



City and County of San Francisco
London Breed
Mayor

San Francisco Department of Public Health

Dr. Grant Colfax
Director of Health

August 2, 2021

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B Goodlett Place, Room 244 San Francisco, CA 94102-4689

Dear Mayor London Breed and Members of the Board of Supervisors,

I am pleased to share the Department of Public Health's (DPH) 2021 Mental Health San Francisco (MHSF) First Annual Implementation Plan, pursuant to ordinance 300-19 (File No.191148). The plan outlines the City's initial steps to realize the vision and direction of MHSF.

Despite the COVID-19 pandemic stretching public health and health care resources, and with the pandemic, growing mental health and substance use challenges for San Franciscans, the first annual report describes the early steps in launching key MHSF initiatives. They include the Street Crisis Response Team, the Office of Coordinated Care, expansion of residential care and treatment by making new beds available, and the initiation of a Mental Health Service Center.

The City's historic and unprecedented investment in behavioral health services will support ongoing implementation of MHSF and will propel our ability 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 will enable San Francisco to meet this moment, in which behavioral health is viewed as central measure of a healthy, equitable society with resulting and numerous changes in policy, practice, and financing in the behavioral health sector.

We are also thankful for the many community partners who kept behavioral health services front and center during the budget process. I am particularly grateful for the Implementation Working Group and their perspectives and recommendations. As a new San Franciscan, I am thrilled to be joining a city with outstanding leadership, community partnership, and an invested public.

The next MHSF Implementation Plan will be completed in February 2022.

Sincerely,

A handwritten signature in cursive script that reads "Hillary Kunins".

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

Mental Health San Francisco Implementation Plan – July 2021

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1) Overview of Mental Health San Francisco Legislation and Primary Focus Population

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 (Mental Health SF, MHSF). This new program will improve access to mental health services, substance use treatment, and psychiatric medications for all San Francisco adult residents with serious mental illness and/or substance use disorder who are homeless, are enrolled in Medi-Cal, are enrolled in Healthy San Francisco, or are uninsured.

The legislation calls for an “Annual Implementation Plan” which shall outline the services and estimated budget required for Mental Health SF. This plan is scheduled for submission by February 1st of each year. This 2021 report has been delayed due to the significant impact of the COVID-19 pandemic on the implementation timeline of Mental Health SF. This report outlines the implementation status of Mental Health SF, including the milestones and budget planned for Fiscal Years (FY) 2021-2022 and 2022-23.

Primary Focus Population

As described in Section (c)(1) on page 6 of the legislation: *“The primary focus of Mental Health SF 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 SF.”*

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 Mental Health SF thus far, DPH has carefully considered, and will closely monitor, its ability to reach people experiencing homelessness. While Mental Health SF services will not be restricted to people experiencing homelessness, they are the primary focus of Mental Health SF. As Mental Health SF programs are established, DPH will include in key

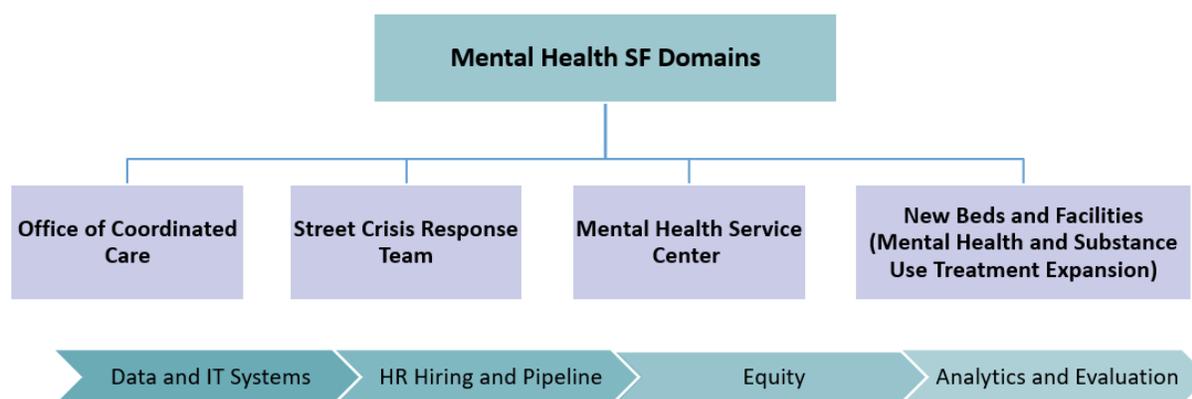
performance metrics the proportion of clients who meet the target population as defined by the legislation.

DPH also intends for Mental Health SF to address longstanding disparities in health and health care which adversely impact particular racial and socioeconomic groups. In addition to people experiencing homelessness, Mental Health SF 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.

2) Overview of DPH Governance Structure for the Implementation of Mental Health SF

After an initial delay in Mental Health SF implementation planning due to the COVID-19 emergency, in November 2020 DPH established an internal governance structure designed around the core components of the legislation. This governance structure is supported by DPH executive leaders and led by subject matter experts from Behavioral Health Services (BHS). DPH is designing Mental Health SF legislated services to be integrated into its existing organizational structure in order to ensure sustainability and to use existing processes and staff who support related work.

Figure 1: Mental Health SF Internal Governance Structure



The governance structure, displayed in Figure 1, includes the four of the five key components of Mental Health SF legislation. 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 has also included an additional focus area of Overdose Response to address this emerging public health crisis. The issue of people experiencing overdose deaths in San Francisco is

interconnected with the other Mental Health SF improvements and program areas, and benefits from the executive oversight provided from this structure.

Since November, DPH leaders have met weekly to establish project charters and timelines, estimate financial resources required to support Mental Health SF programs, develop and implement new programs mandated by the legislation. Representatives from all key operational sections of DPH participate in this planning group, including: clinical leadership, data and information technology, budget and finance, policy and planning, human resources, communications, and real estate and facilities. The governance structure enables critical communication and collaboration among the domains and with other sections of DPH.

The recently approved budget for Fiscal Years 2021-22 and 2022-23 (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. Proposition 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. This most recent budget adds \$42.2 million in Proposition C funds to DPH, on top of the \$50.9 million of previously approved programs as part of the FY 2020-22 budget process, for a total of \$93.1 million.

Proposition C funds support significant new investments in all the four key components of Mental Health SF and the budget figures throughout this report highlight the approximately \$55.5 million of the \$93.1 million in annual DPH Proposition C funds allocated to support these key Mental Health SF areas. DPH requested and received an initial, ongoing operational budget investment of \$16.2 million in FY 20-21 through Proposition C funds to kickstart the implementation of Mental Health SF. Through the most recent budget cycle, DPH will invest a total of approximately \$55.5 million of Proposition C funds annually starting in FY 21-22 to expand and further support the key MHSF domain areas. These new Proposition C investments in mental health and substance use services build on existing department resources and staffing to support the implementation of Mental Health SF. The budget summaries provided throughout this report only capture Proposition C funding added in recent budgets to support the key areas of MHSF, and do not reflect other, existing resources.

Table 1: Ongoing Prop C Budget Summary - FY 20-21 through FY 22-23 (\$ millions)

Domain	FY 20-21	FY 21-22	FY 22-23
Office of Coordinated Care	\$4.2	\$9.7	\$10.0
Street Crisis Response Team	\$6.2	\$11.8	\$12.3
Mental Health Service Center	\$0.9	\$3.8	\$5.9
New Beds and Facilities	\$4.8	\$30.3	\$30.8
Total Ongoing Budget	\$16.2	\$55.5	\$59.0

Proposition C also invests \$130 million in one-time funding to acquire sites for treatment facilities and \$4.2 million for Mental Health Service Center capital improvements across the FY 20-23 budgets.

Other key investments from Proposition 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, care coordination, and case management services.

Additionally, through one-time capital funding available through the November 2020 Health and Recovery Bond (Proposition A), DPH will utilize \$43.5 million of General Obligation Bond funds to acquire and rehabilitate buildings to provide priority residential care and treatment services and program needs for critical behavioral health services. Further background on Prop C and Prop A funds is detailed in Section 4 of this plan.

The Mental Health SF Implementation Working Group (IWG) initiated meetings in December 2020 and began reviewing Mental Health SF components in February 2021, beginning with the Street Crisis Response Team. While some initial planning for Mental Health SF programs began prior to initiation of this group, DPH will work closely with IWG members to incorporate the expertise and recommendations from this governing body. This Implementation Plan outlines key areas in which DPH seeks IWG guidance for each of the legislative components.

A) Office of Coordinated Care

Current BHS care systems can be difficult to navigate, especially for those experiencing homelessness. Clients and service providers are often unclear about how to connect to behavioral health services due to inconsistent referral processes, making access to care inefficient and difficult. Care is inadequately coordinated across providers, which can result in fragmented and duplicated services, medication errors and avoidable hospitalizations.

A comprehensive approach to service access, which includes well-designed access points, easily understood, consistent information and education about behavioral health services, service navigation support, and care coordination services, is needed to address these gaps. 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, striving to fulfill the following objectives as detailed in Mental Health SF legislation:

- Reduce bureaucracy and make services more accessible, efficient and effective;
- Ensure access is equitable across all populations who reside in San Francisco, regardless of their social, racial, and ethnic background;
- Ensure individuals access quality services and move seamlessly through different levels of care at the right time;
- Provide organized patient care activities and care coordination;
- Improve data collection and reporting to achieve safer and more effective care; and
- The OCC additionally seeks to reduce client cycling through emergency systems, increase housing stability, and ensure connection to necessary resources. OCC will also build cross-department collaborations to ensure care coordination across multiple systems.

The Office of Coordinated Care will take referrals from many sources, including hospitals, jail, schools, medical providers, providers within the homeless response system, other city departments, faith-based organizations and community organizations. Services will include consultation, case management, linkage, and care coordination services for people experiencing homelessness and other San Francisco residents who need a higher level of intervention and support to connect to longer-term behavioral health services. OCC will also provide connection to other needed services, including shelter and housing, medical care, and other services that improve social determinants of health.

Phase 1 of the implementation of the Office of Coordinated Care, scheduled for completion by the end of 2021, will consist of the following design and implementation activities:

- Finalizing program design & infrastructure: clarifying the scope of the sub-domains and how they interact and collaborate; formalizing internal and external partnerships; establishing IT, business, and quality requirements to support the work of OCC; evaluation planning; and budget planning (including identifying non-Prop C dollars)
- Designing OCC staffing structure and office space;
- Hiring/onboarding key leadership positions and initial OCC staff;
- Developing a strategy for a patient and bed tracking system;
- Expanding Utilization Management (UM) services to manage more efficient and cost-effective services and to ensure people get the right level of care at the right time, helping to improve client flow;
- Initiating OCC operations by:
 - Consolidating the Care Coordination & Transition Management (CCTM) function and beginning phased launch of CCTM services (proposed initial phases – individuals accessing the system through SCRT, hospital, or jail health)

- Developing a plan for centralized tracking of wait times for outpatient services as a first step to ensuring timely access;
 - Upgrading the 24/7 access phone line to increase capacity for clinician live answering and to enable call related data tracking (e.g. dropped calls, total calls, answered calls, response rate, answer times);
 - Community engagement & communication planning, including ensuring alignment with the SFHN website redesign plan.
- Expanding all levels of case management capacity to improve access, linkage, and engagement. These levels of case management are tailored to clinical need, and include critical case management, intensive case management, and clinic-based case management, as referenced in the legislation as follows:
 - **Case Managers** provide ongoing assistance to patients who need help adhering to their treatment plans. Case Managers provide assistance to patients at low-to-moderate levels of acuity who may need assistance to follow their treatment plans.
 - **Intensive Case Managers** provide ongoing assistance to patients with acute and chronic mental health or substance use disorders who require additional support to remain engaged in treatment.
 - **Critical Care Managers** provide ongoing assistance to individuals with acute and/or chronic mental health and/or substance use disorders who have previously declined services or treatment for such disorders.

The Office of Coordinated Care expects to add approximately 50-60 FTE to staff new case management teams which will include behavioral health clinicians, health workers, peer counselors, medication prescribers, and clinical supervisors. The actual number of positions hired will depend on responses to RFPs and the final composition of teams. DPH anticipates case management teams will be able to serve 4,150 clients annually. The distribution of positions across the levels of case management will be adjusted as needed to meet service needs across all three levels of care.

Table 2: Preliminary Case Management Staffing Estimates by Level of Case Management

Levels of Case Management	Estimated FTE	Estimated Clients Served at Any Given Time
Critical Case Management	21-23	170-200
Intensive Case Management	17-20	180-200
Case Management Services	14-15	225-250

The numbers in the table above are preliminary estimates developed during the budget process. The OCC looks forward to the input of IWG to help finalize design in the following areas. Input may include feedback on target populations, important partnerships or collaborations, service modalities, outcome evaluation, and addressing barriers/gaps for:

1. Overall OCC design;
2. CCTM design and phased launch plan;
3. Communication plan; and
4. CM capacity expansion recommendations.

Table 3: OCC Budget Summary - Prop C (\$ millions)

Program Areas	FY 20-21	FY 21-22	FY 22-23
- Coordination and Oversight			
- TAY Care Coordination			
- Bed Tracking System	\$4.2	\$9.7	\$10.0
- Expansion of Case Management			

B) Street Crisis Response Team

The Street Crisis Response Team (SCRT) is a collaboration between the San Francisco Department of Public Health (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 public spaces in San Francisco. Each team includes one community paramedic, one behavioral health clinician (DPH-contracted with HealthRIGHT 360) and one behavioral health peer specialist (DPH contracted with RAMS, Inc.).

Figure 2: Street Crisis Response Team Implementation Timeline



Pilot Goal: Provide rapid, trauma-informed response to calls for service to people experiencing crisis in public spaces in order to reduce law enforcement encounters and unnecessary emergency room use.

Once fully launched, the SCRT will provide citywide coverage of San Francisco with seven operational teams. Each team will provide coverage 12 hours a day, seven days a week. Team shifts will be staggered in order to provide 24 hours per day coverage. The teams will:

1. Respond to 911 calls requiring a behavioral health and/or medical response rather than law enforcement response.
2. Deliver therapeutic de-escalation and medically appropriate response to people in crisis through a multi-disciplinary team.
3. Provide appropriate linkages and follow up care for people in crisis, including mental health care, substance use treatment, and social services referrals, through partnership with the Office of Coordinated Care.

The first SCRT unit launched on November 30, 2020, with five teams operational as of June 14, 2021, representing full geographic coverage across San Francisco. Each team has a geographic focus to allow the teams to build relationships with the communities they are serving and are also able to dynamically respond to needs as they arise in the City. The sixth team launched on July 26, 2021, and the pilot will have citywide coverage seven days per week, 24 hours per day. The SCRT program has a focus on equity in the communities being served and is building community relationships by engaging with community leaders and community-based organizations to learn how the team can best support the needs of community members.

While the initial pilot included launching the aforementioned six teams, a seventh team was added for FY 21-22. This team is estimated to launch early 2022 with a goal of addressing unmet behavioral health crises, reducing response times, and further supporting linkages to care and diversions away from a law enforcement response.

The Prop C budget includes the staffing for seven teams operating seven days per week and includes field staff, Office of Coordinated Care positions, management costs, and other program costs such as vehicles and technology. An estimated 80 full-time staff will be hired to directly support this program.

Table 4: SCRT Budget Summary - Prop C (\$ millions)

Program Areas	FY 20-21	FY 21-22	FY 22-23
<ul style="list-style-type: none"> • Seven teams of core response team field staff • Program supervision and management • Pilot program evaluation • Vehicles, supplies and engagement materials • Staff training 	\$6.2	\$11.8	\$12.3

The SCRT pilot program was presented to the Mental Health SF Implementation Working Group on February 23, 2021 and discussed further in subsequent meetings. The IWG voted on an initial set of recommendations on May 25, 2022 which can be found here: [MHSF IWG Street Crisis Response Team Recommendations](#).

More information about the SCRT and early results can be reviewed through the following link: [SCRT Issue Brief](#).

C) Mental Health Service Center

MHSF calls for the creation of a 24/7 Mental Health Service Center (MHSC). The MHSF legislation describes a MHSC (located in one or more buildings) designed to provide a broad range of services from assessment and diagnosis to treatment services which may include “mental health urgent care for individuals who are experiencing escalating psychiatric crisis.” The development of a new behavioral health service model requires thoughtful planning. DPH will work closely with the IWG, community stakeholders and clients to better understand gaps in access to care after hours. This planning process will be designed to honor the principles of MHSF including low barrier, data- and research-driven and culturally competent care.

In the interim, DPH is working to expand the hours of the existing Behavioral Health Access Center (BHAC) to 8am – 7pm Monday – Friday and 9am – 4pm on Saturday/Sunday. This expansion will enable increased access, clinical assessment, and treatment engagement into evening and weekend hours. The expansion will also allow the Pharmacy to increase coordination with various teams such as Street Overdose Response Team (SORT), Street Medicine Team (SMT), and Office Based Induction Clinic (OBIC) to allow for low barrier, stigma free care in MH and SUD. Phase 1 implementation of the MHSC also includes renovations to expand the Pharmacy footprint which will allow for a specialty medication packager machine that will improve efficiency, accuracy, and quality of medication bubble packs and pouches, and allow staff to devote more time to support direct client services.

In FY 21-22 the BHAC will expand hours of operation up to 69 hours per week including time on weekends. To enable this service expansion, DPH will:

- Recruit five new full-time positions
- Realign existing staff and office space to accommodate increased volumes of clients
- Hire and onboard key leadership positions
- Coordinate security/safety coverage for afterhours operations with DPH Security.
- Solicit guidance and information from consumers that can be embedded into the MHSC service design
- Map services and flow with OCC
- Conduct service design sessions with City stakeholders and service providers
- Plan and conduct community outreach, signage, and marketing

Table 5: MHSC Budget Summary – Prop C (\$ millions)

Program Areas	FY 20-21	FY 21-22	FY 22-23
- BHAC Hours Expansion	\$0.9	\$3.8	\$5.9
- Pharmacy Expansion			
- One-time capital costs	\$4.2	-	-

D) New Beds and Facilities

The New Beds and Facilities domain identifies, develops, and establishes new services to expand the capacity of behavioral health residential services, with a focus on services for people experiencing homelessness. New Beds and Facilities utilizes the information provided by the June 2020 [Behavioral Health Bed Optimization Project](#), guidance from the MHSF Legislation, DPH bed utilization data, and input from stakeholders to expand the network of residential care and treatment along the entire continuum of care. The goal of this work is to match the current community needs for ongoing treatment at all levels of care (i.e., board and care, transition, drug sobering, managed alcohol, crisis diversion, etc.).

Residential care and treatment is a crucial component in the recovery of individuals dealing with mental health and substance use issues, especially for those who are experiencing homelessness. Limited bed availability is a contributing factor that prolongs wait times for clients attempting to access treatment and for those seeking to progress to their next level of care. In turn, these wait times place participants in a costly conundrum where they are either:

- Waiting in a less structured environment than they require, susceptible to relapses and mental health decompensation, exacerbating the cycle of people going from residential treatment programs back to the street.
- Waiting at their current programs, typically higher, more expensive, levels of care when they no longer meet medical necessity. This in turn creates a barrier to others awaiting access to that level of care.

New Beds and Facilities is drawing upon various recommendations to establish additional beds to meet the capacity needs of the system and expedite timely access to residential beds. The team is prioritizing bed procurement within the County to the extent feasible to ensure participants can be close to their own families and communities and can be served by DPH network providers.

The Bed Optimization Project report identified expansion and investment in the following bed types: 12-month Rehabilitative Board and Care (12-month Residential in the report), Locked Subacute Treatment (Mental Health Rehabilitation), Psychiatric Skilled Nursing, and Residential

Care Facility beds¹. This additional bed capacity will improve services for people who need residential care by improving flow to the appropriate and least restrictive level of care.

Additional residential care and treatment beds are identified by the Mental Health SF legislation and are recommendations that will help fill service gaps within the continuum of care. Service models for the innovative programs which are the first of their kind for San Francisco, including the Drug Sobering Center, Transitional Age Youth Residential Treatment Program, Managed Alcohol Program, and Crisis Diversion, are being scoped and designed in collaboration between New Beds and Facilities, community and system of care experts.

DPH has also drawn upon actual bed utilization data to support the addition of other beds types. In 2020, DPH launched the public website, www.findtreatmentsf.org, which shows the real-time bed census. For example, based on the bed occupancy rate collected from the website Residential Step-Down beds (sober living environment for people who completed 90-day Residential Treatment Program) are consistently full, on average 97% occupied. This leads to long waitlists and as a result, clients without medical necessity stay at Residential Treatment Programs, a higher level of care and more expensive program, while they wait for a Residential Step-Down placement.

Table 6: Planned Bed Expansion

Bed Type	Count of Beds
Hummingbird - Valencia	30
Managed Alcohol Program PSH	20
12-month Rehabilitative Board and Care	20
Mental Health Rehabilitation Beds (aka LSAT)	31
Psychiatric Skilled Nursing Facilities (PSNF)	13
Cooperative Living for Mental Health	6
SOMA RISE (aka Drug Sobering Center)	20
Residential Care Facility (aka Board and Care)	73
Residential Step-down - SUD	140
Enhanced Dual Diagnosis Treatment	30
Transitional Age Youth (TAY) Residential Treatment	10
Crisis Diversion Facility	15

¹ Also known as Board & Care, Adult Residential Facilities and RCFE

Funding was approved in December 2020 to add 152 new beds through Prop C. In the most recently approved budget starting in FY 21-22, 196 beds have been added with additional Prop C funding. The funds for the 30 Enhanced Dual Diagnosis Treatment beds were included in a prior year budget and were supported by the City’s Educational Revenue Augmentation Fund (ERAF) allocation. Similarly, funding for the 30 Hummingbird Valencia beds was provided in previous years with grant funding and General Fund support.

Hummingbird Valencia opened in May, 2021 and is currently serving both daytime drop-in and overnight clients. In order to serve clients given existing facility capacity, 12-month Rehabilitative Board and Care and Mental Health Rehabilitation beds are accepting client referrals and are currently being contracted out-of-county while suitable services are established in-county.

Additional bed expansion will occur in 2021, including client referrals to Psychiatric Skilled Nursing Facilities (PSNF) beds anticipated to begin in summer 2021. Expansion of the Cooperative Living for Mental Health program will begin accepting applications soon. The Drug Sobering Center (SOMA RISE) is slated to open in Fall 2021.

Expansion of bed capacity and scope of service at this level is unprecedented in San Francisco. Additional new beds are projected to come online throughout 2022. DPH is in active negotiations to acquire buildings for Residential Care Facility (aka Board and Care) beds as well as Residential Step-down beds. The team is sequencing projects to ensure that quality programming is a priority during their development. Program design is in development for Enhanced Dual Diagnosis Treatment expansion, Transitional Age Youth (TAY) Residential Treatment, and Crisis Diversion Facility.

A summary of DPH’s planned Behavioral Health residential care expansion can be found [here](#).

As new beds are established, the IWG will be key in ensuring that the new services are aligned with projects across other domains. The IWG will also be crucial in contributing to the scope and design of new services. Similarly, input from the IWG will be essential in communicating project priorities.

Table 7: New Beds and Facilities Budget Summary – Prop C (\$ millions)

Program Areas	FY 20-21	FY 21-22	FY 22-23
- Drug Sobering			
- Locked Subacute			
- Psych SNF			
- Board and Care			
- Mental Health Residential	\$4.8	\$30.3	\$30.9
- Crisis Diversion/ Urgent Care			
- Additional Board and Care Beds			
- Residential Step Down Units			
- TAY Residential Beds			

- Managed Alcohol Program			
- Co-op Housing			
- Client Transportation			
- One Time Bed Acquisition Funds	\$7.7	\$76.8	\$45.5

E) Office of Private Health Insurance Accountability

Mental Health SF 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.

3) Seeking and Incorporating Implementation Working Group Input

The Mental Health SF Implementation Working Group (IWG) began its monthly meetings in December 2020, after a year-long delay because of the COVID pandemic. The Implementation Workgroup (IWG) has the “power and duty” to advise the Health Commission, the Department of Public Health, the Mayor, and the Board of Supervisors, and may advise the San Francisco Health Authority, on the design, outcomes, and effectiveness of Mental Health SF to ensure its successful implementation. Specifically, the IWG will address the five Ordinance components by:

- Reviewing program data;
- Reviewing and assess the DPH Mental Health SF implementation plan; and
- Evaluating effectiveness.

DPH participates in each meeting, including presenting information on each domain per the schedule determined by the IWG planning group. IWG meetings are staffed and supported by facilitators from Harder + Company, the Controller’s Office, the IWG Chair, Dr. Monique LeSarre and Vice Chair Jameel Patterson, and DPH leadership.

As of the writing of this report in July 2021, DPH has presented and received working group feedback on the Street Crisis Response Team and the Drug Sobering Center. DPH is committed to enabling transparency of the implementation of the Mental Health SF programs, requesting support from the IWG for key questions and implementation challenges, and incorporating recommendations from the group to the extent possible.

For meeting agendas and materials for the MHSF Implementation Work Group, please visit: [Mental Health San Francisco Implementation Working Group Materials](#)

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

4) Plans for Financing Mental Health SF Programs

The two main funding sources for new initiatives to support MHSF implementation are the Our City, Our Home Fund (Proposition C) and the Health and Recovery Bond (Proposition A). These new Proposition C and Proposition A investments in mental health and substance use services build on existing department resources and staffing currently utilized to support the implementation of Mental Health SF. 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.

Our City, Our Home Fund - Proposition C

At the November 6, 2018 general municipal election, the voters approved Proposition C (Prop C), which imposed additional business taxes to create a dedicated fund (the Our City, Our Home 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 the Department of Public Health 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.

Approximately \$93.1 million of ongoing, Prop C funds have been allocated to DPH to expand behavioral health services for persons experiencing homelessness and those moving into permanent supportive housing, including significant funding for the four key components of MHSF. Approximately, \$50.9 million in annual funding was previously approved by the Board of Supervisors for FY 2020-21, and \$42.2 million of new programs were recently approved starting in FY 2021-22. In addition, Prop C invests \$130 million in one-time funding to acquire sites for residential care and treatment programs and \$4.2 million for Mental Health Service Center capital improvements across the FY 20-23 budgets.

Health and Recovery Bond - Proposition A

In November 2020 voters approved the Health and Recovery Bond (Proposition 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 stepdown facilities. Buildings may also serve as locations for access and delivery of necessary outpatient or patient access and engagement services. The remainder of the DPH funds will fund the renovation and expansion of Psychiatric Emergency Services (PES) at ZSFG and planning needs for both programs.