Call to Order/Roll Call
Discussion Item #1

Approve Meeting Minutes and our business here today

All materials can be found on the MHSF IWG website at: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Public Comment for Discussion Item #1
Approve Meeting Minutes

**Steps:**

- Call (415) 655-0001
- Enter access code 146 059 2233
- Press ‘#’ and then ‘#’ again
**Vote** on Discussion Item #1

Approve Meeting Minutes

**Decision Rule:**

- Simply majority, by roll call
Today’s Meeting Goals

- Approve principles to apply to future recommendations
- Better understand Conflict of Interest considerations
- Brainstorm initial recommendations for New Beds and Facilities
- Begin exploring the Office of Coordinated Care
- Review what’s coming up (ex: progress report)

All materials can be found on the MHSF IWG website at: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Reminder: Mental Health SF Domains

Mental Health SF Components

Office of Coordinated Care
- Case Management and Navigation
- Overall Care Coordination
- Marketing / Community Outreach
  - Inventory of Programs and Services

Street Crisis Response Team
- Pilot Phase
- Ongoing Implementation
  - Transportation

Mental Health Service Center
- Centralized Access
- Pharmacy Services

New Beds and Facilities
- Bed Optimization Report Findings
- Drug Sobering Center*
- MH Urgent Care/Crisis Diversion Facility*

*service falls under Mental Health Service Center in legislation, DPH has organized under New Beds and Facilities for operational efficiency

Data and IT Systems
HR Hiring and Pipeline
Equity
Analytics and Evaluation

Note: Office of Private Health Insurance & Accountability will be addressed at a later time
Discussion Item #2

MHSF Foundations

• Conflicts of Interest & Contracting

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp

9:20-9:40 AM

Jon Givner
Deputy City Attorney
Group Agreements

1. No one knows everything, together we know a lot
2. Listen actively, respectfully and for new information
3. Critique the idea, not the person
4. Step up/Step back
5. Speak from own experience; avoid generalizations
6. Focus on solutions that best create anti-racist, anti-sexist, anti-transphobic, anti-xenophobic, and promote a decolonized community
7. Use virtual meeting tools (camera, raise hand)
8. Allow the facilitator to guide the process
Conflicts of Interest & Contracting

Appropriate

Discussion and recs re categories of work performed by the City or by grantees or contractors

Info re a possible contract (because the meeting itself is public) or issued contract (public record)

Public information about departments’ plans for contracts and grants

Questions to the department about a proposed scope

Be aware

Members anticipating their organization might want to do particular work or bid on particular contracts/grants generally should recuse themselves from the discussion and vote on that item

Members should not use their official capacity as an IWG member to ask questions about contracts their organization is seeking

Steer clear from inquiries related to contracts pending or specific responders to solicitations/vendors/potential awardees
Public Comment for Discussion Item #2
Conflict of Interest

Steps:

• Call (415) 655-0001
• Enter access code 146 059 2233
• Press ‘#’ and then ‘#’ again
Discussion Item #3

Principles to apply when developing MHSF recommendations

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Approved principles to apply to recommendations

Will answer the question: Does the recommendation...

1. Reflect evidence and/or community based best practices, data, research, and a comprehensive needs assessment.

2. Prioritize mental health and/or substance use services for people in crisis.

3. Provide timely and easy access to mental health and substance use treatment (low barriers to services).

4. Create welcoming, nonjudgmental, and equity-driven treatment programs/spaces where all individuals are treated with dignity and respect.

5. Utilize a harm reduction approach in all services. (Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Mental Health SF shall treat all consumers with dignity and compassion, and shall provide care without judgment, coercion, discrimination, or a requirement that clients consumers stop engaging in specific behaviors as a precondition to receiving care.)

6. Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services.

7. Facilitate the integration of mental health and substance use services to ensure that individuals experience treatment as one seamless and completely coordinated system of care, organized around their individual needs.
Proposed additional principle

Does the recommendation...

Proposed 8. **Include sufficient resources to assure that workers associated with the project are paid a parity wage with public employees**
Does the recommendation...

