

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

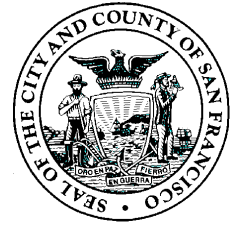
Suzanne Giraudo ED.D
Commissioner

Judy Guggenhime
Commissioner

Karim Salgado
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Daniel Lurie Mayor
Department of Public Health**



Daniel Tsai
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (628) 754-6539

MINUTES
HEALTH COMMISSION MEETING
Monday April 6, 2026 4:00 p.m.
1 Dr. Carlton B. Goodlett Place, City Hall, Room 408
San Francisco, CA 94102 & via Webex

1) CALL TO ORDER

Present: President Laurie Green, MD, President
Vice President Tessie Guillermo
Commissioner Edward A. Chow M.D
Commissioner Susan Belinda Christian, J.D.
Commissioner Suzanne Giraudo, ED.D
Commissioner Judy Guggenhime
Commissioner Karim Salgado

The meeting was called to order at 4:04pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 16, 2026

Mr. Morewitz noted that Commissioner Chow informed him that the number of the resolution, "Resolution to Authorize the DPH to Accept and Expend a Gift of \$24,999 from Homes for the Homeless Fund LLC, listed on page 12 should be numbered, "26-03." He also suggested that the statements, "The City Attorney's Office requested a postponement of this item to the April 6, 2026 meeting. Therefore, the Health Commission did not vote to go into closed session," be included on page 10, under "Reconvene in Open Session."

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments.

Action Taken: The Health Commission unanimously approved the March 16, 2026 minutes with the corrections noted above.

3) HONORING CHRISTINA GOETTE

Nyisha Underwood, Director, Community Health Equity and Promotion Branch, shared her appreciation for Christina Goette's leadership and the lasting imprint she left on the Department. She emphasized that Ms. Goette's ability to guide staff with empathy and clarity strengthened the foundations of multiple community health programs. Ms. Underwood noted that Ms. Goette's legacy of compassion and dedication will continue to inspire colleagues and community partners for years to come.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

President Green highlighted that Christina Goette not only built programs, but she built people, cultivating a culture rooted in compassion, respect, and service. She remarked that Ms. Goette's vision and leadership helped advance the City's efforts in health equity, wellness, and prevention.

Commissioner Christian emphasized Ms. Goette's deep commitment to equity and community-based leadership, particularly her work supporting communities of Color. She noted that Ms. Goette consistently elevated community voices, ensuring that programs were shaped by those most affected.

Commissioner Guggenhime spoke about how Ms. Goette transformed the way public health programs were perceived and delivered in San Francisco. She remarked that her persistence in promoting new models of wellness, once considered unconventional has now become core to the City's health strategy.

Vice President Guillermo described Ms. Goette as a true visionary in the field of public health, recalling how she championed prevention, wellness, and chronic disease mitigation long before these concepts were embraced broadly. She reflected on how her ability to foresee the long-term value of early intervention helped shape San Francisco's approach to public health policy. Vice President Guillermo emphasized that Ms. Goette's innovative work laid the foundation for many of the strategies that are now standard practice across the department.

Commissioner Giraudo expressed profound appreciation for Ms. Goette's more than two decades of service, emphasizing how her work touched countless lives across diverse communities. She noted that Ms. Goette's leadership was grounded in compassion and humility, making her a role model within the Department.

Action Taken: The Health Commission unanimously approved the resolution. (See Attachment A)

4) RESOLUTION OF COMMITMENT TO TRAUMA CARE

Gabriel Ortiz, MD, PH.D, ZSFG Chief Medical Officer, introduced the resolution by noting that Zuckerberg San Francisco General Hospital (ZSFG) has served the community for 154 years and has functioned as a formal Level I Trauma Center for more than five decades. He explained that trauma care touches every part of the city because trauma can affect anyone at any moment, and ZSFG's role is to be ready to serve every person who arrives in need. Dr. Ortiz emphasized that the hospital's trauma system is built on highly coordinated, expert teams who respond rapidly and consistently deliver lifesaving interventions. He emphasized that the resolution represents a shared commitment between the Health Commission, the Department of Public Health, EMS partners, and the frontline trauma workforce. He expressed gratitude to the Commission for bringing the resolution forward and noted that ZSFG's trauma system stands as a crucial guarantee of safety for all San Franciscans. His remarks underscored that the hospital's trauma mission is more than a service; it is a promise to deliver the highest standard of care to every person who needs it.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Action Taken: The Health Commission unanimously approved the resolution. (See Attachment B)

5) GENERAL PUBLIC COMMENT

There was no general public comment.

6) DIRECTOR'S REPORT

Daniel Tsai, DPH Director of Health, provided an overview of DPH's budget constraints, including requirements from the Mayor's Budget Office for an additional \$20 million in CBO reductions and \$20 million in FTE reductions. Despite this, he emphasized the City's unprecedented 40% General Fund increase to stabilize the safety-net system and offset federal and state Medi-Cal reductions. Director Tsai stated the department aims to minimize impacts on staff through internal reassignments and prioritizing mission-critical vacancies. He outlined the timeline for engaging CBOs before the April 20 Commission meeting and transmitting Commission feedback prior to the mayor's June 1 budget submission.

OVERDOSE DATA AND EXPANDED BEHAVIORAL HEALTH SERVICES UPDATE

On March 18, Director Daniel Tsai hosted a media availability to give an update on fatal overdoses in San Francisco and highlight growing behavioral health care services in DPH Primary Care. Citing preliminary data from the San Francisco Office of the Chief Medical Examiner, Director Tsai announced that there were 43 fatal overdoses in San Francisco in February 2026, 39% fewer than the number recorded in the same month in 2025. Year to date, counting January through February 2026, there have been 97 fatal overdoses, 27% fewer than what occurred over the same period last year.

DPH guest speaker Dr. Elizabeth Abbs, an addiction specialist who practices at the Tom Waddell Urban Health Clinic, also shared how DPH has made it easier for people to access addiction and mental health care in primary care clinics. Drop-in behavioral health care is now available at three DPH clinics: Tom Waddell Urban Health Clinic, Southeast Family Health Center, and Potrero Hill Family Health Center. DPH Primary Care has also launched a primary care addiction referral system that offers virtual and in-person support across the primary care network and is actively establishing addiction champions at all 14 DPH primary care clinics. This ensures that every primary care patient in our system has access to specialty addiction medicine, regardless of which clinic or neighborhood they call home.

MAYOR LURIE ANNOUNCES HIGH INJURY NETWORK MAP

On Thursday 3/26, [Mayor Lurie announced](#) the new High Injury Network Map. The updated [2024 High Injury Network \(HIN\) map](#) identifies San Francisco streets where the most severe and fatal traffic injuries occur. A key 100-day action in Mayor Lurie's [Street Safety Initiative executive directive](#), the City can better understand crash trends, identify best safety interventions to reduce the risk of severe traffic injuries and fatalities.

In partnership with the San Francisco Municipal Transportation Agency (SFMTA) and the San Francisco Police Department (SFPD), DPH collects and analyzes hospital data, vital records, and police report data to inform the City's HIN which identifies San Francisco streets where severe and fatal injuries are most concentrated. DPH acts as the data bridge between teams that design streets and teams that respond to emergencies—providing a powerful tool in the City's toolbox to help focus resources on the neighborhoods and residents most at risk.

RECOGNIZING OUR ZSFG SOCIAL WORKERS

This month, ZSFG celebrated social workers across the campus who bridge medical care and real-world needs for patients. Working closely with clinical teams and community partners, they ensure patients receive safe, compassionate, and coordinated care—especially during life's most difficult moments.

At the Social Worker Awareness Month award ceremony on March 26, ZSFG recognized the vital work of social workers as they were honored with a Certificate of Honor from District 9 Supervisor Jackie Fielder, presented by Director Daniel Tsai. This was a meaningful acknowledgment of the profound impact social workers have across our hospital and community.

A special congratulations to this year's awardees for exceptional service and outstanding contributions to patient care:

- Amy Kwan, 5M Women's Health Center (DPH)
- Wyatt Barcelo, Inpatient Hospital Team (DPH)
- Caroline Belli, BHC (DPH)
- Shayla Goldlist, PES (UCSF)
- Jason Herbert, OTOP (UCSF)
- Megan Oakes, ED Case Management (UCSF)

Congratulations and thank you to all Social Workers across the ZSFG campus!

ZSFG HOSTS COLORECTAL CANCER AWARENESS EVENT

March is Colorectal Cancer Awareness Month, and the Gastroenterology Team marked the occasion on March 19 with an inflatable walkthrough colon displayed in ZSFG's Bank of America Plaza. The interactive model offered staff, patients, and visitors a hands on way to learn about colorectal cancer risks, prevention, and the importance of early detection.

Endoscopy and nutrition staff, along with community partners such as the San Francisco Cancer Initiative (SFCAN) and Project Open Hand, were present to answer questions, share evidence-based screening guidelines, and highlight resources available at ZSFG. The event prompted meaningful conversations about the lifesaving impact of early screening and encouraged attendees to consider scheduling a screening for themselves or loved ones.

The Gastroenterology Team's efforts reflect ZSFG's commitment to community education, prevention, and improving long-term health outcomes, ensuring that patients have access to both high quality care and the knowledge needed to support overall wellness.

CELEBRATING 25 YEARS OF THE TRAUMA NURSE PRACTITIONER PROGRAM

ZSFG's Trauma Nurse Practitioner (NP) Program, is celebrating 25 years in 2026. As we celebrate this milestone, we also recognize the retirement of Dr. Robert C. Mackersie, whose vision and leadership were instrumental in establishing the program in 2001. His legacy lives on in every patient cared for and every provider he has inspired.

The Trauma NP program has been a cornerstone of ZSFG trauma services, providing expert, timely, and compassionate care to patients when they need it most. From the bedside to system-wide coordination, the Trauma NPs have played a critical role in improving patient outcomes, supporting multidisciplinary teams, and strengthening the continuum of care across the hospital and community.

The impact of this team and this work extend far beyond the hospital walls, shaping trauma care practices, advancing clinical excellence, and improving the health and well-being of the communities DPH serves. Their work reflects the very best of what it means to deliver high-quality, patient-centered care.

HAZARDOUS MATERIALS RESPONSE AND FOOD SAFETY DURING SUPER BOWL WEEK

The DPH Environmental Health Hazardous Materials Emergency Response Team (EHERT), a four-member unit operating under the San Francisco Fire Department's incident command structure, provides 24/7/365 response to hazardous materials emergencies. During Super Bowl LX, EHERT supported local, state, and federal partners including DHS, FBI, DOE, and the Army National Guard's 95th Civil Support Team to help ensure public

safety for residents and visitors. From January 31 to February 8, 2026, the team conducted radiological monitoring, participated in bioterrorism surveillance and prevention activities, and joined multi-agency safety sweeps across Super Bowl event sites throughout San Francisco. No major hazardous materials incidents occurred during the operational period, reflecting the strong collaboration among responding agencies.

During Super Bowl Week, the Temporary Events Team and District Inspectors provided exceptional support to food safety operations. The team approved 23 temporary food facilities and deployed 18 inspectors citywide to ensure safe food service during this high-impact period. With Super Bowl City attracting approximately 100,000 visitors and another 100,000 attendees participating in additional events, staff effectively safeguarded food operations for an estimated 200,000 extra people in San Francisco. Despite the scale and pace of activities, the team maintained high inspection standards, clear communication, and effective partnership with event organizers.

Thank you to every team member and inspector whose commitment, flexibility, and professionalism helped keep San Francisco's events safe and successful during one of the city's busiest weeks.

COVID-19 UPDATE

As of 04/01:

- San Francisco's 7-day rolling average of COVID test positivity is 0.5%.
- Twenty-four percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Vice President Guillermo asked about the approach to Community-Based Organization (CBO) reductions and staffing (FTE) mitigations in the mayor's budget phase. Director Tsai responded the Department will brief CBOs (meeting targeted around April 16) before the Commission's April 20 discussion; on FTEs, the Department is prioritizing internal transfers to mission-critical vacancies to minimize individual impact.

Commissioner Christian asked about maintaining service quality while reassigning staff and balancing departmental efficiency with job preservation. Director Tsai stated staff engagement is prioritized; the Department aims to keep staff whole where possible while strengthening outcomes and core safety-net functions, including the trauma system.

Commissioner Chow asked the budget timeline and the Commission's role while the budget is in the Mayor's phase. Director Tsai explained the mayor submits the budget to the Board by June 1; Commission feedback on April 20 will be transmitted to the Mayor's Budget Office, with additional public discourse continuing through June before Board adoption.

President Green asked about stakeholder transparency and protecting direct patient care. Director Tsai affirmed rapid but thoughtful engagement across CBOs, staff, and the public, centering on patient care continuity and trust in the City's health institutions.

7) BEHAVIORAL HEALTH SERVICES ACT (BHSA) THREE YEAR INTEGRATED PLAN, FY2026-2029

Hillary Kunins, MD, MPH, MS, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Christian asked how the plan addresses justice-involved individuals and those at risk of institutionalization, particularly adults experiencing first or early behavioral health crises connected to arrest for the first time. She inquired whether such circumstances could be treated as “early intervention” under BHSA and how engagement with the criminal courts, Public Defender, District Attorney, and City Attorney will be structured. She emphasized that stronger clinical coordination, rapid linkage, and “sticky” team-based engagement are essential to reduce re-offense, hospitalizations, and cycling through the justice system. She also urged direct listening sessions with currently incarcerated people to learn what would have made a difference earlier in their lives and what support could help their children and families now. She also requested more information on how BHS interacted with the public defender, District Attorney’s Office, courts, and justice involved individuals when developing the 3-year BHSA plan.

Dr. Kunin explained that BHSA’s “early intervention” category is broader than Full Service Partnerships (FSPs) and that many justice-involved adults with emerging behavioral health needs could be served under BHSA-eligible services, even when not meeting first-episode psychosis criteria. She described the expansion of team-based, intensive outpatient models, FSP, Assertive Community Treatment (ACT), and Forensic ACT, to meet higher-acuity needs with field-based care, prescribing, peer support, and vocational services designed to reduce hospitalizations, homelessness, and justice involvement. She affirmed the need for deeper ongoing coordination with the courts and legal partners and committed to report back on recent and planned engagements and the specific operational expectations those partners have of ACT/FACT teams. She agreed to include structured listening with incarcerated individuals and families to inform program design, engagement strategies, and upstream supports. She also agreed to send information regarding how BHS interacted with the District Attorney’s Office, Public Defender’s Office, courts, and justice-involved individuals in regard to the plan development.

Vice President Guillermo asked how BHSA, as one funding source among many, will integrate with other DPH revenue streams (e.g., Medi-Cal, Proposition C, General Fund) to support a coherent, outcomes-oriented behavioral health delivery System. She noted BHSA’s prescriptive allocations and reporting requirements and asked whether these changes create opportunities or impediments for measuring outcomes across the whole System. She requested clear guidance on the metrics the Commission should monitor and how those measures will apply across programs that are braided from different funding sources. She emphasized the Commission’s interest in strategic partnership around implementation, accountability, and continuous improvement.

Dr. Kunin stated that BHSA is approximately 10% of the City’s behavioral health budget but now requires reporting on the whole System, which aligns with modernizing toward integrated, outcomes-driven care. She noted the State is building high-level accountability metrics (e.g., service penetration for serious mental illness/substance use, ED visit follow-up rates) and DPH will pair those with local operational measures on engagement, retention, housing stability, hospital utilization, and justice involvement. The department will use BHSA to expand intensive, field-based services and increase Medi-Cal billing for eligible care while preserving locally important services that are not Medi-Cal reimbursable. She will return with a practical “Commission metrics pack” and a crosswalk showing how those measures apply across programs with blended funding.

Commissioner Chow expressed concern about the loss of school-based wellness and prevention programs and asked how the department would maintain early supports for children under the new BHSA funding restrictions. He requested more specifics on the age ranges and criteria for youth programs such as High-Fidelity Wraparound and Coordinated Specialty Care. He also emphasized the importance of mapping existing programs to BHSA mandates so the Commission can better understand where reductions or changes will occur. Finally, he urged the department to identify outcome measures that would guide the Finance and Planning Committee’s reviews and help identify areas needing attention.

Dr. Kunin acknowledged the challenge created by the State's removal of county authority to fund primary prevention using BHSA dollars but noted the department will maintain youth and prevention activities by leveraging federal block-grant funds and opioid settlement resources. She agreed to provide exact age specifications for youth programs and to develop a System map showing where existing programs fit within BHSA categories. Dr. Kunin affirmed that the department is working to understand and mitigate impacts on school-linked services and will return with clearer outcome metrics and guidance for commissioners. She emphasized that aligning funding and outcomes across the entire behavioral health System, not just BHSA, will be central to implementation.

Commissioner Giraudo asked for specifics on youth requirements, including the age span and model specifications for High-Fidelity Wraparound (Wrap) and Coordinated Specialty Care (CSC) for first-episode psychosis. She requested clarity on school-based engagement under BHSA given cuts to certain school wellness and prevention programs and asked how the department will mitigate impacts while complying with the State's allocations. She also asked for a simplified map of the behavioral health delivery System with major service categories, funding sources, and associated outcomes to better inform Finance & Planning reviews and contract evaluations. She underscored the importance of prevention and early intervention for youth despite current funding shifts.

Dr. Kunin confirmed that BHSA requires youth-focused investments including High-Fidelity Wrap under FSP and CSC for first-episode psychosis and will provide the exact age parameters and model specifications in a follow-up memo. She acknowledged the constraints around primary prevention under BHSA and noted DPH will leverage federal Substance Abuse Block Grant prevention funds and opioid settlement resources to sustain critical prevention activities while prioritizing BHSA for intensive and early-intervention services. She agreed to produce a system map that locates programs within major service categories (e.g., housing interventions, FSP/ACT, outpatient, residential, school-linked services), identifies principal funding sources (BHSA, Medi-Cal, Prop C, General Fund), and aligns them to clear outcomes. She committed to work with SFUSD and community partners to preserve school-linked engagement and early supports for youth within the allowable funding frameworks.

Commissioner Guggenhime asked how many people the plan is expected to serve and what the order of magnitude is across formal treatment and broader engagement. She noted the importance of understanding the plan's goals and measure its impact citywide. She emphasized public confidence in access, compassion, and excellence, and expressed strong support for the plan's direction. She requested that service reach estimates be regularly reported.

Dr. Kunin stated that formal enrollment across licensed behavioral health programs typically ranges from 20,000 to 30,000 people annually, with broader touch points (e.g., shelter, permanent supportive housing, field engagement, prevention activities) reaching additional tens of thousands. She noted that prevention touch points historically reach up to approximately 100,000 residents across varying intensities, and BHSA will focus resources toward intensive and early-intervention services as required. The department will refine and publish service reach estimates by program category and report on engagement, retention, and outcomes at regular intervals.

President Green thanked staff for managing a complex transition under tight timelines and emphasized safeguarding direct patient care and equity. She asked for a future update that maps existing programs to BHSA mandates, clarifies youth age ranges and school-linked supports, and outlines engagement with justice partners and incarcerated individuals. She requested a consolidated set of outcome measures the Commission can monitor, including engagement, retention, hospital utilization, housing stability, and justice involvement. She expressed the Commission's support for focusing on intensive, team-based care while preserving critical locally valued services.

Dr. Kunin committed to return with the requested program-to-mandate mapping, youth model details, school-linked engagement plan, and a consolidated outcomes dashboard. She reiterated plans to expand FSP/ACT/FACT capacity, integrate Medi-Cal billing where eligible, and maintain essential services outside Medi-Cal reimbursement. She will provide timelines for the follow-up materials and coordinate with the Commission Secretary to calendar the update. She thanked the Commission for its guidance and partnership. Director Tsai noted that the State's intent is for BHSA to fund integrated system priorities rather than stand-alone projects and to push counties toward outcomes-driven reallocations (e.g., housing interventions, intensive wraparound supports). He explained that while BHSA's prescriptive allocations will force prioritization decisions, they also align with San Francisco's expansion of residential, recovery, and step-down beds and its commitment to intensive field-based care. He emphasized that BHSA changes intersect with—rather than result from—local budget reductions, and staff will continue to brief the Commission on how reallocations support system outcomes. He thanked the Commission for its focus on integration and accountability.

8) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Edward A. Chow, Chair, stated that the committee reviewed and recommended approval of all contract-related items on the Consent Calendar. He noted that several items were removed from the Contracts Report because the City Attorney is still working with the DPH in regard to the process for the Commission to approve 21.42 Sole Source status. He noted the memo regarding the 21.42 Sole Source process was not discussed at the meeting.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments.

9) JOINT CONFERENCE COMMITTEE UPDATE

Commissioner Edward A. Chow, ZSFG JCC Chair, stated that at the March 23 ZSFG JCC meeting, the committee discussed a presentation on the Behavioral Emergency Response Team (BERT). Since ZSFG began using this team several years ago, it has been found to be very effective deescalating patient crisis situations without the use of security or the deputies. ZSFG used an existing model and successfully tailored it. The team is currently available in buildings 5 and 25. Plans to expand to buildings 80 and 90 are underway.

The committee also reviewed standard reports including the CEO Report and Human Resources Report. During the Regulatory Affairs Report discussion, Commission members were concerned about several AI-related privacy breaches. They heard from ZSFG staff that DPH contracts with a vendor that blocks PHI from being shared with public AI tools. The vendor continually updates its software to keep up with sophisticated changes in the hacking communities.

During the Medical Staff Report, the Committee recommended that the full Commission approve the ZSFG-related policies on the Consent Calendar. In closed session the committee approved the Credentials Report and PIPS Minutes report.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments.

10) CONSENT CALENDAR

Mr. Morewitz noted that the YMCA, Community Youth Center of San Francisco, and Instituto Familiar de la Raza contracts were removed from the Contracts Report and that all three contracts listed for 21.42 Sole Source categorization are also removed from the list of items to consider for the Calendar. All of these contracts will be brought to the Commission next month.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments.

Action Taken: The Health Commission unanimously approved the items listed below, excluding those noted by Mr. Morewitz above:

- **April 2026 Contracts Report**
- **Request for approval of a New Equipment Maintenance Agreement with Sabah International Inc. to perform maintenance on DPH Fire Alarm and Fire Suppression Systems. The total proposed contract amount is estimated at \$5,600,000 which includes a 12% contingency for a term of five years commencing on July 1, 2026 and expiring on June 30, 2031.**
- **Request for approval of a New Equipment Maintenance Agreement with Siemens Industry Inc. to perform maintenance on DPH Fire Alarm and Fire Suppression Systems. The total proposed contract amount is estimated at \$5,600,000 which includes a 12% contingency for a term of five years commencing on July 1, 2026 and expiring on June 30, 2031.**
- ~~**Request for approval to designate the YMCA Intensive Supervision and Clinical Services (ISCS) contract CID 1000033281 as a sole source under the Administrative Code Section 21.42, including a contract amendment with no additional costs added to extend the contract term by one year through 6/30/27 to continue to provide Intensive Supervision and Clinical Services**~~
- ~~**Request for approval to designate the Community Youth Center of San Francisco contract 1000032804 as a sole source under the Administrative Code Section 21.42, including a contract amendment to add \$485,587 and extend the contract term by one year through 6/30/27 to continue the Children, Youth, and Families Intensive Supervision and Clinical Services and Transitional Age Youth Asian and Pacific Islander Youth and Family Community Support Services Program**~~
- ~~**Request for approval to designate the Instituto Familiar de la Raza contract CID 1000022465 as a sole source under the Administrative Code Section 21.42, including a contract amendment to add \$1,342,680 and extend the contract term by one year through 6/30/27 to continue to provide Intensive Supervision and Clinical Services and the SPARK program**~~
- **ZSFG Policies**
 - Surgery Rules and Regulations
 - Emergency Department (ED) Standardized Procedures 2026
 - ED initial and reappointment criteria
 - Revised Anatomic Pathology Privilege List
 - Privilege list and standardized procedure-Insertion and removal of contraceptive implant
 - SFHN Ambulatory Standing Order Protocol (SOP)

11) OTHER BUSINESS

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There was not Commissioner Comments on this item.

12) CLOSED SESSION:

- a. Public comments on all matters pertaining to the closed session.
(San Francisco Administrative Code Section 67.15)

There was no public comment on this item.

- b. Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11).

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

- c. Closed Session pursuant to California Government Code section 54956.9(d); and San Francisco Administrative Code section 67.10(d).

FOR DISCUSSION AND ACTION: CONFERENCE WITH LEGAL COUNSEL – SETTLEMENT.

Discussion of settlement of the lawsuit filed by Amaryllis Cruz and Elias Jimenez against the City and County of San Francisco for \$3,000,000; the lawsuit was filed on September 5, 2023, in San Francisco Superior Court, Case NO. CGC-23-608832; entitled Amaryllis Cruz, et al. v. City and County of San Francisco, et al.; the lawsuit involves alleged medical negligence.

FOR DISCUSSION AND ACTION: CONFERENCE WITH LEGAL COUNSEL – SETTLEMENT.

Discussion of settlement of the lawsuit filed by David M. Kennedy-Phelps against the City and County of San Francisco and Mirella E. Guerrero for \$50,000; the lawsuit was filed on November 22, 2024, in San Francisco Superior Court, Case No. CGC-24-620022; entitled David M. Kennedy-Phelps v. City and County of San Francisco, et al.; the lawsuit involves personal injury from a vehicle collision.

RECONVENE IN OPEN SESSION

- i. Discussion and vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, the San Francisco Charter, or non-waivable privilege.
(San Francisco Administrative Code Section 67.12(a))
- ii. Possible report on action taken in closed session.
(Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b))

Action Taken: In the closed session the Health Commission unanimously approved the two settlements and voted not to disclose discussions.

12) ADJOURNMENT

The meeting was adjourned at 6:11pm

Attachment A

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 26-05**

HONORING CHRISTINA GOETTE, MPH

WHEREAS, Christina Goette, MPH, served the City and County of San Francisco as an exceptional leader at the Department of Public Health (DPH) for 26 years; and

WHEREAS, In 1999, Ms. Goette began her DPH tenure as a Violence Prevention Specialist, developing violence prevention initiatives such as the San Francisco Violence Prevention Network; and,

WHEREAS, In her role as a Senior Health Program Planner and Chronic Disease Prevention Manager in the Community Health Equity & Promotion (CHEP), Ms. Goette focused on mitigating health disparities and inequities through policy and environmental prevention strategies related to nutrition and physical activity; and

WHEREAS, In 2006, Ms. Goette co-founded the Shape Up San Francisco Initiative, a multi-disciplinary chronic disease prevention collaborative that launched citywide efforts such as Sunday Streets, Uniting Parents for Physical Education, and sugary drinks awareness and education campaigns to lay the groundwork for a soda tax; and the Shape Up San Francisco Coalition is celebrating its 20-year anniversary in 2026 and continues to be a leader in the healthy eating active living space; and

WHEREAS, During the height of the COVID-19 pandemic, Ms. Goette was the Prevention Lead for residential outreach and notification, developing curriculum and training an Ambassador Network; and

WHEREAS, Ms. Goette worked with community and policymakers to develop and pass San Francisco's soda tax that has generated over \$95 million in revenue since 2018 for people and places most impacted by nutrition-sensitive chronic diseases and most targeted by the sugary drinks industry; and

WHEREAS, As Deputy Director of Wellness in CHEP, Ms. Goette has supported equitable chronic disease prevention programming through Newcomer's Health, Tobacco Free Project, falls prevention, and the Healthy Eating Active Living (HEAL) teams; and

WHEREAS, Ms. Goette leaves a legacy of integrity, dedication, service, and leadership to support and improve the lives of all San Franciscans. She will be dearly missed by many at the DPH and in the greater San Francisco public health communities.

RESOLVED, That the San Francisco Health Commission honors Christina Goette for her outstanding service and leadership and wishes her well in her future endeavors.

I hereby certify that the San Francisco Health Commission at its meeting on March 2, 2026 adopted the foregoing resolution.

Mark Morewitz,
Health Commission Executive
Secretary

**Health Commission
City and County of San Francisco
Resolution No: 26-06**

RESOLUTION OF COMMITMENT TO TRAUMA CARE

WHEREAS: Zuckerberg San Francisco General Hospital and Trauma Center has a longstanding history of providing comprehensive trauma care to the people of San Francisco; and,

WHEREAS: the City and County of San Francisco is committed to providing high quality trauma care to San Francisco by maintaining Zuckerberg San Francisco General Hospital and Trauma Center as the designated Level I Trauma Center for the City and County of San Francisco; and,

WHEREAS: the San Francisco Department of Public Health through Emergency Medical Services section officially has designated Zuckerberg San Francisco General Hospital and Trauma Center as the sole provider of Level I trauma care for the City and County of San Francisco; and,

WHEREAS: the Administration and Medical Staff at Zuckerberg San Francisco General Hospital and Trauma Center, since 1972, cooperated to provide Trauma Center services to the residents of San Francisco; now, therefore, be it

RESOLVED: that the Health Commission strongly supports Zuckerberg San Francisco General Hospital and Trauma Center as a regional Level I Trauma Center and maintains its commitment to providing professional services in accordance with the standards of the American College of Surgeons and California State regulations for trauma centers, Title 22, Division 9, Chapter 7.

I hereby certify that the San Francisco Health Commission at its meeting of April 6, 2026 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary