

San Francisco Department of Public Health Division of Behavioral Health Services

Hearing on Behavioral Health and Substance Use Case Management

BOS Homelessness & Behavioral Health Select Committee
July 28, 2023

Imo Momoh
Director of Managed Care
Behavioral Health Services
San Francisco Department of Public Health



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Agenda

- What is Case Management?
- Current State
- Looking Forward



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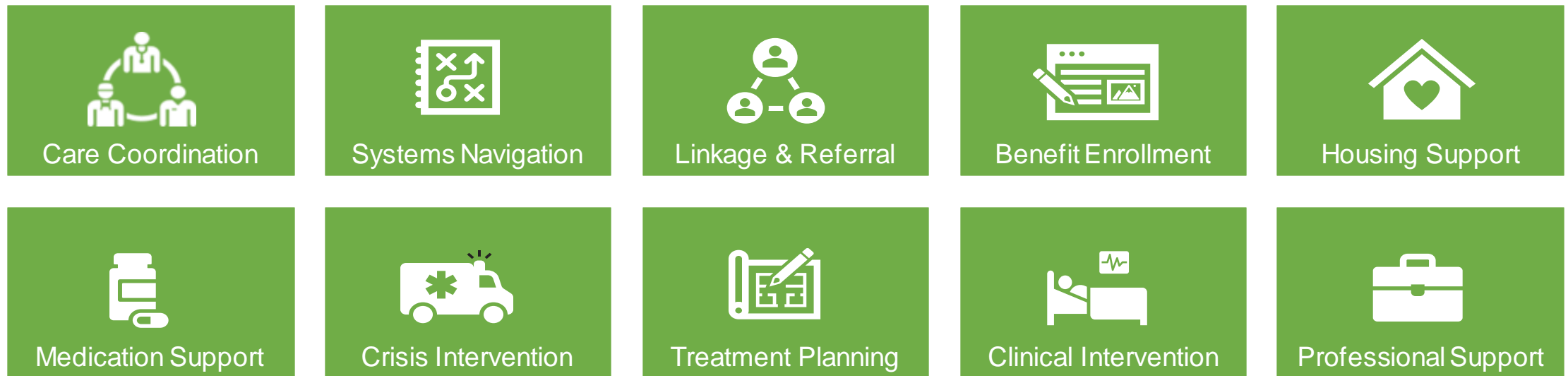
What is Case Management?



What is Case Management?

A service that is delivered as a stand alone or in conjunction with intensive case management and outpatient treatment programs. **Case management is person-specific and can vary in intensity, length, and location of where services are provided.**

Case management includes the below functions:



Types of Case Management

Low Intensity Case Management

E.g., *Outpatient Clinics*

- Based at mental health and substance use outpatient clinics
- Serves low acuity people that do not require high or intense levels of case management

Intensive Case Management

E.g., *Intensive Outpatient Treatment Programs*

- Field-based intensive treatment services
- Serves people at higher risk of severe negative outcomes, e.g., individuals at risk of incarceration or hospitalization

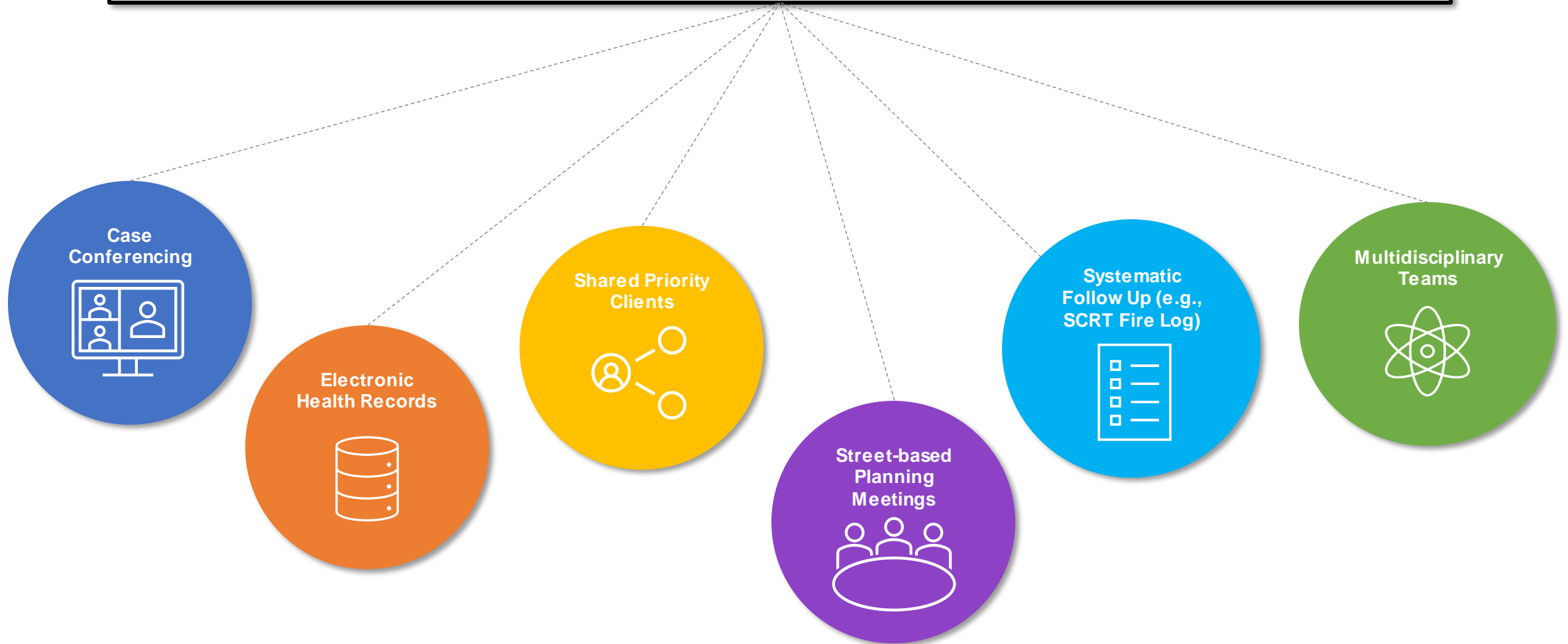
Linkage/Stabilization Case Management

E.g., *Office of Coordinated Care including BEST Neighborhoods*

- Field-based case management services
- Targets people who need a higher level of case management, e.g., those exiting the hospitals and will destabilize without immediate follow-up



Strengthened Collaboration and Coordination



Current State



Case Management Capacity



Note: Budgeted FTE and Vacancy Rate represents the Linkage/Stabilization and Intensive Case Management levels of care.

Case Manager to Client Ratio

- For clients with low intensity case management needs, on average 1:50.
- For clients with intensive case management needs, on average 1:17.
- For clients with linkage/stabilization case management needs, on average 1:12.

Frequency

Case managers meet with clients, when possible, depending on acuity of client and intensity of services.

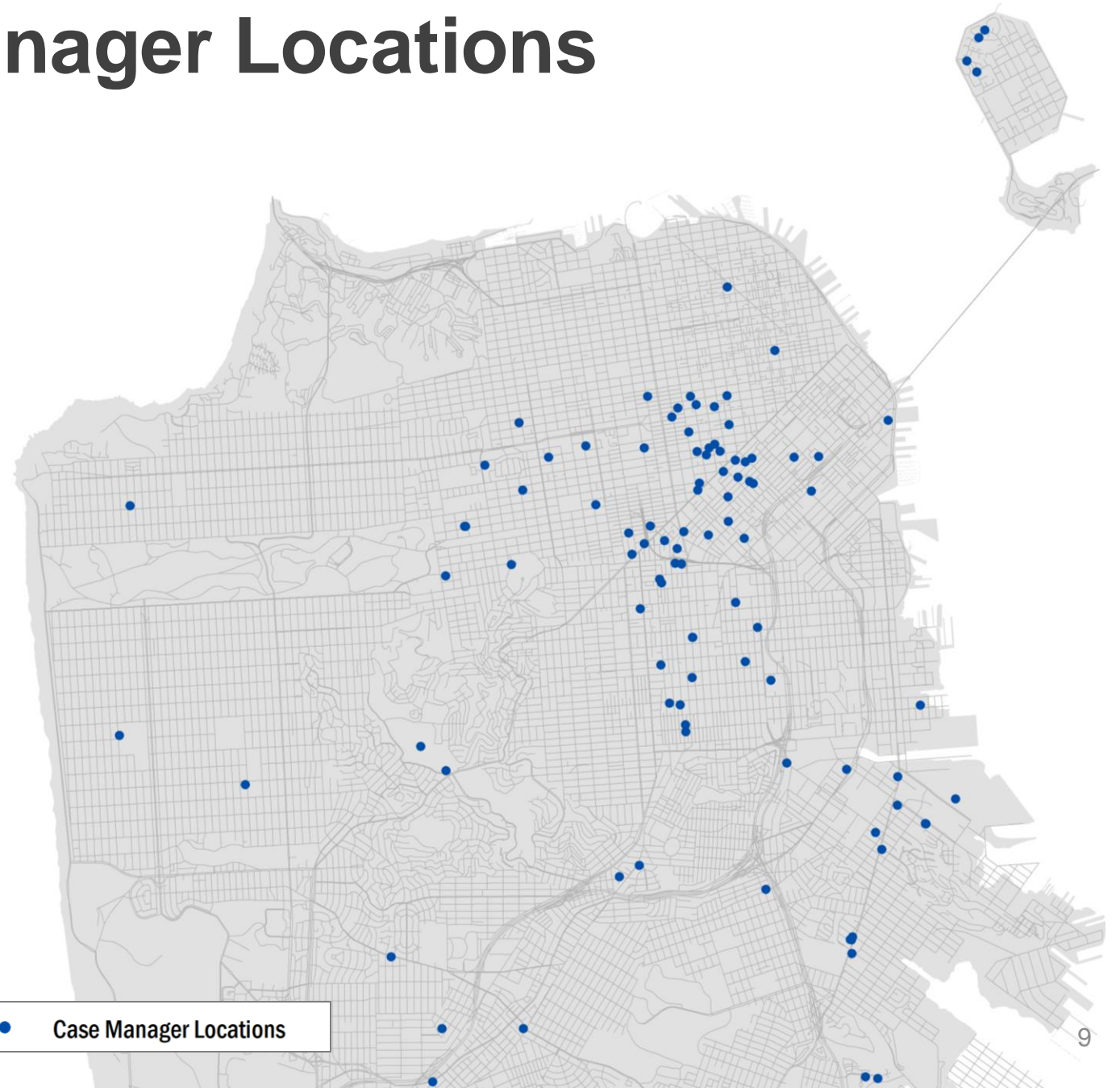
- For those with higher acuity needs, they meet on average 1-4 times a week.
- For those with lower acuity needs, they meet on average monthly or bi-weekly.



Case Manager Locations

Most Case Managers can meet clients where they are.

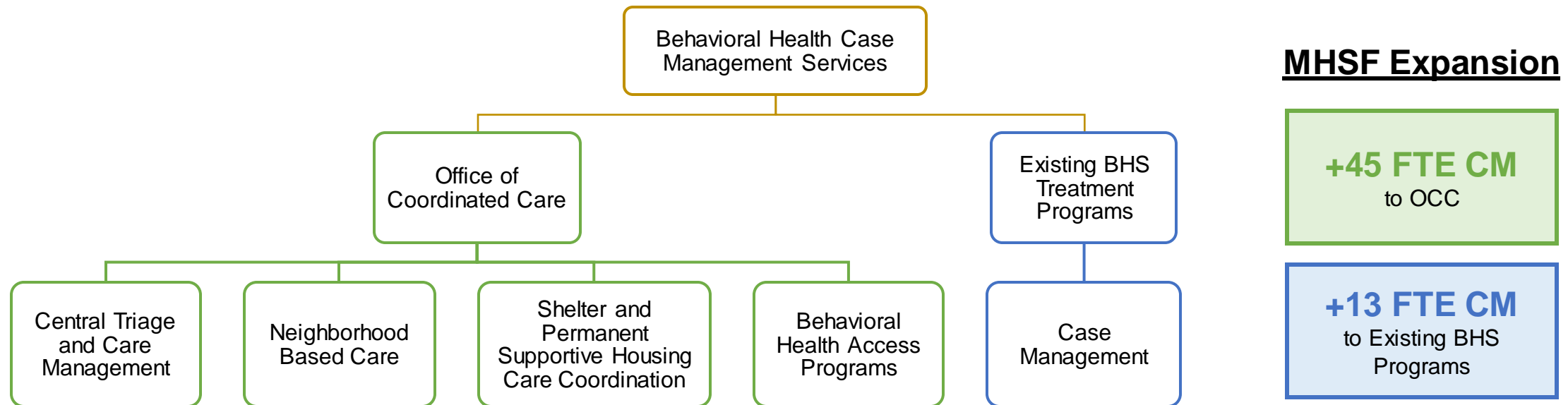
- 55% Case Managers are located at a civil service clinic.
- 45% Case Managers are located at a Community Based Organization (CBO).



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Office of Coordinated Care (OCC) and Case Management Expansion

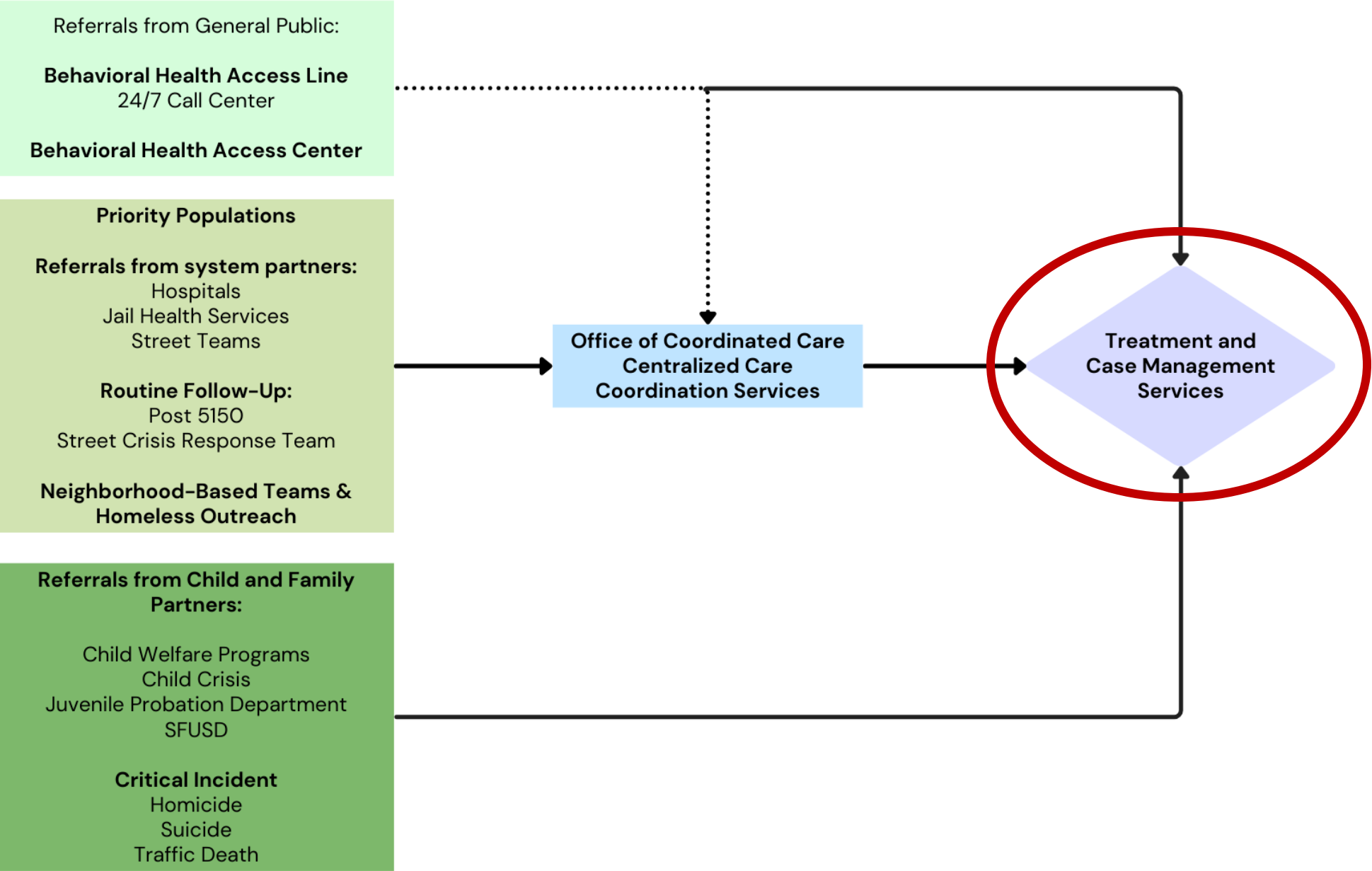
The OCC, a key component of Mental Health SF (MHSF), ensures access to behavioral health care and seamless transitions between levels of care for priority populations. It works closely with existing Behavioral Health Services (BHS) treatment programs, where case management (CM) capacity is also being expanded.



When is Case Management offered?



Case Management Assignment



Case Management Scenarios

Client A Scenario

Background: Client A has a long history of complex trauma and experiencing homelessness.

Approach: Client A was linked to Bridge and Engagement Services (BEST) Team. Through advocacy and engagement, Client A was placed in a shelter and connected to intensive case management.

Outcome: The continued relationship and stabilization supported the client to be placed in long term housing.

Client B Scenario

Background: Client B seen frequently in crisis, but difficult to locate by providers in the community.

Approach: BEST Neighborhoods supported Client B with frequent outreach and 5150 assessments leading to multiple hospital visits. Client B was ultimately connected to Stabilization/Critical Case Management team and placed in a short-term shelter.

Outcome: The Stabilization/Critical Case Management team continues to outreach and support the client. 911 calls have been eliminated.

Client C Scenario

Background: Client C struggles with bipolar disorder and methamphetamine use. There have been multiple SCRT calls.

Approach: BEST Neighborhoods conducted outreach leading to Client C placed in a Single Room Occupancy, but Client C chose to stay outdoors. With continued outreach, support, as well as street-based psychiatry, Client C agreed to an injectable medication. This helped the client stabilize, remain engaged in services, and maintain their housing. Client C was connected to intensive case management (ICM).

Outcome: ICM continues to conduct outreach and provide support. Recently, the client was placed in permanent supportive housing.

SCRT = Street Crisis Response Team
BEST = Bridge and Engagement Services Team

Challenges & Limitations

- **Recruitment and Retention**
 - Vacancies and turnover contribute to high caseloads and burnout among case managers
- **Data Sharing**
 - Sharing PHI between city agencies
- **Limited Housing Options**



Looking Forward



Looking Forward

- **Epic going live in April 2024:** Electronic Health Records will allow information and data exchange across DPH and providers, promoting increase in care coordination and service linkage
- **Multidisciplinary Teams (MDT):** Increase collaboration and data sharing across city agencies
- **CARE Act (SB 1338):** State mandate to connect a person with untreated mental illness with a court-ordered care plan and care team in the community
- **New FTEs:**
 - Add 100 intensive outpatient treatment slots via \$1.8M RFP (MHSF) – would result in least 5 new FTEs
 - Grant funding adding FTEs to Shelter Behavioral Health
 - RFP to expand Permanent Housing Advanced Clinical Services



Thank You



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