

Mental Health SF Implementation Working Group Meeting Minutes Approved

September 27, 2022 | 9:00 AM – 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 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 9:06 am by Chair Monique LeSarre.

Committee Members Present: Vitka Eisen, M.S.W., Ed.D, Steve Fields, M.P.A., Ana Gonzalez, D.O., Hali Hammer, M.D., Monique LeSarre, Psy. D., Steve Lipton, James McGuigan, Andrea Salinas, L.M.F.T., Sara Shortt, M.S.W., Amy Wong

Committee Members Excused Absent: Ana Gonzalez, D.O., Jameel Patterson

Committee Members Unexcused Absent: None.

2. Welcome and Review of Agenda/Meeting Goals

Chair LeSarre reviewed the goals for the meeting and reminded the IWG that the charge of this workgroup is to advise on the outcomes and effectiveness of Mental Health San Francisco (MHSF), ensuring successful implementation of ordinance domains. She mentioned that the Office of Coordinated Care will be a focus of this meeting.

3. Vote to Excuse Absent Member(s)

This vote was moved to the end of the meeting.

Facilitator Jessica Silva Villaneda reviewed the process for excusing absent members. She informed the IWG that Members Patterson and Gonzalez notified the planning team that they would not be in attendance. Chair LeSarre motioned to excuse Member Patterson and Member Gonzalez; Member Wong seconded the motion. IWG members voted and excused their absence.

- Vitka Eisen, M.S.W., Ed.D - Yes
- Steve Fields, M.P.A. – Not in attendance during vote
- Ana Gonzalez, D.O. - Absent
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Yes
- Steve Lipton - Yes
- James McGuigan - Yes
- Jameel Patterson - Absent
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong – Yes

4. Discussion Item #1: Remote Meeting Update

https://sf.gov/sites/default/files/2022-09/Findings%20Resolution%20for%20Fully%20Remote%20Policy%20Bodies%20-%202022-28-22_0.pdf

Facilitator Jennifer James reviewed the required findings for State and Local Requirements regarding IWG meeting virtually. She reviewed the two key resolutions that the IWG will be voting on today. She inquired if IWG members had comments regarding the State and Local Requirements. IWG did not have questions. Chair LeSarre opened the floor to public comment.

5. Public Comment for Discussion Item #1

No public comment.

6. Vote on Discussion Item #1

Member Fields motioned to approve the Remote Meeting Findings; Member Eisen seconded the motion. The IWG voted and approved the Remote Meeting Findings.

- Vitka Eisen, M.S.W., Ed.D - Yes
- Steve Fields, M.P.A. -Yes
- Ana Gonzalez, D.O. - Absent
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Yes
- Steve Lipton - Yes
- James McGuigan - Yes
- Jameel Patterson - Absent
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong - Yes

7. Discussion Item #2: Approve Meeting Minutes

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

8. Public Comment for Discussion Item #2

No public comment.

9. Vote on Discussion Item #2

Member Salinas motioned to approve the August 2022 meeting minutes; Member Hammer seconded the motion. August 2022 meeting minutes were voted on and approved by the IWG.

- Vitka Eisen, M.S.W., Ed.D - Yes
- Steve Fields, M.P.A. - Yes
- Ana Gonzalez, D.O. - Absent
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Yes
- Steve Lipton - Yes
- James McGuigan - Yes
- Jameel Patterson - Absent
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong - Yes

10. Discussion Item #3: IWG Annual Progress Report and Planning for IWG Year 3

Chair LeSarre opened up this discussion by framing the Fall IWG Progress Reports.

Presenter Oksana Shcherba introduced herself as a representative of the Controller's Office. She clarified that the purpose of this discussion item was to talk about the upcoming October Progress Report and December Implementation Report. She reviewed the objectives and structure of the reports as well as the opportunities for feedback for the December Implementation Report. She also provided the IWG with a reminder of the MHSF legislative requirements for the reports. Presenter Shcherba emphasized that between October 2021 through to October 2022, the strategy for the IWG was to get maximum domain coverage, which is reflected in

the October Report, in addition to the Year 3 outlook.

Presenter Shcherba informed the IWG that moving forward, the Department of Public Health (DPH) would be focusing on bringing back less covered domains, such as the Office of Coordinated Care (OCC) and the Mental Health Service Center (MHSC). She also informed the IWG that they can expect to hear more program updates and evaluation briefings in Year 3 (2023) for the domains with IWG recommendations that have been in operation.

Discussion

Member Lipton asked for clarification between what is being reported in October 2022 and in December 2022. Presenter Shcherba explained that the October 2022 Report is meant to review all the domains that IWG has covered in 2022, as well as the full scope of recommendations. She also explained that the December 2022 Implementation Report is a one-time report focused on the IWG's role in supporting the implementation of MHSF. The October 2022 Progress Report is a review of what has happened, whereas the December 2022 Implementation Report allows for the identification of challenges and opportunities for MHSF. Member Lipton asked a follow up question about which report looks at the progress of IWG and MHSF based on the eleven general principles in terms of addressing issues and delivering services. Chair LeSarre answered his question by responding that this information would be in the December 2022 Implementation Report.

Member Hammer asked a question about the October 2022 Progress Report on page one asking about a typo. Presenter Shcherba confirmed the typo and informed Member Hammer that this is a working draft.

Member Fields commented that there has not been an open discussion between the members of the IWG about their work and that he wants time in the meetings to discuss the content and validity of the December 2022 Implementation Report. He asked for time to be set aside for deliberating instead of using whiteboarding.

Presenter Shcherba continued her presentation to focus more specifically on the December 2022 Implementation Report. She emphasized the report will use multiple points of feedback, including informal feedback. She also reviewed what kind of information would be included in this report. She noted some possible objectives for the report, including: 1.) Articulating the evolution of the recommendation process, including establishment of a dynamic recommendation process to ensure programs are routinely reviewed and commented upon 2.) reviewing changes in the mental health landscape and how this can be brought into meetings from a DPH lens and 3.) identifying opportunities to enhance MHSF success through IWG member feedback.

She reviewed the next steps for the December 2022 Implementation Report including a discussion group for feedback.

Discussion

Member Fields asked about methodology of garnering the participation of the Board of Supervisors. Presenter Shcherba said that, historically, the Board of Supervisors is engaged through awareness via sharing materials like recommendations. Two-directional feedback is not typically part of this engagement. Chair LeSarre mentioned that she checks in with Supervisor Hillary Ronen regularly.

Member Hammer asked Chair LeSarre if the upcoming meeting with Supervisor Ronen is scheduled to be with the entire IWG or just the Chair. Chair LeSarre responded she is scheduled to meet with Harder + Company in attendance.

Member Wong commented that she would like to see Supervisor Ronen participate in IWG meetings.

11. Public Comment for Discussion Item #3

- Caller #1 Carol- She echoed the comments of Member Fields about the importance of considering the effectiveness of MHSF to serve its intended population. She mentioned a particular concern for those who are homeless, and those experiencing behavioral health or substance use disorders, and those with a dual diagnosis. Carol also mentioned that there is still a desperate need for more beds and residential treatment. She asked the IWG to focus on what can be done about getting more beds and treatments available by not getting stuck on the past goals of the IWG.
- Caller #2 (no name)- Caller #2 expressed concern about the IWG having too many projects in place and not knowing about services currently being offered. She was worried that instead of providing needed support to programs that are already working, new programs have been offered support instead.

12. Discussion Item #4: MHSF Director's Update

Chair LaSarre introduced MHSF Director Dr. Hillary Kunins. Director Kunins reminded the IWG that her monthly briefing is designed to be a short verbal update of recent news. She first shared that SoMA Rise, the drug sobering facility, is now operating 24/7 and at full capacity with over 20 people being served. She reminded IWG that the new beds and facilities dashboard is available online at SF.gov.

Referring to a previous briefing, Director Kunins reviewed the state's infrastructure grant funding. She mentioned that there are two paths of funding: Behavioral Health Continuum Infrastructure Program (BHCHIP) and the Community Care Expansion. Both paths provide capital costs, and funding to the locality for behavioral health. Two grants have been awarded to MHSF: one at \$6.8 million for the renovation of the Crisis Stabilization Unit and one at \$5.5 million through the Community Care Expansion, which helps the preservation of board and care facilities. Nearly \$2 million has been awarded to mobile crisis care units to help expand infrastructure and services. With these monies, in person response has been expanded to seven days a week, with two hours more each weekend and extended hours on Saturdays and Sundays. The Crisis Care Service also received additional budget to this year to expand crisis response to overnight responses.

Work is still being carried out to optimize the call lines: 9-8-8, 9-1-1, and 3-1-1.

Director Kunins also shared that DPH will be providing a training academy in anti-racist and culturally humble clinical practices, which should involve around three hundred staff between DPH and contracted providers. The goal of this training is to teach clinicians core skills to provide anti-racist, evidence-informed, and culturally responsive assessments and treatments. Year one of the training will provide foundational trainings and consultations centered on conversations about race and culture. Year two will provide trainings on specific practices for implementing cultural competency.

During her update, Director Kunins also touched upon the dates for the Kaiser mental health workers strike, Supervisor Preston's call for a hearing on overdose prevention, Supervisor Dorsey's call for a hearing on his resolution titled: SF Recovers, and a hearing about treatment on demand.

Discussion

Member Wong mentioned that she would also like more time, if possible, for the IWG to review topics before the December 2022 Implementation Report. Referring to the ordinance, she mentioned that positions are to be retained for city employees alongside contracted workers. Member Wong expressed concern that more contracted workers than City workers are being provided with training. She also raised a point about the mapping of services. Director Kunins responded to Member Wong's point about the mapping of services by agreeing that there needs to be a clear draft of the mapping of services provided to the IWG. Director Kunins informed that the IWG will get a services mapping briefing in October 2022. Member Wong clarified her first point by asking what the percentages are of contracted workers being hired in comparison to the percentage of City workers. Director Kunins answered that three hundred sixty City workers have been hired to implement a variety of MHSF and other behavioral health services.

Member Fields complimented Director Kunins on the amount of City workers hired. He offered his opinion that MHSF should focus on the expansion of mental health services and not the retention of existing workforces. Member Fields then asked Director Kunins what the process would be for reaching out to the nonprofit sector for ideas about utilizing the BCHIP process for the next round of services. She responded by letting him know that she needs to check in with her team, as they have input structures in place.

Member Eisen asked, as per the legislation, when there would be a Staffing and Wage Analysis update. Director Dr. Kunins assured that the analysis is underway. A representative from the Controller's Office, Wendy Lee, also responded to Member Eisen. Ms. Lee answered that they are in the early stages of strategy planning and that they're aiming to share strategy planning of the analysis during the December 2022 IWG meeting.

Member Salinas expressed a desire for more frequent updates and requested communications from a representative of the Controller's Office regarding data she would like to share.

Member Shortt commented that the public conversation about available beds needs to continue because it is important. She cited, as an example, Supervisor Dorsey's resolution to explain the lack of reference to the availability of beds and to MHSF. She urged Director Kunins to play a role in educating about the City's policy on harm reduction related to MHSF. She felt that more awareness on the guidelines of what MHSF does will allow for creative ideas that are more feasible to implement. Director Kunins responded that she has heard many City conversations framed in a way that juxtaposes harm reduction versus treatment.

She mentioned that when she speaks on the topic, she speaks about both goals as complimentary on the same continuum of care and services for people with substance abuse disorders and mental health conditions. She invited the IWG to help her articulate how the IWG and MHSF focuses on people with substance abuse disorders, mental health conditions, or both.

Chair LeSarre congratulated Director Kunins on receiving the funding. She also asked Director Kunins for her take on the Kaiser mental health workers' strike. Director Kunins answered that recent hiring successes will be shared at the hearing alongside the ability to expand programs. She mentioned that they also plan to acknowledge challenges.

13. Public Comment for Discussion Item #4

No public comment.

14. Discussion Item #5: Office of Coordinated Care (OCC)

Facilitator Jennifer James introduced the Director of the Office of Coordinated Care (OCC), Heather Weisbrod. Presenter Weisbrod reviewed the agenda for her presentation.

Presenter Weisbrod reviewed the two overlapping domains of the OCC planning: Office of Coordinated Care and Case Management Expansion. She mentioned that a large portion of her presentation would focus heavily on the first domain and less on the latter domain.

She reviewed the goal of the first domain, Office of Coordinated Care. Presenter Weisbrod reviewed the structure and organization of the first domain through two components: behavioral health access programs and case management & transition support services. The latter component is new and meant to have an emphasis on helping people who are experiencing homelessness. She also provided a brief overview of the first component of the first domain of the OCC: behavioral health access programs. The second component includes a Case Management Triage Team, and she reviewed their role. She also overviewed the Bridge & Engagement Services Team (BEST). There are four key performance indicators for the component Office of Coordinated Care within the OCC and Presenter Weisbrod mentioned here that they are using the same definition for behavioral health services as set forth by MHSF.

Presenter Weisbrod also reviewed the second domain of OCC, Case Management Expansion. She mentioned that a goal is to have case management available throughout the system. She reviewed points throughout the system that need more case management or enhanced case management, within existing and new services. She emphasized that the OCC team is to provide follow up with all people who have been engaged with Street Crisis Response Team (SCRT), especially those who have had 5150s. Also, she noted that Intensive Care Management (ICM) is to be expanded on, while outpatient case management will be newly added for mental health and substance abuse patients.

Presenter Weisbrod informed the IWG of OCC implementation updates regarding the first domain of OCC. The first set of updates reviewed the Behavioral Health Access Line through updates and next steps. The second set of updates reviewed the Behavioral Health Access Center through updates, identifying challenges, and next steps. Specifically, during the next steps, she mentioned that expanding hours is dependent on hiring. The third set of updates reviewed OCC Care Management & Transition Support Services through updates, identifying challenges, and next steps. Within this update, she took time to explain the 5150 follow-up project that has the goal of following up with all people in San Francisco who have a 5150, before they leave the hospital.

Presenter Weisbrod continued with updates for the second domain of the OCC. The first set of updates under the second domain included reviewing the teams with: the OCC, SCRT, and the system of care. She mentioned that the expansion of ICM includes adding new ICM providers, with the aim of augmenting services specifically for Black, Transgender, Non-Binary, and older adult communities. More population-specific services will build the capacity for ICM services overall. She also noted that the IWG recommendations for case loads has been taken into consideration and she plans to share updates on them during the November 2022 IWG meeting.

Presenter Weisbrod reviewed technology updates for the OCC. She spoke about EPIC, an electronic health record system, and informed IWG that there may be future capacity around this software as it can track referrals from outside agencies beyond DPH. She then reviewed upcoming planned discussions on the OCC and opportunities for IWG input in those discussions.

Discussion

Chair LeSarre asked Presenter Weisbrod about the following: (1) How to ensure a one-call only to direct linkage pathway with the Behavioral Health Access Line? (2) What are the metrics around that? (3) Raising awareness for the one-number call line has been a challenge, so media coverage must be

addressed. (4) Encouragement for Presenter Weisbrod to build burnout prevention into the process of ICM expansion. (5) What are the outreach and engagement strategies? (6) ICM expansion should be exercised with the courts. Presenter Weisbrod responded to these questions and concerns by planning to revisit these topics in upcoming 2022 IWG meetings.

Member Fields asked if there has been an opportunity for Presenter Weisbrod and her team to meet with 24-hour community-based alternatives to jails and hospitals to talk about their vision of the OCC and ICM. He also asked her to explain how the OCC's efforts relates to the authorization process for movement of client into services. He mentioned that he would like to see the system of care minimize hospitalization and more discussions around recovery. Chair LeSarre responded by making transparent that more discussion time to discuss topics, including recovery, is being taken seriously. Presenter Weisbrod responded to Member Fields by informing that authorization is not planned under the OCC, but the OCC will be closely aligned with the department that does plan client authorizations. Though, the 5150 project was planned to be launched in hospitals, they plan on expanding their reach to the community level. Further, the scopes of the OCC and system of care need further considerations. Member Fields offered another comment that there is a critique of the system of care that does not exclude hospitals, and he would like to see a non-hierarchical review of challenges and barriers.

Member Eisen asked for clarification on the system mapping of care coordinators for an individual who has been in the system multiple times. She asked if there is a person under the OCC to oversee care coordinators/case managers? She also offered her opinion that after the 5150 project, PES needs to be the next focus. Presenter Weisbrod agreed that there is a need for an overseer of case coordinators/managers per individual. Presenter Weisbrod asked Member Eisen to clarify her question on mapping. After she clarified, Presenter Weisbrod offered to add this conversation to her radar for a later conversation. Chair LeSarre suggested that Member Eisen needs to define her ideas of mapping for later review.

Member Salinas offered her opinion that looking at staff shortages and caseloads is critically important. She asked Presenter Weisbrod what the client-to-staff ratio will be on her new teams, as well as length of service. Presenter Weisbrod responded that information on caseloads will be shared during the November 2020 IWG meeting. She followed up her response by informing that Community Based Organizations (CBOs) will be contracted for expanded outpatient case management. As well, she mentioned that her team believes clients will need about three to six months of services at a time.

Member Hammer announced the opening of the Maria X Martinez Health Resource Center, where they will offer urgent care, transitional primary care, a dental clinic, integrated behavioral health, and integration with other agencies who serve people who are experiencing homelessness.

Member Lipton made a comment that echoed previous concerns about hospitals; better communication between hospitals and the OCC must be considered. Member Lipton then asked, in reference to earlier in the presentation, what the outcomes were for the 2,300 people who received follow-up after interaction with SCRT? Presenter Weisbrod responded by saying that the follow-up team is very much embedded in SCRT, so she would need to revisit this point on how, specifically, the outcomes will be tracked under this part of the OCC.

15. Public Comment for Discussion Item #5

- Caller #1 (no name)- Caller #1 expressed concern about people experiencing mental illness in San Francisco not having enough time to stabilize within care services. She asked for the Department of Psychiatry to weigh in, as it is her opinion that the current goal is to offload patients, when it should be to stabilize them.

16. Break

- 11:53am-11:58pm

Member Fields exited the meeting here.

17. Discussion Item #6: Community Engagement

Chair LeSarre introduced Presenter Valerie Kirby as the Special Projects & Planning Coordinator from MHSF and Behavioral Health Services (BHS). Chair LeSarre reminded the IWG that this presentation would be amended to allow for more discussion, out of respect for timing.

Presenter Kirby reviewed the agenda for her amended presentation. She mentioned that they would talk about OCC listening sessions but would postpone the brainstorming exercise for recruitment to a later 2022 IWG meeting. Presenter Kirby informed the IWG that they will also overview opportunities for additional community engagement during this meeting.

Presenter Kirby informed that DPH is contracted with InterEthnica for OCC-specific listening sessions. She then outlined the plan for the OCC listening sessions and mentioned that InterEthnica will complete a top-line report.

Presenter Kirby reviewed the timeline for the OCC listening sessions.

Presenter Kirby informed the IWG that in addition to the OCC Community Engagement Project, there is still funding available to use towards more community engagement activities prior to the end of April 2023. She explained that the purpose of this is to further support for the IWG. She also mentioned that a discussion group would be organized by the planning team to take place before the October 2022 IWG meeting.

Discussion

Member Salinas commented that employment programs have a lot of peers, so utilizing those connections would be helpful here.

18. Public Comment for Discussion Item #6

No public comment.

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

No public comment.

20. Future Meetings & Housekeeping

Facilitator James overviewed upcoming topics to be reviewed in the October 2022, November 2022 and December 2022 meetings.

The next meeting will be on Tuesday, October 25, 2022, from 9:00 AM- 12:00 pm.

Member Salinas commented that IWG members should be able to forward information to their networks regarding filling open chairs in IWG.

Chair LeSarre brought awareness, in consideration of suicide prevention, that suicide is now the second leading cause of death for Black youth. She also brought up awareness for September as Latinx Heritage Month.

21. Adjourn

Chair LeSarre motioned to adjourn the meeting; Member Salinas seconded the motion. Meeting adjourned at 12:32 PM.