

Mental Health SF Implementation Working Group

Progress Report

This progress report provides an update on the Implementation Working Group’s progress to inform and carry out MHSF.

The report is organized by:

- Background..... 1
- IWG Mandate..... 2
- IWP Progress..... 3
- Barriers and Challenges in 2023..... 4
- Goals for 2024..... 6



Background

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 (MHSF). This legislation is designed to increase access to mental health services and substance use treatment to adult San Francisco residents with serious mental illness and/or substance use disorders who are homeless, uninsured, or enrolled in Medi-Cal or Healthy San Francisco. The Ordinance established a MHSF Implementation Working Group (IWG) to advise on the design, implementation, outcomes, and effectiveness of MHSF. The COVID-19 pandemic delayed the start of the IWG’s engagement prior to December 2020. Starting in December 2020, the IWG has met monthly and dedicated substantial time during and between meetings to develop recommendations for all active MHSF domains. MHSF domains currently in implementation include:

1. Mental Health Service Center
2. Office of Coordinated Care
3. Street Crisis Response Team (SCRT)
4. Mental Health and Substance Use Treatment Expansion (also called New Beds and Facilities)

Initial IWG recommendations for each domain are found on the IWG website ([Resources](#)). This report summarizes the IWG’s progress since its December 2022 Implementation report (also available on the [IWG website](#)). SFPDPH also develops an [annual MHSF Implementation Report](#), which is shared with the IWG for their review.

This progress report was developed by Harder+Company Community Research, in partnership with the IWG, through discussion groups and input during the September and October 2023 IWG meetings to ensure the content represents IWG’s current priorities.

In 2023, the IWG shifted its primary focus from reviewing specific MHSF projects to advising DPH on the integration of MHSF programs and alignment of the target MHSF population with the continuum of care. This effort has been challenging due to vacancies in IWG membership and leadership, and the inability, in three instances this year, to advise DPH on major decisions that were publicly announced before notice to the IWG. While there has been progress on advising related to bed optimization, program-specific resolutions (i.e., SCRT), and mapping the system of care, the IWG believes that significant progress on meeting its foundational opportunities requires a long-term view and dedicated focus.

“The IWG shall have the power and duty to advise the Mental Health Board or any successor agency, 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.”

- **MHSF ordinance**



Implementation Working Group (IWG) Mandate and Coordination

The IWG has the “power and duty” to advise the Mental Health Board, the Health Commission, the Health Authority, the Department of Public Health (SFDPH; “the Department”), the Mayor, and the Board of Supervisors on the design, outcomes, and effectiveness of MHSF to ensure its successful implementation. The IWG has developed bylaws that govern its work (see [full bylaws here](#)):

- Advise the Mental Health Board or any successor agency, the Health Commission, the Department of Public Health, the Mayor, and the Board of Supervisors on the design, outcomes, and effectiveness of Mental Health SF;
- Evaluate the effectiveness of MHSF in meeting the behavioral health and housing needs of eligible participants, by reviewing program data;
- Review and assess the Implementation Plan that the Department of Public Health is required to submit to the Mayor and the Board of Supervisors;
- 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. This analysis is being conducted through the Controller’s Office in consultation with the IWG.
- Prepare proposals for how to reduce the scope of services provided by MHSF if the cost of those services is estimated to exceed \$150 million annually.

The IWG is supported by a City Planning Team (Figure 1) to manage meeting planning, the recommendation process, and to facilitate connections within and between SFDPH and other City teams. The City Planning team is critical in ensuring the appropriate subject matter experts and content are available during IWG meetings. This team is also responsible for recommendation feedback loops, where recommendations made by the IWG are routed to the appropriate teams within SFDPH, and IWG are kept abreast on the progress towards such recommendations.

The City Planning team includes a subcontractor, Harder+Company Community Research, that provides meeting preparation, facilitation, minute taking, and general implementation advising and support for both IWG members and SFDPH staff. In May, 2023, project management of the IWG transitioned from the Office of the Controller supporting project management on behalf of SFDPH, to the Department of Public Health. The Office of the Controller has not been directly involved in IWG business since April 30, 2023.

During the latter part of 2023, the IWG more actively engaged in setting their meeting agendas in collaboration with DPH. The City Planning Team meets weekly to plan upcoming meetings and discussion groups and respond to requests and meeting feedback from members. The Director of Behavioral Health Services and MHSF, Dr. Hillary Kunins, attends and presents at nearly all IWG meetings, and also provides feedback on planned agendas for upcoming meetings. Contacts from the Department of Homelessness and Supportive Housing, Human Services Agency, and the Office of City Attorney are available for consultation to support the City Planning Team, as needed.

Figure 1: City Staff

Department	Name	Title
City Planning Team: planning and administrative/analytical support for IWG meetings		
SFDPH	Kelly Kirkpatrick	Director of Administration and Operations, MHSF
SFDPH	Valerie Kirby	Special Projects & Planning Coordinator, MHSF/BHS
Office of the Controller (through 4/30/23)	Mike Wylie	Project Manager, City Performance Unit
Office of the Controller (through 4/30/23)	Oksana Shcherba	Senior Analyst, City Performance Unit

IWG Progress

Since their launch in 2020, the IWG focused on providing initial recommendations for MHSF domains (see the [IWG website for the initial programmatic recommendations made in 2020-2022](#)). Since its last report, the IWG received updates on MHSF domain and system-wide activities, including (but not limited to):

- The Office of Coordinated Care and case management expansion
- Street Crisis Response Team
- Updates on New Beds and Facilities, including a site visit to SoMa RISE and bed optimization
- Staffing and Wages study being conducted by the Controller’s Office
- Update on the Prop C Budget
- Mapping activities, including the continuum of care for the MHSF population; MHSF and BHS funded service providers; treatment bed availability; and residential treatment program description and capacity.

The IWG also convened three discussion groups during 2023. Discussion groups are comprised of no more than six IWG members to work on MHSF related work in between meetings. The work of discussion groups is brought to the full IWG during their monthly public meetings for discussion. Topics included the Controller’s Office staffing and wages study, consulting on the design and implementation of community engagement related to mapping the continuum of care of the MHSF population, and IWG meeting optimization.

Shift of IWG Focus and Strategic Direction

In 2023, the IWG also sought to shift their focus from discrete domain and subdomain initial recommendations to how MHSF components can, in conjunction with other programs and services, improve the larger current continuum of care for the MHSF priority population. This shift recognized that while advising on the programmatic elements of MHSF is necessary, it is not sufficient to ensure the achievement of the broader ideals of

MHSF Ordinance to transform the system of care “to provide universal access to treatment for mental health and substance abuse disorders...”, and to better address the needs of priority populations intended to be served by MHSF (MHSF Ordinance, Section 15.104(b)(1)).

The IWG focused in on two, interrelated foundational opportunities to explore the foundation of needed change for systems that serve the MHSF population:

<p>Opportunity # 1. Focus on the system of care rather than discrete programs. The IWG worked to expand its focus from advising on discrete MHSF-related projects to focusing on ensuring that MHSF components are strategically placed in the larger system of care and meet the needs of the MHSF target population.</p>	<p>Opportunity # 2. Shift from responsive to strategic. The IWG has worked with SFDPH on process improvements to integrate IWG advising earlier in the strategic direction and vision of the work, to better inform recommendations.</p>
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In preparation for this report, the IWG expressed that there has not been significant progress on either of two forementioned opportunities. However, they fully recognize that “significant progress” on changing a system as large as the mental health system will take years of dedication and intentional focus. Thus, the IWG identified “signals” of progress that show the direction of change is headed in the optimal direction. These signals include:

- The IWG adopted a resolution urging SFDPH and other departments to notify the IWG in advance of proposing significant changes to MHSF programs or services if the change either (a) alters the

program or service such that it is different from how it is described in the MHSF Ordinance; or (b) alters the core components of a program or service as previously presented to the IWG.

- The IWG adopted a specific resolution with four recommendations related to the Street Crisis Response Team's (SCRT) March 2023 reconfiguration shifting SCRT management from SFDPH to the Department of Emergency Management. They urged the City Team following. These resolutions included: 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; and (4) an evaluation of SCRT is conducted annually and reported on to IWG and City stakeholders.
- The IWG provided substantial input, direction, and feedback on SFDPH efforts to map both the existing and SFDPH optimal continuum of care (i.e., illustrate how individuals access services, move through them and move between levels of care) SFDPH; They also provided useful feedback on mapping in advance of a hearing on the behavioral health system of care at the Board of Supervisors in September, 2023.
- The IWG has advised the development of a community engagement process around the forementioned mapping work to understand provider and client experiences within the system of care. The community engagement work, underway and to be completed in early 2024, should help illustrate perceived gaps and identify improvements to the current system of care;
- The IWG has provided useful feedback to help the Department do more to center each MHSF component within the larger flow of individuals moving through the system of care and to better illustrate the relationship between component parts (including strengths and limitations of client flow through the system of care) when reporting updates to the IWG and other stakeholders. For example, the IWG has advised SFDPH to better connect the expansion of new beds and facilities to activities of the Office of Coordinated Care, street teams encounters, and existing behavioral health treatment and services. This is to ensure that while undertaking activities to expand beds, the City remains focused on the holistic experience of individuals seeking and receiving care.
- As MHSF implementation has progressed further, the IWG has been working closely with SFDPH to redesign IWG meetings to meet the IWG's desire for a more robust, upstream advisory role. This included restructuring IWG meetings to allow for greater opportunity for the IWG to raise topics of interest and have deeper conversations.
- The IWG has also identified and reached out to other 3rd party sources to understand the effectiveness of MHSF to enhance the overall understanding reported by SFDPH staff. This includes a site visit to SoMa RISE and meeting presentations by providers implementing MHSF programs, such as the San Francisco Fire Department and the provider implementing SoMa RISE.

Barriers and Challenges in 2023

The IWG recognizes the long arc of systems change, and these signals help to mark progress along the way. However, the IWG is also concerned about the slow pace of change, particularly given the acute needs of the MHSF priority population. They identified three fundamental barriers to their ability to make more significant progress.

Membership. The MHSF Ordinance created the IWG as a 13-member body – six appointed by the Mayor, six appointed by the Board of Supervisors, and one appointed by the City Attorney (Figure 2).. While the group started with 13 members, selected from a pool of hundreds of interested applicants, the current membership is 9 members- one more than the mandated quorum for meetings. Throughout the year, IWG members have urged that vacant seats be filled to ensure a more robust representation of the community, as well as to ensure the ability to meet quorum every month. The vacancies affected the ability of the IWG to function. For example, the June meeting was recessed, and the July meeting was cancelled due to lack

of quorum. Additionally, the IWG is also currently without a Chair, however the IWG subsequently designated its Vice Chair to serve as an interim chair for the remainder of 2023.

The IWG has observed factors that may disincentivize qualified individuals from applying:

- As described above, the IWG seeks greater strategic, upstream involvement in decision-making in support of MHSF, to heighten its impact as an advisory body. Without this, it may be difficult to attract interested stakeholders as new members. Public participation in IWG meetings has also been limited.
- The IWG's advisory role over MHSF requires a significant investment of time and energy from members, which not all interested, potential applicants may have capacity to engage in. In addition to participating in monthly, four-hour meetings, members must invest a great deal of time familiarizing themselves deeply with MHSF and the behavioral health system of care. Additionally, advance preparation is needed before meetings to arrive familiar enough with recent MHSF updates to allow time for more robust discussion and feedback (a balance the IWG and SFDPH are actively working to meet in planning agendas and materials). Between regular IWG meetings, members often participate in discussion groups focused on specific topics. For all but two SFDPH-designated seats, these activities are not compensated.

Figure 2: IWG Membership, historic and current

Seat	Current Members	Past Members	Qualification	Appointed By
1	Amy Wong, AMFT	-	Healthcare worker advocate	BOS
2	Jameel Patterson	-	Lived experience	Mayor
3	Open	Phillip Jones (resigned March 2022)	Lived experience	BOS
4	James McGuigan (appointed May 2022)	Shon Buford (resigned April 2022)	Peace Office, Emergency Medical Response, Firefighter (San Francisco Fire Department)	Mayor
5	Open	Vitka Eisen, MSW., EdD (resigned May 2023)	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	Open	Monique LeSarre, PsyD (Chair, resigned August 2023)	Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)	BOS
9	Open	Dr. Scott Arai, MD (resigned April 2022)	Residential Treatment Program Management and Operations	Mayor
10	Ana Gonzalez, DO	-	SFDPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)	Mayor
11	Sara Shortt, MSW (Vice Chair)	-	Supportive housing provider	BOS
12	Hali Hammer, MD	-	SFDPH employee with health systems or hospital administration experience (Primary Care Behavioral Health, SFDPH)	Mayor
13	Steve Lipton JD (appointed June 2022)	Kara Chien, JD (term ended June 2022)	Health law expertise	City Attorney

Shared understanding of the IWG's Scope. The MHSF Ordinance created the IWG with the power and duty to advise on the design, outcomes, and effectiveness of MHSF. In application, the scope and function of this advisory role has presented some challenges, especially as individual MHSF components moved further into implementation and integration with other programs and strategies within the larger behavioral health system of care and services. There were moments when the City needed to move quickly to respond to emerging issues or must act primarily in conjunction with other City departments and stakeholders, and they did not provide the IWG with the opportunity to review these actions before they occur. For example:

- SFDPH has worked aggressively to meet the multi-dimensional needs of the MHSF priority population, at times moving faster than the advising process. Members reflected that SFDPH shifted the original Mental Health and Substance Use Treatment Expansion MHSF domain from treatment to bed optimization, a significant change in orientation and strategic direction, without their advice. IWG members have since advised that, while a focus on bed optimization responds to critical access needs it does not, in their view, address the systemic need for a continuum of care from a bed to treatment and wellness.
- In the Spring of 2023, the City moved the Street Crisis Response Team, one of the five original domains of the MHSF ordinance, out of the Department of Public Health and reconfigured the makeup and roles of the SCRT teams. This reconfiguration was done without providing the IWG with advance notice or opportunity to advise upon the reconfiguration before it occurred. While the IWG's approval was not required, these actions raised tensions with the IWG's role and scope. The IWG issued the aforementioned resolutions in response to these actions, urging the City to provide it the necessary time and means to perform its advisory role over any proposed, material changes to MHSF programs. The San Francisco Fire Department's Community Paramedicine has since provided updates on the SCRT since reconfiguration at the November IWG meeting and provided the IWG with an opportunity to advise.
- In the Fall of 2023, the local media reported on a location being considered for the Mental Health Service Center, another of the key MHSF domains. The City's practice is not to discuss active real estate negotiations, but in not doing so, IWG members did not receive advance notification of the location of the property under consideration and IWG members were left unprepared when colleagues and community members requested more information.

While the Ordinance does not require the Department to obtain the consent of the IWG before acting, the IWG is not able to perform its advisory function when it is not aware of what changes are being made to MHSF components. Additionally, as MHSF is integrated into the system of care, policy and strategy impacting the larger system of care has been viewed by the IWG as within their scope. The IWG has provided the City with valuable feedback on both points, which merit ongoing deliberation in the context of new activities and initiatives. The role and scope of the IWG is negotiated and clarified depending on the matter at hand.

SFDPH and the IWG have worked productively throughout this year to discuss the complexities of each of these scenarios and consider future improvements to strengthen the advisory capacity and scope of this body.

Meeting Structure: As mentioned above, the intensity of the IWG meeting schedule, structure, and presentations can be burdensome to members and may deter potential new members. Additionally, IWG members expressed increasing interest in presentations focused on the continuum of behavioral health care for the MHSF population, of which MHSF programmatic components are only a part, rather than focused in depth on individual MHSF components and requested greater opportunity to raise agenda items and preserve time for in-depth discussions on topics of their choosing.

A discussion group of IWG members and City Planning representatives met between meetings to refine monthly meetings. In October, they introduced a new meeting structure to pilot for the coming months. In lieu of in-depth presentations on specific MHSF components, the Department will present short updates on key monthly development for each MHSF component and prioritize greater time for discussion of questions and topics raised by the IWG. Where appropriate, in-depth presentations will still be given. Additionally, greater time will be allotted during meetings toward planning future agendas. The IWG and the City Planning team will review whether this revised approach better supports the IWG's advisory role following the pilot period.

Goals for 2024

In 2024, the IWG will continue to advise on the design, implementation, and effectiveness of MHSF programs. Additionally, the IWG has identified areas of focus for their work in 2024:

- 1) **Advise DPH on how to describe and articulate the continuum of care for both clients and providers.** This is inclusive of, but not limited to, the current mapping project. A particular area of interest is to develop a greater understanding of client flow after acute care to understand where individuals fall through the cracks and highlight what services are in place or are needed to successfully prevent relapse.. This is of importance in considering high utilizers of MHSF services.

- 2) **Advise DPH on communicating where and what providers and services are currently in place for the MHSF population.** Consumers and providers of MHSF are the audiences for this goal. For consumers, the IWG would like to explore how to more effectively communicate MHSF services and supports for clients and their families self-navigating their care. For providers, better communication of available services and supports will enhance referrals and linkages.
- 3) **Request and review MHSF outcomes data.** The IWG notes that more data is becoming available regarding MHSF. In 2024, the IWG intends to obtain and review more MHSF component and program data, especially outcomes measures (where available) to better assess the impact of these programs.
- 4) **Explore the intersection between BHS and HSH.** The IWG seeks to build greater insight into current workflows to housing placement and clinical needs to support housing retention of the MHSF priority population. This includes data sharing and developing deeper understanding of the roles, programs, and processes of both SFDPH and HSH in providing appropriate, supportive, and stable housing for this population.
- 5) **Increase engagement with the community.** The IWG is interested in hearing directly from consumers about gaps in services that need to be addressed. Engage with consumers, possibly existing client council, and community members (especially in priority communities/those more impacted by substance use and mental illness) to hear their impressions of our interventions/initiatives, what they believe is working and what isn't.
- 6) **Continue to work collaboratively with DPH on creating mutually beneficial meetings that propel the work forward.** Continue to build upon the "signals" of progress outlined in this report to strengthen membership, align understanding of the IWG's scope. In collaboration with DPH staff improve meeting productivity via data sharing as described in MHSF ordinance Section 2 (D) to meet the ordinance mandate of "Persons who are experiencing homelessness and who are diagnosed with a serious mental illness and/or substance use disorder shall have low-barrier, expedited access to treatment and prioritized access to all services provided by Mental health SF. This will also include integrating stories of success as opportunities to both celebrate and identify what programs are meeting MHSF objectives.