

Feb 28, 2023



# Mental Health San Francisco Implementation Working Group



San Francisco  
Department of Public Health

harder  co | community  
research





# Call to Order/Roll Call



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

## Decision Rule:

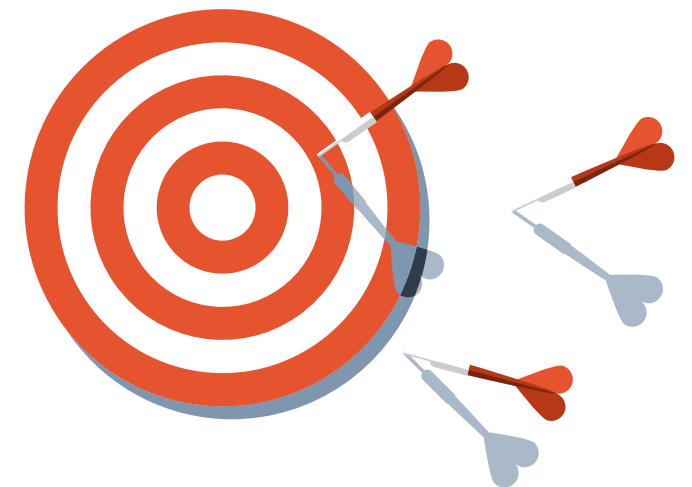
- Simply majority, by roll call



# Meeting Goals

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- Be updated on DPH's quarterly activities and Implementation Report
- Increase understanding of Street Crisis Response Team (SCRT) reconfiguration
- Agree on the direction of the mapping project
- Agree on the direction of the March retreat
- Understand the direction of the Office of Coordinated Care and Case Management Expansion (Part 2)
- Be updated on New Beds and Facilities progress
- Identify and vote in a Vice Chair



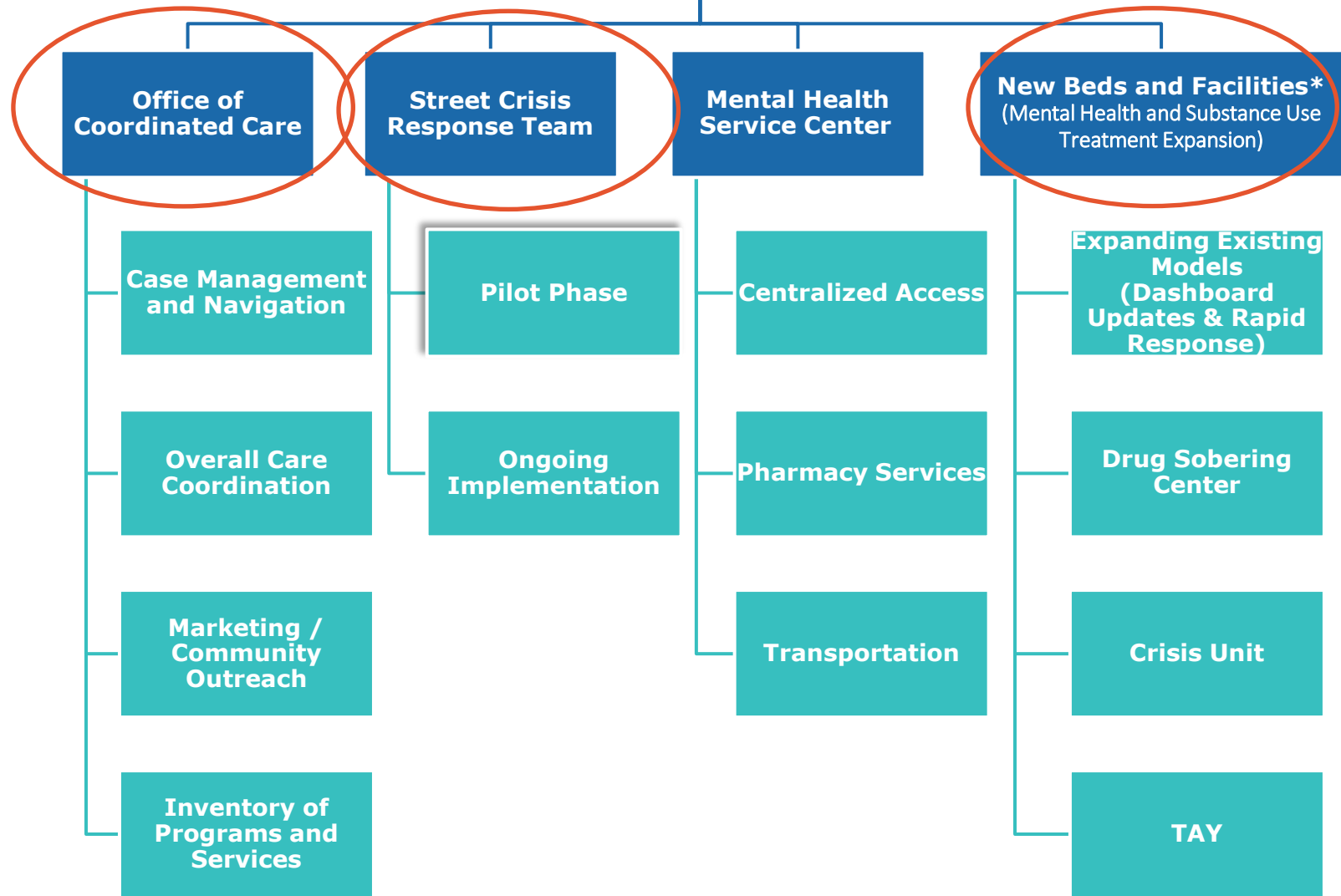
**All materials can be found on the MHSF IWG website at:** <https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>





# Reminder: Mental Health SF Domains

## Mental Health SF Domains



Dr. Hillary Kunins



Mary Ellen Carroll



Kathleen Silk



Heather Weisbrod



Dr. Angelica Almeida



Dr. David Pating



Yoonjung Kim





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

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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 2490 777 4857
- 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 2490 777 4857
- Press `#` and then `#` again





# **Vote** on Discussion Item #2

## Approve Meeting Minutes

### Decision Rule:

- Simply majority, by roll call







9:25 AM – 9:40 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>



# Public Comment for Discussion Item #3

## MHSF Director's Update

### Steps:

- Call (415) 655-0001
- Enter access code 2490 777 4857
- Press `#` and then `#` again



9:40AM – 9:55AM

Discussion Item #4

# DPH Implementation Report Update



All materials can be found on the MHSF IWG website at:  
<https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>



# DPH: MHSF Implementation Plan – 2023

DPH submitted the department's 2023 MHSF Annual Implementation Plan to the Mayor and the Board of Supervisors in the first week of February.

The report contains:

- Summary of MHSF structure, funding, priority population & core metrics
- Review of milestones and accomplishments for MHSF in 2022
- Program-specific and systemwide goals for MHSF in 2023
- Synthesizes material presented by MHSF program leaders to the IWG





# Key MHSF accomplishments in 2022

- Began care coordination and field-based case management services through the Office of Coordinated Care to link priority populations to ongoing behavioral health treatment.
- Transitioned the OCC to the Epic electronic health records system, improving data tracking and communication with other health care providers.
- Added \$1.8 million in funding to support staffing and increase capacity at existing intensive case management programs.
- Launched the Mobile Outreach Teams, based at DPH mental health clinics, to provide stepped-up case management for clients needing additional support, including transitioning from ICM.
- Launched a seventh Street Crisis Response Team, which provide 24/7 coverage of San Francisco and divert nearly 80% of eligible 911 calls for behavioral health crises.
- Extended hours at the Behavioral Health Access Center to include weekday evenings from 5–7 p.m.



