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CHIP Title: Evaluating the impact of social services integrated care for people experiencing homelessness

Project Description:

Whole Person Integrated Care (WPIC) is a section within SF DPH's Ambulatory Care that brought together programs serving people experiencing homelessness (PEH)/transitioning out of homelessness to provide coordinated and integrated care. As part of WPIC's development, our Urgent Care (UC) clinic integrated with Street Medicine's Open Access clinic. Two-thirds of the patients are PEH, and the program addresses both urgent needs and transitional primary care for individuals who are unconnected to care and not getting their needs met elsewhere in the system. Due to programmatic shifts over the past five years UC's social work staff positions shrunk from 1.5 staff to zero. This CHIP used data to identify UC patient social service needs and included a provider time study in determining the impact on care and productivity as a result of not having social services staff.

Key Findings and Lessons Learned:

A snapshot of UC data identified that only 26% of UC clients were known to DPH's Behavioral Health system and of those:

- 17% had received urgent services (crisis diversion, psych emergency).
- 56 % had received routine (outpatient clinic) services.
- 27% had received urgent and routine (out-patient clinic).

Of individuals who were seen in UC but did *not* have documented DPH Behavioral Health care:

- 45% had a documented Serious Mental Illness (SMI) **and** substance use disorder.
- 30% had only a documented substance use disorder, and 9% had only an SMI diagnosis.
- 15% had no SMI or substance use disorder diagnosis.

Provider time study demonstrated that **58%** of encounters included social services needs and that **over half the time during medical appointments was spent addressing social work-related needs**. If the clinic had adequate social work staff, **medical appointments could increase by a conservative estimate of 15% (5-7 patients/day)**.

This would allow the **quality of social work services to improve**, would allow **medical staff to focus on their areas of expertise**, would **decrease patient wait time**, and **increase patient satisfaction**. The next steps include ongoing exploration within the DPH of ways to leverage existing departmental behavioral health services as well as ways to expand WPIC social work staff.