

SF DPH Community Programs Stakeholder Engagement Recommendations

Progress Update

December 7, 2010

Agenda

- + Welcome**
- + Leadership Transition**
- + Implementation Update on Report Recommendations**
 - Integrating Behavioral Health & Primary Care
 - Mental Health Medi-Cal (Short-Doyle Project)
 - Managing Beds: Substance Abuse
 - CBO Task Force Report Response Process
- + Update on Mayor's Budget Instructions and Projected DPH Deficit**
- + Wrap Up and Next Steps**

Background: Goals of Planning Process

- + Plan for a new community-based public health system that would improve outcomes and increase efficiencies in **six** priority areas
- + Develop recommendations to inform reorganization of Community Programs and allocation of resources
- + ***Deliverable:*** Stakeholder Recommendations Process Report May 2009

Groundwork: Six Policy Initiative Workgroups

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

Follow-up Activities

+ 2009 Activities- *Completed*

- Health Commission presentation on June 2, 2009
- Community Programs Strategic Review of Recommendations (May/June 2009)
- Public Comment through 30-day posting on DPH website
- December 8, 2009 Report Back on Progress

+ 2010 Report back on Progress – *Today*

Implementation of Workgroups Recommendations Update

Integrating Behavioral Health and Primary Care

Administrative Integration of PCBH



City and County of San Francisco - Department of Public Health

Community Programs

Health Commission

Mitchell Katz MD

Community Programs

Barbara A. Garcia, MPA, Deputy Director of Health
Director of Community Programs

Deputy Director
Prevention
vacant

Director of Disaster
Planning
Charlie Morimoto

Director of Operations
Michelle Ruggels

Chief Medical Officer
Irene Sung, MD

Deputy Director Quality
Marla X. Martinez

Population Health & Prevention

- Community Health & Epidemiology
- STD Prevention
- Emergency Med Services
 - TB Control
 - Public Health Lab
 - Environ Health/Safety

Community Health Network

- SF General Hosp & Trauma Center
- Laguna Honda Hospital
- Jail Health Services

HIV Services	Community Health Care				Housing and Urban Health	Placement Services	Maternal, Child, and Adolescent Health	Health Promotion and Prevention
HIV Health Services Director Bill Blum, LCSW HIV Prevention Director Grant Colfax MD HIV Research Director Susan Buchbinder MD HIV Epidemiology Director Susan Scheer MD	Director Marcellina Ogbu, DrPH				Director Marc Trotz	Director Kelly Hiramoto	Director vacant	Director vacant
	Community Oriented Primary Care Services Chief Operating Officer Bill Blum, LCSW	Community Oriented Primary Care Services Medical Director Lisa Johnson MD	Community Behavioral Health Services Director Jo Robinson, MFT	Community Behavioral Health Services Medical Director Bob Cabaj MD	Medical Director Josh Bamberger, MD		Medical Director vacant	

revised 080210

Integration of Behavioral Health and Primary Care Services

- + The Controller's Office and DPH selected Public Consulting Group (PCG) to provide expert analysis and technical assistance to implement a **Primary Care Behavioral Health (PCBH) Program** situated in the primary care team (Behaviorist and Behaviorist Assistant).
- + The PCBH Program will build upon current efforts to integrate behavioral health and primary care services provided through DPH and the San Francisco Community Clinics Consortium (SFCCC).

Integration of Behavioral Health and Primary Care Services – Clinic Integration

Project Timeline: December 2009 – June 2011

Dec 2009	Onsite Project Planning
Jan – Jun 2010	Readiness Reviews for COPC
Aug – Nov 2010	Readiness Reviews for SFCCC and SFGH
Jul – Sep 2010	Training, Program Manual, Staffing Plan
Fall and Winter 2010	Clinic-specific Training, “Go Live” Behaviorist and Behaviorist Assistant Trainings
Spring and Summer 2011	Implementation

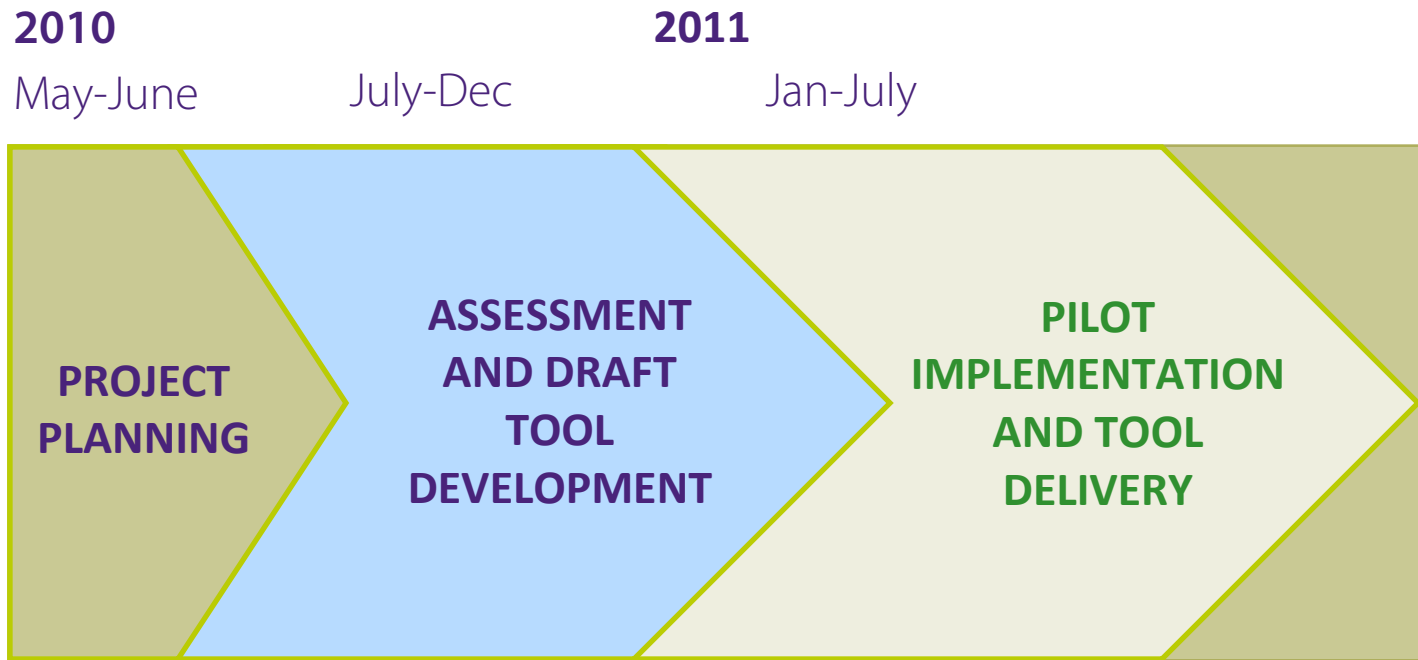
Mental Health Medi-Cal **(Short Doyle Project)**

Project Objectives

The **Medi-Cal Certification Pilot** is part of a larger project designed to:

- + Maximize MH/MC reimbursement for mental health services provided by community-based substance abuse providers
- + Identify, test and document the Medi-Cal certification and billing process
- + Develop certification tools for use by DPH and Service Providers going forward

Project Timeline



Project Tasks & Certification Tools

- + **Conduct an assessment of current and best practices in Medi-Cal certification**
 - **Study the process from the CBHS and provider perspectives**
- + **Define the certification process and develop certification tools**
- + **Pilot the tools with substance abuse providers and revise as appropriate**
- + **Deliver a Medi-Cal Certification Checklist and Manual**

Managing Beds: Substance Abuse
The Residential Treatment
Authorization
Pilot Program

Introduction

- + On July 1, 2010, the Behavioral Health Access Center (BHAC) began the process of creating a **single authorization and placement mechanism** for residential/inpatient substance abuse and co-occurring treatment capacity.

WHY?

- + Patients on multiple waiting lists**
- + Lack of triage to appropriate milieu**
- + Need for increased utilization review**
- + Reduce barriers by creating a “one-stop-shop” for PPD, health screening, assessment, pre-treatment, ID vouchers, entitlements eligibility pre-admission**
- + Consolidated care-coordination process**

SA/Co-occurring Residential and Inpatient Services in San Francisco

- + 383 beds (slots) contracted by CBHS
- + 23% of total substance abuse resources
- + 1,094 unduplicated patients per year
- + 27 programs provided by 7 agencies

Additionally:

- + 117 beds (slots) residential detox
- + 4,064 unduplicated patients per year.

Behavioral Health Access Center (BHAC)

- + High profile portal of entry into the system of care**
- + Well known partner with community-based providers**
- + Linked to other principals including criminal justice system, hospitals, primary care clinics, mental health clinics**

* Clients may drop-in or schedule an appointment by calling 1-800-750-2727.

Questions



**CBO Task Force Response
Process Update:
“Strengthening the
Partnership”**

Context

- + CBO Task Force Report: **“Partnering with Nonprofits in Tough Times”** reiterated the critical role CBOs play in delivering City-funded services to the City’s most vulnerable residents.
- + The CBO Task Force recommended the City provide leadership and direction in partnership with CBOs to articulate a vision for service delivery and to establish a clear accountability framework.

Planning Process

- + Mayor and Board of Supervisors directed Barbara Garcia and Kate Howard to convene nonprofit and City leaders in identifying solutions to current challenges.**
- + Criteria were established early on to ensure broad and diverse participation from the nonprofit sector.**

Planning Process (cont)

Participants met over a four-month period and developed recommendations across the following three areas:

- **Strategic communication** to strengthen the nature of interactions between the City and CBOs.
- **Shared accountability** aimed at improving coordination and oversight across City Departments.
- **Capacity building** strategies directed towards building and sustaining a vibrant system of care.

Strategic Communication

- 1. Improve communications and interactions between the City and CBOs.**
- 2. City Departments should increase the frequency and methods of communications to CBOs.**
- 3. City Departments should gather and incorporate nonprofit input.**
- 4. City Departments should convene nonprofits in the earliest stages of policy development.**

Shared Accountability

- 5. City Departments should provide clear information on monitoring and performance standards.**
- 6. CBOs should adopt a best practice framework for achieving organizational excellence.**
- 7. The City should address barriers to timely contract certification.**

Shared Accountability (cont)

- 8. City Departments should consistently implement methods for determining indirect cost reimbursement rates.**
- 9. The City should ensure CBOs have a functioning governing body in place.**
- 10. The Joint Planning Group endorsed a standardized Corrective Action Policy.**

Capacity Building

- 11. CBOs should proactively provide peer-to-peer support to struggling nonprofits.**
- 12. City Departments should prioritize peer-based mentoring models.**
- 13. City Departments should convene cross-department meetings.**
- 14. The City should think strategically about training opportunities and create a plan to measure its impact.**

Update on Mayor's Budget Instructions

FY2012 Mayor's Budget Instructions

- + Propose reductions and revenues equal to 10%* of adjusted GF support (at least 7% ongoing) (DPH=\$34.8m)**
- + Of the 10%, at least 2.5% should be current year savings, due to Mayor's Office 12/21/10 (DPH = \$8.7m)**
- + Remainder of the 10% submitted with the budget (DPH = \$26.1m)**
- + Provide additional 10% contingency (DPH= \$34.8)**

*** In FY10-11, the Department requirement was 20%**

FY2012 Mayor's Budget Instructions (cont.)

- + **Prioritize core functions**
- + **Seek and prioritize solutions such as:**
 - Administrative efficiencies
 - Consolidation of programs and functions
 - Restructuring service delivery
 - Revenue options

Mayor's Budget Instructions

Summary of City's FY2012 Shortfall

(86.4) Revenues

(293.4) Expenditures

(379.8) PROJECTED GENERAL FUND DEFICIT for FY 11-12

*** The FY10-11 projected General Fund deficit (at the same time last year) was \$522.2m**

Mayor's Budget Instructions

FY2012 Shortfall - REVENUE

(78.9)	Loss of Prior Year Starting Balance
(32.7)	One-Time Sources in FY10-11
55.4	Starting Balance – Current year savings and revenues
100.5	General tax (e.g. property), State, Federal, and other revenue
4.4	Net rainy day withdrawal
(135.1)	Loss of FMAP federal stimulus funding and Hospital Fee

(86.4) REVENUE TOTAL

Mayor's Budget Instructions

FY2012 Shortfall - EXPENDITURES

- (34.8) Salaries
- (66.3) Health, retirement, other benefit increases
- (19.5) Loss of one-time expenditure savings
- (17.5) Increased Number of Elections (Nov., Feb., June)
- (155.3) Other expenditure increases (debt service, capital budget, equipment, etc.)

(293.4) EXPENDITURE TOTAL

FY2012 Budget – POTENTIAL UNCERTAINTIES

- + Continued economic uncertainty**
- + Benefit cost growth (updated estimates in early 2011)**
- + State Budget**
- + Current year overspending or supplemental appropriations**

Calendar: Key Dates and Next Steps

December 1

Budget instructions issued

December 21

Current Year Savings ideas due

January

Governor's Budget released

February

Controller's 6-month report

February 21

Budget submissions due

March

Joint Report issued

Calendar: Key Dates and Next Steps (cont)

May 2	Proposed budget for Enterprise Depts. introduced at Board of Supervisors (BOS)
June 1	Mayor proposes Balanced Budget and submits to BOS
June	Budget Committee hearings
July	Budget considered at BOS

Wrap-Up and Next Steps

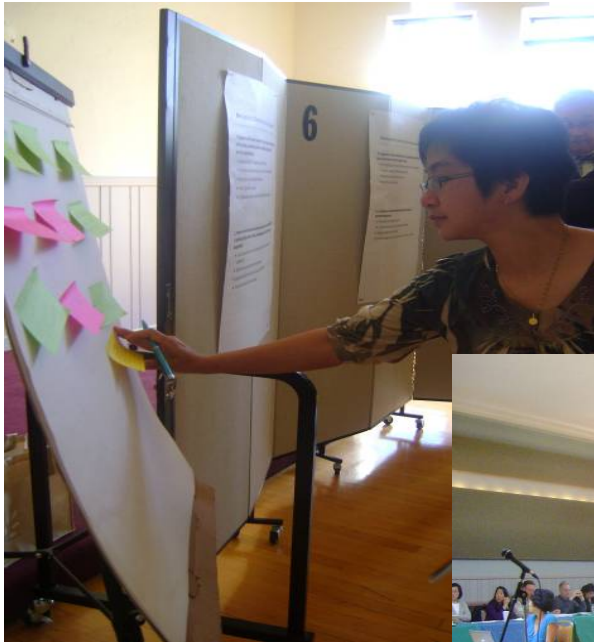
Wrap-Up

+ Observations or comments?

+ Questions?

Next Steps

- + **CBO Task Force Response Process**
Recommendations Follow-up Spring 2011



Expand the existing authorization and utilization review process to include residential substance treatment programs.

Specifically, consider the following primary components of this expanded authorization and utilization review system:

- Implement centralized management of substance abuse beds by Community Programs Placement Unit;
- Implement Utilization Review (UR) of all substance abuse beds;
- Ensure that the Behavioral Health Access Center (BHAC) coordinate with the Placement Unit and the client's case manager for admission, transition between placements, medication, and response to emergency episodes;
- Create standardized criteria for eligibility and procedures for admission and discharge;
- Create a prioritized referral and placement process for all DPH purchased SA beds;
- Ensure that BHAC and the Placement Unit have joint responsibility for coordination among agencies for placement and discharge;
- Reduce duplication of case management;
- Ensure substance abuse clients are connected to primary care and behavioral health;
- Implement census data system.

medical services across the system of care
venue sources available (e.g., FQHC).

models that provide for supportive housing
the Tenderloin or other high substance
environments.

en connections to the community within the
cture via groups, tours, interviews/meetings
community program representatives and
e Care Managers.