SAN FRANCISCO

Review of LPS Conservatorship in San Francisco





- Lanterman Petris Short Act provides for the involuntary civil commitment and psychiatric treatment of individuals who are considered to be gravely disabled
- Grave Disability refers to the inability of an individual to provide for their basic needs (food, clothing, shelter) due to serious mental illness or chronic alcoholism



Recommendation: The Board of Supervisors should request the Director of Public Health and Public Conservator to report prior to June 2022 on the timeline and process for implementing a Memorandum of Understanding on their respective roles and responsibilities to better evaluate outcomes for individuals placed in temporary psychiatric holds or conservatorship.



- Memorandum of Understanding is in process
- Goal is to have completed by June 2022
- Engaged with an external evaluator to support critical analysis of shared data and develop a framework for monitoring outcomes on an ongoing basis. Draft framework anticipated at the end of CY21-22



Recommendation: The Board of Supervisors should request the Director of Public Health to present a report on

(a) the implementation of the State Auditor's recommendation to implement a systematic approach to identifying individuals released from psychiatric holds and connecting these individuals to services, and

(b) implementation of the Office of Care Coordination, including hiring of staff, establishment of case management and service coordination for individuals discharged from psychiatric holds and conservatorship, and tracking of individuals after discharge. This report can correspond to the Department's response to the State Audit report.



- Systemic Approach to Identifying Individuals released from psychiatric holds
 - DPH has met with the Hospital Council of Northern California twice
 - Enhanced data sharing and opportunities for intervention
 - Updated Delegated Agreements Pending
- Implementation of OCC
 - Individuals exiting involuntary holds is a priority population for OCC
- Increased Staff
 - 11 FTE
 - Managing coordination with hospitals including data analysis
 - Care coordination and follow up team



Recommendation: The Board of Supervisors should request the Director of Public Health to present an update prior to June 2022 on the purchase or contracting of 408 beds, including a timeline for completing purchase or contracting, potential or known barriers to purchase or contracts and action to address these barriers, and occupancy of these beds and impact on wait times for types of beds.



New Beds and Facilities	Residential System of Care
Add 400 new beds under MHSF	Maintain current portfolio of 2,200 pre-existing beds

Expand <u>existing</u> programs
Create <u>new</u> types of treatment programs

Monitor access & timelinessOversee quality improvementOperate new programs



DPH enlisted Mosimtec to conduct a comprehensive bed simulation based upon 25,000 admissions to Urgent Care, SUD and Mental Health in FY18-19.

Q. How many Behavioral Health beds are needed to maintain consistent patient flow for adult clients in San Francisco with zero wait time?

Bed Category	Recommended Expansion
Locked Subacute Treatment	31
Psychiatric Skilled Nursing Facility	13
Residential Care Facilities (Board and Care)	31
Residential Care Facilities for the Elderly	22
Mental Health Residential Treatment (12-month)	20



Goal: How many beds are required to optimize patient flow to provide the right care at the right time and right place.

Real Time Monitoring

Measure bed capacity and utilization through Findtreatment-SF.org
 Monitor inpatient psychiatry census
 Standardized quality metrics (access, service, timeliness, etc.)

Optimizing our bed supply is a dynamic and on-going process

• Next Bed Optimization Report – estimated December 2022



DPH Behavioral Health Residential Treatment Expansion

The San Francisco Department of Public Health (DPH) is increasing residential treatment and care services by approximately 400 overnight treatment spaces, or beds. The expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting.

Goal 30 Beds	Open 2021 Hummingbird - Valencia Status Serving clients Open 28 beds currently available	Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro
Goal 20 Est. Beds	Open 2020 Managed Alcohol Program Status Permanent location and additional funding will expand the program from 10 beds to 20 beds Open 10 beds currently available	Pilot Medical supervision for people with chronic alcohol dependency in a permanent supportive housing setting
Goal 20 Beds	Open 2021 12-month Rehabilitative Board and Care Status Serving clients Open Client placement varies	Pilot Out-of-county supervised living and treatment for people with chronic mental health illness and/or coming from locked facilities
Goal 31 Est. Beds	Open 2021 Mental Health Rehabilitation Beds (aka LSAT) Status Serving clients Open Client placement varies	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal 13 Est. Beds	Open 2022 Psychiatric Skilled Nursing Facilities (He PSNF) Status Serving clients Open Client placement varies	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal 20 Est. Beds	Opening Spring 2022 SOMA RISE (ska Drug Sobering Center) Status Completing construction 1 2 3 4 5 6	Pilot 24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services

KEY		March 22, 2022
Project Phases and Status ∆ MHSF legislation 1 Program design 4 Out for bid/contracting 2 Regulatory assessment 5 Community outreach & City approvals 3 Facility selection 6 Permit & construction		h & City approvals
Goal 75 Est. Beds	Opening Spring 2022 Dual Diagnosis Transitional Care for Justice Involved People Status Contracting in process	Transitional care for justice involved people with a dual diagnosis of mental health and substance use issue
Goal 69 Est. Beds	Opening Summer 2022 Residential Care Facility [△] (aka Board and Care)* Status Contracting in process 1 2 3 4	Supervised residential program for individuals with mental health issues who require assistance with activities of daily living.
Goal 6 Est. Beds	Opening 2022 Cooperative Living for Mental Health ^Δ Status Accepting applications 1 2 3 4	Communal living for people with chronic mental health and/or substance use Additional \$11M to stabilize leased properties available through MOHCD
Goal 16 Est. Beds	Opening 2023 Crisis Diversion Facility ^A Status Program design in development 1 2 3 4 5 6	Short-term, urgent care intervention as an alternative to hospital care
Goal 70 Est. Beds	Opening 2023 Residential Step-down - SUD ^A Status Active negotiations to acquire a building 1 2 3 4 5 6	Long-term sober living environment for clients coming out of residential care programs
Goal 30 Est. Beds	Opening 2023 Enhanced Dual Diagnosis ^Δ Status Contracting in process 1 2 3 4 2	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
Goal 10 Est. Beds	Opening 2023 Transitional Age Youth (TAY) Residential Treatment ^A Status Program design in development 1 2 3 4	Supervised treatment for young adults with serious mental health and/or substance use issues