

March 28, 2023



# 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)**

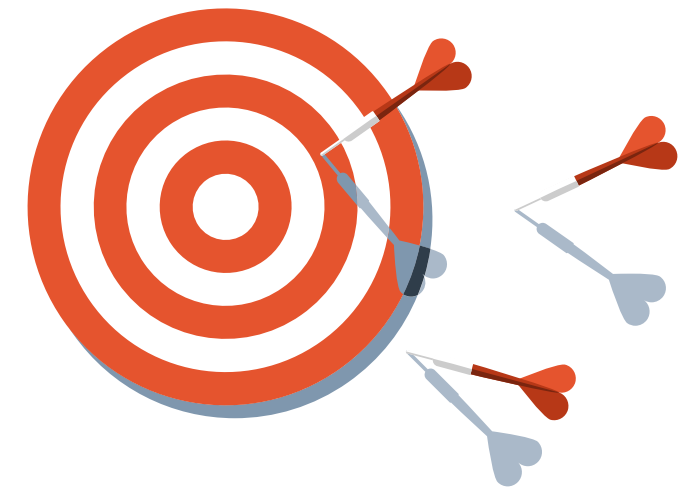
## Decision Rule:

- Simply majority, by roll call

# Meeting Goals

---

- Receive an update from the Director
- Increase understanding of Street Crisis Response Team (SCRT) reconfiguration
- 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



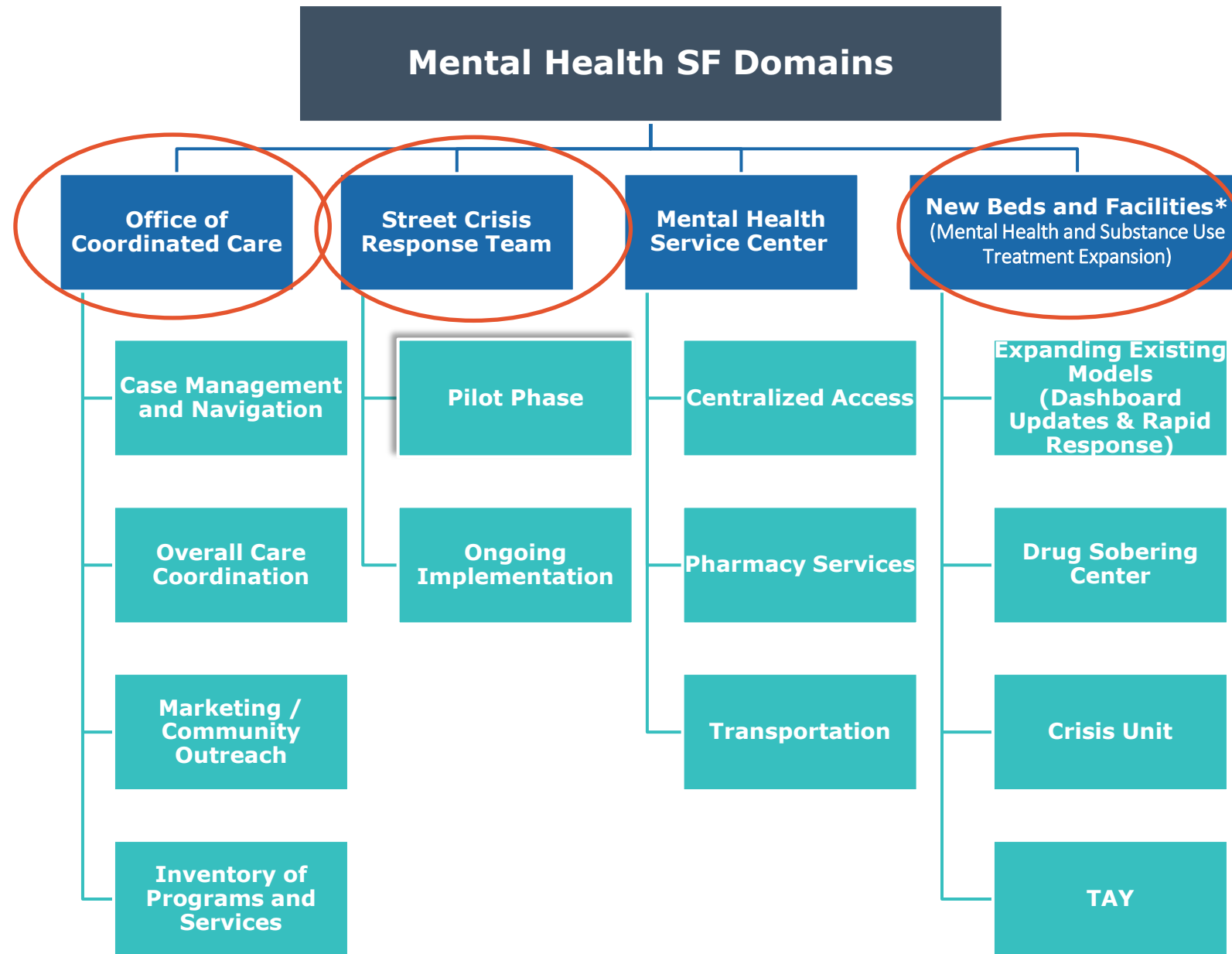
**All materials can be found on the MHSF IWG website at:** <https://www.sfdph.org/dph/comupg/knowlcol/mentalhlth/Implementation.asp>



# Reminder: Mental Health SF Domains



Dr. Hillary Kunins



Heather Weisbrod



Dr. Angelica Almeida



Dr. David Pating



9:15 AM - 9:25 AM

Discussion Item #1

# 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 #1

## Approve Meeting Minutes

If in person:

