



## 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

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Judy Nadel

Charles Raznikov

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## 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 needs<sup>1</sup>.

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.<sup>2</sup>

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.

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

<sup>2</sup> [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 mandate<sup>3</sup> 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](#)<sup>4</sup>.

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 Franciscans<sup>5</sup>. 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 SF<sup>6</sup>. 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 support<sup>7</sup>. By November the competing legislation proposals had been reconciled to a single plan titled Mental Health SF<sup>8</sup>. 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

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

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

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

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

<sup>7</sup> [Supervisors unveil revised vision for mental health care overhaul](#)

<sup>8</sup> [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 2019<sup>9</sup>.

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 Jones<sup>10</sup>. Since then, progress has been held up because the site has been at the center of a neighborhood controversy<sup>11</sup>. We are able to find the chosen site mentioned in a Healthy Streets Operations Center Report<sup>12</sup> 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 effort<sup>13</sup>. 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.

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<sup>9</sup> [SF Methamphetamine Task Force Final Report 2019](#)

<sup>10</sup> [Drug Sobering Center Proposal: "Project 180"](#)

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

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

<sup>13</sup> [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 count<sup>14</sup>. A report from Tipping Point,<sup>15</sup> 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.<sup>16</sup> 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

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<sup>14</sup> [City Performance Scorecards, Homeless Population](#)

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

<sup>16</sup> [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 individuals<sup>17</sup>. 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 staffing<sup>18</sup>. 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 staffing<sup>19</sup>. 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 2018-2019<sup>20</sup>, FY 2019-2020<sup>21</sup>) 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'<sup>22</sup>. 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 days<sup>23</sup>. 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 days<sup>24</sup>. 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

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<sup>17</sup> [UCSF Citywide Case Management Programs](#)

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

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

<sup>20</sup> [DPH Quality Improvement Work Plan 2018-2019](#)

<sup>21</sup> [DPH Quality Improvement Work Plan 2019-2020](#)

<sup>22</sup> [SF Health Network Mental Health Services Capacity](#)

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

<sup>24</sup> [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 pandemic<sup>25</sup>. 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%<sup>26</sup>. 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.

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

<sup>26</sup> [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](#)<sup>27</sup>, 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.

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<sup>27</sup> [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 future<sup>28</sup>. 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

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<sup>28</sup> [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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