

# MHSF Implementation Working Group Meeting Minutes **Approved**

September 26, 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. Land Acknowledgement

The meeting was called to order at 9:10am by Vice Chair Sara Shortt. Vice Chair Shortt acted as Interim Chair, as the Chair position is currently unoccupied. Member Andrea Salinas read the Land Acknowledgement statement.

## 2. Call to Order/Roll Call

Co-facilitator Diana McDonnell completed roll call.

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

*Committee Members Excused Absent:*  
None

*Committee Members Unexcused Absent:*  
None

## 3. Vote to Excuse Absent Member(s)

Co-facilitator McDonnell reviewed the process for excusing absent members. The IWG voted on Member Jameel Patterson's absence from the August 2023 IWG meeting, and his absence was excused.

- Steve Fields, M.P.A. – Yes
- Ana Gonzalez, D.O. - Yes
- Hali Hammer, M.D. - Yes
- Steve Lipton - Yes
- James McGuigan – Yes
- Jameel Patterson – Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong – Yes

## 4. Welcome and Review of Agenda/Meeting Goals

Vice Chair Shortt reviewed the goals for the September 2023 meeting. She briefly introduced the speakers (Director Hillary Kunins, Carla Beak (Eric Rodriguez), Deborah Oh, and Ashley Vaughn) for this meeting and reviewed the Mental Health San Francisco (MHSF) domains.

## 5. Discussion Item #1: Approve Meeting Minutes

Valerie Kirby, from DPH, shared that she consulted the Good Government Guide (posted on IWG website) to confirm the required format for meeting minutes. The format for the meeting minutes depends on the body/group type, and she is currently waiting for confirmation of the IWG's body/group type from the City Attorney. She will update the IWG when the body/group type is defined.

## 6. Public Comment for Discussion Item #1

No public comment.

## 7. Vote on Discussion Item #1

Member Salinas motioned to approve the August 2023 meeting minutes; Member James McGuigan seconded the motion. The August 2023 meeting minutes were voted on and approved by the IWG.

- Steve Fields, M.P.A. - Yes
- Ana Gonzalez, D.O. - Yes
- Hali Hammer, M.D. - Yes
- Steve Lipton - Yes

- James McGuigan - Yes
- Sara Shortt, M.S.W. - Yes
- Jameel Patterson -Yes
- Amy Wong – Yes
- Andrea Salinas, L.M.F.T. - Yes

## 8. Discussion Item #2: Bed Optimization (Eric Rodriguez)

- Project Overview
  - Presenter Rodriguez shared the project goals of bed optimization analysis and the scope of the Controller’s Office.
- Analysis Work
  - The Bed Optimization project launched in March 2022.
  - Presenter Rodriguez noted that data collection from Mosimtec will help DPH collect future data related to patient flow.
  - There are two analysis buckets: qualitative and quantitative.
    - Qualitative analysis includes interviews with over 40 subject matter experts (SMEs) from DPH and community-based organizations (CBOs)
      - These interviews helped to determine the project scope and methodology.
    - Quantitative analysis includes financial analysis, encounter data, a comparison of the model to SME experiences, and feedback from SMEs relayed to Mosimtec, to adjust the model to better match the SME observations.
  - The Department of Behavioral Health Services (BHS) hired a new bed flow analyst to lead ongoing bed flow efforts after this version of the report is completed.
- Scope of Mosimtec Bed Modeling Project
  - There are 10 categories of care included within the analysis.
  - Bed types were added that were not present in the previous analysis:
    - Transitional and supportive housing
    - Post-acute care
    - Medical acute and emergency care
- Timeframe of the Model
  - The bed optimization analysis in 2020 used data from FY 2018-2019.
  - The current project is using data from the calendar year 2021, and data collection started in October 2022.
- Using the Model to Identify Bed Need
  - Presenter Rodriguez reviewed the process of information flow in the model.
  - The model software will allow DPH to study the impact on the model from changes in bed counts, lengths of stay, and/or admission rates.
- Improvements since 2020 Report
  - Presenter Rodriguez reviewed the improvements to the model through improvements in input data and defined how improvements add to the functionality of the model as well as clarified where the improvements have not had an impact on the model. Improvements include:
    - Increased scope that provides a more holistic view of the system
    - Increased scale and quality of data pulls
    - Added demographic information and development patient tracking methodology
- Next Steps:
  - Continue to work with Mosimtec to run the model
  - Write up results and share with stakeholders
  - DPH to develop infrastructure and strategies to model additional scenarios
  - Controller’s Office to scope the next phase off project work
    - Presenter Rodriguez shared examples of future work, which could include more comprehensive inclusion of housing data and analysis of recidivism/readmission.

