

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

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

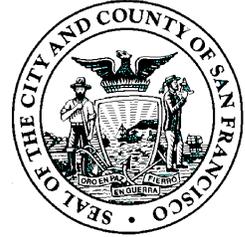
David Pating, M.D
Commissioner

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



Barbara A. Garcia, M.P.A.
Director of Health

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Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 5, 2016, 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 David B. Singer, Vice President
Commissioner Cecilia Chung Commissioner
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner David Pating, M.D.
Commissioner David J. Sanchez Jr., Ph.D.

Absent: Commissioner Belle Taylor-McGhee

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF DECEMBER 3, 2015 AND DECEMBER 15, 2015

Commissioner Comments/Follow-Up:

Regarding the December 3, 2015 minutes, Commissioner Sanchez requested that the following comment on page 4 be amended as follows:

“He encouraged exploration of partnerships with organizations such as On Lok **and Centro Latino De San Francisco** that provide transportation to assist when patients who live in the Mission must access care at other CPMC campuses.”

Action Taken: The Health Commission unanimously approved the December 3, 2015 and December 15, 2015 minutes with the revision noted above.

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>

Federal Budget Update

President Obama signed a \$1.1 trillion omnibus spending bill in mid-December, enacting a federal budget through September 30, 2016. Benefitting from an easing of sequestration spending caps, Health and Human Services funding is slightly increased overall, compared to 2015. Highlights include:

- \$32.1 billion for the National Institutes of Health (NIH), an increase of \$2 billion
- \$7.2 billion for the Centers for Disease Control and Prevention (CDC), a 4% increase from 2015, and including:
 - \$1.41 billion for Public Health Preparedness and Response
 - \$1.12 billion for HIV/AIDS, Hepatitis, STD and TB prevention
 - \$838 million for Chronic Disease Prevention and Health Promotion
 - \$210 million for Tobacco Prevention
 - \$70 million for evidence-based opioid drug overdose prevention programming
- \$3.8 billion for the Substance Abuse and Mental Health Services Agency (SAMHSA), an increase of \$160 million
- \$2.3 billion for Ryan White HIV/AIDS Programs, an increase of \$4 million
- \$5.1 billion for the Community Health Centers Fund, an increase of \$1.49 billion, and including a minimum of \$200 million in grants for new access points and expansion of services

The Affordable Care Act remains intact under the budget, but the law's "Cadillac tax" on high-cost insurance plans has been delayed to 2019, and its annual fee on health insurance plans is suspended. The budget also includes language allowing public health departments to use federal funds to support syringe exchange programs, as long as the syringes are not purchased with federal funds.

SFDPH Joins National Multi-site Demonstration to advance Trauma-Informed Care

SFDPH Children, Youth and Families was one of six organizations from across the U.S. competitively selected to participate in Advancing Trauma-Informed Care, a national initiative aimed at understanding how trauma-informed approaches can be practically implemented across the health care sector.

This multi-site pilot demonstration, led by the Center for Health Care Strategies through support from the Robert Wood Johnson Foundation will focus on improving care for individuals with a history of trauma. Children, Youth and Families will launch "Trauma Informed Systems Leadership and Champions" to translate Trauma Informed Systems principles into leadership and workforce practices that result in positive supports and change and improved health for agencies, staff and their clients. This pilot will be implemented in partnership with two participating divisions within DPH -- Laguna Honda, and Maternal Child Health -- and two agencies that are part of the wider system of care, the Juvenile Probation Department and the Department of Children, Youth and Families.

Covered California Open Enrollment Ends January 31, 2016

January 31st is the deadline for individuals to purchase insurance on Covered California for 2016. Enhancements to Covered California benefits include the availability of adult dental services, increased number of no-cost doctor's visits at the Bronze level, waiving of the deductible for many lab tests and limits on out-of-pocket spending for specialty prescription drugs. This year the federal penalty for not having insurance increases to \$695 or 2.5% of household income, per adult.

Community Organizes to Provide more than 500 Holiday Meals to Bayview Residents

Glide Memorial, Olivet Missionary Baptist Church and the Department of Public Health joined with community organizations to bring more than 500 holiday meals to families in the Bayview on Monday, Dec 21. This special event was hosted by, and in partnership with, the generous members of Olivet Missionary Baptist Church, Glide Memorial (who donated the turkeys) and local community based organizations (who provided health and nutrition information). "We are not here just to feed people for a day but to connect people to services so they

can live healthy and well for a lifetime” said Veronica Shepard, Health Department employee and Bayview resident who works on food security issues and helped organize the event.

