

# MHSF Implementation Working Group Meeting Minutes **Approved**

April 23, 2024 | 9:00 AM – 12:00 PM

Note: The agenda, meeting materials, and video recording will be posted at:  
<https://www.sfdph.org/dph/comupg/knowlcol/menthlth/Implementation.asp>

## 1. Land Acknowledgement (0:0:0)

The meeting was called to order at 9:13am by IWG Chair Andrea Salinas. Chair Salinas read the Land Acknowledgement statement.

## 2. Welcome and Review of Agenda/Meeting Goals (0:1:20)

Chair Salinas reviewed the goals for the April 2024 meeting.

## 3. Call to Order/Roll Call (0:2:02)

Co-facilitator Diana McDonnell completed roll call. Member Amy Wong submitted a notice prior to her absence.

*Committee Members Present:* Steve Fields, M.P.A., Ana Gonzalez, D.O., Steve Lipton, James McGuigan, Jameel Patterson, Andrea Salinas, L.M.F.T., Sara Shortt, M.S.W.

*Committee Members Excused Absent:*  
Amy Wong

*Committee Members Unexcused Absent:*  
None

## 4. Vote to Excuse Absent Member(s) (0:2:35)

Co-facilitator McDonnell reviewed the process for excusing absent members. Member Steve Lipton motioned to excused member Wong's absence; member James McGuigan seconded the motion. The IWG voted on member Wong's absence and her absence was excused.

- |                              |                                  |
|------------------------------|----------------------------------|
| ➤ Steve Fields, M.P.A. – Yes | ➤ Jameel Patterson –Yes          |
| ➤ Ana Gonzalez, D.O. – Yes   | ➤ Andrea Salinas, L.M.F.T. - Yes |
| ➤ Steve Lipton - Yes         | ➤ Sara Shortt, M.S.W. - Yes      |
| ➤ James McGuigan – Yes       | ➤ Amy Wong – Absent              |

## 5. Discussion Item #1: MHSF Director's Update (Dr. Hillary Kunins & Dr. Angelica Almeida) (0:3:50)

- Dr. Angelica Almeida provided an update on CARE Court. She reviewed:
  - basics on CARE Court criteria, including eligibility requirements and legislative intentions
  - who can file a CARE Court petition
  - the DPH CARE Court consultation line referral workflow
  - a comparison between CARE Court, Assisted Outpatient Treatment (AOT aka Laura's Law), and Conservatorship
- CARE Court is meant to be the most upstream of solutions within San Francisco civil court services (compared to AOT and Conservatorship) and does not have enforcement mechanisms.
  - CARE Court has the broadest range of those who can submit a referral, including medical and behavioral health practitioners, community, jail, family members, and first responders.
- ❖ Discussion: Chair Salinas asked if substance-induced psychotic disorders are included in CARE Court eligibility. Dr. Almeida answered no and explained that CARE Court is an opportunity to engage people in voluntary care and requires evidence of a history of schizophrenia spectrum and

other psychotic disorders. Further, CARE Court will not be substitute to support an individual who is meeting grave disability criteria. Chair Salinas followed up by asking if those under CARE Court have a conservator-type person assigned to them to help make treatment decisions. Dr. Almeida explained that CARE Court does not give authority to consent to treatment on somebody's behalf, rather, the Court orders a care plan for an individual to engage in outpatient services. Citywide will be the contractor to provide intensive case management (ICM) services to those who are court-ordered. CARE Court allows for continuous intensive outreach and engagement efforts and will offer incentives.

- ❖ Discussion: Member Steve Fields asked at what point is the characteristically shifting diagnosis for somebody who has been encountered at different points of an episode, come into play for their eligibility for CARE Court. Dr. Almeida answered that it differs between individuals and depends on the totality of their mental health history and what records are available to help establish a history of schizophrenia spectrum or other psychotic disorders. He followed up by asking if there is an investigation into the appropriateness of the diagnosis before individuals are brought into CARE Court. She answered that DPH has investigative responsibilities to the court to ensure appropriateness of referrals. Dr. Kunins added that if a referral comes in through the court, then the court may make upfront determinations based on high level clinical criteria or may choose not to take the case on. Member Fields also asked who represents or advocates on behalf of CARE Court participants. Dr. Almeida explained that a lawyer is assigned to an individual when a petition/referral is made, for the entire process.
- ❖ Discussion: Member Lipton asked about the effectiveness of CARE Court outreach to families. Dr. Almeida responded that there is always more that can be done to inform the public and families, but there is a lot of engagement on the CARE Court consultation line and there are currently a lot of upstream conversations with families through AOT engagement to assess whether CARE Court is the correct intervention for their family member. Dr. Kunins added that DPH has made a great effort to do outreach and DPH has made really good use of AOT and its connections to families in San Francisco. Dr. Kunins added that CARE Court is an invented program, so the evaluation is still ultimately unclear.
- ❖ Discussion: Member Patterson suggested reaching out to Supplemental Security Income (SSI) programs and mental health clinics to help with outreach efforts. He also raised concerns about the effectiveness of CARE Court. Dr. Kunins reminded IWG that CARE Court will not be a solution for some people, and stressed its use as an upstream method to engage people before their mental health gets worse. Member Patterson asked what CARE Court treatment looks like. Dr. Kunins answered that treatment is issued through a treatment plan that considers a menu of options, mostly centered on ICM level care.
- ❖ Discussion: Chair Salinas raised that incentives play a role in individuals' decisions to remain in certain types of care.
- Dr. Almeida provided a review of Senate Bill 43 (SB43). This bill expanded the definition of grave disability and added Severe Substance Use Disorder as a condition for grave disability.
  - Her review included a comparison of elements of grave disability pre- and post-SB43, and examples of grave disability.
  - This expansion works to modernize the public health system and provides pathways to appropriate interventions, considering current mental health challenges in the community.
- Dr. Almeida reviewed the steps DPH has taken to support SB43, including consultation, and clinician training. She mentioned that there continues to be a struggle to collect comprehensive data for who is seen on 5150 holds and why (SB43 provides criteria that help establish the need for a 5150 hold).
  - DPH is moving to Epic (electronic public health record software) on May 22<sup>nd</sup>. 5150 records are built into this software, so that there will be a much more comprehensive data tracking system to know about an individual's experience during and after their 5150 hold.

