



September 30, 2022

Dear Mayor London Breed, Members of the Board of Supervisors, and Director Grant Colfax:

On behalf of the Mental Health San Francisco (MHSF) Implementation Working Group (IWG), I am pleased to share the IWG's Second Annual Progress Report pursuant to Ordinance 300-19 (File No. 191148). The report outlines the progress of the IWG to develop recommendations and inform the implementation and design of MHSF.

Despite the COVID-19 pandemic stretching our communities, public health and health care resources, and the growing mental health and substance use challenges for San Franciscans, this progress report describes the IWG's dedication and work to ensuring a well-informed and considered set of design and implementation recommendations for MHSF. The members of the IWG have now developed an initial, full set of recommendations for the Street Crisis Response Team, Drug Sobering Center (SOMA Rise), the Office of Coordinated Care, and the Transitional Age Youth Residential Program. The IWG has also provided informal input on preliminary options research for the Mental Health Service Center, conducted by the Office of the Controller, and are set to begin formal recommendations. They have also given rapid feedback on the Minna Project to meet its implementation timeline.

The IWG's work on this project continues to be crucial for the successful design and implementation of MHSF. Beginning in December 2020, the IWG has met monthly for 4-hour meetings, conducted discussions groups in between meetings, and provided valuable feedback as we develop, implement, and evaluate these critical services. We are thankful to the DPH team, for their hard work in providing critical and timely information and data to ensure that the IWG is well informed. DPH MHSF program teams have attended multiple meetings and have been in direct dialogue with the IWG to discuss program elements, provide context for what is possible given the ordinance, and envision new approaches that can meet the needs of San Franciscans. We are appreciative of the City Performance Unit of the Controller's Office and their consultant, Harder+Company Community Research, for their project management, facilitation, and support to both the IWG and DPH.

Your crucial leadership and inclusion of community leaders in behavioral health reform, as members of the MHSF Implementation Working Group, works to ensure that our City can meet the significant needs of this moment.

Sincerely,

Dr. Monique LeSarre
Executive Director, Rafiki Coalition Leadership
Chair, MHSF Implementation Working Group

October 2022

Mental Health SF Implementation Working Group

Progress Report

This progress report provides an update on the Implementation Working Group’s progress to inform and develop MHSF. The report is organized by:

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Background

On December 6, 2019, the San Francisco Board of Supervisors passed an [ordinance](#) (the Ordinance) amending the Administrative Code to establish Mental Health San Francisco (MHSF). This legislation is designed to increase access to mental health services, substance use treatment, and psychiatric medications to adult San Francisco residents with serious mental illness and/or substance abuse disorders who are homeless, uninsured, or enrolled in Medi-Cal or Healthy San Francisco. The Ordinance identifies five components:

1. Mental Health Service Center
2. Office of Coordinated Care
3. Street Crisis Response Team
4. Mental Health and Substance Use Treatment Expansion (also called New Beds and Facilities)
5. The Office of Private Health Insurance Accountability

The Ordinance established a MHSF Implementation Working Group (IWG) to advise on the design, implementation, outcomes, and effectiveness of MHSF. When the COVID-19 pandemic delayed the start of the IWG’s engagement, DPH moved forward with the design and implementation the Street Crisis Response Team and the Drug Sobering Center (part of New Beds and Facilities). When the IWG convened in December 2020, these components were prioritized for IWG input. Other components were sequenced for review, discussion, and recommendations.

Since December 2020, the IWG has met monthly, dedicating substantial time in and between meetings to develop recommendations for nearly all of the components of Mental Health SF. This report summarizes their progress, building off work done as of the [October 2021 Progress Report](#). An Implementation Report, set to published in December 2022, will expand on this report, consolidating all the formal recommendations made by the IWG and identifying additional steps needed for successful MHSF implementation.

Cover page photo credit: [UCSF](#)



Implementation Working Group (IWG) Mandate

The IWG has the “power and duty” to advise the Mental Health Board, the Health Commission, the Health Authority, the Department of Public Health, the Mayor, and the Board of Supervisors on the design, outcomes, and effectiveness of MHSF to ensure its successful implementation. The IWG developed bylaws that govern its work and confirm the purpose and responsibilities (see [full bylaws here](#)):

- Advise the Mental Health Board or any successor agency, the Health Commission, the Department of Public Health, the Mayor, and the Board of Supervisors on the design, outcomes, and effectiveness of Mental Health SF;
- Evaluate the effectiveness of MHSF in meeting the behavioral health and housing needs of eligible participants, by reviewing program data;
- Review and assess the Implementation Plan that the Department of Public Health is required to submit to the Mayor and the Board of Supervisors;
- Conduct a staffing analysis of both City and nonprofit mental health services providers to determine whether there are staffing shortages that impact the providers’ ability to provide effective and timely mental health services; and
- Prepare proposals for how to reduce the scope of services provided by MHSF if the cost of those services is estimated to exceed \$150 million annually.

