James M. Illig
President

Sonia E. Melara
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

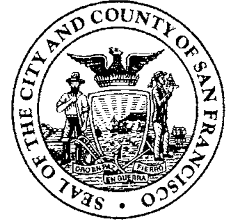
David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

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

James M. Soos
Acting Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 18, 2008
At
4:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

President Illig called the meeting to order at 4:02 pm.

Present: Commissioner James M. Illig, President
Commissioner Edward A. Chow, M.D.
Commissioner Margine A. Sako
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Steven Tierney, Ed.D.
Commissioner Catherine M. Waters

Absent: Commissioner Sonia E. Melara, MSW, Vice-President

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 4, 2008

Action Taken: The Commission (Chow, Illig, Sako, Sanchez, Tierney, Waters) approved the minutes of the November 4, 2008 Health Commission meeting.

3) GENERAL PUBLIC COMMENT**

Veronica Shephard of Southeast Health Center spoke regarding lack of mammovan availability at Southeast Health Center. She noted the higher incidence and death rate of breast cancer among

African-American women, and noted the backlog of women in the Bayview Hunters Point community in need of mammographic screening.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, included Director's Report in the Commission packet and made copies available to the public. Highlights include:

DPH Items at the Board of Supervisors
During the week of November 17, the Government Audit & Oversight Committee and the Land Use & Economic Development Committee meet on Monday, the full Board of Supervisors meets on Tuesday, the Budget & Finance Committee meets on Wednesday, and the City Operations & Neighborhood Services Committee meets on Thursday. The Rules Committee and City & School District Committee meetings are cancelled. The report detailed the resolutions and hearings that are being considered.

Proposition A: SFGH Bond Passes
I know the Commission joins me in welcoming the news that the SFGH Bond Measure (Prop A) was overwhelmingly passed by the voters on November 4 with an astonishing 82% approval. This extraordinary outcome is due in no small part to the leadership of Gene O'Connell and many of her staff who committed themselves fully to the rebuild of San Francisco General Hospital. At the next Health Commission meeting—which will be held at SFGH—Ms. O'Connell will give the Commission a more detailed presentation of the victory that was Prop A and what to anticipate in terms of future expectations for the new hospital as it takes the next big steps to becoming a reality. It is fitting that as Laguna Honda Hospital rebuild moves towards its final phase, we begin to turn our attention to SFGH with the sure and certain knowledge that this City will be able to continue to provide the nation's best health care to the most vulnerable among us. It is a proud day in our history and I am pleased to share these accomplishments with a Health Commission that has lead this Department through many years of hard work to arrive at these two critically important new facilities.

CARE Update
In a piece of good news, the Controller notified us that they will certify CARE contracts prior to the official award of supplemental CARE funding sponsored by Speaker Pelosi. Normally we must wait until we receive the award; however, the Controller will certify funding since the appropriation is in the federal budget. Award of the supplemental funds is expected to be in April or May, a delay of several months after the start of the new CARE term that begins March 1, 2009. This is good news for our contractors since it will ensure continuous payment without interruption of services.

Chronic Disease Focus of Shape UP SF Summit
On Thursday, November 6, Mayor Newsom sponsored the *Shape UP SF* Summit to give business, healthcare and community leaders an opportunity to explore ways to address the many challenges of chronic disease and the role that environment plays in what we eat and how we live. I had the privilege of welcoming the 160+ in attendance and opened the Summit with a short series of group stretches to emphasize the importance of getting up from our seats and the positive influence that movement plays in feeling good.

Keynote speaker, Gil Penalosa, who created *Ciclovia*, a Sunday event in Bogota, Columbia that opens 70 miles of streets, discussed how cities like San Francisco can make the best use of open space as a way to encourage people to become physically active. He advocates for safer streets and

dynamic parks where people can enjoy outdoor activities which contribute to individual health and well being, and also decreases health care costs and strengthens communities. Gil also promoted the continuation of San Francisco's Sunday Streets event—two of which were held in August and September along the Embarcadero and Third Street—and based on his *Ciclovia* concept.

Food activist and eco-chef Bryant Terry spoke to the issue of food justice and the importance of access to healthy food for everyone, regardless of income or community.

The Summit unveiled its strategic plan, buoyed by an Executive Directive from Mayor Newsom, challenging all Departments in the City to use their sphere of influence to create healthy eating and active living environments. On this point, I believe the Health Commission has already positioned this Department as a model for others to follow and we are well on our way to fulfilling the Mayor's Directive. In 2006, the Health Commission adopted the Sustainable Food Policy and we see elements of those principles—such as having healthy, sustainable food options when serving food at events sponsored by the Department of Public Health—being integrated into the way we do business. At both SFGH and LHH, staff is looking at ways to incorporate more locally produced food, which is also an important piece of the Sustainable Food Policy. Our community based Health Centers are getting on board through new programs such as the "Walk and Talk" series at Ocean Park. In the Environmental Health Section, Rajiv Bhatia, MD, has a number of staff working on and promoting the health impact assessment project and getting food stores with fresh produce to locate in underserved communities such as Bayview Hunters Point. Finally, I know the Commissioners join me in congratulating Mark Ghaly, MD, Director of Southeast Health Center, who received the "Shape UP SF Superstar" award for his efforts to create healthy eating and active living at his clinic and in the Southeast neighborhood. As the Department of Public Health, with a serious commitment to Healthy SF and Shape UP SF, we will continue to look for more opportunities to promote the Mayor's Executive Directive, both in spirit and in practice, for all San Franciscans.

Enhanced Surveillance for Chronic Hepatitis
On November 6-7, Communicable Disease Control and Prevention Section (CDCP) hosted the annual meeting of state and local health departments that are funded by the Centers for Disease Control and Prevention (CDC) to conduct enhanced surveillance for acute and chronic viral hepatitis. CDCP receives CDC funds to conduct enhanced surveillance for chronic hepatitis, with a special emphasis on chronic hepatitis B. Sue Shallow and Amy Nishimura of CDCP presented SFDPH's best practices for follow up of persons with chronic hepatitis B. These practices include interviews of case-patients to provide education and counseling, as well as to collect information on demographics, risk factors, medical services received, and the prevention measures practiced by case-patients to prevent hepatitis B transmission.

Monochloramine Presentation at EPA Meeting
June Weintraub, Senior Epidemiologist in Environmental Health, made a presentation to the EPA Federal-State Toxicology and Risk Analysis Committee (FSTRAC) meeting in late October in Virginia entitled, "Converting to Monochloramine for Residual Disinfection of Drinking Water: A Local Public Health Department Perspective." The presentation/panel discussion gave an overview of San Francisco's experience after converting to monochloramine in 2004, including the improvement in regulated disinfection byproduct levels and our experience responding to citizen concerns about health effects. The presentation also included suggestions about future research needs, such as work on exposure assessment and continued research on disinfection by-products and disinfection by-product mixtures formation, occurrence, and health effects. The feedback from the presentation was favorable, and no member of the panel or the FSTRAC expressed any

outstanding concern about the potential for adverse health effects due to the use of chloramine for residual disinfection.

Silver Sentinel Exercise
The Department participated in the annual statewide emergency drill, the Silver Sentinel, in late October. The exercise allowed us to work with both the City and Regional Emergency Operations Centers, testing our communication and resource responses to a 48-hours post earthquake scenario. As part of the exercise, we opened the Department Operations Center (DOC) at 1380 Howard Street with staff from Emergency Medical Services, Community Behavioral Health and Communicable Disease Control & Prevention. Local hospitals played an important role in the exercise, submitting requests to the DOC which were then relayed to the Emergency Operations Center in the same way that City agencies, working together, would respond in a real life emergency.

As with all emergency response drills, many of the disaster pieces we put in place worked well, such as the technological improvements we have made to the DOC. We will be taking a closer look at staffing logistics and a number of technical issues that will improve our efficiency and performance. Participating in the Silver Sentinel gave many of the key emergency responders with the Department another opportunity to practice important skills and maneuvers that will be essential during any type of disaster that affects San Francisco.

Laguna Honda Hospital Receives Cultural Diversity Award
Congratulations to Laguna Honda Hospital & Rehabilitation Center for receiving the Hobart Jackson Cultural Diversity Award at this year's American Association of Homes and Services for the Aging Conference held in Philadelphia, PA. The award recognizes LHH's "Culturally Effective Healthcare Development Program" that sprang from needs LHH identified as it prepares for its transition to a new facility in 2010.

When the LHH staff walked into the Conference site to accept the award, they were greeted with a 7-foot poster display of the attached photo. Many thanks to Michael Mikolasek, Cho Tai, Santalyda Marerro and Jill LeCount who represented the LHH community in front of an estimated 8000 conference attendees.

Collaboration with Veterans Administration (VA)
On November 3, staff from Community Programs met with the San Francisco Veterans Administration to explore new and improved ways of collaborating between the VA's and the Department's primary and behavioral health systems of care. An arrangement that would link services for current and newly-arriving veterans would add an important piece of support to an already expanding population with a wide variety of medical, psychological and housing needs.

Next steps will include training sessions for our providers from the VA to ensure veterans understand the benefits they may qualify for, a strong collaboration with substance abuse services, and creating drop in hours in our behavior health access center targeting veterans from the VA membership/eligibility program.

Mass Flu Vaccination Drill at Laguna Honda Hospital (LHH)
On Friday, November 7th, LHH staged a hospital-wide mass vaccination drill. The scenario for the exercise was based on a community outbreak of a virulent and highly contagious strain of Influenza A, requiring that all staff at LHH receive the influenza vaccination. Staff quickly created a Command Center, triage staging area, and even set up a media center to practice responding to an event that would attract local reporters.

Seventy-five employees, students and volunteers from various departments staffed the triage area and command center. Almost 900 people were triaged at a rate of about 100/hour and 580 staff volunteers, and students were vaccinated. Of the 261 that declined the vaccine, 91 had already received it through their own personal health care provider. At the staging area, health educators gave away prizes and provided infection control education on hand hygiene, respiratory infections and how to prepare for the flu season.

The debriefing the process revealed a well-organized and successful mass vaccination drill, providing LHH an excellent opportunity to respond quickly in the event of a bioterrorism attack, virus outbreak or epidemic.

LHH will continue to give flu vaccines to its staff through the month of November. LHH's ongoing efforts in preventing flu infection among its residents also includes having one of the highest flu vaccination rates among nursing homes in the state and nationwide.

Tobacco Free Project
In September 2008, the Tobacco Free Project's case study on "The Community Action Model to Address Disparities in Health" was published in the Centers for Disease Control and Prevention workbook titled *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health.* The workbook was designed to help translate knowledge regarding the relationship between social determinants of health and health outcomes into practice.

Southeast Food Access Working Group
Policy Link, a national research and action institute advancing economic and social equity, released a report entitled, "Grocery Store Attraction Strategies" in which it highlighted the work of the Southeast Food Access Working Group which is co-chaired by Dr. Mark Ghaly and staffed by Susana Hennessey-Lavery and Christina Goette. For more information go to http://www.policylink.org/documents/groceryattraction_final.pdf.

STD Update
The 2007 STD Section's Annual Sexually Transmitted Disease Summary is now available, both online and in hard copy. In summary, in 2007, chlamydia rates, overall, decreased 2.8% compared to 2006, although rates of rectal chlamydia increased 15.1% compared to 2006. Gonorrhea rates, overall, declined 18.5% compared to 2006; rectal gonorrhea rates decreased 12.3% compared to 2006. Early syphilis rates declined 16.3% compared to 2006 and P&S rates declined 16.9% compared to 2006. Unfortunately, in 2008, early syphilis rates have increased over 50% compared to 2007. If you are interested in receiving a hard copy of the Summary, please e-mail Joanne.Carpio@sfdph.org. A copy is also available on line at www.sfcityclinic.org.

On 10/27/08, in response to the 54% increase in syphilis from 2007 to 2008, the STD Section issued a Health Advisory. A copy is available at www.sfcityclinic.org/providers/syphalert.2008.

San Francisco General Hospital & Trauma Center Credentials Report, November 2008

	11/08	07/08 to 06/09
New Appointments	27	151
Reinstatements	0	1
Reappointments	48	237
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	13	101
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	1	37
Voluntary Relinquishments	9	25
Proctorship Completed	36	88
Proctorship Extension	0	0

Current Statistics – as of 10/21/08	
Active Staff	510
Courtesy Staff	554
Affiliate Professionals (non-physicians)	238
TOTAL MEMBERS	1,302

Applications In Process	34
Applications Withdrawn Month of August 2008	0
SFGH Reappointments in Process 12/2008 to 03/2009	164

5) FINANCE COMMITTEE REPORT

Commissioner Tierney updated the Commission on the Finance Committee meeting. The Finance Committee discussed the following:

- Approved the November 2008 Contracts Report.
- Approved a contract for Clean Harbors Environmental Services
- Approved a contract with YMCA of San Francisco, Bayview Hunters Point Branch
- Approved a retroactive contract with Dahl-Beck Electric Company
- Retroactively accepted a gift of Buprenorphine medication from Rickett Benckiser Pharmaceuticals
- Approved a premium increase for the Healthy Kids program
- Received an update on the Primary Care budget from Gregg Sass, CFO

Action Taken: The Commission (Chow, Illig, Sako, Sanchez, Tierney, Waters) approved the Finance Committee report and all actions taken by the Committee.

6) 1st QUARTER FINANCIAL REPORT

Deferred to December 2, 2008 Finance Committee meeting.

7) PRESENTATION OF MID-YEAR BUDGET REDUCTIONS

Gregg Sass, CFO presented the Citywide estimate of shortfall, the extent of the mid-year budget reductions DPH has been asked to make, and the Department's plan to make those reductions. A copy of his presentation is attached.

Public Comment:

At the outset of Public Comment, Commissioner Illig requested that members of the public put their comments in writing to the Mayor. He noted that he understands the City's fiscal crisis, but programs cuts should be made based on the City's priorities, and Mayor needs to hear what residents' priorities are.

Art Besse: The National Council on Alcoholism is one of vital programs on list. I&R is on chopping block. Many people have said their sobriety began with a call to I&R. Understands unprecedented times, but asking to spare I&R.

Eddy Molay: Manager of I& R program at the National Council on Alcoholism. Asking to spare I&R. Cost-effective organization plus a small budget program.

Benson Nadell: Family Service Agency Ombudsman program. Shift to Primary Care model raises question of whether psych. evaluation can be done effectively within primary care. Interruption of treatment relationship. Might prevent some institutionalization.

Ann Harrison: Elimination of meth amphetamine program at for gay men at New Leaf. Are primary care physicians going to provide amphetamine treatment to MSMs? 60-day wait will mean that these people do not get treatment. Meth. Amphetamine treatment is cost effective.

Dick Hodgson: San Francisco Community Clinic Consortium regarding the proposed cut to primary care. $400,000 cut for their members. Cuts to HSF in primary care unexplainable given want to enroll in HSF.

Teri McGinnis: Lyon-Martin Health Services target clients are women, children and adults in need of culturally competent care. Confusing why would cut for a population that typically has difficulty getting care. Funds being cut are not for care as stated in budget cuts, but are for enrollment and re-enrollment.

Brenda Stary: Mission Neighborhood Health Center serves 12,0000 patients 66% uninsured. Funds being used are to enroll people in program. Does not reimburse for primary care services. Already facing cuts from the State EAPC program.

Cyd Nova: St. James Infirmary serves unique purpose. Only sex worker-focused program. Allows sex workers to be empowered about health decisions rather than facing a shame-based system. Many are transgendered.

Blake Nemec: Peer counselor in transgender clinic at St. James. See approx. 300 sex workers including 50 transgendered. Clinic is safe haven for marginalized population.

K.C. Rourke: St. James is unique to deliver large services for small amount. Grassroots organization with dedicated staff. Care about problems of their clients.

Nikki Calma: On Commission of Status of Women, but speaking on the proposed cuts to the API Wellness Center – would be shame to see this program eliminated for API LGBT community.

Ming Ming Kwan: Recipient of API Wellness Center LGBT youth program. Speak to services provided at API Wellness Center. Better person as a result of it.

Carlos Bermudez: API Wellness Center. APIs are 1/3rd of SF population. Not a responsible cut.

Kyriell Noon: Stop AIDS Program. Appreciate that DPH and Commission are looking to HPPC to guide cuts for HIV prevention.

Molly Hoyt: Family Service Agency outpatient services for seniors. Only outpatient community program for seriously mentally ill seniors. Have a waiting list. Without this program, spend days alone largely in SROs.

Monroe Williams: Family Service Agency intensive case management program cuts. Would like to not have cuts for FSA services. Ask to reconsider cuts.

Gidalia Rothman: On behalf of FSA as Activity Director. Has seen seniors coming in without purpose and has seen people come to life. These cuts are inhumane and unjust.

Rufus Harris: Senior Care Counselor at FSA. Program should not be cut.

Arnold Kronick: Pleading on behalf of quality of life. FSA client. Without FSA would have no place to go. Prior to FSA was 5150'd twice. That's expensive. Afraid of falling into cracks without FSA.

Robert Fazackerly: Volunteer at FSA. Inexplicable why would eliminate a volunteer-driven program. Should be a model of how to deal with all of these cuts.

Juanita Negrete: Volunteer at FSA. Asking not to cut program.

Cathy Spensley: FSA Staff. Proud of day support program, staff and clients, especially those who came down to testify. Also Intensive Case Management Services, only such program in SF.

Scott Keyes: Board of Directors of FSA plus business owner in SF. Contributes to health of community not just health of individuals. Without these services, these people could end up in more expensive care. Let the Board and staff allocate any cuts made.

Kaveh Vesalli: As part of supplyforce.com, seeks out thought leaders and visionaries about how they provide services. FSA is one of those organizations. Critical to way services are provided to leverage thought leaders like FSA.

Michio Kusama: Oversees Older Adult Chronic Illness program at FSA. FSA welcomes those older adults.

Patricia Arean: Professor at UCSF. Looking to develop comprehensive treatment to older adult with serious mental illness. Does not make sense to cut the only two programs in SF that meet those needs. Will end up spending more in long-run than will save in short-run.

Dale Butler: Opposing FSA cuts. Lives in Tenderloin and sees daily effects of programs that impact the clientele of FSA. Without these services, end up at PES at a far greater cost, which is largely uncompensated. These cuts will result in far greater costs in the long run.

Bob Bennett: From FSA. Leader in recovery model and consumer model. Trying to operate on tight budget. Every person in program on cut list is seriously mentally ill. Alternative: Most counties trying to be need driven. This county capacity driven. Should instead cut across the board. End war between community-based and institutional providers.

Sherilyn Adams: Larkin St. serves 3,500 youth. 50% of color, 30% LGBT, 78% unemployed. HIV prevention and early intervention programs targeted for cuts.

Katie McCall: Women's Community Clinic using volunteers to provide reproductive services to women in clinic. Encourage city to invest in volunteer-based and programs that can leverage grant foundations.

Jacob Moody: Raise questions about efforts to reduce $36,000 from mental health program. Eliminated intensive case management and transformed into community case management. Budget reduction based on technicality is unfair.

Rebecca Rolfe: ED of LGBT Community Center. Thanks for opportunity to reallocate HIV prevention. Regarding cut to SNAP.

Wai-Ching Kwan: Speaking on behalf of Chinatown SRO Collaborative. Program is effective and cost effective. Core of program is peer based outreach. Many live in SROs. Problem of families in SROs is not getting better.

Alex Tom: Chinese Progressive Assn. and part of SRO collaboratives. Family member speaking: I know of economic crisis, but for SRO families it's even worse. This is only funding to help support SRO families. Economic issues mean mental issues for families also. We're on borderline of homelessness and would like a little support from City.

Mattias Mormino: Central City SRO Collaborative. Services are in four neighborhoods and are cross cultural. Please reconsider cuts.

Peter Maziak: Collaboratives are only groups that work inside city's SROs that house roughly 30,0000 individuals. This work saves untold amounts of money to the city. Solution: Community Justice Center just voted down. Look to funds from that program.

Jeff Buckley: Central City SRO Collaborative. Relationship is perfect public-private partnership. Work directly with clients in SROs. On front lines and love doing it. Help with bedbugs, overdose prevention, fire safety. Understand difficult decisions. Have we looked hard enough within management of DPH.

Jorge Portillo: Mission SRO Collaborative. Two items: Since 1999, fires and deaths in SROs have dramatically decreased. Secondly, doing disaster preparedness in SROs uniquely tailored to this population. Essential to keep collaboratives around.

Jesus Perez: Works with families and children South of Market. Will end up homeless without this program.

Wendy Phillips: Dolores St. Community Services plus Local Homeless Coordinating Council. Mayor should look to agencies outside DPH to find cuts. LHCC passed resolution that no cut to homeless services.

Julie Leadbetter: SRO collaborative in context of housing first. Should not see any cuts to programs in SROs given housing first model. Little to no relationship to HSF. HSF does not provide outreach or case management in SROs. CBOs have been put out in front due to support at BOS. Don't have this option now.

Geoff Link: SF Study Center. Four programs up for elimination. All part of mental health consumer movement. Cuts would be devastating.

Roy Crue: Budget cut is shroud of fog over SF and over America. Voted for change on November 4. This is not the kind of change that's acceptable. Cut every position that Mayor Newsom created. Then we lay off administration. Need to march for services.

Arthur Curry: From the Office of Self Help. Feel pressure of cuts required. During times of economic crisis, mentally ill feel double pressure of mental illness and economic instability. Work toward empowerment. Please don't cut services.

Elaine Fielding: Get much bigger bang for buck at Kean Hotel than realize. Provide intensive case management for mentally ill with co-occurring substance abuse. Most are homeless and unemployed. Clients are referred early on.

Gregory Cross: SEIU 1021. Understand that contractors and civil servants part of same health care team. Outsourcing security, CNAs to MEAs, are both not options.

Lucia Hammond: Psychotherapist in Excelsior. Concern is for clientele. Difficult neighborhood with violence, and try to intervene. Many of clients will not leave geographic area and seek services in another neighborhood as is being proposed through service integration.

Ronni Marshall: St. James employee. Provided different picture of HIV. Taught about safe sex and other ways to avoid HIV. Peer counselor in harm reduction. Services are important.

Richard Heasley: ED of Conard House. Feel that city has declared war on itself. Unclear where all of this has headed. Four groups that affect DPH planning, none of which have been heard from. All this planning activity that has yet to be completed. Send message to Mayor that DPH needs to sit out this cut and impose on other departments that have not done heavy lifting.

Amalia Freedman: One of few opportunities that without this FSA program would end up in much more expensive levels of care. Programs operate in multiple languages. Misnomer to think of these as unleveraged programs. Bring in foundation.

Charles Fann: As workers, go to SROs to get people to go to appointments. Depression and HIV manifest themselves differently in different people. Please reconsider.

Yalith Fonfa: St. James is vital resource for sex workers in SF. Go to strip clubs and massage parlors. Serve 2500 unique individuals. St. James is only place where sex workers can find peer support. First came as client before was staff member. Please don't cut to unique program doing good work.

Naomi Akers: ED of St. James Infirmary. An ounce of prevention is worth a pound of tertiary care. Came to St. James as client doing street sex work. Received care needed which helped her leave sex work.

Brad Vanderbilt: Client, volunteer, and staff member at St. James. Need bigger pie, but here we are trying to hold onto the pie we have. As gay male sex worker, this is hard to reach population who depends on St. James. Gay for pay and gay identified sex workers who aren't out about sex work. Both populations need support they get from St. James.

Stephany Ashley: Only place gets health care other than ED is St. James. Runs testing clinic. As criminalized population, only feel safe getting care at St. James.

Daniel Wilson: Street outreach worker at St. James. Worked throughout city at all times of day. Has received lots of gratitude from workers on the street that Commissioners may not be privy to. Encourage to think outside box.

Tobias Ex: Speaking for continued funding for St. James. As sex worker and transgender, can speak to shame based treatment of most healthcare providers. St. James provides safe, healing environment. Sex work will continue to happen. St. James approaches with harm reduction model. Plead for continued funding for St. James.

Stacey Swimme: Development Coordinator for St. James. Return on investment from St. James is exponential. DPH shouldn't be faced with these trade-offs. City should take $11 million it uses to arrest and incarcerate sex workers and put to health.

Marta Martinez: St. James should not be cut.

Eve Meyer: SF Suicide Prevention. Behavioral health services are sitting ducks. Mental health parity are now federal and state mandates. Cuts are disproportionate. Results in absurdities of cuts that have heard today. Should not be recycling cuts from last year. Should be across the board, which people can decide themselves how to make.

Angela Chu: SRO Families Collaborative. Over years have been fortunate not to be cut. Services are stronger now because haven't been cut. Housing still a scarcity. Consider again no cuts.

Debbi Lerman: SF Human Services Network. Blown away by scope of cuts. Also $6 million in human services. Roughly half of cuts will hit most vulnerable patients in the city. This is in the middle of worst economic crisis country has seen in decades. Make strong statement to Mayor that this is not the place to make cuts. Propositions N and Q were fought for by human service providers; all funds from

Melissa Grant: St. James Infirmary. Advocate for sex worker health programs. Unique program. Small amount of money to treat sex worker health without treating as victims or as criminals. Find way to keep clinic open.

Rachel Kelley: Oppose proposed elimination of Restoration House. Six of 20 clients affected are hers. Placed pat

Marykate Connor: Caduceus Outreach Services. Also have contract with City for 13 years, and do much more than outreach. Primarily psych. treatment services in non-clinical setting for homeless people. Do enormous amount and result in large savings. Commission is chosen to represent people served by DPH programs. Don't have Board to go to. Commission has the power.

Bobby Bogan: ED of Seniors Organizing Seniors. In a recession where things are going to get worse. We've all got a responsibility to make things better. Can't let Mayor stand in the way of change. Six-figure salaries in city administration. Should take part of that to balance budget.

Colleen Rivecca: At St. Anthony Foundation that operates without government support. Service cuts for marginalized populations hurt not only the programs that serve them also hurt the entire city.

Tanya Smith: On behalf of St. James Infirmary. Present awesome presence out there. Provide outreach in the night to people who don't know where to go. St. James allowed her to get off of the street. This population doesn't come out to testify at events like this.

Lara Tannenbaum: Director of Services at Larkin St. Youth. HIV prevention and substance abuse prevention cuts represents almost all funding for street outreach. Homeless and runaway youth at much higher risk of contracting HIV. Services they provide are critical to these youth's wellbeing.

Larry Holmes: Speaking against budget cuts. Tenant representative for SRO collaborative. A lot of people benefit from these services.

Kavoos Bassiri: Cuts will impact Balboa outreach clinic. Contract association meeting Thursday and will come up with additional recommendations. When it comes to primary care, mental health is part of primary care.

Edmond Juicye: Read the charge of the Health Commission from 1988. Ten years ago was Jonestown. We need a system that helps people. The hidden face of people in SRO's need help.

Commissioner's Comments:

- Commissioner Chow asked about the logic of certain behavioral health programs no longer being needed because of medical home. Dr. Katz replied that it is correctly noted in the spreadsheet, but not in the budget justification. Under Healthy SF, the commitment to primary care medical homes. If we need to shrink programs, we're trying not to cut primary care. Instead we're trying to consolidate mental health with primary care, e.g., Center for Special Problems with Tom Waddell Health Center. It's not always easy to determine cost savings through consolidation unless a program is leaving a rented facility and realizes rent and utilities cuts. One goal is to have substance treatment driven by primary care rather than seeking substance abuse treatment independent of primary care. The only way the Department can get to such a huge number is by shrinking. We are viewing primary care as

the core program with substance abuse and specialty mental health around primary care. Dr. Katz added that he views this as a good model, but wishes the proposal could be more fleshed out.

- Commissioner Illig expressed his disappointment in how little attention was paid to the budget principles that the Commission adopted. Dr. Katz responded that he and the Finance staff used the principles in proposing the cuts presented, but in the interest of time he wanted Mr. Sass to do his presentation as quickly as able given the number of people wishing to make public comment.

- Commissioner Illig asked whether the Commission wanted to do and would be available to hold a special meeting on November 25. Commissioners responded in the affirmative, although Commissioner Sako stated she would not be able to attend. Commissioner Illig stated he would contact Commissioner Melara to confirm her availability.

- Commissioner Sako stated that she would like to know the portion of the budgets that is comprised of General Fund for programs the Department is recommending cuts.

- Commissioner Tierney noted that the City has various planning groups such as the HIV Prevention Planning Council (HPPC) and the Community Benefits Partnership. He said that those committees should be convened for meetings to advise and consult on this most serious financial and budget planning process.

- Commissioner Chow noted that since the HIV prevention cuts would be going to the HPPC, he would hope that the HPPC would take into account Commission principles.

8) CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION'S PROCEDURES FOR THE COMMUNITY HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q)

Action Taken: The Commission (Chow, Illig, Sako, Sanchez, Tierney, Waters) approved the amendments to the Health Commission's procedures for the Community Health Care Planning Ordinance (Proposition Q) with correction of typographical errors.

9) PROPOSITION Q HEARING ON THE CLOSURE OF THE GERIATRIC PSYCHIATRY HEARING AT CPMC DAVIES CAMPUS AND CONSIDERATION OF A RESOLUTION MAKING FINDINGS

Mary Lanier, RN, MS, CAO Davies Campus, Vice President of Psychiatry; Dr. David Goldberg, Acting Chairman Department of Psychiatry; and Dr. Michael Valan, Chief Consultation Liaison Psychiatry presented on CPMC's plan for closure of the inpatient geriatric psychiatry unit at the CPMC Davies Campus. A copy of their presentation in attached.

Public Comment:

Emily Stone: Psych Tech at Unit 23. She expressed concerns about mixing older geriatric psych. patients with general psych. population. Also Unit 23 is an old building with plumbing and access problems that haven't been addressed.

Julian Sapirstein: Mental Health Hearing Office for SF Superior Court. His points are contained in the letter he sent to the Commission. Unit 23 excellent for younger adults, but he would have concerns for elderly patients.

Gregg Bryon: Attorney representing patients at locked psych units. It would be a disservice if geriatric psych unit at CPMC were closed. Would trust his own family member at that unit. The staff is dedicated and enthusiastic. In addition, Unit 23 doesn't have beds for COPD patients.

Ella Hereth: SEIU representative for staff at the geriatric psych. unit. Tonight is first he's heard of plans to work with Jewish Home.

Jason Fried: SEIU United Healthcare Workers. New information is being brought tonight that is not reflected in resolution. He would hope that the Commission will consider and include. Don't always get information until public hearing. He hopes that the Commission will hold off on passing resolution and consider at its next meeting.

Commission Comments:

- Commissioner Chow asked Dr. Cabaj to comment on closure of the unit with respect to psychiatric services in the whole city. Dr. Cabaj responded that in his experience, it is difficult to staff such a unit. Only the VA has been successful at recruiting such staff. It is hard to get people into this specialization. He added that he couldn't comment on impact of closure of these beds, but would be less concerned as long as there are alternatives. It would be preferable to have a dedicated geriatric unit, but could manage with proper consultation. Dr. Katz added that one can't argue that it's worse to have specialized geriatric psych unit, and he wouldn't argue CPMC should staff inappropriately or poorly. However locked hospitalization is not the ideal treatment. The question is where there is an appropriate alternative. He further asked how the Commission should view Proposition Q given that the unit can't properly staff. Proposition Q was not designed to deal with this. He added that DPH does not have a geriatric psych. unit at SFGH.

- Commissioner Sako asked about the capacity at the Jewish Home. CPMC responded that they understand that the Jewish Home does have capacity. They could handle up to 13 patients per day and have been operating at one.

- Commissioner Sanchez expressed his mixed feelings about the closure. CPMC has been focused on excellence. A challenge in San Francisco is that the elderly population is increasing while youth decreasing. Rather than eliminate concept of specialty programs, he hopes that CPMC will look to quality of facility as well as quality of care. He also hopes there is creative thinking about new pathways if resources become available again, including collaboration with other providers. This does provide an opportunity to rethink how care is provided. CPMC responded that CPMC will continue to care for geriatric patients psychiatrically. They are looking to importance of geriatric care generally as move forward. Dr. Goldberg added that CPMC has a lot of expertise in geriatric services, so believes they will be able to develop integrated unit. CPMC is also putting a lot of resources into improving that unit.

- Commissioner Illig stated that he found it hard to believe CPMC can't find geriatric psychiatrists to staff the unit. He added that he believes it is important to have a geriatric

psych. unit. He also asked about the payor mix of patients on the unit. Dr. Goldberg responded that the two who had recently left, one went to practice outpatient geriatric psychiatry and the other went to the non-geriatric unit. Ideally they would have geriatric unit, but can't staff it. As to the payor mix, he estimated that 80 percent were on Medicare with a senior Medicare supplement.

- Commissioner Chow added that the field is attempting to move away from inpatient psychiatric beds. He believed that the Commission had heard a plan for alternative methods to care for these patients, including availability of beds at the Jewish Home.

Action Taken: The Commission adopted a resolution that the closure of the unit will not have a detrimental impact on the health care services of the community by five (Chow, Sako, Sanchez, Tierney, Waters) to one (Illig).

10) OTHER BUSINESS

None.

11) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS

None.

12) CLOSED SESSION

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

None.

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

The Commission went into closed session at 8:15 p.m. Present in closed session were Commissioner Chow, Commissioner Illig, Commissioner Sako, Commissioner Sanchez, Commissioner Tierney, Commissioner Waters, Mitchell H. Katz, M.D., Health Director, Elizabeth Jacobi, Human Resources Director, and Deputy City Attorney Adelinis Rosemé Warner.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

Action Taken: The Commission (Chow, Illig, Sako, Sanchez, Tierney, Waters) approved the settlement of Ma v. City and County of San Francisco.

D) Reconvene in Open Session

The Commission reconvened in open session at 8:30 p.m.

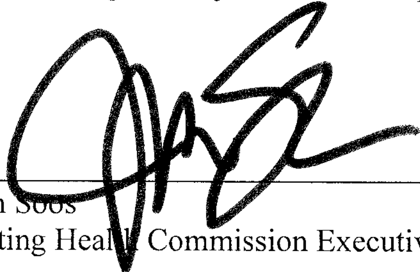
1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 8:31 p.m.



Jim Soos
Acting Health Commission Executive Secretary

San Francisco
Department of Public Health
Mid-year Reductions
FY 2008-2009

November 18, 2008

City-Wide Deficit and DPH Target

Controller's estimate of City-Wide revenue shortfalls

- $90 – $125 million for this fiscal year and continue into the coming year.
- Directly related to the larger economic recession and credit crisis that reduce revenues from Property Transfer, Hotel Occupancy, and Sales Taxes.
- City Charter requires a balanced budget. Therefore mid-year reductions are necessary.

The Health Department is largest in City

- Receives the 32% of a $1.2 billion discretionary general fund, ($410 M)
- Targeted mid-year reduction is $26.7 million, 30% of a $90 million reduction.

Current Year Balancing Plan

In addition to the Mid Year reduction target of 26.7 million, we must also address overspending and revenue shortfalls in the current year that total and additional $25 million.

We have submitted a plan to the Mayor's budget office that addresses $20.5 million of the current year projected deficit.

The plan identifies additional revenues, and a number of one-time savings. In addition, we will need to hold most vacant requisitions until next fiscal year.

The plan included a request to access a $4.6 million prior year surplus, however that request has not yet been approved.

The remainder of our plan is under review. We will continue to monitor our current year financial position and look for opportunities to close the remaining deficit.

Mid-Year Reduction Plan

Mid-year reductions must be taken from our current operating budget and general fund allocation. Our 08-09 budget was reduced $30.8 million in general fund, comprised of $28.8 million in reductions in the approved budget and $2.0 million in additional reductions taken in August to restore City General Fund Reserves. Following is the breakdown of reductions to City Services and Community Based Organizations taken from the 2008-09 budget:

Reductions Taken 2008-09	Base Budget	Cut to Restore Reserves	Total	Percent
Community Based Organizations	$1,818,620	$979,111	$2,797,731	9%
City Programs	27,010,343	986,380	27,996,723	91%
Total	$28,828,963	$1,965,491	$30,794,454	100%

The Board restored $18.7 million in proposed reductions. $15.6 million, (83%) to community based organizations.

Mid-Year Reduction Plan

Our initial review of our budget focused on those items that we had proposed for reduction in our 2008-09 budget and were restored. These were items that had been previously reviewed and accepted and included in the Mayor's budget. While many of the reductions are comprised of items previously restored, the reduction list also includes several new initiatives and additional reductions to Department personnel costs.

We have not been able to achieve a full $26.7 million in reductions and are working with the Mayor's Budget Office to identify additional reductions. At this time we have identified mid-year reductions that produce current year savings of $9,966,575 and annual savings for the 09-10 year of $21,621,502.

Mid-Year Reduction Plan - Revenues

Description	2008-09 Net General Fund	2009-10 Net General Fund
08-09 Increased Revenue SFGH	(3,000,000)	(3,000,000)
Increase Cafeteria Pricing	(22,500)	(45,000)
	(3,022,500)	**(3,045,000)**

Mid-Year Reduction Plan – Expenditures

Description	2008-09 Net General Fund	2009-10 Net General Fund
Asthma Task Force	(102,000)	(102,000)
Behavioral Health Outpatient Reduction	(1,277,536)	(2,787,352)
Behavioral Health Outreach Reduction	(920,030)	(2,007,337)
Delay Bayview Health Initiative	(75,000)	-
Restructure Trauma Recovery Center and the Child and Adolescent Support and Advocacy Resource Center.	(338,331)	(671,692)
Supplies for Shelters	(156,000)	(200,000)

Mid-Year Reduction Plan – Expenditures

Description	2008-09 Net General Fund	2009-10 Net General Fund
Provide Mental Health Services only to persons with serious mental illness	(554,368)	(1,330,483)
Complimentary Therapies	(155,000)	(310,000)
HIV Prevention	(1,131,720)	(2,188,440)
STD Selective Testing	(72,500)	(145,000)
Closure of housing projects in need of rehabilitation	(61,389)	(323,660)
Reduction of funding for the Crisis Response Team/SFGH Emergency Housing Program	(151,684)	(364,042)

Mid-Year Reduction Plan – Expenditures

Description	2008-09 Net General Fund	2009-10 Net General Fund
SRO Collaborative	(148,828)	(357,187)
Medical Patch for Adult Day Health Center	(20,000)	(40,000)
Reductions in Primary Care Community Programs - HSF Providers	(141,700)	(283,400)
Reductions in Primary Care Community Programs - Non-HSF Providers	(104,759)	(209,517)
Conversion of One 21 Bed Acute Psych Unit to a Non-Acute unit	(139,902)	(559,608)
Convert all CNAs to MEAs for all units except SNF and BHC	(283,155)	(679,571)

Mid-Year Reduction Plan – Expenditures

Description	2008-09 Net General Fund	2009-10 Net General Fund
Transition EKG Technician to Medical Evaluation Assistant (MEA)	(6,344)	(15,225)
Security Outsource	(895,497)	(3,581,988)
Administrative Position Reductions	(208,333)	(500,000)
Elimination of vacant positions		(1,920,000)
Total	9,966,576	21,621,502

Mid-Year Reduction Plan – Next Steps

Conclusion

We have been advised that it is necessary to find a full $26.7 million in current year reductions.

We will continue to work with the Mayor's Budget Office and our Health Commission to identify additional reductions while preserving essential services to our clients and residents of San Francisco consistent with our mission.

California Pacific
Medical Center
A Sutter Health Affiliate

Integration of Psychiatry Services at CPMC Pacific and Davies Campuses

Presentation to the Health Commission

18 November 2008

California Pacific
Medical Center
A Sutter Health Affiliate

INTRODUCTION OF TEAM MEMBERS

- Dr. David Goldberg, acting Chairman Department of Psychiatry
- Dr. Michael Valan, Chief Consultation Liaison Psychiatry
- Mary Lanier, RN, MS, CAO Davies Campus, VP Psychiatry

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OVERVIEW

- Brief History
- Recruitment and Retention Challenges
- Plans for Continued Geriatric Patient Care
- CPMC Employee Impact

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Psychiatry Services at CPMC

- Pacific Campus Inpatient and Outpatient services for over 30 years
- Highly respected and successful Psychiatry Residency Training Program
- Growing specialty and consultation services to all CPMC campuses and service lines

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A Sutter Health Affiliate

Psychiatry Services at CPMC – cont.

- Davies Campus joined in 1998.
- Geriatric Psychiatry Services added to continuum of care.
- Built positive reputation in community.
- 80% of patients from within CPMC.
- Census of 10-12 patients daily.

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Psychiatry Faculty Coverage Challenges

- Department target was to have three unit-based geriatric psychiatrists
- Target was never reached despite significant investment in advertising positions and recruiting graduating staff
- Crises in 2007 – succession of three resignations in 9 months. Final resignation in June 2008.

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How to proceed?

- Since June 2008, unit has limited part, time psychiatrist coverage.
- Census limited to 3-5 patients per day.
- After significant dialogue with faculty, administration, medical staff and community leaders/providers, integration of services at the Pacific campus is planned for January 2009.

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Plan for Continued Patient Care

- Integrate all inpatient services to Pacific Campus
- Increase Psychiatry consultation services at all campuses
- Agreement in place to transfer patients as appropriate to The Jewish Home geriatric psychiatry unit.

Plan for Continued Patient Care – cont.

- Exploring options for increased use of 12 older adult residential treatment beds at Rypins/Carroll House
- Invest in facility improvements on Unit 23 Pacific Campus
- Invest in increased RN staffing on Unit 23, combining adult and geriatric nursing expertise.

CPMC Staff Impact

- Department management working with Human Resources and individual staff to identify all options for continued employment with CPMC
- Severance package provided for those employees that can not move within CPMC

QUESTIONS?