Mental Health SF Implementation Working Group
Approved Meeting Minutes

May 24, 2022 | 9:00 – 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 (COVD-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 (IWG) website: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

1. Call to Order/Roll Call

The meeting was called to order at 9:03 AM.

Committee Members Present: 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 Excused Absent: Jameel Patterson
Committee Members Unexcused Absent: Shon Buford

2. Welcome and Review of Agenda

Chair LeSarre called the meeting to order and thanked IWG Members Arai, Jones, and Buford, who have stepped down.

Facilitator Ashlyn Dadkhah reviewed the process for public comment. She also noted that the email can be used for public comment outside of meetings. She reviewed the process for excusing absent members. She informed the IWG that Member Patterson and Member Wong provided prior notification of their absence for today's meeting.

Member Eisen requested that the reasons provided by members not be made public and that an assumption be made that those members have valid reasons for missing the IWG meeting. She inquired if the IWG will replace vacant IWG seats. Heather Littleton, Controller's Office, City and County of San Francisco reminded the IWG that an update was provided during April's IWG meeting regarding vacant seats. She informed the IWG that an update will be provided when those vacant seats are filled.

Member Hammer suggested it will be considered an excused absence if a member communicates that they are going to miss a meeting. Chair LeSarre invited IWG to share their thoughts if they disagreed. No members expressed disagreement.

Chair LeSarre reviewed the meeting goals and the Mental Health San Francisco domains being discussed today and the presenters for each domain. She reminded that the chat function has been disabled for issues of accessibility.

3. **Vote to Excuse Absent Member(s)**

Chair LeSarre motioned to excuse both Member Patterson and Member Wong; Member Shortt seconded the motion.

- Shon Buford – Absent
- 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
- Dr. Monique LeSarre, Psy. D. - Yes
- Jameel Patterson - Absent – Pending excused vote in June meeting
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong –Absent during vote

4. **Discussion Item #1: Remote Meeting Update**

https://www.sfdph.org/dph/files/IWG/Findings_Resolution_for_Fully_Remote_Policy_Bodies-2-28-22.pdf

Facilitator Jennifer James reviewed the required findings for State and Local Requirements regarding IWG meeting virtually. She noted the two key resolutions which can be found on the document. She invited IWG members to ask questions regarding the State and Local Requirements. IWG did not have questions.

5. **Public Comment for Discussion Item #1**

No public comment.

6. **Vote on Discussion Item #1**

Member Eisen motioned to approve the Remote Meeting Findings; Chair LeSarre seconded the motion**.** The IWG approved the Remote Meeting Findings.

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

7. **Discussion Item #2: Approve Meeting Minutes**

Chair LeSarre opened the discussion for the IWG to make changes to the April 2022 meeting minutes. IWG members did not have any changes to the amended minutes.

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

No public comment.

9. **Action on Discussion Item #2**

Chair LeSarre motioned to approve the April 2022 meeting minutes as amended; Member Chien seconded the motion. April 2022 meeting minutes were approved by the IWG.

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

10. **Discussion Item #3: MHSF Director's Update**

Chair LeSarre presented Deputy Director, Behavioral Health Services, Marlo Simmons. Deputy Director Simmons provided brief updates for the Mental Health San Francisco (MHSF) domains. She stated that individuals have started moving into the Minna Project and are being provided services. She acknowledged that the Minna Project has moved on an expedited timeline, which has been critical in providing services to that population. She stated that more updates on New Beds and Facilities will be provided during the July 2022 meeting. She reported that the MHSF budget is currently moving forward, and that the Mayor's Office will submit the proposed budget on June 1, 2022.

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

No public comment

12. **Discussion Item #4: New Beds and Facilities: Minna Project Update & Feedback**

Facilitator James provided framing around the various components of New Beds and Facilities (NB&F) domain. She indicated that the Minna Project component required a rapid response from the IWG given the population and that the typical Roadmap used by the IWG was not appropriate for the component. She briefly reviewed the Department of Public Health (DPH) Treatment Expansion Dashboard. She informed the IWG that the components requiring a rapid response will reflect on the MHSF domains slide in the future. She noted that Member Salinas and Member Chien met with NB&F team to discuss and provide feedback on how to best present the Minna Project to the IWG.

Yoonjung Kim, co-lead for NB&F domain, provided a brief background, purpose and goals for the Minna Project. She presented the service gaps for the justice involved population and the barriers to completing currently established programs. She reviewed the services that are provided on-site and stressed the dynamic partnership between SFDPH and Adult Probation Department. She outlined the referral pathway, eligibility criteria and average length of stay for individuals. She informed the IWG about the community engagement feedback that was sought earlier in the development of the Minna Project and outlined the future needs for data and evaluation. She introduced key questions for the IWG to consider.

