

DPH Responses to Advance Written Questions from Health Commissioners on September 21, 2021
Agenda Item #8: To Establish a SF Health Care for the Homeless Co-Applicant Board

1) What are the components of the oversight that are stated in the mission statement? (from Commissioner Giraudo)

All of the oversight items below are subject to the provisions of the City Charter, abbreviated slightly here from full Bylaws:

B. Recommend a policy for financial management and accounting practices, including a system to assure accountability for HCH Program resources and assets, and long-range financial planning

C. Develop and present the annual HCH Program priorities to DPH, which DPH will take under strong advisement and work wherever possible to incorporate into the annual HCH Program budget

D. Review and recommend approval of the annual HCH Program budget submitted to SFCCC

E. Develop, and at least once every three years, review and recommend updates to policies for eligibility for services, including the Sliding Fee Discount Program and other criteria for partial payment schedules

F. Monitor the financial status of the HCH Program based on the financial reports and the annual audit prepared and presented by the City, accept the annual audit report, and if necessary, ensure that appropriate follow-up actions are taken

G. Recommend approval of the portions of the HCH Program project plan submitted to SFCCC and requests to SFCCC related to the federal scope of project (including but not limited to, Change in Scope requests).

H. Measure and evaluate the HCH Program's progress in meeting its annual and long-term programmatic and financial goals

I. Develop, review, and as necessary update policies for the HCH Program governing scope and availability of services, location and hours of services, and quality-of-care audit procedures, including the quality improvement and assurance plan for the HCH Program

J. In conjunction with DPH, conduct long-term strategic planning for the HCH Program at least once every three years, which at a minimum will address financial management and capital expenditures

K. Provide input to the Director of Health regarding evaluating the performance of the HCH Program Director

L. Recommend personnel policies

M. Assure that the HCH Program is operated in compliance with applicable Federal, State, and local laws and regulations

2) What is the integration with DPH (ie. budget, data support)? (from Commissioner Giraudo)

DPH staff will support the HCH program and the new Co-Applicant Board. DPH will provide the budget for any meeting expenses, i.e. meals at meetings held at mealtimes, and will provide data support by producing presentations for the SFCAB and additional analyses in response to questions from the SFCAB.

SFDPH already produces the majority of the relevant reports for the HCH Program as part of regular grant performance. Resources already committed to HCH administration include:

- Primary Care analyst time (estimated 0.4 FTE)
- Primary Care manager time (estimated 0.1 FTE)
- IS analyst project time (estimated 0.3 FTE)
- Grant accountant time (estimated 0.1 FTE)
- Ambulatory Care/DPH leadership support (estimated 0.1 FTE)

DPH is prepared to expand the analyst and manager FTE allocated to this project, as well as to add or redirect FTE to support the Co-Applicant Board administration.

3) The DPH director appoints the members – do people apply and if so, what is the process? (from Commissioner Giraudo)

There will be an application process. In the future, after the first Co-Applicant Board is seated, the SFCAB would manage their own future member recruitment and selection as described in the draft Bylaws. The Director of Health would have a role in ratifying new member selection.

For the startup, the DPH Director would appoint members who have been selected through an application process. The current draft plan is:

- Recruitment for six patient SFCAB members will initially be conducted by an outreach email from the Primary Care Patient Experience Lead to all of the members of all of our Patient Advisory Councils which comprise the main FQHC/HCH service locations. The Primary Care Patient Experience Lead may also reach out to individuals from the Patient Advisory Councils who have expressed interest in additional engagement in the past to encourage them to apply.
- Recruitment for the five non-patient SFCAB members will be conducted through targeted outreach to similar councils (e.g. San Francisco HIV Community Planning Council), boards (e.g. nonprofit boards with similar missions), and professional associations (e.g. San Francisco Dental Society). City employees and their family members are prohibited from participation, so there is no planned outreach currently with other City departments. DPH may also reach out individually to retired staff members who have previously been involved in consumer boards or similar planning bodies. DPH is very open to ideas of how to best reach potential Co-Applicant Board members with a commitment to improving health care access and experience among people experiencing homelessness.

4) Does the commission have any role in this organization once the board convenes? (from Commissioner Green)

The Health Commission Resolution states that the Director of Health will provide regular updates about and from the SFCAB to the Health Commission. We envision these would be part of the regular Director's Updates when there are notable policy recommendations or concerns from the SFCAB.

Health Commissioners are welcome to request either a joint annual meeting or a presentation semi-annually or annually to receive updates from the SFCAB.

5) Any reports or oversight going forward? (from Commissioner Green)

The Bylaws and Co-Applicant Agreement do not currently detail any reports or oversight, beyond the functions the Health Commission already holds. The SFCAB meetings would be subject to the Sunshine Ordinance and there would be a website with agendas, minutes, and major presentations uploaded. We can build in reporting to the Health Commission as desired, either as a standalone meeting topic or combined in with Ambulatory Care or Primary Care annual presentations.

6) Will there be a rep from the commission on the board? (from Commissioner Green)

The current proposal does not include a representative from the Health Commission. Nothing in the federal HRSA regulation or Compliance Manual prohibits representatives or appointed seats from other bodies, as long as the individual is not a City employee and meets the CAB Bylaws (which can still be revised at this point) application steps in joining the Co-Applicant Board. We will request clarification from the City Attorney's Office to ensure there are no legal concerns related to the City Charter regarding this possibility. We will request this clarification and share a final answer in writing prior to the October 5th meeting.