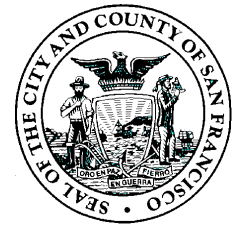


Dan Bernal
President
Laurie Green, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Susan Belinda Christian, J.D.
Commissioner
Cecilia Chung
Commissioner
Suzanne Giraudo ED.D
Commissioner
Tessie M. Guillermo
Commissioner

**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 May 4, 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 Susan Belinda Christian, J.D.
Commissioner Cecilia Chung
Commissioner Suzanne Giraudo, Ph.D

Excused: Commissioner Tessie Guillermo

The meeting was called to order at 4:05pm. The video of this meeting may be viewed at this web page: http://sanfrancisco.granicus.com/ViewPublisher.php?view_id=171 . An unedited transcript may be accessed on this webpage by clicking "Caption Notes." Each agenda item in these minutes includes information regarding the corresponding start time of the discussion on the video.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 20, 2021.

The discussion of this item may be found at :45 on the video noted in the "Call To Order" item of this document.

Mr. Morewitz noted that Commissioner Christian requested that her comments be transcribed on page 18; on page 19, Commissioner Green noted that the word "positives" should be changed to "position" in item 7, "Community and Public Health Committee Update."

Action Taken: The Health Commission unanimously approved the March 16, 2021 minutes with the amendments noted above.

3) DIRECTOR'S REPORT

Grant Colfax, MD, DPH Director of Health, presented the item. The discussion of this item may be found at 1:34 on the video noted in the "Call To Order" item of this document.

Population Health Leadership Transitions

Dr. Susan Philip is currently the Acting Director of Population Health Division for the San Francisco Department of Public Health (SFDPH). She has been part of the City's COVID-19 response since the SFDPH Department Operations Center was first activated on January 21, 2020 and has been serving in the role of Acting Health Officer of San Francisco since December 2020. Previously, she was a Deputy Health Officer and the Director of the Disease Control and Prevention for SFDPH, overseeing population level clinical, biomedical, disease intervention efforts to reduce communicable and chronic diseases in San Francisco. She has worked for SFDPH since 2005. She is also currently an Assistant Clinical Professor of Medicine in the Division of Infectious Diseases at the University of California, San Francisco and has been an HIV primary care provider at San Francisco City Clinic.

Additionally, Dr. Rita Nguyen is currently the Acting Deputy Director of the Population Health Division at SFDPH. In this role, she will support the oversight of population level chronic diseases, risk factors, and outcomes. In the past year, Dr. Nguyen served as the Director of Information and Guidance for the City's COVID Command Center, leading the City safely through the pandemic with COVID-19 guidance and research. Prior to the COVID-19 response, Dr. Nguyen led chronic disease prevention efforts including supporting community-based initiatives, working collaboratively with health systems to advance population health, and informing efforts that promote policy, systems, and environmental changes that support health. Dr. Nguyen is a practicing hospitalist at Zuckerberg San Francisco General Hospital and an Assistant Clinical Professor at UCSF.

Together, Drs. Philip and Nguyen will focus on prevention strategies for specific populations and settings, facilitate the development and use of innovative public health programs and data analytics, undertake prevention research, and advance evidence-based practices, leading the way to a healthier San Francisco.

Department of Public Health announces new Chief Financial Officer

SFDPH is pleased to announce the appointment of Jenny Louie as Chief Financial Officer. Her immediate priorities will include: supporting the transition and next phase of the COVID-19 response and recovery; funding and implementation of Mental Health SF; implementation of the State CalAIM program; advancing the department's racial equity work; and continuing to integrate the Lean principles of continuous improvement and standard work in the Finance Division to support DPH's operations and true north goals of financial stewardship.

Ms. Louie has been with the Department of Public Health for over fourteen years, serving as the Budget Director and most recently as Deputy Finance Officer. In addition to being responsible for the development of SFDPH's annual budget, she has supported the development and implementation of major strategic initiatives for the department including the transition of Laguna Honda and Zuckerberg San Francisco General to new facilities, Medi-Cal Waivers including the Whole Person Care Pilot, the transition to the Affordable Care Act, the Epic integrated electronic health record system, Mental Health San Francisco, and the COVID-19 response. Prior to joining DPH, Ms. Louie was a Fiscal and Policy Analyst under then Mayor Gavin Newsom, managing a portfolio of department budgets including DPH, City Administrator, and Department of Technology. In addition to her finance work, she also served as the Program Manager for the Cultural Equity Grants Program at the San Francisco Arts Commission and as an Account Executive at The Hoffman Group, a Washington, DC based public affairs firm. Ms. Louie holds a BA in Economics and Government from Smith College and a Master of Public Policy from UC Berkeley.

San Francisco Department of Public Health adopts new public health guidelines on masking outdoors

On May 3, Acting Health Officer Dr. Susan Philip released the following statement after a [decision by the state](#) to generally align with the Centers for Disease Control and Prevention's (CDC) new [guidance](#) on masking for fully vaccinated and unvaccinated people. For the purposes of this guidance, people are considered fully

vaccinated for COVID-19 two weeks after they have received the second dose in a two-dose series of Pfizer-BioNTech or Moderna vaccines, or two weeks after they have received a single-dose of the Johnson & Johnson vaccine. Currently, individuals 16 and older are eligible to get vaccinated in San Francisco.

“The CDC’s announcement that fully vaccinated, and in some instances unvaccinated, people no longer need to wear masks in certain outdoor settings is fantastic news that reflects the science and data we now have on the efficacy of the vaccines in preventing community spread and driving down case rates and the minimal risk of transmission outdoors. We welcome the state’s decision to adopt these common-sense guidelines and we hope it further incentivizes people to get vaccinated as soon as possible. We are going to be updating our health orders and various directives to reflect these changes. That will likely take several days. However, our local face covering order will be updated sooner.”

“These changes mean fully vaccinated and unvaccinated people can forgo mask-wearing while engaging in outdoor activities such as walking, running, hiking or biking alone or with members of the same household. And, you will no longer need to pull up your mask when simply passing others by on a sidewalk or trail as the transient passing of people is not a risk of transmission. For anyone who is fully vaccinated, a face covering will no longer be required outdoors unless a more specific rule requires it, such as at a large sporting event. For people who are not fully vaccinated, a face covering must be worn if physical distancing cannot be maintained. For example, if you are not fully vaccinated and stop to have a prolonged conversation, or you are walking on a crowded sidewalk passing many people, you will want to put that mask on. And for now, everyone, including fully vaccinated and unvaccinated people, must still wear a face covering at large events or crowded settings outdoors. In San Francisco, this means any event or location with 300 or more people.”

“Because their risk level is significantly lower, vaccinated people now have more latitude and do not need to wear a mask for most outdoor activities other than those that are crowded. After we reach the state’s yellow tier, fully vaccinated people can also dine outdoors at a restaurant with friends from multiple households without masks. We anticipate that will begin on May 6 along with some other industry-specific changes. As before, fully vaccinated people do not need to wear a mask while attending small private gatherings indoors with fully vaccinated family and friends or with one unvaccinated household that is low risk for COVID-19.”

“We all still need to keep our masks handy as they should be worn outside if you are unvaccinated and cannot easily maintain 6-foot distance; in settings where other rules still require masking outdoors; as soon as you go inside to most business settings; or in large group settings such as outdoor music festivals or sporting events, including in fully vaccinated sections. When it comes to unvaccinated youth over the age of two, they should keep their masks on while interacting with other youth from different households in outdoor settings such as the park or at school recess.”

“While you may be able to walk to a destination without one, you’ll need to put your mask on when you enter an indoor public space such as a store, restaurant, gym, salon, or movie theater—any place where the vaccination status of other people is unknown. The federal masking requirements for public transportation will still apply, so you will need to wear your mask while waiting for and while riding public transit. We also urge vaccinated residents to wear masks when visiting indoors with unvaccinated people who are at [increased risk for severe COVID-19](#) or unvaccinated people from multiple households. Remember, choosing outdoor over indoor gatherings and activities is your safest bet.”

“We hope this news offers further incentive for people to get fully vaccinated as soon as possible. The longer you wait, including deferring your second shot if you need one, the greater the risk of

contracting COVID-19 and passing it on to a friend, loved one or co-worker. Vaccines are generally available to anyone age 16 and older. Our continued success and our City's economic health depend on everyone who is eligible getting vaccinated. San Francisco has done an amazing job throughout this pandemic because of everyone's commitment to following the health guidelines. Let's keep up the good work so we can continue to reopen our City and resuming the activities we love."

The [Face Covering Order](#) will be updated soon. Other items, including that Stay-Safer-At-Home Order and many directives, will be updated when the City is assigned to the yellow tier by the State in order to clarify additional situations where a mask does not need to be worn when outdoors. Visit SF.gov/masks.

[CDPH Updated Guidance on Masking](#)

San Francisco expands access to vaccines in hard hit Lakeview & OMI neighborhoods

On April 28, District 11 Supervisor Ahsha Safaí and Director of Health Dr. Grant Colfax joined community partners Southwest Community Corporation/I.T. Bookman Community Center and Visit Healthcare to officially launch a new neighborhood COVID-19 vaccine site at 50 Broad Street in the Ocean View neighborhood. The new location, which will serve Lakeview and OMI residents 18 years and older is the sixth neighborhood vaccination site established as part of San Francisco's efforts to ensure highly impacted neighborhoods have equitable access to the vaccine. San Francisco's OMI neighborhoods include Ingleside, Ingleside Terraces, Merced Heights, and Ocean View.

The 50 Broad Street site for OMI and Lakeview residents aged 18 and older will be open on Wednesdays, 9:00 a.m. – 6:00 p.m.; Fridays, 9:00 a.m. - 6:00 p.m.; and Saturdays, 9:00 a.m. - 3:00 p.m. This site will serve residents by appointment and drop-in and will be operated in collaboration with the Southwest Community Corporation/I.T. Bookman Community Center and Visit Healthcare. Community members can schedule appointments by contacting the OMI COVID-19 Hotline at (415) 712 - 0313 or they can email Covid19@itbookmancenter.org with questions.

The new Ocean View site is located near the MUNI 24 and M bus lines, ensuring that it is accessible and convenient for the people it serves. Muni and Paratransit are free for anyone traveling to and from COVID-19 vaccine appointments. The SFMTA is also providing additional access to taxi service for those using the Essential Trip Card. Information can be found at sfmta.com/COVID and sfmta.com/Paratransit.

Health Department continues mobile COVID vaccination efforts with residential treatment program clients

On April 15, SFDPH's Behavioral Health Services (BHS) and Whole Person Integrated Care (WPIC) came together for a mobile vaccination event at Progress Foundation's Clay Street Residential Treatment Program. With the support and expertise of the WPIC mobile vaccination team, 53 residents received their first dose of the COVID-19 vaccine. The collaboration came about when Devora Keller, Medical Director of Medical Respite and Sobering Center and Supportive Housing Nursing Programs and the WPIC vaccine lead, offered BHS operational and logistical support and staffing to help vaccinate a group of Progress Foundation residents who were unable to get vaccinations on their own due to severely impairing behavioral health needs. The vaccination team consisted of staff and volunteers from WPIC and BHS as well as traveling nurses from around the country and retired SFDPH and BHS providers. The SFDPH will continue supporting efforts and partnering with community to ensure vaccination access for populations with higher risks.

