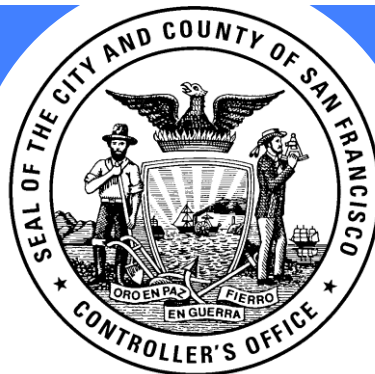


Our City, Our Home Oversight Committee

February 24, 2022



CITY & COUNTY OF SAN FRANCISCO

Office of the Controller
City Performance Unit

02.24.2022

Meeting Agenda

1. Call to Order
2. Public Comment (10 min)
3. Action Item: Approval, with possible modification, of the Minutes of the meeting on January 27, 2022 (5 min)
4. Action Item: Resolution Making Findings to Allow Teleconferenced Meetings Under California Government Code Section 54953(e). (10 min)
5. Presentations on Our City, Our Home Fund Budget, Spending and Implementation, with discussion and possible action by the Committee (55 min)
6. Liaison updates and future agenda items, with possible action by the Committee in response to this item (10 min)
7. Adjourn

Public Comment on any matter within the Committee's jurisdiction that is not on the agenda.

Call In Number: 1-415-655-0001

Access Code: 2481 870 5974

1. "Raise hand" by pressing * 3 and you will be queued.
2. Callers will hear silence when waiting to speak.
3. The operator will unmute each caller in the order received.
4. When prompted, each caller will have three minutes to provide comment.
5. Best practices include:
 - Ensuring you are in a quiet location
 - Speaking clearly
 - Turning off any TVs or radios around you

3. Meeting Minutes

4

Approval, with Possible Modification, of the Minutes

- Meeting of January 27, 2022

Public Comment on Agenda Item 3, Meeting Minutes

Call In Number: 1-415-655-0001

Access Code: 2481 870 5974

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4. Teleconferenced Meetings

6

Resolution making findings to allow teleconferenced meetings

RESOLVED, That the Our City, Our Home Oversight Committee finds as follows:

The State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, the Our City, Our Home Oversight Committee has considered the circumstances of the state of emergency.

State and City officials continue to recommend measures to promote physical distancing and other social distancing measures, in some settings.

Because of the COVID-19 pandemic, conducting meetings of this body 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.

4. Teleconferenced Meetings

7

FURTHER RESOLVED, That for at least the next 30 days meetings of the Our City, Our Home Oversight Committee will continue to occur exclusively by teleconferencing technology (and not by any in-person meetings or any other meetings with public access to the places where any policy body member is present for the meeting). Such meetings of the Our City, Our Home Oversight Committee that occur by teleconferencing technology will provide an opportunity for members of the public to address this body and will otherwise occur in a manner that protects the statutory and constitutional rights of parties and the members of the public attending the meeting via teleconferencing.

4. Teleconferenced Meetings

8

FURTHER RESOLVED, That the secretary and staff of the Our City, Our Home Oversight Committee is directed to place a resolution substantially similar to this resolution on the agenda of a future meeting of the Our City, Our Home Oversight Committee within the next 30 days. If the Our City, Our Home Oversight Committee does not meet within the next 30 days, the staff is directed to place a such resolution on the agenda of the next meeting of the Our City, Our Home Oversight Committee.

Public Comment on Agenda Item 4, Resolution making findings to allow teleconferenced meetings

Call In Number: 1-415-655-0001

Access Code: 2481 870 5974

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Public Comment on Agenda Item 5, Our City, Our Home Fund Budget, Spending, and Implementation

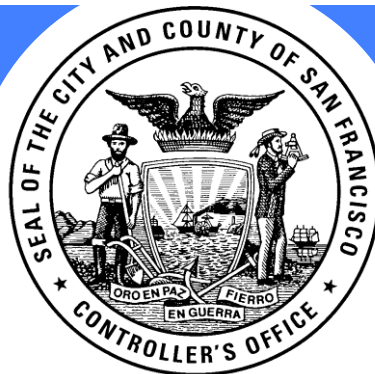
Call In Number: 1-415-655-0001

Access Code: 2481 870 5974

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Our City, Our Home Fund

6-Month Projection Report
FY21-22



CITY & COUNTY OF SAN FRANCISCO

Office of the Controller
City Performance Unit

Jessica Shimmin

02.24.22

OCOH 6-Month Report

- Mirrors the 6-Month Report produced for the General Fund
- Uses the “Revised Budget,” which includes carry-forwards from prior year
- Departments identify **actual** expenditures, funds that have been **encumbered** into contracts, and **projections** for funds expected to be spent or obligated by June 30
- **Estimated balances** will offset revenue shortfalls and carry forward to fully implement the Strategic Investment Plan in FY22-23
- The report includes units of service added or projected to be added

Definitions

B
Budget

Funds approved by the Mayor and Board of Supervisors in July.

R
Revised Budget

Annual budget plus any unspent funds carried forward from the prior year.

A
Actuals

Funds that have already been spent.

E
Encumbrance

Funds reserved for or committed to a specific purpose (e.g., under contract)

P
Projected

Funds planned to be spent by end of the fiscal year (June 30) and/or funds obligated for active negotiations

A
Acquisition

Funds set aside for a capital purchase, e.g., buying a building to serve as housing or treatment