Proposed 9. **Consider a continuum of services that range from low barrier and voluntary to conservatorship/involuntary services, when appropriate.**
Public Comment for Discussion Item #3

Principles IWG will apply to developing recommendations

Steps:

• Call (415) 655-0001
• Enter access code 146 059 2233
• Press ‘#’ and then ‘#’ again
Discussion Item #4

New Beds and Facilities Discussion

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Reminder: Mental Health SF Domains

Mental Health SF Components

- Office of Coordinated Care
  - Case Management and Navigation
  - Overall Care Coordination
  - Marketing / Community Outreach
  - Inventory of Programs and Services

- Street Crisis Response Team
  - Pilot Phase
  - Ongoing Implementation

- Mental Health Service Center
  - Centralized Access
  - Pharmacy Services
  - Transportation

- New Beds and Facilities (Mental Health and Substance Use Treatment Expansion)
  - Bed Optimization Report Findings
  - Drug Sobering Center*
  - MH Urgent Care/Crisis Diversion Facility*

*service falls under Mental Health Service Center in legislation, DPH has organized under New Beds and Facilities for operational efficiency

Note: Office of Private Health Insurance & Accountability will be addressed at a later time
Reminder of the Recommendation Roadmap

**You are here!**

**July 27***
IWG receives PPT of issue and discusses

**August 24***
IWG engages in white board session to source recommendation ideas

**September**
Discussion Group crafts recommendations

**September 28***
IWG reviews Discussion Group’s work

**October**
Discussion Group refines recommendation wording

**October 26***
Review recommendations and vote

* Occurs during monthly IWG public meetings

Mental Health SF Implementation Working Group
Questions submitted

• Can you provide a map of the Behavioral Health System?
• What is “New Beds & Facilities”?
• What are the goals for New Beds & Facilities?
• What programs are being created or expanded?
• What outcomes are going to be measured?
• How will you address equity when developing new programs?
• What is Crisis Diversion? Is it a pathway to divert people from jail?
• Are there plans to increase housing like the Richardson Apartments to place folks who are ready to reenter the community?
SF Behavioral Health Services

SFDPH Behavioral Health System offers a full range of behavioral health and substance use disorder services provided by a culturally diverse network of community based behavioral health programs, private providers, Institute for Mental Diseases (IMD), and hospitals.
SFDPH Behavioral Health Services

Prevention, Early Intervention & Outreach

Outpatient Treatment

Residential Treatment

Crisis Programs and Psych Emergency

Hospitalization & Involuntary Treatment

Locked Facilities

Points of Entry

SCRT & Mobile Crisis
City Partners (e.g., HSA, HSH, SFUSD)
Community Providers
Self
Behavioral Health Access Center
Primary Care & Hospital
Homeless Services

Points of Exit

Non-specialty MH Services
Residential Step-down Units
Permanent Housing
Transitional Housing
Co-ops

Low Acuity
High Acuity
Baseline Care Continuum

CRISIS STABILIZATION

Crisis Services are a continuum of services that are provided to individuals experiencing a psychiatric emergency. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment.
- Psychiatric Emergency Services
- Acute Diversion Unit
- Psychiatric Urgent Care

ACUTE PSYCHIATRIC

Acute psychiatric services provide high-intensity, acute psychiatric services 24 hours a day for individuals in acute psychiatric distress and experiencing acute psychiatric symptoms and/or at risk of harm to self or others.
- Acute Inpatient Psychiatric Services

WITHDRAWAL MANAGEMENT & RESpite

These programs provide acute and post-acute medical care for individuals who are too ill or fail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. They provide short-term residential care that allows individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services.
- Medical Respite
- Sobering Center
- Withdrawal Management
- Social Debrief
- Behavioral Health Respite Navigation Center

LOCKED RESIDENTIAL TREATMENT

These programs are 24-hour locked facilities providing intensive diagnostic evaluation and treatment services for severely impaired residents suffering from a psychiatric illness.
- Locked Sub-acute
- Psychiatric Skilled Nursing Facility
- State Hospital

OPEN RESIDENTIAL TREATMENT

A residential treatment facility is a live-in health care facility providing therapy for substance abuse, mental illness, or other behavioral problems. Some residential treatment facilities specialize in only one illness, while others treat people with a variety of diagnoses or dual diagnosis of substance abuse and a psychiatric diagnosis.
- Co-Occurring Diagnoses
- Substance Use Disorder
- Mental Health

RESIDENTIAL CARE FACILITIES

Residential care facilities (RCF) offer group living for seniors and/or people with disabilities who need help with meal preparation, medication monitoring, and personal care, but do not need daily acute medical care. Individual RCFs may specialize in clinical areas such as mental health rehabilitation and geriatrics.
- Residential Care Facilitate
- Residential Care Facilities for the Elderly

TRANSITIONAL & SUPPORTIVE HOUSING

Transitional and Supportive Housing provides people with significant barriers to housing stability with a place to live and intensive social services while they work toward self-sufficiency and housing stability.
- Residential Step-Down
- Cooperative Living
- Support Hotel
- Stabilization Rooms
- Shelter
New Beds & Facilities
Chartered by Mental Health San Francisco legislation:

- Expand the network capacity to match community needs for treatment at all levels of care.
- Prioritize residents experiencing homelessness with behavioral health challenges.

What is “New Beds & Facilities”? 
## DPH Behavioral Health Residential Treatment Expansion

The San Francisco Department of Public Health (DPH) is increasing residential treatment and care services by approximately 400 overnight treatment spaces or beds. The expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

### Project Phases and Status

<table>
<thead>
<tr>
<th>Goal</th>
<th>Project</th>
<th>Phase</th>
<th>Status</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>12-month Rehabilitative Board and Care</td>
<td>Open 2021</td>
<td>Accepting placements</td>
<td>Open</td>
</tr>
<tr>
<td>20</td>
<td>Managed Alcohol Program PSH</td>
<td>Open 2020</td>
<td>Permanent location and additional funding will expand the program from 10 beds to 20 beds</td>
<td>10 beds currently open</td>
</tr>
<tr>
<td>31</td>
<td>Mental Health Rehabilitation Beds (aka LSAT)</td>
<td>Open 2021</td>
<td>Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting</td>
<td>30 beds available</td>
</tr>
<tr>
<td>13</td>
<td>Psychiatric Skilled Nursing Facilities (aka PSNF)</td>
<td>Open Summer 2021</td>
<td>24-hour secure 24-hour medical care for people with chronic mental health conditions</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>6</td>
<td>Cooperative Living for Mental Health</td>
<td>Open Fall 2021</td>
<td>Communal living for people with chronic mental health and/or substance use</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>20</td>
<td>SOMA RISE (aka Drug Sobering Center)</td>
<td>Open Fall 2021</td>
<td>Pilot/24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>73</td>
<td>Residential Care Facility (aka Board and Care)</td>
<td>Opening date to be determined</td>
<td>Supervised residential program for individuals with mental health issues who require assistance with activities of daily living</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>140</td>
<td>Residential Step-down - SUD</td>
<td>Opening date to be determined</td>
<td>Long-term sober living environment for clients coming out of residential care programs</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>30</td>
<td>Enhanced Dual Diagnosis</td>
<td>Opening date to be determined</td>
<td>Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>10</td>
<td>Transitional Age Youth (TAY) Residential Treatment</td>
<td>Opening date to be determined</td>
<td>Supervised treatment for young adults with serious mental health and/or substance use issues</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>15</td>
<td>Crisis Diversion Facility</td>
<td>Opening date to be determined</td>
<td>Short-term, urgent care intervention as an alternative to hospital care</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>
Addressing equity in new programs

1. Proactively outreach to client and consumer groups to understand the “voice of the consumer” when designing new programs, with focus on underrepresented communities or populations.

2. Ensure all new contracts adopt cultural and linguistic services (CLAS) competency standards and monitor for implementation.

3. Actively recruit staff to expand threshold and non-threshold language capacity.

4. Encourage programs to develop culturally relevant training curriculums, including training to address health equity, systemic racism and trauma informed care.

5. Collaborate with Equity Office and Community Health Equity and Promotion (CHEP) to outreach and market new programs to underserved communities.

6. Monitor quality and report outcomes by gender, age, ethnicity, and preferred language to monitor for equity.
Q&A

Did we address your questions?

- Can you provide a map of the Behavioral Health System?
- What is “New Beds & Facilities”?
- What are the goals for New Beds & Facilities?
- What programs are being created or expanded?
- What outcomes are going to be measured?
- How will you address equity when developing new programs?
- What is Crisis Diversion? Is it a pathway to divert people from jail?
- Are there plans to increase housing like the Richardson Apartments to place folks who are ready to reenter the community?

Do you have other questions?
Request for IWG input
Core questions from NB&F team

1) Which clients need **residential** crisis diversion services and what do they need to treat their co-occurring mental health, substance use, and medical needs?

2) What outcomes (measures of success) should we monitor for:
   
   A. 12-month Rehabilitative Board & Care (with social rehabilitative services)
   
   B. Mental Health Rehabilitation (aka locked sub-acute treatment)
   
   C. Psychiatric Skilled Nursing Facility beds (PSNF)
Public Comment for Discussion Item #4

New Beds and Facilities

Steps:

• Call (415) 655-0001
• Enter access code 146 059 2233
• Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #5

Office of Coordinated Care

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Reminder: Mental Health SF Domains

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Note: Office of Private Health Insurance & Accountability will be addressed at a later time

Marlo Simmons

Heather Weisbrod
Reminder of the Recommendation Roadmap

August 24*
IWG receives PPT presentation and discusses

Sept 28*
IWG engages in white board session to source recommendation ideas

Oct
Discussion Group crafts recommendations

Oct 26 *
IWG reviews Discussion Group’s work

Nov TBD
Discussion Group refines recommendation wording

Dec TBD*
Review recommendations and vote

* Occurred during monthly IWG public meetings
Section 2) …

…The Department shall operate an Office of Coordinated Care to oversee the seamless delivery of mental health care and substance use services across the City's behavioral health systems…
Behavioral Health Services

- Locked facilities
- Hospitalization, involuntary treatment
- Crisis programs
- Residential
- Outpatient/ICM
- Prevention, early intervention, outreach

127 contracts with 89 CBOs operating 290 programs

Laguna Honda
Jail Health
Whole-person Integrated Care (new)
MCAH

Primary Care
August 2021
Office of Coordinated Care

MHSF Language

- Real-time Inventory of Program and Service Availability
- Expand Case Management and Navigation Services
  - Case Managers
  - Intensive Case Managers
  - Critical Care Managers
- Coordination with Psychiatric Emergency Services and Jail Health Services (care plans, benefits enrollment, case management)
- Oversee the collection and analysis of the data to operate and evaluate an effective system
- Marketing and Community Outreach
Target Population

- People experiencing homelessness with behavioral health needs (mental health and substance use)

- High utilizers of crisis and emergency services, people who have been 5150’d, people exiting jail, people discharging from inpatient psychiatric hospital
BHS Organization Chart

Equitable ACCESS AND FLOW

NEW

Managed Care

Population Health, Equity & Workforce Development

System of Care

CARE AND TREATMENT
SOMA Rise
New Beds and Facilities
SCRT

August 2021
BHS Context: Many pieces in motion

CalAIM MediciCal Reforms

Mental Health SF

Federal Final Rule Regulations

Prop C

EQUITY
TIMELY ACCESS
COORDINATION OF CARE
QUALITY IMPROVEMENT
EFFICIENCY

August 2021
OCC Planning Activities

- Mapping current stabilization & linkage program capacity
- Analyzing BHS service data – ethnicity, gender and language
- Monthly stakeholder meetings with existing linkage programs (BHS, Jail, UCSF/ZSFGH, Street Medicine)
- Partnering with SOC to expand case management capacity; mapping current case management capacity
- Upgrading BHS data systems to enable centralized tracking equitable and timely access
- Hiring staff; building new office space
  - 6 FTE onboarded to support clients served by SCRT
  - 20 FTE in process
    - Priority to hire reflective workforce

August 2021
## Component | Goal | Next Steps
---|---|---
Care Coordination | Provide centralized care coordination, tracking and follow-up | • Finalize program design  
• Launch pilot phase
24/7 Access Phone | Operate a well-known and effective call center | • Upgrade phone system  
• Relocating staff to new call center  
• Enhance and streamline services
Behavioral Health Access Center | Support seamless drop-in access | • Expand hours M-F 8-7 and S-Su 9-4  
• Enhance and streamline services
Member Services and Outreach | Raise awareness about BHS services | • Develop marketing plan including an updated website  
• Comply with final rule member services regulations
Eligibility | Verify, enroll and maintain benefits | • Develop eligibility supports (virtual and at BHAC)
### Expanding Case Management

**Objective (MHSF):** Provide case management services that support clients to follow behavioral health treatment plans and stay engaged in care

**Funding:** Prop C, MediCal, additional funding TBD

<table>
<thead>
<tr>
<th>MHSF Levels of Case Mgmt</th>
<th>Challenges/Gaps</th>
<th>Developing Proposal</th>
</tr>
</thead>
</table>
| **Case Management**      | • Insufficient capacity across outpatient system to do outreach and mobile medication supports | SUD (contracted outpatient programs)  
  • 10 Case Managers  
  Mental Health (civil service clinics)  
  • 6 Case Managers  
  • 5 Peers (RAMS)  
  • 3 Nurses |
| **Intensive Case Management (ICM)** | • >160 people on waitlist  
  • Language needs  
  • Variations across programs | • Supplement funding for existing ICM contracts to clear waitlist  
  • Establish ICM salary range parity across CBOs to support hiring vacant positions  
  • 6 new FTE  
  • Release new RFP designed to promote equity goals and innovation to better meet the needs of PEH  
  • Develop coherent ICM service and funding model |

1100 clients currently served

| Critical Care Management | • Insufficient capacity  
  • Existing programs focus on specific populations but leave gaps | • Develop OCC (civil service) capacity (17 FTE – includes SCRT)  
  • Expand existing contracted capacity |
Next steps

- Expand stakeholder engagement
- Finalize OCC design including defining outcomes
- Hire staff and clarify workplans across OCC teams
- Develop workflows and protocols
Public Comment for Discussion Item #5
Office of Coordinated Care

Steps:

• Call (415) 655-0001
• Enter access code 146 059 2233
• Press ‘#’ and then ‘#’ again
Discussion Item #6

What's coming up

All materials can be found on the MHSF IWG website at:
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Upcoming Annual Progress Report

Due October 1

Possible report structure:
1. MHSF/legislation background
2. IWG mandate
3. FY22-23 budget overview
4. Our approach - workplan/roadmap
5. Draft recommendations – progress to date

Draft to IWG by Sept 13, Discussion Group to meet and integrate comments
September Discussion Groups:

• Progress report review
Future meeting scheduling

Decisions to make:

• Duration a meeting: keep long format (4 hour) meetings for now or shorten?

• Calendaring: scheduling November and December (reoccurring meeting on the 4th Tuesday may conflict with the winter holidays)

• Continuing virtual
Public Comment for Discussion Item #6

What’s coming up

Steps:

• Call (415) 655-0001
• Enter access code 146 059 2233
• Press ‘#’ and then ‘#’ again
Public Comment for
Any other matter within the Jurisdiction of the Committee not on the Agenda

Steps:
• Call (415) 655-0001
• Enter access code 146 059 2233
• Press ‘#’ and then ‘#’ again
## Potential IWG Meeting Topics (FY21-22)

### Deep Dive Topic Area

<table>
<thead>
<tr>
<th>Deep Dive Topic Area</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
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<td>Street Crisis Response Team</td>
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<td><strong>New Beds &amp; Facilities (NB&amp;F): Drug Sobering Center</strong></td>
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<td><strong>NB&amp;F: Psychiatric SNF, Rehabilitative Board and Care, Mental Health Rehabilitation, Psychiatric SNF, Residential Care Facilities</strong></td>
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<td>Office of Coordinated Care (OCC)</td>
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<tr>
<td>Mental Health Service Center (MHSC): Crisis Diversion Program; 24/7 access planning; Behavioral Health Access Center improvements</td>
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<tr>
<td>A&amp;E: metrics update</td>
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*D=Design  
U=Update*
Housekeeping

Website for the IWG

- [https://www.sfdph.org/dph/comupg/knowledgmental/Implementation.asp](https://www.sfdph.org/dph/comupg/knowledgmental/Implementation.asp)
- Meeting materials

Next Meeting Date and Time

- **September 28, 2021**
- 4th Tuesday of the month: 9:00 AM - 1:00 PM

Meeting Minutes Procedures

- Draft minutes in the next two weeks
- Approved meeting minutes will be posted
Adjourn
Virtual WhiteBoard

1. What clients need residential crisis diversion services?

2. Based on the clients identified, what services are needed?

3. Brainstorm outcome measures

4. ID other NB&F considerations
Reminder of the Recommendation Roadmap

- **July 27***
  - IWG receives issue paper and discusses

- **August 24***
  - IWG engages in white board session to source recommendation ideas

- **September**
  - Discussion Group crafts recommendations

- **September 28***
  - IWG reviews Discussion Group’s work

- **October**
  - Discussion Group refines recommendation wording

- **October 26***
  - Review recommendations and vote

* Occurs during monthly IWG public meetings
## Appendix: Deliverable Dates

<table>
<thead>
<tr>
<th>Ordinance Deliverable</th>
<th>Original Date in Ordinance</th>
<th>Proposed Adjusted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IWG Annual Progress Report: Every year, IWG submits progress report to BOS, Mayor, and Dir of Health</td>
<td>Starting October 1, 2020</td>
<td>October 1, 2020 is cancelled. Next report: October 1, 2021</td>
</tr>
<tr>
<td>IWG Final Design/Implementation Recs Report: The IWG submits “its final recommendations concerning the design of Mental Health SF, and any steps that may be required to ensure its successful implementation” to the BOS, Mayor, and Dir of Health</td>
<td>June 1, 2021 (This original date assumes the IWG has met for over a year)</td>
<td>May 2022 to allow enough time for the IWG to cover MHSF topics and provide recommendations.</td>
</tr>
<tr>
<td>DPH Annual implementation plan (services, finance resources, what is infeasible to deliver)</td>
<td>Feb 1, 2021 (and annually thereafter) to Mayor and BOS - (this original date assumed the IWG has met 10+ months)</td>
<td>April 1, 2021 - light progress report given COVID and budget. First full implementation plan will be presented in Feb 2022.</td>
</tr>
</tbody>
</table>
Appendix: Ordinance Components

1) Mental Health Service Center

2) Office of Coordinated Care

3) Crisis Response Street Team

4) Mental Health and Substance Abuse Use Treatment Expansion

5) Office of Private Health Insurance Accountability
### Appendix: IWG Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Appointed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Arai, Psy. D.</td>
<td>Residential Treatment Program Management and Operations</td>
<td>Mayor</td>
</tr>
<tr>
<td>Shon Buford</td>
<td>Peace Office, Emergency Medical Response, Firefighter (San Francisco Fire Department)</td>
<td>Mayor</td>
</tr>
<tr>
<td>Vitka Eisen, M.S.W., Ed.D.</td>
<td>Treatment provider with mental health harm reduction experience (Health Right 360)</td>
<td>Mayor</td>
</tr>
<tr>
<td>Steve Fields, M.P.A.</td>
<td>Treatment provider with mental health treatment and harm reduction experience (Progress Foundation)</td>
<td>BOS</td>
</tr>
<tr>
<td>Ana Gonzalez, D.O.</td>
<td>DPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)</td>
<td>Mayor</td>
</tr>
<tr>
<td>Phillip Jones</td>
<td>Lived experience</td>
<td>BOS</td>
</tr>
<tr>
<td>Monique Le Sarre, Psy. D.</td>
<td>Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)</td>
<td>BOS</td>
</tr>
<tr>
<td>Jameel Patterson</td>
<td>Lived experience</td>
<td>Mayor</td>
</tr>
<tr>
<td>Andrea Salinas, L.M.F.T.</td>
<td>Treatment Provider with experience working with criminal system involved patients</td>
<td>BOS</td>
</tr>
<tr>
<td>Sara Shortt, M.S.W.</td>
<td>Supportive Housing provider</td>
<td>BOS</td>
</tr>
<tr>
<td>Amy Wong</td>
<td>Healthcare worker advocate</td>
<td>BOS</td>
</tr>
<tr>
<td>Kara Chien, J.D.</td>
<td>Health law expertise</td>
<td>City Attorney</td>
</tr>
<tr>
<td>Hali Hammer, M.D.</td>
<td>DPH employee with health systems or hospital administration experience (Primary Care Behavioral Health, SFDPH)</td>
<td>Mayor</td>
</tr>
</tbody>
</table>
IWG Discussion: Reminder to raise your hand