

San Francisco Department of Public Health Division of Behavioral Health Services

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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

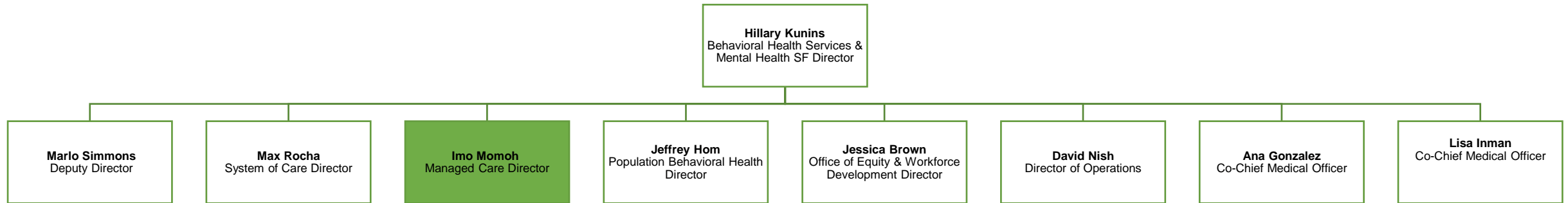
CaAIM

- Changing the way we deliver behavioral health services



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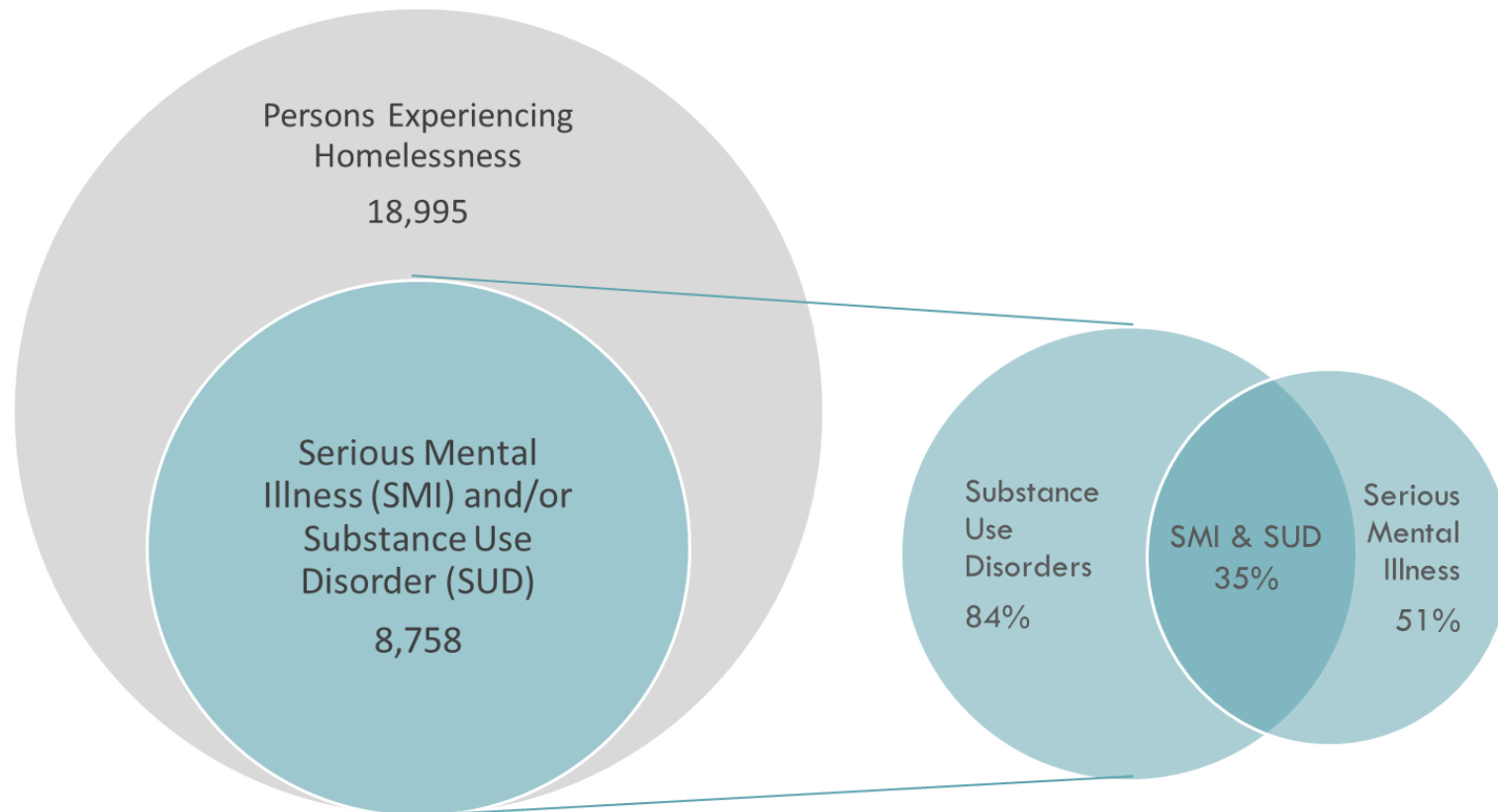
New BHS Leadership



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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."



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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*



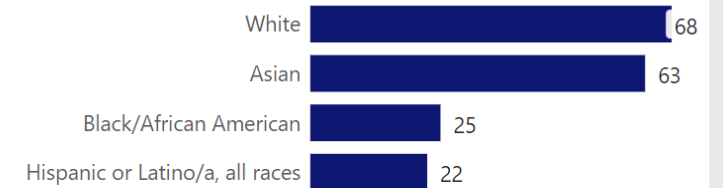
Sex/Gender	Client Count	% of Total Clients
Male	101	57%
Female	70	40%
Trans Female	<10	Not calculated
Genderqueer/Gender non-binary	<10	Not calculated
Trans Male	<10	Not calculated

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
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.



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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.

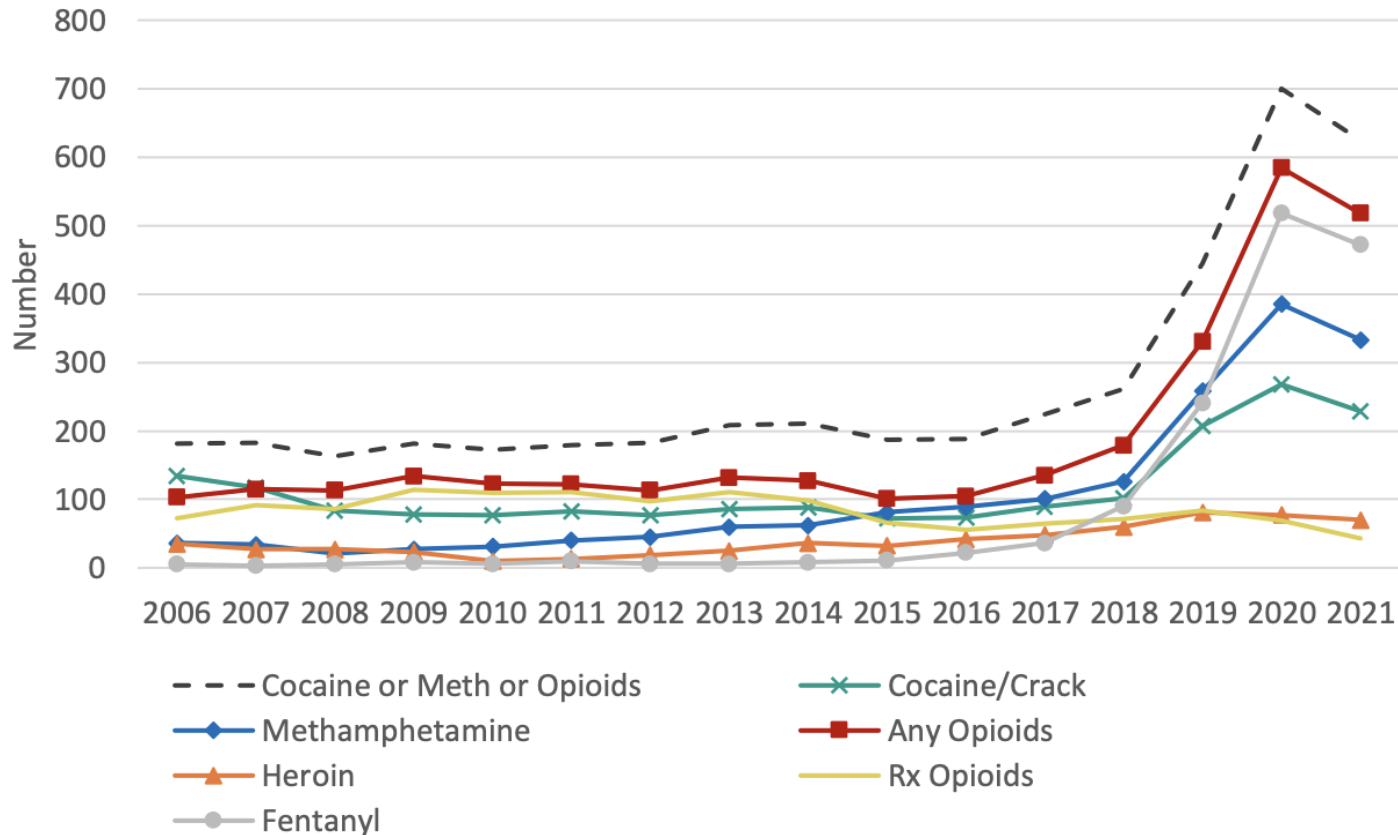
Practice improvements:

- 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

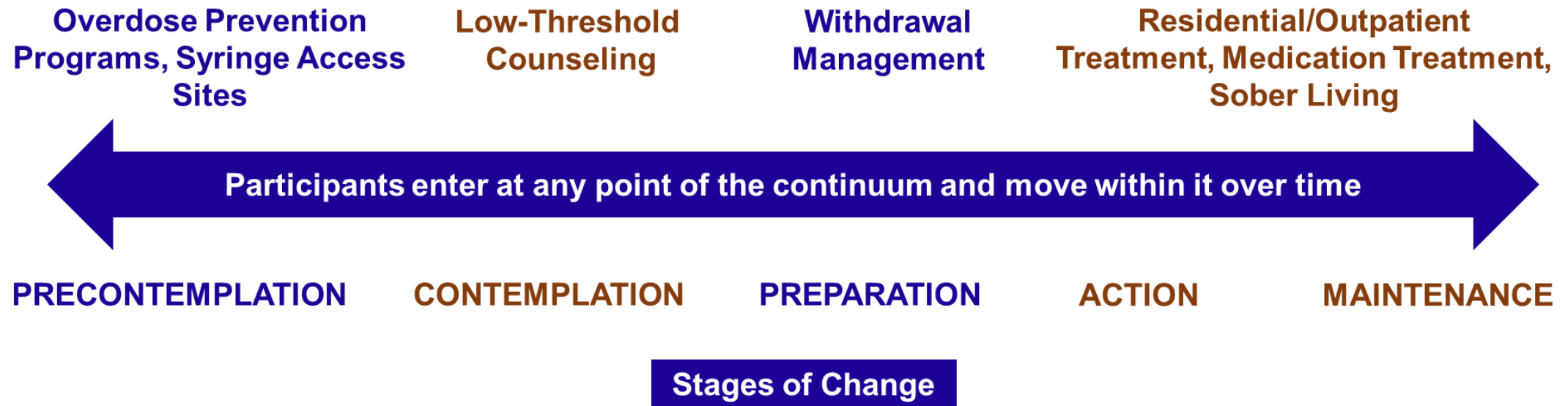


While the majority of overdose deaths involve **fentanyl**, many deaths also involve **cocaine** or **methamphetamine**.

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.

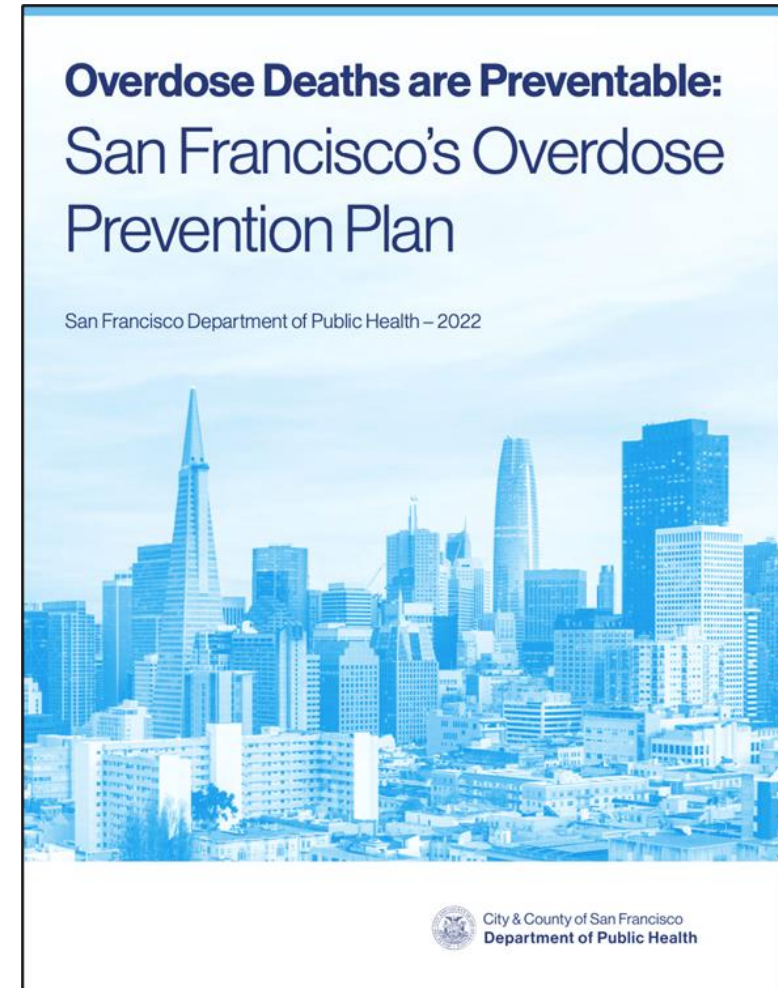


Overdose Prevention Plan

Goals: Reduce overall overdose deaths in San Francisco, while also reducing disparities in overdose deaths among people experiencing homelessness and among Black/African American San Franciscans.

Strategic Areas:

- Increase availability and accessibility of the continuum of substance use services
- Strengthen community engagement and social support for people at high risk for overdose
- Implement a “whole City” approach to overdose prevention
- Track overdose trends and related drug use metrics to measure success and inform program development and change



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Citywide progress under Mental Health SF

- **Opening more than 250 new behavioral health residential care and treatment beds**
 - Includes a drug sobering center (SoMa RISE), now open 24/7
- **Expanded hours at the Behavioral Health Access Center (BHAC), the Office-based Buprenorphine Induction Clinic (OBIC) and BAART Market Street Clinic**
- **Established the Street Crisis Response Teams and the Street Overdose Response Team (SORT)**
 - 1,840 calls handled by SORT between 8/2/21 and 7/31/22, 966 of which involved an overdose
- **Launched an Office of Coordinated Care within Behavioral Health Services**
- **Medications for addiction treatment and links to contingency management are offered to patients at Zuckerberg San Francisco General Hospital**
- **Behavioral Health Services Pharmacy delivers buprenorphine to many high-risk housing locations and areas without retail pharmacy access**



San Francisco's Overdose Prevention Plan

4

point
comprehensive
plan

Increase availability
and accessibility of the
continuum of
substance use
services

Strengthen community
engagement and
social support for
people at high risk for
overdose

Implement a "whole
City" approach to
overdose prevention

Track overdose trends
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Strategic Area #1: Increase availability and accessibility of the continuum of substance use services

Treatment and harm reduction services – historically viewed as separate, mutually exclusive approaches – exist on a continuum. The City aims to make services readily available to improve the wellbeing of people who use drugs and the communities in which drug use occurs. To achieve this, the City will:

- establish Wellness Hubs as a cornerstone of the City's efforts, which will provide overdose prevention services and resources, services to improve health, and linkages to treatment
- expand access and remove barriers to treatment for opioid use disorder, including fentanyl addiction,
- prevent overdoses from being fatal by supporting and broadening overdose prevention services (naloxone, fentanyl test strips, drug checking, and safe consumption), and
- improve post-overdose outcomes by enhancing overdose response teams and connecting people to care.



Strategic Area #2: Strengthen community engagement and social support for people at high risk for overdose

Without increasing the social supports provided to people who use drugs, outreach and engagement will have limited success and the risk of an overdose will remain high. To address these challenges, the City will establish or expand:

- communication to the public about drug use and the continuum of services available to people who use drugs, including through public messaging campaigns,
- public overdose response trainings and naloxone distribution using a citywide, data-driven approach, and
- collaboration with community organizations and developing partnerships to support populations most affected by overdose.



Strategic Area #3: Implement a “whole City” approach to overdose prevention

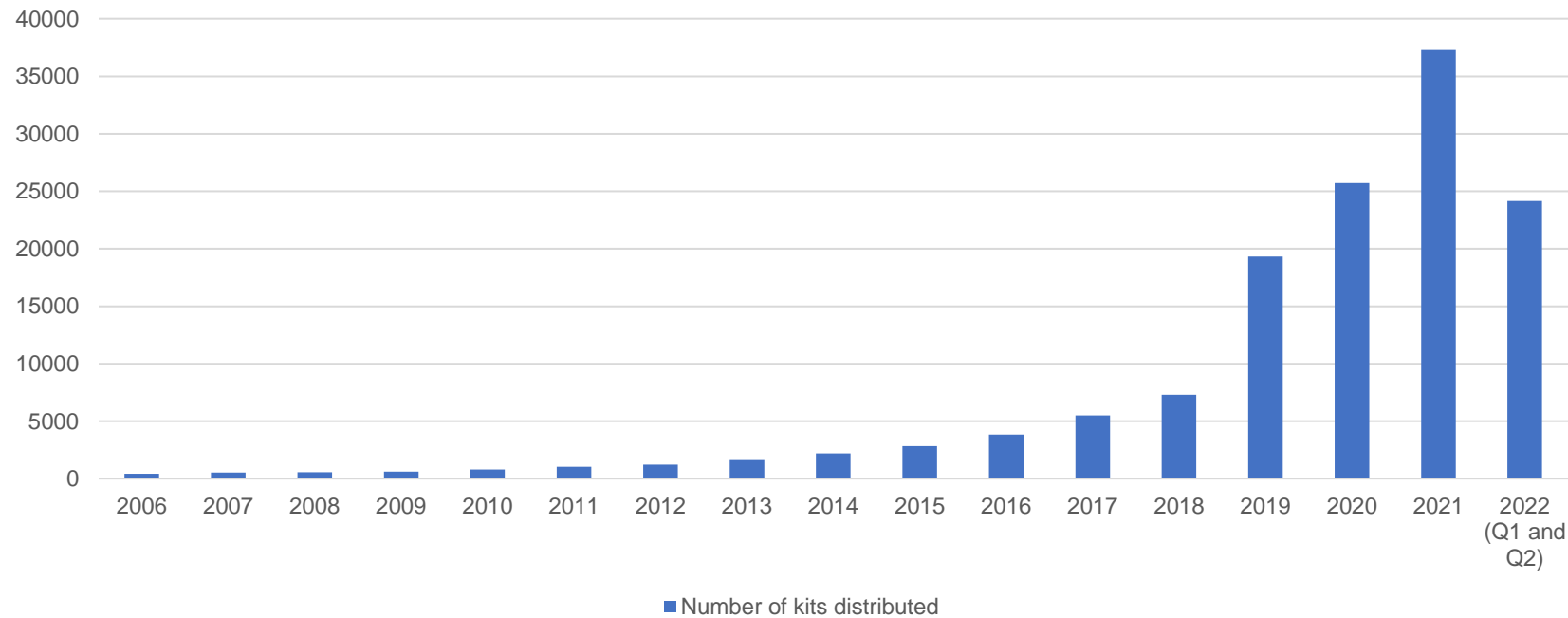
The magnitude of this crisis necessitates a “whole City” approach, in which overdose prevention initiatives exist in all departments, cover the city geographically, are tailored to meet the needs of diverse communities, and reduce disparities. The City will:

- establish protocols for first responders to refer and rapidly connect people who use drugs to health resources, overdose prevention services and drug treatment,
- make overdose prevention training and naloxone available in all city-run housing facilities,
- embed overdose prevention resources in a range of settings that meet the needs of people who use drugs, such as in social services, higher education, and entertainment venues, and
- promote low-barrier, street-based services and sufficient drop-in spaces that are available throughout the city.



Naloxone Distribution

Naloxone distributed in San Francisco, 2006 - June 2022



Since 2003, SFDPH has partnered with the Drug Overdose Prevention and Education (DOPE) Project to provide overdose response trainings and naloxone kits to the community

In October 2021, SFDPH created the Naloxone Clearinghouse to serve as an additional centralized naloxone distribution point to support additional organizations and distribution

Strategic Area #4: Track overdose trends and related drug use metrics to measure success and inform program development and change

Between 2015 and 2020, deaths involving fentanyl in San Francisco increased 4600%, illustrating the rapidity with which the drug supply and drug use can change. **Data must be used to inform and evaluate service delivery, policies and resource allocation, as well as to advance racial equity.** To achieve this, the City will:

- centralize data collection on drug-related metrics, including fatal and non-fatal overdose,
- using data to improve programs,
- develop materials for communicating data, including a publicly available dashboard for tracking important citywide metrics, and
- regularly meet with community members and frontline staff of service organizations to review data, discuss findings, and guide future planning.



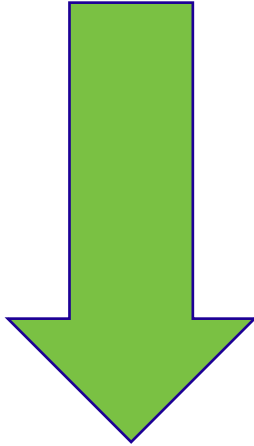
Imperative of addressing the social determinants of health

A great amount of overdose prevention work is already underway in San Francisco and implementing the strategies in this plan will save more lives. At the same time, it is essential that efforts also continue to be made to improve the overall health and wellbeing of people who use drugs, which means addressing systemic issues and the social determinants of health.

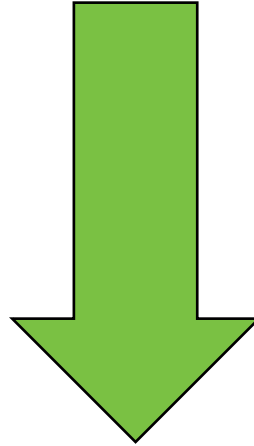
By making a concerted effort to engage people who use drugs, agencies focusing on these determinants – particularly housing – will not only improve health outcomes, but also be supporting overdose prevention.



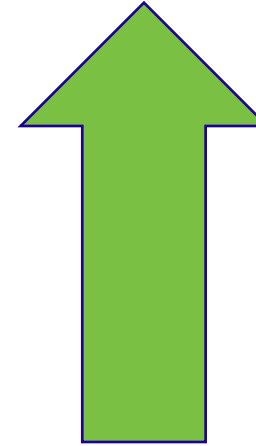
Overdose Prevention - What our goals are



Reduce fatal overdoses by 15% citywide by 2025



Reduce racial disparities in fatal overdoses among Black/African Americans by 30% by 2025



Increase number of people receiving medications for addiction treatment (MAT) by 30% by 2025



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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.



Behavioral Health Services Clients

FY21–FY22 (Q1-Q4)

- In FY21, Behavioral Health Services treated ~20,000 people for mental health treatment and/or substance use disorder treatment
- Additionally, in FY21, Behavioral Health Services provided prevention and early intervention services to >100,000 people (duplicated), including:
 - Crisis debriefings
 - School-based programs
 - Peer programs
 - Vocational services
 - Drop-in centers

Clients Receiving Mental Health Treatment

Age Group	FY20-21	FY21-22
Children & Youth (age < 18)	3,473	3,616
Adults & Older Adults (age 18+)	13,445	12,825
Total	16,918	16,441

Clients Receiving Substance Use Disorder Treatment

Age Group	FY20-21	FY21-22
All age groups (> 99% are age 18+ at start of FY)	4,626	4,516

Note: The numbers shown represent unique clients who received at least one service during the indicated time period. They are considered an undercount of services because of a lag in data entry and should not be construed as final or official. Clients' age is calculated as of the first day of the fiscal year (July 1). FY20-21 spans 7/1/2020 through 6/30/2021. FY21-22 spans 7/1/2021 through 6/30/2022.

Source: Avatar service data



Culturally Congruent Services and Initiatives

Behavioral Health Services offers services that are culturally and linguistically congruent with the needs of Asian and Pacific Islander Communities.

- 10 programs dedicated to API youth and adults:
 - 3 contracted community-based organization programs for API youth; 1 dedicated civil service site for API youth
 - 3 community-based organization programs for API adults; 3 civil service sites with predominantly Asian American clinicians or programming
- Includes: Crisis Intervention; Comprehensive Mental Health Services; Intensive Case Management; Substance Use Prevention for Youth; Screen Use/Media Consumption Education; Gambling Prevention Education.
- These figures and the programs listed do not account for the number of clinicians, counselors, staff and peers throughout other sites/programs who also contribute their cultural knowledge and language capacity to serve API consumers citywide.

Anti-Racist and Culturally Humble Clinical Practices Training Academy, which trains BHS clinicians and providers on core skills in providing anti-racist and culturally-responsive clinical assessment and interventions to clients.

- Two-year academy for ~300 BHS staff and providers (launches Fall 2022)
- First year includes foundational trainings/consultations on: (1) constructive conversations on race/racism with clients; (2) anti-racist clinical assessment and diagnosis; and (3) cultural adaptation of practices in working with Black/African-American, Latina/o/x/e, AAPI, and AIAN clients.
- Second year will include training on specific culturally-adapted/responsive evidence-based practices and community defined practices (e.g., anti-racist DBT, El Joven Noble, Taoist CBT, EmbRACE, Effective Black Parenting Program (EBPP), etc.)



Thank You



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