

**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 Giraud 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

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**MINUTES**  
**HEALTH COMMISSION MEETING**  
**Tuesday, February 15, 2022 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 Suzanne Giraud, Ph.D  
Commissioner Tessie Guillermo

**Excused:** Commissioner Susan Belinda Christian, J.D.

The meeting was called to order at 4:04 pm. Commissioner Bernal congratulated Commissioner Chow for his reappointment to the Health Commission and thanked him for his continued leadership. Commissioner Chow thanked the Mayor for the reappointment and added that he is appreciative of his Health Commission colleagues and for the chance to participate on the Commission during this important time for public health issues in San Francisco.

**2) DPH EMPLOYEE RECOGNITION AWARDS**

the Health Commission recognized the contributions of the following LHH teams:

- Jail Health Services Team
- Southeast Health Center Team
- Primary Care Leadership Team

**Public Comment:**

Patrick Monette Shaw stated that he is disappointed that Commissioner Chow was reappointed to the Health Commission. He had advocated for term limits. Since Commissioner Chow has served 33 years on the Commission, he feels it is time for leadership changes and to allow other community voices to be heard.

### **3) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 1, 2022.**

Mr Morewitz stated that the minutes have been amended according to suggestions by Commissioners Chow and Green. The following passages contain the edits:

One page 1, under “Approval of the Minutes of the Health Commission Meeting of January 18, 2022,” Commissioner Chow requested that the word “policy” replace “measure,” in the following sentence, found on page 7, 4th paragraph, “Dr. Susan Ehrlich, ZSFG CEO, stated that the DPH is using ~~measure~~ policy a bit more conservative than the CDC or CDPH guidances.”

Under, “Consent Calendar,” the word “Chow” was added in the following sentence: “Commissioner Chow stated that he has a conflict with Chinese Hospital and therefore is abstaining from the vote because the February 2022 Contracts Report included a Chinese Hospital contract modification.

Action Taken: The Health Commission unanimously approved the amended February 1, 2022 meeting minutes.

### **4) DIRECTOR’S REPORT**

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

#### **SF hires 100 public health workers with streamlined hiring process**

The expedited effort to hire behavioral health staff as part of the 90-day Emergency Declaration in the Tenderloin is more than 50% complete with 100 public health staff onboarded and a remaining 100 staff on track to meet the March hiring deadline.

DPH and the San Francisco Department of Human Resources (DHR) initiated the hiring under the State of Emergency in the Tenderloin, which Mayor Breed declared in December 2021 to address the crisis of people dying of drug overdoses in the neighborhood. As part of the emergency powers, DPH and DHR are streamlining administrative aspects of the City’s hiring process in order to quickly fill vacancies and new positions while adhering to competitive, fair, and equity-based selection processes. Without the Emergency Declaration, hiring 200 behavioral health workers under the City’s current hiring process would take at least six months, instead of less than three.

The 200 positions include behavioral health clinicians, pharmacists, health workers, and others who can build out the programs and services needed to expand the City’s behavioral health services and enact the vision of Mental Health SF. The MHSF initiative expands access to mental health services, substance use treatment, and psychiatric medications to all adult San Franciscans with mental illness and/or substance abuse challenges who are homeless, uninsured, or enrolled in Medi-Cal or Healthy San Francisco. The implementation of MHSF is directly linked to improving health outcomes in the Tenderloin, where clients are disproportionately located.

Early in the pandemic, similar practices were put in place under the COVID-19 Emergency Declaration, which allowed for the hiring of approximately 200 nurses within 45 days or less.

#### **SF joins 11 other Bay Area counties in changes to indoor mask mandates**

In alignment with the State, the Bay Area counties of Alameda, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, Santa Cruz, Solano, Sonoma, and the City of Berkeley will lift universal mask requirements for most indoor public settings beginning Wednesday, February 16.

#### **Unvaccinated individuals over age 2 will continue to be required to wear masks in all indoor public settings.**

Businesses, venue operators and hosts may determine their own paths forward to protect staff and patrons and may choose to require all patrons to wear masks.

