



Behavioral Health Services & Mental Health SF Update

SFDPH Health Commission Presentation

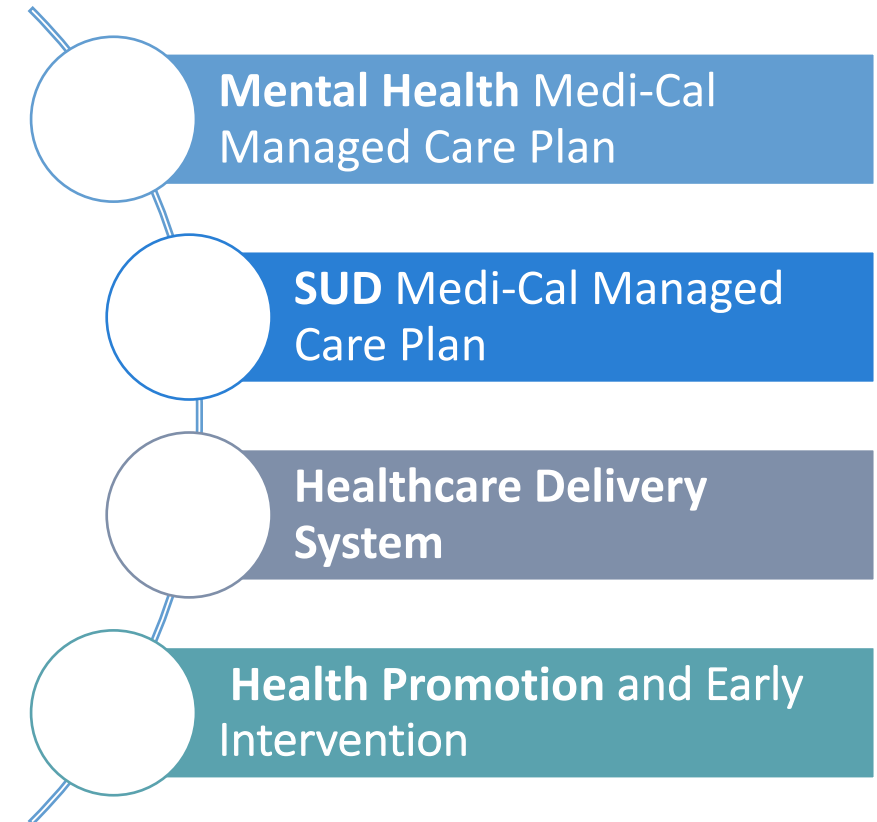
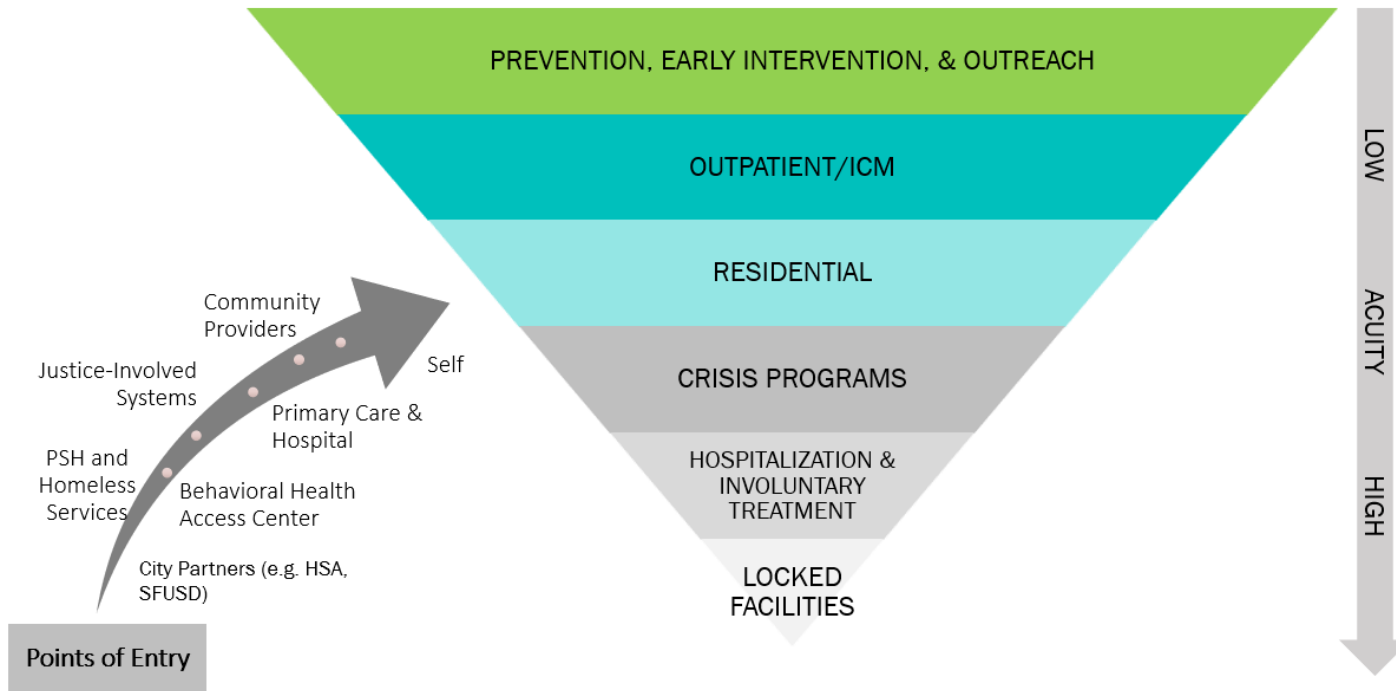
October 20, 2020

Presentation Outline

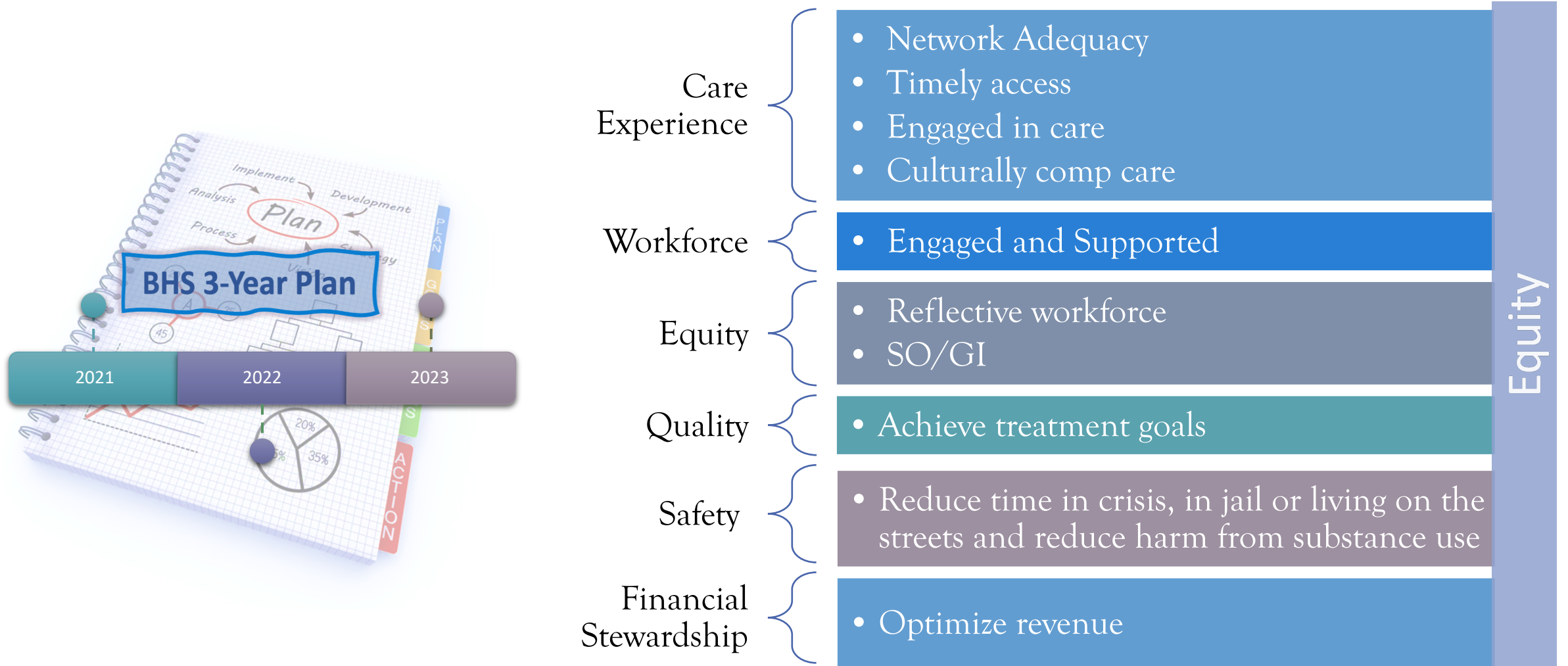
1. Behavioral Health Services Key Updates
2. Mental Health SF and Mental Health Reform Updates
3. Looking Ahead



Behavioral Health Services



Shifting BHS to our True North



BHS COVID-19 Response Priorities

1

Maintain essential behavioral health services while protecting client and staff safety

