

**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  
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Executive Secretary

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**MINUTES  
HEALTH COMMISSION MEETING  
Tuesday October 4, 2022 4:00 p.m.  
101 Grove Street, Room 300  
San Francisco, CA 94102 & via Webex**

**1) CALL TO ORDER**

Present: Commissioner Dan Bernal President  
Commissioner Laurie Green, MD, Vice President  
Commissioner Edward A. Chow M.D.  
Commissioner Cecilia Chung (*left meeting at 6:22pm*)  
Commissioner Suzanne Giraud, Ph.D  
Commissioner Tessie Guillermo

Excused: Commissioner Susan Belinda Christian, J.D.

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

**2) GENERAL PUBLIC COMMENT**

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

Although LHH's kitchen floor replacement project has been mentioned during LHH-JCC meetings, no information has been provided about the project timeline or whether the project is completed. What is the budgeted dollar amount to replace LHH's kitchen floor? By report, the freezers in LHH Kitchen have been broken down for months and LHH had to rent freezer truck(s) parked in LHH's parking lot. Have the freezers been replaced yet? What is the budgeted dollar amount to replace the freezers? During the LHH kitchen floor replacement project a vendor will presumably be required to provide food and meal delivery to LHH's residents that meets State standards, including menus that address appropriate diets, texture modifications, variety, and cultural and resident preferences. Has an RFQ or RFP been issued seeking qualified vendors to provide food and meal delivery to LHH's residents during the LHH kitchen floor replacement project? Has a vendor been selected?

### **3) HIV UPDATE**

Hyman Scott MD MPH, Bridge HIV, Nyisha Underwood MPH, Community Health and Equity Promotion Branch, and Stephanie Cohen MD MPH, Director Disease Prevention and Control, presented the item.

#### Commissioner Comments:

Commissioner Giraudo asked for clarification on the implementation timeline for Ending the HIV/STI/HCV Epidemics (ETE) activities listed on slide 15. Ms. Underwood stated that the DPH is in year three of the ETE grant and has been collecting client data and can pull data on the number of people served.

Commissioner Giraudo asked whether the DPH or community based partners are responsible for collecting the mandated performance measure data listed on slide 16. Ms. Underwood stated that the community partners collect and report this data to the DPH.

Commissioner Chung requested an update on ETE activities to the Community and Public Health Committee in Summer of 2023.

Commissioner Chung asked how San Francisco compares to other cities in terms of ending these epidemics. Dr. Scott stated that San Francisco has continued to see a decline in the number of new HIV cases, similar to Seattle, Boston, and New York City. He noted that the DPH continues to work to decrease the disparities related to these epidemics.

Commissioner Chow asked how the outreach teams working with Health Access Point (HAP) sites coordinate and collaborate with other DPH and CCSF street outreach teams. Nikole Trainer, Getting To Zero Program Coordinator and Acting CHEP-System Of Care Contract Manager, stated that the contingency management teams associated with the ETE work closely with other existing street outreach teams. She added that the Health Access Point goals regarding HIV/STI and Hepatitis C are in alignment with the existing Getting to Zero Initiative goals.

Commissioner Chow suggested that some efforts for Hepatitis B and C testing be focused on the Asian communities. Ms. Trainor stated that there is a HAP site through the UCSF Alliance Project focused on the Asian and Pacific Islander communities.

Commissioner Chung noted that the San Francisco Community Health Center, formerly API Wellness Center, currently provides culturally appropriate services including, Hepatitis B and C screening.

Commissioner Chung asked if the HAP model address social determinants. Ms. Trainer stated that the HAP model includes providing basic needs to address social situations that may impact an individual's health and wellness.

Commissioner Guillermo noted that she is pleased that the HAP model has capacity building, and quantitative and qualitative evaluation built into it.

Commissioner Bernal noted that last year, data indicated reductions in linkage to care and viral suppression among the white population, with data showing stable viral suppression among Black African Americans. He asked if there were lessons learned from that year. Dr. Cohen stated that data from 2020 indicate that many people with HIV were staying home and taking their anti-retroviral medications but not getting their viral loads tested. Dr. Scott stated that the DPH monitored outcomes in the Ryan White funded programs, which showed better outcomes than any other San Francisco population. He noted that Ryan White has a whole system of care to support HIV infected individuals.

Commissioner Bernal asked the difference between individual and community screening, noted on slide 3. Dr. Scott stated that individual screening is an HIV test conducted at a primary care site and a community screening is an HIV test completed at an event such as Pride or Folsom Street Fair.

Director Colfax noted that it is impressive to see progress continues. He added that the recent reallocation of funding in this area was not an easy thing to accomplish this year. However, these funding increases truly service integration and addresses equity issues. He also acknowledged that the team has been stretched with recent work on COVID-19 and MPX.

#### **4) OFFICE OF HEALTH EQUITY UPDATE**

Ayanna Bennett, MD, MS, FAAP, DPH Chief Health Equity Officer, presented the item.

##### Commissioner Comments:

Commissioner Giraudo asked if any of the Racial Equity Action Plan (REAP) goals have been rewritten due to staff vacancies, staff workload, and understanding that the existing Office of Health Equity staff have been stretched during the past year. Dr. Bennett noted that since the REAP was written, the COVID-19 pandemic occurred along with the MPX outbreak, which has altered staff focus, staff availability, and general DPH resource allocation during the last several years. She added that some of the REAP goals were written with some room to grow so those do not need to be reworked. She also noted that the DPH began its equity work before the REAP was written so it began ahead of many other Departments.

Commissioner Bernal stated that he appreciates information on staffing and the impact of current stresses on existing staff.

Commissioner Green suggested that future presentations include a standard Gant chart with items that can be updated. She also asked what is realistic to expect the Office of Health Equity to complete in the next 6 months. Dr. Bennett stated that several staff within her office have been deployed to assist LHH in its recertification process. She is looking to develop interim goals and priorities within the existing REAP items to have realistic goals. She noted that there are always unplanned issues that pop up and will need attention too. Community groups will also be surveyed to get input to help decide future health equity priorities.

Commissioner Guillermo noted concern that the Office of Health Equity receive the support and staff it needs to complete its important work. Dr. Bennett feels that the Office of Health Equity is receiving support within the confines of the current situation with LHH. She added that recertification of LHH is one of the most important equity issues of the DPH right now due to the impact of service on diverse groups of safety net patients, who have few other resources, and their families.

Commissioner Chow suggested that there needs to be a balance between community input and a DPH response regarding BAAHI. He also noted that the current cultural competency requirement on DPH contracts does not seem to be adequately addressing equity issues. He suggested that instead of having a single line on every contract, which he observes can be simply a box to be checked, to indicate how the contract will address cultural competency and achieve equity goals. He also suggested that "Other Chinese" be used as a category for those individuals who speak dialects outside of Mandarin or Cantonese. He asked how the DPH handles individuals who consider themselves multi-racial or belonging to more than one ethnicity. Dr. Bennett stated that a best practice has not yet been developed on this issue within the public health world. She noted that sometimes data for these individuals is counted in more than one racial or ethnicity category. She will report on updates as the DPH continues to evolve its practices in this area. Regarding contracts, Dr. Bennett stated that the Health Equity Impact Assessment will include a few sentences stating how the contract will address specific disparities, along with activities and metrics associated with this work.

**5) SEXUAL ORIENTATION AND GENDER IDENTITY DATA COLLECTION AND PROGRAMMATIC APPLICATIONS**

This item was deferred due to lack of time. It will be presented at the November 15, 2022 Health Commission meeting.

**6) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 20, 2022.**

Action Taken: The Health Commission unanimously approved the September 20, 2022 meeting minutes.

**7) DIRECTOR'S REPORT**

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

**SAN FRANCISCO RELEASES ROADMAP TO REDUCE DRUG OVERDOSES AND PROMOTE WELLNESS AND RECOVERY OF PEOPLE WITH SUBSTANCE USE DISORDERS**

Mayor London N. Breed and DPH released a strategic roadmap to address drug overdose deaths in San Francisco, further building on the progress that has already been made in saving lives and promoting the recovery of people who use drugs.

The plan sets ambitious goals of reducing overdoses in San Francisco by 15% by 2025; reducing racial disparities in overdose deaths by 30% by 2025; and increasing the number of people receiving medications for addiction treatment by 30% by 2025.

A cornerstone of the plan is to create multiple “wellness hubs” as drop-in locations for people who use drugs and people experiencing homelessness to come in off the streets and be connected to care and services. These wellness hubs will include the effective elements learned from the Tenderloin Center in new, community-centered locations across San Francisco. The wellness hubs are part of DPH’s broader goal to reduce public drug use by providing safe and trusted places for people to visit. It is part of other outreach efforts across the behavioral health system to engage with people who use drugs and provide pathways to improve wellness and receive substance use treatment.

During the next three years the plan will increase access to medication, add residential step-down beds, and double the distribution of naloxone, the life-saving antidote to opioid overdoses.

**Evidence and Equity-Based Approach**

San Francisco’s four-part, strategic plan is evidence-based, equity-oriented, and will improve the health and wellbeing of people who use drugs and the communities in which drug use and overdoses occur. As the City works to reduce the overall overdose death rate, it is implementing strategies to lessen the disparities in overdose deaths among Black/African American San Franciscans, whose opioid overdose death rate is five times higher than the citywide rate.

To achieve these goals, the four strategies outlined in the report include expanding availability and accessibility of the continuum of substance use services; strengthening community engagement and support for at high-risk individuals; increasing coordination among City departments; and tracking overdose trends and related drug use data to inform ongoing public health responses.

In the past year, San Francisco served more than 4,500 people for specialty services for substance use disorders across 47 sites, with more than half of those enrolled in opioid treatment programs. DPH also treated more than a thousand people with buprenorphine in primary care clinics and through its health

program for people experiencing homelessness, known as Whole Person Integrated Care. Thousands more people received substance use treatment outside of DPH’s safety net system.

### **The Path Forward**

In addition to opening the first wellness hub by the end of 2022, other actions include opening 70 new residential step-down beds in 2023. These overnight beds add to the City’s rapidly expanding residential care program for mental health and substance use disorders – now two-thirds of the way toward a goal of 400-new beds to provide timely and appropriate levels of care across the system. Meanwhile, as implementation of the overdose plan ramps up, DPH will coordinate overdose prevention efforts through a new Office of Overdose Prevention.

In 2023, San Francisco will open two more wellness hubs to co-locate services and improve the health of people who use drugs. Within three years DPH will have substantially expanded the distribution of naloxone to 100,000 kits annually citywide, putting this overdose reversal medicine into the hands of tens of thousands of San Franciscans, many of whom will also be trained to take immediate action to save lives.

By three years, the City will have placed naloxone kits in every supportive housing facility in the city, and will have increased the number of people receiving medication for addiction treatment for opioid use disorders, namely methadone and buprenorphine, by 30%. This will be done by making it easier for people to access medicines in settings such as urgent care clinics, shelters, and on the street.

This plan will be revised annually as new strategies are identified and lessons are learned and with ongoing input from stakeholders and community members across the city.

A complete copy of the report is available here: [sf.gov/information/overdose-prevention-resources](https://sf.gov/information/overdose-prevention-resources)

### **SAN FRANCISCO VACCINATES MORE THAN 1,400 PEOPLE AGAINST MPX AT FOLSOM STREET FAIR WITH MORE LARGE EVENTS TO FOLLOW**

DPH administered 1,419 first and second doses of the Jynneos vaccine in just one day at the Folsom Street Fair on September 25<sup>th</sup> as part of its ongoing efforts to provide thousands of additional MPX vaccine doses to San Franciscans and visitors attending popular community events over the span of several weeks this fall.

This successful event took advantage of a one-time special allotment of 10,000 doses that DPH received as part of the U.S. Department of Health and Human Service’s “Pilot Program for Additional Vaccine Allocation to State and Local Health Departments that Host Large LGBTQI+ Community Events”. This federal pilot program provides additional vaccines to states and cities holding events that convene large groups of LGBTQI+ individuals.

In addition to the Folsom Street Fair, DPH has held vaccine events with the Rafiki Coalition, San Francisco Leather & LGBTQ Cultural District, San Francisco AIDS Foundation, Beaux Nightclub, and others. To date, more than 4,000 doses from the special federal allotment have been administered with more large vaccination events planned for the coming weeks culminating in the Castro Street Fair on October 2<sup>nd</sup>.

As part of a multi-prong community strategy for vaccinating communities that are highly impacted by MPX, DPH has been partnering with community groups to support pop-up vaccine clinics at neighborhood events.

DPH will continue to advocate for and stand with all communities who are disproportionately affected by MPX. For more information about vaccine eligibility and events, please visit [www.sf.gov/mpx](https://www.sf.gov/mpx)

## SAN FRANCISCO EMS AGENCY HONORED FOR INNOVATION IN PUBLIC HEALTH

SF Emergency Medical Services was honored with the 2022 Bronze Innovative Practice Award by the National Association of County and City Health Officials (NACCHO). The award celebrates local health departments for developing innovative programs to meet the needs of their communities during the COVID-19 pandemic. The designation as a Bronze Innovative Practice demonstrates a high level of program innovation and reflects the collaboration, adaptability, and program resilience.

San Francisco Emergency Medical Services Agency's (SF EMSA) COVID-19 Transportation Hub was one of 10 local health department programs to receive NACCHO's Bronze Innovative Practice Award. The award was presented during the 2022 NACCHO360 Annual Conference in Atlanta on July 20, 2022.

During the initial phases of San Francisco's COVID-19 response, the City's Emergency Medical Services developed a pandemic response Transportation Hub to stage and dispatch medical transport resources to support and reduce impacts to the EMS system. The Hub played a critical role in providing pandemic relief to vulnerable populations, people experiencing homelessness, and patients by transporting them to shelter-in-place sites and medical facilities. It also supported testing and vaccinating those disproportionately impacted by the pandemic due to ethnicity, geography, language, age, profession, people with disabilities, and/or pre-existing medical conditions.

Innovative Practices are exciting approaches and strategies to local public health issues that were developed in response to the COVID-19 pandemic and were creatively adapted to meet the circumstances of the pandemic. The Innovative Practices honors are awarded to local health departments across the country for implementing programs that can demonstrate exemplary, adaptable programs with replicable outcomes. The Transportation Hub is one of many successful public health practices in areas that range from health equity and face mask distribution programs to contactless delivery methods and drive through testing. Read more about these award-winning practices [here](#).

### MPX UPDATE

LOCATION	TOTAL CASES AS OF 9/13/22 (probable and confirmed)
San Francisco	802
California	4,886
U.S.	25,613
Worldwide (83 Countries)	67,602

DPH will continue to focus our resources and efforts on reaching communities who are inequitably impacted by MPX, especially BIPOC and Latinx communities. As part of these efforts, we are utilizing a multi-prong community strategy for vaccinating communities that are highly impacted by MPX and may have barriers to healthcare.

- **Community events** – partnering with trusted community partners at various events to reach those communities most highly at risk.
  - **Pop up vaccination sites** – having current COVID-19 community pop up sites administer MPX vaccine in high impacted communities.
  - **Roving vax teams** – leveraging existing roving COVID-19 vaccination teams to distribute the vaccine to unhoused populations, including street, SRO and shelter populations.

- **Mobile vaccine teams** – deploy teams to high impacted communities with hard-to-reach populations for one-day events to provide access to vaccine.
- **SFDPH and MPX vaccine clinic at ZSFG** worked with the below community-based organizations to set up “VIP” vaccine access for BIPOC individuals daily Monday through Friday.

We will continue to seek out opportunities to leverage additional resources from state and federal partners to reduce disparities around MPX in BIPOC communities.

#### **COVID-19 UPDATE**

As of September 29:

- San Francisco’s 7-day rolling average of new COVID cases per day is 85 and 46 people are hospitalized, including 5 in the ICU.
- San Francisco’s remaining ICU capacity is 36.0% and remaining non-ICU capacity is 20.6%.
- Eighty-six percent of all SF residents have been vaccinated and 75% have received booster dose(s).

[DPH in the News](#)

**SAN FRANCISCO HEALTH NETWORK  
ZUCKERBERG SAN FRANCISCO GENERAL  
HOSPITAL & TRAUMA CENTER**

September 2022

Governing Body Report - Credentialing Summary  
(9/15/2022 MEC)

	9/2022	07/2022 to 07/2023
<i>New Appointments</i>	25	129
Reinstatements	0	1
<i>Reappointments</i>	42	151
Delinquencies:		
Reappointment Denials:		
<b>Resigned/Retired:</b>	40	96
<i>Disciplinary Actions</i>		
<b>Administrative Suspension</b>		
<i>Restriction/Limitation-Privileges</i>		
<b>Deceased</b>		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	19	52
Additions	10	50
Proctorship Completed	25	85

<b><i>Current Statistics – as of 9/2/22</i></b>		
Active Staff	552	
<i>Courtesy Staff</i>	640	
Affiliated Professionals (non-physicians)	293	
<b>TOTAL MEMBERS</b>	<b>1,485</b>	

<i>Applications in Process</i>	58
<b>Applications Withdrawn Month of September 2022</b>	2
<b>SFGH Reappointments in Process 9/1/22 to 11/30/22</b>	125

Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:  
LHH hasn't informed the LHH-JCC whether LHH's second mock survey has been completed.  
LHH hasn't informed the LHH-JCC whether it has applied yet to CMS to extend funding for caring for LHH's remaining 591 residents when CMS re-imbursement ends on November 13. What



reimbursement source will be provided post-November to continue resident care? Similarly, the LHH-JCC hasn't discussed in open session for the public whether LHH submitted CMS' re-enrollment forms initially planned for submission in mid-August, and hasn't discussed when CMS' first LHH re-inspection survey by CDPH scheduled for mid-September will occur. How far behind schedule is having the first CMS re-inspection conducted? A BLA report noted that HMA wrote an analysis of the first mock survey, which revealed a total of 39 ongoing F-Tag deficiencies. The Board of Supervisors BLA September 16 report indicated LHH wasn't prepared as of July 19 to pass a CMS re-certification survey in November.

**8) RESOLUTION MAKING FINDINGS TO ALLOW TELECONFERENCED MEETINGS UNDER CALIFORNIA GOVERNMENT CODE SECTION 54953(e)**

President Bernal presented the item.

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

**9) FINANCE AND PLANNING COMMITTEE UPDATE**

Commissioner Guillermo noted that the Committee reviewed all the items on the Consent Calendar and recommended the full Commission approve them. She noted that the bulk of the new contracts were the result of two RFPs. The Committee also heard an update on the Sugary Drinks Distributor Tax Policy/System's Change Contracts.

**10) CONSENT CALENDAR**

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

- **OCTOBER 2022 CONTRACTS REPORT**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE ASIAN AND PACIFIC ISLANDER WELLNESS CENTER DBA SAN FRANCISCO COMMUNITY HEALTH CENTER, IN THE AMOUNT OF \$4,147,535 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH ACCESS POINT (HAP) SERVICES, FOR THE PERIOD JANUARY 1, 2023 THROUGH JUNE 30, 2026 (3.5 YEARS)**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE RAFIKI COALITION FOR HEALTH & WELLNESS, IN THE AMOUNT OF \$9,413,600 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH ACCESS POINT (HAP) SERVICES, FOR THE PERIOD JANUARY 1, 2023 THROUGH JUNE 30, 2026 (3.5 YEARS)**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE INSTITUTO FAMILIAR DE LA RAZA, INC., IN THE AMOUNT OF \$7,845,600 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH ACCESS POINT (HAP) SERVICES, FOR THE PERIOD JANUARY 1, 2023 THROUGH JUNE 30, 2026 (3.5 YEARS)**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE SAN FRANCISCO AIDS FOUNDATION, IN THE AMOUNT OF \$11,866,595 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH ACCESS POINT (HAP) SERVICES, FOR THE PERIOD JANUARY 1, 2023 THROUGH JUNE 30, 2026 (3.5 YEARS)**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE LAVENDER YOUTH RECREATION & INFORMATION CENTER (LYRIC), IN THE AMOUNT OF \$1,965,600 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH ACCESS POINT (HAP) SERVICES, FOR THE PERIOD JANUARY 1, 2023 THROUGH JUNE 30, 2026 (3.5 YEARS)**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE UNIVERSITY OF SAN FRANCISCO (UCSF) – WARD 86, IN THE AMOUNT OF \$3,651,200 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH ACCESS POINT (HAP) SERVICES, FOR THE PERIOD JANUARY 1, 2023 THROUGH JUNE 30, 2026 (3.5 YEARS)**

- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE UNIVERSITY OF SAN FRANCISCO (UCSF) – ALLIANCE HEALTH PROJECT (AHP), IN THE AMOUNT OF \$2,592,800 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH ACCESS POINT (HAP) SERVICES, FOR THE PERIOD JANUARY 1, 2023 THROUGH JUNE 30, 2026 (3.5 YEARS)
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE YMCA OF SAN FRANCISCO, IN THE AMOUNT OF \$5,910,572 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE BLACK AFRICAN AMERICAN WELLNESS & PEER LEADERSHIP SERVICES, FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2026 (4 YEARS)
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE BOOKER T. WASHINGTON COMMUNITY SERVICE CENTER, IN THE AMOUNT OF \$1,477,643 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE BLACK AFRICAN AMERICAN COMMUNITY WELLNESS HEALTH THROUGH OUTREACH PROGRAMS INCLUDING CAMPAIGNS AND WRAP-AROUND SERVICES, FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2023 (1 YEAR)
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE RAFIKI COALITION FOR HEALTH AND WELLNESS, IN THE AMOUNT OF \$5,910,572 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE CULTURALLY AFFIRMING, TRAUMA-INFORMED, HOLISTIC APPROACH TO ALL ETHNICITIES AND POPULATIONS SERVICES, FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2026 (4 YEARS)
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH OMNICELL, INC. TO BUY PHARMACY EQUIPMENT, ASSOCIATED LICENSES, AND SUPPORT AND PROFESSIONAL SERVICES FROM THE CONTRACTOR. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$9,669,563 WHICH DOES INCLUDE A 12% CONTINGENCY FOR THE TERM OF OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2031 (9 YEARS)

**11) OTHER BUSINESS:**

This item was not discussed.

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

Commissioner Chow, ZSFG JCC Chair, stated that at the September 27, 2022 meeting, the committee discussed standard items include the Regulatory Affairs Report, CEO Report, and Hiring and Vacancy Report. The committee also discussed a robust Hosin Update which reviewed measures and metrics that the hospital will be focusing on and tracking. Hiring a diverse workforce and reduction of workplace violence continue to be some of the measures the hospital will be working on in the year ahead. During the Medical Staff Report, the committee approved the Laboratory Medicine Rules and Regulations, Revised CT Guided Spinal Steroid Injections and Influenza Vaccinations, RN Standard Procedures, Revised Medicine Pulmonary Critical Care Privileges List and Revised Neurology Privileges List. In closed session, the committee approved the credentials report and the PIPS minutes report.

**13) CLOSED SESSION**

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).
- B) Vote on whether to hold a Closed Session in relation to item 14.C below. (Action Item)
- C) Closed Session Pursuant to California Government Code Section 54957(b); and San Francisco Administrative Code Section 67.10(b).

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION,  
GRANT COLFAX MD, DPH DIRECTOR OF HEALTH**

### **RECONVENE IN OPEN SESSION**

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).)
2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

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

### **14) ADJOURNMENT**

The meeting was adjourned at 7:28pm.

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

**RESOLUTION MAKING FINDINGS TO ALLOW TELECONFERENCED MEETINGS UNDER CALIFORNIA GOVERNMENT  
CODE SECTION 54953(e)**

WHEREAS, California Government Code Section 54953(e) empowers local policy bodies to convene by teleconferencing technology during a proclaimed state of emergency under the State Emergency Services Act so long as certain conditions are met; and

WHEREAS, In March, 2020, the Governor of the State of California proclaimed a state of emergency in California in connection with the Coronavirus Disease 2019 (“COVID-19”) pandemic, and that state of emergency remains in effect; and

WHEREAS, On February 25, 2020, the Mayor of the City and County of San Francisco (the “City”) declared a local emergency, and on March 6, 2020 the City’s Health Officer declared a local health emergency, and both those declarations also remain in effect; and

WHEREAS, On March 11 and March 23, 2020, the Mayor issued emergency orders suspending select provisions of local law, including sections of the City Charter, that restrict teleconferencing by members of policy bodies; and

WHEREAS, Consistent with the Mayor’s orders and State law, the Health Commission met remotely during the COVID-19 pandemic through March 6, 2022; and

WHEREAS, On February 10, 2022, the Mayor issued an emergency order that (1) requires decision-making boards and commissions established in the Charter (with the exception of the Board of Supervisors) to hold meetings in person at a physical location where members of the public may attend and provide comment, (2) allows members of those boards and commissions to participate remotely in the in-person meetings for COVID-related health reasons, (3) allows but does not require subcommittees of those boards and commissions to meet in person at a physical location where members of the public may attend and provide comment, and (4) prohibits all other policy bodies (with the exception of the Board of Supervisors and its committees) from meeting in person under any circumstances, with limited exceptions; and

WHEREAS, On September 16, 2021, the Governor signed AB 361, a bill that amended the Brown Act to allow local policy bodies to continue to meet by teleconferencing during a state of emergency without complying with restrictions in State law that would otherwise apply, provided that the policy bodies make certain findings at least once every 30 days; and

WHEREAS, While federal, State, and local health officials emphasize the critical importance of vaccination (including a booster once eligible) and consistent mask-wearing, regardless of vaccination status, to prevent the spread of COVID-19, the City’s Health Officer has issued at least one order (Health Officer Order No. C19-07y, available online at [www.sfdph.org/healthorders](http://www.sfdph.org/healthorders)) and one directive (Health Officer Directive No. 2020-33i, available online at [www.sfdph.org/directives](http://www.sfdph.org/directives)) that continue to recommend measures to promote safety for indoor gatherings, including vaccination, masking, improved ventilation, and other measures, in certain contexts; and

WHEREAS, The California Department of Industrial Relations Division of Occupational Safety and Health (“Cal/OSHA”) has promulgated Section 3205 of Title 8 of the California Code of Regulations, which requires most employers in California, including in the City, to train and instruct employees about measures that can decrease the spread of COVID-19; and

WHEREAS, Without limiting any requirements under applicable federal, state, or local pandemic-related rules, orders, or directives, the City’s Department of Public Health, in coordination with the City’s Health Officer, has advised that for group gatherings indoors, such as meetings of boards and commissions, people can increase safety and greatly reduce risks to the health and safety of attendees from COVID-19 by maximizing ventilation, wearing well-fitting masks regardless of vaccination status (and as strongly recommended for everyone by the State of California’s indoor masking order and Health Officer Order No. C19-07y), encouraging vaccination (including a booster as soon as eligible), staying home when sick or when experiencing any COVID-19 symptom, discouraging consumption of food or beverages in the meeting, following good hand hygiene practices, and making informed choices when gathering with people whose vaccination status is not known; and

WHEREAS, the Health Commission will begin meeting in person consistent with the Mayor’s February 10, 2022 order, allowing members to participate by video from a separate location for COVID-related health reasons and providing members of the public an opportunity to observe and provide public comment either in person or remotely; now, therefore, be it

RESOLVED, That the Health Commission finds as follows:

1. As described above, the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, the Health Commission has considered the circumstances of the state of emergency.
2. As described above, because of the COVID-19 pandemic, conducting meetings of this body and its committees in person without allowing certain members of this body to attend remotely would present imminent risks to the health or safety of certain attendees due to COVID-19, and the state of emergency continues to directly impact the ability of those members to meet safely in person; and, be it

FURTHER RESOLVED, That for at least the next 30 days, the Health Commission will hold in-person meetings, with some members possibly appearing remotely. If all members of the Health Commission are unable to attend in person for COVID-related health reasons, then the Health Commission will hold the meeting remotely without providing an in-person meeting location. If the Health Commission votes to allow it and appropriate space is available, the Health Commission’s subcommittees may hold in-person meetings as well, or alternatively, the subcommittees may hold meetings exclusively by teleconferencing technology (and not by any in-person meetings or any other meetings with public access to the places where any policy body member is present for the meeting). All meetings of the Health Commission and its committees will provide an opportunity for members of the public to address the body and will otherwise occur in a manner that protects the statutory and constitutional rights of parties and the members of the public attending the meeting via teleconferencing; and, be it

FURTHER RESOLVED, That the Executive Secretary of the Health Commission is directed to place a resolution substantially similar to this resolution on the agenda of a future meeting of the Health Commission within the

next 30 days. If the Health Commission does not meet within the next 30 days, the Executive Secretary is directed to place a such resolution on the agenda of the next meeting of Health Commission.

I hereby certify that the San Francisco Health Commission at its meeting on October 4, 2022, adopted the foregoing resolution

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Mark Morewitz, MSW  
Health Commission Executive Secretary