Mental Health San Francisco (Mental Health SF) was established legislatively in 2019 to strengthen behavioral health care for adults with serious mental health and/or substance use challenges and who are experiencing homelessness.[1]

The aim of Mental Health SF is to increase accessibility and availability of behavioral health services, with a focus on people experiencing homelessness. The four Mental Health SF domains of service expansion are: Expanded residential care and treatment; establish a central Office of Care Coordination; establish Street Crisis Response; and establish a Mental Health Service Center. The goal of this report is to describe the demographic and clinical characteristics of the Mental Health SF priority population, who will serve as the population to track the impact of expanded services under Mental Health SF.

> *…[These clients] have the highest level of service needs and vulnerability and require specialized solutions to reach stability and wellness.[1]*
>
> Ordinance establishing Mental Health SF

Who are priority individuals for Mental Health SF programming?

The highest priority are clients who are 1) people experiencing homelessness (PEH) and have a 2) serious mental health and/or 3) substance use diagnosis.

Persons Experiencing Homelessness: DPH determines whether a person is experiencing homelessness using data from Epic (medical EHR), Avatar (BHS EHR) and shelter data from the Department of Homelessness and Supportive Housing (HSH) to operationalize federal definition of "literally homeless."[2]

Using this definition, there are a total 18,995 persons who had experienced homelessness within the last 12 months.[a] We note that this number is considerably higher than the estimate of 4,396 produced by the HSH Point in Time count in Feb 2022.[3] The counts differ because the purpose and methodology of the two projects differ. The current methodology identified people as experiencing homelessness if they either: 1) used a City service that indicates housing instability such as a shelter, or 2) self-reported homelessness while accessing health care services within the 12 month period.[a] It is important to note that since only people who have accessed a public system are included in the cohort, even the count of 18,995 may be an underestimate.

Diagnoses: Persons are considered to have a serious Mental Health or Substance Use disorder if they met the defined diagnostic criteria at any time in the past 24 months.[a]

Serious Mental Health disorder: This criterion includes persons with 1) psychotic disorders, 2) bipolar disorders, 3) post-traumatic stress disorder, or 4) depressive disorders *but only if the depressive disorder was associated with a psychiatric inpatient episode*.

> *As of August 2022, San Francisco had 18,995 adults who had experienced homelessness in the prior year. Of these, 8,758 (46%) had a substance use or serious mental health disorder.*
>
> - *4287 (49%) had a SU disorder only*
> - *1401 (16%) had a MH disorder only*
> - *3070 (35%) had both*
>
> ***These 8,758 people constituted the population of Mental Health SF.***

Substance Use disorder: This criterion includes all substance use disorders except nicotine, caffeine, and cannabis only disorders (unless psychotic features are noted).

---

[a] Dates referenced are from the period ending August 2022 – 12 months prior for people experiencing homelessness, and 24 months prior for MH or SUD diagnoses.

The Chart below shows the percent of clients with each of the criteria diagnoses. Substance use disorders are the most highly prevalent diagnoses in the Mental Health SF cohort, with 7,357 people (84%) having such a disorder either singly, or in combination with a mental health disorder. It is important to note that many people experiencing homelessness are also coping with multiple significant medical problems.[4]


Substance Use Disorders

Stimulant	Opioid	Other substance	Alcohol	Cannabis
4,291	3,641	2,703	2,413	14

Mental Health Disorders

Psychotic	Post-Traumatic Stress	Bipolar and Related	Depressive
3,166	1,636	1,196	122

- *The numbers add up to more than the total population because many clients have multiple diagnoses.*
- *The number of people with depression is low because clients with depression were excluded unless the diagnosis was associated with a hospitalization.*
- *The number of people with cannabis related disorders is low because only diagnoses of cannabis use with a psychotic disorder are included.*
- *The large "Other substance" category likely refers to instances in which a client was seen at an urgent/emergent service as intoxicated, but the particular substance was not known when the admission diagnosis was made.*

Mental Health SF population compared to San Francisco census

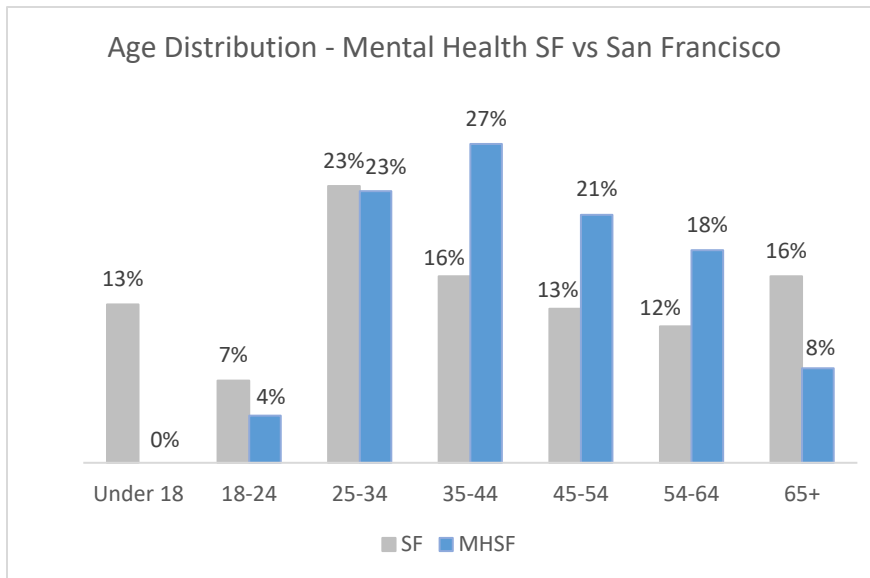The Mental Health SF population differs considerably from the San Francisco population as a whole.[b]

Race/ethnicity: People who identify as Black or African-American are significantly over-represented in the Mental Health SF population, at nearly 30% of the population, despite making up only 5% of the San Francisco population. Conversely, Asians are significantly under-represented in, comprising 4% of the Mental Health SF population compared to 34% of the population.

Race/Ethnicity - Mental Health SF vs San Francisco
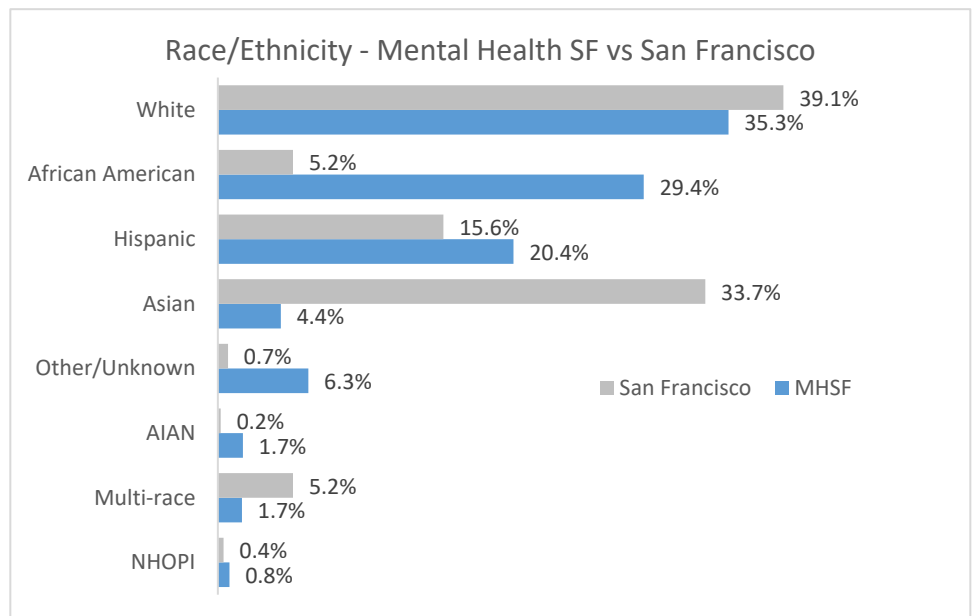
	White	African American	Hispanic	Asian	Other/ unknown	AIAN	Multi-race	NHOPI
San Francisco	341,306	45,071	136,761	294,220	6,347	1,570	45,446	3,244
MHSF	3,092	2,579	1,790	381	548	152	146	70

- *AIAN = American Indian and Alaska Native*
- *NHOPI = Native Hawaiian and Other Pacific Islander*

Age Distribution - Mental Health SF vs San Francisco

Under 18: SF 13%, MHSF 0%
18-24: SF 7%, MHSF 4%
25-34: SF 23%, MHSF 23%
35-44: SF 16%, MHSF 27%
45-54: SF 13%, MHSF 21%
54-64: SF 12%, MHSF 18%
65+: SF 16%, MHSF 8%

☐ SF ☐ MHSF

	Under 18	18-24	25-34	35-44	45-54	55-64	65+
San Francisco	117,363	60,846	205,012	138,196	114,165	101,045	138,157
MHSF		372	1,999	2,337	1,850	1,534	666

Age: While 13% of the City's population is under 18, there are no clients under 18 in the current Mental Health SF cohort, as the initiative focuses primarily on adults. In addition, compared to the population of San Francisco as a whole, the Mental Health SF cohort has a higher proportion of people between 35 and 64 and a lower percent of people 65 and over. The lower proportion of people 65 and over may reflect findings that people with SMI have significantly shorter lifespans than those without SMI, due to a variety of factors including physical health impairments, substance use, and lack of access to routine care.[5] The median age of the Mental Health SF cohort is 43 years, and the range extends from 18 to 89 years.

Gender: It is difficult to compare sex and gender distributions for Mental Health SF to San Francisco's population other than to note that the Mental Health SF cohort has a much higher proportion of males and a lower proportion of females than the City as a whole.

	Mental Health SF	San Francisco
Male	71%	51%
Female	27%	49%

According to the Mental Health SF data sources, only about 2.3% of the cohort are identified as transgender or genderqueer. This number aligns is consistent with an HSH report on gender of clients served by that agency[6], but note that when gender identity data are missing in the Mental Health SF client record, the answer for legal sex is substituted and used instead. This approach may underestimate transgender population. Missing gender identity data suggests that information about client gender may not be consistently collected by providers, from which these data are drawn.

Sexual orientation: Mental Health SF data suggests that about 9% of the cohort are identified as gay, lesbian, or bisexual. It is important to note, about 25% of the cohort are missing sexual orientation data and about 8% declined to state. These numbers contrast with other reports on sexual orientation prevalence within populations: The City Survey (performed by the SF Controller's Office) suggested that about 12% of the San Francisco population identified as LGBTQ+; an HSH report indicated that about 14% of the clients they serve were identified as LGBTQ+;[7] HSH's Coordinated Entry data suggested that 14% of clients (and 31% of clients aged 18-24) identified as LGBTQ+. Finally, the Homeless PIT count report suggested that about 28% of the population of people experiencing homelessness identified as LGBTQ+.

APPENDIX

Definition of Key Terms

Persons Experiencing Homelessness

The data sources used to identify persons experiencing homelessness included the San Francisco Department of Public Health (SFDPH) electronic health records (Epic and Avatar), as well as the Homelessness and Supportive Housing (HSH) system. Through a series of workgroup meetings, staff from SFDPH behavioral health, primary care, and information technology, in consultation with HSH, aligned on a DPH definition of persons experiencing homelessness, using the Department of Housing and Urban Health (HUD) definition of "literally homeless"[7] as a guide. Persons were identified as experiencing homelessness if they either: 1) utilized a City service that indicates housing instability such as a shelter, or 2) self-reported homelessness while accessing health care services. Persons are considered as experiencing homelessness if they had an indication of homelessness at any time in the past 12 months.

Serious Mental Illness

The definition of serious mental illness was arrived at via consultation with subject matter experts from SFDPH behavioral health services and Zuckerberg San Francisco General hospital psychiatric services, as well as the University of California San Francisco and the Mental Health SF Implementation Working Group. The definition includes persons with psychotic disorders, bipolar disorders, post-traumatic stress disorder, or depressive disorders resulting in a psychiatric inpatient episode. Persons are considered to have a serious mental illness if they met any of the defined diagnostic criteria at any time in the past 24 months. This duration was chosen to be inclusive both of persons recently in treatment as well as those who have fallen out of care.

Substance Use Disorders

Experts in addiction medicine from SFDPH behavioral health services were engaged to identify the qualifying substance use disorders which include poisoning codes from the Center for Disease Control's Drug Overdose Surveillance and Epidemiology system list[8] and excludes nicotine and caffeine use disorders, diagnoses in remission, and cannabis use disorders unless psychotic features are present. Persons are considered to have a substance use disorder if they met any of the defined diagnostic criteria at any time in the past 24 months. This duration was chosen to be inclusive both of persons recently in treatment as well as those who have fallen out of care.

Mental Health SF Diagnoses that qualify a client for possible inclusion in the cohort

SUBSTANCE USE	
Alcohol related	
F10.1x (excluding F10.11, in remission)	Alcohol abuse
F10.2x	Alcohol dependence
F10.9x (excluding F10.91, in remission)	Alcohol use unspecified
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
I42.6	Alcoholic cardiomyopathy
K29.2x	Alcoholic gastritis
K70.x	Alcoholic liver diseases
O35.4x	Maternal care for (suspected) fetal damage
O99.31x	Alcohol use complicating pregnancy
Cannabis related	
F12.15x	Cannabis abuse with psychotic disorder
F12.25x	Cannabis dependence with psychotic disorder
F12.95x	Cannabis use, unspecified with psychotic disorder
Opioid related	
F11.1x (excludes F11.11, in remission)	Opioid use ,
F11.2x (excludes F11.21, in remission)	Opioid dependence
F11.9x (excludes F11.91, in remission)	Opioid use unspecified
T40.0X1x / T40.0X4x	Poisoning by opium, accidental / undetermined
T40.2X1x / T40.2X4x	Poisoning by other opioids, accidental / undetermined
T40.3X1x / T40.3X4x	Poisoning by methadone, accidental / undetermined
T40.411x / T40.414x	Poisoning by fentanyl, accidental / undetermined
T40.491x / T40.494x	Poisoning by other synthetic narcotics, accidental / undetermined
T40.6x	Poisoning by other and unspecified narcotics
Cocaine or other stimulant related	
F14.1x (excludes F14.11, in remission)	Cocaine use
F14.2x (excludes F14.21, in remission)	Cocaine dependence
F14.9x (excludes F14.91, in remission)	Cocaine use unspecified
T40.5X1x / T40.5X4x	Poisoning by cocaine accidental / undetermined
F15.1x (excludes F15.11, in remission)	Other stimulant use
F15.2x (excludes F15.11, in remission)	Other stimulant dependence
F15.9x (excludes F15.11, in remission)	Other stimulant use unspecified
T43.601x / T43.604x	Poisoning by stimulants, accidental / undetermined

Other substances	
F13.1x (excludes F13.11, in remission)	Sedative, hypnotic, or anxiolytic-related abuse
F13.2x (excludes F13.21, in remission)	Sedative, hypnotic, or anxiolytic-related dependence
F13.9x (excludes F13.91, in remission)	Sedative, hypnotic, or anxiolytic-related use, unspecified
F16.1x (excludes F16.11, in remission)	Hallucinogen related abuse
F16.2x (excludes F16.21, in remission)	Hallucinogen related dependence
F16.9x (excludes F16.91, in remission)	Hallucinogen use, unspecified
F18.1x (excludes F18.11, in remission)	Inhalant abuse
F18.2x (excludes F18.21, in remission)	Inhalant dependence
F18.9x (excludes F18.91, in remission)	Inhalant use, unspecified
F19.1x (excludes F19.11, in remission)	Other psychoactive substance abuse
F19.2x (excludes F19.21, in remission)	Other psychoactive substance dependence
F19.9x (excludes F19.91, in remission)	Other psychoactive substance use, unspecified
O35.5x	Maternal care for (suspected) damage to fetus by drugs
O99.3x (excludes O99.33x, tobacco)	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth, and the puerperium
T40.421x / T40.424x	Poisoning by tramadol, accidental / undetermined
T40.8X1x / T40.8X4x	Poisoning by LSD, accidental / undetermined
T40.901x / T40.904x	Poisoning by unspecified hallucinogens, accidental / undetermined
T40.991x / T40.994x	Poisoning by other hallucinogens, accidental / undetermined
T41.0X1x / T41.0X4x	Poisoning by inhaled anesthetics, accidental / undetermined
T42.6X1x / T42.6X4x	Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental / undetermined
T42.71x / T42.74x	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental / undetermined
T43.641x / T43.644x	Poisoning by ecstasy, accidental / undetermined

MENTAL HEALTH	
Mood disorders	
F30.x	Manic episode
F31.x	Bipolar disorder
F32.x (excludes F32.5 and F32.A)	Depressive episode (excludes in full remission and NOS)
F33.x (excludes F33.40 and F33.42)	Major depression disorder recurrent (excludes in full remission and unspecified remission)
F34.x	Persistent mood disorders
F39.x	Unspecified mood disorders
Psychosis	
F20.x	Schizophrenia
F21	Schizotypal disorder
F22	Delusional disorder
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.x	Schizoaffective disorders
F28	Other psychotic disorders
F29	Unspecified psychotic disorders
PTSD	
F43.1x	Post-traumatic stress disorders

REFERENCES

[1] Mental Health SF ordinance: https://sf.gov/sites/default/files/2022-07/o0300-19.pdf
Mental Health SF website: https://sf.gov/information/mental-health-sf

[2] See Definition of Key Terms above - https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/category-1.

[3] Applied Survey Research. San Francisco Homeless Count and Survey. 2022 Comprehensive Report. https://hsh.sfgov.org/wp-content/uploads/2022/08/2022-PIT-Count-Report-San-Francisco-Updated-8.19.22.pdf

[4] National Health Care for the Homeless Council. Fact Sheet: Homelessness and Health: What's the Connection, Feb, 2019 https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf

[5] Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis. JAMA Psychiatry. 2015 Apr;72(4):334-41. doi: 10.1001/jamapsychiatry.2014.2502. Erratum in: JAMA Psychiatry. 2015 Jul;72(7):736. Erratum in: JAMA Psychiatry. 2015 Dec;72(12):1259. PMID: 25671328; PMCID: PMC4461039.

[6] Dept of Homelessness and Supportive Housing. FY2021-22 Report on the Collection of Sexual Orientation & Gender Identity Data, September 2022. https://hsh.sfgov.org/wp-content/uploads/2022/08/FY2021-22-SOGI-Report-HSH-FINAL.pdf

[7] https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/category-1
[8]
 https://www.cdc.gov/drugoverdose/nonfatal/case.html