

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

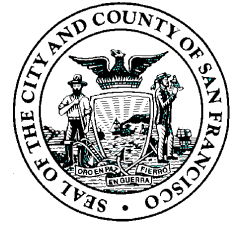
Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraud ED.D
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
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MINUTES

HEALTH COMMISSION MEETING

Tuesday May 7, 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.
Commissioner Susan Belinda Christian, J.D.
Commissioner Suzanne Giraud, Ph.D
Commissioner Tessie Guillermo

Excused: Commissioner Cecilia Chung

The meeting was called to order at 4:03pm. Commissioner Green recognized that May is Asian and Pacific Islander Heritage Month. She noted that the Health Commission is extremely honored to have three members of these communities on the Commission. Commissioner Guillermo will be attending an event in Washington DC next week to commemorate the 25th anniversary of the White House Initiative on Asian American, Native Hawaiians, and Pacific Islanders; she also served on the committee that launched this initiative 25 years ago under the Clinton Administration. Commissioner Chow has worked for decades to improve the health of Asian Americans and Pacific Islanders in San Francisco, California, and nationally. Commissioner Chung is a tireless advocate for the health of transgender people and people living with HIV around the world, including people from Asia and the Pacific Islands in addition to Asian Americans and Pacific Islanders living in the United States.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 16, 2024.

Public Comment:

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

These minutes report that just before the Health Commission entered closed session on 4/16/24 to receive City Attorney advice regarding the "Tommy Thompson" lawsuit against LHH, concerned about Rebecca Ferrini's so-called "expert opinions" Declaration, I reminded Health Commissioners HSAG's senior executive director, Barb Averyt, stated in the 4/15/2024 issue of "McKnight's Long-Term Care News," that "It takes a lot to become decertified. It takes years and years, and at Laguna Honda [took] maybe a decade." Ferrini's testimony wrongly attempted to absolve LHH and this Health Commission "governing body" of decades mismanaging LHH as an acute-care hospital. It took until 4/29/2024 to

learn from the “Reply Memorandum in Support of Plaintiffs’ Motion for Class Certification” Averyt also stated during an 4/10/2024 CMS Quality Conference presentation titled “The Quality Improvement Journey: Recertification of Laguna Honda Hospital and Rehabilitation Center” that LHH wasn’t “paying attention to [CMS regulations] to guide [LHH] to safety.”

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

3) GENERAL PUBLIC COMMENT

Chris Ward Kline stated urged the DPH and Department of Justice to open an investigation on the deaths caused by Verizon high tech systems used to cyber stalk and illegally influence people for politics and greed. If this does not occur, he will file a class action suit.

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

Highly-educated appointed Health Commissioners must know “disinformation” is deliberately spreading with nefarious intent false information designed to manipulate people’s perceptions for some advantage. Shamefully, Commissioner Guillermo falsely mischaracterize during her 4/9/2024 LHH-JCC meeting summary the 4/10/2024 CMS Quality Conference wasn’t so much about healthcare (CMS’s bailiwick) as it was about “LEAN methodology.” “LEAN” originated in Japan from Toyota’s revolutionizing physical automobile manufacture. Guillermo praised LHH’s “trailblazing good work ... coming out of ... an unfortunate period over the last couple of years.” Guillermo spewed blatant disinformation! The CMS conference was exclusively healthcare quality, not “LEAN.” Second, LHH’s two-year decertification was a national disgrace, not a mere “unfortunate period of time.” Troy Williams’ CMS presentation transcript didn’t mention “LEAN,” “Kaizen,” or “Hoshin Kanri.” Less than 0.1% of SNF’s nationwide were decertified between 2019–2023. LHH’s decertification was a national scandal, not an “unfortunate period.” Shame on Guillermo manipulatively deceiving San Franciscans!

