Review of Agenda

Dr. Monique LeSarre, IWG Chair, opened the meeting and reviewed the meeting goals and agenda. Chair LeSarre also reviewed the charge of the IWG as stated in the legislation and the main presenters for today's MHSF domains. Chair LeSarre invited the IWG members to read the group agreements out loud.

3. Discussion Item #1: Remote Meeting Update

Facilitator Jennifer James provided the IWG with an update regarding the recently signed AB 361 by the Governor, which requires public bodies to make findings every 30 days to continue to hold remote meetings. Facilitator James also informed the IWG that the Mayor's March 2020 order suspending the local Charter prohibition on remote meetings remains in effect. And the Mayor's order prohibiting boards and commissions (other than the Board of Supervisors) from meeting in person also remains in effect. She indicated that a vote is necessary to adhere to state procedures and to acknowledge the local mayoral order. She informed the IWG that this will need to be completed every 30 days.

4. Public Comment for Discussion Item #1

No public comment.

5. Action on Discussion Item #1

Member Vitka Eisen moved to approve the resolution; Chair LeSarre 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 - 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

No amendments.

7. Public Comment for Discussion Item #2

No public comment.

8. Action on Discussion Item #2

Member Arai moved to approve the October 2021 meeting minutes; Member Fields seconded the motion. Meeting minutes 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. - Abstained
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: State and Local Requirements

Chair LeSarre informed the IWG that before the Street Crisis Response Team discussion, Facilitator James would make an announcement. Facilitator James announced that the mayor has issued an order that all public body members be fully vaccinated by the end of the year. She informed the IWG that they would be receiving more information from the Department of Human Resources. She recommended that members who had specific questions about their situation, that they should contact Heather Littleton at the Controller's Office (heather.littleton@sfgov.org). Facilitator James opened the floor for IWG members to ask general questions.

Member Sara Shortt inquired if there would be an expectation of in-person meetings because of the order. Facilitator James clarified that given the preceding SF Mayor order for remote public meetings, there will be no in-person meetings before January 1, 2022. She indicated that she is unsure of what will happen after that date. She also stated that the group can come together after that date and talk about how they want to continue meeting.

10. Discussion Item #4: Street Crisis Response Team (SCRT) Program and Recommendations

Part I:

Facilitator James oriented the IWG on where SCRT domain is currently. She reviewed the Iterative Process of Recommendation Development presented in January 2021 and introduced Dr. Angelica Almeida, the presenter for SCRT.

Dr. Almeida reviewed programmatic updated and milestones for the SCRT. She indicated that the team is not full yet and that there has not been any turnover with trained staff. Dr. Almeida introduced Kathleen Silk, the new SCRT director. She also reviewed a map with the corresponding coverage and hours for each area and stressed that SCRT responds dynamically to each call to ensure that they are being diverted from law enforcement. She presented the dashboard that was sent out last week and highlighted data on the dashboard. Dr. Almeida indicated that some calls come from citizens in the community and when SCRT arrives, the individuals needing services are not being found. She also highlighted that the OCC follow up rate might not be representative of actual follow-up, given that the SCRT was not always on Avatar and some information could be recorded elsewhere.

Chair LeSarre brought up a previous conversation regarding going back and looking for demographic information. Dr. Almeida stated that if the individual is already in the system, the demographics are pulled from there and that the information can also be pulled from Epic. She explained that one of the challenges is that sometimes when individuals are in crisis, the team cannot get identifying information.

Member Salinas asked for clarification on the number of calls presented. Dr. Almeida stated that any contacts with individuals are documented and that, in those instances where individual cannot be found, no connection can be made. Member Shortt asked if connecting through existing services meant that individuals are already working with an agency and SCRT is re-connecting individuals with services. Dr. Almeida indicated that is a combined data point and could mean that they are receiving services at an urgent care or provided services with an agency. Member Shortt inquired if part of the protocol for providing services is to determine if individuals are receiving services elsewhere. Dr. Almeida confirmed that is the case and that the goal is to not be duplicative in efforts and support existing care plan. Member Shortt acknowledged Dr. Almeida's response and indicated that her concern regarding receiving services from new people was addressed with that response.

Member Arai inquired about the data regarding people who "stay where they are" and inquired if this is good or bad. He also inquired if the SCRT has a way to distinguish between the different methods to identifying different services needed. He provided an example seeing someone in psychosis being de-escalated by SCRT and then once they left, the individual was in crisis again. Dr. Almeida indicated that SCRT team is more than willing to return to an individual who has escalated that it doesn't happen often. Dr. Almeida also stated that the team is very excited for new services that are coming and can be used in the future. Dr. Almeida clarified that success means that an individual can de-escalate and stay in the community with wrap-around support, knowing that ongoing support is needed to help individual be successful in the community and mitigate future crises.

