

**Thumbnail sketches of IWG members:
most pressing issue and what IWG success looks like**

Name	Appoint	Summary of MHSF issue that matters most	Summary of what success looks like
Scott Arai, Psy. D.	Residential Treatment Program Management and Operations	Most pressing issue is beds, and notes that “all won’t work unless all is working”. Addressing gaps in services is close to his heart.	Success is putting ordinance into action- being accountable and responsible for that.
Shon Buford	Peace Officer, Emergency Medical Response, Firefighter (San Francisco Fire Department)	A regular part of his job is to provide services for those in the streets and need assistance. He balances that with the concerns of workers.	Bringing resources together
Kara Chien, J.D.	Health law expertise	To avoid long waits in jail, we need to provide sufficient bed spaces and the appropriate level of care for those who are justice-involved.	If the implementation plan is working well, people will want services and will not need involuntary services.
Vitka Eisen, M.S.W., Ed.D	Treatment provider with mental health harm reduction experience (Health Right 360)	Services tailored to individuals, “a place for everyone.” Also important is the retention of workers and parity.	A broad array of services that are low barrier, low threshold and high intensity in neighborhoods where people live and where service need is high
Steve Fields, M.P.A.	Treatment provider with mental health treatment and harm reduction experience (Progress Foundation)	The system needs to develop community-based services- more recovery oriented 24-hour treatment resources. Not more involuntary and institutional beds.	Specific interests are put aside and we focus on the breadth and depth of diversity that allows us to learn from one another
Ana Gonzalez, D.O.	DPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)	Meeting people where they are, low threshold services to residents.	A path to wellness and recovery that leads to full, meaningful, and independent lives in community.
Hali Hammer, M.D.	DPH employee with health systems or hospital administration experience (Ambulatory Care, SFDPH)	Addressing how to best provide services for people with serious mental health and substance use issues with a trauma informed, culturally and racially appropriate approach to care	Success is that everyone in SF with behavioral health challenges be able to access high quality, timely health care which helps them on their path to recovery
Phillip Jones	Lived experience	Hope to represent the populations living these issues and lived experience	The mental health system can be navigated, and the opportunities are translate to the streets
Monique LeSarre, Psy. D.	Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)	Shift the mental health focus from western centric to what it looks like in the community – particularly for the Black community. Retain a workforce with pay equity and parity across the board.	[Ran out of time- need to circle back]

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Jameel Patterson	Lived experience	Hearing from someone who's brain is "cracked" and came back to understand and leverage their strengths. Alternative services (e.g., acupuncture or from the Latinx community) also of interest.	Learn from one another to ensure cultural competency and decrease the racism that is part of the mental health system.
Andrea Salinas, L.M.F.T.	Treatment Provider with experience working with criminal system involved patients	Need an increase in beds across the entire system of care. Recruitment of staff- relates to pay parity.	Low barrier treatment on beyond for clients across the system of care. Treatment is a human right.
Sara Shortt, M.S.W.	Supportive Housing provider	Focus on accessing care: looking at eligibility criteria and barriers to access, particularly to improve use of programs for those who have been alienated from or no longer trust the system	The incorporation of our group's insight and input into program design, as well looking to us for approval for significant programmatic changes or new programs
Amy Wong	Healthcare worker advocate	Space and beds in appropriate settings. Link people to care. Cultural and linguistic part of this important. Workers need to be taken care of.	Collaboration