

Mental Health SF Implementation Working Group Meeting Approved Minutes

March 23, 2021 | 9:30 – 12:00 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. Call to Order/Roll Call

The meeting was called to order at 9:40 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, reviewed the MHSF components and group agreements.

3. Discussion Item #1: Meeting Minutes

Member Hammer posed a question about whether or not public callers should be identified in the meeting minutes.

4. Public Comment for Discussion Item #1

No public comment.

5. Action on Discussion Item #1

Chair LeSarre moved to approve the February 2021 meeting minutes; Member Chien seconded the motion. Meeting minutes were approved by the IWG.

6. Discussion Item #2: Review of IWG meeting survey results

Facilitator Ashlyn Dadkhah reviewed the top line February IWG post-meeting survey, posted to this meeting on the IWG website.

<https://www.sfdph.org/dph/comupg/knowlcol/menthlth/Implementation.asp>. Key discussion points/clarifications related to the survey results included:

Member Fields and Member Chien suggested more survey reminders or text communication. Member Jones asked if member agreements will need to be updated to account for a more frequent meeting schedule, acknowledged that with his schedule it would be hard to attend more than one meeting. Facilitator Jen James confirmed that the agreement would not need to be updated to account for a more frequent meeting schedule and that there would be no consequences for not being able to attend additional meetings. Member Buford would prefer not to meet more often, and later clarified he would be supporting of more frequently/longer meetings if it was just for a short period of time. Member Fields expressed concern that the current meeting schedule is not sufficient to inform DPH, resulting in DPH developing MHSF components without IWG input. Chair LeSarre noted that although there is a lot the group has yet to address, the IWG's role is to have impact on what happens with MHSF and proposed meeting options to increase the frequency, length, and content of meetings for three months to get caught up. Member Salinas proposed longer, 4 hour meetings instead of more meetings.

Group decisions reviewed by the IWG:

- The IWG will use the Street Crisis Response Team recommendation process as a pilot for using the recommendation principles and will set up an ad-hoc committee for members to work between public meetings to finalizing these principles.
- The IWG will extend currently scheduled meetings (fourth Tuesday of month) to four hours for the next three months.
- Meeting format will be to review two MHSF topics in depth at each meeting, reserving a portion of time for general updates on emerging issues.

7. Public Comment for Discussion Item #2

- David Elliott Lewis: Expressed concern that there has been a lot of time focused on the procedure in these last several meeting. He also urges that the group stay flexible and able to handle a variety of problems and spend less time on procedure and more time for discussion.
- Laura Thomas: Echoed concern around stigmatizing language in harm reduction. More fully align with the DPH current harm reduction language and commission. Also expressed concern about the amount of time being spent on the process and would like to figure out how to get through the process faster.

8. Discussion Item #3: Street Crisis Response Team Pilot Discussion

Dr. Angelica Almeida, Director, Forensic/Justice Involved Behavioral Health Services, provided a Street Crisis Response (SCRT) team evaluation overview and presented four key questions for the IWG to review and bring back responses/recommendations to the next meeting. The PowerPoint is found on the IWG website <https://www.sfdph.org/dph/comupg/knowlcol/menthlth/Implementation.asp>.

Key discussion points/clarifications related to the SCRT evaluation overview included Member Fields asking about the frequency of calls and if they have received multiple calls from the same individuals and how they are tracking those. Dr. Almeida explained that this is something the team is looking for in the evaluation's outcomes/needs/systems challenges. Member Chien asked how the SCRT evaluation team plans to collect the data and strategies for tracking progress/success for individuals contacted (i.e., a longitudinal study component). Dr. Almeida noted the early stage of the evaluation and will share data once available. Chair LeSarre was happy to hear Bayview was high on the data collection list and expressed that the evaluation must disaggregate data by race. Vice-Chair Patterson shared shelter in place concerns and substance use programs. Dr. Almeida noted that they are working with the Department of Homelessness and Supportive Housing and other substance use programs for referrals. For those individuals who may not yet be open to detox, coordinated care staff can follow up with individuals after they have developed the necessary relationships with

individuals. 911 dispatchers are currently triaging calls - if individuals are violent or have a weapon, SCRT is not deployed. Member Fields noted the issue of individuals repeated use of services will continue if the City does not address downstream treatment choices. He also noted that SCRT is an interactive part of the ecology, and cannot be successful if there are no beds or housing options. Vice Chair Patterson would like to understand how many African Americans are treated through this program, as racial violence was one of the main reasons for the SCRT as a way to decrease the police involvement. He also highlighted the importance of looking at public housing as a place for SCRT engagement. Member Jones would like more community involvement in the SCRT process as a way for communities to grow comfortable with the SCRT. He also wondered if the SCRT is engaging with community when SCRT is not responding to calls. Dr. Almeida confirmed that the SCRT is routinely engaging with community, e.g visiting community centers, conversing with individuals on the street who appear to be in distress, when they are not on a specific call and agrees that relationship building is important to SCRT's success.

9. Public Comment for Discussion Item #3

- David Elliott Lewis: applauds SCRT's work, noting that situations escalate when police respond. Encouraged IWG to extend to SCRT to indoor crisis, not just the street.

10. Discussion Item #4: Craft Initial Street Crisis Response Team Pilot Recommendations

Did not address this discussion item as the meeting time was not sufficient.

11. Discussion Item #5: Next Steps

Facilitator Jennifer James reviewed upcoming IWG activities to take place in advance of the April meeting. This includes an ad hoc discussion of no more than six members to finalize the principles' wording that will be applied to all future IWG program recommendations, individual IWG member work on crafting their own SCRT recommendations, and an ad hoc discussion to review individual SCRT recommendation submissions and synthesize them into draft recommendations for the group to review at the April meeting. All discussions will be self-facilitated by the IWG and will be no more than 6 members in keeping with public meeting requirements.

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

- David Elliott Lewis: Requested that future discussions review how SCRT can work with Compassionate Alternate Response Team (CART). CART works with homelessness and care coordination. Calls that SCRT cannot respond to can be rolled over to CART, but this will require coordination and planning.
- Sarah Larson: Expressed frustration about the WebEx public call-in. Also asked why clinicians are being contracted out when it was shared that there would be no more contracting out. Noted the fragmentation of the system. Appreciated Member Fields earlier comment about not having any place to put people. Laguna Honda Hospital has capacity for 1200 beds that sits empty, while the city is contracting out and fragmenting the system. Need to utilize existing resources and spaces, hire more city workers, and establish more programs.

13. Adjourn

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

Meeting adjourned at 12:20 PM