Mental Health SF Implementation Working Group
Approved Meeting Minutes
March 28, 2023│ 9:00 AM – 1:00 PM

Note: The agenda, meeting materials, and video recording will be posted at the Mental Health SF https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

1. Call to Order/Roll Call

The meeting was called to order at 9:06a by Chair Monique LaSarre. Facilitator Diana McDonnell completed roll call.

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

Committee Members Excused Absent: Steve Fields

Committee Members Unexcused Absent: none

2. Vote to Excuse Absent Member(s)

Facilitator McDonnell reviewed the process for excusing absent members. Both absent members gave prior notice regarding their absence. Chair LaSarre motioned to approve their absences.

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

3. Welcome and Review of Agenda/Meeting Goals

Chair LeSarre reviewed the goals of the January 2023 meeting. Chair Monique LaSarre briefly introduced the speakers for this meeting. She also reviewed the Mental Health San Francisco (MHSF) domains and reminded IWG that the charge of this work group is to advise on the design, outcomes, and effectiveness of MHSF to ensure its successful implementation of the ordinance domains.

4. Discussion Item #1: Approve Meeting Minutes

Chair LaSarre opened the discussion for the IWG to make changes to the February 2023 meeting minutes. IWG members did not have changes to the meeting minutes.

5. Public Comment for Discussion Item #1

No public comment due to technical difficulties.

6. Vote on Discussion Item #1

Chair LaSarre motioned to approve the February 2023 meeting minutes; Member Steve Lipton seconded the motion. February 2023 meeting minutes were voted on and approved by the IWG.

- Vitka Eisen, M.S.W., Ed.D - Yes
- Steve Fields, M.P.A. - Absent
- Ana Gonzalez, D.O. - Yes
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Yes

- Steve Lipton - Yes
- James McGuigan - Not present for vote
- Jameel Patterson - Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong – Yes

[Meeting was briefly paused to address technical difficulties with the video and call in lines]

7. Discussion Item #2: MHSF Director's Update

Chair Monique LaSarre called the meeting to order after technical issues were resolved at 9:40am.

Director Hillary Kunins shared general updates, which included information about the Board of Supervisors' (BOS) new committee on Homelessness and Behavioral Health. She noted that in recent years committee, hearings have become more expansive and programmatic by enlisting support from providers. Director Kunins informed the IWG that she suggested to the Department of Public Health (DPH) to delay the IWG retreat until there an understanding of how the scope for the new committee aligns with the scope for IWG.

Director Kunins reviewed highlights for Treatment on Demand (Prop T). She briefly reviewed data from the annual Prop T report that was submitted for the fiscal year 2021-2022. She echoed that the main reason for Prop T was so San Francisco could meet the demand for substance use disorder (SUD) treatment that was not already being addressed through Medi-Cal or local tax dollars. Director Kunins also highlighted that the term 'demand' is being explored more broadly to capture the needs of people who are not actively looking for SUD treatment.

Director Kunins reviewed updates for CARE Court, including implementation updates, and an overview of how CARE Court intersects with MHSF. Director Kunins offered clarity that individuals who are in a temporary psychosis as result of being under the influence of a substance are not eligible for CARE Court.

Discussion

Member Vitka Eisen raised a concern for the possibility of the process of behavioral health contract approval being lengthened due to the addition of BOS committee on Homelessness and Behavioral Health. Director Kunins assured her that the creation of this committee will not affect contract processing time. Member Eisen also offered her option that data for individuals in SUD treatment seeking mental health treatment are underreported because SUD treatment often includes support from mental health clinicians. Member Eisen raised the question of how to define capacity goals for successful SUD treatments. Director Kunins replied that in working on the optimization study, looking at occupancy and treatment data can be better informed by patient flow in step-down care. Member Eisen commented that there should still be a focus on other SUD treatment needs, like housing, and offered praise for the City's successful use of detox to get people into care quickly. Director Kunins expanded on this praise by explaining that withdrawal management should not been seen as a form of treatment, but rather a stabilizing intervention that has no association with health outcomes. Further, she noted that San Francisco makes a political statement by using withdrawal management as a front door for getting people into care.

