

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

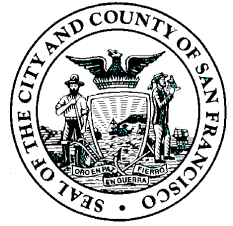
Cecilia Chung
Commissioner

Suzanne Girauo ED.D
Commissioner

Karim Salgado
Commissioner

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

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



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MINUTES

HEALTH COMMISSION MEETING

Tuesday November 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 Tessie Guillermo
Commissioner Edward A. Chow M.D
Commissioner Suzanne Girauo, Ph.D
Commissioner Karim Salgado

Excused: Commissioner Susan Belinda Christian, J.D.
Commissioner Cecilia Chung

The meeting was called to order at 4:03pm.

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

Action Taken: The Health Commission unanimously approved the November 5, 2024 Meeting minutes.

3) GENERAL PUBLIC COMMENT

Chris Ward Kline acknowledged the great work by the DPH on lowering overdose numbers. He thanked the DPH and Behavioral Health Services leaders for their work and stated that there is still work to be done.

4) DIRECTOR'S REPORT

Grant Colfax MD, DPH, Director of Health, presented the item. He noted that there was a pediatric Avian Flu case reported in the bay area which is being investigated by the CDPH. He noted that no Avian Flu cases in San Francisco.

DPH LAUNCHES INSPIRATIONAL TREATMENT AND RECOVERY PUBLIC EDUCATION CAMPAIGN

DPH announced the launch of a new powerful public education campaign aimed at raising awareness about drug treatment and recovery services.

The campaign features San Francisco residents who have benefitted from addiction treatment and recovery services, sharing their stories and that they are “living proof” that treatment works and recovery from addiction is possible.

The campaign is one component of the City’s larger effort to reduce overdose deaths from the lethal drug fentanyl and support recovery from substance use disorder. It coincides with the full launch of the nighttime on-demand medication treatment program that connects individuals who suffer from fentanyl addiction to a medical professional who can immediately prescribe buprenorphine from 8 a.m. to midnight daily.

DPH makes substance use treatment accessible across its system of care, including in hospitals and 14 primary care clinics, permanent supportive housing, shelters and navigation centers, street-based settings, and the Jail Health program. DPH continues to aggressively expand substance use treatment options while removing barriers to treatment. The work has included launching new treatment programs, expanding hours at outpatient treatment facilities and access points, adding 400 residential treatment and care beds, and more than tripling the number of street care workers in the community outreaching to people who use drugs.

The campaign directs people to the DPH Behavioral Health Access Line, a 24/7 call center that serves as a central access point for substance use and mental health services. Beginning in October, the telephone line added the option to virtually connect to a medical professional about medications for fentanyl and other treatment options.

Public education campaign materials will be distributed across the City via billboards, Muni bus shelter ads, social media ads, in ride car share Lyft vehicles, and other outlets. Ads will be shown across the city but will be centered around the Tenderloin and South of Market neighborhoods, where overdose deaths occur at a higher frequency than other neighborhoods. The DPH team is also working directly with community-based organizations to share materials and raise awareness among all San Franciscans that treatment works, and recovery is possible.

PASSAGE OF PROPOSITION B TO HELP IMPROVE SFDPH HOSPITALS AND HEALTH CENTERS

The entire DPH community celebrated the passage of Prop B, which will allow several critical infrastructure projects to move forward at Zuckerberg San Francisco General (ZSFG), Chinatown Public Health Center, City Clinic and Laguna Honda (LHH) to the benefit of both staff and patients. Prop B is a \$390 million general obligation bond that passed in November with more than 72% voter approval. It includes \$205 million in healthcare infrastructure improvements.

Projects at ZSFG will make much needed mechanical and IT system upgrades and strengthen the hospital’s facilities against the growing threat of climate change, such as the installation of a new chiller and cooling tower that supplies cool air and cold water to much of the campus. Their importance was made clear during a recent prolonged heatwave. Prop B will also fund a full seismic retrofit of Building 3, a six-story building that will provide working space for about 300 staff and house psychiatric supportive services and continue to house the hospital’s Anatomic Pathology Lab. ZSFG staff will be moved out of older seismically deficient buildings on campus into Building 3 when complete. In addition, Prop B will help expand the capacity of ZSFG’s Psychiatric Emergency Services, allowing ZSFG to treat nearly twice as many patients in a light-filled space designed for better patient experience and care coordination. Prop B will allow the Chinatown Public Health Center project to move forward with a full seismic retrofit of their building and funds to co-locate the Chinatown Child Development Center there. CPHC has proudly served San Franciscans with a focus on the Chinese and Asian American community since 1969 at its current location, providing medical care and mental health services, and dental care. Funds from Prop B will help us integrate primary and alternative medical care with mental and behavioral health

services, expand dental care, increase the number of exam and consultation rooms, and improve accessibility and air quality and ventilation.