- ❖ Discussion: Member Steve Fields offered that this report highlights the need to look at the most appropriate level of care for individuals, moving forward. He posed a question asking what the community-based system needs to look like in order provide alternatives to incarceration and involuntary treatment, to best serve clients.
- ❖ Discussion: Member Jameel Patterson raised a concern to ensure that clients receive the length of stay that will serve them best. Presenter Rodriguez responded that they would like to add an analysis on appropriate lengths of stay as an indicator for the appropriate level of care to the model. The model hopes to alleviate clients experiencing misplacement throughout levels of care.
- ❖ Discussion: Member James McGuigan stressed that data that gets collected will be the data that gets managed. He asked where the data for bed optimization comes from and who is entering it. Presenter Rodriguez answered that the data used in this iteration of the bed optimization report is pulled from approximately 40 different sites, around 10 model categories (reviewed in presentation). Additionally, each of the 10 categories contains sub-categories, which can include specific sites (e.g. Laguna Honda). The data explores client encounters from the calendar year 2021. He added that to judge the quality of the input data, buckets of length of stay are tracked and the distribution of that data is analyzed per model category at each site to determine a utilization rate. Member Mcguigan followed up by asking if sites are required to do input data collection. Presenter Rodriguez answered that some sites were excluded from model analysis because their data was either not available or not reliable. Presenter Rodriguez also highlighted the benefit of tracking data in EPIC.
- ❖ Discussion: Member Salinas asked what data cleaning means to the bed optimization model. Presenter Rodriguez answered that data cleaning includes identifying length of stay per individual within each data set, ensuring that individuals are not duplicated. Another example of data cleaning included simplifying detailed data tracking of each time an individual moved beds. Member Salinas stressed that some clients are not able to move through beds because they are not getting the quality of care that they need to reach stability, so it is critical to track the qualitative data as well.
- ❖ Discussion: Member Amy Wong echoed Member McGuigan’s concern for the importance of the accuracy of data collection.
- ❖ Discussion: Member Steve Lipton offered that the bed optimization report focuses more on bed utilization, and not bed optimization. He also mentioned that the new beds are not being tracked to ensure services to MHSF individuals.
- ❖ Discussion: Member Hali Hammer asked for clarification on sites that did not provide reliable data. Presenter Rodriguez explained that data was collected and cleaned from independent RFEs and RFCEs. Data that was not collected was historical data from BHC sites (BHC sites only had single-day census data). To use the data from BHC sites, their single-day census data was compared to independent sites’ historical data to try to identify gaps in data. Member Hammer echoed Member Lipton’s comment about bed utilization, and added that bed utilization helps to understand capacity and gaps. Presenter Rodriguez clarified that the bed optimization model helps to understand utilization, and that data can be further analyzed qualitatively through conversations with SMEs.
- ❖ Discussion: Vice Chair Shortt asked what the plans are for the bed optimization report to inform policy. Presenter Rodriguez answered that additional projects are in the process of being scoped to explore additional demographic data alongside demographic data from bed optimization that can be used to inform equitable changes. Vice Chair Shortt offered that staffing is critical to ensure the optimization of beds.
- ❖ Discussion: Member Salinas suggested that future work look at individuals who attempted to access services and experienced barriers from doing so.

## 9. Public Comment for Discussion Item #2

In person:

- (Unknown #1) – Unknown commenter offered that if stakeholders were specifically identified, then it would become clearer on who the projects are aimed at helping and are currently helping.