2

Integrate behavioral health services in COVID-19 response efforts

3

Provide support to City staff and first responders

4

Promote wellness in our communities

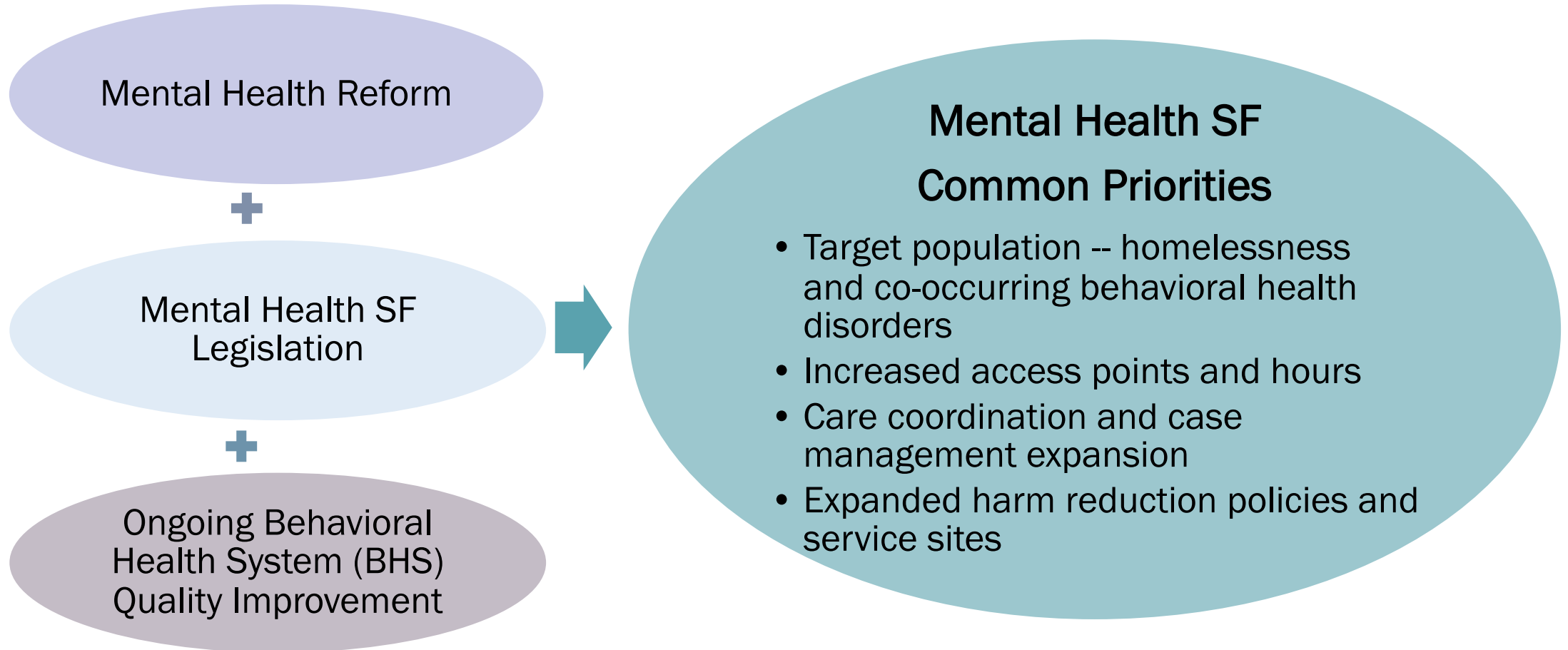
COVID-19 Impact on Behavioral Health Clients and Services

- Calls to warm lines and crisis lines have increased
- Linkage and outpatient programs reporting increased client acuity
- COVID/SIP taking a toll on our children, youth, and families
 - Escalating DV, family conflict, substance use
 - Increased calls to crisis and psychiatric hospitalization
- COVID-19 has impacted client access and flow
 - Limits on FTF outpatient care, still doing in-person intakes
 - Clients are receiving more services through telehealth
 - Reduced capacity in residential treatment
 - New safety protocols for entering PES; limited to strict 18-bed capacity
 - Reduction in UOS billed in Avatar

BHS Key Updates

- Timely Access
 - Outpatient/ICM programs
 - Residential treatment programs
 - New “call intake” data system improvement will enable enhanced understanding of timely access to care starting January 2021-
- Hiring
 - Prioritization of front line and leadership positions
 - Bi-weekly meetings with BHS and HR
 - Impact of COVID deployments on BHS staffing
- Equity and staff development

Behavioral Health Strategic Alignment



Mental Health SF: Client Centered Systems Improvements

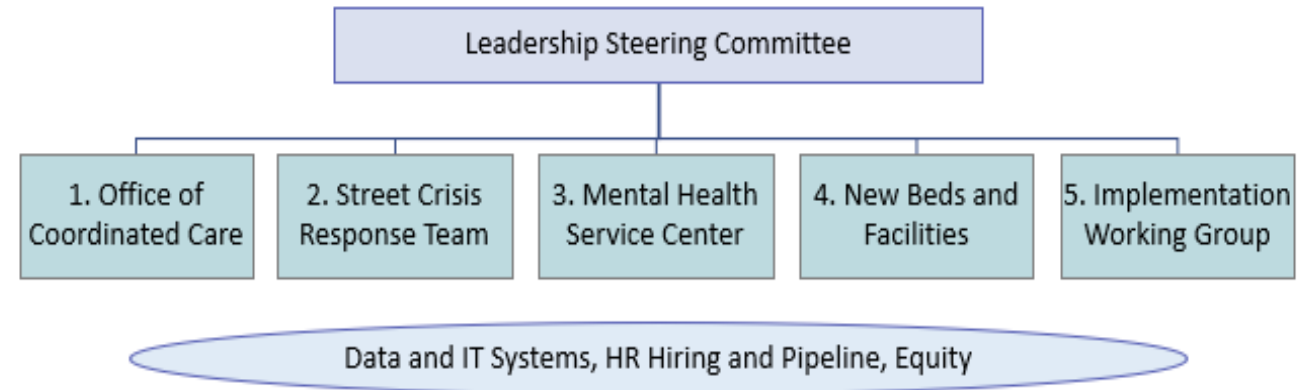


- Mental Health SF target population:
 - San Francisco adults experiencing homelessness, is uninsured or enrolled in Medi-Cal and are diagnosed with a serious mental illness and/or substance use disorder
- Improve behavioral health access and outcomes for the most vulnerable by:
 - Meeting people where they are
 - Making it easier to access mental health and substance use services
 - Providing more locations for respite and treatment
 - Improving care coordination
- Mental Health SF Implementation Workgroup appointed by Mayor, Board of Supervisors, and City Attorney

Mental Health SF Planning

- DPH established governance structure for internal planning
 - Draws from experience with Epic EHR Implementation
 - Leads and project managers will be identified for each domain
 - Data, HR, and Equity form infrastructure backbone for all planning and implementation considerations
 - New project team structure reflects initial budgeted MHSF initiatives
- New Director of BHS and Mental Health SF starting early 2021
- Mental Health Reform team committed to subset of MHSF projects and overall MHSF planning efforts
- MHSF Implementation Working group tentatively starting in Dec 2020 /Jan 2021

DPH Mental Health SF Governance Structure



Keys to MHSF Implementation Success

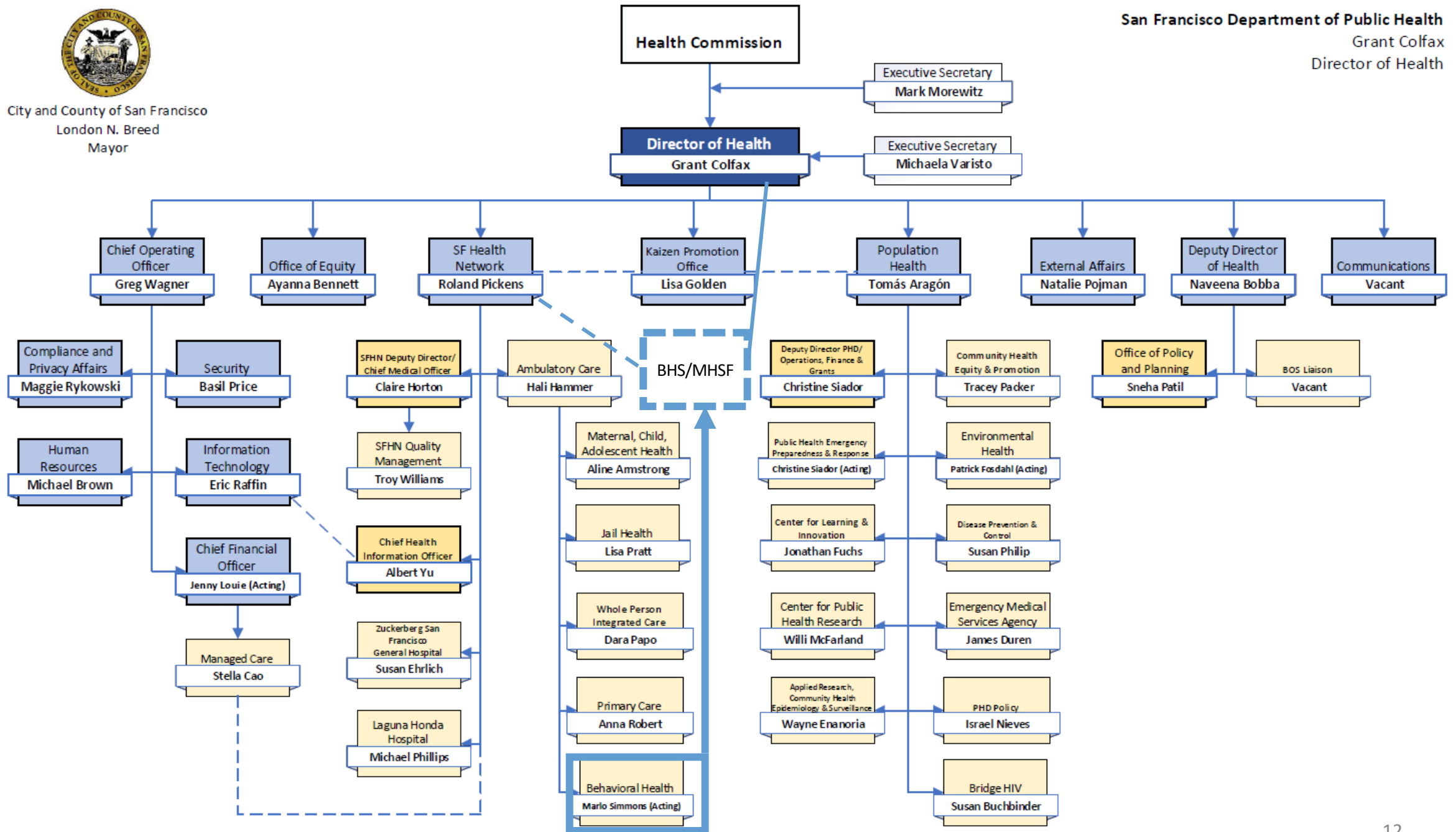
- Extensive project management support needed to achieve target timelines
- Streamlined hiring – significant number of new full-time employees needed for Mental Health SF
- Critical data systems improvements and enhancements
- Close collaboration with community groups, other City agencies, and planning committees
- Efficient acquisition of real estate and execution of contracts with CBOs





