September 26, 2023

Mental Health San Francisco

Implementation Working Group

San Francisco
Department of Public Health

harder+co community research

Land acknowledgement

The San Francisco Department of Public Health staff acknowledges that we are on the unceded ancestral homeland of the Ramaytush (rah-mytoosh) Ohlone (O-lon-ee) who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.

Call to Order / Roll Call

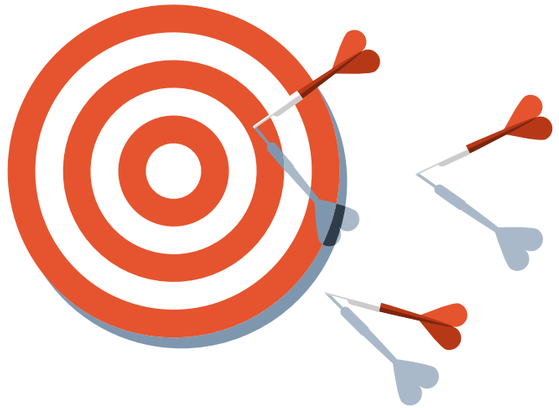
Vote to
Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

Meeting Goals

- Update about bed optimization
- Update about community engagement
- Update on MHSF by Director
- Continue discussion of draft resolutions
- Discuss IWG progress report
- Report back on IWG meeting structure discussion



All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

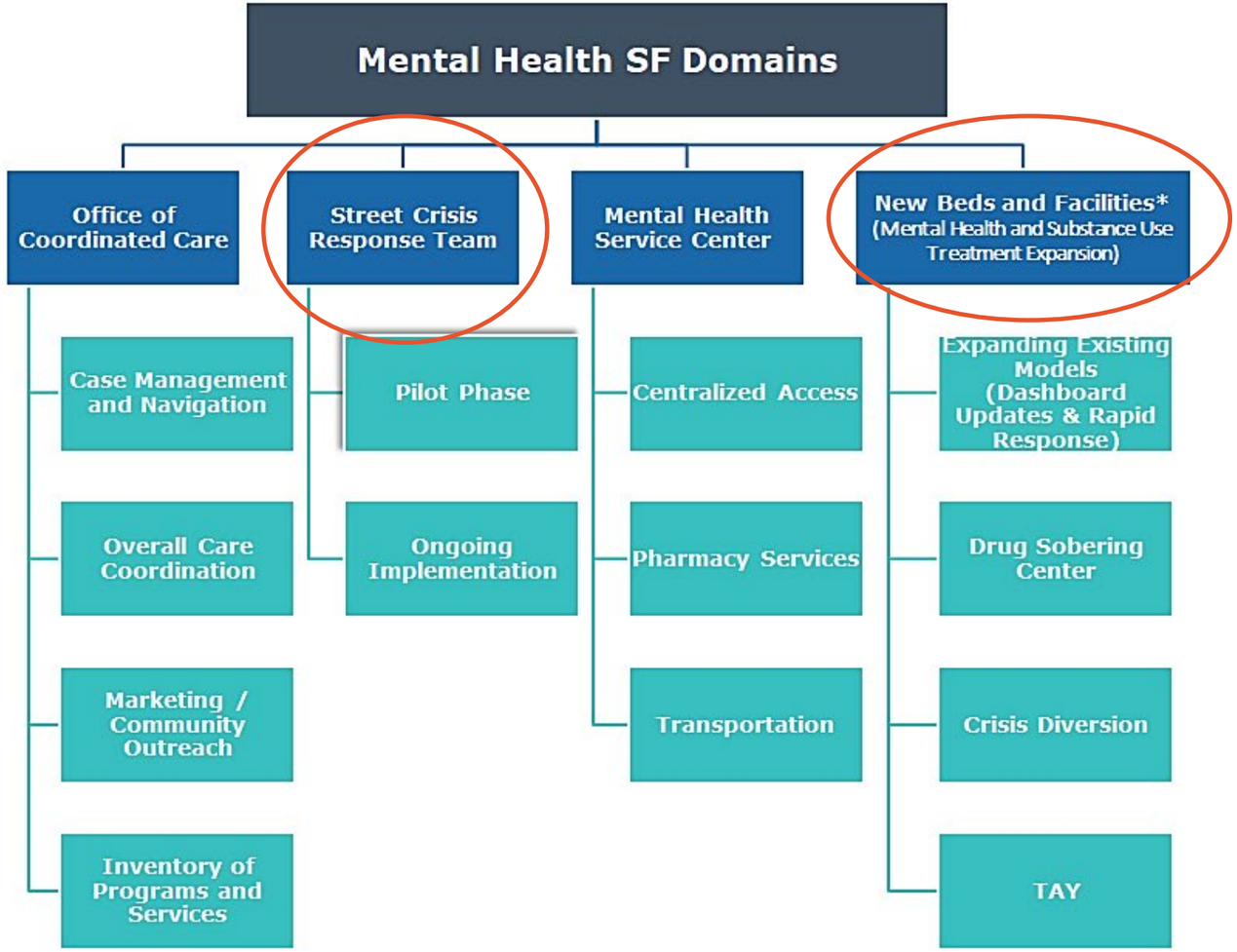
Mental Health SF Domains

Carla Beak

Dr. Hillary Kunins

Deborah Oh

Ashely Vaughn



Data and IT Systems | **HR Hiring and Pipeline** | **Equity** | **Analytics and Evaluation**

9:15 – 9:20 AM

Discussion Item #1

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Public Comment for Discussion Item #1

Approve Meeting Minutes

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

Vote on Discussion Item #1

Approve Meeting Minutes

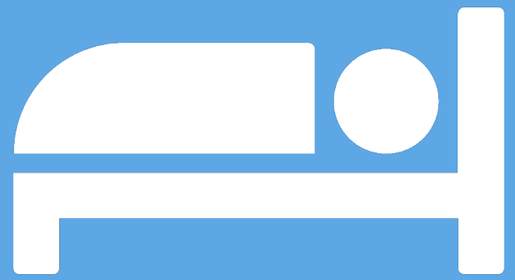
Decision Rule:

- Simply majority, by roll call

9:30 – 10:15 AM

Discussion Item #2

Bed Optimization



All materials can be found on the MHSF IWG website at
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Patient Flow and Bed Optimization Project

Project Update

CITY & COUNTY OF SAN FRANCISCO

Department of Public Health, Behavioral Health Services

Controller's Office, City Performance

9.26.2023

Project Overview

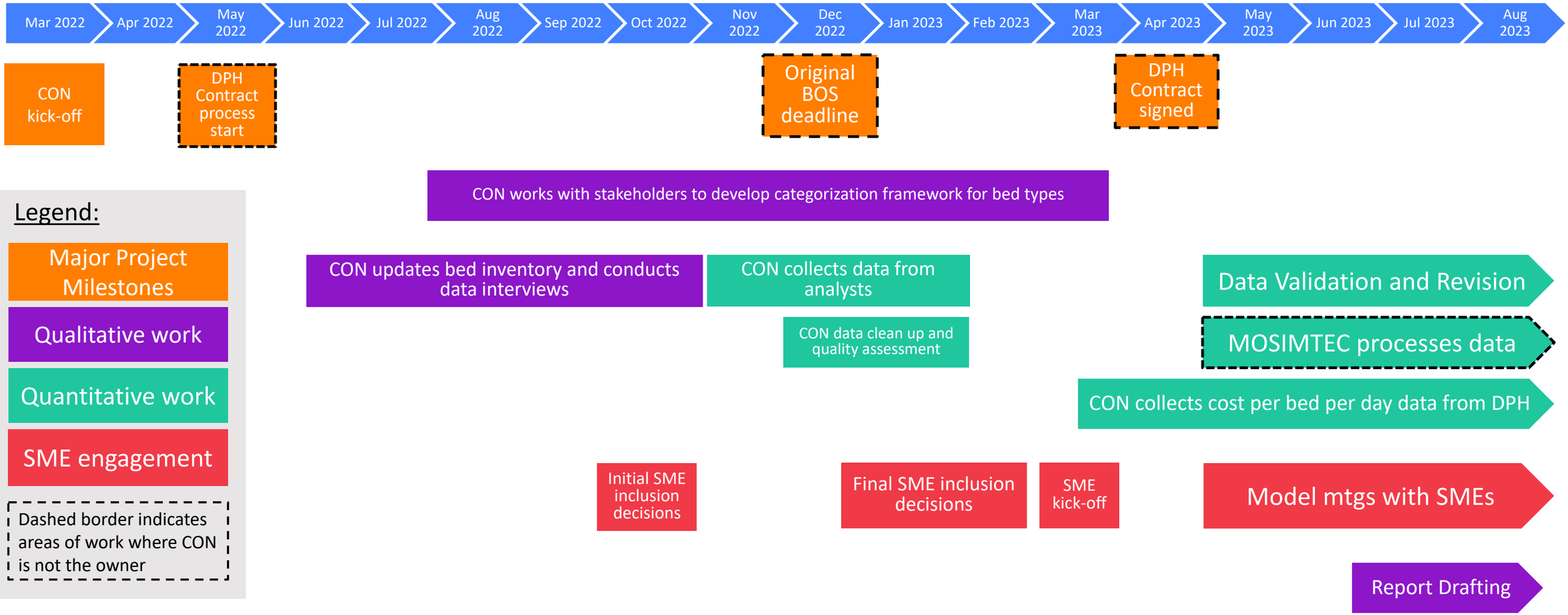
Project goals:

1. Update the bed optimization analysis performed in 2020, using the bed simulation modeling vendor MOSIMTEC.
2. Build infrastructure that will allow the Department of Public Health (DPH) to independently and regularly track bed utilization and identify bed needs to optimize patient flow across the system of care.
    - This will enable DPH to study the impact of bed expansion investments on client wait times.

Controller's Office (CON) Scope:

- Collect and analyze data to support the MOSIMTEC bed modeling efforts.
- Perform cost analysis to determine gross and net costs of bed expansion proposals.
- Support development of DPH's final public report and presentations.

What have we done so far?



SME = Subject Matter Expert

What is the scope of the Mosimtec bed modeling?

Category of Care	Examples
Emergency Services	ZSFG ED, ZSFG PES
Acute Care	ZSFG med-surg, L&D, ICU, LHH acute, and St. Francis
Post-Acute Care	LHH PM Acute Rehab, LHH SNF, and ZSFG SNF
Crisis Stabilization	Dore Urgent Care Center
Locked Residential Treatment	Crestwood, BHC - MHRC, etc.
Voluntary Residential Treatment	Progress Foundation, PRC/Baker, HR360, and Salvation Army
Low Threshold Care Facilities	465 Grove St, SOMA Rise, 16th, Eddy, Crystal, and Oaktree
Therapeutic Residence	Hummingbird, SF DPH Medical Respite
Transitional and Permanent Supportive Housing	Conard Locations, Progress, and PRC/Baker
Residential Care Facilities	BHC ARF, Independent RCFs, BHC RCFE, Independent RCFEs, Oro Quincy, and Tehama

Beds included

The current bed optimization analysis includes additional beds not present in the previous analysis, such as:

- Transitional and supportive housing
- Post-acute care (Laguna Honda, Chinese Hospital SNF, ZSFG 4A)
- Medical acute and emergency care

Some sites are excluded due to:

- Data availability issues,
- Being considered out of scope, or
- Sites not yet open or not open long enough for reliable data.

What is the timeframe of the model?

Timeframe of the data

- **The previous bed optimization analysis used data from FY 2018-2019**

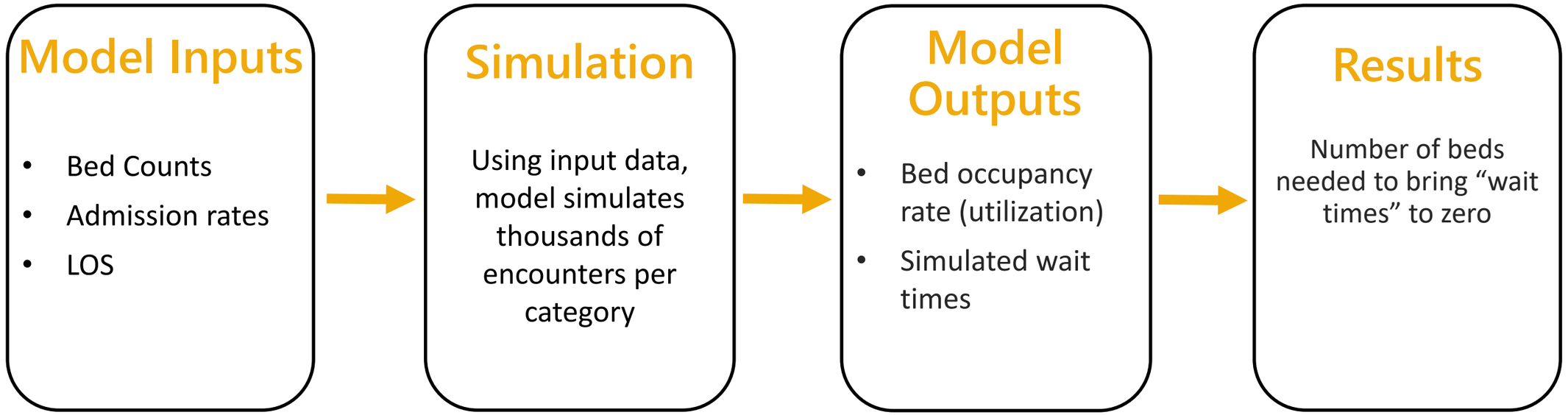
- **Data collection for the current project began in October 2022; calendar year 2021 provided the most recent reliable data for the following reasons:**
  - 2021 was relatively steady regarding COVID-19 cases as the Omicron spike began in December 2021, peaking January 2022.
  - Ambulatory Care sites switched electronic health record systems (from CCMS to Epic) in January 2022. They were unable to combine data across two systems, so we had to pick one.
  - LHH decertification discontinued admissions in early 2022.
  - Utilization Management (UM) process changes occurred in late 2021/early 2022.

How does the model identify bed need?

The final output of the simulation model will be the number of beds required to eliminate wait times for 95% of clients at each sub-category/site.

Moving forward, DPH will have the ability to test out various scenarios in the model. This will let DPH study the impact to the system from changes in bed counts, lengths of stay (LOS), or admission rates.

For each model category:



What improvements have been made since 2020?

Improvements to the INPUT DATA

- Increased the scope to provide a more holistic view of the entire system.
  - Added acute, post-acute, and other categories of care.
- Increased the scale and quality of our data pulls.
  - Longer timeframes for more accurate LOS calculations.
  - More thorough data cleaning.
  - Less reliance on “adjustment factor”
- Added demographic information and developed patient matching methodology to track individuals across different datasets.
  - Allows for patient-level analysis of current bed utilization within and across categories.

What does this do?

- Creates a unique patient-level dataset of current demographic utilization across the system of care, allowing for more detailed analysis of the **input data**.
- Provides more accurate information on admission rates and LOS that will improve the modeling to provide more accurate utilization and “wait times” as **outputs** (not patient level).

What does this NOT do?

- Does not model movement between categories of care – each category is a distinct “system” in the simulation.
- Does not tell us if individuals are in the right level of care or where they should be instead.
- Does not tell us if increasing beds is the “right” or “best” solution to improve a wait time in a category of care.

What comes next?

Next Steps

- Continue working with Mosimtec to run the model
- Write up and present findings to stakeholders
- DPH to develop infrastructure and strategies to model additional scenarios at regular intervals, assess capacity and patient flow, and identify data needs.
- CON to scope the next phase of project support

Examples of future work:

- Data entry and data pull improvements to reduce the number of files to combine and the data cleaning required
- More comprehensive inclusion of housing data
- Assessing the impact of diverted or unseen clients that don't make it into admission data
- Systems to measure whether clients are in the appropriate level of care
- Analysis of recidivism/readmission
- What other analyses would IWG be interested in?

Any questions?

Contact eric.rodriguez@sfdph.org

Public Comment for Discussion Item #2

Bed Optimization

If in person:
- Line up to speak

If online:
- Raise your hand and the facilitator will unmute you

If by phone:
- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

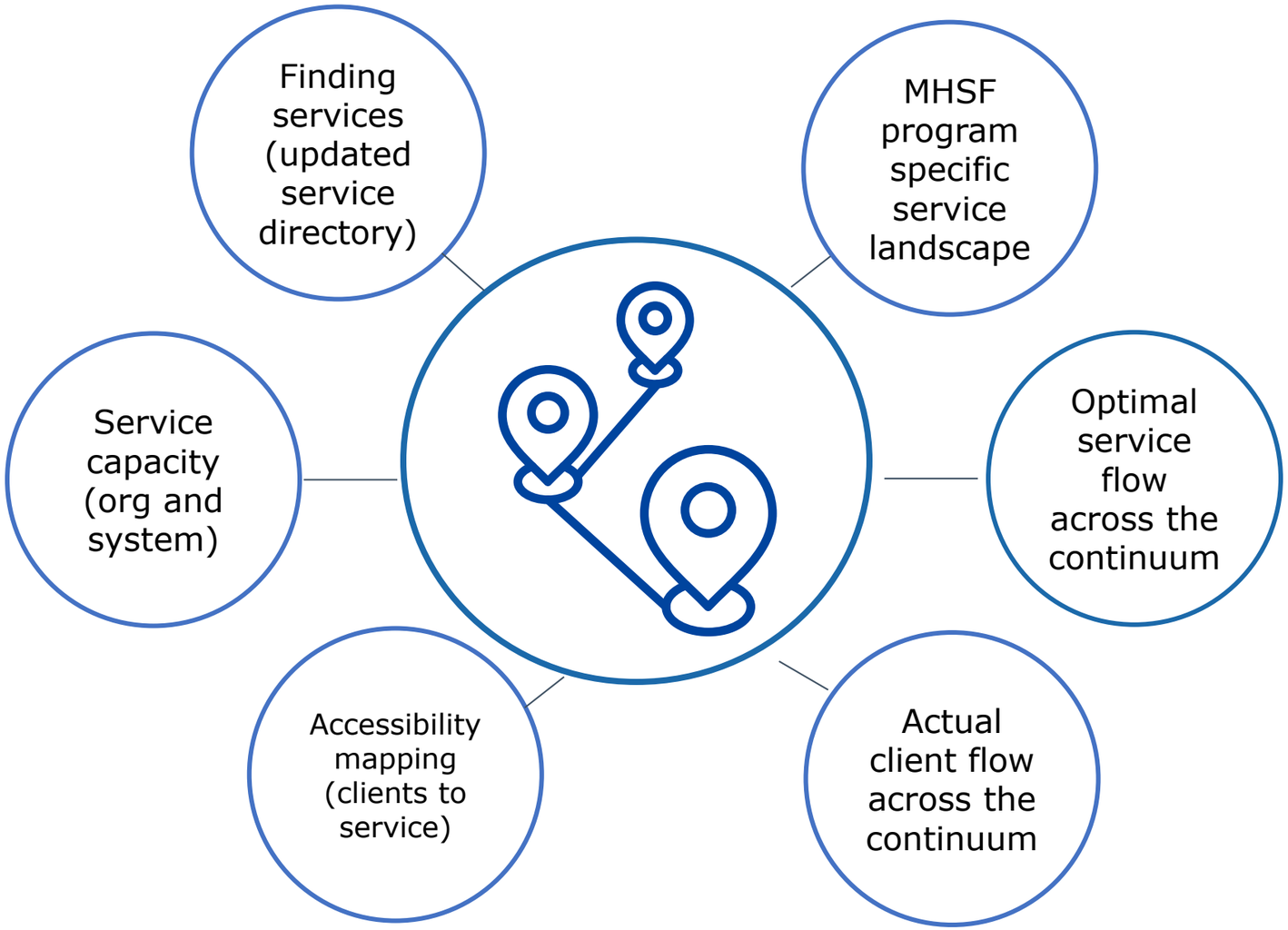
10:15 – 11:00 AM

Discussion Item #3

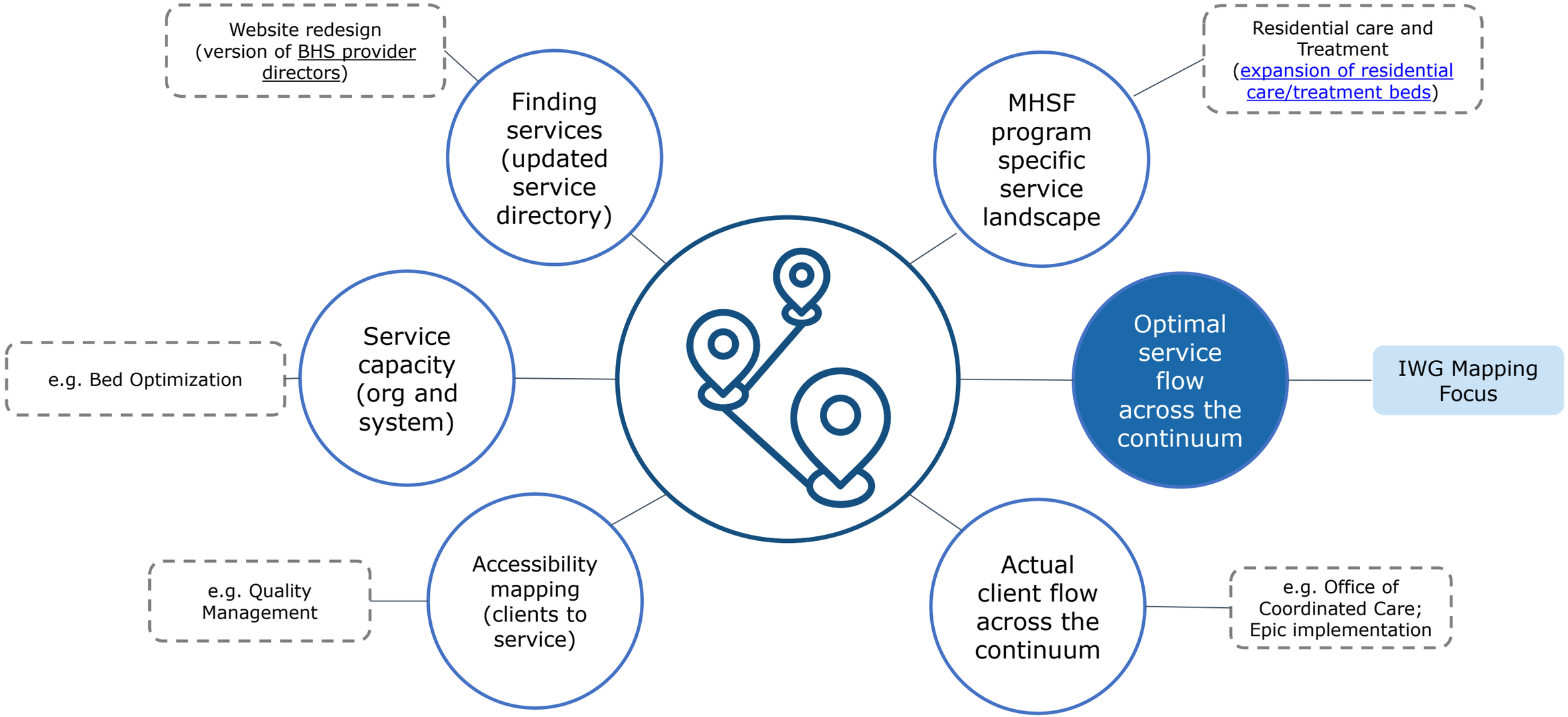
Community Engagement: Discussion Group Report Back

All materials can be found on the MHSF IWG website at
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Grounding: “Mapping” means many things



Lots of mapping going on: our focus



Activities to illustrating optimal service flow

1

IWG Recommendation

- 3 maps of ideal flow
- Discussed opportunity to engage community to explore ideal to actual

2

DPH Development

- Develop initial maps of ideal flow for community engagement

3

Community engagement

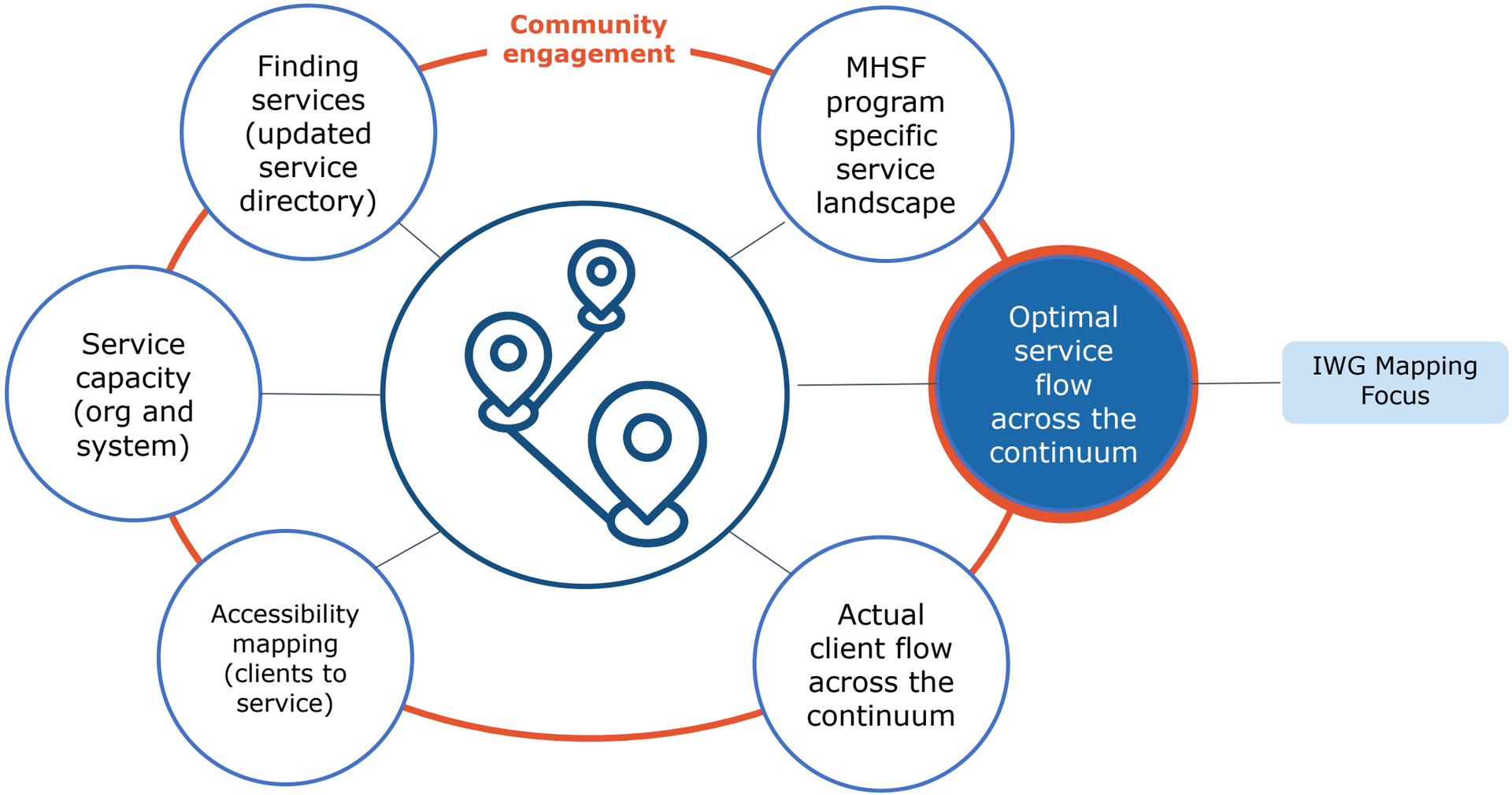
- InterEthnica engaged to develop and implement community engagement process

4

Refine optimal service flow

Use community feedback to refine optimal service flow and consider improvements

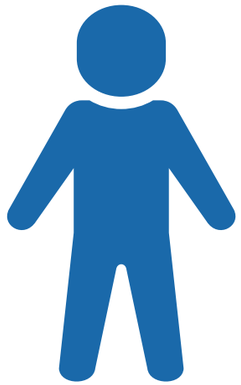
Community engagement informs many efforts



Defining “community”

Providers

(contracted by DPH)



Consumers

(of DPH services)

Community engagement goal

Goal of community engagement: In an effort to better understand how clients and providers experience the behavioral health system of care

How this informs mapping:

1. How consumers access care
2. How consumers flow through the system
3. How providers connect and refer clients to care

Community engagement process

1. One virtual listening session with providers
2. Roadshow format listening sessions with clients in their preferred method (e.g. in-person, phone, or virtual; in small groups or one-on-one)

Recruitment criteria includes diversity of demographics, types of services utilized, length of time utilizing services, and access point.

Community Engagement Report Back

Interethnica's proposed questions

Consumers

Personal experiences

- Experiences using Behavioral Health Services
- Types of services received
- How first accessed these services

Identifying gaps

- What worked well? What did not work well?
- What challenges did you face?
- What could be improved?

Envisioning an ideal pathway

- In your ideal world, how would it look like to access services?

Providers

Past and present experiences

- Process of how clients first access care
- Process of what happens after client first seeks care

Identifying gaps

- What works well? What needs improvement?
- What challenges do you face?
- What can help improve the experience for you? For clients?

Envisioning an ideal pathway

- What would an ideal pathway of service look like?

Discussion Group Report Back

Consumer group feedback

- Recruitment should focus on bringing in a variety of experiences, diverse backgrounds, and identities
- Consumer's past experience with care (e.g., where received care before and what worked / didn't work)
- Ready for Interethnica to proceed

Provider group feedback

- Consider doing 2 provider groups: outpatient and Intensive Case Management / Full Service Partnership
- Reconvene to discuss further

Questions?

Given the scope of this mapping project, are there any additional considerations or questions?

