

June 27, 2023



Mental Health San Francisco Implementation Working Group



San Francisco
Department of Public Health

harder  co | community
research

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Call to Order / Roll Call

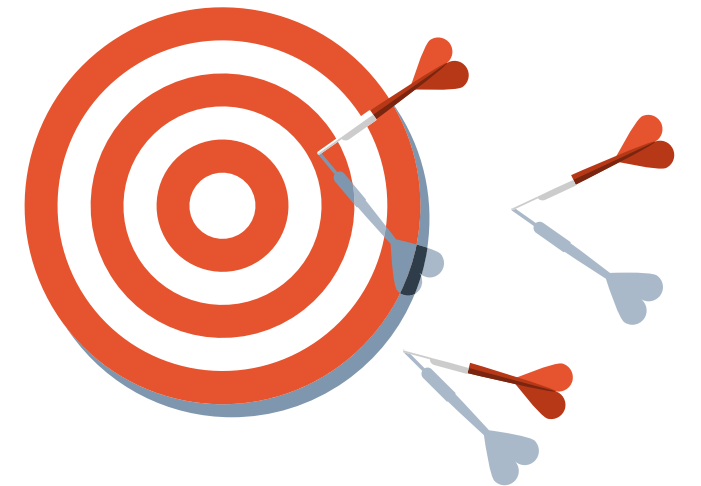
Vote to **Excuse Absent Member(s)**

Decision Rule:

- Simply majority, by roll call

Meeting Goals

- Be updated on MHSF by Director
- Advise on draft findings and strategies from staffing & wages analysis
- Continue discussion of draft resolutions
- Reflection by those who attended the SoMa Rise site visit
- Update on IWG membership and governance



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

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

Mental Health SF Domains



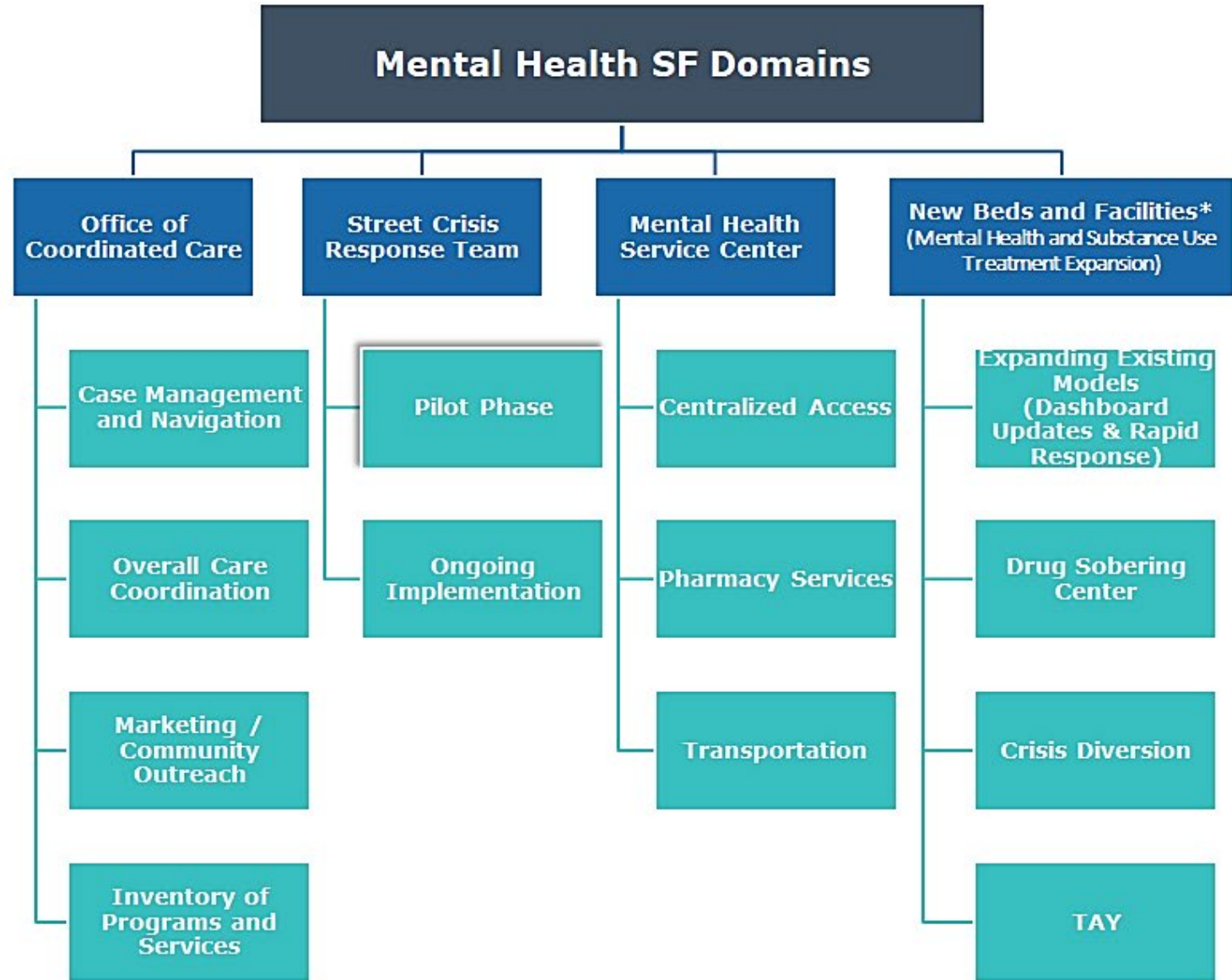
Dr. Hillary Kunins



Wendy Lee



Cat Benson



9:15 AM - 9:20 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:

- 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



9:20 AM – 10:00 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>

This update covers:

- CalAIM and Transition to EPIC
- Expansion of 5150 Training
- Culturally Congruent Care



Changes Enabling System Transformation



San Francisco Health Network
Behavioral Health Services



San Francisco Health Network
Behavioral Health Services

Transition to EPIC

The largest expansion of DPH's Epic Electronic Health Record (EHR) since the initial go live in August 2019 will occur:

- While many areas of DPH are already live on Epic EHR, a number of new modules and a large part of the organization – Behavioral Health Services – will go live on the shared record for the first time.
- November 2023: Partially transitioned to EPIC.
- April 2024: Full implementation of EPIC.



Transition to EPIC

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- April 2024: Full implementation of EPIC.



Expansion of 5150 Training



San Francisco Health Network
Behavioral Health Services

Expanding Initiation of 5150 Holds to Community Paramedics

Under California law, people authorized to initiate and sign a 5150 application include Peace Officers as defined by Sections 830-832.19 of the California Penal Code, and people authorized by the local Director of Behavioral Health. The San Francisco The Health Code was updated effective September 2021 to expand designation for initiating 5150 WIC holds to SFFD paramedics.

- The Department of Public Health, in coordination with the San Francisco Fire Department, will train community paramedics to initiate 5150 holds.
- Starting July 1, 2023, SFFD paramedics who have successfully completed the training will be able to start initiating 5150 holds.
- Training begins June 1, 2023. Additional rounds of training will occur every four months, as needed.
- Captains and acting captains in the SFFD community paramedic division have previously received 5150 training from SFDPH.
- A 5150 hold occurs when an adult who is experiencing a mental health crisis is involuntarily placed in a designated psychiatric facility for 72 hours of evaluation and treatment.
- 5150 holds can be initiated when an authorized party determines that an individual is gravely disable or a danger to themselves or others, under Section 5150 of the California Welfare and Institutions Code (WIC).



Culturally Congruent Care



San Francisco Health Network
Behavioral Health Services

Culturally Congruent Initiatives to Address Racial Disparities

16-Week Equity Executive Fellowship (May 2023)

- Training on understanding the roots of racism and bias for BHS leadership team with NY Times Best Seller, Robin DeAngelo, and Assistant Professor at Mayo Clinic School of Medicine, Dante King.