## 10. Discussion Item #3: Community Engagement: Discussion Group Report Back (Ashley Vaughn & Valerie Kirby)

- Mapping
  - Ashley Vaughn, from BHS, reviewed the multiple BHS definitions of mapping.
    - There are multiple requests for different kinds of mapping that are being engaged through different BHS offices and reports.
  - The IWG is focusing on optimal service flow across a range of services; specifically on how clients are accessing and receiving services.
- Illustrating Optimal Service Flow
  - Co-facilitator Jennifer James explained the process of mapping through four steps: IWG recommendations, DPH development, community engagement with InterEthnica, and refining optimal service flow.
  - She noted that community engagement around optimal flow is very likely to inform the other mapping categories.
  - Valerie Kirby added that feedback from Deborah Oh (InterEthnica) on mapping emphasized that IWG seize the opportunity to ask broad questions to look for feedback on maps that might otherwise be missed.
- Community
  - MHSF Community includes providers (contracted by DPH) and consumers (of DPH services).
  - The MHSF legislative priority population includes those who are connected to adult San Franciscan residents with serious mental illness and/or substance abuse disorders who are homeless, uninsured, or who are enrolled in Medi-Cal/Healthy San Francisco.
- Community Engagement Goal
  - One goal is to engage the community of providers who serve the MHSF priority population who have not yet been a part of mapping, to get their feedback.
  - The other goal is to engage the community of MHSF priority populations to gain insight on their experiences with DPH services.
  - Co-facilitator James explained how community engagement will inform mapping.
- Community Engagement Process
  - Deborah provided a logistical overview of the community engagement process.
  - She also reviewed the proposed questions for the listening sessions for providers and consumers.
    - The proposed flow and questions will be adapted based on IWG feedback from the most recent discussion group.
- Discussion Group Report Back (Member McGuigan, Member Salinas, Member Wong)
  - ❖ Discussion: Member McGuigan asked what the qualifier is for asking a consumer how long they have been a resident of San Francisco. Co-facilitator McDonnell offered that length of residency could further inform their experiences around care, along with asking consumers for their history of care specifically. Member Salinas mentioned that populations in Intensive Case Management (ICM) are more likely to be long-time residents of San Francisco, compared to those that access care through Department of Emergency Management (DEM).
  - ❖ Discussion: Member Salinas suggested that there should be actionable steps beyond the mapping to consider the amount of information that is being addressed in the protocol.

- ❖ Discussion: Member Fields asked for clarity around the modality and context for the provider community engagement and suggested that there be a provider discussion group that specifically looks at the 24-hour care system. Member Hammer added to Member Field's question by asking if the provider listening sessions will include feedback on substance use services as well. Deborah Oh answered that the provider listening sessions are intended to be 1-1.5 hours long with MHSF priority population providers who are unaware of the mapping process. Any MHSF provider who is interested and eligible may attend. Further, the recruitment process is still in refinement, but InterEthnica is working with DPH to gain access to providers through phone, email, and flyers. Co-facilitator James mentioned that the community engagement discussion group will reconvene to discuss more logistic details and outreach strategies.
- ❖ Discussion: Member Patterson suggested that the connections between homelessness and mental health need to be further defined. Additionally, he suggested mapping to be interfaced on a website. Member Patterson added that asking consumers for their length of San Francisco residency is not an ideal medium to determine appropriate services. Instead, mental health, economic issues, and using a ladder system that looks at an individual's goals should determine the levels of care that they need.
- ❖ Discussion: Member Wong asked for clarification around the type of providers that qualify for the community engagement listening sessions. Valeire Kirby responded that providers will be within the MHSF scope, to best inform the IWG's advisory capacity on where there are gaps in the MHSF system. Member Wong also raised concern for mapping that captures what services currently exist. Valerie Kirby mentioned that community engagement mapping capacity is phased into a budget, which is important to consider in logistics and planning.

### **11. Public Comment for Discussion Item #3**

No public comment.

### **12. Break**

➤ 11:04a-11:10a

### **13. Discussion Item #4: MHSF Director's Update (Dr. Hillary Kunins)**

- The External Quality Review Organization (EQRO) audit is currently in progress. This multi-day, annual state audit tracks substance use programs under MediCal.
  - A mental health services audit will also take place later this year.
- Board of Supervisors Update & Upcoming Hearings
  - 9/28/23; Overdose (in front of the Public Safety and Neighborhood Service Committee)
    - Legislation for Retail Pharmacies carrying Naloxone
    - Update Accidental Overdose Death Report
  - 9/29/23; CARE Court (in front of the Homelessness and Behavioral Health Select Committee)
    - CARE Court is due to launch October 2<sup>nd</sup>, 2023
  - End of October; Behavioral Health System of Care Overview (in front of the Board of Supervisors)
- Response to SF Chronical Article
  - The building that came to news attention is the same building that was in consideration in 2022.
  - The building needs seismic and safety assessments and is still in negotiation.
  - It is standard practice for the city not to discuss real estate negotiations while they are underway.
  - The building has 7 stories and a ground floor.

