

[San Francisco Department of Public Health]

CHARTER AMENDMENT

PROPOSITION _____

Describing and setting forth a proposal to the qualified voters of the City and County of San Francisco to amend the Charter of the City and County of San Francisco by repealing Section 4.110, regarding the Health Commission, and adding a new Article VIIC, to increase the autonomy and fiscal authority of the Health Commission and change the qualifications of Health Commissioners, establish a stable baseline funding level for the Department of Public Health, ensure the continued operation of County hospitals, community-based public health clinics, and chronic disease and injury prevention and health promotion programs, designate universal healthcare as one of the Department's top advocacy priorities, ensure continued planning, coordination and oversight of the San Francisco Emergency Medical Services/Trauma System, guarantee culturally competent care through community-based primary care clinics, maintain operation of the Mental Health Rehabilitation Facility, and establish as a goal, pay equity for nonprofit and City workers performing similar jobs for the Department of Public Health.

The Board of Supervisors hereby submits to the qualified voters of the City and County, at an election to be held on March 2, 2004, a proposal to amend the Charter of the City and County by repealing Section 4.110 and adding a new Article VIIC, to read as follows:

Note: Additions are *single-underline italics Times New Roman*.
Deletions are ~~*strikethrough italics Times New Roman*~~.

~~SEC. 4.110. HEALTH COMMISSION.~~

~~The Health Commission shall consist of seven members appointed by the Mayor, pursuant to Section 3.100, for four year terms. The Commission shall have less than a majority of direct care providers. Members may be removed by the Mayor only pursuant to Section 15.105. The Commission shall control the property under its jurisdiction.~~

The Commission and the Department shall manage and control the City and County hospitals, emergency medical services, and in general provide for the preservation, promotion and protection of the physical and mental health of the inhabitants of the City and County, except where the Charter grants such authority to another officer or department. The Commission and the Department may also determine the nature and character of public nuisances and provide for their abatement.

ARTICLE VIII C: DEPARTMENT OF PUBLIC HEALTH

- Sec. 8C.100. Preamble.
- Sec. 8C.101. Governance and Duties.
- Sec. 8C.102. Public Health Fund.
- Sec. 8C.103. Budget.
- Sec. 8C.104. Operation of Public Health Hospitals and Community-Based Public Health Clinics.
- Sec. 8C.105. Emergency Medical Services and Trauma Care System Standards.
- Sec. 8C.106. Housing and Urban Health.
- Sec. 8C.107. Behavioral Health Programs; Mental Health Rehabilitation Facility.
- Sec. 8C.108. San Franciscans With Chronic Illnesses.
- Sec. 8C.109. Disease Prevention and Health Promotion.
- Sec. 8C.110. Environmental Health and Justice.
- Sec. 8C.111. Cultural Competency.
- Sec. 8C.112. Universal Healthcare.
- Sec. 8C.113. Pay Equity.
- Sec. 8C.114. Quality Review.

SEC. 8C.100. PREAMBLE.

(a) The Department of Public Health is vital to the well being of San Francisco. San Francisco's healthcare system should continue to serve as ~~be~~ a model for California and the nation. Specifically, the Department shall strive to provide services that include, but are not limited to, the following:

1. Affordable, high-quality, culturally competent primary care services and access to pharmaceuticals;
2. High-quality emergency and trauma services, acute care, rehabilitative care and long-term care at public health hospitals;
3. Coordination and oversight of the Emergency Medical Services/Trauma Care System;
4. A coordinated continuum of care for victims of trauma;
5. Behavioral health programs for mentally ill persons and substance abusers that treat these individuals with dignity and help move them toward self-sufficiency in the least restrictive settings;
6. Maternal and child health programs that help children get the best start in life;
7. Programs that address environmental health concerns;
8. Capability to recognize and control outbreaks of communicable disease; and
9. Evidence-based chronic disease and injury prevention programs.

Through this measure, the voters seek to provide the healthcare system with the assurance of resources and the autonomy necessary to achieve these goals.

The voters find that one of the impediments to achieving these goals in the past has been that the Department's primary responsibility for healthcare, disease prevention, and health promotion in the City has been vaguely defined in the City Charter. As such, the Department has had to compete with other City priorities on unequal footing. Accordingly, this Article clearly

details the powers and duties relating to the Health Commission and Department of Public Health.

At the same time, this Article is intended to ensure sufficient oversight of the Department of Public Health by, among other things, strengthening the authority of the Health Commission, providing for consumer involvement, and streamlining bureaucracy to maximize direct patient care, disease prevention, and health promotion activities. In addition, this Article requires that outside audits be performed to ensure that required service levels are obtained with a minimum of waste.

