

MHSF Implementation Working Group Meeting Minutes **Approved**

December 14, 2023 | 9:00 AM – 12:00 PM

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

1. Land Acknowledgement (0:0:0)

The meeting was called to order at 9:20am by Member Andrea Salinas. Member Salinas acted as Interim Chair due to Vice Chair Sara Shortt's virtual attendance. Interim Chair Salinas read the Land Acknowledgement statement.

2. Call to Order/Roll Call (0:46:48)

*This agenda item was deferred to a later time in the meeting.

Co-facilitator Diana McDonnell completed roll call. Member James McGuigan 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, Jameel Patterson, Andrea Salinas, L.M.F.T., Sara Shortt, M.S.W., Amy Wong

Committee Members Excused Absent:
James McGuigan

Committee Members Unexcused Absent:
None

3. Vote to Excuse Absent Member(s) (0:47:55)

*This agenda item was deferred to a later time in the meeting.

Co-facilitator McDonnell reviewed the process for excusing absent members. The IWG voted on Member McGuigan's absence, and his absence was excused.

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| ➤ Steve Fields, M.P.A. – Yes | ➤ Jameel Patterson –Yes |
| ➤ Ana Gonzalez, D.O. – Yes | ➤ Andrea Salinas, L.M.F.T. - Yes |
| ➤ Hali Hammer, M.D. – Not present for vote | ➤ Sara Shortt, M.S.W. - Yes |
| ➤ Steve Lipton - Yes | ➤ Amy Wong – Yes |
| ➤ James McGuigan – Absent | |

4. Welcome and Review of Agenda/Meeting Goals (0:49:36)

*This agenda item was deferred to a later time in the meeting.

Interim Chair Salinas reviewed the goals for the December 2023 meeting. She briefly introduced the speakers for this meeting: Director Hillary Kunins, Dr. David Pating (DPH-SoMa RISE), Diana Castillo (Health Right 360), and Haley Mousseau (Senior Research Consultant for Harder+Company Community Research) and reviewed the Mental Health San Francisco (MHSF) domains.

5. Discussion Item #1: Approve Meeting Minutes (0:50:57)

*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 November 2023 meeting minutes. IWG members did not have changes to the meeting minutes.

6. Public Comment for Discussion Item #1 (0:51:20)

No public comment.

7. Vote on Discussion Item #1 (0:52:30)

*This vote was deferred to a later time in the meeting.

Member Steve Fields motioned to approve the November 2023 meeting minutes; Vice Chair Shortt seconded the motion. The November 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 - Absent
- Jameel Patterson - Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong - Yes

8. Discussion Item #2: MHSF Director's Update (Dr. Hillary Kunins) (0:1:40)

- General Updates
 - Hearing on Status of San Francisco's Residential Treatment Bed Expansion Plan is planned for January 2024. Date/time TBD.
 - Street Teams Audit Hearing is planned for January 2024. Date/time TBD.
 - MHSF domain leads will be present during January 2024 IWG meeting to test out brief updates from all MHSF domains.
- Domain: Street Crisis Response Team (SCRT)
 - Monthly dashboards continue to be posted [online at sf.gov](https://www.sf.gov).
 - The Office of Coordinated Care (OCC) is scheduled to follow up in February 2024 on the IWG discussion with the SF Fire Department, to share more details about follow up after SCRT engagement.
- Domain: Office of Coordinated Care (OCC)
 - BEST Neighborhood Team is getting an award.
 - They are currently operating six days a week, from 8am to 6pm, with the ultimate goal of expanding operation to seven days a week (depending on workforce capacity/hiring).
 - In October 2023, the Fire Department sent 230 clients to OCC.
 - 53% were provided care coordination services.
 - 3% had insufficient information for DPH follow up.
 - A goal for OCC is to have all offices/services operating seven days a week.
 - ❖ Discussion: Vice Chair Shortt asked for the difference between "existing providers" and "new Behavioral Health care." Dr. Kunins said that she will follow up on that at a later time.
 - ❖ Discussion: Member Steve Lipton asked what connection services are being performed if clients are not being connected to providers or a follow up team. Dr. Kunins answered that services can also include briefcase management, such as assisting clients with management of their medical paperwork. Dr. Kunins offered that an ongoing SCRT learning is that not all clients need longitudinal care.
 - ❖ Discussion: Member Steve Fields asked for the definition of "connected." Dr. Kunins clarified that the intended definition of "connected" entails that clients are supported in service engagement. Member Fields followed up by asking about clients who encounter wait lists for services. Dr. Kunins said that the goal is for the OCC to stay with a client until they are fully situated or until handoff happens.
- Domain: New Beds & Facilities
 - Community input process for Crisis Stabilization Unit is anticipated in January 2024.
 - Dr. Kunins echoed the importance of responsiveness to concerns/stigma around mental health, especially from communities concerned about locations for services based in

their neighborhoods.

