

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

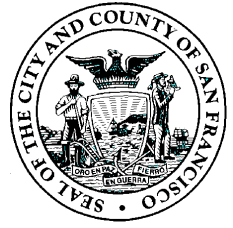
Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraud ED.D
Commissioner

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

**London N. Breed Mayor
Department of Public Health**



Grant Colfax, MD
Director of Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday March 5, 2024 4:00 p.m.

101 Grove Street, Room 300

San Francisco, CA 94102 & via Webex

1) CALL TO ORDER

Present: Commissioner Laurie Green, MD, President
Commissioner Edward A. Chow M.D. (Remote participation)
Commissioner Cecilia Chung
Commissioner Suzanne Giraud, Ph.D

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

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 20, 2024.

Public Comment:

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

These February 20, 2024 meeting minutes don't reflect that on audiotape of that meeting, I had testified expert witness Christopher Cherney's "Declaration" filed in Superior Court Case CPF-20-517064 involving the "Tommy Thompson et al." lawsuit was a damning indictment of this Health Commission's collective abject failures as LHH's "governing body" — ... between 2019 and 2024 involving LHH's patient sexual abuse scandal in 2019. Cherney concluded; "These costs amount to a breach of the LHH Governing Board's fiduciary duty to act in LHH's best financial interest as stated in the bylaws of LHH." San Francisco's Board of Supervisors must act to enact some other independent, oversight of governing LHH, since this Commission has failed to provide actual governance of close to 20 years! I agree with Dr. Palmer: Shame, shame, on each of you as Health Commissioners who have contributed to this decades-long problem at LHH!

Action Taken: The Health Commission unanimously approved the February 20, 2024 meeting minutes.

3) **RESOLUTION HONORING JOHN BROWN, MD, MPA**

Susan Philip, MD, MPH, Health Office, and Director, Population Health Division, introduced the item.

Commissioner Comments:

Commissioner Chung thanked Dr. Brown for his years of service and his informative presentations to the Health Commission; she has learned much from him. She congratulated him on his retirement.

Commissioner Giraudo thanked Dr. Brown for his many contributions to the DPH and the health of San Franciscans.

Commissioner Green is so impressed with the information she found on Dr. Brown by googling his name. She noted that Dr. Brown is humble and understated, but has accomplished so much during his tenure. She wished him well in retirement and added that it sounds like he will continue to be busy contributing to the emergency preparedness around the world.

Commissioner Chow stated that Dr. Brown has been a steady leader in San Francisco's emergency services for decades. He helped the city be prepared for crises such as COVID by developing systems and processes which the city relied on during that time. He gave credit to Dr. Brown for his steady leadership through many shifts in organizational and bureaucratic structures.

Action Taken: The Health Commission unanimously approved the resolution (*See Attachment A*)

4) **GENERAL PUBLIC COMMENT**

Chris Ward stated that there were over 1,300 overdoses last year; 66 in January. Regarding Director Colfax's mention of Y2K, everyone at that time knew the systems were going to talk, they were trying to deal with the man-in-the-middle attacks. The man in the middle can alter outcomes. Although he has no reportable injuries, he was given multiple misdiagnoses to influence him. It is illegal and unconstitutional. It's pretty serious that a system can cause injury if somebody is using it incorrectly and irresponsible. It is an emergency if somebody is collecting information and it's false information and then they use that information against you or they slander to defame you. So this is a pretty serious issue, I was talking about maybe having all the information that I have to streamline into a power point presentation just a high level presentation so you can actually see. But here in San Francisco with 813 overdoses, there is something happening with the man in the middle attack.

Allegra Health Stout voiced concern that masking requirements will be removed in hospitals and jails on April She would like healthcare professionals to continue to be required to wear masks. No one should be exposed to COVID to access healthcare. According to the Director's Report, only 29% of residents are up to date on their vaccinations. Even if healthcare workers are COVID-tested, tests can be wrong. A necessary part of our commitment to equity and diversity is acknowledging that the pandemic is affecting people of color and even people who may not consider themselves at high-risk. It is becoming clear that long covid is a serious risk for all of us.. In addition, requiring healthcare personnel to wear masks protects patients who can't mask. People with severe CPD and other chronic illnesses may not be able to mask so it is important that all personnel in healthcare settings mask.

