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MINUTES

CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE

Tuesday, October 21, 2008

2:00 p.m.

101 Grove Street, Room 220

San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Melara called the meeting to order at 2:05 p.m.

Present: Commissioner Sonia E. Melara, MSW, Chair
Commissioner Margine A. Sako, Member, arrived at 2:25 p.m.
Commissioner Steven Tierney, Ed.D., Member
Commissioner James M. Illig, Ex Officio, arrived at 2:08 p.m.

Staff: Luis Calderon, Targeted Case Management, Barbara Garcia, Community Programs, Liz Gray, Long Term Care, Anne Kronenberg, Policy and Planning, Gene O'Connell, San Francisco General Hospital, Adrienne Tong, Laguna Honda Hospital and Marc Trotz, Housing and Urban Health.

Guests: Steve Fields, Progress Foundation, Ron Smith, Hospital Council, Abbie Yant, St. Francis Memorial Hospital, Phil Arnold, Department of Human Services, Marie Jobling, Long Term Care Coordinating Council, Sandy Mori, Long Term Care Coordinating Council, Dick Hodgson, San Francisco Community Clinic Consortium, Michael Huff, Community Benefits Partnership.

2) **APPROVAL OF THE MINUTES OF THE AUGUST 19, 2008 CHPEC MEETING**

Action Taken: The Committee (Melara, Tierney) approved the minutes of the August 19, 2008 Citywide Health Planning and Effectiveness Committee meeting.

3) **FOR DISCUSSAN FRANCISCO COMMUNITY BENEFITS PARTNERSHIP UPDATE**

Anne Kronenberg gave an overview of Community Benefits Partnership (CBP) activities. The group has begun to flesh out what asset mapping is about and beginning to identify the types of assets they want to focus on and are considering a collaboration with the UCSF School of Nursing. CBP is connecting back with Barbara Garcia's working groups to ensure that everyone is moving forward in a coordinated fashion. Ms. Yant said they are recruiting new members, including a representative from DAAS. She also said that on November 7th, 9:00 a.m., a guest from Lucille Packard Foundation will speak to the group about data collection and design of their website www.kidsdata.com.

Commissioner Illig asked what they plan to do after asset mapping is complete. Ms. Kronenberg said they will review resources by neighborhood and by issue (i.e. access to care), then identify the gaps, research what is working in other communities, and ultimately make recommendations for new programs. Ms. Yant said they are still in the creative thinking stage, but they have a template that gives a sense of what they are looking for. She will send this template to committee members. Commissioner Illig is concerned that this great work will not have any outcome, as has happened with similar efforts in the past. Ms. Kronenberg said the what this effort has that previous efforts did not is the partnership with private hospitals, all of whom have community benefits requirements. This process will help focus hospitals' allocation of resources.

4) **FISCAL YEAR 2009-2010 BUDGET PRINCIPLES**

Commissioner Tierney provided background on the deliberation process to date and said the principles include a lot more language this time about partnerships and enhancing the way we treat partners. The language has been revised to reflect much input. The important work is to make sure that as the Commission deals with mid-year budget cuts and next year's budget it is clear about what the priorities are and what process exists to make sure that partners are included in the preparation of all the budgets that move forward.

Steve Fields said the language in the preamble provides clarity and he supports the inclusion of moving away from institutionalization into community services. He wants to be sure that there is an ongoing way to continue the discussion on priorities. His primary concern is that the principles are not unified. He is also concerned that including suggested strategies in a set of principles is unwise, even if the strategies may make sense.

Commissioner Illig moved that the italicized strategies under Principle 8 and Principle 10 be removed, and let the department return to the Budget Committee with a set of implementation strategies.

Commissioner Tierney agrees that operating principles do not belong in overarching guidelines.

Ms. Garcia noted that she is in the process of hiring a facilitator to continue the budget planning process she has already begun. She sees this as at least a two-year process. They will also be

bringing in an expert group of clinicians that will be providing expertise on primary care and behavioral health integration. And finally they are looking for additional expertise on Short-Doyle. All of these are long-term processes that should inform the budget discussions in the coming years.

Action Taken: The Committee (Tierney & Melara) approved the budget principles as listed minus the italics that were listed to support Principles 8 and 10.

5) PRESENTATION AND DISCUSSION OF LONG-TERM CARE SYSTEM IN SAN FRANCISCO

Liz Gray gave an overview of long-term care services. She discussed the reorganization of long-term care, which is being rapidly implemented. With the hiring of the deputy director and the TCM director, she can now achieve the goal to set up long term care services as it was meant to be, where she will perform the role of policy and planning and Kelly Hiramoto, Luis Calderon and Susie Reichert would lead their respective divisions: Placement; TCM; and Operations. Ms. Gray described the services administered in long term care. One of the most difficult tasks is the acute inpatient unit. They are seeing very acute patients on inpatient psychiatry, and it is a difficult process to get these clients at the right level of care.

Ms. Gray said San Francisco contracts for 41 beds within the state hospital systems. Most admissions result from a forensic patient who transfers out of the state prison system into state beds. CCSF very rarely gets to use these beds for its own admits. This is hard to manage.

LTC Services Goals

- Reduce reliance on highest levels of care including medical/psychiatric SNF, MHRC, IMD.
- Provide additional community resources for patients formerly “warehoused” in LTC/state hospitals including medical/psychiatric RCF/E, SRO, scattered site independent housing, home modifications/supports, etc.
- Set new benchmarks for LTC contractors with expectation of length of stay and provision of outcomes with monthly reporting to LTC Services.
- Continue collaborative work with Department of Aging and Adult Services as lead on the Chambers Case, including implementation of DCIP and collaboration on data and reports.
- Continue collaborative work with LHH to bring LHH census to 780 by spring 09
- Continue to focus on diversion work

Her goals as long term care director include bringing stakeholders to the table to being development of a five-year strategic plan for DPH LTC services and to establish a LTC Services Advisory Committee.

Comments/Follow Up

- Commissioner Tierney asked how we maximize the efficiency to ensure that one client is not intensively case managed by three different agencies. Ms. Gray is working with Ms. Garcia on coordinated case management. Through this program staff can identify the case manager or managers, and coordinate care through them.
- Commissioner Sako asked if keeping someone in an appropriate level of service is a challenge. Ms. Gray said this is definitely a challenge. Many people that need placement do not meet the

criteria to be conserved, and can leave voluntarily, even if he or she has been appropriately placed.

- Commissioner Illig asked for a breakdown by diagnosis of the LTC clients. Ms. Gray said they can track patients any number of ways, and can provide this data to the committee when the RTZ system goes live. She will let the committee know when this will be. Commissioner Illig asked how DPH LTC uses the Community Living Fund. Ms. Gray said it is an invaluable tool to Luis Calderon at Laguna and an invaluable tool for diversion from SFGH.
- Sandy Mori, Long Term Care Coordinating Council, said she would welcome Ms. Gray's presentation at a future meeting of the LTCCC. She is grateful to see the emphasis on community care, and the Council wants to continue to dialogue with DPH LTC staff.
- Marie Jobling Long Term Care Coordinating Council, said there are a lot of opportunities to support each other, and she would like to see community based services treated equitably in the budget process. Demographics are changing and the urgency they see on the Council is that they have to figure out how to do things across departments.
- Ron Smith, Hospital Council, asked where the private hospitals are included on the organization chart. Ms. Gray said Elayne Hada has always been the liaison to the fee for service hospitals. Mr. Smith said we all need to be reminded that private hospitals play a role in this system.
- Commissioner Illig said his policy questions and issues are the following:
 1. How DPH uses the Behavioral Health Center. It is a critical resource that we own. Has there been any attempt to look at the best use of the facility? Ms. Gray said they attend a weekly meeting with BHC staff and review all the units. So they are intimately involved with them. The BHC has been instrumental in taking clients that we cannot send out to other facilities and have worked hard to be part of the system.
 2. Long term care services advisory. The LTCCC should be used in place of an in-house advisory group, because the future is coordinating across departments, rather than just within DPH. Commissioner Illig said that under the leadership of Ms. Jobling and Ms. Mori the Council has stepped up.
 3. He commended Ms. Gray for working with Crestwood to reorganize services and contracts. He was shocked to hear that Crestwood is thinking about providing community services, as a for-profit provider. He hopes we can work with San Francisco community based providers as well as Crestwood.
- Commissioner Melara said her definition of community based services is services provided in San Francisco.
- Commissioner Sako asked Ms. Gray to comment on community capacity in San Francisco. Ms. Gray said it is limited for many reasons, and she understands the reasons that out-of-county placements can be desirable. It is not a matter of skill or expertise among providers, but the availability of properties.
- Steve Fields is pleased with the changes with Crestwood. He noted some community based accomplishments as well, including Loso House. He would like to see more fleshing out of the

community partnership side. Commissioner Melara said we should strive toward having more of these facilities.

6) EMERGING ISSUES

Commissioner Sako wants to have an ongoing, year long discussion about the efforts to place clients in the most appropriate and least restrictive level of care. She wants this discussion to be outside of the confines of the budget process, and an opportunity to hear from all parts of the system. The committee agreed to add the item as a standing agenda item beginning in November.

Gene O'Connell offered to bring an update on the BHC to either this committee or the SFGH JCC. Commissioner Illig wants this committee to get this presentation.

7) PUBLIC COMMENT

None.

8) ADJOURNMENT

The meeting was adjourned at 3:55 p.m.

Michele M. Seaton
Health Commission Executive Secretary