Public Comment for Discussion Item #3

Community Engagement

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted


5 Minute Break

11:05 – 11:25 AM

Discussion Item #4

MHSF Director's Update

Dr. Hillary Kunins

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Public Comment for Discussion Item #4

MHSF Director’s Update

If in person:
- Line up to speak

If online:
- Raise your hand and the facilitator will unmute you

If by phone:
- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

11:25 – 11:30 AM

Discussion Item #5

Resolutions: Street Crisis Response Team

All materials can be found on the MHSF IWG website at
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Resolution: Updates

Whereas, ~~a unilateral~~ the decision was made to remove the ~~trained~~ licensed mental health clinicians from the SCRT vans with no ~~notice or~~ request for input from the IWG, as learned in the SF Chronicle on February 19th, 2023;

Whereas, the IWG understands that SCRT vehicles dispatched to respond to behavioral health crisis calls currently have no personnel with ~~mental health, trauma informed, de-escalation, or~~ advanced behavioral health ~~or diagnostic~~ training ~~as they are dispatched to respond to mental health crisis calls~~;

Resolution: Updates (final wording)

The IWG…recommends and urges the following:

1. The SCRT teams include professionals on the vehicles with mental health training and experience needed to respond to crisis on the streets with a behavioral health and trauma-informed approach.
2. The focus of SCRT continues to be intervening with people experiencing a substance use or mental health crisis on the street, with the goal of engaging them and having them enter into a system of treatment and coordinated care.
3. Departmental oversight of SCRT will include resumption of regular reports which include encounter data, demographic information, disposition and follow-up. This includes regular sharing of data, along with quarterly reports and discussion with the MHSF Implementation Working Group.
4. An evaluation of SCRT is conducted annually and reported on to IWG and City stakeholders.

Temperature check

Temperature check to vote to approve the two resolutions

1. No way, I block this
2. I see issues we need to resolve
3. I see issues, but can live with it
4. I’m fine with this as is
5. I love this

Public Comment for Discussion Item #5

Resolution: Street Crisis Response Team

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

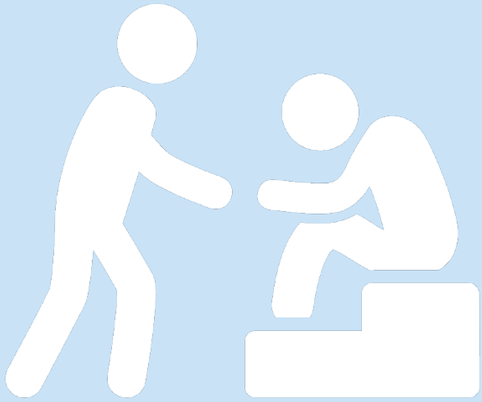
- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

Vote on Discussion Item #5

Resolutions: Street Crisis Response Team

Decision Rule:

- Simply majority, by roll call



11:30 – 11:45 AM

Discussion Item #6

Progress Report Planning

All materials can be found on the MHSF IWG website at
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

IWG's Annual progress report

By the ordinance….

DPH must submit an annual MHSF implementation report every February to:

- Describe services to address need
- Estimate financial resources
- Identify a priority plan for areas of the plan that are infeasible to deliver
- Estimate a plan to finance those priorities

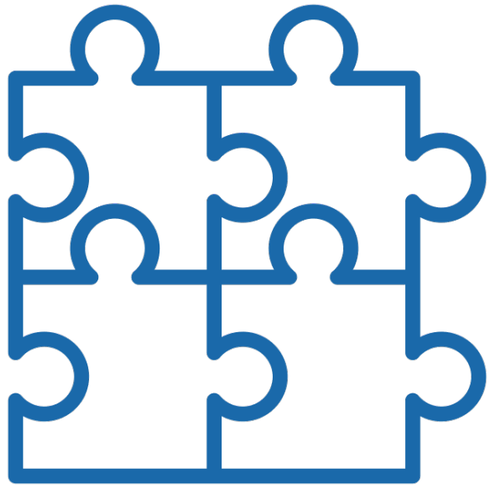
IWG must submit an annual implementation plan every October to:

- Provide a written report on **IWG** progress

Moving back timeline to December 1

Discussion group

- H+Co will review notes
- DPH will provide reflection
- Discussion groups meeting in October, bring feedback to October IWG meeting
- H+Co drafts and submits for November meeting review and finalizing



Public Comment for Discussion Item #6

Progress Report Planning

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

11:45 AM – 12:00 PM

Discussion Item #7

Optimal use of IWG

All materials can be found on the MHSF IWG website at
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Presentation & Meeting Structure

Current challenges to solve for:

- **Meeting location** (building)
- **Structure** (e.g., meeting length, presentation/discussion type and balance)
- **Content** (e.g., accessibility of presentations/content to the community, IWG involvement in agenda setting)

This is the first of an ongoing discussion series

Presentation & Meeting Structure

Challenges for meeting location:

- Not as accessible: transit, parking, gatekept entry

Considerations for meeting location:

- Changing locations would create less direct access to DPH leadership staff
- Most locations available will still require the public to be escorted into the meeting

Not high priority for discussion members

Possible solutions:

- Change IWG meeting location to a building that has public transit accessibility
- **Related recommendation**: Increase publicity regarding these meetings

Presentation & Meeting Structure

Challenges for meeting structure:

- Meetings are long
  - Impacts recruitment
- Not enough time for agenda setting
- In depth presentations
  - Take time away from in depth discussion
  - Difficult for DPH capacity

Considerations for meeting structure:

- Need sufficient time for both updates and discussion
- Need to plan DPH staffing/prep

Possible solutions:

- Extend time in agenda allotted to agenda setting
- Shift from formal presentations to briefings from DPH
- Share DPH presentations/briefings before IWG with enough time for review, so meeting time will be used mostly for discussion

Presentation & Meeting Structure

Challenges for meeting content:

- Not involved enough in agenda setting
- Current content does not invite input
- Formal presentations contain information that is not of interest to IWG
- Items that should be covered in meetings are not (e.g., buying proposal for MHSC)

Considerations for meeting content:

- Need to meet legislated purpose
- Need to address topics of interest

Possible solutions:

- Encourage greater Chair involvement
- Create standing agenda item “current items” to make time to discuss IWG-related items in the media
- Place discussion-driven slides earlier in presentation
- Split MHSF domains between even/odd months to set a consistent, but flexible agenda

Public Comment for Discussion Item #7

Optimal use of IWG

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

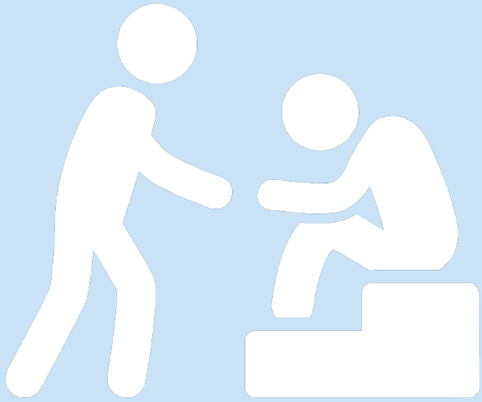
- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

Vote on Discussion Item #7

Optimal use of IWG

Decision Rule:

- Simply majority, by roll call



Public Comment for

Any other matter within the jurisdiction of the Committee not on the agenda

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

Membership Update

Two-year terms

Chair needed

Applications typically move forward in a group

Seat	Appointed By	Qualification /Representation	Name
Seat 1	Board	Health Care Worker	Amy Wong, A.M.F.T.
Seat 2	Mayor	Lived experience	Jameel Patterson
Seat 3	Board	Lived experience	*open*
Seat 4	Mayor	Peace Office, Emergency Medical Response, Firefighter	James McGuigan
Seat 5	Mayor	Treatment provider with mental health harm reduction experience	*open*
Seat 6	Board	Treatment provider with mental health harm reduction experience	Steve Fields, M.P.A.
Seat 7	Board	Treatment Provider with criminal justice experience	Andrea Salinas, L.M.F.T.
Seat 8	Board	Behavioral Health licensed professional	*open*
Seat 9	Mayor	Residential Treatment Program Management and Operations	*open*
Seat 10	Mayor	DPH employee experience with dual diagnosis	Dr. Ana Gonzalez, D.O.
Seat 11	Board	Supportive housing provider	Sara Shortt, M.S.W.
Seat 12	Mayor	DPH employee with health systems or hospital administration experience; SFDPH, Health Network, Ambulatory Care (also on MHSF Executive Team)	Dr. Hali Hammer, M.D.
Seat 13	City Attorney	Health law expert appointed	Steve Lipton

Meeting Planning

October 24, 2023 from 9am - 12pm
1380 Howard Street. Room 515

Potential October Topics

- SoMa RISE report back
- DEM/FIRE update on SCRT (would requires Interim Chair formal request)
- Analytics and eval
- Community engagement update w InterEthnica

Upcoming Topics for Consideration

- Staffing and wages study update
- Community engagement (ongoing update)
- Progress report

Additions or questions about these topics?

Housekeeping

- Upcoming Discussion Group:
  - Community Engagement (ongoing)
  - Meeting structure (ongoing)
  - Progress report

- Meeting Minutes Procedures
  - https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
  - Draft minutes in the next two weeks
  - Approved meeting minutes will be posted

- MHSF IWG e-mail address for public input: MentalHealthSFIWG@sfgov.org

Other Associated Body Meeting Times

For matters connected to this committee, consider attending the following committees

- **Board of Supervisors' Homelessness and Behavioral Health Committee**. Meets 2nd and 4th Friday of every month from 10am-1pm City Hall, Room 250.

- **Our City Our Home (OCOH) Oversight Committee**. Ensures the Our City, Our Home Funds are effectively and transparently used. Meets the 4th Thursday of every month from 9:30am-11:30am in City Hall, Room 416.

- **Behavioral Health Commission (BHC)**. Represents and ensures the inclusion of the diverse voices of consumers, family members, citizens and stakeholders in advising how mental health services are administered and provided.
  - BHC Committee: 3rd Wednesday at 6pm
  - BHC Site Visit Committee: 2nd Tuesday at 3pm
  - BHC Implementation Committee: 2nd Tuesday at 4pm
  - BHC Executive Committee: 2nd Tuesday at 5pm

- **Health Commission**. The governing and policy-making body of the Department of Public Health. Meets the 1st and 3rd Tuesdays of each month at 101 Grove Street, room 300, at 1pm.

Adjourn

Appendix A: Attendance 2023

Member	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Amy Wong						n/a	n/a					
Jameel Patterson				E	A	n/a	n/a					
open						n/a	n/a					
James McGuigan				E		n/a	n/a					
open						n/a	n/a					
Steve Fields			E			n/a	n/a	E				
Andrea Salinas						n/a	n/a					
open						n/a	n/a					
open												
Dr. Ana Gonzalez						n/a	n/a					
Sara Shortt	E					n/a	n/a					
Dr. Hali Hammer						n/a	n/a					
Steve Lipton						n/a	n/a					

E = Excused A = Absent (unexcused)