San Francisco opens prayer/reflection rooms at high volume vaccination sites for Ramadan

On April 26, SFDPH and the Department of Emergency Management announced new prayer/reflection rooms at San Francisco's high-volume COVID-19 vaccination sites during Ramadan. Created in collaboration with District 6 Supervisor Matt Haney and Human Rights Commissioner and Interfaith Council Board Member Hala Hijazi, the initiative helps support equitable vaccine access for Muslims during the month-long religious celebration and beyond.

Ramadan, observed between April 12 and May 12, is considered one of the holiest months of the year for Muslims. In addition to including a safe space for prayer/reflection, the SF Market in the Bayview and Moscone Center vaccination sites have a system in place to allow individuals who step aside to pray to keep their place in line as well as a designated area in which they can break their fast with access to drinking water. Muslims pray five times a day and fast between dawn and sunset during Ramadan. Open to all faiths, the prayer/reflection rooms offer privacy from public view, are outfitted with prayer rugs and are large enough to accommodate social distancing.

San Francisco, which is home to approximately 7,000 Muslims, modeled its guidelines and best practices to allow Muslims to access vaccines during Ramadan from a program of the New York City Commission on Human Rights. The initiative's literature, which suggests offering service during hours when people will not be fasting, is being disseminated at the vaccination sites in English and Arabic.

Health Department launches 'Have GOOD Sex' campaign

In April, SFDPH launched a new social media campaign: Have GOOD Sex. The goal of the campaign is to address the stigma associated with sex and sexuality and create a place for conversations on sexual health and pleasure. Everyone deserves sexual health without stigmatization. Have GOOD Sex will also jumpstart conversations about consent and empowerment, because good sex isn't just safer sex. Good sex is inclusive—it's devoid of shame and it's for everyone.

With a focus on Black and Latinx San Franciscans ages 18-49, and promoted by local influencers, Have GOOD Sex will combine social media with social influencers to move with culture and be a part of the conversation. Have GOOD Sex will also promote the recently launched [TakeMeHome](#) project, which provides San Franciscans with access to free HIV and STD screening in the privacy of their own home. For more information on sexual health and to learn more about SFDPH's clinic-based sexual health services, visit SF City Clinic at <https://www.sfcityclinic.org/providers/guidelines>.

DPH in the News

CNBC, May 3 2021, San Francisco close to reaching herd immunity

<https://www.cNBC.com/video/2021/05/03/san-francisco-close-to-reaching-herd-immunity.html>

KTVU, May 3 2021, San Francisco aligns with state, CDC on outdoor masking guidelines

<https://www.ktvu.com/news/san-francisco-aligns-with-state-cdc-on-outdoor-masking-guidelines>

NBC Bay Area, May 3 2021, San Francisco to update guidelines for wearing masks outside

<https://www.nbcbayarea.com/news/local/san-francisco/san-francisco-updates-guidelines-for-wearing-masks-outside/2535257/>

SF Examiner, May 3 2021, SF General Hospital to reduce reliance on deputies for security

<https://www.sfexaminer.com/news/sf-general-hospital-to-reduce-reliance-on-deputies-for-security/>

KTVU, May 1 2021, San Francisco set for yellow tier upgrade next Friday

<https://www.ktvu.com/news/san-francisco-set-for-yellow-tier-upgrade-next-friday>

SF Bay CA, May 1 2021, San Francisco's indoor bars to reopen with move to yellow tier

<https://sfbayca.com/2021/05/01/san-franciscos-indoor-bars-to-reopen-with-move-to-yellow-tier/>

ABC7, Apr 30 2021, When 12 to 15-year-olds could get COVID-19 vaccine in US

<https://abc7.com/health/when-12-to-15-year-olds-could-get-vaccinated/10562144/>

KPIX, Apr 30 2021, COVID reopening: San Francisco health officials say city should reach Yellow Tier next week

<https://sanfrancisco.cbslocal.com/2021/04/30/covid-reopening-san-francisco-health-officials-say-city-should-reach-yellow-tier-next-week/>

Cap Radio, Apr 29 2021, Fact check: Did San Francisco have 'twice as many drug overdose deaths as COVID deaths' in 2020?

<https://www.capradio.org/articles/2021/04/29/fact-check-did-san-francisco-have-twice-as-many-drug-overdose-deaths-as-covid-deaths-in-2020/>

Mercury News, Apr 28 2021, Are Californians really skipping their second doses? It's hard to know.

<https://www.mercurynews.com/2021/04/28/are-californians-really-skipping-their-second-doses-its-hard-to-know/>

Yahoo News, Apr 28 2021, San Francisco opens new pop-up COVID vaccine clinic

<https://news.yahoo.com/news/san-francisco-opens-pop-covid-192100359.html>

Mission Local, Apr 27 2021, As CDC and experts say 'throw off the mask' outdoors, San Franciscans remain apprehensive

<https://missionlocal.org/2021/04/as-cdc-and-experts-say-throw-off-the-mask-outdoors-san-franciscans-remain-apprehensive/>

SF News, Apr 27 2021, SFPDH, SFDEM announce prayer rooms at vaccination sites

<https://www.thesfnews.com/sfpdh-sfдем-announce-prayer-rooms-at-vaccination-sites/76670>

SFist, Apr 27 2021, San Francisco likely has just one more week in 'orange' tier

<https://sfist.com/2021/04/27/san-francisco-likely-has-just-one-more-week-in-orange-tier/>

City Journal, Apr 26 2021, San Francisco's substance abuse crisis

<https://www.city-journal.org/san-francisco-substance-abuse-crisis>

KPIX, Apr 26 2021, COVID impact: San Francisco makes prayer rooms available at vaccinations sites during Ramadan

<https://sanfrancisco.cbslocal.com/2021/04/26/covid-impact-san-francisco-makes-prayer-rooms-available-at-vaccination-sites-during-ramadan/>

