Mental Health San Francisco Implementation
DRAFT Working Group Meeting Minutes

August 23, 2022 | 9:00 – 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 (COVD-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 San Francisco Implementation Working Group website: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

1. Call to Order/Roll Call

The meeting was called to order at 9:06am.

Committee Members Present: Steve Fields, M.P.A., Ana Gonzalez, D.O., Hali Hammer, M.D., Monique LeSarre, Psy. D., Steve Lipton, James McGuigan, Amy Wong

Committee Members Excused Absent: Vitka Eisen, M.S.W., Ed. D, Jameel Patterson, Andrea Salinas, L.M.F.T., M.S.W., Sara Shortt, M.S.W.

Committee Members Unexcused Absent: None.

2. Vote to Excuse Absent Member(s)

Facilitator Ashlyn Dadkhah reviewed the process for excusing absent members. She stated that quorum was established and explained IWG bylaws for excusing absent members. Facilitator Dadkhah informed the IWG that Member Vitka Eisen and Member Sara Shortt had told the City Planning team of their absences the week prior. Chair Monique LaSarre mentioned that the IWG needed to check their notes to confirm if Member Shortt's absence was communicated prior. Facilitator Dadkhah called a vote to excuse all four absent IWG members: Member Eisen, Vice Chair Jameel Patterson, Member Andrea Salinas, and Member Shortt; Unrecorded Member motioned, Chair LaSarre seconded the motion. The IWG voted and excused all four absent members.

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

- Andrea Salinas, L.M.F.T. - Absent
- Sara Shortt, M.S.W. - Absent
- Amy Wong - Yes

3. Welcome and Review of Agenda

Chair LaSarre reviewed four meeting goals. She informed the IWG that they were to review, discuss, or vote on materials regarding Mental Health Service Center options, Transitional Age Youth (TAY) residential recommendations, the Controller's Office Staffing and Wage Project, and Analytics and Evaluation (A&E) of data regarding interim priority populations. She reminded IWG that the chat function has been disabled for all panelist and the public due to issues of accessibility. She mentioned that questions, comments and concerns can be emailed to Mental Health San Francisco (MHSF). She also reminded IWG members to make sure that they do not step away at the same time to maintain quorum. She reviewed the MHSF domains and introduced the speakers for this meeting.

4. Discussion Item #1: Remote Meeting Update

https://www.sfdph.org/dph/files/IWG/Findings_Resolution_for_Fully_Remote_Policy_Bodies-2-28-22.pdf

Facilitator Jennifer James reviewed the required findings for State and Local Requirements around the Mayoral Emergency Proclamation. She reviewed the two key resolutions that the IWG needs to vote on every thirty days. She opened the floor for IWG members to comment or ask questions regarding the State and Local Requirements. IWG did not have questions.

Chair LaSarre opened the floor to public comment.

5. Public Comment for Discussion Item #1

No public comment.

6. Vote on Discussion Item #1

Facilitator Dadkhah called a vote and 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. - Yes
- Hali Hammer, M.D. - Yes
- Monique LeSarre, Psy. D. - Yes
- Steve Lipton - Yes
- James McGuigan - Yes
- Jameel Patterson - Absent
- Andrea Salinas, L.M.F.T. - Absent
- Sara Shortt, M.S.W. - Absent
- Amy Wong - Yes

7. Discussion Item #2: Approve Meeting Minutes

Chair LaSarre opened the discussion for the IWG to make changes to the July 2022 meeting minutes. IWG members did not have any changes. Member Fields motioned to approve the July 2022 meeting minutes as is. Member Hammer seconded the motion.

8. Public Comment for Discussion Item #2

No public comment.

9. Vote on Discussion Item #2

Member Dadkhah opened the floor for roll call vote. July 2022 meeting minutes were voted on and approved by the IWG. Member Fields motioned to vote; Chair LaSarre seconded the motion.

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

10. Discussion Item #3: MHSF Director Dr. Hillary Kunins' Update

Chair LaSarre introduced MHSF Director Dr. Hillary Kunins and welcomed her to the meeting.

