

# OUR CITY, OUR HOME: CITY FUNDING PRIORITIES TO REACH SHARED GOALS

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OUR CITY, OUR HOME OVERSIGHT COMMITTEE

MAY 3, 2021

# Behavioral Health Services

## FY 21-23 City Budget Priorities:

- Offer resources and supports to stabilize people experiencing homelessness on the streets, in interim housing, in treatment, and in permanent housing
- Provide street-based services for crisis response, to reduce high risk substance use, and prevent overdose in people experiencing homelessness
- Stabilize housing and health by expanding behavioral and clinical health services in PSH through an innovative approach
- Increase capacity for local treatment beds to improve access to residential care and support flow through system of care
- Improve access to care by providing 24/7 assessment, referral, linkages, and urgent behavioral health services

# ALLOCATED IN DECEMBER

**SUMMARY OF RECOMMENDED INVESTMENTS FOR MENTAL HEALTH EXPENDITURES  
WITH FY 20-21, FY 21-22, AND FY 22-23 RESOURCES**

Activity for Investment (By Population)	Funding Recommendations (Previously Approved) FY 20-21	Funding Recommendations FY 21-22	Funding Recommendations FY 22-23	Total Funding Recommended	Future FY Spending Required to Sustain	Alignment with Ordinance & Community Input Sessions	Projected Outcomes or Outputs
<b>General Population</b>							
<b>Approved By BOS in December</b>							
Street Crisis Response Teams (SCRT)	\$4,600,000	\$11,600,000	\$12,000,000	\$23,600,000	Yes	Ordinance: Intensive street-based mental health services; Assertive outreach services; peer support  Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Developing greater crisis response, with staff trained specifically in mental health	10,000 touchpoints annually
Care Coordination and Transition Management (formerly included under SCRT)	\$1,600,000	\$4,000,000	\$4,200,000	\$8,200,000	Yes	Ordinance: Case management services; Assertive outreach services;  Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Developing greater crisis response, with staff trained specifically in mental health	1,500 clients annually
Urgent Care & Crisis Diversion Facility (formerly included under SCRT)	\$1,000,000	\$3,700,000	\$3,700,000	\$7,400,000	Yes	Ordinance: Residential and drop-in services  Input: Develop greater crisis response, with staff trained specifically in mental health; Mobile (Telehealth) Behavioral Health Services: meet people where they are: streets, shelters, etc.; Drop-in centers specifically for people using substances; Treatment on demand	15 beds, up to 72-hour stays

# ALLOCATED IN DECEMBER

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<b>General Population</b>							
<b>Approved By BOS in December</b>							
<b>Expand Intensive Case Management Services</b>	\$4,200,000	\$5,800,000	\$6,000,000	\$11,800,000	Yes	Ordinance: Case management; Housing linkage, and referrals into supportive housing with continued intensive case management and mental health services  Input: Outpatient behavioral health services with flexible funding; Support for people coming out of PES, jails, and hospitalization; One-on-one therapy; Better options for dual diagnosed patients	Expand case management capacity by 865 cases (note: client engagement can last anywhere from 3 months to >2 years of care)
<b>Expanded Access to Assessment, Evaluation and Pharmacy</b>	\$5,100,000	\$4,100,000	\$4,300,000	\$8,400,000	Yes	Ordinance: Mental health and substance abuse treatment, including medications; Residential and drop-in services  Input: Drop-in center for people using substances/treatment on demand, designed; Funding for more one-on-one therapy; 24/7 services. Better options for dual diagnosed patients.	2,500 Touchpoints
<b>Expand Mental Health and Substance Use Treatment Beds</b>	\$4,000,000	\$15,600,000	\$16,000,000	\$31,600,000	Yes	Ordinance: Residential and drop-in services; Specialized temporary and long-term housing; Mental health and substance abuse treatment, including medications;  Input: Board and care beds; More beds without funding restrictions/ timelines; Increasing hospital treatment beds; More housing options and services for people with high/acute needs and conditions; Residential treatment programs; 24/7 services; Better options for dual diagnosed patients; Drop-in centers specifically for people using substances/treatment on demand	132 beds
<b>Operating and Implementation Costs (12%)</b>	\$2,000,000	\$8,900,000	\$9,500,000	\$18,400,000	Yes	Sec 281(b)(3).All remaining amounts for the following purposes, in the following percentages, which amounts shall include the costs of administering the programs described.	Supports the cost of administering the Mental Health programs

# NEW FUNDING RECOMMENDATIONS

## SUMMARY OF RECOMMENDED INVESTMENTS FOR MENTAL HEALTH EXPENDITURES WITH FY 20-21, FY 21-22, AND FY 22-23 RESOURCES

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<b>General Population</b>							
<b>New Proposals</b>							
<b>Overdose Prevention</b>	\$0	\$13,500,000	\$13,100,000	\$26,600,000	Yes	<p>Ordinance: Mental health and substance abuse treatment, including medications; Assertive Outreach Services; Peer Support</p> <p>Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Low-threshold, street-based counseling (re: fentanyl especially), with drug testing; Developing greater crisis response, with staff trained specifically in mental health; Drop-in centers specifically for people using substances/treatment on demand; 24/7 services; Outpatient behavioral health services with flexible funding</p>	3,450 touchpoints

# OVERDOSE PREVENTION

DPH will build on existing services to provide intentional outreach to people who inject and smoke fentanyl, especially those who are using on the streets.

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- **Improving our outpatient services and making them more accessible for people experiencing homelessness** through:
  - Low threshold buprenorphine access (including tele-buprenorphine)
  - Contingency Management (incentivizing engagement with services)
  - Expansion of BAART's Market St. Clinic hours to 24 hours
- A new collaboration between Street Medicine & EMS-6 called **Street Overdose Response Team**, to provide immediate response and intervention to people suffering a non-fatal overdose, as well as persistent outreach following the overdose, offering treatment services, and harm reduction resources
- **Harm reduction training and clinical support** for service providers in high-risk shelter and housing.
- Expanding **access to safe consumption supplies** and other harm reduction resources at outpatient behavioral health and primary care clinics.
- Increasing access to **medications for addiction treatment** through expanding street medicine, providing medical care over the telephone, and supporting medication delivery to areas with few pharmacies.

# FUNDING RECOMMENDATIONS

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<b>General Population</b>							
<b>New Proposals</b>							
<b>Increasing Capacity for Local Treatment Beds</b>	\$0	\$9,600,000	\$9,500,000	\$19,100,000	Yes	<p>Ordinance: Specialized temporary and long-term housing, Rental Assistance, housing linkages, supportive housing with intensive case management;</p> <p>Input: Board and care beds; More beds without funding restrictions/timelines; Increasing hospital treatment beds; More housing options and services for people with high/acute needs and conditions; Residential treatment programs; 24/7 services; Better options for dual diagnosed patients; Outpatient behavioral health services with flexible funding</p>	~180 beds
<b>Site Acquisition for New Beds</b>	\$7,700,000	\$75,000,000	\$0	\$75,000,000	No	<p>Ordinance: Specialized temporary and long-term housing, Rental Assistance, housing linkages, supportive housing with intensive case management;</p> <p>Input: Board and care beds; More beds without funding restrictions/timelines; Increasing hospital treatment beds; More housing options and services for people with high/acute needs and conditions; Residential treatment programs; 24/7 services; Better options for dual diagnosed patients; Outpatient behavioral health services with flexible funding</p>	City-owned sites to house Behavioral Health beds, including Board and Care, to counter further loss of local beds.
<b>24/7 Access to Assessment, Evaluation, Urgent Care</b>	\$0	\$0	\$2,000,000	\$2,000,000	Yes	<p>Ordinance: Mental health and substance abuse treatment, including medications; Residential and drop-in services</p> <p>Input: Drop-in center for people using substances/treatment on demand, designed; Funding for more one-on-one therapy</p>	>2,500 touchpoints, will depend on program model

