

San Francisco Department of Public Health Division of Behavioral Health Services

A presentation to the San Francisco Health Commission January 3, 2023

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Agenda

- BHS Overview
- MHSF Metrics Update
- Overdose Prevention Update
- CARE Court Update
- Children, Youth & Families Expansion



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BHS Overview: Mission, Vision, and Context

Mission & Vision

Promote behavioral health for all San Franciscans:

- Prevent illness
- Intervene early
- Promote co-interventions that improve health outcomes equitably

When behavioral health care is needed, it should be:

- Proactive
- Timely and Available
- Equitable
- Outcomes driven

Content: New Funding & Legislation-enabling Change

Mental Health San Francisco Four Domains:

- New Beds & Facilities
- Street Crisis Response Teams
- Office of Coordinated Care
- Mental Health Service Center

Prop C Funding

- Above Domains +
- Overdose Response
- Enhanced Supportive Housing

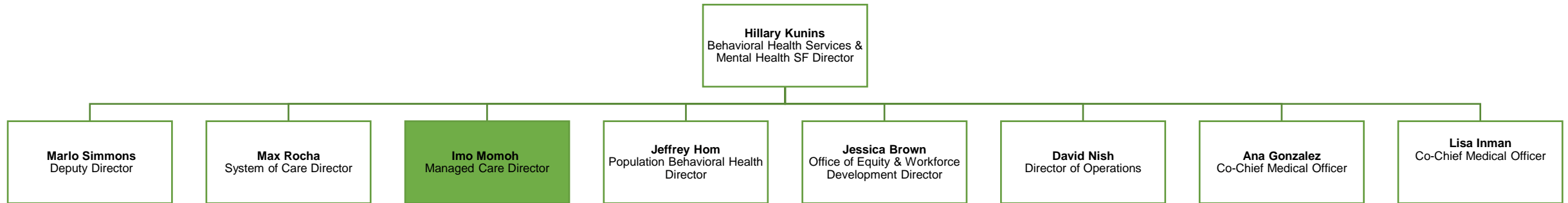
CaAIM

- Changing the way we deliver behavioral health services



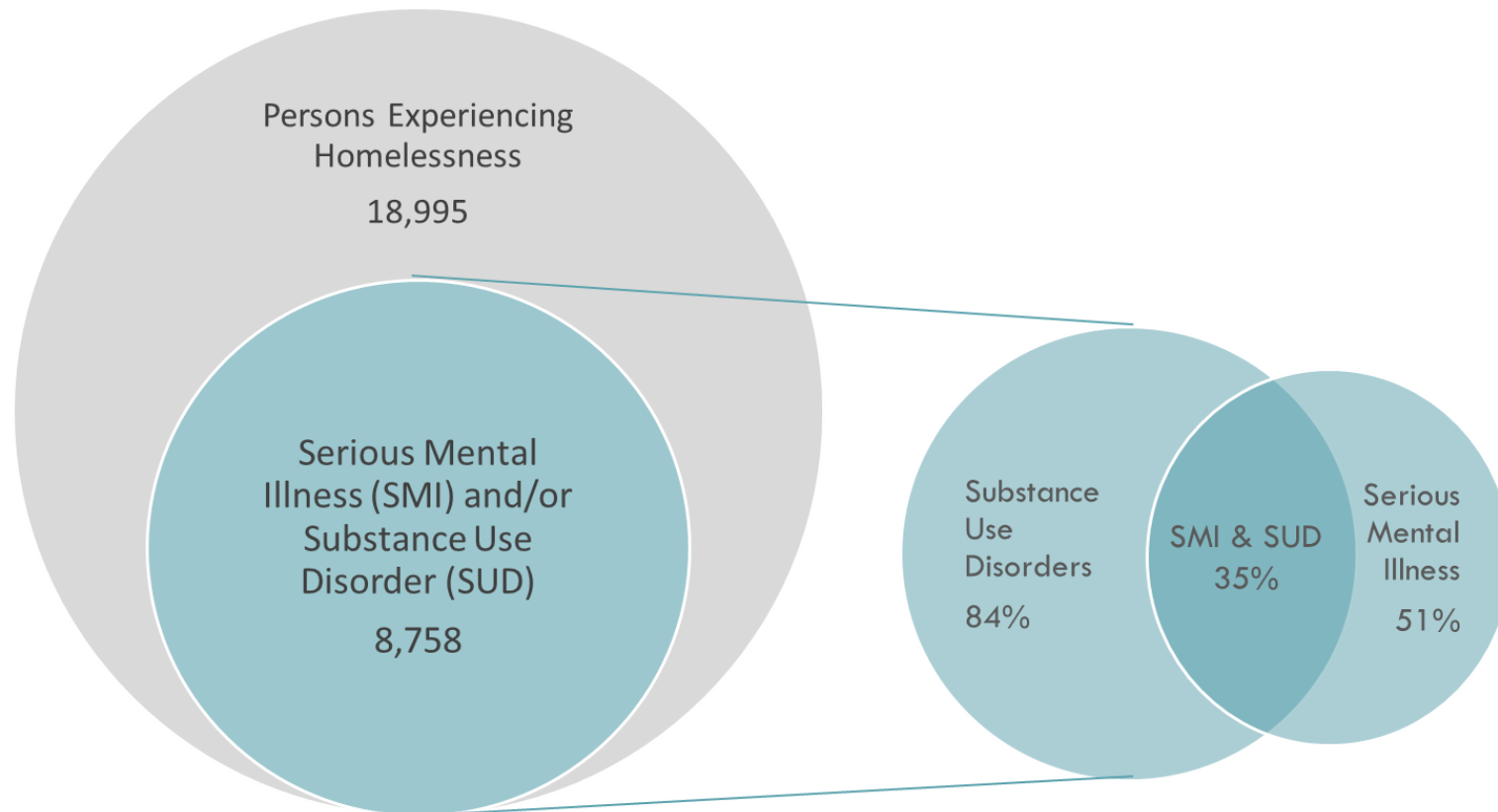
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New BHS Leadership



Mental Health SF Key Population

Per Mental Health SF legislation: "The primary focus of Mental Health SF is to help people with serious mental illness and/or substance use disorders who are experiencing homelessness get off of the street and into treatment."



Mental Health SF Core Metrics

Category	Metric
HOUSING	1 Increase the percentage of the Mental Health SF population assessed for housing.
	2 Increase the percentage of the Mental Health SF population who are placed in supportive housing
ROUTINE CARE	3 Increase the percentage of the Mental Health SF population receiving routine health care.
	4 Increase the percentage of persons receiving routine health care post 5150 discharge.
WAIT TIMES	5 Decrease wait times for intensive case management services.
	6 Decrease wait times for residential treatment beds.
OVERDOSE RESPONSE	7 Increase the amount of naloxone distributed in the community.
	8 Increase the percentage of persons with opioid use disorders started on buprenorphine or methadone treatment.
	9 Decrease the number of deaths due to overdose.
	10 Decrease the disparity rates in deaths due to overdose.
QUALITY OF LIFE	11 Improve quality of life and functioning for persons in the Mental Health SF population .



Intensive Case Management Program Overview

Intensive Case Management (ICM) programs provide intensive, outpatient behavioral health care treatment services for people with the most complex mental health and substance use disorders.

Clients eligible for ICM services must:

- Have a mental health diagnosis causing significant functional impairments or symptoms as well as an imminent risk of decompensation without treatment; and
- Meet one of several additional qualifying categories (two or more hospitalizations within the past year; three or more crisis episodes in the last 60 days; discharge from a locked facility; criminal justice involvement within the past year or risk of future criminal justice involvement).

Services provided by ICM programs can include:

- Behavioral health treatments (medications and counseling);
- Crisis intervention;
- Case management;
- Field-based services;
- Peer-based services;
- Linkage to social services;
- and family supports.



Intensive Case Management Wait Time Programs & Census FY21-22

- **14** ICM programs serve adults, this includes:
 - Full-service partnership programs
 - Transitional age youth programs
 - Older adult programs
 - Justice-involved programs
- **1,049** average census of clients enrolled in ICM programs
- **177** new clients began ICM treatment in the last fiscal year



Median Days to ICM Enrollment FY21-22

In FY21-22, 177 new clients began receiving ICM treatment. The median wait time was 35 days.