The change aligns with the California Department of Public Health's (CDPH) decision to let expire the statewide indoor mask requirement, which was instated on December 15 during the latest COVID-19 surge. **Indoor masking is still required by the State for everyone, regardless of vaccination status, in public transportation; health care settings; congregate settings like correctional facilities and homeless shelters; long term care facilities; and in K-12 schools and childcare settings.**

Bay Area health officers continue to strongly recommend masks be used as an effective tool to prevent the spread of the virus especially when case rates are high, or when additional personal protection is needed. Continuing to mask in indoor public settings, especially crowded or poorly ventilated spaces, [remains the safest choice for an individual](#) and protects those who are medically vulnerable or are not able to get vaccinated, like our youngest children. As evidence continues to show, vaccinations and boosters remain the best defense against the virus.

The highly contagious Omicron variant brought on a new stage of the pandemic with a high number of new infections, but significantly fewer cases of life-threatening illnesses, especially for those who are vaccinated and boosted. While relaxing indoor masking requirements is part of a population-level shift toward a "new normal" of living with the disease, the Health Officers recognize that essential workers and communities of color continue to be highly impacted by COVID-19 and will need additional support to limit widening health disparities. Changes to health orders and recommendations may be updated as Health Officers follow the science and the data to evaluate whether additional protective measures may be needed as the virus evolves and if future surges occur.

People should continue to choose layered prevention strategies, such as wearing well-fitted masks (N95 or double layer cloth over surgical are best); staying home and testing when symptomatic; testing before gatherings; and improving indoor ventilation in situations where these strategies can add protection for themselves and others. Staying "up to date" on vaccinations, meaning primary series and boosters when eligible, remains the most important way to prevent severe illness, hospitalization, and death.

By aligning with the state masking rules, the participating Bay Area counties will not need to meet previously established [criteria](#) for lifting local masking orders, which were devised at a different point in the pandemic.

### **San Francisco's cases declining**

After reaching a high on January 9 of 2,258 new cases per day, San Francisco's case rates have rapidly declined to a 7-day average of 552 on February 1 and continue to drop. Meanwhile, hospitalizations, a lagging indicator of disease, have begun to drop and never exceeded the City's capacity during this latest surge because of the City's overall high rates of vaccinations (84%) and boosters (64%). San Francisco's universal mask mandate has been in place since August 2 when cases began climbing from the Delta variant. A combination of preventative strategies, which included mask use, vaccination, boosters and testing, along with the community's cooperation helped get the Bay Area through this last surge together as a stronger regional community.

### **Other San Francisco COVID-19 requirements**

San Francisco will continue to require proof of vaccinations or a negative test to enter restaurants, bars, gyms and other settings where food and drink is consumed, or elevated breathing occurs. A patron who is unvaccinated may show proof of a recent negative COVID-19 test instead, and entry without proof of vaccination is no longer limited to those with a medical or religious exemption, per a new change in the City's health order. Additionally, patrons attending large indoor events are required to show proof of being "up-to-date" on vaccinations (including the primary series and a booster, if eligible) or have a recent negative test. The change updates the definition of "mega-event" from 500 to 1,000 in alignment with the State. A negative test could be a PCR-lab test within two days of attendance of the event, or one-day for a verified antigen test.

### **Masking remains for schools and childcare**

CDPH continues to require masking in K-12 school settings but has indicated adjustments to the state's policies will be shared in the coming weeks. In the meantime, there is work to be done in closing the remaining gaps in vaccinations and boosters among children with a particular focus on equity gaps within the most highly impacted communities.

For early education programs, such as preschool and childcare settings, CDPH continues to require masking for children older than age two. Vaccinations for children under 5 are currently undergoing federal review. Workplaces will continue to follow the [COVID-19 prevention standards](#) set by CalOSHA.

### **Supporting the choice to mask**

Some people may understandably feel anxious about these changes to masking requirements. People can continue to choose to wear face coverings around others whether it's mandated or not and should respect people's choices around their health. Community members who are vaccinated and choose not to mask should respect the choices of those who continue to mask. Officials ask residents and visitors to be kind and respectful as people evaluate their risks and make choices to protect themselves and those around them.

### **Updates to COVID guidance in childcare settings and youth sports**

DPH has updated its COVID-19 isolation and quarantine guidance for childcare, preschools, early childhood education, and other settings serving children under 5 years of age in order to keep as many children as possible safely participating in these essential services.

Under the [new guidance](#), effective February 1, children ages 2 and older who have tested positive for COVID-19 may return to childcare after 5 days of isolation with a negative test and no symptoms. Additionally, asymptomatic children of all ages with a close-contact exposure at a program may remain there with regular interval testing. These changes now mirror the requirements in K-12 schools.

