

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]	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]	Agree	
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]	Agree	
Strengthen Our Behavioral Health Services [October 1, 2020]	F2	The shortage of Intensive Case Managers is chronic.	Director of Public Health [November 30, 2020]	Agree	
Strengthen Our Behavioral Health Services [October 1, 2020]	F2	The shortage of Intensive Case Managers is chronic.	Director of Human Resources [November 30, 2020]	Agree	

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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]	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>

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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 Human Resources [November 30, 2020]	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>

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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]	Agree	
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	

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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]	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>

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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</p> <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</p>
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]	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.</p> <p>Currently, many reports regarding Behavioral Health client satisfaction surveys and quality improvement work are published here:  <a href="https://www.sfdph.org/dph/comupg/oservices/mental">https://www.sfdph.org/dph/comupg/oservices/mental</a></p>

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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]	Agree	
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]	Agree	

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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.	Director of Public Health [November 30, 2020]	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.
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.	Director of Human Resources [November 30, 2020]	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.
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."



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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.	Director of Public Health [November 30, 2020]	Will not be implemented	<p>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.</p> <p>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.</p>

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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	<p>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.</p> <p>"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.</p> <p>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."</p>

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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.	Director of Public Health [November 30, 2020]	Will not be implemented	DPH reclassified the Director of Behavioral Health position in June 2020 to reflect the complexity of work and reporting structure.
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]	Will not be implemented	DPH reclassified the Director of Behavioral Health position in June 2020 to reflect the complexity of work and reporting structure.
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
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]	Will not be implemented	The Department of Public Health has already reclassified the Director of Behavioral Health position in June 2020 to reflect a new structure and salary, thus the recommendation does not need to be implemented.

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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.	Director of Public Health [November 30, 2020]	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.
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]	Has been implemented	The Department of Public Health 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, thus the recommendation does not need to be implemented.
Strengthen Our Behavioral Health Services [October 1, 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]	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.
Strengthen Our Behavioral Health Services [October 1, 2020]	R6 [for F7]	By September 2021, provide local site directories for public notice	Director of Public Health [November 30, 2020]	Will be implemented	BHS and DPH will incorporate this goal into the design and maintenance plan for the website.
Strengthen Our Behavioral Health Services [October 1, 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]	Will be implemented	BHS and DPH will incorporate this goal into the design and maintenance plan for the website.