- Wait time begins the day a client's referral is received by ICM program managers and ends the day a client's ICM treatment episode starts.
- 56% (63 out of 113) of persons who waited 10+ business days for ICM services received routine health care services.



Median ICM Wait Days by Age, Gender and Race/Ethnicity

Median Wait Days Stratified by Age Group



Age Group	Client Count	% of Total Clients
Adult (25-64)	126	71%
Older Adult (65+)	28	16%
Transitional Age Youth (18-24)	23	13%

City and County of San Francisco
 Data through: 7/1/2021-6/30/2022
 Last updated: 12/7/2022

Median Wait Days Stratified by Gender*



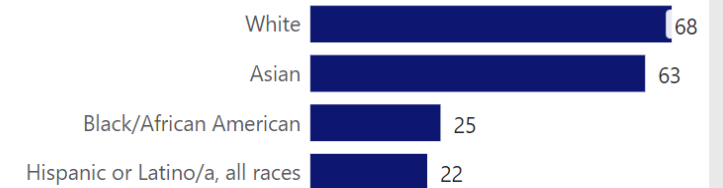
Sex/Gender	Client Count	% of Total Clients
Male	101	57%
Female	70	40%
Trans Female	<10	Not calculated
Genderqueer/Gender non-binary	<10	Not calculated
Trans Male	<10	Not calculated

City and County of San Francisco
 Data through: 7/1/2021-6/30/2022
 Last updated: 12/6/2022

*Categories/Results not shown are suppressed due to privacy reasons due to small sample size.

Categories other than male or female are likely under-represented as when gender identity data is missing the legal sex data is used.

Median Wait Days Stratified by Race/Ethnicity*



Race/Ethnicity	Client Count	% of Total Clients
Black/African American	60	34%
White	55	31%
Hispanic or Latino/a, all races	29	16%
Asian	13	7%
Multi-ethnic	<10	Not calculated
Native American	<10	Not calculated
Native Hawaiian or Pacific Islander	<10	Not calculated
Other	<10	Not calculated
Unknown	<10	Not calculated

City and County of San Francisco
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Median ICM Wait Days by Primary Language and Housing Status

Median Wait Days Stratified by Primary Language



Primary Language	Client Count	% of Total Clients
English	160	90%
Other	17	10%

City and County of San Francisco
Data through: 7/1/2021-6/30/2022
Last updated: 12/6/2022

Median Wait Days Stratified by Housing Status



Housing Status	Client Count	% of Total Clients
Persons Experiencing Homelessness	110	62%
Housed	67	38%

City and County of San Francisco
Data through: 7/1/2021-6/30/2022
Last updated: 12/6/2022

Other primary languages include Spanish, Russian, Cantonese, Mandarin, and others. Due to small sample sizes, all other primary languages were grouped together to allow for comparison with English speakers.



Our Aggressive Plan to Reduce Wait Times

Investments to increase ICM program treatment capacity aim to increase the workforce, expand existing provider contracts, and add new ICM services:

- \$200K added to the contracts of ten existing ICM programs to enhance staffing.
- \$1.6M RFP to establish new ICM services and increase ICM capacity is expected to be released in January 2023.

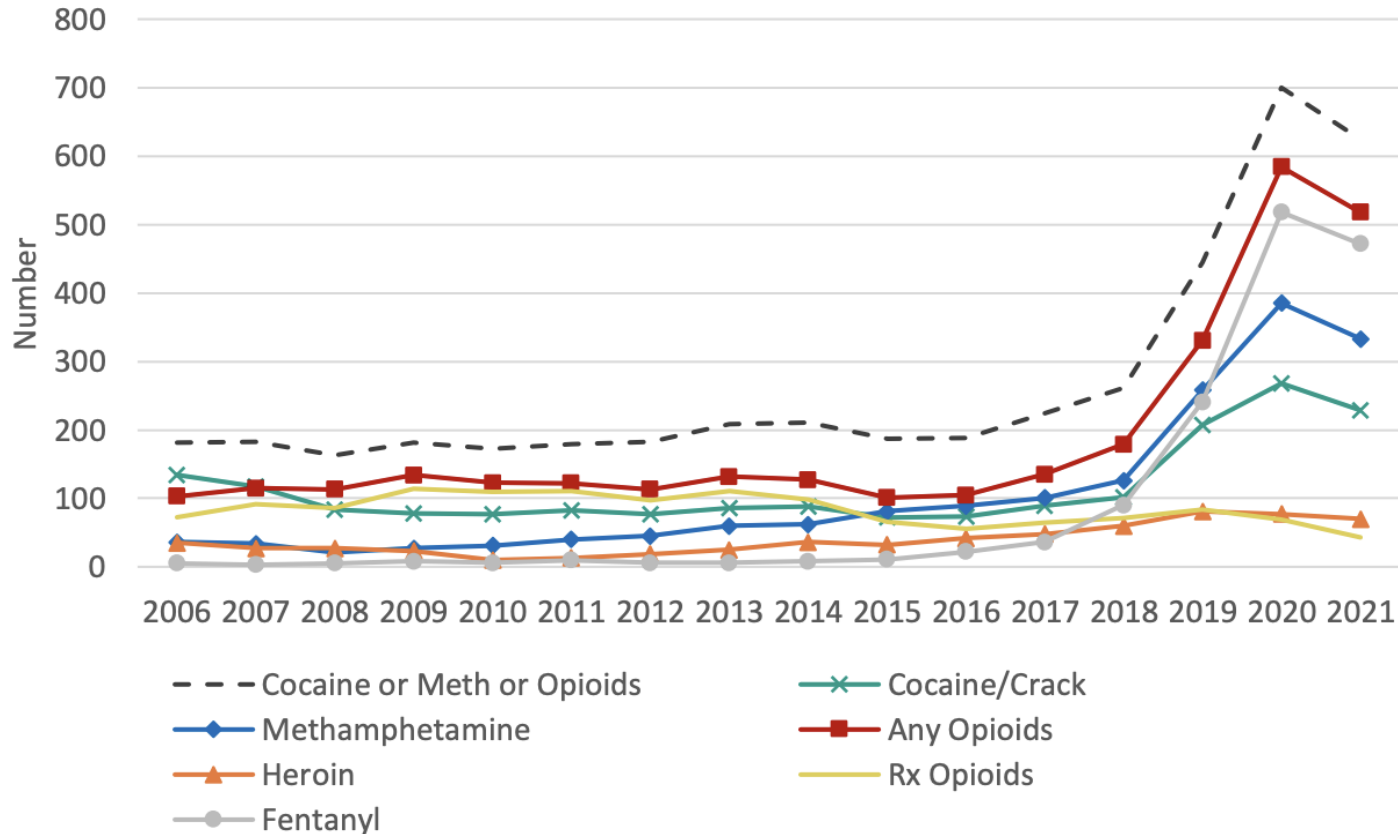
Practice improvements:

- Stepping down patients who are ready
- Adding resources to outpatient services for better retention and stabilization



Overdose Deaths by Year and Drug Class

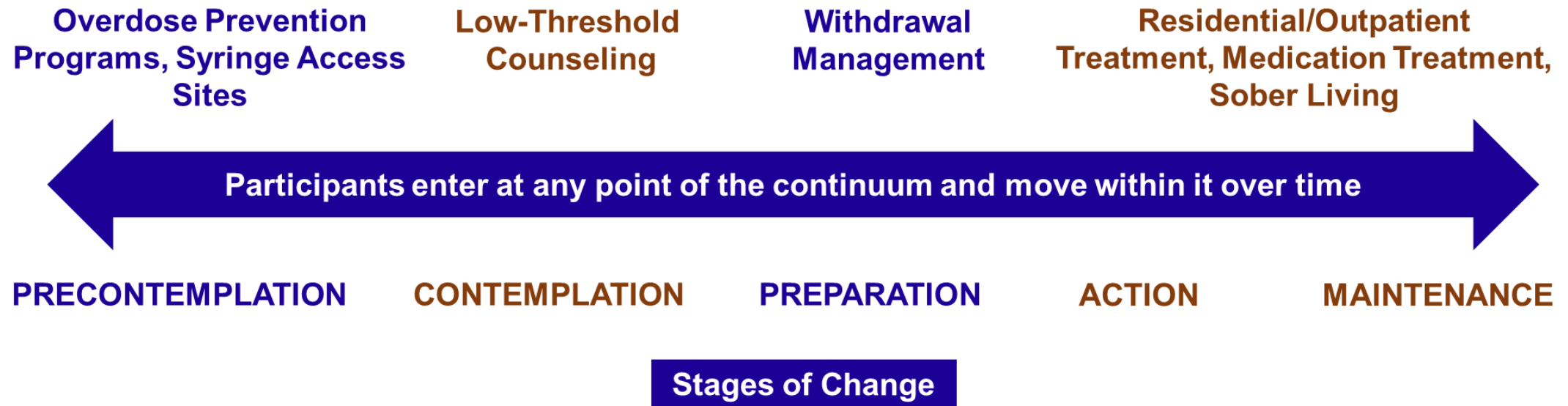
Figure 1: Number of Opioid, Cocaine, or Methamphetamine Overdose Deaths by Non-Mutually Exclusive Substance Category in CCSF, 2006–2021



While the majority of overdose deaths involve **fentanyl**, many deaths also involve **cocaine** or **methamphetamine**.

From January to November 2022, there have been **556 preliminary overdose deaths**.

Strengthening the continuum of evidence-based services will save lives



Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 34.)



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Harm reduction is one part of the continuum of services

San Francisco has recognized the importance of harm reduction for three decades, from supporting syringe access (1992) to the Health Commission's resolution adopting a Harm Reduction Policy (2000) to the Board of Supervisor's overdose prevention legislation (2021).

Harm reduction approaches are not stand-alone approaches in a system of care, but are part of the continuum of services so that as a person's needs and goals change, a range of services is available to meet these needs to best prevent overdoses, mitigate or eliminate other negative consequences of drug use.

Decades of research show that harm reduction programs save lives and reduce the harms associated with drug and alcohol use.

Harm reduction programs also serve as entry-points for drug treatment and other services along the continuum. Regular use of syringe access services and overdose prevention programs is associated with a two-to-five fold increased rate of treatment.



CARE Court Overview

Signed into law by Gov. Newsom in September, the Community Assistance, Recovery, and Empowerment (CARE) Court legislation was created through [SB 1338](#). Intended to serve people who are, *"unlikely to survive safely in the community without supervision,"* people whose *"condition is substantially deteriorating,"* and people who are *"in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others."*

Phased roll out begins October 2023 with first cohort (includes San Francisco and other counties).

- Received one-time funding for planning and implementation of the program
- Working closely with the courts, State, Mayor's Office, and other key stakeholders.
- CARE Court engagement, investigation, and treatment teams planning in progress
- Population estimates and budget are being refined
 - Population estimates are wide
- Other challenges: funding, housing, and staffing



Expansion of Services for Children, Youth, & Families

- **\$33,736,105 "conditional" grant award by California Department of Health Care Services (DHCS), Behavioral Health Continuum Infrastructure Program (BHCIP)** to renovate and bring to code the 7th and 6th floors at Zuckerberg San Francisco General Hospital (ZSFGH) to create a continuum of care for youth in acute psychiatric crisis.

Funding will support the opening of:

- 12-bed adolescent psychiatric inpatient hospital (7th Floor)
- 24-slot intensive outpatient treatment and partial hospitalization program (6th floor)
- **Developing a Medi-Cal contract with the new UCSF Pritzker Psychiatry Building: Child, Teen, and Family Center.** This will expand general outpatient treatment, psychiatry, and specialized/evidence-based outpatient programs for youth experiencing frequent hospitalization, Eating Disorders, and other specialized conditions. It will also include training/consultation to our workforce on various practice improvement efforts.
- **Family First Prevention Service Act (FFPSA) Part I (in partnership with Child Welfare and Juvenile Probation) & DHCS Children and Youth Behavioral Health Initiative (CYBHI)** may allow further expansion of specialty services across our continuum of care.



Thank You



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