Member Fields acknowledged Dr. Almeida and the work that SCRT team does. He also suggested that when referring to certain slides, it would be helpful to put that slide up for reference. Member Fields inquired about Connections to Care and why "unable to locate individual" is included in the cumulative percentage. Dr. Almeida responded that the goal is to be transparent of who SCRT was unable to locate with and provide a holistic picture. He inquired about what happens to individuals when they leave, such as from Dore Urgent Care, and where those individuals are being referred to that is not working. Dr. Almeida acknowledged that this is new data and that DPH and SCRT are continuously working on creating partnerships. She continued to state that, in this example, going to Dore is not their final destination and that the goal is to continue engagement. Member Fields expressed his interest in anthropological research - getting a sense

of the primary problem – i.e., alcoholism, drug crisis, mental health crisis. He suggested that it might be important to distinguish to tailor the primary interventions. Dr. Almeida acknowledged Member Fields' statement and added that the goal is to integrate services in holistic way and to stay away from assuming what it is that individuals need.

Member Eisen stated her appreciation for receiving a monthly report. They continued to state that they are interested in comparing data between months and identifying a trend and inquired if it would be possible to provide that. They also talked about mapping of services – i.e., calls through EMD versus police dispatch and if that leads to a drop off in services or not. Dr. Almeida replied that she would take that back to the table and see if Member Eisen's request could be integrated into the dashboard and offered to bring this back to the IWG in a future meeting. Dr. Almeida informed the IWG that calls will continue to go through 911 dispatch and be transferred to EMD and that they will not be missed.

Chair LeSarre inquired if there was a new phone number for EMD. Dr. Almeida replied that the calls are still going to 911 and that DPH will be responsive to the needs of the community if that needs to change and at the recommendation of the IWG.

Dr. Annie Gonzalez inquired if there was data on how this intervention may be affecting PES visits to follow trends. Dr. Almeida acknowledged that it is challenging to look at and compare but that the goal is to reduce unnecessary emergency room use, including PES.

Part II:

Dr. Almeida introduced Heather Littleton to present the IWG Recommendations for SCRT. Heather Littleton reviewed Recommendation 1 and 2 and asked for questions from the IWG. Member Shortt inquired how these recommendations overlap with Supervisor Hillary Ronen's hearing next month regarding redundancy of services and other similar matter and if it would be feasible to merge the two and not duplicate efforts. Heather Littleton asked for a representative of Supervisor Ronen's Office to comment on the matter. Nikita Saini introduced themselves as working for the office of Supervisor Ronen and indicated that the hearing has been rescheduled – not cancelled – for December. Member Shortt expressed their frustration at the time it has taken to get this IWG request completed and that so many teams have been implemented without an IWG comprehensive review to ensure that there were no redundancies. Heather Littleton stated that this is a project that has been prioritized in the Controller's Office and the IWG will be briefed at the earliest opportunity. Deputy Director Marlo Simmons informed the IWG that the mapping that the Controller's Office is doing will be like what is shared at the hearing.

Dr. Almeida reviewed IWG Recommendation 3A, 3B and 3C, 3D.

Dr. LeSarre expressed her concern with the term "equity" in recommendation 3B and how she is failing to see how this challenges racism. Dr. Almeida apologized for the slide not being descriptive enough to show that. Dr. Almeida reports that the work is being done via training staff with an equity-focused lens. She indicated that they are also hiring individuals who represent the communities that are being served and including peers. Dr. Almeida acknowledged that training is not enough and that they have engaged an outside trainer to provide a series of experiential discussions with the group.

Member Eisen suggested linking to 899 for Recommendation 3D. Dr. Almeida acknowledged Member Eisen's suggestion.

Dr. Almeida reviewed the Next Steps for SCRT and invited members to participate in discussion. Member Fields expressed that there is no conversation around 988. Dr. Almeida replied that DPH wants to ensure that all services are being coordinated. She indicated that it is not being left out and the plan is to include it in the conversation. Member Salinas inquired if there has been an evaluation on how long SCRT engagements take and what are the larger markers that are being seen. Chair LeSarre recommended that there be a discussion group for this topic. Dr. Almeida stated that it is important to look at the different calls responded to, because the response time does vary. She continued that there are certain operational situations that have taken entire teams offline, such as COVID-19. She also stated that this is an opportunity to provide support to providers. Dr. Almeida indicated that interaction with the justice system is also a part of the larger

evaluation, and those will be broken down by race/ethnicity.