- Seven contracted beds (out of county, in San Mateo) have been added to dual diagnosis.
- Analytics & Evaluation
 - Staff capacity has slowed the process of data analyzation, but they are now sufficiently staffed. Reports on 5150s, ICM wait times, and mental health and substance use residential wait times will be shared with IWG before being shared with the public.
- Office of Overdose Prevention
 - Heavy focus on Naloxone distribution and mental health training.
 - Emphasis on partnerships with CBOs (especially those that are black-led and/or black-serving), faith-based organizations, schools, city agencies, entertainment, and housings sites to engage populations at high risk for overdose.
- ❖ Discussion: Member Lipton asked the status of DPH in terms of 5150 data collecting requirements for the State. Dr. Kunins clarified that DPH is working on tracking 5150s under State legislation, and more on this is coming in May 2024. Further, DPH has been working with hospitals to gather 5150 data, as well as setting up a system for DPH to receive data in partnership with City Wide Case Management.
- ❖ Discussion: Member Fields asked if there will be outreach to providers such as Progress Foundation and PRC Baker to get ideas about flaws, gaps, and strengths to present during the residential treatment bed expansion hearing in January 2024. Dr. Kunins answered that the Hearing may focus mostly on the highest and lock subacute levels of care.

9. Public Comment for Discussion Item #2 (0:44:30)

No public comment.

10. Discussion Item #3: Update on SoMa RISE Program (Dr. David Pating, Diana Castillo, & Haley Mousseau) (0:53:35)

- Dr. Pating provided a brief background on SoMa Rise.
 - The center opened in June 2022 in partnership with Health Right 360.
 - The center offers radical hospitality and is open 24/7 with 20 beds.
- SoMa RISE goals: (1) provide a safe and welcoming place to 'come down', (2) serve people in crisis who are using drugs, and (3) provide linkage to services. SoMa RISE also provides dignity services such as showers, health screenings, and referrals.
- Dr. Pating provided an overview of the timeline and evaluation for SoMa RISE.
 - COVID prevented the center from being established in the original planned location.
 - COVID also delayed supplies.
 - SoMa RISE opened in June 2022 and Epic (the City's new electronic medical record program) went live in October 2022.
 - During year one of the SoMa RISE evaluation, SoMa RISE also became Cal AIM Community Support Services.
- Harder+Company Community Research evaluation the first year of SoMa RISE's operations through a set of questions and phases.
 - Phase one included reviewing data about the population served by SoMa RISE.
 - Phase two included doing interviews, focus groups, and a site visit.
 - Phase three included stakeholder engagement, analyzing customer satisfaction data and 311 calls, as well as completing a media scan.
 - Participatory sensemaking sessions with DPH and SoMa RISE leadership were utilized throughout the evaluation, allowing for real time adjustments of the program based on lessons learned.

- Dr. Pating reviewed SoMa RISE client data looking at: monthly visits, duration of stays, and demographics (as compared to MHSF population).
 - There are on average 32 visits to SoMa RISE per day, and an average length of stay of 14 hours.
 - The majority of clients (44%) come from the Mission District.
 - There are opportunities for engagement and quality improvements for clients who are high utilizers of SoMa RISE (4% of unduplicated guests account for 37% of all visits).

- Dr. Pating reviewed study results answering the following questions:
 - (1) is SoMa RISE safe and welcoming?
 - SoMa RISE's 24-hour model caters to guests' needs.
 - SoMa RISE offers a safe and welcoming environment.
 - The person-centered and radical hospitality approach helps staff build strong relationships with guests.
 - (2) Does it engage people in crisis?
 - The pilot largely succeeds in serving people in crisis who are using drugs.
 - 50% of clients last used methamphetamine, and 27% lasted use Fentanyl.
 - Success stories affirm how SoMa RISE makes a difference.
 - (3) Were guests linked to services?
 - The center refers guests to resources. Further, the pilot has strong relationships with other providers.
 - Detox/treatment referrals were largely utilized April 2023-June 2023.

- ❖ Discussion: Member Jameel Patterson suggested hosting regular supportive groups in SoMa RISE. Dr. Pating emphasized that the center focuses on drug sobering and not treatment services, but they are currently looking into innovations to enhance the drug sobering experience while not taking away from current services. Member Patterson also suggested that SoMa RISE utilize the Narcotics Anonymous (N.A.) app.

- ❖ Discussion: Member Fields asked about data for people who did not accept linkage. Dr. Pating explained that staff are working on the next steps to deliver scripts around linkages at the most opportune time for clients.

- ❖ Discussion: Vice Chair Shortt asked for a status check about community support for SoMa RISE and more sites like it. Dr. Pating answered that several adjustments have been made to address concerns from the neighborhood. An example of adjustments includes offering transportation to appropriate services and support for clients after their stay.

- ❖ Discussion: Member Hali Hammer asked if an outcome measure for reduced Emergency Department (ED) and Psychiatric Emergency Services (PES) visits associated with acute stimulant intoxication (methamphetamine) has been considered. Dr. Pating stated that there are multiple factors that the metrics team used, so data for the question in the way she framed it is not currently available. Additionally, Dr. Pating mentioned that SoMa RISE did not experience much bounce back to the Emergency Department (ED). Haley Mousseau (Harder+Company) confirmed that less than 1% of SoMa RISE visits resulted in guests being taken to ED. Member Hammer suggested looking at data that measures SoMa RISE guests' likelihood in going to the Emergency Room (ER). Dr. Pating added to that, saying that he would like to explore utilization of ED versus out-patient care once Epic is built out more.

- ❖ Discussion: Member Amy Wong emphasized the critical need for drug sobering centers as a point to engage those that would benefit from linkage to services.

- ❖ Discussion: Interim Chair Salinas offered that looking at SoMa RISE data longitudinally, now, allows for a better analysis of behavioral health system issues.

- Continuous Quality Improvement
 - Diana Castillo (Health Right 360) identified challenges and reviewed how SoMa RISE is currently addressing the following: improving referrals, efficient admissions, defining core objectives and outcome, data quality, and high utilization by frequent clients.
 - ❖ Discussion: Member Patterson asked if there is a system in place to differentiate types of SoMa RISE clients and their needs. Diana Castillo answered that there is a low threshold for admission, and that folks are usually intoxicated and in crisis, so the first concerns for staff revolve around providing basic needs. The current approach to triage is conversational.
 - ❖ Discussion: Member Lipton suggested scheduling/agendizing a follow up on the SoMa RISE discussion and questions raised today.

11. Public Comment for Discussion Item #3 (2:05:12)

No public comment.

12. Break

- The IWG agreed to skip the break to honor members' requests to adjourn at 12p.

13. Discussion Item #4: DPH Implementation Report (2:09:10)

- Valerie Kirby reviewed details of the Implementation Report, including the purpose, process, and timeline.
 - The report recaps progress of MHSF and lays out the vision/plans for MHSF in 2024.
 - The report is due February 1st 2024.

14. Public Comment for Discussion Item #4 (2:14:11)

By phone:

- User #4 (S. Hunter): In relation to the previous item (SoMa RISE) the individual requested to hear more about challenges within the behavioral health system, and to have a balance of shared success and challenges in report outs. Additionally, she echoed the dismissal of black community members in substance use services. She stressed the importance of addressing crisis with cultural and linguistic competency.

15. Discussion Item #5: Our City Our Home (OCOH) Report Back (Member Hammer & Member Patterson) (2:17:15)

- Member Hammer and Member Patterson attended the OCOH extended meeting on December 8th.
 - They shared the role of MHSF IWG and encouraged the OCOH team to meet with the DPH Analytics & Evaluation team to review public facing dashboards.
 - Future collaboration between IWG and OCOH is encouraged to further align racial equity visions.

16. Public Comment on Discussion Item #5 (2:25:19)

No public comment.

17. Discussion Item #6: Community Engagement

Discussion Item #6 will be moved to another IWG meeting agenda.

18. Discussion Item #7: IWG Governance and Membership

Discussion Item #7 will be moved to another IWG meeting agenda. Voting on Vice/Chair is postponed.

19. Discussion Item #8: IWG Meeting Planning (2:26:51)

- Co-facilitator James reviewed potential agenda topics for the January 2024 meeting, along with topics for consideration for future meetings in 2024.
- ❖ Discussion: Member Fields suggested an agenda topic that covers the most recent budget instructions from the Mayor's office for FY 24-25 and FY 25-26 with regard to implementation of MHSF.
- ❖ Discussion: Member Hammer suggested moving the Analytics & Evaluation presentation up as soon as possible. She also suggested providing time parameters to presenters.

20. Public Comment on Discussion Item #8 (2:37:57)

No public comment.

21. Public Comment for any other matter within the jurisdiction of the Committee not on the agenda (2:38:43)

No public comment.

22. 2023 Housekeeping (2:39:50)

- 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

23. Other Associated Body Meeting Times (2:40:19)

- See [meeting slide deck](#) for upcoming meeting times for:
 - Our City Our Home (OCOH)
 - Behavioral Health Commission (BHC)
 - Health Commission

24. Adjourn (2:40:45)

The next meeting will be on Tuesday, January 23, 2024 at 9:00am-12:00pm at DPH, 1380 Howard Street (Room 515).

Information about the meeting room location and IWG materials are posted on the IWG website.

Member Patterson motioned to adjourn the meeting; Member Hammer seconded. The meeting was adjourned at 12:01pm.