

James M. Illig
President

Sonia E. Melara
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

James M. Soos
Acting Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 2, 2009

At

4:00 p.m.

**101 GROVE STREET, ROOM 300 or ROOM 302
San Francisco, CA 94102**

1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:13 p.m.

Present: Commissioner James M. Illig, President
Commissioner Sonia A. Melara, Vice-President
Commissioner Edward A. Chow, M.D.
Commissioner Margine A. Sako
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Steven Tierney, Ed.D.
Commissioner Catherine M. Waters, R.N., Ph.D.

The Commission honored Dr. Kenneth Katz, DPH Epidemic Intelligence Service Officer for his two years of service.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 19, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the minutes of minutes of the May 19, 2009 meeting without modification.

3) DIRECTOR'S REPORT

500+ DPH Staff Receive Layoff Notices

Over the past week, managers within DPH have had to issue lay off notices to over 500 employees. The effective date for these layoffs is July 27, 2009. The enormity of this task and the attendant impact on looming unemployment to these employees and their families is a significant concern to me as Director of Health, both personally and professionally. Along with the personal toll layoff's bring, we will be retooling offices, clinics and programs to adjust to the decrease in staff and the supporting services they delivered. This reduction is occurring across the Department, in every division and every facility.

As a result of the need to make deeper budget cuts, I have also authorized a skill mix change at the hospitals related to our Class 2302 Nursing Assistants. LHH and SFGH will retain Nursing Assistants for restorative care and education, and utilize Patient Care Assistants to perform routine duties under the direct supervision of licensed nurses.

Our HR staff and the City's Department of Human Resources are working through bumping and reassignment analysis as quickly as possible. The City is offering workshops and job transition services to employees who received layoff notices. There are also tentative agreements between the City and some unions, which, if ratified, may provide layoff protection through November. Internally, LHH and SFGH are hosting Town Hall meetings and our HR staff is communicating directly with managers and employees regarding any changes in an employee's layoff status.

The decision to implement skill mix changes and reduce Civil Service Classifications in no way reflects on the important work these individuals provide to the Department. I know it will be difficult to adjust to the changes that these employment shifts are creating. Unfortunately, while neither employees nor clients created this budget deficit, we are now in a position where we must reduce our spending and acknowledge that some work processes will have to be delayed, eliminated or absorbed by other staff.

I have a solid belief in the extraordinary talents and commitment of the type of individuals who choose to work in public health and know that we are being challenged in ways we have never imagined. Although we face a future of uncertainty and hardship, I also know we are up to the challenge. I will continue to update the Health Commission on the effects of downsizing staff and public health programs as they occur.

State Surveyors Arrive at Laguna Honda Hospital

At the Health Commission meeting on April 21, I informed the Commissioners that the State would re-survey Laguna Honda by mid-June, not August 27 as previously anticipated. The reason for the earlier visit is that regulations require a re-survey within three months of a change in hospital administration.

As expected, 15 surveyors from the California Department of Public Health arrived at Laguna Honda on May 26 for the annual licensing and certification review. The surveyors expect to be at the hospital until at least June 3. They are reviewing both skilled nursing and acute care services, focusing on the standard compliance categories: quality of life, quality of care and resident safety. Regina Gomez, Director of Quality Management, is leading the hospital's survey response team.

Survey results for Laguna Honda have been high for the last two years due in part to the hospital's quality compliance standards and coordinated survey preparation and response program. Surveyors will present preliminary results at the conclusion of their visit with formal notification to follow.

LHH Developing Nursing Leadership

Two nurse leaders at Laguna Honda were honored this month by the hospital's Excellence in Nursing Program, a DPH initiative to support nursing innovation and collaboration.

Minerva Barrion, RN, was recognized for outstanding clinical skill in her work with residents recovering from stroke, spinal cord injury, traumatic brain injury, multiple fractures, and limb amputation. Girlie Bitanga, RN was honored for her work on the Positive Care unit, the Bay Area's only HIV/AIDS skilled nursing program, where she manages challenging behavioral issues related to substance use, mental illness, recent homelessness and cognitive impairments.

The Laguna Honda program honors nursing practices that help to achieve the highest quality of care and quality of life for each resident as well as encouraging the highest level of independence for each resident whether it be at Laguna Honda or in the community.

LHH Nurses Featured as Keynote Speakers

Anne Hughes, a Laguna Honda advanced practice nurse in palliative care, and a national expert in healthcare and poverty, was the keynote speaker this month at the UCSF induction ceremony for members of the National Nursing Honor Society.

