

April 25, 2023



Mental Health San Francisco Implementation Working Group



San Francisco
Department of Public Health

harder  co | community
research

A hand is shown in the upper left quadrant, pointing upwards with the index finger. The entire image is overlaid with a semi-transparent blue filter. The text 'Call to Order/Roll Call' is centered in the middle of the image in a white, bold, sans-serif font.

Call to Order/Roll Call

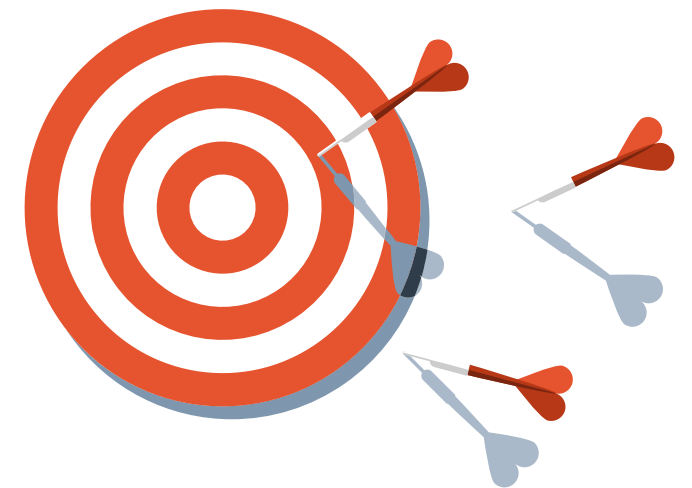
Vote to **Excuse Absent Member(s)**

Decision Rule:

- Simply majority, by roll call

Meeting Goals

- Receive update on BHS and MHSF from the director
- Review, and if desired, vote on recommendations related to notification of IWG and specific to the Street Crisis Response Team (SCRT)
- Receive an update on New Beds and Facilities
- Identify how we will organize our selves now that we're in person
- Align DPH and IWG interests on topics for the next meeting



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



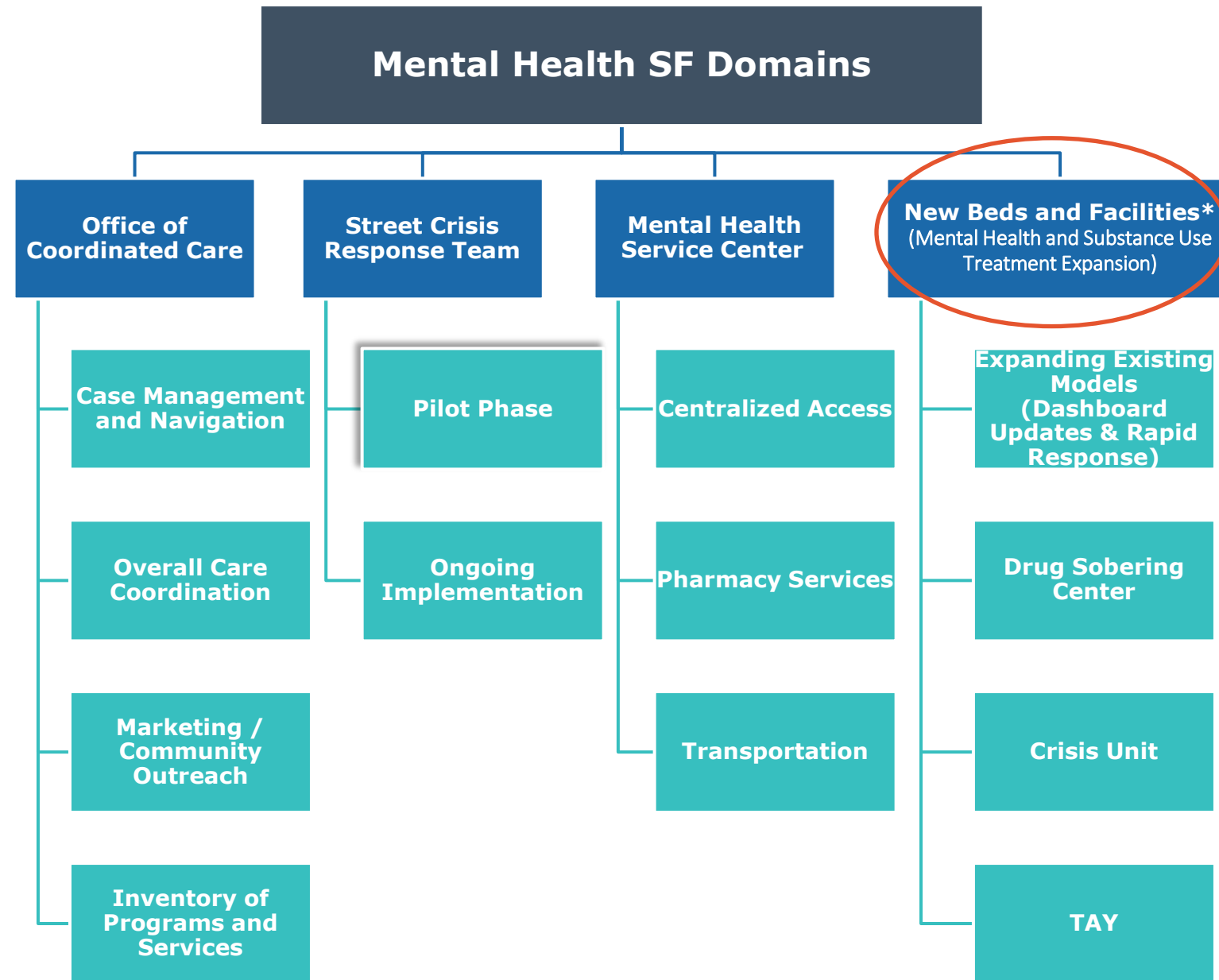
Reminder: Mental Health SF Domains



Dr. Hillary Kunins



Dr. David Pating



9:10 AM - 9:15 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 online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2482 596 1324
- Press '#' and then '#' again
- Press *3 to speak and wait for system to prompt that you have been unmuted



Vote on Discussion Item #1

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call



9:15 AM – 9:45 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>

Public Comment for Discussion Item #2

MHSF Director's Update

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2482 596 1324
- Press '#' and then '#' again
- Press *3 to speak and wait for system to prompt that you have been unmuted

9:45AM-10:30AM

Discussion Item #3

Resolutions: MHSF Material Changes and Street Crisis Response Team



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

Resolution 1

Resolution that the Department of Public Health and any other department proposing a change to a MHSF service or program shall notify the IWG for review and comment before its implementation if the proposed change either (a) alters the program or service such that it is different from how it is described in the MHSF Ordinance; or (b) alters the core components of a program or service as previously presented to the IWG. This resolution is not intended to apply to routine changes to a program or service that are not described in (a) or (b) above.

Resolution #2

We hereby resolve that the current crisis response program formerly know as “SCRT” is not in compliance with the MHSF Ordinance, and that following would need to happen in order to be in compliance:

- The team be placed back under DPH, rather than under DEM, as stipulated by the ordinance;
- The SCRT teams include mental health professionals on the vehicles with the training, experience and credentials needed to respond to crisis on the streets from a behavioral health approach;
- SCRT continues as a standalone program and is not merged with any other;
- An evaluation (that includes the input of staff, clients, and the community) is performed Behavioral Health Services or designee and a set of recommendations for improvements are presented to the IWG to consider.

Temperature check

Temperature check to
vote to approve the two
resolutions

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:

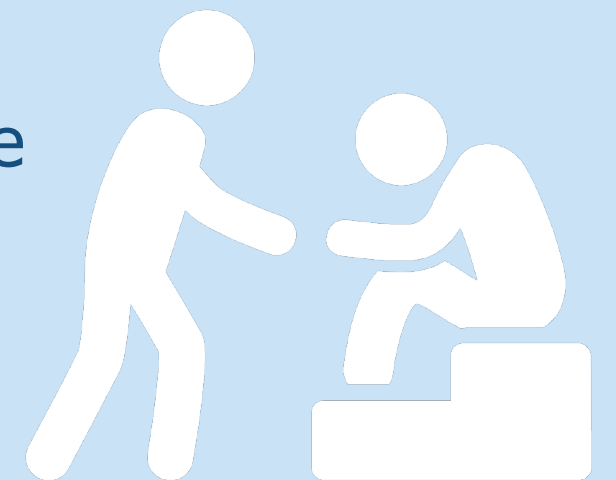
- Line up to speak

If by zoom:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2482 596 1324
- Press '#' and then '#' again
- Press *3 to speak and wait for system to prompt that you have been unmuted



Vote on Discussion Item #3

Street Crisis Response Team

Decision Rule:

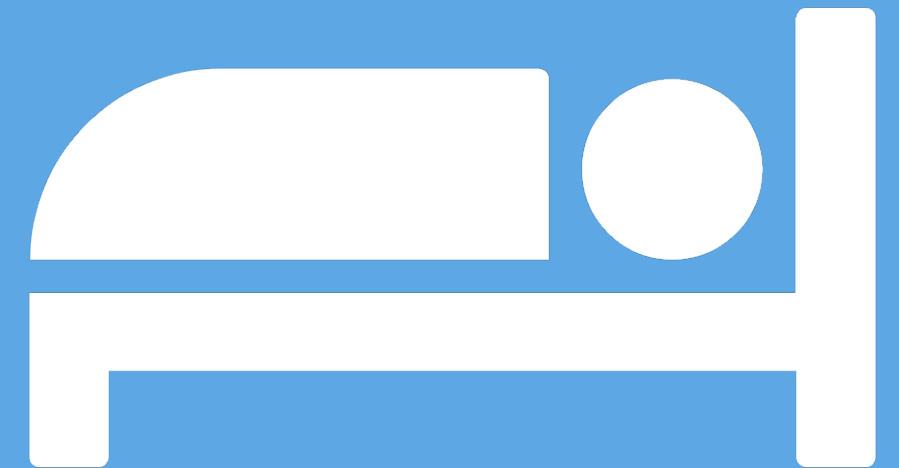
- Simply majority, by roll call



10:30 AM-11:00 AM

Discussion Item #4

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>



Reminder: Focus of and IWG's Work on the NB&F Domain

Residential Care and Treatment Expansion Dashboard*

DPH Behavioral Health Residential Treatment Expansion

The San Francisco Department of Public Health (DPH) is increasing residential treatment and care services by approximately 400 overnight treatment spaces, or beds. The expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

Goal 30	Open 2021 Hummingbird - Valencia Status Serving clients Open 28 beds currently available	Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro
Goal 20	Open 2020 Managed Alcohol Program Status Permanent location and additional funding will expand the program from 10 beds to 20 beds Open 13 beds currently available	Pilot Medical supervision for people with chronic alcohol dependency
Goal 31	Open 2021 Mental Health Rehabilitation Beds (aka LSA7) Status Serving clients Open Client placement varies	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal 13	Open 2022 Psychiatric Skilled Nursing Facilities (aka Fairy) Status Serving clients Open Client placement varies	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal 75	Open 2022 Dual Diagnosis Transitional Care for People With Justice Involvement (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 99	Open 2022 Residential Care Facility ^Δ (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 con-

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

April 13, 2023

Goal 20	Open 2022 SOMA RISE ^Δ (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 6	Open 2022 Cooperative Living for Mental Health ^Δ 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 MCHCD
Goal 70	Open 2023 Residential Step-down - SUD ^Δ Status Serving clients Open 37 beds currently available	Long-term sober living environment for clients coming out of residential care programs
Goal 30	Opening 2023 Enhanced Dual Diagnosis ^Δ 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 10	Opening 2023 Transitional Age Youth (TAY) Residential Treatment ^Δ Status Program design in development 1 2 3 4	Supervised treatment for young adults with serious mental health and/or substance use issues
Goal 16	Opening 2024 Crisis Diversion Facility ^Δ Status Contracting and construction in process 1 2 3 4 5 6	Short-term, urgent care intervention as an alternative to hospital care

New Beds and Facilities*
(Mental Health and Substance Use Treatment Expansion)

Expanding Existing Models
(Dashboard Updates & Rapid Response)

Drug Sobering Center

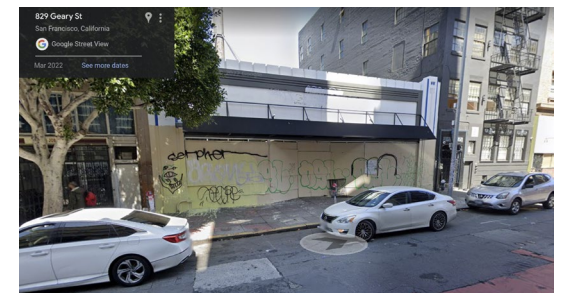
Crisis Unit

TAY

SoMa Rise (open)



Crisis Stabilization Unit (opening 2024)



In process

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

Minna Project (open)





NEW BEDS & FACILITIES

MHSF Ordinance PART FOUR: Mental Health and Substance Use Treatment Expansion.

