

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



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MINUTES

SPECIAL HEALTH COMMISSION MEETING

Tuesday, September 18, 2007

At

3:00 p.m.

MISSION CREEK SENIOR COMMUNITY

225 BERRY STREET

San Francisco, CA 94158

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:20 p.m.

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

Commissioner Monfredini thanked Mission Creek Community Service for allowing the Health Commission to hold this meeting here. It is a lovely site and they are very hospitable.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 21, 2007

Action Taken: The Commission approved the minutes of the August 21, 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.

For Approval

(3.1) PHP-Community Health Programs/CHP&P – Request for approval to accept and expend a grant from the California Office of Traffic Safety, in the amount of \$387,557, for the support of a project to improve child passenger safety in San Francisco, for the period of January 1, 2008 through September 30, 2009, and contracts with the San Francisco Study Center for fiscal intermediary services in the total amount of \$78,750 for the same time period and O’Rourke PR, Inc. for media services in the total amount of \$80,000 for the same time period.

(3.2) PHP-Environmental Health – Request for approval to retroactively accept and expend a grant from the California Department of Food and Agriculture, in the amount of \$191,664, in support of the Pierce’s Disease Control Program, for period of July 1, 2007 through June 30, 2010.

(3.3) BHS – Request for approval of a retroactive contract renewal with San Francisco Suicide Prevention, in the amount of \$469,277 per year, for a total contract amount of \$2,365,156, which includes a 12% contingency, to provide counseling, prevention and case management services targeting high risk clients, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

(3.4) BHS – Request for approval of a retroactive contract renewal with National Council on Alcoholism and Other Drug Addictions - Bay Area, in the amount of \$238,198 per year, for a total contract amount of \$1,200,518, which includes a 12% contingency, to provide information, education and referral services related to alcohol and other drug use/abuse populations, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

(3.5) AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with Native American AIDS Project, in the amount of \$474,387, which includes a 12% contingency, to provide HIV/AIDS case management and peer advocacy services, for the period of July 1, 2007 through June 30, 2011 (4 years).

(3.6) PHP-STD Prevention & Control – Request for approval of a retroactive new contract with the San Francisco AIDS Foundation-Stonewall/Magnet Project, in the amount of \$401,895, which includes a 12% contingency, to provide STD & Syphilis testing and treatment services to gay men and other men who have sex with men, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

For Discussion and Approval

(3.7) BHS – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of \$6,379,876 per year, for a total contract amount of \$10,573,718, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Sanchez asked if the number of unduplicated clients is the same as the number of units. Ms. Stevenson said it is a function of how units of service are defined. For example, a program might have sixteen residential units and a 16-day treatment unit, so total unit is 32, but the number of clients is 16.
- Commissioner Watson asked about the low score for medication monitoring. Mr. Banuelos said the medication management function goes on even in the absence of a nurse practitioner. Baker has had trouble in the last two years recruiting an NP, primarily because of the inordinate amount of paperwork that is required. They are in the process of negotiating to get permission to reallocate these funds to hire a part-time psychologist to visit the clients in the same setting but who is not required to fill out the paperwork. In the event that this does not address the issue, they are now also recruiting for the NP position.
- Commissioner Sanchez noted that there are nine boardmembers, substantially less than the 15 that the bylaws allow for. Mr. Vernick said the Baker board shares his concern, and hope that this will change in the next year.

Comments at the Health Commission Meeting

- Commissioner Monfredini said that the contract with Baker is for a large amount of money, and it is critical that the issues in the last contract year be addressed.
- Commissioner Guy is concerned that we are proceeding around the medication management piece and it appears that Baker wants to eliminate this modality. Ms. Garcia said Baker has made this request and they are still in negotiations. Stephen Banuelos said they are not looking at getting rid of the service, but rather how to bill for it. One thing they are looking at is having the service provided, but having it billed as part of the overall service, rather than separately. At this point they are needing to have people go out into the community to get these services, and this year this became a significant problem. They should have an agreement in the next month. Commissioner Guy requested that Mr. Banuelos report to the CHN JCC about how this has been resolved.
- Commissioner Illig said in the old days, there was one unit rate per house. He is concerned about what Baker said in their response letter—that this causes them to have an operating deficit. Ms. Garcia said that during negotiations they increased Baker's nursing capability and gave them other dollars. Commissioner Illig is bothered that Caduceus did not do an audit but billed us for an audit. Ernestina Carillo said Caduceus will submit an audit by December 31st. The agency was deficient in this area.
- Commissioner Dodd serves on several boards, and many non-profits face the issues around audits. Auditors can cost a lot of money. Are their resources that non-profits can share? Ms. Garcia will look at this.

(3.8) BHS – Request for approval of retroactive contract renewal with the Caduceus Outreach Services, in the amount of \$439,011 per year, for a total contract amount of \$737,539, which includes a 12% contingency, to provide intensive case management, psychiatric treatment services targeting homeless adults, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Sanchez asked if Caduceus is on track to meet all monitoring report requirements. Mr. Batonbacal said with the increased contract amount, CBHS is holding Caduceus to a higher level of accountability. Caduceus has submitted all documents that were required. Commissioner Sanchez noted that there are only five people on the board. Teresa Gee, CFO, said that the bylaws allow for 15 board members, but those bylaws were developed 11 years ago. At its next meeting the Board will discuss Board restructuring.
- Commissioner Watson asked if the agency has met DPH's cultural competency requirement. Mr. Batonbacal said the agency was out of compliance with cultural competency last year, but not out of compliance this year. They attended the DPH training on preparing cultural competency reports, and CBHS staff will be working with the agency to develop cultural competency objectives for the coming year.

(3.9) AIDS Office-HIV Prevention and Research – Request for approval of a retroactive new contract with Asian and Pacific Islander Wellness Center, in the amount of \$168,000, which includes a 12% contingency, to provide HIV prevention, mental health and substance abuse treatment services – TRANS:THRIVE Program for the transgender population in San Francisco, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Watson asked how close they are to hiring and training staff. Carlos Bermudez from API Wellness Center said that are completing interviews this week, and are on target to bring people on board by the end of the month. Melenie Eleneke added on the activities that have been done during the bridge period and developing TRANS: THRIVE, including a retreat to facilitate stakeholder input and signing MOUs with partner agencies. Commissioner Watson asked what the training will consist of. Ms. Eleneke said they will be using UCSF training tools and the health educator and case manager will be responsible for this once they come on board. Ms. Packer added that that CBHS, Community Programs and the AIDS Office worked very collaboratively to make this work.
- Commissioner Sanchez asked if Dr. Michael Reyes is still on the Board. Mr. Bermudez said yes, he is.

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

4) DIRECTOR'S REPORT

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

Healthy San Francisco

Healthy San Francisco has been making the news both locally and nationally. Last Friday, the New York Times front page featured Healthy San Francisco and included interviews with new members, Mayor Newsom, Tangerine Brigham and Dr. Katz. The reporter gave an excellent overview and history of the program and the article spurred a great deal of interest throughout the country.

Yesterday was the first day of the second phase of making Healthy San Francisco available throughout the City. We went from a debut at two Health Centers to a full roll out with 22 Health

Centers at 27 sites. The first day of operations went smoothly without major operational hurdles being reported from the project team. This reflects the excellent preparation and planning that preceded yesterday's implementation.

This morning, the Mayor and Supervisor Ammiano held a press conference at Maxine Hall Health Center to update the public on the progress of Healthy San Francisco. Also in attendance were Catherine James, MD, Director of Maxine Hall, John Gressman, Executive Director of the San Francisco Community Clinic Consortium, Tangerine Brigham and Dr. Katz. The Mayor announced that as of yesterday, (including the two month debut period) 1850 people have been enrolled into Healthy San Francisco.

In addition to the expansion, the other features launched yesterday were: One-E-App, DPH Eligibility & Enrollment Unit, Healthy San Francisco Customer Service Center and an expanded website. Dr. Katz thanked everyone involved in this tremendous effort.

Newcomers Health Program Collaborative Awarded Grant Funding for Let's Be Healthy! Project
The Newcomers Health Program of Community Health Promotion and Prevention, in collaboration with our community-based partner and lead agency, Bay Area Community Resources, received a \$15,000 grant from Kaiser Permanente's Local Community Benefit Grant for the Let's Be Healthy! Project. This grant from Kaiser is being matched by Robert Wood Johnson Foundation's (RWJF) Local Initiative Funding Partners—the primary funder for a total of \$30,000. Let's Be Healthy! Project's goal is to prevent chronic health conditions through education, activities and leadership development for the Russian-speaking newcomer community, and providing culturally and linguistically appropriate chronic disease self-management sessions for those with chronic diseases.

The funding from Kaiser will focus on the Chronic Care Management Component of the project which is implemented in close collaboration with Family Health Center and Ocean Park Health Center. Over the course of the one year grant, we will implement two series of chronic disease self-management sessions at these health centers, and coordinate two to three healthy living group workshops in Russian.

Evaluation reports from the first two years of the Let's Be Healthy! Projects are available at <http://www.dph.sf.ca.us/CHPP/newcomers/newreports.shtml>. For more information or referrals to any components of the project, please contact Patricia Erwin, Program Manager of Newcomers Health Program at (415) 364-7651, or by email at patricia.erwin@sfdph.org.

San Francisco General Hospital Medical Center Earns Baby Friendly Hospital Certificate
After many years of hard work and a commitment to providing support, education and encouragement for new mothers to breastfeed their babies, San Francisco General Hospital Medical Center has earned the designation of "Baby Friendly Hospital" by the World Health Organization and UNICEF. Earning a "Baby Friendly Hospital" designation is a highly prestigious award and requires that a hospital establish and maintain intense and rigorous standards to support any woman who wants to breastfeed her baby. San Francisco General Hospital is the first hospital in San Francisco to receive this impressive achievement. A celebration has been planned for Thursday, September 20, 9:30am – 11:30 am, at SFGH Medical Center, 7/F, 7M Courtyard. The program will begin at 10 a.m.

Sanctuary City Ordinance and Training

The Sanctuary City Ordinance ensures that the City's immigrant population can access public services, regardless of immigration status. Mayor Newsom has requested that key City Departments conduct training and education to ensure that each Department's rules, regulations and protocols adhere to the Sanctuary City rules as designated by Chapter 12H of the City Administrative Code. We will be posting the Sanctuary City documents on line and directing all staff review the ordinance and training. Some staff will receive more specific training related to DPH protocols.

Immigrants Rights Summit

On Saturday, September 15th, the Immigration Rights Commission and the Mayor's Office held an all day Immigration Summit. The Summit provided an opportunity for the San Francisco Immigrant community to hear from Immigration leaders and City Officials, about the impact of Immigration legislation and the importance of Sanctuary Cities. Staff from DPH participated on panels at this event.

Feeling Good Project Promotes National Fruits & Vegetables Month

September is National Fruits & Vegetables Month and staff from the Feeling Good Project, the Network for a Healthy California-Chinese Project and the San Francisco Department of Public Health WIC Program will be spending Wednesday morning at the Civic Center Farmers' Market reminding everyone to eat at least five servings of fruits and vegetables. They will be giving out cookbooks, answering nutrition questions and distributing gifts to the farmers.

Goats Return to Laguna Honda Hospital

A popular annual tradition on the 62-acre hospital campus began last week when 600 South African Boer goats began grazing on the hillsides adjacent to the hospital. This is the third year that the goats have helped the city to clear undergrowth on the heavily wooded hospital site. The goats will be at Laguna Honda for the remainder for the month. The goats are a popular attraction with the neighbors and the residents.

Community Health Network, San Francisco General Hospital, Credentials Report

	09/07	09/07 to 07/08
New Appointments	23	96
Reinstatements	0	0
Reappointments	51	131
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	21	39
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	1	1
Changes in Privileges		
Additions	7	13
Voluntary Relinquishments	4	13

Proctorship Completed	4	16
Proctorship Extension	0	0

Current Statistics – as of 09/1/07		
Active Staff	513	
Courtesy Staff	576	
Affiliate Professionals (non-physicians)	208	
TOTAL MEMBERS	1,297	
Applications In Process	44	
Applications Withdrawn Month of September 2007	0	0 (09/07 to 07/08)
SFGH Reappointments in Process Oct. 2007 to Jan. 2008	213	

Commissioners' Comments

- Commissioner Sanchez and Commissioner Dodd will attend the Baby Friendly Hospital Certificate Reception.
- Commissioner Dodd said the attention on Healthy San Francisco is not coming just from the press. Robert Wood Johnson Foundation is watching San Francisco very closely. San Francisco probably could consult on this initiative.

5) **EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER**

Commissioner Dodd presented the employee recognition awards for the month of September.

<u>Team Award</u>	<u>Division</u>	<u>Nominated By</u>
Medical Respite Implementation Team <ul style="list-style-type: none"> ▪ Carol Baillie, R.N. ▪ Michelle Schneiderman, M.D. ▪ Wolfgang Stuwe ▪ Margot Kushel, M.D. 	Housing and Urban Health	Marc Trotz and Barbara Garcia

<u>Individual Award</u>	<u>Division</u>	<u>Nominated By</u>
Rajesh Parekh, M.D. Director, Homeless Outreach Team	Community Programs	Barbara Garcia

<u>Individual Award</u>	<u>Division</u>	<u>Nominated By</u>
Judith Klain Director, Project Homeless Connect	Community Programs	Barbara Garcia

6) HOUSING AND HOMELESS REPORT

Barbara Garcia, Director, Community Programs and Marc Trotz, Director, Housing and Urban Health, presented the Housing and Homeless Report. They both acknowledged Lori Cook for preparing the report. The report has five sections: Housing as Health Care; Primary Care and Health Services; Integrated Support Services; Other Important Initiatives; and Recommendations.

Mr. Trotz said Housing and Urban Health provides permanent supportive housing, transitional housing and stabilization housing. Direct Access to Housing is what they call permanent supportive housing. Mr. Trotz highlighted some of the DAH programs, including the DAH Program for Chronic Alcoholics and Parkview Terrace and Central YMCA, both new developments that will come on line in the next two years. Transitional Housing projects include the STEPS program. DPH has 301 units of DPH-brokered housing for stabilization housing.

Ms. Garcia described primary care and health services for this population. For FY 05/06, Tom Waddell Health Center treated more than 3,100 patients and performed 19,200 urgent care visits. The clinic received grant money for primary care redesign, was awarded a Special Project of National Significance status to provide HIV/AIDS patients with dental care, opened a new podiatry clinic and opened an addiction medicine clinic. Tom Waddell will draft standard of care guidelines for shelters to improve client/staff health. The goal of medical respite services is to provide 60 beds of short-term housing and medically oriented services to medically frail homeless persons exiting the hospital system. There is a 12-bed sobering component. All facilities operate 24/7. Primary Care services also include the Housing and Urban Health Clinic (which will move into the Central YWCA building when that development is complete) and TB control. Integrated services include outreach, engagement and linkage through Project Homeless Connect, SF Homeless Outreach Team, the Homeless Outreach and Medical Evaluation Team and drop-in services. Extensive case management includes McMillan Intensive Case Management Team, ED Case Management Program, High User Case Management Program, AB 2034 Mobile Support and Treatment Program and Proposition 63 Full Service Partnerships. Other important initiatives include the Homeless Families Services Redesign, Shelter Monitoring Committee, Reauthorization of Ryan White/CARE, Placement Task Force and ED Action Plans.

Recommendation #1 - Expand community-based housing options

Health Commission Action Steps:

- Utilize community connections to foster acceptance and understanding of need for increased housing options;
- Help secure funding for 2,500 additional permanent supportive housing units

Recommendation #2 – Continue to integrate services

Health Commission Action Steps:

- Support full integration of AIDS Office into Community Programs
- Back continued integration of behavioral health services into Primary Care
- Continue to foster leadership and vision throughout DPH

Recommendation #3 – Enhance primary care services for homeless people

Health Commission Action Steps:

- Support primary care sites to accommodate homeless person's health needs in an integrated fashion
- Continue to support Primary Care's Quality Improvement Program

Recommendation #4 – Improve discharge placement

Health Commission Action Steps:

- Set policy ensuring that all patients receive thorough clinical and psychosocial assessments
- Continue to provide leadership and support DPH as it further develops data and tracking systems
- Develop policy that helps streamline and expand intensive case management functions to ensure continuity of patient care post-discharge

Recommendation #5 – Develop and implement key legislation

- Support DPH in the development/timely submission of a San Francisco-specific waiver under AB 2968 to facilitate Medi-Cal billing in supportive Housing
- Ensure San Francisco actively engages in the AB2745 planning process
- Continue to pursue earmarks related to housing and services for persons living with HIV/AIDS
- Help DPH identify health care best practices and advocate for related legislative change at the appropriate level of government.

Secretary's Note – Commission discussion took place after the Project Homeless Connect presentation.

7) **PROJECT HOMELESS CONNECT PRESENTATION**

Judith Klain, Project Homeless Connect Director, provided the Commission with an overview of Project Homeless Connect (PHC). She introduced Mike Farrah, special assistant to Mayor Newsom. Mr. Farrah spoke on behalf of the Mayor in support of PHC. It is a transformative experience and a priority for the Mayor.

Ms. Klain said PHC began three years ago and has grown into a bi-monthly event where more than 2,000 people experiencing homelessness receive help from a collaboration of more than 1,000 community volunteers, 250 government and non-profit providers and 300 corporate sponsors. Since October 2004:

- Close to 2,1000 people have received services
- 15,000 have volunteered
- 3,991 received medical care
- 4,583 screened for benefits
- 2,524 screened for employment opportunities
- 2,374 received legal assistance
- 96 received dental treatment (a new service that started in June 2007)
- 1,347 received behavioral health services
- 3,186 received eye glasses
- 152,260 pounds of grocery were distributed
- 1,997 off the streets now permanently housed.

Kendra Stutsen said she was living on the street for months. She was brought to PHC in December 2004. She is now permanently housed and is a volunteer for PHC. She had never been told that services were available. She felt safer sleeping on the street than in the shelter system. She was housed that day.

Ms. Klain said PHC has resulted in unexpected benefits:

- **Unique benefit and value.** PHC provides an opportunity for service providers to work together every other month, share best practices and initiate projects that improve the system;
- **Expand Service Capacity.** For example Lenscrafter give out 250 free eyeglasses at each event;
- **Volunteerism and Community Change.** PHC ignited a community movement;
- **Best Practice.** What we are doing here is working.

Ms. Klain said the Health Department is the backbone of PHC. The program is at a crossroads right now. The program needs the Health Commission's and others support to sufficiently fund the staff and infrastructure for this program.

Henry Belton is a formerly homeless. He is currently at peer counselor at SFGH. He recently received the Presidential Service Award for his work with PHC. He was connected three years ago and today he has permanent housing. It is about change. PHC provides the resources, and people need to make the decision to change.

Public Comment

Don Bardole, retired physician and volunteer medical director with PHC, said clearly these are complex issues with no single solution, but PHC is one of the tools. The community clearly needs to be involved. Many doctors have changed their opinions of homelessness as a result of volunteering.

Casey Cohen, Jewish Community Relations Council, said it was a truly rewarding experience to volunteer at PHC.

James Daggs, United Council of Human Service, said PHC is an amazing experience. The best thing is that people actually receive services, not just information about services.

Gwendolyn Westbrook, Executive Director, United Council of Human Service, said after she volunteered at a PHC event, she urged PHC to come to the Bayview. It did and they served 600 people that day. Do not stop the program.

Sonjay Hyams volunteers because she believes it makes a difference. PHC gives hope. The dignity that all participants encounter translates to hope, which translates to change.

Michelle Kletter, BAART Programs, said PHC success is measured in two ways—connecting clients to services and retaining them in services. At every event, 80-120 people are referred to methadone treatment. Collaboration with the Homeless Advocacy Project allows them to retain clients.

Joyce Kurtz said she has volunteered almost since the beginning. She works with the Story Project, which photographs and interviews people at PHC. PHC is truly earthmoving.

Brent Turner said it is very gratifying to go out and bring people to the event. He urged continued support for the program.

Dr. Peter Berman, South of Market Health Center, said PHC's goal is to connect chronic homeless to needed services, and from his perspective, primary care is a critical service. 18 clinics are

involved in PHC, with 90 primary care slots available at every PHC even. There is a 95-100 percent show rate of PHC referrals at some of the health centers.

Jean Ramirez has volunteered at PHC for two years. PHC offers numerous services and there are always giveaways. Some of the most unique services are feet washing, veterinary care, free phone calls and free voice mail.

J.C. Orton works in Berkeley Health and Human Services and he wanted to see how San Francisco did this. Now Oakland has gotten together with Berkeley and has had two or three PHCs. Berkeley had a Youth Connect. So PHC's effects go beyond San Francisco's borders.

Sasha Cutler, R.N., took UCSF students to volunteer at PHC and they were all blown away and proud to be there. He is a public health nurse and he is unaware of the total scope of services that exist. So it is very difficult for people to know how to get services either for themselves or others.

Hene Kelly, Jewish Community Relations Council, said 18 is an extremely important number to a Jew. She worked at the 18th PHC with the Jewish Community, and she will work at future PHCs. Please make sure there is a 19th PHC, a 20th PHC and many others. At PHC, every single volunteer looks people in the eye. Lives are saved; lives are changed.

Rajesh Parekh, M.D., said the PHC infrastructure will be very important in the event of a natural disaster. It was very helpful in creating a functional Katrina shelter. Further, volunteering at PHC was a transformative day for his niece, and she has now decided to pursue a health career.

Commissioners' Comments

- Commissioner Guy reinforced Dr. Katz's point that the emphasis is on housing the homeless. The Health Commission supported the framework of housing as a health issue when people did not understand this paradigm. For the past seven to eight years, staff leadership has made the difference. There are other aspects that the Health Commission should emphasize, including that Laguna Honda Hospital and DPH Health at Home are important parts of the housing continuum. It takes a long time for people to understand what health is and today's testimony shows that meaningful lives create health. She supports the next steps and we need to look at how we go about getting the housing units. PHC is at a crossroads. The Mayor led this initiative and galvanized people around it, and it has been a success. Three years in we need to look at how to move it forward. She looks forward to getting the details. She asked if Healthy San Francisco will have the potential to enroll and find a medical home for the homeless and near homeless. Dr. Katz said absolutely.
- Commissioner Illig is very impressed with DPH's approach to homelessness and housing. The focus on outcomes should serve as a model. He has volunteered at three PHCs and everyone makes an effort to connect one-on-one. This is a remarkable place to engage the San Francisco community. He asked where the people who go into our housing units come from. Mr. Trotz said DPH manages access into the Direct Access to Housing program so they are able to focus access to particular programs and clients. For example residents in Mission Creek Senior Community come from Laguna Honda Hospital, seniors in homeless shelters and homeless seniors on the street. Commissioner Illig asked if the PHC database is connected with DPH databases. Ms. Klain said they ask only 10 questions at PHC. They dump this data into the Coordinated Case Management System so

they can track long-term outcomes. Ms. Garcia added that they are in the process of developing a Homeless Management Information System.

- Commissioner Dodd thanked the people who came to testify. Their testimony is a tribute to public health. PHC is a remarkable connection and the work is a tribute to the social determinants of health. This work, and the how-to's that make it happen, need to be published so that it is easier to replicate. She asked staff to consider a similar model for families in the Bayview and Visitation Valley who have experienced violence and are a gunshot away from homelessness. So her two goals around PHC are to expand it and to publish it.
- Commissioner Chow said he is struck by how many things are in place that reflect San Francisco's belief in social justice. San Francisco is a training ground for people who want to work on behalf of others. People around the country are amazed and envious. San Francisco knows that it is not just a medical model that leads to healthy lives and a healthy community. He suggested vetting all five recommendations from the Housing and Homeless report prior to the budget process He also asked staff to look at lessons learned from PHC and the potential to use PHC as a model for other communities of need beyond the homeless.
- Commissioner Watson echoed the Commission's appreciation and the emphasis on how important dental services are. He will be there on December 5th to volunteer. He asked if Ms. Klain involved students in PHC. Ms. Klain said she has connected with many high school and college students. Some are offered credit for volunteering.
- Commissioner Sanchez said this is what San Francisco is all about. He had for comments that demonstrate where we come from and where we are: 1) 1917-18 his grandparents died in the flu epidemic. 2) Growing up he lived in this neighborhood, where kids were taught to treat everyone with respect and look people in the eye. In the early 1980s the late David Rogers wanted San Francisco to be the city dealing with initial causes of homelessness. City leaders said no. 4) Look where we are today. The public testimony was awesome. The Health Commission will make sure this does not fade away.
- Commissioner Monfredini thanked Ms. Garcia and Mr. Trotz for making this report happen. She has been pushing for the report and the community meeting for a while, but it was well worth the wait. She has a saying—look for your balcony people. These are people who raise you up. She is also fond of Albert Einstein's quote that in order to succeed, you have to believe you live in a kind universe. Two things she knows today: she is surrounded by balcony people and we live in a kind universe.

8) **PUBLIC COMMENT**

None.

9) **OTHER BUSINESS**

None.

10) **COMMISSIONER REPORTS/ANNOUNCEMENTS**

None.

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

None.

12) **ADJOURNMENT**

The meeting was adjourned at 6:15 p.m.



Michele M. Seaton
Executive Secretary to the Health Commission