

Whole Person Care HUMMINGBIRD PLACE PSYCHIATRIC RESPITE Behavioral Health Navigation Center

San Francisco Department of Public Health
SF Health Network Transitions Division

Presented by: Kelly Hiramoto, LCSW, Director of SFHN Transitions
kelly.hiramoto@sfdph.org
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Hummingbird Place



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AGENDA

- Identifying the need
- Initial Launch 2015: Hummingbird Place as Peer Respite
- Re-Launch 2017: Hummingbird Place as Behavioral Health Respite
- Outcomes
- Neighborhood Impact
- Linkage to Treatment
- Lessons Learned
- Looking Forward



Hummingbird Place *Identifying the Need*



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- DPH was initiating program re-design in its Behavioral Health Center located on the SF General Hospital campus. There was a vacant unit that had previously been rented by a community provider.
- Transitions identified a gap service area for people who are not yet accepting of the need to manage their mental health symptoms/issues in a more productive and healthy manner and people who would benefit from a supervised setting to monitor medication changes after an inpatient stay.



Initial Launch 2015: Hummingbird Peer Respite



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- Peer designed/Peer-led program: staffed by 7 Peer employees
- MHSA Innovations funded
- Target population: SF residents with a history of mental illness who use, or are at risk of needing, crisis/PES, and who currently have housing
- Goal: divert those in crisis from high-cost, emergency services (i.e., hospital or psychiatric emergency services)
- Partner programs: Intensive Case Management, Full Service Partnerships, Inpatient Psychiatry, and Psychiatric Emergency Staff
- Available activities: WRAP, Stress reduction, 1:1 counseling, art therapy, music, yoga, gardening and food preparation
- “Living Room” model of care
- Day use only



Initial Launch 2015: Hummingbird Peer Respite Outcomes 2015-2016

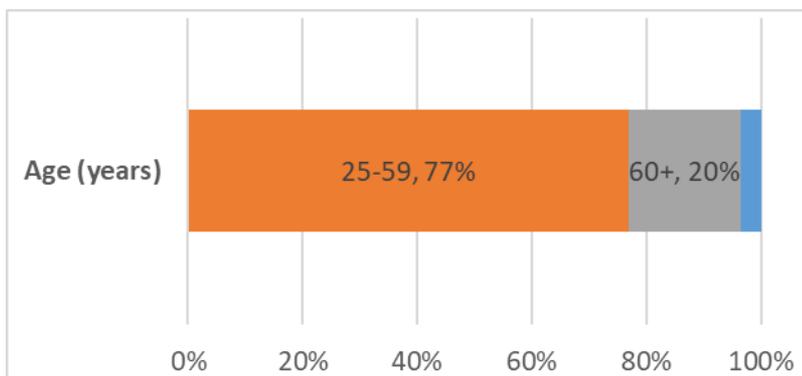


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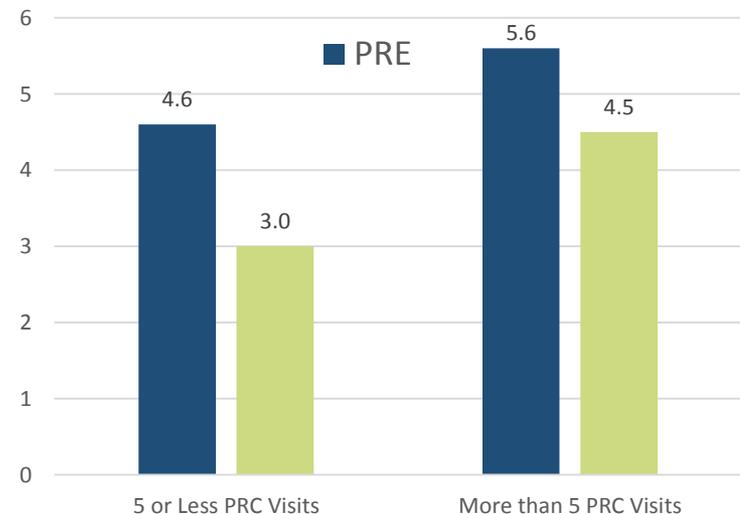
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- Total census was low: 74 participants
- Peers and the MHSA leadership focused on wellbeing, safety and decreased use of PES for outcome tracking
- Participation was not ideal:
 - PES use was only obtained for 16 participants

