

OCOH Oversight Committee Liaison Investment Planning Worksheet: Mental Health

In March, Liaisons will develop and present priorities for their service area (dates below). This worksheet supports that process by asking a consistent set of exploratory questions of each Liaison and all Members. The answers to these questions will form the priorities and strategies for this year's recommendation process.

- Mental Health Liaison: Michelle Cunningham-Denning
- Supporting OCOH Members: Jennifer Friedenbach, Shanell Williams
- Liaisons and supporting OCOH Members will share a draft set of priorities with Departments at the next Mental Health Liaison meeting at 10:45 on Friday March 17th.
- At the Committee meeting on March 23, Liaisons will present and refine the second drafts of the priorities.

1. What questions do you have for the Department(s) about the budget, spending, or implementation of programs in this service area?

- How do people who are experiencing homelessness access treatment beds? And, how will DPH know that the system has enough treatment beds and behavioral health services to meet the needs in the community?
 - Street based outreach is primarily the best way DPH reaches the community coupled with case management in order to ensure that individuals who are not actively engaging in mental health are being reached and allowed the opportunity to engage in services.
- How do residents qualify for the TAY Behavioral Health beds and how does the TAY care coordination work in tandem with the TAY BH beds? Is it the same population served or do the care coordination services extend beyond the bed availability?

2. Objectives and Strategies: The below table synthesizes the four high-level Objectives for OCOH Fund investment with Strategies specific to the fund category. The Objectives come from a crosswalk of the Committee's 2-Year Investment Plan (2021) and Needs Assessment (2022). The crosswalk was presented at the Jan. 26, 2023, OCOH Meeting. The category-specific Strategies originate in the Committee's 2-year Investment Plan (2021).

Objectives	Strategies
1. Center racial equity.	Provide culturally competent services that meet the needs of the transgender community, youth, and families with children.
2. Prioritize a wider array of programs to meet diverse needs.	Expand street-based services.
	Increase residential and drop-in behavioral health treatment services.
	Offer specialized temporary and long-term housing options for people with significant needs.
3. Prioritize permanent housing solutions to generate system flow.	Offer specialized temporary and long-term housing options for people with significant needs.
4. Increase investment, leverage funding, and coordinate effort to bring resources to scale.	Expand street-based services.
	Increase residential and drop-in behavioral health treatment services.

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3. What challenges and opportunities do you see?

- We are in a tough budget year, but the most important part of this work is to preserve and sustain the work we have already committed to so that those who have been hired to do the work and those who can benefit from the services can receive them. We have a reserve and we should use it for this exact situation.
- DPH is working hard to make sure that the people hired are from the impacted community, utilizing lived experience and gaining new skills; to take that away will be detrimental to community.
- Shortage of mental health clinicians is impacting the field.
- Acquisitions: actively negotiating and pursuing sites for several programs. For the Mental Health Service Center, ideal would be a large enough place to co-locate a continuum of services.

4. What investments should be protected?

Investment	Priority Level	Liaison	Department(s)
Use reserves as needed to continue implementation of FY23-24 as planned	High Priority	Dollars have tangible impacts in community and need them right now to do the work. Holding on to the reserves does not benefit anyone in community and we need to get the dollars out the door so that we can deliver services to people now.	
Ongoing care	High Priority	Make sure to sustain ongoing and long-term mental/behavioral health care that is accessible to people experiencing homelessness. Including assertive outreach services with street-based case management.	
Treatment Beds	High Priority	Scaling the system to meet the need so that people don't have to wait for care.	
Investment in mental health services for homeless youth, particularly LGBTQIA+ young people.	High priority	Needs assessment showed that homeless youth are even more likely than adults to identify as LGBTQIA+. The needs assessment also showed a strong need/desire for mental health services among homeless youth.	
One-time crisis response		Liaison said emergency crisis response is a high priority. Other Members suggested that continuous mental/behavioral health care is higher priority.	

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5. What kinds of investments should be expanded, continued, or added?

Investment	Notes
Investment in mental health services for homeless youth, particularly LGBTQIA+ young people – for example adding clinical mental health services at the Youth Navigation Center.	Needs assessment showed that homeless youth are even more likely than adults to identify as LGBTQIA+. The needs assessment also showed a strong need/desire for mental health services among homeless youth.

6. What questions would you like to answer through Community Engagement? (Can be near-term or long-term plans)

- Making sure we have diverse communities - working with youth community or is youth (I have some suggestions).
 - Someone with lived experience - experiencing mental health challenges, from the TG&C community to weigh in on what's missing in the existing services with the lens of looking at housing and keeping people in housing - what are the next investments we need?