

Behavioral Health Residential Care and Treatment

San Francisco Department of Public Health

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City & County of San Francisco
Department of Public Health

Agenda

- Behavioral health residential bed types and current inventory
- Growth, losses, and staffing capacity
- Estimated needs
- Challenges and strategies



Current Residential Inventory: Overview

As of FY23-24, SFDPH has an **estimated 2,551** residential beds.

- **This total is an estimate** because it includes as-needed beds that are not contracted at fixed numbers and change based on needs and availability.

Mental Health Residential programs (~ 1,861 beds as of FY 23-24):

- Include both as-needed services (~638 beds) and services with fixed bed counts (~1,223 beds)
- Include in- and out-of-county beds (most services are in county)
- Offer a range of treatment lengths and intensities and population specific (e.g. seniors, criminal-legal-impacted)

Substance Use Residential programs (~ 690 beds as of FY 23-24):

- Substance use residential is mostly provided in-county, through contracted providers.
- Programs vary by length and intensity and include population-specific services (e.g., criminal legal system-impacted).



Current Mental Health Residential Types and Capacity

(Total: ~1,861)

Category	Type	Number of Beds
Emergency and Acute Care	Psychiatric Emergency Services	19
	Acute Psychiatric Inpatient Services <i>(as needed)</i>	78*
	Psychiatric Urgent Care (Crisis Stabilization)	9
Locked Residential Treatment	Mental Health Rehabilitation Centers / Locked Subacute Treatment (MHRC / LSAT) <i>(fixed bed count)</i>	101
	Mental Health Rehabilitation Centers <i>(as needed)</i>	39*
	Psychiatric Skilled Nursing Facilities <i>(as needed)</i>	160*
	State Hospitals <i>(as needed)</i>	23*
Voluntary Residential Treatment	Acute Diversion Units	50
	30/60/90-Day Residential	80
	6- to 12-Month Residential	52

Category	Type	Number of Beds
Low-Threshold MH Care	Emergency Stabilization Units	52
	Psychiatric Respite	57
Therapeutic Residences	Medical Respite	75
	Dual Diagnosis Transitional Care (Justice-Involved)	75
Residential Care Facilities	Residential Care Facility (RCF) <i>(fixed bed count)</i>	142
	Residential Care Facility (RCF) <i>(as needed)</i>	166*
	Residential Care Facility for the Elderly (RCFE) <i>(fixed bed count)</i>	59
	Residential Care Facility for the Elderly (RCFE) <i>(as needed)</i>	273*
	Co-Ops, Transitional Housing	351
Mental Health Housing		

*Estimate, including as-needed beds

Category	Type	Number of Beds
SUD Residential Treatment	SUD Residential Treatment	177
	SUD Residential Treatment - Justice Involved	40
	SUD Residential Treatment - Perinatal	41
	SUD Residential Withdrawal Management	66
Low-Barrier SUD Residential	Alcohol Sobering Center	12
	Drug Sobering Center	20
	Shelter with Wraparound Services for Women	8
Therapeutic Residences	Residential Step-Down (Recovery Housing)	271
	Managed Alcohol Program	15
Co-Ops	Co-Ops	40

Current Substance Use Disorder (SUD) Residential Types and Capacity (Total: ~690)



Behavioral Health Residential Growth

Since 2020, SFDPH has opened nearly 400 new residential behavioral health beds planned under Mental Health SF. Forty-four (44) beds remain to be opened.

- Represents a nearly 20% increase over baseline bed count of ~2,200 beds.

This residential expansion plan was shaped by:

- 2020 SFDPH Behavioral Health Bed Optimization Report
- Mental Health SF legislation
- Stakeholder input
- Ongoing data review

Emerging needs also led to opening of 36 beds beyond the expansion planned in 2020

- These include mental health transitional housing and residential withdrawal management.

Current inventory is estimated at ~2,551 beds.

- Includes estimated numbers of as-needed beds, which fluctuate based on needs and availability. Most as-needed beds are subject to competition with other counties.



Behavioral Health Residential Expansion Timeline



*Includes as-needed beds

Behavioral Health Residential Expansion In Progress

Additional bed expansion projects **in progress** include:

- Additional Enhanced Dual Diagnosis (18 beds)
- Transition-Age Youth Residential (10 beds)
- Crisis Diversion (16 beds)
- Dual Diagnosis Women's Therapeutic Residence for Justice-Involved Women (33 beds)
- SUD Stabilization (20 beds)
- Other projects pending approval of Behavioral Health Bridge Housing spending plan



Behavioral Health Residential Losses

- SFDPH contracts with Adult Residential Facilities (ARFs; aka RCFs) and Residential Care Facilities for the Elderly (RCFEs) that specialize in services able to meet the needs of behavioral health clients.
- Residential losses among SFDPH-contracted providers have primarily been among Residential Care/Residential Care for the Elderly Facilities (a.k.a. RCF/E or Board & Care)
- From FY 19-20 to present, 12 mental health RCF/Es contracted with SFDPH closed or ended their contract.
 - These included 11 in county
 - These represented ~ 60 beds
 - In most cases, SFDPH was able to successfully transfer clients to continue care. In some cases, the facility continued to operate after the end of a contract and the clients remained, with payment covered by SSI. In a small number of cases, clients transferred to another level of care, or decided to discontinue service.
- Losses among Board & Care providers not contracted with SFDPH are not reflected above.



Staffing Capacity

- Behavioral health workforce recruitment and retention are significant challenges.
- Vacancies reduce the effective behavioral health residential bed capacity when staffing ratios cannot be met.
 - For example, from July 1 - December 31, 2023, staffing shortages reduced mental health residential bed capacity by 15-20% among contracted programs.
- Providers work to maximize use of existing staffing to respond to needs.



Behavioral Health Residential Placement From Jail

- Jail discharge planning requires close collaboration with criminal justice and community partners including Sheriff, Probation, Pre-Trial Diversion, Public Defender, DA, Behavioral Health Services, and others.
- Time to placement in treatment depends upon many steps that must be executed by these stakeholders.
- Jail Health reports wait times have improved significantly over the past 18 months. Wait time from October 1 – December 31, 2023 was approximately 14 days, on average.



Estimating Current Behavioral Health Residential Needs

In 2023, DPH updated its 2020 behavioral health bed modeling to develop **preliminary recommendations** for the number of beds needed for 95% of clients to experience zero wait time.

- Project Goals:
 - Update 2020 analysis, using quantitative modeling, input from subject matter experts, and supplemental wait-time data and RAND analysis (2022)
 - Develop infrastructure to regularly track bed utilization and bed needs, optimize flow, and evaluate the impact of bed expansion investments on client wait times.



Residential Expansion: Preliminary Recommendations

Residential Type	Additional Beds Needed	Considerations
Mental Health Residential Treatment	~50	<ul style="list-style-type: none">• Includes different lengths of stay• Includes need for clients with specific needs (e.g., both severe mental health and substance use diagnoses; seniors; and perinatal clients)
Mental Health Rehabilitation Centers (MHRC) / LSAT	Estimated 55-95	<ul style="list-style-type: none">• Given current wait times• Potential for increase in demand under SB 43
Behaviorally Complex Therapeutic (Enhanced Residential Care / Residential Care for the Elderly	Estimated 20-40	<ul style="list-style-type: none">• Highly specialized level of care for complex, high-need clients difficult to place in care.

Residential Expansion: Preliminary Recommendations

Residential Type	Additional Beds Needed	Considerations
SUD Residential Withdrawal Management	~8-10	<ul style="list-style-type: none">Includes high-complexity withdrawal management for people with both severe withdrawal medical needs and other health needs
SUD Residential Step-Down	~20-30	<ul style="list-style-type: none">The number of clients served in RSD has increased as SFDPH has added capacity.
State Hospital Beds	Admission data needed to make a recommendation.	<ul style="list-style-type: none">These beds are managed by the State.2022 RAND analysis showed that access to these beds significantly contributes to the supply other beds types

Challenges

- **Workforce recruitment and retention** limit full use of existing capacity.
- **Procurement:**
 - SFDPH is, in some cases, unable to obtain available beds because a provider did not participate in the RFP process (e.g., located outside of county, opened after RFP was awarded)
 - Current procurement processes contribute to delays in providing timely and comprehensive care to those in urgent need.
- Challenging **placement of high-acuity and high-needs clients.**
- **Data limitations**
- **Local control:**
 - Competition with other counties for out-of-county and as-needed bed resources.
 - State Hospital beds supply not under local control.
- **New policy** presents both challenges and opportunities.
 - SB43 is likely to increase residential needs for some clients.



Strategies

- **Workforce recruitment and retention:**
 - CODB increase added to behavioral health contracts to support retention
 - SFDPH is working with DHR and has benefitted from many citywide improvements to hiring.
 - Controller's behavioral health staffing and wage analysis forthcoming
- **Procurement:** SFDPH is seeking a Competitive Solicitation Waiver to allow SFDPH to adapt to evolving mental health needs and quickly secure needed treatment beds
 - Thank you for your unanimous support of this legislation as it moves through the legislative process.
 - Access to a diversity of providers may improve challenging client placement.
- **Data limitations:** DPH is working to address workflows, staffing, and data infrastructure to address data needs.
- **Local control:** Support is needed to develop regional and statewide strategies to address needs across counties.
- **New policy:** Mayor's Executive Order created San Francisco's SB43 Executive Steering Committee to guide implementation of SB43.



Thank you