Behavioral Health Services
San Francisco Department of Public Health

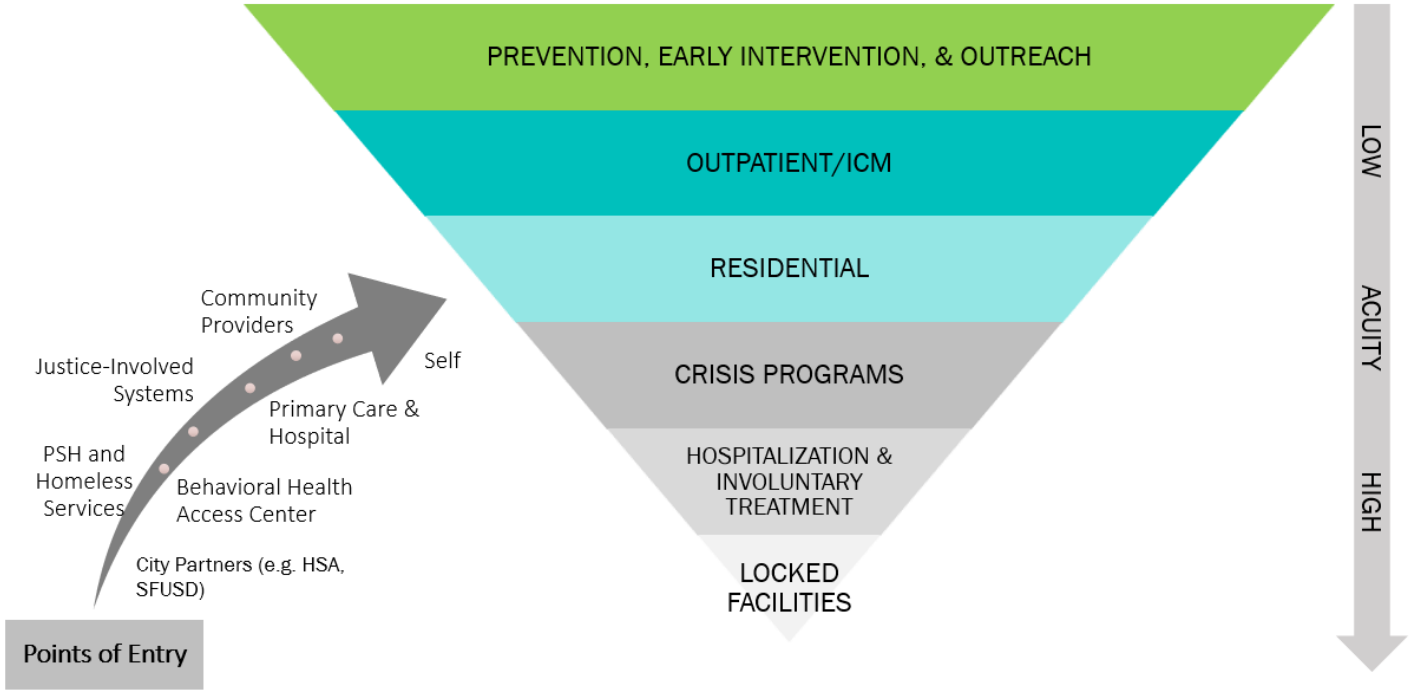
Our City, Our Home Oversight Committee

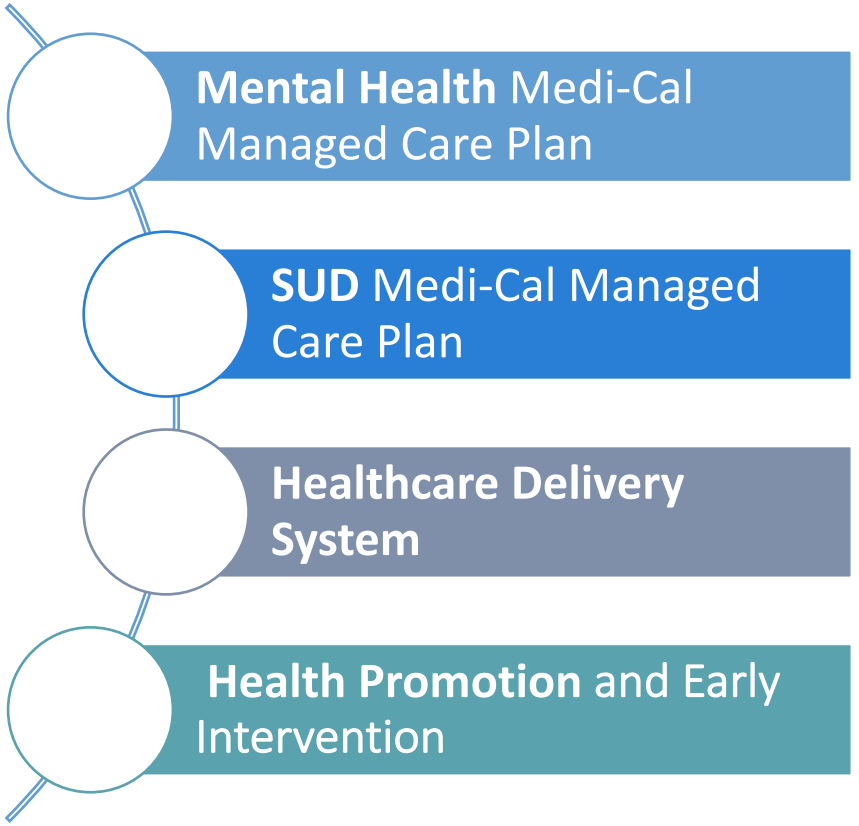
October 20, 2020

Presentation Outline

1. Overview Behavioral Health Services Division
2. Additional SFDPH Behavioral Health Programs
3. Whole Person Integrated Care
4. Mental Health SF Updates
5. Looking Ahead

Behavioral Health Services





Behavioral Health Services Clients FY 18/19

Mental Health Treatment Clients *

Age Group	Total Clients	Homeless Clients	% Homeless
Children & Youth	3,961	228	6%
Adults & Older Adults	16,428	5,434	33%
Total	20,389	5,662	28%

Substance Use Treatment Clients *

All Age Groups	Total Clients	Homeless Clients	% Homeless
99% of clients are 18+	5,976	3,544	59%

Clients served in *both* SU & MH services:
1,907 71% Homeless

* Source: Avatar clinical encounter data

Additional SFDPH Behavioral Health Programs

- Zuckerberg San Francisco General
  - Inpatient psychiatry
  - Psychiatric Emergency Services
  - Behavioral Health Center
  - Outpatient specialty mental health
- Laguna Honda Hospital
  - Psychiatry and therapy services
  - Substance Use Services
- Ambulatory Care
  - Mental health and substance use services integrated into most ambulatory care clinical programs
  - Transitions
  - Whole Person Integrated Care

Behavioral Health Initiatives Designed for People Experiencing Homelessness

- **SF Homeless Mentally Ill Outreach and Treatment (HMIOT) Grant Funded Programs**
  - Baker/Positive Resource Center (PRC) expanded peer-support services at Hummingbird Place.
  - Central City Hospitality House extended the hours at the Sixth Street Self Help Center.
  - Harm Reduction Therapy Center (HRTC) implemented a Mobile Harm Reduction Treatment program that provides psychological first aid
  - UCSF Citywide Case Management Programs (Citywide) short-term intensive case management (ICM) for individuals with severe and persistent mental illness, who are often dually diagnosed and/or have primary substance use disorder
- **BHS Shelter in Place Hotel System of Care**
  - Training for onsite hotel staff (e.g., in de-escalation, harm reduction)
  - Consultation Line for staff to call when BH concerns arise
  - Peer Support Teams proactive outreach calls to guests; groups, warm line, self-care/wellness resources
  - Low Threshold BHS Engagement (HRTC and SF Start) on site counseling services to support ongoing needs
  - Intensive Linkage and Care Coordination for individuals who need specialty mental health services to stabilize and bridge them into the existing system of care; using a “whatever it takes” approach

Whole Person Integrated Care Programs

From Urgent/ Emergent Service Utilization ⟷ **To Stabilization, Wellness, and Recovery**

Street Medicine
Street-based low-barrier outreach, engagement, and health care for unsheltered people experiencing homelessness. Medical and behavioral health care.

Shelter Health
Healthcare teams located in shelters, navigation centers, and SIP hotels to address health issues and provide connections to ongoing care. Medical and psychiatric referrals to Street Med.

PSH Nursing
Nurse case management within select permanent supportive housing buildings to help stabilize residents in their homes.

Sobering Center
A place for people intoxicated with alcohol to safely sober off the streets, out of the emergency department, and out of jail. Linkage case management and SUD counseling available.

Open Access Clinic
Low barrier clinic providing patient-centered transitional primary care for high risk/high vulnerability people experiencing homelessness not getting their needs met elsewhere. Staffed by Street Medicine team.

Medical Respite
Post-acute recuperative care for people experiencing homelessness who are too sick to navigate the streets or the shelter system, but not sick enough to be in the hospital. Medical Respite also accepts clients referred directly from the Shelter system. Full behavioral health team on site.

Whole Person Care
Interagency collaboration, data sharing, and population-based monitoring in support of “making the system do the backflips and not the client.” No direct patient care.

WPIC Urgent Care
Low barrier health care for urgent issues, full assessment for needs and vulnerability, and connections to ongoing care. Behavioral health specialists on site.

Tom Waddell Urban Health Clinic

Coordinating medical, behavioral health and substance use treatment in one site

Serving a population disproportionately affected by trauma, racism, homelessness, and poverty

Integration

Care model ranges from direct care to patients to consultation to staff

Capacity for short-term care and linkage, *and* longitudinal BH services

Multidisciplinary staffing model allows for care coordination; improves safety and quality in the treatment of complex medical and mental illness

Crisis assessment and management available on-site

Access

Immediate, same visit access to *all* BH services

Wide range of on-site BH services includes psychiatry, social work, case management, brief therapy, substance abuse treatment including office-based opiate treatment, specialized TG care

Patient-centered support for housing, support for immigration processes considered essential

Equity

[redacted]	SF*	TL*	TWUHC patients
white %	41.2	29.1	38.9
B/AA %	5.4	10.2	31.4
Hispanic %	14.7	24.0	20.8
Asian %	33.9	32.3	8.7

*source: statisticalatlas.com

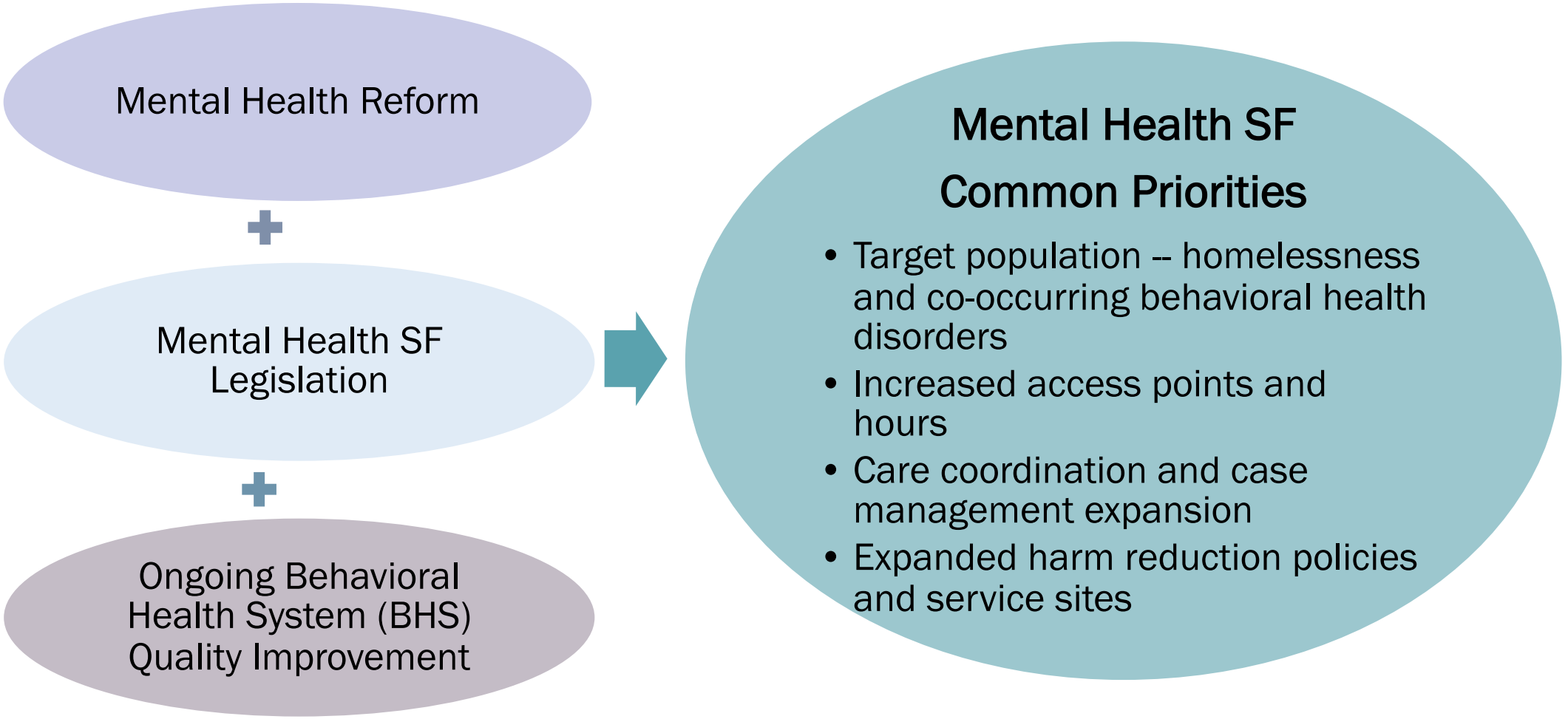
Population served by TWUHC has significant disparities in health care outcomes.

Resources for TWUHC BH deployed based on equity needs of underserved patients.

Opportunities for Improvement

- Support frontline staff to manage behavioral health issues and understand when and how to get help
- Outreach and marketing to educate the community about our services
- Support navigation and better care coordination
- Address barriers to care
- Develop more treatment beds, case management capacity and SUD services
- Implement street crisis response team

Behavioral Health Strategic Alignment



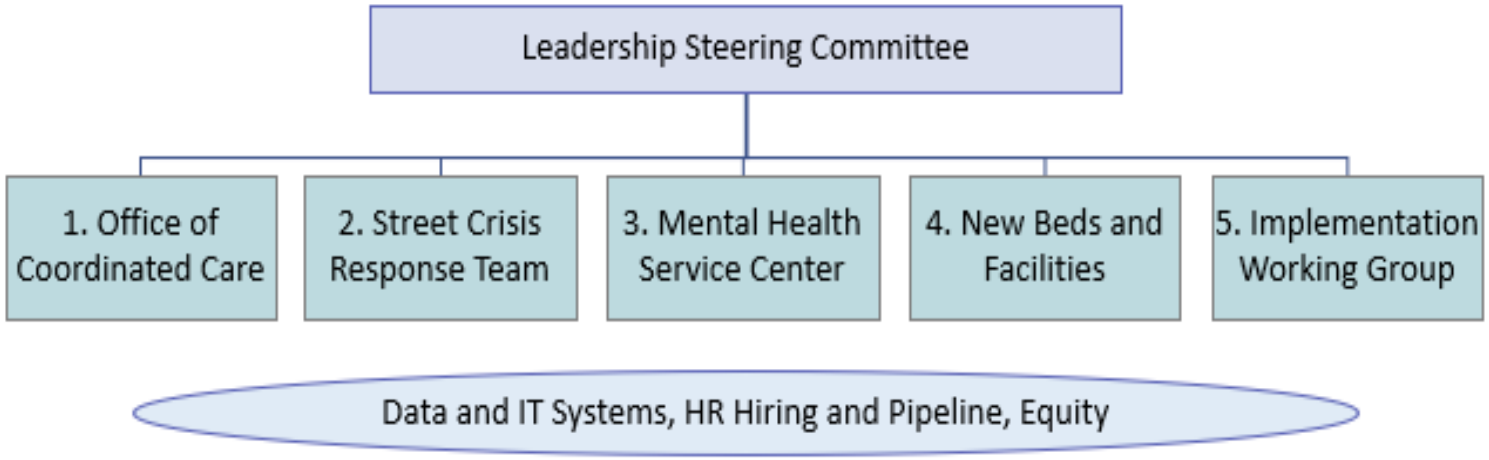
Mental Health SF: Client Centered Systems Improvements

- Mental Health SF Target Population:
  - San Francisco adults experiencing homelessness diagnosed with a serious mental illness and/or substance use disorder
- Improve behavioral health access and outcomes for the most vulnerable by:
  - Meeting people where they are
  - Making it easier to access mental health and substance use services
  - Providing more locations for respite and treatment
  - Improving care coordination

Mental Health SF Planning

- DPH established governance structure for internal planning
  - Draws from experience with Epic EHR Implementation
  - Leads and project managers will be identified for each domain
  - Data, HR, and Equity form infrastructure backbone for all planning and implementation considerations
- New Director of BHS and Mental Health SF tentatively starting by January 2021
- MHSF Implementation Working group tentatively starting in Dec 2020 /Jan 2021

DPH Mental Health SF Governance Structure



Keys to MHSF Implementation Success

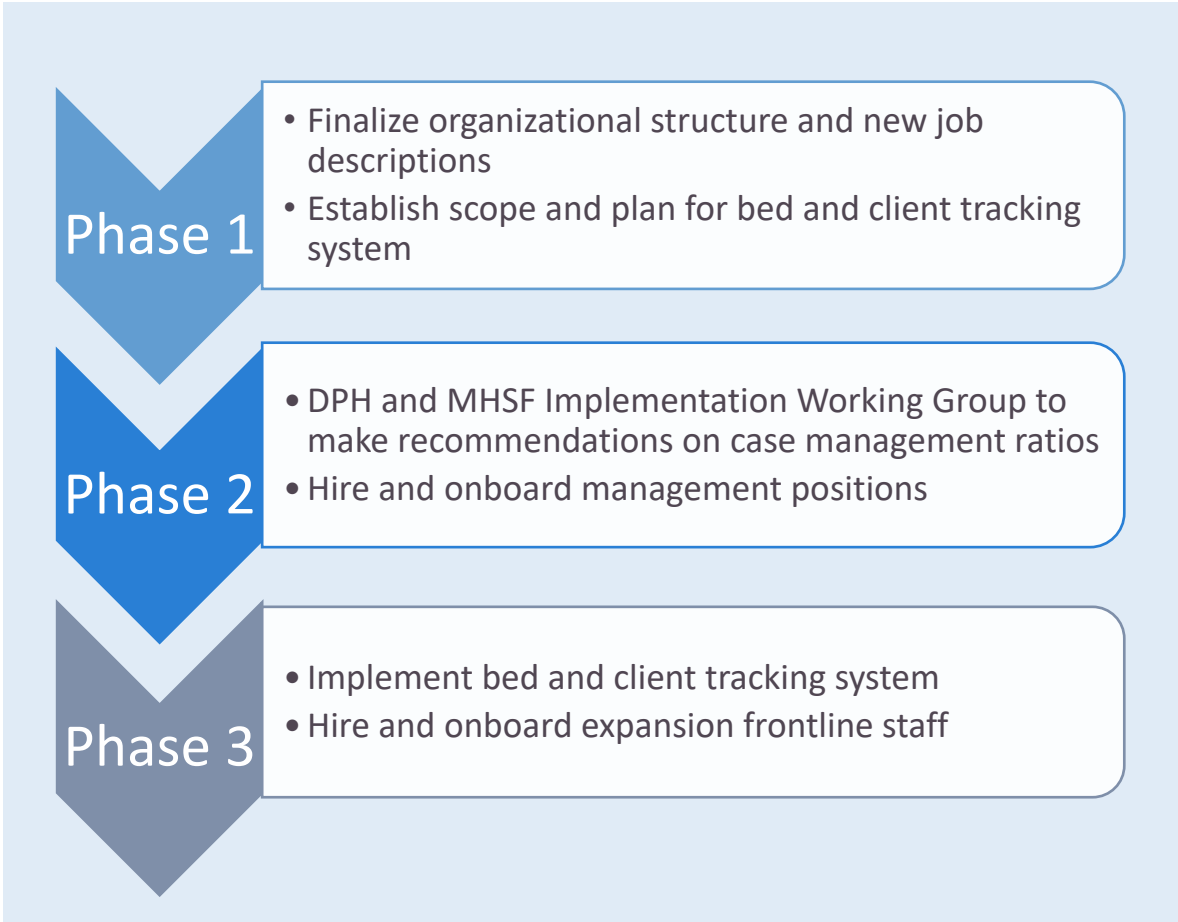
- Extensive project management support needed to achieve target timelines
- Streamlined hiring – significant number of new full-time employees needed for implementation
- Critical data systems improvements and enhancements
- Close collaboration with community groups, other City agencies, and planning committees
- Efficient acquisition of real estate and execution of contracts with CBOs

