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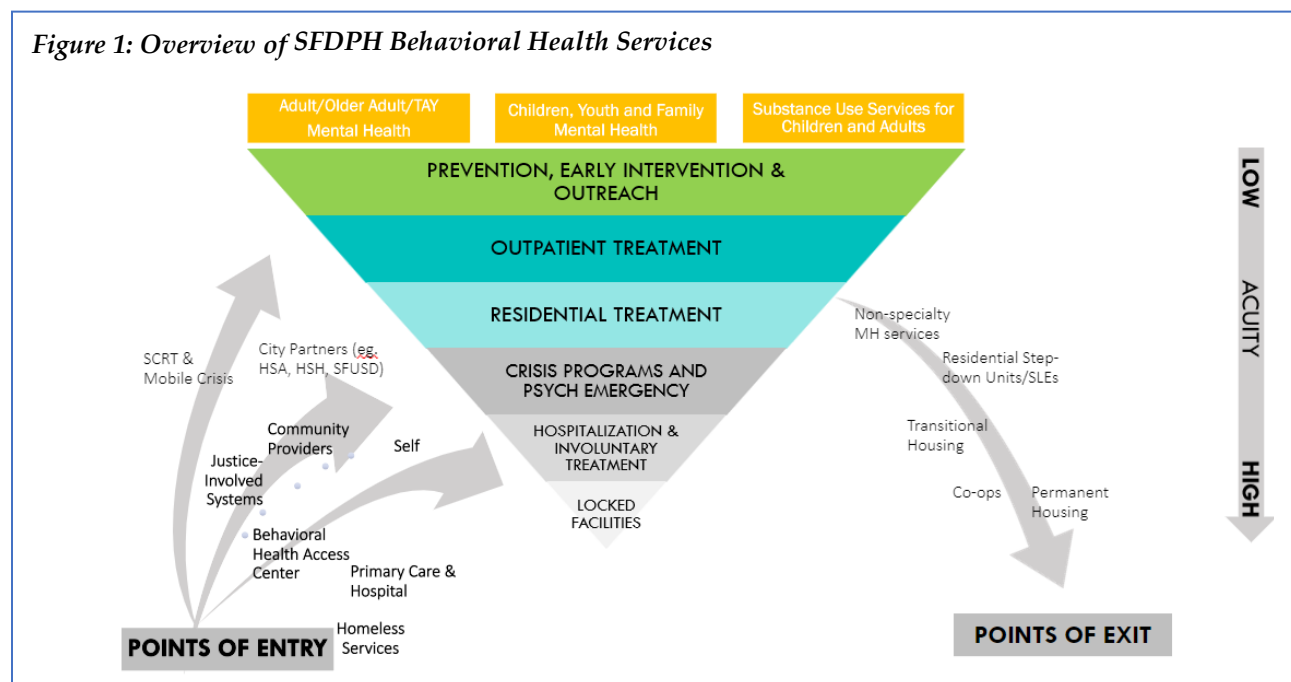
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Question: Can you provide a map of the Behavioral Health System?

Answer: SFDPH Behavioral Health System offers a full range of behavioral health and substance use disorder services, provided by a culturally diverse network of community-based behavioral health programs, private providers, Institute for Mental Diseases (IMD), and hospitals.



The programs include:

1. Behavioral health urgent care
2. Crisis services: e.g., Psychiatric Emergency Services (PES)
3. Emergency Stabilization Units: e.g., Shelter in place (SIP) hotel rooms, IP hotel, single room occupancy (SRO)
4. Forensic Behavioral Health Services: e.g., Behavioral Health Court, Jail Psychiatric Services
5. Inpatient psychiatric treatment
6. Locked Sub-Acute Unit (LSAT) and Psychiatric Skilled Nursing Facilities (PSNF)
 - a. Mental Health Residential Programs
7. Outpatient Mental Health Services
8. Residential Care Facilities, including Residential Care for the Elderly (RCFE)
9. Residential Step-Down Programs for Substance Use Disorder (SUD)



10. Residential Treatment Programs
 - a. SUD Residential Programs
11. Supportive and co-operative housing

Definitions

Acute Diversion Unit (ADU)

ADUs are intensive, 24-hour crisis residential programs that provide diversion from and an alternative to psychiatric inpatient confinement. Most clients have a major mental health diagnosis with co-occurring substance use disorder and are referred from Dore Urgent Care, inpatient units, and jail. These programs run out of homes located in residential neighborhoods and offer clients social rehabilitative treatment for up to two weeks at a time.

Examples: Avenues, Dore Residence, La Posada, Shrader House.

Locked Subacute Treatment—also known as *Mental Health Rehabilitation Center (MHRC) and Institute of Mental Disease (IMD)*

Locked subacute treatment facilities are for clients placed on a Lanterman-Petris-Short (LPS) Conservatorship due to grave disability or on a forensic court-ordered hold. These programs provide psychosocial rehabilitation to stabilize the mental illness impact on daily functioning, establish medication adherence, improve life and social skills, develop positive coping strategies, and stabilize wellness and recovery.

Examples: MHRC at SF Behavioral Health Center, Crestwood (SF Healing Center, Canyon Manor, Vallejo).

Managed Alcohol Program (MAP)

MAPs are harm-reduction interventions that aim to reduce the harms of severe alcohol use, poverty, and homelessness. MAPs typically provide accommodation (temporary or permanent housing), medical supervision, and social supports alongside regularly administered doses of beverage alcohol to stabilize drinking patterns for people with severe alcohol addiction. While Canada has adopted MAPs nationwide, the United States has not; however, San Francisco piloted MAPs during the COVID-19 pandemic.



Definitions, continued

Residential Care Facilities (RCF)—*also known as Board and Care or Adult Residential Care*

RCFs offer group living for people with disabilities (either medical or psychiatric) who need help with meal preparation, medication monitoring, and personal care, but who do not need daily acute medical care. Individual RCFs may specialize in certain clinical areas such as mental health rehabilitation and geriatrics.

Examples: United Family Home Care, South Van Ness Manor, BMB Sunshine Residential Care.

Residential Care Facilities for the Elderly (RCFE)

RCFEs generally offer group living for seniors (with either medical or psychiatric needs) who need help with meal preparation, medication monitoring, and personal care, but who do not need daily acute medical care. Individual RCFEs may specialize in certain clinical areas such as mental health rehabilitation and geriatrics.

Examples: Crestwood Hope, Victoria Manor, Country Place Assisted Living.

Residential Treatment Program (RTP)—*also known as Social Rehabilitation Program or Transitional Residential Treatment*

RTPs offer structured day treatment and 24-hour social rehabilitation treatment focusing on adults who have been diagnosed with co-occurring mental illnesses (Dual Diagnosis Program) or substance use disorders. Length of stay is usually up to 90 days.

Examples: Baker Street Place, Jo Ruffin Place, Progress House, La Amistad, HR360 Rehab Program, Epiphany House, Transitional Aged Youth Residential Treatment.

Psychiatric Respite (Hummingbird Place)

The psychiatric respite program at Hummingbird Place provides an integrated social rehabilitation, trauma-informed, and harm-reduction model within a social milieu that supports clients in all areas of their recovery. By combining peer support and professional staffing, Hummingbird Place offers counseling, respite, hot meals, shower, and overnight accommodations to help clients regroup and find their footing after a crisis. Length of stay is usually 2–3 weeks. There are two locations: 29 beds on the ZSFG campus and 30 beds in the Mission district.



Definitions, continued

Psychiatric Skilled Nursing Facility (PSNF)

A PSNF is a licensed health facility, or a distinct part of a hospital, that provides 24-hour inpatient care including physician, skilled nursing, dietary, and pharmaceutical services, and an activity program. The PSNF has two types: 1) PSNF/Special Treatment Program) and 2) PSNF/Neurobehavioral Program. The Special Treatment Program specializes in treating patients with primary medical diagnoses and severe psychiatric disorders, and the Neurobehavioral Program specializes in treating patients with organic brain diseases who cannot be safely managed in other settings. These settings may be locked or unlocked.

Examples: Idylwood Care Center, Crestwood (Fremont, Stevenson, Stockton), Medical Hill.

SUD Residential Step-down Program (RSD)

—also known as Recovery Residence Program

RSD is a 6–12-month program for people who have completed a Residential Treatment Program successfully and need time and assistance before fully entering society. It allows people in recovery a chance to practice life skills and supports them as they procure steady employment, social/vocational skills, and tools to stay healthy and independent. RSDs are not clinical in nature and are more likely in transitional housing settings. However, clients are required to be connected to outpatient services, and on-site case management plays a central role in the residential experience.

Examples: Jelani Family House, HR360 Recovery Residence Program, Casa Olin, Broderick House (Epiphany Step-down).

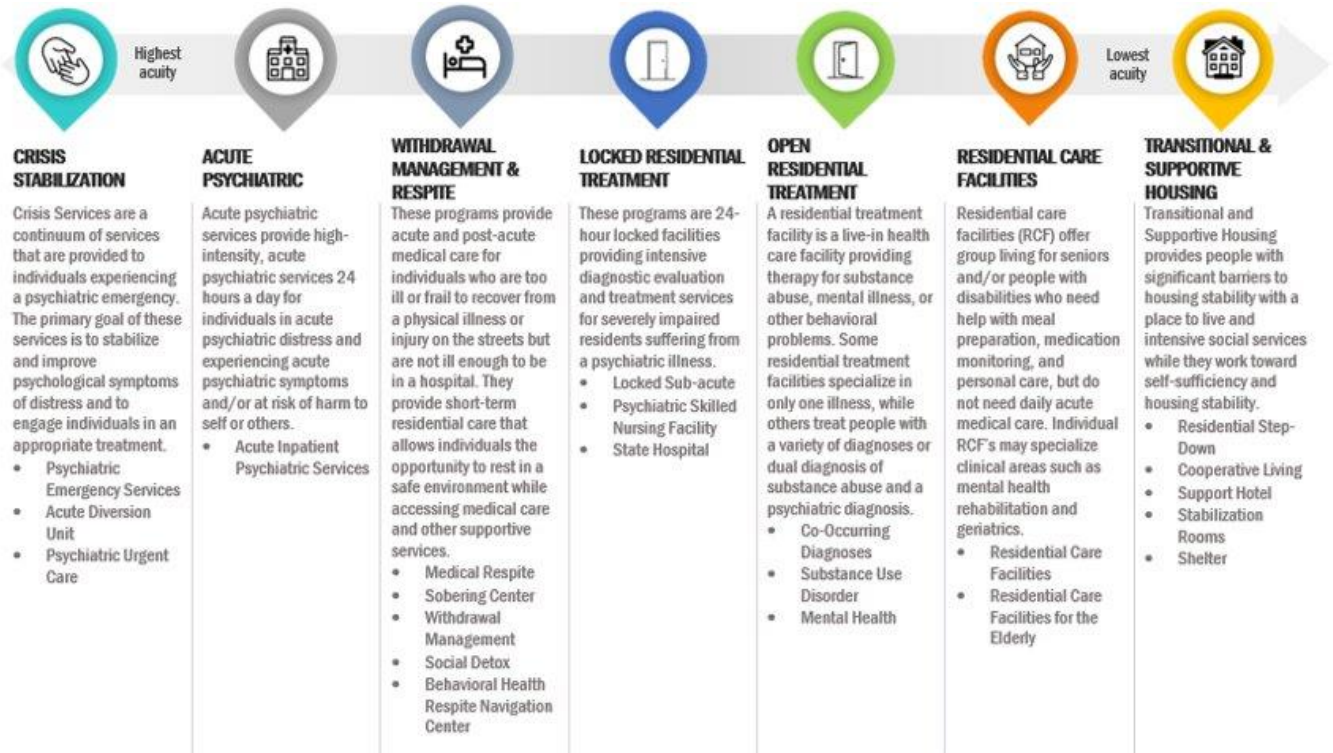
12-month Mental Health Residential Treatment

A residential group living program provides treatment, rehabilitation, and recovery supports to people with mental illness, building life skills and social skills, developing positive coping strategies, pre-vocational/vocational skills, medication adherence, and wellness recovery stabilization. Twelve-month programs are commonly used for patients discharging from Locked Subacute Treatment.

Examples: Progress Foundation Clay Street and Dorine Loso Houses.



Figure 2: Baseline Care Continuum



Question: What is “New Beds & Facilities”?

Answer: The “New Beds & Facilities” domain was chartered in response to the Mental Health San Francisco legislation. The New Beds & Facilities domain prioritizes care for adult residents experiencing homelessness who also have behavioral health challenges; it does so by expanding the network infrastructure to match community-based needs for ongoing treatment at all levels of care (drug sobering, managed alcohol, crisis diversion, residential treatment programs, locked sub-acute treatment, psychiatric skilled nursing facility, and board and care). This network expansion is based upon best available information—including the 2019 BHS residential bed simulation report, guidance from the legislation, and input from stakeholders.



Question: What are the goals for New Beds & Facilities?

Answer: The New Beds & Facilities team will develop new programs or expand current programs to increase treatment services for people experiencing homelessness who have behavioral health challenges. In particular, New Beds & Facilities will support clients to receive care and services in the most appropriate and least restrictive environment and to reduce the need for emergency room or hospital services. The care continuum will expand capacity to serve clients through an additional 400 beds.

Question: What programs are being created or expanded?

Answer: The New Beds & Facilities team is developing and expanding programs that ensure that mental health and substance use disorders treatments are provided in the most appropriate and least restrictive environments. The team also supports the creation of a city-wide continuum of services that optimizes the ability to meet diverse community needs. Access to short-term respite services (such as the drug sobering center, crisis diversion, and managed alcohol program) provides opportunities for engagement and linkage to longer-term ambulatory and/or residential care. Residential step-down for substance use disorders, 12-month rehabilitative services, and board and care provide long-term treatment in stable residency to support connection, engagement, and recovery towards the goal of independent living. *Please see the Bed Expansion Report for additional details: <https://sf.gov/residential-care-and-treatment>*

Question: What outcomes are going to be measured?

Answer: As applicable to each program, outcome metrics will include client access, wait times, therapeutic engagement, retention, and monitoring the usage of higher levels of services for crisis care. For example, SoMa RISE (drug sobering center) metrics will include: number of clients served and their demographics, their duration of participation, harm reduction supplies received, linkage and referrals accepted, lives saved through overdose reversal, and subsequent usage of PES and inpatient hospital services. Similar metrics will be considered when new programs are developed, including:

1. Accessibility and wait time for individuals seeking admission to services, especially admission for clients from jail or ZSFGH in-patient psychiatric care.



2. Utilization of services including initiation, engagement, and retention in treatment.
3. Impact of new services on reducing unnecessary emergency room, hospital, or jails stays (especially revisits within 72 hours).

Question: How will you address equity when developing new programs?

Answer: In addition to the requirements of the Mental Health SF legislation, the New Beds & Facilities team will implement practices to ensure services are provided equitably to underserved and ethnically diverse communities. Activities may include:

1. Proactively outreach to client and consumer groups to understand the “voice of the consumer” when designing new programs, with focus on underrepresented communities or populations.
2. Ensure all new contracts adopt cultural and linguistic services (CLAS) competency standards and monitor for implementation.
3. Actively recruit staff to expand threshold and non-threshold language capacity.
4. Encourage programs to develop culturally relevant training curriculums, including training to address health equity, systemic racism and trauma informed care.
5. Collaborate with Equity Office and Community Health Equity and Promotion (CHEP) to outreach and market new programs to underserved communities.
6. Monitor quality and report outcomes by gender, age, ethnicity, and preferred language to monitor for equity.

Question: What is Crisis Diversion? Is it a pathway to divert people from jail?

Answer: The design of the Crisis Diversion Center is progress - it is envisioned to be a safe environment for people who are actively in a mental health crisis as an alternative to being discharged to the street. It is not intended as alternative to jail.