

**San Francisco Department of Public Health Behavioral Health Services (CBHS)
Comprehensive Crisis Services Program**

**California Department of Health Care Services
Crisis Care Mobile Units (CCMU) Program Application**

Application Narrative

A. Application Organizational Information

- **County Name:** San Francisco County
- **Supporting a Fiscal Sponsor?** No
- **Address:** 1380 Howard Street, San Francisco, CA, 94103
- **Phone:** (415) 255-3737
- **URL:** <https://www.sfdph.org/dph/default.asp>
- **Application Contact:** Matthew L. Goldman, M.D., M.S.
- **Application Contact Email Address:** matthew.goldman@sfdph.org
- **Application Contact Phone:** 415-317-4142
- **What is the Applicant's Annual Budget Amount?** \$446,435,136
- **Does the Applicant Have an Annual Financial Audit?** Annual financial monitoring audits and internal auditing of all County programs and department, including civil service programs and contracts, is conducted by the San Francisco Department of Public Health Business Office and Contract Compliance (BOCC) program.

B. Project Information

- **Project Name:** San Francisco Crisis Care Mobile Units Infrastructure Expansion Project
- **Brief Summary and Purpose of Project:** (100 Words Maximum)

Through the Infrastructure Expansion Project, San Francisco (SF) Comprehensive Crisis Services will significantly expand the quality, scope, and impact of our existing crisis care mobile units program by, among other activities: a) adding 1.67 FTE in new analyst staff to improve continuous quality improvement to support mobile crisis calls; b) acquiring two new vehicles to increase the time spent in the field by mobile teams; c) upgrading existing phone systems to improve communication quality and facilitate automated data collection; d) purchasing laptops and tablets for telehealth and remote documentation in the field; and e) providing deescalation trainings to clinical staff.

- **Start Date:** September 15, 2021
- **Direct Service End Date:** February 14, 2023
- **Infrastructure End Date:** June 30, 2025
- **Amount Requested:** \$1 million

Focus Populations Estimate:

Race / Ethnicity:

- **African American or Black:** 21.4%
- **American Indian or Alaska Native:** 0.4%
- **Asian / Asian American:** 17.2%
- **Chicanx or Latinx or Hispanic:** 19.5%
- **Native Hawaiian or Pacific Islander:** 0.4%
- **White:** 34.8%
- **Native Hawaiian / Pacific Islander:** 0.4%
- **Biracial:** 6.3%

Age:

- **< 5 year-olds:** 0.2%
- **5 to 9 year-olds:** 3.7%
- **10 to 14 year-olds:** 10.1%
- **15 to 19 year-olds:** 33.4%
- **20 to 25 year-olds:** 3.6%
- **26 to 34 year-olds:** 9.8%
- **35 to 44 year-olds:** 8.9%
- **45 to 54 year-olds:** 10.7%
- **55 to 64 year-olds:** 10.0%
- **65 to 74 year-olds:** 4.8%
- **75 to 84 year-olds:** 3.2%
- **85+ year-olds:** 1.6%

C. Narrative Questions

Track Record: Describe your county's current behavioral health crisis system and CCMU program or capacity within your existing behavioral health crisis system to implement a new CCMU program. (200 words maximum)

San Francisco Behavioral Health Services (BHS) operates a robust and well-established Comprehensive Crisis Services (CCS) program that incorporates a strong emphasis on young people ages 25 and lower, who make up roughly **half** of all clients served by the program. The CCS program has continually evolved since its founding as a Child Crisis response program in **1981**, incorporating innovative programs and services while expanding to meet growing local crisis needs. The city's **Adult Mobile Crisis** program was founded in 1996 and the **Crisis Response Team** program became part of BHS in 2006. These three programs were merged to form Comprehensive Crisis Services in 2012, which also includes a call center to coordinate mobile team dispatch. A **Crisis Intervention Team** was added to this service array in collaboration with the San Francisco Police Department in 2016. CCS is aligned with the

National Guidelines for Behavioral Health Crisis Care, incorporating a 24/7 crisis line, mobile crisis teams, partnerships with crisis facilities, and post-crisis follow-up, aiming to decrease criminal-legal system involvement and emergency department use. The **mission** of CCS is to provide compassionate, culturally appropriate, trauma-informed interventions that bring safety and foster resiliency, strength, and hope for individuals, families, and communities in crisis.

