

**Edward A. Chow, M.D.**  
President

**David Pating, M.D.**  
Vice President

**Dan Bernal**  
Commissioner

**Cecilia Chung**  
Commissioner

**Judith Karshmer, Ph.D., PMHCNS-BC.**  
Commissioner

**James Loyce, Jr., M.S.**  
Commissioner

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

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN  
FRANCISCO**

**Edwin M. Lee, Mayor  
Department of Public Health**



**Barbara A. Garcia, M.P.A.**  
Director of Health

**Mark Morewitz, M.S.W.**  
Executive Secretary

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**MINUTES**

**HEALTH COMMISSION MEETING**

**Tuesday, November 7 2017, 4:00 p.m.**

**101 Grove Street, Room 300 or Room 302  
San Francisco, CA 94102**

**1) CALL TO ORDER**

Present: Commissioner Edward A. Chow M.D., President  
Commissioner David Pating, M.D., Vice President  
Commissioner Dan Bernal  
Commissioner Cecilia Chung  
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC  
Commissioner James Loyce, Jr., M.S.  
Commissioner David J. Sanchez Jr., Ph.D.

The meeting was called to order at 4:03pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF OCTOBER 17, 2017**

Action Taken: The October 17, 2017 minutes were unanimously approved.

**3) DIRECTORS REPORT**

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:  
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

**Federal Budget Update**

On October 26, the House voted to adopt the Senate's \$4 trillion federal budget blueprint by a 216-212 vote, with twenty Republicans and every Democrat voting against the bill. The budget maintains spending at 2017 levels for the next year, but would cut nondefense spending in subsequent years, leading to \$800 billion in cuts over ten years. It is unclear where these cuts will come from as \$600 billion of the \$800 billion in cuts are not specified. The resolution also proposes \$473 billion in cuts to Medicare's baseline spending over a decade and about \$1.3 trillion from Medicaid and ACA-related spending, though these provisions are not enforceable without additional legislation. By passing the budget plan, Republicans can initiate the budget reconciliation process, which allows legislation to be passed with only a simple majority. This process paves the way for a proposed tax bill that cuts corporate and individual income tax rates and is estimated to add \$1.5 trillion to the

federal deficit over a decade. Senate leaders signaled that the bill could be introduced, debated and approved in both chambers by the end of November.

### **Cost-sharing Reduction Subsidies**

Earlier this month, the Trump administration ended the cost-sharing reduction (CSR) subsidies that compensate insurers for discounts given to low-income consumers to help cover their out-of-pocket expenses under policies sold on the Affordable Care Act marketplaces. On Wednesday October 25th, a federal judge denied a petition to immediately reinstate the CSR subsidies. California Attorney General Xavier Becerra, who is leading the lawsuit filed with 18 other states and the District of Columbia, stated that legal battle to reinstate the payments will continue.

Last week, the Alexander-Murray bill, a bipartisan bill to restore the cost-sharing subsidies and stabilize the insurance markets, stalled in Congress as key Republicans voiced their concern and the President provided mixed signals about his support. Congress continues to negotiate CSR funding and there is speculation that the funding might be part of the federal budget negotiations. According to an analysis by the Congressional Budget Office (CBO), the bipartisan bill would cut the federal deficit by \$3.8 billion over the next decade and would not substantially change the number of people who are covered. The analysis also found that the bill would not change health insurance premiums for 2018, but may keep them steady in 2019. In California, 1.4 million people buy plans through the state marketplace, and 90 percent receive federal subsidies. In San Francisco, there are 14,200 residents enrolled in CSR plans. Because of the uncertainty regarding the subsidies, the Covered California exchange has a contingency plan to impose an average surcharge of 12 percent on certain 2018 health plans to offset the expected loss of the cost-sharing subsidies.

### **Public Health Emergency Declared for Opioid Epidemic**

On October 26th, President Trump formally announced that he is directing the Health and Human Services Agency (HHS) to declare the opioid crisis a public health emergency. This falls short of President Trump's statements in August as well as the recommendation of his commission on the opioid epidemic to declare the opioid epidemic a national emergency, which would have triggered the rapid allocation of federal funding to address the issue. The public health emergency does not release any new funding on its own, but does allow some existing grant funding to be used for an array of efforts, and would ease certain restrictions and laws to address the crisis. It is not clear how much impact the public health declaration will have in the short-term, but potential changes may include:

- Allowing patients to use telemedicine to get medication-assisted treatment, in which medications like buprenorphine and methadone are prescribed to treat addiction. Current law generally requires in-person visits for doctors to prescribe controlled substances.
- Providing more flexibility for federal and state governments in temporarily hiring substance use disorder specialists and allowing Medicaid to pay for residential treatment in facilities with more than 16 beds.
- Allowing for the shifting of resources within HIV/AIDS programs to help people eligible for those programs receive substance use disorder treatments.
- Allowing spending from the Public Health Emergency Fund, a special fund that gives HHS maximum flexibility in a health crisis, though the fund currently has a balance of only \$57,000.
- Allowing the government to negotiate lower prices on naloxone, a drug that quickly counteracts the effects of opioid overdose. Democrat senators wrote a letter on Wednesday to the President advocating for this action.

- Launching a prevention campaign to educate the public about the dangers of opioids.
- President Trump’s commission on the opioid epidemic is expected to put forth a comprehensive plan next week.

### **Hep A Vaccination Update**

SFDPH activated its Department Operations Center in September to scale up hepatitis A prevention and vaccination efforts in light of the significant outbreaks of hepatitis A in San Diego, Santa Cruz, and Los Angeles counties. These outbreaks primarily affect persons who are experiencing homelessness and/or who use injection and non-injection drugs in settings of limited sanitation. To date, there is no outbreak of hepatitis A among these populations in SF.

The primary focus for prevention is vaccination, and dozens of dedicated DPH staff and numerous community partners have stepped up. Several clinics have opened their doors to offer free vaccination to people experiencing homelessness and people engaging in drug use, including Tom Waddell Urgent Care, Tom Waddell Urban Health, Behavioral Health Access Center, St. Anthony Medical Clinic, and San Francisco Free Clinic. Immunization efforts are ongoing in primary care settings and homeless shelters, through street outreach, and in the San Francisco jail. In addition, SFDPH is bringing vaccination to where people are through “pop-up” clinics two to three times a week, staffed by DPH nurses and outreach workers. Since August, DPH and its partners have vaccinated 2,920 people at risk.

### **New Syringe Disposal Kiosk Installed at Main Library**

On Tuesday, October 31st, the latest in a series of 24-hour syringe disposal boxes was installed at the SF Main Library. City partners including Department of Public Works, the SF Public Library and the Department of Public Health collaborated on this important project in an effort to address syringe litter on city streets. This is the latest kiosk and is in addition to 13 other SF locations that are positioned within high injection drug use areas.

### **ZSFG significantly Reduces Med-Surg Inpatient Falls**

The most recent British Medical Journal (BMJ) Open Quality Report highlights a study done at ZSFG that shows a reduction in falls and fall-related injuries within the medical oncology unit. British Medical Journal publishes the Quality Improvement Reports called “BMJ Open Quality” reports. This reduction was accomplished by initiating a fall prevention agreement with patients and their families upon admission, scoring and communicating fall risk scores, and insuring that all care team members were involved. Fall and fall injuries rates were compared two-quarters prior to implementation of the fall agreement and eight-quarters post implementation. Falls and fall injuries on the medical oncology unit showed an overall reduction of 37 percent and 58.6 percent respectively. This is the first published study to show a statistically significant decrease in falls and injuries on med-surg units. In addition, the team has met and exceeded the ACA’s Partnership for Patients goal of a 40 percent reduction in injuries. We want to recognize the staff who contributed to this tremendous effort. The complete article can be accessed here: <http://bmjopenquality.bmj.com/content/6/2/e000119>

### **SFDPH Staff Assist North Bay Fire Victims**

San Francisco has contributed significantly with mutual aid for our neighbors in the North Bay. As of Thursday, November 2, more than 115 DPH staff and contractors have answered the call to deploy to Napa and Sonoma to assist with recovery efforts. Staff from Emergency Medical Services, Behavioral Health and Emergency Preparation and Response have assisted at shelters and evacuation sites. English, Spanish, Tagalog and Cantonese speaking staff have been able to assist with counseling, helping with kids, and operational duties. We are proud to be able to assist our neighbors in this time of need.

### **Suicide Prevention and Stigma reduction**

Recently, the Mental Health Services Act (MHSA) program distributed brochures and promoted programs involving suicide prevention for youth & older adult LGBTQ communities, Spanish speaking communities, and

school-based and community-based programs. These materials were developed from a statewide partnership between San Francisco's MHSa program and the California Mental Health Services Authority. The campaigns center around suicide prevention, with materials and resources designed for Spanish-speaking communities and short-film contests for young people.

The campaign educates Californians on how to recognize the warning signs of suicide, find the words to have a direct conversation with someone who is in crisis and know where to find professional help and resources ([suicideispreventable.org](http://suicideispreventable.org)). To support California's Spanish-speaking community, a translated site called Sana Mente ([sanamente.org](http://sanamente.org)) contains mental health information and links to helpful resources and materials (e.g. brochures, fotonovelas).

The short-film contest, called Directing Change ([directingchange.org](http://directingchange.org)) is an annual program that invites young people ages 14 to 25 to create 30-second and 60-second films about suicide prevention for their peers. This program gives youth and young adults the chance to produce films that support the awareness, education and advocacy of suicide prevention and mental health; and are used for social change on contestants' school campuses and their communities. The capstone for this program are red carpet award ceremonies, where the young filmmakers are recognized for their creativity and artistry. For more information and resources, please contact: [MHSa@sfdph.org](mailto:MHSa@sfdph.org).

### **Project Open Hand Awards**

Four awards will be handed out at the 25<sup>th</sup> Annual Project Open Hand Holiday Luncheon on Thursday, December 14. The Ruth Brinker Visionary Award will be awarded to long-time Project Open Hand Board Member Linda Glick; Barbara A. Garcia, Director of Health, San Francisco Department of Public Health, will receive the Community Advocate Award 2017; the Most Outstanding Community Partner Award 2017 will be presented to Giants Enterprises; and the Most Outstanding Corporate Support Award 2017 will be given to Gilead Sciences, Inc. Tickets for this fundraiser are available at [openhand.org/events](http://openhand.org/events) or by calling 415-447-2320.

### **Laguna Honda hosts Grand Circus Rounds**

On Sunday, November 5th, Laguna Honda hosted Grand Circus Rounds, an annual fundraising gala benefitting the Medical Clown Project. Two showtimes were held, the first for Laguna Honda patients with an afternoon show open to the public. Patients and gala attendees alike were thrilled with acrobatic feats live on the center stage of the historic Gerald Simon Theater. Since 2015, the Medical Clown Project and Laguna Honda have been partners in providing expressive therapy modalities for patients coping with illnesses. The Medical Clown therapy includes use of magic, music, circus and puppetry as part of the healing process.

### **Veterans Day Message from Maggie Rykowski**

Honoring our Veterans dates back to 1938 when Congress approved the 11<sup>th</sup> of November each year as a legal holiday dedicated to the cause of world peace known as Armistice Day. This date commemorated the ending of hostilities between the Allies and Germany on November 11, 1918 at the end of World War I. In 1954, November 11 became a day to honor American Veterans of all wars when President Eisenhower issued the first Veterans Day Proclamation. The purpose of Veterans Day is to honor American Veterans, the brave men and women who have served our country protecting our freedom and way of life that we all enjoy. On this Veterans Day I ask that you take a moment to reflect on their sacrifice and service. We have several DPH staff who have served honorably in the United States Military. To those veterans I want to express my heartfelt gratitude for their service to their country. (Maggie Rykowski is the Director of Compliance and Privacy Affairs and is a retired Rear Admiral, United States Navy).

Director Garcia announced that Colleen Chawla has accepted the role of Director of the Alameda County Health Services Agency and will be leaving the SFDPH in early December. The Health Commissioners thanked Ms. Chawla for her effective work at SFDPH Deputy Director and Director of Policy and Planning.

Ms. Chawla gave an update on Cost Sharing Affordable Care Act Subsidies, which is highlighted in the report.

Commissioner Comments:

Commissioner Sanchez noted his frustration with the slow pace of federal assistance in Puerto Rico's recovery. Director Garcia stated that she shares his frustration and has been in touch with the office of Nancy Pelosi and national disaster-relief organizations in an effort to explore how the SFDPH can be of assistance.

**4) GENERAL PUBLIC COMMENT**

Michael Petralis, stated that he is upset that Dan Bernal was appointed to the Health Commission because he has not arranged for Congresswoman Nancy Pelosi to hold any town hall meetings.

Shirley, UCSF Pharmacy student, asked for more information regarding the SFDPH policy position on the federal rollback on birth control policies and funding.

**5) FINANCE AND PLANNING COMMITTEE**

Commissioner Chung, Chair, stated that the Committee reviewed and gave feedback on the draft SFDPH FY16-17 Annual Report, which will come to the full Health Commission in early 2018. The Committee also reviewed and recommended that the full Health Commission approve the November Contracts Report. She added that the Committee discussed the format of the Contracts Report.

**6) CONSENT CALENDAR**

Action Taken: The Health Commission unanimously approved the following item:

- NOVEMBER 2017 CONTRACTS REPORT

**7) SAFE INJECTION FACILITIES TASK FORCE RECOMMENDATION**

Eileen Loughran, Community Health Equity and Promotion, gave the presentation.

Public Comment:

Holly, San Francisco Drug Users Union, asked the Health Commission to support a safe injection pilot site. She stated that the site will benefit drug users and the general population. She added that the speakers following her are active drug users and noted that it takes great courage for this population to speak publicly about their experience.

Jeff, San Francisco Drug Users Union, stated that he picks up needles on the street every day because seeing the number of needles improperly disposed upsets him. He thinks that a safe injection site will lower the amount of needles on the street. He encouraged the City to consider more than one site to meet the needs of injection drug users in different neighborhoods.

Biscuit, San Francisco Drug Users Union, stated that when he uses drugs in public, he is concerned he will be seen by children. He noted that this group wishes to do no harm to others and is aware of their impact on the community. He asked for help through safe injection sites.

Johnny, San Francisco Drug Users Union, stated that that a safe injection site will benefit children in the city because they will not have to see people using on the street and it will reduce the number of needles left on the street.

Seven, San Francisco Drug Users Union, stated that it is important for people not to inject drugs in public. He noted that like many drug users in San Francisco, he is homeless and has no privacy at any time during the day. He asked the Health Commission to help provide a safe injection site so people can inject in privacy and prevent needles from being on the streets.

Kyle, San Francisco Drug Users Union, stated that a safe injection site will help injection drug users to be responsible for their own actions, including proper disposal of needles and other waste. He added that users of the site may also be more open to linking with medical and recovery services.

Tommy, San Francisco Drug Users Union, stated that he does not want children to see him inject nor does he want to be judged. A safe injection site will help everyone.

Miss Ian, San Francisco Drug Users Union, stated that she hates the amount of syringes on the street. A safe injection site will reduce this issue. She also noted that it is difficult for injection drug users to get nonjudgmental medical care. They will likely be more open to services offered through a safe injection site.

Nada San Francisco Drug Users Union, stated that shooting up is high risk; developing a safe injection site based on evidence-based practices will be an effective way to reach this population.

Ally Few, San Francisco AIDS Foundation, stated that a safe injection space will send a message to a forgotten population that San Francisco cares about them.

Michael Siever, San Francisco Drug Users Union, stated that he used to supervise programs at the San Francisco AIDS Foundation, including those for drug users. He noted that he also has a history of drug use. He also stated that a supervised site to inject drugs will greatly improve the health of participants because overdoses would be eliminated and treatment of abscesses could help link people to medical care.

Clare Nicholes, UCSF Pharmacy student, thanked all the speakers for sharing their stories. She noted that the Safe Injection Task Force recommended an integrated model and asked how pharmacists would fit into this paradigm.

Alex Kral Ph.D, RTI International, voiced his support for a safe injection site. He stated that the research clearly shows that safe injection sites lead to safer injection practices, connection to services, reduced crime, reduced needles, and linkage to health services. He also recommended consideration of vending machines to dispense needles to help reduce costs associated with syringe exchange.

Norman Tanner, Richmond Area Multi-Services, stated that the City of San Francisco is at fault for the homelessness and drug use on the streets. This is because housing is too expensive in San Francisco.

Laura Thomas, Deputy State Director of the California Drug Policy Alliance, encouraged San Francisco to be bold in its policy regarding safe injection sites. She noted that the number of Canada's safe injection sites grew from 1 to 25 quickly because the sites are so effective. She added that the recent introduction of Fentanyl into San Francisco has made overdoses and related health issues worse.

Elain Chan, UCSF Pharmacy Student, stated that she and her colleagues are healthcare professionals and support safe injection sites.

Dr. Christy Waters, California Society of Addiction Medicine, stated that her 400 physician member organization supports the safe injection sites.

Pauli Gray, stated that safe injection sites make sense fiscally, medically, and on a practical level. He noted that deaths by alcohol-related illness still outnumber deaths from other substances. He added that taking away chaos of the drug culture will increase safety and the likelihood of better health outcomes for participants.

Scott Steiger, physician working at ZSFG Ward 93, stated that the treatment community is in favor of this model. He reminded the Commissioners that opioid overdoses are preventable because naloxone is the antidote. Not having access or being observed is the cause of many opioid overdoses. He noted that there are no current treatments for some substances such as methamphetamine. He added that once people come into a safe injection site, they are more likely to be receptive to linking to health services.

Michael Discepola, San Francisco AIDS Foundation (SFAF) Stonewall Project, stated that SFAF is interested in creating an evidence-based model. He noted that providing safe injection sites will give hope to injection drug users that they matter.

Jennifer Kiss, Saint Frances Foundation, thanked the Commissioners for their willingness to explore these issues. She noted that a safe injection site will help reduce needles on the streets and the amount of people injecting drugs on the streets; for the drug injecting population, it will save and change lives.

Otto Duffy stated that as a Tenderloin resident, he and his neighbors want a safe injection site to decrease the street injection use and amount of needles on the street.

Curtis Bradford, stated that he is involved in many boards and each is grappling with the issue of homelessness and drug use in San Francisco. Everyone he has spoken to supports the idea of safe injection sites; there is no opposition or any reason to oppose this idea. He also suggested that multiple locations throughout the city is important so people can find access in their local neighborhoods.

Paul Harkin, Glide, stated that the safe injection sites will give dignity to injection drug users and will prevent deaths and serious health issues. He also noted that the sites will help with drug use on the street and improper needled disposal throughout San Francisco.

Terry Morris, San Francisco AIDS Foundation (SFAF) 6<sup>th</sup> Street Harm Reduction Center, stated that needle exchange was once controversial and San Francisco was cutting edge in establishing a successful program over twenty years ago. She noted that SFAF staff have asked injection drug using clients about their interest in a safe injection site; all have been interested in the idea. She reminded the Commission that public drug injection impacts every San Franciscan.

Lydia Bransten, St. Anthony's Foundation, stated that during the Task Force meetings, there was an intense process of learning to listen and understand the community. She added that addiction and substance use disorder encourage people to isolate but these sites are opportunities to break that paradigm.

Hannah Cohen, Glide, stated that each day, she works with people in desperate need of services. These people have no privacy and lack facilities for basic hygiene. A safe injection site would give them dignity while providing safe and clean spaces.

#### Commissioner Comments:

Commissioner Chow thanked all members of the public who made comments. He stated that the item was intended to discuss the Safe Injection Facilities Task Force recommendations. He encouraged the Health Commission to consider a resolution to support the recommendations at a future meeting.

Director Garcia stated that drug users' lives matter. The SFDPH continues to work diligently to address issues and concerns brought up in public comment. She added that the SFDPH will support community based organizations to open safe injection sites once work has been done with the Board of Supervisors, Mayor, and City Attorney. She noted that SFDPH will likely consult and will develop policies and procedures for the safe injection site modality.

Commissioner Karshmer thanked all those in attendance and especially those who made public comment. She noted that the comments helped illuminate the lives impacted by these issues. She also stated that she hopes San Francisco can move forward in exploring a safe injection site model in the future.

Commissioner Bernal thanked all those who made public comment. He stated that he is concerned about the safety at these sites and asked what can be done to protect those who use the sites. Director Garcia stated that the site in Vancouver provides safety for its clients and has a close working relationship with the local police force, which is supportive of the model. She noted that as safe injection sites are piloted, the City will have to address the neighborhood issues and residents' concerns.

Commissioner Loyce thanked Director Garcia, Ms. Loughran, and all those who spoke publically about their concerns and fears. He stated that the Health Commission acknowledges the importance of the lives of everyone who spoke and all those who inject drugs. He noted that he worked for the SFPDPH when it instituted needle exchange over 20 years ago; that program has been incredibly successful. San Francisco will need to once again take risks to save lives.

Commissioner Chung thanked all those who made public comment, especially those who spoke about their own drug use. She hopes that San Francisco will be a city that gives dignity back to these communities; she stated is strongly in favor of moving this issue forward. She suggested that the Health Commission should empower the Director of Health to move forward on this issue.

Commissioner Pating stated that he was very moved by all those who spoke. He noted that he is an addiction physician but has not heard the kinds of stories spoken of during public comment. He added that before the meeting, he was unsure if injection drug users would utilize a safe injection site but the speakers have made it clear that there are many who would benefit from the facilities. He also encouraged the model to include laundry, shower, and some basic food options to make the paradigm a comprehensive service.

Commissioner Sanchez thanked all those who spoke and noted that the Health Commission looks upon every individual as a human being with the right to dignity and access appropriate service options.

Commissioner Chow requested that the SFPDPH develop a resolution in favor of the Task Force recommendations at a future Health Commission meeting.

**8) SFPDPH SECURITY UPDATE**

This item was deferred due to the length of public comment for item 7.

**9) OTHER BUSINESS:**

This item was not discussed.

**10) JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Chow, ZSFG JCC Chair, stated that at the October 24, 2017 meeting, the Committee reviewed the draft FY16-17 ZSFG Annual Report, draft Provision of Care Policy, draft Environment of Care Report, Performance Improvement and Patient Safety Policy, and draft ZSFG Medical Staff Bylaws. The Committee also reviewed standard reports including the Regulatory Report, Hospital Administrator's Report, Patient Care Service Report, and HR Report. The Committee approved the Orthopedic Surgery Rules and Regulations in open session. In closed session, the Committee approved the Credentials Report and PIPS Report.

**11) COMMITTEE AGENDA SETTING**

Mr. Morewitz noted that the November 21, 2017 meeting will be held at ZSFG; the December 5, 2017 meeting will be held at LHH. He added that the December 19, 2017 meeting will be a special planning session and will be held in room 220.



**12) ADJOURNMENT**

The meeting was adjourned at 6:03pm.