Mental Health SF Implementation Working Group

July 23, 2024


Call to Order / Roll Call

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.

Meeting Goals

- Review and discuss draft findings from the Staffing & Wage analysis with the Controller's Office
- Hear and discuss themes from the community engagement interviews and listening session.
- Plan for upcoming IWG meetings.

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

Vote to

Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

9:20 – 9:30 AM

Discussion Item #1

Approve Meeting Minutes

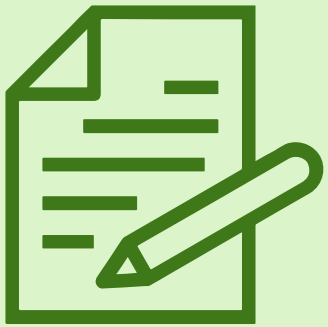
All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Vote on Discussion Item #1

Approve Meeting Minutes

Decision Rule

- Simply majority, by roll call



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

9:30 – 10:30 AM

Discussion Item #2

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

Office of the Controller

7/23/2024

Agenda

1. Recap project background
2. Review key takeaways from Staffing Analysis
3. Discuss potential options and strategies
4. Next steps

MHSF Staffing Analysis: Brief Background

Legislative Directive:

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.

Project Objective: Targeted staffing gap analysis of status quo system

1. Identify MHSF Staffing Gaps

Where are there significant MHSF staffing gaps?

Project activities

- 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?

Project activities

- Focused interviews (CBOs, City staff)
- Analyses of available data
- Best practices research

We hope to answer:

- What are the barriers to full staffing (e.g., hiring processes, retention challenges, working conditions)?

3. Develop Strategies to Address Gaps

What can we do about these most significant staffing gaps?

Project activities

- Best practices research
- Insights from qualitative interviews
- Develop summary memo

We hope to answer:

- What are the potential staffing strategies for SF?

MHSF Staffing Analysis: Methodology

Analysis focused on **licensed clinicians** and **non-licensed behavioral health paraprofessionals.**

City providers

- Reviewed human resources (DHR) data on vacancy rates, salaries, promotions, and resignations
- Interviewed BHS System of Care and Clinic Directors, BHS Human Resources/ Operations, and DPH Employee Experience and Justice, Equity, Diversity, and Inclusion (JEDI) teams, and SEIU Local 1021 representatives
- Reviewed with DHR, DPH-HR, DPH Central Admin, and BHS teams

CBO providers

- Analyzed salary and vacancy data from Controller's Office Fall 2022 Nonprofit Worker Wage and Equity Survey
- Interviewed twelve CBO providers with range of behavioral health services, populations and neighborhoods served
- Reviewed Northern California Fair Pay Nonprofit Compensation Report for nonprofit wage benchmarking

Behavioral health sector

Reviewed reports from:

- National Council for Mental Wellbeing
- National Council of Nonprofits
- Healthforce Center at UCSF
- Kaiser Family Foundation
- County Behavioral Health Directors Association of California

MHSF Staffing Analysis: CBO Methodology

From last IWG Meeting:

- IWG would want to understand how representative were the CBOs whose data were included in analysis

CBO	CON Nonprofit Worker Wage & Equity **Survey** (Fall 2022)	MHSF Staffing Analysis **Interviews** (Spring 2023)
Bayview Hunters Point Foundation		
Catholic Charities		
Conard House		
Episcopal Community Services		
Felton Institute		
Friendship House		
HealthRight 360		
Hyde Street Community Services		
Larkin Street Youth Services		
Latino Commission		
Progress Foundation		
Richmond Area Multi-Services (RAMS)		
Seneca Family of Agencies		
Swords to Plowshares		
UCSF Citywide		

NOTE: For the CON Nonprofit Worker Wage & Equity Survey, 152 nonprofits responded to the general survey; 29 nonprofits responded to the cohort survey. For specific wage and vacancy analyses, responding CBOs accounted for 1809 budgeted FTES.

Vacancy Rates: Civil Service Programs

- In FY22-23, **civil service programs** had a point-in-time vacancy rate of **17.5% among Behavioral Health Clinicians** and **29.0% among Health Worker III working in Behavioral Health Services**.
- BHS has higher vacancy rates among licensed clinicians serving the Mental Health SF population in **managed care and adult mental health care settings,** which include case management, outpatient clinic, comprehensive crisis, street-based outreach, and shelter/supportive housing services.

Table 3. Behavioral Health Clinician and Senior Behavioral Health Clinician Vacancy Rates and Vacant FTEs by BHS Division and Program

Division	Department	2930 Behavioral Health Clinician		2932 Sr Behavioral Health Clinician	
		Vacancy %	Vacant FTEs	Vacancy %	Vacant FTEs
SFDPH BHS	Managed Care	43%	10 FTE	37%	7 FTE
SFDPH BHS	Mental Health-Adult	27%	29.7 FTE	24%	11.7 FTE
SFDPH BHS	Mental Health-Children	15%	9.1 FTE	12%	2 FTE

Source: Data from DPH HR as of June 17, 2024.

Vacancy Rates: Surveyed CBO Providers

- During FY22-23, **nine surveyed CBOs** reported a point-in-time vacancy rate of **20.9% among licensed behavioral health workers** and **10.3% among non-licensed behavioral health workers**.
- Based on interviews, **residential treatment programs**, **Full-Service Partnerships**, and **intensive case management** programs serve the highest acuity patients and seem to be hardest to staff.

From prior IWG Meetings:

- Some care settings may also be at higher risk of staffing impacts (e.g., temporary closures) where there are staffing regulations for particular facility types.

Table 1. Vacancy Rates Among Licensed Clinicians and Non-Licensed Behavioral Health Workers For Surveyed CBOs With BHS Contracts

Employer	Job Title	Vacancy Rate[1]	Budgeted FTEs	Vacant FTEs
Surveyed CBOs[2]	Licensed Behavioral Health Worker	20.9%	186.6	39.0
Surveyed CBOs[2]	Non-Licensed Behavioral Health Worker	10.3%	689.4	70.8

1. Vacancy rates represent a point-in-time percent of budgeted FTEs that are vacant. Vacancy rates for City Contracted CBOs are as of Fall 2022.
2. Vacancy rates for City Contracted CBOs represent the average vacancy rate for nine surveyed CBOs in the Nonprofit Wage and Equity Survey. Survey data did not include the average number of vacancies at these CBOs.

Staffing Challenges: Sector Wide

Staffing challenges here in San Francisco are part of a **national sector wide staffing gap**, cause by.

- Burnout
- Low compensation
- Extensive documentation requirements
- Difficulty recruiting licensed professionals, especially staff who have experience working with specific populations (e.g., dual diagnoses)

Based on qualitative interviews, drivers of staffing challenges among **both civil service programs and CBO providers in San Francisco** include:

- Competition for limited pipeline
- Non-traditional treatment models
- Increase in telehealth
- COVID-19 pandemic

- By 2036, HRSA estimates there will be a **national shortage** of 87,630 addiction counselors, 69,610 metal health counselors, 62,490 psychologists, and 27,450 marriage and family therapists.[1]
- Nationally, 83% of behavioral health providers surveyed by the National Council for Mental Wellbeing believe current workforce is unable to meet the need for behavioral health services.[2]
- Across the **state**, the County Behavioral Health Directors Association found 80% of county behavioral health agencies had difficulty recruiting specialized staff.[3]

1. HRSA Health Workforce, National Center for Health Workforce Analysis. "Behavioral Health Workforce, 2023". December 2023. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf

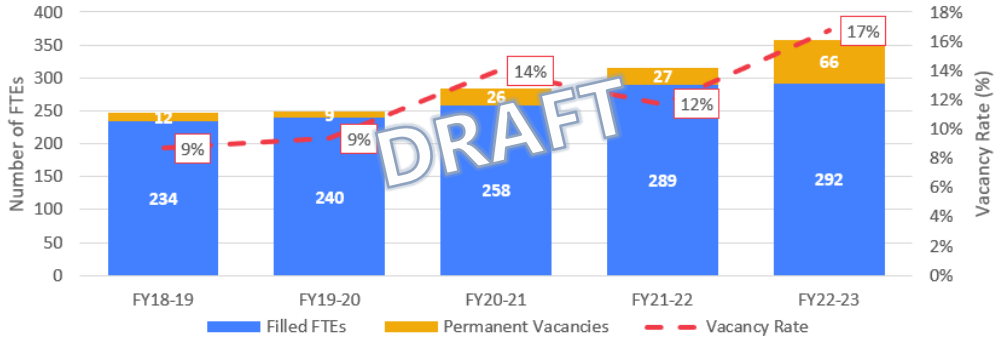
2. National Council for Mental Wellbeing. "Help Wanted in Behavioral Health". https://www.thenationalcouncil.org/wp-content/uploads/2023/04/2023.04.21_Workforce-Research-Material-Final_DDV-edits-01.png

3. Coffman, J., and Fix, M. Building the Future Behavioral Health Workforce: Needs Assessment. Healthforce Center at UCSF, February 2023. https://static1.squarespace.com/static/5b1065c375f9ee699734d898/t/63e695d3ce73ca3e44824cf8/1676056025905/CBHDA_Needs_Assessment_FINAL_Report_2-23.pdf

Staffing Challenges: Civil Service Programs

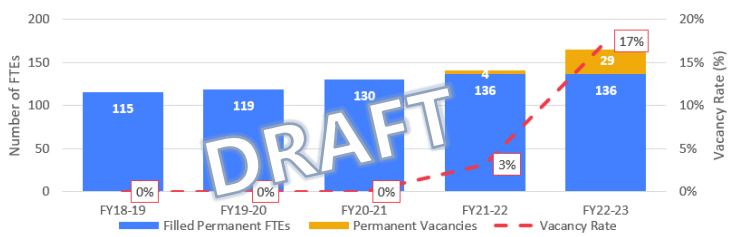
From FY18-19 to FY22-23, BHS **increased budgeted behavioral health staffing by 45%** in response to implementation of MHSF and other behavioral health initiatives. In the same period, BHS filled 25% of positions.

Figure 1. Filled and Vacant Behavioral Health Staff at SFDPH BHS



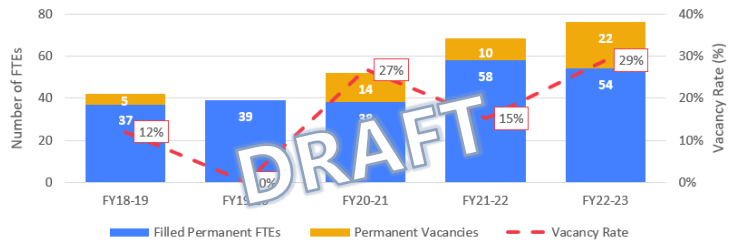
Source: Data represent licensed (2930, 2932) and non-licensed (2585, 2586, 2587, and 2588) behavioral health staff at DPH BHS. These data come from PeopleSoft, the City's budget and employment data system. Vacancy rates represent a snapshot in time of the budget for each fiscal year as of July 1, or the day after the end of the prior fiscal year, for FY18-19, FY19-20, and FY21-22. The snapshot from FY22-23 is as of June 20, 2023, a couple weeks before the end of the fiscal year.

Figure 2. Filled and Vacant Behavioral Health Clinicians (2930) at SFDPH BHS



Source: These data come from PeopleSoft, the City's budget system. Vacancy rates represent a snapshot in time for each fiscal year as of July 1, or the day after the end of the fiscal year, for FY18-19, FY19-20, and FY21-22. The snapshot from FY22-23 is as of June 20, 2023, a couple weeks before the end of the fiscal year.

Figure 4. Filled and Vacant Health Worker IIIs (2587) at SFDPH BHS Over Time



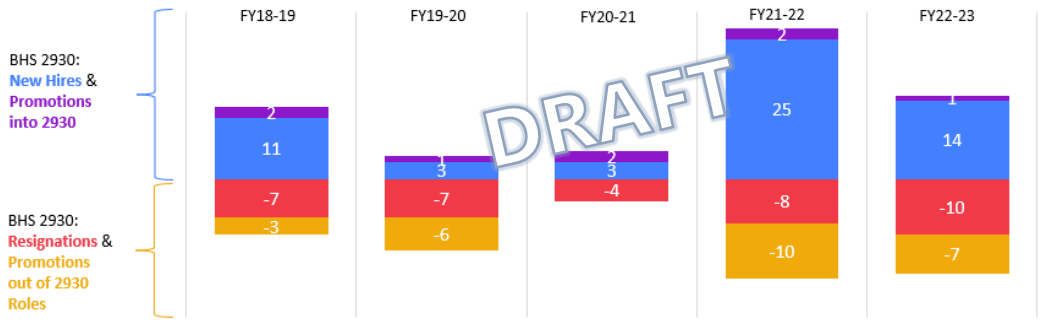
Source: These data come from PeopleSoft, the City's budget system. Vacancy rates represent a snapshot in time for each fiscal year as of July 1, or the day after the end of the fiscal year, for FY18-19, FY19-20, and FY21-22. The snapshot from FY22-23 is as of June 20, 2023, a couple weeks before the end of the fiscal year.

Staffing Challenges: Civil Service Programs

BHS also experienced **high turnover (9%) among Behavioral Health Clinicians (2930),** which was higher than the resignation rate for BHS overall (6%) and SEIU Miscellaneous employees (3%).

- During FY22 and FY23, BHS filled 42 permanent Behavioral Health Clinician positions. Turnover in the same timeframe (18 resignations and 17 promotions) blunted overall progress from BHS's accelerated hiring efforts to fill vacancies in the Behavioral Health Clinician position.
- Over the last two fiscal years, DPH HR found that Behavioral Health Clinicians left the City after shorter lengths of service (4.84 years) than for DPH overall (10.15 years).

Figure 3. Permanent New Hires, Resignations, and Promotions for Behavioral Health Clinicians (2930) at SFDPH BHS Over Time



SOURCE: These data come from PeopleSoft, the City's budget and employment data system. These data represent the cumulative number of new hires, promotions into the role, promotions out of the role, and resignations from the City over the course of each fiscal year.

Staffing Challenges: Civil Service Programs

Based on interviews, other factors contributing to staffing challenges among civil service programs include:

- Hold in recruitment for Health Worker positions while DHR and labor partners reviewed the classification
- Complex hiring process and long time to hire
- Challenges with communication and coordination throughout hiring process
- Limited capacity to host interns from clinical master's programs
- Board of Behavioral Sciences (BBS) number requirement to be able to apply for Behavioral Health Clinician (2930) positions

Staffing Challenges: CBO Providers

- In interviews, stakeholders cited **lower wages and less competitive benefits** as primary drivers of staffing challenges.
- **Licensed clinicians at surveyed CBOs** had an average salary of $87,622 in FY22-23, which was 73% of the average salary for Behavioral Health Clinicians working for the City and 69% of the starting salary for Licensed Masters Mental Health Professionals at Kaiser Permanente.
- **Non-licensed behavioral staff at surveyed CBOs** had an average salary of $52,420 in FY22-23, which was 61% of the average salary for Health Worker III working for the City and 69% of the starting salary for non-licensed Mental Health Workers at at Kaiser Permanente.

Table 6. Estimated FY22-23 Salaries for Licensed and Non-Licensed Behavioral Health Staff for CBO, Civil Service, and Private Sector

	Surveyed CBOs Average Salary (Fall 2022)	SFDPH BHS Average Salary (Spring 2023)	Kaiser Permanente Starting Salary (Spring 2023)
Licensed Behavioral Health Staff	$87,622/year	$120,411/year	$126,485/year*
Non-Licensed Behavioral Health Staff	$52,420/year	$85,717/year	$75,712/year**

* Source: Kaiser's starting salary for a journey-level Licensed Masters Mental Health Professional – Initial Assessment Coordination

** Kaiser's starting salary for an on-call Mental Health Worker (Day Shift).

Staffing Challenges: CBO Providers

Compared to staff working in similar roles at other CBOs in San Francisco:

- **Non-licensed behavioral health staff at surveyed CBOs** appear to have lower average wages.
- **Licensed behavioral staff at surveyed CBOs** have more similar average salaries.
- In benchmarking data, case manager functions in housing/shelter settings reported higher average salaries as compared to staff working in behavioral health services/family counseling settings.

Table 7. Comparison of Nonprofit Non-Licensed Behavioral Health Staff Average Salaries

	Non-Licensed Behavioral Health Staff at Surveyed CBOs*	Case Manager/ Social Worker**	Peer Support Group Facilitator**	Counselor**
Average Salary	$52,420/year	$62,398/year	$58,015/year	$59,513/year

* Controller's Office Nonprofit Worker Wage and Equity Survey

** Roles comparable to non-licensed behavioral health staff at the City's contracted CBOs. Salaries per 2023 Fair Pay Report.

Table 8. Comparison of Nonprofit Licensed Behavioral Health Staff Average Salaries

	Licensed Behavioral Health Staff at City CBOs	Clinician (Pre-licensed MFTI/ ASW)*	Licensed Clinical Social Worker **	Therapeutic Counselor MFCC/MFT**
Average Salary	$87,622/year	$75,302/year	$87,263/year	$79,690/year

* Controller's Office Nonprofit Worker Wage and Equity Survey

** Roles comparable to licensed behavioral health staff at the City's contracted CBOs. Salaries per 2023 Fair Pay Report

Staffing Challenges: CBO Providers

Based on interviews, **other factors contributing to staffing challenges** among CBO providers include:

- Difficulty hiring bilingual staff
- Board of Behavioral Sciences (BBS) number requirement to be able to apply for Behavioral Health Clinician (2930) positions
- Required substance use counselor certification

From Prior IWG Meetings:
- Important to note that difficulty hiring staff with bilingual skills varies by language needs

Interviews also identified several **notable opportunities among CBO providers**:

- Strong commitment to mission and specific communities that CBO serves
- Ability to quickly implement creative recruitment strategies (e.g., employee referral program, using recruiters)

Summary of Options & Strategies to Consider

- Recognizing that there is a broader sector-wide staffing shortage across the country, addressing staffing gaps for civil service programs and CBO providers providing community behavioral health services in San Francisco will **require multiple coordinated strategies** to address pipeline, wages, recruitment, and work environment.
- This staffing analysis identifies **options and strategies that the City, CBO providers, or both may consider as a starting place** for discussion. Factoring in additional criteria such as financial investment, time required, and scale of potential impact will be critical when deciding which strategies to further develop and then implement.
- Given **economic constraints**, it would not be feasible to implement all strategies at once. The City and its contracted providers will need to make decisions on how to allocate time and resources when choosing strategies to support retention, recruitment, and longer-term pipeline development.

Summary of Options & Strategies to Consider

From previous IWG discussions:

- 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.
- 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.
- Information from Staffing Analysis can help inform and advise future discussions about how/where to further focus and prioritize service strategies.

Summary of Options & Strategies to Consider

To impact staffing challenges for **both CBO and City providers:**

1. Providers should continue to explore opportunities to adjust staffing models, where appropriate, to further leverage and develop non-licensed behavioral health paraprofessionals.
2. Providers should create or expand partnerships and increase outreach to local certificate, BA, and clinician programs.
3. Providers should increase targeted recruitment for potential candidates on LinkedIn and other job sites.
4. Providers should further promote career development, training opportunities, and tuition reimbursement programs for staff.
5. Providers should further support employee wellness initiatives to reduce staff burnout.
6. DPH should explore the feasibility of increasing the City's capacity to provide clinical supervision and host interns in the Behavioral Health Services Clinical Graduate Internship Program.

Discussion: What do you think the potential impact of these draft strategies might be for CBO providers and civil service programs?

Summary of Options & Strategies to Consider

To impact staffing challenges for **CBO providers:**

7. CBO behavioral health providers should explore where they can implement wage increases for hard-to-fill positions per their unique operational needs.
8. In conjunction with the strategy above, DPH should continue to support CBO providers in their efforts to address wage pressures by working together to review existing contracts and assess where contract or budget modifications may be appropriate and feasible for the overall system of care.
9. The City should expand technical assistance for CBOs to build capacity in understanding their costs of doing business, which can inform submissions to new City funding opportunities or budget discussions with funding departments.

Discussion: What do you think the potential impact of these draft strategies might be for CBO providers?

Summary of Options & Strategies to Consider

To impact staffing challenges for **City providers:**

10. DPH Human Resources and BHS leadership should further increase efforts to understand and address reasons contributing to higher resignation rates among Behavioral Health Clinicians.

11. The City should continue to use tailored approaches to reach out to and follow up with eligible candidates for Behavioral Health Clinicians, including those who decline offers.

12. DHR and DPH Human Resources should assess the need and feasibility of implementing a continuous eligible list for Health Worker classifications.

13. DHR in partnership with DPH Human Resources should continue to evaluate the feasibility of implementing strategies to remove (or clarify communication on) the Board of Behavioral Sciences (BBS) number barrier for hiring recent graduates of clinical master's programs into Behavioral Health Clinician roles.

14. DPH Human Resources in partnership with DHR should create a behavioral health recruitment webpage explaining available roles at the City based on experience/education, scholarship, and loan repayment options.

Discussion: What do you think the potential impact of these draft strategies might be for civil service programs?

Next Steps & Timeline

- **Integrate stakeholder feedback into summary memo**
- **Mid-August: Publish Staffing Analysis!**

Questions?

Public Comment for Discussion Item #2

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

10:35 – 11:20 AM

Discussion Item #3

Community Engagement Findings

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 Findings

Mental Health SF Implementation Working Group

July 23, 2024

Presented by: Valerie Kirby, MPH
Special Projects and Planning Coordinator
San Francisco Department of Public Health

Findings by: Deborah Oh
Associate Principal
InterEthnica

Outline

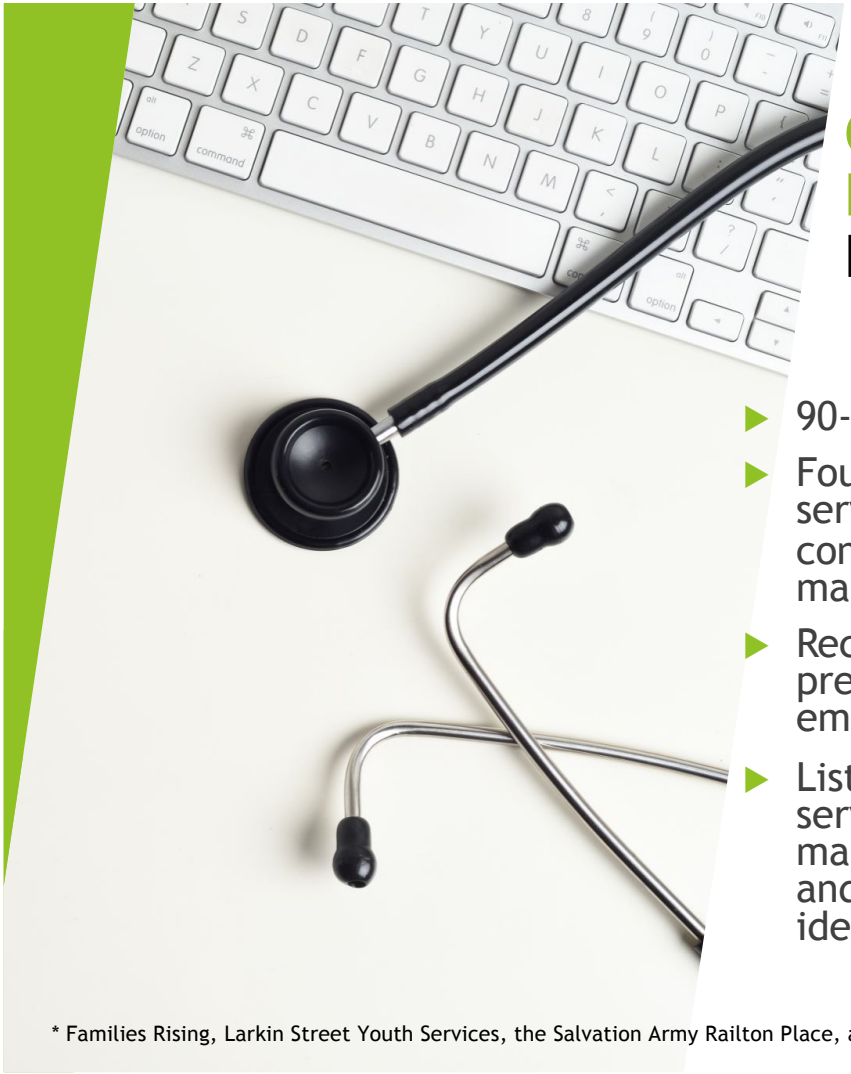
- Project background and goals
- Methods and participants
- Provider themes
- Client themes
- Discussion and recommendations

Community Engagement Project: Background

- The Mental Health SF Ordinance states that, "*Mental Health SF shall work to identify and remove barriers to services and treatment*."
- The IWG has invested in advising the San Francisco Department of Public Health (SFDPH) to map the system of care and access pathways.
- While every client journey is individual, SFDPH created several sample scenarios to help illustrate common client experiences accessing and receiving care. These were shared with the IWG and the Board of Supervisors.
- InterEthnica was hired to conduct **community engagement** with providers and clients, to further contextualize mapping and inform future IWG recommendations.

Community Engagement Project: Goals

- Understand clients' and providers' experiences with the behavioral health system of care
- Identify gaps and barriers that clients and CBO partner providers experience
- Use feedback gathered from engagement sessions to inform and build on mapping



Community Engagement Project: Methods and Participants - Providers

- 90-minute Zoom listening session
- Four providers* who deliver behavioral health services to MHSF priority populations under contract to DPH and are not currently part of the mapping design process
- Recruitment through provider email list, presentation at meetings, and multiple follow-up emails
- Listening session included presentation of three service flow maps and a discussion of how the maps align with providers' current experiences and how they can be adapted to capture the ideal service flow.

* Families Rising, Larkin Street Youth Services, the Salvation Army Railton Place, and Westside

Community Engagement Project:
Methods and Participants - Clients

50-minute individual phone interviews

Ten clients from MHSF priority population

Recruitment through providers, clinics flyers, and word of mouth

Interview focused on personal experiences navigating the system of care

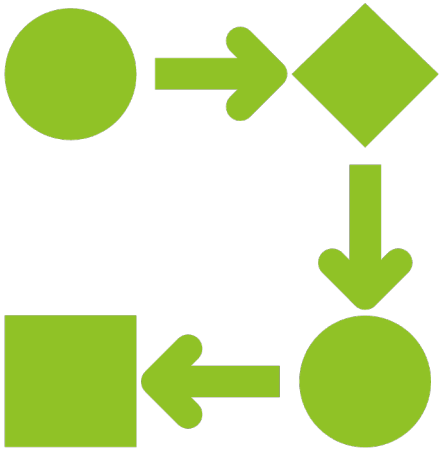
$50 stipend

Client participant demographics

Most participants have utilized both substance use and mental health services; two participants have utilized only mental health services and two participants have utilized only substance use services.

Participants have accessed a range of services including case management, crisis, detox, harm reduction, medication management, residential care, outpatient, drop-in groups, and engagement with outreach teams.

All participants are enrolled in Medi-Cal, five are enrolled in Healthy San Francisco, three are currently experiencing homelessness, five have experienced homelessness in the past five years, and three have recently been released from jail.



Key reflections: Providers

Providers reflected on several things they would like to see better illustrated in these scenarios.

Step one is always understanding and assessing clients' needs, priorities, and barriers to care.

- **Example:** A provider should respect it if a client says they want housing and not mental health care.
- **Example**: A provider should work to understand concerns around why the client wants to stay in the encampment and not go to a shelter (e.g., what to do with a pet)
- A provider should offer **alternative care opportunities** based on client's priorities (e.g., offering physical health care if the client denies mental health care)

Key reflections: Providers

It matters who the provider is.

- Case managers should be assigned based on **cultural concordance**.
- The maps do not include **racial demographics**. Racial demographics are important in understanding past experiences the client may have had in accessing services and crucial for cultural concordance.

Key reflections: Providers

Continuity of care is key.

- It is fundamental to continuity of care to have one case manager whom the client trusts and can build a relationship and rapport with.

> "The trust in the relationship is what makes the connection possible."

- When clients cycle in and out of care, they may deteriorate. Sometimes a close relationship with a case manager can help the client come out a little further ahead than when they first started
- If other services are needed, it is important to have a case manager the client trusts to make the referral and continue to provide support such as accompanying them to their appointment.
- Providers should collaborate across agencies to provide ongoing care, so the client remains everyone's client.

Implications for housing

- Clients often relapse or decompensate shortly after receiving permanent supportive housing.
- Scenarios should address how to continue to provide more intensive care during this stage, including for those who don't want services.

> "People decompensate when they go into housing within the first 6 months because they have safety, so all that you haven't been able to feel finally comes up."

Key reflections: Providers

Key reflections: Providers

Many care steps may be occurring, for many different types of clients, and not all of these are represented in the current scenarios.

Providers highlighted some pieces they would like to see better illustrated.

What's missing?			
Suicide assessment	Harm reduction offerings	Coordination with the Conservator's Office	A diversity of client profiles (e.g., scenarios don't include transition-age youth)

Key reflections: Clients

Transitions and referrals

- Client may fall out of care if they experience long waits for treatment, referrals, housing, and new providers.
- Transition out of the support of inpatient care, residential programs, or probation/parole can be difficult (e.g., a client is not in a state after a mental health crisis to remember referral instructions).
- One missing link is enough to fall out of care (e.g., Medi-Cal issue)
  - Slow referrals can be a missing link (e.g. waiting on a probation office to fill out paperwork for months in order to access services)
- A good relationship with an effective case manager can open doors to services and referrals.

Key reflections: Clients

Comprehensive care

- A comprehensive approach to care is integral.
- Clients often only access one needed service at a time and have difficulty finding the whole solution (e.g., receiving therapy in combination with psychiatric care).
- Clients are already navigating services to meet basic needs. Searching for mental health and substance use services is another hurdle to overcome and may be less prioritized.

Key reflections: Clients

The care environment

- Clients are who don't use substances or are in recovery may feel uncomfortable in a service environment with active users.
- Long, intrusive interviews, questionnaires, and paperwork pose a barrier as they take hours to complete with a new person each time.
- Stigma and cultural beliefs around receiving mental health care can pose a barrier for those who need help (e.g. lack of trust in opening up to a stranger about mental health problems).
  - Stigma against those who are homeless can pose a further barrier.
- Lack of trust can be a barrier. e.g. one client went to all the access centers because did not trust that her information would be shared.
- Racial bias and discrimination can pose a big barrier to accessing quality, timely services. Having providers from the same background as the client can positively impact their experience and build trust.

IWG feedback

Discussion and recommendations

Public Comment for Discussion Item #3

Community Engagement Findings

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

11:20-11:35 AM

Discussion Item #4

IWG Meeting Planning

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

Meeting Planning & Updates

- Tuesday, August 27, 2024, from 9am - 1pm
- 1380 Howard St., Room 515

Consideration for
August

- Director presents round robin domain updates
- Homelessness and Supportive Housing (HSH)

Consideration for
Future Meetings

- Office of Coordinated Care (OCC) / SCRT
- Analytics and Evaluation (A&E)
- Behavioral Health Commission (BHC)
- Update from Sup. Ronen's office

Additions or questions about these topics?

Public Comment for Discussion Item #4

IWG Meeting Planning

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**
  - None this period
- **Meeting Minutes Procedures**
  - Draft minutes in the next two weeks, approved meeting minutes will be posted at https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group
- **MHSF IWG e-mail address for public input:** MentalHealthSFIWG@sfgov.org

Other Associated Body Meeting Times

- **For matters connected to this group, consider attending the following committees**

- **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