

MHSF Implementation Working Group

Recessed Meeting Notes **FINAL**

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

Note to the Public

This IWG meeting had been recessed due to a lack of quorum. What follows is a capture of discussions around several MHSF IWG June 2023 agenda items. No actions, votes, or public comment were permitted.

1. Call to Order/Roll Call

Not applicable.

2. Vote to Excuse Absent Member(s)

Not applicable.

3. Welcome and Review of Agenda/Meeting Goals

Not applicable.

4. Discussion Item #1: Approve Meeting Minutes

Discussion Item #1 is moved to the July 2023 meeting agenda.

5. Discussion Item #2: MHSF Director's Update (Dr. Hillary Kunins)

In addition to sharing a slide deck, Director Hillary Kunins shared the following:

- CalAIM & Behavioral Health Services (BHS) to EPIC
 - Major areas of activity and opportunities include: BHS payment reform, BHS documentation reform, strengthening collaboration with managed care plans, enhanced care management & community supports, and contingency management.
 - BHS payment reform is a large portion of activity and opportunity. Payment reform also represents changes in the billing and payments for behavioral health services in San Francisco.
 - These changes will better align San Francisco's system of care with many other systems throughout California.
 - Documentation reform will follow changes in billing. It is meant to help providers become nimbler in the documentation and tracking processes for services.
 - Enhanced care management and contingency management are programmatic opportunities that are also buried within the updated CalAIM benefit.
 - **Discussion:** Member Andrea Salinas asked if general fund money is applicable for the managed alcohol program; Director Kunins responded that she believes so, but needs to confirm.
 - **Discussion:** Member Steve Lipton asked for clarification if San Francisco was getting new sources of county funding, because state funding is not available for said BHS services. Director Kunins replied that enhanced care management and contingency management are national sources of Medi-Cal funding. Further, contingency management is an entirely new service and there are no offsets. She also clarified that enhanced care management has a chance for general fund offsets. As well, payment

- reform, documentation reform, and collaboration do not hold a promise for more funding.
 - **Discussion:** Member Salinas highlighted that CalAIM does not currently reimburse for transportation to services.
- DPH will have a large transition to EPIC Electronic Health Record (EHR)
 - DPH has a relatively new director of Clinical Informatics in Behavioral Health, who will be overseeing this transition.
 - **Discussion:** Member James McGuigan asked if there is a subject matter expert in San Francisco that can briefly explain EPIC to the IWG. He highlighted that the IWG would be better equipped to make recommendations about BHS documentation and tracking if they understood the basic functions of EPIC.
 - **Discussion:** Member Lipton asked if EPIC is to grow out for contracted providers as well. Member Ana Gonzalez answered that not all providers will be on EPIC, but EPIC and other information systems should be able to share. Director Kunins clarified that Epic is difficult for smaller organizations to use, so Community Based organizations (CBOs) will have three record keeping pathway options. The first pathway is for all providers to transition to Epic, the second pathway ensures that there is interoperability between Epic and another EHR system. The third pathway (least ideal) is to upload data into Epic.
 - **Discussion:** Member McGuigan suggested streamlining Epic to use less data entry fields.
- Expansion of 5150 Training
 - A new California law has been signed, updating the San Francisco health code to expand designation for who can innately hold a 5150 hold.
 - DPH will be providing QA and reviewing cases to ensure people are receiving appropriate follow-up and linkage to care.
- Culturally Congruent Initiatives that address Racial Disparities
 - Behavioral Health Services leadership is undertaking a 16-week equity executive fellowship to develop analysis skills and to better inform anti-racist practices in DPH.
 - Many of the initiatives focus on the health and behavioral health disparities of Black/African Americans.
 - More information is to come about overdoses prevention.

6. Discussion Item #3: Staffing & Wage Analysis

Discussion Item #3 is moved to the July 2023 meeting agenda.

7. Discussion Item #4: Resolutions: Street Crisis Response Team (SCRT)

Discussion Item #4 is moved to the July 2023 meeting agenda.

8. Discussion Item #5: SoMa Rise Site Visit

- Member McGuigan shared his experience when visiting SoMa RISE Drug Sobering Center.
 - It was an impressive facility.
 - Member McGuigan left confused about the qualifiers to be able to receive treatment at SoMa RISE.
 - Member McGuigan felt that there were low linkage efforts, and lack of coordinated care/case management.
 - Member McGuigan felt that SoMa Rise is being underutilized.
- Member Lipton shared his experience when visiting SoMa RISE Drug Sobering Center.
 - He also felt that SoMa RISE is an entry program, but has no exit, or linkage.

- There are data issues in tracking repeating clients.
- Member Wong shared her experience when visiting SoMa RISE Drug Sobering Center.
 - She offered that she was surprised that many clients are repeat clients who only leave a few hours at a time in order to restart their intake/admission. She suggested that clients repeating their visits offer opportunities to provide linkage to a service provider.
- **Discussion:** Member Salinas said that tracking these repeat visits and linkages could be included in contingency management.
- **Discussion:** Member Steve Fields begged the question, why do we keep doing outreach when treatment options are not being expanded. He also mentioned that there are programs who are not currently accepting referrals because there is not enough staffing capacity. As well, he offered that the topic of refusing treatment is dynamic and there are nuanced issues within, such as no access to services.
- **Discussion:** Member Lipton suggested adding a discussion topic to the agenda in the future that explores the barriers to care from the patient's side. Member Fields added that the key part of contingency management is that one choice is more helpful than the other (e.g. BHS versus the criminal justice system; open diversion programs versus hospitals with limited capacity). Member Salinas followed up with a reminder that the system flow needs to be improved. Co-facilitator Jennifer James said that a presentation about system flow is in the planning within the next couple of IWG meetings.
- Valerie Kirby, from DPH, informed the IWG that DPH has engaged InterEthnica for community engagement around mapping. InterEthnica will be asking an IWG discussion group for feedback before presenting to the IWG body. Further, Supervisor Hillary Ronen called a hearing on the system of care, that is very similar to mapping the entire system.

9. Discussion Item #6: Update on IWG Membership and Governance

- The IWG is waiting for a response from the Rules Committee at the Board of Supervisors to confirm the timeline on process applications for open IWG seats.
- Valerie Kirby raised a concern that there may not be a member quorum for the July 2023 IWG meeting. As well, she asked the IWG to help recruit new members.
- Members are allowed to attend and fully participate in the IWG after their seat term is up.

10. 2023 Meeting Planning & Housekeeping

The next meeting is scheduled for Tuesday, June 25, 2023 at 9:00am-12:00pm at DPH, 1380 Howard Street (Room 515).

Information about the meeting room location and IWG materials are posted on the IWG website.

11. Adjourn

Not applicable.