

Mental Health SF Implementation Working Group

Approved Meeting Minutes April 25, 2023 | 9:00 AM – 12:00 PM

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

1. Call to Order/Roll Call

The meeting was called to order at 9:07am by Member Hali Hammer. Member Hammer acted as interim Chair in the absence of Chair Monique LaSarre. Co-facilitator Diana McDonnell completed roll call.

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

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

Committee Members Unexcused Absent: none

2. Vote to Excuse Absent Member(s)

Co-facilitator McDonnell reviewed the process for excusing absent members. All three members gave prior notice regarding their absence.

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

3. Welcome and Review of Agenda/Meeting Goals

Member Hammer reviewed the goals of the April 2023 meeting. She briefly introduced the speakers for this meeting and reviewed the Mental Health San Francisco (MHSF) domains.

Member Steve Lipton asked if Street Crisis Response Team (SCRT) is currently considered a MHSF domain. Valerie Kirby, from the Department of Public Health (DPH) answered that there is not yet a definitive answer from the City Attorney's Office, but they have provided insight that the reconfiguration of SCRT would not necessarily change its MHSF domain status.

Member Hammer suggested asking Director Hillary Kunins about SCRT MHSF domain status.

4. Discussion Item #1: Approve Meeting Minutes

Member Hammer opened the discussion for the IWG to make changes to the March 2023 meeting minutes. IWG members did not have changes to the meeting minutes.

5. Public Comment for Discussion Item #1

No public comment.

6. Vote on Discussion Item #1

Member Vitka Eisen motioned to approve the March 2023 meeting minutes; Member Steve Fields seconded the motion. March 2023 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. - Yes
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Absent
- Steve Lipton - Yes
- James McGuigan - Absent
- Jameel Patterson - Absent
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong - Yes

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

Director Kunins shared the milestone of opening 70 new residential step-down beds on Treasure Island. Residential step-down is a service that is transitional housing and supports a person's completion of a residential treatment program for up to 24 months. Residential step-down also allows support for recovery as a person continues to participate in outpatient treatment and to seek employment. Specifically, the San Francisco nomenclature for residential step-down is *recovery housing*. Further, HealthRIGHT 360 is a partner helping to operate the program on Treasure Island. Including the newest program, there are a total of 232 residential step-down beds.

The request for proposal (RFP) to expand intensive case management services has been issued and closes on May 2, 2023.

Director Kunins shared that in December 2022, the California External Quality Review Organization (EQRO) review took place to focus on the county mental health plan. Additionally, the Mental Health Programmatic Review recently took place in March 2023, that audits the Mental Health Services Act (MHSA) funding streams. Also, the Department of Health Care Services Mental Health triennial audit recently took place. The results from this audit will be shared in the next three months.

Director Kunins shared updates from the Board of Supervisors.

- The first meeting for the committee on Homelessness and Behavioral Health will be held on Friday April 28th.
 - This committee will meet on the second and fourth Fridays of each month with Supervisor Hillary Ronen acting as Chair.
 - Supervisors Rafael Mandelman and Supervisor Shamann Walton will be participating.
 - There will be a hearing on the implementation of CARE Court during this meeting and a discussion on budget and finance.

Director Kunins also provided an update on The BEST Neighborhoods program, a part of the proactive neighborhood-based street care model. BEST Neighborhoods is part of the Office of Coordinated Care (OCC) and aims to serve high priority neighborhoods with seven-days-a-week service. To meet the community's needs, additional teams will be able to flex to outside areas. BEST Neighborhoods' goal is to enhance intermediate and long-term follow-up support for individuals who interact with SCRT and need ongoing behavioral health care.

Discussion

Member Andrea Salinas asked what neighborhoods are identified as priority for the BEST teams. Director Kunins answered that the current priority neighborhoods are Tenderloin, Soma, Mission, Castro, and Filmore. These priority areas are not fixed, and Director Kunins emphasized the importance on considering success as the number of requests received.

Member Amy Wong asked for clarification on BEST Neighborhoods and long-term care. Director Kunins clarified that the focus here, is to get people navigated into definitive services that they need by completing an assessment. It is critical not to duplicate the existing system of care.

Member Sara Shortt asked if DPH has a position on the implementation of CARE Court. Director Kunins answered that CARE Court is a State requirement at the county level and DPH is happy to be participating. DPH considers CARE Court as another tool to expand the ability and resources to help people into needed care. Additionally, the State has provided startup funding (not ongoing) and will be providing a Bridge Housing Program Housing Grant. DPH and the Department of Homelessness and Supportive Housing (HSH) are working together on applications to secure more funding. Director Kunins shared that it is expected that there will be some services overlap and a need for intensive case management (ICM). Also, startup funds will be budgeted to hire staff.

