

OCOH Mental Health Liaison – City Partnership Meeting

April 8, 2022

Present: Sneha Patil (Department of Public Health), Kelly Kirkpatrick (DPH), Jenny Louie (DPH), Emily Cohen (Department of Homelessness and Supportive Housing), Amy Sawyer (Mayor's Office), Brett Andrews (Our City, Our Home Oversight Committee), Nina Catalano (OCOH Oversight Committee), Jessica Shimmin (Controller's Office)

Kelly Kirkpatrick and Jenny Louie, Department of Public Health, presented budget details, drawing attention to changes and future plans. Behavioral Health Liaison Andrews and Member Catalano asked questions, and Member Friedenbach, who was unable to attend the meeting, submitted questions ahead of time. The below bullets summarize the conversation.

- Member Friedenbach asked about funding behavioral health services in shelter. Jenny Louie confirmed that there are \$2 million budgeted for behavioral health services in shelter, currently making their way through the RFP process. ***DPH will provide an approximate date when that RFP will go to bid.***
- DPH is projecting spending that exceeds planned OCOH revenue in the next 2 years. They are proposing to use one time savings from FY21 and FY22 to absorb the difference. This will maintain service levels and enable DPH to continue ramping up as outlined in the investment plan.
- Street Overdose Response Team has cost more than initially budgeted.
- DPH anticipates increasing ongoing case management services costs as prevention dollars shift to mental health.
- Jessica Shimmin (CON) asked about acquisition costs. Acquisition: \$122m carry forward from prior years for acquisition. Proposing to use some one-time funds for acquisition (\$17.5m), as well as planned maintenance, and IT/data systems costs.
- Member Andrews asked about licensing requirements for Treatment Beds. Dual Diagnosis Transitional Care for Justice Involved Clients (75 Beds) will not be a licensed facility. It is transitional housing with wrap around mental health case management, substance use case management, and peer support. Not billable as currently planned, but DPH is interested in potentially billing MediCal in future.
- Member Andrews asked which sites will have civil service staff, and which will be contracted with CBOs. In general, DPH will be contracting with CBOs for services. Only managed alcohol programs will have civil service staff.
- Budget has 3% cost of doing business adjustment built in.
- Member Catalano asked about the balance of in-county and out-of-county treatment beds. Currently some treatment beds are contracted out of county. DPH will put many of these out to bid in an effort to transition those programs to an in-county service model. In this way DPH is attempting to balance the urgent and immediate need for beds, which can be more quickly procured out of county), while at the same time pursuing a locally based service model in the long term.