4) DIRECTOR’S REPORT

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

PHEPR OPERATION ENCORE

On Thursday, April 25, DPH Public Health Emergency Preparedness and Response (PHEPR) branch conducted “Operation Encore,” a full-scale operations-based emergency exercise co-sponsored by San Francisco Emergency Medical Services Agency, San Francisco Health Care Coalition San Francisco Fire Department EMS, and San Francisco State University (SFSU) and Tamarack Consulting. Operation Encore was the capstone event in a series of emergency exercises focused on mass casualty incident response, the planning for which began in November 2022.

There were multiple objectives for this exercise, including testing our City systems’ ability to coordinate response to a mass casualty incident and share information across multiple agencies; understanding our healthcare system’s ability to handle medical surge.

This effort was one of the largest emergency exercises held in the City in the last 20 years and involved over 400 people from more than 17 agencies and organizations working together to make the day a success. Coordinated exercise operations took place at 12 different locations, including SFSU and our local hospitals. The exercise scenario: *During a concert/event at SFSU, faulty wiring caused a pyrotechnic explosion on the stage, leading to the stage collapsing, resulting in numerous crush injuries and the crowd rushing for the exits.*

With the assistance of some intentionally disorienting A/V and over 120 fully-moulaged volunteers helped create a realistic scene, first responders arrived to secure the scene and began triage operations and notional transport of patients to hospitals using ReddiNet.

DPH public information officers also participated in the exercise to practice skills and test protocols focused on information sharing and public information and warning, culminating in a mock press conference.

Exercise play extended throughout the afternoon, with notional patients “arriving” at local hospitals, prompting hospitals to activate surge plans and simulate treatment of patients. Additionally, two hospitals hosted moulaged volunteers to help enhance the exercise experience. And finally, DPH staff practiced information sharing, situational awareness, and Department Operations Center (DOC) coordination as part of the DPH Healthcare DOC.

Operation Encore concluded at 3:00pm and was immediately followed with debrief and feedback sessions from participants and evaluators occurring independently at all sites. Over the next several weeks, the PHEPR Training, Exercise and QI team will continue to gather feedback on the successes and challenges experienced during the exercise and collect data from information sharing tools. This information will be analyzed and used to support the findings for the Operation Encore After Action Report. Areas for improvement in this report will be used to address gaps in planning, make corrections to protocols and procedures, and set our City up to be better prepared to respond to many different types of emergencies.

ALCOHOL SOBERING CENTER OVERDOSE PREVENTION ENGAGEMENT PILOT

The DPH Alcohol Sobering Center first piloted Safe Recovery for people who use opioids in 2017. Building on lessons learned from that pilot, Whole Person Integrated Care (WPIC) is bringing the resources of the Alcohol Sobering Center to support overdose prevention and treatment engagement for people experiencing homelessness. After someone goes to the hospital following a non-fatal opioid overdose, there is often not a safe and supportive place for them to engage with service providers, stabilize on medication for opioid use disorder, and take next steps for treatment. To help fill that gap, WPIC launched “SCOPE”, the Alcohol Sobering Center Overdose Prevention Engagement pilot on April 29. Alcohol Sobering brings the following strengths to the overdose response effort:

- We are open and have nursing staff on site 24/7/365.
- We have a long history of nursing-driven assessments for intoxication and withdrawal.
- We have strong relationships with Emergency Rooms, Fire/EMS partners, and other WPIC teams (including the Post-Overdose Engagement Team or POET).
- We have existing protocols to start medications for addiction treatment and withdrawal.
- We regularly transfer patients to detox or residential substance use treatment.

Through leveraging these resources, SCOPE will be able to safely help bridge individuals between the hospital and next steps in treatment. Following Emergency Room clearance after an overdose, the POET team will coordinate referral to the Alcohol Sobering Center, where services available will include:

- Safe recovery monitoring for intoxication.
- Resuscitation and stabilization in case of recurrent overdose.
- Assessment of withdrawal and provision of medications for withdrawal management.
- Individual substance use counseling to identify patient goals.
- Patient education on substance use treatment and overdose prevention.
- Medical assessment and on-site initiation of buprenorphine and naltrexone, including microdosing formulations and long-acting injectable medications.
- Linkage to opioid treatment program for methadone initiation, including addressing barriers to methadone start (lack of insurance, ID, transportation).
- Linkage to inpatient and outpatient substance use treatment.
- Linkage to longitudinal POET team case management where appropriate.

INCENTIVE SUPPORT PROGRAM FOR IMPROVEMENT AND RECOVERY (INSPIRE)

INSPIRE is a low-barrier contingency management program for people with stimulant use disorder. It is a collaboration between WPIC and DPH Primary Care which currently serves patients seen at Maria X. Martinez Health Resource Center and Tom Waddell Urban Health Center.

Contingency management is a form of behavioral treatment that positively reinforces a desired behavior. Contingency management recognizes that many harmful factors in our patients' lives (poverty, homelessness, racism, trauma, pain, etc.) reinforce substance use, at times despite their desire to change. INSPIRE seeks to help decrease the reinforcing effects of substance use by providing alternate positive reinforcement in the form of positive interactions, community, and financial incentives. The INSPIRE care team includes behavioral health clinicians, health workers, peers, and medical providers.

INSPIRE is structured to include:

- Twice weekly sessions for 12 weeks
- Community group and one-on-one check-ins every session
- Gift cards for attendance and optional urine testing

INSPIRE is graduating its second cohort of participants and preparing to start a third cohort. We have seen high rates of engagement and regular attendance, with participants particularly appreciating the group/community building component of the program. INSPIRE is designed to support goals of both abstinence and reduction in harmful substance use. One participant said, "I managed to eliminate my usage gradually by setting small goals each week." One-hundred percent of INSPIRE graduates reported a reduction in substance use, with 25% that participated in urine tests testing negative for stimulants.

People with stimulant use disorder who use opioids rarely or unintentionally may be at high risk for fatal opioid overdose. Contingency management offers significant benefit for overdose prevention through helping people stabilize their stimulant use. INSPIRE clients receive overdose prevention counseling and naltrexone. To date, only one INSPIRE client reported an overdose while enrolled in the 12-week program despite 58% having reported a prior overdose.

PHEPR DIRECTOR GIVES GRAND ROUNDS AT EMORY UNIVERSITY DEPARTMENT OF EMERGENCY MEDICINE

PHEPR Branch Director Dr. Andi Tenner gave Grand Rounds at Emory University Department of Emergency Medicine on April 30. She spoke to an audience of approximately 75 faculty and residents in Atlanta, GA and discussed "Preparing for Emergencies in a Changing World". The talk focused on health threats over the next decade and ways to mitigate their impact on the public and on the healthcare system. Thank you to Dr. Tenner for sharing San Francisco's expert knowledge with other jurisdictions!

DPH ENVIRONMENTAL HEALTH PARTICIPATES AT ONSITE WATER REUSE SUMMIT

In 2012, the City and County of San Francisco adopted the Onsite Water Reuse for Commercial, Multi-Family and Mixed-Use Development Ordinance which is commonly known as the Non-potable Water Ordinance. These amendments were added to the San Francisco Health Code Article 12C and the DPH Environmental Health Branch Water Reuse Program is tasked with its enforcement. This code covers the requirements for reusing alternative water sources like rainwater, stormwater and graywater as a source of water for flushing toilets, irrigation and other non-potable uses.

San Francisco has been a leader in water re-use systems and Senior Inspector Douglas Obana was recently asked to participate in the Onsite Water Reuse Summit hosted by the US Environmental Protection Agency in Washington DC. Mr. Obana participated as a panel member discussing San Francisco's experience and lessons learned around the application of alternative water source systems. Specifically, Mr. Obana was able to speak to the importance of DPH's role in permitting and overseeing these systems.

San Francisco is now one of the jurisdictions with the most permitted onsite alternative water source locations in the US. One example is the recently opened Chase Center which is designed to collect and treat rainwater, stormwater, graywater and condensate to supply toilet flushing demands in the arena. The project is estimated to offset about 3.7 million gallons of potable water annually. DPH in collaboration with the Public Utilities Commission's work in the field of onsite alternative water source systems continue to provide the framework and template for other jurisdictions to follow.

ZSFG CELEBRATES SOCIAL WORKER MONTH

ZSFG celebrated Social Worker Month in March 2024 with the theme of "Empowering Social Workers – Inspiring Workers, Leading Change." At ZSFG, our social workers play an important role in helping patients and their loved ones in their journey of healing. Our social workers provide care to thousands of patients every year from trauma care to general support. This year, members of our social work team were recognized and awarded for going above and beyond to serve our patients with equity and dignity. Thank you and congratulations to the awardees:

- Ida B. Wells Service Award - Elise Rosenberg, MSW
- Ronald G. Lewis Social Justice Award – Jenee Bryant, LCSW
- Diana Ming Chan Integrity Award – Liza Wu, MSW
- Mila Ruiz Tecala Importance of Human Relationships Award – Amy Furr, MSW
- Antonia Pantoja Competence Award – Danielle Nightingale, LCSW
- Lynette Pagnilawan Dignity and Worth of a Person Award – Gilma Cruz, MSW

LAGUNA HONDA RECERTIFICATION UPDATE

Surveyors from the Centers for Medicare and Medicare Services and the California Department of Public Health were onsite for a revisit survey for the December 2023 Medicare Certification Survey, to resolve two plans of correction related to our falls process, and to review 22 complaints/incidents. Surveyors arrived on Monday, April 15 and exited on Friday, April 19.

Preliminary findings indicate zero deficiencies related to the Medicare Certification Survey and zero deficiencies related to the two falls process plans of correction. The entire Laguna Honda team is incredibly proud of this result.

We do anticipate a single deficiency from one of the 22 complaints/incidents, and we expect that we must resolve this deficiency before full recertification.

Surveyors from CDPH returned to Laguna Honda on Monday, April 29 to review additional complaints/incidents. The facility reported incidents are from March 2024 and April 2024. At this time, surveyors have not exited the facility.

Complaints/incidents will continue to be investigated by our regulators and may impact our recertification timeline.

COVID-19 UPDATE

As of 5/2:

- San Francisco's 7-day rolling average of COVID test positivity is 1.5% and there are 33 COVID hospitalizations.
- Thirty-one percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

Public Comment:

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

Today's lipstick on a pig "Director's Report" about LHH reads like J.G. Ballard's story, "The Garden of Time." Colfax's lipstick rendition ignores the mob of elderly San Franciscans and serfs unable to gain admission to LHH for skilled nursing behind LHH's "garden of time" walls erected following CMS' untimely LHH decertification in 2022. Colfax's report acknowledged Federal surveyors were at LHH 4/15 to 4/19, and arrived again to investigate March and April facility reported incidents and patient complaints on 4/29 but hadn't left by 5/3. Colfax's pig lipstick failed mentioning surveyors investigated nine anonymous complaints on 3/26 and 3/27. Colfax whimpered "Complaints/incidents will continue to be investigated ... and may impact [LHH's] recertification timeline." LHH's surveys and surveyors are unending. Patients needing admission languish outside LHH's "Garden of Time" given its delayed recertification. Expedite remedy of the harms caused by the "systemic breakdowns" that occurred at LHH leading to decertification!

Dr. Teresa Palmer requested information that was shared in the exit interview of the most recent LHH regulatory survey, and whether there will be additional citations. Every new citation can delay recertification for 20-30 days. This process is happening while San Francisco residents suffer and are sent out of county for skilled nursing services.

Norman Degelman submitted the following written comment:

How will the huge backlog of complaints that the State (CDPH) appears unable to catch up with affect recertification and resumption of admissions? Is this leading to indefinite delays in recertification? Is there anyone City and County leaders or LHH advocates can contact at the state to answer ongoing questions about this? While many elderly and disabled in SF need LHH beds, will LHH continue to be used to empty beds at San Francisco General Hospital of hard to place persons due to lack of services elsewhere? We hear that the City and County of SF is "playing hardball" in negotiations with health care workers. Given the shortage of direct caregivers that can afford to live in San Francisco, how will a strike affect recertification at Laguna Honda? Why is the required yearly report (for 2023) on our of county nursing home placement being delayed for months (until June)?

Commissioner Comments:

Commissioner Girardo asked if pediatric populations are included in the Operation Encore exercise, noting that the exercise venue was a concert. Dr. Colfax stated that that all volunteers were adults; he will check to ascertain whether any of the exercise scenarios included children.

Commissioner Chow asked for a summary of how the DPH performed on the exercise and how it works with the rest of the city departments to respond. Director Colfax stated that when the Public Health Emergency Preparedness and Response Branch gives their next update to the Commission, he will ask them to include this information.

Commissioner Chow requested a 6-month update on the Alcohol Sobering Center to the Health Commission.

Commissioner Green stated that she too is interested in hearing progress on both the Alcohol Sobering Center and ongoing emergency preparedness exercises.

5) PROPOSED PROGRAM REVIEW: SAN FRANCISCO AIDS FOUNDATION (SFAF) TO BE RELOCATED TO 940 HOWARD STREET, SAN FRANCISCO CALIFORNIA, 94103

Jerna Reyes, Director, Business Office of Contract Compliance, presented the item.

Commissioner Comments:

Commissioner Chow asked when the opening of the new location will occur and requested more information on services to be provided at the site. Ms. Reyes stated that the new location will open on May 20, 2024 for staff and clients. Ben Cabangun, SFAF Chief of Staff, stated that the new site will include Stonewall and other community engagement programs.

Commissioner Chow asked if clients have indicated that there will be any transportation issues to get to the new site. Mr. Cabangun stated that SFAF received no negative feedback about the move. He noted that in the previous location clients had to endure several building security checks. In the new site, SFAF is the sole tenant, so it is easier and more convenient to access.

Commissioner Green asked if there are issues with clients taking public transportation to the new site. Mr. Cabangun stated that SFAF has partnered with Uber on Urberhealth, which takes clients to and from appointments for free. SFAF and Uber subsidize these costs so the rides are free to clients.

Commissioner Green thanked the SFAF staff for their impactful work and is excited for their move into the new location.

6) UPDATE ON IMPLEMENTATION OF CARE COURT AND SB43

Angelica Almeida, PsyD, Director Adult/Older Adult System of Care, presented the item.

Commissioner Comments:

Commissioner Christian asked where mental health diversion referrals may derive. Dr. Almeida stated that California Penal Code 4011.6 which gives authority for a 5150 72-hour hold, can also be used to refer someone to CARE Court. This is more likely in misdemeanor cases and less for felony cases.

Commissioner Christian asked if she was a client in a mental health diversion program and the team thought CARE Court would be an appropriate referral, how would that be done. Dr. Almeida stated that a mental health evaluation must be conducted to open up the referral pathway.

Commissioner Giraudo asked if there are enforcement mechanisms used if an individual is not following through on their care plan. Dr. Almeida stated there are not strong enforcement mechanisms unless someone's mental health status deteriorates. She noted that the presence of a judge in CARE Court is hopefully influential on participants. IF someone is unsuccessful in CARE Court, the information from those proceedings may be used in conservatorship hearings.

Commissioner Giraudo asked for a run through of the process from referral and case closure. Dr. Almeida stated that a family files a petition, the judge reviews to case to ascertain if the evidence is clear as it pertains to CARE Court eligibility criteria. The case is then sent to the DPH to investigate and report back to determine if the person does or does not meet CARE Court criteria. A series of hearings is then held in which the individual is represented by legal counsel and may be accompanied by one support person. The goals of these hearings are to engage the person in voluntary care and identify services in which the individual may be willing to participate. The individual may voluntarily engage in care that is monitored by the court. If the individual is unsuccessful in participating in this care, not interested in engaging in services, and/or deteriorates in the community, the DPH can provide a recommended treatment plan; the court may then mandate that the individual participates in the services outlined in the treatment plan. The DPH then gives progress updates to the court on an ongoing basis.

Commissioner Giraudo asked for clarification when someone may exhibit signs of schizophrenia-spectrum or psychotic disorder, which are criteria to participate in CARE Court, but does not have a diagnosis. Dr. Almeida stated that the DPH gathers evidence through EPIC or gets consent to request information from other health systems to determine if a diagnosis has been made in the past. A diagnosis is necessary to participate in CARE Court. The DPH will refer individuals who exhibit symptoms but do not have a diagnosis to other voluntary services.

Commissioner Green asked what is done when an individual does not have insight around their mental status or possible diagnosis. Dr. Almeida stated that lack of insight is very common. She noted that developing relationships and using clinical skills to assess what an individual is willing to accept is a good starting place. She noted that sometimes a person does not qualify for CARE Court in the moment but may qualify at a later date.

Commissioner Green asked if CARE Court judges have training requirements. Dr. Almeida stated that these judges do not have training requirements. The DPH provides relevant trainings and information as needed to local CARE Court judges.

Commissioner Christian asked how to convince someone to attend CARE Court proceedings. Dr. Almeida stated that the DPH offers incentives like food, gift cards, and transportation to encourage attendance. However, the court proceedings can take place without the individual present. The CARE Court cannot mandate someone to attend court proceedings.

Commissioner Christian noted that under a regular 5150 hold, an individual may be let go of the hold when they stabilize, but noted that under SB43, a person could be held for longer assessment. Dr. Almeida stated that for a regular 5150, someone can be let go when they have cleared the substances. For a grave disability assessment, there can be a process to determine if the individual needs acute care and whether someone meets grave disability criteria. She noted that there is not room in emergency rooms or acute care hospitals to house these individuals. Often the team will follow an individual in the community and work closely with them throughout the process.

Commissioner Christian questioned the capacity for our local system to handle the resources of these cases. Dr. Almeida stated that the DPH team looks at low threshold services and collaborates with other city departments. They look at need for beds and advocate for resource allocation from the state. She noted that many of these individuals have already had multiple contact with city services, but the system did not yet have the tools to engage with them; SB43 has strengthened the DPH and city's ability to move forward with conservatorships when appropriate and necessary.

Commissioner Christian asked if there is any funding to accompany SB43. Dr. Almeida stated that this is an unfunded mandate in which the DPH is deeply committed.

Commissioner Guillermo asked if referrals can be made by people living outside of San Francisco for someone living in San Francisco. Dr. Almeida stated that a family member living outside of the county or state can refer their loved one as long as the person lives in San Francisco. The DPH team attempts reunification with family if the individual is interested and the situation is appropriate and after the person is stabilized; appropriate services must be available at the referral location in order for reunification to occur.

Commissioner Guillermo asked how conservators are chosen. Dr. Almeida stated that the Human Service Agency houses the department of city conservators. The court appoints each conservator per case.

Commissioner Chow is hoping that the Health Commission can better understand the spectrum of programs that respond to the needs of this population, through provision of case examples and outcome metrics in future presentations.

Commissioner Green noted that many counties are delaying implementation of SB43. Dr. Almeida stated that many other jurisdictions are developing the infrastructure to support implementation. San Francisco already has a deep commitment to this type of work and has the infrastructure in place.

Director Colfax thanked Dr. Almeida and her team for their work. He noted that due to the unfunded mandate for this project, the DPH has had to pull funding from other DPH initiatives implement this one.

7) FY2024-25 AND FY2025-26 PATIENT RATES ORDINANCE

Matthew Sur, San Francisco Health Network Reimbursement Director, presented the item.

Commissioner Comments:

Commissioner Chow stated that he hopes the DPH study for new patient rates will be conducted before the end of the fiscal year. He is concerned about the impact of future policy actions of Office of Health Care Affordability (OHCA). He thinks it is important to align the DPH fee schedule with local rates. Mr. Surr stated that he and the DPH are monitoring the OHCA decisions and how they may impact San Francisco carefully.

Commissioner Green asked how the fee schedule aligns with Medicare cutting 3% of costs across the board. Mr. Surr stated that when there is a new CMS service or reimbursement, the DPH uses the best Medicare data available to set the patient rate; the rate is then inflated by the CPI. He added that the DPH applies the standard mark-up rate against the Medicare rate.

Commissioner Chow suggested that the DPH ask consultants what the usual fees are for a new service and not just use the Medicare rate as the base.

Action Taken: The Health Commission unanimously approved the FY2024-25 and FY2025 Patient Rates Ordinance.

8) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Edward A. Chow, MD, stated that the committee met on April 29, 2024 to primarily hold a closed session in order to approve the Credentials Report. He noted that the ZSFG JCC meeting scheduled for April 23 was cancelled due to lack of quorum. However, Commissioner Green held an information session to discuss open session items and to hear public comment from DPH nurses about working conditions and staffing issues.

9) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Edward A. Chow, who chaired the May 7, 2024 meeting, stated that the committee reviewed all items on the Consent Calendar and recommended that the Health Commission vote to approve them.

Commissioner Comments:

Commissioner Guillermo stated that Dr. David Pating from BHS explained that BHS conducted a pilot qualitative evaluation of the SOMA Rise project, listed on the Contracts Report. BHS is now looking at that process to develop an evaluation model for some of its programs. She noted that the Health Commission is interested in BHS performance metrics and performance outcomes.

10) CONSENT CALENDAR

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

- May 2024 Contracts Report
- Request for approval of a new Grant Agreement with Homeless Children’s Network to perform capacity development services to ensure that every Black/African American birthing person has a strong support system for pre-conception, throughout pregnancy, childbirth, and postpartum periods. This is a professional capacity building contract where the contractor will learn how to support Black/African American birthing people and their families, who are residents of San Francisco that are pregnant or are within three years post-pregnancy. The total proposed agreement amount is \$5,600,000 which includes a 12% contingency of \$6419,959 for the term of 11/1/2023 through 6/30/2028 (4 years and 8 months).
- Request for approval of a new contract with Laboratory Corporation of America to provide safe and effective testing and diagnostic services for patient care and support services for clients of the Behavioral Health Services. The total proposed contract amount is \$614,741.00 the total proposed contract includes a 12% contingency for the term of May 22, 2024 through December 31, 2026 (2 years 7 months 10 days).
- Request for approval of a New Professional Services Agreement with United Audit Systems, Inc. to provide remote Cancer Registry services for Department of Public Health. The total proposed contract amount is \$206,976 which includes a 12% contingency for the term of May 1, 2024 through June 30, 2025 (1 year and 2 months).
- Request for approval of a new contract with the Regents of the University of California, on behalf of its San Francisco Campus Medicine and UCSF Departments at Zuckerberg San Francisco General (ZSFG) to provide As-Needed Clinical Consultation (Physician Services) in support of Population Health Department. The total proposed contract amount is \$375,200, 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 November 1, 2023, through October 31, 2024 (1 year).

11) OTHER BUSINESS:

This item was not discussed.

12) ADJOURNMENT

The meeting was adjourned at 5:57pm.