Member Salinas commented that the ever-changing system of care is not considerate of ICM or bed waitlists and asked how BEST Neighborhood clients will be identified. Director Kunins answered that CARE Court has very narrow eligibility with multiple steps, so clients will not be able to use this program to be bumped up on the bed waitlist. Member Ana Gonzalez added that people eligible for CARE Court are not voluntarily engaged and must have a diagnosis on the schizophrenia spectrum or psychotic spectrum.

8. Public Comment for Discussion Item #2

- In Person (unknown #1)- Unknown commentor #1 stated that she has not heard any information about psych housing for elders. She said that San Francisco does not seem to have housing for this specific population.
- In Person (unknown #2) – Unknown commentor #2 stated that an evaluation of SB1045 Community Conservatorships, existing mechanisms for involuntary treatment, and implementation of CARE court is essential because these services are underutilized.

9. Discussion Item #3: Resolutions: MHSF Material Changes & Street Crisis Response Team

Member Hammer provided an overview of the two pending MHSF resolutions.

Valerie Kirby, from DPH explained that the City Attorney has reviewed the updated resolutions and has recommendations to bring the wording of the resolutions closer to the scope of the ordinance. The City Attorney will be sharing these recommendations with Chair LaSarre (as they are not permitted to provide legal counsel in a public meeting), so she may share with the IWG at a later meeting. The City Attorney requested to postpone the discussion and the vote on the resolutions to a later date, after providing advising. IWG reached the consensus that the resolution working group and Chair LaSarre will meet with the City Attorney's office to discuss resolution edits.

Discussion and voting are tabled to the May 2023 MHSF IWG meeting agenda.

10. Public Comment for Discussion Item #3

No public comment.

11. Discussion Item #4: Update on New Beds & Facilities (NBF)

Member Hammer welcomed Dr. David Pating. She stated that the New Beds and Facilities (NBF) domain group, under MHSF, is scoped with expanding existing models and programs with the input of IWG. DPH is charged with providing updates to IWG. As a reminder, IWG provided recommendations on a new treatment project in May 2022, and DPH subsequently reported back to IWG on the project in October 2022. Member Hammer reminded that past discussions, recommendations, and update materials are accessible on the IWG website. She also mentioned that the [New Beds and Facilities online dashboard](#) is updated monthly.

Dr. Pating explained that the purpose of this presentation is to serve as a status update. He informed the IWG that NBF currently has one big breakthrough: the opening of 70 beds for residential stepdown on Treasure Island.

Dr. Pating provided an orientation for NBF that reviewed the domain's requirements through the MHSF mandate. He then provided a review on the latest version of the NBF online dashboard. As of April 13th, there are 350 new beds, on the way to 400.

Discussion

Member Shortt asked what the status is for the Hummingbird center beds. Dr. Pating answered that Baker has been and is continuing to manage it, as it is being evaluated as a pilot. Further, there is no discontinuation of services. Member Shortt then asked if both locations were still open and Dr. Pating answered that Potrero and Valencia Hummingbird centers are both operating.

An update was also provided for the Minna Project. The Minna Project is identified as transitional residential, because it is not a licensed residential program, but rather functions in a form similar to transitional housing that allows people to stay there one to two years. Dr. Pating shared the status for the Minna Project that included utilization and demographic data. He noted that the Minna Project is currently looking to hire a social worker.

Discussion

Member Shortt asked if there is any information available about where people have obtained permanent housing after staying at Minna; Dr. Pating answered that there is no data available.

Member Vitka Eisen asked if there are Minna residents with medication management for action treatments. Dr. Pating answered yes; there are residents who are prescribed buprenorphine, and there are challenges around making sure the medication storage is secured and controlled during non-nursing hours. She then asked if there is a restriction on clients for medication issues. Dr. Pating responded by informing that there is a policy in place that will not immediately dismiss residents out after a relapse alone. Further, residents are required to attend daily community meetings.

Member Andrea Salinas mentioned that people who have left Minna Project to the Billie Holiday center do not lose their bed.

Member Steve Lipton asked for clarification if the data in the presentation is present to April 2023. Dr. Pating clarified that the data, 65 clients in 72 rooms, is current from June 2022 to April 2023. He also clarified that the 35 clients who obtained permanent housing were all discharged. Member Lipton asked for the average length of stay for the clients who have been discharged and whether they have been tracked after discharge. Dr. Pating did not have those data. Member Eisen suggested that the Probation Department may be keeping track of the discharged residents (since probation uses Minna).

