



UCSF/ZSFG Citywide Case Management Programs

Treatment on Demand Implementation Hearing

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Every Door is the Right Door



Who needs the most help knocking on the doors?
What are the doors and how does Citywide help unlock them?
What are the challenges and opportunities?

UCSF/ZSFG Citywide Case Management Programs

- Established in 1980
- Since 1985 under UCSF/ZSFG Dpt of Psychiatry
- 170 UCSF staff: 90 case managers, 7 faculty psychiatrist
- Contract awards from City and State agencies:
 - DPH, HSH, Sheriff's Dpt, Adult Probation Dpt, CA Dpt of Rehab
- 6 locations:

- Citywide Clinic**

- Richardson Apt

- Rene Cazanave Apt

- CASC

- Sobering Center

- ZSFG, Bldg 80

- ZSFG, PES

- (982 Mission St.)**

- (365 Fulton St.)

- (25 Essex St.)

- (564 6th St.)

- (1171 Mission St.)

- (995 Potrero Ave.)

- (1001 Potrero Ave.)

Who needs the most help knocking on the doors?

	Mild	Moderate	Severe
Mental Illness			
Substance Use			
Social Challenges			
Trauma			

Citywide

Severe Quadruple Diagnosis

UCSF/ZSFG Citywide Case Management Programs

- Intensive Clinical Case Management (ICM):
 - Defining ICM:
 - **Interdisciplinary team-based mobile specialized mental health** case management for clients with **severe mental illness** (SMI) with the goal of journeying with our clients on their path of recovery
 - *“We do whatever it takes to meet you wherever you are”*
- Recovery Support Services for clients in ICM:
 - Substance Use D/o Therapy, Employment Services, Peer-led Day Treatment, Medication Support
- Largest provider of ICM; treating 1200 clients with SMI on any given day

What are the doors for recovery?

Low Threshold

- Harm Reduction Center
- Hospitality House
- Syringe Access Sites
- Sobering Center

Crisis

- PES
- Hummingbird
- Dore UCC

Detox

- Medical Detox:
 - Baker St/Joe Healy
- Social Detox
 - Harbor Light

Mental Health Residential

- Baker St. (Dual Dx)
- Progress Foundation

Substance Use D/o Residential

- HR 360
- Harbor Lights

Citywide

How do we unlock the doors?

Citywide



Engage

- Locate and outreach
- Client needs
- Gentle motivation enhancement
- Harm Reduction
- STOP groups
- Managing Crisis

Enter SUD Treatment

- Match with program
- Advocacy
- Medication and coping skills for behavioral issues
- Accompany to Intake

Stay in SUD Treatment

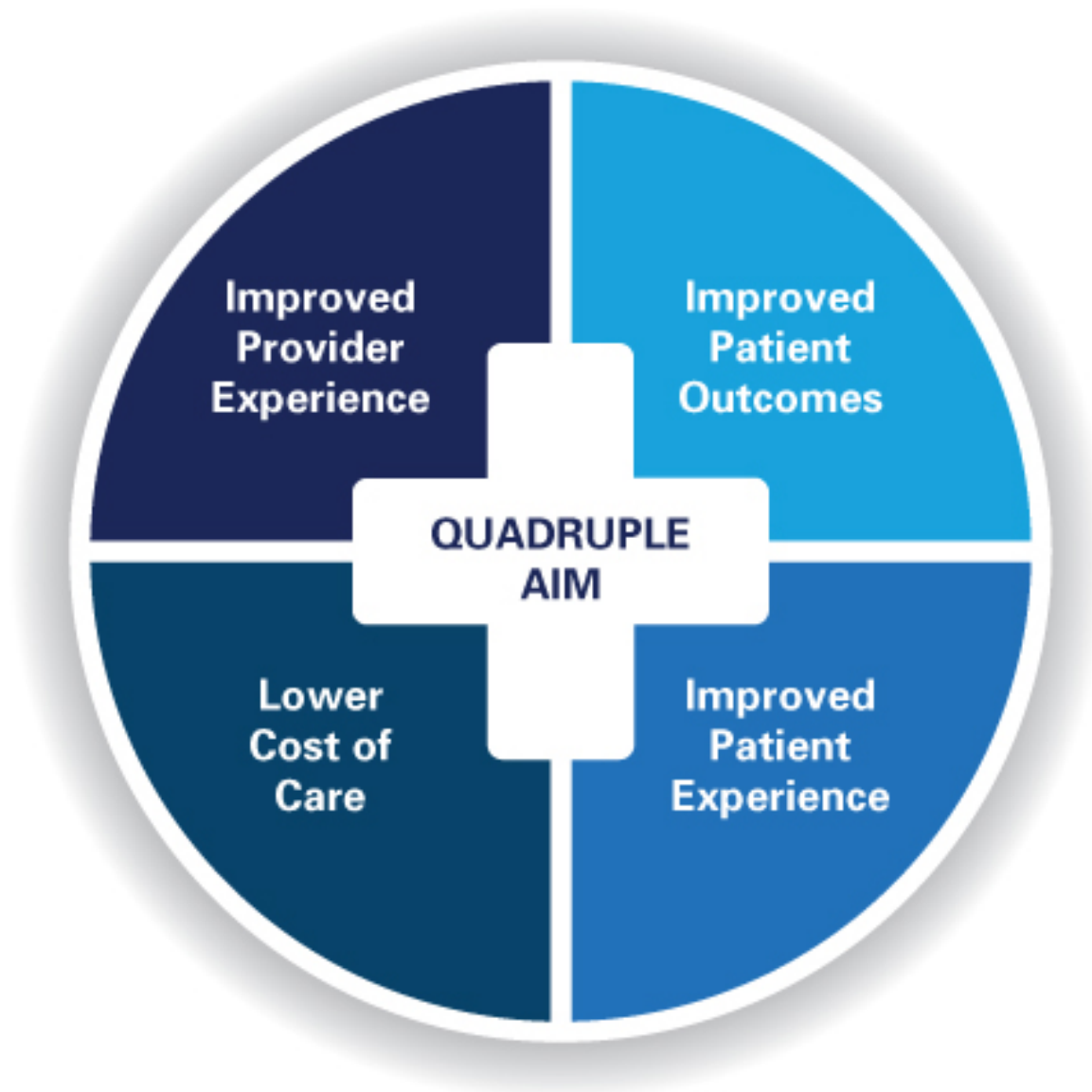
- Medication for Behavioral issues
- Emotional Support
- Behavioral Plans

Transition

- Needs and Wants Assessment
- Care Coordination
- Discharge Planning

Challenges and Opportunities

- Engagement:
 - **MediCal Billing + Acuity → Cost Reimbursement + ↓ Caseloads**
 - Difficulty locating clients → Peer Specialists + EMR (e.g. PreManage)
 - Insufficient low threshold temporary beds → More navigation type beds
- Access to SUD Tx:
 - Annual MediCal limits to Tx → Fund more Tx
 - Justice-involved population
- Transition:
 - Insufficient longer term bed option → More longer term beds
- **Systemic:**
 - **Insufficient ICM slots → Create more ICM slots and discharge options**
 - **Safety Issues → Improve safety infrastructure, create safety valve**
 - **Staffing shortages → Recruitment (pipeline) + Retention (incentives/stipends)**



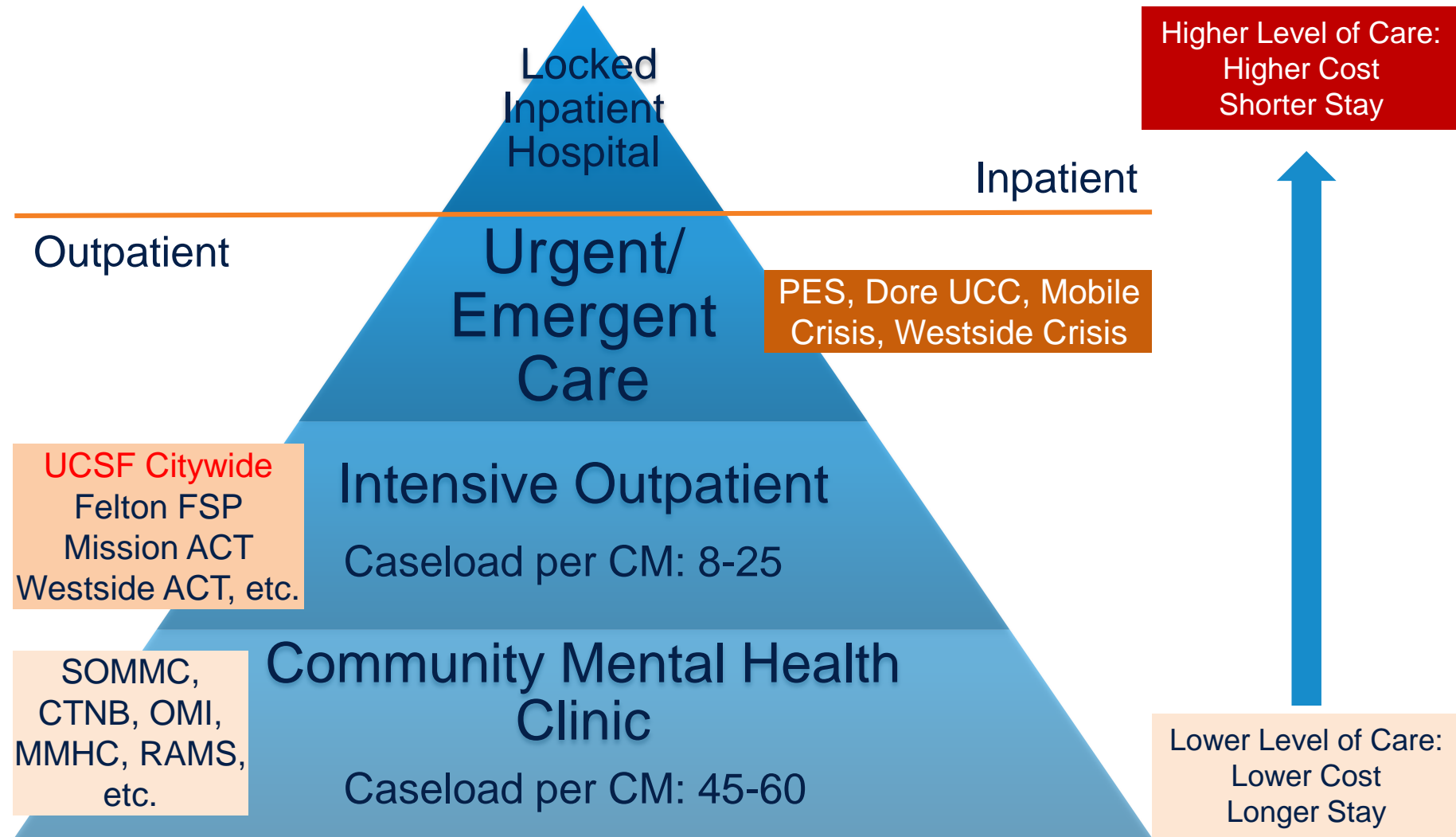
Bodenheim, T, Sinsky, C; Ann of Fam Med, Nov/Dec 2014 12:6 573-6

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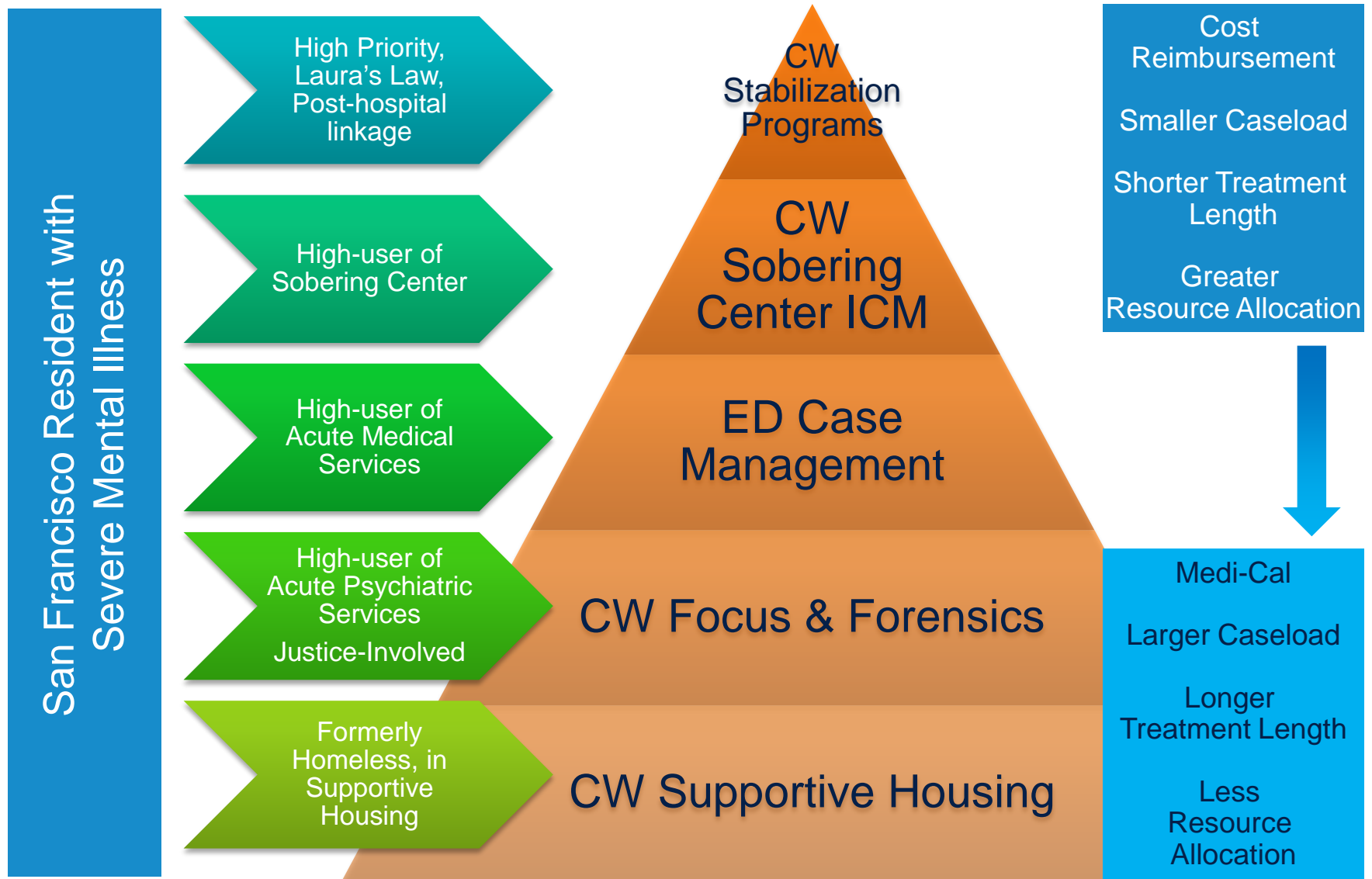
University of California
San Francisco

Specialty Mental Health Services System of Care

Level of Care (LOC) Pyramid



Levels of Care within UCSF Citywide



Pre-Treatment to Treatment

