

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

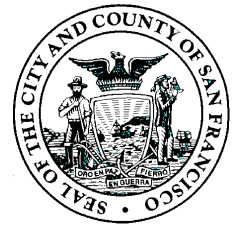
Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraud ED.D
Commissioner

**HEALTH COMMISSION
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MINUTES

HEALTH COMMISSION MEETING

Tuesday March 19, 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 Susan Belinda Christian, J.D.

Excused: Commissioner Suzanne Giraud, Ph.D
Commissioner Tessie Guillermo

The meeting was called to order at 4:01pm. President Green stated that the Human Resource item would be postponed to the April 2, 2024 meeting due to the expected length of the meeting.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 5, 2024.

Mr. Morewitz stated that Commissioner Chow requested that his comment on page 8, under the "community and Public Health Committee Update, be revised as shown below:

"Commissioner Chow noted that the MHSa report includes outcome objectives that may be useful understanding funding sources and evaluating outcomes for some behavior health contracts"~~for other DPH contracts with different funding sources.~~

Public Comment:

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

These 3/15/2024 meeting minutes are essentially useless about when LHH admissions might resume after obtaining full recertification. Just one week **LATER**, Roland Pickens suddenly informed Commissioner Chow during the LHH-JCC meeting CMS/CDPH had made it clear LHH's recertification in the Medicare program — required for resumption of admitting new patients — won't occur until LHH obtains a "clean slate" that plans of correction following survey inspections of anonymous complaints and facility-reported incidents (FRI's) reported to CDPH have all been CMS/CDPH accepted. It's unclear how many anonymous complaints and FRI's remain outstanding CDPH hasn't even conducted survey inspections of, and issued corresponding Form 2567's.

This Commission has a mandatory ministerial duty to inform the public just how many anonymous complaints and FRI's are backlogged CDPH hasn't started investigating yet. After all, this Commission knows — or should — how many anonymous complaints and FRI's are preventing LHH obtaining a "clean slate" to gain full recertification.

Action Taken: The Health Commission unanimously approved the amended minutes.

3) GENERAL PUBLIC COMMENT

Chris Ward Kline urged the Commission to read the report he distributed through the Commission Secretary. He is trying to figure out why city agencies are pointing fingers at one another There are people giving access to systems via the Human Service Agency, MTA, and other city agencies. There is a difference between illegal and lawful behavioral surveillance. In illegal surveillance, you can have a negative intervention. Inappropriate interference can cause a person to do the opposite of the intended intervention. He spoke to the Board of Supervisors about an FBI report to get city departments to work together because we want a healthy San Francisco.

4) DIRECTOR'S REPORT

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

Dr. Susan Philip, San Francisco Health Officer and Director of Population Health Division, gave an update about the Health Office Order that requires healthcare workers to mask in patient health care areas in San Francisco; this policy has been in place for the entirety of the COVID-19 pandemic. Most other Bay Area counties also have this policy in place; all will be sunsetting the policy in the next months. In San Francisco, the Health Order will end on April 30th. She has been meeting with stakeholders and community partners to discuss the impending change.

Dr. Philip also stated that the Navy may extend the public comment period 30 days on its 5-year review of the Hunter's Point Shipyard; the announcement would be made at the next Bayview Hunter's Point Citizen's Advisory Committee.

Public Comment:

There was no public comment for this item.

Commissioner Comments:

Commissioner Chow asked if the change in masking will apply to long term care and skilled nursing facilities, such as LHH. Dr. Philip stated that the change will impact these types of facilities. Each facility may develop its own masking requirements.

Commissioner Chow noted the low testing rate in San Francisco. Dr. Philip noted that most people are now testing at home so there is currently no way to gather that kind of testing data. She noted that the better indicators to use are patients in hospitals with COVID-19 diagnoses and the number of patients presenting with COVID-10.

Commissioner Chow asked for more information regarding findings from sewage data. Dr. Philip stated that waste water can give an indication of what is happening across a population but at this point there are no actions the DPH or city will be taking based on the waste water data.

Commissioner Chow asked if the DPH will be making a recommendation for its residents over 65 to get an additional COVID-19 vaccination. Dr. Philip stated that the DPH Communications team is working on a statement.

Commissioner Christian appreciated Commissioner Chow's question regarding wastewater; it is exciting to know this type of data is available to help the DPH advise the public.

Commissioner Chung requested future dedicated Health Commission items focused on COVID-19 and wastewater.

Regarding the possible extension of the public comment period for the Navy's 5-year report on the Hunter's Point Shipyard, Commissioner Christian asked if the possible change in comment period will impact what the DPH can do. Dr. Philip stated that the DPH will work with other city agencies on providing technical comments on the 5-year review and will share a draft before it is submitted.

Commissioner Green stated that the Health Commission is definitely interested to hear if the public comment period is extended.

5) HUMAN RESOURCES UPDATE

This item was postponed to the April 2, 2024 Health Commission Meeting.

6) FOLLOW-UP DISCUSSION REGARDING FINANCIAL STATUS OF BAKER PLACES/POSITIVE RESOURCE CENTER, A DPH CONTRACTOR, AND REMEDIAL ACTIONS TAKEN BY THE DEPARTMENT TO ASSIST THE VENDOR IN RESPONSE TO ITS CASH FLOW ISSUES

Drew Murrell, DPH Controller, presented the item.

Commissioner Comments:

Commissioner Chow asked for clarification of the current legal relationship between Positive Resource Center and Baker Places. Mr. Murrell stated that Baker Places is signing the agreement with the DPH and Positive Resource is signing as the parent organization; if Baker Places does not pay the debt back, PRC is responsible for the debt. Baker Places is a subsidiary of Positive Resources. Although much has been done to create efficiencies between the two organizations, they remain separate legal entities.

Commissioner Chow asked for more information regarding what each organization contributes to the relationship. Mr. Murrell stated that PRC provides administrative services and infrastructure for itself and Baker Places, and Baker Places provides clinical services for its own clients. PRC provides legal advocacy, workforce development, and emergency financial assistance to its clients.

Commissioner Chow asked what entity owns the property which the DPH will purchase. Mr. Murrell stated that Baker Places owns the property.

Commissioner Chow asked lessons learned from this situation so there is not a repeat with this or other DPH contractors. Mr. Murrell stated that the DPH is reviewing the situation carefully and continues to learn. Developing future fiscal metrics would be helpful and reviewing cash reserve amounts annually too. He noted that the repeated turnover in Baker Places' fiscal staff was a major warning sign.

Commissioner Chow requested that the DPH notified the Commission when a contractor is put on a corrective action or red flag list. Over the years, he has been impressed with how effective the DPH has been with assisting agencies in trouble.

Commissioner Chung is glad to see that PRC is working with Baker Places to remedy the fiscal issues. She recommended that DPH contractors have diverse funding streams so there is not a total reliance on DPH and/or the City to fund all the organizations' services. Mr. Murrell stated that Baker Places is 90% funded by the DPH.

Commissioner Christian stated that she is glad to see that the DPH has been able to help this foundational organization rise and flourish again. She asked if the property which the DPH is purchasing from Baker Places is in good shape; will the DPH need to contribute to repairs or renovations. Mr. Murrell stated that an elevator will need to be installed in the building and other renovations will be needed. However, these expected expenditures are comparable to what it would cost to outsource residential substance treatment beds. Commissioner Christian requested the future updates on this item include the renovations cost goals and actual expenditures.

Commissioner Green thanked Mr. Murrell for the presentation and the thorough responses to Commissioner questions. She noted that the Commission has a responsibility to ensure public funds are used responsibly. She noted that the DPH will present on contract processes, with a focus on making sure contracts have meaningful and measurable outcomes.

7) DPH BEHAVIORAL SERVICES UPDATE

Hillary Kunins, MD, MPH, presented the item.

Commissioner Comments:

Commissioner Chung thanked Dr. Kunins for the thorough presentation.

Commissioner Christian thanked Dr. Kunins and noted that she uses these presentations as reference documents when needed. She asked whether it makes sense to separate out retention metrics for individuals entering the behavioral health system through the criminal justice system since many of these folks may have been coerced by the legal system or choose to participate in recovery service in lieu of incarceration. This is very different than individuals who may enter from the community with different motivations. Dr. Kunins stated that different kinds of services are known to have different levels of retention. For example, methadone has a much higher retention rate than residential treatment. She said that she would bring Commissioner Christian's suggestion back to the team.

Commissioner Christian stated that there is a necessity for having interventions that are focused on people coming out of the criminal justice system. Dr. Kunins stated that that BHS conducted an updated bed analysis and identified a need for residential care for those associated with the criminal justice system. BHS has partnered with the San Francisco Probation Department on the development of the Minna Project, which has received high levels of satisfaction from participants. Citywide Case Management provides wrap-around services to this group. She noted that the bed analysis shows gaps in locked subacute beds because there are not enough businesses offering these types of beds. In addition, there is a lack of board and care services available to San Francisco residents.

Commissioner Chow asked if there are goals for reaching ideal levels of methadone and Buprenorphine services in San Francisco. Dr. Kunins stated that the DPH is working with UCSF to determine the number of people with opioid disorder in San Francisco.

Commissioner Green noted that several years ago intensive case management services were understaffed. She asked for an update on this situation, noting that a subset of intensive case management clients are methadone and/or Buprenorphine users. Dr. Kunins stated that federally confidentiality laws require a specific release of information in order for mental health providers to access substance use information for clients. This poses a barrier for intensive case managers to understand their client's substance use issues.

Commissioner Green noted that she wishes the public could better understand all the good work being conducted by BHS. Commissioner Christian suggested that DPH Communications staff could attempt to get a story in a major newspaper documenting the high quality of BHS services.

Director Colfax thanked Dr. Kunins and her team. He appreciates her work and leadership. He noted that federal rules make it very difficult for individuals to get started on methadone.

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

Roland Pickens, Director and CEO, SF Health Network & Executive Sponsor LHH Recertification Incident Command, presented the item.

Public Comment:

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

This "Recertification Update Report" is worrisome. It sounds distinctly like "Schmegegge," Yiddish for baloney, hot air, and utter nonsense. For the past two months of Health Commission meetings, the public was fed pabulum LHH had submitted plans of correction to CMS on January 13 and January 17, respectively. Pickens deliberately hid additional details for two months. Last week's LHH-JCC meeting revealed Commissioner Chow took a deep dive drilling down, dragging out of Pickens that CMS had indeed asked for revisions to the 1/13/2024 and 1/17/2024 plans of corrections submitted. LHH apparently submitted corrections quickly to CDPH, and CDPH then forwarded the requested edits and changes along to CMS. The truth is Pickens hadn't disclosed during the past 6 meetings of the Health Commission changes to the plans of correction had, in fact, been requested, and revisions were submitted. You deliberately kept the public in the dark unnecessarily for two months!

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

No new information on Medicare recertification is in the Executive Summary Is this silence a sign of failure to correct existing problems at LHH? What is the severity of the 3 deficiencies found on March 11? Has the Plan of Correction has been submitted? Has CMS received revised LHH material sent in early February and what does CMS say? None of the 44 residents deemed ready for transfer to a lower level of care for months has been discharged since February. Any new hope? Does City/County of SF & SF Department of Health have the ability to manage/resume admissions (and discharges) at this indispensable safety net facility? We need honesty and transparency PLEASE about help needed so it can be obtained! Or After all will LHH be closed & these most vulnerable San Franciscans evicted to points unknown?

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

Once again we are not given new information about recertification, admissions, or discharges. Does this delay indicate ongoing problems? The public needs to know what is going on! Has CMS received the revised LHH material sent in early February? Has there been any word from CMS about that? What is the severity of the 3 deficiencies found on March 11th? Has the Plan of Correction addressing these deficiencies been submitted? When will we get more information about this? Please show us the plan for resumption of admissions and for what is being done for people who were forced to move out of county when Laguna Honda was under threat of closure. At the March 12, 2024 meeting, there was a mention of appeals by some of the patients scheduled for discharge. How many appeals have there been and what have the results been?

Melanie Grossman, President, Older Women's League of San Francisco, submitted the following written comment:

I am writing as President of OWL-SF (Older Women's League of San Francisco) to express concern over delays in admissions to Laguna Honda Hospital. Many longtime female residents of San Francisco with no family and on fixed incomes have looked to Laguna Honda as a safe haven when medical problems rob them of their ability to live independently. LHH has been a beacon of hope for many. Now that recertification is within reach, here are questions regarding the future:

- 1) When will admissions resume? 2) What's being done to prevent a loss of certification in the future?
- 3) What are you doing to ensure no loss of beds at LHH? OWL-SF is a staunch ally for older women regarding housing, financial security, health care and more. Our members eagerly await a response on these issues regarding LHH.

Commissioner Comments:

Commissioner Chow noted that his understanding is that LHH has met deadlines, but CMS has not met their own timelines. Mr. Pickens stated that LHH has met every required deadline and timeline. However, regulators have not met defined timelines regarding responses to LHH plans of correction.

Commissioner Chow asked if Mr. Pickens has any predictions for when CMS may recertify LHH. Mr. Pickens stated that after LHH submits the plans of correction to address the findings noted in the recent 2567's, and CDPH has approved and validated these actions, CMS may then take up the plans of correction to allow LHH to move forward.

Commissioner Green requested that LHH contact the Commission if any information is found out from CMS before the next LHH JCC or full Commission meeting.

9) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORT

Commissioner Edward A. Chow, MD, stated that at the March 12, 2024 Laguna Honda Hospital JCC update, the committee reviewed the Executive Team presentation, which was similar to the presentation given by Mr. Pickens at today's full Commission meeting. Mr. Pickens shared that the 2567 documents for the two recent survey visits had been received the day before the JCC meeting and that Laguna Honda staff would be responding within plans of correction within the required timelines. Mr. Pickens also shared that the Admissions plan and Sustainability plan would be finalized and shared with the Commission and public after recertification is achieved. This timing is due to the need to incorporate any CMS feedback on the plans of correction into these documents. During the Regulatory Affairs report, the committee discussed the backlog of cases that CDPH still has to close out.

At this meeting, the committee recommended that the full Commission approve the policies on the Consent Calendar today. As part of the policies discussion, the JCC found out that Laguna Honda is not licensed to provide transfusions outside of its acute ward. Criteria to access to the acute ward does not include just the need for transfusions. The Commissioner members on the JCC asked for more information regarding the number of residents with chronic conditions that would make it necessary for them to have regular transfusions. Laguna will revisit this issue after recertification. In closed session, we approved the credentials and PIPS Minutes reports.

Public Comment:

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

It's completely outrageous Health Commission Secretary Morewitz — who's paid \$182,576 annually — made another so-called "clerical error" on today's agenda, listing this item as an update of the 2/27/24 "***SFGH-JCC**", then just announced it's an update of the 3/12/2024 "***LHH-JCC**." I can't tell you how many "clerical errors" of Mark's I've caught and pointed out! This must stop! This error prevented members of the public — and me — from testifying¹, not knowing this item was about a different meeting report!! The City's "Good Government Guide" states in paragraph "V-C-1-c" (page 145) "If an agenda item description contains a 'material' error [— substantially misstates the substance of the item —] the policy body must continue the item" to the next meeting. This item should have been pulled off today's agenda! As Commissioners, you're required to pull it off the agenda, even if Morewitz fails to! THIS COMMISSION MUST PLAY BY THE DAMNED RULES!

10) CONSENT CALENDAR

Action Taken: The Health Commission unanimously approved the following:

- **LHH Policies and Procedures:**
Request for approval of the following LHH-related items, which were recommended for approval by the LHH JCC at its March 12, 2024 meeting:

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	23-03	Screening and Response to Suicidal Ideation
2	Facility-wide	24-08	Off Campus Appointments or Activities
3	Facility-wide	24-22	Code Green Protocol
4	Facility-wide	70-01 C1	Fire Response
5	Facility-wide	71-01	Fire Safety Program
6	Nursing	Acute A 02.0	Documentation of Care – Acute Unit
7	Nursing	D6 1.1	Battery Operated Lift Transfer
8	Nursing	J 8.0	Blood Transfusion
9	Nursing	M 12.0	Adaptive/Assistive Devices Management

11) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Susan Christian chaired the meeting held earlier in the day. She stated that at the Community and Public Health Committee meeting, the committee discussed two presentations. The first was on Hepatitis C. The presenters reviewed the surveillance and registry programs. There are a total of 3,109 cases in San Francisco, with men being the biggest cohort for current and new cases. The highest prevalence of cases are in the Tenderloin and South of Market neighborhoods. The DPH Roadmap to Eliminating Hepatitis C includes:

- Integrated Testing using peer outreach
- Linkage to Navigation Services for same day diagnosis and treatment
- Increase overdose prevention
- Outbreak Detection and Responses

The second presentation was a Primary Care update. There are 19 DPH outpatient clinics, including 4 at ZSFG, that provide services to 55,000 active patients; 39,000 patients are enrolled but have not been seen in the last 18 months. There are 617 total FTEs and currently 139 vacant positions.

DPH Primary care goals include Antiracism and Equity, Improving Access to Care, and Building a Culture of Integrating Medical and Behavioral Health Services. Data is an important tool in how these clinics understand their strengths and areas of improvement. Weekly data is sent to clinic managers and providers so every one can work together. The presenters shared some successes including:

- 7% improvement in overall breasts cancer screenings and a 10% improvement for the Black/African American population.
- 7% improvement in hypertension scores for overall population and 5% improvement for the Black/African American population.
- 10% improvement in behavioral health vital signs

12) OTHER BUSINESS:

This item was not discussed.

13) ADJOURNMENT

The meeting was adjourned at 6:53pm.