

**Dan Bernal**  
President  
**Laurie Green, M.D.**  
Vice President  
**Edward A. Chow, M.D.**  
Commissioner  
**Susan Belinda Christian, J.D.**  
Commissioner  
**Cecilia Chung**  
Commissioner  
**Suzanne Giraud ED.D**  
Commissioner  
**Tessie M. Guillermo**  
Commissioner

**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

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**MINUTES**  
**HEALTH COMMISSION MEETING**  
**Tuesday July 18, 2023 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 Susan Belinda Christian, J.D.  
Commissioner Cecilia Chung  
Commissioner Suzanne Giraud, Ph.D  
Commissioner Tessie Guillermo

The meeting was called to order at 4:02pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 20, 2023.**

**Public Comment:**

Patrick Monette Shaw made verbal comments and submitted the following summary regarding the June 20, 2023 minutes:

The June 20 minutes noted that both Commissioners Chow and Green requested an updated LHH organization chart. Although Mr. Morewitz provided me with a copy of the updated chart, he noted that Commissioner Chow wanted it revised again because the fonts are again too small. That's due, in part, to it being prepared again on tabloid-size (11" x 17") paper. The minutes reported Chow is concerned about the recertification timeline vs-a-vis the looming September 19 date on when CMS/CDPH expect discharges from LHH will resume, which is now just 60 days from today, 7/18/2023. The minutes report Mr. Pickens said an "LHH Sustainability Plan" would be presented to this Commission "in the near future." I think Pickens told the LHH-JCC meeting the same thing about a formal "Sustainability Plan." Why hasn't that Plan been presented in open session and as a public record yet? What's the delay in presenting it?

**Action Taken:** The Health Commission unanimously approved the June 20, 2023 meeting minutes.

### 3) GENERAL PUBLIC COMMENT

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

As general Public Comment about this Commission's jurisdiction on matters not on today's agenda, it's been painfully clear for a long time this Commission all too often acts as a rubber stamp for the Director of Public Health and whatever they or the Mayor want implemented as policies. Rarely do you ask relevant questions, or proactively address major issues. One such issue is the absolute dearth of various types of treatment beds in a whole host of various types of facilities. The severe shortage of SNF beds in San Francisco is the worst example, and the lack of Commissioner involvement suggests your "let-them-eat-cake" nonchalant mindset, essentially whitewashing the problem. Mr. Pickens keeps citing incorrect statistics from the 2016 "Post-Acute Care Challenge" study claiming San Francisco would be 700 SNF beds short. That shortage is more on the order of 1,700 beds or worse, yet this Commission hasn't taken any action

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

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

The Centers for Medicare and Medicaid Services (CMS) terminated LHH's participation in the Medicare

#### Public Comment:

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

The agenda mistakenly cites Pickens as LHH's "Acting CEO," insulting to Sandra Simon, LHH's new CEO. Michaela Varisto distributed the QIE's "Monitoring Report #6" the other day to LHH's "stakeholders" e-mail list. That report noted a 126-page CDPH Form 2567 "Survey" report for inspections conducted between March 13 and 17, on April 4, and on April 19 had uncovered another 10 F-Tag deficiencies, including two "G" citations — "Isolated Actual Harm" — substandard care to LHH's residents. Will those two "Actual Harm" citations affect being able to submit LHH's recertification application? Report #6 also reported that "Root Cause Analysis" reports #5 and #6, along with additional "Action Plan" milestones, were submitted to CMS on July 12, 2023. When will Ms. Varisto release both RCA #5 and RCA #6 publicly with the new "milestones"? The Gantt chart (page 7) should list a date-certain date when LHH's recertification application will be submitted to CMS.

Dr. Teresa Palmer stated that time is growing short. She is not happy about the closure plan, which is due on July 31<sup>st</sup>. She asked if current recertification efforts will make the closure plan not necessary. She wants to know how the LHH recertification application timeline will relate to the September 19 date CMS has given for LHH to restart mandatory patient discharges, which will result in deaths. She added that LHH is much better than corporate run nursing homes.

#### Commissioner Comments:

Commissioner Chow asked if Mr. Pickens sees a difference between the first full LHH survey and the last survey, in terms of volume of milestones. He asked for an update on the recertification timeline and closure plan. Mr. Pickens stated that the first survey yielded 126 findings and the most recent survey yielded 33 findings. Some of the findings from the most recent survey included topics that LHH has already been working on, such as individualized care plans. Only 25 resident care plans had been vetted by the consultants prior to the first survey and last week, 440 had been certified by the consultants as meeting the necessary criteria. LHH is expected to have all resident care plans reviewed and certified by the end of July. He noted that LHH is currently waiting for CMS to respond to its RCA and draft action plan, in order to take next steps towards recertification. He noted that CMS directed CDPH earlier this year to develop, without DPH or LHH input, a LHH closure plan.

Commissioner Guillermo asked for an update on the hiring process for key LHH leaders. Mr. Pickens stated that LHH strives to hire applicants with the technical skills and qualities to help create meaningful culture changes at LHH. He does not foresee any external circumstances to delay the hiring process for remaining LHH leadership positions. He noted that LHH is partnering with all parts of the DPH to remove any existing barriers for these hiring processes. The only possible issue could be a secondary employment situation for a medical director candidate.

Commissioner Green noted that the last time LHH was mandated by CMS to discharge residents, LHH was making hundreds of calls a day, and there were simply no skilled nursing beds available in California. She asked if Mr. Pickens thinks that CMS will expect the state to make new beds available if they mandate LHH begin discharging residents after September 19. Mr. Pickens stated that if the LHH closure is necessary, he hopes the state will refer to the original LHH closure plan which indicated it will take 18 months to appropriately implement. He added that he cannot imagine that the state will have extra skilled nursing facility beds to offer in this scenario.

Commissioner Bernal reminded the Commissioners that when CMS mandated that LHH begin discharging residents, LHH staff were making hundreds of daily inquiries across the state, to find available skilled nursing facility beds. The result was that very few beds were found.

## **5) DIRECTOR'S REPORT**

Grant Colfax MD, DPH, Director of Health, presented the item.

### **HOURS EXPANDED AT DPH BEHAVIORAL ACCESS CENTER**

The Behavioral Health Access Center (BHAC) has added operating hours on weekends to make mental health care and substance use treatment more accessible in San Francisco. This weekend-hours expansion comes on the heels of expanded evening hours, which began last year.

Operated by DPH, BHAC serves individuals who walk in or are referred into City-funded mental health and substance use treatment programs and services. Staff at the Center can assess and authorize placement into different levels of care, depending on a person's need, including outpatient and intensive outpatient treatment, medication-assisted treatment, residential treatment, crisis stabilization, and other mental health and substance use services.

Located in the South of Market neighborhood at 1380 Howard St., BHAC is co-located with the DPH Behavioral Health Services (BHS) Pharmacy, which added weekend hours last year, and the Office-Based Buprenorphine Induction Clinic (OBIC). Expanding hours at BHAC and BHS Pharmacy are among the multiple strategies that the City has implemented to reduce barriers to substance use treatment and prevent overdoses.

The increased access to BHAC and BHS Pharmacy is also part of Mayor Breed's strategy to address public drug use on the streets of San Francisco. Under the Mayor's initiative to disrupt drug markets, people who want treatment will be served at BHAC. Additionally, the multi-department street care and response teams can link people to services via BHAC. BHAC also serves individuals referred for substance use and mental health treatment from the criminal justice system, hospitals, community nonprofits, and DPH clinics.

Anyone seeking care for substance use disorders can walk in or be referred to BHAC. DPH also operates the Behavioral Health Access Line (888-246-3333) to help people identify treatment and care options 24 hours a day, seven days per week.

As of July 1, BHAC is open Monday through Friday, from 8 a.m. to 7 p.m., and on Saturdays and Sundays from 9 a.m. to 4 p.m. The BHS Pharmacy is open Monday through Friday from 9

a.m. to 6 p.m., and on weekends from 9 a.m. to 4 p.m. OBIC is open Monday through Friday from 8:30 a.m. to 6:30 p.m., except from noon to 1 p.m. and on Wednesdays when it closes at 5 p.m.

BHAC can support people with opioid use disorder by linking them to prompt buprenorphine or methadone treatment. Methadone and buprenorphine are the two most effective medications for opioid use disorder and reduce the risk of mortality by approximately 50%.

In addition to connecting people to outpatient and residential mental health and substance use programs, BHAC staff conducts needs assessments, helps visitors enroll in Medi-Cal, and distributes life-saving supplies like naloxone, a life-saving medication that can reverse an overdose from opioids.

### **DPH AWARDED MULTI-YEAR STATE GRANT TO FUND HOUSING FOR PEOPLE EXPERIENCING HOMELESSNESS WITH SERIOUS BEHAVIORAL HEALTH NEEDS**

DPH and the Department of Homelessness and Supportive Housing have been awarded a \$32 million state grant to be received over the next four years to provide housing and services for San Franciscans who are experiencing homelessness and serious behavioral health conditions.

The Behavioral Health Bridge Housing (BHBH) state grant intends to address the immediate and long-term housing needs of Californians experiencing homelessness who also have serious behavioral health conditions, including serious mental illness and substance use disorders, that prevent them from accessing help and moving out of homelessness. Participants in the Community Assistance, Recovery, and Empowerment (CARE) Act program will be prioritized for bridge housing support.

DPH, along with Homelessness and Supportive Housing (HSH) will collaborate to use BHBH funding to expand and develop bridge housing consisting of transitional and supportive living programs with a goal to connect individuals to long-term housing stability. In fiscal year 2023-24, the City will receive \$6.2 million, to be followed by \$8.4 million the next fiscal year. A total of \$8.6 million will go to San Francisco in fiscal year 2025-26, and the amount will rise to \$8.9 million in fiscal year 2026-27.

The grant will support multiple types of housing, such as mid- to short-term housing, emergency stabilization units, shelter beds, women's transitional housing, and assisted living beds. The funding will also allow DPH to provide additional housing navigation and support services for housing stability, retention, and wellness.

In San Francisco, 5,000 people experiencing homelessness are receiving behavioral health care from DPH each year. DPH provides behavioral health care for more than 25,000 people annually through primary care. Another 15,000 people receive services each year in DPH specialized behavioral health programs.

### **DPH AND SHERIFF'S OFFICE RECEIVED MAJOR GRANT TO ENSURE MEDI-CAL COVERAGE FOR NEWLY RELEASED INCARCERATED PEOPLE**

DPH and the San Francisco Sheriff's Office (SFSO) announced the receipt of a \$660,000 collaborative grant from the California Department of Health Care Services (DHCS) to provide greater support to plan, implement, and improve insurance support to prevent lapses in Medi-Cal coverage for those persons newly released from San Francisco County Jail.

This funding, provided under the California Advancing and Innovating Medi-Cal (CalAIM) initiative, will allow for program enhancement to ensure the continuity of healthcare coverage for those re-entering the community through pre-release Medi-Cal enrollment, providing key services in the 90 days prior to release.

CalAIM is a five-year statewide initiative to transform California's Medi-Cal program by improving quality outcomes. Through collaborative planning, DPH and SFSO will design, modify, and launch new processes to

provide more streamlined access to care, which includes eliminating the bureaucratic red tape that many incarcerated people experience when it comes to securing health insurance upon release.

CalAIM's mission to transform Medi-Cal requires the investment and sustained commitment of a broad network of health partners, including plans, providers, and community-based organizations. CalAIM is improving Medi-Cal for more than 14 million Californians. By funding partners with a particular focus on those who have been historically under-resourced, Cal-AIM's Providing Access and Transforming Health Initiative (PATH) will help California advance health equity and address social drivers of health.

### **SAN FRANCISCO PUBLIC SAFETY INITIATIVE TO DISRUPT OPEN AIR DRUG MARKETS SEIZING FENTANYL AT RECORD LEVELS**

Mayor London Breed announced progress from the City's multiagency initiative to address open-air drug markets made up of local, state, and federal public safety partners focused on a more coordinated enforcement and disruption of illegal activities.

As part of this work, SFPD has focused enforcement in the Tenderloin and South of Market Area, where officers have seized over 60 kilos of fentanyl year to date, amounting to over 30 million lethal doses of the deadly drug. This is an increase of 160% over the same time period last year, and more than 640% seized year over year since 2021.

Additionally, 28% of those cited for public drug use under new enforcement efforts have had existing warrants for other crimes and are now being charged under those warrants. Only 8% cited for public drug use identified as San Francisco residents.

This effort is part of Mayor Breed's commitment to enforcing laws to make our streets safer for residents, small businesses, and workers, to offering help to people in crisis. This initiative is focused on addressing drug markets in three key areas: open drug sales, public drug use, and fencing of stolen goods in drug market areas.

#### *Coordinated Response to Fentanyl*

A coordinated City initiative to address open-air drug markets led by the Department of Emergency Management (DEM) began ramping up in April. Starting June 12, this effort expanded to include more city agencies, including DPH, as well as regional and state partners, and is focused on enforcing existing laws, as well as continuing street outreach and offers of services to those in need of care.

#### *Open Drug Sales*

In the first six months of 2023, SFPD has focused enforcement efforts in the Tenderloin and South of Market areas. This work has yielded in these areas:

- 390 arrests for sale
- 61 kilograms of fentanyl seized
- 95 kilograms of narcotics seized

The CHP announced the seizure of 4 kilograms of fentanyl since May 1 when the State announced its plans to direct resources to San Francisco to support efforts targeting open-air drug markets. The California National Guard has been deployed to provide investigative support for dismantling drug rings.

Speaker Emerita Nancy Pelosi has also announced that San Francisco will be included in Operation Overdrive, a federal initiative under the Department of Justice that deploys federal law enforcement resources to help local and state authorities identify and dismantle criminal drug networks. These partnerships play a critical role to develop long-term, sustainable strategies to maintain clearance from drug sales.

### Public Drug Use

SFPD and SFSO have launched a new coordinated effort to arrest and detain those who pose a danger to themselves and to others through their public drug use. Between May 30 and June 18, this team of officers trained to identify narcotics use completed 58 total encounters, resulting in 5 medical transports to local hospitals, 11 misdemeanor citations, and 42 misdemeanor bookings into county jail for temporary detention due to narcotics intoxication.

None of those detained under public intoxication laws accepted services for treatment offered to them upon release. Anyone detained in San Francisco's jails are supported by DPH Jail Health Services, and offered access to voluntary services upon release. Additionally, City health and homelessness outreach teams will continue routine daily outreach to offer services and treatment linkages in targeted neighborhoods.

### Next Steps

As part of the City's efforts to streamline and coordinate efforts, regular data updates on key metrics around these efforts will be shared publicly as they become available. The Mayor's Budget, which is currently before the Board of Supervisors, provides key funding to continue this work, as well as broader support for law enforcement and public health needs.

### **SF EXPANDS 5150 TRAINING TO HELP PEOPLE IN CRISIS RECEIVE CARE**

Mayor London N. Breed announced a new program that will expand training to community paramedics as part of a Citywide effort to help people experiencing behavioral health crises on our streets.