This Article also requires that the Department of Public Health develop clear, measured goals for the City's health, and publicize both its goals and its performance under those goals. As healthcare workers are vital to the improvements the voters seek, this Article authorizes incentives for excellence, requires accountability for managers and moves nonprofit healthcare workers closer to pay equity with City healthcare workers.

Finally, this Article preserves the City's healthcare safety net, prioritizes prevention and health promotion, and moves the City toward a shared goal of high-quality universal healthcare coverage for all residents.

SEC. 8C.101. GOVERNANCE AND DUTIES.

(a) The Department of Public Health shall be governed by a Health Commission consisting of seven commissioners appointed by the Mayor and confirmed after public hearing by the Board of Supervisors. The commissioners must possess significant knowledge of, or professional experience in, one or more of the fields of government, finance, or labor relations. At least four of the commissioners must possess significant knowledge of, or professional experience in, the field of healthcare. Commissioners shall serve four-year terms. No person may serve more than three consecutive terms as a commissioner. A commissioner may be removed only for cause pursuant to Article XV. The commissioners shall annually elect a chair

and vice-chair. Commissioners shall receive reasonable compensation for attending meetings of the Commission. Current commissioners shall continue to serve until the expiration of their terms as established under former Charter Section 4.110, at which time they may be reappointed or replaced.

(b) The Commission shall:

1. Have the authority to arrange for bulk purchases of pharmaceuticals to drive down costs;

2. Have the authority to conduct investigations into any matter within its jurisdiction through the power of inquiry, including the power to hold public hearings and take testimony, and to take such action as may be necessary to act upon its findings not otherwise prohibited by Charter or state or federal law; and,

3. Exercise such other powers and duties as shall be prescribed by ordinance of the Board of Supervisors.

(c) The Health Commission shall appoint an executive secretary who shall be responsible for administering the affairs of the commissioners and who shall serve at their pleasure.

(d) The Director of Public Health shall appoint all subordinate personnel of the Department, and the Department shall maintain a decentralized merit system examination and classification unit.

(e) Except to the extent otherwise provided in this Article, the Department of Public Health and Health Commission shall be subject to the provisions of this Charter applicable to boards, commissions, and departments of the City and County, including Sections 3.105, 4.101, 4.103, 4.104, and 9.118. Sections 4.102, 4.126, and 4.132 shall not be applicable to the Commission or Department.

SEC. 8C.102. PUBLIC HEALTH FUND.

(a) There is hereby established a fund to provide a predictable, stable, and adequate level of funding for the Department, which shall be called the Public Health Fund. The fund shall be maintained separate and apart from all other City and County funds. Monies therein shall be appropriated, expended, or used by the Department for its operation including, but not limited to, programs, capital improvements, management, supervision, maintenance, and day-to-day administration of the Department. Funds may also be used to pursue the goal of universal healthcare, pursuant to a plan adopted by the Health Commission, subject to approval of the Board of Supervisors.

(b) Beginning with the fiscal year 2004-2005 and in each fiscal year thereafter, there is hereby appropriated to the Public Health Fund the following:

1. An amount (the "Base Amount") which shall be no less than the amount of all appropriations from the General Fund, including all supplemental appropriations, for the fiscal year 2002-2003 (the "Base Year"), adjusted as provided in subsection (c), below, for (1) the Department of Public Health; (2) homeless services and programs, (3) in-home supportive services, and (4) all other City and County commissions, departments and agencies to the extent they provide services to the Department of Public Health, including, without limitation, the Department of Human Resources and the County Administrator's Office, for the provision of those services.

2. All other funds received by the City and County from any source, including state and federal sources, for the support of public health and the Department of Public Health.

(c) The Base Amount shall initially be determined by the Controller. Adjustments to the Base Amount shall be made as follows:

1. The Base Amount shall be adjusted for each year after fiscal year 2004-2005 by the Controller based on calculations consistent from year to year, by the percentage increase or decrease in aggregate City and County discretionary revenues. In determining aggregate City

and County discretionary revenues, the Controller shall only include revenues received by the City which are unrestricted and may be used at the option of the Mayor and the Board of Supervisors for any lawful City purpose. Errors in the Controller's estimate of discretionary revenues for a fiscal year shall be corrected by adjustment in the next year's estimate.

2. An adjustment shall also be made for any increases in General Fund appropriations to the Department in subsequent years to provide continuing or new services not provided in the Base Year, but excluding additional appropriations for one-time expenditures such as capital expenditures or litigation judgments and settlements.

3. In a year when the Health Commission certifies, based on local, state, or federal data, that there is an increased cost of providing healthcare services, an adjustment shall be made for such increase, so that the Base Amount is adequate to fund current services.

4. Further, when the Department's revenues increase due to policy changes in taxes, the Base Amount shall be reduced by 50 percent of such increase to reduce the Department's reliance on the General Fund.

5. In a budget year where the Controller, Budget Analyst, and Mayor's Budget Office certify that there is a budget shortfall greater than \$100 million, the Mayor may propose and the Board may reduce the Base Amount by up to 15 percent solely for the current year. The Mayor must propose the reduction and the Board of Supervisors must act before June 1. A two-thirds vote of the Board of Supervisors shall be required to reduce the Base Amount. For the purposes of adjusting the Base Amount in succeeding years, the Controller shall use the Base Amount calculation before executive or legislative adjustment.

(d) The Treasurer shall maintain the amounts required to be appropriated by this Section, together with any interest earned thereon, in the Public Health Fund, and any amounts unspent or uncommitted at the end of any fiscal year shall be carried forward, together with interest thereon, to the next fiscal year for the purposes specified in this Article.

SEC. 8C.103. BUDGET.

The Department shall be subject to the provisions of Article IX of this Charter except:

(a) No later than March 1 of each year, after professional review, public hearing and after receiving the recommendations of advisory groups to the Commission, the Commission shall approve and submit its proposed budget for the next fiscal year to the Mayor and the Board of Supervisors for their review and consideration. The Department shall propose a budget that is balanced without the need for additional General Fund monies, but may include service reductions. The Mayor and the Board of Supervisors shall hold a public hearing during the evening or on a weekend on such reductions prior to the deadline for the Mayor's submission of the budget. The Mayor shall submit the budget to the Board of Supervisors without change. Should the Commission request additional General Fund support, it shall submit an augmentation request for those funds in the standard budget process and subject to normal budgetary review and amendment. For Fiscal Year 2004-2005, the Commission shall resubmit a budget pursuant to this Section by April 30, 2004.

(b) At the time the budget is adopted, the Commission shall certify that the budget is adequate in all respects to make substantial progress towards meeting the goals, objectives, and performance standards established pursuant to Section 9.114 for the fiscal year covered by the budget. The Commission shall be required to maintain adequate staffing levels to provide quality healthcare services as described in this Charter section, and shall include an overview of the staffing plan as part of its certification.

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SEC. 8C.104. OPERATION OF PUBLIC HEALTH HOSPITALS AND COMMUNITY-BASED PUBLIC HEALTH CLINICS.

(a) San Francisco General Hospital. The Department shall maintain and operate San Francisco General Hospital as an academic medical hospital, which shall provide high-quality emergency, primary, specialty, rehabilitative, trauma, clinical, and other non-emergency care.

(b) Laguna Honda Hospital. The Department shall maintain and operate Laguna Honda Hospital to provide high-quality long-term care for seniors and chronically ill San Franciscans. The Department shall also continue its efforts to provide high-quality community based alternatives to Laguna Honda Hospital.

(c) Coordination with Private Nonprofit Hospitals. The Department shall, on an annual basis, invite the leadership of private, nonprofit hospitals to meet, with the goal of addressing issues of common concern. The Health Commission may hold hearings and direct recommendations to the Mayor and Board of Supervisors about initiatives to foster coordination between public health hospitals and private nonprofit hospitals.

(d) Community-Based Public Health Clinics. The Department shall maintain and operate community-based public health clinics to provide public health focused, culturally competent services, including community-oriented primary care, community assessment, prevention, wellness and health education. Approval of the Board of Supervisors shall be required to abandon, relocate, or consolidate any public health clinic.

(e) The Commission shall convene Advisory Committees on San Francisco General Hospital, Laguna Honda Hospital and community-based public health clinics which shall advise on operational issues. Advisory Committee members shall be representative of the patients, workers and community members affiliated with each facility. Advisory Committee members shall have access where appropriate and permissible under local, state and federal law to any information necessary to consider operational issues, and shall issue annual reports with recommendations and where appropriate, progress on implementing recommendations.

SEC. 8C.105. EMERGENCY MEDICAL SERVICES AND TRAUMA CARE SYSTEM STANDARDS.

It is necessary to plan for and to establish a coordinated emergency medical services system and an inclusive trauma care system to meet the needs of victims of sudden illness and injury. A coordinated emergency medical services system means a planned, organized, and evaluated system of emergency medical services providers, designed to meet the needs of all who require emergent out of hospital medical care. An “inclusive trauma system” means a City system designed to meet the needs of all trauma victims who require care in prehospital, acute-care and rehabilitative settings. The goal of an inclusive trauma care system is to match each trauma care facility’s resources to the needs of injured patients so that every patient receives optimal care from the initial recognition of the injury through to return to the community. The benefits of trauma care provided within an inclusive trauma system are of vital significance to the outcome of a trauma victim.

The primary responsibility for the planning and establishment of a City-wide emergency medical services system and an inclusive trauma care system rests with the Department of Public Health, which should continue to implement a City-wide emergency medical services system and an inclusive trauma care system and continue to mitigate vulnerabilities in these system in accordance with State laws.

SEC. 8C.106. HOUSING AND URBAN HEALTH.

With more than 200 homeless men and women dying on our streets in the 2002, it is the policy of the City and County of San Francisco to designate the Department of Public Health as the City’s lead agency on programs that include emergency, transitional and permanent housing linked to health outcomes, homeless shelters, residential hotel stabilization programs, respite and hospice programs, board and care facilities, master lease SRO programs and all homeless

outreach, referral, case management and rehabilitation programs. The Department shall publish a report at least once every three years that assesses the improved health outcomes of persons transitioning from homelessness to housing. Other City departments, such as the Department of Human Services and Commission on the Status of Women, may provide homeless services with the concurrence of the Health Commission.

SEC. 8C.107. BEHAVIORAL HEALTH PROGRAMS; MENTAL HEALTH REHABILITATION FACILITY.

The Health Commission shall have exclusive authority to administer the City's behavioral health (mental health and substance abuse) programs. Each year, the Commission shall report to the Mayor and the Board of Supervisors on the outcomes of clients receiving substance abuse and mental health treatment services. The Department will be responsible for the collection of valid, standardized information on the functional status of mental health and substance abuse clients at admission to the system, and for the collection of outcome data for clients receiving treatment, with the intention of monitoring changes in substance use, social/family functioning, employment, living situation, legal problems, medical service utilization, and psychiatric symptoms. By December 1, 2004, the Commission shall set annual goals for client access to care, length of stay or retention in treatment, and for the improvement of client functioning within different treatment modalities. The Department shall not meet these goals by discontinuing treatment for persons who require it. The Department shall work with a goal of helping the mentally ill and substance abusers move toward self-sufficiency with the greatest regard for the dignity and independence by providing services that are evidence-based through programs that are accountable for providing effective treatment services and valid program data.

Mental Health Rehabilitation Facility. The City shall maintain and operate its Mental Health Rehabilitation Facility created through voter-approved bond measure. Any substantive

change in the operations of the Mental Health Rehabilitation Facility shall require the recommendation of the Health Director and affirmative vote of the Mental Health Board and the Health Commission. The decision of the Health Commission shall be incorporated and approved as part of the Department's budget. The Mental Health Rehabilitation Facility shall operate at full capacity based on the number of beds provided for through state licensure and the Department shall not send patients out-of-county unless it is to provide services not available in San Francisco and/or the facility is at full capacity.

SEC. 8C.108. SAN FRANCISCANS WITH CHRONIC ILLNESSES.

(a) The Department shall maintain the healthcare safety net for San Franciscans suffering from chronic illnesses who qualify for such care.

(b) AIDS/HIV. The Department shall continue to provide high quality care for persons living with AIDS/HIV. For as long as it deems necessary, the Department shall continue to operate an AIDS Office, which shall coordinate prevention, care, research and epidemiological activities of the Department. AIDS Office staff shall also participate in all of the City's community planning efforts, which shall be governed, where applicable, by provisions of the Brown Act and Sunshine Ordinance. The Department shall work through the Mayor's Office pursuant to Section 3.100 of the Charter to lobby state and federal officials for adequate funding and appropriate policies to prevent new HIV infections and provide adequate care for HIV+ persons. The Department shall, on an annual basis as part of its budget presentation, clearly delineate spending on AIDS/HIV programs and on a biennial basis, evaluate the efficacy of these programs. The Department shall be required to maintain at least the local share of effort in each succeeding year.

(c) Cancer. The Department shall continue to provide high quality care for persons living with cancer. The Department shall work through the Mayor's Office pursuant to Section 3.100 of the Charter to lobby state and federal officials for adequate funding and

appropriate policies to provide adequate care for persons with cancer. The Department shall, on an annual basis as part of its budget presentation, clearly delineate spending on cancer programs. The Department shall be required to maintain at least the local share of effort in each succeeding year.

SEC. 8C.109. DISEASE PREVENTION AND HEALTH PROMOTION

The prevention of disease and injury is a primary responsibility of the Department. Data indicate that a significant number of deaths, both in San Francisco and nationwide, are premature and preventable. Many preventable deaths can be attributed to well-known risk factors, such as tobacco use, poor diet, insufficient exercise, excessive or ill-timed alcohol consumption, environmental toxins, guns, unsafe sex and illegal drugs. The Department shall employ a systematic approach to identify the health conditions and needs of communities, and model a community-driven, evidence-based approach to prevention that changes the societal context in which disease and injury occur.

SEC. 8C.110. ENVIRONMENTAL HEALTH AND JUSTICE.

(a) The Department shall maintain its commitment to addressing environmental health and justice issues and seek to achieve the fair treatment of people of all races, cultures, and incomes with respect to the development, adoption, implementation and enforcement of environmental laws and policies.

(b) Certain neighborhoods in San Francisco are disproportionately impacted by the siting of toxic sites such as power plants, hazardous waste generators, underground storage tank sites, hazardous waste treatment sites and acutely hazardous material sites.

(c) The Health Department shall continue its Environmental Health Section, which shall maintain the following programs:

1. Children's Environmental Health Promotion, to protect children from asthma, lead poisoning and other hazards;
2. Water Programs, to monitor and protect drinking and recreational water in San Francisco;
3. Chemical Hazards Programs, to monitor and inspect entities that are involved with hazardous waste or hazardous materials;
4. Healthy Neighborhoods Programs to work with local communities to determine the nature and character of public nuisances and provide for their abatement;
5. Food Programs to issue permits, inspect, and investigate complaints for all places that sell food in San Francisco; and,
6. Health Inequities Research Unit to address and evaluate healthy and safe working conditions in San Francisco through action-research projects.

SEC. 8C.111. CULTURAL COMPETENCY.

The Health Department shall develop and maintain health services that are culturally competent, consumer-guided and community-based. Cultural competence is an essential requirement for health care providers to provide effective services to our diverse populations. The Commission shall adopt and update "Culturally and Linguistically Appropriate Services Standards" pursuant to this section. These standards shall be adopted by the Commission within 120 days of the effective date of this amendment and reviewed at least annually.

SEC. 8C.112. UNIVERSAL HEALTHCARE.

The Department shall be committed to working toward providing universal healthcare by June 1, 2007. Because state and federal efforts to secure healthcare expansion may result in healthcare access for more persons across California and the nation, lobbying state and federal officials on this issue shall be a top advocacy priority of the Department until such time as

universal healthcare is achieved. Notwithstanding Section 3.100 of the Charter, the Health Commission, director of public health and department staff may lobby state and federal officials pursuant to policies and priorities adopted by the Health Commission.

By January 1, 2005, the Health Commission shall adopt and forward to the Board of Supervisors and the Mayor for their concurrence a Plan for Universal Healthcare. This plan shall identify clear steps to move San Francisco closer to Universal Healthcare. These steps may include new programs and funding sources at the local, state and/or federal level.

SEC. 8C.113. PAY EQUITY.

The Health Commission and Health Department shall have as a goal to ensure that workers at direct service nonprofit contractors earn at least 90% of the base wages for like work performed by similarly qualified persons through the City's civil service system. By December 1, 2004, the Commission shall adopt a plan to achieve pay equity in the 2005-2006 Fiscal Year. By the 2005-2006 Fiscal Year, the Department shall have as a goal that its contracts provide funds to cover 75% of the base wages for workers at direct service nonprofit contractors. This increase in compensation may not come from reductions in base wages for civil service employees where such reductions are intended to circumvent this Section. Within 120 days of approval by the voters of this Amendment, the Department of Public Health shall develop any procedures necessary to administer, interpret, and regulate the provisions of this Section, provided that all such rules shall be approved, amended, or rejected by the Commission.

SEC. 8C.114. QUALITY REVIEW.

(a) The Department shall biennially contract with a nationally recognized management or healthcare consulting firm with offices in the City and County for an independent review of the quality of its operations. The contract shall be competitively bid and approved by the Controller and Board of Supervisors. The review shall contain:

1. A detailed analysis of the extent to which the Department has met the goals, objectives, and performance standards it is required to adopt, and the extent to which the Department is expected to meet those goals, objectives, and performance standards in the next two fiscal years-; and,

2. Such recommendations for improvement in the operation of the Department as the firm conducting the review deems appropriate.

(b) The results of the review shall be presented promptly to the Health Commission, the Board of Supervisors, and the Mayor by the reviewing firm, and the Health Commission and Board of Supervisors shall each promptly hold at least one public hearing thereon. The Mayor shall attend and may participate in the hearing of either the Health Commission or the Board of Supervisors.

APPROVED AS TO FORM:
DENNIS J. HERRERA, City Attorney

By: _____
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