Office of Coordinated Care

Goal: Support clients to access and receive the right level of care at the right time and coordinate care as clients move through the system

Key elements:

- Oversee linkage to BHS services across BH systems in SF
- Promote BHS services in the community to help people navigate to care and train DPH staff and partners
- Provide consultation and linkage support for key system entry points e.g. Jail, PES, and homeless response system
- Increase the availability of case management services
- Strengthen data collection and evaluation to understand availability of programs, timeliness, and individual outcomes



Street Crisis Response Team Goal and Strategies

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.

1. Identify 9-1-1 calls that will receive behavioral health and medical response rather than law enforcement response.

2. Deliver therapeutic de-escalation and medically appropriate response to person in crisis through multi-disciplinary team (paramedic + behavioral health clinician + peer).

3. Provide appropriate linkages and follow up care for people in crisis, including mental health care, substance use treatment, and social services.

Street Crisis Response Team Program Model and Timeline

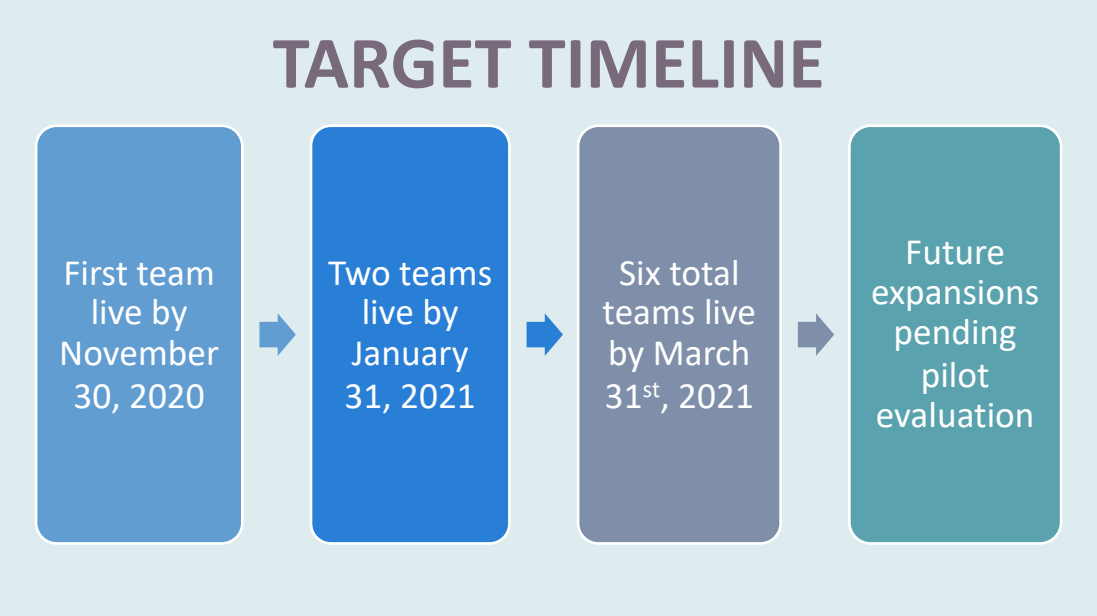
Program Model:

- Community paramedic (SF Fire), behavioral health clinician, peer health worker in roving vehicles responding to non-violent behavioral health calls dispatched via 9-1-1
- Multi-disciplinary team dedicated to linkages and follow up care coordination
- Providing robust training program for team
- Conducting rigorous pilot evaluation

Coverage

- Pilot period geographic areas targeted will be data informed
- Pilot period is 12-hour daily coverage, 7 days per week, exact hours to be determined
- Coverage model will be evaluated and expanded per timeline
- SCRT will not be able to take all behavioral health calls during pilot period

- Incorporating community input, including people with lived experience of behavioral health crisis in program planning



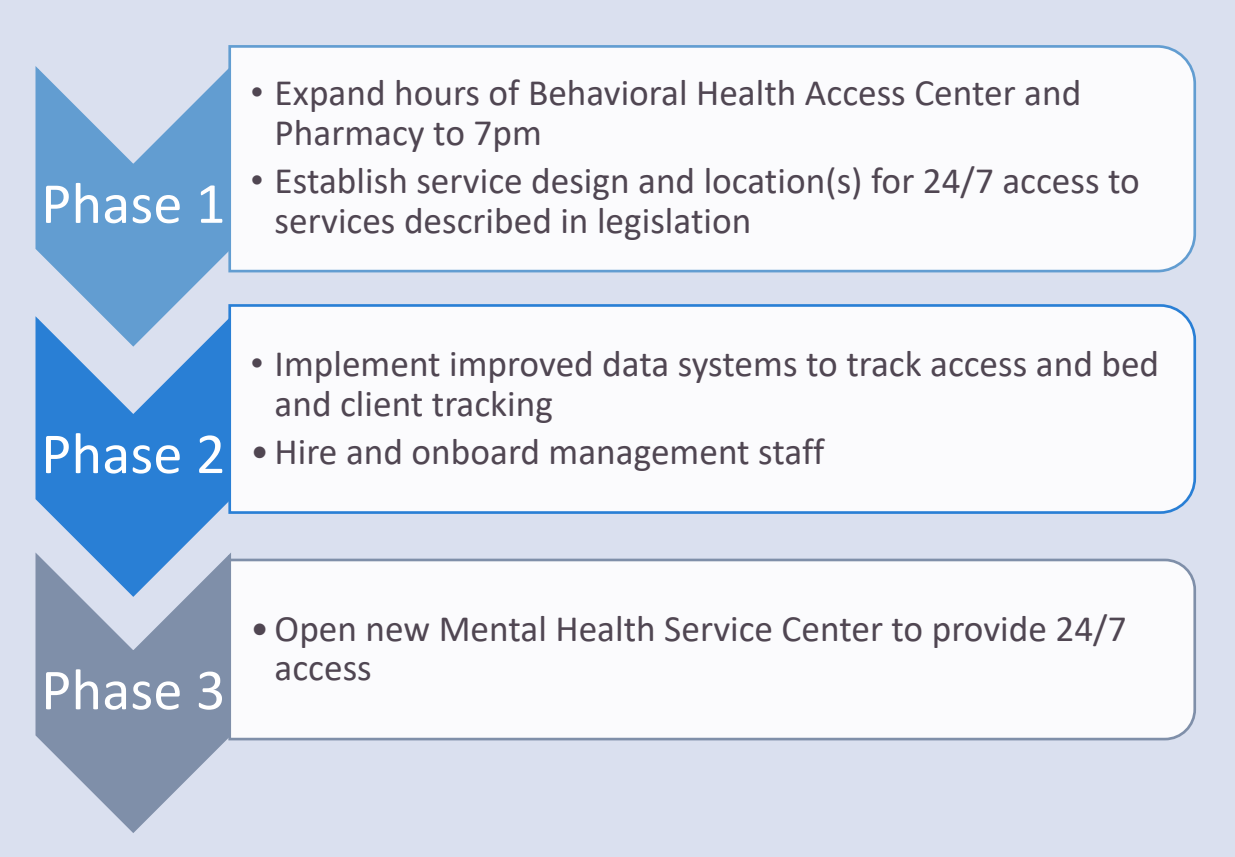
Mental Health Service Center

Goal: Expand access to behavioral health services through increasing service hours and availability of critical low-threshold services.

Key elements:
Legislation requires the following services in one or more buildings – staffed and operated by city or academic institution

- 24/7 assessment, diagnosis, case management, treatment (or referral)
- Urgent Care
- Pharmacy
- Transportation

- Must establish the service design and location(s) that best meet the needs of clients



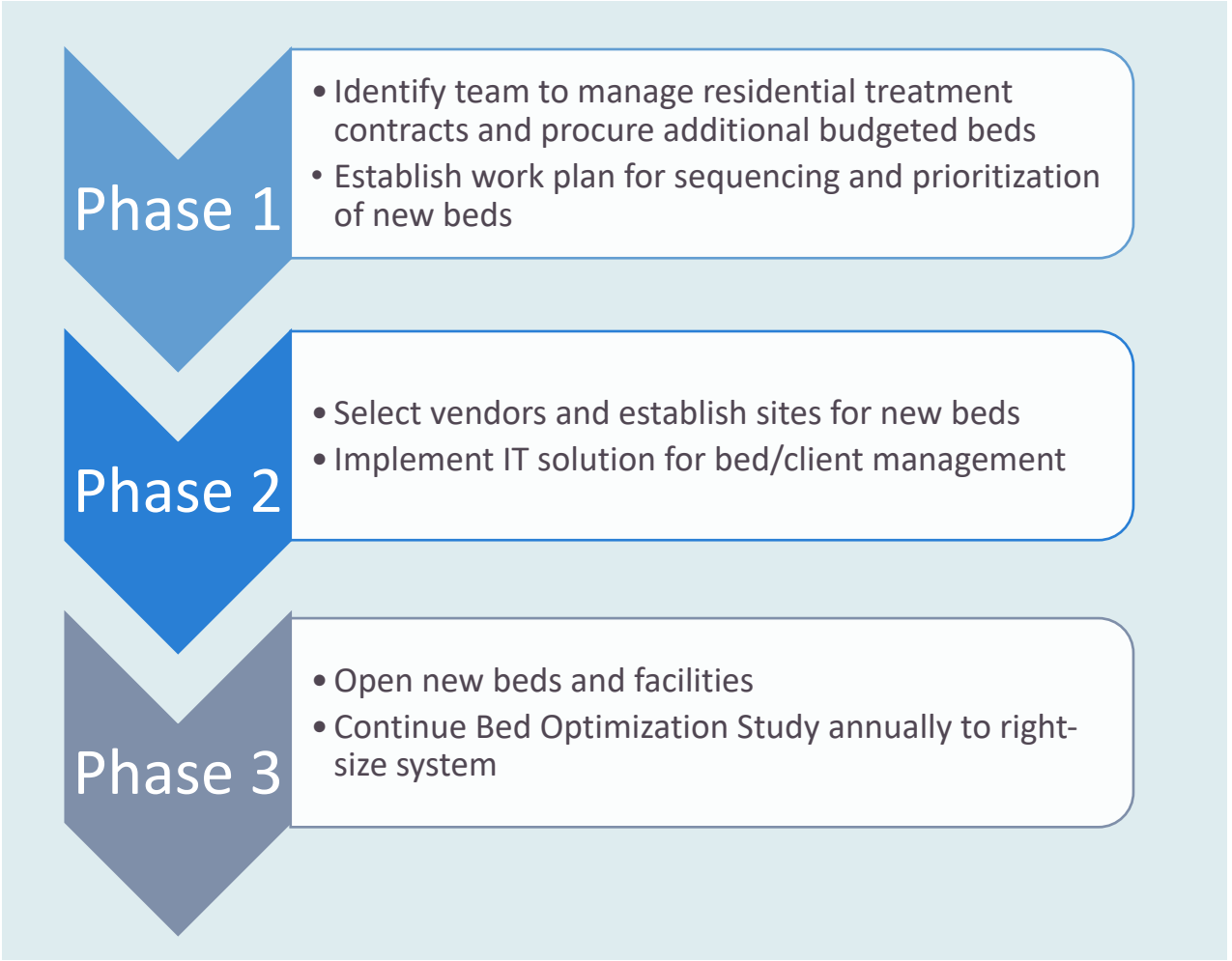
New Beds and Facilities

Goals:

1. Optimize patient flow through the system, helping to get patients the care they need, when they need it
2. Fill gaps in current service offerings including low threshold services for people experiencing homelessness with behavioral health needs

Key Elements:

- Investment in beds recommended through BH Bed Optimization Project including:
  - Locked Subacute/Psych SNF
  - Residential Care Facilities
  - Mental Health Residential Treatment
- Additional bed investments
  - Drug Sobering Center (MHSF legislation)
  - New Hummingbird
  - Crisis Diversion Facility (MHSF legislation)
- Additional behavioral health beds to be determined



Looking Ahead

- Focus on key infrastructure and hiring needs in next six months
- Collaboration with other City initiatives
  - Prop C Committee
  - Alternatives to Policing Steering Committee
  - Covid-19 Alternative Housing Behavioral Health Programming
  - Equity and redirected SFPD funding
- Commitment to reform vision:

For our clients

People experiencing homelessness have low-barrier access to welcoming, high quality behavioral health care that matches their needs.

For our system of care

Design a system of care grounded in evidence-based practices that reduces harm, increases recovery, and is suited to efficiently deliver behavioral health services to people experiencing homelessness.

Thank You