March 26, 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.

Meeting Goals

- Receive an update from Dr. Kunins, the Director of Behavioral Health Services and Mental Health San Francisco
- Receive an update on the Staffing & Wage Analysis from Wendy Lee with the Controller's Office
- 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

9:20 – 10 AM

Discussion Item #1

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

March 26, 2024

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

Agenda

- Policy updates
  - Prop F
  - Prop 1
  - SB43

Proposition F

MHSA and Prop 1

San Francisco – Mental Health Services Act

And MHSA Modernization

March 2024

Jessica N. Brown, M.P.H.
Director, Office of Justice, Equity, Diversity, and Inclusion/Mental Health Services Act

San Francisco Health Network
Behavioral Health Services

Mental Health Services Act Overview

MHSA Enacted into law in 2005

1% tax on personal income over $1 million

Designed to support the transformation of the mental health system to address unmet needs

Based on a set of core principles

MHSA's 5 Funding Components:
San Francisco's 7 Service Categories, funding 85 programs

Community Services & Supports (CSS)

Innovation (INN)

Prevention and Early Intervention (PEI)

Workforce Education and Training (WET)

Capital Facilities and Technology Needs (CF/TN)

1. Recovery-Oriented Treatment
2. Mental Health Promotion
3. Peer-to-Peer Support Services
4. Vocational Services
5. Housing for FSP Clients
6. Workforce Development
7. Capital Facilities and Information Technology

MHSA Modernization

SB 326 Amendment

Review of Overall Approach to Reform

- Broaden the target population to include those with moderate and severe substance use disorders
- Update local funding categories for services and supports to meet current needs
- Focus on the most vulnerable
- Fiscal accountability, updates to county spending and revise county processes
- Many components will require March 2024 Ballot initiative
- Multi-year implementation starting in 2025
- Rename to Behavioral Health Services Act

Changes to Local Services Categories

Housing Interventions – 30%

- Funding could be used for rental subsidies, operating subsidies (including for BH settings built through the general obligation bond), shared and family housing, capital and nonfederal share for transitional rent.

Full Services Partnerships (FSP) – 35% -

- FSPs shall have an established standard of care with levels based on an individual's acuity and criteria for stepdown into the least intensive level of care.
- Included assertive field-based initiation for substance use disorder treatment services, including the provision of medications for addiction treatment, as specified by DHCS.

Changes to Local Services Categories

Behavioral Health Services and Supports (BHSS) – Now 35% (up from 30%)

- BHSS funds Early Intervention, Workforce Education and Training, Capital Facilities and Technology Needs, Innovative Behavioral Health Pilots and Projects, & Prudent Reserve.
- “outreach and engagement” as allowable service
- At least 51% of BHSS shall be used for Early Intervention

SB43

Senate Bill 43 Background

SB 43 (Eggman) amended the Grave Disability definition, beginning January 1, 2024

- A condition in which a person, as a result of a mental health disorder, ***a severe substance use disorder,*** or a co-occurring mental health disorder and a substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, ***personal safety,*** or ***necessary medical care.***

Definition applies to 5150, 5250, 5270 holds and LPS conservatorships*

- "Severe" substance use disorder is defined as: a presence of at least six symptoms, out of at least ten possible symptoms, pursuant to the DSM-5
- Personal safety is defined as: the ability of one to survive safely in the community without involuntary detention or treatment
- Necessary medical care is defined as: care needed to prevent serious deterioration of an existing physical medical condition, which if left untreated, is likely to result in serious bodily injury

*Subject to court approval at every stage of the proceedings

Grave Disability – Pre and Post SB 43

Elements of Grave Disability Definition	Old Definition	New Definition
Mental Disorder diagnosis is a basis for Grave Disability (“GD”)	X	X
Stand-alone Substance Use Disorder (“SUD”) is a basis for GD		X
Co-occurring Mental Disorder and SUD is a basis for GD	X	X
Inability to provide for food, clothing, shelter is a basis for GD	X	X
Inability to provide for personal safety is a basis for GD		X
Inability to provide for medical care is a basis for GD		X
Causation required between Mental Disorder/SUD and inability to provide for basic needs	X	X
Referral from psychiatrist/psychologist required for conservatorship petition	X	X
Constitutional rights/protections for patients subject to involuntary holds and conservatorships	X	X

Determining Grave Disability –
With the Addition of “Severe Substance Use Disorder”

Severe Substance Use Disorder:

- A presence of at least six symptoms, out of at least eleven possible symptoms, pursuant to the DSM-5.

Implications:

- Previously, Grave Disability was defined as a condition resulting from a mental health disorder or a co-occurring mental health disorder and a substance use disorder; or "alcoholism." Now, Grave Disability can also result from severe substance use disorder alone.

Determining Grave Disability:

Background on What Constitutes Severe Substance Use Disorder

11 criteria used to define Substance Use Disorders; presence of 6 indicates “severe” SUD:

- Use in larger amounts or for longer periods of time than intended.
- Unsuccessful efforts to cut down or quit.
- Excessive time spent getting, using, and recovering from effects.
- Craving or intense desire or urge to use substance.
- Recurring use results in failure to fulfill major obligations.
- Continued use despite it causing significant social/interpersonal problems.
- Social, recreational and/or occupational activities reduced or given up.
- Recurrent use in unsafe environments.
- Persistent use despite knowledge that it may cause or deepen physical or psychological problems.
- Tolerance: high doses needed to achieve the desired effect, or usual dose has reduced effect.
- Withdrawal: exhibits symptoms of withdrawal and/or seeks substance to relieve withdrawal symptoms.

Hypotheticals

Personal Safety

- Running in and out of traffic
- Being assaulted, abused, exploited, or victim of crime
- Unhygienic/uninhabitable conditions at home or other home safety issues such as arson
- Inability to care for hygiene, cleanliness, needles, which leads to illness (especially if doesn't rise to level of serious bodily injury)
- Failure to thrive (may be a crossover with medical care)
- Multiple near-fatal overdoses

Necessary Medical Care

- Wound care and infection issues that is likely to lead to loss of limb or life if not treated
- Untreated comorbidities such as HIV, Diabetes, Cancer, liver/kidney disease that is life-threatening
- Extreme physical pain

Department of Public Health Support

- Co-lead the SB43 Executive Steering Committee, with DAS
- Clinician training: Accessed >1000 times as of March 1st
- Educational materials
- Consultation
- Transitional support, including care coordination, short term linkage support, and care management, for those leaving hospitals through Office of Coordinated Care
- Considerationg for expansion of short- and long-term beds

Public Comment for Discussion Item #1

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

Roll Call

Vote to
Excuse Absent Member(s)

Decision Rule:

- Simply majority, by roll call

10:10 – 10:20 AM

Discussion Item #2

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 #2

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 #2

Approve Meeting Minutes

Decision Rule:

- Simply majority, by roll call


5 Minute Break

10:30-11:30 AM

Discussion Item #3

Staffing & Wages

All materials can be found on the MHSF IWG website at
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Mental Health SF Staffing Analysis

IWG Update

CITY & COUNTY OF SAN FRANCISCO

Office of the Controller
City Performance Unit
Wendy Lee

03.26.2024

Agenda

1. (Re)orient to MHSF Staffing Analysis
2. Review behavioral health staffing findings
3. Get IWG input on framing and approach for strategies
4. Recap next steps & wrap up

Objectives

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.

Areas of Analysis

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

1. Identify MHSF Staffing Gaps

Where are there significant MHSF staffing gaps?

Project activities

- Qualitative interviews
- Analyses of available data

We hope to answer:

- Where are there the most significant staffing gaps in MHSF services?
- Based on available service/performance data, where are there gaps in MHSF service delivery?

2. Analyze Staffing Gap Root Causes

Why are there these significant staffing gaps?

Project activities

- Focused interviews (CBOs, City staff)
- Analyses of available data
- Best practices research

We hope to answer:

- What are the barriers to full staffing?
  - Hiring processes
  - Retention challenges
  - Working conditions

3. Develop Recommendations to Address Gaps

What can we do about these most significant staffing gaps?

Project activities

- Best practices research
- Insights from qualitative interviews
- Develop summary memo

We hope to answer:

- What are the potential staffing strategies for San Francisco?
- What are strategies that other jurisdictions and other health systems have implemented (or planned)?

Recap of last IWG Meeting Discussion

- Integrated IWG's feedback to broaden focus beyond licensed providers alone to include case managers and counselors to make sure we are 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

Update on Project Activities

City providers

- Reviewed human resources (DHR) data on vacancy rates, salaries, promotions, and resignations
- Interviewed BHS System of Care and Clinic Directors, BHS Human Resources/ Operations, and DPH Employee Experience and Justice, Equity, Diversity, and Inclusion (JEDI) teams, and SEIU Local 1021 representatives

CBO providers

- Analyzed salary and vacancy data from Controller's Office Fall 2022 Nonprofit Wage and Equity Survey
- Interviewed with twelve CBO providers with range of behavioral health services, populations and neighborhoods served
- Reviewed Northern California Fair Pay Nonprofit Compensation Report for nonprofit wage benchmarking

Behavioral health sector

Reports from:

- National Council for Mental Wellbeing
- National Council of Nonprofits
- Healthforce Center at UCSF
- Kaiser Family Foundation
- County Behavioral Health Directors Association of California

Discussion: What questions do you have about this method? What other data sources would you suggest we review or consider aligning with?

Crosswalk of Behavioral Health Roles in Analysis

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.

Source: Crosswalk developed based on review of City job classifications, research of licensed and non-licensed behavioral health roles, and interviews with City and CBO providers.

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

Crosswalk of Behavioral Health Roles in Analysis

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

Source: Crosswalk developed based on review of City job classifications, research of licensed and non-licensed behavioral health roles, and interviews with City and CBO providers.

Preliminary Vacancy Data

While vacancy rates alone might not tell full picture, they are a starting place to look deeper at potential staffing challenges. (More data to come!)

Employer	Job Title	Preliminary Vacancy Rates
SFDPH BHS*	Behavioral Health Clinician (2930)	17.5%
	Senior Behavioral Health Clinician (2932)	18.7%
	Health Worker I (258[illegible])	2.3%
	Health Worker II (258[illegible])	23.9%
	Health Worker III (2587)	29.0%
	Health Worker IV (2588)	18.9%
CBOs**	Licensed Behavioral Health Worker	18.7%
	Non-Licensed Behavioral Health Worker	11.8%

* Preliminary vacancy rates for BHS represent snapshots as of June 2023 per PeopleSoft data.

** Preliminary vacancy rates for City-Contracted CBOs represent average vacancy rate for nine surveyed CBOs in the Nonprofit Wage and Equity Survey (Fall 2022). These data do not include all CBOs that have contracts with BHS.

Discussion:

- How do these estimated vacancy rates compare with your experience?
- How have you seen staff vacancies change over the past year?

Staffing Challenges: Sector Wide

From sector-wide analyses and interviews with CBO and City providers, the following emerged as drivers of **sector-wide staffing challenges**:

- Growing demand for (and expansion of) behavioral health services
- Burnout
- Competition from other employers
- Low compensation
- Extensive documentation requirements
- Increase in telehealth, especially after COVID-19 pandemic
- Difficulty recruiting licensed professionals, especially staff who have experience working with specific populations (e.g., dual diagnoses)
- Insufficient industry-wide pool of Behavioral Health Clinician candidates and declining pool of Health Worker candidates
- Lack of financial support for individuals entering community mental health field

Discussion: Which of these sector-wide challenges stand out to you most? What other sector-wide factors are missing here?

Staffing Challenges: City

From City hiring data and SME interviews, we identified several factors contributing to **staffing challenges in civil service providers**:

- Increased budgeted behavioral health staffing by 45% in response to implementation of MHSF and other behavioral health initiatives
- Higher than average turnover among Behavioral Health Clinicians
- Low response rate among candidates for Behavioral Health Clinician recruitments
- Lag in recruitment for Health Worker positions
- Long time to hire and challenges with communication and coordination throughout hiring process
- Limited capacity to host interns in clinical master's programs
- BBS Number requirement for recent graduates of master's programs

Discussion: Which of these are surprising? What questions are coming up for you? What other factors have we not considered?

Staffing Challenges: CBOs

Interviews with CBOs identified key **challenges among CBO providers**:

- Lower wages and less competitive benefits backages for both licensed and non-licensed staff
- Difficulty hiring bilingual staff
- BBS Number requirement for recent graduates of master's programs
- Required substance use counselor certification
- City contracting processes

Last IWG Discussion Group

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

Interviews also identified several **opportunities among CBO providers**:

- Strong commitment to mission and specific communities that CBO serves
- Creative recruitment strategies (e.g., employee referral program, using recruiters)

Discussion: What else would you add?

Brainstorming Potential Strategies

- Building on these themes, we are summarizing additional quantitative and qualitative data that will inform discussion and development of possible strategies.
- Improving behavioral health staffing challenges will require multiple coordinated strategies to address pipeline, wages, recruitment, and work environment/culture factors.

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

Discussion: Recognizing that several strategies are underway across City departments, what is your input to add to the discussion?

Brainstorming Potential Strategies

Important considerations

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

From last IWG Discussion Group:

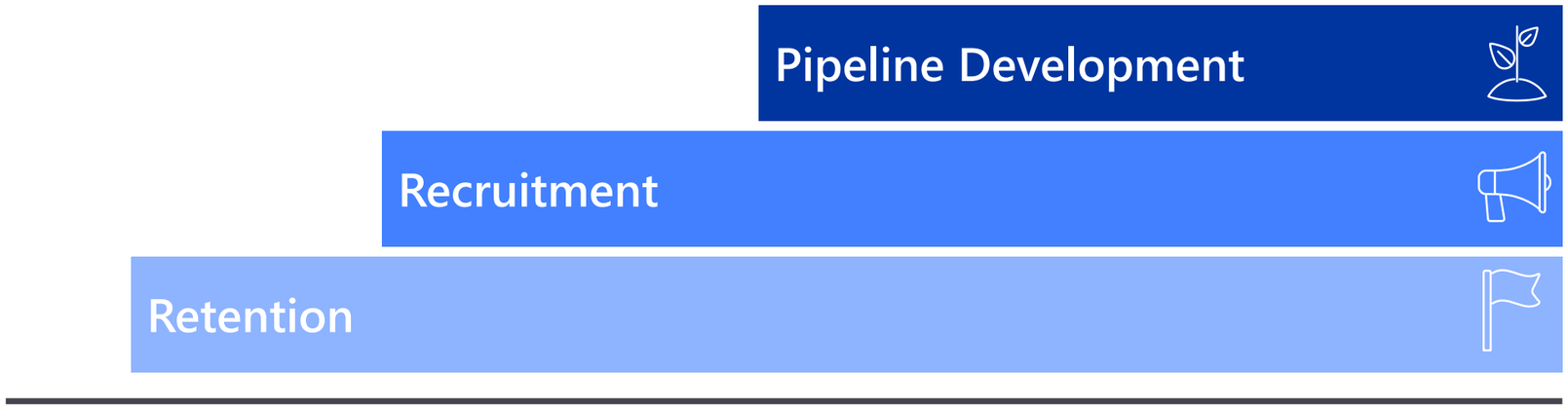
- Pipeline strategies should also create space for non-licensed professionals to be able to build career in these roles without going for additional licensure/graduate training if they are not interested in doing so.
- For case manager/counselor roles, pipeline strategies are especially important to 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.

Brainstorming Potential Strategies

Framing of Potential Strategies for CBO Staffing

- Retention focuses on keeping staff we have; **recruitment** on filling in staffing gaps; and **pipeline development** on growing the behavioral health workforce.

- Will characterize each strategy on **owner(s)**, **impacted positions**, **potential cost**, **potential impact**, **estimated level of effort**, and **time horizon.**



Discussion: Does this framing make sense to you? What else would you add?

Next Steps

- Summarize findings and potential strategies
- Integrate feedback from IWG, City department partners, and other stakeholders
- Review additional data and draft strategies with IWG
- Final product: summary memo

Closing

Thank you.

Any questions?

Public Comment for Discussion Item #3

Staffing & Wages

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

11:30-11:45 AM

Discussion Item #4

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

April 23, 2024 from 9am - 1pm
1380 Howard Street, Room 515

Consideration for
April Meeting

- Staffing and Wages follow up
- Opioid Settlement Funds & Overdose Prevention plan / dashboard
- Community engagement / InterEthnica

Consideration for
Future Meetings

- Homelessness and Supportive Housing (HSH)
- Analytics and Evaluation (A&E)
- Office of Coordinated Care (OCC) / SCRT
- Behavioral Health Commission (BHC)

Additions or questions about these topics?

Public Comment for Discussion Item #4

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**
  - Planning for Homeless & Supportive Housing IWG presentations.

- **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 group, 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 B: 12-Month Attendance

Member	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Amy Wong				n/a	n/a							
Jameel Patterson		E	A	n/a	n/a			E			E	E
open												
James McGuigan		E		n/a	n/a					E	E	
open												
Steve Fields	E			n/a	n/a	E						
Andrea Salinas				n/a	n/a							
open												
open												
Dr. Ana Gonzalez				n/a	n/a							
Sara Shortt				n/a	n/a				E			
open												
Steve Lipton				n/a	n/a							

E = Excused A = Absent (unexcused)

Appendix C: IWG Membership

Two-year terms

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	*open*
Seat 4	Mayor	Peace Office, Emergency Medical Response, Firefighter	James McGuigan
Seat 5	Mayor	Treatment provider with mental health harm reduction experience	*open*
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	*open*
Seat 9	Mayor	Residential Treatment Program Management and Operations	*open*
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)	*open*
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.