The IWG is comprised of a 13-member body appointed by the Mayor, Board of Supervisors, and the City Attorney (Figure 1) and positioned as a working group through 2026. Members appointed a chair and vice-chair who have consistently facilitated the group’s engagements. The Office of the Controller and their contractor, Harder+Company Community Research, supports the IWG in its administration, development of recommendations, and adherence to public meeting requirements. Deputy City Attorney Jon Givner provides consultation and advising to the IWG on conflicts of interest, contracting, the recommendations development process, and adherence to public meeting rules. All information considered and produced by the IWG is posted to the [MHSF IWG Website](#) to promote transparency and in accordance with legal requirements.

Figure 1: IWG Membership

Seat #	Name	Qualification	Appointed By
1	Amy Wong, AMFT	Healthcare worker advocate	BOS
2	Jameel Patterson (Vice Chair)	Lived experience	Mayor
3	Phillip Jones (resigned March 2022) Seat is currently vacant	Lived experience	BOS
4	Shon Buford (resigned April 2022) James McGuigan (appointed 5/2022)	Peace Office, Emergency Medical Response, Firefighter (San Francisco Fire Department)	Mayor
5	Vitka Eisen, M.S.W., Ed.D	Treatment provider with mental health harm reduction experience (Health Right 360)	Mayor
6	Steve Fields, MPA	Treatment provider with mental health treatment and harm reduction experience (Progress Foundation)	BOS
7	Andrea Salinas, LMFT.	Treatment Provider with experience working with criminal system involved patients	BOS
8	Monique LeSarre, Psy. D. (Chair)	Behavioral health professional with expertise providing services to transitional age youth in SF (Rafiki Coalition)	BOS
9	Dr. Scott Arai, MD (resigned April 2022) Seat currently vacant	Residential Treatment Program Management and Operations	Mayor
10	Ana Gonzalez, DO	DPH employee experience with treating persons diagnosed with both mental health and substance abuse (Behavioral Health, SFDPH)	Mayor
11	Sara Shortt, MSW	Supportive housing provider	BOS
12	Hali Hammer, MD	DPH employee with health systems or hospital administration experience (Primary Care Behavioral Health, SFDPH)	Mayor
13	Kara Chien, JD (term ended June 2022) Steve Lipton JD (appointed June 2022)	Health law expertise	City Attorney

* The IWG has experienced challenges filling seats and maintaining membership. This may be in part be explained by the feedback from some IWG Members who are finding the length of the monthly challenging to accommodate with their regular workloads.

The IWG is joined by a City Planning team (Figure 2) who supports the meeting planning and recommendation process as well as facilitates connections within and between DPH teams. This team is critical to ensuring that the

appropriate subject matter experts and content are available at IWG meetings, recommendations made by the IWG are routed to the appropriate teams within DPH, and a feedback loop is created with the IWG to review progress toward recommendations.

