SFDPH Mental Health Reform
Homelessness and Behavioral Health

Whole Person Care Stakeholders
February 21, 2020
Strategic Alignment

Mental Health Reform (Including DPH Strategic A3)

Mental Health SF Legislation

Ongoing Behavioral Health System (BHS) Quality Improvement

State Policy Changes (Medi-Cal Healthier California for All)

"Mental Health SF" Common Priorities

- Target population -- homelessness and co-occurring behavioral health disorders
- Increased access points and hours
- Care coordination and case management expansion
- Expanded harm reduction policies and service sites
In March 2019, Mayor London Breed appointed Dr. Anton Nigusse Bland as the Director of Mental Health Reform for a two-year assignment.

**Goal:** Develop a strategy to improve San Francisco’s approach to mental health and substance use treatment for at-risk people experiencing homelessness.
Contributions from Prior Efforts

- Homelessness and Behavioral Health; JSI – Tipping Point, 2019
- BHS Performance Audit; BLA, 2018
- Whole Person Care Stakeholder Discovery; WPC, 2018
- Acute Adult Psych Recommendations; Mary Thornton, 2018
- BHS EQRO Report; FY1819
- Justice that Heals Report; District Attorney, 2017
- CARE Task Force; 2014
- Hospital Council Mental Health Task Force; 2009
- SFDPH Community Programs – Stakeholder Engagement Process, 2009
For our clients
People experiencing homelessness have low-barrier access to welcoming, high quality behavioral health care that matches their needs.

For our system of care
Design a system of care grounded in evidence-based practices that reduces harm, increases recovery, and is suited to efficiently deliver behavioral health services to people experiencing homelessness.
Reform Goals

• Create a **unifying vision** for the delivery of behavioral health services to homeless individuals

• **Advance equity** to eliminate health disparities in vulnerable populations

• Identify sustainable, systemic, **innovative opportunities** for improving SFDPH’s system of care for target population

• Use **data and evidence-based practices** to inform decisions and guide discussions
Target Population

18,000
Adults Experiencing Homelessness in San Francisco

4,000
Mental Health Reform Target Population

237
Whole Person Care Shared Priority Initiative

Estimated populations of 18,000 and 4,000 based on FY1819 CCMS data
Who Are the 4,000?

Adults Experiencing Homelessness

+ History of **Psychosis** (such as schizophrenia and schizoaffective disorder)
+ History of **Substance Use Disorder** (alcohol, opioid, cocaine and/or stimulant use)

- **95%** have alcohol use disorder
- **41%** used urgent and emergent psychiatric services last year
- **35%** are Black/African American
Key Performance Measures

• **Reduce** the number, length and frequency of health crisis events (urgent and emergent utilization)
  • Psychiatric and medical emergency and urgent care utilization
  • Psychiatric inpatient stays

• **Increase** the percent of target population who:
  • Have been assessed for housing
  • Have assigned case managers
  • Are engaged in “recovery and wellness” behavioral health care
  • Access and maintain housing

• **Improve scores** on assessment tools used to measure progress in reaching treatment goals (**ANSA** + **Cal OMS**)
Progress So Far

- **Define the population**
  For the first time, taking a population-level approach for behavioral health clients

- **Advance care coordination for the most vulnerable**
  Streamlining housing and health care through **interagency collaboration** with a “whatever it takes” approach to get our most vulnerable clients in housing or other safe settings

- **Increase transparency**
  Launched a new, **public-facing webpage** to display capacity and daily availability for residential substance use treatment

- **Expand capacity and access to services**
  - Expanding Behavioral Health Access Center
  - Adding 212 new behavioral health beds since 2018
  - Tipping Point Community is funding an additional psychiatric respite center

- **Promote harm reduction**
  - Expanding community access to – and training in – naloxone to reverse opioid overdose
  - Supporting recommendations of the methamphetamine task force, especially through a Drug Sobering Center
San Francisco Department of Public Health
Treatment Bed Availability

Need to Talk to Someone Now?
Call a 24-hour support line
Suicide Prevention (415) 701-9600
or Warm Line Support 1-855-645-7410 (7am-11pm daily)
for non-emergency peer counseling.

Coming Soon!
Mental Health Residential Treatment

Substance Use Disorder Treatment
Capacity 494 Beds
Available Now: 69M 50W Beds

Find Substance Use Residential Treatment

- If you are transgender, gender fluid or gender nonbinary our services will accommodate you.

Need detox now? - Withdrawal Management
Capacity 55 Beds
Available Now: 16M 9W Beds
Withdrawal management programs provide a medically supportive, residential setting for safe detoxification of alcohol and other substances. Clients may wish to be referred from other programs in the community. This service usually lasts between four and seven days.

90 days stay - Residential Treatment Programs
Capacity 230 Beds
Available Now: 47M 32W Beds
Residential treatment programs help people limit or abstain from the use of alcohol and other drugs. Participants build life skills and social skills, develop positive coping strategies and employment skills, stick with their medications, and stabilize their lives to make wellness and recovery possible.

Ready for the next step? - Residential Step-Down Programs
Capacity 197 Beds
Available Now: 69M 9W Beds
Residential step-down programs offer a safe, temporary living environment for people experiencing homelessness who have just completed residential treatment. Programs either require or strongly encourage residents to participate in outpatient treatment.

Check out the City's Transgender Resource site for more resources specifically tailored for the transgender community.

When you are ready for treatment, SFDPH and its partners are here to help. Calling a residential treatment program’s phone number is the most direct way to learn more about it and to begin the intake process. Even when a program shows no open beds, you can make an appointment with the intake department.

All programs listed here are designed for San Francisco residents with Medi-Cal, or who need help accessing Medi-Cal (view our policy). They are not designed for people with other types of insurance, though some providers have additional beds not contracted by SFDPH. Many treatment programs are tailored to meet the needs of our diverse client population, specializing in various languages, cultures and identities. While programs may display beds designated for men or women, all programs will accommodate people of all gender identities and expressions (view our policy).

If you are unable to reach a program, our 24-hour Behavioral Health Access Center phone line (415) 255-3757, can also help you find treatment. To meet with our staff in person, visit our Access Center located at 1380 Howard Street, weekdays between 8AM and 4:30 PM.
• In October 2019, Mayor London Breed announced the City would implement the top recommendation of the San Francisco Methamphetamine Task Force: Create a trauma-informed sobering site with integrated harm reduction services for individuals who are under the influence of methamphetamine.

• HealthRIGHT 360 will be contracted provider

• Tenderloin Community pilot, drawing clients from the neighborhood and connecting to services

• Proposed to open spring 2020
Drug Sobering Center Program Model

• Safe, welcoming space with trained staff on site 24/7.
• Expected average length of stay: 6-12 hours
• Designed to accommodate client’s needs at different stages of methamphetamine intoxication - a quiet rest area and space to walk
• Individualized monitoring of intoxicated clients for health and safety
• Provides respite, showers, snacks, storage for clients’ belongings
• On-site security for safety monitoring
• Offering connections to services, treatment and further assessment of housing needs at discharge
Equity – Transparency – Accountability

- Advisory role in the implementation of Mental Health SF
- Bed simulation modeling to inform investments
- Development of “crisis continuum” to support 24/7 behavioral health first responders
- Provide telehealth to expand access to services
- Overdose prevention work in black/African American communities
- Developing model for a managed alcohol program
- Workforce development initiatives
Questions