# San Francisco Department of Public Health

Behavioral Health Services Director's Update for the Behavioral Health Commission

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Hillary Kunins, MD, MPH, MS

Director of Behavioral Health Services and Mental Health SF San Francisco Department of Public Health



# Agenda

- Mission and Vision
- Budget Update
- Proposition 1 Update
- Peer Billing and Support Update



## Our Vision, Mission, and Key Tactics

#### **Vision**

For all San Franciscans to experience mental and emotional well-being and participate meaningfully in the community across lifespans and generations.

#### **Mission**

To provide equitable, effective substance use and mental health care and promote behavioral health and wellness among all San Franciscans.

Expand critical services

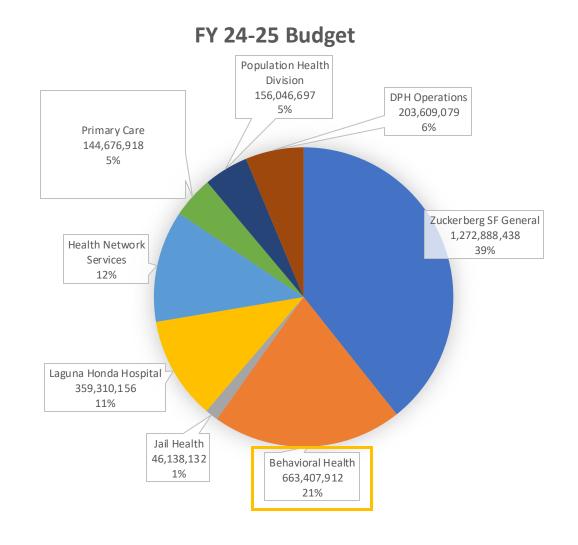
Improve access to mental health and substance use care Increase awareness of where and how to get help

# **Budget Update**

## **DPH FY24-25 Budget Overview**

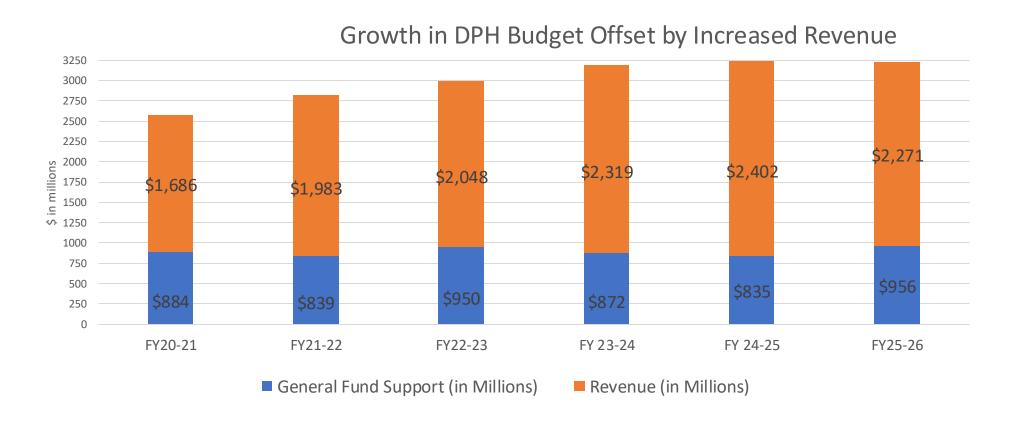
DPH Division	FY 24-25 Budget	FTE
Zuckerberg SF General	1,272,888,438	2,986
Behavioral Health	663,407,912	821
Jail Health	46,138,132	160
Laguna Honda Hospital	359,310,156	1,334
Health Network Services	391,042,785	783
Primary Care	144,676,918	524
Population Health Division	156,046,697	484
DPH Operations	203,609,079	603
Total	3,237,120,117	7,694

- DPH budget increases by 1.5% by comparison to current year and remains stable in the following year.
- However, general fund support is reduced from 26% (\$871M) to 25% (\$834M).
- Over 75% of DPH budget is based on revenue.



## DPH Funding Sources and Reduction of General Fund Support

- DPH increased revenue by over \$300M for FY24-25 and FY25-26 and reduced general fund support.
- 31% of the budget comes from Medical. DPH also earns Medicare, client revenues, state realignment as well as state and federal grants.



# **Proposition 1 Update**

### **Proposition 1 Recap**

Approved by voters in March 2024, Prop 1, changes the Mental Health Services Act (MHSA) that was passed by voters in 2004, with a focus on how the money from the Act can be used. The Act is now known as the Behavioral Health Services Act (BHSA).

- MHSA makes up only 13% of the total budget for Behavioral Health Services.
- Prop 1 does not increase funding to counties. MHSA funding is also subject to change as tax revenues change, and projections suggest that MHSA funding will decline in the next few years.
- Prop 1 requirements must be implemented by July 1, 2026. BHS is planning to bring programming into alignment as the State releases additional guidance.
- Approves \$6.4 billion bond. The City will determine how to apply Prop 1 bond funds once the notice of funding and guidance is provided by the State.
- BHS is working closely with other City departments and community partners to implement the changes.



# Department of Health Care Services Initial Milestones for Proposition 1

Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Starting Spring 2024

**Beginning Summer 2024** 

**Beginning Early 2025** 

Summer 2026

## **Stakeholder Engagement**

Stakeholder Engagement including public **listening sessions** will be utilized through all milestones to inform policy creation.



**Bond Funding Availability Begins** 

Requests for application for bond funding will leverage the BHCIP and HomeKey models.



**Integrated Plan Guidance and Policy** 

Policy and guidance will be **released in phases** beginning with policy and guidance for Integrated Plans.



**Integrated Plan** 

New Integrated Plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)



### What is Remaining the Same

#### **Priority Populations Remain the Same**

Eligible children, youth, adults, and older who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness
- In, or are at risk of being in, the justice system or juvenile justice system.
- Reentering the community from prison, jail or a youth correctional facility.
- In the child welfare system.
- At risk of conservatorship.
- At risk of institutionalization.

#### **Health Equity Remains a Priority**

- Support culturally responsive services that improve health and reduce health disparities for all
- Reduces the silos for planning and service-delivery and sets clear principles.
- Requires stratified data and strategies for reducing health disparities in the planning, services, and outcomes.
- Clearly advances community-defined practices as a key strategy of reducing health disparities and increasing community representation.

### What is Changing

#### **Expands Service Offering**

Previously focused on mental health services. Now includes mental health and substance use services.

#### Increases Investments in Housing and Full-Service Partnerships

Local service category funding allocations:

35% - Full-Service Partnerships

30% - Housing Interventions

• 35% - Behavioral Health Services and Supports

New state responsibilities funding categories (10%):

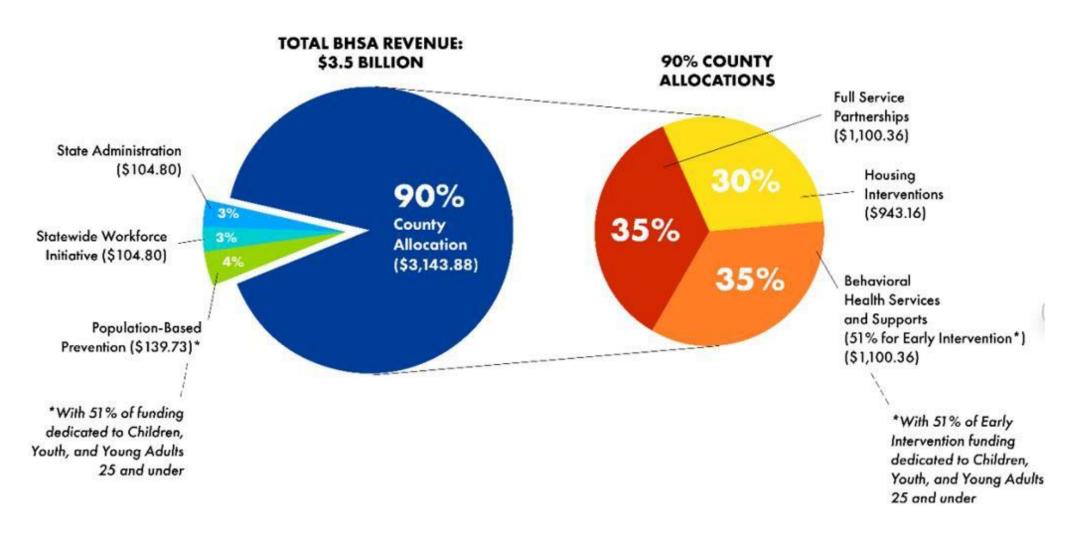
- 4% for population-based prevention
- 3% for statewide workforce
- 3% for state administration

#### Added Representation on Local Oversight Bodies

This includes adding two seats to the Behavioral Health Commission by January 1, 2025:

- One person who is 25 or younger and has or has had a Mental Health or Substance Use Disorder or co-occurring disorder.
- A representative of a children and youth organization.

# Allocation of Funding for Behavioral Health Services Act\*



## Peer Support and Billing Update

## **About Peer Support and Billing**

In partnership with RAMS, BHS launched a peer billing project, which is still in progress. For FY22-23, peers billing at the following clinics generated ~\$88K:

- Chinatown-North Beach Mental Health
- Transitional Aged Youth (TAY) Clinic
- Mission Mental Health
- Peers were trained in Avatar and now require training to bill in Epic following the migration of mental health services to the new electronic health record.
- More information to come on SB803, which allows the certification of Peer Support Specialists.
- Through the Mental Health Services Act (now known as the Behavioral Health Services Act), BHS currently invests \$6M+ annually in peer-to-peer support programs with 300+ paid peers supporting 5,000+ clients per year. Learn about our <u>peer-to-peer support programs</u>.



# Thank you