

HSN MEMBERSHIP MEETING
JULY 21, 2006
Meeting Minutes

I. November 2006 Ballot Measures – Calvin Welch and Debbi Lerman

HSN Endorsement Process: The Steering Committee made recommendations on several measures. At today's meeting, we are asking members to decide whether HSN should send them to the full membership for a vote via e-mail. A majority of the members in the room must support a position in order for HSN to send it on for a full membership vote. Only members who have paid 2006 dues are eligible to vote. Only the designated main contact person at each agency will receive an e-mail ballot. Only one vote per agency is allowed. Nonprofit 501(c)(3)s are permitted to take positions on ballot measures. HSN will not publish the names of any members when we publicize our positions.

After voting for a formal position, HSN's Steering Committee will decide what actions to take. We will notify the campaigns that they may use our name. During the June election, HSN contributed to the Yes on Prop A and No on Prop D campaigns, but there are currently no local citizens' initiatives on the upcoming ballot. There may be several Charter Amendments placed on the ballot by the Board of Supervisors, such as: the ability for Supervisors and Commissioners on parental leave to participate in meetings via videoconference; the Mayor's question time at Board meetings; holding elections in even numbered years; and allowing the Civil Service Commission to set the salary for the Mayor, District Attorney, Sheriff and others. For more information, see: http://www.sfgov.org/site/election_index.asp?id=4438.

Since HSN does not hold an August member meeting, this is our last opportunity for members to vote about sending an issue to the full membership. However, should a relevant local measure be submitted to the Dept of Elections, we are asking members today to allow the Steering Committee to take any additional recommendations directly to the full membership. The members present at today's meeting unanimously approved.

Proposition 1C: Housing and Emergency Shelter Trust Fund Bond: The Council of Community Housing Organizations is requesting that HSN support Prop 1C, the State Housing Bond. The Governor and the State Legislature are attempting to show that they can work together and have placed four bonds on the November ballot.

Prop 1C authorizes the State to issue \$2.85 billion in bonds for housing programs for renters and homeowners:

- Multifamily Housing Program - \$345 million for the regular program; \$50 million for homes for emancipated foster youth
- Supportive Housing Program - \$195 million
- Farmworker Housing Grant Program - \$135 million
- CalHome Program - \$300 million
- California Homebuyer Downpayment Assistance Program - \$200 million
- Affordable Housing Innovation Fund - \$100 million
- Building Equity and Growth in Neighborhoods - \$125 million

- Emergency Housing Assistance Program - \$50 million
- Three new programs to provide home ownership opportunities and infrastructure linked to home development - \$1.35 billion.

The Yes on 1C campaign website is <http://www.homes4ca.org/>. The measure is posted at: http://www.leginfo.ca.gov/pub/bill/sen/sb_1651-1700/sb_1689_bill_20060517_chaptered.html.

Some very good programs for affordable rental housing will receive funding through this bond. There is also a great deal of ownership assistance, including smart growth measures, transit-oriented development, and challenge grants to local governments. The passage of this measure is critically important. Twenty-five years ago, federal housing programs benefited people earning 50% of median income; today 95% of the federal housing subsidies benefit people earning 125% or more of the median income due to the federal mortgage deduction. Unfortunately, Prop 1C does not provide adequate funding to meet the State's current, real housing needs. However, the funding remains crucial, because without it, the housing situation will only deteriorate. HSN's Steering Committee recommends that HSN take a YES on Prop 1C position.

Proposition 90: Eminent Domain and Regulation of Private Property: Proposition 90 will have major negative consequences on local governments' ability to function. The recent US Supreme Court ruling on eminent domain, that Redevelopment Agencies did have the authority to condemn one person's private property and transfer it to another private party for economic development, outraged some people and prompted a wealthy New Yorker to work with the conservative right-wing and fund this initiative in California and other states. San Francisco has already banned the practice of condemning any residentially zoned property. Prop 90 will require government compensation for any government action that decreases property values, such as rent control, rezoning, conditional use permits, etc. The initiative will stifle further environmental, development or consumer protection laws. The government would have to compensate the property owner for the highest and best use of the property. Oregon recently passed a similar measure without informed public discussion, and there have already been lawsuits claiming \$5.5 billion by property owners in this fairly small state. The Steering Committee urges that HSN adopt a NO on Prop 90 position.

Proposition 85: Waiting Period and Parental Notification Before Termination of Minor's Pregnancy: HSN opposed a similar measure that failed on last year's ballot. The Steering Committee urges that HSN adopt a NO on Prop 85 position.

Proposition 86: Cigarette Tax: The Steering Committee did not discuss this measure, but Dick Hodgson of the S.F. Community Clinic Consortium requested our consideration. This initiative would add a \$2.60 tax per pack of cigarettes in an effort to decrease youth smoking, since studies have shown that every 10% increase in price leads to a 7% decline in youth smoking. The measure would raise \$2.1 billion initially, which would decline over time as smoking rates declined. This revenue would fund tobacco prevention programs and community clinics, and increase enrollment in children's health insurance programs in California. Debbi Lerman spoke in opposition. This is a regressive tax that hits low-income individuals hardest. The measure is discriminatory against smokers. Smoking is an addiction, and the measure does not fund needed smoking cessation programs.

Vote Results

Members voted on whether all four measures should be sent to the full membership for a vote. The results were tallied, and HSN will send out the following positions for a vote by e-mail: YES on Prop 1C (Housing Bond), NO on Prop 85 (Abortion Waiting Period), YES on Prop 86 (Cigarette Tax), and NO on Prop 90 (Eminent Domain). HSN will e-mail the ballot to the main contact for each member agency that paid dues in 2006. We need 50% of the 87 paid members to vote to reach a quorum, and 2/3 of those voting must support the position in order for HSN to adopt it. We will report the results and any actions that HSN takes in an e-mail update.

II. S.F. Revenue Coalition – *Debbi Lerman*

Supervisor Peskin introduced a proposal, developed by the Revenue Coalition, for a gross receipts tax to replace some of the \$80 million/year revenue that was lost when the business community successfully challenged the City's previous tax structure. However, Supervisor Peskin has decided not to place this measure on the November ballot because of the new business funding needed for the City's recently adopted Health Access Program. Instead, he is considering legislation requiring businesses to report their gross receipts annually to the Assessors Office, which will provide data to determine how much a future gross receipts tax might generate and how best to target it.

III. Caring for Vulnerable San Franciscans – *Steve Fields*

HSN's policy initiative, Caring for Vulnerable San Franciscans continues to move forward. The proposal's goals are to coordinate health and human service planning in San Francisco and develop a long-term service delivery plan that will help hold City Departments and the Board of Supervisors accountable for ensuring funding and services. We are proposing that the City create an entity to undertake these functions that can transcend short-term local politics. The Mayor and Supervisor Peskin are supportive of our efforts. We will provide more information at our September member meeting. HSN members who are interested in joining the committee should contact Merrill Buice at mbuice@sfhsn.org.

IV. Wage and Health Legislation Updates – *Debbi Lerman*

Minimum Compensation Ordinance

The Board of Supervisors has temporarily tabled any increase in the Minimum Compensation Ordinance (MCO). The proposed amendments' \$22 million price tag was too high to fund during the Board's budget deliberations. They chose to fund the nonprofit cost-of-doing-business increase and a variety of services. The issue will return, and we expect that the Board will codify a nonprofit wage increase to at least \$10.50/hour, but it will not go into effect in July 2006. We do not know whether the Board will include an annual indexing increase.

Health Care Security Ordinance

HSN supported the Health Care Security Ordinance (HCSO) at the Board of Supervisors, which goes into effect July 1, 2007. It will require businesses, including some nonprofits, to make expenditures for health care benefits. The legislation, which applies to nonprofits with 50 or more employees, exempts trainees. Employees working on City contracts who are covered under

the Health Care Accountability Ordinance will not be affected by the HCSO. Other employees will require an hourly payment, and the record-keeping will be cumbersome. Nonprofits will probably experience some costs to comply, but it was important that the nonprofit sector support the goal of this legislation and counter the opposition from the business community. One HSN member agency estimates that the HCSO will cost \$45,000/year. Debbi Lerman will distribute a summary of the measure to members. There will be a hearing at the Board of Supervisors in early 2007 after the draft regulations are released.

V. Budget Wrap-Up – Steve Fields

HSN should acknowledge the successful budget process this year. The Mayor's 2% cost-of-doing-business (CODB) increase for nonprofit contractors, which represents two years in a row of such increases, sets a new precedent. We were very pleased to receive an additional 1% CODB from the Board of Supervisors, for a total increase of 3%. Several members questioned whether all nonprofits would receive 3% contract increases, since several have not. HSN believes that it should apply to all General Fund contracts. It will not apply to grants.

