BEHAVIORAL HEALTH SERVICES

UPDATE

San Francisco Health Commission

November 5TH, 2019

Irene Sung, MD
Acting Director, Behavioral Health Services
San Francisco Department of Public Health

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services

- DPH Behavioral Health Services (BHS) is the largest provider of behavioral health (mental health and substance use) prevention, early intervention, and treatment services in the City and County of San Francisco

- Our systems of care have:
  - Total Budget: ~$384M
  - 809 Civil Service FTE
  - Over 80 CBO contracted providers

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Care: key concepts

- MENTAL ILLNESS IS A LONG-TERM CHRONIC CONDITION
- RELATIONAL ENGAGEMENT IS KEY TO SUPPORTING CHANGE
- CHANGE IS NOT LINEAR
- WELLNESS AND RECOVERY ARE POSSIBLE

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services

MISSION

Maximize clients' recovery & wellness and potential for healthy and meaningful lives in their communities

VISION

A behavioral health system of care that is

- welcoming,
- culturally and linguistically competent,
- gender responsive,
- integrated and comprehensive

Timely access to treatment moving from "Any Door is the Right Door"

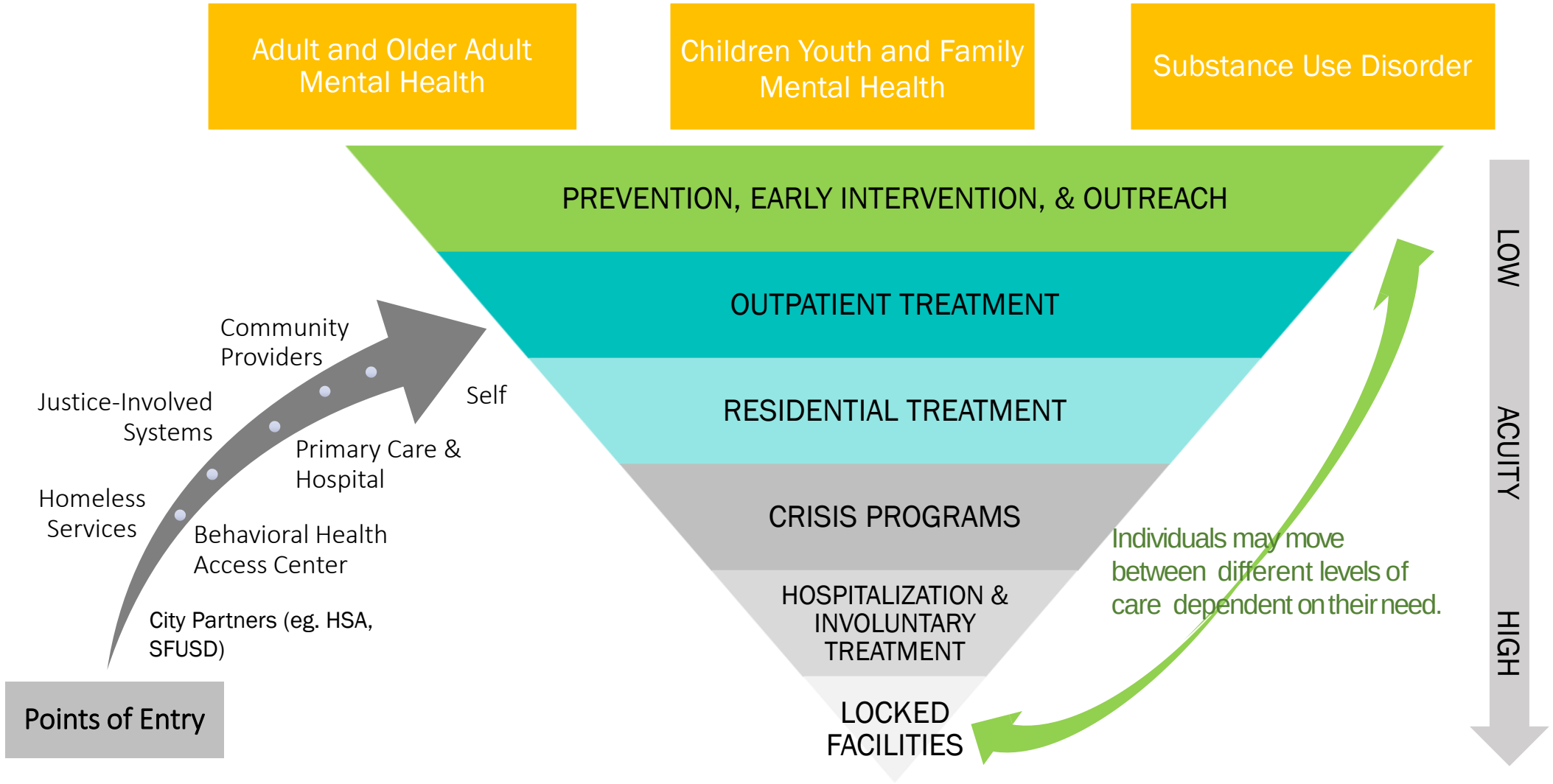
OVERARCHING GOAL

Clients thriving in their natural environments

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services



San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

BHS Clients Served FY 2018-2019

Mental Health Treatment Clients *

Age Group	Total Clients	Homeless Clients	% Homeless
Children & Youth	3,961	228	6%
Adults & Older Adults	16,428	5,434	33%
Total	20,389	5,662	28%

Substance Use Treatment Clients*

All Age Groups	Total Clients	Homeless Clients	% Homeless
99% of clients are 18+	5,976	3,544	59%

Clients served in *both* SU & MH services:
1,907 ⇨ 71% Homeless

* Source: Avatar clinical encounter data

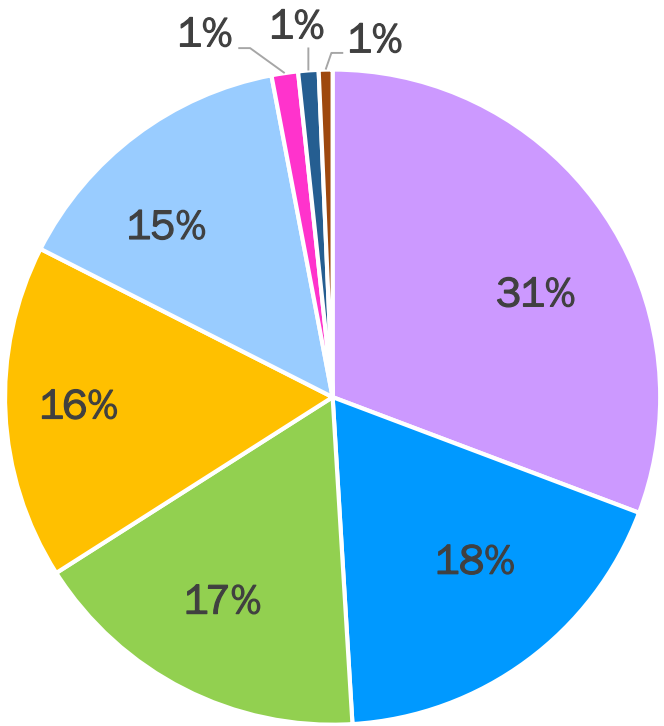
- BHS serves nearly 25,000 people in our clinical system of care
- In addition to treatment services, BHS provides many additional prevention and early intervention services to thousands of SF residents through its crisis debriefings, school-based programs, peer programs, vocational services, drop in centers etc.

San Francisco Health Network

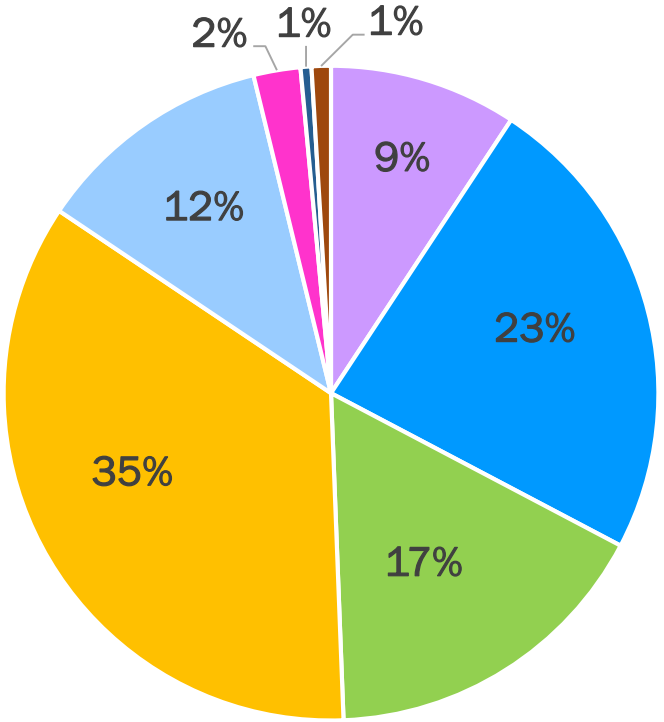
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

BHS Clients Served FY 2018-2019

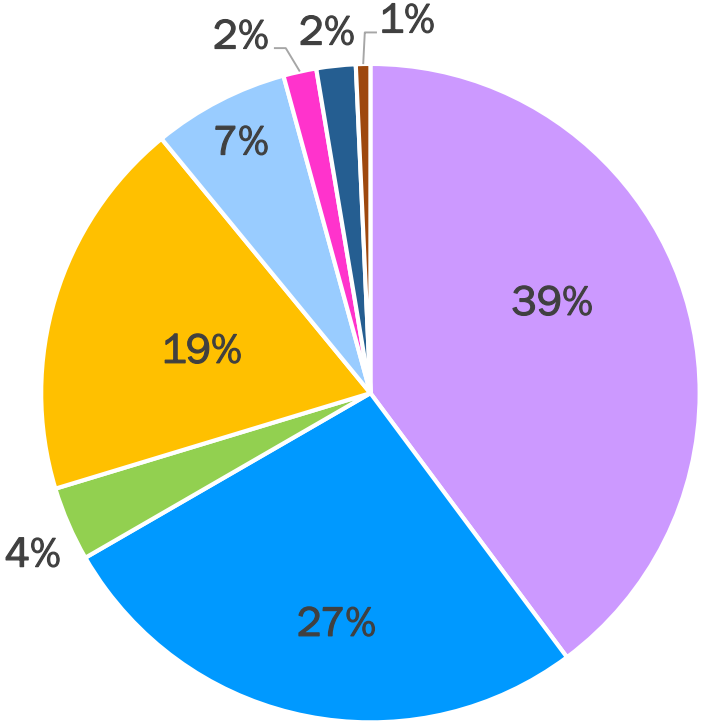
Adult & Older Adult Mental Health



Children & Families Mental Health



Substance Use



- White
- Asian
- Unknown or Other
- Native American
- African-American
- Latino/a
- Multi-ethnic
- Native Hawaiian or Other Pacific Islander

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

BHS Clients Served FY 2018-2019

Gender of MH clients:

- Female 43%
- Male 56%
- Transgender 1%

Gender of SU clients:

- Female 29%
- Male 69%
- Transgender 1%

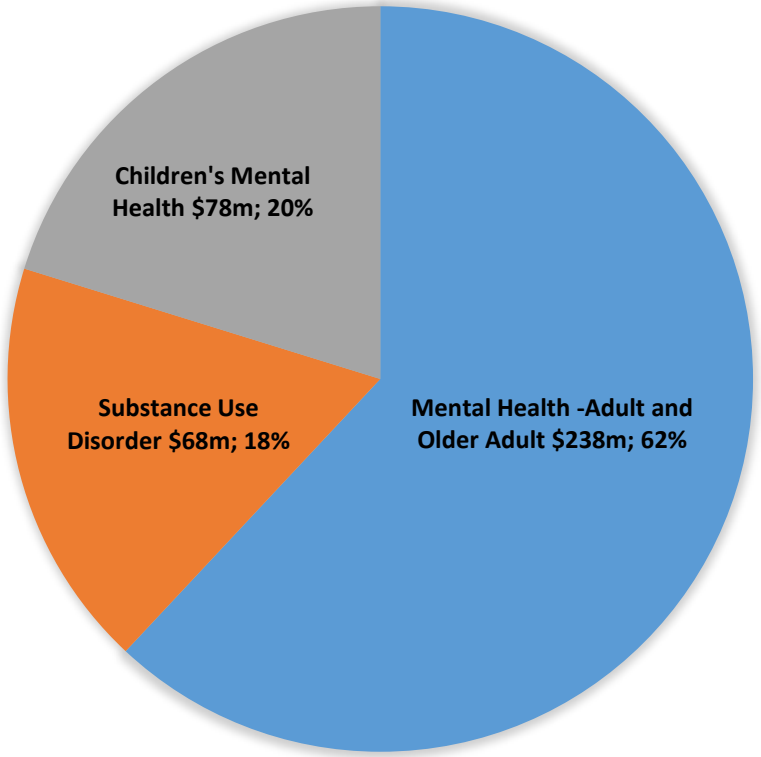
San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

