

**MINUTES
OF THE
HEALTH COMMISSION MEETING**

**Tuesday, May 20, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102**

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Lee Ann Monfredini at 3:05 p.m.

Present: Commissioner Debra A. Barnes
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

Absent: Commissioner Edward A. Chow, M.D.

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 6, 1997

Action Taken: The Commission unanimously adopted the minutes of May 6, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CHS-AIDS - Request for retroactive contract renewal with San Francisco AIDS Foundation/HIV Prevention Project (SFAF) in the amount of \$100,000 to provide HIV prevention and education services to injection drug users for the period of January 1, 1997 through June 30, 1997. (DPH contracted with SFAF for services totaling \$4,117,127 during FY 1995-96).

Action taken: The Commission unanimously approved the Consent

- 4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.).
(Sandra R. Hernández, M.D., Director of Health)

CENTRAL ADMINISTRATION

Managed Care Symposium

Last week I participated in a panel discussion for the Hospital Council's *Seventh Annual National Symposium on Managed Care*. The panel discussion focused on providing universal coverage in California through managed care delivery systems. As you know, managed care is becoming the dominate health care delivery system. As we look at developing a universal health care plan in our community, it is inevitable that the delivery system will incorporate managed care concepts and principles. Several other localities -- Minneapolis, Tampa, Birmingham, Seattle, Indianapolis -- have developed managed care plans to provide health care coverage for uninsured residents. During the panel discussion I provided an overview of the Mayor's Blue Ribbon Committee on Universal Health Care, its goals and models/options for expanding health care coverage.

Managed Care Enrollment

Medi-Cal managed care enrollment for San Francisco is 40,000. Of that total, the San Francisco Health Plan has 24,000 enrollees (60%) while the CaliforniaCare has 16,000 enrollees (40%). The enrollment reflects both mandatory and voluntary Medi-Cal enrollees. Maximum mandatory enrollment has been calculated by the State to be 37,000.

Welfare Reform Data Collection on Immigration Status

The Department has been approached by several advocacy groups to review its gathering and maintaining of immigration status information for persons seeking services at our facilities. In light of the passage of the Welfare Reform Act and Immigration Act, the Department shares the community's concern that the mandatory reporting provisions of both Acts can create a disincentive for persons to seek medical assistance.

Effective June 1, 1997 the Department has adopted a procedure by which we will only ask patients two questions related to immigration or residency status. The questions are: (1) are you a "refugee", and (2) are you here on a "tourist visa." Any patient response that is other than refugee or tourist visa is coded in a third and final category entitled "other." Our coding system is internal to the Department of Public Health and will not affect the Department's ability to obtain Medi-Cal reimbursement for covered services.

The Department's management information system is in the process of finalizing the new residency code system. In addition, a Departmental policy bulletin informing admitting, eligibility and registration staff of the new procedures is being distributed. I believe that this new procedure is consistent with current Departmental policy to provide services to all patients regardless of immigration status or ability to pay.

Mayor's Welfare Reform Task Force

Yesterday the Mayor presented the final report and recommendations from his Welfare Reform Task Force to the Board of Supervisors. The Task Force was formed in October 1996 to address San Francisco's response to Federal Welfare Reform. The Task Force made recommendations in the following areas: business advisory, child care, community resources, coordinating city budgets, DHS redesign, employment, education and training, housing, immigration, recipient and support services.

When available, the report will be provided to Public Health and Community Health Network division managers to ensure that specific recommendations concerning the Department are addressed. DPH has already begun working on recommendations from the Immigration Committee concerning identification of legal immigrants in our long-term care facilities, provider training on citizenship disability waivers and providing mental health services to legal immigrants on SSI.

State Welfare Reform Activities

The State Legislature's Special Committee on Welfare Reform has been reconstituted as the "superconference" committee on welfare reform. There have been 133 bills introduced with respect to welfare reform, including three superconference committee spot bills.

On May 8, 1997 Senate and Assembly Democrats released their "Welfare-to-Work Plan." In general, the plan is premised on emphasizing work and self-reliance while ensuring a safety net for children, the elderly and people with disabilities. The cost of the Welfare-to-Work Plan and restoration of services to legal immigrants is estimated to cost \$850 million. The proposal rejects most of the Governor's welfare plan. Key components of the plan include:

- Three year time limit for TANF parents who are ready to work, and a five year time limit for those who need additional social or medical services (e.g., domestic violence survivors, people in mental health or substance abuse treatment);
- Additional funding for job training, job creation, child care and transportation;
- Partial State takeover of the General Assistance program with uniform State eligibility guidelines, regional grant levels and the State paying for 30% of the costs;
- State SSI replacement program for those losing Federal SSI benefits;
- State nutrition program for those losing Federal food stamps; and
- State funding for naturalization services.

This plan is not final and in no way constitutes an agreement on the part of the Legislature or the Administration. However, it does provide some indications as to the differing approaches taken by the Legislature and the Administration in implementing welfare reform.

Federal Welfare Reform Activities

Under a proposed budget agreement, disabled immigrants who are legal permanent residents in the United States as of September 30, 1997 would qualify for SSI, whether or not they were disabled as of this date. Immigrants who enter the United States after September 30, 1997 would not be able to qualify for SSI under any circumstances until they become citizens. In addition, refugees and asylees will be eligible for SSI during their first seven years (extended from five years) in the United States. The agreement would **not** restore SSI eligibility for elderly legal permanent residents (non-disabled), nor food stamp benefits for any legal permanent residents.

During consideration of the Fiscal Year 1997 supplemental appropriations bill, the Senate approved an amendment by Senators D'Amato, Feinstein, and others which delays the scheduled cut off of SSI benefits to current legal immigrant recipients until September 30, 1997 (rather than August 22, 1997). The amendment was also offered and approved in the House supplemental appropriations bill.

Federal Budget

The Federal bipartisan Balanced Budget Agreement of 1997 is now in writing; however, it is still subject to negotiations and Congress' appropriations process, and it will not be final until the President signs it into law.

The Balanced Budget Agreement makes the following assumptions concerning Medicaid: (1) net savings of \$13.6 million over five years, (2) savings from reduced DSH payments, (3) repeal of the Boren Amendment and (4) converting managed care and home/community care waiver processes to State Plan Amendments -- 1915 waivers would be unnecessary. As you know, DSH funding and the Boren Amendment provisions are essential funding sources for safety net providers. The Department is working with our federal lobbyist, health care associations and other affected counties to eliminate these provisions of the proposed budget agreement.

State Budget - May Revise

Last week the Governor released his May Revise. Due to a favorable economy, State General Fund revenues are projected to be \$2.3 billion more than anticipated for fiscal years 1996-97 (\$960 million) and 1997-98 (\$1.3 billion). However, under Proposition 98, 98% (\$2.2 billion) of the new revenue must go toward K-12 education and the California Community Colleges. The revised budget includes \$14.6 billion General Fund for Health and Welfare programs, up \$8.8 million from the Governor's January budget.

According to the State constitution, the legislature must pass the budget by June 15, 1997; the fiscal year begins on July 1, 1997. The following are summaries of the key health-related proposals:

- AIDS Drug Assistance Program (ADAP): The revised budget includes \$12.9 million General Fund to replace the previously proposed "contribution" of Federal Funds from Title I Eligible Metropolitan Agencies under the Ryan White CARE Act. The original proposal was expected to result in a loss of \$2 to \$4 million for San Francisco.
- Reduction in State's Administrative Fee for Disproportionate Share Hospital Program (DSH): The May Revise proposes reducing the State's administrative fee for DSH from \$229.8 million to \$154.8 million. This reduction would enable an additional \$75 million in public hospital funds to be matched to the federal government. The Department is in the process of determining the fiscal impact of this proposal on San Francisco General Hospital. As you know, our 1997-98 proposed budget included a decrease in DSH funding based on the closure of two additional public hospitals. It is possible that any additional funding that might be derived from this proposal will be used to cover this decrease.
- Federal Funds for Undocumented Health Care: The revised budget includes \$215.6 million General Fund for the costs of emergency Medi-Cal services to undocumented immigrants. The Governor now assumes that these costs will not be paid by the Federal Government.
- Prenatal Care to Undocumented Women: The Governor is still anticipating the termination of prenatal care to undocumented women. However, the revised budget includes an additional \$7.1 million to extend the effective date for implementation from July 1, 1997 to August 1, 1997. The California Assembly and Senate Budget Committees have thus far rejected the Governor's proposal to terminate prenatal services to undocumented, restoring these funds in the budget proposal moving through the Legislature.

- Educational Revenue Augmentation Fund Proposal: The Governor proposes to transfer \$100 million of property tax revenue to cities, counties, and special districts. These funds would be distributed to localities based on their share of the property tax shifted from them to the State to fund school districts. The amount would be adjusted to reflect Proposition 172 public safety revenues.

The Governor has made the following changes with respect to welfare reform in the May Revise:

- The revised budget restores \$153 million in funds for the SSP portion of SSI/SSP based upon the assumption that the Federal government will restore SSI to all legal immigrants who were admitted prior to August 22, 1996.
- An additional \$24 million has been restored for In-Home Supportive Services to legal immigrants receiving SSI. This is also based on the Governor's assumption that legal immigrants will have their SSI restored.
- Provides an additional \$213.1 million for child care under CalTAP. The funds are a transfer from the State's \$3.7 billion federal Temporary Assistance for Needy Families (TANF) block grant.
- Allocates \$40 million of TANF funding for a new employment and training services program for non-custodial parents of children who are receiving AFDC.

In a new proposal, the Governor proposes eliminating regional center services for undocumented immigrants with developmental disabilities, resulting in State savings of \$13.4 million.

A number of the assumptions made by the Governor in the May revise may be incorrect, particularly in assumptions concerning federal actions. The Department will closely monitor the budget processes at both the State and federal levels.

Sustainability Plan for San Francisco

The Department recently submitted proposed changes to the Human Health section of the *Sustainability Plan for San Francisco*. The Sustainability Plan establishes measurable goals and objectives in areas ranging from air quality to human health to economic development, and will provide a blueprint for the City's new Department of the Environment.

Pursuant to the Health Commission's direction, Department staff have reviewed the Human Health section of the plan to ensure that the objectives take into consideration national Healthy People 2000 goals as well as health status, trends and circumstances within San Francisco's population. The Department of the Environment is planning to present the Sustainability Plan to the Board of Supervisors for approval in late June 1997. The plan will incorporate the modifications made by the Department of Public Health. Implementation of the Plan will require the involvement of businesses, City departments, residents and other private entities.

Union of American Dentist (UAPD) Collective Bargaining Agreement

A new Collective Bargaining Agreement has been reached between the City and UAPD which will cover the next four fiscal years beginning July 1, 1997 and expiring June 30, 2001. The agreement calls for a 10% wage increase over the term of the agreement as follows: July 1997 - 2%, December 1997 - 1%,

July 1998 - 2%, December 1998 - 1%, July 1999- 2%, July 2000 - 2%. The agreement also calls for a phased increase of the employer pick up of the employee's Retirement contribution from the current 6% to the full pick up of 7-1/2 by July 1998. Also, the City's payment for dependent health care premiums will increase from \$175.00 per month to \$225.00 a month on July 1, 1997.

An agreement has also been reached which, in my view, represents a significant achievement in these negotiations. There will be established a **Medical Quality Incentive Program** which will be jointly developed during the first year of the agreement and implemented in the second year of the agreement. This program will provide an incentive-based bonus payment ranging from 0 to 3% of a physician's prior year annual salary on medical quality standards to be developed jointly between the Department and UAPD. It is my expectation that this innovative program will be of mutual benefit to the Department and its physicians.

COMMUNITY HEALTH NETWORK

Mother's Day Activities at Laguna Honda Hospital

Carmen Policy, President of the San Francisco 49ers, his wife, mother-in-law and three members of his staff distributed plants on Mother's Day to the female residents at Laguna Honda Hospital. The residents were visibly appreciative of this thoughtful gesture. Debbie Tam, Nursing Supervisor, and Ida Pangan, Certified Nursing Assistant, are to be commended for their assistance in getting the plants delivered.

Members of the Police Officers Association took twenty LHH residents to a Mother's Day breakfast. They were assisted by CNA's and two LHH volunteers.

Peace Walkathon

As part of the CHN's ongoing involvement in violence prevention in the community, staff participated in the Second Annual Bay Area Peace Walkathon May 17. A wide range of health information was available for participants. Richard Cordova, Executive Administrator, CHN, was one of the walkers.

SFGH Staff Keynote Speaker

On May 17, Gene O'Connell, RN, MS, was the keynote speaker for City College of San Francisco's RN Nursing Commencement and Pinning Ceremony.

Perinatal Clinical Nurse Specialist Leaving SFGH

Kami Timm, RN MSN, Perinatal Clinical Nurse Specialist, will be leaving SFGH after 16 years of service. During her tenure at SFGH Kami has worked as a staff nurse, clinical educator, and clinical nurse specialist. Among her many accomplishments Kami chaired the Infant Security Task Force which resulted in improved infant/child safety. She was also instrumental in the implementation of the Watchchild Clinical Information System. Kami is leaving SFGH to accept a position in Napa closer to her home and family. Staff and colleagues will be able to say farewell to Kami May 29 from 2-4 p.m. in Room 2A-6 at SFGH.

Critical Care Diversion for May 9 through 18

The Critical Care diverted for 0 hours. The Emergency Department diverted for 1.6% or 3 hours and 35 minutes.

PUBLIC HEALTH

Bayview/ Hunters Point

The Bayview/Hunters Point Health and Environmental Assessment Task Force held its first Town Hall meeting May 17. Over 60 people spent a hot morning and afternoon reviewing information on the causes of morbidity and mortality in the Bayview/Hunters Point community, which far exceeds the statewide average for preventable hospitalizations for several health conditions. There was also extensive discussion of how to gain the consent of the community to conduct further research, to hire community residents to help in the research, to regularly report back research findings and to work with the community to develop effective interventions to improve health status.

This partnership between the department and the community began two years ago when a proposed new power plant became a major issue. The Task Force has remained together and has broadened its focus to include all matters affecting community health.

Work Place Safety for General Assistance Recipients

On, May 12th, the General Assistance Rights Union (GARU) held a demonstration outside 101 Grove to ask the Department to investigate possible unsafe working conditions experienced by General Assistance recipients who are performing their workfare responsibilities in City facilities. Specifically, the GARU delegation cited washing buses and removing graffiti at MUNI, handling of dirty needles as part of street-sweeping for DPW, handling soiled laundry at SFGH and handling dirty needles and feces when cleaning park areas for Rec/Park. GARU asked that the department investigate to determine whether the City is providing the same training and protections afforded Civil Service employees.

Vickie Wells, Director of the Occupational Safety and Health Program for the Department, requested information on working conditions, training and protections from the health and safety staff in each of the City departments cited by GARU. We expect to have all of the responses by the end of this week.

The City Attorney has given us the opinion that public assistance recipients who are supervised by City employees are subject to the same protections and enforcement under Cal-OSHA as Civil Service employees, which supports our position that, from a public health perspective, there is no distinction between a public assistance recipient and a Civil Service employee who might be exposed to unsafe working conditions. We will pursue this investigation until we are satisfied that the training and protections afforded to General Assistance recipients are the equivalent of those provided to City workers.

Art On the Front Lines of Healing

Over two hundred people attended the opening of the exhibit "Art on the Front Lines of Healing" on May 9, held at the War Memorial Building.

The show featured work done by both professional and first time artists, who find healing in their art. The artists represented a wide array of serious illnesses and disabilities, including: breast cancer, leukemia, AIDS/HIV, mental illness, Alzheimer's and developmental disability.

The twofold message of the show is: (1) art can mobilize a person's inner healing resources, and (2) it's crucial to respond to the whole person, not just the illness.

The show, which will run through June 30, was designed and organized by the Mental Health Board of San Francisco.

SF SAFE Kids

The San Francisco Safe Kids Coalition, working collaboratively with ten other agencies, held the first ever Family Safety Obstacle Course at the Tenderloin Children's Playground on Saturday, May 10. The obstacle course was designed to be a fun way for a wide variety of families to learn ways to prevent unintentional childhood injury. There was broad participation from a number of City agencies, including an appearance by Mayor Brown and Fire Chief Demmons, who helped kick off the event.

Over 25 businesses donated prizes, including 300 pairs of Giants tickets, teddy bears, bicycle helmets, smoke detectors and booster car seats. Two hundred and five children completed the course. 400-500 people were fed thanks to donations by the Hilton, the Marion and Double Rainbow.

Many thanks to the 60 volunteers from the planning agencies who participated, along with the Mayor's office, San Francisco Health Plan, Blue Cross, Tom Waddell Health Center, and even several of the businesses that donated prizes.

For the San Francisco Safe Kids Coalition, the event helped broaden and strengthen our visibility in the Tenderloin and allowed us to establish an excellent working relationship with many other City agencies. A report, *Profile of Childhood Injury*, was prepared with the assistance of Gregory Nah at the San Francisco Injury Center. The SF Safe Kids Coalition intends to distribute the report in the following weeks.

Homeless Perinatal Conference

The Department's Perinatal Services, Bureau of Children, Youth and Families, organized the first Regional Bay Area Conference on Homeless Perinatal Issues on May 16th in Oakland. Representatives from six Bay Area counties participated. The Conference brought together nearly 130 participants from over 60 different health and social service agencies to exchange information on strengthening homeless families and to establish regional networks among providers, promoting collaboration and advocacy. Homeless women and their children also participated. Kathryn Hall, nationally known founder of the Birthing Project, delivered the keynote address. It should be noted that Ms. Hall was at one time a homeless mother with two children, living in the Oakland bus station. She has since received advanced degrees from UCLA and has been the subject of much national attention. Conference evaluations were favorable, suggesting a continuation of this new regional collaboration. The conference was organized through the State MCH Allocation grant.

Consensus meeting on HIV Prevalence and Incidence in San Francisco Held

A meeting of local experts and scientists was convened on May 12, 1997 to update the prior HIV consensus report from 1991. The meeting was attended by 33 researchers from the San Francisco AIDS Office, STD Control, Community Substance Abuse Services, SF General Hospital, UCSF, UC Berkeley, and several community-based organizations. Additionally, representatives of the SF HIV Prevention Planning Council (HPPC), HIV Care Council, CDC, and San Mateo, Marin and Los Angeles Health Departments were present. Data from over 20 recent studies were presented and reviewed. Based on this review of the data, the panel estimated that 15,000 persons are living with HIV in San Francisco, representing approximately 2.1 % of the population. The majority of HIV infections are among gay and bisexual men (88%), followed by intravenous drug users (IDU) (8.7%). An estimated 500 new HIV infections will occur in the next year, with 67% among gay and bisexual men, and 24% among IDU. Heterosexual men and women accounted for 3% of prevalent infections and 9% of incident infections.

These figures are substantially lower than estimates made at a similar meeting held in 1991. Declines in the estimated existing and projected new infections can be attributed to: (1) more accurate information on the

populations at risk, and (2) decreased rates of new infection, due in part to successful HIV prevention efforts in San Francisco. Declines in HIV incidence were noted in all transmission categories.

Once completed, a final copy of the document will be circulated to the Commission as well as the public.

HIV Vaccine Initiative Announced.

Over the weekend, President Clinton called for the development of an HIV vaccine within a decade. San Francisco can be proud of our role in reaching this goal. Health Commissioners will remember that they approved a contract approximately one month ago authorizing the Research Branch of the AIDS Office to proceed, along with 14 other sites, with a Phase II clinical trial of two HIV vaccines. Thirty HIV-uninfected gay and bisexual men from San Francisco, out of 420 men and women nationally, will be enrolled in the trial. The contract has since been approved by the Board of Supervisors and the Mayor's office.

The trial will test whether these vaccines, rgp120, and vCP205 (also known as ALVAC), can safely stimulate an immune response to HIV. Both use different means of presenting pieces of HIV to the immune system, to train the immune system to recognize real HIV later. Only one other vaccine (an earlier version of gp120, used alone) has made it to the Phase II trial stage. The outcome of this trial will determine whether to pursue a much larger Phase III trial to measure the effectiveness of these vaccines in actually preventing HIV infection. Susan Buchbinder, MD, the Chief of the AIDS Office Research Branch, is principal investigator of the San Francisco site, and serves as one of four co-chairs of the trial's protocol team.

Stop Red Light Running Pledge Day

Mayor Brown helped kick off the Department's "Stop Red Light Running Pledge Day" on May 14th at a noon Rally co-sponsored by KMEL radio at Justin Herman Plaza. Jim Brennan, a victim of a March 5th red light runner, was there to accept the pledge cards and a proclamation from the Mayor declaring it "Stop Red Light Running Pledge Day" in San Francisco. The Emergency Medical Services Agency organized the event as part of their grant-funded campaign to combat this dangerous and prolific practice among many drivers in San Francisco. Although recent police reports indicate a reduction in the number of red light runners since the "Stop Red Light Running" campaign began, we continue with our efforts to change this city wide habit and keep the intersections safe for both vehicles and pedestrians.

April 1997 Department Statistics are available at the Commission Office.

**SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT
March-April 1997**

	<u>Appointments</u>		<u>Reappointments</u>	
	<u>Medical Staff</u>	<u>Affiliate Staff</u>	<u>Medical Staff</u>	<u>Affiliate Staff</u>
Active	16		19	
Courtesy	53		50	
Associate	3		0	

TOTALS	72	12	69	12
Resignations	7	1		
Applications	102			

5) **PRESENTATION OF THE SUBSTANCE ABUSE TREATMENT ON DEMAND TASK FORCE REPORT, AND CONSIDERATION OF A RESOLUTION ENDORSING THE REPORT AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO ADOPT THE REPORT**

Larry Meredith, Ph.D., Director of Community Substance Abuse Services, reported the following: The “Substance Abuse Treatment on Demand: First Steps Plan” represents the beginning of a journey to ensure that alcohol and other drug treatment services have the capability and capacity to address the multifaceted needs of all substance abusers in a prompt, culturally competent manner as an integrated component of health and human services. The 37 member Planning Council appointed by the Department has performed an invaluable function within a compressed time frame. Research findings and treatment alternatives have been reviewed, consumers, agency staff and professionals have provided their perspectives, community meetings have been held in the Tenderloin, Mission and Bayview Hunters Point districts, so the voices and concerns from the neighborhoods could be factored into the process. Based upon this data and extensive deliberation the Planning Council developed a series of recommendations to guide the implementation of substance abuse treatment on demand.

The Executive Summary is attached. (Attachment A).

Members of the Council presenting various aspects of the report were:

Norma Hotaling
 Ada Renee Williams
 John Nickens
 Jennifer Friedenbach
 Carlos Morales
 Michael Siever

Dr. Meredith reported that the Drug and Alcohol Advisory Board have supported the Plan.

Vice President Monfredini commended the Council for a thorough, well organized, and easy to read document.

Commissioner Barnes thanked the Council members and the Department staff for this momentous occasion.

Dr. Hernández thanked the Council and Charlie Morimoto, DPH Integration Specialist, for his work on the concept of integration of services as they relate to substance abuse. She emphasized that public health is not a stand-alone system and that the implementation of this Plan is a challenge. She acknowledged the great passion for this issue and that all entities need to embrace this Plan. She noted that the challenge is to

be patient in order to see the results over a period of 2-5 years. She encouraged everyone to be persistent and keep drug treatment on demand as a high priority.

Action Taken: The Commission unanimously adopted Resolution #14-97, “Supporting the Department of Public Health’s Substance Abuse Treatment on Demand: First Steps Plan, to Guide the Augmentation of alcohol and Drug Services in Fiscal Year 1997-98,” (Attachment B).

6) **PRESENTATION OF A STATUS REPORT ON EFFORTS TO EXPAND HEALTH INSURANCE IN THE CITY AND COUNTY OF SAN FRANCISCO**

In response to Commissioner Barnes’ questions raised at a S.F. Health Authority Board meeting, Dr. Hernández presented a progress report on the work of the Mayor’s Universal Health Care Blue Ribbon Task Force, including an Overview of a County Organized Health System, and a Status of the 1115 Waiver Process, (Attachment C).

Dr. Hernández reported that the Blue Ribbon Task Force intends to bring recommendations to the Mayor by July 1st.

Commissioner Guy raised the question of quality of care within existing County Organized Health Systems from the consumers point of view. The Department will research this issue.

The Commission thanked Dr. Hernández for the update and looks forward to hearing the recommendations of the Blue Ribbon Task Force.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)