

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Catherine Dodd, R.N., Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Markus Watson, D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 5, 2007

At

3:00 p.m.

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

375 Laguna Honda Boulevard

San Francisco, CA 94116

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present: Lee Ann Monfredini, President
David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Roma P. Guy, M.S.W.
Catherine Dodd, R.N., Ph.D.
James M. Illig
Markus Watson, D.D.S.

Commissioner Monfredini announced a change to the agenda order. The Director's Report would be presented after the Laguna Honda Hospital reports.

Commissioner Monfredini also announced that the June 19th Health Commission meeting will begin at 1:00 p.m. and end promptly at 3:15 p.m. due to the Board of Supervisors Beilenson Hearing, which begins at 3:30 p.m.

2) **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 22, 2007**

Public Comment

Patrick Monette-Shaw said that the minutes of the May 22nd meeting include approval of the minutes of the May 15th meeting. The report attached to those minutes contains incorrect information about what was recommended in the HMA report, and should be changed.

Commissioner Dodd recommended that there be no changes to the May 15th minutes until staff can compare what is in the HMA report with what is in the May 15th minutes.

Action Taken: The Commission approved the minutes of the May 22, 2007 Health Commission meeting.

3) **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting. The Budget Committee meeting was held at 101 Grove Street. Items 3.1, 3.2 and 3.5 were moved to the "Discussion and Approval" section of the agenda.

For Approval

(3.3) PHP-CHSS-TB Control – Request for approval of a contract renewal with the UCSF at San Francisco General Hospital, in the amount of \$858,010, which includes the 12% contingency, to provide physician and radiologist services for the TB Clinic at San Francisco General Hospital, for the period of July 1, 2007 through June 30, 2010 (3 years).

(3.4) PHP-Housing & Urban Health – Request for approval of a contract modification with St Vincent de Paul, in the amount of \$146,475, for a total contract of \$164,052, which includes a 12% contingency, to provide subsidized rental housing units, for the period of June 1, 2006 through June 30, 2007 (1 yr).

(3.6) BHS-MIS – Request for approval of a sole source contract renewal with The Echo Group, in the amount of \$974,786, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the INSYST software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2009 (2 years).

(3.7) BHS-MIS – Request for approval of a sole source contract renewal with InfoMC, in the amount of \$312,807, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the eCURA software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2008 (1 year).

For Discussion and Approval

(3.1) CHN – Request for approval of a contract modification with St. Mary Prescription Pharmacy to extend the contract for two and a half years to provide as-needed outpatient pharmacy services for the clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, in the amount of \$336,480, for a total value of \$751,480, for the period of July 1, 2007 through December 31, 2009 (5.6 years).

Dr. Kotabe clarified that the entire funding for this contract is from the general fund.

Commissioners' Comments

- Commissioner Chow noted that the contract term is 5.6 years. He asked how DPH makes the decision about when to re-bid a service and when to extend an existing contract. Dr. Kotabe said the contractor has agreed to keep the same rates, so to take advantage of these rates DPH decided to extend the contract. Commissioner Chow would like the Budget Committee to look again at the criteria and protocol that are used in these situations. Jacquie Hale is happy to present this information.

(3.2) CHN-SFGH – Request for approval of a contract renewal with National Medical Health Card, in the amount of \$250,000, to provide third-party administrator services and \$2,300,000 in pass-through prescription dispensing fees to Rite Aid Corporation and AG Pharmacy, targeting CHN indigent clients, and a 12% contingency of \$306,000, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Chow understands the constraints of the 340B program. But he continues to be concerned that the Chinatown Clinic is served by a distant Rite Aid pharmacy. He asked if clients have raised this concern via customer satisfaction surveys. Further, do we have any information about people who have been discouraged from getting their medication because of the distance issue? Dr. Kotabe said they have done customer satisfaction surveys, asking clients, among other things, if they are satisfied with the program. The responses are overwhelmingly positive. That said, she will add a question into the upcoming survey specific to Dr. Chow's question.
- Commissioner Watson asked if Rite Aid delivers prescription medications to homebound clients. Dr. Kotabe said they do not as a normal part of their services.

(3.5) PHP-Housing & Urban Health – Request for approval of a contract modification in the amount of \$151,925, with GP/TODCO-A, Inc., for a total contract of \$170,156, which includes a 12% contingency, to provide subsidized rental housing units, for the period of June 1, 2006 through June 30, 2007 (1 yr).

Commissioners' Comments

- Commissioner Watson asked the average time from initial screen of the client to move-in date. Ms. Antonetty said ideally it is less than one month. In general, the client is homeless and can often be put in temporary housing while waiting for the screening process to be completed.

(3.8) CHN – Request for approval of two contract modifications with Asereth Medical Services, Inc. and NOR-CAL Medical Temps, to extend the shared contracts for two years through June 30, 2009, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, in the amount of \$2,900,000 for the period of July 1, 2007 through June 30, 2009 for a total value of \$5,800,000, for the period of July 1, 2005 through June 30, 2009 (4 years).

Commissioners' Comments

- Commissioner Chow remains concerned about DPH's challenges in filling pharmacy positions. Dr. Kotabe said there is still a national shortage of pharmacists that is being felt everywhere. DPH has been more successful in the past few years, working with labor to make salaries more competitive. At the same time, a number of long-term employees have retired. Commissioner Chow asked how much of the contract authority is used every year. Dr. Kotabe said they use the entire contract.

(3.9) CHN – Request for approval of a contract modification with Deliverex to extend the contract for two years through June 30, 2009 to provide storage, retrieval and delivery services for medical records for San Francisco General Hospital's Information Services, Medical Staff Services and Radiology departments, in the amount of \$1,580,000, for the period of July 1, 2007 through June 30, 2009 for a total value of \$2,370,000 for the period of July 1, 2006 through June 30, 2009 (3 years).

(3.10) BHS – Request for approval of a new contract with Richmond Area Multi-Services, Inc., in the amount of \$1,281,533 per year for a total contract value of \$3,203,833, which includes a 12% contingency, to provide pre-vocational services to welfare-to-work indigent individuals with behavioral health issues, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Commissioners' Comments

- Commissioner Chow asked staff to send a recent monitoring report for RAMS. It is important that the Budget Committee sees when there is a history with contractors, even if it is a new contract being approved.

(3.11) Central Admin.-MIS – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of \$9,900,000, to provide product and professional services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).

(3.12) Central Admin.-MIS – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of \$9,858,327, to provide ongoing remote computing services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).

Gregg Sass, DPH CFO, said that the Siemens contracts are for systems that provide management of and support to clinical and financial systems. He emphasized that nearly \$500 million in revenues are dependent on systems that Siemens is supporting. These are very important contracts.

Commissioners' Comments

- Commissioner Watson asked that there be regular updates on IT issues to the Community Health Network Joint Conference Committee. Mr. Sass said they would be happy to bring focused reports to the joint conference committees.
- Commissioner Chow said significant revenues depend on Siemens. Commissioner Chow asked that a presentation be made to Laguna Honda Hospital Joint Conference Committee regarding the IT aspirations for the new building.

- Commissioner Sanchez continues to have questions regarding the corporate problems that Siemens is facing. He will vote for approval of these contracts, subject to review and approval by the City Attorneys Office. Commissioner Sanchez thanked staff for participating in the committee process. This allowed commissioners to ask questions, receive information, and deliberate in an informed manner.

Action Taken: The Commission approved the Budget Committee Consent Calendar.

4) **DIRECTOR'S REPORT**

Anne Kronenberg, Deputy Director of Health, presented the Director's Report. Gregg Sass provided detail regarding the budget update, and Dr. Katz joined the meeting when the budget was being discussed.

Budget Update

On Friday, June 1, the Mayor released the budget for 2007 – 2008. The Department of Public Health's (DPH) proposed budget grows by close to \$87 million in FY08. Roughly 27% of the \$1.3 billion public health budget is supported by the general fund with the remainder of costs funded through fees and state or federal sources. The City's public health budget represents roughly one-fifth of the entire City budget.

In order to achieve a balanced budget, the Mayor's Budget Office included reductions to the Public Health Budget in addition to those accepted by the Health Commission. The Health Commission accepted \$2.14 million in reductions compared to the department's 3% general fund support target reduction of \$9.66 million detailed through the Mayor's Budget Instructions. Total reductions include:

Close Worker's Compensation Clinic (<i>accepted by Commission</i>)	\$ 833,258
Prescription Co-Pay for all except those on general assistance (<i>accepted by Commission</i>)	1,906,246
Co-Pays on Hospital Services (<i>accepted by Commission</i>)	542,972
Board add-backs (list attached)	2,928,323
Reductions in residential and outpatient substance abuse	1,808,670
Reductions for SRO Outreach	133,000
Deletion of Public Health Nurses in Chronic Care	<u>699,346</u>
Total	\$ 8,851,815

The Mayor's Budget Office was also not able to identify enough funding for MIS positions at Laguna Honda or the nurse educator for cancer education at SFGH, however funding was included for the Mammovan driver.

The Mayor' Budget Office was not able to fund all the structural and regulatory needs in the Department. Each year we seek to fund structural issues to the extent we are able, and continue to make steady progress funding all identified needs. However we are ultimately limited by available revenues to fund these issues. The proposed budget includes \$9,212,320 of the \$14,670,381 submitted in the base budget.

The Mayor did restore funding for several expired grants, addressing Health Commission recommendations to do so, and also provided funding for several important initiatives.

Backfill of Expired Grants:

CARE cuts to supportive housing	\$3,165,000
Roll-Forward HIV/AIDS project funding	1,000,000
SAMHSA earmark for supportive housing	1,556,787
Homeland Security backfill via work order with DES	407,685
Backfill of SAMHSA funding for Central Access, SF Homeless Outreach Team, and Placement Unit	<u>384,525</u>
Total	\$6,513,997

Increased Funding:

Increase Contractor COLA to 2.45% (an increase of .45%)	\$ 990,706
Expansion of Homeless Outreach Team	1,975,000
Services to the Bayview – Health Disparities and Shape-Up	1,000,000
Supportive Housing, Master Lease Shortfall	870,000
Stabilization Units for Serial Inebriates	654,966
Residential treatment for disabled victims of gun violence	200,000
Mental Health residential services for juveniles and SFO outreach	<u>513,000</u>
Total	\$6,203,672

All recommended expenses for Healthy San Francisco were accepted as proposed by the Health Commission. In addition, the proposed budget recognizes \$2,750,000 in additional administrative reimbursement revenue program start-up, planning and information technology expenses. The following are the adjustments to revenues included in the proposed budget:

Administrative revenues - Healthy SF	\$2,750,000
Increased collections - Bureau of Delinquent Accounts	<u>588,061</u>
Total	\$3,338,061

In total, the budget forwarded by the Health Commission achieved a \$2,138,057 reduction in General Fund. This compares to a \$4,976,598 reduction in the Mayor’s Budget. The new position count was reduced from 136 to 104 FTEs.

Beilenson Hearing

The San Francisco Board of Supervisors will conduct a Beilenson Hearing pursuant to Section 1442.5 of the California Health and Safety Code (Beilenson Act) on the elimination and/or reduction of health care services to indigents provided by the City and County of San Francisco for fiscal year 2007-2008. The Beilenson Hearing is scheduled June 19, 2007, at 3:30 pm in the legislative chamber of City Hall. At this hearing, the Board of Supervisors will consider the impact of the proposed elimination and reduction of health services on the health care needs of the county’s indigents. Public testimony, both oral and written, will be accepted at this hearing.

Pritzker Center to Open at UCSF

Late last month, Mayor Newsom, UCSF Dean David Kessler, Tipper Gore and others hosted a press conference at City Hall to acknowledge the largest single donation ever given to an American university for child and adolescent mental health services. The Pritzker Center at UCSF is being funded by a \$25 million gift to create a comprehensive program dedicated to meeting the needs of Bay Area youth, regardless of socioeconomic status.

The new Pritzker Center will combine and expand the nationally recognized programs and services of San Francisco General Hospital Medical Center (SFGH) with the specialty clinics, training and research of UCSF's Langley Porter Psychiatric Institute (LPPI) into one cohesive program and building. The collaboration builds upon the successful partnership between UCSF and the City and County of San Francisco. The new Center is named for donors Lisa and John Pritzker. Tipper Gore will serve as chair of the Center's leadership council.

Hep A & B News Update

The Department continues to develop programs to encourage individuals to get vaccinated for Hepatitis A and B. Last month we kicked off the Hep B Free for Life Campaign targeting the Asian community. An additional program is helping us reach out to the MSM community who is also at risk for developing Hepatitis and an unexpected gift of vaccine has augmented our efforts.

The Community Disease Control and Prevention section was given 6000 free doses of Twinrix (a combined Hepatitis A & B vaccine) from the state of Illinois that will be offered free at upcoming events such as Pride, Up Your Alley, Castro Street Fair, and Folsom Street Fair. The vaccine is worth over \$200,000 and has already been distributed throughout the City by the CDCP staff. Illinois was not able to distribute all of the vaccine in their state prior to the expiration date and donated it to San Francisco.

In other Hep A& B news, Dr. Katz attended a press conference this morning at the LGBT Community Center to kick off "Hep Team San Francisco," a Hepatitis A & B vaccine and education outreach effort targeting bisexual men and MSM in San Francisco. He was joined by Harold Levine, National Hep Team Director and Steve Gibson, Director of Magnet Health Services. Hep Team will provide free and low cost Hepatitis & B vaccinations at events and clinics throughout the City over the next several months. Dr. Katz believes the combined efforts we are putting into increasing the number of individuals who are receiving of Hepatitis A & B vaccine positions San Francisco as a national leader in the fight against these two serious diseases.

Diabetes Education Programs Receive ADA Certification

The General Medicine Clinic and Family Health Center diabetes education programs have received formal recognition from the American Diabetes Association (ADA) that they have met the National Standards for Diabetes Patient Education. The certification period extends to January 2010. ADA certification enables SFGHMC to bill Medicare for diabetes education provided in these clinics. It also provides guidance based on national standards and practice to our diabetes education programs.

The initial application process involved site visits, program development, and data collection. The year-long effort was made possible by a SFGH Foundation Hearts grant and the leadership of Project Coordinator, Ivonne Mclean and Diabetes CNS, Amalia Fyles.

Mental Health Board Gala and Awards

The San Francisco Mental Health Board held its first gala Awards Reception on May 31, 2007 at The Arc of San Francisco to celebrate *Exceptional Programs and People*. Among those who attended were Chief Heather Fong, Public Defender Jeff Adache, Judges Morgan, Ballati and Tsenin and Supervisor Maxwell. The keynote speaker for the evening was Assemblyman Mervyn Dymally, Chair of the Health Committee for the California State Assembly. Belva Davis was the Mistress of Ceremony for the evening.

The Mental Health Board selected programs from five areas.

- **Criminal Justice Response to Mental Illness.** San Francisco Police Department, Behavioral Health Court, Jail Psychiatric Services
- **Foster Care and Mental Illness.** Foster Care Mental Health Services, A Home Within, Honoring Emancipated Youth (HEY), Family Mosaic, Robin Love
- **Violence Prevention.** The SAGE Project, Instituto Familiar de la Raza, Urban Services, YMCA, Girl's 2000 Hunters Point Family, Mission Community Response Network, Brothers Against Guns, CHALK, Larkin Street Youth Services, United Playaz, Homeless Children's Network, Supervisor Sophie Maxwell
- **Healthy Workplace Awards.** Richmond Area Multi-Services, Edgewood Center for Children and Families, Conard House, Iris Center, Huckleberry Youth Programs, Youth Leadership Institute, Oakes Children's Center, Curry Senior Center, The Volunteer Center
- **Community Leadership Award.** Mental Health Association of San Francisco

The Mental Health Board was pleased to honor so many deserving programs and individuals.

TB in the News

National news was dominated recently by the story of an individual with XDR TB who traveled internationally, possibly exposing others to this extreme drug resistant form of the disease. Dr. Masae Kawamura, Director of TB Control and Prevention, was invited to write an Op Ed by the *New York Times* on the global nature of TB and the need for more resources to support improved testing, research and treatment.

Staff Appointed to Suicide Prevention Advisory Committee

Tina Yee, CBHS Director of Cultural Competency and Client Relations, and Al Gaw, MD, CBHS Medical Director of Quality Improvement, were appointed by Gov. Schwarzenegger to serve on the Advisory Committee to the California Department of Mental Health (DMH) for Developing the California Strategic Plan for Suicide Prevention. Governor Schwarzenegger has requested that the DMH develop a Plan by May 1, 2008.

Text Messaging Project Wins Tech Award

ISIS (Internet Sexuality Information Services) has received a Techie award for the development of SEXINFO, the sexual health text messaging information service targeting adolescents in San Francisco. The service was designed in response to rising rates of sexually transmitted infections (STIs) among African-American youth, and provides information and local referrals on everything from STIs and HIV, to what to do if someone's hurting you. SEXINFO is a project within the STD Prevention & Control Section.

Commissioners' Comments

- Commissioner Guy said that once again the budget did not include any funding for prevention and promotion initiatives.
- Commissioner Monfredini said she knows that the Health Commission put the Department in a difficult position when it sent an unbalanced budget across the street, but the Commission had to send a message that enough was enough. She appreciates the time and professionalism that Dr. Katz, Mr. Sass, Ms. Kronenberg and others exhibited during this process. Commissioner Monfredini does not understand the outreach required at San Francisco Airport. Ms. Garcia said there are 50-60 people who use the airport as a respite, and they are working with airport leadership on this issue.

- Commissioner Watson asked for a comparison of the budget DPH sent to the Mayor and what was issued on Friday. Mr. Sass said DPH's proposed budget largely funded its regulatory and structural needs. In addition, the Health Commission was opposed to reductions that did not make policy sense. What came back was that the structural and regulatory needs were not fully funded, and the Mayor's Office needed to cut all the addbacks in order to balance the budget.
- Commissioner Illig would like a side-by-side comparison of what the Department submitted and what is proposed by the Mayor. Mr. Sass will get this information.
- Commissioner Sanchez left at 5:20 p.m.
- Commissioner Dodd said the LHH IT upgrade and LHH discharge unit were moved into the structural and regulatory section of the budget. She confirmed with Gregg that neither was funded. All of the new initiatives sound great, but did they ever come before the Health Commission for prioritization? Mr. Sass said several came before the Commission, but some of the new initiatives came to the Mayor via other avenues. She would like the Health Commission to make a statement to the Board of Supervisors that this budget proposal is unacceptable. She is thinking about the people that came to the Commission's hearing, particularly the cancer patients, for whom it requires tremendous effort to come to a hearing. They should not be made to go through this at the Board of Supervisors level.
- Commissioner Illig said the commissioners must communicate to the Mayor's Office their disappointment that the Mayor dismissed the Commission's work and added things that the Commission does not consider priorities. Supervisors are getting hundreds of e-mails opposing the cuts to inpatient psych. and DPH staff and commissioners need to educate supervisors as to why this proposal, and moving patients into community care, is good policy.
- Commissioner Guy said the Commission needs to advocate collectively and individually. The Beilenson Hearing is the venue to advocate collectively. Commissioner Guy is very upset.
- Commissioner Dodd said the Commission must determine which services to advocate for. This is in the context of all the budget proposals being important. But some will resonate with the Board more than others.
- Commissioner Chow would like the side-by-side comparison, to clearly see what issues we are faced with and what we should advocate to be added to the budget. The Commission should focus on critical needs. For example, the Commission may not want to advocate for all the addbacks. The Commission needs to prioritize its request. Dr. Katz said there are two ways to influence the budget from this point forward. Individual board members will all have opportunities to add things to the budget. Commissioners can meet with individual supervisors based on the individual supervisor's interest. It would be useful if the Commission had a prioritized list. This may be difficult to do at this time and it may not be that useful. The most impact the Commission will have is on the individual level.

- Commissioner Watson asked for details about the Homeland Security backfill. Mr. Sass said there were a series of UASI grants that are expiring that fund a variety of things. He can provide more detail about what the backfill funds.
- Commissioner Illig asked what the \$1 million HIV/AIDS rollover entails. Mr. Sass said that this year's budget includes \$1 million that the Board allocated that has not been spent. This money was included in the base, with \$1 million in the proposed budget, resulting in \$2 million toward offsetting the cuts. Commissioner Illig said Supervisor Dufty has said he is committed to the Board of Supervisors backfilling the entire cut, and he wants a clear understanding about what funding gap still exists. Mr. Sass said he is working closely with the Mayor's Office to get this information. Regarding UASI, Commissioner Illig recalls that all money was going to be funded through the Office of Emergency Services. Dr. Katz replied that the flow of money will be through OES. Commissioner Illig asked if DPH's budget includes the cost of the recent agreement with the nurses. Mr. Sass said that the Mayor's Office will be funding costs associated with new MOUs.
- Commissioner Monfredini left at 5:45 p.m.
- Commissioner Chow reiterated the need for the Commission to see a budget comparison. Commissioners must be very careful not to represent a Commission position when it does not have one. The value of all programs can be conveyed by individual commissioners.
- Commissioner Dodd suggested as a process that once the Commission gets the list from Mr. Sass, members look at the list in the context of the JCCs and the JCC chairs, in consultation with other JCC members, outline those things the Commission wanted funded and why, and that while the Commission did not prioritize programs, it clearly stated at its budget hearings that these programs are important. She also suggested that the Commission president speak on behalf of the Health Commission at the Beilenson Hearing and supply the list that is developed so that the Commission's voice is clearly in writing to the Board of Supervisors. This written document should be added to the Health Commission's June 19th agenda.
- Commissioner Guy asked Ms. Garcia to comment on the health disparities initiatives. Ms. Garcia said that the Mayor's budget includes funding for an initiative in the Bayview. The community groups that worked with DPH to develop these proposals have already made their funding requests to the Board of Supervisors, and will join the Commission in its advocacy. Dr. Katz stated that the most effective message the Health Commission could send across the street is a specified list of the Health Commission's three top priorities. Commissioner Guy said she would like to evaluate lessons learned from this year's budget so that next year the Commission knows exactly what to do when presented with this situation. We also need to look at how the quarterly financial reports can help the Commission prepare.
- Commissioner Illig said there needs to be a placeholder on the June 19th agenda for a resolution setting budget priorities.
- Commissioner Guy said it is structurally demonstrated again in this year's budget that prevention and health promotion activities get sidelined. The epidemiologist request was less than \$100,000. The same holds for the cancer educator. The budget funds a program for victims of gun violence, and appropriately so, but cuts out the program that is focused on preventing violence. The City is not in deficit mode anymore, but yet is still not funding

prevention. This has to become part of our structure. For less than \$300,000, we are losing tremendous resources and opportunities.

- Commissioner Chow asked if there is flexibility within the DPH budget to undertake programs that are critical to its mission. Dr. Katz there is very little flexibility if those services are not budgeted. Dr. Katz added that it is not too early to prepare for next year's budget.

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JUNE**

Commissioner Chow presented the Employee Recognition Awards for the month of June. The awards were presented to Sui Har Kwong, Doris Richard and Bronwyn Gundogdu, R.N.

6) **PRESENTATION OF THE LAGUNA HONDA ANNUAL REPORT AND 2007-2008 STRATEGIC PLAN, AND CONSIDERATION OF A RESOLUTION APPROVING THE STRATEGIC PLAN, INCLUDING A CHANGE TO THE MISSION STATEMENT AND THE VISION STATEMENT**

John Kanaley, LHH Executive Administrator, presented the Laguna Honda Hospital and Rehabilitation Center Annual Report. He began by introducing the executive staff: Rowena Tran, Dr. Paul Isakson, Mivic Hirose, Pat Skala, Bob Thomas, Tom Radenberg, Dr. Hosea Thomas, Dr. David Woods, Arla Escontrias, Cheryl Austen and Gayling Gee.

Mr. Kanaley reviewed Laguna Honda's mission and vision statements. He provided demographic information for residents they serve. Mr. Kanaley highlighted 2006-2007 accomplishments in Clinical Programs, Education and Organizational Development, Safety and Security, Organizational Structure, Communication and Leadership, Budget, Finance and Revenue, Information Systems, Quality Management, Human Resources and the Replacement Project. Below are a few accomplishments from each area.

Clinical Programs

- **Passed the 2007 annual DHS Licensing & Certification Survey with one visit**
- Expanded HIV/AIDS program from 29 to 55 beds.
- Expanded rehabilitation program to 51 beds.
- Reduced medication error rate to 1.2% and improved Medication Pass Efficiency rate by 10%.
- Purchased new medication carts and pharmacy software to improve clinical, operational and financial aspects of medication management.
- Zero medication errors found during L&C Survey.
- Began development of Snoezelen Room for dementia residents
- Increased the number of residents with one or more Restorative Nursing Programs
- Led the nation in quality of care indicators around pressure ulcers, falls and the use of restraints.

Education and Organizational Development

- Created an Education Council
- Enhanced hospitalwide and departmental employee orientation programs.
- Developed cultural competency training initiatives.

Safety and Security

- Improved safety and security through improved lock systems and monitoring.
- Expanded cadet programs on entrances
- Restructured and enhanced Environmental Health & Safety Program

Organizational Structure, Communication and Leadership

- Improved infrastructure through hiring of new budgeted positions.
- Expanded Department of Education and Training
- Expanded Quality Management department.

Budget, Finance and Revenue

- Enhanced IS billing systems through conversion to Siemens Invision systems
- Developed online pharmacy billing
- Reached collections target of \$108 million.

Information Systems

- Purchased new pharmacy system
- Upgraded trust accounting software
- Updates to ADL MDS system

Quality Management

- Went through three DHS surveys
- Enhanced survey preparation activities
- Created a Nursing Quality Improvement Council.

Human Resources

- Increased hospital-wide completion of performance appraisals—90.5% in 2006.
- Conducted a nursing assignment rebid process hospital wide.

Replacement Project

- RFP & contractor selected for planning and procurement of F&E.
- RFP and contractor selected for operational planning and budget development
- Identified evidence-based design resource to enhance quality of life, reducing aggression and problem behavioral and enhancing resident and staff safety
- Approved phasing for remodel of existing buildings
- Began work on Assisted Living feasibility study.

Mr. Kanaley said the hospital has had its challenges, including three DHS surveys in both 2005 and 2006, staffing shortages, media and community relations and improving staff morale. Mr. Kanaley described where the hospital is going. They will move into the new facility in 2008-2009 and must plan for the transition now. The focus will be on building the buildings, preparing the staff and developing operational plans. The strategic plan will guide them in this transition process. The Combined Leadership Team, which consists of approximately 40 people, developed the strategic plan for fiscal year 2007-2008. As part of the planning process, they created a new mission statement and a new vision statement. The Combined Leadership Team felt that the new vision statement more accurately reflects where they see the hospital going. In order to get there, the strategic plan includes three goals: Transition Planning—build and initiate the operational planning for the new hospital, Communications—establish and improve communication within and outside LHH, and Quality Improvement—ensure regulatory compliance, performance improvement and high-quality care.

Mr. Kanaley said that the reason the leadership team recommended changing the mission and vision statements is to put both in terms that every staff could recognize and recite, and that more accurately reflect how the staff carries out its work. The new mission statement reads: *To provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco.* The new vision statement reads: *To be an innovative world-class center of excellence in long-term care and rehabilitation.*

Public Comment

Patrick Monette Shaw said the proposed mission and vision statements are too vague. Too vague language has been a problem for the hospital in the past. He urged the Commission to reinstate the short-term and long-term care language into the mission statement. With regard to the vision statement, the Laguna Honda Hospital Foundation decided that the hospital should not pursue Center of Excellence status, and the Commission should table changing the vision statement until talking to Louise Renne about this issue.

7) LAGUNA HONDA REBUILD UPDATE

John Thomas, Program Manager, LHH Replacement Program, presented an update on the Laguna Honda Hospital and Rehabilitation Center’s Replacement Project.

The replacement of Laguna Honda Hospital has been ongoing for six years. Now, nearly two years into the construction of the new buildings, the primary challenge is to minimize schedule slippage and control changes. The three buildings are 45% complete. The current schedule for the buildings is as follows:

Building	Completion	FF & E + Move In	Move In
Link	February 2009	4 months	July 2009
South	January 2009	4 months	July 2009
East *	April 2009	4 months	July 2010
Link-East Connector	June 2010		
Existing Hospital Remodel – Phase 1	January 2009		July 2009
Existing Hospital Remodel – Phase 2/3			
Site Package 3			

Assisted Living Feasibility Study

The Assisted Living Facility will be a licensed, medical model ALF. The resident population served in these ALF beds would be those residents currently at Laguna Honda Hospital or who would otherwise be admitted to Laguna Honda who can be cared for at a lower level of care. The contract with Anshen & Allen was modified to include a study of alternatives to the 140 unit assisted living facility described in the EIR. The study will be concluded by September 2007.

LHHRP has selected Criterion Systems to provide consulting services to verify all FFE specification, update the budget and support procurement and installation of all equipment and furnishing. Staff and hospital leadership are collaborating with the DPH CFO and the Mayor’s

Office of Public Policy and Finance to determine the best method of financing the FFE expenses for the replacement. Only major built-in systems such as the IT server, PBX equipment, built in radiology equipment and other long lead time items must be funded and purchased in FY 07-08.

Critical Issues

- Schedule delays, including weather, OSHPD and contractor staffing
- MEP, kitchen and security coordination
- Remodel of C&H wings budget
- Timely vacating of exiting hospital for final site work
- West residence building decision.

Public Comment

Patrick Monette-Shaw said the Board of Supervisors resolution passed in 1999 dedicated the city to build a sufficient number of skilled nursing beds. There will be a significant growth over the next 10 years of frail elders with Alzheimer's. Dr. Katz's white paper indicated that there would be a shortage of SNF beds, even if community alternatives were built. The Health Commission has a fiduciary responsibility to plan 20, 30 and 40 years out. The Health Commission should advocate to the Board of Supervisors for the 1,200 bed facility. Also the Health Commission should ask the board to allocate money for the west tower and dedicate at least \$400 million to build alternative community placement options.

Norma Satten, Long Term Care Coordinating Council, commended the hospital for looking forward to being a long-term care center of excellence and planning for a future that will have many older people, but more independent older people. We need skilled nursing beds but we need a full range of services.

Dr. Grace Demman said the staff is about to go into free fall. How many patients, how many staff, who's going to go into the new building—these are all critical questions and unknown.. Mr. Kanaley has done a spectacular job, but “the move” does not really have a timeline. The Health Commission will need to amp up just as staff will, if this is going to happen.

Commissioners' Comments

- Commissioner Monfredini said as soon as she heard that Laguna Honda had passed its survey, she called every one of her colleagues. Everybody was so pleased and impressed.
- Commissioner Sanchez, who is a member of the Laguna Honda Hospital Joint Conference Committee, said there have been some really challenging undertakings over the past number of years. This has led to an integrated model of discussion among hospital staff, a renewed focus on patient care and a vision of shared leadership to achieve quality patient care. It has been an honor to serve with dedicated professionals. The hospital has encouraged outside entities—Stanford, professional associations, etc.—to become part of the dialogue. This was not the case in the past. The new hospital will be a flagship facility.
- Commissioner Chow said he has seen continued improvement and emphasis on quality care. The staff has completed a consuming task of initiatives on top of their day-to-day work. The new strategic plan is equally ambitious. There has been an entire change in the approach to patients over the past 20 years. The rebuild will give us a new physical plant. The transition planning will give us a new operational approach. He noted that the replacement project is still on budget. He commended the resolution approving the strategic plan. The team has

demonstrated what it can accomplish, and the Health Commission owes them a vote of confidence by approving the statement. He will propose a resolve clause that explicitly states what the mission statement and vision statement are.

- Commissioner Dodd said a remarkable change has occurred at Laguna Honda. She emphasized that refining the mission statement and vision statement in no way changes the commitment to a continuum care that embraces long-term care, rehabilitation and end of life care.
- Commissioner Illig served on the LHH JCC as a new commissioner. He found that this is a very committed staff and an important activity that the city needs to support and expand. They have accomplished so much of their plan. He specifically applauded the level of performance evaluations. In addition, passing the licensing survey on the first round is astounding. He was a little concerned about the changes to the mission and vision statements, particularly about dropping the term “continuum of care.” Those are very important elements of this institutions—LHH is an integral part of DPH’s continuum of care. He also noted that there is still part two of the Davis settlement hanging over the Department’s head, and being part of the continuum allows those who can be rehabilitated can be moved into the community. He knows that staff knows this, and understands the reasons behind the changes to the statements.
- Commissioner Guy said it is remarkable that staff was able to sustain its commitment in the face of so many challenges, such as the computer virus, and yet still pass the licensing survey on one try. This shows that staff has respect in themselves and the residents. Commissioner Guy said we need to move toward a center of excellence—this is the concept of our time. In another 10 years, the concept of dependence and independence might change. She would like to feel more confident about the transition timelines. For example, four months seems a little naïve for move in period. She would like the Laguna Honda Hospital Joint Conference Committee to keep informed about this issue. She attended the May 30th community meeting and what she heard loud and clear is that there must be new venues for discussing the assisted living facility. During the Proposition A discussions, staff and others really engaged with the community, and the assisted living facility planning could benefit from a similar process. She recalls the difficult discussions from a number of years ago about education and training needs and resources. She appreciates the leadership around training and education that must happen to modernize who we are. She wants the Joint Conference Committee to work hard on the issue of computer and technology resources. You cannot have modernized service without appropriate informational technology. Mr. Kanaley said the IS steering committee met yesterday. Over the next six months, the committee will develop a plan that will address the clinical applications and what needs to be done between now and when they move into the new building about where the clinical applications need to be. They will have this plan by the end of the year.
- Commissioner Dodd asked that this plan be reported to the Health Commission when it is complete.
- Commissioner Monfredini commended Mr. Kanaley and his extraordinary staff. Mr. Kanaley has been a true leader.

- Commissioner Chow stated that his colleagues' comments about Laguna Honda Hospital being part of the DPH safety net and continuum of care are very important, and he proposed an amendment to the resolution which memorializes this important role.

Action Taken: The Commission approved Resolution 06-07, "Approving the Update of the Laguna Honda Hospital and Rehabilitation Center 2007-2008 Strategic Plan" with the following additions:

1st Whereas Clause: *WHEREAS Laguna Honda Hospital and Rehabilitation Center is a part of the Department of Public Health safety net and provides a continuum of care for its residents in the least restrictive setting, thereby supporting their highest level of independence; and*

RESOLVED, that the Health Commission adopts Laguna Honda Hospital and Rehabilitation Center's FY 2007-2008 Strategic Plan, including its goals and objectives and the change to the Mission Statement, "*to provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco*" and Vision Statement, "*to be an innovative world-class center of excellence in long-term care and rehabilitation*"; and be it

8) PUBLIC COMMENT

Patrick Monette-Shaw said two years is too long to wait for a decision on the west building. The Health Commission should advocate for 1,200 beds, and make this decision now. And advocate that the Board allocated Tobacco Settlement Funds for community-based services and pass legislation setting a spending roadmap. He asked that the Commission advocate restoring the LHH transition unit and regulatory positions in the budget. Laguna Honda's patient would appreciate having that regulatory funding restored.

9) COMMISSIONER REPORTS/ANNOUNCEMENTS

10) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Illig said a group of physicians attended to May CHN JCC to discuss the 5150 issue. It is a priority of Barbara Garcia to work with these individuals to provide some relief. At the last meeting there was a very good presentation from Dave Counter about the Department's IT program. Commissioner Illig wants to bring a resolution to the Commission regarding the IT direction, asking that it focus on integration of systems.

11) OTHER BUSINESS

12) ADJOURNMENT

The meeting was adjourned at 6:30 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission