



A Behavioral Healthcare Social
Change Model for San Diego
County
Draft for Discussion

*Neighbors Assisting Neighbors
To
Strengthen Solidarity*



Contents

Today’s Moral Imperative – A new Vision and Mission	3
Ecosystem Social Change Model.....	3
System framing of San Diego Behavioral Healthcare – No leadership and disconnected service delivery	4
Interdependent social change model – Uniting for population behavioral health.....	4
Accountability for collective outcomes – Surveillance reporting to guide action	5
Capacities for coordinated action and advocacy – Putting it all together	6
Convening stakeholders to address the big issues	7
Probing the status quo across an adapted intercept model	7
Instigating root cause analysis of critical events	8
Advocacy.....	8
For Our Neighbors	8

Philanthropy is uniquely positioned in the United States to galvanize social change. Unlike companies and governments, which are accountable to shareholders, investors, and taxpayers, philanthropy can be nimble, fill gaps, and innovate to address society’s greatest challenges. By investing in innovation, promising programs, and evaluation to demonstrate proof of concept, philanthropic capital can serve as an on-ramp for larger funding entities, such as government and private industry, to reach scale.

Mindful Philanthropy “The Case for Philanthropic Investment”

Today's Moral Imperative – A new Vision and Mission

The wellbeing of any community is strengthened by maximum citizen participation, but our country has had a history of shunning and sidelining those individuals with behavioral health problems. There is an economic cost to this as potentially valuable people are underutilized and there is a public safety cost as those untreated encounter the criminal justice system. But the greatest cost is the outsized burden we put on individual patients and their families to navigate a system that seems unable or unwilling to effectively care for them. If we are to be judged by how we treat those weakest in our community, behavioral healthcare must be improved.

In April 2023, the [San Diego Union-Tribune](#) made a compelling case for change in our county by following patients, clinicians, dispatchers, and police over a 3-day period. Their reporting brought humanity to the decades of decreasing mental health beds, increasing wait times for services, and increasing suicide and overdose rates. Their project is an urgent call for change.

NANSS Project believes the execution of an Ecosystem Social Change Model¹ can be the transformative approach to improve behavioral health in San Diego County. At its core, this social change model aligns interdependent organizations around population-level behavioral health outcomes. By focusing on the results we want for our county, we improve the well-being of all citizens.

Our Vision is that "All San Diegans have immediate access to behavioral healthcare that maintains their well-being." This vision addresses the need for equity (All San Diegans), the need for adequate capacity that matches the severity of need (immediate access), and the need for quality of care (maintains their well-being).

In other words, the same level of healthcare as for physical health!

With this in mind, the Mission becomes "Moving San Diego's behavioral health system from one of siloed interventions to one that provides overlapping accountability to client populations." Infusing every aspect of this approach is a radical accountability to patients that ensures they are getting their necessary care along the full continuum of need and, in no way, can they slip through the cracks between service providers.

Accountability for our neighbors' care is built in to the system

NANSS Project has initiated a behavioral health catalyst (Catalyst) to provide a forum for non-profits and other service providers to present their action plans to those who can advise, support, and fund their impact. Uniting funders, non-profits, and the wider behavioral health community, the Catalyst can be the structure to initiate our change model.

Ecosystem Social Change Model

The strategic framework to achieve this mission can be adapted from Ebrahim's Ecosystem Social Change Model and includes four components:

- System framing of the social problem
- An interdependent social change model
- Accountability for collective outcomes
- Capacities for coordinated action and advocacy

¹ Ebrahim, Alnoor. Measuring Social Change: Performance and Accountability in a Complex World (p. 179). Stanford University Press. Kindle Edition.

Adapting these components to behavioral health in San Diego County sets out an approach to realize the vision and mission for improving care.

System framing of San Diego Behavioral Healthcare – No leadership and disconnected service delivery

Behavioral healthcare in San Diego is provided through a wide range of service providers and payers that are largely disconnected from one another and do not always share data. Importantly, there is no single position or coordinating body responsible for behavioral health in our community (or State or Country) resulting in *abdicated authority*² that leaves decision-making to each stakeholder’s financial and capacity discretion.

We have the knowledge and resources, yet no collective strategy to address the mental health needs of all people at all levels of severity. Philanthropy must seize this moment of opportunity and meet the growing need with a proportional, coordinated response in order to prevent, mitigate, and address the growing mental health challenges in the United States.