Member Amy Wong asked how data for race/ethnicity are being tracked for Prop T. Director Kunins answered that specific data are in the Prop T (Treatment in Demand) Report.

Member Hali Hammer asked for clarification about the new BOS committee. She asked if contracts outside of Behavioral Health Services (BHS) would also go through that committee. Director Kunins replied that all contracts relating to both BHS and homelessness will go through this committee.

Vice Chair Jameel Patterson suggested using the idea of a process ladder so that demand and impact are measurable for people who are looking for SUD services. He also stated the importance for mental health staff to know the ways in which individuals may try to abuse the system. Finally,

he called for a new definition of mental health and suggested redefining substance abuse as an issue with mental health.

Member Andrea Salinas noted the distinction between SUD treatment and dual diagnosis treatment. She said that with the rise in SUD, there has been a decrease in the availability for dual diagnosis programs, and these programs are critical for CARE court. She also shared that her clients are experiencing two-week wait times to get people from the sobering center into withdrawal management. Member Salinas asked for information for how SUD funding is being used for those with undocumented status, considering that Medi-Cal does not cover SUD treatment. Member Salinas asked what percentage of people need residential step-down treatment given that it's heavily occupied. She said that funding the treatment with no system flow is not efficient, and it also disincentivizes people to seek treatment. Member Salinas also asked at what time point people surveyed when DPH pulled referenced the data point that 69% had remained abstinent from substances. Director Kunins answered that these people were surveyed right at the end of treatment because there is not currently a capacity to follow up at a later time. Director Kunins also responded by sharing that MHSF's New Beds and Facilities is planning on opening 70 new beds for residential step-down treatment. She said that dual diagnosis beds have not been lost, rather temporarily closed to be opened at different locations. Director Kunins also addressed that Healthy San Francisco tax dollars are used for SUD treatment for people with undocumented status. Member Salinas asked further about language capacity and Director Kunins answered that language capacity for monolingual Spanish speakers is still a challenge that is being worked on.

Chair LaSarre asked if there will be appropriations for CARE court at the state level as well as if there will be further resources given for the distribution of Naloxone, considering the increase of overdose deaths after recent site closures. She also asked what the city's plan is to address data gaps. Director Kunins responded that DPH is currently looking for more resources to distribute more Naloxone. She informed that the City Attorney has also been able to use their public funds to support wrap around services via safe consumption sites. She emphasized that the Mayor and City are in favor of safe consumption sites, but there remain challenges throughout all levels of government. Director Kunins also replied that DPH is still laying a path to fill in gaps in data to be able to shape next steps for Prop T.

8. Public Comment for Discussion Item #2

Facilitator Diana McDonnell explained the updated process for taking public comment now that meetings are in person. The public may comment in person, by video through WebEx, or by phone.

- In person: Unknown #1 Caller too far from the microphone to pick up
- By phone: Caller #1 (Unknown) Expressed her concern that there is not a service navigation directory available. She offered her opinion that there should be action instead of discussion on the topic and said that the process of decision making above the IWG needs to be more transparent.

9. Discussion Item #3: Street Crisis Response Team (SCRT) Reconfiguration

Chair LaSarre framed this portion of the meeting by explaining that the purpose of this agenda item was to provide additional time to IWG members to continue the conversation for the public record about the reconfiguration of SCRT. She added that Member Steve Lipton will be discussing a motion for the requirement for DPH to notify IWG before implementing any material change to a program or service that is within the scope of MHSF.

Director Kunins clarified that as DPH transitions the oversight of SCRT to the Department of Emergency Management (DEM), DPH remains very much involved with city planning, and especially making space for valuable IWG conversations to be captured on public record. She briefed IWG on street care work updates since the last meeting. DPH is making programmatic adjustments to deploy clinicians and peer workers as an extension of the Office of Coordinated Care (OCC) to work closely with SCRT to connect people with

care and referrals. These teams will also be reaching out to individuals who are reported to have recent hospitalizations, have been referred by San Francisco Police Department and the community, and those who have a high risk of a reoccurring crisis. They will continue to provide physical and behavioral health care as well as coordinate with the Department of Homelessness and Supportive Housing (HSH) on coordinated entry assessments. Street medicine teams, Street Overdose Response Team (SORT) and Post Overdose Engagement Team (POET) will continue to follow up with people after overdoses and with physical health needs. This extension of the OCC is called Bridge & Engagement Services Team (BEST) and they are still building capacity due to a large staff turnover. The goal for Best Neighborhood is to operate 7am to 6pm, seven days a week. If staffing capacity allows, hours may be extended into the evening. As of now, one team will be working in the neighborhoods of the Tenderloin and SoMa as well as the Mission, Castro, and Fillmore. As staffing increases, these neighborhoods will be divided further.

