

Mental Health SF Implementation Working Group

APPROVED Meeting Minutes

June 28, 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 SF 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 9:04 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, James McGuigan, Andrea Salinas, L.M.F.T., Sara Shortt, M.S.W., Amy Wong

Committee Members Excused Absent: Jameel Patterson

Committee Members Unexcused Absent: None.

2. Welcome and Review of Agenda

Facilitator Jennifer James called the meeting to order and acknowledged Member Kara Chien (formerly Seat 13) who has stepped down from the IWG. She introduced the new IWG members, Steve Lipton (Seat 13) and James McGuigan (Seat 4). She invited the new members to introduce themselves. Member Lipton and Member McGuigan shared about their background and experience. Member Shortt inquired which seat Member McGuigan is in. Member James stated that Member McGuigan is in Seat 4 for Emergency Personnel. Member Fields inquired if Seat 4 is a Mayoral or Board appointment. Facilitator James replied that it is Mayoral appointment. She informed the IWG that there are still two seats open.

Oksana Shcherba stressed the importance of filling Seat 3, which is reserved for a person with lived experience. She encouraged the IWG to send suggestions to oshcherba@sfgov.org and stated that their office would continue to source ideas for Seat 3 to share with the Board of Supervisors, the appointing body, through other means as well.

Facilitator James reviewed the meeting goals for the day. She informed the IWG that the Transitional Age Youth (TAY) recommendations have been on the calendar but there has not been enough volunteers to schedule the Discussion Group. She reminded that the chat function has been disabled for issues of accessibility. She reminded members to make sure that they don't step away at the same time to maintain quorum. She reviewed the Mental

Health San Francisco (MHSF) domains and today's speakers for.

Facilitator Ashlyn Dadkhah reviewed the process for public comment and stated that public comments will be entered into the record and considered. She stated that the IWG is unable to respond to public comment. She noted that the MentalHealthSFIWG@sfgov.org email can be used for public comment outside of meetings.

3. Vote to Excuse Absent Member(s)

Facilitator James reviewed the process for excusing absent members. She informed the IWG that Member Patterson contacted Chair LeSarre to state he would not be attending the meeting. Member Eisen motioned to excuse Member Patterson; Member Hammer seconded the motion. IWG members voted and excused Member Patterson's absence.

- 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 - Yes
- Jameel Patterson - Absent
- 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

Facilitator Jennifer James reviewed the required findings for State and Local Requirements regarding IWG meeting virtually. She reviewed the two key resolutions that the IWG will be voting on today. She inquired if IWG members had comments 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; Member Eisen 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 - Yes
- Jameel Patterson - Absent

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

7. Discussion Item #2: Approve Meeting Minutes

Facilitator James opened the discussion for the IWG to make changes to the May 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 May 2022 meeting minutes as amended; Chair LeSarre seconded the motion. May 2022 meeting minutes were vote 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 - Abstain
- James McGuigan - Abstain
- Jameel Patterson - Absent
- 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. Dr. Kunins reminded the IWG that the goal is to have brief, monthly director’s updates and longer, quarterly updates. She stated that they are open to IWG feedback on structure of the director’s update. She provided an update that they are making progress on residential care and facility beds. She provided an update on Proposition C budget and stated that the Department of Public Health (DPH) did not propose new ongoing programming because of a projected revenue shortfall. She informed the IWG that the Board of Director’s report proposed to fund new Dual Diagnosis (DD) beds for gender-specific and Bayview-specific, place-based programming and that the request was approved. She expressed that she looks forward to working with IWG for the program design for that DD program.

Discussion

Chair LeSarre expressed her excitement that DPH is working towards finding funding for the gender- and place-based DD facility. She asked for clarification on the population. Director Dr. Kunins replied that it has been described as transitional care program for woman experiencing dual diagnoses and clarified that it has not been designed. She added that there is a population and programmatic goal for the program and that a location has already been selected. Director Dr. Kunins acknowledged that

this is new and everything is still to be determined. Chair LeSarre recommended that children be allowed for early attachment and that transgender women also be housed. Director Dr. Kunins noted that there are several gender-specific issues that need to be addressed and that, along with IWG and other community members, DPH hopes to start designing the project soon. She also indicated that she will be on and off throughout the meeting today.

11. Public Comment for Discussion Item #3

No public comment

12. Discussion Item #4: Mental Health Service Center: Briefing & Discussion

Chair LeSarre reviewed the MHSF domain that will be covered and introduced the presenters from the Office of the Controller, City Performance Unit.

Mark Wylie, Project Manager, Controller's City Performance Unit, introduced the Mental Health Service Center Options Analysis and gave a brief overview on the background. He reminded the IWG that today's conversation is a preliminary discussion on the various options and that the subsequent conversation will be a more detailed analysis.

Jamila Wilson, Performance Analyst in the Controller's Office, provided background on the MHSF Legislation requirements, the current landscape, deliverables, and timelines. She noted that throughout the slides, the blue text signifies input that has been provided by the IWG. She informed the IWG that although the overall MHSF legislation includes the creation of Office of Private Insurance, the IWG input around private insurance is not under the MHSC. She reviewed the system-wide view that was presented during May 2022 meeting. She reviewed the deliverables that have been completed and highlighted those that are currently in progress.

Dan Kaplan, Senior Performance Analyst in the Controller's Office, briefly reviewed the details for the three options of what the MHSC can be. He presented the IWG with the opportunity to provide feedback via guided questions and included equity criteria for the IWG to keep in mind.

Discussion

Member Hammer asked about the Mental Health Urgent Care (MHUC) not having to be in the same building as the MHSC. Wilson acknowledged that she misspoke and that the MHUC is required to be in the MHSC building and the Drug Sobering Center (DSC) is not required to be in the same building but does have to be in coordination with MHSC.

Member McGuigan inquired about how many case managers will be as part of the MHSC. Wilson replied that Case Management will be developed by the Office of Coordinated Care (OCC) and that she does not know the number of case managers. Wylie added that the MHSF Options Analysis does not look at the case management load. Chair LeSarre informed Member McGuigan that a request will be put in to get an answer to his questions. Director Dr. Kunins encouraged the IWG to think of the MHSC as related to the OCC and that the operational details are what DPH is asking for input on. She informed the IWG that OCC is hiring 13 case managers for "BEST" teams which are case managers who are working with at-risk priority clients. She added that case management in other systems of care are also being enhanced and others are being increased.

Member Salinas highlighted the Psychiatric Assessment requirement for the OCC and

recommended that if OCC is going to provide short-term ICM linkage services they should have psychiatrists on the team to start individuals on medication until they are linked to long-term providers. Director Dr. Kunins acknowledged the IWG's interest in the OCC and informed the IWG that today's discussion is to get feedback of MHSC. She provided a brief response about the psychiatric services being possibly deferred to BHAC and promised to get back to Member Salinas' question.

Chair LeSarre provided feedback on the language in the Equity Criteria provided.

Member Salinas suggested providing services in different neighborhoods to increase accessibility outside of SoMa/Tenderloin area.

Member Shortt expressed that she sees pros and cons to each of the options presented. She stated that, personally would not use the virtual option because it does not provide a place for people to go. She noted that the idea of the MHSC was to have one location for easy access and easy awareness. She expressed concern that multi-location option is not going to have all services at each location, and, at the same time, she understands that some people will not leave their neighborhood to access service. She highlighted multiple considerations that will need to be considered to provide effective services.

Member Eisen stated that she has a preference towards the multi-location option because place-based services can invest in building out services and increasing capacity of existing locations. She acknowledges that there is a similar complexity to stand alone center and multi-location. She added that she sees very little value in the virtual option.

Member Fields inquired how compatible each option is with the legislation. He notes that Urgent Care will be more successful if it is in proximity to the neighborhoods that it intends to serve. He agreed with other IWG members that a virtual center will not achieve the connection that is made when someone walks into a physical location. He added that he feels the multi-location option might work for some of the MHSC requirements and that others, that don't require face-to-face contact, will be effective at a stand-alone center.

Member McGuigan echoed other IWG members and expressed that the virtual option will be not be very effective or productive. He stated that a multi-location option can provide a wider reach but expressed his concern that this may delay services. He suggested starting with a stand-alone center, making it efficient and productive, and then duplicate that at satellite locations. Recommended a sub-group to investigate why/if transportation is an issue. He stated that there are many existing resources, between fire, paratransit, police, etc.

Member Gonzalez stated that she does not want virtual option to be discounted and that she believes people will utilize that option. She highlighted the importance of centralizing and standardizing processes and software. She suggested starting with a small stand-alone center, with virtual capacity and ongoing evaluation, and subsequently expanding as needed.

Member Lipton stated that upon reviewing materials he realized that a lot of the feasibility analysis has not been done. He also highlighted that based on his review of the ordinance, a stand-alone center was suggested as a preference of the Board. He proposed a 4th option, with the initial goal being to have a stand-alone center with "feeder" centers operating until the stand-alone center is complete. He highlighted the long timeline for completion and proposed a hybrid option. He agrees with other IWG members that virtual is not a good option.

Chair LeSarre stated that any call center should have the capacity for a virtual component.

She added she does not see a virtual center as prohibitive. She highlighted huge cultural competency issues that DPH is currently experiencing. She stated that there has been work with affinity groups and inquired about the long-term plan to get to the diverse workforce that is being discussed today. Director Dr. Kunins stated that the Tenderloin Emergency Declaration resulted in hiring of over 200 people in a short period of time. She acknowledged that a major challenge is that staff is being shifted from agencies to DPH as opposed to attracting new talent and adding to staffing pool. She indicated that DPH must continue to use pipeline programs to attract new talent and increase the workforce.

Member Fields addressed the challenges with pharmacy services. He stated that pharmacy services would be one of the services that he would like to see in a stand-alone center. He added that the goal of the legislation was to provide comprehensive services for residents of San Francisco – not just for those who are in more need.

13. Public Comment for Discussion Item #4

No public comment.

14. Discussion Item #5: New Beds and Facilities: Minna Project and Drug Sobering Center Updates & Recommendation Review

https://www.sfdph.org/dph/files/IWG/Crisis_Stabilization_Unit_Discussion_Group_Edits_for_IWG.pdf

Chair LeSarre introduced the New Beds & Facilities domain and the two components that will be presented on within that domain.

Dr. David Pating welcomed the new IWG members and introduced himself and briefly explained the goal of the NB&F domain. He provided a funding update – coming from both the state and locally.

Minna Project

Dr. Pating briefly reviewed the purpose and goal of the Minna Project. He displayed images from the ribbon cutting ceremony and the units themselves. He reviewed the individualized support services that will be provided onsite by the Department of Public Health (DPH) and the Adult Probation Department (APD). He stated that the supportive services are voluntary and highlighted that there are only three (3) activities required by individuals who are in the Minna Project. Dr. Pating reviewed the key principles proposed by the IWG in May. He noted that although there will be non-judgmental language used around substance use the site is drug and alcohol-free. Dr. Pating requested feedback from the IWG around key performance indicators of success.

Discussion:

Chair LeSarre requested clarification about the expectations around substance use for individuals who are part of Minna Project. Dr. Pating clarified that individuals can use substances while they are not on site and stressed that one of the goals of the project is to get people well and recovered. Chair LeSarre suggested having a lock-up space for paraphernalia or anything that individuals require. She recommended that there be benchmarks related to this as a key performance measure.

Member Fields expressed agreement with Chair LeSarre and suggested that this is an opportunity to use the linkage to the Office of Coordinated Care. He noted that this is an

entry point to the system and can be a good place for longitudinal experience in the system. He suggested that one measure of success would be the percentage of individuals who move on to treatment. He stated that the measure should be longitudinal so that the Office of Coordinated Care can measure how well the whole system is doing and not just the Minna Project. Dr. Pating reiterated that this housing program will be full-service and that the hope is that most services will be received on-site. Member Fields noted that there may be some individuals whose needs cannot be met with a 75-bed program and that those individuals may need services outside of the ones provided by Minna Project.

Member Salinas recounted her experience of enrolling a client in the Minna Project. She noted that she had to demonstrate that her client had been clean and had connections to behavioral health services. She highlighted that client was given urine toxicology screen at interview and at move-in and that her experience was different from what is being presented. Dr. Pating indicated that he would follow up with Dr. Salinas.

Member Gonzalez recommended that a measure of success would be for individuals to ultimately function independently in the community and engage in some type of work. She inquired if the program would have vocational training. She acknowledged the importance of the on-site services and added that another measure of success would be for individuals to be able to connect to traditional outpatient services and other services in the community. She inquired about if telehealth would be an option as part of the medication services provided and the type of staffing. Dr. Pating indicated that telehealth has not been discussed as an option and shared the staffing that has been discussed with the contractor. He noted that the APD anticipated that there will be a high need for medication management.

Member McGuigan expressed his agreement with the measures of success recommended by the IWG members so far. He inquired about the requirements for the number of case managers and the repercussions if those numbers are not met. Dr. Pating informed the IWG that the details are still being worked out. He acknowledged that the different cultures and expectations of DPH and APD are also being worked out. He added that there are many different visions for the Minna Project and that the visions are blending. He indicated that there are three (3) social workers and two (2) health workers on the mental health side and that those numbers may be matched on the forensic side. He added that there are enough activities in the program for individuals to have an Outpatient Program experience. Chair LeSarre offered to share a calendar of activities and wellness services with DPH provided monthly by the Rafiki Coalition.

Member Eisen suggested it would be helpful if Dr. Pating provided a copy of a handbook or documents for the Minna Project that clients receive in writing to clarify what is required. She inquired if medication for addiction treatment is admissible. Dr. Pating indicated that it is. She requested confirmation that clients are not required to attend any services except for the daily morning/evening meeting and the weekly Friday BBQ. Dr. Pating confirmed that those are the only requirements and added that they hope individuals will work with a case manager to create a more individualized program. Member Eisen stressed the importance of having everyone on the same page about this aspect. Dr. Pating noted that the admissions have been stringent for initial clients because the Minna Project is not fully staffed, and they want to provide adequate support. He indicated that they are requiring the initial clients to be linked with outside care while DPH/APD get supportive mental health services onsite. Member Eisen indicated that based on the description being provided it sounds like this a treatment program, which would need to be licensed. She indicated that if all of the activities are voluntary than it is a housing program that has support on site. She asked Dr. Pating to confirm during the July meeting that individuals will be allowed to use substance off-site and be able to return to their housing as well as their ability to have guests. She suggested that two measures of success would be

unplanned departures and a quality of life.

Member Wong concurred with IWG member suggestions for measures of success. She inquired if it would be possible to offer incentives to encourage independent living. She highlighted the importance of having culturally, linguistically, diverse staff. She recommended that one measure of success would be to measure if individuals are able to create meaningful connections with case managers as well as if they're able to be linked to permanent housing.

SoMa RISE: A Drug Sobering Center on Howard Street

Dr. Pating provided a general overview and goal of SoMa RISE. He shared images of an early mock-up of the center. He stressed that there will be no drug or alcohol use allowed at this center. Dr. Pating reviewed the recommendations provided by the IWG in past meetings. He reviewed dashboards for the Tenderloin Linkage Center (TLC) as an example of how SoMa RISE information may be reported out. He stated that the TLC did not get renewed funding and that some staff from TLC will be transferring to the Drug Sobering Center (DSC), which will support the need for diverse staff. He addressed IWG recommendations that were made by the IWG and informed the IWG when they were out of scope and the reasons for that.

Discussion

Chair LeSarre inquired about the referral process for DSC and indicated that she can wait for a response, considering the time for the item.

Member Lipton inquired if DSC is designed to be both a walk in or referral and how they will link to other components of Mental Health system (i.e., Street Crisis Response Team or SCRT). Dr. Pating stated that the walk-ins and referrals by SCRT will be the primary way to receive services. He added that outreach workers will be in the field encouraging individuals to walk in. Dr. Pating highlighted that Emergency Medical Services (EMS) transport cannot be taken due to licensing reasons. Member Lipton suggested that it would be important to track and report about access and where individuals are coming from. Dr. Pating reminded the IWG that SoMa RISE will be a 2-story building with shared administrative offices on the second floor.

15. Public Comment for Discussion Item #5

No public comment.

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

No public comment.

17. Discussion Item #7: Housekeeping and future meetings

Facilitator James reviewed the anticipated meeting topics for the remainder of 2022. She reviewed July meeting topics and informed the IWG that this may be a busy agenda. She informed the IWG that the Office of the Controller met with Member Salinas and Member Wong to discuss how mapping that has been brought up by the IWG on multiple occasions. Member Wong acknowledged that there are many programs and services and that it will be challenging to map and offered a possible suggestion on how to approach the mapping.

Facilitator James reminded the IWG that the TAY recommendations group needs more

volunteers because there is only one person on the team. Chair LeSarre extended the invitation to IWG members to join her for TAY recommendations.

18. Adjourn

The next meeting will be on Tuesday, July 26, 2022 from 9:00 AM- 1:00 pm.

Chair LeSarre motioned to adjourn the meeting; Member Fields seconded the motion. Meeting adjourned at 12:08 PM.