HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

London N. Breed Mayor
Department of Public Health

Grant Colfax, MD
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665
Web Site: http://www.sfdph.org

MINUTES
HEALTH COMMISSION MEETING
Tuesday January 17, 2022 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex

1) CALL TO ORDER

Present: Commissioner Dan Bernal President
Commissioner Laurie Green, MD, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner Suzanne Giraudo, Ph.D

Excused: Commissioner Tessie Guillermo
Commissioner Susan Belinda Christian, J.D.

The meeting was called to order at 4:11pm.

2) GENERAL PUBLIC COMMENT

Patrick Monette Shaw made verbal comments and submitted the following summary:

This Commission's August 2 Finance and Planning Committee minutes reported Baljeet Sangha noted the recertification goal was to add sustainable City positions to take over work of consultants and consultant nurse administrators. Sangha said by the end of 2022 the pilot of the new leadership positions would be evaluated to determine if the leadership model is effective. Commissioner Guillermo assumed the pilot leadership might warrant continuation but asked for evaluation data of the leadership model and timeline for recruiting LHH positions. Sangha claimed job postings might be posted by the end of year 2022. Responding to my 1/11/23 records request, SFDPH NextRequest staff asserted DPH has "no responsive records " for either the evaluation data Guillermo requested, or the evaluation analysis report Sangha told Commissioner Chow would be conducted by the end of the year to determine if the leadership model is effective. Why is this data and analysis not completed?

3) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Chow, LHH JCC Member stated that at the January 10th Laguna Honda JCC meeting, the committee reviewed standard reports including the Executive Report, Human Resources Report, Financial Report, and Regulatory Affairs report. The Committee discussed recent updates on recertification and closure plan updates, which are contained in the Laguna Honda update at today's meeting. The committee also discussed the voluminous policies, which he noted were added the full Commission's meeting agenda, and heard comments and concerns from members of the public. He paraphrased comments made by Commissioner Guillermo, LHH JCC chair, at the meeting:

The bulk of the necessary work is already in place to move towards the implementation of the action plan. Laguna Honda is not waiting for CMS or CDPH approval to do the improvement work; that work continues daily. There may be some adjustments from CMS on the Action Plan or CDPH on plans of correction submitted to respond to surveys. However, the infrastructure is in place to continue moving forward. We all need to orient ourselves in this positive manner, even with the unknown issues/final approvals from regulatory bodies. We have the strategies and operational structure in place. The enormous amount of effective quality improvement work and ongoing monitoring of that work are an indication of the excellence we are trying to put in place as LHH is reestablishing itself as a high-quality, high performance skilled nursing facility.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

> During Commissioner Guillermo's summary of the 1/10/23 LHH-JCC meeting, she didn't mention that of the eight-item categories of the "Root Cause Analysis" Roland Pickens presented include category #6 involving "Comprehensive Care Planning" and category #7 involving "Competent Staff Training and Quality of Care." The 26 deficiencies CMS cited in April 2022 justifying LHH's decertification and suspension of new admissions on 1/14/22 and "Denial of Payment for New Admissions" (DPNA) were largely the result of staff failures developing and documenting LHH residents' comprehensive care plans and the quality of care residents had received. It's shocking the very same deficiencies cited last April justifying decertifying LHH and yanking LHH's Medi-Cal revenue funding were cited all over again in 12 December citations and $36,000 fines. Pickens' claimed on 1/10/23 the 12 citations "by no means account for all of the work that has been achieved since April 2022." The December citations suggest otherwise.

Dr. Teresa Palmer stated that the root cause analysis, action plan, and closure plan were repeatedly mentioned during the meeting, but the DPH has concealed these documents, which should immediately be made available to the public. She feels the concealment of these documents goes against the CMS settlement agreement, which requires transparency.

Michael Lyons, Gray Panthers, asked how can the public have reassurance that the action Plan, root cause analysis, and closure plan is satisfying to CDPH and CMS if these documents are not available for public review.

4) LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER (LHH) CLOSURE PLAN AND CMS RECERTIFICATION UPDATE

Roland Pickens, MHA, FACHE, Acting LHH CEO, presented the update.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

> This Commission has been propping up the façade SFDPH and LHH are actually progressing towards LHH's CMS recertification. But slide #9 of LHH acting-CEO Pickens' presentation shows LHH expects "Action Plans" responding to on-going CMS 90-day "Monitoring Surveys" will go past July 2023, and expects additional "Root Cause Analysis" reports following each 90-day Survey will rage through

August 2023. Sangha informed Commissioner Chow last August 2 CMS recertification would occur by 12/31/22, the stated goal since LHH's April 2022 decertification. Pickens' slide states "We will take on new projects to better align our facility with CMS regulations and skilled nursing facility best practices. These projects, which include ongoing Facilities and Capital Projects, will contribute to more successful surveys." This comports with Health Director Grant Colfax's "Recertification Strategy" org chart indicating Capital Projects are integral for recertification. This Commission should release immediately a list of capital projects currently underway or planned.

Dr. Allen Cooper, member of Department of Disability and Aging Services Advisory Council, stated that people who are not appropriate for skilled nursing services, with substance use and mental health issues, will have to be accommodated, noting that many of this population are seniors. The Council has prepared a report suggesting a number of services that can help this population with appropriate placements that enable them to stay out of acute hospitals and jail. He encourages the Commission and the DPH to review the report to help the people who do not belong in LHH.

Norman Dagelman, Gray Panthers, urged the Health Commission to support services for houseless seniors and those who are disabled; support treatment-on-demand for substance use and mental health treatment; and to prevent a revolving door of hospitalizations that lead to illness and death. He urged the development of more skilled nursing beds.

Dr. Teresa Palmer takes issues with Mr. Pickens statement that most of the deaths of former LHH patients who died did so weeks or months after their LHH discharge. She noted that 50% of this cohort was dead at the 3-week mark. Reading over the citations, it is obvious that bad advice from CDPH and inexperienced LHH staff, led to inappropriate discharges with no warm hand-off. Transfers from one nursing home to another are infrequent and more complicated than a transfer from an acute setting to a nursing home because you are handing over someone's whole life. CDPH should have done more serious citations. We do not need to repeat this experience. She urged the DPH and LHH to avoid any more forced discharges or transfers. LHH should appeal any order from CMS to restart mandated discharges.

Art Persyko, Gray Panthers, is glad LHH is making progress towards recertification. It is tragic what has happened to these residents and absurd for the DPH to absolve itself of these deaths. The long term mismanagement of LHH began to creep in. He applauds the intent and efforts to make sure no more discharges occur. The community will remain vigilant watching and making sure the DPH and LHH are accountable and do the right thing for the elderly population.

Donna is the sister of a LHH resident. She is amazed that CMS has not responded to the DPH request to continue the pause on patient transfers. When she visits her brother, she observes that LHH does not have many patients and many empty beds. She wishes CMS had a meeting with families and patients about the situation. She is upset that people in need are not able to fill the empty beds.

Susan Englander, former nurse and member of the Harvey Milk LGBTQ Democratic Club, feels that DPH staff and the Health Commissioners' tone about this situation is indifferent, when dealing with the crisis of health and safety of elderly, disabled, and infirm people. She is appalled that all of the problems that dogged LHH under DPH and Health Commission supervision are only dealt with when LHH has been threatened with closure. You have been misusing beds by admitting people inappropriate to use the beds. She questions what resources have been created by the DPH and City to address the needs of people who do not belong at LHH. The DPH and Health Commission are complicit.

Michael Lyons, Gray Panthers, said that the DPH and Health Commission talk about the LHH crisis in isolation and it will lead to more crisis. The real crisis is the lack of care for people with substance use issues, mental

health issues, and disabilities; he noted the delay in implementation of Mental Health SF. There is a crisis for lack of housing during cold winter weather. A crisis of inequity while wealthy residents ignore those without homes. You let CPMC close subacute care facilities, serving the most frail and vulnerable patients; you let CPMC close primary care services from St. Lukes Hospital. You are responsible for going on along with the city's agenda of unrestrained capitalism.