Member Eisen applauded SFDPH for having programs for individuals who have typically not desired treatment. She inquired if the Minna Project meets that need and it if matches the IWG's recommended principles for wage parity and harm reduction. She recommended that the Minna Project should track reasons that individuals exited the program.

Facilitator James asked IWG members to hold their questions until after the Discussion Group Conversation and the Jamboard. She stated that some of the IWG questions and concerns are likely to be addressed during those presentations.

Discussion Group Conversation

Member Salinas reviewed the key points that were discussed during the discussion group with DPH. Member Chien emphasized the importance of providing culturally relevant services. She also suggested tracking outcome measures. She expressed her concern of inconsistent policies of abstinence versus harm reduction that may be imposed by the justice system.

Exhibit 1: Minna Project Virtual White Board responses to the question: "What are the key principles or design elements for the clinical services to consider/incorporate?"

Minna Project

•What are key principles or design elements for the clinical services to consider/incorporate?

Trauma informed care

Assure that residents have freedom of movement--not-restrictive in terms of free time.

Fair housing management operations, ie. grievance procedure, due process rights, etc...people not easily losing their housing - retention should be goal

Let's refrain from using terms like "clean" or "dirty" for people's drug use.

support with medication management

Client centered

Make sure that people prescribed medications for addiction treatment are welcome

how can folx hold their legal substances on site eg cannabis etc

computer lab and support with basic computer use skills

increase access to services with telehealth kiosks

What happens if residents continue to use?

Substance use treatment

MEDITATION

creating space that is welcoming/ culturally affirming for multiple groups

how is it signified that LGBTQI folx are safe and welcomed?

Court support

what is language capacity?

HARM REDUCTION!

In a sober environment, make sure people are supported and not just kicked out if they do use

is there a work out or meditation space?

Exhibit 2: Minna Project Virtual White Board responses to the question: "Additional Ideas to further support racial equity?"

Minna Project
Additional ideas to further support racial equity?

also however in Black/AA community (which May include staff) abstinence is often more valued this may become a problem or feel punitive to harm reduction folx

Recruitment and promotipn should be equitable- geographically, across communities, neighborhood based orgs, multi-lingual

strongly encourage staff and managers to take healing centered approach and recognize MH/SA challenges look different in different community

Worker pay equity for both clinical and case management staff. Staff should also be supported with sufficient clerical/administrative support staff

hire peers and consider internship programs with local high schools to create workforce pipeline

hire reflective workforce

Worker pay parity

be aware early on of who gets "noticed" as a problem...often this is where bias shows up

Ethnicity should be tracked in clients who end up back in the carceral system

how are you dealing with stereotype threat?

culturally competent staff- reflecting community served

Ensure there are staff that speak Cantonese and Spanish at minimum

Assure that return to custody is not a part of the "care plan."

Can there be wellness programming that is multi-cultural?

Strong initial and ongoing training and support for staff around DEI issues

what is policy around visitors? this may impact those who are more community centered or family centered?

Discussion:

Member Fields inquired if there is any data around programs discharging individuals because of behaviors associated with their need for treatment. He asked if this can be substantiated by data and said acute diversion units (ADUs) should not be discharging clients who present problems. He also highlighted the need to identify and track the reasons that people leave the Minna Project.

Member Eisen noted that there is a mixed message about the program given that it is supposed to be low threshold yet requires sobriety for 30 days. She reiterated the need for low threshold programs and expressed her concern that the Minna Project is a sober living, high barrier program. Kim acknowledged that the NB&F team had the same concern, and they were informed that if individuals are not 30 days sober, they would still be redirected to a detox program. Kim also said clients would not be kicked out in case of relapse.

Member Salinas stated that $4.7 million doesn't seem like an adequate budget for a program of this size and needs. She inquired about the total number of staff that is expected for the Minna Project. Kim responded that Westside Community has around 20 staff members and Citywide still does not have a staffing plan. She informed the IWG that once the staffing plan is in further development the NB&F teams would report back to the IWG.

Chair LeSarre requested wages for the staff that will be providing services for the Minna Project. She acknowledged that budget is not in the purview of the IWG but that ensuring wage parity is part of the MHSF recommendations. She expressed that she wants to confirm whether the IWG's input is taken into consideration or if the group's role is only performative.