Debbie Tam, Laguna Honda's interim Chief Nursing Officer, delivered the keynote address this month to graduates of City College of San Francisco's continuing education in nursing program. The program is a partnership of City College, the Department of Public Health and Jewish Vocational Services. Clinical training for the graduates, many of whom are foreign born or multi-lingual re-entry students, takes place at Laguna Honda.

State Department of Corrections Awards Grant to Behavioral Health Services

Community Behavioral Health Services (CBHS) has been awarded \$3.8 million from the California Department of Corrections and Rehabilitation (CDCR) Integrated Services for Mentally Ill Parolees project. CBHS will collaborate with Walden House on the program.

Both organizations have extensive experience both with serving the mentally ill and specifically with the mentally ill offender population. The program is designed to help parolees manage significant reentry challenges such as mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support and to avoid re-incarceration and improve their quality of life. The purpose of the program is to keep clients from re-incarceration and improve the quality of their lives.

Capital Facilities Component Plan Approved

The Department of Mental Health approved the Capital Facilities Component Plan proposal. Separate from the Component Plan are individual project proposals, which outline the purpose and description of the project and the amount of funds requested. The first project proposal is the

renovation of the Silver Avenue Family Health Center that will add more space for integrating behavioral and primary care staff at this site.

MHSA Advisory Committee Recruiting New Members

We are currently recruiting new members to sit on the Mental Health Services Act (MHSA) Advisory Committee. This is an excellent opportunity to work with others to transform programs and services under the MHSA. Kevin Ledbetter at kevin.ledbetter@sfdph.org, is accepting names from anyone interested in volunteering. The MHSA Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums.

Highlights of 2008 Soda Free Summer

The Health Commission will be hearing a presentation at today's meeting on Soda Free Summer along with a Resolution to consider declaring 2009 another Soda Free Summer in San Francisco. Because the Director's Report has a broader audience than just the Health Commission, I wanted to include a few highlights on the success of last year's Soda Free Summer to underscore what I think are important outcomes and why focusing attention on one aspect of our children's diets can make big differences in their short term and long term health status.

The 2008 Soda Free Summer Campaign message last year reached at least 100,000 Bay Area residents with 5,000 of them returning pledge cards, promising to reduce soda consumption. Some of the key findings of the evaluation survey follow:

- Two-thirds of all survey respondents reported making a behavior change toward better health during the campaign, and 15 percent of survey respondents brought up decreasing sweetened beverage consumption on their own.
- When asked directly, 47 percent reported they were drinking less soda and sports drinks since being exposed to the campaign.
- Over 100 Bay Area partner organizations participated and many of these partners instituted policies to make their organization a healthier place, such as taking soda out of vending machines or not serving soda at meetings and events.

As Director of Health, it is gratifying to see a widespread regional health campaign that has a proven, positive influence on health behaviors, especially among children whose tastes and preferences for sweetened beverages can be redirected to more healthy choices.

Dr. Katz added that the nurses came to agreement and gave back \$13 million and that SEIU is currently voting on a contract giving back \$20 million. Dr. Katz also added that in his budget address, the Mayor commended the Health Department on efforts to reduce cut backs, including efforts to capture additional Medi-Cal funding, transfer of EMS to DEM, and expansion of Healthy SF without additional General Fund.

Commissioner Comments/Requests for Follow-Up:

Commissioner Illig reiterated the difficulty of budget cuts, noting that these cuts mean losses of jobs and cuts in service for real people.

Commissioner Illig asked about the LHH survey. Mivic Hirose noted that June 3 will be the exit interview, and that she currently had no findings from the surveyors.

4) GENERAL PUBLIC COMMENT

Roland Wong spoke against the cut to the 89 Laguna Honda shuttle bus that's being cut. He understands that this cut will result in the elimination of service for patients to and from LHH. He suggested using the number 36 bus to shuttle around LHH. He asked DPH's plan of action on this matter. Commissioner Illig suggested that Mr. Wong contact his Supervisor directly.

Male speaker, a North of Market advocate, noted that there are a continuing number of service cuts at Tom Waddell Health Center. It now takes six to eight weeks to get an appointment, ancillary services no longer exist, and dental services are on life line. He suggested spreading cuts across programs.

5) FINANCE COMMITTEE REPORT

Commissioner Tierney reported on the activities of the Finance Committee.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Consent Agenda of the June 2, 2009 Finance Committee meeting with the following abstentions: Commissioner Chow abstained on the NICOS contract; Commissioners Illig, Melara and Sako abstained on the Catholic Healthcare West contracts; and Commissioner Waters abstained on the UCSF contracts.

6) FY 09-10 BUDGET SUBMISSION

Gregg Sass, CFO reported on the Department's FY 09-10 budget submission. A copy of his presentation is attached and incorporated into these minutes.

Public Comment:

Max Haptonstahl of MAP/CATS spoke against the cuts to MAP, which he believes is included in the Board's priority of safety net services. The program is more than just a shuttle service, but involves working with a very vulnerable population, and operates 24 hours per day. He understands the need for sacrifice, but hopes for moderation in this cut.

Janet Goy of CATS spoke against the \$366,000 cut to MAP. MAP is a unique transportation and outreach program to the homeless. It is not simply transportation, but involves a highly trained staff that is the most basic of safety net services, preventing deaths on the streets. This cut along with the mid-year cut represents half of the program's budget.

Denise of MAP/CATS spoke against the MAP cuts, noting that she works with clients to determine their need for sobering services, mental health services, and hospitals. The program is 24 hours. She loves the work, and works to ensure client safety. Nobody else is there to provide the service.

Gregory Cross of SEIU 1021 spoke against the contracting out of Jail Health Services. Clients are people from the community, and this is an important public health services. He also understands that there is a proposal to contract out DPH security. People at LHH and SFGH don't want these services contracted out; they want sworn peace officers. Also, CNAs have been demoted and given a 25 percent pay cut. These are overwhelmingly women of color. Finally, he spoke against the cuts to clerks. He understands there will be a 'skill mix' change for these employees as well.

Richard Heasley of Conard House addressed Commissioner Sako's question regarding matching funds challenging Mr. Sass' response noting that cuts to his contract will reduce Medi-Cal funding for his agency. This will result in a loss of services for case management through his agency.

Eve Myer of San Francisco Suicide Prevention Services is pleased to hear that \$3 million has been restored the Community Program RFP. She believes there are a number of myths: 1) That San Francisco provides three times the amount of mental health funding over other cities, 2) San Francisco can manage its mental health clients through housing and medication management only. She hopes the Commission finds ways to ameliorate these cuts.

Commissioner Comments/Requests for Follow-Up:

Commissioner Sako asked whether any cuts have been made that impact matching funds. Mr. Sass responded in the negative.

Commissioner Melara asked about ways to meet the needs of the SRO Collaboratives. Dr. Katz responded that the Mayor had addressed this item and that it is a high priority of Mayor's and of the Board of Supervisors, and that he hopes it can be addressed by the Board.

Commissioner Illig asked about the five percent increase in Central Administration. Mr. Sass responded that it relates to transfers, including work orders, which vary from year to year as to where they are placed in the Department.

Commissioner Illig noted for the public that the budget is now at the Board of Supervisors, so advocacy should be directed to the Board.

Commissioner Chow echoed Commissioner Melara's concerns about the elimination of funding for the SRO Collaboratives.

Commissioner Sanchez stated that the dialogues that have taken place at the Commission have reflected the values of the Department. He added that everyone has been looking to find resources to ensure continuation of services, and now the dialogue shifts to across the street.

7) **RESOLUTION PROCLAIMING 2009 RETHINK YOUR DRINK/SODA –FREE SUMMER**

Christina Goette, Senior Health Program Planner, Community Health Promotion & Prevention Section presented a resolution Proclaiming 2009 Rethink Your Drink/Soda-Free Summer.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the resolution Proclaiming 2009 Rethink Your Drink/Soda-Free Summer.

8) **CITYWIDE AMBULANCE FEE ORDINANCE**

Dr. Mitch Katz introduced the Citywide Ambulance Fee Ordinance by stating that the legislation is necessary because San Francisco is no longer considered by State to be an exclusive EMS ambulance zone because of the addition of Treasure Island, Yerba Buena Island, and the Presidio into the service

area and because of the increase in the number of private ambulance companies in the City. The legislation does two things:

1. It allows all ambulance companies to join the EMS system if they are willing to play by EMS rules. As a result, it attaches a fee to all ambulance providers, public and private, the amount of which only covers the actual cost of regulating the system.
2. It provides for a fee for receiving hospitals for services EMS provides, if hospitals decide they want those services. If hospitals don't want those services, EMS will not provide or bill for them. The two services include:
 - a. A formal STEMI (heart attack) system.
 - b. A disaster communication system.