Total FY21-22 Budget (Revised) \$803.1 Million



Permanent Housing
\$417.1 Million



Shelter & Hygiene
\$52.6 Million

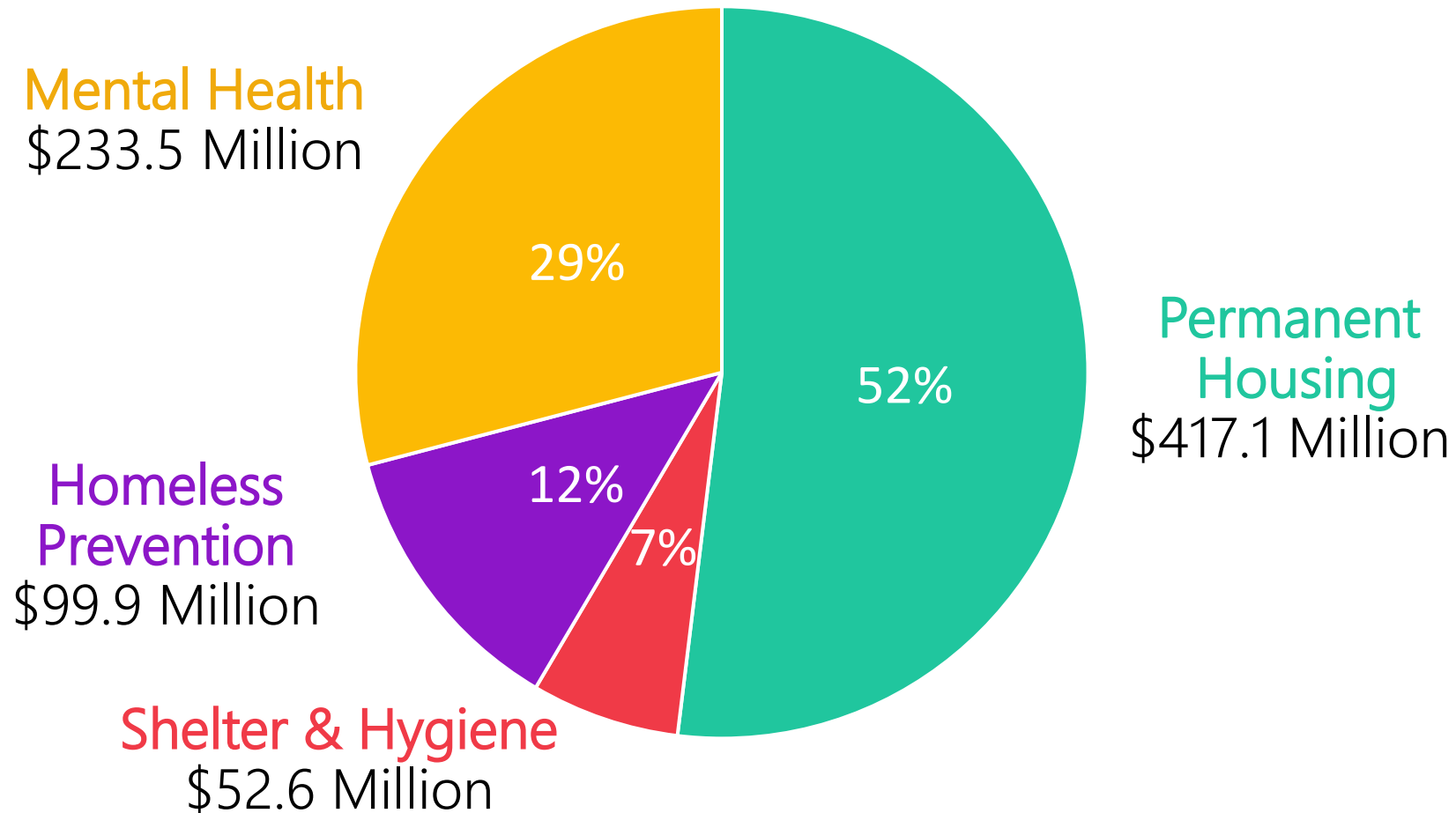


Homeless Prevention
\$99.9 Million



Mental Health
\$233.5 Million

Total FY21-22 Budget (Revised) \$817.3 Million





Permanent Housing Overview of Investments

Ongoing Subsidies and Supports

- Funds permanent rental subsidies in the private market paired with supportive services, including subsidies for adults, families, Bayview residents, seniors

Permanent Supportive Housing (PSH) Operating Costs

- Funds support services and operations of project-based housing programs

Housing Acquisition

- Funds acquisition, rehabilitation or construction of project-based housing programs

Medium-Term Subsidies

- Funds 2 to 3 years of rental subsidies in the private market paired with workforce development services
- Includes expansion of TAY Rapid Rehousing program

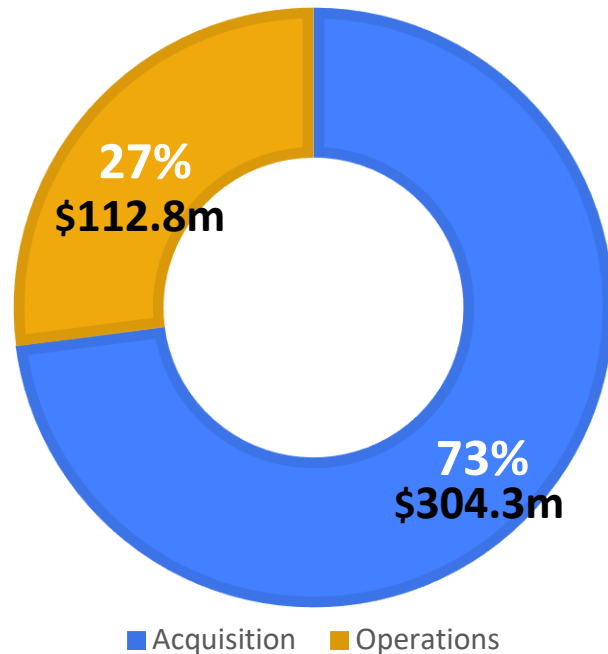
Family Housing SRO Subsidies

- Funds rental subsidies to support families in SROs to move to other private market housing



Permanent Housing \$417.1 Million Budgeted

Budget



Operations:

- Ongoing Subsidies and Support- \$59.9m
- Housing Operations- \$26.1
- Medium term subsidies - \$24.7m
- SRO Family Subsidies - \$2m

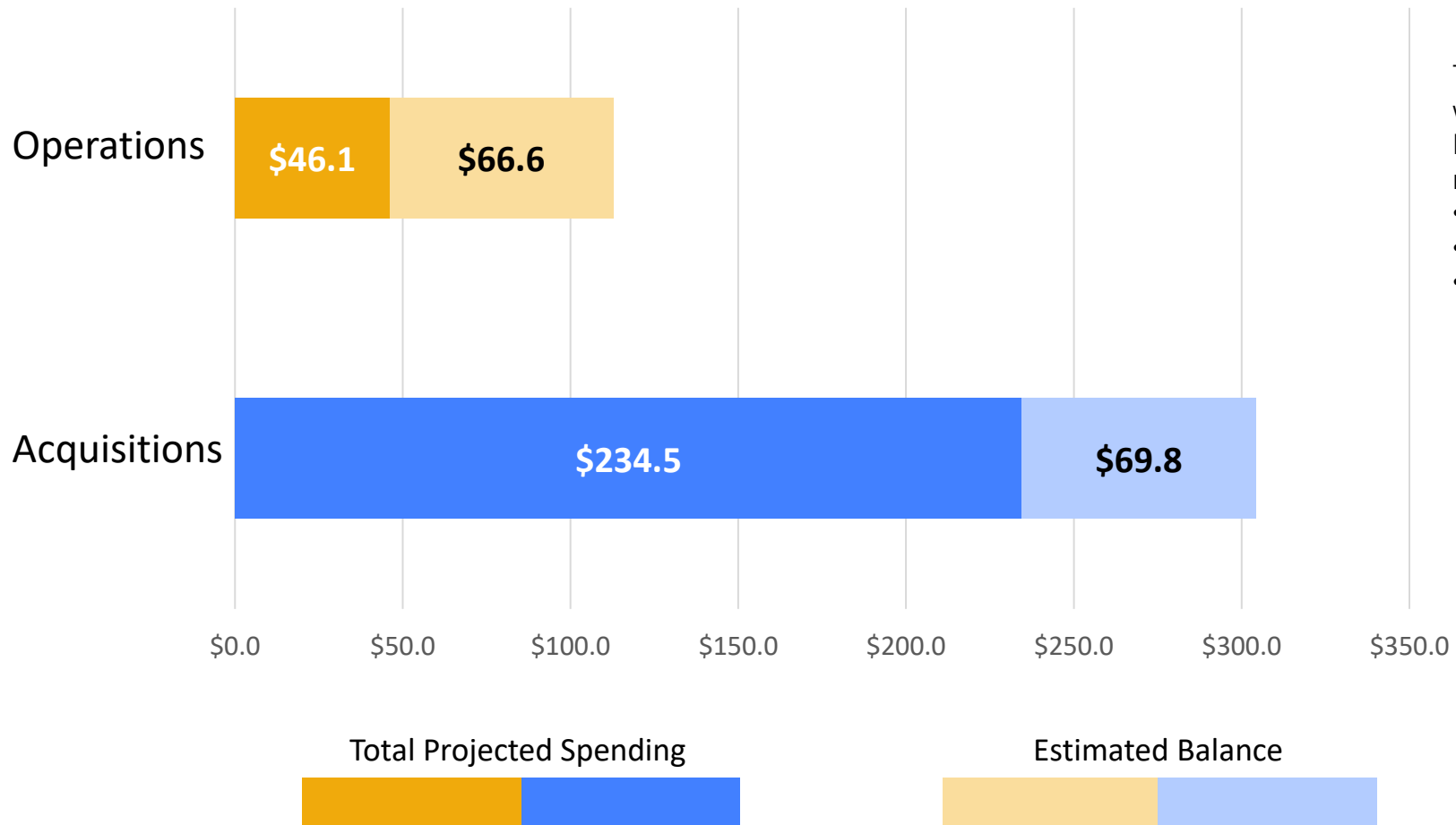
Acquisitions:

- Adult Housing - \$108.7m
- Family Housing - \$106.5m
- TAY Housing - \$89.1m



Permanent Housing \$417.1 Million Budgeted

Year End Total Projected Spending / Estimated Balance

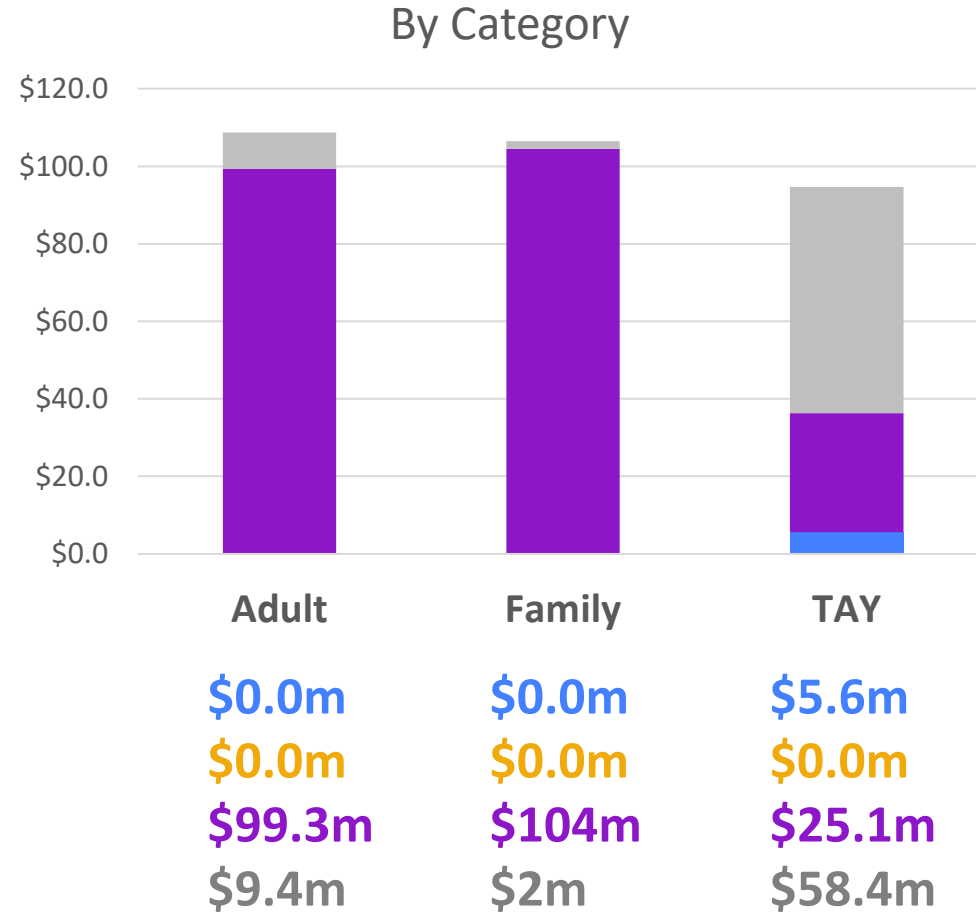
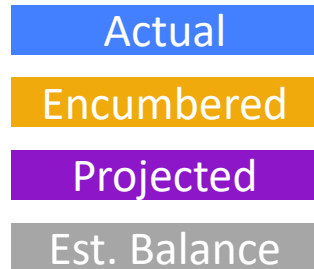
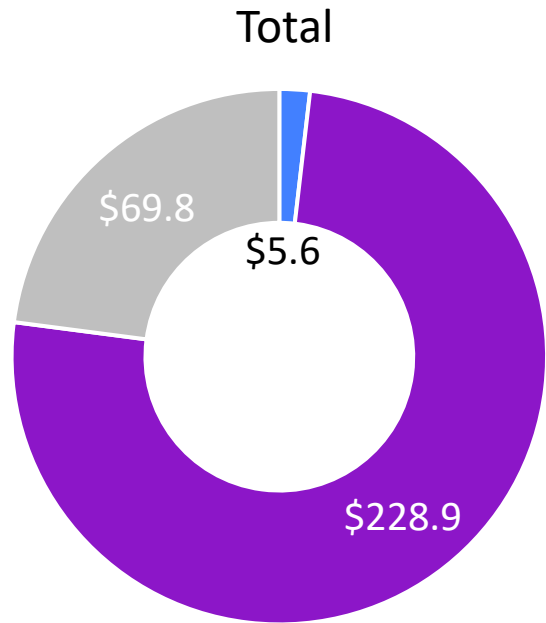


The FY21-22 revenue shortfall will reduce estimated balance of Housing Operations by \$19.6 million:

- Adult Housing: \$10.8 million
- Family Housing: \$4.9 million
- Youth Housing: \$3.9 million

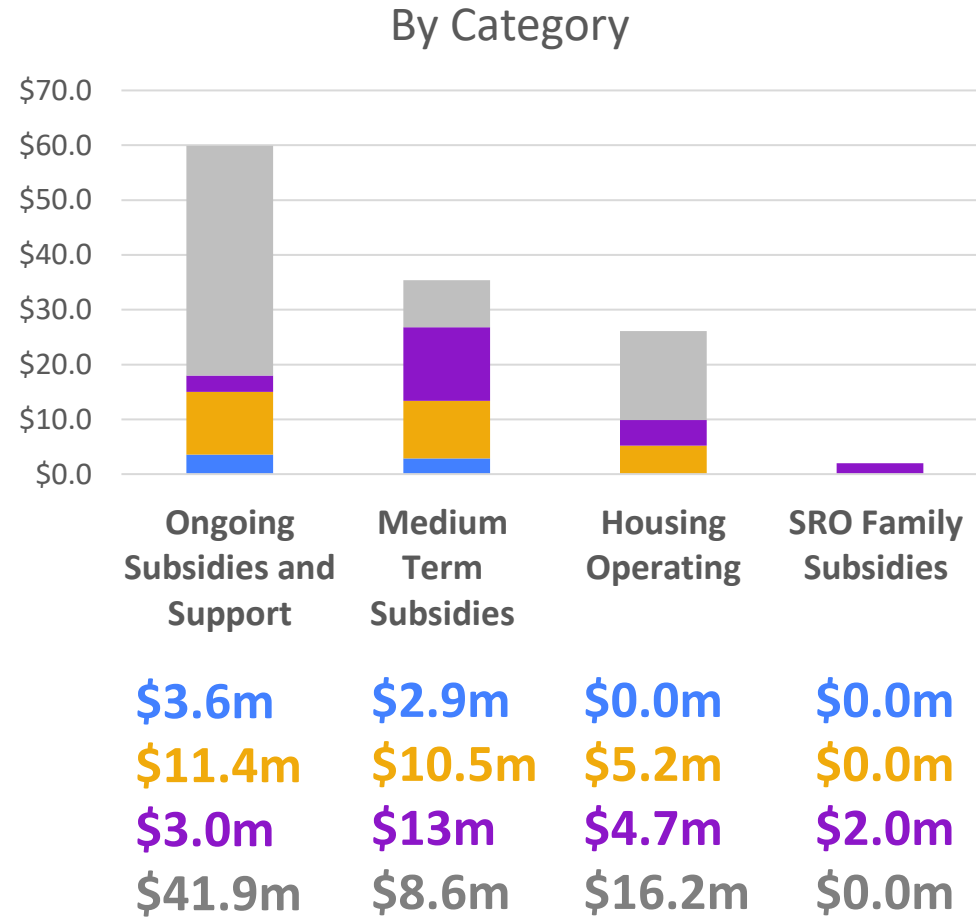
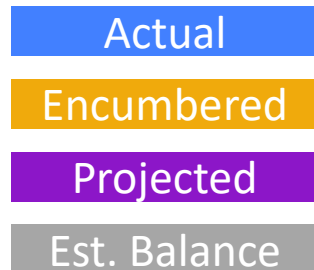
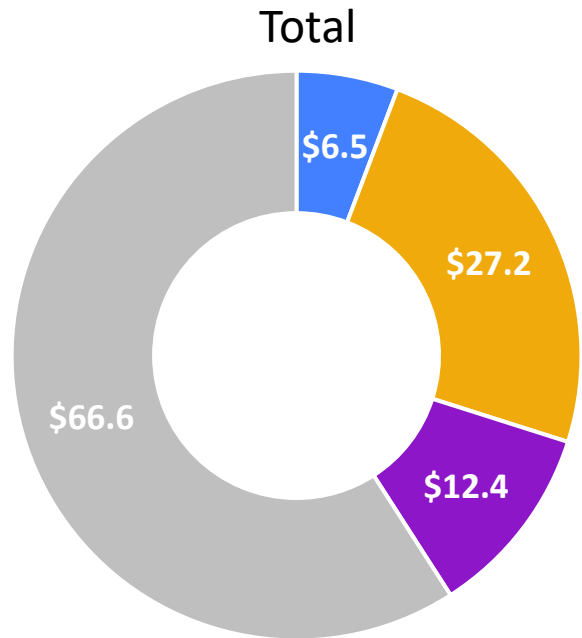


Permanent Housing Acquisition \$304.3 Million Budgeted





Permanent Housing Operations \$112.8 Million Budgeted





Permanent Housing Capacity Added

2,474 Permanent Housing Slots

2,101 slots for
ADULT households

71 slots for
FAMILY households

1,488 slots
Subsidies and
PSH Operating

613 units
Acquisition

71 slots
Subsidies and
PSH Operating

0 units
Acquisition

302 slots for
YOUTH households

225 slots
Subsidies and
PSH Operating

77 units
Acquisition



Mental Health

Overview of Investments

Assertive Outreach Services

- Funds Street Crisis Response Teams, Street Overdose Response Teams, overdose prevention, and Street Medicine behavioral health

Treatment Beds – Operating & Acquisition

- Funds acquisition and/or operations of mental health and substance use treatment programs including psychiatric skilled nursing, TAY residential treatment, managed alcohol programs, drug sobering center, urgent care and crisis diversion, etc.

Drop-In Services

- Funds mental health services for adults and TAY, including transgender mental health services

Case Management Services

- Funds clinical services in permanent supportive housing and case management for TAY and adults

Operating Costs

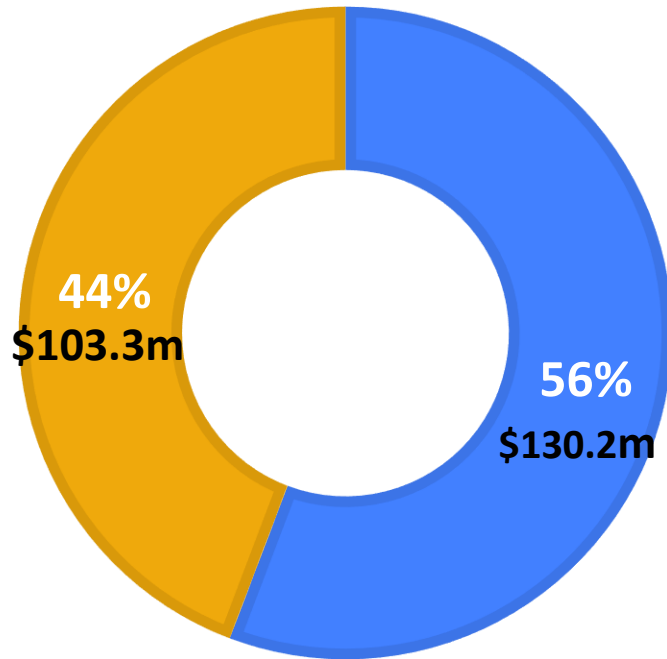
- Funds operating and implementation costs across services



Mental Health

\$233.5 Million Budgeted

Budget



■ Acquisition ■ Operations

Operations:

- Assertive Outreach - \$34.9m
- Case Management - \$15.1m
- Drop-in Services - \$12.7m
- Treatment Beds - \$32.4m

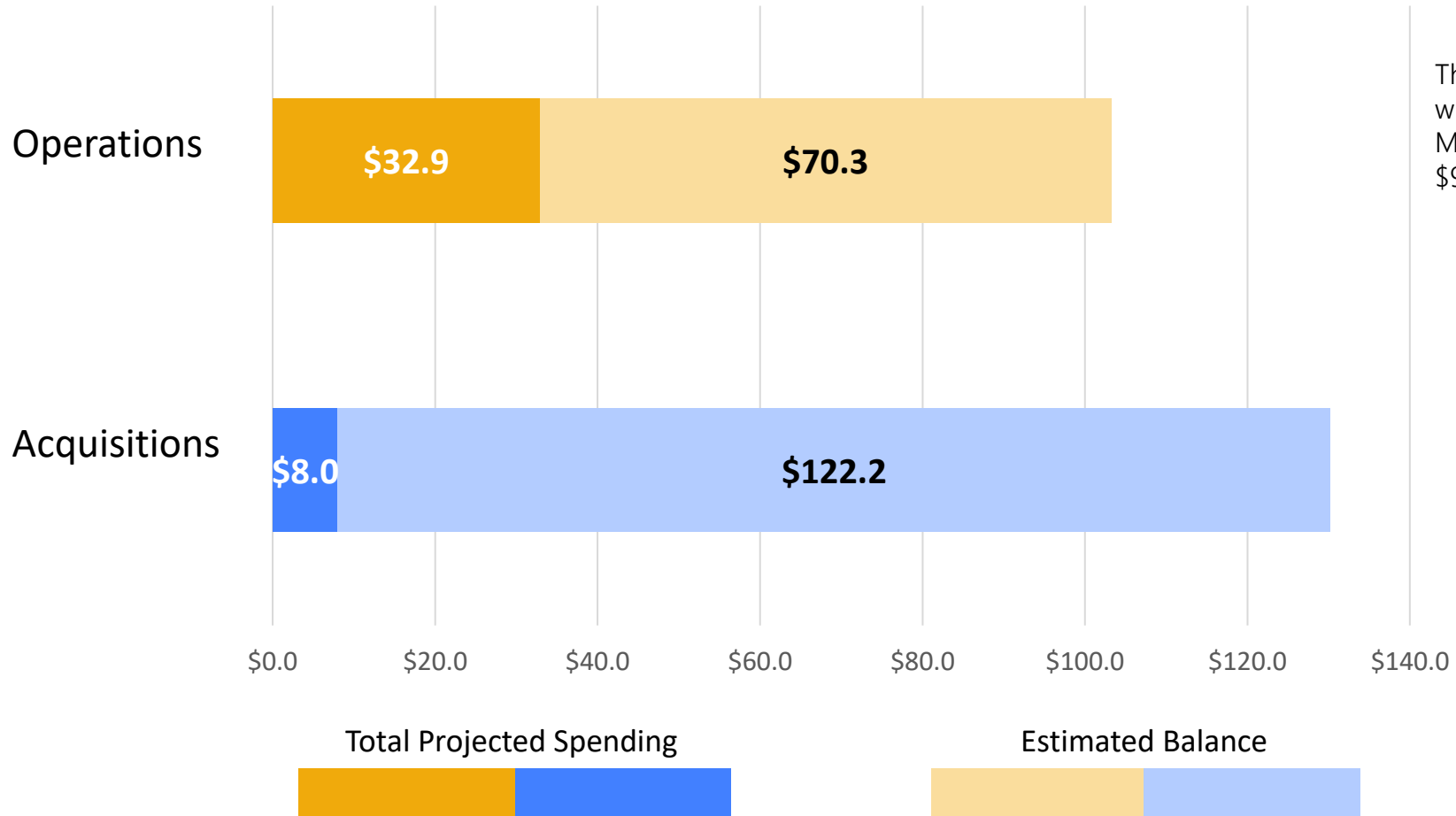
Acquisitions:

- Site Acquisition - \$130.2m



Mental Health \$233.5 Million Budgeted

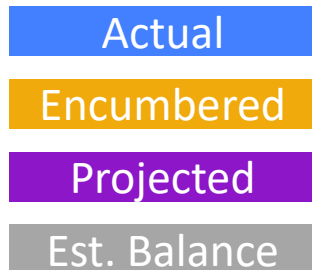
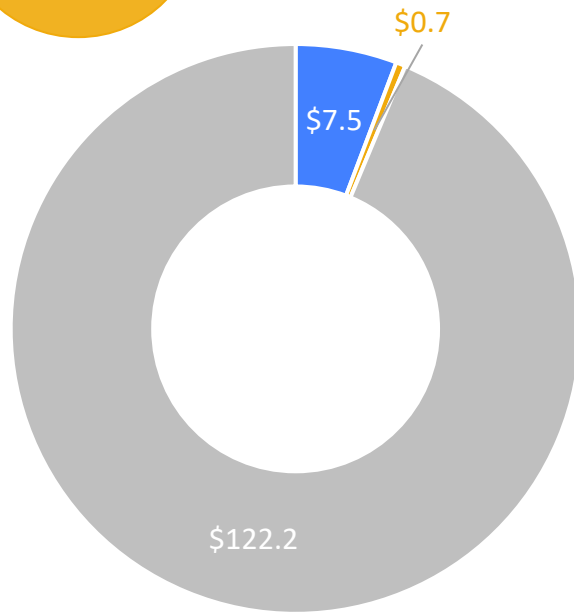
Year End Total Projected Spending / Estimated Balance



The FY21-22 revenue shortfall will reduce estimated balance of Mental Health Operations by \$9.9 million



Mental Health Acquisition \$130.2 Million Budgeted



Estimated **Acquisition** balance includes:

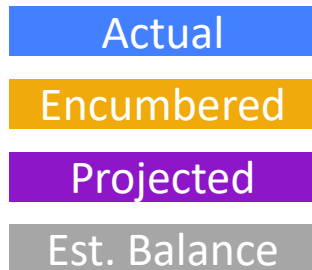
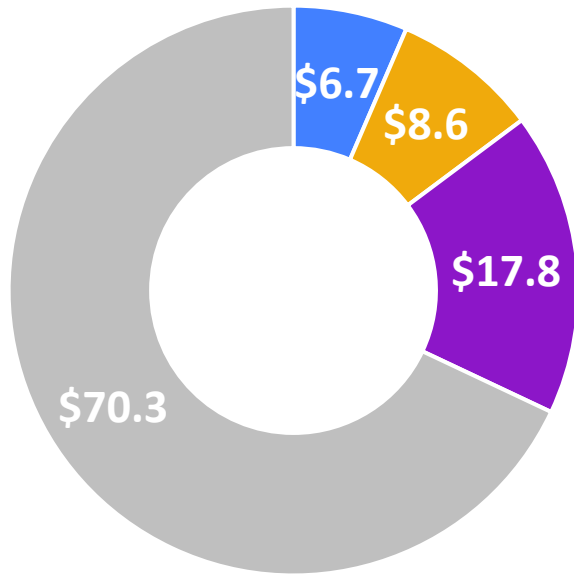
- FY21-22 balance of \$114.6 million
- FY20-21 carry-forward balance of \$7.6 million

Estimated **Operations** balance includes:

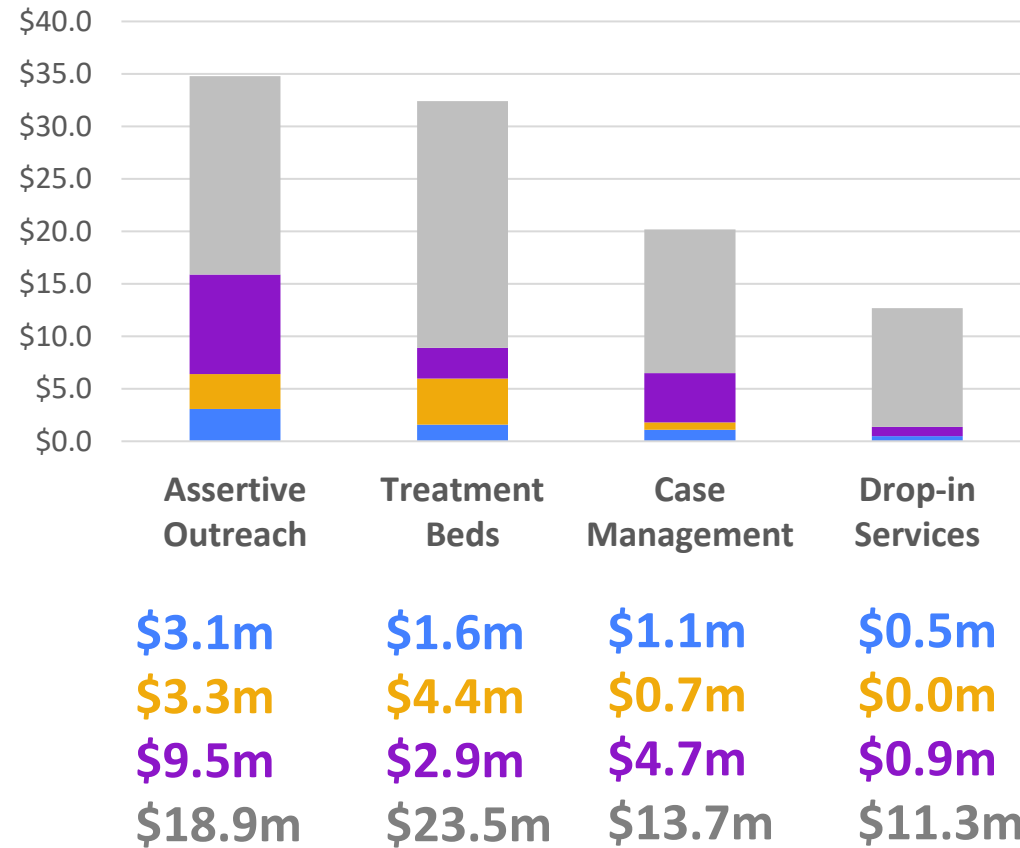
- FY21-22 balance of \$55.5 million
- FY20-21 carry-forward balance of \$17.7 million



