October 24, 2023

Mental Health San Francisco

Implementation Working Group

Land Acknowledgement

The San Francisco Department of Public Health staff acknowledges that we are on the unceded ancestral homeland of the Ramaytush (Rah-mytoosh) Ohlone (O-lon-ee) who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.

Call to Order / Roll Call

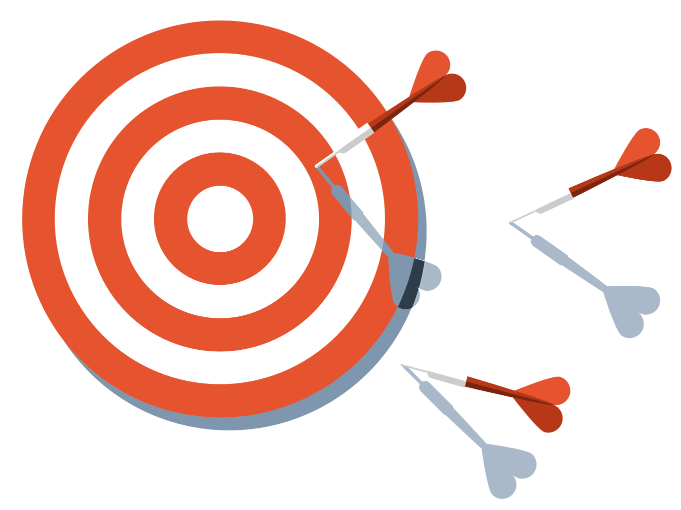
Vote to
Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

Meeting Goals

- Discuss plan for community engagement
- Feedback on plan for progress report
- Discuss IWG meeting optimization
- Update on Behavioral Health Services and Mental Health SF by Director

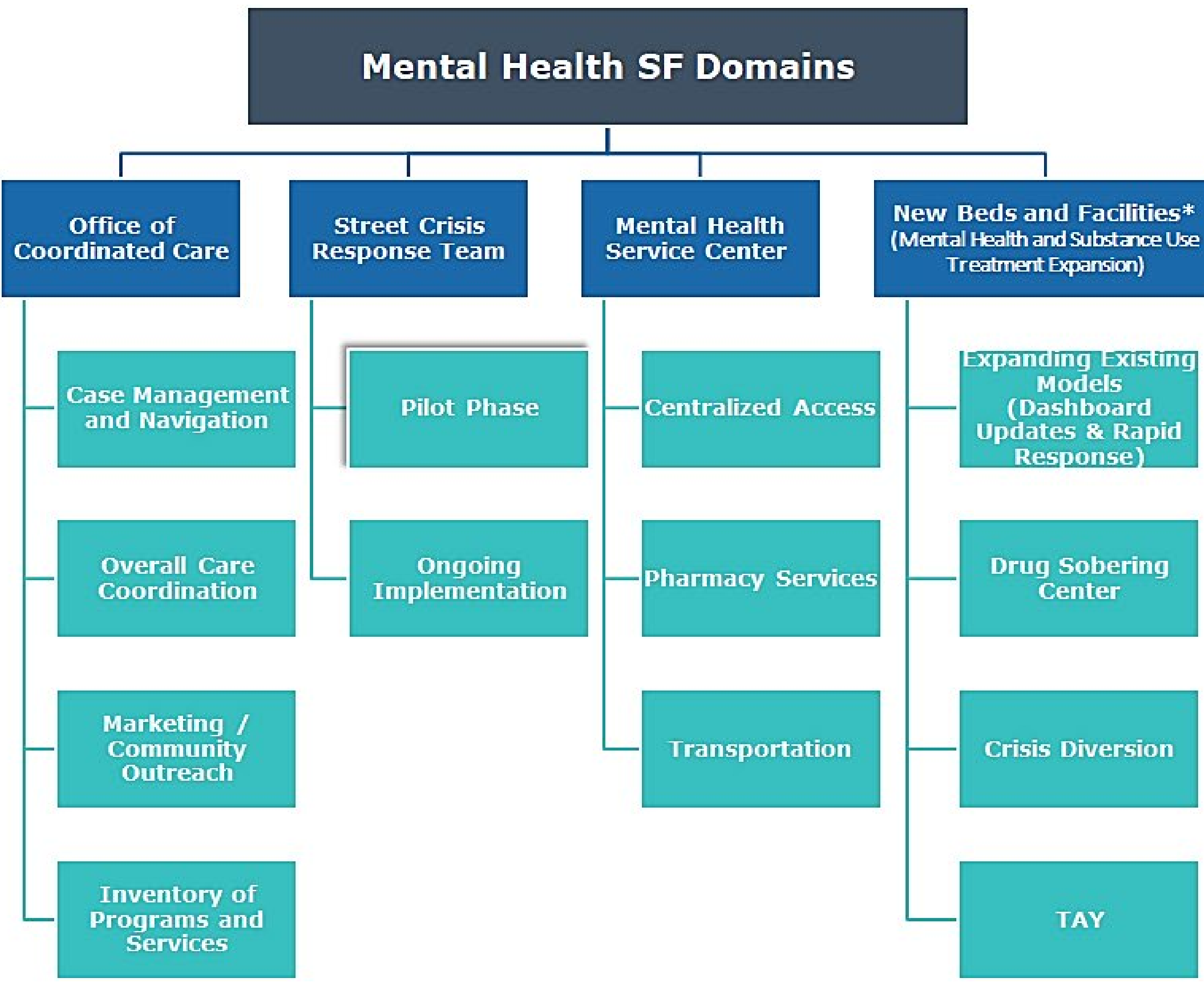


All materials can be found on the MHSF IWG website at: https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Mental Health SF Domains

Ashely Vaughn

Deborah Oh



Dr. Hillary Kunins

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

9:15 – 9:20 AM

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

Format of Meeting Minutes

Good Government Guide, p. 165 (in the document)

Other policy bodies Policy bodies that do not fit into one of the above two categories, such as purely advisory bodies and committees of parent bodies, are not required to keep meeting minutes or maintain a record of meetings. But we strongly advise that such bodies maintain brief minutes of meetings to record attendance by members, actions taken, and votes on those actions. Otherwise, questions may arise as to the accuracy of informal or unofficial reports regarding the meetings of such bodies and actions taken at such meetings.

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

9:35 – 9:50 AM

Discussion Item #2

Report Back from Discussion Group: Community Engagement

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

Community engagement goal

Goal of community engagement: In an effort to better understand how clients and providers experience the behavioral health system of care

How this informs mapping:

1. How consumers access care
2. How consumers flow through the system
3. How providers connect and refer clients to care

Community engagement process

1. Virtual listening session with providers
2. “Roadshow” format listening sessions with clients in their preferred method (e.g. in-person, phone, or virtual; in small groups or one-on-one)

Recruitment criteria includes diversity of demographics, types of services utilized, length of time utilizing services, and access point.

Behavioral Health Services WIP: Scenarios and Flows

San Francisco Department of Public Health

October 24, 2023

Ashley Vaughn
BHS Communications Manager
San Francisco Department of Public Health

Scenario 1: How People Move Through Care

Jeffrey is experiencing homelessness. He is seen at Psychiatric Emergency Services (PES). He's had multiple 5150's due to a serious mental illness as well as amphetamine use. The social work team at PES notices that he is deteriorating. However, he is not open to residential treatment options when offered.

Given his increasing needs and current presentation, he is linked to stabilization services. He is placed in a short-term emergency stabilization unit to support engagement in services.

Once stabilized, it is determined that he needs intensive outpatient given his behavioral health needs and is connected to those services and supported to complete coordinated entry.

Scenario 2: How People Move Through Care

Mary experiences a mental health crisis on the street and has contact with the Street Crisis Response Team (SCRT). She is transported by SCRT to Dore Urgent Care for stabilization and support.

The Office of Coordinated Care (OCC) is alerted about Mary's contact with SCRT. The OCC team reaches out to Mary while she's at Dore Urgent Care to engage with her and help determine needed services.

OCC helps Mary obtain a shelter bed and transportation. OCC continues to reach out and engage with her once she is at the shelter in order to connect her to ongoing behavioral health services, including a mental health outpatient clinic. They also help her reactivate her Medi-Cal and connect her to a primary care provider.

Scenario 3: How People Move Through Care

Nadia is a participant in a collaborative court. While she needs treatment for a substance use disorder, she also struggles with symptoms of PTSD due to intimate partner violence and complex childhood trauma.

She works with a case manager through drug court and is placed at Salvation Army where she completes six months of residential treatment. While in residential treatment, she is connected to outpatient mental health services.

Workflow Example of How TAY Can Access Services

Thank you

Provider Group Screener

Screen for providers who work with MHSF priority population

1. Organization/department/team
2. Role
3. Which of the following MHSF priority populations do you primarily work with? (Select all that apply)
   a. Those experiencing homelessness.
   b. Those who do not have health insurance
   c. Those enrolled in Healthy San Francisco
   d. Those enrolled in Medi-Cal
   e. Those who have been released from jail within the past 5 years
   f. Other (please specify):
4. Length of time working with MHSF priority population
5. Familiarity and/or any previous involvement with the mapping process

Provider Group Discussion Overview

Introduction / Background

- Framing: Background on mapping and their goals. What we already know (providers' experiences/concerns with the existing service flow), what we want to learn (test if maps align with ideal service flow), and how we are going to use the information we gather for actionable next steps.
- Note: Maps are goals that we are working towards, not how the system currently looks like.

Initial impressions / Gaps

- What are your initial impressions of the maps?
- Does this map address the issues you have experienced in your current service flow?
- Do the maps capture how you think the service flow should be?
- Is there anything you would change?
- Is there anything missing in the maps?

How do we get there?

- How can MHSF support you in taking the actions necessary to provide a smooth service for your clients?

Closing

- Thank and provide contact person for questions and to stay looped into process.

Consumer Group Screener

1. *[eligibility question]* In the past 5 years, have you used any of the following Behavioral Health Services? (Select all that apply)
    a. Case management services (for medical, psychological, social, financial, etc. needs)
    b. Treatment for a behavioral health crisis
    c. Substance use services (including medication for addiction treatment/MAT, detox/withdrawal management, harm reduction services like naloxone distribution, residential care, outpatient counseling, drop-in groups, engaging with outreach teams like SORT)
    d. Mental health services (including residential care, outpatient counseling, medication management/pharmacy services, drop-in groups, engaging with outreach teams like SCRT)

Consumer Group Screener

2. How long have you been utilizing at least one of the services mentioned in the previous question?
3. *[screening for MHSF priority population]* Do any of the following apply to you? (Select all that apply)
    a. I am currently experiencing homelessness.
    b. I have experienced homelessness within the past 5 years
    c. I do not have health insurance
    d. I am enrolled in Healthy San Francisco
    e. I am enrolled in Medi-Cal
    f. I have been released from jail within the past 5 years

Consumer Group Screener

4. How many years have you lived in San Francisco?
5. Age
6. Gender
7. Sexual orientation
8. Racial/ethnic background
9. Language

Consumer Group Discussion Overview

Pathway of Service

- *[personal experiences]* Think about the first time you ever used Behavioral Health Services in San Francisco. Walk me through what happened.
  - What types of services were you looking for?
  - How did you find out about these services?
    - Did you know who to go to for these services or did somebody/organization help introduce you to the services?
  - Was there anything that was particularly helpful for you?
- *[barriers]* Was there anything that made it difficult to access or find the services you were looking for?
  - What could have made it easier for you?
- What happened next? How did you know what to do or where to go next? *[probe for referrals, follow-ups, etc.]*
- Did you find what you were looking for?
- *[timing and continuity of care]* Did you receive the services you needed in a timely manner? Did you continue to receive services or did you have to wait a long time between services?
  - Was there anything that could have been improved?
- What other services have you used since then? Tell me about how you found out about each of these services. Tell me about each step of the process.
- What was helpful for you? What was challenging? What would have made your experience better? *[probe pathway until most recent time using BHS]*

Envisioning an Ideal Pathway

- We talked a lot about the challenges you have faced in accessing services as well as what you found helpful. In your ideal world, how would it look like to access services? *[probe for specifics]*

Discussion

Public Comment for Discussion Item #2

Community Engagement

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

9:50 – 10:20 AM

Discussion Item #3

Report Back from Discussion Group: IWG Progress Report

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

Developing the 2023 progress report

Purpose

The progress report is required in the ordinance.

It is submitted to the Board of Supervisors, the Mayor, and the Director of Health

There is no direction in the ordinance on what the report should include

Due December 1, 2023

2023 Report Approach

Responsive to last year's request for IWG to be more involved in report development

Previous year's progress report were more process oriented (how)

Discussion group proposes using this report to reflect on the extent to which this group has realized the opportunities listed in the 2022 Implementation report

Use this report to suggest a path forward

Strive for succinct (5-8 pages)

Four core content areas for report

1 Progress on Foundational Opportunities

(identified in Dec ’22 implementation report)

2 Other key activities underway

(notably, mapping and community engagement)

3 Progress on specific MHSF domains

4 Conditions that were either supportive of or barriers to progress

Reminder: Foundational opportunities

Foundational opportunities
(from '22 Implementation report)

Opportunity # 1. Shift the focus of the IWG to be on the system of care rather than discrete programs

Ensure the MHSF components are strategically placed in the larger system of care and meet the needs of the MHSF target population.

Opportunity # 2. Shift from responsive to strategic

Focus effort to evaluation, advising and supporting the implementation of MHSF, including its more complicated components, such as the Office of Coordinated Care and the Mental Health Service Center, within the system of care

Confirming conditions (barriers and supports)

- Process optimization: summary from discussion group
- Membership
- Clarity about areas/level of influence

Brainstorm: Progress towards opportunities

Foundational opportunities (from ‘22 Implementation report)

What are signals of progress related to the foundational opportunities?

- Focus on the system of care (instead of discrete programs)
- Shift from responsive to strategic

Brainstorm: comments about conditions

- Process optimization: summary from discussion group
- Membership
- Clarity about areas/level of influence

Review and confirm suggestions

Suggestions:

- Focus on foundational opportunities and conditions- progress towards specific MHSF domains moved to the appendix
- Suggest cutting MHSF budget from report as this is DPH responsibility

Developing the report

IWG involvement in report

- What level of involvement would you like/commit to?

Next steps

- H+Co develops draft report
- IWG involvement (per above)
- H+Co provides draft to IWG and DPH prior to November meeting for review
- November meeting discuss adjustments
- Due December 1, 2023

Public Comment for Discussion Item #3

IWG Progress Report

If in person:

- Line up to speak

If online:

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If by phone:

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5 Minute Break

10:30 – 10:45 AM

Discussion Item #4

Report Back from Discussion Group: IWG Meeting Optimization

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

Presentation & Meeting Structure

Current challenges to solve for:

- **Meeting location** (building)
- **Structure** (e.g., meeting length, presentation/discussion type and balance)
- **Content** (e.g., accessibility of presentations/content to the community, IWG involvement in agenda setting, length of presentations)

This is the second of an ongoing discussion series

Presentation & Meeting Structure

Proposal: Try a new format for the next few meetings

November, December, & January

- Round-robin updates & QA* (approx. 1 hour)
- IWG-identified discussion topic (approx. 1 hour)
- Special presentations as needed (e.g., Staffing and Wage)

Considerations

- Staff capacity to present
- Time for round-robin updates may need to reduced to accommodate for time for special presentations

* Round-robin updates may not always be presented by department representative, especially if they are already presenting later in the meeting (e.g., Hillary or Valerie may announce updates)

Presentation & Meeting Structure

Suggestions

Ask individuals who are served by MHSF or who provide services to MHSF populations to present to IWG

- Those who interface with clients on the street (e.g. SCRT)
- Those who encounter programs of MHSF and decline/cannot obtain services

Next Steps

- IWG agree to move forward with this updates meeting structure
- Discuss a process to submit discussion topics for future meetings

Meeting Planning

November 28, 2023 from 9am - 12pm
1380 Howard Street, Room 515

Potential November Topics

- Community engagement (ongoing update)
- FIRE update on SCRT (confirmed)
- Progress report
- SoMa RISE report back
- Staffing and wages study update

Upcoming Topics for Consideration

- Analytics and Evaluation
- Community engagement
- Overdose prevention/dashboard
- Progress report
- Chair / vice chair selection for 2024

Additions or questions about these topics?

Public Comment for Discussion Item #4

IWG Meeting Optimization

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
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11:00 – 11:55 AM

Discussion Item #5

MHSF Director’s Update

Dr. Hillary Kunins

All materials can be found on the MHSF IWG website at:
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MHSF Director’s Update

San Francisco Department of Public Health

October 24, 2023

Hillary Kunins, MD, MPH, MS
Director of Behavioral Health Services and Mental Health SF
San Francisco Department of Public Health

General Updates

Upcoming hearings

- System of Care Overview (10/27 - Homelessness & Behavioral Health)
- Treatment on Demand (11/9 - Public Safety)

Updates

- CARE Court
- SB 43

System of Care Preview

Behavioral Health Services System of Care

San Francisco Department of Public Health

October 24, 2023

Hillary Kunins, MD, MPH, MS
Director of Behavioral Health Services and Mental Health SF
San Francisco Department of Public Health

Our Vision and Roadmap for the Future

Vision

For all San Franciscans to experience **mental and emotional well-being** and **participate meaningfully** in the community across lifespans and generations.

Mission

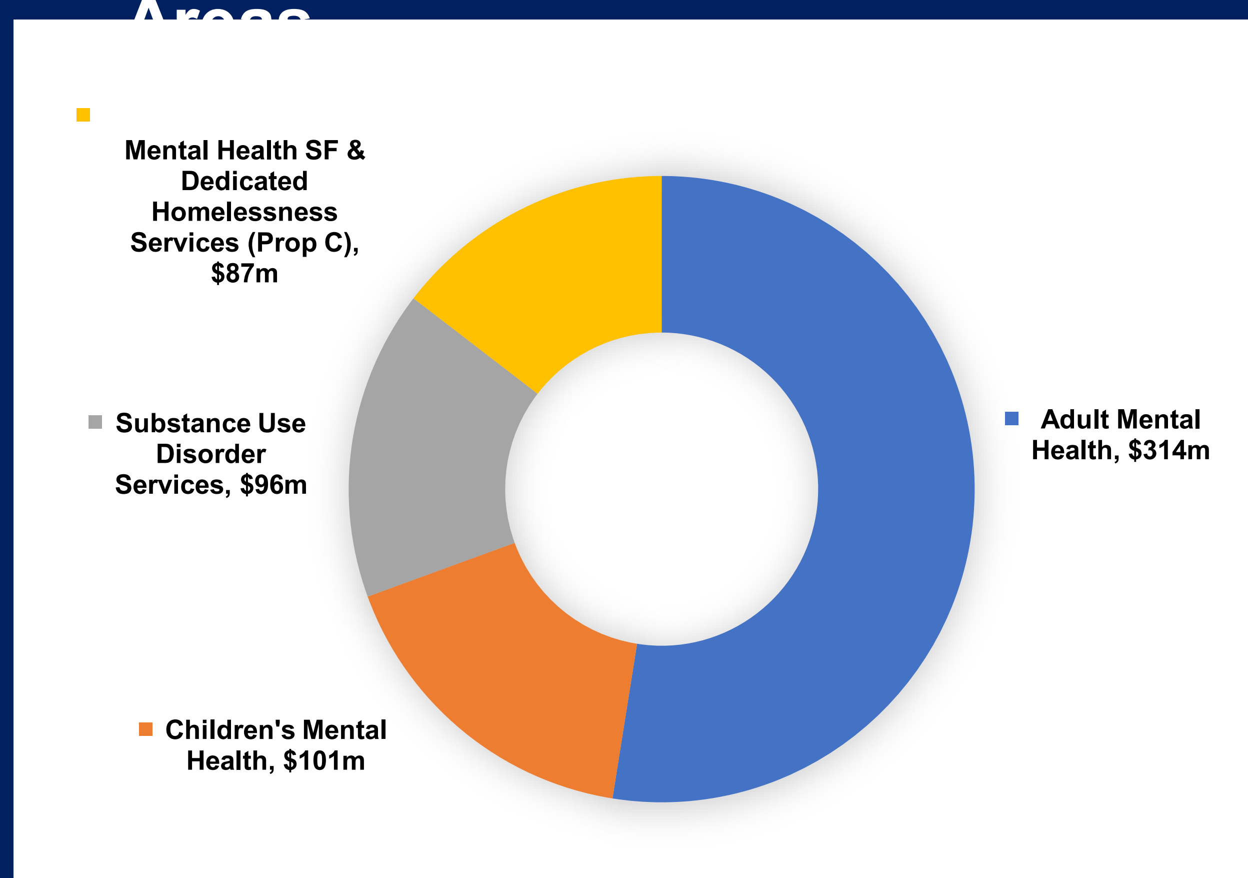
To provide **equitable**, effective substance use and mental health care and promote **behavioral health and wellness** among all San Franciscans.

Expand critical services → Improve access to mental health and substance use care → Increase awareness of where and how to get help

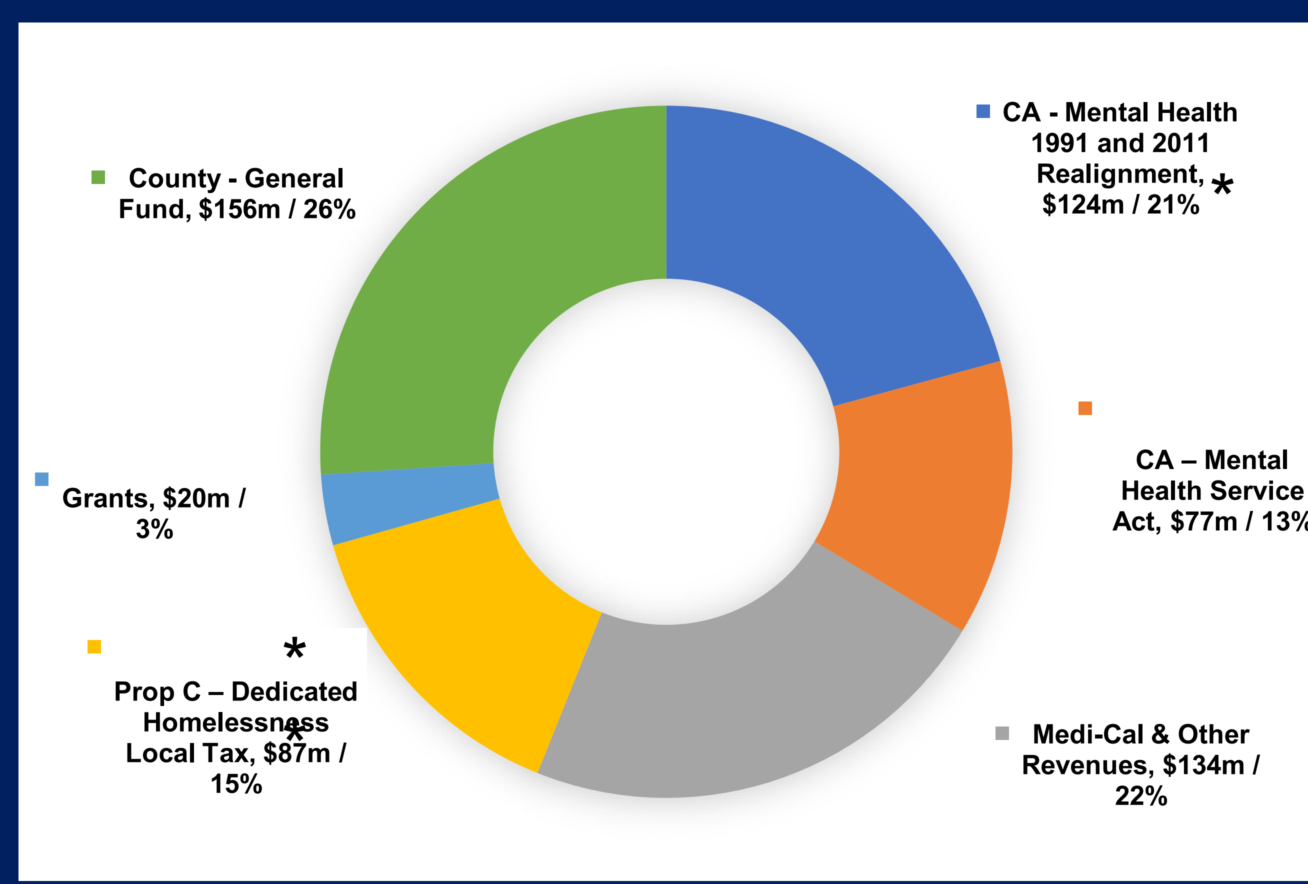
Behavioral Health Services Budget FY22-23

Total BHS Budget: **~$598M**
~74% ($442M) is non-General Fund

Expenditures by Key Service Areas



Funding Sources



California State Context and Requirements for County Behavioral Health Entities

- Primarily serve **SF residents with low incomes** through California's public health care program, Medi-Cal, which provides coverage for **mild, moderate, and serious** mental health and substance use disorders.

- As mandated by the State, **BHS is responsible** for meeting the needs of people with "**moderate to severe**" behavioral health disorders in the City.

- In contract with the State Department of Health Care Services (DHCS), **San Francisco Behavioral Health Services is considered a 'Plan'** under Medi-Cal, responsible for providing specialty mental health services and substance use disorder services for Medi-Cal beneficiaries.

- The Mental Health Services Act (MHSA) enables DPH to deliver a broad range of **prevention and early intervention** services, **culturally congruent care**, and more.

- Additionally, we deliver **specialty services** such as mental health and substance use disorder care and treatment, crisis and wellness services, and residential care and treatment.

Behavioral Health Services at a Glance

Largest provider of mental health and substance use prevention, early intervention, and treatment services in San Francisco. 760+ civil service staff and 80 contracted community partners deliver clinical services across the City.

100,000+ connections to prevention, care, and treatment

~21,000* people using Behavioral Health Services (Mental Health & Substance Use Disorder)

Top 5 Most Frequent Primary Diagnoses

- Depressive/Mood Disorders
- Substance Use Related Disorders
- Schizophrenic/Psychotic Disorders
- PTSD/"Severe" Stress Reaction
- Anxiety Disorders

*FY22-23

Range of Behavioral Health Care Services

Prevention

(Early intervention)

100K+
contacts/year

Crisis

(Intervention for people experiencing a mental health emergency)

Mobile Crisis
2,700+ contacts/year

Street Crisis Response
12,000+ contacts/year

Crisis Stabilization and Urgent Care
2,500+ contacts/year

Access and Navigation

(Entry to care and coordination)

Services that help people get in and stay in care
5,000+ people/year

Behavioral Health Access Center
4,800+ contacts/year

Outpatient Treatment

(Primary and specialized care settings)

25,000 people/year received care for **substance use or mental health disorders in primary care**

5,000 people experiencing homelessness/year received care for **substance use or mental health disorders**

15,000 people/year in **specialized outpatient programs**

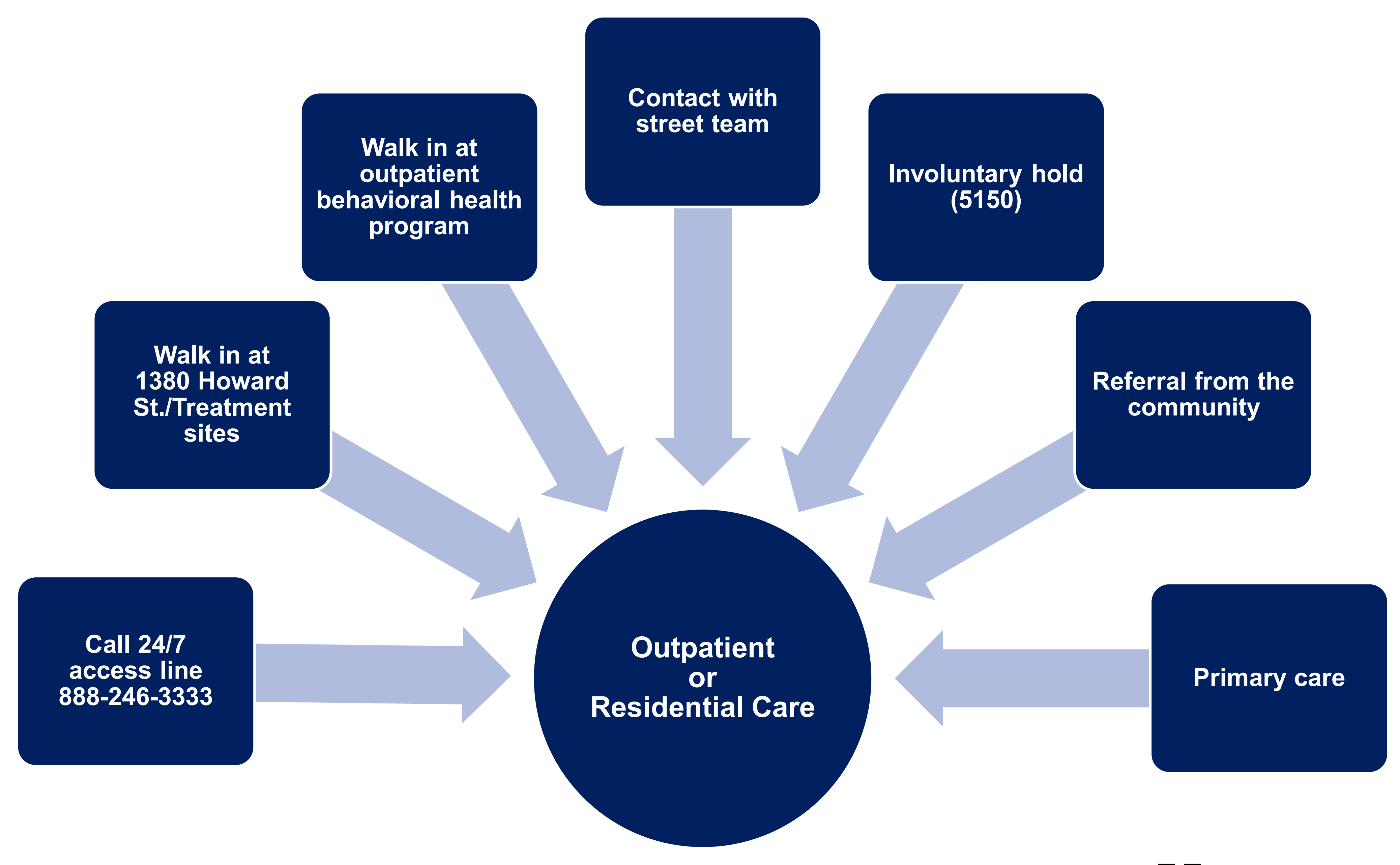
Residential Care, Treatment and Support

(Long-term care in a residential setting, including transitional housing for people who need support)

2,500 beds, ranging in services

5,000-7,000 people/year

Examples of How People Can Get Into Behavioral Health Care



Scenario 1: How People Move Through Care

Jeffrey is experiencing homelessness. He is seen at Psychiatric Emergency Services (PES). He's had multiple 5150's due to a serious mental illness as well as amphetamine use. The social work team at PES notices that he is deteriorating. However, he is not open to residential treatment options when offered.

Given his increasing needs and current presentation, he is linked to stabilization services. He is placed in a short-term emergency stabilization unit to support engagement in services.

Once stabilized, it is determined that he needs intensive outpatient given his behavioral health needs and is connected to those services and supported to complete coordinated entry.

Scenario 2: How People Move Through Care

Mary experiences a mental health crisis on the street and has contact with the Street Crisis Response Team (SCRT). She is transported by SCRT to Dore Urgent Care for stabilization and support.

The Office of Coordinated Care (OCC) is alerted about Mary's contact with SCRT. The OCC team reaches out to Mary while she's at Dore Urgent Care to engage with her and help determine needed services.

OCC helps Mary obtain a shelter bed and transportation. OCC continues to reach out and engage with her once she is at the shelter in order to connect her to ongoing behavioral health services, including a mental health outpatient clinic. They also help her reactivate her Medi-Cal and connect her to a primary care provider.

Supporting People from Care and Treatment to Wellness and Recovery

The path to wellness and recovery is not linear.

These various interventions, including population-specific services that cut across our system, allow us to be responsive to a wide range of behavioral health needs to meet people where they’re at.

The Office of Coordinated Care:

- Supports access and navigation of services
- Ensures seamless transitions between interventions
- Coordinates care for high-priority populations

Delivering Behavioral Health Care in the Community

~300*
mental health and substance use programs

55+
mental health and substance use outpatient clinics

2500+
beds for residential care and treatment

Street Response is a Critical Intervention

Neighborhood-based Behavioral Health Care (BEST)

BEST Neighborhoods provides behavioral health assessments and regular engagement with high-priority unhoused people with serious behavioral health conditions who face significant barriers to care. located in Tenderloin, SoMa, Mission, Castro, Park, and other neighborhoods.

Overdose Response & Follow-up (SORT & POET)

The Street Overdose Response Team provides an emergency response to people experiencing an overdose in the community. Within 72 hours of overdose event, the Post Overdose Engagement Team outreaches to draw individual into treatment and/or teach skills to prevent future overdoses.

Street Medicine

Street-based health workers served **3,000** people experiencing homelessness.

DPH Primary Care Clinics with Behavioral Health Services

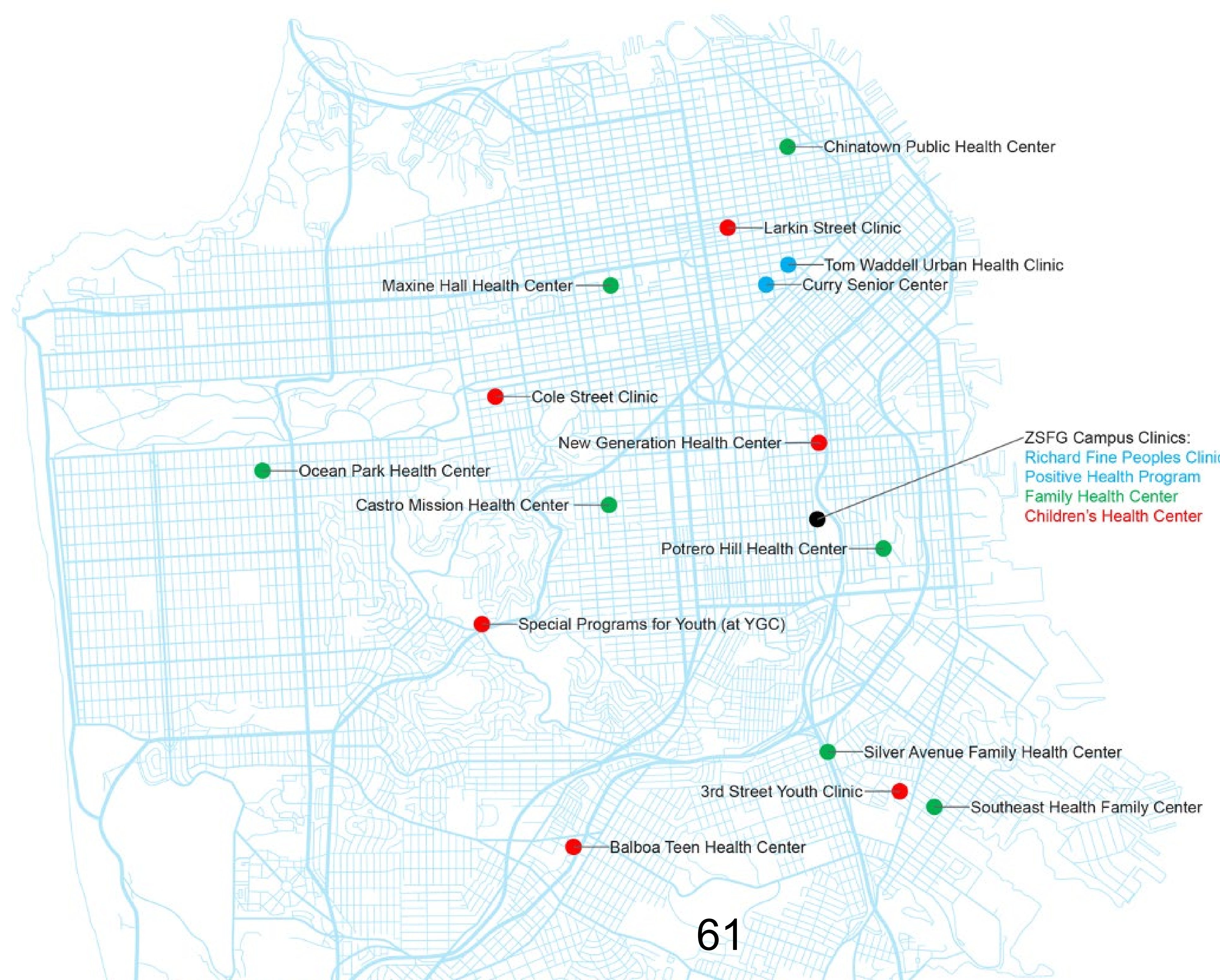
Of all people served in primary care approximately half receive care for behavioral health conditions.

Served FY21-22

28,450 people treated in DPH primary care clinics for mental health and substance use issues.

Operating Hours

8am-5pm, Monday-Friday, with extended weekend and evening hours at some locations.



- Primary Care for adults only
- Primary Care for adults, children, families
- Community Health Programs for Youth

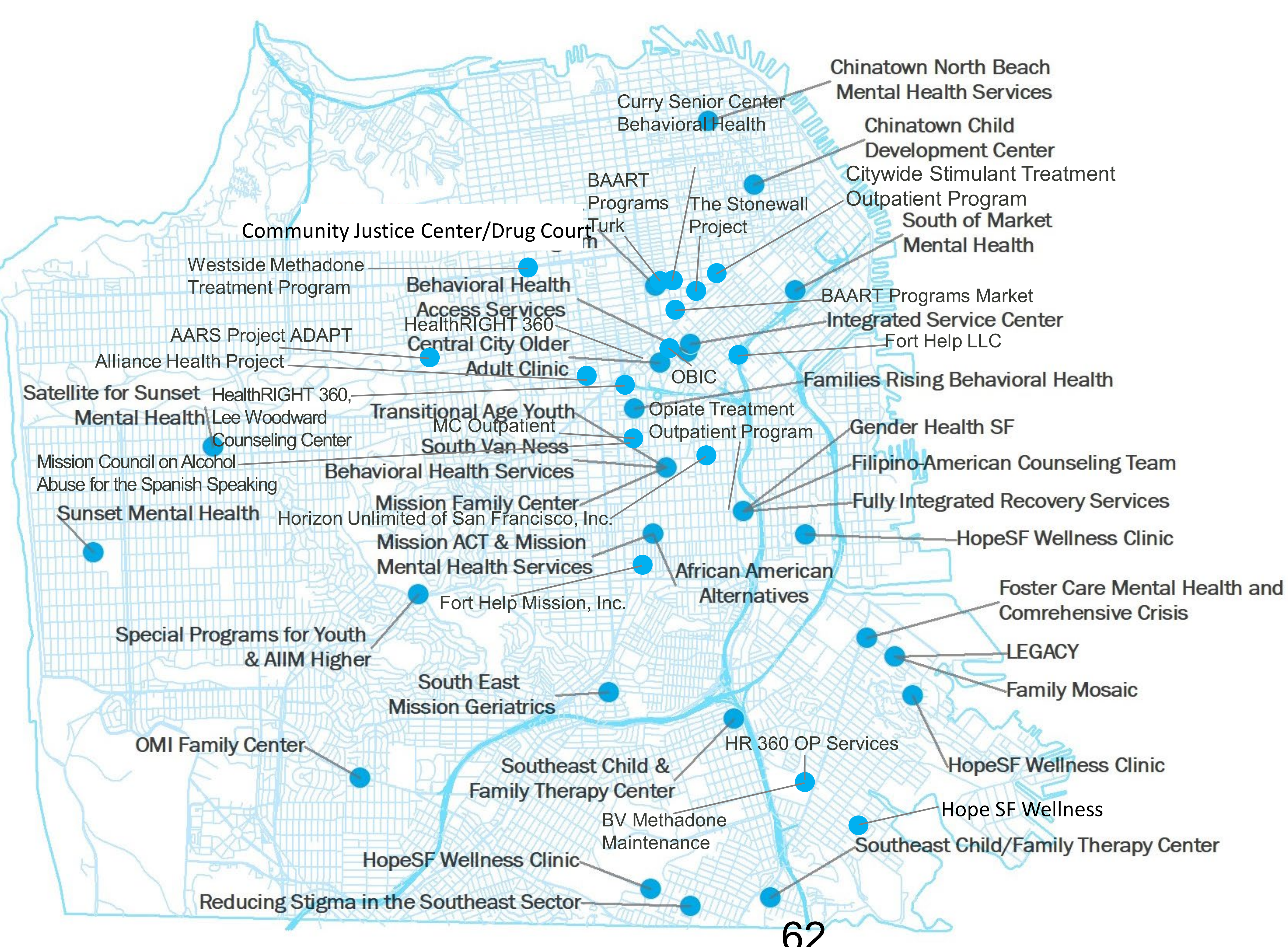
55 Specialized Outpatient Mental Health and Substance Use Treatment Sites

Most people accessing specialty services are treated in outpatient settings.

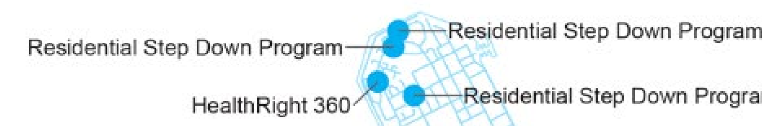
Served FY21-22
15,000 people

Operating Hours
9am-5pm
Monday-Friday

Most programs are open 9-5. Exceptions: Buprenorphine Induction Clinic, Behavioral Health Access Center, and BAART Programs.



2,500 Mental Health and Substance Use Treatment Beds



On average, 85% of mental health and substance use beds are occupied.

Out of County

469 beds

Treatment is More Than Beds

Most people with substance use disorders and mental illness stabilize in outpatient care

- Often lack of stable housing brings people experiencing homelessness into residential treatment.
- If provided stable housing, outpatient care would suffice.

Residential care is costly and primarily relies on local funds

- Often not reimbursed by Medi-Cal due to federal and state regulations.

People exiting residential treatment need access to ongoing care

- There's a revolving door of crisis and readmission to treatment beds.
- Need sufficient outpatient care to maintain stability and prevent future residential care.

Wait times to Access Treatments Vary

0-1 Days

- Walk-in services, referrals in Primary Care, programs for people experiencing homelessness
- Withdrawal (detox)
- Medications for addiction treatment
- Coordination of care
- Residential substance use care for clients coming out of withdrawal program
- Crisis services
- Street care services

4 Days to 4 Weeks

- Specialized outpatient substance use disorder treatment
- Board and care
- Mental health residential care
- Specialized outpatient mental health care

4+ Weeks

- Intensive outpatient care
- Locked behavioral health beds
- State psychiatric beds

Improving Access and Care Coordination for San Franciscans

The Office of Coordinated Care is the mechanism that ensures there are no gaps on the pathway to care, so that people are engaged and remain in care. OCC manages behavioral health services central access points and ensures efficient, well-coordinated connections to care.

Access & Navigation – Information, screening, referral and direct connection to behavioral health care

- **Behavioral Health Access Line (BHAL):** 24/7 state-mandated/regulated call center
- **Behavioral Health Access Center (BHAC):** Walk-in center, open 7 days/week, for access to behavioral health services

CARE Coordination – Systematic and focused services for priority populations needing engagement and connections to care.

- **Priority populations include**:
  - People leaving hospital: inpatient, ED, PES (including 5150s)
  - People with crisis contacts (including SCRT)
  - People leaving jail
    People who are experiencing homelessness
  - People with high utilization of multiple systems and high behavioral health needs
  - People in HSH system: shelters, navigation centers, permanent supportive housing

Involuntary Care for Serious Mental Illness

5150 Expansion

- Expanded who can write 5150s to include community paramedics in addition to behavioral health clinicians.

CARE Court

- Civil court process, which launched in October 2023, to help people with a serious mental illness (schizophrenia/psychotic disorder) who are deteriorating due to lack of engagement in treatment.
- Estimated between **1,000** and **2,000** eligible individuals

Assisted Outpatient Treatment

- Court-ordered outpatient treatment for people with a serious mental illness who are not engaged in care, and are deteriorating (specific criteria regarding negative outcomes to qualify).

Coordinated Response with City Agencies and Community Organizations

Aims to **increase stability** and **connections** to **care**. DPH takes lead on providing medical and behavioral health support.

- Daily and weekly coordination with **SFPD**, **DEM**, **SFFD, HSA**, and **HSH** on street engagement and response, including case management for high-priority individuals.
- Collaborate with **SFFD** on follow up for people seen by **SCRT** and **POET** teams and linkage to care.
- DPH online Overdose Recognition & Response training taken **5000+** times since October 2022, including by staff from **12** City departments.
- Ensure implementation of the citywide Overdose Prevention Policy legislation (084-21) in partnership with **HSH**, **HSA** and **DEM**.
- Partner with **HSA**, **JPD**, **SFUFC**, **GGRC**, **SFUSD** to ensure children and families involved in child welfare and foster care receive timely, effective care.
- Joint programming and collaborations with **DCYF, DEC, HSA, MCAH** enables prevention and treatment services, case conferencing and more, for children and families.

Mental Health SF and Other System Transformation Successes

Opened **350** new residential **care** and **treatment beds**.

Expanded assessment and **treatment** including hours of operation for the walk-in treatment center, pharmacy, OBIC, and Opioid Treatment Programs.

Increased distribution of **naloxone** (72,000+ doses) for the reversal of opioid overdose.

Implemented **standardized screening tool** to ensure timely access and coordinated care for people who have Medi-cal.

Established Office of Coordinated Care services to **ensure successful transitions** through care and treatment as well as keeping **people with complex needs** connected to care.

$1.8M added to existing **intensive outpatient** and **stabilization providers** to support filling critical vacancies, ensure competitive salaries, and increasing staffing.

Mental Health SF and Other System Transformation Successes Continued

Launched BEST neighborhood-based behavioral health care team to regularly engage with **high-priority unhoused people** with **serious behavioral health conditions** located in Tenderloin, SoMa, Mission, Castro, Park, and other neighborhoods.

Created Office of Managed Care to **improve service delivery** by increasing access to specialty mental health and substance use disorder services, ensuring compliance with regulations, and providing culturally congruent services.

May 2024: New electronic health record **will increase transparency** and **improve monitoring** and **evaluation** of care over time.

Key Challenges and Impacts to Service Delivery

Workforce **recruitment** and **retention**
Acquiring **new beds** and **facilities** for care and treatment
Data and **analysts**

Thank you

Public Comment for Discussion Item #5

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

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

Housekeeping

- **Requests from other City bodies/Groups:**
  - Request for 1-2 IWG members to participate in Our City, Our Home retreat on Nov 16 from 11-12
  - Please complete the survey Dept on the Status of Women survey on demographic make up of SF boards, commissions and advisory bodies

- **Potential Upcoming Discussion Groups:**
  - Community engagement, meeting structure/optimization, progress report

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

- **MHSF IWG e-mail address for public input**: MentalHealthSFIWG@sfgov.org

Other Associated Body Meeting Times

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

Member	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Amy Wong						n/a	n/a					
Jameel Patterson				E	A	n/a	n/a					
open						n/a	n/a					
James McGuigan				E		n/a	n/a					
open						n/a	n/a					
Steve Fields			E			n/a	n/a	E				
Andrea Salinas						n/a	n/a					
open						n/a	n/a					
open												
Dr. Ana Gonzalez						n/a	n/a					
Sara Shortt	E					n/a	n/a					
Dr. Hali Hammer						n/a	n/a					
Steve Lipton						n/a	n/a					

E = Excused A = Absent (unexcused)

Appendix B: Membership

Two-year terms

Chair needed

Applications typically move forward in a group

Seat	Appointed By	Qualification /Representation	Name
Seat 1	Board	Health Care Worker	Amy Wong, AMFT
Seat 2	Mayor	Lived experience	Jameel Patterson
Seat 3	Board	Lived experience	*open*
Seat 4	Mayor	Peace Office, Emergency Medical Response, Firefighter	James McGuigan
Seat 5	Mayor	Treatment provider with mental health harm reduction experience	*open*
Seat 6	Board	Treatment provider with mental health harm reduction experience	Steve Fields, MPA
Seat 7	Board	Treatment Provider with criminal justice experience	Andrea Salinas, LMFT
Seat 8	Board	Behavioral Health licensed professional	*open*
Seat 9	Mayor	Residential Treatment Program Management and Operations	*open*
Seat 10	Mayor	DPH employee experience with dual diagnosis	Dr. Ana Gonzalez, DO
Seat 11	Board	Supportive housing provider	Sara Shortt, MSW
Seat 12	Mayor	DPH employee with health systems or hospital administration experience; SFDPH, Health Network, Ambulatory Care (also on MHSF Executive Team)	Dr. Hali Hammer, MD
Seat 13	City Attorney	Health law expert appointed	Steve Lipton