San Francisco Fire Department (SFFD) community paramedics that respond to people in crisis on the streets are being trained by DPH to initiate 72-hour involuntary psychiatric hospitalization holds to better serve people experiencing mental health emergencies in San Francisco. Colloquially, these 72-hour hospitalizations are known as "5150 holds" or "5150s." Currently, only captain-level community paramedics are authorized to place involuntary mental health holds.

DPH began training SFFD non-captain level community paramedics to initiate 5150s last month. Additional rounds of training will occur every four months, as needed. After trained paramedics pass the training and test, Dr. Hillary Kunins, DPH Director of Behavioral Health and Mental Health SF, will authorize 5150 application powers.

The San Francisco Health Code was updated effective September 2021 to expand designation for initiating 5150 WIC holds to SFFD paramedics. The newly trained paramedics may begin placing holds on Monday, July 10, granted all requirements are met.

To date, 55 active community paramedics and community paramedic captains have successfully completed the training; 23 are part of this expansion.

SFFD community paramedics on the Street Crisis Response Team respond to 911 calls for individuals experiencing a behavioral health crisis. Local legislation provides authority for paramedics and community paramedics to receive the specific behavioral health training and authorization like other mental health providers to initiate 5150 holds so that individuals can receive the appropriate assessment in a hospital setting.

Community paramedics have six weeks of additional training that includes practicing trauma informed care, de-escalation techniques, resource navigation, and recognizing social determinants of health.

## **DPH ACCEPTING GRANT APPLICATIONS FOR COMMUNITY PARTNERSHIPS TO REDUCE OVERDOSE DEATH DISPARITIES**

DPH announced that it will partner with community-based organizations to reduce overdose death disparities.

SFDPH is seeking grantees embedded in the San Francisco Black/African American community to provide overdose prevention outreach, engagement, and education to Black/African American individuals. Black/African Americans in San Francisco experience fatal overdoses at five times the city-wide average.

This community partnership funding is in alignment with the DPH Overdose Prevention Plan strategic goal to reduce racial disparities in fatal overdose among Black/African Americans by 30% by 2025.

The request for grant applications (RFGA) is open July 12, 2023, to 12:00pm August 7, 2023. DPH supports services to all populations and ethnicities in San Francisco with a focused expertise to address the unique cultural needs of Black/African American residents of the City and County of San Francisco who do not already receive services through DPH.

Funding will expand capacity of local community-based organizations to prevent and lessen harmful health outcomes associated with substance use, and to reduce overdose death disparities through original and innovative approaches.

Applicants may apply to:

- **Program 1: Substance Use and Overdose Community Presentations**

Substance Use and Overdose Community Presentations are made by community members. Presentations should raise awareness and capacity around substance use and overdose prevention, including how to access the continuum of substance use services.

- **Program 2: Outreach to Targeted Impacted Communities**

Outreach performed by community members towards individuals within the priority population to raise awareness on the possible negative health outcomes associated with substance use, including overdose prevention.

- **Program 3: Additional Program Services**

To apply for Program 3, applicants must apply to Program 1 or Program 2. Applicants can not apply to Program 3 as a standalone program. The City will engage with the selected applicant to negotiate a scope of work.

To receive a full copy of this RFGA, visit: <https://sfcitypartner.sfgov.org/pages/Events-BS3/event-search.aspx> and search for "SFGOV-0000007926" or contact: Cindy Rivas, SFDPH Office of Contracts Management & Compliance – Pre-Award Unit [Cindy.Rivas@sfdph.org](mailto:Cindy.Rivas@sfdph.org)

*Applications are due on or before 12:00pm August 7, 2023.*

### **DR. DAVID SANCHEZ WAY STREET DEDICATION AT ZSFG**

On Thursday, July 13, DPH dedicated a street in honor and memory of Dr. David Sanchez at Zuckerberg San Francisco General (ZSFG). Family, friends, colleagues and the community joined in the festivities in recognition of Dr. Sanchez's inspiring commitment and contributions to the community. He was a beloved advocate and leader in San Francisco and served on the Health Commission for 22 years and connected ZSFG to the community through the development of significant programs for children and families and his work with the Latino community. After his 36-year tenure with DPH, he retired in 2005 and passed away peacefully in

December 2020. Now, with "Dr. David Sanchez Way" officially on the ZSFG campus, his legacy will live on as we continue to improve health equity through the care we provide to all our patients and to the community.

### **MOVES INTO UCSF'S NEW RESEARCH AND ACADEMIC BUILDING, PRIDE HALL, BEGIN**

In June, UCSF research, academic, and administrative programs began to move into UCSF Pride Hall on the ZSFG campus. This new, state of the art facility is located on the southeast corner of the campus, facing 23<sup>rd</sup> Street, near San Bruno Avenue. With the support of the San Francisco Health Commission, the San Francisco Board of Supervisors unanimously approved the ground lease for this project in 2017 and construction began in 2020. With the opening of Pride Hall, the UCSF community of researchers and academics who are based at ZSFG will be better positioned to conduct transformative research and other academic endeavors which are intended to improve health outcomes. Our 150-year partnership with UCSF is essential for the clinical, research, and medical advancement we offer to better serve our community. More than 200 members of the UCSF research and academic community at ZSFG contributed guidance, recommendations and ideas, influencing building program and design modifications, guiding principles and move preparation.

### **NEW COMMEMORATIVE HEART INSTALLED AT ZSFG**

ZSFG is excited to add another commemorative heart to the campus. The San Francisco General Hospital Foundations' Hearts in San Francisco project debuted in 2004 creating hearts by local Bay Area artists, that are displayed throughout San Francisco for the public to enjoy. They are auctioned by the Foundation to support ZSFG. The new commemorative heart at ZSFG was commissioned by local artist Sirron Norris and it celebrates 150 years of providing care to the community. It is currently on display at ZSFG Building 25 on the mezzanine.

### **DPH ENVIRONMENTAL HEALTH PARTICIPATES IN BAYVIEW CHILDREN'S DAY**

The Environmental Health Branch's (EHB) Children's Environmental Health Promotion Program and the Healthy Housing Program participated in the Wu Yee's Bayview Children's Day event July 8<sup>th</sup>. The event was held at the Southeast Community Center and was a great opportunity for EHB to do outreach to families with children under 6 years old. Staff provided information regarding the EHB home inspection services around healthy housing issues, including child lead poisoning prevention.

In San Francisco, the main source of lead exposure comes from the lead-based paint in homes. This community event was an important opportunity to share with Bayview residents about the Fix Lead SF program. Fix Lead SF is funded through a settlement with the lead paint manufacturers and San Francisco is receiving \$21 million to remove lead from homes. This funding is primarily being used to replace high friction sources of lead dust in homes like old doors and windows. The Bayview is one of the areas being prioritized by the Fix Lead SF program. The Wu Yee's Bayview Children's Day event allowed DPH another outlet for informing residents about the program and their potential to qualify to have lead hazards removed from their home at no/low cost.

The EHB staff participating in the outreach event were Celina Ayala, Environmental Health Technician, Cynthia Melgoza, Assistant Health Educator and Karen Yu, Senior Environmental Health Inspector. We thank them for their outreach efforts!

### **COVID-19 UPDATE**

As of 7/13:

- San Francisco's 7-day rolling average of new COVID cases per day is 27.\*
- Eighty-six percent of all SF residents have been vaccinated and 65% have received booster dose(s). Forty-one percent of residents have received a bivalent booster.



\*We are temporarily pausing the distribution of hospitalization data while CDPH makes updates to the hospitalization data reporting stream. We plan to re-integrate this data once system updates are complete.

## DPH in the News

### Public Comment:

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

Over the past year, it's been disappointing not hearing in Dr. Colfax's "Director's Reports" anything about SFDPH's plans to add beds and facility capacity. Colfax hasn't addressed SFDPH's plans to build out the shortage of a whole host of different types of facilities to provide health services to various vulnerable San Franciscans. For instance, although the Health Commission has received data about the lack of enough sub-acute care beds in county — due in part to the 2017 closure of St. Luke's Hospital's sub-acute SNF unit and temporary opening of sub-acute SNF beds at Davies Hospital — neither Dr. Colfax in his bi-monthly Director's Reports, nor the Health Commission, have discussed plans to add bed capacity for any level of services. Clearly, the City has a shortage of inpatient acute, Sub-acute SNF, mental health, gero-Psych, and Board-and-Care beds. We can't raid LHH's SNF beds hoping to rapidly scale up mental health beds.

Dr. Janice Cohen asked if the program that DPH paid \$350k to Ken mMnkoff to integrate substance use disorder and mental health services has been achieved. Is there appropriate staff to do this triage, instead of following the Flow Plan? What are we doing to make sure that people are getting screen and diagnosed and sent to appropriate place such as substance treatment services, instead of LHH? Are we going to have specific psychiatrists at access levels to make sure we are not sending people to inappropriate services?

### Commissioner Comments:

Regarding the multi-year state grant to fund housing for people experiencing homelessness with serious behavioral health needs, Commissioner Chow asked how many bridge housing slots will be added; he also asked how many housing beds exist for this population. Dr. Bobba stated that she will have to check with Behavioral Health Services and the Department for Homeless and Supportive Housing to get the requested information.

Commissioner Chow requested that the Health Commission receive status updates on the city work to address open-drug markets. Dr. Bobba stated that this initiative is led by the San Francisco Police Department and Department of Emergency Management, not the DPH.

Commissioner Chow noted that COVID-19 hospitalization data continues to state its data is pending; however, the state database seems to show some county-level hospitalization data. Dr. Susan Philip, San Francisco Health Officer and Director of the Population Health Division, stated that she will check with the team that is tracking this data to better understand the situation.

Commissioner Christian stated that it seems that participants in the Care Courts have priority in regard to available housing slots. She asked what if others with serious behavioral health issues need this type of housing. She specified that she is particularly curious about the current fiscal year, since the Care Court has not yet begun. Dr. Bobba stated that she will check on this information and will send it through Mr. Morewitz.

Commissioner Bernal noted that Dr. David J. Sanchez Way dedication was a wonderful event and a great way to honor the former Health Commissioner.

Commissioner Bernal asked if the DPH has had to turn anyone away from the Behavioral Health Access Center because of lack of resources. Dr. Bobba stated that the center strives to provide referrals and linkages to other resources, including medical services and mental health and substance use beds.

Commissioner Bernal noted that it is his understanding that the DPH role in the city effort to disrupt open-drug markets, is to provide medical and behavioral health services, through Jail Health Services, for those incarcerated for buys illicit substances; Jail Health Services also provides linkage and referrals to treatment services upon release.

Commissioner Bernal noted that several DPH leaders published a study of the San Francisco COVID-19 response. He requested copies of the study for the Commissioners.

## **6) SAN FRANCISCO EMS AGENCY UPDATE**

Andrew Holcomb, EMS Agency Director and John Brown MD, EMS Agency Medical Director, presented the item.

### Commissioner Comments:

Commissioner Giruado thanked the presenters for their presentation.

Commissioner Green suggested that the EMS team reach out to nursing unions and hospital staff to increase participation in the PulsePoint App. Mr. Holcomb stated that the EMS website was updated to include community CPR training information and noted the team conducts community outreach as much as possible. He thanked her for the suggestions for additional community outreach.

Commissioner Green noted that during the pandemic, the Hospital Council worked so well together and asked if the same can be true for dealing with diversion; she noted that it seems each hospital is doing its own thing. Mr. Holcomb stated that they collaborate with hospital executives who provide daily data, which is key. He noted that each hospital has different data systems, staffing patterns, and volumes of patients from certain neighborhoods. The EMS staff implement efficiencies wherever possible. He added that the Controller's Office review and analysis is very welcomed.

Commissioner Guillermo asked for an explanation of the BLS program. Mr. Holcomb stated that the program has added ambulances during known high volume times. This enables critical emergency calls to be handled efficiently by the ALS system.

Commissioner Guillermo noted that special events in San Francisco are drawing larger crowds so the need for the BLS system is great. She is interested in future presentations to the Health Commission include BLS data on different types of experiences including average days and special events.

Commissioner Guillermo asked how the City can expand its trauma response capacity, noting that trauma service reimbursement does not cover the costs of these services. Dr. Brown stated that there are several paths to expanding San Francisco's trauma response capacity: another facility becoming a trauma 3 center to handle lower acuity trauma cases; development of a pediatric trauma facility that could also serve adults in an emergency; and community facility designated as a back-up trauma center.

Commissioner Chow requested that the Controller's analysis of EMS data be shared with the Health Commission when it is completed.

Commissioner Chow asked if any local hospitals have air capacity. Dr. Brown stated that the UCSF Mission campus and VA hospital have this capacity.

Commissioner Chow asked for 911 response time data. Mr. Holcomb stated that for emergency responses, the average time is 10 minutes; for non-emergency responses, the average time is 20 minutes.

Commissioner Chow asked the national average response time rates. Dr. Brown stated that national best practices for urban areas in California are 8-10 minutes response times for emergency incidents. He noted Seattle response times are approximately 10% lower than San Francisco's rates; in the past Seattle's response times were 30% lower than San Francisco, so there is an improvement.

#### **7) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE**

Commissioner Giraud, Chair, stated that committee members discussed revisions to two Health Codes. The proposed revisions to the Health Code 31 are primarily administrative and the committee is in favor of approving them. However, the committee has requested that the DPH address community concerns about the Bayview site environmental data as it relates to the health of the neighborhood residents. She noted that the revisions to Article 38 relate to enhanced ventilation rules and regulations for new construction; these have already been implemented and require no approval.

#### **9) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS**

Commissioner Bernal noted that this item would be taken out of order and discussed prior to item 8, "Consent Calendar."

Commissioner Tessie Guillermo, LHH JCC Chair, stated that at the July 11, 2023 LHH JCC meeting, the Committee reviewed and discussed the Executive Team Report, Hiring and Vacancy Report, and Regulatory Affairs Report, and the LHH Policies, which are on the Consent Calendar at today's meeting. In closed session, the Committee approved the Credentials Report and PIPS Minutes report.

#### **Public Comment:**

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

The July 11 LHH-JCC meeting update Commissioner Guillermo just presented failed mentioning Commissioner Chow continues to invent excuses for running LHH as an acute-care hospital — which HSAG, as the recertification QIE, bravely admitted was central to LHH being decertified. LHH's management team — starting with LHH CEO John Kanaley in 2004, then Hirose, then Phillips, then Pickens — ran LHH as an acute-care hospital, ignoring following CMS' SNF regulations. Chow, and the other six Health Commissioners, all know LHH has only 6 licensed general acute medical beds (0.8% of total beds), plus 5 Acute Rehabilitation physical medicine beds (0.6%) that aren't flexible or accommodating medically-acute patients. LHH's remaining 769 beds (98.6%) are higher reimbursement distinct-part SNF beds that require following CMS' Nursing Facility regulations, not acute-care regulations. This Commission, especially Chow, must stop inventing gaslighting excuses LHH's 11 non-SNF beds justified mismanaging LHH as an acute-care hospital. LHH is primarily a SNF!