- Line up to speak

If by video:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2484 059 7474
- Press '#' and then '#' again
- Press \*3 to speak and wait for system to prompt that you have been unmuted



# **Vote** on Discussion Item #2

## Approve Meeting Minutes

### Decision Rule:

- Simply majority, by roll call





9:25 AM – 9:55 AM

Discussion Item #2

# 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>

# Agenda

- General updates
- Treatment on Demand highlights
- CARE Court update



# General updates

- Awaiting updates on the scope and agenda items for the new committee on Homelessness and Behavioral Health, which begins April 14th.
  - Will meet every two weeks, on the 2nd and 4th Fridays at 10 AM.
  - We expect that SFDPH will appear relatively often, and BHS contracts will go through this committee.
  - We await feedback on how the scope of this committee may dovetail with the IWG.
- Upcoming hearings
  - Hearing on the implementation of CARE Court, on April 28th.
  - Many upcoming hearings to renew provider contracts, which are being scheduled.



# Treatment on Demand FY21-22: Highlights



San Francisco Health Network  
Behavioral Health Services

# Treatment on Demand (Prop T) Highlights

- Submitted our annual Treatment on Demand (TOD, or Prop T) report for FY 21-22 to the Board of Supervisors in February
  - Distributed a copy to the IWG
  - There was also a hearing at the BOS on TOD in October 2022, where we presented the same data.
- TOD is intended to ensure that the City has adequate SUD treatment capacity to meet the community demand for publicly funded SUD treatment.
- The annual report describes SUD services and funding, and updates progress on measures of meeting estimated demand.



# Treatment on Demand (Prop T) Highlights

- In FY21-22, we enrolled 4,534 individuals in Medi-Cal SUD treatment and provided linkage, primary-care, hospital-based, risk reduction, and low-threshold services for many more.
- **Overlap with the MHSF population:** 64% of clients admitted into SUD treatment were experiencing homelessness and 46% of these clients received a mental health service at the same time.
- **MHSF was key to program and service expansions in FY21-22:** Under MHSF, SFDPH opened a drug sobering center and >160 new residential care and treatment beds in 2022; advanced planning for the implementation of the MHSC; launched centralized care coordination; and expanded case management and navigation services.
- SFDPH also expanded access to naloxone, contingency management, alcohol and opioid treatment; extended hours of operations at many programs; and released an Overdose Prevention Plan



# Treatment on Demand (Prop T) Highlights

## Measures of meeting estimated demand in FY 21-22:

- 39% of SFHN patients with SUD diagnosis received SUD treatment through BHS-SUD services, substantially higher than the national average of 10%.
- Average occupancy rate: 91% in residential treatment and 94% in residential step-down
- Specialty SUD treatment enrollment down BUT buprenorphine prescriptions up, city-wide
- Measures of wait times improved over the previous fiscal year:
  - 81% of clients entered residential treatment through withdrawal management within <1 day
  - Median time for admission into residential treatment was 4 days
  - Median time for admission to opioid treatment programs was <1 day
- Average retention in our Drug Medi-Cal services was 143 days.
- 69% of clients enrolled in outpatient treatment maintained abstinence or showed a reduction of alcohol and other drug use.

**What's next:** Considering data options for new estimates of unmet need; engagement efforts; and expanded outcomes measures.



# CARE Court Update



San Francisco Health Network  
Behavioral Health Services



# CARE Court Update

- **CARE Court** was created under State legislation (SB 1338) to allow a broader range of petitioners or referents to seek assessment of people with schizophrenia spectrum or other psychotic disorders.
- If deemed eligible and person will not engage voluntarily, participant will receive a court-ordered CARE plan for up to 12 months, with the possibility to extend for an additional 12 months.
- Intended to be a less restrictive alternative to state hospitalization or LPS conservatorship
- San Francisco is in the first cohort of counties slated to implement CARE Court, by October 1, 2023.
- All other counties will begin implementation by December 2024



# CARE Court Update

## Implementation updates:

- We have established BHS CARE Court advisory group that meets regularly.
- This group has worked to estimate population size; design leadership, engagement and treatment teams; estimate budget; work with City and statewide partners and stakeholders; design a monitoring and evaluation framework; review the draft petition; and identify and work to address operational needs.
- One-time Bridge Housing funding now available from the state for the cost of operating and providing services in short- and mid-term residential programs, with a goal to connect individuals to long-term housing stability.
  - Eligible CARE participants must be prioritized
  - Submission deadline end of this month
  - Implementation would begin Spring 2023



# CARE Court Update

## Where does CARE Court intersect with MHSF?

- **Population:**
  - MHSF priority population: People who are experiencing homelessness (PEH) and have a serious mental health and/or substance use diagnosis.
  - CARE Court population is narrower and not limited to PEH. It is for adults with severe mental illness and a diagnosis in the schizophrenia spectrum, or other psychotic disorder diagnosis who:
    - Either are unlikely to survive safely in the community without supervision and are substantially deteriorating OR
    - Need services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the person or others
- **Programs:** Individuals potentially eligible for CARE Court will likely often be known to programs under the OCC and our expanded case management services.
- **Resources:** We are working diligently to implement countermeasures to reduce the wait list for intensive case management services under case management expansion and are mindful that CARE Court may place additional demand on these and other resources.



# Questions?



San Francisco Health Network  
Behavioral Health Services

# Public Comment for Discussion Item #2

## MHSF Director's Update

If in person:

- Line up to speak

If by video :

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2484 059 7474
- Press `#` and then `#` again
- Press \*3 to speak and wait for system to prompt that you have been unmuted

9:55AM-10:55AM

Discussion Item #3

# 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>

## What is your level of agreement with the resolution?

1

**No way, I block this**

2

**I see issues we need to resolve**

3

**I see issues, but can live with it**

4

**I'm fine with this as is**

5

**I love this!**

# Public Comment for Discussion Item #3

## Street Crisis Response Team

If in person:

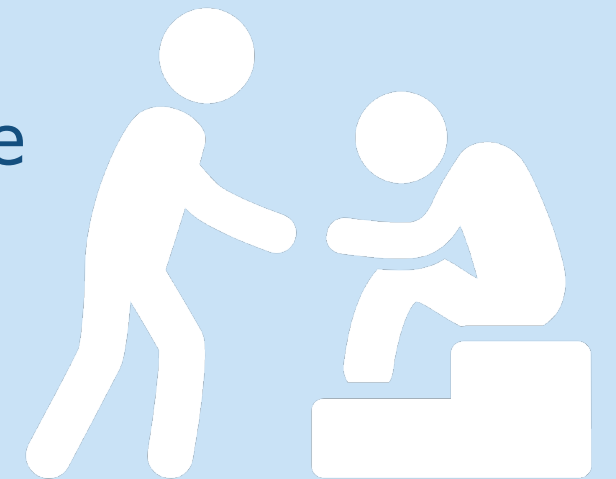
- Line up to speak

If by video :

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2484 059 7474
- Press `#` and then `#` again
- Press \*3 to speak and wait for system to prompt that you have been unmuted



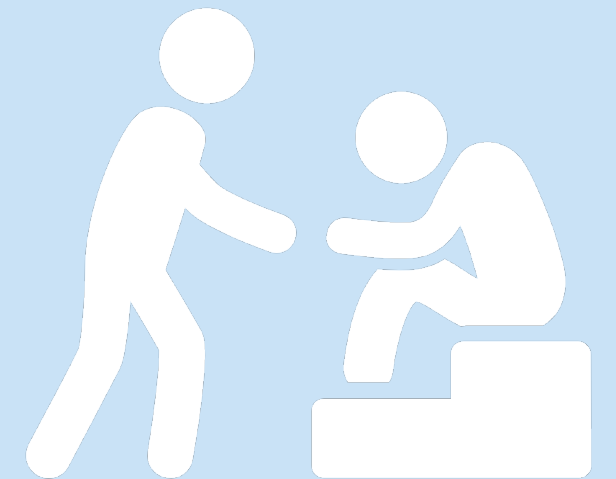


# **Vote** on Discussion Item #2

## Street Crisis Response Team

### Decision Rule:

- Simply majority, by roll call



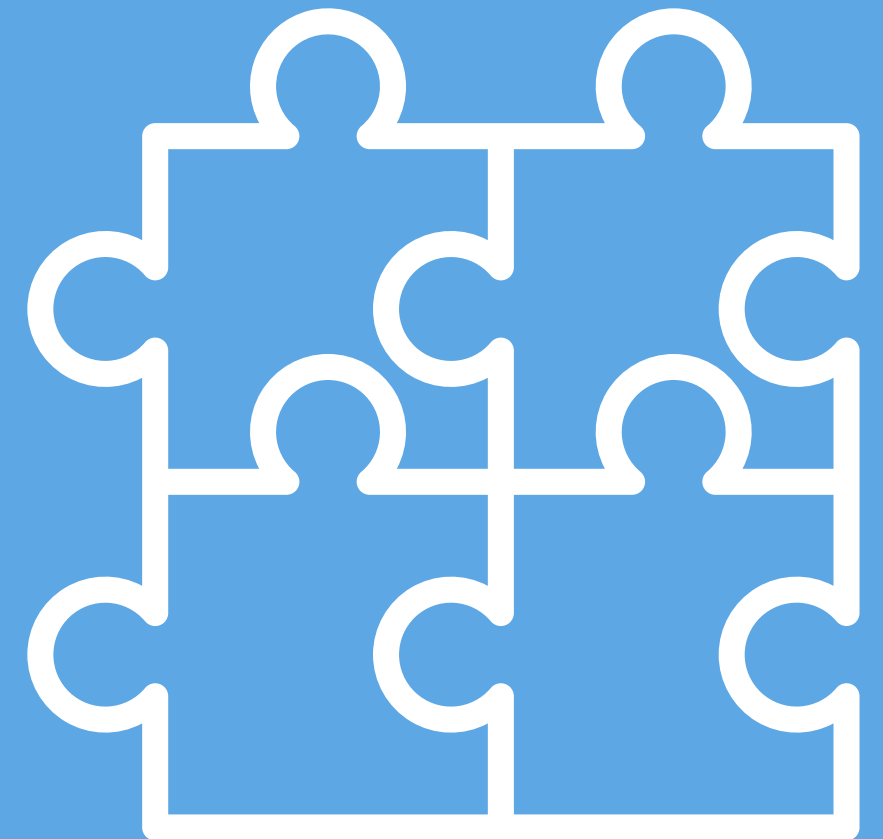
A blue-tinted photograph of a desk setup. In the foreground, a white ceramic mug is on the left. To its right, a laptop is open, and a smartphone lies flat on the desk surface. The background is blurred, showing what appears to be a window with blinds. The text "5 Minute Break" is overlaid in the center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

**5 Minute Break**

11:00 AM- 11:45 PM

## Discussion Item #4

# 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**

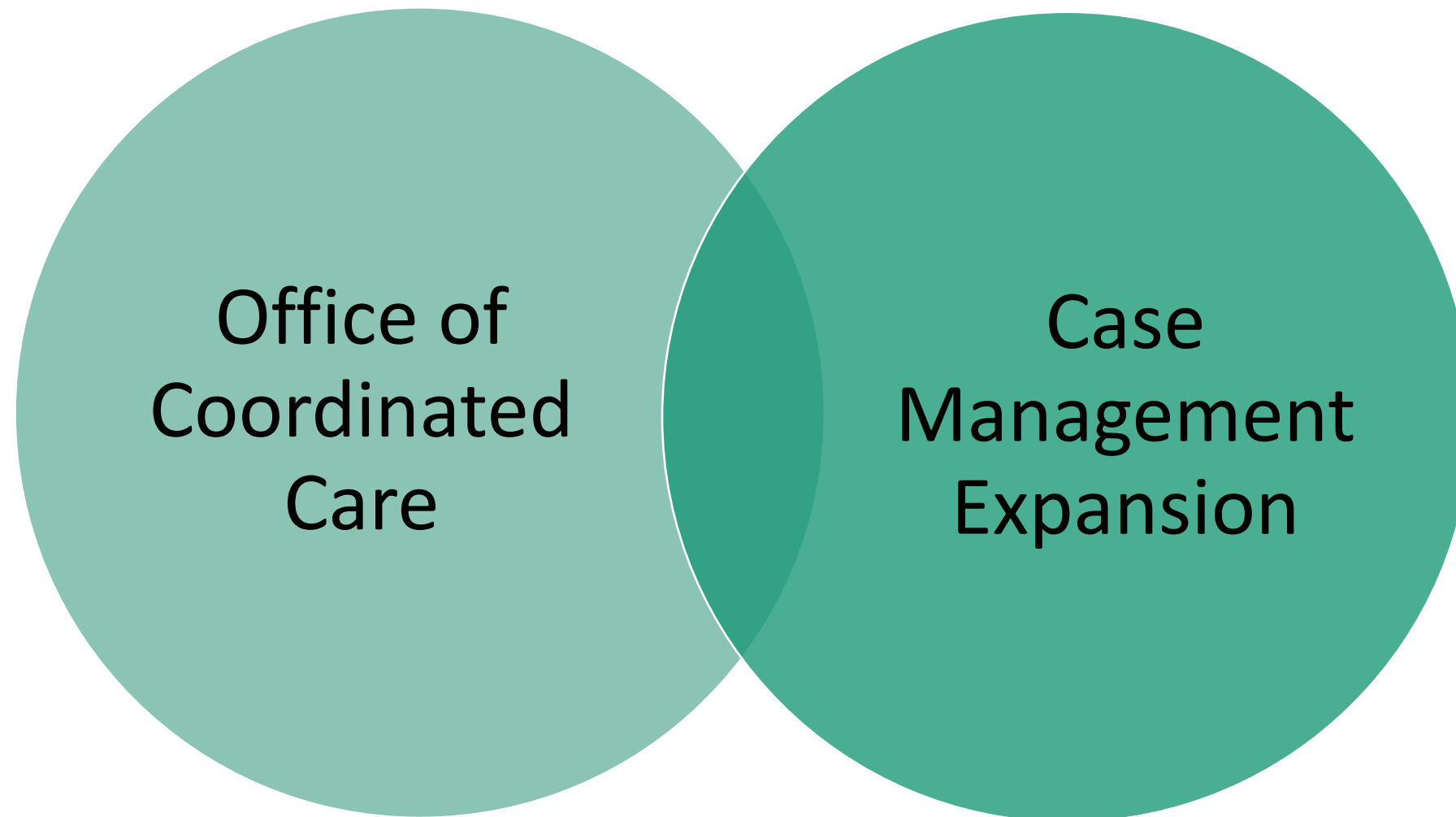
**Case Management Expansion Updates**

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

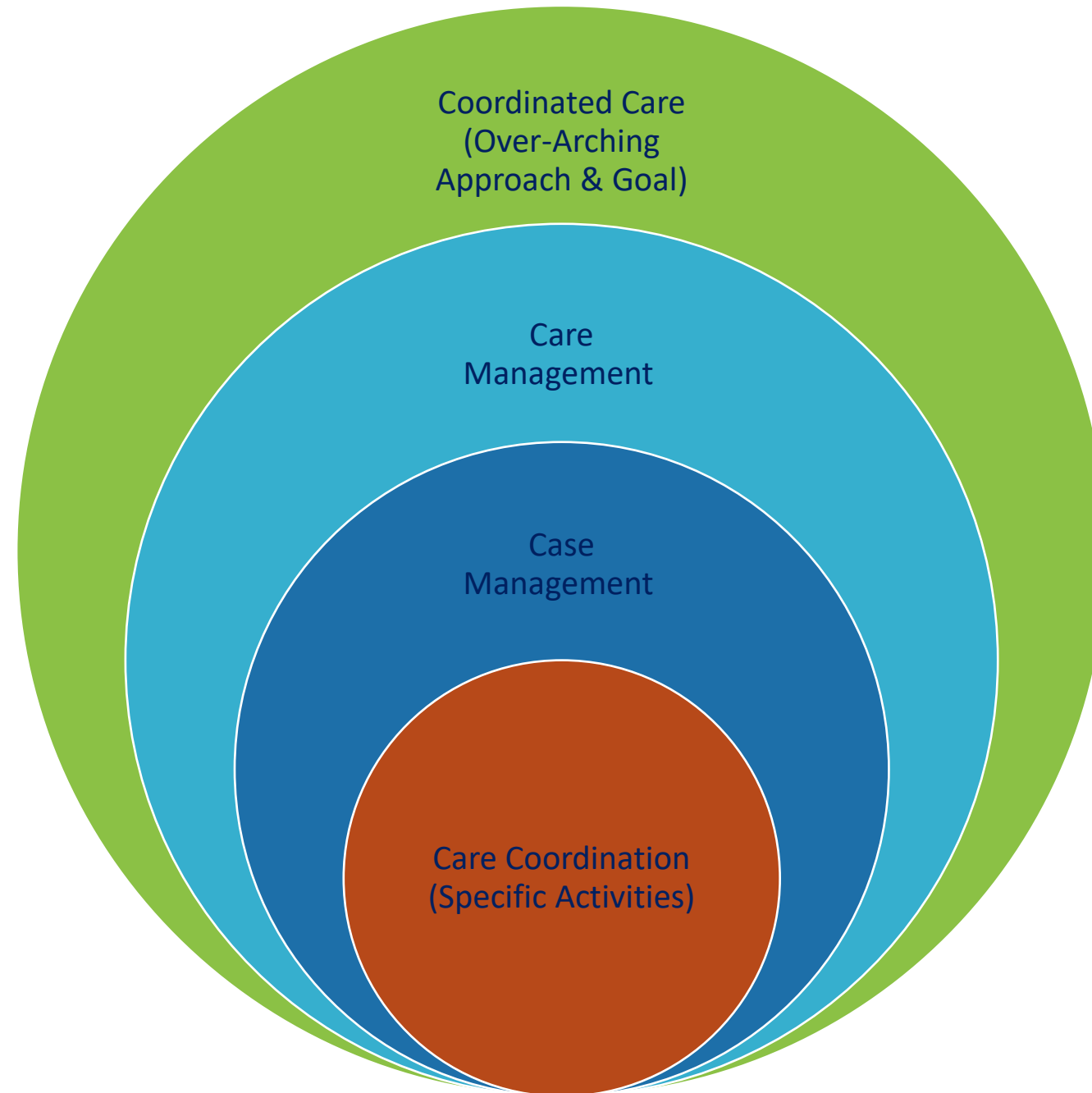
**Flow from OCC to System of Care**

**Involuntary Holds**

# 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

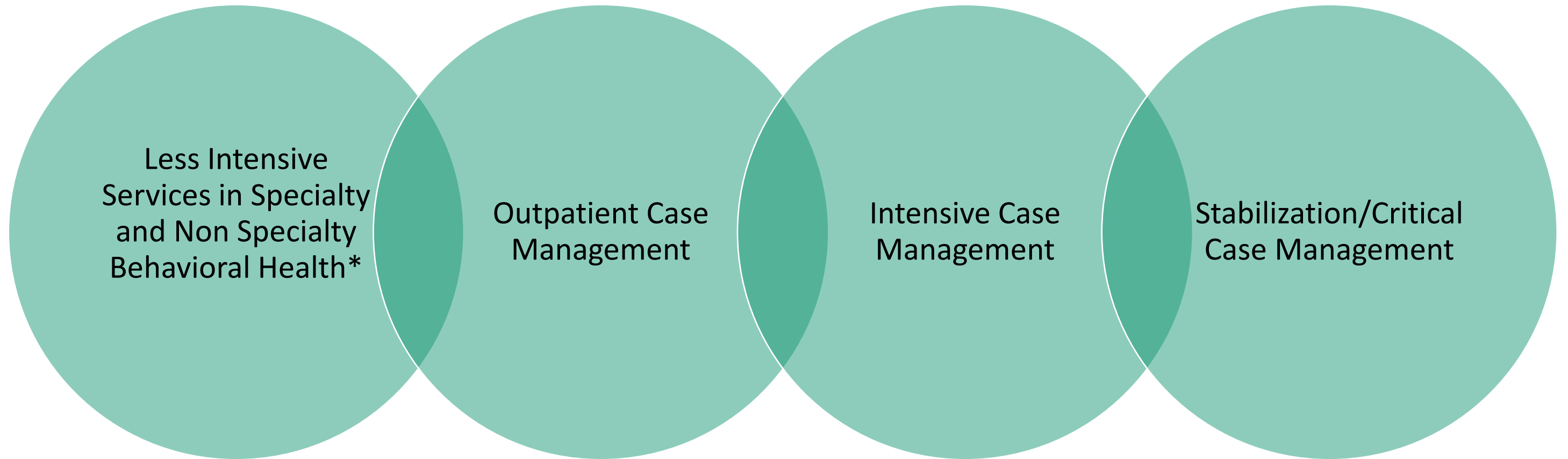
## **Care Management**

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**

- 1.98 million added to existing ICM from Prop C and MHSA investment
- 563,000 added to stabilization/linkage programs
- 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
- Hiring a Director of Intensive Services

# 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 and connected to placement (beds acquired through new beds and facilities)



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

# Involuntary Psychiatric Holds

## History

- Involuntary psychiatric holds “5150” comes from the LPS Act of 1967
- There have been multiple revisions to support/clarify:
  - Patients’ rights
  - Remove stigmatizing language
  - Consideration of historical court of illness
  - Ensure voluntary services are primary
  - Support linkage to services/care coordination post crisis
- Allows for involuntary detention for up to 72 hours to evaluate if the person meets the legal criteria for subsequent involuntary holds
- There are a series of holds after an initial 5150 that allow for ongoing care and judicial oversight/client representation to ensure there is not an abuse of involuntary treatment

## Initiating a Hold

- Peace Officer (SFPD, SFSD)
- Individuals designated by the county behavioral health director

## Goal

- Provide acute care to stabilize the individual
- Transition people to the least restrictive setting
- In most situations, individual receive treatment, no longer meet the high threshold for an ongoing hold, and are released

# Involuntary Psychiatric Holds

## **Criteria**

- Due to a mental disorder or chronic alcoholism where an individual is unable/unwilling to accept voluntary services, the individual meets one or more of the following criteria:
  - Danger to Self- a threat to themselves (e.g., suicidal)
  - Danger to others- a threat to others (e.g., threatening to kill someone)
  - Grave Disability- unable to care for basic needs (e.g., food, shelter and clothing)

## **Probable Cause/Considerations**

- Presence of a mental health disorder or chronic alcoholism
- Current presentation
- What the individual reports
- Course of illness
- Collateral information
- Unable to accept voluntary services

# Involuntary Psychiatric Holds: System Updates

## **Updated Assembly/Senate Bills**

- AB2275
- AB2242
- SB929

## **LPS Delegated Agreements**

## **5150 Training**



# Involuntary Psychiatric Holds: Systemic Care Coordination and Follow Up

## **Goals**

- Discharge plans consistently include solid connection to appropriate behavioral health services
- Consistent behavioral health follow-up for people discharged from involuntary holds

## **How We're Approaching This Work**

- As a collaborative effort
- Using data and new coordination functionality via Epic
- Planned Interventions Include:
- Systematic Review of Involuntary Holds
- Discharge Planning with Connection to Behavioral Health Care
- Rapid Follow-up Post-Discharge
- Closing the Loop

# Public Comment for Discussion Item #4

## Part 2: OCC and Case Management Expansion Update

If in person:

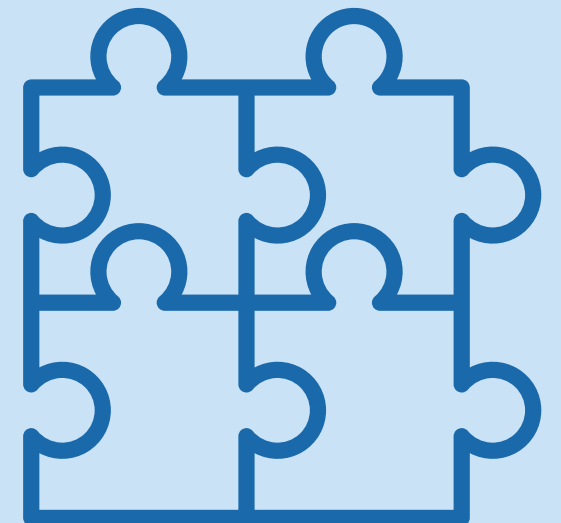
- Line up to speak

If by video:

- Raise your hand and the facilitator will unmute you

If by phone:

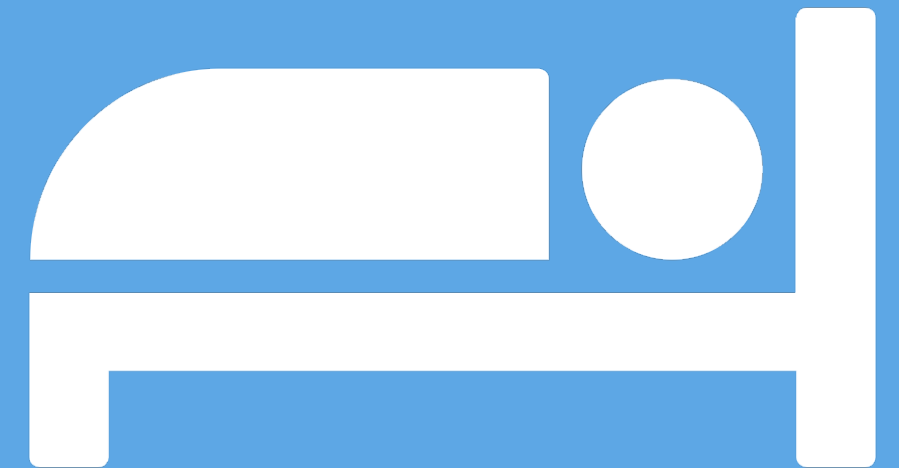
- Call (415) 655-0001
- Enter access code 2484 059 7474
- Press '#' and then '#' again
- Press \*3 to speak and wait for system to prompt that you have been unmuted



11:45 AM-12:15PM

## Discussion Item #5

# 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>

# 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.

Opened June 29, 2022



# 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>

(\*unvalidated EPIC data)

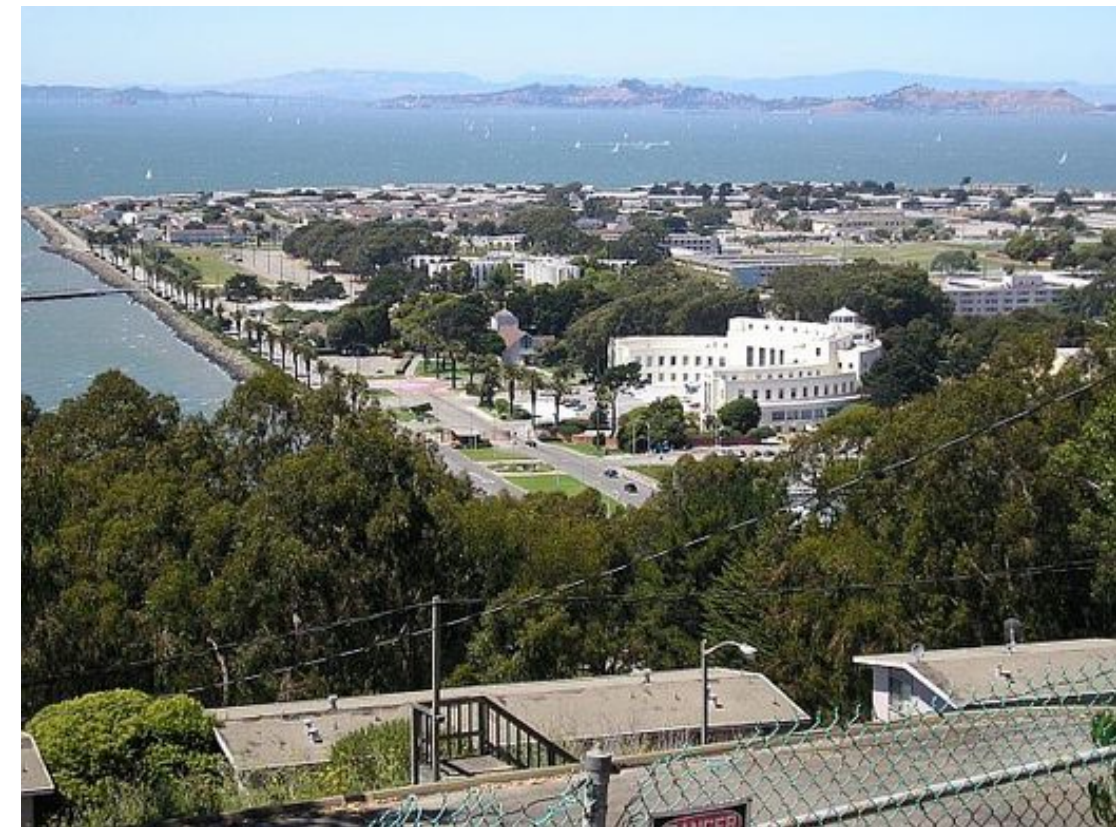


# RESIDENTIAL STEP DOWN

## **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.**



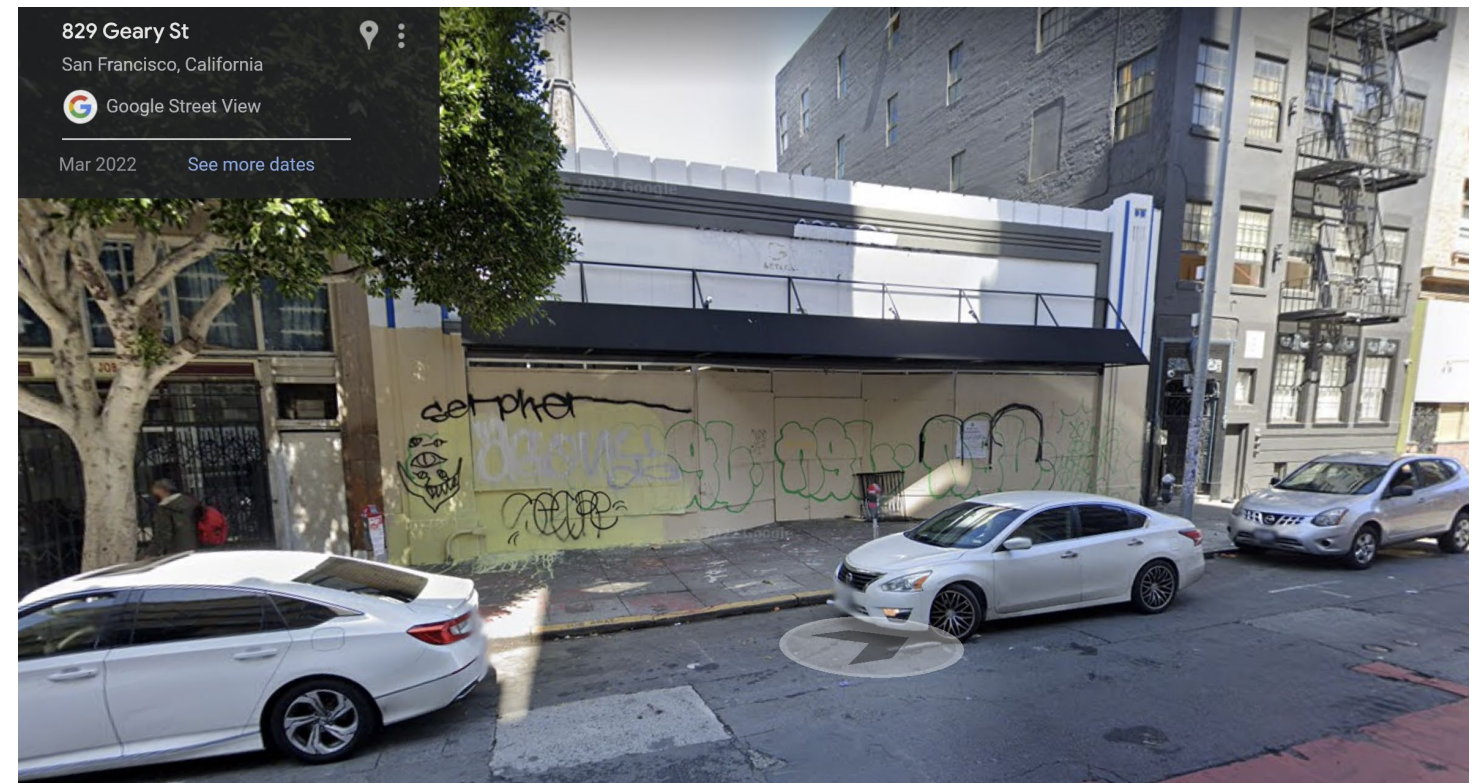




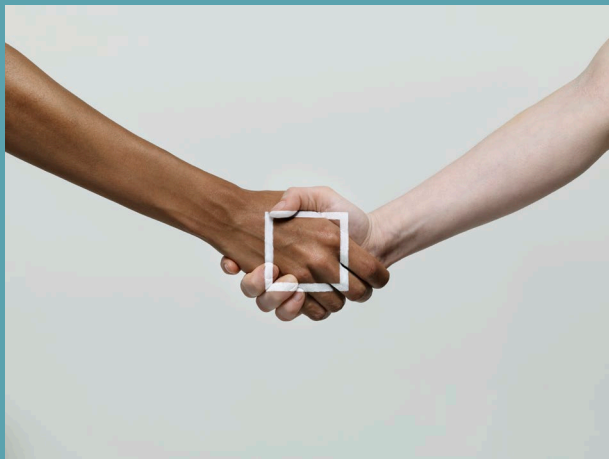
# CRISIS STABILIZATION UNIT

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

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.

<p>Goal <b>30</b></p>	<p>Open 2021 <b>Hummingbird - Valencia</b> Status Serving clients</p> <p>Open 28 beds currently available</p>	<p>Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro</p>
<p>Goal <b>20</b></p> <p>Est. Beds</p>	<p>Open 2020 <b>Managed Alcohol Program</b> Status Permanent location and additional funding will expand the program from 10 beds to 20 beds</p> <p>Open 13 beds currently available</p>	<p>Pilot   Medical supervision for people with chronic alcohol dependency</p>
<p>Goal <b>31</b></p> <p>Est. Beds</p>	<p>Open 2021 <b>Mental Health Rehabilitation Beds</b> (aka LSAT) Status Serving clients</p> <p>Open Client placement varies</p>	<p>Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting</p>
<p>Goal <b>13</b></p> <p>Est. Beds</p>	<p>Open 2022 <b>Psychiatric Skilled Nursing Facilities</b> (aka PSNF) Status Serving clients</p> <p>Open Client placement varies</p>	<p>Out-of-county secure 24-hour medical care for people with chronic mental health conditions</p>
<p>Goal <b>75</b></p> <p>Est. Beds</p>	<p>Open 2022 <b>Dual Diagnosis Transitional Care for People With Justice Involvement</b> (aka Minna Project) Status Serving clients</p> <p>Open Client placement varies</p>	<p>Transitional care for people in contact with the criminal justice system with a dual diagnosis of mental health and/or substance use issues</p>
<p>Goal <b>99</b></p> <p>Est. Beds</p>	<p>Open 2022 <b>Residential Care Facility<sup>Δ</sup></b> (aka Board and Care) Status Serving clients</p> <p>Open Residential Care Facility 23 beds currently available</p> <p>12-month Rehabilitative Board and Care 76 beds currently available</p>	<p>Residential Care Facility: Supervised residential program for individuals with mental health issues who require assistance with daily living activities</p> <p>Pilot   12-month Rehabilitative Board and Care: Same as above with more intensive mental health and treatment support, such as for conserved</p>

## KEY

February 27, 2023

### Project Phases and Status

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

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

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

Questions?

# Public Comment for Discussion Item #5

## Update on New Beds & Facilities

If in person:

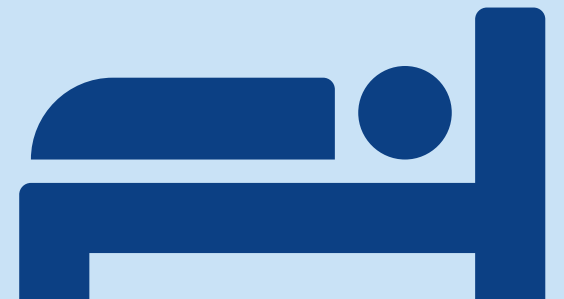
- Line up to speak

If by video:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2484 059 7474
- Press `#` and then `#` again
- Press \*3 to speak and wait for system to prompt that you have been unmuted



12:10PM – 12:30PM

Discussion Item #6

# Voting in 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>

# Interested parties or nominations?

---



# Public Comment for Discussion Item #6

## Voting in Vice Chair

If in person:

- Line up to speak

If by video:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2484 059 7474
- Press '#' and then '#' again
- Press \*3 to speak and wait for system to prompt that you have been unmuted



# 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

If in person:

- Line up to speak

If by video:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2484 059 7474
- Press '#' and then '#' again
- Press \*3 to speak and wait for system to prompt that you have been unmuted





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

A BIG thank you to  
Oksana Shcherba  
Mike Wiley

We also thank co-facilitator Ashlyn Dadkhah for all her heart and support

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	X
<i>Focus on advising component design and systems integration</i>												
Office of Coordinated Care (OCC)	X		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 Components:** Drug Sobering Crisis Unit      TAY Minna      SoMa Expansion (dashboard)

# Housekeeping

---

- Next Meetings
  - April 25 from 9:00-1:00, 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)