Call to Order/Roll Call
Meeting Goals

• Revisit and review our recommendation process
• Review and vote on Office of Coordinated Care recommendations
• Receive initial briefing for Transition Age Youth (TAY) Residential
• Update on Mental Health Service Center Controller’s Office project

Reminder: in addition to the scheduled public comment sections, the public is invited to email comments, questions, or concerns here:
MentalHealthSFIWG@sfgov.org

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
  - 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

Mike Wylie
Dan Kaplan
Jamila Wilson
Cassandra Enloe
Kali Cheung
Yoonjung Kim
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
State and Local Requirements

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 2482 757 7984
• 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 2482 757 7984
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #2

Approve Meeting Minutes

Decision Rule:

• Simply majority, by roll call
Discussion Item #3

MHSF Foundations: IWG Recommendations Process Review

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

Four considerations:

1. Working with conflict of interest
2. Iterative nature of recommendations
3. Multiple modes of information gathering
4. Robust IWG member participation and engagement
Reminder of the Recommendation Roadmap

- IWG receives background and discusses
- IWG engages in white board session to source recommendation ideas*
- Discussion Group crafts recommendations
- IWG reviews Discussion Group’s work*
- Discussion Group refines recommendation wording
- Review recommendations and vote*

* Occurs during monthly IWG public meetings

---

Conflicts of Interest key:
- Red = step out
- Yellow = be vigilant
- Green = all can participate

Mental Health SF Implementation Working Group

March 2022

14
Iterative nature of recommendations

- Regular updates to the IWG during meetings
- New information suggest a modification or addition
- IWG considers implications to recommendations, most likely via a Discussion Group
- Most up to date recommendations
How to get to recommendations: Information

Ways in which IWG receives information

- DPH issue briefs
- DPH presentations and IWG discussion
- Discussions Groups
- IWG data requests
- Public comment
- Public emails- MentalHealthSFIWG@sfgov.org
- Community engagement
How to get to recommendations

Robust IWG member participation and engagement
**Seeding group feedback:**

- Do these four observations resonate? Are there other factors that we should consider in getting to recommendations?
- Is there something more we as a planning team or an IWG as a whole could do to support the recommendation process?
Public Comment for Discussion Item #3
MHSF Foundations: IWG Recommendation Process Review

Steps:

• Call (415) 655-0001
• Enter access code 2482 757 7984
• Press ‘#’ and then ‘#’ again
Discussion Item #4

Office of Coordinated Care Recommendation 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

August-October*
IWG receives PPT presentation and discusses

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

Nov-Dec
Discussion Group crafts recommendations

Dec - Feb*
IWG reviews Discussion Group’s work

Dec-Mar
Discussion Group refines recommendation wording

Mar 22*
Review recommendations and vote

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

* Occurred during monthly IWG public meetings

You are here!
# Anticipated OCC Discussion in 2022 IWG Meetings

<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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</thead>
<tbody>
<tr>
<td><strong>IWG Domains</strong></td>
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<td>Street Crisis Response Team</td>
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<td>New Beds &amp; Facilities (NB&amp;F): Drug Sobering Center</td>
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<td>NB&amp;F: Crisis Diversion Unit (CDU)</td>
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<td>NB&amp;F: Transitional Aged Youth (TAY)</td>
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<td><strong>Office of Coordinated Care (OCC)</strong></td>
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**Deliverable:** IWG Annual Progress Report

**Deliverable:** IWG Implementation Report

*D=Design  U=Update*
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
Share screen of recommendations
What is your level of agreement with the current, initial list of Office of Coordinated Care Recommendations?
Public Comment for Discussion Item #4

Office of Coordinated Care

Recommendations

Steps:

• Call (415) 655-0001
• Enter access code 2482 757 7984
• Press ‘#’ and then ‘#’ again
Vote on Discussion Item #4

Office of Coordinated Care Recommendations

Decision Rule:

• Simply majority, by roll call
5 Minute Break
Discussion Item #5

Transitional Age Youth (TAY) Residential Initial Briefing

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

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  - Ongoing Implementation

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  - Centralized Access
  - Pharmacy Services
  - Transportation

- New Beds and Facilities*
  - Expanding Existing Models
  - Drug Sobering Center
  - Crisis Diversion
  - TAY

Heather Weisbrod
Kali Cheung
Cassandra Enloe
Yoonjung Kim

Data and IT Systems
HR Hiring and Pipeline
Equity
Analytics and Evaluation
Reminder of the Recommendation Roadmap

You are here!

- IWG receives background and discusses
- IWG engages in white board session to source recommendation ideas*
- Discussion Group crafts recommendations
- IWG reviews Discussion Group’s work*
- Discussion Group refines recommendation wording
- Review recommendations and vote*

* Occurs during monthly IWG public meetings

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

Mental Health SF Implementation Working Group  
March 2022  
32
Background
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+)

**Outpatient – Specialty MH**
- DPH-BHS: TAY Outpatient Program (TOP)
- 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
• TAY 18+ can access the adult substance use and mental health residential treatment continuum

• Progress Foundation's TAY Supportive Living Program (supported cooperative apartments) opened in 2018 as step-down from residential treatment, representing a major step in the behavioral health continuum for TAY
• 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
Needs Assessment Findings:

What Did We Learn?

- TAY have had negative experiences of racism, homophobia and transphobia in treatment
- There are racial disparities in who participates in residential treatment
- Providers experienced barriers in helping TAY access residential treatment
- There is widespread support for TAY/young adult-only residential treatment, with a range in age from 18-30
- TAY have unique developmental needs in treatment
What Did We Hear?

I want a program where people are around my age. Being 22 and everyone around is 45, 50, 60... it just felt like I was the only one

-TAY Focus Group Participant

That magic 25th birthday seems like a long way away, until it isn’t.

-Interview with TAY

Treatments sometimes don't match with different individuals. You can't just apply one treatment that works with one person to everyone else if they have different symptoms or substances that they use.

-TAY Focus Group Participant

I think everything needs to come down from what the client defines for themselves as what would be the best option, to manage use or stop using, and how that fits in with other aspect of their life.

-Service Provider
What Did We Hear?

Peer leadership is so important, and it needs to feel authentic and not authoritative.
- Interview with TAY

The way that treatment models are set up are very adult...there's room for all of it but with the TAY population I think you have to back off of the rules and rigidity as far as programming goes
- Service Provider

There is a tendency to forget what young people would be doing if they weren't struggling...which is pretty much a lot of figuring it out and a lot of exploring different interests
- Interview with TAY

It's really important to have staff that reflect the participants, that they can really relate to.
- Service Provider
Race/Ethnicity and Type of Residential Treatment

**MH Residential (N=42)**
- African-American/Black: 38%
- Asian: 7%
- Latino/a: 26%
- Multi-Ethnic: 2%
- Native American: 2%
- Native Hawaiian/Other Pacific Islander: 5%
- Unknown/Missing: 0%
- White: 7%

**SU Residential (N=57)**
- African-American/Black: 28%
- Asian: 2%
- Latino/a: 24%
- Multi-Ethnic: 2%
- Native American: 2%
- Native Hawaiian/Other Pacific Islander: 2%
- Unknown/Missing: 0%
- White: 42%
Gender of TAY with at Least One Episode of Residential Treatment in FY 18-19

MH Residential (N=42)

- Male: 60%
- Female: 24%
- Genderqueer/Gender non-binary: 2%
- Trans Female: 2%
- Trans Male: 10%
- No Entry/Client Declined: 2%

SU Residential (N=57)

- Male: 56%
- Female: 37%
- Genderqueer/Gender non-binary: 2%
- Trans Female: 3%
- Trans Male: 0%
- No Entry/Client Declined: 2%
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
Carla:

- 19-year-old cisgender woman experiencing homelessness who has a history of commercial sexual exploitation as a minor and current substance use that she is wishing to reduce.
- She is engaged in case management support for youth who have been sexually exploited and has made 2 attempts at engaging in substance use treatment but leaves after 1-2 days due to not feeling safe around some of the older participants in the program.
- She has also felt that her goals for her own substance use don't align with those of other participants.
Who Do We Need to Serve?

Lara:

• 24-year-old who is trans-feminine, has been in San Francisco for 2 months, and is staying in a youth shelter.
• She has a diagnosis of bipolar disorder with previous treatment outside of SF, though reports negative experiences with providers due to transphobia
• Recently her symptoms have been becoming more acute, resulting in 2 visits to PES in the past 2 weeks
• The shelter is concerned about their ability to manage her needs due to worsening mental health symptoms.
• Lara is reluctant to engage in residential treatment because she has just started a class at City College and is worried she won't be able to continue it if she enters a program
Who Do We Need to Serve?

Jeremiah

- 23-year-old former foster youth who is unhoused, has bounced back and forth between shelter and streets for much of the past 2 years.
- Uses multiple substances and has had multiple ER visits and other crisis contacts, including contact with SCRT.
- Has been able to establish trust with a low threshold, harm-reduction focused therapist from a mobile treatment team and has expressed some occasional openness to residential treatment though is worried it will be too rigid for him and about being around people who won't understand him or who he won't relate to.
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
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
Program Goals

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
<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>
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
Questions?
Mental Health SF Implementation Working Group

**Reminder of the Recommendation Roadmap**

- **You are here!**
  - IWG receives background and discusses
  - IWG engages in white board session to source recommendation ideas*
  - Discussion Group crafts recommendations
  - IWG reviews Discussion Group’s work*
  - Discussion Group refines recommendation wording
  - Review recommendations and vote*

* Occurs during monthly IWG public meetings

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

Mental Health SF Implementation Working Group

March 2022
Public Comment for Discussion Item #5
Transitional Age Youth (TAY) Residential Initial Briefing

Steps:

• Call (415) 655-0001
• Enter access code 2482 757 7984
• Press ‘#’ and then ‘#’ again
Discussion Item #6

Mental Health Service Center: Controller’s Office Project Update

All materials can be found on the MHSF IWG website at:
https://www.sfdph.org/dph/comupg/knowlcoi/mentalhlth/Implementation.asp
Introduction
AGENDA

1. Introduction
2. Background on MHSC Legislation
3. Current Implementation of MHSC Legislative Components
4. CON Engagement
5. Key Deliverables & Timeline
6. IWG Engagement
7. Questions
Background

Why now? How did we get here?
The need: 24/7 drop-in access to services at a centralized location for clients seeking treatment, services, and medications

Intended clients: Persons enrolled in Medi-Cal with mental illness, people experiencing homelessness, uninsured persons, persons enrolled in Healthy San Francisco, individuals upon release from jail

Legislative requirements:
- At least one physical building open for 24/7 care
- The capacity to provide needs assessments and psychiatric assessments, case management, diagnosis, and treatment
- The maintenance of a pharmacy, mental health urgent care unit, drug sobering services, and transportation
- Adequately staffed by civil service employees
# Current State of MHSC Implementation

<table>
<thead>
<tr>
<th>BHAC Expansion</th>
<th>Pharmacy Expansion</th>
<th>Tenderloin Linkage Center</th>
<th>Crisis Diversion Unit</th>
<th>Drug Sobering Center</th>
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</thead>
<tbody>
<tr>
<td><strong>Status</strong></td>
<td>Open</td>
<td>Open</td>
<td>In progress</td>
<td>Opening date pending (Spring 2022)</td>
</tr>
<tr>
<td><strong>Services Provided</strong></td>
<td>Needs assessment and placement into care (to residential treatment services, outpatient services).</td>
<td>Typical pharmacy operations, located at the BHAC.</td>
<td>Low barrier space to address basic needs and be connected to desired services.</td>
<td>Mental health, substance use and physical care services for higher acuity patients.</td>
</tr>
<tr>
<td><strong>Component of MHSC legislation being addressed</strong></td>
<td>Physical building open with many levels of care. Extended hours as an interim to 24/7 services.</td>
<td>Extended hours pharmacy carrying medications used to treat mental health and substance use.</td>
<td>Centralized location offering linkage to additional mental health services. Low barrier, extended access.</td>
<td>Mental health urgent care service for people experiencing an acute crisis.</td>
</tr>
<tr>
<td><strong>Hours</strong></td>
<td>Open: M-F 9am-6:30pm, Weekends 9am-4pm</td>
<td>Open: M-F 9am-6:30pm, Weekends 9am-4pm</td>
<td>Open: Sun – Sat 8am- 8pm</td>
<td>Open date TBD.</td>
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CON Engagement

Understanding the role of the City Performance Team
• **Overview of the City Services Auditor, City Performance Group**
  - Internal technical assistance and consulting group that provides analysis, problem-solving, and practical support to City departments.
  - Budget for its services is included within DPH’s annual work order/budget.
  - Currently supporting other MHSF projects.

• **Project Initiation**
  - DPH leadership requested support in Fall 2021.
  - CSA began performing background research in January 2022.
  - Project planning finalized March 2022.
  - Project team consists of a Project Manager and two Analysts.
Deliverables and Timeline

• Planned Deliverables
  • Crosswalk of Existing Services -- Identify current services, remaining gaps compared to the legislation.
  
  • Benchmarking – Research several other 24/7 service models, including program structure, demand, and key lessons learned.
  
  • Equity Assessment – Work with DPH’s equity leads to ensure appropriate criteria are considered in the analysis.
  
  • Engagement/Discussion Group with MHSF Stakeholders – Share findings and solicit feedback on the analysis
  
  • Options + Cost Analysis – Provide three options for a MHSC roll-out, from a standalone to a virtual center approach. Provide cost estimates for each.
  
  • Project Summary – Summarize project work in a Powerpoint deck.

• Planned Delivery Date = June 15
IWG Engagement

• IWG Discussion Group (proposed)
  • Up to 6 members of IWG
  • Meet 3 times.
  • Share crosswalk, benchmarking, and MHSC options and cost analysis.
  • Solicit feedback to inform the final summary of the options reviewed for MHSC.

• Full IWG Session
  • Provide intermittent project updates.
  • Provide project summary deck, outlining the MHSC options and feedback received. Full IWG to discuss the feedback and findings to inform DPH leadership’s planning / next steps on MHSC.
Questions and Comments?
Public Comment for Discussion Item #6
Mental Health Service Center: Controller’s Office Project Update

Steps:

• Call (415) 655-0001
• Enter access code 2482 757 7984
• Press ‘#’ and then ‘#’ again

Can also write us at: MentalHealthSFIWG@sfgov.org
Public Comment for
Any other matter within the jurisdiction of the Committee not on the agenda

Steps:

- Call (415) 655-0001
- Enter access code 2482 757 7984
- Press ‘#’ and then ‘#’ again
## Anticipated IWG Meeting Topics 2022

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### Other Intersecting Departments/Projects/Briefings

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<td>CON: Citywide Street Outreach Briefing (SCRT, SFHOT, SORT, etc.)</td>
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**U** = Update; **D** = Design
Housekeeping

• Next Meeting Date and Time
  o 4th Tuesday of the month 9:00AM-1:00PM
  o April 26, 2022

• MH Service Center Discussion Group

• Meeting Minutes Procedures
  o 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
Adjourn