Mental Health SF Implementation Working Group
Meeting Minutes Approved

October 25, 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 (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 website:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

1. Call to Order/Roll Call

The meeting was called to order at 9:06 am by Facilitator Jennifer James. Facilitator Ashlyn Dadkhah completed roll call.

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

Committee Members Excused Absent: Monique LeSarre, Psy. D., James McGuigan

Committee Members Unexcused Absent: None.

2. Vote to Excuse Absent Member(s)

Facilitator Dadkhah reviewed the process for excusing absent members. She informed the IWG that both Chair LeSarre and Member McGuigan gave prior notice for their absence. Per IWG bylaws, a vote may take place in the case that the Chair is absent if quorum has been established. IWG members voted and excused Chair LaSarre's and Member McGuigan's absences.

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

3. Welcome and Review of Agenda/Meeting Goals

Facilitator James reviewed the goals for the meeting. She reminded the IWG that all questions, comments, and concerns should be submitted via email to the IWG MentalHealthSFIWG@sfgov.org. Facilitator James also reviewed the Mental Health San Francisco (MHSF) domains as well as briefly introduced the presenters.

4. Discussion Item #1: Remote Meeting Update

https://sf.gov/sites/default/files/2022-09/Findings%20Resolution%20for%20Fully%20Remote%20Policy%20Bodies%20-%202-28-22_0.pdf

Facilitator 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 questions or comments regarding the State and Local Requirements. IWG did not have questions. Facilitator Dadkhah opened the floor to public comment.

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; Member Fields 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. - Not present
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Absent
- Steve Lipton - Yes
- James McGuigan - Absent
- Jameel Patterson – Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Not present
- Amy Wong – Yes

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

Facilitator James opened the discussion for the IWG to make changes to the September 2022 meeting minutes. IWG members did not have changes to the meeting minutes.

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

No public comment.

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

Member Fields motioned to approve the September 2022 meeting minutes; Member Hammer seconded the motion. September 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. - Not present
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Absent
- Steve Lipton - Yes
- James McGuigan - Absent
- Jameel Patterson - Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Not present
- Amy Wong – Yes

10. Discussion Item #3: MHSF Director's Update (Quarterly Report)

Facilitator James informed the IWG that this quarterly briefiing is longer than the usual monthly update and introduced Director Dr. Hillary Kunins.

Director Dr. Kunins shared recent key updates regarding activites, accomplishments, and key challenges. Director Kunins first updated the IWG on the Mental Health Service Center (MHSC). She mentioned that an additonal discussion is being planned by the Department of Public Health (DPH) to review the MHSC using IWG feedback and the Controller's Office analysis.

Director Kunins reviewed the recent release of San Francisco's Overdose Plan titled: Overdose Deaths are Preventable. She then shared a graph from the Office of the Chief Medical Examiner that tracks preliminary overdose deaths in San Francisco between January 21 –August 22 by month. Director Kunins highlighted that the rate of recorded overdose deaths have mostly flattened in that later half of 2022, and noted that despite the flattening, overdose death is still at epidemic rates. She informed the IWG that the intentions of this Overdose Plan is to use a variety of interventions to continue to decrease the rate of overdose deaths in San Francisco, especially focusing on race/ethnicity disparities. The San Francisco Overdose Plan aims to lower the rate of overdose deaths by at least 15% by 2025.

Director Kunins reviewed key citywide progress under MHSF to date. She mentioned that the expansions listed will help DPH address the overdose crisis.

Director Kunins reviewed overdose prevention planning and called attention to this plan's four guiding principles. She also informed about from where input for planning was gathered from the following resources: community members, providers, advocates, DPH staff, interviews in the Tenderloin (TLC) and guests at the TLC, experts in drug policy, and research and social services.

During her quarterly update, Director Kunins graphically exemplified the rates of overdose deaths by race/ethnicity to show disparities especially among the Black/African American community. Black/African American San Franciscans are four times more likely to die by overdose. Additionally, between 2020-2021, the Hispanic/Latinx population in San Francisco had the highest overdose deaths in comparison to other races/ethnicities.

Dr. Kunins reviewed the four key comprehensive points of the Overdose Plan. Director Kunins reviewed **Strategic Area #1**: Increase availability and accessibility of the continuum of substance use services; and highlighted that MHSF, DPH, and city partners were canvased to strengthen the plan, address gaps in services, and avoid duplication. She noted that DPH is committed to framing treatment and harm reduction services on the same continuum. **Strategic Area #2**: Strengthen community engagement and social support for people at high risk for overdose. Director Kunins explored how to address challenges in providing social support for people that use drugs. **Strategic Area #3**: Implement a whole city approach to overdose prevention, including the existence of overdose prevention initiatives in all departments that are tailored to meet the needs of diverse communities. **Strategic Area #4**: Track overdose trends and related drug use metrics to measure success and inform program development and change, emphasizing that data must be used to advance racial equity.

Director Kunins explained that in addressing overdose deaths, it is imperative to address systemic issues and the social determinants of health. Focusing on housing will improve the health outcomes of people who use drugs and support overdose prevention.

Director Kunins overviewed the goals for the current overdose plan. Additionally, she reviewed steps

that are to be taken to achieve said goals, within the one-to-two-year period and steps within the three-to-four-year period. Director Kunins emphasized that this plan builds upon successful work already underway in San Francisco.

Director Kunins reviewed wellness hubs, which are centers that provide overdose prevention. She also reminded IWG that the Tenderloin Linkage Center (TLC) will be closing by the end of the year.

Discussion

Member Eisen asked Director Kunins if the data is able or will be able to capture the specific location where an overdose death happened, to identify hotspots. Director Kunins responded that data are received intermittently, and it is a goal to strengthen the ability to track overdose death location descriptions. Member Eisen asked a follow up question requesting a timeline for the availability of data from the drug checking program that informs about the drug supply. Director Kunins supported this as a good suggestion that she aims to address during a later meeting. Member Eisen urged the Mayor's Office and the City of San Francisco to not allow a break in services before the availability of a new wellness hub, with the slated close of TLC in December 2022.

Member Fields complimented Director Kunins and the DPH on the overdose plan. He also asked Director Kunins if the urgent care, per the legislation, is considered in the potential Mental Health Service Center building. Director Kunins informed Member Fields that a fit test needs to take place to see what can be housed in this building based on the size, to see if it can accommodate the needs of services outlined in MHSF legislation. She emphasized that this building is still just a possibility. Member Fields offered his opinion that the most responsive strategy to urgent care would be to use multi-site locations.

Vice Chair Patterson suggested to Director Kunins that the department talk with Narcotics Anonymous, Positive Directions, and GLIDE. He suggested that a middle ground between the harm reduction approach and strict approach can be explored. In addition, he mentioned that DPH needs to talk with veterans within NA to gain better insight on overdose prevention approaches. Vice Chair Patterson reminded Director Kunins that there are windows of opportunity to reach addicts who want to discontinue using drugs. Director Kunins responded to his suggestions by assuring Vice Chair Patterson that a broad approach is underway, in which communities and institutions with diverse approach backgrounds are working with DPH to better understand how to provide social support.

Member Salinas expressed her support for the wellness hubs and asked Director Dr. Kunins what the fate of Joe Healy Detox Program will be. Director Dr. Kunins provided context and clarified to the IWG that a top priority is to preserve services. DPH is working very closely with Baker PRC to preserve continuity of services and continuity of care for individuals. Director Kunins ensured that the city will continue to provide medical detox services.

Member Wong emphasized the importance of not duplicating services. She suggested to Director Kunins, that instead of building off of existing services, current services should be enhanced as well as augmented with additional services. Member Wong asked how long-term treatment is going to be provided to people who use drugs. Director Kunins emphasized that building on existing services can be a form of enhancing them. The overdose plan utilizes both building on existing services and establishing new services. Director Kunins said that the overdose plan aims to address both short-term and long-term overdose prevention and treatment interventions.

Member Shortt expressed a concern of potential lapse in services following the closure of TLC. She

asked Director Kunins what ideas DPH has, to continue to provide outreach and services. Director Kunins responded by saying she and the department would like to receive suggestions to prevent lapse in services.

Considering the continuum of care as part of the MHSF legislation, Member Fields asked what DPH plans to do to expand the capacity of treatment for the dual diagnosis population. Director Kunins responded that this work has already been started in DPH internally through engaging staff and practitioners.

11. Public Comment for Discussion Item #3

- Caller #1 (no name)- Caller #1 expressed concern about the creation of parallel programs and programs operating without input. She also expressed disappointment in the closing of TLC and said that the closing had not been addressed.

12. Discussion Item #4: New Beds & Facilities: SoMa Rise

Facilitator James introduced presenter Dr. David Pating to discuss SoMa Rise. Presenter Pating reviewed SoMa Rise orientation information, including the main goal for SoMa Rise. He mentioned that staff at SoMa Rise utilize radical hospitality, where they maintain a warm yet professional atmosphere.

