City and County of San Francisco
London Breed
Mayor

San Francisco Department of Public Health
Dr. Grant Colfax
Director of Health

February 15, 2022

Dear Mayor London Breed and Members of the Board of Supervisors,
I am pleased to share the Department of Public Health's (DPH) 2022 Mental Health San Francisco (MHSF) Annual Implementation Plan. The plan outlines the City's continued planning and work to realize the vision and direction of MHSF.

This second annual report includes an overview of successful launches of new MHSF programs, plans for implementation in 2022, and an overview of the budget for the four key domains of MHSF: the Street Crisis Response Team (SCRT), the Office of Coordinated Care (OCC), plans for a Mental Health Service Center (MHSC), and New Beds and Facilities supporting the expansion of residential care and treatment beds.

The City's unprecedented investment in behavioral health services is enabling the implementation of MHSF's critical strategies to address the challenges faced by people experiencing homelessness who also have behavioral health challenges. Your crucial leadership and unwavering attention to these vital issues enables San Francisco to prioritize the behavioral health reform needed to achieve health equity for our residents.

I am particularly grateful for the support of our knowledgeable and engaged city partners, including the Implementation Working Group (IWG) and the Our City, Our Home Oversight Committee (OCOH) for their perspectives and recommendations.

Sincerely,

Hillary Kunins

Hillary Kunins, MD, MPH, MS
Director of Mental Health San Francisco and Behavioral Health Services
San Francisco Department of Public Health

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1) Overview of Mental Health San Francisco

On December 6, 2019, the San Francisco Board of Supervisors passed an ordinance (File No. 191148) amending the Administrative Code to establish Mental Health San Francisco (MHSF). This program will improve access to mental health services and substance use treatment for San Francisco residents with serious mental illness and/or substance use disorder who are homeless, uninsured, enrolled in Medi-Cal, or enrolled in Healthy San Francisco.

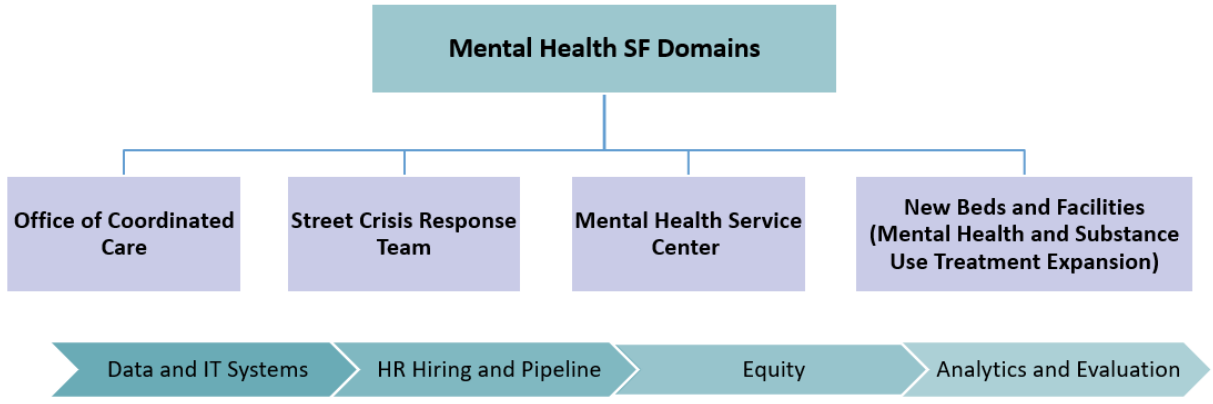
The legislation calls for an "Annual Implementation Plan," which outlines the services and estimated budget required for MHSF. This plan is scheduled for submission by February 1 of each year. Although the 2021 report was published in July 2021 due to delays in the implementation timeline of MHSF, which resulted from the significant impact of the COVID-19 pandemic. This report outlines the implementation status of MHSF, including key milestones and budget for Fiscal Years 2021-2022 and 2022-23.

2) Mental Health San Francisco Domains and Data and Analytical Approach

A) Organizational Structure and Key Domain Overview

In November 2020, following the initial delay in the MHSF implementation planning due to the COVID-19 pandemic, DPH established an internal governance structure designed around the core components of the legislation. DPH organized the implementation of MHSF into four key domain areas in accordance with the legislation as outlined in Figure 1.

Figure 1. Mental Health San Francisco Internal Governance Structure



In accordance with MHSF legislation, DPH is building the Office of Coordinated Care (OCC) to

oversee seamless access to mental health and substance use services across the City's behavioral health system. The OCC facilitates transitions as well as centralizes and coordinates behavioral health care.

The Street Crisis Response Team (SCRT) is a collaboration between DPH, the San Francisco Fire Department (SFFD), and the Department of Emergency Management (DEM) to provide the most appropriate clinical interventions and care coordination for people who experience behavioral health crises in San Francisco.

MHSF calls for the creation of a 24/7 Mental Health Service Center (MHSC). DPH has undertaken a planning process to achieve the principles of MHSF, including low barrier, data- and research-driven, and culturally competent care. Concurrently, DPH has begun to expand the existing hours and services at the Behavioral Health Access Center (BHAC) and BHS pharmacy.

The New Beds and Facilities domain expands mental health and substance use treatment and increases residential treatment and care services. New Beds and Facilities plans to expand capacity by approximately 400 overnight treatment spaces or beds. The goal is to offer timely, accessible, coordinated, high-quality, and recovery-oriented care that is delivered in the least restrictive setting.

While the legislation requires the creation of an Office of Private Health Insurance Accountability, funding for this component has not been identified and planning for this effort will be addressed at a later time.

DPH included an additional focus area of Overdose Response to address the emerging public health crisis. The strategies to reduce overdose deaths in San Francisco are interconnected with the other MHSF improvements and program areas. The issue of people experiencing overdose deaths in San Francisco also benefit from the executive oversight provided from this organizational structure.

Initial funding to kickstart the implementation of MHSF was approved in December 2020 with the significant ongoing, operational funding allocated starting in July 2021. The approved budget for FY 21-22 and FY 22-23 includes a total of $93.1 million in annual funding for DPH for mental health spending with Our City, Our Home (OCOH) funds, also known as Proposition C (Prop C).

Prop C funds support significant new investments in the four key components of MHSF and the budget figures throughout this report highlight the approximately $55.5 million of the $93.1 million in annual DPH Prop C funds allocated to support these key MHSF areas. Additional budget details are outlined later in this report.

B) Key Performance Indicators and Primary Focus Population

Primary Focus Population

As described in Section (c)(1) on page 6 of the legislation: "*The primary focus of Mental Health San Francisco is to help people with serious mental illness and/or substance use disorders who are experiencing homelessness get off of the street and into treatment. Persons who are experiencing homelessness and who are diagnosed with a serious mental illness and/or a substance use disorder shall have low barrier, expedited access to treatment and prioritized access to all services provided by Mental Health San Francisco.*"

The groups mentioned in the legislation include (individuals may fall into more than one group):

1) People experiencing homelessness with serious mental illness and/or substance use disorder;
2) Uninsured persons;
3) Persons enrolled in Healthy San Francisco;
4) Persons enrolled in Medi-Cal with serious mental illness;
5) Individuals upon release from the County Jail.

Given the primary focus of the legislation, and the fact that people experiencing homelessness with substance use and/or serious mental illness encompass many individuals in the subsequent groups, all programs will be designed to address the unique health needs of people experiencing homelessness. In the implementation of MHSF thus far, DPH has carefully considered, and will closely monitor, its ability to reach people experiencing homelessness.

DPH also intends for MHSF to address longstanding disparities in health and health care, which adversely impact marginalized racial and socioeconomic groups. In addition to people experiencing homelessness, MHSF interventions will be designed specifically to meet the health needs of persons experiencing homelessness who are people of color, living in poverty, transitional-aged youth, and who identify as LGBTQ.

Core Key Performance Indicators for Mental Health San Francisco

In order to track and monitor client and programmatic outcomes, DPH developed a MHSF Analytics and Evaluation team to develop key metrics and data systems. DPH developed a set of core Key Performance Indicators (KPIs) to measure impact and identify programmatic areas for improvement. Having actionable data that is readily available is critical to the success of the new programs and services.

The MHSF legislation and Mental Health Reform work were the basis to identify priority areas for the core MHSF KPIs. The KPIs were developed with the input of Subject Matter Experts (SMEs), including leaders of the individual MHSF domains, clinicians delivering services,

program managers, Information Technology (IT) leaders, and leadership from Behavioral Health Services (BHS) and Ambulatory Care.

The core KPIs described below are prioritized to measure the impact of MHSF services on the target population. These do not represent the total list of KPIs, many of which are operational metrics that will evolve as new services begin. The key areas the core KPIs fall into are as follows: Housing, Routine versus Urgent Care, Wait Times, Overdose Deaths, and Quality of Life.

The KPIs for each core KPI category are listed below in the table below.

Figure 2. Key Performance Indicators for Mental Health San Francisco

Category	Metric
Housing	Increase the percentage of the Mental Health San Francisco target population assessed for housing.
	Increase the percentage of the Mental Health San Francisco target population who are placed in supportive housing
Routine Care	Increase the percentage of the Mental Health San Francisco target population receiving any routine behavioral health care.
	Increase the percentage of people receiving routine behavioral health care post 5150 discharge.
Urgent/Emergent Services	Reduce the percentage of the Mental Health San Francisco target population who use urgent and emergent services.
Wait Times	Decrease wait times for Intensive Case Management services.
	Decrease wait times for residential treatment beds.
Overdose Response	Increase the amount of naloxone distributed in the community.
	Increase the percentage of persons with opioid use disorders started on buprenorphine or methadone treatment.
	Reduce the number of deaths due to overdose.
	Reduce the disparity rates in deaths due to overdose.
Quality of Life	Improve quality of life and functioning for persons in the Mental Health San Francisco target population.

Each of these metrics will be stratified by key demographic factors including race/ethnicity, language, sexual orientation, age, and gender identity.

The foundational Mental Health Reform work performed in 2019-2020 provided a static description of the priority population using the Coordinated Case Management System, which

includes 15 separate databases from DPH, the Department of Homelessness and Supportive Housing, and the Human Services Agency. However, the Coordinated Case Management System is sunsetting, so new methods for integrating data across BHS, Medical Services, Jail, and Homelessness and Supportive Housing are under development. This lengthy data integration work will serve as the basis for ongoing and flexible analyses of KPIs.

Final specifications for the MHSF target population and the extraction of data on the target population is expected by the end of March 2022. A report will be developed, which will describe the demographic profile of the target population, including the primary diagnoses. Data about the target population will be updated routinely.

Currently, the specifications for the definitions for each of the metrics are being further defined using expertise from across DPH.

Hiring is underway for additional MHSF Analytics and Evaluation staff.

We expect that draft data for one-third of the core KPIs will be available by summer 2022.

3) Implementation of Mental Health San Francisco

A) Key Implementation Accomplishments – 2021

Over the past year many important MHSF programs and initiatives successfully launched, with notable implementation milestones between July 2021 and January 2022 when MHSF programs received an annual budget allocation of Prop C funds.

Office of Coordinated Care

A pilot OCC team launched in April 2021 to provide follow-up case management for individuals seen by SCRT. Nine SCRT-OCC staff members attempt to engage with all SCRT clients by prioritizing people transported to a hospital or other behavioral health facilities. Since program inception, the follow-up SCRT-OCC team connected with 38% of SCRT clients. Connection rates have consistently increased; in December 2021 the rate was 63%.

In November 2021, the OCC moved into a new, purpose-built facility on Mission Street and made major technology upgrades to the Behavioral Health Access Line (BHAL) call software and platform replacing a system created in 1999. The new call system is sophisticated and robust, collects pertinent data and metrics, and allows for an enhanced client experience.

Street Crisis Response Team

The SCRT now has six fully operational teams providing 24/7 citywide coverage of San Francisco. Data from the first year of operation show that SCRT took more than 5,000 calls and engaged with nearly 3,000 people in crisis.
The seventh SCRT team launches this fiscal year (FY 21-22).

Demonstrating the program's success as an alternative to law enforcement, SCRT diverted more than one-third of all 911 calls (41%) for "mentally disturbed persons" from law enforcement cumulatively during its first year of operation. With six teams launched, SCRT is now diverting over half (61%) of calls monthly for "mentally disturbed persons" from law enforcement. Once fully operational, SCRT seeks to divert 100% of calls.
The work of the SCRT can be tracked online here: sf.gov/street-crisis-response-team

Mental Health Service Center

BHS is actively working on an implementation plan to meet the goals for the MHSC as outlined in the Legislation. Additional details of planning for the MHSC over the next year are outlined later in this report.

Through funding in the FY 21-22 budget, DPH is improving access and expanding services for behavioral health care through low-barrier sites and bringing services to the community through street-based teams.

BHS currently operates the BHAC and the co-located BHS pharmacy. As part of MHSF, pharmacy hours were expanded beginning on December 15, 2021. The expanded pharmacy hours increase our ability to provide same-day services for clients that visit our clinics, receive care through our street-based teams such as Street Medicine, or are discharged from jails.
Recent expansions to the BHS pharmacy include:

- Expanded office hours starting December 15, 2021. The new hours are: Monday– Friday 9 am – 6:30 pm (9 am – 7 pm planned for 2022) and Saturday and Sunday 9 am – 4 pm. This expansion represents a doubling of prior hours and lowers barriers to obtaining substance use disorder and psychiatric medications during extended hours.
- More frequent medication pick-ups and drop-in vaccinations.
- Expanded physical space to see more clients, and extended hours in preparation for the purchase of a medication packager that will increase capacity and efficiency.
- Telemedicine launched in December 2020 and expanded the hours of availability to align with expanded pharmacy hours.
- Working with community partners to distribute the overdose reversal medication, naloxone for free (projected ~28,000 kits annually).

- On-site harm reduction services such as fentanyl test strips and safe use kits, and piloted microdosing for buprenorphine.

New Beds and Facilities – Mental Health and Substance Use Residential Treatment Expansion

Residential care and treatment spaces expanded by 89 new beds, including Hummingbird Valencia (28), Managed Alcohol Program (10), 12-month Rehabilitative Board and Care (20), and Mental Health Rehabilitation Beds (aka LSAT; 31). A total of 400 new spaces are planned, which includes the 89 recently open beds and facilities that make up almost 25% of the bed expansion goal.

SoMa RISE (Drug Sobering Center) construction is underway and services are expected to open in spring 2022. SoMa RISE will be a 24/7 program for people experiencing homelessness with drug intoxication, providing short-term stays, and linkage to services.

In December 2021, the Board of Supervisors approved the purchase of 822 Geary Street and 629 Hyde Street, which could potentially be the location for up to 15 Crisis Diversion beds. Crisis Diversion services are envisioned as short-term, urgent care interventions as an alternative to hospital care.

> The expansion of New Beds and Facilities can be tracked online here: sf.gov/residential-care-and-treatment

Overdose Response

Although Overdose Response efforts are not included in MHSF legislation, DPH is also deeply focused on addressing this public health crisis. Through Prop C, $13.2 million is allocated annually for new Overdose Response services to expand access to medications for addiction treatment, contingency management, and a new street-based response team.

The Street Overdose Response Team (SORT) launched in August 2021 to respond to people who survive an overdose. SORT responds to people immediately after an overdose, and again within 72-hours, to connect people to care and treatment. Support may include lifesaving naloxone, treatment medicine, supportive counseling, and guidance getting substance use treatment, housing, or shelter. As of the end of December 2021, SORT responded to over 750 calls, 482 of which involved an overdose.

B) Implementation Plan – 2022

Implementation of many key programs and elements of MHSF made great progress over the past year. For the upcoming year, DPH will focus on fully launching the OCC, pursuing additional

residential treatment and care beds, launching the additional street-based team for SCRT, as well as developing a plan to implement the services outlined for the MHSC.

Office of Coordinated Care

The OCC will ensure equitable and seamless access to behavioral health care, facilitate transitions between levels of care, and centralized coordination of behavioral health care. The goals of the OCC are to understand and support clients' needs, resolve barriers to treatment, connect them to services, and move them along a path of well-being and recovery.

To accomplish this goal, the OCC is creating new services and expanding existing services that will be integrated into the new OCC structure. Milestones for fully launching the OCC in 2022 include: hiring essential field staff to enable case management and care coordination service expansions, upgrading BHS data systems to enable centralized tracking, and marketing and community outreach for OCC services.

DPH is undertaking a major push to hire at least 200 behavioral health and MHSF positions by March 30, 2022. This effort supports the hiring of staff for the OCC, which will oversee the Prop C funded Case Management and Care Coordination service expansions.

The OCC will consist of four related components. Details and timelines for each of these components is described below:

- **Behavioral Health Access Programs**
    - 24/7 BHAL implementation of a new and expanded phone system launched in November 2021, which vastly improved call capacity and tracking.
    - BHAC expansion of services and hours, which are occurring in a phased approach. Additional details of the BHAC hour and service expansion are outlined in the MHSC section of this report.

- **Care Coordination Services** – New, centralized care coordination functions will support and monitor people’s connections to and engagement in care, ensure quality transitions between levels of care and across systems, and deploy case management services, as needed. Key services will begin in spring 2022 and ramp up through fall 2022.
    - In spring 2022, care coordination launches for people in priority populations leaving Psychiatric Emergency Services (PES) or psychiatric hospitalization, leaving jail, following a psychiatric hold (5150), with high utilization of crisis or emergency services, experiencing homelessness, experiencing first episode psychosis.

- **Support Services** – Services that support access to and engagement in care will expand over the course of the coming year.
    - Eligibility and Medi-Cal enrollment services will expand existing services in order to connect people to benefits and provide access to timely information about people's enrollment status.
    - Expansion of transportation services will help people access care in a timely and centralized service model.

- **Case Management Expansion** – The expansion of three different levels of case management are set to roll-out in phases over the next few months.

    - Critical Care Case Management Services – Field-based case management services for people who need a high-level of case management support in order to connect to and engage in behavioral health care and align with care coordination services.
        - SCRT-OCC team implemented in April 2021.
        - New Bridge & Engagement Services Team (BEST) – Total of 20 staff planned to include team supervisors, behavioral health clinicians, health workers, and peer support staff. The first phases of BEST services began in January 2022, and additional services supported by new staff will be ramping up through spring 2022.

    - Intensive Case Management Services – Expansion of field-based intensive treatment services with embedded case management support will roll-out services in three phases.
        - Phase 1 – Reduction of waitlist for existing programs by addressing CBO vacancies is in progress.
        - Phase 2 – Spring 2022 planned launch: Add contract funding for new staff to eliminate waitlists and move toward reducing caseloads to levels aligned with best practices.
        - Phase 3 – Winter 2022 planned launch: RFP/Q for new Intensive Case Management (ICM) services focused on racial equity and culturally congruent services as well as innovative approaches to serving people experiencing homelessness.

    - Case Management Services – Case management staff will be added at mental health and substance use outpatient clinics, which will enable outpatient clinics to provide a higher level of case management support, increase system navigation services, enable a more successful transfer of clients from higher levels of care (e.g. Intensive Case Management), and promote the retention of

outpatients in care. These teams will also enable increased outreach, field-based services, and better reach to clients experiencing homelessness.

- Establish new case management teams at the 5 largest civil service mental health outpatient clinics (12 FTE) in spring 2022.
- Add 7 FTE case management staff to Substance Use Disorder (SUD) outpatient clinics by summer 2022.

Street Crisis Response Team

Building on the success of the six existing, the SCRT plans to launch a seventh team this fiscal year (FY 21-22).

Mental Health Service Center

DPH will expand the BHAC hours and BHS pharmacy services in a phased approach in early 2022. In December 2021, BHS pharmacy expanded hours through 6:30 pm Monday through Friday, and new hours were added for Saturday and Sunday 9 am – 4 pm. Additional expanded hours for care coordination and access navigation into behavioral health treatment are planned for February 2022. Office Based Induction Clinic (OBIC) services for treatment of people with opioid use disorders will expand its hours in March 2022.

The MHSF legislation outlines the establishment and operation of a MHSC. Services to be provided include assessment of immediate need of clients; psychiatric assessment, diagnosis, case management, and treatment; pharmacy services; mental health urgent care; transportation to other service sites; and establishment of a Drug Sobering Center.

DPH is meeting many of the goals of a MHSC through a variety of programmatic expansions. The expansion of hours and services at BHAC and BHS pharmacy support assessment of people's needs and provide greater access to medications. The SoMa RISE Drug Sobering Center will open this spring and is a 24/7 program for people experiencing homelessness with drug intoxication, providing short-term stays, and linkage to services. Program design and community input is underway for the Crisis Diversion Unit, which is envisioned as a short-term, urgent care intervention as an alternative to hospital care. Expanded transportation services to support clients getting to and between services are in process.

In January 2022, DPH and City partners opened the Tenderloin Linkage Center (TLC), which provides a safe, welcoming space for people who suffer from substance use disorder. The TLC provides support for immediate needs like food, showers, laundry, and rapid connections to behavioral health care, shelter and/or transitional housing, and vocational support. DPH is evaluating the impact of the TLC on access to behavioral health services and will assess the Center's ability to provide MHSC program components.

To further evaluate the available options to best meet the needs of the residents of San Francisco with the intended goals of the MHSC, BHS will undertake the following next steps to determine potential gaps in MHSC-related services and possible expansion of services:

- Controller's Office cost analysis of building a stand-alone MHSC, including costs related to moving the BHAC as its overlapping services (*Note: BHAC was previously considered for the MHSC but cannot accommodate all services outlined in MHSF legislation).
- Controller's Office cost analysis of MHSC staffing with 24/7 civil service staff licensed for crisis care and counseling.
- Analyze the impact of the newly opened 24/7 TLC on additional services needed.
- Evaluate different options for closing any remaining service gaps and their associated costs.

New Beds and Facilities

DPH is in active pursuit of multiple properties and operators to expand and implement remaining Prop C funded residential care and beds. These include:

- 10 Managed Alcohol Program (MAP) expansion
- 20 SoMa RISE (Drug Sobering)
- 73 Residential Care Facility beds (aka Board and Care)
- 140 Residential Step-Down
- 10 Transitional Age Youth (TAY)
- 15 Crisis Diversion
- 13 Psychiatric Skilled Nursing Facilities (PSNF)
- 6 Cooperative Living for Mental Health

The acquisition, rehabilitation, and procurement of new residential care and treatment facilities in San Francisco is a lengthy and complex process that can take up to one-and-a-half to three years to open a new facility. DPH is taking every measure it can to expedite this acquisition process while ensuring that we engage community input and fair contracting processes. The process is complicated and involves many approval, construction, and licensing steps, including:

- State licensing
- Real estate market factors
- City approvals and permitting
- Community outreach
- Design and construction factors

In the upcoming year, DPH is focused on pursuing all available opportunities to purchase and open as many additional facilities as possible, including:

- Engaging community stakeholders and pursuing the building design, permits, and construction of the 15 Crisis Diversion units at the newly acquired Hyde/Geary site
- Active collaboration with the Real Estate department for the negotiation of the acquisition of large property that could house up to 70 beds of a Residential Care Facility or a portion of the Residential Step-Down SUD (140 total funded RSD)
- Potential acquisition of a site for the permanent location for 20 MAP beds; in addition, a large building could potentially serve as a relocation site for Alcohol Sobering and some DPH Emergency Stabilization Units currently contracted out to SROs for use by street-based outreach teams.
- Predevelopment planning for a large new development project for up to 140 Residential Step-Down beds, or other additional bed needs that remain to meet the 400 bed expansion goal.

DPH is also actively pursuing opportunities to contract for additional beds where there is capacity through service providers to add more beds as soon as possible to meet the bed expansion goal.

Office of Private Health Insurance Accountability

MHSF calls for the creation of an Office of Private Health Insurance Accountability that will "exercise discretion on behalf of San Francisco Residents of all ages who have private health insurance, advocate for such persons when they are not receiving the timely or appropriate mental health care services to which they are entitled under their health insurance policies." Funding for this Office is not currently identified and planning for this component of the legislation will be addressed in the future.

4) Incorporating Implementation Working Group Input

The MHSF Implementation Working Group (IWG) initiated monthly meetings in December 2020 and began reviewing MHSF components in February 2021, beginning with the SCRT.

The IWG has the "power and duty" to advise the Health Commission, DPH, the Mayor, and the Board of Supervisors, and may advise the San Francisco Health Authority, on the design, outcomes, and effectiveness of MHSF to ensure its successful implementation. Specifically, the IWG will address the five ordinance components by:

- Reviewing program data;
- Reviewing and assessing DPH MHSF implementation plan; and
- Evaluating effectiveness.

DPH participates in each meeting, including presenting information on each MHSF domain or program and supporting IWG's implementation design discussion per the schedule determined by the IWG planning group. The IWG meetings are staffed and supported by facilitators from

Harder + Company, the Controller's Office; the IWG Chair, Dr. Monique LeSarre, and DPH leadership.

As of the writing of this report in February 2022, the IWG has reviewed and provided implementation recommendations on the SCRT and Drug Sobering Center programs. The IWG plans to finalize and submit recommendations for the OCC and Crisis Diversion Unit programs by the end of this month. The IWG has also received briefings from the Analytics and Evaluation program and has provided feedback on MHSF core metrics.

In October 2021, the IWG submitted its first Annual Progress Report, which summarized its approach to developing recommendations, progress to date, and a work plan. It also includes the IWG's recommendations for the SCRT and Drug Sobering Center programs.

As the IWG works toward a final MHSF implementation recommendations report by December 2022, it will continue to receive DPH briefings and implementation updates on the Transitional Aged Youth (TAY) programming, MHSC, existing bed expansion, OCC, Analytics and Evaluation, Crisis Diversion Unit, citywide street outreach teams, and behavioral health hiring programs.

For meeting agendas and materials for the MHSF IWG please visit: MHSF IWG Materials

DPH looks forward to continued partnership with the IWG to ensure meaningful community and stakeholder engagement in MHSF planning and implementation.

5) Plans for Financing Mental Health San Francisco Programs

As outlined in the July 2021 MHSF Annual Implementation report, the two main funding sources for new initiatives to support MHSF implementation are the OCOH (Prop C) and the Health and Recovery Bond (Prop A). These Prop C and Prop A investments in mental health and substance use services build on existing department resources and staffing currently utilized to support the implementation of MHSF. DPH will also continue to work with the Mayor's Office and the Board of Supervisors to identify and generate other funding sources to support MHSF programs as needed.

A) Upcoming Budget Milestones

DPH is working with the Controller's Office to report on mid-year spending progress of Prop C funds so far this fiscal year, FY 21-22. This reporting will be publicly available and shared with the OCOH Oversight Committee at the end of February.

The Controller's Office will provide updated revenue projections for Prop C funds in March 2022. Budget planning of Prop C funds for the upcoming two-year budget, FY 2022-23 and 2023-24, will begin in March 2022 between departments, the Mayor's Office, and the OCOH Oversight Committee using those updated revenue projections.

The City's annual budget process is underway for the upcoming two-year budget for FY 22-23 and 2023-24. Departments are developing budget proposals for submission to the Mayor's Office by February 22, 2021. BHS has identified additional programming that complements and meets operational needs that were not funded in prior years through Prop C. DPH will submit budget requests that leverage departmental revenue growth to support investments within the department without increasing its General Fund support for programmatic priorities in alignment with MHSF priorities, including:

- Strengthening services and linkages to care for clients on involuntary holds by expanding staff to strengthen coordination across San Francisco hospitals for people placed on involuntary holds ensures consistent support, linkages, and follow-up for people who have been placed on 5150 holds, connecting individuals placed on holds to the appropriate level of care, and intervening with court ordered treatment when indicated.
- Comprehensive Crisis services for crisis line expansion to evening and night coverage to meet increasing needs in call volumes and the launch of a new national 988 crisis line.
- Creation of a new Residential System of Care (RSOC) unit under BHS that will oversee placement of clients, support discharge and patient flow for SFHN clients, develop new beds and facilities, track data on available beds, and manage contracts to ensure optimal care is delivered.

B) Our City, Our Home Fund – Proposition C

At the November 6, 2018 general municipal election, the voters approved Prop C, which imposed additional business taxes to create a dedicated fund (the OCOH Fund) to support services for people experiencing homelessness and to prevent homelessness.

The measure requires that at least 25% of available Prop C funds go to DPH for the creation of new mental health services program or programs that are specifically designed for people experiencing homelessness who are severely impaired by behavioral health issues. The full text of the measure and the specific types of mental health services that funds can be spent on can be found here. The majority of Prop C funds are allocated to the Department of Homelessness and Supportive Housing.

The approved budget for FY 21-22 and FY 22-23 includes a total of $93.1 million in annual funding for DPH for mental health spending with OCOH funds, also known as Prop C. Prop C provides a significant increase in funding for new residential care and treatment beds, programming, capacity, and coordination for mental health and substance use services to better serve people experiencing homelessness and those transitioning into permanent supportive housing.

Prop C funds support significant new investments in all the four key components of MHSF and the budget figures throughout this report highlight the approximately $55.5 million of the $93.1 million in annual DPH Prop C funds allocated to support these key MHSF areas.

Through the most recent budget cycle, DPH will invest a total of approximately $55.5 million of Prop C funds annually starting in FY 21-22 to expand and further support the key MHSF domain areas. These new Prop C investments in mental health and substance use services build on existing department resources and staffing to support the implementation of MHSF. The budget summaries provided throughout this report only capture Prop C funding added in recent budgets to support the key areas of MHSF, and do not reflect other, existing resources.

Figure 3. Ongoing Prop C Budget Summary – FY 21-22 and FY 22-23 ($ millions)

Domain	FY 21-22	FY 22-23
Office of Coordinated Care	$9.7	$10.0
Street Crisis Response Team	$11.8	$12.3
Mental Health Service Center	$3.8	$5.9
New Beds and Facilities	$30.3	$30.8
Total Ongoing Budget	**$55.5**	**$59.0**

Prop C also invests $130 million in one-time funding to acquire sites for treatment facilities and $4.2 million for MHSC capital improvements across the FY 21-23 budgets.

Other key investments from Prop C to support DPH efforts to provide care and support persons experiencing homelessness, which align with the goals of MHSF include:

- $13.2 million for Overdose Response, which will expand access to medications for addiction treatment, the most effective treatment for opioid addiction; and contingency management, the most effective treatment for stimulant use disorders. Also funded is a new street-based response team for people experiencing homelessness with a recent non-fatal overdose through engagement, care coordination, and low barrier treatments.
- $7.7 million for increasing behavioral health and physical health services for clients in shelters and Permanent Supportive Housing (PSH).
- $6.8 million for additional behavioral health support on the street, in shelters and drop in-centers, and targeted services for transgender and TAY clients, including mental health services.

For FY 22-23, the remaining approximately $6.5 million of Prop C funds support administrative and operational staffing and programming to facilitate the implementation of all the new programs including IT, human resources, facilities, finance, and data evaluation.

C) Health and Recovery Bond – Proposition A

In November 2020, voters approved the Health and Recovery Bond (Prop A), approving $487.5 million in General Obligation Bonds to support vital new capital infrastructure. Of this total bond funding, DPH will receive $60 million to fund the acquisition or rehabilitation of facilities

to house and/or deliver services for persons experiencing mental health challenges, substance use disorder, and/or homelessness.

DPH will utilize $43.5 million of the bond funds to acquire and rehabilitate buildings to provide priority bed placements and program needs for critical behavioral health services, such as board and care and other residential care, locked acute and sub-acute treatment facilities, psychiatric skilled nursing facilities, residential treatment facilities, or residential step-down facilities. Buildings may also serve as locations for access and delivery of necessary outpatient or patient access and engagement services. The remaining $16.5 million of DPH funds will pay for the renovation and expansion of Psychiatric Emergency Services (PES) at ZSFG, planning needs for both programs, and required audit allocations.