

CARING FOR VULNERABLE SAN FRANCISCANS
San Francisco Human Services Network
May 11, 2007

San Francisco is at a critical juncture in its effort to maintain a commitment to the delivery of responsive and effective health and human services to its residents, particularly those who live in poverty and require long-term care and support. A confluence of forces and events has underscored the necessity for a public policy initiative that will bring together critical elements of the community to design a framework and a vision for the development and sustainability of healthy communities and neighborhoods throughout the City.

The forces and events that drive the timeliness and urgency of this initiative are:

(1) The pending rebuilding of the City's health infrastructure, both public and private, will set in motion a series of decisions that will bind and define our health delivery system for the next 50 years. Decisions regarding the implementation of the Health Access Program, the Community Living Trust Fund, the Laguna Honda rebuild, and the size and configuration of San Francisco General Hospital are imminent. In addition, the discussions regarding the array of services at other City hospitals must be considered in the context of a larger and more comprehensive plan to deliver effective health and human services over the next several decades. This plan should reflect the critical importance of prevention and the City's commitment to expanding opportunities for home and community based services and support.

The Health Management Associates (HMA) report on the Department of Public Health's policies and practices in integrating long-term care presents the challenges facing our current public health delivery system with stark clarity. To deliberate each of the large institutional decisions separately, without a broader community discussion and a planning effort that looks at the long-range effects of our options, would be a mistake. This effort must consider the questions of SF General, Laguna Honda, our private hospitals and community-based organizations each as part of a larger vision and plan for a healthy San Francisco that addresses realities and trends in our health and human services.

(2) The pattern and distribution of health and human services to our poorest and most disabled residents have shifted significantly over the past twenty years. In addition, the technology and knowledge for a wide array of effective community-based services have grown exponentially over that time. San Francisco's non-profit sector is not a supplement to the services provided by City and County departments. In many areas, such as affordable housing development, mental health and substance abuse services, AIDS/HIV services and vocational opportunities, the non-profit sector has become the provider of choice in order to assure quick, responsive, culturally relevant, and accountable service delivery. Our sector is truly a full partner in the delivery of essential health and human services in San Francisco. In addition, the nonprofit sector is an important and significant employer in the City's low-income communities.

Yet, the non-profit sector has experienced a steady degradation in its capacity to maintain levels of service to those most in need because of years of program cuts, flat budget allocations in City contracts, and fundraising challenges. Costs, such as health insurance and workers'

compensation, have escalated at unprecedented rates. Chronically low and uncompetitive salaries have made it increasingly difficult to recruit and retain qualified and trained staff. Yet, the funding base for the non-profit providers has remained virtually static. This “hollowing out” process threatens the sector’s viability and sustainability at the time when it is needed most to respond to new community health and human service challenges. Without a systematic effort to develop strategies that assure long-term viability of the non-profit services sector, our community faces the loss of an increasing number of agencies that can no longer maintain capacity to deliver critically needed services.

(3) The recently revealed vulnerability of San Franciscans to major emergencies, both natural and human-made, underscores the inherent weaknesses in our ability to provide responsive, timely and coordinated health and human services to our most at-risk populations. Without a comprehensive plan to develop a system of long-term care and community-based services, addressing each challenge facing our large institutions and non-profits will lead to more fragmentation. An array of health and human services does not guarantee a coordinated system with the capacity to assure an effective response to emergent issues and natural disasters.

(4) Continuing and intensifying pressures on San Francisco’s capacity to provide affordable housing for all income levels move us farther from a goal of maintaining a City that is home to a diverse population of individuals and families. The City must address a monumental crisis in sustaining our public housing stock. The public school system faces challenges that threaten to destroy the viability of public education in the City. And increasing levels of violence in our most vulnerable communities add to a sense of urgency for a community-wide dialogue and action plan in order to arrest further deterioration in our systems of care and our neighborhoods, and turn our attention to the development of healthy communities.

The Human Services Network, a coalition of over 100 community-based health and human service non-profit agencies, is calling on the leadership of San Francisco to address these issues.

It is time for San Francisco to establish a process and a point of responsibility for the development of a 10-year plan that sets the policies and strategies that will guide the implementation of health and human services for San Franciscans who are most vulnerable. The current climate of fragmentation, both between and within departments, duplication of efforts among several responsible entities, and an absence of reliable coordination between departments and policy makers undermines many laudable efforts to address emerging problems. In addition, the episodic nature of political leadership that must respond to election cycles and term limits makes it difficult to maintain a commitment to a longitudinal plan that could take several years to unfold.

It is common in San Francisco to call attention to the many plans that have been developed by special task forces or “blue ribbon committees” over the past several decades that “sit on a shelf.” Plans to address housing needs, mental health services, primary health care delivery, and the balance of institutions to community-based services, to name just a few, have enjoyed a moment of currency only to be forgotten, or abandoned, with only some of the recommendations implemented. One of the major reasons for this phenomenon is that there has been no over-

arching point of responsibility to monitor and evaluate the implementation of those plans over a period of time that transcends mayoral administrations or changes in membership on the Board of Supervisors.

In addition, there is no single point of responsibility in our City government structure to perform the important task of tracking resources for vulnerable populations, including an analysis of federal, state and local trends, in order to plan for funding losses and future program expansions to respond to emerging needs. While each department may perform many of these tasks, there is no point of integration and coordination of these efforts across the departments. And even if there is continuity across some departments, the cyclical nature of the political process can derail efforts and undermine initiatives that must develop over a period of years.

The Human Services Network believes that it is time to establish an entity that is charged to develop a 10-year health and human services Master Plan. This entity would be responsible for monitoring and evaluating the implementation of the Master Plan over a period of time that transcends the limitations of political cycles and individual department policy and administrative leadership. The entity would be responsible for coordinating and connecting the various department roles in the specific strategies, monitoring the implementation of the Master Plan, tracking resources and trends, and vetting emerging program initiatives, budget priorities and ballot measures for their consistency with the overall 10-year plan.

HSN calls upon the Mayor and the President of the Board of Supervisors to appoint a Task Force charged with the responsibility to develop a recommended structure for this long-term planning entity. Drawing on various existing models for health and human services planning, the Task Force would describe the role, responsibilities and powers of such a planning body, along with specific strategies for establishing such an entity in such a way that it is insulated, to the maximum extent possible, from immediate political pressures.

San Francisco has led the nation in its commitment to a vital and responsive health and human services sector, with a particular emphasis on serving those of us who are most vulnerable. Yet, the most common concern expressed by policy makers, service providers, community members and those who receive services is that we have yet to find a way to connect and focus all of our efforts in ways that assure a sustained and coordinated plan to address health and human service needs over a decade or longer. The Human Services Network believes it is time to take bold steps to assure that a designated entity is charged with the responsibility to develop and oversee the implementation of a comprehensive plan for health and human services in San Francisco.