FY 2015-16 Total # of Participants = 74
Age collected from 59 participants



Average # of Crisis Episodes,
Pre and Post HPRC Visits, n=16





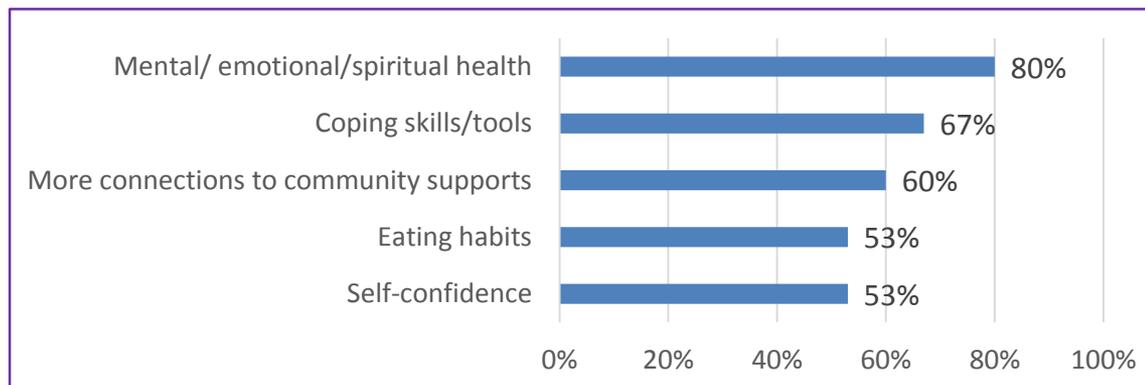
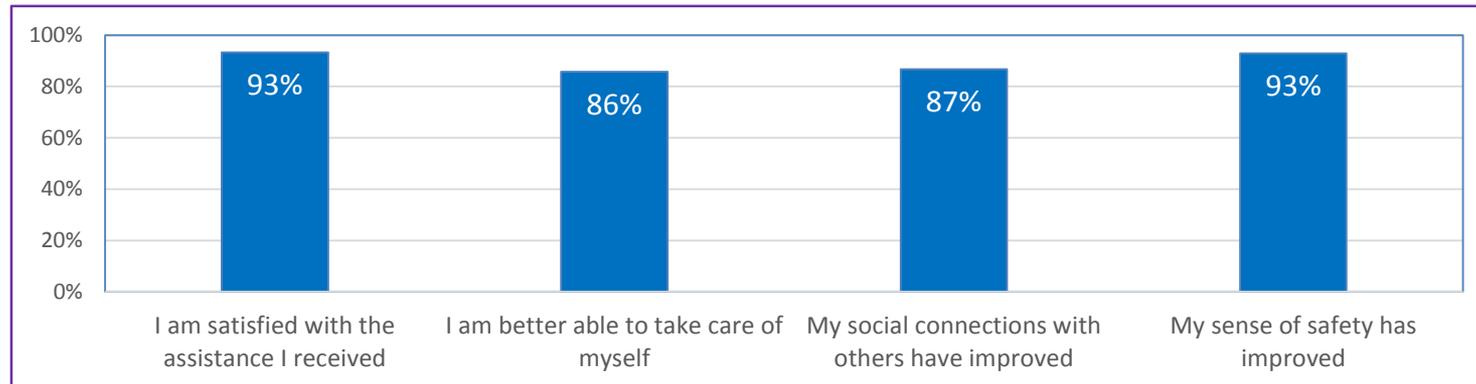
Initial Launch 2015: Hummingbird Peer Respite *Point in Time Survey June-July 2016*



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- Peers and the MHSA leadership focused on wellbeing and safety
- Participation was not ideal:
 - Client satisfaction surveys were only obtained for 15 participants





Re-Launch 2017: Hummingbird Place Behavioral Health Respite



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- SFHN Transitions and Program Provider collaboratively designed
- Para-professional staffing
- SF DPH and WPC funded
- Navigation Center threshold for admission: people can stay in couples/groups, companion animals allowed, no limit on amount of beongings
- Target population: SF residents with behavioral health diagnoses who are pre-contemplative to entering into treatment or not fully engaging with care
- Goal: Encourage participation and willingness to engage in ongoing recovery and wellness programs to maximize each individual's functional capacity.
- Available activities: Recreational, individual and group counseling, laundry facilities, snacks and meals, linkage to medical and mental health care and social services, assistance with securing entitlements and income benefits, help clients reunite with their families and escort them if needed



Re-Launch 2017: Hummingbird Place Behavioral Health Respite *Treatment Partners*



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Expedited referrals for residential treatment:

- PRC/Baker Places: mental health, dual diagnosis crisis, residential, transitional treatment, medical detox
- Progress Foundation: mental health crisis, residential, transitional treatment
- HealthRight 360: substance use disorder and dual diagnosis residential treatment, social detox
- Additional Community Treatment Providers: Friendship House, Harbor Light, Mission Council to name a few



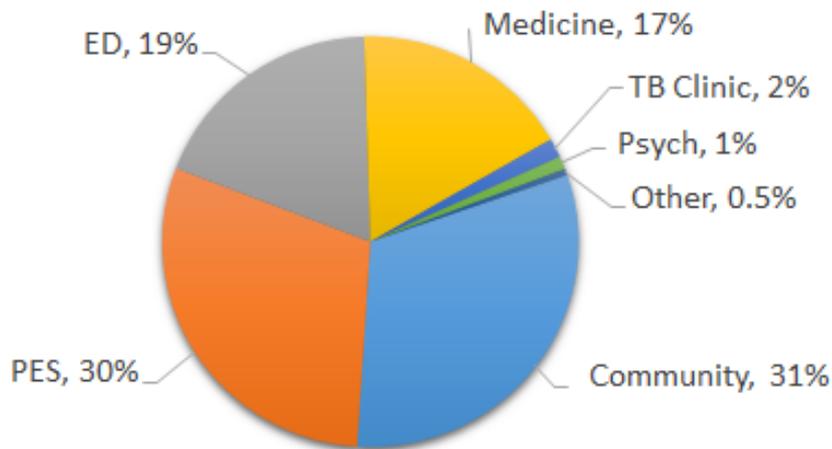
Re-Launch 2017: Hummingbird Place Behavioral Health Respite *Outcomes*



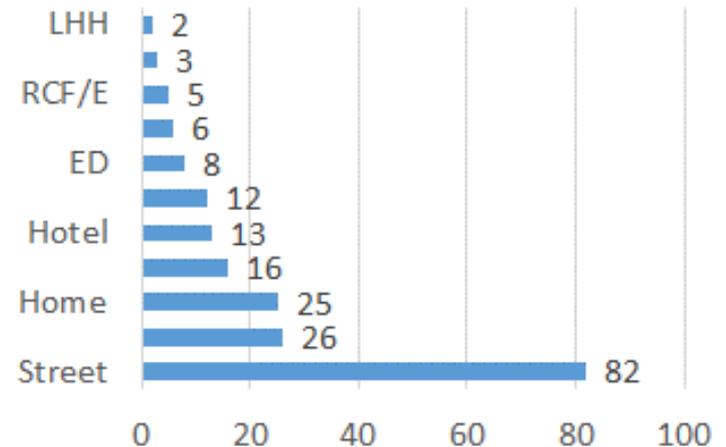
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Referral Source



Discharge Destination (n=198)



Period: 8/30/17-6/30/18

Shortest Day	1 day
Longest Stay	193 days
Average length of stay – overnight clients	19 days
Total # of clients (unduplicated)	165
Total # of Clients (duplicated)	198



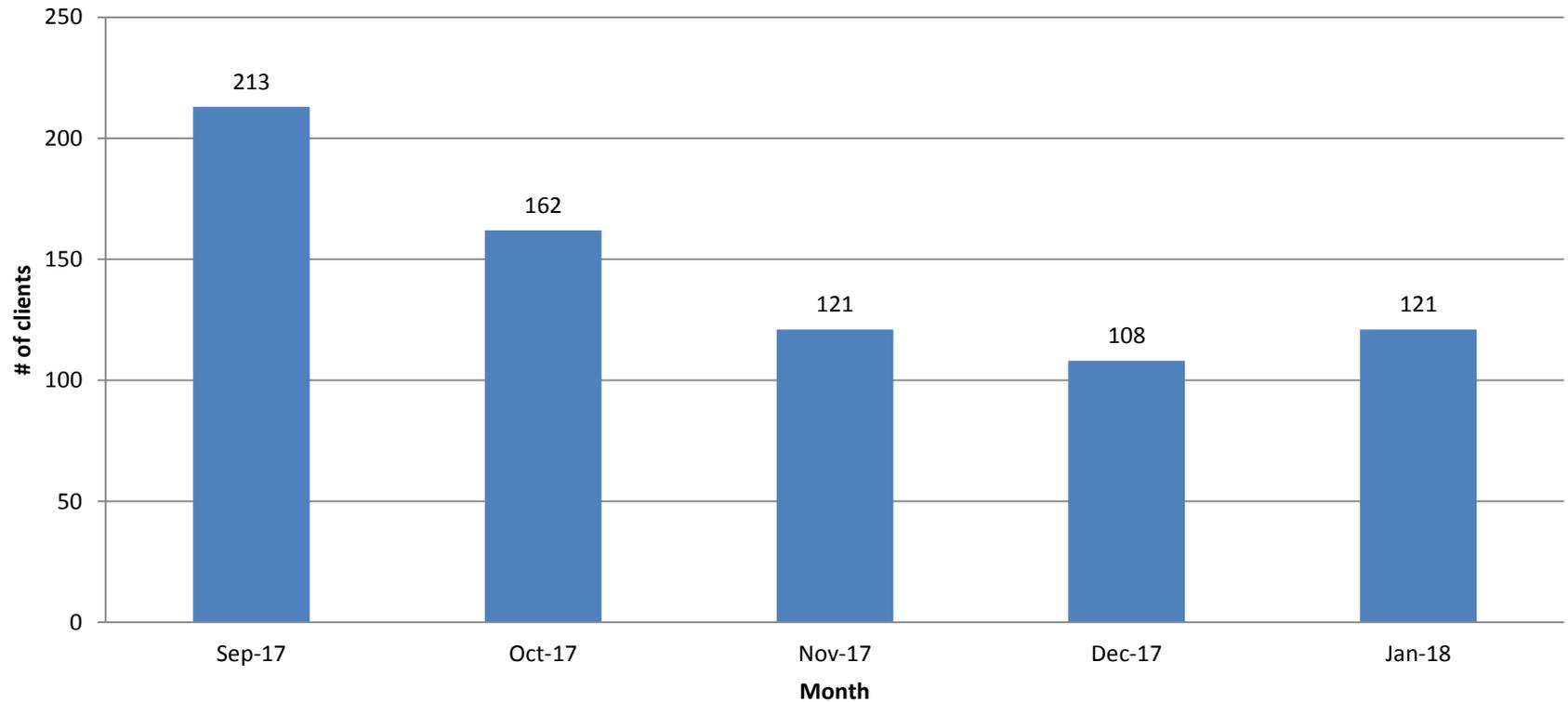
Re-Launch 2017: Hummingbird Place Behavioral Health Respite



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September, 2017 – January, 2018 Day Drop In



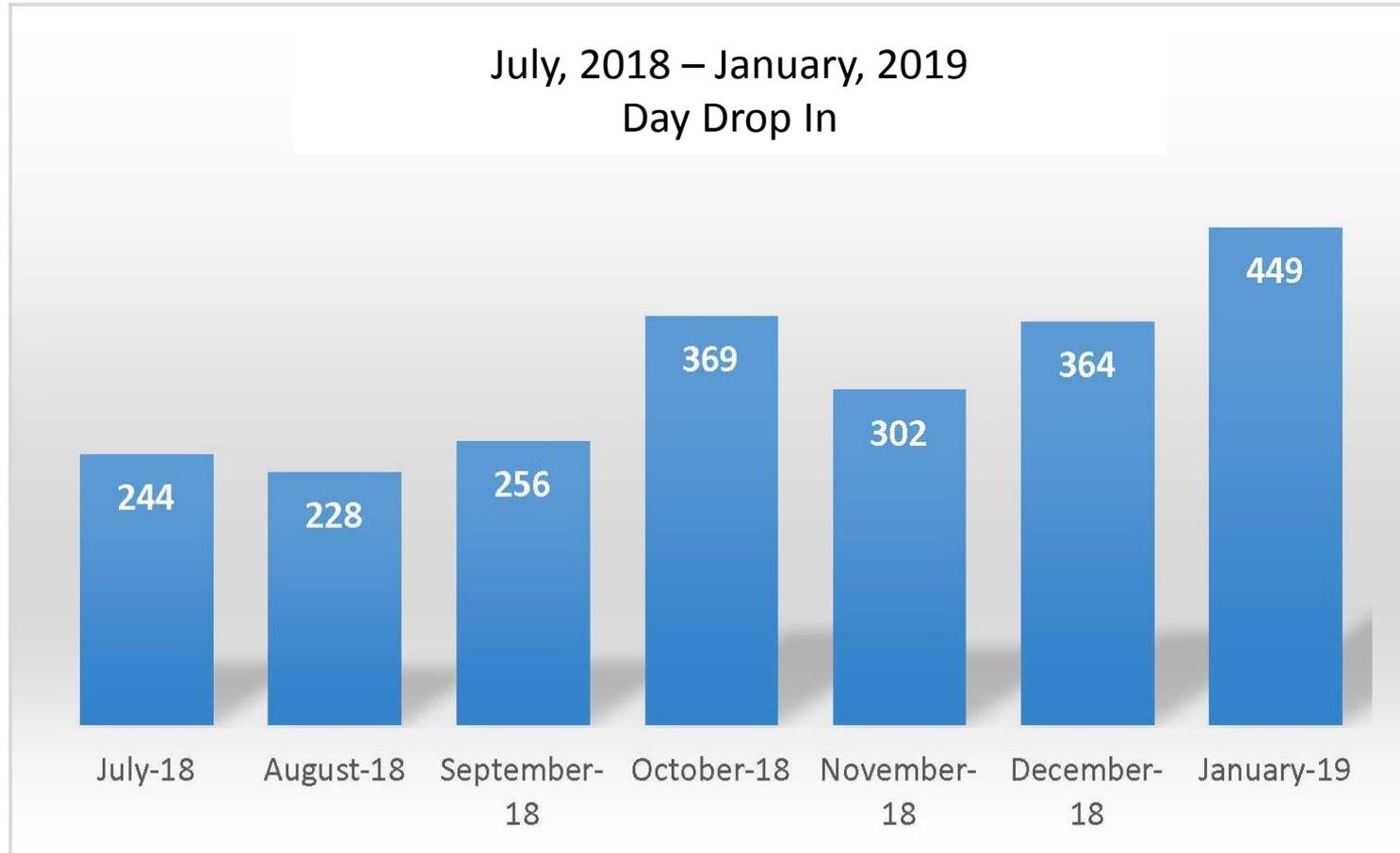


Re-Launch 2017: Hummingbird Place Behavioral Health Respite



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Re-Launch 2017: Hummingbird Place Behavioral Health Respite *Neighborhood Impact*