VI. Nonprofit Local Business Enterprises– Debbi Lerman

This issue arose when a Mission nonprofit group (MEDA) lost an existing contract to a for-profit group to operate a parking garage. (The revenue had supported MEDA's programs.) The for-profit group received additional contract points as a certified "small local business enterprise" (LBE), but nonprofits were not eligible. Supervisor Ammiano remedied this situation by shepherding legislation that now allows nonprofits to become certified and receive a rating bonus when bidding for contracts. This will be most relevant for those nonprofits with business development programs. These points benefit smaller organizations over larger ones. The threshold to define a small LBE depends on the type of contract. For example, gross annual receipts must be below \$2.5 million for professional service contracts and \$7 million for general service contracts.

HSN wants to exempt health and human service contracts from this program. We believe that this program is inappropriate for these types of contracts, where the focus is on service quality, and the new legislation may create new delays in contract certification. Supervisor Ammiano agrees, and will work to amend his Ordinance after the budget process. The business community is terrified that lots of nonprofits will now win their contracts. Meanwhile, the Human Rights Commission is moving forward with implementing regulations. For additional information, contact Debbi Lerman at debbilerman@sfhsn.org.

VII. Panel on Disaster Planning and the Role of Nonprofits – Alessa Adamo, SF Community Agencies Responding to Disaster; Ben Amyes, HSA; Mary Ellen Carroll, DPH; Kevin Kellenberger, American Red Cross; Susan Mizner, Mayor's Office on Disability; and Rob Stengel, Office of Emergency Services.

Rob Stengel, Office of Emergency Services:

San Francisco's Office of Emergency Services (OES) is the overall coordinating body to develop plans and coordinate training for City Departments. OES developed the City Emergency

Operations Plan, which describes how City Departments will respond and coordinate among themselves in the event of a disaster. They have developed a standard emergency management system and maintain an Emergency Operations Center where each Department will send a representative during a disaster, including Care and Shelter.

In San Francisco, it is just a matter of when a significant earthquake will occur. The City may be without gas and electricity for a while, water may be contaminated, phone service disrupted and transportation cut off. The City will be overwhelmed. Residents really need to be prepared to survive on their own for at least the first 72 hours. We recognize that this will be difficult for many of the nonprofit sector's clients. People must have sufficient medication and a battery operated radio. Individual organizations need to be prepared and have a clear plan detailing how services will continue. The City needs the nonprofit sector to help prepare clients and distribute information prior to a disaster, as well as after. The City will also depend on the nonprofits to check up on vulnerable clients who cannot physically get to the shelter sites. The City may need 60,000 shelter beds in the event of a large earthquake. The headquarters of the Care and Shelter Branch Operations after a disaster will be at 170 Otis Street, HSA's offices.

Mary Ellen Carroll, Department of Public Health

In a disaster, DPH is responsible for all emergency medical services, infectious disease control and community health. DPH has developed a detailed Emergency Operations Plan; however, the big piece missing is how the nonprofit contractors play a role. DPH has focused on their incident command structure and working to train and certify their staff. The Department also conducts drills and exercises to help staff prepare, and are focused on a major drill in November. Eventually, DPH wants to involve the contractors in these exercises.

DPH maintains the Disaster Registry for seniors and disabled individuals. In a disaster, the lists will be distributed to the Fire Department Battalion Chiefs and then to the NERT (Neighborhood Emergency Response Team) members in each relevant area. The NERT volunteers will then check on all the individuals listed on the Registry.

DPH is working closely with all the City's hospitals to plan to treat huge numbers of casualties. While all San Francisco hospitals have surge capacity plans to address patient overflow, with only nine receiving hospitals in the City, the system may be overwhelmed. DPH would like to discuss additional capacity with the nonprofit health and human service sector. Perhaps HSN could convene a subcommittee to work with DPH on this and other issues. Respiratory and personal protection suits, masks and other equipment is an area for discussion and collaboration. DPH has a plan to get the necessary gear to their staff, but needs to figure out how to include the nonprofit providers. In addition, DPH contracts should detail some responsibilities in the event of a disaster.