Facilitator James briefly reviewed Next Steps for SCRT and that the facilitation team (Harder +Co.) and DPH will set up a discussion group to continue the conversation from today's conversation.

11. Public Comment for Discussion Item #4

No public comment.

12. Discussion Item #5: New Beds and Facilities: Crisis Diversion

Facilitator James introduced New Beds and Facilities and directed the IWG and the public to the SF Crisis Diversion Unit Issue Brief:

https://www.sfdph.org/dph/files/IWG/SF_Crisis_Diversion_Unit_Issue_Brief_final.pdf.

She reviewed the reconfiguration of monthly IWG formal meetings and discussion groups and invited IWG members to ask questions regarding this shift. Member Fields expressed appreciation for this new format and the department's responsiveness to IWG questions and suggestions.

Facilitator James briefly reviewed the Reminder of Recommendation Roadmap for New Beds & Facilities, reminded the Conflict-of-Interest key and introduced Dr. David Pating.

Dr. Pating introduced the project leads for the NB&F Crisis Diversion domain. He asked the IWG for patience, given that the agenda is quite long for this domain and thanked the discussion group for participating and for providing their feedback. Dr. Pating briefly reviewed the MHSF legislation around mental health urgent care and mental health and substance use treatment expansion. He oriented the IWG with the current NB&F Domain dashboard. He then introduced Dr. Matthew Goldman, the medical director for Comprehensive Crisis Services at the SFDPH.

Dr. Goldman introduced the presentation by providing an example of a client profile in order to have an idea of the individuals that use these services. He continued to provide the challenges of these individuals and the factors that need to be considered in order to address racial health equity. He continued to review the current mental health crisis care services in the City and the gaps in the system. He reviewed the five findings from additional stakeholder meetings and the overall effect evidence-based models for crisis services.

Jenna Bilinski, Director of Social Medicine at San Francisco General Hospital acknowledged her gratitude for the work that the IWG is doing. She continued to introduce the conversation that occurred during the sub-group meeting. She reviewed current services provided and potential enhancements to improve the current services. She reviewed the proposed Crisis Diversion and how it would fit for lower acuity than PES but higher than DUCC. She noted that under Proposition C, the SF Crisis Diversion Unit is budgeted to receive \$3.2 million operation funds and can be supplemented by up to \$1.5 million in Medi-Cal reimbursable services. She noted that the general next steps for the Crisis Diversion Unit which range from IWG input to identifying a building to provide services. She then presented the questions for the IWG and opened the floor to members.

Member Shon Buford expressed concerns regarding tracking and gathering information on where individuals are coming from in order to provide prevention services in the future. Dr. Pating indicated in SOMA Rise, individuals are asked to identify where they live and for demographics. Dr. Pating indicated that for NB&F Crisis Diversion, there is a plan to understand where they are coming from and what services are needed. Chair LeSarre acknowledged that Member Buford's comment and noted that sometimes people in the systems of care could have had a different path if providers had provided prevention services earlier. Dr. Hillary Kunins agreed that early intervention approaches are important and that those are provided in other programs. She also indicated that although it is critical from a public health point of view, funding is always limited for preventative services.

Member Arai expressed difficulty understanding the connection between all these services. He

expressed that, from his experiences, retention of clients is essential for programs like Crisis Diversion Unit (CDU). Jenna Bilinski indicated that key points of entry and exit are essential, and the goal is to get input from the IWG on that matter.

Member Fields responded to Member Buford's concern regarding data on where individuals are coming from. He continued to state that clients are engaged in crisis services and then they drop off because there are no services after that. Member Fields also stated that ADUs do have physical health services. Dr. Pating asked the IWG to keep their questions around Crisis Diversion Unit and Chair LeSarre made the same request.

Member Salinas inquired what requirement for the PES beds is and if there is a possibility of individuals going from CDU to PES. Dr. Goldman stated that the tool to come to 42 crisis beds does not include psychiatric emergency services. Member Salinas inquired what the recommendation was for inpatient beds. Dr. Goldman noted that he does not have that information with him but will provide those numbers at a later time.

Member Gonzalez inquired how CDU different from the Drug Sobering Center. Dr. Pating responded that Drug Sobering Center is a non-medical shelter, providing individuals with warm talk-down services and that the CDU is a medical service. Member Gonzalez expressed that a model with medical staff may not really give a "Livingroom" model feeling. Dr. Pating added that the CDU provides stabilization and respite. Dr. Goldman expressed that there a lot of crisis unit models out there and that the goal of CDU is to bridge the shortcomings of the current model and other crisis models that are already out there in order to maximize benefits to the community.

