

April 26, 2022



Mental Health San Francisco Implementation Working Group



San Francisco
Department of Public Health

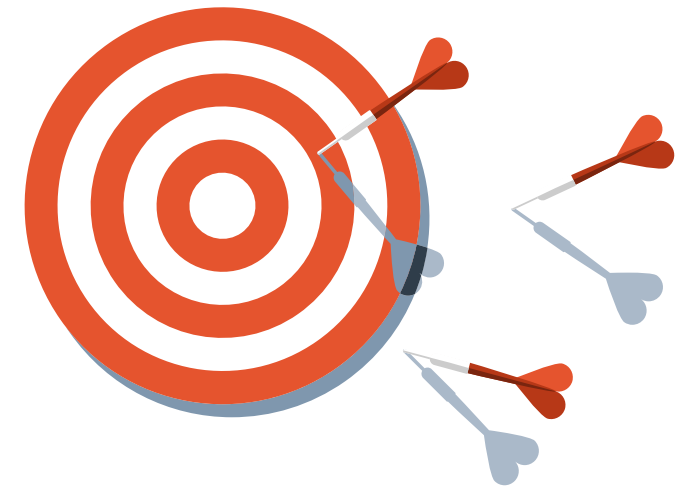
harder  co | community
research

A hand is shown pointing upwards with the index finger, set against a background of blurred, overlapping hands. The entire image is covered with a semi-transparent blue overlay. The text "Call to Order/Roll Call" is centered in white.

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



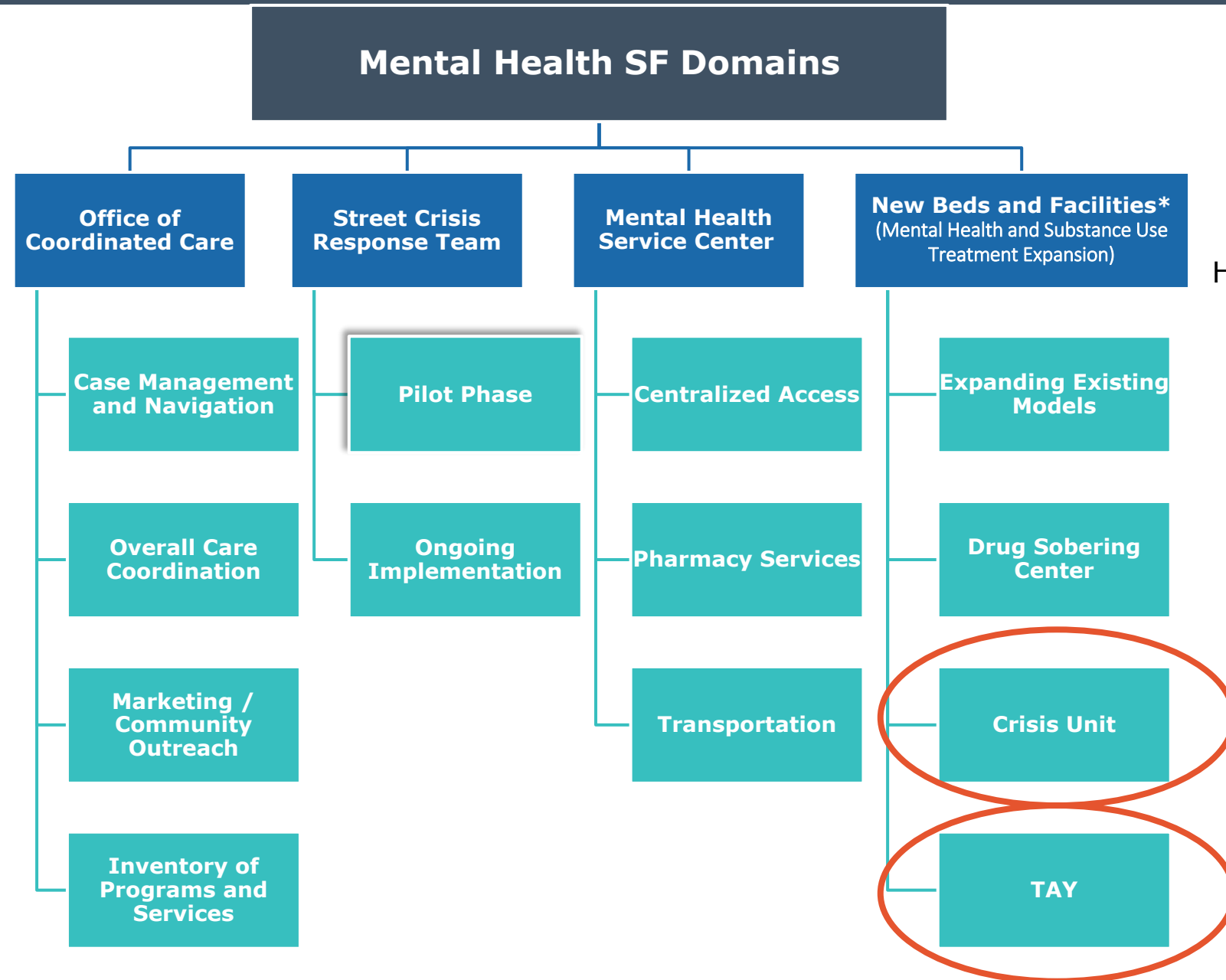
All materials can be found on the MHSF IWG website at: <https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>



Reminder: Mental Health SF Domains



Dr. Hillary Kunins



Heather Weisbrod



Kali Cheung



David Pating



Eme Garcia

Data and IT Systems

HR Hiring and Pipeline

Equity

Analytics and Evaluation

9:10 AM - 9:15 AM

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 2498 394 4194
- Press `#` and then `#` again



Vote on Discussion Item #1

Remote meeting “findings”

Decision Rule:

- Simply majority, by roll call



9:15 AM - 9:25 AM

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



9:25 AM - 10:05 AM

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



San Francisco Health Network
Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

News

SF meets hiring goal of 200 health workers to support mental health and substance abuse needs in the Tenderloin

SFDPH announced today 204 public health staff have been hired to support people who are experiencing homelessness or are marginally housed and have mental health or substance use disorders.

April 1, 2022

The SF Department of Public Health (SFDPH) announced today 204 public health staff have been hired to support people who are experiencing homelessness or are marginally housed and have mental health or substance use disorders.

SFDPH and the Department of Human Resources (DHR) rapidly filled positions and met the goal of hiring and onboarding 200 new employees by the end of March through the 90-day Emergency Declaration in the Tenderloin. Mayor London N. Breed made the emergency declaration in December to address SF's overdose crisis that is concentrated

<https://sf.gov/news/sf-meets-hiring-goal-200-health-workers-support-mental-health-and-substance-abuse-needs>

Tenderloin Emergency Initiative


- **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*

*Jan. 17 – Apr. 10, 2022

**Dec. 13, 2021 – Apr. 10, 2022



San Francisco Health Network
Behavioral Health Services

 **SF.GOV**

Services Departments

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.

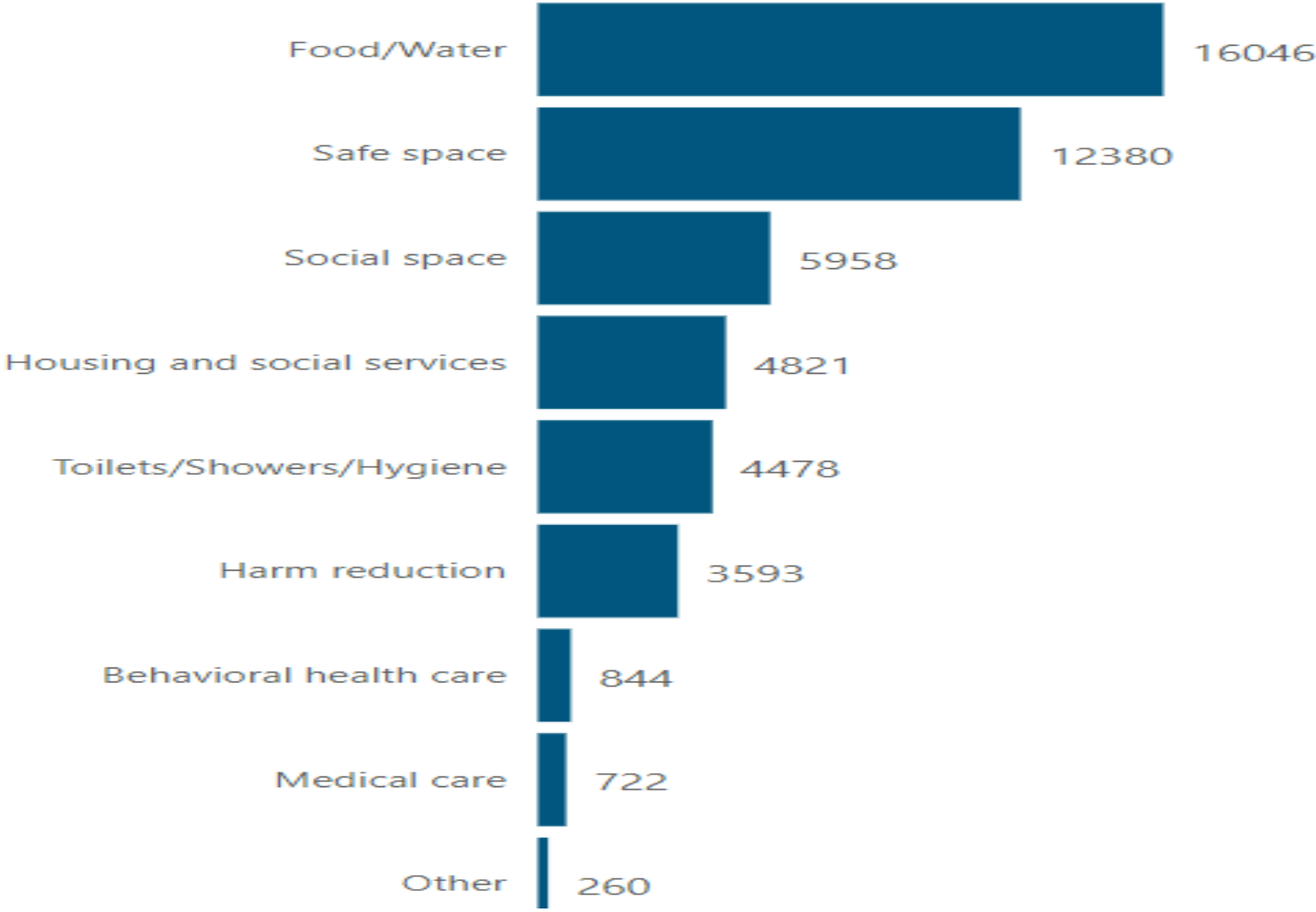
Read the guide and plan

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



[Increasing connections to care for people in the Tenderloin | San Francisco \(sf.gov\)](#)
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

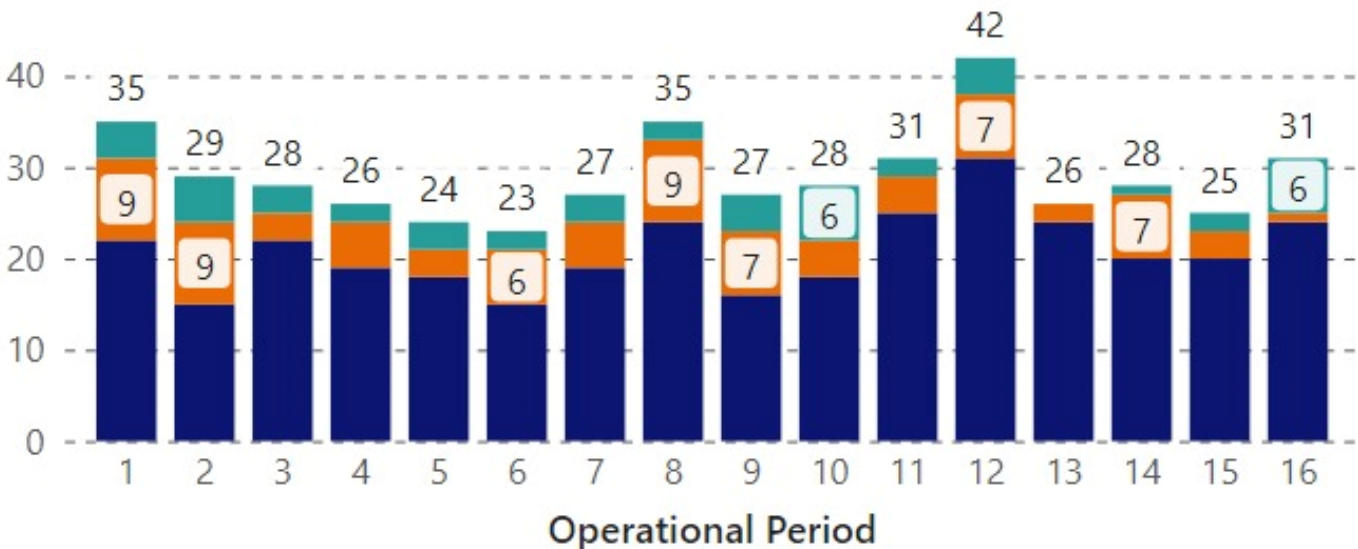
Cumulative overdose reversals
by EMS citywide

820

12/13/2021 – 4/3/22

Overdose reversals in the Tenderloin by location type

● Street ● Private Residence ● Other Location



[Reducing fatal and non-fatal overdoses in the Tenderloin | San Francisco \(sf.gov\)](#)

Cumulative overdoses reversed
at Tenderloin Linkage Center

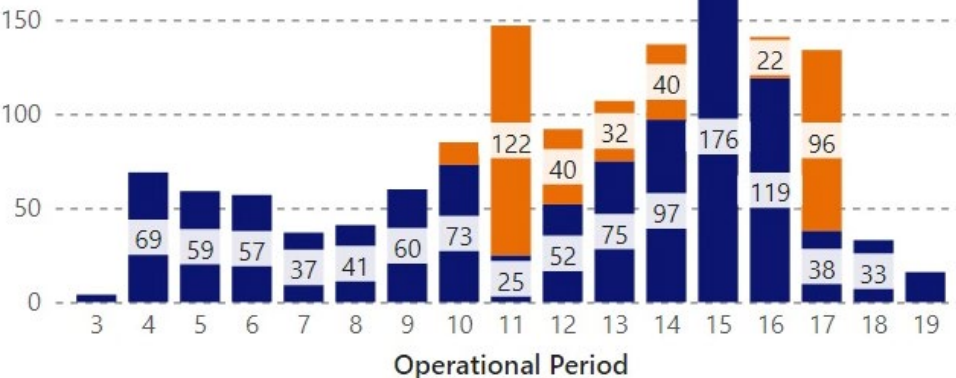
58

Overdoses reversed at the Tenderloin Linkage Center



Naloxone medicine distributed in the Tenderloin

● DPH Street Outreach ● Tenderloin Linkage Center



Cumulative overdose reversal by EMS data Dec. 13, 2021 – Apr. 3, 2022
Cumulative overdoses reversed at Tenderloin Linkage Center data Jan. 17 – Apr. 10, 2022
Naloxone medicine distributed data Dec. 27, 2021 – Apr. 17, 2022



San Francisco Health Network
Behavioral Health Services

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 onsite 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>



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Behavioral Health Services

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.

Goal 30 Beds	Open 2021 Hummingbird - Valencia Status Serving clients Open 28 beds currently available	Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro
Goal 20 Est. Beds	Open 2020 Managed Alcohol Program Status Permanent location and additional funding will expand the program from 10 beds to 20 beds Open 10 beds currently available	Pilot Medical supervision for people with chronic alcohol dependency in a permanent supportive housing setting
Goal 20 Beds	Open 2021 12-month Rehabilitative Board and Care Status Serving clients Open	Pilot Out-of-county supervised living and treatment for people with chronic mental health illness and/or coming from locked facilities
Goal 31 Est. Beds	Open 2021 Mental Health Rehabilitation Beds (aka LSAT) Status Serving clients Open Client placement varies	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal 13 Est. Beds	Open 2022 Psychiatric Skilled Nursing Facilities (aka PSNF) Status Serving clients Open Client placement varies	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal 20 Est. Beds	Opening Spring 2022 SOMA RISE ^Δ (aka Drug Sobering Center) Status Completing construction 1 2 3 4 5 6	Pilot 24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services

KEY

March 24, 2022

Project Phases and Status

- Δ MHSF legislation
- 1 Program design
- 2 Regulatory assessment
- 3 Facility selection
- 4 Out for bid/contracting
- 5 Community outreach & City approvals
- 6 Permit & construction

- Complete
- In process
- Planned

Goal 75 Est. Beds	Opening Spring 2022 Dual Diagnosis Transitional Care for Justice Involved People Status Contracting in process 1 2 3 4 / /	Transitional care for justice involved people with a dual diagnosis of mental health and substance use issue
Goal 69 Est. Beds	Opening Summer 2022 Residential Care Facility ^Δ (aka Board and Care)* Status Contracting in process 1 2 3 4 / /	Supervised residential program for individuals with mental health issues who require assistance with activities of daily living.
Goal 6 Est. Beds	Opening 2022 Cooperative Living for Mental Health ^Δ Status Accepting applications 1 2 3 4 / /	Communal living for people with chronic mental health and/or substance use Additional \$11M to stabilize leased properties available through MOHCD
Goal 16 Est. Beds	Opening 2023 Crisis Diversion Facility ^Δ Status Program design in development 1 2 3 4 5 6	Short-term, urgent care intervention as an alternative to hospital care
Goal 70 Est. Beds	Opening 2023 Residential Step-down - SUD ^Δ Status Active negotiations to acquire a building 1 2 3 4 5 6	Long-term sober living environment for clients coming out of residential care programs
Goal 30 Est. Beds	Opening 2023 Enhanced Dual Diagnosis ^Δ Status Contracting in process 1 2 3 4 / /	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
Goal 10 Est. Beds	Opening 2023 Transitional Age Youth (TAY) Residential Treatment ^Δ Status Program design in development 1 2 3 4 / /	Supervised treatment for young adults with serious mental health and/or substance use issues



San Francisco Health Network
Behavioral Health Services

Thank You



San Francisco Health Network
Behavioral Health Services

Public Comment for Discussion Item #3

MHSF Director's Quarterly Update

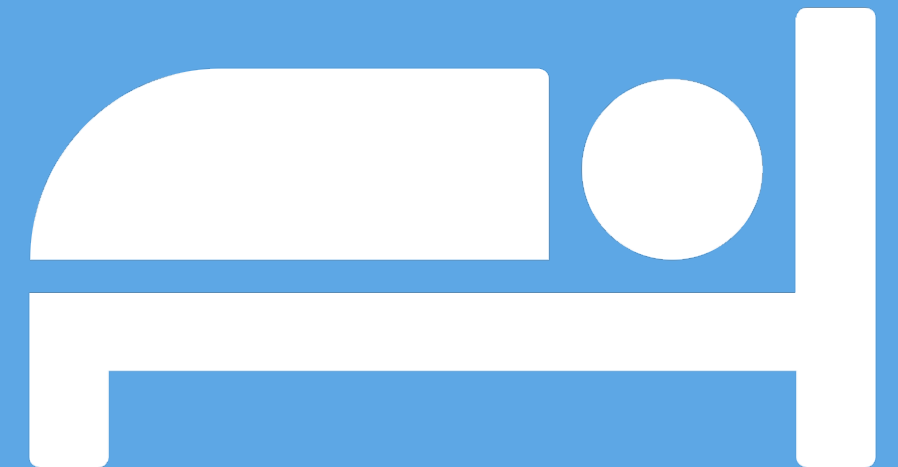
Steps:

- Call (415) 655-0001
- Enter access code 2498 394 4194
- Press '#' and then '#' again

10:05-11:05

Discussion Item #4

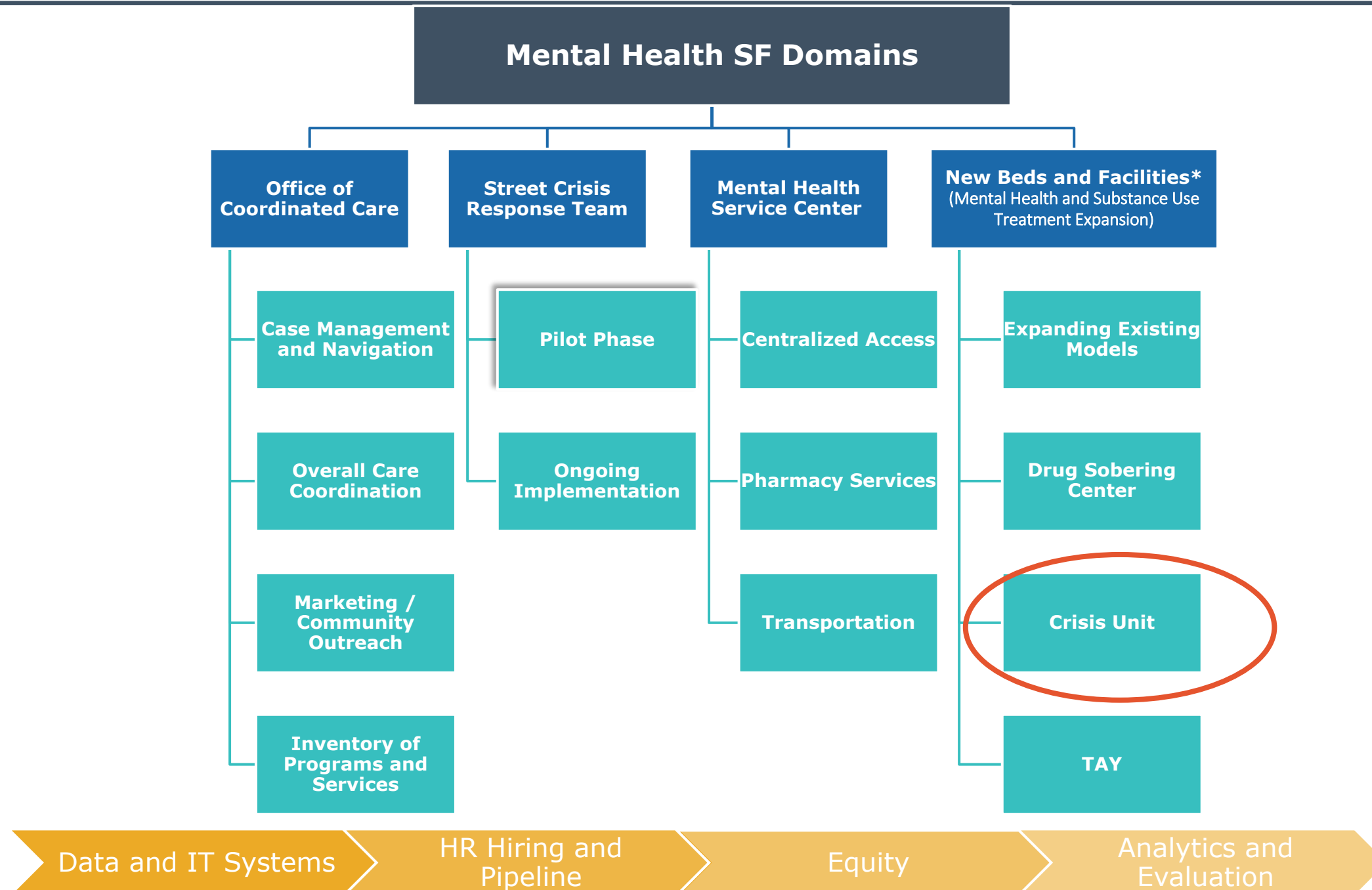
New Beds and Facilities: Crisis Unit Update & Discussion



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



Reminder: Mental Health SF Domains

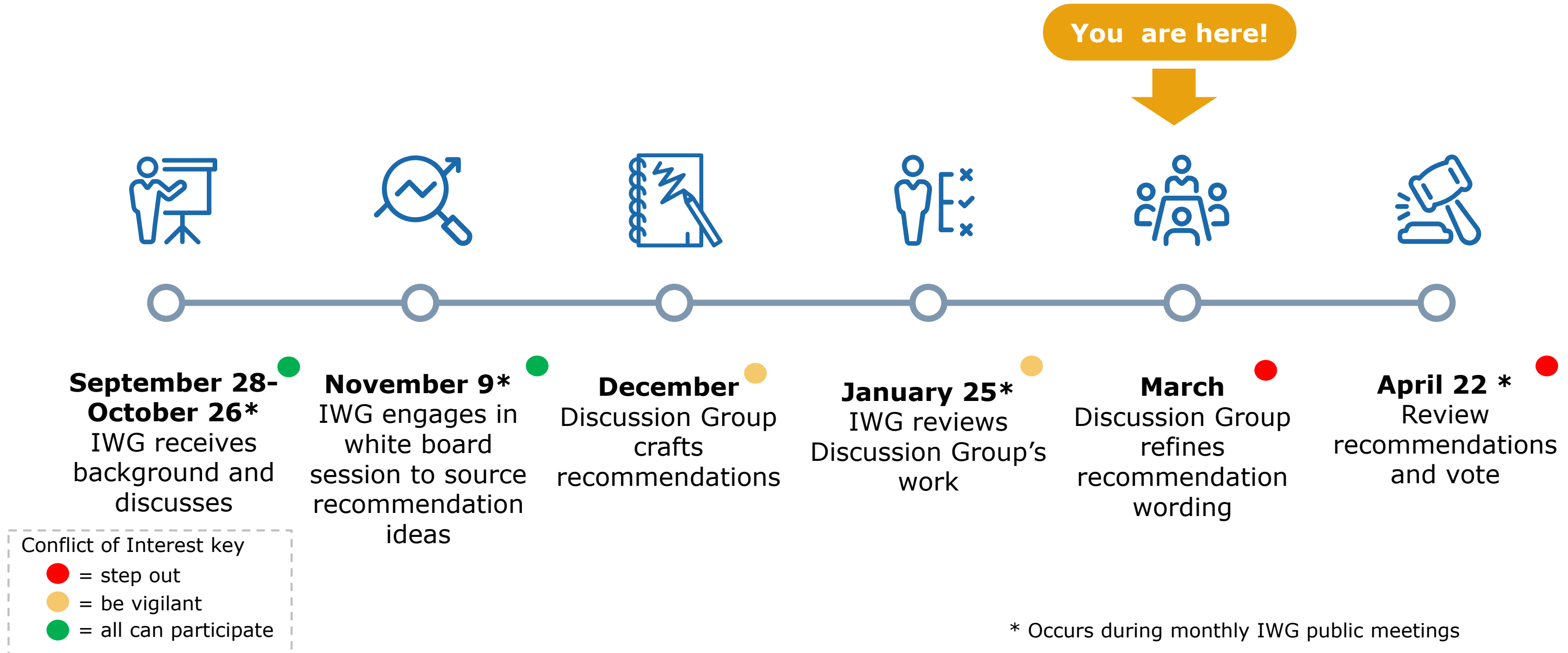


Dr. David Pating



Eme Garcia

Reminder of the Recommendation Roadmap



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

Crisis Residential Treatment

§1810.208 (ADU)

- Non-institutional setting
- Treatment –Structured Programing
- Unable to admit medically complicated clients requiring nursing care
- 24/7 model of care

Crisis Stabilization Services

§1810.210 (DUCC, PES, Edgewood CYF)

- Licensed prescriber
- Physical health assessment
- Additional services as needed
- Emergency and urgent care
- < 24 hours

Behavioral Respite Model

(Hummingbird)

- Shelter
- Not licensed facility
- Satellite support services
- Drop-in day services
- 24/7 model of care

Crisis Intervention Services

§1810.209

- Assessment
- Therapy
- Delivered by non-medical staff
- < 24 hours

Psychiatric Health Facility §1810.236.

(PHFs)

- Inpatient hospital services
- Free standing or on hospital campus
- 24/7

Medical Respite

- Shelter
- Not licensed facility
- Satellite on-site medical clinic
- 2 Sets of staffing (clinic and shelter)
- Referral required
- 24/7 model of care

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)

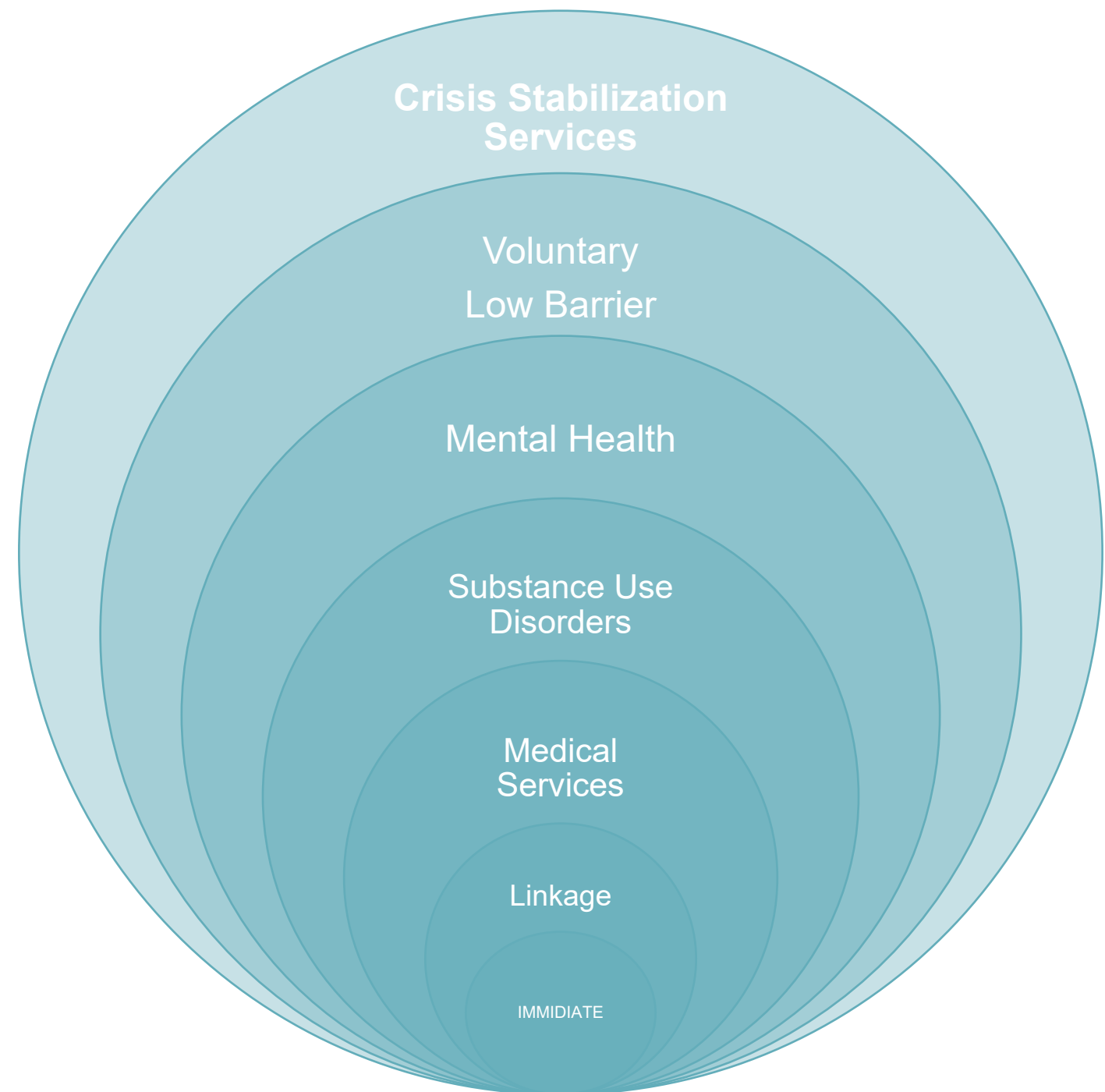
- Institutional - Not low barrier
- Redundant in SOC
- Costly
- Not housing

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

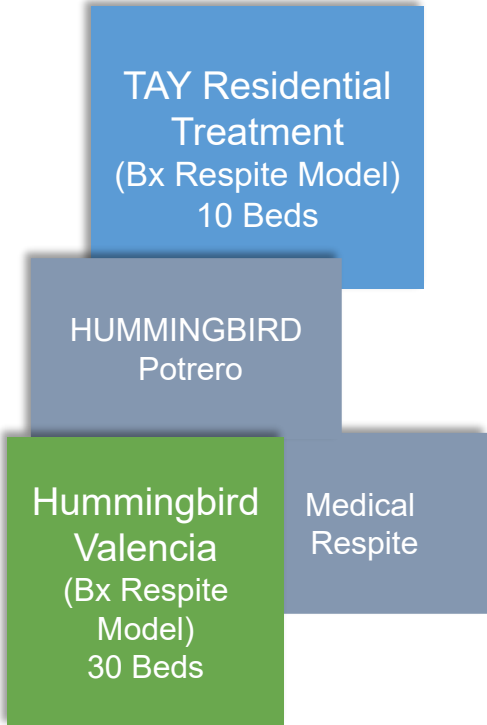


DPH Bed Continuum of Care



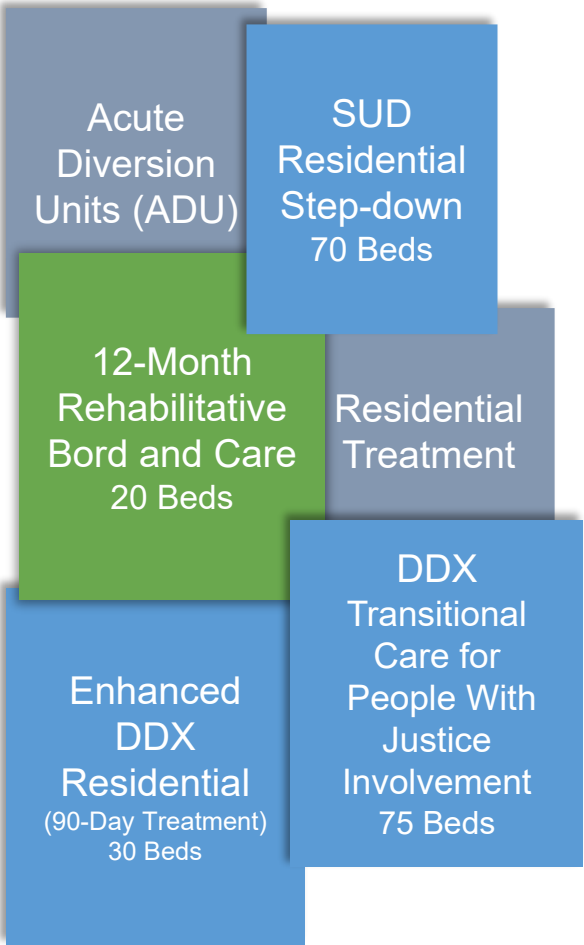
Short-Term Care

- Emergency and urgent care
- Low barrier
- Immediate
- No authorization required
- Walk-ins accepted



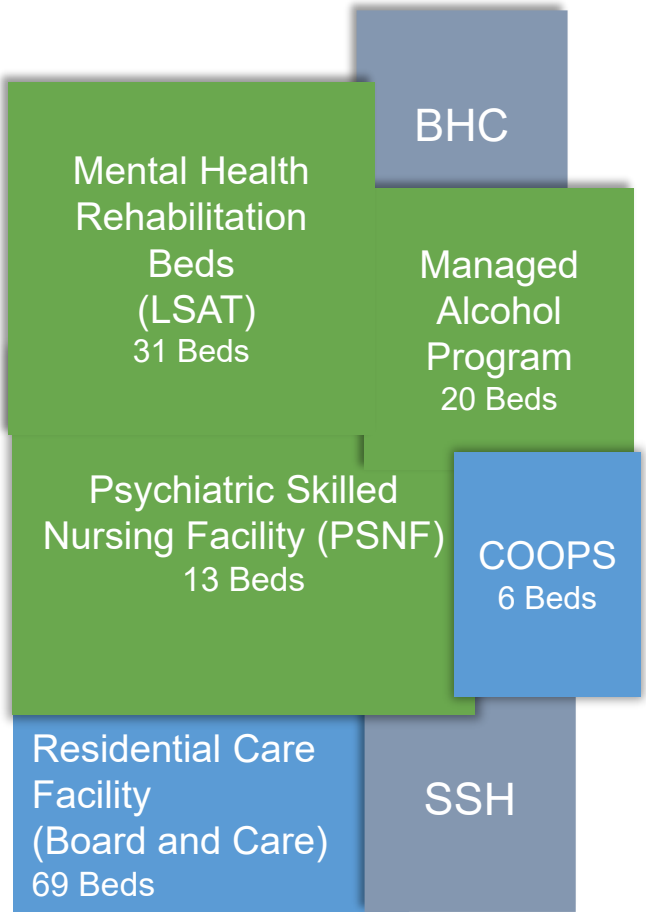
Respite Care

- 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

Open

In Development

Existing Services

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 disproportionately engaged in behavioral health services
- RFP in development - will be informed by focus groups and community engagement.
- Goal to open in 2023

Questions?

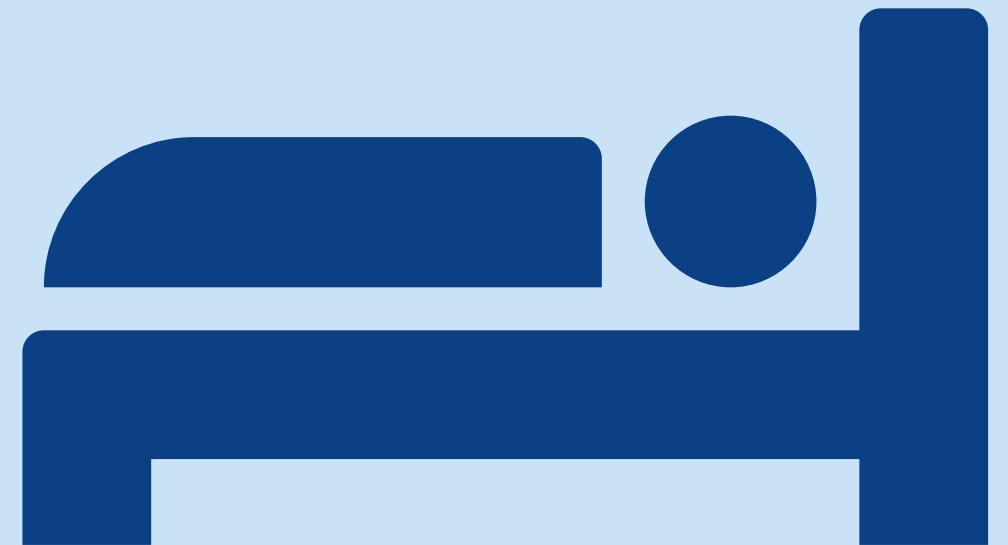
Group Agreements for IWG Discussions

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



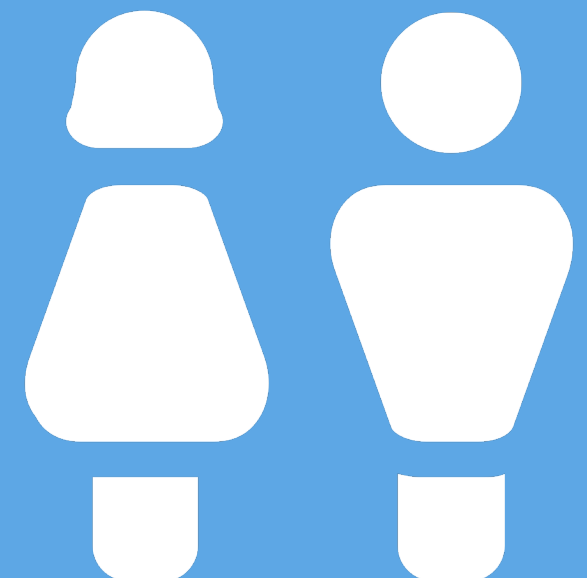
A blue-tinted background image of a desk. In the foreground, there is a white mug on the left and a smartphone lying flat on the desk to its right. In the background, a laptop is open, and a bookshelf filled with books is visible. The text "5 Minute Break" is centered over the image in a white, bold, sans-serif font.

5 Minute Break

11:10 AM - 12:15 PM

Discussion Item #5

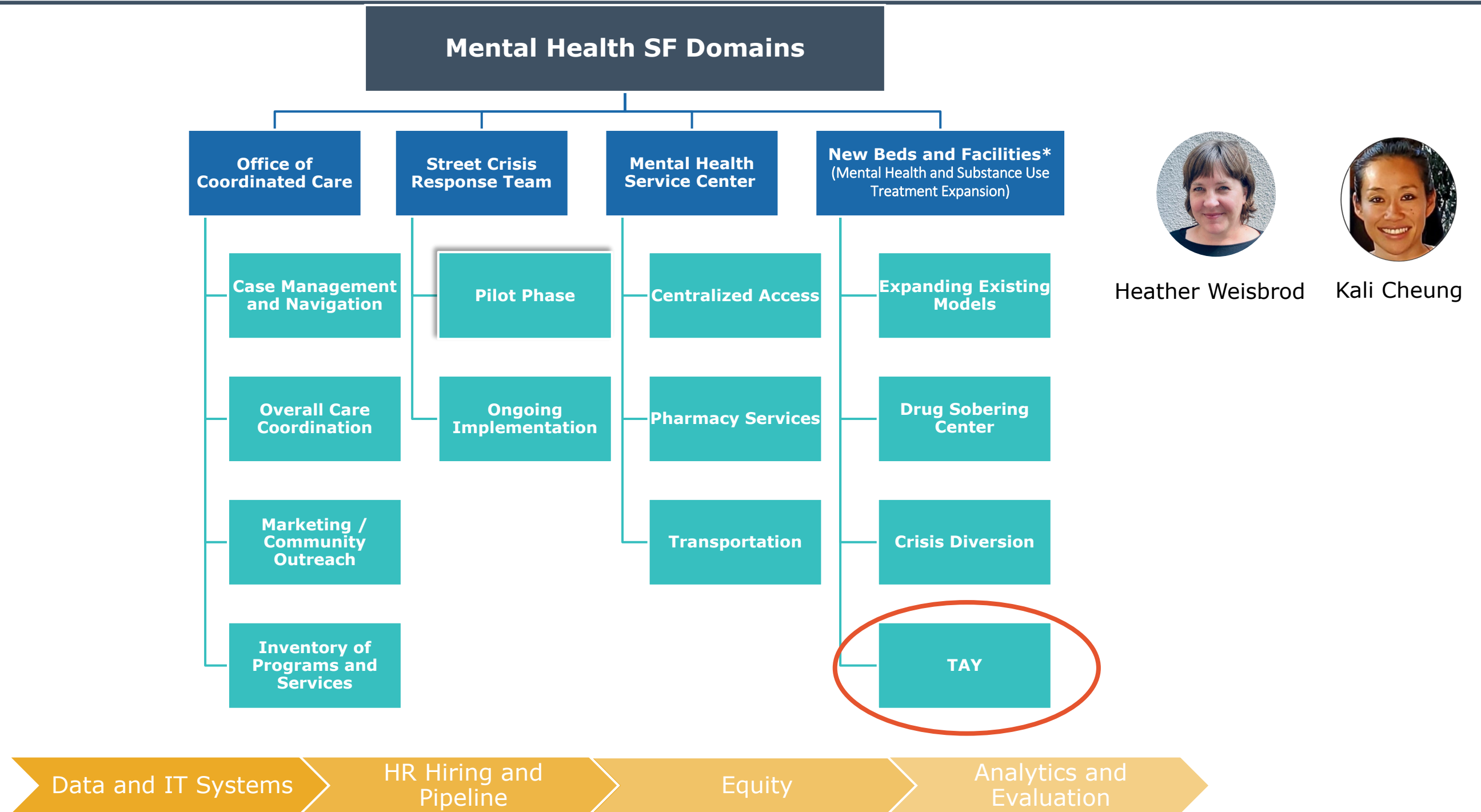
Transitional Age Youth (TAY) Residential Discussion and Brainstorm



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

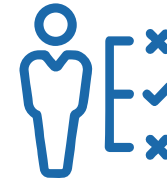


Reminder: Mental Health SF Domains



Reminder of the Recommendation Roadmap

You are here!



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

Discussion Group refines recommendation wording

June 28

Review recommendations and vote*

Conflict of Interest key

-  = step out
-  = be vigilant
-  = all can participate

* Occurs during monthly IWG public meetings

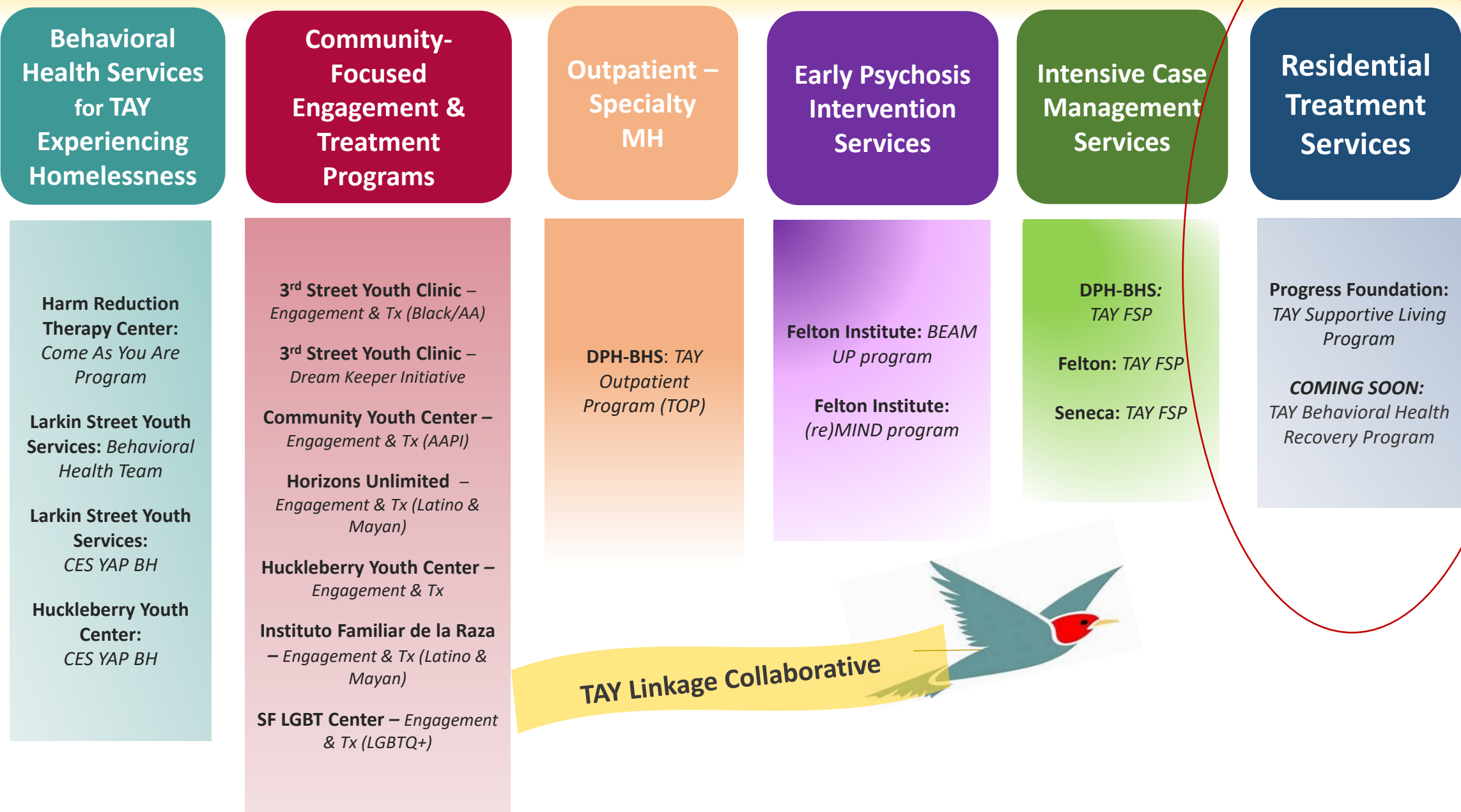
Transitional Age Youth Behavioral Health Recovery Program Design

April 26, 2022

San Francisco Department of Public Health

Kali Cheung and Heather Weisbrod

Behavioral Health TAY System of Care **Treatment Service Continuum**



- 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 Residential Treatment Advocacy

- 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



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

Parameter	Definition
Clientele	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
Length of Stay	Up to 10 months
Hours of operation	24 x 7 x 365
Number of clients	10
Type of program	Respite-based program with behavioral health treatment services on site offering support for both mental health and substance use
Referrals and/or authorization	Referral is necessary, though anyone should be able to refer. Need to balance authorization with low barrier access.
Licensing	Not state licensed as residential treatment program
Documentation & IT needs	EHR
Staffing	CBO Contract
Facility acquisition	CBO Purchase
Funding Source	Prop C, Prop A, MediCal

Input from IWG

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

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)

Equity Plan

- 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

Out of Program Scope

- 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 as 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

Next Steps!



March 22



IWG receives background and discusses*

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IWG reviews Discussion Group's work*

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= step out



= be vigilant



= all can participate

* Occurs during monthly IWG public meetings

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

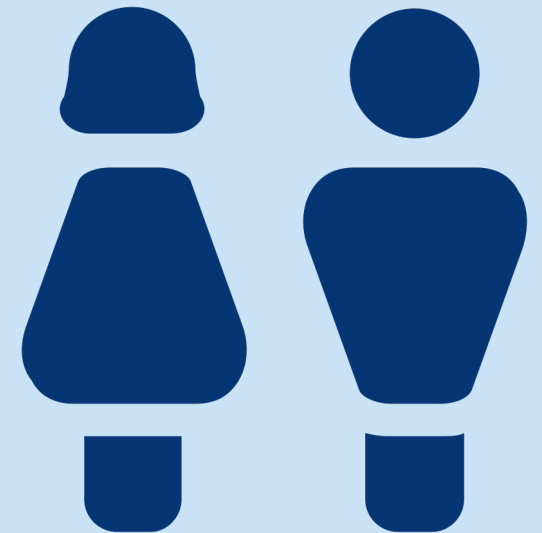
* Denotes organizations who have been formally involved in DPH community outreach for the TAY program

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

Topic Area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
IWG Domains												
Street Crisis Response Team					U				U			
New Beds & Facilities (NB&F): Drug Sobering Center						U				U		
NB&F: Crisis Unit	D	D		D	D	D			U			
NB&F: Transitional Aged Youth (TAY)			D	D	D	D					U	
NB&F: Expansion of Existing Models							U				U	
Office of Coordinated Care (OCC)	D	D	D		U			U	U	U	U	
Mental Health Service Center (MHSC)			U		U	U		D	D	D		
Analytics & Evaluation	U						U				U	
<i>Deliverable:</i> IWG Annual Progress Report										★		
<i>Deliverable:</i> IWG Implementation Report												★
Other Intersecting Departments/Projects/Briefings												
CON: Citywide Street Outreach Briefing (SCRT, SFHOT, SORT, etc.)		U										
HSH: Housing Briefing		U										
DPH MHSF Budget Update					U	U						

D=Design U=Update

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)

Seat #	Name	Appointed By	Term Ends
2	Jameel Patterson	Mayor	5/31/22
4	Shon Buford*	Mayor	5/31/22 <i>*Resigning</i>
6	Steve Fields	BOS	5/31/22
8	Monique LeSarre	BOS	5/31/22
10	Ana Gonzalez	Mayor	5/31/22
12	Hali Hammer	Mayor	5/31/22
13	Kara Chien	City Attorney	5/31/22

Member Terms (Odd Seat #s)

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

Housekeeping

- Next Meeting Date and Time
 - 4th Tuesday of the month 9:00AM-1:00PM
 - **May 24, 2022**
- Meeting Minutes Procedures
 - <https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>
 - Draft minutes in the next two weeks
 - Approved meeting minutes will be posted
- MHSF IWG e-mail address for public input:
MentalHealthSFIWG@sfgov.org

Adjourn