MINUTES
HEALTH COMMISSION
COMMUNITY AND PUBLIC HEALTH COMMITTEE
Tuesday, September 19, 2017 2:00 p.m.
101 Grove, Room 302, San Francisco, CA  94102

1)  CALL TO ORDER

Present:     Commissioner David Pating, MD, Chair
             Commissioner James Loyce Jr., Member

Excused:  Commissioner Cecilia Chung, Member

The meeting was called to order at 2:03pm.

2)  APPROVAL OF AUGUST 15, 2017 COMMUNITY AND PUBLIC HEALTH COMMITTEE MINUTES

Action Taken:     The Committee unanimously approved the minutes.

3)  LEAN IN POPULATION HEALTH: AN EXAMPLE FROM THE TB CLINIC

Chris Keh MD, TB Controller, TB Prevention and Control Program, gave the presentation.

Commission Comments:
Commissioner Pating requested clarification regarding the origin of the majority of TB cases in San Francisco. Dr. Keh stated that most the cases being treated by the SFDPH were acquired overseas.

Commissioner Loyce asked if patients of the TB clinic are assessed for other medical issues. Dr. Keh stated that patients are also routinely screened for Hepatitis and HIV. Linkages to care for other services are also provided.

Commissioner Loyce asked if the TB Clinic does intergenerational work with its patients and their families. Dr. Keh stated that contact investigation is an important responsibility of the clinic staff. All people who have been in contact with a patient are contacted and assessed.
Commissioner Pating asked how long TB patients must stay in the hospital. Dr. Keh stated that all attempts are made not to hospitalize patients with active TB if they have a safe home in which they can isolate themselves. For those with marginal housing, a stay up to two months in a hospital is sometimes needed.

Commissioner Pating asked for information regarding the procedure for inmates in the county jail who are diagnosed with active TB. Dr. Keh stated that these individuals are moved to ZSFG for treatment.

4) **AN OVERVIEW OF BEHAVIORAL HEALTH SERVICES PART 2**
Kavoos Ghane Bassiri LMFT LPCC, Director Behavioral Health Services,

**Commission Comments:**
Commissioner Pating requested that the Community and Public Health Committee receive a third presentation on this section prior to the full Health Commission receiving an overview. Mr. Ghane Bassiri stated that the Board of Supervisors have requested a performance review of the SFDPH Behavioral Health Services. After it is presented to the Board of Supervisors, the presentation can be brought to the Committee.

Commissioner Pating asked if the number of clients in Avatar is unduplicated. Tom Bleecker, SFDPH Psychologist, stated that clients are unduplicated within the Avatar system but can be duplicated across Avatar categories.

Commissioner Pating asked for more information regarding people with severe and persistent mental illness. Director Garcia stated that a large percentage of people with mental health issues are cared for in primary care settings. Commissioner Pating suggested that the report to the Board of Supervisors is an appropriate time to show all the unreimbursed behavioral services provided at SFDPH funded primary care sites.

Commissioner Pating stated that having two thirds of mental health clients empaneled in primary care is an important achievement and encouraged the SFDPH to continue encouraging the remaining group to find a medical home.

Commissioner Pating stated that it is important to note that thirty percent of clients left a program before completing their goals. He encouraged the SFDPH to look further into acuity issues and how this might related to service usage.

Commissioner Loyce asked how jail behavioral services compare to community behavioral services. Mr. Ghane Bhassiri stated that both are part of the San Francisco Health Network and there is coordination and linkage between both sections.

Commissioner Pating asked for more information regarding full service partnerships. Mr. Ghane Bhassiri stated that there are waiting lists and few slots for the full service partnerships; these factors limit the effectiveness of the service.

5) **EMERGING ISSUES**
This issue was not discussed.

6) **PUBLIC COMMENT**
There was no public comment.

7) **ADJOURNMENT**
The meeting was adjourned at 3:53pm.