Member Eisen mentioned that some residential programs have held clients' medications without dispensing, so she suggested that Minna staff be trained to witness clients' take their medication with the oversight of a nurse, so medication does not act as a barrier for clients who need transitional residential housing.

Member Steve Fields asked how members have left the program in an unplanned way; as well as what the total number of clients who have been served by Minna is. Dr. Pating did not have those data and will share them in a later meeting.

Dr. Pating provided an update on SoMa Rise. SoMa Rise is designed to provide a safe sobering place. In the interest of time, Dr. Pating did not cover recommendations for SoMa Rise. He shared that SoMa Rise is being evaluated by Harder+Company Community Research through quantitative and qualitative measures. Further, he is looking forward to the lessons learned, to be applicable to other similar low-threshold services.

Dr. Pating overviewed a snapshot of data from the evaluation project. He noted that SoMa Rise gets two to three client referrals per day from SCRT (under both DPH's and Fire's scopes) and three beds remain

open daily for clients received through the Fire services. Most clients depart by walking out. Further, the ER bounce back rate for SoMa Rise is 1.3%, which is under the national standard for 3% or under. Dr. Pating shared that SoMa Rise has also developed a substantial relationship with the Maria X. Center and future connections with the Dore Center are in progress. As well, San Francisco has recognized this program to offer low threshold services through CalAIM.

Discussion

Member Hammer asked for clarification between departures and linkages. Dr. Pating explained that linkages are formal referrals from staff.

Member Shortt asked how it tracked where clients go after SoMa Rise. Dr. Pating clarified that clients are asked on their discharge paperwork and mentioned that not every client fills out discharge paperwork, which is accounted for in the discharge data in EPIC. He also mentioned that these data need to be audited.

Member Hammer asked if it would be possible to quantify data that reflects how many people SoMa Rise has diverted from having to go to psych emergency. He answered that qualitative data are being collected in the field, but he does not believe quantitative data are being collected. She then asked if demand is well matched to capacity at SoMa Rise currently. Dr. Pating answered that SoMa Rise gets around 30 people a day and has set client priority levels. The operative goals for low threshold services are to serve (1) those who are intoxicated, (2) those who are in crisis, and (3) those who are looking for linkages to care.

Dr. Pating overviewed the residential step-down on Treasure Island (funded by Prop C). Currently, 16 beds are open between two buildings. More beds and buildings will open as they hire more staff. All beds are expected to be open by late summer 2023. He also mentioned that staffing remains the largest challenge in mental health programs.

Dr. Pating provided a brief update for the crisis stabilization unit (CSU). CSU is expected to open in the latter half of 2024. CSU has also been awarded \$6.75 million infrastructure grant under the Behavioral Health Continuum Infrastructure Program (BCHIP) from the state of California.

Discussion

Member Salinas asked if the safe consumption site was going to be delayed, considering the parcel for the site is behind CSU. Dr. Pating answered the safe consumption site is indefinitely delayed. There have been permitting issues due to the attachment of both buildings to each other.

Member Lipton asked for clarification on the grants being used for Treasure Island and CSU. Dr. Pating responded that Treasure Island and CSU are using two different construction themed grants and Treasure Island will also be depending on Prop C dollars. Member Lipton follow-up by asking if operational funding is guaranteed. Dr. Pating answered yes, improvements and operational funding were included in the total budget for the purchase of the sites.

IWG recommendations on CSU will be revisited at a later time. Dr. Pating reviewed state grant funding with emphasis on leveraging Prop C funds. He shared that a current RFP is in progress. RFPs are important to have so vendors can be acquired at least six months prior to program launch.

Discussion

Member Shortt asked if CARE Court has connections to New Beds & Facilities and if so, has DPH considered how they are going to fill that need. Dr. Pating answered that CARE Court is not part of MHSF, so it does not apply to this conversation. He did offer that there are state grants available that could potentially capture the flow of CARE Court. Member Salinas reminded IWG that Dr. Kunins presented on the intersection of CARE Court and MHSF in the previous IWG meeting.

Dr. Pating shared that DPH is in the process of acquiring California Department of Health Care Services Behavioral Health Bridge Housing (BHBH) Program housing grants and is working with the office of HSH to develop care paths. Additionally, the biggest goal for DPH is to submit applications

to get funds, to be able to expand the various points of service.

Member Fields commented that the distinction of what is and is not part of MHSF has been a barrier for IWG discussions. Further, he offered that IWG limits themselves by making distinctions, rather than focusing on the system of care entirely. He also commented that there still needs to be big discussions about the capacity for treatment tailored to the needs of the community.

Member Eisen highlighted that if enforcement conditions and legal pressures remain the same, then it is likely to see an increase in treatment demand. She emphasized that conditions in the street or community can change. Dr. Pating responded by sharing that there will be a second bed optimization study, to better address bed needs.

Member Wong suggested a long-term longitudinal tracking of clients and patients. Dr. Pating informed that there is a current study that is tracking flows of service to identify system gaps.

Member Salinas asked if there is a projected date on when Joe Ruffin Place will reopen. Dr. Pating did not have an answer.

Member Wong shared concerns about accessing, tracking, and mapping care.

12. Public Comment for Discussion Item #4

- In Person (unknown #1)- Unknown commentor #1 stated that it would be beneficial for data to be collected to track clients who are turned away from SoMa Rise, what reason(s) they were turned away, where they went to seek services after SoMa Rise, and if they were linked to a higher level of care.

13. Discussion Item #5: In Person Meetings

Member Hammer reviewed challenges for IWG meetings. Some of these challenges included IWG meetings being too long, and IWG members not being given enough time to prepare.

Discussion

Member Shortt added that asking members for input on the development of the meeting agenda has also been a challenge.

Member Hammer added that there is a structural issue with appointed commissions and working groups that people are asked to give their time to without compensation. This can be especially challenging for the lived experience seats.

Member Eisen added that there is a challenge in understanding the impact of IWG work. She suggested more direct conversations with DPH about recommendation feedback. Member Hammer clarified where the recommendation process could improve with domain leads and suggested more data be shared. Member Eisen agreed and suggested that IWG also provide input on evaluations, to advise on key indicators.

Member Salinas commented that not all data that is requested by the IWG is shared back to them. Additionally, transparency is critical for IWG to be able to advise with useful recommendations.

Member Shortt added that it would be useful to promote MHSF and to provide public education about IWG meetings, to encourage more public participation, attendance, and comment.

Co-facilitator Jen James explained proposed in-meeting strategies and informed IWG that a two-to-three-hour meeting time is the goal for IWG meetings.

Discussion

Member Salinas requested that more discussions take place to update the IWG about Prop C

monies and budgets in addition to more frequent and direct collaboration with the Our City, Our Home Oversight Committee (OCOH). Co-Facilitator James informed that a discussion on Prop C is on the agenda for the May 2023 IWG meeting.

Member Lipton commented that, IWG is to oversee the design, outcomes, and effectiveness of MHSF, but in the last year has mostly focused on design, and needs to focus more on outcomes and effectiveness. He raised the question of how IWG should go about evaluating MHSF outcomes and effectiveness. Co-facilitator James informed the IWG that the MHSF Analytics and Evaluation team is scheduled to present during the May IWG meeting.

Member Hammer offered that it will be very challenging to have IWG meetings last only 2 hours. She suggested getting through roll call, reviewing the agenda, and the first discussion item within ten minutes. Member Eisen suggested a consent agenda. Member Hammer also added that effectively utilizing meeting time means that IWG must commit to attending prepared with the meeting materials. Further, presenters must have standards, so that they are highlighting key issues and not reading their slides verbatim.

Member Salinas emphasized that, in order to prepare for meetings, the IWG need to see data in addition to the presentation slides.

Member Fields emphasized that DPH needs a recent year for baseline data, to comprehensively explore New Beds and the impact of COVID.

Valerie Kirby, from DPH, mentioned that DPH is still in communication with the City Attorney about the appropriateness and structure of standing discussion groups. Member Lipton highlighted the integration of DPH's participation in discussion groups. Mrs. Kirby shared that the City Attorney will advise after receiving the information of IWG's interests and goals.

Discussion

Member Eisen stated that advising on measures and key indicators is within the scope of IWG.

Member Shortt suggested IWG be made privy to directives and instructions, for a better understanding of decisions made under MHSF.

14. Break

➤ 11:10a-11:15a

15. Public Comment for Discussion Item #5

No public comment.

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

No public comment.

17. Planning & Sequencing for 2023 and Housekeeping

Co-facilitator James overviewed the planning and sequencing for 2023 IWG meetings, including suggested topics. Harder+Company and DPH are currently working on IWG meeting timelines. She also announced the Staffing and Wage Discussion Group, the SoMa Rise upcoming site visit, and other associated body meeting times.

Member Lipton requested regularly scheduled reports about subcommittees.

The next meeting will be on Tuesday, May 23, 2023 at 9:00am-12:00pm at DPH, 1380 Howard Street

(Room 515). Information about the meeting room locations will be posted on the IWG website.

18. Adjourn

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