

File No. 201122

Committee Item No. 2

Board Item No. 25

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Government Audit and Oversight

Date: Dec. 3, 2020

Board of Supervisors Meeting:

Date: Dec. 15, 2020

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OTHER

- Civil Grand Jury Report – October 1, 2020
- Civil Grand Jury Press Release – October 1, 2020
- Clerk of the Board Letter – October 7, 2020
- Required Response Matrix – Departments and BOS
- Department Responses

Prepared by: John Carroll

Date: Nov. 25, 2020

Prepared by: John Carroll

Date: Dec. 11, 2020

1 [Board Response - Civil Grand Jury Report - Strengthen our Behavioral Health Services]

2

3 **Resolution responding to the Presiding Judge of the Superior Court on the findings**
4 **and recommendations contained in the 2019-2020 Civil Grand Jury Report, entitled**
5 **“Strengthen our Behavioral Health Services;” and urging the Mayor to cause the**
6 **implementation of accepted findings and recommendations through her department**
7 **heads and through the development of the annual budget.**

8

9 WHEREAS, Under California Penal Code, Section 933 et seq., the Board of
10 Supervisors must respond, within 90 days of receipt, to the Presiding Judge of the Superior
11 Court on the findings and recommendations contained in Civil Grand Jury Reports; and

12 WHEREAS, In accordance with California Penal Code, Section 933.05(c), if a finding or
13 recommendation of the Civil Grand Jury addresses budgetary or personnel matters of a
14 county agency or a department headed by an elected officer, the agency or department head
15 and the Board of Supervisors shall respond if requested by the Civil Grand Jury, but the
16 response of the Board of Supervisors shall address only budgetary or personnel matters over
17 which it has some decision making authority; and

18 WHEREAS, Under San Francisco Administrative Code, Section 2.10(a), the Board of
19 Supervisors must conduct a public hearing by a committee to consider a final report of the
20 findings and recommendations submitted, and notify the current foreperson and immediate
21 past foreperson of the civil grand jury when such hearing is scheduled; and

22 WHEREAS, In accordance with San Francisco Administrative Code, Section 2.10(b),
23 the Controller must report to the Board of Supervisors on the implementation of
24 recommendations that pertain to fiscal matters that were considered at a public hearing held
25 by a Board of Supervisors Committee; and

1 WHEREAS, The 2019-2020 Civil Grand Jury Report, entitled “Strengthen our
2 Behavioral Health Services” (“Report”) is on file with the Clerk of the Board of Supervisors in
3 File No. 201121, which is hereby declared to be a part of this Resolution as if set forth fully
4 herein; and

5 WHEREAS, The Civil Grand Jury has requested that the Board of Supervisors respond
6 to Recommendation Nos. R3 and R4, contained in the subject Report; and

7 WHEREAS, Recommendation No. R3 states: “By March 2021, engage the Budget and
8 Legislative Analyst or other external consultancy to examine the policy and practice of
9 executive placement and compensation for the Director of Behavioral Health;” and

10 WHEREAS, Recommendation No. R4 states: “By September 2021, in light of the study
11 findings, redesign and realign the position of BHS in the organizational structure as a direct
12 report to the Director of Health;” and

13 WHEREAS, In accordance with California Penal Code, Section 933.05(c), the Board of
14 Supervisors must respond, within 90 days of receipt, to the Presiding Judge of the Superior
15 Court on Recommendation Nos. R3 and R4 contained in the subject Report; now, therefore,
16 be it

17 RESOLVED, That the Board of Supervisors reports that Recommendation No. R3 will
18 not be implemented because: the Department of Public Health has already re-classified the
19 Director of Behavioral Health position in June 2020 to reflect a new structure and salary, thus
20 the recommendation does not need to be implemented; and, be it

21 FURTHER RESOLVED, That the Board of Supervisors reports that Recommendation
22 No. R4 has been implemented as follows: the Department of Public Health has changed the
23 reporting structure of the Director of Behavioral Health to report directly to the Director of San
24 Francisco Health Network and the Director of Health, thus the recommendation does not need
25 to be implemented; and, be it

1 FURTHER RESOLVED, That the Board of Supervisors urges the Mayor to cause the
2 implementation of the accepted findings and recommendations through her department heads
3 and through the development of the annual budget.

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City and County of San Francisco 2019-2020 Civil Grand Jury



Strengthen our Behavioral Health Services

"Ladies, Ladies, please, help me. Can you help me? Please? Help." It's dusk in cool, dry December, as we leave City Hall. A coatless young man drops his bag with a thud on the sidewalk. It's a curious parcel, like wash-n-fold laundry. Bright white socks climb a dozen stone steps, diagonally, to reach us. Two Civil Grand Jurors stand stunned into silence. Face to the sky, hands extended showing orange wristbands for inspection; this grown boy announces his formal appeal. It went something like this: "My name is J ___ A ___. I am a citizen. I promised my mother to be a good boy and to be a good citizen and to work hard and run for President. I just got out of jail today and this is the last day to file the petition and they won't let me in. Please, help me. Please, can you come with me to tell them why I need to get in to find the right office so I can file my petition because this is the last day and I couldn't do it before today because I had to stay in jail until today and I need to run for President because I promised. Can you, please?" Pinned in a dubious encounter, one juror asks, "Who is your caseworker? They will help." "Citywide, but they are closed."

---Everyday, crises like this person crying out for help are the reasons we are writing this report.



World Mental Health Day is observed on October 10th every year. We dedicate this report, published in this same month, to the cause of raising awareness of mental health issues. A green ribbon was once a label for insanity. Today it is worn as a symbol of Mental Health awareness.

The Civil Grand Jury

The Civil Grand Jury is a government oversight panel of volunteers who serve for one year. It makes findings and recommendations resulting from its investigations.

Reports of the Civil Grand Jury do not identify individuals by name. Disclosure of information about individuals interviewed by the jury is prohibited. California Penal Code, section 929

State Law Requirement California Penal Code, section 933.05

Each published report includes a list of those public entities that are required to respond to the Presiding Judge of the Superior Court within 60 to 90 days as specified.

A copy must be sent to the Board of Supervisors. All responses are made available to the public.

For each finding, the response must:

1. agree with the finding, or
2. disagree with it, wholly or partially, and explain why.

As to each recommendation the responding party must report that:

1. the recommendation has been implemented, with a summary explanation; or
2. the recommendation has not been implemented but will be within a set timeframe as provided; or
3. the recommendation requires further analysis. The officer or agency head must define what additional study is needed. The Grand Jury expects a progress report within six months; or
4. the recommendation will not be implemented because it is not warranted or reasonable, with an explanation.

