

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

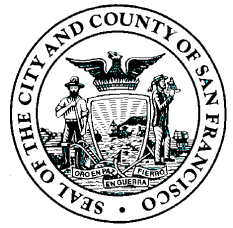
Suzanne Giraudo ED.D
Commissioner

Judy Guggenhime
Commissioner

Karim Salgado
Commissioner

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

Daniel Lurie Mayor
Department of Public Health



Daniel Tsai
Director of Health
Mark Morewitz, M.S.W.
Executive Secretary
TEL (628) 754-6539

MINUTES

HEALTH COMMISSION MEETING

Monday August 18, 2025 4:00 p.m.

**1 Dr. Carlton B. Goodlett Place, City Hall, Room 408
San Francisco, CA 94102 & via Webex**

1) CALL TO ORDER

Present: President Laurie Green, MD
Vice President Tessie Guillermo
Edward A. Chow, MD
Susan Belinda Christian, JD
Suzanne Giraudo, Ph.D
Karim Salgado

Excused: Judy Guggenhime

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 4, 2025.

Public Comment:

There was no public comments.

Commissioner Comments:

There were no Commissioner comments.

Action Taken: The Health Commission unanimously approved the August 4, 2025 meeting minutes.

3) GENERAL PUBLIC COMMENT

Chris Ward Kline stated that he is concerned about surveillance equipment on top of buildings in San Francisco that are sending ultrasound waves from the boxes. He distributed a document which described an incident in which he observed these sound waves via photograph.

4) DIRECTOR'S REPORT

Daniel Tsai, DPH Director of Health, presented the item.

BUDGET UPDATE

On July 24, and following a 10-1 vote by the Board of Supervisors, [Mayor Lurie signed the City's budget for fiscal years 2025-26 and 2026-27 into law.](#)

This budget cycle has brought us face-to-face with a hard reality: expenditures are outpacing revenues—a reality that impacts every department, including ours. For several years, DPH's General Fund contribution has remained flat, while our revenue has increased. In the budget, DPH has committed to growing our revenue by more than \$400 million during the next two fiscal years in order to preserve vital services in light of the current fiscal climate. Future years continue to pose challenges to cover the costs of inflation and agreed upon increases to pay and benefits. To stay in balance, we must also realign existing services and ensure we prioritize essential programs.

There are no layoffs of DPH staff. While no layoffs are occurring, there will be a reduction of 200 positions—most of which are vacant. Approximately 25 positions will be realigned, with staff transitioning into new roles within their current classification. We are committed to ensuring no break in service, and that base salary, benefits, seniority, and accrued time remain unchanged.

As we navigate through these challenging times, DPH is taking thoughtful steps to ensure that the services we provide to our communities remain effective and sustainable. We will also be making strategic changes in how we work with community-based organizations (CBOs). The budget included another \$6.3 million in targeted reductions starting in FY 2025-26 and a further \$17 million in unallocated reductions in FY 2026-27. While this represents less than 10% of our General Fund contracts, it will require careful, strategic decision-making, and we are working closely with our partners to navigate these changes.

The budget also contains significant new investments in behavioral health services to build a more responsive system for treatment and recovery that addresses the challenges on our streets. The difficulty of retaining individuals in treatment is significant, and we are expanding intensive outpatient treatment, case management, and innovative models to ensure that individuals receive the ongoing support necessary to break the cycle of crisis and stabilize for the long term.

Alongside these adjustments, the federal and state landscape is shifting, with significant cuts to healthcare funding, including changes to Medicaid/Medi-Cal and the Affordable Care Act (ACA). These changes in state and federal funding are expected to impact thousands of residents in San Francisco, particularly our undocumented communities.

As these changes unfold, we recognize that their full impact remains uncertain. While we are taking steps to address the challenges ahead, the effects of these adjustments are likely to be significant, and we must remain adaptable as we navigate this evolving landscape. By redirecting resources, focusing on high-impact areas, and continuing our collaboration with community partners, we can ensure that San Francisco's healthcare system remain responsive.

