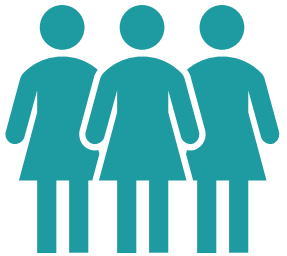
SFDPH Behavioral Health & COVID-19 Update

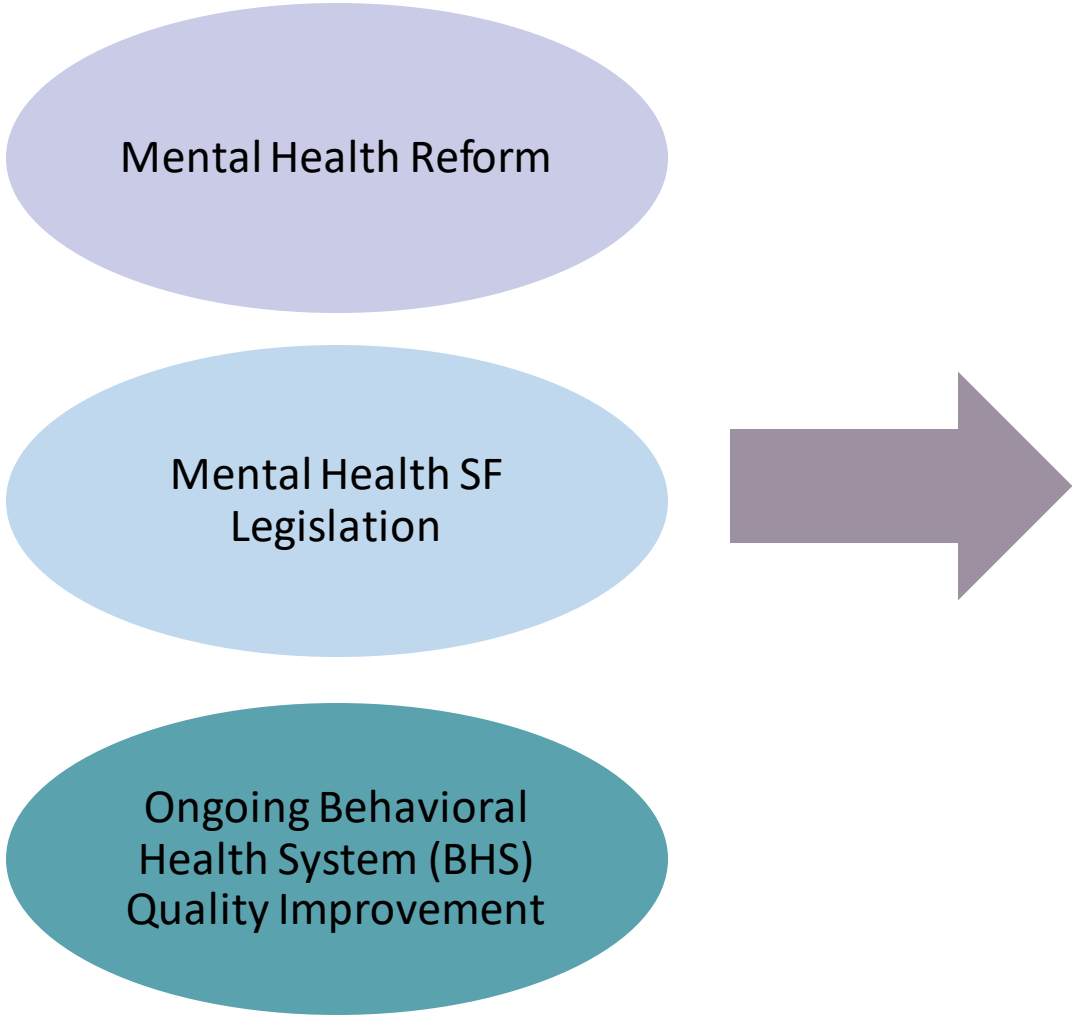
Board of Supervisors
Public Safety and Neighborhood Services Committee
June 25, 2020

Behavioral Health Services Update

- COVID-19: Enduring impact on services and clients
- Goal: To maintain momentum toward aligned reform efforts (Mental Health SF)
- Renewed focus on addressing street conditions and high-vulnerability clients
- First-of-its-kind quantitative study to improve patient flow in behavioral health beds



Behavioral Health Reform Vision



Shared Vision

For our clients

People experiencing homelessness have low barrier access to welcoming, high quality behavioral health care that matches their needs.

For our system of care

Design a system of care grounded in evidence-based practices that reduces harm, increases recovery, and is suited to efficiently deliver behavioral health services to people experiencing homelessness.

Current Budget Outlook: COVID-19 Impact

- 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
- Significant uncertainty remains
  - General Fund tax revenues
  - State and Federal revenues
  - ERAF funding is uncertain
  - Mental Health SF is expected to cost an estimated $100 million to implement

BHS Budget Priorities FY20-21

DPH behavioral health priorities include four main strategies:

1. Integrated behavioral health support for new COVID-19 programs (e.g. SIP Sites, Isolation and Quarantine Sites).

2. Street crisis response and outreach services

3. Care coordination to improve patient access and outcomes for the most vulnerable

4. Improving patient flow through behavioral health system using Dr. Nigusse Bland's analysis

COVID-19 Impact on Behavioral Health Clients and Services

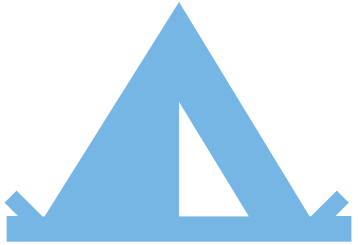
- Maintained essential services – including crisis services, pharmacy and 24/7 access line for substance use treatment – while protecting client and staff safety

- BHS staff deployed to integrate behavioral health into emergency response

- COVID-19 had major impact on flow through the continuum of care:
  - Limits on outpatient care, so clients receiving more services through telehealth
  - New safety protocols for entering PES; limited to strict 18-bed capacity
  - Shelter-in-place hotels are a new discharge destination for some clients
  - Reduced capacity in residential treatment
  - Clients are staying longer in residential treatment, because programs are not discharging clients who do not have a safe destination

Integrating Behavioral Health in COVID-19 Programs

- Collaborating with partner agencies through Unified Command at EOC
- Unsheltered Homeless COVID-19 Outreach Program
- Tenderloin Plan
- Harm reduction training, services and supplies in alternative housing program, Safe Sleeping Villages
- Comprehensive screening and referrals for all people admitted to Isolation and Quarantine and Shelter-in-Place hotels
- BHS Shelter-in-Place Model of Care



Street Crisis Response and Outreach

- Planning high-impact service model for people in crisis on the street
- Assessing, aligning and optimizing existing street outreach teams
- Building from foundation and learnings from LEAD initiative
- Collaboration with partner agencies (HSH, EMS, SFPD, HSOC)
  - Identify and implement safe spaces for people experiencing psychosis (ex. Drug Sobering Center)
- Daily bed capacity of existing resources can be found on FindTreatmentSF.org

Care coordination to improve patient access and outcomes

- Increase navigation services for people experiencing crisis
- Strengthen case management services for the most vulnerable
  - Continued progress on Shared Priority Project
  - Linkage case management
- Continued support for programs funded through state grants
  - Central City Hospitality House, Harm Reduction Therapy Center, UCSF Citywide Case Management, and Hummingbird Place
- Optimize utilization and flow through Intensive Case Management programs

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[1]

- 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.

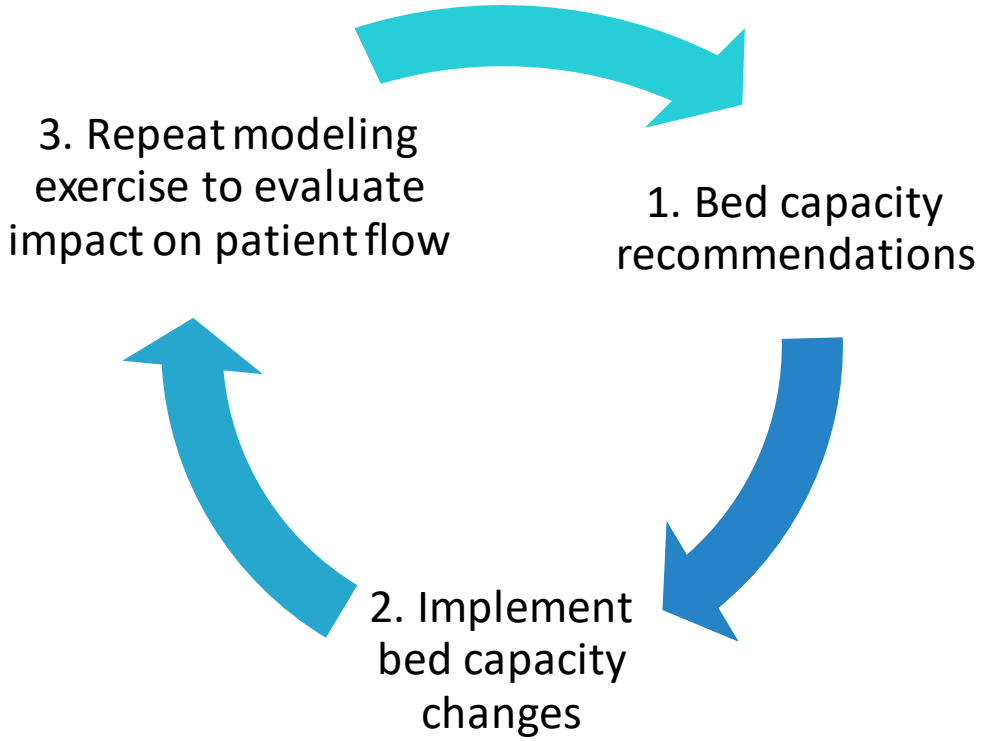
- These programs were aggregated to 19 "bed categories" incorporating the utilization of nearly 1,000 behavioral health beds and the admissions of over 7,000 clients.