Figure 2: City Staff

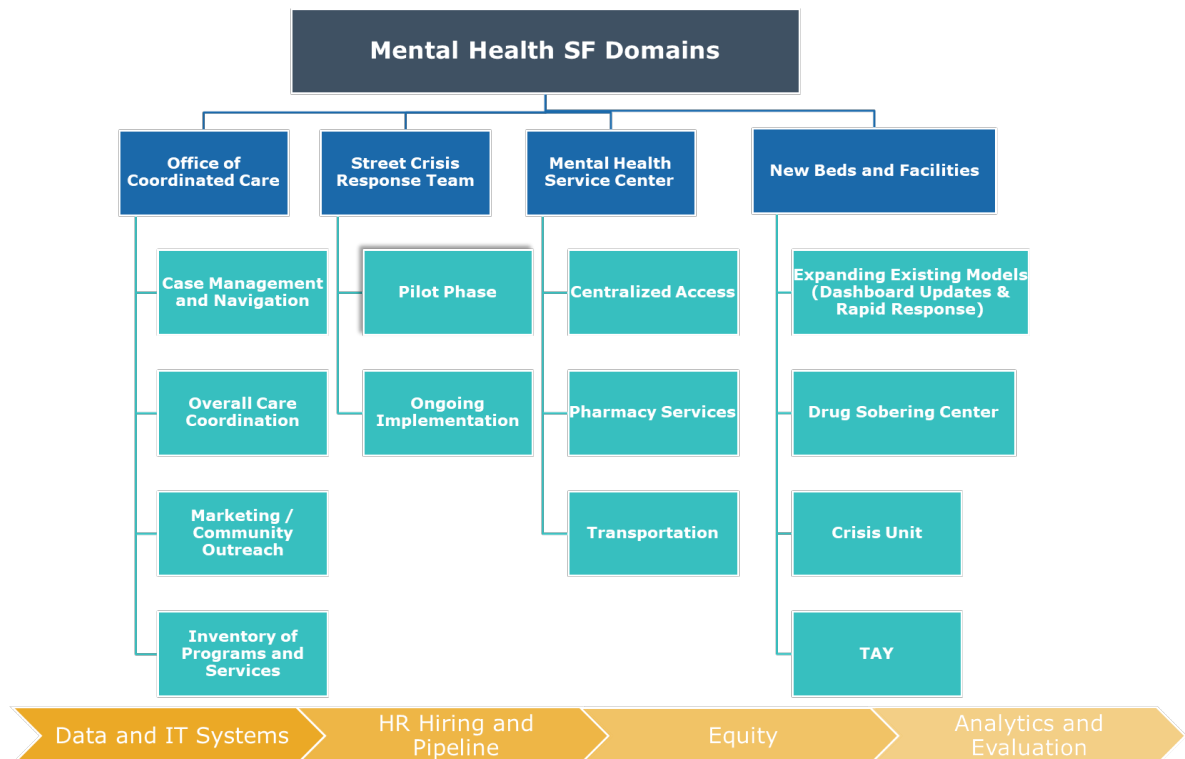
Department	Name	Title
City Planning Team: planning and administrative/analytical support for IWG meetings		
DPH	Kelly Kirkpatrick	Director of Administration and Operations, MHSF
DPH	Valerie Kirby	Special Projects & Planning Coordinator, MHSF/BHS
Office of the Controller	Mike Wylie	Project Manager, City Performance Unit
Office of the Controller	Oksana Shcherba	Senior Analyst, City Performance Unit
Supporting Departments: departmental consultation, as needed, at IWG meetings		
Department of Public Health	Dr. Hillary Kunins	Director, Behavioral Health Services and MHSF
Department of Homelessness and Supportive Housing	Kristina Leonoudakis-Watts	Permanent Supportive Housing (PSH) Services Manager
Human Services Agency	Christine Lou	Senior Policy Analyst
Office of City Attorney	Jon Givner	Deputy City Attorney

Please note that staff transitions City Staff occurred during this period and that Figure 2 represents the most current makeup of the City Planning team as of September 2022.

MHSF Components

The Ordinance identifies five MHSF components. DPH and Behavioral Health Services executives and subject matter experts developed an internal governance structure to manage MHSF. They refined and built out the MHSF components, organizing them as displayed in Figure 3, not including the OPHIA. This diagram shows major programmatic components (dark blue boxes) and includes foundational elements (gold arrow), such as Data and IT systems, HR Hiring and Pipeline, Equity, and Analytics and Evaluation, that support implementation across components.

Figure 3: Structure for the Components and Subcomponents of MHSF

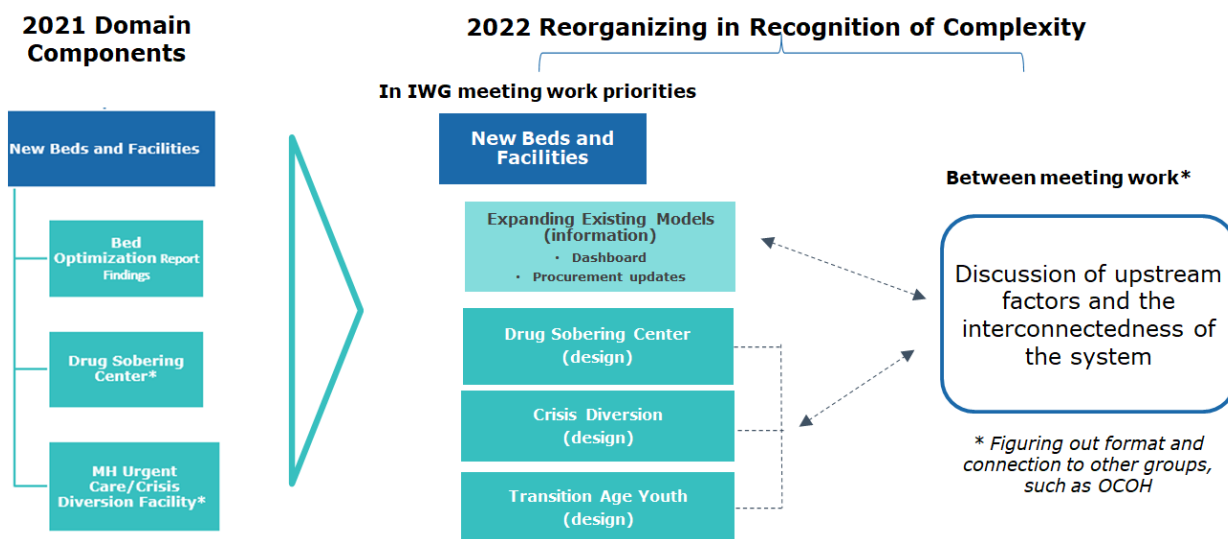


Evolution of MHSF’s components

There are some differences in the working organizational structure of MHSF from what is called out in the legislation. As noted in the last progress report, minor changes include retitling the Ordinances “Crisis Response Street Team” to “Street Crisis Response Team” and “Mental Health and Substance Use Treatment Expansion” to “New Beds and Facilities (NB&F)”. The Office of Private Health Insurance Accountability continues to not be part of the current planning as funding for this component has not been identified. Additionally, since the last progress report, DPH continues to evolve the components of MHSF to ensure it is understandable and reflective of what is happening in planning and implementation. NB&F, in particular, is the MHSF component with multiple, nested subcomponents and projects to design.

At the September 2021 monthly IWG meeting, the tension between advising on discrete programs and the fact that these programs are not islands, but part of a larger, interconnected ecosystem, came to the fore. In response, the City Planning Team broke down NB&F into programmatic components and situated them in the larger residential treatment ecosystem being developed and tracked via [the NB&F dashboard](#). This differentiation also helped to both expand and focus the IWG’s advisory role by continuing planned recommendation roadmap processes and adding a rapid response mechanism (see following section for details on those processes). The below graphic depicts the changes to the NB&F domain and identifies what occurs during the public IWG meeting and what is addressed through in between public meeting discussion groups.

Figure 4 NB&F: 2022 Reorganizing Sub-Components



The City Planning Team is continuing to consider ways to connect the work of the IWG to other, interrelated groups (such as Our City Our Home), to support the development of a holistic approach to supporting a robust, integrated mental health system.

MHSF Budget Overview

The initial funding for new MHSF components was provided by Proposition C (Prop C). Approved by voters in 2018, Prop C imposes additional business taxes to fund a significant increase in new residential care and treatment beds, programming, capacity, and coordination for mental health and substance use services to better serve people experiencing homelessness and those transitioning into permanent supportive housing. The [Our City, Our Home committee](#) provides oversight and recommendations on spending of Prop C funds in alignment with approved uses. Below is a high-level overview of the budget with a detailed table (Figure 5) of anticipated funding by MHSF component.

The Our City, Our Home funds approved for FY 2021-22 included a blend of ongoing annualized spending, a one-time capital acquisition and improvement costs:



\$93M in ongoing, annualized spending
(\$50.9M approved as FY20-21 spending plan)



\$130M for acquisition and rehabilitation of sites
(Residential care and treatment)

The FY 2021-22 DPH Mental Health portion of the Prop C budget allocated \$55.5 million of the total the \$93.1 million of funds to support the key MHSF domain areas. These Prop C investments built on existing department resources and staffing deployed to support the implementation of MHSF. The MHSF budget largely maintains funding to sustain operations across fiscal years, with some realigning in FY 2022-23 when necessary to better meet implementation timelines. While the funding dipped slightly in FY 2022-23 to match implementation timelines, the proposed FY 2023-24 budget reflects ongoing operating budgets to maintain service levels as planned. Figure 5 outlines how Prop C funds are used by MHSF component across fiscal years.

Figure 5: MHSF Budget (FY21-22, FY22-23, FY23-24)

MHSF Components	FY21-22	FY22-23	FY23-FY24
Office of Coordinated Care			
<i>Purpose:</i> Provide case management and linkage services to clients. Streamline and organize the delivery of mental health and substance use services across the City			
Expansion of Case Management • Coordination and Oversight • TAY Care Coordination • Bed Tracking System	\$9.7M	\$10.0M	\$10.3M
Street Crisis Response Team			
<i>Purpose:</i> Provide interventions and connections to ongoing care for people who experience behavioral health crises on the streets of San Francisco			
Seven core response team field staff • Program supervision and management • Pilot program evaluation • Vehicles, supplies & engagement materials • Staff training	\$11.8M	\$12.3M	\$12.6M
Mental Health Service Center¹			
<i>Purpose:</i> Expand Behavioral Health Access Center (BHAC) hours and other improvements - a first step toward the creation of a centralized drop-in Mental Health Services Center			
BHAC Hours Expansion • Pharmacy Expansion	\$3.8M	\$3.9M	\$3.7M
New Beds and Facilities²			
<i>Purpose:</i> Residential care and treatment expansion – Prop C funding supports approximately 350 additional beds*			
Drug Sobering • Psych SNF • Locked Subacute (LSAT) Board & Care • Crisis Diversion • Mental Health Residential • Residential Step-Down • TAY Residential Beds • Managed Alcohol Program • Co-op Housing • Client Transportation	\$30.3M	\$25.7M	\$35.6M
Total Ongoing Proposition C Budget	\$55.5M	\$51.9M	\$62.2M

¹ Proposition C invests \$4.2 million for Mental Health Service Center capital improvements across the FY20-23 budgets.

² Proposition C also invests \$130 million in one-time funding to acquire sites for residential care and treatment programs. The one-time capital acquisition is to be spread in the following budgets: FY20-21 \$7.7M, FY21-22 \$76.8M, and FY22-23 \$45.5M. FY 22-24 budget changes for New Beds & Facilities reflect a one-time state grant as well as new beds added in the Board of Supervisor phase of the budget.

In FY2021-2022, other key Proposition C investments that align with the goals of MHSF, but are not specific to the MHSF-legislated components, to provide care for persons experiencing homelessness include:



\$1413.2M in overdose response
(additional treatment meds, contingency planning, new street-based response team)



\$7.97M for behavioral and physical health services
(in shelters and permanent supportive housing)



\$6.48M for transgender and Transition Age Youth
(behavioral health support on the street, in shelters and drop in-centers)

IWG Approach

During the initial meetings, the IWG established a shared process to develop thoughtful, well considered recommendations for MHSF components. During the period of this report, the IWG advised on the MHSF components in three ways: 1) developing initial recommendations for MHSF components, 2) providing ongoing feedback to MHSF components on recommendations being implemented, and 3) rapid response recommendations. This section reviews the process for each.

IWG Approach to Developing Initial Recommendations

The IWG uses a flexible, iterative meeting topic schedule that prioritizes pressing issues related to MHSF identified by DPH and the IWG. DPH strives to connect MHSF efforts to other DPH projects and planning processes, through both the sequencing of meeting topics and bringing in information from other concurrent efforts. The initial recommendation development process for each MHSF component is anticipated to be covered between four to five IWG meetings. The process extends over multiple meetings to allow sufficient time to develop a shared understanding of the program, brainstorm recommendation ideas, and refine recommendations. In between IWG meetings, “discussion groups” are sometimes convened of interested IWG members to refine group work into draft recommendations for consideration at IWG meetings. These discussion groups are no more than six people in accordance with the Brown Act.

Figure 6 provides an overview of the general recommendation development process. To date, the IWG used this process to develop recommendations for three of the four MHSF components and subcomponents they are responsible for: the Office of Coordinated Care, the Street Crisis Response Team, and New Beds and Facilities (including the Crisis Stabilization Unit, Drug Sobering Center, and Transition Age Youth). Please note that they provided verbal feedback to initial research guiding the fourth component, the Mental Health Service Center (MHSC). They will provide formal recommendations on the MHSC once DPH has selected a design based on this initial research.

Figure 6: The IWG Recommendation Development Process



All approved recommendations were routed to the appropriate DPH team for review and consideration as the components are further developed, implemented, and refined.

The IWG recommendation process is guided by two key considerations: recommendation principles and consensus-based decision making.

Recommendation Principles

The IWG developed the following principles, in part adapted from the Ordinance, to ensure that the recommendations are aligned with the Ordinance and with keeping with the values of this group. They are applied as a screener by discussion group members who organize and refine the IWG's recommendations. These principles ensure that each recommendation does the following:

1. Reflects evidence and/or community based best practices, data, research, and a comprehensive needs assessment.
2. Prioritizes mental health and/or substance use services for people in crisis.
3. Provides timely and easy access to mental health and substance use treatment (low barriers to services).
4. Creates welcoming, nonjudgmental, and equity-driven treatment programs/spaces where all individuals are treated with dignity and respect.
5. Utilizes a harm reduction approach in all services.³
6. Maintains an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services.
7. Facilitates the integration of mental health and substance use services to ensure that individuals experience treatment as one seamless and completely coordinated system of care, organized around their individual needs.
8. Includes sufficient resources to assure that workers associated with the project are paid a parity wage with public employees.
9. Considers a continuum of services that range from low barrier and voluntary to conservatorship/involuntary services, when appropriate.

Consensus-Based Decision-Making

The group uses a consensus-based decision-making process. In a public process like this one, groups that reach mutual agreement in the form of consensus decisions are generally viewed more favorably than decisions made by majority vote as it means the whole group has agreed to endorse the recommendations it is putting forward. Furthermore, majority voting may have a polarizing effect on a group as it sets up a win/lose solution, rather than promoting trust. To support consensus within the boundaries of the public process, the IWG implements a hybrid model that strives for unanimity along a "gradients of agreement" (Figure 7) with a tie breaker of majority vote if unanimity is not reached. Components for our hybrid consensus model includes the following:

- Ensures that every IWG member has a voice in decisions
- Appreciates that there are degrees of agreement along a continuum – from whole-hearted endorsement to support with reservations
- Recognizes that a dichotomous yes/no engenders fundamental problems of accurately and authentically conveying the extent of support/nonsupport of a proposal

Figure 7: Gradients of Agreement



Process for decisions:

Step 1: Record proposal on a "flip chart" or virtual meeting platform

Step 2: Check to ensure everyone understands the proposal

Step 3: Ask for final revisions in the wording of the proposal

³ Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. MHSF shall treat all consumers with dignity and compassion, and shall provide care without judgment, coercion, discrimination, or a requirement that clients consumers stop engaging in specific behaviors as a precondition to receiving care.

Step 4: Each member registers their level of agreement (Figure 7)

Step 5: If any 1s or 2s are documented, discuss and clarify concerns. Facilitators adjust proposals as needed and repeat Steps 1-4.

If after two discussion rounds and votes, there is not consensus for all members to get to a level of agreement of #3-5 (i.e., *I see issues, but can live with it, I'm fine with this as is, or I love this!*), the IWG uses a simple majority yes/no vote. All concerns, considerations, and dissenting views are recorded to ensure dissenting perspectives are shared alongside IWG recommendations.

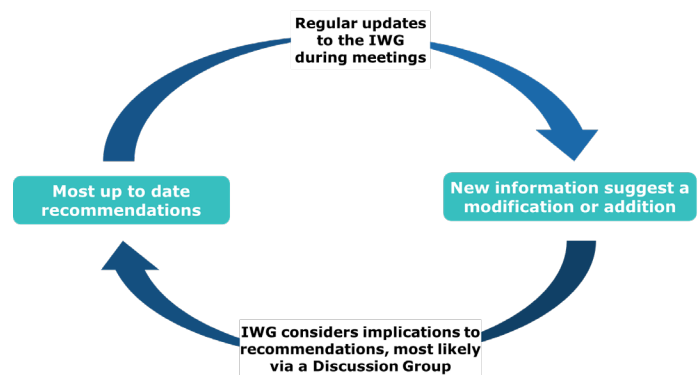
IWG's Ongoing Iterative Role in Advising

Initial IWG recommendations are based on the best information the IWG has available to them at the time, with full acknowledgement that things change in the complicated system of mental health. In recognition of this, the IWG schedules regular times for DPH MHSF program leads to return and present on programmatic updates and progress towards recommendations. The intention of this feedback loop is to ensure the IWG's continued role in advising the role out of programs as they are implemented and scale up.

DPH teams are asked to report back to the IWG at least every six months or sooner as needed about other implementation updates regarding the status of IWG recommendations. During the past year, leads from the following projects have come back to the IWG to provide updates and/or ask for additional feedback or recommendations:

- Street Crisis Response Team
- Drug Sobering Center
- Crisis Stabilization Unit
- Office of Coordinated Care (OCC will have presented by the time Progress Report is published)

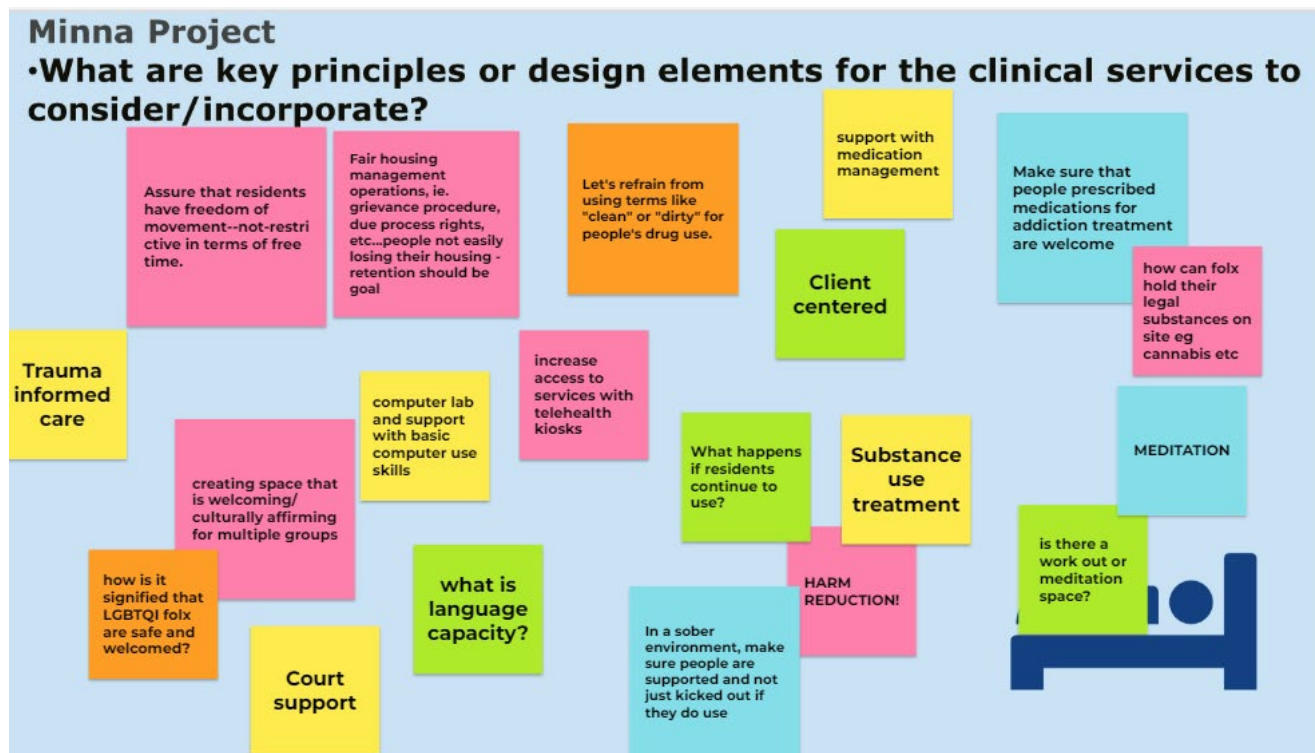
Figure 8: Iterative Recommendation



Rapid Response to Emerging Projects and Issues

During this period, the IWG also served a valuable role in advising DPH on projects that were not formally planned to be part of the overarching MHSF project. In particular, the New Beds & Facilities component, especially new bed types (refer to Figure 3), required a mechanism to promptly provide feedback and advise on two emerging opportunities with impending launch timelines: the Minna Project and SoMa RISE. This process condensed the recommendation roadmap into one IWG Meeting by convening an initial discussion group between DPH and a small group of interested IWG Meetings to develop initial understanding and hone the presentation to the larger IWG feedback. This presentation was then brought to the larger IWG during the public meeting for presentation, discussion, and brainstorming. See Figure 9 for an example white board from the Minna Project brainstorm

In addition, this year the IWG began to hear regularly from DPH's Director of Mental Health San Francisco, Hillary Kunins. Updates from Dr. Kunins are a standing agenda item at monthly IWG meetings and cover high-level updates related to MHSF, providing an opportunity for more timely information to be shared that may impact the IWG's work.

Figure 9: Example of a Rapid Response Brainstorm Whiteboard

Recommendations: Progress to Date

The IWG has followed an ambitious planning calendar to develop recommendations for all MHSF components being pursued by DPH. As the calendar in Figure 10 below shows, the design "D" process for each component spreads across four to five months depending on the level of complexity. The update "U" identifies the anticipated schedule for when DPH teams brief the IWG on new components or return to provide a status on recommendations, general updates on the component's programming, and new design and implementation questions for the IWG to consider. At this point, the IWG has developed recommendations for all components except the Mental Health Service Center. DPH is still in the process of designing this component and the IWG has provided feedback on the initial options and cost analysis conducted by the Controller's Office. The IWG also received an initial presentation on the Controller's Office Citywide Staffing Analysis, a briefing from the Department of Homelessness and Supportive Housing, and updates on the MHSF budget and its alignment with Our City Our Home (Proposition C). See the recommendations for each of the components posted to the [IWG MHSF website](#) on:

- [Street Crisis Response Team](#)
- [The Office of Coordinated Care](#)
- NB&F — [Drug Sobering Center](#)
- NB&F — [Crisis Stabilization Unit](#)
- NB&F — [Transitional Age Youth Residential Treatment](#)

Figure 10: IWG Meetings and MHSF Component Topics Calendar through 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				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: 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				
<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

Year Three Vision and Next Steps for the IWG

The IWG has made great progress in developing a thoughtful, iterative process, leading to informed recommendations. Using this approach, the IWG has also provided formal recommendations or informal feedback to all MHSF components by the completion of this report. Moving into 2023, this next reporting period will include the following focused next steps:

- Provide ongoing advice and recommendations to DPH as programs are implemented, built increasingly upon evaluation data, as it is released.** The IWG will receive updates from DPH on recommendations developed to date (listed in the Recommendations: Progress to Date Section, pg. 10). Initial recommendations will continue to be refined or amended through a feedback loop between DPH and the IWG as MHSF component recommendations are implemented. There may be a need to develop a clearer process for formalizing ongoing recommendations once initial recommendations are transmitted and deciding on preferred methods—documented verbal feedback made during monthly meetings, issuing addendums to existing recommendations, or others.

The overarching goal of Year Two of the IWG was to receive maximum MHSF component coverage, leading to formal recommendations or initial, quick feedback through virtual whiteboarding. Next year, there will be more status and data updates presented on programs that have launched and are ramping up operations, like the Street Crisis Response Team, Minna Project, and SOMA Rise. IWG members have expressed an interest in hearing from frontline staff of these services for more diverse perspectives on the success of program implementation.

In Year 3, quarterly data updates will begin for published core metrics and key performance indicators, while more core metrics reach initial publication. Accordingly, the Analytics and Evaluation leads will increase the cadence of their updates, providing the IWG updates on core metrics and key performance indicators as well as soliciting their input on how MHSF data is presented and shared. Wage and staff analysis briefings to the IWG will be more frequent in 2023 as the Controller’s Office further develops its research into potential staffing shortages, per the legislation (Sec. 5.44-4, b).

Moving into 2023, the IWG will receive more planning and implementation updates from the Office of

Coordinated Care, including information on phasing the launch of their work in the EPIC electronic health record, pilots with jail discharges, 5150 care linkages, hiring for key positions, and marketing its services. The IWG will provide additional input on implementation rollout and refine recommendations as the OCC becomes fully operational.

- **Complete initial set of recommendations for the last domain component of MHSF, Mental Health Service Center.** DPH is currently reviewing the options and cost analysis, completed by the Controller's Office in September 2022, and which includes synthesized input from the Board of Supervisors, Mayor's Office, the IWG, and DPH leadership on potential models for the Service Center. DPH will use this analysis to inform the next stage of design and implementation, briefing the IWG in fall 2022 and soliciting recommendations, which are slated to be formalized by winter.
- **Identify additional opportunities for meaningful community engagement.** There are a number of community engagement activities underway across the City. In keeping with the value of honoring community time, the IWG will not overburden communities with engagement that can already be addressed through other existing processes. However, there are important opportunities to engage community to inform and provide feedback regarding MHSF implementation. Currently, DPH is working with a community engagement consultant to plan and recruit for a provider listening session and consumer listening session to advise ongoing recommendations for OCC programming and marketing. The provider listening session will be held in late 2022, and the consumer session will be held in early 2023, with a final report on findings completed by the end of April 2023. The IWG will be defining additional community engagement opportunities as needed, potentially including interviewing non-profit program operators involved in MHSF or priority populations themselves.
- **Invite other City departments serving MHSF populations through relevant work.** Beyond DPH, the IWG will invite more engagement from the Human Services Agency, the Department of Aging and Adult Services, and the Department of Homelessness and Supportive Housing, as needed. The IWG has advised that MHSF recommendations should be connected with other, similar efforts in the City and viewed holistically.