

Background

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.

Reform Vision

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

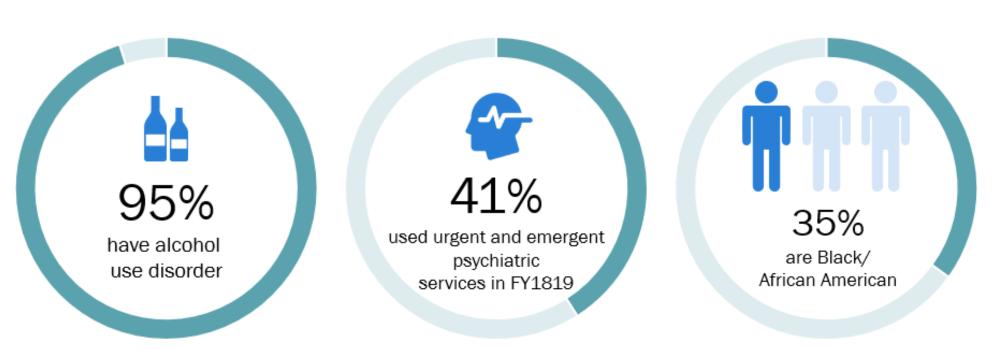
Mental Health Reform Target Population 237

Whole Person Care
Shared Priority
Initiative

Who Are the 4,000?

Adults Experiencing Homelessness

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



Key Performance Measures

- Reduce the number, length and frequency of behavioral health crisis events (urgent and emergent utilization)
 - Psychiatric 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 retained in "recovery and wellness" behavioral health care
 - Maintain housing (HSH and/or DPH supportive housing)
- Improved scores on an assessment tool used to measure patients' progress in reaching their treatment goals (ANSA)

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

Stakeholder Engagement

Session One

Sept. 11 Community executives

- Share background and framework
- Answer questions
- Collect program ideas and recommendations
- Request program staff participation in Session Three

Session Two

Oct. 29
BHS executives

- Review initiative framework
- Present emerging recommendations
- Prioritize recommendations for Session Three workgroups to further develop

Session Three

Nov. 21 Community + BHS

- Present recommendations that require stakeholder input
- In workgroups, develop strategies to implement the prioritized recommendations
- Identify barriers, opportunities and necessary resources

Ongoing Feedback Loop

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

Expand capacity and access to services

- Expanding Behavioral Health Access Center
- Adding 212 new behavioral health beds since 2018
- Tipping Point Community is funding additional Hummingbird psychiatric respite
- Bed simulation modeling

Increase transparency

Launching new, **public-facing webpage** to display treatment capacity and daily availability for short-term, residential substance use and mental health treatment

Promote harm reduction

- Expanding community access to and training in naloxone to reverse opioid overdose
- Developing conceptual model for a managed alcohol program
- Supporting recommendations of the methamphetamine task force



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Find Substance Use Residential Treatment

San Francisco Department of Public Health Treatment Bed Availability

Need to Talk to Someone Now?

Call a 24-hour support line: Suicide Prevention (415) 781-0500 or Warm Line Support (415) 421-1880 for non-emergency peer counseling, Coming Soon! Mental Health Residential Treatment

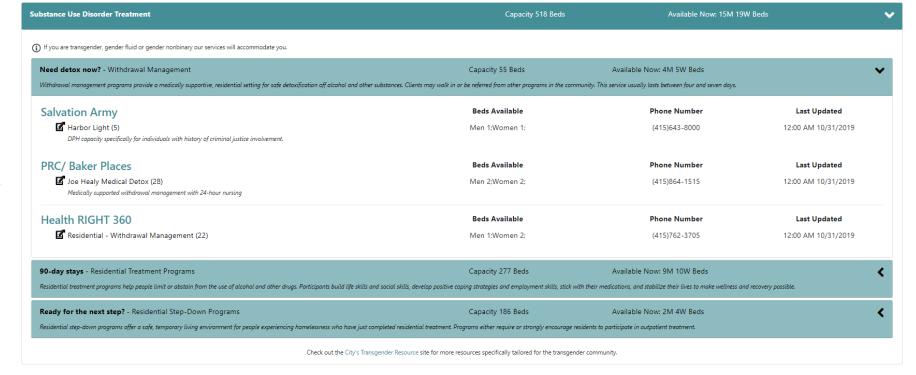
Bed Availability Webpage Mockup

When you are ready for treatment, SFDPH and it 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 (see our policy). They are not designed for people with other types of insurance.

If you are unable to reach a program, our 24-hou Behavioral Health Access Center phone line (415) 255-3737, 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.

The San Francisco Health Network's behavioral health services are here to support you and your family with mental health or substance use issues.



Looking Ahead

Equity – Transparency – Accountability

- Transformative, targeted investments including a total of 1,000 new behavioral health beds
- Methamphetamine sobering center
- Telehealth
- Overdose prevention work in black/African American communities
- Workforce development initiatives

