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Commissioner

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Commissioner

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Commissioner

Belle Taylor-McGhee
Commissioner

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

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 17, 2014, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

1) CALL TO ORDER

All Commissioners were present.

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 3, 2014.

Action Taken: The Health Commission unanimously approved the minutes of the meeting of June 3, 2014.

3) DIRECTOR'S REPORT

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>

Mid-June State Budget Update

On June 15th, the California Legislature approved a \$156.4 billion budget for FY 2014-15, which is approximately \$1.2 billion more than the budget originally proposed by the Governor.

The State's compromise budget will have little to no impact on SFDPH's budget but does provide enhanced access to some services for SFDPH's client/patient population. Notable health provisions include:

- \$437 million for expansion of Medi-Cal under the Affordable Care Act
- Retention of the 10% Medi-Cal provider reimbursement cuts as proposed in the Governor's original proposal and requires the State Department of Health Care Services to monitor any impact of rates on access to care. The retroactive Medi-Cal cuts for distinct part nursing facilities such as Laguna Honda Hospital were not restored.
- Extension of full-scope Medi-Cal eligibility for pregnant women earning up to 138% of the federal poverty level (FPL)
- Creation of a "wrap program" that allows Medi-Cal eligible pregnant women between 139-213% FPL to enroll in Covered California health plans with Medi-Cal covering the costs of

premiums, co-pays, and services not offered by the health plan

- A requirement for Medi-Cal to cover behavioral health services when required by federal rules
- \$3 million for HIV demonstration projects, and \$26 million for the Office of AIDS to add new Hepatitis C drugs to AIDS Drug Assistance Program formulary
- \$4 million for restoration of the Black Infant Health Program
- Redirection of \$7 million for suicide nets on the Golden Gate Bridge
- Requirement for local entities that receive state tuberculosis (TB) control funding to first allocate received moneys for activities pertaining to treatment plans for those who are released from TB detention facilities or subject to detention orders issued by the health officer

The Governor has until the end of the month to sign the budget package along with any “blue pencil” line-item vetoes he may choose to make. **Health Care Security Ordinance Amended**

The Board of Supervisors unanimously approved amendments to the Health Care Security Ordinance (HCSO) on June 10, 2014. The legislation will likely be up for a second vote on June 17th and is expected to be signed by Mayor Lee. The amended ordinance makes all health expenditures irrevocable over a three-year phase in period, and requires SFDPH to develop a plan for maximizing enrollment into health insurance for employees covered by the HCSO.

Helen Martin Award for Outstanding UCSF Nurse Practitioner Preceptor

At a recent UCSF event honoring nurse practitioner preceptors, Kathy Ryan, FNP, Larkin Street Youth Clinic primary care provider, was the recipient of the Helen Martin Award for Outstanding UCSF Nurse Practitioner Preceptor for 2014. Kathy was chosen from a long list of dedicated Nurse Practitioners (NP) who were nominated by their students. The award was established in memory of Helen Martin, FNP, who was a UCSF NP graduate and outstanding preceptor for many years. Kathy also was invited to present in May on health care issues of Larkin Street's homeless youth at the annual Healthcare for the Homeless conference in New Orleans. Congratulations and kudos to Kathy.

Human Trafficking in the Bay Area

The San Francisco Chronicle has been covering the issue of Human Trafficking over the last couple weeks. The articles highlighted the work of the San Francisco Department of Public Health's (SFDPH) Massage Inspection Program and described Task Force Inspections coordinated by SFDPH working with the Police, Planning, Fire and Building Departments. The articles went into detail about the many violations found at massage establishments and the issues related to sex trafficking. In addition, the articles call for increased transitional housing, more inspectors, medical reporting and investments in training.

The SFDPH, Supervisor Tang's Office and The Office of Mayor Ed Lee have been working together on supporting amendments to State Assembly Bill 1147 to close loopholes enacted by the State legislature in 2008. The City of San Francisco is calling for local jurisdictions to have greater oversight to regulate and effectively zone massage establishments.

Many of the recommendations in the SF Chronicle Op-Ed piece and proposed amendments to AB1147 can be found in the SFDPH's 2013 report on Licensing and Regulation of Massage Establishments. Cristy Dieterich, Program Coordinator of the Newcomers of the Community Health Equity & Promotion branch and Cyndy Comerford, Manager of Planning and Fiscal Policy of the Environmental Health branch will be giving a brown bag seminar September 4, 2014 on the San Francisco Department of Public Health's

strategic planning on human trafficking and updates on massage establishment legislation. Both Cristy and Cyndy sit on the Mayor's Task Force on Human Trafficking.

Phase Two of eMerge Complete

The DPH Human Resources payroll section is very pleased to announce that Phase 2 of the eMerge PeopleSoft implementation is complete! Phase 2 of the eMerge project moved City departments and the Superior Courts off of the legacy time entry system (TESS) with four deployment groups in November, January, March, and April. As of the pay period ending April 25, 2014, all City departments and the Superior Courts payroll are either entering time and absences for employees directly into the eMerge PeopleSoft Timesheet, or sending time entered in a local scheduling system to eMerge PeopleSoft through an interface.

The City and County of San Francisco (CCSF) has also completed a Self Service Time Entry pilot, where employees in select groups at the Municipal Transportation Agency and the Recreation/Park Department each enter their own time. The employee's time is then approved (or disapproved) by a manager or supervisor. DPH Human Resources hopes to be a pilot group for this new time entry system. CCSF is planning to offer self-service time entry citywide when the PeopleSoft upgrade project is completed in Fall 2015.

This phase of eMerge was a huge success by all accounts and will lead to more accurate pay for employees following labor agreement rules included in the eMerge system programming. The legacy TESS time entry system is still available to payroll staff on a read only basis.

Rising Star Award

SFGH's Akilah Cadet, MPH, has won the American Public Health Association's Health Administration Rising Star award. This award recognizes a Health Administration section member who is relatively new to the field of health administration, demonstrates potential in the health field and who has gone above and beyond the job description to make a lasting impact in their organization or in public health. Great job and congratulations Akilah.

Annual Community Clinician Leadership Award

Dr. Anne Rosenthal, Associate Medical Director and primary care physician at Maxine Hall Health Center received the Annual Community Clinician Leadership Award from Director of Health, Barbara Gracia at the San Francisco General Hospital Medical Staff Dinner on Thursday June 5. Dr. Rosenthal was recognized for her outstanding work as Co Chair of the Ambulatory Care Committee, clinician lead for care transitions and training residents many of whom go on to work caring for people in vulnerable communities. Dr. Garcia noted, "Anne is held in high regard by her patients, their families, the resident physicians she teaches and clinician colleagues throughout our Hospital and San Francisco Health Network."

Naloxone in the Lancet

A recent interview with Phillip Coffin, MD, MIA, landed in the Lancet World Report. Phillip speaks to the cost effectiveness of naloxone and reviews a project he oversees where six clinics in California are prescribing naloxone to any patient who has used opioid drugs for more than 3 months.

Diane Beetham named Public Health Nursing Director for California

Casting SFDPH in a positive light, Diane Beetham, MSN, RN, PHN, and Director of Public Health Nursing for SFDPH, has been elected to the Presidency of the Directors of Public Health Nursing in California. Diane will serve on the Directors of Public Health Nursing (DPHN) Executive Committee for three years as President-elect, President and Past President. Diane's year as President begins on July 1, 2014. DPHN functions as a leadership organization for public health nursing in California and its membership is constituted primarily of the Directors of Public Health Nursing in the 61 Local Health Jurisdictions in the state. DPHN was established as an affiliate organization to the California Conference of Health Officers in the

1960's. San Francisco had Mary Hansell in the role of DPHN President during 2012, the year Mary was hired by SFDPH. Prior to Diane Beetham's election, Barbara Giles-Wallen was the last incumbent San Francisco Director of Public Health Nursing elected to the seat of President of DPHN; the year was 1991.

4) GENERAL PUBLIC COMMENT

Michael Lyon stated that he is concerned that CPMC is changing St. Luke's so that it cannot meet the needs of its bilingual and monolingual patient population.

Kim Tavaglione, National Union of Healthcare Workers, urged the Health Commission to schedule an item on the St. Luke's outpatient Diabetes clinic due to the changes Sutter has made to its bilingual staff.

Ken Barnes, physician at St. Luke's hospital for 35 years, stated that many changes have been made in various services and clinics at St. Luke's that impact the ease and convenience of many of its Spanish-speaking patients in accessing services.

Patrick Monette Shaw requested that all data on Laguna Honda Hospital out-of-county discharges be released.

Pilar Schiavo, CA Nurses' Association, stated that she is concerned the changes in service of the endoscopy, psychiatric services, outpatient labs, nuclear medicine, and prenatal ultrasound services. She added that she is concerned St. Luke's will end up a SNF unit.

Brian Tseng, Physician's Organizing Committee, stated that the Health Commission should hold a Prop. Q. hearing for the St. Luke's Diabetes outpatient clinic.

Roma Guy, patient of St. Lukes and a former Health Commissioner, stated that as soon as the development agreement between the City of San Francisco and Sutter was reached, there was a decrease in transparency and accountability. She added that the original plan was to have St. Luke's be a 120 bed community hospital.

Commissioner Chow stated that there is no planned Prop. Q hearing on the St. Luke's Diabetes outpatient clinic; however, Director Garcia and her staff are looking into the issues of this clinic.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Taylor-McGhee, Committee Chair, stated that the Committee reviewed the request for the approval of relocation request (Prop. I) from Hyde Street Community Services) and with the assistance of Director Garcia, determined that the agency needed to meet with the neighborhood community groups prior to reviewing this request. The Committee therefore recommended that the item be taken off the full Health Commission Consent Calendar until the next full Health Commission meeting.

Commissioner Taylor-McGhee also stated that the Committee heard updates on SFDPH STD Prevention efforts and the SRO Health Impact Assessment process.

6) CONSENT CALENDAR

Commissioner Chow reiterated that the Community and Public Health Committee asked that the relocation request from Hyde Street Community Services be taken off the Consent Calendar.

The following item was approved; Commissioner Melara abstained due to conflict of interest related to her board membership of the San Francisco Public Health Foundation:

- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE SAN FRANCISCO PUBLIC HEALTH FOUNDATION, FUNDED BY THE MAYOR'S FUND FOR THE HOMELESS (MFH) IN THE AMOUNT OF \$775,040, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE PROGRAM SUPPORT TO THE HOPE PROGRAM - ENSURING SERVICES TO THE HOMELESS AND THE COSTS INCURRED FOR

7) ASSISTED OUTPATIENT TREATMENT: CALIFORNIA WELFARE & INSTITUTIONS CODE 5345-5349.5

Jo Robinson, MFT, Director of Community Behavior Services, gave the presentation.

Jess Montejano, Aide to Supervisor Farrell, stated that Laura's Law focuses on the most vulnerable people with mental illness who often do not have insight into how they impact others. He also stated that other counties that have instituted Laura's Law have seen beneficial clinical outcome and cost-savings. He added that, if implemented, the law will help alleviate the burden of first responders.

Public Comment

Brian Tseng, Physician's Organizing Committee, stated that 64 psychiatric beds have already been reduced at SFGH; San Francisco needs more psychiatric services from private hospitals. He added that Nevada County has reduced hospitalizations, emergency contacts, and reduced costs by implementing Laura's Law.

Michael Gause, Mental Health Association, stated that he and his organization are opposed to Laura's Law and added that more people of color are subjected to this law than other communities.

Jennifer Friedenbach, Coalition on Homeless, stated that the mental health service system has been decimated by long-term cuts and that very few mental health groups or advocacy groups support this law. She added that the law does not add funding or address mental health issues; instead it brings the court into the situation. She also stated that effective services involve strong clinical relationships.

Director Garcia stated that the presentation was a good review of law. She added that some families need support to help adult children with mental illness and that these situations are complex. The legislation does help provide a mechanism for additional support. She also stated that the SFDPH Community Independence Project is voluntary and effective, but that some people with mental illness do not volunteer to participate in services. Additionally, she stated that if the law is passed by the Board of Supervisors, the SFDPH will be required to enact relevant activities and will likely use a portion of state mental health funds.

Commissioner Comments/Follow-Up:

Commissioner Melara asked for clarification that it will cost approximately \$40,000 per participant. Ms. Robinson confirmed that this figure is correct.

Commissioner Singer asked if the Health Commission has any action related to this issue. Director Garcia stated that the item is an update and no action is required.

Commissioner Singer stated that the CARE Task Force did not list enacting Laura's Law in their priorities. Ms. Robinson stated that the law would be expensive to enact and it is controversial. She added that other counties are waiting to assess the outcome of Orange and Nevada counties' enactment of the law.

Commissioner Singer asked for clarification on the cost-savings of the model and what criteria is being used to determine if the program is working. Mr. Montejano stated that in the Los Angeles pilot program it was determined that there was a lower utilization of emergency services; she added that she is working with the City Budget Analyst on the potential cost-savings of enacting the law. She also stated that criteria for determining effectiveness is still in development.

Commissioner Chung stated that it is important to look at data of existing programs before enacting the law. Ms. Robinson stated that the law states that it cannot replace existing programs; she added that a strength of the program is that family members or other adults can request to petition for an adult who is not participating in care.

Commissioner Chung asked how family cultural issues are dealt with by the law's program. Ms. Robins stated that family education and training of mental health providers in addition to judges and police are all part of the law's enactment.

Commissioner Karshmer asked how Laura's Law would compare to the the SFDPH Community Independence Program. Ms. Robinson stated that the SFDPH program participants meet the criteria for non-voluntary treatment while participants in a Laura's Law program would not.

Commissioner Sanchez stated that it is not possible to solve all problems with one program or law but he thinks the law may help some families.

Commissioner Chow thanked the presenters and those who made public comment. He requested more information so the Health Commission can better understand how the law would fit into the full spectrum of San Francisco mental health services.

8) PROPOSITION Q HEARING: PROPOSED REDUCTION OF CPMC SKILLED NURSING FACILITY (SNF) BEDS
Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, gave the presentation.

Craig Veracruz, CPMC's Chief Operating Officer, said that this is not a reduction in services; it is a realignment by increasing beds at St. Luke's and reducing beds at the California campus. He added that CPMC decided this carefully after studying trends over the past 12 months. He also stated that this is not a conversion to short-term beds, as CPMC's average stay has always been around 14 days. Mr. Veracruz said that CPMC does not feel that the realignment will have a detrimental impact on the health of San Franciscans.

Commissioner Karshmer asked if the payer mix has changed dramatically for SNF beds. Mr. Veracruz answered that he does not think the mix has changed but did not have the exact numbers with him.

Commissioner Taylor-McGee asked where CPMC got the data indicating that a change in SNF alignment would not have impact. Mr. Veracruz responded that they used their internal data.

Commissioner Singer asked whether there was a similar hearing for converting licensed to staffed beds. Ms. Chawla explained that most hospitals operate fewer staffed beds than licensed beds; it may have required a Prop Q hearing, but we don't know if that has happened in the past.

Commissioner Chow asked if there was any intent to reduced licensed beds Mr. Veracruz answered that they are following through on parallel processes with the state; and yes, CPMC will be reducing SNF licensed beds.

Commissioner Karshmer asked if a reduction in services triggers any state processes. Mr. Veracruz answered that CPMC does not consider this a reduction in services based on internal data over past 12 months. He added that the conversation around the state accreditation process would be very intricate and technical, and CPMC can provide that information if needed.

Public Comment:

Ken Barnes stated that accountability and transparency is needed from CPMC. He does not think there has been any significant outreach to the communities served by St. Luke's. He questioned how the number of SNF beds would be affected in 5 years, as a result of ongoing construction. He added that the community wants to work with CPMC.

Patrick Monette Shaw referenced a June 12 memo to the Health Commission, which stated that the number of people over 75 will increase by two thirds. He expressed concern that CPMC is only staffing 46% of SNF beds, and plans to reduce to 35%. He requested that the Commission rule that CPMC closure of SNF beds would be detrimental, and added that the closure of St. Mary's and St. Frances were also detrimental to SF.

Colleen Fewer, a union representative for NUHW, stated that this is not realignment but rather a closure. She suggested the low census is by design and that the 5th floor of the California campus, which holds half of the SNF beds at that campus, has been closed since February.

Kim Tavoleone, National Union of Healthcare Workers, referenced a 02-10 Health Commission resolution, in which CPMC agreed to have 100 SNF beds. She said she the Health Care Services Master Plan was based on serving the entire city rather than concentrating services in one area. She expressed concern that people have been turned away from SNF care and questioned the validity of CPMC's data.

Mary Cris stated that CPMC's decision to close the California campus violates agreement it made with the Health Commission.

Jonica Brooks, a nurse at CPMC, said she wants to keep taking care of patients at CPMC, but 23 beds have already been closed. She relayed personal experience with eligible patients being turned away from CPMC SNF beds. She urged the Commission to work with CPMC to not close SNF beds.

Michael Lyon stated that St. Luke's acute services were cut back already, so many cases have to be transported to other campuses. He expressed concern that this plan impacts patient care across the city, as St. Luke's offers a second ER that endangers people's lives if that ER can't accept ambulance divergence.

Pilar Schiavo, from the Ca Nurses Association stated that 11 other nurses were supposed to come but were scared for their employment. She stated that CPMC made an agreement with the Health Commission in 2010 for 100 beds, and another in 2011. She questioned how the decrease in SNF beds would not be detrimental, considering the increased need for SNF beds, and suggested that CPMC is manufacturing the census to keep data low.

Brian Tseng, volunteer for the Physicians' Organizing Committee, stated that there is a history of Sutter not being transparent in its decisions regarding service configuration. There was a backlog of 60 patients at the diabetes clinic before staffing changes. He suggested that because Sutter is a non-profit getting tax breaks, the City agencies should look at financial implications.

Deborah Perkins Kalarra, an RN at CPMC Cal campus surgical specialty, said that she works with SNF patients often. Will there be associated costs with transportation of SNF patients for rehab. She questioned the average census of 68 patients, and added that surgeons are not allowed to do surgery on Thursday and Friday so unit can be closed on the weekend. This impacts SNF bed census, and SNF is no longer taking Brown and Toland patients, which was a big loss in numbers.

Svetlana Fuego, a St. Luke's RN-long-term care nurse, said that the census goes down artificially. She said CPMC is refusing referrals and not admitting patients who do not belong to CPMC, and a lot of co-workers are worried about job security issues and layoffs.

Loida Cordova, a nurse at CPMC, stated that since February, 23 beds have already closed and the Health Commission was not notified. She suggested a closer look before closing any more beds.

Eileen Prendivilla, RN at the California Campus expressed concern that St. Luke's will not be a viable full service beds with two-thirds of beds as Sub Acute and SNF.

Hillary Ronen, Legislative Aide for Supervisor Campos, expressed concern about the reduction of SNF beds at St. Luke's on behalf of Supervisor Campos. She said the purpose of the Health Care Services Master Plan is that we don't review actions of one provider in a vacuum. She added that the overall effect of this plan will be negative. She relayed that Supervisor Campos would like to see more transparency and concerned about the impact of realignment, whether St. Luke's will be a full service hospital.

Commissioner Comments/Follow-up:

Commissioner Melara said she is very concerned about the impact of this issue on the community. She relayed that when working on the CPMC taskforce, the SNF bed issue was her primary concern regarding what St. Luke's would like in the future. She said we don't have a clear answer on staffed and licensed beds numbers, and she realizes this is a business decision. However, the hospital is a non-profit hospital gets benefit of that status, and they do have the option to consider continuing to provide services.

Commissioner Singer stated his appreciation for how articulate public comments are, and how the process helps the Health Commission understand context. He shared Commission Melara's concern about the future for SNF beds, and expressed confusion about the facts. He asked for more information on patient demand of SNF beds; the number of beds that are staffed and when they are staffed. He also asked for clarification on some of the assertions from the public comment.

Commissioner Karshmer stated that it looks like CPMC has not staffed beds at full capacity. She said it looks like CPMC already hasn't staffed 40% of beds as is, so if reducing the number of beds further, would it mean going down to 46 staffed beds? She wanted to know what the real reduction in staffed beds would be. Mr. Veracruz answered that through realignment, 75 is truly staffed beds, and not a proportion.

Commissioner Karshmer asked for clarification on the 2010 decision. Mr. Veracruz answered that at that time it was more of a public dialogue but not a formalized agreement. He stated that CPMC is working within the development agreement.

Commissioner Chow and Director Garcia asked Ms. Chawla to provide some context. Ms. Chawla relayed that the Health Care Services Master Plan offered some data on SNF beds, but additional data would need to be provided from CPMC to honor Commissioner Singer's request. She also stated that the 2010 Health Commission resolution was used as a foundation for the development agreement, and an early draft of that agreement required 100 SNF beds. However, the final version of the agreement does not compel any number of SNF beds on CPMC's part. Although, the agreement does require CPMC to look at the level of sub-acute care, but does not require a certain level of service.

Commissioner Sanchez said he considers St. Luke's one of the most critical service providers in the city, and provided historical context for a history of open dialogue at the hospital. He expressed frustration that the matter is up for debate again, considering that the Health Commission already participated in oversight and provided due diligence on this matter..

Commissioner Melara relayed a CPMC task force suggestion that there is a possibility for CPMC to develop a collaboration with community agencies or developing something outside of hospitals. She said it's very important to keep SNF beds in SF.

Commissioner Chow said that the Commission needs to understand the licensing process and the final configurations of the development agreement and the new hospital are. He requested information on the total number of licensed beds and where they will be housed in the CPMC hospitals.

Mr. Veracruz answered that CPMC can provide supplemental information on state licensing and will continue to work carefully on the issue over the next five years.

Commissioner Chow said he'd like to see how Prop Q transparency can be used to identify areas of improvement in meeting the needs of both the community and hospital. He also relayed that the Commission was concerned in the past about employee welfare in past Prop. Q's. He requested clarity on the impact on the number of employees under this current plan.

Mr. Veracruz stated that CPMC will make sure to have adequate staffing for 75 beds; and CPMC will know in the upcoming weeks exactly what the impact on employees will be.

Commissioner Chow reiterated that employee workforce is a part of the determination of detrimental effect.

Commissioner Chung questioned why an organization would reduce number of beds in one facility and take on transportation costs to transfer to another facility providing same services. She suggested this is a good time to collect some more information on city-wide SNF numbers to give context, rather than relying on numbers from just one hospital. She said that because CPMC is one of the largest partners in the City, we need to understand where that burden would be shifted to.

Mr. Veracruz answered that CPMC is cognizant of long-term needs and it is fulfilling its requirement to have dialogue.

Commissioner Chow mentioned that an update on CPMC/ CCSF development agreement will come to the Health Commission. But the city is looking for a long-term relationship and would prefer that it doesn't always require a hearing for CPMC to partner.

Ms. Chawla explained that CPMC has filed its first report at end of May, and the 30 day comment period is through July 2. After the comment period, DPH and Planning Dept will write their own report on whether CPMC has met its obligations under the agreement, and this happens in October.

9) DPH FYI 14-15 AND 15-16 BUDGET UPDATE

Greg Wagner, Chief Financial Officer, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Melara stated that she is thankful it is such a positive budget for SFDPH.

Commissioner Chow thanked Director Garcia, Mr. Wagner, and the SFDPH budget staff for their hard work on the budget.

Director Garcia thanked Mr. Wagner and his staff for their countless hours of work.

10) FOR DISCUSSION AND POSSIBLE ACTION: PUBLIC HEALTH DIVISION (PHD) STRATEGIC PLAN: RESOLUTION

(Tomas Aragon, MD, Health Officer and Director of PHD)

Tomas Aragon, Health Officer and Director of the Population Health Division, presented the edited resolution.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that the report add Dr. Aragon as an author.

Action Taken: The Health Commission unanimously approved the resolution, "In Support of the SFDPH Population Health Division Strategic Plan." (See Attachment A)

11) OTHER BUSINESS

Commissioner Singer asked for clarification on the status of the St. Luke's situation; he noted that he would like to better understand the concerns of the public. Director Garcia stated that she is in communication with Sutter in regard to the issues of St. Luke's Hospital and will continue to update the Health Commission.

Commissioner Taylor-McGhee asked for an update on the Mayor's initiative to increase local business opportunities.

Commissioner Karshmer stated that the number of skilled nursing beds in San Francisco is an important issue and asked for an update.

Commissioner Chung asked for an update on the process to revise the Health Care Services Master Plan. Ms. Chawla stated that this process will begin in 2015.

12) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, Chair for the SFGH JCC, gave an update on the June 10, 2014 SFGH JCC meeting. He stated that the Committee heard a SFGH Rebuild Update, Clinical Practice Group Incentive Program presentation, and discussed the quality measures and patient experience data. In addition, the JCC heard reviewed SFGH budget and salary variance data in the Hospital Administrator's Report; it also reviewed nursing vacancy and hiring data during the Patient Care Report. In closed session, the Committee approved the Credentials Report and PIPS minutes.

13) COMMITTEE AGENDA SETTING

This item was not discussed.

14) 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)

Action Taken: The Commission voted to hold a closed session.

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 EVALUATION: MARK MOREWITZ, HEALTH COMMISSION EXECUTIVE SECRETARY

D) Reconvene in Open Session

Action Taken: The Commission voted not to disclose discussions held in closed session.

15) ADJOURNMENT

The meeting was adjourned at 7:06pm.

**Health Commission
Resolution No. 14-7**

RESOLUTION IN SUPPORT OF THE SFDPH POPULATION HEALTH DIVISION STRATEGIC PLAN

WHEREAS, the San Francisco Health Commission and the Mayor's Office have made achieving Public Health Accreditation a priority for the Department of Public Health; and,

WHEREAS, the San Francisco Health Commission passed a resolution naming an Integrated Delivery System, Public Health Accreditation, and Financial Efficiency the three budget priorities for the Department of Public Health; and,

WHEREAS, in collaboration with our numerous partners whose missions are to protect the health and wellness of our citizens; and,

WHEREAS, a public process that included over 600 participants has resulted in the adoption of the Community Health Assessment and the Community Health Improvement Plan, as required pre-requisites to applying for public health accreditation; and,

WHEREAS, the San Francisco Department of Public Health has been a leader in public health innovation and provision of services; and,

WHEREAS, the Department has completed a reorganization to ensure that it remains ahead of the changes necessary to provide services in the 21st Century health arena; and,

WHEREAS, the Department has a commitment to continuous quality improvement as recognized by the Public Health Accreditation Board; and,

WHEREAS, the newly reorganized Population Health Division of the San Francisco Department of Public Health, has completed its 5-year Strategic Plan; and,

WHEREAS, the Department of Public Health has a strong history of working closely with the San Francisco community and all of the populations that make up this great City; and,

WHEREAS, the 5-year Strategic Plan for the Population Health Division has been presented to the Health Commission;

BE IT RESOLVED THAT, the San Francisco Health Commission approves and adopts the Strategic Plan for Population Health Division; and,

BE IT FURTHER RESOLVED THAT, the San Francisco Department of Public Health applies forthwith for accreditation through the Public Health Accreditation Board (PHAB).

I hereby certify that at the San Francisco Health Commission at its meeting of June 17, 2014 adopted the foregoing resolution.

Mark Morewitz, Health Commission Executive Secretary