

David J. Sanchez, Jr., Ph.D.
Acting President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

Sonia Melara
Commissioner

Margine A. Sako
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 22, 2008
3:00 p.m.

101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

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

Present: Commissioner David Sanchez, Ph.D., Acting President
Commissioner James Illig
Commissioner Margine Sako
Commissioner Steven Tierney, Ed.D.
Commissioner Catherine Waters, R.N., Ph.D.

Absent: Commissioner Edward Chow, M.D.

Commissioner Sanchez welcomed the new commissioners and asked them to introduce themselves.

Commissioner Waters is with the School of Nursing at UCSF. Her area of interests are in health promotion and illness prevention and particularly using lifestyle behaviors as mechanisms for risk reduction. Her passion is public health.

Commissioner Tierney is professor of community mental health at the California Institute of Integral Studies. He has been a contractor of city services and a DPH employee in the AIDS Office HIV Prevention Section. It is delightful to be here in this new role. He takes seriously the responsibility to make San Francisco the healthiest city in the United States. He looks forward to moving DPH to be health outcome oriented.

Margine Sako is the Executive Director of Fundraising for St. Mary's Medical Center. She started out working with Willie Brown in 1978 and stayed with him when he became mayor. She was born and raised in San Francisco. Health has always been a priority for her.

Public Comment

- Patrick Monette Shaw welcomed the new commissioners. He said this body could have made an effort to move this meeting to Laguna Honda Hospital so that residents could comment on the Chambers settlement.

Commissioner Sanchez said the holidays and the transition of Commission members resulted in the January meetings being rescheduled. The Commission will be meeting on the next three Tuesdays.

2) **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 18, 2007**

Public Comment

- Patrick Monette-Shaw (150-word summary) - These December 18 minutes report Commissioner Chow highlighted a *Laguna Honda Grapevine* article regarding "changes at Clarendon Hall." Chow said this issue would be discussed at the Laguna Honda Hospital Joint Conference Committee (LHH-JCC). Before adopting these minutes, the Commission should revise the words "changes at Clarendon Hall" to "the plan to prematurely close Clarendon Hall by June 2008," so readers of the minutes are accurately informed Clarendon Hall is rapidly being closed, and its 112 residents are being prematurely and suddenly relocated to either the main hospital or discharged to the community. The *Grapevine* had reported the Clarendon closure proposal required Health Commission approval, but the plan was rushed into implementation without prior approval by the full Health Commission, without discussion at the LHH-JCC (since its December 24 meeting rescheduled to December 17 was cancelled), without a public hearing beforehand to solicit public comment, and without a Bielenson hearing.

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney, Waters) approved the minutes of the December 18, 2007 Health Commission meeting.

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

Commissioner Illig chaired and Commissioner Sanchez and Commissioner Tierney attended the Budget Committee meeting. Commissioner Chow was absent. The Budget Committee requested that Item 3.1, 3.4 and 3.5 be moved to the Discussion section of the agenda. Commissioner Illig said the Budget Committee would like all contract documents proofed by the Contracts Office prior to coming to the Health Commission. Commissioners will find the mistakes.

For Approval

(3.1) PHP-Healthy SF – Request for approval of a contract modification with The Center to Promote Health Care Access, in the amount of \$470,012, for a total contract amount of \$2,298,353, which includes a 12% contingency, to provide a system enhancement to the One-E-App application

used by Healthy San Francisco for eligibly screening and determination, for the period of June 1, 2007 through June 30, 2012 (Sixty-one months).

(3.2) AIDS OFFICE-HIV Prevention – Request for approval of a retroactive renewal contract with Tenderloin Health, in the amount of \$316,111, which includes a 12% contingency, to provide HIV prevention services – Counseling & Testing, to behavioral risk populations in San Francisco, for the period of January 1, 2008 through December 31, 2009 (2 yrs).

(3.3) CHN-San Francisco General Hospital Medical Center – Request for approval to accept and expend retroactively a grant of \$150,000 from the Kaiser Permanente Community Benefits Program, to conduct quality improvement and patient safety activities at the San Francisco General Hospital Medical Center, for the period of October 1, 2007 through October 1, 2009.

(3.6) PHP-CHPP – Request for approval of a contract with San Francisco Study Center, in the amount of \$190,000 for the first six months, \$225,000 for the following 12 months, for a total contract amount of \$464,800, which includes a 12% contingency, to provide administrative capacity building and fiscal intermediary services, including training and technical assistance, program development, implementation and evaluation for community-based and driven projects addressing violence, chronic disease, alcohol problem and traffic/pedestrian safety and prevention, for the period of January 1, 2008 through June 30, 2009 (1.5 yrs).

(3.7) CHPP-Health Education – Request for approval of a retroactive renewal contract with O'Rorke, Inc., in the amount of \$40,000 per year for a contract amount of \$112,000, which include a 12% contingency, to provide media services for the Traffic Safety Projects in Community Health Education Section, for the period of October 15, 2007 through April 15, 2010 (2.5 yrs).

(3.8) CHPP-Health Education – Request for approval of a retroactive renewal contract with San Francisco Study Center, in the amount of \$33,750 for the first year and \$45,000 for the second year, for a total contract amount of \$88,200, which includes a 12% contingency, to provide administrative capacity building services for the Traffic Safety Projects in Community Health Education Section, for the period of January 1, 2008 through April 15, 2010 (2.5 yrs).

For Discussion and Approval

(3.1) PHP-Healthy SF – Request for approval of a contract modification with The Center to Promote Health Care Access, in the amount of \$470,012, for a total contract amount of \$2,298,353, which includes a 12% contingency, to provide a system enhancement to the One-E-App application used by Healthy San Francisco for eligibly screening and determination, for the period of June 1, 2007 through June 30, 2012 (Sixty-one months).

Commissioners' Comments

- Commissioner Illig asked if the funding is true general fund. Tangerine Brigham said this is true general fund, and helps us meet our required State match. Commissioner Illig asked if the System of Record was part of the original scope of work. Ms. Brigham said it was. Originally the plan was to have it under the third party administrator. They then decided this was not appropriate and are doing it under this contract.

(3.4) CHPP-Health Promotion – Request for approval of a retroactive renewal contract with International Institute of the Bay Area (formerly International Institute of San Francisco), in the

amount of \$214,129 per year, for a total contract amount of \$731,966, which includes a 12% contingency, to provide prevention health services, including outreach, medical interpretation, health education and referrals for documented refugees and other immigrants, for the period of October 1, 2007 through December 31, 2009 (2.25 yrs).

Commissioners' Comments

- Commissioner Illig asked why this contract was delayed. Patricia Erwin said part of the delay is due to the fact that they receiving funding augmentations from the State and the general fund. Another component of the delay is due to process problems. Margi Dunlap, Executive Director, said from time to time she has problems with communication with the Contracts Office. The process could be simplified, and she appreciates having a two and a half year contract.
- Commissioner Tierney asked how the program is preparing for potential funding loss, given the looming State budget cuts. Ms. Erwin said these are federal pass through funds so they originate with the Federal government.

(3.5) PHP-CHPP-AAHI – Request for approval of retroactive renewal contract with Black Coalition on AIDS, in the amount of \$570,076, with an annual contract amount of \$339,331, which includes a 12% contingency, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment as the community partner for the DPH African American Health Initiative, serving African Americans city-wide, for the period of January 1, 2008 through June 30, 2009 (1.5 yrs).

Commissioners' Comments

- Commissioner Illig asked how the evaluation method could be improved. Ginger Smyly, Community Health Promotion and Prevention, said the agency had a wide range of services but an inadequate way to evaluate the impact of these services. DPH asked the agency to reduce the number of activities and develop ways to evaluate these services so that we can see the impact of what the agency is doing.
- Commissioner Sanchez said he looks forward to seeing the revised evaluation by the end of 2008. Ms. Smyly said DPH time-phased the agency's objectives so that all reports are not done at once. Jimmy Loyce, BCA Executive Director, said they intend to provide quarterly reports to DPH to update on the status of reaching objectives. Commissioner Sanchez said documentation is key to show the pathway and the outcomes.
- Commissioner Tierney is delighted that they are going to be evaluating results instead of just activities. He asked how community was involved in helping to define the objectives. Ms. Smyly said for this contract they used a community participatory approach and will do so for the evaluation as well. The goal is for the community to identify the top problems that can be addressed through policies that will impact the environment they live in, rather than doing one-on-one health education. Mr. Loyce added that there is a parallel planning process underway with African American Health Executives to look at policies and health disparities within the community and at some point these efforts will converge.

(3.9) PHP-Housing& Urban Health – Request for approval of a contract renewal with Episcopal Community Services, in the amount of \$3,161,232, which includes a 12% contingency, to provide supportive housing services targeting homeless adults, for the period of January 1, 2008 to June 30, 2010 (2 yrs 6 mos).

Commissioners' Comments

- Commissioner Illig said the objectives seem a little low compared to what the agency achieved. Margot Antonetty said that the employment objective is a standardized objective. Kevin Shultz, Episcopal Community Services, added that the Pacific Bay Inn has ECS programs that allow them to be successful at this particular housing site. Commissioner Illig said one of the DPH goals is to keep people out of inpatient facilities. It is curious to see placement in inpatient facilities is included in one of the outcome objectives. Ms. Antonetty said they take many people out of inpatient facilities but some people turn out not to be ready. The goal is to have a somewhat seamless transition back into a higher level of care, rather than having the person go back out to the street and reenter the system through the emergency department.
- Commissioner Sanchez commended ECS for staying the course over the past hundred years. They have a strong tradition of supporting families.

(3.10) AIDS OFFICE-HIV Prevention – Request for approval of a retroactive renewal contract with Black Coalition on AIDS, in the amount of \$291,627, which includes a 12% contingency, to provide HIV prevention services – Prevention with Positives and Health Education and Risk Reduction, to behavioral risk populations in San Francisco, for the period of January 1, 2008 through December 31, 2008 (1 yr).

Secretary's Note – This contract was continued to the January 29, 2008 Health Commission meeting.

(3.11) BHS – Request for approval of a retroactive contract renewal with Regents of the University of California, on behalf of the UCSF Clinical Practice Group, in the amount of \$4,778,496 per year, for a total contract amount of \$8,027,873, which includes a 12% contingency, to provide outpatient mental health treatment services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Illig said that the contract summary suggests that the contract received a 49% increase. Sidney Lam, CBHS, said the contract documents are incorrect. The increase is \$750,000, not \$1.57 million. Dave Fariello, Citywide Case Management, added that the number of FTEs increased from 41.80 to 46.05. Commissioner Illig asked what the MIOCR grant is. Mr. Fariello said MIOCR is a State grant that focuses on mentally ill offenders. This grant cycle they are using the grant to do supportive employment. They are also working with a researcher at the VA who is doing cognitive remediation. Commissioner Illig asked how this program differs from Jail Psych. Service. Mr. Fariello replied that JPS works with clients as they transition into the community. The MIOCR program works with the highest risk people from the criminal justice system in the community for a longer period of time.

- Commissioner Tierney said the outcome objective for outpatient programs is to reduce inpatient psychiatric days by 15 percent, and the agency achieved 94 percent. Mr. Fariello said he thinks that they achieved 94% of the goal of 15%. He added that 15% is a struggle year to year.
- Commissioner Sanchez commended the agency on its precise data collection and presentation. This is so important to demonstrate whether or not we are making a difference. Commissioner Sanchez noted that Richard Blum is the President of the Board of Regents of the University of California. This was incorrectly noted in the contract documents.

(3.12) **BHS** – Request for approval of a retroactive contract renewal with Regents of the University of California, on behalf of the UCSF Clinical Practice Group, in the amount of \$3,418,577 per year, for a total contract amount of \$5,743,209, which includes a 12% contingency, to provide outpatient mental health treatment services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Tierney said given that the agency achieved 100% of the outpatient program's outcome objective, perhaps staff should consider increasing the objective.
- Commissioner Illig said Conard House, Progress Foundation and other CBOs used to have this as an outcome objective. He was told that this was removed because agencies cannot get data on days of hospitalization and compare pre- and post community-based treatment. Bob Cabaj, Director, CBHS, said this objectives did not make sense for some of the residential programs so they removed it. In addition they are looking at making all objectives outcome oriented to move away from the numbers that are achieved and more toward quality of life improvements. Mr. Lam added that Citywide is a long term stable program and we can track these clients better than clients of other residential programs.

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney, Waters) approved the Budget Committee Consent Calendar.

4) **DIRECTOR'S REPORT**

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

Good Bye to Former Health Commissioners

It is always difficult to say good bye to Health Commissioners and this month presents an overwhelming task as we replace four Commission posts. Dr. Katz is pleased to note that while they leave the Health Commission, all of our Commissioners will continue to work within their scope of interest and commitment to public health.

Lee Ann Monfredini, served as a Commissioner for 12 years and as president for seven of those years, most recently from 2005 through 2007. She served on a variety of JCC's throughout her years of service and led the Commission through a number of difficult budget years. Lee Ann was instrumental in leading the effort to pass the Laguna Honda Bond measure in 1999. Commissioner Roma Guy also leaves the Commission after serving nearly 12 years. Ms. Guy leaves a legacy of activism and community involvement with a strong commitment to underserved populations. Roma mentored literally hundreds of public health students at San Francisco State. Commissioner

Catherine Dodd was a relative newcomer to the Commission in 2007 but an experienced and highly qualified nurse and public health advocate. Commissioner Dodd left to accept a new position with Mayor Newsom as Deputy Chief of Staff for Health and Human Services. We will work closely with Dr. Dodd in her new leadership role and look forward to advancing a robust public health agenda such as the new bond initiative for San Francisco General Hospital. Also a newcomer to the Commission, Markus Watson, DDS, was appointed by Mayor Newsom in 2007 and served on the Budget Committee and Population Health and Prevention JCC. Dr. Watson leaves to attend to his growing dentistry practice. We are very grateful to all of our Commissioners for their service to the Department and thank them for their commitment to improving the health of all San Franciscans in the past and for many years to come.

Welcome to New Health Commissioners

Today, we have the privilege of welcoming four new Commissioners: Steven Tierney, Catherine Waters, Margine Sako and Sonia Melara.

- Steven Tierney is Professor and Program Director, Community Mental Health for the California Institute of Integral Studies. He was formerly the Deputy Executive Director for the San Francisco AIDS Foundation responsible for approximately ten million dollars of HIV, health and addiction services that reached a diverse population of over 1,000 clients. Formally he served as a member of the Board of Health and Hospitals for the City of Boston.
- Catherine Waters is an Associate Professor in the Department of Community Healthy Systems at the UCSF School of Nursing. Her community-based research focuses on preventative healthcare and advancing public/private community partnerships.
- Margine Sako is currently the Executive Director of the St. Mary's Medical Center Foundation. She served as Mayor Willie Brown's liaison to the Department of Public Health with a focus on universal healthcare and hospital acquisition. Ms. Sako has extensive experience in grantmaking, policy, planning, development and implementation of community health services. She has also worked for Catholic Healthcare West and the San Francisco Foundation.
- Sonia Melara is the Executive Director of Rally Family Visitation Services of Saint Francis Memorial Hospital. She has over 25 years of management experience in the non-profit and for-profit sectors and is the co-founder of La Casa De Las Madres, California's first shelter for survivors of domestic violence.

Health Care Security Ordinance

As the Health Commission is aware, the Health Care Security Ordinance requires employers to make health care expenditures for their certain employees (the Employer Spending Requirement) and mandates creation of the *Healthy San Francisco* program. The programs are different, but work in tandem. The following is an update on both components of the Ordinance

Employer Spending Requirement

The Employer Spending Requirement (ESR) was challenged in a federal lawsuit filed by the Golden Gate Restaurant Association. The U.S. District Court found the ESR invalid, and the City and County is appealing this decision. Pending the appeal, the U.S. Ninth Circuit Court of Appeals granted the City and County's Emergency Motion for a Stay of the District Court's decision, which allowed the ESR to go into effect on January 9, 2008. Specifically,

- it takes effect on 1/9/08 for employers with 50 or more employees (both for-profits and non-profits businesses) and
- it takes effect on 4/1/08 for for-profit employers with 20-49 employees (non-profit businesses with fewer than 50 employees are exempt).

Employers may select the City Option (Healthy San Francisco) to satisfy the ESR.

The ESR is overseen by the Office of Labor Standards Enforcement, and not the Department. Information and updates on the ESR and the lawsuit are posted at www.sfgov.org/olse/hcso.

It is difficult to predict when the U.S. Ninth Circuit Court of Appeals will issue a decision on the appeal. The Department would like to acknowledge the tremendous work of City Attorney Vince Chhabria who is representing the City and County in this lawsuit.

Healthy San Francisco

On Tuesday, January 2, 2008, the Healthy San Francisco (HSF) program expanded to include adult residents at higher income levels, namely those with incomes between 101% and 300% FPL.

As of mid-January 2007, there were 9,666 residents were participating in HSF. Enrollment continues to take place at the participating 27 primary care medical homes within the Department of Public Health and with San Francisco Community Clinic Consortium members.

The following provides summary demographic and program information on the enrolled population as of December 31, 2007:

Age	6% are 18 - 24; 28% are 25 - 44; 25% are 45 - 54; 41% are 55 - 64
Gender	52% female; 48% male
Ethnicity	46% Asian/Pacific Islander; 19% Latino; 13% Caucasian; 9% African-American, 1% Other; less than 1% Native American; 12% Not Provided
Language	42% English; 40% Cantonese/Mandarin; 14% Spanish; 1% Vietnamese; 3% Other

As anticipated, the percentage of Asian/Pacific Islanders as a percentage of enrollments has declined as enrollment activities have increased in other communities and at the participating health centers. Similarly, this has been the case with respect to age, in particular a decrease in percentage of participants aged 55 – 64 years old.

HSF disenrollments (a total of 32) mainly occur due to individuals becoming eligible for or enrolled in other coverage (56%) -- public, employer-sponsored or private coverage. In addition, reasons include death (6%), non-San Francisco residency status (16%) and other (22%). Finally, 57% of the HSF participants have selected a DPH medical home and 43% have selected a SFCCC medical home. Among those selecting medical homes, the majority (92% – 93% were either existing DPH or SFCCC patients. This finding is consistent with the HSF enrollment phases which focused on existing patients for enrollment.

Health Care Security and Cost Reduction Act (AB X 1 1)

On January 23, 2008, the Senate Health and Human Services Committee will consider ABX1 1, the Health Care Security and Cost Reduction Act. (Assembly Member Nunez and principal co-author Senator Perata).

The goal of ABX1 1 is to ensure that every Californian has access to health coverage. The bill creates a "pay or play" system for employers and would establish an individual mandate for

Californians to have insurance. Of the estimated \$5 million uninsured Californians, estimates are that ABX1 1 will cover 3.6 to 4 million. The bill's principal components are that it:

- creates an individual mandate to purchase health insurance,
- creates the California Cooperative Health Insurance Purchasing Program (Cal-CHIP), a state health care purchasing program under the Managed Risk Medical Insurance Board to provide coverage to specified individuals,
- expands the Medi-Cal Program and the Healthy Families Program,
- modifies the individual and group insurance markets,
- creates a local coverage option to expand coverage,
- expands preventive health programs and
- imposes a medical loss ratio which requires insurers to spend a specified proportion of premiums collected on medical care.

It is estimated that ABX1 1 will cost \$14.5 - \$15 billion. The financing component of ABX1 1 is in a companion initiative that has been submitted to the Attorney General for review and would require voter approval. If ABX1 1 passes the Legislature and is signed by the Governor, the initiative would go before the voters on the November 2008 statewide ballot. Program components would go into effect from January 2009 to July 2010. A summary of the bill is attached.

Bay Area Storms

As a result of the series of storms that hit the Bay Area recently, the Department of Emergency Management activated the Citywide Emergency Operations Center on January 4th. The major problems related to the storm included flooding, road closures, downed power lines and trees, and power outages. The most significant storm-related event within the Department of Public Health occurred at Laguna Honda Hospital where the storm damaged the scaffolding and protective shrink-wrap on each of the new buildings. Construction was temporarily suspended while superintendents inspected the site. Residents in the east wing of Clarendon Hall, adjacent to damaged scaffolding on the new East Residence building, were moved to units on the other side of the building as a precautionary measure. Clarendon's east wing will remain unoccupied until the damaged scaffolding is replaced. Repairs are underway. In addition, three DPH clinics experienced power loss during the storm.

The activation of the EOC and dealing with other storm-related incidents provided the Department of Public Health with another opportunity to exercise our own emergency response teams and make improvements for future operations.

Tiger Attack Victims Treated at SFGH

As the Commission is aware, a tiger at the San Francisco Zoo attacked three young men late on Christmas Day, killing one and injuring two others. Both victims were transported and treated at SFGH by the Trauma clinicians and were subsequently discharged four days later. Because this was such an unusual occurrence that happened over the holidays, the event drew worldwide media attention. SFGH staff held a press conference outside of the Emergency Department on the day after the attack and a final press briefing on Thursday, December 27th. Special thanks to the paramedic transport team and the Trauma staff who responded to this case and to the SFGH staff who worked diligently to control the unprecedented attention that it brought to the hospital. San Franciscans can be proud of the level of care and professionalism that was evident during this highly stressful event.

Rabid Bat Found in Marina

A live, but sick bat, later determined to be positive for rabies, was found wrapped in a towel in the Marina on Saturday evening, January 5th. Although further exposure to the public was unlikely, the

Department issued a press advisory asking anyone who might have touched the bat to contact the Communicable Disease Control Unit for evaluation. Staff from DPH distributed flyers throughout the immediate area and coordination of all information was passed along to the 3-1-1 Call Center.

Fresh and Easy Market to Open in BVHP

On Thursday December 13th, Fresh and Easy broke ground at 5800 Third Street for the construction of a full service market. The Bayview Hunters Point neighborhood has lacked a quality full service market for decades and residents are clamoring for access to healthy, fresh food as noted in the recently released Southeast Food Access Survey findings. The store is expected to open its doors in approximately 18 months. Until then, the Southeast Food Access working group, chaired by Dr. Mark Ghaly, medical director of Southeast Health Center, and Michael Janis, manager of Wholesale Produce Market, continues its efforts to improve access to healthy food by working with existing markets such as SuperSave and FoodsCo. We thank former Commissioner Roma Guy for her continued support of this effort.

Voter’s Guide Promoting Child Passenger Safety and Stop Smoking Services

The Department of Elections offers City Departments the opportunity to promote City programs to the voting public by providing free, full-page ads in its Voter’s Guide. I am pleased to report that two of the five ads you will find in your current Voter’s Guide come from the Department of Public Health.

The ad from the Traffic Safety Program in the Community Health Education Section appears on page 80 and the promo for the Stop Smoking services provided by the Tobacco Free Project of the Community Health Education Section appears on page 43. The mailing was sent out to over 400,000 registered San Francisco voters. We are grateful to the San Francisco Department of Elections for helping us get these vital health and safety messages out to San Francisco residents.

10 DPH Teams Complete Walking Challenge

Congratulations to the 10 DPH teams for participating in and completing the 2007 Walking Challenge—the virtual 1016 mile walk up the West Coast. Complete results are available at www.shapeupsf.org.

Community Health Network, San Francisco General Hospital Credentials Report, January 2008

	01/08	7/07 to 01/08
New Appointments	13	143
Reinstatements	0	0
Reappointments	59	322
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	12	97
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	1	1

Changes in Privileges		
Additions	6	68
Voluntary Relinquishments	4	34
Proctorship Completed	32	47
Proctorship Extension	0	0

Current Statistics – as of 01/1/08		
Active Staff	517	
Courtesy Staff	589	
Affiliate Professionals (non-physicians)	210	
TOTAL MEMBERS	1,316	
Applications In Process	29	
Applications Withdrawn Month of January 2008	1	3 (07/07 to 01/08)
SFGH Reappointments in Process Feb. 2008 to May 2008	211	

Commissioners' Comments

- Commissioner Illig said HSF was projected to cost \$200 million, with \$100 million coming from employee spending requirements and patient fees. Is this estimate still correct? Dr. Katz said in round numbers it is still correct. Dr. Katz added that in the most recent calculations show that approximately \$120 million is coming from DPH. Commissioner Illig asked if the employer fees come directly to DPH. Dr. Katz said employers can meet the employer spending requirement in various ways. If they chose to the City Option, they will send their check to the Health Plan.

5) **EMPLOYEE RECOGNITION FOR THE MONTH OF JANUARY**

Commissioner Sanchez presented the Employee Recognition Awards for January.

<u>Individual Award</u>	<u>Division</u>	<u>Nominated By</u>
Josh Luria	SFGH	Kevin Sullivan
Mary Ellen Carroll	Office of Policy and Planning	Anne Kronenberg
Richard Lee	Environmental Health	Anne Kronenberg

Richard Lee commended his staff who responded with him: Environmental Health Emergency Responders - Henry Louie, Patrick Fosdahl, Les Lum; Water Quality Program - Lorraine Anderson and Sam Duque.

6) **FY 2008-09 BUDGET PRESENTATION: STRUCTURAL, INFLATIONARY, REGULATORY, REVENUE AND BUDGET-NEUTRAL INITIATIVES**

Gregg Sass, Chief Financial Officer, presented the budget update. This first budget report describes structural, regulatory and inflationary issues that must be addressed as unavoidable costs of doing business, together with the increases to revenues that serve to offset these expenses. In future meetings staff will bring proposed reduction initiatives, information on lost grants, any new funding requests and the budget for Healthy San Francisco.

Mr. Sass said the Mayor's Budget Office is projecting a \$229 million citywide general fund shortfall for FY 2008-2009. The Mayor's Budget Instructions are that General Fund departments submit budget that reduce their general fund subsidy by 8%. The reduction target for DPH is \$28.1 million. Further, departments are to submit contingency savings of 5%, a \$10.5 million reduction for the Department.

Mr. Sass said that based on the first quarter financial projections, DPH will enter the FY08-09 budget process with a \$15 million deficit comprised of a \$25 million overexpenditure offset by \$10 million in surplus revenue. Overspending is largely comprised of unfunded structural costs that carry forward into the budget year. For the first time in many years DPH is not projecting a revenue surplus that exceeds its structural deficits and returns a net surplus to the general fund.

- Increased Revenues - \$6.1 million
- Revenue Neutral Programs – (\$2,516)
- Regulatory Issues - \$3,198,550
- Inflationary Increases - \$10,0085,499
- Structural Issues - \$14,019,320

The total impact of Revenue, Revenue Neutral, Regulatory, Inflationary and Structural issues is \$20.4 million.

Mr. Sass described DPH's action plan to reduce the cost of long term placements, which is one of the structural budget issues. The total projected deficit in community placements is \$7.3 million. The plan includes eliminating high cost beds, reducing the number of patches, hiring additional intensive case managers and moving 20 geriatric clients into new HUH facility opening in FY08-09.

Mr. Sass said they are planning to close the Workers Compensation Clinic and project that this will reduce costs for FY08-09 by \$736, 453.

Combined with the General Fund reduction target given by the Mayor's Office, the total General Fund reduction that is needed is \$48.5 million. Staff will continue to refine the inflationary, regulatory and structural issues to minimize additional costs. They will identify cost reductions through reprogramming of services, or reductions in administrative and service costs to deliver General Fund savings, then return with a full budget presentation to the Health Commission.

Commissioner Sanchez said people could provide public testimony regarding the closure of the Workers Compensation Clinic under this item, as the closure was part of the budget presentation.

Public Comment

- Ed Warshauer, SEIU 1021, said any DPH employee should be able to speak their opinion about the budget process. SEIU feels that their workers are at risk everyday and they object strongly that taking care of the caregivers is outside of the DPH mission. With regard to Workers Compensation Clinic, the Board of Supervisors have restored this service for the past three years. This is a cut that is being scheduled to take effect March 15th, outside of the budget process. The Board of Supervisors is holding a hearing and he urged the Commission to table this decision until the Board has held its hearing.
- Bruce Allison, Poor Magazine, said DPH should fine hospitals that are closing units.
- Debbi Lerman, San Francisco Human Services Network, said this is going to be a very bad budget year. We cannot afford these cuts and we must work together to save these services. She appreciates the department's inclusion of a two percent cost of doing business in its first budget presentation. Two percent is not enough but at least it is there. Flat funding is a service cut.
- Robert Haaland, SEIU 1021, said every single City and County employee is impacted by the closure of the Workers Compensation Clinic. The Labor Council is opposed to this cut and will testify against it at the Board of Supervisors hearing. It is unprecedented to see a Board of Supervisors addback cut mid-year.
- Annette Jagers, Workers Compensation Clinic, said that the clinic saves the city money that can be used by DPH to fund other services. If the clinic is cut this will cost DPH money. The goal is to get workers back to work.
- Mo Kashmiri, SEIU 1021, said employees have received subtle threats not to speak out against the proposal. The Workers Comp. clinic is the second busiest clinic at the hospital. Closing it will cost the city money. Private clinics have no incentive to get people back to work. Postpone the decision until after the Board of Supervisors hearing on January 30.
- Brad Cleveland, SEIU 1021, wonders why the Workers Compensation Clinic is not getting fully reimbursed for its cost and said DPH should look at increasing fees to fully cover costs and market the clinic to other employers in San Francisco.
- Michael Lyon is appalled to hear that there is anything being considered that would jeopardize the needle stick program. Don't do anything to put this program in danger.

Commissioner Sanchez asked that Item 7 be called so that commissioners could comment on both the overall budget presentation and the clinic closure.

Commissioners' Comments

- Commissioner Sako asked if they took into consideration that if the ER patient load increases the number of charity care patients will increase also. Mr. Sass said yes, this was taken into account.
- Commissioner Illig appreciates the budget principles being incorporated into the presentation. He is also pleased to see that the first priority of the Integration Steering

Committee is to place patients first. The Mayor has already started this process by freezing 203 positions as of July 1st. What are these positions? Mr. Sass said a large number are reclassifications, some grant funded, some of which were generic nursing positions at SFGH and LHH. Mr. Sass said that they reviewed the list, identified the positions where a hire was in process and resubmitted this list to the Mayor's Office. As a result 84 of 203 have been reinstated. Dr. Katz said they will look closely at these vacant positions. Commissioner Illig would like to see the hiring of the IMP Health Analyst as a Revenue Neutral Initiative. He asked if increase collections in the outpatient area would this influence Healthy San Francisco. Dr. Katz said this initiative focuses on collection of MediCal and Medicare. Commissioner Illig asked if the rules around Pharmacy have changed to necessitate additional pharmacy staff. Mr. Sass said that 10 FTE were added last year, but more were needed. Ms. O'Connell said in addition rules have changed. Commissioner Illig said the COLA for CBOs and UCSF doctors is 2%, but the COLA for UCSF is 5% and this is unacceptable to him. The increase for Conard House is outrageous and perhaps we should look at an alternative. Commissioner Illig said that the Health Commission approved a policy to reduce non-essential services even if those services were restored in previous budgets. The Workers Compensation Clinic is not an essential service.

- Commissioner Sanchez said there are different visions of the Workers Compensation Clinic, which is a unique service. The clinic was established because of the concern across the city about the increase of workers compensation claims. Things have changed and a lot of the programs available to our city workers are provided by other entities such as Kaiser and Blue Cross. He is concerned about proceeding on this as an action item this evening because Commissioner Chow is not here to provide his input and the new Health Commissioners have heard this proposal for the first time. He asked if there is a need to immediately approve the closure and, if not, perhaps continue action to a future Health Commission meeting.
- Commissioner Illig said that the Health Commission has approved the closure of the Workers Compensation Clinic for the past three years, this is not an essential service, and the Commission should move forward with this item. Dr. Katz said that proposal does not impact the needle stick program. Further, anyone who is a city employee gets to designate, if they wish, a workers comp. provider so not every city worker chooses DPH. Reimbursement rates are set by the State so we cannot increase fees. DPH does not make money by seeing other people—we lose money on each encounter. So serving more people would result in losing more money. With regard to process, usually cuts are effective September 1. Part of why this is on the list now is that by closing it on March 15th we get a great deal more savings, which means fewer cuts to clients who do not have another choice. The negative of a mid-year cut is that it is not being made in the context of other budget reductions. The Mayor is going forward with mid-year cuts across the city.
- Commissioner Sanchez asked what the impact would be of a two week delay. This is the first projected cut of the budget process and we have a brand new commission. He would like all members to feel comfortable moving forward. Dr. Katz said the notice has been made to close the clinic on March 15th and the Health Commission can vote either next week or the week after, without changing the implementation date.
- Commissioner Sako asked if there is anything substantive in the resolution that would be different if Commissioner Chow were at the meeting. Commissioner Sanchez cannot

answer specifically, but things can change, he wants to move forward with as much information as possible. .

- Commissioner Illig said he agrees to continue this decision to the next Commission meeting. His feeling is that when this proposal is considered in the context of the other \$48 million in budget cuts, it will be an obvious choice.

7) **APPROVAL OF THE CLOSURE OF THE SFGH WORKERS COMPENSATION CLINIC**

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney, Waters) continued action on this item to the January 29, 2008 Health Commission meeting.

8) **PUBLIC COMMENT**

Patrick Monette-Shaw (150-word summary) -Section 67.1 of San Francisco’s Sunshine Ordinance states “Government’s duty is to serve the public, reaching its decisions in full view of the public,” “The people do not cede . . . the right to decide what the people should know about the operations of local government,” and “Public officials who attempt to conduct the public’s business in secret should be held accountable for their actions.” The plan to prematurely close Clarendon Hall was rushed into implementation without discussion by this Commission in public view. You now propose to discuss the *Chambers* settlement in secret closed session, again depriving the public of rights to oversee our government. If the Commission held an open meeting regarding closure of St. Francis’ 34 skilled nursing beds, it has an ethical obligation to discuss eliminating 420 of Laguna Honda’s beds and eliminating LHH’s long-term care mission in full public view, not hiding secretly behind closed doors.

9) **OTHER BUSINESS**

None.

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

None.

11) **CLOSED SESSION**

Secretary’s Note – This item was heard after Item 12.

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

None.

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

Action Taken: The Commission voted to go into Closed Session (Illig, Sako, Sanchez, Tierney, Watson)

The Commission went into closed session at 6:28 p.m. Present in closed session is Commissioner Illig, Commissioner Sako, Commissioner Sanchez, Commissioner Tierney, Commissioner Watson, Mitchell H. Katz, M.D., Health Director, Troy Williams, SFGH Director of Risk Management, Kathy Murphy, Deputy City Attorney and Michele Seaton, Health Commission Executive Secretary.

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

APPROVAL OF A SETTLEMENT IN LYDIA JONES V. CCSF, SF SUPERIOR COURT NO. 457229, IN THE AMOUNT OF \$65,000

- D) Reconvene in Open Session

The Commission convened in open session at 6:34 p.m.

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

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney, Watson) approved a settlement in Jones v. City and County of San Francisco, Superior Court No. 457229, in the amount of \$65,000.

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney, Watson) voted not to disclose discussions held in closed session.

12) CLOSED SESSION

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

Mara Kopp said there will be significant shortage of SNF beds in San Francisco, the voters approved 1200 beds at Laguna Honda Hospital in 1999, and the proposed settlement goes against what the voters approved. Please look at the entire settlement, have it costed out, and do not take away resources the voters voted on. (Ms. Kopp submitted a written copy of her testimony, on file in the Health Commission Office.)

Michael Lyon, San Francisco Gray Panthers, urged the Commission not to accept the settlement. Many San Francisco elderly need skilled nursing beds. San Francisco's elderly population will drastically increase and they must advocate for all kinds of long-term care. A certain percentage of elderly and disabled people need skilled nursing beds. (Mr. Lyon submitted a written copy of his testimony, on file in the Health Commission Office.)

George Wooding, Midtown Terrace Homeowners Association and West of Twin Peaks Council, said it is troubling that DPH is allowing a lawsuit to determine policy. By accepting the language in the settlement the City will break the public trust by going against Proposition A. There has been no public discussion about how this settlement will impact Laguna Honda Hospital. (Mr. Wooding submitted a written copy of his testimony, on file in the Health Commission Office.)

Patrick Monette-Shaw (150 words summary) -Major policy changes regarding Laguna Honda Hospital will be affected by the proposed *Chambers* settlement this Health Commission should discuss in open view of the public, not in a closed-door session. It is not as if details of the proposed settlement still involve privileged attorney-client discussions between you and a City Attorney; the proposed settlement details are available on the Internet and widely known. The *Chambers* settlement proposes changing major City policy regarding LHH's operations, its size, its long-term care mission, and ultimately, the patient population who will be served, among other significant changes. I'm hopeful one of you Commissioners has the ethical courage to introduce a motion not to go into closed session. If you do, then motion to disclose all actions taken in closed session when you reconvene. At minimum, this Commission should reject entirely the provisions of the *Chambers* Section X, Laguna Honda Hospital, on page 24.

Sheri Matza (submitted via e-mail) - Because major policy changes regarding Laguna Honda Hospital (LHH) affecting thousands of San Franciscans will occur if the proposed *Chambers* settlement is approved, this item should NOT be heard in closed session. Furthermore, the detrimental effects of the proposed *Chambers* settlement are severe, as they will limit the number of long-term skilled nursing beds in a City that already has a dire shortage (to which this Health Commission has publicly admitted), as well as limit the types of care that may be provided at LHH. I ask that you reject the proposed *Chambers* Settlement, and if you cannot do so in its entirety, then at least reject Section X, Laguna Honda Hospital, on page 24.

Howard Chabner (submitted via e-mail) - The agreement would limit the number of skilled nursing beds and eliminate long-term care at Laguna Honda (LHH). (In both cases, presumably, forever.) This would make a shortage of skilled nursing beds in San Francisco even worse. Many frail seniors are already forced to leave San Francisco because of this shortage. Eliminating long-term care at LHH ignores the fact that some people are cognitively and medically incapable of living independently. Where will they go? Who will take care of them? People who can't live independently in their own housing are likely to end up in board-and-cares, which can't match LHH in quality of life, safety, availability and quality of medical care, quality of staff, activities, open space, amenities and many other things. *Olmstead* is about choice, not about having options limited. The settlement would eliminate choice. I urge you to disapprove the proposed settlement.

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

Action Taken: The Commission voted to go into Closed Session (Illig, Sako, Sanchez, Watson, Aye; Tierney Opposed)

The Commission went into closed session at 5:55 p.m. Present in closed session is Commissioner Illig, Commissioner Sako, Commissioner Sanchez, Commissioner Tierney, Commissioner Watson, Mitchell H. Katz, M.D., Health Director, John Kanaley, LHH Executive Administrator, James Emery, Deputy City Attorney and Michele Seaton, Health Commission Executive Secretary.

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

APPROVAL OF A SETTLEMENT IN CHAMBERS ET AL. V. CITY AND COUNTY OF SAN FRANCISCO, CASE NO. C06-06346.

- D) Reconvene in Open Session

The Commission reconvened in open session at 6:25 p.m.

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

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney, Watson) approved the settlement of Chambers et al v. City and County of San Francisco, Case No. C06-06346.

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney, Watson) voted not to disclose discussions held in closed session.

Commissioner Sanchez reaffirmed that this settlement does not prevent future build out of SNF beds at Laguna Honda Hospital and said adding short term care to Laguna Honda Hospital's mission is no different from what the facility currently provides.

14) ADJOURNMENT

The meeting was adjourned at 6:40 p.m.



Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Written summaries of 150 words or less that are provided by persons who spoke at public comment are included in the body of the minutes. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.