

# THE STRATEGIC PLAN: 2004 UPDATE

## *The Strategic Planning Process*

The goal of strategic planning is to better position the Department to fulfill its mission and vision statements. More specifically, the Department pursues strategic planning to prioritize health concerns for a period of three to five years. In December 2000, the Health Commission adopted the Department’s Strategic Plan, *Leading the Way to a Healthier Community*. After three years of implementation, in November 2003, the Health Commission asked Department staff to evaluate the effectiveness of the plan and to update it to reflect current realities and projected needs. As a result, Department staff began an eleven-month process to revise the Strategic Plan.

### Initiative Guidelines

In keeping with its mission to protect and promote the health of all San Franciscans, the Department followed specific guidelines in updating its Strategic Plan. These consist of planning goals, key assumptions, issues to be considered, guiding principles and process guidelines developed by the Department. Each set of guidelines is described below.

### **Strategic Planning Goals**

Department staff worked from the initial belief that the four goals of the Strategic Plan would remain the same as or similar to the goals of the 2000 plan. This assumption was supported by feedback received in the community meetings, e-mail survey, and staff meetings described below, as people believe that these goals continue to serve the Department and its constituents well. Only Goal 1 was modified slightly to make it clearer and increase its impact; it originally read: “San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.” The concept of “target populations” continues to exist in the plan itself in objectives and strategies. The Goals for the 2004 Strategic Plan include:

Goal 1: San Franciscans have access to the health services they need.

Goal 2: Disease and injury are prevented.

Goal 3: Services, programs and facilities are cost-effective and resources are maximized.

Goal 4: Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services.

## **Key Assumptions in Strategic Planning Initiative**

Several key assumptions were made in the Strategic Plan revision. They include:

- Mission and vision statements will remain the same — The strategic planning initiative is not designed to change the mission or vision statements adopted by the San Francisco Health Commission. The Department’s mission statement as adopted by the Commission (Resolution No. 30–98) is to “protect and promote the health of all San Franciscans.”

The Department’s vision statement as adopted by the Commission (Resolution No. 30-98) is that San Francisco will be a leader in health. The staff and volunteers for the Department will do everything in their power to help all San Franciscans achieve the best possible state of health. We are committed to making this a city where:

- Everyone lives in a healthy neighborhood.
- Everyone has equal access to needed, quality care.
- Services are client-focused and culturally competent.
- We are partners with clients and communities, and their needs determine resource allocation.
- We recognize the special contributions of every person working in the system.
- All providers collaborate as part of a unified citywide health and human services system.
- All providers emphasize primary prevention and wellness.
- We insure the very best use of public funds, and all services are cost effective.
- We are creative, innovative and continually strive for excellence.
- We stand for teamwork, collaboration, integrity and accountability.
- Clients and communities value our services and trust us.

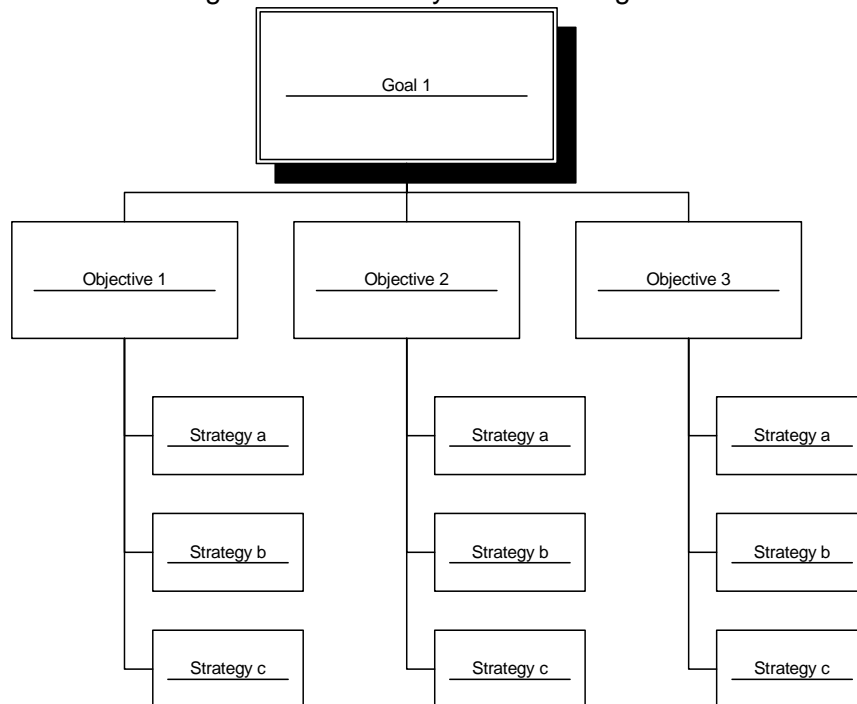
The mission and vision statements approved by the San Francisco Health Commission are fundamental tenets of the strategic planning process.

