1) CALL TO ORDER

Present: Commissioner David Pating, MD, Chair  
Commissioner Cecilia Chung, Member  
Commissioner James Loyce Jr., Member  
Commissioner Edward Chow MD, non-voting guest  

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

2) APPROVAL OF MAY 16, 2017 COMMUNITY AND PUBLIC HEALTH COMMITTEE MINUTES

Commissioner Comments:  
Commissioner Pating requested that the minutes should reflect that the acronym “FSP,” means “full service partnership.”

Action Taken: The Committee unanimously approved the minutes with the correction noted above.

3) STD PREVENTION FOR WOMEN, YOUTH AND TRANSGENDER PERSONS IN SAN FRANCISCO

Susan Phillip MD, MPH, Disease Prevention and Control Branch, presented the item.

Commissioner Comments:  
Commissioner Pating asked if the current low rate of congenital Syphilis in San Francisco is acceptable. Dr. Phillip stated that the goal is to get zero cases of congenital Syphilis in San Francisco.

Commissioner Loyce asked if Maxine Hall Health Center is included in clinics that are increasing screening efforts. Dr. Philip stated that this clinic will be included in future screening efforts.
Commissioner Pating stated that he is curious how long the improved screening effort will impact the STD rates. Dr. Philip stated that the SFHN is currently attempting to develop best practices within its Network that can be shared with the community and other providers throughout the country.

Commissioner Loyce stated that historically, African American women in San Francisco have been disproportionately impacted by high rates of Chlamydia. He hopes that best practices being developed by the SFDPH will help decrease these rates. Dr. Philip thanked Commissioner Loyce for his comment and concern. She reiterated that the SFDPH is striving to reduce these STD rates.

Commissioner Pating asked if the Confidentiality Morbidity Report is a paper form. Dr. Philip stated that a paper form is still used and efforts are in place to look at how to improve and streamline this process.

Commissioner Loyce asked for the definition of “rapid” in regard to STD testing. Dr. Phillip stated that the “rapid” term means the process used to test; she noted the test results still take several days. She added that the SFDPH hopes to strengthen its infrastructure to one day utilize technology that gives test results in the same day.

Commissioner Chung asked if Hepatitis C is included in STD screenings. Dr. Philip stated that Hepatitis is considered by City Clinic staff when providing STD testing.

Commissioner Chung asked for more information regarding HPV vaccine rates. Dr. Phillip stated that there is not mandatory reporting of this data so she is not able to provide the information. She noted that nationally, the rates of use for this vaccine are low.

Commissioner Chung suggested that Hepatitis C, HPV, and other STDs beyond Syphilis, Chlamydia, and Gonorrhea, be reported so SFDPH can better understand the rates of these diseases.

Commissioner Loyce requested that future presentations include more information regarding STD prevention best practices. He also suggested that the SFDPH attempt to conduct analysis on the intergenerational impact of STDs within families and communities. He also requested that future presentations include anecdotal information from impacted communities to give better context of the data.

4) TRANSITIONS UPDATE
Kelly Hiramoto LCSW, Director, gave the update.

Commissioner Comments:
Commissioner Pating asked for the definition of the terms “RCF” and “RCFE.” Ms. Hiramoto stated that RCF indicates that programs are targeted for adults age 18-59; RCFE indicates that programs are designed for people older than 60. She noted that California uses these terms; facilities can get waivers to have its population up to 25% outside of the designated age range.

Commissioner Pating asked if clients placed in RCF or RCFE facilities are getting treatment. Ms. Hiramoto stated that these facilities are board & care facilities with activities but no medical services. Staff may prompt residents to take medications but cannot administer the medication.

Commissioner Pating asked if board & care patients are linked to primary care. Ms. Hiramoto stated that residents are assigned an intensive case manager who visits the facility and link them to necessary services.

Commissioner Pating asked how many patients placed in board & care facilities need intensive case management. Ms. Hiramoto stated that approximately 80% of this group needs intensive case management. She added that the goals are to help the patients achieve independence.
Commissioner Pating asked if the SFDPH tracks data on all services provided to clients placed through Transitions. Ms. Hiramoto stated that the SFDPH only tracks health-related services.

Commissioner Chow asked for more information regarding the goals of patients once they are placed through the Transitions team. Ms. Hiramoto stated that some common goals are: sober living, continues wellness recovery through AA/NA meetings, and participate in recreational activities. She added that most patients do not have capacity to work due to longstanding medical, substance use, and mental health issues.

Commissioner Chow asked for more information on the funding of these placements. Ms. Hiramoto stated that many of these clients are on MediCal; if placed outside San Francisco, the patient’s MediCal is moved to the county in which the facility is located.

Commissioner Pating asked whether the SFDPH is responsible for placement when an individual has completed or left a residential program. Ms. Hiramoto stated that Transitions will assist in placement if the individual is referred for subsidized beds. She added that many people are placed in shelter beds after completing residential programs.

Commissioner Chung asked how the aging of the San Francisco population will impact placement opportunities. Ms. Hiramoto stated that many of the San Francisco housing options are not ADA compliant.

Commissioner Chow suggested that the item be presented to the full Health Commission with the addition of any available outcome data.

Commissioner Pating requested future presentations include the number of gaps in beds in each placement category. Ms. Hiramoto stated that a consultant was recently hired to do a gap-analysis.

5) EMERGING ISSUES
This item was not discussed.

6) PUBLIC COMMENT
There was no public comment.

7) ADJOURNMENT
The meeting was adjourned at 3:56pm.