MHSF Implementation Working Group Meeting Minutes Approved

October 24, 2023 | 9:00 AM – 1:00 PM

Note: The agenda, meeting materials, and video recording will be posted at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

1. **Land Acknowledgement** (0:0:0)

The meeting was called to order at 9:22am by Member Hali Hammer. Member Hammer acted as Interim Chair, until Vice Chair Sara Shortt arrived to resume the Interim Chair role. Member James McGuigan read the Land Acknowledgement statement.

2. **Call to Order/Roll Call** (0:1:45)

Co-facilitator Diana McDonnell completed roll call. Member Jameel Patterson submitted a notice prior to his absence.

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

Committee Members Excused Absent:
Jameel Patterson

Committee Members Unexcused Absent:
None

3. **Vote to Excuse Absent Member(s)** (0:50:26)

* This vote was deferred to a later time in the meeting.
Member Steve Lipton motioned to vote on Member Patterson's absence, and Vice Chair Shortt seconded. Co-facilitator McDonnell reviewed the process for excusing absent members. The IWG voted on Member Patterson's absence, 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 – Absent
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong – Yes

4. **Welcome and Review of Agenda/Meeting Goals** (0:2:51)

Interim Chair Hammer reviewed the goals for the October 2023 meeting. She briefly introduced the speakers (Director Hillary Kunins, Deborah Oh, and Ashley Vaughn) for this meeting and reviewed the Mental Health San Francisco (MHSF) domains.

5. **Discussion Item #1: Approve Meeting Minutes** (0:4:30)

Interim Chair Hammer opened the discussion for the IWG to make changes to the September 2023 meeting minutes. The IWG briefly reviewed the guidelines for meeting minutes within the Good Government Guide and determined that the meeting minutes' style satisfies the needs of the group.

6. **Public Comment for Discussion Item #1** (0:8:50)

No public comment.

7. **Vote on Discussion Item #1** (0:9:48)

Member Lipton motioned to approve the September 2023 meeting minutes; Member McGuigan seconded the motion. The September 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
- Jameel Patterson –Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. – Not present for vote
- Amy Wong – Yes

8. **Discussion Item #2: Report Back from Discussion Group: Community Engagement** (0:10:50)

- Community Engagement Goal
  - Co-Facilitator McDonnell reviewed the goal of community engagement (to better understand how clients and providers experience the Behavioral Health System of Care).
  - Community Engagement informs mapping through how consumers access care, how consumers flow through the system, and how providers connect and refer clients to care.

- Community Engagement Process (Behavioral Health Services: Scenarios and Flows)
  - Ashley Vaughn, from DPH, explained that this presentation uses (3) scenarios and flows to explain Behavioral Health services (BHS) pathways, and will be presented at the next Board Hearing on Friday, October 25, 2023. The presentation offered to the IWG was a draft, and not yet finalized. A more comprehensive draft was presented by Dr. Hillary Kunins in the Director's Update portion of the meeting.
    - Scenario 1: Explained a pathway of a person experiencing homelessness who has accessed Psychiatric Emergency Services (PES)
    - Scenario 2: Explained a pathway of a person who is experiencing a mental health crisis who has accessed care through the Street Crisis Response Team (SCRT)
    - Scenario 3: Explained a pathway of a person who struggles with a substance use disorder (SUD) and symptoms of PTSD who has accessed care through collaborative court.
  - Ashley also shared a workflow example for how transitional aged youth (TAY) can access services.

- Discussion: Member Steve Fields asked what the Emergency Stabilization Unit refers to. Member Andrea Salians and Ashley answered that an emergency stabilization unit is usually a hotel room. Ashley added that more detail for this slide deck is to come.

- Discussion: Interim Chair Hammer asked for clarification of the purpose of this slide deck. Ashley explained that this slide deck has been designed for the System of Care Hearing, is provider facing, and intends to showcase how people enter care and are connected to multiple levels of care. Interim Chair Hammer followed up by asking if the slide deck could be used for community groups. Ashley answered that these slides, along with other available iterations could be used in community groups. Interim Chair Hammer suggested that an expert in Health Literacy update the slides to present more accessible vocabulary for community groups.

- Discussion: Member Fields offered that PES locations need to be explained with more clarity due to implications in other levels of care. He also asked (using Scenario 1) how the context is developed for which programs are encouraged by providers. Member Salinas answered that PES does not refer to SUD treatment. Further, she explained that the current flow needs to be discussed among community providers to ideate solutions for a better system.

- Discussion: Member Salinas reminded that IWG had specifically asked for mapping (particular to providers in Intensive Case Management (ICM) and Full Service Partnerships (FSPs) that exemplifies the pathway to stabilization and lower/step-down levels of care. Ashley mentioned that DPH also has actual workflows outlined for the Office of Coordinated Care (OCC) and ICM.

