

Steven Tierney, Ed.D.
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D
Commissioner

James M. Illig
Commissioner

Margine A. Sako
Commissioner

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

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

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Edwin M. Lee, Mayor

Department of Public Health



Barbara A. Garcia, MPA
Director of Health

Mark Morewitz, MSW
Executive Secretary

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MINUTES
HEALTH COMMISSION MEETING
Tuesday, April 19, 2011, 4:00 p.m.
101 GROVE STREET, ROOM 300 or ROOM 302
San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Steven Tierney, Ed.D., President
Commissioner Sonia E. Melara, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James Illig
Commissioner Margine Sako
Commissioner David J. Sanchez
Commissioner Catherine Waters

The meeting was called to order at 4:05pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 5, 2011.

Action Taken: The minutes of the April 5, 2011 were unanimously approved.

3) DIRECTOR'S REPORT

Barbara A. Garcia, Director of Health presented the report which is a current overview of the state of public health in San Francisco. The report can be viewed at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Budget Update and Travel Restriction

We have been able to address our \$34.8 million base budget reduction target and over half of our \$34.8 million contingency reduction target. This includes over \$9 million in reductions to services and an additional \$4 million in efficiency measures. We are hopeful that we may be able to fund the \$13 million remaining contingency reduction with revenues from a State Plan Amendment that has been delayed and is pending passage of State legislation and Federal approval. We are placing an

immediate freeze on air travel, including travel funded by grants. Any exceptions to this freeze will require approval of the Chief Finance Officer and Director of Health. There will not be any exceptions for international travel.

Mayor Ed Lee Pays Visit to General Hospital

On Thursday April 7, Mayor Lee visited SFGH and was given a tour by Sue Currin, CEO, and Sue Carlisle, UCSF Associate Dean. He was briefed by his guides about the relationship between UCSF and SFGH, and how it delivers clinical excellence and cutting edge research to the city's patients. The tour also included stops in the Emergency Department, PES, Labor and Delivery (6C) and the Pediatric Clinic (6M). We are grateful to Mayor Lee for taking the time to visit SFGH and learn about the clinical operations of the hospital.

Cover Story in *Chronicle* about Haitian Refugee

Looking back on the one year anniversary of the Haiti earthquake, San Francisco General Hospital and Trauma Center (SFGH) distinguished itself by providing care for Haitians both in Haiti and here in San Francisco. One remarkable story began in Haiti and continues here today in San Francisco. It features **Jean Xavier**, a 38-year old Haitian lawyer who was able to avoid a foot amputation thanks to the innovative treatment he received from **Dr. Saam Morshed** at SFGH. The complete story can be found at <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2011/04/13/MNG81IQH2D.DTL>.

STD Section 100th Anniversary

On behalf of the staff of City Clinic, it gives me great pleasure to announce the 100-year anniversary of City Clinic. Known today primarily as "City Clinic," it began as San Francisco's Municipal Sexually Transmitted Disease (STD) Clinic and has been offering sexual health services and information in the city since 1911.

As part of the celebration, look for a new website (www.100yearsofsex.org) that will highlight this centennial milestone and, just for fun, present a compilation of 100 items related to sexual health and romance. www.100yearsofsex.org will be available directly or through a link on City Clinic's website at www.CityClinic.org.

April is STD Awareness Month

During the month of April, the STD Section will be hosting and participating in a number of community-based events. Staff will be out in the community providing sexual health education and encouraging routine STD screening for San Francisco youth and MSM. They participated in the Teen Summit event on April 9, conducting outreach and sexual health education for at risk youth. On April 30, health workers will be collaborating with Tenderloin Health to conduct STD/Rapid HIV screening in the Castro.

Greenhouse Gas Reduction Strategy & Community Risk Reduction Plan Update

On Monday, April 11, Tom Rivard, Manager of the Health Hazard Assessment Group, Environmental Health Section, presented the Community Risk Reduction Plan (CRRP) update to the Bay Area Air Quality Management District. The CRRP is a citywide alternative strategy for implementation of the new CEQA Health Risk Assessment Thresholds. The Department of Public Health, through Mr. Rivard's group, is developing the CRRP in conjunction with the SF Planning Department, BAAQMD, and the Mayor's Office. BAAQMD has provided a \$50,000 contract to DPH to assist with the CRRP.

City's Healthcare Providers Get Updates via VaxFax

In 2011, a number of important changes to various vaccine recommendations have already been made by the national Advisory Committee on Immunization Practices (ACIP). As a result, the CDCP Section sent a VaxFax to 860 San Francisco medical offices on April 7th summarizing all of the changes to date. VaxFax has the potential to reach over 1600 clinicians, including internal medicine, pediatrics, obstetrics and gynecology, and family practice sites. Unlike health alerts, VaxFaxes are traditionally less formal, single-page communications and are the primary way in which CDCP has been communicating about the upcoming Tdap law affecting students entering 7th-12th grade this fall. All VaxFaxes are posted on the CDCP website at <http://sfcdcp.org/vaxfax.html>. The latest VaxFax is at the top of the list.

Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Update

The California Department of Mental Health (DMH) is charged with administering three PEI Statewide Projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction. San Francisco received an annual allocation for PEI Statewide Projects of \$750,000 for a period of four years, totaling \$3,000,000. Currently, counties do not have the option to develop programs independently with Prevention and Early Intervention Statewide funds. As a result, the Joint Powers Authority (JPA) known as the California Mental Health Services Authority (CalMHSA) was founded by member counties to develop, fund, and implement mental health services projects and educational programs jointly at the State, regional, and local levels.

Community Behavioral Health Services (CBHS), in consultation with the MHSA Advisory Committee, and with support from the Board of Supervisors, decided to assign San Francisco's allocation for PEI Statewide Programs to the California Mental Health Services Authority (CalMHSA). San Francisco received the support of the CalMHSA board to join on February 10, 2011. San Francisco joins 29 other counties already participating in CalMHSA.

Additional information about CalMHSA is available at <http://www.calmhsa.org>. For additional information on San Francisco's MHSA PEI initiative, please contact Marlo.Simmons@sfdph.org.

MHSA Innovation Project Showcase

Seeding Resilience is a new project of Growing Home Community Garden (GHCG) designed to increase access to holistic wellness services and increase employment opportunities and skills. The two year innovation project funded through MHSA is 75% focused on the GHCG (Octavia & Lily) and 25% on Urban Agricultural leaders in San Francisco to build a citywide network of support for mental health consumers.

Ongoing efforts to develop a working relationship with the urban agriculture community in San Francisco have resulted in the development of SF Refresh. Inspired by Sunday Streets, SF Refresh was created by Megan Rohrer, manager of the Growing Home Community Garden. The project works in association with the San Francisco Urban Agriculture Alliance, a new organization created to connect the city's community gardens. SF Refresh's goal is to create six day-long citywide events that enable San Franciscans to receive free whole body care in community garden settings in 2011.

HIV Research Section Promotes Fundraising Night Second Saturday of Each Month

The HIV/AIDS community, in which the HIV Research Section plays a prominent role, is always on the lookout for new opportunities to raise money for people with HIV/AIDS. On the second Saturday of each month, from 9 p.m. – 11 p.m., the HIV Research Section and Café Flore, located in the Castro at Market St. and Noe St., have been hosting an evening with performance artists from around the Bay Area. The current show, "Hot & Healthy." You can access more information at www.sfisready.org.

**COMMUNITY HEALTH NETWORK
 SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER
 APRIL 2011
 Health Commission - Director of Health Report
 (04/12/2011 CLIN-MEC)**

	04/11	07/10 to 06/11
New Appointments	9	142
Reinstatements	0	2
Reappointments	30	436
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	3	139
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	1
Changes in Privileges		
Additions	8	68
Voluntary Relinquishments	7	162
Proctorship Completed	10	164
Proctorship Extension	0	1

Current Statistics – as of 03/28/2011	
Active Staff	493
Courtesy Staff	560
Affiliated Professionals (non-physicians)	238
TOTAL MEMBERS	1,291

Applications in Process	46
Applications Withdrawn Month of April 2011	1
SFGH Reappointments in Process 05/2011 to 07/2011	166

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

April 2011

Health Commission - Director of Health Report

(4/14/2011 Medical Exec Committee)

	04/11	01/11 to 6/11
New Appointments	0	2
Reinstatements	0	0
Reappointments	5	14
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	0	4
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions		
Voluntary Relinquishments		
Proctorship Completed		
Proctorship Extension		

Current Statistics – as of 4/05/2011	
Active Medical Staff	87
Affiliated Professionals (non-physicians)	1
Applicants	4
TOTAL MEMBERS	92

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE REPORT

Commissioner Margine Sako, Chair, stated that the Committee heard presentations on the DPH efforts to integrate behavioral health at primary care clinics and to integrate primary care into mental health clinics. In addition, a presentation was heard on an innovative pilot of SSI presumptive disability for homeless individuals suffering from schizophrenia.

6) BUDGET UPDATE; RESOLUTION SUBMITTING THE DPH FY 2011-2012 BUDGET AND PRIORITIZING POTENTIAL RESTORATIONS

Gregg Sass, Chief Financial Officer gave the presentation which was an update on the DPH FY 2011-2012 Budget.

Public Comment:

Janet Goy, Executive Director of CATS, stated that she is concerned that the of impact of cuts on the San Francisco Health Outreach Team and Medical Respite program will impact the stability of the target population.

Ran parker, Director of the CATS program San Francisco Homeless Outreach Team, stated that the program focuses on people in distress on the street which includes responding to calls from EMS. The proposed cuts would eliminate street outreach, wellness checks, and shelter bed placement. The prevention work done by the agency helps lower emergency medical and behavioral health costs.

Yvette Blair, CATS Medical Respite and Sobering Center, stated that both programs share a portion of their staff. Any cuts to the Medical Respite program will impact the effectiveness of the Sobering center.

Brook Hemmerly ,SEIU 1021, stated that she believes there is a way to save money by continuing to use Sheriff's deputies as DPH security. She expressed concern that using a private company might mean ongoing turnover of staff due to the low pay.

Commissioner Comment/Follow-Up

Commissioner Illig asked if the budget includes anticipated cuts from the State. Mr. Sass responded that the City instructed DPH not to include anticipated State cuts into the budget.

Commissioner Tierney suggested continuing this item because there may be new information available at the next meeting which may change the proposed budget.

7) HEALTH CARE REFORM TASK FORCE RECOMMENDATIONS: RESOLUTION SUPPORTING THE RECOMMENDATIONS

Tangerine Brigham, Deputy Director and Wade Rose, Vice President External and Government Relations, Catholic Healthcare West made the presentation.

Public Comment

Eduardo Vega, Executive Director of the Mental Health Association of San Francisco, stated that he is concerned that mental health is not a primary part of the Health Reform Taskforce recommendations and hopes that mental health should be included in future recommendations and activities.

Commissioner Comments/Follow-Up:

Commissioner Illig commended Ms. Brigham, Mr. Rose and the members of the Task Force for the comprehensiveness of the recommendations. He asked for clarification on recommendation number eight

which states "The Health Care Master Plan should address local options for expanding capacity in the Safety Net." Ms. Brigham stated that a component of the Master Plan is to assess and plan for location of services. The Task Force recommends that the Master Plan should assess and address overall capacity needs of the community.

Commissioner Illig asked how the Task Force dealt with the limitation of MediCal paying for dental and vision care. Ms. Brigham stated that once new MediCal benefits packages have been released, the Taskforce can begin work in these areas.

Commissioner Chow stated that although the report accurately reflects the range of populations served by non-profit hospitals and private providers, the information in slide number five of the presentation does not accurately state that non-profit hospitals and private clinicians provide care for more than just charity care patients.

Commissioner Chow asked for more information regarding the San Francisco Health Information Exchange. Ms. Garcia stated that there will be a presentation on this topic at the May 3, 2011 Finance and Planning Committee meeting.

Commissioners Tierney, Sako and Chow requested a friendly amendment stipulating that language be added to the resolution describing the topics that were not covered in the Task Force planning process and the reasons why they were not covered in the recommendations.

Action Taken: The resolution was unanimously approved with the friendly amendment noted above.
(Attachment A)

8) **RESOLUTION COMMENDING CHINESE HOSPITAL ASSOCIATION OF SAN FRANCISCO (CHASF) ON ITS PLAN TO REBUILD AND MAKING SPECIFIC RECOMMENDATIONS TO CHASF AS PART OF THE INSTITUTIONAL MASTER PLAN PROCESS**

Jim Soos, Assistant Director of Policy and Planning presented the resolution.

Action Taken: The resolution was unanimously approved. (Attachment B)

9) **FY 2010-2011 BUDGET SUPPLEMENTAL**

James Alexander, DPH Acting Budget Director stated that this item will be continued at the May 3, 2011 meeting.

10) **OTHER BUSINESS**

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, Chair of the SFGH JCC, stated that at the April 12 JCC meeting, the Committee discussed a new hospital chaplaincy certification program. The Committee also discussed changes to the Governing Body and Medical Staff By-laws which will come before the Commission at the May 3, 2011 meeting.

The next Laguna Honda Hospital JCC meeting will be on May 13 at 3pm.

COMMITTEE AGENDA SETTING

There was no discussion of this item at the meeting.

11) **CLOSED SESSION**

PUBLIC EMPLOYEE PERSONNEL ISSUES, DIRECTOR OF HEALTH, BARBARA A. GARCIA AND LAGUNA HONDA CREDENTIALS SUMMARY REPORT

D) Reconvene in Open Session

Action Taken: The Commission approved the Laguna Honda Credentials Summary Report and voted not to disclose the discussion of other items from the closed session.

12) ADJOURNMENT

The meeting was adjourned at 6:14pm.

**HEALTH COMMISSION
RESOLUTION 06-11**

**RESOLUTION SUPPORTING THE RECOMMENDATIONS OF THE
SAN FRANCISCO HEALTH REFORM TASK FORCE**

WHEREAS, On March 23, 2010, President Obama signed H.R. 3590, the Patient Protection and Affordable Care Act, and H.R. 4872, the Health Care and Education Reconciliation Act of 2010, together known as "Health Reform"; and,

WHEREAS, California's 1115 Medicaid Demonstration Waiver was set to expire on August 31, 2010 and the new waiver was being designed as "A Bridge to Reform"; and,

WHEREAS, In response to the passage of Health Reform former Mayor Gavin Newsom announced the creation of a Health Reform Task Force to analyze the impact of Health Reform on San Francisco and take the important first steps in preparing San Francisco's safety net for Health Reform; and,

WHEREAS, In September 2010, the Department of Public Health convened the Health Reform Task Force, whose membership included broad representation from across the safety net; and

WHEREAS, The mission of the Health Reform Task Force was to plan for a San Francisco health care safety net that thrives under Health Reform and the State's Section 1115 Medicaid waiver; and,

WHEREAS, The Health Reform Task Force specifically addressed policy issues in the following five key areas: Enrollment, Infrastructure, Capacity, Economics, and Local Programs; and,

WHEREAS, The key finding of the Health Reform Task Force is that there will be a continued need for a health care safety net in San Francisco after implementation of Health Reform; and,

WHEREAS, The Health Reform Task Force developed 37 local, State, and federal policy recommendations in the five key areas to best position San Francisco for Health Reform; and

WHEREAS, The work of the Health Reform Task Force did not address any of the following programmatic issues contained in Health Reform such as the range of benefits/services, workforce development, prevention/wellness strategies, grant funding opportunities, employer requirements, individual mandate, tax changes and health insurer reforms due to the fact that many of these issues require additional programmatic detail or a regulatory framework at the State and/or federal level before the issues can be reviewed and considered at the local level; and,

WHEREAS, the Department will continue to monitor State and federal implementation of Health Reform, will keep the Health Commission apprised of critical developments in the areas noted above and will bring policy related matters to the Health Commission for deliberation, now

THEREFORE BE IT RESOLVED, That the Health Commission supports the recommendations of the Health Reform Task Force; and,

BE IT FURTHER RESOLVED, That the Health Commission commends the Health Reform Task Force for its thoughtful work and strong commitment to San Francisco's health care safety net.

I hereby certify that the San Francisco Health Commission at its meeting of April 19, 2011 adopted the foregoing resolution.

**HEALTH COMMISSION
RESOLUTION 05-11**

**RESOLUTION COMMENDING CHINESE HOSPITAL ASSOCIATION OF SAN FRANCISCO (CHASF) ON ITS
PLAN TO REBUILD AND MAKING SPECIFIC RECOMMENDATIONS TO CHASF AS PART OF THE
INSTITUTIONAL MASTER PLAN (IMP) PROCESS**

WHEREAS, the Chinese Hospital Association of San Francisco (CHASF) has been providing health care services for the Chinese community in San Francisco since 1899; and,

WHEREAS, CHASF is the last remaining independent hospital in San Francisco; and,

WHEREAS, CHASF serves the highest percentage (87 percent) of care to Medicare- and Medi-Cal-eligible San Francisco residents outside of San Francisco General Hospital; and,

WHEREAS, CHASF participates in Healthy San Francisco, and is the second largest non-county group provider for the San Francisco Health Plan, thus serving Medi-Cal, Healthy Families, and Healthy Kids members with its physician partners; and,

WHEREAS the Board of Supervisors passed City Ordinance 279-07 in December 2007 revising City Planning Code Section 304.5 requiring the Department of Public Health (DPH) to hire an independent contractor to perform time-limited (90 day) health analyses of hospital revisions to their Institutional Master Plans (IMP) prior to the review of the Planning Department; and,

WHEREAS, in October 2010, CHASF submitted its IMP to DPH who solicited proposals from a pre-approved pool of contractors to conduct the IMP healthcare analysis; and,

WHEREAS, Resource Development Associates (RDA) was chosen to perform the analysis by an objective review panel; and,

WHEREAS, California Senate Bill 1953 (SB 1953) seismic requirements were mandated by the State of California in 1994 to ensure access to hospital care in the event of a major earthquake; and,

WHEREAS, CHASF will need to meet SB 1953 seismic standards in order to continue to operate as an acute care hospital; and,

WHEREAS, the CHASF IMP proposes to rebuild at 835 Jackson Street in Chinatown, and specifically:

- Build a new seismically compliant 100,000 square foot 54-bed acute care hospital;
- Add 22 new skilled-nursing beds in its new facility;
- Update its radiological equipment and services;
- Provide technological modernization; and
- Provide more efficient design and appropriate space for services; and,

WHEREAS, based on a review of the IMP details; analysis of California Office of Statewide Health Planning and Development (OSHPD) data, California Department of Finance data, U.S. Census data, CHASF financial and patient data, and DPH Charity Care data; interviews with community leaders and CHASF stakeholders; findings from a community meeting held by RDA in Chinatown on February 14; analysis of a CHASF patient survey conducted by RDA; and an assessment of city-wide healthcare needs, RDA concluded that the proposed CHASF IMP “will positively impact patient access in the long term;” and,

WHEREAS, the Health Commission understands CHASF’s need for seismic upgrades and realizes that losing the culturally competent acute care hospital services at CHASF would be detrimental to the City’s system of care; now THEREFORE BE IT,

RESOLVED, that the Health Commission commends CHASF on its plan to rebuild, and specifically its ongoing commitment to culturally competent care aimed at the monolingual Mandarin- and Cantonese-speaking communities of San Francisco, its proposal to add 22 new skilled-nursing beds given current and projected demand for skilled-nursing care in San Francisco, and its consistency with industry-wide trends, including movement toward outpatient services, private rooms, and technological updates; and be it,

FURTHER RESOLVED, that the Health Commission makes the following recommendations to CHASF as part of the IMP process:

- **Expand Behavioral Health Services in the Chinese Community:** Patients and community members report a perceived lack of mental health services. Given its position of trust among its patients, CHASF is in a unique position work with the Department of Public Health to assist in the integration of behavioral health issues in the medical setting in the Chinese community;
- **Develop LGBTQ-Focused Cultural Competencies within an Ethnically-Focused Community Health Setting:** There is an expressed need for greater cultural competency in high quality primary care services for the LGBTQ community. While it is unrealistic to expect CHASF to become the leading provider for LGBTQ Chinese, it is not unrealistic that these community members will rely upon CHASF, especially for services where CHASF has established significant expertise, such as Hepatitis B treatment;
- **Expand Cultural Competencies to a Broader API Patient Population within CHASF and use CHASF Expertise to Expand API Competency Across the Hospital System:** CHASF places a concerted focus on the specific needs of the Chinese community. Given that the hospital operates three community clinics in the Sunset District, Excelsior District, and Daly City that see a younger, more ethnically diverse population than is seen in the hospital, it is reasonable to expect that some of these patients would seek care at a rebuilt CHASF requiring the hospital to expand its definition of cultural competency to meet the needs of this patient population;
- **Continue to Enhance the Cultural Competency of Community Partners:** CHASF provides a valuable community service through its work to develop culturally appropriate information for patients in English, Mandarin, and Cantonese, and in pictographs for low-literacy patients and caregivers. CHASF has been generous in sharing these materials and other technical assistance with community partners to enhance the care of Chinese patients. Such efforts provide an important service to Chinese health consumers throughout San Francisco, and should be encouraged; and
- **Increase the Level of Awareness of the Proposed Rebuild among CHASF Patients and Neighboring Communities:** In its analysis, RDA found low awareness among CHASF patients and

neighboring communities regarding the planned hospital reconstruction. Although under CHASF's rebuild plan, patients can expect little or no disruption to the volume or variety of services offered by the hospital throughout the construction process, we recommend that CHASF communicate to patients and community partners both the construction timeline and the plan for ensuring continuous service delivery.