City and County of San Francisco
London N. Breed
Mayor

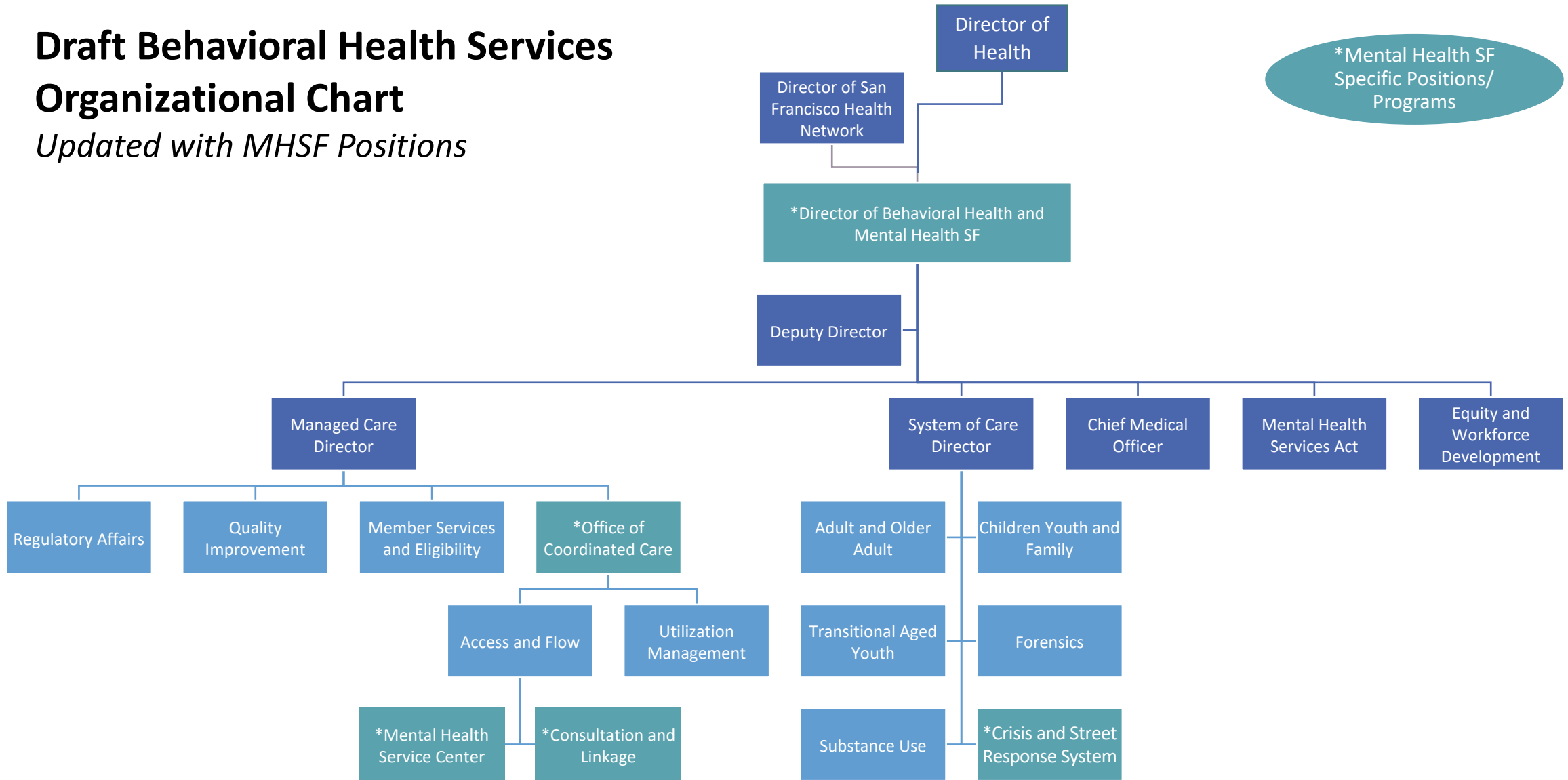
San Francisco Department of Public Health
Grant Colfax
Director of Health



Draft Behavioral Health Services Organizational Chart

Updated with MHSF Positions

*Mental Health SF Specific Positions/ Programs

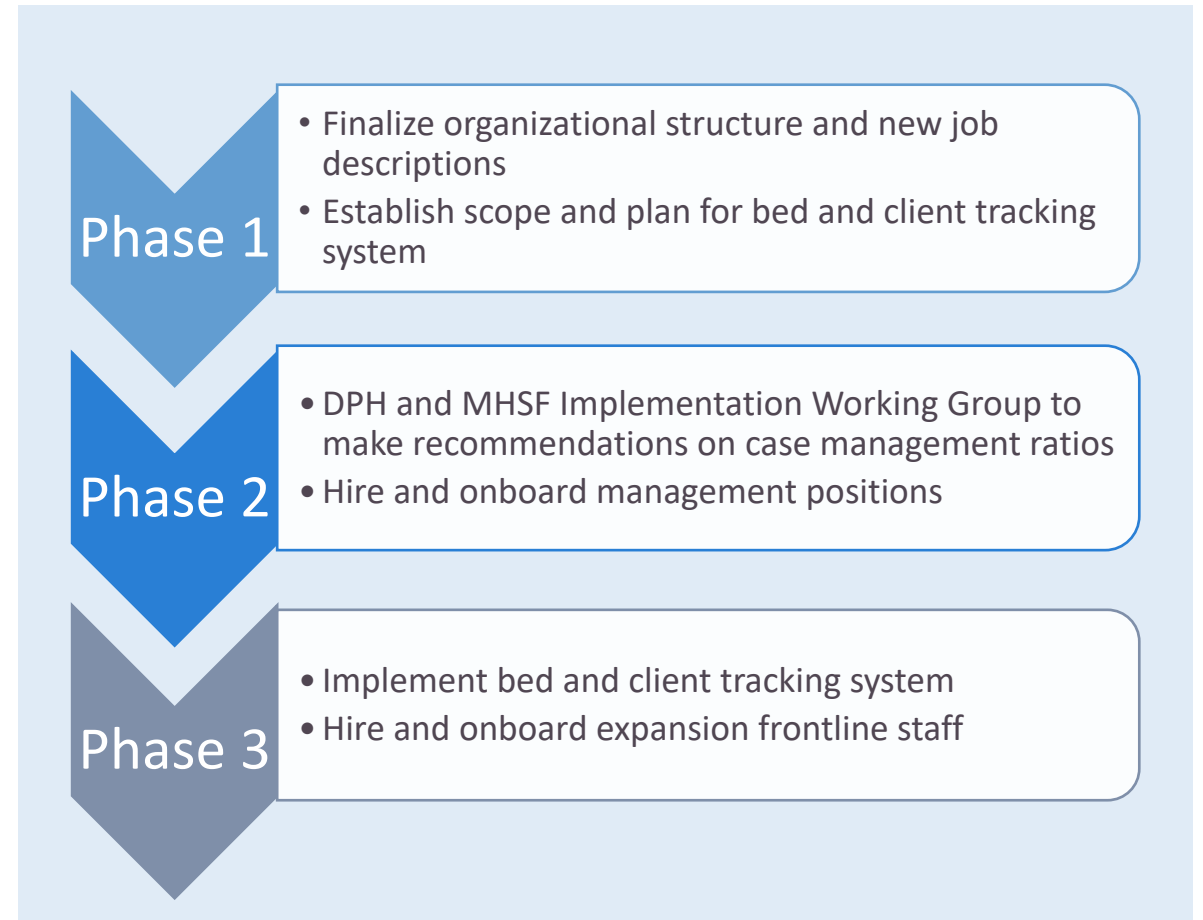


Office of Coordinated Care

Goal: Support clients to access and receive the right level of care at the right time and coordinate care as clients move through the system

Key elements:

- Oversee linkage to BHS services across BH systems in SF
- Promote BHS services in the community to help people navigate to care and train DPH staff and partners
- Provide consultation and linkage support for key system entry points e.g. Jail, PES, and homeless response system
- Increase the availability of case management services
- Strengthen data collection and evaluation to understand availability of programs, timeliness, and individual outcomes





Street Crisis Response Team Goal and Strategies

Goal: Provide rapid, trauma-informed response to calls for service to people experiencing crisis in public spaces in order to reduce law enforcement encounters and unnecessary emergency room use.



1. Identify 9-1-1 calls that will receive behavioral health and medical response rather than law enforcement response.



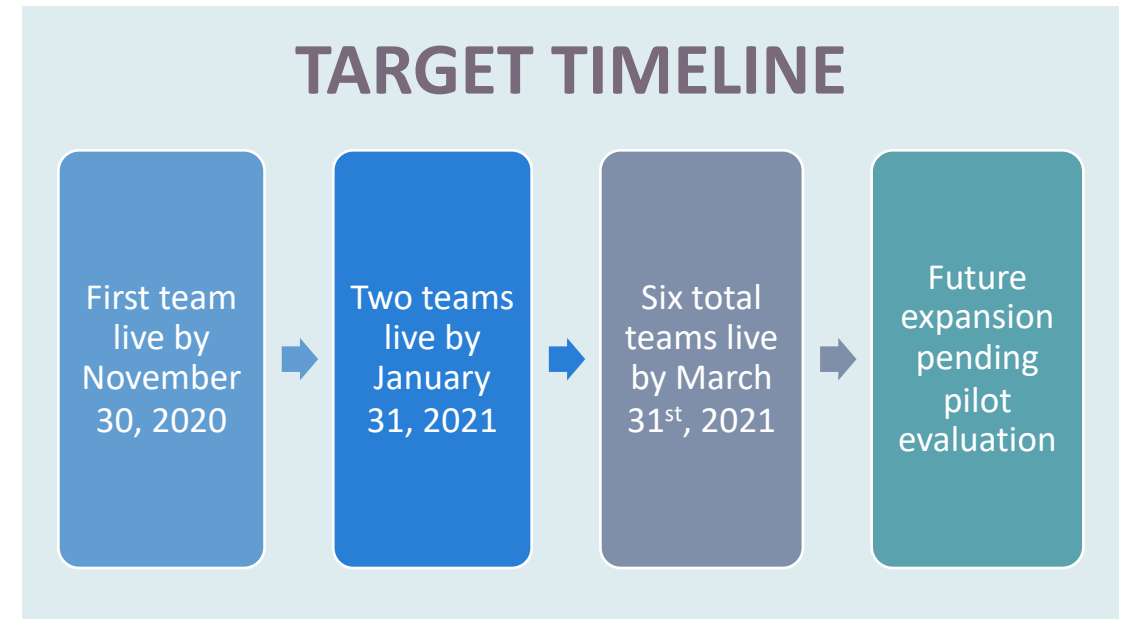
2. Deliver therapeutic de-escalation and medically appropriate response to person in crisis through multi-disciplinary team (paramedic + behavioral health clinician + peer).



3. Provide appropriate linkages and follow up care for people in crisis, including mental health care, substance use treatment, and social services.

Street Crisis Response Team Program Model and Timeline

- Program Model:
 - Community paramedic (SF Fire), behavioral health clinician, peer health worker in roving vehicles responding to non-violent behavioral health calls dispatched via 9-1-1
 - Multi-disciplinary team dedicated to linkages and follow up care coordination
 - Providing robust training program for team
 - Conducting rigorous pilot evaluation
- Coverage
 - Pilot period geographic areas targeted will be data informed
 - Pilot period is 12-hour daily coverage, 7 days per week, exact hours to be determined
 - Coverage model will be evaluated and expanded per timeline
 - SCRT will not be able to take all behavioral health calls during pilot period
- Incorporating community input, including people with lived experience of behavioral health crisis in program planning

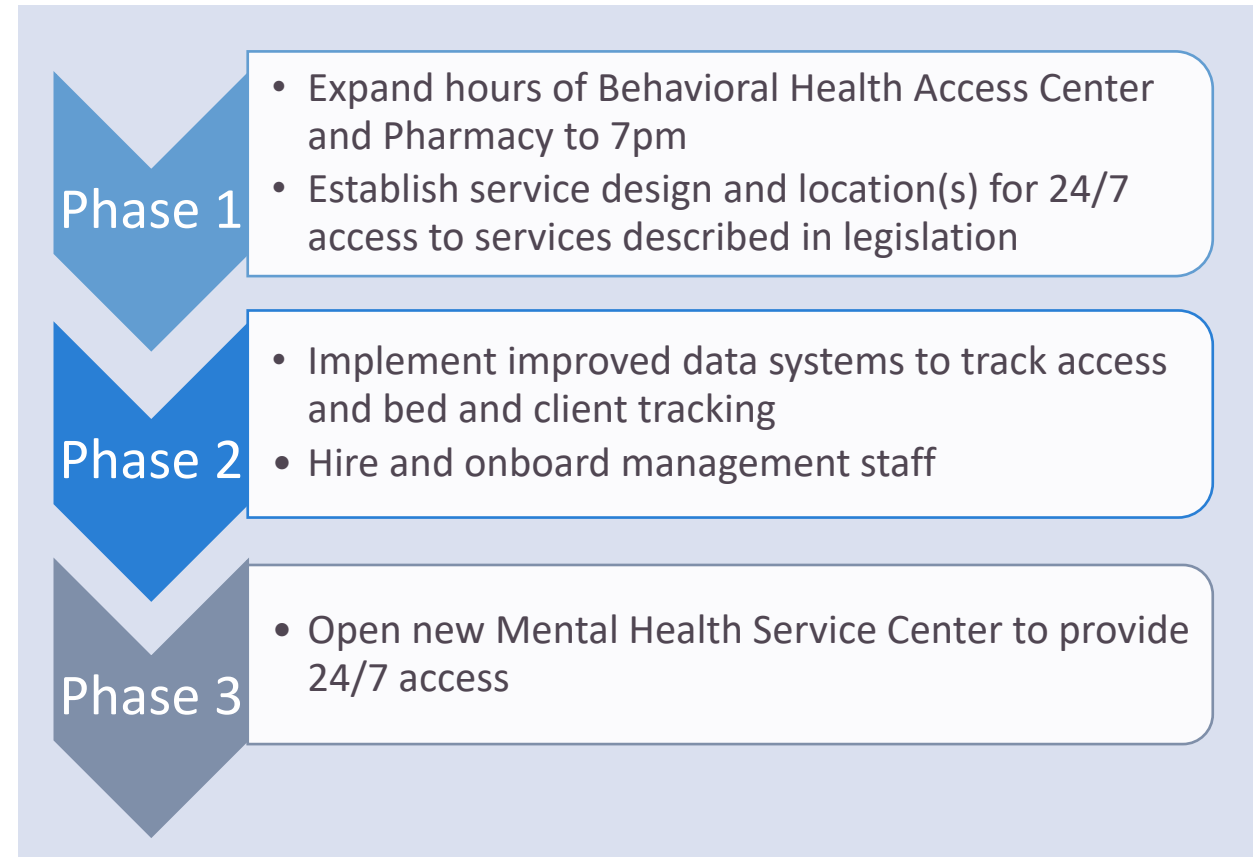


Mental Health Service Center

Goal: Expand access to behavioral health services through increasing service hours and availability of critical low-threshold services.

Key elements:

- Legislation requires the following services in one or more buildings – staffed and operated by city or academic institution
 - 24/7 assessment, diagnosis, case management, treatment (or referral)
 - Urgent Care
 - Pharmacy
 - Transportation
- Must establish the service design and location(s) that best meet the needs of clients
- Mental Health SF Implementation Working Group to provide additional input and feedback



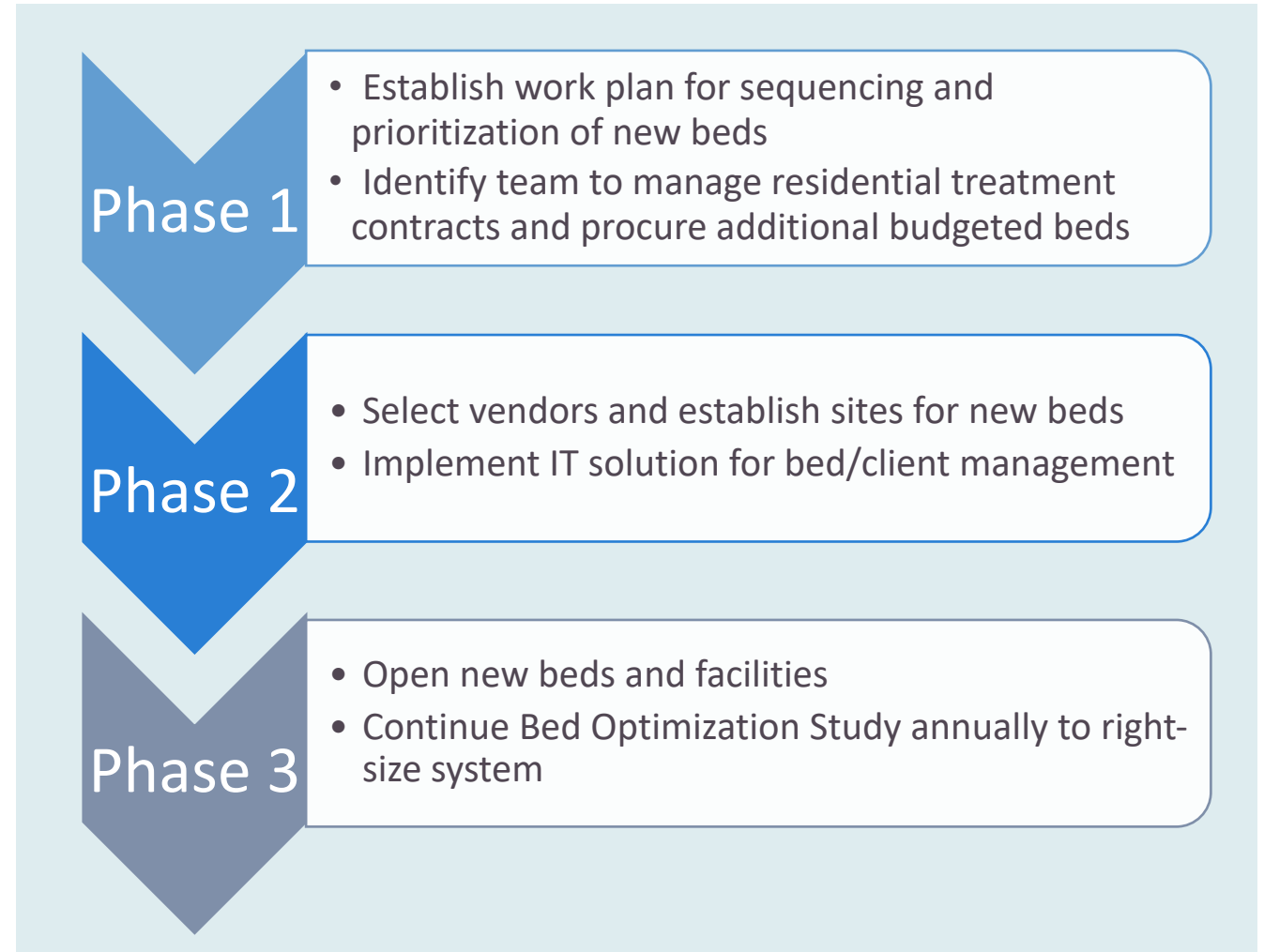
New Beds and Facilities

Goals:

1. Optimize patient flow through the system, helping to get patients the care they need, when they need it
2. Fill gaps in current service offerings including low threshold services for people experiencing homelessness with behavioral health needs

Key Elements:

- Investment in beds recommended through BH Bed Optimization Project including:
 - Locked Subacute/Psych SNF
 - Residential Care Facilities
 - Mental Health Residential Treatment
- Additional bed investments
 - Drug Sobering Center
 - New Hummingbird
 - Crisis Diversion Facility (per MHSF legislation)
- Additional behavioral health beds to be determined



Looking Ahead

- Focus on key infrastructure and hiring needs in next six months
- Collaboration with other City initiatives
 - Prop C Committee
 - Alternatives to Policing Steering Committee
 - Covid-19 Alternative Housing Behavioral Health Programming
 - Equity and redirected SFPD funding
- Commitment to MH 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.



Thank You
