

MHSF Implementation Working Group Meeting Minutes **Approved**

November 28, 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/knowcol/menthlth/Implementation.asp>

1. Land Acknowledgement (0:0:0)

The meeting was called to order at 9:10am by Member Andrea Salinas. Member Salinas acted as Interim Chair in the absence of Vice Chair Sara Shortt. Interim Chair Salinas read the Land Acknowledgement statement.

2. Call to Order/Roll Call (0:1:13)

Co-facilitator Jen James completed roll call. Vice Chair Shortt submitted a notice prior to her absence.

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., Amy Wong

Committee Members Excused Absent:
Sara Shortt, M.S.W

Committee Members Unexcused Absent:
None

3. Vote to Excuse Absent Member(s) (0:1:55)

Co-facilitator James reviewed the process for excusing absent members. The IWG voted on Vice Chair Shortt's absence, and her absence was excused.

- Steve Fields, M.P.A. – Yes
- Ana Gonzalez, D.O. – Not present for vote
- 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. - Absent
- Amy Wong – Yes

4. Welcome and Review of Agenda/Meeting Goals (0:3:31)

Interim Chair Salinas reviewed the goals for the November 2023 meeting. She briefly introduced the speakers (Marlo Simmons, Deputy Director for Behavioral Health, on behalf of Director Hillary Kunins; and April Sloan, SFFD Section Chief) for this meeting and reviewed the Mental Health San Francisco (MHSF) domains.

5. Discussion Item #1: Approve Meeting Minutes (0:40:30)

*This agenda item was deferred to a later time in the meeting.
Interim Chair Salinas opened the discussion for the IWG to make changes to the October 2023 meeting minutes. IWG members did not have changes to the meeting minutes.

6. Public Comment for Discussion Item #1 (0:43:30)

No public comment.

7. Vote on Discussion Item #1 (0:44:27)

*This vote was deferred to a later time in the meeting.
Member Hali Hammer motioned to approve the October 2023 meeting minutes; Member Steve Lipton seconded the motion. The October 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. - Absent
- Amy Wong - Yes

8. Discussion Item #2: MHSF Department Update (Deputy Director Marlo Simmons) (0:4:51)

- Board of Supervisors Update
 - No hearings are currently calendared or scheduled.
- Domain: Office of Coordinated Care (OCC)
 - Deputy Director Simmons shared updates on OCC referrals and Epic data.
 - She also reviewed the OCC follow-up process and outcome data.
 - 49% of clients were provided care coordination services.
 - ❖ Discussion: Member James McGuigan asked what is being monitored for care coordination services. Deputy Director Simmons answered that her understanding of care coordination looks at rates of reaching out to clients to assess what their needs are, and to track how they have engaged in the system. She stated that OCC follow up is needed for this question and offered an activity example of hospital discharge planning.
 - ❖ Discussion: Member Steve Fields asked for clarification on the connection between clients and OCC that continues after a referral is made. He specifically asked if the OCC continues to interact with an individual when they are referred to an in-system provider to make sure there is a continuity of intent within this "pass-the-baton" model. Deputy Director Simmons stated that the OCC vision is to continue to engage with clients until they are securely connected to services. She also mentioned that there is intent to check back with clients who have ongoing challenges. Further, Heather Weisbrod can respond in depth, later in this meeting. Valerie Kirby also added that the transition to Epic (the county electronic medical record system) allows greater visibility for OCC client tracking.
- Domain: New Beds/ Mental Health Service Center (MHSC)
 - Deputy Director Simmons provided updates on the Bed Optimization Study, the Crisis Stabilization Unit (CSU), dual diagnosis beds, and SoMa RISE.
 - More information is needed on the CSU capacity for children in the upcoming 30 treatment beds for justice involved women and their children.
 - ❖ Discussion: Member Lipton asked for an approximate timeline for the opening of the CSU. Valerie Kirby answered that the approximate launch should be in late 2024. Member Lipton stressed the importance of this location opening to provide needed services, especially to the SCRT teams and San Francisco hospitals.
 - ❖ Discussion: Member Fields asked (1) if the intention with CSU is to run it through the county, and (2) if there has been any data tracking for the increased amount of board and care beds. He also requested an update of the cost of said beds and their success numbers. Deputy Director Simmons responded that (1) the CSU will be managed through a request for proposal (RFP) and (2) there are both in-county and out-of-county beds, which adds to challenges in tracking. Further, a priority is to refer board and care clients to in-county beds first.

