

MHSF Implementation Working Group Meeting Minutes **Draft**

August 23, 2023 | 9:00 AM – 1:00 PM

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

1. Call to Order/Roll Call

The meeting was called to order at 9:26am by Member Hali Hammer. Member Hammer acted as Interim Chair in the absence of Chair Monique LeSarre. Co-facilitator Diana McDonnell completed roll call.

Committee Members Present: 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:
-Steve Fields, M.P.A.

Committee Members Unexcused Absent:
-Jameel Patterson
-Monique LeSarre, Psy. D.

2. Vote to Excuse Absent Member(s)

*This item was postponed to a later time during this meeting.

Co-facilitator McDonnell reviewed the process for excusing absent members. Member Fields gave prior notice regarding his absence. Chair Monique LeSarre and Member Jameel Patterson did not give prior notice. The IWG voted on their absences separately.

Member Steve Lipton motioned to excuse Member Steve Fields. Member Sara Shortt seconded. Member Fields' absence was excused.

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

IWG members voted on Chair LeSarre's absence. A vote with 'yes' indicated excused, and a vote with 'no' indicates unexcused. The majority voted that Chair LeSarre's absence is unexcused.

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| ➤ Steve Fields, M.P.A. – Absent | ➤ James McGuigan - No |
| ➤ Ana Gonzalez, D.O. - No | ➤ Jameel Patterson – Absent |
| ➤ Hali Hammer, M.D. - No | ➤ Andrea Salinas, L.M.F.T. - No |
| ➤ Monique LeSarre, Psy. D. - Absent | ➤ Sara Shortt, M.S.W. - No |
| ➤ Steve Lipton - No | ➤ Amy Wong – No |

Interim Chair Hammer motioned to defer the vote Member Jameel Patterson's absence. Member Shortt seconded. Interim Chair Hammer volunteered to reach out to Member Patterson. A vote with 'yes' indicates to defer, and a vote with 'no' indicates do not defer. The majority voted to defer the vote on Member Patterson's absence.

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

3. Welcome and Review of Agenda/Meeting Goals

Interim Chair Hammer reviewed the goals for the August 2023 meeting. She briefly introduced the speakers (Director Hillary Kunins, Dr. Angelica Almeida, and Heather Weisbrod) for this meeting and reviewed the Mental Health San Francisco (MHSF) domains.

4. Discussion Item #1: Approve Meeting Minutes

*This item was postponed to a later time during this meeting.

Interim Chair Hammer opened the discussion for the IWG to make changes to the May 2023 meeting minutes. Valerie Kirby will follow up with the IWG about meeting minutes best practices per the Good Governance Guide and the City Attorney.

5. Public Comment for Discussion Item #1

No public comment.

6. Vote on Discussion Item #1

Member Andrea Salinas motioned to approve the May 2023 meeting minutes; Member McGuigan seconded the motion. The May 2023 meeting minutes were voted on and approved by the IWG.

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

7. Discussion Item #2: MHSF Director's Update (Dr. Hillary Kunins)

- General Updates
 - Director Kunins shared updates on the Board of Supervisors and announced upcoming hearings.
- DPH's Budget
 - Director Kunins explained how DPH's budget achieved general fund saving and growth, and highlighted that no service reductions to core services were proposed to achieve general fund savings.
 - Director Kunins reviewed expenditures and funding sources for all behavioral health services (BHS) in San Francisco.
 - Mental Health San Francisco (MHSF) and Prop C provide services mostly to adults.
 - The approximate total budget for BHS is \$720 million.
 - ❖ Discussion: Member Steve Lipton asked if funding sources are one-time or recurring. Director Kunins answered that funding is variable depending on the funding source.
- BHS Priorities for FY 23-25
 - Maximize opportunities through CalAIM implementation
 - Goals: enact a lot of changes in how DPH does Medi-Cal related business (including billing practices), alleviate the burden on local fund dollars, and increase justice-involved services.
 - Director Kunins highlighted that these adjustments will also impact how DPH documents and bills for care under CalAIM.
 - Continue Investment in BHS
 - Large focus of funds for residential care and treatment beds, and Street-based services.
 - There is a projected shortfall in revenues for Prop C for FY 23-24, and there is a one-

- time savings plan to carry programs from the current two-year budget.
- ❖ Discussion: Member Lipton asked if the total Prop C budget for FY 23-24 is a combination of ongoing expenditures funds that are not expected. Director Kunins confirmed that the budget is a combination, and echoed that it is mostly ongoing.
- ❖ Discussion: Member Andrea Salinas asked for clarification on the definition of residential care. Director Kunins said the term 'residential care and treatment' is being used as broadly as possible to encompass multiple types of beds and services, which are being tracked via a dashboard on the MHSF website.
- ❖ Discussion: Member Lipton asked if the current budget set for all residential care and treatment beds would cover the entirety of the 400-bed goal. Director Kunins answered yes, this budget will be able to cover everything that currently is and will be open in the next two years.
- Expand Electronic Health Records (EHRs) and Improves Access to Data
 - EPIC has been the largest implementation in DPH since 2019.
 - EPIC is integral for modernization through integration between teams and providers.
- High-Impact Interventions to Reduce Overdose
 - DPH is continuing to focus on lowering overdose deaths in the next two years by operating wellness hubs, procuring more Naloxone and supporting addiction care teams through Backfill.
 - Other implementation strategies also include contingency management, sober living, expanding access to medications for addiction treatment, addressing racial disparities in Opioid Use Disorder (OUD) and overdose, and connection to care in SROs.
- Additional Programs
 - Care Court and Bridge Housing Grant
 - This program will go live on October 1st 2023 for four years.
 - Mental Health Service Act (MHSA) Investments
 - Piloted with the Human Rights Commission of San Francisco (HRC)
- Capital Investments
 - San Francisco Intensive Youth Behavioral Services at ZSFG
 - Community Care Expansion grants from the State
 - State grant for build out of the Crisis Stabilization Unit in the Tenderloin
 - These are all one-time grants that will allow San Francisco to preserve services and provide innovation and expansion of residential treatment step down sites (infrastructure development).
- ❖ Discussion: Member Amy Wong asked if these investments are one-time, how will San Francisco secure ongoing funds to continue to investment? Director Kunins answered that the noted investments are one-time because they are building out the site as well as considering operational costs from elsewhere. Further, County and local perspectives suggest that these State grants do not have clear pathways to ongoing operational costs. This uncertainty is a current challenge.
- ❖ Discussion: Member Salinas highlighted that there is not currently a dual diagnosis program that has the availability/capacity to admit someone who uses a wheelchair. Director Kunins replied that DPH is aware of the challenges of ADA accessibility in historic San Francisco buildings (that many programs are housed in) and the bed types intended for procurement will address these needs specifically. Member Salinas also raised that challenges in medical detox also continue; specifically in wait time and having to go to multiple locations for services. Director Kunins asked to follow-up outside of the IWG meeting.

8. Public Comment for Discussion Item #2

In person:

- (Unknown #1) – Unknown commenter offered that this IWG meeting felt sequestered due to difficulty of getting into the meeting room. She suggested holding IWG meetings in a more

equitable space that would make it easier for the public to access. She also offered that she felt the IWG is sequestered due to the presence of multiple committees that meet without prior notification to IWG. She said that IWG should be a steering committee, and that IWG is often notified after decisions have already been made. Additionally, this makes it difficult for the IWG to be effective.

9. Discussion Item #3: Case Management Hearing Recap

- Heather Weisbrod (Office of Coordinated Care) and Dr. Angelica Almeida (Adult/Older Adult System of Care) presented a slide deck that was previously shared at the Board of Supervisors Hearing on the Behavioral Health and Homelessness committee in July 28th 2023.
- Dr. Almeida defined case management. Case management is person-specific and can vary in level of intensity, length, and location of services. Additionally, there are three kinds of case management: low intensity, intensive (ICM), and linkage/stabilization.
- Dr. Almeida reviewed collaborations and coordination efforts currently implemented to strengthen case management. Coordination between case conferencing, electronic health records, shared priority clients, street-based planning meetings, systematic follow up and multidisciplinary teams are to all work together to encourage a more intentional case management system.
 - ❖ Discussion: Member Sara Shortt asked, as a follow up question from the hearing, if this presentation is aiming to share, distinctly, more about SFDPH case management staff capacity or CBO case management that uses SFDPH funding. Dr. Almeida clarified that that this presentation considers the entire universe under SFDPH.
 - ❖ Discussion: Member Amy Wong asked if case management will enact linkages to existing programs (as listed in the BHS directory). Member Wong mentioned that it is important to utilize current services, so that the services may stay in the focus of BHS. Dr. Almeida confirmed that this presentation highlights case management and echoed the importance of supporting a robust system of residential treatment and outpatient care.
 - ❖ Discussion: Member Salinas commented that is a disconnect between perceived services and responsibilities between organizations. Member Shortt offered that training may be a solution in shortening the gap between BHS overall. Additionally, Dr. Almeida mentioned that a goal of SFDPH is to always be critically exploring how to enhance the system of care and EPIC electronic health record (EHR) should help to streamline through enhance communication and workload management.
- Dr. Almeida reviewed case management capacity for linkage/stabilization and ICM levels of care.
 - ❖ Discussion: Member Steve Lipton asked if the case manager to client ratios in the slide deck were actual numbers or aspirational numbers. Dr. Almeida clarified that the ratios reflect the current average of clients per case manager. Member Lipton also asked if there was a discussion on case manager to client ratios by the members of the board. Dr. Almeida was unsure. Member Lipton asked if the Board Committee had recommended ratios for case management. Member Salinas responded that a previous working group put together recommendations about ratios approximately two years ago.
 - ❖ Discussion: Member Lipton asked if case managers work exclusively in one type of ICM, or all three types. Dr. Almeida clarified that case managers work exclusively in one ICM program type.
- Dr. Almeida briefly reviewed the locations of case managers throughout San Francisco. Case Managers have a heavier concentration in the downtown area, as that is where a lot of clients reside.
- Presenter Weisbrod reviewed case management expansion that has happened under MHSF, under

the planning structure of the Office of Coordinated Care (OCC). Case management staff have been added to OCC teams via MHSF. This includes existing treatment programs. She also shared a high level review of case manager assignments, or when/how a case manager is assigned to clients.

- Presenter Weisbrod shared current challenges and limitations around case management.
 - ❖ Discussion: Member James Mcguigan asked if challenges in data sharing will be addressed through the rollout EPIC. Presenter Weisbrod answered no, and that a multidisciplinary team is working on data sharing to support stabilization. This team has city departments outside of health providers, which presents a unique opportunity.
 - ❖ Discussion: Member Sara Shortt offered that it would be beneficial to consider case managers in data that do not neatly fit into the three ICM categories; this could include case managers that work under HSH. Dr. Almedia mentioned that the term 'case management' is used broadly depending on funding, and this presentation is specifically looking at specialty behavioral health services.
- Presenter Weisbrod shared upcoming updates including EPIC going live in 2024, multidisciplinary teams (MDT), CARE Act (SB1338), and new FTEs. Additionally, two assembly bills that address standardizing care coordination post hospitalization of a voluntary 5150 hold and data standards are upcoming.

10. Public Comment for Discussion Item #3

In person:

- (Unknown #1)- Unknown commentor mentioned that San Francisco Health Network has a mental health provider directory; and she requested that programs from that directory be folded into existing MHSF programs. She stressed that having all the programs in one place would prevent the siloing of programs.

11. Break

- 11:00a-11:10a

12. Discussion Item #4: Resolutions: Street Crisis Response Team (SCRT)

- Valerie Kirby shared that the SCRT team is now hosting dashboards again and those were made available to IWG members in the pre-meeting materials.
- ❖ Discussion: Member Shortt echoed the importance of having advanced-trained mental health professionals on SCRT rigs. Aside from 5150 holds and de-escalation, SCRT teams are managing crisis.
- Interim Chair Hammer summarized that the mental health training resolution recommendation in Clause 1 will urge an 'advanced' training. Clause 3 will replace the word 'regular' with 'monthly'.

13. Public Comment for Discussion Item #4

In person:

- (Unknown #1)- Unknown commentor offered that the longer the IWG waits to vote on the SCRT resolutions, the harder it will be to change.

14. Vote on Discussion Item #4

The Resolution No.2 vote was tabled to the September 2023 IWG meeting.

15. Discussion Item #5: Update on IWG Membership and Governance

- Membership
 - Valerie Kirby, from DPH, noted that there are many applications for the lived experience Seats for IWG membership. The goal is to fill all five empty Seats at one time, and currently there are no applications for Seat 5, Seat 7, and Seat 9.
- Officers
 - Volunteers can rotate indefinitely act as Interim Chair per IWG meeting. Additionally, an elected Vice Chair will act on behalf of the Chair until an official resignation for the Chair Seat has been received and a new Chair can be appointed. The Chair Seat is needed for meeting facilitation and to provide input IWG meeting agendas.
 - Chair and Vice Chair Seat terms renew every 1st IWG meeting in January.

Member Salinas motioned to elect Member Shortt as Vice Chair, Interim Chair Hammer seconded. IWG voted and Member Shortt is now Vice Chair of the IWG.

- Steve Fields, M.P.A. – Absent
- Ana Gonzalez, D.O. - Yes
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Absent
- 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
- Presentation & Meeting Structure
 - Valerie Kirby and Director Kunins offered ideas for how to improve the structure of IWG meetings. Recommendations included changes in meeting length, format, and information relay.
 - ❖ Discussion: Member Lipton suggested a workgroup for IWG meeting structure and logistics. Volunteers for this workgroup are members Shortt, Lipton, Salinas, and Gonzalez. The community engagement workgroup (BHS mapping) members will be members Salinas, Hammer, McGuigan, and Wong.
- Status check on IWG recommendations for IWG meeting governance was tabled to the September 2023 IWG meeting.

16. Public Comment for Discussion Item #5

No public comment.

17. Public Comment for any other matter within the jurisdiction of the Committee not on the agenda

No public comment.

18. 2023 Meeting Planning & Housekeeping

Co-facilitator James overviewed the planning and sequencing for the September 2023 IWG meetings, including upcoming topics for consideration.

The next meeting will be on Tuesday, September 26, 2023 at 9:00am-12:00pm and location is TBD.

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

19. Adjourn

Interim Chair Hammer motioned to adjourn the meeting; Member McGuigan seconded. Meeting adjourned at 12:37 pm.