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Minutes

HEALTH COMMISSION

FINANCE AND PLANNING COMMITTEE

Tuesday, March 2, 2010, 2:00 p.m.

101 Grove Street, Room 302

San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Tierney called the meeting to order at 3:07pm.

Present: Commissioner Steven Tierney, Ed.D., Chair
Commissioner Edward A. Chow, M.D., Member
Commissioner Sonia Melara, Member
Commissioner James M. Illig, Ex Officio Member

2) APPROVAL OF THE FEBRUARY 2, 2010 FINANCE AND PLANNING COMMITTEE MINUTES

Action Taken: The Committee unanimously approved the minutes of the February 2, 2010 Finance and Planning Committee without change.

3) MONTHLY CONTRACTS REPORT

Jacque Hale, Director Contracts Management presented the report.

Commission Action/Follow-Up

Commissioner Chow requested clarification on the amount of indirect costs that the Public Health Foundation (PHE) receives and the number of positions the contract funds. Ms. Hale stated that PHE receives an 8% indirect rate; the contract supports five positions responsible for HIV testing.

4) REVISIT HEALTH COMMISSION RESOLUTION 16-09: PROTECTING A SUSTAINABLE SYSTEM OF CARE DURING ONGOING FISCAL CRISIS

Commissioner Tierney introduced this item and explained that the Committee will attempt to create action steps to the resolution in partnership with DPH.

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San Francisco, CA 94102-4505

Barbara Garcia presented the San Francisco Department of Public Health Primary Care Behavioral Health Program. The model insures that patients have access to both primary and mental health care onsite on the same day; it should reduce loss-to-follow up. The intent is to integrate mental health services into primary care clinics and integrate primary care services into mental health clinics. This enables patients to continue to choose which clinic they prefer; the benefit will be that patients who had previously only received one or the other will be offered both services onsite by providers who will be coordinating care.

An important aspect of the project is how to best maximize federal reimbursement for both primary care and mental health services being provided at the same physical site. Increased effectiveness in patient services will derive from enabling primary care providers to refer those patients needing mental health assessments/services to clinicians onsite; this will enable the primary care providers to see more patients each day. Mental health providers will leave a portion of every hour unscheduled to prepare for seeing patients referred by the primary care providers. The model should also increase the number of clients that mental health providers may see each day. Licensed mental health clinicians can bill for every assessment they complete. With increased number of patients seen by both types of providers, the overall amount the DPH will receive in Medi-Cal reimbursement revenue should increase.

The South of Market Mental Health Clinic is currently piloting the model. The Tom Waddell, Silver Avenue, Castro Mission, Housing Urban Health, and Ocean Parkway clinics are being assessed to adopt the model by July 1st, 2010. The execution will proceed differently for each clinic because each has distinct systems and cultures. The goal is to transition all DPH clinics to the model over the next twelve months. Eventually, the San Francisco Clinic Consortium staff will also be trained on the model after it is piloted.

Commission Action/Follow-Up

The following are responses by Ms. Garcia to questions from the Commissioners:

If this model is instituted, DPH contracts will be adapted to reflect the change in configuration in services. The DPH continues to work with both primary care and behavioral health clinics on piloting the model.

The DPH is looking at the cost benefit of this model and the complexities of federal reimbursement for two separate services provided to the same patient on the same day and location. It is anticipated that this model will reduce costs and provide an overall revenue increase. The DPH does not plan to wait another ten years to put the Community Behavioral Health Services contracts out to bid.

The current San Francisco behavioral health service system provides a great deal more than the requirements, which focus heavily on inpatient and medication adherence services for the severely mentally ill, specify. Approximately 15% of the participants in City-funded behavior health services are classified as severely mentally ill.

In this economic climate, the DPH is looking to provide the most effective and efficient service models. The integration of primary care and behavioral health is an important step in this effort.

5) COMMITTEE ANNUAL CALENDAR

At future meetings, the Committee will discuss a service area within the current DPH system; included in the discussion will be a comparison to other systems by reviewing best practices. The following are topics to be covered during the next meetings:

- April: Mental Health
- May: Management of Contracts (CBO/DPH)
- June: Charity Care and Community Benefits Report
- July: SFGH
- Aug: LHH

6) EMERGING ISSUES

None

7) PUBLIC COMMENT

None

8) ADJOURNMENT

The Committee adjourned at 3:54pm.

Mark Morewitz
Health Commission Executive Secretary