Director Dr. Kunins reminded IWG that she is available to answer any questions post-meeting through email. She provided a brief update to the IWG regarding new and opening programs. Director Kunins provided an update that the Street Crisis Response Teams will enter phase two, transitioning from police dispatch to emergency medical dispatch (EMD). (SCRT). SCRT EMD means that if there is not a backup team available for SCRT, then an ambulance will respond to a call, rather than police. Since the switch to EMD, have not seen an increase in calls and calls have slightly decreased. Dr. Kunins mentioned that IWG and the Department of Emergency Management are working together to assess how calls are affected by variation e.g., seasonal shifts.

Director Kunins believed the updates exemplified the goal of continuum of care, where crisis services are behavioral health led, peer led, and community led. In addition to having places to bring clients, offering follow up and connections to non-crisis care also exemplifies the continuum of care model. Director Dr. Kunins reminded the IWG of the dashboard available to review SCRT data.

The last update that Director Dr. Kunins provided regarded the proposed bill SB-57. Governor Newsom declined to sign this bill that would allow the establishment of safe or supervised consumption sites in California with local approval. Mayor Breed of San

Francisco, community members, some IWG members, Department of Public Health, and Board of Supervisors have come out in support of establishing safe consumption in San Francisco based on scientific data that shows it reduces death of overdose and increases connections to treatment. Director Dr. Kunins mentions that the city is still working through ways to try to establish safe consumption. Director Kunins reminds the IWG that potential federal obstacles may remain in trying to establish safe consumption sites, though the department is still very committed to safe consumption site establishment.

Chair LaSarre asked a clarifying question about whether San Francisco would still move towards safe consumption. Director Dr. Kunins responded with clarification that San Francisco City Attorney David Chiu had put out a statement in support of safe consumption in San Francisco on property that is not city owned or leased, with private developers. Director Dr. Kunins said she did not have any more information aside from this.

Member Fields stated that he is impressed with the standing up of beds in such a short period of time. He asks Director Dr. Kunins if Soma Rise and SCRT are tracking utilization of psychiatric emergency services (PES) at San Francisco General Hospital to see if these program services are having any impact. Member Fields requested that these data be available alongside call metrics. Director Dr. Kunins responded that they do have the ability to track PES visits. She reminded IWG that Covid-19 has had an impact where interventions had been stood up, so this makes it difficult at times to interpret emergency department visits. Director Dr. Kunins mentioned that her team is intending to measure connections to continuity of care or team care (non-urgent/non-emergent care).

Chair LaSarre expressed her excitement about this update and requested that the next update have information about staffing and turnover, as well as metrics as to what is happening on-site.

Facilitator Dadkhah opens the floor to public comment.

11. Public Comment for Discussion Item #3

No public comment.

12. Discussion Item #4: Mental Health Service Center Project: Options and Cost Analysis

Chair LaSarre introduced Mike Wylie, Jamila Wilson, and Oksana Shcherba from the Office of the Controller. She reviewed their meeting presentations throughout 2022 and introduced this presentation as the fourth and final to overview more of the completed options analysis, which included cost and receiving IWG feedback.

Presenter Mike Wylie introduced himself as the Project Manager for the Controller's Office City Performance Unit. He mentioned that scoping had started in March 2022. He reminded IWG that this project was initiated by Department of Public Heath (DPH) leadership and their ask for an options analysis. Components of the options analysis include benchmarking research on six counties, a crosswalk of existing services and gaps, an equity assessment, interview engagement with MHSF stakeholders, and options and cost analysis. Presenter Wylie stated that this presentation would cover

the completed options and cost analysis. Preliminary options were shared in June 2022 and feedback was received. He mentioned that the goal to publish a public summary in September 2022. Presenter Wylie also reviewed IWG input to date.

Presenter Jamila Wilson began by reminding the IWG of the six key services called for in the legislation for the Mental Health Service Center. These include assessment of immediate need; pharmacy service; transportation; psychiatric assessment, diagnosis, case management, and treatment; mental health urgent care; and drug sobering center. Presenter Wilson introduced the structure of the presentation for the options analysis for reviewing three options.

