BEHAVIORAL HEALTH SERVICES

UPDATE

San Francisco Health Commission

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BEHAVIORAL HEALTH SERVICES

MISSION

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

VISION

A behavioral health systems of care that is

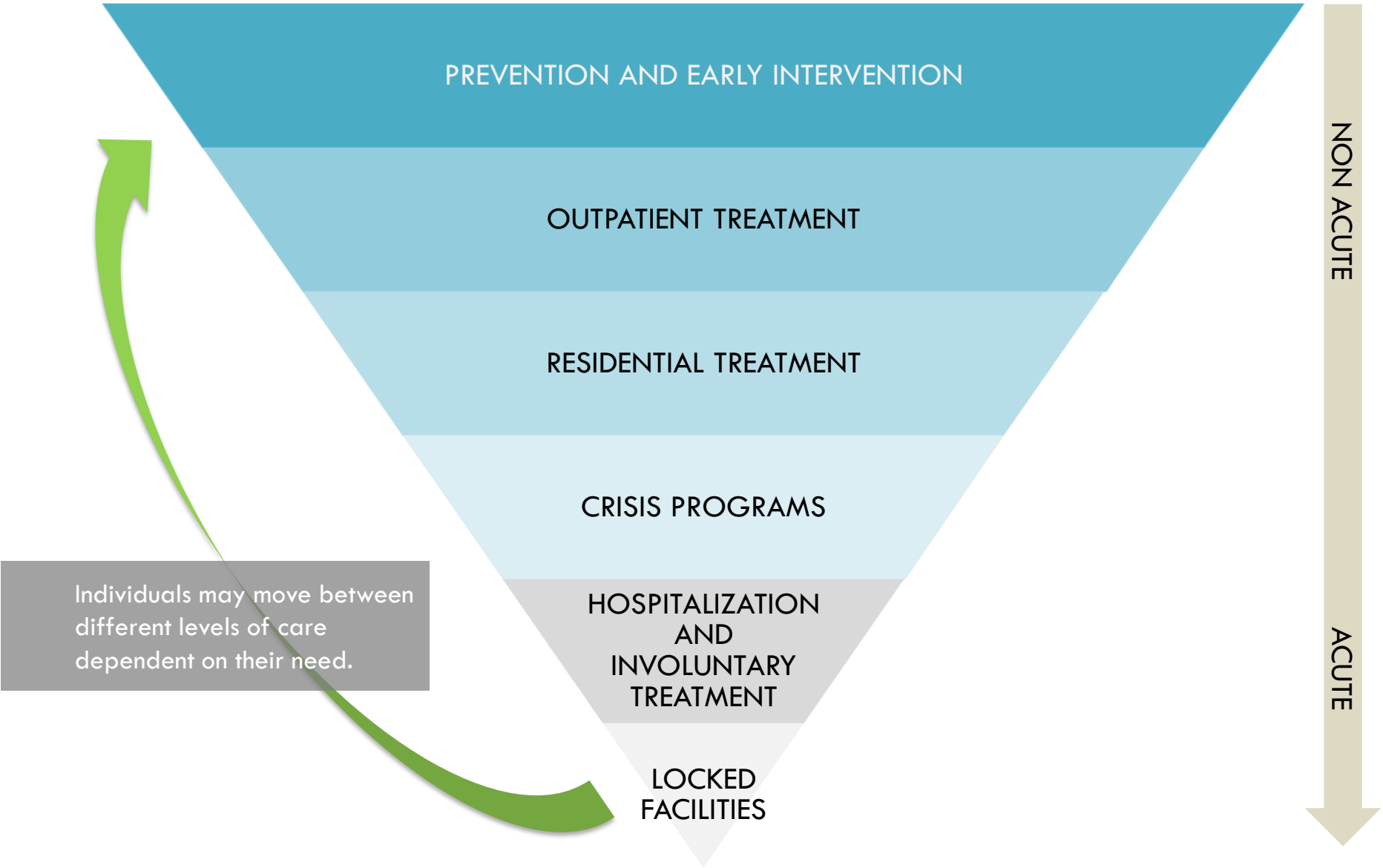
- welcoming,
- culturally and linguistically competent,
- gender responsive,
- integrated and comprehensive

Timely access to treatment in which "Any Door is the Right Door" and individuals and families with behavioral health issues have medical homes.

OVERARCHING GOAL

Clients thriving in their natural environments

BEHAVIORAL HEALTH SERVICES



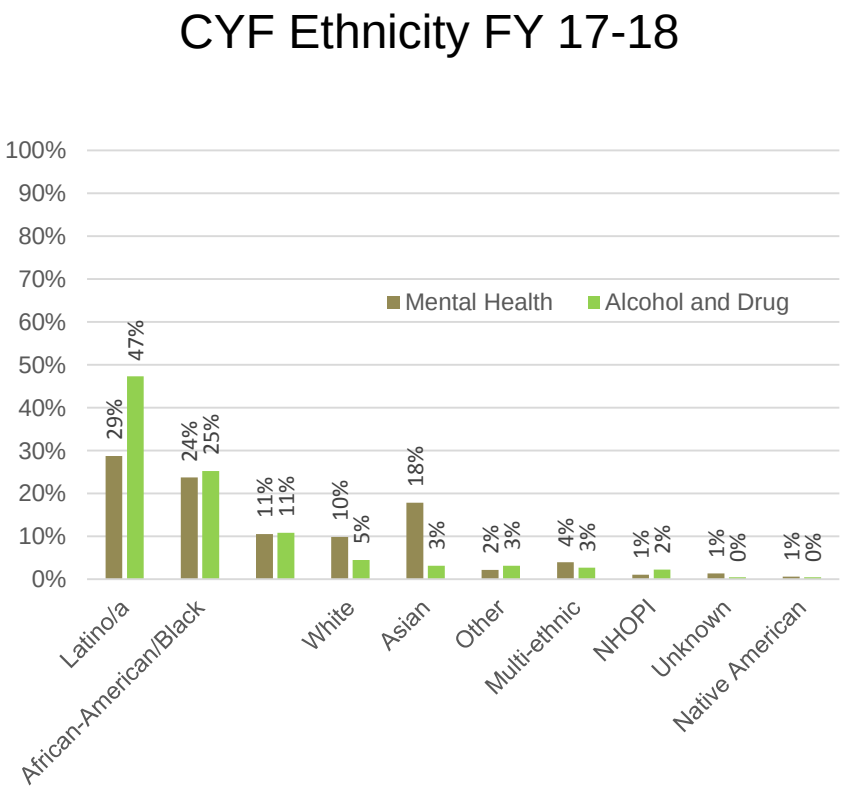
Clients Served: FY 2017-18

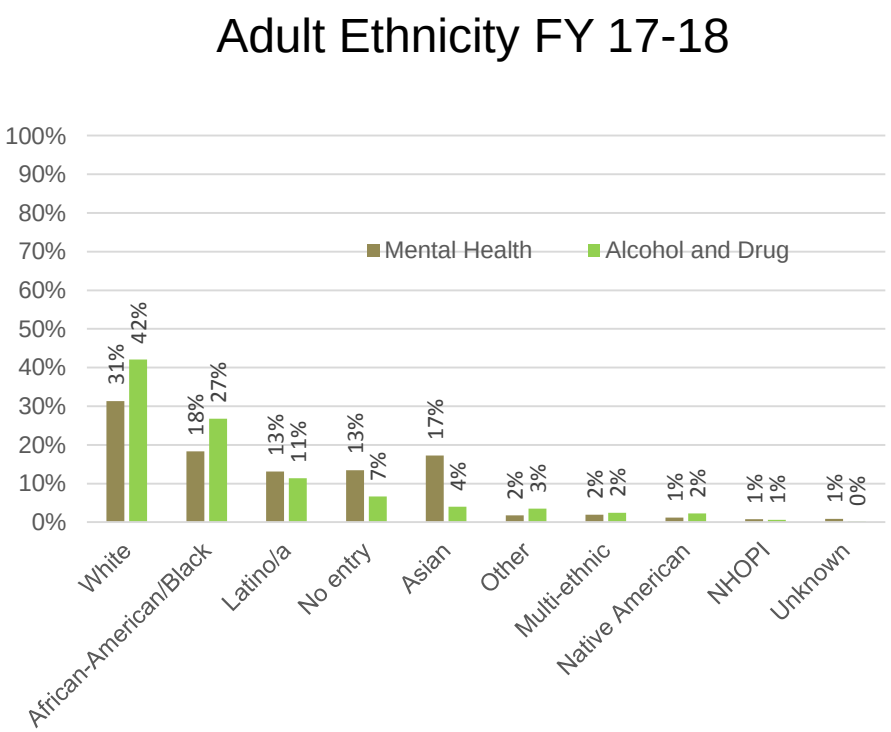
Mental Health Clients Served	
Provider	*Unduplicated Client Count*
Contract Providers	15,931
Civil Service Providers (including ZSFGH)	8,478
TOTAL UNDUPLICATED CLIENTS	21,884

