

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC.
Commissioner

David Pating, M.D
Commissioner

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

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

Edwin M. Lee, Mayor
Department of Public Health



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MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 2, 2014, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Edward A. Chow M.D. , President
Commissioner Cecilia Chung
Commissioner David Pating, MD
Commissioner David B. Singer
Commissioner David J. Sanchez Jr., Ph.D

Absent: Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner Belle Taylor-McGhee

The meeting was called to order at 4:11pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 18, 2014.

Action Taken: The Health Commission unanimously approved the minutes of the November 18, 2014 meeting.

3) Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Ebola Update

The Department of Public Health is continuing with the planning and preparation for an Ebola response by deepening our response team. We are currently developing an Emergency Response Pool consisting of 100 staff members from multiple disciplines throughout the department to be available for activation at any time.

The Department reached out to staff through the Director's "Fast Facts" newsletter and a survey sent throughout the Public Health Division. We are proud of our DPH staff who responded to our call for volunteers. Staff have indicated their interest in providing outreach to increase awareness and clarifying misconceptions related to the Ebola virus, a willingness to conduct investigations to support and monitor contact tracing should it be necessary and providing any other general administrative duties to support the overall effort.

As we continue with our response, we are developing a “three deep” bench for the activated Department Operations Center managers to ensure that we can provide a sustained level of support should the need arise to respond to an Ebola case. The department staff has demonstrated their commitment to provide this support over time.

Tom Waddell Street Renamed

Last week, I joined DPH staff and other San Franciscans gathered at the newly minted “Tom Waddell Place to celebrate the installation of street signs that bear the new name. Tom Waddell was a noted physician and activist who founded the Gay Games in 1982, and worked at the SFDPH clinic that now holds his name.

MSNBC Documentary on Massage Task Force

On Sunday, November 23, MSNBC aired “Sex Slaves – Parlor Games”. The one hour documentary highlighted the work of Senior Inspector Ed Walsh and Environmental Technician Allan Pera as they coordinated the Massage Establishment Task Force with SFPD, DBI, City Attorney and SFFD. The documentary showed the challenges that Ed and Allan face as they try to identify illegal activities and close non-compliant massage establishments. The documentary spends considerable time on the City’s efforts to address human trafficking at these facilities. The confounding issues of the California Massage Therapy Council and the new “relaxation spas” are brought up. The documentary also filmed massage cases at the DPH Director’s Hearings chaired by Dr. Aragon.

HHS Announces New Region IX Director

The U.S. Department of Health and Human Services (HHS) has announced the appointment of Melissa Stafford Jones as the Regional Director for HHS Region IX. Ms. Stafford Jones was most recently the Chief Executive Officer at the California Association of Public Hospitals and has over twenty years of health policy experience. In her new role representing HHS, she will work with state, local, and tribal officials across California, Arizona, Nevada, Hawaii, and several territories and islands in the Pacific. As the Region IX office is based in San Francisco, I welcome Ms. Stafford Jones and look forward to working with her.

Wellness Services for City Employees

The DPH is joining the City and the Health Service System's effort to expand wellness services for employees. The first step in making well-being a priority is knowing where we are and what areas we might want to work on. The Well-being Assessment (WBA) is a quick 15-minute online assessment. When you are finished, you can take steps to improve your well-being by participating in the Daily Challenge. The Health Service System will use the aggregate (summary) data to measure the impact of the wellness initiative over time.

Our department's goal is 40% participation in the Well-being Assessment by the end of the contest. So far, 11% (727) of DPH employees have completed the Well-being Assessment. 113 of those employees were WBA Rewards winners this week, 5 of them winning \$500. Overall, DPH has won \$4660 to date.

mySFHealth Portal Launched

It is my pleasure to announce the opening of mySFHealth portal for San Francisco Health Network patients. mySFHealth portal is a new website that will allow for patients to view parts of their inpatient and outpatient personal health record at one site.

Hospitalized patients will be able to view their discharge documents through the portal website (in addition to receiving a physical copy at the time of discharge). Specifically, they will find their discharge instructions, discharge medication lists, and a limited set of vital signs and lab results. (Other types of information such as discharge summaries and progress notes will NOT be released on the portal; as in the past, patients may request paper copies through medical records).