Prop B will provide funds to relocate San Francisco City Clinic to a building optimized for health care, expanding services and making it more accessible and safer for patients. A new clinic space will improve the sexual health outcomes of patients by expanding lab functions for on-site test results processing and sameday diagnosis, strengthen coordinated care with other needed services, ensure faster and more streamlined services, and improve ADA accessibility.

Finally, Prop B will ensure Laguna Honda completes projects that are directly tied to federal regulatory operating requirements. Projects include enhancements that will have a direct and meaningful impact to the quality of care for our residents.

BOARD OF SUPERVISORS VOTES TO APPROVE RESOLUTION TO LIVESCAN TO CONDUCT BACKGROUND CHECKS WHEN ISSUING PERMITS

The Environmental Health Branch regulates, and issues permits to businesses that offer massage in San Francisco. A part of this process requires massage business operators to have a criminal background check to verify that the owner does not have a violent or felony history. Historically, these background check have been performed by the San Francisco Police Department.

Beginning in 2023, the Environmental Health Branch (EHB) reached out to the San Francisco Massage Council and the Office of Small Business to see if there was support for creating a background process which would not require police involvement and found that there was strong support. With this community support, EHB has been working towards establishing LiveScan as an alternative background check method. On November 14th, EHB asked the Board of Supervisors' Public Safety and Neighborhood Services Committee to approve a resolution which will allow DPH to implement Ordinance No. 105-23 regarding Massage Permit Requirements under the SF Health Code. The committee voted unanimously to approve the resolution which we expect the full board to approve in December.

This effort is an example of the EHB working proactively to meet a need without compromising health and safety. Once approved, the Livescan process will provide a more streamlined and equitable option for massage businesses without compromising health and safety.

ZSFG APPOINTS TWO NEW NURSING DIRECTORS

ZSFG recently appointed two seasoned staff members to join its nursing leadership team. First, Merjo Roca has been appointed Nursing Director of Specialty Care. Merjo was previously the Nurse Manager for the Urgent Care Center and the Patient Vaccine Clinic. Merjo has a diverse leadership background in outpatient and inpatient nursing, a passion for performance improvement and increasing teamwork, and a love for teaching, coaching and mentoring staff. During both the pandemic and the Mpox health emergency, Merjo's leadership was critical in quickly establishing and expanding testing and vaccinations for the community; she helped the hospital vaccinate more than 213,000 patients during COVID and also established ZSFG as an Mpox mass vaccination site, which vaccinated more than 21,000 patients.

ZSFG also appointed Joan Torres as Nursing Director for the Department of Psychiatry. Joan led the development and expansion of ZSFG's Behavioral Emergency Response Team (BERT), a nationally recognized program that addresses use of force on patients by law enforcement. It brings a trauma-informed approach to care, ensuring safety for staff and patients by de-escalating difficult situations before they become violent. Under Joan's leadership, the BERT conducts thousands of consultations per year, largely without law enforcement present. Joan developed all the standard work and policies and procedures for BERT, hired and trained all members of the team, oversaw the operations of the

department, and partnered with multidisciplinary stakeholders to establish BERT as a 24/7 service available throughout ZSFG as well as expanding it to the Emergency Department.

COVID-19 UPDATE

As of 10/31:

- San Francisco's 7-day rolling average of COVID test positivity is 2.2%.
- Twenty-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 verbal comments at the meeting and submitted the following summary:

It was disturbing hearing Dr. Colfax introduce himself today as the "Director of Health." That's not his title. The Health Commission's own letterhead (see today's agenda) MUST be changed, to read "Director of PUBLIC Health." The emphasis is on the word "Public." That's the correct name, as shown on SFDPH's own web site! San Francisco does NOT have a "Department of Health," or a "Health Department." It has a "Department of PUBLIC Health." Colfax runs the City's "Department of PUBLIC Health," so named in the City's official Charter. That makes him the "Director of PUBLIC Health." The department's three-letter code is "DPH," referring to "Public" health. The Health Commission is the governing body for SFDPH and is mandated by the Charter to oversee DPH. San Francisco's Campaign and Governmental Conduct Code §3.1-362, "Department of Public Health," enumerates by job title a position named "Department Head V, Director of PUBLIC Health."

Commissioner Comments:

Commissioner Chow requested that the Health Commission receive regular updates on the progress made with funds from the public bond passed recently through Proposition B. Director Colfax assured Commissioner Chow that the Commission will be updated on a regular basis.

Commissioner Chow asked if there is any guidance on purchasing food products in relation to the recent Avian Flu case; he also asked if there is protection and/or a vaccine. Dr. Susan Philip, San Francisco Health Officer and Director of the DPH Population Health Division, stated that guidance from the Centers for Disease Control and CDPH is that the transmission rate is extremely low. She added that there are no issues with buying eggs or chicken at the grocery store. She noted that dairy cows on farms may be a mode of transmission. She added that raw milk can be a risk; pasteurization kills organisms that could cause harm to humans.

5) DPH FY23-24 FOURTH QUARTER FINANCIAL REPORT

Drew Murrell, DPH Chief Financial Officer, presented the item.

Public Comment:

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

Slide #7 of the 4th Quarter Revenue and Expenditure PowerPoint presentation reported LHH had a \$46 million patient revenue deficit for FY 23–24 ending 6/30/2024. But page #1 of Drew Murrell's 7-page memo stated LHH only had a \$43.1 revenue deficit, because "Prior Year Settlements" reduced the FY23–24 revenue deficit. This is sleight of hand accounting gimmickry! Unlike previous CFO Jenny Louie's 15-page "Revenue and Expenditure Reports," Murrell, simply eliminated SFDPH's usual-and-customary 43-numbered line detailed breakout pages for each of SFDPH's various divisions. Murrell provided no breakout pages for each Division showing the typical LHH revenue subcategories of Medicare revenue, Medi-Cal revenue, and "Other Patient" revenue (i.e., private-pay revenue) sources, and no data on the 8 "Operating Expense" categories, and "Total Net Operating." Noticeably missing: line #43, "General Fund Support" from the City's annual budget. Why are budget details being hidden? Make Murrell provide the eight missing pages!

Commissioner Comments:

Commissioner Salgado asked if the DPH may transfer up to 5% of the budget each year to its DPH reserve fund and whether the account in which the fund is placed is interest bearing. Mr. Murrell stated that, with the Controller's Office approval, the DPH may transfer up to 5% of its budget, from surplus revenues, to the DPH Management Reserve account. He noted that the account is not interest bearing.

Commissioner Chow noted that this report does not include the summary detail pages, which were included in past reports. He noted that these pages helped the Commission and public understand the General Fund contributions per each DPH section. He requested that future reports include these pages. Mr. Murrell stated that he will add the summary detail pages in future reports.

Commissioner Green noted that settlements from past years may impact the current budget because the settlements often take years to complete. She asked if there are many pending settlements which may impact the current or next year's budget. Mr. Murrell stated that the DPH monitors settlements for LHH, ZSFG, and BHS, striving to understand individual program risk and possible state audits. He also stated that the DPH attempts to closely track MediCal and Medicare settlements as they relate to impact on the DPH budget. He added that part of the purpose of the DPH Management Reserve fund is to hedge against judgements and use the fund if and when necessary.

Commissioner Green asked how far back regulatory settlements may go. Mr. Murrell stated that in any fiscal year, the DPH recognizes many multiple years of claim revenue from the past 3-10 years.

Commissioner Green noted that use of registry staff has substantially decreased and asked the impact on the DPH budget. Mr. Murrell stated that DPH use of registry staff had decreased over 50%, which is a testament to the effective work between the DPH, DPH Business Office Contracts Division, and DPH Nursing leadership.

Director Colfax congratulated Mr. Murrell for a job well done in his first presentation as the DPH Chief Financial Officer to the Health Commission. He also thanked him for his many years with the DPH.

6) DPH ANNUAL COMPLIANCE TRAINING & DPH OFFICE OF COMPLIANCE AND PRIVACY AFFAIRS FY23-24 ANNUAL REPORT

Garrett Chatfield, Deputy Director, Office of Compliance and Privacy Affairs, presented the item.

Public Comment:

Dr. Teresa Palmer asked for clarification regarding the protections for whistleblowers. She noted that fear of retaliation is high especially among lower-level staff.

Commissioner Comments:

Commissioner Girardo thanked Mr. Chatfield for responding to her written questions before the meeting.

Commissioner Chow asked if many of the same programs are audited each year because they do not comply with regulations. Mr. Chatfield stated that some of these programs or DPH contractors are repeat offenders. He noted that every DPH audit includes a corrective action plan; DPH staff are in place to correct the issues and monitor implementation. Commissioner Chow asked if there is a penalty for programs that do not make improvements. Mr. Chatfield stated that the DPH Office of Privacy and Compliance notifies the DPH Business Office to deal with the issues within the contract. He noted that the DPH Privacy and Compliance Office does not have authority to impose a consequence for lack of compliance.

Commissioner Guillermo thanked Mr. Chatfield for the comprehensive report and training. She asked for clarification regarding the reason for the 43% of BHS substance use agency error rate. Mr. Chatfield stated that the error rate is due to documentation issues; there are required daily notes on clients that are sometimes

incomplete. Commissioner Guillermo asked if the fact that DPH substance use contractors do not use EPIC for patient records contributes to the situation. Mr. Chatfield stated that the agencies provide the DPH with paper copies and the lack of participation in EPIC does not contribute to the situation.

Commissioner Green asked for more details on error rates of individual agencies, noting that the slides do not give any detail. Mr. Chatfield stated that he did not have the information with him at the meeting and would follow-up through Mr. Morewitz.

Director Colfax thanked Mr. Chatfield for making the topic of Privacy and Compliance succinct and interesting to hear.

7) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Tessie Guillermo, LHH JCC chair, stated that at the November 12, 2024 meeting, the Committee reviewed the Executive Team Report and heard about the recent mock survey process which was good practice for the actual survey process that started within a about one week. The committee reviews admission data for every admission category on a monthly basis; there is currently no waitlist. The Commissioners were sent a draft copy of the hospital's annual report on the day of the LHH JCC meeting; therefore the Commissioners will submit written comments to staff. The committee also reviewed the Human Resources and Regulatory Affairs report. The JCC reviewed and recommended that the full Commission approve the policies contained in the Consent Calendar item. During the closed session, the committee approved the credentials report and the PIPS Minutes Report.

Public Comment:

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

The admissions data in the executive report for LHH JCC Nov. 12 was cumulative over months. Please provide more detail. Please, supply a monthly breakdown of ALL CATEGORIES of applications, acceptances, rejections, & waiting time including length of wait & reasons for acceptance or rejection-- in the interests of transparency for all San Franciscans. When we apply to LHH, our public nursing home, we should be able to see what we can reasonably expect. Both the Health Commission, our leaders, & the public has a right to know about, & work on correcting, problems such as unreasonable waits or lack of alternatives when rejected. We need to know if bad outcomes at a lower level of care or out of county transfers are related to logjams in admission for certain categories of people. Especially we need to consider those who will not do well without SNF care, priority or no.

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

On 11/12/2024 LHH reported to the LHH-JCC it had admitted 28 residents since resuming admissions in July. Not so fast! That's deceptive, ignoring LHH's total census. The 11/12/2024 "State of the Hospital" slide reported LHH had a net loss of 22 residents since July (11 resident deaths plus 11 planned discharges). Therefore, LHH's net census has increased by a mere six residents, an average increase of just 1.5 patients per month. To return LHH's census to 710 patients as of 11/14/2021, it could conceivably take 191 months (at a 1.5 patient census increase monthly) to return to full capacity — that translates to 15.9 years, a ridiculously slow snail's pace to return LHH to its former capacity! And suggests prolonging out-of-county discharges. Mr. Murrell noted LHH's \$46 million budget deficit for Fiscal Year 23–24 was principally due to LHH's reduced patient census. It's time LHH speed up its admissions process!

8) CONSENT CALENDAR

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

• **LHH Policies and Procedures:**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	A&E	04-03	Standard admission agreement Signature
2	A&E	50-01	Admission and Eligibility Criteria for Acute Rehabilitation Service
3	A&E	50-02	Admission and Eligibility Criteria for SNF-Level Rehabilitation Services
4	A&E	02-06	Residents from Other Hospitals for Re-Admission to LHH
5	Nursing	B 6.0	Items Allowed at Bedside
6	Nursing	J 7.3	Subcutaneous Access Device
7	Rehab	30-01	Scope of Rehabilitation Services Scope 30-01 of Services to Be Provided
8	Rehab	80-05	Establishment of Treatment Programs and Documentation
9	Social Services	7.09	Readmission Assessments

9) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Suzanne Giraud, Chair, stated that the committee reviewed a presentation on City Clinic, which had over 11,000 patient visits last fiscal year. She noted that the clinic is a national leader in HIV and STI treatment and prevention. The Clinic conducts effective community outreach. The recent passage of Proposition B will provide funds for City Clinic to move into a new space, once a location is identified. The Committee also discussed a presentation on the Behavioral Health Services Act, which has 7 service categories and funds over 85 local programs. The presentation included program outcome objectives and data. The Committee asked for more information regarding health promotion in elementary schools.

10) OTHER BUSINESS:

This item was not discussed.

11) CLOSED SESSION

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

There was no public comment on this item.

- B) Vote on whether to hold a Closed Session.

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

- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

CONSIDERATION OF ZSFG MEDICAL STAFF CREDENTIALING MATTERS

RECONVENE IN OPEN SESSION

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

12) POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Health Commission unanimously voted to not disclosed discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 5:39pm.