

October 25, 2022



Mental Health San Francisco Implementation Working Group



San Francisco
Department of Public Health

harder  co | community
research

A hand is shown in the foreground, pointing upwards with the index finger. The entire image has a blue overlay and a blurred background of people. The text "Call to Order/Roll Call" is centered in white.

Call to Order/Roll Call

Vote to **Excuse Absent Member(s)**

Decision Rule:

- Simply majority, by roll call

Meeting Goals

- Understand more about
 - MHSF's evolution via a Quarterly Director's Update
 - SoMa Rise's implementation and client experience (New Beds & Facilities)
 - Minna's implementation (New Beds & Facilities)
- Get update and give feedback on DPH's mapping project
- Receive update from the December Implementation Report discussion group



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



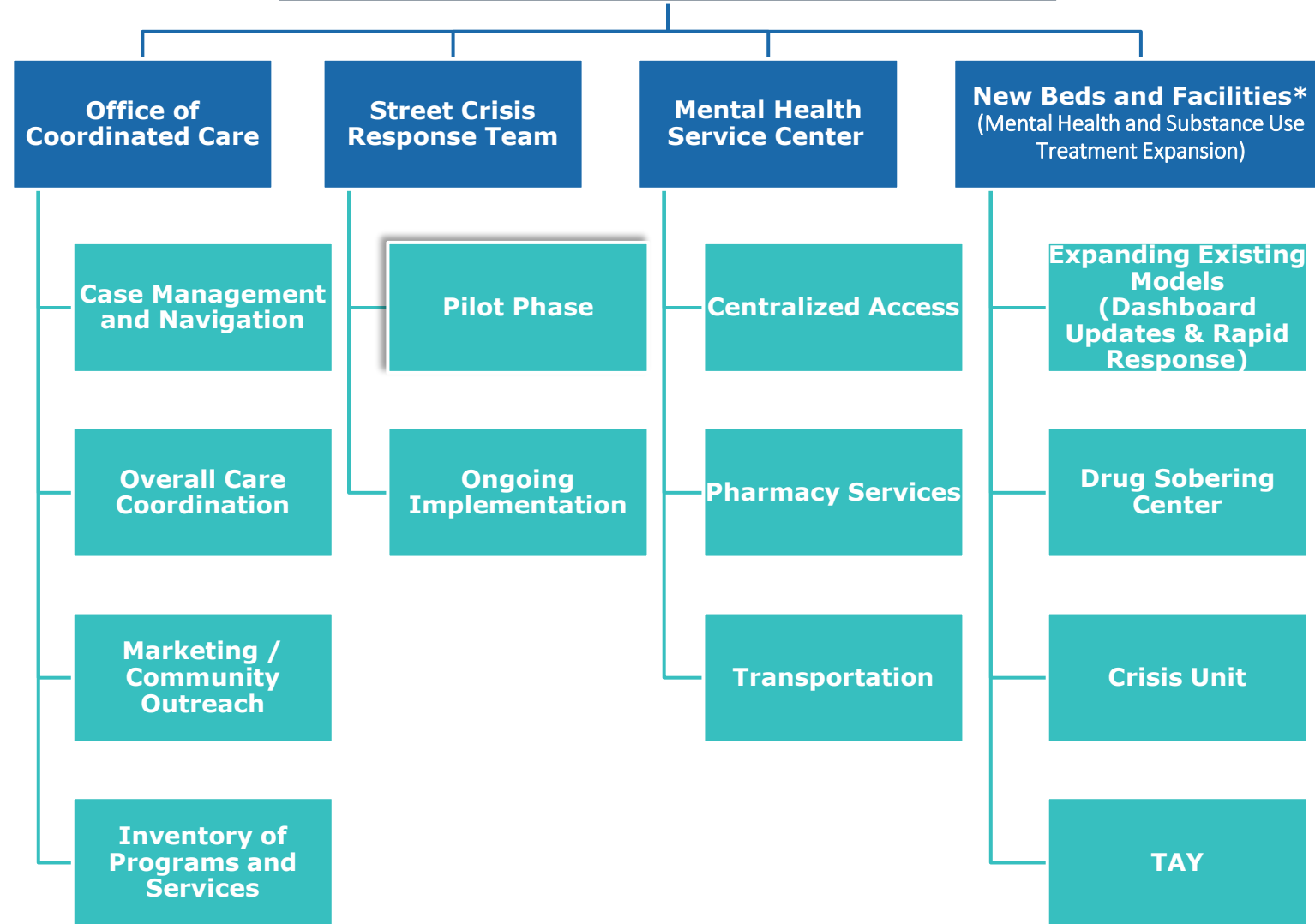
Dr. Hillary Kunins



Ashley Vaughn



Heather Weisbrod



David Pating



Yoonjung Kim



Oksana Shcherba

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://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>

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 224 1541
- 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://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>



Public Comment for Discussion Item #2

Approve Meeting Minutes

Steps:

- Call (415) 655-0001
- Enter access code 2482 224 1541
- 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 Update



Dr. Hillary Kunins

All materials can be found on the MHSF IWG website at:

<https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>

Mental Health Service Center (MHSC) Update

Discuss the MHSC with MHSF IWG in the next two months

- Share thinking on next phase of program implementation planning informed by the Controller's Office analysis of three options:
 - 1) Stand-Alone Center
 - 2) Multi-Location Center
 - 3) Virtual Center
- DPH has identified a potential building that could serve as a 'one-stop' behavioral health drop-in access point, the hub of the Mental Health Service Center as well as office staff for key Behavioral Health Services (BHS) and Mental Health SF staff
- More details, discussion, and feedback opportunities forthcoming

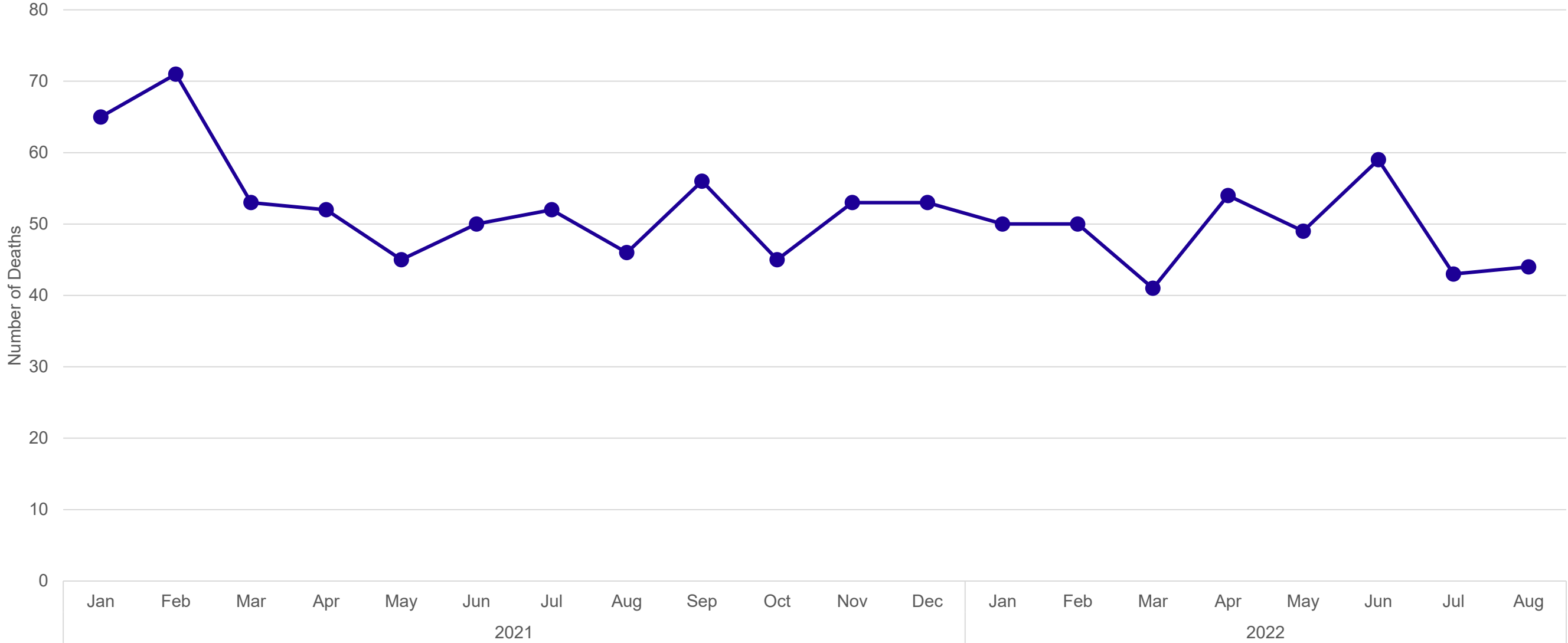


Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan



San Francisco Health Network
Behavioral Health Services

Preliminary Overdose Deaths in San Francisco, January 21 – August 22, by month



Citywide progress under Mental Health SF

- Opening more than 250 new behavioral health residential care and treatment beds
 - Includes a drug sobering center (SoMa RISE), now open 24/7
- Expanded hours at the Behavioral Health Access Center (BHAC), the Office-based Buprenorphine Induction Clinic (OBIC) and BAART Market Street Clinic
- Established the Street Crisis Response Teams and the Street Overdose Response Team (SORT)
 - 1,840 calls handled by SORT between 8/2/21 and 7/31/22, 966 of which involved an overdose
- Launched an Office of Coordinated Care within Behavioral Health Services
- Medications for addiction treatment and links to contingency management are offered to patients at Zuckerberg San Francisco General Hospital
- Behavioral Health Services Pharmacy delivers buprenorphine to many high-risk housing locations and areas without retail pharmacy access

Overdose Prevention Planning

Goals: Reduce overall overdose deaths in San Francisco, while also reducing disparities in overdose deaths among people experiencing homelessness and among Black/African American San Franciscans.

Guiding principles:

- Build upon successes by advocates, people who use drugs, and community organizations
- Expand the continuum of services available to people who use drugs, including treatment and harm reduction
- Improve the health and wellness of people who use drugs and communities impacted by drug use and overdose
- Driven by evidence-based interventions, yet recognizes that flexibility and innovation are needed as conditions change

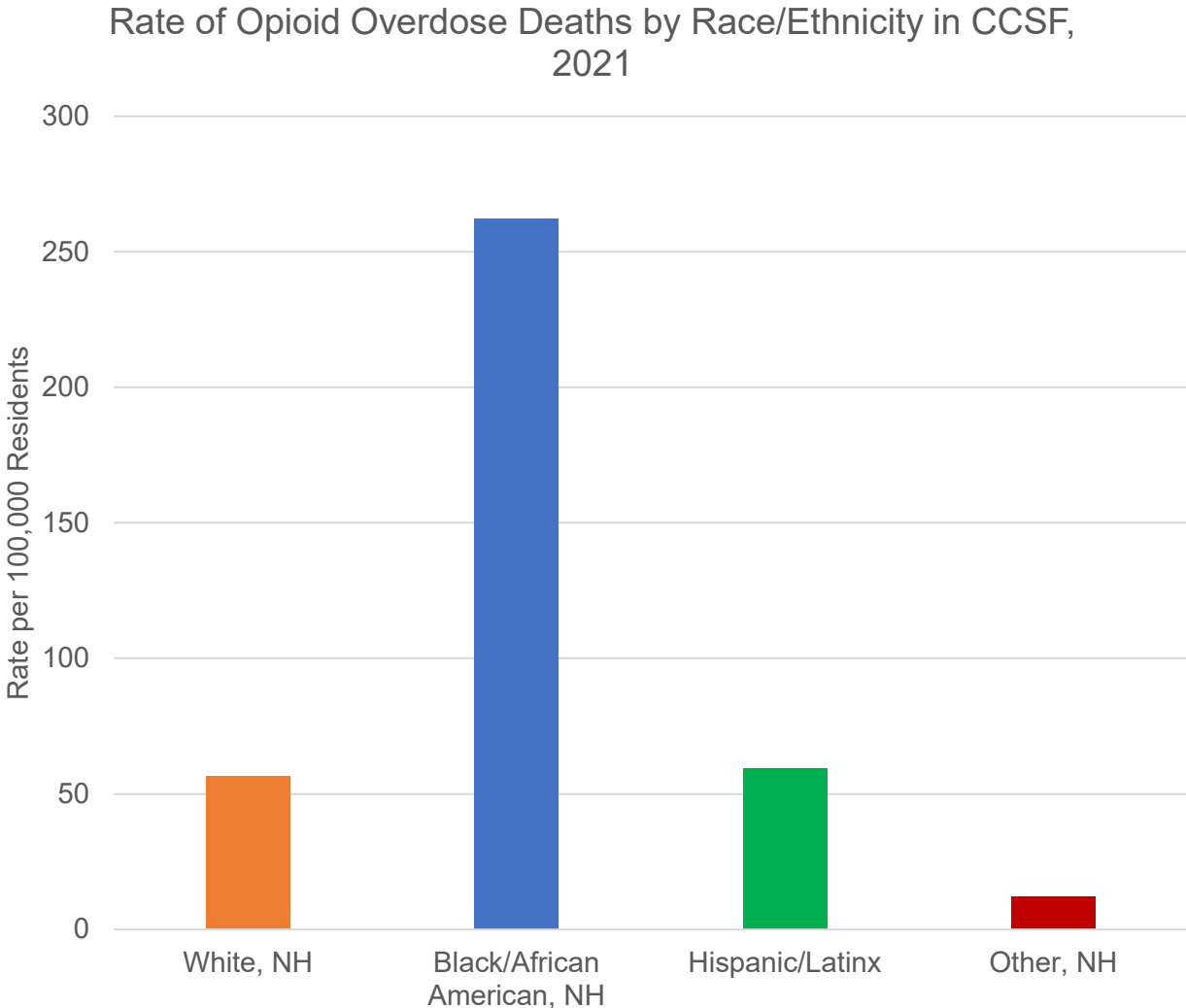
Input sought from: Community members, providers, advocates, DPH staff, interviews in the Tenderloin and guests at the TLC, experts in drug policy, research and social services



Reducing the profound racial disparities in San Francisco's overdose decedents

In addition to these principles, **the plan is centered around equity**, acknowledging the disparities that exist in drug-related outcomes and the unequal and often unjust ways that different populations experience drug-related harms.

San Francisco's profoundly high opioid overdose death rates among Black/African American residents illustrates the urgency of a tailored and focused approach, one that is **informed by the community and supported with sufficient resources to make meaningful change**.



San Francisco's Overdose Prevention Plan

4
point
comprehensive
plan

Increase availability and accessibility of the continuum of substance use services

Strengthen community engagement and social support for people at high risk for overdose

Implement a "whole City" approach to overdose prevention

Track overdose trends and related drug use metrics to measure success and inform program development and change



Strategic Area #1: Increase availability and accessibility of the continuum of substance use services

Treatment and harm reduction services – historically viewed as separate, mutually exclusive approaches – exist on a continuum. The City aims to make services readily available to improve the wellbeing of people who use drugs and the communities in which drug use occurs. To achieve this, the City will:

- establish Wellness Hubs as a cornerstone of the City's efforts, which will provide overdose prevention services and resources, services to improve health, and linkages to treatment
- expand access and remove barriers to treatment for opioid use disorder, including fentanyl addiction,
- prevent overdoses from being fatal by supporting and broadening overdose prevention services (naloxone, fentanyl test strips, drug checking, and safe consumption), and
- improve post-overdose outcomes by enhancing overdose response teams and connecting people to care.



Strategic Area #2: Strengthen community engagement and social support for people at high risk for overdose

Without increasing the social supports provided to people who use drugs, outreach and engagement will have limited success and the risk of an overdose will remain high. To address these challenges, the City will establish or expand:

- communication to the public about drug use and the continuum of services available to people who use drugs, including through public messaging campaigns,
- public overdose response trainings and naloxone distribution using a citywide, data-driven approach, and
- collaboration with community organizations and developing partnerships to support populations most affected by overdose.



Strategic Area #3: Implement a “whole City” approach to overdose prevention

The magnitude of this crisis necessitates a “whole City” approach, in which overdose prevention initiatives exist in all departments, cover the city geographically, are tailored to meet the needs of diverse communities, and reduce disparities. The City will:

- establish protocols for first responders to refer and rapidly connect people who use drugs to health resources, overdose prevention services and drug treatment,
- make overdose prevention training and naloxone available in all city-run housing facilities,
- embed overdose prevention resources in a range of settings that meet the needs of people who use drugs, such as in social services, higher education, and entertainment venues, and
- promote low-barrier, street-based services and sufficient drop-in spaces that are available throughout the city.



Strategic Area #4: Track overdose trends and related drug use metrics to measure success and inform program development and change

Between 2015 and 2020, deaths involving fentanyl in San Francisco increased 4600%, illustrating the rapidity with which the drug supply and drug use can change. **Data must be used to inform and evaluate service delivery, policies and resource allocation, as well as to advance racial equity.** To achieve this, the City will:

- centralize data collection on drug-related metrics, including fatal and non-fatal overdose,
- using data to improve programs,
- develop materials for communicating data, including a publicly available dashboard for tracking important citywide metrics, and
- regularly meet with community members and frontline staff of service organizations to review data, discuss findings, and guide future planning.



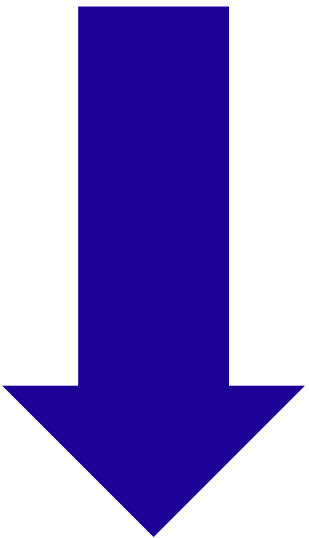
Imperative of addressing the social determinants of health

A great amount of overdose prevention work is already underway in San Francisco and implementing the strategies in this plan will save more lives. At the same time, it is essential that efforts also continue to be made to improve the overall health and wellbeing of people who use drugs, which means addressing systemic issues and the social determinants of health.

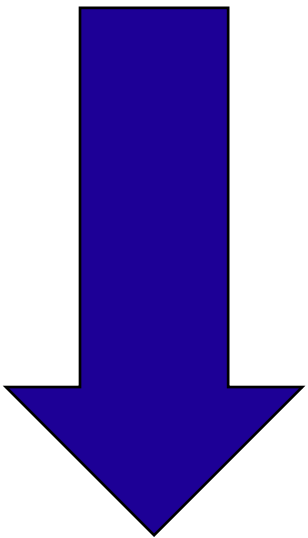
By making a concerted effort to engage people who use drugs, agencies focusing on these determinants – particularly housing – will not only improve health outcomes, but also be supporting overdose prevention.