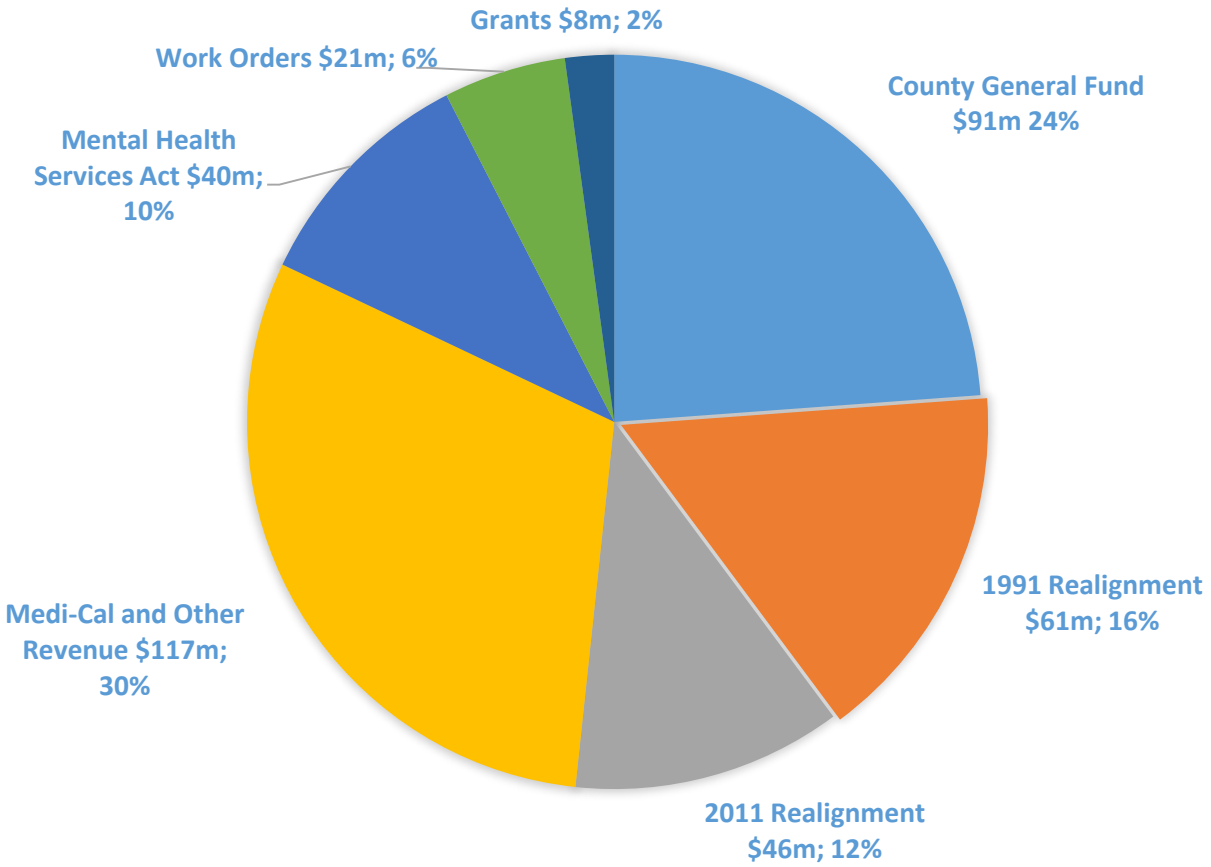
BHS Income and Expenditures FY 2018-2019

Total Expenditure: ~$384 million

**all values in millions*



Expenditures by System of Care



Funding Sources

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

2018 Board of Supervisors BHS audit: Addressing key issues identified

1. **BEHAVIORAL HEALTH SERVICE PROVIDER'S PERFORMANCE**: Community-Based Organization (CBO) and Civil Service documentation, productivity, and monitoring

2. **INTENSIVE CASE MANAGEMENT:** Client flow, access, and eliminating the waitlist

3. **TRANSITIONS TO LOWER LEVELS OF CARE**: Focus on discharges from Psychiatric Emergency Services and effective referrals to outpatient care

4. **ADULTS WHO DO NOT STABILIZE:** Whole Person Care, conservatorship, and access to medically supported housing

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health provider performance

RECOMMENDATIONS 1 &2

- **Community-Based Organization (CBO) performance**: Monitor and support to improve productivity and access
- **Civil Service performance**: Monitor performance and conduct documentation training

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

Monitoring

- ✓ Annual program reviews and random audits – implemented
- ✓ Real-time performance analysis, using Tableau (Business Intelligence software) – pending: needs additional IT resources.
- ✓ Civil Service productivity and performance monitoring - increased monitoring with productivity increased 38% from FY 2015-16.

Documentation

- ✓ Improved documentation through Documentation Specialist, new Documentation Manual & Reference Guides, Training (300+) and Technical Assistance – guide complete, ongoing audits continue through Compliance. Need to create system for addressing compliance issues more systematically.
- ✓ New evaluation of Quality Assurance plans for all CBOs, focused on chart reviews – completed 9/18
- ✓ New audit tools and documentation monitoring program for all Civil Service clinics – implementing.

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Intensive Case Management

RECOMMENDATION 3 & 4

- **Intensive Case Management (ICM) waitlist and utilization management**
- **Assess unmet needs and increase staff**
- **Transition ICM clients to lower level of care**

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

- ✓ Full review of current 1,400 ICM cases to identify areas for improvement and reform – Tools and process complete, but not yet implemented. Clear step down criteria developed with UM to occur every 6 months after the 1st year as soon as union issues are resolved.
- ✓ Launching a new Transition Age Youth (TAY) System of Care Full Service Partnership/ICM this year for up to 40 clients – Complete, resulting in elimination of TAY ICM waitlist.
- ✓ Opening more than 200 ICM slots this year and centralizing utilization- In process: working with SOC providers on LOC review and waitlist management to improve flow. Implementation of formal UM is pending. Initial improvement: decreased # clients waiting for ICM by 50%.

Intensive Case Management (cont.)

RECOMMENDATION 3 & 4

- **Intensive Case Management (ICM) waitlist and utilization management**
- **Assess unmet needs and increase staff**
- **Transition ICM clients to lower level of care**

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

- ✓ New BHS Performance Improvement Project with State DHCS focused on flow of clients from ICM to outpatient and capacity of step-down services – So far this fiscal year, we have increased the portion of clients who enter ICM services within 30 days from 20% to 36%. This has allowed us to reduce the waitlist by 14% compared to last year. New consolidated BHS (ODS, MH outpatient, ICM, and residential) UM structure and processes are in planning stage.
- ✓ Secured MHSA Innovation Project funding to support transition from ICM to outpatient services with peer linkage team and peer engagement on the streets – Implemented: preliminary results still pending.

Transitions to lower levels of care

RECOMMENDATION 5

Psychiatric Emergency Services (PES) discharges: referrals to outpatient care, access to care and advance notice to community providers before discharge

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

- ✓ Improving client linkages to other levels of care at PES
  - Linkage staff and coordination with Dore Urgent Care Clinic at PES
  - PES direct referrals to Hummingbird Place

- ✓ Community providers notified of discharge from PES and Inpatient Psychiatry SW now stationed in PES to assist with discharge planning – notifying providers, linking to care and providing consultation that aids in safe/effective discharge planning

- ✓ Better documentation of discharge and communication that will improve more with implementation of Epic electronic health record Pending – BH is Epic wave 3

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Cohort of adults who do not stabilize

RECOMMENDATION 6 & 7

- **Whole Person Care: multi-agency collaboration with evaluation and management of high users**
- **Medically Supported Housing: collaborate with Department of Homelessness and Supportive Housing (HSH) to increase availability of housing**

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

✓ BHS is actively participating in Whole Person Care, a Medi-Cal funded interagency initiative focusing on high users of multiple systems, data sharing and review for coordinated care planning.

✓ DPH and HSH regularly meet and coordinate on several initiatives (e.g., Coordinated Entry System, No Place Like Home, Healthy Street Operations Center, High Priority Case Review, etc.)

Challenges

Workforce vacancies

Vacancy rate for BH clinicians is 20% across city, 23% for county psychiatrists, and significant challenge of hiring bilingual clinicians

Engaging and treating people suffering from substance use and mental health issues who experience homelessness

- Challenge of appointment-based services
- Federal regulations which prohibit sharing of data across systems
- Successful engagement requires expanded case management, outreach, and navigator workforce

Data

Difficulty of obtaining consistent and reliable data to monitor contracted and civil service provider quality of care and productivity

Statewide transformation

CalAIM: California Advancing and Innovating Medi-Cal

DHCS has developed a comprehensive and ambitious framework for the upcoming waiver renewals that encompasses a broader delivery system, program and payment reform across the Medi-Cal program, called CalAIM: California Advancing and Innovating Medi-Cal.

Includes initiatives and reforms for:

- Medi-Cal Managed Care
- Behavioral Health
- Dental
- Other County Programs and Services

CalAIM goals

CalAIM has three primary goals:

- Identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health;

- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and

- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Stakeholder engagement

DHCS is undertaking a robust **CalAIM workgroup process** that will engage key stakeholders and cover key issue areas:

- Requiring Medi-Cal managed care plans to submit Population Health Management strategies and moving to annual Medi-Cal managed care plan open enrollment
- Adding a new Enhanced Care Management benefit and a set of *in lieu of* services
- Behavioral Health payment reform and delivery system transformation
- Requiring National Committee on Quality Assurance (NCQA) accreditation for Medi-Cal managed care plans
- Creation of Full Integration Plans where one entity would be responsible for the physical, behavioral, and oral health needs of their members

Thank you