

San Francisco Department of Public Health

Behavioral Health Services Director's Update for the Behavioral Health Commission

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City & County of San Francisco
Department of Public Health

Agenda

- Mission and Vision
- About Proposition 1
- Mental Health SF Update
- Residential Care and Treatment 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)



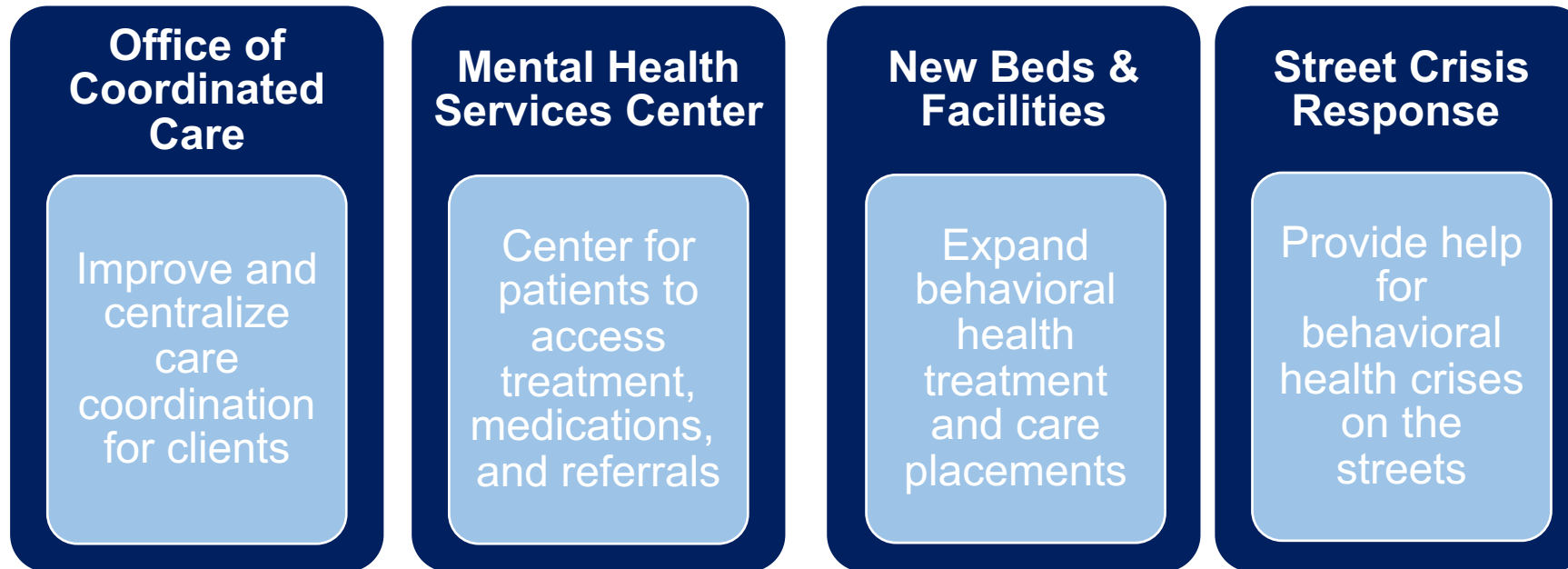
Source:

Mental Health SF Update



Mental Health San Francisco

- Established 2019 and funded through a local SF tax through Proposition C.
- Expands mental health and substance use services for people who are experiencing homelessness in San Francisco.
- The four key initiatives of MHSF include:



Residential Care & Treatment Dashboard

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

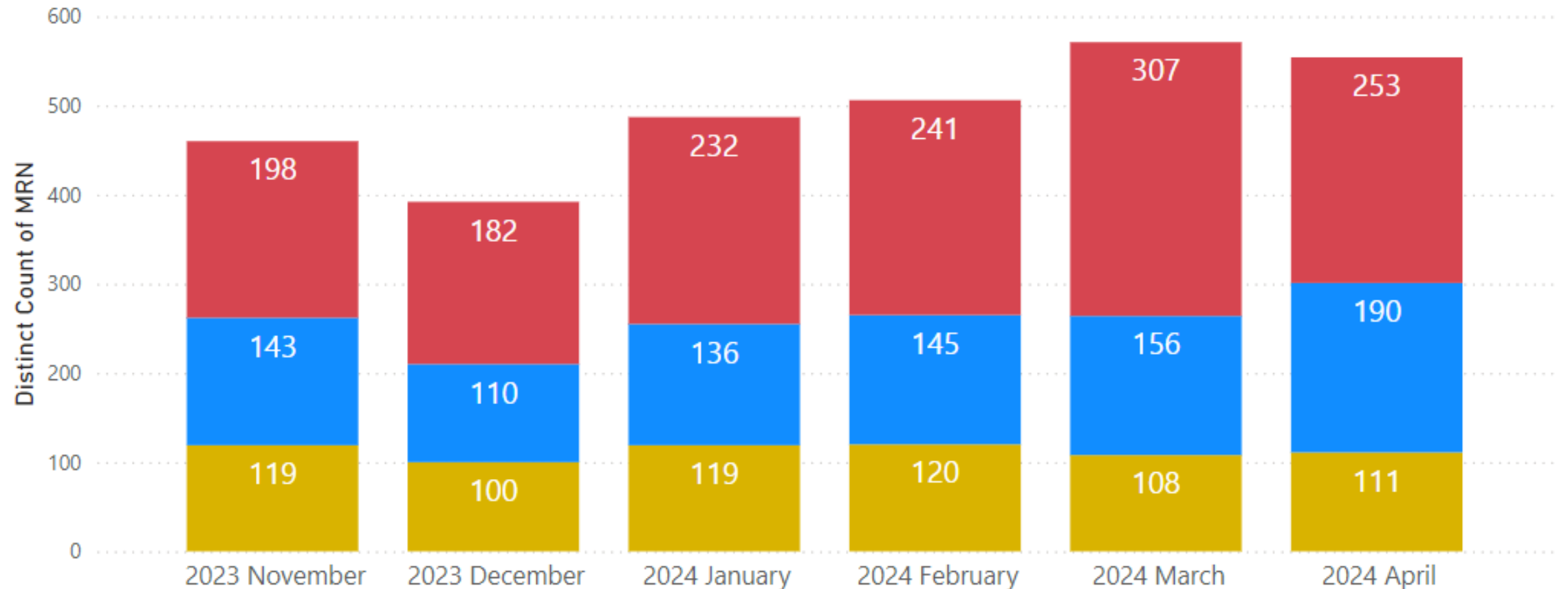
CARE Coordination – Systematic and focused services for priority populations needing engagement and connections to care.

- **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

Distinct Count of MRN by Year, Month and Episode Type

Episode Type ● Behavioral Health Access Center (BHAC) ● Behavioral Health Access Line (BHAL) ● Triage and Transition Support Team (TTS)



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



About Mental Health SF Implementation Plan

On February 1, DPH submitted the 2024 MHSF Annual Implementation Plan to the Mayor and the Board of Supervisors, per the MHSF legislation.

The report contains:

- Summary of MHSF structure, funding, priority population, and core metrics
- Review of milestones and accomplishments for MHSF in CY23
- Goals for MHSF programs in CY24

For more details on Mental Health SF progress, review the [annual implementation plan](#)

Mental Health SF CY23 Report Highlights



Implemented Office of Coordinated Care (OCC) follow-up for individuals with recent SCRT encounters or 5150 psychiatric holds at Zuckerberg San Francisco General Hospital.



Launched BEST Neighborhoods to connect unhoused residents to behavioral health care, focusing on SCRT follow-up and clients prioritized by the citywide coordinated street response.



Permanent Housing Advanced Clinical Services (PHACS), an OCC–Whole Person Integrated Care (WPIC) collaboration, expanded to cover 97 permanent supportive housing (PSH) buildings, home to 6,200 residents.



Extended hours at the Behavioral Health Access Center to include Saturdays and Sundays from 9 am to 4 pm.



Opened 70 new residential step-down beds on Treasure Island for people who have completed substance use treatment programs. Expanded to 75 beds at the Minna Project for justice-involved dual diagnosis clients.

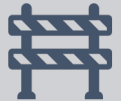
Mental Health SF 2024 Goals



Expand OCC capacity, including 5150 hold review at hospitals beyond ZSFG, additional engagement of shared priority clients, and enhanced behavioral health services for PSH residents.



Strengthen centralized pathways to behavioral health services for people transitioning from the justice system, in collaboration with Jail Health Services and the Sheriff's Department.



Begin construction on the Stabilization Unit in early 2024 – completion anticipated by 2025.



Continue negotiating the potential acquisition of facilities to house the Mental Health Service Center, Enhanced Dual Diagnosis treatment program, and TAY behavioral health recovery residence.

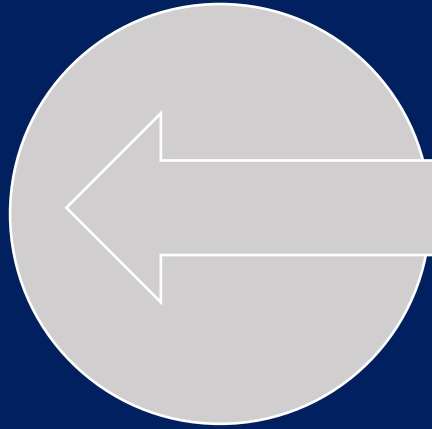


Leverage new data analytics staff to expand the evaluation of MHSF programs and continue to develop the core metrics.

Residential Care and Treatment Update



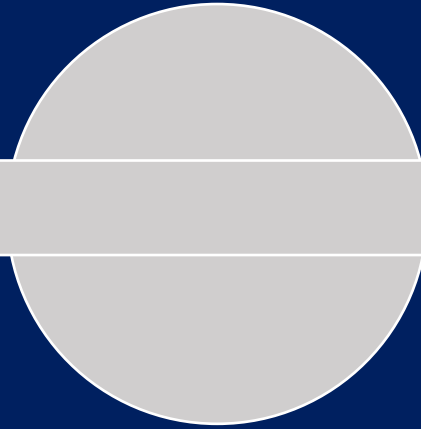
Range of Behavioral Health Care Services



Prevention

(Early intervention)

100K+
contacts/year



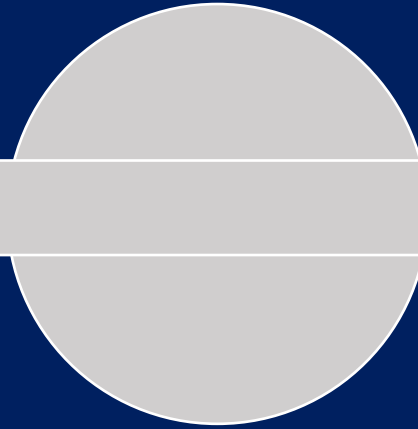
Crisis

(Intervention for people experiencing a mental health emergency)

Mobile Crisis
2,700+ contacts/year

Street Crisis Response
12,000+ contacts/year

Crisis Stabilization and Urgent Care
2,500+ contacts/year

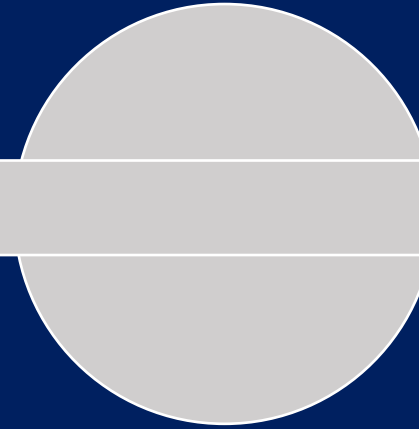


Access and Navigation

(Entry to care and coordination)

Services that help people get in and stay in care
5,000+ people/year

Behavioral Health Access Center
4,800+ contacts/year



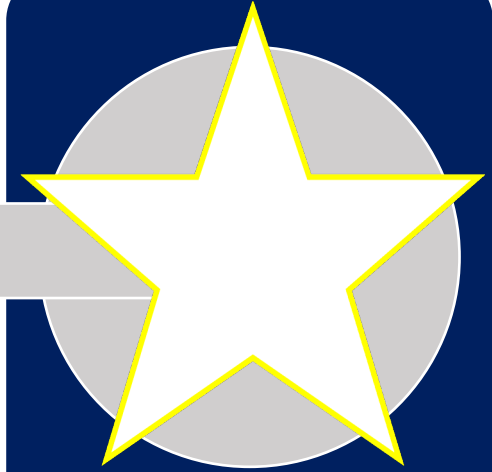
Outpatient Treatment

(Primary and specialized care settings)

25,000 people/year received care for **substance use or mental health disorders** in **primary care**

5,000 people experiencing homelessness/year received care for **substance use or mental health disorders**

15,000 people/year in **specialized outpatient programs**



Residential Care, Treatment and Support

(Long-term care in a residential setting, including transitional housing for people who need support)

2,500 beds, ranging in services

5,000-7,000 people/year

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).



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 Timeline



*Includes as-needed beds

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.



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



Residential Expansion: Preliminary Recommendations

Residential Type	Additional Beds Needed	Considerations
Mental Health Residential Treatment	~50	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> Includes high-complexity withdrawal management for people with both severe withdrawal medical needs and other health needs
SUD Residential Step-Down	~20-30	<ul style="list-style-type: none"> The number of clients served in RSD has increased as SFDPH has added capacity.
State Hospital Beds	Admission data needed to make a recommendation.	<ul style="list-style-type: none"> 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



Thank you