

What is the geographic distribution of mental health services? What services are available in the Bayview?

We recognize the importance of geographic access and equity for delivering behavioral health services in the community. We will work to include geographic data for services as applicable with Our City, Our Home Fund outcome reporting in the future.

- Behavioral Health Services (BHS) currently provides a variety of mental health and substance use services in the Bayview across our program areas including Children, Youth and Families; Street Based and Justice Involved; Adult and Older Adults; and Equity & Workforce services. A sample of these services include:
- Southeast Child & Family Therapy Clinic – 2 sites
- Hope SF Wellness Center at Sunnydale
- Harm Reduction Therapy Center – pop-up site in BayviewLot
- Field based school & community center work with Bayview YMCA
- 3rd Street Youth Clinic - Bayview
- Mobile teams serve Bayview community
- Adult Outpatient Mental Health Clinic – Bayview Hunters Point Foundation
- Methadone Maintenance
- Jelani Family Program
- Black/African American Wellness and Peer Leadership Program

What will be added to the system with additional one-time data and reporting?

DPH plans to utilize the one-time data reporting and outcome funds to support IT enhancements to build data systems to measure capacity, care coordination, and manage wait times. Urgent reporting and data needs have been limited by some gaps in data systems and capacity. These funds will help pay for technology infrastructure, consulting, and potentially some temporary positions.

How will the dual-diagnosis transitional care program be implemented?

- The Minna Project is a partnership between DPH and the Reentry Division of Adult Probation Department. It will open in collaboration with community partners, including Westside Community Services, who will oversee program and property management.
- Participants in the Minna Project will have access to onsite wraparound services, including outpatient mental health and substance use disorder treatment, case management, medication management, support groups, and recreational activities.
- The Minna Project will support participants in recovery through group therapy, peer support, and medication-assisted treatment for substance use disorders. Together, these services are designed to aid the transition to independent living after justice system involvement.
- Minna Project participants will be welcomed from several referral sources, including justice system partners, the Superior Court, Jail Health Services, and an array of treatment and community partners.
- Program participants are anticipated to reside onsite for 1-2 years before transitioning to more permanent housing.

How does acquisition and maintenance fund uses of one-time balance fit within the site needs in the DPH portfolio as a whole?

- The proposed funding will seed a facility maintenance fund for newly acquired sites for planned Our City, Our Home Fund building acquisitions. Our goal is to reserve 2% of the value of our OCOH funded capital assets for 10 –20 years, informed by industry best practices. For the approximately \$130 million of Prop C OCOH funds for acquisitions that would be a total of \$26 million to \$52 million for 10 – 20 years for planned Prop C funded buildings.

Additional Mental Health questions received via email:

How will CalAIM and the expanded Medi-Cal eligibility of housing navigation/stabilization impact mental health and prevention category spending in future years? It would seem those dollars should be used first, once those programs are built out, so it would be good to get insight into that.

- CalAIM has potential to complement the services funded under OCOH. Housing navigation, housing stabilization and rental deposits are CalAIM benefits that could be administered by HSH, but are in the early planning stages and a timeline for implementation is still being refined with the managed care plans.
- DPH is currently piloting a new enhanced care management benefit by leveraging existing clinical programs in Street Medicine, Behavioral Health and Primary Care to launch these new programs tailored to the needs of complex populations. Details about the new programs are still being issued, and DPH is working to understand the program structure and long-term financial model associated with CalAIM.
- At this point, HSH and DPH do not know how much CalAIM revenue will be available to support these services but expect to have more specifics to inform next year's budget process.