

September 2022 (Updated)

# Planning Framework

## Mental Health San Francisco Implementation Working Group

This planning framework overviews the key roles, responsibilities, meeting organization, and processes to support the IWG:

- Background and overview
- IWG duties and goals
- Membership
- Meetings
- Calendaring and meeting sequence
- Chair and Vice Chair responsibilities
- Framing the planning process: focus on racial equity
- Principles to apply when considering recommendations
- Decision-making processes



## Background & Overview

On December 6, 2019, the San Francisco Board of Supervisors passed an [ordinance](#) (the Ordinance) amending the Administrative Code to establish Mental Health San Francisco (Mental Health SF). This new program is designed to provide access to mental health services, substance use treatment, and psychiatric medications to adult San Francisco residents with serious mental illness and/or substance abuse disorder who are homeless, uninsured, or enrolled in Medi-Cal or Healthy San Francisco. The Ordinance establishes a Mental Health SF Implementation Working Group to advise policymakers – via formal recommendations – on the design and implementation of Mental Health SF efforts. The COVID-19 pandemic delayed the start of the Implementation Working Group engagement to December 2020. However, San Francisco Department of Public Health (DPH), in collaboration with key experts in mental health reform, has continued to develop some program components during the pandemic.

## IWG Duties and Goals

The Implementation Workgroup (IWG) has the “power and duty” to advise the Mental Health Board, the Health Commission, the Department of Public Health, the Mayor, and the Board of Supervisors, and may advise the San Francisco Health Authority, on the design, outcomes, and effectiveness of Mental Health SF to ensure its successful implementation. Specifically, the IWG will address the five Ordinance components (see figure to the left) via the following actions:

- Review program data
- Review and assess the DPH Mental Health SF implementation plan
- Evaluate effectiveness

Additionally, if the actual or projected annual cost of implementing Mental Health SF exceeds \$150 million, the workgroup will submit recommendations for how to reduce the scope of services so as not to exceed the cost cap.

This document outlines an effective, transparent, and inclusive framework for the IWG.

## Membership

The IWG is a 13-member body appointed by the Mayor, Board of Supervisors, and the City Attorney. At the second meeting, IWG members will appoint a chair and vice-chair to facilitate the group’s engagements. The IWG will be subject to Brown Act and Sunshine Laws and will comply with regulations including producing summary public minutes for the IWG sessions and public comment.

## Ordinance components

- 1) Mental Health Service Center
- 2) Office of Coordinated Care
- 3) Crisis Response Street Team
- 4) Mental Health and Substance Use Treatment Expansion
- 5) Office of Private Health Insurance Accountability

**Figure 1: IWG Membership**

Seat #	Name	Qualification	Appointed By
1	Amy Wong, AMFT	Healthcare worker advocate	BOS
2	Jameel Patterson (Vice Chair)	Lived experience	Mayor
3	[vacant]	Lived experience	BOS
4	James McGuigan	Peace Office, Emergency Medical Response, Firefighter (San Francisco Fire Department)	Mayor
5	Vitka Eisen, M.S.W., Ed.D	Treatment provider with mental health harm reduction experience (Health Right 360)	Mayor
6	Steve Fields, MPA	Treatment provider with mental health treatment and harm reduction experience (Progress Foundation)	BOS
7	Andrea Salinas, LMFT.	Treatment Provider with experience working with criminal system involved patients	BOS
8	Monique LeSarre, Psy. D. (Chair)	Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)	BOS
9	[vacant]	Residential Treatment Program Management and Operations	Mayor
10	Ana Gonzalez, DO	DPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)	Mayor
11	Sara Shortt, MSW	Supportive housing provider	BOS
12	Hali Hammer, MD	DPH employee with health systems or hospital administration experience (Primary Care Behavioral Health, SFDPH)	Mayor
13	Steven Lipton, JD	Health law expertise	City Attorney

**Figure 2: City Staff**

Department	Name	Title	Contact
<b>City Planning Team: Planning and administrative/analytical support for IWG meetings</b>			
DPH	Kelly Kirkpatrick	Director of Administration and Operation	<a href="mailto:kelly.kirkpatrick@sfdph.org">kelly.kirkpatrick@sfdph.org</a>
DPH	Valerie Kirby	Special projects and Planning Coordination for MHSF and BHS	<a href="mailto:valerie.kirby@sfdph.org">valerie.kirby@sfdph.org</a>
Office of the Controller	Mike Wylie	Project Manager/City Performance	<a href="mailto:michael.wylie@sfgov.org">michael.wylie@sfgov.org</a>
Office of the Controller	Oksana Shcherba	Analyst	<a href="mailto:oksana.shcherba@sfgov.org">oksana.shcherba@sfgov.org</a>
<b>Supporting Departments: departmental consultation, as needed, at IWG meetings</b>			
Department of Public Health	Dr. Hillary Kunins	Acting Director of Behavioral Health Services	<a href="mailto:hillary.kunins@sfdph.org">hillary.kunins@sfdph.org</a>
Department of Homelessness and Supportive Housing	Kristina Leonoudakis-Watts	Permanent Supportive Housing Services Manager	<a href="mailto:kristina.leonoudakis@sfgov.org">kristina.leonoudakis@sfgov.org</a>
Human Services Agency	Christine Lou	Senior Policy Analyst	<a href="mailto:christine.lou@sfgov.org">christine.lou@sfgov.org</a>
Department of Aging and Adult Services	Susie Smith	Deputy Director of Policy and Planning (Human Services Agency)	<a href="mailto:susie.smith@sfgov.org">susie.smith@sfgov.org</a>

## Meetings

The IWG will meet monthly beginning in December 2020 and will terminate by September 2026. Due to COVID-19 restrictions on in-person gatherings, meetings will be held remotely, using the WebEx platform, until public health officials deem it safe to meet in person. All meetings will be facilitated by a team at [Harder+Company Community Research](#).

The IWG can expect the facilitation team to adhere to the following logistics. All materials will be posted on the MHSF website: <https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>

- **Agendas and preparatory materials:** DPH will post the agenda and meeting materials no later than three business days prior to the meeting to allow sufficient time for review.
- **Public notices:** DPH will post a notice of each IWG meeting and the agenda on the DPH website three calendar days prior to the meeting.
- **Minutes:** The Harder+Company team will circulate draft minutes five days after each meeting, and DPH will post the draft minutes and meeting materials on the DPH website no more than 10 days after the meeting. Once the previous month’s meeting minutes are approved and finalized at the subsequent meeting, they will be posted within five days.

This public meeting is guided by the [Sunshine Law](#). Key considerations include that substantial communications within the purview of the IWG by two or more members must be conducted publicly. All meeting materials, including agendas, minutes, issue briefs, etc., will be posted on the website. The IWG will receive a training on public meeting requirements during the first meeting.

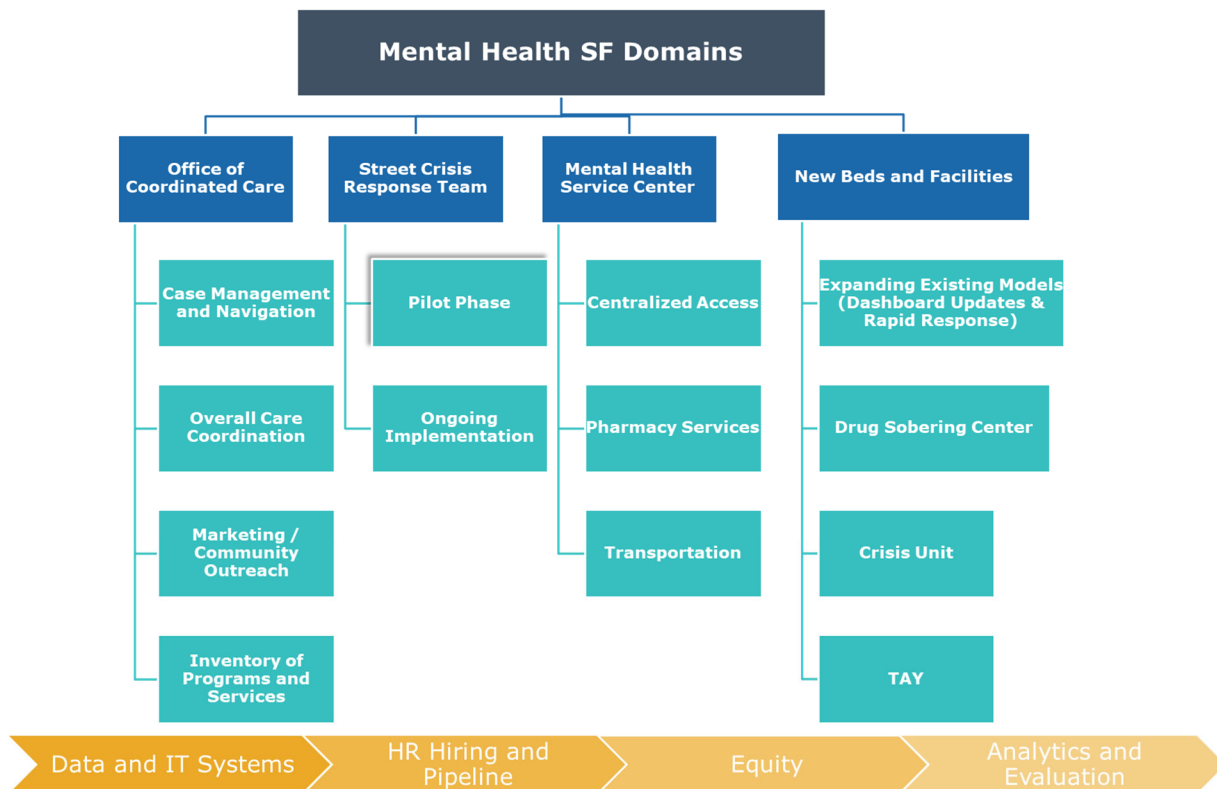
### Calendaring and Meeting Sequence

The IWG will meet monthly to address the following five domains of the Mental Health SF ordinance and provide a final set of recommendations to the Board of Supervisors (BOS), Mayor, and Director of Public Health by December 2022:

- 1) Office of Coordinated Care (OCC)
- 2) Crisis Response Street Team (now called Street Crisis Response Team or SCRT)
- 3) Mental Health Service Center (MHSC)
- 4) Mental Health and Substance Use Treatment Expansion (now called “New Beds and Facilities”)
- 5) Office of Private Health Insurance Accountability (not included in the IWG scope at this time)

As Figure 3 below shows, each domain includes a number of programmatic design elements on which the IWG advises and provides feedback. Undergirding the domains are four approaches and supports: Data and IT Systems, HR Hiring and Pipeline, Equity, and Analytics and Evaluation. The IWG receives updates and is asked for advice and recommendations on those approaches and supports as well.

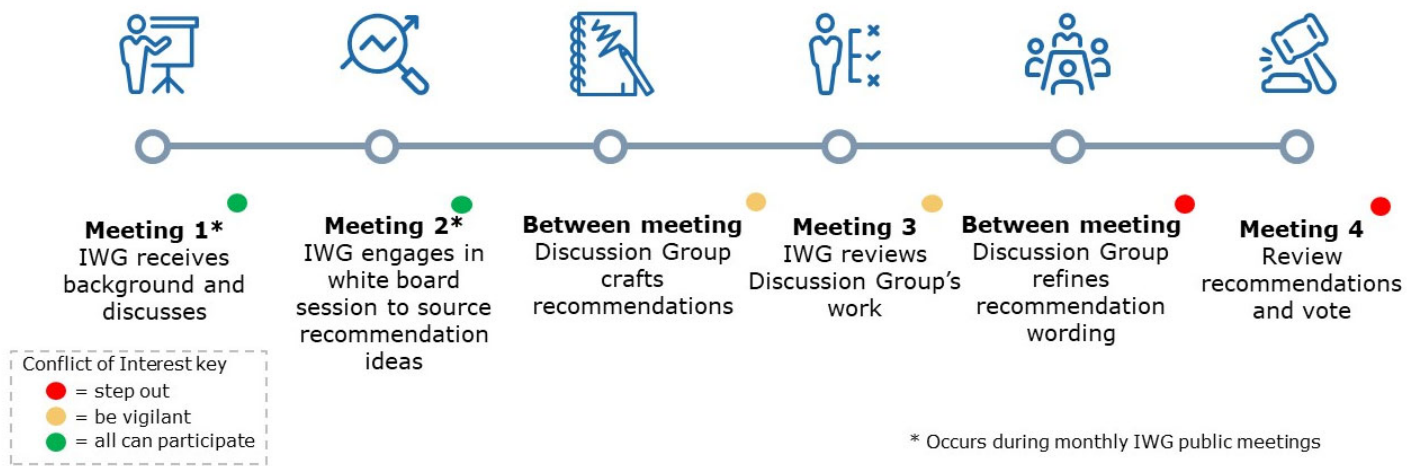
**Figure 3: MHSF Domains and Elements**



The IWG uses a flexible, iterative meeting topic schedule that prioritizes pressing issues related to Mental Health SF identified by DPH and the IWG and connects Mental Health SF efforts to other concurrent DPH projects and planning processes. Each Mental Health SF component is anticipated to be covered between two to three IWG meetings. The below diagram provides an overview of the recommendation development process for each Mental Health SF component:

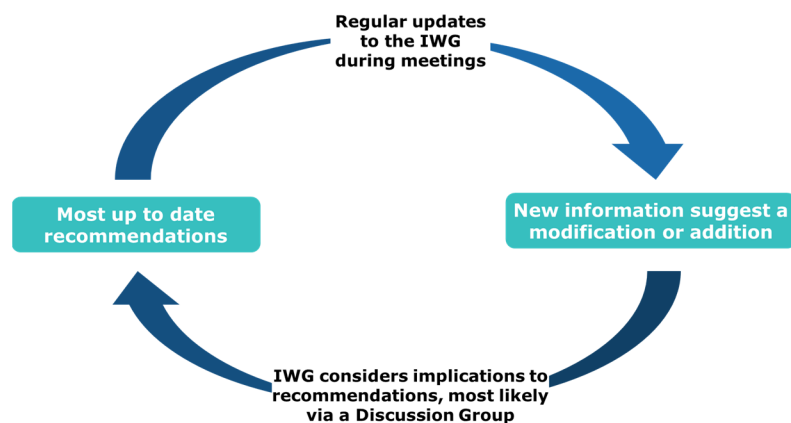
- 1) DPH develops issue brief and presentation to help the IWG understand the background, key issues, and related programmatic efforts (i.e., background data, stage of development, existing programs and services, models from other jurisdictions, requested IWG focus for recommendations)
- 2) As needed, DPH and City Staff may provide additional information and further community/customer research posed by IWG
- 3) IWG drafts and refines recommendations and votes
- 4) DPH reports to the BOS and Mayor’s office and provides ongoing updates re: recommendation implementation.

**Figure 4: Flow of IWG Recommendation Making**



The recommendation roadmap is the process for developing each domains initial recommendations based on the best information the IWG has available at the time. We fully acknowledge that the program and context frequently changes in the complicated system of mental health. The IWG meeting calendar includes regular times for DPH to come back to this group and present on programmatic updates in real time, progress towards recommendations, things that they weren’t able to act on, and/or changes to the work that would benefit from the IWGs feedback and if needed, revised recommendations. Figure 5 demonstrates this iterative recommendation process in which recommendations are regularly updated based on new and emerging information. There are also occasions where DPH brings new or emerging projects to the IWG that are not planned parts of MHSF for rapid cycle recommendations. These are typically a truncated roadmap process.

**Figure 5: Ongoing, iterative recommendations**



DPH, in collaboration with the IWG, will determine the sequence of meeting topics based on strategic opportunities for the IWG recommendations to inform program implementation, and will be flexible based on these needs. The facilitation team will survey IWG members to assess the effectiveness of meeting and facilitation activities, collect advice for improvements, and make necessary adjustments.

## Chair and Vice-Chair Orientation and Responsibilities

To support this process, a chair and a vice-chair will be selected by the IWG, one from the Board and one from the Mayoral appointments. The chair and vice-chair should have the following orientations:

- A holistic view of the system (not one particular interest area)
- Ability to find system transformation opportunities within given parameters
- Willingness to connect and leverage the efforts of other related committees and groups
- Ability to work collaboratively with the facilitators, DPH, and Controller staff
- Commitment to be guided by evidence and data
- Support the facilitators in ensuring meetings are inclusive, respectful, and collaborative

Specific chair and vice-chair responsibilities are presented in Figure 6.

**Figure 6: Chair and Vice-Chair Responsibilities**

Chair responsibilities	Vice-Chair responsibilities
<ul style="list-style-type: none"> <li>• Preside at all meetings of the IWG</li> <li>• Work with the IWG facilitation team to oversee the preparation of the agenda for all IWG meetings</li> <li>• Perform such other duties as may be assigned by the IWG</li> <li>• Unless the IWG assigns a different member, the Chair (or the Chair's designee) shall serve as the IWG's spokesperson and liaison to the media and City departments, agencies and commissions, as necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Perform the duties and responsibilities that may be delegated by the Chair</li> <li>• In the absence of the Chair, the Vice Chair will perform the duties of the Chair as described here</li> </ul>

## Framing the planning process: A focus on racial equity

The Ordinance specifically calls out racial equity as a focus of Mental Health SF when it stated "African-Americans make up just 5% of the City's population, but 35% of the nearly 4,000 people experiencing homelessness, mental illness, and substance use disorders. Investments should be targeted to better serve populations not well-served by the existing system, and equity must be an organizing principle of any behavioral health initiative." The IWG will be similarly oriented in how it is organized and run. Based on of the San Francisco [Office of Racial Equity's](#) guidance, the IWG will consider the following elements when reviewing data and developing recommendations:

- **Barriers:** Discuss anticipated barriers for communities of color and/or other vulnerable populations and ways to design the program and structure its implementation to reduce those barriers.
- **Burdens:** Discuss any potential disproportionate impacts on communities of color and/or other vulnerable populations. How could these be eliminated/mitigated?
- **Community Input:** What, if any, input from communities of color and/or other vulnerable populations, especially those most affected, has already been considered? Who should be consulted in design and implementation to ensure success and equitable program outcomes?
- **Assets:** What assets in the community can we build on to achieve successful outcomes through our program/policy?

To ensure these questions are addressed, the facilitation team will (to the extent possible):

- Ensure that information (e.g., issue papers, data) requested and presented to the IWG are disaggregated by race
- Ensure that conversations and recommendations identify both who benefits from or will be burdened by each DPH and IWG recommendation
- Ensure that recommendations consider how it advances racial equity or mitigates unintended consequences
- Seek ways to meaningfully engage communities beyond public meeting comment, with particular attention to

communities most impacted by Mental Health SF programs and the recommendations identified by the IWG

- Consider the ways in which existing partnerships could be strengthened to maximize impact in the community and how the city can partner with stakeholders for long-term positive change.

## Principles to apply when considering recommendations

The IWG developed a set of principles to apply to the recommendations they develop. Each recommendation will be reviewed against these principles to ensure that they both are responsive to the ordinance and engender a racial equity lens. The following principles are adapted from the Ordinance. Two principles – housing and involuntary treatment and conservatorships – are not included as they are overarching and not specific to a given ordinance design component.

Does the recommendation:

- Reflect evidence and/or community based best practices, data, research, and a comprehensive needs assessment.
- Prioritize mental health and/or substance use services for people in crisis.
- Provide timely and easy access to mental health and substance use treatment (low barriers to services).
- Create welcoming, nonjudgmental, and equity- driven treatment programs/spaces where all individuals are treated with dignity and respect.
- 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.*)
- Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services.
- 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.
- Include sufficient resources to assure that workers associated with the project are paid a parity wage with public employees
- Consider a continuum of services that range from low barrier and voluntary to conservatorship/involuntary services, when appropriate.

## Decision-making process

The group will use two decision making rules for different levels of decision:

1. Procedural: public meeting legal requirements, such as approving meeting minutes, will be decided upon by a simple majority vote.
2. Substantive: voting on recommendations for Mental Health SF program components will be decided upon using the below outlined consensus model.

Past local planning efforts identified three core reasons why a consensus model is preferred over straight majority votes. In a public process like this one, having groups reach mutual agreement in the form of consensus decisions is seen as stronger by policy makers since it means the whole group has agreed to endorse the recommendations they are putting forward. Majority voting may have a polarizing effect on a group. It sets up a win/lose solution which can be perceived as an adversarial process. The concept of winners and losers can lead to polarity and division, often damaging relationships rather than promoting trust.

There are many ways to arrive at consensus – we suggest a hybrid model that strives for unanimity along a “gradients of agreement” with a tie breaker of majority vote if unanimity is not reached.

Components for our hybrid consensus model includes the following:

- Ensures that every IWG member has a voice in decisions

- Appreciates there are degrees of agreement along a continuum – from whole-hearted endorsement to support with reservations
- Recognizes that a dichotomous yes/no engenders fundamental problems of accurately and authentically conveying the extent of support/nonsupport of a proposal

**Process for decisions:**

Step 1: Record proposal on a “flip chart” or virtual meeting platform

Step 2: Check to ensure everyone understands the proposal

Step 3: Ask for final revisions in the wording of the proposal

Step 4: Each member registers their level of agreement (see Figure 6)

Step 5: If all members register a 3, 4, or 5 vote, consensus is reached and a formal vote will be taken for the record. If any member registers a 1 or 2 vote, pause to discuss and clarify concerns. Facilitators make adjustments to proposals as needed and repeat Steps 1-4.

If consensus is not reached after two rounds of voting using gradients of agreement, the group will move to a simple majority rule vote. All concerns, considerations, and dissenting views will be recorded to ensure dissenting perspectives are shared alongside IWG recommendations.

**Figure 6: Gradations of Agreement**