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- Opportunity to bring clients engaged in the neighborhood directly to drop in when appropriate
- Clients brought into the Emergency Room or Psychiatric Emergency Services can be cleared and transferred to Hummingbird quickly



Re-Launch 2017: Hummingbird Place Behavioral Health Respite *Behavioral Health Access*



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- PRC/Baker Nurse Practitioner holds clinic hours at Hummingbird
- Hummingbird has on-call access to the SFHN Transitions Care Coordination Behavioral Health Clinicians
- Treatment Access Program is available to make site visits if clients are not able to come to the Behavioral Health Access Center for substance use treatment screening and referral



Re-Launch 2017: Hummingbird Place Behavioral Health Respite *Lessons Learned*



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Peer Respite Approach

- *Peers had a conservative approach to target population*
- *Prioritized well-being and safety as primary program goals*
- *Peers experienced high levels of burn-out*

Program/Para-professional Approach

- *Able to serve the DPH intended target population of homeless, pre-contemplative and unengaged clients*
- *Medical Emergency Department has more success referring identified clients than Psychiatric Emergency Services*
- *A high volume of homeless clients use Day Drop-in to do laundry, shower and eat. This has provided increased opportunity to try and engage these clients*



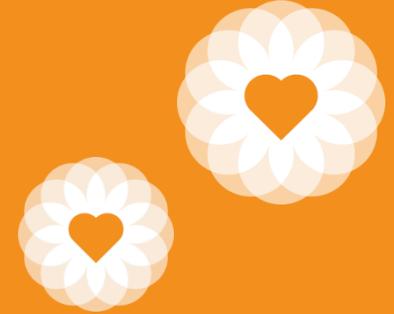
Re-Launch 2017: Hummingbird Place Behavioral Health Respite *Looking Forward*



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- Whole Person Care data support with links to Coordinate Case Management System will provide more efficient reporting
- Begin tracking readmission data to determine if Hummingbird is impacting return to ED/PES rates
- Begin tracking criminal justice contacts to determine if Hummingbird can be a resource to redirect clients from the criminal justice system



Whole Person Care: Expanding Medical Respite Services

Devora (Debra) Keller, MD, MPH
Clinical and Care Transitions Lead/Acting Medical Director
devora.keller@sfdph.org

SFDPH Medical Respite Program

- Program of SF DPH in partnership with CBO (CATS - Community Awareness and Treatment Services)
- Opened in 2007
- Original program capacity: 45 beds
- Post-acute recuperative care for homeless people who are too sick or frail to be on the streets or in the shelter



The mission of the Medical Respite and Sobering Center is to provide medical and social services to promote stabilization, hope and healing to adults experiencing homelessness in San Francisco.



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Respite Expansion



Expansion of Medical Respite: Background

- San Francisco Supervisor Jane Kim spent a night at a local homeless shelter
- Worked with Director of Shelter Health to discuss options
- Advocated for an expansion of Respite services to include referrals from Shelter
- Former Mayor Ed Lee mandated 30 new beds for Shelter Respite services.
- Expansion targeted shelter residents who are failing in a shelter setting due to medical conditions or functional impairments



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Programmatic Considerations

- Identified custodial care now a necessary service
- To license or not to license as B&C or SNF
- Planning the layout of the facility
- Determine new staffing patterns
 - Additional staff
 - Addition of the PCA
 - Define definition of “custodial care” under a Primary Care license



