

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, July 17, 2007

At

3:00 p.m.

101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Sanchez called the meeting to order at 3:45 p.m.

Present: David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Catherine Dodd, R.N., Ph.D.
James M. Illig
Markus Watson, D.D.S.

Absent: Lee Ann Monfredini, President
Roma P. Guy, M.S.W.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 19, 2007

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved the minutes of the June 19, 2007 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Watson and Commissioner Chow attended the Budget Committee meeting. The committee requested that Item 3.2, Item 3.3 and Item 3.4 be moved to the discussion section of the agenda.

For Approval

(3.1) **CHN/LHH** – Request for approval of a contract renewal with Bernd Kutzscher, M.D., in the amount of \$63,000, to provide ophthalmology and optometry services for the residents of Laguna Honda Hospital, for the period of July 1, 2007 through June 30, 2008 (1 year).

(3.3) **PHP-Housing & Urban Health** – Request for approval of a contract renewal with GP/TODCO-A, Inc., in the amount of \$170,156, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).

(3.4) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Lutheran Social Services, in the amount of \$478, 531, which includes a 12% contingency, to provide supportive housing services at La Casa Mariposa, a transitional housing program serving homeless women with a history of domestic violence and substance abuse, for the period of July 1, 2007 through June 30, 2010 (3 years).

(3.7) **PHP-Community Health Programs** – Request for approval to accept and expend a grant from the Social Security Administration, in the amount of \$97,660, in the support of the project entitled “HOPE – Reaching the Hardest to Serve: SSI for Chronically Homeless and Mentally Ill People in San Francisco”, for its fourth year of May 1, 2007 through April 30, 2008, which includes a sub-contract with the San Francisco Bar Association’s Homeless Advocacy Project, in the amount of \$59,620 for the same time period.

(3.8) **PHP-Community Health Programs/AB 75 Project** – Request for approval to accept and expend retroactively a grant allocation, in the amount of \$1,439,738, from the California Healthcare for Indigents Program, State Department of Health Services, to provide reimbursement for health services delivered to indigent persons, for the term FY 07-08.

(3.9) **BHS** – Request for approval to renew the contract with the San Francisco Bar Association - Homeless Outreach Project Evaluation Program, in the amount of \$196,292, which includes a 12% contingency, to provide outreach and SSI benefits assessment services to mental health clients experiencing long-term homelessness, for the period of July 1, 2007 through June 30, 2008 (1year).

(3.10) **BHS** – Request for approval of a new contract with the Regents of the University of California, in the amount of \$101,795 per year, for a total contract value of \$254,486 which includes a 12% contingency, to provide child and adolescent psychiatric services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

For Discussion and Approval

(3.2) **PHP-BEHM** – Request for approval of a contract renewal with San Francisco Foundation Community Initiative Fund, in the amount of \$268,800, which includes a 12% contingency, for fiscal sponsor services for the San Francisco Food Council for period of July 1, 2007 through June 30, 2010 (3 years).

Commissioners’ Comments

- Commissioner Chow asked that this be presented to the Committee because of its excellent work. If everybody did as much with \$80,000, we would have an even healthier city. He also commended their outcome reporting.

- Commissioner Watson asked what type of feedback they have received from the other farmers' markets such as Noe Valley and Park Merced. Paula Jones said these are scheduled to be rolled out in the fall. They already worked with a variety of farmers' markets that serve low income people. As a result of the ordinance approved in January, they will work with the Agricultural Commissioner to make sure that other farmers markets can comply.
- Commissioner Sanchez said this program really makes a difference in the quality of life for families and children in San Francisco.

(3.5) PHP-Housing & Urban Health – Request for approval of a renewal contract with CATS in the amount of \$75,181, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).

(3.6) PHP-Housing & Urban Health – Request for approval of a renewal contract with St. Vincent de Paul, in the amount of \$167,462, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).

Commissioners' Comments

- Commissioner Chow noted the contractor received a two on program compliance. Is that related to being new? Ms. Antonetty said the services and program are great. St. Vincent has been very accommodating with the very challenging DPH population. These are chronic alcoholics that have been on the street for a long time. The Department has had to do some handholding with regard to compliance issues.

(3.11) Central Administration – Request for approval of a contract with the San Francisco Community Health Authority dba the San Francisco Health Plan (SFHP), in the amount of \$7,413,422, for a total contract amount of \$8,303,033, which includes a 12% contingency, to provide third-party administrative services related to Healthy San Francisco, for the period of September 1, 2007 through June 30, 2008 (10 months), and designation of SFHP as the sole source of these services.

Commissioners' Comments

- Commissioner Sanchez commented that San Francisco will set a benchmark with this program. Both Jean Fraser and Tangerine Brigham have assumed such leadership on this issue and it gives all the commissioners a feeling of great respect and honor. He thanked them for their commitment to this special mission.
- Commissioner Chow said it is exciting to be working with the same people who do other things and continue to accomplish so much. He asked if the target for the first year is 45,000 enrollees. Ms. Brigham said Healthy San Francisco will be phased in and approximately 4,000 to 5,000 individuals will be joining monthly beginning in September. There will be 13,000 medical homes outside of DPH for which SFHP will be developing the provider network. Commissioner Chow asked if this contract would be added to the list of sole source contracts. Staff said it would.

(3.12) Central Administration-Policy & Planning – Request for approval of a contract renewal with San Francisco Community Health Authority, in the amount of \$11,342,433, to provide universal health insurance services targeting San Francisco children, young adults and young parents, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Watson thanked staff for being a role model for the rest of the United States. This is going to push cities across the nation to do more for children's health.
- Commissioner Chow asked if we have looked at whether or not to extend the program to accept another block of young adults that are uninsured. Mr. Soos replied that his understanding is that those young adults who remain uninsured would now be able to join Healthy San Francisco.

(3.13) CHN/SFGH & LHH Facilities – Request for approval of thirty-four contract modifications with the following twenty-eight firms: A & B Mechanical, Inc., Acker & Guerrero Roof Co., Agbayani Construction, Inc., Air Duct Cleaning, Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly, Inc., Bay City Boiler & Engineering Co., Inc., Birds Away/Pigeons Away, City Mechanical, Inc., William Decker & Co., Elischer Construction, Inc., Floortrends, Inc., Galindo Installation & Moving Services, Lights On Wheels, McClure Electric, Inc., Migale Painting Co., Mintie Corporation, Monticelli Painting & Decorating, Pioneer Contractors, Inc., Robert Poyas, Inc., Pribuss Engineering, Rubecon General Contracting, Inc., Sierra Electric Co., Steam On Wheels. The Shooter Co., United California Glass Co., Western Roofing Service Co. and Yerba Buena Engineering & Construction, Inc., to increase the total combined amounts by \$2,353,000 from \$6,637,500 to \$8,990,500, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing and extend the term of the contracts by six months, for the period of July 1, 2005 through December 31, 2007 (30 months).

Commissioners' Comments

- Commissioner Chow asked why they need an increased amount of money for this contract. Mr. Saltz said it is the equivalent to the usage over the next six month. Mr. Saltz said the rates are the same as the previous contracts.
- Commissioner Watson asked if Mr. Saltz has plans to make any changes that would increase the monitoring scores from three to four. Mr. Saltz said the ratings are based on industry standards. The contractors received fours for the work that they did. The threes were mainly for things like billing, invoices, etc.
- Commissioner Sanchez, in terms of ratings, said that threes have always been viewed as acceptable, and fours were held out for honors.
- Commissioner Chow said it is important to say that three is the standard for achieving contracts. These are as-needed vendors, so it is a little harder to ask them to be a four.

(3.14) CHN/SFGHMC-Nursing Operations – Request for approval of five contract renewals with the following firms: Arcadia Health Services, Inc. dba Arcadia Staff Resources, HRN Services, Inc., Medstaff, Inc., NP Plus, LLC (formerly named Nurse Providers, Inc.) and Professional Resource Enterprises, Inc. dba United Nursing International, in the amount of

\$2,700,000, to provide supplemental, temporary Per Diem and Traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Chow asked why one of the corrective actions is to have nurses with competency in computers. Is this because we've had experiences in which people have not had these skills? Ms. Digdigan replied that although San Francisco General Hospital is not fully computerized, there are functions that are computer automated. Nurses are coming from other parts of the country and from Canada, some of whom had no computer skills, so this provision ensures that everyone is has the adequate level of skills.
- Commissioner Sanchez said the Moore Foundation has given DPH dollars in order to increase the number of nurses to ensure that we can meet the growing patient demand. At the same time, we are going to lose a significant number of nurses as they retire. With SF State, City College, the UCs, are we going to see some shift in this? Ms. Digdigan said the Moore Foundation has been very helpful, with the goal of helping nurse gain additional skills to improve retention. The grant does not help with nurse recruitment. SFGH has liaisons with schools of nursing. The reality is that in the Bay Area the vacancy rate is lower than average. So it's getting better. They are beefing up their med/surg nursing staff with the goal of having these staff, once they get experience, move to specialized units.
- Commissioner Watson asked if there are barriers to prevent them from hiring per diem nurses. Ms. Digdigan said no, there are no that are no impediments.

(3.15) PHP-Housing & Urban Health – Request for approval of a renewal contract with Baker Places, Inc., in the amount of \$1,055,991, which includes a 12% contingency, to provide supportive and case management services for the DAH tenants at the Empress Hotel, for the period of July 1, 2007 through June 30, 2010 (3 years).

(3.16) AIDS OFFICE-HIV Health Services – Request for approval of a renewal contract with Westside Community Mental Health Center, in the amount of \$1,486,717, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through February 29, 2008 (1 year).

Commissioners' Comments

- Commissioner Watson asked how the program is doing compared to the other Centers of Excellence, and requested a September review to the CHN JCC. Ms. Long said she put together a report on all of the Centers of Excellence for the HIV Planning Council. Many issues are shared by this particular COE. Staff vacancies have plagued all COEs. They identify a continuing need for staff training. They have indicated a need for more client education. Data management is an issue as is development of policies and procedures and trying to maintain a consistent level of services across multiple sites.
- Commissioner Sanchez reiterated that this would be a one-year contract, with a report to the CHN JCC, and then a report to the Budget Committee in six months. He noted that this is a new model and a lot of people are working on it. He hopes that through the JCC there can

be an overall update on the Centers of Excellence in terms of trends and new or additional pathways.

- Commissioner Chow said because of number of COEs haven't gotten to where we think we want them to be, he would like the JCC and Budget Committee to get a report about how everybody is responding in terms of meeting objectives. Hopefully by September we could see some outcomes. Ms. Long said this is doable, and allows the JCC to get more information about how objectives were developed and the work that goes into making sure the objectives are achieved.
- Commissioner Watson noted the difference in the number of men served as compared to women. Ms. Long said that the ratio is consistent with San Francisco's HIV population. They are listening to the women who are asking for support groups. However, the focus has been on African American men who in the past have not had access to the full range of services.
- Commissioner Chow said he will be interested to see how staff is able to measure the outcome measure to lower the rate of HIV in San Francisco.

(3.17) BHS – Request for approval of a contract renewal with Crestwood Behavioral Health, Inc., in the amount of \$8,535,028 per year, for a total contract amount of \$14,338,847, which including 12% contingency, to provide 24-hour skilled nursing facility services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

(3.18) BHS – Request for approval to renew the contract with Community Vocational Enterprises, Inc., in the amount of \$1,877,506 per year, for a total contract value of \$9,462,630, which includes a 12% contingency, to provide vocational training services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Chow asked if we followed as we placed people whether or not they stayed in the job. Lorna Jones, Executive Director of CVE, said for the first two quarters, they had 33 placements in the community. Of those 33, 15 have retained their positions over the first two quarters. Commissioner Chow suggested that one of the future measures be job retention.

(3.19) BHS – Request for site approval for the relocation of the program for Child and Adolescent Psychiatry as follows: FROM Current Site: SF General Hospital 1001 Potrero Avenue San Francisco 94110 TO: 729 Tennessee Street/2130 3rd Street, Pritzker Center, San Francisco 94107

Public Comment

- Dennis Collins is a tenant of 732 Tennessee, directly across the street from the facility, and he did not get any notice of a community meeting. Their concern is that they don't know who is going to be hanging around the neighborhood.

- Petyr Kane, owner of 732 Tennessee, said he never received any public notice for the meeting. He added that there are three entrances to the building. He would like to be involved with staff to see if the entrance on Tennessee Street could be closed off.

Commissioners' Comments

- Commissioner Sanchez wants to make sure that the neighborhood was leafleted about the neighborhood. This takes a great deal of cooperation and communication. He is sure that this can be worked out with the neighborhood as we move through the process. Dr. Martinez said she presented to the Dogpatch Neighborhood Association and Potrero Boosters, and she's happy to continue dialogue at these community meetings.
- Commissioner Chow thinks that we should have a proscribed process through which we can say definitively that we noticed and reached the appropriate population, so we can be assured that a minimum has been done. In addition, often the concern is where the clients go after having been seen. Often the service provider has ways of making sure that people do not linger in the neighborhood after the services. He wants to assure that public that we want to be a good neighbor. He can't answer the question about closing one or two of the entrances, but there is a verbal commitment to work to try to mitigate any problems.

Commissioners' Comments – Health Commission meeting

- Commissioner Dodd, speaking about the Centers of Excellence Contract, said to the contractors present that she expects them to ask for help. If the COEs are meeting every month with DPH staff, and one is not meeting benchmarks, she expects that COE to ask for help. If they are not getting that help, they need to seek assistance from higher up in the Department. She does not feel comfortable approving a contract that received twos across the board. She expects to see success, but meeting these goals is going to be a challenge.
- Commissioner Illig also has concerns about this contract for a number of reasons. He would like to take a look at this and all other Centers of Excellence at the August CHN JCC meeting. This may be a new program but the agencies doing this have a long history with the Department and know our expectations. This is so important that we need to fund it for this year. But if it is not better in the second six months, he will not vote to fund it again. He is also wants the CHN JCC to have a discussion about the Crestwood contract. He is not interested in paying \$8 million to place 179 people in IMDs out of San Francisco. Finally, when there are retroactive contracts, he expects payment to the contractors.

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Katz & O'Connell Share Healthy San Francisco at Public Health Conference

Dr. Katz and Gene Marie O'Connell are attending the Public Health Congress this week in Washington, DC. The Public Health Congress brings together Public Health and Hospital executives to share best practices in preparedness, prevention and infectious disease control. Of no surprise to the Health Commission, there is a significant amount of interest among public officials about Healthy San Francisco. Since Massachusetts' enacted a law providing universal coverage in April of 2006, other states have begun reviewing similar legislation. To date, San Francisco is the only city that has developed a plan to provide access to health care for all of our 82,000 uninsured

residents. This morning, Dr. Katz and Gene O’Connell co-hosted a session entitled, “A City Takes Action—San Francisco’s Health Access Plan Provides a Blue Print for Cities Across the Nation.” Mitch and Gene discussed how the City brought together the key decision makers, the importance of setting the scope of eligibility, coverage and services, overcoming barriers to implementation and managing and funding the program in the long term. This Health Commission should take great pride in the leadership role it has played in sponsoring and supporting the policies that lead to the creation of Healthy San Francisco.

FY 2007-08 Budget

On June 27th the Budget and Finance Committee passed out their budget which will be considered by the full Board today with final passage on July 24th. The Budget Committee’s budget includes \$10.16 million in additional funding of which \$9.13 million is in the General Fund. During the Budget Analyst’s review a total of \$3.45 million was cut out of the budget. Of this amount \$1.2 million was in facilities maintenance that was double counted in the Mayor’s Office, \$1.6 million in prior years fund balance for Health Kids Young Adults, \$477,000 for equipment of which \$434,000 will be funded by Equipment Lease Purchase Bonds and the remainder was due to reductions in the cost of items, and \$170,000 was for other operating costs and professional services. The Budget Committee restored the \$1.8 million in Substance Abuse cuts, \$2.9 million for prior year add backs, \$1.26 million for the Worker’s Compensation Clinic, and \$133,000 for the SRO Collaboratives. The budget contained \$4.0 million for the CARE grant backfill, \$109,000 for the Cancer Awareness and Education Program, \$415,000 for the Laguna Honda Transition Unit, and a \$130,000 augmentation for the SRO Collaboratives. The Committee also added \$1.6 million for an additional 1.0% CBO COLA with the exception of UC. A summary of all the changes is below. The Budget and Finance Committee’s budget did not include restoration of the \$669,000 for the Health at Home nurses, \$91,000 for the Epidemiologist for the Public Health Assessment/Research Unit, or \$208,000 for the Laguna Honda Hospital MIS unit.

CHANGES MADE BY THE BUDGET AND FINANCE COMMITTEE

DESCRIPTION	FTE	GF	Non-GF	TOTAL	
New funding					
Cancer Awareness and Education Program, 2822 Educator	1.00	109,196		109,196	
Culturally Competent Syringe Exchange for Women in Mission		75,000		75,000	
Housing and Case Management for LGBTQ, Homeless Youth		75,000		75,000	
Laguna Honda Hospital Transition Unit	3.75	415,345		415,345	
Methadone Treatment Services for Homeless Women in Tenderloin		184,445		184,445	
Psychiatric Services for Homeless		350,000		350,000	
Renovation Costs for a Clean and Sober Facility in the Castro		50,000		50,000	
Restore Substance Abuse Reductions		1,800,000		1,800,000	
School Health + Wellness Centers			320,000	320,000	
Sex Worker Program		75,000		75,000	
SRO Collaborative		133,000	50,000	183,000	
SRO Outreach Family Support - Chinatown		80,000		80,000	
Transgender Services Project		150,000		150,000	
Restore BOS Health Add-Backs FY 2005-06 & FY 2006-07, cut by DPH	3.64	2,845,597	82,871	2,928,468	
Residential Services for Children’s Mental Health		140,000	280,500	420,500	
Restore Funding for the Workers Compensation Clinic	6.77	782,035	478,420	1,260,455	
AIDS		4,000,000		4,000,000	
Workorder balancing		25,856		25,856	
Total	15.16	11,290,474	1,211,791	12,502,265	
Budget Committee Reductions					
Reductions - Budget Analyst Recommendations		(3,452,681)		(3,452,681)	
Sheriff’s workorder - Porters			(35,000)	(35,000)	
Library workorder - HOT team			(25,000)	(25,000)	
DSS workorder - HOT team			(200,000)	(200,000)	
Total	-	(3,452,681)	(260,000)	(3,712,681)	
Technical Adjustments					
Capital projects		(325,000)		(325,000)	
Shape up	0.55			-	
Deemed Approved Ordinance		-	78,000	78,000	
Total	0.55	(325,000)	78,000	(247,000)	
Budgeted outside of DPH - Additional 1% CBO COLA excluding UC		1,616,334	-	1,616,334	
Health Commission Minutes					
Grand Total	July 17, 2007	15.71	9,129,127	1,029,791	10,158,918

Healthy San Francisco Debuts at Chinatown Public Health Center and NEMS

Ms. Kronenberg announced that we began signing up individuals for membership in Healthy San Francisco at Chinatown Public Health Center and North East Medical Services (NEMS) on July 2. Several days prior to the debut, the Mayor hosted a media roundtable to provide reporters with details of the plan, the rollout and what to expect in terms of upcoming milestones. Mayor Newsom made an unannounced stop at Chinatown Public Health Center on the first day to talk to staff and new Healthy San Francisco members. One woman in particular provided a compelling story of being uninsured for many years and was especially grateful for the opportunity to become a member of Healthy San Francisco. We believe there are thousands of such individuals and are very excited to be able to provide excellent health care for them. Many thanks to Commissioner Chow for attending the media roundtable, to Dr. Albert Yu, Medical Director of Chinatown Public Health Center and his staff and the staff at NEMS for their enthusiasm and commitment to making Healthy San Francisco a long term success. As of June 13, 284 members have been enrolled in Healthy San Francisco. We predicted that we would have 600 members by the end of August.

Land Use & Economic Development Committee Hearing on BVHP Lennar Site

The Land Use & Economic Development Committee held a hearing last week to hear community concerns regarding Lennar's work procedures as they relate to dust control and health issues arising from the development work currently going on at the site. Members from the community voiced the same concerns to the Board of Supervisors as they articulated here to the Health Commission at the June 5th meeting.

YMCA Property to Be Developed into Holistic Healthcare Facility for Homeless

Housing and Urban Health has teamed up with Tenderloin Neighborhood Development Corporation and A.F. Evans Company to redevelop the historic YMCA property located at 220 Golden Gate Ave. The project will include 174 studio units for persons who have been chronically homeless. In addition to wonderful housing units, the building will include an expanded Housing and Urban Health Clinic and Wellness Center that will provide holistic healthcare to residents of the building and surrounding supportive housing sites. The building also includes other non-residential spaces important to health and well being of the residents including a full gymnasium, meeting space, auditorium, and support service offices.

Hepatitis A& B Vaccines Administered during Pride Weekend

During Pride 2007 last month, six clinicians administered a total of 438 Twinrix doses (vaccine to prevent both Hep A & Hep B) to PrideFest patrons. The vaccines were free and part of a donation to San Francisco from Illinois. The next Hep Team event is July 29th at the Dore Alley Street Fair.

Car Seat Education and Funding

Community Health Promotion and Prevention (CHP&P) has been awarded a new grant of \$387,557 for 2008 - 2009, by the California Office of Traffic Safety, to continue to provide car seat access, information, and education to low-income and minority families and caregivers. Current participants in CHP&P child passenger safety efforts include the Women's Clinic at SFGH, Mission Neighborhood Health Center, CARECEN and Vis Valley Community Center. So far in 2007, we have jointly conducted 36 Public Education presentations, 48 Child Safety checkup events and have distributed and properly fit 504 Child and Booster seats.

Eastern Neighborhoods Community Health Impact Assessment Wins National Award

The Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) project has received a 2007 Model Practice Award from the National Association of County and City Health Officials

(NACCHO). The program received the award for “demonstrating exemplary and replicable qualities in response to a local public health need.”

In 2004, the DPH Program on Health, Equity, and Sustainability convened and facilitated ENCHIA involving over 20 diverse organizations whose interests were affected by development. Focused on development occurring in the Mission, South of Market and Potrero Hill neighborhoods and based on the framework of “Health Impact Assessment” (HIA), the ENCHIA process reflected growing scientific understanding that optimal health could not be achieved by health services and individual behaviors alone, but through healthful neighborhood conditions. The 18-month process sought to better understand the connections between health and development patterns, to measure social and environmental conditions important to health in San Francisco, and to identify ways that land use development could promote and protect health.

The Healthy Development Measurement Tool (HDMT) was the most significant product of the ENCHIA process, providing an evidence-based method for considering public health in land use planning. SFDPH staff is currently working with staff of the Planning Department and community representatives on applying the HDMT to land use plans in South of Market, the Mission, Potrero Hill, Treasure Island, and Visitation Valley. We believe ENCHIA and the HDMT has catalyzed a new appreciation for health in land use planning that will ultimately improve the health status of all San Francisco residents.

To learn more about ENCHIA and the HDMT, visit www.thehdmt.org or contact, Lili Farhang, project coordinator, at lili.farhang@sfdph.org.

National Organization Explores Accreditation of State and Local Health Departments

Ms. Kronenberg updated the Commissioners on a movement that began in 2003 to establish a voluntary accreditation process for local and state health departments. Accreditation has been identified by the Centers for Disease Control (CDC) as a key strategy for strengthening the public health infrastructure and would add a level of accountability and quality improvement by making health departments accountable for their work. After four years of task force and planning meetings at all levels of public health involvement, the *Exploring Accreditation* project established the Public Health Accreditation Board (PHAB) and in May of this year, named Dr. Albert Gray as its first Executive Director. In the coming months, PHAB expects to establish workgroups and will begin what is anticipated to be a two-year process to develop accreditation and evaluation standards. Dr. Katz will continue to update the Commissioners on the progress of implementing voluntary accreditation within local health departments and look forward to exploring this option when it becomes available. More information is available at www.phaboard.org.

STD Program Updates

On June 16 & 17, the STD Section participated in the **San Francisco Juneteenth Celebration**. This is a family focused cultural event, targeting persons of color. A variety of health and social service agencies distributed information of interest and importance to both adults and youth. The STD Section used this opportunity to disseminate information about STDs targeting African American youth and our text messaging service **SexInfo**.

The STD Section will officially launch their new syphilis elimination campaign tomorrow called **“Dogs Are Talking”**. A press conference will be held with several of community partners at Civic Center Park. The campaign utilizes photos of dogs that live in the Bay Area and has them communicating with each other about healthy sexual behaviors that they want their humans to practice. The first ad will be in the July 19th edition of the *Bay Area Reporter* and will feature Hooper, one of the dogs selected at the June “casting call”.

Gene O'Connell Named as Chair of National Association of Public Hospitals & Health Systems

Gene Marie O'Connell, CEO of San Francisco General Hospital Medical Center, was named Chair of the National Association of Public Hospitals & Health Systems at last month's annual conference in Boston, MA. This is a great honor for Ms. O'Connell, as NAPH represents over 100 hospitals and health systems across the nation, that together comprise the essential infrastructure of many of America's largest metropolitan health systems, including San Francisco General Hospital Medical Center. Additionally, Ms. O'Connell remains a Board Member of the National Public Health & Hospital Institute which is the research arm of NAPH. Earlier this year, Ms. O'Connell was honored for the sixth consecutive year by San Francisco Business Times as one of the top 100 most influential women in Bay Area business.

Community Health Network, San Francisco General Hospital, Credentials Report, July 2007

	07/07	07/07 to 07/08
New Appointments	31	9
Reinstatements	0	0
Reappointments	44	38
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	10	5
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	1	0
Changes in Privileges		
Additions	5	3
Voluntary Relinquishments	7	2
Proctorship Completed	5	3
Proctorship Extension	0	0

Current Statistics – as of 07/1/07		
Active Staff	499	
Courtesy Staff	568	
Affiliate Professionals (non-physicians)	209	
TOTAL MEMBERS	1,276	
Applications In Process	56	
Applications Withdrawn Month of July 2007	0	0 (07/07 to 07/08)
SFGH Reappointments in Process Aug. 2007 to Nov. 2007	198	

Commissioners' Comments

- Commissioner Watson noted for the record that he, Commissioner Dodd and Commissioner Illig made an unofficial site visit to Parcel A and Parcel B in Hunters Point today, July 17th. The sprinklers were in operation and they did not see any dust. He also made an unofficial site visit last week.
- Commissioner Illig asked for confirmation that a total of \$8 million was allocated for the CARE backfill. Mr. Sass said it is closer to \$9 million. DPH has not received any feedback from the Board about how the money is to be allocated, but the dollars are available to cover all of the CARE cuts and all of the CMS earmark cuts. Commissioner Illig asked if there are assurances from the department that the money will be going back to the contractors that were cut. Mr. Sass cannot speak to every contract, but he has seen nothing to suggest that the money would be spent differently. Commissioner Illig asked what the COLA amount is. Mr. Sass said the Mayor increased the COLA from 2% to 2.45%, and the Board added 1% on top of this. Commissioner Illig asked if the Board accepted the proposal to reduce inpatient psychiatric beds and open a community ADU. Mr. Sass said there was a lot of discussion at the Board about this. Supervisor Peskin spoke to the policy issues and why he thought it was the right policy decision to close the beds. The closure would not happen for six months, so boardmembers feel they have opportunities between now and then to look into this further if need be. But the short answer is the beds were not restored to the budget.

5) **RESOLUTION COMMENDING ST. JOSEPH'S HEALTH SUPPORT ALLIANCE**

Commissioner Illig presented a proclamation to the St. Joseph's Health Support Initiative and the Franciscan Sisters of the Sacred Heart. The Franciscan Sisters sold St. Joseph's Hospital in the 1980s. The money from that sale has gone back into support services for people living with HIV and AIDS. Brian Cahill from Catholic Charities said that St. Joseph's Health Support Alliance has provided \$3 million for people living with HIV/AIDS in San Francisco. He thanked the Health Commission for giving them credit for doing so. Sister Ruth spoke on behalf of the Franciscan Sisters.

Commissioners' Comments

- Commissioner Sanchez said that St. Joseph's has played such a unique role in San Francisco and it is so nice to be able to honor the sisters.
- Commissioner Dodd said her grandfather did his medical internship at St. Joseph's Hospital in 1923.
- Commissioner Chow said it is wonderful to understand that the work of St. Joseph's continues to live on, and continues to give this type of service back to the community.

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved Resolution 10-07, "Commending St. Joseph's Health Support Alliance," (Attachment A).

6) APPROVAL OF HEALTHY SAN FRANCISCO FEE STRUCTURE

Tangerine Brigham, Director, Health Access Program, presented the proposed Healthy San Francisco fee structure. She also gave a brief update on the program, summarizing key activities with respect to the debut and overall project planning. Healthy San Francisco debuted on July 2, 2007 at Chinatown Public Health Center and North East Medical Services. The time period for debut is July and August 2007. The target population for the debut is enrolling clinic patients with an annual income at or below 100% FPL who meet all HSF eligibility. 600-1,000 participants are projected. As of July 9, 2007, there were 179 uninsured residents enrolled in the program.

The Department is proposing a fee structure that would replace the current Sliding Scale Fee Schedule for services offered under HSF. The Department would maintain the Sliding Scale Fee Schedule for services not offered under HSF. Under the fee structure participants would pay a quarterly participation fee to maintain enrollment in the program and point-of-service fees when accessing services. The fee structure is built on the Federal Poverty Level guidelines.

Intent of Fee Structure

- Fees represent a share of the costs associated with providing services to HSF participants
- Recognizes that affordability impacts access
- Provides a subsidy to eligible participants with incomes at or below 500% Federal Poverty Level
- Does not comprise majority of revenue base to support the program
- Does not entirely replace the Sliding Scale Fee Schedule

The proposed fee structure is a significant change for DPH staff and DPH clients. It is a critical component of the program and is designed to provide incentives for appropriate utilization. It requires a clear articulation of what the participant will receive: improved eligibility and enrollment; clear information on cost of care; a primary care medical home and accessible clinic hours; comprehensive services; and customer service. DPH will monitor program disenrollments, in particular those related to payment, to determine the impact of the fee structure.

Commissioners' Comments

- Commissioner Dodd asked if there is a problem having different fee schedules from clinic to clinic in terms of equity of access. Ms. Brigham said that people will make decisions based on a number of factors. Some will do this on price, others on cultural competency. Commissioner Dodd asked how successful we are currently in collecting sliding scale fees. Ms. Brigham said that in the centers where they collect on site, they are very good. At the other centers they generally bill. Once people are mailed a bill, we have been spotty on collections. The hope is that by going to a point of service fee, the collection rate will increase. Commissioner Dodd asked if the issues raised by Legal Aid Society about not being able to charge before providing services of an urgent or emergent nature will impact this proposal. Ms. Brigham said emergency services are governed by EMTALA and we always see someone irrespective of their ability to pay. There is a difference between emergency care and urgent care. Commissioner Dodd asked if staff has an idea of the cost of enrollment and disenrollment. Ms. Brigham said they do not; this will be part of the analysis they will undertake.
- Commissioner Chow asked if we are collecting a co-payment per service or per visit. Ms. Brigham said it is per service, and it depends upon how your visits are clustered in any

particular day. Commissioner Chow said his question then is, when you analyze the impact of co-pays for 100% to 500%, does it take into consideration that someone would pay for each service. Ms. Brigham said yes, and this is based on DPH data. Commissioner Chow says we charging the same co-pay for someone at 110% of FPL as one at 500% of FPL, yet the impact on the lower income person is greater. He is not opposed to approving this but in the course of experience we should look at this issue. His understanding is that the fee schedule is not being put into the regulations because we want to be flexible to respond to problems. He wants to make sure that during this pilot stage, someone keep an eye on the issue on the impact on at 100% FPL compared to someone at 500% FPL. He is concerned that the co-pay may be an impediment to services. Commissioner Chow noted that the application has an Asian and an Asian/Pacific Islander category, which might be confusing. He also suggested that a multi-racial option be included. Ms. Brigham said this is a typo—it should just read Pacific Islander.

- Commissioner Illig asked if the staff will ask a client if he or she is a documented immigrant. Ms. Brigham said there is a citizenship verification form that was developed with community advocates. The health care coverage initiative requires that they ensure that all people who receive coverage under this initiative are U.S. citizens. Commissioner Illig said this is really about 33 percent of the people we are going to serve. Two thirds of the people are below the poverty level and they will not be paying anything, which is how it should be. Health care is a right and for poor people, it should be free. He wants to talk about the clinic expansion, the coordination of services, and other things that will result in the improvement of people's health outcomes. He is concerned about folks who earn between 101% and 200% FPL. For them, even a \$20 a month fee is going to be difficult. We may find that for that 21 percent of our population, this is a burden that will discourage them from getting health care. If we find this, we can revisit and change it.

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved Resolution 11-07, "Approving the Healthy San Francisco Participant Fee and Point-Of-Service Fee Structure," (Attachment B).

7) **APPROVAL OF REGULATIONS IMPLEMENTING HEALTHY SAN FRANCISCO AND MEDICAL REIMBURSEMENT ACCOUNT PROVISIONS OF THE SAN FRANCISCO HEALTH CARE SECURITY ORDINANCE**

Tangerine Brigham, Director, Health Access Program, presented the Healthy San Francisco (HSF) Regulations. These regulations will govern HSF and the Medical Reimbursement Account provision of the San Francisco Health Care Security Ordinance, and establish the procedures by which these two programs will be operated. The regulations were developed based on the design framework that was presented to the Health Commission at its January 30 and May 1, 2007 meetings. The Department released the regulations for public comment on June 15, 2007 and people had until June 29, 2007 to submit comments. Public notice for this meeting was provided on June 15, 2007 and July 5, 2007. The regulations cover program definitions, eligibility, fee structure, services, service provision, delivery network, covered employer participation, public information, administration and reporting of HSF and the Medical Reimbursement Account program. They set forth the parameters for the administration of HSF and MRS and will be used to develop appropriate public information material regarding program eligibility, services, fees, provider network and other information useful for applicants and program participants. The Rules

and Regulations are posted on the DPH website at www.sfdph.org, and the Healthy San Francisco website at

Public Comment

- Terry Feeley, Director of SF Works, said she respects the work of Ms. Brigham and her team. But she continues to be concerned that the enrollment processes, specifically the two-stop process, is going to contribute to employees not enrolling in the program. Employees would have to go to a third-party site during their non-work hours to be screened and enroll. In general there is very little take up of public benefits by the poor in San Francisco because they do not have time to go through the enrolment process. She is wondering if there could be additional creativity in terms of the process. Most working individuals are not going to qualify for State and Federally subsidized health insurance. She is concerned that it will result in decreased support for the program.

Commissioners' Comments

- Commissioner Chow is sympathetic to employer enrollment. Is there a way to continue to explore how to use this relationship? If we are going to have the cooperation of our small employer groups, we need to have this as an option. Ms. Brigham said they share concern around ease of access. Ms. Fraser said the question is very important and they spent a great deal of time considering. This program is under current challenge, and the regulations around employers were closely vetted by the City Attorney's office and there is not a lot of flexibility. DPH has contracted with the Health Plan to outreach to employers. Commissioner Chow asked if there are efforts on the other end to bolster specialty services and increase access. Ms. Brigham said a component of the HSF budget relates to clinical expansions and redesign of systems, including improving access to specialty care. For the first year they are looking at most of the specialty care being provided at the Department of Public Health. Commissioner Chow asked the process by which the Rules and Regulations could be changed. Ms. Brigham said they would come back to the Health Commission. The Commission can amend by bringing the regulations back to the Commission.

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved Resolution 12-07, "Approving Regulations Implementing Healthy San Francisco and Medical Reimbursement Account Provisions of the San Francisco Health Care Security Ordinance," (Attachment C).

8) JAIL HEALTH REPORT

Joe Goldenson, M.D., Director, Jail Health Services, presented a Jail Health Services update. The packet that was given to Commissioners includes overall information about jail health services, but this presentation focused on working in the jail. Dr. Goldenson and Jo Robinson, Director of Jail Psychiatric Services, showed the Commission the slide show that is given to 8-10 Jail Health staff members at a group training session every month. The discussion with staff reinforces the public health mission of Jail Health Services and the connection to the Department of Public Health. This is an interactive presentation and every slide generates discussion among the staff in attendance. Maintaining professionalism is one emphasis of the slide show. Custody care is very different from other environments and the jail milieu provides unique challenges to the correctional care giver. However, the quality of care must be at the same level as any other institution. Common staff frustrations include: difficult environment to work in; lack of staff and resources; lack of acceptance by custody staff; challenging patient population; resentment that inmates have easier access to

medical services; annoyance at minor reasons for which inmates seek medical attention; perception of over-utilization of services. The discussion talks about the need to be vigilant against staff institutionalization, and the need for caregivers in jail settings to identify with their colleagues in the community. They talk about the mission and vision statements and the commitment to providing continuity of care when inmates are released into the community, being respectful of different cultures, being sensitive to patients' traumas, both historical and current and staff burnout.

Commissioners' Comments

- Commissioner Illig really appreciates the way the report was presented this year. He received the data and demographics, but focusing on how they deal with staff was really compelling. He heard this report at the CHN JCC and it was no less touching this time. He encouraged Dr. Goldenson to work with staff to attach measurable outcomes to their mission and vision statements. He would like to work with staff on a way to get people discharged from jail better linked to services so that the good work of the jail staff is not lost once people get out into the community. He asked Mr. Sass if there is any reason why Jail Health Services should not be put back into the Health Department's budget. Mr. Sass said when it was part of the DPH general fund, we would over expend every year, and each year no additional general fund would be given to these services. Then it got to the point that the Sheriff recommended outsourcing Jail Health services. Their efforts to do that led the Mayor's Office to decide that the Sheriff should have control over the budget. Since Jail Health Services has been with the Sheriff, we have had better luck getting more funding to the Sheriff to deal with the increase. The workorder has grown at a faster rate over the past few years. So we are doing economically better. The relationship between the Sheriff and the public health staff in the jails is never going to be very good. Commissioner Illig asked if Jail Health benefits from the extra money we receive from Laguna Honda and San Francisco General. Mr. Sass said no. Commissioner Illig is concerned that the Sheriff is an elected official with no oversight. These clients are our clients, whether in jail or not.
- Commissioner Watson said the outcome objectives should focus on burnout. He appreciates the report.
- Commissioner Chow said the Commission should not forget that for many years we were under a court order to provide the services we now do voluntarily. We have created a model that we should be promulgating to other counties. The Commission did take umbrage at the idea of outsourcing. For many years DPH revenues paid for deficits in Jail Health Services that the county refused to take responsibility for. One of our challenges here is not being able to fund aftercare. The Health Commission needs to help with this problem
- Commissioner Dodd volunteered herself and Commissioner Chow to do an article to the San Francisco Medical Society Journal that highlights what Jail Health is doing around staff training.

9) **APPROVAL OF A REVENUE SUPPLEMENTAL FOR SAN FRANCISCO GENERAL HOSPITAL AND LAGUNA HONDA HOSPITAL**

Gregg Sass, Chief Financial Officer, said DPH is requesting approval of a year-end supplemental appropriation of \$6.796 million for expenditures that exceed budget at San Francisco General

Hospital and Laguna Honda Hospital. In February 2007, DPH submitted a supplemental appropriation request for the two hospitals based on six months of actual expenditures. Based on actual FY 2006-2007 payroll expenditures, additional appropriation authority is requested. Funding for the supplemental is from SFGH revenues that are expected to exceed budget by \$5.647 million.

Commissioners' Comments

- Commissioner Dodd asked if the Commission gets a quarterly update that this is what we can expect in terms of finances. Mr. Sass said yes, the Commission receives quarterly financial reports.

Action taken: The Commission approved the revenue supplemental appropriation for San Francisco General Hospital and Laguna Honda Hospital.

10) COMMISSIONER REPORTS/ANNOUNCEMENTS

No reports were presented.

11) JOINT CONFERENCE COMMITTEE REPORTS

No reports were presented.

12) PUBLIC COMMENT

Taken out of order, at 4:00 p.m.

Jason Grant Garza said the Health Commission will hopefully open up an investigation about improper care at San Francisco. He was illegally arrested at San Francisco General in 2001. His doctor at the time was Dr. Katz. He has a settlement against San Francisco General issued by the Office of Inspector General. The follow up to care is dismally lacking. Just like in the movie Sicko, the government has denied him his rights in every way—legally, medically, civically and every other which way. The Health Commission needs to address this issue.

At end of the agenda

Anonymous gentleman expressed concerned about the facility that is going to be on Tennessee and 18th Street. There will be a lot of clients who are adolescents with alcohol or drug problems. He is concerned it is going to change the neighborhood. He wishes they would do something to make it. Commissioner Sanchez said the people involved in the project from DPH and UCSF are also concerned about the impact, and will be working with the community to address concerns and receive input. If not, the gentleman should come back before the Health Commission and let us know.

13) OTHER BUSINESS

Commissioner Illig raised the issue of St. Luke's acute care services, and asked at what point the Health Commission gets involved in this issue. Everybody knows that CPMC wants to build on Van Ness. We should work to have these permits held until they commit to St. Luke's acute care. Dr. Katz said most people believe that the plan is to keep St. Luke's open just until they get the permits for Cathedral Hill. The Board of Supervisors is very clear on that dynamic. The Health Commission

should rightfully comment and weigh in on this policy issue. A content issue worth debating is, what exactly do we want them to do with St. Luke's. Commissioner Illig said the Lewin report will be done in September, and will it be presented to the CHN JCC. Ms. Kronenberg said they are hopeful that the report would be done in September, and she can tentatively schedule a presentation to the Health Commission in October. Dr. Katz said CPMC has not even begun the formal EIR process, so the Commission does not have to worry about missing an opportunity. Another Board issue to watch is Sophie Maxwell introduced legislation that requires the Health Department to hire or contract with a planner to review all of the Institutional Master Plans submitted by hospitals in the city.

Commissioner Illig informed the Commission that the CHN JCC is going to start looking at all the addbacks in a program review setting, ask for monitoring reports, and evaluate if they should be funded next year. The CHN JCC is also going to be delving into the Strategic Plan.

Commissioner Dodd would like to make it standard practice that when invitations come in, Commissioners, with the help of Commission staff, divide up the events to make sure there is representation whenever possible. Second, she would like the Commission, as a routine, to send a letter to community people who are receiving awards or being acknowledged for work.

Commissioner Sanchez said the San Francisco General Hospital Medical Staff was excellent. It was unique in the fact that the Mayor not only came but also presented an award to Judy Guggenheim. It was well attended. He was joined by Commissioner Watson and Commissioner Illig.

14) ADJOURNMENT

The meeting was adjourned at 6:50 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (3)