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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 Giraudo ED.D
Commissioner
Tessie M. Guillermo
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
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**London N. Breed Mayor
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**MINUTES
HEALTH COMMISSION MEETING
Tuesday April 19, 2022 4:00 p.m.
Remote Meeting via Webex Event**

1) CALL TO ORDER

Due to audio visual equipment issues, the Health Commission held a remote meeting on 4/19/22.

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

Excused: Commissioner Susan Belinda Christian, J.D.

The meeting was called to order at 4:03 pm

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 5, 2022.

Mr. Morewitz noted that Commissioner Chow requested the following amendments:

Page 1, "DPH Employee Recognition Award," the amended sentence is:

- Commissioner Chow stated that ~~he is~~ this recognition shows that it is possible to hire DPH staff in a timely manner.

Page 7, "COVID-19 Update," the amended sentence is:

- He also noted a recent San Francisco Chronicle article which noted that the Bay Area has the highest rate of COVID in the state~~d~~.

Action taken: The Health Commission approved the amended minutes of the April 5, 2022 meeting.

3) **DIRECTOR'S REPORT**

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

San Franciscans who test positive for COVID and are at high-risk for severe illness are eligible for COVID medicines

With COVID-19 medicines now more readily available and many people eligible for treatment, DPH is urging people to be prepared by knowing if they are at high risk for severe illness from the virus and how to get timely access to medical care should they test positive.

Most San Franciscans who are [eligible for COVID-19 medicines](#) and test positive should access treatment by going to their health care providers. SFPDH is also helping link people at high risk to health care providers, including those who are uninsured or otherwise disconnected from medical care, regardless of immigration status.

COVID-19 medicines, including oral medicines like Paxlovid, and injectable or intravenous infusion treatments are free to the patient and are proven to reduce the risk of severe illness. Time is of the essence, as some of the medicines, namely those taken by mouth, must be taken within five days of the onset of symptoms.

Currently, under federal and state guidance, a person is eligible for treatment if they test positive for COVID-19 and meet at least one of the following criteria:

- Immunocompromised, as they may not have mounted a full response to vaccines
- Over age 65
- Under age 65 and at high risk for a serious illness if they contract COVID-19 because of other medical conditions (see below)
- Unvaccinated, or not up to date on vaccinations (initial two doses and booster, if eligible)
- Pregnant

COVID-19 medications should not be considered a replacement for vaccinations and boosters, which remain the best defense against the worst outcomes of COVID-19, including severe illness, hospitalization, and death.

COVID-19 medicines currently include oral antiviral medicines, Paxlovid and Molnupiravir, and the monoclonal antibody medicine Bectelovimab. The preventative medicine, Evusheld is reserved for patients with the highest risk, such as those who may have an organ transplant and who are taking medications to suppress the immune system. Given potential side effects or interactions with other medicines, people who are eligible for a prescription or referral need to consult a doctor first. For example, Molnupiravir cannot be taken when pregnant or breastfeeding, or when there is a possibility of pregnancy for both women and men.

How to get medicines

Most San Franciscans who are eligible and test positive should contact their health system or provider. Major health systems in San Francisco are required by local health order to test patients within a day of reporting symptoms and could offer immediate referrals to a doctor for anyone who is eligible for COVID-19 medicine and tests positive.

SFPDH is also providing access to those without coverage through the [San Francisco Health Network \(SFHN\)](#). Some insurance plans, including all San Francisco Medi-Cal plans, have all-hours telehealth access to doctors by phone or video. Additionally, ["Test to Treat" programs](#) are part of a federal initiative that enable patients to test, consult a health care provider, and fill a prescription at the same visit. Several Federally Qualified Health Centers within San Francisco offer this service to their patients, and some San Francisco pharmacies do as well.

Local supplies available

While oral medications are becoming more widely available, getting them to patients in time for treatment remains a challenge. Health systems and providers are adjusting their operations to deliver COVID-19 medicines to patients more quickly. Meanwhile, recent expansions in eligibility and greater awareness and preparedness among the public will help SFDPH's efforts to make sure that the weekly allocations of medicines the City receives from the State are well used, and anyone who needs medicine can get it.

In addition, other facilities like select pharmacies are receiving allocations through the federal distribution pathways with more locations are expected to open-up over time. SFDPH will continue to work with providers to allocate medicines efficiently and equitably with a focus on reaching those most vulnerable and in need.

Resources

More information about therapeutics and access within San Francisco can be found here: sf.gov/get-treated-covid-19

A list of federal "Test to Treat" sites in San Francisco can be found here: <https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/>

SFDPH's Covid Resource Center (CRC) can help patients navigate to care options if having trouble contacting a provider. Call the CRC at: 628-652-2700.

For a list of medical conditions that put people at higher risk for severe illness from COVID-19, go to: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Laguna Honda continues serving patients while addressing new findings affecting Hospital's Medicare/Medicaid funding

DPH is committed to continuing to provide quality healthcare to the more than 700 patients at Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) and keep the facility open while it addresses compliance issues raised by state and federal regulators.

The hospital will reapply to the Medicare/Medicaid programs after the Centers for Medicare and Medicaid Services (CMS) ended the hospital's participation in the program on Thursday, April 14, 2022. Laguna Honda's state licensure is unaffected by this decision.

Laguna Honda has successfully passed multiple federal and state inspections over many years. CMS's decision to pull funding was triggered by a requirement that the facility resolve all deficiencies by the end of a 6-month time period. That period began in October when state surveyors outlined and documented deficiencies in protocols related to preventing contraband, such as cigarette lighters and drug paraphernalia, on campus.

Importantly, the facility addressed the deficiencies having to do with the contraband. However, in the latest round of surveys this week, the state surveyors identified new issues not previously communicated to Laguna Honda leadership. Regulators found a number of unrelated and technical individual infractions primarily having to do with hand hygiene, documentation, and infection prevention and control, including an instance of a staff member not properly storing a face shield, lack of PPE signage on a unit, and two missed doses of a medication. There was insufficient time to address those deficiencies before CMS's review period ended, and as a result, CMS moved to terminate Laguna Honda from the Medicare/Medicaid program, which funds more than two-thirds of Laguna Honda's services.

The safety and wellbeing of Laguna Honda patients is the top priority, as evidenced by the hospital's exemplary record in managing COVID during these last two years. SFDPH and Laguna Honda take the findings from state

and federal regulators very seriously. Laguna Honda has worked with regulatory partners for months on previously identified findings and has already made significant changes at the facility to comply with regulations. Laguna Honda is already appealing some of the underlying citations from the fall that led to the CMS decision and is exploring all other available options while it works with CMS and the California Department of Public Health (CDPH).

Patients and staff will remain on site, and the facility will remain open as it reapplies for participation in the Medicare/Medicaid programs and works to come back in compliance. This will enable continuity of patient care at the safety net facility and allow the hospital to continue receiving Medicare/Medicaid program payments that support some of the City's most vulnerable patients who are low to extremely-low income and have complex medical and behavioral health needs. It will also ensure Laguna Honda staff have no employment interruption. Payments will continue for at least 30 days during this process, and Laguna Honda will work with CMS to extend the 30 day-payment period.

Changes made since October 2021 include improved processes to quickly identify prohibited items and better prevent such items from entering the Laguna Honda campus; implementing a new front entrance screening process; and safety measures to inspect packages and items brought for patients. Laguna Honda has also updated the tobacco product policy to add additional protections for the safety of patients who engage in outdoor smoking on-campus. Additionally, the facility is implementing new staff trainings; facility-wide safety updates; comprehensive support for patients with substance use disorders; further refinement of screening policies related to patients who leave and return to the hospital on day passes; and improvements to clinical safety searches, admissions, and discharges.

DPH and the Laguna Honda leadership team are confident that the work taking place now will ensure the longevity of Laguna Honda and that the hospital will emerge a stronger organization that can continue to serve San Franciscan's most in-need.

About Laguna Honda Hospital and Rehabilitation Center

Laguna Honda Hospital, owned and operated by DPH, is a licensed skilled nursing facility serving approximately 700 patients with complex medical needs who are low or extremely low income as part of San Francisco's healthcare safety net. Laguna Honda provides skilled nursing services such as dementia care, other therapeutic services, and rehabilitative therapy such as physical and occupational therapy.

DPH announces 204 behavioral health hires

Over 200 public health staff have been hired to support people who are experiencing homelessness or are marginally housed and have mental health or substance use disorders.

DPH and the Department of Human Resources (DHR) rapidly filled positions and met the goal of hiring and onboarding 200 new employees by the end of March through the 90-day Emergency Declaration in the Tenderloin. Mayor London N. Breed made the emergency declaration in December to address the City's overdose crisis that is concentrated in the Tenderloin neighborhood.

The newly hired public health staff will play critical roles in the City's response to save lives and support people with complex behavioral health needs by providing access to care, treatment, and connections to other needed services.

Under the emergency powers, DPH and DHR streamlined the City's hiring process while adhering to competitive, fair, and equity-based selection processes. DPH is working to build upon this hiring success and will continue to eliminate redundancies and combine onboarding activities wherever possible.

The new staff include behavioral health clinicians, pharmacists, health workers, and others who will build out effective programs and services that can reach people where they are. A number of these new hires will join the team at the Tenderloin Linkage Center, where people can go to be safe, get basic “dignity” needs met like showers and laundry, and be connected to care and services when they are ready. Other new hires will support the launch and long-term staffing of the Office of Coordinated Care to manage care and improve outcomes for individuals who may otherwise have difficulty maintaining access to services.

Under the [Mental Health SF](#) legislation and funding streams, San Francisco is expanding access to mental health services, substance use treatment, and psychiatric medications to all adult San Franciscans in need who are experiencing homelessness, uninsured, or enrolled in Medi-Cal or Healthy San Francisco.

COVID vaccine awareness promotion among SF’s Mayan and Indigenous populations

The Indigena Health & Wellness Collaborative (IHW), a program of Instituto Familiar de la Raza Inc. and DPH are collaborating to increase community vaccine confidence among San Francisco’s growing Mayan population. In March, IHW finalized and posted vaccine educational videos in four (4) high prevalence Mayan languages in San Francisco; Tzeltal, K’iche, Mam, and Yucatec. These new video resources may be used by stakeholder groups serving Mayan populations to support language access to COVID-19 information and resources with the intention of increasing vaccination rates within these groups.

ZSFG Hospital designated a LGBTQ+ healthcare equity leader

Zuckerberg San Francisco General Hospital (ZSFG) received an evaluation of 100 and the designation of “LGBTQ+ Healthcare Equality Leader” in the Human Rights Campaign Foundation’s 15th anniversary edition of the Healthcare Equality Index (HEI), the nation’s foremost benchmarking survey of healthcare facilities on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ+ patients, visitors and employees.

The HEI evaluates and scores healthcare facilities on detailed criteria including Foundational Policies and Training in LGBTQ+ Patient-Centered Care; LGBTQ+ Patient Services and Support; Employee Benefits and Policies; and Patient and Community Engagement. This recognition demonstrates ZSFG's strong and ongoing commitment to providing care to all patients with compassion and respect.

Thank you to the entire community at ZSFG who made this possible!

[DPH in the News](#)

Commissioner Comments:

Commissioner Bernal thanked Director Colfax for the report.

4) COVID-19 UPDATE

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

Public Comment:

Jordan Davis, stated that she is glad to see the high level of vaccinations in San Francisco and hopes the rate goes up to 93%. She is also glad to see the low hospitalization rates. She noted that it is arbitrary for San Francisco to have a mask mandate for public meetings. She also stated that MUNI recently admitted it is safe to ride without masks.

Commissioner Comments:

Commissioner Chow noted that the public comment referenced issues that members of the public face regarding mask mandates. He asked how people can get clarification of this issue. Dr. Susan Philip, San Francisco Health Officer and Director of Population Health Division, stated that the federal masking order applied to state and local municipalities. She noted that the DPH is waiting for the state to issue its new recommendations, which are expected in the next days; the City of San Francisco is expected to align with the state's recommendations. This will include recommendations, but not a mandate, to wear masks on public transportation.

Commissioner Bernal asked if San Francisco may learn lessons from the recent masking mandate in Philadelphia. Director Colfax stated that due to the high rate of vaccinations and booster and low rate of COVID-related hospitalizations in San Francisco, it will likely not be necessary to revert back to a masking mandate in San Francisco. He noted that since there is so much home testing, the case data is less accurate, so the DPH is tracking hospitalization data to determine policy.

5) GENERAL PUBLIC COMMENT

There was no general public comment.

6) LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER UPDATE

Michael Phillips, MHA, FACHE, Laguna Honda Hospital and Rehabilitation Center CEO presented the item. Roland Pickens, MHA, FACHE, San Francisco Health Network Director, was present to answer questions.

Commissioner Comments:

Commissioner Chow noted that Laguna Honda Hospital and Rehabilitation Center (LHH) corrected the self-reported substance use-related issues, which initially triggered the CDPH survey. He also stated that it is unfortunate that the regulations allow for additional findings unrelated to the initial issue, to result in decertification from the CMS reimbursement programs. He added that staff should be commended for the enormous work completed to respond to the most serious issues found 6 months ago. He expressed gratitude to all LHH staff and LHH leaders. He is grateful to City leadership, DPH leadership, and for President Bernal to participate, in his role as Chief of Staff for Speaker Pelosi's San Francisco office, in the press conference regarding the CMS findings at LHH. He encouraged City officials to make known the importance of LHH and the need for the process to focus at significant issues. LHH is one of the safest long-term facilities, based on the COVID-19 case rate and death rate. He also encouraged LHH and DPH to find ways to meet regulatory process requirements.

Commissioner Green noted that the Commissioners who are members of the LHH Joint Conference Committee (JCC), know of the all the incredible work done at LHH each day. The Health Commission respects and honors LHH leadership and staff. The JCC Commission members have observed LHH develop plans of correction in response to the original regulatory issues found and subsequent issues too. She asked if there is a time allotment required for CDPH to respond to issues found at LHH, and a timeline for conducting a survey. She noted there was a lapse between the issues reported and the surveys. Mr. Phillips stated that when LHH self-reported the substance use-related incidents, it warranted CMS placing LHH in a "Substandard of Care" category. This set a 6-month time period for CDPH, a contractor of CMS, to survey and revisit the facility.

Commissioner Green noted that CDPH conducted its final survey on the very last day within the 6-month time period, giving no time for LHH to submit plans of correction for the newer items found on the last survey. Mr. Phillips noted that LHH had no ability to determine the timeline for the CDPH survey visits. He added that LHH learned that CDPH can review any regulatory issue on these surveys, not just those related to the original self-reported incidents.

Commissioner Bernal stated that it is his understanding that LHH submitted plans of correction addressing the original self-report incidents that were accepted months before the final survey visit. He added that the new findings noted in the final survey would not have resulted in a substandard of care category on their own. However, because it was within the 6 months related to the original incidents, CMS made the decision to decertify LHH from its reimbursement programs.

Commissioner Guillermo, Chair of the LHH JCC, associated herself with the comments made by Commissioners Chow and Green. She is grateful for all the work LHH leaders and staff completed in preparation for these surveys. She noted this took place during and directly after a serious COVID-19 surge which was very stressful for everyone at LHH. She wonders if, due to the size and patient complexity, it would be a fair process to have a weighted survey mechanism for LHH. Mr. Phillips stated that LHH is held to the same standards as other long-term care facilities. Commissioner Guillermo encouraged LHH, the DPH, and City leadership to comment to CMS on this issue.

Commissioner Chow noted the difficulty of being held to a standard in which LHH had to achieve 100% on every regulatory issue, regardless of its connection to the original self-reported incidents. He noted that it seems fair to give LHH the same timeframe to mitigate each of the issues found in the CDPH surveys.

Commissioner Bernal stated that the Health Commission and DPH leadership are committed to ensure that LHH achieves recertification and supporting LHH in the hard work they do each day. He added that the City is partnering with state and federal officials on this situation.

7) POPULATION HEALTH DIVISION UPDATE

Susan Philip, MD, Director and San Francisco Health Officer, presented the item.

Commissioner Comments:

Commissioner Bernal thanked Dr. Philip for her leadership and helping make the DPH a national model.

8) DPH IT UPDATE

Eric Raffin, DPH Chief Information Officer, Jeff Scarafia, EPIC Program Director, and Albert Yu, MD, Chief Health Information Officer, presented the item.

Commissioner Comments:

Commissioner Green voiced concern regarding uniformity of choice regarding terminology for patient problem lists and diagnoses, noting the huge number of staff who use EPIC, and may be using slightly different terms for the same medical and/or behavioral health issues. Mr. Raffin stated that the EPIC team will continue to update the Commission on this important issue.

Commissioner Chow asked if the DPH EPIC project is on schedule and that the budget will support the timeline through 2024. Mr. Raffin stated that the EPIC timeline and budget are on schedule through 2024.

Commissioner Chow asked if the patient portal will be available in the seven languages for clients. Mr. Scarafia stated that the DPH EPIC team has been requesting additional language capacity from EPIC regarding the patient portal. He noted that the portal is currently offered in English and Spanish. Commissioner Chow requested that the Commission continue to track this issue in future EPIC updates.

9) DPH FY2020-21 ANNUAL REPORT

Max Gara, Health Program Planner, presented the item.

Commissioner Comments:

Commissioner Chung thanked Mr. Gara for the report and requested that the font be made larger to make it easier to read. Mr. Gara stated that the font will be made larger.

Commissioner Chow noted the importance of the report and expressed gratitude to Mr. Gara for the high quality of the final draft. He hopes that PHD activities can be better highlighted in future reports to ensure the public understands the importance of that work.

10) OTHER BUSINESS:

This issue was not discussed.

11) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Giraud, Chair, stated that the Committee discussed Housing Conservatorship and Assisted Outpatient Treatment (AOT) programs. She noted that Housing Conservatorship is for adults with serious mental illness and substance disorder, designed to help individuals who cycle in and out of crisis. This was implemented as a pilot program in 2019. Those who qualify must have at least eight 5150 psychiatric holds placed on them within one year. Fourteen individuals met the criteria and are now in intensive case management. She noted there is much higher rate of 5150 holds for Black/African American individuals in San Francisco.

She also stated that the AOT program is court ordered treatment for serious mental health issues and is time limited. Referral sources are treatment providers and family members. In 2021, White men comprised the majority of the 75 clients for this program.

12) CLOSED SESSION

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

B) Vote on whether to hold a Closed Session. (Action Item)

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 LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER 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).

13) POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

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

14) ADJOURNMENT

The meeting was adjourned at 6:18pm.