- Discussion: Member Lipton stated that outcomes need to be specified at the end of the workflows. Ashely responded that DPH can tailor some of the future presentations specific to the purposes of IWG and community engagement.

- Review of Community Engagement Design (Deborah Oh, from InterEthnica)
    - Provider Group Screener: reviewed the screener developed for providers that work with the MHSF priority population.
    - Provider Group Discussion Overview: Deborah overviewed the provider group discussion protocol and emphasized the steps taken to ensure actionable next steps and accountability. She explained that providers will be asked to engage maps to test alignment with ideal service flow.
    - Consumer Group Screener: Deborah overviewed the screener tool for consumers and noted that the protocol can be refined moving forward.
    - Consumer Discussion Group Overview: Deborah explained that the discussion group protocol centers the personal experience of consumers, including their first time accessing the behavioral health system.

- Discussion: Member Fields asked for clarification on the logistics of the provider group discussion. Deborah answered that the logistics and timeline are still being worked on. She offered that refining the desired provider population is firstly needed. Member Fields stressed the importance of recruiting provider participants comprehensively.

- Discussion: Member Hammer (Vice Chair Shortt resumed roll of Interim Chair) asked if non-specialty mental health providers will be engaged in the discussion. Deborah responded that the budget is limiting, so the capacity to include them at this time is unclear.

- Discussion: Member Salinas raised that having multiple types of providers may call for more community engagement sessions, so the process is not overburdened.

- Discussion: Member Lipton suggested that questions asking for wait time to access services and whether a consumer had a person that helped them navigate the system be added to the consumer group discussion protocol. Member Salinas reminded IWG that comprehensive case managers usually operate on the ICM level; case manger services also differ across service type and location. Vice Chair Shortt echoed Member Lipton's concern for lack of access to case management.

- Co-facilitator McDonnell suggested scheduling another IWG discussion group to review the discussion materials and the logistics of the community engagement participant recruitment process.

9. **Public Comment for Discussion Item #2** (0:48:22)

No public comment.

10. **Discussion Item #3: Report Back from Discussion Group: IWG Progress Report** (0:51:44)

- Co-facilitator James reviewed the purpose of the progress report, along with the approach to be taken with the upcoming 2023 IWG progress report.

- Co-facilitator James, Member Lipton, and Member Fields suggested four core content areas for the 2023 progress report: (1) progress on foundational opportunities, (2) other key activities under way, (3) progress on specific MHSF domains, and (4) conditions that were either supportive of or barriers to progress.

    - Progress on MHSF domains is defined as things that the IWG has advised on, not what DPH is currently undertaking.
    - Core areas two and three can be drafted from the 2023 series meeting minutes.

- Member Fields overviewed two foundational opportunities (core content area 1) from 2022: (1) shift the focus of the IWG to be on the system of care rather than discrete programs and (2) shift from responsive to strategic.
    - Member Fields urged (Opportunity 1) that the success of MHSF proposed to the San Francisco's community is to discuss how the opportunities for treatment and support

services, and housing and support services could be expanded.
    - Further, he offered that there has not been enough conversation about the ecology of the system of care, and DPH has an obligation to flesh out the system of care to balance out treatment opportunities to match interventions on the crisis level.
  - Section four of the MHSF legislation outlines priorities and directions for the expansion of the system of care to provide treatment as needed.
  - Member Lipton read Opportunity 1 from 2022's progress report.
  - Member Fields offered the question (Opportunity 2): as reflected by mapping, how does the coordinated system of care move us towards outcomes that individuals who use the system are looking for?

- Co-facilitator James overviewed three conditions related to barriers and supports: (1) process optimization, (2) membership, and (3) clarity about level of influence.
  - She emphasized that the goal of the progress report is to identify challenges and to focus on how the IWG will address those challenges moving forward.
  - The focus of the progress report is what has happened, and not what will be happening.

- Brainstorm Activity: What are the signals of progress related to the foundational opportunities since December 2022?
  - Co-Facilitator James noted that big change in systems, like the intent of MHSF, do not happen quickly. As such, it is helpful to look at "signals" of progress rather than a specific end point that many be many years away.
  - A summary of the discussion is as it relates to the two opportunities identified in the December 2022 Implementation report is reflected in the annual IWG progress report (2023).

