

**MINUTES
OF THE
HEALTH COMMISSION MEETING**

**Tuesday, July 15, 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 President Edward A. Chow, M.D., at 3:10 p.m.

Present: Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

Absent: Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 1, 1997

Action Taken: The Commission unanimously adopted the minutes of July 1, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CPHS-AIDS - Contract renewal and sole source request with Glide Foundation in the amount of \$67,440, to provide outreach services to residents of the Tenderloin, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Glide Foundation for services totaling \$226,161 during FY 1996-97).

(3.2) **CHS-EPI** - New contract and sole source request with the Regents of the University of California San Francisco, School of Medicine (UCSF), in the amount of \$231,281, to develop a national strategic plan for Tuberculosis training and education, for the period of August 1, 1997 through December 31, 1998. (DPH contracted with UCSF for services totaling \$15,367,022 during FY 1996-97).

Commissioner Sanchez abstained on this issue due to conflict of interest.

(3.3) **DMS-CMHS** - Renewal Contract with California Pacific Medical Center, Department of Psychiatry, (CPMC) for Medi-Cal funded Psychiatric Inpatient Hospital Services (\$4,000,000 for all six hospital providers) for the period July 1, 1997 through June 30, 1998. (DPH contracted with CPMC for services totaling \$7,279,550 during FY 1996-97).

Commissioner Monfredini abstained on this issue due to conflict of interest.

Sara Kelley, CPMC Director of Public Affairs, reported on behalf of CEO and President Martin Brotman, M.D., that CPMC is confident of being in compliance with the Board composition policy this calendar year.

Commissioner Sanchez requested a status report to the Budget Committee in 90 days (October 21, 1997).

(3.4) **DMS-CMHS** - Renewal Contract with Ross Hospital for Medi-Cal funded psychiatric inpatient hospital services (\$4,000,000 for all six hospital providers) and a Children's Program funded in the amount of \$20,000 for adolescent acute psychiatric inpatient hospital services for the period July 1, 1997 through June 30, 1998. (DPH contracted with Ross for services totaling \$20,000 during FY 1996-97).

(3.5) **DMS-CMHS** - Renewal Contract with Saint Francis Memorial Hospital in the amount of \$196,498 to provide 24-hour psychiatric inpatient services to adult patients and for Medi-Cal funded acute psychiatric inpatient hospital services (\$4,000,000 for all six hospital providers) for the period July 1, 1997 through June 30, 1998. (DPH contracted with St. Francis for services totaling \$196,498 during FY 1996-97).

(3.6) **DMS-CMHS** - Renewal Contract with Saint Luke's Hospital for Adult Medi-Cal Funded Psychiatric Inpatient Hospital Services for the period July 1, 1997 through June 30, 1998. (\$4,000,000 for all six hospital providers).

Commissioner Monfredini requested the contractor to come back in 90 days (October 21, 1997) to the Budget Committee with a plan of action to address affirmative action compliance on the staff and Board.

Commissioner Barnes commented that it is unconscionable for this contractor not to have a diverse staff given their patient population. She also requested information on the process of selecting Board members.

(3.7) **DMS-CMHS** - Renewal Contract with Saint Mary's Hospital and Medical Center (d.b.a. McAuley Neuropsychiatric Institute) in the amount of \$300,000 to provide adolescent inpatient partial hospitalization, transitional (outpatient) services and Medi-Cal funded adult psychiatric inpatient hospital services for the period July 1, 1997 through June 30, 1998. (\$4,000,000 for all six hospital providers). (DPH contracted with St. Mary's for services totaling \$1,045,368 during FY 1996-97).

Wade Rose, Vice President of Catholic Healthcare West, reported that the diversity of the Board will continue to improve.

Commissioner Sanchez stressed that the application of the affirmative action policy is expected from community-based organizations as well as hospitals.

(3.8) **DMS-CMHS** - Renewal Contract with Regents of the University of California San Francisco, Langley Porter Psychiatric Hospital (UCSF), in the amount of \$200,000 to provide child and adolescent psychiatric inpatient hospital services, partial hospitalization and transitional services and Medi-Cal funded adult psychiatric inpatient hospital services (\$4,000,000 for all six hospital providers) for the period July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling \$15,367,022 during FY 1996-97).

Commissioner Sanchez abstained on this item due to conflict of interest.

The information given to the Commissioners is different from the explanation from the contractor. The Department will follow up with the correct information.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.
Commissioner Monfredini abstained on #3.3.
Commissioner Sanchez abstained on #3.2 and #3.8.

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

(This was given at the end of the meeting).

Commissioners, Members of the Executive Management Team, DPH Staff, Members of the Public and Interested Parties, as you know this is my final Commission meeting as the Director of Public Health. I wanted to take this opportunity to share with you some of my hopes and thoughts regarding the future of public health in San Francisco and the critical role that all of you have in continuing to achieve progress in realizing the mission of the Department.

The Department has unequivocally taken a strong leadership role in many important social policy issues that confront urban America. These initiatives include an ongoing commitment to inclusiveness that specifically works to keep the "invisible" populations at the table. Their feedback and input are, as you know, critical to continued improvement in the quality and quantity of life. As social policy seeks to divide communities based on race, ethnicity, economic class and/or immigration status, the Department must be ever more vigilant in assuring that we are doing all within our power on a day-to-day basis, as well as long-

term advocacy and planning and to not allow any single population to become further isolated or disenfranchised.

The Healthcare environment continues its very rapid pace of change. The Department must similarly not lose the momentum that has been created to not only respond but to drive that reform in such a way as to assure community accountability, community participation and equality in the accessibility of all of our services. We must, as a community believe in the prospect of universal health coverage for San Francisco and the Country. We must confront the cynicism and overcome those who would prefer to continue the inadequate status quo. We must not fear choice and individual empowerment but actively work to assure choice, quality, and access for all. Given the size of our Department these transitions and the momentum for change will always be at risk of bureaucratic obstacles. As we think in the future of community accountability, we must do so with an eye on removing those barriers to decision-making, risk-taking and public service.

The newly created Public Health Division has perhaps its greatest challenge in designing a continuum of primary and secondary prevention programs and campaigns. This is, at its most basic, the strength of community public health service and we have all of the ingredients necessary to significantly reduce injury, prevent disease and maintain a state of physical and mental well-being for all those who live and work in our city. The Department's long-standing commitment to community involvement, including its partnerships with community-based organizations is one of the key components to the successes that we have had in meeting our mandate of service to the most vulnerable.

We have created a Community Health Network which has the potential, in its vast continuum of care, to truly become the finest health care delivery system in San Francisco and to becoming the provider of first choice for patients who have a choice about where to obtain their healthcare. It is important as the network aggressively competes for sponsored patients that it never lose sight of those most vulnerable patients, for whom there are few, if any other choices for personal healthcare in the City. Those patients include the working poor, the unemployed, the uninsured, frail elderly, undocumented immigrants, and the multiple-diagnosed as well as homeless patients. We must continue to strive as a Department to serve with the highest quality of care the most challenging and the most vulnerable among the patient populations.

I would urge all of you to actively seek mechanisms and structures that will allow us to serve families, neighborhoods, communities and individuals in as holistic manner as is possible. We must embrace the notion that the mind and body and spirit are all part of what constitutes each individuals unique strengths. We have over the years, begun to think about the integration of services within the community, as representing community empowerment. The Community Health Services Unit within Public Health is challenged with the phenomenal opportunity to improve the integration of mental health, substance abuse, physical health, maternal and child health for vulnerable populations. When we have achieved this for the homeless population we will have achieved it for everyone. We must be committed to critically evaluating both our successes and our failures, and to learn from the efforts which have been less successful and to have the courage to change, adapt and improve upon those wherever possible.

I have often thought about this Department's staff, its size, its talents as a small, but potentially very powerful Movement. We must continue to tap into the talents of each of its employees and to galvanize front line staff through the Executive Management team and structure into embracing the possibility of accomplishing our vision of a healthier community. The work of the Department of Public Health will

perhaps never be entirely accomplished and yet if each individual would renew his or her commitment to personal service, we will continue to make ever greater strides toward maintaining the health of San Francisco.

I have been extremely honored and proud having had the opportunity to serve amongst so many committed and fine people. I am confident that this legacy will continue under the direction of this Commission and Mayor Willie Brown. I am extremely pleased to announce, in consultation with Mayor Brown and the Health Commission, that Mitch Katz, M.D. will be serving as Interim Director of Health. Dr. Katz is both a colleague and a friend. He will, I am extremely confident, serve you and this Department ably in this role. There are few clinicians, leaders and administrators for whom I have as much respect as I do Dr. Katz. In our time working together he has shown himself as an able problem solver and a creative administrator. I will do my utmost to assure the smooth transition for Dr. Katz during this brief interim period.

Thank you again for your support.

Dr. Hernández thanked Sandy Mori, Executive Secretary to the Health Commission, and Paula Jessor, Deputy City Attorney, for their support.

On behalf of the Health Commission, President Chow presented Dr. Hernández with an engraved plaque in appreciation for her 13 years in the Department.

Each Commissioner individually thanked Dr. Hernández for her leadership and commitment to public health.

5) **PRESENTATION FROM THE PUBLIC UTILITIES COMMISSION ON THE TEN-YEAR CAPITAL IMPROVEMENT PROGRAM TO THE CITY'S WATER SYSTEM**

Mr. Steve Leonard, Planning Bureau of the Public Utilities Commission, presented the 10-Year Capital Improvement Program to upgrade the City's water system in order to keep its tap water among the nation's best.

The pipelines from Hetch Hetchy Reservoir cross over three earthquake fault lines. Besides providing retail water service to 770,000 San Francisco customers, PUC supplies wholesale water to 30 agencies in Alameda, Santa Clara and San Mateo Counties, which supply 1.6 million suburban customers who depend on the reliability of our water system.

Improvements include replacing pipelines that bring our water from the Yosemite Valley, reinforcing tunnels and trestles that support the water mains that are susceptible to breaking, and providing new roofs for our twelve reservoirs in the City. Upgrading wastewater systems to expand the use of recycled water and enhance fire fighting capabilities are also needed. There is also the continuing need to meet strict new standards set by the Federal Clean Water Act.

PUC emphasizes health and safety and service and is responsible for the City's water system in residential, commercial, and industrial areas.

Mr. Leonard referred the Commission and the public to the Public Affairs Department in the PUC for general information.

6) **CONSIDERATION OF A RESOLUTION ENDORSING THE ACTIVITIES AND DIRECTION OF THE BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENTAL ASSESSMENT TASK FORCE**

Action Taken: The Commission unanimously adopted Resolution #16-97, "Endorsing the Activities and Direction of the Bayview Hunters Point Health and Environmental Assessment Task Force," (Attachment A).

Dr. Hernández reported that Tangerine Brigham, Director of Policy and Planning, will provide strategic planning assistance to the Task Force.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)