Mental Health Services Act (MHSA) Innovation Intervention (June 2023)

- Test and evaluate culturally responsive behavioral health interventions for Black/African American clients at four civil service clinics
- Recently hired four health workers and four behavioral health clinicians

Equity-Based Maternal Health RFP Awarded (Fall 2023)

- \$6M/per year RFP in partnership with Maternal Child and Adolescent Health (MCAH) to fund four community-based organizations to support Black/African American pregnant, perinatal, and postpartum people through mental health care screenings, linkages, and more.
- Awarded funding: RAMS, Rafiki, Homeless Childrens Network, and UCSF Embrace Program.

Universal Talk Therapy

- Partnership and collaboration with the Human Rights Commission on providing a universal talk therapy program for Black/African Americans via the UCSF Embrace Program



Culturally Congruent Initiatives to Address Racial Disparities

Our goal is to reduce racial disparities in fatal overdoses among Black/African Americans by 30% by 2025. The overdose death rate among Black/African Americans is more than 5-times higher than the citywide rate. Black/African Americans represent just 6% of the population in SF, but 28% of the preliminary overdose deaths in 2023.

Seven Completed & Planned Overdose Prevention Trainings & Education

- Ella Hill Hutch Community Center; Success Centers; San Francisco State University; Bayview YMCA; Faith-Based Coalition; IT Bookman Center; Booker T Washington



Public Comment for Discussion Item #2

MHSF Director's Update

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10:00 – 10:45 AM

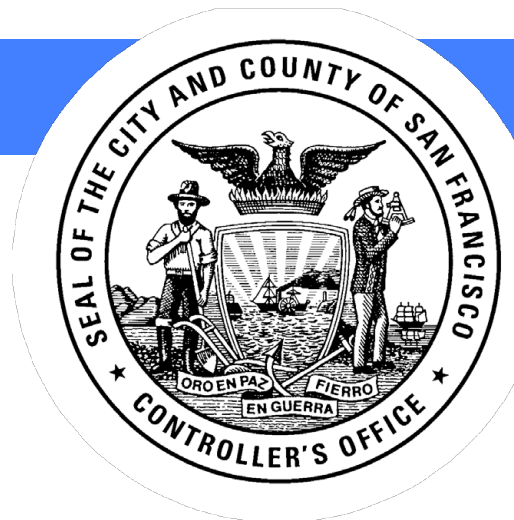
Discussion Item #3

Staffing & Wage Analysis



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

Mental Health SF Staffing Analysis IWG Update



CITY & COUNTY OF SAN FRANCISCO

Office of the Controller
City Performance Unit

Wendy Lee | Cat Benson

06.27.2023

Agenda

1. (Re)orient to MHSF Staffing Analysis
2. Share progress update on MHSF Staffing Analysis
3. Review subset of CBO vacancy & wage data
4. Review draft findings from CBO interviews
5. Discuss potential strategies
6. Recap next steps & wrap up

Grounding in Mental Health SF legislation

3

The Implementation Working Group shall work with the Controller and the Department of Human Resources to **conduct a staffing analysis** of both City and nonprofit mental health services providers to determine whether there are **staffing shortages** that impact the providers' ability to provide **effective and timely mental health services**. If the staffing analysis concludes that there are staffing shortages that impact timely and effective service delivery, the staffing analysis shall also include **recommendations regarding appropriate salary ranges** that should be established, and other **working conditions** that should be changed, to attract and retain qualified staff for the positions where there are staffing shortages.

MHSF Staffing Analysis: Phase 1 Priorities

4

Targeted staffing gap analysis in status quo (hybrid) system

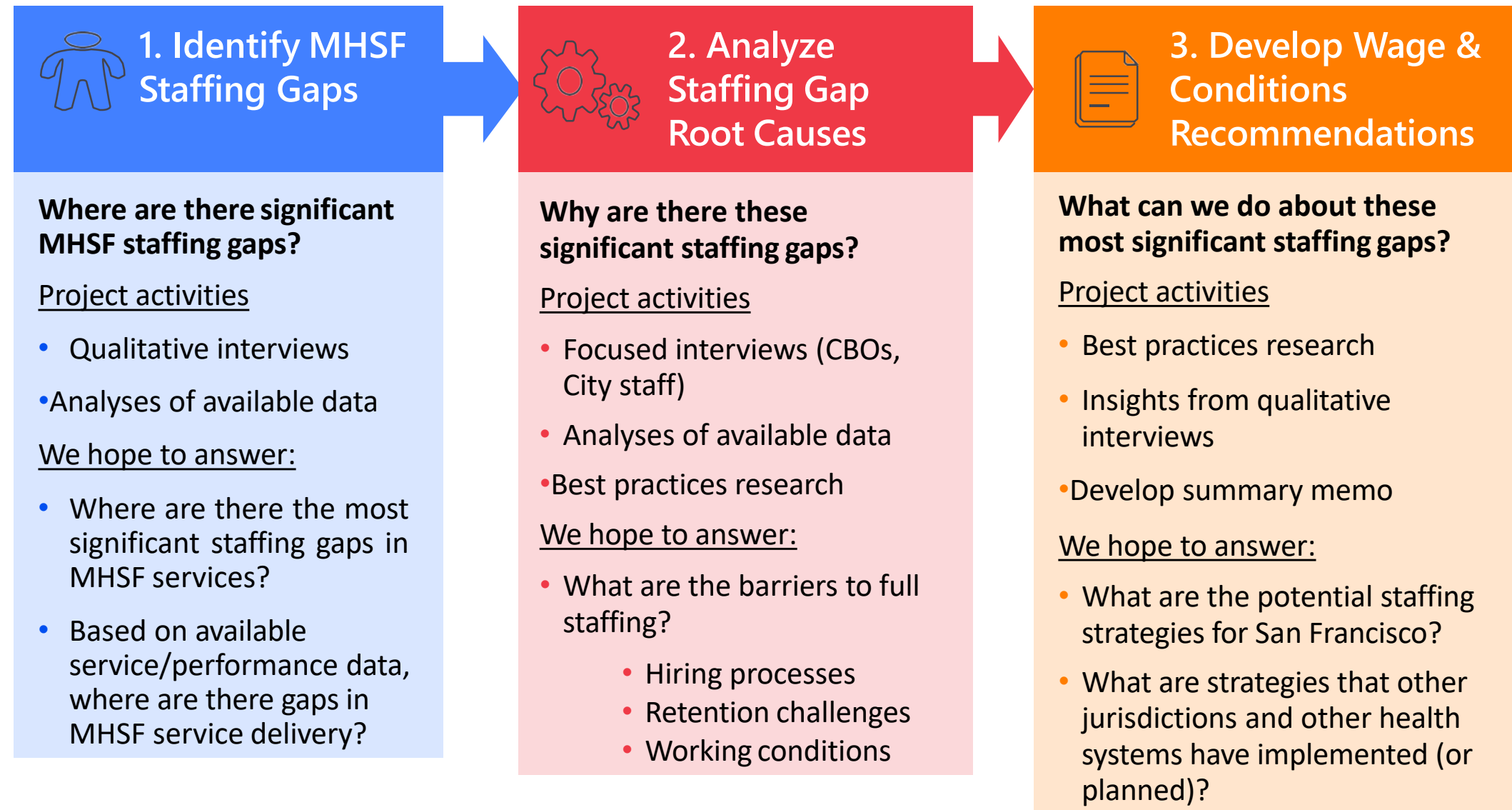
Identify worst service bottlenecks in current system based on existing analysis or data, assess the drivers of gaps, and recommend short to medium run solutions.