- The intent would be to house consolidated offices on 5 floors for behavioral health staff.
  - The first 2 floors would be dedicated to client services (including relocations of Behavioral Health Access Center (BHAC), Office-based Buprenorphine Induction Center (OBIC), BHS Pharmacy and a medical laboratory.
  - This would bring around 300 city workers into the corridor.
- There will be a public process if the negotiation goes through, including solicitation of IWG feedback.
- ❖ Discussion: Vice Chair Shortt reminded the IWG that the Mental Health Service Center has always been a part of MHSF. Director Kunins offered that this building is intended to be a welcoming clinical space for brief interactions, and not a drop-in space for all-day/overnight stay.
- ❖ Discussion: Member Salinas asked for clarification on the date for the hearing on Behavioral Health System of Care Overview. Director Kunins answered that the hearing will be held on October 27<sup>th</sup>, 2023 in front of the select committee. Member Salinas confirmed that the 1090 Market Street building would be a convenient location for clients.
- ❖ Discussion: Member Lipton called out an article or Director Kunins to attune to. He suggested to have an expanded discussion in a future meeting about MHSF program implementation evaluation. Director Kunins shared that San Francisco is audited by the state through 3 audits that look at MediCal services, to look at things like timeliness, Substance Use Disorder (SUD) treatment, and re-admission to mental health services. She mentioned that DPH is in a constant state of finishing audits and preparing for audits, as well as agreed that high-impact metrics should be shared on a regular basis.
  - The SOMA Rise evaluation is underway.
  - Director Kunins requested IWG members to send comments/concerns about media articles to the IWG email.
- ❖ Discussion: Vice Chair Shortt asked for more information about Governor Newsom’s discussion on CARE Court on 60 Minutes. Director Kunins explained that CARE Court is a court program under collaborative court system, so courts are being set up to hear petitions for people who might be eligible for their case to be to be managed through the mechanism of CARE Court.
  - CARE Court eligible people are people with a psychotic disorder, or a schizophrenia spectrum disorder with psychosis (does not include meth-induced psychosis).
  - Intended for people who are not in stable care.
  - This provides a potentially less restrictive opportunity to be engaged in healthcare compared to restrictive out-patient care or conservatorship.
  - There are no punitive elements if clients do not adhere to their care plans (engagement-oriented approach).
  - DPH will do an assessment/evaluation for all petitions.
    - Includes likelihood of program benefit.
  - CARE Court has a larger breadth of who can refer (parents, healthcare workers, 1<sup>st</sup> responders). Those who are participating in CARE Court also receive representation from a public defender, as well as a care worker.
    - Member Gonzalez added that the public defender will be a backup to legal services non-profits.
- ❖ Discussion: Member Fields asked for a report on the number of administrative days that are built out on the inpatient unit at Zuckerberg General Hospital for Behavioral Health Care in relation to acute days. He offered that this indicator is important to evaluate the utilization of acute care beds. Director Kunins will look for this information.

#### **14. Public Comment for Discussion Item #4**

No public comment.

## **15. Discussion Item #5: Resolutions: Street Crisis Response Team (SCRT)**

Vice Chair Shortt overviewed the history of the SCRT Resolutions, as well as provided a final update on the wording of the SCRT Resolutions.

Co-Facilitator McDonnell held a temperature check to check readiness to vote on the 2 SCRT resolutions. The temperature check passed.

## **16. Public Comment on Discussion Item #5**

No public comment.

## **17. Vote on Discussion #5**

Member Salinas motioned to vote on the SCRT resolutions and Member McGuigan seconded. The IWG voted and the SCRT Resolutions were passed.

- Steve Fields, M.P.A. - Yes
- Ana Gonzalez, D.O. - Yes
- Hali Hammer, M.D. - Yes
- Steve Lipton - Yes
- James McGuigan - Yes
- Jameel Patterson - Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong - Yes

## **18. Discussion Item #6: Progress Report Planning**

Co-facilitator James announced that the timeline for the December Implementation Report has been expanded, to be due on December 1st. Additionally, IWG members will be asked to form a discussion group for the December Implementation Report.

Discussion Item #6 was tabled to a later IWG meeting.

## **19. Discussion Item #7: Optimal Use of IWG**

Discussion Item #7 was tabled to a later IWG meeting.

## **20. Public Comment for any other matter within the jurisdiction of the Committee not on the agenda**

No public comment.

## **21. 2023 Meeting Planning & Housekeeping**

IWG Membership applications are still being received. There have been no applications submitted for seat 8 and seat 9. Valerie Kirby recommended asking the rules committee for permission to advance with filling the seats that have received applications.

Co-facilitator James overviewed the planning and sequencing for the October 2023 IWG meeting, including potential topics and upcoming topics for consideration.

The next meeting will be on Tuesday, October 24, 2023 at 9:00am-12:00pm at 1380 Howard, room 515. Information about the meeting room location and IWG materials are posted on the IWG website.

## **22. Adjourn**

Member Salinas motioned to adjourn the meeting; Member Fields seconded. Meeting adjourned at 12:23 pm.