# Key MHSF accomplishments – Treatment Beds

DPH added over 160 new residential care and treatment beds in 2022.

Over 250 new beds have opened under MHSF since 2020 – nearly two-thirds of the way to the goal of 400.

## 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 <b>30</b>	Open 2021 <b>Hummingbird - Valencia</b> Status Serving clients Open 28 beds currently available	Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro
Goal <b>20</b> Est. Beds	Open 2020 <b>Managed Alcohol Program</b> 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
Goal <b>31</b> Est. Beds	Open 2021 <b>Mental Health Rehabilitation Beds</b> (aka LSAT) Status Serving clients Open Client placement varies	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal <b>13</b> Est. Beds	Open 2022 <b>Psychiatric Skilled Nursing Facilities</b> (aka PSNF) Status Serving clients Open Client placement varies	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal <b>75</b> Est. Beds	Open 2022 <b>Dual Diagnosis Transitional Care for People With Justice Involvement</b> (aka Minna Project) Status Serving clients Open Client placement varies	Transitional care for people in contact with the criminal justice system with a dual diagnosis of mental health and/or substance use issues
Goal <b>99</b> Est. Beds	Open 2022 <b>Residential Care Facility<sup>Δ</sup></b> (aka Board and Care) Status Serving clients Open Residential Care Facility 23 beds currently available 12-month Rehabilitative Board and Care 76 beds currently available	Residential Care Facility: Supervised residential program for individuals with mental health issues who require assistance with daily living activities  Pilot   12-month Rehabilitative Board and Care: Same as above with more intensive mental health and treatment support, such as for conserved

## KEY

### Project Phases and Status

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

January 31, 2023

- Complete
- In process
- Planned

Goal <b>20</b> Est. Beds	Open 2022 <b>SOMA RISE<sup>Δ</sup></b> (aka Drug Sobering Center) Status Serving Clients Open Client placement varies	Pilot   24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services
Goal <b>6</b> Est. Beds	Open 2022 <b>Cooperative Living for Mental Health<sup>Δ</sup></b> Status Serving Clients Open Client placement varies	Communal living for people with chronic mental health and/or substance use Additional \$11M to stabilize leased properties available through MOHCD
Goal <b>70</b> Est. Beds	Opening 2023 <b>Residential Step-down - SUD<sup>Δ</sup></b> Status Active planning for building design 1 2 3 4 / /	Long-term sober living environment for clients coming out of residential care programs
Goal <b>30</b> Est. Beds	Opening 2023 <b>Enhanced Dual Diagnosis<sup>Δ</sup></b> Status Contracting in process 1 2 3 4 / /	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
Goal <b>10</b> Est. Beds	Opening 2023 <b>Transitional Age Youth (TAY) Residential Treatment<sup>Δ</sup></b> Status Program design in development 1 2 3 4 / /	Supervised treatment for young adults with serious mental health and/or substance use issues
Goal <b>16</b> Est. Beds	Opening 2024 <b>Crisis Diversion Facility<sup>Δ</sup></b> Status Contracting and construction in process 1 2 3 4 5 6	Short-term, urgent care intervention as an alternative to hospital care



San Francisco Health Network  
Behavioral Health Services

# MHSF program goals for 2023

- Adding Office of Coordinated Care case management services for people with behavioral health needs transitioning from the justice system.
- Systematically following up through the OCC with patients discharged after an involuntary hold, to improve connections to treatment.
- Continuing the expansion of ICM programs with a new RFP to meet the diverse needs of the MHSF priority population.
- Expanding street-based follow-up care and linkage to treatment in collaboration with the reconfigured Street Crisis Response Team.



# MHSF program goals for 2023

- Extending Behavioral Health Access Center hours to the weekend, completing the expansion of its operating hours under MHSF.
- Working to implement the vision for the Mental Health Service Center as a one-stop clinic for accessing behavioral health services.
- Pursuing the opening of more than 100 residential care and treatment beds to approach completion of the 400-bed goal.
- Actively negotiating the *potential* acquisition/construction of buildings to meet the remaining bed goal, transition contracted beds to city-owned facilities in San Francisco, and provide a site for the MHSC.





# MHSF systemwide goals for 2023

- Expanding our capacity to report and evaluate MHSF programs.
  - Publishing MHSF core metrics beginning in early 2023.
  - Bed optimization study for the residential system of care anticipated in mid-2023.
- Improving connections for BHS clients to other social services provided by the city, particularly housing.
- Working to overcome barriers to implementing MHSF, including vacant positions and difficulties acquiring real estate and contracting with service providers.
  - MHSF Staffing Analysis (expected to be complete in mid-2023) will provide recommendations from the Controller's Office to attract and retain qualified behavioral health staff.



# Thank you!



San Francisco Health Network  
Behavioral Health Services



# Public Comment for Discussion Item #4 DPH Implementation Report Update

## Steps:

- Call (415) 655-0001
- Enter access code 2490 777 4857
- Press `#` and then `#` again





9:55AM-10:15AM

Discussion Item #5

# Street Crisis Response Team Reconfiguration



All materials can be found on the MHSF IWG website at

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



# Overview

- The City is consolidating Street Crisis Response Team and Street Wellness Response team into an expanded Street Crisis Response Team (to keep the "SCRT" name) that will respond to a comprehensive array of behavioral health crisis calls and wellness checks.
- The new team configuration will be a community paramedic, an EMT and peer support member.
- The Street Overdose Response/POET team will continue to follow up with individuals that experience an overdose, in coordination with the reconfigured Street Crisis Response Team.
- Changes will take place beginning in March 2023 and will be completed by summer 2023.



# Operational Changes: DPH

- DPH will deploy neighborhood-based teams of clinicians and peer health workers through the OCC to work closely with the reconfigured SCRT. Teams will offer:
  - Follow up and care connections for people seen by Street Response Teams, those with recent hospitalizations, and others at high risk of repeated crises;
  - Proactive and coordinated street care for people with mental health challenges and substance use disorders in order to avert SCRT calls;
  - Connections to acute behavioral health settings, including crisis stabilization and withdrawal management (detox)/sobering centers/substance use treatment;
  - Assessment for psychiatric holds;
  - Referrals and/or transport to urgent care for physical health needs;
  - Coordination with HSH, for shelter, housing, and coordinated entry assessments;
  - Linkage to ongoing behavioral health care and intensive case management when indicated.
- DPH Street Medicine and SORT/POET teams will continue to follow up with people after nonfatal overdoses.
- The neighborhood-based teams will also work closely with City departments involved in street conditions work including HSH, SFFD, SFPD, and DEM.

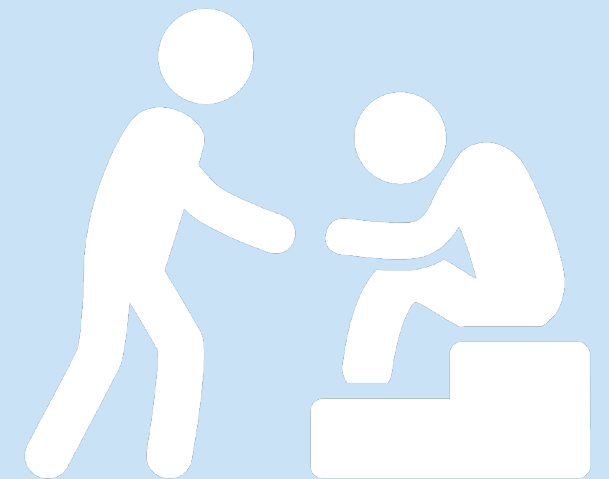


# Public Comment for Discussion Item #5

## Street Crisis Response Team

### Steps:

- Call (415) 655-0001
- Enter access code 2490 777 4857
- Press `#` and then `#` again







10:15AM-10:30 AM

## Discussion Item #6

# Mapping 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>



# Overview of Mapping

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## **Scope of Mapping Project:** **Ideal to Actual Client Experience**

describe how MHSF priority population moves through the system of care – ideal to current

- Keyed to MHSF priority populations transitioning from the EDs
- Case study approach (n=3): identity- and clinical presentation-based maps
- Shows how individuals should move through system and how they are moving through system
- Use for IWG understanding and for community meetings

## **Also Discussed:** **Improved Community Access to/Understanding of Services**

- DPH is developing communication materials on Behavioral Health resources in the City.
- DPH is in the process of redesigning the Behavioral Health web page on SF.gov to be more user-friendly for clients and providers.
- DPH is updating provider list

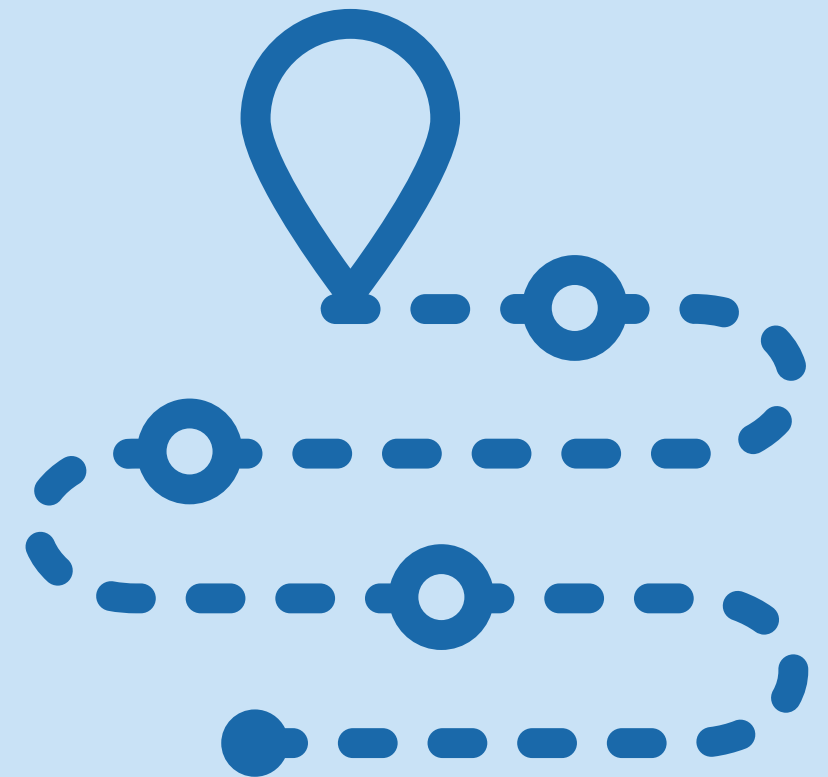


# Public Comment for Discussion Item #7

## Mapping Discussion Group Report Out

### Steps:

- Call (415) 655-0001
- Enter access code 2490 777 4857
- Press `#` and then `#` again





# 5 Minute Break



10:35AM-11:05AM

## Discussion Item #6

# March Retreat 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>



# March Retreat Planning

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Three initial goals of the retreat:

- 1) Get to know each other better
- 2) Explore how the IWG can facilitate the evolution of MHSF to a system of care as envisioned by the MHSF Ordinance.
- 3) Explore prevention and early intervention opportunities to serve the MHSF population (i.e., before crisis or intensive services are required).



# Public Comment for Discussion Item #6 March Retreat Discussion Report Report Out

## Steps:

- Call (415) 655-0001
- Enter access code 2490 777 4857
- Press `#` and then `#` again

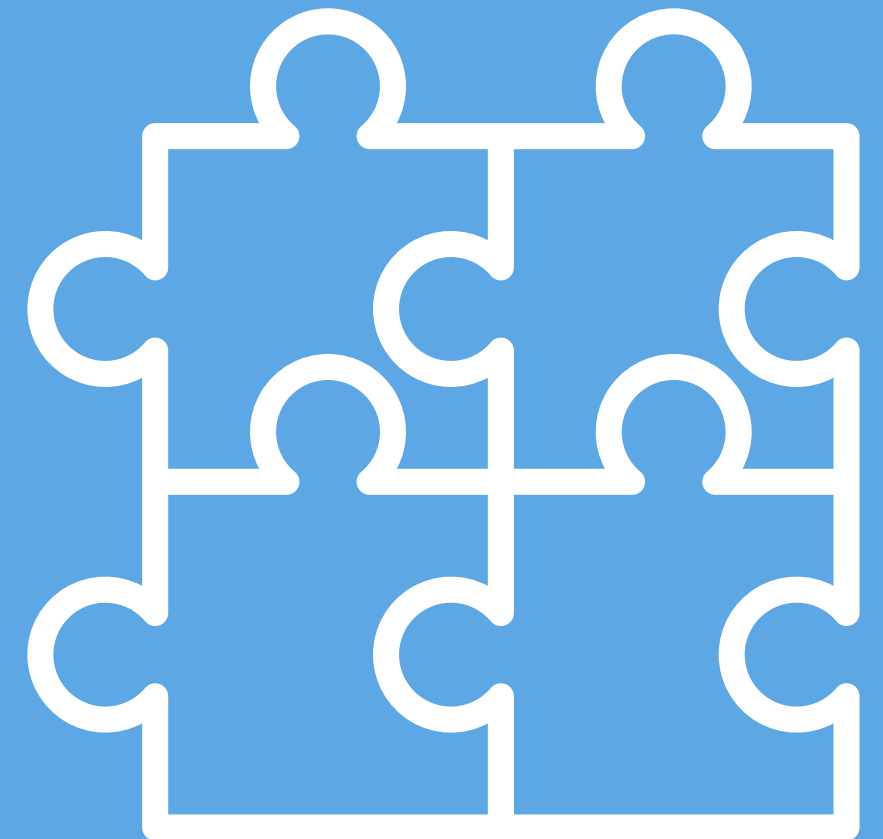




11:05 AM- 11:40 PM

## Discussion Item #8

# Part 2: Office of Coordinated Care and Case Management Expansion Update



All materials can be found on the MHSF IWG website at  
<https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>

# Agenda

**Definitions of Care Coordination, Care Management, Case Management Revisited**

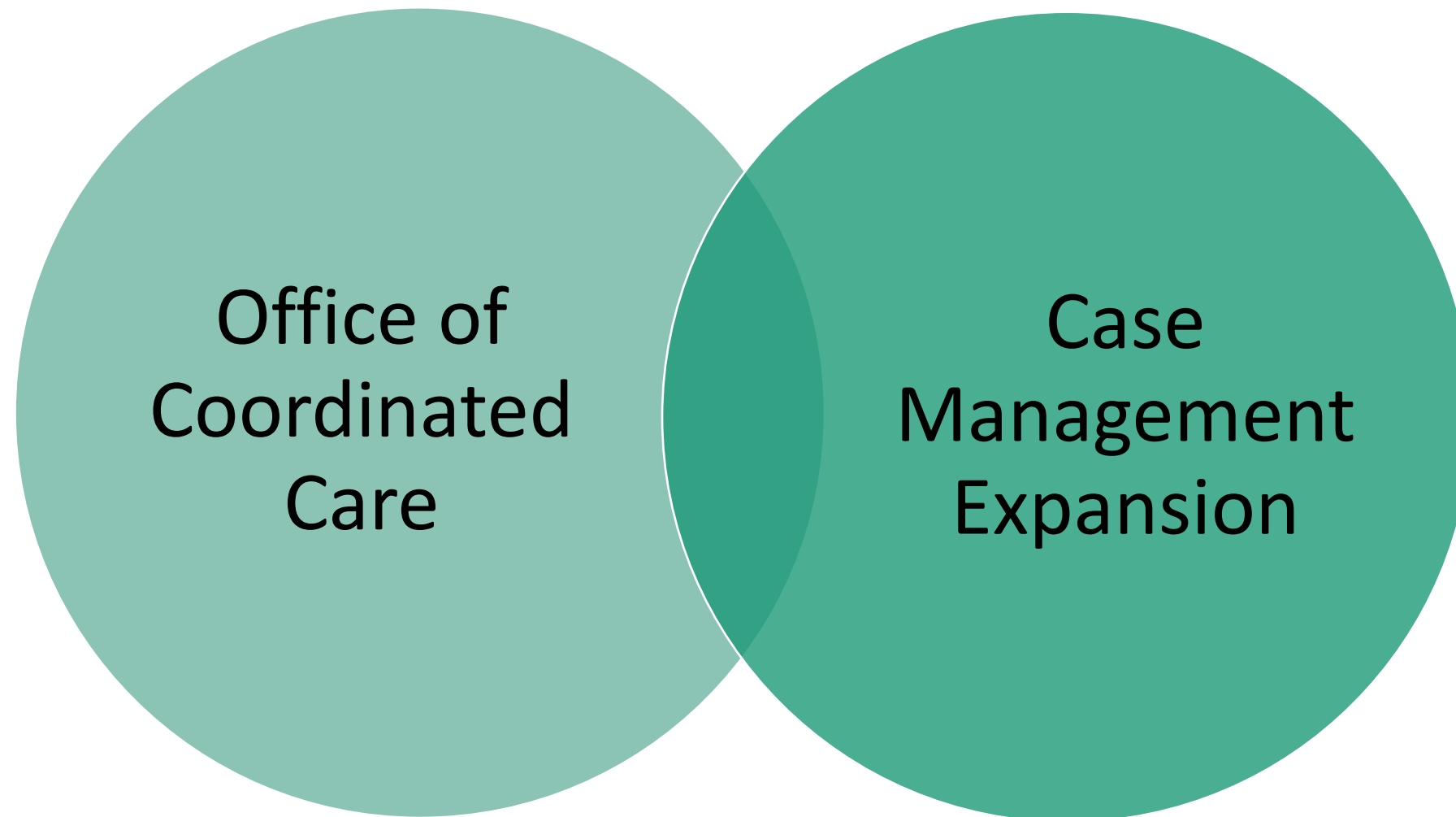
**Case Management Levels of Care**

**Case Management Expansion Updates**

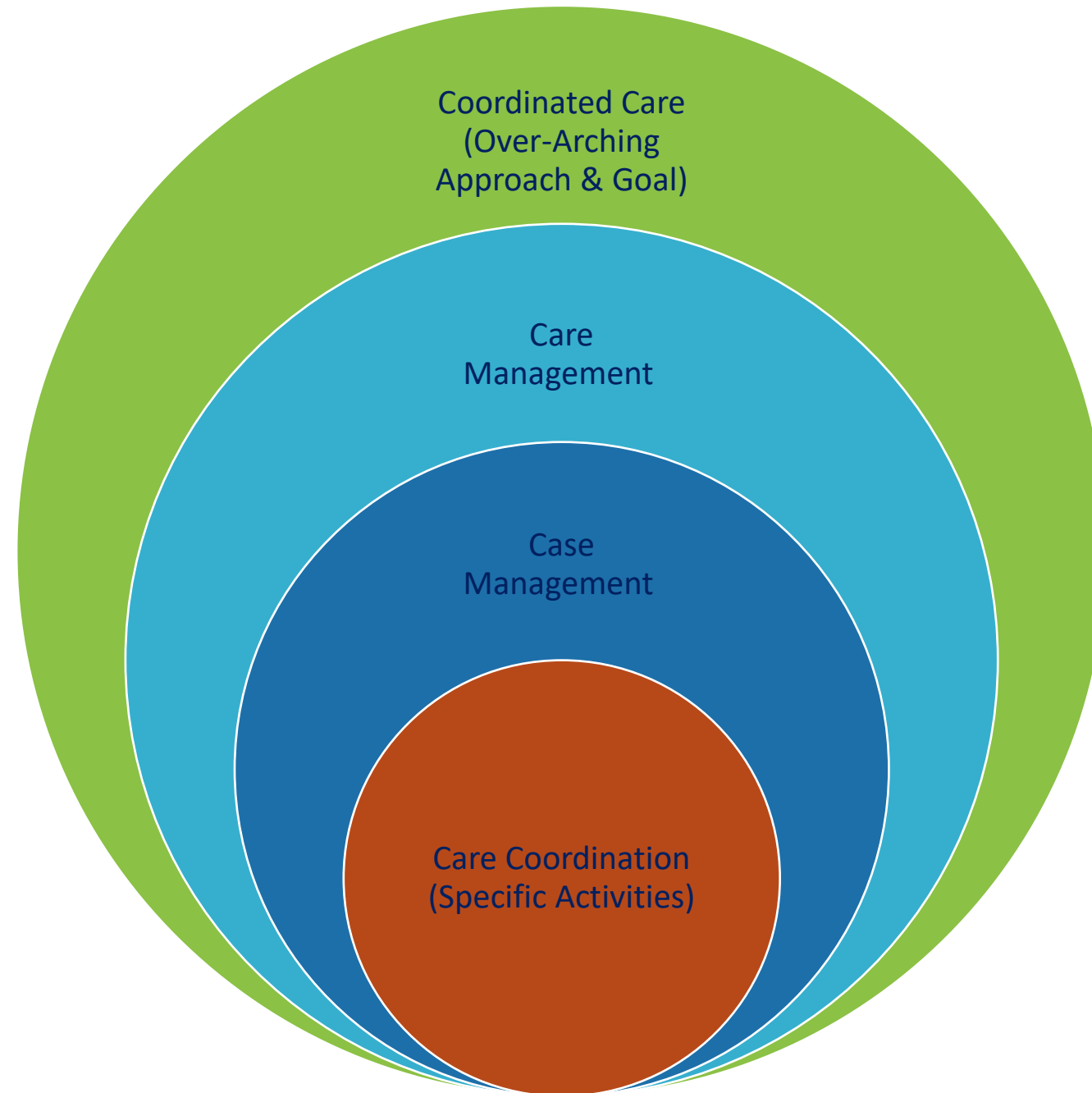
- Mobile Outreach Teams
- ICM Expansion
- ICM Request for Proposals
- Vision and Countermeasures

**Flow from OCC to System of Care**

# Office of Coordinated Care and System of Care



# Coordination of Care



# Definitions

## **Care Coordination**

Organizing client care to ensure that health care and other services are received in the most effective and efficient manner possible. We often use this term in in 2 separate but related ways:

- To describe our over-arching approaches for ensuring people get the right care at the right time and improving delivery of behavioral health services
- To describe the individual activities that support our goal of well-coordinated care. These activities can be carried out by staff from many different disciplines in different settings and as part of care management and case management

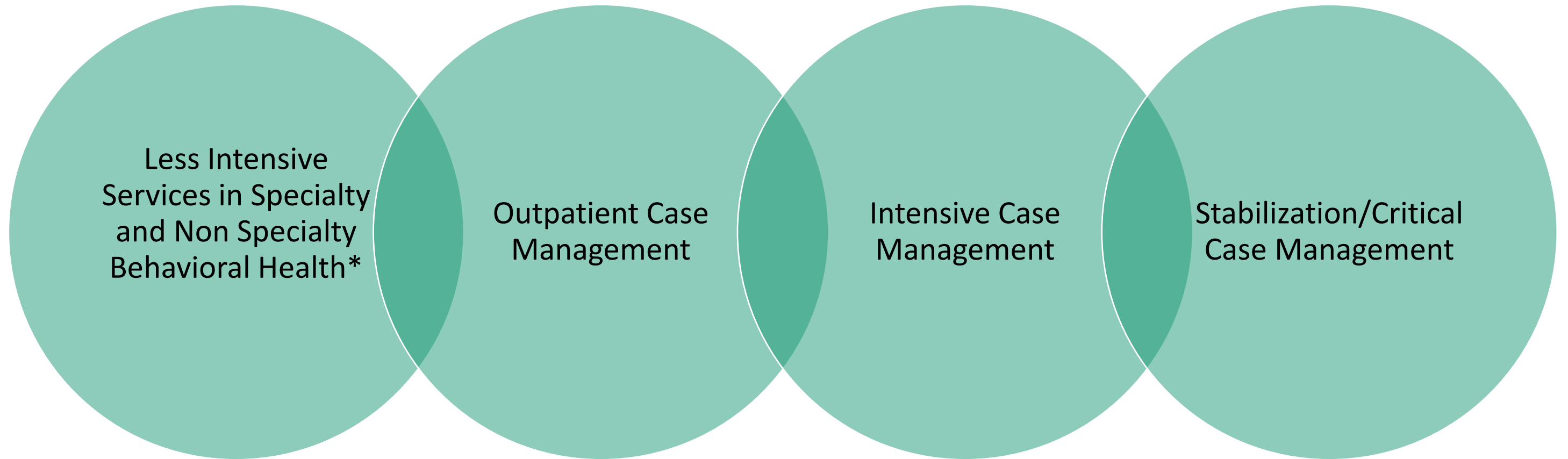
## **Care Management**

A systematic approach to improving health outcomes for individuals in defined populations that includes direct work with individuals to organize and plan care, connect to needed resources, and intensive care coordination. The focus is on supporting people with complex needs to address both health needs and social drivers of health. Implementation of some new care management activities within BHS is aligned with CalAIM Enhanced Care Management.

## **Case Management**

A service line within BHS programs, such as intensive case management and outpatient treatment programs, that includes connecting people to needed services, supporting engagement in care, and care coordination activities. Is person-specific and can vary in intensity, length, and location of services provided.

# Levels of Case Management



\*Less intensive services may include the Private Provider Network in specialty behavioral health or services outside of specialty behavioral health (e.g., Primary Care, Managed Care Plan)

# Case Management Definitions

## **Outpatient Case Management**

Treatment services for individuals with specialty behavioral health needs. Services include care coordination, individual and group clinical interventions, and medication management. Care is primarily clinic based with longer term therapeutic relationships. Clinics may also serve individuals with complex medication needs, have integrated health homes, or comprehensive sites that serve individuals throughout the lifespan. Individuals may be referred or walk in to drop in hours to receive services.

## **Intensive Case Management**

Treatment services for individuals with specialty behavioral health needs that are more complex and are at greater risk for negative outcomes. Services include care coordination, individual and group clinical interventions, and medication management. A primary focus on field based care, care coordination, and development of life skills to improve functional impairments. Goal is for services to be a medium term intervention with support to step down to less intensive services. Services are triaged through a central utilization and approval process.

## **Stabilization/Critical Case Management**

Short term intensive clinical services for individuals with critical behavioral health needs. Goal is to stabilize individuals and transition to ongoing clinical services. Services are primarily field based and focused on care coordination and linkage efforts. Services are triaged through referral process.



# Case Management Expansion Updates: Outpatient Clinics

## **Culturally Congruent Care**

- Launching expansion through MHSA Innovation Grant (currently in hiring process)

## **Peer Transition Team**

- MHSA Innovation Grant
- Focused on supporting individuals transitioning from ICM to outpatient services

## **Mobile Outreach Teams**

- An intervention at civil service clinics: TAY Clinic, Chinatown Northbeach, Mission Mental Health, South of Market Mental Health, Ocean-Merced- Ingleside (OMI), Sunset Mental Health
- Teams consist of a behavioral health clinician, a health worker with lived experience, and nursing support at each site
- Teams will provide support to existing clients who are struggling/deteriorating and require enhanced field based interventions, those stepping down from ICM, and priority cases new to the clinic (e.g., recent hospitalization)
- Implementation has been impeded by hiring (currently 69% vacancy rate for program)

# Case Management Expansion Updates: ICM Expansion

## **ICM Request for Proposals**

- Released February 22, 2023
- 3.1 million from Prop C, MHSA, and general fund
- Expanding ICM for adults and older adults with a primary focus on expanding for individuals who identify as African American/Black or Transgender/Nonbinary, are experiencing homelessness, or have contact with the criminal justice system

## **ICM Expansion**

- 1.8 million added to existing ICM and stabilization providers from Prop C and MHSA investment
- Funding has supported filling critical vacancies by ensuring competitive salaries, increase psychiatry, increase staffing
- Hiring continues to be a challenge

# Case Management Vision and Countermeasures

## **Pressure Points**

- Hiring continues to be a critical issue across continuum
- Transitions between levels of care

## **Vision**

- Equity centered services that are welcoming and engaging
- Timely access
- Recovery and wellness oriented
- Focus on flow and access
- Culturally congruent and gender affirming care

## **Countermeasures/Goals**

- Reducing staff to client ratios across continuum to enhance field based care
- Enhancing outpatient services to bridge gap and support step downs from ICM
- Centralizing ICM waitlist
- Strong utilization management
- Standardizing intake procedures
- Ensuring clients being closed from care are not eligible for other interventions (e.g., Conservatorship, AOT) to reduce risk of deterioration

# Flow from OCC to System of Care

Individual held at hospital on 5150 WIC

Referred to BEST Team through OCC for support and care coordination

Individual is linked to ICM with a warm hand off from BEST



OCC triages a referral from jail

Client has an appointment for intake at outpatient clinic

Individual is supported by the MOT team while linking to care, OCC confirms engagement prior to closing

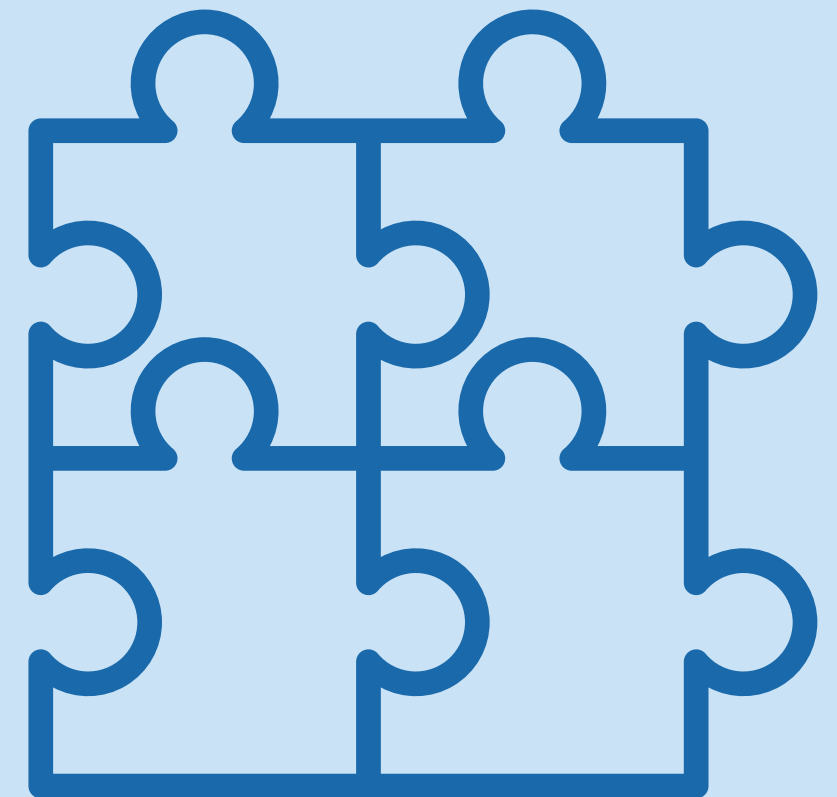


# Public Comment for Discussion Item #8

## Part 2: OCC and Case Management Expansion Update

### Steps:

- Call (415) 655-0001
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- Press `#` and then `#` again

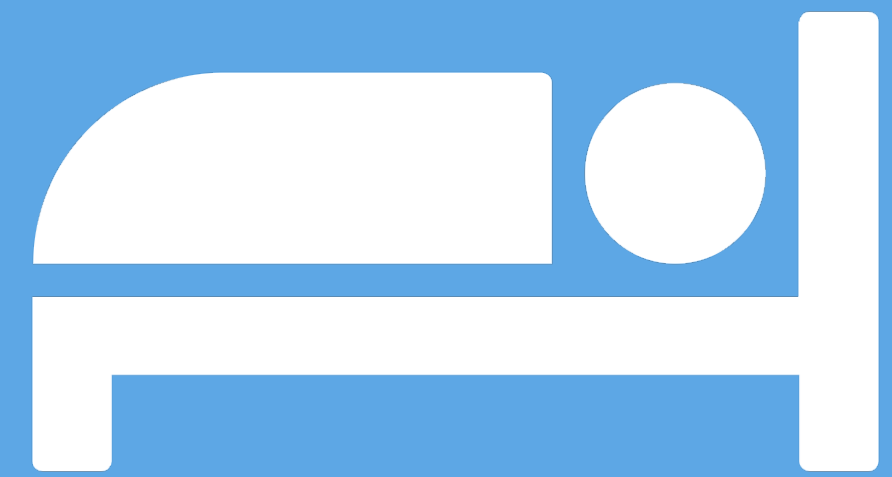




11:40 AM-12:10PM

## Discussion Item #9

# Update on New Beds & Facilities



All materials can be found on the MHSF IWG website at  
<https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group>



# NEW BEDS & FACILITIES INTERIM UPDATE WINTER 2023

Prepared for Mental Health SF  
Implementation Working Group

February 28, 2023

Presented by  
David Pating, MD  
Domain Co-lead, NB&F team



# MINNA PROJECT

Located at 509 Minna Street

**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





# MINNA PROJECT

Census: February 2023\*

**65 clients in 72 rooms**

- 13 clients at Minna more than 8 months.
- 11 clients Mono-lingual Spanish speakers.
- 41 clients maintain 90% of SMART goals.
- 21 clients obtained permanent housing.

<b>Male</b>	<b>53</b>
Female	12
Transgender	0
Black/AA	23
White	21
Asian Pacific	1
Latinx	20
Serious Mental Illness* (preliminary program data)	22

# 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.





# SOMA RISE



## December 2023\*

Week Number	# of Guests
49 (12/1-12/3)	73
50 (12/4-12/10)	179
51 (12/11-12/17)	194
52 (12/18-12/24)	183
53 (12/25-12/31)	186
<b>Grand Total</b>	<b>821</b>

Referral Source	# of Guests	Percentage
Ambassador	1	0%
Blank	23	3%
Other	26	3%
SCRT	40	5%
Self	727	89%
Street Medicine	1	0%
Urgent Care/Crisis Clinic	3	0%
<b>Grand Total</b>	<b>821</b>	<b>100%</b>



Departure Intended Destination	# of Guests	Percentage
Blank	125	15%
ED	5	1%
Food Service	3	0%
Other	82	10%
Social Detox	6	1%
SRO	1	0%
Temporary Shelter	1	0%
Unhoused Other Neighborhood	5	1%
Unhoused SOMA	187	23%
Unhoused TL	33	4%
Unknown	368	45%
Urgent Care/Crisis Clinic	5	1%
<b>Grand Total</b>	<b>821</b>	<b>100%</b>

Linkages	# of Guests
Detox/Treatment	5
Medical	2
Other	5
<b>Total</b>	<b>12</b>

(\*unverified EPIC data)

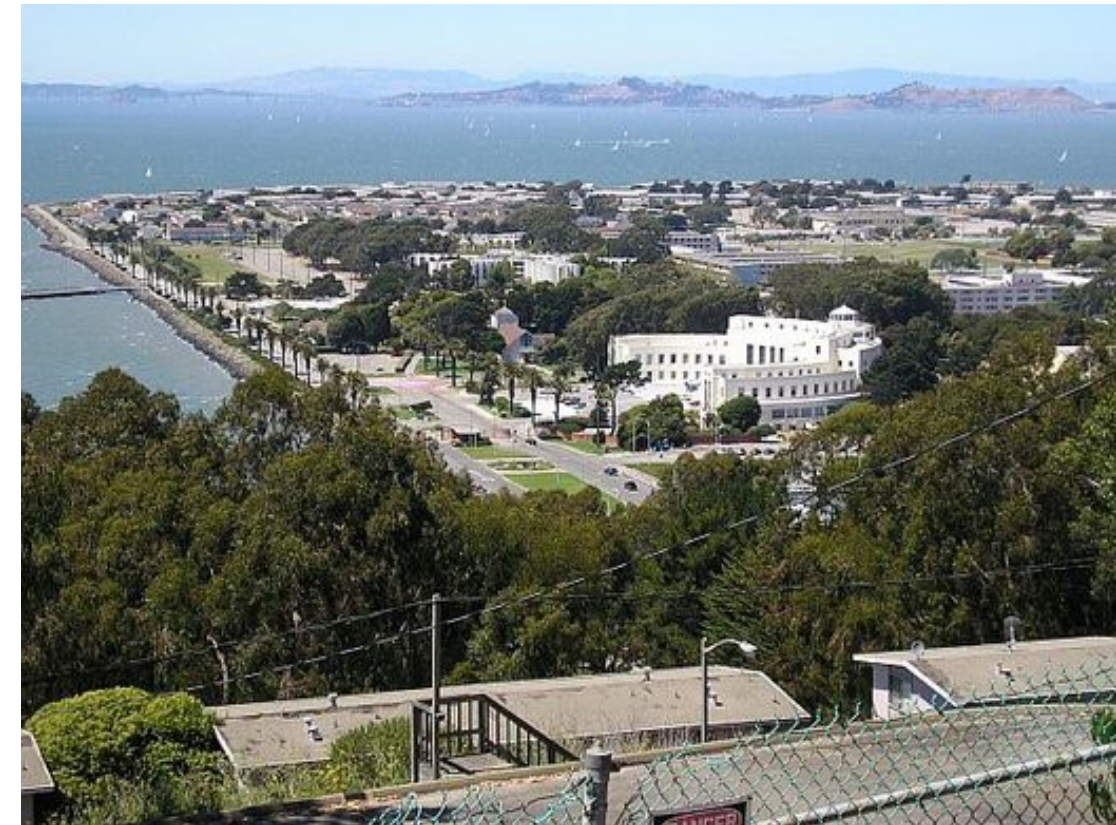


# RESIDENTIAL STEP DOWN

## **SUD Residential Step-down (RSD):**

- Provides up to 2 years of transitional housing for clients who have completed SUD Residential Treatment.
- Clients must be enrolled in SUD outpatient treatment

**70-beds to open Spring 2023  
on Treasure Island.**

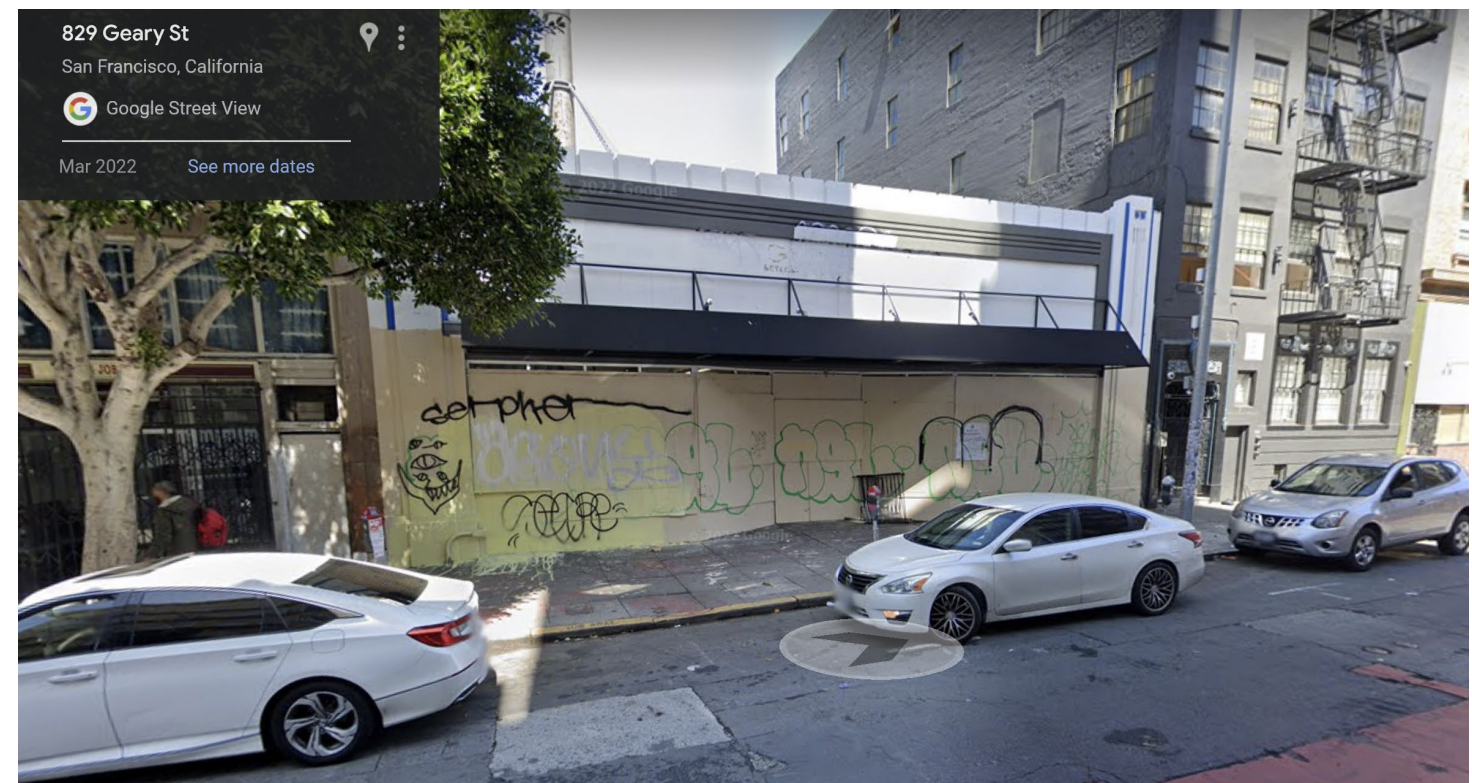




# CRISIS STABILIZATION UNIT

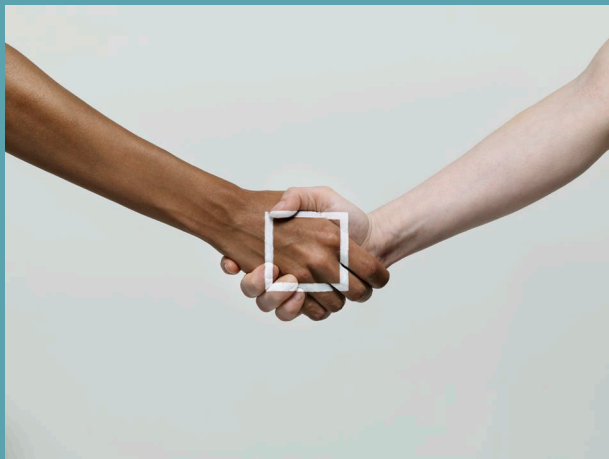
1. CSU @ 822 Geary St.
2. Status: Construction Plans in development.
3. Received State Behavioral Health Continuum Infrastructure Program (BHCIP 3) Grant.

**Expected opening 2024**





# MENTAL HEALTH SERVICE CENTER



## A One Stop Ambulatory "Bridge" Clinic

1. **Site Search in progress...**
2. **Would relocate existing pending the right building:**
  - a. Behavioral Health Access Center
  - b. Office-Based Buprenorphine Induction Clinic
  - c. BHS Pharmacy
  - d. Office of Coordinated Care
3. **Connected by transport with SoMa RISE & CSU**

## DPH Behavioral Health Residential Treatment Expansion

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Goal <b>13</b> Est. Beds	Open 2022 <b>Psychiatric Skilled Nursing Facilities</b> (aka PSNF) Status Serving clients Open Client placement varies	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal <b>75</b> Est. Beds	Open 2022 <b>Dual Diagnosis Transitional Care for People With Justice Involvement</b> (aka Minna Project) Status Serving clients Open Client placement varies	Transitional care for people in contact with the criminal justice system with a dual diagnosis of mental health and/or substance use issues
Goal <b>99</b> Est. Beds	Open 2022 <b>Residential Care Facility<sup>Δ</sup></b> (aka Board and Care) Status Serving clients Open Residential Care Facility 23 beds currently available 12-month Rehabilitative Board and Care 76 beds currently available	Residential Care Facility: Supervised residential program for individuals with mental health issues who require assistance with daily living activities  Pilot   12-month Rehabilitative Board and Care: Same as above with more intensive mental health and treatment support, such as for conserved

### KEY

#### Project Phases and Status

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

January 31, 2023

- Complete
- In process
- Planned

Goal <b>20</b> Est. Beds	Open 2022 <b>SOMA RISE<sup>Δ</sup></b> (aka Drug Sobering Center) Status Serving Clients Open Client placement varies	Pilot   24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services
Goal <b>6</b> Est. Beds	Open 2022 <b>Cooperative Living for Mental Health<sup>Δ</sup></b> Status Serving Clients Open Client placement varies	Communal living for people with chronic mental health and/or substance use Additional \$11M to stabilize leased properties available through MOHCD
Goal <b>70</b> Est. Beds	Opening 2023 <b>Residential Step-down - SUD<sup>Δ</sup></b> Status Active planning for building design 1 2 3 4 5 6	Long-term sober living environment for clients coming out of residential care programs
Goal <b>30</b> Est. Beds	Opening 2023 <b>Enhanced Dual Diagnosis<sup>Δ</sup></b> Status Contracting in process 1 2 3 4 5 6	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
Goal <b>10</b> Est. Beds	Opening 2023 <b>Transitional Age Youth (TAY) Residential Treatment<sup>Δ</sup></b> Status Program design in development 1 2 3 4 5 6	Supervised treatment for young adults with serious mental health and/or substance use issues
Goal <b>16</b> Est. Beds	Opening 2024 <b>Crisis Diversion Facility<sup>Δ</sup></b> Status Contracting and construction in process 1 2 3 4 5 6	Short-term, urgent care intervention as an alternative to hospital care

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



Questions?

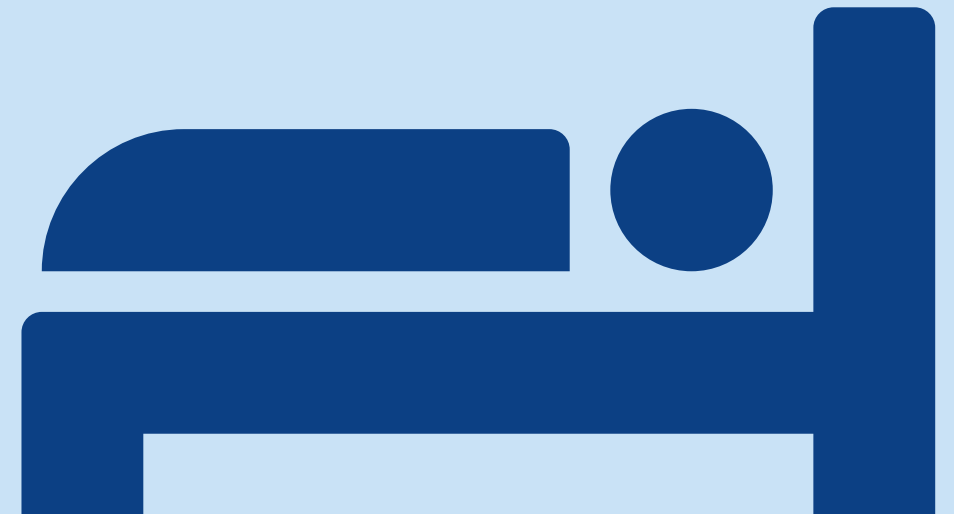


# Public Comment for Discussion Item #9

## Update on New Beds & Facilities

### Steps:

- Call (415) 655-0001
- Enter access code 2490 777 4857
- Press `#` and then `#` again





12:10PM – 12:30PM

Discussion Item #10

# Voting in Chair and Vice Chair



All materials can be found on the MHSF IWG website at

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



# Polling and Voting

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**Please take the poll for  
2023 Vice Chair**





# **Public Comment** for Discussion Item #10 Voting on Vice Chair 2023

## Steps:

- Call (415) 655-0001
- Enter access code 2490 777 4857
- Press `#` and then `#` again

# Vote on Chair and Vice Chair

## Decision Rule:

- Simply majority, by roll call





## **Public Comment for**

Any other matter within the jurisdiction of the Committee not on the agenda

### Steps:

- Call (415) 655-0001
- Enter access code 2490 777 4857
- Press `#` and then `#` again





This is the Controller's Office last meeting in supporting our work

A BIG thank you to  
Oksana Shcherba  
Mike Wiley

It is also co-facilitator Ashlyn Dadkah's last meeting

BIG thank you!





# Planning and Sequencing for 2023

Topic Area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Core MHSF Components</b>												
<i>Focus on tracking recommendations, reviewing effectiveness, and identifying systemic improvements</i>												
Street Crisis Response Team			-	X					X			
New Beds and Facilities (NB&F)*		X	-	X	X	X	X	X	X	X	X	X
<i>Focus on advising component design and systems integration</i>												
Office of Coordinated Care (OCC)	X		-	X								
Mental Health Service Center (MHSC)			-									
<b>[In Design] Foundational components to ensure a well designed, effective, equitable, and sustainable MHSF</b>												
Develop mapping to inform the domains (well designed)	<i>Design</i>				<i>Use as design and refinement tool</i>							
Review Analytics and Evaluation (overall MHSF effectiveness)			-	X					X			
Contribute to staffing study (equitable capacity)			-	X			X			X		
Organizing, integrating and optimizing resources	TBD (retreat discussion)											
<b>Mandated reporting</b>												
Deliverable: IWG Annual Progress report			-							★		

\* **NB&F Key:** D=Drug Sobering    T=TAY    S=SoMa  
 C=Crisis Unit                    M=Minna    E=Expansion (dashboard)



# # Housekeeping

- Next Meetings
  - March 28 from 9-1 used for IWG retreat at City Hall Room 305 (no usual business meeting in March)
  - April 25 from 9:00-1:00 usual IWG meetings resume in person at DPH building, 1380 Howard Street. Rm 515
  - All 2023 meetings are in your calendars
- 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](mailto:MentalHealthSFIWG@sfgov.org)



**Adjourn**



# Appendix A: Attendance

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

E= Excused    Absent (unexcused)