August 22, 2023

Mental Health San Francisco

Implementation Working Group

San Francisco
Department of Public Health

harder + co | community research

Call to Order / Roll Call

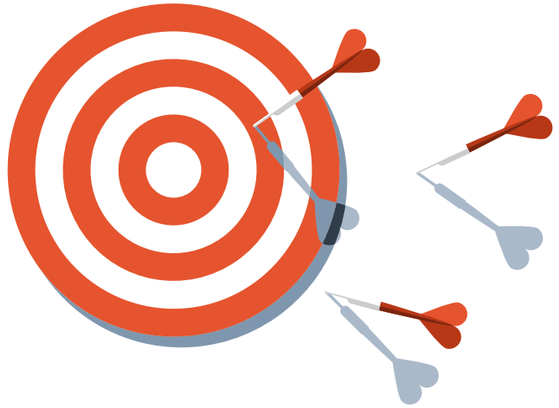
Vote to
Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

Meeting Goals

- Be updated on MHSF by Director
- Be updated on case management hearing
- Continue discussion of draft resolutions
- Update on IWG governance



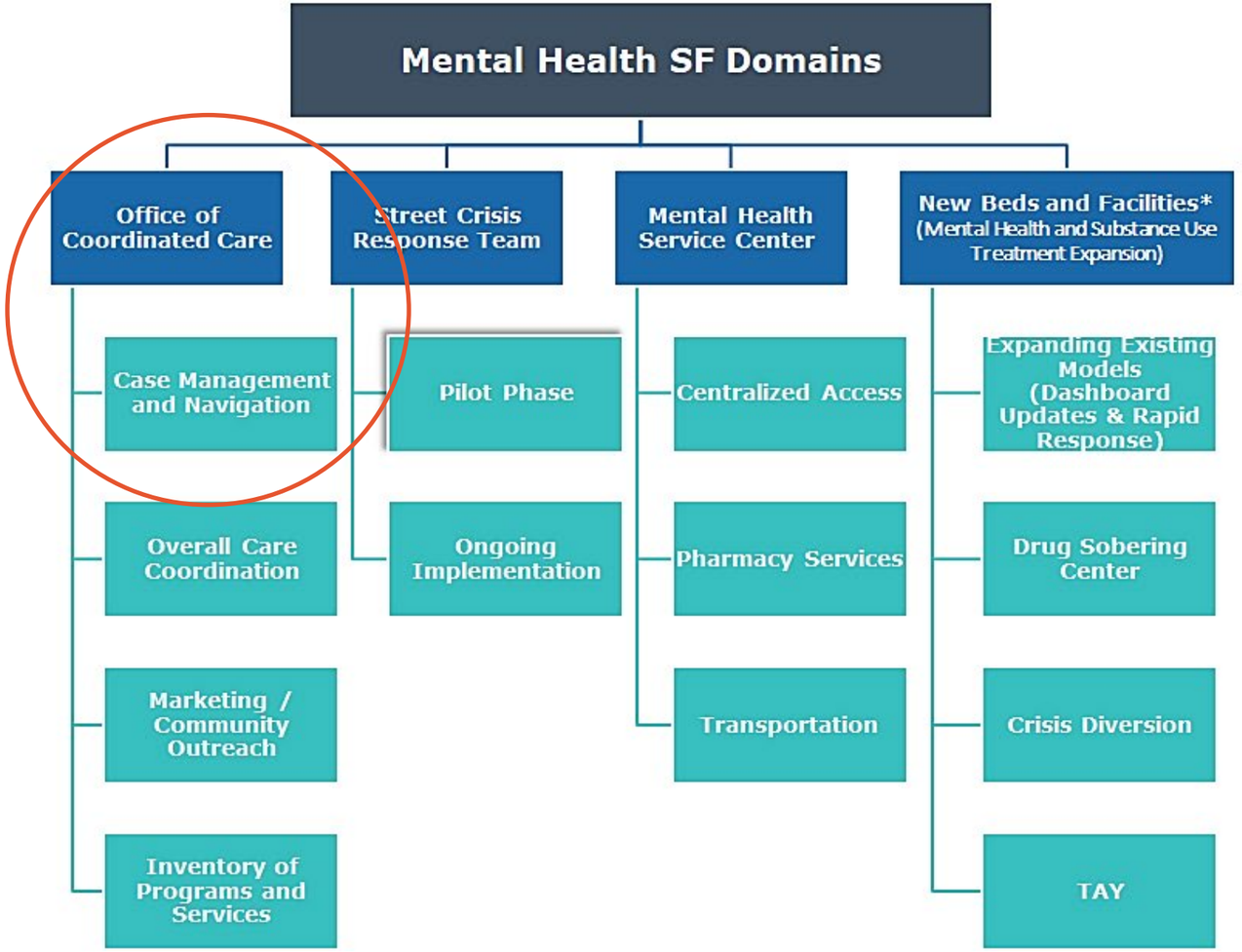
All materials can be found on the MHSF IWG website at:
https://sf.gov/public-body/mental-health-san-francisco-implementation-working-group

Mental Health SF Domains

Dr. Hillary Kunins

Heather Weisbrod

Dr. Angelica Almeida



Data and IT Systems | **HR Hiring and Pipeline** | **Equity** | **Analytics and Evaluation**

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

San Francisco Department of Public Health
Division of Behavioral Health Services

Mental Health SF Implementation Working Group: Director's Update

August 22, 2023

Hillary Kunins, MD, MPH, MS
Director of Behavioral Health Services and Mental Health SF
San Francisco Department of Public Health

San Francisco Health Network
Behavioral Health Services

Agenda

- Updates
- BHS Budget Summary

General Updates

Board of Supervisors

- We presented for a hearing on BHS-wide case management resources on 7/28 and are sharing that presentation with you today.
- Upcoming hearings:
  - September 29th: CARE Court
  - To be scheduled:
    - Contract hearings
    - System of Care Overview

*Hearing on **Department of Public Health's (DPH) Behavioral Health Unit's System of Care**, including how contracted out services fit into the System of Care, how components of Mental Health San Francisco fit into the System of care, how Jail Health services, Psych Emergency services, and Supportive and other types of housing fit into System of Care, including all services, both inpatient and out, residential treatment programs, housing units, low barrier drop-in programs, case management, and any other service in a comprehensive list or map with current openings or waitlists related to such program or service; and requesting DPH's Behavioral Health Department to report.*

BHS Budget Summary

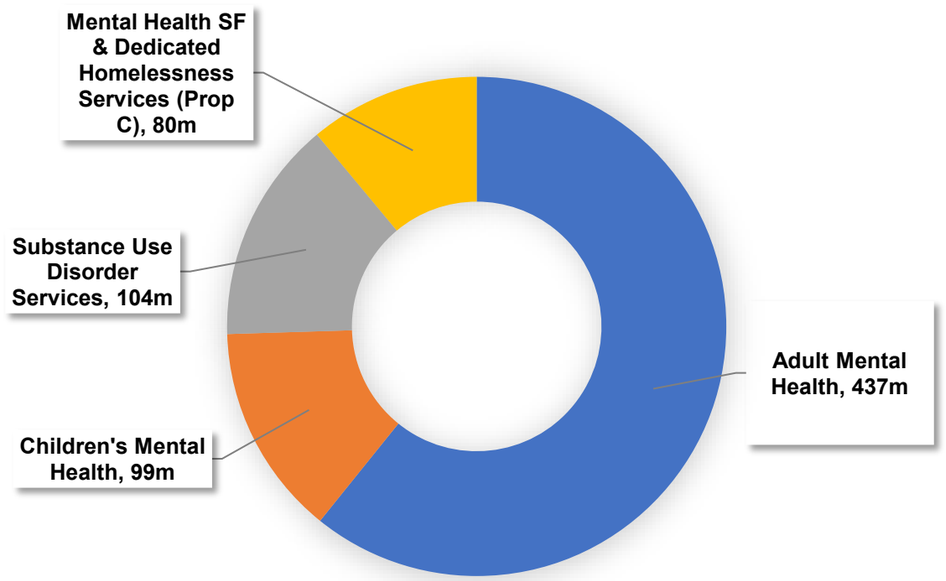
DPH's Budget Achieved General Fund Savings, Grew by Increasing Revenues

- DPH’s budget covered growth and achieved local general fund savings
  - DPH Budget increases by 6% ($192 M) to $3.2 billion compared to prior year and remains stable in the second year
  - Overall budget includes negotiated raises for staff and inflationary cost growth for other costs
  - More than 70% of DPH’s budget leverages revenue
  - Despite growth, our local general fund support is reduced from 32% to 27% to help balance the local budget in face of slowing local tax revenues and the end of federal emergency support
- No service reductions to core services proposed to achieve general fund savings

Budget: Expenditures + Revenues *FY23-24*

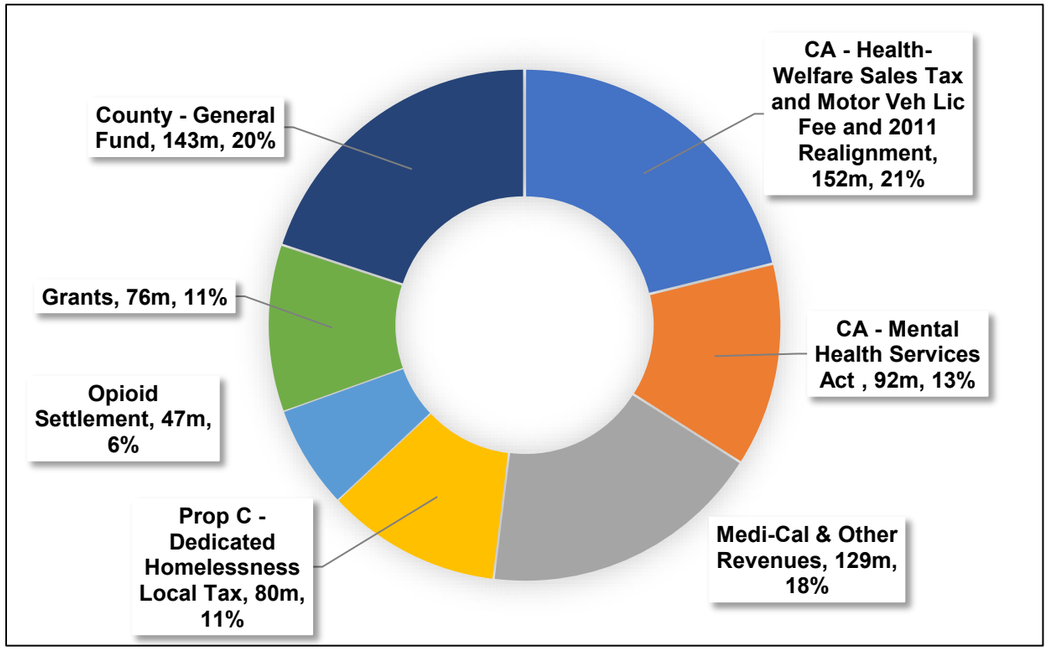
Total BHS Budget: Approximately $720 million

Expenditures by Key Service Are



Funding Sources

** Realignment transferred program control and funding from the state to counties for certain mental health services;*
+ Prop C revenues include DPH's ongoing and one-time funding for Mental Health services



Value in $ millions

Behavioral Health Services Priorities for FY23-25

1. Maximize opportunities through CalAIM implementation

2. Continue investment in behavioral health services

3. Expand electronic health records and improve access to data

Maximize Opportunities through CalAIM Implementation

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative that aims to improve health outcomes and quality of life for people with Medi-Cal by addressing barriers to access and delivering equitable, coordinated, and person-centered care.

CalAIM introduces billing changes and new benefits for clients that will result in new, expanded services such as:

- Enhanced care management (January 2022)
- Community supports (July 2022)
- Expansion of justice-involved services (January 2023)

Continue Investment in Behavioral Health Services

DPH's Prop C budget for ongoing behavioral health services is growing from **$87.1M** in FY 22-23 to **$98.1M** in FY 23-24.

Implementation of prior year investments continues for Prop C-funded Mental Health SF and related programs in FY 23-24, such as:

- **$34.9M** for 400 new residential care and treatment beds
- **$20.7M** for expanded street-based services including the Street Crisis Response Team (SCRT), Street Overdose Response Team (SORT), and Street Medicine teams
- **$10.1M** for Care Coordination and Case Management service expansions
- **$8M** for overdose response, contingency management and medications for addiction treatment
- **$3.1M** for new, dedicated Transitional Aged Youth and Transgender behavioral health services

Projected shortfall in revenues for Prop C, but there is currently sufficient one-time savings to carry programs through the two-year budget. A long-term plan is needed to sustain **$100M** spending plan.

Continue Investment in Behavioral Health Services

Other investments include:

- **$10M+** to strengthen services for clients on involuntary (5150) holds, expand comprehensive services, create a utilization management team, and enhance coordination in the residential system of care.
- Cost-of-doing-business increase for CBOs, to 4.75%

Expanding Electronic Health Records and Improving Access to Data

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.
- In April 2024, BHS will see the full implementation of EPIC.

High-Impact Interventions to Reduce Overdose

Wellness Hubs $14M (annualized operating)

- Two-year budget includes: $12 M for operating costs and $6 M capital improvements
- Three Hubs with staggered openings over the two-year budget
- Community ambassador supports around each site
- Any inclusion of safe consumption would come from private funds

Expanded Procurement of Naloxone $1.7M (ongoing)

- Increase distribution in high-risk settings, including SROs, entertainment venues, schools and other community settings.
- $5 M one-time in FY 23-24 and $1.7 M annually

Addiction Care Team Backfill $1.7M

- Backfills successful pilot program
- Collaborative team of clinicians and patient navigators to support patients with SUD navigate the system of care during and after stay at ZSFG

High-Impact Interventions to Reduce Overdose

Contingency Management

- Overdose prevention plan goal is to increase the number of people participating in contingency management by 25% within 3-4 years

Sober Living

- Safe and healthy living environments to support individuals to progress through treatment and recovery

Medications for Addiction Treatment

- Expand access to medications for addiction treatment, including methadone and buprenorphine in multiple settings
- Sustained treatment reduces the risk of dying by up to 50%

Addressing Racial Disparities in Overdose

- Grants to organizations serving Black/African American and other hard hit communities including peer-led, racially-congruent outreach & education
- Goal to reduce racial disparities in deaths by 30% by 2025

Connection to Care in SROs

- Targeted services to high-risk housing sites – both public and private SROs – with overdose prevention supplies and training

Additional Programs

Care Court and Bridge Housing grant

- $4.3 M for Assessment, Evaluation and Treatment
- $32 M over four years for transitional housing, stabilization units, board & care patches, housing navigation and behavioral health support in shelter

Mental Health Service Act (MHSA) Investments

- $1.5 M investment in peer support programs and training peer support providers.
- 3-year, $15 M pilot with SF Human Rights Commission (HRC) for talk therapy program, with a focus on Black/African American residents.

Capital Investments

- **San Francisco Intensive Youth Behavioral Health Services at ZSFG**
  - $33.7M State grant to build new psychiatric facilities for youth
  - 12 Inpatient psychiatric beds to serve ~450 young people per year
  - Additional Intensive Outpatient Treatment, including integrated substance use disorder treatment services, will serve as a step-down and a stand-alone program
- **Community Care Expansion grants from the State**
  - $7.4 million for lease or acquisitions costs for licensed board and care operators, to be administered jointly with MOHCD
  - $9.5 million to support the renovation and expansion of the residential treatment step-down site on Treasure Island
- **State grant of $6.7 M for build out of the Crisis Stabilization Unit in the Tenderloin**

Thank You

Public Comment for Discussion Item #2

MHSF Director’s Update

If in person:
- Line up to speak

If online:
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If by phone:
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10:00-10:45 AM

Discussion Item #3

Case Management Hearing Recap

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

San Francisco Department of Public Health
Division of Behavioral Health Services

Behavioral Health and Substance Use Case Management

Mental Health SF Implementation Working Group
August 22, 2023

Heather Weisbrod, LCSW
Director, Office of Coordinated Care
Behavioral Health Services
San Francisco Department of Public Health

Angelica M. Almeida, PhD.
Director, Adult/Older Adult System of Care
Behavioral Health Services
San Francisco Department of Public Health

San Francisco Health Network
Behavioral Health Services

July 28th hearing at the BoS requested:

A hearing on Department of Public Health's **Behavioral Health Services case management system**, specifically examining

- How many behavioral health and substance use case managers are in the system
- Their work location
- The process for providing case management at varying levels of need
- Frequency of case managers interacting with their clients
- The caseload of case managers at every level of care
- The number of funded but vacant case manager positions

What is Case Management?

What is Case Management?

A service that is delivered as a stand alone or in conjunction with intensive case management and outpatient treatment programs. **Case management is person-specific and can vary in intensity, length, and location of where services are provided.**

Case management includes the below functions:

Types of Case Management

Low Intensity Case Management
E.g., *Outpatient Clinics*

- Based at mental health and substance use outpatient clinics
- Serves low acuity people that do not require high or intense levels of case management

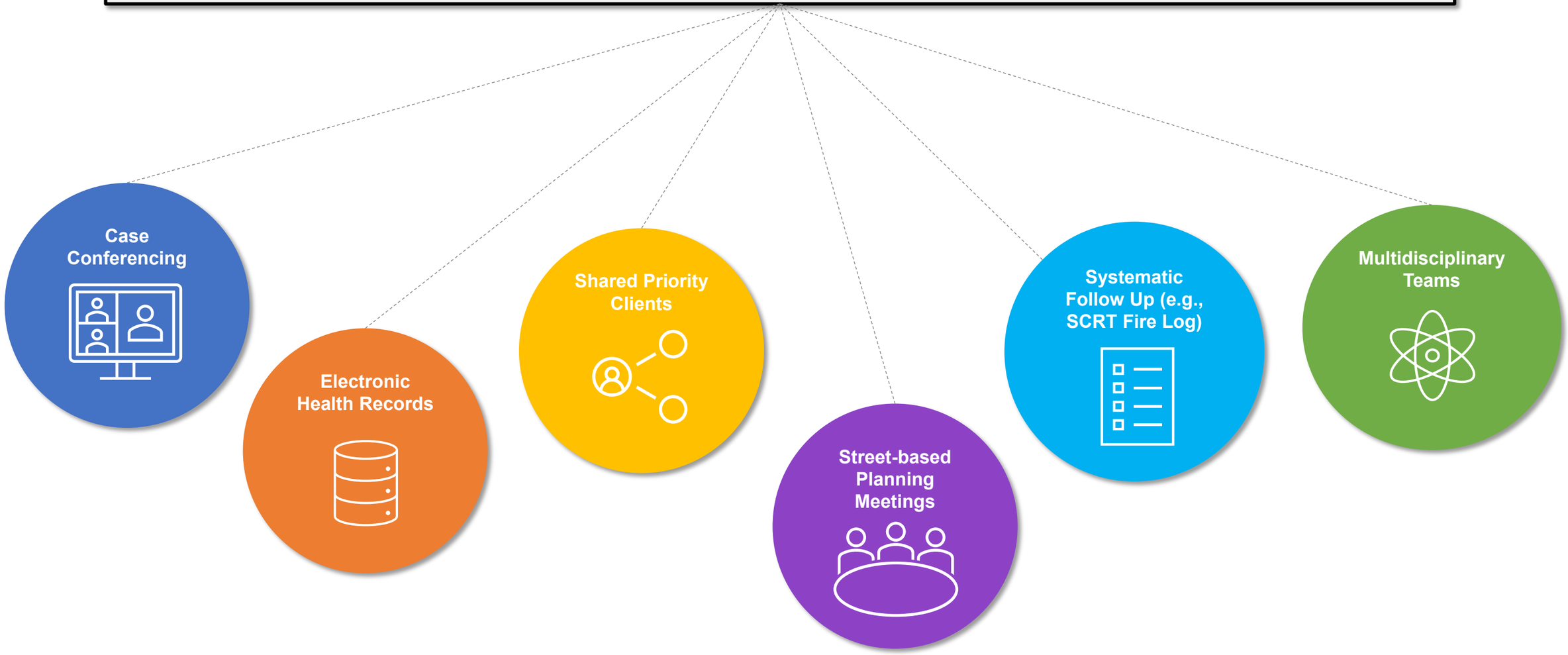
Intensive Case Management
E.g., *Intensive Outpatient Treatment Programs*

- Field-based intensive treatment services
- Serves people at higher risk of severe negative outcomes, e.g., individuals at risk of incarceration or hospitalization

Linkage/Stabilization Case Management
E.g., *Office of Coordinated Care including BEST Neighborhoods*

- Field-based case management services
- Targets people who need a higher level of case management, e.g., those exiting the hospitals and will destabilize without immediate follow-up

Strengthened Collaboration and Coordination



Current State

Case Management Capacity

Budgeted FTE Case Managers:	Case Manager Vacancy Rate:	Approx. # People Served:
221	**28%**	**3,927**

Note: Budgeted FTE and Vacancy Rate represents the Linkage/Stabilization and Intensive Case Management levels of care.

Case Manager to Client Ratio

- For clients with low intensity case management needs, on average 1:50.
- For clients with intensive case management needs, on average 1:17.
- For clients with linkage/stabilization case management needs, on average 1:12.

Frequency

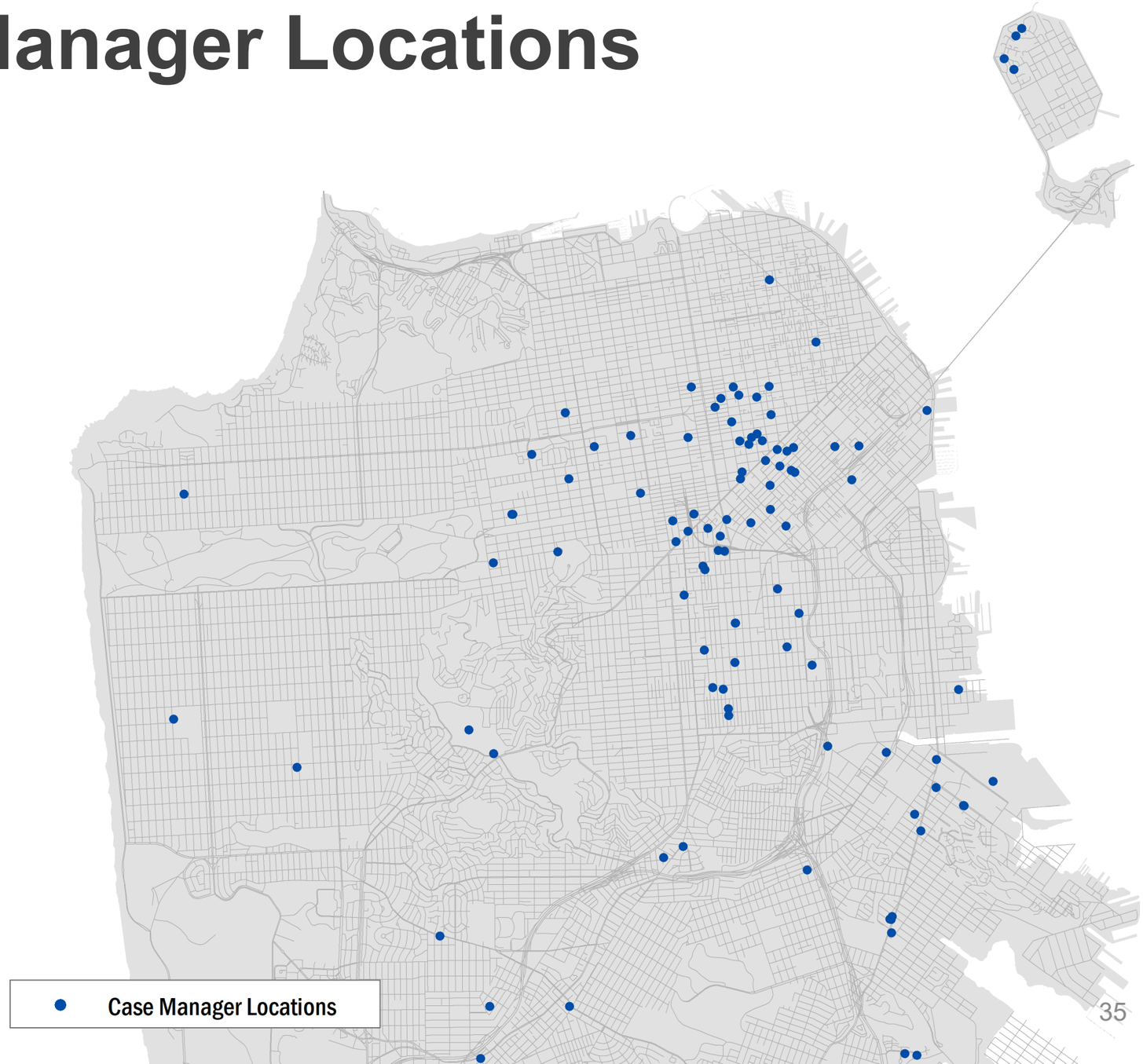
Case managers meet with clients, when possible, depending on acuity of client and intensity of services.

- For those with higher acuity needs, they meet on average 1-4 times a week.
- For those with lower acuity needs, they meet on average monthly or bi-weekly.

Case Manager Locations

Most Case Managers can meet clients where they are.

- 55% Case Managers are located at a civil service clinic.
- 45% Case Managers are located at a Community Based Organization (CBO).

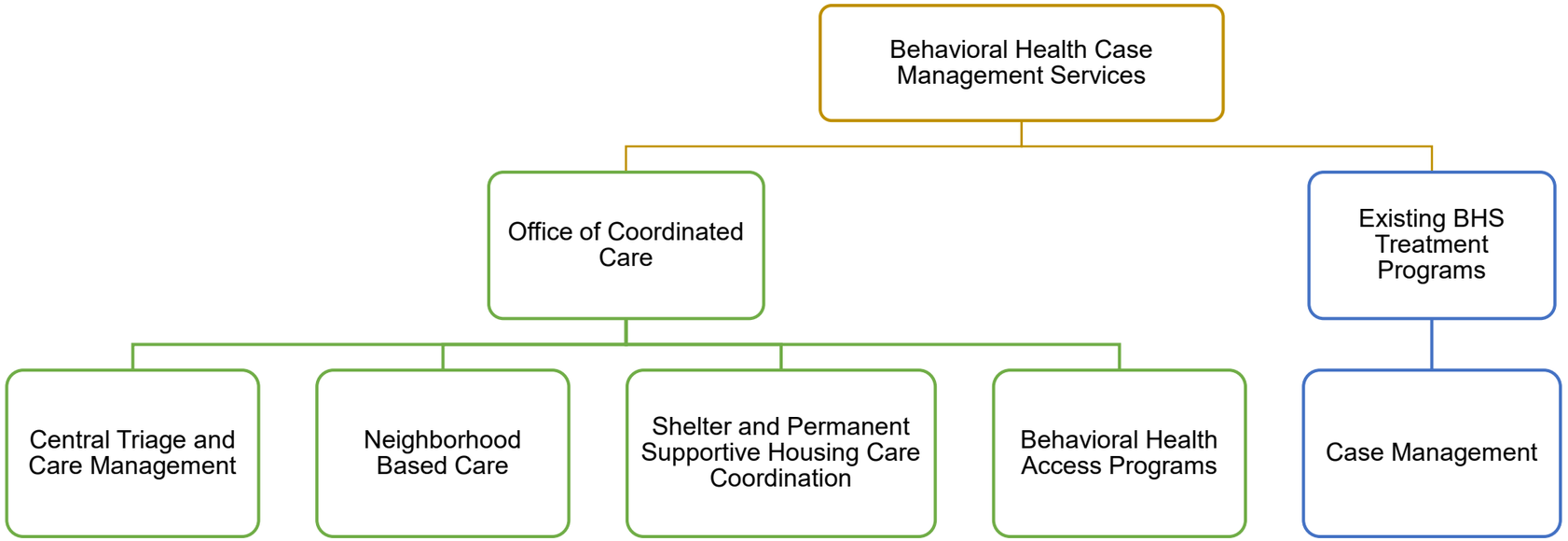


San Francisco Health Network
Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Office of Coordinated Care (OCC) and Case Management Expansion

The OCC, a key component of Mental Health SF (MHSF), ensures access to behavioral health care and seamless transitions between levels of care for priority populations. It works closely with existing Behavioral Health Services (BHS) treatment programs, where case management (CM) capacity is also being expanded.



MHSF Expansion

+45 FTE CM
to OCC

+13 FTE CM
to Existing BHS Programs

When is Case Management offered?

Case Management Assignment

Referrals from General Public:

Behavioral Health Access Line
24/7 Call Center

Behavioral Health Access Center

Priority Populations

Referrals from system partners:
Hospitals
Jail Health Services
Street Teams

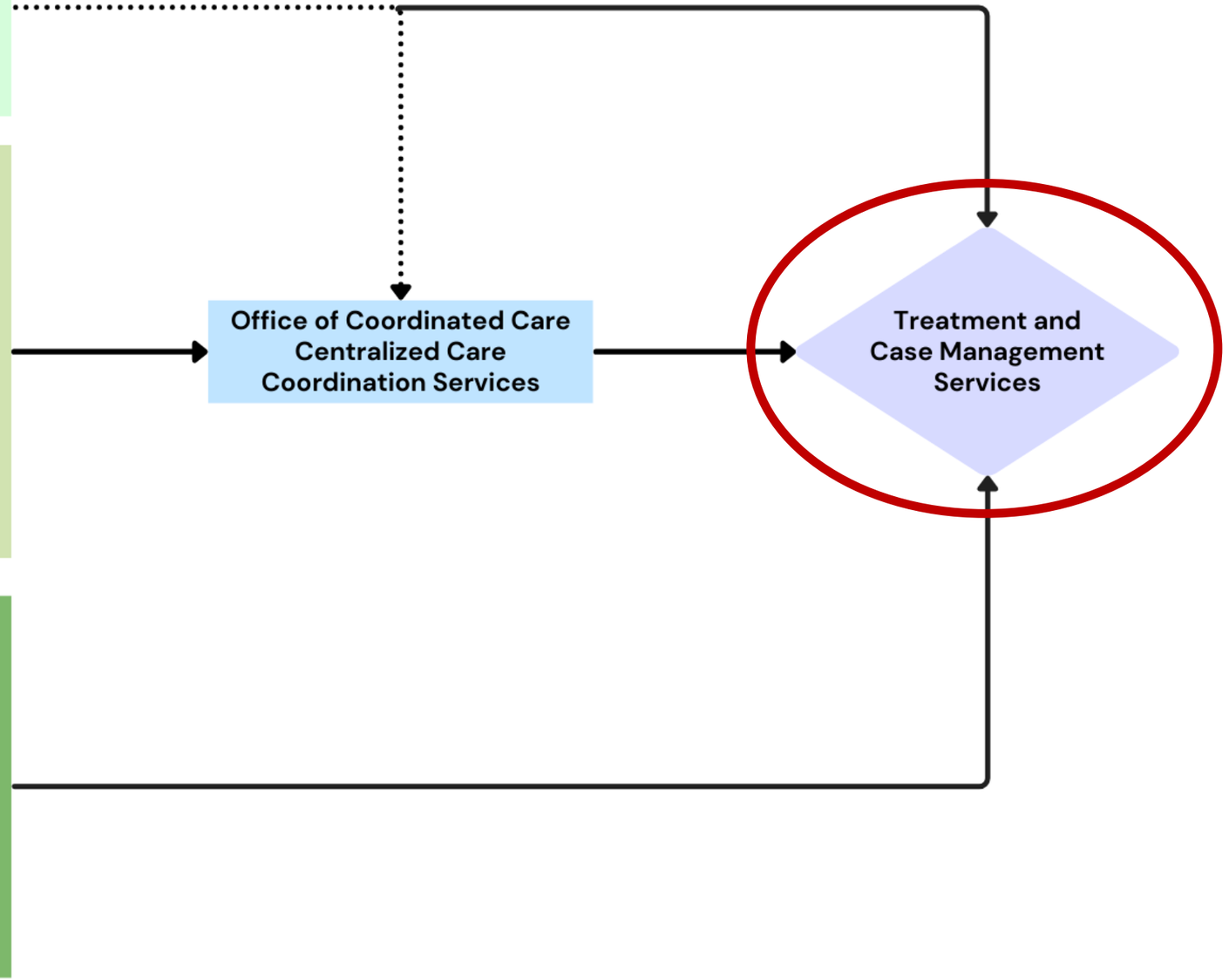
Routine Follow-Up:
Post 5150
Street Crisis Response Team

Neighborhood-Based Teams & Homeless Outreach

Referrals from Child and Family Partners:

Child Welfare Programs
Child Crisis
Juvenile Probation Department
SFUSD

Critical Incident
Homicide
Suicide
Traffic Death



Case Management Scenarios

Client A Scenario

Background: Client A has a long history of complex trauma and experiencing homelessness.

Approach: Client A was linked to Bridge and Engagement Services (BEST) Team. Through advocacy and engagement, Client A was placed in a shelter and connected to intensive case management.

Outcome: The continued relationship and stabilization supported the client to be placed in long term housing.

Client B Scenario

Background: Client B seen frequently in crisis, but difficult to locate by providers in the community.

Approach: BEST Neighborhoods supported Client B with frequent outreach and 5150 assessments leading to multiple hospital visits. Client B was ultimately connected to Stabilization/Critical Case Management team and placed in a short-term shelter.

Outcome: The Stabilization/Critical Case Management team continues to outreach and support the client. 911 calls have been eliminated.

Client C Scenario

Background: Client C struggles with bipolar disorder and methamphetamine use. There have been multiple SCRT calls.

Approach: BEST Neighborhoods conducted outreach leading to Client C placed in a Single Room Occupancy, but Client C chose to stay outdoors. With continued outreach, support, as well as street-based psychiatry, Client C agreed to an injectable medication. This helped the client stabilize, remain engaged in services, and maintain their housing. Client C was connected to intensive case management (ICM).

Outcome: ICM continues to conduct outreach and provide support. Recently, the client was placed in permanent supportive housing.

SCRT = Street Crisis Response Team
BEST = Bridge and Engagement Services Team

Challenges & Limitations

- **Recruitment and Retention**
  - Vacancies and turnover contribute to high caseloads and burnout among case managers
- **Data Sharing**
  - Sharing PHI between city agencies
- **Limited Housing Options**

Looking Forward

Looking Forward

- **Epic going live in April 2024**: Electronic Health Records will allow information and data exchange across DPH and providers, promoting increase in care coordination and service linkage
- **Multidisciplinary Teams (MDT)**: Increase collaboration and data sharing across city agencies
- **CARE Act (SB 1338):** State mandate to connect a person with untreated mental illness with a court-ordered care plan and care team in the community
- **New FTEs:**
  - Add 100 intensive outpatient treatment slots via $1.8M RFP (MHSF) – would result in least 5 new FTEs
  - Grant funding adding FTEs to Shelter Behavioral Health
  - RFP to expand Permanent Housing Advanced Clinical Services

Thank You

Public Comment for Discussion Item #3

Case Management Hearing Recap

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


10 Minute Break

10:55-11:15 AM

Discussion Item #4

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 #4

Resolution: Street Crisis Response Team

If in person:

- Line up to speak

If online:

- Raise your hand and the facilitator will unmute you

If by phone:

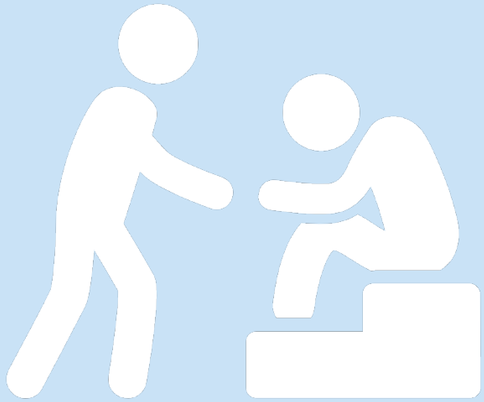
- Press ‘#’ and then ‘#’ again
- Press *3 to speak and wait for system to prompt that you have been unmuted

Vote on Discussion Item #4

Resolutions: Street Crisis Response Team

Decision Rule:

- Simply majority, by roll call



11:15 AM – 11:40 AM

Discussion Item #5

Update on IWG governance

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

Governance Items

- Officers
- Membership
- Presentation and Meeting Structure
- Recommendations

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.

Membership Update

Two-year terms

- 4 open spots

Chair (pending formal resignation) and Vice Chair needed

Applications typically move forward in a group

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	Monique LeSarre	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	Department of Public Health with experience in health systems or hospital administration	Dr. Hali Hammer, M.D.	MYR
Seat 13	Health law expert appointed	Steve Lipton, J.D.	CAT

Presentation & Meeting Structure

Ideas for improvement:

- Shorten meeting time
- Alternate formal meetings with work group meetings
- Modify presentation style
- Others?

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	• 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 • Will share materials from System of Care overview hearing (Fall 2023)

2. Shift from responsive to strategic	• In progress:
	  • 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	• 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.	• May 2023 IWG meeting presentation from Kelly Kirkpatrick. • Budget presentation suggested for September
5. Address how to better incorporate feedback of members with conflicts of interest.	• 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.	• Upcoming community engagement for IWG mapping project • Discussing opportunities for reform with the BoS

Public Comment for Discussion Item #5

Membership and Governance

If in person:
- Line up to speak

If online:
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If by phone:
- Press ‘#’ and then ‘#’ again
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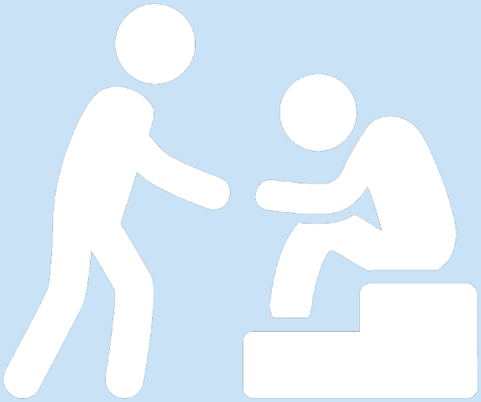
Vote on Discussion Item #5

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:

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If by phone:

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Meeting Planning

September 26, 2023 from 9am - 12pm
1380 Howard Street. Room 515

Potential September Topics

- Staffing & wages update
- Community Engagement planning (InterEthnica)
- Continue budget conversation
- Progress report feedback/approval

Upcoming Topics for Consideration

- HSH Strategic Plan and Coordinated Entry
- Overdose Prevention Dashboards
- MHSC progress
- Update since SCRT reconfiguration
- Bed Optimization Study Overview

Additions or questions about these topics?

Housekeeping

- Discussion Group in 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						N/A	N/A					
Jameel Patterson				E	A	N/A	N/A					
[Vacant]						N/A	N/A					
James McGuigan				E		N/A	N/A					
[Vacant]						N/A	N/A					
Steve Fields			E			N/A	N/A					
Andrea Salinas						N/A	N/A					
Dr. Monique LeSarre				E	E	N/A	N/A					
[Vacant]						N/A	N/A					
Dr. Ana Gonzalez						N/A	N/A					
Sara Shortt	E					N/A	N/A					
Dr. Hali Hammer						N/A	N/A					
Steve Lipton						N/A	N/A					

E = Excused A = Absent (unexcused)

Appendix B: 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.