Mental Health Operations \$103.3 Million Budgeted



By Category





Mental Health Capacity Added

7 teams

Assertive Outreach

6

Street Crisis
Response Teams
implemented

1

Street Overdose
Response Team
implemented

132 beds

Treatment Beds

Includes drug sobering, mental
health residential, managed
alcohol, board & care, and others



Shelter & Hygiene

Overview of Investments

Shelter Beds and Slots

- Funds operating costs of shelter and hygiene programs including Trailer Program, family respite shelter, Safe Parking program, Safe Sleep, and SIP hotels

Hotel Vouchers

- Funds vouchers for youth, pregnant people, and individuals experiencing domestic violence to stay overnight at private hotels

Shelter Services

- Funds case management services at a navigation center serving justice-involved adults

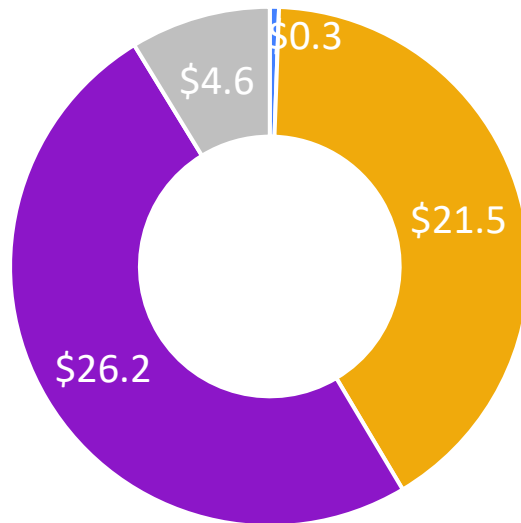
Operating Costs

- Funds operation and implementation costs for shelter programs



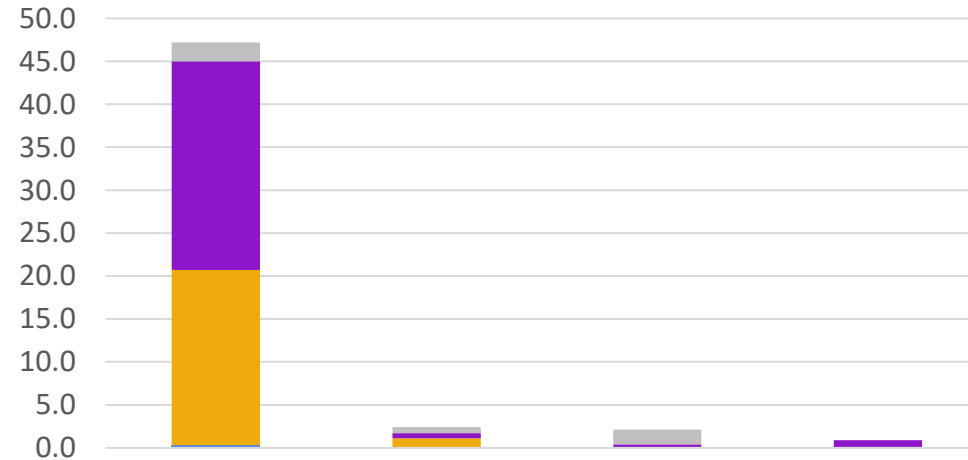
Shelter & Hygiene \$52.6 Million Budgeted

Total



Actual
Encumbered
Projected
Est Balance

By Category



Category	Actual	Encumbered	Projected	Est Balance
Shelter Slots	\$0.3m	\$20.4m	\$24.3m	\$2.2m
Operating	\$0.0m	\$1.1m	\$0.6m	\$0.7m
Hotel Vouchers	\$0.0m	\$0.0m	\$0.4m	\$1.7m
Shelter Services	\$0.0m	\$0.0m	\$0.9m	\$0.0m

The FY21-22 revenue shortfall will reduce estimated balance of Shelter and Hygiene by \$3.9 million



Shelter & Hygiene Capacity Added

521 Shelter and Hygiene slots, beds,
and/or services

221

Shelter Interventions
(beds/services)

75

Shelter slots for
adults

55

Shelter slots for
families

20

Shelter slots for
youth

116

Shelter slots
for all pops

300

Overnight Health and
Hygiene Interventions

243

Safe Sleep slots
maintained

57

Vehicle Triage
Center slots
created



Homelessness Prevention

Overview of Investments

Problem Solving

- Funds one-time grants and flexible options for addressing needs of youth, families and adults who recently lost housing

Case Management

- Funds clinical services for individuals in PSH

Ongoing Subsidies and Supports

- Provides rental subsidies for current residents in PSH to bring their rent to 30% of income

Targeted Homelessness Prevention

- Funds flexible financial assistance and supportive services to households at high risk of homelessness

Eviction Prevention and Housing Stabilization

- Funds legal services, emergency rental assistance and support services for households at high risk of homelessness

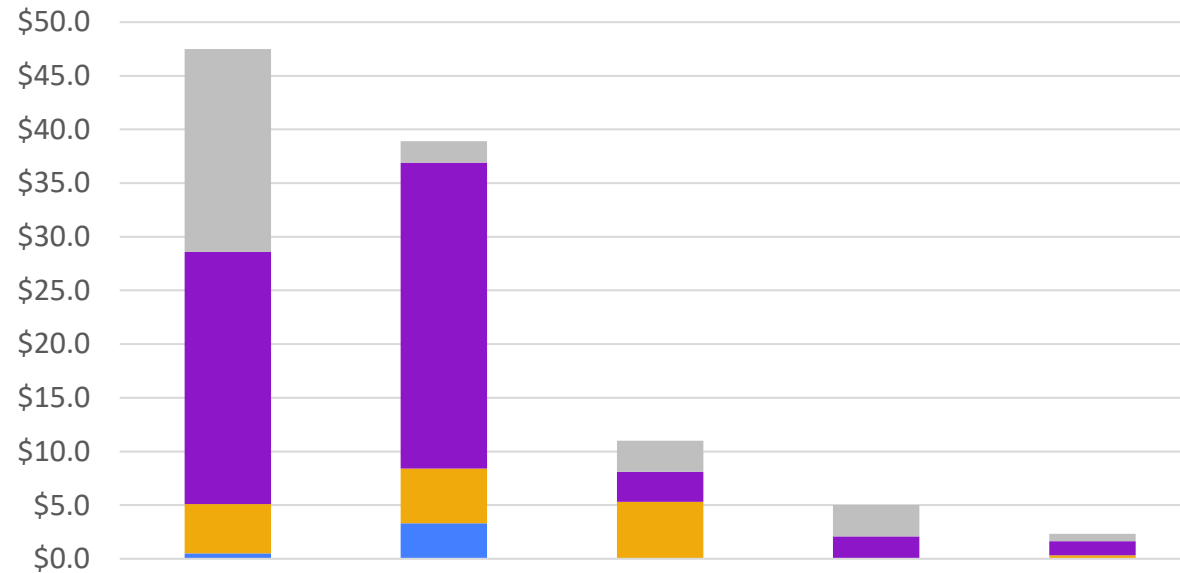
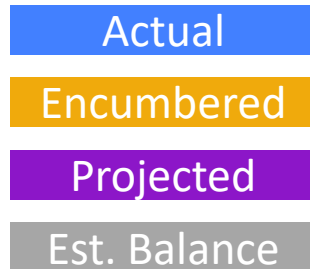
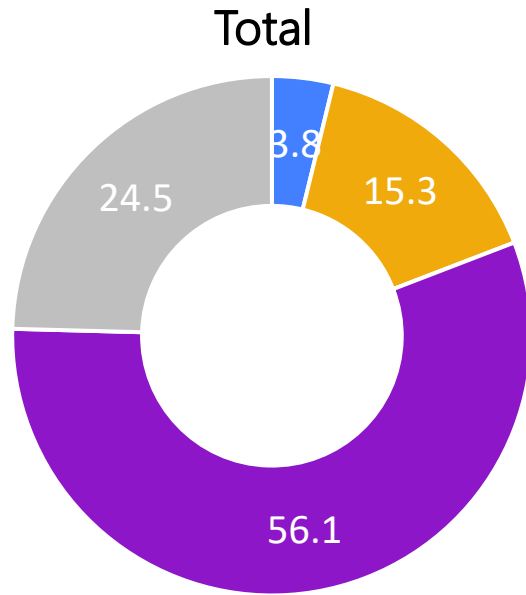
Operating Costs

- Funds operation and implementation costs for prevention programs



Homelessness Prevention \$99.9 Million Budgeted

By Category



Category	Actual	Encumbered	Projected	Est. Balance
Problem Solving	\$0.5m	\$4.6m	\$23.5m	\$18.9m
Targeted Homeless Prevention	\$3.3m	\$5.1m	\$28.5m	\$2.0m
Ongoing Subsidies & Support	\$0.0m	\$5.3m	\$2.8m	\$2.9m
Case Mgmt	\$0.0m	\$0.0m	\$2.1m	\$2.9m
Operations	\$0.03m	\$0.3m	\$1.3m	\$0.7m

The FY21-22 revenue shortfall will reduce estimated balance of Prevention by \$5.9 million



Homelessness Prevention Capacity Added

Homelessness Prevention for **3,600** households

2,800

PSH households
receiving shallow
subsidies

600

Households
receiving targeted
homelessness
prevention

75

Veteran
households
receiving
problem solving

125

Other households
receiving problem
solving

FY21-22 Revenue Shortfall

- In January 2022, the Controller's Office reported on an estimated \$39.4 million revenue shortfall in the current year, FY21-22.
- The projected shortfall amount will be updated in coming months as more about the revenue outlook is known.
- Addressing the shortfall requires a de-appropriation of budgeted funds across the OCOH funding areas.
- The Controller's Office estimates each OCOH program area will be reduced by the following projected amounts leveraging the "estimated balance" for each program area:
 - Adult Housing: \$10.8 million
 - Family Housing: \$4.9 million
 - Youth Housing: \$3.9 million
 - Mental Health: \$9.9 million
 - Prevention: \$5.9 million
 - Shelter and Hygiene: \$3.9 million

Thank you.

Any questions?

You can reach me at Jessica.Shimmin@sfgov.org

Visit www.sf.gov/ocoh for more details.

Spending & Implementation Updates Our City, Our Home Funds

San Francisco Department of Public Health

February 24, 2022



San Francisco Health Network
Behavioral Health Services

DPH Behavioral Health – Budget Update

DPH has started spending or expects to begin by the end of this Fiscal Year for nearly all Prop C funded programs

- About 6 months into full budget allocations – FY 21-22 funding for new programs started in August 2021 when the budget was certified
- One-time savings are driven largely by one-time program upstart delays - hiring of staff, new contracts, buying buildings, and designing new programs
- We expect to more fully annualize expenses next year - we do not expect to see this level of savings in future years



DPH Behavioral Health – Budget Update

Some contributing factors for budget delays include: hiring of staff, new contracts, buying buildings, and designing new programs

- DPH is undertaking a major push to hire at least 200 behavioral health and MHSF positions by March 30, 2022 – this will support many Prop C funded programs to start services this Fiscal Year
- Building new residential care & treatment beds in county takes time and it can take up to 1.5 - 3 year to build and open a new facility in county
 - Looking at options to contract for beds in the short-term – including additional 12-month Rehab Board & Care beds – until we can add capacity in-county



DPH Behavioral Health – Budget Update

We will address proposed changes for the DPH Prop C budget plan in March – some current priorities include:

- Updating costs for approved programs based on implementation and final program design – higher costs
- Opportunities to expand bed capacity faster – contracting for additional out-of-county options
- Establishing a capital maintenance fund for building acquisitions



DPH Behavioral Health Program Implementation Updates

Assertive Outreach Services

Case Management Services
& Care Coordination

Drop-in Services

Residential Care &
Treatment



DPH Behavioral Health – Assertive Outreach Services

Street Crisis Response Team (SCRT) now **six fully operational teams** providing 24/7 citywide coverage of San Francisco - the 7th team will launch this Fiscal Year

- SCRT took more than **5,000 calls and engaged with nearly 3,000 people** in crisis during the first year
- SCRT is now **diverting over half (61%) of calls monthly** for "mentally disturbed persons" from law enforcement.
- SCRT dashboard with key performance indicators - <https://sf.gov/street-crisis-response-team>

Street Medicine Expansion - additional behavioral health clinicians, health workers, and nursing staff have been hired. Referral services started in **February 2022**.



DPH Behavioral Health – Assertive Outreach Services

Street Overdose Response Team (SORT)* launched in **August 2021** in collaboration with the Fire Department - (1) Community Paramedic Response Team & (1) Post Overdose Engagement team (POEt) are operational

- Responded to **over 937 calls, 564 of which involved an overdose** (as of January 2022)
- Contracting amendments are underway to expand both the Response and POEt teams; hiring for additional city staff will benefit from the BHS hiring push. Remaining services are expected to launch this Fiscal Year.

Overdose Prevention Services - contracted staff are being hired and contract amendments are being finalized for key overdose response and prevention services – ~\$5.8 million in contract funding expected to start this Fiscal Year

* SORT is managed by Whole Person Integrated Care (WPIC) – a division of Ambulatory Care at DPH



San Francisco Health Network
Behavioral Health Services

DPH Behavioral Health – Case Management

Behavioral & Clinical Health Services in PSH – all WPIC physical health care staff positions have been filled.

- 10 pilot sites for the service expansion, initially starting with physical health services, **began in January 2022.**
- Some Behavioral Health and operations staff will be on-board in Spring 2022; additional Behavioral Health services will be RFP'ed out, likely starting services in FY 22-23.

Care Coordination & Case Management Services - will consist of four related components, including BHS's Office of Coordinated Care (OCC):

1) Behavioral Health Access Programs

- Upgraded Behavioral Health Access Line (BHAL) launched in **November 2021**
- Expanding hours and services of Behavioral Health Access Center (BHAC) will roll out in phases over the next few months; the co-located BHS Pharmacy at BHAC expanded hours in **December 2021** (more in MHSC section later)



DPH Behavioral Health – Case Management

2) Care Coordination Services - key services will begin in spring 2022 and ramp up through fall 2022

- In spring 2022, care coordination launches for people in priority populations leaving Psychiatric Emergency Services (PES) or psychiatric hospitalization, leaving jail, following a psychiatric hold (5150)
- TAY Care Coordination – staff have been hired to support TAY ICM programming and TAY Outpatient Mobile Outreach team is expected to begin services in Spring 2022.

3) Support Services – expansion for benefits eligibility support and transportation services are underway and will expand over the course of 2022



DPH Behavioral Health – Case Management

4) Case Management Expansion - expansion of three different levels of case management are set to roll-out in phases over the next few months.

A) Critical Care Case Management Services - field-based case management services

- SCRT-OCC team **implemented in April 2021** – 9 FTE hired
 - Since program inception, the follow-up SCRT-OCC team connected with 38% of SCRT clients. Connection rates have consistently increased; in December 2021 **the rate was 63%**.
- Bridge & Engagement Services Team (BEST) – total of 20 staff planned
 - Phase 1 of services began in **January 2022**
 - Additional services supported by new staff will be ramping up through spring 2022



DPH Behavioral Health – Case Management

4) Case Management Expansion CONTINUED

B) Intensive Case Management (ICM) Services - field-based intensive treatment services with embedded case management support will roll-out services in three phases.

- Phase 1 – In process: reduction of waitlist for existing programs by addressing CBO vacancies
- Phase 2 – Spring 2022 planned launch: Add contract funding for new staff to eliminate waitlists and move toward reducing caseloads to levels aligned with best practices.
- Phase 3 – Winter 2022 planned launch: RFP/Q for new Intensive Case Management (ICM) services focused on racial equity and culturally congruent services



DPH Behavioral Health – Case Management

4) Case Management Expansion CONTINUED

C) Case Management Services - case management staff will be added at BHS mental health and substance use outpatient clinics – enabling higher levels of case management support, increase system navigation services, and enable transfers to the best level of care.

- Establish new case management teams at the 5 largest civil service mental health outpatient clinics (12 FTE) in spring 2022
- Add case management staff (7 FTE) to Substance Use Disorder (SUD) outpatient clinics by summer 2022



DPH Behavioral Health – Drop-in Services

Behavioral & Clinical Health Services – RFP is in development for these services

Mental Health Service Center - expanded hours of Behavioral Health Access Center (BHAC) are ramping up in phased approach over the next few months

- The BHS pharmacy co-located at the BHAC has expanded hours and services, including expanded office hours started **December 15, 2021**
- BHS is actively working on an implementation plan with the support of analysis by the Controller's Office to meet the goals for the MHSC

TAY & Transgender Mental Health Services - Proceeding with a \$500k initiative addressing the shared needs of the TAY and Transgender communities – 3 FTE for Dimensions Clinic

- Further community outreach for the remaining Transgender Mental Health funding will take place in February with final recommendations and decisions expected in March.



DPH Behavioral Health – Residential Care & Treatment

- Residential care and treatment spaces have expanded by **89 new beds** of the total 400 new spaces that are planned under New Beds & Facilities – nearly 25% of the goal
- SoMa RISE (Drug Sobering Center) building permits are in process and final operational planning with CBO contractor underway – opening spring 2022 with **approximately 20 beds**
- In December 2021, the Board of Supervisors approved the purchase of 822 Geary Street and 629 Hyde Street, which could potentially be the location for up to **15 Crisis Diversion beds**



DPH Behavioral Health – Residential Care & Treatment

- Actively pursuing buildings for acquisition to support expansion for Residential Step-Down, Board & Care, and Managed Alcohol Program expansion services
 - In various stages of real estate negotiations, property assessments, and predevelopment discussions
- Plans to expand additional **20 beds** of 12-Month Rehabilitative Board & Care after successful pilot and approximately **20 additional Board & Care beds** this Fiscal Year
- Looking for additional opportunities to contract in the short-term – until we can build long-term capacity in-county



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
20 Beds	Open 2021 12-month Rehabilitative Board and Care Status Accepting placements 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	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal 13 Est. Beds	Open 2021 Psychiatric Skilled Nursing Facilities (aka PSNF) Status Contract complete; reviewing client applications	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal 6 Est. Beds	Open 2022 Cooperative Living for Mental Health^Δ Status Accepting applications	Communal living for people with chronic mental health and/or substance use Additional \$11M to stabilize leased properties available through MOHCD

KEY

January 7, 2022

Project Phases and Status			Complete
Δ MHSF legislation			In process
1 Program design			Planned
2 Regulatory assessment			
3 Facility selection			
4 Out for bid/contracting			
5 Community outreach & City approvals			
6 Permit & construction			
Goal 20 Est. Beds	Open Winter 2022 SOMA RISE^Δ (aka Drug Sobering Center) Status Initiating construction	Pilot 24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services	1 2 3 4 5 6
Goal 73 Est. Beds	Opening date to be determined Residential Care Facility^Δ (aka Board and Care)* Status Active negotiations to acquire a building	Supervised residential program for individuals with mental health issues who require assistance with activities of daily living.	1 2 3 4 5 6
Goal 140 Est. Beds	Opening date to be determined Residential Step-down - SUD^Δ Status Active negotiations to acquire a building	Long-term sober living environment for clients coming out of residential care programs	1 2 3 4 5 6
Goal 30 Est. Beds	Opening date to be determined Enhanced Dual Diagnosis^Δ Status Program design in development	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues	1 2 3 4 / /
Goal 10 Est. Beds	Opening date to be determined Transitional Age Youth (TAY) Residential Treatment^Δ Status Program design in development	Supervised treatment for young adults with serious mental health and/or substance use issues	1 2 3 4 5 6
Goal 15 Est. Beds	Opening date to be determined Crisis Diversion Facility^Δ Status Program design in development	Short-term, urgent care intervention as an alternative to hospital care	1 2 3 4 5 6

<https://sf.gov/residential-care-and-treatment>

Thank you!



San Francisco Health Network
Behavioral Health Services

6. Future Agenda Items and Committee Updates

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Propose agenda items for future meetings and provide Committee updates

Public Comment on Agenda Item 6, Future Agenda Items and Committee Updates

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Access Code: 2481 870 5974

1. "Raise hand" by pressing * 3 and you will be queued.
2. Callers will hear silence when waiting to speak.
3. The operator will unmute each caller in the order received.
4. When prompted, each caller will have three minutes to provide comment.
5. Best practices include:
 - Ensuring you are in a quiet location
 - Speaking clearly
 - Turning off any TVs or radios around you

Thank you.

Questions?

Email the Committee at OCOH.CON@sfgov.org