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Relationship Building

- Many meetings with Shelter Health and Street Medicine
- Worked to create/agree upon admission criteria
- Policy and protocol development around referral and admission
- Agreements and finalization of Shelter Health admission criteria to Respite
- Agreements on discharge disposition and support of Shelter Health clients



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Respite Referral Coordination and Collaboration

- Referral process to Respite from hospitals
- Shelter health manages all referrals to MR shelter health beds
- One RN and One CHW
 - Assess clients in shelters, streets, drop-in centers and in-patient facilities
 - Get clients “wrapped up” for transfer to Respite
 - Assist with transport, meds, DME, IHSS etc
 - Ongoing collaboration with Respite Staff to meet goals
- Symbiotic relationship
- Discharge process
 - Assist with clients returning to shelter (both clients referred by our team as well as hospital d/c clients who access shelter post Respite)

Medical Respite now:

- May 2017: Completed \$3.78 million expansion
- 30 new beds earmarked for clients coming from shelter
- Now 75 total Respite beds: 21 female, 54 male
- Designed to offload the burden of these clients in the shelter
- Promotes a safer and healthier shelter environment for all individuals living in shelters



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Expanded Services

- Shelter Respite clients receive all the services of Hospital Respite clients in addition to:
 - Intensive team-based care and care coordination
 - Provide early intervention prior to worsening of health conditions
 - Prevent hospitalizations
 - Ongoing care coordination with Shelter Health
 - Additional CNA/PCA staff not before provided at Respite
 - Provides a unique period of intense engagement for very vulnerable people for whom it has been historically difficult to provide medical care



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Pictures of Expanded Space



Impact of Access to Respite Beds on Clients, Shelter Staff and Nursing Teams

- Most importantly, clients are able to be cared for in an appropriate supportive environment
- Sharp decrease in DOS's (Denial of Service) for inability to self care/medically inappropriate
- Decrease in EMS transports
- Decrease in ER visits
- Decreased burden Shelter Staff and Management who are not medically trained

Impact of Access to Respite Beds on Clients, Shelter Staff and Nursing Teams

- Safe holding place for clients needing a permanent higher level of care
 - Many clients are reconditioned and return to shelter (medical stabilization, OT,PT, improved ability to manage self care)
 - Freeing up RNs
 - To see more clients for urgent needs
 - To provide more preventative, chronic disease management
- “I have noticed a significant improvement in my ability see more clients and do more with them”

–Kristin Matteson RN

Outcomes: Year 1 Post Expansion

Hospital Referrals

- 306 Hospital clients
- Average LOS is 39 days
- 3% have diagnosis of cognitive impairment and/or dementia

Shelter Referrals

- 83 Shelter clients
- Average LOS is 60 days
- 29% have diagnosis of cognitive impairment and/or dementia
- 1/3 of Shelter Respite beds are occupied by client awaiting housing/placement (Point in Time Average LOS is 168 days)

Lessons Learned: Challenges

- Increased clients meant increasing activity on the sidewalk in front of our facility
 - NIMBYISM as well as community support
- Dementia, cognitive impairment increase
 - knowledge gap for staff – both support staff and clinical staff
- Increased need for Social Service/Behavioral Health staff
 - Planning focused on medical need more than behavioral needs
 - Tremendous amount of social work time
- Few discharge options for clients with cognitive and functional impairments



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Lessons Learned: What Worked



- Collaboration, communication, more collaboration, more communication
- Strengthened relationships between previously siloed programs caring for many of the same clients
- Brought to the forefront the challenges of the LLOC clients
- Despite all the challenges, its strengthened us as a team: both within MR and with SH



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Summary

- The Medical Respite program is addressing the needs of a highly vulnerable subset of the homeless population, specifically those who are medically ill and may have cognitive and functional impairments as well.
- This expansion is the first of its kind in the country and is proving to be an innovative way to address these needs
- Ongoing challenge how to best to address the short term and long term needs of people with severe cognitive impairments
- Already starting to see the positive impact on clients and staff in the shelter system



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