

James M. Illig
President

Edward A. Chow, M.D
Vice President

Sonia E. Melara, MSW
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Mark Morewitz, MSW
Executive Secretary

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Minutes
HEALTH COMMISSION MEETING
Tuesday, October 19, 2010, 4:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner James Illig, President
Commissioner Steven Tierney, Ed.D.
Commissioner Margine Sako
Commissioner Sonia E. Melara
Commissioner Catherine Waters

Excused: Commissioner Edward A. Chow, Vice President
Commissioner David J. Sanchez

The meeting was called to order at 4:08pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 5, 2010

Action Taken: The Commission voted unanimously to approve the minutes.

3) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health gave the report.

Health Director Succession

On Tuesday, October 12, I accepted the position as Director of Health Services in Los Angeles. On Wednesday, October 13, Mayor Newsom announced that, based on the recommendations of the Health Commission, he was appointing Barbara Garcia, Deputy Director of Health, as the new Health Director, effective January 2, 2011. I appreciate the Health Commission's expedient response and support in forwarding Ms. Garcia's name to the Mayor and congratulate her on this new position. I have worked closely with Ms. Garcia over the past 13 years and will continue to mentor and coach her throughout the upcoming months as she assumes the many duties as Health Director. It has been my great pleasure to have served in this position under so many members of this Health Commission whose own personal and professional commitment to public health has

made my role rewarding and productive. I will continue to update the Commission on the transition process over the coming weeks.

The Great California Shakeout

The 2010 Great California ShakeOut is occurring statewide on October 21 (10/21) at 10:21 a.m. This drill is held on the third Thursday of October each year to raise public awareness of disaster preparedness and encourage Californians to take earthquake precautions at work, school and home. More than 6.9 million Californians participated in 2009, practicing "Drop, Cover and Hold On" and other aspects of family, school, and organizational emergency plans. DPH will be participating by distributing www.72hours.org pamphlets at community program sites and participating in various drills at SFGH and LHH. If you, your family or program would like to participate, visit the ShakeOut website at www.shakeout.org for more information and to register to participate.

Health Reform Task Force Meets

The first meeting of the Health Reform Task Force (HRTF) was held on Tuesday, September 28, 2010. Sixteen of the 18 member organizations were represented and an additional 12 members of the public were in attendance. Members reviewed the HRTF's scope of work and mission, which is to plan for a health care safety net that thrives under Health Reform and California's Section 1115 Medicaid Waiver. HRTF members agreed upon a definition of the health care safety net in San Francisco and agreed that the safety net will still be needed pre- and post-2014, when the major provisions of Health Reform are to be implemented. In upcoming meetings, the HRTF will address five policy issues affected by Health Reform and the Waiver as they impact San Francisco's health care safety net: Local Programs, Enrollment, Capacity, Infrastructure, and Economics. The next HRTF meeting will be Tuesday, October 26, from 2:00pm to 4:00pm at 101 Grove Street, Room 220. All meetings are open to the public and all meeting materials may be found on-line at <http://www.sfdph.org/dph/comupg/knowlcol/HealthReformTask/default.asp>.

Bedbugs in the News

The Commissioners have likely been seeing and hearing more stories over the past several months about increases in bedbug infestations throughout many major US cities as well as here in San Francisco. The most recent bedbug article appeared on the front page of the Chronicle on Monday, October 11. The story link is <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/10/11/MN6L1FMHRI.DTL&type=printable>. To understand the full bedbug story in San Francisco requires some historical context.

In 2006, San Francisco became the first jurisdiction in the nation to have legislation specifically to address the upsurge of bedbugs. This process began in 2005 when the Board of Supervisors directed the Department of Public Health to draft rules and regulations on how to control bed bug infestations. Although the initial focus of these new regulations was directed towards SRO's, homeless shelters and multi-unit apartment buildings, they are applicable and appropriate for any facility, regardless of use or size. San Francisco's regulations are highly comprehensive and include bed bug recognition, control and prevention; requirements for hotel operators and other multi-unit dwellings; training for housekeeping staff, managers and maintenance people; required procedures for reporting and responding to complaints; managing of furniture and materials infested with bed bugs; guidance for pest control companies; and tenants' responsibility for the prevention and control of bed bug infestation.