Dr. Teresa Palmer noted the discussion or policy 20-01 at the LHH JCC meeting and urged the Health Commission not to approve the policy as it is currently written because it is not an appropriate policy. Her understanding of the policy is that ZSFG patients who are not residents are prioritized for LHH admission before San Francisco residents.

#### **Commissioner Comments:**

Commissioner Green noted that during the July 11, 2023 LHH JCC meeting, she expressed concerned about the admission priorities on policy 20-01, and remains concerned. She stated that since that time, LHH staff have responded to some concerns, but she did not have the response in front of her. Mr. Morewitz read the following from the staff response to Commissioner questions about this policy, "Individuals who are non-SF residents are not accepted for admission due to their out-of-county residency. So all of the 5 priorities are among those who are San Francisco residents. We can modify the bullet c on the priority 3 to state, "San

Francisco residents are accepted to LHH with the following priority guidelines,” to make this clearer. The first priority of individuals referred from the community, primarily from home. Regarding the 3<sup>rd</sup> priority, there are individuals who qualify for SNF-level care but may be stably housed with excellent social supports and a combination of primary/home care that is providing excellent care for a time but would not be sustainable for the caregivers over the long-term. This is an example of individuals who would fall into the 3<sup>rd</sup> priority of persons who are not in a medical facility who are receiving adequate care in their present circumstance.” Commissioner Green requested that the policy not be voted on until further revision is made.

Commissioner Chung stated that the policy articulates that LHH admission is only for San Francisco residents needing skilled nursing and rehabilitation services.

Commissioner Chow stated that further revisions are needed to make the policy less ambiguous, noting that during the LHH JCC meeting, there was discussion about clarifying the priority section of this policy. He supports not voting on the policy during the Consent Calendar and having further review at the next LHH JCC meeting in August.

Commissioner Guillermo noted that the JCC members all noted concern over wording of this policy at the July JCC meeting. She asked if delaying approval of this policy would adversely impact the LHH recertification efforts. Nawz Talai, LHH Chief Quality Officer, stated that delaying approval of policy 20-01 would not adversely impact the LHH recertification efforts.

## **8) CONSENT CALENDAR**

### Public Comment:

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

As I testified to the Health Commission on June 20, and again to the LHH-JCC on July 11, the LHH policies being presented to you today again include Nursing Policy D 1.0, “Nursing Restorative Care.” This is the third time this year it’s been presented for approval. Why does this policy keep requiring additional revisions? Separately, Policy #20-02, LHH’s Admissions Policy, must be removed from today’s Consent Calendar and postponed to a future Commission meeting pending substantial revisions. Commissioners Green and Chow expressed serious reservations during the 7/11/2023 LHH-JCC meeting. Green gave an example of a San Francisco resident hospitalized out-of-county following a car accident occurring in San Mateo, but would have a lower admission priority than somebody who is not a San Franciscan. Chow also questioned the priorities of people who are in “medical facilities” who may need to receive care in a SNF setting at LHH in county.

Dr. Teresa Palmer made verbal comments and submitted the following summary:

Stop pitting the needs of the people of SF for nursing home care against the “flow” at San Francisco General Hospital! SF residents who end up out of county deserve priority to return home for nursing home care where-ever they are. Please redesign these priorities.

Laguna Honda’s mission (and the bond issues and tax money San Franciscans give) is for LHH to serve the people of San Francisco. Why should non-residents of SF have priority for Laguna Honda when SF residents are being transferred away from their city for long term care? People who end up at ZSFGH who are not SF residents should not be allowed to displace San Franciscans who need a bed at LHH. SF residents who were transferred to out of county nursing homes due to these years of mismanagement of LHH must be allowed to return.

Vivian Imperiale, MA submitted the following written public comment for this item:

The institution of the Flow Project -- dictating that only SFGH (Now Zuckerberg) patients could be transferred to Laguna Honda -- changed the dynamics of services. Everyone else was automatically eliminated from consideration for admission. This needs to be revisited in order to serve the pressing

needs of San Franciscans who would benefit from the specialized 24-hour care at LHH. Over two years ago, since LHH was not available to him, the county sent one of my closest friends to a facility so far away that he has not seen a familiar face since then. He lived in San Francisco; he worked in San Francisco. He and others like him deserve to receive services in San Francisco.

Janice E. Cohen MD, former psychiatric attending at the former mental health rehabilitation facility (MERF), resigned because of horrendous conditions and violations there which are strikingly similar to issues at LHH. LHH is threatened with closure because it is being turned into housing for homeless individuals and those with mental health disorders. These problems are the result of the flow plan, a fiscally motivated directive, to discharge ZSFG psychiatric patients as soon as they are decertified by Medicaid. LHH was refusing to admit patients discharged to the MERF against objections by her and MERF staff. As a mental health researcher, she can say that there is evidence that implementation of a mental health recovery system, model of care, and placements driven by fiscal motivations are mutually exclusive.

Action Taken: The Health Commission unanimously voted to remove policy 20-01 from the 7/18/23 Consent Calendar.