- Brainstorm Activity: What are the conditions for success? Co-faciliator James lead the group in a discussion of the conditions for success. The following barriers were noted:
  - The IWG is often put in a position on not being able to realize the opportunities (above) due to things that are no in their control. This includes hearing about MHSF issues early enough to provide advice and support; that they do not have as much control over the agenda and process as they would like (the optimizatyion discussion group presnts on this later in the meeting), and they have 4 seat vacancies- 2 of which have been vacant for more than a year and a half. Additionally, the meetings are long and not everyone is able to regularly participate due to personal or work circumstances- this is particularly true for those with lived experiences.

11. **Public Comment for Discussion Item #3** (1:38:03)

No public comment.

12. **Break** (1:38:47)

- 11:03a-11:14a

13. **Discussion Item #4: Report Back from Discussion Group: IWG Meeting Optimization** (3:04:13)

*This discussion item was moved to after Discussion Item #5.

- The Meeting Optimization Discussion Group agreed that meeting location is not a high priority at this time.
  - Discussion: Member Amy Wong emphasized the importance of hearing the community's perspective on meeting location and access.
  - Discussion: Vice Chair Shortt stated that there are pros and cons with all potential IWG meting locations.
  - Discussion: Member Salinas offered that limited public participation is more likely due to a decrease in public interest in the IWG, and not the meeting location.

- Ashley shared a proposal for an updated IWG meeting structure that includes round-robin updates, IWG-identified topics, and special presentations as needed. This format is successfully used in other DPH meetings.
    - ❖ Discussion: Member Lipton suggested that the IWG receive slides with background information in between meetings, with enough time for review.
    - The IWG agreed to try the proposed format.

- Meeting Planning Co-facilitator James shared potential topics for IWG review in November 2023, as well as upcoming topics for considerations.
    - ❖ Discussion: Member Fields suggested adding a standing item to the agenda, where DPH provides updates on what department plans are in development.

14. Public Comment for Discussion Item #4 (3:33:48)

No public comment.

15. Discussion Item #5: MHSF Director's Update (Dr. Hillary Kunins) (1:52:16)

- Verbal Updates
    - Board Hearing on Friday October 25, 2023 in front of Homelessness and Behavioral Health Committee
    - Hearing on Treatment on Demand November 9, 2023 in front of the Public Safety and Neighborhood Services Committee
    - CARE Court has launched. DPH will be hiring a permanent director and more staff.
    - SB43 was signed into law on October 10, 2023. This updates the law that defines conservatorship and expands the term 'grave disability' to include people who live with severe substance use disorder and those who are unable to provide for their own physical safety and medical care.
        - DPH has been asked to co-chair an executive steering committee for the implementation of new criteria, with partners from the Department of Aging Services.
        - Other departments on the steering committee include: SF Fire and the Department of Homelessness and Supportive Housing.
        - DPH is being asked to coordinate and consolidate assessment tracking and conservator eligibility assessment.

- ❖ Discussion: Member Lipton asked how MHSF is affected by DPH's 3% cutback. Director Kunins answered that DPH has been asked to cut vacant positions and is still in the process of decision making. Currently, there are no anticipated cuts to services funded by Prop C or general fund. Member Hammer echoed that the DPH positions that have been cut, had been vacant for a long time.

- System of Care Preview
    - Director Kunins shared the vision and mission across Behavioral Health. Main tactics include: expand critical services, improve access to mental health and substance use care, and increase awareness of where and how to get help.
    - She also shared an update on the FY 22-23 Behavioral Health Services (BHS) budget.
        - About ¾ of the budget is non-general funding.
        - About 15% of the BHS funding is Prop C.
        - About 26% of the BHS funding is county and general funds.
        - The remaining budget items are primarily from the State in a variety of funding streams, including Medi-Cal, Mental Health Services Act, realignment dollars and grants.
        - The majority of expenditures goes to MHSF, homelessness services, and adult mental health.
    - Director Kunins shared California state context and requirements for County Behavioral Health entities.

