

Mental Health SF Implementation Working Group Approved Meeting Minutes (Approved)

April 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 (MHSF) Implementation Working Group (IWG) 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/menthlth/Implementation.asp>

1. Call to Order/Roll Call

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

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

Committee Members Excused Absent: none

Committee Members Unexcused Absent: none

2. Welcome and Review of Agenda

Facilitator Ashlyn Dadkhah called the meeting to order. She informed everyone that they may send her a message if they have any technical issues. She reviewed the overall process for public comment.

Facilitator Jennifer James reviewed the meeting goals and the Mental Health San Francisco domains being presented and the presenters for each domain. She reminded that the chat function has been disabled for issues of accessibility. She asked that comments be sent to the email or made verbally during the Public Comment periods.

3. 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 James reviewed the required findings for State and Local Requirements regarding IWG meeting virtually. She read the two resolutions and invited IWG members to ask questions regarding the State and Local Requirements. IWG did not have questions.

4. Public Comment for Discussion Item #1

No public comment.

5. Vote on Discussion Item #1

Member Chien motioned to approve the Remote Meeting Findings; Member Hammer seconded the motion. The IWG approved the Remote Meeting Findings.

Dr. Scott Arai, Psy. D. - Yes
Shon Buford – Absent during vote
Kara Chien, J.D. - Yes
Dr. Vitka Eisen, M.S.W. – Absent during vote
Steve Fields, M.P.A., Ed.D – Absent during vote
Dr. Ana Gonzalez, D.O. - Yes
Dr. Hali Hammer, M.D. - Yes
Dr. Monique LeSarre, Psy. D. - Absent during vote
Jameel Patterson - Yes
Andrea Salinas, L.M.F.T. - Yes
Sara Shortt, M.S.W. - Yes
Amy Wong – Yes

6. Discussion Item #2: Approve Meeting Minutes

Facilitator James invited the IWG to make changes to amended minutes from March 2022 meeting. IWG members did not have any changes to the amended minutes.

7. Public Comment for Discussion Item #2

No public comment.

8. Action on Discussion Item #2

Member Salinas motioned to approve the March 2022 meeting minutes as amended; Member Hammer seconded the motion. The amended March 2022 meeting minutes were approved by the IWG.

Dr. Scott Arai, Psy. D. - Yes
Shon Buford – Absent during vote
Kara Chien, J.D. - Yes
Dr. Vitka Eisen, M.S.W.- Absent during vote
Steve Fields, M.P.A., Ed.D – Absent during vote
Dr. Ana Gonzalez, D.O. - Yes
Dr. Hali Hammer, M.D. - Yes
Dr. Monique LeSarre, Psy. D. – Absent during vote
Jameel Patterson – Yes
Andrea Salinas, L.M.F.T. - Yes
Sara Shortt, M.S.W. - Yes
Amy Wong - Yes

9. Discussion Item #3: MHSF Director's Quarterly Update

Facilitator James presented MHSF Director Dr. Hillary Kunins.

Dr. Kunins provided updates on topics that the IWG has requested and some updates that the Department of Public Health (DPH) feels are essential to share. She informed the IWG that 210 Behavioral Health and MHSF positions have been filled and that hiring efficiencies will continue to be developed to remove redundancies. She provided background on the Tenderloin Emergency Initiative and invited the IWG to visit the San Francisco website to access dashboards. She reviewed the public health goals and provided some data that has been collected to date at the Tenderloin Linkage Center (TLC). She clarified that the data are not unique visits, given that no identifiable information is collected, and is, instead, a count of daily visitors. She stated that individuals are asked what types of services they want to receive and that most individuals are interested in services to meet their basic needs. She shared high-level information on the Minna Project. She invited the IWG to create a Working Group to provide input on the Minna Project's development phase. She provided a brief update on Beds Dashboard and mentioned SOMA Rise—the Drug Sobering Center—is set to open in early June.

Discussion

Chair LeSarre stated that she would like the opportunity to join the Minna Project Working Group.

Member Wong thanked Dr. Kunins for the data provided. She acknowledged that the TLC is a great addition to the current services and brought up potential equity issues if there is not detailed data on which groups are served. She acknowledged that the Minna Project sounds phenomenal and raised the issue of a project to map services that currently exist in the city. She inquired if programs can be expanded and centralized versus dispersed entities. Dr. Kunins highlighted importance of equity in reducing racial disparities in outcomes across programming. She stated that it is important for DPH to continue to measure overdose deaths by race and that those metrics are available to the public monthly. She reminded that the TLC is a low-barrier service, and they are not collecting demographic information but may be other ways to capture this information, like doing data sampling at the TLC. Demographics are also being collected in other programs like Minna. She talked about both the advantages and disadvantages of having small programs initially. She also said smaller programs are more intimate, person-centered, community-based.

Member Salinas stated that she is amazed with the data on overdose reversals, despite the historical opposition by some community members. She also acknowledges the housing linkage from the TLC is impressive. She inquired about the housing programs being offered and expressed that a lot of individuals in Coordinated Entry have not found housing and have waitlisted for extended times. She inquired if case managers should begin taking clients to TLC. She also inquired if funds can be procured to go to the community based organizations (CBOs) for pay equity and keep them from losing staff to MHSF-funded services. Dr. Kunins clarified that entering the TLC does not mean that clients can jump the line for permanent supportive housing;

it's just another point of entry to City-wide systems. She clarified that while the Tenderloin Emergency Declaration provided the opportunity to streamline and expedite hiring processes, DPH acknowledges the need to promote pay equity with CBOS. They're working with the Controller's Office to examine this more deeply and strategize how to recruit and retain behavioral health workers across sectors.

Member Patterson expressed that he wants to hear more about the mental health aspect of the work and the overall process. He stated that the TLC will have referrals to mental health and there needs to be more discussion on how to serve mental health needs. He suggested having maps for the mental health services in the city for people to find services. He inquired if there is a plan to expand existing mental health services. Dr. Kunins stated that there is information on SF.gov where people can receive services and acknowledged that the suggestion for maps to provide visuals is a great idea.

Member Chien inquired how the IWG can recommend continuing training the 210 new hires for cultural sensitivity and how to bring new staff up to speed so that services can be provided in a timely manner. She also inquired how the IWG can provide feedback to the Office of Coordinated Care (OCC) to streamline referrals and prevent duplication in services for Minna Project recipients. She further addressed the AAPI community's low demand for services and inquired how DPH can serve that population. Dr. Kunins stated that cultural competency trainings occur at DPH and BH levels. She stated that MHSF allows for transformative, proactive care to engage people in care, and this is an approach that can be used to address AAPI community. She stated that there is work being done but there is a need to do more.

Member Shortt expressed her frustration that she found out these new programs are under MHSF via the newspaper. She expressed her concerns about the intention of the IWG versus what she feels is the reality of the group's purpose. She acknowledged that some programs do happen quickly but there can be better, timelier communication between DPH with the IWG. She expressed interest in the Minna Project Working Group because she has a lot of concerns about the project – particularly around the transitional housing/carceral model. She stated that she would like to see the Minna Project have harm reduction models that align with MHSF so that it doesn't become long-term warehouse of people. Dr. Kunins apologized to the IWG for not sharing information about the Minna Project earlier. She acknowledged the IWG for the in-depth advice that is provided – individually and as a body. She acknowledged that the City & County of San Francisco is aware of potential risks of the current model for the Minna Project.

Chair LeSarre stated that she would love to see a media plan for services provided. She also stated that she would like to identify barriers to the AAPI community's low service use. She further suggested that there needs to be a plan devised to be responsive to the increases in suicidality. Dr. Kunins stated that she wants to respect the time allotted to this item and welcomes the opportunity to speak to the group about these concerns– either during the IWG meeting or in a future discussion group.

10. Public Comment for Discussion Item #3:

No Public comment

11. Discussion Item #4: New Beds and Facilities: Crisis Unit Update & Discussion

https://www.sfdph.org/dph/files/IWG/Office_of_Coordinated_Care_Recommendations_rev_3.14.22.pdf

Facilitator James introduced the Crisis Stabilization (CSU) Unit Staff for this domain. She reviewed the Recommendation Roadmap. She stated that the CSU Discussion Group has met to discuss the changing nature of the legislation and the program itself. She indicated that today's discussion will allow the IWG to provide their input and that the vote has been moved to May to accommodate that. She reminded that today's discussion is in a Conflict of Interest stage. Member Arai, Member Eisen and Member Fields recused themselves and were moved to Attendees by Facilitator Dadkhah.

