

Steven Tierney, Ed.D.
President

HEALTH COMMISSION

Sonia E. Melara, MSW
Vice President

CITY AND COUNTY OF SAN FRANCISCO
Edwin M. Lee, Mayor



Edward A. Chow, M.D.
Commissioner

Department of Public Health

James M. Illig
Commissioner

Barbara A. Garcia, MPA
Director of Health

Margine A. Sako
Commissioner

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Commissioner

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, September 6, 2011, 4:00 p.m.
101 GROVE STREET, ROOM 300 or ROOM 302
San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Steven Tierney, Ed.D., President
Commissioner Sonia E. Melara, Vice President
Commissioner Edward A. Chow M.D.
Commissioner James Illig
Commissioner Margine Sako
Commissioner David J. Sanchez
Commissioner Catherine Waters

The meeting was called to order at 4:06pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 2, 2011.

Action Taken: The minutes of the August 2, 2011 meeting were unanimously approved.

3) RESOLUTION: RECOGNIZING BAYVIEW HUNTERS POINT FOUNDATION FOR FORTY YEARS OF SERVICE.

Commissioner Tierney suggested that the Commission next consider the resolution honoring Bayview Hunters Point Foundation (BVHP) and recognized Jacob Moody, BVHP Executive Director. Mr. Moody spoke about the mission of the organization and thanked the Commission for considering the resolution and voiced his appreciation for the long productive working relationship between BVHP and DPH .

Commissioner Comment/Follow-Up:

Commissioner Illig commended Mr. Moody for instilling a spirit of partnership in his work on behalf of BVHP.

Commissioner Sanchez also commended both Mr. Moody and BVHP for its collaborative spirit and long history of impactful work.

Action Taken: The resolution was unanimously approved.

3) DIRECTOR'S REPORT

Barbara A. Garcia, Director of Health, presented the report which is a current overview of the state of public health in San Francisco. The full report can be viewed at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Major Milestone Coming for SFGH Rebuild: Pouring Concrete Foundation

The SFGH Rebuild project continues to be on schedule and on budget and has reached several milestones this summer. The two-story deep excavation bottomed out in late spring, allowing the assembly of a 175-foot tall crane on site which was completed in July. The next major milestone will be the pouring of the four foot thick concrete foundation this fall. The first of up to three large concrete pours is scheduled to begin on Friday, September 9 at 8 p.m. and last through Saturday, September 10 at 3 p.m. The 20-hour process will require continual delivery and uninterrupted pouring of around 6,000 cubic yards of concrete. Trucks will be staged on Potrero Ave. and enter SFGH campus via 22nd and 23rd Streets. As is common with large concrete pours, it will take place overnight to avoid impacting daytime traffic and hospital operations. I am pleased to note we have done extensive outreach to the community. Once the foundation is completed the 115 base isolators that will protect the building during seismic activity will be installed. The next step will be the steel beam construction for the frame of the new hospital beginning this winter.

Transitions Clinic Model Gets National Recognition

The Transitions Clinic has been recognized by the Health and Human Services' Agency for Healthcare Research and Quality in its Innovations Exchange Profile. The Transitions Clinic was designed to reach out to individuals who have recently been released from prison and who suffer from chronic health conditions by connecting them to transitional and primary health care, case management services and referrals to social services. The complete profile can be found at

<http://www.innovations.ahrq.gov/content.aspx?id=3195#>.

National HIV Prevention Conference [attachment]

On behalf of the AIDS Office Directors, I am attaching a list of our activities and abstracts from August 14-17, 2011 National HIV Prevention Conference in Atlanta. I have included abstract titles, authors (DPH authors in bold) and summaries.

Project Homeless Connect

The next Project Homeless Connect, scheduled for Wednesday, October 5 at Bill Graham Auditorium, marks the 40th PHC event since it began in 2004. The next PHC event will be Wednesday, December 14th, also at Bill Graham Auditorium.