[1] La et al. "Increasing Access to State Psychiatric Hospital Beds: Exploring Supply-Side Solutions." *Psychiatric Services*, 67:5, May 2016, 523-528. Devapriya et al. "StratBAM: A Discrete-Event Simulation Model to Support Strategic Hospital Bed Capacity Decisions." *J Med Syst,* 39:130, 2015, 130. Yin et al. "Applying Simulation Modeling to Quantify the Impact of Population Health and Capacity Interventions on Hospital Bed Demand" *Proceedings of the 2018 IISE Annual Conference*, 2018.

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 median cost per bed per day*



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

Commitment to Behavioral Health Reform Continues

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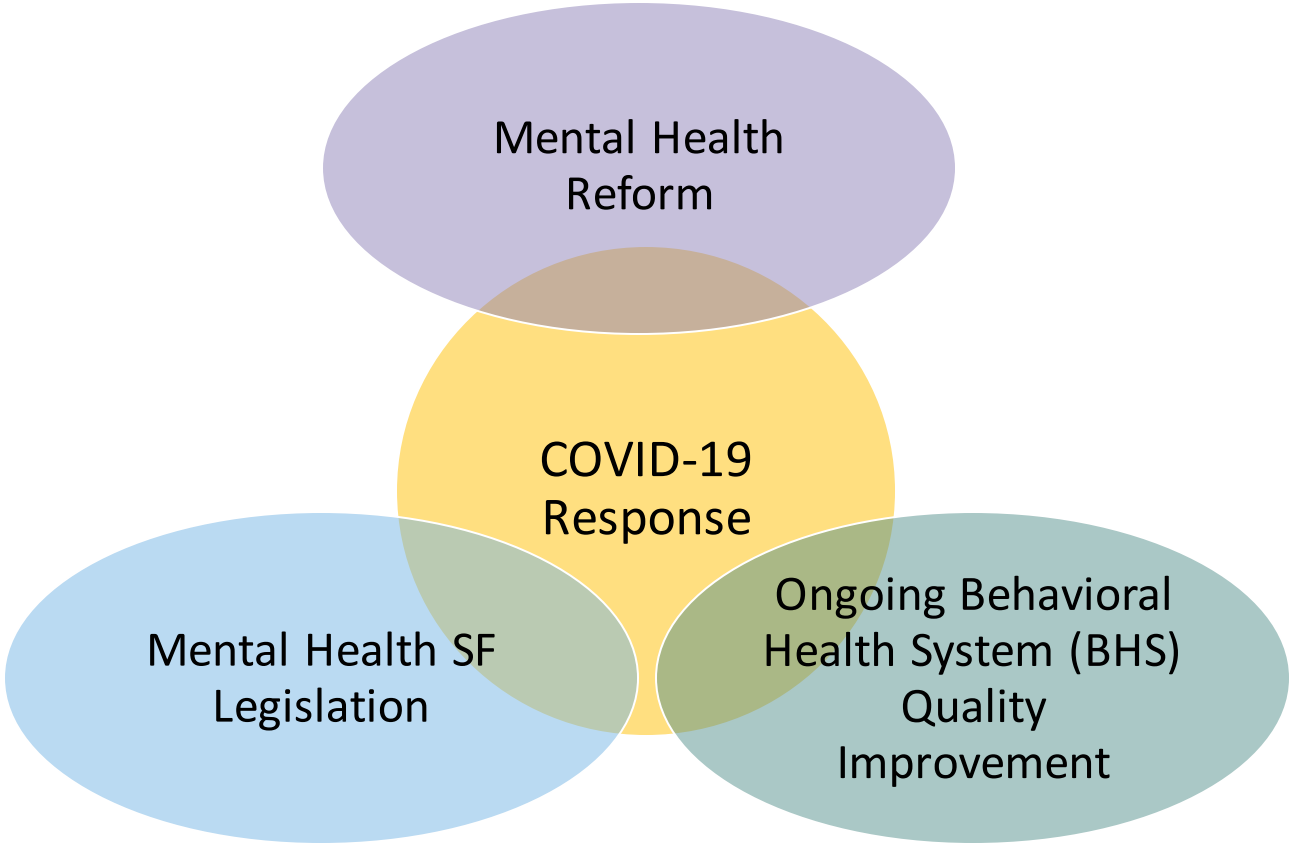

Thank you