The bedbug control program also calls for public education, responding to citizen complaints, conducting routine inspections and enforcement.

At the same time San Francisco was taking the problem of bedbugs seriously, reported incidents of bedbug infestations began to increase and with it media coverage. As with many programs, San Francisco became the go-to-City for modeling bedbug control programs. We have responded to inquires from cities such as New York, Chicago and even small towns in other states.

Because bed bugs prefer a temperature of 70 degrees F for egg laying, we usually see an increase in the number of complaints in the summer months and early fall. This increase may be due to the media coverage and public awareness. We do know that cases are under-reported.

The Environmental Health Section provides educational outreach upon request to hotels, community centers, apartment associations or any tenant-based housing group that identifies bedbugs as a problem. I believe it is fair to say that San Francisco is in a better position than many cities because we recognized early that effective control of bed bugs requires the cooperation of everyone involved. Our programs and our policies support this concept. We will continue our work with hotel owners, apartment building management companies, tenants, pest control companies and other related agencies to keep San Francisco as free of bedbugs as we all can manage.

Climate Change Initiative

The San Francisco Department of Public Health has been awarded a CDC grant for Environmental Health Assessment of Vulnerability to Heat Waves & Air Quality. The focus of the grant is on preventing heat stress morbidity and mortality from extreme heat events and associated air quality impacts, both of which are expected to increase in frequency and duration with climate change. DPH has a lead role to develop the city's heat wave disaster response plan. San Francisco showed specific vulnerabilities during the 2006 California heat wave, due to our lack of physiologic and technologic adaptations for extreme heat events. For this reason, DPH Environmental Health Section and Disaster Planning will develop an environmental health needs assessment methodology and a public health gaps analysis. More information about the grant can be found at <http://www.sfdph.org/dph/EH/ClimateChange/>.

San Francisco Departmental Climate Working Group

DPH's Program on Health, Equity and Sustainability is participating in the City's Departmental Climate Working Group, comprised of representatives from City departments and coordinated by the Mayor's Office of Climate Protection Initiatives and the Department of the Environment. Climate Working Group members will assess greenhouse gas emissions for their respective departments and create a Departmental Climate Action Plan that identifies and makes recommendation on greenhouse gas reductions. The Departmental Climate Action Plans also identify the potential costs of measures and the estimated potential benefits of elements in the plan for reducing greenhouse gases. The working group may also identify other economic and non-economic impacts to the City's economy and environment, including health impacts.

HIV Prevention Section Gets \$900 K Grant from CDC

The HIV Prevention Section has received a CDC grant for \$887,968 to enhance San Francisco's HIV prevention strategies. Funds will be used to develop and strengthen programs to expand HIV testing, link and engage HIV-positive persons into medical care, and develop data monitoring systems to evaluate the outcomes of these and other prevention efforts.

San Francisco Voter Information Pamphlet

Each election season, the Elections Office makes advertising space available free of charge to City agencies on the pages of the San Francisco Voter Information Pamphlet. These opportunities are always welcomed by a number of DPH programs. In your review of the November 2, 2010 Vote Information Pamphlet, you will find a full page ad on page 42 for the new IMMUNITY campaign and another promotional ad on page 44 for the WIC Program. We appreciate the Elections Office allowing us to feature and promote public health messages to the voters of San Francisco.

Janet Zola Receives Public Health Award

Congratulations to Janet Zola who is the recipient of the *Rock in a Pond* award given by the CPH Foundation's "Unsung Heroes of Public Health" program. The Rock in a Pond Award was designed to pay tribute to individuals for outstanding work on a community-based public health effort. Ms. Zola was selected for her prevention efforts associated with the HepB Free Campaign, a program that has gained national attention and has served as a model for other jurisdictions across the country that have created similar prevention programs. Ms. Zola will travel to Washington, DC in November to accept her award. I know the Commissioners join me in congratulating Ms. Zola for this outstanding public health recognition.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

October 2010
Health Commission - Director of Health Report
(10/04/10 MEC)