Discussion

Member Salinas asked if Best Neighborhood Team will be able to transport people that need 5150s or hospitalizations. Director Kunins said that transportation continues to be a challenge that is being worked on and that needs more input. Member Salinas emphasized the importance of consistently providing transportation for 5150s. Director Kunins explained that the intent behind the neighborhood-based teams is to be available in areas of high use of street crisis response and in need of mental and behavioral health services. Further, there is an intent to have people in the neighborhoods who know providers, community or businesses that might be able to provide insight about people who need help in order to develop longitudinal relationships for clear pathways for handoff.

Member Lipton asked for clarification about who is designated on SCRT teams to write a 5150 hold. Director Kunins clarified that community paramedic captains will be available to respond and are on the scene often and work out in the community. Member Lipton asked why each team cannot have someone designated to write a hold. Director Kunins responded that EMTs are newly able to write 5150 holds as well as the city is still working on the capacity to satisfy this need.

Member Sara Shortt asked for clarification on the collaboration between the SCRT teams and Street Wellness Response Team (SWRT). She also asked for a walk through about how the professionals on the rig will be prepared and trained to handle difficult mental health situations to build trust with the people they are trying to help. Director Kunins answered that DPH is working very closely with the Fire Department and the Department of Emergency Services to commit to providing specialized training.

Member James McGuigan provided an explanation about SCRT's responding captains. He explained that the individuals being called to write a 5150 hold are Rescue Captains, which are paramedic supervisors that are in the field 24/7. He raised an important challenge that the guidelines for a 5150 hold have gray areas and a clear definition is still needed to prevent further challenges in the field. He also mentioned that EMS 6 is used for high frequency callers.

Member Lipton asked Member McGuigan for further clarification about the Rescue Captains. Member McGuigan explained that the Rescue Captains do not transport and function as support paramedics. They are dispatched for urgent medical emergencies such as stab wounds, gunshot wounds, and childbirth.

Vice Chair Patterson suggested strategic SCRT outreach, especially at shelters, to inform the public of SCRT. He also suggested canvasing merchant areas.

Member Amy Wong emphasized the importance of mapping and suggested that it would be easier to find online. She shared her concerns about the IWG not having their questions answered previously about SCRT. She also shared her hope that SCRT connects with local providers who may already have relationships with people who need help from SCRT. Member Wong raised the question of how to get existing programs connected and emphasized that the clinicians who were previously on the SCRT rig provided experience in building rapport.

Facilitator Jennifer James mentioned that links to the provider directory, information on available treatment beds, and residential treatment program descriptions and capacity are available on the IWG website under the 'resources tab'.

Member Vitka Eisen shared her frustration about the decision to remove clinicians from SCRT rigs during this contract period, without proper evaluations, and without notice to the IWG.

Chair LaSarre echoed Member Eisen's frustration regarding the removal of SCRT rig clinicians. She suggested that SCRT without the clinicians is not functioning as it was written in the ordinance, and therefore should be renamed. Chair LaSarre asked why the SCRT team is only in the neighborhoods previously mentioned, over other neighborhoods that need services as well. Further, she raised the question of how the IWG and DPH can address the mental health services paradigm shift, to better serve the people who need help most. Director Kunins added that 5150 follow-up has not had a systematic process, and by committing to systematic follow-up, this would better help individuals who have had a 5150 intervention.