Members of the Civil Grand Jury

Jaime Guandique, Foreperson

Peter Mills, Parliamentarian

Phyllis Deets, Correspondence Secretary

Jonathan Gohstand, Recording Secretary

Ruben Ahumada

Richard Bogan

Victoria Hanson

Rebecca Jordan

Diane Josephs

Steven Lei

Patricia B. Levenberg, PhD

Judy Nadel

Charles Raznikov

Elwyn Wong

SUMMARY

It is hard to know where to start, but it's impossible to ignore where we find ourselves. On any given night, as many as 5,000 individuals can be found sleeping on our sidewalks and byways with 3,000 more in shelters. Of those, 4,000 are also suffering a mental illness that deepens their despair. Ironically San Francisco County is one of the richest counties in the United States. It's not like our city agencies are ignoring the less fortunate. The San Francisco Department of Public Health (DPH), Behavioral Health Services (BHS) sees and treats 30,000 annually. Yes, a great deal of good work is getting done, but what more could we do?

As 2019 came to a close, the Mayor and Board of Supervisors (BOS), authorized legislation entitled 'Mental Health SF'. This, coupled with the hiring of Dr. Anton Nigusse Bland in March 2019 as Director of Health Care Reform is a significant achievement for our City. Serving the unhoused, the unemployed, frequently behaviorally challenged is the purpose of some 7,000 dedicated staff members of the DPH. The department's funding sources are complex, a mix of federal, state, and local streams all with specific constraints on where and how a \$2.4 billion budget can be spent. The resultant mix of agencies, both public and private, coupled with a plethora of regulations, has created one of the more complex bureaucracies in modern government.

A bit more than half-way into the 2019-2020 San Francisco Civil Grand Jury's (SFCGJ) term, when our research was well underway, the coronavirus pandemic emerged. A few months later we learned that the pandemic would have a major negative impact on the city's finances. The jury is thus mindful that finding new funding will prove impractical. But it also means the city must be wise, looking to achieve the best possible results with the resources at hand.

With the prevailing conditions in mind, the SFCGJ set out to examine San Francisco's BHS, looking for potential weaknesses and inefficiencies that might be addressed without the need for additional funding. We make recommendations in the areas of hiring, organization, and public communications where we think more efficient administration, focused management, and just plain discipline will achieve better outcomes and thus improve service delivery - without significant increase in expense.

BACKGROUND

The SFCGJ could not ignore the longstanding situation that exists on San Francisco's streets where its residents pass people in obvious distress, high out of their minds or coping with some

other aspect of mental illness and desperate for help. It is routine for our local newspapers to write about the street scenes as well as the efforts of the DPH to address these people's needs¹.

In late winter early spring, the SFCGJ began to look more closely at the delivery of San Francisco City and County BHS. Our initial focus was to understand what appeared to be a delivery shortfall as anecdotal evidence and public reporting indicated the incidence of unwanted or threatening public behavior was growing worse. Then as our research progressed, the coronavirus pandemic erupted. We must acknowledge the DPH's extraordinary efforts to meet the challenge, both in its hospitals and clinics.

The coronavirus pandemic will have a substantial negative impact on San Francisco's public finances. In March of 2020 a report to the supervisors announced a significant reduction in revenue was to be expected. What had been a projected shortfall of \$420 million for the upcoming two-year plan was forecasted to increase to as much as \$1.7 billion.²

Recognizing that unfunded recommendations made by the SFCGJ would be difficult to implement, we chose to limit our report's recommendations to areas where we find room for improvement and for which changes would not necessarily demand significant additional investment. That said, we introduce our report with a discussion of the newly enacted legislation 'Mental Health SF' and its intended improvements.

METHODOLOGY

The SFCGJ centered its investigation around interviews and analysis of published reports. To a lesser degree it employed site visits and real time observations. Some of our activities:

- Examined six years of DPH periodic and incidental reporting
- Conducted two dozen interviews with department directors and staff
- Surveyed local press reporting on DPH initiatives for the preceding three years
- Reviewed Legislation related to behavioral health
- Examined formal reporting of other public health agencies
- Extracted current data from San Francisco's SF OpenData web portal.
- Conducted a Ride-Along with Emergency Medical Services
- Reviewed video transcripts of the Health Commission Meetings for the past year.
- Made site visits of selected DPH facilities

This report concerns itself with administrative practices and organizational structure. Thus we were most concerned with identifying actual vs. best practice. Our report reflects this research.

¹ ['They've been getting sicker': Inside SF's effort to help the toughest homeless cases](#)

² [Budget Outlook Update \(March Joint Report\) 3/31/2020 Kirkpatrick, Budget Director](#)

DISCUSSION AND ANALYSIS

Mental Health SF

This past year has seen a strong push by the Mayor and the BOS to address areas of concern in the delivery of BHS to San Franciscans. Below we note some developments.

In March of 2019, Mayor London Breed appointed Dr. Anton Nigusse Bland to serve in the new position of Director of Mental Health Reform. He reports to Dr. Grant Colfax, the Director of Public Health. Dr. Bland's mandate³ is to review existing programs looking for opportunities for reform and to improve efficiencies. In February 2020 Dr. Bland made an early presentation of his progress. His report can be found in the report [Homelessness and Behavioral Health](#)⁴.

In June 2019, Supervisors Haney and Ronen spoke to the SF Chronicle Editorial Board about a plan they were formulating to expand mental health care to all San Franciscans⁵. It was an early draft of what would eventually become Mental Health SF. Four months later, in October, the Mayor announced her own initiative titled UrgentCare SF⁶. The Mayor's plan appears to have been strongly influenced by the newly appointed Dr. Bland. Also in October, Supervisors Haney and Ronen announced revisions in their own plan with adjustments meant to gain wider support⁷. By November the competing legislation proposals had been reconciled to a single plan titled Mental Health SF⁸. It would guarantee '...mental health care to all San Franciscans who lack insurance or who are experiencing homelessness'.

In December, the BOS approved Mental Health SF ("the Plan"), a comprehensive proposal to transform the City's behavioral health system. The Plan's purpose is to overhaul the disjointed mental health care system to provide access to mental health services, substance use treatment, and psychiatric medications to all adult residents of San Francisco who are homeless, uninsured, or enrolled in Medi-Cal or Healthy San Francisco. To accomplish this, the Plan proposes to increase access to behavioral health services for San Francisco residents 18 and older; create a Mental Health Services Center to serve as a centralized access point open 24/7; establish a Crisis Response Street Team available 24/7 through a specific phone line to connect individuals in

³ [Mayor Breed Appoints Dr. Anton Nigusse Bland to Director- Mental Health Reform, 3/27/2019](#)

⁴ [SFDPH Mental Health Reform - Homelessness and Behavioral Health, Feb. 21, 2020](#)

⁵ [Editorial: S.F. mental health plan is a long way from fully cooked](#)

⁶ [Mayor London Breed Announces Comprehensive Mental Health Plan to Help City's Most Vulnerable Residents](#)

⁷ [Supervisors unveil revised vision for mental health care overhaul](#)

⁸ [Mayor London Breed, Supervisors Hillary Ronen and Matt Haney Announce Plan to Move Forward with Mental Health SF](#)

crisis with the care they need; and expand current mental health and substance use disorder services offered by BHS.