	10/10	07/10 to 06/11	
New Appointments	9	84	
Reinstatements	1	0	
Reappointments	55	173	
Delinquencies:	0	0	
Reappointment Denials:	0	0	
Resigned/Retired:		11	64
Disciplinary Actions	0	0	
Restriction/Limitation-Privileges	0	0	
Deceased		0	1
Changes in Privileges			
Additions	16	15	
Voluntary Relinquishments	37	51	
Proctorship Completed	26	33	
Proctorship Extension	0	1	

Current Statistics – as of 9/27/10	
Active Staff	509
Courtesy Staff	558
Affiliated Professionals (non-physicians)	234
TOTAL MEMBERS	1,301

Applications in Process	29
Applications Withdrawn Month of September 2010	2
SFGH Reappointments in Process 11/2010 to 01/2011	138

4) **RESOLUTION GIVING APPROVAL TO THE DEPARTMENT OF PUBLIC WORKS TO USE THE INTEGRATED PROJECT DELIVERY METHOD AS SPECIFIED IN THE CITY’S ADMINISTRATION CODE, SEC. 6.68 FOR THE SOAR PROJECT**

Mark Primeau DPH Capital Projects, presented the resolution and explained that the Integrated Project Delivery is an approach to the procurement of construction services in which a construction manager/general contractor is retained during the design process to review and provide comments and

services as to the constructability of the Architect/Engineers' design within the established budget, which can result in cost savings.

Action Taken: The Commission unanimously passed the resolution (Attachment A) and asked for an update on the SOAR project in six months.

4. GENERAL PUBLIC COMMENT

None

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE REPORT; FOOD INSPECTION RESOLUTION

Commissioner Margine Sako stated that the Committee discussed and recommended approval of the revised Food Inspection Resolution (Attachment B).

Commissioner Sako also stated that the Committee heard an Emergency Medical Service (EMS) update regarding quality improvement issues. EMS is working to improve cardiac arrest response times and extending the STEMI system.

Action Taken: The Commission unanimously approved the Food Inspection Resolution.

6) DPH EMPLOYEE RECOGNITION

The Commissioners introduced and distributed awards to the following DPH staff and teams:

H1N1 Response Team

The H1N1Response Team was activated from 9/28/09 – 3/19/10 and brought together staff from nearly every corner of DPH, as well as other City Agencies. The following are some of the leaders and staff who were involved in the planning and implementation of the HIN1 activities:

- | | |
|----------------------|-----------------|
| Susan Fernyak, M.D. | Amy Nishimura |
| Anne Kronenberg | Carmen Nolasco |
| Barbara Garcia | Tracey Packer |
| Eileen Shields | Erica Pan |
| Robin Allen-Conteras | Mark Pandori |
| Olivia Bruch | Amy Pine |
| Lorna Garrido | Diane Portnoy |
| Karen Holbrook | Melissa Sanchez |
| Sandra Huang | Peter Vaernet |
| Mary Macaluso | Rebekah Varela |
| Charlie Morimoto | Vickie Wells |
| David Nakanishi | |

Tobacco Assessment and Referral in Primary Care Team

This team worked in collaboration to establish a standardized protocol to:

- Routinely assess and document tobacco use/exposure of primary care patients
- Make appropriate referrals to existing stop smoking services
- Provide feedback on patient outcomes from use of stop smoking services back to patient's provider and clinic staff

- | | |
|--------------------|---------------------|
| Lisa Johnson, M.D. | Jennifer Wong |
| Fred Strauss, M.D. | Mark Ghaly, M.D. |
| Winnie M. Tse | Elsa Tsutaoka, M.D. |
| Alice Chen, M.D. | Jon Barash, M.D. |

Claire Horton, M.D.
Lisa Golden, M.D.
Albert Yu, M.D.
Catherine James, M.D.

Darlene Bahrs
Mele Lau-Smith
Patricia Erwin

Black Men Testing Team

The Black Men Testing Project is a HIV Prevention Initiative that strives to increase HIV diagnoses and linkage to care among black men who have sex with men (MSM). Its successful pilot phase demonstrates that even in a time of limited resources, short-term, innovative projects conducted by dedicated staff can have far-reaching implications in meeting the SFDPH goals of improving health and eliminating health disparities.