Substance Use Clients Served	
Provider	*Unduplicated Client Count*
Contract Providers	6,611
Civil Service Providers (including ZSFGH)	NA

Clients Receiving Both MH *and* SU Services: 2,214

Ethnicity of Mental Health and SUD Clients





BOS AUDIT HIGHLIGHTS

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

2. **INTENSIVE CASE MANAGEMENT:** client flow and waitlist

3. **TRANSITIONS TO LOWER LEVELS OF CARE:** discharges and referrals from Psychiatric Emergency Services

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

BEHAVIORAL HEALTH SERVICE PROVIDER'S 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
- ✓ Real-time performance analysis, using Tableau (Business Intelligence Software)
- ✓ Civil Service productivity and performance monitoring have improved (by at least 1 rating point, on a four-points scale)

Documentation

- ✓ Improved documentation through Documentation Specialist, new Documentation Manual & Reference Guides, Training (300+) and Technical Assistance (800 charts reviewed)
- ✓ New Evaluation of Quality Assurance plans for all CBOs, focused on chart reviews
- ✓ New audit tools and documentation monitoring program for all Civil Service Clinics, to improve documentation & reduce error rates

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

- ✓ Started full review of current ICM cases to identify areas for improvement and reform
- ✓ Launched a new Transition Age Youth (TAY) System of Care Full Service Partnership/ ICM this year for up to 40 clients and added a mobile homeless treatment team
- ✓ Opening ICM slots and centralizing utilization management for a coordinated transition
- ✓ New BHS Performance Improvement Project with State DHCS focused on flow of clients from ICM to outpatient and capacity of step-down services
- ✓ Secured MHSA Innovation Project funding to support transition from ICM to outpatient services with peer linkage team and launching peer wellness team on the streets

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
- High Priority notifications and case reviews
- Additional staff resources at PES with focus on next step post-PES

✓ Community providers notification of discharge from PES and Inpatient Psychiatry

✓ Added Performance Objectives for providers for tracking follow-up

✓ Better documentation of discharge & referrals process and communication that will improve further with implementation of Epic electronic health record

COHORT OF ADULTS WHO DO NOT STABILIZE

RECOMMENDATION 6 & 7

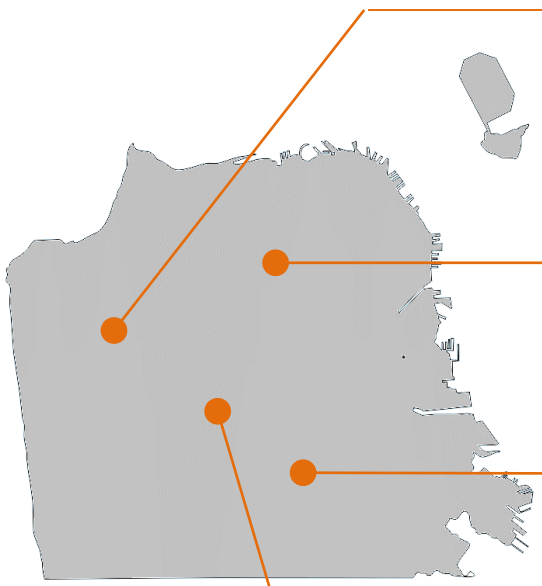
- **Whole Person Care:** collaboration and evaluation of high users
- **Medically Supported Housing:** collaborate with Department of Homelessness and Supportive Housing (HSH) to increase availability of housing

SFDPH-BHS RESPONSE – ONGOING IMPROVEMENT WORK

✓ BHS is integrated with Whole Person Care, a Medi-Cal funded interagency initiative focusing on high users of multiple systems and data sharing & 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.)

CHANGING CONDITIONS



BEHAVIORAL HEALTH WORKFORCE

POPULATION CHALLENGES

- (ex. increased meth use)

REGIONAL ISSUE

PLACEMENT IN LOWER LEVELS OF CARE

STRATEGIES & OPPORTUNITIES

NEW TOOLS TO ADDRESS CHANGING POPULATION

- SB 1045 Housing Conservatorship

INCREASED TREATMENT FOR SUBSTANCE USE & OPIOID ADDICTION

- Buprenorphine expansion
- Drug Medi-Cal - Expanded payment and coverage for substance use services
- Recovery Residence/Step Down

INNOVATIVE SYSTEM CHANGES ACROSS AGENCIES

- Whole Person Care
- Healthy Streets Operation Center
- Law Enforcement Assisted Diversion (LEAD)

EXPANDED SERVICES

- Hummingbird Place
- SF Healing Center
- Engagement Specialists
- Resources to respond to street conditions (HMIOT)