

January 23, 2024



Mental Health San Francisco

Implementation Working Group



San Francisco
Department of Public Health

harder  co | community
research

Land Acknowledgement

The San Francisco Department of Public Health staff acknowledges that we are on the unceded ancestral homeland of the Ramaytush (Rah-mytoosh) Ohlone (O-lon-ee) who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.

A hand is shown in the foreground, pointing upwards with the index finger. The entire image is overlaid with a semi-transparent blue filter. In the background, several people are visible, but they are out of focus. The text 'Call to Order / Roll Call' is centered in white, bold font.

Call to Order / Roll Call

Vote to Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

Meeting Goals

- **Receive updates on system mapping and community engagement**
 - With Ashley Vaughan and Valerie Kirby of SFDPH, and Deborah Oh of InterEthnica
- **Intro the DPH annual implementation report for review**
 - With Kelly Kirkpatrick of SFDPH
- **Receive updates on Behavioral Health Services and Mental Health SF**
 - With Hillary Kunins, Heather Weisbrod, Monica Rose, Yoonjung Kim, and Jeff Hom of SFDPH
- **Elect a committee chair and vice-chair**
- **Plan for upcoming IWG meetings**

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

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

9:25 – 9:30 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



9:30 - 10:30 AM

Discussion Item #2

Mapping and Community Engagement



All materials can be found on the MHSF IWG website at

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

Mapping Review

- Goals:
 - Review scenarios developed in response to mapping inquiries from the IWG
 - Discuss remaining questions and recommendations
 - Review options for next steps

Scenario 1: About Gerald

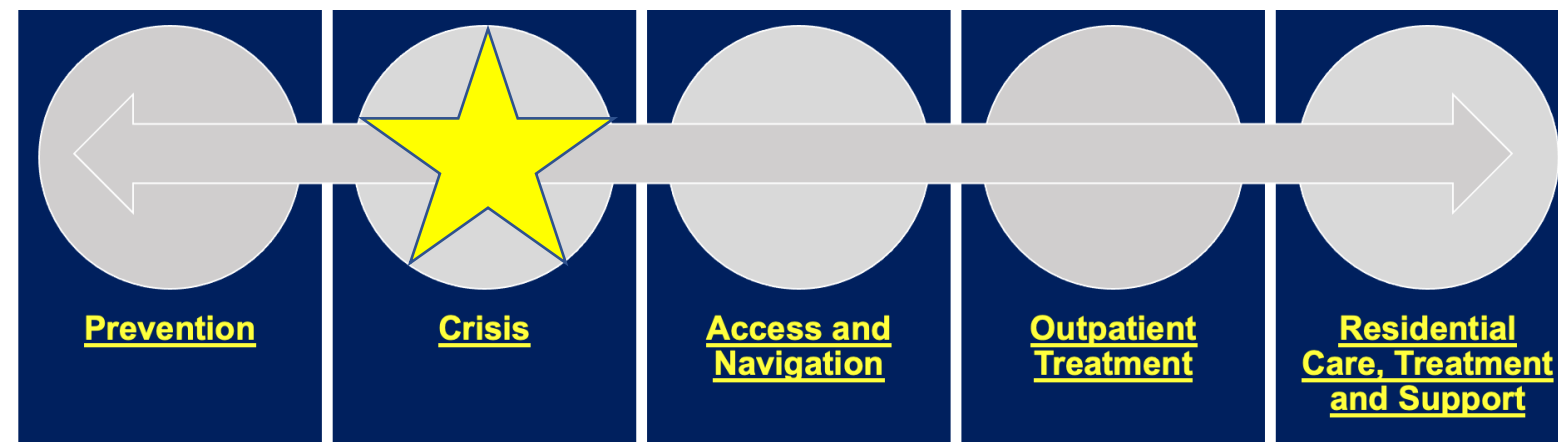
- Male
- 57-year-old
- Bipolar disorder
- Uses methamphetamine
- Currently unengaged in treatment
- Unhoused or marginally housed for the last 15 years
- Previously engaged in mental health treatment but only for a short period of time
- History of emergency department visits
- Has cancer but is not regularly receiving physical health care

Scenario 1: Crisis Encounter to Care Coordination

SCRT encounters Gerald after he is observed in distress on the street. SCRT assesses and transports Gerald to Dore Urgent Care and makes a referral to Office of Coordinated Care (OCC) for follow up.

Upon receiving the referral, an OCC case manager meets with him at Dore Urgent Care. The case manager reviews Gerald's health history to better understand his behavioral health needs and learns that Gerald stopped using his psychiatric medication because he didn't like how it made him feel.

Gerald informs the case manager that a close family member recently passed away, which is contributing to his distress. He declines behavioral health care but agrees to receive help to find a navigation bed.



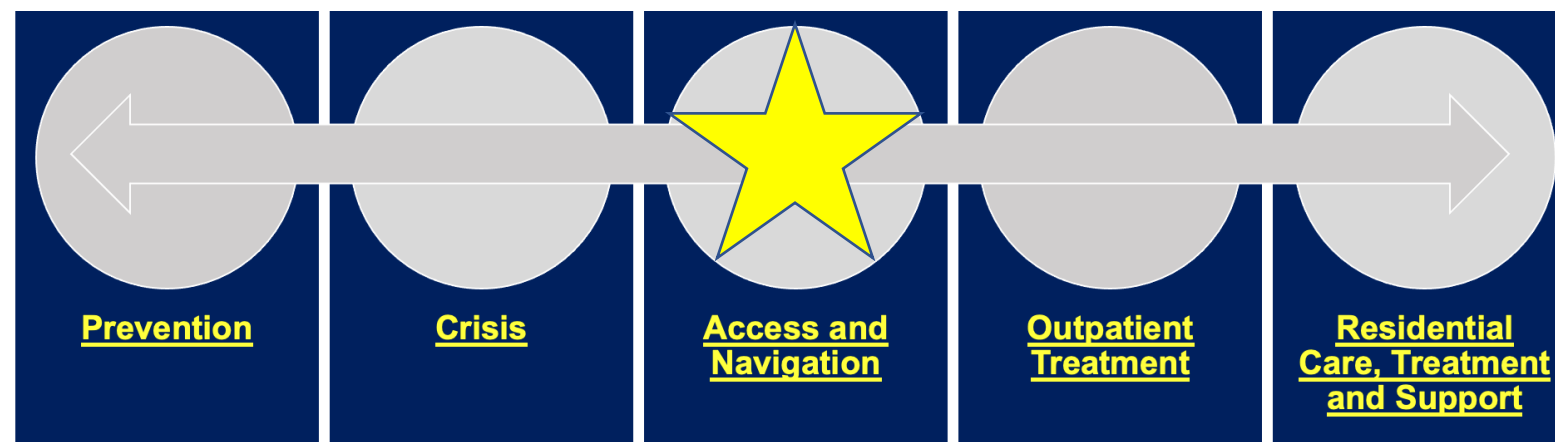
Scenario 1: Care Plan and Coordination

After visiting the navigation center with Gerald, the case manager offers to meet with him daily. Gerald agrees to meet twice a week and declines mental health care.

Finally, he agrees to develop a care plan with the case manager. He expresses that securing housing is his first priority, and that he is interested in receiving physical health care.

Although, he declines mental health care and says he's not ready to make a change in his drug use, which he says makes him feel better. He does agree to continue discussing mental health and substance use as a part of his care plan.

The case manager accompanies Gerald to a Coordinated Entry access point so he can be assessed for permanent supportive housing. The case manager also works with him to re-engage with his physical health providers.

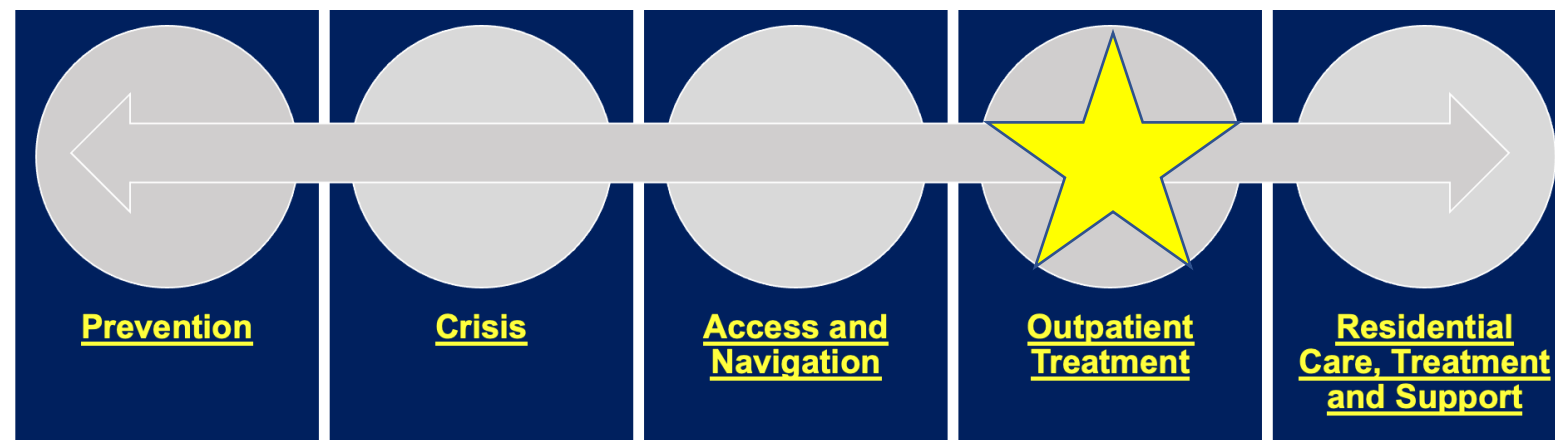


Scenario 1: Progress and Outcome

Throughout the seven months that the case manager engages with Gerald, progress is slowed when Gerald disappears for days or expresses a lack of willingness to engage. However, the case manager's persistent, regular engagement supports Gerald's continued interest in obtaining supportive housing, and increased interest in receiving cancer treatment.