The future of the Plan is uncertain. The legislation as written will not become operative without either voter approved taxes, a single year budget expansion of at least 13%, or a BOS appropriation from the general fund. Recently announced budget cuts imperil the Plan's implementation. The Plan calls for the creation of a thirteen-member working group to recommend how best to implement the services the Plan envisions. That group was to have been in place by June 30, 2020 and to issue its findings by June of the following year. As of the date of our investigation, this group has not been formed.

Our research identifies two initiatives that were in development before Mental Health SF was announced - a Drug Sobering Center and Expanded Hours at Behavioral Health Access Center (BHAC) at 1380 Howard Street which acts as an entry point to substance abuse and mental health services. These two initiatives are as follows:

A Drug Sobering Center is a recommendation of the San Francisco Methamphetamine Task Force as described in its comprehensive final report published October 2019⁹.

Creating a 'trauma-informed sobering site' was the number one objective of three most impactful recommendations. Note this was published before the Plan. Three months after the plan was published, in March 2020, DPH in a report to the Health Commission proposed a sobering center to be quickly erected on an empty site at Turk and Jones¹⁰. Since then, progress has been held up because the site has been at the center of a neighborhood controversy¹¹. We are able to find the chosen site mentioned in a Healthy Streets Operations Center Report¹² centered on coronavirus response planning. However, we are not able to find what has become of the Task Force's intended sobering site.

Expanded hours of service at the BHAC. This initiative was announced by Mayor London Breed in September of 2019, in part as a result of Dr Bland's reform effort¹³. Four months later the Plan described a Mental Health Service Center operating 24/7, in essence expanding access to services already provided at the BHAC. Currently, the BHAC is only open 8-5 Monday through Friday, making Zuckerberg San Francisco General Hospital Psychiatric Emergency Services (PES) the sole emergency provider during off hours. The expanded hours of service at BHAC still have not been implemented.

⁹ [SF Methamphetamine Task Force Final Report 2019](#)

¹⁰ [Drug Sobering Center Proposal: "Project 180"](#)

¹¹ [SF Says no thanks to free housing for homeless on tenderloin parking lot](#)

¹² [Tenderloin Neighborhood Plan for COVID -19 May 7, 2020 Revision](#)

¹³ [Mayor's Office Press Release 9/4/2019 Plan to Help Those Suffering from Mental Illness](#)

These two service expansions, both solutions to crisis conditions existing for more than a year, were important enough to be announced as real plans being put into action. The jury endorses the enactment of the Drug Sobering Center, and the expanded hours of service as originally planned. They clearly fit into the strategy of Mental Health SF, and address an immediate need. We are hopeful these move to the top priority in an incremental rollout of Mental Health SF.

It's a Big Public Agency

San Francisco's DPH is one of the city's largest single enterprises. It has a current annual budget of nearly \$2.4 billion and employs nearly 7,000 people. BHS, a department within DPH, is itself the largest provider of services to individuals with serious mental illness and substance use disorders in the city. Its share of the DPH budget is \$446 million and its staff count is just under 700 full time equivalents (FTEs). Its services include prevention, early intervention, and inpatient and outpatient treatment.

The need is equally large as well, for both sheltered and homeless City residents. In the case of the homeless, 8,035 individuals were counted in San Francisco's 2019 point-in-time street and shelter count, an increase of more than 14% over the 2017 count¹⁴. A report from Tipping Point,¹⁵ a nonprofit organization working in the area of poverty and homelessness, finds that "...of the 10,856 individuals who experienced homelessness in 2016/2017 and accessed care at DPH, 58% had been treated for serious mental health disorders and 63% had a history of drug or alcohol misuse."

In Fiscal Year 2018-2019, BHS provided services to 20,382 mental health patients and 5,975 clients with substance use orders.¹⁶ The proportion of behavioral health clients who reported being homeless increased to 35% among mental health clients and 52% among substance use disorder clients.

In this large complex public agency, SFCGJ found three areas where improvement could have a positive impact: shortened lag time in hiring, more durable executive placement, and increased discipline in web site publishing.

A Hiring Bottleneck

Vacancy Rate Among Intensive Case Managers. BHS provides intensive case management services to individuals with acute and chronic behavioral health needs who require significant

¹⁴ [City Performance Scorecards, Homeless Population](#)

¹⁵ [Behavioral Health and Homelessness in San Francisco: Needs and Opportunities](#)

¹⁶ [Department of Public Health Annual Report 2018-2019](#)

support to remain in treatment and successfully return to the community; these are the city's most vulnerable population. An Intensive Case Manager ("ICM") paired with an individual in a behavioral health crisis is critical to a successful outcome. ICMs can play a critical role in reducing the use of psychiatric hospital emergency services, hospital care, and/or jail for high risk mentally ill individuals¹⁷. Without case management, at risk patients are more likely to be readmitted for treatment, thus increasing the BHS's workload and overall costs.

In its 2018 Performance Audit, the Budget and Legislative Analyst Office found the need for ICMs exceeded the available ICMs by a factor of 2 to 1 and recommended an increase in ICM staffing¹⁸. To date this increased staffing has not happened.

The External Quality Review Organization (EQRO) Report for Fiscal Year 2019-2020 made to BHS provided a glimpse of the continuing ICM short staffing¹⁹. The authors highlight ICM access as one of its performance measures study topics. The report indicates that timely ICM availability during transitioning, (step-down, when a patient moves from a higher level of care to a lower) remains of concern.

The DPH Mental Health Quality Improvement Work Plan for two years (FY 2018-2019²⁰, FY 2019-2020²¹) has identified ICM staff shortages as an issue contributing to extended wait times for clients to be paired with an ICM. In a March 2020 DPH SF Health Network presentation, the average wait to enter into ICM care is 'more than two months'²². BHS' is currently striving to reduce wait time for at least 50% of clients to one month.

Hiring is a significant bottleneck: In an April 2015 Controller's audit, the average lag to hire a registered nurse was 200 days²³. Four years later, in March 2019, the BOS Government Audit & Oversight Committee heard from the DPH Human Resources Director that same measure had only been reduced to 165.5 days²⁴. In the later report, the lag time for non-nursing staffing was 235 days and peaked at 300 days.

The COVID crisis demonstrates the possible: On March 17, 2020, the initial surge in the COVID-19 pandemic began overtaking the capacity of city services, and the Mayor temporarily waived provisions of the Civil Service Commission and the City Charter to expedite the hiring of

¹⁷ [UCSF Citywide Case Management Programs](#)

¹⁸ [Performance Audit of the Department of Public Health Behavioral Health Services, 4/19/2018](#)

¹⁹ [FY 2019-2020 Medi-Cal Specialty Mental Health External Quality Review](#)

²⁰ [DPH Quality Improvement Work Plan 2018-2019](#)

²¹ [DPH Quality Improvement Work Plan 2019-2020](#)

²² [SF Health Network Mental Health Services Capacity](#)

²³ [How Long Does it Take to Hire in the City and County of San Francisco?](#)

²⁴ [Presentation to BOS GAOC, 3/5/2020 Michael L. Brown Director of HR, Current State of RN Hiring](#)

health care professionals necessary to respond to the pandemic²⁵. The Mayor cut the bureaucratic steps in the hiring process, slashing the time it takes to hire a nurse from more than six months to just 45 days or less.

When the need is imperative, the hiring process can be streamlined. The DPH Human Resources must carefully consider how the existing protracted process is inhibiting filling approved and funded client service positions.

A Problem of Executive Turnover

In the four plus years since the retirement of Director of Behavioral Health, Jo Robinson, the department has had four different directors.

- While Dr. Marcellina A. Ogbu continued as SF Network Deputy Director, she was named to replace Ms. Robinson as Director of Behavioral Health in April 2016 in an acting capacity.
- Ms. Ogbu held the position for just eight months. She was replaced by Kavooos Ghane Bassiri in January 2017. Mr. Bassiri left Richmond Area Multi-Services (RAMS), a mental health agency serving San Francisco's Richmond District, to take the director's position.
- Mr. Bassiri served for twenty-seven months. In May 2019, Dr. Irene Sung was named to replace Mr. Bassiri in an acting capacity. Dr. Sung had previously served as Chief Medical Officer of BHS.
- Dr. Sung held the position for nine months. In February 2020, Marlo Simmons was named to replace Dr. Sung, also in an acting capacity. Ms. Simmons had been serving as Deputy Director of Behavioral Health.

In that four year period, the turnover rate for BHS directors hovered at 100%. Noting the brevity of the service terms, and three of the four appointments as 'acting', it appears the DPH has been unable to establish stable leadership for the BHS department.

Reported executive turnover in the healthcare industry has trended up and is currently at 19%²⁶. DPH's record for this position far exceeds the norm.

Another factor may be at play. The Director of Behavioral Health reports to the Director of Ambulatory Care, who in turn reports to the Director of SF Health Network with ten other direct reports. That position is one step down from the Director of DPH who has eight direct reports.

²⁵ [Press Release, Office of Mayor London Breed, 3/17/2020; Expedited Hiring of Health Professionals](#)

²⁶ [Workforce at Risk: Addressing Healthcare's High Turnover Rates for Executives](#)

Despite the fact that the Director of Behavioral Health leads a 700 employee team, manages a near half billion dollar annual budget, and oversees one of the largest departments in the DPH, yet reports three levels away from executive leadership. One would not find a parallel in a public company.

The reasons behind this turnover are not stated. It is possible that stronger leadership, organizational realignment, and greater recognition could bring about improvement in stability and visibility.

Public Visibility

During the Jury’s research, we accessed the SFDPH.ORG website extensively. We found it to be inconsistently organized, however our chief concern is its lack of maintenance. We note that Laguna Honda, Zuckerberg General Hospital, and SFHIV, all agencies within DPH, have their own web domains which are contemporary, organized, and appear to be well-maintained. These are largely client service focused. SFDPH.ORG, while also providing notice of client services, is the publishing site for ongoing reporting of the department's activities. We note the 2017-2018 SFCGJ in it’s report [Crisis Intervention: Bridging Police and Public Health](#)²⁷, also describes difficulties using the SFDPH website.

Most inexplicable is the inconsistent accrual of ongoing periodical reports - the simple addition of the next publication in a series of regularly reported events. We encountered missing reports, reports misfiled under the wrong date, search requests not returning a report we could find posted when we found it’s location. This indicates a lack of routine administrative discipline.

We found attempts to make phone connections with DPH personnel challenging. The DPH home page SFDPH.ORG presents no point of entry to a phone directory. If the search term ‘phone directory’ is entered into the DPH home page search box, of the four results, only one provides a phone number - and that is a single number - the main number for the San Francisco Department of Health. Upon dialing the number, an automated voice answers, in part saying “...there is no operator”.

On one occasion, a juror walked to 101 Grove Street, and asked to be directed to the DPH Office of Human Resources. There was not a person nor a directory in the lobby that indicated where the Office of Human Resources was located or the name of the director. Finally, after searching, the juror found the office but no one could identify the name of the director until finally an administrator came to the rescue.

²⁷ [Crisis Intervention: Bridging Police and Public Health](#)

Correcting these weaknesses in DPH’s public visibility is not primarily a matter of money. Improvements can be made by tightening internal procedures and improving publicly visible directories.

CONCLUSION

The economic impact of the coronavirus pandemic on the city finances will force hard choices for years into the future²⁸. The homeless, unemployed, and uninsured rely heavily on city hospitals and clinics for behavioral health care. Given the consequences of the coronavirus pandemic, these services will be even more in demand in the months ahead.

The SFCGJ has written this report fully aware of these headwinds. We have kept our recommendations focused on improving processes and strengthening the SFDPH organization and administration. At the same time, recognizing that the Mental Health SF Legislation remains central to the city's plans to improve delivery of behavioral health services, we ask that two of its proposed developments; the Sobering Center, and Expanded Hours program at the BHAC be considered as items of the highest priority. Given the depth of crises witnessed every day on our streets, we urge city administration and the DPH to give their favored attention to this report and our recommendations.

FINDINGS

Based on the facts set forth above, the SFCGJ highlights here its principal findings.

Finding #	Findings	Required Responses
1	High staff vacancy rates inhibit the ability to care for individuals with mental illness and substance abuse disorders.	Director of Public Health Director of Human Resources
2	The shortage of Intensive Case Managers is chronic.	Director of Public Health Director of Human Resources
3	Lengthy and inefficient hiring protocols are contributing to a shortage of Intensive Case Managers.	Director of Public Health Director of Human Resources

²⁸ [Mayor London Breed Announces Updated Budget Impacts as a Result of COVID_19](#)

4	The position of Director of Behavioral Health has been filled with five different individuals in five years.	Director of Public Health San Francisco Health Commission
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.	Director of Public Health San Francisco Health Commission
6	Regularly published DPH reports are not consistently published on the department web site.	Director of Public Health
7	DPH Headquarters at 101 Grove St. provides no public directory of offices and services.	Director of Public Health
8	DPH website provides no public directory of phone numbers.	Director of Public Health

RECOMMENDATIONS

Pursuant to the above findings, the SFCGJ recommends the following actions:

Rec #	Recommendation	Assoc. Findings	Required Responses
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.	1,2,3	Director of Public Health Director of Human Resources San Francisco Health Commission
2	By June 2021, fill 50% of ICM vacancies in 21 days or less.	1,2,3	Director of Public Health Director of Human Resources San Francisco Health Commission
3	By March 2021, engage the Budget and Legislative Analyst or other	4,5	Director of Public Health Director of Human Resources San Francisco Health

	external consultancy to examine the policy and practice of executive placement and compensation for the Director of Behavioral Health.		Commission Board of Supervisors
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.	4,5	Director of Public Health Board of Supervisors
5	By September 2021, ensure discipline surrounding regular document and event reporting to ensure timely, accurate web access.	6	Director of Public Health
6	By September 2021, provide local site directories for public display.	7	Director of Public Healths
7	By September 2021, publish direct contact information of offices and service personnel to enhance public access to DPH services.	8	Director of Public Health

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Official publication text of Bond measure

[Budget Outlook Update \(March Joint Report\) 3/31/2020, Kirkpatrick, budget Director](#)

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Research, Surveys, Studies & Consulting reports

[A Complex Case: Public Mental Health Delivery and Financing in California](#)

California HealthCare Foundation, 7/2013; A comprehensive study prepared by Sarah Arnquist and Peter Harbage - Harbage Consulting

[San Francisco Homeless Point in Time Count Reports](#)

San Francisco Department of Homelessness and Supportive Housing (HSH); San Francisco Homeless Point in Time Count Reports

[Department of Public Health Human Resources 2018 Updates](#)

Director of Human Resources, Ron Weigelt

[Mental Health Board of San Francisco](#)

Public web site for Mental Health Board

[Mental Health Board; FY 2018-2019 Annual Report](#)

The Mental Health Board of San Francisco, Fiscal Year 2018-2019 Annual Report to the Mayor and Board of Supervisors.

[Mental Health Association of San Francisco](#)

Public website of Mental Health Association of San Francisco

Representative/Illustrative Newspaper Articles

[Mayor London Breed Announces Plan to Help Those Suffering from Mental Illness and Substance Use Disorders on San Francisco's Streets](#)

News Release: Office of Mayor London Breed, 9/4/2019, Initiative will provide evidence-based, comprehensive services and solutions to meet the needs of nearly 4,000 people suffering from severe mental illness and substance use disorders. An in-depth analysis conducted by the Department of Public Health has identified those in greatest need.

[Mental Health SF Legislation Approved Unanimously by Board of Supervisors](#)

News Release: Office of Mayor London Breed, Announcement December 10, 2019 Board of Supervisors Comprehensive plan put forward by Mayor London Breed, Supervisors Hillary Ronen, Matt Haney will help address mental health and substance use challenges in San Francisco

[Fixing San Francisco's behavioral health system is complicated — here's why](#)

SF Chronicle, Trisha Thadani, 4/12/2019; Reports recent concern at the Board of Supervisors for the shortfall of Behavioral Services delivery

[Nurses and Healthcare Workers Sound the Alarm on Short-Staffing, Increased Pressures on Public Health Services Resulting from Rising Income Inequality](#)

SEIU Labor publication, unsigned, 4/23/2019; article reporting on labor action at SF General Hospital

[Editorial: S.F. mental health plan is a long way from fully cooked](#)

SF Chronicle editorial 6/11/2019 based on early draft of ordinance.

[Why are more mentally ill people wandering SF streets? Report gives answers](#)

SF Chronicle, Heather Knight, 7/19/2019; Article on use of Conservatorship for Homeless and Mentally unable to sustain oneself

[City cuts to long-term mental health beds prompt protest](#)

SF Examiner, Laura Waxmann, 8/22/2019 Reports on demonstrations by health workers in responding to loss of treatment beds for mental health patients at Zuckerberg SF General.

[SF counts 4,000 homeless, addicted and mentally ill, but timeline for help still unclear](#)

SF Chronicle, Dominic Fracassa and Trisha Thadani, 9/4/2019; Reporting on Director of Mental Health Reform, Dr. Anton Nigusse Bland appointed by Mayor Breed on March 27, 2019.

[Breed unveils \\$200M plan to fix mental illness crisis, calls for ‘serious changes’](#)

SF Chronicle 10/15/2019 Mayor’s plan prior to merging with Supervisors.

[Two visions for fixing SF’s devastating mental illness crisis: Here’s how they differ](#)

SF Chronicle 10/17/2019 Early reporting outlining different visions of eventual sponsors.

[Mental health issues require the right level of care at the right time](#)

SF Examiner, Vivian Imperiale, 10/23/2019 Opinion Article written by Vivian Imperiale, president of the Mental Health Association of San Francisco

[Tensions flare over mental health measure as talks continue on possible compromise](#)

SF Examiner, Laura Waxman 10/30/2019

[Breed, supes reach deal on SF mental health reform to fix ‘crisis on our streets’](#)

SF Chronicle, Dominic Fracassa, 11/12/2019; Reporting on recent agreement of Ronen, Haney and Mayor Breed to move Mental Health SF forward

[SF supes fundraise for mental health ballot fight even after deal is made](#)

SF Chronicle article 11/13/2019 Campaign background.

[When we suffer, our patients suffer’: SF General workers rally for more staff](#)

SF Chronicle, Trisha Thadani, 11/23/2019; Report on labor action centered on BHS staff shortages.

[‘They’ve been getting sicker’: Inside SF’s effort to help the toughest homeless cases](#)

Sf Chronicle, Dominic Fracassa and Trisha Thadani, 1/13/2020 Reporting of newly enacted Mental Health Plan and its impact on efforts to serve the most needy.

[SF’s meth epidemic: City to open 24-hour sobering center as crisis devastates the streets](#)

SF Chronicle, Heather Knight, 2/6/2020; Reporting on City effort to open sobering center as meth addiction spikes.

[November bond measure to fund streets, parks, mental health and homeless services](#)

SF Examiner, Joshua Sabatini 5/11/2020; Examines aspects of upcoming November Bond measure. Note ‘...*In addition, however, \$197 million would go toward treatment and supportive housing for people experiencing mental health issues, substance use disorder and homelessness.*’

[San Francisco Mayor Seeks to Retool Bond Measure to Aid Recovery](#)

Bloomberg, Joyce Cutler 5/12/2020 Article; Interview with Mayor Breed discussing upcoming November bond measure.

[SF’s flawed \\$438 million bond proposal](#)

BeyondChron, Randy Shaw, 5/19/2020; The writer poses a contrary view on funding, notably what some might consider insertions of ‘pork. Also points out how bond measures may be constructed to appeal to district supervisors.

[San Francisco Tells City To Prepare For Double-Digit Budget Cuts](#)

Bloomberg Tax, unsigned, 5/20/2020. Reporting on Mayor Breeds order to plan for budget cuts.

[Coronavirus forces deep cuts at San Francisco city departments to close deficit](#)

SF Chronicle, Dominic Fracassa, 5/21/2020; Examines effects of announced mandated budget cuts

[Why SF’s new laws to force more mentally ill, addicted people into treatment haven’t been used yet](#)

SF Chronicle, Trisha Thadani, 6/5/2020; Reports on roll out of recently enacted conservatorship ordinance.

[Amid \\$1.7 billion city deficit, SF health department may face ‘hard choices’](#)

SF Chronicle, Trisha Thadani, 6/18/2020; Reporting on looming budget deficit impact on the Department of Public Health



City and County of San Francisco 2019-2020 Civil Grand Jury

FOR IMMEDIATE RELEASE

Contacts: Jaime Guandique, Foreperson, 415-819-2677
Patricia Levenberg, Committee Chairperson, 415-527-9388

***** PRESS RELEASE *****

STRENGTHEN OUR BEHAVIORAL HEALTH SERVICES

Today, the San Francisco Civil Grand Jury (SFCGJ) released its report identifying opportunities to improve services within the San Francisco Department of Public Health (SFDPH). The SFCGJ found issues relating to staffing, including understaffing, inefficient hiring processes, and non-optimal reporting structures all of which contribute to the difficulties facing the department as it attempts to deal with the mental health crisis in our city. In some cases, the issues have gone unaddressed for many years.

On a daily basis San Francisco residents witness a growing population of homeless individuals, recently reported to be over 8,000. It is the task of the SFDPH with a budget of \$2.4 billion and a staff of 7,000 to care for the behavioral health needs for this population. However, the Behavioral Health Services department, within SFDPH, is buried in a myriad of hierarchical reporting structures, has suffered from frequent changes in leadership, and lacks a sufficient staff of intensive case managers. Yet it is still expected to serve 30,000 mentally ill individuals annually with a budget of only \$280 million dollars. Lastly, the SFCGJ found that the website for SFDPH does not provide sufficient information to identify and locate department leaders and other staff. And at the same time, there is a dearth of information at SFDPH sites as to how to locate departments and associated staff.

The Superior Court selects nineteen San Franciscans to serve year-long terms as Civil Grand Jurors. The Jury has the authority to investigate City and County government by reviewing documents and interviewing public officials and private individuals. At the end of its inquiries, the Jury issues reports of its findings and recommendations. City and County agencies identified in the report must respond to these findings and recommendations.

Civil Grand Jury reports may be viewed online at <http://civilgrandjury.sfgov.org/report.html>.

###

Civil Grand Jury Reports may be viewed online at civilgrandjury.sfgov.org/report.html

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

DATE: December 2, 2020
TO: Members of the Board of Supervisors
FROM: *AOC* Angela Calvillo, Clerk of the Board
SUBJECT: 2019-2020 Civil Grand Jury Report
"Strengthen our Behavioral Health Services"

We are in receipt of the following required responses to the San Francisco Civil Grand Jury report released October 1, 2020, entitled: "Strengthen our Behavioral Health Services." Pursuant to California Penal Code, Sections 933 and 933.05, named City Departments shall respond to the report within 60 days of receipt, or no later than November 30, 2020.

For each finding the Department response shall:

- 1) agree with the finding; or
- 2) disagree with it, wholly or partially, and explain why.

As to each recommendation the Department shall report that:

- 1) the recommendation has been implemented, with a summary explanation; or
- 2) the recommendation has not been implemented but will be within a set timeframe as provided; or
- 3) the recommendation requires further analysis. The officer or agency head must define what additional study is needed. The Grand Jury expects a progress report within six months; or
- 4) the recommendation will not be implemented because it is not warranted or reasonable, with an explanation.

The Civil Grand Jury Report identified the following City Departments to submit responses (attached):

- Department of Public Health: received November 30, 2020;
- Health Commission: received November 30, 2020; and
- Department of Human Resources: received December 2, 2020.

These departmental responses are being provided for your information, as received, and may not conform to the parameters stated in California Penal Code, Section 933.05 et seq. The Government Audit and Oversight Committee will consider the subject report, along with the responses, at a hearing on December 3, 2020.

c:

Sophia Kittler, Mayor's Office
Andres Power, Mayor's Office
Sally Ma, Mayor's Office
Rebecca Peacock, Mayor's Office
Anne Pearson, Office of the City Attorney
Ben Rosenfield, City Controller
Todd Rydstrom, Office of the Controller
Peg Stevenson, Office of the Controller
Mark de la Rosa, Office of the Controller
Alisa Somera, Office of the Clerk of the Board
Severin Campbell, Office of the Budget and Legislative Analyst
Reuben Holober, Office of the Budget and Legislative Analyst
Ellie Schafer, 2020-2021 Foreperson, San Francisco Civil Grand Jury
Jaime Guandique, 2019-2020 Foreperson, San Francisco Civil Grand Jury
Rasha Harvey, 2018-2019 Foreperson, San Francisco Civil Grand Jury
Patricia Levenberg, 2019-2020, Member, San Francisco Civil Grand Jury
Dr. Grant Colfax, Director, Department of Public Health
Greg Wagner, Department of Public Health
Dr. Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health
Arielle Fleisher, Department of Public Health
Mark Morewitz, Commission Secretary, Health Commission
Carol Isen, Acting Director, Department of Human Resources
Mawuli Tugbenyoh, Department of Human Resources

Dan Bernal
President
Edward A. Chow, M.D.
Commissioner
Susan Belinda Christian, J.D.
Commissioner
Cecilia Chung
Commissioner
Suzanne Giraudo ED.D
Commissioner
Laurie Green, M.D.
Commissioner
Tessie M. Guillermo
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**London N. Breed Mayor
Department of Public Health**



Grant Colfax, MD
Director of Health
Mark Morewitz, M.S.W.
Executive Secretary
TEL (415) 554-2666
FAX (415) 554-2665
Web Site: <http://www.sfdph.org>

November 30, 2020

Honorable Garrett L. Wong
Superior Court of California
400 McAllister Street, Room 8
San Francisco, California 94102

Dear Judge Wong,

The Health Commission is grateful to the Civil Grand Jury for its focus on the San Francisco Department of Public Health's Behavioral Health Services in its report, "Strengthen Our Behavioral Services." The Health Commission's responses are attached.

Please note that the San Francisco City Charter requires that the Health Commission address departmental administrative matters solely through Dr. Colfax, the DPH Director of Health. However, the Health Commission has authority to monitor progress made on implementing actions to address the recommendations. The Health Commission will request quarterly updates on the actions the DPH has proposed in its responses to the report.

Sincerely,

Dan Bernal,
Health Commission President

Cc: Grant Colfax, MD

2019-2020 CIVIL GRAND JURY FINDINGS, RECOMMENDATIONS, AND RESPONSES TO FINDINGS AND RECOMMENDATIONS

Report Title [Publication Date]	F#	Finding (text may be duplicated due to spanning and multiple respondent effects)	Respondent Assigned by CGJ [Response Due Date]	Finding Response (Agree/Disagree)	Finding Response Text
Strengthen Our Behavioral Health Services [October 1, 2020]					N/A
Strengthen Our Behavioral Health Services [October 1, 2020]					N/A

2019-2020 CIVIL GRAND JURY FINDINGS, RECOMMENDATIONS, AND RESPONSES TO FINDINGS AND RECOMMENDATIONS

Report Title [Publication Date]	F#	Finding (text may be duplicated due to spanning and multiple respondent effects)	Respondent Assigned by CGJ [Response Due Date]	Finding Response (Agree/Disagree)	Finding Response Text
Strengthen Our Behavioral Health Services [October 1, 2020]	F4	The position of Director of Behavioral Health has been filled with five different individuals in five years.	Health Commission [November 30, 2020]	Agree with the finding	
Strengthen Our Behavioral Health Services [October 1, 2020]	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.	Health Commission [November 30, 2020]	Disagree, partially	<p>The Health Commission concurs with the DPH response below and approves of the change in the DPH organizational reporting structure, making the Director of DPH Behavioral Health Services a member of executive leadership "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 (SFHN) 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>

2019-2020 CIVIL GRAND JURY FINDINGS, RECOMMENDATIONS, AND RESPONSES TO FINDINGS AND RECOMMENDATIONS

Report Title [Publication Date]	R# [for F#]	Recommendation (text may be duplicated due to spanning and multiple respondent effects)	Respondent Assigned by CGJ [Response Due Date]	Recommendation Response (Implementation)	Recommendation Response Text
Strengthen Our Behavioral Health Services [October 1, 2020]	R1 [for F1-F3]	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.	Health Commission [November 30, 2020]	Will be implemented	The Health Commission concurs with the DPH response below and will monitor the implementation of this item by requesting quarterly updates on ICM hiring . "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 HR are also collaborating to reexamine the hiring process for licensed clinicians with a goal of streamlining the process, e.g., criteria, testing."
Strengthen Our Behavioral Health Services [October 1, 2020]	R2 [for F1-F3]	By June 2021, fill 50% of ICM vacancies in 21 days or less.	Health Commission [November 30, 2020]	Will not be implemented because it is not warranted or reasonable	The Health Commission concurs with the DPH response below and will monitor improvements made in the ICM hiring time through requesting quarterly updates to the Health Commission. "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 a year. We are working to improve this time."

2019-2020 CIVIL GRAND JURY FINDINGS, RECOMMENDATIONS, AND RESPONSES TO FINDINGS AND RECOMMENDATIONS

Report Title [Publication Date]	R# [for F#]	Recommendation (text may be duplicated due to spanning and multiple respondent effects)	Respondent Assigned by CGJ [Response Due Date]	Recommendation Response (Implementation)	Recommendation Response Text
Strengthen Our Behavioral Health Services [October 1, 2020]	R3 [for F4, F5]	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.	Health Commission [November 30, 2020]	Will not be implemented because it is not warranted or reasonable	The Health Commission concurs with the DPH response below: "DPH reclassified the Director of Behavioral Health in June 2020 to reflect the complexity of work and reporting structure." Note: this reclassification includes a substantial increase in salary to attract and retain qualified behavioral health leaders.
Strengthen Our Behavioral Health Services [October 1, 2020]					



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.



City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

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



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

(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



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

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.



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

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
FY 2019-20 Civil Grand Jury Report**

#	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.

City and County of San Francisco
Carol Isen
Human Resources Director (Acting)



Department of Human Resources
Connecting People with Purpose
www.sfdhr.org

December 2, 2020

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

Re: Response to 2019-2020 Civil Grand Jury Report, *Strengthen Our Behavioral Health Services*

Dear Judge Wong:

Pursuant to Penal Code Sections 933 and 933.05, and 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 Human Resources (DHR) to the 2019-2020 Civil Grand Jury Report, *Strengthen Our Behavioral Health Services*.

The Department of Human Resources collaborated the Department of Public Health (DPH) on the responses to each of the findings of the Civil Grand Jury. You will find that our responses match those submitted by the Department of Public Health, the lead agency on each of the findings by the Civil Grand Jury.

We extend our thanks to the Civil Grand Jury for looking into this important matter and look forward to working with you to improve the behavioral health services system of the City and County of San Francisco.

Sincerely,

Mawuli B. Tugbenyoh
Chief of Policy

**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
FY 2019-20 Civil Grand Jury Report**

#	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.
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BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

MEMORANDUM

Date: October 7, 2020
To: Honorable Members, Board of Supervisors
From: *ACC* Angela Calvillo, Clerk of the Board
Subject: 2019-2020 CIVIL GRAND JURY REPORTS

On October 1, 2020, the 2019-2020 Civil Grand Jury issued a press release, publicly announcing issuance of three reports, hand delivered to each office on September 29, 2020 (electronic copy attached), entitled:

- **Strengthen our Behavioral Health Services**
- **Sustain Our City's High Performing Moscone Convention Center**
- **A Recycling Reality Check: What Actually Happens to Things We Put in Our Blue Recycling Bins?**

Pursuant to San Francisco Administrative Code, Section 2.10, in coordination with the Government Audit and Oversight (GAO) Committee Chair, the Clerk will schedule public hearings before the GAO Committee within the necessary timeframes to provide the Board sufficient time to review and formally respond to the findings and recommendations.

Pursuant to California Penal Code, Sections 933 and 933.05, the Board must:

1. Respond to the report within 90 days of receipt, or no later than December 30, 2020; and
2. For each finding the Department response shall:
 - agree with the finding; or
 - disagree with the finding, wholly or partially, and explain why.
3. For each recommendation the Department shall report that:
 - the recommendation has been implemented, with a summary of how it was implemented;
 - the recommendation has not been, but will be, implemented in the future, with a timeframe for implementation;
 - the recommendation requires further analysis, with an explanation of the scope of the analysis and timeframe of no more than six months from the date of release; or
 - the recommendation will not be implemented because it is not warranted or reasonable, with an explanation.

Continues on following page

The Budget and Legislative Analyst will prepare three resolutions, outlining the findings and recommendations for GAO's consideration, to be heard at the same time as the hearing on the report. These matters are anticipated to be scheduled for hearing in December 2020.

If you have any questions, please contact John Carroll, Assistant Clerk, at john.carroll@sfgov.org ~ (415) 554 4445.

Attachments: October 1, 2020 Press Release; and
 October 1, 2020 CGJ Reports

jec:vy:ams

c: Honorable Garrett L. Wong, Presiding Judge
Sophia Kittler, Mayor's Office
Andres Power, Mayor's Office
Sally Ma, Mayor's Office
Rebecca Peacock, Mayor's Office
Anne Pearson, Office of the City Attorney
Ben Rosenfield, City Controller
Todd Rydstrom, Office of the Controller
Peg Stevenson, Office of the Controller
Tonia Lediju, Office of the Controller
Mark de la Rosa, Office of the Controller
Alisa Somera, Office of the Clerk of the Board
Severin Campbell, Office of the Budget and Legislative Analyst
Reuben Holofer, Office of the Budget and Legislative Analyst
Ellie Schafer, 2020-2021 Foreperson, San Francisco Civil Grand Jury
Jaime Guandique, 2019-2020 Foreperson, San Francisco Civil Grand Jury
Rasha Harvey, 2018-2019 Foreperson, San Francisco Civil Grand Jury
Patricia Levenberg, 2019-2020 San Francisco Civil Grand Jury Member
Jonathan Gohstand, 2019-2020 San Francisco Civil Grand Jury
Peter Mills, 2019-2020 San Francisco Civil Grand Jury
Dr. Grant Colfax, Director, Department of Public Health
Greg Wagner, Department of Public Health
Dr. Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health
Mark Morewitz, Commission Secretary, Health Commission
Micki Callahan, Director, Department of Human Resources
Mawuli Tugbenyoh, Department of Human Resources
Carol Isen, Department of Human Resources
Naomi Kelly, City Administrator
Lynn Khaw, Office of the City Administrator
Lihmeei Leu, Office of the City Administrator
Tal Quetone, Office of the City Administrator
John Noguchi, Director of Convention Facilities
Joaquin Torres, Director, Office of Economic and Workforce Development
J'Wel Vaughan, Office of Economic and Workforce Development
Anne Taupier, Office of Economic and Workforce Development
Lisa Pagan, Office of Economic and Workforce Development
William Scott, Police Chief
Rowena Carr, Police Department
Asja Steeves, Police Department
Diana Oliva-Aroche, Police Department
Deborah Raphael, Director, Department of the Environment
Peter Gallotta, Department of the Environment
Charles Sheehan, Department of the Environment

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Strengthen Our Behavioral Health Services [October 1, 2020]	F1	High staff vacancy rates inhibit the ability to care for individuals with mental illness and substance abuse disorders.	Director of Public Health [November 30, 2020]			R1 [for F1-F3]	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.	Director of Public Health [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F1	High staff vacancy rates inhibit the ability to care for individuals with mental illness and substance abuse disorders.	Director of Public Health [November 30, 2020]			R2 [for F1-F3]	By June 2021, fill 50% of ICM vacancies in 21 days or less.	Director of Public Health [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F2	The shortage of Intensive Case Managers is chronic.	Director of Public Health [November 30, 2020]			R1 [for F1-F3]	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.	Director of Public Health [November 30, 2020]		
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Strengthen Our Behavioral Health Services [October 1, 2020]	F3	Lengthy and inefficient hiring protocols are contributing to a shortage of Intensive Case Managers.	Director of Public Health [November 30, 2020]			R1 [for F1-F3]	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.	Director of Public Health [November 30, 2020]		
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Strengthen Our Behavioral Health Services [October 1, 2020]	F4	The position of Director of Behavioral Health has been filled with five different individuals in five years.	Director of Public Health [November 30, 2020]			R3 [for F4, F5]	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.	Director of Public Health [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F4	The position of Director of Behavioral Health has been filled with five different individuals in five years.	Director of Public Health [November 30, 2020]			R4 [for F4, F5]	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.	Director of Public Health [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	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.	Director of Public Health [November 30, 2020]			R3 [for F4, F5]	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.	Director of Public Health [November 30, 2020]		
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Strengthen Our Behavioral Health Services [October 1, 2020]	F6	Regularly published DPH reports are not consistently published on the department web site.	Director of Public Health [November 30, 2020]			R5 [for F6]	By September 2021, ensure discipline surrounding regular document and event reporting to ensure timely, accurate web access.	Director of Public Health [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F7	DPH Headquarters at 101 Grove St. provides no public directory of offices and services.	Director of Public Health [November 30, 2020]			R6 [for F7]	By September 2021, provide local site directories for public notice.	Director of Public Health [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F8	DPH website provides no public directory of phone numbers.	Director of Public Health [November 30, 2020]			R7 [for F8]	By September 2021, publish direct contact information of offices and service personnel to enhance public access to DPH services.	Director of Public Health [November 30, 2020]		
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Strengthen Our Behavioral Health Services [October 1, 2020]	F8	DPH website provides no public directory of phone numbers.	Director of Public Health [November 30, 2020]			R7 [for F8]	By September 2021, publish direct contact information of offices and service personnel to enhance public access to DPH services.	Director of Public Health [November 30, 2020]		

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Strengthen Our Behavioral Health Services [October 1, 2020]	F1	High staff vacancy rates inhibit the ability to care for individuals with mental illness and substance abuse disorders.	Director of Human Resources [November 30, 2020]			R1 [for F1-F3]	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.	Director of Human Resources [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F1	High staff vacancy rates inhibit the ability to care for individuals with mental illness and substance abuse disorders.	Director of Human Resources [November 30, 2020]			R2 [for F1-F3]	By June 2021, fill 50% of ICM vacancies in 21 days or less.	Director of Human Resources [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F2	The shortage of Intensive Case Managers is chronic.	Director of Human Resources [November 30, 2020]			R1 [for F1-F3]	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.	Director of Human Resources [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F2	The shortage of Intensive Case Managers is chronic.	Director of Human Resources [November 30, 2020]			R2 [for F1-F3]	By June 2021, fill 50% of ICM vacancies in 21 days or less.	Director of Human Resources [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F3	Lengthy and inefficient hiring protocols are contributing to a shortage of Intensive Case Managers.	Director of Human Resources [November 30, 2020]			R1 [for F1-F3]	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.	Director of Human Resources [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F3	Lengthy and inefficient hiring protocols are contributing to a shortage of Intensive Case Managers.	Director of Human Resources [November 30, 2020]			R2 [for F1-F3]	By June 2021, fill 50% of ICM vacancies in 21 days or less.	Director of Human Resources [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]						R3 [for F4, F5]	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.	Director of Human Resources [November 30, 2020]		

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Strengthen Our Behavioral Health Services [October 1, 2020]						R1 [for F1-F3]	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.	Health Commission [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]						R2 [for F1-F3]	By June 2021, fill 50% of ICM vacancies in 21 days or less.	Health Commission [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	F4	The position of Director of Behavioral Health has been filled with five different individuals in five years.	Health Commission [November 30, 2020]			R3 [for F4, F5]	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.	Health Commission [November 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]	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.	Health Commission [November 30, 2020]			R3 [for F4, F5]	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.	Health Commission [November 30, 2020]		

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Strengthen Our Behavioral Health Services [October 1, 2020]						R3 [for F4, F5]	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.	Board of Supervisors [December 30, 2020]		
Strengthen Our Behavioral Health Services [October 1, 2020]						R4 [for F4, F5]	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.	Board of Supervisors [December 30, 2020]		