- ❖ Discussion: Vice Chair Sara Shortt asked where housing fits into SB43 and asked for more information about funding. Dr. Almeida clarified that there is no funding for SB43 and explained that the BRIDGE Housing grant prioritizes CARE Court participants, and pays for transitional placements, not housing. Further, those in CARE Court work closely with the Department of Homelessness and Supportive Housing (HSH) and DPH tracks housing situations and needs. Vice Chair Shortt requested further follow-up on housing and funding via email.
- ❖ Discussion: Member Mcguigan asked where the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5) symptoms for grave disability are listed and asked for a list of those on the SB43 executive steering committee; Valerie Kirby will follow up with these requests later. Member Mcguigan asked for an estimate of how many people are currently considered gravely disabled under the updated definition. Dr. Almeida responded that grave disability is very nuanced, so an estimate is not possible outside of direct tracking.
- ❖ Discussion: Member Fields asked about how DPH currently views the commitment to recovery as a goal and the commitment to build out a community-based system of care. Dr. Almeida responded that San Francisco does not require those initiating conservatorships go to the hospital, so this presents an opportunity to layer on community-based organizations (CBOs) in this process. Additionally, San Francisco has the largest population of people who are on conservatorship who are in community settings, including CBO treatment programs. Dr. Almeida stressed the importance DPH's commitment to CBOs as central to the system of care and echoed that a better job of highlighting their work is needed.
- ❖ Discussion: Member Patterson suggested that treatment options for CARE Court and SB43 need to be more clearly defined. He also highlighted the importance of clinicians as formative mental health educators for patients.
- Discussion: Chair Salinas asked for DPH to provide standard definitions for "treatment" and "recovery".

#### **6. Public Comment for Discussion Item #1 (1:09:35)**

No public comment.

#### **7. Discussion Item #2: Overdose Prevention & Response (Dr. Jeffrey Hom) (1:12:19)**

- Dr. Hom reviewed overdose death rates between January 2022 and March 2024.
  - 2023 held a record number (810) of overdose deaths.
  - There are rarely any other public health crises that increase so much between a year's time.
- Dr. Hom briefly overviewed the four strategic areas listed in San Francisco's Overdose Prevention Plan.

### **Note to the Public**

This meeting was adjourned partway through, due to loss of quorum. Notes from informal discussion following adjournment will be introduced as a part of the May 2024 meeting materials.

The remainder of Dr. Hom's presentation occurred post-adjournment during the informal portion of the meeting.

#### **8. Public Comment for Discussion Item #2 (2:07:40)**

Not applicable.

**NOTE ITEMS 9-11 were completed prior to meeting adjournment. See timestamps below.**

**9. Discussion Item #3: Approve Meeting Minutes (1:10:35)**

\*This agenda item was expedited to an earlier time in the meeting.

Chair Salinas opened the discussion for the IWG to make changes to the March 2024 meeting minutes. IWG members did not have changes to the meeting minutes.

**10. Public Comment for Discussion Item #3 (1:11:09)**

No public comment.

**11. Vote on Discussion Item #3 (1:11:31)**

Member Lipton motioned to approve the March 2024 meeting minutes; Vice Chair Shortt seconded the motion. The March 2024 meeting minutes were voted on and approved by the IWG.

- |                              |                                  |
|------------------------------|----------------------------------|
| ➤ Steve Fields, M.P.A. - Yes | ➤ Jameel Patterson –Absent       |
| ➤ Ana Gonzalez, D.O. - Yes   | ➤ Andrea Salinas, L.M.F.T. - Yes |
| ➤ Steve Lipton - Yes         | ➤ Sara Shortt, M.S.W. – Yes      |
| ➤ James McGuigan - Yes       | ➤ Amy Wong – Yes                 |

**12. Discussion Item #4: IWG Meeting Planning**

Not applicable.

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

Not applicable.

**14. Public Comment for any other matter within the jurisdiction of the Committee not on the agenda**

Not applicable.

**15. 2023 Housekeeping**

- No requests from other City bodies/groups this period.
- There are no discussion groups scheduled for this period.
- The email address for public input is: [MentalHealthSFIWG@sfgov.org](mailto:MentalHealthSFIWG@sfgov.org)

**16. Other Associated Body Meeting Times**

- See [meeting slide deck](#) for upcoming meeting times for:
  - Our City Our Home (OCOH)
  - Behavioral Health Commission (BHC)
  - Health Commission

**17. Adjourn**

The next meeting will be on Tuesday, May 28, 2024 at 9:00am-12:00pm. The location is TBD.

Information about the meeting room location and IWG materials are posted on the IWG website.

The formal portion of this noticed meeting concluded at 10:27a.