Mental Health SF Implementation Working Group
APPROVED Meeting Minutes

November 15, 2022 | 9:00 AM – 1:00 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 9:09 am by Chair Monique LaSarre. 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., 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: None

Committee Members Unexcused Absent: Jameel Patterson

2. Vote to Excuse Absent Member(s)

Facilitator Dadkhah reviewed the process for excusing absent members. She informed the IWG that no emails have been received for excused absences. Chair LaSarre requested to hold this vote until later in the meeting.

The group did not vote to excuse absent members. The vote to excuse absent members was held in the December meeting. Meeting minutes amended accordingly to reflect an unexcused absence for Member Jameel Patterso.

3. Welcome and Review of Agenda/Meeting Goals

Chair LaSarre reviewed the goals of 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. Chair LaSarre introduced the speakers for today's meeting: Director Dr. Hillary Kunins, Heather Weisbrod, Wojciech Kawalek, Khoi Dang, Douglas Foster, and Sylvia Chavez.

4. Discussion Item #1: Remote Meeting Update

Facilitator James reviewed the required findings for State and Local Requirements regarding IWG meeting virtually (will change in 2023). 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. Chair LaSarre 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. - Yes
- 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 LaSarre opened the discussion for the IWG to make changes to the October 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 October 2022 meeting minutes; Chair LaSarre seconded the motion. October 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. - Yes
- 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: MHSF Director's Update**

Director Kunins informed the IWG that her update this month would focus on contextual issues in the behavioral health sector, which may not be MHSF-specific. She mentioned that in response to feedback regarding the mapping of services, a provider directory has been sent out to IWG members. This provider directory is available on the MHSF IWG website.

Director Kunins reviewed recent public hearings. She shared that there was a hearing at the Board of Supervisors on November 9th, 2022, about Baker Places PRC. TFinancial stability issues at Baker PRC led to the agency requesting a transfer of programs. The Department of Public Health (DPH) has been working closely with Baker PRC to develop a plan that prioritizes the continuity of care for existing clients and aims to preserve the behavioral healthcare and human services continuum in San Francisco. Clients from the Joe Healy Detox Program have been transferred to HealthRIGHT 360. Acceptance Place program is intended to be transferred to HealthRIGHT 360 in early January 2023. Dr. Kunins noted that additional programs may need to be transferred.

Dr. Kunins also shared information from the hearing on the Tenderloin Center (TLC) and wellness hubs from November 3rd, 2022. The Department of Emergency Services Management was responsible for TLC

as part of an emergency initiative, and DPH assumed responsibility for TLC in July 2022. TLC is one strategy in a multi-pronged plan to reduced overdose deaths and increase connections to behavioral health and human services. TLC serves approximately 400 clients daily, seven days a week. Between January 2022-October 2022, the Center helped place over 1,000 people in shelter, and over 200 people in permanent supportive housing. It also helped over 600 people enroll in public program such as Cal Fresh and Medi-Cal. Over 300 people were connected to formal behavioral health services and over 280 overdoses were reversed. Director Kunins explained that despite these successes, the site had challenges related to location and size of the Center. TLC is anticipated to close in December 2022 and TLC staff will be in the area the week after closure to help guests with transition and navigation to other services.

Under the Overdose Prevention Plan, it was announced that DPH is aiming to open one to two wellness hubs in 2023. She shared with IWG that DPH is still navigating real estate and legal challenges in opening a site.

The final hearing that Director Kunins reviewed was the Treatment on Demand hearing on October 27th, 2022. This hearing focused on Prop T, passed in San Francisco in 2008, requiring DPH provide adequate substance use disorder (SUD) treatment capacity to meet community demand. She shared that the current funding for SUD services is $75 million. Prop C also supports SUD treatment. Using network treatment data, she encouraged taking an engagement approach, so more people get treatment. She mentioned that the hearing saw a decrease in utilization of formal SUD treatment, at the same time as an increase of the use of buprenorphine. Director Kunins explained that these data reveal that people are using different avenues of services provided under MSHF.

Director Kunins highlighted information that is upcoming in DPH's Annual MHSF Implementation Report, coming out in February 2023. She shared that 81% clients are entering into SUD residential treatment through withdrawal management services and because of this, the wait time can be eliminated; entrance into residential care can be arranged from withdrawal management or detox. Clients entering residential care through a different route have a median wait time of four days. There is a less-than-one-day wait time for entrance into opioid treatment programs or methadone maintenance.

Director Kunins talked about CARE (Community Assistance Recovery Empowerment) Court. This legislation was signed into law by Governor Newsom in September 2022 and will be implemented in a phased approach starting in October 2023. One time funding will be given for planning and implementation to work closely with courts, the state of California, the Mayor's Office, and other key stakeholders. This program requires a person-centered approach to support people with behavioral health issues and SUDs.

Discussion

Member Fields asked Director Kunins about CARE Court. He asked what the process is for BHS to bring in perspective and participation of various programs early in the discussion? Director Kunins responded that this item is on DPH's to-do list for engaging Community Based Organizations (CBOs). She mentioned two large issues: (1) the interplay of substance use and mental health and (2) the role and effectiveness of involuntary treatment with the consequences of not adhering to the treatment in CARE Court. Member Fields replied that it is critical to get clients engaged in the treatment process, especially through understanding treatment processes.

Member Eisen asked Director Kunins about the City's plan is for addressing potential overdoses with the close of the TLC. Director Kunins replied that the success of the TLC showed that people will come into care when a space is created that fosters respect. She also mentioned that when treatments are developed around peoples' needs, treatments will be utilized. Further, Director Kunins mentioned that current approaches will be strengthened to assist with the closing of the TLC. She also mentioned that legal challenges are usually present in this process.

Member Salinas asked Director Kunins if the reported wait times were for SUD residential treatment programs and Director Kunins clarified that they were. Member Salinas followed up with a request for bed wait time data on dual diagnosis residential treatment to be presented at a later

meeting. Director Kunins said this information is intended to be shared at a later IWG meeting.

Member Shortt asked if there is a plan to further support organizations in Tenderloin to help them expand and meet the need that will be coming with the closure of the TLC. Director Kunins answered that DPH is starting to have those conversations with providers, and that she would like to bring this topic back into the discussion later. Director Kunins stressed that real estate and legal issues pose barriers. Member Shortt asked Director Kunins to confirm that there is funding to support continuing services in other organizations in the Tenderloin area. She responded that funding is still available for this fiscal year if/when space opens.

11. Public Comment for Discussion Item #3

- Caller #1 (no name)- Caller #1 said that as a family member, dual diagnosis is lacking because people who go through rehab have more rigorous plans with meetings that people with mental health issues cannot follow, resulting them in getting kicked out of programs. Using her son as an example, she said that the connection between programs are lacking and people with dual diagnosis should not be placed in harm reduction programs.

- Caller #2 (no name)- Caller #2 expressed disappointment in the closing of programs that should be expanded on. She begged the question: how can people above the IWG make decisions about programs before receiving data from the IWG?

Chair LaSarre encouraged callers from the community to keeping sharing their input.

12. Discussion Item #4: Office of Coordinated Care: Bridge and Engagement Services Team (BEST)

Chair LaSarre introduced the Office of Coordinated Care (OCC) Bridge and Engagement Services Team (BEST) and reminded IWG that this domain is integral to the design and effectiveness of MHSF.

Presenter Weisbrod reviewed the agenda for this presentation. She provided a refresher on BEST. She reminded that BEST is housed within the OCC and that clients under BEST are people with historically poor connections to behavioral health services, have had trouble engaging with the system, and need extra support. Presenter Weisbrod also shared BEST implementation updates since its launch in January 2022, including systematizing referrals for the 5150 Follow-up Project. Presenter Weisbrod mentioned the BEST team has widespread experience from throughout the system and introduced Khoi Dang, Douglas Foster, and Sylvia Chavez.

Presenter Khoi Dang introduced himself as a Senior Behavioral Health Clinician, and one of two supervisors for the BEST team. He said his goal is to provide clinical supervision, support, and guidance. He helps high need clients.

Presenter Douglas Foster introduced himself as a Lead Care Manager for the BEST team. His caseload also serves high need clients. Presenter Sylvia Chavez introduced herself as a Community Based Contractor Peer Counselor for Richmond Area Multi-Services (RAMS). Presenter Foster shared his day-to-day routine as a BEST team member, which includes an aggressive outreach approach. He mentioned that Epic is helpful for client tracking. Presenter Foster also shared a client story. Presenter Chavez also shared her typical daily experiences with clients and explained how the BEST team helps clients through dedication and support.

Presenter Dang provided a wrap-up of the presentation, which situated the priorities of the BEST team through themes, challenges, and lessons learned. The priorities included linking clients to basic needs services such as medical services, behavioral health services or DMV appointments. He stressed the importance of asking the client directly about what they need.

Discussion

Chair LaSarre asked how caseload assignments function for the BEST team. Presenter Dang answered that either case managers can ask team members for support with certain clients, or BEST team members can ensure warm hand-offs of their clients to other staff.

Member Salinas asked what the caseload size per case manager is. Presenter Weisbrod answered that the BEST team plans for 10-12 clients per caseload. Member Salinas followed up her first question by asking if BEST is designed after the ACT program model. Presenter Weisbrod answered yes, in terms of the intensity of the BEST program, but BEST is designed to be a short-term bridge and does not necessarily have an ACT inspired community focus. Member Salinas mentioned that this program seems to have a lower threshold for client consent and Presenter Weisbrod agreed and added that the program is designed to be very flexible for clients. Presenter Weisbrod clarified that there is not often a duplication of services with BEST clients, and they are not intensive case management (ICM) services, but rather ICM-like services.

Member Eisen asked when BEST places a client in residential treatment, do they work with the program prior to and/or during discharge to ensure that the client is best set up for success based on the client's needs? Presenter Dang answered that BEST acts as a bridge to see a client through to placement and collaborates with programs prior to a client's discharge.

Member Amy Wong asked how BEST will fit in and work along other existing programs and what the success rate is for client placement since the launch of this program. Presenter Weisbrod answered that within the continuum, BEST is intended to provide care management and connections to services, and not intended to provide treatment in the same way as ICM programs. BEST provides support to clients trying to enter the continuum of care. Presenter Weisbrod said that Epic allows them to gather data on successful placement, and they are looking forward to sharing that at a later meeting. Further, Presenter Dang provided a client anecdote to elaborate on Presenter Weisbord's response.

Member Fields asked: (1) what is the specific relationship between BEST and Street Crisis Response Team (SCRT), (2) is it true that this program is not Medi-cal reimbursable, and (3) is there a plan to find a way to provide financial underpinnings for these programs, so they can survive a budget turn-down? Presenter Weisbrod answered that BEST and SCRT work closely together under OCC, to prevent overlap of both programs serving the same client at the same time and that EPIC allows for clear communication. She said BEST is a CalAIM enhanced care management, so BEST receives revenue for that, and looks for other sources of revenue.

13. Public Comment for Discussion Item #4

No public comment.

14. Break

- Break 10:58am-11:05am

15. Discussion Item #5: December Implementation Report: Discussion Group Report Out

Chair LaSarre thanked Member Fields, Member Lipton, Member Wong, and Oksana Shcherba (Controller's Office) for their work in this discussion group.

Facilitator James mentioned that this report is the only implementation report required under the MHSF legislation. She also reviewed the MHSF legislative requirement and purpose of the December Implementation Report. The report deadline has been extended to support engagement and participation between Behavioral Health Services (BHS) and IWG. She also mentioned that this report provides a great reflective opportunity to review series of recommendations suggested and implemented throughout the coming year. Facilitator James also reviewed the timeline and engagement process for the December

Implementation Report, which is separated into two parts: reflections on MHSF component design reflections and opportunities for the future. Facilitator James informed the IWG that a draft of MHSF component design reflection drafted by DPH and will be sent to them on December 1st, 2022, so that IWG members will have time to review and provide feedback before and during the next IWG meeting in December 2022.

The IWG is tasked with developing initial ideas for the report section on future opportunities. Member Lipton overviewed six opportunities for the future of IWG. He commented that the first two opportunities (1) Focus on system of care rather than discrete programs and (2) Shift from responsive to strategic, are considered foundational and helped evolve opportunities three, four, five, and six. Further, he mentioned that the MHSF ordinance was meant to be a broad transformation of the system of care rather than discrete components. Member Lipton suggested that IWG shift to looking at the big picture, rather than directly at specific programs. Member Lipton reviewed the opportunities.

Discussion

Member Fields underscored that it is critical for IWG to go back and review the legislation to gain a better sense of the ordinance and the charge of the IWG. He said that MHSF is charged with helping more populations in addition to those who are homeless. As this is a large duty, having a broader focus is better suited to make MHSF more successful. Comprehensive expansion of community-based services comes from the efforts of strategic discussions within the IWG.

Chair LaSarre asked how the six opportunities can be operationalized in IWG meetings. Member Lipton suggested that as a body, the IWG should participate in a retreat to discuss where the IWG should go and how. He suggested the IWG be more particular about the topics to be discussed. Member Lipton said some larger topics could be covered outside of IWG meetings via discussion groups or standing committees. As well, this allows the IWG to plan their agenda proactively.

Member Salinas agreed with the six opportunities and requested more data for the system of care. These data would help identify gaps. Considering the difficulty of hiring analytical staff, she asked if it would be possible to hire an outside contractor to do an initial evaluation of the system of care.

Member McGuigan supported the idea of subcommittees, especially focused on (1) onboarding case managers, retaining them, and paying them a higher wage, and (2) analytics. Also, he suggested timely visits to sites for better provider engagement.

Member Eisen supported Member McGuigan's ideas. She commented on mapping, especially from the care coordination side. She suggested that community members and providers may still need more explanation on how systems interconnect with each other.

Member Lipton clarified that opportunities one and two are foundational and guide how the IWG wants to spend their time. He also supported continuing mapping and Member McGuigan's suggestion for site visits. Member Lipton clarified that opportunities three through six will follow after the first two opportunities and perhaps should be addressed in engagement subcommittees.

Member Wong suggested shifting the focus to mapping and site visits.

Member Fields suggested that the IWG weigh in based on their experience, orientation, and familiarity with service data that any contractor in San Francisco, or California has and stressed the importance of the IWG weighing in.

Member Shortt offered support for opportunity six. She found it important for IWG to have a better ability to plan discussion agendas, so that IWG meetings are more discussion based with less presentations. She supported getting more provider, client, and community feedback. Member Shortt also flagged that there is an open seat on IWG.

Facilitator James read Member Gonzalez' opinion via email as she was having audio issues. Member Gonzalez said she supported all six opportunities and feels strongest about becoming more strategic versus reactive. She also said she was worried about increasing pressures on the behavioral health system and the inability to create capacity based on staff retention challenges.

Chair LaSarre asked for clarification about how the six opportunities can be operationalized. Member Lipton clarified that this effort is directed towards how the IWG can be more effective in advising the entirety of the system, as opposed to its individual components; in other words, how can IWG be more functional?

Member Hammer commented on mapping. She reminded IWG about the mapping presentation in October 2022 and requested to revisit that presentation in an upcoming IWG meeting to provide feedback. Facilitator Dadkhah informed Member Hammer that mapping is going to be reviewed by a discussion group on December 2nd, 2022.

Member Wong complimented Chair LaSarre's efforts during discussion.

16. Public Comment for Discussion Item #5

- Caller #1 (no name)- said that having presentations and discussions about mapping is not helpful, and what is needed is a directory. She also said people need a directory, like what is posted online currently, that lists services, number of beds, and what kind of people go into them. Caller#1 expressed that having another report from a contractor is a waste of time because the IWG are the experts. She also feels that hiring more staff would add stability.

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

No public comment.

18. Future Meetings & Housekeeping

Facilitator James overviewed upcoming topics to be reviewed in the December 2022 meeting. A longer meeting is to be expected.

The next meeting will be on Tuesday, December 13, 2022, at 9:00am-1:00pm.

Before the December 2022 IWG meeting, there will be two discussion groups meetings about wage and staffing (November 17, 2022) and mapping (December 2, 2022).

Member Fields commented that DPH is overwhelmed, and he would like to be in more discussions that challenge assumptions coming from DPH to open better communication.

19. Adjourn

Meeting adjourned at 12:12p without a formal closing.