Rasta Moass, San Francisco resident since 1973, stated that shethey are aware that LHH has been a place for many years where people with long term care needs are served; shethey also know the dedication of LHH staff. SheThey feel it is unimaginable and cruel to have forced LHH residents to leave against their will. The She recognizes a big part of the problem is admitting substance users and people with mental health issues. LHH is a long-term care facility, not a drug treatment facility.

Joe, UCSF pharmacy student, stated that environmental health is important to health and life balance; this includes long term care facilities. The government should have laws policies to reduce waste and make sure environments are healthy.

Joseph Urban urged the DPH to not allow physicians to order forced transfers or discharges of patients, even if ordered to do so by CMS due to transfer trauma. He summarized information from the CDPH citations regarding former LHH patient deaths. These patients were discharged between June 10 and July 13; the first died on July 1. The person who died but survived the longest amount of time, lived 67 days after being discharged. The person who died but survived the shortest amount of time, lived 10 days after being discharged. The average time of survival was 29 days, and the mean length of death was 21 days. The reported number of discharges was 57 but the number of skilled nursing beds was 41; therefore, the death rate was 27%. Using 400 skilled nursing patients at LHH, approximately 100 patients will die if forced discharges continue. Over 50 will die within 3 weeks of discharge. The goal for all LHH staff and leaders should be providing quality care and ensuring patient safety, not recertification.

Robert Frank, former city employee, submitted the following written public comment:

> Laguna Honda Hospital opened in 1926 as a skillled nursing facility, owned and operated by the City of San Francisco, offering 24-hour care to those who needed it, regardless of their ability to pay. In order to maintain its 1000-bed hospital and meet federal guidlelines, we the voters decided in 1999 to rebuild Laguna Honda Hospital with "suites" in place of the 30-bed "wards". In spite of the availability of tobacco settlement dollars (thank you Louise Renne), we were not able to meet the promise of the ballot proposal to house more than 1000 patients. The Commissioners should be ashamed of themselves for their handling of the federal government objection to their failure to rebuild to federal standards. This has been going on too long and people are suffering because of it. The Commissioners are only digging themselves in deeper, with a "closure plan" that would be disastrous.

Commissioner Comments:
Commissioner Bernal asked if the root cause analysis (RCA) captures all the improvement work that has already been implemented. He noted that those who have visited the facility have witnessed the continuous quality improvement work. Mr. Pickens stated that the RCA is a retrospective look at issues that led to recertification and does not include much of the quality improvement work already implemented.

Commissioner Bernal asked if the 90-day surveys will not continue after recertification is achieved. Mr. Pickens stated that the surveys are part of the recertification process and will not continue once recertification is achieved.

Commissioner Chow noted that the previous timeline and work chart for the mock survey action plan items were helpful to track progress and asked there will be a similar chart developed for RCA action items. Mr. Pickens stated that dashboards will be developed to track this quality improvement work. He added that the root cause analysis action plan is the roadmap by which CMS will monitor LHH progress.

Commissioner Green acknowledged the huge amount of work implemented already, including the many staff who worked over the holiday and regularly work on weekends. She feels it is disheartening that CMS does not comprehend the incredible loving care provided by LHH staff, care that is better than most other skilled nursing facilities in the country. Much of the issues seem to stem from documentation, not the actual quality of care. She added that when CMS forced LHH to discharge patients, there were only a few skilled nursing beds available in the state.

Commissioner Green asked if there is any indication regarding the CMS decision regarding future mandated discharges. Mr. Pickens stated that the LHH original proposed closure plan had an 18-month implementation timeline, but CMS rejected it and only gave LHH 4 months to implement the plan. DPH and LHH have worked earnestly to establish a productive relationship with CMS and CDPH. He noted that CMS and CDPH have gotten to know LHH and are familiar with the work.

5) LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER POLICIES

Roland Pickens, MHA, FACHE, Acting LHH CEO, presented the following policies for approval.

Item	Scope	Policy No.	Policy Title
1	Facility-wide	01-06	Administrator on Duty
2	Facility-wide	20-06	Leave of Absence (LOA), Out on Pass (OOP) and Bed Hold
3	Facility-wide	22-07_A01	Physical Restraints
4	Facility-wide	22-07_A02	Physical Restraints - Acute Units
5	Facility-wide	22-09	Psychiatric Emergencies
6	Facility-wide	22-12	Clinical Search Protocol
7	Facility-wide	22-13	Bed Rail Use
8	Facility-wide	22-14	Resident Activities
9	Facility-wide	22-15	Communications Within and External to the Facility
10	Facility-wide	22-16	Effective Communication - Resident Who is Deaf
11	Facility-wide	22-17	Resident Email and Video Communications
12	Facility-wide	22-18	Resident Right to Privacy in Communication
13	Facility-wide	23-02	Completion of Resident Assessment Instrument Minimum Data Set
14	Facility-wide	24-01	Culturally Competent Care Policy
15	Facility-wide	24-02	Promoting Maintaining Resident Dignity Policy
16	Facility-wide	24-04	Trauma Informed Care
17	Facility-wide	24-06	Resident/Patient and Visitor Complaints/Grievances
18	Facility-wide	24-07	Resident Visitation
19	Facility-wide	24-10	Close Observation
20	Facility-wide	24-14	Opioid Overdose Prevention

21	Facility-wide	24-16	Code Blue
22	Facility-wide	24-16	Code Blue Appendix 8 - Crash Cart Injection Reference
23	Facility-wide	24-16	Code Blue Appendix 11 - Emergency Box Contents
24	Facility-wide	24-16	Code Blue Appendix 12 - Crash Cart Medication Drawer
25	Facility-wide	24-25	Harm Reduction
26	Facility-wide	24-28	Behavioral Health
27	Facility-wide	25-06	Pain Recognition Assessment and Management
28	Facility-wide	25-07	Antimicrobial Stewardship Program
29	Facility-wide	25-13	Herbal Supplement
30	Facility-wide	25-14	Unnecessary Drugs Without Adequate Indication for Use Policy
31	Facility-wide	55-04	Triple Check Process
32	Facility-wide	60-04	Unusual Occurrences
33	Facility-wide	70-01 B3	Resident Evacuation Plan
34	Facility-wide	71-12	Fire Drill
35	Facility-wide	72-01 A02	Infection Prevention and Control Program
36	Facility-wide	72-01 A03	Infection Preventionist
37	Facility-wide	72-01 A04	Infection Reporting Policy
38	Facility-wide	72-01 A05	Infection Control Surveillance Program
39	Facility-wide	72-01 A10	Infection Outbreak Investigation and SURGE Response
40	Facility-wide	72-01 A11	Water Management
41	Facility-wide	72-01 B14	Visitors Guidelines for Infection Prevention
42	Facility-wide	72-01 B5	Transmission-Based Precautions
43	Facility-wide	75-05	Illicit or Diverted Drugs and Paraphernalia
44	Facility-wide	76-02	Smoke and Tobacco Free Environment
45	Facility-wide	80-03	Student, Volunteer and Consultant Orientation
46	Facility-wide	80-05	Staff Education Program
47	Pharmacy	01.03.00	Personal Medication
48	Pharmacy	02.01.03	Bedside Storage of Medications
49	Pharmacy	02.01.04	Pass Medication
50	Pharmacy	02.01.05	Pharmacy Computer Down Time
51	Pharmacy	02.01.09	Repacking Medication
52	Pharmacy	02.01.10	Operations When Pharmacist is not Present
53	Pharmacy	02.02.02	Fentanyl Transdermal Patches
54	Pharmacy	02.03.00	Emergency and Supplemental Medication Supplies
55	Pharmacy	02.05.00	Investigational Drugs
56	Pharmacy	03.01.00	Quality Assessment and Improvement Plan
57	Pharmacy	03.01.02	Medication Pass Observation
58	Pharmacy	03.03.00	Infection Control
59	Pharmacy	04.01.00	Safety and Emergency Preparedness
60	Pharmacy	04.01.01	Duties and Responsibilities During Disasters and Disaster Drill
61	Pharmacy	06.03.00	Discharge Counseling
62	Pharmacy	07.01.00	Sterile Product Preparation, Handling and Disposal
63	Pharmacy	07.02.00	Hazardous Drug Preparation, Handling and Disposal
64	Pharmacy	09.01.00	Automated Dispensing Cabinets
65	Pharmacy	09.02.00	ADC Report Review

66	Pharmacy	09.03.00	Periodic Check of Registry
67	Pharmacy	09.04.00	Medication Unit Dose Packager (Parata ATP)
68	EVS	VIII	Safety
69	Facility	LS-1	Fire Safety
70	Facility	LS-12	Fire Watch
71	Nursing	A 02.0	Nursing Services
72	Nursing	A 4.0	Nursing Clinical Competency Program
73	Nursing	A 5.0	Nursing Clinical Affiliations (Student Placements)
74	Nursing	A 6.0	Orientation of Nursing Personnel
75	Nursing	A 8.0	Decentralized Staffing
76	Nursing	B 5.0	Resident Identification and Color Codes
77	Nursing	B 9.0	Documenting and Reporting Resident Allergies
78	Nursing	C 3.0	Documentation of Resident Care/Status by the Licensed Nurse - SNF
79	Nursing	C 9.0	Transcription and Processing of Orders
80	Nursing	D5 1.0	Foot Care
81	Nursing	D6 3.0	Range of Motion Exercise
82	Nursing	I 5.0	Oxygen Administration
83	Nursing	J 1.0	Medication Administration
84	Nursing	XX	Nursing Staff Education
85	FNS	1.12	Isolation Trays
86	FNS	1.74	Safety Inspection
87	FNS	1.93	Food Preparation Standards
88	FNS	1.94	Safety Standards

Public Comment:
Patrick Monette Shaw made verbal comments and submitted the following summary:

Notably missing from these policies is Nursing Policy D.1.0, the Restorative [Care] Nursing Program of keen interest to CMS and the U.S. Department of Justice. Why isn't D.1.0 on Restorative Nursing included? Also, LHH's "Discharge Planning Policy" isn't included, which is a grave mistake. Narrative in the 12 "Class B" citations CDPH issued against LHH on December 20 imposing $36,000 in fines involved 12 patient deaths following 57 patient discharges in June and July 2021. The Citations said the definitions of "transfer" and "discharge" in the Discharge Planning policy wasn't clear to LHH staff completing pre-discharge patient assessments, and the policy didn't indicate "Not Discharge Ready" meant discharge to the community or lower level of care. That Discharge policy cries out for revision. LHH must have known CMS' Phase 3 nursing home regulations went into effect in November 2019. LHH should have been updating these 123 regulations all along.

Commissioner Comments:
Commissioner Bernal thanked Mr. Pickens and all the LHH staff who contributed to the development of new policies and revisions of existing policies, noting the huge amount of work that went into this item.

Action Taken: The Health Commission unanimously approved the policies.

6) DPH FY23-24 AND FY24-25 DPH BUDGET PROPOSAL

Jenny Louie, DPH Chief Financial Officer, presented the item.

Public Comment:
Patrick Monette Shaw made verbal comments and submitted the following summary:

A $3 billion budget? Wow! It wasn't long ago SFDPH had a $1 billion budget San Franciscans thought was excessive. LHH's FY2021-22 (7/1/21 through 6/30/22) operating budget was $308.6 million. Now you're increasing LHH's budget to $336.6 million for FY2023-24, a $28 million increase across two short years. DPH's budget strategy includes focusing on maximizing revenue to lessen General Fund impact. You should push for LHH's rapid recertification to resume Federal CMS reimbursement, particularly lost Medi-Cal revenue. Stop LHH from dragging out its recertification timeline to enrich consultants' contracts. Budget presentation Slide 21 only states regarding LHH "Additional investments will be necessary to ensure long-term sustainability of those improvements." The investments aren't itemized. Does that mean capital project investments? Epic Wave 3 enhancements are long overdue. Epic should enhance advance identification for clinicians of dates care plan assessments are coming due, so clinical staff keep care plans updated timelier.

Commissioner Comments:
Commissioner Green asked for more information regarding working through health plans and CPT codes will mean for DPH revenues. She noted that usually with managed Medi-Cal, a bolus of funds go to a health plan which they dole out as they see fit. The notice to LHH residents about their opportunity to choose a health plan did not seem to specify that they should choose the San Francisco Health Plan. She is concerned about the implications of this situation on the DPH budget. Dr. Claire Horton, San Francisco Health Network Chief Medical Officer and Acting Chief Medical Officer at LHH, stated that Cal Aim has a wide -anging initiatives. People on managed Medi-Cal can make a choice of either the San Francisco Health Plan or Anthem/Blue-Cross. If someone does not make a choice, the State will assign someone to a plan. In the network, 88% of managed Medi-Cal patients are San Francisco Health Plan and 12% are Anthem/Blue-Cross. Because most of our managed Medi-Cal patients are with the San Francisco Health Plan, the San Francisco Network tends to have a close working relationship with the San Francisco Health Plan; the San Francisco Network also has a productive relationship with Anthem/Blue Cross. All the current LHH patients are impacted by the new long-term care carve out. All LHH patents have received letters notifying them that they must choose a Health Plan, which can be confusing. The LHH Social Services team is checking in with LHH patients to help them understand the situation.

Commissioner Green noted that involvement with LHH patients who choose or are assigned to Anthem/Blue Cross adds a bureaucratic layer. She asked for more information about the CPT component, and whether compensation for care differs between the two health plans. Dr. Horton stated that built into the CalAIM legislation is a freezing of current Medi-Cal reimbursement for ~~of~~ fee-for-service rates. DPH is not concerned about the rates of reimbursement. However, there are questions about the logistics for services like arranging transportation for patients who need specialty care; in this example, it is currently unclear if there will be restrictions on the transportation companies that can be used in order to get full reimbursement. San Francisco Health Network Executives are meeting weekly with the San Francisco Health Plan to work out these details. Managed care plans are required to accept the formulary currently offered at long term care facilities. Ms. Louie added that LHH is not currently required to convert to CPT codes.

7) DPH REVENUE AND EXPENDITURE PROJECTION REPORT: FIRST QUARTER FY22-23
Jenny Louie, DPH Chief Financial Officer, presented the item.

Public Comment:
Patrick Monette Shaw made verbal comments and submitted the following summary:

This update presents the *First Quarter Revenue and Expenditure* report ending on 9/30/22, documenting LHH's $27.5 million budget deficit caused mostly by the loss of $23.9 million in Medi-Cal revenue due to the *Denial of Payment for New Admissions* (DPNA) when CMS halted new admissions to LHH on 1/14/22. The *First Quarter Revenue* report has been presented and postponed twice by the Health Commission's Finance and Planning Committee, and shouldn't have been postponed from the

full Commission's 1/3/23 meeting. An additional $2.2 million in unbudgeted expenses incurred for recertification efforts was lost in Q4 FY 2021–22 ending 6/30/22. That totals $29.7 million lost. Where's the *Second Quarter Revenue and Expenditure* report that ended on 12/31/22? When will it be presented and discussed at a full Health Commission meeting? How much additional Medi-Cal revenue has LHH lost during the *Second Quarter* due to DPNA and additional unbudgeted recertification expenses?

Commissioner Comments:
Commissioner Chow noted that the Jail Health Services slide incorrectly shows a negative balance when it should show a surplus. Ms. Louie stated that she would correct the slide.

8) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 3, 2023.

Public Comment:
Patrick Monette Shaw made verbal comments and submitted the following summary:

The 1/3/23 Commission minutes report Commissioner Chow thanked Director of Public Health Colfax for presenting an "*LHH Recertification Strategy Update*" workflow organizational chart. The minutes report Chow is pleased seeing infrastructure is in place to address all the complex processes underway to achieve recertification. Notably, neither Chow nor the other four Commissioners present on 1/3/23 bothered to ask why Colfax's "*Recertification Strategy*" is being presented fully eight months after the three consultants were hired to rescue LHH last May. Shouldn't this strategy have been worked out at the time the consultants were hired?

As well, neither Chow nor the other four commissioners bothered asking about the "Capital Projects" at LHH needed for recertification. Notably, LHH acting-CEO Pickens asserted today "Capital Projects" will help achieve more successful facility inspection surveys and help obtain recertification. This Commission should release the list of LHH Capital Projects underway or planned you've presumably seen, immediately.

Commissioner Comments:
Commissioner Chow noted that the MPX data were from November 5, 2022. Director Colfax noted that there was an error on the original slide. Mr. Morewitz stated that he will update the minutes with the correct MPX data.

Action Taken: The Health Commission unanimously approved the January 3, 2023 meeting minutes.

9) DIRECTOR'S REPORT
Grant Colfax MD, DPH, Director of Health, presented the item.

SF CITY OPTION UPDATE
DPH, through its third-party vendor, the San Francisco Health Plan (SFHP), is in the process of notifying 400,000 employees and 4,000 employers of a new City policy regarding the unused funds in the San Francisco City Option (SF City Option) program.

Last year, the Health Commission passed a new policy in compliance with state law to address the compounding inactive program funds since the program inception. The new policy, which is governed by the California Government Code Sections 50050 et seq., is to permanently close any SF Medical Reimbursement Account (MRA) that has been inactive for three consecutive years. Any account that has not been activated by March 2026 is subject to be permanently closed and funds within will be absorbed into the City's General Fund.

SF City Option was created under the Health Care Security Ordinance (HCSO) in 2008. Employers can choose to comply with the HCSO through SF City Option. The program provides an MRA account for the workers of the participating employers. Employees can access the funds in MRAs by completing registration and then submitting receipts for a wide range of health and wellness expenses for themselves and their families. The funds never expire if the account is kept active.

The City has never permanently closed any accounts since the program began in 2008 and over time, unused funds have accumulated in employee accounts. It is City's goal is to encourage people to open their MRA account and use the funds and make them aware that SFHP will start tracking activity on MRAs beginning March 1, 2023. Starting in April 2026, any account that is found to be inactive for three consecutive years will be permanently closed.

Prior to launching the mass notification effort to 400,000 employees and 4,000 employers, DPH conducted outreach to City and community partners to make them aware of the new policy and prepare them for questions from SFHP stakeholders. SFHP will also be posting FAQs for employees and employers on the SF City Option website.

CHINATOWN PUBLIC HEALTH CENTER SEISMIC UPGRADE AND MODERNIZATION PROJECT

The Chinatown Public Health Center is in the planning phase of a major seismic upgrade and modernization project. The DPH Capital Team is currently working with Public Works, the Arts Commission and others to educate the community about the project. The project includes a full seismic upgrade for earthquake safety, a full remodel of interior spaces that will increase the number of exam and consultation rooms, expand capacity of the Dental Clinic, make the health center more accessible for people with disabilities, and improve air quality and ventilation. The second in a series of community meetings is scheduled for Thursday, February 9, 2023 at 4:30 p.m. at the San Francisco Public Library Community Room. DPH has recently rebuilt or renovated several neighborhood health clinics, including the Southeast Family Health Center, the Maxine Hall Health Center, the Mission Castro Health Center and the Maria X Martinez Health Resource Center.

ENVIRONMENTAL HEALTH BRANCH SUPPORTS ROLLOUT OF SB 972

California Senate Bill 972 (SB 972) amends the California Retail Food Code (CRFC) by establishing a new Chapter in the CRFC titled "Compact Mobile Food Operations." This new sidewalk food vending category will extend an opportunity to vendors who aspire to obtain a health permit and who can demonstrate that they meet basic fundamental food safety requirements. DPH Environmental Health Branch staff have been working with community stakeholders around cart construction standards and safe food handling requirements. It is DPH's aim that this proactive and community-based approach will create a new and innovative pathway for food vendors to operate successfully in San Francisco.

IPM ACHIEVEMENT AWARD

Each year the Department of Pesticide Regulation (DPR) honors California organizations for their integrated pest management (IPM) achievements. The IPM Achievement Award Program recognizes organizations that use IPM to address the diverse pest management needs throughout California and recognize individuals and organizations that are leaders in the use of safe, sustainable, reduced-risk pest management methods.

Last June, Phil Calhoun, an Industrial Hygienist in DPH Environmental Health Branch's (EHB) Pesticide Use Enforcement program, nominated the SF Giants and their IPM manager, Greg Elliott, for the effective and well-designed IPM program they developed for Oracle Park. Phil is a DPH staffer who has worked closely with the Giants and provided assistance in creating their program. The Giants' receipt of the 2022 IPM Achievement Award is a reflection of Phil and EHB's hard work and collaboration with the San Francisco business

community. Congratulations to Phil and the SF Giants on the Integrated Pesticide Management Achievement Award.

MPX UPDATE

LOCATION	TOTAL CASES AS OF 1/4/23 (probable and confirmed)
San Francisco	843
California	5,697
U.S.	29,980
Worldwide	84,538

COVID-19 UPDATE

As of January 8:

- San Francisco's 7-day rolling average of new COVID cases per day is 118 and 86 people are hospitalized, including 16 in the ICU.
- Eighty-six percent of all SF residents have been vaccinated and 64% have received booster dose(s).

DPH in the News

Public Comment:
Patrick Monette Shaw made verbal comments and submitted the following summary:

> It's troubling Dr. Colfax's written report is pathetically three pages long. Colfax mentioned nothing about CDPH's progress extending LHH's temporary pause on discharges beyond February 2, the date mandatory forced discharges are to resume, per paragraph 7 on page 8 of the LHH Settlement Agreement. Those discharges are now just 16 days away from today, January 17. It's irresponsible of LHH managers, starting with acting-CEO Roland Pickens — along with this Health Commission — that it has taken so long to ask the City Attorney's Office (CAO) to submit a letter to CDPH requesting an extension beyond the artificial February 2 date. It's facially absurd Pickens hadn't requested the CAO to write and submit this request long before now. Waiting so long to ask the CAO for help is like asking hostage takers — CMS and CDPH — to wait before shooting their hostages: LHH's residents facing imminent and mandatory forced discharges.

Commissioner Comments:
Commissioner Green noted that a recent New England Journal of Medicine article implied that young healthy people should not get bivalent vaccine-because the current COVID variants have an ability to bypass the protection of this vaccine. She asked if there is any guidance from the DPH on this issue. Dr. Susan Philip, San Francisco Health Officer and Director of Population Health, stated that we know the vaccine decreases risk of hospitalization and long COVID-19, which is now being studied more thoroughly. San Francisco is focusing on its older population; the DPH continues to follow Center for Disease Control and FDA Advisory Committee guidance.

Commissioner Chow is grateful the renovation of the Chinatown Health Center is moving forward, noting this project has been in the planning stages for a long time. He hopes that community meetings to gather input will be held in Chinatown and neighborhood Chinese communities.

Commissioner Chung noted that there is a new COVID variant, which seems to respond to vaccines. She appreciates all the hard work by DPH staff to reach the high vaccination rate we have in San Francisco.

10) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

This item was deferred due to the length of the full Health Commission meeting.

11) OTHER BUSINESS:

This item was not discussed.

12) ADJOURNMENT

The meeting was adjourned at 7:10pm.