

**MINUTES  
OF THE  
HEALTH COMMISSION MEETING**

**Tuesday, September 2, 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 Roma P. Guy, M.S.W.  
Commissioner Ron Hill  
Commissioner Lee Ann Monfredini  
Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner Debra A. Barnes  
Commissioner Edward A. Chow, M.D.  
Commissioner David J. Sanchez, Jr., Ph.D.

**2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 19, 1997**

Action Taken: The Commission unanimously adopted the minutes of August 19, 1997.

**3) CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(Commissioner Lee Ann Monfredini)

Action Taken: The Commission unanimously voted to disclose actions taken and not to disclose discussions held in closed session.

(3.1) **CHN** - Supplemental appropriation for \$189,738 in General Funds for additional nursing staff at SFGH 4B step down Nursing Unit consistent with the hours per patient day requirements per the nurses MOU for FY 1997-98.

(3.2) **CHN** - Supplemental appropriation for \$134,820 in MediCal funds to pay for cytology services at SFGH for FY 1997-98.

(3.3) **CHN** - Supplemental appropriation for \$301,760 in work order recovery funds from the Fire Department to provide services to the Health Monitoring/Wellness Program for Fire Department personnel in FY 1997-98.

(3.4) **EMSA** - Combined request to approve the following: 1) apply for retroactively and accept and expend a new grant in the amount of \$350,000 from the Department of Health and Human Services to develop a Metropolitan Medical Strike Team for response to the potential use of nuclear, biological or chemical weapons by terrorists for the period of September 29, 1997 through December 31, 1998; and, 2) approval of a contract modification with the Industrial Emergency Council (IEC) in the amount of \$60,000 to provide hazardous materials training to EMS personnel for the period of October 1, 1997 through December 31, 1998. (DPH contracted with IEC for services totaling \$53,000 during FY 1996-97).

(3.5) **PH - AIDS Office** - Request for approval or retroactive contract renewal with the San Francisco AIDS Foundation (SFAF), in the amount of \$226,701, for the provision of emergency hotel vouchers and rental subsidy services, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFAF for services totaling \$3,674,930 during FY 1996-97).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.).  
(Mitchell H. Katz, M.D., Interim Director of Health)

## **ADMINISTRATION**

### **Children's Health Insurance**

Last week, Governor Wilson released his plan for providing health insurance for low income children. The California Children's Health Plan (CCHP) provides health insurance for children 100% to 200% of the federal poverty level. This plan is in response to the recent federal bill which establishes a \$24 billion children's health insurance initiative nationwide.

Over the past several weeks, the Department participated in discussions with health associations and health advocacy groups to craft principles for the development of any new child health insurance program. These principles were distributed to the State and the Legislature. Unfortunately, few of the principles crafted by the various associations are seen in the Governor's Plan. CCHP is based on providing coverage through private sector models which have been utilized by the California Public Employees Retirement System and the Managed Risk Medical Insurance Board (MRMIB).

CCHP will provide health coverage to 580,000 of the estimated 1.6 million uninsured children. It also allows Medi-Cal coverage for all children under age 19 who are 100% of Federal Poverty Level (FPL).

The Governor's proposal is to implement CCHP as soon as possible. The first children will be enrolled in the program 6-9 months after the enabling State legislation is passed. The Managed Risk Medical Insurance Board, which administers the Health Insurance Plan of California (HIPC) and Access to Infants and Mothers (AIM), will administer the CCHP.

California will receive \$855 million annually for first three years to administer the program. The annual cost will be \$478.7 million of which \$167.5 million will be the required State match. The State has not identified where the matching funds will come from -- premiums and existing federal funds cannot be used for State match.

Some key specifics of the program are as follows:

#### Program Design

- Families have two options:
  - (1) enroll children in a purchasing pool and parents select a health plan or
  - (2) receive an Insurance Purchasing Credit to assist in paying for employer-based dependent coverage.
- Modeled after purchasing cooperatives such as California Public Employees Retirement System, the Health Insurance Plan of California and Pacific Business Group on Health.
- CCHP does not constitute a new entitlement.

#### Eligibility

- CCHP eligibility is based on the following criteria:
  - (2) child is ineligible for full scope Medi-Cal or Medicare coverage and
  - (1) family income is equal to or below 200% of federal poverty level
  - (3) child is not covered by a private or employer-sponsored insurance at the time of application or for prior six months
- Children of legal immigrants who enter the U.S. after August 22, 1997 are ineligible as are undocumented persons.

#### Financing

- Families will pay monthly premiums in the amount of \$8 per month for each eligible child. Families will also be charged \$5 co-payments for office visits and prescriptions. No co-payments will be charged for preventive services such as well child visits, health screenings and immunizations.
- Estimated State cost of expansion through CCHP is \$66.75 per child per month (reflects subtraction of \$8 per child monthly family premium). Estimated expansion cost through Medi-Cal is \$76.60 per child per month.

#### Scope of Services

- The benefits package "mirrors" benefits currently available through CalPERS and HIPC. Inpatient and outpatient services will be provided. In addition, substance abuse, mental health, dental and vision services will be available.
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services will not be provided unless they are part of the health plan's benefit package.
- Children eligible for California Children's Services will continue to receive services.

#### Provider Network

In addition to private licensed health plans and health insurers, MRMIB will contract with Local Initiatives and County Organized Health Systems (COHS). This is to ensure that traditional health care providers can continue seeing patients.

Outreach and Education

- A statewide education and outreach effort will inform parents about both Medi-Cal and the new CCHP program. Materials will be developed in multiple languages.
- Entities that assist in enrolling children in CCHP will be paid a \$50 “finder’s fee.”

The State released its plan before the Legislature’s joint Conference Committee on Access to Health Coverage Among Low-Income Californians last Thursday, August 28, 1997. Today, the Conference Committee is hearing responses to the State’s plan; health care providers, advocates and associations are scheduled to testify. The Department will make a more detailed presentation on the California Children’s Health Plan at the Health Commission’s September 16, 1997 meeting.

Long-Term Care Pilot Project Task Force

As part of its planning process, the Long Term Care Pilot Project Task Force will hold five community forums in October to obtain input from long-term care consumers, family caregivers and advocates regarding long-term care services in San Francisco. The forums will be held at the following neighborhood locations:

Sunset

(for Sunset, Richmond, Oceanside, Merced, Ingleside)	Rec. Center for the Handicapped 207 Skyline Boulevard at Herbst	Wednesday, October 1, 1997 2:00 p.m. - 5:00 p.m.
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Mission

(for Mission, Bernal Heights)	Horace Mann Middle School 3351 - 23rd St. at Valencia	Thursday, October 9, 1997 2:00 p.m. - 5:00 p.m.
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Bayview Hunters Point

(for Bayview Hunters Point, Visitation Valley, Excelsior, Portola)	Southeast Community College 1800 Oakdale Avenue at Phelps	Tuesday, October 14, 1997 2:00 p.m. - 5:00 p.m.
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Western Addition

(for Western Addition, Inner Richmond, Marina)	Rosa Parks Senior Apartments 1251 Turk Street at Webster	Thursday, October 16, 1997 2:00 p.m. - 5:00 p.m.
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Central City

(for Central City, North & South of Market, North Beach, Chinatown)	Pacific Bell Conference Room 666 Folsom at Third Street	Friday, October 17, 1997 2:00 p.m. - 5:00 p.m.
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Significant outreach is being undertaken by both the Department and the Commission on Aging to ensure that older adults, disabled adults, persons with HIV and persons with chronic illnesses will be in attendance. Three members of the Task Force’s Consumer Issues Design Team will be present at each event. All community forums will be wheelchair accessible and translation services will be provided.

## **COMMUNITY HEALTH NETWORK**

### **Presidential Visit**

San Francisco General Hospital received accolades from the White House Medical Unit for the excellent advance work preparing and coordinating required services prior to a Presidential visit. Carol Shagoury, RN, MS - Trauma Coordinator - has taken the lead role as the point of contact for the White House. Many hours of advance work are required for every Presidential visit. Throughout the President's stay Secret Service agents are in place in the ED and services are coordinated with EMS, the ED, ICU, Radiology and the Blood Bank. The White House formally acknowledged the work of Ms. Shagoury, Nurse Lauris Jensen and all the "behind the scenes staff at SFGH" for the "outstanding" contingency work in assuring the safety of President Clinton.

### **Community Health and Resource Fair a Success**

Maxine Hall Health Center in the Western Addition was the site of a Community Health and Resource Fair August 22nd. It was co-sponsored by the Community Health Network, Maxine Hall Health Center and the WIC Program and was attended by more than 700 community residents. Forty-two agencies staffed booths at the fair. Photo IDs were made and given to 210 children. Adults received free acupuncture. One hundred children participated in a raffle that required each child to visit at least 20 health information booths. Two bicycles donated by the Police Department were won by two neighborhood children, and helmets were donated by the Child Health and Disability Prevention Program. This fair was an exciting example of collaboration between the Community Health Network and the Public Health Division of the Department of Public Health.

### **Resignations**

Laguna Honda is losing two of its senior executives next month, Virginia Leishman, Director of Nursing and Dennis Sato, Assistant Hospital Administrator for Management Information Systems.

Ms. Leishman who has been with Laguna Honda Hospital for 44 years is retiring effective October 1<sup>st</sup>. Laguna Honda has built a reputation under Virginia's leadership, of providing excellent nursing care to its patients.

Dennis Sato has accepted the position of Chief Information Officer for the Hawaii Health Systems Corporation. I am sure you will join me in wishing both Virginia and Dennis well in their new endeavors.

### **Diversion Statistics**

Critical Care Diversion for the period August 1 through 31, 1997 is as follows:

- Critical Care diverted for 10.3% or 76 hours and 35 minutes.
- The Emergency Department diverted for 4.7% or 34 hours and 45 minutes.

## **PUBLIC HEALTH**

### **Reports of Voter Fraud**

Over the weekend, there were several newspaper reports concerning the possibility of voter fraud in the June 3<sup>rd</sup> election. One concern is that persons who have died may not have been removed from the voter rolls. If this is true, than there is a potential for other persons voting in the place of that individual. A match conducted by one of the newspapers between the voter rolls and a list of recently deceased persons prepared by our Records and Statistics Unit showed 43 possible matches. However, according to the report they used zip codes, rather than exact addresses, which would inflate the number of potential matches.

We are currently working with the Registrar of Voters to determine the exact number of persons who died who are listed as having voted in the last election, and we will report the results of the match at the next Commission meeting.

#### Target Cities Faith Initiative Youth Mentoring Project

On August 19<sup>th</sup>, the San Francisco Target Cities Faith Initiative Advisory Board, in partnership with the Inter-Faith Network for Community Help, held a Prayer Breakfast for the Faith Leaders of San Francisco at the Third Baptist Church. Forty-five faith leaders from the Buddhist, Christian, Jewish and Muslim faiths were included in a discussion on how to provide positive options for the young men who are returning from the juvenile detention facility at Log Cabin Ranch. This was the first in a series of events that the Target Cities Faith Initiative Mentor Project is planning.

The event was facilitated by Rev. Timothy Dupre, with opening remarks from Rev. Amos Brown, San Francisco Board of Supervisors and Dr. Larry Meredith. Johnny Miller, Director of Log Cabin Ranch, and Stewart Wobber, Inter-Faith Network for Community Help discussed the challenges faced by the youth when they leave a sheltered environment to return to their neighborhoods. Karen Ashcraft, Youth Mentor Coordinator from San Francisco Target Cities discussed the importance of mentoring in the life of a youth and the mentoring opportunities provided by the Target Cities Faith Initiative Mentorship Program.

Commissioners Guy and Monfredini acknowledged the dedicated and committed work of Virginia Leishman. The Commission will recognize her with a special presentation.

Commissioner Guy expressed her concerns about the diversion statistics. Commissioner Monfredini suggested a full presentation to the Commission be calendared.

#### 5) **PRESENTATION ON FINANCIAL IMPACT OF STATE AND FEDERAL BUDGET FOR FY 1997-98**

Monique Zmuda, CFO, presented the following information:

##### **Fiscal Impact of State Legislation**

###### SB 855 Disproportionate Share

San Francisco General Hospital estimates an increase in the FY 1997-98 budgeted Medi-Cal revenues of \$1.9 - 43.8 million. this represents SFGH's share of the \$75 million reduction in the State's administrative fee for managing the Disproportionate Share Hospitals Program.

###### Mental Health and Substance Abuse

There is no fiscal impact on the Department's budget from the State's allocation of \$23.5 million for substance abuse and mental health treatment services for CalWORKS (The State's version of the Federal Temporary Assistance for Needy Families Program). these funds have been put into the State Department of Social Services. With these funds, Counties will develop individualized mental health and substance abuse work plans. Local social service agencies will contract with providers to deliver appropriate services.

###### Disabled Children

There is no known fiscal impact on the Department's budget from the Governor's veto of legislation to continue Social Security Income/State Supplemental Payment (SSI/SSP) benefits to disabled

children who became ineligible for SSI due to the Welfare Reform Act. The Department does not provide cash assistance to individuals and these children will still be entitled to Medi-Cal funded health services based on their medical condition or their income status. The Department will continue to receive reimbursement for services provided to these Medi-Cal eligible children.

#### Prenatal Care for Undocumented Women

At this time, there is no known fiscal impact on the Department's budget from the Governor's veto that would have re-enacted funding for the prenatal care program for undocumented women. The Department's FY 1997-98 budget included a \$1.2 million reduction in State Medi-Cal revenue for prenatal care to undocumented women. This \$1.2 million reduction was offset by an equivalent increase in funding to the Department from the City's General Fund. However, it is possible that some undocumented women that previously received services at non-DPH medical facilities may begin to use DPH facilities for prenatal care.

#### Graduate Medical Education (GME)

San Francisco General Hospital estimates an increase in the FY 1997-98 budget of \$2 million for Graduate Medical Education reimbursement from the Medi-Cal program. This will be a new source of revenue based on a bill which is before the Legislature. The funding mechanism for this program will be similar to the State's Disproportionate Share Program (SB 1255). The City and County will be required to transfer funds to the State to obtain additional funding.

#### **Unresolved Federal Budget Issues**

As of this date, the Federal budget has been approved by Congress and signed by the President. However, State legislation is needed to implement most of the fiscal changes. Two unresolved budget issues could impact the Department's FY 1997-98 budget.

The first unresolved issue is the repeal of the Boren Amendment which provides for reasonable hospital reimbursements and prohibits hospitals from suing the Federal Government over the reimbursement rate. With this action, the State could lower our reimbursement rate for Laguna Honda Hospital. If the State were to do this, we could lose up to \$54 million annually. However, to lower our reimbursement rate, the State would have to publish regulations and hold hearings on the proposed lower reimbursement rates.

Also unresolved is the impact of changes in the State's contribution under the Federal Disproportionate Share Program. The Federal Government increased the Omnibus Budget Reconciliation Act funding cap to 175%, allowing the State to match more funds under the program. State legislation (AB 768 - Gallegos) implementing this Disproportionate Share Funding change is pending and could increase Medi-Cal revenue to San Francisco General Hospital by \$4 million.

Ms. Zmuda will keep the Commission informed in the coming months. She will also bring to the Commission proposals for appropriating these additional revenues.

#### **6) CONSIDERATION OF A RESOLUTION ON THE CITYWIDE GUN EXCHANGE PROGRAM**

Dr. Larry Meredith, Director of Community Health Promotion and Prevention, provided the following information:

The San Francisco Department of Public Health has been asked to endorse and forward to the Board of Supervisors a resolution to support a citywide gun exchange program entitled *One Less Gun Campaign*, scheduled for December 6, 1997. This gun exchange program will make available to the residents of San Francisco the opportunity to dispose of excess and unwanted firearms which will eliminate the possibility of their use in intentional and unintentional injuries and death.

The *One Less Gun Campaign* is being planned by a citywide group that includes the Violence Prevention Project of Mt. Zion/UCSF, the San Francisco Police Department, the Trauma Foundation, various churches and faith community leaders, the Department of Veterans Affairs, Physicians for a Violent Free Society, Coleman Advocates for Youth, the San Francisco Department of Public Health, and others.

The Violence Prevention Network, a citywide coalition of public and community based agencies working towards violence prevention, is convened and staffed by the Violent Injury Prevention Project. Now in its final year of funding, the project is nearing completion of a comprehensive report on gun related incidents. preliminary data demonstrating the burden of injury and death as a result of gun use is included in the resolution.

A more complete and up to date report will be presented to the Health Commission in the near future.

Dr. Meredith recommended some minor amendments to the proposed resolution.

Nathan Nayman commented on the large number of groups that are participating in this program.

Commissioner Monfredini suggested that for every person giving a gun will also be offered a tattoo removal at SFGH.

Action Taken: The Commission unanimously adopted Resolution #19-97, "Endorsing the One Less Gun Campaign," (Attachment A.)

## 7) PRESENTATION OF THE PUBLIC HEALTH DATA BASE

### • PROFILING THE HEALTH STATUS OF THE CITY

Dr. Bob Prentice, Director of the Public Health Division, introduced a draft report on the causes of mortality in San Francisco for the period 1990-95. The report itself is but the first stage in the development of a public health data base that will help guide the activities of the Public Health Division by establishing a framework from which priorities for population health can be derived. It is an early glimpse at an approach to the development of that data base and a way of thinking about population health.

This is a departure from conventional ways of looking at mortality data. The innovative concept of Standardized Expected years of Life Lost (SEYLL) does not only examine the causes of mortality, but rather looks at the deprivation of years from what should be a normal life expectancy. It has potentially profound implications for how we direct our population-based interventions, especially our prevention activities. moreover, this approach to examining causes of mortality is based on practices adopted by the World Health Organization, which also makes our efforts compatible with those among other public health professionals.

Tomás Aragón, M.D., M.P.H.; Randy Reiter, Ph.D., M.P.H.; and Brian Katcher, Pharm. D., presented the work in progress of the Department of Public Health Population Health Assessment Work Group, (Attachment B). For the report, including tables and graphs, call the Commission Office (554-2666).

Commissioner Parker appreciates the data but pointed out that small amounts of funding are allocated to prevention activities. He does not see much progress in addressing the data. Dr. Katz stated that the Department would be bringing a proposal to the Commission for the expansion of prevention in the Department.

Commissioner Guy expressed her support for this innovative method of analyzing population-based data to assess the health of the population of San Francisco residents.

Vice President Monfredini expressed appreciation for the work done so far and looks forward to having progress reports brought to the Commission.

**8) OTHER BUSINESS/PUBLIC COMMENTS**

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

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Sandy Ouye Mori  
Executive Secretary to  
the Health Commission

Attachments (2)