Behavioral Health Services & COVID-19 Update

SFDPH Health Commission

July 7, 2020

Presentation Outline

1. Brief system overview

2. Select CYF updates

3. COVID-19: BHS response, impact and adapting services to the “new normal”

4. Looking past the crisis: budget outlook, challenges and BHS priorities for FY 20/21
   - COVID
   - Crisis Response
   - Beds
   - Care Coordination (MHSF)

SFDPH BEHAVIORAL HEALTH SERVICES (BHS)

Services Provided

- Specialty behavioral health for public safety net in San Francisco
- Mental health promotion and early intervention services through partnerships with schools, cultural organizations, homeless service providers
- Participates in dozens of interdepartmental initiatives

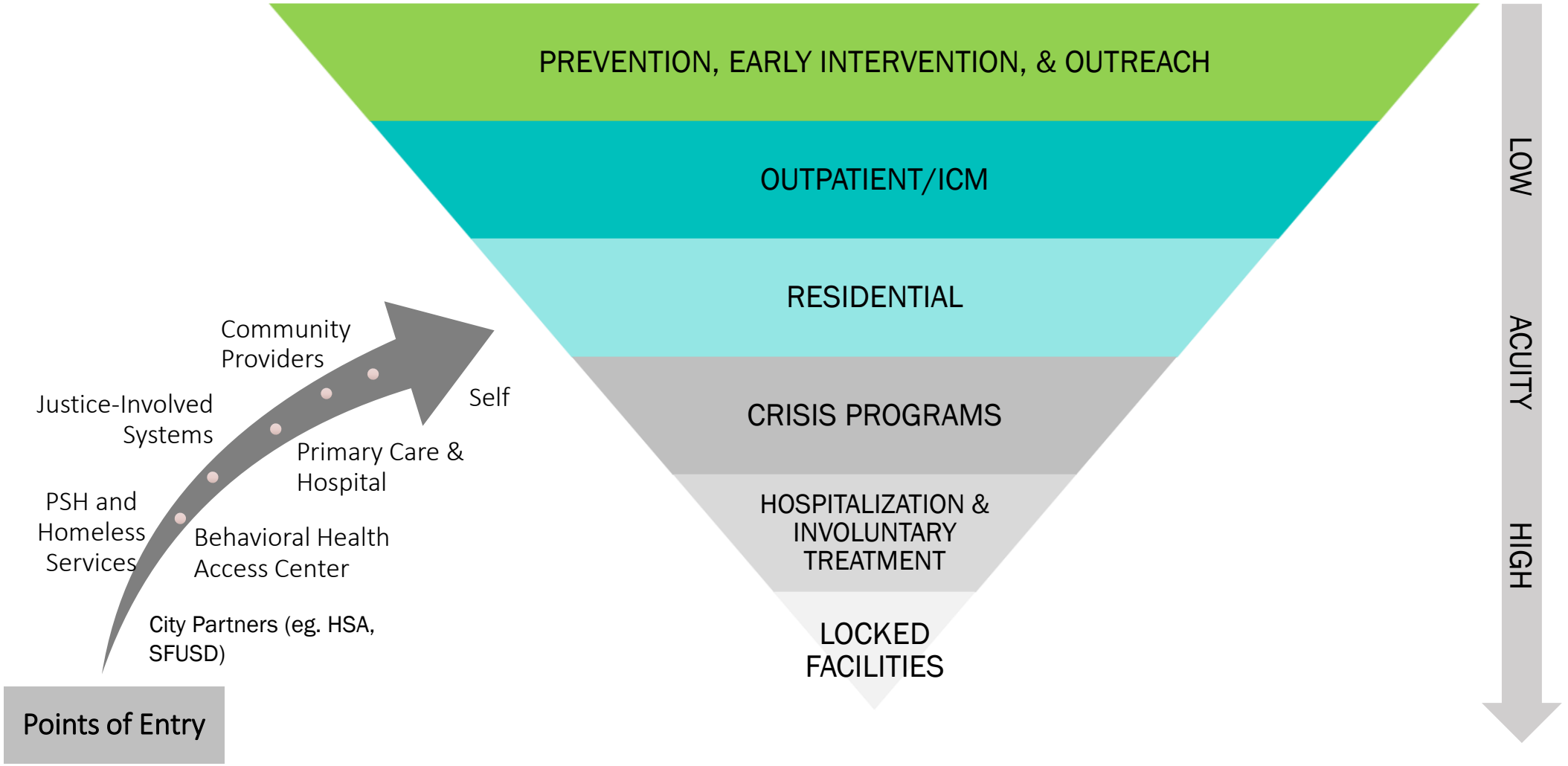
Clients Served

- 25,000 clients access substance use and mental health treatment each year
- Tens of thousands reached through prevention and early intervention work

