

# Mental Health SF Implementation Working Group

## Meeting Minutes **DRAFT**

December 13, 2022 | 9:00 AM – 1:00 PM

This meeting was held by WebEx pursuant to the Governor's Executive Orders and Mayoral Emergency Proclamations suspending and modifying requirements for in-person meetings. During the Coronavirus Disease (COVID-19) emergency, the Mental Health San Francisco Implementation Working Group will convene remotely until it is legally authorized to meet in person.

Note: The agenda, meeting materials, and video recording will be posted at the [Mental Health SF Implementation Working Group website](#)

### 1. Close November 15, 2022 Meeting

Chair Monique LaSarre motioned to close November's MHSF IWG meeting. Member Hali Hammer seconded this motion. Chair LaSarre motioned for Vice Chair Jameel Patterson's absence to be unexcused. The IWG voted and Vice Chair Patterson's absence from the November 2022 meeting was unexcused.

- Vitka Eisen, M.S.W., Ed.D - Absent
- Steve Fields, M.P.A. -No
- Ana Gonzalez, D.O. – Absent
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Yes
- Steve Lipton - Yes
- James McGuigan - Yes
- Jameel Patterson – Not present for vote
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Absent
- Amy Wong – Yes

### 2. Call to Order/Roll Call

The meeting was called to order at 9:11a by Chair Monique LaSarre. Facilitator Ashlyn Dadkhah completed roll call.

*Committee Members Present:* Steve Fields, M.P.A., Hali Hammer, M.D., Monique LeSarre, Psy. D., Steve Lipton, James McGuigan, Jameel Patterson, Andrea Salinas, L.M.F.T., Amy Wong

*Committee Members Excused Absent:* Vitka Eisen, M.S.W., Ed.D, Ana Gonzalez, D.O., Sara Shortt, M.S.W.

*Committee Members Unexcused Absent:* None.

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

Facilitator Dadkhah reviewed the process for excusing absent members. All three absent members gave prior notice regarding their absence. Chair LaSarre motioned to approve their absences.

- Vitka Eisen, M.S.W., Ed.D - Absent
- Steve Fields, M.P.A. -Yes
- Ana Gonzalez, D.O. – Absent
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. 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

Chair LaSarre reviewed the goals of the December 2022 meeting and briefly introduced the speakers for this meeting. She also reviewed the Mental Health San Francisco (MHSF) domains and reminded IWG

that the charge of this work group is to advise on the design, outcomes, and effectiveness of MHSF to ensure its successful implementation of the ordinance domains.

## 5. Discussion Item #1: Remote Meeting Update

Facilitator James reviewed the required findings for State and Local Requirements regarding IWG meeting virtually (will change in 2023). She reviewed the two key resolutions that the IWG will be voting on today. She inquired if IWG members had questions or comments regarding the State and Local Requirements. IWG did not have questions.

## 6. Public Comment for Discussion Item #1

No public comment.

## 7. Vote on Discussion Item #1

Chair LaSarre motioned to approve the Remote Meeting Findings. The IWG voted and approved the Remote Meeting Findings.

- Vitka Eisen, M.S.W., Ed.D - Absent
- Steve Fields, M.P.A. - Yes
- Ana Gonzalez, D.O. - Absent
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. 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: Approve Meeting Minutes

Chair LaSarre opened the discussion for the IWG to make changes to the November 2022 meeting minutes. IWG members did not have changes to the meeting minutes.

## 9. Public Comment for Discussion Item #2

No public comment.

## 10. Vote on Discussion Item #2

Member Hammer motioned to approve the November 2022 meeting minutes; Member Steve Lipton seconded the motion. November 2022 meeting minutes were voted on and approved by the IWG.

- Vitka Eisen, M.S.W., Ed.D - Absent
- Steve Fields, M.P.A. - Yes
- Ana Gonzalez, D.O. - Absent
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. 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

## 11. Discussion Item #4: Update from Analytics & Evaluation

Director Hillary Kunins led the presentation for the San Francisco Department of Public Health (SFDPH), Division of Behavioral Health Services (BHS) key performance indicators update for the MHSF IWG. She reviewed this presentation's agenda and reminded the IWG of the MHSF key population. Director Kunins reviewed the eleven core metrics (key performance indicators) for MHSF. The December 2022 meeting is to present on core metrics:

- #5: Decrease wait times for intensive case management (ICM) services.

- #7: Increase the amount of naloxone distributed in the community.
- #9: Decrease the number of deaths due to overdose.
- #10: Decrease the disparity rates in deaths due to overdose.

Director Kunins presented an overview of the ICM program and mentioned that multidisciplinary teams provide ICM care. She reviewed ICM program wait times and FY 21-22 Census data. She clarified that full-service ICM partnership programs are funded either in part or exclusively by Mental Health Services Act of the State and allow financial support for ICM services that are not billable to Medi-cal.

Director Kunins reviewed a main finding: median days to ICM enrollment FY 21-22. She also shared median ICM wait days analysis stratified by key demographic and social determinant factors: housing status, age group, gender, primary language, and race/ethnicity. Director Kunins reviewed DPH's plan to reduce ICM wait times.

### Discussion

Member Steve Fields asked Director Kunins if there is an intention to link ICM services to community-based treatment services. Director Kunins responded that ICM is nomenclature for treatment and some of the ICM programs are led by community-based service providers. Member Fields followed up his question by asking if ICM is meant to be parallel to community treatment or is meant to identify when people may need more support than a case management model can provide. Director Kunins defined ICM as a level of treatment, so people who need a higher level of care through residential treatment or hospitalizations should be identified in this level of care. She emphasized that ICM includes wrap-around case management services as a level of care between outpatient services and residential services.

Member Salinas echoed that ICM is treatment. She asked if the fourteen programs presented in the wait time data included linkage programs. Director Kunins clarified that they do not include linkage programs. Member Salinas also asked for clarification that the wait time is measured from the time a referral is received until the time a client is connected to a case manager. Dr. Monica Rose answered that this is correct and added that the wait time ends when a client begins care. Member Salinas asked if there is wait time data that's stratified by program. Director Kunins answered that DPH did not stratify analysis by program for IWG and that DPH will receive further feedback about how to validate these data. She also mentioned that clients who were connected to ICM through linkage programs were not considered waiting. Member Salinas suggested taking out linkage program team client data in wait time analysis. In response, Director Kunins highlighted that median, not average, wait times were chosen to be presented so data would be less skewed. For further clarification, Dr. Rose added that in terms of the end time for wait time, regular treatment episode, not pre-treatment time, is considered.

Chair LaSarre asked (1) what happens to people while they are waiting, and (2) why there a big difference between genders in wait times. She also emphasized the need for more focus on prevention, especially for the Black/African American population. Director Kunins said she understands the disproportionality in Black/African American wait times as products of negative interactions with the criminal system. Director Kunins mentioned an intervention that has been funded by the Mental Health Services Act. This intervention provides culturally congruent care to Black/African Americans for mental health as one of many strategies to prevent the need for higher levels of care, improve retention in care, and to improve the ability to deliver effective care. Further validation will be explored to better understand disproportionality between population and wait times, and to decrease wait time overall. Director Kunins also mentioned that the data for what happens to people while they are waiting is unavailable. Regarding gender, Dr. Rose reminded that they are reviewing the "what" of the data, and not yet the "why".

Member Lipton asked if the FY 21-22 median wait time of thirty-five days, has gone up, down, or was stable throughout the fiscal year. Director Kunins answered that there was small variability, but moving forward, they aim to check this pattern in six-month intervals. Member Lipton asked if wait times were demand-driven or supply-driven. Member Salinas offered her opinion that wait

times are affected by short staffing. Dr. Angelica Almeida answered that both supply and demand have an impact. She mentioned that capturing accurate data will help to analyze separately from environmental factors.

