

Procuring Behavioral Health and Public Health Residential Care and Treatment Services

Rules Committee,
Board of Supervisors

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of "Bed" Contracting Legislation



DPH needs more flexibility to obtain additional residential care and treatment beds, in and out-of-county, to meet San Francisco's urgent behavioral health needs

- **Public Health Crisis:** San Francisco faces an ongoing public health crisis in which people with mental health and substance use disorders need residential care and treatment.
- **Market Constraints:** DPH 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 or opened after an RFP was awarded)
 - Limited availability of high acuity behavioral health beds in and out-of-county.
- **Service Gaps:** Current procurement processes contribute to delays in providing timely and comprehensive care to those in urgent need.
- **Timeliness is Key:** Acute need for a streamlined approach to address immediate mental health and substance use needs and reduce wait times for high acuity clients.
- **Protecting Priority Population:** Protracted contracting processes can put vulnerable clients at a disadvantage, requiring prompt legislative intervention.
 - San Francisco residents with serious mental illness and/or substance use disorder who are experiencing homelessness

Legislation Guidelines



The proposed ordinance would authorize the Department of Public Health (DPH) to directly purchase services from entities that provide behavioral health and public health residential and treatment services

- **Competitive Solicitation Waiver:** The ordinance will waive any competitive solicitation or local business enterprise requirements associated with procuring such services process for 5 years, expediting the procurement of essential services.
 - Allows DPH to adapt to evolving mental health needs and quickly secure needed treatment beds
- **Reporting Obligations & Accountability:** The streamlined process maintains transparency through rigorous reporting
 - DPH is committed to compliance with federal, state, and local contract monitoring requirements
- **Sunset Provision:** The legislation incorporates a sunset provision, allowing for a comprehensive review after 5 years to assess efficiency in meeting mental health needs and make necessary adjustments.

Legislation Guidelines



Additional behavioral health residential care and treatment services capacity

- **Expand capacity:** DPH can procure much needed beds including locked subacute treatment, behaviorally complex licensed treatment, mental health residential, substance use residential services including withdrawal management and step-down, psychiatric respite, emergency stabilization programs and others.

Responsive to other public health communicable disease isolation and quarantine needs

- **Rapid response for other public health residential care needs:** help DPH quickly respond to communicable disease isolation and quarantine (I&Q) needs – purchase beds on an as needed basis

Impactful Legislation Changes



Behavioral Health beds are an area where time makes an insurmountable difference

We need to have residential care and treatment options when a client is ready, and any delays can mean we lose someone from their path to recovery.

New bed contracting legislation aims to provide:

- **Reduced Wait Times:** Expedited bed acquisition aims to help reduce wait times for critical behavioral health services.
- **Diverse Provider Pool:** The ordinance will enable DPH to potentially tap a broader array of potential service providers, including those who may not engage in traditional RFP processes.
- **Flexible Client Placement:** Increased flexibility can help support tailored placement solutions for individuals with specific care needs.
- **Improved Disease Response:** The streamlined process enhances DPH's responsiveness to communicable disease isolation and quarantine needs.
- **Administrative Relief:** Alleviating RFP administrative burdens allows staff to prioritize critical behavioral health services.



Thank you!

Any questions?