El Nino Shelter Staffing Plan

The National Weather Service has predicted that the weather phenomenon known as El Niño will be particularly harsh to the Bay Area this winter. The Department of Public Health will be helping Human Services Agency (HSA) staff to provide temporary shelter services to 1,000 homeless San Franciscans should El Niño strike.

This critical and life-saving effort will require the voluntary (paid) participation of approximately 250 staff to efficiently, effectively and safely shelter the individuals during the storm. We are seeking interested Public Health staff to work at the emergency shelters in the event they are activated. Shelter staff will consist of shelter managers, behavioral health and/or clinical professionals, monitors and support/custodial staff. Training will be provided. HSA is working with labor organizations resolve concerns impacting wages, hours and terms and conditions of employment. We anticipate the activation and operation of these temporary shelters for several days at a time between now and March 31, 2016.

Health at Home Monitoring Report

The Business Contract Compliance Office conducted a recent review of the Health at Home program which resulted in Health at Home being awarded the highest possible score of Commendable/Exceeds Standards. Among the many populations that Health at Home provides care to clients with HIV, who are not eligible for reimbursable home health care because they do not meet the Medicare criteria for homebound or skilled need status, or because they are uninsured or Healthy San Francisco members. Home health funding for this population is made possible by the Comprehensive AIDS Resources Emergency (CARE) program through the HIV Health Services Branch of the DPH AIDS Office, which includes both Title I/Ryan White CARE Act and City General Fund allocations.

Improvement Projects at Zuckerberg San Francisco General

Occupational Health and the Emergency Department presented their improvement work at the hospital’s Management Forum on Friday, Dec 11. Occupational Health showcased their work in a program called 5S and how they have used these principles in their clinical and administrative areas. 5S is a workplace organization method that uses a list of 5 Japanese words that begin with the letter S that describes how to organize a work space for efficiency by identifying and storing the items used, maintaining the area and sustaining the new order.

The Emergency Department showed their work in Value Stream mapping, by designing and piloting new processes for front-end flow to identify quickly and coordinate care for patients from when they come in the door to when they are assessed by a provider. In addition, they are preparing for the move into the new acute care and trauma facility by implementing many improvement ideas, including developing a team-based patient care model and incorporating a provider at triage. They also have designed new patient-centered workflows for behavioral health and pediatric patients to establish roles and responsibilities for care team members.

Network of Niceness

The Quality of Life Performance Improvement Committee at Laguna Honda, spearheaded by their Wellness and Activity Therapy department, announced a new six-month campaign to support practicing small acts of kindness while at work to increase awareness that each person has a role in creating a positive and quality healing environment. Announcements for events will come through fliers, meetings and the Laguna Honda television channels. All staff, residents and family members are welcome to join this campaign as “niceness ambassadors.” Studies have shown that when kindness is received or observed, recipients and observers feel “happier” and, generally, happier people report having a higher quality of life. The goal of the campaign is to improve quality of life for patients, their family and friends, staff, volunteers and the community.

**COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

December 2015

Governing Body Report - Credentialing Summary
(12/14/15 Leadership-MEC)

	12/2015	07/2015 to 06/2016
<i>New Appointments</i>	12	151
Reinstatements	0	1
<i>Reappointments</i>	31	309
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	8	110
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased	0	1
<i>Changes in Privileges</i>		
Voluntary Relinquishments	6	86
Additions	9	79
Proctorship Completed	16	165

Current Statistics – as of 11/30/15		
Active Staff	551	
<i>Courtesy Staff</i>	532	
Affiliated Professionals (non-physicians)	270	
TOTAL MEMBERS	1,353	

<i>Applications in Process</i>	26
Applications Withdrawn Month of December 2015	0
SFGH Reappointments in Process 1/2016 to 3/2016	160

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

DECEMBER 2015

Health Commission - Director of Health Report

(December 3, 2015 Medical Exec Committee)

	December	(FY 2015-2016) Year-to-Date
<i>New Appointments</i>	1	19
Reinstatements	0	1
<i>Reappointments</i>	2	22
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	0	5
<i>Disciplinary Actions</i>	0	0
<i>Administrative Suspension</i>	0	1
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	3	10
Proctorship Extension	0	0

<i>Current Statistics – as of 12/1/2015</i>	
Active Medical Staff	35
As-Needed Medical Staff	14
<i>External Consultant Medical Staff</i>	48
<i>Courtesy Medical Staff</i>	1
<i>Affiliated Professionals</i>	15
TOTAL MEMBERS	113

<i>Applications in Process</i>	3
<i>Applications Withdrawn this month</i>	0

4) GENERAL PUBLIC COMMENT

There was no public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Chung, Chair, stated that the Committee discussed the Health Commission contract review policy and gave input regarding how the Committee will address discussions regarding SFDPH contractor performance and outcomes. She also stated that the Committee recommended that the full Health Commission approve the site service addition request from Richmond Area Multi-Service, Inc. (RAMS). Regarding the Contracts Report, she noted that the Committee recommended that the MedImpact Health Care Systems contract term, listed on the Contracts Report, be reduced term of 9 months; the Committee hopes that during this time, the contract with Walgreens, which is the new vendor for these services, can be completed. The Walgreens contracts expands the number of pharmacies available to consumers for this service.

Commissioner Comments/ Follow-Up:

Commissioner Pating stated that he is supportive of the proposed RAMS model of service and asked why the new center is not located in the Richmond district. Kavos Bassiri, RAMS CEO, stated that that the center will serve all of San Francisco. He added that clients may self-refer or be referred by other providers. The Center will be open from 9am-5pm during the weekdays when it opens; RAMS will pilot weekend and evening hours to determine which operating times best serve the community.

6) CONSENT CALENDAR

Action Taken: The following were unanimously approved by the Health Commission:

- JANUARY 2016 CONTRACTS REPORT, WITH THE RECOMMENDED CHANGE OF THE MEDIMPACT CONTRACT TERM TO A PERIOD OF NINE MONTHS.
- RICHMOND AREA MULTI SERVICES (RAMS) SITE APPROVAL REQUEST TO ADD A LOCATION FOR ITS WELLNESS AND RECOVER PROGRAM (PROP. I)

7) SFDPH SECURITY UPDATE

Basil A. Price, Director of Security, gave the presentation.

Commissioner Comments/ Follow-Up:

Commissioner Chow asked if security systems will be in place in the new building at the Zuckerberg San Francisco General Hospital (ZSFGH). Mr. Price stated that a security system is already in place for the new ZSFGH building.

Commissioner Chow asked if Mr. Prices thinks there is adequate budget for SFDPH security activities. Mr. Price stated that he works closely with the SFDPH Capital Planning staff to ensure there is adequate planning and budget.

Commissioner Sanchez thanked Mr. Price for the presentation and asked for more information on the rationale behind the number of staff trainings planned. Mr. Price stated SFDPH employees have historically relied on law enforcement to handle situations when patients/family members may be aggressive or agitated; he added that calling in law enforcement may escalate these situations. However, SFDPH staff can be trained to deescalate the situation by dealing with situations earlier.

Commissioner Karshmer asked how additional SFDPH security staff requested by Mr. Price would interact with the existing Sheriff's Department staff. Mr. Price stated that additional security staff have been requested to cover the additional square footage in the new ZSFGH building. He added that additional security staff requests are for experts in the field to deal with systems at each SFDPH facility.

Commissioner Karshmer asked how patients can be part of the security plan. Director Garcia stated that community advisory groups at each clinic could be effective and helping to understand issues within each community.

Commissioner Singer noted that the data from the first quarter does not show a decrease in security incidents. Mr. Price stated that most of these incidents involve theft or patient-to staff aggression. He noted that the SFDPH continues to work to better prevent both of these types of issues.

Commissioner Singer asked Mr. Price for his overall assessment of the relationship between the SFDPH and the Sheriff's Department. Mr. Price stated that the relationship is generally good. He noted that there are still issues of the SFDPH relying on the Sheriff's Department staff to deal with all security issues. He reiterated his hope that SFDPH staff could learn de-escalation techniques to assist in preventing the need for utilizing the Sheriff's Deputies in all security scenarios.

Commissioner Singer asked whether the SFDPH could receive great quality of security services by spending the same amount on a different security provider. Mr. Price stated that other options may possibly increase the level of SFDPH security activities but that this is not guaranteed. Commissioner Singer requested a proposal for the Health Commission to consider other security providers; he would like to maximize the level of cost effective security within the SFDPH.

Director Garcia commended Mr. Price for working with the SFDPH and Sheriff's Department to improve the working relationship and increase security effectiveness throughout the SFDPH. She stated that Mr. Price has formed a committee to look more closely at ways to improve security. She added that the SFDPH is also considering the use of Sheriff Cadets in the SFDPH security force to increase cost-effectiveness.

Commissioner Singer stated his intention is not to optimize the working relationship with between the Sheriff's Department and the SFDPH, but rather to determine the most cost effective and impactful option to provide the highest quality security for SFDPH. Director Garcia stated that the SFDPH has attempted to explore contracting out the SFDPH security services three times without success because the Board of Supervisors did not approve the request. Commissioner Chow added that when the San Francisco economy was dire, several attempts were made to contract out security services. He noted that at this time, it may be best to maximize the current system with the Sheriff which is augmented by electronic monitoring systems that were mentioned by Mr. Price in his presentation. Commissioner Singer stated that the Health Commission should make security a priority and look at best practices instead of the current mode of bureaucracy.

Commissioner Singer asked for the three highest priorities for SFDPH security. Mr. Price stated: 1. Building a SFDPH-wide security system; 2. Standardizing protocols across SFDPH campuses; and 3. Building an electronic security system that is integrated throughout SFDPH campuses.

Commissioner Sanchez thanked Mr. Price for the description of the three priorities and noted that planning and implementing security through SFDPH is a complex task.

Commissioner Pating thanked Mr. Price for the presentation. He requested a detailed security budget. He also asked for more information regarding the security risks noted in the presentation.

Commissioner Pating asked if a quality review was conducted of the incidents at ZSFGH by SFDPH and Sheriff's Department staff. Mr. Price stated that the patient safety committee reviews these types of incidents and tracks incidents in which force was used. He noted that the committee was formed approximately three months ago. Commissioner Pating also stated that it is important that similar reviews are conducted at LHH and other SFDPH campuses. Mr. Price stated that incident data is being collected and reviewed throughout SFDPH campuses. He added that security and clinical staff sometimes do not have the same priorities or goals in a situation; he is working to better align priorities of both groups.

Commissioner Chung noted that when she participated in the Health Care Master Plan community discussions,

she heard that some consumers found the site of the Sheriff's Deputies unwelcoming at SFDPH buildings. She asked why the Sheriff's Department was chosen as the SFDPH security and not Police Department staff which receive more culturally appropriate training. Director Garcia stated that she will look into the issues brought up in the discussion of this item and will report back to the Health Commission when she has more information.

Commissioner Pating stated that it may be prudent to ascertain if the new Sheriff will make improvements on the services offered to SFDPH. He added that determining the best vendor to provide security to the SFDPH goes beyond which is more cost effective; he added that quality of service is vital and dealing with the politics and bureaucracy is also important to keep in mind.

Commissioner Chow requested that the SFDPH report back to the Health Commission with security metrics and benchmarks for all the SFDPH campuses. He requested that the follow-up include a comparison of the cost of the current security plan compared to a plan using a private/non-City vendor. He also noted that Mr. Price stated that training SFDPH staff to help deescalate patient situations is vital to the success of any security plan and requested an update on the strategy to train relevant SFDPH staff with an evaluation of the effectiveness of these trainings.

8) SFDPH ANNUAL GIFT REPORT

Anne Okubo, Deputy Financial Officer, presented the report.

Commissioner Comments/ Follow-Up:

Commissioner Chow asked for more information regarding the "In-Kind Support" listed in the LHH section of the Gift Report; he noted it is the only campus that uses this category on the report. Mivic Hirose, LHH Executive Administrator, stated that many community members and past employees donate items and time as volunteers.

Commissioner Chung noted that the Report includes multiple entries for the SFGH Foundation that look identical; she suggested that this may be a clerical error in the report.

Ms. Okubo stated that she will report back to the Health Commission through Mr. Morewitz with a more thorough response to Commissioners Chow and Chung's questions.

Commissioner Singer stated that it is important to recognize the amazing generosity of the many supporters of the SFDPH. He requested that a note of thanks be sent to each of the organizations who facilitated donations.

Action Taken: The report was unanimously approved by the Health Commission.

9) SFDPH 2016 FEDERAL AND STATE LEGISLATIVE PLANS

Aneeka Chaudhry, Senior Health Program Planner, presented the plans.

Commissioner Comments/ Follow-Up:

Commissioner Pating commended the SFDPH for the comprehensive plans. He requested that language be added to the MHSA item to specify housing and capital expenditure items. He also requested that the Proposition 47 item be revised to specify projects that reduce recidivism. He also stated that it is his opinion that there is no benefit to powdered alcohol and encouraged the SFDPH to take a similar position on relevant legislation.

Commissioner Chow requested that language be added to the MediCal "Provider Rates" section to specify that the SFDPH will support legislation and budget efforts to restore AB97 cuts including the retroactive 10% reduction for skilled nursing facilities; he noted this would impact LHH.

Action Taken: The Health Commission approved the plans with the requested changes noted above.

10) OTHER BUSINESS:

This item was not discussed.

11) JOINT CONFERENCE COMMITTEE REPORTS

This item was not discussed because there were no JCC meetings since the last health commission meeting.

12) COMMITTEE AGENDA SETTING

This item was not discussed.

13) ADJOURNMENT

The meeting was adjourned at 5:51pm.