Happy Anniversary, Laguna Honda

On Saturday September 24, Laguna Honda Hospital & Rehabilitation Center will mark a year of successes, including the transition to its new buildings. Residents and staff will dedicate a new community center on the Laguna Honda campus in memory of John Kanaley, former executive director and dedicate the hospital's animal-assisted therapy center to the hospital's former chief nursing officer, Virginia Lieshman. Additionally, some of the residents of Laguna Honda are going to need help to make the day a special one for them as well. We are looking for volunteers to accompany Laguna Honda residents and help meet their needs for assistance and companionship. The hospital's volunteer coordinators will provide training and support. To volunteer, e-mail: LHHVolunteer@sfdph.org.

SAMHSA Grant

The San Francisco Department of Public Health, Community Behavioral Health Services, has received SAMHSA funding for the Integrated San Francisco Primary Care Behavioral Health (SF PBHCI) Initiative in the amount of \$1,893,939. Over the course of four years, the grant will function with allocations of \$473,485 per year. The funding will provide integrated primary and behavioral health care, care management and wellness programs to seriously mentally ill (SMI) clients previously unconnected to primary care and at high risk for chronic conditions such as metabolic syndrome, diabetes, HIV, TB and hepatitis C. SF PBHCI will serve a culturally diverse group of indigent and uninsured SMI clients, many of whom will be homeless or marginally housed. Clients will receive primary care and wellness services in the mental health setting with an emphasis on preventive screening and self-management of chronic conditions. A total of 250 unduplicated clients will be served in the first year (550 over the course of the four-year grant).

Staff Addresses Institute of Medicine Report on Barriers to Dental Care

A recent report by Institute of Medicine (IOM) and National Research Council revealed that millions of Americans are not receiving needed dental care services because of barriers that limit their access to oral health care. Margaret Fisher, Oral Health Consultant for Children's Health & Disability Prevention, and Irene Hilton, DDS, San Francisco Dental Services, presented a local response to the IOM recommendations during a workshop held in San Francisco on Aug. 4th. Ms Fisher's panel focused on implications for local, state and federal collaboration, and Dr. Hilton's panel looked at the implications for Federally Qualified Health Centers and Community Health Centers. One of the common recommendations among California representatives was to re-establish a state dental director for California in order to coordinate statewide prevention and access efforts. The link to the report is at <http://iom.edu/Reports/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations.aspx>.

Research on Bone Density Published in PLoS ONE

Albert Liu, MD, Director, HIV Prevention Intervention Studies and Susan Buchbinder, MD, Director, HIV Research Section, are co-authors of a study published in the August 29, 2011 edition of the *Public Library of Science* (PLoS) ONE journal on bone mineral density among men who have sex with men (MSM) participating in the US CDC PrEP Study. Their main findings are that low bone density was relatively common (10%) in this cohort of HIV-uninfected MSM at baseline (even before starting PrEP), and that the group that received tenofovir had a small (~1%) net decrease in bone density, compared with the placebo/pre-treatment group. Future studies are needed to determine the clinical significance of these findings. Pre-exposure prophylaxis (PrEP), or the use of antiretrovirals by HIV-negative individuals, has been shown to reduce HIV acquisition in MSM, as well as heterosexual men and women provided a comprehensive package of prevention services.

Prevention and Abatement is Key in West Nile Virus Season

As the weather warms up in San Francisco, the Department continues to receive and address complaints regarding mosquitoes. Mosquitoes can spread West Nile Virus to humans and some animals, especially birds. To date, California has 20 confirmed cases of West Nile Virus in humans, 228 birds and one horse. While we work to abate complaints quickly, due to the nature of mosquitoes and inaccessible areas of infestation, we are sometimes limited in our mosquito abatement efforts. But there are a number of steps that property owners, managers, residents and anyone who sees mosquitoes in their neighborhood can take to decrease the chance for mosquitoes to breed and spread West Nile Virus. To report complaints of mosquito infestation, call (415) 252-3805.

New Black Infant Health Program Open House

The Black Infant Health Program is holding an Open House on Wednesday, September 14, from 3-5 p.m. at 1290 Fillmore St. @ Eddy St. (Westbay Community Center) to showcase the services of the

program to members of the community, especially providers and community-based organizations. A special program at 4 p.m. will explain the new model of the SF Black Infant Health program and feature mom's who have been through the new program.

The new model will begin with a 10-week prenatal series for African American pregnant women on Tuesday, September 20. Ten postpartum sessions for new mothers begins on Thursday, September 22. The program provides essential health education and social interaction to decrease poor birth outcomes and health disparities affecting African American women and their infants. The program focuses on these contributing factors: chronic stress, social isolation, limited access to services, racial inequities, economic hardship, and disempowered communities. San Francisco is a leader in the State of California in the implementation of this evidenced-based approach to improve African American maternal and infant health.

Eye on Life Photo Exhibition

The HIV Research Section, in partnership with the Sixth Street Photography Workshop, sponsored an evening photo exhibit at the African American Art & Culture Complex on September 1. The exhibit, *Eye on Life*, featured a collection of photographs taken by ten San Franciscans who used the opportunity to share how HIV has affected their own lives and what participation in HIV prevention research trials have meant to them.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER
AUGUST 2011
Health Commission - Director of Health Report
(08/08/2011 CLIN-MEC)

	08/11	07/11 to 06/12
New Appointments	40	46
Reinstatements	0	0
Reappointments	51	101
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	27	38
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	1	1
Changes in Privileges		
Additions	12	18
Voluntary Relinquishments	15	32
Proctorship Completed	16	21
Proctorship Extension	0	0

Current Statistics – as of 08/01/2011		
Active Staff	459	
Courtesy Staff	561	
Affiliated Professionals (non-physicians)	245	
TOTAL MEMBERS	1365	

Applications in Process	124
Applications Withdrawn Month of AUGUST 2011	0
SFGH Reappointments in Process 09/2011 to 11/2011	138

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

August 2011

Health Commission - Director of Health Report

(August 11, 2011 Medical Exec Committee)

	August	(FY 2011-2012) Month-to-Date
New Appointments	1	4
Reinstatements	0	0
Reappointments	6	8
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	2	3
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions		
Voluntary Relinquishments		
Proctorship Completed	0	0
Proctorship Extension		

Current Statistics – as of 8/2/2011

Active Medical Staff	93
Courtesy Medical Staff	1
Affiliated Professionals	2
Applicants	4
TOTAL MEMBERS	100

Commissioner Comment/Follow-Up:

Commissioner Illig stated that he is concerned about how the MediCal cut-backs to dental care will impact the safety net population in San Francisco. Director Garcia stated that pregnant woman and children are offered free services through the San Francisco public health system and that everyone else may receive services and pay on a sliding scale.

4) GENERAL PUBLIC COMMENT

The following written public comment was submitted by Maria Rivero M.D, former LHH physician:

The City Charter states; "No officer of the City shall make, participate in making, or seek to influence a decision of the City in which the officer has a financial interest"

2 Years ago, we reported a conflict of interest between Health Director Dr. Mitchell Katz and a for-profit corporation – Health Management Associates (HMA). From 2005 to 2008, HMA received some \$560,000 in contracts to advise the Health Department.

While HMA had a contract with the City in 2008, Dr. Katz got onto HMA's payroll as a PAID consultant – receiving over \$10,000 a year from HMA. In January 2009, Dr. Katz recommended a new \$65,000, sole-source and no-bid contract between the DPH and HMA. This went against the Controller's Office recommendation to "develop a new competitive solicitation process". Dr. Katz recommended and signed off on 2 HMA contract extensions, while at the same time, HMA paid Dr. Katz \$10,000 to do consulting work for them! All told, HMA was paid \$103,000 by the Health Department while Health Director Katz was paid \$30,000 by HMA. Isn't this a conflict of interests? Isn't this a violation of the City Charter? Thank You

The following written public comment was submitted by Derek Kerr M.D.

We reported a potential conflict of interests in DPH contracts executed by Dr. Mitchell Katz with Health Management Associates(HMA) in 2009-2010. HMA received \$103,500 from the DPH, while DPH Director Dr. Katz pocketed over \$30,000 in consulting fees from HMA. Please consider;

- 1) Voiding these contracts with HMA - and any unpaid balance.
- 2) Checking the 2011, \$135,000 HMA contract for any conflicts of interest.
- 3) Abiding by the Controller's recommendation for competitive bids,
especially if the DPH Director is on a potential contractor's payroll.
- 4) Recovering the fees Dr. Katz collected from HMA while he was
recommending and overseeing their DPH contracts.
- 5) Reminding DPH officers of your Statement of Incompatible Activities.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Jim Illig, Chair stated that the Committee reviewed the monthly Contracts report and heard a thorough budget update from new Chief Financial Officer Greg Wagner. In addition, Commissioner Illig stated that the Committee also heard the second part of a presentation on the Community Programs Business Office.

Action Taken: The Contracts Report was unanimously approved.

6) DPH BUDGET UPDATE

Greg Wagner, DPH Chief Financial Officer, made the presentation.

Commissioner Comments/Follow-Up:

Commissioner Sako asked whether the projected \$10.2M from SB 1128 is included in the operating budget. Mr. Wagner stated that the \$10.2M would reimburse the DPH for funds it expended but is not included in the operating budget. He also stated that the revenue is not directly related to the operating budget of Laguna Honda Hospital (LHH). However, if the funds are not paid to the DPH then the operating budget of the hospital would be off-balance because the DPH is planning to use these funds to help pay for the costs of the next phases of the rebuild.

Commissioner Sako requested that future financial updates to the LHH JCC include a status update on the anticipated SB1128 funds.

Commissioner Chow asked for clarification on the timeline regarding the decision on how HRSA will mandate use of Ryan White funds as it relates to the Low Income Health Program. Tangerine Brigham, Deputy Director of Health and Director of Healthy San Francisco, stated that HRSA has determined that, as of July 1, 2011, Ryan White funds should be the payer of last resort which means that anyone who is eligible should be enrolled in the Low Income Health Program and dis-enrolled from Ryan White funded services. The Low Income Health Program contracts will be finalized by September 30, 2011. Ms. Brigham also stated that CMS has no authority to change the HRSA's decision in this matter.

7) SEAT BELT SAFETY RESOLUTION

Rochelle Dicker, MD, SFGH San Francisco Injury Center, made the presentation.

Commissioner Comments/Follow-Up:

Commissioner Sako stated that she recently reviewed data that indicated some controversy about seatbelt use in school buses. Dr. Dicker stated the resolution focuses solely on motorcoaches and that school buses are not included. Dr. Dicker says she used recommendations from the National Highway Traffic Safety Administration (NHTSA) based their data showing that seatbelts in motorcoaches resulted in the largest decrease in mortality. She also stated that her intent in drafting the resolution was to accomplish something feasible in scope and then possibly come back with future resolutions regarding school and municipal buses.

Commissioner Waters asked for clarification whether the resolution's intent is to support mandatory installation of seat belts in motorcoaches or to encourage advocacy regarding seatbelts. Dr. Dicker stated that the resolution supports mandatory installation of seatbelts in motorcoaches.

Action Taken: The resolution was approved

(Yes: Chow, Illig, Melara, Tierney, Sako, Sanchez; No: Waters)

8) DPH EMERGENCY PREPAREDNESS AND RESPONSE

Tomas Aragon introduced Erica Pan M.D., Director of Public Health Emergency Preparedness and Response Section, who gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Illig asked if there is anymore Super Urban Area Security Initiative (SUASI) funds. Dr. Pan stated that although many rural areas received cuts from this fund, San Francisco is one of the top ten urban area recipients.

Commissioner Sako stated that although she appreciates the thorough report of DPH efforts, emergency response planning for the City of San Francisco goes beyond the DPH. Director Garcia stated that any agency who contracts with the DPH to provide client services becomes an emergency service provider and that she has been visiting with agencies to assess what is needed to best provide education and guidance in regard to their role during emergencies. Dr. Pan also stated that one of her goals is to unify communication and outreach regarding emergency preparedness with other City Departments and community groups that are already doing this work. She aims to clarify DPH's unique health role and to coordinate activities from a health perspective to reduce duplication of effort among different groups. She stated that the fire department districts were used to create the emergency response districts.

Commissioner Chow stated that various segments of different City Departments have been working on these types of plans for many years and is concerned that the past work not be ignored or forgotten. He asked how these past efforts will be integrated into future plans. Director Garcia and Dr. Pan stated that current efforts are building upon what has already been developed in the City Departments and well organized neighborhoods like Chinatown.

Commissioner Sanchez stated that he thinks it is very important to identify the resources and plans that already exist and to also survey the population to understand the needs of various populations (including pets) and communities.

Commissioner Chow asked for an update on this item in approximately six months.

9) PUBLIC SAFETY REALIGNMENT UPDATE

Jo Robinson, Director of Community Behavior Health Services, gave the update and introduced Wendy Still, Chief Adult Probation Officer, who has been working with the DPH on this issue.

Chief Still stated that San Francisco plan created in response to the Realignment has been used by two thirds of other counties in California. She clarified that the classification of the population's crimes as non-violent, non sexual offenders and non-serious only pertain to their current charge. Many in this population have been convicted of serious and violent crimes in the past.

Commissioner Comments/Follow-Up:

Commissioner Melara asked if many in this population would be close to reaching "Three Strikes." Chief Stills stated that very few in this group would reach the "Three Strikes" with their current charge.

Commissioner Melara asked the criteria that will be used to determine why someone would be sent to San Francisco. Chief Still stated that wherever a person's last residence was is the place they will be sent. If that residence is no longer valid then that may be transferred to a county in which they have established relationships with family or service providers.

Commissioner Melara asked if the Probation Department will be able to handle the influx of the new population. Chief Still stated that the Adult Probation Department will be hiring twenty four new staff to assist in managing this population.

Commissioner Illig asked Chief Still to define the term "post release." Chief Still stated that the post release population will be sent directly to the community and not jail first.

Commissioner Illig asked if there is a strategy for obtaining someone's medical information if the electronic medical record is not being shared with the San Francisco service system. Ms. Robinson stated that San Francisco will be notified ninety days before an inmate is released and discharge planning can begin then; staff from the DPH, with the client's consent, may obtain medical information by phone, fax and email from the prisons.

Commissioner Illig stated that he was surprised to learn that eligible inmates are not signed up for Healthy San Francisco before being released. Ms. Brigham stated that because MediCaid does not reimburse for outpatient services provided when someone is incarcerated, inmates are not enrolled until they are released.

Commissioner Chow asked how the DPH plans on triaging this population into the service system. Ms. Robinson stated that staff will assess whether a client may be best served at a primary care clinic that also has behavioral health services or whether someone needs specialized care at a behavioral health clinic. She stated that DPH primary care clinics already have integrated behavioral health into their service structure and that integrating primary care into behavioral health special clinics will occur in approximately one year.

10) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, Chair of the SFGH JCC, stated that at the August 9th meeting, the Committee heard an update on the SFGH Rebuild and stated that the JCC is closely monitoring the project and its budget which are both currently on target. Commissioner Chow also stated that the JCC also heard reports on the Core Measures and an extensive 1115 Waiver update. The full Commission will receive ongoing updates of the financial and programmatic impacts of the 1115 Waiver through reports to future Financial and Planning Committee, Community and Public Health Committee, and the full Commission meetings.

Commissioner Melara stated that the next LHH JCC meeting will be on September 27.

COMMITTEE AGENDA SETTING

There was no discussion of this issue.

12) 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 Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

SANCINITO V. CCSF

PUBLIC EMPLOYEE PERSONNEL ISSUES, DIRECTOR OF HEALTH, BARBARA A.GARCIA

- D) Reconvene in Open Session

Action Taken: The Commission voted not to disclose the discussion of items from the closed session.

10) ADJOURNMENT

The meeting was adjourned at 6:47pm.