Presenter Wilson reviewed option one, a stand-alone center. She mentioned that this option would house all key services, except for drug sobering. This option would use 24/7 civil service staffing. An important benefit to civil service staffing is that it could provide community members with career opportunities and higher wages. Presenter Wilson then mentioned that equity considerations have been looked at with four criteria lenses: cultural congruency; workforce diversity; location and access; and focus population. She highlighted that having a decentralized site may serve more diverse needs by serving hard-to-reach clients. Presenter Wilson went on to review the cost of this option, which was separated into three categories: staffing, operating cost, and facility cost.

The total cost of this option was estimated between $25.2 million to $55.8 million. Securing a facility may take between 1.5-3 years, and licensing for a new pharmacy location could take between 2-4 years depending on licensure for methadone. Per legislation, this option would utilize transportation. Presenter Wilson highlighted caveats to this option being a longer timeline due to the need to find a building with the exact square footage, the pharmacy would most likely not be 24/7, and there will be a need for a robust marketing program to educate clients and providers.

Presenter Wilson opened the floor to questions and feedback.

Chair LaSarre asked Presenter Wilson if they had considered building out on an existing building. Presenter Wilson clarified that this option requires finding a new building. Chair LaSarre asked a follow up question asking if this option considered building a new structure. Presenter Wilson stated that this option requires acquiring an already existing building.

Member Fields asked about how was the pharmacy capability considered in the cost of the staffing model. Presenter Wilson answered that this model is based on the current staffing at the current BHAC pharmacy.

Member Wong commented on the large number of vacated buildings she has seen in San Francisco. She asked Presenter Wilson if acquiring a vacated building for this option was possible. Presenter Wylie mentioned that their real estate team are looking into options that consider empty office buildings. Using a larger office building space would be feasible if DPH considers moving other functions and services to this location as well. One drawback in using an existing office building is that cost may go up depending on improvements needed.

Presenter Wilson reviewed option 2, a multi-location center. She mentioned that all six

key services would be provided though several programs and locations in operation in the DPH landscape. This model calls to open one urgent care to fill gaps in the DPH service landscape. She clarified that this is a more disbursed model, where one individual site would not house all six services. Existing sites would need to hire more Community Based Organization (CBO) and civil service staff to accommodate 24/7 hours, urgent care staffing, and additional OCC case management staff (needed to assist with coordination between sites). This model expects OCC to fill a bigger role to ensure a more cohesive system.

Presenter Wilson mentioned the equity considerations for option 2. She highlighted that wage pressures are unclear as it is possible that wages may differ between CBO and civil service staff. Presenter Wilson went on to review the cost of this option. The total cost of this option was estimated between $11.8 million to $20.6 million. Staffing the existing sites to support 24/7 operations would take approximately one year, while securing a building for a new urgent is projected to take one to three years.

Transportation for this option would be more robust, including a new CBO operated shuttle and connection to OCC's Bridge Engagement Services Team as well as the SOMA Rise shuttle. Presenter Wilson highlighted caveats to this option being OCC's requirement to be fully operational, the need for provider education on the range of services offered to clients throughout the system, the pharmacy would not be 24/7, the current building that houses BHAC does not have feasible means for 24/7 hours expansion, and an improved and robust data system would be needed to keep inventory of clients and services in real-time.

Presenter Wilson opens the floor for questions and clarifications.

Member Fields requested a model to reflect higher wages for CBO workers to close the wage gap between CBO staff and county staff. He commented that this is an ongoing issue that impacts workforce diversity, as the people serving clients from the same communities and backgrounds that they are from deserve the same wages as county staff. Chair LaSarre agreed with Member Fields. Facilitator James mentioned that there will be a discussion on the wages and staffing study later in today's meeting.

