

**Long Term Care Coordinating Council (LTCCC) Behavioral Health Work Group Meeting**

**Minutes**

**Date:** MONDAY, January 13th, 2020 **Time:** 2:00pm to 3:30pm  
**Location:** 1650 Mission, 5th floor Golden Gate Conference Room

**Present:** Susie Smith (Co-chair), Alex Jackson (Co-chair), Dr. Fiona Donald, Bernadette Navarro-Simeon, Cathy Spensley, Dr. Scott Arai, David McCahon, Scott Haitsuka, Jessica Lehman, Marina Vertinski, and Christine Ng

**Absent:** Gloria Wong, Dr. Michi Yukawa, Jennifer McAtee, Jessica Lehman, Lisa Rosene, Dr. Ingrid Lin, Jesus Guillen, Rose Johns, Anne Fischer, Dr. Marcy Adelman, Courtney Gray, and Norman Manglona

**Check-in/Updates**

- Introductions were facilitated
- New members were present for this meeting, including Marina Vertinski, Supervising Social Worker Human Services Agency (HSA); and Christine Ng, Outreach Coordinator In-Home Supportive Services (IHSS).
- A suggestion was made for an individual Susie Smith and David McCahon should contact for an interview – **David McCahon will follow-up with Jessica Lehman.**
- **The suggestion was made to invite Tool Works (organization) to the workgroup.**

**LTCCC Behavioral Health Workgroup Mission Statement**

- A draft mission statement was presented to the Behavioral Health Work Group for review. The mission statement was refined to the following:

***“The goal of the LTCCC Behavioral Health Workgroup is to identify gaps in mental health services, and enhance culturally competent tools and resources to address the spectrum of mental health needs of individuals living in the community at risk for institutional care”.***

- The group was asked for feedback on the mission statement
- The group members liked the mission statement, but recommended we document the fact that there are gaps in the existing system we will not address. The examples given were increased mental health care is needed in facilities such as nursing homes and long-term care facilities.

**Existing System Service Gaps**

- A need was identified to better coordinate **discharge planning efforts.** It was recommended the group spend time **focusing on ways to improve discharge planning.**

- Several workgroup members **agreed that discharge planning should be a focus.**
- It was suggested an HSA staff member that focuses on discharge planning be invited to join the group at some point.
- It was noted that a vision for Medi-Cal reform is mental health parity. The group may request a presentation be given on California Healthier for All.
  - San Francisco Health Plan is doing a pilot to bring bring home-based primary care to homebound patients and it will include behavioral health and basic wound care.
- The group suggested we **review the recommendations from *Mental Health Reform SF.***
- An additional gap was identified, Felton can provide services in clients' homes who have severe mental illness (SMI), but not for clients with **mild to moderate mental health needs.**
  - An additional gap is that **individuals with cognitive impairment may not be able to make appointments and don't have peers or case managers that can help them make appointments.**
  - I was reiterated that **more peers and case managers** are needed for individuals with cognitive impairment.

### **Prioritizing Target Populations**

- The group was asked to rank the sub-populations identified from 1-8 in terms of prioritization. It was clarified this is just to get an initial sense of where the group would like to focus our efforts, recognizing we have limited time and resources.
- **Responses were collected and the results will be tallied.**

### **Department of Public Health (DPH) Behavioral Health Presentation**

- A presentation was given providing an overview of the DPH Behavioral Health System
  - Workgroup members had the following questions:
    - **Is there a breakdown of clients who are older adults?**
    - **Can you breakdown clients by disability or diagnosis?**
- The above mentioned data is collected but not in a required field.
  - **A screenshot of what that data looks like in the data management system (Avatar) will be viewed to see what fields are required.**
  - Other information such as sexual orientation and language is believed to be captured in the data management system (Avatar).
- San Francisco Health Plan collects a lot of data at the macro level but it was noted that it is not always complete. **Some diagnosis data is collected that has ICD-9 codes.**

- The group agreed that if we are going to advocate for a certain population, we need to identify the gap between how much service is needed and how much is delivered. That is why we need to see what data is available.
- For individuals with severe mental illness (SMI) they (DPH) collect data, but for individuals who have mild to moderate mental health needs, the data is collected by Beacon. Beacon collects the same data for mild to moderate clients. **A follow-up item is to review what types of data can be pulled from Avatar.**
- **Follow-up Items**
  - David McCahon follow-up with Jessica Lehman on suggested future interviews and to get more information on Tool Works
  - Explore ways discharge planning can be improved and consider inviting staff with expertise in discharge planning
  - Alex Jackson will forward Mental Health Reform SF document containing relevant recommendations for the work group
  - David McCahon tally results from sub-populations prioritization
  - Follow-up data items for Alex Jackson
    - Explore if there is a demographic breakdown for older adults
    - Inquire with data unit about data captured on disability/diagnosis
    - Discuss available data with Susie Smith
  - Bernadette Navarro-Simeon to send Susie Avatar screenshot
  - Dr. Fiona Donald discuss available data with Susie Smith

### **Meeting Adjourned**

Meeting minutes and agendas can be found here:

<https://www.sfhsa.org/about/commissions-committees/long-term-care-coordinating-council-ltccc/behavioral-health-workgroup>

**Next Meeting:** Monday, February 10th **Time:** 2:00pm-3:30pm