



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

November 30, 2020

Sent via email to CGrandJury@sftc.org

The Honorable Garrett L. Wong
Presiding Judge
Superior Court of California, County of San Francisco
Department 206
400 McAllister Street
San Francisco, CA 94102-4512

Dear Judge Wong:

In accordance with Penal Code Sections 933 and 933.05, and pursuant to the request of the City and County of San Francisco 2019-2020 Civil Grand Jury, attached please find the response of the San Francisco Department of Public Health (SFDPH) to the 2019-2020 Civil Grand Jury Report, *Strengthen Our Behavioral Health Services*. The Grand Jury requested that this office respond to the report.

For each Civil Grand Jury finding for which the Grand Jury has requested a response, the statutes require the respondent to either:

1. Agree with the finding; or
2. Disagree with the finding, wholly or partially, and explain why.

For each Civil Grand Jury recommendation for which the Grand Jury has requested a response, the statutes require the respondent to report:

1. That the recommendation has been implemented, with a summary explanation of how it was implemented;
2. The recommendation has not been implemented, but will be implemented in the future, with a time frame for the implementation;
3. The recommendation requires further analysis, with an explanation of the scope of that analysis and the time frame for the officer or agency head to be prepared to discuss is (less than six months from the release of the report); or
4. That the recommendation will not be implemented because it is not warranted or reasonable, with an explanation of why that is.

With these requirements in mind, I turn to the Civil Grand Jury's Findings and Recommendations from the *Strengthen Our Behavioral Health Services* report.



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FINDINGS

Finding 1. High staff vacancy rates inhibit the ability to care for individuals with mental illness and substance abuse disorders.

SFDPH agrees with the finding.

Finding 2. The shortage of Intensive Case Managers is chronic.

SFDPH agrees with the finding.

Finding 3. Lengthy and inefficient hiring protocols are contributing to a shortage of Intensive Case Managers.

SFDPH disagrees, partially, with the finding. Intensive Case Management (ICM) is one level of care provided by Behavioral Health Services (BHS). BHS currently has the capacity to serve 1,200 clients in our ICM programs while thousands of clients are served by outpatient behavioral health clinics. The majority of ICM programs are operated by Community Based Organizations (CBOs). Of the 231 full-time equivalency (FTE) direct service ICM staff (clinicians, health workers, psychiatrists) funded by BHS, only 51 FTE are DPH staff. The balance are employed by CBOs.

Behavioral Health Services (BHS) understands that vacancy rates for civil service programs is a result of delayed hiring where the CBO vacancy rate are due to the relatively low salary CBOs are able to offer. BHS is currently partnering with DPH-HR to do a mass hiring of civil service Behavioral Health Clinicians with a goal of hiring approximately 40 new clinicians.

Finding 4. The position of Director of Behavioral Health has been filled with five different individuals in five years.

SFDPH agrees with the finding.

Finding 5. BHS' scale of operation in terms of staff count, budget size, and public impact are not reflected in its deeply nested reporting position in DPH.

SFDPH disagrees, partially, with the finding. BHS's reporting position in the Ambulatory Care division of SFDPH has historically supported integration of behavioral health services in all areas of ambulatory care. Additionally, BHS is not larger in scale than other ambulatory care services in terms of civil services employees, number of people served, and the health impact on the population of San Francisco.

BHS is moving from being one of five sections within the Ambulatory Care division of the San Francisco Health Network (SHFN) to being a new division of the SFHN. The new Director will report directly to Grant Colfax



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(Director of Health) and Roland Pickens (Director of the San Francisco Health Network). This change is because BHS is both a health plan and set of direct client services, and as such has complex and large contracting and budgetary elements, and scope of work, which distinguish it from the rest of Ambulatory Care.

Finding 6. Regularly published DPH reports are not consistently published on the department web site.

SFDPH disagrees, partially, with the finding. BHS publishes many reports on the Department of Public Health website. BHS also has plans to revamp the BHS website to make it more effective in helping clients access care and to increase access to information about our system including program data and system outcomes.

Currently, many reports regarding Behavioral Health client satisfaction surveys and quality improvement work are published here: <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp>

Finding 7. DPH Headquarters at 101 Grove St. provides no public directory of offices and services.

SFDPH agrees with the finding.

Finding 8. DPH website provides no public directory of phone numbers.

SFDPH agrees with the finding.

RECOMMENDATIONS

Recommendation 1. By March 2021, re-evaluate the hiring process for ICM's in light of the success of the expedited strategy for hiring registered nurses executed in March 2020. Leverage it to inform a redesign of existing policy.

SFDPH will seek to implement the recommendation. DPH-HR and BHS are partnering on a batch hiring of 40 FTE 2930, Behavioral Health Clinicians. The ETA for these hires is January 2021. DPH and HRD are also collaborating to reexamine the hiring process for licensed clinicians with a goal of streamlining the process, e.g., criteria, testing.

Recommendation 2. By June 2021, fill 50% of ICM vacancies in 21 days or less.

SFDPH will not seek to implement the recommendation. BHS is working to hire the 2 vacant civil service clinicians as part of the 2930 batch hiring. The majority of ICM programs are operated by CBOs. Of the 231 FTE direct service ICM staff (clinicians, health workers, psychiatrists) funded by



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BHS, only 51 FTE are DPH staff.

It is currently not possible to hire permanent civil service positions in 21 days. There are several steps in the Civil Service hiring process which include a Form III submission, position approval, reassignment/posting, selection process, request to hire submission, and onboarding process. The fastest hiring time projection from DPH HR is 120 days. The current average for BHS hires is about one year from when the position is identified as needed and entered into our system to the start date of the position. We are working to improve this time.

Recommendation 3. By March 2021, engage the Budget and Legislative Analyst or other external consultancy to examine the policy and practice of executive placement and compensation for the Director of Behavioral Health.

SFDPH will not seek to implement the recommendation. DPH reclassified the Director of Behavioral Health position in June 2020 to reflect the complexity of work and reporting structure.

Recommendation 4. By September 2021, in light of the study findings, redesign and realign the position of BHS in the organizational structure as a direct report to the Director of Health.

SFDPH has implemented this recommendation. DPH has changed the reporting structure of the Director of Behavioral Health to report directly to the Director of San Francisco Health Network and the Director of Health.

Recommendation 5. By September 2021, ensure discipline surrounding regular document and event reporting to ensure timely, accurate web access.

SFDPH will seek to implement the recommendation. BHS has plans to revamp the BHS website. The workplan for this project involves making the website more effective in helping clients access care and to increase access to information about our system including program data and system outcomes. BHS will incorporate this goal into the design and maintenance plan for the website.

Recommendation 6. By September 2021, provide local site directories for public notice.

SFDPH will seek to implement the recommendation. BHS and DPH will incorporate this goal into the design and maintenance plan for the website.

Recommendation 7. By September 2021, publish direct contact information of offices and service personnel to enhance public access to DPH services.



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SFDPH will seek to implement the recommendation. BHS and DPH will incorporate this goal into the design and maintenance plan for the website.

SFDPH hopes that this information is helpful. SFDPH would like to thank the members of the 2019-2020 Civil Grand Jury for the opportunity to respond to their report and for their interest in our vital behavioral health services, which support so many communities in San Francisco.

Sincerely,

A handwritten signature in blue ink, appearing to read "Grant Colfax".

Grant Colfax, MD
Director of Health

cc: Mayor London Breed

**Strengthen Our Behavioral Health Services
FY 2019-20 Civil Grand Jury Report**

#	Finding	Respondent Assigned by CGJ	Response	Response Text
			Agree with the finding	No explanation needed
			Disagree, partially	Specify portion disputed and reason
			Disagree, wholly	Specify disputation and reason
F1	High staff vacancy rates inhibit the ability to care for individuals with mental illness and substance abuse disorders.	DPH HRD	Agree	
F2	The shortage of Intensive Case Managers is chronic.	DPH HRD	Agree	
F3	Lengthy and inefficient hiring protocols are contributing to a shortage of Intensive Case Managers.	DPH HRD	Disagree, partially	<p>Intensive Case Management (ICM) is one level of care provided by Behavioral Health Services (BHS). BHS currently has the capacity to serve 1,200 clients in our ICM programs while thousands of clients are served by outpatient behavioral health clinics. The majority of ICM programs are operated by Community Based Organizations (CBOs). Of the 231 full-time equivalency (FTE) direct service ICM staff (clinicians, health workers, psychiatrists) funded by BHS, only 51 FTE are DPH staff. The balance are employed by CBOs.</p> <p>BHS understands that vacancy rates for civil service programs is a result of delayed hiring where the CBO vacancy rate are due to the relatively low salary CBOs are able to offer. BHS is currently partnering with DPH-HR to do a mass hiring of civil service Behavioral Health Clinicians with a goal of hiring approximately 40 new clinicians.</p>
F4	The position of Director of Behavioral Health has been filled with five different individuals in five years.	DPH	Agree	
F5	BHS' scale of operation in terms of staff count, budget size, and public impact are not reflected in its deeply nested reporting position in DPH.	DPH	Disagree, partially	<p>BHS's reporting position in the Ambulatory Care division of DPH has historically supported integration of behavioral health services in all areas of ambulatory care. Additionally, BHS is not larger in scale than other ambulatory care services in terms of civil services employees, number of people served, and the health impact on the population of San Francisco.</p> <p>BHS is moving from being one of five sections within the Ambulatory Care division of the San Francisco Health Network (SHFN) to being a new division of the SFHN. The new Director will report directly to Grant Colfax (Director of Public Health) and Roland Pickens (Director of San Francisco Health Network). This change is because BHS is both a health plan and set of direct client services, and as such has complex and large contracting and budgetary elements, and scope of work, which distinguish it from the rest of Ambulatory Care.</p>
F6	Regularly published DPH reports are not consistently published on the department web site.	DPH	Disagree, partially	<p>BHS publishes many reports on the Department of Public Health website. BHS also has plans to revamp the BHS website to make it more effective in helping clients access care and to increase access to information about our system including program data and system outcomes. Currently, many reports regarding Behavioral Health client satisfaction surveys and quality improvement work are published here: https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp</p>
F7	DPH Headquarters at 101 Grove St. provides no public directory of offices and services.	DPH	Agree	
F8	DPH website provides no public directory of phone numbers.	DPH	Agree	

**Strengthen Our Behavioral Health Services
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#	Recommendation	Respondent Assigned by CGJ	Response	Response Text
			Has been implemented	Summary regarding implemented action
			Will be implemented	Timeframe for implementation
			Require further analysis	Explain scope and parameter of analysis, timeframe (should not exceed 6-months)
			Will not be implemented	Explain thereof
R1	By March 2021, re-evaluate the hiring process for ICM's in light of the success of the expedited strategy for hiring registered nurses executed in March 2020. Leverage it to inform a redesign of existing policy.	DPH HRD	Will be implemented	DPH-HR and BHS are partnering on a batch hiring of 40 FTE 2930, Behavioral Health Clinicians. The ETA for these hires is January 2021. DPH and HRD are also collaborating to reexamine the hiring process for licensed clinicians with a goal of streamlining the process, e.g., criteria, testing.
R2	By June 2021, fill 50% of ICM vacancies in 21 days or less.	DPH HRD	Will not be implemented	BHS is working to hire the 2 vacant civil service clinicians as part of the 2930 batch hiring. The majority of ICM programs are operated by CBOs. Of the 231 FTE direct service ICM staff (clinicians, health workers, psychiatrists) funded by BHS, only 51 FTE are DPH staff. It is currently not possible to hire permanent civil service positions in 21 days. There are several steps in the Civil Service hiring process which include a Form III submission, position approval, reassignment/posting, selection process, request to hire submission, and onboarding process. The fastest hiring time projection from DPH HR is 120 days. The current average for BHS hires is about one year from when the position is identified as needed and entered into our system to the start date of the position. We are working to improve this time.
R3	By March 2021, engage the Budget and Legislative Analyst or other external consultancy to examine the policy and practice of executive placement and compensation for the Director of Behavioral Health.	DPH HRD	Will not be implemented	DPH reclassified the Director of Behavioral Health position in June 2020 to reflect the complexity of work and reporting structure.
R4	By September 2021, in light of the study findings, redesign and realign the position of BHS in the organizational structure as a direct report to the Director of Health.	DPH	Has been implemented	DPH has changed the reporting structure of the Director of Behavioral Health to report directly to the Director of San Francisco Health Network and the Director of Health.
R5	By September 2021, ensure discipline surrounding regular document and event reporting to ensure timely, accurate web access.	DPH	Will be implemented	BHS has plans to revamp the BHS website. The workplan for this project involves making the website more effective in helping clients access care and to increase access to information about our system including program data and system outcomes. BHS will incorporate this goal into the design and maintenance plan for the website.
R6	By September 2021, provide local site directories for public notice	DPH	Will be implemented	BHS and DPH will incorporate this goal into the design and maintenance plan for the website.
R7	By September 2021, publish direct contact information of offices and service personnel to enhance public access to DPH services.	DPH	Will be implemented	BHS and DPH will incorporate this goal into the design and maintenance plan for the website.