

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

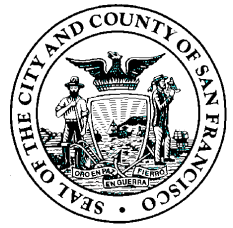
Suzanne Giraudo ED.D
Commissioner

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

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MINUTES
HEALTH COMMISSION MEETING
Monday November 17 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, President
Commissioner Edward A. Chow M.D
Commissioner Susan Belinda Christian, J.D.
Commissioner Suzanne Giraudo, Ph.D
Commissioner Judy Guggenhime
Commissioner Karim Salgado

Excused: Vice President Tessie Guillermo

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 3, 2025.

Public Comment:
There was no public comment.

Commissioner Comments:
There were no Commissioner comments.

Action Taken: The Health Commission unanimously approved the November 3, 2025 meeting minutes.

3) GENERAL PUBLIC COMMENT

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

As I previously testified, LHH was NOT going to return to having a full census by the end of December 2025 as CEO Diltar Sidhu wrongly claimed repeatedly. During August, September, and October, LHH had a net increase to 13 patients and still has a large number of empty skilled nursing beds. Why are admissions taking so long? San Franciscans who want to stay in the City for temporary or permanent

Nursing Home care want to gain admission to LHH. City employees who retired from City and County of San Francisco employment and still live in San Francisco — like me — want the Health Commission to work closely with the City's Health Services Systems Board to find a way to get LHH's Admitting Department to obtain waivers to accept City retirees who have Medicare Advantage insurance to gain admission to LHH. I fully support Dr. Theresa Palmer's advocacy in this regard.

4) DIRECTOR'S REPORT

Daniel Tsai, DPH Director of Health, presented the item. He noted that San Francisco had 36 overdose deaths last month, which is the second month in which there has been a reduction in this data. He also stated that he has conducted two meetings with community-based organizations regarding the impending \$17M reduction in DPH contracts with community-based organizations.

ENHANCED CLINICAL SERVICES BEGIN AT CENTRAL WATERFRONT NAVIGATION CENTER

DPH and the Department of Homelessness and Supportive Housing (HSH) began offering enhanced clinical substance use treatment and recovery services at the Central Waterfront Navigation Center (CWNC) this month to better support unhoused people with substance use disorders in the Bayview-Hunter's Point neighborhood. The navigation center is not changing in size, scope or purpose but will have a new level of clinical services to meet the needs of the community. This is only for individuals at the shelter; it is not a walk-in treatment site or clinic.

By integrating medical and behavioral health care directly into shelters, the City is meeting people at the right moment and delivering the care they need, exactly when and where they need it. The approach is modeled after a clinical program named RESTORE, a successful DPH/HSH pilot that paired medication treatment and wraparound services with a shelter bed where people could stabilize while they begin their recovery journey. At the heart of the model is directly delivering medical and behavioral health support in a supportive environment, removing barriers, accelerating access, and giving people the best chance to begin recovery without delay.

To connect more people in the Bayview-Hunter's Point neighborhood to substance use care and mitigate overdose disparities, DPH in September launched a daytime outreach team in District 10 that prioritizes navigating unhoused Black/African American San Franciscans to treatment programs.

COLLABORATION HELPS BRING RESIDENT BACK HOME TO LAGUNA HONDA

As November is Palliative Care Month, we are proud to share an example of two SF Health Network (SFHN) teams providing innovative patient-centered care to individuals at the end of their lives. In September, the ZSFG Cardiology team reached out about a patient with end-stage heart failure who wanted to return to Laguna Honda Hospital (LHH) for palliative care. The patient was eager to spend her remaining time in a more peaceful home-like environment while being able to have the extra time to spend with her family and friends. However, due to her condition, she required access to dobutamine, a life-sustaining IV medication that is rarely available in a long-term care environment and had never been provided at LHH before.

The Palliative Care Committee reviewed the case and decided it was an excellent opportunity to modify various policies and procedures for palliative care and make it possible to offer this unique treatment to residents receiving comfort care at LHH. Numerous staff in various areas of DPH helped make this happen, from aiding decision making, amending policy, procuring and ensuring supply availability, training nursing staff, and supporting the transfer, admission and stay of the resident. Each person played a critical role in ensuring that the resident has access to the care they need in the environment of their choosing.

POP-UP COMMUNITY VACCINE CLINICS

This fall, the DPH Population Health Division has been organizing pop-up community vaccine events with community partners across the city to help older adults from vulnerable and higher-risk communities access

COVID-19 and flu vaccines. Partners include NICOS Chinese Health Coalition, I.T. Bookman Community Center, Booker T. Washington Center, Senior and Disability Action, Disability Cultural Center, Interfaith Winter Shelter, Latino Task Force and Unidos en Salud, and the San Francisco Public Library. Please visit sf.gov/vax for scheduled events later this fall and winter.

COVID AND FLU VACCINE PROMOTION

This fall, DPH has been strongly encouraging San Franciscans to get the updated COVID-19 and flu vaccines. The Department recently released the latest edition of the "Hear From a Doctor" series promoting the vaccine in English, Spanish, and Chinese:

- [English video](#)
- [Spanish video](#)
- [Chinese video](#)

Launched this year, "Hear From a Doctor" is a social media campaign in which DPH doctors share public health advice on important topics. Past topics include heart disease, heat exhaustion, mpox, and how to access drug treatment.

THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION ANNOUNCES 2025 EQUITY AND INNOVATION GRANTS

The San Francisco General Hospital Foundation announced the 2025 Equity and Innovation Grant recipients, honoring teams whose creative ideas are transforming care for our community. These \$100,000 grants, made possible by the generous support of BMO, provide valuable seed funding that helps ZSFG innovate and meet the diverse needs of our patients. Over the past 20 years, the Foundation has awarded more than \$1.14 million to support innovative, equity-driven work, many starting as small projects and growing to a mainstay of care across the state and nation. This year's grantees exemplify that spirit of innovation and equity, advancing projects that expand access to care and promote the health and well-being of our community.

Congratulations to Huizhen Li, Dr. Hieu Tran, Dr. Sri Padmanabhan and Dr. Jay Stewart for the expansion of the Eye Clinic. They will be expanding access to ophthalmology and optometry care and reducing wait times with new diagnostic equipment and hybrid visits, addressing critical barriers to timely care for diseases like cataracts and glaucoma.

And congratulations to Dr. Amy Beck, Tonya Vega, and the entire Healthy Lifestyles Clinic in the Children's Health Center who are focusing their grant on childhood obesity and linking children of low-income families with community resources for physical activity and healthy eating. These early interventions help prevent adverse health outcomes, such as diabetes, while also improving mental health.

ZSFG NAMES DIRECTOR OF MATERNAL AND CHILD NURSING

ZSFG appointed Shilu Ramchand, RN, MS, CNS as its Director of Maternal and Child Nursing. Shilu brings nearly two decades of dedicated nursing leadership and clinical expertise. She served as a clinical nurse educator to Neonatal Clinical Nurse Specialist and her most recent position was as a Nurse Manager of the NICU and Pediatrics at ZSFG. Over the years, she has demonstrated exceptional skill in managing complex clinical operations, driving quality improvement initiatives, and fostering a supportive, compassionate environment for patients, families, and staff. Shilu led the transition to EPIC electronic documentation in the NICU and Pediatrics and collaborated across multidisciplinary teams to develop clinical workflows and policies; and visiting guidelines during the COVID pandemic. She drives numerous quality improvement projects focused on neonatal care, family-centered practices, and patient safety. She led the participation of the NICU in the MOMMS collaborative to improve exclusive maternal milk in extremely low birth weight neonates and has achieved 100% maternal milk feeding for ELBW neonates. Under her leadership, ZSFG NICU was named 2025 NICU of the year by the CA Breast Feeding Coalition.

ZSFG ANNOUNCES NEW ADMINISTRATOR ON DUTY

ZSFG announced Dave Staconis, MSN, RN, FNP as a new Administrator on Duty (AOD). Dave has worked in the ZSFG Emergency Department (ED) for 19 years, during which he served in various roles including interim AOD, staff nurse, charge nurse, Nursing System Administrator for the Pulse Check, Nurse Manager, and Nursing Director. As a designated Charge Nurse, Dave served as a liaison between the nursing staff, hospital administration, department management, and attending physicians to coordinate patient care and admissions. Shortly after, Dave took the role of ED Performance Improvement Coordinator, where he was responsible for ensuring that the department adhered to organizational and professional standards to deliver high quality, competent healthcare to our patient population. He then transitioned into the role of ED Nurse Manager, managing the nursing, ancillary staff, and overall operation of the ED. Dave has also served on multiple department and hospital-wide committees, including NEC: Business and NEC: Quality and Safety.

