

# MHSF Implementation Working Group Meeting Minutes **Approved**

March 26, 2024 | 9:00 AM – 12:00 PM

Note: The agenda, meeting materials, and video recording will be posted at:  
<https://www.sfdph.org/dph/comupg/knowlcol/menthlth/Implementation.asp>

## 1. Land Acknowledgement (0:0:0)

The meeting was called to order at 9:20am by IWG Chair Andrea Salinas. Chair Salinas read the Land Acknowledgement statement.

## 2. Call to Order/Roll Call (0:57:40)

\*This agenda item was deferred to a later time in the meeting.

Co-facilitator Diana McDonnell completed roll call. Member Jameel Patterson submitted a notice prior to his absence.

*Committee Members Present:* Steve Fields, M.P.A., Ana Gonzalez, D.O., Steve Lipton, James McGuigan, Andrea Salinas, L.M.F.T., Sara Shortt, M.S.W., Amy Wong

*Committee Members Excused Absent:*  
Jameel Patterson

*Committee Members Unexcused Absent:*  
None

## 3. Vote to Excuse Absent Member(s) (0:58:23)

\*This agenda item was deferred to a later time in the meeting.

Co-facilitator McDonnell reviewed the process for excusing absent members. The IWG voted on member Patterson's absence and his absence was excused.

- |                              |                                  |
|------------------------------|----------------------------------|
| ➤ Steve Fields, M.P.A. – Yes | ➤ Jameel Patterson – Absent      |
| ➤ Ana Gonzalez, D.O. – Yes   | ➤ Andrea Salinas, L.M.F.T. - Yes |
| ➤ Steve Lipton - Yes         | ➤ Sara Shortt, M.S.W. - Yes      |
| ➤ James McGuigan – Yes       | ➤ Amy Wong – Yes                 |

## 4. Welcome and Review of Agenda/Meeting Goals (0:1:09)

Chair Salinas reviewed the goals for the March 2024 meeting.

## 5. Discussion Item #1: MHSF Director's Update (Hillary Kunins) (0:1:33)

- Director Hillary Kunins was joined by Susie Smith, Deputy Director, Policy, Planning & Public Affairs with San Francisco's Human Services Agency (HSA) and by Jessica Brown, Director, Office of Justice, Equity, Diversity, and Inclusion/Mental Health Services Act.
- Proposition F has passed. (Susie Smith)
  - There were approximately 700 accidental overdose deaths in San Francisco between September 2022 and August 2023.
    - 13% of those were [County Adult Assistance Program](#) (CAAP) clients receiving general assistance.
  - The goal of HSA is to use touch points to offer and engage clients in treatment options.
  - Prop F requires that people who are receiving CAP and are found to have a substance use disorder are engaged in some sort of treatment.
    - Prop F does not require testing or apply to legal drugs.
    - Prop F does not require sobriety as a condition for treatment.
  - There are about 5,300 people (single without dependents) currently enrolled in CAP.
    - About 21% of that population is unhoused.
    - Benefits vary dependent on housing status.

- CAP clients are screened to track needs and workforce matters.
  - Prop F adds additional screening questions to the screener already in place to figure out if there is a potential substance use disorder. If there is a potential for a substance use disorder, then a more in-depth evaluation is conducted to connect clients with treatment options.
- Treatment is broadly defined. It could look like counseling, peer groups, withdrawal management etc.
- 29% of current or recent CAP clients have already received a diagnosis from a DPH provider. 42% of those with a diagnosis are already engaged in treatment.
- Prop F will have a slow rollout and will focus on CAP applicants first, and then apply to CAP clients when they have their recertification screening (every six months). HSA is considering how liaisons could help in this process.
  - ❖ Discussion: Vice Chair Sara Shortt echoed the importance of community provider support in implementing Prop F. She also stressed the importance of clients utilizing research-back treatment options.
  - ❖ Discussion: Chair Salinas raised concern about the potential for HIPPA violations. Susie explained that Prop F does not require HSA to know the specific diagnosis or specific treatment, rather, eligibility workers will only be tracking that clients are engaged in treatment. Further, clients will be asked to sign a release form so that their provider may be contacted.
- MHSA & Proposition 1 (Jessica Brown)
  - Prop 1 (formerly known as SB 326) passed and will launch in January 2025.
  - Director Brown overviewed the Mental Health Services Act (MHSA) and its funding components. Funding components include: Community Services and Supports (CSS), innovation (INN), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), and Capital Facilities and Technology Needs (CF/FN).
    - Prop 1 will condense these into three funding components: housing interventions, full-service partnerships, and behavioral health services and supports.
    - MHSA funds 85 programs.
  - The purpose of Prop 1 is to help modernize mental health services by ensuring focus on housing efforts by expanding to full partnership services, including substance use, and by ensuring focus on behavioral health services and support.
  - Director Brown reviewed the overall approach to reform and changes to local services categories.
  - The City is still discussing strategies on how to best implement Prop 1.
    - ❖ Discussion: Chair Salinas asked if MHSA-funded programs are to all remain funded after Prop 1 launches. Director Brown answered that the goal is to not cut any program funding and mentioned that the City is still seeking further guidance from the State.

**6. Public Comment for Discussion Item #1 (0:43:42)**

No public comment.

**7. Break (0:48:02)**

➤ 10:09a-10:15a

**8. Discussion Item #2: Approve Meeting Minutes (2:09:07)**

\*This agenda item was deferred to a later time in the meeting.

Chair Salinas opened the discussion for the IWG to make changes to the February 2024 meeting minutes. IWG members did not have changes to the meeting minutes.

**9. Public Comment for Discussion Item #2 (2:09:14)**

No public comment.

## 10. Vote on Discussion Item #2 (2:10:10)

\*This agenda item was deferred to a later time in the meeting.

Member James McGuigan motioned to approve the February 2024 meeting minutes; Vice Chair Shortt seconded the motion. The February 2024 meeting minutes were voted on and approved by the IWG.

- Steve Fields, M.P.A. - Yes
- Ana Gonzalez, D.O. - Yes
- Steve Lipton - Yes
- James McGuigan - Yes
- Jameel Patterson –Absent
- Andrea Salinas, L.M.F.T. - Yes
- Sara Shortt, M.S.W. – Yes
- Amy Wong – Yes

## 11. Discussion Item #3: Staffing & Wages (Wendy Lee) (0:59:53)

- Wendy reviewed the goals of presenting on staffing and wages; the goals included reorienting to the staffing analysis, along with reviewing behavioral health staff findings to get IWG feedback on strategic approach.
  - The objective of the staffing and wage analysis is focused on identifying staffing gaps and to provide targeted recommendations to address gaps.
- Wendy reviewed the areas of the analysis, provided recap of the previous staffing and wages discussion with the IWG, and provided an update on project activities with city providers, community-based organization (CBO) providers, and within the behavioral health sector.
  - ❖ Discussion: Member Steve Fields suggested broadening the conversation with Service Employees International Union (SEIU), Local 1021, as many CBO workers are unionized under them.
- In response to feedback from the last IWG session with Wendy Lee, she shared a crosswalk of behavioral health roles for the licensed clinician model and non-licensed clinician model comparing both City and CBO workers.
- Preliminary vacancy rate data were shared with the IWG. These data are meant to answer the question of where staffing gaps currently exist.
  - ❖ Discussion: Member Steve Lipton raised the question if the sample of 9 CBOs is a large enough sample to be representative of actual needs. Chair Salinas added the importance of the sample accurately representing providers who largely serve the MHSF population. Wendy said that she would return with more information particularly on sample population representation.
  - ❖ Discussion: Member Fields asked to see data reflecting the consequences of vacancy rates in different modalities, especially as it relates to Medi-Cal requirements.
  - ❖ Discussion: Member Lipton requested more recent data, and enough information to see trends in vacancy rates. Wendy explained that City vacancy rates can be tracked in real time, but CBO vacancy data were found as part of a one-time study, so she would like the IWG to compare their experiences to what the CBO data is reflecting.
  - ❖ Discussion: Member Ana Gonzalez raised that the CBO hiring process takes a long time, and asked how the length of hiring processes is impacting these data. Vice Chair Shortt requested that the analysis look at vacancies through a lens that compares turnover due to bureaucratic issues or nature-of-the-job issues in addition to vacancies due to issues in recruitment versus retention.
- Wendy reviewed staffing challenges from the City perspective, CBO perspective, and sector wide, along with a brainstorm of potential strategies to address challenges.
  - Sector-wide challenges include burnout, low compensation, and increase in telehealth.
  - Challenges for City providers include limited capacity to host interns, and higher than

- average turnover rate for behavioral health clinicians.
- Challenges for CBO providers include lower wages and difficulty hiring bilingual staff.
  - ❖ Discussion: Member Fields offered that the lack of healthcare benefits is an important driving factor in losing CBO staff.
  - ❖ Discussion: Chair Salinas emphasized the importance of building strategies and action steps to address these challenges.
  - ❖ Discussion: Member Fields requested a statement to be made that health worker pathways that do not require licensure do exist and are just as valuable as those positions that do require licensure.

**12. Public Comment for Discussion Item #3 (2:07:40)**

No public comment.

**13. Discussion Item #4: IWG Meeting Planning (2:11:04)**

- Co-facilitator McDonnell and Valerie Kirby (DPH) reviewed potential agenda topics for the April 2024 meeting, along with topics for consideration for future meetings in 2024.
  - SB43 discussion will be presented during Dr. Kunin's update in April.
- ❖ Discussion: Member Lipton asked Valerie Kirby if there has been movement on IWG membership. Valerie answered that the process had been delayed to due an absence in Supervisor Ronen's office. Next steps will be writing in amendments to the MHSF legislation and IWG bylaws regarding the number of seats.

**14. Public Comment for Discussion Item #4 (2:26:09)**

No public comment.

**15. Public Comment for any other matter within the jurisdiction of the Committee not on the agenda (2:26:49)**

No public comment.

**16. 2023 Housekeeping (2:27:23)**

- No requests from other City bodies/groups this period.
- There are no discussion groups scheduled for this period.
- The email address for public input is: [MentalHealthSFIWG@sfgov.org](mailto:MentalHealthSFIWG@sfgov.org)

**17. Other Associated Body Meeting Times (2:27:35)**

- See [meeting slide deck](#) for upcoming meeting times for:
  - Our City Our Home (COOH)
  - Behavioral Health Commission (BHC)
  - Health Commission

**18. Adjourn (2:27:40)**

The next meeting will be on Tuesday, April 23, 2024 at 9:00am-12:00pm at DPH, 1380 Howard Street (Room 515).

Information about the meeting room location and IWG materials are posted on the IWG website.

Vice Chair Shortt motioned to adjourn the meeting; Member McGuigan seconded. The meeting was

adjourned at 11:49am.