"Although the Implementation Working Group shall make recommendations as to the nature and scope of expansion of services, priority shall be given to...expanding the following types of residential treatment options across the entire continuum of care:

- (A) *Crisis residential treatment services*, including but not limited to, acute diversion, crisis stabilization, detoxification, and 24-hour respite care,
- (B) Secure inpatient hospitalization for individuals, including persons who are conserved, who meet the criteria for involuntary detention and treatment;
- (C) *Transitional residential treatment beds*; and
- (D) *Long-term supportive housing*, including, but not limited to, cooperative living settings with 24/7 off-site case management, single-room occupancy units in supportive housing buildings, and adult residential facilities (also known as "board and care homes")."

The goals for this expansion were further shaped by our first Bed Optimization Study, which will be updated later this year.

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 30</p>	<p>Open 2021 Hummingbird - Valencia 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 20 Est. Beds</p>	<p>Open 2020 Managed Alcohol Program 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 31 Est. Beds</p>	<p>Open 2021 Mental Health Rehabilitation Beds (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 13 Est. Beds</p>	<p>Open 2022 Psychiatric Skilled Nursing Facilities (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 75 Est. Beds</p>	<p>Open 2022 Dual Diagnosis Transitional Care for People With Justice Involvement (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 99 Est. Beds</p>	<p>Open 2022 Residential Care Facility^Δ (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 con-</p>

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

April 13, 2023

- Complete
- In process
- Planned

<p>Goal 20 Est. Beds</p>	<p>Open 2022 SOMA RISE^Δ (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 6 Est. Beds</p>	<p>Open 2022 Cooperative Living for Mental Health^Δ 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 70 Est. Beds</p>	<p>Open 2023 Residential Step-down - SUD^Δ Status Serving clients</p> <p>Open 37 beds currently available</p>	<p>Long-term sober living environment for clients coming out of residential care programs</p>
<p>Goal 30 Est. Beds</p>	<p>Opening 2023 Enhanced Dual Diagnosis^Δ 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 10 Est. Beds</p>	<p>Opening 2023 Transitional Age Youth (TAY) Residential Treatment^Δ 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 16 Est. Beds</p>	<p>Opening 2024 Crisis Diversion Facility^Δ 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>

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





UPDATE: MINNA PROJECT

Census: April 2023*

65 clients in 72 rooms

- 17 clients at Minna for more than 8 months.
- 9 clients Mono-lingual Spanish speakers.
- 35 clients diagnosed with serious mental illness
- 30 clients enrolled in Citywide Mental Health Case Management Services
- 13 clients receive medication management
- 72 clients total achieved 90% of there SMART Goals
- 35 clients obtained permanent housing to date.

Male	56
Female	9
Transgender	1
Black/AA	20
White	23
Latinx	20
Asian Pacific	2
Other	1

(*preliminary program data)

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





IWG RECOMMENDATIONS: DRUG SOBERING CENTER

Recommendations related to services:

1. Counseling should include adjunctive/non-traditional therapies and activities to engage clients while coming down.
2. Harm reductions supplies, such as Narcan and Fentanyl test strips, are generously distributed.
3. Have immediate on-site access to resources to connect to services (i.e., housing supports, psychiatry services to prescribe and/or re-fill client Rx., and authorizations necessary to access treatment beds
4. DSC have storage space for client belongings.
5. DSC develop protocols for support, including referral to appropriate services or other sites of care, for clients with families and/or those who have pets.
6. Warm hand off for those under age 18 and/or any who cannot currently be served by the DSC.
7. All clients receive an offer to have staff assist in developing a wellness/safety plan that includes phone numbers and contact information for access to 24-hour community programs and resources.
8. Policies and protocols in place to provide a warm-handoff to access points to support such as Case Management and/or residential/outpatient treatment.

IWG RECOMMENDATIONS: DRUG SOBERING CENTER

Recommendations related to community engagement:

1. Ensure participants themselves are included feedback gathering process.
2. Broaden community outreach efforts to engage varying and diverse cultural and non-English speaking communities that have been historically under-represented.
3. Partner with other community service providers that work directly with high risk clients with SUD
4. Outreach to CBOs and DPH outpatient service centers to understand how to get a client into the center.





UPDATE: SOMA RISE

March 2023*

Week Number	# of Guests
9 (3/1-3/4)	90
10 (3/5-3/11)	178
11 (3/12-3/18)	170
12 (3/19-3/25)	168
13 (3/26-3/31)	156
Grand Total	762

Referral Source	# of Guests	Percentage
Blank	11	1.4%
Other	25	3.3%
SCRT	32	4.2%
Self	689	90.4%
SORT	2	0.3%
Street Medicine	2	0.3%
Urgent Care/Crisis Clinic	1	0.1%
Grand Total	762	100%



Departure Intended Destination	# of Guests	Percentage
Blank	61	8%
ED	10	1.3%
Other	152	19.9%
Social Detox	10	1.3%
SRO	2	0.3%
Temporary Shelter	4	0.5%
Unhoused Other Neighborhood	14	1.8%
Unhoused SOMA	217	28.5%
Unhoused TL	19	2.5%
Unknown	268	35.2%
Urgent Care/Crisis Clinic	5	0.7%

Linkages	# of Guests
Benefits Enrollment	7
Case Management	16
Detox/Treatment	20
Housing Office	3
Medical	23
Mental Health	6
Other	26
Temporary Shelter	6
Grand Total	107

(*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 and enrolled in outpatient treatment.
- ❑ In partnership with HR360.

**70-beds opened March 20, 2023
on Treasure Island**

*Transitional residential treatment beds listed as an expansion priority in the MHSF Ordinance

BAY AREA // SAN FRANCISCO

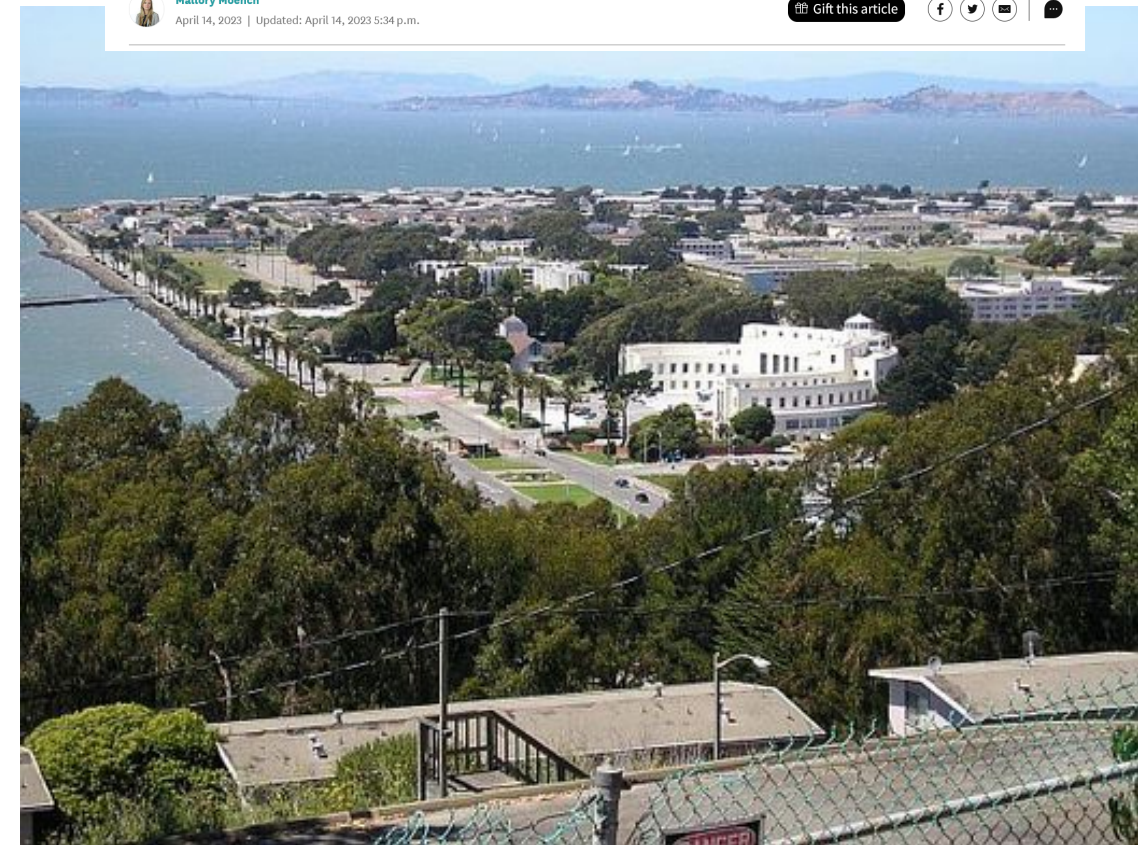
S.F. adds one of the largest drug treatment facilities in years. It might not be where you expect



Mallory Moench

April 14, 2023 | Updated: April 14, 2023 5:34 p.m.

Gift this article





UPDATE: CRISIS STABILIZATION UNIT

1. CSU @ 822 Geary St.
2. Status: Permitting in Process.
3. Received \$6.75M Behavioral Health Continuum Infrastructure Program State Grant (BHCIP 3).

Expected opening 2024





IWG RECOMMENDATIONS CON'T: CRISIS STABILIZATION UNIT

1. Should be able to accept individuals who will need medical care for withdraw management from alcohol and opiates while they are in the program
2. Transportation should be provided to individuals who are leaving the CSU to the next point of their treatment or other stabilization services
3. Overall intent of the MHSF ordinance to more efficiently organize and provision services across the DPH spectrum of care that the CSU make available live bed availability in order to facilitate referrals from emergency responders and mental health providers
4. BHS/OCC should provide the following data, collect additional data and analyze this data to improve service provision at the CSU, and continue to develop programs to meet the diverse needs of individuals who utilize BHS services
5. Should BHS seek to replicate the CSU model, in keeping with the vision of MHSF to improve equitable access to care, the site should be located in one of the traditionally underserved neighborhoods of the Bayview, Western Addition, Fillmore or Mission
6. CSU and all programs created by the MHSF ordinance are situated along a spectrum of care with the vision of stabilization and long-term housing placement
7. Local and state elected officials, in collaboration with DPH, to strongly consider re-initiating statewide legislation to reform existing state policy to expand Medi-Cal coverage for acute mental health crisis treatment beyond 23 hours

IWG RECOMMENDATIONS: CRISIS STABILIZATION UNIT



1. A 24/7 facility that is able to take individuals that self-present, that are referred by their mental health provider, or emergency personnel. Individuals should be treated at the facility through the duration of their acute crisis.
2. Staffed by nurses and prescribers at all times, including options for telehealth during off peak hours
3. Accept and treat individuals with complicated behavioral presentations, particularly those with co-occurring substance use disorders
4. Staff should be trained and competent in crisis management and de-escalation interventions, trauma informed care, harm reduction, and strength-based case management
5. Participation in the CSU services are optional. Clients can exit the program at any time
6. Accept individuals regardless of justice system involvement particularly individuals with 290s (Registered Sex Offender status)



UPDATE: STATE GRANT FUNDING

New Beds & Facilities State Grants applications to support bed expansion.

Awards:

1. Behavioral Health Continuum Infrastructure Program (BHCIP – Round 3), for Crisis Stabilization Unit: \$6.75M
2. Community Care Expansion (CCE) Grant for Treasure Island Development: \$9.5M
3. Community Care Expansion (CCE) Preservation Program for Board & Care: \$6.5M

RFPs in process for:

- Crisis Stabilization Unit
- SoMa RISE Drug Sobering Center
- Dual Diagnosis Residential Treatment
- Transition-Aged Youth Residential Program

Questions?

Public Comment for Discussion Item #4

Update on New Beds & Facilities

If in person:

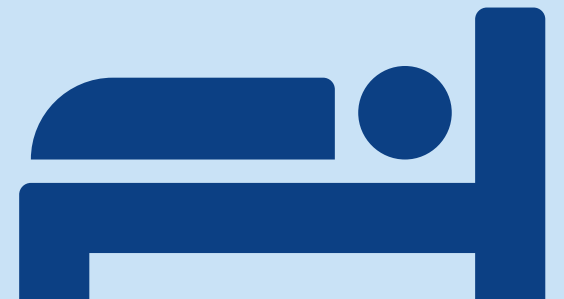
- Line up to speak

If by zoom:

- Raise your hand and the facilitator will unmute you

If by phone:

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- Press '#' and then '#' again
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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

11:05 AM-11:45 AM

Discussion Item #5

In person meetings



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

Meeting Challenges

Challenges we've heard

- Long, packed meetings
- Not sufficient time to discuss
- Meeting structure does not promote conversation between members
- Not enough advanced prep time
- Technology

*Additional
challenges to solve
for?*

Making the most of our meetings

Goal:

Provide 3 (2?) hour meetings with rich discussion opportunities

In meeting strategies:

- Earlier receipt of preparation materials
- Longer range agenda planning
- Provide contextualized and timed MHSF components
- Organize in-meeting discussion by grouping initial topic interests
- Develop shared agreement about topic interests for future meetings

Reconsidering time in between meetings

Goal:

Provide 3 (2?) hour meetings with rich discussion opportunities

In between meeting strategy:

- Establish standing discussion groups
- Organized by MHSF component (ex: upcoming wages and staffing work, OCC) to develop deeper understanding
- Similar to initial recommendation development, but now ongoing, these groups would work with DPH to draft advising opportunities to bring to public IWG meetings

Group discussion on new strategies

In meeting strategies:

- Advanced preparation materials
- Provide contextualized and timed MHSF components
- Organize in-meeting discussion by grouping initial topic interests
- Develop shared agreement about topic interests for future meetings

In between meeting strategy:

- Establish standing discussion groups (“passive meeting bodies”) organized by MHSF component



Public Comment for Discussion Item #5

Organizing ourselves now that we're in person

If in person:

- Line up to speak

If by zoom:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2482 596 1324
- Press '#' and then '#' again
- Press *3 to speak and wait for system to prompt that you have been unmuted

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 zoom:

- Raise your hand and the facilitator will unmute you

If by phone:

- Call (415) 655-0001
- Enter access code 2482 596 1324
- Press '#' and then '#' again
- Press *3 to speak and wait for system to prompt that you have been unmuted





Planning and Sequencing for 2023

Topic Area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Core MHSF Components												
<i>Focus on tracking recommendations, reviewing effectiveness, and identifying systemic improvements</i>												
Street Crisis Response Team									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)												
[In Design] Foundational components to ensure a well-designed, effective, equitable, and sustainable MHSF												
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 (e.g. table capacity)					X		X			X		
Organizing, integrating and optimizing resources	TBD (retreat discussion)											
Mandated reporting												
Deliverable: IWG Annual Progress report											★	

* **NB&F Components:** Drug Sobering Crisis Unit TAY Minna SoMa Rise Expansion (dashboard)

Staffing and Wages Discussion Group

- Background: MHSF legislation requests a study of staffing challenges affecting behavioral health service delivery, drivers of staffing gaps, and near-term options
- Objective: provide feedback on Controller's Office interpretation of themes/findings and the potential impact on CBO staffing challenges
- Timing: Some date during May 2-5 or May 8-12 (poll to be sent with post meeting materials)

May Meeting Planning

May 23 from 9:00-12:00
1380 Howard Street. Rm 515

Topics Suggested:

- Staffing and Wage Analysis
 - Prop C budget

Other options:

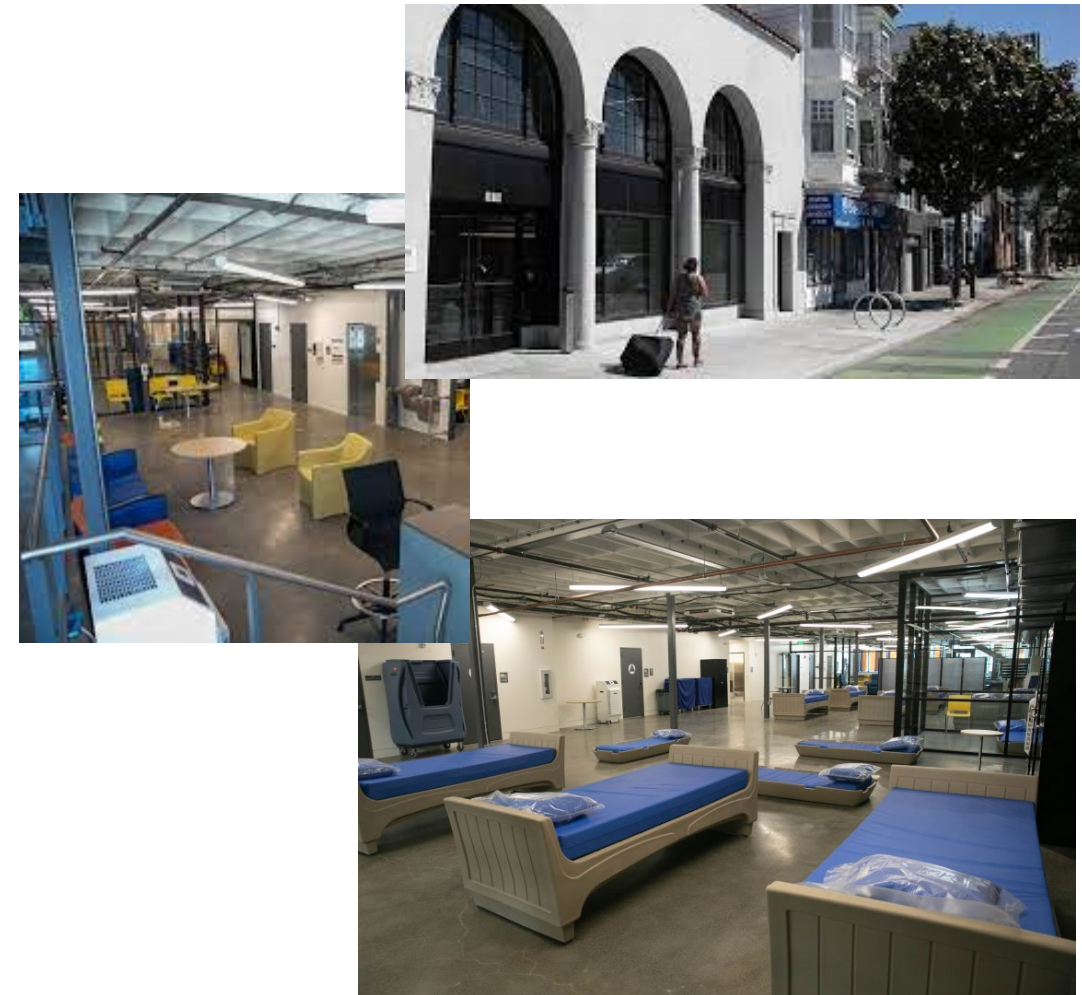
- Analytics and Evaluation
- Housing and Homelessness Support (nexus with MHSF)
- Overdose prevention dashboard

Additions or Questions about these topics?

IWG engagement

SoMa Rise Site Visit

- Up to 1 hour, between 10:00-1:00
- Poll for a date (May 15, 16, or 18)
- Up to 6 members can attend
- Opportunity to tour the program and learn from and ask questions of staff
- Also serves an evaluative purpose



Housekeeping

- Looking for a Vice Chair. If interested, please contact Jennifer James jjames@harderco.com
- 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

Other Associated Body Meeting Times

For matters connected to this committee, consider attending the following committees:

- **Board of Supervisors' Homelessness and Behavioral Health Committee.** Meets the 2nd and 4th Friday of every month from 10am-1pm City Hall, Room 250 (beginning 4/28)
- **Our City Our Home (OCOH) Oversight Committee.** Ensures the Our City, Our Home Funds are effectively and transparently used. Meets the 4th Thursday of every month from 9:30am-11:30am in City Hall, Room 416
- **Behavioral Health Commission (BHC).** Represents and ensures the inclusion of the diverse voices of consumers, family members, citizens and stakeholders in advising how mental health services are administered and provided.
 - BHC Committee: 3rd Wednesday at 6pm
 - BHC Site Visit Committee: 2nd Tuesday at 3pm
 - BHC Implementation Committee: 2nd Tuesday at 4pm
 - BHC Executive Committee: 2nd Tuesday at 5pm
- **Health Commission.** The governing and policy-making body of the Department of Public Health. Meets the first and third Tuesdays of each month at 101 Grove Street, room 300, at 4pm

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			E									
Andrea Salinas												
Dr. Monique LeSarre												
[Vacant]												
Dr. Ana Gonzalez												
Sara Shortt	E											
Dr Hali Hammer												
Steve Lipton												

E= Excused Absent (unexcused)