- ✓ Provides deeper analysis on root causes of a known staffing challenges.
- ✓ Allows for targeted recommendations in the short-run to bridge the worst gaps affecting immediate implementation and service delivery.

MHSF Staffing Analysis: Areas of Analysis

5

Project Objective: Targeted staffing gap analysis based on current measurements of service demand in status quo (hybrid) system



Recap of last IWG Meeting Discussion

6

- Integrated IWG's feedback to broaden focus beyond licensed providers alone to include case managers and counselors to make sure we're looking at biggest gap in near-term
- **Updated approach**
 - Deeper dive to understand root causes for staffing challenges in both **licensed provider** and **non-licensed case manager/counselor** positions in both City-provided and CBO-provided behavioral health services

From last IWG Meeting:

- Suggest looking at differences in wages, qualifying experiences, and what kind of tasks/responsibilities these positions have
- Would be important to look at barriers for hiring and retaining peers and individuals with lived experience

MHSF Staffing Analysis: Project Update

7

- **Overview of project activities since:**
 - Align with CON Nonprofit Wage & Equity Survey project team on wage and vacancy data (DONE)
 - Conduct CBO interviews to understand and analyze causes of CBO staffing gaps (DONE)
 - Crosswalk City and CBO positions (DONE)
 - Conduct City interviews and data analyses to understand City staffing gaps (IN PROGRESS)

MHSF Staffing Analysis: Crosswalk of Roles

8

Behavioral Health Paraprofessionals (Non-licensed Case Workers, Counselors)

City Role	CBO Positions	Key Qualifications	Typical Role
Health Worker I-II	Peer Counselor	Personal or family experience with SUD or mental illness	Support and guide those facing similar challenges, including mental illness and substance use.
Health Worker III-IV	Case Manager	BA or relevant experience	Coordinates and manages patient care, including developing a care plan.
	Non-licensed Social Worker	BA or relevant experience	Help clients identify and address issues related to their physical and mental health.
None*	Residential Counselor	Entry level position	Support clients and staff residential sites, including 24/7 sites
None*	Substance Use Counselor	CA Substance Use Counselor Certification	Provides individual or group counseling to help clients overcome addiction and maintain sobriety.

* San Francisco Health Network's specialty substance use services are provided by CBOs.

MHSF Staffing Analysis: Crosswalk of Roles

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Licensed Behavioral Health Clinicians

City Role	CBO Positions	Key Qualifications	Typical Role
Behavioral Health Intern	Equivalent	Currently enrolled in master's program, typically in Social Work or Counseling	Observe and learn clinical skills through supervised training and seminars
Behavioral Health Clinician	Entry level clinicians and therapists	Completion of master's program, typically in Social Work (LCSW) or Counseling (MFT), requires BBS registration but does not require license so includes associate level clinicians	Provide patient therapy and psychiatric diagnosis, often providing case management
Senior Behavioral Health Clinician	Clinic Directors, Clinical Supervisors	Requires active behavioral health license and clinical experience	Provide therapy and other direct services, supervising clinicians

Discussion:

- Recognizing these positions may look different across CBOs (and treatment settings), is there anything surprising or missing in this crosswalk of City/CBO roles?
- At CBOs, what are Behavioral Health Interns typical scope of work?

MHSF Staffing Analysis: CBO Wage Data

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Average Wage Data

DRAFT 5/2/2023

	CBOs (Fall '22)	BHS (3/2/23)	CBOs as % BHS
Behavioral Health Clinician	\$87,621.57/year	\$120,409.12/year	73%
Health Worker	\$52,419.81/year	\$85,711.78/year	61%

CBO Source: Nine surveyed CBOs who had contracts with BHS from CON Wage and Equity Survey

BHS Source: DPH Query from DHR as of 3/2/23

From 6/13 IWG Discussion Group:

- Average wage range for City health worker and behavioral health clinician positions include all classifications
- Important to remember that these wages are not starting salaries, but rather represent the average salaries that people are making

MHSF Staffing Analysis: CBO Vacancy Data

11

Vacancy Rates

DRAFT 5/2/2023

	CBOs (Fall '22)	DPH (4/11/23)
Behavioral Health Clinician	18.73%*	17.8%* (as of 4/11/2023)
Health Worker	11.83%*	33.0%* (as of 4/11/2023)

* Vacancy rate data is being further validated and may change.

CBO Source: Nine surveyed CBOs who had contracts with BHS from CON Wage and Equity Survey

DPH Source: SF Reports and Analytics Vacant FTE Report

6/13 IWG Discussion Group

- Is a potential contributor to differing vacancy rate among Health Worker positions the amount of support available to individuals at the City vs. CBOs?

MHSF Staffing Analysis: CBO Interviews

12

We incorporated stakeholder input and reached out to a range of CBO providers to ensure a diversity of organizations represented (e.g., organization size, services, populations served):

- Progress Foundation
- Richmond Area Multi-Services (RAMS)
- Conard House
- Larkin Street Youth Services
- Latino Commission
- Episcopal Community Services
- UCSF Citywide
- HealthRIGHT360
- Hyde Street Community Services
- Felton Institute
- Bayview Hunter's Point Foundation
- Friendship House

Sample interview questions:

- *What are the day-to-day responsibilities of the position?*
- *In the past year, have you had difficulty with vacancies in this position?*
- *What factors do you think make people want to stay in this role?*
- *Do you receive sufficient applications for this position?*
- *Does your organization offer internship or clinical supervision opportunities?*

Hiring and Retention Challenges

Through interviews, CBOs identified key intersecting challenges:

- 1. Insufficient Pool of Candidates** - Insufficient industry-wide pool of Behavioral Health Clinician candidates and declining pool of Health Worker candidates
- 2. Insufficient Wages** - Candidates seem to not accept or stay in positions due to current wages
- 3. Work Environment and Culture** - Candidates seem to not accept or stay in positions due to service models and/or working environment
- 4. Lack of Financial Support** - Lack of financial support for individuals entering community mental health field leads to candidates exploring other pathways
- 5. Difficulty Hiring Special Skill Sets** - Especially difficult to hire workers with special skill sets (bilingual, experience with specific populations)

Hiring and Retention Challenges

- The list of challenges is not exhaustive – these are the challenges that we heard most often from interviewees. **Several factors intersect to contribute to staffing challenges.**
- Discussion: What (if anything) is surprising about these findings? Based on your roles in the field, how do these hiring/retention challenges resonate or differ from your experiences?