Presenter Pating reviewed data for SoMa Rise encounters in the last quarter. He noted that the average stay of clients was four to six hours in July and August and increased to 10 hours in September.

Presenter Pating also reviewed SoMa Rise client departure. Through September 2022, SoMa Rise has transitioned from a paper system to the EPIC EHR system. He noted that during his next presentation, he hopes to have data from EPIC to share. Presenter Pating shared that the 48% of unknown departures were resulted from clients leaving SoMa Rise before staff could make a final contact with them. In addition to this information, he shared that one of the main goals of SoMa Rise is to link clients to treatment.

Treatments that have been a mainstay at SoMa Rise include harm reduction services and snacks. Presenter Pating reviewed data on harm reduction services. Harm reduction kits and Narcan are included in these supplies, but there have been recent supply issues with Narcan.

Presenter Pating shared an anecdote from Street Crisis Response Team (SCRT), as they directly work with SoMa Rise by dropping off clients and following up with them the following day. There are two beds at SoMa Rise specifically for SCRT clients. SoMa Rise also has linkage to TLC.

Discussion

Member Wong asked Presenter Pating if SoMA Rise data can be used to understand the number of revolving clients who had departed to unknown places and come back to SoMa Rise. Knowing this information would help with client engagement to better provide treatment linkages. Presenter Pating answered that staff at SoMa Rise try to be as unintrusive as possible, so they are still piloting methods to streamline departure data. He mentioned that clients continuing to revisit is a good thing because it builds a relationship that encourages following through with seeking treatment. Presenter Pating clarified that this a process where people are engaged over time.

Member Shortt said she is worried that negative media will impact the ability for SoMa Rise to help clients. She said ongoing work is needed to put out positive messages about the benefits and necessity of places like SoMa Rise. Presenter Pating responded by informing that Public Affairs is currently working on messaging. He encouraged the IWG, their partners, and the public to visit SoMa Rise. Member Shortt asked a follow-up question inquiring if SoMa Rise is able to provide tours. Presenter Pating answered that small groups can take tours upon reserving time with the program manager.

Member Eisen made a comment to the IWG that despite negative attitudes about harm reduction services and the drug overdose plan, the positive outcomes will remain from SoMa Rise services.

13. Public Comment for Discussion Item #4

No public comment.

14. Discussion Item #5: New Beds & Facilities: Minna Project

Presenter Pating opened up the presentation on the Minna Project by overviewing where Minna Project is located and what they do for clients. He also reviewed the mission and reentry goals of the Minna Project, with an emphasis on preventing overreliance on incarceration.

Presenter Pating informed the IWG of the Minna Project's on-site supportive services. Supportive services are split into two overseeing parties: Westside Community Services and UCSF/Citywide. The Westside Community Services team focuses on program and property management, while UCSF/citywide focuses on clinical services such as medication management and clinical case management.

Presenter Pating shared brief statistics on clients and referrals. He said that the number of clients remains fluid, with some leaving to seek other treatments and some moving on to permanent housing. He also shared client demographics and success stories. Client demographics are closely monitored to work towards closing gaps in racial/ethnic disparities. He mentioned that this presentation is a snapshot, as he does not have much data due to still being in the process of staffing up the clinical side as well as working on measurement outcome efficiency.

Discussion

Member Eisen suggested that baseline data be reported for clients admitting into Minna Project, as well as departing. She also suggested specific reporting on whether clients on medication will be able to continue their medication, with an emphasis on clients who have been diagnosed with opioid use disorder. Presenter Pating agreed to highlight these data and told IWG that Minna Project and SoMa Rise are close in locational proximity.

15. Public Comment for Discussion Item #5

- Caller #1 (no name)- Caller #1 complimented the Minna Project and expressed interest in learning more about the Billie Holiday Project. She asked when a service directory or service mapping would be available because it is essential.

16. Break

- Break 11:00am-11:05am

17. Discussion Item #6: DPH Mapping Project

Facilitator James briefly introduced presenters: Ashley Vaughn, Heather Weisbrod, Yoonjung Kim, and Dr. David Pating. Director Kunins clarified that this is the first version of the mapping project and she expects it to evolve over time. She mentioned that this mapping has services meant for clients who are comming out of an intensive setting. She also encouraged feedback from the IWG. Director Kunins introduced Presenter Vaughn, who is the Manager of Communications for Behavioral Health Services (BHS).

