

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

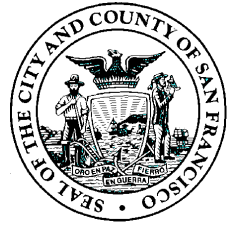
Cecilia Chung
Commissioner

Suzanne Girauo ED.D
Commissioner

Karim Salgado
Commissioner

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

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



Grant Colfax, MD
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday December 3, 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 Susan Belinda Christian, J.D.
Commissioner Suzanne Girauo, Ph.D
Commissioner Karim Salgado

Excused: Commissioner Edward A. Chow M.D
Commissioner Cecilia Chung

The meeting was called to order at 4:04pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 19, 2024.

Action Taken: The Health Commission unanimously approved the November 19, 2024 Meeting minutes.

3) GENERAL PUBLIC COMMENT

Chris ward Kline acknowledged that the DPH has done good work on reducing overdose deaths. The things not going well include a surveillance system used by department of technology that can give someone false PTSD symptoms to force medication. That is very concerning especially if you are a veteran because everything you have went through is concerning but now you have cities and counties trying to give false PTSD, COVID, or HIV diagnoses.

Paul Aguilar, Marty's Place resident, stated he is HIV positive and noted that Marty's Place is the only low-income housing cooperative in the United States. Mission Action is now calling for eviction of all people living at Marty's Place and making false allegations. He is a formerly homeless individual who was referred to Marty's Place, which saved his life. He does not think Mission Action should receive any public funds.

Michael Rouppet, Marty's Place, stated that he wants the public to get the best use of its funds. There is a large dispute in accounting of the funds related to Mission Action. Housing is healthcare. He requested an audit of Mission Action.

Vincent Crisostomo, Chair of the Harvey Milk Democratic Club HIV Caucus, stated that Marty's Place honors and respects the history of people with HIV in this city. It is appalling that Mission Action is dragging the people living at Marty's Place, who are on fixed incomes, through court. He hopes for a delay in court so the situation can be rectified.

Malena, Campaign Associate for Walk SF, stated that 22 pedestrians have died this year in San Francisco; this is more than the amount of pedestrian deaths before the City adopted its Vision Zero plan. This is not acceptable and a public health crisis. She asked when the next Vision Zero policy and action strategy will be forwarded for adoption. The DPH is a vital agency in this effort because it provides the data and data analysis necessary to understand the situation.

4) RESOLUTION TO HONOR DR. BARRY ZEVIN

Naveena Bobba, MD, DPH Deputy Director of Health, and Dara Papo, LCSW Director of Whole Person Integrated Care, introduced the item and read the resolution.

Commissioner Comments:

Commissioner Giraud noted that this is a well-deserved retirement for Dr. Zevin. She thanked him for his impactful work.

Commissioner Guillermo congratulated Dr. Zevin on his impending retirement and thanked him for the work which has impacted and changed lives and public health systems throughout the city, state, and entire country.

Commissioner Christian thanked Dr. Zevin for all the groundbreaking work he has done at the DPH. It is people like Dr. Zevin that tirelessly work to create and run innovative programs that change the lives of so many people. She wished him well in his retirement.

Commissioner Green stated that it is an honor to be in the presence of such a trailblazer. Dr. Zevin was focusing on topics such as transgender health, HIV, homelessness, and addiction medicine at a time when they were misunderstood and rarely explored in county public health departments. She noted that his work has transformed public health standards across the county and reiterated that the Health Commission is grateful for his dedication, innovation, and hard work.

Director Colfax acknowledged the impact of Dr. Zevin's work and noted that one of the most important things Dr. Zevin taught to students and exhibited in his practice was listening to patient so he could better understand them as individuals. He thanked Dr. Zevin for mentoring so many people at the DPH through his decades of service.

Dr. Zevin stated that when he started work at the DPH, his priorities were working with people with HIV and people who were homeless. He deeply appreciates that the DPH has given opportunities for system and culture change through working with communities in need. He is amazed that topics that were so marginalized decades ago are now central to public health and our culture in general. He is grateful for the opportunity to contribute through his work at the DPH.

Action Taken: The Health Commission unanimously voted to approve the resolution.
(See attachment)

5) **DIRECTOR'S REPORT**

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

SF HEALTH NETWORK WELCOMES SEVERAL NEW LEADERS

The San Francisco Health Network (SFHN) Division of DPH is delighted to welcome three new leaders to the Department in November and December.

Tangerine Brigham joined DPH on November 25 as the SFHN Chief Operating and Strategy Officer. In this role, Tangerine will provide executive oversight of DPH's healthcare delivery system and be a member of the SFHN executive leadership team.

Tangerine joins us from the Alameda Health System, where she served as Chief Administrative Officer of Population Health, but she is no stranger to DPH. She previously worked with us as Director of Policy and Planning and as a Deputy Director of Health & Director of Healthy San Francisco. Tangerine's additional leadership experience includes serving as a Deputy Director for the Los Angeles County Department of Health Services overseeing the Managed Care Services Division, Community Health Officer at the San Francisco Foundation, and Director of California Program for the Corporation for Supportive Housing.

Additionally, on December 21, the DPH will welcome Dr. Todd Barrett, MD, MBA, FAAHPM, as the SFHN Chief Medical Officer. Dr. Barrett is a renowned expert in clinical transformation and innovation of value-based healthcare, leading evidence-based cross disciplinary palliative care programs at multiple institutions to improve the lives of patients with serious illness. In his new role, he will be responsible for strategic oversight and management of the clinical practice of all physicians and licensed providers practicing in the SFHN.

Dr. Barrett joins SFHN after serving two years as the National Medical Director of Palliative and Advanced Care for ConcertoCare, leading its national strategy and innovation in palliative care and interdisciplinary care. Prior to this, he was Medical Director for Palliative Medicine at The Ohio State University Wexner Medical Center and an Associate Professor and Associate Director of Health Services Research at the Ohio State University Division of Palliative Medicine.

Also joining the Department on December 21 is Aman Lail, new Chief Administrative Officer for Ambulatory Services. With over 20 years of healthcare experience, Aman brings a wealth of expertise in enhancing patient experience, strengthening provider and staff engagement, and driving operational efficiencies within ambulatory care, particularly in value-based care systems. She has a proven track of successfully leading large-scale, transformative efforts that integrate people, processes, and technology to optimize care delivery and drive organizational success.

Aman will be joining DPH after serving as Vice President of Provider Affairs and Engagement at CVS Health's Oak Street Health division, where she oversaw national strategic initiatives across 21 ambulatory care clinics and home health services. Before joining CVS Health, Aman held senior leadership roles at distinguished healthcare organizations such as Elevance Health, Kaiser Permanente, and Stanford Healthcare. Aman is deeply committed to improving healthcare access for underserved communities. She has led numerous initiatives aimed at reducing health disparities, expanding virtual care, and developing hospital-at-home programs for chronically ill patients.

ZSFG'S SKILLED NURSING FACILITY NAMED 2025 BEST NURSING HOMES

U.S. News recognized the 30-bed Skilled Nursing Facility (SNF) at ZSFG Hospital as one of the "2025 Best Nursing Homes," earning the highest possible achievement with a "High Performing" rating and an overall rating of 5 out of 5. The hospital is now part of the elite 19% of SNFs that have been recognized for providing essential care to our community of patients requiring short-term rehabilitation following a

hospitalization for surgery, heart attack, stroke, injury or similar condition. Congratulations to the entire 4A Skill Nursing Facility team at ZSFG for being recognized as one of U.S. News 2025 Best Nursing Homes!

DPH RECOGNIZES WORLD AIDS DAY

On December 1 every year, we commemorate World AIDS Day, honoring all those who have been affected by HIV/AIDS and renewing our promise to continue this critical fight.

Many of us remember the early days of the AIDS epidemic and the devastation it brought to our city and the world. Through hard work, collaboration, and tireless advocacy, we have been able to turn the tide. DPH is proud to be a part of Getting to Zero San Francisco (GTZSF), a consortium of over 300 members who are working together to achieve the goal of eliminating HIV infections, preventable deaths, and stigma. GTZSF is a collaborative effort among DPH, UCSF, health systems, community-based organizations, community members, and industry. Since GTZSF was launched in 2014, incredible headway has been made both in reducing new HIV diagnoses and linking people to care more quickly. Through collaboration, San Francisco was able to pioneer PrEP research and spearhead antiretroviral therapy access by making treatment available on the same day as diagnosis. Thanks in large part to these efforts, the number of new HIV diagnoses in San Francisco has declined by 67% since the launch of GTZSF, and 84% of people diagnosed the first nine months of 2023 were virally suppressed within six months.

GTZSF has influenced the HIV response around the world, collaborating with many jurisdictions in the United States, Europe, North and South America, Africa, and Asia. Examples of recent GTZSF initiatives include working with regional partners to coordinate efforts around equitable access to PrEP, including long-acting injectables, and supporting capacity-building programming for Spanish-speaking HIV frontline workers who provide services to communities across the Bay Area. We owe it to all those we lost in our fight against HIV/AIDS to sustain and accelerate the progress that has been made, and there are a lot of great things happening. Learn more about GTZSF and the incredible work that is being done by visiting gettingtozerosf.org.

ZSFG CONNECTING WITH OLDER PATIENTS IN THE COMMUNITY

ZSFG's Age Friendly Emergency Department (AFED) team recently visited Jackie Chan Senior Center in the Richmond District. Residents at the Senior Center were very supportive and thankful to have a service line like AFED that supports and provides services for older adults—particularly around the challenges related to the use of technology at the hospital and linkages to care after emergency department visits. During this gathering, the team learned about the experiences of our mono- and bilingual older community members at the hospital and identified opportunities to improve care through bolstering language services to help patients feel more at ease and reducing the need for patients to travel across the city to another hospital due to possible language barriers. ZSFG currently holds the bronze standard – Level 3 Geriatric Emergency Department Accreditation, which recognizes the hospital for focusing and providing on the highest standards of care for our communities' older adults. This is the first of many planned visits with our Chinese, Black/African American and Latine/x communities to learn more about opportunities to better deliver patient-centered services at ZSFG.

DPH PARTNERS WITH COMMUNITY ORGANIZATIONS ON PROMOTORES TRAINING SERIES ON OVERDOSE PREVENTION

DPH's Office of Health Equity and Population Health Division Office of Equity and Community Engagement recently partnered with Instituto Familiar de la Raza and Promotoras Activas SF to conduct a series of four trainings focused on preventing Fentanyl overdoses. The trainings were delivered to the indigenous community from Latin America in SF, with promotores representing Instituto Familiar de la Raza, Mission Economic Development Agency and Mission Action. DPH staff facilitated the final

workshop that concluded with the presentation of certificates of participation and naloxone for all in attendance. Thank you, Team DPH, for this collaborative effort!

UCSF LABOR ACTION AT ZSFG

ZSFG worked closely with UCSF leadership, DPH's Public Health Emergency Preparedness and Response Branch and others during a two-day strike in November by UCSF employees—represented by the University Professional and Technical Employees and the American Federation of State, County and Municipal Employees unions—who work at ZSFG. This impacted several hundred UCSF employees at ZSFG who perform various roles in clinical laboratories, respiratory care, operating rooms, dialysis, psychiatry and social work. While impacts included limited services in hematology and general delays in the clinical lab, biomed and pathology, generally the impacts were minimal thanks to ZSFG's contingency planning. ZSFG activated a Hospital Incident Command System at Level 1 and successfully minimized impacts to patients. The hospital remained fully operational and there were no impacts to the emergency department, trauma care or inpatient care. During the two-day labor action, ZSFG also hosted a successful survey from the California Department of Public Health.

VOLUNTEERS NEEDED FOR SF 5TH ANNUAL FEEDING 5000 EVENT

DPH is proud to partner with the San Francisco African American Faith Based Coalition, Livable City, and the Office of Economic & Workforce Development to spread joy and nourishment at this year's Feeding 5000 event on December 14. Feeding 5000 will provide turkeys, fresh produce other vital resources to over 7,000 households, plus daily meals during the week of December 23 to vulnerable seniors.

Please consider volunteering to help make this event a success. There are several different shifts and roles available. For more event details and to register, please visit <https://livablecity.org/feeding5k/>

COVID-19 UPDATE

As of 11/26:

- San Francisco's 7-day rolling average of COVID test positivity is 2.1%.
- Twenty-three percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

Public Comment:

Vincent Crisostomo, Chair of the Harvey Milk Democratic Club HIV Caucus, stated that he was on the Getting to Zero board and helped develop strategy, noting the final version was watered down. It is great that HIV infections have been lowered and the epidemic may end. However, people like the residents of Marty's Place are still losing their homes and it is a human rights violation.

Commissioner Comments:

Commissioner Green thanked Dr. Colfax for the report, for recognizing World AIDS Day. She extended a warm welcome to the new leaders joining the DPH.

6) AMENDMENTS TO THE LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER (LHH) GOVERNING BODY BYLAWS

Mark Morewitz, Health Commission Executive Secretary, presented the item.

Public Comment:

Norm Degelman stated proposal removes long term care terminology and indicates LHH would only be for short-term care. LHH has one third of skilled nursing beds in SF. Many SF residents may need long term care. He requested that the term long term care remain in the document and that LHH continue providing long term care.

Benson Nadell, Program Director San Francisco Long Term Care Ombudsman, stated that the change in the LHH mission emphasizes rehabilitation away from language pertaining to long term care. Post acute is a model which shapes admission policies. From his perspective the change of terminology had resulted in the following challenges in other skilled nursing facilities: 1) Transfer-discharge notices are not in the language of the recipient. 2)The date of the notice from other post-acute SNFs are only a few days or the day of the date of discharge. 3)SNF residents do not understand rights to attend ongoing care meetings and discharge planning. 4)Discharge planning is not always a safe plan, particularly for those unable to participate in the planning. 5)Not all who are admitted to post-acute SNF beds are unable to participate in rehab therapies, especially those with multiple chronic medical conditions. 6)Community based SNF discourages residents from applying to MCAL for chronic disease management.

Tes Welborne suggested that the term “long term care” be included in the final draft of the document.

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

Does this pitch to amend LHH’s by-laws initially posted on-line have merit? No, it doesn’t! Right off the bat, it’s worth emphasizing eliminating long-term care and rehabilitations services from these By-Laws’ “Mission” statement, will lead directly to increasing the number of elderly and disabled San Franciscans discharged out-of-county for long-term care reported in Ordinance #77-22 data presented annually to this Commission. These by-laws were last updated 15 years ago on 7/31/2009. On 11/22/2024, Commission Secretary Morewitz verbally told me proposed Governing Body by-laws changes needed to be updated, to align with regulatory requirements. That’s pretextual, because CMS/CDPH regulations do NOT mandate or require nursing homes stop providing long-term care and rehabilitation services to nursing home residents. It’s a complete ruse! LHH’s 1994 “Institutional Master Plan’s” “Mission Statement” section states that for over 125 years, San Franciscans have relied on LHH as the main provider of San Francisco’s long-term care beds.

Michael Lyon stated that DPH’s ability to forget is breathtaking. A year ago, it was begging CMS to reaccredit LHH, talking how badly seniors and people with disabilities need long-term care. After LHH was accredited, by the skin-of-its teeth, it promised it would never reintroduce anything like the flow project. Only months later the DPH is trying to substitute the term “Long term care” with “Post acute.” If this change is inconsequential, why are you so insistent on changing it. Twelve people died when transferred out of LHH. How many people will die for not being able to enter LHH in the first place?

Dr. Teresa Palmer stated that the term “Post-acute care” does not indicate long term nursing care in the minds of the public. This term is often used to illegally discharge those who no longer qualify for Medicare and lost MediCal reimbursement in the community. It is not reassuring that the term “Long-term care” was removed from the mission and vision statement in 2016. This was at the same time that San Francisco Health Network and LHH managers ignored the fact that a nursing home is not an acute hospital and neglecting the proper mission of LHH. She urged the Health Commission to put “Long-term nursing care” back in the Bylaws.

Roger B. Levin submitted the following written public comment:

I am writing to express my serious concern about the proposed bylaw amendments in agenda item 6. These would adversely affect long-term care at Laguna Honda Hospital [LHH]. These amendments appear aimed at reducing long-term care for older and disabled San Francisco residents at LHH when the need for LTC care is increasing. The U.S. Census reports San Francisco's population as 873,965, and of this number 18.5% (161,639) are elderly. Many elderly and disabled citizens do, or will, require nursing home assistance for survival. However, the proposed new bylaws repeatedly omit the words "long term (nursing home) care," which has long been a core function of Laguna Honda. The Commission must not adopt language that deletes "long term nursing home care" from its mission statement.

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

I am alarmed that the revised bylaws define the mission of LHH as "postacute care", implying that only short term care will be available. The proposal repeatedly deletes long term care. This would be a disaster for San Franciscans who require a nursing home for long term safety and survival. While short term post acute care and/or rehab remains an important function of the hospital, so is long term nursing home care for those who need it. LHH has 1/3 of the SNF/Nursing home beds in SF. For many San Franciscans long term nursing home residence is or will be necessary for quality and length of life. The Health Commission should not approve of a mission statement that may lead to rejecting San Franciscans who will need to reside long term in our public nursing home. Please do not delete long term care from LHH's mission and bylaws.

Donna DEufemia, Family Member of LHH current Long Term Care Resident, submitted the following written comments:

Revised by-laws in Section 1 & 2 December 3rd define the mission of LHH as "post acute care"- implying that only short term care will be available. The proposal repeatedly deletes "long term (nursing home) care." This is a disaster for San Franciscans who require a nursing home for long term safety and survival. Where will these people go? On the streets? While short term "post acute" care and/or rehab remains an important function of the hospital, so is long term nursing home care for those who need it. LHH has 1/3 of the SNF/Nursing home beds in SF. For many San Franciscans long term nursing home residence is or will be necessary for quality and length of life. It is unacceptable for the Health Commission to approve of a "mission statement" that may lead to rejecting San Franciscans who will need to reside in our public nursing home long term.

Dr. Ann Colichidas, Gray Panthers of San Francisco, submitted the following written public comment:

The proposed Mission and Vision Statement makes clear the intent to eliminate the public safety net for frail, elderly San Franciscans who need long term care. These changes further the move to make LHH an extension of SF General: LHH as a place to discharge short term. Where will San Franciscans go who need more than a short-term stay? By limiting LHH to post acute care, the allure of Medicare reimbursement (more lucrative than Medi-Cal) and guaranteed bed turnover may be appealing. But San Franciscans also badly need long term nursing home beds. I urge the committee to change this new language especially. By-laws amendments bring unintended consequences. Deleting long term nursing home care from the by-laws and mission takes aim at the very heart of our City, LHH.

Lenore E. Gerard submitted the following written public comment:

I am writing to express my serious concern regarding the proposed by law revisions specified above. This language suggests that San Francisco residents will no longer have a reasonable expectation of admission to LGHH for long term care. While I understand there are many patients deserving of post-acute care and rehabilitation, there are also many deserving of long term care. Furthermore, LTC beds are diminishing in the city. I request that you clarify your intentions prior to approving this language which, to me, indicates a change in admission policy to the detriment of San Francisco residents.

Art Persyko, San Francisco, member of the SF Gray Panthers and convener of the SF CARA (California Alliance for Retired Americans) Action Team, submitted the following written public comment:

The proposed revised by-laws change the mission of LHH to "post acute care" which implies that only short term care will be available. The proposal repeatedly deletes the words 'long term (nursing home) care.' This change would be a disaster for San Franciscans who may require a nursing home for long term safety and survival. Short term 'post acute' care and/or rehab remains an important function of LHH, but so does long term nursing home care for those who need it. LHH has 1/3 of the SNF/Nursing home beds in SF. For many San Franciscans, long term nursing home care is necessary for quality of--and length--of life. It is irresponsible for the Health Commission to approve a 'mission statement' that could lead to a loss of desperately needed appropriate care for San Franciscans who

would greatly benefit from the option of our SF public nursing home's long term care. “

Susan L. Englander, Former R.N. and San Francisco State University History Department Lecturer, submitted the following written comments:

Revised by-laws in Section 1 & 2 December 3rd define the mission of LHH as "post acute care"- implying that only short term care will be available. The proposal repeatedly deletes "long term (nursing home) care." This is a disaster for San Franciscans who require a nursing home for long term safety and survival. While short term "post acute (hospital stay)" care and/or rehab remains an important function of the hospital, so is long term nursing home care for those who need it. As a former R.N. at UCSF and CPMC Hospitals, this is a catastrophic shift for nursing and medical care in this city. I am appalled that the omission of the term “long term (nursing home) care will change the mission of this nation’s only funded facility that houses nursing home care. LHH has 1/3 of the SNF/Nursing home beds in SF.

Janice E. Cohen, M.D., Board Certified Adult & Adolescent Psychiatrist, submitted the following written comments:

Proposed amendments to LHH Bylaws would revise Laguna Honda’s mission as "post acute care" but only for those with “complex medical needs”, eliminating completely "long term (nursing home) care." This excludes patients being cared for at home for admission eligibility, without first requiring an acute-hospital admission often unnecessary for those who need 24/7 skilled nursing and custodial care. These revisions would open the door for continued financial incentives like the Flow Plan to drive admissions and almost certainly escalate SFDPH’s decades long pattern of “granny dumping” LTC patients out of county. In 2016, LHH provided 67.4% (669) of all LTC beds in San Francisco, after SF voters overwhelmingly approved its rebuild to provide long-term care to residents. Although years of mismanagement have reduced this percentage, all of the currently certified and still to be recertified LTC beds at LHH are critically needed and must be preserved.

An unidentified member of the public submitted the following public comment:

Revised by-laws in Section 1 & 2 December 3rd define the mission of LHH as "post acute care"- implying that only short term care will be available. The proposal repeatedly deletes "long term (nursing home) care." This is a disaster for San Franciscans who require a nursing home for long term safety and survival. While short term "post acute (hospital stay)" care and/or rehab remains an important function of the hospital, so is long term nursing home care for those who need it. LHH has 1/3 of the SNF/Nursing home beds in SF. For many San Franciscans long term nursing home residence is or will be necessary for quality and length of life. It is unacceptable for the Health Commission to approve of a "mission statement" that may lead to rejecting San Franciscans who will need to reside in our public nursing home long term.

Commissioner Comments:

Commissioner Christian is deeply appreciative of the public comment made remotely and in person. She fully supports the need for transparency to the community regarding what the terms in the document actually mean. The Health Commission has an oversight obligation. It is difficult for the Commissioners to fulfill the obligation when there is less than necessary time to integrate the information about the documents. All questions should be answered before the Commissioners move forward to approve the document. Anyone reading the document should be able to understand what the document means, including the term “Post-acute.” She is not pleased that the document has been presented to the Commissioner in his timeframe for expected approval.

Commissioner Guillermo supports Commissioner Christian’s comments. Since this is the first revision of bylaws in many years, she asked if it is necessary for this particular revision to take place before the acute-care survey. She asked if using the existing Bylaws in the survey would be an impediment in the survey process. Troy

Williams, San Francisco Health Network Chief Nursing Officer and Chief Quality Officer, stated that the LHH team is doing all they can to prepare for the survey. Not having updated Governing Body Bylaws may be a vulnerability in the survey.

Commissioner Guillermo stated that under Article 7, Section 1, the current proposed amendments do not mention that the LHH CEO must be certified as a Nursing Home Administrator. Mr. Williams stated that acute hospital's must have a CEO; skilled nursing home regulatory bodies require the term Certified Nursing Home Administrator. Commissioner Guillermo requested that the language be amended to indicate that the CEO is also a Certified Nursing Home Administrator.

Commissioner Green recommended that the item be brought back to the Commission at its December 17, 2024 meeting with requested revisions.

Commissioner Christian asked how the Commissioners would be able to ask questions and give input prior to the December 17, 2024 meeting. Mr. Morewitz stated that other Commissioners routinely send input and questions prior to meetings. He then routes the comments to appropriate DPH staff and sends the responses to the Commissioners.

Commissioner Green requested that Mr. Morewitz work with the LHH staff to develop a timeline for the next revision to be sent to the Commissioners and a timeline to receive their feedback. Mr. Morewitz agreed that he would communicate with the Commissioners when these timelines have been established.

Mr. Morewitz asked for guidance from the City Attorney's Office regarding how to proceed with continuing the item until the December 17, 2024 meeting. Anne Pearson, Deputy City Attorney, recommended that the Commission make a motion to continue the item to the next meeting, being sure to specify the date of the meeting.

Action Taken: The Health Commission unanimously voted to continue the item until the December 17, 2024 full Commission meeting.

7) POPULATION HEALTH DIVISION (PHD) UPDATE

Susan Philip, MD, Health Officer, City and County of San Francisco, and Director of the Population Health Division, presented the item.

Public Comment:

Dr. Teresa Palmer stated that the DPH has a blind spot about addressing the contamination of the Hunter's Point Shipyard situation. The EPA meets with the DPH quarterly. Why hasn't this topic been mentioned today? Residents are tired of siloed responses and need the DPH to advocate against the cycle of harm which continues to be perpetrated. She urged the DPH to listen to the experts in the community and the emerging data. The Community needs to see the DPH doing all it can. There is still dust with no protective curtain to protect the residents of that area.

Ann Colichidas, Gray Panthers of SF, submitted the following public comment:

Today I call on Director Phillips for immediate action to address the systemic neglect, environmental injustice, and health disparities that have been too long ignored in Bayview Hunters Point.

The BVHP community lives every day with the toxic legacy of the Hunters Point Naval Shipyard and the burden of industrial and abandoned sites polluting their bodies, air, soil, and water. Residents are tired of siloed responses which ignore the cumulative impacts. They need you to listen, to act decisively and to address the cycle of harm and neglect that has perpetuated this crisis.

Listen to the experts in our community—organizations like the Hunters Point Community Biomonitoring Project, Marie Harrison Foundation, All Things Bayview, BVHP Mother and Fathers Committee and Greenaction. Data emerging from the community will guide you. Now is the time for DPH to make a firm commitment to this neglected community.

Commissioner Comments:

Commissioners Giraudo asked if Dr. Philip could give examples of specific programs related to the information on slide 9. Dr. Philip stated that the City Heat and Air Quality Resistance Project brings together multiple departments in its work. She noted that there have been increasing efforts by PHD staff to work with San Francisco Health Network staff to look at ways CalAIM allows reimbursement for mitigating factors related to air quality that had not been previously reimbursable. Commissioner Giraudo stated that these examples help her understand how the work is actually done.

Commissioner Giraudo asked Dr. Philip to further explain slide 10, “Strengthen Foundation Capabilities” by providing examples. Dr. Phillip noted that PHD has leveraged external funding resources to fund 19 infrastructure positions throughout the division; this ensures that the General Fund is not used for these positions. Commissioner Giraudo asked if these are new positions. Dr. Philip stated that the 19 positions are new.

Commissioner Giraudo asked how many PHD Directors participated in the equity-focused leadership academy noted on slide 11. Dr. Philip stated that this training is still being developed.

Commissioner Giraudo stated that the Hunter’s Shipyard remains a Health Commission priority and requested more frequent and specific updates. The Commissioners want the community to understand that they are listening to the complaints and public’s comments about this important topic.

Commissioner Giraudo asked which programs were awarded grants in 2023 from the Soda Tax Revenue. Dr. Philip stated she would pass along this information to Mr. Morewitz to forward to the Commissioners. Commissioner Giraudo asked Dr. Philip to explain more about the role of PHD in the DPH CORE efforts. Dr. Philip stated that efforts are led by Dr. Hillary Kunins, Director of DPH Behavioral Health Services. Dr. Philip indicate that PHD is part of this important DPH-wide work by being the data-leads on the initiative. Commissioner Giraudo encouraged Dr. Philip to provide information regarding how PHD’s work is integrated throughout the Department in future presentations.

Commissioner Christian thanked Dr. Philip for her work and the impactful work of PHD. She expressed gratitude to Dr. Philip and PHD staff for diving into the Bayview Hunters Point work and work with the community, in a way the DPH has not done in the recent past. She looks forward to continued updates on how the DPH is working with the community in areas in which it has no authority to make necessary changes but is helping advocate the community’s needs to regulatory bodies that could make impact. She also looks forward to updates on areas in which the DPH does have ability to act, if not outright authority. She encouraged the DPH to continue to strive to work with someone to provide mitigation measures for the dust in the interim before federal authorities might do any mitigation on their own. She is also interested in any inquiries that have been made on this issue. She added that the DPH is responsible for doing whatever it can do to help move this situation along.

Commissioner Guillermo thanked Dr. Philip for the presentation and noted the difficulty in attempting to summarize the work of the division in a slide presentation. She commended PHD for its work on applied research because it is so unique for a county health department. She noted that the research does not just benefit San Franciscans but public health as a whole across the nation and around the world.

Commissioner Green associated herself with Commissioner Guillermo's comments and thanked Dr. Philip for the incredible work. She asked how the change in federal administration may impact some of PHD's work and if there is a way for the DPH to pivot as it faces funding cuts or lack of federal recognition of programs that may impact funding. Is the private sector a possible resource? Dr. Philip stated that she does not have an answer right now. However, she and her colleagues remain concerned. They will continue to work within the areas they have control and prepare to respond to the next public health issue. She added that it will likely be a challenging number of years, even getting information and guidance from federal agencies may be complex. Commissioner Green added the Hunter's Point Shipyard remains an issue front and center for PHD and requested any possible updates from the PHD meetings with the EPA.

Director Colfax thanked Dr. Philip and noted that she has attracted top leaders in PHD. He also added that if anyone lives or works in San Francisco, PHD touches them due to the vast array of its services and regulatory responsibilities.

8) FINANCE AND PLANNING COMMITTEE UPDATE

President Green stated that the Finance and Planning Committee had been cancelled due to lack of quorum of Commissioners necessary to hold a meeting. Therefore, the Committee was unable to make recommendations regarding the items on the Consent Calendar.

9) CONSENT CALENDAR

President Green stated that since the Finance and Planning Committee was unable to make recommendations regarding the items on the Consent Calendar, all items would be postponed until a future Health Commission meeting.

- **December Monthly Contracts Report**
- **Request for approval of a new Professional Services Agreement with Health Management Associates, Inc. to provide consulting services pertaining to the Department's revenue associated with its Federally Qualified Health Centers. The total proposed contract amount is \$5,900,000 which includes a 0% contingency for the term of October 15, 2024 through October 14, 2029 (5 years).**
- **Request for approval of a Professional Services Agreement with Chinese Hospital Association to expand surge bed capacity for subacute skilled nursing and skilled nursing. The total proposed contract amount is \$5,379,976 which includes a 12% contingency of \$576,426 for the term of December 1, 2024 through June 30, 2025 (7 months).**
- **Request for approval of a new agreement with Imprivata Inc. (Imprivata) to provide service and support to implement, host, and maintain software that enables integrated system access for DPH staff across applications and physical space. The total proposed contract amount is \$3,184,321, which includes a 1 2% contingency of \$341,177 for the term of January 1, 2025, through December 31, 2027 (3 years).**

10) OTHER BUSINESS:

Commissioner Christian requested an update on how the "Living Proof" public awareness campaign is going. In addition, she noted that the DPH is working towards treatment on demand in a way it never did before. It will be necessary to examine challenges people at-risk in treatment face in treatment programs. She looks forward to an update from Dr. Kunins on the ecosystem's successes and problems, in addition to how the DPH is addressing these issues.

11) ADJOURNMENT

The meeting was adjourned at 6:26pm.

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 24-17**

HONORING Barry Zevin, MD

WHEREAS, Dr. Barry Zevin has served the City and County of San Francisco as an exceptional leader at the Department of Public Health (DPH) for over 30 years, making tremendous contributions to the Department's efforts to address health disparities and issues of racial equity for vulnerable individuals and people experiencing homelessness; and

WHEREAS, Dr. Zevin has held several DPH positions including Medical Director of Whole Person Integrated Care: Street Medicine, Post Overdose Engagement Team, Shelter Health, and Maria X Martinez Health Resource Center, and Medical Director of Tom Waddell Clinic; and

WHEREAS, Dr. Zevin has provided compassionate innovative health care for many thousands of underserved individuals as a physician through his career; and

WHEREAS, Dr. Zevin has been a leader in creating groundbreaking substance use services for vulnerable populations including Sobering, medical detoxification, low barrier connections to medication and overdose prevention and response programs; and

WHEREAS, Dr. Zevin led many integrated health care programs including launch of the Maria X Martinez Health Resource Center (MXM), formerly 50 Ivy Urgent Care, an integrated health resource center for people experiencing homelessness which has over 2,000 encounters/month; and

WHEREAS, Dr. Zevin has championed gender affirming care including launching "Transgender Tuesdays" and Gender Health SF, first in the nation dedicated public health clinic programs dedicated to improving access and care to gender affirming surgery and other healthcare; and

WHEREAS, Dr. Zevin has trained generations of medical and social service providers and is a sought-after presenter and trainer locally, nationally, and internationally; and

WHEREAS, Dr. Zevin leaves a legacy of service and open-hearted and thoughtful leadership to support and improve the lives of vulnerable San Franciscans. He will be dearly missed by many at the DPH and in the greater San Francisco public health communities.

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

I hereby certify that the San Francisco Health Commission at its meeting of December 3, 2024 adopted the foregoing resolution.

Mark Morewitz,
Health Commission Executive Secretary