6/13 IWG Discussion Group

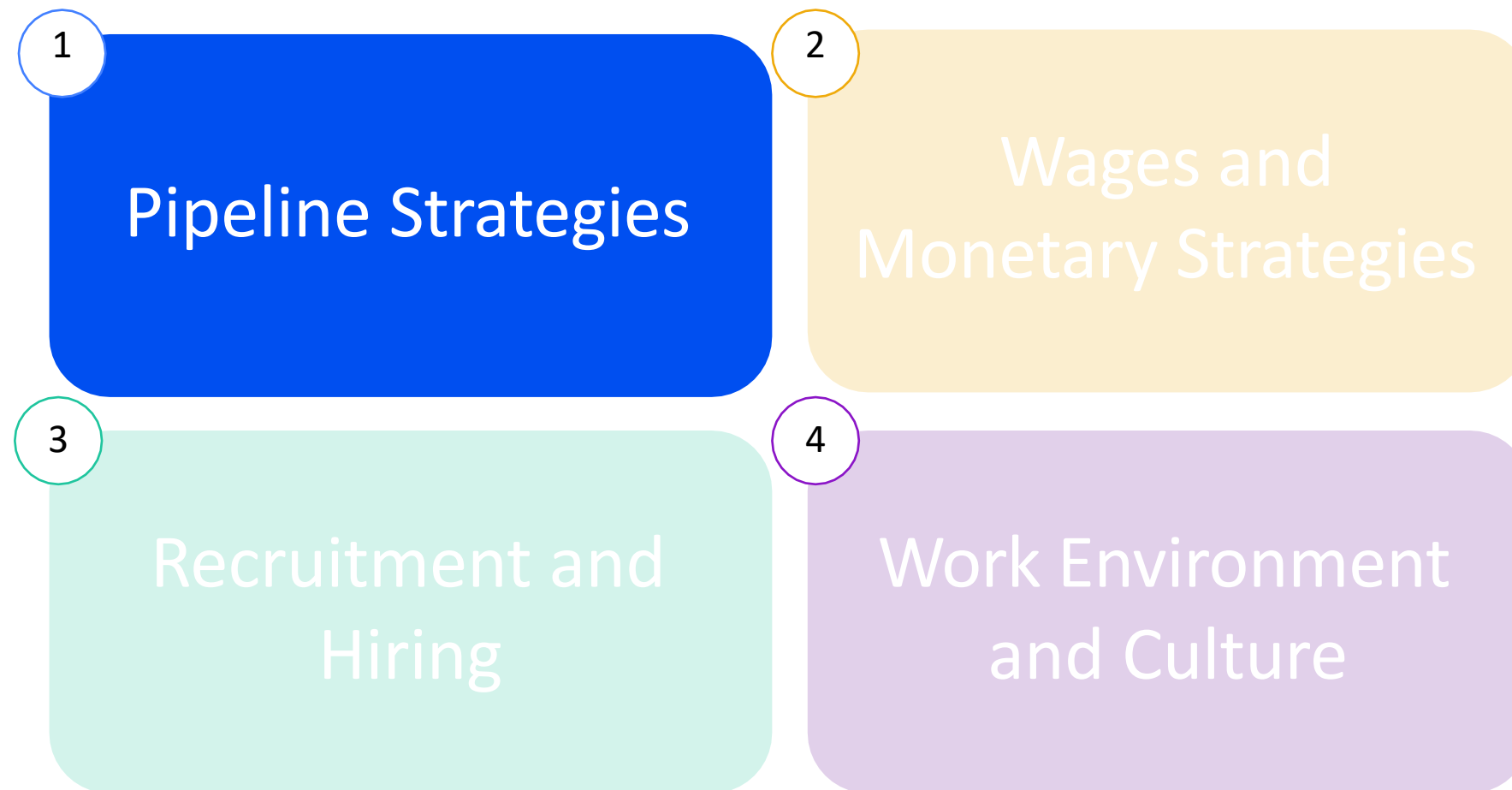
- Important to note that difficulty in hiring staff with bilingual skills varies by language needs

Framing of Potential Strategies for CBO Staffing

- **Improving behavioral health staffing challenges will require multiple coordinated strategies to address pipeline, wages, recruitment, and work environment/culture factors.** The draft strategies we will discuss are those that may be within the power of the City to implement (either independently or through CBO contracts). However, many of these strategies could also be independently implemented by CBOs.
- **The range of draft strategies we discuss is intended to be a starting place for initial discussion.** The vision is not that the City would implement every strategy. Instead, we envision that there will be a subset of these that the City would further assess based on feasibility, financial investment, time required, and scale of potential impact when making decisions about which strategies to consider, develop, and implement. Actual decisions and implementation would require additional scoping and planning
- **These draft potential strategies are not finalized and may further change.**

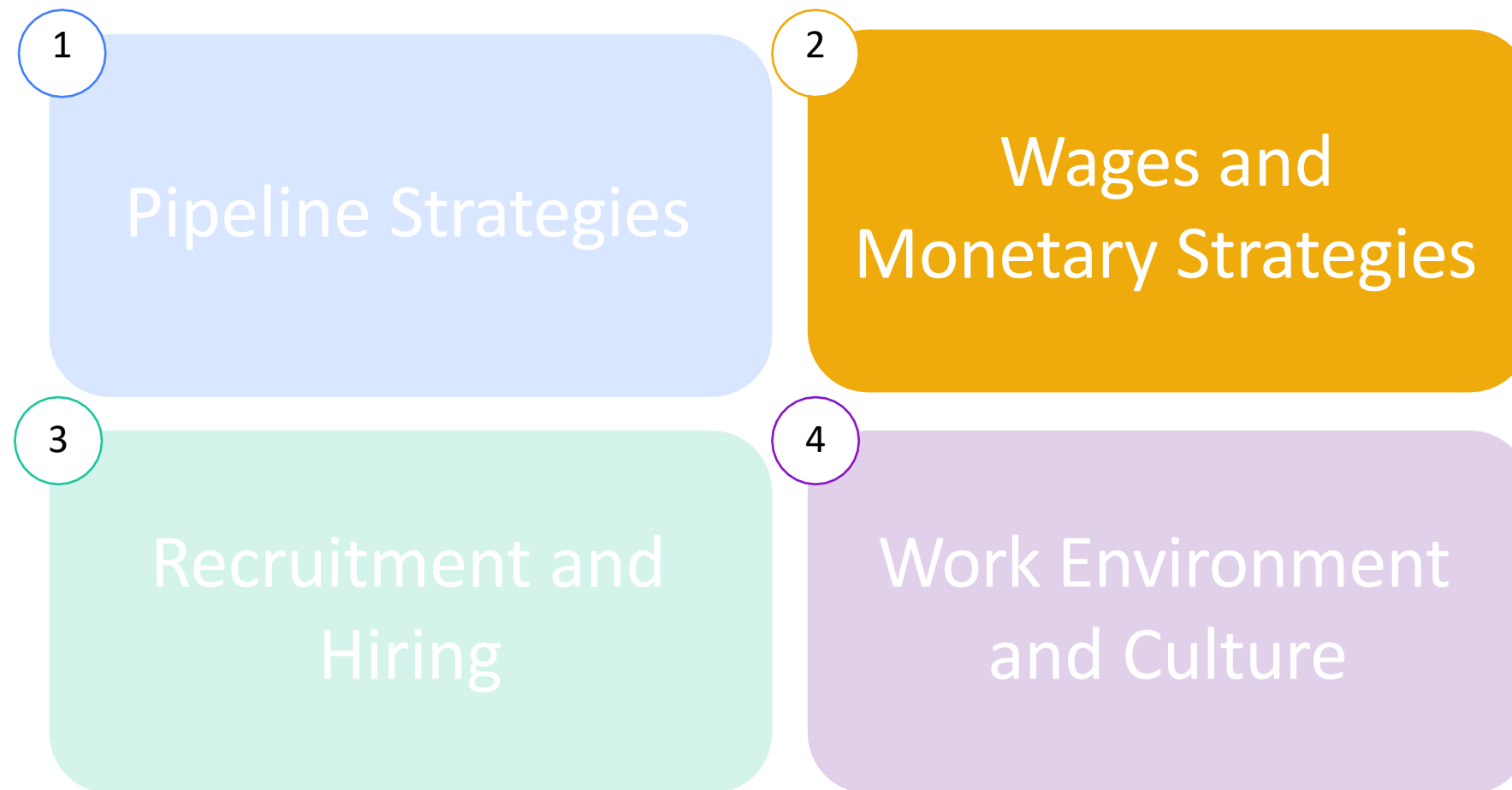
Potential Hiring and Retention Strategies

Through interviews and outside research, CON identified four buckets of **potential strategies to consider in a multi-pronged approach**:



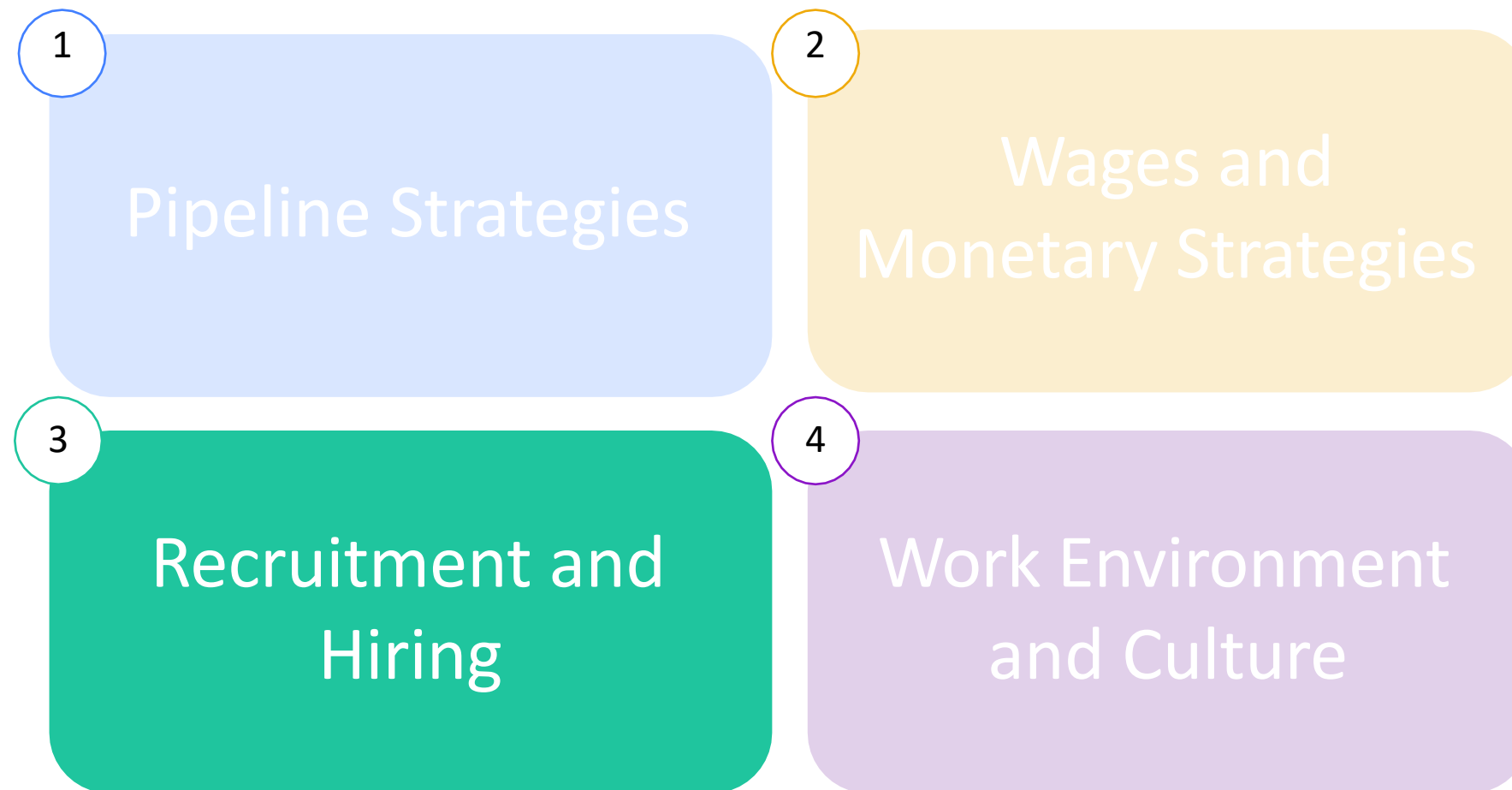
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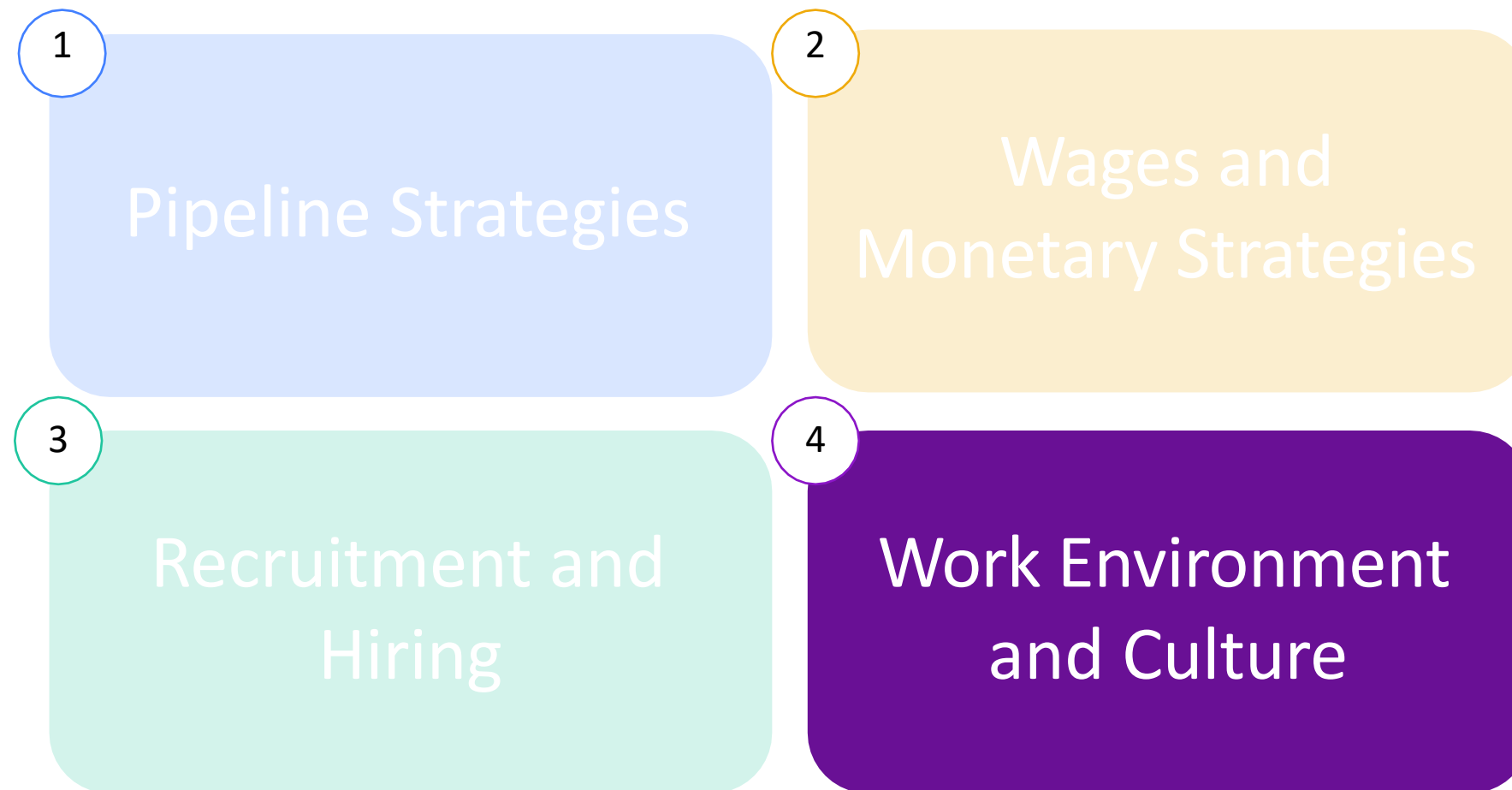
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Potential Hiring and Retention Strategies

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Important considerations

Potential strategies align with feedback that IWG members have shared on important considerations:

From last IWG Meeting:

- Necessary to build pipeline, which includes providing outreach and information for how people can become licensed (including individuals who have experience and/or certificates) and choose this as a career path
- IWG is looking forward to information from Staffing Analysis to help inform and advise future discussions about how/where to further focus and prioritize service strategies

Important considerations

IWG members have shared additional considerations for addressing **CBO staffing challenges**:

From 6/13 IWG Discussion Group:

- Pipeline strategies should also create space for non-licensed professionals to be able to build career in these roles without going for additional licensure/graduate training if they are not interested in doing so.
- For case manager/counselor roles, pipeline strategies are especially important to connect people to these career pathways.
- Creating a recruitment webpage and increasing targeted outreach to local education programs would likely be very impactful for CBO staffing challenges.
- Opportunities to reduce caseload (wherever possible), support wellness initiatives to reduce staff burnout, and creating leadership/training opportunities for staff would be impactful for CBO providers.

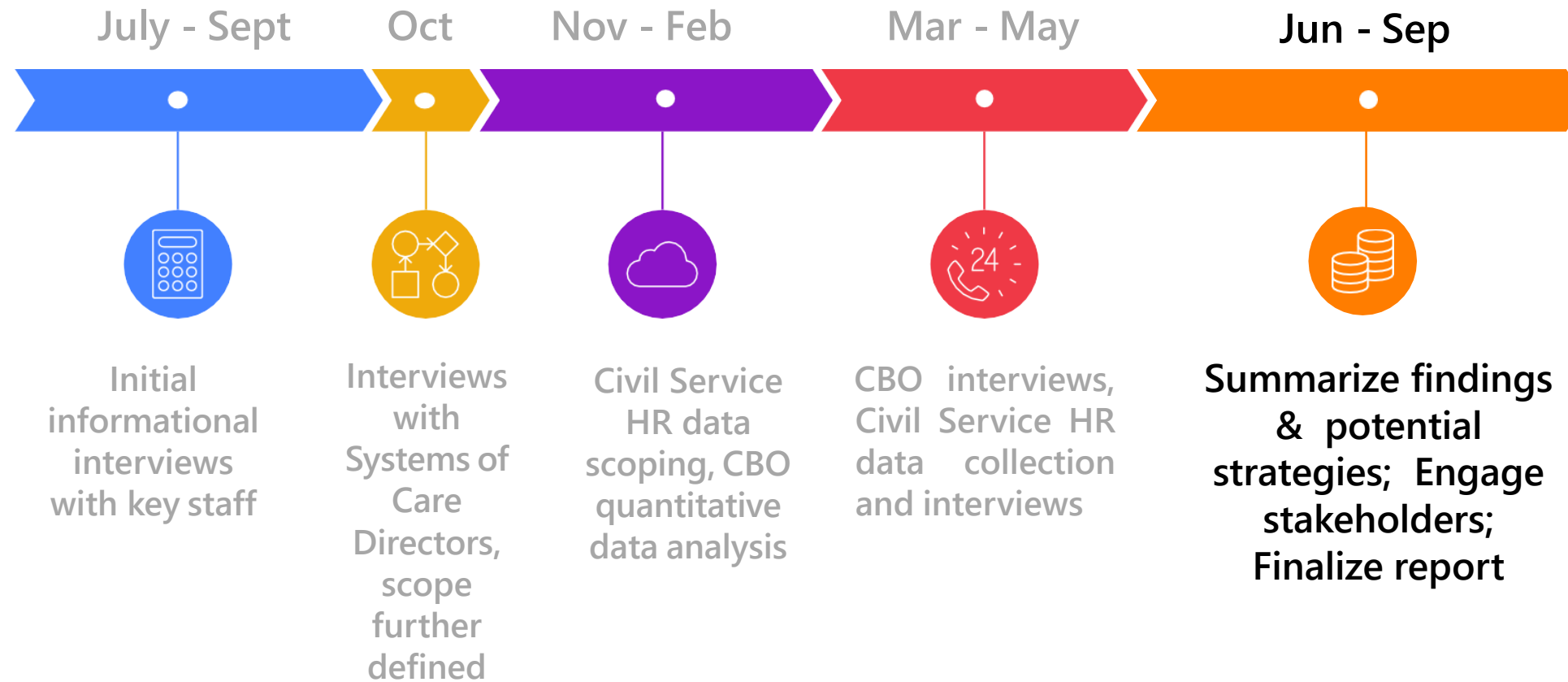
Discussion

22

- Of the potential strategies discussed, which do you think would be most impactful on improving CBO staffing challenges in hiring/retaining **licensed clinicians**? What about for **non-licensed case managers/counselors**?
- What additional impacts on CBOs are important to consider with any potential selection and implementation of strategies in the future?
- What additional questions are coming up for you?

Next Steps

23



Thank you.

Any questions?

Public Comment for Discussion Item #3

Staffing & Wage Analysis

If in person:

- Line up to speak

If online:

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If by phone:

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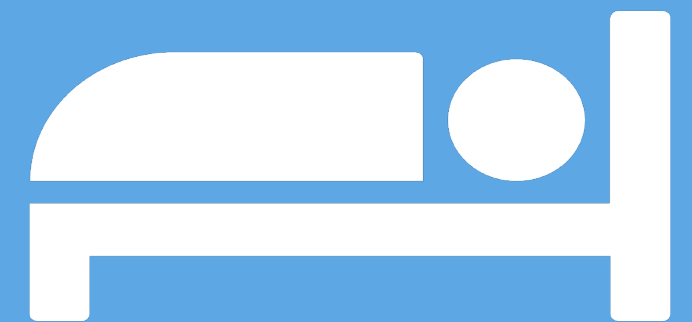
A blue-tinted photograph of a desk setup. In the foreground, a white ceramic mug is on the left. To its right, a laptop is open, and a smartphone lies flat on the desk surface. The background is blurred, showing what appears to be a window with blinds. The text "5 Minute Break" is overlaid in the center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