Presenter Vaughn noted that this presentation serves as a draft, and much of the data is not yet comprehensive. She reviewed the presentation agenda and reviewed the breadth of BHS. BHS operates through eight systems of care: adult/older adult, residential, street-based & justice-involved, ransitional age youth, susbstance use disorder, comprehensive crisis & HOPE SF, children, youth & families, and popuation behavioral health. These eight systems allow for a diverse population of people who are experincing a variety of levels of mental health crisis and housing insecuirty.

Presenter Vaughn reviwed the BHS continuum of mental health services. She also vewied the BHS continuum of substance use services. Presenter Vaughn reviewed the residential treatment contiuum of care and explained that residential care and treatment beds are organized based on acuity. She noted that the beds data here is reported from BHS data, and does not consider MHSF treatment beds.

Presenter Vaughn reviewed BHS substance use disorder treatment capacity and services. She also reviewed outpatient mental health services and the number of programs availible per service. Presenter Vaughn noted that these data are still being expanded on.

Presenter Vaughn also talked about how MHSF enhances BHS. She said that MHSF, through Prop C, is meant to bolster BHS in certain areas. This part of the presentation reviewed Prop C budget, targeted demographics, and the ways that mental health and substance use services are provided through Street Crisis Response Teams, Mental Health Service Center, Office of Coordinated Care, and New Beds & Facilities. Overall, MHSF adds support to all the systems of care except for children, youth & families. Presenter Vaughn explained how specifically MHSF has added support to BHS for street response, behavioral health access rograms, care managemnet, transition support, and treatment spaces.

Presenter Vaughn overviewed BHS access points. She explained that access points are similar to doorways, in that there are many access points that clients can go through to access care and treatment services.

A simplication of how clients flow through the system was also provided. The journey to wellness looks different for every client. Presenter Vaughn provided three examples of how clients can engage with BHS in a variety of ways. She also reminded IWG that mapping is nuanced.

Facilitator James clarified that this presentation is an update and emphasized that this topic would be revisited in future meetings.

Discussion

Member Fields shared a comment that DPH should use examples in their presentations that highlight the best parts of the continuum of care, such as siting beds in recovery facilities instead of beds in hospitals. He also commented to support consideration of how this mapping can link aspirational pathways and the primary pattern of hospitalizations. Specifically, he asked Presenter Vaughn if it is a goal of DPH to better exemplify current realistic client pathways. Presenter Vaughn answered that she understands his comments. Director Kunins mentioned that she is looking forward to hearing more ideas about how to organize this mapping project.

Member Salinas asked what layer of information will be added on to this preliminary report, as well as what an example would be for the ideal movement within the continuum of care. Director Kunins suggested to circle back to this question as the last question in this part of this discussion topic. She clarified that BHS is looking for IWG feedback that would suggest next steps moving forward. Member Salinas then commented that she would like to know how HSH fits in on this spectrum of care.

Member Wong said that this mapping helped her understanding of what kinds of services DPH offers. She suggested that each type of service be further expanded on, to list which entities operate within any one of the eight systems of care. She said that the mapping needs more information to help guide the process.

Referring to the residential treatment continuum of care slide, Member Eisen asked what the length of stay is in crisis stabilization and acute psychiatric. She also asked for more information about residential care facilities and which services are contracted outside of the county (how many beds are outside of the county). Ms. Yoonjung Kim responded to Member Eisen. She said that data for acute psychiatric will have to be shared later after connecting with the hospitals. She also answered that the crisis stabilization length of stay is fourteen days and can be extended based on client circumstances. To address Member Eisen's second question, she said that residential care facilities services are located both inside and outside of San Francisco. Specific locations can be shared with the IWG during the next meeting. Facilitator James further clarified Member Eisen's question to requesting details on the capacity, limitations, hours, locations, and pathways for the DPH to consider. Member Eisen suggested client maps that show the pathways for critical populations (e.g. the pathways for a client experiencing homelessness).

Member Fields asked if IWG members with expertise can offer insight on certain areas of mapping, rather than wait for DPH to return with answers next month. Member Salinas replied that it is important that in addition to the IWG verbal discussion, pathways need to be recorded in writing for use by people outside of the IWG (e.g. healthcare workers). Member Fields explained that the current continuum of care pathway for residential care facilities is as follows: crisis residential referral, open residential treatment (90-day programs), and supportive housing under DPH. Facilitator James clarified what Member Eisen asked and what Member Fields said into one ask from BHS: to request the next step in this process to map client pathways. Facilitator Dadkhah responded to Member Fields by reminding the IWG that any member with expertise is encouraged to share their knowledge with the IWG.