Vincent Fuqua
Tracey Packer
Teri Dowling
Henry-Raymond Fisher
Theresa Ick
Yea-Hung Chen
Bin Nuygen

Robert Kohn

In June 2010, the STD Prevention and Control Services Section launched its electronic medical record (EMR) at City Clinic, San Francisco's municipal STD Clinic. Robert Kohn, an epidemiologist with the Section, designed and built the entire EMR for the STD clinic and worked with all Clinic staff groups to ensure that the implementation was timely and successful.

Inna Bleykhman

Inna is a Substance Abuse worker at the Tom Waddell Health Center who provides consistently exceptional service to a client population that is often challenging. She is non-judgmental, kind, compassionate and creatively finds ways to help her clients deal with their problems. She works well with all disciplines within the Health Center and works to support each client to find the next step in their growth and healing.

7) HEALTH CARE SERVICES MASTER PLAN LEGISLATION; RESOLUTION

President Illig acknowledged and thanked Supervisor Campos for attending the meeting to speak about the legislation. Supervisor Campos congratulated Dr. Katz on his new position and thanked him for the many years of leadership and service to San Francisco. He also acknowledged the work Hillary Ronen, his Legislative Aide, accomplished on the legislation.

He stated he sought out input for the legislation from a full spectrum of groups so that it would be responsive to the needs of the greater San Francisco community. Due to input from the Health Commission, the criteria for the ordinance to be applicable have been changed to projects adapting larger spaces. He also reminded the Commissioners that if an application describes a service that is in alignment with the Health Care Master Plan, then a Consistency Determination may be done within 15 days. He also stated that the Health Commission will have an opportunity to influence and shape the Consistency Determination.

Supervisor Campos also stated that he encourages the Health Commission to work closely with the Planning Commission in joint meetings and/or efforts on the Master Plan process.

Commissioner Illig thanked Supervisor Campos for the inclusive development process on this piece of legislation.

The following are highlights of the discussion of this item:

John Rahaim, Director of the San Francisco Planning Department stated that he recommended the following changes to the legislation:

1. Change the size threshold from 6000 occupied square feet to 10,000 gross square feet (gsf) of new space, or an addition of 5,000gsf.
2. Simplify the description of the Health Care Services Master Plan content in the draft legislation. This allows for the contents of the Plan to be developed by the Planning and Health Departments with public input, rather than mandating the topics at the outset.
3. If possible, make DPH the lead City agency for Consistency Determinations. The Planning Department would prefer to defer to DPH's expertise.
4. Exempt "Pipeline" projects. Change the ordinance so that only after the adoption of the Master Plan would the filing of a project's first entitlement or permit require the filing of a Consistency Determination Application.
5. A minor request for additional cross-references in the Code. To ensure the new requirement is readily visible in the Planning Code.
6. Plan Cost & Preparation. Mr. Rahaim stated that he thinks that charging medical service providers an impact fee or specifying some other funding source within the legislation is crucial to cover the cost of developing and revising a Health Care Master Plan. He also stated that it will be vital to include a rigorous environmental analysis in the Master Plan.

Commissioner Illig asked Supervisor Campos to clarify whether projects that are already "in the pipeline" will be exempt. Supervisor Campos stated that once the Master Plan is created, it would apply to all current projects; he chooses to leave the question open as to how to deal with the projects that have already begun by the time the Master Plan is developed.

Liz Watty, of the Planning Department, stated that the Planning Code would not designate "change of use" for a building space if it previously was used for any type of health care (inpatient/outpatient, dentistry etc.) and will continue to be used for another type of health care.

Ms. Watty also stated that the average residential property in San Francisco is approximately 2,500 square feet.

The Ordinance, as written, does not apply to the process of closing services.

Commissioner Melara stated that she is concerned that the Health Commission only has part in drafting the plan but not in distributing permits. Supervisor Campos reiterated that he thinks the legislation, as written, enables the Health Commission to influence how projects move forward by asking for input on whether the project is consistent with the Health Care Master Plan.

Commissioner Waters stated that she likes the idea of a Master Plan. However, she is also aware and concerned that the process described in the legislation may be cost prohibitive to non-profits without large budgets. Supervisor Campos stated that he thinks applicants will benefit from the process because it forces a transparency of planning in San Francisco which enables everyone to be aware of projects on the horizon.

Commissioner Illig asked if it would be possible to mandate that an applicant provide services to a certain percentage of MediCal patients. Mr. Rahaim stated that the Health and Planning Department would have to work together on an issue like this to determine a realistic goal and methods of implementation in the Master Plan.

Commissioner Tierney requested that the Ordinance reflect the impact of cost increases for the institutions going through a potentially longer and more expensive process. Mr. Rahaim stated that the Planning Department could send the Health Commission some examples of cost impact in different scenarios.

Commissioner Illig asked if the Ordinance would apply to Kaiser Permanente and UCSF. Mr. Rahaim stated that Kaiser would fall within the authority of the Ordinance but that UCSF would not be impacted because it is a state institution. Similarly, the VA hospital would not be impacted because it is a federal institution.

Commissioner Sako asked if there is protest during the fifteen days review time, will the applicant be locked into the longer process. Hillary Ronen, Legislative Aide to Supervisor Campos, stated that the protest has to be considered substantial and show inconsistency with the Master Plan. The Planning Department Director will have the authority to make recommendations to the applicant to help better align the proposal with the Master Plan.

Commissioner Illig asked how soon the legislation will go to a Board of Supervisors Committee. Supervisor Campos stated that he would like to move it forward as soon as possible.

Public Comment

Alex Muhanoff, of SEIU UHW, stated that he supports building the new CPMC Cathedral Hill hospital because it will add important beds to improve patient care and increase access to medical services.

Betty Balesteros, of SEIU UHW, stated that seventy percent of the SEIU members of St. Luke's hospital want CPMC to rebuild St. Lukes. She also thanked Dr. Katz for his service to San Francisco.

Marcelina Robles, of SEIU UHW, asked the Commission to support the rebuilding of St. Luke's hospital and building of the Cathedral Hill hospital.

Henry Flowers, of SEIU UHW, stated that he is concerned about the residents of San Francisco when a major earthquake happens again.

Ana Guardado, of SEIU UHW, stated that any legislation that stands in the way of any medical facilities being built is bad medicine. In addition, she stated that creating another layer of bureaucracy only delays the process of bringing accessible services to San Franciscans.

Sascha Eisner, of SEIU UHW, stated that his union is concerned that the legislation will impact projects currently in the planning pipeline.

Reiko Furyuya, a nurse at CPMC, stated that she supports the legislation because she believes medical services should be available to all San Franciscans.

Nato Green, of California Nurse Association (CNA), thanked the Health Commission and Supervisor Campos for the leadership on this process. He stated that getting guidance through the legislation is a good thing that CNA supports. However, he would rather have a state mandate to do regional planning.

Linda Carter stated that she thinks citywide planning is important and a good thing. She also thinks that a closer working relationship between the Health Commission and Planning Commission would be beneficial.

Anna Cheung, CEO of St. Mary's Medical Center, opposes the current legislation because it will slow down planning processes ; she stated that unintended consequences of the legislation may be the high costs to applicants.

Le Tim Ly, of the Chinese Progressive Association, supports the legislation because it brings transparency and is a good step for low-income communities.

Emily Lee, of the Chinese Progressive Association, supports the Master Plan process because without it, San Francisco is operating without a road map.

Joseph Smooke, Executive Director of the Bernal Heights Neighborhood Center , supports the legislation.

Kevin Kitchingham, of the Coalition for Health Planning, supports the legislation because it promotes access and equity.

Steve Lipton ,an attorney on behalf of Hospital Council, stated that if it is intention of the Master Plan to put a cap on certain services then there may be legal ramifications. The courts have made it clear that California has replaced regulation with competition. The legislation may raise substantial anti-trust issues because the City would be deciding who is a competitor.

Bernie Choden stated that it is important to prioritize planning for acute disasters.

Lois Scott, of Cathedral Hill Neighbors, and a retired city planner, stated that she supports the Master Plan and suggests that the Health Commission have a joint meeting with the Planning Commission as part of the process because the Health Commission looks at health care needs and the Planning Commission looks at land-use need; both are vital to good decision making.

Lucy Johns, independent health planner urged the Commission to support the legislation because it will tie health planning to land use. Both health policy and urban planning decisions will benefit from the connection.

Ruben Garcia, of SEIU UHW, urged the Commission to reject the resolution because it will create extra steps in the planning process.

Vitka Eisen, CEO of Walden House, stated that the legislation is too broad and it will cost too much for non-profit organizations like Walden House.

Diane Testa stated that she works for a private SNF bed organization and that the legislation will discourage small businesses because of the layers of bureaucracy.

George Fouras, M.D., President-Elect of the San Francisco Medical Society, stated that because of ongoing new technological developments and health care reform, any Master Plan will be outdated by the time it is voted on; the Society would rather support setting health care goals to address health disparities. In addition, he is concerned that if passed, the ordinance could deter physicians from locating their private offices in San Francisco.

Ron Smith, Senior Vice President of the Hospital Council, recommended that San Francisco develop a Health Care Master Plan and then consider whether a compliance piece is necessary. He stated that the legislation will add layers of bureaucracy that will slow down progress in the areas of primary care and long term care planning.

Richard Hodgson, Vice President of Planning and Policy for the San Francisco Community Clinic Consortium, stated that he appreciated Supervisor Campos' comments. He also stated that it will be the job of the Health Commission to balance the desires of providers with the needs of the community. He does not support anything that would impede medical access.

Commissioner Comments/Follow-Up

Commissioner Waters suggested that the item be tabled.

Commissioner Melera stated that she would like more time to review the information and enable the Commissioners who are absent to be part of the discussion and subsequent vote.

Commissioner Tierney requested the addition of language to the resolution that focuses on trying to keep the process cost effective and stipulating the costs to applicants.

Commissioner Sako stated that she would like additional time to consider the issues.

Commissioner Illig requested clarification of the possible exemption of current projects in the "pipeline."

Action Taken: The Commission unanimously voted to table discussion of the resolution until the 11/2/10 meeting.

8) THE 2009-2010 HEALTHY SAN FRANCISCO ANNUAL REPORT

Tangerine Brigham, Deputy Director, Lindsay Angelats, Senior Health Program Planner, Danice Cook, Health Program Planner, and Jackie Haslam, Information Systems Business Analyst Principal, gave the presentation.

The following are highlights of this discussion:

Healthy San Francisco (HSF) participants who would like to access behavioral health services are given a central number, which is staffed 24 hours a day, to call; the HSF goal is to provide participants with their first appointment within 60 days of their call.

Some clinics have open-access times that are unscheduled; some also offer urgent care. These options increase the likelihood of shorter waiting time for appointments.

The majority of HSF clients are seen by DPH and San Francisco Clinic Consortium clinics; other sources of care include Chinese Hospital, Sister Mary Philippa Health Clinic, and Kaiser Permanente.

Public Comment:

Richard Hodgson, Vice President of Planning and Policy for the San Francisco Community Clinic Consortium, stated that his organization has some disagreement with some of the data but generally supports the report. He also stated that it is difficult to pull out some of the requested HSF expenditure data.

Commissioner Comment/Follow-Up

Commissioner Illig thanked Ms. Brigham and her team for an excellent analysis and stated that the data clearly shows that HSF participants have decreased their utilization of ER services.

9) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS

COMMITTEE AGENDA SETTING

10) CLOSED SESSION

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

ZIMMERMAN V. CCSF (CASE NO. CGC 485723)

MAYER V. CCSF (CASE NO. CGC 08-472055)

BLUNT V. CCSF (CASE NO. CGC 08-48149)

SOO V. CCSF (CASE NO. CGC 08-480148)

Action Taken: The Commission (Illig, Melara, Sako, Tierney, and Water) voted to approve the settlements of Zimmerman V. CCSF, Mayer V. CCSF, Blunt V. CCSF, and Soo V. CCSF.

PUBLIC EMPLOYEE PERSONNEL ISSUES, DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.

- D) Reconvene in Open Session
The Commission reconvened in open session at 7:54pm.

Action Taken: The Commission voted to not disclose matters discussed in closed session.

11) ADJOURNMENT

The meeting was adjourned at 7:54pm.

**HEALTH COMMISSION
City and County of San Francisco
Resolution No. 14-10**

**RESOLUTION GIVING APPROVAL TO THE DEPARTMENT OF PUBLIC WORKS
TO USE THE INTEGRATED PROJECT DELIVERY METHOD AS SPECIFIED IN THE CITY'S ADMINISTRATION CODE,
SEC. 6.68 FOR THE SOAR PROJECT**

WHEREAS, the Department of Public Health AIDS Office submitted an application in 2009 for grant funding to expand its operations at the City-owned property located at 25 Van Ness Ave.; and

WHEREAS, SFDPH was awarded a grant from the National Institutes of Health in the amount of \$9,508,907.00 in March, 2010; and,

WHEREAS, the project includes renovation of approximately 17,000 square feet of area at 25 Van Ness Avenue, SF CA. 94102; and,

WHEREAS, the Department of Public Health working with the Department of Public Works began programming and design work on the SOAR (San Francisco Office AIDS Renovation) Project in March 2010; and,

WHEREAS, the Board of Supervisors has adopted the Integrated Project Delivery Method as part of the Administrative Code; and,

WHEREAS, the Integrated Project Delivery is an approach to the procurement of construction services, whereby a construction manager/general contractor ("CM/GC") is retained during the design process to review and provide comments and services as to the constructability of the Architect/Engineers' design within the established budget, which can result in cost savings; and,

WHEREAS, the Integrated Project Delivery method requires that for a proposed public work project for the use or benefit of a Department that is under the jurisdiction of a commission, such commission shall first approve the solicitation of the Integrated Project Delivery proposals; now, therefore, be it

RESOLVED, that the Health Commission strongly supports the use of the Integrated Delivery Method and approves its use by the Department of Public Works on the SOAR Project in accordance with Sec 6.68 of the City Administrative Code.

I hereby certify that the San Francisco Health Commission at its meeting of October 19, 2010 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 13-10

RESOLUTION IN SUPPORT OF STRENGTHENING DPH FOOD INSPECTION ACTIVITIES

WHEREAS, DPH Environmental Health permits approximately 6,800 food establishments in San Francisco; and,

WHEREAS, Environmental Health currently has specific positions to conduct inspections of these establishments; and,

WHEREAS, the Environmental Health goal is to conduct two annual routine inspections for every food establishment that prepares food and one annual inspection for other food establishments; it will also conduct inspections as a response to complaints from members of the public; and

WHEREAS, due to staff vacancies, Environmental Health has not been able to reach its goal of conducting two annual routine inspections for every food establishment; and,

WHEREAS, in addition to inspections, the Environmental Health staff provide education and training to food establishment staff and work closely with food establishment operators to ensure that violations are abated properly; and;

WHEREAS, food establishment operators must post the full food inspection report at a location easily visible to patrons but are not currently required to post the inspection score in a public location;

BE IT RESOLVED, that the Health Commission urges the Department to fill all vacant food inspector positions as soon as possible; and,

BE IT FURTHER RESOLVED, the Health Commission requests bi-annual reports on the Department's success in meeting the mandated minimum number of two formal inspections per year for all establishments that prepare food; and,

BE IT FURTHER RESOLVED, the Health Commission requests that DPH report on the actual costs of food inspections and whether the current fee structure is adequate to cover those costs; and,

BE IT FURTHER RESOLVED, the Health Commission urges the Department to improve the food safety section of the website to facilitate searching for food establishments by name and neighborhood, and include the current inspection reports and scores for all food establishments.

I hereby certify that the San Francisco Health Commission at its meeting of October 19 2010 adopted the foregoing resolution.

Mark Morewitz

Executive Secretary to the Health Commission