

MHSF Implementation Working Group Meeting Minutes **Approved**

February 27, 2024 | 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 9:04am by Chair Andrea Salinas. Chair Salinas read the Land Acknowledgement statement.

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

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., 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) (2:25:01)

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

Chair Salinas reviewed the process for excusing absent members. The IWG voted on member Patterson's absence and his absence was excused.

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

4. Welcome and Review of Agenda/Meeting Goals (0:2:45)

Chair Salinas reviewed the goals for the January 2024 meeting.

5. Discussion Item #1: Supervisor Update (Hillary Ronen) (0:3:20)

- San Francisco District 9 Supervisor Hillary Ronen provided a brief background on the purpose of MHSF.
 - MHSF was written in December 2019 to help reform the Behavioral Health System, specifically by addressing the disconnection between programs.
 - Advice from frontline clinicians helped guide MHSF.
- Supervisor Ronen suggested creating legislation to adjust IWG processes to encourage a streamlined focus and to make IWG member participation easier.
 - She would like to introduce legislation that would reduce the number of seats required on the IWG. This would address issues with maintaining quorum as well.
 - Another goal of this legislation is to decrease the minimum number of times that IWG is required to meet from once a month to four times per year.
 - New goals would also be established, along with a new sunset date of December 2025 (instead of 2026).
- The next steps towards Supervisor Ronen's proposed legislation will include taking feedback from this meeting and using it to draft the legislation. Once the legislation is drafted the IWG will be solicited to provide additional feedback.

- ❖ Discussion: Member Steve Fields stressed the importance of looking further than behavioral health system failures, to look at why people are on the street and continually cycling in and out of emergency care with a high need for services. He also encouraged exploring which points in people’s experiences within the system of care-pipeline could have benefited from a more intensive and more structured intervention. Member Fields raised concerns about the 2025 sunset date regarding the opportunities and challenges that the passing of Prop 1 would create.
- ❖ Discussion: Member Steve Lipton concurred with Member Fields’ comments and raised concerns about proposed meeting requirements and current seat allocation. He suggested a minimum of six IWG meetings per year.
- ❖ Discussion: Vice Chair Sara Shortt endorsed Supervisor Ronen’s suggestions and asked which IWG seats would be eliminated. Supervisor Ronen suggested eliminating empty seats first, and clarified that this process has not yet been decided on as the legislation has not yet been drafted. Vice Chair Shortt suggested further discussing other efficiencies like shorter, more frequent IWG meetings.
- ❖ Discussion: Member Amy Wong offered that the IWG has not been given enough contributory opportunities to oversee MHSF. Additionally, fewer meetings as a group would add challenges towards accomplishing goals. She suggested keeping the current meeting cadence, utilizing both in-person and online meetings as needed.
- ❖ Discussion: Member James McGuigan echoed concerns on Supervisor Ronen’s suggestion for adjusting IWG meeting requirements, and suggested meeting every other month in-person, with smaller online group meetings in-between (to continue to move things along). He also asked for an explanation on the 2025 sunset date. Supervisor Ronen answered that a 2025 sunset date is meant to encourage urgency.
- ❖ Discussion: Member Gonzalez offered her support in shifting the IWG meeting requirements to help lift the time management burden on IWG members.
- ❖ Discussion: Chair Salinas offered that to maintain substantive, monthly meetings, the content of IWG meetings would have to be restructured to include more than report-backs. She echoed Member McGuigan’s suggestion for bi-monthly meetings with workgroup meetings as needed in between. Additionally, she stressed the importance of data sharing to learn more about how to address barriers and challenges of entering the system of care that the MHSF population are experiencing, along with the importance of filling the lived experience seat. Supervisor Ronen explained that limited resources have impacted the capacity for data collection, because there has been more of a focus on simply providing behavioral health services.

6. Public Comment for Discussion Item #1 (0:43:08)

No public comment.

7. Discussion Item #2: MHSF Director Update (Dr. Hillary Kunins) (0:45:00)

- Director Kunins shared her presentation on Behavioral Health Residential Care and Treatment that was formally presented at the February 27, 2024 Hearing.
- Current Residential Inventory: Overview
 - SFDPH has an estimated 2,551 residential beds as of FY23-24. Approximately 1,861 are for Mental Health Residential Programs, and approximately 690 beds are for Substance Use Residential Programs.
 - The total is an estimate because it includes as-needed beds that are not contracted at fixed numbers.
 - Beds are provided both in- and out- of county.

- Current Mental Health Residential Types and Capacity
 - Mental health Housing, like Co-Ops and transitional housing, house the majority of mental health beds at 351.
 - ❖ Discussion: Member Lipton asked if there are data that separate acute/intensive care from residential/step-down care. Director Kunins explained that for the purpose of this presentation, the term “residential” explains a place where people stay overnight; to examine the level of care intensity, the data could be broken down by treatment category sub-types (which would show a variety of acuity and voluntariness). Member Lipton offered that it would be helpful to see the bed numbers further detailed via subcategories, as different bed types have different client qualifications; Director Kunins responded that a further analysis is to come.
 - ❖ Discussion: Member Gonzalez suggested further specifying and defining treatment bed categories.
 - ❖ Discussion: Member McGuigan asked to get a map/list of where each bed is located. He also suggested that IWG take more field trips to gain a better understanding of ‘the back side’ of client qualifications and open/closed doors.
 - ❖ Discussion: Member Fields reminded IWG that for many levels of care, there are regulatory controls, expectation, and oversights in relation to Medicaid or Medi-Cal status; and for newer concepts (e.g. Medical Respite), the structure of supervision falls under a different purview (DPH) and is not Medi-Cal-reimbursable. Director Kunins added that some treatment bed type categories are also underpinned by federal Medicare.
 - ❖ Discussion: Chair Salinas suggested collecting data on where people are specifically exiting the system of care.
- Current Substance Use Disorder (SUD) Residential Type and Capacity
 - Many SUD beds are residential step-down (recovery housing) within therapeutic residences type beds at 271.
- Behavioral Health Residential Growth
 - Since 2020, SFDPH has opened nearly 400 new residential behavioral beds.
 - 44 beds remain to be opened.
 - Director Kunins reviewed the bed expansion timeline between 2020 and 2024.
- Behavioral Health Residential Expansion in Progress
 - Director Kunins also reviewed additional bed expansion projects in progress which include Additional Enhanced Dual Diagnosis (18 beds), Transitional-Age Youth Residential (10 beds), Crisis Diversion (16 beds), Dual Diagnosis Women’s Therapeutic Residence for Justice-Involved Women (33 beds), SUD Stabilization (20 beds), among other projects that are pending approval of the Behavioral Health Bridge Housing spending plan.
 - Dr. David Pating added that DPH has contracted with Horizons Inc. in San Mateo County for detox services and offered to provide follow up on client pathways into these services.
 - ❖ Discussion: Member Wong asked why resources are continually being outsourced to counties outside of San Francisco. Director Kunins clarified that these contracts are historic. Member Wong followed up by suggesting more in-county services and beds. Director Kunins explained that in-county services are in progress, although they take time to develop, so outsourcing out-of-county services assures that SFDPH are doing all they can to provide as many services as currently possible.
 - ❖ Discussion: Vice Chair Shortt asked if out-of-county beds were specified in the bed expansion data. Director Kunins answered that specific data breakdown can be available to

the IWG for follow up.

- ❖ Discussion: Member Lipton asked for a data breakdown that specifies how many as-needed/out-of-county beds are shared/competing between counties. Valerie Kirby (DPH) offered that there are some contracts for out-of-county beds that are reserved only for San Franciscans. Director Kunins responded that her team will follow up with an answer to Member Lipton's question about "reverse as-needed" beds.
- Behavioral Health Residential Losses
 - Residential losses among SFDPH-contracted providers have primarily been among Residential Care / Residential Care for the Elderly Facilities (RCF/E or Board & Care).
 - From FY 19-20 to present, 12 RCF/Es have ended their contract, which represents approximately 60 beds and 11 in-county facilities.
 - In most cases, SFDPH was able to successfully transfer clients into continued care, with some clients being transferred to another level of care, or choosing to discontinue service.
- Staffing Capacity
 - Behavioral health workforce recruitment and retention are significant challenges that at times, does reduce the bed capacity, and is continually hard to measure.
- Behavioral Health Residential Placement from Jail
 - Jail discharge planning is multi-step and includes a high level of required collaboration.
 - Wait times for services have increased in the last 18 months.
- Estimating Current Behavioral Health Residential Needs
 - Director Kunins reviewed the 2023 behavioral health bed modeling process.
 - Goals included updating the 2020 analysis, using quantitative modeling, gathering input from subject matter experts (SMEs), and using wait-time data and RAND analysis.
 - Director Kunins reviewed the 2023 bed modeling preliminary recommendations for residential bed types, including an estimate of beds that are still needed.
- Strategies
 - Director Kunins reviewed strategies to address preliminary bed modeling recommendations.
 - Strategies included workforce recruitment and retention, new policies, and addressing data limitations.
- ❖ Discussion: Member Fields shared that over relying on out of county beds can be hazardous. The competition for residential beds is the financial model for these facilities, so getting access is always a transactional conversation, and therefore is not centered around clients' needs. He also stressed the importance of doing continual assessments on those who are on bed waitlists, to be able to better refer clients to appropriate services for their behavioral health outcomes. Director Kunins responded that the market has been failing the behavioral health system of care and echoed Member Fields' comments on deeply considering peoples' changing clinical statuses.
- ❖ Discussion: Chair Salinas suggested looking at 2014 data to further explore the loss of RCF/E beds. Director Kunins offered to follow up on this request later and clarified that simply expanding level of care will not be enough to help move the SF system of care in the right direction. Chair Salinas also requested more information on how EPIC will be built out to track different programs.
- ❖ Discussion: Member Lipton echoed Member Fields' earlier comment regarding the upcoming potential passing of Prop 1 and stressed the importance of SFDPH planning the funding proactively and accordingly.
- ❖ Discussion: Vice Chair Shortt expressed curiosity about how SSB 43 and Prop F could impact the system of care. She raised a question asking how measure requirements would impact those

already on waitlists. Eric Rodriguez (DPH) answered that there is an estimated 20% increase in demand for MHRC (Mental Health Rehabilitation Center) beds, and impact has yet to be seen. Further, solutions to meet that gap are still in consideration. Valerie Kirby (DPH) added that the Mayor-appointed SB 43 steering committee is actively reviewing strategy. Vice Chair Shortt requested more information about the SB 43 steering committee. Valerie Kirby (DPH) also added that Prop F has not yet been factored into the current bed optimization model.

- ❖ Discussion: Member McGuigan asked Eric Rodriguez (DPH) to confirm details on what information is available for the bed list he requested earlier in the meeting.
- ❖ Discussion: YoonJung Kim (DPH) clarified that all of out of county beds are long-term care beds, and 40% of long-term beds are located out-of-county. Additionally, each facility has its own specialty, and a goal is to have people as close to the county as possible. Member Wong highlighted the option of reconsidering existing resources that can be built on, especially when it comes to funding (e.g. renting out beds).
- ❖ Discussion: Member Fields suggested that DPH share a comprehensive report that includes specific costs of out of county beds juxtaposed with their measurable outcomes. Valerie Kirby (DPH) clarified that contact outcomes are applied regardless of county, and are set for the type of services being provided, regardless of where the services are being delivered and the cost of the contract.
- ❖ Discussion: Chair Salinas offered that Federal politicians need to be leveraged to help stabilize service provider capacity and retention in the system of care.

8. Public Comment for Discussion Item #2 (2:15:32)

- In person: Commentor #1 shared that there is a lack of complete information shared to IWG meetings. Additionally, she asked to see more accountability to and support for IWG, as there are people in permanent city positions that could provide better communication to the group.

9. Break (2:18:58)

- 11:23a-11:28a

10. Discussion Item #3: Approve Meeting Minutes (2:26:35)

- Chair Salinas opened the discussion for the IWG to make changes to the January 2024 meeting minutes. IWG members did not have changes to the meeting minutes.

11. Public Comment for Discussion Item #3 (2:27:06)

No public comment.

12. Vote on Discussion Item #3 (2:28:02)

Member Lipton motioned to approve the January 2024 meeting minutes; Member McGuigan seconded the motion. The January 2024 meeting minutes were voted on and approved by the IWG.

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

13. Discussion Item #4: IWG Meeting Planning (2:29:02)

- Co-facilitator McDonnell and Valerie Kirby (DPH) reviewed potential agenda topics for the March 2024 meeting, along with topics for consideration for future meetings in 2024.
 - Round robin updates are always an option for IWG to request.
 - Staffing & Wages is confirmed for the March 2024 meeting.
- ❖ Discussion: Vice Chair Shortt asked for the following topics: A&E wait time data; Opioid Settlement funds; overdose prevention dashboards.
- ❖ Discussion: Member Fields echoed Vice Chair Shortt's asks and asked for a meeting topic on beds and displacement guidance.
- ❖ Discussion: Chair Salinas requested that the OCC present in April 2024 and suggested Behavioral Health Commission (BHC) and Homelessness and Supportive Housing (HSH) workgroups to be scheduled between the April 2024 and May 2024 meetings.
- Final March 2024 IWG meeting topics will be: Staffing and Wages and Impact of Policy Initiatives.
- HSH Discussion group: Vice Chair Shortt, Member Mcguigan, Chair Salinas, and Member Fields.
- Community Engagement is ready for DPH recruitment.

14. Public Comment for Discussion Item #4 (2:47:33)

No public comment.

15. Public Comment for any other matter within the jurisdiction of the Committee not on the agenda (2:48:08)

No public comment.

16. 2023 Housekeeping (2:48:37)

- 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

17. Other Associated Body Meeting Times (2:49:08)

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

18. Adjourn (2:49:30)

The next meeting will be on Tuesday, March 26, 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 Lipton motioned to adjourn the meeting; Member McGuigan seconded. The meeting was adjourned at 11:54am.