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

No public comment.

14. **Discussion Item #5: New Beds and Facilities Crisis Stabilization Unit: Recommendations**

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

Chair LeSarre introduced the Crisis Unit component and the presenter for the component. She reviewed the recommendation roadmap and reminded IWG that this is the "Step Out" stage for Conflicts of Interest. She noted that Member Eisen and Member Fields have recused themselves for this discussion. She inquired if any other members needed to recuse themselves and no other members indicated they will recuse. Facilitator Dadkhah moved those members to the Attendee section of the Webex.

Facilitator James reviewed key takeaways for the Crisis Unit Discussion Group. Emeterio Garcia (Eme), NB&F team representative, elaborated on the sustainability of the Crisis Stabilization Unit (CSU).

Member Salinas acknowledged that the current language presented in the document of "Crisis Diversion Unit" is not correct and that it will be updated to reflect that the program is a "Crisis Stabilization Unit." She reviewed the updates made to MHSF Crisis Stabilization Unit Recommendations and the rationale behind those changes.

Facilitator James invited the IWG to ask questions and make comments. IWG members did not provide any feedback on the updated Crisis Stabilization Unit. Facilitator Dadkhah polled the IWG on their Level of Agreement for the updated CSU Recommendations provided by the discussion group. Facilitator James indicated that there are not enough members present to meet quorum (seven members) to vote on the recommendations. She informed the IWG that this vote will be tabled for the June 2022 IWG meeting.

15. Public Comment for Discussion Item #5

No public comment.

16. Vote for #5

Quorum was not met for a vote on the CSU Recommendations. Vote was initially to be tabled for June 2022 meeting, but Member Wong subsequently joined and the IWG was able to take a roll vote and passed the recommendation.

Shon Buford – Absent
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
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

17. Discussion Item #6: Mental Health Services Center: CON Options Analysis Briefing and Feedback

Chair LeSarre introduced the MHSF domain being presented for this discussion item.

Benchmarking:

Dan Kaplan, Senior Performance Analyst, Office of the Controller City Performance Unit, reviewed the role of his team at the Office of the Controller. He provided a brief overview of the Mental Health Service Center, planned deliverables and corresponding timeline, and the legislative requirements under MHSF. He summarized the common themes across the jurisdictions interviewed during the benchmarking process.

Discussion 1:

Chair LeSarre expressed her concern that services are not advertised in some jurisdictions because of capacity challenges. Dan Kaplan clarified that New York City, one of the benchmark jurisdictions, actively markets the services. He added that marketing leads to a surge in calls and that NYC suggested SF prepare for the increase in volume of calls if they advertise. Chair LeSarre commented that her hope is that the SFDPH team is not delaying the marketing of services because they fear that there will be a rise in need.

Member Eisen inquired if there is any way to determine the challenges between the two different models: vendor and civil service operated. Kaplan indicated that the counties they talked to believed there was greater cohesion and employee treatment when provided via a civil service model. However, he stated that something that could be missed if they do a civil service model is vendors with experience establishing models in other jurisdictions. Member Eisen commented that the different models might also have a difference in pay given the current wage disparity.

Member Fields shared that he had a discussion with the Office of the Controller team regarding the benchmarking and highlighted the importance of maintaining a community care model.

Member Gonzalez inquired if the jurisdictions have any criteria for time-limited services or if they are traditional outpatient clinics. She also inquired about the how counties fund the service centers. She further asked if counties collect any data on ER, PES and hospitalization after implementing their mental health service centers. Kaplan replied that the time limits varied and that, in general, the brick-and-mortar sites operated under 24-hour model. He stated that most of the funding for service centers were from Medi-Cal. He reported that all counties reported challenges in continuous monitoring data, given that referrals had to be made outside of the mental health service centers. Member Gonzalez asked for clarification on the programs operating as outpatient model. Kaplan indicated that most of the benchmark jurisdictions provided services resembling outpatient services.

Chair LeSarre expressed concern about the lack of equity consideration in these conversations in general. She inquired if that was the next step for the team. Kaplan reported that they are looking at equity criteria with members. He acknowledged that equity was not one of main criteria but that the topic did come up during the conversations. He clarified that calls were around 30 minutes with each of the jurisdictions and that there was not sufficient time to focus the discussion on equity or wage parity.

Crosswalk of Services:

Jamila Wilson, Performance Analyst, reviewed the crosswalk of services and briefly described how it was conducted. She provided visual representations of how each currently existing service compares to the proposed MHSC.

Member Hammer commented that Office of Coordinated Care (OC) and SOMA Rise need to be reviewed because they have transportation contracts pending. She asked for clarification around why BHAC is listed as partially being a drug sobering center and partially having pharmacy services. Dan Kaplan clarified that the pharmacy is represented with a half circle because the pharmacy is co-located in BHAC and that the hours differ from the legislation requirement. Wilson further clarified that the Drug Sobering Center at BHAC is represented with a half circle because referrals can be made to drug sobering services but that it is not a drug sobering center itself.

Discussion 2:

Member Shortt expressed that her belief is that the MHSF legislation’s intention was to have a one-stop-shop, as opposed to various services around the city lacking coordination. She recommended that the TLC would be the best program to expand into the MHSC and provided various reasons for her recommendation. She noted that she does not think new service center are needed.

Member Salinas stated that IWG continues to ask for mapping of services on the spectrum of care and without one, it is challenging to gauge where the MHSC lies within the continuum of

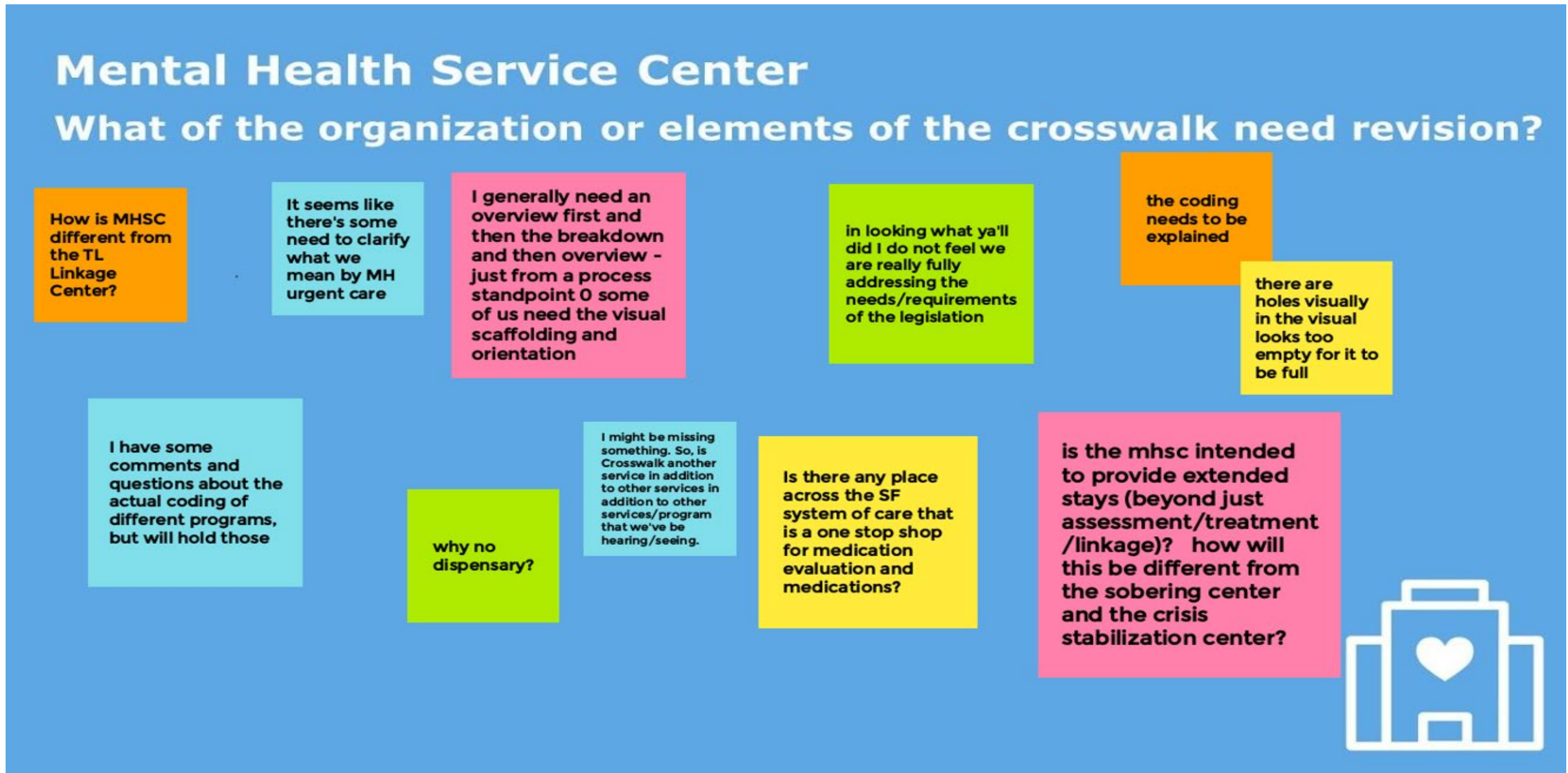
care. She also stated that it’s important to not duplicate services with new program. She also expressed that the OCC needs to be mapped to understand how the services connect to each other.

Member Chien shared her opinion that the BHAC matched the closest to what the MHSC should be, based on the visual representation provided. She suggested that IWG should make suggestions on how to avoid duplication in services and how existing models can be expanded to meet needs. She asked if the visual representations in the presentation can be consolidated to assess comparisons more quickly.

Amy Wong asked if those gaps in services within certain programs can be addressed and have services added to fill those gaps instead of creating an entirely new program. She suggested that OCC needs to be center point for those services so existing programs can be comprehensive.

Chair LeSarre addressed the IWG and reminded them that the wheel doesn’t need to be reinvented and that programs can be expanded and focused on wage parity. She inquired why Kaiser Permanente is not being sued to provide mental health services, given that they are the largest provider of mental health. Jamila Wilson provided next steps for the CON.

Exhibit 3: Controllers Office Mental Health Service Center Virtual White Board responses to the question: "What of the organization or elements of het crosswalk need revision?"



18. Public Comment for Discussion Item #6

No public comment.

19. Discussion Item #7: Street Crisis Response Team Update

Chair LeSarre introduced speakers for the domain—Kathleen Silk, April Sloan, and Dr. Angelica Almeida—and the goals for this discussion item.

Dr. Angelica Almeida presented the team members and reviewed the goals for Street Crisis Response Team (SCRT). She reviewed the coverage, hours and geographic focus and reminded that teams will respond throughout the county, as necessary. She reviewed the Dashboard for April that included both monthly and cumulative data. She states that SCRT provides services in a fire department vehicle and individuals can be transported for voluntary services. She reviewed cumulative demographic data and indicated that it is only available for 48% of individuals seen. She reviewed the upcoming milestones for SCRT. She expanded on the SCRT transition from police dispatch and Emergency Medical Dispatch (EMD) and the steps that are being taken to monitor the implementation. She reviewed the preparation and training for SCRT to transition into EMD. She presented a heat map that reflected calls from January to March by area.

Chair LeSarre inquired why demographic data is only available for 48% of individuals. Dr. Almeida indicated that sometimes SCRT does not have a name for individual during a crisis contact and they cannot follow up with individuals after they are referred. She noted the data is cumulative and are impacted by challenges early in the program. Chair LeSarre suggested adding a data point for number of names that SCRT is unable to acquire.

Member Wong addressed a letter provided by a representative of SCRT and that they don't feel ready to safely provide services under the transition. Dr. Almeida indicated that each SCRT team has their own supervisors and reminded the IWG that training, which includes safety components, started last year and had to be postponed. She stated that most of the calls will continue to occur in public spaces and that a very small portion will occur in a private residence.

Member Shortt requested clarification if 911 is still receiving the SCRT calls. Dr. Almeida replied that 911 is still taking the calls and acknowledged the reluctance of some community members calling 911. She indicated that there is a larger Citywide effort to have an alternate phone number.

Member Salinas acknowledged the importance of having services provided to private residences. She suggested bringing training from existing mobile crisis response team to SCRT to share knowledge on responding to calls inside the home. She requested more detailed information on community members and organizations that have been outreached. She inquired about when the data for correlations between involuntary detentions and SCRT services will be released. Dr. Almeida replied that the data will be released in the fall and be included in the reports moving forward.

April Sloane, Operations Section Chief, Community Paramedic Division, San Francisco Fire Department, reiterated that going indoors to provide services is not new for paramedics. She expressed her hope that having shared this information will help relieve some fears from the clinicians about providing indoor services.

20. Public Comment for Discussion Item #7

No public comment.

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

No public comment.

22. Discussion Item #7: Housekeeping and future meetings

Facilitator James reviewed the anticipated meeting topics for the remainder of 2022. She invited IWG members to volunteer to be part of the TAY Discussion Group.

23. Adjourn

The next meeting will be on Tuesday, June 28, 2022 from 9:00 AM- 1:00 pm.

Chair LeSarre motioned to adjourn the meeting; Member Hammer seconded the motion. Meeting adjourned at 1:06 PM.