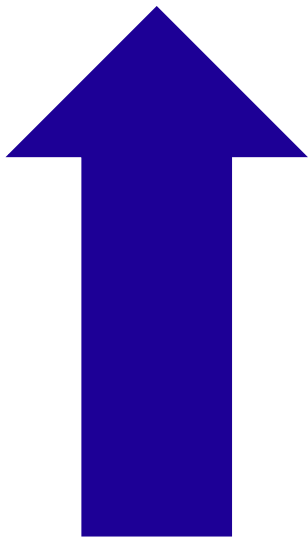
Overdose Prevention - What our goals are



Reduce fatal overdoses by 15% citywide by 2025



Reduce racial disparities in fatal overdoses among Black/African Americans by 30% by 2025



Increase number of people receiving medications for addiction treatment (MAT) by 30% by 2025



Overdose Prevention – How we get there

- In 1-2 years:
 - Establish at least 2 Wellness Hubs that co-locate needed services and improve the health of people who use drugs
 - Open 70 additional residential step-down beds
 - Open 40 new beds for dual diagnosis transitional care for women in the Bayview
 - Increase the number of people receiving MAT by 20%
 - Increase the number of programs offering contingency management from three to five
 - Establish drop-in space with low-barrier therapy for people experiencing homelessness
 - Increase citywide naloxone distribution from 47,000 kits to 75,000 kits annually
 - Have naloxone available in 50% of supportive housing facilities



Overdose Prevention – How we get there

- In 3-4 years:
 - Establish additional Wellness Hubs across San Francisco in priority neighborhoods
 - Increase number of people receiving MAT by 30%
 - Increase the number of people participating in contingency management by 25%
 - Increase citywide naloxone distribution to 100,000 kits annually
 - Have naloxone available in 100% of supportive housing facilities
 - Train 250 people in overdose recognition and naloxone use in educational settings and entertainment venues annually



Looking forward

The plan builds upon successful work underway in San Francisco and incorporates the best available evidence to save lives and reduce drug-related morbidity as of September 2022. Implementation of the plan will be led by a newly established Office of Overdose Prevention in the Department of Public Health.

Yet the City recognizes the ever-changing nature of drug use and drug overdoses, and how our collective response will also need to evolve. This plan will be revised annually as new strategies are identified and lessons are learned, with ongoing input from stakeholders and community members across the city.



Wellness Hubs: One part of the city's multi-pronged approach to overdose prevention.

- Neighborhood-based programs specifically tailored to meet and improve the health and wellbeing of people who use drugs, with a specific focus on preventing overdose deaths.
- A safe, welcoming drop-in space for people who use drugs to receive care and support services.
- Services will include overdose prevention and access to treatment, and linkage to housing resources and benefits.
- A crucial intervention to address San Francisco's overdose rate and the needs of BIPOC communities that have been unduly harmed by overdoses.
- Currently developing a pilot wellness hub to transition the critical services offered at the Tenderloin Center and expand on its successes.
- Aim to open additional wellness hubs in neighborhoods disproportionately affected by overdoses and prevalent drug use.



Thank You



San Francisco Health Network
Behavioral Health Services

Public Comment for Discussion Item #3 MHSF Director's Update

Steps:

- Call (415) 655-0001
- Enter access code 2482 224 1541
- Press `#` and then `#` again

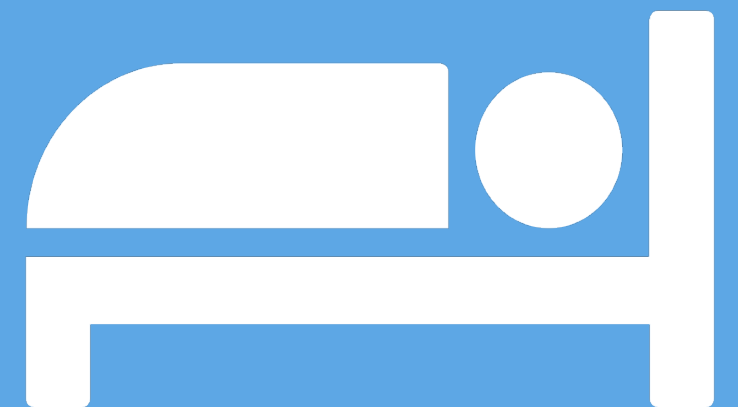
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Discussion Item #4

New Beds & Facilities: SoMa Rise

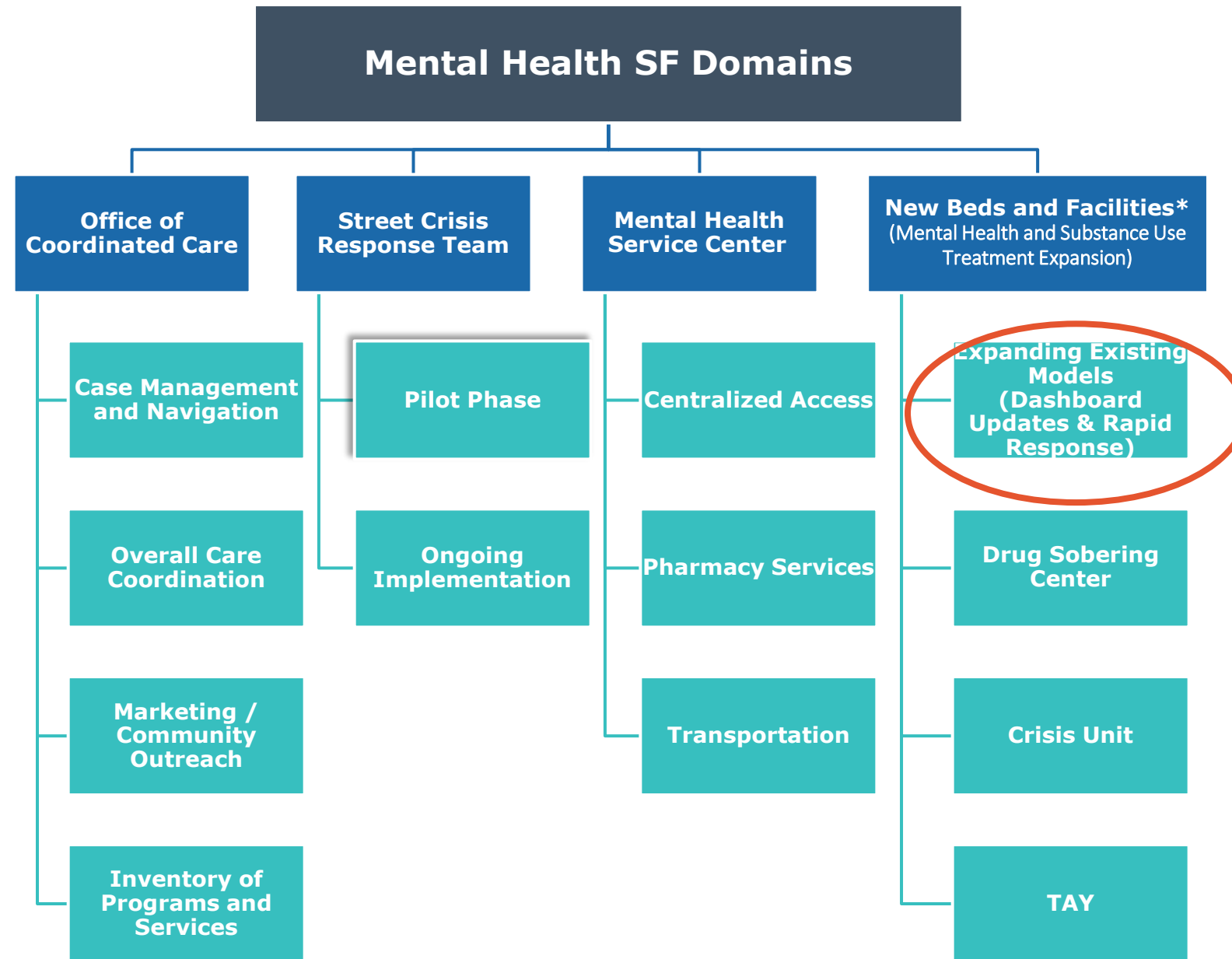
All materials can be found on the MHSF IWG website at:

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Reminder: Mental Health SF Domains





SOMA RISE

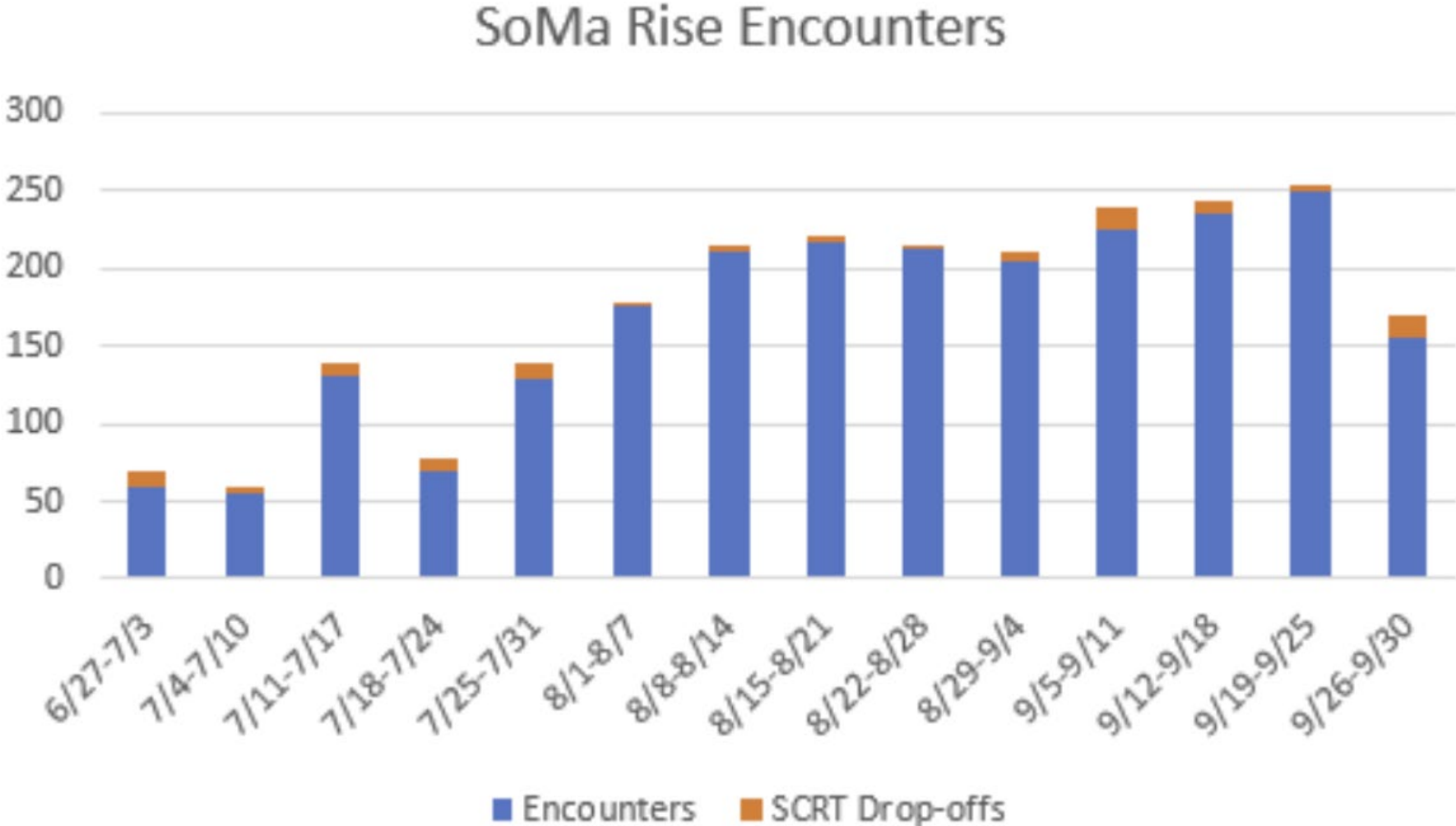
- Located at 1076 Howard Street on South Market Street.
- **Joint project of Dept Public Health (DPH) & HealthRight 360 (HR360)**
- Goal: Provide a safe and welcoming space for people to “sober” or come down from drug intoxication.





