

Mental Health SF Implementation Working Group

Approved Meeting Minutes

June 22, 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/knowlcol/menthlth/Implementation.asp>

1. Call to Order/Roll Call

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

Committee Members Present: Dr. Scott Arai, Psy. D., 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: None.

2. Welcome and Review of Agenda

Dr. Monique LeSarre, IWG Chair, opened the meeting, welcoming the IWG members and the public to the meeting. Chair LeSarre reviewed the meeting goals and agenda.

Facilitator Jennifer James acknowledged challenges of virtual meetings and the frustrations expressed by a member of the public in the May 2021 meeting. She stated that the current meeting practices are based on DPH IT and City Planning Team's suggestions on how to adhere to the Brown Act and maintain similar structure to in-person public meetings. She reviewed procedures including: 1) the chat function is disabled in meetings to both IWG members and to the public meeting and that this function will be for contacting the host or IT for technical issues; 2) moving forward, the public can only comment by calling in and getting in the queue during Public Comment on the agenda. 3) She also communicated that white board activities will be for IWG members only, as it would be in person.

Chair LeSarre invited Member Gonzalez and Member Chien to read Group Agreements. Member Gonzalez and Member Chien accepted and read the Group Agreements aloud. Chair LeSarre asked members to speak up if they do not speak during meetings and for others to step back if they speak more often during meetings. Chair LeSarre reviewed the MHSF Domains and introduced the presenters Marlo Simmons and Emeterio Garcia.

3. Discussion Item #1: Meeting Minutes

No discussion occurred for the May 2021 Meeting Minutes.

4. Public Comment for Discussion Item #1

Two callers were in the queue for Public Comment, but no comments were made when Facilitator Ashlyn Dadkhah invited them to speak.

5. Action on Discussion Item #1

Member Fields moved to approve the May 2021 meeting minutes; Member Chien seconded the motion. Meeting minutes were approved by the IWG.

6. Discussion Item #2: Principles to apply when developing MHSF recommendations

Facilitator Jennifer James reminded IWG that during May 2021 meeting, seven principles were discussed and provisionally approved with some outstanding items brought up by the IWG. She informed the IWG that the discussion group met between May and June 2021 meetings to bring forth two additional principles and explained that there are now nine principles total. She stated that during today's discussion, we will review the two additional principles and take a poll for those.

Member Eisen, the "captain" of the discussion group, explained that the discussion group would like the IWG to consider two additional principles. Member Eisen reviewed proposed Principle 8 "include sufficient resources to assure that workers associated with the program are paid at the prevailing wage" and explained the reasoning behind the principle.

Member Fields inquired about which DPH staff are attending this IWG meeting. Chair LeSarre introduced the staff that were present during the meeting.

Chair LeSarre commented that Principles 8 and 9 are included in the legislation and that the purpose of the discussion group is to elevate this part of the legislation.

Member Hammer indicated that they are unfamiliar with the definition of "prevailing wage" mentioned in proposed Principle 8. They expressed feeling uncomfortable voting on Principle 8 without knowing what that term means. Member Eisen defined "prevailing wage," which is sourced in the document. Member Hammer inquired if the definition could be added into the proposal itself, rather than have a separate source. Member Eisen stated that if the IWG agreed to the principle as is, the discussion group would integrate that definition into Principle 8. Member Gonzalez inquired if it is necessary to include this and if this is already done with contract partner. Member Eisen indicated that there is not a prevailing wage set for contract partners, only for construction contracts. Member Hammer expressed her concern with the IWG getting involved with budgeting and appropriating resources for each MHSF initiative. Chair LeSarre addressed Member Hammer's concern and reminded the IWG that this is part of the legislation and that the IWG is trying to find a common language, but not the actual budget. Member Salinas acknowledged the current members' opinions and expressed the challenges with hiring and retaining staff. Member Salinas also stated that providers are charged with meeting goals and in order to do that, providers will need staff.

Facilitator Jennifer James invited Heather Littleton to provide guidance on the discussion. Heather Littleton stated that ensuring robust staffing falls within the Design and Implementation purview of the IWG. She reminded the IWG that contracting staff is a task for DPH. She confirmed that it is appropriate for this to be a recommendation by the IWG.

Member Fields stated that there is a problem with the term "prevailing wage" because it is in regulation and that this can be more regulatory and legal. He suggested that the recommendation be that Section 5.44 of the Act need to be studied. He expressed that the disparities in wages should be studied.

Member Wong expressed her concerns with contracting workers. She suggested that instead of training contractors with high turnover, those funds should be used to train current Civil Service employees. She also stated that she does not understand the term "prevailing wage" and does not feel comfortable accepting the principle as is.

Member Eisen suggested doing a Level of Agreement poll for Principle 8. Chair LeSarre indicated that, based on the current discussion, these proposed principles need to go back to the discussion group.

Member Buford stated that the recommendations are highlighting the values that the IWG wants to achieve based on the professional and personal experience of the Members.

Member Eisen indicated that these Principles will be moved to the next agenda.

Facilitator James invited Members to attend the discussion meetings regarding these principles. Member Eisen welcomed Members to submit wording suggestions if they are unable to attend the meetings.

7. Public Comment for Discussion Item #2

No public comment.

8. Discussion Item #3: Drug Sobering Center Q&A and Review/Refinement of Recommendations

Facilitator James reminded the IWG that this discussion is for the Drug Sobering Center (DSC) under the New Beds and Facilities Domain. She stated that Emeterio (Eme) Garcia would be answering the IWG's questions from May 2021 White Board Activity.

Emeterio Garcia indicated that their team is still developing protocols of how DSC will be delivering services and that, as a result, some of the IWG questions do not have definitive answers. He stated that community is being seen as two different stakeholders – providers/consumers of services and the neighbors who are independent of the harm reduction community. Eme stated that there has been large community participation in two past community meetings. Eme addressed the community feedback and informed the IWG about the models being used. He addressed that neighbors have expressed concerns that are most closely related to previous issues in the neighborhood and other concerns such as the DSC turning into a safe consumption site. He also talked about offering an extra meeting for community members and, based on the feedback, providing another session to address FAQ. He also stated that this information was disseminated in five threshold languages and the meetings were interpreted in those same languages, despite not having any attendees who spoke those languages. He spoke about the partnership with HealthRIGHT360 to continue engaging communities. Eme noted that there is a proposed service with the Office of Coordinated Care and the DSC can serve people who fall out of residential treatment.

Eme reviewed the IWG's questions regarding Proposed Services and indicated that they currently have an expansive list of community resources. He addressed that the DSC is not a medical model, but a social detox model and that there will be a medical screening to ensure that people with medical issues get the appropriate care. He reported that pets will be welcome at the DSC. Eme indicated that peer support will be available through the HealthRIGHT360 partnership. He addressed that there are not sufficient resources to meet the needs of other languages, but that it is being kept at the forefront. Eme is uncertain of harm reduction supplies that will be available for individuals but stated that HealthRIGHT360 does have a partnership with the AIDS Foundation, and they would be the experts regarding Fentanyl.

Chair LeSarre inquired about the plan to outreach to the African American community, the accountability and planning process around engaging individuals who use drugs. She expressed that these are incredibly important for the process, and they should not just be a checked box. Chair LeSarre commended Eme for having the five threshold languages and inquired if and why people in those languages did not show up to the community meetings.

Eme acknowledged that the DSC has not done its due diligence with addressing Chair LeSarre's concerns. He also stated that this is a pilot program and that getting feedback from the participants is essential. He informed the IWG that the flyers were translated into the different languages and that they are unsure why members of those languages did not participate.

Eme addressed the Analytics and Evaluation questions from the IWG. He stated that DSC will primarily measure success by improving the lives of individuals experiencing those issues, as well as others in the community that are being affected. He also informed the IWG that there will be data metrics to measure success. He indicated that the DSC has not thought through what premature exits will look like or how they will be addressed. He stated that the plan is to have a simple admissions process and that there is a need to assess why people are not going into the program and that will be done in collaboration with service providers whose referrals are not successful, as well as anecdotal feedback from service population. Eme offered suggestions about how warm handoffs could be measured but stated that there is no concrete way established yet. Eme discussed the challenges of attributing decrease in PES and ED because there are going to be multiple programs happening simultaneously that affect the metrics to some capacity or another.

Eme addressed the remainder of the questions that did not fit into any pre-identified categories. He stated that the goal is whatever the participants set for themselves and for DSC it would be saving lives of those participants. He identified that there is no number of how many ODs will be prevented because the number of overall ODs is inconsistent. He repeated that the quality of the program would be measured with factors such as satisfaction, safety, quality of the service and improving the lives of people who use the service and San Franciscans overall. Eme reminded IWG that the DSC is a pilot program and that the lessons learned will inform if and where the next DSC will open up.

Chair LeSarre inquired if the DSC would have staff going out and looking for individuals who may need the services provided by the DSC. Eme stated that the DSC does not have a specific team but will be working closely with the EMS-6 Street Crisis Resolution and other community partners and they will be the referral sources. Member Salinas inquired about which database would be used for charting to facilitate providers to know that individuals are in the DSC. Eme stated that they are planning on tracking via EPIC, but that the mechanics have not been worked out yet. He stated that part of the goal is to find a way to let providers know that individuals are at the DSC. Member Arai asked for clarification regarding the having repeat visitors be a metric for success. Eme responded that individuals are not successful on the first attempt to get clean and that the success of DSC will entail being a safe place and a constant pillar for that individual to return to until they are ready for their next step to recovery. Member Patterson inquired if future locations could be in places where there is no drug use because individuals need to get out of the drug use environment. Eme stated that the SoMa location was selected based on a recommendation from the Methamphetamine Task Force. Member Wong expressed her concern about repeated visits from individuals not being on the wellness track. She suggested that in the long run, she would like to see members not returning and hopefully be in more stable treatment. Eme clarified that this is one of the ultimate goals of the DSC, but that it does take time. Member Fields inquired about how the DSC plans on interacting with Dore Urgent Care, which is the gateway into the dual-diagnosis treatment. Eme indicated that the protocols for admission are still being put in place but that DSC plans to work closely EMS-6 and Street Crisis Resolution and that will be the triage for substance abuse issues and other medical issues. Eme acknowledged that this a tremendous opportunity for collaboration with Dore.

Facilitator James introduced the next part of the discussion- Drug Sobering Center Recommendations. Facilitator James echoed Chair LeSarre's earlier suggestion encouraging IWG members to speak up if they typically do not speak and for other members to step back.

Member Arai, the "captain" of the discussion group, thanked Member Salinas for participating in the discussion group. He stated that there will be another discussion group for the DSC and encouraged IWG members to attend. Member Arai reviewed goals of the DSC listed on the Drug Center Issue Brief. He stated that there is a recommendation missing that the DSC include information and data related to addressing and combatting the opioid epidemic and decreasing opioid overdose deaths. Member Arai addressed the second recommendation of data that should be included to inform the expansion of the DSC.

Heather Littleton inquired if the recommendation for including the number of overdoses reversed on site is within the scope of the DSC. Eme Garcia explained that DSC plans to look at incidents that compromise the health of participants – including overdosed. He explained that the DSC will

track overdoses that are reversed in the program by the EMT on staff.

MHSF Director Dr. Hillary Kunins addressed an earlier question relating to DSC's role in reducing overdose. Dr. Kunins explained that the DSC will reduce both the role of drug overdose in the community and in San Francisco by taking in people who are high risk of overdose. She also explained that participants will be given the knowledge with how to deal with overdoses. Chair LeSarre inquired about the educational component in the MHSF but acknowledged that this may not be the moment to do it.

Member Gonzalez inquired about how success will be measured with PES and recidivism. Eme Garcia responded that the analytics team will consider that as a global income for a lot of the work that DPH is doing. He stated that it would be challenging to know which program affected certain measurements.

Chair LeSarre stated that she would like to see health education, such as Narcan education, and safety measured. Member Salinas recommended that the location where participants were prematurely redirected should also be tracked.

Member Arai reviewed the recommendations for Section 2-Services Provided. Member Patterson added that he would like to see Substance Abuse medicine, psychoneurology and acupuncture. Heather Littleton inquired if the on-site access to resources could be addressed by the second floor for programs like OCC or Street Crisis Response Team. Eme Garcia informed the IWG that the proposed design is that the two floors will function independently of each other but will take this recommendation back to DPH.

Member Jones suggested having 12-step recovery meetings. Member Jones inquired if there could be an access point service for Coordinated Entry so that the intake could be done at the center. Member Jones also expressed the importance of having food and beverages for participants and the importance of making it explicit whether or not it is appropriate for families.

Chair LeSarre raised the issue about the policies surrounding families at the DSC. Eme Garcia addressed the concern and stated that the DSC was designed for participants who are 18 years of age or older. He stated that anyone under 18 will be referred to another program and that it could create an issue with having to refer to CPS. Eme stated that he would take the recommendation back to the DPH team to attempt to create a more explicit policy surrounding this concern.

Member Salinas inquired about the mechanism for people who choose to take the next step in recovery. She also inquired about the timeline for figuring out how the data will be collected in the DSC. Eme replied that they are developing partnerships for referring participants to next lever of recovery. Eme also stated that within the next month, the data collection part of it should be developed, given that the opening date for the DSC is planned for fall 2021.

Member Chien elevated Member Salina's inquiry regarding the importance of having a clear pathway for where participants will be referred. They also inquired about the terminology for the Placement Team, given the imminent split into two separate components. Member Chien also requested information on how the DSC will reduce police engagement and provide safe warm handoff to higher level of care. Dr. Kunins that DSC will have specific policies for warm handoffs and specified that the goal is to decrease the police interactions and increase the interaction with other health-based systems of care and interventions.

Member Gonzalez expressed concerns about the proposal to have immediate psychiatric services and if it delves into being a medical model. Member Eisen expressed concerns about loading too many recommendations for services provided to DSC.

Member Arai reviewed Section 3 – Community Engagement. Member Hammer expressed concern about the media piece being within the IWGs scope but is open to figuring out which entity. Chair LeSarre asked the city employees what their collective impact model and what agencies they are partnering with for community outreach. Member Shortt indicated that the discussion group did suggest the Street Outreach team do outreach and education so that people know how to access services, but not for the DSC. Member Patterson recommended just having outreach workers in

the community and having target areas and locations for outreach.

Member Arai reviewed Section 4 – What is Set by the program (Location and Contractor). No discussion occurred for this section.

9. Public Comment for Discussion Item #3

No public comment.

10. Discussion Item #4: MHSF Foundation Building

Chair LeSarre briefly reviewed the purposed of Item #4, to overview the anticipated timeline of the different MHSF domains, and the presenter, BHS Deputy Director, Marlo Simmons.

Deputy Director Marlo Simmons reviewed the DPH Behavioral Health Beds Expansion Dashboards (New Beds & Facilities Domain). Chair LeSarre inquired if this document was live or had to be updated periodically. Director Simmons replied that it is not dynamic, but updated when progress is made.

Member Wong inquired if the current 14 beds at BHC Hummingbird will be changed, given there is a new Hummingbird on the document. Director Simmons indicated that the beds for Hummingbird Valencia are new and in addition to the current 14 beds at the other location. Eme Garcia added that the document shows the proposed number of beds, but that the exact number may differ as a result of COVID-19 precautions. Member Patterson inquired if these beds will be part of the shelter system. Director Simmons replied that these are only BHC beds. Eme added that each bed has its own dedicated pathway and most required medical requirements.

Member Fields stated that the legislation calls for expansion of the continuum of care, including residential treatment. He indicated that residential treatment means community-based recovery – not IMDs and skilled nursing beds. He referred to the document showing large number of non-community-based beds. He inquired if there has been any contact with community-based providers to attempt to expand community-based care. Deputy Director Simmons addressed Member Fields' concerns and stated that BHS is still focused on recovery-based services. She replied that most of the beds were identified by the Mental Health Reform team in order to increase capacity and reduce wait times for beds. Member Fields indicated that the report was incomplete, and that the community should be sought out for recommendations on improving the system of care.

Dr. Kunins acknowledged Member Fields and indicated she looks forward to receiving more feedback from providers and the community, as well as from IWG.

Member Eisen requested clarification on the new county beds. Director Simmons indicated that these are new beds that are being contracted out of county because they are not available in county. Member Eisen inquired what would be required to provide those resources in San Francisco. Member Eisen also elevated Member Fields' concern about using the beds report, despite its flawed design.

Member Shortt inquired if these beds are being funded from Prop C funds and expressed concern with sustainability for funding. Director Simmons responded that there are funds from different areas, but there a lot of funding from Prop C. Member Shortt also inquired how this current dashboard will be integrated with the existing bed availability. Director Simmons indicated that for those beds with similar tracking capabilities the goal is to enter them into the existing bed availability dashboard. Member Shortt requested clarification on the Crisis Diversion facility. Director Simmons replied that it is related to the Mental Health Service Center.

Dr. Kunins indicated that the goal is to make this a publicly accessible document but that has not happened yet. Eme Garcia indicated that once it is available publicly the document will be updated monthly.

Member Patterson expressed concern that he would not be able to refer any individuals to those beds and explained that access to those beds is important

Member Fields expressed being puzzled by the Crisis Diversion Facility. He noted that there are already

effective Crisis Diversion beds available and he expressed his feeling that they have been currently ignored in the expansion model being presented. Director Simmons indicated that there is no model and that community providers will be engaged for feedback moving forward with the bed expansion. Dr. Kunins added that this is a living plan and reiterated that there is an opportunity to engage others moving forward.

Deputy Director Simmons reviewed the Street Crisis Response Team Domain Milestones.

Deputy Director Simmons reviewed the Office of Coordinated Care Domain Milestones and emphasized that this is essential to moving MHSF reforms forward. Director Simmons also reviewed the Mental Health Service Center Domain workplan. She indicated that there is gap analysis being done and expanded Behavioral Health Access Center (BHAC) hours. She briefly reviewed the Analytics & Evaluation milestones as well. Director Simmons provided a summary of Potential IWG Meeting Topic (FY21-22).

Member Salinas inquired if DPH is on track for communication to stakeholders regarding the expansion plan. Director Simmons indicated that they have started to get input on where the gaps are but have not connected to everyone that needs to be contacted. Director Simmons acknowledged the disparity in salaries. Member Salinas asked for clarification on which stakeholders have been contacted. Director Simmons indicated that sometimes messages don't get to the front-line workers and that they will attempt to be more intentional of getting message down to front line workers.

Deputy Director Simmons indicated that they opted to expand CBO contracts because they are trying to clear the waiting list. Member Salinas discussed that it's not as simple as hiring more clinicians because it has a domino effect. Chair LeSarre asked for confirmation that OCC is next on the list and requested feedback from the IWG on timeline. Chair LeSarre stressed that it is anxiety-provoking for CBOs to expand staff.

Member Wong expressed concern that there are not enough people on the list to hire and requested details on how this will occur. Director Simmons explained that these workplans are the outline and for the IWG to decide when they want to talk about details. Chair LeSarre referred the IWG back to the chart outlining the Potential IWG Meeting Topics and inquired if the IWG is ok with the proposed timeline.

Member Fields expressed that the New Beds Facilities Domain should be discussed soon. He also expressed concern that the county is already developing contracts and financial commitments with for-profits and that this will occur without IWG's input on the design. Member Fields also commented on the new beds and facilities not being Medi-Cal revenue generating interventions. He suggested leveraging services that are Medi-Cal reimbursable. Member Arai agreed with Member Fields to move the New Beds and Facilities topic to July. Chair LeSarre indicated that New Beds and Facilities topic will be added to July 2021 agenda.

Director Simmons expressed concerns with the shift of topic areas. Member Fields reiterated his concerns that contracts are being put into place without IWG input. Member Simmons acknowledged the concern and agreed to move the New Beds and Facilities topic to July. Dr. Kunis agreed with the shift.

Member Salinas suggested moving Crisis Diversion Program to another month. Director Simmons agreed that IWG would still be able to provide input if the Crisis Diversion were moved to another month.

11. Public Comment for Discussion Item #4

Not public comment.

12. Discussion Item #5: IWG Procedure Updates

Facilitator James noted that IWG meetings will continue meeting virtually likely until September and will be reassessed at that time. She reminded the IWG regarding earlier conversations regarding 4-hour meetings. After discussion by IWG members, Facilitator James suggested continuing 4-hour meetings until September and then the IWG can reconsider.

13. Public Comment for Discussion Item #5

No public comment.

14. Public Comment for Any other matter within the Jurisdiction of the Committee not on the agenda

Caller 1 suggested that DPH should come prepared to IWG with information regarding the contracts and not just say that they will check and get back to the IWG. She indicated that it does not sound very open or honest and it is important for the public process.

15. Adjourn

The next meeting will be on Tuesday, July 27, 2021 from 9:00 AM- 1:00 pm.

Facilitator James reminded members that the City will contact those members whose term will be expiring soon.

Meeting adjourned at 1:00 pm.