5 Minute Break

10:50 AM – 11:10 AM

Discussion Item #4

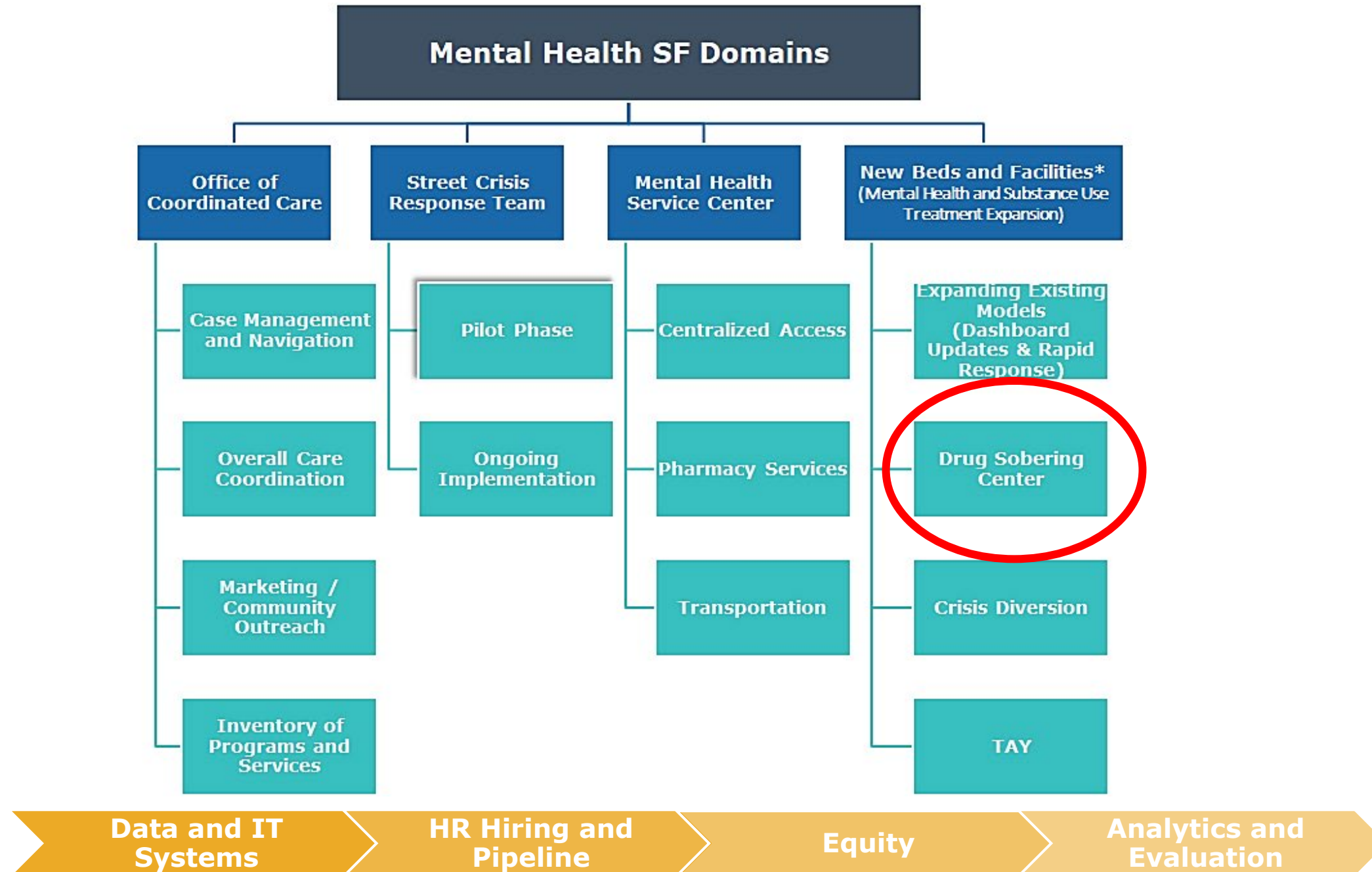
SoMa RISE Site Visit



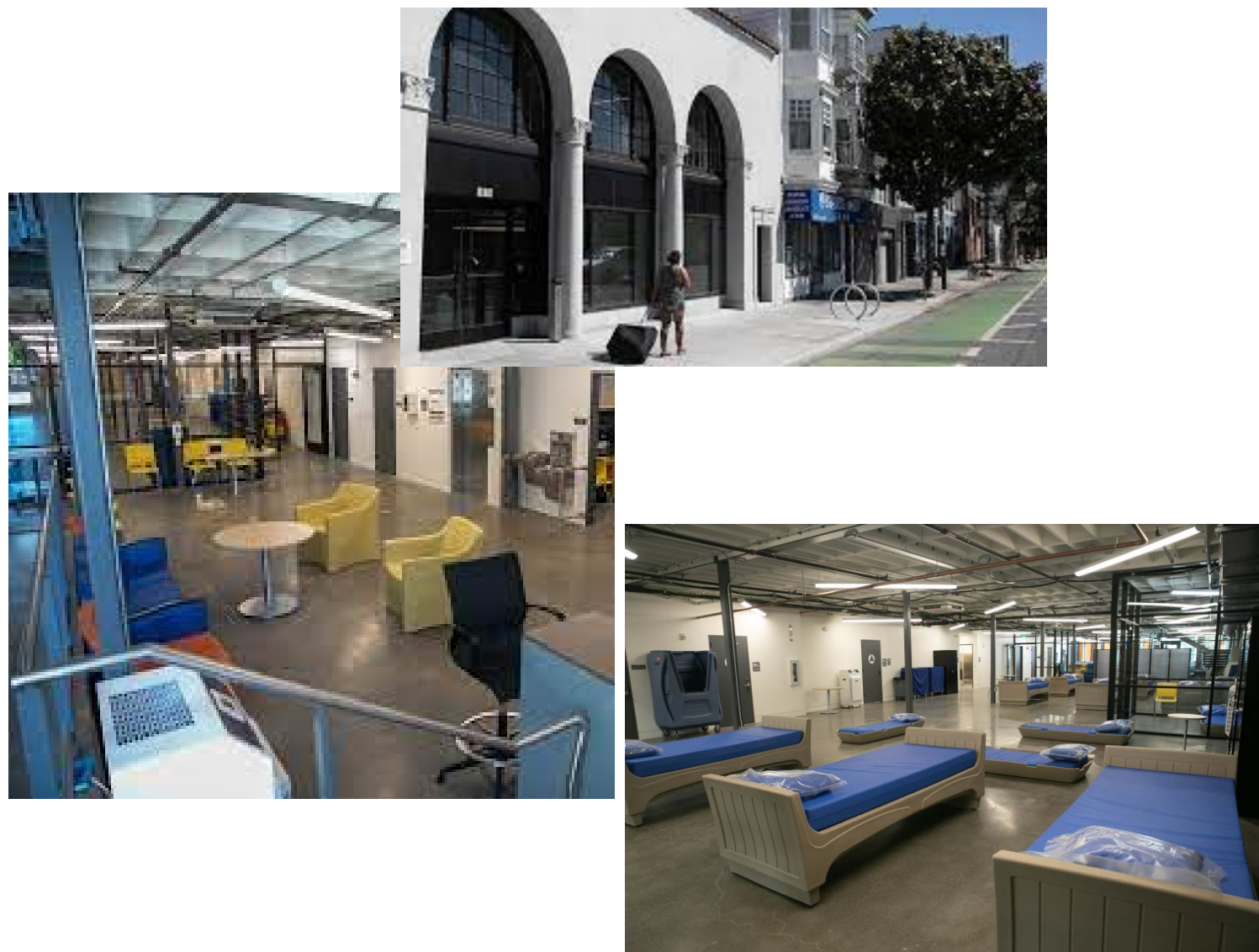
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Mental Health SF Domains



What we learned



Public Comment for Discussion Item #4

SoMa RISE Site Visit

If in person:

- Line up to speak

If online:

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If by phone:

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11:10-11:25AM

Discussion Item #5

Resolutions: 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: Updates

Whereas, a unilateral the decision was made to remove the trained licensed mental health clinicians from the SCRT vans with no notice or request for input from the IWG, as learned in the [SF Chronicle](#) on February 19th, 2023;

Whereas, the IWG understands that SCRT vehicles dispatched to respond to behavioral health crisis calls currently have no personnel with ~~mental health, trauma informed, de-escalation, or advanced behavioral health~~ or diagnostic training ~~as they are dispatched to respond to mental health crisis calls~~;

Resolution: Updates (final wording)

The IWG...recommends and urges the following:

1. The SCRT teams include professionals on the vehicles with mental health training and experience needed to respond to crisis on the streets with a behavioral health and trauma-informed approach.
2. The focus of SCRT continues to be intervening with people experiencing a substance use or mental health crisis on the street, with the goal of engaging them and having them enter into a system of treatment and coordinated care.
3. Departmental oversight of SCRT will include resumption of regular reports which include encounter data, demographic information, disposition and follow-up. This includes regular sharing of data, along with quarterly reports and discussion with the MHSF Implementation Working Group.
4. An evaluation of SCRT is conducted annually and reported on to IWG and City stakeholders.

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 #5

Resolution: Street Crisis Response Team

If in person:

- Line up to speak

If online:

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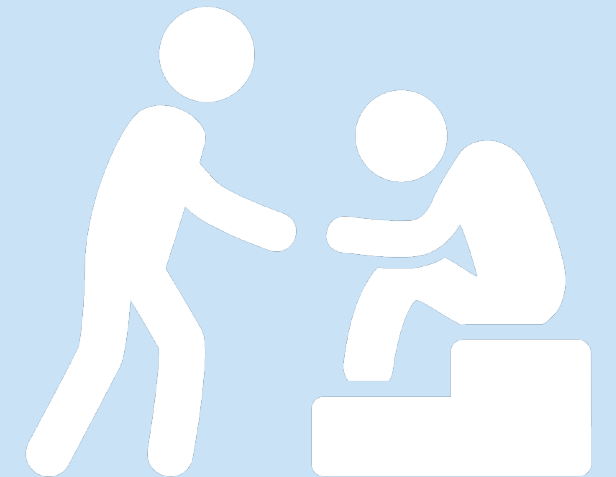


Vote on Discussion Item #5

Resolutions: Street Crisis Response Team

Decision Rule:

- Simply majority, by roll call



11:25 AM – 11:50 AM

Discussion Item #6

Update on IWG membership and governance

All materials can be found on the MHSF IWG website at

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



Membership

Two-year terms

- 5 open spots

Chair and Vice Chair needed

Seat	Qualification /Representation	Name	Appointed By
Seat 1	Health Care Worker	Amy Wong, A.M.F.T.	BOS
Seat 2	Lived experience	Jameel Patterson	MYR
Seat 3	Lived experience	open	BOS
Seat 4	Peace Office, Emergency Medical Response, Firefighter	James McGuigan (FIR)	MYR
Seat 5	Treatment provider with mental health harm reduction experience	open	MYR
Seat 6	Treatment provider with mental health harm reduction experience	Steve Fields, M.P.A.	BOS
Seat 7	Treatment Provider with criminal justice experience	open	BOS
Seat 8	Behavioral Health licensed professional	open	BOS
Seat 9	Residential Treatment Program Management and Operations	open	MYR
Seat 10	DPH employee experience with dual diagnosis	Dr. Ana Gonzalez, D.O.	MYR
Seat 11	Supportive housing provider	Sara Shortt, M.S.W.	BOS
Seat 12	SFDPH, Director of Ambulatory Care	Dr. Hali Hammer, M.D.	MYR
Seat 13	Health law expert appointed	Steve Lipton, J.D.	CAT



Identifying Vice Chair

MHSF IWG Bylaws

Section 3. Nomination and Election of Officers

- A. ...any Working Group member may nominate themselves or another Working Group member for the office of Chair or Vice Chair. A...member...may decline the nomination.
 - B. The Working Group shall vote on the office of Chair, with each member voting for one of the candidates. ...If no candidate receives seven votes, the Working Group may have additional discussion and votes...reopen nominations, and candidates may withdraw their candidacy.
 - C. If the office of the Chair is vacated before the expiration of a term, the Vice Chair shall serve as Chair until the next regular meeting. The Working Group shall elect a Chair at that meeting to fill the vacancy. If the Vice Chair is elected as Chair, the Working Group shall elect a new Vice Chair at that meeting. If the office of Vice Chair is vacated before the expiration of a term, the office shall remain vacant until the next regular meeting, at which time the Working Group shall elect a new Vice Chair.
-



Identifying Vice Chair

Section 4. General Duties and Responsibilities of the Chair

The Chair shall preside at all meetings of the Working Group. The Chair, working with the Working Group staff, shall oversee the preparation and distribution of the agenda for all Working Group meetings. The Chair shall also perform such other duties as may be assigned by the Working Group. Unless the Working Group assigns a different member, the Chair (or the Chair's designee) shall serve as the Working Group's spokesperson and liaison to the media and City departments, agencies and commissions, as necessary.

Section 5. General Duties and Responsibilities of the Vice Chair

The Vice Chair shall perform the duties and responsibilities that may be delegated by the Chair. In the absence of the Chair, the Vice Chair shall perform the duties of the Chair as described above.



Governance: draft bylaw change for review

Article VI – Meetings

Section 1. Quorum

At all meetings of the Working Group, the presence of seven members shall constitute a quorum. ~~Regardless of the number of members present,~~ The affirmative vote of ~~at least seven~~ a majority of the quorum of members present shall be required for the approval of any matter unless otherwise provided in these Bylaws.

Posted on <https://sf.gov/departments/mental-health-san-francisco-implementation-working-group> and distributed to IWG members by email on June 16, 2023, in accordance with:

Article IX – Amendment of Bylaws

The Working Group may amend these Bylaws by a majority vote of the Working Group, provided that a description or copy of such proposed amendments are circulated in writing to all Working Group members and noticed to the public at least ten days prior to such meeting.



Governance: status check on IWG recommendations

Recommendation from December '22 Implementation Report	Steps taken
1. Focus on the system of care rather than discrete programs	<ul style="list-style-type: none">• IWG mapping project• Focus on Care Coordination/Case Management across the system• In progress: Aligning with request from BOS, DPH is aiming to better situate our presentations on programs within the system of care
2. Shift from responsive to strategic	<ul style="list-style-type: none">• In progress:<ul style="list-style-type: none">• Conversations ongoing regarding meeting/discussion structure• Work planning presentations within DPH; topics to be shared for review (including end-of-meeting planning)
3. Define DPH's accountability to IWG recommendations	<ul style="list-style-type: none">• Longer review/planning of presentations to encourage incorporation of recommendations updates
4. Revisit MHSF's funding base and interconnection with other bodies like Our City, Our Home Committee.	<ul style="list-style-type: none">• May 2023 IWG meeting presentation from Kelly Kirkpatrick.• Budget presentation suggested for July
5. Address how to better incorporate feedback of members with conflicts of interest.	<ul style="list-style-type: none">• Compared notes with City partners• Reviewed other meeting formats (e.g., subcommittees) with City Attorney
6. Enhance engagement of those with lived experience and with community.	<ul style="list-style-type: none">• SoMa RISE site visit• Upcoming community engagement for IWG mapping project

Public Comment for Discussion Item #6

Membership and Governance

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If online:

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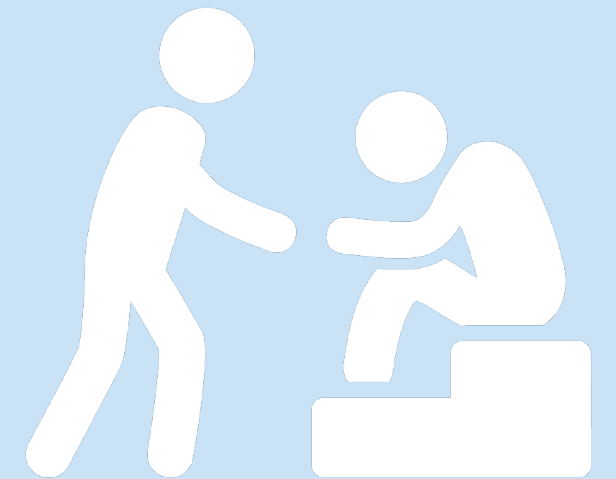


Vote on Discussion Item #6

Membership and Governance

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 online:

- Raise your hand and the facilitator will unmute you

If by phone:

- Press '#' and then '#' again
- Press *3 to speak and wait for system to prompt that you have been unmuted



July and August Meeting Planning

July 25, 2023 from 9:00 AM - 12:00 PM
1380 Howard Street. Room 515

Suggested July Topics

- Continue budget conversation
- Preview of case management hearing

Upcoming topics for consideration

- Community Engagement planning (Interethnica)
- HSH – what would IWG like to hear?
- Overdose prevention dashboards
- MHSC progress
- Update since SCRT reconfiguration

Additions or questions about these topics?

Housekeeping

- Discussion Group in July or August: Mapping and Community Engagement
- 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 2nd and 4th Friday of every month from 10am-1pm City Hall, Room 250.
- **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 1st and 3rd Tuesdays of each month at 101 Grove Street, room 300, at 1pm.

Adjourn

Appendix A: Attendance 2023

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

E = Excused

A = Absent (unexcused)