Welcome

Arrivals



Encounters

- July = 415
- August = 899
- September = 1015

Operating Hours

- 24/7 since Sept. 1

Length of Stay

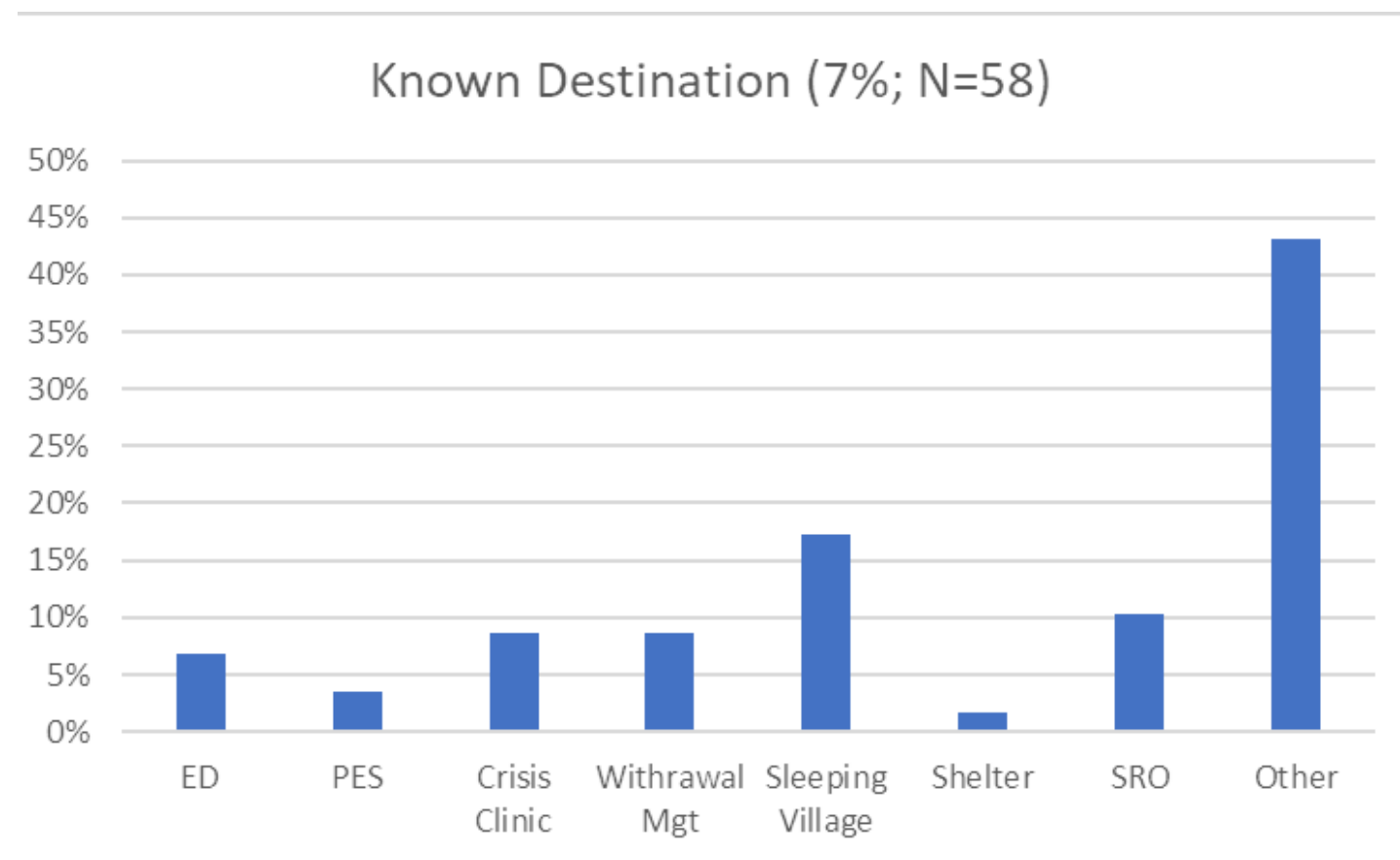
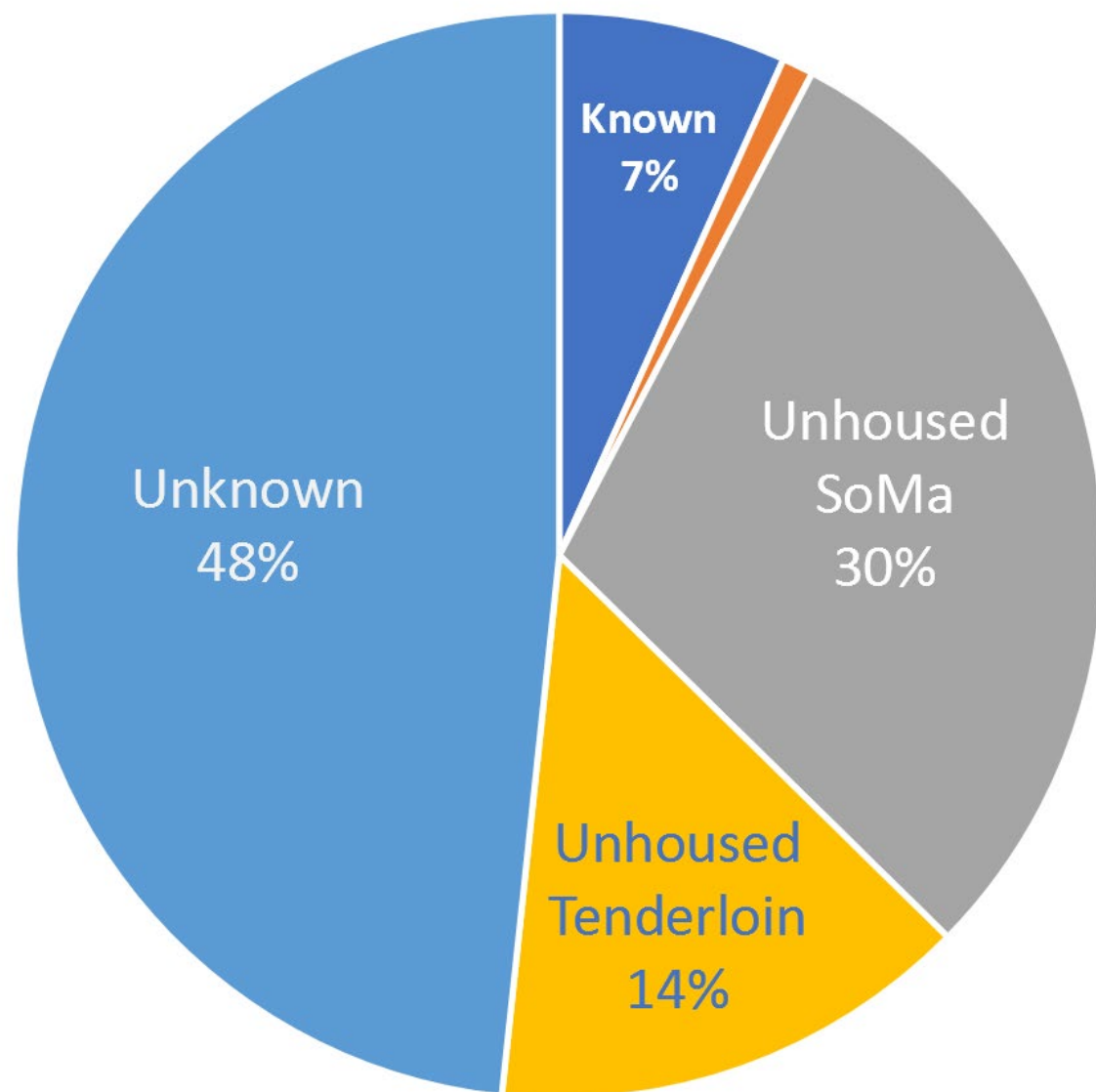
- ~ 10 hours (Sept)

Arrivals

- 89% from TL/SoMa Neighborhoods

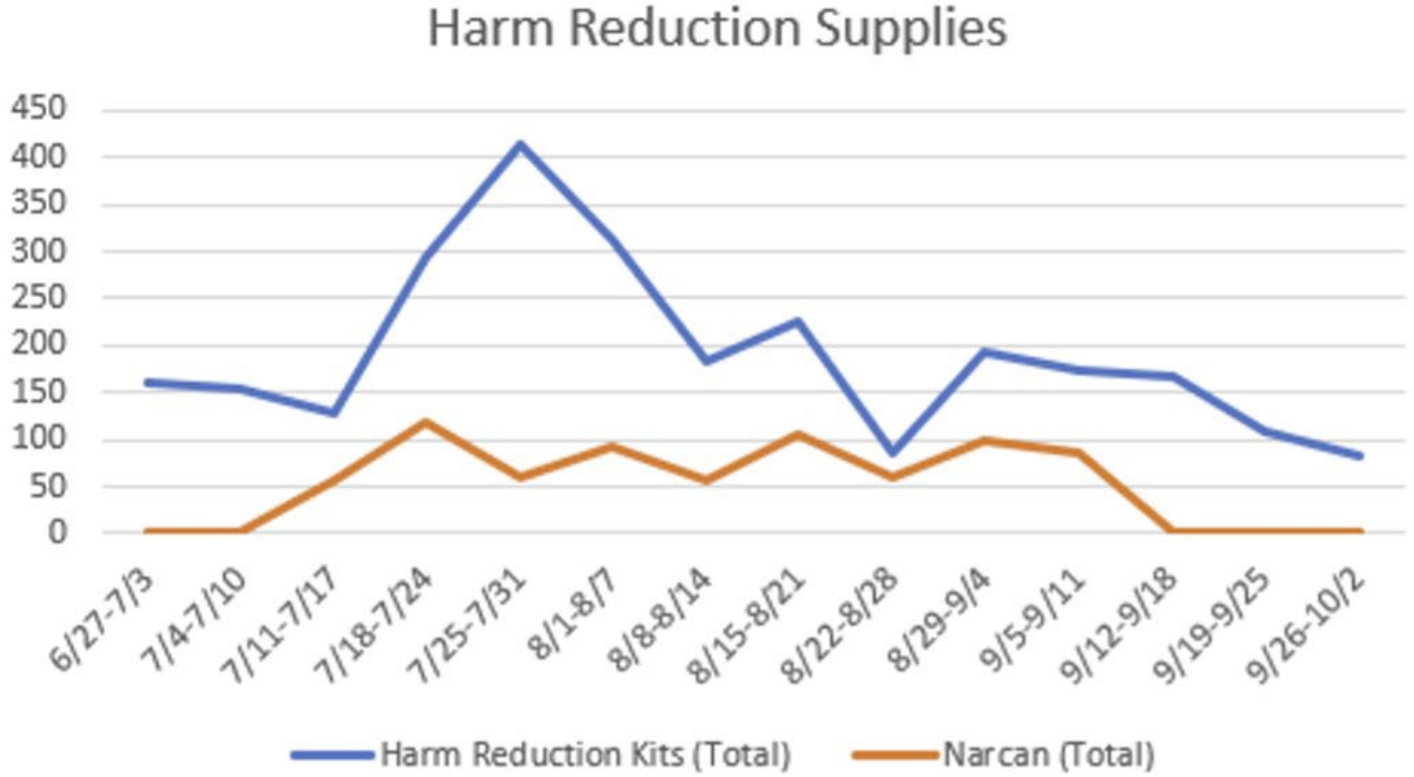


Departures (N=859)*



*completed records only

Services



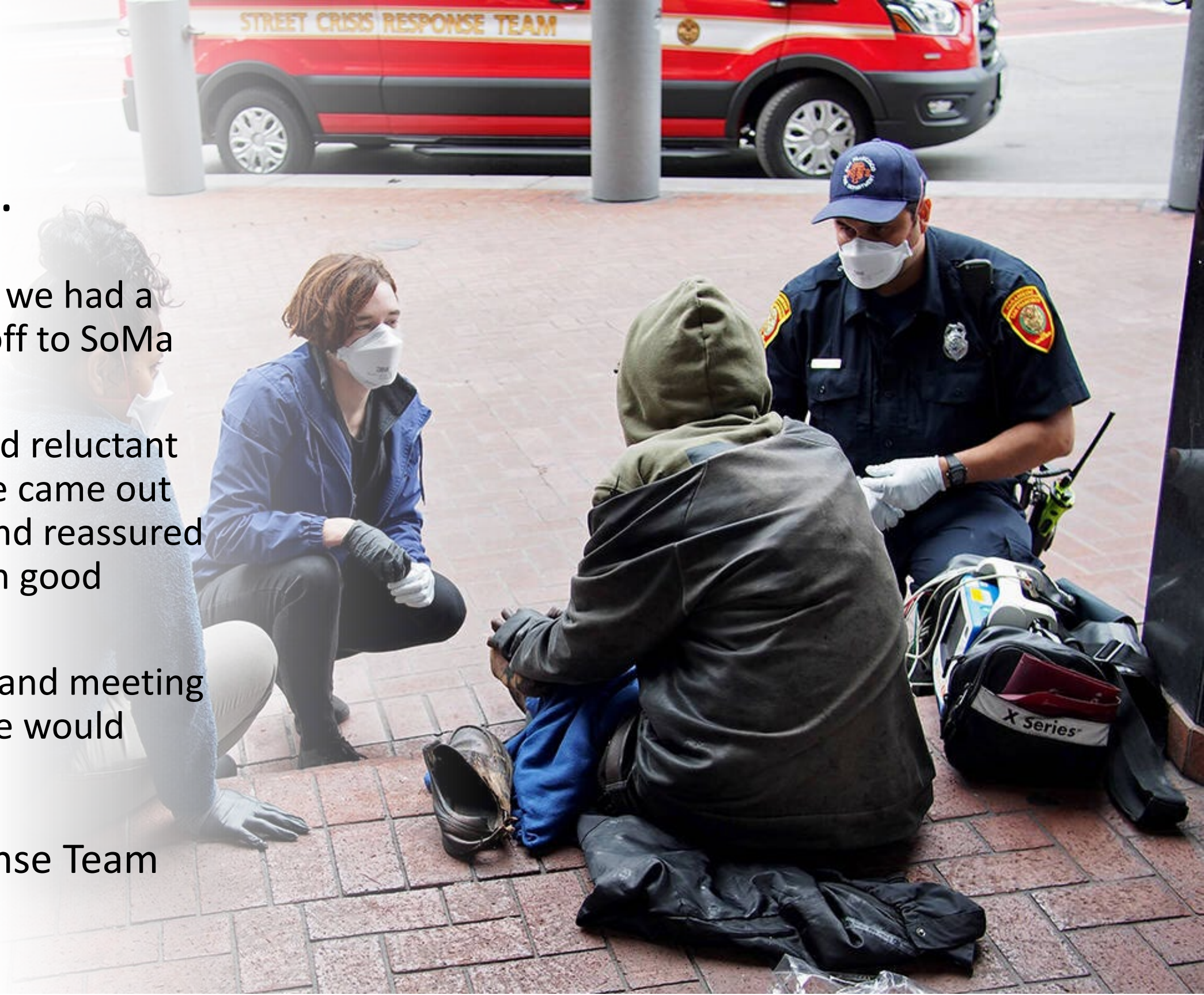
On the street...

"Early on Sunday morning, we had a transport and warm handoff to SoMa RISE after a difficult call.

The client was paranoid and reluctant to enter, but the staff there came out and greeted him warmly and reassured him that he was safe and in good hands.

Without them coming out and meeting us upon arrival, I'm sure we would have lost the client."

- The Street Crisis Response Team



A Pathway to Care...

- A TLC guest wanted to quit using drugs, so our TLC staff took him aside for a brief assessment to understand how to support him.
“He was homeless and worried that if he remained out on the street another night, ‘He would just use again--and he really wanted to quit.’”
- We called SoMa RISE and set up an intake. A staff person from Code TL rode in the Community Forward shuttle with him to SoMa RISE.
“He had never felt safe and taken care of. The SoMa RISE staff provided reassurance and validation.”
- He ate a warm meal, showered, and had a bed for the night.
“He had a ‘surprisingly good sleep’ given that he was about to go to SUD treatment!”
- A SoMa RISE staff member walked him over for an intake at HR360 on 1563 Mission Street, where he was successfully admitted that day to the Walden House.



A Mother's Story

Mayor London Breed
San Francisco, CA
July 21, 2022

Dear Mayor London Breed,

I'm writing to thank you from the
the SOMA Rise Program on How

SOMA Rise is a center where my
and substance abuse issues for
considerate staff to assess his
assistance with social services
him, look at him (not past or

My son has had periods of
again into the depths of ad
and in his mind. The Covid
mental health, recovery a
most basic services. It wa
have mental health and
and mental health and

That's where SOMA Rise
place to get some rest,
and assistance, a place to sta

vision and caring to set up

SOMA Rise is helping my son become a person again, and by that, I mean, he is reconnecting in a real way with the world. He has people to talk with, people who are caring and consistent, yet who set appropriate limits according to the program rules. He is mentally present again, reading a book now and then, which are small, but important steps.

For his family, we are grateful that he has a safe, well run, and quality program where he can spend the day. I can sleep better at night and feel more hopeful about the possibility of recovery. Most importantly these are services that he is receiving now, their doors are open to the people who are homeless, lost, mentally and or physically ill and somehow have lost a strong connection to mainstream life. Soma Rise is a lifeline for so many who have been suffering for so long.

Thank you again for your kind and helpful vision that has made the Soma Rise Program a reality.



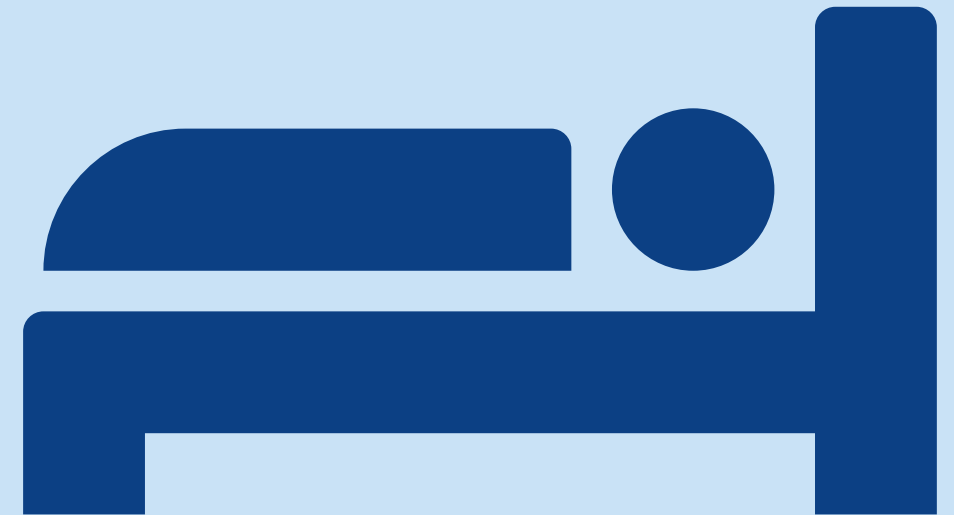
QUESTIONS

Public Comment for Discussion Item #4

New Beds & Facilities: SoMa Rise

Steps:

- Call (415) 655-0001
- Enter access code 2482 224 1541
- Press `#` and then `#` again



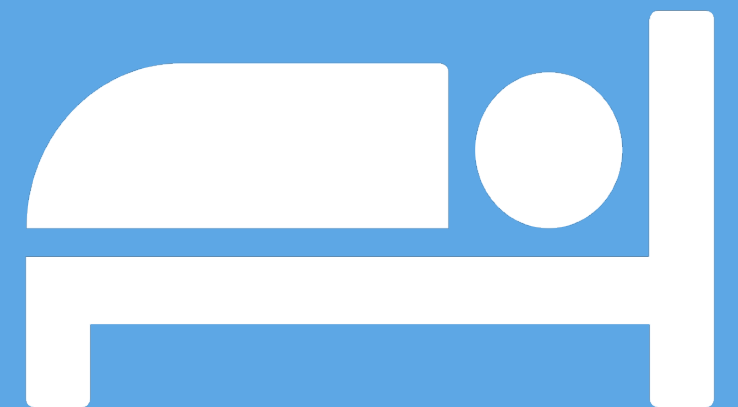
10:35AM-11:05AM

Discussion Item #5

New Beds & Facilities: Minna Project

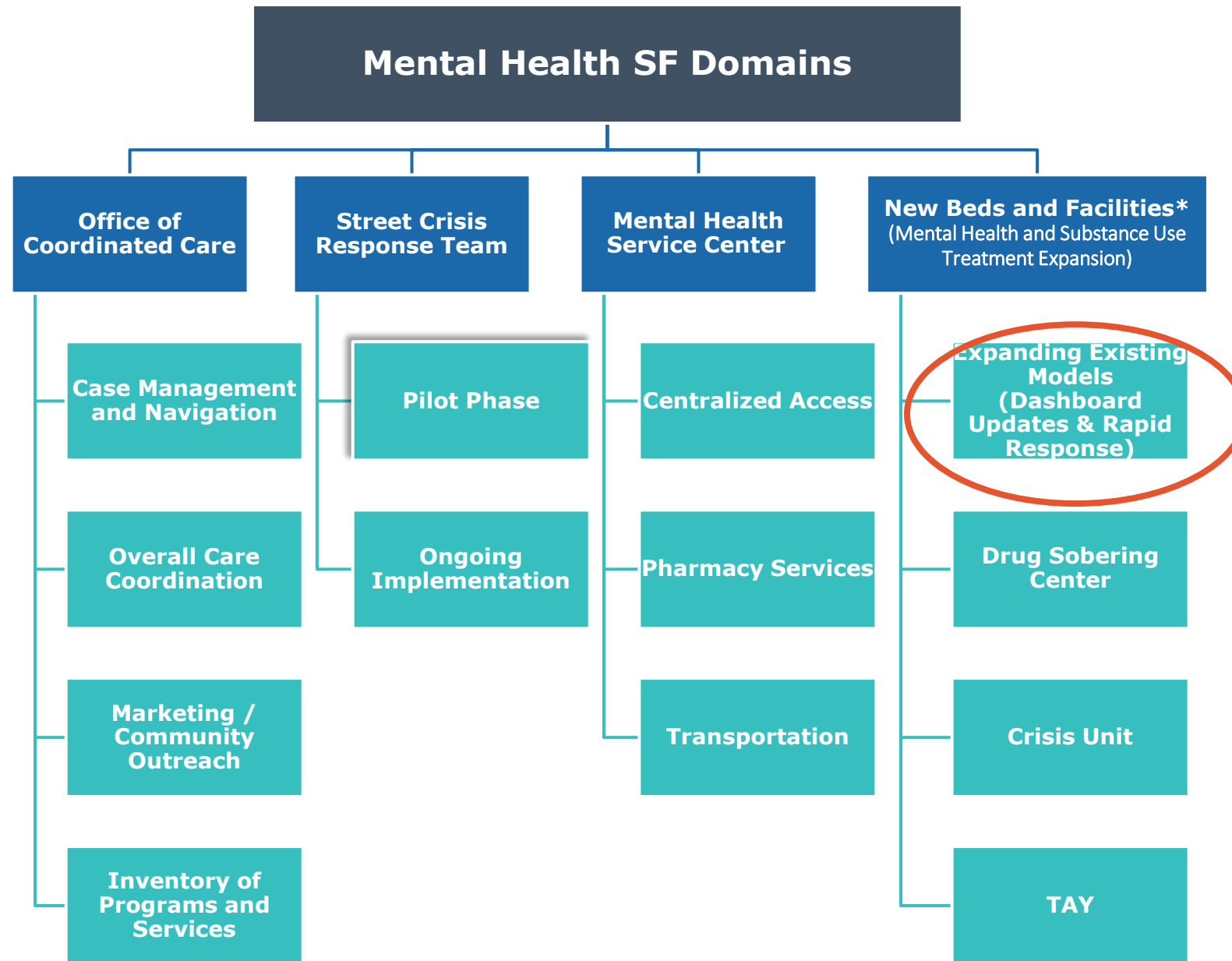
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Reminder: Mental Health SF Domains



MINNA PROJECT

- Located at 509 Minna Street in SoMa
- **A Joint project of the Department of Public Health & Adult Probation Department**
- In partnership with Westside Community Services and UCSF/Citywide.
- Opened June 9, 2022





MISSION

To Improve quality of life and enhance recovery for clients who,

- **Are justice-involved,**
- **Have a mental health or substance use disorder**
- **Are experiencing homelessness or unstable housing**

Provide 12-24 month of dual diagnosis supportive treatment and services, in a culturally responsive drug and alcohol-free transitional housing environment.



REENTRY GOALS

Aims to mitigate barriers to reentry by expanding access to transitional housing and behavioral health services to support the needs of justice involved adults, reduce overreliance on incarceration and safely reduce the jail population.

ON-SITE SUPPORTIVE SERVICES

Westside Community Services

Program and Property management

1. Program coordination, referrals, intakes, evaluations and reentry plans/SMART Goals
2. Case management designed to meet the criminogenic needs of participants
3. On-site interpersonal process groups, recovery focused psychoeducation, trauma informed and recovery focused groups, cognitive behavioral therapy
4. Peer support and mentoring
5. Community service with a restorative justice approach
6. Family focused programmatic approach

UCSF/Citywide*

Clinical Services

1. Clinical assessment and review
2. On-site specialty Mental Health and Substance Use Disorder (MH/SUD) Outpatient Services
3. Medication management
4. Individual therapy
5. Group therapy
6. Clinical Case Management

*started September 2022,
now hiring.





QUICK STATS*

Rooms completed: 66 (6 pending furniture)

Enrolled: 50 clients

Referrals: 92

Source Admissions

- DPH Jail Health Services, SFZGH, BHS
- SF Probation, SF Parole, Federal Probation
- Superior Courts, District Attorney, Public Defender, Pretrial Diversion
- Residential Treatment (Baker, Progress, Harbor Lights)

Drug Free Facility in SoMA
Aims to Transform Lives
and the Surrounding
Community

June 2022



*as of 10/14/2022



DEMOGRAPHICS

Race/Ethnicity

- 45% African American
- 15% Hispanic/Latinx (5 monolingual)
- 5% Asian
- 5% Native American/Alaskan
- 2.5% Pacific Islander
- 22.5% White
- 5% Other

Gender

- 12.5% Female
- 2.5% Gender Variant
- 2.5% Trans Male
- 82.5% Male

Experiencing Homelessness at Intake?

- 35% Yes
- 65% No

LUCAS

Lucas was a participant in young adult court for three years during which he struggled with addiction and experienced homelessness and incarceration.

Lucas entered Our House in 2020, transitioned to the Positive Directions TRP Academy in the summer of 2021 and then made his way into the Minna Project program in May.

Today, Lucas is off probation, living a clean and sober life, working full-time, enrolled in college, and recently obtained permanent housing, which he will move into when he graduates from the Minna Project program at the end of October.



MONIQUE

After struggling with addiction and experiencing homelessness for over 20 years, Monique came to San Francisco from Albuquerque, New Mexico.

In March 2022, she connected with Code Tenderloin at the Tenderloin Center and got placed in the Billie Holiday Center.

From there she transitioned to the Minna Project in May and continues to stay engaged in the program, helps others, and give back to the community.





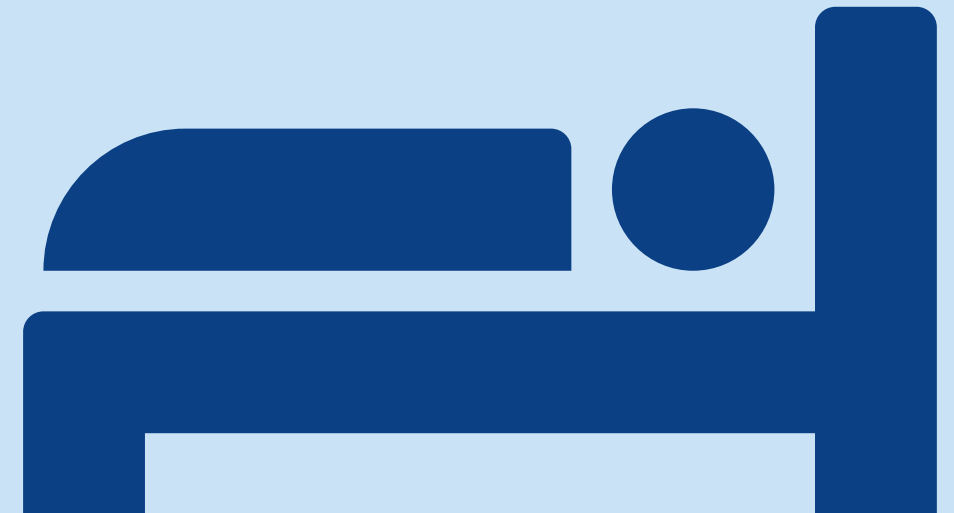
QUESTIONS

Public Comment for Discussion Item #5

New Beds & Facilities: Minna Project

Steps:

- Call (415) 655-0001
- Enter access code 2482 224 1541
- Press `#` and then `#` again



A blue-tinted photograph of a desk setup. In the foreground, a white ceramic mug is on the left. To its right, a laptop is open, and a smartphone lies flat on the desk surface. The background is blurred, showing what appears to be a window with blinds. The text "5 Minute Break" is overlaid in the center in a bold, white, sans-serif font.

5 Minute Break

11:10AM-11:50AM

Discussion Item #6

DPH Mapping Project



All materials can be found on the MHSF IWG website at:

<https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>

Agenda

- Behavioral Health Services
- MHSF Supports
- Access Points
- Client Pathways



Breadth of Behavioral Health Services

- ~\$600M annual total budget
- Largest provider of mental health and substance use prevention, early intervention, and treatment services in San Francisco.
- ~760+ (FTE) staff along with a network of 80 contracting partners help us deliver clinical services to ~21,000 people per year across 200+ clinical care sites in the City.
- Prevention and early intervention services delivered to > 80-100K/year



Mental Health Continuum of Services

- Prevention, early intervention, health promotion, recovery
- Low-threshold services (Peer-run warm line; linkage to community services; street-based behavioral health services)
- Case management and linkage services
- Treatment and recovery services
 - Outpatient services
 - Intensive Case Management/Full-Service Partnership
 - Residential treatment services (long-term care, hospitalization, locked facilities, etc.)
 - Peer and recovery supports
- Crisis services
- Transitional housing



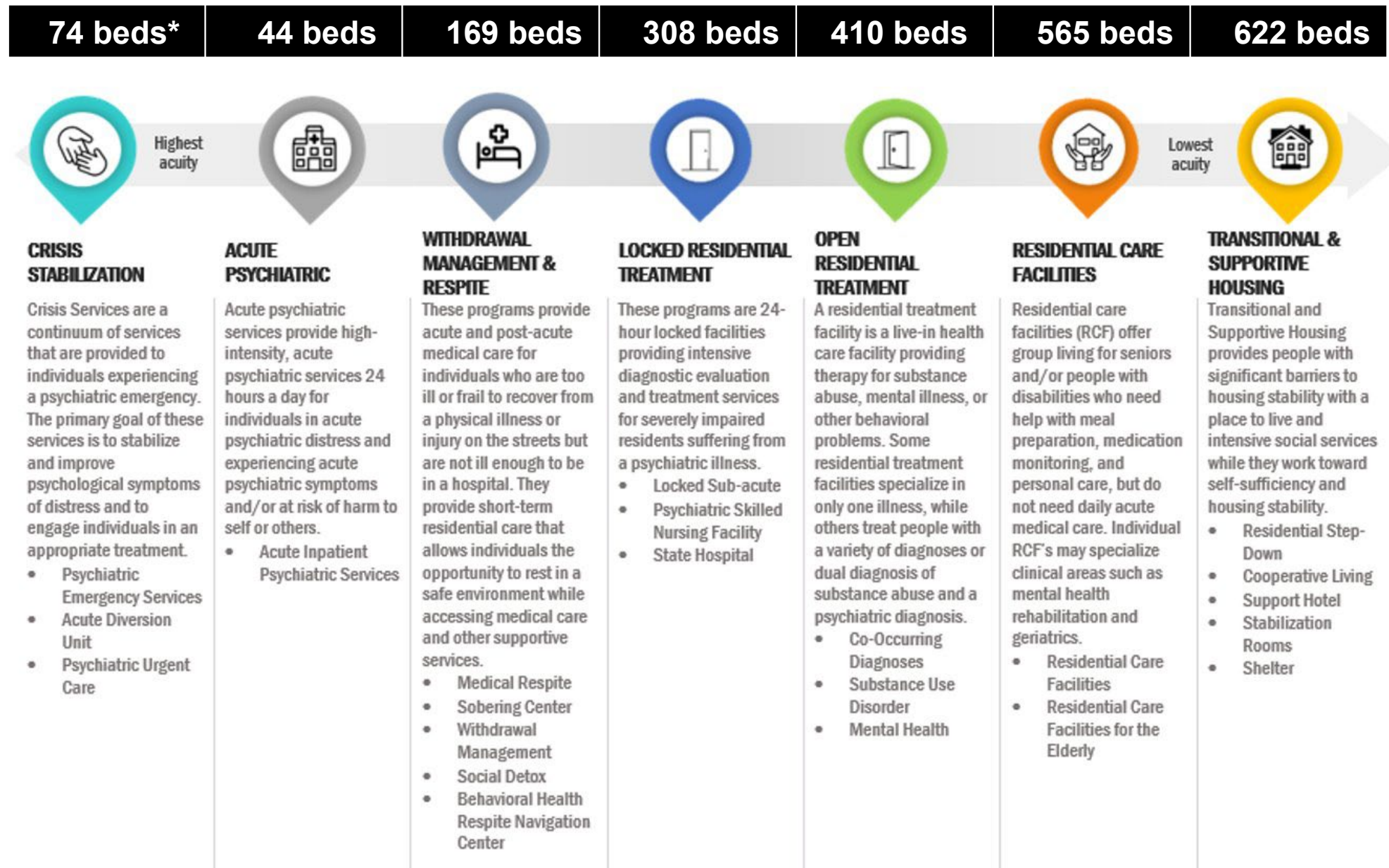
Substance Use Continuum of Services

- Primary and secondary prevention
- Screening for risky substance use
- Risk reduction interventions (naloxone; safe use supplies; low-threshold services)
- Case management services
- Treatment and recovery services
 - Medication for Addiction Treatment (MAT); Opioids, Alcohol
 - Withdrawal management
 - Outpatient services
 - Residential treatment services
 - Intensive case management
 - Peer and recovery supports
- Transitional housing



Residential Treatment Continuum of Care

DPH manages ~2,200 residential care and treatment beds along a continuum of acuity



San Francisco Health Network
Behavioral Health Services

*Bed count as of December 2020 before MHSF launched.

New MHSF beds are tracked on the BHS Bed Expansion Dashboard

Substance Use Disorder Treatment Capacity & Services

Service Type	Capacity (at single point in time)*
Withdrawal management	58
Medi-Cal reimbursed residential treatment & step-down housing	392
Other residential treatment	50
Outpatient substance use (including recovery supports and navigation)	1,240
Opioid Treatment Program (methadone maintenance)	4,030
San Francisco Health Network Primary Care	—
Whole Person Integrated Care	—
Substance use disorder prevention, linkage, and outreach	—



Outpatient Mental Health Services

Service Type	Number of Programs
Intensive Case Management/Full-Service Partnership and other linkage/intensive programs	32
Outpatient mental health clinics	56
Outreach and linkage program	1
Peer support programs	XX
Private Provider Network	1
Crisis teams	7
Total	XX



San Francisco Health Network
Behavioral Health Services

How Mental Health SF Enhances Behavioral Health Services

MHSF Prop C Budget

- FY 22-23 \$51.9M
- FY 23-24 \$62.2M

Bolsters behavioral health services for a targeted demographic:

- Adults (18+);
- Experiencing homelessness;
- With a serious a mental illness and/or substance use disorder;
- Who may be uninsured, enrolled in Medi-Cal or Healthy SF
- People who are justice-involved and re-entering the community

Through mental health and substance use services in the following ways:

- Street Crisis Response Teams
- Mental Health Service Center
- Office of Coordinated Care
- New Beds & Facilities

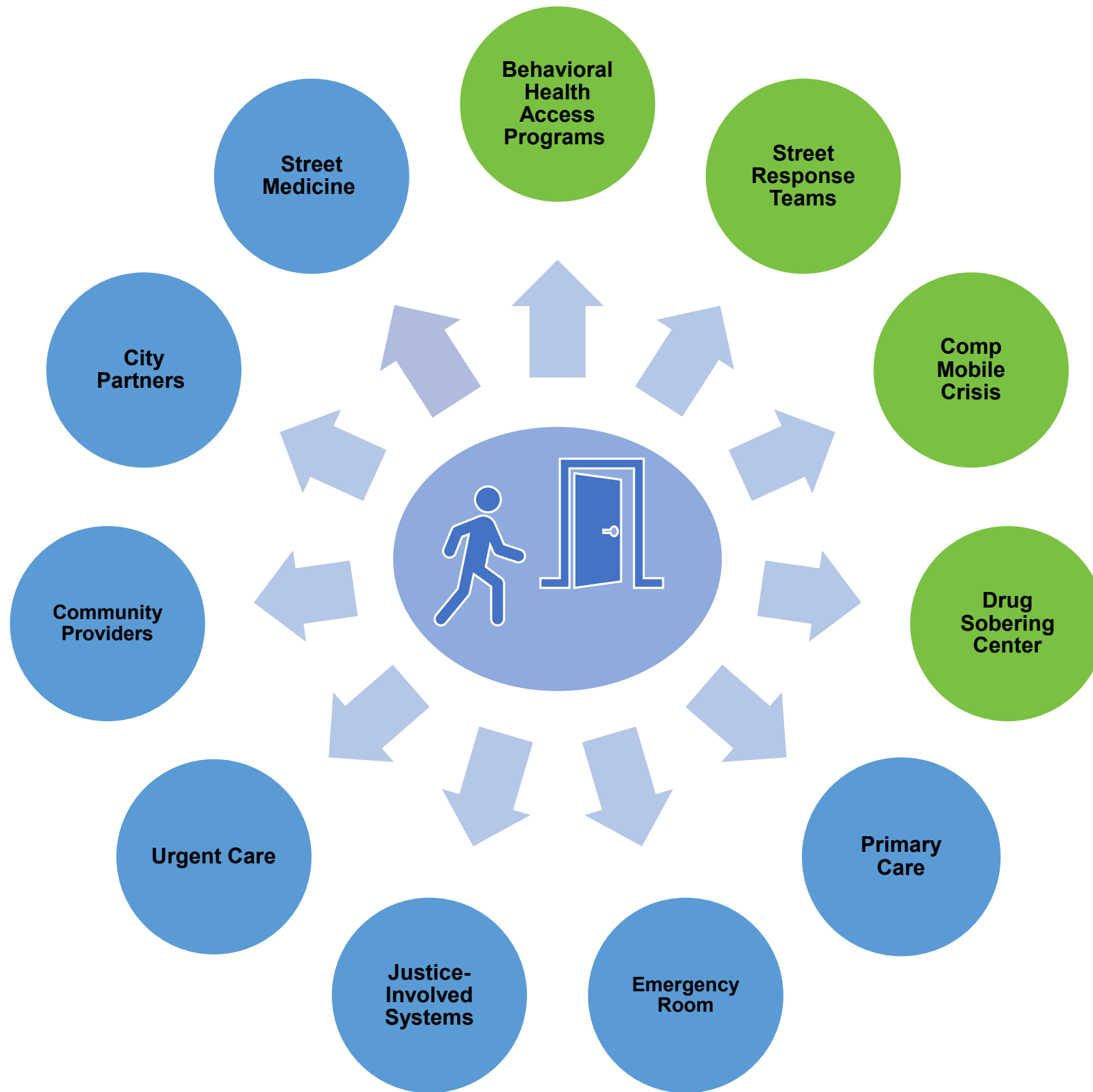


San Francisco Health Network
Behavioral Health Services

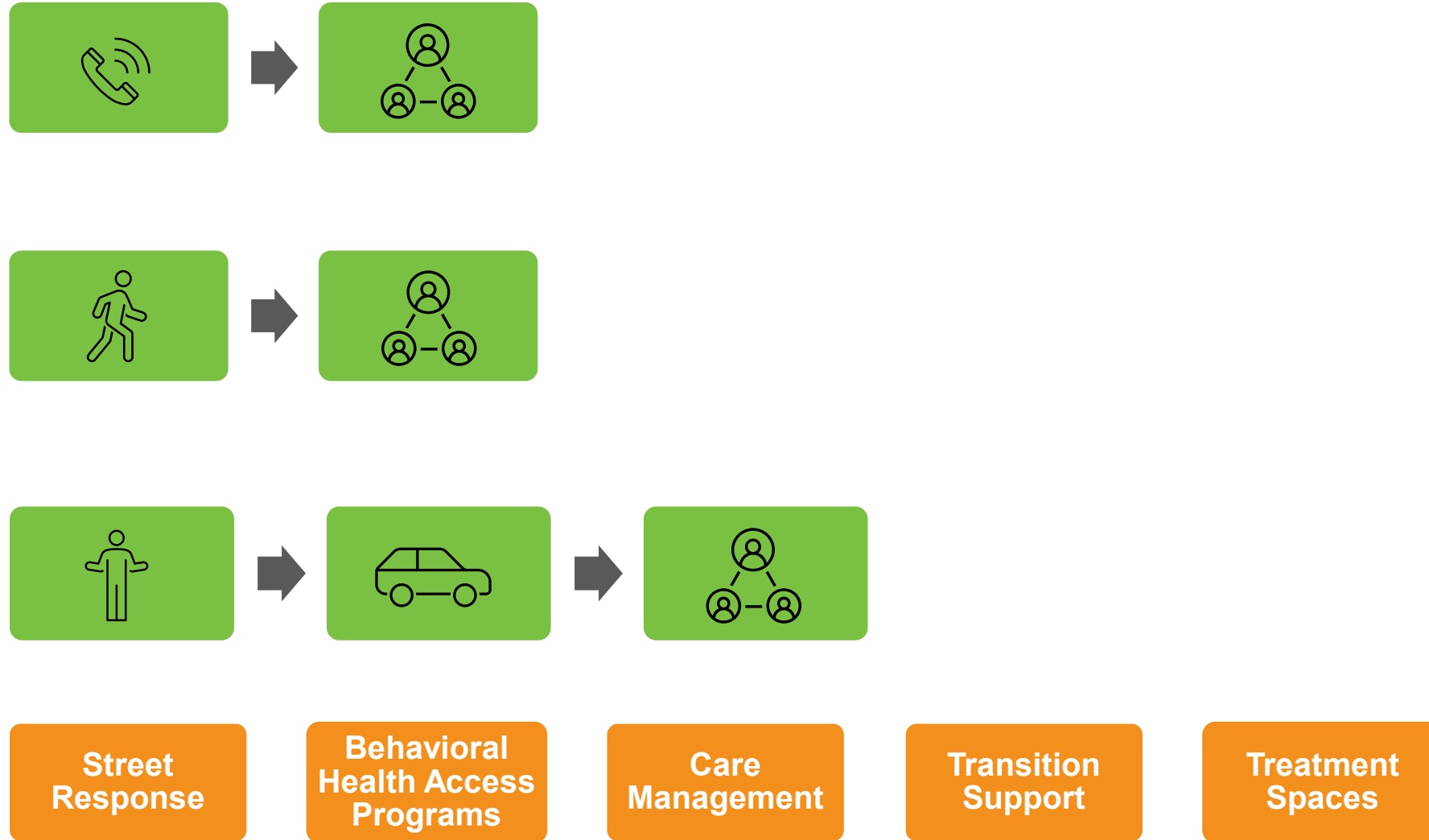


Behavioral Health Services

Access Points



How Clients Flow Through Our System



Thank You



San Francisco Health Network
Behavioral Health Services

Public Comment for Discussion Item #6

DPH Mapping Project

Steps:

- Call (415) 655-0001
- Enter access code 2482 224 1541
- Press `#` and then `#` again



11:50AM-12:50PM

Discussion Item #7

December Implementation Report: Discussion Group Report Out



All materials can be found on the MHSF IWG website at:

<https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>

Purpose of the report

- **Legislated requirement.** "By no later than [*June 1, 2021*], the Implementation Working Group shall submit to the Board of Supervisors, the Mayor, and the Director of Health its final recommendations concerning the design of Mental Health SF, and any steps that may be required to ensure its successful implementation"
- **Purpose**
 - Consolidate and share all recommendations completed thus far and begin to examine progress made
 - Identify future recommendations process and edit roadmap
 - Offer suggestions to enhance the success of MHSF

Discussion group report out: key opportunities

1. Focus on system of care rather than discrete programs
2. Shift from responsive to strategic
3. Define DPH's accountability to IWG recommendations
4. Revisit MHSF's funding base and interconnection with other bodies like Our City, Our Home Committee
5. Address how to better incorporate feedback of members with conflicts of interest
6. Enhance engagement of those with lived experience and with community

Timeline and Engagement

Current

- Timeline: draft by November 15 (final by December 1)
- IWG Engagement:
 - IWG Discussion Group and asynchronous review of report by Nov 11

Considering

- Timeline: draft by December 15 (final by December 31)
- IWG Engagement:
 - 1st Discussion Group meeting to discuss content and draft member assessment
 - Member complete assessment of IWG progress to meeting core principles (before Nov meeting)
 - Discuss assessment at November 15 meeting
 - 2nd Discussion Group and asynchronous review of report
 - IWG comment on draft by December 2

Public Comment for Discussion Item #7 December Implementation Report: Discussion Group Report Out

Steps:

- Call (415) 655-0001
- Enter access code 2482 224 1541
- 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 2482 224 1541
- Press `#` and then `#` again



Anticipated IWG Meeting Topics 2022

Topic Area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
IWG Domain												
Street Crisis Response Team		U			U							U
New Beds & Facilities (NB&F): Drug Sobering Center						U						
NB&F: Crisis Unit	D	D		D	D		D				U	
NB&F: TAY project			D	D			D	D				
NB&F: Minna Project					D	D				U	U	
NB&F: SoMa Project						D				U		
NB&F: Expansion of Existing Models							U					
Office of Coordinated Care (OCC)	D	D	D		U				D		U	
Mental Health Service Center (MHSC)			U		U	U		D		D	D	D
Analytics & Evaluation	U							U				U
<i>Deliverable: IWG Annual Progress report</i>										★		
<i>Deliverables: IWG Implementation Report</i>												★
Other Intersecting Departments/Projects/Briefings												
CON: Citywide Staffing Analysis								U				U
HSH: Housing Briefing		U										
DPH MHSF Budget Update/ Our City Our Home (OCOH/Prop C) Alignment							U			U		

D=Design U=Update

Housekeeping

- Next Meetings Date and Time
 - Wage and Staffing Analysis Discussion Group in November [date/time TBD]
 - Standing meeting special date : **November 15, 2022, 9:00AM-1:00PM**
- Meeting Minutes Procedures
 - <https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>
 - 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

Appendix A: Attendance (since it's become a formal process)

Member	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Amy Wong												
Jameel Patterson	E	E		E	E							
[Vacant]												
James McGuigan			E			E						
Dr. Vitka Eisen				E								
Steve Fields												
Andrea Salinas												
Dr. Monique LeSarre												
[Vacant]												
Dr. Ana Gonzalez					E							
Sara Shortt				E								
Dr Hali Hammer												
Steve Lipton												

E= Excused Absent (unexcused)