# FUNDING RECOMMENDATIONS

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<b>New Proposals</b>							
<b>TAY Population</b>							
<b>TAY Residential Treatment Beds</b>	\$0	\$730,000	\$750,000	\$1,480,000	Yes	Ordinance: Specialized temporary and long-term housing, housing linkages, supportive housing with intensive case management;  Input: Mental health and substance abuse programs, including treatment on demand, designed specifically for TAY; More mental health care accessible to TAY	10 beds
<b>TAY Care Coordination &amp; Case Management</b>	\$0	\$500,000	\$500,000	\$1,000,000	Yes	Ordinance: Intensive street-based (telehealth) mental health services and case management; Housing linkage, and referrals into supportive housing with continued intensive case management and mental health services  Input: Outpatient behavioral health services with flexible funding; Support for people coming out of PES	Expand case management capacity by 85 cases (note: client engagement can last anywhere from 3 months to >2 years of care)
<b>TAY Mental Health Services</b>	\$0	\$750,000	\$750,000	\$1,500,000	Yes	Mental Health Services	TBD



# TREATMENT BEDS

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Recognizing the need for Behavioral Health Services (BHS) that don't currently exist and were not included in the original Bed Optimization Report, the city has prioritized one-time funding available for acquisition of new facilities and additional ongoing funding for operating costs to support new bed investments, including:

- TAY Residential (10 beds) - Developed based on input from TAY clients served in BHS, provider and other community input, and priority service areas articulated by OCOH and others in the stakeholder listening sessions.
- Managed Alcohol (10 beds) - A first of its kind in San Francisco, informed by our experience successfully piloting a managed alcohol option for a small cohort of people with chronic alcohol use disorder who could not safely shelter in place during COVID.
- Residential Step-Down (150 beds) - Highly utilized beds that are an important step-down from residential treatment, and we currently lack sufficient capacity to meet the demand.
- Additional Behavioral health beds (up to 20 beds). DPH is actively exploring acquisition of new facilities to stabilize the current board and care system in the City. This is likely to result in additional operating costs and new local beds.

# FUNDING RECOMMENDATIONS

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<b>General Population</b>							
<b>New Proposals</b>							
<b>Transgender Mental Health Services</b>	\$0	\$1,000,000	\$1,000,000	\$2,000,000	Yes	Ordinance: Case management; Housing linkage, and referrals into supportive housing with continued intensive case management and mental health services Input: Mental health and substance abuse programs, including treatment on demand, designed specifically for trans population; More mental health care accessible to trans population.	TBD
<b>Street Medicine Behavioral Health Expansion</b>	\$0	\$2,000,000	\$2,000,000	\$4,000,000	Yes	Ordinance: Intensive street-based mental health services; Assertive outreach services; Case Management; Mental health and substance abuse treatment, including medications  Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Developing greater crisis response, with staff trained specifically in mental health	200 unduplicated clients served with these enhanced services

# STREET MEDICINE AND TRANSGENDER BEHAVIORAL HEALTH EXPANSION

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## **Street Medicine**

- DPH will incorporate complex case management and behavioral health clinical support into DPH's Street Medicine team.
- This creates a street-based whole person clinical model for people experiencing homelessness, engaging people on the street, providing a continuity relationship with a care team, and addressing the person's complex medical and behavioral health needs.
- The expanded Street Medicine team will be based in our new Health Resource Center and work in collaboration with other service and care providers.

## **Transgender Mental Health**

- DPH will work directly with community and current providers of specialized services to develop programming and priorities to support specifically transgender people who are experiencing homelessness.

# NEW FUNDING RECOMMENDATIONS

## SUMMARY OF RECOMMENDED INVESTMENTS FOR MENTAL HEALTH EXPENDITURES WITH FY 20-21, FY 21-22, AND FY 22-23 RESOURCES

Activity for Investment (By Population)	Funding Recommendations (Previously Approved) FY 20-21	Funding Recommendations FY 21-22	Funding Recommendations FY 22-23	Total Funding Recommended	Future FY Spending Required to Sustain	Alignment with Ordinance & Community Input Sessions	Projected Outcomes or Outputs
<b>General Population, Families with Children</b>							
<b>New Proposals</b>							
<b>Behavioral Health Services in Permanent Supportive Housing</b>	\$0	\$1,300,000	\$3,300,000	\$4,600,000	Yes	<p>Ordinance: Mental health and substance abuse treatment, including medications; Residential and drop-in services;</p> <p>Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Wraparound services - whole person approach on site; Outpatient behavioral health services with flexible funding</p>	<p>2,000 new behavioral health engagements, offering services to people moving into PSH.</p> <p>600 unduplicated clients will receive in-person on-site behavioral health and/or physical health services from direct service staff</p>

# ENHANCED SERVICES MODEL

**Permanent, Supportive Housing (PSH) Providers support the transition into housing and provide supportive services to help people thrive. Often, behavioral health needs are so complex, persistent and critical that specialty behavioral health support is needed so that people do not lose their housing.**

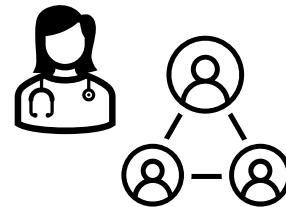
**A new, innovative model will offer emergency supports and access to care, linkages to additional resources, and consultation so PSH providers can help tenants address their complex behavioral health needs over time.**



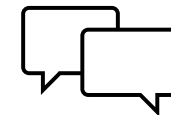
When behavioral health challenges build up at PSH site, tenancy is at risk, and the PSH provider and tenant need help



There will be a team to call to address needs in a timely fashion



Clinical specialists will be deployed to listen, advise, and treat people with complex and challenging behavioral health needs



The team will provide support for the tenant & provider, developing a plan and making links to resources so the tenant can address behavioral health when it intensifies and still stay housed

# ALLOCATING FUNDING FOR PSH SERVICES TO IMPROVE HEALTH OUTCOMES & STABILITY

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To ensure full funding for this enhanced services model and to support people in PSH, the City recommends including \$1.3M in FY 21-22 and \$3.3M in FY 22-23 in the Behavioral Health category, and \$5.3M in FY 21-22 and \$4.4 m in FY 22-23 in the Housing category.

- Combined, this will support people newly entering PSH and those who have moved in and need enhanced services.
- As more people experiencing homeless access PSH, the percent funded through the Behavioral Health Category would increase.
- HSH recommends allocating the cost of these service across the Adult, Family and TAY subcategories at 75%, 15% and 10% respectively in accordance with the City's PSH tenant population.
- To balance these additional costs in the Housing category, HSH recommends reducing the amount of OCOH funding used for one-time Homekey acquisition projects in the first two years of the budget. HSH will need to identify non-OCOH funding for that line item in the amount of \$9.7 million.

# SUMMARY OF PROPOSED MH INVESTMENTS

Activity for Investment (By Population)	FY 20-21	FY 21-22	FY 22-23
<b>General Population</b>			
<b>Approved By BOS in December</b>			
Street Crisis Response Teams (SCRT)	\$4,600,000	\$11,600,000	\$12,000,000
Care Coordination and Transition Management (formerly included under SCRT)	\$1,600,000	\$4,000,000	\$4,200,000
Urgent Care & Crisis Diversion Facility (formerly included under SCRT)	\$1,000,000	\$3,700,000	\$3,700,000
Expand Intensive Case Management Services	\$4,200,000	\$5,800,000	\$6,000,000
Expanded Access to Assessment, Evaluation and Pharmacy	\$5,200,000	\$4,100,000	\$4,300,000
Expand Mental Health and Substance Use Treatment Beds	\$4,000,000	\$15,600,000	\$16,000,000
<b>New Proposals</b>			
Behavioral Health Services in Permanent Supportive Housing	\$0	\$1,300,000	\$3,300,000
Overdose Prevention	\$0	\$13,500,000	\$13,100,000
Increasing Capacity for Local Treatment Beds	\$0	\$9,600,000	\$9,500,000
One-Time Site Acquisition for New Beds	\$7,700,000	\$75,000,000	\$0
24/7 Access to Assessment, Evaluation, Urgent Care	\$0	\$0	\$2,000,000
Transgender Mental Health Services	\$0	\$1,000,000	\$1,000,000
Street Medicine Behavioral Health Expansion	\$0	\$2,000,000	\$2,000,000
<b>TAY Population</b>			
TAY Residential Treatment Beds	\$0	\$730,000	\$750,000
TAY Care Coordination & Case Management	\$0	\$500,000	\$500,000
TAY Mental Health Services	\$0	\$750,000	\$750,000
Operating and Implementation Costs (12%)	\$2,000,000	\$8,900,000	\$9,500,000
<b>Total</b>	<b>\$30,300,000</b>	<b>\$158,100,000</b>	<b>\$88,600,000</b>

THANK YOU & QUESTIONS

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