Action Taken: The Health Commission unanimously voted to approve the following items:

**1. Request for approval of the following ZSFG-related items, which were recommended for approval by the ZSFG JCC at its June 27, 2023 meeting.**

- A. Discharge Ambulatory Surgery RN Standard Procedures
- B. Management of Benign and Malignant Standard Procedures
- C. Neurosurgery Standard Procedures

**2. Request for approval of the following LHH-related items, which were recommended for approval by the LHH JCC at its June 11, 2023 meeting:**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
A.	Facility-wide	20-01	Admission to Laguna Honda Acute and SNF Services and Relocation between Laguna Honda SNF Units
B.	Facility-wide	22-01	Abuse and Neglect Prevention, Identification, Investigation Protection, Reporting and Response
C.	Facility-wide	73-03	Hazard Communication Program
D.	Facility-wide	73-15	Ergonomics Program
E.	Facility-wide	73-17	Hazardous Energy Control Procedure (Lock-out/Tag out)
F.	Bio-med Engineering	N/A	Acceptance Testing of Devices and Computer Maintenance Management system Equipment Inventory Additions
G.	Bio-med Engineering	N/A	Alternative Resources for Medical Equipment
H.	Bio-med Engineering	N/A	Annual Evaluation of the Effectiveness of the Medical Equipment Management Program
I.	Bio-med Engineering	N/A	Defective Equipment and Device Reporting, Tagging and Removal from Service
J.	Bio-med Engineering	N/A	Hazard Alerts and Recall Notices
K.	Bio-med Engineering	N/A	Medical Equipment Failures, Emergency Repair Services and Emergency Preparedness Management Plan
L.	Bio-med Engineering	N/A	Medical Equipment Management Plan (MEMP)

M.	Bio-med Engineering	N/A	Outside Vendor Assistance
N.	Bio-med Engineering	N/A	Patient Care Areas Definitions
O.	Bio-med Engineering	N/A	PHI Security and Data Sanitation
P.	Bio-med Engineering	N/A	Planned Maintenance and On-Time Completion
Q.	Bio-med Engineering	N/A	Safe Medical Device Act
R.	Nursing	D1.0	Restorative Nursing Care

**10) OTHER BUSINESS:**

Public Comment:

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

As a new item for “Other Business,” this Commission should schedule an urgent Special Meeting of the LHH-JCC before its next scheduled meeting on August 8 and before your 8/1/2023 full Commission meeting to conduct a robust discussion of LHH’s Admission Policy #20-01. As it is, 20 years ago, SFDPH and this complicit Commission contorted LHH’s admission policy to favor and accommodate the “Flow Project” of SFGH patients into LHH. LHH’s decertification was due, in part, to the “Flow Project.” This Commission needs to come out and admit the “Flow Project” led to LHH’s current debacle. You should invite back Dr. Janice Cohen and ask her to finishing presenting her recommendations to fix the admission priority definitions to remove SFGH having second priority for LHH admissions via the “Flow Project.” Previously all hospitals in the City had been able to discharge Medi-Cal patients to LHH to prevent out-of-county patient dumping.

**11) CLOSED SESSION**

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).
- B) Vote on whether to hold a closed session in relation to item 12.D below.

Action Taken: The Health Commission unanimously voted to hold a closed session.

- C) Vote on whether to hold a closed session in relation to item 12.E below regarding pending litigation and to assert the attorney-client privilege in relation to that closed session discussion.

Motion that the Health Commission convene in closed session with the City Attorney for the purpose of conferring with, or receiving advice from, the City Attorney regarding existing litigation to which the City and County of San Francisco is a party and proposed settlements as described below and whether to assert the attorney-client privilege in relation to those matters. Discussion in open session concerning these matters would likely and unavoidably prejudice the position of the City in the pending litigation matters listed below.  
(San Francisco Administrative Code Section 67.10(d); and California Government Code Section 54956.9(d)(3)).

Action Taken: The Health Commission unanimously voted to assert attorney-client privilege in relation to the closed session discussion.

- D) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

**FOR ACTION: CONSIDERATION OF ZSFG CREDENTIALING MATTERS.**

- E) Closed Session Pursuant to San Francisco Administrative Code Section 67.10(d); and California Government Code Section 54956.9(d).

**PROPOSED ACTION: SETTLEMENT OF LITIGATION: Breon Johnson – CITY TO PAY \$100,000; UNIVERSITY OF CALIFORNIA TO PAY \$100,000.**

*BREON JOHNSON, Plaintiff, vs. THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, a California statutory corporation; DR. AMANDA SAMMANN, M.D., an individual; FRANCIS L. VALESTEROS, R.N., an individual; SHARON MORSE, R.N., an individual; THE CITY OF SAN FRANCISCO, a municipal entity; and DOES 1 to 50, inclusive, Defendants.*

(San Francisco Superior Court, Case No. CGC-22-601937) (Action Item)

**RECONVENE IN OPEN SESSION**

1. If Closed Session is complete, discussion and vote to elect whether to disclose any portion of the Closed Session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action item)
  
2. If Closed Session is complete, possible report on action taken in Closed Session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b)).

Action Taken: The Health Commission unanimously voted to not disclose issues discussed in closed session.

**12) ADJOURNMENT**

The meeting was adjourned at 7:18pm.