In the event of a pandemic epidemic, businesses, including nonprofit contractors may be forced to scale back or cease operations. All businesses are strongly encouraged to have a detailed plan. A guide to help organizations plan how they will function is available at:

http://www.sfcdep.org/UserFiles/File/InfectiousDiseasesAtoZ/Business_Pan_Flu_Continuity_Plan.6.11.06.pdf. It is also available as a Word document: <http://www.sfcdep.org/index.cfm?id=99>. Under Planning, click on the Business template.

Ben Amyes, Human Services Agency

Mr. Amyes works with street outreach for homeless individuals as well as the City's Housing and Homeless Emergency Response. Whenever necessary, he works with the City to determine whether and where to open shelters. Currently, his work occurs after SRO fires. He helps assure that individuals receive case management and help finding permanent housing. He is contacted whenever there is a two-alarm fire in the City. Fortunately, the requirement for sprinklers in SROs has decreased the severity and displacements from such fires. Mr. Amyes works closely with the Red Cross to determine whether to open shelters if many people are displaced, or utilize the Red Cross' Hotel Program that covers the cost of a few nights in a hotel for displaced individuals.

Susan Mizner, Mayor's Office on Disability

Hurricane Katrina highlighted the problems in caring for the disabled during a disaster. In New Orleans, many of those with mobility impairments were left behind. There were unacceptable numbers of deaths among those with chronic illnesses, and cases where people with canes or service animals were denied assistance. While we understand that it is necessary to save as many people as possible in an emergency, we must have a plan to save everyone.

The Mayor's Disability Council has established a Disability Disaster Preparedness Committee, which has identified five areas of City responsibility: Shelter Preparations; Warnings; Training for City Staff; Resources; and Evacuation Plan.

After the 1989 earthquake, there were only two fully accessible shelters. Now the City has 36 fully accessible sites and 40 partially accessible. However, more accessible sites are needed. Establishing or designating one or two shelters for the medically fragile doesn't work, and it is inappropriate to send these people to the hospital, which may be overwhelmed with casualties. All shelters need to have medical resources, including mental health services and sign language capacity. The City is now planning to have In-Home Supportive Services staff at all shelter sites, which is a great improvement.

The City's warning system siren (which is tested every Tuesday at noon) does not work for deaf people. A system to send deaf and hearing-impaired individuals a text message is being developed, which is a great step. The City needs to reach out and register people for this service. However, there are many hearing impaired seniors who do not use cell phones or pagers and will not receive a text message. For more information on this project, please call 554-6789.

The City's evacuation plan, which is better than New Orleans during Katrina, still needs to address the needs of those with mobility limitations. The Red Cross training should place more emphasis on aiding the disabled. The City needs to prepare now and better coordinate with the nonprofit sector that serves the disabled community. The City should assure that the nonprofits are trained and prepared, and reimburse the nonprofits for the training and their time.

Kevin Kellenberger, American Red Cross

The American Red Cross is a private nonprofit organization with a very well-defined role and a Congressional charter. They do not receive any government funding. However, they are reimbursed with government funds. Their local office is responsible for the entire Bay Area. Last

year, they responded to 500 emergencies in the Bay Area and assisted 250 families in San Francisco. The vast majority of the families they assist are low-income. They provide funds for food and clothing as well as hotels for a short-term stay. They can assist families with deposits and the first month's rent as well as the purchase of a bed. For longer-term needs, they refer people to other organizations.

The Red Cross can provide free trainings for nonprofits, and will tailor the program to your group. They can also provide trainings in Spanish and Chinese. They work closely with SF CARD to host special topic workshops, such as feeding and food distribution during a disaster, and can focus on a particular community, such as faith-based groups. They currently have grants to assist groups working in Latino communities, where they can provide emergency/disaster training along with CPR and they have some free kits to distribute. The National Red Cross will be releasing a new training video addressing the needs of the disabled during emergencies.

Additional shelter sites need to be identified in San Francisco, as well as individuals who can be shelter workers in the event of an emergency. The Red Cross would especially like to identify mental health professionals who can assist during an emergency. They have a number of volunteers, but in a large-scale disaster, these individuals may not be available. The Red Cross wants to train one million people in the Bay Area to assist in the event of an emergency, which would represent 1/4 of the population.

People should plan to be able to take care of themselves for a week, rather than the often-recommended 72 hours, because a large-scale disaster will overwhelm the Bay Area's capacities. Please contact the Red Cross at 427-8000 to inquire about community preparedness trainings.

Alessa Adamo, SF CARD – Community Agencies Responding to Disaster

SF CARD is a smaller nonprofit that works with other nonprofits to prepare the community to deal with a major disaster. Only 6% of the people in the Bay Area are prepared. The campaign to get people to survive for 72 hours on their own is really a minimum amount of preparation that everyone should have in order to avoid completely overwhelming City services. CARD's role is to work with community groups to prepare their staff. Everyone should have an out-of-state contact with their medical and financial information. The silver lining in hurricane Katrina is the increased interest in disaster planning. CARD's website has a template to help organizations develop a disaster plan: <http://www.sfcard.org/>.

Discussion Issues

The following points were raised in the question and answer period that followed the presentations:

- Many nonprofits have a disaster plan and are audited by various City Departments; however, we're not truly prepared.
- Treasure Island: The Red Cross has not trained anyone on the Island, and would like to help the community prepare to help each other, because it may be quite a while before help reaches them. They need to identify a shelter site and medical care options.
- OES is really a coordinating agency for other City Departments that brings together DPH, Fire, Police and Sheriff, and also works with HSA and the Transportation Authority. It is

challenging for the City to coordinate these Departments. Nonprofits should establish a direct link with their relevant City Departments. Perhaps the Contractor Associations could establish City links for their particular issues.

- Nonprofits need to know which facilities may serve as shelters in an emergency and the location of the NERT staging area, so we can help our staff and clients plan. (Local fire stations can give you the NERT staging area information.) Nonprofits need to work within their geographic community to plan for their disaster response.
- HSN should establish a subcommittee to continue this discussion, help the sector prepare for an emergency and bring the nonprofits into the City's planning efforts as appropriate. However, we should not rely on or wait for the City.

VIII. Next Meeting and Adjournment

- HSN's next membership meeting will be held on Friday, September 15, from 9:30 a.m. – 11:30 a.m. at LightHouse for the Blind and Visually Impaired. Please Note: HSN does NOT hold an August membership meeting.
- HSN's Public Policy Committee is meeting on Wednesday, August 30 at 10 am at Progress Foundation. This meeting is open to all HSN members who are current in their dues.
- The meeting adjourned at 11:45 a.m.

ATTENDEES AT HSN GENERAL MEMBERSHIP MEETING, JULY 21, 2006

Sherilyn Adams, Larkin Street Youth Services
Nancy Brundy, Institute on Aging
Merrill Buice, HSN
Debberra Burrell, Bayview Hunter's Point Foundation
Keith Bussey, Haight Ashbury Free Clinics, Inc.
Donna Calame, IHSS Public Authority
George Clark, LightHouse for the Blind
Laura Clarke, Hearing & Speech Center
Meg Cooch, Planning for Elders
Steve Crabel, Toolworks
Rory Desmond, Catholic Charities
Lewis Eldridge, Haight Ashbury Free Clinics
Steve Fields, Progress Foundation
Nick Footracer, Children's Council of SF
Antigone Foreman, Haight Ashbury Free Clinics, Inc.
Karen Garrison, Bernal Heights Neighborhood Center
John Grima, Haight Ashbury Free Clinics, Inc.
Bill Hirsh, AIDS Legal Referral Panel
Dick Hodgson, SF Community Clinic Consortium
Alecia Hopper, Mental Health Association of SF
Mary Ann Jones, Westside Community Services
Rachel Kelly, Westside Community Services
Kordnie-Jamillia Lee, Center for Human Development
Debbi Lerman, HSN
Herb Levine, Independent Living Resource Center SF
Ellen Lord, LightHouse for the Blind
Tom McCaffrey, SAGE Project
Eve Meyer, SF Suicide Prevention
Bruce Patrick, Walden House
Quanhong Qiu, Compassionate Community Care
Barb Raney, Huckleberry Youth Programs
Gina Rodriguez, SF Community Clinic Consortium
Liz Rodriguez, Catholic Charities
Diane Roval, Independent Living Resource Center, SF
Rachel Thieme, SF Food Bank
Michelle Tolle, Progress Foundation
Brett Vaughn, Community Housing Partnership
Calvin Welch, Council of Community Housing Organizations
Kelly Wilkinson, Episcopal Community Services
Denise Williams, Walden House
Sherry Williams, Treasure Island Homeless Development Initiative