Gerald is successfully placed in permanent supportive housing and begins treatment for cancer. Once housed, Gerald tells the case manager that he would like to enter a mental health treatment program.

The case manager connects Gerald to an Intensive Outpatient Program where a multi-disciplinary team reviews his care plan, communicates with OCC, and implements the plan. An Intensive Outpatient Program case manager takes over and begins to meet with Gerald at least twice a week.



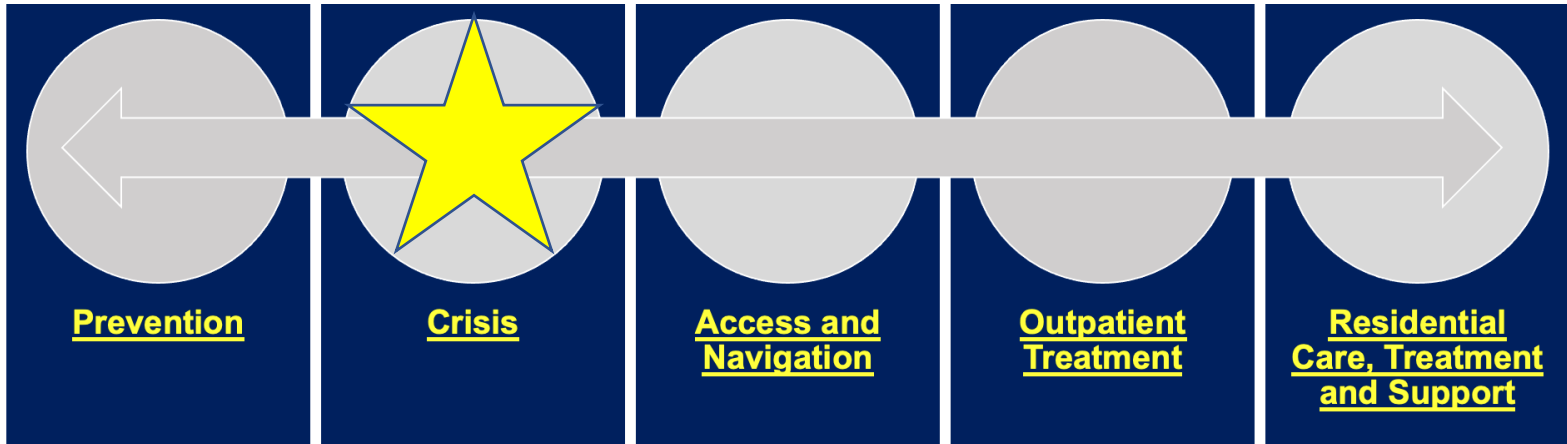
Scenario 2: About Joanna

- Female
- 37-years-old
- Bipolar disorder
- Uses methamphetamine and fentanyl
- Currently unengaged in treatment
- Unsheltered for many years
- Encountered in Joint Field Operations and referred to BEST Neighborhoods

Scenario 2: BEST Neighborhoods Follow Up

Joanna is staying in an encampment. She is highly disorganized and has a lot of belongings. She exhibits disorganized thought process, manic features. She is encountered by the Healthy Streets Operations Center (HSOC).

The HSOC team refers Joanna to the BEST Neighborhoods behavioral health team, which is part of the Office of Coordinated Care.



Scenario 2: BEST Neighborhoods to Street Medicine

When the BEST Neighborhood team finds Joanna, she expresses that she is uninterested in shelter, substance use, mental health, or medical services. Although, she agrees to have the team come back to meet with her again.

The team follows up at least three times a week to get to know Joanna and build trust. After several weeks, Joanna opens up to the team about her mental health challenges. The team offers and she agrees to a visit with a street-based psychiatrist.

The psychiatrist assesses Joanna’s mental health and recommends psychiatric medications. Joanna expresses openness to medications but is also concerned about being on the streets and taking medications that could make her less alert and compromise her safety.

The team revisits the idea of shelter, which she agrees to, and the team helps her move into a shelter placement.

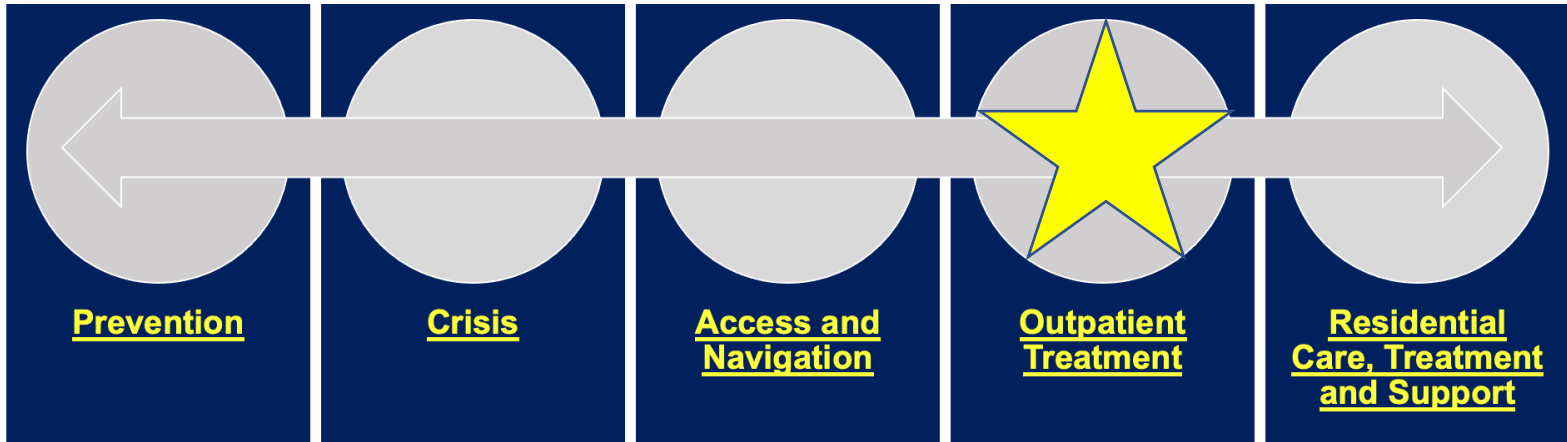


Scenario 2: BEST Neighborhoods to Intensive Outpatient

The psychiatrist, with the daily support of the Office of Coordinated Care Registered Nurse, starts Joanna on medication and provides medication support. Joanna continues to decline treatment for her substance use disorder, and the team continues working on building motivation to make changes in her substance use.

BEST Neighborhoods also begins working to obtain permanent supportive housing for Joanna. As Joanna becomes more stable in her shelter and on medications, BEST Neighborhoods transitions her care to an Intensive Outpatient Program.

The Intensive Outpatient Program takes over her care plan and mental health treatment and support Joanna with her move to permanent supportive housing. Joanna is now adherent with her medications and has reduced her distressing street behaviors.



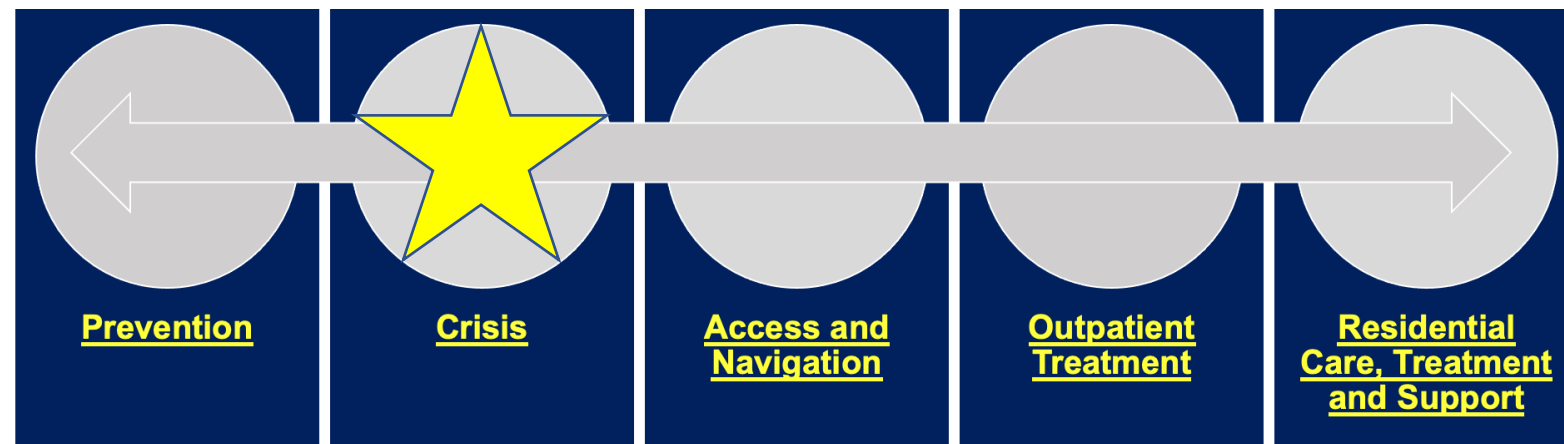
Scenario 3: About Ronald

- Male
- 63-years-old
- Uses alcohol
- Currently not in treatment
- Unsheltered for many years

Scenario 2: SCRT to BEST Neighborhoods

Ronald uses alcohol in public, screams and yells at neighbors, and panhandles in public places. Ronald is encountered by the Steet Crisis Response Team (SCRT) because of a neighbor calling 911.

SCRT makes a referral to the Office of Coordinated Care for follow up. The BEST Neighborhoods behavioral health team locates and engages with Ronald.



Scenario 2: BEST Neighborhoods to Managed Alcohol Program

The BEST Neighborhoods team locates Ronald and begins to engage with him. He is initially uninterested in services but agrees for the team to visit him again.

The team visits him three to four times a week. His primary interest is finding housing. The team coordinates with SFHOT to provide a housing assessment for permanent supportive housing and works with him to find shelter in the meantime. He is hesitant about going into shelter due to some of the rules but also expresses interest in reducing his alcohol use.

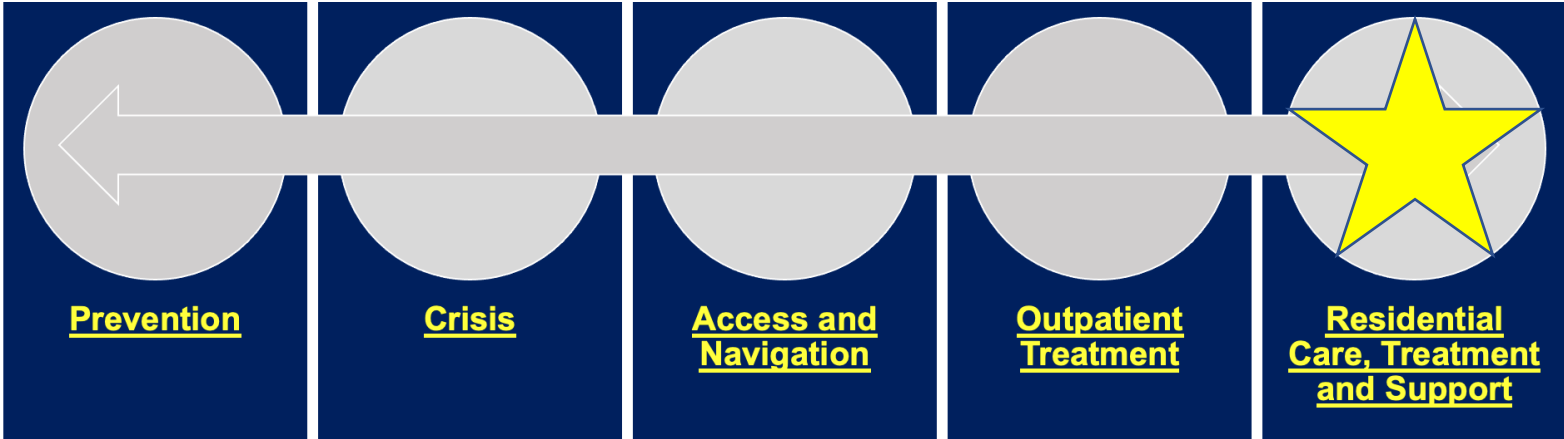
The team suggests the Managed Alcohol Program (MAP) as an option. He agrees to give it a try. With the help of the BEST Neighborhoods team, Ronald is admitted into the Managed Alcohol Program and preparation for a permanent supportive housing placement continues.



Scenario 3: Stability and Permanent Supportive Housing

Ronald stabilizes significantly in the Managed Alcohol Program. He no longer exhibits distressing street behaviors, reduces his alcohol consumption, and engages with OCC case managers, who visit him less frequently now that he has stabilized significantly.

He moves into a permanent supportive housing program with services that include a representative payee, IHSS, on-site nursing and case management. His care plan is taken over by the on-site case manager, but the Office of Coordinated Care can help with worsening of symptoms.



Mapping Review: Looking Forward

Questions and recommendations?

Prep for Community Engagement

- Review: Shared these flows with InterEthnica to inform listening session guide
- Discuss:
 - IWG input on recruitment strategy
 - Targeted or general
 - Recruitment forums
 - Method of incorporating findings into these draft flows

Options for Future Use: What would best support for IWG advisory function?

Public Comment for Discussion Item #2

Mapping & Community Engagement

If in person:

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If online:

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If by phone:

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10:30-10:55 AM

Discussion Item #3

DPH Implementation Report



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

2024 Mental Health San Francisco Implementation Plan

San Francisco Department of Public Health

January 23, 2024



San Francisco Health Network
Behavioral Health Services

2024 MHSF Implementation Plan

DPH will submit the department's 2024 MHSF Annual Implementation Plan to the Mayor and the Board of Supervisors on February 1, per the MHSF legislation.

The report contains:

- Summary of MHSF structure, funding, priority population, and core metrics
- Review of milestones and accomplishments for MHSF in 2023
- Goals for MHSF programs in 2024

Key MHSF Accomplishments in 2023



Implemented systematic Office of Coordinated Care (OCC) follow-up for individuals with recent SCRT encounters or 5150 psychiatric holds at Zuckerberg San Francisco General Hospital.



Launched BEST Neighborhoods to connect unhoused residents to behavioral health care, focusing on SCRT follow-up and clients prioritized by the citywide coordinated street response.



Permanent Housing Advanced Clinical Services (PHACS), an OCC–Whole Person Integrated Care (WPIC) collaboration, expanded to cover a total of 97 permanent supportive housing (PSH) buildings, home to more than 6,200 residents.



Extended hours at the Behavioral Health Access Center to include Saturdays and Sundays from 9 am to 4 pm.



Opened 70 new residential step-down beds on Treasure Island for people who have completed substance use treatment programs. Expanded to 75 beds at the Minna Project for justice-involved dual diagnosis clients.



San Francisco Health Network
Behavioral Health Services

MHSF Goals for 2024



Expand OCC capacity, including systematic 5150 hold review at hospitals beyond ZSFG, additional engagement of shared priority clients, and enhanced behavioral health services for PSH residents.



Strengthen centralized pathways to behavioral health services for people transitioning from the justice system, in collaboration with Jail Health Services and the Sheriff's Department.



Begin construction on the Crisis Stabilization Unit in early 2024 – completion anticipated by the end of the year.



Continue negotiating the potential acquisition of facilities to house the Mental Health Service Center, Enhanced Dual Diagnosis treatment program, and TAY behavioral health recovery residence.



MHSF Staffing Analysis expected to be completed and shared with the IWG in early 2024.



Leverage new data analytics staff to expand the evaluation of MHSF programs and continue to develop the core metrics.



San Francisco Health Network
Behavioral Health Services

Overview of MHSF Funding

- Primary funding source for operating new MHSF programs: Proposition C, also known as Our City, Our Home (OCOH) funds.
 - Prop C funding for MHSF: **\$62.1 million** in FY 23–24 and **\$67.3 million** in FY 24–25.
 - MHSF programs make up about 65% of total DPH Prop C spending.
- Prop C faces sustained, ongoing shortfalls (30–40%) below revenue levels used to develop the spending plan. Funding levels are potentially subject to change.

MHSF domain	FY 23–24	FY 24–25
Office of Coordinated Care	\$11.6 million	\$12.1 million
Street Crisis Response Team	\$11.9 million	\$12.3 million
Mental Health Service Center	\$4.0 million	\$4.1 million
New Beds and Facilities	\$34.6 million	\$38.9 million
Total Prop C operating budget	\$62.1 million	\$67.3 million

IWG Review of MHSF Implementation Plan

- Please review the draft 2024 MHSF Implementation Plan and submit feedback to Valerie Kirby **by Friday, January 26.**
- IWG feedback is instrumental in:
 - Finalizing the 2024 MHSF Implementation Plan
 - Shaping future IWG meeting topics
 - Setting MHSF priorities for 2024

Thank you!



San Francisco Health Network
Behavioral Health Services

Public Comment for Discussion Item #3

DPH Implementation Report

If in person:

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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 some papers or a calendar. The text "5 Minute Break" is overlaid in the center in a bold, white, sans-serif font.

5 Minute Break

11:00 AM – 12:00 PM

Discussion Item #4

MHSF Director + Leadership Update

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

IWG Director's Update + MHSF Domain Updates January 23, 2024

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

- General Updates
- Budget Update
- MHSF Domain Updates



General Updates



San Francisco Health Network
Behavioral Health Services

General Updates

- **Board of Supervisors:** Hearing on residential care expansion (date TBD)
- IWG Membership
- Acknowledging Member Hammer



Budget Update



San Francisco Health Network
Behavioral Health Services

Budget Financial Forecast and Fund Reduction

Total DPH Budget: \$3.2B

Total BHS Budget: \$719.6M

San Francisco's economic reality remains challenging due to the following:

- Reduced revenue expectations, particularly in transfer, hotel & sales taxes
- Increased health care costs: 9% projected employee health rate growth in FY24-25
- Multi-Year Inflationary growth on CBO contracts (new ordinance)

As a result, there's a 10% general fund reduction and 5% general fund contingency target. For DPH the targets are:

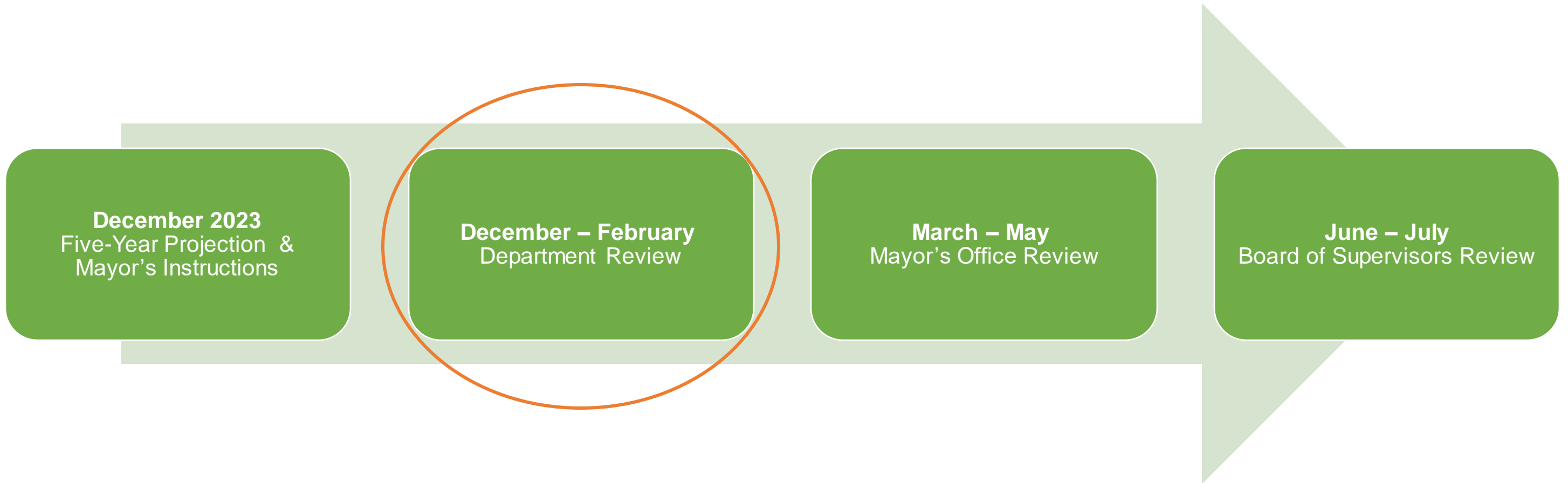
- FY24-25: \$110M
- FY25-26: \$128M
 - With a contingency target of \$49.6M



Our Approach to the Upcoming Budget Process

- Review feedback from internal and external stakeholders for cost-efficiencies and savings.
- Review vacant positions.
- Retain core services to minimize impact to clients.
- Find opportunities to maximize revenue and shift costs from General Fund to other sources.

Budget Timeline



MHSF Domain Updates



San Francisco Health Network
Behavioral Health Services

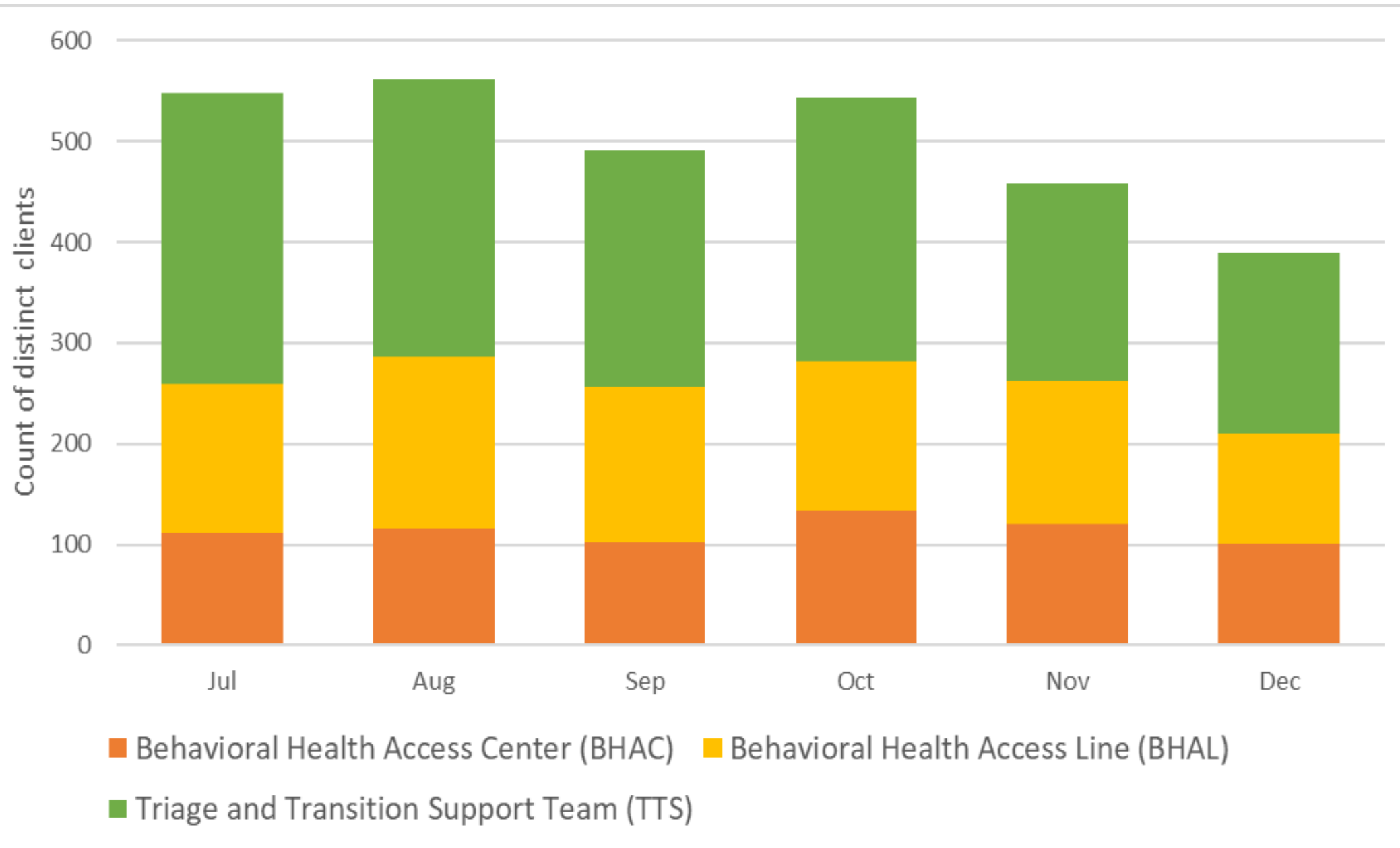
MHSF Domain Updates: OCC



San Francisco Health Network
Behavioral Health Services

Monthly New Referrals to OCC

July to December 2023



Key service expansions for the OCC:

- March/April 2023: Triage begins following up on SCRT referrals.
- June 2023: Triage begins systematic follow-up using the involuntary holds report.
- July 2023: BHAC expands to weekend hours.

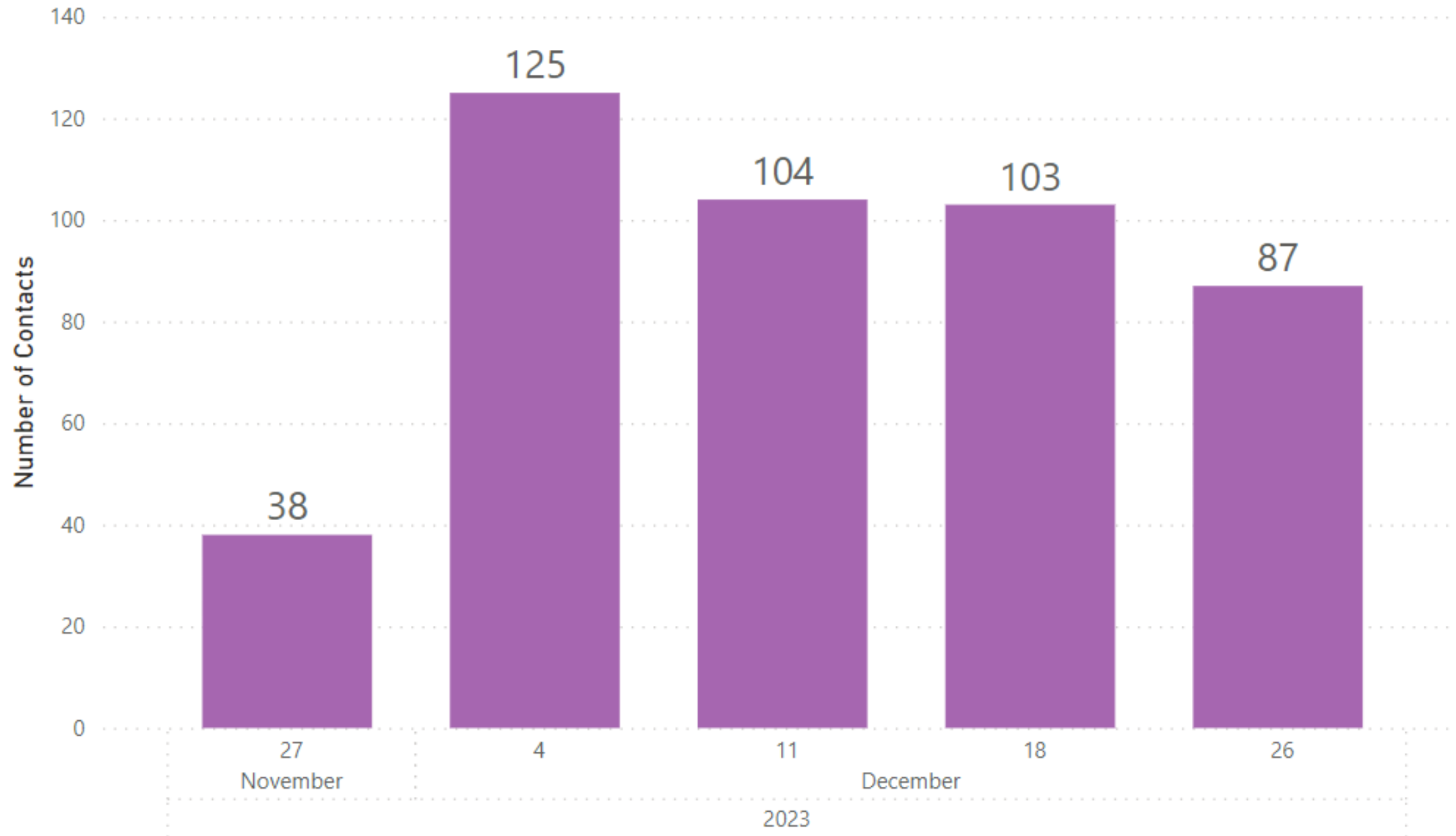
2023 *Monthly Referrals to OCC	
Jul	543
Aug	548
Sep	482
Oct	533
Nov	449
Dec	382
Total	2,535
*Distinct Count of MRN	

BEST Neighborhoods Engagements

December 2023

Number of Engagements by Week

Data below is grouped by week, with the date of the first day of week provided.



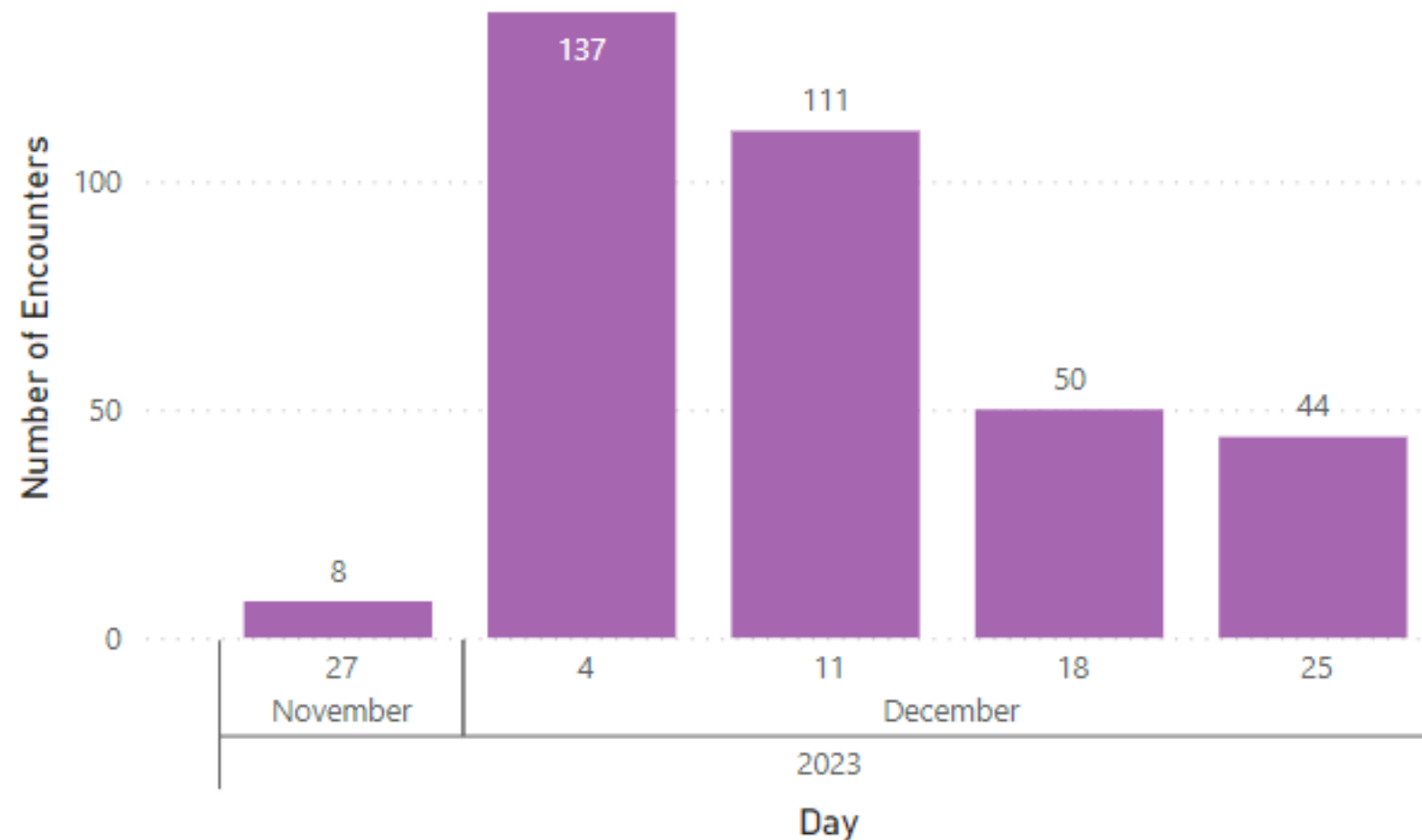
Month	Engagements
November	38
27	38
December	419
4	125
11	104
18	103
26	87
Total	457

BHAC Non-Registered Contacts December 2023

- This includes all services and information received when people dropped-in but did not engage enough to create a registration and patient record in Epic.

Number of Resolutions by Week

Data below is grouped by week, with the date of the first day of the week provided.



Non-Registered Contact Type by Week

Can have more than one outcome per encounter.

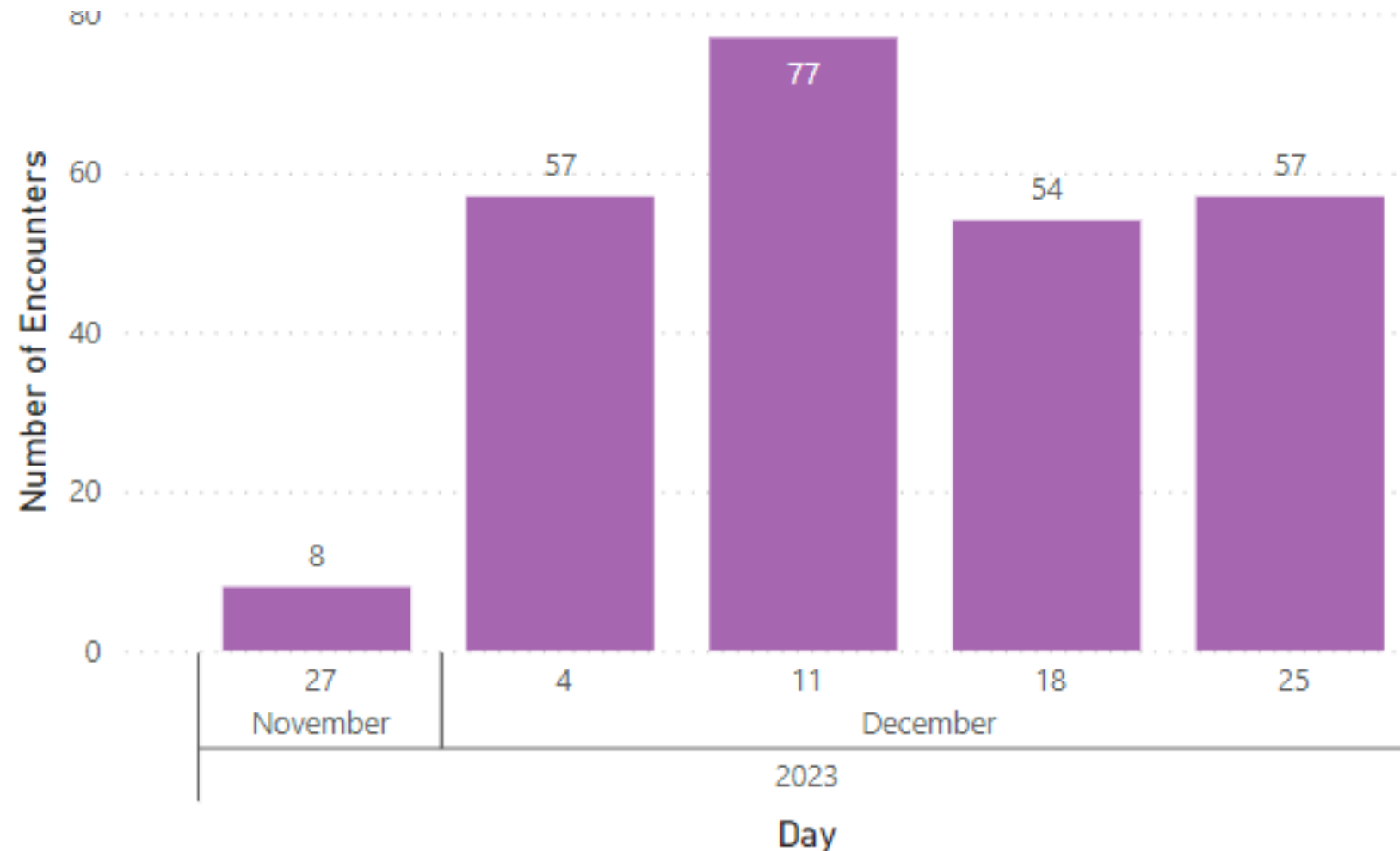
Resolution Groupings	2023				
	November	December			
	27	4	11	18	25
⊕ Info Disseminated		62	69	17	1
⊕ Referrals/Administrative	8	72	42	33	43
⊕ Transfers		3			
Total	8	137	111	50	44

BHAL Non-Registered Contacts

December 2023

Number of Resolutions by Week

Data below is grouped by week, with the date of the first day of the week provided. ¹



Non-Registered Contact Type by Week

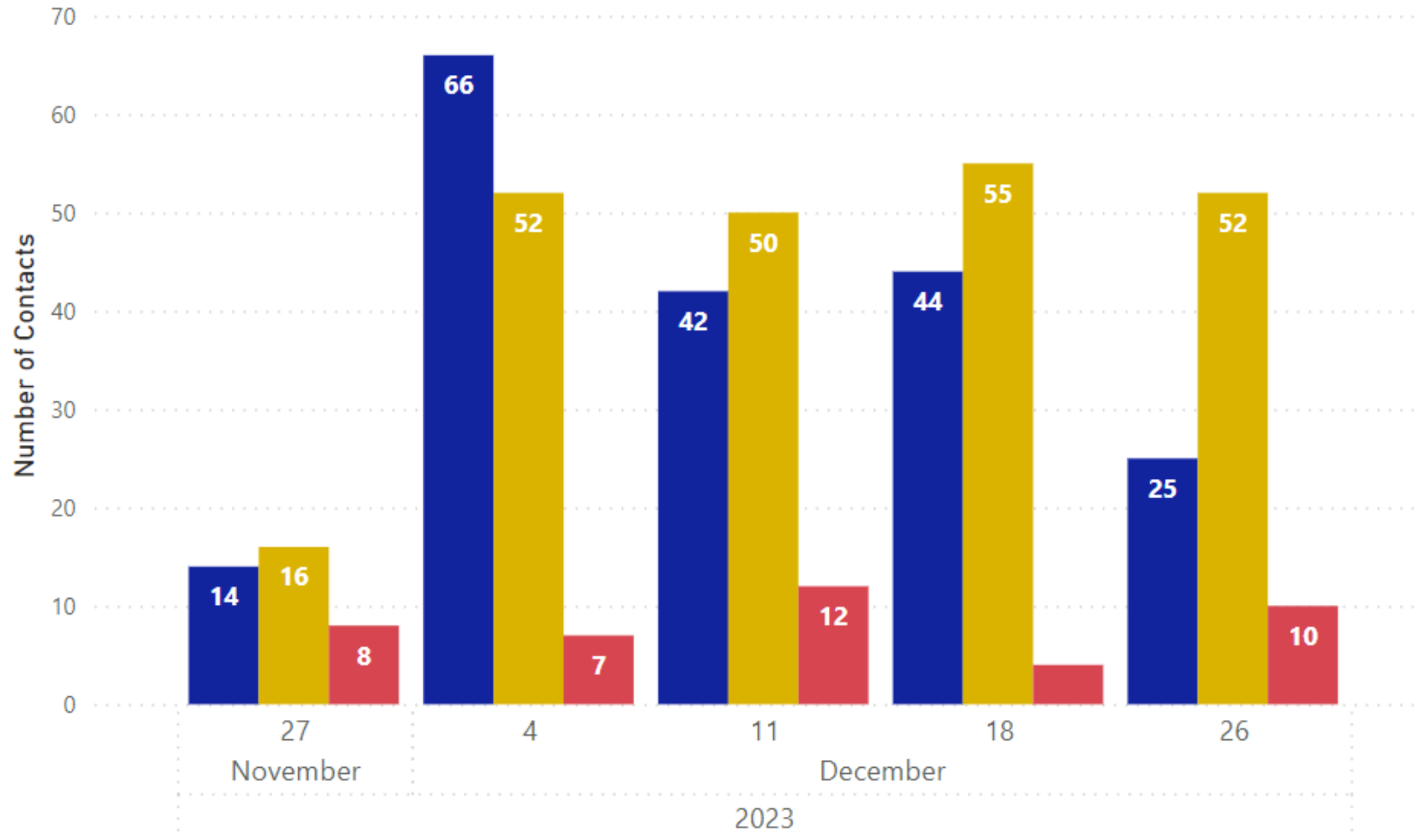
Can have more than one outcome per encounter.

Year	2023					
	November		December			
Month	27	4	11	18	25	
Resolution Groupings	27	4	11	18	25	
⊕ Info Disseminated		7	39	61	38	37
⊕ Not Categorized						1
⊕ Other		1	8	10	8	9
⊕ Referrals/Administrative			1	1	3	1
⊕ Referrals/Clinical			1	2	2	1
⊕ Transfers			8	3	3	8
Total		8	57	77	54	57

BEST Neighborhoods Engagements by Team

December 2023

● Blue ● Gold ● Red



Year	Blue	Gold	Red	Total
2023	191	225	41	457
November	14	16	8	38
27	14	16	8	38
December	177	209	33	419
4	66	52	7	125
11	42	50	12	104
18	44	55	4	103
26	25	52	10	87
Total	191	225	41	457

MHSF Domain Updates: Analytics and Evaluation



San Francisco Health Network
Behavioral Health Services

MHSF Analytics and Evaluation Update 1.23.2024

- The MHSF A&E team has recently hired two new analysts, an Epidemiologist I, and an Epidemiologist II. A Senior Health Program Planner will be starting on February 20th, and there is one vacant Epidemiologist I position left to fill.
- The A&E team has been conducting vigorous data validation procedures on wait time data including meeting with and reviewing the data with system of care leadership to ensure the accuracy of the data.
- Wait time data for mental health and substance use residential treatment programs will be shared with the Board of Supervisors in March at the residential hearing, posted publicly thereafter, and updated on an annual basis.
 - Data could be previewed with the IWG in the February meeting
- Intensive case management data will be next to be shared publicly and can also be previewed with IWG

MHSF Domain Updates: New Beds & Facilities



San Francisco Health Network
Behavioral Health Services



NEW BEDS & FACILITIES INTERIM UPDATE

JANUARY 2024

Prepared for Mental Health SF
Implementation Working Group

Presented by
Yoonjung Kim, LCSW
Domain Co-lead, NB&F team

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 Est. Beds	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 Est. Beds	Open 2021 Mental Health Rehabilitation Beds (aka LSAT) Status Serving clients Open Client placement varies	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal 13 Est. Beds	Open 2022 Psychiatric Skilled Nursing Facilities (aka PSNF) Status Serving clients Open Client placement varies	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal 75 Est. Beds	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 Est. Beds	Open 2022 Residential Care Facility^Δ (aka Board and Care) Status Serving clients Open Client placement varies	Residential Care Facility: Supervised residential program for individuals with mental health issues who require assistance with daily living activities

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

Dec 1, 2023

- Complete
- In process
- Planned

Goal 20 Est. Beds	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 cage to
Goal 6 Est. Beds	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 MOHCD
Goal 70 Est. Beds	Open 2023 Residential Step-down - SUD^Δ Status Serving clients Open 40 beds currently available	Long-term sober living environment for clients coming out of residential care programs
Goal 30 Est. Beds	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 Est. Beds	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 Est. Beds	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

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UPDATE: CRISIS STABILIZATION UNIT, DDX & TAY

Crisis Stabilization Unit (822 Geary)

- Status: Breaking Ground in Feb
- Received \$6.75M Behavioral Health Continuum Infrastructure Program State Grant (BHCIP 3)

Dual Diagnosis Program

- Finalized contracts with Out-of-County facilities for overflow beds (12 beds)
- In progress of building a new program (16 beds) with an existing CBO
- Exploring purchase options and use of grant funding to expand services

Transitional Age Youth Program

- Completed program description development
- Exploring purchase options and use of grant funding to expand services



UPDATE: STATE GRANT FUNDING

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

Awards:

1. Behavioral Health Bridge Housing (BHBH) \$32.3 mil over 4 years
2. Behavioral Health Continuum Infrastructure Program (BHCIP – Round 3), for Crisis Stabilization Unit: \$6.75M
3. Community Care Expansion (CCE) Grant for Residential Step- Down Program at Treasure Island: \$9.5M
4. Community Care Expansion (CCE) Preservation Program for Board & Care: \$6.5M

Questions?

Update: Overdose Prevention and Response



San Francisco Health Network
Behavioral Health Services

Overdose Domain 2024 Update

IWG Meeting
01/23/2024

Jeffrey Hom, MD
Director, Population Behavioral Health
Behavioral Health Services

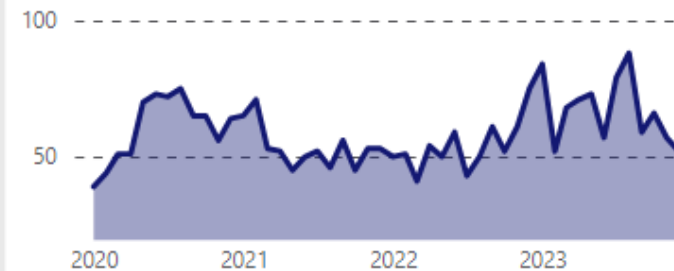
San Francisco Drug Overdose and Treatment Dashboard

<https://www.sf.gov/resource/2023/drug-overdose-and-treatment-data-and-reports>

Drug overdose and treatment data and reports

Dashboards and data about the drug overdose crisis in San Francisco.

Trend in preliminary unintentional drug overdose deaths



Preliminary unintentional drug overdose deaths in December 2023

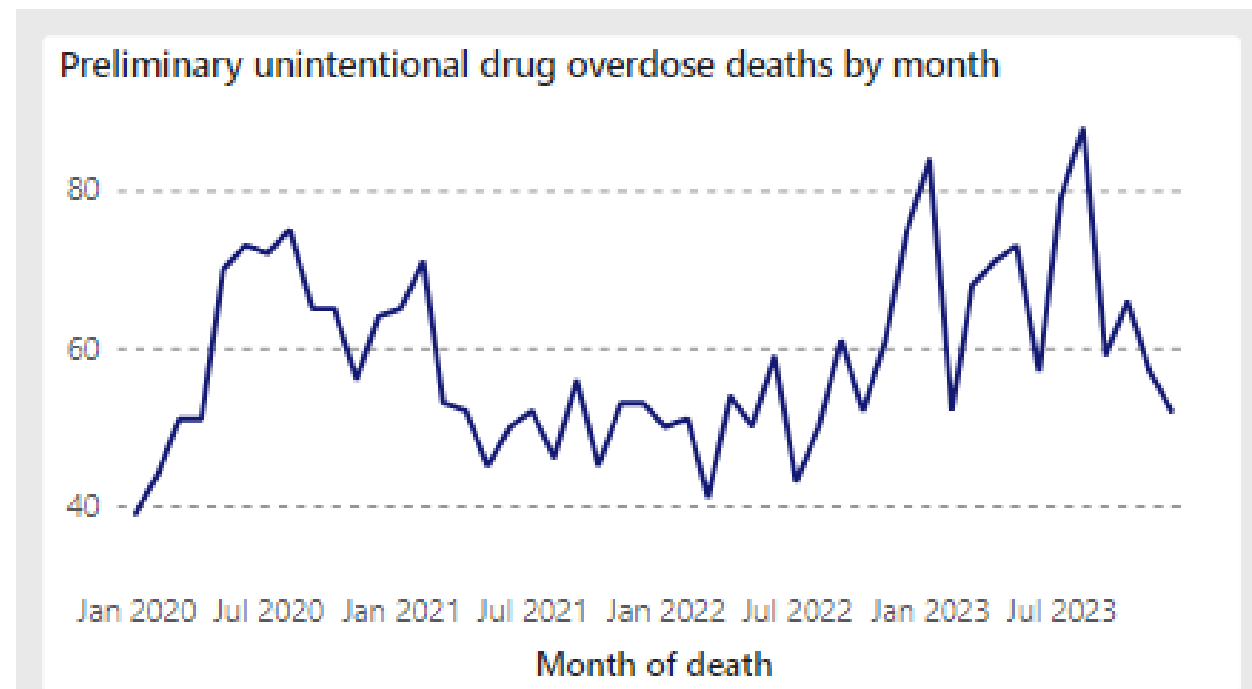
52

Drug overdoses are a public health crisis nationally and in San Francisco. In 2022, the San Francisco Office of the Chief Medical Examiner reported that 647 people died from an unintentional drug overdose in San Francisco. The San Francisco Department of Public Health tracks trends in drug overdoses and treatment to guide our response and measure our progress. The data come from several sources and are updated at different times.

To learn more about our efforts to eliminate overdose deaths visit: [San Francisco Department of Public Health Overdose Prevention Plan](#).

Preliminary unintentional drug overdose deaths by month

The chart below shows the number of preliminary unintentional drug overdose deaths recorded by the Office of the Chief Medical Examiner (OCME) in San Francisco by month. Some cases included are still under investigation. Most cases involve poisoning from cocaine, methamphetamines, or opioids, but some involve poisoning by other drugs or alcohol.



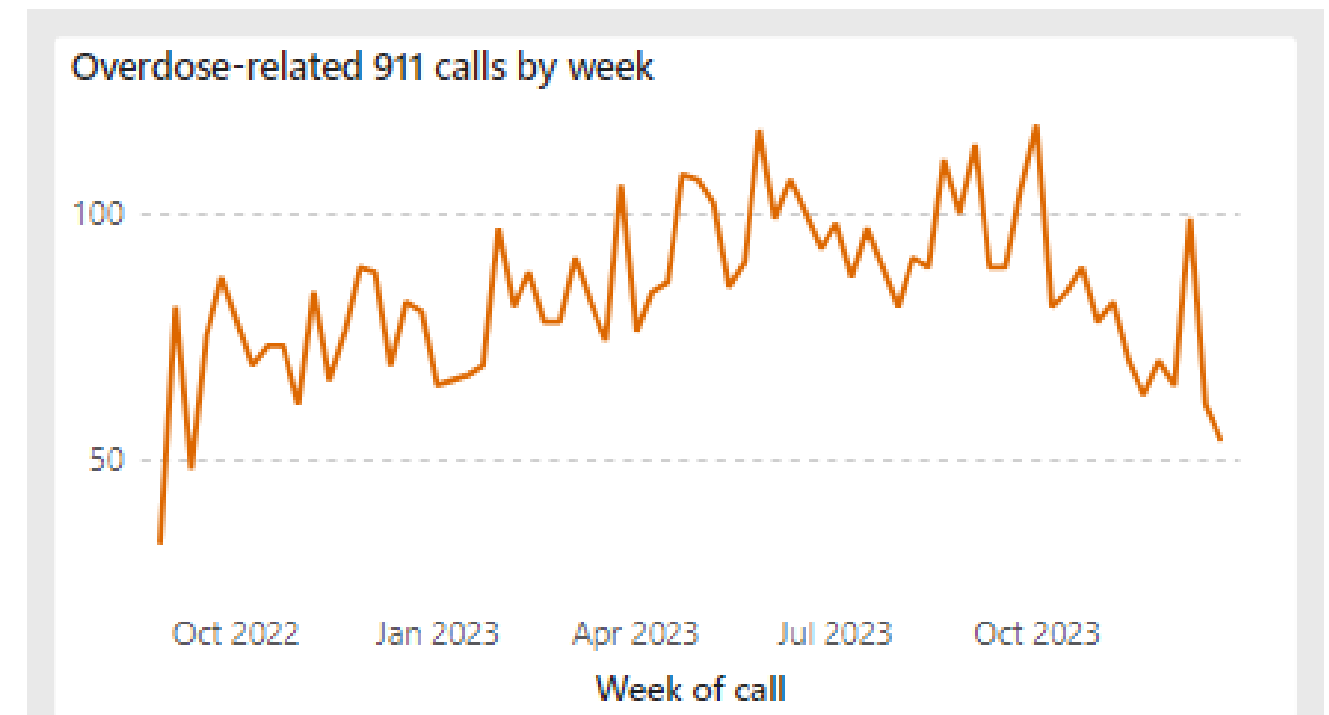
Preliminary unintentional drug overdose deaths

Month and year of death	Deaths
December 2023	52
November 2023	57
October 2023	66
September 2023	59
August 2023	88

Overdose-related 911 calls by week

San Francisco first responders often respond to and reverse unintentional opioid drug overdoses across the city. The San Francisco Department of Public Health closely monitors these data so we may quickly respond to emergent overdose trends.

The line chart below shows the number of overdose-related 911 calls that Emergency Medical Services (EMS) respond to in San Francisco by week.



Overdose-related 911 calls

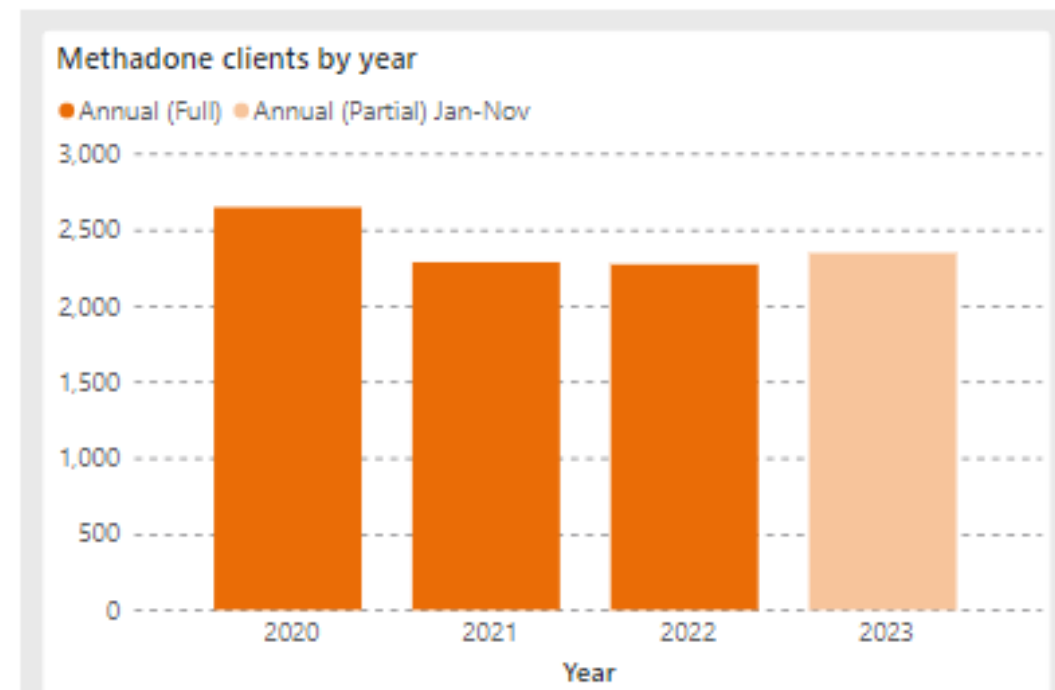
Week start date	Number of calls
12/24/2023	54
12/17/2023	61
12/10/2023	99
12/3/2023	65
11/26/2023	70

Methadone clients by year

The chart below shows the total number of people who were treated with methadone in San Francisco by year.

Methadone is a medication used to treat opioid use disorder. It is given only at specialized clinics that also provide counseling and other support for people who use opioids. Methadone works by relieving the symptoms of withdrawal and can protect people from experiencing an unintentional drug overdose death.

We only have partial data for 2023. Methadone is a long-term treatment for opioid use disorder and people may remain on treatment for more than a year. For example, someone included in the count of methadone clients in 2022 may also be included in count of clients for 2023. People should not try to use the partial count of clients in 2023 to predict the total number of clients for the year.

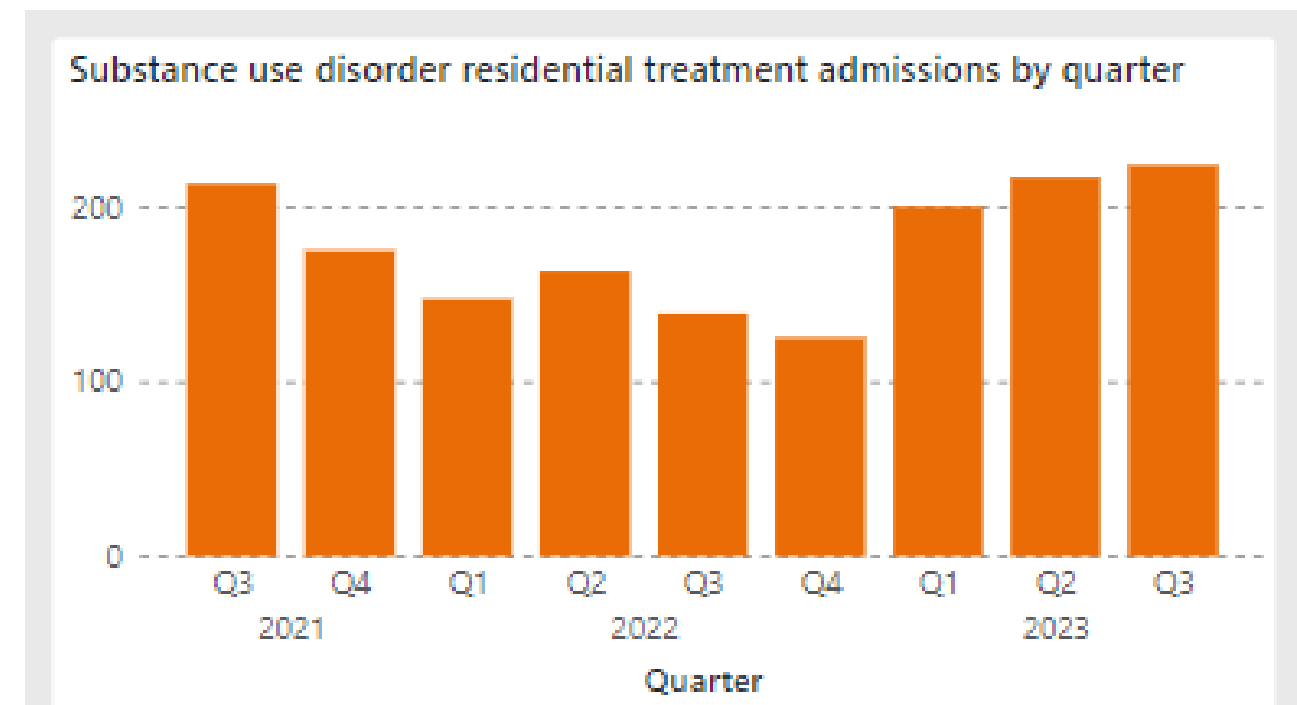


Methadone clients

Year	Reporting period	Methadone clients
2023	Annual (Partial) Jan-Nov	2,347
2022	Annual (Full)	2,272
2021	Annual (Full)	2,286
2020	Annual (Full)	2,647

Substance use disorder residential treatment admissions

The chart below shows the number of admissions to a Drug Medi-Cal certified residential substance use disorder treatment in San Francisco by quarter. Residential substance use treatment is intensive treatment for people with substance use disorder. People receive counseling, medications, and other services in residential treatment.



Substance use disorder residential treatment admissions

Year	Quarter	Months	Admissions
2023	Q3	July-Sept	224
2023	Q2	April-June	217
2023	Q1	Jan-March	200
2022	Q4	Oct-Dec	125
2022	Q3	July-Sept	139
2022	Q2	April-June	163

2024 Priorities

Increase the availability, accessibility, and effectiveness of the continuum of substance use services.

Examples:

- Contingency Management
- Methadone
- Buprenorphine
- Pharmacy Services

Strengthen community engagement and social support for people at high risk of overdose.

Examples:

- SROs and hotels
- Black/African American Community
- Post Overdose Engagement

Public Comment for Discussion Item #4

Director's Update

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



12:00 - 12:15 PM

Discussion Item #5

IWG Governance & Membership:

Chair/Vice Chair Elections



All materials can be found on the MHSF IWG website at

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

 Thank you Vice Chair Shortt!





Statements of Interest

**2 minute summary of your
interest and appreciation for
the role**

Public Comment for Discussion Item #5

IWG Governance & Membership

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 Chair and Vice Chair

Decision Rule:

- Simply majority, by roll call



12:15-12:25 PM

Discussion Item #6

IWG Meeting Planning



All materials can be found on the MHSF IWG website at

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

Meeting Planning

February 27, 2024 from 9am - 1pm
1380 Howard Street, Room 515

Consideration for February Meeting

- Office of Coordinated Care follow-up
- Staffing & Wages
- Residential Care Hearing (includes wait times and bed optimization findings)

Consideration for Future Meetings

- Analytics and Evaluation: ICM wait times data
- Homeless & Supportive Housing (HSH)
- Behavioral Health Commission
- Community engagement findings

Additions or questions about these topics?

Public Comment for Discussion Item #6

IWG Meeting Planning

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



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



Housekeeping

- **Requests from other City bodies/Groups**
 - None this period
- **Discussion groups**
 - None this period
- **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

- **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: Reminder of Community engagement process

1. Virtual listening session with providers
2. “Roadshow” format listening sessions with clients in their preferred method (e.g. in-person, phone, or virtual; in small groups or one-on-one)

Recruitment criteria includes diversity of demographics, types of services utilized, length of time utilizing services, and access point.

Appendix B: 12-Month Attendance

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			E		
<i>open</i>												
James McGuigan				E		n/a	n/a					E
<i>open</i>												
Steve Fields			E			n/a	n/a	E				
Andrea Salinas						n/a	n/a					
<i>open</i>												
<i>open</i>												
Dr. Ana Gonzalez						n/a	n/a					
Sara Shortt	E					n/a	n/a				E	
Dr. Hali Hammer						n/a	n/a					
Steve Lipton						n/a	n/a					

E = Excused

A = Absent (unexcused)



Appendix C: IWG Membership

Two-year terms

Chair needed

Applications typically move forward as a group

Seat	Appointed By	Qualification /Representation	Name
Seat 1	Board	Health Care Worker	Amy Wong, AMFT
Seat 2	Mayor	Lived experience	Jameel Patterson
Seat 3	Board	Lived experience	<i>open</i>
Seat 4	Mayor	Peace Office, Emergency Medical Response, Firefighter	James McGuigan
Seat 5	Mayor	Treatment provider with mental health harm reduction experience	<i>open</i>
Seat 6	Board	Treatment provider with mental health harm reduction experience	Steve Fields, MPA
Seat 7	Board	Treatment Provider with criminal justice experience	Andrea Salinas, LMFT
Seat 8	Board	Behavioral Health licensed professional	<i>open</i>
Seat 9	Mayor	Residential Treatment Program Management and Operations	<i>open</i>
Seat 10	Mayor	DPH employee experience with dual diagnosis	Dr. Ana Gonzalez, DO
Seat 11	Board	Supportive housing provider	Sara Shortt, MSW
Seat 12	Mayor	DPH employee with health systems or hospital administration experience; SFDPH, Health Network, Ambulatory Care (also on MHSF Executive Team)	Dr. Hali Hammer, MD
Seat 13	City Attorney	Health law expert appointed	Steve Lipton



Appendix D: MHSF IWG 2024 Goals & Definitions

The IWG will continue to advise on the design, implementation, and effectiveness of MHSF programs. Additionally, the IWG has identified areas of focus for their work in 2024:

Goal #1. Advise DPH on how to describe and articulate the continuum of care for both clients and providers.

How: This is inclusive of, but not limited to, the current mapping project, to develop a greater understanding of client flow after acute care, understand where individuals fall through the cracks, and highlight services or needs to prevent relapse.

Goal #2. Advise DPH on communicating where and what providers and services are currently in place for the MHSF population.

How: Consumers and providers of MHSF are the audiences. For consumers, explore how to more effectively communicate MHSF services and supports. For providers, communication of available services and supports to enhance referrals and linkages.

Goal #3. Request and review MHSF outcomes data.

How: More MHSF data is becoming available. The IWG intends to obtain and review more component and program data, especially outcomes measures (where available) to better assess the impact of these programs.

Goal #4. Explore the intersection between BHS and HSH.

How: Build greater insight into workflows to housing placement and clinical needs to support housing retention of MHSF priority population. Includes data sharing and understanding of SFDPH / HSH roles, programs, and processes in providing appropriate, supportive, and stable housing.

Goal #5. Increase engagement with the community.

How: Hear directly from consumers about gaps in services. Possibly existing client council, and community members (especially in priority communities) to hear their impressions of our interventions/initiatives, what they believe is working and what isn't.

Goal #6. Continue to work collaboratively with DPH on creating mutually beneficial meetings that propel the work forward.

How: Build upon progress to strengthen membership & align understanding of IWG's scope. Improve meeting productivity via data sharing to meet ordinance mandate of "Persons who are experiencing homelessness and who are diagnosed with a serious mental illness and/or substance use disorder shall have low-barrier, expedited access to treatment and prioritized access to all services provided by Mental Health SF." Includes integrating stories of success as opportunities to both celebrate and identify what programs are meeting MHSF objectives.