Because this is legislation related to the new budget, it must move forward in June to comply with the City's budget cycle. Changes to the scope of work and the fee schedule can be made after the legislation passes, but because of the tie to the budget, legislation must be advanced with the budget. Dr. Katz concluded by noting that the Hospital Council is meeting on June 10 to discuss the scope of work and the fee schedule.

Public Comment:

Ron Smith of the Hospital Council thanked Dr. Katz and Dr. Brown for meeting with the hospitals. The Hospital Council will be making recommendations after June 10. The hospitals are committed to working with the Department on this legislation. Mr. Smith specifically requested that specific mentions of fees on pages five and six be removed. Dr. Katz noted that the Commission can take any action it pleases, but that he cannot control what the Mayor and Board of Supervisors include in the legislation. The Commission can recommend certain changes in the legislation.

Abbie Yant of Saint Francis Hospital asked whether this legislation has been introduced. Dr. Katz responded that he understands that the ordinance was introduced today. Ms. Yant asked whether the Department could impose a fee schedule. Dr. Katz responded in the affirmative, but that only recovery of actual costs can be billed.

Action Taken: The Commission (Illig, Sanchez, Tierney, Waters) moved the Ordinance to the Board of Supervisors as written except that the scope of work and fees in the final Ordinance will reflect the agreement of the Hospital Council and the Department in recognition of the collaboration between the Hospital Council and the Department. (Commissioners Chow, Melara, and Sako abstained from discussion and voting.)

9) CHAIN RESTAURANT SURCHARGE ORDINANCE

Paula Jones, Senior Health Planner, Environmental Health Services requested that the Commission pass the Chain Restaurant Surcharge Ordinance to cover the costs of Environmental Health Services implementation of the State's menu labeling law at chain restaurants.

Commissioner Comments/Requests for Follow-Up:

Commissioner Illig asked why only chain restaurants are covered. Ms. Jones responded that the State legislation covers only restaurants with 20 or more outlets in California. For restaurants with a menu board, the information must be contained in a brochure. For restaurants with table service, the

information can be contained on the menu, in a brochure, or on a table tent. However starting in 2011, the information will be required to be contained on the menu board or on the menu.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) moved the ordinance to the Board of Supervisors as written.

10) COMMUNITY STAKEHOLDER PLANNING PROCESS

Barbara Garcia, Kavoo Bassiri, David Fariello, Alice Gleghorn, Steve Fields, Jenny Chacon, Sai-Ling Chan-Sew, and Brett Andrews presented the Community Stakeholder Planning Process. A copy of their presentation is attached and incorporated into these minutes. Ms. Garcia thanked Mary Ellen Carroll, Catherine Spaulding, Michelle Schurig, and Peg Stevenson of the Controller's Office, and staff of Harder + Company Community Research for their work on the process. She added that this will be placed on the web site for public comment for 30 days.

Public Comment:

Jimmy Loyce of the Black Coalition on AIDS spoke in favor of the planning process, and thanked Barbara Garcia and her staff in DPH in bringing together such a good process. A direct result has been discussions with his Board of Directors and members of the service providers in the Southeast sector of the City as to how best to incorporate this work into their planning.

Commissioner Comments/Requests for Follow-Up:

Commissioner Tierney suggested that in the Integrated Service section that clients be involved in determining their own care and asked whether in the Care Coordination section if a care coordinator is the same as case manager. Ms. Garcia responded that there is a goal that each person has a care coordination plan.

Commissioner Melara thanked Ms. Garcia and was pleased that some of the work by Dennis Herrera and Sandra Hernandez was reflected in this work. She added that this could and should serve as a model for other planning processes. Finally, she noted that with cultural diversity in San Francisco, cultural competency and cultural humility should be a guide for how all providers provide services.

Commissioner Waters acknowledged Ms. Garcia's work. She asked for an update in six to twelve months. Ms. Garcia agreed.

Commissioner Sanchez acknowledged the amount of work involved in this process and the comprehensive nature of this report reflecting some of the best practices of academic work. He noted the need to include confidentiality and efficacy throughout the document.

Commissioner Sako noted that the report took very complex concepts and distilled them into very understandable language. She offered the Commission as a place to ask for leadership in implementing the plan.

Commissioner Chow noted that this is a terrific beginning and provides a great base to move forward. What he sees missing is how Community Programs, with a strong behavioral health emphasis, integrates into the rest of the Department and the City's other service providers. Next

steps should include making those connections to the other side of the Department and to the private sector providers.

Commissioner Illig stated that this is only the cover letter to a process. He noted that the process brought together as stakeholders, and overcame the “us versus them” mentality, with civil service and contract providers all getting a seat at the table, on equal footing.

11) OTHER BUSINESS

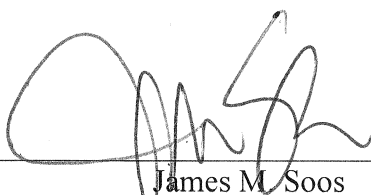
Commissioner Illig raised the issue of the California Pacific Medical Center Institutional Master Plan, which is being heard at the Commission on June 16. He requested that Mr. Soos send the phone number of the Lewin Group to all Commissioners so that Commissioners may have individual conversations with Lewin, and that Commissioners e-mail their thoughts about the Lewin report to Mr. Soos to draft into a resolution for consideration at the next Commission meeting.

Commissioner Sako proposed that a new committee be created, “Community Health Programs and Primary Prevention,” which she offered to chair. Commissioner Tierney suggested discussing this at a subsequent meeting, with specific outcomes determined. Commissioner Melara expressed a concern that the Commission not get too involved in the “nitty gritty” of the Department’s activities, and also expressed a concern that there is the potential for large overlap with Citywide Health Planning and Effectiveness Committee. Commissioner Sako agreed to draft a purpose and mission statement for this new committee to be discussed at the next Commission meeting.

Commissioner Illig requested that there be a closed session scheduled in July for Dr. Katz’s performance evaluation. Commissioner Sako suggested that the Commission conduct a self evaluation and agreed to research this and propose something formal at a subsequent Commission meeting.

12) ADJOURNMENT

The Commission adjourned at 7:12 pm in memory of Zaida Rodriguez who died on May 28.



James M. Soos
Acting Health Commission Executive Secretary

Attachments (2)

San Francisco
Department of Public Health
Budget Update
FY 2009-2010

Budget Overview

	Mayor's Budget	Health Commission	Difference
Increase to Revenue	\$ (107,312,488)	\$ (107,461,534)	\$ 139,046
Inflationary Increases	\$ 2,662,320	\$ 2,662,320	\$ -
Regulatory Increases	\$ -	\$ 143,000	\$ (143,000)
Structural Increases	\$ 5,773,808	\$ 12,440,323	\$ (6,666,715)
Reductions	\$ (71,048,629)	\$ (49,420,517)	\$ (21,628,112)
New Initiatives	\$ 560,849	\$ 1,594,432	\$ (1,033,583)
Total Reduction to General Fund	\$ (169,364,340)	\$ (140,031,976)	\$ (29,332,364)

Increased Revenues

Revenue increases in the Mayor's budget are \$139,046 less than those approved by the Health Commission.

- (\$216,780) less budgeted for FMAP for Medi-Cal services at San Francisco General Hospital. This is a minor change to the \$49,843,000 in the HC Budget.
- \$17,481 more budgeted for Rehabilitation Services revenue at LHH. This is an increase from the \$253,417 in the HC Budget.
- \$6,992 more budgeted for Acute Rehabilitation Services revenue at LHH. This is an increase from the \$213,154 in the HC Budget.
- \$3,261 more budgeted for Healthy Worker's premiums at SFGH. This is a minor change to the \$1,500,000 in the HC Budget.
- \$50,000 in new revenue for increases to the Health Care Accountability Ordinance "in lieu" fee.

Regulatory Increases

The Mayor's budget did not include \$143,000 to fund an infection control surveillance worker and pay for materials and supplies. The Department has identified savings in the UC Contract to fund this mandated activity.

Structural Issues

The Mayor's budget did not fund \$6,666,715 of the \$12,440,323 in Structural requests.

- (\$696,717) less in salary expense at LHH. This is a decrease from the \$2,998,563 in the HC Budget.
- (\$900,000) requested for pharmaceutical cost at LHH was not funded.
- (\$5,034,998) requested for costs of Community Placements was not funded.
- (\$35,000) less in salary expense in CBHS MH. This is a decrease from the \$935,000 in the HC Budget.

Reductions in Spending

The Mayor's budget includes an additional \$20,878,112 in reductions. This includes a \$16,998,384 "placeholder" adjustment to DPH attrition savings pending final ratification votes by SEIU 1021 and other unions occurring this week and next week.

- (\$1,084,452) less in savings from the outsource of security services, reflecting a later effective date. This is a decrease from the \$2,711,130 in the HC Budget.
- (\$188,017) less in savings from reductions to Behavioral Health Contracts. This is a small decrease from the \$5,747,759 in the HC Budget.
- \$50,885 more in savings from nursing skill mix changes at LHH. This is an increase to the \$188,496 in the HC Budget related to change in job classification.
- (\$3,000,000) less in savings from the Behavioral Health RFP. This is a decrease from the \$7,000,000 in the HC budget.

Reductions in Spending (contd)

- (\$73,479) less in savings from HIV prevention – outreach and testing contracts. This is a decrease from the \$356,811 in the HC Budget.
- (\$161,604) less in savings from position reductions. This is a decrease from the \$2,033,845 in the HC budget.
- \$200,000 more in grant and project close outs. This is an increase to the \$5,850,000 in the HC Budget to include a 1-time delay in implementation for scattered site housing.
- \$366,667 in a new initiative to reprogram Mobile Assistance Patrol Transportation Program services, with greater focus on evening services.
- \$7,769,726 in an initiative by the Sheriff to contract out Jail Health Services. This item will require a "Prop J" hearing by the Board of Supervisors. This amount reflects the City-wide savings net of the contract cost that will be incurred by the Sheriff.

Reductions in Spending (contd)

- \$16,998,384 as a "placeholder" adjustment to attrition savings which will be adjusted, pending ratification votes by SEIU and others in the coming two weeks. This item will be replaced by ratified agreements to reduce compensation or by layoffs, if agreements are not ratified.
- \$750,000 in an initiative by the Department of Building Inspection, eliminating funding for SRO Collaborative. This will effectively eliminate all City funding to the program.

New Initiatives

Funding for new initiatives were reduced \$1,033,583 from \$1,594,432 to \$560,849.

- (\$256,000) reduction to the request for funding of increased operating costs at the new LHH. This is a decrease from the \$548,050 in the HC budget.
- (\$777,583) to fund DPH IT operating expenses was not funded. These costs are related to additional needs at LHH plus scheduled increases in several DPH IT contracts.

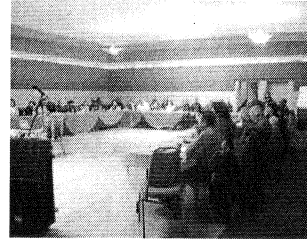
Changes in DPH GF

General Fund 06-30-08	\$ 410,706,175
Less	
Mid year Cuts in base budget	(29,487,759)
Plus	
10% Fringe Benefit Increase	16,500,000
Other Adjustments to base budget (COLA, Capital, EQ, WOs)	37,789,658
Adjusted Baseline	435,507,274
Less	
GF reductions	
Total	(189,364,340)
OB-DCuts	54,394,318
SRO Collaboratives	750,000
EMSA Savings	(80,279)
Jail Health contract	(7,500,000)
	(121,610,301)
General Fund 06-30-09	\$ 313,896,973

San Francisco Department of Public Health Community Programs Stakeholder Engagement Process

Presentation to Health Commission
June 2, 2009

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COMMUNITY ENGAGEMENT



Background

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COMMUNITY ENGAGEMENT

Background

- Given the current financial forecast, Community Programs initiated a participatory planning process aimed at generating recommendations for system of care improvements, revenue enhancements, and cost reductions, while preserving the Department's values.
- DPH's process of stakeholder involvement in change management has been recognized as a promising practice by Mayor Newsom's CBO Taskforce.
- Community Programs ensured that its goals were aligned with the principles articulated by the Health Commission and the Human Services Network.

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COMMUNITY ENGAGEMENT

Goals

- The goals of the *Stakeholder Engagement Process* were:
 - Plan for a new community-based public health system that will improve outcomes and increase efficiencies in six priority areas.
 - Support Community Programs' principles of community engagement and involvement.
 - Obtain input to inform Community Programs reorganization and guide service system changes.

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COMMUNITY ENGAGEMENT

Process Summary

- There were 164 participants from DPH civil service, CBO leadership, SEIU, HSA, and the community.
- Participants spent approximately 100 hours attending the following meetings:
 - 5 Stakeholder Group meetings
 - 4 Project Leader meetings
 - 46 workgroup meetings
- DPH staff and the Controller's Office also met during this time to monitor the planning process and the development of recommendations.
- This project received project management and financial support through the City Services Auditor Division, Controller's Office.

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COMMUNITY ENGAGEMENT



Six Policy Initiative Workgroups

1. Integrating Behavioral Health and Primary Care
2. Coordinating Care
3. Managing Beds (*two subgroups*):
 - Substance Abuse Residential Treatment
 - IMD Client Assessment
4. Increasing Health Equity
5. Supporting Children, Youth, and Families
6. Community-Based Organizations

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CONSTRUCTION SERVICES



Workgroup Recommendations

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Integrating Behavioral Health and Primary Care Project Leaders

- ✦ **Kavoos Bassiri**
 - Executive Director of RAMS, representing the Mental Health Contractors Association
- ✦ **Bob Cabaj, MD**
 - Director, CBHS, DPH
- ✦ **Lisa Golden, MD**
 - Medical Director, Ocean Park Health Center, DPH
- ✦ **Dick Hodgson**
 - Vice President of Policy and Planning, San Francisco Community Clinic Consortium

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CONSTRUCTION SERVICES

Integrating Behavioral Health and Primary Care Recommendations

1. Assign all clients a primary care provider.
2. Establish a clear definition of health care homes as a either a primary care clinic or a behavioral health setting/agency. A designated health care home assures clients/patients access to both primary care and behavioral health services. Designated health care homes must meet a core set of criteria.
3. Guarantee that all clients within a health care home have access to care coordination.

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CONSTRUCTION SERVICES

Integrating Behavioral Health and Primary Care Recommendations, continued...

4. Develop protocols and procedures for record keeping and information and data sharing, and provide communication and training for all DPH and affiliated primary care and behavioral health providers working within integrated models of care settings.
5. Ensure that culturally and linguistically competent services are maintained within an integrated model of care.

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Integrating Behavioral Health and Primary Care Recommendations, continued...

6. Develop financing strategies that support revenue maximization and address existing barriers to financing behavioral health services in primary care settings as well as primary care providers in behavioral health settings/agencies.

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CONSTRUCTION SERVICES

Coordinating Care Project Leaders

- + **Edwin Batongbacal**
 - Director, DPH CBHS Adult and Older Adult Systems of Care
- + **Grant Colfax**
 - Director, DPH HIV Prevention Section, representing the HIV Prevention Planning Council
- + **David Fariello**
 - Division Director, SFGH Citywide Case Management Community Focus - UCSF
- + **Brenda Storey**
 - Director, Mission Neighborhood Health Center, representing Community Clinic Consortium members

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community research

Coordinating Care Recommendations

1. **Further define criteria of users of multiple systems who are at high risk, then identify and engage individuals who meet criteria for orchestrated Coordinated Care.**
2. **Assign a care coordinator to each of these clients to identify and work with other members of the Coordinated Care Team.**
3. **Develop a joint care plan based upon an assessment of the client's risks and strengths, using the various domains of recovery.**

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community research

Coordinating Care Recommendations, continued...

4. **Utilize a shared database and communication system for coordinating, monitoring, and collecting profiles, services, and outcomes to facilitate information sharing and communication among service providers.**
5. **Design Coordinated Care to be outcome-driven and to address common individual- and system-level barriers and successes.**

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Managing Beds Project Leaders

- + **Alice Gleghorn**
 - Deputy Director, CBHS, DPH
- + **Barbara Garcia**
 - Director, DPH Community Programs
- + **Kelly Hiramoto**
 - Director, DPH Placement
- + **Steve Fields**
 - Executive Director, Progress Foundation, representing the Human Services Network

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Managing Beds – Substance Abuse Subgroup Overarching Policy Recommendation

1. **Expand the existing authorization and utilization review process to include residential substance treatment programs.**
 - Components include: centralized bed management; utilization review of beds; standardized admissions and discharge criteria; and coordination among the Behavioral Health Access Center (BHAC), Placement Unit, community agencies, and the client's case manager.

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Managing Beds – IMD Subgroup Recommendations

1. **Support continued efforts to assure the least restrictive level of care and minimize Length of Stay.**
2. **Explore opportunities for diversion to community programs before sending clients to IMD and consider system changes for a different type of facility in the community if indicated.**

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**Managing Beds – IMD Subgroup
Recommendations, continued...**

3. To reduce isolation, strengthen community connections within the IMD structure via groups and interviews / meetings with community program representatives and Intensive Care Managers.
4. For IMD clients needing supportive housing, find exit models that provide this service outside of the Tenderloin or other high substance triggering environments.

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COMMUNITY HEALTH

**Increasing Health Equity
Project Leaders**

- + **Doreen Der-McLeod**
 - Executive Director, Cameron House, representing the Asian & Pacific Islander Health Parity Coalition
- + **Ginger Smyly**
 - Deputy Director, DPH HIV Prevention

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COMMUNITY HEALTH

**Increasing Health Equity
Recommendations**

1. **Public Health, Health Promotion and Prevention.** Promote and maintain prevention and public health functions related to reducing and eliminating health disparities and health inequities by ensuring that prevention is a core component of new program initiatives, services, and part of the overall design where appropriate across the department and contractors.

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COMMUNITY HEALTH

**Increasing Health Equity
Recommendations, continued...**

2. **Data.** Systematically collect, analyze and report on health disparities and inequities, by ethnic/cultural, age, neighborhood and other relevant groupings as a guide for the planning, setting of funding priorities, and evaluation of services, projects and contracts.
3. **Cultural Humility /Cultural Competence.** Ensure cultural humility and cultural competency are reflected in the application, development and implementation of programs and services delivered by the department and contractors.

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COMMUNITY HEALTH

**Increasing Health Equity
Recommendations, continued...**

4. **Building Community Capacity.** Build the capacity of community and grassroots organizations to address the health issues of emerging populations and other affected populations by providing training opportunities and technical assistance.
5. **Social Determinants of Health.** Identify, prioritize, and address the social determinants of health to eliminate or reduce health disparities and health inequities across the department and contractors.

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COMMUNITY HEALTH

**Supporting Children, Youth, and Families
Project Leaders**

- + **Sai-Ling Chan-Sew**
 - Director, DPH CBHS Child, Youth, and Family System of Care
- + **Marlo Simmons**
 - Adolescent Health Coordinator, DPH and Department of Children, Youth, and Their Families
- + **Germán Walteros**
 - Associate Director, Instituto Familiar de La Raza

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COMMUNITY HEALTH

Supporting Children, Youth, and Families
Recommendations

1. Collaborate to improve coordination and prioritization in care planning across systems of care to reduce institutionalization/ group care and support families living in natural communities, particularly for children, youth, and families who have complex needs and/or are served by multiple systems.

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COMMUNITY IMPROVEMENT

Supporting Children, Youth, and Families
Recommendations, continued...

2. Partner with the Mayor's Interagency Council (IAC) to develop a coordinated system of services for children, youth, and families that supports multiple "hubs," ensures that one "Care Coordinator" is identified and maintains a primary relationship with the client, and helps sustain smooth transitions across the continuum of care.
3. Fund activities that ensure children, youth, and families needing behavioral health support are identified and receive early intervention services before they need higher levels of care or experience other negative outcomes.

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COMMUNITY IMPROVEMENT

Supporting Children, Youth, and Families
Recommendations, continued...

4. Create incentives for the adult and child systems to work together to support and ensure optimal outcomes for Transitional Age Youth.
5. Focus on community violence, intimate partner violence, child abuse, and trauma as significant public health issues for children, youth, and families in San Francisco.

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COMMUNITY IMPROVEMENT

Community Based Organizations
Project Leaders

- ✦ **Sherilyn Adams**
 - Executive Director, Larkin Street Youth Services, representing the Human Services Network
- ✦ **Brett Andrews**
 - Executive Director, Positive Resource Center, representing the HIV/AIDS Provider Network
- ✦ **Jacob Moody**
 - Executive Director, Bayview Hunters Point Foundation for Community Improvement, representing the African American Health Leadership Group

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COMMUNITY IMPROVEMENT

Community Based Organizations
Recommendations

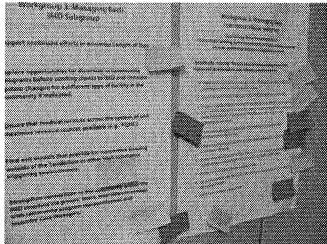
1. Support and foster community-driven strategic restructuring efforts that maximize service availability and quality for priority populations.
2. Improve contractor assessment practices to ensure that DPH is funding high-performing, competent, and fiscally strong nonprofits.

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COMMUNITY IMPROVEMENT

Community Based Organizations
Recommendations, continued...

3. Support capacity development of organizations providing key services in priority neighborhoods.
4. Continue to streamline and improve the nonprofit contracting process.

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Next Steps

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COMMUNITY PROGRAMS

Next Steps

- ✦ Report will be used as a Strategic Plan for Community Programs future planning efforts
- ✦ Recommendations will inform:
 - Structural changes for all new Community Programs RFPs
 - Restructuring of services within civil service

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COMMUNITY PROGRAMS