

# Mental Health San Francisco Implementation APPROVED Working Group Meeting Minutes

July 26, 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 (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 San Francisco Implementation Working Group website:

<https://www.sfdph.org/dph/comupg/knowlcol/mentahlth/Implementation.asp>

## 1. Call to Order/Roll Call

The meeting was called to order at 9:07 AM.

*Committee Members Present:* Vitka Eisen, M.S.W., Ed.D, Steve Fields, M.P.A., Ana Gonzalez, D.O., Hali Hammer, M.D., Monique LeSarre, Psy. D., Steve Lipton, J.D., Jameel Patterson, Andrea Salinas, L.M.F.T., Sara Shortt, M.S.W., Amy Wong

*Committee Members Excused Absent:* James McGuigan

*Committee Members Unexcused Absent:* None

## 2. Welcome and Review of Agenda

Facilitator Ashlyn Dadkhah called the meeting to order and called roll call. She reviewed the process for public comment and stated that public comments will be entered into the record and considered. She added that the Implementation Working Group (IWG) is unable to respond to public comment. She noted that the email ([mentalHealthSFIWG@sfgov.org](mailto:mentalHealthSFIWG@sfgov.org)) can be used for Public Comment outside of meetings.

Chair LeSarre reviewed the meeting goals for the day. She asked the IWG identify if they have Transitional Age Youth (TAY) conflicts of interest. She reminded the IWG and the public that the chat function has been disabled for issues of accessibility. She reminded IWG members to make sure that they don't step away at same time to maintain quorum. She reviewed the Mental Health San Francisco (MHSF) domains and the speakers for today.

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

Facilitator James reviewed the process for excusing absent members. She informed the IWG that Member McGuigan submitted notice that he would not be able to attend the meeting. IWG members voted and excused Member McGuigan's absence.

- Vitka Eisen, M.S.W., Ed.D – Absent during vote

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

**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](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 will be voting on today. She opened the floor for IWG members to comment or ask questions regarding the State and Local Requirements. IWG did not have questions.

**5. Public Comment for Discussion Item #1**

No public comment.

**6. Vote on Discussion Item #1**

Member Fields motioned to approve the Remote Meeting Findings; Chair LeSarre seconded the motion. The IWG voted and approved the Remote Meeting Findings.

- Vitka Eisen, M.S.W., Ed.D – Yes
- 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 - Absent
- Jameel Patterson - Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong – Yes

**7. Discussion Item #2: Approve Meeting Minutes**

Chair LeSarre opened the discussion for the IWG to make changes to the June 2022 meeting minutes. IWG members did not have any changes to the meeting minutes.

**8. Public Comment for Discussion Item #2**

No public comment.

**9. Action on Discussion Item #2**

Member Eisen motioned to approve the June 2022 meeting minutes as amended; Chair

LeSarre seconded the motion. June 2022 meeting minutes were voted on and approved by the IWG.

- Vitka Eisen, M.S.W., Ed.D – Yes
- 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 - Absent
- Jameel Patterson - Yes
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. - Yes
- Amy Wong – Yes

### **10. Discussion Item #3: MHSF Director’s Update**

Chair LeSarre introduced Director Dr. Hillary Kunins’ quarterly update. Dr. Kunins provided an update on the Office of Coordinated Care (OCC) and reviewed OCC’s goals. She stated that there have already been referrals to the Bridge & Engagement Services Team (BEST) for case management and support. She noted that there will be referrals for justice-involved individuals in the future. She reminded the IWG that the Street Crisis Response Team (SCRT) Emergency Medical Dispatch (EMD) transitioned in June 2022. She added that the scope for SCRT remains the same, except that teams can now provide indoor services because of the new triage protocol. She indicated that the call volume for SCRT has not increased after the EMD transition, but that the San Francisco Department of Public Health (DPH) will continue to monitor call volume changes. She provided a review of the Beds Dashboard and reminded the IWG that the number of open beds and the status of non-open beds is posted monthly. She introduced the Gun Violence Awareness Response resolution and acknowledged Chair LeSarre for bringing up the topic of gun violence. She briefly reviewed the goal for the resolution. She briefly reviewed the additional funding for complementary services outside of MHSF that have been approved in the 2022-2024 budget. She informed the IWG that the August 2022 meeting will have an update on wait time metrics by the Analytics & Evaluation (A&E) team.

#### Discussion

Member Fields inquired what the plan is for the OCC Care Management staff to go out and learn about available resources. Director Dr. Kunins acknowledged that Member Fields had a great suggestion and stated that she does not know whether staff will be able to go out for community site visits and would address the suggestion with the DPH team.

Member Salinas invited Director Dr. Kunins to expand on the support services for 5150 calls. She inquired about the plan to track Intensive Case Management (ICM) wait lists, considering the discrepancies throughout programs. She addressed the fact that some programs are short staffed and, as a result, the number of beds may differ from those shown on the monthly dashboard. She expressed the importance of considering the number of beds being created versus the number of beds being lost and if there is a net deficit. Director Dr. Kunins acknowledged that the 5150 workflow is in a planning

period and that resources will not be available until the fall. She stated that DPH has developed strategies to best capture data to describe wait times and expressed her hope that this will reasonably capture the wait times. She acknowledged that DPH shares a similar concern with the IWG about creating new programs and potentially not being able to staff them. She stated that it is important to track the bed gains and losses and that she will discuss this issue with the DPH team.

Member Shortt noted that one of the most important things to measure is demand and added that there has not been a good job of tracking and measuring that. She inquired about two new programs that she heard about and whether they are under MHSF. She also inquired about the Request for Proposal (RFP) for a new, smaller scale alcohol management program. Director Dr. Kunins stated that the RFP is based on a recommendation from the Our City, Our Home Committee and that is a small-scale drop-in center with overdose prevention activities. She clarified that it is not under MHSF but that some DPH staff are working on that project and MHSF and offered to provide more information moving forward. She asked Member Shortt to clarify the question around Shelter-in-Place (SIP) Hotels closing and what DPH is attempting to do to preserve services. Member Shortt explained that some SIP Hotels will possibly be turned into non-congregate shelters and one of them will be used as a Sobering Center. Director Dr. Kunins indicated that she is unsure but will seek out an answer and provide the IWG with more information about the SIP Hotel inquiry. She indicated that the inquiry around demand will be addressed by the A&E team and added that measuring demand is challenging and proxy measurements are typically used to get that measure.

Vice Chair Patterson expressed his support for a sober hotel. He addressed the pros and cons of the Gun Violence Awareness Response. He inquired if this information has been passed to the families of the recent shooting victim in Bayview and added that the system is disjointed and, in turn, people become disconnected. Director Dr. Kunins stated that DPH wants to respect communities where other organizations are already doing work and organizing. She acknowledged the Bayview families that have lost family members because of gun violence.

Chair LeSarre stated that DPH needs to let the community know of available services. She acknowledged that the current newsletters are long and suggested that DPH send snippets/press releases to quickly identify resources. She inquired if there is no longer a way for citizens and community member to call for Street Crisis Response Team (SCRT) services. Director Dr. Kunins clarified that the new EMD is still a 911 call that gets triaged through the medical side. Chair LeSarre inquired where the beds dashboard is posted. Director Dr. Kunins indicated that the dashboard is on sf.gov and that she will send an email with the website. Chair LeSarre echoed the silos around violence prevention and that there is a real problem when services that currently exist are not being publicized. She inquired if the Overdose Office will be funded through Mental Health Services Act (MHSA) funds. Director Dr. Kunins affirmed that it will be funded through MHSA and that although the Overdose Office is not part of MHSF, it still touches on the overall work.

Member Wong noted that the conversation about mapping programs keeps coming up. She acknowledged that there are phenomenal existing programs that don't need to be duplicated and that it is important to expand and enhance services that have needs. Director Dr. Kunins stated that it is important to work on the mapping and that DPH

hopes to provide mapping update at the September 2022 meeting.

Chair LeSarre inquired if there is any mental health support around Monkeypox. Director Dr. Kunins stated that DPH is concerned with acting against stigma around Monkeypox. She added that for most individuals it is spread with close contact and not aerosolization.

### **11. Public Comment for Discussion Item #3**

Caller 1 inquired how DPH can tell whether their services overlap or not without a map of their services. She indicated that earlier in her career, there was a list of service available within the city.

Caller 2 agrees that providing the public with messaging of available services is essential. They indicated that when someone is put under 5150 and experiences a mental health crisis, family is important. They added that knowing next steps, particularly after the first crisis, is what can prevent people from living on the street. They suggested connecting to some of the organizations in the community that are already doing the work.

### **12. Discussion Item #4: MHSF FY23 Budget Overview**

Chair LeSarre introduced Director of Administration and Operations MHSF, Kelly Kirkpatrick to review the budget for Fiscal Year 2023 (FY23).

Director Kirkpatrick provided a brief overview of Proposition C and the ongoing spending plan. She informed the IWG that the Controller's Office is expecting a 10% decline in future fiscal years. She added that DPH proposed no new ongoing programming due to that projected shortfall. She emphasized that DPH aims to focus on implementing programs through an equity lens. She stated that she added a page in the IWG materials with the detailed full \$90 million Proposition C funds for DPH. She stated that the budget for New Beds and Facilities (NB&F) was adjusted to match the implementation timeline for new beds. She provided a brief budget overview for each of the four MHSF domains and for other Prop C investments with a focus on servicing people experiencing homelessness.

#### Discussion

Member Fields provided a brief history of the intended MHSF funding sources. He expressed that he feels the Prop C committee has control over what MHSF recommends and what DPH can implement for a comprehensive behavioral health system. Director Kirkpatrick did not provide comment on the matter.

Vice Chair Patterson agreed with Member Fields that the IWG seems to show up and listen to things that have already been decided. He expressed that it makes him feel like a token. He indicated that he appreciated that there is a focus on city-wide perspective and not specific neighborhoods. He inquired about the decision behind the women only program in Bayview and expressed that providing a women-only program can, potentially, create division. Director Kirkpatrick indicated that the women-only program came from a listening session in the Bayview community. She added that the scope for the program still needs to be developed. Director Dr. Kunins emphasized that the gender-specific services derived from listening sessions that identified gender-specific services gap.

Chair LeSarre acknowledged Vice Chair Patterson's comment and added that, alternatively, some women feel uncomfortable going to shelters that also cater to men. She added examples from her predoctoral work.

Member Shortt expressed her disagreement to Vice Chair Patterson's comment. She respectfully directed her opinion toward Vice Chair Patterson.

Chair LeSarre acknowledged both side of the conversation and emphasized each person has valuable insights and experiences.

Member Lipton indicated that connecting the slides and the one-page detailed budget is challenging – particularly to the domains. He suggested a reformulation of the budget by domain. He inquired if there is any likely or perceived impact from the programs in development to those programs that are being brought to the IWG. Director Kirkpatrick offered to provide an updated spreadsheet that is clearer. She acknowledged that there are constraints towards expansions and that there may have to be reductions as a result of the shortfall.

Member Fields expressed that he feels that the IWG spent a lot of time planning and providing feedback on the Crisis Stabilization Unit and it now feels like it is in limbo. He indicated that he feels that having a more detailed budget would help him understand what is happening with the items that the IWG provides feedback on.

Chair LeSarre stated that she would coordinate with the City Planning Team to help determine how to address members' concerns. She asked Director Kirkpatrick to provide the detailed budget and to come back later in the fall. Director Kirkpatrick noted her openness to participate in a Discussion Group to go over the line-item budget.

Member Fields stated that if MHSF is a priority, it needs to be included as part of the larger budget and not just Proposition C revenue.

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

No public comment.

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

Chair LeSarre introduced the TAY Residential Discussion and briefly reviewed the Recommendation Roadmap. She informed the IWG that this conversation is in the conflict of interest stage. She invited members to identify themselves if they needed to recuse themselves. Member Eisen and Member Fields recused themselves and were moved into the participants channel.

Member Hammer inquired if there would be an update provided regarding the open IWG Seats. Chair LeSarre acknowledged that all there are still open seats, seats 3 & 9, and that there will be an update provided toward the end of the meeting.

Facilitator James reviewed the recommendation roadmap in more detail. She noted that there were not enough volunteers to assemble a Discussion Group. She informed the IWG that the City Planning Team, comprised of the Controller's Office and Harder + Company, drafted the initial recommendations from the IWG's April 2022 whiteboard brainstorming activity. She invited the IWG to volunteer for the TAY Discussion Group between meetings and that the IWG will vote on the recommendations for the August 2022 meeting.

Dr. Pating informed that IWG that the TAY Residential is a part of the New Beds and Facilities, in conjunction with the Child and Family Division. He briefly reviewed the TAY System of Care Continuum. He noted that work for TAY Residential has been occurring for approximately one year and has culminated into the TAY Residential planning recommendations. He reviewed key program elements and clarified that the eligibility requirements for participating in the program. He reminded the IWG of the four preliminary questions from the April 2022 whiteboard activity.

Facilitator James provided context by reviewing an excerpt from the MHSF legislation that corresponds to this domain. She invited the IWG to provide their feedback on the proposed recommendations that were included in the pre-meeting packet and shared during the meeting. She asked the IWG refrain from wordsmithing.

Facilitator Dadkhah read aloud the five recommendations related to programmatic elements and invited the IWG to provide feedback and edits.

#### Programmatic Elements Discussion:

Chair LeSarre suggested changing "trauma informed" to "healing-centered." She expressed her concern about being able to deliver culturally competent service and language, given the limited number of beds and staff discussed previously. She added that she worries that a neutral space will be sought to serve everyone and as a result, the culture-specific suggestion will be lost. She provided an example to further clarify her concern. She expressed those 10 beds are not enough to adequately serve the TAY population. She stated that she fears that, ultimately, those communities that are the focus of the work will become invisible. Dr. Pating acknowledged that hiring staff that is culturally competent is a priority. He acknowledged Chair LeSarre for providing that insight. He agreed that 10 beds are not enough to serve the population.

Member Hammer agreed with Chair LeSarre and expanded on the challenge of small clinical programs being culturally concordant. She suggested separating bullet point #4 into two recommendations and making a specific statement about facilitating TAY-led connections between youth and their families/important adult models.

Member Lipton suggested to add peer counseling as part of the model; Facilitator Dadkhah acknowledged the recommendation and connected it to Member Hammer's previous comment about giving TAY agency over their care plan.

Member Salinas emphasized the importance of extending length of stay for TAY to be able to build a trusting relationship with staff to collaborate staff to address their wants or needs. She referred to Guerrero House as a great model to be able to achieve that. She expanded by saying that language capacity does not equal cultural competency. She recommended that youth be able to stay for 2 years and, simultaneously, provide short-term stays for those youth who just need respite.

Chair LeSarre expressed that she would like to see partnerships with Community Based Organizations (CBOs) with expertise to consult. She expressed that she would like to see a panel of individuals who have experienced similar situations and have been able to move forward despite their challenges. She suggested a wellness focus to let people know that they are more than their illness.

#### Evaluation and Metric Related Discussion:

Member Shortt suggested a qualitative approach where individuals can share their experience.

Member Gonzalez asked for clarification on #3 bullet point of the draft recommendations and if it intended to say "ethnicity" or just "ethnic." Facilitator James acknowledged that the word was ethnicity.

Member Shortt indicated that some of these recommendations don't have metrics and only mention what is going to be measured. She stated that there needs to be a way to distinguish how those should be measured. Facilitator Dadkhah acknowledged that the whiteboard activity did not have suggestions on how things will be measured and that, ideally, the IWG or discussion group will provide suggestions. Dr. Pating noted that TAY Residential will be working with the Analytics and Evaluation team. Member Shortt suggested that access to services be measured, in conjunction with waitlisting.

Chair LeSarre suggested adding education and job acquisition to #4 bullet point. She noted that there needs to be a focus on relationship and quality of life measures.

Member Lipton inquired how the referral process is going to work so that the population can access services. He also inquired about how the population will access services if demand is too high. Chair LeSarre acknowledged Member Lipton's comment and added that it will be important to raise these concerns during the budget discussion.

Related to Other Mental Health Domains Discussion:

Member Lipton inquired about transportation for TAY Residential.