Member Wong asked if it was possible to utilize current services or existing programs already offered in the DPH landscape, mapping of services and not creating new services where they already exist. Chair LaSarre responded with commenting on the upcoming mapping study scheduled for October 2022.

Member Gonzalez asked if there were available sites to house 24/7 services. Presenter Mike Wylie responded and said that DPH is looking for a good site, but this analysis was meant to provide a cost range and not site-specific. Specific sites were considered for square footage purpose in project research. Member Gonzalez asked if data was available for the specific needs of a 24/7 center in the different neighborhoods. Presenter Wilson responded and said that they had not conducted an analysis for the needs of specific communities regarding site hours of operation. The push towards 24/7 hours is aimed to satisfy the legislation. She deferred to subject matter experts at DPH to discuss the need throughout communities for 24/7 service. Member Gonzalez expresses concerns that 24/7 service may not be utilized.

Member Lipton asked if assessment, diagnosis, and case management be available at

every site in this option. Presenter Wilson mentioned that the OCC would have a more robust role in providing case management. She said locations in this scope should have the ability to assess immediate need, but due to different sites offering different services, the amount to which they could provide psychiatric diagnosis and treatment could vary between sites. Member Lipton asked if it has been considered to utilize one or two mobile units instead of fixed, physical units. Presenter Wylie responded and said that they did not explore the SCRT team or mobilization in this option. Member Lipton clarifies his question to ask if the Office of the Controller team had considered mobile clinics. Presenter Wylie said they had not. Member Lipton stressed the idea of mobile clinics as a place holder due to his concern of diagnosis, treatment, and case management services directly available to communities.

Member Salinas comments on the possibility of utilizing a hybrid site like the McMillan Drop In Center. This way community members have an option of seeking services, temporary housing, or engagement that will establish rapport that supports treatment in the future. Chair LaSarre supported revisiting this idea later in the presentation.

Member Hammer followed up Member Lipton's questions by asking how his ideas on the mobile clinic differ from mobile crisis. Member Lipton responded by elaborating that his idea had a mental health focus opposed to physical health, with more space allotted for treatment. He surmised that it might be cheaper than a physical center and urged his concern that the urgent care may be separated from mental health services in a physical setting. Member Lipton urged the importance of the urgent care to be centered on mental health needs.

Presenter Wylie reviewed option three, a virtual center. This option would streamline existing mental health call lines into one intake line. He mentioned that this option would seek to replicate the NYC Well phone-text-chat system, with a robust call center. It might build off existing programs including compliance with 9-8-8 national suicide hotline and consolidating the workload to be area specific to San Francisco. Presenter Wylie acknowledged that has not been interest in pursuing a virtual-only option. The services offered in this option include immediate need assessment, virtual consultations, linkage to in person services and case management. Staffing would require hiring additional staff outside of the existing call centers to fill 24/7 shifts. Staffing cost is not currently available.

The equity considerations for this option include focus populations and workforce diversity with cultural congruency. Presenter Wylie noted that even though a call line would be consolidated to handle populations, that does not mean availability of treatment services will go up. He also noted that this option would allow hiring in communities, especially of individuals who are multilingual. The total cost estimate for this option is $3.2 million. The current timeline for consolidating 9-8-8 and "call SF" call line is two years, which option three might align with. Presenter Wylie said more analysis is needed to accurately assess this option and more treatment capacity is needed to handle the improved intake capacity.

Chair LaSarre asked Presenter Wylie to differentiate between this call center and the OCC. Presenter Wylie responded by clarifying that this call center would utilize connections that OCC could provide virtually. He also mentioned that based on the current services, they still do not have a good sense on how this model would

integrate some services. Chair LaSarre said that the OCC should already be doing the work presented in this option. She highlighted that this option would not address needs for a pharmacy, transportation, or centralizing access.

Director Kunins explained that this option has a heavier focus on counseling, whereas the OCC focuses primarily on linkage and referrals. She acknowledged that based on early feedback received by Presenter Wylie and team, they did not drive as deeply into option three as they did in options one and two. Chair LaSarre supported the need for more accessible counseling.

Member Gonzalez asked if it was possible to choose different components from two options to combined them into one model. Presenter Wylie explained that this analysis is a pre-planning step to get IWG to think about cost, pros and cons, and equity. The process of designing the model is forthcoming.

Presenter Wylie reviewed the next steps in this process. The feedback from IWG will be considered in the options analysis summary, then Supervisor Ronan of the Mayor's office will be briefed and a final summary for the options analysis with be published with feedback incorporated in September 2022. Presenter Wylie presented discussion questions for IWG.

Member Fields commended the Controller's Office for looking at these options in depth. He commented that the service center is an aspirational model for individuals in crisis. He supported option two because he found it to be most feasible for targeted intervention to prevent a client from worsening further through crisis. He mentioned that option two allows flexibility and comprehensiveness across the continuum. Member Fields also mentioned that option three would require intervention from the OCC, because individuals need to be able to have a physical location to seek treatment.

Member Salinas commented on the difference between the Mental Health Service Center and the urgent care as she interpreted the legislation. She mentioned that stand-alone and call center components may need to be utilized together to handle the amount of people in San Francisco and the difference in their needs. She said that more research needs to be done to assess the array of populations in San Francisco to better assess needs. Presenter Wylie responded by saying that they did not focus the analysis based on populations. He mentioned that the team does not have the needs data because they focused on building structures that would satisfy the legislation.

Member Lipton commented that he noticed the support present of option two and asked to see practical planning for this option, especially focusing on the physical sites, their connections, and transportation between them.

Chair LaSarre supported Member Gonzalez's multi-component approach between different options. She mentioned that utilizing a mobile clinic would be helpful when the timeline to establish an option takes several years. She mentioned that she appreciated option one because of the focus on the pharmacy and raised questions about how insurance can be connected and utilized in these models. Chair LaSarre stated that there is a big ask from IT for data storing and HIPPA protections.

Presenter Wylie highlight the options analysis cost summary slide for IWG to refer to.

Member Hammer asked Presenter Wylie if the feedback from the Mayor's office would be available for review and suggested the IWG have a week to review Mayoral feedback with an opportunity to respond.

Chair LaSarre asked how heavily the IWG's feedback is weighted in these decision-making processes. Presenter Wylie confirmed that the feedback is part of the education process of the pros and cons of the proposed options. DPH is planning to start the implementation planning process in 2023. Chair LaSarre asked for clarification of the scope of the IWG. Presenter Wyle clarified that the DPH would provide leadership for implantation planning and revisit the IWG for consultation and design.

Ashlyn Dadkhah opens the floor for public comment.

13. Public Comment for Discussion Item #4

Caller 1 asked what the difference is between the 9-8-8 call line and the 3-1-1 call line. Presenter Wylie responded by clarifying that 3-1-1 is to be used for non-police city services and 9-8-8 is the national suicide hotline call line. He explained that the efforts behind Call SF aim to coordinate behavioral health calls from the four lines: 9-1-1, 3-1-1, 9-8-8, and the city-ran BHAL (Behavioral Health Access Line).

Facilitator James reminded the IWG and the presenters that the public may only comment after Chair LaSarre opens the discussion.

Facilitator Dadkhah closed public comment for Discussion Item #4.

14. Discussion Item #5: Transitional Age Youth (TAY) Residential: Recommendations Review and Voting

Chair LaSarre introduces the Transitional Age Youth (TAY) program and informed the IWG that Yoonjung Kim from DPH will be available during this section of the presentation to field questions form the IWG. She reminded the IWG that the charge of this workgroup is to advise on the design, outcomes, and effectiveness of MHSF to ensure the successful implementation of the ordinance domains.

Facilitator James reviewed of the recommendation roadmap. She said that the purpose of this agenda item was to review Chair LaSarre and Member Hammer's work and to vote on the recommendations. She also reminded IWG that the recommendations were sent via email.

Member Fields recused himself of participating in this vote.

