

Meeting on DPH Contracting Issues – Exchange of Information and
Setting Realistic Goals
Wednesday, November 1, 2006

Attendees:

Lee Ann Monfredini – Health Commissioner
David Sanchez – Health Commissioner
Steve Fields – Progress Foundation, HSN Co-chair
Judith Stevenson – Baker Places, Chair, HSN Contract Reform Committee
Sherilyn Adams – Executive Director, Larkin Street Community Services, member of
HSN’s Steering Committee and Contract Reform Committee
Debbi Lerman – Human Services Network Administrator
Jimmy Loyce – Director, AIDS Office
Michelle Long – HIV Health Services Director, AIDS Office
Barbara Garcia – Director, Community Programs
Bob Cabaj – Director, Community Behavioral Health Services
Anne Okubo – Deputy Finance Director
Gregg Sass – DPH Chief Financial Officer
Mitch Katz – Health Director
Michele Seaton – Health Commission Executive Secretary

Agreed Upon Action Items

1. DPH program managers will meet with contractor staff annually to discuss and negotiate contract development, including outcome objectives (including those that are imposed externally), scope of work, monitoring, certification and the menu of options to expedite certification (i.e. multi-year contracts, 18-month contract, 12% contingency, interim agreements and/or COLA included in the base budget), cultural competency and exchange of data. This shall be done in a mutually agreed upon timeframe. The meeting will take place annually even if the contractor has a multi-year contract.
2. In case of data disagreements, contractors can share their data reports with DPH and DPH will match its data with the contractor’s data.
3. Contracts Office staff will provide training to program staff in contract options. The training will focus on the methods that DPH has available to streamline the contract process (i.e. 18-month contract). The training will also encompass the COOL system. Contractors will have the opportunity to be involved in these trainings, and HSN will take responsibility for ensuring contractor representation. Anne Okubo will schedule training right away in each division.
4. Any contract changes, including any external state or federal mandates, must be discussed and negotiated with contractors in a timely fashion.

5. The use of COOL for contract development is voluntary for contractors, and will be combined with conversation and training.
6. DPH will develop and undertake a vendor satisfaction survey. There will be no field test for the survey. In addition to the one-time survey, the Department will establish a mechanism under which contractors would be able to provide feedback on their contract process at the conclusion of every contract cycle.
7. When disseminating information and proposing policy changes for contracts, DPH will reach out to organizations and contractor associations for feedback. Barbara Garcia's December budget meetings are a good model. HSN commits to sending knowledgeable representatives.
8. The Department will include contractors in the process of streamlining the cultural competency report to better measure effectiveness.
9. Staff will report to the Budget Committee four times a year and to the Health Commission twice a year.
10. Contract Narrative Changes
 - a. The scope of work will be one sentence
 - b. Target population will be in the form of a table or chart
 - c. Methodology – Michelle Long has convened a committee to develop a mock up standardized methodology. All three DPH divisions are represented on the committee. A copy of the draft document will be sent to all providers. She will convene a focus group with providers to discuss.
 - d. Objectives will be listed.