

Better Health for All*County of Santa Clara Health System*

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
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DATE: November 5, 2021

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: René G. Santiago, Deputy County Executive/Director, County of Santa Clara Health System (Health System) 
Sherri Terao, Director of Behavioral Health Services Department (BHSD) 

SUBJECT: Residential Care Facility Real-Time Dashboard and Zoning Ordinance

During the Finance and Government Operations Committee (FGOC) on September 21, 2021 (Item No. 3), Supervisor Lee requested that the BHSD provide an off-agenda report on information that BHSD gathered from Los Angeles County relating to a real-time residential care facility bed registry or dashboard and information gathered from San Francisco County on the implementation of zoning ordinance aimed towards increasing/retaining residential care facilities.

Los Angeles County Residential Care Facility Real-Time Bed Registry Overview

On June 10, 2021, Los Angeles County (LAC) implemented their licensed Residential Care Facility (RCF) bed registry for its licensed Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE) as part of the Mental Health Resource Locator and Navigator (MHRLN). Implementation took approximately 6 to 8 months. MHRLN is an application that tracks bed registry, waitlist, case management, and placements for all RCF's in LAC and is updated twice a day on average.

The LAC Department of Mental Health (DMH) pays the Supplemental Security Income (SSI) rate for clients to stay at ARFs and RCFEs and make referrals based on bed availability in MHRLN. RCFs have many vacancies with SSI rates being low, which provides leverage for RCFs to maintain their bed registry information in the MHRLN. LAC has approximately 450 non-contracted RCFs registered on MHRLN, all of which have their facility and bed registry data available in the bed registry application. Approximately 200 are long-term board and care facilities.

LAC had a tremendous amount of interest from service providers who wanted access to the bed registry application. The soft launch of MHRLN started with 20-30 providers, and subsequently, more trainings were offered to service providers, increasing to over 60 providers utilizing MHRLN. Providers can narrow down RCFs based on preference using the filter feature. Options include, but are not limited to, bed types, distance, level of care, gender, bed availability, languages serviced, and types of insurance, etc.



For immediate data extracts, a dashboard and basic filters are built into the application and can be modified based on viewers' preference. Customized reports outside of the MHRLN system have not been developed by LAC due to lack of resources.

Application Budget

LAC procured a contractor, RSM Technology, a Microsoft Certified Partner, to develop MHRLN using Microsoft Dynamics 365 software through a one-time fund of approximately \$298,000 from LAC's General Fund. On top of that, the Dynamics 365 license cost is bundled with other Microsoft Office products, their monthly subscription cost is between \$30-50 per user. LAC DMH has approximately 6,000 users and their per user cost was negotiated based on the number of users. The monthly costs provide Dynamics 365 level access. This access is for users who maintain RCF profiles, and while there are currently no costs for portal only access, Microsoft is revising their agreement to charge for portal access in the future. In addition, LAC pays \$1,500 annually for MHRLN to interface with LAC's bed management system, ReddiNet. ReddiNet facilitates information exchange among hospitals, Emergency Medical Services (EMS), paramedics, law enforcement and other healthcare system professionals over a reliable and secure network. Any additional modifications made by LAC to the MHRLN application that are not part of the license is maintained by LAC staff.

Application Maintenance

RSM Technology provided technical training sessions to the DMH development teams and provided support and maintenance and User/Super User training to users and subject matter experts, including LAC's RCFs, who are responsible for maintaining their facilities' profile and are requested by LAC to provide updates to be completed at a minimum of twice a day in MHRLN. LAC DMH has a one part-time Developer trained on MHRLN and Microsoft 365, and this individual is responsible for modification requests in the application. All other staff that help maintain the MHRLN system are current LAC employees that had their job duties modified to include the MHRLN application.

Based on this research, the development and maintenance of a bed registry for both contracted and uncontracted RCFs in Santa Clara County would be a significant endeavor requiring significant resources, including, but not limited to, start-up and ongoing funding (for upgrades, maintenance, software changes, vendor selection, licensing fees, etc.); staffing to hold RCFs accountable and manage compliance with updates; ongoing trainings/technical assistance for both contracted and non-contracted RCFs; and sufficient time investments while balancing the development of other new projects and expansions throughout the continuum of care.



City and County of San Francisco Zoning Ordinance

In 2018 the City and County of San Francisco (SF) passed an ordinance to allow RCFs with seven or more people to be principally-permitted in certain districts, including RH-3 zoning (Residential, House, three-family unit), which removes SF's Conditional Use Authorization (CUA) requirement. SF's 2018 ordinance allowed RCFs to renovate their facility by bypassing SF's CUA process if they were in a principally-permitted RH (Residential, Housing) districts, which enabled the RCFs to increase their bed capacity.

An 18-month Interim Zoning Control passed in October 2019, requiring a CUA to convert a RCF to another use. The Interim Zoning Control ordinance was put into place due to the decline in RCFs in SF. A CUA requires the Planning Commission to hold a hearing to determine whether a proposed use is necessary or desirable to the neighborhood location of the RCF and assess whether the proposed use may potentially have negative impact on the surrounding neighborhood and whether it complies with SF's General Plan.

On September 29, 2021, SF passed an Ordinance amending its Planning Code to:

1. Require CUA for a change of use or demolition of a RCF, and consideration of certain factors* in determining whether to grant a CUA.
2. Eliminate the requirement of a CUA for a RCF of seven or more people in RH Districts.

The CUA process and additional considerations allow San Francisco city agencies and advocacy groups to be a part of the process through public hearings and grant more opportunities for its city agencies and other licensed providers to preserve these essential facilities. SF's 2021 ordinance permanently eliminates the CUA for RCFs of seven or more in all RH districts in SF. SF does not currently have enough data to determine the impacts of the zoning ordinance and whether it supports the creation of more RCFs or not.

***Certain factors:** Information from the SF County Department of Public Health, Human Services Agency, SF County Department of Disability and Aging Services, the Golden Gate Regional Center, and/or the SF Long-term Care Coordinating Council with regard to the following: population served, nature and quality of services provided, and capacity to the existing RCF; Data on available beds at licensed RCFs within 1-mile radius of the site and an assessment from any of the above agencies as to whether the available beds are sufficient to serve the need for residential care beds in the neighborhood served by the RCF proposed for demolition; Whether the RCF proposed for a change of use or demolition will be relocated or its capacity replaced at another RCF and whether the relocation is practically feasible; and whether the continued operation of the RCF by the current operator is practically feasible and whether any other licensed operator or any of the above agencies has been contacted by the applicant seeking the change of use or demolition, or has expressed interest in continuing the facility.

cc: Miguel Marquez, Chief Operating Officer
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