- DPH and CBO partners combined, are the largest provider of mental health and substance use prevention, early intervention, and treatment services in San Francisco. The top five most frequent primary diagnoses: (1) Depressive/Mood Disorders, (2) Substance Use Related Disorders, (3) Schizophrenic/Psychotic Disorders, (4) PTSD/Severe Stress Reaction, and (5) Anxiety Disorders.
- The range of behavioral healthcare services includes: prevention, crisis, access and navigation, outpatient treatment, and residential care treatment and support.
    - Discussion: Vice Chair Shortt asked if the data presented for outpatient treatment was duplicative. Director Kunins clarified that although DPH's aim is to identify individuals to de-duplicate service data, there still might be some overlap.
    - Discussion: Member Lipton asked for clarification on if the 25,000 figure under outpatient treatment represented individuals or encounters. Director Kunins respondent and added that this presentation aims to differentiate people and contacts (encounters). Member Lipton suggested including encounter data to express the volume of service utilization.
- Director Kunins reviewed examples of routes into behavioral health care, that includes both self-referrals and organizational referrals. Additionally, she emphasized that the path to wellness and recovery is not linear, and briefly explained the role of the Office of Coordinated Care (OCC) in wellness and recovery services.
- Director Kunins overviewed the current state of street crisis response in San Francisco, which includes: Neighborhood-based Behavioral Health Care (BEST), Overdose Response & Follow-up (SORT & POET), and street medicine.
- Maps were shared: DPH primary care clinics with BHS (directly run sites), outpatient mental health and substance use treatment sites (directly run and contracted sites), and mental health and substance use treatment beds (directly run and contracted sites).
    - 'People served' data are unique.
    - 469 beds are contracted for mental health and substance use treatment outside of the county.
- Director Kunins emphasized that successful treatment relies on more factors than bed availability. It relies on stable housing, Medi-Cal/other funds, and access to ongoing care.
    - Discussion: Member Fields clarified that the out-of-county beds are funded by the general fund and not Medi-Cal. He also pointed out that residential board and care programs use the general fund, while residential treatment does bring Medi-Cal down the county level.
    - Discussion: Vice Chair Shorrt asked if DPH tracked repeat visits in substance use treatment. Member Salinas asked the same question of dual diagnosis. Director Kunins responded that the data tracking on these needs improvement. Member Salinas stressed that the tracking of repeated visits to dual diagnosis treatment must also track discharge stabilization.
- Director Kunins reviewed varying wait times for behavioral health treatments. It is challenging to categorize wait times throughout the levels of care because there is not a single system for data tracking. Multiple data systems do not talk to each other. EPIC will be launched in May 2024. There have been increases in the last quarter in the demand for withdrawal management and residential SUD care.
    - Discussion: Member Lipton asked if data is being tracked on the implications of those who experience wait times. Director Kunins responded that the impacts of wait times are being tracked for those waiting for intensive outpatient care, or intensive case management (ICM).
    - Discussion: Member Fields suggested highlighting Medi-Cal monitored treatment programs, to further distinguish them from board and care treatment.
- The OCC is the mechanism that ensures there are no gaps in the pathways to care. The OCC manages BHS central access points: access & navigation, CARE coordination, 5150 expansion, CARE Court, and assisted outpatient treatment. Involuntary care is a last resort.
- Director Kunins overviewed DPH's effort to coordinate with city agencies and community organizations to increase the stability and connections to care. She highlighted daily/weekly coordination and case conferences, as well as the collaboration with SF Fire Department on follow-up for people seen by SCRT/POET teams.

- MHSF and other system transformation has been successful in moving the system of care forward.
  - A standardized screening tool has been implemented (Cal AIM requirement) to ensure timely access and coordinated care to people who use Medi-Cal.
  - Hours of operation for Behavioral Health Access Center (BHAC) have been expanded.
  - 350 new residential care and treatment beds have opened.
  - Naloxone distribution has been amplified.
- Director Kunins reported that key challenges and impacts to service delivery include: workforce recruitment & retention, acquiring new beds & facilities for care and treatment, and data & analytics. Data acquisition is slow due to hiring challenges.

❖ Discussion: Member Lipton emphasized the helpfulness of this presentation style and content, especially for those newer to MHSF IWG.

❖ Discussion: Member Salinas asked when IWG should anticipate details about how BHS plans to accommodate demands for those who are eligible for CARE Court services. Director Kunins responded that incorporating demand is the biggest concern, the actual number of clients may be smaller than first estimated, and DPH is working on compiling publicly available data.

❖ Discussion: Member Hammer offered her support for the decision to move data tracking to EPIC. She mentioned that the switch would provide more analytic support. Director Kunins responded that DPH anticipates much more capacity with the transition to Epic, as it is a larger team with more capacity, ability, and interest to do tracking and data management. Member Hammer urged the consideration of how to weave challenges and new services more explicitly throughout this presentation.

❖ Discussion: Member Lipton asked if qualifying clients for Medi-Cal or third-party payment is a key challenge. Director Kunins responded that it is not a key challenge to her knowledge. She added that Medi-Cal resides in the county, and inter-county transfers take a long time (4-6 months).

16. **Public Comment on Discussion Item #5** (3:02:03)

No public comment.

17. **Public Comment for any other matter within the jurisdiction of the Committee not on the agenda** (3:34:20)

No public comment.

18. **2023 Housekeeping** (not discussed during meeting)

The next meeting will be on Tuesday, November 28, 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.

19. **Adjourn** (3:34:25)

Member Lipton motioned to adjourn the meeting; Member McGuigan seconded. The meeting was adjourned at 12:57pm.