Member Eisen expressed that there is a need for a medical management withdrawal program and that currently there are only semi-medical services in the city. Dr. Pating asked Chair LeSarre to table that question and that Dr. Pating will reply to it at a later time.

Member Shortt acknowledged that question #2 is an important, but that they are not aware of any innovative models. She suggested that the IWG do their research and see if there are any models in other cities, states or countries that have been effective and not, necessarily, reinvent the wheel. Jenna Bilinski indicated that the issue brief has other models that were not in the slides but encouraged the IWG to present other models as well.

Chair LeSarre suggested adding an attached post-care pharmacy and cultural competencies.

Dr. Pating thanked the IWG members for their feedback and provided a tentative year long process until this is completely launched.

NB&F Crisis Diversion Discussion Report Back from 10/20/2021

Chair LeSarre reported that there is no current plan on how to get the client's opinions and voices included in NB&F CDU. She also stated that there has been nothing said about moving people to other beds after 24 hours. Member Chien suggested using the current model at Dore Urgent Care Center and expanding on that and also echoed Chair LeSarre's earlier comment about including a cultural competency component.

13. Public Comment for Discussion Item #5

No public comment.

14. Discussion Item #6: Office of Coordinated Care

Chair LeSarre introduced the Office of Coordinated Care (OCC) discussion. Deputy Director Simmons reviewed the program design timeline for major milestone and expected recommendation points. She noted that the OCC is a very broad mandate and is a combination of many different programs and trying to make the services seamless. She reviewed the various components and the goal of each component. She provided a hiring update and acknowledged that the hiring timeline is very long. She noted that the Behavioral Health Access Line will upgrade their system in November and that the BHAC/Pharmacy will be expanding their hours and providing other important changes – such as increased distribution of free

overdose reversal medication. She reviewed Case Management (CM) Expansion and suggested that the IWG have a discussion group so that all of the details for CM Expansion can be reviewed.

Heather Weisbrod reviewed the three different phases for Intensive Case Management and stated that by adding more full-time staff, the waitlist can be cleared. She also reviewed the current ongoing stakeholder Community Engagement meetings. She noted that CCTM Advisory Group will be ongoing but is currently slated to be split into smaller sub-groups.

Member Wong expressed her concerns around which populations were outreached to and her thoughts that if the cultural and linguistic concerns are addressed, then maybe there would be higher participation for certain populations. She also referred to the salary comparisons for CBOs and inquired why civil servants are not being hired instead of doing comparisons. Deputy Director Simmons indicated that the OCC's goal is to provide equitable access across the system and that equity is tied into all the components discussed today. She also stated that CBOs are essential to providing services in the city. Member Salinas expressed appreciation that there was a consideration built in for caseload size. She expressed concern that she did not see consumers in the outreach.

Member Arai inquired if connections to housing will occur through case management or will there be a CES person within the center. He also echoed an earlier comment from Member Wong regarding language capabilities typically pushed to the side and that a few members who speak the language are typically hired just to check a box. Deputy Director Simmons stated that language access is a huge component of OCC and stated that the process of coordinating with housing will be very intentional.

15. Public Comment for Discussion Item #6

No public comment.

16. Discussion Item #7: Next Steps

Facilitator Jennifer James provided an update on the MHSF IWG Annual Progress Report submission and indicated that there was good feedback provided. She also reviewed the timing of timelines and confirmed that these can be rolling. She also reviewed the Anticipated IWG Meeting Topics and identified that NB&F Foundation building took three months.

Facilitator James confirmed the three different discussion groups that were suggested during the meeting and that the OCC and Crisis Diversion discussion groups will not occur before the November 9th meeting.

Chair LeSarre inquired if it would be possible to make an addendum regarding housing to the mayor's office, given that it is constantly coming up across domains. Heather Littleton confirmed that the charge of the IWG could include housing as it relates to MHSF and indicated that the IWG can include that into the agenda as necessary.

Member Hammer suggested that it would be essential for the IWG to hear from the Our City Our Home Oversight Committee because some of the Prop C funds are earmarked for mental health services.

17. Public Comment for Discussion Item #7

No public comment.

18. Discussion Item #8: Public Comment on any matters within the Working Group's jurisdiction not on the agenda

No public comment.

19. Adjourn

The next meeting will be on Tuesday, November 9, 2021 from 9:00 AM- 1:00 PM. Meeting adjourned at 1:00 PM.