

# Mental Health SF Implementation Working Group FINAL Meeting Minutes

September 28, 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 the 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. Welcome

Facilitator Jennifer James and Ashlyn Dadkhah informed the IWG that Chair LeSarre requested that the IWG meeting start without her and that Chair LeSarre would join as soon as she resolved her technical issues.

## 2. Call to Order/Roll Call

The meeting was called to order at 9:07 AM.

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

*Committee Members Absent:* Vitka Eisen, M.S.W., Ed.D, Philip Jones

## 3. Discussion Item #1: Approve Meeting Minutes

Member Chien requested that the word “indicted” be changed to “indicated” in Discussion Item #2, Paragraph 4, Line 6.

## 4. Public Comment for Discussion Item #1

No public comment.

## 5. Action on Discussion Item #1:

Member Shortt moved to approve the August 2021 meeting minutes; Member Field seconded the motion. Meeting minutes were approved by the IWG.

Dr. Scott Arai, Psy. D. - Yes  
Shon Buford, - Did not vote (remained unmuted)  
Kara Chien, J.D. - Yes  
Dr. Vitka Eisen, M.S.W., Ed.D - Absent  
Steve Fields, M.P.A. - Yes  
Dr. Ana Gonzalez, D.O. - Yes

Dr. Hali Hammer, M.D. - Yes  
Philip Jones Absent  
Dr. Monique LeSarre, Psy. D. – Absent during vote  
Jameel Patterson - Yes  
Andrea Salinas, L.M.F.T. - Yes  
Sara Shortt, M.S.W. - Yes  
Amy Wong - Yes

## **6. Meeting Goals**

Facilitator Jennifer James reviewed the goals for today’s meeting. She reminded everyone in attendance that the chat has been turned off for all Panelists and Attendees. She provided a quick review of the Mental Health San Francisco (MHSF) Domains and the presenters.

## **7. Discussion Item #2: New Beds and Facilities Discussion and Recommendation Brainstorming**

Facilitator Jennifer James introduced the speakers for the discussion and briefly reviewed the Recommendation Roadmap to orient the IWG members on completed and pending tasks. Facilitator James reviewed the Conflict-of-Interest Key to provide guidance on whether the discussion may require members to recuse themselves. She reviewed the four Core Questions provided to the IWG by NB&F team to answer during the brainstorming session. Facilitator James read the shared Group Agreements aloud.

Discussion:

Member Salinas inquired if there is a shared understanding within the IWG of what a Residential Crisis Diversion is and how it differs from other residential programs. Yoonjung Kim clarified that it is a short-term residential program and indicated that there was a need for a program that provided more than 23 hours for clients to stabilize.

Member Fields stated that Progress Foundation has run four acute residential care sites since 1978. He provided a definition of residential crisis diversion service. He stated that Acute Diversion is geared toward not using inpatient services, if possible. He expressed his confusion as to why it is being presented as a new model. Yoonjung Kim acknowledged Member Fields and stated that she appreciates the Acute Diversion Units (ADU) services provided. She informed the IWG that DPH identified a gap in services and the goal is to address that gap. Yoonjung Kim also expressed the challenge of taking clients directly to the ADU from the streets. Member Wong agreed with Member Fields previous comment and asked Yoonjung Kim to tell the IWG which services the New Beds & Facilities team feels are missing. Yoonjung Kim stated that NB&F met with multiple stakeholders and conducted data-driven research and is here asking for the IWG’s thoughts.

Member Salinas expressed that the whiteboard was challenging without being given a purpose for the activity. She suggested that it would have been helpful to have been introduced as to why the input is being sought. She indicated that, in the past, people have gone to ADU from PS or 7A and that is no longer the case. She expressed her appreciation of a program that is similar to Dore Urgent Care (DUC), but gives individuals a few more days to transition.

Facilitator James indicated that during the last two IWG meetings New Beds & Facilities items were discussed. She inquired if the IWG needs more information to respond to the questions that San Francisco Department of Public Health (SFDPH) has asked. Member Salinas indicated that there were no details during those presentations. Dr. Hillary Kunins acknowledged Member Fields’ agency for providing diversion services. She informed the IWG that one of the goals was to present to the IWG gaps that were identified by the stakeholders in the continuum of care. She indicated that the hypothesis is that expanding the stay might fill the gap that has been identified by providers and community members. Dr. Kunins indicated that NB&F team can come back and continue the discussion to invite thought partnership in identifying the gap.

Member Fields expressed that he believes that ADUs have been mischaracterized by NB&F

representative and clarified that there is no requirement for day treatment. He clarified that about 30-40% of referrals to DUC come from the street. He expressed that discussions with providers of things that went wrong and how they can be improved would be useful as there is currently a lack of conversation with the providers. Member Fields expressed that San Francisco General Hospital made a decision to divert individuals from psych emergency services to ADU, for no other reason than administrative efficiencies and caused the system to become distorted.

Dr. Kunins acknowledged that there is a need for shared facts and recommended an interim meeting with interested IWG members and SFDPH staff to establish shared definitions.

Dr. Monique LeSarre indicated that this conversation needs to be tabled given that some members are not in agreement with the current discussion. She acknowledged that Member Chien and Member Wong had their hands raised to speak and asked them if they would be okay with tabling their comments for a future meeting. Member Chien agreed to continuing the conversation during a future meeting and suggested that the current services be mapped, as they were during the SCRT discussion. She expressed that new programs should be created to strategically meet the needs of individuals and not create a new program for the sake of creating a new program. Member Wong agreed with mapping current services and finding the "loopholes." Chair LeSarre asked members for clarification on which services the IWG would like to see mapped. Member Wong suggested mapping other crisis and diversion programs and what services are provided by the city and county of San Francisco.

Co-chair Jameel Patterson indicated that the IWG needs an overview of services provided in San Francisco, especially after COVID. He suggested that starting with mental health services and homeless services would be beneficial to figure out how to fill in the gaps.

Member Salinas expressed her concern that there is not transparency of that data that was used to arrive at the bed expansion plan.

Facilitator James stated that the facilitators are recording members' suggestions and ideas, but still encouraged IWG members to enter those on the IWG board to help facilitators prepare for October's meeting.

Member Fields indicated that there is inaccurate information that is affecting the planning. He stated that he is looking forward to the meeting suggested by Dr. Kunins for the systems change discussion. Chair LeSarre asked the IWG what information is needed from the IWG for Core Question #1. Heather Littleton clarified that SFDPH would like to know what other information the IWG needs to provide their expertise on Core Questions #2.

Facilitator James read aloud the IWG comments. She explained that this discussion would be tabled and that those follow-up meetings will be subject to Brown Act. See images below for the white board entries from this agenda item.

**Virtual White Board #1: "Which client/populations need residential crisis diversion services?"**

Individuals who are discharged from custody.

what happens when there are no more beds?

People interested in mental health or substance use disorder treatment but may not have fully stabilized to transition

People with severe mental illness and substance use disorder in crisis who don't require hospitalization/higher level of care. Prioritize homeless, those who need more support than traditional outpatient

People who don't have a safe place to recover from what is likely a short-term escalation, either from an underlying mental health issue, drug-induced, or another event

Emphasis on homeless who are employed

people living on the streets

Clients in treatment that are at risk of being discharged due to increased MH SUD symptoms - don't require PES but need safe space to stabilize but cannot remain in program.

Those who are injured

Individuals that do not meet criteria for a 5150 hold who none the less need 24/7 monitoring and support to ensure their safety, including possible need to 5150

Individuals who are not qualified for 5150 and discharged from PES but need services and support.

people discharging for PES

People suffering from a behavioral health urgency or crisis who don't need to be on a hold or in a locked setting.

currently experiencing SI/HI, nor gravely disabled, but are too symptomatic i.e. dysregulated, depressed, disorganized to manage safely in independent living or supported housing

gap is the need to have more permanent housing

folks who can benefit working toward to reintegrate back to the community

folks who are from acute and needs further stabilization

People who may have a complicated picture and it's not clear what longer term treatment needs they need

Those who need 24/7 care/treatment

**Virtual White Board #2: "What information about residential crisis diversion services does the IWG need to proceed?"**

**Map existing diversion services (and services with beds)**

mapping of current services to further understand what is needed This will also help current members to understand what each program (mapping) has to offer.

existing homeless and mental health services

An understanding of the original residential treatment bed analysis, new services added since then, and what gaps remain

We need information for all of the current ADU beds and Crisis intervention beds? How many beds in each of the residential program? How long is the wait to be admitted?