Chair LeSarre stated that the IWG can suggest including transportation in the budget or provide linkage to existing resources. Chair LeSarre stated that she would like to see nature-related and outdoor services for TAY.

Chair LeSarre stated that she would provide potential dates for the Discussion Group to meet and that the dates would be shared with the IWG.

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

No public comment.

**16. Discussion Item #6: New Beds and Facilities: Review of Dashboard and Ecosystem**

Chair LeSarre introduced the subdomain under New Beds and Facilities. She informed the IWG that there will be updates provided for the NB&F recommendations that the IWG has already provided.

Facilitator James reviewed the full NB&F domain and the progress that has been made since 2021.

Yoonjung Kim reviewed the baseline for beds available in the Behavioral Health Services (BHS) Residential System of Care in 2020. She reviewed the timeline of the bed expansion and the most recent number of beds. She provided a brief review of the type of beds under NB&F. She reviewed upcoming milestones and the plan for future IWG updates.

Discussion:

Member Eisen inquired if there is an evaluation for the Managed Alcohol Program (MAP) to show proof of efficacy. She inquired if San Francisco Department of Public Health is leveraging the \$5 million that is being provided by the state of California for Behavioral Health



Bridge Housing. Kim stated that she will find the publication of the MAP evaluation to the IWG. She also stated that SFDPH has been applying for the funds already for SFDPH projects. Member Eisen inquired if there are operational funds for Bridge Housing. Kim explained that the state funds are one-time funds for purchasing and renovating – not operations.

Member Fields acknowledged that there is an attempt to build out the whole continuum of care. He expressed his frustration that the update today remains heavily institutional. He stated that he wants to see the county move toward a recovery-based continuum of care quickly and not put resources toward non-revenue producing programs.

Chair LeSarre acknowledged Member Fields' comment and added that she does not understand why the county is moving backwards in their progress. She informed Kim that the future presentations for NB&F will be moved ahead because the IWG cannot wait until October 2022 to continue these conversations.

Member Shortt agreed with the comments by Member Fields and Chair LeSarre. She inquired how Laguna Honda affects these NB&F programs and if those individuals will be put into these new beds that are being created. Kim informed the IWG that Laguna Honda greatly impacts the system. She noted the role of BHS Residential Systems of Care to find clients new facilities. She added that Laguna Honda clients are being placed in Skilled Nursing Facilities (SNF) while others are ready to be discharged into Board and Care Facilities (B&C). Member Shortt requested a report of how many NB&F beds are now occupied by previous Laguna Honda clients. Kim states that Laguna Honda has that data and SFDPH will defer the request to the Laguna Honda group.

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

Caller 1 expressed her opinion that the money being spent for renting spaces out of county is outrageous. She expressed that she does not understand why there are no funds going toward renovating Laguna Honda Hospital and Rehabilitation Center. She stated that institutional needs for long-term elderly psychiatric residents still exist.

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

No public comment.

#### **19. Discussion Item #7: Housekeeping and future meetings**

Facilitator James reviewed the anticipated meeting IWG topics for the remainder of 2022. She informed the IWG that the Controller's Office and Harder + Company are aware of the IWG's priorities and will try to accommodate those topics. She noted that there are currently two Discussion Groups – one for TAY and one for Budget Details. She provided an update for the current open seats and stated that Seat 3 and Seat 9 are currently open – for Lived Experience and Experience with Residential Treatment, respectively.

Member Shortt stated that during a previous meeting, the IWG was informed that there was an application in process for Seat 9. She requested that the Controller's Office to send the IWG more information about the requirements, process for applying and selection timeline for those seats. Heather Littleton informed the IWG that there have been recommendations by DPH that have already been sent to the Mayor's Office for Seat 9, but that there have not been any recent updates. She informed the IWG that once an update has been received, the IWG will be informed.

Chair LeSarre expressed her gratitude to the community, the IWG and all other agencies for all the work they do.

**20. Adjourn**

The next meeting will be on Tuesday, August 23, 2022, from 9:00 AM- 1:00 pm.

Chair LeSarre motioned to adjourn the meeting; Member Lipton seconded the motion. Meeting adjourned at 1:08 PM.