

Department of Public Health

DPH Structure and Processes for assessing Community Based Organizations (CBO's) performance, stability and quality of care
Part 1

HEALTH COMMISSION FINANCE AND PLANNING
COMMITTEE

APRIL 5, 2016

Goals of Presentation

This is the first of four presentations to provide an understanding of the Department's current processes related to community based organization (CBO) contractors, and specifically to try to answer whether our money is well spent by answering such questions as: are clients improving, are contractual goals and outcomes achieved, are contractors financially stable and meeting expectations, and if they aren't, are we effectively able to address.

Today's presentation is designed to set the stage for future presentations by providing an overview of the following areas:

- The solicitation process utilized for selecting and then allocating contractual services funding to CBO's (will discuss determining content at later date)
- The Department structure utilized for assessing contract agency performance, stability, cultural competence, and quality of care, i.e. who does what
- The processes utilized for assessing contract agency performance, stability, cultural competence and quality of client care, i.e. how do we do it

Today we will *not* look at actual findings/data or discuss what we do with it.

Quick Facts

DPH Non-Profit Community Based Organizations (CBO's)

- DPH contracts with community based organizations for approximately \$288 million annually, representing 49% of the \$595 million annual budget for these sections*.
- There are approximately 159 unique non-profit agencies, and 215 contracts that are subject to the activities in this presentation.
- Behavioral Health Services (BHS) represents approximately 75% of the CBO funding, Housing and HIV Health Services (HHS) approximately 10% each, Public Health Division approximately six percent, and Primary Care and Maternal Child and Adolescent Health approximately 1 percent each.
- Of the total contracts, approximately 375 programs within these contracts receive on-site program monitoring or desk audit annually.

* Represents annual total funding for BHS, Housing, PC, MCAH, HHS, and components of PHD (primarily Prevention and Health Education)

Solicitation Process- Vendor Selection

Selecting and Allocating contractual services funding to CBO's

- A solicitation process, termed Request for Proposals/Qualifications (RFP/Q's) is the common tool used by DPH to allocate contractual funding. This process enables the Department to select and fund agencies that will help the Department meet its objectives.

Legal requirement:

- SF Administrative Code, Chapter 21: "Sect. 21.1. Competitive Solicitation Required. All City contracts for Commodities and/or Services shall be procured through competitive solicitation, except as otherwise authorized in this Code."

Provides advantages to the City/DPH

- Encourages competition
- Enables systematic review of qualifications, services, rates
- Provides opportunities for new contractors, including LBEs
- Provides contractors opportunities to provide new or different services

RFPs vs. RFQs

Requests for Proposals (RFPs):

- Used when we know the services we need are immediate and well-defined
- Allows choosing among proposals for how the services will be provided
- Contractors selected based on ranking by average scores

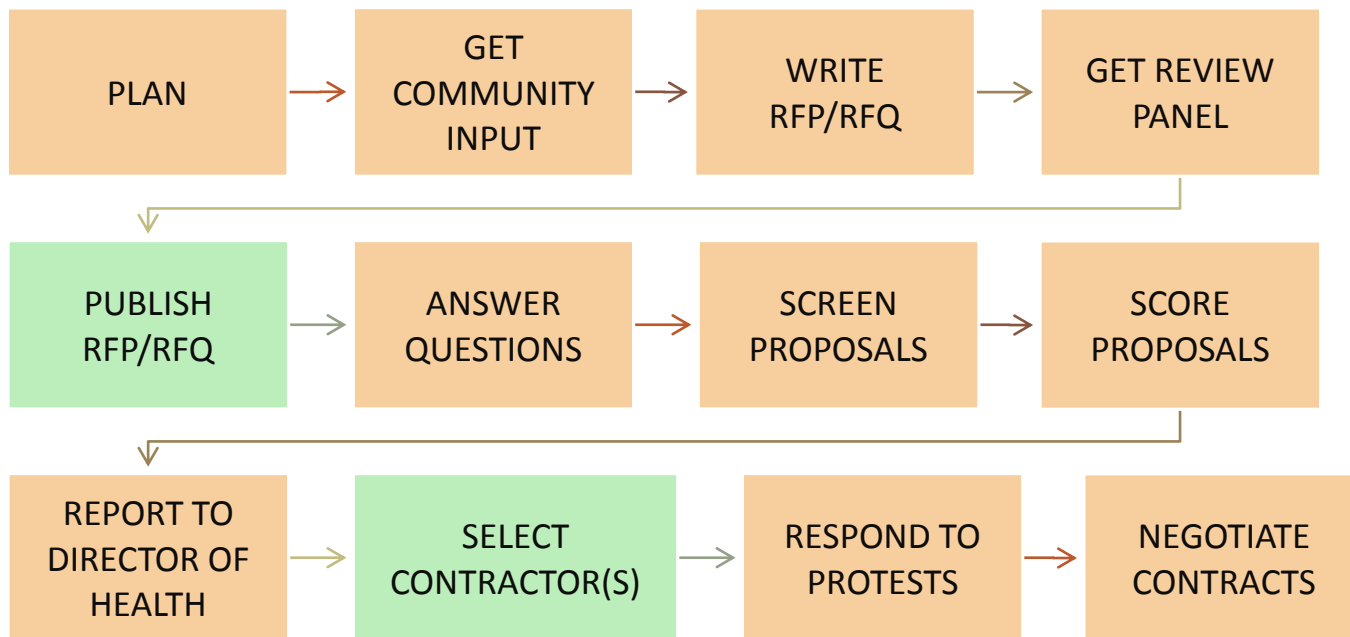
Requests for Qualifications (RFQs):

- Used when we have less-defined needs in the present, to prepare for future
- Allows choosing from pre-qualified vendor list when needs are more defined
- Contractors selected based on rankings by average scores or through further competition restricted to the list of pre-qualified vendors

Note: No solicitation required for services under \$10k.

RFPs/RFQs STEPS TO COMPLETION

(3-6 month process from Publish RFP/RFQ Date)



Contracting and **Monitoring** is a Collaborative Process

DPH Structure



Responsibility Areas

System of Care (SOC)

The role of the SOC Manager/Liaison is to be responsible for or involved with setting system and program-wide goals, priorities and policies, and for ensuring the quality of the services provided. Each section contracting with CBO's has employees in this role.

DPH Business Office- Business Office of Contract Compliance (BOCC)

The BOCC is a unit of the DPH Business Office, responsible for determining contract agency compliance with its performance objectives, and other requirements included on the Declaration of Compliance. This unit also manages MediCal site certifications, Prop 1 approval processes, and participates in Citywide Joint Fiscal and Compliance audits.

Responsibility Areas: DPH Office of Compliance and Privacy Affairs

Ensures Contractor's Meet Required Compliance Goals

- Prevent illegal/unethical conduct (e.g. CCSF Ethics Commission Code)
- Assure employees are credentialed properly to perform duties
- Provide safe place to report violations (e.g. CCSF Whistleblower Program investigations/audits)
- Reduce financial risk/loss (e.g. Chart Audits)
- Engineer best practices to assure highest level of ethics and integrity possible in the workplace

Privacy Goals

- Protect patient confidentiality
- Avoid breaches and fines
- Engineer data sharing to improve care coordination and to better understand the populations we serve

Responsibility Areas: Office of Quality Management/OQM

The Office of Quality Management for BHS is responsible for monitoring and ensuring quality services through a number of core functions: Research and Evaluation, Quality Improvement, and Risk Management. OQM staff play a key role in gathering, analyzing and disseminating information needed for decision making at the clinician, supervisor, program and system levels (both for civil service and contract agency clinics).

Note: not all DPH sections have a formal OQM unit, and thus manage these functions utilizing System of Care Managers or Liaisons to fulfill the functions noted above.

Monitoring Contractor Performance

Quality of Care

Client Input

Review of Performance on
Contract Objectives

Program Utilization Review and
Quality Committee (PURQC)

Annual Performance, Fiscal and
Compliance Monitoring

Client Satisfaction Surveys

Chart Audits

Formal Grievances

Tri-Annual State Audit of
Behavioral Health Services

Whistleblower Complaints

Annual review of Audited
Financial Statements

Next Steps

Questions?

Next Time: (see 1st tab of binder for

- Will review the structure and process for developing program objectives
- Will review the implications of the monitoring processes discussed today on two agencies with actual monitoring data
- Will review rolled up findings, based on annual program monitoring results to see trends and gain a better understanding of the challenges facing CBO's
- **Please Bring Binder Back in May**