"in-between" meeting between DPH and interested IWG members to align on facts

What do the New Beds team see as the difference between "residential crisis diversion services" and existing DUCC and ADUs.

presented to the MHSF the data which bed expansion, as well as all other areas of MHSF new program creation and expansion plans are based. Maps of current services, and where new programs are going to fit into the map. It would be

pt.2 of MHSF expansion are based. We need map of entire BHS system of care including MHSF new programs and how they fit into the existing system of care.

**Map services from around the city**

Can we have transparency on who are community stakeholders consulted for decision making on new plans? Can MHSF provide input as to who are other stakeholders to consult as it seems there is information lacking

## **8. Public Comment for Discussion Item #2**

Sarah Larson: Stated that Acute MPES needs to be expanded. Stated that the General Hospital is "eager to offload patients" and that they need more time in acute. She expressed that General Hospital needs to take more responsibility, but that is not outlined in NB&F. She stated that individuals would be more successful if they were kept in appropriate level of care. She expressed her opinion that the people writing their reports "don't know what they are doing" or have an agenda that has more to do with money and not mental health care. She continued to state that programs were started without IWG input. Sarah indicated that she works at a residential program at the BHC, which has been ignored in all the other reports.

## **9. Discussion Item #3: Office of Coordinated Care**

Chair LeSarre reviewed the Office of Coordinated Care Recommendation Roadmap and that the proposed dates are contingent on today's progress.

Deputy Director Marlo Simmons reviewed the goal for the Office of Coordinated Care. She acknowledged the BHC staff who have participated in OCC and indicated that no staff have been hired for OCC. Heather Weisbrod provided a recap of the OCC proposed components.

Weisbrod reviewed the objective of Expanding Case Management and how the levels of care connect. She informed the IWG that these are initial thoughts for them to build on. She reviewed the three different levels of care and the corresponding challenges, gaps and the proposals that are being developed. Deputy Director Simmons recognized that it will take years for the vision of MHSF and OCC to be realized and that the case management expansions is only the beginning. Deputy Director Simmons elevated Heather's comment that there are more individuals coming in to receive services than are leaving and results in a wait list. She recognized the challenge of stepping down individuals from ICM.

Weisbrod presented the list of questions they received from the IWG. She stated that some of the budget allocation questions will need to be revisited. She opened the floor to the IWG to ensure that these questions have been answered or if members have other questions. Facilitator Dadkhah clarified that the list of presented questions was submitted by one IWG member to the OCC team, and that no other member submitted OCC questions.

Member Salinas inquired if there was any data for Question 5, "Has there been an evaluation undertaken to determine how many more OPI/ICM/FSP slots are needed to serve all persons who meet criteria for these services in San Francisco?" Weisbrod responded that the data is coming from multiple sources. She stated that one of the sources is the "Centralizing Utilization Management Pilot" to understand how it will affect the flow in and out of ICM. She also noted that they used outpatient clinic data with the expansion of outpatient clinics to identify if individuals can be served at the outpatient level of care. She indicated that data will also be collected to understand the flow out of the hospital and PES.

Member Salinas inquired how OCC envisions the flow to work based on the number of spots being created and that are being outpaced by need. Weisbrod stated that there are vacancies in the program and they could potentially clear the wait list. Weisbrod acknowledged that 17 clients are a high number for ICM program and asked the IWG for input on an appropriate number of clients for ICM. Member Salinas inquired if funding would shift over time between the 5 areas in OCC. Chair LeSarre acknowledged Member Salinas and asked to move the conversation forward so that other members could participate in the conversation.

Member Fields inquired if OCC would look at the needs of individuals that coming out of treatment in the community and not just in the hospital. He asked for clarification if Weisbrod was referring to individuals leaving both 24 hour care and the hospital. Weisbrod agreed and indicated that it would address both the care coordination component and the case management expansion. Member Fields stated that he had a question regarding what the philosophy and goal of case management intervention is and how to move from ICM to a less intensive model. He expressed his opinions

regarding his views on what case management currently is and what he feels should be the goals of case management.

Co-chair Patterson stated that some people are going to be chronically unhoused and needing services and there are others who want to "get out." He expressed that there needs to be a roadmap for people who are in certain situations and want to improve.

Weisbrod stated that OCC shares a vision into recovery and of people getting the services they need and to flow through the levels at the appropriate time. She reviewed the 3 questions that BHS has for the IWG. Marlo Simmons stated that BHS was to identify the populations that are "falling through the cracks." She provided an example of case management team tracking people and providing services. Chair LeSarre expressed her concern that some individuals are sometimes identified as having a care team on paper, but not receiving actual services.

Member Salinas inquired if the care coordination teams will be mobile before individuals that are homeless or PES. Weisbrod indicated that the team would deploy resources, when necessary, as opposed to providing outreach services. She stated that identifying individuals who are falling through the cracks is essential, in order to identify them when they are in the system. Deputy Director Simmons referred to the example Chair LeSarre provided and indicated that the care coordination team would examine that and deploy services and identify the appropriate level of care. Member Salinas inquired if financial resources could be allocated in those circumstances.

Co-Chair Patterson inquired if OCC is in contact with General Assistance (GA) because there are a lot of individuals who are on GA. He also referred to Changes, a computer system that GA shares with the shelters and 311. Weisbrod thanked Co-Chair Patterson for his suggestion and indicated that BHC is interested in finding out who to connect with.

Member Chien asked for clarification regarding OCC's roles and if any other BHC program will have roles in OCC. Deputy Director Simmons replied that BHC is trying to expand the capacity to monitor programs to better communicate outcome. She clarified that OCC will not take any oversight or monitoring overall.

Member Fields expressed that all these services will have the dilemma of individuals who will not engage and inquired if the data will provide insight into what future engagement might look like. He also suggested that it is essential to address transportation as a barrier to engagement. Weisbrod thanked Member Fields for his comments. Chair LeSarre suggested outreaching to youth in schools to ensure that they are being seen and if they are not, finding alternate ways to engage those youth.

Member Hammer highlighted Member Fields' comment regarding engagement. Member Hammer expressed her interest in seeing how the new modality, Care Coordination Transition Management, works. She expressed her excitement that, perhaps, this modality might help keep individuals engaged during critical transitions. Weisbrod indicated that engagement needs to be monitored across the board and to offer what people need in that moment in order to stabilize.

Member Salinas acknowledged Member Hammer's comment. Member Salinas suggested that it may be useful to track individuals receiving treatment at SOMA Rise. She highlighted previous members' comments regarding transportation being an essential resource. Weisbrod indicated that she hopes OCC will be a conduit to receiving care and thanked Member Salinas for her feedback.

Chair LeSarre suggested the IWG meet with groups that have been working on culturally competent outreach specific to COVID testing and vaccine. She provided examples of culturally competent outreach and engagement. Member Salinas highlighted her experience in FSP and ICM and her suggestions of the appropriate number of clients for more effective services. She also expressed her concern regarding interruption of care and inquired how OCC would plan on addressing that.

Co-Chair Patterson suggested providing stipends for individuals that participate. Member LeSarre commended Co-chair Patterson's suggestion.

## **10. Public Comment for Discussion Item #3**

Sarah Larson: She expressed confusion regarding OCC's stated goal. She stated that the OCC should be a resource where providers can call for resources and ask questions. She suggested that OCC is "becoming a big black hole" and that BHC/OCC should ask for more feedback from the IWG to figure out what they are doing. She clarified that the statistician is only one part of the puzzle. She echoed members' earlier comments regarding needing to map services in the city.

#### **11. Discussion Item #4: Mental Health Service Center**

Chair LeSarre reminded the IWG and the public that all documents shared can be found on the SFDPH website. She reviewed the Recommendation Roadmap for the Mental Health Services Center (MHSC) domain.

Deputy Director Simmons acknowledged that IWG has requested to be brought in earlier in the development of programs and indicated that MHSC is an opportunity for that. She briefly reviewed the legislation and the MHSC Budget from Proposition C. Deputy Director Simmons indicated that the implementation of the MHSC is complex, due to the variety of services. She reviewed the approach to planning and community engagement and highlighted that they want to base the decision on data, such as Revolving Door Report. She reviewed the questions for the IWG and invited them to discuss MHSC.

Chair LeSarre asked Deputy Director Simmons to address the pharmacy expansion spending plan. Deputy Director Simmons went into more detail for the MHSC budget. She stated that there are minor improvements to provide consultations in the pharmacy. She continued that pharmacy hours will also be expanded and there will be increased costs – particularly staff. She informed the IWG that for the current fiscal year, the budget only reflects reduced staffing. Chair LeSarre clarified if the budget includes moving the location. Deputy Director Simmons indicated that the budget is not sufficient to move, despite a model indicating that a move may be necessary. Chair LeSarre suggested implementing an alternate shift schedule to keep the pharmacy open longer hours, without the potential increase in cost.

Co-Chair Patterson suggested that a drop-in center model for the MHSC.

Member Salinas requested clarification of the location. Deputy Director Simmons indicated that BHAC will be at 1380 Howard and the pharmacy is further back on the same floor. She clarified that the MHSC doesn't refer to BHAC, instead it talks about a new 24/7 Drop-in. She continued that the IWG is being asked their insight to whether a new drop-in center is needed or if current resources should be leveraged to fill in the gaps. Member Salinas suggested leveraging current resources and then finding service gaps. Member Salinas inquired the language capacity for the 24/7 line and how will medication needs be addressed.

Member Fields requested a current budget for the pharmacy expansion and the current BHAC. He requested that new services be provided in an easily accessible and understood place that people can go for services. Chair LeSarre recognized that there are many individuals who are insured need services. Chair LeSarre inquired if the call-in line would provide resources and align holistic well-being. She expressed her interest in seeing multiple modalities at the center and that the paradigm needs to shift.

Deputy Director Simmons thanked the members for their suggestions and input. She indicated that there is currently a 24/7 Access Line that many people are not aware of and expressed that there is potential for expanding. She recommended that this discussion be brought back after there has been a chance to determine what is being asked from the IWG.

Member Hammer inquired what is needed to be built so that people can utilize the services. She acknowledged Deputy Director Simmons and her team for exploring the possible barriers to engagement. She encouraged the IWG to give input on how to increase engagement. Member Fields echoed Member Hammer's sentiment that the team is on the right track with the MHSC and cautioned everyone to not implement too quickly and lose momentum. Member Shortt encouraged outreach to gather feedback from current consumers and what would help them access services better. Member Hammer elevated an earlier comment regarding doing effective outreach and providing telephone access. She acknowledged that staffing a 24/7 physical site is expensive and may not be the best thing to help consumers. Member Chien expressed that the highest crisis calls occur between 11pm-7am and resources should be restructured to respond to those crises and utilize current resources. She commended Deputy Director Simmons for her openness for feedback and criticisms.

Member Buford requested a progress update from the facilitators. Facilitator James reviewed the Potential IWG Meeting Topics, which outlines the timeline for design and update. Facilitator Dadkhah indicated that there would be updated to that timeline, given today's tabled items. Heather Littleton provided clarification on the timeline and responded to Member Buford's concern regarding the timeline.

**12. Public Comment for Discussion Item #4**

No Public Comment.

**13. Public Comment for Discussion Item #5: MHSF Foundations**

Chair LeSarre asked the IWG what community input they need to make informed decisions. Chair LeSarre stated that she needs more input for community about what they need. Member Salinas expressed her confusion regarding the approach to get input for the community. She suggested connection with the peer groups and having community forums for services providers. Chair LeSarre reviewed the budget for Community Engagement Strategies and potential approaches that have been discussed with the City Planning Team.

Member Shortt emphasized that consumers should be prioritized and offered different modalities to gather feedback. Member Shortt also indicated that \$20,000 is a small budget for the undertaking. Member Fields stated that the IWG is not ready to go out and that the IWG needs to be strategic with the outreach.

Member Arai agrees with Member Fields regarding the timing and expressed the challenge of doing virtual feedback sessions. He suggested a town hall that would include those community members that are not able to join virtually. Chair LeSarre suggested a joint town hall held in the open air outside, where member can attend outdoors in person and virtually. She also brought up the confusion with the word "consumer" and how some members don't feel included in those conversations. Member Chien agreed with other members' comments and suggested a Working Group to devise a questionnaire to distribute to the CBOs. She elevated two populations which she would like to see engaged - those who are justice involved and the API community.

**14. Public Comment for Discussion Item #4**

No Public Comment.

**15. Discussion Item #6: Public Comment on any matters within the Working Group's jurisdiction not on the agenda**

No Public Comment.

**16. Adjourn**

The next meeting will be on Tuesday, October 26, 2021 from 9:00 AM- 1:00 pm.

Meeting adjourned at 12:24 pm.