Politico, Apr 25 2021, Newsom may have to decide whether to sanction heroin injection sites

<https://www.politico.com/news/2021/04/25/heroin-injection-sites-california-484497>

SF Chronicle, Apr 25 2021, The vaccinated and unvaccinated are mingling, creating a tricky new social landscape

<https://www.sfchronicle.com/health/article/Vaccination-triggers-new-range-of-discomfort-16122469.php>

SF Chronicle, Apr 24 2021, J&J vaccine OKd for use in California, 3 neighboring states after 11-day pause

<https://www.sfchronicle.com/local/article/J-J-vaccine-OK-d-for-use-in-California-and-16126794.php>

New York Times, Apr 23 2021, San Francisco contends with a different sort of epidemic: drug deaths

<https://www.nytimes.com/2021/04/23/us/fentanyl-overdoses-san-francisco.html>

SF Chronicle, Apr 23 2021, Should California end its outdoor mask mandate? Bay Area experts weigh in

<https://www.sfchronicle.com/local/article/Should-California-end-its-outdoor-mask-mandate-16122486.php>

KPIX, Apr 22 2021, COVID vaccines: San Francisco still set on vaccinating all residents by June, 66% have received at least 1 dose

<https://sanfrancisco.cbslocal.com/2021/04/22/covid-vaccines-sf-vaccination-goal-all-residents-by-june/>

SF Chronicle, Apr 22 2021, Mayor Breed wants an answer from Biden administration: Are sanctioned drug use sites legal?

<https://www.sfchronicle.com/politics/article/Mayor-Breed-demands-answer-from-Biden-16121186.php>

ABC7, Apr 21 2021, 22 SF businesses temporarily closed since March for violating COVID-19 health orders

<https://abc7news.com/california-coronavirus-san-francisco-covid-health-rules-order/10535763/>

NBC Bay Area, Apr 21 2021, SF launches Visitacion Valley vaccination site in efforts to reach most impacted areas

<https://www.nbcbayarea.com/news/local/sf-launches-visitacion-valley-vaccination-site-in-efforts-to-reach-most-impacted-areas/2524858/>

North Coast Journal, Apr 21 2021, Surplus COVID-19 doses journey to the Bay Area as local interest wanes

<https://www.northcoastjournal.com/NewsBlog/archives/2021/04/21/surplus-covid-19-doses-journey-to-the-bay-area-as-local-interest-wanes>

Commissioner Comment:

Commissioner Bernal thanked Director Colfax for the report.

4) COVID-19 UPDATE

Grant Colfax, MD, DPH Director of Health, presented the item. The discussion of this item may be found at 7:23 on the video noted in the "Call To Order" item of this document.

Commissioner Comment:

Commissioner Bernal stated that the great DPH leadership, extraordinary work of all DPH staff and its partner organizations, and cooperation of San Francisco residents, helped stem the pandemic.

Commissioner Bernal noted the leveling off of vaccine distribution and asked which populations need additional focused outreach. Director Colfax stated that there is focus on younger populations since this group has only recently been approved for the vaccine. He added that a key factor in helping people with vaccine hesitancy is to encourage them to talk to their primary care providers so the DPH is working to link individuals to providers. The DPH is also working with community leaders to ensure the DPH is aware of concerns from all groups. He also stated that although not everyone may choose to get vaccinated, the DPH is striving to explain the benefits of getting vaccinated. Currently 86% of those 65 years and older have been vaccinated.

Commissioner Chow asked if the DPH is changing its vaccine awareness messaging since the target audience is now a younger audience. Director Colfax stated that the DPH has been working with the school district and other organizations serving youth in an effort to support this population getting vaccinated, including providing informed consent forms for those youth under 18 years old. He added that the more people who are vaccinated, the less the city needs to be concerned about impact of possible variants.

Commissioner Chow asked for an update on reopening schools and institutions of higher learning. Dr. Susan Philip, Health Officer and Director of the Population Health Division, stated that the DPH is working closely with the Park and Recreation Department to plan school graduations held at Kezar stadium to ensure spacing between events and appropriate social distancing protocols are in place. She added that the COVID-19 Command Center School Team has been working with the San Francisco United School District and private schools for vaccine distribution to students and their families.

Commissioner Green stated that she is delighted with the appointments of Dr. Philip, Dr. Nguyen, and Ms. Louie. She asked if schools could be used as vaccine distribution centers. Director Colfax stated that the COVID-19 Command Center school and vaccine teams are working together to develop effective strategies to get school aged youth vaccinated and are considering using schools as vaccination sites. He also stated that consent has to be considered for some of the school aged youth. He is confident that the decrease in cases is not due to the decrease in testing. The DPH has continued to work with UCSF to scale up surveillance of variants through testing of samples.

5) GENERAL PUBLIC COMMENT

There was no general public comment.

6) FINANCE AND PLANNING COMMITTEE UPDATE

The discussion of this item may be found at 35:47 on the video noted in the "Call To Order" item of this document. Commissioner Chow chaired the committee and verbally reviewed the items in the consent calendar.

7) CONSENT CALENDAR

The discussion of this item may be found at 53:02 on the video noted in the "Call To Order" item of this document.

Action Taken: The Health Commission unanimously approved the following:

- **MAY 2021 CONTRACTS REPORT**
- **REQUEST FOR APPROVAL OF THREE NEW CONTRACTS FOR AS-NEEDED FACILITIES MAINTENANCE SERVICES IN THE FOLLOWING SERVICE AREAS: FOR LANDSCAPING SERVICES, WITH EMPIRE LANDSCAPING INC; FOR MODULAR FURNISHING SERVICES, WITH WICKMAN DEVELOPMENT AND CONSTRUCTION AND CORNER OFFICE INC.; FOR TERMS OF MARCH 1, 2021 THROUGH FEBRUARY 29, 2024 (36 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH MEDLINE INDUSTRIES INC. TO PROVIDE BULK DISTRIBUTION SERVICES FOR A BROAD RANGE OF MEDICAL/SURGICAL AND LABORATORY SUPPLIES TO BE USED BY THE DEPARTMENT IN THE PROVISION OF SERVICES. THE TOTAL CONTRACT AMOUNT IS \$115,072,061 WHICH INCLUDES A 12% CONTINGENCY AND A HOLDOVER OPTION TO EXTEND THE CONTRACT FOR 1 YEAR. THE TERM OF THE CONTRACT INCLUDING HOLDOVER OPTION IS FOR THE PERIOD JULY 1, 2021 TO JUNE 30, 2027 (72 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH MEDLINE INDUSTRIES INC. TO PROVIDE LOW UNIT OF MEASURE (LUM) DISTRIBUTION SERVICES FOR A BROAD RANGE OF MEDICAL/SURGICAL AND LABORATORY SUPPLIES TO BE USED BY THE DEPARTMENT IN THE PROVISION OF SERVICES. THE TOTAL CONTRACT AMOUNT IS \$178,218,296 WHICH INCLUDES A 12% CONTINGENCY AND A HOLDOVER OPTION TO EXTEND THE CONTRACT FOR 1 YEAR. THE TERM OF THE CONTRACT INCLUDING HOLDOVER OPTION IS FOR THE PERIOD JULY 1, 2021 TO JUNE 30, 2027 (72 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH SOCIALISSIMA, LLC, IN THE AMOUNT OF \$159,040 (INCLUDING CONTINGENCY), TO DEVELOP A MASS PUBLIC HEALTH CAMPAIGN FOR THE COVID-19 VACCINES FOR THE DEPARTMENT OF PUBLIC HEALTH (DPH) FOR THE TERM OF APRIL 1, 2021 THROUGH SEPTEMBER 30, 2021 (6 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE SAN FRANCISCO AIDS FOUNDATION, IN THE AMOUNT OF \$761,600, (INCLUDING A 12% CONTINGENCY), TO IMPLEMENT A LOW THRESHOLD STREET-BASED SERVICE DELIVERY MODEL TO REDUCE NEGATIVE HEALTH IMPACTS, AND REDUCE FATAL OVERDOSE RISKS AMONG PEOPLE WHO USE DRUGS FOR THE TERM**

MARCH 1, 2021 THROUGH JULY 31, 2025 (4.42 YEARS).

- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH PUBLIC HEALTH FOUNDATION ENTERPRISES, INC., DBA HELUNA HEALTH, IN THE AMOUNT OF \$323,725 (INCLUDING CONTINGENCY), TO PROVIDE PROGRAM AND SUPPORT SERVICES FOR THE DEPARTMENT OF PUBLIC HEALTH (DPH)'S ROBERT WOOD JOHNSON FOUNDATION FUNDED EVALUATION OF SPECIFIC COMPONENTS OF THE SAN FRANCISCO STREET CRISIS RESPONSE TEAM (SCRT) FOR THE TERM OF DECEMBER 15, 2020 THROUGH JUNE 14, 2022 (18 MONTHS).**
- **REQUEST FOR ANNUAL ADVANCE APPROVAL OF THE DPH ADMINISTRATIVE CODE, CHAPTER 21.42 CONTRACT LIST**

8) SECURITY SERVICES STAFFING PLAN UPDATE

Basil Price, DPH Director of Security, presented the item. The discussion of this item may be found at 53:38 on the video noted in the "Call To Order" item of this document.

Greg Wagner, DPH COO, thanked Mr. Price for his leadership and noted that he has been working on the changes described in the presentation for several years. He added that DPH security involves complicated issues and touches upon staff, patients, and the community in a tangible way. He also stated that this is a step in a long DPH process to improve security policies, procedures, and practices. He added that the proposed changes in DPH security will require Board of Supervisors approval at a Proposition J hearing in upcoming months. He thanked everyone who gave input along the way to this step in the process.

Public Comment:

Martha Lauren has worked as a bio medicine tech at San Francisco General Hospital. She supports expanding the BERT teams and incorporating unionized community safety teams.

A UCSF medical student spoke about caring for a patient on a psychiatric hold who was physically attacked by Sheriff's deputies when staff called them to assist with the patient. Later when two patients were having issues, a staff member was unsure whether to call the Sheriff due to the violence that had ensued from the last call for help. He said a behavioral health specialty team is needed to de-escalate patients and he advocates for piloting a community safety team to manage situations in which staff and patients have conflict.

Danielle is a family physician working at Castro Mission Health Center and ZSFG. She told of an incident in which a developmentally delayed patient became agitated and was triggered when he saw Sheriff's deputies. He swung at the deputies so they arrested him. He was transferred to jail, which was heartbreaking to witness someone so vulnerable going through a very unfair and difficult time because the system is not prepared to deal with these situations. She does not feel that having Sheriff's deputies at the hospital or clinics is the appropriate plan to address these situations. She advocated for trauma-informed systems.

Lena is a fourth year medical student and a member of "DPH Must Divest." She urged the Health Commission to support the BERT team and reduction in Sheriff's deputies at the DPH. She advocated for the creation of a union represented community safety team in the primary care clinics.

Jennifer Friedenbach, Executive Director of Coalition on Homelessness, stated that it is impossible to provide trauma informed care when there are armed paramilitary forces at the door of DPH clinics and hospitals. She is not in favor of continuing employment of Sheriff's deputies at Tom Waddell because they harm and traumatize the patients. She noted that there are many homeless organizations and shelters without armed security. She advocated for all staff having de-escalation skills. The success of the BERT teams and cadets will depend on whether they are actually integrated into the clinical teams.

Naomi, nurse practitioner in primary care and street medicine, advocated for moving away from having law enforcement in healthcare settings. She urged support of the BERT teams and creation of a union represented

community safety team in primary care clinics. She opposes use of non-uniform cadets and Sheriff's deputies at the DPH sites.

Sarah Shock, UCSF patient, witnessed a parent of a patient receiving a terminal diagnosis, have an emotional reaction to the news. The security staff dragged him away in handcuffs. She urged support of the BERT teams and creation of a union represented community safety team in primary care clinics. She opposes use of non-uniform cadets and Sheriff's Deputies at the DPH sites.

A physician at ZSFG, called for reduction in Sheriff deputies' presence at DPH sites and supported BERT teams. He opposes use of non-uniform cadets. He has witnessed many incidents in which a patient was experiencing a mental health crisis or behaving inappropriately due to an underlying medical condition. When staff called the Sheriff for assistance, the situation was quickly escalated to frequent assault of the patients, who are primarily people of color. He noted that another incident involved a patient picking up HIV medications at the ZSFG pharmacy. A deputy at the door saw that the patient had an old warrant and arrested her. This patient will likely never pick up meds again from the ZSFG pharmacy. Another incident involved a Spanish speaking patient going through alcohol withdrawal. A Spanish speaking deputy was called to assist and quickly assaulted the patient with a laser.

Teresa Rutherford, SEIU 1021, called to support the plan put forth by the DPH to expand the BERT teams and create a more trauma informed approach. She advocated for using a healthcare focus instead of a militarized focus, which has a long history of targeting communities of color. She advocated for using unionized staff who are properly trained and supported before the removal of existing security systems.

Dr. Leigh Kimberg, attending physician at the ZSFG Richard Fine's People's Clinic and member of DPH Must Divest, stated that a deep sense of safety is necessary for healing. The proposed plan is a major step forward in investing in the BERT team, which can help prevent escalation. She is also excited about the concept of care experience workers to be culturally rooted and contribute to a community-driven model of support.

An individual stated that as frontline workers need assistance, there are currently two options: either call law enforcement, and many times that results in deputies pulling out a weapon on a non-violent patient, or feeling "over my head," and neglecting other patients due to dealing with a patient in crisis. It is time there was a better option that provides therapeutic alternatives with highly trained workers.

A UCSF health researcher advocated for using unionized SFDPH workers because non-profit contractors cannot be held accountable to the same standards, nor do Sheriff's deputies have the skills to address the needs of the patients. She advocated for unionized positions. She noted that 75% of the DPH Must Divest group responded that the presence of deputies increases violence. She advocated for alternatives to policing that will create good jobs for San Francisco residents.

A ZSFG physician called to speak on behalf of their patients, colleagues, and communities. They urged the Health Commission to prioritize the safety of patients by increasing mental health crisis response teams and decrease reliance on the deputies. They have witnessed how mental health workers and community members can de-escalate situations better than law enforcement. Services should be trauma-informed.

Austin spoke on behalf of the Youth Commission. He urged the Health Commission to support the BERT expansion and oppose the non-uniformed cadets. He acknowledged that black and brown communities of color have been most impacted by the presence of deputies. He advocated for unionized security staff.

Julie Roberts stated that she has had immediate family and neighbors needing mental health services and it has been disheartening to have police involved when they sought help. Patient care situations need compassionate and skilled community workers who are unionized staff, to encourage longevity in these

important roles.

Tanzanika Carter, Assistant Sheriff, stated that if there is an issue with any deputy, contact the Sheriff's Office, Internal Affairs Investigation, or submit a Whistleblower complaint because the Sheriff's Department does not tolerate the type of incidents being described in the public comment. The Sheriff is committed to working with the DPH to meet the needs of its patient population.

A small business owner and anti-racism educator, urged the removal of law enforcement deputies from public health settings. The person noted that for many black and brown San Franciscans, seeing a uniformed person triggers them to experience a negative response. The person advocated for unionized staff who can be trained in de-escalation and not wearing uniforms. The caller noted that the Health Commission has recognized anti-black racism as a public health emergency and needs to ensure that DPH clients do not further experience racism and other forms of harm. Instead, the DPH should provide a healing experience.

A caller stated that "We're here today, still harmed and brutalized." She added that on July 8th of last year, she witnessed an incident involving six armed deputies that was traumatizing. The deputies laughed at her when she asked for their badge numbers. She fears going into her midwife clinical practice because she is unsure which deputies were involved in the incident. She provides care for members of her community and identifies with the victim of the incident. She noted that in the United States, less than 1% of healthcare facilities are policed, so why are the DPH healthcare facilities staffed with deputies? She encouraged reimagining what true safety looks like. "We believe in you. We hope that you do too and make informed decisions on what is best for all of us, not just the selected few."

Shakira, a primary care physician and member of DPH Must Divest, supports the expansion of the health response team and the reduction in Sheriff's deputies. "We believe another world is possible."

Jessica Hawkins, former ZSFG employee and current UCSF medical student, is happy to hear the Commission supports the expansion of the BERT teams. She encouraged a reimagining of the role of experienced health care workers to lift up the community and create a safe and healthy clinical environment. She said that a patient with a newborn discouraged her loved ones to visit because of the presence of a deputy made her feel unsafe. She shared another incident in which an individual was waiting in the ZSFG Emergency Department for 14 hours. Deputies tackled this individual from behind with a lobby full of other people who looked just like the patient. She indicated it was devastating and heartbreaking to witness for those in a hospital looking for healing.

Jessica Maw, UCSF medical student and member of DPH and White Coats for Black Lives, supports the expansion of the BERT teams and reduction of the deputies. She called on the DPH and Commission to eliminate use of cadets because they cannot be held to the same standard of training and accountability as a DPH union-represented employee. She urged the DPH and Commission to take immediate action on this issue because our places of health care will never truly be places of safety and healing until they're freed from the surveillance and violence of police.

A caller urged the Health Commission to support the expansion of the behavioral health team and reduction of deputies. They are opposed to the expanded use of uninformed cadets and advocated for the hiring and training of unionized DPH workers.

Leah read a comment on behalf of Jay, who is unable to attend the meeting. He witnessed 8 deputies surrounding a single Black man in his wheelchair. The man was handcuffed although he was clearly confused and not acting in a threatening manner. After 20 minutes, the deputies released him and said they hadn't found any charges against him. A person should be able to seek medical care regardless of past criminal accusation.

The caller read a statement on behalf of a ZSFG registered nurse working in the Psychiatry Department. ZSFG's goals to be the best public hospital cannot happen until we create a truly patient-centered healing environment. The nurse is in favor of expanding the BERT team and the use of unarmed mental health professionals to de-escalate situations. The nurse has witnessed many patients that have felt threatened by police and/or deputies. This brings more trauma to a place that is supposed to empower patients to heal and recover. Assumptions should not be made about patients based on their immigration status or the color of their skin. The nurse has witnessed many Black patients frantically kneeling on the floor with their hands up, when there was no cause for this to occur.

Jessica read a statement by Arena Alexander, licensed mental health therapist. She supports the efforts to expand the BERT team. She noted that many people who are unhoused and of lower income experience so much fear about coming to the hospital because they will have to interact with deputies. One patient, who had just been released from jail was very sick with a fever, but was scared of interacting with deputies and being arrested again. "Accessing medical treatment should never be a punishment."

A caller read a statement for Danielle Herrera, a community mental health therapist, working in the shelter-in-place hotels. Ms. Herrera urged the Commission to expand the BERT team and divest from the Sheriff's Department. She asked the Commission to reject the DPH proposal to hire health care security officers and instead, pilot a community led trauma informed safety team in the primary care clinics. She also advocated for improving the staffing ratios for nurses. She has witnessed many incidents of an individual experiencing a severe physical health issue and instead is punished by the deputies.

LJ Johnson, social worker and member of DPH Must Divest, stated that her patients, LGBTQ youth, experience the deputies as a deterrent to accessing care. A former patient was terrified to disclose suicidal ideation due to fear that someone would call the police to make a wellness check. The patient was fearful of being brutalized by police. Unarmed skilled teams of mental health professionals and social workers and community members trained in de-escalation and trauma informed care are proven to be an effective alternative for law enforcement for health-related issues.

A UCSF medical student urged the Commission to support the expansion of the behavioral health response teams and piloting union represented community safety teams in the primary care clinics. The person opposes the use of non-uniformed cadets.

The caller helped a friend go to ZSFG for care. The friend is Latinx and has had multiple friends killed by the police. She was shocked at the number of deputies at the hospital. There are deputies when you arrive and one in the Emergency Department. ZSFG calls the San Francisco Police Department to sit outside the door. She noted that they interacted with 6 police officers. When she told the nurse they were uncomfortable with the amount of deputies, the nurse replied, "They are here for your safety." The caller indicated that this had not been their experience.

The caller dropped a friend off for surgery at ZSFG and 8 Sheriff's cars surrounded his car, in order to rush to get a Black man in a wheelchair. They took his stuff away and searched it and all of his pockets. A Black doctor asked what the deputies were doing. A deputy responded, "What are you doing?" The caller indicated it was a demoralizing experience.

Rani spoke on behalf of Talia Eisenstein, who added her voice to the call for complete removal of the deputies from ZSFG and DPH clinics. She supports a pilot of community safety teams in primary care clinics. She noted that St. Anthony's Client Safety Services is a team of people with community knowledge and training to de-escalate situations with compassion. She does not support plain clothes cadets.

The caller, a midwife, spoke about how violence frames the work and is incompatible with law enforcement on a clinic campus. Patients have told her that they could not seek care because someone in uniform was outside the birthing unit. Patients are not criminals and should not be treated that way-especially the Black/African American community. She noted that there is scientific evidence that repeated trauma causes a physiological response. The current system is costing the DPH countless dollars in sick leave for staff, and the cost of treating the medical conditions we are causing or exacerbating. The DPH touts science when it is about COVID but are hypocrites to advocate for continued use of law enforcement, when there is evidence of its harm in healthcare settings.

LJ read a statement on behalf of Montilda Flemming, who supports the expansion of the behavioral response team, defunding the use of deputies, and creating community safety teams. She also called for improving the staffing ratios and opposes the use of ununiformed cadets.

The caller read a statement on behalf of Alex Markovich, who endorses removing security officers in health care settings. The deputies are ill equipped to deal with mental health matters. He noted that 44% of service calls to the deputies were related to patient care issues. These complex patient situations require compassion and well trained community workers. He supports union jobs.

The caller read a statement on behalf of Katrina Seraldo, medical provider, who takes care of patients who are disproportionately impacted by the war on drugs, and therefore policing. A patient with a substance use disorder discussed his discomfort with telling the truth about his health issues around the deputies. We must not invest in policing our patients at their most vulnerable moments.

Stephanie Freeman read a statement on behalf of Kara Levy, who urged the Commission to support the expansion of the BERT teams to keep the most vulnerable patients safe. When patients are in crisis they deserve to be met by a team of trained, unarmed, mental health specialists, not law enforcement.

A caller read a statement on behalf of a former DPH employee, who worked in primary care and at Laguna Honda Hospital. The person called on the Commission to reject the DPH proposal for hiring security cadets. The person urged support for a community led trauma informed team in the primary care clinics and improved staffing ratios for nurses. We need robust compensation for staff on the community safety teams.

A DPH nurse working in outpatient care stated that she witnessed an incident in which an African American patient nodded off and the deputy tried to wake the patient, who freaked out and they tumbled to the ground. The patient was denied service to the clinic going forward so he lost his primary care clinic. The Sheriff's deputies are allowed to arrest anyone with an outstanding warrant, even when they are seeking medical care. Another incident involved a trans woman who was a clinic patient and was experiencing mental health issues. When the deputy approached her, she ran away, and the deputy tackled and handcuffed her.

Claire Warren, a social worker, urged the Commission to expand the behavioral health response team and patient support services. When police are the first responders to a mental health situation, the first thing that comes to mind is hoping the person does not end up dead. Having social workers and people in the helping profession as first responders would be the correct direction towards providing proper care to our community.

Commissioner Comment:

Commissioner Chow asked for more information on the anticipated training of cadets. He also asked how UCSF handles its security. Mr. Price stated that cadets are civilians within the Sheriff's office who are not trained nor on track for law enforcement positions. These are career cadets that go through a training process to be prepared for their roles in security. Regarding UCSF, Mr. Price stated that it uses a hybrid model of healthcare security officers and law enforcement. The goal of the hybrid model enables an intermediate unarmed response to support clinical staff with patient interventions. If a situation rises to a

point of danger, law enforcement can be called in to assist.

Commissioner Christian made the following comments:

“Thank you, President Bernal. First I want to thank Director Price for his obvious and ongoing dedication to the safety of the workers at the Department of Public Health at various hospitals. I’ve been on the Commission a little less than a year, but even in that time, I have learned because of your presentations and the way that you speak to us about this work that you take this incredibly seriously, that you take the safety of each worker at the hospitals seriously, as well as the patients and the community members who have a right to access health without being frightened for their own safety. So I also want to acknowledge the fact that in the last year and longer than that for many people, and I’m sure your experience with this exceeds many of ours, it has become clear that policing as an institution at every level is structurally and foundationally in need of great change. And given that we’re at this moment and we’re looking at how to create safety within the community and specifically in the context of DPH and I know that you’re looking at it on a minute by minute basis, can you let us know why this is the right choice to move away from the Sheriff, but still stay with the cadets, who are as I understand it, civilians who have no expertise other than what they’re given...why it’s appropriate to go in that direction rather than to go in the direction of the clinically trained people could be given instruction in whatever additional instruction they need to increase the level of safety and to de-escalate things. Why is it appropriate to go in this direction now rather than to move in the direction of expanding the behavioral health response teams?”

Mr. Price stated that in regard to a healthcare setting, that the DPH wants to make sure its patients are safe. In regard to the choice of cadets, the DPH saw this as an opportunity for change within a clinical model. The DPH wants to take this change management process in phases, evaluating and measuring success before moving forward with additional improvements.

Commissioner Christian made the following comments:

“I thank you for your response. I think I want to emphasize what everyone else is feeling. We're at a time where we need to imagine boldly and to take bold steps and whether, I appreciate your expertise and this is your work and I'm not telling you anything you don't know better than I do, we have a lot at stake here, and public health is our responsibility, and law enforcement and public health don't mix very well together.”

Commissioner Girardo thanked Mr. Price for his presentation and said she looks forward to the implementation of the innovative BERT teams. She encouraged the department to reconsider only providing updates on training on an annual basis for the cadets, especially during the first year. She suggested that cadets receive training every six months to address problems and issues that arise.

Commissioner Chung joins her fellow Commissioners in thanking Mr. Price for his innovative work and for all those who made public comment. She too has experienced stigma from Sheriff’s deputies regarding past clients who experienced mental health and substance use issues. She asked if there is a mechanism set up so the community can give feedback on this new model as its implemented. This would enable the DPH to hear about what those directly impacted have witnessed and experienced. She noted that the plan presented is a transitional step in the right direction. She noted that it is necessary to acknowledge that the city bureaucracy is challenging. She also stated that the Commission is here to support these important changes and is to make sure there remains an open dialogue between the DPH and community regarding the implementation.

Commissioner Green thanked all those who made public comment and noted that the community is like minded in regard to the need for change. She also stated that as a hospital worker, she has witnessed many of the kinds of incidents described in the public comments. The first person she encounters when she walks into work is a security officer, and it does not create a good atmosphere. She is appreciative that the proposed plan is an initial plan, not a final plan. She hopes that the DPH can learn quickly and that hiring the BERT staff quickly will be a priority. She added that we need well trained workers to make this plan work.

Mr. Wagner stated that prior to finalizing this initial plan, there were conversations with stakeholders. The DPH plans to continue conversations with stakeholders as the plan is implemented.

Director Colfax thanked everyone who made public comment and acknowledged Mr. Price's expertise and extensive planning process which resulted in the current plan.

9) FY2021-22/ FY22-23 BUDGET

Jen Louie, DPH Chief Financial Officer, presented the item. The discussion of this item may be found at 2:53 on the video noted in the "Call To Order" item of this document.

Commissioner Comments:

There was no Commissioner comment for this item.

Action Taken: The Health Commission unanimously approved the FY2021-22/FY22-23 Budget.

10) 2016 PUBLIC HEALTH AND SAFETY BOND UPDATE

This item was postponed due to the length of the meeting.

11) AMENDMENTS TO RESOLUTION: IN SUPPORT OF COMMUNITIES OF INDIVIDUALS OF ASIAN AND PACIFIC ISLANDER DESCENT AND DENOUNCING RACISM AND VIOLENCE AGAINST THESE COMMUNITIES

This item was postponed due to the length of the meeting.

12) OTHER BUSINESS:

This item was not discussed.

13) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

This item was not discussed.

14) ADJOURNMENT

The discussion of this item may be found at 3:19 on the video noted in the "Call To Order" item of this document. The meeting was adjourned at 7:26pm.