Member Hammer provided a comment reminding the IWG that the mapping project should be data driven to help identify gaps and barriers in services. Further, she said that they should be looking for that information to help them make recommendations.

Facilitator James asked Presenter Vaughn and Director Dr. Kunins what they would suggest for next steps after hearing the recent comments, questions, and suggestions from the IWG. Director Dr. Kunins responded that she is interested in two approaches to have more discussion on mapping gaps: more verbal discussion in a separate meeting, or discussion via email. After this secondary discussion, an updated mapping draft would then be presented during the monthly IWG meeting. Facilitator James reminded the IWG that if a discussion group takes place, it can not have more than six members present, otherwise it will be structed as a public meeting. She recommended a discussion group to go over mapping design elements and to request pathway information from IWG members during a separate activity.

18. Public Comment for Discussion Item #6

- Caller #1 (no name)- Caller #1 said that this presentation did not provide in-depth information. As a clinician, she said she wants to know how to find out about programs that are out there. She also said that a directory of services is needed. She commented that she felt the mapping project presentation was organized by public relations, and not an entity that wants to help integrate programs into the mental health system. She said she is looking for mapping that is more refined and specific, so it would be more helpful.

Facilitator James noted that an aim for the IWG website is to think of ways to integrate developed resources and resources currently being worked on by DPH.

19. Discussion Item #7: December Implementation Report: Discussion Group Report Out

Facilitator James reminded the IWG that the yearly IWG process report was submitted in October 2022 to the Board of Supervisors, the Mayor's Office, and the Director of Health. The Progress report acts as a line of communication. She clarified that the October Progress Report differs from the December Implementation Report. Per legislation, the December Implementation Report reviews the implementation of MHSF and IWG to date. This report caps all the work that has been done to date and sets the path for what is next to come. Facilitator James introduced Member Lipton to present the December Implementation Report.

Member Lipton said the committee approached this report in a matter of first impression. He reviewed key opportunities with the focus on considering what the role of the IWG should be.

Member Lipton reviewed the timeline and engagement process for the December Implementation Report, which is to be finalized by December 31, 2022. He highlighted that a suggestion was made by the committee to participate in a retreat. Ms. Shcherba, from the Controller's Office, added that the IWG should consider an agenda for this type of retreat.

Discussion

Member Fields added that the support provided from Ms. Shcherba was critical in the progress of this report. He also spoke about thinking about how programs and recommendations fit into the continuum of care, similar to the conversation about mapping.

Member Wong confirmed that the committee had a productive meeting and that she is interested in seeing how IWG can move things along with DPH for MHSF.

Facilitator James explained to the IWG that the next step for the December Implementation Report is to gather IWG recommendations specially for the report. She asked IWG two questions: (1) do any of the six key opportunities resonate with you, and (2) what else is missing from this

report?

Member Salinas commented that the key opportunity list was good to start with. Member Eisen agreed.

Member Hammer commented that the IWG needs to have a consistent definition of "strategic." Member Lipton responded that the IWG needs to continue to be responsive, but a broader focus should be thinking about how that pieces fit together. This shift from responsive to strategic should be gradual. Member Fields responded that this project is fundamentally strategic because it was created in response to a broken mental health system. He defined strategic not by identifying gaps, but by finding how to get community support on an organized behavioral health system that comprehensive, interlocking, and interrelated. To expand on his definition of strategic, he shared his opinion that it is IWG's obligation to the legislation to look at whether IWG participated in trying to address, repair, and improve on the system of care. He also noted not to underscore key opportunity number four.

Vice Chair Patterson said he is unsure that enough inventory has been completed for the system that is current to see what is and is not included. He mentioned there is still a stigma against metal health. He also said that the difference in mental health services needed by people using drugs and not using drugs needs to be further examined. He suggested all locations of mental health facilitates being mapped for awareness.

Using the IWG ten principles, Facilitator James mentioned that each IWG member is to fill out a member survey about their understandings of IWG and implementation. She described the next steps in the December Implementation Report as considering feedback, discussion groups, drafts, and submission dates.

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. Future Meetings & Housekeeping

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

The next meeting will be on Tuesday, November 15, 2022, at 9:00am-1:00pm.

The IWG will have two upcoming discussion meetings about wage & staffing and the December Implementation Report. Ms. Shcherba added that a presentation on the full system of care case management expansion is to be added to the November meeting docket.

23. Adjourn

Member Fields motioned to adjourn the meeting; member Eisen seconded the motion. Meeting adjourned at 12:37pm.