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Laurie Green, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Susan Belinda Christian, J.D.
Commissioner
Cecilia Chung
Commissioner
Suzanne Giraudon ED.D
Commissioner
Tessie M. Guillermo
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 December 20, 2022 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

1) CALL TO ORDER

Present: Commissioner Dan Bernal President
Commissioner Laurie Green, MD, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Suzanne Giraudon, Ph.D
Commissioner Tessie Guillermo

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

The meeting was called to order at 4:05m.

2) GENERAL PUBLIC COMMENT

A member of the public stated that masks don't work against spreading infection. The reason for mask mandates is to dominate and destroy citizens and the minds of children. The economy has been destroyed because of the greatest crime, illegally shutting down businesses. There has been a spike in mental health disorders. They hope the Commission cares enough about children to not reinstate a mask mandate.

A local resident is concerned about a proposed indoor mask mandate. There are no high-quality studies regarding the long-term effectiveness of masks. The impact of indoor masking on children is delayed development and lack of development. There is no accepted standard for masks, so people wear different types, with varying quality. Mask mandates are extremely divisive.

A member of the public stated that you have had enough time to realize there is nothing to do about COVID because there has not been discovery of an isolated COVID virus. You don't have the authority to authorize controlling the behavioral of people.

A member of the public, who was born and raised in San Francisco, urged cease of infringement on constitutional rights. Masks do not work.

A member of the public stated that it is a felony to subvert people's rights. The virus has never been proven to exist; it has not been isolated.

Charlotte, a lifelong resident, stated that although there are some in the city clamoring for another mask mandate, it would be unlawful and divisive.

A San Francisco native stated they are against enforcement of a mask mandate. They have hearing loss and during the last mask mandate, it was a struggle to interact with others and do necessary business. People should have the ability to make choices about masks.

Teresa Palmer, physician, stated that she has trust the Health Commission will continue to follow evidence regarding the efficacy of mask-wearing. Masks prevent infection and protect individuals at high-risk.

A registered nurse of twenty-five years, stated that masks do not prevent infections or transmissions. The long-term impacts of masks are just bad. Big pharm have conspired with public agencies and will be found guilty of going against our constitutional rights. Allow people to live freely.

Steve Zeltzer, United Front Committee for Mass Labor Party, is in favor of mask requirements. San Francisco's democrats has been outsourcing public care and allowed the corruption and disruption of health care. This is a direct attack on the working class. HealthRight360 is an example. This has to stop. We need more money for public health care and protection for workers. Laguna Honda Hospital is threatened with privatization. Transfers of seniors to homeless centers, nursing homes, and places where they cannot get care is a crime of murder and criminal negligence. The Commission should resign and an elected Commission should take its place. Privatization of the land is what is driving the situation at Laguna Honda.

A member of the public stated that they oppose any new mask mandate.

Michael Lyon, Grey Panthers, stated that one-way masking is not as well protected as when two people are both wearing masks.

A member of the public stated that the Health Commission should stop working for the elite and resign.

Michelle, a resident for 35 years, stated that there should be no mask mandate.

A member of the public stated that mask mandates are constitutional and other countries have found that masking is very helpful and effective against the transmission of COVID. They urged that the flow of misinformation stop. They added that the DPH is not doing enough to protect the public; the DPH should be telling people how they can protect themselves against COVID.

A member of the public stated that training is necessary to use a mask effectively. Taiwan has 99% of its citizens wearing masks but have had a massive COVID outbreak.

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

Commissioner Chow asked about LHH Executive Staff changes during the 11/8 LHH-JCC meeting. Acting-CEO Pickens responded saying a current LHH employee is being taught to be a "Nursing Home Administrator" (NHA) by LHH's current consultant, HSAG, potentially as the preceptor. That employee doesn't have the required Masters degree in Nursing Home Administration; their Masters is in Occupational Therapy. Their management skills are widely disrespected among LHH staff. The

employee claims their CHCF California Healthcare Improvement Project resulted in decreased LHH acute rehabilitation unit admission wait times and an increased average daily census. The Acute Rehab census has remained low for years. Given LHH's 2019 patient sexual abuse scandal, it's a bad idea to "home grow" an NHA. LHH's residents merit a highly qualified, licensed NHA possessing years of experience. This Commission should require a nationwide search to hire an already-licensed NHA, not this inexperienced "wanna-be." LHH's residents deserve no less.

