

## Meeting agenda



City and County of San Francisco  
Daniel Lurie, Mayor

San Francisco Department of Public Health  
San Francisco Health Commission  
Daniel Tsai, Director of Health

### **President**

Laurie Green, MD

### **Commissioners**

- Edward A. Chow, MD
- Susan Belinda Christian, J.D.
- Suzanne Giraudo, ED.D
- Tessie Guillermo, Vice President
- Judy Guggenhime
- Karim Salgado

### **DPH Director of Health**

Daniel Tsai

### **Health Commission Secretary**

Mark Morewitz, MSW

# Minutes for Health Commission

---

## **Date and Time**

May 4, 2026 4pm

### **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

Meeting agenda

Commissioner Judy Guggenheimer  
Commissioner Karim Salgado

President Green called the meeting to order at 4:04pm.

## **2. Approval of the Minutes of the Health Commission Meeting of April 20, 2026**

Mr. Morewitz noted that on page 3, 3rd paragraph, the pronoun should be “he,” in regard to Commissioner Chow’s comments.

### 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 April 20, 2026 meeting minutes with the corrections noted above.

## **3. General Public Comment**

There was no general public comment.

## **4. Resolution to Honor Lisa Pratt, MD, MPH**

Aman Lail, MHA, CAO, Director, San Francisco Health Network Ambulatory Care Services, introduced the item and read the resolution.

### Public Comment:

There was no public comment on this item.

### Commissioner Comments:

Commissioner Christian expressed deep appreciation for Dr. Pratt’s unwavering commitment to humane care in correctional settings. She reflected on how consistently she centered the patient’s needs despite the complex pressures of the justice system. She emphasized that her ability to navigate clinical, behavioral-health, and legal intersections made her work especially impactful. She concluded by thanking her for elevating the standard of care and for her responsiveness to their concerns.

Vice President Guillermo praised Dr. Pratt for being a rare leader who combined compassion, innovation, and operational excellence. She spoke about how her work embodies the Department’s highest values and how San Francisco benefitted from her expertise. She noted that her dedication created opportunities for other jurisdictions to model jail-health improvements. She closed by thanking her for her service and wishing her fulfillment in her next chapter.

Commissioner Giraud shared that touring the jail with Dr. Pratt shortly after joining the Commission gave her a deeper understanding of the care needs within the system. She recalled how Dr. Pratt’s explanations helped her appreciate the complexity of behavioral-health conditions

## Meeting agenda

in custody. She emphasized how Dr. Pratt was always clear, patient, and effective in her communication. She thanked her for the programs she advanced, including rapid STD testing.

Commissioner Chow reflected on his first jail tour years earlier and how Dr. Pratt's compassion and warmth were immediately evident. He recalled observing her interactions with incarcerated individuals and how she earned their trust by truly seeing and respecting them. He highlighted the importance of that ethos in healing and rehabilitation. He thanked her for modeling the highest standards of public-health leadership.

President Green praised Dr. Pratt's unwavering dedication to advancing compassionate, high-quality healthcare for underserved populations especially individuals who are incarcerated or unhoused. President Green highlighted Dr. Pratt's leadership of Jail Health Services since 2016, noting her success in strengthening integrated medical, behavioral health, and public health services within the San Francisco County Jail system. She emphasized Pratt's strategic work in areas such as addiction treatment, opioid overdose prevention, communicable disease control, and quality improvement. She concluded by expressing deep gratitude for Pratt's outstanding service and her commitment to improving the health and dignity of some of the City's most vulnerable residents.

Dr. Pratt expressed deep gratitude for the Commission's recognition and emphasized that the work accomplished in Jail Health Services was only possible because of strong support from commissioners, DPH leadership, and her multidisciplinary team. She described the complexity of working at the intersection of public health, behavioral health, and the justice system, noting that no one can succeed in the role alone. Dr. Pratt highlighted advances such as point-of-care STD testing, integrated behavioral-health initiatives, and rapid response during COVID-19, crediting her team and partners for enabling these improvements. She also thanked Sheriff Miyamoto, DPH Director Tsai, and longtime colleagues for their collaboration, and expressed personal gratitude to her family for supporting her through the demands of being on call for years

Action Taken: The Health Commission unanimously voted to approve the resolution.  
(See attachment)

## 5. Directors Report

Daniel Tsai, DPH Director of Health, introduced the item.

### Public Comment:

There was no public comment on this item.

### Commissioner Comments:

Commissioner Guggenheimer asked how new synthetic opioids affect overdose-prevention strategy. Director Tsai explained that while overdose deaths have declined slightly, the arrival of stronger synthetic opioids requires enhanced monitoring, early alerts, and coordination with the Medical Examiner.

## Meeting agenda

Commissioner Salgado asked whether naloxone is effective against the new opioid. Director Tsai confirmed that naloxone remains recommended until more data is available.

Commissioner Giraudo requested a full presentation on the nine integrated street-outreach teams moving under DPH. Director Tsai agreed and explained this transition will consolidate clinical and non-clinical street response services.

Commissioner Chow asked what lessons guided the reintegration of street-outreach programs. He also praised Dr. Susan Erlich for her decade of leadership at Zuckerberg San Francisco General, emphasizing her deep institutional knowledge and her ability to navigate complex systems to secure what the hospital needed. He highlighted her many accomplishments, noting that the department has been extremely fortunate to have her guiding the hospital. Director Tsai stated that centralizing teams improves coordination and clarity, while police involvement continues only during imminent safety threats.

Commissioner Christian asked how non-public-safety teams will respond to dangerous psychiatric emergencies. Director Tsai explained that 911 remains the response for immediate danger, and integrated DPH teams triage lower-risk cases.

President Green thanked Director Tsai for his comprehensive report and expressed strong support for his recognition of nurses, noting their essential role throughout the department and aligning herself with his remarks about Dr. Erlich's exceptional leadership in the health system. She affirmed the Commission's appreciation for the transparency shown in the safety and security assessment and emphasized the importance of continued updates, particularly regarding street team integration. President Green also highlighted the Commission's anticipation of future presentations to strengthen understanding of evolving programs. Director Tsai thanked the Commission and reiterated his appreciation for the department's nurses as they approached National Nurses Week, emphasizing their central role across all care settings. He also echoed praise for Dr. Erlich's decade of leadership and reaffirmed the department's commitment to transparency and safety improvements following recent assessments.

## **6. Senior Affordable Housing at the Laguna Honda Hospital Campus: Memorandum of Understanding Between the City and County of San Francisco, Acting By And Through the Department of Public Health and the Mayor's Office of Housing and Community Development and Mercy Housing California**

Mark Primeau, DPH Capital Oversight Advisor; Anne Romero, Senior Project Manager, MOHCD, and Sharon Christen, Senior Project Manager, Real Estate Development, Mercy Housing California, presented the item. Mr. Primeau explained that the MOU under consideration covers only the pre-development phase, planning, design, program development, and early entitlement work. He outlined next steps, including parcel map finalization, logistics planning, and eventual approval by the Board of Supervisors, noting that construction approval would come later through a separate process.

### Public Comment:

Patrick Monette Shaw criticized the Senior Affordable Housing project for taking an estimated ten years from the passage of the 2019 bond to projected completion in 2029, calling the delay a "complete

## Meeting agenda

disaster.” He objected to the recent increase in childcare space from 6,000 to 7,000 square feet, arguing it came at the expense of senior-focused programming and suggested the project was shifting inappropriately toward a childcare-driven design. He also condemned the decision to move forward without seeking state capital funding, saying Mercy Housing had six years to pursue those funds and that avoiding state financing merely to prevent delays was irresponsible. He further warned that social-day-program services depended on uncertain funding from the Department of Disability and Aging Services and might not materialize in the final project. He argued that no needs assessment had been conducted to justify childcare demand among Laguna Honda Hospital employees. He also objected to changes on the ground-floor layout that expanded daycare space while removing or shrinking bike storage and other rooms. He stated it was irresponsible to approve the MOU without a transportation analysis and claimed the Commission was failing its governance responsibilities. Finally, he noted his only comfort was the clause allowing the parcel to revert to DPH if the project fails, and he argued the project should already have been canceled under affordable-housing bond rules

### Commissioner Comments:

Commissioner Girauo asked for clarification on the parcel map, specifically regarding the “Lands of the Western Diocese of the Armenian Church.” She also noted the importance of preserving neighborhood traditions like the annual goat-grazing vegetation management event and encouraged the project team to keep this in mind due to its popularity among families and children. Ms. Christian addressed Commissioner Gerardo’s parcel map question, confirming that the “Western Diocese” parcel corresponds to land previously transferred to the Armenian Church, which now houses the existing church facility adjacent to the project site.

Commissioner Salgado raised concerns about financial liability if project funding fell through after the land transfer to the Mayor’s Office of Housing and Community Development (MOHCD). She asked whether DPH would still be responsible for construction costs if Mercy Housing could not secure financing or if the project failed mid-stream. Her questions focused on whether the department would be financially protected under the MOU. Ms. Romaro responded clarified that once the parcel map is finalized, the land transfer allows Mercy Housing to apply for tax-credit financing. She explained that if Mercy fails to complete financing and reach construction loan closing within four years, the land automatically reverts back to DPH, protecting the department from financial liability. She emphasized that this reversion clause is being crafted by the City Attorney and is built into the MOU framework.

Vice President Guillermo praised the extensive collaboration among DPH, MOHCD, and Mercy Housing, noting the difficulty and complexity of bringing such a project forward. She highlighted the value of the intergenerational model and the innovative opportunities created by co-locating senior housing, childcare, and Laguna Honda Hospital. She also thanked Commissioner Girauo for her child-development expertise, which strengthened the Commission’s understanding of program design.

Commissioner Guggenhime expressed admiration for Mark Primeau’s ability to guide large, complicated projects and unite stakeholders around a path forward. She underscored how the project reflects San Francisco’s historic commitment to public health and senior services.

## Meeting agenda

Commissioner Chow echoed the appreciation for staff and partner organizations, noting that the project team consistently addressed commissioners' concerns as the plan evolved. He specifically thanked Commissioner Giraudo for helping commissioners understand childcare needs and intergenerational programming requirements. He described the collaborative approach as an example of how different sectors can work effectively toward a shared civic goal.

Commissioner Christian emphasized the documented cognitive and social benefits of intergenerational programming for both seniors and children. She thanked the JCC, staff, and project partners for their diligence.

Action Taken: The Health Commission unanimously voted to approve the MOU.

### **7. FY2026-27 and FY27-28 Patient Rate Ordinance**

Matthew Sur, San Francisco Health Network Revenue Cycle and Reimbursement Director, presented the item.

#### Public Comment:

There was no public comment on this item.

#### Commissioner Comments:

Commissioner Guggenheimer expressed strong appreciation for the clarity of the presentation, remarking that the explanation of the patient-rate structure and its protections for patients was both clear and comprehensive. She noted that the policies in place provide confidence that patients are treated fairly and protected from excessive charges.

Commissioner Chow also complimented staff for the clarity and completeness of the explanation, stating explicitly that he supported the motion to approve the rate proposal. His comments emphasized satisfaction with how well the analysis and recommendations were presented.

President Green asked how often the department encounters situations where commercial insurers pay an amount affected by billed charges, noting that many reimbursements are fixed and often tied to the lesser of billed charges or plan-allowable amounts. She also asked whether the trauma-care benchmark comparisons used true level-one trauma centers or only general hospitals, emphasizing the importance of comparing ZSFG to similarly designated trauma facilities. Mr. Sur responded that commercial insurers never pay more than the department's established charges; rather, they pay the lesser of the billed amount or their allowable amount. He emphasized that maintaining appropriately set charges ensures the department is paid fairly across all payer types, including non-contracted commercial insurers. He further explained that the market-comparison study did include level-one trauma centers such as UC Davis Medical Center, Santa Clara Valley Medical Center, and Highland Hospital, confirming that the benchmark group was appropriate for ZSFG's trauma-care profile.

## Meeting agenda

Director Tsai supplemented earlier comments from last year by noting that the patient-rate ordinance does not affect patients' actual out-of-pocket costs because DPH has strict caps and financial-protection policies. He reiterated that these rate updates primarily affect insurer reimbursement, not patient bills.

Action Taken: The Health Commission unanimously voted to approve the FY2026-28 Patient Rate Ordinance.

### **8. Finance and Planning Committee Update**

Commissioner Edward A. Chow, MD, Chair, noted that the committee reviewed all contracts and contract-related resolutions on the Consent Calendar and voted to recommend that the full Health Commission approve these items. He noted that the City Attorney's Office provided new guidance on the assignment of sole source status to certain contract, requiring a resolution.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no commissioner comments on this item.

### **9. Joint Conference Committee Update**

Commissioner Edward A. Chow, MD, Chair, stated that at the April 27th ZSFG JCC meeting, during the CEO report, Dr. Ehrlich reported on the continued expansion of behavioral-health integration throughout nearly all hospital services, including primary care, acute units, and specialty areas. Commissioners raised questions about quantifying counseling resources and the frequency of youth outreach. Commissioners requested deeper analysis of the ZSFG ICU case mix, psychiatric ED volume fluctuations, and substance use treatment metrics. Dr. Ehrlich committed to providing additional data and continuing to strengthen flow-management strategies, which have contributed to lower boarding rates and improved throughput.

During the HR report, Commissioners expressed concern about long delays in requisition processing and the number of high-vacancy classifications awaiting approval. HR staff explained that prioritization for hiring now undergoes centralized review by DPH program and finance leadership, which has slowed advancement of certain requests. Commissioners also requested status updates on exam announcements and vacancy reduction strategies.

During the discussion of the Strategic Planning & Deployment presentation, the KPO team outlined the annual strategic-deployment cycle, highlighting strong performance improvements tied to the four priority areas: Flow, Workplace Safety, Revenue Cycle, and Patient Safety. Major accomplishments this year include dramatic reductions in diversion, improved timeline for collecting fees, implementation of the sepsis clinical pathway, stronger data infrastructure, and closer alignment of departments with True North metrics. The team also previewed new initiatives to expand patient-experience strategy, strengthen daily-management systems, and deploy AI-supported analytics. Commissioners encouraged thoughtful, evidence-based use of AI that enhances, not replaces, the human-centered approach foundational to the improvement model.

## Meeting agenda

During the Medical Staff report, the Committee recommended that the full Commission approved all the ZSFG policies listed on the Consent Calendar today. The committee also discussed a review of the draft ZSFG Medical Staff Bylaws. Commissioners emphasized that the scale of revisions warrants extended review and collaborative discussion with legal counsel before final approval. The final version of the Bylaws will be brought to the full Commission for approval this Summer. In closed session, the Commission approved the Credentials and PIPS Minutes reports.

### Public Comment:

There was no public comment on this item.

### Commissioner Comments:

There were no commissioner comments regarding this item.

## **10. Consent Calendar**

### Public Comment:

There was no public comment on this item.

### Commissioner Comments:

There were no commissioner comments on this item.

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

- **May 2026 Contract Report**
- **Request for approval of a New Professional Services Agreement, with Antioch Management LLC dba Country Place ALF to provide Adult Residential Care Facility (ARF) services. The total proposed agreement amount is \$7,452,553 which includes a 12% contingency for the term of July 1, 2026 through June 30, 2029 (3 years).**
- **Request for approval of a New Professional Services Agreement, with Modesto Residential Living Center, LLC to provide Adult Residential Care Facility (ARF) services. The total proposed agreement amount is \$8,318,991 which includes a 12% contingency for the term of July 1, 2026 through June 30, 2031 (5 years).**
- **Request for approval of a New Professional Services Agreement, with Skypark Manor LLC to provide Adult Residential Care Facility (ARF) services. The total proposed agreement amount is \$6,245,411 which includes a 12% contingency for the term of July 1, 2026 through June 30, 2031 (5 years).**
- **Request for approval of a New Professional Services Agreement, with Medical Hill Healthcare Center to provide Skilled Nursing Facility (SNF) services. The total proposed agreement amount is \$8,500,602 which includes a 12% contingency for the term of July 1, 2026 through June 30, 2031 (5 years).**
- **Request for approval of a New Professional Services Agreement, with Tanzanite Holding LLC dba Eden Healthcare to provide Skilled Nursing Facility services. The total proposed agreement amount is \$9,611,007 which includes a 12% contingency for the term of July 1, 2026 through June 30, 2031 (5 years).**
- **Request for approval of a New Grant Agreement with San Francisco AIDS Foundation to perform Connection to Treatment Through Syringe Access and Disposal. The total proposed agreement amount is \$8,587,476 which includes a 12% contingency for the term of July 1, 2026 through December 31, 2027 (1 year and 6 months).**

Meeting agenda

- **Resolution 26-08 - YMCA 100033281: Requesting recommendation to Health Commission for approval of Resolution Approving the Justification and Recommendation by Director of Health to designate as a sole source contract under Admin. Code Sec. 21.42, contract with Young Men’s Christian Association of San Francisco CID 1000033281 for Intensive Supervision and Clinical Services (ISCS) in the total amount with contingency of \$1,060,122, for the term 7/1/24, through 6/30/27 (three years).**
- **Resolution 26-09: Instituto Familiar de la Raza CID 1000022465: Requesting recommendation to Health Commission for approval of Resolution Approving the Justification and Recommendation by Director of Health to designate as a sole source contract under Admin. Code Sec. 21.42, contract with Instituto Familiar de la Raza CID 1000022465 for Intensive Supervision and Clinical Services and SPARK Full Service Partnership in the total amount with contingency of \$4,437,959, for the term 7/1/24, through 6/30/27 (three years).**
- **Resolution 26-10: Community Youth Center of San Francisco CID 1000032804, for Intensive Supervision and Clinical Services (ISCS) and TAY Engagement & Treatment: Requesting recommendation to Health Commission for approval of Resolution Approving the Justification and Recommendation by Director of Health to designate as a sole source contract under Admin. Code Sec. 21.42, contract with Community Youth Center of San Francisco CID 1000032804, for Intensive Supervision and Clinical Services (ISCS) and TAY Engagement & Treatment in the total amount with contingency of \$1,765,034, for the term 7/1/24, through 6/30/27 (three years).**
- **Resolution 26-11: Homeless Children's Network CID 1000032808: Requesting recommendation to Health Commission for approval of Resolution Approving the Justification and Recommendation by Director of Health to designate as a sole source contract under Admin. Code Sec. 21.42, contract with Homeless Children's Network CID 1000032808 for the Ma’at and Prevention Early Intervention (PEI) programs in the total amount with contingency of \$11,786,969, for the term 10/1/24, through 6/30/27 (Two years and 9 months).**
- **ZSFG Policies:**

<u>Item</u>	<u>Policy Title</u>
1	Family and Community Medicine Clinical Service Rules and Regulations
2	CPC Nurse Practitioner 103 Privilege list
- **LHH Policies:**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	27-10	Transfer Techniques
2	Facility-wide	29-06	Caring for the Deceased, Use of Morgue, and Provision of Death Certificates
3	Facility-wide	50-11	Procurement Card
4	Admissions &	02-06	Patients from Other Hospitals for Re-Admission to LHH Eligibility
5	Admissions & Eligibility	02-12	Authorization Process for Out of County Referrals
6	Admissions &	03-03	Registration for Patients Referred LHH Post Discharge, Infection Eligibility Control and Other Clinic Registrations referred from SFGH and DPH Clinics

## Meeting agenda

7	Admissions & Eligibility	03-04	Payer Requirements on Outpatient Registrations
8	Admissions & Eligibility	04-05	Procedure for Financial Counselor to Track New Admissions with Eligibility Temporary Conservatorship through Public Guardian
9	Admissions & Eligibility	04-13	Procedure for Communication between the Eligibility Departments Eligibility and Business Office
10	Admissions & Eligibility	04-15	Authorized Contact Field in Invision Computer System
11	Admissions & Eligibility	04-18	Invision Race and Multi Race Fields Eligibility
12	Admissions & Eligibility	05-09	Laguna Honda Medi-Cal Managed Care Disenrollments Eligibility
13	Admissions & Eligibility	09-01	Medical Transportation Policy & Procedures Eligibility
14	Admissions & Eligibility	09-02	Transportation Phone Numbers Eligibility
15	Admissions & Eligibility	09-03	Transportation Prescription Eligibility
16	Admissions & Eligibility	09-04	Request for Ambulance Transport Eligibility
17	Admissions & Eligibility	09-05	Physician's Certification Statement Eligibility
18	Respiratory	A.3	Compressed Gas Cylinder Safety Services
19	Respiratory	A.6	Oxygen Administration: Nasal Cannula Services
20	Respiratory	A.7	Oxygen Administration: Simple-Oxygen Mask Services
21	Respiratory	A.8	Oxygen Administration: Non-Re-breather Mask Services
22	Respiratory	A.9	Oxygen Administration: Venturi-Mask Services
23	Respiratory	A.11	Hand Held Nebulizer Services
24	Respiratory	A.12	Continuous Aerosol Therapy Services
25	Respiratory	A.13	Incentive Spirometer Services
26	Respiratory	A.15	Pulse Oximetry Services
27	Respiratory	A.16	Arterial Blood Gas Collection Services
28	Respiratory	A1	Mission Statement Services
29	Respiratory	A5	Procedure for Aerostar Booth Services

### 11. For Discussion

### Other Business

#### Public Comment:

There was no public comment on this item.

#### Commissioner Comments:

There were no 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.

## Meeting agenda

President Green noted that due to the late hour, this closed session item will be postponed.

- C) Closed Session pursuant to California Government Code Section 54957(b) and San Francisco Administrative Code Section 67.10(b):

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION:**

DPH DIRECTOR OF HEALTH DANIEL TSAI

**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).) (Action item)
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).

The Health Commission did not go into closed session. Therefore, there was no vote on report on the closed session.

### **13. Adjournment**

The meeting was adjourned at 6:49pm.

Meeting agenda

Attachment

**HONORING LISA PRATT, MD, MPH**

WHEREAS, Dr. Lisa A. Pratt has dedicated her career to advancing compassionate, high-quality healthcare for underserved populations, including individuals who are incarcerated, unhoused, and living with complex medical and behavioral health needs; and

WHEREAS, Dr. Pratt has served the City and County of San Francisco and the Department of Public Health as Director and Medical Director of Jail Health Services since 2016, overseeing the provision of comprehensive medical care across the San Francisco County Jail system; and

WHEREAS, under Dr. Pratt's leadership, Jail Health Services has strengthened the delivery of integrated medical, behavioral health, and public health services within the jail system while coordinating closely with the San Francisco Sheriff's Office to ensure that people in custody receive safe, effective, and equitable healthcare; and

WHEREAS, Dr. Pratt has provided strategic leadership in policy development, quality improvement, communicable disease prevention, addiction treatment, opioid overdose prevention, and system coordination, ensuring that San Francisco's jail healthcare system meets the highest standards of clinical care and public health practice; and

WHEREAS, throughout her career, Dr. Pratt has been a champion for evidence-based addiction treatment, primary care, and public health interventions for people impacted by incarceration and substance use disorders; and

WHEREAS, Dr. Pratt's previous leadership roles in San Francisco's safety-net healthcare system demonstrate her longstanding commitment to expanding healthcare access for vulnerable communities; and

WHEREAS, Dr. Pratt has contributed to medical education and mentorship through her teaching with UCSF and other academic programs, helping train future clinicians in correctional health, public health, and care for marginalized populations; and

WHEREAS, Dr. Pratt's leadership, dedication, and unwavering commitment to the health and dignity of people in custody have strengthened San Francisco's public health system and improved care for some of the City's most vulnerable residents; now, therefore, be it

RESOLVED, That the San Francisco Health Commission honors Dr. Lisa A. Pratt, MD, MPH for her outstanding service, leadership, and commitment to advancing correctional healthcare and public health in San Francisco and beyond, and expresses deep gratitude for her many years of dedicated service.

I hereby certify that the San Francisco Health Commission at its meeting of May 4, 2026, adopted the foregoing resolution.

Meeting agenda