- The Department will maintain two roles — The Department will continue its two roles within health because each role supports the other. The Department will continue its role at overseeing population health activities that are fundamental to the entire community. In addition, the Department will continue to be a provider of health care to individuals who seek services at our community-based clinics and hospitals. The recommendations from this strategic planning initiative assume that the Department will continue both its population health and personal health care provider roles. No changes in governance will result from the strategic planning effort.
- There will be no significant changes in federal and State regulations and statutes — The Department is required to follow governmental provisions to receive either funding or licensure. On a regular basis, new regulations and procedures may affect the design and implementation of Department programs. This strategic planning initiative assumes that this situation will not change significantly. In addition, no changes in the City and County’s Administrative Code and/or Health Code are anticipated.
- The Strategic Plan will be consistent with Health Commission policies and resolutions — Over the past three years, the Health Commission has adopted a

number of resolutions that are relevant to the strategic planning initiative. Any strategic planning recommendations will be consistent with the following programmatic issues:

- Strengthening prevention in areas of asthma, breast and cervical cancer, immunizations, lead poisoning, domestic violence, youth suicide and a special prevention emphasis on the African-American community
  - Promoting substance abuse treatment on demand
  - Increasing funding for HIV/AIDS care
  - Creating alternatives to inpatient care
  - Advancing universal health care coverage
  - Expanding community-based long-term care and continuing skilled nursing facility care
  - Developing housing services for the homeless and marginally housed
  - Increasing access to mental health
- The Strategic Plan comprises goals, objectives and strategies — Like the original plan, the revised Strategic Plan consists of four goals, listed above. Under each goal is a series of objectives, each with specific strategies, which articulate the approach or recommendation that the Department should pursue. Goals are long-range, broad statements that affect the Department’s ability to meet its mission. Objectives represent the approach or direction that the Department should pursue in order to achieve its goals. Because they are not operational, objectives are stated in broad, conceptual terms. Strategies state the activity to be pursued to achieve the objective and therefore further the Department’s goals. By their nature, strategies are specific. The Plan is predicated on the notion that successful implementation of the policy directions articulated in the objectives will enable the Department to fulfill its goals, and therefore its mission. The plan is graphically represented in Diagram 1.

Diagram 1: Hierarchy of the Strategic Plan



## ***Key Issues the Department Faces***

In revising the Strategic Plan, the Department had to recognize a number of key issues, both external and internal, that it faces. Those issues include:

### *The People We Serve*

- Who are the populations to be served by the Department’s population health activities?
- Who are the populations to be served by the Department’s personal health care services?

### *The Services We Offer*

- What guidelines should be used to develop and prioritize services?

### *What are the Priority Services for Funding?*

- Are there services that could be regionalized or shared with other communities?
- What is the appropriate configuration and level of services to meet community need (with respect to population health activities and personal health care services)?
- How can we strengthen prevention activities?
- How do we work to integrate physical health, mental health, substance abuse and social services?

### *The Delivery System We Support*

- Should the Department focus principally on serving those with no choice of providers (e.g., the indigent and uninsured) or also be a provider for people who have a choice of providers and choose the Department? If so, under what circumstances and for what other populations?
- What are the strategic issues facing the Community Health Network in 2004?

### *Operational Advancements We Endorse*

- How can the Department use data and evaluation to guide program planning and priority setting?
- How can outcomes-based evaluation be integrated better into Department operations?
- Should consistent eligibility criteria be developed for personal health care and population health services?
- How can the Department increase collaborations to engage the community and other entities in improving community health?
- How can benchmarks be used more fully within the Department?
- What improvements can be made in the contract development, monitoring and payment process?
- How can the Department use the benefits of E-commerce applications to improve systems?
- What improvements can be made to address staff recruitment, retention, training and management issues?

### *Financing Health Services*

- What are potential strategies to enhance revenues and reduce expenditures?

- Does caring for the insured financially allow the Department to cover a portion of the costs of the uninsured?
- How can the Department better blend funding to achieve service integration?
- How can the Department fund needed infrastructure and ensure adequate capitalization?

### **Guiding Principles**

A number of implicit principles guide the Department’s daily activities. In order to be effective in developing a Strategic Plan, Department staff felt it important to make these guiding principles explicit. They include:

- Ensure that the Department develops a clear strategy for fulfilling its mission and vision statements and clearly articulates its role in the delivery of services to San Franciscans.
- Take a broad view of health given that there are many social determinants that impact the community’s health – e.g., income, education, and housing.
- Continue to support the Department’s roles in overseeing the public’s health and delivering health care services.
- Use health data (quantitative and qualitative), community needs, health mandates and program evaluation to guide the development of the Department’s services.
- Ensure that health services are comprehensive (including a continuum of care) and integrated to effectively address the health problems of communities and individuals.
- Emphasize the expansion of primary prevention activities to reduce preventable illness and injury.
- Emphasize improving service integration at the following levels:
  1. Population Health and Prevention and Community Health Network services,
  2. Department services with community resources and providers,
  3. Department services with the services of other City departments for the same populations, and
  4. Program contracting functions to improve contracting efficiency for the contractor and Department.
- Emphasize blending revenues where possible to support service integration.
- Recommend strategies for the Department’s legislative advocacy to improve San Francisco’s health status and the Department’s ability to address health issues.
- Develop a strategic vision for the Department that recognizes current fiscal realities but is not driven by them.

### **Process Guidelines**

The process guidelines that Department staff used in revising the Strategic Plan include:

- The strategic planning initiative and process is open to staff, the public and consumers of health services in San Francisco. Their input will be considered before the Department finalizes analyses and recommendations.
- The strategic planning initiative and process is culturally competent and address the linguistic and cultural diversity of San Francisco.
- The Department will develop consensus recommendations and be respectful of staff and public input. In those cases where consensus cannot be reached, minority opinions will be included.
- The strategic planning initiative will complete its work within the timeframe established by the Health Commission.

## Timeline

The Department estimated that the evaluation and updating of the strategic plan would take approximately eleven months to complete culminating in a final report for Commission modification and approval by October 2004. Department staff has been able to work within that timeframe. Details related to the timeline are contained in the chart below.

Task	2003		2004					
	Nov	Dec	Jan - Apr	May - Jul	Aug	Sept	Oct	Nov
Report to Health Commission	■							
Develop Planning Process		■						
Gather Quantitative Information			■					
Conduct Community, Staff and Industry Expert Forums			■					
Develop Draft for Director’s Review				■				
Director Reviews, Modifies, and Approves					■			
Report Goes to JCCs for Review and Discussion						■		
Finalize Report for Commission Approval							■	
New Strategic Plan Ready for Implementation								■

## Community and Staff Input

Revising the Strategic Plan required gathering and interpreting input from community and staff. To engage with these groups, between March and May 2004, the Department hosted 18 community and three staff Town Hall meetings (dates and locations listed below) and conducted an e-mail survey of 623 of the City’s non-profit providers in the survey and the community meetings, the Department presented an overview of the existing Strategic Plan, and requested ideas and input from the community in order to update the Plan for the next five years. Department staff organized and advertised the meetings to maximize attendance for San Francisco’s numerous cultures and ethnic populations. The outcomes show success in hearing from the wide variety of people who live and work in the City.

## Community Meetings and E-Mail Survey

In planning community and staff meetings for the 2004 update of the Strategic Plan, Department staff first turned to feedback on outreach from the 2000 planning initiative. Specific suggestions for improvement included incorporating community leaders and existing groups into the outreach process. Department efforts to work with the community to gather input on the initiative included working through:

- Each of the 11 Supervisors’ offices.
- The Mayor’s Office and the Office of Neighborhood Services.
- Hundreds of community groups, which were identified through City Hall, residents, and the San Francisco Public Library.

Advertising for the initiative included e-mail and direct mail to residents and groups identified by previous participation in strategic planning meetings or City Hall Offices, and calendar announcements to the Chronicle, SF Independent, The Examiner, all local ethnic and neighborhood media, and postings on electronic bulletin boards such as [www.craigsl.com](http://www.craigsl.com). Department staff was informed of all meetings through posted flyers, and announcements in the Director’s e-mail news alert, *Fast Facts from Dr. Katz* and voice mail. Additionally, the Department’s website prominently featured information about the initiative, and e-mail surveys were sent to more than 600 community groups (and then forwarded by them to thousands of residents).

Through these efforts, the Department was able to engage with San Francisco’s residents in ways most convenient to them. For example, the Department was able to participate in the popular Town Hall meetings of Supervisor Maxwell and Supervisor Peskin, as well as the April meeting of the West Twin Peaks Council, a group of English as a Second Language (ESL) classes for Chinese immigrants in Visitacion Valley, the monthly meeting of NICOS Chinese Health Coalition, a meeting of Pilipino service providers organized by the Mayor’s Office of Neighborhood Services, and the Community Advisory Committee of St. Francis Memorial Hospital. Any group or organization that requested a meeting was accommodated. Also, residents unable to attend meetings, such as members of the Mission Community Council and the Tenderloin Neighborhood Development Corporation, were able to participate in the initiative through online and e-mail technology.

**Results**

The Department received input from 433 San Franciscans, including 412 in face-to-face interactions through community and staff Town Hall meetings, and 21 in web-based responses through the Department’s e-mail survey. All comments and concerns were recorded, posted on-line through the Department’s Strategic Planning website, and incorporated into a master document used to update the Strategic Plan. Below is a listing of the dates and locations of each of the community and staff Town Hall meetings.

*Community Town Hall Meetings*

<b>Date</b>	<b>Location</b>
3/24	Park Branch Library
3/30	Excelsior Playground
4/3	San Francisco General Hospital
4/5	Sunset Recreation Center
4/7	Presidio Branch Library
4/8	Visitacion Valley Community Center
4/9	NICOS Chinese Health Coalition/Chinese Hospital
4/12	Harvey Milk Civil Rights Academy
4/15	Department of Public Health, 101 Grove St., Room 300
4/17	Richmond Recreation Center
4/19	Southeast College

4/22	Francisco Middle School
4/26	Forest Hill Clubhouse
4/27	Visitacion Valley Family Support Center
4/27	Visitacion Valley Community Center – ESL Classes
4/29	St. Mary’s Recreation Center
5/5	South of Market Recreation Center – Pilipino Service Providers
5/21	St. Francis Memorial Hospital Community Advisory Committee

*Staff Town Hall Meetings*

<b>Date</b>	<b>Location</b>
4/6	San Francisco General Hospital, Room 2A6
4/13	Laguna Honda Hospital, Simon Auditorium
4/15	101 Grove St., Room 300

## *Next Steps*

Department staff has synthesized the input from the community and staff meetings, and is working to draft the revised objectives and strategies that, along with the four goals, comprise the Strategic Plan. The new Strategic Plan will be presented to the Health Commission in October 2004 for review and approval. The Department expects to begin implementation of the revised Plan in January 2005.