San Francisco Department of Public Health

Behavioral Health Services Director's Update

June 4, 2024

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Agenda

- Mission and Vision
- About Proposition 1
- Epic Migration Update
- Office of Coordinated Care Update
- Culturally Congruent Care Update
- Residential Care and Treatment Update
- Overdose Response Update

Our Vision, Mission, and Key Tactics

Vision

For all San Franciscans to experience mental and emotional well-being and participate meaningfully in the community across lifespans and generations.

Mission

To provide equitable, effective substance use and mental health care and promote behavioral health and wellness among all San Franciscans.

About Proposition 1

Proposition 1 Overview

Approved by voters in March 2024, Prop 1 changes the Mental Health Services Act (MHSA) that was passed by voters in 2004, with a focus on how the money from the Act can be used. The Act is now known as the Behavioral Health Services Act (BHSA).

- Current MHSA spending is not fully in alignment with the BHSA. BHS is working closely with other City departments and community partners to implement the changes.
  - Prop 1 does not increase funding to counties. Local MHSA funding is expected to decrease.
  - MHSA funding is also subject to change as tax revenues change, and projections suggest that MHSA funding will decline in the next few years.
  - MHSA makes up only 13% of the total budget for Behavioral Health Services

- Approves $6.4 billion bond. The City will determine how to apply Prop 1 bond funds once the notice of funding and guidance is provided by the State.

- Prop 1 requirements must be implemented by July 1, 2026. BHS is planning to bring programming into alignment as the State releases additional guidance.

DHCS Initial BH Transformation Milestones

Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Starting Spring 2024

Stakeholder Engagement

Stakeholder Engagement including public **listening sessions** will be utilized through all milestones to inform policy creation.

Beginning Summer 2024

Bond Funding Availability Begins

Requests for application for bond funding will leverage the BHCIP and HomeKey models.

Beginning Early 2025

Integrated Plan Guidance and Policy

Policy and guidance will be **released in phases** beginning with policy and guidance for Integrated Plans.

Summer 2026

Integrated Plan

New Integrated Plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)

Source:

DHCS California Department of Health Care Services · CalHHS California Health & Human Services Agency · CalVET · California Housing and Community Development

Epic Migration

Epic Migration Completed

As of May 22, BHS Mental Health Services joined the San Francisco Health Network on the shared electronic health record, Epic. Benefits of the transition include:

- Integration with and increased coordination across the health network
- Standardization of processes and procedures across BHS providers
- Ability to accept, track, and follow up on referrals
- Centralized scheduling and referrals
- Alignment with local, state, and federal regulations and initiatives
- Improved financial stewardship

Office of Coordinated Care Update

Improving Access and Care Coordination for San Franciscans

Established in May 2022, the Office of Coordinated Care (OCC) manages behavioral health central access points, provides case management, care oversight, and care planning.

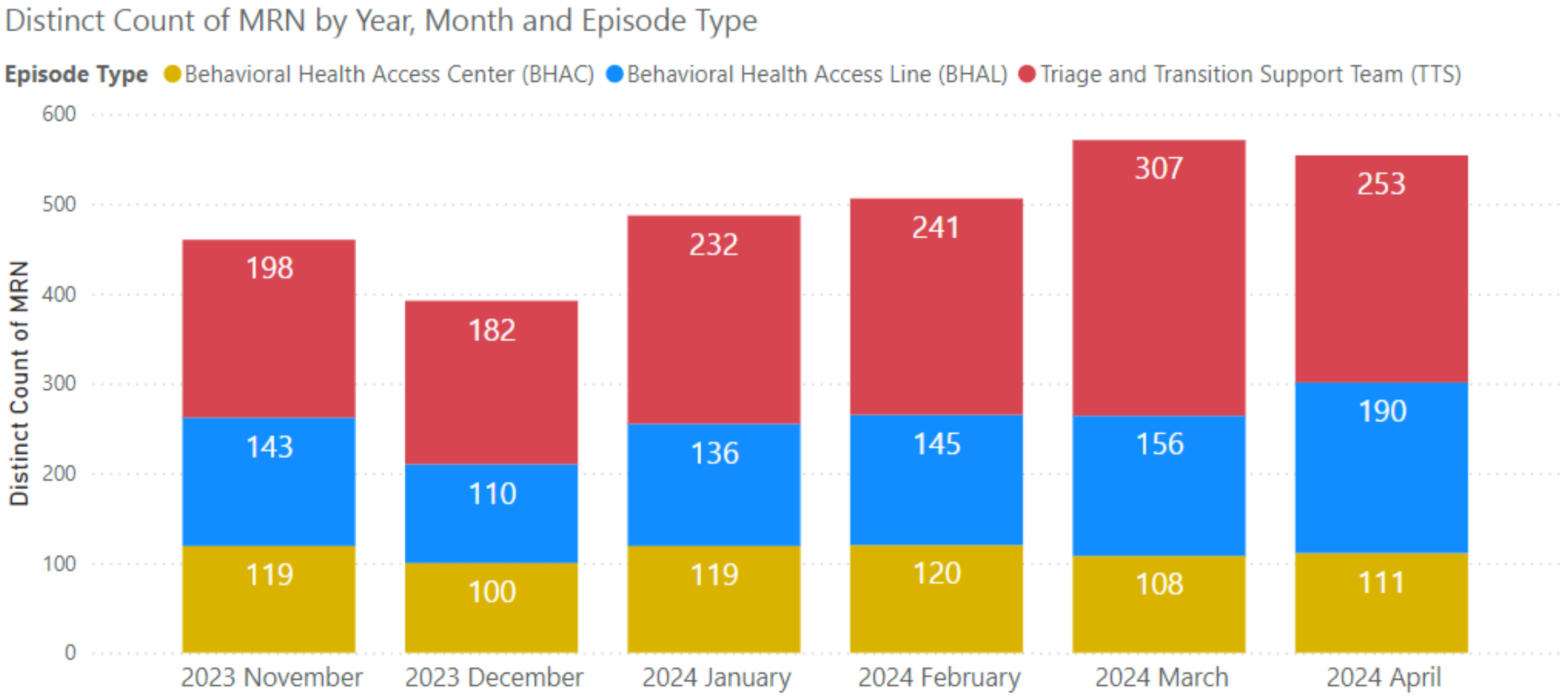
Access & Navigation – Information, screening, referral and direct connection to behavioral health care

- **Behavioral Health Access Line (BHAL):** 24/7 state-mandated/regulated call center
- **Behavioral Health Access Center (BHAC):** Walk-in center, open 7 days/week, for access to behavioral health services

CARE Coordination – Systematic and focused services for priority populations needing engagement and connections to care.

- **Triage:** Central hub managing referrals; systematically tracking and ensuring connections to care after 5150 or SCRT contact; deploying OCC follow-up teams
- **BEST Care Management:** Field-based follow up team focused on individuals leaving hospital of jail or post-crisis contact (provide follow-up for other pops as needed)
- **BEST Neighborhoods:** Teams providing outreach, engagement, coordination for unhoused people with behavioral health needs using a neighborhood-based approach

Monthly New Referrals to the Office of Coordinated Care Nov 2023-Apr 2024



Monthly Clients Engaged by Office of Coordinated Care Follow-up Teams Nov 2023-Apr 2024

Culturally Congruent Care Update

Culturally Congruent Care Expansions

BHS continues to improve and expand upon its culturally congruent behavioral health care, including:

- **Culturally Congruent and Innovation Practices for Black/African American Communities:** Implemented across four behavioral health clinics to create more diversity in the mental health workforce, better engage clients, and provide culturally responsive services that meet the needs of the community.

- **Improving Black/African American Maternal Mental Health:** In partnership with Maternal Child and Adolescent Health (MCAH), BHS is investing $6 million per year at four community-based organizations to support Black/African American birthing people through mental health screenings, connections to care, and more.

Residential Care and Treatment Update

Current Residential Inventory Overview

As of FY23-24, ~2,551 estimated residential beds.

- This total is an estimate because it includes as-needed beds that are not contracted at fixed numbers and change based on needs and availability.

Mental Health Residential Programs (~ 1,861 beds as of FY 23-24):

- Include both as-needed services (~638 beds) and services with fixed bed counts (~1,223 beds)
- Include in- and out-of-county beds (most services are in county)
- Offer a range of treatment lengths and intensities and population specific (e.g. seniors, criminal-legal-impacted)

Substance Use Residential Programs (~ 690 beds as of FY 23-24):

- Substance use residential is mostly provided in-county, through contracted providers.
- Programs vary by length and intensity and include population-specific services (e.g., criminal legal system-impacted).

Opened ~400 new residential behavioral health beds planned under Mental Health SF.

- 44 beds remain to be opened.

Estimating Current Behavioral Health Residential Needs

In 2023, BHS updated its 2020 behavioral health bed modeling to develop **preliminary recommendations** for the number of beds needed for 95% of clients to experience zero wait time.

- Project Goals:
  - Update 2020 analysis, using quantitative modeling, input from subject matter experts, and supplemental wait-time data and RAND analysis (2022)
  - Develop infrastructure to regularly track bed utilization and bed needs, optimize flow, and evaluate the impact of bed expansion investments on client wait times.

Residential Expansion: Preliminary Recommendations

Residential Type	Additional Beds Needed	Considerations
Mental Health Residential Treatment	~50	• Includes different lengths of stay • Includes need for clients with specific needs (e.g., both severe mental health and substance use diagnoses; seniors; and perinatal clients)
Mental Health Rehabilitation Centers (MHRC) / LSAT	Estimated 55-95	• Given current wait times • Potential for increase in demand under SB 43
Behaviorally Complex Therapeutic (Enhanced Residential Care / Residential Care for the Elderly	Estimated 20-40	• Highly specialized level of care for complex, high-need clients difficult to place in care.

Residential Expansion: Preliminary Recommendations

Residential Type	Additional Beds Needed	Considerations
SUD Residential Withdrawal Management	~8-10	• Includes high-complexity withdrawal management for people with both severe withdrawal medical needs and other health needs
SUD Residential Step-Down	~20-30	• The number of clients served in RSD has increased as SFDPH has added capacity.
State Hospital Beds	Admission data needed to make a recommendation.	• These beds are managed by the State. • 2022 RAND analysis showed that access to these beds significantly contributes to the supply other beds types

Next Steps for Residential Care and Treatment

- Workforce recruitment and staffing
- Procurement
- Data limitations
- Local control
- New policy

Overdose Response and Data

Strengthening Efforts to Lower Fatal and Non-fatal Overdoses and Reduce Overdose Disparities

- Aligning and coordinating existing and new approaches to maximize the impact of medications for opioid use disorder, naloxone, contingency management and community engagement
- Centering equity in all strategies and addressing gaps in existing interventions
- Deepening partnerships in the community
- Advancing local, state, and federal policy
- Strengthening data tracking and reporting to maximize and demonstrate impact

Key Overdose Reduction Objectives

Expanding and strengthening substance use services continuum of services

- Key Objective: Improve access and retention of medications for opioid use disorder.
- Key Objective: Expand availability and participation of Contingency Management.
- Key Objective: Review and improve overdose response interventions.

Community engagement for priority populations

- Key Objective: Build the capacity of Black/African American-led organizations to address overdose in their communities
- Key Objective: Increase overdose prevention and connections to treatment in PSH

Public awareness

- Key Objective: Launch media campaigns aimed at increasing awareness about the availability of services and reducing stigma

About Methadone Services

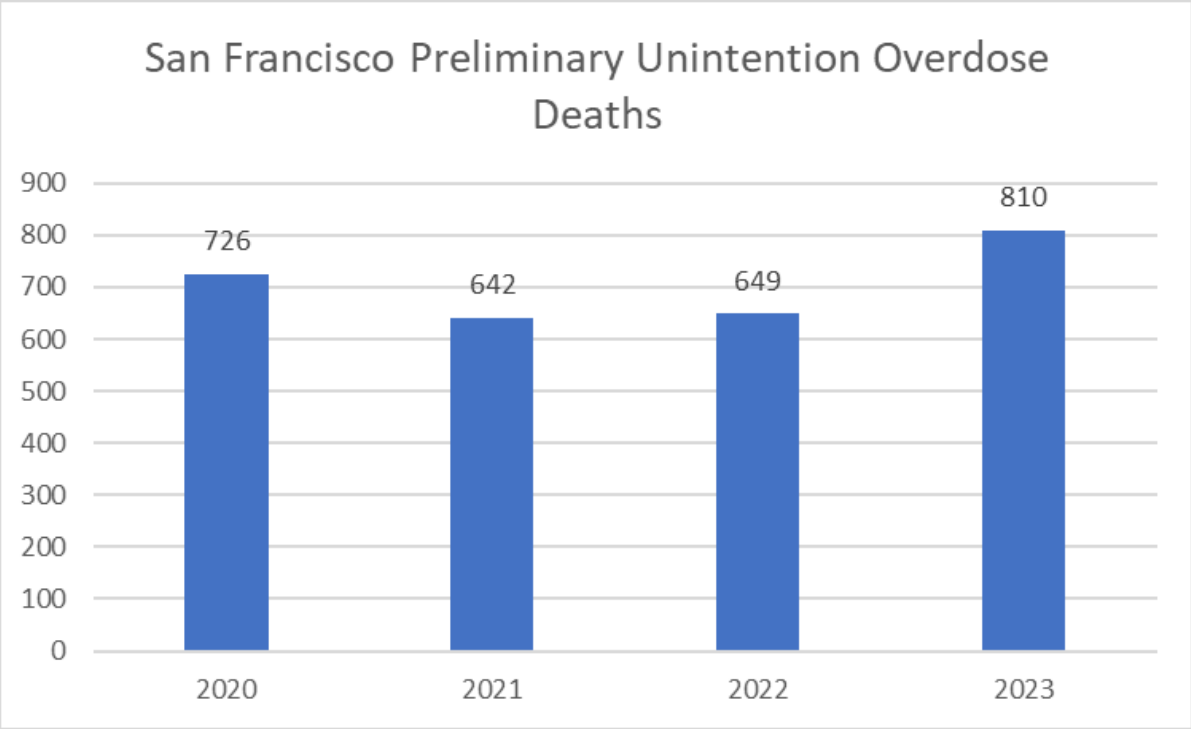
BHS currently provides methadone via six clinics and one mobile van, including:

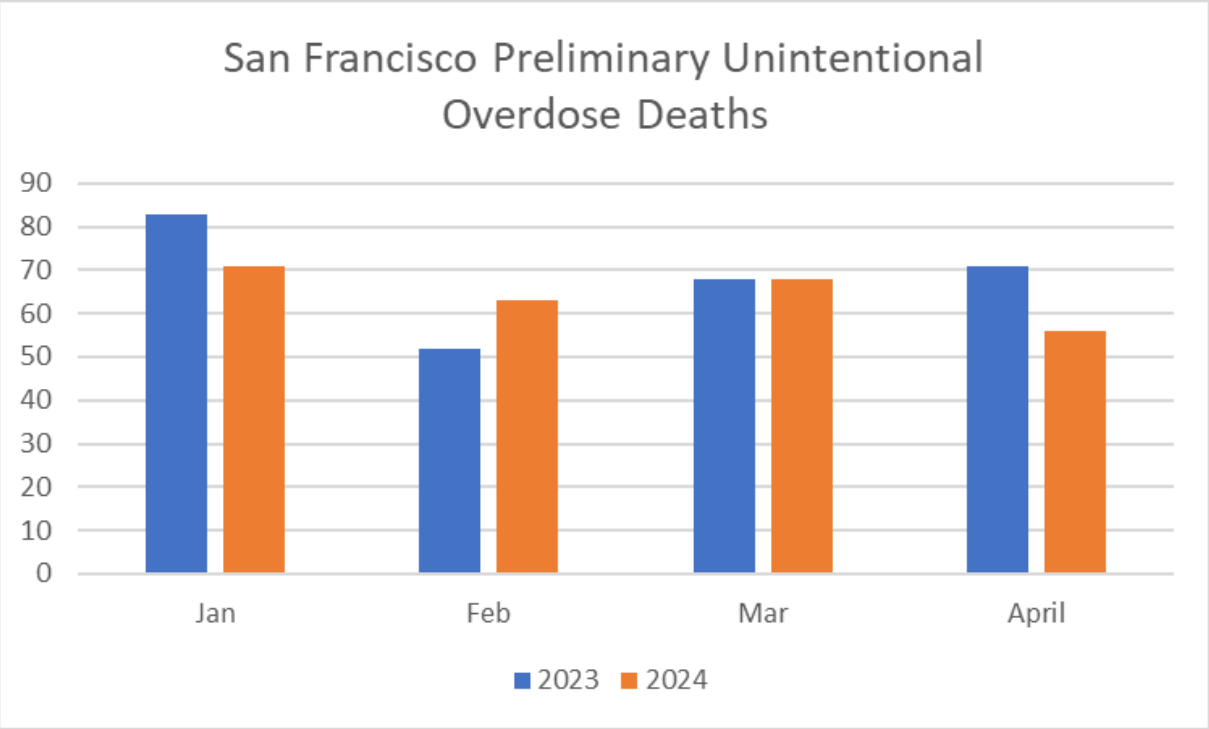
- OTOP/Ward 93
- OTOP Bayview Van
- Fort Help Mission
- BAART Market
- BAART Turk
- Bayview Hunters Point Foundation
- Westside Community Services

Current state and federal regulations limit the availability of methadone treatment. Challenges to delivering methadone services include:

- Clients cannot start methadone while at San Francisco County Jail
- Regulations restrict the availability of take-home dosing and initial dose levels of methadone
- Intake procedures are highly regulated
- Staffing shortages impact hours of operation

Preliminary Unintentional Drug Overdose Deaths By Year

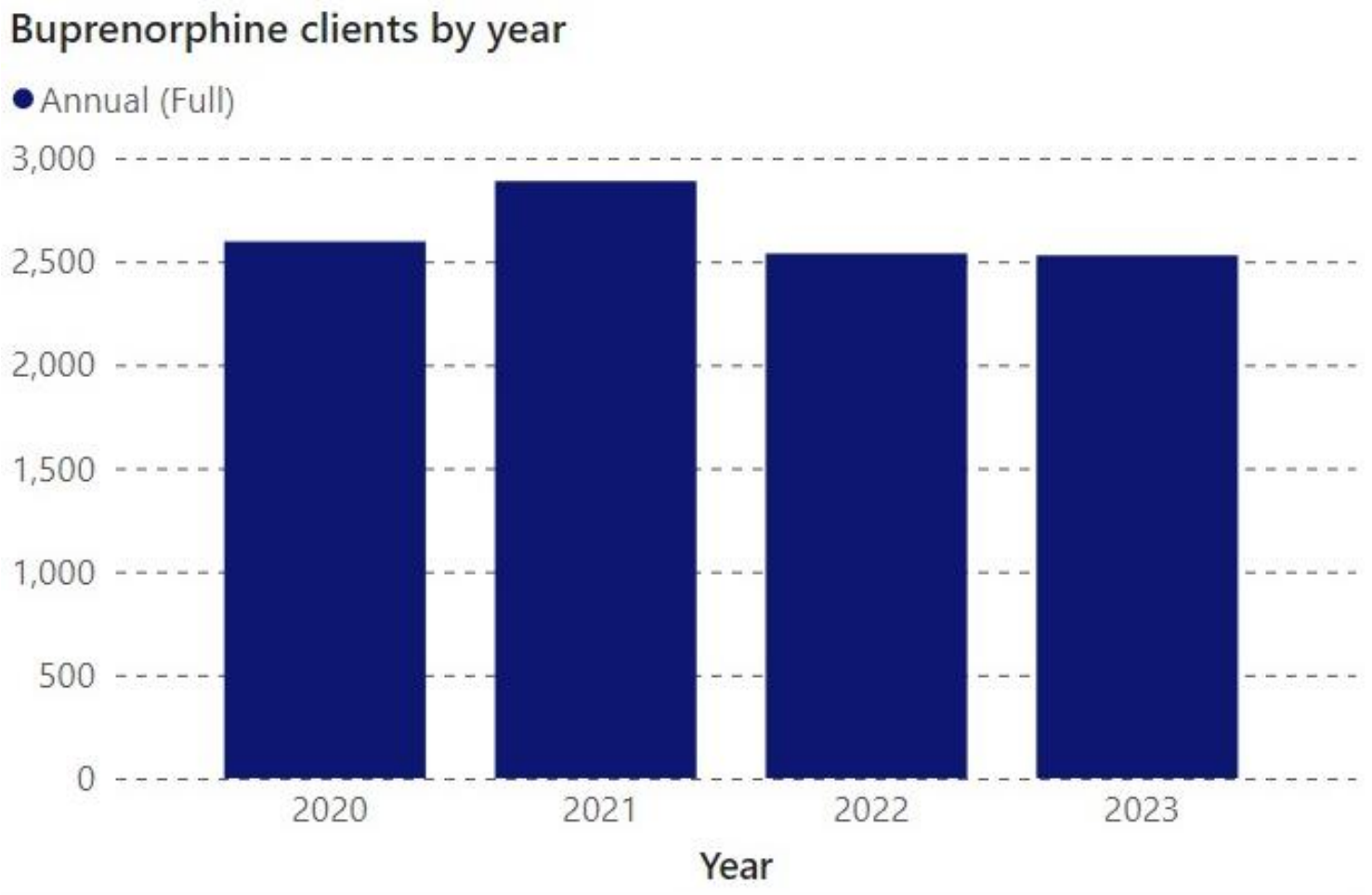




These data come from the preliminary monthly Accidental Drug Overdose Report, published by the San Francisco Office of the Chief Medical Examiner and are updated monthly.

Unintentional Overdose Deaths

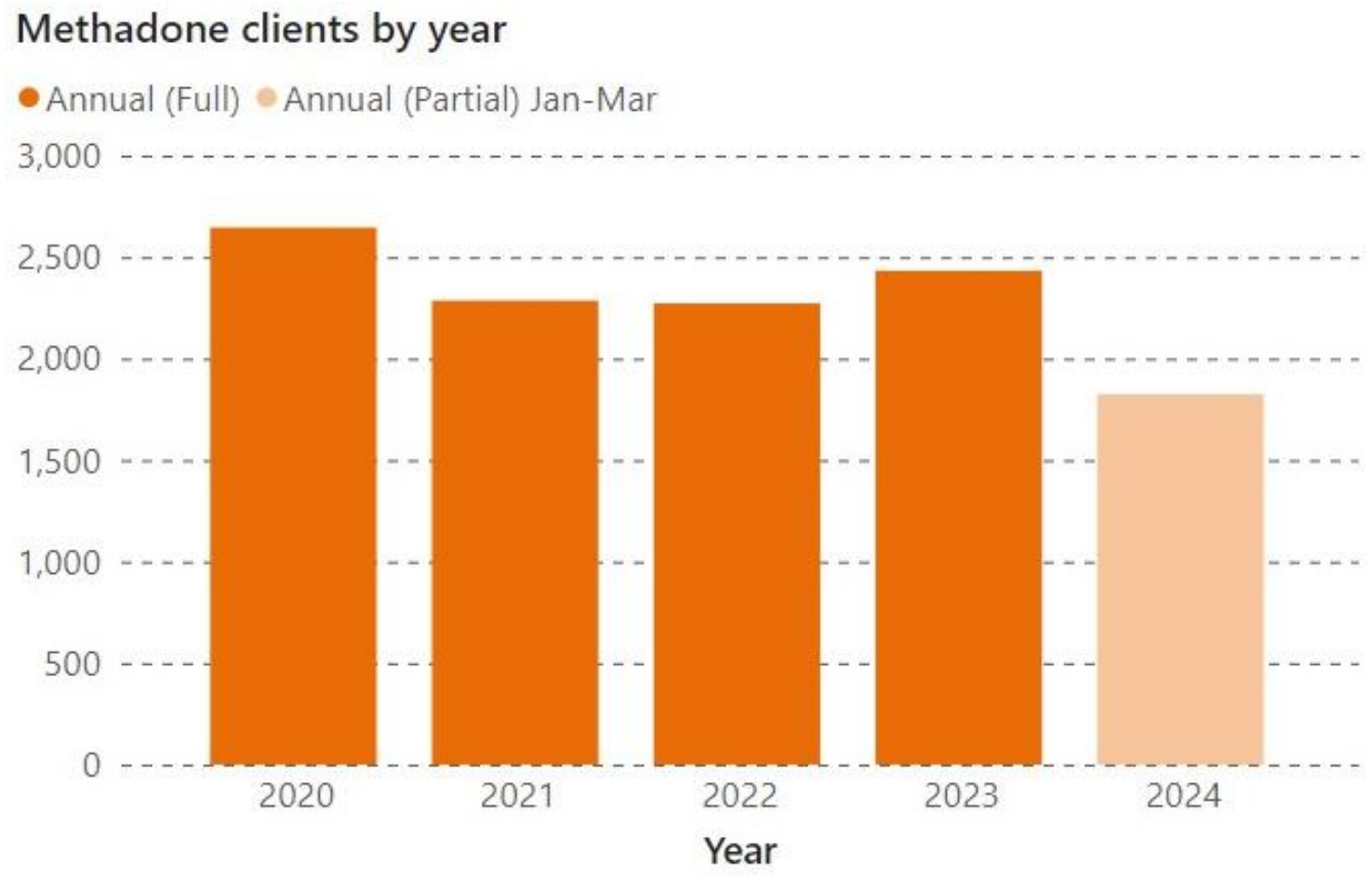
Total Number Of People Who Received Buprenorphine By Year



The number of methadone clients are calculated using program billing data from an electronic medical record system through the San Francisco Department of Public Health, Behavioral Health Services. A partial year for 2023 is provided.

Buprenorphine Treatment

Total Number Of People Treated With Methadone By Year



The numbers of buprenorphine clients are calculated using prescription information from the California Department of Justice database of controlled substance prescriptions. A partial year for 2023 is provided.

Methadone Treatment

Thank you

Additional Information

MHSA Three-Year Plan Proposed Budget

MHSA budget is 13% of overall DPH-BHS budget

	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Total
FY 23/24 Expenditures	$40.5M	$16.5M	$3.2M	$6.2M	$5.6M	**$72.1M**
Estimated FY 24/25 Expenditures	$42.0M	$15.7M	$2.2M	$6.1M	$5.0M	**$71.0M**
Estimated FY 25/26 Expenditures	$43.4M	$15.9M	$1.8M	$6.2M	$4.1M	**$71.4M**

Note: Spending plan developed prior to passing of Prop. 1

Current Mental Health Residential Types and Capacity
(Total: ~1,861)

Category	Type	Number of Beds
Emergency and Acute Care	Psychiatric Emergency Services	19
	Acute Psychiatric Inpatient Services *(as needed)*	78*
	Psychiatric Urgent Care (Crisis Stabilization)	9
Locked Residential Treatment	Mental Health Rehabilitation Centers / Locked Subacute Treatment (MHRC / LSAT) *(fixed bed count)*	101
	Mental Health Rehabilitation Centers *(as needed)*	39*
	Psychiatric Skilled Nursing Facilities *(as needed)*	160*
	State Hospitals *(as needed)*	23*
Voluntary Residential Treatment	Acute Diversion Units	50
	30/60/90-Day Residential	80
	6- to 12-Month Residential	52

Category	Type	Number of Beds
Low-Threshold MH Care	Emergency Stabilization Units	52
Therapeutic Residences	Psychiatric Respite	57
	Medical Respite	75
	Dual Diagnosis Transitional Care (Justice-Involved)	75
Residential Care Facilities	Residential Care Facility (RCF) *(fixed bed count)*	142
	Residential Care Facility (RCF) *(as needed)*	166*
	Residential Care Facility for the Elderly (RCFE) *(fixed bed count)*	59
	Residential Care Facility for the Elderly (RCFE) *(as needed)*	273*
Mental Health Housing	Co-Ops, Transitional Housing	351

*Estimate, including as-needed beds

Current Substance Use Disorder (SUD) Residential Types and Capacity
(Total: ~690)

Category	Type	Number of Beds
SUD Residential Treatment	SUD Residential Treatment	177
	SUD Residential Treatment - Justice Involved	40
	SUD Residential Treatment - Perinatal	41
	SUD Residential Withdrawal Management	66
Low-Barrier SUD Residential	Alcohol Sobering Center	12
	Drug Sobering Center	20
	Shelter with Wraparound Services for Women	8
Therapeutic Residences	Residential Step-Down (Recovery Housing)	271
	Managed Alcohol Program	15
Co-Ops	Co-Ops	40

Behavioral Health Residential Expansion Timeline

*Includes as-needed beds

Behavioral Health Residential Growth

Since 2020, SFDPH has opened nearly 400 new residential behavioral health beds planned under Mental Health SF. Forty-four (44) beds remain to be opened.

- Represents a nearly 20% increase over baseline bed count of ~2,200 beds.

This residential expansion plan was shaped by:

- 2020 SFDPH Behavioral Health Bed Optimization Report
- Mental Health SF legislation
- Stakeholder input
- Ongoing data review

Emerging needs also led to opening of 36 beds beyond the expansion planned in 2020

- These include mental health transitional housing and residential withdrawal management.

Current inventory is estimated at ~2,551 beds.

- Includes estimated numbers of as-needed beds, which fluctuate based on needs and availability. Most as-needed beds are subject to competition with other counties.

Behavioral Health Residential Expansion In Progress

Additional bed expansion projects **in progress** include:

- Additional Enhanced Dual Diagnosis (18 beds)
- Transition-Age Youth Residential (10 beds)
- Crisis Diversion (16 beds)
- Dual Diagnosis Women's Therapeutic Residence for Justice-Involved Women (33 beds)
- SUD Stabilization (20 beds)
- Other projects pending approval of Behavioral Health Bridge Housing spending plan

Behavioral Health Residential Losses

- SFDPH contracts with Adult Residential Facilities (ARFs; aka RCFs) and Residential Care Facilities for the Elderly (RCFEs) that specialize in services able to meet the needs of behavioral health clients.
- Residential losses among SFDPH-contracted providers have primarily been among Residential Care/Residential Care for the Elderly Facilities (a.k.a. RCF/E or Board & Care)
- From FY 19-20 to present, 12 mental health RCF/Es contracted with SFDPH closed or ended their contract.
    - These included 11 in county
    - These represented ~ 60 beds
    - In most cases, SFDPH was able to successfully transfer clients to continue care. In some cases, the facility continued to operate after the end of a contract and the clients remained, with payment covered by SSI. In a small number of cases, clients transferred to another level of care, or decided to discontinue service.
- Losses among Board & Care providers not contracted with SFDPH are not reflected above.

Staffing Capacity

- Behavioral health workforce recruitment and retention are significant challenges.
- Vacancies reduce the effective behavioral health residential bed capacity when staffing ratios cannot be met.
  - For example, from July 1 - December 31, 2023, staffing shortages reduced mental health residential bed capacity by 15-20% among contracted programs.
- Providers work to maximize use of existing staffing to respond to needs.

Behavioral Health Residential Placement From Jail

- Jail discharge planning requires close collaboration with criminal justice and community partners including Sheriff, Probation, Pre-Trial Diversion, Public Defender, DA, Behavioral Health Services, and others.
- Time to placement in treatment depends upon many steps that must be executed by these stakeholders.
- Jail Health reports wait times have improved significantly over the past 18 months. Wait time from October 1 – December 31, 2023 was approximately 14 days, on average.