Emeterio Garcia emphasized that the CSU is only one program in a continuum of care to serve the needs of the community. He reviewed the MHSF legislation and reiterated the need that the CSU is intended to meet. He reviewed and compared the various models that provide services in the county. He reviewed the proposed design of Tenderloin CSU, including the voluntary nature of the program, the core framework and next steps for DPH.

Facilitator James outlined the use of the virtual white board. The purpose of the white board is to capture IWG comments about the CSU in three ways: 1) comments core to the CSU project itself; 2) comments that are related to the other components of the IWG; and 3) comments that are larger in scope than MHSF. That white board can be found below, Exhibit 1.

Discussion

Member Wong inquired if Hummingbird is a drop-in center. She expressed that her understanding is that individuals need to be referred to there to receive services. Garcia indicated that they have day program where people can drop in for services. He indicated that he has to follow up on the need for a referral but that to stay in long-term care does require authorization.

Chair LeSarre asked that CSU leads keep an open mind when they go out to engage communities. She suggested that they provide technical assistance for what is being requested and that their work is justice and equity-centered.

Vice-Chair Patterson expressed that there are other areas that need mental health services besides the Tenderloin neighborhood. He also stated his opinion that some of the violence in the area might be attributed to mental health issues. Vice-Chair Patterson addressed the lives that are being lost to violence and that communities are suffering and dying. He stated that this CSU is the entry point to receiving services. He further noted that the communities are not reaching these entry points and there is a need to be innovative in reaching people.

Facilitator James presented the virtual white board and reviewed the instructions for its use for this item. She noted that for this discussion item, members can post comments to this board and they will be read or members can raise their hand and share verbally.

Member Salinas expressed her concern that there are similar programs, such as Dore Urgent Care (DUC) and Psychiatric Emergency Services (PES), and individuals are not able to access the next point in the spectrum of recovery. She suggested that it should be very explicit if new programs are going to provide more services than DUC or PES.

Member Gonzalez suggested having something similar to Find Treatment SF (<https://findtreatment-sf.org/>) to have up-to-date bed availability, ideally live information. Garcia asked for clarification if that was meant to find whether individuals can or whether they should not divert. Gonzalez clarified that it is for both and added that some individuals may not be appropriate to divert and the Crisis Unit will still be used to not treat at their facilities. Garcia stated that the modality of services in Santa Clara County found that majority of the participants use services to stabilize within a few hours. He stated that it might be beneficial to indicated when the Crisis Unit is at capacity versus live bed count.

Facilitator James read entries to the virtual white board and Garcia addressed them. He stated that it is unknown if 16 beds in the Tenderloin is enough to meet the needs of the community. He referred to regulatory constraints around the number of hours that services can be provided and added that the commitment is to keep individuals for as long as they are in crisis. He expressed that the goal is to provide the next level of service because, otherwise, the bed will not be available for someone who might be in more acute crisis. He also stated that the goal is for discharge plans to be individualized. He stated that individuals who meet 5150 criteria may not be the most appropriate for the Crisis Unit and they will refer out. He noted that the goal is for this to be a low threshold service and to have dedicated entry points from other services, such as EMS6 or SCRT. He also stated that they have received valuable feedback from CBOs through community engagement for the TLC and that the goal is to educate the community on how to access services.

Garcia responded to the virtual white board question around transportation to the CSU and indicated that this issue is still being addressed for other projects and there is a possibility to address CSU transportation with a similar intervention once developed. He added that it is not possible to secure 100% rate of connection from Point A to Point B and that the best response would be to find the best referral and support the individual. He stated that the Crisis Unit is to be opened next year and the face of services may change. He stated that, given the scarcity of resources, the individual may be placed where they are most functional, and that the OCC may be a good place for linkage.

Dr. Pating reminded the IWG that the goal is to provide accessible services to places with high-need, with integrated staff. He clarified that this is meant to be a one-stop location for as long as individuals need it. He addressed the language shift between Crisis Diversion and Crisis Stabilization and the connection to meeting state regulations.

Member Eisen expressed that it would be helpful to map the movement of individuals through the service and where they would go under different circumstances. Dr. Pating acknowledged that there is a concern for overall gaps and that he must talk with the team about addressing those concerns.

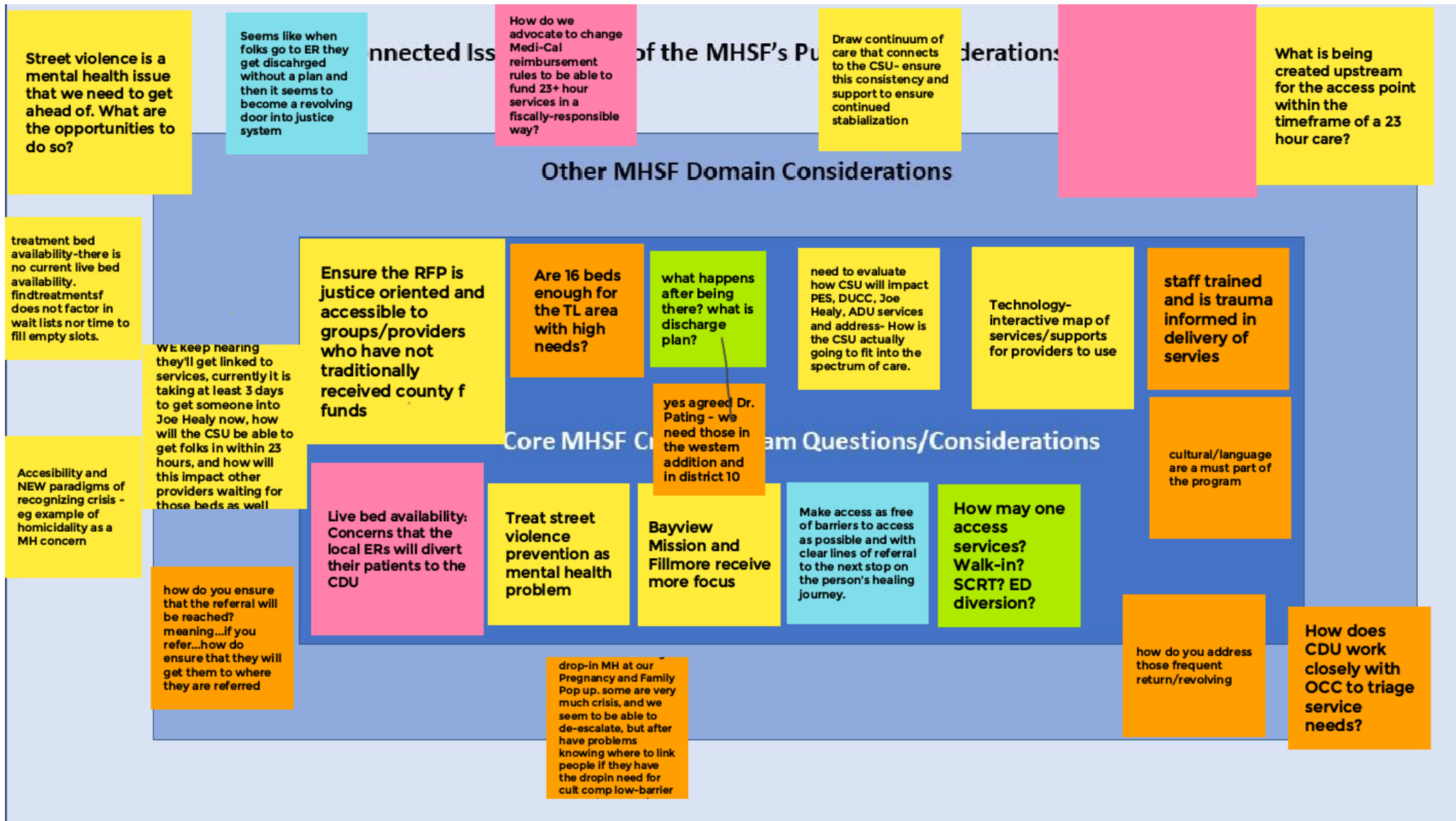
Member Salinas stated that a large part of the job of ICM and FSP providers is trying to balance the lack of services, resources and gaps in services. She stated that if someone is being stabilized and there is no service available for the next step, it does not benefit that individual. Dr. Pating stated that he is confident that providing crisis services where they are needed is appropriate.

Chair LeSarre inquired on the plan to replicate the Crisis Unit in other neighborhoods and the discharge plan. She indicated that inadequate discharge plans typically result in individuals becoming justice-involved. Dr. Pating stated that the concerns for 290 clients are not an issue with the CSU.

Member Chien provided a suggestion that the legislative mandate for the IWG is to give the best recommendations within the legislation. She inquired how individuals can be moved to the next level of care. She stated that there either needs to be a legislative change or wait for Dr. Pating to follow up with the IWG about recommendations around gaps in services.

Facilitator James reviewed next steps for the Crisis Stabilization Unit domain. She invited members of the IWG to join the 3 members who are currently part of the Discussion Group to finalize the recommendations before bringing them to a vote.

Exhibit 1: CSU White Board Comments



12. Public Comment for Discussion Item #4

Caller 1 expressed her concern that the CSU is not addressing long-term psychiatric acute care. She acknowledged the goal to avoid that level of care and that there needs to be a place for individuals to stabilize. She indicated that it's not enough to knock people off that have stability when they don't have a place to live. She notified Chair LeSarre that it is difficult to understand her and she needs to speak into her microphone.

13. Discussion Item #5: Transitional Age Youth (TAY): Residential Discussion and Brainstorm

Chair LeSarre introduced the speakers for the Transitional Age Youth (TAY) Residential component and reviewed the recommendation roadmap. Heather Littleton confirmed that members do not need to recuse themselves during this part of the process.

Facilitator James provided framing around today's discussion.

Kali Cheung provided brief background on the TAY treatment continuum of care. She addressed questions that were previously provided by the IWG. She indicated that the levels of care are not either/or options, particularly around higher levels of care with wraparound services. She indicated that the goal is for TAY to receive services without experiencing service gaps. She stated that individuals with co-occurring disorders of intellectual disabilities are offered outpatient specialty mental health services, intensive case management, or are linked to other appropriate services. She reviewed the timeline of the TAY residential treatment advocacy and then mentioned the stakeholders and participants of the Needs Assessment and initial recommendations.

Director Heather Weisbrod reviewed the proposed service model along with a summary of the program parameters.

Discussion

Member Salinas indicated that she would like to see information on average length of stay and the number of justice-involved individuals in the program. She stated that the Sheriff's Department has a website with daily updates for demographics and length of stays.

Member Hammer inquired how it was decided to have 10 TAY residential beds and if there is there a possibility to expand. Director Weisbrod replied that the funding was only enough to establish 10 beds and that number is sufficient to start. She indicated that TAY have a continuum of existing services that they can access. She expressed that there is a gap to fill but the beds are not intended to replace other programs that are exist and work well.

Member Patterson inquired about the location of the new TAY residential program. He stated that, from his experience, the downtown area is overserved. He stated that there needs to be communication between what services are already provided downtown. Director Weisbrod indicated that the location has not been determined. She stated that the community members have given feedback to look at other neighborhoods in SF so that programs are not co-located.

LeSarre stated that she wants to be part of the TAY Discussion Group. She asked for Cheung's contact information in order to send some program models.

Facilitator James outlined the use of the virtual white board. The IWG worked through four

different white boards, each with a question. Exhibits 2-5 display the written responses.
Discussion

Chair LeSarre referred to data about who is doing some of the shootings around age 30-40 and it is becoming evident that they are returning citizens or an old neighborhood issue that has re-arisen. She stated that there is no bridge to the next period in their life and that adulthood is delayed these days. She suggested a model that would separate two different age ranges – older and younger TAY. She indicated that there is a co-occurring disorder, they may physically be older but emotionally younger.

Member Chien expressed that there should not be such a rigid cutoff age. Everyone's growth rate is different but 25 might be good age to transition TAY to adult services. She said for those who are not ready, they should not be pushed to be place into adult services.

Member Salinas stated that SF has not developed programs that can meet the needs of youth as in other cities and the age range needs to be more flexible.

Member Eisen indicated that there are people of all ages with developmental challenges. She stated that if a TAY program is created, the assumption is that this population will have shared experiences for their age range. She offered an alternative where there is not age range for services and the program will be tailored according to developmental stage.

Vice-Chair Patterson suggested that the age limit should be extended because people are younger today and programs can't depend on outdated models related to assumptions around age. He expressed that career guidance should be associated with TAY programs, specifically as a link to careers in technology.

Member Arai stated that he believes that age is important and provided a few examples of age discrepancies. He stated that youth are going through identity development. He stated that there is definitely a population of younger adults who could benefit from services that are tailored to that age group. He expressed concern that 16 and 17 years-olds are not included in this population.

Facilitator James reminded the IWG that the virtual whiteboard will be made available until Friday, March 29 for anyone who wishes to make additional comments. She reviewed the recommendation roadmap and outlined next steps. She invited IWG members to participate in the Discussion Group and the two objectives for the Discussion Group: to work with the recommendations brainstormed by this group and to consider how to engage the CBOs identified in the March/April survey in this discussion.

Exhibit 2: White Board responses to “What TAY Residential programmatic elements should DPH be sure to integrate as part for their model”

What TAY Residential programmatic elements should DPH be sure to integrate as part for their model?

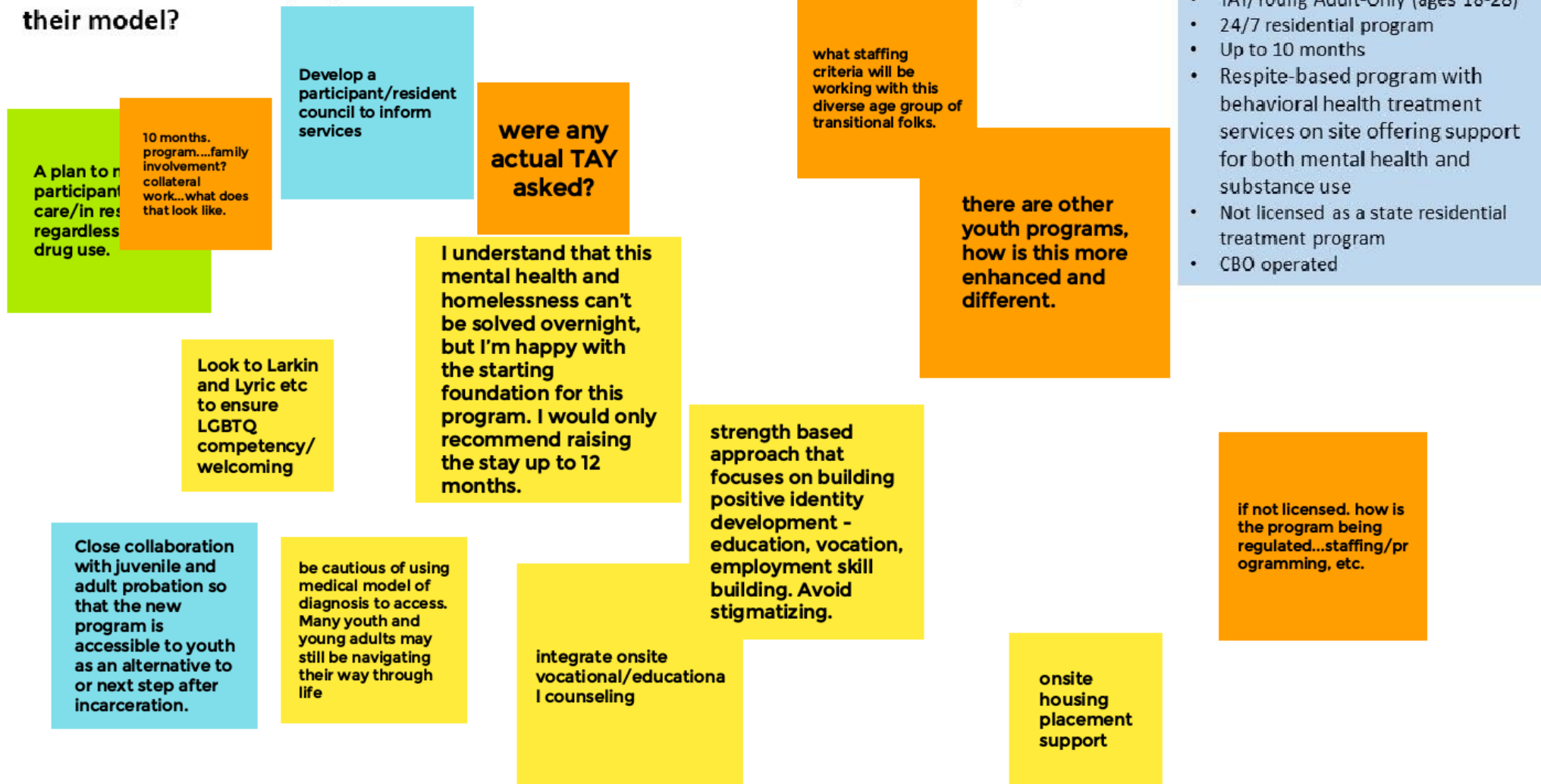


Exhibit 3: White Board responses to “What models or interventions for working with TAY at different stages of change within the same program should DPH consider as they design a TAY-only Behavioral Health Recovery program?”

What models or interventions of working with TAY at different stages of change within the same program should DPH consider as they design a TAY-only Behavioral Health Recovery program?



Exhibit 4: White Board responses to two questions: 1) “What evaluation questions should DPH consider for the initial implementation?” and 2) “What key and/or creative metrics would help evaluate impact and future needs? (ex of creative metorics include participatory, community focused, strengths based)?”

What evaluation questions should DPH consider for the initial implementation?



What key and/or creative metrics would help evaluate impact and future needs? (ex of creative metrics include participatory, community focused, strengths based)



Exhibit 5: White Board responses to “DPH wants to create a space that accomodates and is responsive to TAY/Young Adults. This age group spans 18-30 years old. What are your thoughts on the upper age limit for this program?”

DPH wants to create a space that accommodates and is responsive to TAY/Young Adults. This age group spans 18-30 years old. What are your thoughts on the upper age limit for this program?

the age gap between 18-30 is quite huge. not to sound ageism.. age 30 would not be considered as transitional youth...needs and issues are so wide and different between the gap.

ditto

i disagree about ages i think you need an upper and lower age service model

I would stick to the accepted TAY definition--otherwise why call it TAY?

Cut off at 25?

We have found at ICM that there is not a tremendous difference in where folks are at from age 23-29 even early 30's.

if expanding age to 30, will have to invest more resources in TAY programming across the spectrum

I think it is about the type of services - eg tattoo removal, types of music, types of peers etc, job services and tech etc

14. Public Comment for Discussion Item #6

Caller 1 acknowledged Member Fields' comment regarding drawbacks of mixing youth who are still developing identities with adults who have emotional or developmental delays. She also highlighted that it is important to be aware of predatory behaviors and that the program is trying to fit too many populations into it.

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

Alisa de los Reyes, clinician with Street Crisis Response Team (SCRT), requested support from the IWG regarding the transition to moving services indoor. She expressed that SCRT is amenable to moving indoor but requested that policies and procedures be updated in response to the change. She requested that the IWG invite SCRT clinicians, peers and paramedics to address the issue during a future IWG meeting.

16. Discussion Item #7: Housekeeping and future meetings

Facilitator James reviewed the anticipated meeting updates for the remainder of 2022.

Heather Littleton briefly reviewed administrative updates around attendance and member terms. She stated that Jon Givner, Deputy City Attorney, provided guidance around updating the bylaws to distinguish between excused and unexcused. She stressed the importance of members being present, not only to provide expertise, but also to ensure that votes can move forward. She reviewed the member terms for even seat numbers and seat 13 and indicated that the terms for these are 2 years. She informed the IWG that those IWG members in those seats will be contacted to confirm interest in continuing on with the group. She stated that the term for members in the odd seats are for 1 year initially and 2-year reappointment. She informed the IWG that those IWG members who have not been reappointed have a term that has expired. She informed the IWG that two members, Members Jones and Buford, have stepped down and those seats will be filled.

Member Salinas expressed that Member Philip Jones appears to have stepped down a long time ago and stressed that those seats held by people with lived experience are very important and should be filled quicker. She inquired if there is a policy on how long a seat can be empty and about the timeline for when the reappointment applications will go before the Board of Supervisors. Littleton replied that Member Jones provided verbal notice and that he was asked to provide written notice, which was provided last week. She stated that the Board will have its own process for filling vacancies and reappointments.

Member Salinas asked for clarification regarding the timeline for the original question. Chair LeSarre stated that the process will now be monitored with the excused and unexcused absences and the process will have more power to vacate a seat. Littleton agreed with Chair LeSarre.

Chair LeSarre addressed the IWG regarding SCRT and invited them to address SCRT concerns raised. Member Shortt agreed that SCRT should be invited to do a presentation and Q&A.

Facilitator Ashlyn Dadkhah acknowledged the public comment that arrived after public comment closed. Chair LeSarre asked that the comment be emailed or shared at the next meeting, to adhere to procedures.

17. Adjourn

The next meeting will be on Tuesday, May 24, 2022 from 9:00 AM- 1:00 pm.

Member Chien motioned to adjourn the meeting; Member Gonzalez seconded the motion.
Meeting adjourned at 1:00 PM.