

**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, December 4, 2007**

**At**

**3:00 p.m.**

**101 GROVE STREET, ROOM 300**

**San Francisco, CA 94102**

#### 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:05 p.m.

Present: Commissioner Lee Ann Monfredini, President  
Commissioner David Sanchez, Ph.D., Vice President  
Commissioner Edward Chow, M.D.  
Commissioner Catherine Dodd, Ph.D.  
Commissioner Roma Guy, M.S.W.  
Commissioner James Illig

Absent: Commissioner Markus Watson, D.D.S.

#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 13, 2007

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini, Sanchez) approved the minutes of the November 13, 2007 Health Commission meeting.

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

Commissioner Sanchez chaired and Commissioner Chow attended the Budget Committee meeting. The Committee requested that Item 3.1 and Item 3.7 be moved to the discussion section of the agenda.

#### For Approval

**(3.2) PHP-Community Disease Control & Prevention** – Request for approval of a contract modification with San Francisco Study Center, in the amount of \$61,476, for a total contract amount of \$690,379, which includes a 12% contingency, to provide fiscal intermediary services, for the period of August 31, 2005 through August 9, 2008 (2 years, 11.25 months).

**(3.3) AIDS OFFICE-HIV Prevention** – Request for approval of a contract modification to FY 07/08 of a multi-year contract with PHFE Management Solutions, to add the amount of \$143,807, for a contract total of \$358,189, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section Core Surveillance program activities, for the period of September 1, 2006 through December 31, 2007 (1.4 years).

**(3.4) PHP-EHS** – Request for approval of a contract modification with Mission Economic Development Association, in the amount of \$103,185, for a total contract amount of \$216,787, which includes a 12% contingency, to provide ongoing fiscal management services for the Day Laborers Program, for the period of October 1, 2006 through September 29, 2008 (2 years).

**(3.5) BHS** – Request for approval of a retroactive contract renewal with Regents of the University of California Center on Deafness, in the amount of \$527,173 per year, for a total contract amount of \$790,759, which includes a 12% contingency, to provide substance abuse and mental health services to the deaf and hard of hearing, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

**(3.6) BHS** – Request for approval of a retroactive renewal contract with the Larkin Street Youth Services, in the amount of \$809,652 per year, for a total contract amount of \$2,267,026, which includes a 12% contingency, to provide mental health services to transitional-aged youth, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

#### For Discussion and Approval

**(3.1) PHP-Community Health Promotion and Prevention** – Request for approval to accept and expend retroactively a two year grant from Kaiser Permanente, in the amount of \$150,000, in support of Shape Up BVHP (chronic disease prevention), utilizing community and school-based gardens, for the period of October 1, 2007 through September 30, 2009.

#### Commissioners' Comments

- Commissioner Chow asked how much of the FI is direct services and how much is the Study Center's fee. Christina Carpenter, Community Health Promotion and Prevention, said the FI fee is 10 percent, which is \$5,910. The rest of the money goes to the program itself.

(3.7) **BHS** – Request for approval of retroactive renewal contract with Victor Treatment Centers, Inc., in the amount of \$586,535 per year, for a total contract value of \$2,639,408, which includes a 12% contingency, to provide mental health treatment services to children, adult and geriatric populations, for the period of July 1, 2007 through June 30, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Chow said it seems from the contract documents that there is a substantial decrease in the number of FTEs on this contract, but only a small budget decrease. Ms. Weinstein, CBHS, said this is a clerical error. Last year's FTE count was 8.77 and this contract has 7.41 FTE, which is a small decrease.
- Commissioner Sanchez asked for clarification about the number of Board members. Mr. Sternberg, Executive Administrator Victor Treatment Centers, said there are five board members. The seven listed in the contract document is incorrect.

(3.8) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of \$666,699, which includes a 12% contingency, to provide fiscal intermediary services to support HIV Prevention Program services, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Chow asked what lessons will be learned from the assessments done as part of this contract. Ms. Packer said as an example the information on African American men would be able to be added to the HIV Prevention Plan. Other data will inform the Department's testing program.
- Commissioner Sanchez said that a number of entities have worked in this area—UC Berkeley, UCSF, San Francisco State and others. It would be a unique opportunity to bring together with all entities to develop a comprehensive assessment based on various clinic trials. Ms. Packer said that when they develop their HIV Prevention Plan, they do a secondary analysis and look at all studies that have been done on high priority populations.

(3.9) **BHS** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of \$5,883,273 per year, for a total contract amount of \$9,883,900, which includes a 12% contingency, to provide mental health and substance abuse treatment services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Chow said there is a sum of \$666,666 for the 13<sup>th</sup> Street Drop in Center without any budget detail to support this allocation. The Commission understands what the center does, but the documents do not provide information about the number of staff for that program and the number of clients served. Rudy Aguilar, CBHS, said that the contract documents include this budget detail. In general, Buster Place has an average of 78 clients per day, and as many as 100 clients in the evenings. Commissioner Chow asked that this information be included in future contract documents.

- Commissioner Sanchez asked if the same people who are served during the day are part of the group that is seen at night. John Eckstrom, CEO, Haight Ashbury Free Clinics, said they see anywhere from 100-200 unique individuals come into the program. They place approximately 50 people a night in shelters. The facility is open 24/7, and security is provided by the San Francisco Police Department.
- Commissioner Chow appreciates the understanding of the level of services being provided. Commissioner Chow asked if the \$666,000 was a 15-month contract. Mr. Aguilar said it is an eight month allocation. Mr. Eckstrom said HAFC was engaged to provide the services for eight months as a sole source until the Health Department can go through an RFP process. So this contract goes from July 1, 2007 to February 28, 2008.

**(3.10) BHS** – Request for approval of a retroactive new contract with Special Service for Groups’ Occupational Therapy Training Program of San Francisco, in the amount of \$95,000 per year, for a total contract amount of \$266,000, which includes a 12% contingency, to provide early and periodic screening, diagnosis and treatment mental health services for elementary school-aged children, for the period of October 1, 2007 through December 31, 2009 (2.25 years).

#### Commissioners’ Comments

- Commissioner Chow asked how many clients would be served. Colleen Devine, Special Service for Groups, said for this pilot project they will identify and work with 20 children. Commissioner Chow confirmed that general funds are needed for the State match and Ms. Chan-Sew said yes. Commissioner Chow asked how the case management unit cost was developed. Ms. Chan-Sew said this is the Medi-Cal rate. The demographic information is projected and is based by the demographics of children served by the Family Mosaic project.
- Commissioner Sanchez asked if there is longitudinal data for the program in Los Angeles County. Ms. Devine said there are studies that have been done and continue to be done in Los Angeles County and this will continue with the San Francisco program.
- Commissioner Chow asked what positive outcomes have been achieved or are projected for this pilot program. Ms. Chan-Sew said the primary impact is staying in school and being academically successful. The program focuses on providing support at the school site. The contract has specific objectives. Commissioner Chow asked how successful they have been in Los Angeles. Ms. Devine said that a large percentage of students they have worked with have successfully completed high school, with a number getting jobs and a number going on to community college. She will provide the statistics to the Health Commission.

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

#### 4) **DIRECTOR’S REPORT**

Barbara Garcia, Deputy Director of Health, Director, Community Program, presented the Director’s Report.

### FY 2008-09 Budget Instructions

The Mayor's Budget Office released the FY 2008-09 budget instructions last week. A \$229 million City-Wide General Fund shortfall is projected for FY 2008-09 and an additional deficit projected for FY 2009-10.

General revenues are projected to grow by \$119 million or 5%. Any additional revenue growth above 5% will require deposits to the Rainy Day Reserve and very little will be available for General Fund spending. The growth is offset by a \$110 million projected loss of one-time sources that were used to balance the FY 2007-08 budget. The result is a General Fund revenue growth of only \$9 million.

The \$9 million growth in revenues is offset by a \$238 million increase in expenditures resulting from:

- Voter approved mandated spending requirements - \$72 million.
- Previously anticipated MOU cost increase and position annualizations - \$111 million. This includes in new police officers, nurses and park maintenance staff.
- Health, dental, pension and other benefits increases - \$22 million.
- Other operating costs - \$34 million.

The budget instructions are as follows:

- Submit budget savings equal to 8% of the current General Fund support. This is a \$28.1 million reduction for DPH. The 8% reduction may include up to 3% in one-time savings - \$10.5 million. Due to our current projected shortfall of \$27.8 million, the reduction target increases to \$55.9 million.
- Submit additional contingency savings of 5% -\$16.16 million.
- Prioritize operating efficiencies, (i.e. reductions in administrative staffing and overhead costs) over reductions in core services.
- Consider cost increases facing non-profit contractors. Funds may need to be reallocated within the base budget to supplement funding for contracts with agencies that would otherwise be unable to continue service delivery, or to reduce contracted units of service.
- Work with the Mayor's Budget Office on mid-year cuts to help address next year's shortfall.
- Request one-time funding for efficiency measures that result in long-term General Fund savings or revenue enhancement.
- No budget submission can exceed the department target.

There is a City-wide hiring freeze on all non-essential positions. Approved, vacant positions may require additional justification and re-evaluation by the Mayor's Budget Office.

We will work with our analyst in the Mayor's Budget Office over the next few weeks and keep the Commission apprised of any new developments.

### Death of Flo Stroud

It is with great sadness that we acknowledge the recent death of Florence (Flo) Stroud. Ms. Stroud worked for the Department of Public Health for many years, leaving behind a rich legacy of commitment to underserved communities. A memorial service was held on November 24 with many DPH staff in attendance. We are grateful to Flo for her many years of service to public health.

### Chambers Lawsuit Settlement

On November 26, 2007, the City reached a settlement agreement in the *Chambers* class action lawsuit. In order to move forward, the agreement will need approval from the Health Commission and the Board of Supervisors. We anticipate bringing this issue before you early in 2008.

The settlement establishes the Success at Home program, a joint venture of the Health Department and the Department of Aging and Adult Services. The two agencies will establish a Diversity and Community Integration Program (DCIP) which will create a community living plan for each client to match the most appropriate housing and wrap-around services to the client's needs and preferences.

The over-arching goal is to place people in the community who want to be there and are capable of living without skilled nursing care. Our goal is to house 100 people in the community per year over the next five years.

Eligible clients for Success at Home are the class members in *Chambers*, which include current residents of Laguna Honda as well as those who have been discharged in the last two years, are on a waiting list for Laguna, or are patients at San Francisco General Hospital.

Decisions about out-placement will be made by the residents themselves working with DCIP staff to find a suitable, community-based housing option that supports their independence, improved health status, and overall well being. We believe this agreement is an important step in allowing individuals to live as independently as possible.

### STD Update

In November 2007, The Centers for Disease Control and Prevention (CDC) released the 2006 summary of sexually transmitted diseases (STDs) in the United States. The report highlighted the national increase in reported chlamydia, likely a result of improved screening coverage, increases in gonorrhea, particularly in the western United States, and the expanding syphilis epidemic, mostly impacting gay men and other men who have sex with men.

In San Francisco, total chlamydia reports are down by 6% from January through October of 2007 (n=3,248), compared to the same period in 2006 (n=3,456). Yet, during that same period there is a 12% increase in reported rectal chlamydia cases.

For the first time in a decade, both overall gonorrhea and rectal gonorrhea declined in 2007, by 19% and 15% respectively.

Additionally, syphilis rates in San Francisco continue to decline; early syphilis cases have declined 21% over the same period in 2006. Many of these successes can be attributed to sustained and comprehensive prevention efforts, increased access to screening, treatment and partner treatment, and the strong community partnerships the Department of Public Health has fostered.

### SFGH Retirements Announced

After 20 years as the Chief of the Emergency Department, Alan Gelb, MD, has resigned. Dr. Gelb plans to pursue a sabbatical and focus on his work with teaching trainees. Dr. Jim Marks, Chief of Anesthesia, will chair the search to identify a new Chief to lead the service as it begins its ED residency program.

Dr. Bob Okin, the Chief of Psychiatric Services for 18 years, announced that he will retire beginning January 1, 2008. He plans to focus his efforts on his international humanitarian work and teaching of psychiatry trainees.

We wish both Dr. Gelb and Dr. Okin many more years of work committed to improving the lives of others and thank them for their outstanding service to the patients and staff of San Francisco General Hospital.

#### Phil Ziring, MD Retires

Phil Ziring, MD, retired last week as Maternal Child Adolescent Health (MCAH) Medical Director. Dr. Ziring was instrumental in bringing together the Pediatric community of physicians (Pediatric Advisory Committee) with the Department of Public Health to address the needs of both groups. He has been a strong advocate and representative for school children, especially those with special health care needs. We thank him for his many contributions to the public health and pediatric community and wish him well in his retirement.

#### CA Association of Public Hospitals Award

SFGH received the California Association Public Hospitals – Safety Net Institute Quality Leader award—honoring improvement in system-wide care integration for the *eReferral Spread Project*. This top patient safety award acknowledged the hospital's e-Referral group as a quality leader for its system-wide integration effort. Congratulations to Brenda Barros, Igor Berman, Bob Brody, Alice Chen, Hal Collard, Mary DeJesus, Janet Diaz, Audrina Eason, Julia Galletly, Violet Garcia, Mary Gray, John Imobden, Ellen Keith, Yeuen Kim, Suneil Koliwad, Margot Kushel, Angela Lee, Geoff Manley, Kjeld Molvig, Payam Nahid, Mark Ristich, Alex Rybkin, Fred Strauss, Klaudya Vaksman, and Hal Yee.

#### Susan G. Komen Foundation Award

Judith Luce, MD, Director of Oncology Services at SFGH, was recently presented with the "You Can Make a Difference Award" from the Susan G. Komen Foundation for her outstanding public and clinical service on behalf of marginalized women. This award recognizes her contributions to advancing the care and treatment of women with breast cancer. Dr. Luce is the co-Principal Investigator of breast cancer programs funded by the Avon Foundation at SFGH.

#### New York Times article

The November 12<sup>th</sup> issues of the *New York Times* featured a lengthy article focusing on the Homeless Prenatal Program. The article reflected the success of this 19-year old program that began as a way of helping destitute women give birth and maintain healthy babies to today's focus on becoming a resource dedicated to stabilizing entire families. I am attaching a copy of the article for Commissioner's review.

#### Commissioners' Comments

- Commissioner Dodd requested a letter from the Commission to the Ms. Stroud's family expressing appreciation and condolences.
- Commissioner Sanchez added that he would like to adjourn the meeting in memory of Florence Stroud.

- Commissioner Illig said that when the Chambers Settlement is presented to the Health Commission he would like to see a preliminary plan how we are going to actualize the Success at Home program.
- Commissioner Dodd would like to have a discussion about the budget instructions and new and increase funding for contractors. If everyone is being frozen then everyone should be frozen, including contractors. We need to examine our priorities as we move forward in budget development
- Commissioner Chow said that at its last meeting, the San Francisco General Hospital Joint Conference Committee, in addition to acknowledging Dr. Gelb and Dr. Okin, noted that Dr. Talmadge King has been appointed Chair of the Department of Medicine at the University of California, San Francisco.

### Public Comment

Patrick Monette-Shaw said successful reintegration into the community is already happening at Laguna Honda and he encouraged the Health Department to make a presentation about the programming at Laguna Honda as part of the Chambers lawsuit discussion.

Minister Christopher Muhammed said he has not seen anything on the agenda regarding Bayview Hunters Point and the health tragedy that is going on out there. He does not understand why a health crisis is taking place and the Health Department is looking the other way. Commissioner Monfredini offered to meet with Minister Muhammed, as she has tried to be in contact with him over the past few months.

### **5) PUBLIC HEARING IN ACCORDANCE WITH THE COMMUNITY HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q) TO CONSIDER THE IMPACT OF THE CLOSURE OF CALIFORNIA PACIFIC MEDICAL CENTER ST. LUKE'S CAMPUS NEONATAL INTENSIVE CARE UNIT**

Commissioner Monfredini noted that Supervisor Ammiano sent a letter to the Health Commission regarding the proposed closure of the NICU. This letter will be part of the public record. Commissioner Monfredini asked Catherine Stefani and Nick Kinsey, legislative aides to members of the Board of Supervisors, to address the Commission.

Catherine Stefani, Legislative Aide to Supervisor Alioto-Pier, thanked Commissioner Dodd and Commissioner Guy for reaching out to Supervisor Alioto-Pier after the last Board of Supervisors hearing. Supervisor Alioto-Pier has requested that CPMC halt any closures or transfer of services until CPMC's institutional master plan is fully vetted and evaluated by the Department of Public Health. She was encouraged to hear that the Pediatric closure has been postponed. In the meantime, she remains concerned about the future of St. Luke's Hospital. She recently convened a meeting with St. Luke's and has contacted State legislators regarding St. Luke's Medi-Cal reimbursement rates. They will be meeting with CMAQ. They will continue to work with all stakeholders to ensure adequate access to health care in the south east section of the City.

Nick Kinsey, Legislative Aide to Supervisor Sandoval, said St. Luke's plays a critical role in the health care for residents of the southeast sector of the city and the residents of District 11. District 11 has the greatest number of children under five and residents face a significant number of disadvantages. Please make sure that the NICU and the other vital services remain open.

Dr. Brotman, President and CEO of CPMC, said that after hearing input from the community advocates at both the Board of Supervisors hearing and the Health Commission meeting, CPMC brought together 11 stakeholders in Neonatal Intensive Care who have jointly developed recommended plan for consolidation of the NICU.

Julie Clayton, Vice President of Women and Children’s Services at CPMC, presented an overview of the NICU consolidation. CPMC’s vision for women’s and children’s care is to have the California Campus be a regional center with OB primary care, high risk prenatal clinics, a Level III NICU, PICU, Pediatrics, Pediatric sub-specialists and the Family House. The vision for the St. Luke’s campus is to provide OB Primary Care and access to specialty care with joint development of on-site perinatologist consult and high-risk prenatal clinic/testing on-site. Commissioner Dodd asked what services fall would be considered part of the high risk clinic. Ms. Clayton said they have a program for gestational diabetes as an example. The California campus provides high risk clinics in Santa Rosa and San Mateo, and they have been in discussions about what makes the most sense in terms of on-site services at St. Luke’s—genetic testing, genetic counseling, amniocentesis and others.

Ms. Clayton described the current level of services at St. Luke’s and then described the change process that led to the proposed consolidation. Ms. Clayton described the joint resolution for the NICU:

<b>Current Model of Care</b>	<b>Proposed Model of Care</b>
Intermediate NICU Nursery	Specialty Care Nursery/Mother Baby Care Unit
2 NICU RNs at all times for 1 NICU patient	1 NICU RN at all times for 1 patient with RN resources on the unit.
RNs for well baby and post partum care	All RNs being cross trained to care for all patients in the new unit
24 hour in house pediatric hospitalist	24 hour in house pediatric hospitalist
Neonates who require a higher level of care are taken to the California Campus	Neonates who require a higher level of care will be taken to the California Campus
OBs deliver 34 week or greater gestation neonates	OBs deliver 35 week or greater gestation neonates

Commissioner Monfredini said it seems they are not really closing the NICU, just changing how services are provided. Ms. Clayton replied that they are taking two separate units and consolidating them into one unit. They intend to keep 24-hour in house pediatric physicians at the St. Luke’s campus so there is someone there who can stabilize the patient until he or she can be transferred, or care for these patients at St. Luke’s. Commissioner Monfredini asked how the training will ensure equal quality at the two campuses. Ms. Clayton said all St. Luke’s nurses will receive four shifts of training at the California campus, will go through an eight hour national program called the Stable Program and will continue to rotate through the California campus on an annual basis.

Commissioner Dodd said she started her career as a high risk well baby nurse at the California campus and she works with NICU nurses. The argument that there isn’t a large enough “n” to retain the higher level of NICU care at St. Luke’s campus goes against the argument of cross training everyone because under that scenario someone could be assigned to the NICU once a

month rather than every day. Ms. Clayton said she agrees that this is a challenge and they have agreed with the physician group and nursing leadership that they will have to monitor the training moving forward. Commissioner Dodd asked if the Family House will be available for people who deliver at St. Luke's who want to be close to their baby. Ms. Clayton said it will be available to them. They also have the potential to accommodate families on the campus. Ms. Clayton offered to meet with Commissioner Dodd to pursue ideas.

Commissioner Chow asked how many estimated deliveries would be impacted by the change from 35 to 34 week deliveries. Ms. Clayton said YTD they have transferred 41 patients from St. Luke's to the California campus. Seven of those were maternal transports, and delivered at California campus. Ms. Clayton said nine babies were less than 35 gestational weeks. They looked at what makes babies most high risk and the likelihood that they would need to be transferred. Commissioner Chow asked about going from intermediate level to special care nursery and whos the care that is provided differs. Ms. Clayton said there is a specialty care nursery similar to this at Mills Hospital. Commissioner Chow would like more detail about the difference in the two types of nurseries. He also requested additional information about the Stable Program.

Commissioner Dodd asked how patients are transferred. It would concern her if paramedics were transporting neonates who need neonatal care to another hospital. Is there assurance that this transfer occurs with neonatal care nurse? Ms. Clayton said there is a long-standing neonatal and critical care transport team on the campus. They are CPMC staff and are arranged internally. They do not use the EMS system.

Commissioner Chow asked what the transfer time is between St. Luke's & CMPC. Ms. Clayton said they track this very carefully and it is 42 minutes between time the call comes and the time they get the team out of the Cal campus to wherever they are going. It is imperative that they keep a pediatric physician in house at St. Luke's to care for the baby until the team gets there. They are usually at the St. Luke's campus within 15-20 minutes.

Ms. Clayton continued with the presentation.

#### Goals of Consolidated Program

- Continued access to primary OB
- Expanded access to high risk prenatal care
- Increase cultural and linguistic competence at the California campus to St. Luke's patients.
- Minimize logistical barriers to care.

Ms. Clayton said they surveyed 21 of the 41 patients who were transferred from St. Luke's to CPMC to evaluate their experience. 100% said their overall experience was positive and they would recommend CPMC.

Commissioner Illig asked for information about the language capacity of the 21 patients that were surveyed. Ms. Clayton said they conducted the survey in English, Spanish and Cantonese.

Commissioner Chow would also like information about the people that did not respond to the survey. He said many St. Luke's patients are Spanish speaking and asked about Spanish language capacity at the California Campus. Ms. Clayton said she will get the breakdown of onsite interpreters. Commissioner Chow would like to see within the shifts, how many would be Spanish speaking.

Commissioner Monfredini asked everyone from CPMC and St. Luke's to introduce themselves. She said that the number of people who took the time to attend the meeting demonstrates that St. Luke's has an extremely dedicated staff.

Commissioner Dodd asked if anyone has done an impact analysis as to how this change would affect SFGH. Ms. Clayton said they have not done this analysis. Currently physicians send some patients to UCSF, some to SFGH. But the majority is transferred to the California Campus. Dr. Katz said that the volume relative to the volume at SFGH would be too small to be notable to SFGH.

Commissioner Chow asked if other OBs are on staff at St. Luke's and why there aren't more. Ms. Clayton said there is only one private OB practitioner at St. Luke's. CPMC is looking at how to increase the number of providers on that side of town who use St. Luke's.

### Public Comment

- Jason Fried, UHW, said one concern is that UHW represents over 400 staff at St. Luke's and none of their members have been involved in the NICU discussions nor have they been involved in any of their discussions. They are not working with everybody, just who they are choosing to work with. If a change impacts one of UHW's workers, they are supposed to negotiate directly with UHW but that does not happen. He hopes they will be more inclusive of people from the community who can provide different input than what they get from clinicians.
- Dr. Karen Makely said physicians have contributed to the development of the model, but the specialty care model is part of the closure of St. Luke's. There must be a commitment by administration to allow adequate time to fully cross train staff which might require postponing the February 13<sup>th</sup> date. (She submitted a written copy of her testimony, which is on file in the Health Commission Office.)
- Angie Giovannoni, R.N. said the fact that so few babies need NICU care demonstrate the high quality of prenatal care provided at St. Luke's. Because St. Luke's had a full NICU team, twins born at 26 weeks, born at approximately 2 pounds each, received the care they needed and are now doing well.
- Phyllis Sachs, R.N., said nurses feel that the successful transition to this unit depends upon respect and an active dialogue with all nursing. Decisions are being made without nursing input by people who have never been to St. Luke's. Right now maternity nurses are being cross trained as NICU nurses in only four days. Nurses have specialties and are now being expected to work in the nursery within the next few months with only four days training. There are more creative ways to utilize present staff.
- Mary Michelucci, R.N., said separation of the baby and mother at birth will impact important bonding and transfer to the California campus will lead to more separation. The culture of St. Luke's reflects the neighborhood it serves. She also wants to address the thought that a nurse is a nurse is a nurse. Each RN is particularly suited to her specialty. Successful patient outcomes are the result of goal-oriented, well-planned nursing care. It takes years to become comfortable as a NICU nurse, not four days. (She submitted written copy of her testimony, on file in the Health Commission Office.)

- Abha Goel, Pediatric Hospitalist, said that administration implemented the first NICU service reduction in 2005 and a second reduction in 2006. Now they are proposing a third reduction. These changes are made for financial reasons but we cannot lose sight of the impact they have on the lives of families with sick or premature newborns. There needs to be a change of policy at various levels. (Dr. Goel submitted written copy of her testimony, on file in the Health Commission Office.)
- Yeschi Neumann, Director of Homestyle Midwifery, said they need a nursery at St. Luke's that is fiercely committed to the concept that new babies stay with their mothers and the mothers can get the support they need in their community's arms. (She submitted written copy of her testimony, on file in the Health Commission Office.)
- Julie Sherwood, midwife at St. Luke's hospital, said St. Luke's attentive, customized care has twice earned it 1<sup>st</sup> place in Sutter Health's "First Pregnancy and Delivery" data collection in all of California. St. Luke's has been a leader and model in the true integration of health care. Ms. Sherwood asked who will come to stabilize the baby after birth, should she need pediatric support. (She submitted written copy of her testimony, on file in the Health Commission Office.) Commissioner Chow asked Ms. Sherwood how she sees the difference between the intermediate NICU and the specialty care unit. Ms. Sherwood said she has not seen detail in writing so she is not able to answer the question at this time. Commissioner Chow reiterated his requested to see the difference in black and white. Dr. Makely said the main difference that affects the midwives is will training levels of nurses that are assisting midwives be up to par to what is needed. It's about back up and depth of coverage. Commissioner Chow asked if CPMC intends to have 1:1 nurse ratio in the NICU. Ms. Clayton said they intend to have one NICU nurse at all times even if there are no NICU patients, but they intend to comply with State nursing ratios, which state that one nurse can care for three to four babies. Dr. Lewis said the nursery designation was established 30 years ago. An intermediary nursery can care for infants who are expected to need short term care. Specialty nursery can take care of normal newborns and normal newborns who develop certain problems that are expected to be short term. Many of the infants at St. Luke's will fit the specialty nursery model.
- Dr. Laura Norrell said their patients require care in their community, and this downgrade of services will result in women receiving care away from their home. Additional fragmenting of care will decrease access. Earlier this year they had a blossoming practice. Because of changes made, they have lost 1 obstetrician and four midwives. They are doing everything possible to work within constraints to provide quality care. (Dr. Norell submitted written copy of her testimony, which is on file in the Health Commission Office.)
- Richard Alva, Mission community member, said St. Luke's has been an integral part of the community and any loss leads to further decay of the community. He urged the Commission to have CPMC provide services to the low income community. If they lose St. Luke's, they will lose an institution that has made the Mission such a wonderful place.

#### Commissioners' Comments

- Commissioner Illig said his biggest concern is that while CPMC talks about integration, the medical staffs have not integrated. Yet they are planning to integrate services at a lower level. Why are they not integrating the medical staff? Dr. Brotman

said he agrees with Commissioner Illig, and they went through this situation with the merger between Pacific Presbyterian and Children's. This is a decision that is made by the medical staffs. He strongly supports integration and he thinks it will happen. It is a matter of establishing relationships between physicians who do not know each other. This cannot be forced prematurely. Commissioner Illig asked if this is a symptom of what he sees as real cultural differences between St. Luke's and CPMC. Dr. Brotman said it will take a little time for the campuses to get to know one another. Change in health care, and change among physicians, is very difficult. He will work with the medical staffs to integrate them. But there is a very important separation between administration and medical staff. Commissioner Illig asked if CPMC understands that if they want to make further changes, including changes in Pediatrics, they need to start the Proposition Q process over again. Dr. Brotman said they do understand this. Commissioner Illig asked if CPMC responded to Supervisor Alioto-Pier's letter. Dr. Brotman said he did respond. They will be back and start the process once agreement is reached about how to deliver pediatric care. There are no other services at this time that are under consideration for closure.

- Commissioner Guy said there is always a gray area between reorganization and closures. There is also the circumstance of death by a thousands cuts.
- Commissioner Chow said this is all a precursor to closing at the end of 2009 and asked if this decision has been made. Dr. Brotman said the agreement requires them to keep St. Luke's open until 2009. They are not seeking an opportunity to close St. Luke's and they will not make a final decision about the closure of St. Luke's until the end of 2009.
- Commissioner Dodd appreciates Dr. Brotman's willingness to make St. Luke's a gem. She considers herself an expert in health systems and would like to add her expert advice. The testimony made it pretty clear that the nurses who work in prenatal and maternal do not want to work in labor and delivery. From a nursing perspective, OB nurses don't work in all three areas. A neonate is the most fragile of fragiles. This is a disservice to nursing and patients. If patients in the southeast section of the city are really important, they will have a Level 2 nursery at St. Luke's. Dr. Brotman said you cannot have Level 3 nurseries at every location. He concern is how to best care for the most critically at risk babies and mothers.
- Commissioner Sanchez said when we think of staff, we think of all parameters from Chief of Surgery to custodian to receptionists to the new specialist. He knows many Hispanic physicians in Bernal Heights and Noe Valley and residents who are using St. Luke's because of its history and quality of care. Why not work toward expanding this resource. It is an excellent model of cultural competency in health care.
- Commissioner Guy said that this Prop. Q hearing joins the potential discussion of the Institutional Master Plan legislation. We must see that the community needs to fit into the Institutional Master Plan assessment and we should analyze the future of St. Luke's in a comprehensive way rather than one Proposition Q at a time.
- Commissioner Chow asked Dr. Miller to comment about the process of medical staff merger and getting private physicians to practice at St. Luke's. Dr. Miller said in order for the medical staff to merge both medical staffs must approve the merger. When this

issue was first brought before the medical staffs, they both voted not to merge. Approximately two thirds of doctors at St. Luke's are already members of CPMC's medical staff. There is already a level of consolidation. The medical staff leadership and administration are trying to build relationships between the two medical staffs. The medical staffs might be more comfortable in a few years. As long as the two medical staffs remain separate, the two hospitals must have separate license.

- Commissioner Illig asked if this means two levels of quality review. Dr. Miller said the standard of care is the same throughout the CPMC system, and there is one Board of Directors who reviews quality reports from both campuses. Even though the hospitals have two separate medical licenses they are one organization. The Joint Commission, in its most recent survey, looked at whether there were two levels of care, and concluded that this was not the case.
- Commissioner Monfredini does not understand why the medical staffs cannot merge. They should hire their own consultant to help them merge.
- Commissioner Chow said if there is such a community demand for St. Luke's as a site of service, why don't more obstetricians want to deliver there. Dr. Miller's perspective is that St. Luke's has a huge challenge of a continual exodus of physicians from the medical staff which started from the development of HMOs and specifically impacted financially St. Luke's dramatically. Physicians that were more driven by financial considerations left and with that group went a large portion of the specialty care that St. Luke's had. The single kernel of truth is that St. Luke's takes care of the underserved population and nobody pays for this. MediCal does not pay adequately for physicians to stay at St. Luke's, whether they are driven by mission or driven by finances. Dr. Norrell added that during merger talks a few years ago it was a very important point to maintain separate medical staffs so that they would retain their own license.
- Commissioner Sanchez asked how many of the St. Luke's medical staff are Brown and Toland doctors. Dr. Miller said he does not know the answer. Ms. Neumann added that she and others in private practice that would like to return to St. Luke's because of the quality of care, and bring many patients with them. They were just about to do that in October when they heard the plan to close St. Luke's in 2009. So there was no reason to resurrect the practice there with a looming closure. When St. Luke's became a campus of CPMC there was a lot of discussion about revitalizing St. Luke's. This is what they want to do.
- Commissioner Dodd said that were the two medical staff to merge, St. Luke's physicians would be outnumbered three to one. The numbers are not in favor of merger. In the larger health system in San Francisco, we need to look at what all the CPMC campuses have done, which is work in specialty care. There is not a lot of money in primary care. There is a lot of money in doing liver transplants, but not a lot in treating pneumonia. From the perspective of the OB service, she would not affiliate with St. Luke's if it didn't have a Level 2 nursery. If we downgrade this nursery we are going to continue to see obstetrics leave St. Luke's. The only two hospitals that provide comprehensive nurse midwifery programs are St. Luke's and San Francisco General Hospital. If we lose the Level 2 nursery, we will lose the OB service, cease to provide primary care obstetrical services and this will have an impact on San Francisco General Hospital.

- Commissioner Monfredini asked Dr. Katz for his comments. Dr. Katz said that whatever the final outcome on this particular issue, it is clear that the Proposition Q mechanism has been successful. People have learned things, and Commission questions have led the doctors, nurses and administrators to understand each other better. Proposition Q is a great way of encouraging public discussion of issues that are sometimes dealt with in private. People also have to acknowledge that every hospital cannot provide every service. The decision the Health Commission will have to make is not an easy decision, but either way the process has been helpful. Commissioner Monfredini said the Commission needs to think about the testimony and about the purpose of Proposition Q and the discussion will be taken up again on December 18<sup>th</sup>.

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

Gregg Sass, CFO, presented the supplemental appropriation request. The Health Department is projecting that expenditures at San Francisco General Hospital, Laguna Honda Hospital and Jail Health will exceed budgeted appropriations by \$24.78 million. Revenues at the Hospitals are expected to exceed budget by \$11.338 million. The Department is requesting approval of a supplemental appropriation of \$11.338 million of revenue as one component of a plan of correction to equate spending to appropriation authority. Surplus patient revenues and one-time settlements will fund the supplemental. Approval of this request will reduce projected overexpenditures, leaving an unfavorable balance of \$13.442 million.

Commissioners' Comments

- Commissioner Guy asked if the supplemental appropriation includes funding for Jail Health Services. Mr. Sass said the \$11 million supplemental being approved would be taking surplus revenue generated by San Francisco General Hospital and Laguna Honda Hospital and using this to fund expenditures at San Francisco General Hospital and Laguna Honda Hospital only. There are still overexpenditures in other areas, including Jail Health. They are working with the Mayor's Office and the Controller on these areas.
- Commissioner Illig asked if DPH received all Medi-Cal revenue that was suspended during the Laguna Honda Hospital licensing survey. Mr. Sass said that as part of the settlement, the State reimbursed all but \$400,000-\$500,000 of suspended revenue. Commissioner Illig asked how a future revenue supplemental would be funded. Mr. Sass said he does not have any particular item on the horizon that will produce revenue but it is possible that this will happen. There are things in the pipeline but no particular timeframe as to when these will come to fruition.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini, Sanchez) approved the \$11.338 million revenue supplemental appropriation.

7) **LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**

John Thomas, Program Manager, Laguna Honda Replacement Project, presented an update on the status of the replacement project. Construction of the three buildings approved in the Program's current budget—the Link Building, the South and East Residence buildings and the associated

new hospital site improvements—continue. These new facilities will accommodate 780 residents and are scheduled to open in late 2009, nearly 12 months behind schedule.

Remodeling of the existing hospital began in June. This work must be performed in phases in order to minimize the impacts to hospital operations. The Furniture and Medical Equipment Management Services contract is for a professional service to provide a turnkey management solution for medical equipment, resident room furniture and resident laundry equipment. Negotiations were completed last quarter and the contract is currently with the Purchasers Office for final sign off.

The project is projected to be \$58.3 million over budget. There are several key factors which have impacted the program schedule, primarily related to the following:

- Mechanical, Electrical, Plumbing coordination
- Office of Statewide Health Planning and Development documentation
- Exterior waterproofing changes
- Modifications to the security system

In addition to change orders related to design modifications, the delay itself accounts for \$12-15 million of the overall cost increase. The project team is evaluating funding sources that can be used to cover the shortfall, including interest earned to date on the Bond proceeds and additional funds available within the currently approved funding package. Approximately \$15 million in additional interest on the GO bonds has been earned beyond what was projected in the Controller's report of May 2005. The remaining \$43 million shortfall could be covered through a combination of Tobacco Settlement Revenues, Certificates of Participation and scope reduction.

Mr. Kanaley presented an overview of transition planning for the new building, which includes the following elements:

- Operational Planning
- Furniture Fixtures and Equipment (FF&E) – specifying, purchasing and installing
- Commissioning the building
- Organizational culture – adapting/embracing the change
- Licensing approval and the residents move

Laguna Honda is working with the Controller's Office on this operational planning for the transition and has retained three consultants. They are in the process of retaining two other consultants. HTS will be helping with much of the operational planning and the development of the budget for the transition. ESC is a housekeeping consultant. Vantage Technology has the responsibility for coordinating all technology in the building. Criterion System has been retained to help with the FF&E selection process with that and the specifications. LHH is working with the City Purchaser on ordering.

With regard to organizational culture, all staff need a minimum of 16 hours of training prior to moving into the new building. Most need more. They are developing an RFP through the Controller's Office. They are also planning to retain a consultant to help with communications.

Mr. Kanaley said there will be a three-year bell curve in terms of increased expenditures to effectuate the move to the new building, including testing, training, security and other factors. This will really start to hit in next year's budget. This is over and above the standard operating budget. Laguna Honda is not doing this process alone. They are doing it in cooperation with the Controller's Office, identifying with them what the budget needs are. HTS is developing the

budget request that will be submitted for consideration in next year's budget. The operating budget for the new building will be different. Laguna Honda is working with the Controller's Office to develop this budget as well. They really want it to be a straightforward budget based on benchmarks and industry standards.

### Public Comment

Patrick Monette- Shaw said he is troubled by the Replacement Project cost escalations. Project costs have changed drastically within a short period, much different than what was presented to the Health Commission in June. Also, Mr. Thomas has said this might be a \$70 million problem, not a \$56 million problem. The change orders need to stop.

### Commissioners' Comments

- Commissioner Dodd asked if there is OSHPD money through HRSA. Mr. Thomas said approximately \$450,000 of the overall budget is HRSA funds.
- Commissioner Illig is very distressed at this escalation. Who approves the budget and the changes? Dr. Katz said the project is a DPW project. The vast majority of change orders have had to do with the value engineering that was done to reduce the cost of the rebuild. Everyone that has looked at this project, including the Controller's Office, has come to the conclusion that the costs that we are spending are the costs that are necessary. Another way to look at it is that we are getting 780 beds for \$540 million. Other entities would love to have this cost per bed for a new building. So by objective standards of what it costs to build a building, we are doing a good job. Commissioner Illig said it would seem that so large of a budget increase would go to some oversight body, be it the Health Commission or the Board of Supervisors or another oversight body. Commissioner Illig said that we are getting further and further away from the intent to rebuild Laguna Honda and put equivalent money into the community. The money that is going to the rebuild could be invested into the community. Mr. Kanaley said each step of the way the Budget is approved by the Board of Supervisors. Laguna has not gone above and beyond the money that the board has allocated. The projected deficit will come at the end of the project. They are working on ways to mitigate the deficit. Further, the industry costs across the state are much higher than the cost for the rebuild project. Commissioner Illig asked if consultants are hired from operating budget or rebuild budget. Mr. Kanaley said it will be both. Vantage Systems and FF&E planning are part of the bond. Other consultants are part of the operating budget. Commissioner Illig said that funding proposals for these consultants would be pitted against other budget proposals. Mr. Kanaley said they will be put forward as one of Laguna Honda Hospital's budget requests.
- Commissioner Chow said there is a discussion here that is very important. We can build a building but unless we take the time to train our employees and put the proper equipment in place, the building will be a white elephant. We need to acknowledge this in the upcoming budget. The fact that administration has been looking at the best people to bring this about, rather than relying solely on their own staff, will lead to better results. The transition budget is one time but is essential.
- Commissioner Monfredini is pleased to see a transition budget. Workers might be overwhelmed by the technical nature of the new building. This has been an extraordinary effort and moving into the building will be a very exciting time.

- Commissioner Dodd was very impressed on the tour she took. The project is worth the wait and worth the money. She is particularly impressed at the way finding. She wants to make sure the floors are cushioned in terms of floor covering, because these are long halls for staff. If this requires a change order, so be it. Mr. Kanaley will verify whether there is cushioning under the vinyl.
- Commissioner Guy said we do need to find a solution to the flooring and she asked what it would cost to include it in the project, if it is not already included. Commissioner Guy said the costs started to escalate when the price of steel shot up. She wants the Joint Conference Committee to stay on top of this and have the minutes reflect the discussion. She reads the minutes and therefore was not shocked when she read the documents for today's meeting.
- Commissioner Illig asked the amount and source of funding for FF&E. Mr. Kanaley said this will be funded through the \$25 million settlement fund. This year LHH was allocated \$12-13 million and he anticipates the remainder in a future allocation. They project the total FF&E budget to be \$30 million.
- Commissioner Chow said Commissioner Dodd raises a point about the flooring because this could increase the number of employee injuries. He asked for a report at the LHH JCC.

8) **PRESENTATION OF THE LAGUNA HONDA HOSPITAL ASSISTED LIVING FEASIBILITY STUDY AND CONSIDERATION OF A RESOLUTION ACCEPTING THE STUDY**

John Kanaley, Executive Administrator, Laguna Honda Hospital and Rehabilitation Center, presented the Laguna Honda Hospital Assisted Living Feasibility Study. The assisted living project is the first step in addressing the charge set out by the Health Commission to build a new campus on the Laguna Honda site that will provide housing and a complete continuum of long term health care services. The report proposes to expand the city's continuum of care with an assisted living facility at the current site of wings K, L, M and O and the east parking lot. The proposed residence will consist of five building accommodating 25 to 60 residents each for a total capacity of 240 residents. The construction will meet the standards required for a Residential Care Facility for the Elderly (RCFE) Type II. The total project cost is \$168 million, and the cost per unit is \$363,000. The costs are comparable to current market costs for new construction. The buildings can be constructed all at once or incrementally as financing becomes available. The conceptual project schedule has construction starting in 2010 with completion in 2013.

In developing the plan the consultant and LHH staff conducted a community review process that included community meetings, a presentation to the Long Term Care Coordinating Council and a presentation to the Laguna Honda Hospital Joint Conference Committee.

**Public Comment**

George Wooding, representative of West of Twin Peaks Central Council and Director of Midtown Terrace Homeowners Association, said they consider themselves good friend of Laguna Honda Hospital. Through this process the neighborhoods have been promised by Dr. Katz, Mayor Newsom and others that this project would serve a population who need assisted care. They ask

that the type of facility be defined and that the patients who would be served at the assisted living facility be defined as well.

Ken Stein, Member of Long Term Care Coordinating Council, urged the Commission to accede to this document but not accept it. There needs to be further discussion, particularly about the RCFE designation. In an RCFE people are not in control of their daily schedules. The current proposal does not fit with the principles of the Long Term Care Coordinating Council. An RCFE is incompatible with the guiding principles of the Long Term Care Coordinating Council. It minimizes independence.

Norma Satten, member of Long Term Care Coordinating Council, is concerned about the recommendation. The Health Department has helped develop assisted living, for example at Mission Creek. She would like to see this developed on Laguna Honda and throughout the city. She does not want to see us committed to a licensed facility.

Patrick Monette-Shaw said San Francisco faces a deficit in skilled nursing beds. He said the resolution is premature and should be tabled. You cannot expand the continuum of care while restricting the SNF side of the continuum. The resolution is too neutral and too vague.

#### Commissioners' Comments

- Commissioner Illig said the people who prepared the study listened to the community, but did not listen enough. He has learned through serving on the IHSS board how important self care is, and an RCFE does not allow self care. He believes that this money should be spent instead in the community. He suggests that the Commission table the resolution and read the report of the Long Term Care Coordinating Council and the recommendation of Protection and Advocacy. Commissioner Illig noted that the cost comparison with Mission Creek uses numbers that are three to four years old. He thinks that the Health Commission should have a joint meeting with the Long Term Care Coordinating Council around this issue.
- Commissioner Monfredini asked Dr. Katz for his perspective. Dr. Katz said that when Proposition A was first envisioned, the thought was to build assisted living in addition to a rebuilt Laguna Honda Hospital. So assisted living was one of the components of Proposition A. What he gets from the study is that if you want to build assisted living on Laguna Honda, the recommendation is to build small, short buildings. The neighbors around Laguna Honda feel strongly that assisted living built on that campus should be for people who would otherwise go to Laguna Honda. The Mayor has in fact said that any assisted living built on Laguna Honda campus will be licensed RCFE. It is also absolutely true that there are some negative aspects of RCFEs for the people in them compared to pure independent living. There are some clients who would do better in an RCFE than in independent living. At this point, he does not see the Health Department going forward with building unlicensed assisted living. This does not mean we have to go forward with licensed assisted living on the Laguna Honda campus.
- Commissioner Dodd offered three additional whereas clauses, detailed below. She said there is a profound need to regulate care to protect people who do not have the capacity to protect themselves. There is clearly a need for more structured care in San Francisco. This does not preclude any of the suggestions made by Protection and Advocacy. We should proceed with all of those proposals and find sources to fund them. She believes that the

project as proposed provides a significant level of flexibility and provides a needed level of care in an environment that is safe. This is a particular concern among elderly women. We need both models and this is a model that is in fitting with Proposition A.

- Commissioner Monfredini agrees with Commissioner Dodd. She has worked with women in independent living facilities that she needed to move to assisted living facilities.
- Commissioner Guy said we have an opportunity at Laguna Honda, and she was a strong advocate of this component of Proposition A. She also hears the other side. The fact that we have licensing that challenges people's civil rights is a problem and we have to address this. She is looking for a commitment from Commissioners and staff that we will work to allow people more choice while in a licensed facility. She does not want to lose this opportunity. We do need more organized supportive care.
- Commissioner Chow said he sees the resolution as a way to complete what the Health Commission promised to the public. The obligation is to have a continuum. The study process was a fine way of looking at the response to assisted living on the campus if we were going to do it. He understands the issues that are out there. But what he wants to emphasize is that if the City decides to proceed, this study lays forth a fine plan.
- Commissioner Sanchez concurs with his colleague's comments and supports the resolution.
- Commissioner Illig said that the resolution accepts the report and the budget required to develop the proposal.

Whereas

Action Taken: The Commission approved an amendment to the resolution that adds the following Whereas clauses:

Whereas, residents of Laguna Honda Hospital eligible for lower levels of care expressed overwhelming support for construction of assisted living and expressed concerns regarding the need for adequate assistance with activities of daily living.

Whereas, residents of Laguna Honda Hospital supporting inclusion of various services such as vocational rehabilitation, Physical Therapy, therapeutic recreation and activity therapy.

Whereas, among all who testified during the community process no dispute arose as to the increasing needs for long-term care options, especially for San Francisco's safety net population, and the city's limited ability to serve that need.

Action Taken: The Commission (Chow, Dodd, Guy, Monfredini, Sanchez (Illig opposed)) approved Resolution 16-07, "Accepting the Laguna Honda Hospital and Rehabilitation Center Assisted Living Feasibility Study," (Attachment A).

9) **PUBLIC COMMENT**

None.

10) **OTHER BUSINESS**

None.

11) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE  
COMMITTEE REPORTS**

None.

12) **ADJOURNMENT**

The Commission adjourned the meeting in memory of Florence Stroud. The meeting was adjourned at 7:20 p.m.



---

Michele M. Seaton  
Executive Secretary to the Health Commission