

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9--93

RESOLUTION PROPOSING POLICIES FOR THE REFORM OF ADULT MENTAL HEALTH SERVICES INTO AN INTEGRATED SERVICE SYSTEM USING CLUSTERS

- WHEREAS, the continuing fiscal crises of the City and the State have resulted in significant budget reductions and reduced capacity in the mental health system for the past several years; and,
- WHEREAS, the State Department of Mental Health is proceeding with implementation of the Rehabilitation Option and Coordinated Services in FY 1993-94; and,
- WHEREAS, the State Department of Health Services and the State Department of Mental Health have proposed a policy of "carving out" Medi-Cal mental health services and beginning the implementation of Mental Health Managed Care in FY 1993-94; and,
- WHEREAS, the implementation of Mental Health Managed Care will result in the City and County assuming full risk and liability for cost of all clients served; and,
- WHEREAS, the long-range goal of the Department is the development of an integrated system of health, mental health and substance abuse services; and,
- WHEREAS, the aforementioned goal and changes necessitate the redesign of mental health services for adults into an integrated service system which is accountable, efficient, cost effective and able to provide continuous, quality services to the seriously mentally ill in a culturally competent manner, therefore; be it
- RESOLVED, that the San Francisco Health Commission does hereby declare the, following to be the policies of the San Francisco Department of Public Health:
1. The existing pool of providers of mental health services will be maintained in FY 1993-94 to the extent that resources are available, with the provision that funding levels, services, tasks, roles and responsibilities will be modified to conform to the integrated service system of care.
 2. A civil service unit will be designated in each cluster to perform basic risk and clinical liability management roles such as gatekeeping, eligibility determination and utilization control functions. This unit will serve as the single point of entry for clients into the system.

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3. A methodology for resource allocation must be developed which gives priority to numbers of the priority target population served and acuity levels. For FY 93-94, funding levels will factor in numbers of target population served, numbers of clients served who are recently discharged from acute/institutional services and numbers of homeless mentally ill to be served in the cluster region.

and; be it,

FURTHER RESOLVED, that the San Francisco Health Commission directs the Department to report on progress of cluster implementation on a regular basis to the Joint Conference Committee on Mental Health and to provide a full report to the Health Commission within six months.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 20, 1993.



Sandy Ouye Mori
Executive Secretary to
the Health Commission