

**Dan Bernal**  
President  
**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  
FRANCISCO**

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



**Grant Colfax, MD**  
Director of Health  
**Mark Morewitz, M.S.W.**  
Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665  
Web Site: <http://www.sfdph.org>

**MINUTES**  
**HEALTH COMMISSION MEETING**  
**Tuesday March 16, 2021 4:00 p.m.**  
**Remote Meeting via Webex Event**

**1) CALL TO ORDER**

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

The meeting was called to order at 4:02pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 2, 2021.**

Mr. Morewitz read the following suggested revisions to the draft minutes made by Commissioner Christian:

“Commissioner Christian, noting that she is a relatively new Health Commission, asked if CPMC is required to communicate its motivation for closing services for people who do not have private insurance. She stated a concern that this represents a disinvestment in the community. She noted that there have been many other service closures and hospitals built with no psychiatric beds. She asked what will happen in 5 years and whether there is a possibility that the City will have to contribute to the cost of maintaining the clinics at MNHC. She also asked ~~what~~ why 5 years was chosen as the time-frame for CPMC to end its financial support to MNHC for the clinics.”

Action Taken: The Health Commission unanimously approved the February 16, 2021 meeting minutes with the revisions noted above.

**3) HEALTH COMMISSION OFFICER ELECTIONS**

Commissioner Bernal introduced the item.

Commissioner Comments:

Commissioner Guillermo nominated Commissioner Green for the office of Vice President, noting that she is currently serving in this role. She added that Commissioner Green is an excellent leader with important clinical

expertise, critical thinking, and problem solving skills, which are all qualities critical to the Commission. She has an in-depth understanding of the quality and medical issues that need to be addressed, especially as they relate to the San Francisco Health Network. She has a deep understanding of public health policies and is a longstanding member of the medical community, working on behalf of families and children.

Commissioner Green thanked Commissioner Guillermo for the nomination. She stated that it has been an honor and privilege to serve as Health Commission Vice President and added that her experience has been one of the most fulfilling and exciting in her long career.

Commissioner Christian enthusiastically nominated Commissioner Bernal to serve another term as President of the Health Commission. Noting that she is the Commission's newest member, she stated that it is at first daunting to interact with all the DPH related information and data in addition to learning about the public health needs of many San Francisco communities. She added that the Health Commission does such incredible work and she feels it is an immense honor to be a part of it. She thanked Commissioner Bernal for the way he and Commissioner Green welcomed her by being generous with their time and noting topics that are of interest to her. She also stated that Commissioner Bernal has done an extraordinary job of rising to the job of Health Commission President during the last year, in which San Francisco has been through so much. She also added that his background in politics and his understanding of the needs of various communities and knowledge of the workings of government are an asset. His dedication to the needs of the people of San Francisco qualifies him for the role beyond measure.

Commissioner Bernal thanked Commissioner Christian for her thoughtful words, and Commissioner Chung for seconding the nomination. He also thanked all the Commissioners for their vote. He noted that the date marks one year since the San Francisco shelter-in-place order was released. He thanked Mayor Breed for her innovative leadership during pandemic and the residents of San Francisco, who did so much in the last year to protect their health and the health of those around them. He acknowledged the innovative and impactful work of all the DPH staff, from line staff to Director Colfax, ensuring that we address the health needs of all San Franciscans. He made a commitment to work to ensure the Commission continues to support the City's COVID-19 response and to work to eliminate the historical health disparities and advance the DPH and Health Commission mission of equity.

Action taken: The Health Commission unanimously elected Commissioner Laurie Green, MD as Vice President.

Action taken: The Health Commission unanimously elected Commissioner Dan Bernal as President

#### **4) DIRECTOR'S REPORT**

Grant Colfax, Director of Health, gave the report, which can be viewed at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

#### **San Francisco to expand COVID-19 vaccinations to people with disabilities and severe underlying conditions and those in high-risk congregate settings on March 15**

Today, there are over 34,500 San Francisco residents with confirmed cases of COVID-19. And, sadly, a total of 446 San Franciscans have died. The San Francisco Department of Public Health (DPH) sends our condolences to their loved ones.

Starting on Monday, March 15, 2021, in accordance with the State's prioritization plan, San Francisco will begin vaccinating people ages 16-64 with disabilities or with qualifying health conditions considered to put them at high risk for contracting or dying from COVID-19. Additionally, under the State guidance, the City will vaccinate individuals who live or work in a high-risk congregate care facility including correctional facilities, homeless

shelters, and other congregate residential care and treatment facilities. This will include all people experiencing homelessness, who could transition into congregate settings at a short notice.

Despite this expanded eligibility, vaccine doses remain in short supply, and healthcare providers have been advised to prioritize second doses in the coming weeks. As such, appointments for first vaccine doses are limited, and people who are eligible may not be able to get appointments right away.

Recognizing that defining eligibility based on specific qualifying health conditions may exclude individuals who are not currently receiving medical care or may create burdensome documentation requirements that would impact under-resourced clinics and communities, San Francisco is adopting eligibility criteria that expand on the California Department of Public Health's listed conditions and ensure low-barrier access to vaccines. Whereas the State more narrowly defines qualifying conditions, San Francisco will broaden the categories for cancer, chronic kidney disease, chronic pulmonary disease, obesity, and diabetes. Additionally, San Francisco will augment the conditions under the immunocompromised category, so that people living with HIV are included. Other eligible underlying health conditions include Down syndrome, pregnancy, and sickle cell disease.

Roughly 10% of San Francisco's population identifies as Deaf or disabled, and in order to better serve this diverse population, the City will expand the State's category for disabilities to include developmental, medical, physical, sensory, or behavioral health disabilities, including severe mental health and/or substance use disorders. To ensure low-barrier access to vaccines, San Francisco will not require vaccination sites that do not have access to patients' medical records to require proof of diagnosis and/or disability. Instead, patients may be asked to provide a self-attestation of their qualifying condition.

Congregate settings such as jails, homeless shelters, and behavioral health facilities, which house large concentrations of individuals with chronic health conditions, are considered high-risk for COVID-19 outbreaks. In anticipation of the State's authorization to proceed with vaccinating people living in congregate settings and who are not able to easily access vaccination sites, the COVID Command Center and SFDPH coordinated a series of mobile vaccination pilot programs to test strategies for reaching this population, as well as to begin vaccinating these communities. These pilots will help the City scale up its efforts to reach eligible people when increased vaccine supply allows.

People eligible to receive the vaccine on March 15 have multiple options for accessing the vaccine. They can ask their normal healthcare provider or book an appointment at one of the City's public sites listed at [SF.gov/getvaccinated](https://sf.gov/getvaccinated).

Muni and Paratransit are free for anyone traveling to and from COVID-19 vaccine appointments. The San Francisco Municipal Transportation Agency is also providing additional access to taxi service for those using the Essential Trip Card. Information can be found at [sfmta.com/COVID](https://sfmta.com/COVID) and [sfmta.com/Paratransit](https://sfmta.com/Paratransit). In order to assist individuals with accessing appointments, the City has set up a call center to help people who are 65 and older and those with disabilities who are unable to easily access the internet or schedule an appointment through their provider. Individuals may call to learn about vaccine options and receive assistance in booking an appointment to some locations. The number is (628) 652-2700.

In partnership with the healthcare providers in San Francisco, which are receiving the majority of the vaccine doses from the State, the City is facilitating the quick and efficient delivery of vaccines through high-volume vaccine sites, neighborhood vaccine access sites, community clinics, pharmacy partnerships, and mobile vaccination teams. This week, the high-volume site at Moscone Center reached a milestone of 100,000 doses administered. This network of COVID-19 vaccination sites in San Francisco provides the capacity to vaccinate at least 10,000 people per day, pending supply.

Over the last week, an average of more than 5,000 vaccine doses a day has been administered in San Francisco. Although this rate of vaccinations is lower than what San Francisco is capable of, healthcare providers and DPH are still making good progress, with 27% of San Franciscans 16 and older having received their first dose, and are ready to ramp up vaccinations as supply increases and becomes more predictable.

San Francisco also remains committed to an equitable vaccination strategy, with a specific focus on reaching populations that have been disproportionately impacted by COVID-19. To that end, SFDPH has been focused on reaching communities that have been hard-hit by the pandemic, including the Latino community and neighborhoods in the Southeast of the city. San Francisco has located high-volume sites and neighborhood vaccine access sites in areas that have carried the burden of the virus, and is implementing other strategies to reach the most vulnerable populations where they are, including mobile vaccination teams.

Anyone who works or lives in San Francisco can sign up for a notification when they are eligible for vaccination at [SF.gov/vaccinenotify](https://sf.gov/vaccinenotify). The City will continue to provide regular updates to the public about the vaccine in San Francisco at: [SF.gov/covidvaccine](https://sf.gov/covidvaccine).

### **San Francisco reopens some businesses and activities as it moves into the State's Red Tier**

On March 2, Mayor London N. Breed and Director of Health Dr. Grant Colfax announced that San Francisco would resume most businesses and activities that are allowed by the State, following the City's assignment by the State to the Red Tier based on COVID-19 case and hospitalization rates. With some exceptions, San Francisco's reopening aligns with what is permitted by the State. New and expanded businesses and activities reopened starting Wednesday, March 3.

With some exceptions, San Francisco is reopening in alignment with the activities allowed by the State. Additionally, the City is opening remaining activities allowed in the purple tier that had not yet reopened, such as personal services that require mask removal, and groups of up to six people from three households eating together outdoors. Additionally, San Francisco lifted its local nighttime hours limit for all activities except indoor dining, meaning that non-essential businesses and gatherings, such as outdoor dining, can continue past 10:00pm.

With the move into the red tier, middle schools and high schools that had not yet opened can resume opening with a COVID-19 safety plan approved by the San Francisco Health Officer. All other schools can already be open with an approved safety plan. As they have been able to do since September, all schools may provide in-person instruction and services to youth with disabilities, foster children, English learners, children experiencing homelessness, and children from families experiencing housing or food insecurity among others, without Health Officer approval.

Although San Francisco's new cases and hospitalization have been trending in a positive direction, the presence of the U.K. (B.1.1.7), West Coast (CAL.20c) and the South African (B.1.351) variants in the Bay Area represent a potential increased risk of contagiousness and greater community spread. Continued adherence to public health prevention measures such as wearing masks, washing hands and physical distancing can limit the impact of variants, particularly as indoor activities begin to open.

San Francisco continues to approach reopening with a lens of balancing the public health harms of COVID-19 transmission with the public health harms of economic stress and isolation. Although San Francisco is reopening some of the indoor activities allowed in the red tier, indoor activities, particularly those that require mask removal remain significantly more risky than outdoor activities.

People at risk for severe illness with COVID-19, such as unvaccinated older adults and individuals with health risks, and members of their household are urged to defer participating at this time in activities with other

people outside their household where taking protective measures of wearing face masks and social distancing may be difficult, especially indoors or in crowded spaces.

Activities Resumed as of Wednesday, March 3, 2021:

- Indoor dining and food courts
  - Indoor dining at restaurants, bars serving meals, cafes and coffee shops, hotels, museums, and food courts in shopping malls may open at up to the lesser of 25% maximum occupancy or 100 people.
  - San Francisco will limit indoor dining tables to members of one household up to a maximum of four people and require indoor service to end by 10:00pm.
- Indoor and outdoor personal services
  - Personal services that require mask removal can take place outdoors and the service provider wears an N95 or other well-fitted mask.
  - Personal services that require mask removal can occur indoors if the service is provided at least 6 feet away from others and preferably in a separate room and the service provider wears an N95 or other well-fitted mask.
- Indoor fitness
  - Gyms and climbing walls may reopen indoors at up to 10% capacity.
  - Gentle indoor fitness classes such as stretching, yoga and meditation may operate within indoor fitness guidelines.
  - Indoor locker rooms and showers remain closed at this time. Indoor saunas, steam rooms and hot tubs remain closed per State rules.
- Indoor museums, zoos, and aquariums
  - Indoor museums, zoos and aquariums can open at up to 25% capacity with an approved safety plan.
- Indoor funerals
  - Funerals may take place indoors up to up to 25% capacity.
  - Simultaneous indoor and outdoor services may not take place.
- Indoor political demonstrations
  - Political demonstrations may take place indoors up to 25% of maximum capacity.
- Schools
  - Middle schools and high schools that had not yet reopened may resume reopening for in-person instruction with a COVID-19 Safety Plan approved by the Health Officer. Elementary schools may continue to reopen, as has been the case.
- Outdoor stand-alone amusement rides
  - Outdoor stand-alone amusement rides like Ferris wheels, carousels, and train rides will open. Only one household can inhabit each separate space, such as a Ferris wheel cabin or train car.
- Indoor movie theaters
  - Indoor movie theaters may open at up to the lesser of 25% or 100 people capacity, but without food or beverage concessions.
  - If there are multiple auditoriums, each auditorium is limited to the lesser of 25% or 100 people provided the complex as a whole does not exceed 25% capacity.
- Indoor pools
  - Indoor swimming pools may open up to 25% capacity but only for basic swimming and drowning-prevention classes for children.
  - Outdoor pools remain open for broader uses.

The following activities may expand their operating capacity:

- Outdoor gatherings

- Small outdoor gatherings of up to 12 people from three households can continue
- Outdoor gatherings that involve food and drink may expand to up to six people from three households.
- Outdoor dining
  - Outdoor dining will expand from members of two households up to six people, to members of three households up to six people per table, and will remove the requirement that service end by 10:00 pm.
  - Additionally, for those businesses that had constructed barriers between tables in lieu of distancing before December 6, those barriers can remain. New barriers intended to replace the required 6 feet of distancing may not be constructed.
- Hotels and other lodging facilities
  - Hotels and lodging facilities can open dining and fitness facilities in accordance with guidelines.
  - Though San Francisco's travel quarantine for travelers from outside the Bay Area has lifted, the State's travel advisory requiring that non-essential travelers from out of state or beyond 120 miles quarantine for 10 days remains.
- Drive-in venues
  - Live entertainment with up to six performers can open in a drive in context of up to 100 cars, with one household per car.
  - In-person ordering or pick up of concessions may open if in a designated area with customer metering and eating or drinking in vehicles only.
- Real estate
  - Real estate showings must occur virtually or, if a virtual viewing is not feasible, by appointment without limits to the number of people viewing or showing the property.
  - Open houses are not permitted at this time.
- Outdoor youth programs and out of school time programs
  - Out of school time programs for school-aged children and youth such as Community Hubs, youth sports, and afterschool programs, may increase outdoor cohorts to 25 children or youth.
  - Youth may only participate in one program at a time.
- Higher education and adult education
  - In-person classes at institutes of higher education, vocational education and adult education can take place outdoors up to 25 students.
  - If specialized equipment is required, classes can take place indoors at 25% capacity or if for a core essential service, without a capacity limit as long as 6 foot physical distancing can be maintained.
  - No indoor lecture classes may take place.
- Outdoor recreation
  - Doubles tennis and doubles pickleball can resume with members of up to four households.
  - Up to 12 people from three households may pursue outdoor low, moderate, or high contact sports.
  - If part of a supervised youth or adult league or club, outdoor moderate and high contact sports such as softball, field hockey, and gymnastics, as well as football, basketball, and soccer may resume for stable groups of up to 25 per team, following DPH safety precautions.
  - Competitions may only occur in county or with teams from adjacent counties (i.e., Marin, San Mateo, and Alameda) in an equal or less restrictive tier. Consistent with State guidelines, travel for out of state tournaments may not take place.

San Francisco's reopening updates is available online at [SF.gov/reopening](https://www.sfgov.gov/reopening).

### **San Francisco's isolation and quarantine program helps contain COVID-19 and preserve hospital capacity**

A study of the isolation and quarantine hotel program that San Francisco launched early in the COVID-19 pandemic shows it successfully retained more than 80 percent of patients, helping contain the spread of the virus, and preserved hospital capacity for those who were sickest with COVID-19. The comprehensive evaluation of the isolation and quarantine (I/Q) program components and outcomes, believed to be the largest study of its kind nationwide, was published March 2, 2021 in the medical journal JAMA Network Open.

On March 19, 2020, two days after the Bay Area's historic shelter-in-place order took effect, the SFPDH admitted its first patient to the I/Q hotel program that would grow to include several hotels and serve more than 3,300 people in its first year. The program was created to provide a safe place – for anyone in San Francisco, but particularly for people experiencing homelessness – to isolate if they tested positive for COVID-19 or to quarantine if they were exposed to the virus.

The cohort study of 1,009 I/Q patients found that more than 80 percent completed their recommended length of stay. A team of nurses and health workers, supervised by physicians, provides I/Q guests with around-the-clock support including symptom monitoring and wellness checks, three meals a day, and harm reduction services and medication. Guests also may bring their pets and store their belongings during their temporary I/Q stays.

The study also found that just 13 (4 percent) of the 346 I/Q patients who were referred into the hotel program from the county hospital had to return to the hospital as their COVID-19 illness progressed. Direct transfers to the I/Q program from outpatient and emergency departments helped avoid many hospital admissions, maintaining hospital capacity for the patients who needed it the most.

The I/Q hotel program is a subset of San Francisco's alternative shelter program, a quickly mobilized emergency response that has served more than 9,600 people in I/Q, shelter-in-place hotels, shelters, and safe sleeping sites since March 2020.

SFPDH is just one of many City agencies involved in the local COVID Command Center. The Human Services Agency has managed the properties and provided more shelter-in-place hotel rooms per capita than any county in California. The Department of Homelessness and Supportive Housing has ensured that patients discharged from isolation and quarantine are offered a safe place to stay and a path from shelter to housing. Community-based organizations have been invaluable in referring patients to I/Q sites and – for those who could safely isolate or quarantine at home – in supporting them with food, cleaning supplies and other resources.

Drs. Jonathan Fuchs and Hemal Kanzaria were joined in this study by authors from SFPDH, the Departments of Medicine and Emergency Medicine at UCSF, the Benioff Homelessness and Housing Initiative at UCSF, and the Division of HIV, Infectious Diseases and Global Medicine at Zuckerberg San Francisco General Hospital. The research study was supported by the Benioff Homelessness and Housing Initiative at UCSF, funded by San Francisco-based philanthropists Lynne and Marc Benioff.

### **Street Crisis Response Team issue brief**

San Francisco's Street Crisis Response Team (SCRT) pilot program continues, with the second team having launched on Feb. 1, 2021. Following 911 call volume and time-of-day data to determine need, as we did when the first team launched in the Tenderloin in December 2020, the second team's focus is on the Castro-Mission area. The City is working to have six teams live by the end of March, expanding SCRT's operating hours and geographic reach to citywide and 24/7 coverage.

SCRT is a multi-agency effort involving SFPDH, the Fire Department, and the Department of Emergency Management. Each team includes a community paramedic from the San Francisco Fire Department, a DPH-

contracted behavioral health clinician from HealthRIGHT 360, and a DPH-contracted behavioral health peer specialist from RAMS, Inc.

Early data from the just first two months of operations show that SCRT is successfully resolving more than 70% of its encounters with therapeutic de-escalation and the client safely remaining in the community. The first team answered 199 calls for service in its first 51 operational days, handling 20% of the 911 calls of the “800-B” type (traditionally known as “mentally disturbed person” calls that do not involve a weapon) with a trauma-informed, behavioral response rather than law enforcement. Seven of these calls resulted in the initiation of a 5150 Welfare and Institutions Code (WIC) involuntary psychiatric hold with transportation being provided by an ambulance. The average response time was approximately 15 minutes from dispatch to arrival on scene. The team reversed two overdoses that they observed in the community and provided transport to social and medical/behavioral services.

In each of these cases, in the absence of the SCRT, the client would have had an encounter with law enforcement. Through the implementation of the SCRT, the City seeks to fundamentally change how we respond to people experiencing a behavioral health crisis on our streets. This team is part of broader efforts to have a health-first response in our communities, especially communities of color, in order to reduce law enforcement response to non-violent activity. This shift will mean police can focus their efforts on public safety situations that they are uniquely qualified to handle. The SCRT team will create a more innovative, efficient, and effective system that disrupts the cycle of justice involvement, mental health, and addiction crises we see on our streets.

#### **DPH in the News**

NBC Bay Area, Mar 15 2021, San Francisco expands who can get vaccine under new rules

<https://www.nbcbayarea.com/news/local/race-for-a-vaccine/san-francisco-expands-who-can-get-vaccine-under-new-rules/2492334/>

SF Chronicle, Mar 15 2021, 'Sometimes you cry and nobody sees you': S.F. city workers reflect on brutal pandemic year

<https://www.sfchronicle.com/local/article/Sometimes-you-cry-and-nobody-sees-you-S-F-16025017.php>

The American Independent, Mar 15 2021, No, COVID aid doesn't give 'free alcohol and marijuana' to the homeless

<https://americanindependent.com/kevin-mccarthy-covid-19-relief-lie-alcohol-marijuana-harm-reduction/>

KTLA, Mar 14 2021, San Francisco expands vaccine eligibility to include HIV, deafness, disabilities

<https://ktla.com/news/coronavirus/san-francisco-expands-vaccine-eligibility-to-include-hiv-deafness-disabilities/>

SF Chronicle, Mar 14 2021, A year in the pandemic: How we failed, how we adapted, and what lies ahead

<https://www.sfchronicle.com/health/article/A-year-in-the-pandemic-How-we-failed-how-we-16023992.php>

SF Chronicle, Mar 14 2021, San Francisco expands who can get a vaccine, beyond the California eligibility rules

<https://www.sfchronicle.com/local/article/San-Francisco-to-open-vaccinations-to-high-risk-16021605.php>

Mission Local, Mar 13 2021, City administers 1,000 Johnson & Johnson vaccines, but supply remains low

<https://patch.com/california/san-francisco/city-administers-1-000-johnson-johnson-vaccines-supply-remains-low>



MSN, Mar 13 2021, COVID: Despite J&J doses, vaccine dosage problems continue for Bay Area – ‘Just don’t have enough supply’

<https://www.msn.com/en-us/news/us/covid-despite-jandj-doses-vaccine-shortage-problems-continue-for-bay-area-%E2%80%93-just-dont-have-enough-supply/ar-BB1exoVZ>

SF Gate, Mar 12 2021, 364,000 people would be alive today if US had SF's COVID numbers, expert says

<https://www.sfgate.com/bayarea/article/The-US-death-toll-if-the-entire-country-had-acted-16016217.php>

BAR, Mar 11 2021, People with HIV will be prioritized for COVID vaccine in SF as soon as next week

[https://www.ebar.com/news/latest\\_news///302891/people\\_with\\_hiv\\_will\\_be\\_prioritized\\_for\\_covid\\_vaccine\\_in\\_sf\\_as\\_soon\\_as\\_next\\_week](https://www.ebar.com/news/latest_news///302891/people_with_hiv_will_be_prioritized_for_covid_vaccine_in_sf_as_soon_as_next_week)

Center for American Progress, Mar 11 2021, Introducing community responders: how to dispatch the right response to every 911 call

<https://www.americanprogress.org/issues/criminal-justice/reports/2021/03/11/497069/introducing-community-responders-dispatch-right-response-every-911-call/>

SF Chronicle, Mar 9 2021, With overdoses spiking, San Francisco's leaders are trying to force the city into action

<https://www.sfchronicle.com/local-politics/article/With-overdoses-spiking-S-F-supes-say-city-has-16010432.php>

SF Chronicle, Mar 8 2021, S.F.'s budget will be saved from painful cuts thanks to federal stimulus. What about in the next one?

<https://www.sfchronicle.com/politics/article/Federal-stimulus-nearly-wipes-away-San-16010321.php>

ABC7, Mar 6 2021, One year later: San Francisco health director Dr Grant Colfax discusses COVID-19, optimistic about the future

<https://abc7news.com/covid-19-california-san-francisco-coronavirus-dr-grant-colfax-vaccine/10391993/>

MedCity News, Mar 5 2021, In rebuke of One Medical’s alleged vaccine antics, CA counties sever relationship

<https://medcitynews.com/2021/03/in-rebuke-of-one-medicals-alleged-vaccine-antics-ca-counties-sever-relationship/>

SF Chronicle, Mar 5 2021, S.F.'s largest nursing home reopens for visits after a painful winter of separation: 'It's been so long'

<https://www.sfchronicle.com/local/article/S-F-s-largest-nursing-home-reopens-for-visits-16004387.php>

SF Chronicle, Mar 5 2021, Only 2% of people in prioritized ZIP codes live in the Bay Area under California's vaccine equity plan

<https://www.sfchronicle.com/local/article/New-vaccine-plan-largely-overlooks-Bay-Area-16004460.php>

Guardian, Mar 3 2021, San Francisco to reopen indoor dining, gyms and museums as COVID cases fall

<https://www.theguardian.com/us-news/2021/mar/03/san-francisco-reopen-restaurants-gyms-covid-19-cases>

KRON4, Mar 3 2021, San Francisco educators can now be prioritized for the COVID-19 vaccine

<https://www.kron4.com/news/bay-area/san-francisco-educators-can-now-be-prioritized-for-the-covid-19-vaccine/>

LA Times, Mar 3 2021, Coronavirus Today: Homelessness, hotels and public health

<https://www.latimes.com/science/newsletter/2021-03-03/homeless-hotels-project-roomkey-coronavirus-today>

Patch, Mar 3 2021, New study shows 'Isolation and Quarantine Hotels' helped free up hospital space, reduce COVID-19 spread

<https://patch.com/california/san-francisco/new-study-shows-isolation-quarantine-hotels-helped-free-hospital-space>

Commissioner Comments:

Commissioner Bernal thanked Dr. Colfax for the report.

**5) COVID-19 UPDATE**

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

Public Comment:

Dr. Teresa Palmer, retired nursing home physician, stated that she is thankful the DPH is now allowing visitation of nursing home residents but the confusion of San Francisco having different guidelines than the state for months has impacted the effectiveness of the visitation implementation. Nursing homes are not being transparent although visitation is a right, not a privilege. She requested that the DPH publish the rights of nursing home residents and to create a hotline for visitation of this group.

Jessica Lehman, Senior and Disability Action Executive Director, thanked the DPH for making vaccine available for those with disabilities. She offered the following suggestions: 1) Need for mobile vaccination unit for those who cannot go to the sites; 2) Ensure there are appointments available for people who are eligible; 3) Support Dr. Palmer's suggestions and work directly with nursing homes to facilitate visitation.

Betty Turner, Senior and Disability Action, stated she is thankful that people with disabilities can use a self-attestation instead of getting proof of their disability from a doctor. She is concerned about those who are too elderly or disabled to go to a vaccination site and offered assistance to the DPH in reaching these groups.

Commissioner Comments:

Commissioner Bernal asked Dr. Colfax to clarify the jurisdiction of the DPH regarding skilled nursing facilities. Dr. Colfax stated that the state licenses skilled nursing facilities throughout the state. The DPH owns and operates Laguna Honda Hospital (LHH). All other skilled nursing facilities in the state are licensed and inspected by the state. He added that local skilled nursing facilities are required to comply with local health orders. He also stated that the DPH has worked with over 99 skilled nursing facilities and other related facilities on COVID-19 related issues.

Commissioner Guillermo asked for more information regarding comorbidities for those most at risk for COVID-19 in the Asian community. Dr. Marks stated that he and the team can look more closely at the data to gain a better understanding of comorbidities; anecdotally, he noted that the overall comorbidity rates for older Asians in San Francisco are high.

Commissioner Chow stated that the data on the Asian population is very important to share with the community so there is a broader understanding of COVID-19 in the San Francisco Asian communities. Dr. Marks stated that his team will continue to analyze the data to gain better understanding of the issues. He added that if data for skilled nursing facilities, SROs, and other long term care facilities were combined, the number of deaths from these types of locations would account for 46% of the COVID-19 related deaths in San Francisco.

Commissioner Chow acknowledged the incredible efforts of the Laguna Honda Hospital staff to keep residents safe during the pandemic. He added that while skilled nursing facilities are not within the jurisdiction of the DPH, he encouraged the department to be helpful to these facilities with ongoing guidance and support. He noted the difficulty for the DPH to intervene with skilled nursing facility visitation implementation since the facilities are licensed by the state.

Commissioner Bernal thanked Dr. Marks for the illuminating presentation and also acknowledged the extraordinary work of LHH, which became a national model, and of ZSFG, which has borne the brunt of treating most COVID-19 cases, in addition to testing and vaccination.

**6) GENERAL PUBLIC COMMENT**

Ryan Murphy, Eviction Defense Collaborative Deputy Director, requested that the DPH amend its guidance to recognize the right of SRO residents to have visitors and to add language that states none of its public health orders or guidances should be used to support eviction of low income residents. Unfortunately, some landlords have used SRO residents' violation of the visitation policy as cause for evictions.

**7) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE**

Commissioner Giraudo, Chair, stated that the committee discussed two presentations made by Dr. Angelica Almeida, Director, Forensic and Justice Involved Behavioral Health Services: Housing Conservatorship and Adult Outpatient Treatment (AOT) updates. Commissioner Giraudo noted that the Housing Conservatorship pilot program was created through legislation approved by the Board of Supervisors in 2018 and implemented in June of 2020. Individuals who receive eight 5150s, enabling the person to be held for up to 72 hours in psychiatric hold, in one year meet criteria for the program. When individuals have received five 5150 holds, they are informed that they are on the path towards the program. She noted that program data shows that African Americans are disproportionately highest in the client list for the program. The AOT is a voluntary program for severely mentally ill individuals, is multidisciplinary, and community based. The program staff attempt to do what it takes to work with an individual to help. Of the 95 referrals to the program in 2019-2020, 82% came from ZSFG Psychiatric Emergency Services and 51% of the participants were already enrolled in intensive case management.

Commissioner Comments:

Commissioner Chow asked if the program staff feel that the Housing Conservatorship program is a useful tool. Dr. Almeida stated that the Housing Conservatorship Program is an important part of the service spectrum. She added that AOT has been very successful in reducing mental health issues in participants.

**8) PROPOSITION Q HEARING: SUTTER MISSION BERNAL ADULT CLINIC AND PEDIATRIC CLINIC CLOSURE**

Claire Lindsay, MPH, Senior Program Planner, SFDPH Office of Policy and Planning; Tami Chin, Sutter Site Administrator and Senior Director of Ancillary Services, and Brenda Storey, Executive Director and CEO of Mission Neighborhood Health Center, presented the item.

Public Comment:

An individual stated that CPMC/Sutter's whole history has been one of dumping services which are not profitable to them. The person stated that if the Health Commission pass the resolution, Sutter will continue dumping these services.

Kung Feng, Jobs with Justice Executive Director, stated that during the pandemic, we have seen how people pull together. Unfortunately, Sutter has a history of doing the opposite and not meeting its obligations. His organization supports Mission Neighborhood Health Center and has no doubt about the organization rising to the challenge. However, Sutter can't just have another organization take responsibility for services it should continue to offer the community.

Dr. Teresa Palmer stated that Sutter has dismantled services to underserved communities. There is no question that Mission Neighborhood Health Center is a good organization, but she urged the Commission to determine the close is detrimental.

Jane Sandavol ,Mission/Bernal Campus nurse for 36 years, stated that Sutter's theme is to erode services for vulnerable populations.

Dr. Ken Barnes stated that Sutter tried to close St. Luke's, but the community outcry stopped that from happening. He added that Sutter is meeting its 2013 Development Agreement requirements. He gave the example of Sutter dismissing bilingual staff at a diabetes clinic serving mostly monolingual Latinx patients.

Mark Aaronson, San Franciscans for Housing, Jobs, and Justice, stated that it is important to get anything in writing with Sutter. He added that Sutter has not fulfilled its requirements of the 2013 Development Agreement. He added that there is no question that the closure of these clinics will be detrimental to the health of San Franciscans.

Commissioner Comments:

Commissioner Giraud recused herself from discussion of this item and left the meeting during the discussion. She noted that she is involved in planning logistics for psychologist interns involved in this program and therefore has a conflict.

Mr. Morewitz read the proposed amendments by Commissioners Chow (in red) and Christian (in blue):

WHEREAS, Sutter Bay Hospitals and Mission Neighborhood Health Center have both affirmed that the five-year grant ~~should provide~~ will ensure adequate bridge funding for a successful transition; and

WHEREAS, Sutter Bay Hospitals has affirmed that, if requested by Mission Neighborhood Health Center, it is willing to continue the lease in its current location to Mission Neighborhood Health Center after five years; and

NOW, THEREFORE, BE IT RESOLVED, That with the closure of the Mission Bernal Adult Clinic and Mission Bernal Pediatric Clinics and donation to Mission Neighborhood Health Center, the availability and quality of primary care services and afterhours pediatric care in San Francisco will not be reduced; and

FURTHER RESOLVED, The closure of the Mission Bernal Adult Clinic and Mission Bernal Pediatric Clinic will/will not have a detrimental impact on the health care services in the community, under the terms set forth in the financial plan between Sutter and Mission Neighborhood Health Center; and

Commissioner Christian asked whether the DPH, Sutter, and MNHC representatives feel the proposed amendments are correct. She had questions regarding how firm Sutter's commitment to the successful transition of the clinics beyond 5 years is. If the financial projections are inaccurate, she is concerned that the necessary support from Sutter continue to ensure the continuation of the clinic services. She noted that several Commissioners asked this question at the March 2, 2021 Health Commission meeting, but is uncertain of the actual commitment of Sutter beyond 5 years, if necessary. Ms. Lindsay stated that the DPH accepts the proposed amendments. Ms. Chin stated that Sutter will extend the lease longer than 5 years if MNHC makes a request for this to occur.

Commissioner Christian stated that her question relates to previous questions from Commissioners regarding whether Sutter will provide a financial safety net longer than 5 years if the financial projections were not

accurate. She noted that the spirit of the resolution indicates that Sutter is willing to contribute financial and administrative resources for 5 years in order to ensure the successful transition of these clinics. She reiterated her question as to whether Sutter is willing to extend its offer of financial and administrative resources to MNHC for longer than 5 years, if the financial projections were not accurate. Ms. Chin noted that Sutter and MNHC have been on a collaborative journey in regard to this project; this included developing a 5-year financial projection. She noted that Sutter feels the financial projections are accurate. Ms. Storey stated that MNHC is confident in the financial projections and the relationship with CPMC. She is confident that MNHC can reach out to CPMC for more resources, if needed. She noted that MNHC has found resources to support its other community clinics and is committed to leveraging agency resources to ensure the clinics are successful for the long term.

Commissioner Green stated concern for possible reduction in patients accessing after hours and weekend services because the patients who historically have accessed clinic services at this time are most likely insured. It is unclear at this time whether the insured patients of the clinic will feel comfortable accessing services at MNHC, a community clinic. She noted the importance of a commitment to keep the clinics open even patients are not accessing the clinics during the weekend and after hours. Ms. Storey that MNHC has a commitment to keeping the after-hours clinic hours. She noted that if demand for after-hours services is reduced, MNHC may combine other clinic services to ensure the clinic population continues to receive the same level of services.

Commissioner Guillermo noted that community health centers have dedicated themselves, more effectively than many health insurance systems, to the most vulnerable and underserved populations. They are monitored by the federal funding sources in order to maintain the Federally Qualified Health Health (FQHC) status. She also stated that they receive an advantageous fee structure through their FQHC status. She added that community clinics also have an ability to network and interact most closely with the communities which they serve. She added that recent COVID-19 legislation provides significant support for community health centers.

Commissioner Christian stated that she has the utmost confidence that MNHC will continue to provide the best services to the community patients who need them. She reiterated her concern of the commitment of Sutter to enable MNHC to continue to operate the clinics effectively should the 5-year financial projection be problematic in some unforeseen way. She asked if Sutter has the commitment to the community, why can't its representatives say that if the financial projections are inaccurate, Sutter will continue to support MNHC in its mission with the clinics. She noted that the city is in a public health crisis involving substance use, mental health issues, poverty, historic inequities, impact of the COVID-19 pandemic, and policies that have not given access to adequate public health resources to those who need it most. Ms. Chin stated that Sutter started the initiative with MNHC because it believes MNHC is an excellent partner and community provider. She added that Sutter is going to be there to partner with MNHC in the transition of these clinics.

Commissioner Christian asked if Sutter would commit to additional financial support to MNHC after 5 years, if it necessary. Ms. Chin stated that Sutter cannot commit to anything financially beyond what has been planned for the next 5 years. Emily Webb, Sutter Vice President of External Affairs, stated that Sutter is a longstanding partner of MNHC. Sutter commits to partnering and being in dialogue with MNHC throughout the next 5 years

Commissioner Chow noted that the Prop. Q hearing is related to whether closure of the services will be detrimental to the health and wellbeing of the community. He stated that the use of MNHC as the deliverer of the clinics services is, in his opinion, not detrimental. His only remaining concern is whether patients with private insurance will access services at MNHC because of its community health center setting. He noted that he trusts MNHC when Ms. Storey states that the organization is confident in ensuring the clinic services will continue to be provided. He also stated that the most appropriate venue to discuss whether Sutter is holding up the spirit of its Development Agreement with the City is in the annual joint meeting between the Health and Planning Commissions.

Action taken: The Health Commission (Commissioners Bernal, Green, Chow, Chung, Guillermo, and Christian) voted to approve the resolution, “Determining that the Closure of the Mission Bernal Adult and Mission Bernal Pediatric Clinics Will Not Have a Detrimental Impact on Health Care Services in the Community. (see attachment)

**9) BEHAVIORAL HEALTH SERVICES AND MENTAL HEALTH SF UPDATE**

Claire Horton, MD, San Francisco Health Network Chief Medical Officer, and Hali Hammer, MD, San Francisco Health Network Director of Ambulatory Care, presented the item.

Commissioner Comments:

Commissioner Bernal asked for information regarding the impact of unfilled behavioral health positions on the work, staff morale, and program capacity of Behavioral Health Services (BHS). Claire Horton, MD, San Francisco Health Network Deputy Director and Chief Medical Officer, stated that the unfilled positions do impact the workload of others. She added that many DPH BHS staff are currently fulfilling duties of several positions. She is hopeful that the incoming new Human Resources Director will be helpful in working out the batch hiring processes to fill these positions. Dr. Hali Hammer, San Francisco Health Network Director of Ambulatory Care, stated that the DPH has learned through the pandemic that we can innovate to find solutions to hiring issues. She added that it is important to develop a pipeline to ensure a diverse workforce. Jessica Brown, MPH, Director of the Mental Health Services Act Behavioral Health Services, stated that the DPH is recruiting a workforce that is reflective of the client populations; this includes hiring staff that have lived experiences which contribute to the provision of culturally responsible care.

Commissioner Bernal asked for more information regarding the upcoming presentation to be made by the DPH to the state regarding its services. Ms. Brown stated that the DPH will be presenting its Mental Health Services Act (MHSA) 5-year proposal for a project serving Black/African American residents to the California Mental Health Services Oversight and Accountability Commission.

Commissioner Chow encouraged the DPH to address the health inequities of all populations, not just to focus on one or two racial groups. Ms. Brown stated that if the state approves the MHSA plan for Black/African Americans, the DPH will plan to make this a core function and use the same paradigm to expand services to Asian and Pacific Islander communities.

Commissioner Christian thanked the presenters for this crucial work, expanding cultural congruent resources, therapy, and treatment.

Dr. Colfax thanked the BHS leadership and team for all the work they have done this year. He emphasized that Mental Health SF remains a major priority.

**10) STREET CRISIS TEAM UPDATE**

This item was postponed until the April 20, 2021 Health Commission meeting due to the length of the March 16, 2021 meeting.

**11) OTHER BUSINESS:**

This item was not discussed.

**12) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS**

Commissioner Guillermo, Chair, stated that at the March 9th Laguna Honda Hospital JCC, the committee celebrated that it was the first day in a while that LHH had no active resident or staff cases. She also stated that the committee reviewed and discussed the CEO Report, which included information on the hospital

resuming visitation as of March 3rd. Outdoor, window, and vehicle visits are currently available. Laguna Honda continues to work towards preparing for indoor visits. While repairs to the kitchen floor are underway for the next 4-6 months, the hospital is using a mobile kitchen run by its Food and Nutrition Services Department to ensure residents continue to receive quality food.

The Committee also reviewed the Regulatory Affairs Report, a Drug Regimen Review Presentation given by Michelle Fouts, Director of Laguna's Pharmacy, and a COVID Vaccine Distribution presentation. At the time of the meeting, 85% of residents and 79% of staff had received both doses of vaccine. In closed session, the committee approved the Credentials Report and reviewed quality reports.

**13) ADJOURNMENT**

The meeting was adjourned at 7:32pm.

**Attachment**

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN FRANCISCO  
Resolution No. 21-4**

**DETERMINING THAT THE CLOSURE OF THE MISSION BERNAL ADULT AND MISSION BERNAL PEDIATRIC CLINICS WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICES IN THE COMMUNITY**

WHEREAS, Sutter Health is a not-for-profit integrated health care delivery system operating throughout northern California and Hawaii, and in the Bay Area, Sutter Bay Hospitals operates a number of clinics and hospitals, one of which is California Pacific Medical Center (CPMC) in San Francisco; and

WHEREAS, The Mission Bernal Adult Clinic and Mission Bernal Pediatric Clinic are operated by CPMC and located on the CPMC Mission Bernal Campus; and

WHEREAS, On December 9, 2020, Sutter Bay Hospitals notified the Health Commission of its proposal to 1) close the Mission Bernal Adult Clinic and 2) close the Mission Bernal Pediatric Clinic (including afterhours pediatric services), effective April 1, 2021; and

WHEREAS, To be in compliance with the Community Health Care Planning Ordinance (Proposition Q), private hospitals in San Francisco are required to notify the Health Commission 90 days prior to service reductions or lease, sales or transfers of management; and

WHEREAS, The Mission Bernal Adult Clinic, formerly known as the St. Luke's Health Center Adult Clinic, offers adult primary care and health counseling for teenagers and adults; and

WHEREAS, The Mission Bernal Pediatric Clinic, formerly known as the St. Luke's Health Center Pediatric Clinic, offers primary care services for infants and children of all ages; and

WHEREAS, The Mission Bernal Pediatric Clinic also provides after hours pediatric care on weekday evenings and weekends for conditions that require immediate medical attention; and

WHEREAS, Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses, and is delivered in a variety of settings from offices, to clinics, to home care; and

WHEREAS, Timely access to primary care can support overall wellness and assist in the detection and management of chronic diseases, resulting in lower overall health care costs; and

WHEREAS, Sutter Bay Hospitals intends to close both clinics and donate the assets, in connection with an operating grant of support for five years, to Mission Neighborhood Health Center; and

WHEREAS, Sutter Bay Hospitals and Mission Neighborhood Health Center have both affirmed that the five-year grant will ensure adequate bridge funding for a successful transition; and

WHEREAS, Sutter Bay Hospitals has affirmed that, if requested by Mission Neighborhood Health Center, it is willing to continue the lease in its current location to Mission Neighborhood Health Center after five years; and



WHEREAS, Mission Neighborhood Health Center is a Federally Qualified Health Center (FQHC) that was established in 1967 to care for families and individuals, with a focus on the immigrant, Spanish speaking population of the Mission District and surrounding areas; and

WHEREAS, Mission Neighborhood Health Center provides full spectrum primary care and preventive services to approximately 13,000 people each year from two clinics in the Mission District and a third clinic in the Excelsior District; and

WHEREAS, Mission Neighborhood Health Center is a well-respected provider, close partner of the Department of Public Health and the San Francisco Health Network, and a key part of the San Francisco health care community; and

WHEREAS, Mission Neighborhood Health Center intends to reopen both the adult clinic and pediatric clinic on April 5, 2021; and

WHEREAS, Mission Neighborhood Health Center intends to maintain the same level of primary care services including afterhours services at the pediatric clinic; and

WHEREAS, All employees of the Adult Clinic and Pediatric Clinic were invited to apply for positions with Mission Neighborhood Health Center to remain at the clinic; and

WHEREAS, Sutter has otherwise stated that they will find similar positions within Sutter Bay Hospitals for employees who do not retain their position with Mission Neighborhood Health Center; and

WHEREAS, In accordance with Proposition Q, the San Francisco Health Commission held public hearings on March 2, 2021 and March 16, 2021; and

NOW, THEREFORE, BE IT RESOLVED, That with the closure of the Mission Bernal Adult Clinic and Mission Bernal Pediatric Clinics and donation to Mission Neighborhood Health Center, the availability and quality of primary care services and afterhours pediatric care in San Francisco will not be reduced; and

FURTHER RESOLVED, That Sutter Bay Hospitals and Mission Neighborhood Health Center have worked closely together to ensure that existing patients of the clinic will be able to continue to receive care at the clinics; and

FURTHER RESOLVED, That Sutter Bay Hospitals has minimized staff impact and avoided layoffs; and

FURTHER RESOLVED, The closure of the Mission Bernal Adult Clinic and Mission Bernal Pediatric Clinic will not have a detrimental impact on the health care services in the community, under the terms set forth in the financial plan between Sutter and Mission Neighborhood Health Center; and

I hereby certify that the San Francisco Health Commission at its meeting of March 16, 2021 adopted the foregoing resolution.

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Mark Morewitz  
Executive Secretary to the Health Commission