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

Although all City employees face annual job performance appraisals — including Director Colfax and Mark Morewitz in Commission closed sessions — there's no mechanism in the City to evaluate the performance of individual Commissions, let alone performance of individual Commission members appointed to any given Commission. Clearly, this Commission "whiffed" — as in "whiffed" striking out at bat in baseball. Or "whiffed" by failing to do something you tried to do — failing miserably in "governing" LHH! As the Cherney "Declaration" in the "Tommy Thompson" lawsuit against the City

alleges, this Commission — as LHH’s “governing body” — DIDN’T perform your fiduciary duties protecting LHH. You’ve caused the City almost \$150 million in expenses due to gross mismanagement of LHH, failing for two full years to actually get LHH fully recertified and new patient admissions resumed. The Cherney “Declaration” is clear: You should all be replaced for governing body failures! LHH deserves a better oversight mechanism!

5) PROPOSITION Q HEARING (SECOND OF TWO PLANNED HEARINGS): DIGNITY HEALTH/ST. MARY’S MEDICAL CENTER AND SAINT FRANCIS MEMORIAL HOSPITAL SALE TO UCSF HEALTH

Claire Altman, DPH Senior Health Program Planner; Suresh Gunasekaran, President and CEO of UCSF Health; and Shelby Decosta, President, UCSF Health Affiliates Network, presented the item.

Public Comment:

Dave Knego, Curry Senior Center Executive Director, stated that the center has partnered with Saint Francis Hospital and UCSF during its 52-year history. He and the organization support the merger, which will make all the organizations stronger.

Teresa Palmer, stated that hospital mergers involve going into debt which increases costs to patients due to great incentive to generate revenue. Hospitals tend to attract lucrative patients who are in and out of surgery. Less lucrative are Medi-Cal and elderly patients, hospital based rehabilitation, and subacute patients. She is worried that over time, UCSF will have interest in capturing the market share of Pacific Heights and will get rid of the market share in the Tenderloin and SOMA. She is grateful that the Health Commissioners will be monitoring the implementation of the merger.

Commissioner Comments:

Commissioner Chow asked if both hospitals will legally change names. Mr. Gunasekaran stated that the new legal structure will be a not-for profit hospital combined structure of UCSF Health.

Commissioner Green thanked the DPH for its work on this process and developing and refining the resolution. She hopes the merger will make an incredible impact, especially for underserved residents. She appreciates that UCSF Health is willing to come back and give the Commission reports.

Action Taken: The Health Commission approved the resolution, Health Commission Findings that “UCSF Health Acquisition of the Assets and Operations of Dignity Health St. Mary’s Medical Center, Saint Francis Memorial Hospitals, and Their Associated Outpatient Clinics Will Not Have a Detrimental Impact on Health Care Services in the Community.” (See Attachment B)

6) DPH FY23-24 2ND QUARTER FINANCIAL REPORT

Jen Louie, DPH CFO, presented the item.

Public Comment:

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

This “Revenue and Expenditure Projection Report” states on page 3 LHH currently has a \$21.2 million shortfall in non-personnel services involving recertification consulting expenses and increased registry usage. A whopping \$21.2 million revenue shortfall? By my records tracking costs related to the mismanagement of LHH since the patient sexual abuse scandal in 2019 under then LHH CEO Mivic Hirose’s watch that ultimately led to LHH’s decertification — LHH was already up to 129.3 million in costs related to obtaining recertification. Who knows how much longer recertification is going to take and how much more it is going to cost to become re-certified? Adding this new \$21.2 million in revenue shortfalls to the \$129 million already allocated pushes the running total up to \$150 million in costs — and there’s probably another \$10 million to \$20 million (at minimum) that remains pending from ongoing Superior Court lawsuits and City Attorney time and expenses.

Commissioner Comments:

Commissioner Green thanked Ms. Louie for the report. She noted there is quite a bit of encouraging information, including having the Public Health category at a surplus. She hopes that as recertification is achieved, Laguna Honda Hospital will be able to generate additional revenue.

7) DIRECTOR'S REPORT

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

MAYOR BREED SWEARS IN GREG WAGNER AS NEXT CONTROLLER FOR SAN FRANCISCO

Mayor London N. Breed swore in Greg Wagner as the new Controller for the City and County of San Francisco on February 29. Prior to this appointment, Greg served as the Chief Operating Officer of DPH and brings over 16 years of high-level experience managing finances and administrative activities within the City. Greg is succeeding Controller Ben Rosenfield, who is ending his tenure today after 26 years of dedicated public service.

In his role as the Chief Operating Officer of DPH, Greg oversaw the administration of finances and operations for the City's largest department, including ZSFG and Laguna Honda. As COO, he was also responsible for a citywide network of primary care, mental health, and substance use programs. He also served as DPH's Chief Financial Officer from 2011 to 2020.

Greg has been integral in the financial management of key public health and citywide priorities over the last decade, including San Francisco's emergency response to the COVID-19 pandemic. He was instrumental in managing the capital program to rebuild ZSFG and multiple outpatient service sites, the implementation of [Mental Health SF](#), and the City's implementation of the Affordable Care Act.

In San Francisco, the City Controller is an appointed position nominated by the Mayor and confirmed by a majority of the Board of Supervisors. Mayor Breed nominated Greg to serve as the City Controller on January 10, and the Board voted later that month to approve his appointment to a ten-year term. Congratulations, Greg! DPH thanks you for your years of service and leadership, and we look forward to working closely with you in your new role.

ZSFG HOSTS THE JOINT COMMISSION FOR TRIENNIAL SURVEY

The Joint Commission was on site at ZSFG for a four-day triennial survey in mid-February. The survey team was overall very complimentary of the care and services they observed. Special recognition goes to ZSFG's 4A Skilled Nursing team, who impressed the surveyor with their compassionate care. The surveyors also commended the Kitchen Team for cleanliness, the Emergency Management program for being "rock solid," and Facilities Services for keeping the utility rooms clean and organized.

While there is a lot to celebrate, surveyors also had findings that must be addressed expediently. As ZSFG awaits the official survey report, the hospital has already developed a robust plan of correction for conditional level findings related to infection control, the environment of care, and life safety. ZSFG expects a follow up visit within 45 days to show compliance with these findings, with many already addressed in real time with surveyors. Much appreciation goes to ZSFG's leadership and Regulatory Team for helping staff prepare for this moment. Thank you to the ZSFG staff for always being survey ready.

COORDINATED OVERDOSE RESPONSE AND ENGAGEMENT (CORE) INITIATIVE

Through the Coordinated Overdose Response and Engagement (CORE) initiative, DPH programs are piloting creative ways to make substance use services more accessible, including access to medication for opioid use disorders. Prescriptions for buprenorphine can be accessed through a number of DPH health clinics during business hours, but those locations are not open at night. Whole Person Integrated Care's (WPIC) Street

Medicine team is piloting nighttime access to buprenorphine. The first step was to train outreach teams that work in the evening about what buprenorphine is and how to talk to individuals about it. The second step in the process will be launching telehealth access to buprenorphine between 5pm and midnight. DPH will track utilization of this service to evaluate with CORE whether this is a useful initiative to continue. Plans are also in place to help train other street outreach teams on talking to people about available substance use services and how they can connect interested individuals to care.

DPH'S POST OVERDOSE ENGAGEMENT TEAM (POET) ACCEPTED TO CIVIC BRIDGE PROGRAM

DPH's Post Overdose Engagement Team (POET) was one of the programs accepted to the Mayor's Office of Innovation's Civic Bridge program which brings in consultants to help address key city issues. POET is part of the WPIC Street Medicine team and includes medical providers, nurses, health workers, peer counselors and behavioral health staff who work to engage and connect to survivors of non-fatal overdoses who are experiencing homelessness.

Civic Bridge will help strengthen coordination within the program and will guide us through identifying and testing opportunities to better connect with survivors of non-fatal overdoses, coordinate with each other, align on data collection and track outcomes. This Civic Bridge program is a part of and is being supported by DPH's Coordinated Overdose Response and Engagement (CORE) initiative.

LAGUNA HONDA RECERTIFICATION UPDATE

Laguna Honda Hospital submitted the Plans of Correction for the CMS Recertification Survey —the Fire Life Safety portion was submitted on Saturday, January 13 and the Health Monitoring portion was submitted on Wednesday, January 17. Laguna Honda continues to await full approval and validation of the Plan of Correction from both CDPH and CMS, and then a determination from CMS regarding recertification into the Medicare program.

COVID-19 UPDATE

As of 02/29:

- San Francisco's 7-day rolling average of COVID test positivity is 5.8% and there are 27 COVID hospitalizations.
- Twenty-nine percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

[DPH in the News](#)

Public Comment:

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

Colfax didn't address why LHH's budget shortfall is driven by registry staffing increased use. LHH's 2/22/24 census has 265 fewer patients — having dropped to 445 from 710 on 10/14/2021 two-and-a-half years ago. Observers wonder whether LHH really has to rely on increased registry staffing. Pickens repeatedly informed this Commission there's been no significant reduction in LHH's overall staffing, despite the reduced census. LHH's 1,400-plus total FTE's set in the City's Annual Salary Ordinance hasn't changed; in fact, it increased by 30 to 50 additional FTE's. Given LHH's census 2/22/24 is 37.3% lower than 10/14/2021 (six months BEFORE decertification) and FTE staffing has remained relatively flat with mostly-stable headcount, why does LHH need higher registry usage? The flip side of this coin: LHH is only 62.7% as full as in October 2021, but overall FTE headcount at 1,400-ish is 90% to 100% of its authorized staffing.

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

Please tell those of us who may need a bed at Laguna Honda: what are plans for resumption of admissions? We need to know the details of the LHH "transition plan" & "tiered" readmissions. Where

is the written transition plan and who is in each “tier”? What is the procedure for outreach to LHH survivors of eviction so they may be readmitted? How will San Franciscans forced out of county for SNF care during this 2 year period get a shot at a bed at LHH? How will the structure and management of SFDPH oversight and leadership be changed so that LHH retains management that is allowed to properly train and staff the facility, ie management that understands how to run a nursing home?

Carol Bettencourt, Legal Assistance to the Elderly, submitted the following written comment:

I am concerned we are not being given any new information, including about when admissions will resume. There have been references to “tiered” admissions. Please show us the plan for resumption of admissions – what are the “tiers”? Plus we should be given more information about what is being done for people who were forced to move out of county when Laguna Honda was under threat of closure. I am also concerned that people being told they currently have to leave Laguna Honda because they have been determined to not need skilled nursing care are actually not ready to leave and the alternative placements being offered to them are not adequate or appropriate. These are people who have lived at Laguna Honda for years and face a severe risk of transfer trauma! They should not be threatened with being forced to leave! We do not want to repeat the past disaster.

Norman Degelman submitted the following written comment:

Any CMS (federal) request for revisions in Plan of Correction? Please transparently inform us of plans for resumption of admissions. Allusions to a “transition plan” and “tiered” readmissions are insufficient. Where is the written transition plan and who is in each tier? Procedure for outreach to LHH survivors of eviction? Outreach to San Franciscans forced out of county for SNF care during this 2 year closure to admissions? How many residents wait for safe discharge from LHH now? What is the City/County of SF doing to provide safe & local care & housing for discharges from LHH? How will the governance of LHH be modified so that:

- LHH is no longer forced to admit San Franciscans that LHH can’t adequately care for to the detriment of those in need of a nursing home bed?
- Adequate training & oversight of staff does not lapse after recertification?

Commissioner Comments:

Commissioner Giraud requested more information at future meetings on the CORE and POET projects. She noted that the Commission would like to better understand these important DPH initiatives.

Commissioner Green asked if DOXY PEP and PrEP can be taken together. She noted that a friend was not offered DOX PEP by his physician. Director Colfax stated that both medications can be taken at the same time. Mr. Morewitz noted that because Doxy PEP is new, patients may have to request the medication and even educate providers on its availability and efficacy.

8) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORT

Commissioner Edward A. Chow, MD. stated that at the February 27, 2024 ZSFG JCC meeting, the committee reviewed standard reports including Regulatory Affairs Report, Human Resources Report, and CEO Report. The Committee congratulated the whole ZSFG team for their excellent performance in the Joint Commission Triennial Survey. Although formal results had not been received at the time of the meeting, it seemed clear from the exit interview feedback that ZSFG shown brightly in its regulatory and improvement work. During the Medical Staff Report, the committee recommended that the full Commission approve the Department of Surgery Rule and Regulations, which are on the Consent Calendar today. In closed session, the committee approved the Credentials Report and the PIPS Minutes report.

9) **FINANCE AND PLANNING COMMITTEE UPDATE**

Commissioner Celia Chung, committee chair, stated that the Committee reviewed all the items on the Consent Calendar and recommended that the full Health Commission approve them.

Commissioner Chow, a committee member, also noted that he found out in the meeting that the CSI Healthcare IT contract will provide assistance to DPH BHS staff in addition to DPH behavioral health contractors in regard to transitioning to EPIC.

Public Comment:

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

Today's Finance Planning Committee considered the "Contracts Report"/"Consent Calendar." I urge this Commission to not approve the \$3.9 million new "CSI Healthcare IT" contract related to roll-out of the "Epic" EHR database system for SFDPH's Behavioral Health Division and behavioral patients. The minutes of the full Health Commission's 2/7/2023 meeting reported DPH had already entered into three separate \$3 million contracts (a total of \$9 million) for similar support services proposed in this new "CSI Healthcare" contract. Those 2/7/2023 meeting minutes also reported that in response to a question raised by Commissioner Green about whether DPH receives onsite training from Epic Corporation, Eric Raffin, SFDPH's manager in charge of "Epic" told this Commission DPH's in-house "Epic Team" provides its own "superuser" trainings. What happened to the "Supertrainers"? Why can't the "Superusers" and in-house "Epic Team" provide these services rather than hiring "CSI Healthcare"? Is Mivic Hirose on SFDPH's "Epic Team"?

10) **CONSENT CALENDAR**

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

- **February 2024 Amended Subsection of the Contracts Report**
- **March 2024 Contracts Report**
- **Request for approval of a new contract with CSI Healthcare IT to provide one overall project manager, and additional as needed At-The Elbow resources to support Behavioral Health Services Implementation as part of Phase 3 of the Epic Electronic Health Record Project. All contractor provided resources must have relevant experience with BHS Go Live and experienced in Epic EHR. The total proposed contract amount is \$3,903,200, which may or may not be executed depending on the Department's needs and availability of resources. The total proposed contract includes a 12% contingency for the term of February 19, 2024 through February 18, 2025 (1 year).**
- **Request for retroactive approval of a new contract with Richmond Area Multi-Services, Inc. (RAMS) to provide Peer Counselors to staff the City's Street Overdose Response Team (SORT) and the Department's Post Overdose Engagement Team (POET). The total proposed agreement amount is \$8,860,928 which includes a 12% contingency for the term of 01/01/2024-12/31/2028 through (5 years).**
- **Request for Health Commission approval of an Amendment to the previously approved FY23-24 San Francisco Administrative Code Section 21.42 vendor list**
- **ZSFG Policies and Procedures:**
Request for approval of the following ZSFG-related items, which were recommended for approval by the ZSFG JCC at its February 27, 2024 meeting:
 - Department of Surgery Rules and Regulations

11) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Suzanne Giraudo, committee chair stated that at the February 20, 2024 Community and Public Health meeting, the committee, discussed a presentation on unpermitted food vending. She noted that food trucks have DPH food permit placards. The many unpermitted food vendors are located in the Mission, Tenderloin, and Fisherman’s Wharf. The DPH focuses on education and is now attempting to connect with these vendors in the evenings, but many of the vendors work within networks of organized crime so when one is approached, most in the same area scatter. Commissioner Giraudo also stated that the second presentation was on the three-year Mental Health Services Act (MHSA) plan. MHSA was enacted in 2005 and receives funds from a tax on individuals making more than \$1 million per year. There are 85 local programs funded through MHSA. She noted that peer specialists are a key component to many MHSA-funded programs.

Commissioner Comments:

Commissioner Chow noted that the MHSA report includes outcome objectives that may be useful for other DPH contracts with different funding sources.

12) OTHER BUSINESS:

Public Comment:

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

As for future business, I believe this Commission should schedule an agenda item for a future meeting to discuss and evaluate your own job performance through a self-evaluation! Dr. Palmer, I, and others have asked repeatedly about greater oversight of this Commission’s performance as SFDPH’s “governing body.” There’s no mechanism in the City to evaluate the performance of individual Commissions and Commissioners. As the Cherney “Declaration” in the “Tommy Thompson” lawsuit against the City alleges, this Commission — as LHH’s “governing body” — DIDN’T perform your fiduciary duties to protect LHH. You’ve caused the City almost \$150 million in expenses due to mismanagement of LHH you countenanced trying unsuccessfully for now two full years to get LHH fully recertified and patient admissions resumed. The Cherney “Declaration” makes it clear you should all be replaced for governing body failures! LHH deserves better oversight mechanisms! Look in the mirror: COMMISSIONER’S: HEAL THYSELF VIA SELF-EVALUATION!