ZSFG APPOINTS DIRECTOR OF PERFORMANCE IMPROVEMENT

ZSFG appointed Kim To, MHS, LSSGB, CPHQ as Director of Performance Improvement. Kim has broad experience in implementing Performance Improvement in healthcare. She received her Master's of Health Science: Public Health, Population & Family Health Sciences from Johns Hopkins Bloomberg School of Public Health. She is a Lean Six Sigma Green Belt and a Certified Professional in Healthcare Quality. Kim has worked both locally and nationally, most recently leading a Joint Venture Health Plan's Quality team to improve CMS Star Rating and Data integrity.

COVID-19 UPDATE

As of 11/12:

- San Francisco's 7-day rolling average of COVID test positivity is 1.5%.
- Seventeen percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

Public Comment:

There was no public comment.

Commissioner Comments:

Commissioner Christian asked for more information regarding the medical management tools Director Tsai mentioned when discussing the DPH address overdose prevention. Director Tsai stated that some individuals withdrawing from substances have complex co-morbidities that need addressed.

Commissioner Chow requested that Dr. Kunins include an update on activities to address these complex patients in her next presentation to the Commission.

Commissioner Chow asked for reaction from the community-based organizations regarding the budget meetings. Director Tsai stated that the meetings have been well attended, and the organizations have been made aware of the situation and the principles that the DPH is using to develop the cuts. In January, the DPH will share its draft plan to make these cuts. The Community will have until early February to make comments on the proposed cuts.

Commissioner Guggenhime noted that success of street teams seems to be on individuals being open to being referred to substance use programs. Director Tsai stated that the DPH street teams encounter a variety of individuals. Some are motivated to seek treatment and others may not be interested in treatment. He added that it can be complicated to immediately refer individuals to programs. He also stated that the new sobering center model will utilize a law enforcement-led approach in which law enforcement will bring in individuals for a limited time in order for them to get sober. During that period, the DPH may engage and attempt to assess the individual's health needs.

Commissioner Christian asked if the new sobering center will include data and analysis of referrals and acceptance rates to programs. Director Tsai stated that the new sobering center will be a peer-based model and will offer to keep someone for up to 23 hours to metabolize the substances in their system. The program will also include a van to help transport people to programs.

Commissioner Giraudo asked for more information about the funding for sobering center. Director Tsai stated that funding for the center will come from the DPH and Sheriff's Department budget.

President Green thanked Director Tsai for the update.

5) ONE-YEAR PROP Q UPDATE – UCSF HEALTH ACQUISITION OF DIGNITY HOSPITALS AND ASSOCIATED CLINIC

Miranda Brillante, DPH Health Program Planner, and Josh Adler, MD, Executive Vice President and Chief Clinical Officer, UCSF Health, Vice Dean of Clinical Affairs, UCSF School of Medicine, presented the item.

Public Comment:

Dana Morrison, Hyde Hospital staff, asked what oversight the Commission is giving to the situation in which there are department closures and losses of service lines. Will UCSF Health be able to close whatever they want? Will UCSF have to continue to adhere to the agreement with the California Attorney General? There are also staff being laid off with no notice.

Dr. Teresa Palmer stated that she is concerned that that staff are being cut in ways that do not adhere to the contract. She would like clarification in regarding to whether the additional beds at the Stanyan campus mentioned by Dr. Adler will be subacute nursing beds.

Commissioner Comments:

President Green noted asked for more information regarding the medical staff who remain unaffiliated with UCSF. Dr. Adler stated that UCSF does not have a goal of recruiting these medical staff, but some may be interested in joining UCSF.

Commissioner Giraudo noted that the Sister Mary Philippa primary care and dental clinic is an important resource for children in foster care and asked if this service will continue. Dr. Adler stated that UCSFH is hoping to renew the lease or find another location for this clinic.

Commissioner Guggenhime asked for an update on what happened to the 2 separate foundations that supported each hospital when they were owned and operated by Dignity. Dr. Adler stated that the St. Francis foundation is still in existence and is governed by its own board. This foundation works with UCSF to support the Hyde Street hospital. After the meeting, UCSFH staff sent the following about the St. Mary's Foundation:

The St. Mary's Foundation was dissolved in August of 2024 when St. Mary's Medical Center was acquired by UCSF Health. All restricted endowment funds, and unrestricted funds held by the St. Mary's Foundation were transferred to the UCSF Foundation with the sole intent of supporting UCSF Health Stanyan Hospital (formerly St. Mary's). At the time of the acquisition the St. Mary's Foundation staff joined the UCSF Foundation with continued fundraising emphasis and responsibilities at UCSF Health Stanyan Hospital. The Saint Mary's Auxiliary was dissolved several years ago.

Commissioner Chow thanked UCSFH for reporting back to the Health Commission. He noted general satisfaction with the manner in which UCSFH has implemented the transition. He asked for more information regarding the planned expansion of psychiatric beds at the Stanyan campus. Dr. Adler stated that the intention is that Crestwood will continue operating the beds; any construction would be paid for by the state and the payment model would continue to be the same.

Commissioner Christian asked for clarification of what lines of service are not considered standard for a community hospital. Dr. Adler stated that most community hospitals do not have any type of research or training program. He noted that radiation oncology will likely be moved to another UCSF campus because the cost of upgrading the equipment would take away funds to upgrade other services at the hospital. He added that other UCSF campuses have this service.

Commissioner Chow stated that the Chinatown community has historically utilized both Hyde and Stanyan Street hospitals, and asked if there is a way to ensure the community still has access to services. Dr. Adler noted that the in San Francisco there is a plethora of radiation therapy services.

Naveena Bobba, DPH Deputy Director of Health, thanked Ms. Brillante for her good work on this item and to UCSF for their participation in this report back to the Commission.

6) IMPACT OF HR.1 AND STATE FY2025-26 BUDGET

Tangerine Bringham, Deputy Director/Chief Operating Officer and Strategy Officer, San Francisco Health Network, presented the item.

Public Comment:

Deena Lahn, San Francisco Community Clinic Consortium (SFCCC) Vice President, Policy and External Affairs, noted that the DPH, UCSF, and SFCCC patients are intertwined because SFCCC patients utilize DPH and UCSF specialists for their care. SFCCC provides primary care to over half of the safety net population in San Francisco. In addition, due to the relationship between the DPH and SFCCC, the DPH receives a higher reimbursement rate for primary care services. She noted that the state's decision to not reimburse for care of patients with unsatisfactory immigration status will have a serious impact on SFCCC and its patient population.

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

It's unfortunate that Tangerine Bringham didn't specifically mention today what potential cuts to Medi-Cal funds San Francisco may receive as a result of implementing the HR-1 and the State's Fiscal Year 2025–2026 budget as far as how that will affect Laguna Honda Hospital, since about 95% of LHH's patients have Medi-Cal as their payor source. I believe Health Commissioners, as the governing body of LHH, have a fiduciary responsibility to oversee Medi-Cal funds. As such, I urge you as Health Commissioners to ask questions and inquire today what potential impacts the City is projecting will happen as far as Medi-Cal funding to LHH, and Medi-Cal funding to home- and community-based support services for patients discharged to community living, to mitigate any adverse effects on patients who require receiving long-term care in a skilled nursing facility such as LHH, and perhaps other private-sector SNF facilities in San Francisco.

Commissioner Comments:

Commissioner Giraudo thanked Ms. Bringham for the report. As new information is known about the impact of federal policies on the DPH, she requested new updates to the Health Commission.

President Green noted that the current 1115 CMS Waiver is ending next year and asked about plans for new waiver proposals. Ms. Bringham stated that the state plans on submitting a proposal to CMS that would include a global payment program.

President Green asked for more information regarding the provider tax and how it impacts revenues. Ms. Bringham stated that this is a tax on managed care organizations that helps fund non-profit hospitals. The new bill limits the ability to use this mechanism. The state is working to determine strategies for how to move forward.

President Green asked how Healthy San Francisco will be funded to provide services to those ineligible for Medi-Cal due to new federal regulations. Ms. Brigham stated that Healthy San Francisco is not insurance. It is a program for individuals who are ineligible for Medi-Cal. She noted that the City is looking into ways to sufficiently fund the program. She also stated that many people who will no longer be eligible for Medi-Cal may deem Healthy San Francisco as a government program and may be reticent to participate for fear of their safety.

Commissioner Guggenhime is concerned that people from other locations may move to San Francisco to access services. Ms. Brigham stated that research has shown that people with strong family and community ties do not readily move; however, people who are single are more likely to move to a location with better services.

Commissioner Chow asked about the non-Medi-Cal group covered through Covered California. Ms. Brigham stated that there is a commitment from Congress to hold a hearing on the enhanced premium tax credit. The DPH encourages everyone to access insurance options if they are eligible because it covers more services.

7) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Edward A Chow, MD, LHH JCC Member, stated that at the November 10th meeting, the Laguna Honda JCC members reviewed standard reports including the Executive Team Report, Human Resources Report, and Regulatory Report. During the Executive Team Report discussion, the Commissioners made inquiries about the timeline for hiring the 2 Director of Nursing positions, which are currently vacant and key to the hospitals administration. Director Tsai will be involved in the final interview and vetting process. Regarding admissions, Laguna Honda CEO and Nursing Home Administrator, and Dr. Albert Lam, Chief Medical Officer, are hopeful that most open beds will be full by the end of the year or beginning of next year. The committee reviewed and recommended for approval all Laguna Honda Hospital policies on the Consent Calendar today. In closed session, the committee approved the Credentials Report and the PIPS minutes report.

Public Comment:

Dr. Teresa Palmer made comments and submitted the following written summary:

Prevent Transfer to Out of County SNFs of Sick and Frail San Franciscans: Per the LHH JCC report-LHH has beds for medically complex and secure dementia care now. Many elderly and frail have Medicare PPOs/ HMOs, or Med-Cal Advantage plans-less expensive. Insurance companies AND Laguna Admissions can make exceptions and cover those with the “wrong insurance” who need admission for safety-either by expanding insurance contracts or making case by case exceptions for those in need. However, there is no established process to make exceptions: this can be done NOW. I have had the personal experience of both LHH Admissions and Hospital Social Workers telling me this is simply not possible! NOT TRUE! Please put this on the next LHH JCC agenda, I am asking SF BOS to convene a hearing on this. I and City Retiree groups (such as ["Protect Our Benefits"](#)) are happy to assist with outreach.

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

Its disturbing Commissioner Chow didn't mention in his report today LHH didn't appeal a \$20,000 “Class A” citation from CDPH for an altercation by a known assaultive behavioral health patient that left an elderly female dementia patient with permanent facial damage that required plastic surgery to correct. It's inexcusable her male attacker's care plan wasn't updated, and more inexcusable the assaultive patient's one-on-one “sitter” was stopped because 1:1 supervision “overstimulated” him. LHH was hit with another scope-and-severity violation rated as a “G,” actual patient harm, from the “Class A” fine. LHH received 3 “G” citations prior to decertification in April 2022, 7 “G” citations during its 26-month decertification, and this is now the sixth “G” citation after LHH became Medi-Cal recertified in August 2023. These “G” citations must stop immediately! LHH needs to return to adding a licensed medical doctor to the admissions screening team, before LHH gets decertified, again!

Commissioner Comments:

There were no Commissioner comments.

8) CONSENT CALENDAR

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments.

Action Taken: The Health Commission unanimously approved the following LHH policies:

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	20-14	Leave of Absence and Bed Hold
2	Facility-wide	24-17	Comfort Care
3	Facility-wide	45-05	Molly's Fund-Assistive Technology Program
4	Activity Therapy	D2.0	Tracking of Resident Participation
5	A&E	04-02	After Receiving New Resident Chart
6	NSPP	F 5.0	Nursing Management of Urinary Catheters
7	NSPP	G.0	Neurological Status Assessment
8	NSPP	M 12.0	Adaptive/Assistive Devices Management Policy
9	Vocational Rehab	VR2.0	Scope of Services
10	Vocational Rehab	VR3.0	Referral and Assessment
11	Vocational Rehab	VR4.0	Documentation of Vocational Rehabilitation Services
12	Vocational Rehab	V05	General Store
13	Vocational Rehab	V06	Note Card
14	Vocational Rehab	V08	Newsletter Project
15	Vocational	V09	DVD Library

9) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Giraudo, Chair, stated that the committee discussed a robust update DPH data regarding sexually transmitted diseases and HIV. She noted that the serious disparities remain, especially in the Black/African American and Latinx populations.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Christian noted that amazing work being implemented by the DPH and the community. However, the disparities for young people of color remain too high. She requested more information in 2026 on how the DPH works with schools on all public health related issues.

There were no Commissioner comments.

10) OTHER BUSINESS

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments.

11) CLOSED SESSION

- a. Public comments on the closed session.

There were no public comments on this item.

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

Action Taken: The Health Commisison unanimously voted to go into closed session.

**CONSIDERATION OF ZSFG MEDICAL STAFF
CREDENTIALING MATTERS**

RECONVENE IN OPEN SESSION

- i. 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).)

- ii. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

12) POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Health Commission approved the ZSFG Credentials Report in closed session and unanimously voted not to disclose discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 6:41pm.