Behavioral Health Services for People Experiencing Homelessness

San Francisco Health Commission Community and Public Health Committee, April 16, 2019
Patient Story
Overview

• Over 13,000 individuals experiencing homelessness served in Fiscal Year 17/18

• “No wrong door”
  • Clients are seen when and where they access services
  • Referrals and connections to behavioral health services, housing, and benefits as appropriate

• “Meet people where they are”
  • DPH: Street Medicine, Engagement Specialists, Mobile Crisis
  • HSH: SF Homeless Outreach Team, Encampment Response Team, Larkin and HYA (Youth), Mobile Access, Family Access Points, Adult Access Points
  • HSA: benefits screening and enrollment at Navigation Centers, shelters, Access Points
  • HSOC: interagency approach for outreach and response
Roles and Collaborations

- **Public Health** – Provide medical and behavioral health services
- **Homelessness and Supportive Housing** – Outreach, shelter, housing, support services
- **Department of Human Services & Department of Aging and Adult Services** – Benefits linkages, case management and conservatorship
- **Police Department** – Outreach, refer to services, or detain
- **Departmental Collaborations**
  - HSOC
  - Whole Person Care
  - Interagency Prioritization Workgroup
  - Coordinated Entry Mobile Access Points
Behavioral Health Spectrum of Care

PREVENTION, EARLY INTERVENTION, AND OUTREACH

OUTPATIENT TREATMENT

RESIDENTIAL TREATMENT

CRISIS PROGRAMS

HOSPITALIZATION AND INVOLUNTARY TREATMENT

LOCKED FACILITIES

Individuals may move between different levels of care dependent on their need.
Substance Use Scenario: John

SF HOT engages with John to refer him to Coordinated Entry Access Point.

DPH engagement specialists also approach John, who struggles with substance use and lives on the streets of the Tenderloin, for weeks.

John decides after many attempted referrals that he would like treatment and willingly goes to DPH Treatment Access Program (TAP)

TAP completes level of care assessment and refers to substance use residential treatment program

Residential Treatment Program

John is placed in Recovery Residences for temporary housing to aid his recovery

Groups

Individual Therapy

Medication

vocational or other recovery services

Outpatient Behavioral Health

Housing or long term care
Crisis Scenario: Alex

Alex lives on the streets of the Mission Neighborhood and has posed a threat to the community.

Police bring Alex to Psychiatric Emergency Services (PES) under a 5150 hold.

PES stabilizes and releases Alex within 24 hours.

If already connected, PES will notify Alex’s mental health provider.

If not connected to mental health care, PES will provide a referral to outpatient services.

Social Workers

Alex is referred to navigation services to be assessed for housing and benefits.

Outpatient mental health

5150
Physical Health Scenario: Maria

Maria is living on the streets of SOMA and has open sores on her legs.

DPH Street Medicine nurses encounter Maria and address her medical needs.

SF HOT, working alongside Street Medicine, refers Maria to a coordinated entry access point.

Maria is assessed by Coordinated Entry and is assigned priority status. Maria is screened for benefits eligibility and assigned a Housing Navigator/Stabilizer who places her in permanent supportive housing and provides housing stabilization follow up care.

Street Medicine refers Maria for ongoing primary care services.

San Francisco Health Network
DPH Investments and Initiatives 2016-2019

**Low Barrier Medications for Addiction Treatment**
Pilot program to provide addiction treatment with few barriers.

- **Nov**
  - **Street Medicine and Shelter Health**
    - Team expanded to provide additional outreach and medical services for people experiencing homelessness.

- **Dec**
  - **Hummingbird Place**
    - 15 beds opened to serve as navigation center for clients with behavioral health issues.

- **July**
  - **Health Fairs**
    - First health fair dedicated to harm reduction services, health promotion, and care targeted to people experiencing homelessness.

- **Aug**
  - **San Francisco Healing Center**
    - 40 beds added for behavioral health residential treatment.

- **Mar**
  - **HSOC**
    - Interagency coordinated response to street behavior and people experiencing homelessness.

- **Jan**
  - **Recovery Residences**
    - Opening 72 new transitional housing beds for people exiting substance use treatment programs.

- **Feb**
  - **Hummingbird Place**
    - Increased capacity to 29 stabilization beds to care for clients with behavioral health issues.

- **May**
  - **Improved Linkages**
    - Adding peer counselors and social workers to PES and Hummingbird.

- **July**
  - **Low Barrier Medications for Addiction Treatment**
    - Expanded pilot program to include 10 staff providing addiction treatment.

- **July**
  - **Medical Respite**
    - Added 31 beds to provide post-hospital recuperative care and sobering services for people too sick for shelters or the street.
Questions