Budget and Structure

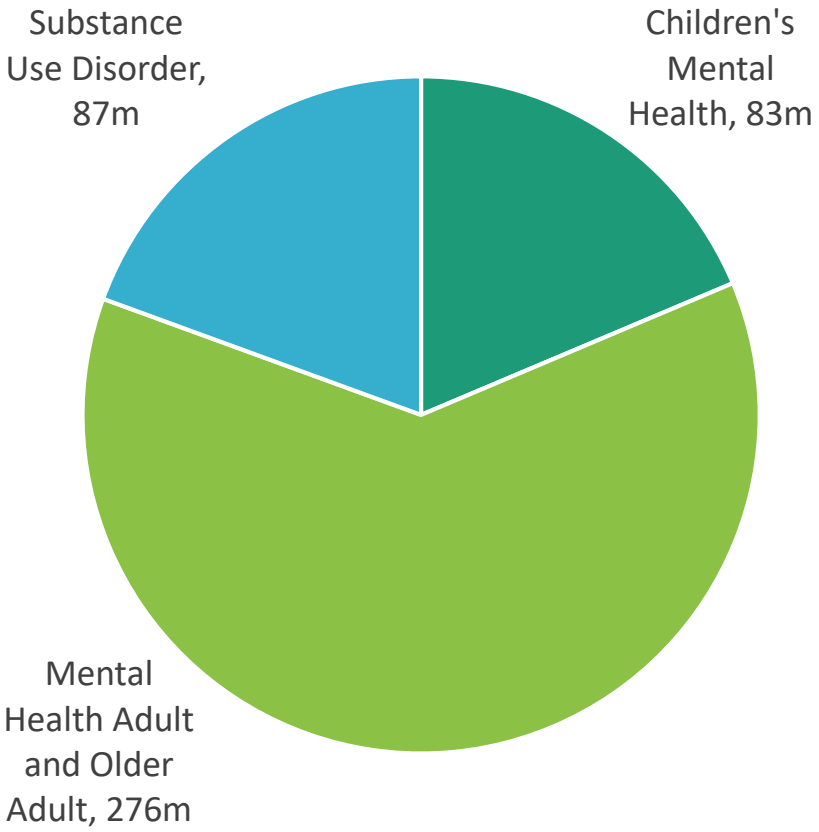
- $446 million budget
- 650 FTE civil service staff
- 80 CBOs sub-contracted to deliver over 60% of BHS services across 200 programs

Behavioral Health Services

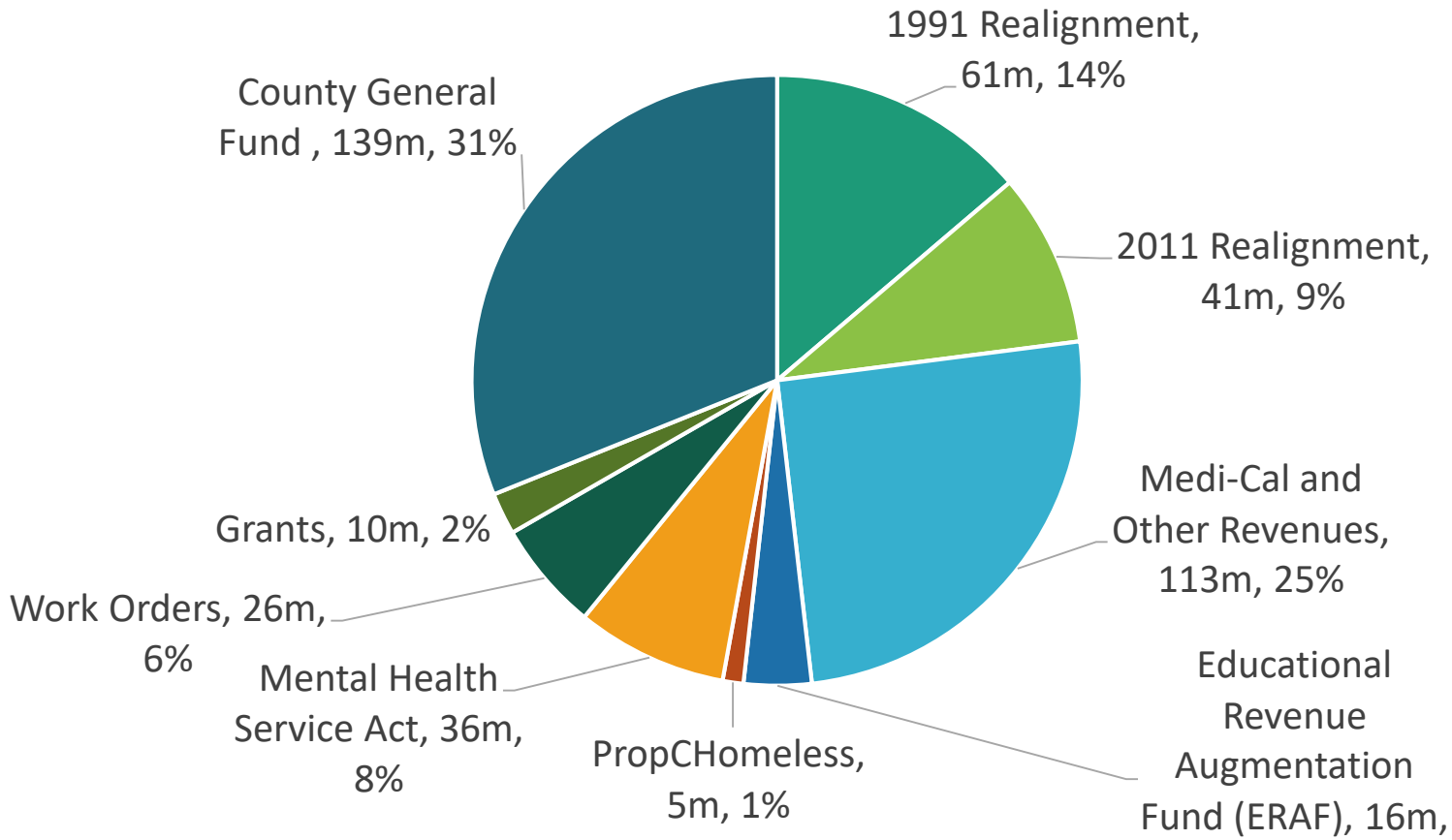


Behavioral Health Services FY19/20 Budget

Total Budget: ~$446 million

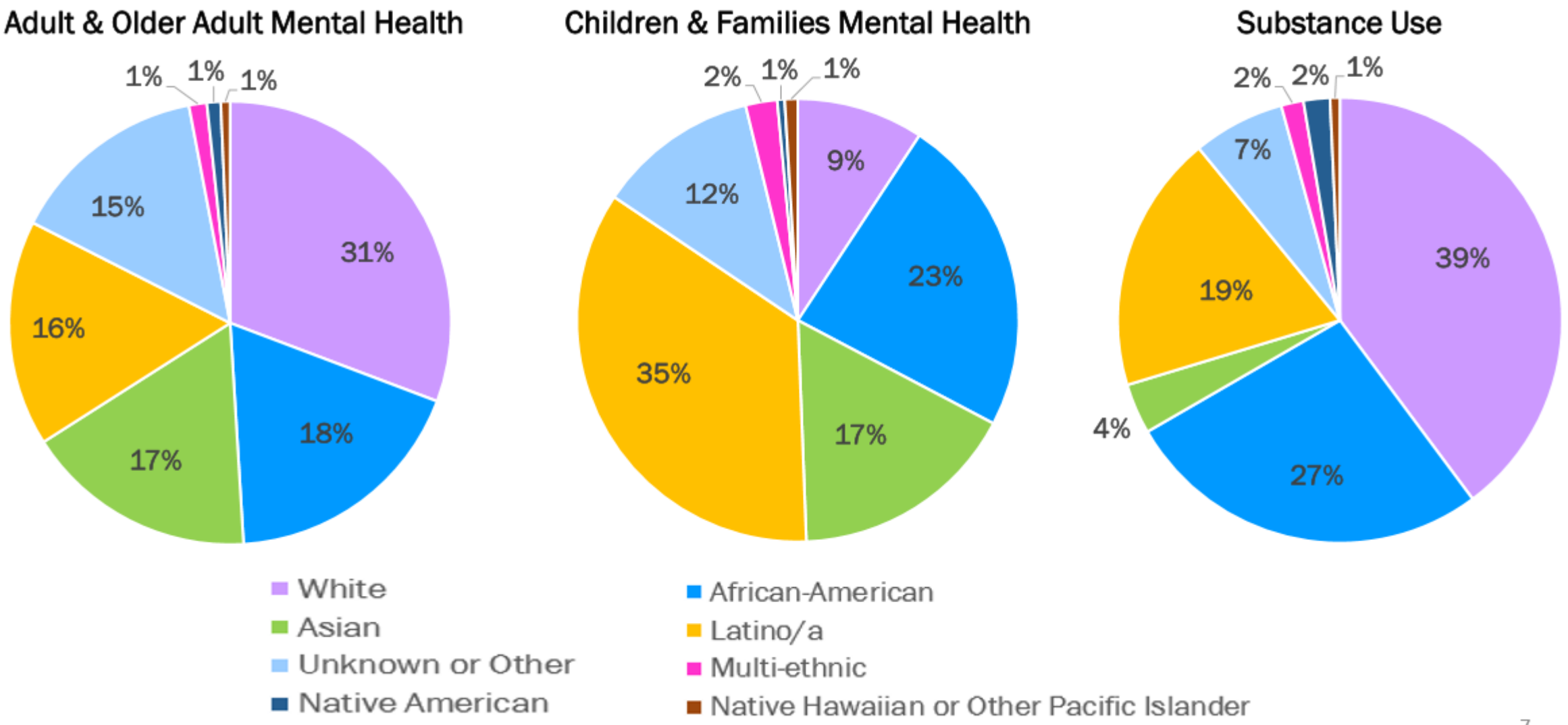


Expenditures by System of Care



Revenue

Demographics Clients Served FY 18/19



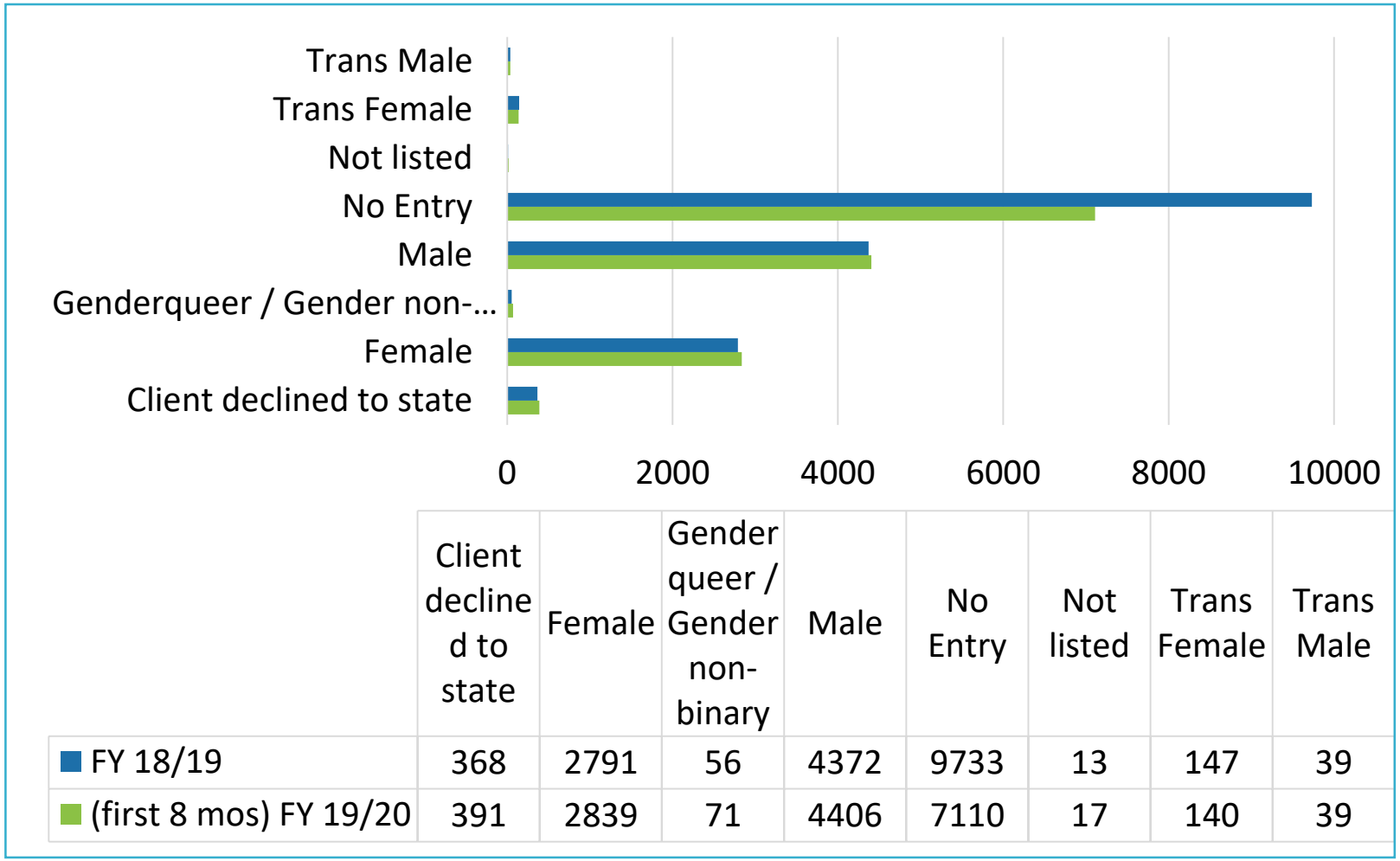
Demographics FY 18/19

Gender of MH clients:

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

Gender of SU clients:

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



	Client declined to state	Female	Genderqueer / Gender non-binary	Male	No Entry	Not listed	Trans Female	Trans Male
FY 18/19	368	2791	56	4372	9733	13	147	39
(first 8 mos) FY 19/20	391	2839	71	4406	7110	17	140	39

CYF Updates

- Ongoing Equity and Organizational Healing Plan
- Practice Improvement Work
- Leadership Vacancies
- Edgewood Reopening
- Juvenile Justice Reform
- Expanded Mobile Response Team (MRT) for Children, Youth and Families
- Strengthening Families and Communities Task Force

BHS COVID-19 Response Priorities

1	2	3	4
Maintain essential behavioral health services while protecting client and staff safety	Integrate behavioral health services in COVID-19 response efforts	Provide support to City staff and first responders	Promote wellness in our communities

Special thanks to Michelle Truong, Dr. David Pating, Kim Schoen, Alicia St. Andrews, Nick Hancock, Dr. Lisa Inman, Dr. Annie Gonzalez, Josephine Ayankoya, Teresa Yu, Angelica Almeida, Robin Candler, Eme Garcia, Edwin Batongbacal, Alex Jackson, Deborah Sherwood, David Smith and Heather Weisbrod

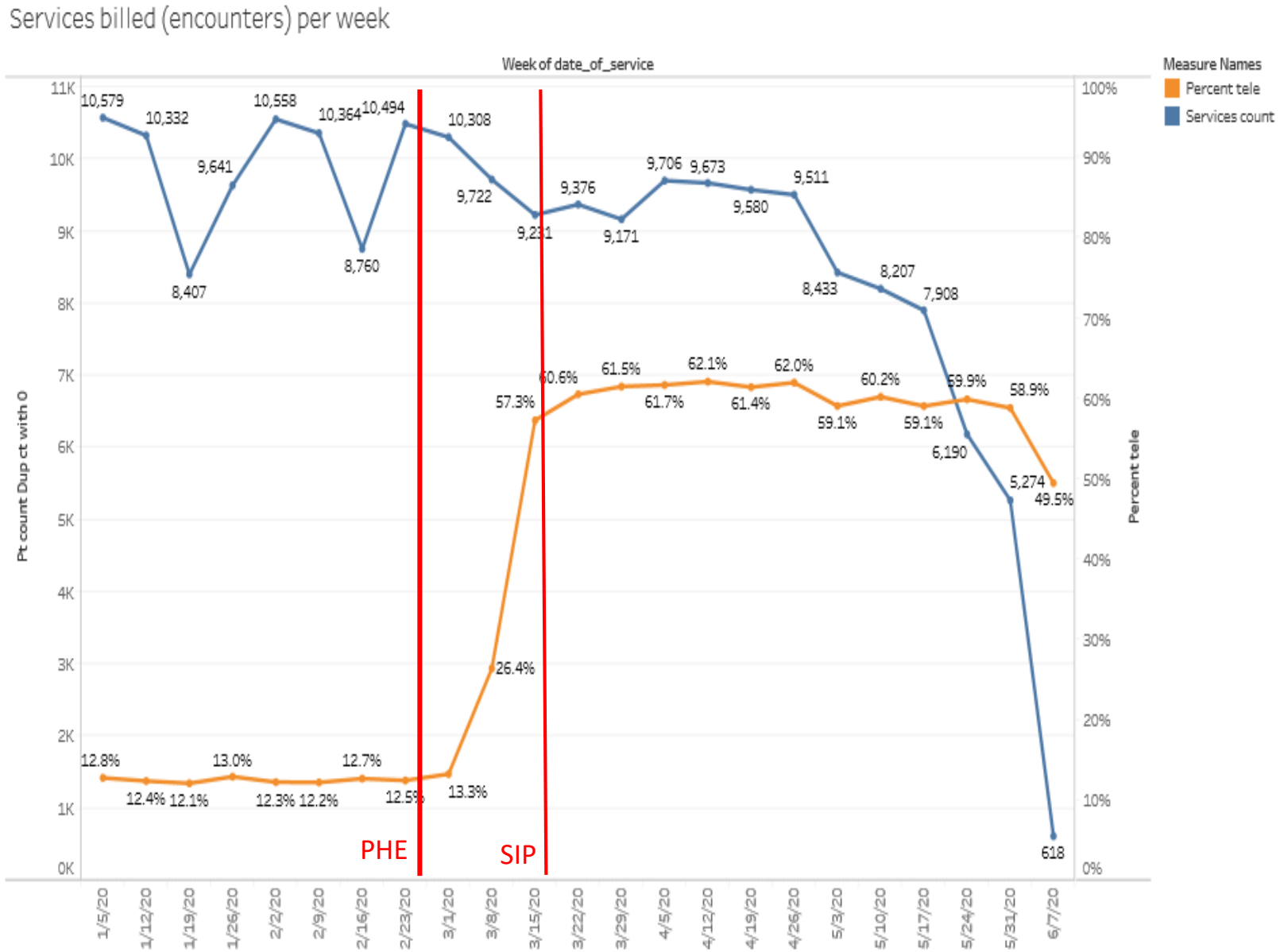
COVID-19 Impact on Behavioral Health Clients and Services

- Calls to warm lines and crisis lines have increased
- Linkage and outpatient programs reporting increased client acuity
- COVID/SIP taking a toll on our children, youth, and families
  - Escalating DV, family conflict, substance use
  - Increased calls to crisis and psychiatric hospitalization
- COVID-19 has impacted client access and flow
  - Limits on FTF outpatient care, still doing in-person intakes
  - Clients are receiving more services through telehealth
  - Reduced capacity in residential treatment
  - New safety protocols for entering PES; limited to strict 18-bed capacity
  - Reduction in UOS billed in Avatar
- Conditions on the streets have deteriorated

Shifting how we work

Pivot to telehealth

- Equipped staff to work remotely
- Provided clear and timely guidance
- Supported skill building and access to technology
- Supported staff accountability



BHS Shelter in Place (SIP) Hotel System of Care (SOC)

- **Training and coaching** for onsite hotel staff (e.g., in de-escalation, harm reduction)
- **Consultation Line** for staff to call when BH concerns arise
- **Peer Support Teams** will provide proactive individual and group engagement in person and via web-based platforms.
- **Low Threshold BHS Engagement** client centered approach to supporting individuals with mild to moderate behavioral health needs
- **Intensive BHS Linkage and Care Coordination** to supporting individuals who need speciality mental health services
- **Crisis Response**

Looking past crisis response mode

- Continue supporting DPH COVID response
  - Prepare for surge
  - Maintain services and respond to anticipated increase in demand and acuity
  - Serve 2,000+ newly housed individuals
- Implementing Mental Health SF
- Complying with Final Rule (federal Medicaid reform)
- DPH ‘must do, can’t fail’ priorities and True North
  - Equity
  - Lean
  - Workforce
  - BH/Homeless

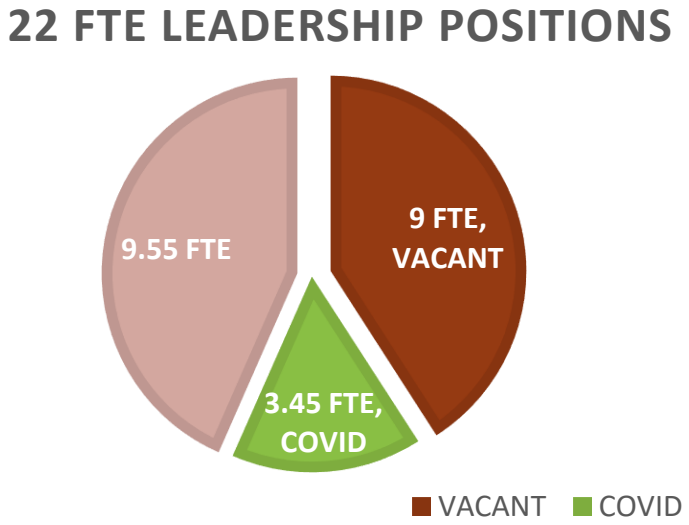
Current Budget Outlook

- DPH was able to meet its FY 20-21 and FY 21-22 budget instructions without proposing service reductions in behavioral health
- Discussions about behavioral health service enhancements/expansions to continue in Mayor and Board phases, dependent on available funding
- Projected declines in mutiple revenue sources
- Mental Health SF would cost an estimated $100 million to fully implement
- Starting work on revenue optimization initiatives

Vacancies and low staff engagement remain significant challenges

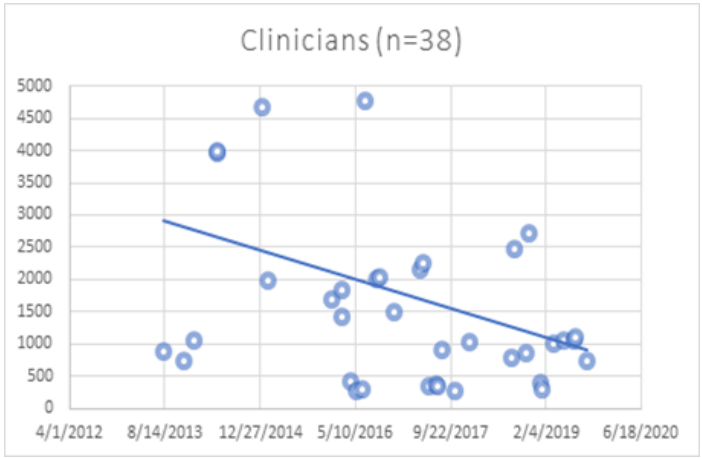
Vacancies

- BH clinicians 20% (citywide)
- Psychiatrists 23% (civil service)
- BHS Leadership Positions 40% (civil service)



