Call to Order / Roll Call
Vote to

Excuse Absent Member(s)

Decision Rule:

• Simply majority, by roll call
Meeting Goals

- Be updated on MHSF by Director
- Advise on draft findings and strategies from staffing & wages analysis
- Continue discussion of draft resolutions
- Reflection by those who attended the SoMa Rise site visit
- Update on IWG membership and governance

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

June 2023
Mental Health SF Domains

Dr. Hillary Kunins
Wendy Lee
Cat Benson
Discussion Item #1

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
Public Comment for Discussion Item #1
Approve Meeting Minutes

If in person:
• Line up to speak

If online:
• Raise your hand and the facilitator will unmute you

If by phone:
• Press '#' and then '#' again
• Press *3 to speak and wait for system to prompt that you have been unmuted
Vote on Discussion Item #1

Approve Meeting Minutes

Decision Rule:

• Simply majority, by roll call
Discussion Item #2

MHSF Director’s Update

Dr. Hillary Kunins

All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
This update covers:

- CalAIM and Transition to EPIC
- Expansion of 5150 Training
- Culturally Congruent Care
Changes Enabling System Transformation
Transition to EPIC

The largest expansion of DPH's Epic Electronic Health Record (EHR) since the initial go live in August 2019 will occur:

- While many areas of DPH are already live on Epic EHR, a number of new modules and a large part of the organization – Behavioral Health Services – will go live on the shared record for the first time.
- November 2023: Partially transitioned to EPIC.
- April 2024: Full implementation of EPIC.
Transition to EPIC

The largest expansion of DPH's Epic Electronic Health Record (EHR) since the initial go live in August 2019 will occur:

- While many areas of DPH are already live on Epic EHR, a number of new modules and a large part of the organization – Behavioral Health Services – will go live on the shared record for the first time.
- November 2023: Partially transitioned to EPIC.
- April 2024: Full implementation of EPIC.
Expansion of 5150 Training
Expanding Initiation of 5150 Holds to Community Paramedics

Under California law, people authorized to initiate and sign a 5150 application include Peace Officers as defined by Sections 830-832.19 of the California Penal Code, and people authorized by the local Director of Behavioral Health. The San Francisco The Health Code was updated effective September 2021 to expand designation for initiating 5150 WIC holds to SFFD paramedics.

• The Department of Public Health, in coordination with the San Francisco Fire Department, will train community paramedics to initiate 5150 holds.

• Starting July 1, 2023, SFFD paramedics who have successfully completed the training will be able to start initiating 5150 holds.

• Training begins June 1, 2023. Additional rounds of training will occur every four months, as needed.

• Captains and acting captains in the SFFD community paramedic division have previously received 5150 training from SFDPH.

• A 5150 hold occurs when an adult who is experiencing a mental health crisis is involuntarily placed in a designated psychiatric facility for 72 hours of evaluation and treatment.

• 5150 holds can be initiated when an authorized party determines that an individual is gravely disable or a danger to themselves of others, under Section 5150 of the California Welfare and Institutions Code (WIC).
Culturally Congruent Care
Culturally Congruent Initiatives to Address Racial Disparities

16-Week Equity Executive Fellowship (May 2023)
• Training on understanding the roots of racism and bias for BHS leadership team with NY Times Best Seller, Robin DeAngelo, and Assistant Professor at Mayo Clinic School of Medicine, Dante King.

Mental Health Services Act (MHSA) Innovation Intervention (June 2023)
• Test and evaluate culturally responsive behavioral health interventions for Black/African American clients at four civil service clinics
• Recently hired four health workers and four behavioral health clinicians

Equity-Based Maternal Health RFP Awarded (Fall 2023)
• $6M/per year RFP in partnership with Maternal Child and Adolescent Health (MCAH) to fund four community-based organizations to support Black/African American pregnant, perinatal, and postpartum people through mental health care screenings, linkages, and more.
• Awarded funding: RAMS, Rafiki, Homeless Children’s Network, and UCSF Embrace Program.

Universal Talk Therapy
• Partnership and collaboration with the Human Rights Commission on providing a universal talk therapy program for Black/African Americans via the UCSF Embrace Program
Culturally Congruent Initiatives to Address Racial Disparities

Our goal is to reduce racial disparities in fatal overdoses among Black/African Americans by 30% by 2025. The overdose death rate among Black/African Americans is more than 5-times higher than the citywide rate. Black/African Americans represent just 6% of the population in SF, but 28% of the preliminary overdose deaths in 2023.

Seven Completed & Planned Overdose Prevention Trainings & Education

• Ella Hill Hutch Community Center; Success Centers; San Francisco State University; Bayview YMCA; Faith-Based Coalition; IT Bookman Center; Booker T Washington
Public Comment for Discussion Item #2
MHSF Director’s Update

If in person:
• Line up to speak

If online:
• Raise your hand and the facilitator will unmute you

If by phone:
• Press ‘#’ and then ‘#’ again
• Press *3 to speak and wait for system to prompt that you have been unmuted
Discussion Item #3

Staffing & Wage Analysis

All materials can be found on the MHSF IWG website at https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
Mental Health SF
Staffing Analysis
IWG Update
Agenda

1. (Re)orient to MHSF Staffing Analysis
2. Share progress update on MHSF Staffing Analysis
3. Review subset of CBO vacancy & wage data
4. Review draft findings from CBO interviews
5. Discuss potential strategies
6. Recap next steps & wrap up
The Implementation Working Group shall work with the Controller and the Department of Human Resources to conduct a staffing analysis of both City and nonprofit mental health services providers to determine whether there are staffing shortages that impact the providers’ ability to provide effective and timely mental health services. If the staffing analysis concludes that there are staffing shortages that impact timely and effective service delivery, the staffing analysis shall also include recommendations regarding appropriate salary ranges that should be established, and other working conditions that should be changed, to attract and retain qualified staff for the positions where there are staffing shortages.
## MHSF Staffing Analysis: Phase 1 Priorities

**Targeted staffing gap analysis in status quo (hybrid) system**

Identify worst service bottlenecks in current system based on existing analysis or data, assess the drivers of gaps, and recommend short to medium run solutions.

- Provides deeper analysis on root causes of a known staffing challenges.
- Allows for targeted recommendations in the short-run to bridge the worst gaps affecting immediate implementation and service delivery.
Project Objective: Targeted staffing gap analysis based on current measurements of service demand in status quo (hybrid) system

1. Identify MHSF Staffing Gaps
   Where are there significant MHSF staffing gaps?
   - Qualitative interviews
   - Analyses of available data
   We hope to answer:
   - Where are there the most significant staffing gaps in MHSF services?
   - Based on available service/performance data, where are there gaps in MHSF service delivery?

2. Analyze Staffing Gap Root Causes
   Why are there these significant staffing gaps?
   - Focused interviews (CBOs, City staff)
   - Analyses of available data
   - Best practices research
   We hope to answer:
   - What are the barriers to full staffing?
     - Hiring processes
     - Retention challenges
     - Working conditions

3. Develop Wage & Conditions Recommendations
   What can we do about these most significant staffing gaps?
   - Best practices research
   - Insights from qualitative interviews
   - Develop summary memo
   We hope to answer:
   - What are the potential staffing strategies for San Francisco?
   - What are strategies that other jurisdictions and other health systems have implemented (or planned)?
Recap of last IWG Meeting Discussion

• Integrated IWG’s feedback to broaden focus beyond licensed providers alone to include case managers and counselors to make sure we’re looking at biggest gap in near-term

• Updated approach
  • Deeper dive to understand root causes for staffing challenges in both licensed provider and non-licensed case manager/counselor positions in both City-provided and CBO-provided behavioral health services

From last IWG Meeting:
• Suggest looking at differences in wages, qualifying experiences, and what kind of tasks/responsibilities these positions have
• Would be important to look at barriers for hiring and retaining peers and individuals with lived experience
MHSF Staffing Analysis: Project Update

• Overview of project activities since:
  • Align with CON Nonprofit Wage & Equity Survey project team on wage and vacancy data (DONE)
  • Conduct CBO interviews to understand and analyze causes of CBO staffing gaps (DONE)
  • Crosswalk City and CBO positions (DONE)
  • Conduct City interviews and data analyses to understand City staffing gaps (IN PROGRESS)
## MHSF Staffing Analysis: Crosswalk of Roles

### Behavioral Health Paraprofessionals (Non-licensed Case Workers, Counselors)

<table>
<thead>
<tr>
<th>City Role</th>
<th>CBO Positions</th>
<th>Key Qualifications</th>
<th>Typical Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Worker I-II</td>
<td>Peer Counselor</td>
<td>Personal or family experience with SUD or mental illness</td>
<td>Support and guide those facing similar challenges, including mental illness and substance use.</td>
</tr>
<tr>
<td></td>
<td>Case Manager</td>
<td>BA or relevant experience</td>
<td>Coordinates and manages patient care, including developing a care plan.</td>
</tr>
<tr>
<td>Health Worker III-IV</td>
<td>Non-licensed Social Worker</td>
<td>BA or relevant experience</td>
<td>Help clients identify and address issues related to their physical and mental health.</td>
</tr>
<tr>
<td>None*</td>
<td>Residential Counselor</td>
<td>Entry level position</td>
<td>Support clients and staff residential sites, including 24/7 sites</td>
</tr>
<tr>
<td>None*</td>
<td>Substance Use Counselor</td>
<td>CA Substance Use Counselor Certification</td>
<td>Provides individual or group counseling to help clients overcome addiction and maintain sobriety.</td>
</tr>
</tbody>
</table>

*San Francisco Health Network's specialty substance use services are provided by CBOs.*
# MHSF Staffing Analysis: Crosswalk of Roles

## Licensed Behavioral Health Clinicians

<table>
<thead>
<tr>
<th>City Role</th>
<th>CBO Positions</th>
<th>Key Qualifications</th>
<th>Typical Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Intern</td>
<td>Equivalent</td>
<td>Currently enrolled in master's program, typically in Social Work or Counseling</td>
<td>Observe and learn clinical skills through supervised training and seminars</td>
</tr>
<tr>
<td>Behavioral Health Clinician</td>
<td>Entry level clinicians and</td>
<td>Completion of master's program, typically in Social Work (LCSW) or Counseling (MFT),</td>
<td>Provide patient therapy and psychiatric diagnosis, often providing case</td>
</tr>
<tr>
<td></td>
<td>therapists</td>
<td>registration but does not require license so includes associate level clinicians</td>
<td>management</td>
</tr>
<tr>
<td>Senior Behavioral Health</td>
<td>Clinic Directors, Clinical</td>
<td>Requires active behavioral health license and clinical experience</td>
<td>Provide therapy and other direct services, supervising clinicians</td>
</tr>
<tr>
<td>Clinician</td>
<td>Supervisors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Discussion:**
- Recognizing these positions may look different across CBOs (and treatment settings), is there anything surprising or missing in this crosswalk of City/CBO roles?
- At CBOs, what are Behavioral Health Interns typical scope of work?
## MHSF Staffing Analysis: CBO Wage Data

### Average Wage Data

**DRAFT 5/2/2023**

<table>
<thead>
<tr>
<th></th>
<th>CBOs (Fall ’22)</th>
<th>BHS (3/2/23)</th>
<th>CBOs as % BHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Clinician</td>
<td>$87,621.57/year</td>
<td>$120,409.12/year</td>
<td>73%</td>
</tr>
<tr>
<td>Health Worker</td>
<td>$52,419.81/year</td>
<td>$85,711.78/year</td>
<td>61%</td>
</tr>
</tbody>
</table>

**CBO Source:** Nine surveyed CBOs who had contracts with BHS from CON Wage and Equity Survey

**BHS Source:** DPH Query from DHR as of 3/2/23

**From 6/13 IWG Discussion Group:**
- Average wage range for City health worker and behavioral health clinician positions include all classifications
- Important to remember that these wages are not starting salaries, but rather represent the average salaries that people are making
### MHSF Staffing Analysis: CBO Vacancy Data

#### Vacancy Rates

**DRAFT 5/2/2023**

<table>
<thead>
<tr>
<th></th>
<th>CBOs (Fall '22)</th>
<th>DPH (4/11/23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Clinician</td>
<td>18.73%*</td>
<td>17.8%* (as of 4/11/2023)</td>
</tr>
<tr>
<td>Health Worker</td>
<td>11.83%*</td>
<td>33.0%* (as of 4/11/2023)</td>
</tr>
</tbody>
</table>

* Vacancy rate data is being further validated and may change.

**CBO Source:** Nine surveyed CBOs who had contracts with BHS from CON Wage and Equity Survey  
**DPH Source:** SF Reports and Analytics Vacant FTE Report

---

**6/13 IWG Discussion Group**  
- Is a potential contributor to differing vacancy rate among Health Worker positions the amount of support available to individuals at the City vs. CBOs?
MHSF Staffing Analysis: CBO Interviews

We incorporated stakeholder input and reached out to a range of CBO providers to ensure a diversity of organizations represented (e.g., organization size, services, populations served):

- Progress Foundation
- Richmond Area Multi-Services (RAMS)
- Conard House
- Larkin Street Youth Services
- Latino Commission
- Episcopal Community Services
- UCSF Citywide
- HealthRIGHT360
- Hyde Street Community Services
- Felton Institute
- Bayview Hunter’s Point Foundation
- Friendship House

Sample interview questions:
- What are the day-to-day responsibilities of the position?
- In the past year, have you had difficulty with vacancies in this position?
- What factors do you think make people want to stay in this role?
- Do you receive sufficient applications for this position?
- Does your organization offer internship or clinical supervision opportunities?
Hiring and Retention Challenges
Through interviews, CBOs identified key intersecting challenges:

1. **Insufficient Pool of Candidates** - Insufficient industry-wide pool of Behavioral Health Clinician candidates and declining pool of Health Worker candidates

2. **Insufficient Wages** - Candidates seem to not accept or stay in positions due to current wages

3. **Work Environment and Culture** - Candidates seem to not accept or stay in positions due to service models and/or working environment

4. **Lack of Financial Support** - Lack of financial support for individuals entering community mental health field leads to candidates exploring other pathways

5. **Difficulty Hiring Special Skill Sets** - Especially difficult to hire workers with special skill sets (bilingual, experience with specific populations)
Hiring and Retention Challenges

- The list of challenges is not exhaustive – these are the challenges that we heard most often from interviewees. Several factors intersect to contribute to staffing challenges.

- Discussion: What (if anything) is surprising about these findings? Based on your roles in the field, how do these hiring/retention challenges resonate or differ from your experiences?

6/13 IWG Discussion Group
- Important to note that difficulty in hiring staff with bilingual skills varies by language needs
Framing of Potential Strategies for CBO Staffing

• Improving behavioral health staffing challenges will require multiple coordinated strategies to address pipeline, wages, recruitment, and work environment/culture factors. The draft strategies we will discuss are those that may be within the power of the City to implement (either independently or through CBO contracts). However, many of these strategies could also be independently implemented by CBOs.

• The range of draft strategies we discuss is intended to be a starting place for initial discussion. The vision is not that the City would implement every strategy. Instead, we envision that there will be a subset of these that the City would further assess based on feasibility, financial investment, time required, and scale of potential impact when making decisions about which strategies to consider, develop, and implement. Actual decisions and implementation would require additional scoping and planning.

• These draft potential strategies are not finalized and may further change.
Potential Hiring and Retention Strategies

Through interviews and outside research, CON identified four buckets of potential strategies to consider in a multi-pronged approach:

1. Pipeline Strategies
2. Wages and Monetary Strategies
3. Recruitment and Hiring
4. Work Environment and Culture
Potential Hiring and Retention Strategies

Through interviews and outside research, CON identified four buckets of potential strategies to consider in a multi-pronged approach:

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Potential Hiring and Retention Strategies

Through interviews and outside research, CON identified four buckets of potential strategies to consider in a multi-pronged approach:

1. Pipeline Strategies
2. Wages and Monetary Strategies
3. Recruitment and Hiring
4. Work Environment and Culture
Important considerations

Potential strategies align with feedback that IWG members have shared on important considerations:

From last IWG Meeting:

- Necessary to build pipeline, which includes providing outreach and information for how people can become licensed (including individuals who have experience and/or certificates) and choose this as a career path
- IWG is looking forward to information from Staffing Analysis to help inform and advise future discussions about how/where to further focus and prioritize service strategies
Important considerations

IWG members have shared additional considerations for addressing CBO staffing challenges:

From 6/13 IWG Discussion Group:

• Pipeline strategies should also create space for non-licensed professionals to be able to build career in these roles without going for additional licensure/graduate training if they are not interested in doing so.

• For case manager/counselor roles, pipeline strategies are especially important to connect people to these career pathways.

• Creating a recruitment webpage and increasing targeted outreach to local education programs would likely be very impactful for CBO staffing challenges.

• Opportunities to reduce caseload (wherever possible), support wellness initiatives to reduce staff burnout, and creating leadership/training opportunities for staff would be impactful for CBO providers.
• Of the potential strategies discussed, which do you think would be most impactful on improving CBO staffing challenges in hiring/retaining **licensed clinicians**? What about for **non-licensed case managers/counselors**?

• What additional impacts on CBOs are important to consider with any potential selection and implementation of strategies in the future?

• What additional questions are coming up for you?
Next Steps

July - Sept
Initial informational interviews with key staff

Oct
Interviews with Systems of Care Directors, scope further defined

Nov - Feb
Civil Service HR data scoping, CBO quantitative data analysis

Mar - May
CBO interviews, Civil Service HR data collection and interviews

Jun - Sep
Summarize findings & potential strategies; Engage stakeholders; Finalize report
Thank you.

Any questions?
Public Comment for Discussion Item #3
Staffing & Wage Analysis

If in person:
• Line up to speak

If online:
• Raise your hand and the facilitator will unmute you

If by phone:
• Press ‘#’ and then ‘#’ again
• Press *3 to speak and wait for system to prompt that you have been unmuted
5 Minute Break
Discussion Item #4

SoMa RISE Site Visit

All materials can be found on the MHSF IWG website at https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
Mental Health SF Domains

- 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)
    - Expanding Existing Models (Dashboard Updates & Rapid Response)
    - Drug Sobering Center
    - Crisis Diversion
    - TAY

Data and IT Systems | HR Hiring and Pipeline | Equity | Analytics and Evaluation
What we learned

[Images of interior spaces and settings related to mental health services and facilities.]

Mental Health SF Implementation Working Group

June 2023
Public Comment for Discussion Item #4
SoMa RISE Site Visit

If in person:
- Line up to speak

If online:
- Raise your hand and the facilitator will unmute you

If by phone:
- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted
Discussion Item #5

Resolutions: Street Crisis Response Team

All materials can be found on the MHSF IWG website at https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
Resolution: Updates

Whereas, a unilateral decision was made to remove the trained licensed mental health clinicians from the SCRT vans with no notice or request for input from the IWG, as learned in the SF Chronicle on February 19th, 2023;

Whereas, the IWG understands that SCRT vehicles dispatched to respond to behavioral health crisis calls currently have no personnel with mental health, trauma informed, de-escalation, or advanced behavioral health-or-diagnostic training as they are dispatched to respond to mental health crisis calls;
Resolution: Updates (final wording)

The IWG...recommends and urges the following:

1. The SCRT teams include professionals on the vehicles with mental health training and experience needed to respond to crisis on the streets with a behavioral health and trauma-informed approach.

2. The focus of SCRT continues to be intervening with people experiencing a substance use or mental health crisis on the street, with the goal of engaging them and having them enter into a system of treatment and coordinated care.

3. Departmental oversight of SCRT will include resumption of regular reports which include encounter data, demographic information, disposition and follow-up. This includes regular sharing of data, along with quarterly reports and discussion with the MHSF Implementation Working Group.

4. An evaluation of SCRT is conducted annually and reported on to IWG and City stakeholders.
Temperature check

Temperature check to vote to approve the two resolutions

1. No way, I block this
2. I see issues we need to resolve
3. I see issues, but can live with it
4. I’m fine with this as is
5. I love this
Public Comment for Discussion Item #5

Resolution: Street Crisis Response Team

If in person:
• Line up to speak

If online:
• Raise your hand and the facilitator will unmute you

If by phone:
• Press ‘#’ and then ‘#’ again
• Press *3 to speak and wait for system to prompt that you have been unmuted
Vote on Discussion Item #5

Resolutions: Street Crisis Response Team

Decision Rule:

• Simply majority, by roll call
Discussion Item #6

Update on IWG membership and governance

All materials can be found on the MHSF IWG website at https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
## Membership

### Two-year terms
- 5 open spots

### Chair and Vice Chair needed

<table>
<thead>
<tr>
<th>Seat</th>
<th>Qualification /Representation</th>
<th>Name</th>
<th>Appointed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seat 1</td>
<td>Health Care Worker</td>
<td>Amy Wong, A.M.F.T.</td>
<td>BOS</td>
</tr>
<tr>
<td>Seat 2</td>
<td>Lived experience</td>
<td>Jameel Patterson</td>
<td>MYR</td>
</tr>
<tr>
<td>Seat 3</td>
<td>Lived experience</td>
<td>open</td>
<td>BOS</td>
</tr>
<tr>
<td>Seat 4</td>
<td>Peace Office, Emergency Medical Response, Firefighter</td>
<td>James McGuigan (FIR)</td>
<td>MYR</td>
</tr>
<tr>
<td>Seat 5</td>
<td>Treatment provider with mental health harm reduction experience</td>
<td>open</td>
<td>MYR</td>
</tr>
<tr>
<td>Seat 6</td>
<td>Treatment provider with mental health harm reduction experience</td>
<td>Steve Fields, M.P.A.</td>
<td>BOS</td>
</tr>
<tr>
<td>Seat 7</td>
<td>Treatment Provider with criminal justice experience</td>
<td>open</td>
<td>BOS</td>
</tr>
<tr>
<td>Seat 8</td>
<td>Behavioral Health licensed professional</td>
<td>open</td>
<td>BOS</td>
</tr>
<tr>
<td>Seat 9</td>
<td>Residential Treatment Program Management and Operations</td>
<td>open</td>
<td>MYR</td>
</tr>
<tr>
<td>Seat 10</td>
<td>DPH employee experience with dual diagnosis</td>
<td>Dr. Ana Gonzalez, D.O.</td>
<td>MYR</td>
</tr>
<tr>
<td>Seat 11</td>
<td>Supportive housing provider</td>
<td>Sara Shortt, M.S.W.</td>
<td>BOS</td>
</tr>
<tr>
<td>Seat 12</td>
<td>SFDPH, Director of Ambulatory Care</td>
<td>Dr. Hali Hammer, M.D.</td>
<td>MYR</td>
</tr>
<tr>
<td>Seat 13</td>
<td>Health law expert appointed</td>
<td>Steve Lipton, J.D.</td>
<td>CAT</td>
</tr>
</tbody>
</table>
MHSF IWG Bylaws

Section 3. Nomination and Election of Officers

A. ...any Working Group member may nominate themselves or another Working Group member for the office of Chair or Vice Chair. A...member...may decline the nomination.

B. The Working Group shall vote on the office of Chair, with each member voting for one of the candidates. ...If no candidate receives seven votes, the Working Group may have additional discussion and votes...reopen nominations, and candidates may withdraw their candidacy.

C. If the office of the Chair is vacated before the expiration of a term, the Vice Chair shall serve as Chair until the next regular meeting. The Working Group shall elect a Chair at that meeting to fill the vacancy. If the Vice Chair is elected as Chair, the Working Group shall elect a new Vice Chair at that meeting. If the office of Vice Chair is vacated before the expiration of a term, the office shall remain vacant until the next regular meeting, at which time the Working Group shall elect a new Vice Chair.
Section 4. General Duties and Responsibilities of the Chair
The Chair shall preside at all meetings of the Working Group. The Chair, working with the Working Group staff, shall oversee the preparation and distribution of the agenda for all Working Group meetings. The Chair shall also perform such other duties as may be assigned by the Working Group. Unless the Working Group assigns a different member, the Chair (or the Chair’s designee) shall serve as the Working Group’s spokesperson and liaison to the media and City departments, agencies and commissions, as necessary.

Section 5. General Duties and Responsibilities of the Vice Chair
The Vice Chair shall perform the duties and responsibilities that may be delegated by the Chair. In the absence of the Chair, the Vice Chair shall perform the duties of the Chair as described above.
Article VI – Meetings

Section 1. Quorum

At all meetings of the Working Group, the presence of seven members shall constitute a quorum. Regardless of the number of members present, the affirmative vote of at least seven, a majority of the quorum of members present shall be required for the approval of any matter unless otherwise provided in these Bylaws.

Posted on https://sf.gov/departments/mental-health-san-francisco-implementation-working-group and distributed to IWG members by email on June 16, 2023, in accordance with:

Article IX – Amendment of Bylaws

The Working Group may amend these Bylaws by a majority vote of the Working Group, provided that a description or copy of such proposed amendments are circulated in writing to all Working Group members and noticed to the public at least ten days prior to such meeting.
### Governance: status check on IWG recommendations

<table>
<thead>
<tr>
<th>Recommendation from December ‘22 Implementation Report</th>
<th>Steps taken</th>
</tr>
</thead>
</table>
| 1. Focus on the system of care rather than discrete programs | • IWG mapping project  
• Focus on Care Coordination/Case Management across the system  
• In progress: Aligning with request from BOS, DPH is aiming to better situate our presentations on programs within the system of care |
| 2. Shift from responsive to strategic | • In progress:  
• Conversations ongoing regarding meeting/discussion structure  
• Work planning presentations within DPH; topics to be shared for review (including end-of-meeting planning) |
| 3. Define DPH’s accountability to IWG recommendations | • Longer review/planning of presentations to encourage incorporation of recommendations updates |
| 4. Revisit MHSF’s funding base and interconnection with other bodies like Our City, Our Home Committee. | • May 2023 IWG meeting presentation from Kelly Kirkpatrick.  
• Budget presentation suggested for July |
| 5. Address how to better incorporate feedback of members with conflicts of interest. | • Compared notes with City partners  
• Reviewed other meeting formats (e.g., subcommittees) with City Attorney |
| 6. Enhance engagement of those with lived experience and with community. | • SoMa RISE site visit  
• Upcoming community engagement for IWG mapping project |
Public Comment for Discussion Item #6
Membership and Governance

If in person:
• Line up to speak

If online:
• Raise your hand and the facilitator will unmute you

If by phone:
• Press ‘#’ and then ‘#’ again
• Press *3 to speak and wait for system to prompt that you have been unmuted
Vote on Discussion Item #6
Membership and Governance

Decision Rule:

• Simply majority, by roll call
Public Comment for
Any other matter within the jurisdiction of the Committee not on the agenda

If in person:
• Line up to speak

If online:
• Raise your hand and the facilitator will unmute you

If by phone:
• Press ‘#’ and then ‘#’ again
• Press *3 to speak and wait for system to prompt that you have been unmuted
July and August Meeting Planning

July 25, 2023 from 9:00 AM - 12:00 PM
1380 Howard Street. Room 515

Suggested July Topics

• Continue budget conversation
• Preview of case management hearing

Upcoming topics for consideration

• Community Engagement planning (Interethnica)
• HSH – what would IWG like to hear?
• Overdose prevention dashboards
• MHSC progress
• Update since SCRT reconfiguration

Additions or questions about these topics?
• Discussion Group in July or August: Mapping and Community Engagement

• Meeting Minutes Procedures
  o https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
  o Draft minutes in the next two weeks
  o Approved meeting minutes will be posted

• MHSF IWG e-mail address for public input: MentalHealthSFIWG@sfgov.org
For matters connected to this committee, consider attending the following committees

- **Board of Supervisors’ Homelessness and Behavioral Health Committee.** Meets 2nd and 4th Friday of every month from 10am-1pm City Hall, Room 250.

- **Our City Our Home (OCOH) Oversight Committee.** Ensures the Our City, Our Home Funds are effectively and transparently used. Meets the 4th Thursday of every month from 9:30am-11:30am in City Hall, Room 416.

- **Behavioral Health Commission (BHC).** Represents and ensures the inclusion of the diverse voices of consumers, family members, citizens and stakeholders in advising how mental health services are administered and provided.
  - BHC Committee: 3rd Wednesday at 6pm
  - BHC Site Visit Committee: 2nd Tuesday at 3pm
  - BHC Implementation Committee: 2nd Tuesday at 4pm
  - BHC Executive Committee: 2nd Tuesday at 5pm

- **Health Commission.** The governing and policy-making body of the Department of Public Health. Meets the 1st and 3rd Tuesdays of each month at 101 Grove Street, room 300, at 1pm.
Adjourn
## Appendix A: Attendance 2023

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