

[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 adding Article VIIIIC, to provide additional fiscal authority to the Health Commission and require greater qualifications of Health Commissioners, designate universal healthcare as the Department’s top advocacy priority, establish a baseline funding level for the Department of Public Health and for programs helping San Franciscans with chronic illnesses, guarantee the operation of county hospitals and clinics, establish levels for trauma care, guarantee culturally competent care through community-based primary care clinics, require operation of the Mental Health Rehabilitation Facility, streamline contracting bureaucracy, and establish pay equity for nonprofit and City workers performing similar jobs.

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 deleting Section 4.110 and adding a new Article VIIIIC, 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

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- Sec. 8C.106 Housing and Urban Health.
- Sec. 8C.107 Behavioral Health Programs; Mental Health Rehabilitation Facility.
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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 be a model for California and the nation. Specifically, San Francisco residents require:

1. Affordable, high-quality, culturally competent primary care services and access to pharmaceuticals;
2. High-quality emergency services, acute care, rehabilitative care and long-term care at public health hospitals;
3. A coordinated continuum of care for victims of trauma;
4. 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;
5. Maternal and child health programs that help children get the best start in life;
6. Programs that address environmental health concerns;
7. Capability to recognize and control outbreaks of communicable and chronic diseases; and
8. Cost-effective prevention programs.

Through this measure, the voters seek to provide the healthcare system with the resources, independence and focus necessary to achieve these goals.

The voters find that one of the impediments to achieving these goals in the past has been that responsibility for healthcare has been vaguely defined in the City Charter. As such, healthcare 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, and establishes clear benchmarks by which to evaluate health outcomes.

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. 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.

Finally, this Article preserves our healthcare safety net while moving us toward a shared goal of high-quality universal healthcare coverage for all.

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. At least two of the commissioners must be consumers of public health care services. At least two commissioners, but less than a majority, must be direct care providers. At least one commissioner shall represent nonprofit organizations and at least one shall represent healthcare workers. 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 continue to serve until the expiration of their terms, at which time they may be reappointed or replaced.

(b) The Commission shall:

1. Have exclusive charge of the construction, management, supervision, maintenance, extension, operation, use, and control of all property, as well as the real, personal, and financial assets of the Health Department; and have exclusive authority over contracting, leasing, and purchasing by the Health Department, provided that any Agency contract for outside services shall be subject to Charter Sections 10.104(12) and 10.104(15). Ownership of any of the real property of the City and County shall not be transferred to any private entity pursuant to any such contract;
2. Have the sole power and authority to enter into such arrangements and agreements for the joint, coordinated, or common use with any other public entity owning or having jurisdiction over healthcare delivery;
3. Have the authority to arrange for bulk purchases of pharmaceuticals to drive down costs;
4. 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

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

(c) The Health Commission shall:

1. Have the authority to appoint a Director of Public Health, who shall serve at the pleasure of the commission. The director may be employed pursuant to an individual contract or pursuant to civil service. His or her compensation shall be comparable to the compensation of the chief executive officers of the public health systems in the United States which the directors, after an independent survey, determine most closely resemble the Department in size, mission, and complexity. In addition, the Commission shall provide an incentive compensation bonus plan for the Director of Public Health based upon the Department's achievement of the performance measures adopted pursuant to Charter Sec. 9.114.
2. 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. For purposes of this section, the Health Commission and Director of Public Health may exercise all powers and responsibilities of the City and County, the Board of Supervisors, the Mayor, and the Director of Human Resources under Article XI of this charter.

(e) Upon recommendation of the city attorney and the approval of the Health Commission, the city attorney may compromise, settle, or dismiss any litigation, legal proceedings, claims, demands or grievances which may be pending for or on behalf of, or against the Department

relative to any matter or property solely under the Department's jurisdiction. Unlitigated claims or demands against the Department shall be handled as set forth in Charter Section 6.102. Any payment pursuant to the compromise, settlement, or dismissal of such litigation, legal proceedings, claims, demands, or grievances, unless otherwise specified by the Board of Supervisors, shall be made from General Fund appropriations provided pursuant to Article IX.

(f) The Health Commission, and its individual members, shall deal with administrative matters solely through the Director of Public Health or his or her designees. Any dictation, suggestion, or interference by a commissioner in the administrative affairs of the department, other than through the Director of Public Health or his or her designees, shall constitute official misconduct; provided, however, that nothing herein contained shall restrict the directors' powers of hearing and inquiry.

(g) 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 solely and exclusively for the operation including, without limitation, capital improvements, management, supervision, maintenance, extension, and day-to-day operation 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. Monies in the Fund may not be used for any other purposes than those identified in this Section.

(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 or the fiscal year 2001-2002 or the fiscal year 2000-2001, whichever is higher (the "Base Year"), adjusted as provided in subsection (c), below, for (1) the Department of Public Health; (2) homeless services and programs, and (3) all other City and County commissions, departments and agencies providing services to the Department of Public Health, including the Department of Human Resources and the Purchasing Department, 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 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. Further, when new revenues increase due to policy changes in taxes or newly-created positions, the Base Amount shall be reduced by 50 percent of such increase to reduce the Agency's reliance on the General Fund.

(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 Agency 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 any advisory groups to the Department, 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 with any changes he or she may have made after the Commission adopted the budget. These changes may not reduce the budget of the Department. 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 forward a budget by April 15, 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.

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

(a) San Francisco General Hospital. The Department shall operate San Francisco General Hospital, which shall provide high-quality emergency, primary, specialty, rehabilitative and other non-emergency care.

(b) Laguna Honda Hospital. The Department shall operate Laguna Honda Hospital to provide excellent 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) District Health Centers. The Department shall maintain and operate district health centers to provide community-based care to San Franciscans. Each center shall have a defined geographic area, such that every part of the City and County of San Francisco is located in the area of a district health center. The Health Commission, subject to the approval of the Board of Supervisors, may establish additional district health centers, abandon or relocate any health center, or consolidate any two or more district health centers.(e) The Commission shall convene Advisory Committees on San Francisco General Hospital, Laguna Honda Hospital and community clinics which shall advise, without limitation, on operational issues. Advisory Committee members shall be representative of the patients, workers and community members affiliated with each facility, but shall not include employees of the facility. Advisory Committee members shall have access to any information necessary to consider operational issues, and shall issue annual reports with recommendations and where appropriate, progress on implementing recommendations.

SEC. 8C.104.1 OPERATION OF COMMUNITY BASED PRIMARY CARE CLINICS

Culturally Competent Community-Based Primary Care. The Department shall fund and provide technical support to primary care clinics operated by nonprofit community based organizations to ensure culturally competent community-based primary care. Such clinics shall serve all San Franciscans and, without limitation, women, African-Americans, Latinos, Asian Americans, Native Americans, lesbian, gay, bisexual and transgender persons, youth, seniors, families, persons with disabilities and limited English speakers. The Department shall assist these

community-based clinics in accessing all appropriate state and federal funding dedicated for these purposes.

SEC. 8C.105 TRAUMA CARE STANDARDS

It is necessary to plan for and to establish an inclusive trauma system to meet the needs of trauma victims. An “inclusive trauma system” means a system designed to meet the needs of all injured trauma victims who require care in an acute-care setting and into which every health care provider or facility with resources to care for the injured trauma victim is incorporated. 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 citywide inclusive trauma system rests with the Department of Public Health, which shall undertake the implementation of a citywide inclusive trauma system as funding is available.

Significant benefits are to be obtained by directing the coordination of activities by several city departments and agencies, relative to access to trauma care and the provision of trauma care to all trauma victims. The Department of Public Health shall establish interagency teams and agreements for the development of guidelines, standards, and rules for those portions of the inclusive citywide trauma system within the statutory authority of each agency. This coordinated approach will provide the necessary continuum of care for the trauma victim from injury to final hospital discharge. The department has the leadership responsibility for this activity.

In addition, all relevant agencies should undertake to

1. Establish a coordinated methodology for monitoring, evaluating, and enforcing the requirements of the City's inclusive trauma system, which recognizes the interests of each agency.
2. Develop appropriate roles for trauma agencies, to assist in furthering the operation of trauma systems at the regional level.
3. Develop and submit appropriate requests for waivers of federal requirements that will facilitate the delivery of trauma care.
4. Develop criteria that will become the future basis for mandatory consultation on the care of trauma victims.
5. Develop a coordinated approach to the care of the trauma victim. This shall include the movement of the trauma victim through the system of care and the identification of medical responsibility for each phase of care for out-of-hospital and in-hospital trauma care.

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 housing and urban health. Housing and Urban Health programs are effective in reducing mortality of homeless men, women and children and improving health outcomes.

Beginning in the 2004-2005 fiscal year, all programs related to housing and urban health shall be accounted for in the Health Department's budget. These programs shall 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 length of time mentally ill persons and substance abusers remain on lists waiting for treatment. By 2008, the Department will ensure that the average waits for methadone maintenance, residential mental health treatment beds, outpatient substance abuse treatment and substance abuse detoxification programs do not exceed 30 days. By December 1, 2005, the Commission shall set annual goals in reduction of these waiting lists as well as goals for other 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 of mentally ill and substance abusers.

Mental Health Rehabilitation Facility. The City shall maintain and operate its Mental Health Rehabilitation Facility created through voter-approved bond measure. The Mental Health Rehabilitation Facility shall operate at full capacity 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. 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 Health Commission. The decision of the Health Commission shall be incorporated and approved as part of the Department's budget, and may be disapproved by the Board of Supervisors by budget amendment, or the Mayor, pursuant to line-item veto authority.

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

(a) The Department shall maintain the safety net for San Franciscans whose chronic illnesses may prevent them from working or cause loss of health insurance.

(b) AIDS/HIV. Until the end of the AIDS/HIV epidemic, 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 community planning efforts, which shall be governed 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 efficacy of these programs. The Department shall be required to maintain at least the local share of effort in each succeeding year.

(d) Cancer. Until a cure for cancer is found, 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. ENVIRONMENTAL HEALTH AND JUSTICE.

(a) California law defines environmental justice as "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 has as its mission "Safe and healthy living and working environments for San Franciscans . Environmental Health Section provides education and enforces local and state regulations for the protection, safety and welfare of the public with the following programs."

(d) The Environmental Health Section 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 investigate public health nuisances and non-food locations;
- (5) Food Programs to issue permits, inspect, and investigate complaints for all places that sell food in San Francisco.
- (6) Health Inequities Research Unit to address and evaluate healthy and safe working conditions in San Francisco through action-research projects.

SEC. 8C.110. 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.

SEC. 8C.111. UNIVERSAL HEALTHCARE.

The Department shall be committed to providing universal healthcare by 2010. Because state and federal efforts to secure healthcare expansion will result in healthcare access for more persons across California and the nation, lobbying state and federal officials on this issue shall be the 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 Five Year Plan for Universal Healthcare. This plan shall

identify clear steps to move San Francisco closer to Universal Healthcare. These steps may include new programs at the local, state and/or federal level.

SEC. 8C.112 CONTRACTING.

Via Resolution 806-01, the Board of Supervisors created the City Nonprofit Contracting Task Force in response to a Civil Grand Jury report that found that the contract systems in place were too decentralized and placed heavy administrative burdens on nonprofit organizations, often to the detriment of services to San Francisco's residents. The Task Force prepared a series of recommendations to improve the contracting process.

To this end the Health Department shall:

1. Establish a procedure to acknowledge compliance status with basic City requirements for non-profit organizations;
2. Ensure that contractual and grant requirements are the minimum requirements set by the funding source, unless additional requirements are imposed by the Health Commission, subject to approval of the Board of Supervisors;
3. Establish accounting principles for nonprofit organizations;
4. Consolidate any contract with a contractor where the Health Department provides more than 50% of the City's funds, so that the nonprofit has one City contract administered by the Health Department. Other departments may recommend conditions or requirements, and the Health Department shall incorporate them to the degree that federal, state or local law requires them.
5. Develop methods for streamlining and contract approvals including (a) central depository of documents for compliance, (b) on-line approval capability and (c) consolidation of documents.
6. Establish on-line, user-friendly reporting forms with instructions for use.

7. Develop electronic submission for all programmatic and fiscal reporting functions to include electronic fund transfers.
8. Develop and process documents early in the cycle to assure timely payment for ongoing services.
9. Develop standard monitoring protocol, language and definitions in advance with providers for purposes of improving contracts to be distributed at the time of contract execution.
10. Provide training for monitors to ensure adequate knowledge and understanding of program and services prior to monitoring.
11. Create a standard and simplified set of forms that (a) do not duplicate data from one section to another, (b) are consistent, simplified, and non-duplicative, (c) allows contractors to provide all needed data in a standardized format for all departments, and (d) reflects the minimum requirements of the funding source.

The Health Department, subject to the approval of the Health Commission, may:

1. Waive site monitoring reviews if audits or site monitoring by other regulatory agencies address the department's site monitoring review objectives.
2. Create a review/appellate process for substantive changes to standardized requirements.
3. Conduct risk assessments of programs or agencies by auditing or monitoring the agency in an appropriate fashion including but not limited to performance, fiscal stability, staff turnover, leadership, contract longevity, and audit findings, with the goal of implementing tiered monitoring based on risks.
4. Coordinate one joint monitoring visit with other City department per year per contractor with the Health Department as the lead agency.

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 wages for like work performed by similarly qualified persons through the civil service. 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 provide funds to cover 75% of the wages for nonprofit direct service workers. This increase in compensation may not come from reductions in earning for civil service employees. Rather, the Commission shall identify new revenues and greater efficiencies.

SEC. 8C.113. 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.

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.