Call to Order/Roll Call
Discussion Item #1

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
IWG Discussion:
Reminder to raise your hand
Public Comment for Discussion Item #1

Approve of Meeting Minutes

Steps:

- Call (415) 655-0001
- Enter access code [146 291 0680]
- Press ‘#’ and then ‘#’ again
**Vote on** Discussion Item #1

**Approve Meeting Minutes**

**Decision Rule:**

- Simply majority, by roll call
Meeting #2 Goals

• Review and become oriented to both BHS and the MHSF budget

• Refine and if comfortable, approve, planning framework

• Select Chair and Vice Chair

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentahlth/Implementation.asp
# MHSF in Context of DPH BH Initiatives

<table>
<thead>
<tr>
<th>Goal</th>
<th>MHSF Component</th>
<th>DPH Behavioral Health Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet people where they are</td>
<td>Crisis Response Street Team</td>
<td>Establish Street Crisis Response Team</td>
</tr>
<tr>
<td>Make it easier to access care</td>
<td>Office of Coordinated Care</td>
<td>Expand Intensive Case Management and Care Coordination</td>
</tr>
<tr>
<td></td>
<td>Mental Health Service Center</td>
<td>Provide 24/7 Access to Assessment, Diagnosis, Evaluation, Urgent Care, and/or Referrals</td>
</tr>
<tr>
<td></td>
<td>Office of Private Health Insurance Accountability</td>
<td>Not funded this year</td>
</tr>
<tr>
<td>Provide more locations for treatment and respite</td>
<td>Mental Health and Substance Use Treatment Expansion</td>
<td>Expand Mental Health and Substance Use Treatment Beds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Site Acquisition</td>
</tr>
</tbody>
</table>
Discussion Item #2

BHS Overview
MHSF Budget Overview
BHS overview

Marlo Simmons
Acting Director
Behavioral Health Services
High quality behavioral health care can change the trajectory of someone’s life.

Our mandate is to make these services easily accessible, efficient and impactful.
BHS Revenue FY20-21

Expenditures by System of Care

- Mental Health Adult and Older Adult, 362m, 68%
- Substance Use Disorder, 86m, 16%
- Children’s Mental Health, 87m, 16%

Total Budget: ~$536 million

Funding Sources

- County General Fund, 151m, 28%
- Grants, 17m, 3%
- Work Orders, 27m, 5%
- Mental Health Service Act, 47m, 9%
- SR Comm Health- COVID Stim-FED, 20m, 4%
- Medi-Cal and Other Revenues, 72m, 13%
- PropC Homeless, 98m, 18%
- 2011 Realignment, 41m, 8%
- 1991..."
127 contracts with 89 CBOs operating 427 programs

DPH BH Investments
Medi-Cal BH: Three Systems of Care

Medi-Cal Managed Care Plans Cover Mild-Moderate

Mental Health Plans (MHP) Cover Specialty Mental Health

Drug Medi-Cal Plans Cover Substance Use Disorders
“We can’t simply put more people into a broken system that doesn’t work.” - Obama
SFDPH
Behavioral Health Services

- DPH
- BHS

- Specialty Mental Health Plan
- Drug Medi-Cal Plan
- BH Treatment Services
- Wellness Promotion and Early Intervention
"Two hundred fifty years of slavery. Ninety years of Jim Crow. Sixty years of separate but equal. Thirty-five years of racist housing policy. Until we reckon with our compounding moral debts, America will never be whole".

*Ta-Nehisi Coates, The Case for Reparation*
## Range of Mental Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient</strong></td>
<td>Services that can include groups, individual, peer-to-peer services, and medication prescription/monitoring.</td>
</tr>
<tr>
<td><strong>Intensive Case Management/Full-Service Partnerships</strong></td>
<td>Intensive community services for individuals with severe and persistent mental illness that are designed to improve planning for their service needs. Services include outreach, evaluation, and support.</td>
</tr>
<tr>
<td><strong>Crisis Services</strong></td>
<td>A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.</td>
</tr>
<tr>
<td><strong>Residential Treatment Services</strong></td>
<td>Services and treatment provided over a 24-hour period typically in a home-like environment.</td>
</tr>
<tr>
<td><strong>Private Provider Network</strong></td>
<td>Clients who are able to make appointments and do not need warp around services such as case management, etc.. Medical clients only.</td>
</tr>
<tr>
<td><strong>Acute Services</strong></td>
<td>Acute Psychiatric Inpatient (PES)</td>
</tr>
<tr>
<td><strong>Long-Term Care</strong></td>
<td>Long-term In-Patient (State Hospital) and Sub-Acute/IMD/SNF (Locked Facilities)</td>
</tr>
</tbody>
</table>
Primary Mental Health Diagnosis FY 19-20

**Youth**
- Adjustment disorders: 31%
- Depressive Disorders: 19%
- Traumatic Stress Disorders: 14%
- Other Anxiety Disorders: 10%
- Attention-Deficit Disorders: 8%

**Adults**
- Depressive Disorders: 33%
- Psychotic Disorders: 25%
- Traumatic Stress Disorders: 9%
- Bipolar/Manic disorders: 8%
- Other Anxiety Disorders: 8%
# Range of Substance Use Disorder Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, environmental</td>
<td>Reducing binge drinking in teenagers, Strengthening Families Program and Communities Mobilizing for Change on Alcohol. Truth or Nah, Cannabis informational campaign directed at youth.</td>
</tr>
<tr>
<td>Prevention and harm reduction</td>
<td>HIV, overdose. Community naloxone, syringe access.</td>
</tr>
<tr>
<td>Screening</td>
<td>Screening for substance use disorder in Primary care; Screening, Brief Intervention and Referral to Treatment (SBIRT).</td>
</tr>
<tr>
<td>Medication-assisted treatment (MAT), opioids</td>
<td>Integrated Buprenorphine Intervention Services, and seven Opioid Treatment Programs, including vans and office-based. Hospital, ED, Jail and Street Medicine buprenorphine. Adding low threshold tele-buprenorphine.</td>
</tr>
<tr>
<td>MAT, alcohol</td>
<td>Treatment medications in primary care, mental health and SUD.</td>
</tr>
<tr>
<td>Withdrawal management</td>
<td>Inpatient, and three residential withdrawal management programs.</td>
</tr>
<tr>
<td>Sobering Center</td>
<td>Severe alcohol intoxication care, with round the clock nursing. Intensive case management field services on site.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Counseling and groups, including intensive outpatient, and youth outpatient. Some specific to Spanish speakers, gender, LGBT specific.</td>
</tr>
<tr>
<td>Residential</td>
<td>Adult programs, including perinatal, some specific to Spanish speakers.</td>
</tr>
<tr>
<td>Residential Step Down</td>
<td>Transition between residential to outpatient, with safe living spaces.</td>
</tr>
</tbody>
</table>
Gender
- Females: 1,601
- Males: 3,809
- Unknown: 2

Ethnicity
- White: 2,351
- African-American/Black: 1,502
- Latino/a: 1,000
- Asian: 161
- Native American: 100
- Multi-ethnic: 99
- Other: 74
- NHAPI: 42

99% of clients are adults

47% of clients are homeless
Primary Substances Treated FY 2019-20

- **Opioids**: 3,515
- **Other Stimulants**: 1,268
- **Alcohol**: 1,243
- **Cocaine**: 531
- **Cannabis**: 499
- **Sedative Hypnotics**: 151
- **Hallucinogens**: 30
- **Other Psychoactive Substance**: 28
- **Inhalants**: 4
Geographic Distribution of Mental Health Programs and Clients CY 2019
### Clients Served by Program Type

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Clients Served FY1819 (unduplicated)</th>
<th>Estimated % experiencing homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient mental health (excluding ICM)</td>
<td>15,136</td>
<td>26%</td>
</tr>
<tr>
<td>Outpatient substance use disorder</td>
<td>4,471</td>
<td>54%</td>
</tr>
<tr>
<td>Intensive Case Management</td>
<td>1,630</td>
<td>40%</td>
</tr>
<tr>
<td>Psychiatric Emergency Services (PES)</td>
<td>3,852</td>
<td>60%</td>
</tr>
<tr>
<td>Acute Inpatient Psychiatry</td>
<td>956</td>
<td>55%</td>
</tr>
<tr>
<td>Psychiatric Urgent Care (Dore)</td>
<td>1,250</td>
<td>87%</td>
</tr>
<tr>
<td>Acute Diversion Units</td>
<td>766</td>
<td>89%</td>
</tr>
<tr>
<td>Mental Health &amp; Co-Occurring Residential Treatment</td>
<td>471</td>
<td>89%</td>
</tr>
<tr>
<td>Withdrawal Management &amp; Social Detox</td>
<td>1,343</td>
<td>92%</td>
</tr>
<tr>
<td>Substance Use Residential Treatment</td>
<td>1,054</td>
<td>96%</td>
</tr>
</tbody>
</table>
Wellness and Recovery

As my life got bigger, my illness got smaller

TAY client
Workforce Development
Peer Workforce

- Peer Specialist Mental Health Certificate
  - 12-week entry level
  - 8-week advanced-level
- Peer Leadership Academy
- Peer-run Wellness Center
Wellness Promotion and Early Intervention

Target Populations
- Socially Isolated Older Adults
- Black/African Americans
- Asians and Pacific Islanders
- Latinx/Mayan
- Native Americans
- Adults and TAY who are experiencing or at-risk of homelessness
- TAY who are LGBTQ+

Activities
- Outreach and Engagement
- Screening and Assessment
- Wellness Promotion
- Individual and Group Therapeutic Services (short-term)
- Service Linkage

Outcomes
- Awareness and engagement
- Knowledge, skills and help seeking Social connectedness
- QOL and symptom
- Reaching goals
- Linkage to care
System Challenges

- Disparities and racism
- Siloed Investments
- Limited awareness about services, especially among MHSF target populations
- Significant barriers to access
  - Service gaps
  - High threshold for entry
  - Difficult to navigate
- Lack of coordination between program/systems
- High vacancies and low morale/retention
- Inefficient business operations
Leveraging Resources

1,200 BHS ICM Slots

MHSF ICM

• Specify outcomes
• Define service model
• Understand best practice
• Train staff
• Streamline referral and authorization system (UM)
• Marketing
• Facilitate step-down (ICM-OP flow, Outpatient Plus)
True North

Care Experience
- Network adequacy
- Timely access
- Engaged in care

Workforce
- Reflective workforce
- Engaged and supported

Equity
- Eliminate disparities

Quality
- Achieve client’s goals

Safety
- Reduce time in crisis, in jail, in the hospital or living on the streets
- Reduce harm caused by substances use

Financial Stewardship
- Optimize revenue
MHSF Budget Overview

Jenny Louie

Acting CFO at San Francisco Department of Public Health
SF Department of Public Health Behavioral Health Services Approved Investments

• DPH is requesting to remove $30.3 million in Our City Our Home funding on reserve within the DPH FY 2020-21 budget

• Our spending plan for this funding aligns with the investment principles set previously by the Committee

Meet people where they are
Make it easier to access care
Provide more locations for treatment and respite
## Proposed Spending Plan (in millions, $)

<table>
<thead>
<tr>
<th>Principle</th>
<th>Initiative Title</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
<th>FY 22-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet people where they are</td>
<td>Establish Street Crisis Response Teams and Ensure Immediate Access to Urgent Care Services</td>
<td>7.2</td>
<td>16.0</td>
<td>16.7</td>
</tr>
<tr>
<td>Make it easier to access care</td>
<td>Expand Intensive Case Management and Care Coordination</td>
<td>4.2</td>
<td>6.1</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>Provide 24/7 Access (and Transportation Services) to Assessment, Diagnosis, Medication Evaluation, Urgent Care Services and/or Referrals</td>
<td>5.2</td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Provide more locations for treatment and respite</td>
<td>Expand Mental Health and Substance Use Treatment Beds</td>
<td>4.0</td>
<td>16.2</td>
<td>16.6</td>
</tr>
<tr>
<td></td>
<td>One-time Site Acquisition Costs</td>
<td></td>
<td></td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td>12% Implementation and operating support for data/IT, HR, facilities, real estate and contracts</td>
<td>2.0</td>
<td>5.0</td>
<td>5.2</td>
</tr>
<tr>
<td><strong>Total Budget</strong></td>
<td></td>
<td><strong>30.3</strong></td>
<td><strong>54.3</strong></td>
<td><strong>56.0</strong></td>
</tr>
</tbody>
</table>
## Establish Street Crisis Response Teams and Ensure Immediate Access to Urgent Care Services

- Collaborate with SF Fire Department to create six teams that provide a 24/7 non-law enforcement response to behavioral health emergencies on the street
- Diverts individuals in crisis away from emergency rooms and criminal legal settings into behavioral health treatment
- Increases urgent care capacity
- Pilots telehealth in the field to reduce and eliminate wait-times for crisis mental health care.
- Includes care managers to receive referrals from the team in the field

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>20-21</th>
<th>21-22</th>
<th>22-23</th>
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<tr>
<td></td>
<td></td>
<td>7.2</td>
<td>16.0</td>
<td>16.7</td>
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</tbody>
</table>
## Make it Easier to Access Care

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>20-21</th>
<th>21-22</th>
<th>22-23</th>
</tr>
</thead>
</table>
| Expand Intensive Case Management and Care Coordination | - Building on TAY and SIP pilots, expands access to consultation and linkage services across the homeless response system (drop-in centers, shelters, outreach staff, and PSH)  
- Expands over 375 clinical case management slots for TAY, adults and older adults experiencing homelessness, offering the level of service intensity needed by each client, and ensuring appropriate client to staff ratios  
- Adds linkages support for individuals at ZSFG Psychiatric Emergency Services and the Jails  
- Creates a bed tracking system  
- Provides training and coaching for frontline staff across the homeless response system to better support clients with behavioral health issues, recognize early signs of concern, and know when/how to call for help (example topics: de-escalation, motivational interviewing, trauma)  
- Provides training for clinical staff to increase their competence in serving clients experiencing homelessness | 4.2 | 6.1 | 6.3 |
## Make it Easier to Access Care (con’t)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>20-21</th>
<th>21-22</th>
<th>22-23</th>
</tr>
</thead>
</table>
| **Provide 24/7 access (and transportation services) to assessment, diagnosis, medication evaluation, urgent care services and/or referrals** | - FY 20-21 expands evening and weekend hours at the Behavioral Health Access Center and BHS Pharmacy to provide assessment, triage, linkage services and benefits enrollment on a drop-in basis, as well as access to low threshold buprenorphine and naloxone. One-time capital to expand pharmacy and BHAC ($4.2 million).  
- Subsequent years includes estimated operating expenses for a 24/7 Mental Health Service Center (program design and location(s) TBD). | 5.2   | 3.8   | 3.8   |
## Provide More Locations for Treatment and Respite

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>20-21</th>
<th>21-22</th>
<th>22-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Mental Health and Substance Use Treatment Beds</td>
<td>• Per bed assessment recommendations, adds additional capacity of approximately 150 beds annually in various residential facilities, including psychiatric skilled nursing, locked subacute beds, adult residential treatment, and Drug Sobering</td>
<td>4.0</td>
<td>16.2</td>
<td>16.6</td>
</tr>
<tr>
<td></td>
<td>• One time site Acquisition Costs</td>
<td></td>
<td></td>
<td>7.7</td>
</tr>
</tbody>
</table>
IWG Discussion for Discussion Item #2

BHS Overview
MHSF Budget Overview

Please use the raise hand function so we can call on you
Public Comment for Discussion Item #2

BHS Overview
MHSF Budget Overview

Steps:

• Call (415) 655-0001
• Enter access code [146 291 0680]
• Press ‘#’ and then ‘#’ again
Discussion Item #3

Planning Framework
Review and refine the following:

- Group agreements
- Decision making process
- Recommendation principles
1) No one knows everything, together we know a lot
2) Listen actively, respectfully and for new information
3) Critique the idea, not the person
4) Step up/Step back
5) Speak from own experience; avoid generalizations
6) Use virtual meeting tools (camera, raise hand)
7) Allow the facilitator to guide the process
Decision making process

1) **Procedural** (ex: meeting minutes): simple majority vote

2) **Substantive** (ex: recommendations): consensus-based process

- Step 1: Record proposal
- Step 2: Check for understanding
- Step 3: Ask for final revisions
- Step 4: Registers member level of agreement, 1-5
- Step 5: If any 1s or 2s, discuss, clarify and repeat

After 2 rounds of voting, simple majority vote
Recommendation Principles

From ordinance (paraphrased):

1) Reflect evidence
2) Prioritize those experiencing homelessness
3) Low barrier
4) Friendly, nonjudgmental services
5) Respect the rights of individuals engaging in illegal, self-harming, harmful, or stigmatized behaviors
6) Maintain level of free and low-cost services
7) Integrate mental health and substance abuse services
Recommendation Principles

8) Ensure patience-centered coordination of care

9) Cultural competent services tailored to populations disproportionately affected by homelessness

Other considerations:

a) Staffing

b) Budget

c) Implementation factors

d) Initially address racial disparities
Public Comment for Discussion Item #3

Planning Framework

Steps:

- Call (415) 655-0001
- Enter access code [146 291 0680]
- Press ‘#’ and then ‘#’ again
Vote on Discussion Item #3
Planning Framework

Decision Rule:
- Simply majority, by roll call
Discussion Item #4

Chair and Vice-Chair
Recap of Chair/Vice-Chair Orientations

Orientations

- A holistic view of the system (not one particular interest area)
- Ability to find system transformation opportunities within given parameters
- Willingness to connect and leverage the efforts of other related committees and groups
- Ability to work collaboratively with the facilitators, DPH, and Controller staff
- Commitment to be guided by evidence and data
- Support the facilitators in ensuring meetings are inclusive, respectful, and collaborative
Recap of Chair/Vice-Chair Roles

**Chair responsibilities**

- Preside at all meetings of the IWG
- Work with the IWG Staff Team to oversee the preparation of the agenda for all IWG meetings
- Perform such other duties as may be assigned by the IWG
- Unless the IWG assigns a different member, the Chair (or the Chair’s designee) shall serve as the IWG’s spokesperson and liaison to the media and City departments, agencies and commissions, as necessary

**Vice-Chair responsibilities**

- Perform the duties and responsibilities that may be delegated by the Chair
- In the absence of the Chair, the Vice Chair will perform the duties of the Chair as described here
Candidate Introduction

Dr. Monique LeSarre
(BOS appointed)

Jameel Patterson
(Mayor appointed)

Others?
IWG Discussion on Item #4
Chair and Vice-Chair

Please use the raise hand function so we can call on you
Public Comment for Discussion Item #3:
Planning Framework Steps:
(415) 655-0001
access code [146 064 9897] then '#' and then '#' again

Public Comment for Discussion Item #4 Chair and Vice-Chair

Steps:
• Call (415) 655-0001
• Enter access code [146 291 0680]
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #4

Chair and Vice-Chair

Decision Rule:

- Simply majority, by roll call
# Anticipated Meeting Topics

<table>
<thead>
<tr>
<th>Meeting 3</th>
<th>Feb</th>
<th>Crisis Response Street Team: Component Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Bylaws and conflicts of interest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review component background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify initial recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify additional information needs, including customer research (as needed)</td>
</tr>
<tr>
<td>Meeting 4</td>
<td>March</td>
<td>Crisis Response Street Team: Recommendation Development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review additional data and community feedback (if applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Finalize and approve recommendations</td>
</tr>
<tr>
<td>Meeting 5</td>
<td>April</td>
<td>Drug Sobering Center, Mental Health and Substance Use Treatment Expansion: Component Review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review component background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify initial recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify additional information needs, including customer research (as needed)</td>
</tr>
</tbody>
</table>
Meeting 3 To-Do’s

• **Framework Updates**: review suggested updates for voting on next week (if applicable)

• **Issue Brief**: review Street Crisis Response Team brief in advance of Meeting #3
Public Comment for

any other matter within the Jurisdiction of the Committee not on the Agenda

Steps:

• Call (415) 655-0001
• Enter access code [146 291 0680]
• Press ‘#’ and then ‘#’ again
Housekeeping

- Website is live
  - Meeting materials
- Meeting #3 Meeting Date and Time
  - 4th Tuesday of the month: 9:30-11:30 AM
  - February 23, 2021
- Meeting Minutes Procedures
  - Draft Jan. minutes in the next two weeks
  - Dec. approved meeting minutes will be posted
Adjourn
## Appendix: Deliverable Dates

<table>
<thead>
<tr>
<th>Ordinance Deliverable</th>
<th>Original Date in Ordinance</th>
<th>Proposed Adjusted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IWG Annual Progress Report: Every year, IWG submits progress report to BOS, Mayor,</td>
<td>Starting October 1, 2020</td>
<td>October 1, 2020 is cancelled. Next report: October 1, 2021</td>
</tr>
<tr>
<td>and Dir of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IWG Final Design/Implementation Recs Report: The IWG submits “its final recommendations</td>
<td>June 1, 2021 (This original date</td>
<td>May 2022 to allow enough time for the IWG to cover MHSF topics and provide recommendations.</td>
</tr>
<tr>
<td>concerning the design of Mental Health SF, and any steps that may be required to</td>
<td>assumes the IWG has met for over a year)</td>
<td></td>
</tr>
<tr>
<td>ensure its successful implementation” to the BOS, Mayor, and Dir of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPH Annual implementation plan (services, finance resources, what is infeasible to</td>
<td>Feb 1, 2021 (and annually thereafter) to Mayor and BOS - (this original date assumed the IWG has met 10+ months)</td>
<td>April 1, 2021 - light progress report given COVID and budget. First full implementation plan will be presented in Feb 2022.</td>
</tr>
<tr>
<td>deliver)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix

Ordinance components

1) Mental Health Service Center
2) Office of Coordinated Care
3) Crisis Response Street Team
4) Mental Health and Substance Use Treatment Expansion
5) Office of Private Health Insurance Accountability
## Appendix: IWG Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scott Arai, Psy. D.</strong></td>
<td>Residential Treatment Program Management and Operations</td>
</tr>
<tr>
<td><strong>Shon Buford</strong></td>
<td>Peace Office, Emergency Medical Response, Firefighter (San Francisco Fire Department)</td>
</tr>
<tr>
<td><strong>Vitka Eisen, M.S.W., Ed.D</strong></td>
<td>Treatment provider with mental health harm reduction experience (Health Right 360)</td>
</tr>
<tr>
<td><strong>Steve Fields, M.P.A.</strong></td>
<td>Treatment provider with mental health treatment and harm reduction experience (Progress Foundation)</td>
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<tr>
<td><strong>Ana Gonzalez, D.O.</strong></td>
<td>DPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)</td>
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<tr>
<td><strong>Phillip Jones</strong></td>
<td>Lived experience</td>
</tr>
<tr>
<td><strong>Monique LeSarre, Psy. D.</strong></td>
<td>Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)</td>
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<tr>
<td><strong>Jameel Patterson</strong></td>
<td>Lived experience</td>
</tr>
<tr>
<td><strong>Andrea Salinas, L.M.F.T.</strong></td>
<td>Treatment Provider with experience working with criminal system involved patients</td>
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<tr>
<td><strong>Sara Shortt, M.S.W.</strong></td>
<td>Supportive Housing provider</td>
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<tr>
<td><strong>Amy Wong</strong></td>
<td>Healthcare worker advocate</td>
</tr>
<tr>
<td><strong>Kara Chien, J.D.</strong></td>
<td>Health law expertise</td>
</tr>
<tr>
<td><strong>Hali Hammer, M.D.</strong></td>
<td>DPH employee with health systems or hospital administration experience (Primary Care Behavioral Health, SFDPH)</td>
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<td>Meeting 3</td>
<td>Feb</td>
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<td>March</td>
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<td>Meeting 5</td>
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