



**San Francisco
Department of Public Health**



2024 Mental Health San Francisco Annual Implementation Plan

San Francisco Department of Public Health
Behavioral Health Services

February 1, 2024



City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health



San Francisco Health Network
Behavioral Health Services

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February 1, 2024

Dear Mayor London Breed and Members of the Board of Supervisors,

I am pleased to share the Department of Public Health's (DPH) 2024 Mental Health San Francisco (MHSF) Annual Implementation Plan. This report includes key accomplishments, milestone updates, an overview of the budget, and the Department's plans to continue the critical strengthening of the behavioral health system in 2024.

In the third year of MHSF's implementation, DPH focused on expanding high-impact treatment services, bolstering critical access points, and further investing in programs that keep people engaged in care. A few highlights include:

- Meeting nearly 90% of the goal of adding 400 new residential care and treatment beds;
- Expanding the hours of the Behavioral Health Access Center to serve clients from 9 am to 4 pm on weekends; and
- Launching a follow-up system for priority populations, such as people with an involuntary psychiatric hold (5150) at Zuckerberg San Francisco General Hospital and people engaged by the city's street crisis teams.

2024 will see increased transparency across the system and data improvements following the integration of Behavioral Health Services with the San Francisco Health Network's shared client electronic health record. Additionally, DPH will continue to identify opportunities to build a system that responds to the City's growing behavioral health needs: in particular, one that reaches and engages San Francisco's most marginalized people.

I want to thank you and our thoughtful partners—the MHSF Implementation Working Group and the Our City, Our Home Oversight Committee—for your ongoing commitment to improving the mental and emotional well-being of San Franciscans across all lifespans and generations. I look forward to your continued partnership in 2024.

Sincerely,

Hillary Kunins, MD, MPH, MS
Director of Behavioral Health Services and Mental Health San Francisco
San Francisco Department of Public Health

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1) Overview of Mental Health San Francisco

On December 6, 2019, the San Francisco Board of Supervisors passed an ordinance (File No. 191148) amending the Administrative Code to establish Mental Health San Francisco (MHSF). This initiative is improving behavioral health services for people living in San Francisco with serious mental health issues and/or substance use disorders who are experiencing homelessness.

The legislation calls for the San Francisco Department of Public Health (DPH) to submit an “Annual Implementation Plan,” which outlines the services and estimated budget required to implement MHSF. This plan is scheduled for submission by February 1 of each year. This report outlines the implementation status of MHSF, including key milestones in 2023 and program budgets for Fiscal Years 2023–24 and 2024–25.

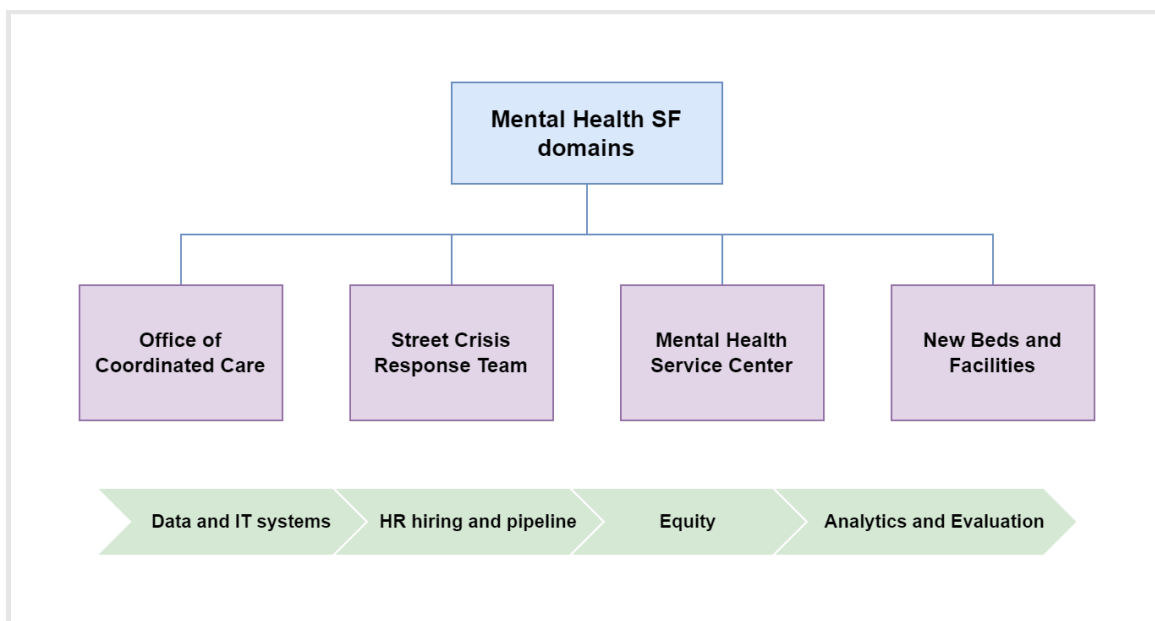
In 2023, DPH completed the third year of full MHSF implementation. Due to the COVID-19 pandemic, planning for MHSF started in 2020, with initial funding beginning in December 2020 and full operational funding in July 2021.

2) Structure of Mental Health San Francisco

Organizational Structure and Overview of Key Domains

DPH established an internal governance structure and organized the implementation of MHSF into four key domain areas in accordance with the legislation, as outlined in the diagram below.

MHSF Internal Governance Structure



The **Office of Coordinated Care** (OCC) provides access to mental health and substance use services across the City's behavioral health system and coordinates care for priority populations.

The **Street Crisis Response Team** (SCRT) is led by the San Francisco Fire Department and the Department of Emergency Management to respond to people who experience behavioral health crises in San Francisco. Supportive follow-up services are provided by DPH through the Office of Coordinated Care.

MHSF calls for the creation of a **Mental Health Service Center** (MHSC) to serve as a central access point to the behavioral health system. The services that the MHSF legislation outlines for the MHSC are currently provided across several settings and programs, including the Behavioral Health Access Center (BHAC) and Behavioral Health Services Pharmacy, which have expanded hours and services under MHSF.

The **New Beds and Facilities** (NB&F) domain expands mental health and substance use residential care and treatment services with the goal of offering timely, accessible, coordinated, high-quality, and recovery-oriented care that is delivered in the least restrictive setting. New

Beds and Facilities aims to add approximately 400 residential care and treatment beds to the existing inventory of approximately 2,200 mental health and substance use beds.

While the MHSF legislation requires the creation of an Office of Private Health Insurance Accountability, funding and administrative leadership for this component have not been identified, and planning for this effort has been paused.

In the process of implementing MHSF, DPH is also focusing on **Overdose Prevention** to address the public health crisis of overdose deaths in San Francisco and **Case Management Expansion** to expand case management capacity in mental health and substance use treatment. These areas are interconnected with the other MHSF programs, and they benefit from the executive oversight provided by the organizational structure of MHSF.

Several initiatives cut across multiple domains and support the overall implementation of MHSF. These include upgrades to the information technology systems used within BHS, data analysis led by the MHSF Analytics and Evaluation team, a study of behavioral health staffing in partnership with the Controller's Office, and an equity focus across the development and operation of all MHSF programs.

Funding Overview

Initial funding to kickstart the implementation of MHSF was approved by the Board of Supervisors and the Mayor in December 2020, with significant ongoing operational funding allocated beginning in July 2021 with Our City, Our Home (OCOH) funds, also known as Proposition C (Prop C).

Proposition C, a business tax to fund housing and services for people experiencing homelessness, was approved by San Francisco voters in November 2018. The ballot measure allocates 25% of the tax revenue generated under Prop C to DPH to create new behavioral health services for people experiencing homelessness.

Although the release of Prop C funds was delayed until late 2020 due to litigation, Prop C is now the largest source of funding for the four key components of MHSF. DPH is also leveraging other local, state, and federal funding sources to fund MHSF services.

In FY 23–24, \$62.1 million in DPH Prop C funds are allocated to support MHSF programs. In FY 24–25, that figure rises to \$67.3 million. Additionally, DPH is using one-time Prop C funds to acquire and renovate sites for MHSF facilities. These funding levels are subject to change depending on revenue projections from the Controller's Office; further budget details on MHSF programs are outlined in the Finance section of this report.

3) MHSF Priority Population and Core Metrics

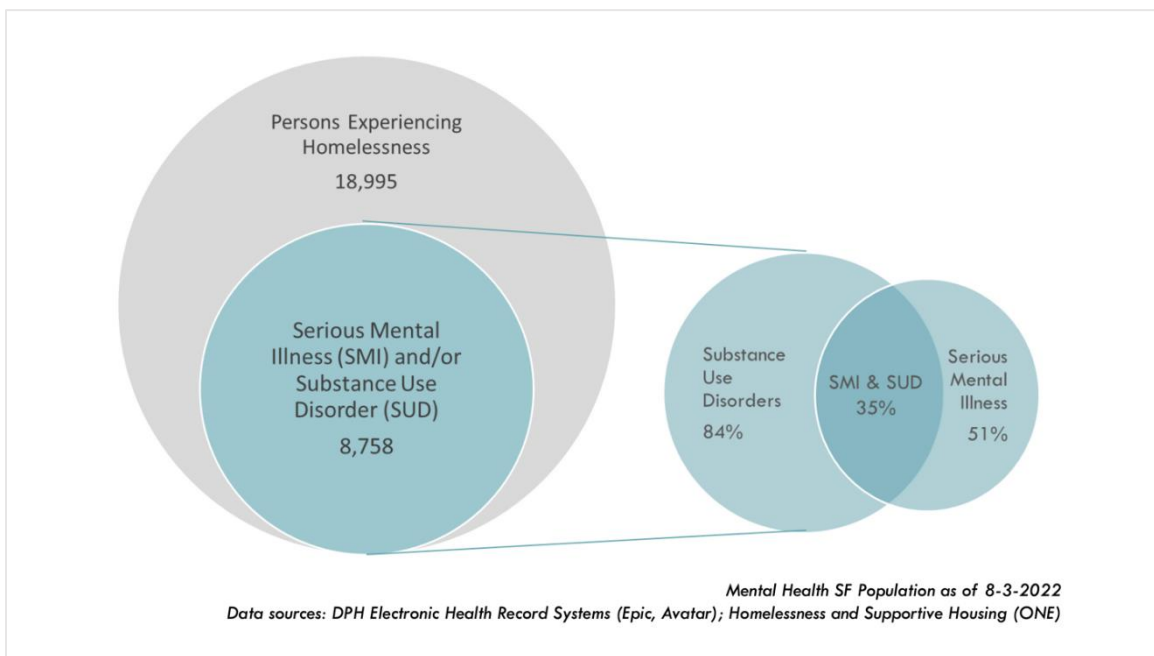
Priority Population

As described in Section (c)(1) on page 6 of the legislation: *“The primary focus of Mental Health San Francisco 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. Persons who are experiencing homelessness and who are diagnosed with a serious mental illness and/or a substance use disorder shall have low barrier, expedited access to treatment and prioritized access to all services provided by Mental Health San Francisco.”*

The groups mentioned in the legislation include (individuals may fall into more than one group):

- People experiencing homelessness with serious mental illness and/or substance use disorder;
- Uninsured persons;
- Persons enrolled in Healthy San Francisco;
- Persons enrolled in Medi-Cal with serious mental illness;
- Individuals upon release from the County Jail.

MHSF Priority Population



The chart above shows the number of people who experienced homelessness in San Francisco within the previous year as of 2022 and had a substance use disorder and/or a serious mental illness. For more details, please see the [MHSF Population Summary](#).

MHSF addresses longstanding disparities in health outcomes for people with serious mental illness, substance use disorders, and particularly among marginalized racial and socioeconomic groups. Within the population of all people experiencing homelessness, MHSF interventions are designed to address health disparities among people experiencing homelessness who are people of color, transitional age youth, and who identify as LGBTQ.

Core Metrics

DPH identified the MHSF core metric areas based on the MHSF legislation and the groundwork laid by the Mental Health Reform project. The metrics were developed with the input of subject matter experts, including MHSF domain leads, clinicians, program managers, information technology leaders, and Behavioral Health Services (BHS) and Ambulatory Care leadership.

The core metrics for each key area—listed in the table below—are prioritized to measure the impact of new and expanded MHSF services. These do not represent the total list of metrics for MHSF programs, many of which are operational metrics that have evolved as services begin.

MHSF Core Metrics

| Category | Core Metric | |
|---------------------------|-------------|---------------------------------------------------------------------------------------------------------------|
| Housing | 1 | Increase the percentage of the MHSF population assessed for housing. |
| | 2 | Increase the percentage of the MHSF population placed in supportive housing. |
| Engagement in Care | 3 | Increase the percentage of the MHSF population receiving health care services. |
| | 4 | Increase the percentage of persons receiving follow-up care post-5150 hold. |
| 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 racial disparity rates in deaths due to overdose. |
| Quality of Life | 11 | Improve quality of life and functioning for persons in the MHSF population. |

The four Overdose Response core metrics were published in September 2023 as part of the City's [drug overdose and treatment data page](#). The page includes dashboards tracking:

- Preliminary unintentional drug overdose deaths
- Unintentional drug overdose death rates by race or ethnicity
- Overdose-related 911 calls
- Substance use services offered by DPH, including:
 - Clients receiving methadone
 - Clients receiving buprenorphine
 - Substance use disorder residential treatment admissions
 - Substance use disorder withdrawal management discharges
 - Naloxone distribution

These data are updated regularly to provide the public with an accurate reflection of the overdose crisis in San Francisco, track trends in overdose and substance use services, measure progress, and guide decisions by DPH.

The MHSF A&E team is continuing to develop the remaining core metrics. While their release has been delayed due to extensive challenges in filling data analyst positions, new A&E staff were hired in late 2023 and additional staff will be added in early to mid-2024.

4) Key 2023 Implementation Accomplishments

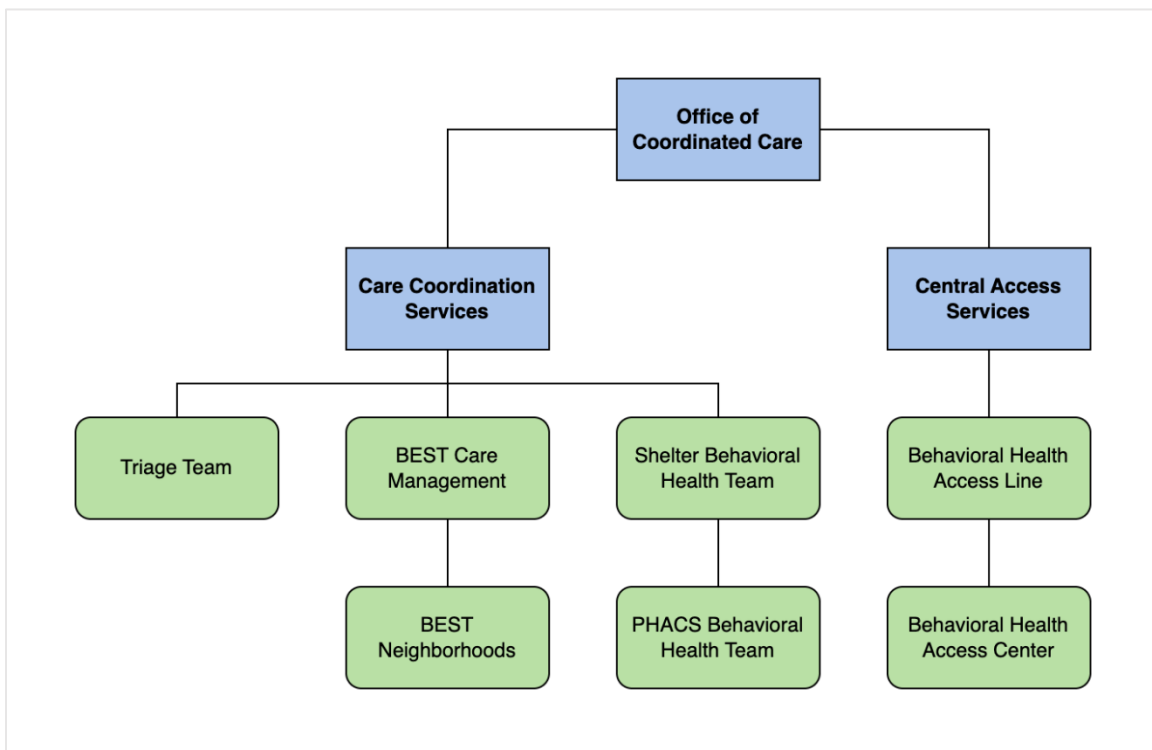
Office of Coordinated Care

The Office of Coordinated Care provides access to mental health and substance use services across the City’s behavioral health system, including coordinating care for priority populations. It now encompasses several new care coordination and outreach teams established as part of MHSF, as well as the existing central access programs of Behavioral Health Services.

In 2023, OCC implemented systematic follow-up for individuals with a recent Street Crisis Response Team (SCRT) encounter or an involuntary psychiatric hold (5150) at Zuckerberg San Francisco General Hospital (ZSFG). Each day, Triage Team care managers review the list of clients with SCRT encounters and 5150 holds at ZSFG, then coordinate with a client’s existing care provider or deploy an OCC follow-up team to engage them and connect them to health care services, including behavioral health care, primary care, case management, and housing.

OCC also expanded three of its care coordination teams—the Triage Team, BEST Care Management, and BEST Neighborhoods—to operate six days per week.

Office of Coordinated Care – Organizational Structure



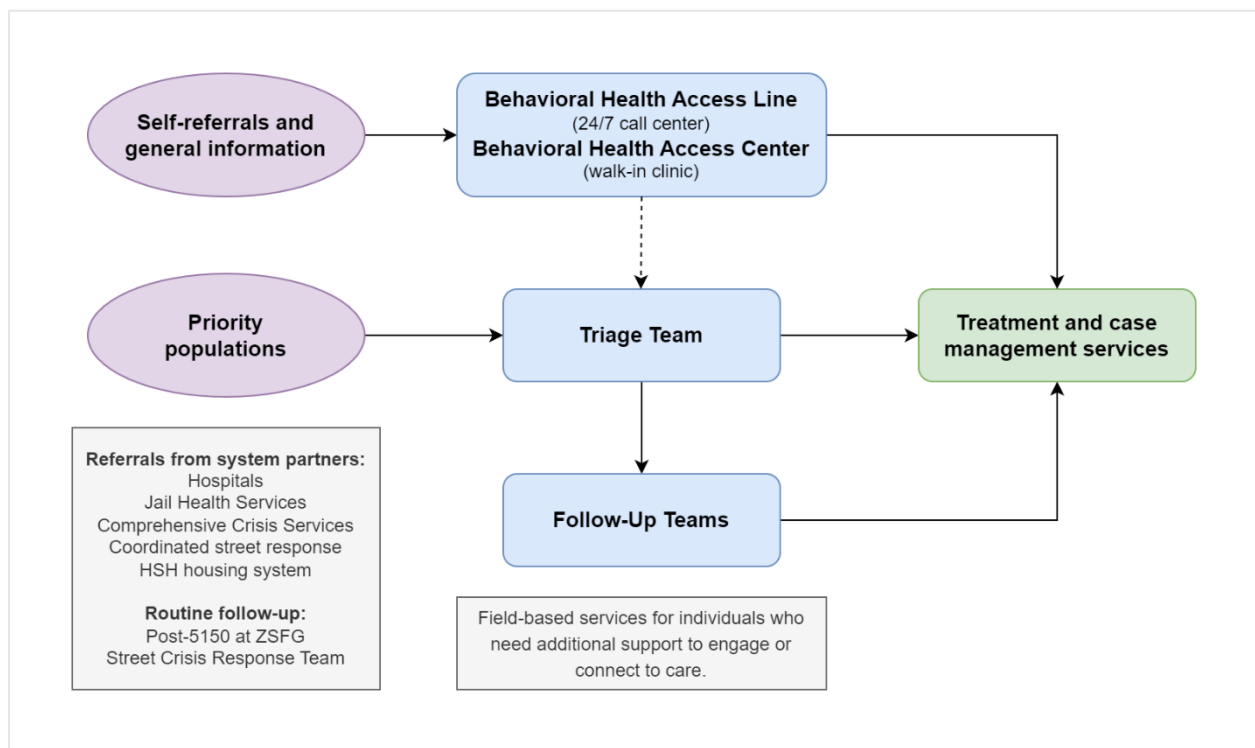
OCC is divided into two main components: Central Access Services and Care Coordination Services. The Central Access Services division incorporates the Behavioral Health Access Line (BHAL), a 24/7 call center line, and the Behavioral Health Access Center (BHAC), a walk-in clinic

at 1380 Howard Street where clients can be assessed, referred, and linked to treatment options. In July 2023, BHAC hours were extended to include weekends from 9 am to 4 pm. In combination with the 2022 expansion to weekday evenings under MHSF, BHAC is now open from 8 am to 7 pm on weekdays and 9 am to 4 pm on Saturdays and Sundays.

In 2023, over 2,900 unique clients contacted BHAC and BHAL to be connected to behavioral health services. Since November 2023, OCC also added the ability to track encounters with BHAC visitors and BHAL callers who may be contemplating treatment or seeking more information but are not yet ready to enroll themselves.

The Care Coordination Services division of OCC coordinates behavioral health care for priority populations, including people who are unhoused and have unmet behavioral health needs, are disconnected from services, are transitioning from high-acuity or institutional settings, or are living in the City’s shelter and permanent supportive housing system. It includes the central Triage Team and four follow-up teams with different focuses, detailed below.

Office of Coordinated Care – Client Flow Diagram



Triage Team

The Triage Team is OCC’s central care coordination team, responsible for identifying the needs of clients referred to OCC, providing problem-solving for individuals with complex behavioral health needs, planning discharges with system partners, and conducting SCRT and 5150 hold review. For people requiring additional engagement and support, the Triage Team also refers

cases to the OCC follow-up team operating in the most appropriate setting. Over 1,500 unique clients were referred to OCC through the Triage Team in 2023.

BEST Care Management

BEST Care Management (also known as the Bridge & Engagement Services Team) launched in January 2022 as the first OCC follow-up team, using field-based outreach to engage clients and connect them to behavioral health services, medical care, housing, and benefits. The team serves high-acuity clients from a diverse set of system partners, including hospitals, the justice system, crisis services, and street response teams. In 2023, BEST Care Management provided services to 441 unique clients.

BEST Neighborhoods

In response to the reconfiguration of the Street Crisis Response Team (described in detail in the SCRT section below), BEST Neighborhoods was established in March 2023 to engage unhoused residents using neighborhood-based teams. The teams incorporated clinicians that had been deployed on the SCRT units, as well as peer counselors and civil service behavioral health staff.

BEST Neighborhoods teams focus on follow-up for individuals with SCRT encounters and clients prioritized by the City's coordinated street response system. They also offer linkages to behavioral health services at encampment resolutions. Between March and December 2023, the BEST Neighborhoods teams had 9,292 engagements with unhoused individuals.

Shelter Behavioral Health Team

The Shelter Behavioral Health Team was consolidated into OCC in March 2023. Team members connect clients in shelters and navigation centers to short-term interventions and long-term behavioral health services. From July 2023, when the Shelter Behavioral Health Team moved to the Epic health record system, to December 2023, the team served 433 unique clients.

Permanent Housing Advanced Clinical Services (PHACS)

PHACS is a collaboration between OCC and DPH's Whole Person Integrated Care (WPIC) division that provides integrated behavioral and physical health care for residents of permanent supportive housing (PSH) sites. In 2023, PHACS expanded to cover a total of 97 buildings—home to more than 6,200 residents—and served 860 unique clients. In 2024, PHACS will expand to all PSH sites, covering approximately 141 buildings.

Transition to Epic

In November 2022, OCC began using the Epic shared electronic health record, which is used throughout DPH. This change allowed OCC to improve the efficiency of its data sharing and communication with providers across DPH.

The mental health programs of Behavioral Health Services will migrate to Epic by May 2024, bringing the benefits of a unified electronic health record system to other service areas of BHS. To protect the privacy of clients who do not consent to sharing their substance use treatment

information and ensure compliance with federal regulations under 42 CFR Part 2, substance use treatment programs are no longer included in the implementation of Epic. As a key part of MHSF and an early behavioral health adopter of Epic, OCC has a central role in this project.

Behavioral Health Services for Justice-Involved Populations

In 2023, OCC partnered with DPH’s Jail Health Services and the San Francisco Sheriff’s Office to begin development of a centralized pathway to behavioral health services for individuals exiting the justice system. This OCC pathway is an element of the ongoing CalAIM reforms to Medi-Cal aimed at improving health outcomes for justice-involved individuals.

Street Crisis Response Team

In early 2023, management of the Street Crisis Response Team (SCRT) was transferred from DPH to the Department of Emergency Management and the San Francisco Fire Department. DPH continues to be responsible for following up with individuals after an SCRT contact.

SCRT units were reconfigured in March 2023 to include one community paramedic, an EMT or second paramedic, and either a peer counselor or a Homeless Outreach Team specialist. The behavioral health clinicians have been re-deployed to the Office of Coordinated Care’s BEST Neighborhoods follow-up teams. More information on the BEST Neighborhoods teams can be found in the OCC section of this report.

The San Francisco Fire Department’s Community Paramedicine division operates SCRT units that provide full geographic coverage across San Francisco, seven days per week, 24 hours per day. From January through October 2023, SCRT units were dispatched to 18,674 incidents and had 8,759 client interactions. Since SCRT launched in November 2020, 53% of encounters resulted in the crisis being resolved on the scene, leaving the client safely in the community, 21% of clients were transported to the hospital for higher acuity care, and 13% were transported to a social or behavioral support setting.

SCRT data is posted publicly at: sf.gov/street-crisis-response-team.

Mental Health Service Center

In July 2023, the Behavioral Health Access Center (BHAC) expanded its hours to include weekends from 9 am to 4 pm. BHAC is now open from 8 am to 7 pm on weekdays and 9 am to 4 pm on Saturdays and Sundays. The BHS Pharmacy, which is co-located at 1380 Howard Street, is open from 9 am to 6 pm on weekdays and 9 am to 4 pm on Saturdays and Sundays. Further expansion of service hours would require additional funding.

DPH is currently pursuing the potential acquisition of a building to relocate BHAC, the BHS Pharmacy, the Office-Based Buprenorphine Induction Clinic, and BHS staff to a new Mental Health Service Center (MHSC).

The MHSC will be a central behavioral health access point providing behavioral health assessment, pharmacy services, and initiation of treatment for opioid use disorder. Linkages will be available to mental health and substance use treatment, primary care, and housing assessment. A potential new space will also include spaces for Office of Coordinated Care case managers and other service providers to meet with clients.

New Beds and Facilities

In 2023, DPH added over 100 new residential care and treatment beds and made significant progress toward opening Enhanced Dual Diagnosis, Transitional Age Youth (TAY) behavioral health recovery, and Crisis Stabilization Unit programs. Since 2020, DPH has opened over 350 new behavioral health beds, nearly reaching the goal of 400 new beds for clients with mental health and/or substance use needs.

2023 Milestones

- **Residential Step-Down** – Opened 70 beds
- **Minna Project** – Expanded capacity from 48 to 75 beds
- **Managed Alcohol Program** – Relocated and expanded capacity from 13 to 15 beds
- Significant planning work to open the remaining **Enhanced Dual Diagnosis, TAY behavioral health recovery, and Crisis Stabilization Unit** beds.

DPH opened 70 new residential step-down beds on Treasure Island in April 2023, with client placement ramping up throughout the year. Step-down programs provide transitional housing and support for clients who have completed residential substance use treatment, while they participate in outpatient treatment and pursue education, employment, and permanent housing. As part of the redevelopment of Treasure Island, design plans are underway for a new building on the island that will provide a relocated site for existing residential step-down beds.

The Minna Project—a dual diagnosis transitional care facility for justice-involved clients with a mental health and/or substance use disorder—expanded its capacity from 48 beds to the full 75 beds in 2023. In FY 22–23, 117 clients enrolled in the program. Of the clients who left the program in FY 22–23, 93% were considered successful exits, meaning they obtained permanent housing, completed the program in full, or graduated to another recovery residence.

The Managed Alcohol Program (MAP), which provides a medically supervised residence for people with chronic alcohol dependency who want to reduce their harm from alcohol use, moved into a new building while continuing to search for a permanent site. MAP expanded capacity to 15 beds in 2023, accepting new referrals as it hires staff to scale to the full 20 bed goal.

Final design and permitting was completed for the Crisis Stabilization Unit, with construction set to take place through late 2024. This facility, located in the Tenderloin, will have 16 beds

and will provide short-term, urgent care interventions as an alternative to hospitalization during behavioral health crises.

SoMa Rise, the drug sobering center envisioned under the MHSF legislation, marked its second year of operation in 2023. It provides a safe space for people to rest, stabilize, and get connected to care and treatment services. From October 2022 to June 2023, SoMa Rise received 760 visitors a month on average, serving 1,422 unique individuals. On a typical day, the Street Crisis Response Team drops off multiple people in need of services at SoMa Rise, serving as a crucial link between MHSF's street teams and health care services.

Ongoing Projects

Throughout 2023, DPH collaborated with the City's Real Estate Department to pursue property discussions and negotiations to open a TAY behavioral health recovery residence and an Enhanced Dual Diagnosis treatment facility. In the interim, DPH contracted for 12 new dual diagnosis beds through out-of-county providers.

The New Beds and Facilities expansion can be tracked here: sf.gov/residential-care-and-treatment.

Case Management Expansion

To complement the establishment of the Office of Coordinated Care under MHSF, DPH made focused investments to strengthen case management within the behavioral health system of care. These investments are designed to ensure that clients continue to receive integrated case management services after being linked to mental health and/or substance use treatment.

Intensive Case Management

Intensive case management (ICM) programs—also known as intensive outpatient programs—provide interdisciplinary care for people with complex mental health and substance needs. Reducing the wait time for ICM services is a key goal of MHSF.

To help achieve this goal, DPH continued supplemental Prop C funding to increase capacity and support staff retention at four ICM and acute stabilization programs in 2023. Additionally, a new ICM program with 100 slots for older adults experiencing or at risk of experiencing homelessness began services in late 2023, with capacity to ramp up throughout 2024.

Mobile Outreach Teams

As part of the case management expansion initiative, DPH is setting up Mobile Outreach Teams at six outpatient mental health clinics for adults and transitional age youth. Team members provide short-term case management services, including field-based engagement, to clients who need additional support remaining connected to care.

Services for Transitional Age Youth

Expanded case management services for transitional age youth (TAY) include a dedicated Mobile Outreach Team at the TAY mental health clinic, as well as continued funding for the TAY Acute Linkage program. This program connects youth aged 16 through 25 being discharged from crisis services and their families to mental health care and supportive services, aiming to stabilize clients and offer families assistance in helping prevent future mental health crises.

Substance Use Navigators

Patient navigators are currently being added at ten outpatient substance use treatment programs. Navigators work with substance use treatment providers to help keep clients engaged in treatment and connect them to other services, such as housing, benefits, and physical health care.

Overdose Prevention

Although Overdose Prevention efforts were not part of the MHSF legislation, DPH is deeply focused on and committed to addressing the public health crisis. Led by the Office of Overdose Prevention, DPH is implementing a comprehensive strategy to reduce overdose deaths in San Francisco, as outlined in the [Overdose Prevention Plan](#) released in September 2022.

In 2023, DPH made progress in key areas of the Overdose Prevention Plan. These include improving the accessibility of medications to treat opioid use disorder, opening new residential treatment programs, expanding hours of operation at the Behavioral Health Access Center, and leading community outreach efforts around overdose awareness and response. Additionally, the Office of Overdose Prevention published a [central dashboard tracking drug overdose and substance use treatment data](#).

Collaboration with MHSF Domains

The Office of Overdose Prevention works with several MHSF domains to prioritize overdose prevention across the behavioral health continuum of care.

In partnership with the New Beds and Facilities team, three new substance use residential care and treatment facilities have opened under MHSF: SoMa Rise, the Minna Project, and Treasure Island residential step-down units. For more information on these programs, refer to the NB&F section of the report.

In July 2023, the Office of Coordinated Care added weekend hours at the Behavioral Health Access Center, offering increased access to substance use treatment for walk-in clients and people referred by the city's street response system, including the Street Overdose Response Team and Street Crisis Response Team.

Community Education and Support

The Office of Overdose Prevention is collaborating with the Department of Homelessness and Supportive Housing (HSH) and the SF Supportive Housing Network to coordinate overdose prevention efforts in supportive housing sites. Through this collaboration, more than 100 emergency overdose response cabinets, containing naloxone and administration instructions, were installed in supportive housing facilities.

In addition, the Office of Overdose Prevention held 80 in-person opioid overdose recognition and response trainings in 2023 for various organizations, such as schools, city agencies and housing sites, reaching over 1,500 people. An overdose prevention curriculum for San Francisco high schools is under development and is slated to begin in 2024.

5) 2024 Implementation Goals

Office of Coordinated Care

In 2024, the Office of Coordinated Care will expand its follow-up teams to increase its capacity to serve clients and strengthen its presence in neighborhoods across San Francisco. The expansion will include following up with clients placed on 5150 holds (involuntary psychiatric holds) at hospitals outside of Zuckerberg San Francisco General Hospital, engaging additional clients prioritized by the city’s coordinated street response system, and expanding the enhanced behavioral health services for permanent supportive housing residents.

OCC will continue its collaboration with Jail Health Services, the San Francisco Sheriff’s Office, and other programs within BHS to strengthen and expand pathways to behavioral health services for individuals exiting jail. Under the state’s CalAIM Justice-Involved initiative, county behavioral health systems are required to work with justice system partners to implement these reforms by October 2024.

OCC is partnering with other BHS programs to develop and pilot standardized assessments to determine the most appropriate level of care for clients seeking behavioral health services. These tools will help standardize workflows, support step-downs from acute care, and ensure all clients receive the services they need.

Street Crisis Response Team

Day-to-day operations of the Street Crisis Response Team have shifted to the Department of Emergency Management and the San Francisco Fire Department. As part of the BHS transition to Epic in 2024, DPH plans to expand its data tracking for SCRT follow-up, which will allow OCC to monitor if SCRT clients are being linked to the appropriate level of care and what programs they are frequently connected to. This information will help identify service gaps, make successful client connections, and guide OCC’s future decisions.

Mental Health Service Center

DPH will continue to pursue the potential acquisition of a building to relocate the Behavioral Health Access Center, the BHS Pharmacy, the Office-Based Buprenorphine Induction Clinic, and BHS staff from their current location at 1380 Howard Street to a new site with expanded space for services. As part of this facility planning, DPH will conduct a community input process on a proposed location.

The MHSF legislation outlined the key services to be delivered at the Mental Health Service Center, as shown in the table below. An [analysis by the Controller’s Office](#) found that DPH provides several of these services at existing programs, including BHAC and the BHS Pharmacy. Based on this study and feedback from the MHSF Implementation Working Group, DPH

developed the plan to extend the hours of operation for BHAC and the BHS Pharmacy while pursuing their relocation to a new site.

Additionally, the MHSF legislation mandated that DPH establish a drug sobering center and a mental health urgent care unit (now known as the Crisis Stabilization Unit, or CSU) to coordinate with the MHSC. The drug sobering center opened in 2022 as SoMa Rise, and construction on the CSU is scheduled to be complete by the end of 2024. Once the CSU is open, DPH will provide all key MHSC services. DPH is committed to continuing to deliver these services while pursuing options for a new building.

Mental Health Service Center Components

| Program | MHSC service | Status | Location |
|---------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|
| Behavioral Health Access Center | Assessment of immediate need; psychiatric assessment, diagnosis, case management, and treatment | Hours extended to weekday evenings and weekends | 1380 Howard St |
| BHS Pharmacy | Pharmacy services | Hours extended to weekday evenings and weekends | 1380 Howard St |
| Office-Based Buprenorphine Induction Clinic | Initiation of treatment for opioid use disorder | Expanded services and extended hours | 1380 Howard St |
| Crisis Stabilization Unit | Mental health urgent care | Construction to be complete in late 2024 | 822 Geary St |
| SoMa Rise | Drug sobering center | Opened June 2022 | 1076 Howard St |

New Beds and Facilities

The New Beds and Facilities team is committed to advancing MHSF's 400 bed goal. Construction on the Crisis Stabilization Unit, which will provide 16 behavioral health beds, will break ground in early 2024 with a goal of completing construction by the end of the year. New Beds and Facilities will also focus on property acquisition and program implementation for a Transitional Age Youth behavioral health recovery residence and an Enhanced Dual Diagnosis treatment facility.

DPH will build future decision-making around its residential behavioral health portfolio to minimize wait times, based on updated bed optimization findings and feedback from City partners and stakeholders.

Case Management Expansion

As part of the case management expansion initiative, DPH has invested in staff retention and filling vacant case manager positions. To expand capacity, retain clients in treatment and

improve the behavioral health system of care, DPH will continue to prioritize the hiring of case managers in 2024, including Mobile Outreach Team members.

Overdose Prevention

In 2024, DPH will continue to implement the Overdose Prevention Plan, focusing on two key strategies: increasing the availability, accessibility, and effectiveness of the continuum of substance use services and strengthening community engagement and social support for people at high risk of overdose. The Office of Overdose Prevention will lead these efforts in collaboration with partners across DPH, including the core MHSF domains. As part of this work, the Office of Overdose Prevention plans to expand its drug overdose and treatment metrics page to track the impact of key overdose prevention programs.

Analytics and Evaluation

Heading into 2024, the MHSF Analytics and Evaluation team will leverage its new staff members to continue to develop the MHSF core metrics. This added capacity and expertise will also allow the team to conduct more in-depth analyses and pursue other efforts to evaluate MHSF programs and populations. For example, the A&E team will expand upon the initial work of identifying the MHSF priority population in 2022; this will include updating the data to be as current as possible, as well as tracking changes over time in the population.

MHSF Staffing Analysis

In partnership with DPH and the Department of Human Resources, the Controller's Office has analyzed the causes of behavioral health staffing challenges within DPH and community behavioral health providers. The MHSF Staffing Analysis will provide recommendations for addressing these barriers. The Controller's Office will share the results of their analysis with the MHSF Implementation Working Group, then publish a final report in early 2024.

6) Incorporating Implementation Working Group Input

The MHSF Implementation Working Group (IWG) has the “power and duty” to advise DPH, the Health Commission, Mayor, and Board of Supervisors on the design, outcomes, and effectiveness of MHSF to ensure its successful implementation. Specifically, IWG:

- Provides feedback on the design of MHSF programs and strategies, and
- Evaluates the effectiveness of MHSF by reviewing program data.

IWG also reviews and assesses DPH’s MHSF Implementation Plan. DPH leadership, supported by facilitators from Harder + Company, participate in each monthly meeting and share information on MHSF programs, metrics, budgets, and key initiatives.

In December 2023, IWG submitted its annual Progress Report. It noted a shift in the IWG’s primary focus in 2023, from reviewing specific MHSF projects to advising DPH on the integration of MHSF programs and alignment of the MHSF priority population with the continuum of care. DPH appreciates the engagement, hard work, and commitment of the IWG members and looks forward to continued partnership with them to ensure meaningful community involvement in MHSF planning and evaluation. More details on the recent activities of the IWG and its areas of focus for 2024 can be found in the [December 2023 Progress Report](#).

For meeting agendas, minutes, and recordings of the MHSF IWG, please visit the [MHSF IWG site](#) on SF.gov. The IWG meets in person on the 4th Tuesday of every month (meeting details posted on the IWG website). Meetings are open to the public.

7) Financing MHSF Programs

The main source for ongoing funding to operate new MHSF programs is the Our City, Our Home Fund (Prop C). To support the acquisition and rehabilitation of facilities for MHSF, DPH is using one-time Prop C balances, proceeds from the 2020 Health and Recovery Bond (Prop A), and state behavioral health infrastructure grants.

These new investments in mental health and substance use treatment services build on existing department resources and staffing used to support the implementation of MHSF. DPH continues to work with the Mayor's Office and the Board of Supervisors to identify other funding sources to support MHSF programs where possible.

Additionally, DPH has leveraged departmental revenue growth over the last two budget cycles to make ongoing General Fund investments in behavioral health programs that complement MHSF. These include strengthening follow-up for clients on 5150 holds, expanding comprehensive crisis services, creating a utilization management team, and enhancing coordination in the residential system of care.

Existing funding levels can support the services included in DPH's current Prop C spending plan and outlined in this report. However, these spending allocations are subject to change depending on revenue projections and direction from the Mayor and the Board of Supervisors. New operating funding would be necessary to further expand services, such as additional hours of operation of the Mental Health Service Center, new residential facilities beyond the 400-bed goal, or continued expansion of case management programs.

Our City, Our Home Fund – Proposition C

At the November 2018 general municipal election, San Francisco voters approved Proposition C, which imposed additional business taxes to create the dedicated Our City, Our Home (OCOH) Fund to support services for people experiencing homelessness and to prevent homelessness.

The measure requires that at least 25% of available Prop C funds go to DPH for the creation of new programs that are designed for people experiencing homelessness who are severely impaired by behavioral health issues. These programs are limited to six specific types of health services listed in section 2810 of the [text of the measure](#).

The approved two-year city budget includes \$98.1 million in FY 23–24 and \$104.3 million in FY 24–25 in annual Prop C funding for DPH to set up and operate new health services. These Prop C funds support significant investments in all four key components of MHSF. The budget figures throughout this report highlight the approximately \$62.1 million (in FY 23–24) in annual DPH Prop C funds that are allocated to support these key MHSF areas.

Ongoing Prop C Budget Summary – FY 23–24 and FY 24–25 (\$ millions)

| MHSF Domain | FY 23–24 | FY 24–25 |
|------------------------------|-----------------|-----------------|
| Office of Coordinated Care | \$11.6 | \$12.1 |
| Street Crisis Response Team | \$11.9 | \$12.3 |
| Mental Health Service Center | \$4.0 | \$4.1 |
| New Beds and Facilities | \$34.6 | \$38.9 |
| Total Ongoing Budget | \$62.1 | \$67.3 |

Across the FY 23–24 and FY 24–25 budgets, DPH also has approximately \$120 million in one-time Prop C funding to invest in the behavioral health system by acquiring and renovating sites for residential care and treatment facilities. However, there is the possibility that these funds may be reallocated to help balance the ongoing shortfall in Prop C revenue.

Prop C funds other DPH investments that are not part of the four core MHSF domains but align with its goals of providing health care for people experiencing homelessness. In FY 23–24, these programs total \$28.8 million, including overdose prevention initiatives, case management expansion, and expanded physical health services for clients on the streets, in shelters, and in permanent supportive housing.

For FY 23–24, the remaining \$6.9 million in DPH Prop C funds support administrative and operational staffing and programming to implement new MHSF programs, including information technology, human resources, facilities, finance, and data evaluation.

2020 Health and Recovery Bond – Proposition A

In November 2020, San Francisco voters approved the Health and Recovery Bond (Prop A), authorizing \$487.5 million in General Obligation bonds to support vital new capital infrastructure. Of this total bond funding, DPH will receive \$60.0 million to fund the acquisition and/or rehabilitation of facilities to deliver services for people experiencing homelessness with mental health and/or substance use disorders.

DPH will use \$43.5 million of the bond funds to acquire, rehabilitate, and construct buildings that address priority bed placements and program needs for behavioral health services. This funding is slated to support the construction of a new permanent facility for residential step-down beds on Treasure Island, which is currently in the design process.

The other \$16.5 million in DPH Prop A funds will pay for the renovation and expansion of Psychiatric Emergency Services at Zuckerberg San Francisco General Hospital, facility planning needs, and required audit allocations.

State Grants

Behavioral Health Bridge Housing

In July 2023, the state awarded DPH \$32 million in Behavioral Health Bridge Housing (BHBH) funds, divided into approximately \$8 million per year over four years. This funding begins in FY 23–24 and continues through FY 26–27. The New Beds and Facilities team will lead BHBH implementation: DPH, HSH, and community-based partners will use this grant to expand transitional housing and services to bridge people experiencing homelessness with serious behavioral health conditions into permanent housing.

Capital Funding

The California Department of Health Care Services has allocated a significant amount of one-time infrastructure funding to address historic gaps in the behavioral health and long-term care continuum to meet growing demand for services and supports. DPH has been awarded over \$72 million in one-time capital and time-limited start-up funds from the state for several behavioral health residential care and treatment programs. Highlights include:

- \$10.0 million to support the acquisition costs of a building to house the future Mental Health Service Center.
- \$9.5 million to support the construction of a new facility on Treasure Island to relocate residential step-down units.
- \$6.75 million awarded toward the construction costs of the Crisis Stabilization Unit located at 822 Geary Street.

Upcoming Budget Milestones

DPH is working with the Controller’s Office to report on mid-year spending progress of Prop C funds during FY 23–24. This reporting will be shared publicly with the Our City, Our Home (OCOH) Oversight Committee at their February 2024 meeting.

The Controller’s Office provided an updated five-year preliminary revenue forecast for Prop C at the [December 2023 meeting](#) of the OCOH Oversight Committee: it projects a significant decline in Prop C tax receipts compared to both budgeted revenue levels and the [2021 OCOH Investment Plan](#), from the current fiscal year through FY 27–28. Prop C revenue is highly volatile, since it is driven by the activities of a small number of companies operating in the city. Additionally, the shift to remote work has led to declines across all San Francisco business taxes.

Depending on the direction of policymakers over the coming months, the current Prop C spending plan—including funding for MHSF programs—may need to be reduced to align spending and revenues. Planning of the upcoming two-year Prop C budget for FY 24–25 and FY 25–26 will begin in early 2024 between departments, the Mayor’s Office, and the OCOH Oversight Committee using the updated revenue projections from the Controller’s Office.