- Domain: Analytics & Evaluation (A&E)
 - Two new analysts have been added to the team.
 - Public dashboards on ICM and residential use treatment wait times are being drafted.
- ❖ Discussion: Interim Chair Salinas echoed that the IWG has been waiting for SCRT data that is supposed to be regularly available. Valerie Kirby responded that SCRT data is posted regularly on the public dashboard and is now managed by the Department of Emergency Management (DEM). She suggested reaching out to DEM to inquire about their dashboard mailing list. [NOTE: the SCRT monthly reports maintained by the Department of Emergency Management is now linked on the MHSF IWG website, under [resources at bottom of the home page](#)]

9. Public Comment for Discussion Item #2 (0:38:33)

No public comment.

10. Discussion Item #3: SCRT Update (Section Chief, Community Care Operations, San Francisco Fire Department, April Sloan with Chief Mike Mason) (0:45:14)

- There were initial challenges with implementation of SCRT reconfiguration, including operational efficiency regarding workload and transferring SCRT calls to the 911 system.
- Program Iteration
 - Paramedics must have a minimum of three years of prior experience to apply for SCRT position. Once hired on for SCRT, paramedics receive 240 hours of additional training on behavioral health, trauma, and care coordination.
 - There is a focus on clinicians performing follow-up with SCRT clients.
- Impact Measures: Operational Indicators
 - Response time has improved post-reconfiguration.
 - Return to service time has improved post-reconfiguration.
 - "Unable to locate" rate has decreased from 28.1% pre-configuration to 16.5% post-configuration.
- ❖ Discussion: Member Lipton asked for clarification on if the Street Wellness Response Team (SWRT) data was also included in the street teams' data. Chief Sloan and Chief Mason answered that the pre-reconfiguration data presented represents only SCRT data, but the post-reconfiguration numbers reflect SCRT calls and SWRT calls (which SCRT has absorbed). SCRT and SWRT have merged. Member Lipton submitted a follow-up question asking how often a fire engine responds to SCRT calls. Chief Sloan answered that fire engines are not automatically dispatched for SCRT calls, rather they respond to special calls made from SCRT.
- ❖ Discussion: Member Hammer asked if there is a benchmark standard that Department of Emergency Management (DEM) uses to track the SCRT Unit Hour Utilization (UHU) rate. Chief Mason answered that there is a standardized benchmark that favors a rate of about .45, therefore San Francisco units are performing well.
- ❖ Discussion: Member Jameel Patterson asked how fire or police responses are determined for calls. Chief Sloan answered that calls are screened from 911 or 311 and SCRT is dispatched for mental health complaints with no weapons or violence reported.
- ❖ Discussion: Member Amy Wong emphasized the importance of first responder training.
- Impact Measures: Performance Indicators
 - Service connection rate has slightly improved post-reconfiguration.
- Impact Measures: 5150 Holds
 - Slightly more 5150 holds are being submitted per day, due to the increased client pool, but

- o the number of encounters resulting in a hold has decreased post-reconfiguration.
- o SCRT teams have ongoing 5150 training.
- o Grave disability is defined as the inability to provide or plan for food or shelter.
 - Many examples of grave disability involve an individual with a level of paranoia that prohibits them from going inside to seek services.
- ❖ Discussion: Member Fields stated that the most recent definition of grave disability provides an opportunity to provide services and a longer engagement connection to those who do not necessarily fit the criteria for an originally-defined involuntary hold. Further, this intervention model has a possibility of having CARE Court concepts behind it.
- ❖ Discussion: Member Lipton raised the question of how clients are being fed into the system and whether there are still gaps.
- ❖ Discussion: Member Patterson asked how SCRT teams address clients who are not willing to leave the location in which they were contacted. Chief Sloan answered that when clients are non-threatening, they use verbal skills or targeted outreach to encourage them to get into the ambulance.
- Impact Measures: Law Enforcement Indicators
 - o There are less requests for police intervention post-reconfiguration.
 - Most requests for police ask for assistance with restraints or scene management (secure perimeters).
- Impact Measures: Non-Emergency Resources
 - o SoMa RISE and shelter tend to be the most utilized SCRT non-hospital resources.
- Impact Measures: Referrals for Follow-up
 - o Referral reports are linked on the MHSF website.
 - o October referrals have not yet been updated.
 - ❖ Discussion: Member Lipton asked (1) what the difference is in tracking data between referring someone to OCC and uploading daily encounter data, (2) what the process of giving a referral look like, (3) how the term "resolved" is defined, and (4) what ongoing care after the referral looks like. Heather Weisbrod answered that referral uploads occur every morning, where a list of people is received who SCRT identified as needing OCC follow up. Chief Sloan defined "resolved" as a client who has been approached by SCRT, but who had capacity and ability to remain in the community; in other words, they did not need to be transported to services. Chief Sloan also explained that the fire captain who oversees SCRT also follows up with the providers of repeat clients.
 - ❖ Discussion: Interim Chair Salinas raised that not all clients who meet SCRT criteria for 5150 meet the needs for admission to an involuntary mental health hold. She also asked how DPH is briefing on these updated mental health laws.
 - ❖ Discussion: Member Fields asked for data on SCRT clients who are brought to San Francisco General Hospital on a 5150 hold and are released shortly thereafter. Chief Sloan explained that the Fire Department tracks this data from all San Francisco hospitals. Further, Chief Mason explained that this type of data is referred to as reengagement rate and is not currently disaggregated by hospital; the data is disaggregated by housing status and EMS and is currently available. Chief Mason stated that 3% of individuals result in 25% percent of SCRT calls.
 - ❖ Discussion: Member Hammer asked if any of the newer resources have had a positive, measurable impact that is visible to street team staff. Chief Sloan answered yes, specifically SoMa RISE is an enormous resource. Further, resources that are low barrier are extremely helpful for SCRT.

- ❖ Discussion: Member Fields emphasized the importance of building out supportive housing in a more nuanced and comprehensive way.

➤ Looking Ahead

- Chief Sloan addressed Board of Supervisors Budget & Legislative Analyst (BLA) Audit recommendations and continued integration of SCRT and ASTRID.
- She also explained the mission alignment between MHSF IWG and SCRT under the management of the fire department.

- ❖ Discussion: Interim Chair Salinas echoed the importance in addressing the decrease in hospital capacity as compared to the growth in the San Francisco population in the last 30 years.

11. Public Comment for Discussion Item #3 (1:52:57)

By phone:

- (Sara)-Sara said she had read the annual report for San Francisco General Hospital, and the mental health resources cited in the report were unknown to "BHC". She also mentioned that there are not enough beds in rotation, and that the community is not being served.

12. Break (1:55:49)

- 11:07a-11:20a

13. Discussion Item #4: IWG Progress Report (2:08:56)

- Co-facilitator James briefly overviewed the purpose of and approach to the 2023 IWG Progress Report.
- The IWG reviewed the report in real time to ideate aims/goals for the IWG in 2024. The 2024 MHSF IWG goals were finalized as:
 - Advise DPH on how to describe and articulate the continuum of care for both clients and providers.
 - Advise DPH on communicating where and what providers and services are currently in place for the MHSF population.
 - Request and review MHSF outcomes data.
 - Explore the intersection between BHS and HSH.
 - Increase engagement with the community.
 - Continue to work collaboratively with DPH on creating mutually beneficial meetings that propel the work forward.
- Co-facilitator Jen James reviewed the next steps in finalizing the 2023 Progress Report.
 - The report is due December 1, 2023.

14. Public Comment for Discussion Item #4 (2:49:30)

No public comment.

15. Discussion Item #5: IWG Governance & Membership (2:50:55)

- Verbal Updates (Valerie Kirby)
 - Board seats 1,3,7,8,11 need action.
 - Applications have been received.
 - DPH is waiting for a reapplication from Vice Chair Shortt (she may continue to serve regardless)
 - Mayor seats (5,9,12) need action.
 - Valerie requesting a meeting to work towards resolving these vacancies.

- Lived experience seats have received applications.
- ❖ Discussion: Member Fields asked if there are barriers to filling the Lived Experience seats. Valerie Kirby responded that the seat is not compensated, which adds challenges with scheduling and commitment.

16. Public Comment on Discussion Item #5 (2:59:10)

No public comment.

17. Discussion Item #6: Meeting Planning (3:00:33)

- The next meeting will be on Thursday, December 14, 2023 at 9:00am-12:00pm at 333 Valencia, room 431/433. Information about the meeting room location and IWG materials are posted on the IWG website.
- Co-facilitator James reviewed the upcoming discussion topics for December and upcoming topics for consideration in early 2024.

18. Public Comment on Discussion Item #6 (3:05:33)

By phone:

- (Sara)- Sara provided a reminder that she has applied for IWG seat 5 and she is also available for IWG seat 8.

19. Public Comment for any other matter within the jurisdiction of the Committee not on the agenda (3:07:39)

No public comment.

20. 2023 Housekeeping (3:08:45)

- No requests from other City bodies/groups this period.
- There are no discussion groups scheduled for this period.
- The email address for public input is: MentalHealthSFIWG@sfgov.org

21. Other Associated Body Meeting Times (3:11:37)

- Member Patterson and Member Hammer will attend the Our City Our Home (OCOH) retreat on December 8th.

22. Adjourn (3:13:16)

Member Patterson motioned to adjourn the meeting; Member Hammer seconded. The meeting was adjourned at 12:23pm.