Outpatients receiving care in ambulatory clinics using CareLinkSF (eClinicalWorks) will be able to view their outpatient visit summaries; vital signs; lists of medication, allergies, immunizations, and chronic conditions (problem lists); and most lab and diagnostic imaging results. Within January, outpatients will be able to request routine follow-up appointments with their primary care clinic.

The portal will be launched in a limited fashion during the first week of December. For hospital services, inpatients may be approached at the time of discharge by one of the patient provisions on our team if they are English speaking and have the ability/desire to engage with the online portal website. For outpatient clinics using CareLinkSF (eClinicalWorks), the portal will be piloted with a few clinical champions during the first week.

Combined Charities Campaign 2014

This year's Combined Charities Campaign has come to an end and DPH was able to contribute a total of \$67,000! I am very proud of each and every person that was able to participate in this year's campaign. It is a wonderful feeling to know that this funding will reach the organizations that need our help and support.

APHA Presentation

Derek Smith, Health Educator with the Tobacco Free Project of the Community Health Equity and Promotion Branch, was invited to present at the American Public Health Association Annual Meeting on November 17. The topic was San Francisco's experience educating about and regulating electronic cigarettes. His panel included other experts in the field of this emerging nicotine-delivery product and the session was attended by tobacco control leaders from around the nation including the US Surgeon General Boris Lushniak.

Chinese American Dietetics Hall of Fame

Catherine Wong, Nutrition Manager at Chinatown Public Health Center, was invited to speak at the Academy of Nutrition & Dietetics Annual Meeting on October 20. She covered the topic of "Promising Practices to Address the Health Disparities of Asian Americans" and was inducted to the Chinese American Dietetics Association's Hall of Fame during its annual meeting. Congratulations Catherine!

Senator Daniel E. Boatwright Awarded to Aline Armstrong

The California Sudden Infant Death Syndrome (SIDS) Advisory Council awarded Aline Armstrong the 2014 Senator Daniel E. Boatwright Award for "exemplary public service on behalf of Californians touched by Sudden Infant Death Syndrome". Aline Armstrong is the San Francisco SIDS Coordinator and Acting Nurse Manager for the Maternal, Child and Adolescent Health Field Public Health Nursing Program. Aline is also Past President of the Northern California Regional SIDS Council. We congratulate Aline for this award, which is the most prestigious SIDS service award that a Californian may receive.

SFDPH Awarded Kresge Foundation *Emerging Leaders in Public Health*

This summer, I was nominated by the County Health Executives Association of California to participate in the *Emerging Leaders in Public Health* program, sponsored by the Kresge Foundation. This 16-month program seeks to help equip local public health officials with knowledge and skills to lead in today's changing health care environment. Nominated individuals, representing the leadership of health departments across the country, were asked to submit applications.

I applied with Dr. Aragon as my learning partner and, this week, I was notified that we had been selected to participate in this prestigious program. The program will give teams from eight local government health departments up to \$125,000 and technical assistance from field experts to undertake projects designed to enhance organizational and leadership competencies in business, planning and public health systems development.

Our chosen project builds upon the recent Racial and Ethnic Approaches to Community Health (REACH) grant that SFDPH was awarded by the U.S. Department of Health and Human Services to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending. Through the REACH grant, SFDPH will address health inequities in among African Americans and Latinos populations through a community-based approach that aims to not only reduce cardiovascular disease but also enhance community engagement around chronic disease, improve social connectedness, and improve quality of life.

Commissioner Comments/Follow-Up:

Commissioner Singer congratulated the SF Health Network for the implementation of the mySFHealth Portal and requested that the Health Commission receive a virtual tour of the software. Director Garcia stated that she would have her staff arrange a virtual tour for the Health Commissioners.

Commissioner Pating congratulated Director Garcia and Dr. Aragon for their acceptance in the *Emerging Leaders n Public Health* program noted in the Director's Report.

Dr. Aragon reviewed the Ebola update information from the Director's Report. He added that an Ebola vaccine has found to produce antibodies and will now be studied through clinical trials in Africa.

Commissioner Chow asked how the SFDPH is working with hospitals and providers to ensure they are informed of updates. Dr. Aragon stated that the SFDPH speaks with local hospital CEOs weekly; the SFDPH is conducting site assessments of hospitals to ensure they are prepared for proper and safe screening of Ebola patients. He also stated that any patients screened who are symptomatic will be sent to UCSF for treatment.

Commissioner Singer asked if the SFDPH will be notified if patients are sent directly to the designated UCSF hospital for treatment without being screened at a SFDPH facility. Dr. Aragon stated that the SFDPH will be notified when other hospitals screen or treat Ebola patients.

Commissioner Pating asked how long the Incident Center will be activated in preparation of treating Ebola patients. Director Garcia stated that the Incident Center and city-wide Ebola preparations will stay in place until further notice to ensure the City is well prepared.

4) GENERAL PUBLIC COMMENT

There was no public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Chung, Committee Chair, stated that the Committee reviewed a revised Health Commission contract review policy which will likely come to the full Health Commission for approval in early 2015.

Commissioner Chow, a member of the Committee, stated the Finance and Planning Committee will review the effectiveness of the revised policy six months after it is approved by the full Health Commission.

Commissioner Chung also stated that the Committee reviewed the SFDPH Corrective Action Plan policy and the only two current corrective action plans; both contractors are on the December Contracts Report. She noted that both contractors have been fully engaged with SFDPH. She also stated that the Committee recommended that the full Health Commission approve all items on the Consent Calendar.

6) CONSENT CALENDAR

Action Items: The following items were unanimously approved by the Health Commission:

- REQUEST FOR SITE APPROVAL FOR RELOCATION OF THREE HEALTHRIGHT 360 PROGRAMS TO 1016 HOWARD STREET (AS REQUIRED BY CHAPTER 79 OF THE SAN FRANCISCO ADMINISTRATIVE CODE, THE CITIZENS' RIGHT-TO-KNOW ACT OF 1998, ALSO REFERRED TO AS "PROP. I").
- DECEMBER 2014 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH HEALTH RIGHT360, IN THE AMOUNT OF \$328,094, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE FISCAL INTERMEDIARY, PROFESSIONAL CONSULTATION AND TECHNICAL ASSISTANCE SERVICES TO SUPPORT THE DEPARTMENTS PSYCHIATRIC INPATIENT UNIT DOCUMENTATION PROJECT, FOR THE PERIOD OF JULY 1, 2014 THROUGH JUNE 30, 2015 (1 YEAR).
- SFDPH SOLE SOURCE LIST OF CONTRACTORS

7) HEALTH CARE SERVICES MASTER PLAN CONSISTENCY DETERMINATION APPLICATION REVIEW: JEWISH HOME

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, reviewed the application and the resolution.

Action Taken: The Health Commission unanimously approved the resolution (see Attachment A)

8) "GETTING TO ZERO" IN SAN FRANCISCO: ZERO HIV INFECTIONS, - ZERO HIV DEATHS, ZERO HIV STIGMA.

Susan Buchbinder MD, Director of Bridge HIV gave the presentation and thanked Director Garcia for her leadership on this effort; she acknowledged that Commissioner Chung has been part of this initiative. Director Garcia stated that the Health Commissioners will likely see a related budget initiative in the next budget proposal.

Dana Van Gorder, Project Inform Executive Director and a member of the "Getting to Zero Steering Committee," thanked Director Garcia for her support and the additional support from the Mayor's Office.

Jeff Sheehy, Director of Communications at the UCSF AIDS Research Institute and a member of the "Getting to Zero Steering Committee," stated that this effort is a continuation of the incredible history of HIV prevention, research, and care in San Francisco.

Commissioner Comments/Follow-Up:

Commissioner Pating stated that he is excited by the goals presented and hopes that through this process, the SFPDH can learn paradigms to apply with other complex health issues such as African American Health.

Commissioner Pating requested cost analysis of this process in a future presentation.

Commissioner Singer congratulated Dr. Buchbinder and all SFPDH staff involved in this effort. He asked for information on current transmission patterns in San Francisco. Dr. Buchbinder stated that men-who-have-sex-with men (MSM) continue to be the highest rates of HIV transmission in San Francisco; she added that transgender women also heavily impacted by HIV and that there is not as much data on this population.

Commissioner Chung stated that she is pleased to participate in this effort. She also stated that UNAIDS has introduced 90-90-90 targets: by 2020, 90% of people with HIV will know their status; 90% of people with HIV will be on treatment; and 90% of people with HIV on treatment will reach viral suppression. She added that it is important to include the impact of stigma because it impacts policies, laws, and daily human interactions. She also urged the SFPDH to include transgender women in its Pre-exposure Prophylaxis (PrEP) efforts.

Commissioner Pating asked if there will be a media component to this initiative. Dr. Buchbinder stated that there are plans for media outreach as part of the effort; Director Garcia stated that the SFDPH is a collaborator on this effort and will not be responsible for the full budget.

Commissioner Pating asked if metrics will be used to evaluate this initiative. Dr. Buchbinder stated that standardized stigma measures will be used and an annual report on this effort will be developed and shared with the community each year around World AIDS Day.

Commissioner Chow requested a follow-up on this initiative at the Community and Public Health Committee in approximately six months.

Commissioner Chow stated that based on his understanding, PrEP is a needed medication that may prevent HIV and may be cost effective due to prevention of expensive HIV treatment and care. Dr. Buchbinder stated PrEP is expected to be used during periods of vulnerability in people's lives and will not be a life-long medication for most. She also stated that the Centers for Disease Control and the World Health Organization recommend PrEP for people who meet relevant criteria.

9) OTHER BUSINESS

Commissioner Chow reminded the Health Commissioners and public that the Health Commission will meet with the Planning Commission on 12/4/14 at 10am to review data from the first months of the CPMC Development Agreement with the City and County of San Francisco.

10) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Pating, member of the LHH JCC, stated that at the November 25, 2014 LHH JCC meeting, the Committee:

1. Reviewed and discussed the Hospital Report which included the first quarter Financial Report.
2. Reviewed the Gift Fund Budget Report and discussed the Laguna Honda Hospital Meaningful Use Preparations. A waiver was filed for the LHH primary care bedside SNF services and acute inpatient services in 2014. The Laguna Honda primary care bedside SNF will meet Stage 1 Meaningful Use in 2015 but the hospital will file a waiver for acute services as an eligible hospital in 2015.
3. Approved policies and procedures and in closed session, approved the Credentials Report.

Commissioner Chow, chair of the SFGH JCC, stated that at the November 25, 2014 SFGH JCC meeting, the Committee:

1. Discussed a thorough presentation on the San Francisco General Hospital Psychiatry Inpatient Documentation Project which was initiated in response to a 2013 state audit. Mary Thorton, a consultant hired to assess and assist with improvements in documentation, was present to explain her baseline assessment. She reported that progress has already been made and explained future work necessary to bring the unit up to regulation.
2. Approved a new Ophthalmology Service Chief in addition to revised policies and procedures.
3. In closed session, the JCC approved the Credentials Report and the PIPS Minutes.

11) COMMITTEE AGENDA SETTING

This item was not discussed.

12) ADJOURNMENT

The meeting was adjourned at 5:32pm.

**HEALTH COMMISSION
RESOLUTION NO. 14-16**

RECOMMENDING THAT THE HEALTH CARE SERVICES MASTER PLAN CONSISTENCY DETERMINATION FOR JEWISH HOME’S PROPOSED PROJECT BE CONSIDERED CONSISTENT AND RECOMMENDED FOR INCENTIVES

WHEREAS, San Francisco Ordinance No. 300-10 required the creation of a Health Care Services Master Plan (HCSMP) intended to identify the current and projected needs for – and locations of – health care services within San Francisco while setting forth recommendations on how to achieve and maintain an appropriate distribution of health care services with a focus on access; and

WHEREAS, The HCSMP, adopted by the Board of Supervisors and enacted December 17, 2013, requires that certain land use projects that fall under the Medical Use sections of the Planning Code and meet certain size thresholds be compared for consistency against the HCSMP; and

WHEREAS, On October 17, 2014, Jewish Home submitted a HCSMP Consistency Determination Application for their proposed project, which includes changes to their existing acute psychiatric and skilled nursing services, and the addition of a new community-based service hub, called The Square, that will provide support for a wide range of older adults and their caregivers; and

WHEREAS, SFDPH reviewed the Consistency Determination and determined that Jewish Home’s proposed project addresses the following HCSMP recommendations and/or guidelines:

HCSMP Guideline	Jewish Home’s Proposed Project
<p><u>Guideline 3.1.2:</u> Increase the availability and accessibility of culturally competent primary care among vulnerable subpopulations including but not limited to Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.</p>	<p>Jewish Home currently provides primary care services to a vulnerable, low-income, and aging population. The proposed expansion of services at Jewish Home will increase the availability of primary care services for seniors in San Francisco.</p> <p>Jewish Home provides 5,000 primary care visits annually both at bedside and in their existing clinic space, using between 12 and 15 primary care providers. Jewish Home will expand primary care services using their existing underutilized clinic space. Primary care will be expanded to serve members of The Square and residents in the new assisted living and memory care centers. They anticipate offering close to 7,000 primary care appointments annually. The Square will add four physicians and one nurse practitioner for primary care services.</p> <p>Jewish Home cares for a largely older adult, low-income, limited English speaking population. Specifically, 77 percent of Jewish Home’s residents are between the ages of 76 and 100, and 95 percent of Jewish Home’s long-term care residents are low-income, Medi-Cal beneficiaries.</p> <p>Approximately 43 percent of Jewish Home’s residents speak Russian as their primary language. Jewish Home has over 80 employees who are designated as capable translators to the elderly. If a specific translator is not available when needed, Jewish Home</p>

HCSMP Guideline	Jewish Home's Proposed Project
	<p>staff use a language telephone company, a communications board which visually displays the basic 24 ADL's, and family members to communicate with patients.</p>
<p><u>Guideline 3.1.6:</u> Increase the availability and accessibility of dental care among vulnerable subpopulations.</p>	<p>Jewish Home's proposed project will increase dental services for the senior population.</p> <p>Jewish Home's 270 long-term care residents use an in-house dental clinic and access approximately 700 dental appointments annually. In the future, Jewish Home plans to greatly increase the use of their three-suite dental clinic for members of The Square as well as assisted living and memory care residents. Jewish Home estimates that dental services will double to 1,400 visits annually.</p>
<p><u>Guideline 3.1.10:</u> Promote projects that demonstrate the ability and commitment to deliver and facilitate access to specialty care for underserved populations.</p>	<p>Jewish Home's proposed project will continue to facilitate access to specialty care for underserved populations</p> <p>Jewish Home's 270 long-term care residents use specialty care on and off campus. In 2013, campus clinic visits totaled 3,140 and off campus visits totaled 864. Jewish Home has a van and employs a driver, providing 900 trips annually free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. In the future, Jewish Home plans to have a transportation coordinator(s) for all residents, patients and members of The Square that have transportation needs and will coordinate with Para transit, their own shuttle service, taxi, taxi alternatives, caregivers and MUNI.</p>
<p><u>Guideline 3.2.4:</u> Support expansion of community-based behavioral health services.</p>	<p>Jewish Home's proposed project will expand community-based behavioral health services for the senior population.</p> <p>Jewish Home is located in the southeast sector where fewer behavioral health services exist compared to other sectors of San Francisco. Jewish Home's long-term care residents are supported by an assigned social worker and additional behavioral health services are available to them when needed. Jewish Home's short stay rehabilitation unit utilizes two social workers that focus on transitioning patients successfully to home. Social workers handle care at home, helping to determine necessary home improvements, alternative living situations, therapies, social services, and community-based services. Jewish Home's Acute Psychiatric Unit is staffed 2 psychiatrists and serves 10 to 12 acute psychiatric patients daily.</p> <p>In addition to care for its residents, Jewish Home plans to provide new behavioral health services to members of The Square. At a minimum, a case manager will be assigned to each member of The Square. In addition, Jewish Home will employ at least one mental health professional who will be able to offer an estimated</p>

HCSMP Guideline	Jewish Home's Proposed Project
	<p>750 appointments each year. Further, Jewish Home anticipates providing more than 650 support groups annually, facilitated by either a case manager or mental health professional.</p>
<p>Guideline 3.3.2 Work in collaboration with the Department of Aging and Adult Services – and in alignment with the Long-Term Care Integration Plan – to promote a continuum of community-based long-term supports and services, such as home care to assist with activities of daily living, home-delivered meals, and day centers. Such services should address issues of isolation as well as seniors' basic daily needs</p>	<p>Jewish Home's proposed project promotes a continuum of community-based long-term supports and services to meet seniors' daily needs and reduce social isolation.</p> <p>Jewish Home will be using their existing underutilized resident clinic space on the first floor of their Rosenberg building for all medical services. Jewish Home will also repurpose the second floor of Rosenberg, and/or other space on site, for non-medical purposes for The Square. Those purposes may include professional services such as case management, patient advocacy, and financial planning, and other wellness services. The remainder of the space will be in and around the core of Jewish Home and all spaces will be shared with residents and patients.</p> <p>The Square is envisioned to be a place that will engage a wide range of partners to deliver a continuum of programs, services, and resources that provide older adults, families, and caregivers with the innovative age-in-place alternatives they need and demand. Utilizing approximately 30,000 plus square feet of space in a combination of existing and new buildings on the Jewish Home campus, Jewish Home will provide services for older adults under one roof: medical care and wellness programs in their existing clinic; counseling and support groups; adult day care; a café; a site-serving pharmacy; social programs, education, and entertainment; other retail offerings; and additional resources – potentially legal, case management, advocacy. It is intended to be a bustling site of service, support, and community, with the centerpiece being preventative care and care management.</p> <p>Home-dwelling seniors are just one community segment The Square will serve. Family members and caregivers will also find a support system at The Square: adult day care for their loved one, memory care and mental health services, counselors, professionals to provide advice and respite, and ease the pressures of caregiving.</p>
<p>Guideline 3.5.4: Provide transportation options from low-income areas and areas with documented high rates of health disparities to health care facilities</p>	<p>Jewish Home will provide transportation options to its campus for Square members.</p> <p>Jewish Home has a van and employs a driver, providing 900 trips annually to and from its facility free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. Jewish Home has committed to coordinating transportation to their campus for Square members via para-transit, shuttle service, taxi, alternative taxi services and MUNI from many parts of the city, including those with low-income and documented high rates of health disparities</p>

HCSMP Guideline	Jewish Home's Proposed Project
	<p>and transportation barriers. Jewish Home is currently undertaking extensive transportation research to determine how best to meet the needs of their future residents, patients, and clients.</p>

WHEREAS, SFDPH staff, upon review of Jewish Home's Consistency Determination Application, recommended to the Health Commission a finding of "Consistent and Recommended for Incentives"; now

THEREFORE BE IT RESOLVED, That the San Francisco Health Commission commends Jewish Home's efforts to address the health and wellness needs of San Francisco's older adult population; and be it

FURTHER RESOLVED, That Jewish Home has demonstrated a long history of providing health and behavioral health services to San Francisco's vulnerable aging population; and be it

FURTHER RESOLVED, That the San Francisco Health Commission recommends to Planning that Jewish Home's proposed project be considered Consistent and Recommended for Incentives; and be it

FURTHER RESOLVED, That the San Francisco Health Commission encourages Planning to partner with Jewish Home to determine what incentives are best suited to the proposed project based on its anticipated health care benefits to the community; and be it

FURTHER RESOLVED, That the Health Commission requests that Jewish Home report back to the Health Commission one year following the completion of the project to report on its progress in meeting the recommendations and guidelines outlined in their application.

I hereby certify that the San Francisco Health Commission at its meeting on December 2nd, 2014 adopted the foregoing resolution.

Mark Morewitz
Health Commission Secretary