Facilitator Jamesand asked Chair LaSarre and Member Hammer to present their recommendations. Member Hammer presented on the recommendations. These recommendations were reflective of IWG feedback from July's discussion on TAY. She said that their first place of focus was to ensure barrier-free access in terms of cultural competency and language. She mentioned that the diversity in the populations of San Francisco, MHSF, and TAY have created challenges in navigating this focus. To start, an analysis to see demographic qualities of the youth they initially intend to serve. African American youth would be the first group served. Gaps within the analysis would be examined to see what other populations of youth would be best served as well. Chair LaSarre added that they aim to increase the number of beds by ten for the next group of

underserved youth by using data from the gap analysis. She also mentioned the importance of using of culturally competent providers. For this barrier, Chair LaSarre also mentioned cultivating a provider network that is culturally and linguistically concordant, who practice in client population-specific modalities.

Member Hammer reviewed barrier three regarding best practices for engaging youth. She mentioned that in addition to movement approaches, mentoring, and vocational schooling, that nature-based therapeutic opportunities should also available.

Member Hammer reviewed barrier four. She highlighted the importance of transportation.

Member Hammer reviewed barrier five: ensure providers are skilled in motivational interviewing; and barrier six: emphasize the importance of connections between therapeutic work and clients' families or other adult role models.

Member Hammer reviewed barrier seven in emphasizing the importance of youth connecting with other young people who share similar lived experiences.

Chair LaSarre asked IWG if there were any comments, questions, or changes for the additions to the TAY recommendations.

Member Lipton asked if Chair LaSarre could review demand and waitlist for TAY. Chair LaSarre asked presenter Kim to address Member Lipton's question. Presenter Kim asked Member Lipton to clarify if his question was addressing all wait times for services of specifically TAY.

Chair LaSarre clarified that Member Lipton's question was specifically referring to TAY. Member Lipton asked presenter Kim what her comments were on waitlists and turn-away counts. Presenter Kim mentioned that this program is new and a baseline for wait time is still needed. She mentioned that the program is evolving and only having ten beds makes the wait time unavoidable. She suggested revisiting the topic to set a goal for wait times after the program has been in effect for a few months. Member Lipton commented that he believes their goals are the same in that once TAY becomes operational, demand metrics will be available to identify issues with wait time.

Chair LaSarre spoke about her discussion with Member Hammer, recommending that clients could stay in their assigned bed and take longer to stabilize, as part of their housing care coordination into more permanent housing. She also mentioned that TAY would be able to stay past twelve months as part of their housing stabilization and treatment goals. She recommended that multiple sites in multiple sectors would serve more people.

Facilitator James added TAY program wait lists and turn away counts by race/ethnicity and sexual orientation and gender identity under the evaluation and metrics related recommendations.

Facilitator James opened the floor to a 5-level poll on the current TAY recommendations. She provided a reminder that only IWG members are to vote using this poll. Facilitator Dadkhah closed the poll and shared the results- all votes were a 3 or higher, indicating consensus on the recommendations. She opened the floor to public comment.

15. Public Comment for Discussion Item #5

Caller 1- Caller 1 commented that they accidently raised their hand.

16. Action on Discussion Item #5

Facilitator Dadkhah began the IWG vote. Chair LaSarre motioned to approve the August 2022 TAY recommendations as amended; Member Hammer seconded the motion. August 2022 TAY recommendations were voted on and approved by the IWG.

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

17. Break

11:32a-11:42a

18. Discussion Item #6: MHSF Staffing & Wage Project Update

Chair LaSarre introduced the MHSF Staffing and Wage Project. She noted that this would be a brief presentation and the topic will be revisited in upcoming meetings. She introduced presenters Heather Littleton and Glynis Startz.

Presenter Heather Littleton introduced herself as a Project Manager in the City Performance Unit of the Controller's Office of San Francisco. She stated that the goal of the briefing was to orient IWG around legislative updates.