Director Kunins reviewed Citywide Naloxone distribution to lay people witnessing or responding to an overdose. Two main Naloxone distributors to lay people are the DOPE Project and SFDPH Naloxone Clearinghouse. Director Kunins also reviewed overdose deaths by year and drug class and highlighted that overdose deaths have decreased overall in 2021. She mentioned that more recent overdose deaths are being tracked by the Office of the Chief Medical Examiner of San Francisco. Reducing overdose deaths overall and overdose death disparities are high priorities, especially for Black/African Americans. Director Kunins briefly reviewed overdose deaths stratified by age and gender. She also shared a timeline for sharing additional metrics through May 2023.

#### Discussion

Chair LaSarre asked Director Kunins what further measures are being considered for the Black/African American population and overdose deaths. Director Kunins answered that public education is included in the upcoming year's overdose program and asked for any recommendations or feedback for communications efforts.

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

No public comment.

### **13. Break**

➤ Break 10:27a-10:35a

### **14. Discussion Item #5: MHSF Staffing & Wage Analysis Project Update**

Presenter Wendy Lee from the Office of the Controller reviewed the agenda for the presentation on the Staffing & Wage Analysis Project Update. She grounded the discussion by overviewing the MHSF legislative directive. Presenter Lee reviewed how the analysis has been underway by explaining Phase 1: Priorities and Potential Phase 2: Focus. She noted that they have only executed Phase 1 and Phase 2 is to be determined.

Presenter Cat Benson reviewed three steps with the approach for Phase 1, mentioning that Phase 1 has been completed and the Office of the Controller is currently working on Phase 2. She reviewed other key project activities that have been completed to date. Presenter Benson overviewed project interview questions and enlightened IWG with the outcomes. She highlighted that many respondents mentioned difficulties with staffing both licensed and non-licensed case manager/counselors in both the City and Community-Based Organizations (CBOs). As a result of this outcome, the Staffing & Wage Analysis approach has been updated to dive deeper into this issue.

#### Discussion

Chair LaSarre stressed the importance of strengthening the licensure pipeline, starting at secondary education.

Member Wong mentioned that she would like to see a further comparison between licensed and non-licensed workers in both City and CBO positions. Presenter Lee responded that the analysis is still in a stage of exploring gaps and preliminary qualitative data, and the analysis is not yet at the stage of examining a deeper comparison between these positions.

Vice Chair Patterson recommended that the project seriously explore hiring locally. He stressed the importance of utilizing experience in absence of licensing, as well as educating the public about these career pipelines.

Presenter Benson continued with a review on the next step of the analysis will gather data from the Department of Human Resources (DHR) and DPH Human Resources. Also, during the next step of the Staffing & Wage Project Analysis, this project will conduct a CBO positions root cause analysis by reviewing existing CBO data sources, gap identification, and CBO outreach.

Presenter Lee shared an estimated project timeline with IWG. She clarified that the next two to three months will reflect the data collection portion of the project. In addition to recommendation development and reporting, Presenter Lee said that this project would provide benchmarking and best practices research as well.

### Discussion

Member Steve Fields complimented the presenters' team on the development and execution of this project thus far.

Member Salinas echoed Member Fields' compliment. She also raised a thought that encourages exploring how the IWG may use the data they requested moving forward with budgeting in mind.

Vice Chair Patterson reiterated the importance of providing the community with information on how to become licensed. He said that ladders and outreach will help people consider careers in mental health as viable. Furthermore, it is important for Black and Brown communities to be served by skilled people that come from their backgrounds and communities.

Chair LaSarre echoed Vice Chair Patterson's comment that there are currently skilled people who work with people experiencing mental health issues that work as staff but do not work in the direct position as service provider. The staff that have passion for this type of work should be engaged with opportunities in the mental health service provider pipeline.

Member Salinas encouraged discussing how all service providers can be better compensated, as well as reviewing barriers to hiring and staff retention.

Chair LaSarre requested to add a review of barriers as a section to the Staffing & Wage Analysis.

## **15. Public Comment for Discussion Item #5**

- Caller #1 (No name)- Caller #1 asked if the analysis includes current open positions in DPH or only positions that will be created because of this process.
  - Member Fields responded to Caller #1 by reminding that the MHSF legislation emphasizes building on the entirety of the system/continuum of care, which includes both the current system and updates to the current system.