Other BHS workforce priorities Include

- Developing a workforce that is more reflective of the clients we serve
- Developing needed language capacity (esp. Spanish, Russian and Cantonese speakers)
- Engaging staff and providing professional development opportunities



Avg Years of Service

BHS Budget Priorities FY20-21

1. Continue to support COVID-19 response

2. Expand street crisis response and engagement services

3. Implement MHSF to Improve access and outcomes for the most vulnerable

4. Behavioral Health Beds: Optimizing Flow

Expand street crisis response and engagement services

- Goal: expand BHS capacity to respond to people in crisis on the street
  - Collaborate with partner agencies (HSH, EMS, SFPD, HSOC)
  - Assess, align and optimize existing outreach/crisis teams
  - Centralize triage
  - Launch pilot program - building from foundation and learnings of the LEAD initiative
  - Identify and develop safe spaces for people experiencing psychosis (ex. Drug Sobering Center)
  - Support linkage to treatment services

Implement MHSF to Improve access and outcomes for the most vulnerable

Beds

- Drug Sobering
- Locked Subacute/Psych SNF
- Board and Care
- Hummingbird
- Mental Health Residential

Crisis/Street Outreach Teams

Office of Coordinated Care

- BH System Coordination and Oversight
- Access and Community Engagement
- Bed Tracking System
- Jail and PES Linkage Support
- Staff Training and Development

❖Case Management (1:25)
❖Intensive Case Management (1:17)
❖Critical Care Management (1:10)

MH Service Center

Behavioral Health Beds: Optimizing Flow

Project Objective:

Answer the question: *"How many beds are needed in each behavioral health bed category to maintain consistent patient flow for adult clients in San Francisco with zero wait time?"*

Why is this important?

- First quantitative analysis of patient flow in DPH behavioral health beds
- System is currently bottlenecked in certain areas which has negative patient health outcomes and financial impact
- In a system with optimal flow, patients get the care they need when they need it
- Investments are grounded in data to have the greatest impact

Behavioral Health Bed Optimization Methods

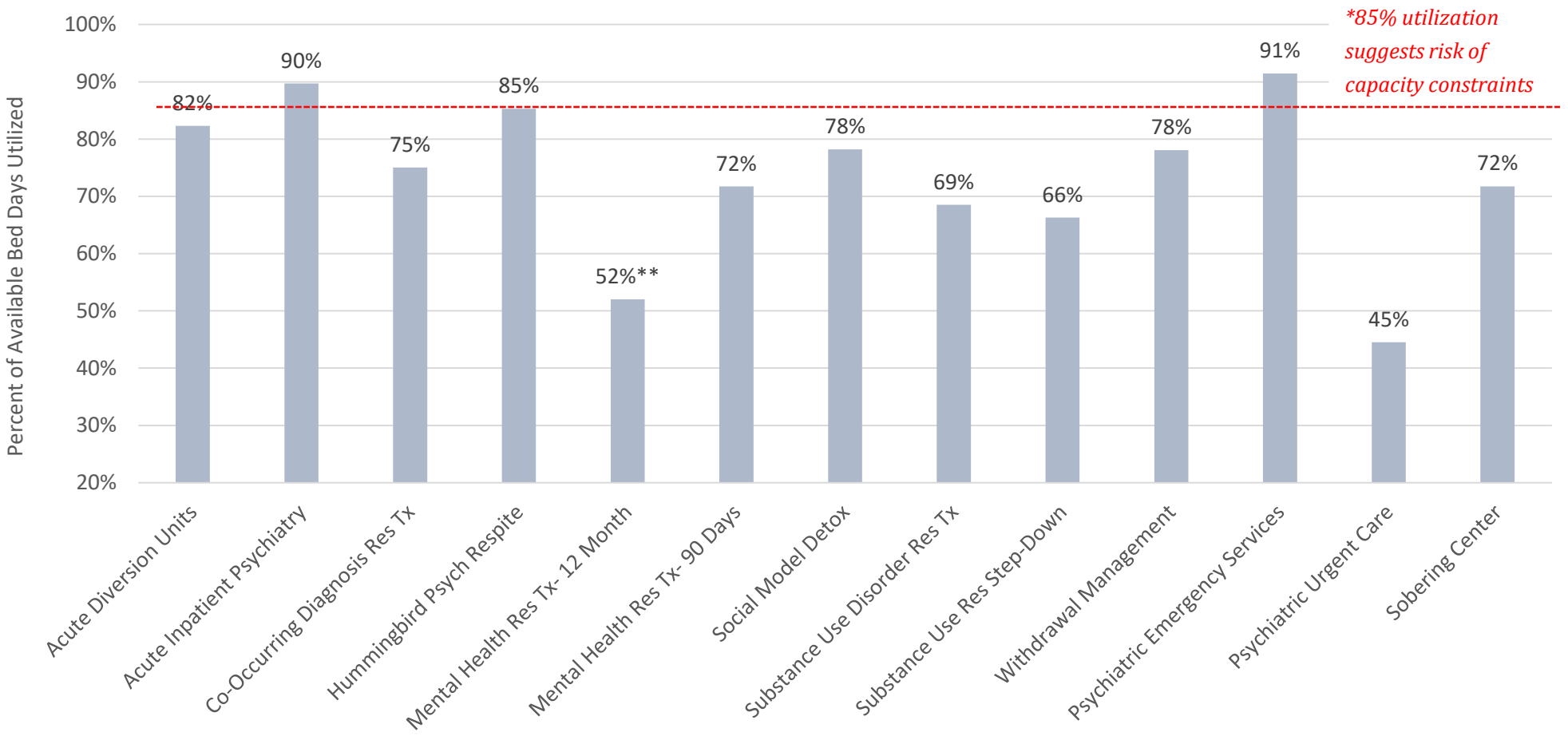
- Bed simulation modeling has been used internationally as a risk-free strategy for quantifying demand and identifying the impact of investments on patient flow. Studies conclude this methodology can help identify the appropriate type and number of beds required in public behavioral health systems
- Analyzed data from SFDPH FY1819 and constructed a Discrete Event Simulation (DES) model to analyze the system based on its variability and complexity
- Input data was statistically analyzed and summarized from 25,583 admission entries that spanned 168 unique program names.
- These programs were aggregated to 19 "bed categories" incorporating the utilization of nearly 1,000 behavioral health beds and the admissions of over 7,000 clients.

