

Our City, Our Home Oversight Committee Community Liaison Meeting #3
Mental Health
April 19, 2023

Present: Emily Gibbs (Department of Public Health), Amy Sawyer (Mayor's Office), Jessica Shimmin (Controller's Office), Shalini Rana (Mayor's Office), Kelly Kirkpatrick (DPH), Michelle Cunningham Denning (Our City, Our Home Oversight Committee), Jennifer Friedenbach (Our City, Our Home Oversight Committee)

Key Questions

1. What questions do Liaisons/Members have about the budget proposals?

- Why is there an increase in spending on treatment beds between the FY23 Approved budget and FY23 Proposed budget? More beds are opened than originally anticipated and costs, in some cases, have increased.
- Harm Reduction Therapy is rolled into Overdose prevention (assertive outreach). This program was put out to bid, San Francisco Community Health Center won that contract.
- Do the overdose prevention services include a peer model?
 - Expanded hours at the BART Market street clinic
 - Expanded contingency management programs
 - Expansion at Outpatient Buprenorphine Induction Clinic (OBIC)
 - Harm reduction therapy
- Youth Treatment Beds, are there programs out of county that could provide immediate supports? DPH is weighing the trade-offs of local supports and expediency. Provider community is not particularly supportive of treating youth out of county.
- Is DPH prepared for an influx of TGNC youth to San Francisco, given legislation in other states?
 - To begin, OCOH is funding TAY residential program, care coordination and mental health programming as well as Transgender mental health programming.

2. Where do you see alignment between the Liaison draft recommendations and the budget proposals presented on 4/14?

3. What are your concerns, Liaisons/Members? What adjustments do you suggest?

- Preventing overdose deaths in the Black community is a top priority, recommend a peer-based service model (vs institutional, paramedic response) to make these services more accessible
- Would like to see more permanent/long-term housing opportunities in the mental health portfolio: DPH has expanded co-op project by 6 additional unit. Cost Per Unit Per Annum/Year (PUPA) \$18k not including acquisition costs, which run around \$425k. DPH is concerned about adding ongoing costs in light of the fiscal cliff.
 - There is \$129 reserved for acquisitions- could a co-op be included here?

OCOH Mental Health Liaison Recommendations (as presented by the Mental Health Liaison at the April 14, 2023 meeting)

1. Recommend continuing implementation of the FY23-24 spending plan using reserves if necessary
2. Recommend ongoing behavioral health care opportunities for people experiencing homelessness.
3. Recommend prioritizing funding for bringing treatment beds to scale.
4. Recommend prioritizing investments in mental health services for homeless youth, particularly LGBTQIA+ young people.
5. Recommend Assertive Outreach coupled with ongoing case management should remain a high priority to build trust and meet the needs that are visible on the street.
6. Committee Members suggested that one-time crisis response services are a lower-priority than ongoing street-based behavioral healthcare (i.e. case management).
7. Recommend expanding mental health services at the Youth Navigation Center if funding is available.

OCOH Mental Health Proposed Budget (as presented by DPH at the April 14, 2023 special meeting)

What's in the budget:

- Maintains the investment plan for mental health services; doesn't add or take away services.
- Relies on one-time OCOH fund balance to maintain service levels through FY25
- Beginning in FY25-26 the Mental Health spending plan faces a \$25m annual shortfall
- \$129m in one time acquisition \$\$, held to acquire permanent in-county facilities at a cost of \$300k-\$500k per bed.

	2022–23 Approved	2023–24 Proposed	2024–25 Proposed
Treatment Beds	\$ 25,800,000	\$ 34,900,000	\$ 39,200,000
Assertive Outreach	\$ 28,800,000	\$ 28,700,000	\$ 29,700,000
Case Management Services	\$ 17,800,000	\$ 19,800,000	\$ 20,600,000
Drop-In Services	\$ 7,700,000	\$ 7,800,000	\$ 8,200,000
Operating & Implementation	\$ 6,900,000	\$ 6,900,000	\$ 7,000,000
Mental Health Spending (Ongoing)	\$ 87,100,000	\$ 98,100,000	\$ 104,700,000
Mental Health Spending (One-Time)	\$ 23,800,000	\$ -	\$ -
Total Mental Health Spending	\$ 110,900,000	\$ 98,100,000	\$ 104,700,000
Prop C Revenue – Mental Health	\$ 77,100,000	\$ 74,800,000	\$ 75,800,000
Prop C Revenue – Prevention	\$ 3,400,000	\$ 2,900,000	\$ 2,400,000
Mental Health One-Time Sources	\$ 30,400,000	\$ 20,400,000	\$ 26,500,000
Total Available Revenues	\$ 110,900,000	\$ 98,100,000	\$ 104,700,000

Beginning in in FY 25–26, the Mental Health spending plan faces a \$25 million annual shortfall that grows over time – roughly ~25% of current spending plan.

	2022–23 Approved	2023–24 Proposed	2024–25 Proposed	2025–26 Projected	2026–27 Projected	2027–28 Projected
Mental Health Spending (Ongoing)	\$ 87,100,000	\$ 98,100,000	\$ 104,700,000	\$ 107,800,000	\$ 111,000,000	\$ 114,300,000
Mental Health Spending (One-Time)	\$ 23,800,000	\$ -	\$ -	\$ -	\$ -	\$ -
Total Mental Health Spending	\$ 110,900,000	\$ 98,100,000	\$ 104,700,000	\$ 107,800,000	\$ 111,000,000	\$ 114,300,000
Prop C Revenue – Mental Health	\$ 77,100,000	\$ 74,800,000	\$ 75,800,000	\$ 77,900,000	\$ 82,300,000	\$ 83,700,000
Prop C Revenue – Prevention	\$ 3,400,000	\$ 2,900,000	\$ 2,400,000	\$ 1,900,000	\$ 1,400,000	\$ 900,000
Mental Health One-Time Sources	\$ 30,400,000	\$ 20,400,000	\$ 26,500,000	\$ 2,700,000	\$ -	\$ -
Total Available Revenues	\$ 110,900,000	\$ 98,100,000	\$ 104,700,000	\$ 82,500,000	\$ 83,700,000	\$ 84,600,000
Projected Surplus/(Shortfall)	\$ -	\$ -	\$ -	\$ (25,300,000)	\$ (27,300,000)	\$ (29,700,000)