Call to Order/Roll Call
Meeting Goals

• Be grounded in the strategic vision of MHSF via a Director’s Quarterly Update
• Discussion on Crisis Unit recommendations
• Do initial brainstorming for TAY residential recommendations

All materials can be found on the MHSF IWG website at: https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Discussion Item #1

Remote Meeting Update

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
RESOLVED, as follows:

1. the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, the IWG has considered the circumstances of the state of emergency.

2. As described above, because of the COVID-19 pandemic, conducting meetings of this body and its discussion groups in person would present imminent risks to the safety of attendees, and the state of emergency continues to directly impact the ability of members to meet safely in person.
Public Comment for Discussion Item #1
Remote meeting update

Steps:

• Call (415) 655-0001
• Enter access code  2498 394 4194
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #1

Remote meeting “findings”

Decision Rule:

- Simply majority, by roll call
Discussion Item #2

Approve Meeting Minutes

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Public Comment for Discussion Item #2

Approve Meeting Minutes

Steps:

• Call (415) 655-0001
• Enter access code 2498 394 4194
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #2

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call
Discussion Item #3

MHSF Director’s Quarterly Update

Dr. Hillary Kunins

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Hiring Update

- **Goal:** Hire staff to provide direct care and to support the considerable and necessary infrastructure for MHSF.
- Hired 200+ behavioral health and MHSF positions.
- Working to build upon hiring success:
  - Eliminating redundancies
  - Rolling out hiring efficiencies
  - Combining onboarding activities wherever possible
 Mayor London N. Breed declared an official State of Emergency in the Tenderloin (12/17/21) ratified by the Board of Supervisors (12/24/21)
- Allowed for emergency operations to address the overdose crisis
- Cross city collaboration

 Public health goals:
- Reduce overdose deaths
- Reduce public drug use
- Link people to health and social services

 Data collected:
- 28,000+ visits*
- 600+ people provided with housing/shelter linkage**
- >50 on-site OD reversals*


Learn about the Tenderloin Emergency Initiative

Connecting everyone in the neighborhood to services they need, improving safety, and investing in the Tenderloin community

The Tenderloin is home to families, immigrants, seniors, merchants and workers, some of them unhoused. All deserve a thriving neighborhood to call home.

The Tenderloin Emergency Initiative is a partnership between the community and the City and County of San Francisco.

Read the guide and plan

San Francisco has a guide and plan for the emergency in the Tenderloin to:
- Get both housed and unhoused people to the services they need
- Improve safety
- Reduce crime
- Increase investment in the community

https://sf.gov/information/learn-about-tenderloin-emergency-initiative
Tenderloin Linkage Center Services Requested

Data from Feb. 28 – Apr. 18, 2022
## Tenderloin Linkage Center Overdose Dashboard

### Cumulative overdose reversals by EMS in Tenderloin
- **465**
  - 12/13/2021 – 4/3/22

### Cumulative overdose reversals by EMS citywide
- **820**
  - 12/13/2021 – 4/3/22

### Overdose reversals in the Tenderloin by location type

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Operational Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16</td>
</tr>
<tr>
<td>Private Residence</td>
<td>35 29 28 26 24 23 27 35 27 26 31 7 26 28 25 6</td>
</tr>
<tr>
<td>Other Location</td>
<td>42 31 30 29 27 26 25 31 28 30 26 31 28 25 6</td>
</tr>
</tbody>
</table>

### Cumulative overdoses reversed at Tenderloin Linkage Center
- **58**
  - 12/13/2021 – Apr. 10, 2022

### Naloxone medicine distributed in the Tenderloin

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Operational Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPH Street Outreach</td>
<td>69 59 57 57 41 60 73 25 52 75 92 176 119 36 33</td>
</tr>
<tr>
<td>Tenderloin Linkage Center</td>
<td>69 59 57 57 41 60 73 25 52 75 92 176 119 36 33</td>
</tr>
</tbody>
</table>

---

Reducing fatal and non-fatal overdoses in the Tenderloin | San Francisco (sf.gov)
The Minna Project

- **Goal:** Provide mental health care and substance use treatment, housing, care coordination, and wraparound social services for justice-involved adults experiencing homelessness.
- Opens early May
- Adds 75 beds to residential care and treatment programs; will provide transitional housing with wrap around behavioral health services, including for dually-diagnosed clients
- Model still under development
- Part of the > 400 bed expansion under MHSF

News Releases

The latest news and announcements from Mayor London N. Breed

**Mayor London Breed Announces 75 New Behavioral Health Beds for San Francisco Residents Involved in the Justice System**

**Posted Date:** Wednesday, March 23, 2022

As part of initiative to add 400 new mental health beds over the coming years, newly renovated transitional housing will offer mental health, substance use disorder, and peer support services to residents

**San Francisco, CA** — Mayor London N. Breed, the San Francisco Department of Public Health (SFDPH), and the San Francisco Adult Probation Department (SFAPD) today announce an expansion in transitional housing and behavioral health care services for justice-involved adults who are experiencing homelessness. The 75-unit housing site at 509 Minna Street (the Minna Project) in the South of Market neighborhood is currently undergoing renovations for an anticipated opening in early May.

The Minna Project is a partnership between SFDPH and SFAPD and will open in collaboration with community partners, including Westside Community Services and Tenderloin Housing Clinic, who will oversee program and property management. Participants of the Minna Project will have access to on-site wraparound services, including outpatient mental health and substance use disorder treatment, case management, medication management, support groups, and recreational activities. The Minna Project will support participants in recovery through group therapy, peer support, and medication-assisted treatment for substance use disorders. Together, these services are designed to aid the transition to independent living after involvement with the justice system.

“We’re continuing to expand our treatment options for people facing issues relating to mental health and addiction so we can get individuals off the street and into the care and shelter they need,” said Mayor Breed. “With this project, we’re working to break the cycle of people with these challenges cycling from the justice system to the streets and back again, without receiving the type of care they need that could make a difference in their lives. With better coordination, more focused services, and housing options, we can hopefully improve this situation in San Francisco.”

https://sfmayor.org/article/mayor-london-breed-announces-75-new-behavioral-health-beds-san-francisco-residents-0
Beds Dashboard

DPH Behavioral Health Residential Treatment Expansion

The San Francisco Department of Public Health (DPH) is increasing residential treatment and care services by approximately 400 overnight treatment spaces, or beds. The expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Hummingbird - Valencia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>30</td>
</tr>
<tr>
<td>Open</td>
<td>30 beds currently available</td>
</tr>
<tr>
<td>Status</td>
<td>Serving clients</td>
</tr>
<tr>
<td>Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Managed Alcohol Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>20</td>
</tr>
<tr>
<td>Open</td>
<td>20 beds currently available</td>
</tr>
<tr>
<td>Status</td>
<td>Permanent location and additional funding will expand the program from 10 beds to 20 beds</td>
</tr>
<tr>
<td>Pilot</td>
<td>Medical supervision for people with chronic alcohol dependency in a permanent supportive housing setting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>12-month Rehabilitative Board and Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>20</td>
</tr>
<tr>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>Serving clients</td>
</tr>
<tr>
<td>Pilot</td>
<td>Out-of-county supervised living and treatment for people with chronic mental health illness and/or coming from locked facilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Mental Health Rehabilitation Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>31</td>
</tr>
<tr>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>Serving clients</td>
</tr>
<tr>
<td>Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Psychiatric Skilled Nursing Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>13</td>
</tr>
<tr>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>Serving clients</td>
</tr>
<tr>
<td>Out-of-county secure 24-hour medical care for people with chronic mental health conditions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>SOMA RISE 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>20</td>
</tr>
<tr>
<td>Status</td>
<td>Opening Spring 2020 (same Drug Sobbing Center)</td>
</tr>
<tr>
<td>Status</td>
<td>Serving clients</td>
</tr>
<tr>
<td>Pilot</td>
<td>24/7 program for people experiencing homelessness with drug intoxication, providing short-term stays and linkage to services</td>
</tr>
</tbody>
</table>

**KEY**

- Complete
- In process
- Planned

**March 24, 2022**

<table>
<thead>
<tr>
<th>Project Phases and Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MHSF legislation</td>
</tr>
<tr>
<td>2. Respiratory assessment</td>
</tr>
<tr>
<td>3. Facility selection</td>
</tr>
<tr>
<td>4. Out for bedchecking</td>
</tr>
<tr>
<td>5. Community outreach</td>
</tr>
<tr>
<td>6. Permit &amp; construction</td>
</tr>
</tbody>
</table>

- Transitional care for justice involved people with a dual diagnosis of mental health and substance abuse issues

- Supervised residential program for individuals with mental health issues who require assistance with activities of daily living

- Communal living for people with chronic mental health and/or substance abuse

- Short-term, urgent care intervention as an alternative to hospital care

- Supervised treatment for young adults with serious mental health and/or substance abuse issues
Thank You
Public Comment for Discussion Item #3
MHSF Director’s Quarterly Update

Steps:

- Call (415) 655-0001
- Enter access code 2498 394 4194
- Press ‘#’ and then ‘#’ again
Discussion Item #4

New Beds and Facilities: Crisis Unit Update & Discussion

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Reminder of the Recommendation Roadmap

September 28-October 26*
IWG receives background and discusses

November 9*
IWG engages in white board session to source recommendation ideas

December
Discussion Group crafts recommendations

January 25*
IWG reviews Discussion Group’s work

March
Discussion Group refines recommendation wording

April 22 *
Review recommendations and vote

Conflict of Interest key
● = step out
● = be vigilant
● = all can participate

* Occurs during monthly IWG public meetings
Crisis Stabilization
MHSF IWG
Recommendation
Response

New Beds and Facilities 2022
Citywide commitment to reform

- **Mental Health SF Legislation (File No. 191148)**

- **Mental Health Urgent Care.** Mental Health SF shall include a Mental Health Urgent Care Unit that shall offer clinical intervention for individuals who are experiencing escalating psychiatric crisis and who require rapid engagement, assessment, and intervention to prevent further deterioration into an acute crisis or hospitalization. Such facility may, but shall not be required to be, located at the Mental Health Service Center.

- **Mental Health and Substance Use Treatment Expansion.** (A) Crisis residential treatment services, including but not limited to, acute diversion, crisis stabilization, detoxification, and 24-hour respite care.

**The need:**

- Crisis assessment, de-escalation, and treatment in a trauma-informed, recovery-oriented environment

- Crisis facilities can provide a safe and therapeutic alternative to emergency departments, psychiatric hospitals, or jail

- Imperative to advance racial equity in access to behavioral health care
# Evaluating Service Models

<table>
<thead>
<tr>
<th>Service Model</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Residential Treatment</td>
<td>§1810.208 (ADU)</td>
<td>Non-institutional setting, Treatment - Structured Programming, Unable to admit medically complicated clients requiring nursing care, 24/7 model of care</td>
</tr>
<tr>
<td>Crisis Stabilization Services</td>
<td>§1810.210 (DUCC, PES, Edgewood CYF)</td>
<td>Licensed prescriber, Physical health assessment, Additional services as needed, Emergency and urgent care, &lt; 24 hours</td>
</tr>
<tr>
<td>Behavioral Respite Model</td>
<td>(Hummingbird)</td>
<td>Shelter, Not licensed facility, Satellite support services, Drop-in day services, 24/7 model of care</td>
</tr>
<tr>
<td>Crisis Intervention Services</td>
<td>§1810.209</td>
<td>Assessment, Therapy, Delivered by non-medical staff, &lt; 24 hours</td>
</tr>
<tr>
<td>Psychiatric Health Facility</td>
<td>§1810.236. (PHFs)</td>
<td>Inpatient hospital services, Free standing or on hospital campus, 24/7</td>
</tr>
<tr>
<td>Medical Respite</td>
<td></td>
<td>Shelter, Not licensed facility, Satellite on-site medical clinic, 2 Sets of staffing (clinic and shelter), Referral required, 24/7 model of care</td>
</tr>
</tbody>
</table>
Decision: Low Threshold Access to High Level Care

Crisis Residential (ADU)
- People who require nursing care are excluded
- Withdrawal management are excluded
- No walk-ins
- Not housing

Psychiatric Health Facility (PHF)
- Institutional - Not low barrier
- Redundant in SOC
- Costly
- Not housing

Respite Models
- Require two sets of staffing
- Clinical services are not 24/7
- 2 Facilities
- Underutilizes licensed mental health professionals when people are not in active crisis
- Not Housing

Crisis Stabilization
- 24-hour service limit
- Not housing
**DPH Bed Continuum of Care**

### Short-Term Care
- Emergency and urgent care
- Low barrier
- Immediate
- No authorization required
- Walk-ins accepted

### Respite Care
- Safe environments
- Low barrier
- Encourage treatment

### Transitional Care
- Planned therapeutic and treatment services
- Skill building

### Long-Term Care
- Specialized support
- Safe environments to support stabilization
Current Program Design - Tenderloin CSU

- Intend to serve people experiencing homelessness in the Tenderloin community
- 24/7 access to crisis care
- Mental Health, Substance Use Disorder Treatment, and health care in one location
- Linkage to case management and residential treatment and care

- Part of a continuum of care
- Community informed design
- Voluntary admission walk-ins and referrals are welcome
- Peer support on-site
- Follow established and innovative practices to support people in crisis
CSU Core Framework

1. Meet the legislative mandate of MHSF
2. Deliver Mental Health, Substance Use and Medical services
3. Comply with state licensing and regulations
4. Timely implementation
5. Geographically accessible location
6. Prop C funded (new services for people experiencing homelessness)
Next Steps

• Additional feedback on design
  • Pursuing feedback from people with lived experience
  • Community providers in the Tenderloin
  • People disproportionally engaged in behavioral health services
• RFP in development - will be informed by focus groups and community engagement.
• Goal to open in 2023
Group Agreements for IWG Discussions

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. Focus on solutions that best create anti-racist, anti-sexist, anti-transphobic, anti-xenophobic, and promote a decolonized community
7. Use virtual meeting tools (camera, raise hand)
8. Allow the facilitator to guide the process
Public Comment for Discussion Item #4
Crisis Unit Update & Discussion

Steps:

• Call (415) 655-0001
• Enter access code 2498 394 4194
• Press ‘#’ and then ‘#’ again
5 Minute Break
Discussion Item #5

Transitional Age Youth (TAY) Residential Discussion and Brainstorm

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp
Reminder: Mental Health SF Domains

Mental Health SF Domains

- Office of Coordinated Care
  - Case Management and Navigation
  - Overall Care Coordination
  - Marketing / Community Outreach
  - Inventory of Programs and Services

- Street Crisis Response Team
  - Pilot Phase
  - Ongoing Implementation

- Mental Health Service Center
  - Centralized Access
  - Pharmacy Services
  - Transportation

- New Beds and Facilities* (Mental Health and Substance Use Treatment Expansion)
  - Expanding Existing Models
  - Drug Sobering Center
  - Crisis Diversion
  - TAY

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

Heather Weisbrod
Kali Cheung
Reminder of the Recommendation Roadmap

March 22
IWG receives background and discusses*

April 26
IWG engages in white board session to source recommendation ideas*

May
Discussion Group crafts recommendations

May 24
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June
Discussion Group refines recommendation wording

June 28
Review recommendations and vote*

* Occurs during monthly IWG public meetings

Conflict of Interest key
- red = step out
- yellow = be vigilant
- green = all can participate

You are here!
Transitional Age Youth
Behavioral Health Recovery
Program Design

April 26, 2022
San Francisco Department of Public Health
Kali Cheung and Heather Weisbrod
Behavioral Health TAY System of Care Treatment Service Continuum

**Behavioral Health Services for TAY Experiencing Homelessness**
- Harm Reduction Therapy Center: Come As You Are Program
- Larkin Street Youth Services: Behavioral Health Team
- Larkin Street Youth Services: CES YAP BH
- Huckleberry Youth Center: CES YAP BH

**Community-Focused Engagement & Treatment Programs**
- 3rd Street Youth Clinic – Engagement & Tx (Black/AA)
- 3rd Street Youth Clinic – Dream Keeper Initiative
- Community Youth Center – Engagement & Tx (AAPI)
- Horizons Unlimited – Engagement & Tx (Latino & Mayan)
- Huckleberry Youth Center – Engagement & Tx
- Instituto Familiar de la Raza – Engagement & Tx (Latino & Mayan)
- SF LGBT Center – Engagement & Tx (LGBTQ+)
- DPH-BHS: TAY Outpatient Program (TOP)

**Outpatient – Specialty MH**
- Felton Institute: BEAM UP program
- Felton Institute: (re)MIND program

**Early Psychosis Intervention Services**
- DPH-BHS: TAY FSP
- Felton: TAY FSP
- Seneca: TAY FSP

**Intensive Case Management Services**

**Residential Treatment Services**
- Progress Foundation: TAY Supportive Living Program
- COMING SOON: TAY Behavioral Health Recovery Program

**TAY Linkage Collaborative**

- **Lower Threshold** for Entry into Services
- Flexible treatment models
- Flexible levels of service intensity depending on program

- **Higher Threshold** for Entry into Services
- Services specifically designed to be higher intensity
- Services designed to serve TAY with high acuity needs
Years of advocacy by community advocates and providers in the TAY homeless response system calls for a program to address the residential treatment needs of TAY experiencing homelessness.

Recent timeline...

- 2018 – TAY Supportive Living Program piloted as a result of community advocacy
- 2019 – Community advocacy continues for TAY Residential Treatment program
- 2020 – Stakeholder engagement, initial program recommendations created by TAY Residential Treatment Workgroup
- 2021-22 – Prop C funding secured, project implementation included in MHSF new beds & facilities expansion
Analysis, Needs Assessment, & Workgroup (2020)

- Literature and Data Review
- Stakeholder Feedback
  - TAY
  - CBOs
  - DPH
  - City Partners

- Convened Workgroup
  - 3rd Street Youth Center & Clinic
  - Baker Places
  - BHS TAY FSP & Linkage Programs
  - Harm Reduction Therapy Center
  - Larkin Street Youth Services
  - Progress Foundation
  - LYRIC
Why do we need a TAY-Specific Residential Program?

There is a gap in our current TAY treatment continuum for a TAY-only program that also includes the following characteristics:

• Low barrier to access
• Flexible treatment model
• Designed to meet the needs of TAY experiencing homelessness
• TAY-driven treatment experience
• Culturally responsive
• Addresses co-occurring substance use and mental health
Proposed Service Model
Transitional Age Youth Behavioral Health Recovery Program

- TAY/Young Adult-Only (ages 18-28)
- 24/7 residential program
- Behavioral health treatment services, peer support, groups provided on-site
- Respite-based model
## TAY Behavioral Health Recovery Program Summary

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clientele</td>
<td>TAY, ages 18-28 (upper age limit will be monitored and adjusted as needed), experiencing homelessness, with co-occurring MH and substance use issues, at various stages of change</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>Up to 10 months</td>
</tr>
<tr>
<td>Hours of operation</td>
<td>24 x 7 x 365</td>
</tr>
<tr>
<td>Number of clients</td>
<td>10</td>
</tr>
<tr>
<td>Type of program</td>
<td>Respite-based program with behavioral health treatment services on site offering support for both mental health and substance use</td>
</tr>
<tr>
<td>Referrals and/or authorization</td>
<td>Referral is necessary, though anyone should be able to refer. Need to balance authorization with low barrier access.</td>
</tr>
<tr>
<td>Licensing</td>
<td>Not state licensed as residential treatment program</td>
</tr>
<tr>
<td>Documentation &amp; IT needs</td>
<td>EHR</td>
</tr>
<tr>
<td>Staffing</td>
<td>CBO Contract</td>
</tr>
<tr>
<td>Facility acquisition</td>
<td>CBO Purchase</td>
</tr>
<tr>
<td>Funding Source</td>
<td>Prop C, Prop A, MediCal</td>
</tr>
</tbody>
</table>
Discussion Questions:

1. Do you know of any models or interventions of working with TAY at different stages of change within the same program or know similar examples?

2. a) What are evaluation questions we should consider for the initial implementation?
   b) Any key and/or creative metrics to help evaluate impact and future needs?

3. In order to create a space that accommodates and is responsive to TAY/Young Adults (who are part of a large age range continuum from 18-30), what are your thoughts on the upper age limit for this program?
Reference

- Guiding Principles
- Program Goals
- Equity Plan
- Out of Scope
Guiding Principles – TAY Behavioral Health Recovery Program

• Designed for TAY with co-occurring MH/SU needs
• Delivers racially and culturally responsive and congruent services
• Trauma informed and responsive
• Incorporates a harm reduction framework and flexible approach to accommodate and support TAY at different stages of change
• Low barrier to entry
• Staff reflective of communities being served
• Balance of flexibility and structure
Improve quality of life for TAY individuals with mental health and/or substance abuse issues by:

- Supporting individual TAY treatment and recovery goals
- Engaging TAY at different stages of change into available support systems
- Supporting post-crisis stabilization
- Supporting developmental tasks of transition from youth to adulthood
- Supporting transition from youth systems to adult systems
- Supporting linkage to housing services
- Supporting linkage to ongoing behavioral and physical health care
- Reducing utilization of crisis and acute services (PES, Inpatient, Dore Urgent Care Clinic)
• Collaborate with community partners, consumers and BHS Office of Equity on program design and culturally, linguistically, and developmentally responsive outreach and marketing materials

• Require programs to implement culturally relevant trainings, including around health equity, systemic racism and trauma informed care

• Use Office of Health equity hiring guidelines to hire staff reflective of communities being served and who expand threshold and non-threshold language capacity

• Ensure procurement process is diverse, equitable and inclusive of all potential community partners

• Ensure new program contracts adopt cultural and linguistic services (CLAS) competency standards

• Use data stratified by gender, age, ethnicity, and preferred language to monitor and track for equitable outcomes and service utilization
• Services are not for:
  • People under 18 or over defined cut-off age
  • People without mental health or substance use issues that the program can help address
  • People who are permanently residing out of county
  • People who only need shelter or housing
• Not for Drop-in or outpatient-only services
Did we sufficiently answer all questions from the survey?

1. For TAY, do we know whether specialized mental health or substance use services work best? As opposed to MH and SU services integrated into other services such a health (ie primary care) or housing-based services. If integration works best for TAY, we should make sure that that is part of the vision for new MHSF services.

2. How does TAY interface with Golden Gate Regional Center to ensure comprehensive services for our youth with DD challenges?
Share screen for brainstorming
Reminder of the Recommendation Roadmap

**March 22**
IWG receives background and discusses*

**April 26**
IWG engages in white board session to source recommendation ideas*

**May**
Discussion Group crafts recommendations

**May 24**
IWG reviews Discussion Group’s work*

**June**
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**June 28**
Review recommendations and vote*

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- Red = step out
- Orange = be vigilant
- Green = all can participate

Next Steps!
TAY Discussion Group Charge

**Charge 1: Develop Recommendations**

Work with Whiteboard recommendations

**Charge 2: Discuss how to engage subject matter experts in process**

- Dimensions Clinic
- Larkin St.*
- 3rd St.*
- Huckleberry Youth Services
- Felton Institute
- Young Women's Freedom
- LYRIC*
- Instituto Familiar de la Raza
- Homeless Youth Alliance

* Denotes organizations who have been formally involved in DPH community outreach for the TAY program
Public Comment for Discussion Item #5

Transitional Age Youth (TAY) Residential Discussion and Brainstorm

Steps:

• Call (415) 655-0001
• Enter access code 2498 394 4194
• Press ‘#’ and then ‘#’ again
Public Comment for
Any other matter within the jurisdiction of the Committee not on the agenda

Steps:

• Call (415) 655-0001
• Enter access code 2498 394 4194
• Press ‘#’ and then ‘#’ again
## Anticipated IWG Meeting Topics 2022

### IWG Domains

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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**Deliverable:** IWG Annual Progress Report

**Deliverable:** IWG Implementation Report

### Other Intersecting Departments/Projects/Briefings

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<tr>
<th>Topic Area</th>
<th>Jan</th>
<th>Feb</th>
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**D=Design**  **U=Update**

April 2022
Member Meeting Attendance (per Bylaws)

Member Absences
Any member who **misses three regular meetings** of the Working Group **within a 12-month period without the express approval** of the Working Group at or before each missed meeting will be deemed to have **resigned** from the Working Group ten days **after the third unapproved absence**.

Excused Absences
The Working Group may **vote to excuse an absent member** from a Working Group meeting. If the Working Group does not take such a vote at the meeting or at a previous meeting, then the minutes shall note that the absence is unexcused.
## Member Terms (Even Seat#s + Seat 13)

<table>
<thead>
<tr>
<th>Seat #</th>
<th>Name</th>
<th>Appointed By</th>
<th>Term Ends</th>
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<tr>
<td>2</td>
<td>Jameel Patterson</td>
<td>Mayor</td>
<td>5/31/22</td>
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<tr>
<td>4</td>
<td>Shon Buford*</td>
<td>Mayor</td>
<td><strong>5/31/22</strong></td>
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<td><em>Resigning</em></td>
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<td>6</td>
<td>Steve Fields</td>
<td>BOS</td>
<td>5/31/22</td>
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<tr>
<td>8</td>
<td>Monique LeSarre</td>
<td>BOS</td>
<td>5/31/22</td>
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<tr>
<td>10</td>
<td>Ana Gonzalez</td>
<td>Mayor</td>
<td>5/31/22</td>
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<tr>
<td>12</td>
<td>Hali Hammer</td>
<td>Mayor</td>
<td>5/31/22</td>
</tr>
<tr>
<td>13</td>
<td>Kara Chien</td>
<td>City Attorney</td>
<td>5/31/22</td>
</tr>
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</table>
## Member Terms (Odd Seat #s)

<table>
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<tr>
<th>Seat #</th>
<th>Name</th>
<th>Appointed By</th>
<th>Term Ends</th>
<th>Current Status</th>
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<tr>
<td>1</td>
<td>Amy Wong</td>
<td>BOS</td>
<td>5/31/21</td>
<td>Pending application for reappointment, submitted June 2021</td>
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<tr>
<td>3</td>
<td>Philip Jones</td>
<td>BOS</td>
<td>5/31/21</td>
<td>Resigned</td>
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<td>5</td>
<td>Vitka Eisen</td>
<td>MYR</td>
<td>5/31/23</td>
<td>Reappointed via letter of reappointment</td>
</tr>
<tr>
<td>7</td>
<td>Andreas Salinas</td>
<td>BOS</td>
<td>5/31/21</td>
<td>Pending application for reappointment, submitted June 2021</td>
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<td>9</td>
<td>Scott Arai</td>
<td>MYR</td>
<td>5/31/23</td>
<td>Reappointed via letter of reappointment</td>
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<tr>
<td>11</td>
<td>Sara Shortt</td>
<td>BOS</td>
<td>5/31/21</td>
<td>Pending application for reappointment, submitted June 2021</td>
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Housekeeping

• Next Meeting Date and Time
  o 4th Tuesday of the month 9:00AM-1:00PM
  o May 24, 2022

• Meeting Minutes Procedures
  o [https://www.sfdph.org/dph/comupg/knowlcol/mentalhlt h/Implementation.asp](https://www.sfdph.org/dph/comupg/knowlcol/mentalhlt h/Implementation.asp)
  o Draft minutes in the next two weeks
  o Approved meeting minutes will be posted

• MHSF IWG e-mail address for public input: [MentalHealthSFIWG@sfgov.org](mailto:MentalHealthSFIWG@sfgov.org)