Member Lipton said that there are two current issues that he would like to address: one of substance and one of process. He explained that there was material change (substance) made to MHSF that had originally been established by the ordinance and the IWG was not properly notified (process) to advise on said change. He offered his interpretation that IWG has a continuing role in evaluation and mechanics of MHSF and therefore must be involved in material changes of any domain within the ordinance. Member Lipton presented his motion: DPH or any other agency that is implementing a MHSF service or program that proposes to make a material change to said service or program must notify the IWG in advance for an opportunity of IWG review and comment before implementing the proposed change.

Discussion

Member Hammer expressed her concerns that the motion does not use clear definitions; she also raised a concern that passing this resolution without proper consideration would not be practical. Member Lipton clarified that the definition of material change does not include staffing.

Member Eisen asked if the implementation of MHSF as identified in the legislation is under the purview of DPH. Member Hammer read the legislation and confirmed DPH is to oversee MHSF implementation. Member Eisen noted that the changes in the SCRT has technically been moved out from underneath DPH, which should definitely be considered as a material change.

Member Shortt highlighted that there have been multiple examples where DPH has failed to notify IWG on crucial items. She also shared her concern that a failure to notify would happen again, especially without the current resolution at hand. Member Hammer offered that focusing on the language of the resolution would provide clear guidance about what items IWG needs notifications for.

The resolution was posted on the screen for IWG to review.

10. Break

- 11:36a-11:45a

11. Discussion Item #3 (continued)

Facilitator James clarified that IWG is an advisory body who may ask for a notice, but the Mayor's Office or any related body are not required to halt implementation before IWG approval. Further, if this resolution passes, it will be up to the city planning team to decide how to frame this to different departments.

Discussion

Member Hammer asked how the process looks for implementation decisions that are not aligned with what has been spelled out in the legislation. Member Lipton responded that IWG is to call these issues out to be able to inform the correct committee that has the authority to impact those decisions.

Oksana Shcherba (Controller Office) informed the IWG that the City Attorney's guidance on SCRT is that it is now unclear whether SCRT is still a part of MHSF. Follow-up will be required to establish whether or not IWG will continue to track SCRT.

Member Eisen suggested that IWG consider a resolution that opposes the changes to SCRT to serve as a temperature check about principles. Member Lipton agreed and said that this resolution could be used to explain reservations about the changes to SCRT.

Facilitator James read the process resolution and took a poll to see if the resolution would pass. IWG found that the process resolution did not pass, therefore the resolution will be sent to a IWG discussion committee to review. The purpose of this review will be to re-structure the terminology within the resolution, especially defining "material change".

12. Public Comment for Discussion Item #3

- In person: Unknown#1 Commented that the community would be in support of a SCRT specific resolution to return the SCRT to DPH's oversight. They would write letters.
- In person: Unknown #2 Comment unintelligible due to technical difficulties.

Member Hammer offered that the resolution should be re-worded before the discussion committee meets, so that the committee may focus it's time on SCRT outcome resolution.

13. Discussion Item #4: Part 2: Office of Coordinated Care (OCC) and Case Management Expansion Update

Presenter Dr. Angelica Almeida reviewed the agenda for OCC's update. She explained that the OCC specifically designed the system of care to overlap with case management expansion, in effort to prevent people from slipping through the cracks.

Dr. Almeida overviewed official definitions for care coordination, care management, and case management. Dr. Almeida used a visual to explain the levels of case management. She reiterated OCC's intent to envision overlapping levels. The levels of case management include: less intensive services in specialty and non-specialty behavioral health, outpatient case management, intensive case management, and stabilization/critical case management.

Dr. Almeida reviewed case management expansion updates specific to outpatient clinics and intensive case management. She shared the OCC vision for case management, challenges, and countermeasures to address these challenges. She also clarified that by hiring a Director of Intensive Services, someone would now have a system-wide view on how people are using intensive services through the oversight of services/programs like 5150, CARE Court, and outpatient treatment.

Dr. Almeida shared examples of how individuals can flow between the OCC and system of care.

<u>Discussion</u>

Member Eisen requested mapping for OCC related to the system of care.

Member Salinas asked if Full Service Partnerships (FSPs) are being lumped into ICMS. Dr. Almeida answered yes, FSPs and ICMs are on the same level of care. Member Salinas also asked for clarity on the distinction between outpatients and inpatients as well as the need for a detailed,

standardized stepdown process. She also requested a later conversation about ICM bed utilization.

Facilitator James announced that Dr. Pating's update on New Beds and Facilities will be rescheduled to a later IWG meeting.

Chair LaSarre asked for clarification about the rate of vacancy in staffing. Dr. Almeida responded that civil service staff has a current vacancy of 69%. Chair LaSarre asked for data for the levels of case management. She also asked if staff and programs differ along different levels, as well as if it is possible for clients to have access to their intake information that they could take with them to ease the process of treatment transition. Chair LaSarre is excited about culturally congruent care and stressed the importance of looking at workforce development tracks; the pipeline for clinicians has to be addressed. Dr. Almeida responded that it is very important to look at their electronic health records to continue improving how well they capture data in EPIC. This would reduce clinician burdens and improve consumer experience. Further, she echoed the importance of systemizing care. She said that new programs and services are not the focus, rather providers being more intentional with programs and services.

Vice Chair Patterson stressed the importance of all staff understanding the referral process to better guide clients. He said that there is not enough case management in practice. He suggested that the OCC partner with community-based organizations (CBOs) to reach more demographics.

Member McGuigan asked if there is a retention plan considered in the staffing vacancy plan. Dr. Almeida answered that the Controller's Office is doing a staffing analysis and retention is a priority. Presenter Weisbrod added that the OOC's intention is to make sure people who provide management services are well supported through training and resources.

Dr. Almeida reviewed the history of involuntary psychiatric holds (5150s). She reviewed who is allowed to initiate a hold, including individuals designated by the county behavioral health director. The OCC is charged with conducting training for these individuals and with ensuring that all 5150s are initiated appropriately. Dr. Almeida reviewed the goals, criteria, and considerations for 5150s. She also listed potential legislative updates affecting 5150s. Dr. Almeida clarified that it is now her responsibility to oversee 5150 training and that this training will be revamped utilizing a quality assurance practice.

Presenter Weisbrod overviewed systematic care coordination and follow-up for individuals that are leaving a 5150 hold.

Discussion

Member Eisen asked if there is a plan to expand the same level of follow-up care coordination for referrals. Presenter Weisbrod answered yes. Member Eisen requested for a later discussion about the 5150 criteria definition of 'grave disability'.

Vice Chair Patterson suggested partnering with community colleges. He mentioned that community colleges can provide an important role for people in recovery.

Member Salinas echoed the need to clearly define 'grave disability'. She raised the importance of cross collaboration with emergency services in order to efficiently initiate a 5150 hold.

14. Public Comment for Discussion Item #4

- In person: Unknown#1 Noted that there is not enough talk about needs and moving from level to level. She is trying to figure out how to get a family member into services but HIPAA is confusing and there is a lot of bias and stigma.

- In person: Unknown #2 Great plan but it doesn't consider two issues: factors in therapeutic relationships and continuity of care. She did not see a mechanism for that, just passing people along. There is a lot of really good CBOs and she doesn't see inclusion of those existing programs.

Instead of relying on CBOs that are in neighborhoods, people are asked to start a new process with a program and with people they don’t know.

- In person: Unknown #3 For a lot of people that are 5150’d, they are only a step away from being homeless. They are without services and need support to look for care.

15. Discussion Item #5: Update on New Beds & Facilities

Discussion item #5 will be moved to a later MHSF IWG Meeting agenda.

16. Discussion Item #6: Voting in Vice Chair

Discussion Item #6 will be moved to a later MHSF IWG Meeting agenda.

17. Vote on Chair and Vice Chair

Vote on Chair and Vice Chair will be moved to a later MHSF IWG Meeting agenda.

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

No public comment.

19. Planning & Sequencing for 2023 and Housekeeping

Facilitator James overviewed the planning and sequencing for 2023 IWG meetings.

The next meeting will be on Tuesday, April 25, 2023 at 9:00am-1:00pm at DPH, 1380 Howard Street (Room 515). Information about the meeting room locations will be posted on the IWG website.

20. Adjourn

Chair LaSarre motioned to adjourn the meeting; Member Eisen seconded. Meeting adjourned at 1:10 pm.