Patient Demographics			
Characteristic		**Number of Unique Patients**	**Percent of Total Unique Patients**
Homelessness	Yes	4,140	68%
	No	1,955	32%
Gender	Male	4,032	66%
	Female	1,763	29%
	Other	300	5%
Race/ Ethnicity	White	2,015	33%
	Black/African American	1,434	24%
	Latino/a	720	12%
	Asian/Pacific Islander	359	6%
	Other/Not Stated	1,567	26%
Total		**6,095**	**100%**

An additional 1,387 identified clients did not have demographic information to include in this analysis.

Homelessness defined by DPH Coordinated Care Management System (CCMS). CCMS defines people as experiencing homelessness in the fiscal year if they either: 1) utilize a City service that indicates housing instability, for example, a City shelter, or 2) self-report homelessness while accessing health care services.

Bed Utilization Calculation



*Unable to calculate utilization of the following bed categories since no fixed bed count: Locked Subacute Treatment, Psychiatric Skilled Nursing Facilities, Residential Care Facility aka Board and Care, Residential Care Facility for the Elderly

**MH Residential Treatment 12-month program utilization was adjusted to 90% during post-hoc analysis

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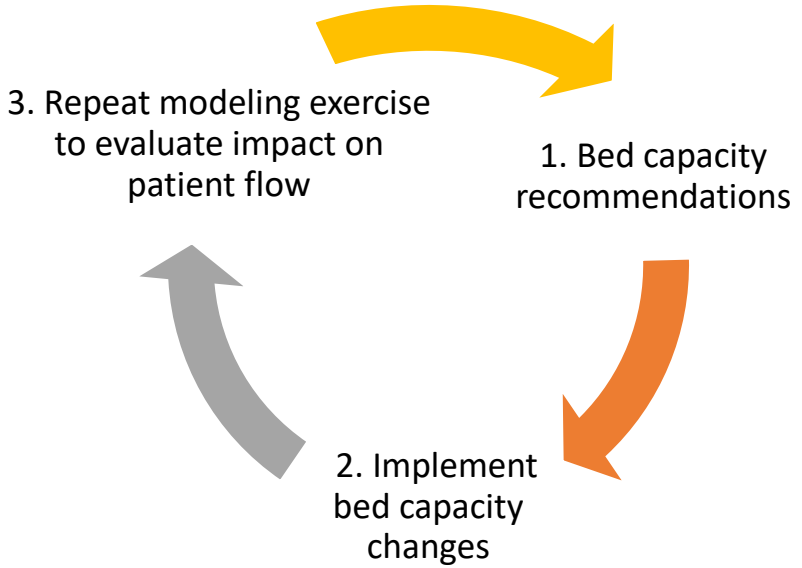
Behavioral Health Investment Recommendations

Bed Category	Recommended Bed Increase	Annual Cost of Recommended Bed Increase*
Locked Subacute Treatment	31	$5,493,433
Psychiatric Skilled Nursing Facility	13	$1,385,540
Residential Care Facilities aka Board and Care	31	$973,090
Residential Care Facilities for the Elderly	22	$855,195
Mental Health Residential Treatment (12-month)	20	$1,942,530
Total	**117**	**$10,649,788**

**cost calculated using BH Bed Inventory median cost per bed per day*



… and for each new bed investment, create one long-term housing placement.

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Thank you