13) ADJOURNMENT

The meeting was adjourned at 5:57pm.

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 24-06**

HONORING JOHN BROWN, MD, MPA

WHEREAS, Dr. John Brown has served the City and County of San Francisco as an exceptional leader at the Department of Public Health (DPH) since 1996, and has been instrumental in providing clinical and public policy leadership, vision and direction to the San Francisco Emergency Medical Services and Disaster Management System; and

WHEREAS, Dr. Brown has served as Medical Director of the San Francisco EMS Agency over nearly three decades, ushering in new models and standards of integrated care to ensure the delivery of high-quality emergency medical and trauma care for all San Franciscans; and

WHEREAS, Dr. Brown has led local and regional quality improvement efforts for specialty emergency care delivery for critical conditions such as stroke, STEMI and cardiac arrest, which have been shown to improve patient outcomes; and

WHEREAS, Dr. Brown has been a strong advocate for clinical and policy innovations in the care of integrated medical and behavioral health emergency response and linkage to care; and

WHEREAS, Dr. Brown has served as a dedicated emergency medicine physician at Zuckerberg San Francisco General Hospital and a dedicated volunteer educator for generations of UCSF medical students, residents and fellows; and

WHEREAS, Dr. Brown served as Medical Health Operations Area Coordinator for California's Region 2, and as a member of the Federal Disaster Medical Assistance Team (DMAT) 6 for the U.S Region 9, and has served in leading response to many local, regional, federal and global disasters, including the COVID-19 Pandemic; and

WHEREAS, Dr. Brown has contributed to the global advancement of emergency medical practice and population health considerations for emergency and trauma care; and

WHEREAS, Dr. Brown is considered by his colleagues as a cherished friend, integral teammate, and respected mentor whose expertise, intelligence, integrity, and empathy will continue to positively impact the health and well-being of all visitors to and residents of San Francisco.

RESOLVED, That the San Francisco Health Commission honors Dr. John Brown for his outstanding service and leadership, and wishes him well in his retirement.

I hereby certify that the San Francisco Health Commission at its meeting of March 5, 2024 adopted the foregoing resolution.

Mark Morewitz,
Health Commission Executive Secretary

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 24-05**

HEALTH COMMISSION FINDINGS THAT THE UCSF HEALTH (UCSFH) ACQUISITION OF THE ASSETS AND OPERATIONS OF DIGNITY HEALTH ST. MARY’S MEDICAL CENTER, SAINT FRANCIS MEMORIAL HOSPITAL, AND THEIR ASSOCIATED OUTPATIENT CLINICS WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICES IN THE COMMUNITY.

WHEREAS, In the City and County of San Francisco, Dignity Health operates two hospitals, St. Mary’s Medical Center and Saint Francis Memorial Hospital, a medical group, hospital associated outpatient clinics, and urgent care clinics operated through a joint venture between Dignity Health and GoHealth; and

WHEREAS, St. Mary’s Medical Center is located across the street from Golden Gate Park, and is home to one of three emergency departments serving the west side of San Francisco; and

WHEREAS, Saint Francis Memorial Hospital is the closest hospital to downtown San Francisco and is a critical resource to the surrounding communities including the Tenderloin, Nob Hill, Civic Center, and Russian Hill; and

WHEREAS, Both Saint Francis and St. Mary’s hospitals provide important services for residents of San Francisco and the greater Bay Area, including:

- Adolescent inpatient psychiatric services at the McAuley Institute located at St. Mary’s
- The McAuley Counseling Enriched Education Program, an intensive educational and therapeutic program run in conjunction with San Francisco Unified School District and the Department of Public Health Behavioral Health Services
- The Sister Mary Philippa Health Center, which provides adult primary care, social services, and HIV care
- The Women’s Health Center at St. Mary’s Medical Center
- The Bothin Burn Center at Saint Francis, the only burn center in San Francisco
- An inpatient psychiatric unit at Saint Francis
- The Gender Institute at Saint Francis
- The Saint Francis Orthopedic and Sports Medicine Institute
- The Center for Pain Management at Saint Francis
- Emergency Departments at both St. Mary’s and Saint Francis hospitals; and

WHEREAS, Dignity Health has been a partner of the Department in providing services to the healthcare safety net population; and

WHEREAS, There are also critical services co-located on St. Mary’s hospital campus, including: a 54-bed Mental Health Rehabilitation Center, San Francisco Healing Center, operated by Crestwood Behavioral Health; and Kentfield Hospital San Francisco, which is a 60-bed post-acute care hospital that addresses the extended hospitalization needs of patients with complex medical issues who no longer require general acute care hospital services; and

WHEREAS, St. Mary’s and Saint Francis serve distinct populations at their hospitals; and

WHEREAS, Greater than 75% of inpatient discharges and greater than 70% of emergency encounters for both St. Mary’s and Saint Francis in 2023 were patients with public insurance (Medi-Cal or Medicare), with coverage under Healthy SF, or who are uninsured; and

WHEREAS, From 2019 through 2023, St. Mary’s has seen a 24% decrease in inpatient discharges, and Saint Francis has seen a 22% decrease in inpatient discharges; and

WHEREAS, In 2022, St. Mary’s and Saint Francis’ general acute care bed occupancy rates were 26.8% and 22%, respectively, while the average occupancy rate across all San Francisco hospitals was 60.4%; and

WHEREAS, UCSF Health (UCSFH) is a part of the University of California, San Francisco, and operates three hospitals in San Francisco, the UCSF Helen Diller Medical Center at Parnassus Heights, UCSF Medical Center at Mount Zion, and UCSF Medical Center at Mission Bay; and

WHEREAS, UCSFH facilities in San Francisco also include UCSF Benioff Children’s Hospital and Clinics (part of the Medical Center at Mission Bay), Langley Porter Psychiatric Hospital and Clinics at Mount Zion, UCSF Benioff Children’s Physicians Clinics, and the UCSF Faculty Practice Clinics; and

WHEREAS, On November 28, 2023, in compliance with the Community Health Care Planning Ordinance (Proposition Q), Dignity Health notified the Health Commission that UCSFH (or an affiliated entity) will acquire the assets and operations of St. Mary’s, Saint Francis, and their associated outpatient clinics; and

WHEREAS, UCSFH intends that St. Mary’s and Saint Francis will continue to operate as full-service community hospitals, preserving access to the critical programs each hospital provides; and

WHEREAS, UCSFH will replace Dignity Health as the sole member of what will become known as “UCSF Health Community Hospitals”, a private non-profit corporation that will own the two hospitals and which will become part of the UCSF Health Affiliates Network; and

WHEREAS, UCSF Health Community Hospitals will employ staff, maintain payor contracts, and be licensed separately from UCSF Medical Center; and

WHEREAS, UCSFH has stated that bringing St. Mary’s, Saint Francis, and their associated outpatient clinics into UCSFH expands its ability to provide care for the San Francisco community, and that many of the services provided at these hospitals are complementary to, and different from, those provided at UCSF academic medical centers; and

WHEREAS, UCSFH has made the following statements regarding its plans to mitigate patient and staff impacts as a result of the acquisition:

- St. Mary’s and Saint Francis hospitals will be licensed separately from UCSF Medical Center;
- UCSFH will report on data for St. Mary’s and Saint Francis hospitals together as the UCSFH Community Hospitals;
- UCSFH has committed to maintaining both Saint Francis and St. Mary’s hospitals as full-service community hospitals and has committed to maintaining the services that both hospitals provide to the San Francisco community;
- UCSFH has committed to maintaining the capacity and services provided at each hospital’s associated outpatient clinics;
- UCSFH has committed to retaining the employees of both Saint Francis and St. Mary’s, it does not anticipate any staffing reductions, and the organization plans to evaluate staffing and any potential increases in staffing as necessary in the future alongside integration efforts;
- UCSFH has stated that St. Mary’s and Saint Francis hospitals will retain their open medical staffs, ensuring local doctors can continue to practice at each location;

- UCSFH has committed to maintaining essential behavioral health and emergency services for San Francisco, including inpatient adolescent mental health services at McAuley, the McAuley Counseling Enriched Education Program, inpatient adult mental health services at Saint Francis, and the emergency departments at both Saint Francis and St. Mary's;
- UCSFH has stated that it will continue to honor all insurance arrangements, including Medi-Cal, for medical and behavioral services, that are presently available at Saint Francis and St. Mary's and that patients will continue to have access to all services and providers they have today;
- UCSFH Community Hospitals will ensure that following the closing of the proposed transaction, both Saint Francis and St. Mary's and their associated outpatient clinics will: (1) continue to participate in the Medi-Cal program as participating facilities; (2) honor existing Medi-Cal managed care and other contracts that cover the provision of services to Medi-Cal beneficiaries; and (3) maintain inpatient psychiatric and other behavioral health services for Medi-Cal beneficiaries such as the McAuley Counseling Enriched Education Program;
- UCSFH has stated it will continue to honor the shared commitment to improving the health of vulnerable populations, regardless of their ability to pay;

WHEREAS, Once the transaction is complete, UCSFH has stated that it will embark on a multi-year integration process, prioritizing patients and their care experience, as well as the team members who deliver care and keep the facilities running; and

WHEREAS, Evidence shows that healthcare acquisitions and hospital consolidation impact healthcare costs, quality and access; and

WHEREAS, The impact of the UCSFH acquisition of Dignity Health hospitals and associated clinics in San Francisco on healthcare costs, quality, and access is unknown at this time; and

WHEREAS, UCSFH has stated its short-term plans to improve both Saint Francis and St. Mary's emergency departments, as well as increase staffing and resources to the hospitals so that they may see more patients in their neighborhoods; and

WHEREAS, In accordance with Proposition Q, the San Francisco Health Commission held public hearings on February 20, 2024 and March 5, 2024, regarding the proposed acquisitions listed above;

NOW, THEREFORE, BE IT RESOLVED, that St. Mary's Medical Center, Saint Francis Memorial Hospital, and their associated outpatient clinics provide critical health care services in San Francisco; and

FURTHER RESOLVED, that UCSFH has stated that current services provided at St. Mary's, Saint Francis, and the associated outpatient clinics are expected to continue as a part of the acquisition; and

FURTHER RESOLVED, that the Health Commission encourages UCSFH to maintain each hospitals' programs and services, and to continue the well-established partnership between DPH and St. Mary's and Saint Francis hospitals; and

FURTHER RESOLVED, the UCSFH acquisition of the assets and operations of Dignity Health St. Mary's Medical Center, Saint Francis Memorial Hospital, their associated outpatient clinics will not have a detrimental impact on the health care services in the community, contingent upon UCSFH:

- Maintaining agreements with all existing payors and organizations covering services at St. Mary's and Saint Francis hospitals, including medical and behavioral health inpatient and outpatient and clinics;
- Maintaining or expanding the critical medical and behavioral health services provided at each of the hospitals and clinics;
- Maintaining or increasing staffing to support operations of the hospitals and clinics;

- Maintaining both hospitals as full-service community hospitals;
- Retaining both hospitals' open medical staffs, ensuring local doctors can practice at each location and preserving critical longstanding patient-provider relationships;
- Retaining or increasing the workforce at St. Mary's and Saint Francis hospitals and clinics;
- Honoring applicable collective bargaining agreements;
- Ensuring that there will be no Catholic-affiliated restrictions on medical services; and
- Investing \$75-100 million to address needed facilities maintenance and equipment improvement; and be it,

FURTHER RESOLVED, that the Health Commission strongly encourages UCSFH to follow through with its commitments to maintain services and staff, and provide the Health Commission with updates every six months to the Health Commission , through June 2027, regarding the acquisition and hospital integration process to include the following:

- Data and information about the accessibility and utilization of medical and behavioral health services at UCSFH St. Mary's and Saint Francis Hospitals including Medi-Cal, Medicare, uninsured, and Healthy SF patients;
- Data and information on the continuation of existing behavioral health services at St. Mary's and Saint Francis Hospitals;
- Governance structure and ownership details for UCSFH St. Mary's and Saint Francis Hospitals;
- Progress on seismic improvements, and associated costs, to UCSFH St. Mary's and Saint Francis hospital buildings;
- Information and commitments required by the California Attorney General regarding the sale.

I hereby certify that the San Francisco Health Commission at its meeting of March 5, 2024, adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission