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MINUTES

CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE

Tuesday, July 15, 2008

2:00 p.m.

101 Grove Street, Room 302

San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Melara called the meeting to order at 2:00 p.m.

Present: Commissioner Sonia E. Melara, MSW, Chair
Commissioner Steven Tierney, Ed.D., Member

Absent: Commissioner Margine A. Sako, Member (excused)

Staff: Barbara Garcia, Director of Community Programs, Jim Soos, Deputy Director, Office of Policy and Planning, Tomas Aragon, Deputy Health Officer, Ginger Smyly, Director, Community Health Promotion and Prevention, Charlie Morimoto, Deputy Director, Community Programs, Anne Kronenberg, Director, Office of Policy and Planning and Brittany Ruiz, Violence Prevention Coordinator.

Guests: Michael Huff, Building a Healthier San Francisco, Sarah Gordon, San Francisco Community Clinic Consortium, Monica Washishu, student intern, Abraham Lincoln High School, Stacy Campbell, Pipeline Summer Intern and Leah Johnson, Pipeline Summer Intern.

2) **APPROVAL OF THE MINUTES OF THE JUNE 17, 2008 CHPEC MEETING**

Action Taken: The Committee approved the minutes of the June 17, 2008 meeting.

3) **COMMUNITY HEALTH MODELING PRESENTATIONS**

Tomas Aragon, M.D., Deputy Health Director presented various concepts and models for looking at health disparities in San Francisco. Barbara Garcia said the SFDPH Health Equity Leadership Group is focusing on alcohol abuse and African American health disparities. The goal is to have an impact by focusing together on just a few issues. This group is now up and running.

Public Comment

- Dale Milpay, Co-Chair, National Alliance for Mental Illness, asked how DPH plans to track the mental health related outcomes for clients progressing through the system. There are a lot of people that fall through the cracks. Ms. Garcia said improved technology is part of the solution, and this year CBHS will have a new system. The most vulnerable clients are in a case management system to ensure that patients do not fall through the cracks.

4) **VIOLENCE PREVENTION UPDATES: DEPARTMENT OF PUBLIC HEALTH AND CITYWIDE APPROACHES**

Charlie Morimoto, Community Programs, Ginger Smyly, Director, Community Health Promotion and Prevention presented an overview of the Health Department's programs focused on violence. Ms. Smyly gave an overview of CHPPs roles vis-à-vis violence prevention:

- Collect, analyze and report on violent injuries and deaths (including suicides). This allows us to identify possible prevention points.
- Provide training on violence and violence prevention for city, public and private agencies.
- Provide for and participate in citywide and regional violence prevention planning.
- Establish collaborations/partnerships to enhance systems, maximize service and programs or to facilitate advocacy.
- Implement pilot programs in communities of need to test or model interventions.

Ms. Smyly briefly listed the top 10 priorities of the Citywide Violence Prevention Plan that Maya Dillard Smith will present next month.

Commissioner Melara said there is much data about the effects of witnessing violence on children, with the trauma resulting in health problems. Much of the approach to violence focuses on fixing the results of violence at the individual level, not the community level. Ms. Smyly said the Health Department does very little in the area of violence prevention. The majority of money is targeted toward taking care of a person after he or she is a victim of violence. Commissioner Melara said supporting families to stay intact is very important in terms of preventing violence and keeping children safe.

Charlie Morimoto gave an overview of the Crisis Response Team, a DPH program that works with families directly impacted by a homicide and/or witnesses of stabbing or shooting violence. This team responds to incidents citywide and operates 24 hours a day, seven days a week. CBHS's integrated response includes crisis intervention, mental health services, assistance finding clergy,

connecting to funeral/burial services, debriefings at schools, daycares and in the community, short-term case management and follow-up services.

Commissioner Tierney asked how many folks the team gets in touch with after 90 days. Mr. Morimoto said the number is not high, which is why they are working with Trauma Recovery and the CRN.

5) **EMERGING ISSUES**

The next agenda will include a discussion about the committee composition and six-month calendar.

6) **PUBLIC COMMENT**

None.

7) **ADJOURNMENT**

The meeting was adjourned at 3:55 p.m.

Michele M. Seaton
Health Commission Executive Secretary