For the time being, children ages 2 and older must still wear masks as an added layer of protection. Under previous guidance, young children in these settings who were positive or exposed to COVID were required to stay home for 10 days. Children under 2 years old are still required to complete a full 10-day isolation because they cannot wear masks safely.

Widespread community rates of COVID-19 due to the highly transmissible Omicron variant have brought about an increase in cases and exposures in all settings, including early education, which resulted in disruptions in childcare for families. The modifications in guidance, which mirror protocols used in school and other settings for older children and adults, are designed to mitigate the spread of COVID-19 while minimizing program closure and absences. Programs may apply more restrictive measures if they so choose.

Additionally, guidance specifically for youth sports has been updated to allow players who are "up to date" on their vaccination status (completed primary series and received a booster, if eligible) to remove masks while practicing indoors under specific conditions.

### **The childcare guidance is as follows:**

**Isolation:** For all programs serving children under 5, after a positive COVID-19 test, children over age 2 may return to childcare after 5 days of isolation with a negative repeat test as long as they are asymptomatic. Specifically, children over age 2 may return with a negative test and nap or eat with their masks off with other mitigation measures in place. Efforts should be made to ensure masking adherence in all situations where there are not clear [mask exemptions](#) (see [Guidance](#)).

**Quarantine:** For all programs serving children under 5, after a program-based exposure to a positive COVID-19 case (e.g. another child in the same class or cohort), asymptomatic children may continue to attend the

program, regardless of age, with regular interval testing for the duration of quarantine (e.g. at minimum two times within a week at least 36 hours apart). See [CDC “Test-to-stay” guidance](#) or [CDPH’s group tracing model](#). This does not apply to home exposures.

Refer to the [Guide to COVID-19 Isolation & Quarantine](#) for all staff and volunteers.

For complete guidance pertaining to childcare and youth sports, see Guidance: Programs for Children and Youth: [Childcare, Out-of-school Time Programs and Day Camps](#)

### **DPH Black History Month Events**

Across DPH there are events occurring in recognition of Black History Month. These events include:

#### **February 1, 2022**

Black/African American Health Initiative Equity Learning Series: Bayard Rustin and James Baldwin: Freedom Fighters and Friends

#### **February 7, 2022**

Black HIV/AIDS Awareness Day: The Dialogue Continues, Let’s End Stigma Together

#### **February 8, 2022**

Black/African American Health Initiative Equity Learning Series: The Urgency of Intersectionality | Kimberlé Crenshaw

#### **February 17, 2022**

Black/African American Health Initiative Equity Learning Series: How COVID-19 Hollowed Out a Generation of Young Black Men

<https://us02web.zoom.us/meeting/register/tZwoc-ugqT8oEtZrLdF4gRx27K-vZyIYKg-l>

ZSFG Radiology Equity Book Club: Dying of Whiteness: How the Politics of Resentment is Killing America’s Heartland

<https://tinyurl.com/ZSFGRadiologyBookClub>.

#### **February 22, 2022**

Black/African American Health Initiative Equity Learning Series: Reparations and the History of Economic Injustice

<https://us02web.zoom.us/meeting/register/tZ0vcOmsrTkqH92x1SfFB9yJoYv3JKcvg6fv>

#### **February 28, 2022**

Primary Care: The State of Our Union

### **DPH website moves to sf.gov**

DPH aims to provide low-barrier access to its services and information; in that spirit, DPH has begun to transition its public-facing websites to the sf.gov domain. Sf.gov has a highly accessible multilingual design that quickly connects users with the services they are seeking. We have rebuilt our Department home page on [sf.gov/publichealth](https://sf.gov/publichealth) and will be redirecting visitors from dph.org to the new site within the next few weeks.

### **DPH in the News**

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

February 2022

**Health Commission - Director of Health Report**

(February 3, 2022 Medical Exec Committee)

	February	(FY 2021-2022) Year-to-Date
<i>New Appointments</i>	1	13
Reinstatements	0	0
<i>Reappointments</i>	1	30
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired/Separated</b>	1	11
<i>Disciplinary Actions</i>	0	0
<i>Restriction/Limitation-Privileges</i>	0	0
<b>Deceased</b>	0	1
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	3
Proctorship Extension	0	0

<b><i>Current Statistics – as of 2/01/2022</i></b>		
Active Medical Staff	35	
As-Needed Medical Staff	16	
<i>External Consultant Medical Staff</i>	45	
<i>Courtesy Medical Staff</i>	2	
<i>Affiliated Health Practitioners</i>	7	
<b>TOTAL MEMBERS</b>	<b>105</b>	

<b><i>Applications in Process</i></b>	<b>1</b>
<b>Applications Withdrawn this month</b>	<b>0</b>

Public Comment:

Patrick Monette Shaw submitted the following comment:

On 7/6/2020 I sent Dr. Colfax and DPH an out-of-county discharge data records request. On 9/16/2020 DPH's PIO claimed Epic "doesn't track out-of-county discharges." On 5/4/2021 I filed a Sunshine Ordinance complaint over DPH's failure to produce records. On 6/6/2021 Epic System's Media Relations Department asserted discharge data is contained in "structured" database fields in Epic's "Patient Flow" module. On 10/6/2021 the Sunshine Task Force ruled DPH violated four sections of the Sunshine Ordinance, ordering DPH produce the records. On 1/31/2022 the Task Force issued its Order of Determination instructing DPH produce the records within five days. On February 7, 2022 DPH did a 180° U-turn changing it's tune saying Epic contains out-of-county discharge destinations stored in "free-form" text fields too difficult to extract data from. On February 14, 2022 Epic's Media Relations Department confirmed the data is in structured" fields, not free-form text. DPH has lied all along!

Commissioner Comments:

**5) COVID-19 UPDATE**

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

**6) GENERAL PUBLIC COMMENT**

Patrick Monette Shaw submitted the following comment:

On 2/14/2022 Epic's Media Relations Department confirmed the \$167.4 million Epic database stores discharge data in "structured" fields, not free-form text as DPH falsely claimed on 2/7/2022. Epic asserts there's a distinct field for the City name a patient is discharged to. If the city ≠ "San Francisco," ergo: It's an out-of-county discharge! The Health Commission should direct DPH to comply with SOTF's 1/31/2022 Order of Determination to immediately produce the out-of-county discharge data for the multiple periods of time I've requested, specifically directing DPH Chief Information Officer Eric Raffin, DPH's Chief Medical Informatics Officer Dr. Neda Ratanawongs, and DPH's Epic Program Director Jeff Scarafia, to have DPH's I.T. staff write an ad-hoc query in Epic's "Patient Flow" module to select only San Franciscans who were discharged out-of-county to any city not named "San Francisco," and requesting help from Epic's technical support staff, if necessary. DPH must stop it's lying!

**7) RESOLUTION ADOPTING A NEW REGULATION TO LICENSE REFUSE COLLECTORS AND PERMIT DESIGNATED REFUSE COLLECTION ROUTES WITHIN THE CITY AND COUNTY OF SAN FRANCISCO**

Beronica Slattengren, REHS, Principal Environmental Health Inspector, DPH Environmental Health Services, Population Health Division, presented the item.

Commissioner Comments:

Commissioner Chow asked for clarification regarding whether the timeline would be delayed if someone requested a public hearing to challenge license or permit decisions. Ms. Slattengren stated that a public hearing can be requested within 15 days after the initial permit and/or license decisions are made. A hearing then must be scheduled within 30 days. A decision must be made within 30 days after the hearing.

Action Taken: The Health Commission unanimous approved the resolution. (See attachment).

**8) BEHAVIORAL HEALTH SERVICES UPDATE**

Hilary Kunins, MD, MPH, MS, Director of Behavioral Health Services and Mental Health SF, presented the item.

Commissioner Comments:

Commissioner Giraudo asked for program specific client data on information contained on the third slide. Dr. Kunins stated that program specific data is collected for many programs, but not by name for low-threshold programs, so there may be duplication in those programs. She gave the following information:

- Crisis Debriefing                      Approximately 1,000 individuals participated
- Stigma Reduction                      Approximately 100 participated outside of school programs
- Mental Health Consultation                      Approximately 1,000 participated

Commissioner Green thanked Dr. Kunins, the BHS leadership, and the Human Resources leadership on the hiring of staff and BHS leaders. She also noted being impressed by the expansion and development of programs during the pandemic. She asked for more information regarding timelines for developing metrics for the new programs. Dr. Kunins stated that staffing continues to be a major challenge. Once staff is in place, BHS will be likely to be able to move forward with development of metrics in the Spring or early Summer. She added that for many of the metrics, a baseline has to first be established; this information will be shared with the Commission in her quarterly updates. She also acknowledged the impactful work of those who came before her in regard to the progress of BHS and Mental Health San Francisco.

Commissioner Chow asked for clarification on reading the information on slide 11. Dr. Kunins stated that green indicates that the program is open and accepting clients. The boxes show the phase of program implementation.

Commissioner Giraudo thanked Dr. Kunins and BHS staff for their implementation of the centralized internship portal.

**9) OTHER BUSINESS:**

This item was not discussed.

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

Commissioner Giraudo, Chair, stated that the committee, heard presentations on Tuberculosis (TB) and an update on the closure of Juvenile Hall. Regarding the TB update, she noted that there are still many active TB cases in the city, especially in the Tenderloin and South of Market areas. COVID has impacted access to care for some with TB; the DPH has attempted to shift to telehealth when possible. Primary care is seen as a key to diagnosis and treatment. The closure of Juvenile Hall has been delayed due to the pandemic. Plans for the closure continues to be developed. She added that the committee reviewed the 88-page report on the closure and most of the activities are outside of the DPH jurisdiction; however the DPH is responsible for some key components.

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

Commissioner Chow stated that he chaired the February 8th Laguna Honda Hospital JCC meeting. The Committee reviewed the Executive Report and Regulatory Affairs report. Laguna has assigned Quality Management staff to specific units to ensure dedicated support is provided to each unit with Quality Management staff that they get to know and trust.

The committee discussed a presentation on the renovation of M and O wings. These buildings are being



retrofitted with office space and conference rooms in preparation for the eventual move of Human Resources and other central administrative staff from 101 Grove in a few years. The Committee requested quarterly updates on the finances and scope of work for this renovation. In closed session, the Committee approved the Credentials report and the PIPS Minutes report.

**12) ADJOURNMENT**

The meeting was adjourned at 6:09pm.

**Attachment**

**Health Commission  
City and County of San Francisco  
Resolution No. 22-06**

**RESOLUTION ADOPTING A NEW REGULATION TO LICENSE REFUSE COLLECTORS AND PERMIT DESIGNATED REFUSE COLLECTION ROUTES WITHIN THE CITY AND COUNTY OF SAN FRANCISCO**

WHEREAS, the Refuse Collection and Disposal Initiative Ordinance of 1932, as amended (Initiative Ordinance), requires persons collecting refuse in the City and County of San Francisco to be licensed by the Director of Public Health; and

WHEREAS, the Initiative Ordinance also requires the issuance of route permits to be granted to persons collecting refuse on certain designated routes in the City and County of San Francisco; and

WHEREAS, in 1999, the San Francisco Health Commission amended the 1992 Federal Facilities Refuse Collection Permit Regulation and further adopted new Non-Federal Facilities Refuse Collection Regulation to govern refuse collection of property under the management and control of the City on Treasure Island and Yerba Buena Island (TI/YBI); and

WHEREAS, development of private residences on TI/YBI which are scheduled to be occupied in the Spring of 2022 will result in properties that will not be governed under the amended 1992 Federal Facilities Refuse Collection Permit Regulation or the 1999 Non-Federal Facilities Refuse Collection Regulation; and

~~WHEREAS, refuse collector license and route permit will have to be granted to provide adequate refuse services on private property on TI/YBI; and~~

WHEREAS, The Health Commission desires to provide for the orderly issuance of refuse collection licenses and refuse collection permits for certain designated routes at private property within the City and County of San Francisco; now, therefore, be it

RESOLVED, the San Francisco Health Commission hereby supports the adoption of this regulation that outlines the procedures to license refuse collectors and permit certain designated refuse collection routes in the City and County of San Francisco; and be it

FURTHER RESOLVED, the 2022 Refuse Collection Regulation is not intended to impact the authority of the Director of Health to issue license and permits under the 1992 or 1999 Regulations, as applicable.

I hereby certify that the San Francisco Health Commission at its meeting on February 15, 2022, adopted the foregoing resolution.

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Mark Morewitz, MSW  
Health Commission Executive Secretary