BAY AREA HEALTH OFFICIALS ENCOURAGE BACK-TO-SCHOOL IMMUNIZATIONS

DPH [joined](#) health departments across the Bay Area to encourage families to plan for back-to-school immunizations. Safe and effective vaccines are the best way to prevent the spread of diseases such as measles and whooping cough. The press release was covered by the [San Francisco Chronicle](#), [KRON](#), [Sing Tao](#), [World Journal](#), and KIQL Spanish radio. People are encouraged to visit <https://www.sf.gov/get-vaccines> for more information.

SUNNYDALE/VISITACION VALLEY HEALTH FAIR

On Saturday July 26, several of our DPH teams, including Office of Health Equity, Community and Home Injury Prevention for Seniors and Public Health, and Public Health Emergency Preparedness and Response (PHEPR), participated in the Sunnydale/Visitacion Valley Health Fair.

With over 100 people in attendance, we were proud to offer free services like mammograms, blood pressure checks, mental health assessments, tobacco prevention resources and emergency preparedness information.

Events like these help us bring care and resources directly to community supporting health, equity, and connection. See photos [here](#).

CELEBRATING FIFTEEN PROMOTORES COMPLETING DPH COMMUNITY OF PRACTICE TRAINING

After four months of learning and collaboration, we are proud to celebrate the completion of our Promotores Community of Practice training at DPH. Fifteen Promotores participated in the powerful program, which equips community leaders with the tools and knowledge to support health education, outreach, and equity in their neighborhoods. The Spanish-language curriculum was developed by Dr. Berta Hernandez at DPH and reflects our commitment to culturally rooted, community-led public health. Thank you to the Promotores for their dedication and for being the bridge between public health and the communities we serve. See photos [here](#).

AUGUST IS NATIONAL BREASTFEEDING AWARENESS MONTH

August is the month of National Breastfeeding Awareness, and San Francisco Health Network (SFHN) has a lot to celebrate. On August 6th, 11:30am-1:00pm at Civic Center Plaza, Director of Health Dan Tsai will join more than 70 WIC clients, staff, and members of the SF Breastfeeding Coalition for the 2025 Breastfeeding Walk around Civic Center. This event's aim is to raise awareness for the SFHN programs that uplift and support lactating parents.

And on August 27th, 11:00am-2:00pm at ZSFG Campus – Dr. David Sanchez Way, ZSFG Hospital will be partnering with Mother's Milk Bank to host the second annual "Human Milk Donation Drive." This event is an opportunity to donate frozen milk during Breastfeeding Awareness Month. Just two tablespoons of human milk can help a baby in need thrive. Last year, the event collected over 3,000 oz. of human milk. The milk being collected will help babies here in San Francisco, in the greater Bay Area, and across the nation. DPH extends heartfelt gratitude to all donors.

SFHN'S COMMUNITY HEALTH PROGRAMS FOR YOUTH (CHPY) LEANS IN TO HELP GET KIDS HEALTHY FOR BACK TO SCHOOL

With the first day of SF Unified School District's new school year coming up on August 18th, the staff at our Primary Care Clinics have been bustling to make sure school age children are up-to-date on their vaccinations and sports physicals. This year, to continue to make sure all patients have timely access to care, the Primary Care Population Health Team and CHPY are working together by reaching out to those school aged SFHN patients who have either not yet been assigned a medical home or have not been to see their provider in the past 36 months. The goal is to get them examined and treated at one of our five CHPY clinics and then assigned to a medical home at one of our 13 Primary Care Clinics.

ZSFG EMERGENCY MEDICINE TEAM PROVIDING CARE AT SF'S LARGEST SUMMER EVENTS

Over the past few months, members of the Emergency Medicine team at ZSFG Hospital have provided medical care at some of the city's largest public events. During May's Bay to Breakers race, the team staffed a finish line medical station to support runners in need. In June, they delivered medical coverage at the 55th Annual San Francisco Pride Celebration, treating more than 200 individuals over the weekend and helping ensure a safe and joyful event for all attendees. From sprained ankles and sunburns to asthma, allergic reactions, and eye injuries, clinicians responded to a wide range of needs with expertise and compassion.

In partnership with UCSF Health, the Department of Emergency Medicine also staffs the First Aid tent at Oracle Park during Giants games and select concerts—bringing care to where it’s needed most.

This presence at large-scale events ensures the city is prepared to respond in the event of a public health emergency. It also reduces strain on emergency departments by providing timely on-site care, preserving hospital resources for the most critical patients. These efforts reflect DPH’s commitment to keeping San Franciscans healthy and safe—both in and beyond the hospital setting.

ZSFG ENHANCING STAFF AND PATIENT SAFETY WITH NEW SECURITY SCANNERS IN BUILDINGS 5 & 25

To further support a safe and welcoming environment, ZSFG installed AI-powered weapons detection systems at the main entrances of Building 25 and Building 5. These systems use electromagnetic sensors, visual cameras, and real-time computing to detect concealed weapons with minimal false alarms—ensuring both safety and smooth entry for staff, patients, and visitors.

The installation is part of ZSFG’s broader effort to protect everyone on campus. Over the past year, the Assault Governance Task Force—which includes hospital leaders, the Sheriff’s Office, and DPH Security Services—has developed a comprehensive plan to reduce moderate and major assaults against staff. A key strategy is preventing weapons from entering the hospital.

Although California Assembly Bill 2975 requires healthcare facilities to implement weapons detection by 2027, ZSFG has moved ahead to adopt the system early in support of its goal to keep staff and patients safe.

The task force worked closely with hospital and security teams to support a smooth rollout and ensure understanding among staff, patients, and visitors. Security staff will continue to monitor usage and track incident data to evaluate system impact.

We are grateful to all staff, partners, and departments whose collaboration and dedication are helping to create a safer, more supportive environment for everyone at ZSFG.

COVID-19 UPDATE

As of 7/30:

- San Francisco’s 7-day rolling average of COVID test positivity is 7.4%.
- Thirty-one percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

Public Comment:

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

Director Tsai’s report today does not mention just what so-called “alternative pathways” are being planned, and what the reasonable timeline is to bring expanded skilled nursing bed capacity online in San Francisco, to reduce the exorbitant number of out-of-county patient dumping discharges. Tsai must describe publicly just what “proactive efforts” and “alternative pathways” are being taken and are underway. Since the “Framing the Challenge Post-Acute Care” report 10 years ago in February 2016, Sneha Patil’s Planning Office has issued two reports on SNF bed capacity in San Francisco. One report was based on two-year-old, out-of-date 2020 data from HCAI. Patil released another one-page report on 1/15/2024, also based on out-of-date 2023 HCAI data. As part of Director Tsai’s efforts to identify and pursue “proactive efforts” and “alternative pathways” for additional SNF beds in-county, Tsai should direct the ten-year-old, out-of-date, 2016 “Framing the Challenge” report be updated to guide his efforts.

Commissioner Comments:

There were no Commissioner comments.

5) SKILLED NURSING TRANSFER DATA REPORT

Claire Altman, MPH, Senior Health Program Planner, presented the item.

Public Comment:

Dr. Teresa Palmer stated that there is no reason why CPMC cannot submit the required data. She has access to the CPMC electronic medical record system. She suggested the DPH be more assertive with CPMC. CPMC shut down their subacute beds. It is outrageous that there are hundreds of people going out of county for skilled nursing care and that DPH is not fighting for the 120 beds at LHH.

Bensall Nadell, San Francisco Ombudsman, stated that most hospitals are transitioning to Medicare reimbursed services and skilled nursing facilities gives patients 20 days of services before a copay is needed. Patients are being discouraged to convert to Medi-Cal. Therefore, some patients in San Francisco with only Medi-Cal are being transferred out of county.

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

The Health Commission should note the top chart on my overhead slide shows the 2016 “Framing the Challenge in Post-Acute Care” report published in February 2016 was relying on two-year old data from HCAI, (formerly OSHPD), from 2014, which reported a 1,745-bed gap between demand and supply — not the 700-bed gap Roland Pickens misquoted to this Commission several times. I modified the 2016 trend line. Since that 2016 report, San Francisco has lost 386 additional skilled nursing beds, including the 120 SNF beds at Laguna Honda that remain closed. So, the demand vs. supply gap has increased to 2,131 too few SNF beds in-county. The 2,156 beds remaining are just half of the 4,287 projected demand need. The bottom chart on my slide shows over the past four years somewhere between 3,614 and 12,000 San Franciscans have been discharged to out-of-county facilities to receive standard SNF care, excluding sub-acute care.

Commissioner Comments:

Vice President Guillermo noted that it is often difficult to understand if some patients and their families have requested transfers to facilities out of county. She noted that the majority of transfers of San Francisco residents are to facilities within the city or a very short distance from San Francisco. She asked Director Tsai his thoughts on the report and whether policy changes are warranted. Director Tsai stated that the DPH strives to ensure there are many high-quality options in San Francisco and nearby cities for skilled nursing facilities. He noted that in 2008, a federal settlement grounded in the Supreme Court's *Olmstead* decision was reached with the city of San Francisco on behalf of residents at Laguna Honda Hospital. The lawsuit claimed that the city had violated the Americans with Disabilities Act (ADA) by keeping residents in an institutional setting when they could have been served in a more integrated community environment. Therefore, it is necessary to maintain people in the least restrictive environment that meets their needs; this includes people in skilled nursing facilities. He noted that San Francisco has a need for additional skilled nursing facilities and affordable housing options for senior with low income. San Francisco also needs RCFEs and other higher-levels of care, including memory care.

Commissioner Chow noted that a continuum of care is what is necessary. He requested that the DPH make greater attempts to obtain data from CPMC for these reports. He requested that future reports include a breakdown of short-term care and long-term care.

President Green requested that Medi-Cal data be included in future reports to better understand the situation and needs of San Francisco residents.

6) CURRENT RESEARCH & EPIDEMIOLOGY AT THE CENTER ON SUBSTANCE USE AND HEALTH

Phillip Coffin, MD, MIA, FACP, FIDSA, presented the item.

Public Comment:

There was no public comment.

Commissioner Comments:

President Green thanked Dr. Coffin for his presentation and noted that he has been on the leading edge of research in this field.

Commissioner Christian asked about nitazenes and the current situation of this drug which is two hundred times more potent than fentanyl. Dr. Coffin provided a response that provided information regarding xylazines by mistake. He submitted the following written information to more appropriately response to the question:

“Based on our detailed review of mortality data, there were 3 overdose deaths last year and 1 thus far this year that included a nitazene. The SFGH laboratory looks for nitazenes and their metabolites but had not found any as of earlier this year. Thus far this issue does not appear to be affecting San Francisco in any meaningful way. We do of course follow what happens and what the responses are from our eastern state colleagues who contend with this more. Studies at the recent College On Problems of Drug Dependence Conference showed that naloxone remains effective for nitazenes. Thus far, I'm unaware of anything different the DPH could be doing.”

Commissioner Guillermo stated how fortunate San Francisco is for having dedicated staff in this area. She asked how the uncertain federal funding will impact this area. Dr. Coffin stated that the uncertainty of the funding landscape is resulting in a huge downturn in research. His unit will be reducing its staffing due to these funding issues.

Commissioner Chow stated that he appreciates the 4-tier paradigm of working with people using stimulants. Dr. Coffin stated that the relevant slide shows data on people who died with comorbidities. He noted that people who die of fentanyl use usually do not have cardiovascular issues. However, people using stimulants often die of cardiac-related issues.

7) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Vice President Tessie Guillermo, LHH JCC Chair stated that at the August 11th Laguna Honda Hospital Joint Conference Committee meeting, the committee celebrated the news that Laguna Honda is now back on the regular cadence of annual certification surveys, which are to be completed every 12-15 months from the last full certification survey. They earned this annual cadence from CMS and CDPH by completing 2 successful regulatory surveys in the last year.

Laguna Honda is welcoming one FISH Fellow who is a Teach for America alumni interested in pursuing a career in the public sector. The focus will be on enhancing the Laguna Honda Care Experience and culture change efforts through improved data analytics and interdepartmental coordination.

Laguna Honda added a new external laundry service for residents' personal items. This shift is to keep aligning with regulatory requirements.

Diltar Sidhu, CEO and Nursing Home Administrator, explained that the decrease in admissions in July is likely due to seasonal low in referrals within the industry. He still expects Laguna Honda to meet admission goals and timelines.

The committee discussed a presentation from Health Management Services regarding research and analysis conducted through stakeholder focus groups, Laguna Honda residents services needs upon discharge, Laguna Discharge data by placement setting, and information from other Mercy housing for seniors. HMA has recommended that instead of including an adult day health program in the new housing project on the Laguna Honda campus, a social day program, which has more flexible eligibility criteria. HMA also recommends that the new housing project utilize a model with affordable housing with enhanced services, instead of an assisted living model, based on the funding availability. The full Commission will be receiving an update on the housing project in the future. The Commission also reviewed the Human Resources and Regulatory Affairs Report. In closed session, the committee approved the Credentials Report and the PIPS minutes.

Public Comment:

Dr. Teresa Palmer stated that LHH should be talking about what is to be done about the 120 beds. LHH used to operate a very good adult day health center, which is essential for keeping people with dementia out of nursing homes. She is concerned that plans are not to include an adult day health center on the LHH campus along with the senior housing project

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

Commissioner Guillermo stated during the 8/11/2025 LHH-JCC, Mercy Housing's presentation recommended replacing an ADHC in LHH's housing project with "a Senior Center" or a "Social Day Program." That's irresponsible. While Supervisor Melgar may be OK with switching to a "Social Day Program," that's completely irresponsible! It's not what the 2019 "Affordable Housing Bond" envisioned as housing. Voters want housing built, not a "community-facing senior center." Stop this bait-and-switch now! Voters also didn't want a so-called "Social Day Program" focusing on socialization, recreation, or merely meals at noontime. This is plainly just wrong, when not ludicrous! This "governing body" shouldn't forget the "Term Sheet" you approved previously allows you to terminate the Mercy Housing project at any time. You should do so now, based on Mercy Housing's 8/11/2025 Senior Housing presentation. News surfaced HMA is evaluating whether other sections of LHH's campus can be used for "interim housing." What "interim housing"?

Commissioner Comments:

There were no Commissioner comments.

8) CONSENT CALENDAR

Public Comment:

There was no public comment.

Commissioner Comments:

There were no Commissioner comments.

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

1. **August Contracts Report**
2. **Request for approval of a New Grant Agreement with Glide Foundation to perform culturally rooted overdose prevention, health education and intervention, and recovery services. The total proposed agreement amount is \$1,120,000 which includes a 12% contingency for the term of 7/1/2025 through 6/30/2027 (2 years).**
3. **Request for approval of a New Professional Services Agreement with Johnson Controls Inc. to perform ongoing maintenance of the Metasys Building Management System (BMS) at Laguna Honda**

Hospital. The total proposed contract amount is \$315,681 which includes a 12% contingency for the term of September 1, 2025 through August 31, 2026 (one year).

4. Request for approval of a New Professional Services Agreement with Johnson Controls Inc. to perform fire alarm suppression and pump testing at Laguna Honda Hospital. The total proposed contract amount is \$447,317 which includes a 12% contingency for the term of September 1, 2025 through August 31, 2026 (one year).
5. Request for approval of a New Professional Services Agreement with Johnson Controls Inc. to perform ongoing maintenance of the P2000 security system at multiple DPH locations. The total proposed contract amount is \$336,430 which includes a 12% contingency for the term of September 1, 2025 through August 31, 2026 (one year).
6. Laguna Honda Hospital Policies:

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	01-08	Media Relations
2	Facility-wide	24-13	Falls
3	Rehab	20-01	Responsibility and Accountability of Rehabilitation Services
4	Rehab	30-01	Scope of Services to be provided
5	Rehab	70-02	OT Staff
6	Rehab	80-02	Physical Therapy Staff
7	Rehab	90-02	Speech Language Pathology Staff
8	Rehab	30-05	Behavioral Health Services
9	Rehab	30-06	Social Work Services
10	Rehab	30-07	Activity Therapy Services
11	NSPP	E 2.0	Assisting Residents During Mealtime
12	NSPP	I 3.0	Tracheostomy Care
13	NSPP	I 6.0	non-Invasive Ventilation Support (CPAP/BiPAP)
14	NSPP	J 9.0	Insulin Subcutaneous Infusion Therapy for Patient Managed Insulin Pump

9) OTHER BUSINESS

Public Comment:

There was no public comments.

Commissioner Comments:

There were no Commissioner comments.

10) 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 California Government Code Section 54957(b) and San Francisco Administrative Code Section 67.10(b):

PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

DPH DIRECTOR OF HEALTH DANIEL TSAI

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).)
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).

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

10) ADJOURNMENT

The meeting was adjourned at 7:23pm.