Mindful Philanthropy "A Roadmap for Strategic Investment"

This leadership vacuum opens the door for philanthropy to assume the mantle and nudge this ecosystem from its current state to one that fulfills our vision of improving and maintaining community wellbeing. A core catalyst of prominent, engaged philanthropic funders setting consistent expectations for improved outcomes will change the dynamic for the non-profits it directly funds and set the tone for the broader behavioral healthcare system.

Overview of the San Diego Behavioral Health Ecosystem

- ❖ Payer Constellation (MediCal, Private Insurance, Self-payers)
- ❖ Non-profit Constellation
- ❖ Veterans’ Affairs Constellation
- ❖ BH Clinic Constellation
- ❖ Telehealth service provider constellation
- ❖ Hospital Systems BH Departments Constellation
- ❖ Private practice therapists/psychologists/psychiatrists constellation
- ❖ County of San Diego MediCal payer system
- ❖ County of San Diego Service provider system (clinics and mental health hospitals)
- ❖ Broader Social Determinants of Health

One of the first action items will be to delineate these various constellations and map the linkages between them. Additionally, there will be a need to document the policies and funding models guiding each of these constellations. Understanding the pulsions and mapping these orbits will reveal the leverage points for the Catalyst to begin achieving our vision.

Interdependent social change model – Uniting for population behavioral health

Because of the expanding behavioral health crisis, multiple ongoing policy and industry interventions are to be expected. But no matter how well-meaning the intentions, these disruptions, haphazardly implemented, will unlikely improve care outcomes for San Diego.

² “At heart, it refers to how governments fail to coordinate and regulate the exercise of their own power. In so doing, they avoid the costs and difficult choices that the accountable exercise of that power entails.” Barnard, Alex V.. Conservatorship: Inside California’s System of Coercion and Care for Mental Illness (p. 386). Columbia University Press. Kindle Edition.

However, one transformative trend is the movement towards a population behavioral health approach and implementing this with intentionality provides the Catalyst a means to re-orient the care system. At its core, this approach moves the care system from one that is specialist/diagnosis focused to one that optimizes behavioral health across the continuum of need prioritizing prevention and mitigation. This puts behavioral health through a public health lens best described by CEA Winslow as *"The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals."*³

Behavioral health (mental health, substance use disorders (SUD), and overall psychological well-being) is influenced by a variety of genetic and environmental factors. This means adequate care depends not only on a diagnosis from a specialist, which may happen only at a critical point, but also must consider the social determinants of health (SDoH) where preventative and early intervention care may be more beneficial. There is no fixed point of behavioral wellness, but rather, it is a continuum that can change over time depending on an individual's needs and changes in the community. This requires communities to build the capacity to address behavioral health problems across the continuum and as the environment dictates.

The Centers for Disease Control, the American Psychological Association, and other organizations have supported a population behavioral health framework to promote the wellbeing of an entire population including individuals within those populations. The goal of this approach is optimal behavioral health across the continuum of need and, importantly, it is implemented at the local level to ensure it best meets community needs.⁴

Accountability for collective outcomes – Surveillance reporting to guide action

Supporting the population behavioral health framework requires a reporting system that accurately monitors community wellbeing and provides stakeholder accountability.

In the population behavioral health framework there is also recognition that multiple factors can have an impact. Federal, State, and Local regulations and policies, natural disasters, economic disruptions, and many other factors can lead to changes in behavioral health outcomes. So, an important role of any reporting system is to act as a surveillance mechanism alerting the community to potential issues and providing a guide as to what environmental changes may have caused those deviations.

As the goal of the population framework is optimal behavioral health and well-being across the continuum of needs, these are the outcomes that any reporting system must capture. Additionally, metrics would also be required for all categories of a complete reporting system⁵:

- ❖ Demographics, Social Determinants of Health, and demand for services
- ❖ Inputs in terms of resources, staffing, facilities serving the population
- ❖ Outputs in terms of clients served and/or impacted
- ❖ Intermediate outcomes that should be leading us to our desired state
- ❖ Efficiency in terms of the cost of inputs to provide
- ❖ Qualitative and quantitative explanatory information that can help all stakeholders understand the reporting

³ Centers for Disease Control and Prevention (CDC). Introduction to Public Health. In: Public Health 101 Series. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2014. Available at: <https://www.cdc.gov/training/publichealth101/public-health.html>.

⁴ Evans, Arthur C.; Bufka, Lynn F. "The Critical Need for a Population Health Approach" Preventing Chronic Disease Volume 17, E79 August 2020. Accessed October 24, 2023 https://www.cdc.gov/pcd/issues/2020/20_0261.htm

⁵ Hatry, Harry P. "Performance Measurement: Getting Results 2nd Edition" 2006 The Urban Institute Press 2006

The reporting system should be a foundational element of any attempts to improve behavioral health in the community. Stakeholders must be able to indicate which metrics will be improved by proposed changes. Indeed, an effective reporting system can provide transparency, insight, and a level of oversight that unites public and private initiatives to ensure that a community is improving. Further, this tool should help prioritize programs and funding that will have the most positive and the most immediate impact.

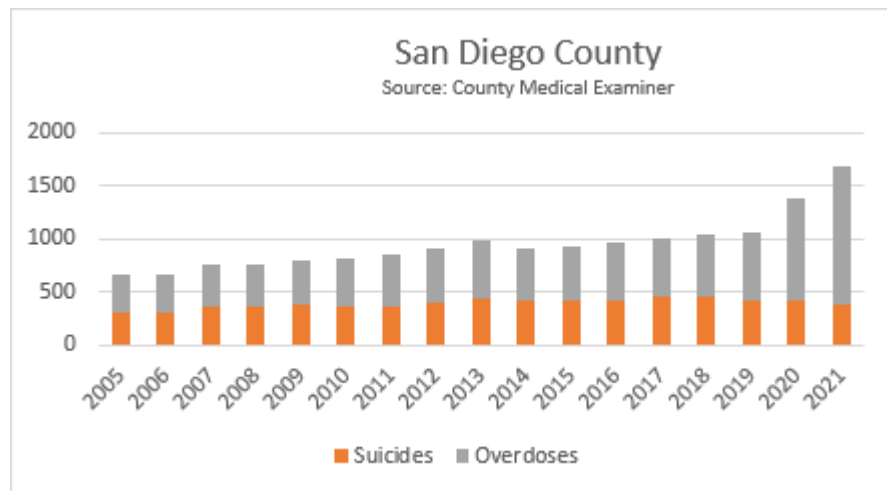
Eventually, to be effective, the reporting system must be consistently and persistently updated and socialized among policymakers, government department leaders, non-profit executives, private practice organizations, and other stakeholders who are responsible for bringing about change in this area.

And while stakeholder accountability is a key component of this reporting system, there may be limited ability to demonstrate individual attribution to overall population behavioral health. The Catalyst must continuously analyze the reporting to be confident the dozens of organizations and interventions collectively are achieving the desired outcomes.

That is both the paradox and beauty of ecosystem orchestration: to focus the entire system on accountability for outcomes while taking little individual credit for the results.⁶

NANSS Project has published a Request for Information (RFI) to initiate a dialog with interested private, public, philanthropic, and academic entities that want to assist in creating or have input to, a population behavioral health monitoring system that can be used to effectively evaluate the quality of behavioral health in a community. <https://nanssproject.org/wp-content/uploads/2023/11/NANSS-ReportingSystem-RFI-231016-v1.00.pdf>

The Catalyst can use suicide and drug overdose rates as an interim proxy while the reporting system is being developed. These statistics are available and provide a foundation for constructive engagement. The need to reverse current trends is urgent, and the Catalyst can nudge stakeholders to specify how their activity improves outcomes.



Capacities for coordinated action and advocacy – Putting it all together

Informed by population behavioral health reporting, the Catalyst can orchestrate coordinated action through three broad approaches:

- Convening stakeholders to address the big issues
- Probing the status quo across an adapted intercept model
- Instigating root cause analysis of critical events

⁶ Ebrahim, Alnoor. Measuring Social Change: Performance and Accountability in a Complex World (p. 211). Stanford University Press. Kindle Edition.

Convening stakeholders to address the big issues

Staffing and facilities

Foundational to serving San Diego's behavioral health needs is adequate infrastructure: staffing and facilities. San Diego Workforce Partnership estimates 18,500 behavioral healthcare workers must be hired over the next several years and Scripps Health CEO has estimated the number of behavioral health beds must double. Further, substance abuse organizations are turning away patients for lack of facilities.

The practical activity in this strategy is to unite public and private healthcare providers to delineate exactly the staffing and facilities they plan to put in place. This must be evaluated, any gaps identified and closed, and ultimately, a county wide infrastructure implemented.

A starting point for this work can be the 2018 Behavioral Health Analysis⁷ produced by the Hospital Association of San Diego and Imperial County. This started out as a coordinated public and private sector action plan for behavioral health. Ultimately, though, County staff pulled out citing conflicts of interest and, seemingly, the still relevant action items from that analysis were never followed up.

Reimbursement for services

Directly connected to the lack of staffing and facilities, is the problem of adequate insurance reimbursement to service providers. Hospital systems point out that any care they provide to mental health patients is reimbursed below their cost. At the same time patients on private insurance have been encouraged to move to Medicare to receive more robust services. And to address the on-going behavioral health crisis, rules are a changing to expand the service providers that can bill Medicare/Medicaid for mental health and substance abuse care.

In general, the reimbursement landscape is changing quickly and there is a need to convene stakeholders to ensure the changes are leading to improvement and to disseminate accurate information to all those impacted. In turn this activity directly feeds the advocacy work noted below.

Probing the status quo across an adapted intercept model

Taking a public health approach, the Catalyst can probe at important intercepts to determine whether adequate behavioral health systems are in place to care for our community. Eventually this activity will be informed by and monitored through the population behavioral health reporting system. These intercepts include:

Prevention – The scale of the current behavioral health crisis cannot be overcome without a focused emphasis on prevention. Pre-natal care, coping/well-being skills training, physical health care, intense evaluation of local social determinants of health, and other evidence-based approaches alleviate the need for acute and specialized care. These initiatives must be expanded and monitored for success.

Detection – Meeting people where they are and determining if they have, or are at risk of having, behavioral health issues can pre-empt later crises. Some critical intercepts where detection is effective are:

- ❖ Primary Physical Care
- ❖ School
- ❖ Workplace
- ❖ Criminal Justice System

Diagnosis – Correctly diagnosing behavioral health issues is not only important for individual treatment plans but also for determining interventions to the broader social determinants of health.

Treatment – Ongoing evaluation of program and system effectiveness informs the behavioral health community and allow for the quick adoption of best practices and identify roadblocks to treatment.

⁷ <https://hasdic.org/wp-content/uploads/sites/4/2022/04/HASDIC-BH-Analysis-Nov-2018.pdf>

Post-crisis – Crises present high risk events at the individual (suicide attempts or drug overdoses) and community (pandemics, violence, or natural disasters) levels that require adequate systems to maintain wellbeing.

Each intercept has service providers that can be guided by population metrics to become accountable to their client populations. The Catalyst can use this approach to proactively engage this community creating expectations for overall outcomes.

Instigating root cause analysis of critical events

Critical events, while unfortunate, do provide the opportunity for improving our behavioral health care system and, currently, no forum exists to evaluate system failures. The Catalyst can instigate structured approaches to learn from critical events using the results to initiate change. Tools like Root Cause Analysis (RCA)⁸ seek to determine the issue or set of issues that resulted in undesired outcomes so that corrective actions can be developed. And prospectively, failure modes effect analysis (FMEA)⁹ looks at existing systems to determine potential problems. These tools, and perhaps others, allow the Catalyst to engage the behavioral health care community to identify and address systemic issues that are leading to poor outcomes.

Advocacy

Perhaps the most challenging role for the Catalyst will be building the capacity for joint advocacy. The ecosystem contains many disparate members with unique goals and operational models that may be challenged by certain changes. Nevertheless, successfully achieving our vision will require effective coalition building and community engagement.

Coalition building

The behavioral health care community faces many difficult and complex issues beyond its immediate control. The Catalyst can help synthesize problems, devise strategies, and unite stakeholders in creating powerful coalitions to engage industry, policymakers, and other groups necessary to achieve our vision.

Community engagement

Ultimately the community, not the Catalyst, must be demanding quality behavioral health care. Citizens must know what they should expect from a system that is intentionally designed to support their well-being and they should know how to voice their demands for such a system. An educated, informed, and empathetic community will be the greatest motivator for improvement. The population behavioral health reporting system will go a long way to supporting this effort and must be consistently and persistently communicated.

For Our Neighbors

Our country has never done well caring for those afflicted with behavioral health issues, but San Diego County is in a unique position. On one hand we have one of the most vibrant biotech hubs in the world creating amazing new cures and therapies. On the other we have a uniquely strong demand for behavioral health services driven by our proximity to military bases, large indigenous and migrant populations, and an aging demographic among other issues. And in between we have an incredible, dedicated behavioral health workforce. Our work must bring all these together to create a world-class system of care.

San Diego County being the fifth largest in the country—1% of the population—means getting it right here reverberates widely

⁸ Though many RCA approaches exist, this is adopted from <https://www.phf.org/resourcestools/Documents/Root%2oCause%2oAnalysis-%2oDuffyMoranRiley.pdf>

⁹ Adopted from <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/guidanceforfmea.pdf>