Presenter Littleton mentioned that the legislation asks two things for the staffing analysis: (1) determine if there are staffing shortages that are impacting the delivery of effective and timely mental health services (note: this is for both CBO and civil service providers) and (2) provide recommendations regarding appropriate salary ranges and working conditions that attract and retain staff in the locations that have staffing shortages. She highlighted that the legislation calls for the Controller's Office and Department of Human Resources (DHR) to work together to conduct this analysis, as well as coordinate and liaise with IWG to receive feedback. Presenter Littleton welcomed feedback throughout the phases of implementation.

Presenter Littleton reviewed project objectives-phase 1 priorities. She said this project is prioritizing, identifying critical mental health SF positions and services that cannot be staffed and retained well. This phase will review what is impacted effective implementation of services. Available HR, DPH, and BHS performance data will be reviewed to determined service bottlenecks to narrow down the number of positions under focus. Then, root cause analysis of staffing gaps with be determined from the set of priority positions. From this, solutions along several timelines will be recommended. Presenter Littleton noted that this project will not be developing an ideal state staffing model.

Presenter Littleton reviewed how MHSF positions/services are being defined in this project: prop C funded MHSF services, services that are funded outside of prop C, but are identically/materially similar, and direct services that are critical to the MHSF populations as defined by legislation.

Presenter Littleton reviewed areas of analysis. She explained that the slide for this portion of the discussion highlights the project's key analytical questions across three areas: staffing gaps, root causes of staffing gaps, and recommendations. She noted that each of the three areas of analysis are also split into two tracks: CBO and City/civil service. The first area will utilize available quantitative data to answer several analytical questions. The second area will address analytic questions through hiring and retention perspectives. The third area explores hiring and working conditions with the aim of developing recommendations. Presenter Littleton mentioned the goal to conduct a benchmark analysis to determine root causes of staffing gaps.

Presenter Littleton overviewed the project timeline. She mentioned that a position analysis will be conducted in September 2022, where key positions as defined by the MHSF will be identified. Recommendations are scheduled for Spring 2023.

Member Fields expressed his gratitude for the CBO/city-county dual framework of this project. He raised the nuance of the balance between CBOs and city-county workers to provide services, noting that city-county workers have a more direct connection to government policy related to wages. Presenter Littleton responded by mentioning that many CBOs provide critical metal health services, so an exploration of a benchmark will provide an important context for MHSF. Member Fields responded that changes to labor policies with CBOs may raise confounding, but addressable issues.

Member Salinas asked why this project is limited in the scope by what can be funded by prop C. She recognized that across BHS and CBOs, all programs are needed for an effective implementation of new programs from MHSF. She told IWG that data show staff leave for better salaries and because working with the targeted population of MHSF is difficult. She also raised the question of how to recruit staff aside from increased wages. She stated that this is a systemic problem because workers cannot afford to live in San Francisco. She suggested that hiring packages become more creative with housing. Chair LaSarre asked Member Salinas to provide the Controller's Office with the data she mentioned in her comment. She also added to member Salinas' comment by suggesting the need for a human cost element in the analysis, that describes harm to staff and clients due to heavy workloads and staff burnout.

Member Salinas, Chair LaSarre, and Presenter Littleton agree to revisit this topic on an every-other-month basis. Proposed next engagement is in October 2020.

Member Wong emphasized the importance of keeping a level of focus on retaining civil service workers, based on the ordinance.

Facilitator Dadkhah opens the floor for public comment.

19. Public Comment for Discussion Item #6

No public comment.

20. Discussion Item #7: Update from Analytics and Evaluation

Chair LaSarre introduced Dr. Monica Rose and Wendy Lee from the MHSF Analytics and Evaluation Team. They presented on an update for the Interim Priority Populations.

Presenter Rose began with an overview of their presentation contents. Rooted in the legislation, the priority population are persons experiencing homelessness, and who have either a serious mental illness and/or substance use disorder.

Presenter Rose reviewed substance abuse disorders and mental illness diagnoses data in the MHSF population.

Presenter Rose reviewed demographic data for the MHSF population. She acknowledged that data was collected on sexual orientation, it but was founded to be unreliable due to the high percentage of missing data.

Presenter Rose remined IWG of the MHSF core metrics. There are eleven metrics under five categories: housing, routine care, wait times, overdose response, and quality of life.

Presenter Rose reviewed the timeline for MHSF metric publication. She clarified that publication is defined as posting data online for the public to access. The timeline is organized by metric category. In chronological order, the metrics to be published are wait times (September 2022), routine care (October 2022), housing (November 2022), overdose response (December 2022), and quality of life (pilot 2023).

Presenter Rose showed data visualizations showing how the A&E team have been viewing the data. She mentioned that data are still under review.

Presenter Rose briefly reviewed Intensive Case Management Wait Times data as an example. She noted that all data would have a call out box for definitions and data will be updated quarterly. In addition to overall data, the data will be compared using housing status metrics. Demographic information data will also be available. Presenter Rose reviewed mental health residential treatment data as an additional example. This category was also visualized with general data and a comparison. This example included data that explored wait times by bed type and wait times by race/ethnicity.

Presenter Rose reviewed the next steps in this project and some challenges. She mentioned that the next steps are publishing data for public consumption. She noted that this process is new, so they are still navigating workload. She also mentioned that there will continue to be a focus on identifying inequities. It is the team's goal to publish data that can also be used for operations. Presenter Rose highlighted two challenges being that there are a lot of incomplete data, and new protocols on reporting data through multiple electronic health records are still being implemented.

Presenter Rose asked for IWG feedback how to define and measure quality of life.

Member Hammer commented that she will be reviewing the presentation slides before asking detailed questions and providing feedback.

Member Salinas asked if the race/ethnicity data was only applied to the "ICM" (Intensive Case Management) population. She raised the question if looking solely at providers with ICM would be sufficient, being that many CBOs without ICM provide culturally competent services. She thought that it would be worth exploring some CBOs without ICM. Presenter Rose replied to Member Salinas by mentioning the many layers of equity analysis.

Chair LaSarre asked Presenter Rose if the equity analysis would live on the dashboard.

Presenter Rose answered: yes, the data will be available publicly, online.

Chair LaSarre asked if the demographics were also available publicly. Presenter Rose answered that they would and clarified that data presented earlier in the presentation, including the demographics had been finalized.

Member Fields asked how for an explanation of how presentation is connected to outcomes, as well as asked what the intentions/goals are of this analysis. He explained that the data he saw does not explain the effectiveness of MHSF programs. He questions the commitment of mental health programs to change the course of experiences people have in our mental health system. Director Dr. Kunins responded. She highlighted that this presentation is developmental, as data had not been published. She noted that it would be worth reviewing key performance indicators later.

Member McGuigan questioned how the quality of life will be defined in addition to how success benchmarks will be measured. He expressed excitement to see the beginning of the data. He asked if there was a way to measure if clients are being double counted, especially is they drop out and re-enter later. Presenter Rose responded. She asked Member McGuigan to clarify if his question was aimed at the MHSF population or based on programs. Presenter Rose answered that she did not believe people were being double counted. She also agreed with Member McGuigan that currently the data are not capturing successful completion of treatment. Director Dr. Kunins added that data around routine care does share insight on treatment. She highlighted that this data is meant to help understand, specifically, the system of the continuum of care. She also highlighted recovery-oriented care and raised the question of how to measure success within this lens. Director Dr. Kunins suggested revisiting a discussion for key performance indicators with a goal at exploring new constructs.

Facilitator Dadkhah open the hearing for public comment.

21. Public Comment for Discussion Item #7

Caller 1- Caller 1 commented that in terms of mental health support, success is measured by stability. She expressed confusion and asked if people in current mental health programs are being excluded from participating in new mental health programs.

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

No public comment.

23. Adjourn

Facilitator James reviewed anticipated IWG meeting topics.

The next meeting will be on Tuesday, September 27, from 9:00 AM- 1:00 pm.

Chair LaSarre motioned to adjourn the meeting; Member Hammer seconded the motion. Meeting adjourned at 1:10pm