

Mental Health SF

San Francisco Department of Public Health

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City & County of San Francisco
Department of Public Health

Agenda

- Mental Health SF Overview and Implementation Timeline
- Key Highlights
 - Office of Coordinated Care
 - Bed and Treatment Expansions
 - Follow-up Care for Street Encounters
- Challenges and Opportunities
- Upcoming Implementation



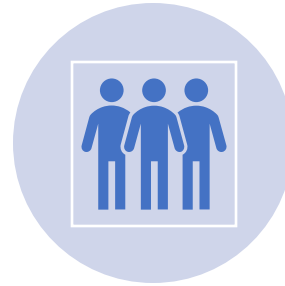
Mental Health SF

Overview and Implementation Timeline

Mental Health SF Overview



Legislated in 2019, Mental Health SF (MHSF) built upon existing behavioral health services and programs in San Francisco to increase support and care for people with behavioral health needs.



MHSF prioritizes people experiencing homelessness (PEH) who have a serious mental health and/or substance use diagnosis.



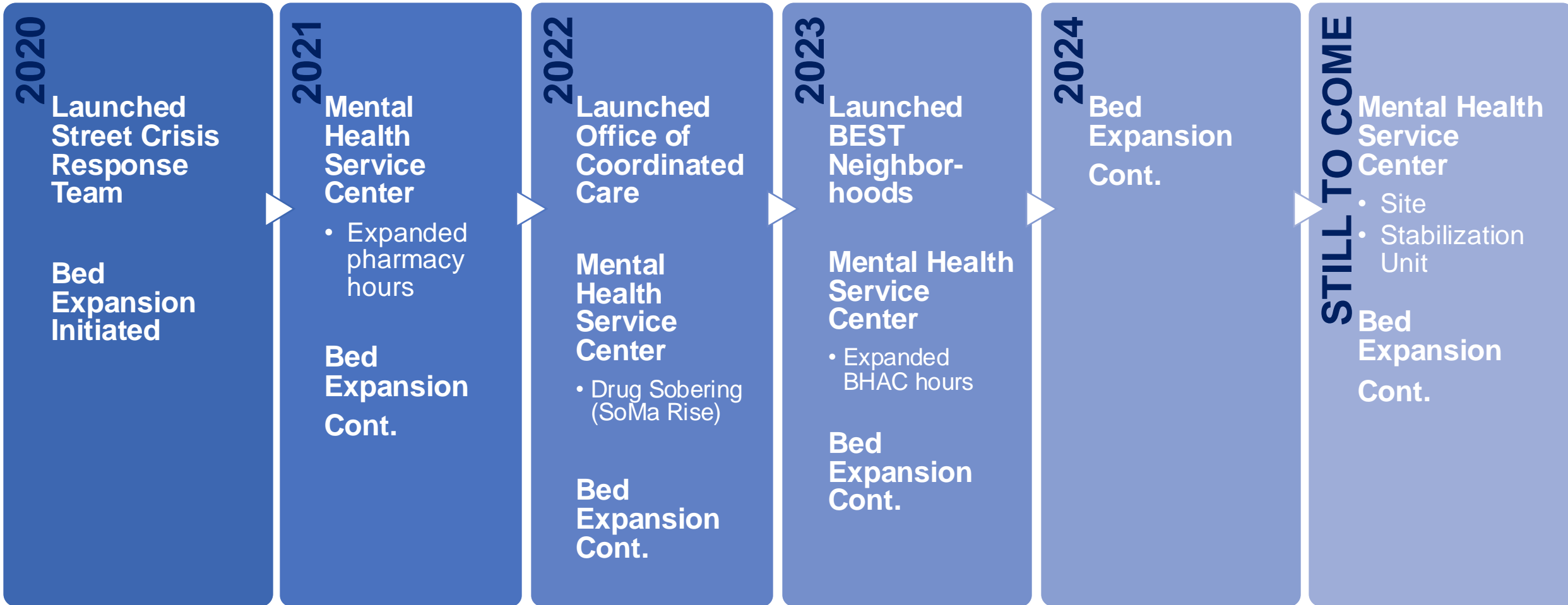
MHSF components include: the Office of Coordinated Care, the Street Crisis Response Team, a Mental Health Service Center, and an expansion of new beds and facilities.



MHSF activities are primarily funded through the voter-supported "Our City, Our Home" (Proposition C).



MHSF Implementation To-Date



Mental Health SF Implementation Highlights

Mental Health SF Accomplishments: At-A-Glance

Added approximately 400 new residential care and treatment beds.

Created the Office of Coordinated Care to deliver centralized access to care and strengthen coordination of care for priority populations.

Fully implemented citywide 24/7 Street Crisis Response Team, with the Fire Department and the Department of Emergency Management, and added SFDPH follow up teams.

Increased access to services envisioned for the Mental Health Service Center, including increasing pharmacy and buprenorphine clinic availability.

Mental Health SF Bed Expansion

Expansion of Residential Beds Under Mental Health SF

SFDPH has opened ~400 new residential behavioral health beds planned under Mental Health SF.



Behavioral Health Residential Growth To Come



Additional MHSF bed expansion projects in progress include:

Stabilization unit

Additional dual diagnosis treatment

Expanded residential care facilities

Transitional housing for people experiencing homelessness with behavioral health needs



Future MHSF Bed Expansion Goals

In 2023, SFDPH updated its 2020 behavioral health bed modeling to develop preliminary recommendations for the number of beds needed for 95% of clients to experience zero wait time.

Residential Type	Additional Beds Needed	Considerations
Mental Health Residential Treatment	~50	<ul style="list-style-type: none"> Includes different lengths of stay For clients with specific needs (e.g. seniors)
Mental Health Rehabilitation Centers (MHRC) / LSAT	Estimated 55-95	<ul style="list-style-type: none"> Given current wait times Potential for increase in demand under SB 43
Behaviorally Complex Therapeutic	Estimated 20-40	<ul style="list-style-type: none"> Highly specialized level of care for complex, high-need clients difficult to place in care.
SUD Residential Withdrawal Management	~8-10	<ul style="list-style-type: none"> Includes high-complexity withdrawal management for people with severe withdrawal and other health needs
SUD Residential Step-Down	~20-30	<ul style="list-style-type: none"> The number of clients served in RSD has increased as SFDPH has added capacity.

This analysis has informed Prop 1 Bond behavioral health infrastructure grant applications.



MHSF Strengthened Infrastructure to Expand Residential Care and Treatment Capacity

Strengthened systems to address ongoing residential care needs, including:

- Dedicated, experienced analyst capacity and leadership for new bed projects
- Capacity to assess bed needs in an ongoing fashion
- Bed procurement legislation approved by the Board of Supervisors
- Obtained state funding to support projects. SFDPH has been awarded over \$70 million for behavioral health infrastructure projects.

These systems enabled San Francisco to open additional residential care sites and apply for Behavioral Health Bridge Housing and Prop 1 Bond projects.



Office of Coordinated Care

Office of Coordinated Care Summary

Launched in 2022, the Office of Coordinated Care (OCC) provides access to behavioral health services and strengthens coordination of care for priority populations.

Priority populations include people leaving the hospital or jail; people who received behavioral health crisis services or experienced involuntary holds (5150); people experiencing homelessness; people with high utilization of multiple systems and high behavioral health needs; and people served in shelters, navigation centers, and permanent supportive housing.

The OCC has two main types of programs: access and eligibility services; and care coordination services.

Office of Coordinated Care Services

Central Access and Eligibility Services provide behavioral health service information, screening for care, and referrals to care, including direct referrals

- **Behavioral Health Access Line (BHAL):** 24/7 central call center for access to behavioral health services
- **Behavioral Health Access Center (BHAC):** 7 day/week walk-in center for access to behavioral health services
- **Eligibility & Member Services:** Centralized eligibility and Medi-Cal enrollment support for behavioral health clients and programs



Office of Coordinated Care Services

Care Coordination Services aim to increase priority populations' engagement in care

- **Triage Team:** Manages referrals.. Systematically tracks and ensures connections to care after involuntary behavioral health hold or Street Crisis Response Team contact. Deploys follow-up teams.
- **Follow-Up Teams:** Multidisciplinary teams that conduct outreach and bridge to ongoing care.
 - **Bridge Engagement and Services Team (BEST) Care Management:** Field-based follow-up team focused on individuals leaving hospital or jail or post-crisis contact.
 - **BEST Neighborhoods:** Conduct outreach, engagement, coordination for high-priority unhoused people with behavioral health needs, using a neighborhood-based approach.
 - **Shelter Behavioral Health Care Coordination:** Conduct engagement, care coordination, and connection to care for individuals in shelters and navigation centers.
 - **Permanent Housing Advanced Clinical Services (PHACS).** The OCC component provides behavioral health care coordination, linkage, and short-term services; Whole Person Integrated Care provides health care.



Office of Coordinated Care: Some Key Outcomes

Overall

- Served 8500+ distinct individuals in FY 23-24

Workforce

- Hired >45 new SFDPH behavioral health clinicians, case managers, and staff

Coordinated Street Response

- Deploys street-based teams as a key part of a citywide coordinated street response

Central Access & Eligibility

- 5,000+ requests seeking treatment in FY 23-24
- 1500+ additional non-enrolled service and eligibility inquiries

Triage Team

- 2500+ distinct clients connected to follow-up teams, BHS services, and provided care coordination in FY 23-24

BEST Care Management

- Provided care management services to 454 distinct clients leaving hospital, jail, or crisis in FY 23-24

BEST Neighborhoods

- 9,000+ engagements
- 1,300+ direct connections to services in FY 23-24

Shelter Behavioral Health

- Offered 881 distinct clients outreach, engagement, care coordination, and connection to care in FY 23-24

PHACS

- Served 928 distinct PSH residents in FY 23-24
- In 2024, expanded to provide health services at all 144 PSH buildings

The Street Crisis Response Team and BEST Neighborhoods

Street Crisis Response Team

Launched in 2020, the Street Crisis Response Team (SCRT) aims to offer rapid, trauma-informed care through teams responding to calls about people experiencing a behavioral health crisis.

SCRT was launched as a pilot project in November 2020 in partnership with the SF Fire Department and has since been scaled up to 12 teams operating 24/7 across San Francisco.

Diverting 97% of eligible behavioral health 911 calls from a police-led response.

BEST Neighborhoods and the Street Crisis Response Team

In March 2023, the SCRT responding teams were reconfigured and the **Bridge & Engagement Services Team: Neighborhoods (BEST Neighborhoods)** was launched under the OCC.

Team includes psychiatrist, clinicians, health workers, nurse, clinical supervisors, and a peer outreach specialist.

- **Bridge:** Providing time-limited, focused, and phased interventions to support clients in transitioning to ongoing care and supports.
- **Engagement:** Serving people living on the streets with highly complex needs, who face significant barriers to access or engage with needed care, and who may experience ongoing crisis
- **Neighborhoods:** Teams are 'place-based,' working in assigned neighborhoods 6-days a week and developing community-responsive relationships and interventions

Active BEST Neighborhoods Teams

Neighborhood	Launch Date
Gold: Tenderloin	3/14/23
Blue: Mission/Castro	3/14/23
Red: Citywide	5/13/24
Purple: Bayview/Ingleside	6/25/24



Mental Health Service Center and Service Expansions

Mental Health Service Center and Outpatient Service Expansions

While site acquisition for the **Mental Health Service Center (MHSC)** continues, many of the key services envisioned for the MHSC are being met through the Behavioral Health Access Center (BHAC) and Behavioral Health Pharmacy. These services are growing.

- SFDPH added 70 service hours weekly for BHAC, BHS Pharmacy, Office-based Buprenorphine Clinic (OBIC), and Opioid Treatment Programs.
- BHAC and BHS Pharmacy now open evenings and weekends.
- Over 1,700 people visited BHAC and BHS Pharmacy during expanded hours in FY 23–24.
- Overall, BHAC and Behavioral Health Access Line served 5,411 people seeking treatment in FY 23-24.

Alongside service expansions under MHSF, SFDPH has also:

- Increased availability of on-demand telehealth treatment by 16 hours daily for people who use opioids.
- Seen a 32% increase in methadone treatment admissions and 46% increase in buprenorphine prescriptions filled at the BHS Pharmacy this year, compared to the first eight months of 2023.
- Seen 35% increase in residential treatment admissions in FY23-24 over the previous fiscal year.

Mental Health SF Challenges and Opportunities

Looking Forward: Challenges and Opportunities

While much has been accomplished, key challenges remain, and opportunities that will shape the future of MHSF.

- **Next steps for MHSF's envisioned Office of Private Health Insurance Accountability:** Funding for this Office is not currently identified.
- **Workforce:** There is a nationwide shortage of behavioral health professionals, especially clinicians, case managers, and health workers. We have had hiring successes, but recruitment challenges continue.
- SFDPH is pursuing staffing improvements using recommendation the recommendations from the Controller's **MHSF Staffing & Wage Analysis**.
- **Funding:** Revenue from the Prop C business tax used to fund the implementation of MHSF is highly volatile and below DPH's spending plan by ~30-40% annually. SFDPH has sustained planned programming by relying on one-time reserves.

Looking Forward: Challenges and Opportunities

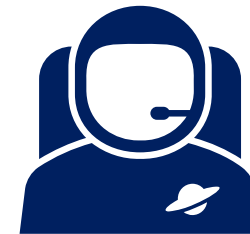


Real estate acquisition:

Lengthy timelines to locate, acquire, renovate, and/or construct suitable sites for behavioral health residential expansion.

SFDPH is grateful for Board support for its competitive solicitation waiver for bed procurement.

Additional building purchases are in process for the upcoming year, including an additional residential care facility



Data modernization:

With the launch of Epic in May 2024 for BHS Mental Health Services, on a pathway to improving integrated data and analysis.

Federal confidentiality laws limit integration of substance use services into a single data record

Looking Forward: Challenges and Opportunities

- **Shifting policy priorities:** Significant new policy changes have occurred that change the context in which MHSF offers—and MHSF clients receive—services. These include, among others:
 - Proposition 1
 - Providing opportunities for further bed expansion under the Prop 1 Bond.
 - Changing the service environment by increasing Behavioral Health Services Act required allocations to housing, substance use services, and full-service partnerships.
 - Implementing significant overhaul and expansion of county behavioral health reporting to California Department of Health Care Services.
 - Medi-Cal reform (CalAIM) is driving many other system-wide changes in behavioral health.
 - Overdose Prevention and Response
 - MHSF implementation has occurred alongside equally significant investments in addressing the overdose crisis, locally.
 - Federal, state, and local policies and programs (e.g., federal methadone regulations) have changed in response to this crisis, potentially impacting MHSF priority populations.

Upcoming Implementation

MHSF Programs to Come



Mental Health Service Center

Site acquisition in progress
Stabilization Unit under construction



Bed Expansion

Additional dual diagnosis treatment
Expanded residential care facilities
Transitional housing for unhoused people with behavioral health needs



All programs

Ongoing refinement and improvement to better meet the needs of MHSF priority populations and the public

Thank you