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

Baljeet Sangha, Laguna Honda Hospital CMS Recertification Co-Incident Commander and Chief Operating Officer, San Francisco Health Network, presented the item.

Public Comment:

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

The CMS monitoring survey that began 11/28/22 should be over by now. If the survey was completed, LHH was nonetheless told what deficiencies, if any, were identified throughout the survey during the State surveyors' Exit Interview — so LHH could start writing its plan of correction even before receiving a final written Form 2567 statement of deficiencies. It was shocking hearing Baljeet Sangha — LHH's Recertification Co-Incident Commander — report during this Recertification Update agenda item that the "Action Plan" required by the LHH Settlement Agreement is due to CMS on or before January 6 ... 13 working days from today (12/20/22); two days are official City holidays. The "Action Plan" is to be based on the "Root Cause Analysis" due on 12/1/22 which has been kept secret from the Public. Since HSAG — as LHH's Quality Improvement Expert — is being paid almost \$10 million, HSAG must release the "Action Plan" promptly on 1/6/22!

Greg objects to Laguna Honda being discussed in closed session today.

A former Laguna Honda nurse objects to the closed session discussion of Laguna Honda. Since it is a public facility, the Commission should not be discussing the issue behind closed doors. The hospital beds have gone to people with mental health and drug abuses issues, due to vast mismanagement of the facility. We should be building more beds to serve this population.

Melanie Grossman, Older Women's League, asked that that flow project be terminated and to restore Laguna Honda Hospital so elder residents have a place to go. There should be no bed loss; two beds per room would be harder for women who live longer. She urged a focus on community services so people with mental health and/or substance use issues, can receive adequate care in their own homes.

Norman urged that Laguna Honda be saved and to fund appropriate services for people with mental health issues and substance abuse.

Dr. Teresa Palmer stated that since the Action Plan is being developed, the RCA has not yet been made public. Is the RCA so embarrassing? She doubts that the DPH and Commission do not yet know the results of the recent CMS survey. If LHH failed, deaths and discharges will resume. This is unacceptable and must not occur. Bed cuts and forced discharges are not acceptable. There are not enough skilled nursing beds in the region, which means people will die on the streets. Laguna Honda needs to resume normal operations with all beds intact.

Steve Zeltzer, United Front Committee for Mass Labor Party, thinks this report by highly paid consultants is a total cover-up. There is no data on whether the facility passed or failed the test. Moving patients to non-Medi-Cal nursing homes means they will receive lower quality of care. The Democrats in San Francisco allow rip off artists to kill people by transferring people to privately funded facilities. Appointees of the Mayor represent

the corporations; you are puppets. The past and present mayors have destroyed the public health service system. There is no place to send these patients except homeless shelters. This is all about profit for private nursing homes.

Joseph Urban, whose mother-in-law was resident of LHH, noted that there were 9 deaths of people who were transferred to other facilities. No public reports were provided about these deaths. The online closure and transfer dashboard was last updated in July, shows that 41 patients were transferred to skilled nursing facilities; we can only assume that the 9 people who died were transferred to one of these facilities. This is a 22% death rate. There is an estimated 400 people who qualify for skilled nursing care at Laguna Honda; this means that 88 people could die if transfers begin again in February 2023. No effort has been made to stop these deaths. No research has been done to understand the conditions that led to the deaths of these 9 people. No research has been done to understand the issues that might lead to transfer death for at-risk residents. No procedures have been defined to stop transfer trauma-related deaths. No procedures have been undertaken to return people who were forced to transfer, back to Laguna Honda.

Karen Fishman, retired geriatric social worker, stated that some clients went to LHH and were well taken care of there. The flow project was not in effect then and made a huge difference in their day-to-day living. That project led to the problems where LHH is today. It needs to be stopped. She expects the Health Commission to be very vocal and determined that the disaster to closed LHH does not happen.

Commissioner Comments:

Commissioner Guillermo thanked those who made public comment, for voicing their concerns. She acknowledges the LHH staff, who are working as hard as they can on behalf of residents and future residents, during this critical time. She deeply appreciates the compassion with which staff approach their work and she wants them to know they are appreciated. She noted there is still much work to be done ahead.

Commissioner Green shared gratitude for all the incredible work and dedication LHH staff and leaders continue to exhibit in their incredible work, noting that staff have such an incredible dedication to providing quality care to residents.

Commissioner Green asked for the information regarding the timeframe by which LHH will receive the 2567 CMS survey findings and the timeframe to submit plans of correction. Mr. Sangha stated that CMS has 10 business days to send the 2567 findings to LHH. LHH has 10 days to submit a plan of correction to CMS. CMS then may comment or ask for changes to the plan of correction before accepting it.

Commissioner Chow asked for clarification that the 2567 findings would be for the recent CMS survey, which is included in the Settlement Agreement with CMS, indicating that CMS may survey LHH every 90 days. Mr. Sangha stated that Commissioner Chow is correct.

Commissioner Bernal stated that LHH staff and leaders completed extraordinary work during the extended survey. He noted that he has spent time at LHH and found it to be a great institution with a bright environment for residents, which is a stark difference to many other skilled nursing facilities across the country. He wondered how other skilled nursing facilities approach self-reporting incidents and their subsequent exposure to the level of scrutiny which LHH is currently experiencing.

4) CLOSED SESSION

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

Public Comment:

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

Here you go again entering Closed Session to discuss another potential crisis! It was shocking hearing Commissioner Guillermo state after Mr. Sangha's update on the LHH Closure Plan before going into closed session that the problems at LHH leading to decertification by CMS had been years in the making. Guillermo seems oblivious to the key problem: That the "Flow Project" has been at the root of all of LHH's problems! She's right: Ever since 2004, the Flow Project has been 18 years in the making. This Commission should demand in Closed Session that the Flow Project finally be ended now! A member of the public sarcastically thanked this Commission today saying your closed sessions are a major contributing factor to perceptions government agencies have ruined, and should stay out of, healthcare! His comment is your own fault. Your continued Closed Session secrecy must end for the sake of LHH's residents!

Dr. Teresa Palmer abhorred the idea that the Commission is going into closed session. The lack of transparency makes her think that LHH is being set up to fail. She understands that people are working hard, but if things like the flow project are not changed, LHH will fail. The public needs to understand how this happened. Having a closed session to discuss the LHH situation is horrible and illegal.

Steve Zeltzer, United Front Committee for Mass Labor Party, asked why the Health Commission is holding a secret session. You don't care about the people of San Francisco or transparency. The lack of a public RCA shows cover up. Patients have been murdered.

- B) Vote on whether to hold a Closed Session in relation to item 3.D below.

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

- C) Vote on whether to hold a closed session in relation to item 3.E below regarding pending litigation and to assert the attorney-client privilege in relation to that closed session discussion.

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

(San Francisco Administrative Code Section 67.10(d); and California Government Code Section 54956.9(d)(3)).

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

- D) 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.

**LAGUNA HONDA HOSPITAL AND REHABILITATION
CENTER QUALITY UPDATE REGARDING RECENT
REGULATORY SURVEY ACTIVITY**

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

PROPOSED ACTION: SETTLEMENT OF UNLITIGATED CLAIM: U.S. Department of Health and Human Services – CITY TO RECEIVE \$277,894.52.

CITY AND COUNTY OF SAN FRANCISCO, Petitioner, vs. U.S. Department of Health and Human Services, Respondent.

(Centers of Medicare & Medicaid Services, Provider Reimbursement Review Board, Case Nos. 07-0719G; 07-0720G; 07-0744G; 07-0748G; 07-0745G; 07-07-0749G; 07-0746G; 07-0750G; 13-0466G; 13-0467G; 17-2140G & 17-2141G)

RECONVENE IN OPEN SESSION

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

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

5) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 6, 2022.

Public Comment:

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

The 12/6 meeting minutes contains item #12 on a summary of the December 2022 contracts consent calendar, which included a contract to convert 23 acute beds at Chinese Hospital to licensed sub-acute SNF and SNF overflow beds for patients being referred from SFGH between 12/1/22 and 11/30/23. Given a potential conflict for Commissioner Chow, the minutes say the contract will be brought back to this Commission at a later date. You should schedule this during a regular 4:00 p.m. Commission meeting, not in a 2:00 p.m. Finance subcommittee meeting. The purpose of the contract is “To provide surge capacity for skilled nursing beds and subacute skilled nursing beds. Patients will be evaluated for appropriate referral from ZSFGH inpatient units.” Will these 23 beds be limited to only sub-acute patients from SFGH, or will patients from other hospitals in the City who need sub-acute level of care also be admitted?

6) DIRECTOR’S REPORT

Naveena Bobba, MD, DPH, Deputy Director of Health, presented the item.

WITH RESPIRATORY VIRUSES CIRCULATING, 12 BAY AREA HEALTH OFFICIALS RECOMMEND ACTIONS TO STAY HEALTHY FOR THE HOLIDAYS

This holiday season, another surge in COVID infections, along with high levels of influenza (flu) and respiratory syncytial virus (RSV), are straining healthcare systems and impacting families.

The good news is that there are easy actions everyone can take to stay healthy this season. Twelve Bay Area health officers recommend the following steps:

Get Vaccinated Against Flu and COVID.

- The updated Omicron COVID booster, also known as the bivalent booster, targets the Omicron variant, as well as the original 2020 virus. The Omicron boosters are available for ages six months

and older. These improved vaccines are the best protection against severe symptoms of COVID and hospitalization.

- Earlier in the pandemic, COVID vaccination rates in the Bay Area were high, shielding some communities from the worst outcomes. This vaccine protection has decreased over time, but an Omicron COVID booster can rebuild it. In most parts of the Bay Area, less than half of eligible people have received the updated Omicron COVID booster.
- More people in the Bay Area are getting the flu this year than earlier in the pandemic. Flu is not the same as the common cold and can lead to sudden, severe illness in the very young, seniors, and those with underlying medical conditions.
- Now is the time to get your flu shot. Your doctor can give you the flu shot and the Omicron COVID booster in the same visit. COVID shots are free and other recommended immunizations are widely available at low or no cost.
- There is no vaccine for RSV, but simple measures like regular hand washing and covering coughs can help.

Stay Home if You Are Sick.

- No matter which virus you have, if you are feeling sick the best way to keep from spreading it to others is to stay home until you have recovered. If you think it might be COVID, get tested.
- People who need urgent or emergency medical care, including testing or treatment for influenza or COVID, should seek it.

Wear a Mask in Indoor Public Places.

- Masks can prevent transmission of COVID, flu, RSV, and other respiratory viruses all at once.
- Wearing a high-quality mask, such as a KN94, KN95 or N95, can prevent you from getting sick and missing out on life, work, school, and holiday parties. Masking is strongly recommended indoors in public settings to prevent the spread of viruses and reduce the risk of illness.
- Masks also lower the likelihood that you pass on an infection if you are already sick, even if your symptoms are mild. This helps protect people around you, especially those at higher risk of serious illness.
- Improve ventilation indoors by turning on HVAC systems, filtering the air with a portable HEPA filter, pointing fans out open windows, or opening doors and windows when possible. These can all help viruses from spreading indoors.

Get Tested Before an Indoor Gathering or if You Feel Sick.

- Reduce the chances of infecting someone else with COVID by finding out if you have the virus before gathering with others. Remember, COVID symptoms may be mild or absent. Make sure to stock up on home test kits.

Get Treatment, if Needed.

- Free treatments are available if you test positive for COVID. Free medication prevents hospitalization and is available to most adults and some teens with even mild symptoms.
- Talk to your doctor about treatment options or visit covid19.ca.gov/treatment or find a test to treat location near you: aspr.hhs.gov/TestToTreat. Treatments work best when started right after symptoms begin, and within 5 days of symptoms starting.

Health Officers from the counties of Alameda, Contra Costa, Marin, Monterey, Napa, Santa Clara, Santa Cruz, San Francisco, San Mateo, Solano, Sonoma, and the city of Berkeley encourage the public to take these easy steps to protect themselves and others from missing holiday moments and to ease the burden on local health systems. Across the Bay Area, respiratory viruses impact the most vulnerable, including young children, the

immunocompromised, people living in crowded housing or congregate living facilities, and seniors, especially at skilled nursing facilities.

DPH CELEBRATES CBOs SUPPORTING NEIGHBORHOOD COVID SITES

On December 16, the COVID-19 Taskforce Equity and Community Engagement team, in partnership with the Population Health Division Center for Learning and Innovation, convened a celebration at the Southeast Community Center to honor and celebrate the community-based organizations (CBOs) that have supported COVID-19 Neighborhood Testing and Vaccine sites for the past two-and-a-half years. These CBOs have served the following San Francisco neighborhoods: Bayview Hunters Point, Potrero Hill, Visitacion Valley, Excelsior, Lakeview/OMI, Chinatown, Mission, Western Addition/Fillmore, Tenderloin, and Treasure Island.

Due in large part to the hard work and dedication of the work done by community led efforts, 86% of eligible San Franciscans have completed their vaccine series and 64% have received at least one booster dose, many of whom live in communities disproportionately impacted by COVID-19. We are also happy to share that over 275,000 eligible San Franciscans have received the bivalent booster before the busy holiday season.

These successes did not happen overnight. They are a result of countless hours of coordination, advocacy and outreach that would not have been possible without community leadership, which our partner Community-Based Organizations played a critical role providing.

PROGRAM PROVIDING BASIC INCOME TO BLACK PREGNANT WOMEN EXPANDS TO HELP MOTHERS ACROSS THE STATE

A DPH program that provides monthly income supplements to pregnant Black women to reduce racial health disparities has been awarded \$5 million in state funding to expand the program and provide support to additional families throughout California.

The Abundant Birth Project, a DPH program operated in partnership with Expecting Justice, will launch next year in Alameda, Contra Costa, Los Angeles and Riverside counties and will continue in San Francisco. The program will serve an additional 425 mothers and other birthing parents with grant funding recently announced by the California Department of Social Services.

Research has shown that racism and its related socio-economic inequities are key factors contributing to poor maternal and infant health outcomes. Black women are twice as likely than white women to have a preterm birth and they experience the highest infant and maternal mortality rates among any population, in part because of wealth and income disparities. Premature births are the leading cause of newborn deaths and can lead to lifelong health issues, including chronic disease, learning disabilities, and behavioral health issues.

San Francisco was the first in the country to provide supplemental income to high-risk pregnant women when the Abundant Birth Project began in June 2021 to serve pregnant Black and Pacific Islander people. The program provided \$1,000 monthly payments over 12 months to 150 recipients, beginning in early pregnancy, to reduce the racial birth disparities by easing economic stress.

Abundant Birth Project programs beyond San Francisco will provide Black mothers with monthly incomes of \$600 to \$1,000 for 12 months. Expecting Justice is partnering with the Alameda County Public Health Department, the Richmond Rapid Response Fund, the Los Angeles County Department of Public Health, and the Riverside Community Health Foundation to serve their communities over the next two-to-three years beginning in mid-2023.

The health impacts of the Abundant Birth Project are being studied by the University of California at San Francisco, Berkeley and Davis. The \$5 million grant is among \$25 million in funding that the California Department of Social Services awarded to supplemental income programs this fall.

DPH DISTRIBUTED MORE THAN 5,000 HOLIDAY TURKEYS TO COMBAT FOOD INSECURITY

On December 10th, DPH and the San Francisco African American Faith-Based Coalition gave away more than 5,000 turkeys at a holiday food giveaway, as well as health information resources.

More than 50 faith-based and community organizations came to the third annual Feeding 5,000 event to collect turkeys, bags of holiday food, gift cards and health resources to distribute among more than 6,700 San Francisco households this holiday season.

Many San Franciscans, particularly Black, Indigenous, People of Color (BIPOC) communities, continue to be affected by the economic impacts of COVID-19 and lack access to healthy foods. Before the onset of the COVID-19 pandemic, one in four San Francisco residents were at risk of hunger due to income shortage, and the [San Francisco Food Security Task Force](#) estimates that the number of people struggling has risen since the onset of the pandemic.

Food insecurity causes stress, trauma, poor diet quality, and malnutrition and is a major contributing factor to the widening racial health disparities in low-income BIPOC communities. Food insecurity also increases the risk of multiple chronic conditions, including diabetes, heart disease and hypertension, and exacerbates existing physical and mental health conditions.

The San Francisco African American Faith-Based Coalition is a health and wellness collaborative of more than 21 churches that is committed to advocating for the needs of underserved Black people. Collectively, the members of the Coalition represent more than 6,000 San Franciscans.

The Feeding 5,000 event is a collaborative effort among numerous city departments and community organizations. The event only distributes food and resources through faith-based and community-based organizations; it does not give donations directly to individuals.

MPX UPDATE

LOCATION	TOTAL CASES AS OF 11/5/22 (probable and confirmed)
San Francisco	841
California	5,622
U.S.	29,646
Worldwide	82,553

COVID-19 UPDATE

As of December 7:

- San Francisco's 7-day rolling average of new COVID cases per day is 207 and 114 people are hospitalized, including 12 in the ICU.
- Eighty-six percent of all SF residents have been vaccinated and 64% have received booster dose(s).

[DPH in the News](#)

Public Comment:

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

It's unfortunate this Directors Report presented by Dr. Bobba didn't present data about staff and resident COVID cases and deaths at Laguna Honda Hospital. The LHH Patient and Family data web

page (<https://sf.gov/data/laguna-honda-hospital-covid-19-cases-and-deaths>) shows that between March 2020 when COVID began and December 2021 — a 22-month period — there were a total of 78 COVID cases and 6 deaths among LHH’s residents, compared to a shocking 234 patient COVID cases and an additional 5 deaths in the 12 months of 2022 alone — for a total of 312 patient COVID cases and 11 patient deaths.

The same web pages shows 287 COVID cases among staff in the 22 month period between March 2020 and December 2021, and 973 staff COVID additional cases in 2022, for a combined total of 1,260 staff cases. This illustrates LHH’s nursing staff aren’t following infection control procedures and COVID precautions — a major reason lost its CMS certification.

Commissioner Comments:

Commissioner Green gave kudos to the Abundant Care Project and is excited this innovative program is being expanded across the state.

Commissioner Bernal thanked Dr. Bobba for the report.

7) RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF \$15,750 FROM THE SAN FRANCISCO PUBLIC HEALTH FOUNDATION

Greg Wong, DPH Business Office, presented the item.

Action Item: The Health Commission unanimously approved the resolution. (See attachment)

8) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Giraudo, Chair, stated that the Committee discussed Maternal Child, Adolescent Health and Public Health Emergency Preparedness and Response updates. The Public Health Emergency Preparedness and Response (PHEPR) update provided valuable information regarding the city agency and community partnerships with which the DPH is involved to coordinate emergency preparation and response activities. Three PHEPR programs were highlighted: Healthcare preparedness, Emergency Preparedness, Operations and Logistics. The unit regularly conducts exercises with partners to ensure the city is prepared for crises. There is a staff of 14 with plans to increase to 28 staff later this year, in an effort to improve response times and community resiliency. Commissioner Giraudo noted that the Maternal, Child, Adolescent Health updated noted that that most of the unit’s staff were deployed to COVID activities in the first years of the pandemic; the unit is striving to return to normal operations. They are currently focusing on dental care, mental health, and collaboration-building related to service provision to children with health-related disabilities.

9) OTHER BUSINESS:

Public Comment:

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

Under “Other Business,” as I testified today, the full Health Commission should schedule a follow-up hearing on the 23-bed Chinese Hospital contract, given Commissioner Chow’s conflict of interest at the Finance sub-committee meeting on 12/6/22. This contract, and the status of bringing 23 to 90 sub-acute beds on-line to replace the sub-acute unit CPMC closed at St. Luke’s Hospital five-and-a-half years ago in 2017 are both long overdue for discussion.

In addition, the March 8, 2022 LHH-JCC agenda contained an agenda item on the housing project on LHH’s campus that former-Supervisor Norman Yee pushed for. During that LHH-JCC meeting, Commissioner Chow specifically stated the proposed site on LHH’s campus must be discussed during a

full Health Commission meeting, because the Commission hasn't heard anything about the housing proposal. Given the COVID pandemic, the LHH housing project hasn't been discussed at the full Commission. You should schedule that discussion soon, too.

10) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Public Comment:

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

Commissioner Green only reported public comment was taken and the LHH-JCC went straight into Closed Session on 12/13. She didn't report today I testified on 12/13 the contract with HSAG to be LHH's Quality Improvement Expert (QIE) hadn't been finalized by December 9. Why is the QIE contract still kept secret? The LHH Settlement Agreement required the QIE to conduct "a 'Root Cause Analysis' (RCA) for every deficiency identified in CMS and CDPH surveys " between 10/14/21 and 4/13/2022. The RCA report was supposed to be submitted to CMS by 12/1/22. On 12/2, SFDPH's public records staff responded to my records request saying "... SFDPH does not have possession, custody, or control of the record responsive to your request." Why is the RCA being kept secret, too? The Commission should demand immediate release of the RCA. Again, demand that a nationwide search be conducted to hire a NHA for LHH.

Dr. Teresa Palmer stated that the closed session discussions are probably illegal. The only assumption the public can make is that things are not going well. We need to know.

A member of the public stated that state-funded care always leads to tyranny and poor outcomes for the patients. In the short term, LHH may provide some positive things for patients, but in the long term, it has been a nightmare. This board has shown what kind of tyranny and failure can occur when government provides medicine. It is no surprise that you hold secret discussions behind closed doors. It is no surprise that you are ignoring comments from the public.

11) CLOSED SESSION (CONTINUATION IF NEEDED)

The Health Commission completed its closed session business during its initial closed session and therefore, did not need to go back into closed session.

12) ADJOURNMENT

The meeting was adjourned at 6:21pm.

**Health Commission
City and County of San Francisco
Resolution No. 22-25**

RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF \$15,750 FROM THE SAN FRANCISCO PUBLIC HEALTH FOUNDATION

WHEREAS, The San Francisco Public Health Foundation has donated to the Department of Public Health an in-kind gift in the amount of \$15,750 for the VCIN (Virtual Care Innovation Network) Program; and

WHEREAS, The San Francisco Public Health Foundation has notified the Department of Public Health that proceeds from the gift will be distributed; and

WHEREAS, The gift will be in the form of healthy snack and hygiene boxes to be distributed to people experiencing homelessness (PEH); and

WHEREAS, The San Francisco Public Health Foundation provides gifts to entities that help low income and at-risk populations; therefore, be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor authorize the Department of Public Health to accept and expend an in-kind gift of up to fifteen thousand, seven hundred and fifty dollars (\$15,750) to help PEH; and be it

FURTHER RESOLVED, That the gift will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Section 10.100-305.

I hereby certify that the San Francisco Health Commission at its meeting on December 20, 2022, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary