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**Margine A. Sako**  
Commissioner

**David J. Sanchez, Jr., Ph.D.**  
Commissioner

**Steven Tierney, Ed.D.**  
Commissioner

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Commissioner

## HEALTH COMMISSION

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### SPECIAL MEETING MINUTES

#### CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE

**Tuesday, August 12, 2008**

**5:30 p.m.**

**101 Grove Street, Room 302**

**San Francisco, CA 94102**

#### 1) CALL TO ORDER

Commissioner Melara called the meeting to order at 5:30 p.m.

Present: Commissioner Sonia E. Melara, MSW  
Commissioner Margine A. Sako  
Commissioner Steven Tierney, Ed.D.  
Commissioner James M. Illig

Staff: Anne Kronenberg, Director of Policy and Planning, Jim Soos, Deputy Director of Policy and Planning, Alicia Neumann, Office of Policy and Planning.

#### 2) COMMITTEE PURPOSE AND MISSION

Commissioner Melara said the purpose of this meeting is to revisit the mission and purpose of this new committee to determine if it is moving in the appropriate direction. She asked all Commissioners to provide input. Commissioner Illig's concern is that next year's budget discussions are already beginning, and he was hoping that this committee would focus on the effectiveness of health services first and save citywide health planning for later in the process. He feels that this committee could be helpful in guiding budget decisions and to do so must spend time with Barbara Garcia, Community Programs and other programs and get some idea about programs are measured for effectiveness.

Commissioner Sako said one of the frustrations during the budget process is that commissioners did not know what was going on citywide so when it came to programmatic decisions, we were in the dark. The budget process was very frustrating, with new precedents being set all the time. She feels unprepared to take broad strokes because she doesn't have a handle on what is going on citywide in interrelated areas.

Commissioner Tierney views this committee as the committee that acknowledges in a deliberate manner that the health of San Francisco is not what just happens in DPH but includes our other partners and the entire structure. His thought was to take a look at the community partners, charity care, and what happens in the Health Department and through that process get a sense of what the Department should focus on. The first step is to take look at the total picture, focus on effectiveness and find a way to measure effectiveness. The liaison between two new committees is to make sure we have evidence based outcomes.

Commissioner Melara says it seems the committee wants the same things (educate, plan, have good decision making and be part of a good budget process) but the budget gets in the way. She said that the Community Benefits Partnership (new consolidated committee comprised of Building a Healthier San Francisco and the Charity Care Workgroup) has gone through an extensive process to identify health priorities within the city. We do not need to reinvent the wheel, but rather look at this process and either accept it or determine if we want more. If we accept this process, then we can move into the effectiveness piece. In terms of effectiveness, we can start with the programs that are being RFP'd next year.

Commissioner Illig said that the community health needs assessment seems to only encompass hospitals and does not include homeless, long term care and behavioral health. Anne Kronenberg said that since Spring the San Francisco Community Benefit Partnership (SFCBP) has had four community meetings that pulled in the consortium clinics, prevention, substance abuse, mental health and many other groups. Ms. Kronenberg emphasized that by targeting specific areas and working jointly with the entire community there can be success in terms of improving health outcomes. Anne Kronenberg sees this as the next step in the Department's strategic planning—strategic planning for the entire city. Each one of the four priority areas identified by the SFCBP could have as many as 15-20 indicators that encompass the safety net services we are responsible for.

Commissioner Illig asked who else has been involved in the planning group. Ms. Kronenberg said NICO, Medi-Cal, BVHP Foundation, the African American Health Disparities Project, unions and others, and could most certainly be expanded. She explained that the process has been organic in nature. At the core it started from a hospital perspective (again because its origins were the Charity Care workgroup and BHSF – both hospital based groups), but has continued to morph and evolve as the SFCBP saw the potential in working collaboratively with partners in the community to improve the health of San Franciscans – specifically those with disproportionate unmet health needs.

Commissioner Illig asked what the role of this planning committee would be, given all the work that is being done by the SFCBP. Commissioner Melara asked the SFCBP to present in more detail what they are doing at the next meeting. Then the committee will educate itself about what the Health Department is doing around these priorities and how they make decisions around these priorities. The committee would not duplicate what the working group is doing but look at the effectiveness piece, additional data around these issues, and any other activity that has to do with

supporting this process. Ms. Kronenberg added that the committee could act as a clearinghouse for information and as an effective means of garnering additional community input (through hearings and vetting the work done at the SFCBP level).

Commissioner Tierney said the first thing the committee should do is get a full report on SFCBP and then adopt its priorities as the priorities for this year. Then the role of the committee includes making sure that we have the architecture and that all the partnerships that are involved on the continuum—prevention, education, treatment, long term care, etc.—are involved in this process. His concern is that when it is time to make budget decisions, the Department makes cuts based on the targets we are given. We need to make sure the Health Department makes decisions based on these goals.

Richard Heasley, Executive Director of Conard House, asked for clarification about the responsibility of contractors who are at the table to communicate to contractors who are not at the table. Ms. Kronenberg said the intention is that people at the table are going back to their constituencies. If this is not happening, then we need to expand the group or make this clear. Dick Hodgson said this started out as a self-appointed group that was limited, and the group has realized that there is a larger responsibility and the group needs to be broader. Ms. Kronenberg added that this has been an organic process and there is a lot of room for improvement and more inclusiveness and Mr. Heasley is invited to join in the process.

Commissioner Tierney suggested that people who are interested in health policy attend the health planning group and people who are interested in the implementation of these policies attend the Finance Committee meetings.

Commissioner Illig supports the direction of the committee but is concerned that the Commission's oversight role is being overlooked. There should be a place where Department staff can come and talk about their programs. Commissioner Melara said the planning committee will look at these programs in the context of the Department's priorities.

Commissioner Tierney said the Health Commission should adopt and endorse the SFCBP's priorities and process, with some principles about inclusiveness, and then the rest of it comes from there.

Commissioner Sako said the priorities concern her because, for example, violence prevention is not DPH's primary charge and if we use SFCBP's four priorities to drive budget decisions then DPH is actually going to be taking on more responsibility than its core charges. She doesn't want to be locked into these priorities in terms of budget cuts. We've had to cut core programs and next year there will be deeper cuts. Commissioner Melara sees it as taking responsibility for being effective in the areas that are our responsibility, not taking on the entire purview of violence prevention. Ms. Kronenberg said there was a lot of talk about violence prevention because DPH is not the lead agency in this area, but the subject kept coming up.

Commissioner Illig shares Commissioner Sako's concerns.

Commissioner Melara said we have to ask these questions. What is our role? What should our role be? She also envisions the Mayor and Board of Supervisors buying into this process and making decisions accordingly.

Commissioner Sako said the Health Commission must make a multi-year commitment to this and cannot keep changing direction.

Commissioner Illig is excited about this process and thinks it is the perfect replacement/next step for the strategic plan.

#### Next Steps

- An in depth presentation to the Commission about the SFCBP's proposed priorities and process and how the priorities will be utilized.
- Once this piece is discussed, the planning committee will look at the budget principles to ensure that they reflect the work of the planning committee.
- The goal is to have the Commission endorse this process and the four priorities at the September 9<sup>th</sup> meeting, and for the Commission to adopt the budget principles at that same meeting.

#### 3) **EMERGING ISSUES**

None.

#### 4) **PUBLIC COMMENT**

None.

#### 5) **ADJOURNMENT**

The meeting was adjourned at 6:50 p.m.

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Michele M. Seaton  
Health Commission Executive Secretary