## **16. Discussion Item #6: December Implementation Report**

Facilitator James read the legislated requirement for the December Implementation report and explained the purpose of the report. She overviewed the December Implementation Report through two parts and reviewed the report's timeline, as well engagement practices between IWG and DPH.

Facilitator James provided a rundown of the December Implementation Report. She highlighted the five key roles of the IWG: advisor, evaluator, reviewer, analyst, and strategic budget and scoping advisor.

### Discussion

Member Hali Hammer asked for clarification within the advisor role section of the report. She raised a question asking about which bodies the IWG directly advises and how the advice is considered. Oksana Shcherba noted that further clarification will be applied to this section of the report.

Vice Chair Patterson offered his interpretation of Member Hammer's question by challenging how much advice provided to DPH by the IWG is being shared with the Mental Health Board, the Health Commission, the Mayor, and the Board of Supervisors. He also offered his critique on the current mapping of services and pathways through services. Chair LaSarre agreed with his critique on mapping and asked Vice Chair Patterson if he had specific additions to the December Implementation Report. He responded that the pathways to certain types of providers needs to be outlined, as COVID-19 has made it more confusing for people to get through service pipelines. Facilitator James provided a review of the MHSF domains and mentioned that elements of Vice Chair Patterson's comments are written into the MHSF legislation and are still being designed. Vice Chair Patterson stressed the importance of accessible visuals for mapping.

Member Wong echoed Vice Chair's Patterson ideas on mapping accessibility.

Member Lipton mentioned that the staffing, mapping, and metric IWG work groups should be included under the advisor role portion of the report.

Facilitator James continued the rundown of the report by reviewing the recommendation processes for the Street Crisis Response Team (SCRT), the Office of Coordination Care (OCC), new beds and facilities, and the Mental Health Services Center. Facilitator James and Facilitator Dadkhah reviewed the OCC recommendation process with notes from Member Gonzalez.

### Discussion

Member Salinas agreed that definitions from DPH are needed in the December Implementation Report. She challenged DPH definitions to align with the current understandings of the continuum of care. Valerie Kirby said that Member Salinas raised a good point, as it is important to align internal and external definitions. Ms. Kirby enlightened that DPH is working on establishing easily understood definitions and asked for the IWG to revisit this given the timeline of the report.

Member Salinas asked for clarification for wording under SCRT recommendations. Facilitator James ensured that this section of the report will have original, nuanced context placed back into the report to prevent contextual misunderstandings.

Facilitator Dadkhah highlighted recommendations made by Member Lipton and informed the IWG that only initial recommendations are listed for the Crisis Stabilization Unit and Transitional Age Youth (TAY) because DPH had not yet addressed the initial recommendations. Also, there are no recommendations listed for the Mental Health Services Center because the IWG had not provided any.

### Discussion

Member Lipton clarified that he asked for a timeline for DPH's response to the initial recommendations for the Crisis Stabilization Unit and TAY. Facilitator James mentioned that the IWG meeting calendar is still in the process of being updated for 2023.

Member Hammer asked if CBO salary analysis would be included in this report. Facilitator James responded that part of the advisory roles, via Member Lipton's comment, is to also mention advisory roles outside of MHSF domains. Member Hammer suggested adding CBO salary recommendations to future implementation reports.

Member Fields commented that the IWG needs stated expectations on the recommendation feedback timeline from DPH to better understand the progress of finalizing the December Implementation Report.

Chair LaSarre emphasized the importance of IWG participation in working groups and clarifying the operationalization of IWG working groups. She begged the question of how IWG monthly meetings can become more effective in relation to working groups conversations.

Member Fields briefly talked about the challenges of the IWG using a methodology that was reactionary to DPH, and he suggested that IWG focus on a methodology that better suits the functionality of IWG moving forward.

Member Lipton agreed with Member Fields. He asked for an implementation timeline for the domains of MHSF that are still in development (e.g., TAY). He also suggested using IWG meeting time to focus more broadly on the system of care rather than on details about programs that are still in development.

Member Wong agreed that IWG has focused heavily on programs, and she suggested that IWG focus on linking programs, so that care coordination starts to work better. She also mentioned that discussion groups/ working groups only allows for a few members' perspectives due to restrictions.

Member McGuigan suggested that moving forward, the IWG try for in-person meetings and utilizing site visits.

Member Salinas suggested working on processes, including more participation from all IWG members. She mentioned the importance of all IWG members spending more time on side work, as well as more co-development processes by the committee.

Member Hammer agreed that four to five hours per month has not been enough time for the IWG to properly review, reflect, and make recommendations, but she also agreed that it is hard to imagine the IWG exercising more capacity. She suggested that the IWG receive more digested materials with focused asks for feedback. She agreed with the consensus that IWG work is important and more efficient processes need to be explored.

Facilitator James asked if there were any final comments on the future opportunities of the December Implementation Report. The IWG did not have any more comments. Facilitator Dadkhah mentioned that most of the feedback mentioned in this meeting will be applied before the December 27<sup>th</sup> report deadline.

Facilitator James reviewed the definition for an IWG retreat and administered a poll about a one-time retreat to IWG members. Facilitator Dadkhah reviewed the results of the poll. A majority ruled that the retreat will not be co-developed with DPH, and the retreat will be held in March 2023.

## **17. Public Comment for Discussion Item #6**

- Caller #1 (no name)- Caller #1 said she had sent an email to IWG on November 18<sup>th</sup>, 2022 and had not yet been responded to, so she chose to summarize her email in a statement during this portion of the meeting. She challenged the DPH to create an accessible provider directory that is available to SF mental health service providers. She also provided criticism about DPH's progress on MHSF implementation and requested that emails sent to IWG be publicly reviewed/responded to during the meetings.

## **18. Discussion Item #7: Mental Health Service Center Project: Update**

Chair LaSarre reviewed the MHSF domains and welcomed Dr. David Pating and his team. Dr. Pating announced that this portion of the meeting is meant to be a process update on the MHSF Mental Health Service Center. He presented a visual of his vision of where the MHSC sits within the ecosystem of services. Dr. Pating overviewed the six MHSC legislative requirements: (1) assessment of immediate need, (2) pharmacy services, (3) transportation, (4) psychiatric assessment, diagnosis, case management, and treatment, (5) mental health urgent care, and (6) drug sobering center.

Dr. Pating also reviewed an options summary that from the Office of the Controller 2022 options analysis project. Dr. Pating reminded that the IWG preferred either a stand alone center and/or a multi-location & urgent care system. He reported that DPH has considered a mixed model for the MHSC based on IWG feedback. Dr. Pating reviewed integrated services for the following MHSC programs: Drug Sobering Center (opened), MHSC Single-site "bridge clinic", and the Crisis Stabilization Unit (building acquired).

Dr. Pating announced the next steps for the MHSC, which starts by delving deeper into planning and working with IWG feedback.

### Discussion

Member Salinas asked Dr. Pating for clarification on the MHSC site type. Dr. Pating clarified that the MHSC would combine existing functions that provide middle ground functions using assessment, services, and linkage. There is not yet an available location for a single site, so the current option will be operationalized to co-locate services to build on existing functions and fill gaps.

Chair LaSarre emphasized the importance of the role of the pharmacy. She asked about pharmacy hours. Dr. Pating clarified that pharmacy hours are M-F 9:00am-6:30pm and Sat/Sun 9:00am-4:00pm (posted on the presentation slides).

### **19. Public Comment for Discussion Item#7**

No public comment.

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

No public comment.

### **21. Chair/Vice Chair Interest & Housekeeping**

Facilitator James mentioned that the IWG will be voting on a Chair and Vice Chair for 2023. Interested parties were encouraged to submit their statements.

The next meeting will be on Tuesday, January 24, 2023, 9:00am-1:00pm. The meeting calendars are still in process and the topics of mapping and community engagement will be focused on in the January IWG meeting.

### **22. Adjourn**

Member fields motioned to adjourn the meeting; Member Lipton seconded. Meeting adjourned at 12:58pm.