1. What services are currently available in your county for adults in crisis?

a. Mobile Crisis Units:

i) Staff composition of unit(s):

- San Francisco currently employs **20** crisis responders in the CCS program. These individuals are responsible for answering the crisis line requests for service and are also deployable through **five 2-person teams** that are able to be dispatched into the field for emergencies. Through the purchase of **2** new vehicles through the CCMU grant program, our program will be able to maintain **3** of these teams in the field on an ongoing basis, in turn decreasing the time needed to respond to psychiatric emergencies and increasing the number of field visits to which they will be able to respond.

ii) Number of units and cumulative hours of coverage:

- Crisis call line inquiries are received and responded to on a **24-hours-per-day / 7-days-per-week** basis. San Francisco CCS team members are **dispatched to child crisis calls 24/7** and to both adult and child crisis calls during regular CCS office hours, which are **Monday through Friday from 8:30 AM to 11:00 PM** and **Saturday from 9:00 AM to 7:00 PM**, for a cumulative total of 82.5 hours per week. Meanwhile, the **CCS Crisis Response Team (CRT)** collaborates with the SF Police Department to provide **24/7 community response** to incidents involving homicides, suicides, critical shootings, and Vision Zero traffic fatalities. CRT services incorporate linkages to victim services, assistance with funeral and burial arrangements, and ongoing short or long-term individual support to family and community members exposed to violence.

iii) How are these teams dispatched?

- San Francisco CCS operates a robust crisis call line that is responsible for dispatching CCS mobile teams into the field. The CCS crisis line receives an average of approximately **3,000** calls per year. Through highly trained crisis line triage responders, approximately **80%** of calls are able to be resolved on the phone while about **20%** require individuals to go out in the field.

b. Urgent Care / Walk-in Clinics:

- Tom Waddell Urgent Care Clinic
- Zuckerberg San Francisco General Hospital Family Health Center

- San Francisco Behavioral Health Access Center
- San Francisco Behavioral Health Pharmacy
- San Francisco Office-Based Buprenorphine Induction Clinic
- Dore Urgent Care Clinic
- Westside Crisis

c. Crisis Stabilization Unit/23-hour unit (CSU):

i) List program name(s) and number of beds:

- DORE Urgent Care Crisis - 24-hour facility where clients can stay less than 24 hours - 8 beds

d. Crisis Residential Facilities (CRF):

i) List program name(s) and number of beds:

- San Francisco Acute Diversion Units - 39 beds
- Joe Healy Detox / Baker Places - 26 beds
- Walden House Social Detox Center - 27 beds

e. Other Crisis Facility Models:

i) List program name(s) and number of beds:

- Hummingbird Peer Respite Center - Potrero - 29 beds
- Hummingbird Peer Respite Center - Valencia - 30 beds

f. Sobering Centers (SC)

i) List program name(s) and number of beds:

- The SOMA RISE Center - 20 beds
- Community Forward SF Medical Respite and Sobering Center - 8 beds

2. What services are currently available in your county for children / youth in crisis?

a. Mobile Crisis Unit

i. Staff composition of unit(s)

- San Francisco's **20** crisis responders are available to respond to both adults and children and youth in crisis.

ii. Number of units and cumulative hours of coverage

- Crisis call line inquiries are received and responded to on a **24-hours-per-day / 7-days-per-week** basis. San Francisco CCS team members are **dispatched to child crisis calls 24/7** and to both adult and child crisis calls during regular CCS office hours, which are **Monday**

through Friday from 8:30 AM to 11:00 PM and Saturday from 9:00 AM to 7:00 PM, for a cumulative total of **82.5 hours per week**.

iii. How are these teams dispatched?

- San Francisco CCS operates a robust crisis call line that is responsible for dispatching CCS mobile teams into the field. The CCS crisis call line receives approximately **3,000** calls per year, **20%** of which are responded to by immediate dispatch by 2-person crisis response teams.

b. Urgent Care / Walk-in Clinics:

- None - N/A

c. Crisis Stabilization Unit/23-hour unit (CSU):

- Edgewood Crisis Stabilization Unit - 4 youth beds

d. Crisis Residential Facilities (CRF):

- Edgewood Crisis Residential - 2 youth beds

e. Other Crisis Facility Models:

- None - N/A

f. Sobering Centers (SC)

- None - N/A

3. Are there any behavioral health crisis service facilities or units (CSU, CRF, SC, or others) that your county contracts for that are not located within your county?

a. List program name(s), location (i.e., county), facility or unit type, population served (i.e., adults or children/youth) and number of beds

- None - N/A

4. What is the current (or intended) process for dispatch of mobile crisis units in your county's behavioral health crisis system?

- As noted above, San Francisco CCS operates a robust crisis call line that is responsible for dispatching CCS mobile teams into the field. The crisis line receives an average of approximately **3,000** calls per year, and approximately **20%** of these are responded to by mobile crisis team members who are dispatched and coordinated based on clinical acuity,

location, availability, and time of day. Whenever possible, cultural concordance is considered in decisions about which CCS team members respond to the individual in crisis.

5. How does your county incorporate telehealth/mobile technology in its behavioral health crisis system?

- San Francisco mobile crisis team members are able to conduct remote telehealth evaluations and follow-up sessions in the field using Zoom. These sessions can be conducted both for new and existing clients, and in a variety of ways. For example, SF mobile crisis staff often conducts remote assessments of children who are experiencing crisis **while they are in the Emergency Room** at UCSF / Benioff Children's Hospital. However, the city's existing mobile telehealth capacity is limited because of dated equipment and a shortage of units, while staff are often unable to connect to local wireless networks depending on their location. Through the current grant program, CCS will acquire new tablets to improve the quality and availability of telehealth sessions in the field, while supporting the cost of monthly mobile hot spot access that will ensure client remote access anywhere in the city.

6. How are law enforcement involved in your county's behavioral health crisis system?

- San Francisco CCS includes the Crisis Response Team, which work in collaboration with members of the San Francisco Police Department (SFPD) to respond to families and community members impacted by suicides, homicides, and pedestrian fatalities that occur in the city. In these cases, crisis team members work on site with families and witnesses who are affected by these events. Additionally, CCS partners with the SFPD to operate its **Crisis Intervention Team (CIT)** program, which conducts planned co-response visits for individuals who are becoming increasingly violent due to suspected or known behavioral health disorders. The CIT also provides consultation to SFPD when there is a barricaded subject who may have behavioral health issues, including providing on-site support for family members who may be on the scene of a barricade incident.

7. How many crisis services within your county operate 24/7?

a. Please include information regarding patient wait times

- As noted above, CCS crisis call line inquiries are received and responded to on a **24-hours-per-day / 7-days-per-week** basis. Given the location of CCS in the Bayview neighborhood in San Francisco and the lack of resource to currently keep teams out in the field continually throughout the day, CCS response times are typically within the goal of 90 minutes, though they are sometimes scheduled for the following day if requested by the client and clinically appropriate for next day response. These CCS patient wait times are a key metric that we aim to improve with the support of the CCMU grant opportunity. At the same time, the SF DPH **Street Crisis Response Team (SCRT)** is also available on a **24/7** basis to respond to clients in San Francisco who are experiencing a behavioral health crisis in public spaces, with a special emphasis on engaging people experiencing homelessness. The SCRT is dispatched directly through calls to 911 and maximum response time for the SCRT is 15 minutes.

Use of Funds: Describe in detail your plan for using these funds to expand your current CCMU program or to implement a new CCMU program, including your 1) goals, 2) activities, 3) timeline, and 4) resources. (300 words maximum)

Track 2 Implementation Grant funds will enable SF Comprehensive Crisis Services (CCS) to implement an integrated range of activities that significantly enhance the quality, scope, and impact of our crisis care mobile unit program. The **goal** of these activities is to alleviate suffering and improve the health and well-being of San Franciscans experiencing behavioral health crises, with a focus on individuals aged 25 and younger, who will make up **half** of the project population. The program will add **one full-time** and **one 67%-time Performance Analyst** who will enhance the effectiveness and document the success of SF's **mobile crisis call center** by continually reviewing calls to ensure appropriate follow-up while synthesizing key client data to demonstrate the success of the system. Funds will support the purchase of **two new vehicles** that will allow mobile crisis teams to be **continually in the field**, providing more rapid response while enhancing relationships with local schools and CBO partners. Funds will also allow our program to upgrade its antiquated phone system to a **voice over internet protocol (VOIP)** system that improves quality of communication while facilitating collection of automated caller data. Grant funds will support the purchase of **new laptops and tablets** with mobile hot spots that allow for telehealth and remote documentation in the field. Funds will also support an intensive **de-escalation training** for clinical staff while providing a small pool of **flex funds** that support client engagement in care. Finally, the grant will facilitate additional qualitative evaluation of the program through a **year-long post-call interactive voice response survey** that invites clients to give feedback on the quality and impact of crisis line communication and support. New staff will work for a total of **41 months** beginning 2/1/22 while most program enhancements will take place in the **first project period** from 9/15/21-6/30/22.

Expected Outcomes: List 2-5 expected direct outcomes of the proposed activities. (200 words maximum)

Over the 44½-month project period, the Infrastructure Enhancement Project will produce several key outcomes in relation to our CCMU program, including the following:

- The new 1.67-FTE Performance Analysts will significantly increase the speed and accuracy with which crisis callers are linked to appropriate services to meet their needs, while proposing enhancements that improve the overall quality and impact of call center services.
- The 1.67-FTE Performance Analysts will help secure long-term funding for the CCMU program by producing data that demonstrates the success of the program in achieving key systemic outcomes such as reduced criminal justice involvement and reduced Emergency Department visits.
- The two new purchased vehicles will allow for significantly faster mobile response to crisis incidents throughout the city, while increasing day-to-day contact with key project referral partners for youth.

- The upgraded VOIP phone system will measurably increase the quality of caller communications, facilitate automated data functions such as the creation of caller profiles and the collection of client metrics, and improve communication across the BHS system.
- The post-call IVR survey will enhance the quality of the mobile crisis call center by soliciting immediate client feedback and input on the quality of center services.

Evaluation Process: Describe how you will document or evaluate progress toward the outcomes. (200 words maximum)

Over the past two years, SF Comprehensive Crisis Services has implemented extensive systems to track user and service metrics and to document outcomes of the CCMU program. CCS utilizes the **Avatar** behavioral health EHR system, which is **already structured** to track and report on virtually **all** of the performance data measures listed in the RFA. This includes **quantitative** data on factors such as number and type of individuals served, primary diagnoses and rate of co-occurring disorders, average response time, number and reasons for CCMU dispatch, length of time to receive follow-up, degree of family involvement, and percentage of encounters resolved successfully within 2 hours. The system is also able to track **qualitative** outcomes such as reduced criminal justice and reduced emergency department engagement. However, the system currently lacks the QI resources to review client documentation, examine the thoroughness of client recordkeeping, and assess the quality of client follow-up to continually improve the impact and efficacy of the program. The system is also in urgent need of staff resources to document the value and impact of the program in collaboration with stakeholders, including the degree to which the program reduces overall systemic costs as a strategy to advocate for long-term funding.

Organizational Capacity: Describe 1) your county's capacity to implement the project (including staffing capacity), and 2) how this project may further build your county's capacity. (250 words maximum)

As a unit of a large and advanced county behavioral health services program, SF Comprehensive Crisis Services has the experience, resources, and systems needed to effectively and efficiently implement the proposed capacity expansion activities. Under the leadership of Director Stephanie Felder and Medical Director Dr. Matthew Goldman, CCS has made tremendous strides over the past several years in expanding the number of mobile crisis staff available in the city while bringing about systemic enhancements such as an improved and more widely publicized crisis call center, enhanced community partnerships, and expanded collaboration and integration with other BHS units and programs, including the county's expanding TAY system of care. The CCS call center currently fields more than **3,000** calls annually, **20%** of which result in crisis dispatch, most to young people aged 25 and younger. The system also incorporates an advanced **child crisis system** for SF youth, including services conducted in emergency rooms, schools, foster homes, and group homes. CCS's **Crisis Response Team (CRT)** is available on a 24/7 basis providing 30-60-day treatment to children and families impacted by violence, while CCS staff on the SF **Crisis Intervention Team (CIT)** partner with law enforcement to provide co-response aimed at diverting clients from criminal-legal system involvement. The

proposed Infrastructure Expansion Project offers an ideally timed opportunity for CCS to make a series of **strategic investments** that build on these successes with the goal of increasing the quality, impact, and scope of the program, while generating data needed to help secure long-term program funding.

Partnerships: Describe clinic or community partnerships and resources that could be readily established or are already in place to support implementation of program goals. (200 words maximum)

Both SF BHS and CCS engage actively in community partnerships to carry out program services and to achieve countywide goals and objectives in relation to behavioral health crisis response. CCS regularly coordinates with 911 and SF Suicide Prevention hotline when calls need to be transferred, SF Police and Fire Departments around co-response and client transport, the Street Crisis Response Team when homeless clients are in crisis, as well as child and adolescent programs such as school-based mental health services, the SF foster mental health program, and child protective services. Furthermore, the County maintains and actively participates in a myriad of planning and coordinating bodies that incorporate and exemplify meaningful community partnership, and that continually seek to coordinate and integrate available resources to ensure the broadest and deepest impact on SF populations affected by behavioral health issues. At the same time, the majority of direct behavioral health services supported through BHS are provided through **direct community service contracts** in which local providers offer and provide trauma-informed, population-sensitive services, including services tailored to specific ethnic groups and key sub-populations. These contracts are particularly critical in the case of young people aged 25 and younger, who require tailored, developmentally specific services.

Sustainability: Describe how your project will utilize this funding to support sustainability of your work after the funding ends. (100 words maximum)

As noted in the narrative above, the proposed program generates important new resources for tracking and documenting both the quantitative and qualitative impacts of the CCS and CCMU programs, particularly through the two new Performance Analysts and through proposed phone system upgrades and the post-call IVR survey. These approaches will enable our program to better track and document our program's effectiveness in promptly linking clients to appropriate crisis services, while continually generating data summaries and reports that help secure long-term funding by building a case for the impact and cost-effectiveness of the CCS and CCMU programs, particularly among SF youth.

Coordination: If your county manages multiple CCMUs, describe how you will structure and coordinate the administration of these entities. (200 words maximum)

The SF CCS CCMU program is currently staffed to answer all incoming crisis calls while providing 2-person mobile team response to up to four field visits simultaneously during daytime hours, and up to one team on a 24/7 basis. The proposed infrastructure expansion seeks a series of

enhancements that relate to the work of all of these teams simultaneously and will allow for improved coordination of these CCS mobile teams. SF County also manages the Street Crisis Response Team (SCRT), which includes six teams comprised of a behavioral health clinician, a Fire paramedic, and a peer specialist and is dispatched directly by 911 to respond to people experiencing homelessness who are in crisis. CCS coordinates regularly with SCRT in its role as an alternative number for SCRT deployment, which was arranged to ensure access to SCRT services for clients who otherwise would not feel comfortable contacting 911 due to fear of police response.

Technical Assistance: What technical assistance would your county benefit from in implementing this project? (100 words maximum)

The SF CCS does not currently foresee requiring outside technical assistance services to implement the proposed program, although we are open to support and input on specific components of the program.