1) CALL TO ORDER

Present:
- Commissioner Sonia E. Melara, President
- Commissioner Margine Sako, Vice President
- Commissioner Edward A. Chow M.D.
- Commissioner Cecilia Chung
- Commissioner David J. Sanchez
- Commissioner Belle Taylor-McGhee
- Commissioner Catherine Waters

The meeting was called to order at 4:04pm.


Action Taken:
The minutes of the October 2, 2012 Health Commission meeting were unanimously approved.

3) DIRECTOR’S REPORT

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, gave the report. The full report can be viewed at:
http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp

Commissioner Chow to Receive Silver Spur Award
Congratulations to Commissioner Edward Chow, MD, who will be receiving the Silver SPUR Award on Wednesday, October 24 at an awards luncheon in the Moscone Center. The Silver SPUR Awards honor individuals whose goals and achievements exemplify the highest aspirations of San Francisco and the Bay Area.

Governor Completes 2011-12 Legislative Session with Signatures & Vetoes of All Legislation on His Desk (attachment)
Governor Brown’s deadline for signing or vetoing bills from the 2012 Legislative Session was September 30, 2012. A complete listing of the disposition of the more than 160 bills that DPH tracked in this two-year session, including the Governor’s veto messages, is attached for the Commission’s review. Of particular note are eight bills that DPH brought to the City’s State Legislation Committee for an official City position:
• AB 540/Beall (SF Support): Would establish a Medi-Cal Alcohol and Drug Screening and Brief Intervention Program for pregnant Medi-Cal beneficiaries (Vetoed)
• AB 2066/V.M. Perez (SF Oppose): Would require the inclusion of non-designated public hospitals in the Medi-Cal Hospital/Uninsured Care Demonstration Project (Died in Assembly)
• AB 2109/Pan (SF Support): Requires signed health care practitioner statement to invoke the childhood immunization personal belief exemption (Signed by Governor)
• SB 594/Wolk (SF Oppose): Would recast the provisions for public health laboratories to specify public health laboratory duties (Amended to Non-relevant Content)
• SB 703/Hernandez (SF Support): Would require DHCS to establish a basic health plan pursuant to the Affordable Care Act (Died on Assembly Suspense File)
• SB 1136/Steinberg (SF Support): Would streamline the requirements of the Mental Health Services Act consistent with the State Budget and 2011 Realignment (Died in Assembly)
• SB 1329/Simitian (SF Support): Expands the entities permitted to participate in an authorized county prescription drug collection and redistribution program (Signed by Governor)

Two other bills that impact the Department and may be of interest to the Commission include:
• AB 1616/Gatto: Allows for direct and indirect sales of certain cottage foods to consumers subject to local environmental health regulation (Signed by Governor)
• SB 1318/Wolk: Would require licensed health care facilities to offer onsite influenza vaccination to employees and to document facility vaccination rates (Vetoed)

When the legislature reconvenes in December, it will include a concurrent special legislative session called by Governor Brown to address issues related to the implementation of the Affordable Care Act in January 2014.

Reducing Stigma in the School Lunch Line
Students who are hungry have trouble paying attention in class, retaining information, and have difficulty functioning at their optimum levels. School lunch participation can be negatively affected by stigmatization and the USDA recently called for protecting low-income students from being stigmatized through participation in the Federal school lunch program. This new policy priority has roots in local work here in San Francisco. Beginning in 2007, San Francisco Department of Public Health worked with San Francisco Unified School District to eliminate several stigmatizing food-service practices in middle and high schools. The goal for the initiative was to have all meal options to be available to all students regardless of their ability to pay. The initiative culminated with the elimination the competitive a la carte food program in all middle and high schools in San Francisco. The local work inspired national organizing on this issue and research including the 2010 report “Flunking Lunch: How Misused Subsidies and Separate Lunch Lines Undermine the NSLP.”

Balboa Teen Center Awarded Pregnancy Prevention Grant
The Balboa Teen Health Center has been awarded $120,000 ($60,000 each year for 2 years) from the CA Wellness Foundation in support of a city-wide teen pregnancy prevention project being conducted under the auspices of the San Francisco Adolescent Health Working Group. This project—the Adolescent Health Working Group Health Education Curriculum Project—is a collaborative effort of the Department of Public Health, San Francisco Unified School District, and six community-based organizations.

Successful International Walk and Roll to School Day 2012
On October 3, 2012, 8,500 students at 55 schools across San Francisco walked or rolled to school. All 15 Safe Routes to School sites participated along with many other schools. Overall the day was a great success, helping to encourage healthy physical activity and safe behaviors for school children citywide.

At Safe Routes to School site Buena Vista Horace Mann, approximately 300 students showed up on foot to celebrate International Walk and Roll to School Day. Over 40 students started the celebration with music and crafts at nearby Parque Ninos Unidos where Recreation and Park Department General Manager Phil Ginsburg and Assemblymember Tom Ammiano led the children in some warm-ups. School Board President Norman Yee,
and SFPD Traffic Company Commander Mikail Ali led the school out of the park all the way to the school where children were rewarded with snacks, pencils and reflective gear. At the school site, Walk SF Executive Director, Elizabeth Stampe, and Principal Jennifer Steiner spoke and Director of Transportation Policy, Mayor’s Office, Gillian Gillett, presented a commendation to Buena Vista Horace Mann for their participation in Walk and Roll to School Day as well as a Proclamation of Walk and Roll to School Day to Walk SF.

**American Dental Association’s National Give Kids a Smile to Serve 2,000 Children** Approximately 150 dentists, hygienists, dental students, dental staff and other generous volunteers will participate in the *Give Kids A Smile* event to provide 2,000 San Francisco children with oral health screenings, education and treatment in San Francisco Oct. 15-17. The American Dental Association (ADA), which is in San Francisco for its 2012 Annual Session Oct. 18-21, is collaborating with San Francisco Department of Public Health, San Francisco Dental Society, Colgate’s Bright Smiles Bright Futures, National Children’s Oral Health Foundation, and the San Francisco Dental Hygiene Society for the local events. All children who participate will take new home backpacks with a toothbrush and toothpaste as well as Sesame Street’s Healthy Teeth, Healthy Me DVD and oral health kit.

**New Clinic Space Opens for Saving and Restoring Eye Sight for Babies and Children**
San Francisco General Hospital has opened a new pediatric eye clinic, featuring two exam rooms designed and equipped for children, as well as a special screening room and a family waiting room. SFGH’s ophthalmology clinic sees over 18,000 patient visits each year, 600 of which are infants and children. The new exam rooms, now featuring kid-friendly “fixation targets” such as stuffed animals for children to focus on, have already helped clinicians perform more efficient exams. The room is also equipped with videos in Spanish and English to help doctors watch the young patients train their eyes on a moving target to assess alignment and focus. Approximately 50% of the pediatric eye patients are Latino, 20% are African American, 20% Asian and 10% are white or other ethnicity. That Man May See, a foundation that supports UCSF ophthalmology, lead the fundraising efforts for the new pediatric clinic.

**San Francisco General Hospital and Trauma Center Wins Gold Medal for Organ Donation**
San Francisco General Hospital and Trauma Center has been honored by the federal agency overseeing organ and tissue donation for its work to reduce the number of people waiting for an organ or tissue transplant. A Gold Medal of Honor was awarded by the U.S. Department of Health and Human Services (HHS) in a ceremony on October 4th. The national awards were presented at the 7th Annual National Learning Congress for Donation and Transplantation Community of Practice in Texas.

Eight people potentially can be saved through a single organ donor, and that same donor can improve the lives of more than 50 people through tissue donation. People can register as a donor by going to [www.ctdn.org](http://www.ctdn.org).

**Local Pharmaceutical Cache Distribution and Dispensing Exercise**
On Thursday, September 13th, the Department of Public Health’s Public Health Emergency Preparedness and Response Section conducted a tabletop exercise to test the city’s capability to distribute and dispense medication from a local pharmaceutical cache to San Francisco’s emergency responders during a bioterrorism emergency. This local cache is maintained by San Francisco to ensure emergency responders are able to receive medication as soon as possible, even before medications from the federal government arrive.

In total, thirty participants, facilitators and evaluators from 17 different City and County of San Francisco agencies participated in the four hour exercise. About 90% of participants found the exercise helpful to developing and improving their agency’s dispensing plans and gained a better understanding of DPH’s overall plans for CCSF. In addition to the in-person exercise on September 13th, DPH also conducted an alert and notification drill with 28 different CCSF agencies the day prior and had a response rate of 64%.
Battlefield Emergency Medicine Conference
A Battlefield Emergency Medicine conference was held on October 4th in partnership with United States Navy, United States Marine Corps, and San Francisco General Hospital at SFGH’s Carr Auditorium. Lectures by Emergency Medicine physicians presented case studies from Iraq and Afghanistan, showing how a patient passes from the hands of fellow soldiers to Navy Corpsmen, the Shock Trauma Platoon and forward surgical capabilities on to definitive care off the battlefield. We are proud to have been a part of this important training.

SFGH Rebuild Hosts Community Meeting
The San Francisco General Hospital Rebuild Project held another in its series of Community Meetings on October 9th. The meeting provided an opportunity for project leaders to talk to neighbors about the upcoming construction activities and highlight many of the features the public, patients and staff can look forward to once the new hospital is completed.

California Healthcare Foundation Fellows
Congratulations to Tomás Aragón, MD, Health Officer for City & County of San Francisco; Catherine James, MD, Medical Director of Maxine Hall Health Center; and Judith Sansone, Director of Nursing for Community Oriented Primary Care, who are among 30 clinical leaders throughout California who have been chosen to participate in the California Healthcare Foundation Healthcare Leadership Program. The leadership program is a part-time fellowship that offers clinically-trained health care professionals experiences to more effectively lead their institutions. They will attend six seminars and participate in ongoing learning activities during the two-year program.

SFGH Participates in Center of Innovation Video
The Hospital Council of Northern & Central California has produced a video highlighting San Francisco’s extraordinary role as a worldwide leader in health care and medical research and innovation. From the early days of the AIDS epidemic, to the creation of Healthy San Francisco, to the emergence of Mission Bay and the rebuild of San Francisco General Hospital, the city stands at the forefront of the health care and research field. I encourage the Commissioners and members of the public to watch San Francisco: Center of Innovation at http://www.youtube.com/watch?v=Mgj0jABcxUI&feature=player_embedded.

Staff Changes
I wanted to make the Commissioners aware of two critical staff changes in Human Resources and Housing & Urban Health (HUH).

Liz Jacobi, Director of Human Resources since 2006, will be leaving her position later this month to become Human Resources Administrator for the Department of Health Services, County of Los Angeles. Liz will be responsible for managing and administering all human resources functions for DHS. Also leaving for Los Angeles after 16 years with DPH is Marc Trotz, Director of Housing & Urban Health (HUH), who will be developing a new unit for LA Department of Health Services that will produce supportive housing throughout LA County to help reduce homelessness and overuse of high cost health services.

I am pleased to announce that I have asked Michael Brown, Human Resource Manager over the Labor Relations Division for all of DPH, to serve as interim director of Human Resources. Michael has extensive experience in Human Resources throughout DPH, including several years as Human Resource Manager for San Francisco General Hospital.

The Department is very grateful to Liz Jacobi and Marc Trotz for their years of commitment to DPH. We wish them continued success as they move to greater challenges in Los Angeles.
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**Current Statistics – as of 08/27/12**

- **Active Staff** 482
- **Courtesy Staff** 506
- **Affiliated Professionals (non-physicians)** 243
- **TOTAL MEMBERS** 1231

**Applications in Process** 120
**Applications Withdrawn Month of OCTOBER 2012** 0
**SFGH Reappointments in Process 11/2012 to 01/2013** 122
### Governing Body Report - Credentialing Summary (October 11, 2012 Medical Exec Committee)

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### Current Statistics – as of 10/1/2012

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<td><strong>TOTAL MEMBERS</strong></td>
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| Applications in Process        | 3       |

Ms Chawla stated that on Oct 24, 2012, Mayor Lee and Lt. Governor Gavin Newsome will be launching Everyday Connect which is a daily version of the successful Project Homeless Connect.

**Commissioner Comments/Follow-Up:**
Commissioner Chow acknowledged the many Health Commissioners, DPH Directors and talented DPH staff that he has been privileged to work with throughout his years of service in San Francisco.
Commissioner Melara stated that Dr. Tomas Aragon, DPH Health Officer, was given an award at the City Hall Latino Heritage event the week before this meeting. She requested that the three DPH Public Information Officers should work to develop a coordinated and comprehensive way to communicate with the Health Commission and the Community. She requested that one of the DPH Public Information Officers be present at Health Commission meetings in which important reports and presentations are being discussed.

4) GENERAL PUBLIC COMMENT
There was no public comment.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE
Commissioner Sako, Committee Chair, stated that the Committee heard a comprehensive report on Housing and Urban Health from Marc Trotz, who will be leaving his position as Director of the Section at the end of the month. The DPH is involved in a wide spectrum of types of housing. The Committee members look forward to a future presentation from DPH Placement which is now consolidating assessment and decisions regarding DPH housing placement.

Commissioner Sako also stated that the Committee heard a presentation from Dr. Tomas Aragon, DPH Health Officer, on how the Five Year Budget Prioritization Tool may be integrated into DPH planning activities. She suggested that the Health Commission create an ad-hoc Subcommittee to work with DPH staff prior to the development of the DPH Strategic Plan so that the Health Commission fully understands the many data used in the planning process.

6) CONSENT CALENDAR
There were no items on the Consent Calendar.

7) RESOLUTION: LAGUNA HONDA REQUEST TO ACCEPT AND EXPEND A PRIVATE GIFT FROM KNIGHT LIVING (MARITAL) TRUST TO THE LAGUNA HONDA GIFT FUND
Mivic Hirose, LHH Executive Administrator, presented the resolution.

Commissioner Comments/Follow-Up:
Commissioner Sako requested that the resolution be amended to state the gift is unrestricted and to add a “Whereas” to thank the Trust for the generous gift. She also suggested that a letter from the Commission President be sent to the Trustee along with the resolution.

Action Taken: The amended resolution was unanimously approved.

8) 2011 CHARITY CARE REPORT
Jim Soos, Assistant Director of Policy and Planning gave the report and recognized those hospital employees in attendance who participated in the report development.

Commissioner Comments/Follow-Up:
Commissioner Waters asked how hospitals anticipate that the Affordable Care Act (ACA) will impact Charity Care in San Francisco. Mr. Soos stated that Healthy San Francisco mirrors what will be required by the ACA and the primary focus will be on outpatient primary medical homes for patients. Ms. Chawla added that sixty percent of those currently enrolled in Healthy San Francisco will be insured through the ACA so these folks will no longer need charity care.

Commissioner Waters asked if there is a standard definition of charity care among hospitals. Mr. Soos stated that the State and San Francisco charity care definition refers to care provided for which payment is not expected and patients are not billed. Ms. Chawla added that the dollar value of charity care is related to the
costs incurred by each hospital. The cost of providing service may be impacted by the geographic location of a hospital because cost of doing business varies throughout the state.

Commissioner Sanchez thanked the community partners who have participated in Charity Care since its onset in 2001.

Commissioner Sako stated that the emergency room rate increased almost eight percent and asked what in the Charity Care and Health San Francisco systems is not working that led to these increases. Ms. Brigham stated that the emergency room rates for Healthy San Francisco participants actually decreased. Barry Lawlor, St. Mary’s Sister Phillipa Clinic Director stated that the St. Mary’s bus and shelter ads stating that patients in their emergency room will be seen within thirty minutes have impacted some patients to use their services instead of making an appointment at their designated primary medical home.

Commissioner Chow stated that it is unclear whether the requirements for the federal and State Charity Care reports will be in a format that will be most helpful for San Francisco planning efforts. He understand the desire to reduce duplication of efforts for hospitals that must submit these reports but wants to maintain the integrity of data that is useful for the DPH and Health Commission in public health planning. He gave the example that the State and federal reports may not include data by zip code. Mr. Soos stated that the DPH will cross reference the IRS 990 data with what San Francisco currently requires as part of the analysis Commissioner Chow is requesting.

Commissioner Chow stated that the Commission prefers that the Charity Care data continue to be broken out by hospital campus and specified that the St. Luke’s campus should be continued to be reported on as a separate campus. Judy Li, Sutter Vice President of Community Health Programs, stated she will check on the timeline of the plan to combine licenses and information technology systems for the CPMC and St. Luke’s hospitals. If the licenses and data systems are combined there will only be one report to OSPD.

Commissioner Melara’s stated that the percentage of Charity Care for CPMC seems to be the lowest of San Francisco’s hospitals. She asked Ms. Li what CPMC plans to do to raise the level of CPMC’s Charity Care. Ms. Li stated that CPMC’s overall Charity Care increased 250% in the last years and that most of these activities were conducted on the CPMC Pacific campus.

Commissioner Melara suggested that if there is an effort to revise the Charity Care Ordinance that this process should include a consideration of the other activities hospitals do besides what is currently counted as Charity Care.

Commissioner Chung suggested that the discussion regarding revisions to the Charity Care Ordinance should be held when Director Garcia is present.

9) COMMUNITY HEALTH STATUS ASSESSMENT
Tomas Aragon, MD Health Office and Director Population and Health and Lori Cook, Senior Health Planner, Policy and Planning,

Commissioner Comments/ Follow-Up:
Commissioner Taylor-McGhee stated that the data showing the health disparity for the African American community is cause for alarm and asked for steps that the DPH will be addressing these issues. Ms. Chawla stated that Director Garcia has created the African American Disparity Group which is working on issues related to trauma, mental health, and violence with the Mayor’s Office and the community.

Commissioner Chung stated that health disparity has been a priority of the City for a few years and several groups/Commissioners have focused on this issue which includes the exodus of African Americans from San Francisco.
Commissioner Sanchez thanked the DPH staff for the Report and stated it gives the Commission concrete data to make informed decisions and to appropriately plan for the future.

Commissioner Chow stated that some of the data is alarming and noted that many issues have been discussed for many years. He noted that because there is no comparison data that it is not possible to understand whether there has been growth in any areas. He also stated that he encouraged the DPH to work with other City and community entities on issues of patient safety and confidentiality of information.

Commissioner Waters stated she appreciated the systematic manner the assessment was conducted. The process gives the DPH a way to monitor and track process and ongoing progress on issues. She added that other cities look to San Francisco to develop models to effectively deal with many of the inequities noted in the Report.

Commissioner Chung stated that the Report does not include LGBT and transgender data and requested that these categories of data be included in the DPH Strategic Plan.

Commissioner Chung stated that the 2013 San Francisco Unified School District Survey will be implemented soon and asked if the DPH can consult to improve the data collected. Dr. Aragon stated that the DPH will look into consulting on the survey.

Commissioner Sako stated that the Report does not have comprehensive behavioral health data or data on the jail population. She requested that both be included in the DPH Strategic Plan. Dr. Aragon stated that collecting city-wide behavioral health data is difficult. However, as the DPH beings to develop its strategic plan it will include its own behavioral health program and jail data.

Commissioner Chow requested that body mass index standards for Asians and Pacific Islanders should be based on data specific to these populations. He also noted that the list of primary care physicians should include those who work independently.

Commissioner Waters stated that she would like to hear a report on the qualitative data at a future meeting.

Commissioner Melara thanked the DPH staff and all that worked on the Report. She requested that the DPH be aware of current and past plans by the DPH and other City entities because the information may be relevant for future planning. She also added that it is important to note the impact of exposure of violence on children. Commissioner Waters stated that the Center for Disease Control has recently focused on the effect of adverse events during childhood.

10) 5-YEAR BUDGET PRIORITIZATION TOOL: RESOLUTION
Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, presented the resolution which gives an overview and history of the tool.

Commissioner Comments/ Follow-Up:
Commissioner Chow, Chair of the Five Year Budget Subcommittee thanked the Committee members and DPH staff who participated in the development of the tool. He stated that the work of the Subcommittee is completed and topics related to the development of the 5 Year Budget will be discussed at the Finance and Planning Committee.

11) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS
Commissioner Chow, Chair of the SFGH JCC, stated that at the 10/9/12 meeting the Committee reviewed a draft of the SFGH Annual Report, State of California Mandatory Reporting of Adverse Events for 2011-2012, Quality and Safety Measure Update, and the proposed CMS Incentive Plan Modification.

**COMMITTEE AGENDA SETTING**
There was no discussion of this item.

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

**PERSONNEL MATTER: HORN SETTLEMENT AGREEMENT**

D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose discussion of the item in Closed Session.

13) **ADJOURNMENT**
The meeting was adjourned at 6:36pm.
RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH - LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER TO ACCEPT AND EXPEND RETROACTIVELY A GIFT OF CASH VALUE OF UP TO FIVE HUNDRED THOUSAND DOLLARS ($500,000.00) TO THE LAGUNA HONDA GIFT FUND FROM THE KNIGHT LIVING (MARITAL) TRUST.

WHEREAS, on October 16, 2012, the Health Commission approved acceptance by Laguna Honda Hospital and Rehabilitation Center of the proceeds from the Knight Living (Marital) Trust, dated May 30, 1991; and

WHEREAS, the Knight Living (Marital) Trust provides for a distribution of five hundred thousand dollars ($500,000.00) to the Laguna Honda Gift Fund, San Francisco, California; and

WHEREAS, the trustee of the Knight Living (Marital) Trust has notified Laguna Honda Hospital and Rehabilitation Center that proceeds from the trust will be distributed; and

WHEREAS, The Gift Fund at Laguna Honda Hospital and Rehabilitation Center provides activities and experiences that enrich the lives of Laguna Honda residents that include expenditures for musical entertainment, cultural celebrations, holiday meals, and outings to parks, ballgames, concerts and other civic events; now, therefore, be it

RESOLVED, That Laguna Honda is hereby authorized to accept and expend an unrestricted gift of cash in the value of up to five hundred thousand dollars ($500,000.00) as distributed to the Laguna Honda Gift Fund through the Knight Living (Marital) Trust; and be it

FURTHER RESOLVED, That proceeds from the Knight Living (Marital) Trust, will be accepted and expended consistent with San Francisco ordinance and Laguna Honda’s policy and procedure governing the Gift Fund for the general comfort and benefit of the Laguna Honda patients.

FURTHER RESOLVED, that the San Francisco Health Commission is deeply grateful to the Knight family for the generous gift which will positively impact the residents of Laguna Honda Hospital and Rehabilitation Center for years to come.

I hereby certify that the San Francisco Health Commission at its meeting of October 16, 2012 adopted the foregoing resolution.

_________________________________
Mark Morewitz
Executive Secretary to the Health Commission
WHEREAS, The Department of Public Health will confront several strategic imperatives over the next several years, such as the need to prepare for Health Reform, implement electronic health records, and open a seismically-safe new San Francisco General Hospital; and,

WHEREAS, These initiatives come at a time of continuing cuts to State funding, pressures to reduce federal spending, and requirements to reduce dependence on local General Fund; and,

WHEREAS, In 2009 San Francisco voters passed Proposition A, which amended the City Charter to require a citywide Five-Year Financial Plan; and,

WHEREAS, In October 2011, the Health Commission approved the creation of the Five-Year Budget Subcommittee of the Health Commission’s Finance and Planning Committee; and

WHEREAS, In October 2011, the Health Commission also established the following three five-year budget priorities for the Department:

Integrated Delivery System
Public Health Accreditation
Financial and Operational Efficiency; and

WHEREAS, the Five-year Budget Subcommittee developed a budget evaluation tool that is built upon the following standard set of 14 weighted criteria that represents key considerations for evaluating budget initiatives; and
## FIVE-YEAR BUDGET EVALUATION CRITERIA

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<td>6. Client experience</td>
<td>5.6</td>
<td>Impact on safety, effectiveness, cultural competence, timely access, self-efficacy, and client experience of service(s) provided</td>
</tr>
<tr>
<td>Strategic Alignment</td>
<td>7. Alignment to Health Commission’s 5-year budget priorities</td>
<td>9.9</td>
<td>1. Service directly supports IDS goals (i.e., provide medical homes responsible for coordinating preventive, primary, and specialty care; reduce misuse, overuse, and underuse of services; increase the number of insured patients served; enhance information technology to improve quality of care and decision making; manage resources responsibly for the maximum benefit of clients; ensure service excellence); 2. Service directly supports public health accreditation; 3. Service directly promotes financial and operational efficiency</td>
</tr>
<tr>
<td></td>
<td>8. Mandates</td>
<td>8.0</td>
<td>1. The service is mandated by local, state or federal law, including the mandate to have a balanced budget; 2. The extent to which the level of service provided is below, at or beyond the mandated level</td>
</tr>
<tr>
<td>Organizational Impact</td>
<td>9. Adoption/implementation</td>
<td>5.2</td>
<td>1. Political/legal challenges to the adoption of proposed initiative or reduction; 2. Internal operational challenges to the implementation of the proposed initiative or reduction</td>
</tr>
<tr>
<td></td>
<td>10. Workplace environment</td>
<td>6.7</td>
<td>Impact on workplace environment including morale, workload, tools and equipment, safety and wellness, professional growth and teamwork</td>
</tr>
<tr>
<td></td>
<td>11. Innovation and knowledge transfer</td>
<td>5.3</td>
<td>Impact on the generation and/or application of new knowledge/practice</td>
</tr>
<tr>
<td>Financial Impact</td>
<td>12. Associated revenue</td>
<td>6.6</td>
<td>1. The extent to which the program affects non-General Fund revenue (e.g., Medicaid match, grant funding); 2. The extent to which a project is sustainable beyond the expiration of time-limited funding.</td>
</tr>
<tr>
<td></td>
<td>13. Downstream impact on service utilization</td>
<td>7.9</td>
<td>Impact on cost on future use of services elsewhere in the system (e.g., preventing unnecessary hospitalizations, preventing future illness, extent to which a service could be scaled up or down under different financial circumstances)</td>
</tr>
<tr>
<td></td>
<td>14. Efficiency and Appropriateness</td>
<td>6.9</td>
<td>1. Optimal use of resources to yield maximum benefits and results; 2. Appropriate level of service is provided; 3. Extent to which other organizations are also providing this service (e.g., duplication of service or sole provider)</td>
</tr>
</tbody>
</table>

WHEREAS, This evaluation tool will be one component of the Department’s budget decision-making process, designed to highlight key issues important in decision-making, evaluate the strengths and
weaknesses of potential initiatives, provoke thought and discussion to improve and refine initiatives, and increase transparency for the public about the elements of evaluation; and

WHEREAS, This evaluation tool will not be applied to individual contracts or specific services, but rather will be used to evaluate broad initiatives and service categories; now

THEREFORE BE IT RESOLVED, That the Health Commission adopts the three five-year budget priorities; and

BE IT FURTHER RESOLVED, That the Health Commission adopts the five-year budget evaluation criteria.

I hereby certify that the San Francisco Health Commission at its meeting of October 16, 2012 adopted the foregoing resolution.

_______________________________________
Mark Morewitz
Health Commission Executive Secretary