

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, August 21, 2007

At

3:00 p.m.

101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

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

Present: Edward A. Chow, M.D.
Catherine Dodd, R.N., Ph.D.
Roma P. Guy, M.S.W.
James M. Illig
Markus Watson, D.D.S.

Absent: Lee Ann Monfredini, President
David J. Sanchez, Jr., Ph.D., Vice President

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 7, 2007

Action Taken: The Commission (Chow, Dodd, Illig, Guy, Watson) approved the minutes of the August 7, 2007 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

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

For Approval

(3.1) CHP&P-Community Health Education Section – Request for approval to retroactively accept and expend a grant from the California Department of Transportation (Caltrans), in the amount of \$500,000, for the support of a two-year project to increase walking and biking to and from school in San Francisco, for the period of September 1, 2007 through August 31, 2009, as well as one contract with the San Francisco Study Center, for fiscal intermediary services, in the total amount of \$135,541 for the same time period.

Secretary's Note – this item was continued to a future Health Commission meeting.

(3.2) PHP-Community Behavioral Health Services – Request for approval to retroactively accept and expend a grant increase in the amount of \$287,177 from of the California Department of Alcohol and Drug Programs' Comprehensive Drug Court Implementation Grant, to implement a drug court in the San Francisco Dependency Court, for the period of July 1, 2007 through December 31, 2007.

(3.4) Housing & Urban Health – Request for approval of a retroactive contract renewal with Tenderloin Health (formerly Tenderloin AIDS Resource Center, "TARC"), in the amount of \$566,548, which includes a 12% contingency, to provide transitional housing at the Kinney Hotel, targeting persons exiting the criminal justice system, for the period July 1, 2007 through June 30, 2008 (1 year).

(3.5) CHN-Facilities – Request for approval of a contract modification with Fong + Chan Architects, in the amount of \$856,753, for a total contract amount of \$1,435,778, which includes a 12% contingency, to provide facilities compliance services, for the period of September 1, 2006 through June 30, 2008 (1.83 years).

(3.6) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with Golden Bear Associates, in the amount of \$73,020 per year, for a total contract value of \$204,456, which includes a 12% contingency, to provide technical assistance for the Department's Children, Youth, Family System of Care, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

(3.7) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with Episcopal Community Services, in the amount of \$563,804 per year, for a total of \$2,837,943, which includes a 12% contingency amount, to provide mental health and substance abuse services targeting homeless individuals, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

(3.8) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with San Francisco Study Center, Inc., in the amount of \$854,085 per year, for a total of \$2,768,509, which includes a 12% contingency, to provide fiscal sponsorship services for the Tobacco Free Project Community Capacity Building Training Center, for the period of July 1, 2007 through December 31, 2010 (3.5 years).

For Discussion and Approval

(3.3) Housing & Urban Health – Request for approval of a retroactive contract renewal with Chinatown Community Development Center, in the amount of \$61,192, 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 Watson asked if the agency was able to implement monitoring report recommendations. The agency has responded to the monitoring recommendations and is working on implementing the recommendations. The overall monitoring score was three. They expect that everything will be in place by August 31.
- Commissioner Dodd asked if this contract includes a TB testing component. Ms. Antonetty said DPH requires its contractors to have policies and procedures for TB screening, TB precautions, etc, and CCDC's policy was not quite where it needed to be. Commissioner Dodd said that this is a very important policy to have in place and require adherence to.
- Commissioner Chow asked for clarification of the role of the Board for property management, as opposed to the Board of CCDC. CCDC staff said the property management committee, which is listed in the contract documents, oversees all of the buildings. Ms. Antonetty provided the Committee with the list of CCDC boardmembers.

(3.9) AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of \$1,790,712, which includes a 12% contingency, to provide Early Intervention Medical Services (EIP), Bridge Project and Positive Changes Project services, for the period of July 1, 2007 through June 30, 2010 (3years).

Commissioners' Comments

- Commissioner Chow noted for the record that there is a typographical error in the contract summary. The Hep B vaccine is provided to people with a negative Hep B antibody test, not a positive antibody test.

(3.10) AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with UCSF AIDS Health Project, in the amount of \$1,526,121, which includes a 12% contingency, to provide Outpatient Mental Health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through February 28, 2010 (3 years).

(3.11) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of \$2,784,490 per year, for a total contract amount of \$7,796,572 which includes a 12% contingency, to provide mental health services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Commissioners' Comments

- Commissioner Watson asked if treatment goals are tailored to each client. Sidney Lam, CBHS, said yes, each client has his own objective.
- Commissioner Chow noted that the contract includes increased FTEs, yet only a small increase in the contract amount. Is the agency absorbing the additional FTEs? Kavoos Bassiri, RAMS CEO, said the funding increase is for cost of doing business. He added that RAMS has always overproduced in units of service provided as compared to the contracted

units. Mr. Bassiri said that on Thursday, August 16th RAMS received one of the two President's Awards given by the Asian American Psychological Association at its 2007 Annual Convention. The award honors RAMS' dedication and service to the communities.

(3.12) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of \$2,077,706 per year, for a total contract amount of \$8,144,608, which includes a 12% contingency, to provide mental health services targeting children and adolescents, for the period of July 1, 2007 through December 31, 2010 (3.5 years)

Commissioners' Comments

- Commissioner Chow said when the Commission held its meeting in the Richmond, the school wellness program had been closed because of resistance by the school. Has this issue been overcome? He hopes this is the case because the community had raised concerns about the lack of services. Ms. Chan-Sew said the school has embraced the program. Ms. Chan-Sew noted that four additional schools will have wellness centers next year, and now practically all schools have wellness centers.
- Commissioner Dodd said that earlier this year a couple of high school students came to the Health Commission and expressed concern that not all students are aware of services offered at the wellness center and asked if contraception and sexually transmitted diseases services are part of the wellness program. Ms. Chan-Sew said these services are provided.
- Commissioner Watson asked if the team offers students information about student rights and student confidentiality. Ms. Chan-Sew said yes, the team does, but also the centers hire youth workers, who are a link to getting this information to other students.

(3.13) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with Bayview Hunter's Point Foundation for Community Improvement, Inc., in the amount of \$6,023,597 per year, for a total contract value of \$10,514,229, which includes a 12% contingency, to provide mental health and substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Watson asked about if the ratings for the jail detox program reflect the 3-month start up. Jacob Moody, BVPHF Executive Director, said yes.
- Commissioner Dodd asked how they are intending to increase the number of units of service for the jail detox program. Mr. Moody said this program is fully staffed now, and has a complete client load, so they are on track to meet all of these objectives.
- Commissioner Chow asked why the agency was unable to meet the client satisfaction survey requirements. Mr. Moody said they did a complete remodel of the youth services building, which coincided with the time when the client satisfaction survey was administered. This disruption impacted the ability to get the required return rate. They expect to be able to address this next year. Chow congratulated the agency for doing such a good job over the past 18 months.

(3.14) Community Behavioral Health Services – Request for approval of retroactive master renewal contracts with San Francisco Mental Health Plan providers, in the amount of \$4,444,437 per year, for a total of \$7,466,654, which includes a 12% contingency, to provide Managed Care Mental Health Services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Contractor (all are non-profit)	Address	Type of Services
Bay Area Children First	999 Sutter Street San Francisco, CA 94109	<u>Group Provider</u> Outpatient Mental Health Services
California Pacific Medical Center Sutter Health	2323 Sacramento St San Francisco, CA 94115	<u>Group Provider</u> Outpatient Mental Health Services
Clinical Training and Research Institute	825 Van Ness Avenue Suite 503	<u>Group Provider</u> Outpatient Mental Health Services
Jewish Family and Children's Services	2534 Judah Street San Francisco, CA 94122	Organizational Provider Outpatient Mental Health Services
UCSF Langley Porter Hospital and Clinics	401 Parnassus, Box 0984 San Francisco, CA 94143	Group Provider Outpatient Mental Health Services
Physician Foundation at CPMC	3801 Sacramento Street Suite 112, San Francisco, CA 94118	Group Provider Outpatient Mental Health Services
Realizing Our Youth as Leaders, Inc. (ROYAL)	2675 Folsom Street San Francisco, CA 94110	Group Provider Outpatient Mental Health Services
San Francisco General Hospital Psychosocial Medicine	1001 Potrero Ave 7M San Francisco, CA 94110	Interagency Agreement Outpatient Mental Health Services
Survivors International	703 Market Street, Suite 301 San Francisco, CA 94103	Group Provider Outpatient Mental Health Services
West Coast Children's Center	545 Asbury Ave El Cerrito, CA 94530	Organizational Provider Outpatient Mental Health Services
YWCA of Contra Costa County	1320 Arnold Drive, Suite 170 Martinez, CA 94553	Group Provider Outpatient Mental Health Services

Secretary's Note – This contract was continued to a future Health Commission meeting.

(3.15) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of \$6,674,277 per year, for a total of \$11,212,786, which includes 12% contingency, to provide mental health services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Chow said it appears FSA disagrees with some of the findings in the monitoring report. Mr. Lam said this relates to the Geriatric Outpatient Program, which received a score of 1.5 for program performance. Carole McKindley-Alvarez from FSA said they disagree with some of the findings that led to the low score because documents were actually completed. FSA has implemented policies and procedures to address the other areas that contributed to the low score.
- Commissioner Dodd said the contract documents indicate that FSA has a total of 1600 clients. Is this correct? Robert Bennett, executive director of FSA, said yes, and added that they have every imaginable type of client. Some programs have low caseloads, whereas in the geriatric program, the average caseworker has 60 clients. In general, their clients are the neediest clients who are not institutionalized.
- Commissioner Chow asked why the case management rate varies within the agency. Mr. Bennett said some programs have more senior staff who are more highly paid, and this is reflected in the rate. Mr. Batonbacal said that this is also a function of historical rate negotiations. There is nothing hard and fast that requires that unit rates be the same. RAMS at one point took leadership in saying that rates should be the same for all providers, and this is something DPH could look at. Ultimately the capacity to produce units depends on the number of agency staff.
- Commissioner Dodd congratulated staff and the contractor for including additional outcome objectives. Mr. Bennett said the agency has adopted the recovery model and part of this is to look at the clients' outcome objectives and hold themselves accountable for outcomes.

(3.16) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of \$2,016,338 per year, for a total of \$3,387,448, which includes 12% contingency, to provide mental health/substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Dodd is presuming that the child care numbers are not in the demographics. German Walteros from IFR said these clients are not included.
- Commissioner Watson asked when the plan of correction for client satisfaction surveys would be implemented. Ingrid Zimmerman from IFR said it was already implemented in the November survey that went to the State and in the May survey. This will be reflected in the next monitoring report.

(3.17) Community Behavioral Health Services – Request for approval of a retroactive contract renewal with Baker Places, in the amount of \$3,638,611 per year, for a total of \$10,190,911, which includes a 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Action Taken: The Commission (Chow, Dodd, Illig, Guy, Watson) approved the Budget Committee Consent Calendar, with the exception of Items 3.1 and 3.14, which were continued to a future Health Commission meeting.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented the Director's Report.

Parcel A Notice of Violation

On Monday August 20th, the Department of Public Health sent a notice of violation to Lennar Corporation for a dust control violation that occurred on Friday August 17th. The violation was that dust crossed the perimeter of the area due to insufficient watering. Fortunately, the perimeter where the dust crossed was near the Navy land, not near residential or school properties. The notice of violation requires a 48-hour stoppage in order for Lennar to institute additional controls to prevent dust violations. This was the first dust violation in the last six months and we hope it will be the last one.

Dr. Chow Chosen as Ethnic Physician Leader of the Year

Dr. Katz reported that that Dr. Edward Chow has been chosen to receive the California Medical Association Foundation's *Ethnic Physician Leader of the Year* Award. Dr. Chow was nominated by the San Francisco Medical Society. In making their nomination, the Medical Society noted that Dr. Chow was "universally known among many communities as an expert, ethical, persistent and wise advocate for human health and well-being, with particular focus on underserved communities." I am sure all of you join me in congratulating Dr. Chow for this well deserved honor. He will receive the award at the Network of Ethnic Physician Organization's Annual Summit Dinner on September 15 at the Radisson Hotel in Sacramento.

Healthy San Francisco Participants Top 1000

Mayor Gavin Newsom made a brief appearance at Chinatown Public Health Center on August 14th to announce that Healthy San Francisco enrollment has exceeded 1000 participants. It is very gratifying to achieve this landmark in mid-August as we had not anticipated reaching 1000 enrollees until well beyond the first two debut months. The Mayor and Dr. Katz were joined by Linda Bien, Executive Director of Northeast Medical Services; Dr. Albert Yu, Medical Director of Chinatown Public Health Center; and Tangerine Brigham, Director of Health Access Program. We were also privileged to have three new Healthy San Francisco participants who spoke to the reporters about their reasons for signing up and how important the new program is to their health and well being. The next phase of the program implementation will begin on September 17th and include 14 health centers from the Department of Public Health and eight health centers affiliated with the San Francisco Community Clinic Consortium. We will continue to target the City's most vulnerable residents who have incomes at or below 100% of the Federal Poverty Level. Healthy San Francisco will be phased in over an 18-24 month period.

Laguna Honda Hospital Community Meeting for Assisted Living Feasibility Study

Laguna Honda Hospital's assisted living project team issued a draft feasibility study on August 2. The study reports construction costs ranging from \$148 to \$207 million for the five options studied. It recommends a number of possible cost-cutting steps, which the team is now exploring.

Fifty community members met at the hospital library on August 15 to ask questions and to offer comments on the report. The meeting included residents, staff, neighbors, union representatives, and community health advocates. It produced constructive and beneficial feedback reflecting a diverse array of opinions.

The central topics of discussion that emerged at the meeting included the cost projections, the number of residents the facility would serve, the city's decision-making process, and whether a licensed or unlicensed facility is the more appropriate model of care.

The project team will convene a second meeting in the DPH auditorium on August 27 at 2 pm. The deadline for public comment is September 4. A final report is due out by the end of September. It will reflect consideration of cost-cutting options and input from the community meetings

The study is posted on the DPH and hospital websites. Hard copies were distributed by mail or hand delivery to community members who have been following the process. The report is also on file at the main library and the West Portal branch. I am distributing a copy to each of the Commissioners.

San Francisco General Hospital Public Scoping Meeting Scheduled

The San Francisco Planning Department will conduct a Public Scoping Meeting on the San Francisco General Hospital New Construction. The purpose of the meeting is to assist the Planning Department in defining the scope and content of the environmental impact analysis and information to be contained in the Environmental Impact Review (EIR) for the project. Attendees may provide oral testimony. Based on the number of people who wish to speak, a time limit on testimony may be applied. Written comments will be accepted at the meeting and until the end of the review period, close of business (5:00 pm) on September 10, 2007. The meeting will be held on Tuesday, August 28, 2007 at 6:00 pm in San Francisco General Hospital, Carr Auditorium (Building 3 located at the corner of Vermont Street and 22nd Street). Pat Siefers, at the Planning Department, 575-9045, can answer questions about this meeting.

3-1-1 Taking Calls for Vital Records

Effective last week, 311 now answers call by the public for vital records information. Calls from the public to Vital Records at 554-2700 are now automatically transferred to 311. Customers within San Francisco can call 311 directly and those outside of the City can access Customer Service by calling 415-701-231.

The operators at 311 can view our vital records order system to determine the status of the order. If the order is not complete due to unusual procedural issues they place a call to a phone number here at Grove St. and we will expedite a solution to complete the order.

New HIV+ Dental Service

The San Francisco Department of Public Health and Tenderloin Health—a community agency which serves HIV clients—are working collaboratively to provide new HIV+ dental services with the help of a SPNS (Special Project of National Significance) federal grant. This new service will begin next week at Tom Waddell Health Center Dental Clinic and the following week at Tenderloin Health, located at 255 Golden Gate Avenue.

Clients will be offered a variety of appointment types including drop-in's and by appointment. In an effort to capture as many clients as possible, screenings will also be available by drop in for HIV clients during all medical HIV clinic times.

This new dental service for HIV+ individuals is part of a Boston University-based research project serving 15 different locations throughout the country and Virgin Islands. The primary focus is looking at the specific "intervention" each site uses to bring clients into care to improve both oral health and general health outcomes.

Healthier Living Workshop

Health educators from Tom Waddell Health Center and SFGH Quality Management Education and Training Center are beginning a free six-week “Healthier Living Workshop” next month at San Francisco General Hospital. This chronic disease self-management workshop is designed to help patients with any ongoing conditions such as diabetes, arthritis, hepatitis C, HIV, and high blood pressure, to manage their health in ways that will bring positive results to their physical and emotional well-being. Topics include coping with pain, relaxation techniques, medication tips, fitness and exercise, tips for eating well and managing stress, fatigue and frustration. The organizers welcome patient referrals from all healthcare providers throughout the Department. For more information or enrollment, contact Jane Lev, 355-7414.

Adult Immunization and Travel Clinic (AITC)

The AITC has become the leading provider of travel vaccine services in San Francisco. For the 2006-07 fiscal year, AITC logged 7,200 client visits for pre-travel health consultation, vaccination, and anti-malarial prescription services. In addition, there were 5,100 visits to the clinic for general (non-travel) adult immunization services, plus 3,500 visits specifically for flu shots. Another 3,300 flu shots were administered on-location at businesses and organizations all over the city. The AITC increased business by 21% over the previous fiscal year, resulting in \$1.5 million in revenue.

During 2006-07, the clinic initiated blood testing services to determine hepatitis B infection status and immunity to vaccine-preventable diseases, incorporated new vaccines against shingles and HPV into its general adult vaccination programs, reconfigured the clinic to accommodate five full-time injection stations, standardized its reception and customer service operations, increased outreach to the community, and expanded its capabilities to operate flu shot clinics at 101 Grove and to provide flu shots on-location at San Francisco businesses and organizations.

With all this growth, we continue to get positive feedback from clients while providing a high level of service and clinical care. We can look forward to more program improvements and additional offerings in 2007-08. The AITC website www.sfdph.org/aitsc is updated regularly to highlight services, fees, and program enhancements.

New HIV Prevention & Research Director

Dr. Katz announced that Grant Colfax, MD, has been named as the new Director of HIV Prevention and Research. Dr. Colfax has spent the past 10 years working in the HIV prevention field, including prevention research, outcome evaluation, healthcare delivery and public policy. He is a graduate of Harvard Medical School and completed his residency in Internal Medicine at University of California, San Francisco. He will begin his role as director on Sept. 4. Dr. Katz especially wants to acknowledge and thank Tracey Packer for doing a great job serving as Interim Prevention Director for the past two years.

Pride Parade Award Winner

Finally, Dr. Katz is pleased to report that the Department of Public Health was judged as the Most Fabulous Marching Contingent in this year’s Pride Parade. The STD Division accepted the award on behalf of the Department at the Pride Parade Awards celebration last week at the LGBT Center. Many thanks to all of those who marched in the Pride Parade.

Community Health Network – San Francisco General Hospital, Credentials Report, August 2007

	08/07	08/07 to 07/08
--	-------	----------------

New Appointments	25	71
Reinstatements	0	0
Reappointments	49	82
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	24	15
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	1	1
Changes in Privileges		
Additions	5	8
Voluntary Relinquishments	4	9
Proctorship Completed	8	8
Proctorship Extension	0	0
Current Statistics – as of 08/1/07		
Active Staff	512	
Courtesy Staff	576	
Affiliate Professionals (non-physicians)	208	
TOTAL MEMBERS	1,296	

Applications In Process	51	
Applications Withdrawn Month of August 2007	0	0 (08/07 to 07/08)
SFGH Reappointments in Process Sept 2007 to Dec 2007	199	

Commissioners' Comments

- Commissioner Chow thanked the Medical Society and CMA Foundation for its recognition but it is only because of his colleagues that he is able to do this work. Healthy San Francisco has gathered enormous interest and is an enormously important initiative that we are all proud to be a part of.
- Commissioner Guy said Commissioner Chow has been a role model for her to understand issues around ethnic health and she appreciates the honor he has received. The fact that we have wellness centers in schools is because many people worked on this issue and got through many challenges and she wants to honor the efforts. She appreciates RAMS' response to the concerns raised at the Richmond Community Health Commission meeting about lack of youth services in the Richmond. We are going through the storm right now around health issues in the Bayview. This is not an easy period and we have to keep our eye

on the prize that environmental health is a part of health. She congratulated staff of Healthy San Francisco.

- Commissioner Watson congratulated Commissioner Chow. He also acknowledged Tenderloin Health and DPH for the new dental services.
- Commissioner Dodd echoes the remarks of Commissioner Watson and Commissioner Guy with regard Commissioner Chow. She remembers when he was teaching people 20 years ago about ethnic health. She asked if the assisted living community meetings were advertised and well publicized to the community. Similarly, how have we advertised the SFGH public scoping meeting and do the supervisors know about the meeting? Dr. Katz said that Laguna Honda has a very extensive list of all neighborhood associations due to the strong community outreach effort since pre-1999. Mr. Kanaley said it was publicized in the West Portal Monthly and added that the paper has granted him a monthly column. Notice was sent to all the neighborhood associations and network of individuals who are interested in the rebuild. Ms. O'Connell said the Planning Department prepares the documents that are distributed to the neighbors. In addition it is published in the newspapers and was noticed in the Business Times. All the notices were translated and posted around the hospital and in the clinics. The Department went beyond the Planning Department's routine efforts.
- Commissioner Illig feels privileged to serve on the Commission with Commissioner Chow. He asked how the Department was notified that there was a dust problem on Parcel A. Dr. Katz said part of the Department's monitoring includes people who are onsite looking at the site.

Public Comment

Jacob Moody appreciates the wellness centers. Since 1996, the Health Commission has supported and funded Balboa Teen Clinic. While wellness centers are very good they are no substitute for comprehensive school health centers, particularly in high schools. We need to advocate State and Federal government to provide funding for comprehensive, integrated school-based health centers. He appreciates the ability of people who monitor the dust at Parcel A. There is a lot of work going on in the neighborhood, and a lot of projects create dust, including the project at the old Coke building. It would be helpful if dust monitoring could occur at other sites.

5) EMPLOYEE RECOGNITION FOR THE MONTH OF AUGUST

Commissioner Watson presented the August employee recognition awards.

<u>Team Award</u>	<u>Division</u>	<u>Nominated By</u>
Universal Home Visiting Team	Maternal Child	Jane Evans
▪ Nelda Malilay, PHN	Adolescent Health	
▪ Yan Oi Wong, PHN		
▪ Veronica Valenzuela, CHW		
▪ Jane Evans, Nurse Manager		
▪ Philip Ziring, M.D.		

<u>Team Award</u>	<u>Division</u>	<u>Nominated By</u>
Environmental Services ▪ John Hay ▪ Jose Zaragoza	SFGH	Lann Wilder

<u>Individual Award</u>	<u>Division</u>	<u>Nominated By</u>
Andrea Crowley, R.N.	SFGH Psychiatry 7B	Regina Glass

6) **FY 2006-2007 4TH QUARTER FINANCIAL REPORT**

Gregg Sass, DPH Chief Financial Officer, presented the 4th Quarter Financial Report. These projections are based on revenue collected and billed, and expenses incurred for the twelve months of the fiscal year. DPH is projecting a \$6.455 million surplus. Virtually all of this is coming from Laguna Honda Hospital. In addition it looked like LHH would significantly overspend in personnel costs. As the year closed out LHH did better than expected on expenditure control. John Kanaley and Mivic Hirose worked very hard to keep spending in line. The Mayor's Office has agreed to transfer \$1.2 million of the surplus into MOU reserves and also agreed to pick up a large portion of workorder increase with the Sheriff. For Jail Health, they realistically project that expenses will be greater than the work order in the coming year. He will present additional data and analysis on this at a future Health Commission meeting.

Public Comment

Ed Warshauer, SEIU, informed the Health Commission that SEIU is working behind the scenes to advocate for a program called S-Chip. They presume this program would have an impact on the revenue side and want to work with the Department on this advocacy to help the financing of public health in San Francisco.

Commissioners' Comments

- Commissioner Guy asked if the variances in Public Health are one-time in nature and due to reclassification issues. A variance this large seems out of the ordinary for Public Health. Mr. Sass said it is largely classification issues and they have been addressed in this year's budget.
- Commissioner Dodd asked the implications of the State budget not being adopted to the Health Department. Also, the new CMS regulations that were promulgated last week will decrease reimbursements to hospitals if there are nosocomial infections, falls, etc. Have we taken a position on this? Mr. Sass said the Health Department and advocacy organizations comment on proposed changes. The budget delay primarily impacts the City Treasury, not specifically the Health Department.
- Commissioner Illig asked what the Mayor's Office had estimated/budgeted the DPH surplus to be. Mr. Sass said the 3rd Quarter report projected a little more than \$1 million surplus, and the Mayor's Office was aware of the potential overspending issues at Laguna Honda Hospital. Dr. Katz added that the Health Department's projections are taken in the context of all other departments. There is not a correlation between how much departments return to the general fund and how much general fund they receive for the following year. Commissioner Illig said it is too bad that we were not able to have some

of our structural issues funded when we ended the year with a surplus. Mr. Sass added that the Health Department does receive a benefit from providing surpluses and under spending. Commissioner Illig confirmed that this report does not include the grants. Mr. Sass said grant revenues and expenditures are not part of the general fund or enterprise fund accounting, and are accounted for in a separate system. Commissioner Illig would like the Commission to get a presentation on the grants budget.

- Commissioner Chow asked Mr. Kanaley what he did to bring his personnel costs under control. Mr. Kanaley said the majority was revenue that was collected that exceeded budgeted revenue. In addition, LHH received a revenue supplemental to cover the over expenditures. Mr. Sass added that Tom Radenburg worked very closely with Valerie Inouye to utilize a labor tracking model to look at how every unit was being staff and compare this with the daily census to determine what staff was needed. In addition, one of the units was closed for a period of time and patients were transferred. This helped minimize the variance. Mr. Kanaley said it helped that Laguna Honda passed its survey at the first visit. In addition, the nursing staff carefully evaluated how many coaches and sitters were used throughout the house. Commissioner Chow asked if the current budget includes the sobering center. Mr. Sass said the budget includes full funding for the sobering center.

7) **MORTALITY AND MORBIDITY REPORT**

Tomas Aragon, M.D., Deputy Health Officer, presented a report titled “Calculating Expected Years of Life Lost to Rank the Leading Causes of Premature Death in San Francisco.” This work directly connects to the Department’s mission to assess and research the health of the community. The purpose of this study is to rank the leading causes of premature death in San Francisco using Years of Life Lost (YLLs), to provide the methodological details so that analyses can be automated and replicated by other local health jurisdictions and to monitor over time the changing mortality burden of disease and injury.

African American men continue to experience the highest number of years of life lost in San Francisco. The 15 leading causes of premature death for men are: ischemic heart diseases; HIV/AIDS; lung, bronchus and trachea cancers; cerebrovascular disease; hypertensive heart disease; self-inflicted injuries, all mechanisms; drug overdose, unintentional; violence/assault, all mechanisms; chronic obstructive pulmonary disease; alcohol use disorders; liver cancer; lower respiratory infections; diabetes mellitus; cirrhosis of the liver; colon and rectum cancers. For almost every single condition, African American males have much higher rates.

The leading causes of premature death among women are ischemic heart diseases; cerebrovascular disease; lung, bronchus and trachea cancers; breast cancer; hypertensive heart disease; chronic obstructive pulmonary disease; lower respiratory infections; Alzheimer and other dementias; colon and rectum cancers; diabetes mellitus; pancreas cancer; self-inflicted injuries, all mechanisms; lymphomas and multiple myeloma; drug overdose, unintentional; HIV/AIDS.

Implications and Next Steps

- We provide the methodological details for calculating YLL for any geographic area that has death registry data
- We demonstrate how these results can be used to rank the leading cause of premature death for different population groups

- Link the leading causes of premature deaths to underlying causes based on population attributable fractions
- These analyses will be repeated to monitor changes

Commissioners' Comments

- Commissioner Guy said it is very exciting that Dr. Aragon presented this report today. This work was cut out of the budget and it is very important that this work be started again to help us determine health priorities. Despite the fact that the Health Department did not get the requested epidemiologist in this year's budget, you can be sure there will be advocates for this next year. As commissioners, this needs to be put on our radar screen. This kind of work will help the Commission and the Department as it evaluates the Strategic Plan. She and Commissioner Watson are going to help keep this on the Health Commission agenda. Analyzing the burden of disease helps determine and evaluate interventions.
- Commissioner Watson thanked Dr. Aragon for the comprehensive report. The data will help focus efforts. You can see that the burden of disease has not changed much over the last 10 years. This report should be included in the package of materials that are sent to the Board of Supervisors to demonstrate the need for this type of epidemiological work.
- Commissioner Dodd is struck by the fact that there is only one place where we see alcohol use disorders, yet the Department spends so much money on alcohol and substance abuse treatment. If the DPH prevention budget were to reflect our priorities, we would single the high ranking causes of death out and say this is where we need to spend our money. What would happen if we did case management for people with heart disease or at risk for heart disease to the extent that we provide case management for mental health clients who are also at risk. Dr. Aragon noted that his data is for all of San Francisco, not just DPH clients.
- Commissioner Chow said that the report that covered 1990-1995 was very thorough and included a lot of different analyses. This report focuses on one measure. Dr. Aragon said as data comes in, they would like to do other areas, for example neighborhood mortality data. Commissioner Chow asked when this type of reporting could be expected. Dr. Aragon said that it could be done quite quickly if there were staff. Since he is the only person working on this, it will take longer. Commissioner Chow said ideally it would be helpful to be able to compare this report with the 1995 report, but clearly this is a matter of resources being allocated for this effort. He asked if it would be possible to disaggregate the Asian population. Dr. Aragon said that it can be done, but again, will take some time. Commissioner Chow noted that the Asian population in aggregate consistently looks better than other populations but when you disaggregate it becomes clear that certain Asian populations are not doing better. It would be great if the three disparity working groups to look at this data.

8) PUBLIC COMMENT

CW Johnson, Mental Health Association, said the Health Department should consider a health care outreach program to SROs to provide general medical care. In the last five years, 25 people have died in SROs, mostly for reasons such as being too tired to go out and get heart medication. Some people are mentally and physically disabled and cannot get out. This is a population that gets overlooked. Commissioner Chow asked Dr. Katz if SROs get support from the Health Department. Dr. Katz said

they do, but the level varies. The ones that are run by DPH's Housing and Urban Health that house DPH clients get the highest level of service. Other SROs get very minimal services. Commissioner Chow said that Healthy San Francisco will help this population. Commissioner Dodd said we should ask SROs to post a sign providing information about who to call if someone needs care. Dr. Katz will ask the urban health group their thoughts about the most effective way to communicate services at SROs that are not part of the DPH system. Commissioner Illig pointed out that there are many providers that go to SROs and have ways of reporting people who are not doing well. This needs to be coordinated better, and the Commission can talk about this when it hears the Housing and Homeless Report. Commissioner Watson said it would be important to get this information to people living in the SROs.

9) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)**

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Watson) voted to hold a closed session. They went into closed session at 5:15 p.m.

Present in closed session were Commissioner Chow, Commissioner Dodd, Commissioner Guy, Commissioner Illig, Commissioner Watson, Stephanie Gleason, Deputy City Attorney, Gene O'Connell, San Francisco General Hospital Medical Center Executive Administrator, Elizabeth Jacobi, Director of Human Resources, Mitchell H. Katz, M.D., Health Director and Michele Seaton, Health Commission Executive Secretary.

C) **Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)**

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Watson) approved the settlement in the amount of \$25,000.00 Mandana Siyadat v. City and County of San Francisco, Superior Court Case No. 461092

D) **Reconvene in Open Session**

The Commission reconvened in open session at 5:30 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Watson) voted not to disclose discussions held in closed session except for the approval of the settlement.

10) OTHER BUSINESS

Commissioner Dodd reminded Dr. Katz that the Commission requested an update on Supervisor Maxwell's legislation requiring DPH review of hospitals' institutional master plans.

Commissioner Illig said the CHN JCC did not meet in July, but will meet next week at which it will hear updates on the Centers of Excellence, the work of the HIV Planning Work Group and a preview of the housing and homeless report. The SFGH General JCC will be looking at wait times for specialty care and use baseline data to evaluate success. They also heard about the recertification survey of the trauma program, and how important it is to the certifiers that SFGH has a helipad.

Commissioner Chow and Commissioner Guy were at the Cultural Competency Committee and heard the report on how cultural competency is going to be moved forward within the department. They are looking for a report that notes three points of improvement, rather than a new report every time. Commissioner Illig and there is a lot of positive feedback toward integrating the cultural competency report into the contract.

Commissioner Chow said the Laguna Honda Hospital Joint Conference Committee is continuing its monitoring of the Laguna Honda Hospital Replacement Project, and the project is currently approximately four months behind schedule. He also is working with Ms. Gray to better understand the TCM program.

Commissioner Dodd noted that the Health Department information is listed inaccurately in the Senior Resource Directory. Commissioner Illig said that seniors do not really use this resource, and it primarily emphasizes private geriatric care providers.

Dr. Katz announced that he just received a message that the State budget impasse has been resolved.

11) COMMISSIONER REPORTS/ANNOUNCEMENTS

12) JOINT CONFERENCE COMMITTEE REPORTS
(Reports by the Chairs of the Joint Conference Committees)

13) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.



Michele M. Seaton
Executive Secretary to the Health Commission