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President

Laurie Green, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraudo ED.D
Commissioner

Tessie M. Guillermo
Commissioner

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

London N. Breed Mayor
Department of Public Health



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Director of Health

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Executive Secretary

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MINUTES
HEALTH COMMISSION MEETING
Tuesday June 7, 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
Commissioner Suzanne Giraudo, Ph.D

Excused: Commissioner Susan Belinda Christian, J.D.
Commissioner Tessie Guillermo

The meeting was called to order at 4:07pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 17, 2022.

Action taken: The Health Commission approved the minutes of the May 17, 2022 meeting.

3) DIRECTOR'S REPORT

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

SAN FRANCISCO BEGINS COVID-19 BOOSTERS FOR CHILDREN AGES 5 TO 11 WHILE ADDRESSING RACE EQUITY GAP IN PRIMARY VACCINE SERIES

DPH is recommending parents and caregivers to get children ages 5 to 11 a COVID-19 booster, now that this age group is eligible, to give stronger protection against the virus as cases continue to swell.

With federal and state approvals and recommendations for boosters in this age group finalized, San Francisco health providers have begun rolling out booster doses for the more than 32,000 children that are, or will be, eligible at five months past completion of their primary vaccine series. More than 73% of San Francisco children in this age group have completed the two-dose primary vaccine series.

However, the expansion to boosters for children is also a reminder that many San Francisco children remain unvaccinated. In February, DPH in partnership with community groups and the San Francisco Unified School District addressed the growing disparity in vaccination rates through a sustained campaign to reach families through community and school-based vaccine events. More than 2,000 children have been vaccinated since those efforts began, with improvements made in vaccinating children of color, though gaps still remain.

As cases swell again this spring, now is the time to get children up to date on COVID-19 vaccinations. While hospitalizations remain very low among children, becoming infected can cause disruptions to schooling and the work schedules of parents and caregivers, and can put people in a household who are medically vulnerable at risk for severe illness. The booster rate among older children 12 to 17 is 54%, the lowest of any age group (above age 12). DPH continues to strongly urge boosters for teenagers as well.

COVID-19 vaccines have been authorized for safe use in children ages 5 to 11 since November 2021 and their effectiveness in preventing severe illness has been proven in the January surge, and during the current swell in cases. Boosters for this age group are the same Pfizer vaccine, at the same dosage, as those used in the two-dose primary series.

DPH is urging families to contact their primary pediatric health care provider first, if they have one, to access boosters for their children. Pharmacies are also offering booster vaccines for children aged 5-11 years. Those who need to get a booster at DPH-affiliated sites, can visit this link or check MyTurn (<https://myturn.ca.gov/>) for information on where to get one.

To continue to address the equity gap in primary series vaccinations, and to support uptake of booster doses for children who are eligible, DPH will support community and school-based vaccination sites in highly impacted communities and where test positivity rates are highest.

DPH will also continue to coordinate vaccine access with pediatric primary care providers.

DPH is urging families to reconnect to primary care providers for COVID-19 vaccines, and for other needed vaccines and medical care and checkups. Primary care providers should now be the first resource for health care around COVID-19, as they are for other health care needs.

Families who are disconnected from a primary care provider should call the COVID Resource Center for assistance: 628-652-2700.

To learn more about how to prevent infections and prepare for COVID, go to: [SF.gov/be-covid- ready](https://sf.gov/be-covid-ready)

The latest data on boosters in San Francisco can be [found here](#).

DPH RECOGNIZES GUN VIOLENCE AWARENESS DAY

On Friday, June 3, staff at ZSFG Hospital gathered and wore orange in recognition of National Gun Violence Awareness Day. This event is held nationally in honor of Hadiya Pendleton, a 15-year-old who was shot and killed in Chicago in 2013, just one week after performing at President Obama's second inauguration parade. Orange is the color that Hadiya's friends wore in her honor and is worn throughout the nation to raise awareness about gun violence. Orange masks, donated by the organization, [Everytown for Gun Safety](#), were given to staff and visitors at ZSFG, and hearts with the names of gun violence survivors were placed around the hospital entrances.

Organized by ZSFG Trauma Program Manager Sue Peterson, this event was also joined by Trauma Medical Director, Dr. Joseph Cuschieri, and Drs. Andre Campbell, Lauren Chalwell, Chris Colwell and Susan Ehrlich. Community and campus-affiliated organizations including the [UCSF/ZSFG Wraparound team](#), [The Moms Demand Action](#), and [United Playaz](#), a violence prevention and youth development program, also

participated. Many also wore orange and joined the Walk Against Gun Violence across the Golden Gate Bridge on Saturday, June 4, bringing awareness to the issue of gun violence.

EXPANSION OF OFFICE OF MANAGED CARE SERVICES AT ZSFG HOSPITAL

DPH's agreement with Canopy Health has been renewed for another three years starting June 1, 2022. With this renewed agreement, DPH will continue piloting select OB services, including antenatal testing, OB triage/urgent care and OB deliveries, and allowing commercial patients who have selected Hill Physicians Medical Group (Hill) within the Canopy Health network to receive these services at ZSFG. Additionally, our HIV primary care clinic at Ward 86 has been added to the pilot and is now part of Hill under the Canopy Health network. The Ward 86 care model is centered around providing compassionate medical and psychosocial services for patients living with HIV and those at risk of HIV acquisition. Ward 86 co-locates primary, specialty, pharmacy, and behavioral health services under one roof for ease of access and comprehensive care delivery.

City employees who have selected CanopyCare HMO and Hill as their medical group through the City's Health Services System, and UCSF employees who have selected UC Blue & Gold HMO and Hill as their medical group, can now access these pilot services at ZSFG.

DPH DIRECTOR OF MANAGED CARE ACCEPTED TO CAROL EMMOTT FELLOWSHIP

DPH's Director of Managed Care, Stella Cao, is one of 22 women leaders accepted to the Carol Emmott Fellowship Class of 2022, a fellowship for women leaders in health which represents public and private healthcare systems, state departments of health, payers and academic medical centers across the country. Stella has also been awarded a full scholarship from the Carol Emmott Foundation to participate in the fellowship.

The Carol Emmott Fellowship is a signature initiative of The Carol Emmott Foundation, established in 2016, to honor Carol Emmott, the Founder and CEO of California Association of Public Hospitals and Health Systems (CAPH). It is a prestigious, 14-month experience for exceptional women leaders who are making lasting changes in their communities and institutions, and serving as exemplary advocates for equity in the workplace and beyond. ZSFG CFO Jennifer Boffi is currently serving as a member of the Leadership Council of the Foundation.

DPH ENVIRONMENTAL HEALTH TEAM REPORT SUBMITTED TO CDC MMWR FOR PUBLICATION

DPH's Environmental Health Branch (EHB) has a Water Quality Unit that oversees several regulatory programs in San Francisco. One of those is the Cryptosporidiosis Surveillance Project. Cryptosporidiosis is caused by the parasite *Cryptosporidium* and is transmitted via fecal to oral route or from consuming contaminated food or water. DPH conducts active surveillance of confirmed cryptosporidiosis cases among all residents in four counties in the Bay Area.

The EHB Water Program was curious whether the lock down during the COVID-19 pandemic would result in a reduction in the number of *Cryptosporidium* cases. They reviewed the data and found that between August 1, 2020 – December 31, 2020, a total of 15 cases were reported, whereas in the previous 10 years the range was 31 to 74. After April 2021, the case counts for the program began to steadily increase closer to levels observed for the program prior to the COVID-19 pandemic response.

The EHB data was found to be consistent with reports of declines observed for reportable illnesses on a national scale during the COVID-19 pandemic. This is likely attributed to measures such as hand-washing, widespread adoption of disinfecting commonly used spaces, travel restrictions, social distancing and masking, shutdown of workplaces, schools, and dining/recreational facilities which may have all contributed to reducing the risk of infection and transmission of *Cryptosporidium*.

EHB program staff, Mina Mohammadi, MPH, June Weintraub, ScD, have summarized these results and submitted a report to the Center for Disease Control's Morbidity and Mortality Weekly Report for publication.

ZSFG OCCUPATIONAL AND ENVIRONMENTAL MEDICINE RESEARCH PUBLISHED

Congratulations to Zuckerberg San Francisco General and UCSF colleagues Zaw Maung, Marissa Kristensen, Bridget Hoffman, and Mark Jacobson for the publication of their article "Temperature Screening of Healthcare Personnel is Ineffective in Controlling COVID-19" in the Journal of Occupational and Environmental Medicine. The researchers studied an estimated 6,000 health care personnel daily temperature screenings taken before entry to ZSFG's campus. What they found is that temperature screenings failed to identify people who were able to transmit COVID, and that self-reported symptom apps with tracking were more useful in managing COVID among health care personnel.

Read the full research paper at:

https://journals.lww.com/joem/Fulltext/2022/05000/Temperature_Screening_of_Healthcare_Personnel_Is.4.aspx

DPH STAFF WILL BE HONORED AT THE 41ST ANNUAL GOOD GOVERNMENT AWARDS

Congratulations to the DPH honorees of this year's Good Government Awards! A project of SPUR (San Francisco Bay Area Planning and Urban Research Association), the Good Government Awards have recognized outstanding performances by managers working for the City and County of San Francisco for 41 years. This year's Honorees reflect the City's herculean COVID-19 emergency response efforts; the eight teams are comprised of 54 individuals representing 19 departments.

Our DPH nominees represent a diverse group of staff who contributed a broad and varied spectrum of skillsets and expertise in order to protect San Franciscans during the COVID pandemic. Because of their tireless efforts San Francisco has the lowest COVID mortality rate of any urban jurisdiction in the U.S. The honorees will be recognized on July 13, 2022 at City Hall.

2022 Good Government Award Honorees

Citywide Emergency Leadership

Ayanna Bennett

Public Health Emergency Operations

Jacque McCright

Drew Murrell

Baljeet Sangha

Jonathan Sears

Eduardo Sida

Tobi Skotnes

Alternate Housing

Kelly Hiramoto

Children and Learning

Ana Validzic

Public Information, Communications and Data

Lizzy Connelly

Erica Eilenberg

Trang Nguyen

Equity and Community Response

Isela Ford

Aaron Yen

Tracey Packer

SAN FRANCISCO HEALTH NETWORK RECOGNIZES DPH AMBULATORY CARE NURSES

Each year, nurse leaders from the San Francisco Health Network select Ambulatory Care nurses to be recognized for their outstanding service in the categories *Nursing Excellence* and *Reducing Disparities in Health Care*. The network has been unable to present the awards during the last two years of the pandemic response, so in 2022 six DPH nurses have been recognized for their service to their patients:

Reducing Disparities in Health Care

Zar Ni Maw, Richard Fine Peoples Clinic

Elba Melara, ZSFG Obstetrics, Midwifery and Gynecology Clinic

Dana Lazarovitz-Thompson, Maternal, Child, and Adolescent Health

Nursing Excellence

Esteban Rodriguez, Castro Mission Health Center

Jamie Moore, Whole Person Integrated Care Supportive Housing Nursing

Crissy Wong, Sunset Mental Health

Congratulations to all of the awardees! We thank them for their dedication to our Health Network patients and to the art of nursing.

DPH NURSE MICHELLE TRUONG NOMINATED FOR ZSFG FACULTY AWARD

DPH would like to congratulate Michelle Truong, RN for her nomination for the 2022 Jane Bailowitz, MD Volunteer Faculty Award. Since 2010, this award has been recognizing volunteer ZSFG faculty for their outstanding assistance to the Medical Center. Michelle, who works in DPH's Behavioral Health Access Center and also for the Office of Coordinated Care, has over the past three years contributed to expediting the flow of hospitalized people into residential substance use disorder treatment. She has worked with the Addiction Care Team at ZSFG to develop screening tools and to systematize rapid transfers. Thank you to Michelle for going above and beyond to improve behavioral health services in San Francisco!

[DPH in the News](#)

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

May 2022

Governing Body Report - Credentialing Summary
(5/19/22 MEC)

	5/2022	07/2021 to 07/2022
<i>New Appointments</i>	1	119
Reinstatements	0	0
<i>Reappointments</i>	79	562
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	7	141
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	16	121
Additions	11	97
Proctorship Completed	8	158

Current Statistics – as of 4/29/22

Active Staff	538
<i>Courtesy Staff</i>	619
Affiliated Professionals (non-physicians)	294
TOTAL MEMBERS	1,451

<i>Applications in Process</i>	74
Applications Withdrawn Month of May 2022	0
SFGH Reappointments in Process 6/1/22 to 8/31/22	217

Commissioner Comments:

Commissioner Chow asked for an update regarding Monkey Pox. Dr. Susan Philip, San Francisco Health Officer and Director of the DPH Population Health Division, stated that one case has been confirmed in San Francisco and several others are waiting confirmation from the CDC lab. She noted that the variation of Monkey Pox found in the United States is not the most severe and is much less serious than COVID-19. She is working with the DPH to provide information to the public and providers to help identify people experiencing symptoms.

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She noted that testing for Monkey Pox is a two-stage process. Scrapings from a lesion are sent to the California Department of Public Health and then the Center for Disease Control for confirmation. She added that Monkey Pox is spread skin-to-skin.

Commissioner Chow asked if the DPH is conducting case tracing. Dr. Philip stated that case investigation and case tracing is being conducted.

Commissioner Chow asked if the vaccine is used as a prophylaxis. Dr. Philip stated that a newly formulated smallpox vaccine is used as a post-exposure prophylaxis. She also stated that generally, Monkey Pox is self-contained and the rash clears up on its own in most people

4) LHH UPDATE: REGARDING RECERTIFICATION PROCESS, CLOSURE AND PATIENT TRANSFER AND RELOCATION PLAN, AND RELATED ISSUES

Roland Pickens, Director, San Francisco Health Network, presented the item.

Director Colfax thanked Mr. Pickens for taking on the role of Acting LHH CEO during this important period. He also expressed gratitude to the whole team working and supporting the recertification effort.

Commissioner Comments:

Commissioner Chow asked if minor findings in the CMS recertification survey could jeopardize the recertification process. Mr. Pickens stated that the surveyors will have authority to determine whether LHH meets recertification criteria based on the survey findings. He noted that there are thousands of standards that CMS will hold LHH accountable for in the survey. He added that the recertification survey is far more extensive than other regulatory surveys.

Commissioner Chow asked if non-clinical issues will be included in the recertification survey. Mr. Pickens stated that it is still an open question whether LHH will be held to CMS building regulations adopted in 2019, or if LHH can continue to be held to standards from 2011, when the new hospital building was opened. He added that this issue relates to the number of patients per room and bathroom. The LHH team is waiting for responses from CMC regarding these issues. He also stated that LHH continues to consult with CDPH and its consultants to formulate a plan in case it must adhere to the 2019 standards.

Regarding the Closure and Transfer plan, Commissioner Chow asked if LHH must show that it is checking availability for placements all throughout California and in other states. Mr. Pickens stated that LHH is first assessing bed availability in San Francisco, the Bay Area, and throughout the state, before it attempts to assess availability of placements out of state. LHH must show progress in its attempts to discharge patients in order to continue to receive CMS reimbursement for services provided to Medicare and Medi-Cal patients. He added that LHH is working closely with CDPH and CMS, but the responsibility to find placements for LHH patients sits solely with LHH.

Commissioner Chow asked for clarification regarding a LHH patient's right to refuse a discharge out of county or out of state. Mr. Pickens stated that with all LHH discharges, there is an appeal process, which is conducted by the state.

Commissioner Green thanked the LHH team for the remarkable work done in such a short amount of time; she noted that this is a testament to how seriously the DPH team is taking the situation. She asked if CMS will intervene if facilities accept lower acuity patients over LHH patients, especially when searching out of county or out of state. Mr. Pickens stated that CMS and CDPH acknowledge the challenge of finding placements for so many LHH patients, but LHH has no option but to comply with the mandate to discharge and place LHH patients as part of the CMS requirement. He added that CDPH is working closely with LHH in this process and marshalling resources as they are made available.

Commissioner Bernal asked if the state maintains a list of available Medicare and/or Medi-Cal skilled nursing beds, which could be very useful to LHH. Mr. Pickens stated that he is not aware that the state maintains such a list. He added that LHH staff are making calls to facilities every day to determine how many of these beds are available in the city and state.

5) GENERAL PUBLIC COMMENT

There was no general public comment.

6) RESOLUTION HONORING LGBTQ PRIDE MONTH

Mark Morewitz, Health Commission Executive Secretary, introduced the item.

Commissioner Comments:

Commissioner Bernal thanked Mr. Morewitz for developing the resolution. He offered a friendly amendment to following passage (see bolded underlined text):

WHEREAS, in 2009, **after Congress passed the legislation**, President Barack Obama signed the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act into law to protect all people in the United States from crimes motivated by race, and the actual or perceived sexual orientation or gender identity of an individual

Commissioner Chow requested that text be added to acknowledge Jim Foster, a former Health Commissioner, who was the first openly LGBTQ person to address the Democratic convention.

Action Taken: The Health Commission unanimously approved the amended resolution, "Honoring LGBTQ Pride." (See Attachment A)

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

Mark Morewitz, Health Commission Executive Secretary, introduced the item.

Commissioner Comments:

Commissioner Bernal thanked Mr. Morewitz.

Action Taken: The Health Commission unanimously approved the resolution, "Marking Findings to Allow Teleconferenced Meetings Under California Government Code Section 54953(e). (See Attachment B)

8) UPDATE ON MAYOR'S JUNE 1, 2022 PROPOSED BUDGET FOR FY 2022-23 AND FY 2023-24

Jenny Louie, DPH CFO, presented the item.

Commissioner Comments:

Commissioner Bernal thanked Ms. Louie for the update.

9) DPH LEAN UPDATE

Lisa Golden, MD, Director, DPH Kaizen Promotion Office, presented the item.

Director Colfax stated that the DPH appreciates Dr. Golden's leadership and the DPH Lean teams' work, especially during the COVID-19 pandemic.

Commissioner Comments:

Commissioner Giraudo asked how outcome data is used to determine success. Dr. Golden stated that process and outcome measures are included in the Lean process. Regular report-outs are scheduled in the process so that this data informs the process as work is being conducted. This allows changes to be made as process and outcome data are known.

10) COVID-19 UPDATE

Grant Colfax MD, DPH Director of Health and Susan Philip, MD, Health Office and Director of Population Health Division, presented the item.

Public Comment:

(Note: It is not always possible to clearly hear the names of individuals making public comment. When a name is not clear, the person has been identified as "Caller.")

Sara became chronically ill before the pandemic. She knows what it is like to have health upended from one day to the next. This is why she cares so much about Long COVID. The CDC put out data showing that 1 in 5 people who contract COVID will experience Long COVID. She urged that the indoor mask mandates be reinstated.

A caller told a story of a person who contracted COVID-19 on a train and now experiences Long COVID-19. They added that Long COVID-19 is often not mentioned because it complicates the narrative. They said that mask mandates are not authoritarian, as Dr. Philip stated. They noted that masks are mandated at Health Commission meetings and urged a reinstatement of an indoor mask mandate.

Melissa urged the Health Commission to reinstate mask mandates. She is a newly retired San Francisco Unified District school teacher. She has underlying medical issues and a medically fragile husband, in addition to two grandchildren, too young for vaccination. She is concerned about riding MUNI with other unmasked riders who may have COVID-19.

Penny encouraged the Commission to have the courage of colleagues across the Bay to reinstate indoor mask mandates. She is immune compromised and her 4-year old is too young to be vaccinated. She is worried about severe long-term issues of Long COVID. She added that the budget presentation shows that a huge amount of money is being spent on COVID-19. She urged preparation for the impact of Long COVID, impacting 20% of those who contract COVID, on the San Francisco communities and workforce.

A caller from Senior and Disability Action, stated that they were very disheartened about Dr. Philip's comment about mask mandates being authoritarian, especially when masks are still required in Health Commission meetings. They noted that many people in San Francisco do not have cars and need to use public transportation. They urged a reinstatement of an indoor mask mandate to, noting that San Francisco currently has a 12.5% test positivity rate; for many people this means not leaving the house to conduct basic personal busy and run errands.

Joe stated that using the term "authoritarian" in regard to mask mandates is absurd. Wearing masks protects oneself and others from colds, flu, and possibly COVID-19. He added that the MUNI board is saying that if they institute a mask mandate, that they are saying MUNI is not safe. He asked the DPH to reinstate the indoor mask mandate.

Commissioner Comments:

Commissioner Chow thanked Dr. Philip for her remarks. He asked for clarification of the situation with MUNI, noting that BART reinstated a mask mandate for all riders in all counties that it serves. Dr. Philip stated that she continues to be in discussions with MTA leadership regarding the situation.

Commissioner Bernal thanked Dr. Philip for her empathetic response to public comments and for her ongoing leadership in COVID-19 work.

11) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Chung, Chair, stated that the Committee reviewed all items on the Consent Calendar and recommend that the full Health Commission approve them. She noted that DPH Business Office staff notified the Committee that the DPH is working closely with Positive Resource Center/Baker Places on organizational fiscal issues and noted that more information will be available at the July 5, 2022, Finance and Planning Committee meeting. She also stated that the DPH recommends that the Commission approve the contracts from the agency at this juncture to ensure no interruption of services for clients.

12) CONSENT CALENDAR

Commissioner Comments:

Commissioners Green and Giraudo noted that they each have a conflict with California Pacific Medical Center and requested that line 9, (CPMC) of the “Chapter 21.42 Sole Source Waiver Pre-Approval List for FY22-23” be voted on separately due to these conflicts.

Action Taken: The Health Commission voted to remove the “Chapter 21.42 Sole Source Waiver Pre-Approval List for FY22-23” from the Consent Calendar for a separate vote.

Action Taken: Commissioners Bernal, Green, Chow, Chung, and Giraudo, voted unanimously to approve the “Chapter 21.42 Sole Source Waiver Pre-Approval List for FY22-23, without line 9, “California Pacific Medical Center (CPMC).”

Action Taken: The Health Commission unanimously voted to approve all remaining items on the Consent Calendar.

- **JUNE 2022 CONTRACTS REPORT**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT AUTHORIZED UNDER SECTION 21.15 OF THE ADMINISTRATIVE CODE WITH HEALTH MANAGEMENT ASSOCIATES, INC TO PERFORM SPECIALIZED CONSULTING SERVICES IN SUPPORT OF THE LAGUNA HONDA RECERTIFICATION EFFORT. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$3,782,365 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF MAY 9, 2022 THROUGH JUNE 30, 2023 (14 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT AUTHORIZED UNDER SECTION 21.15 OF THE ADMINISTRATIVE CODE WITH HEALTH SERVICES ADVISORY GROUP, INC TO PERFORM SPECIALIZED CONSULTING SERVICES IN SUPPORT OF THE LAGUNA HONDA RECERTIFICATION EFFORT. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$1,778,247 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF MAY 9, 2022 THROUGH DECEMBER 31, 2022 (8 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH ROYAL AMBULANCE, INC. TO PERFORM AMBULANCE SERVICES. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$3,000,000 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF 06/01/2022 THROUGH 06/30/2026. (49 MONTHS/4 YEARS)**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH REGENTS OF THE**

UNIVERSITY OF CALIFORNIA SF, DEPARTMENT OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES TO PROVIDE THE CITY AND THE DEPARTMENT OF PUBLIC HEALTH WITH OVERDOSE PERINATAL SERVICES TO IMPROVE THE HEALTH, SAFETY AND PREGNANCY OUTCOMES OF PREGNANT PEOPLE IN SAN FRANCISCO WHO ARE FACING SIGNIFICANT BARRIERS TO ACCESSING EFFECTIVE PRENATAL AND PERINATAL CARE AND ESSENTIAL MEDICAL, PSYCHOSOCIAL AND SUPPORT SERVICES. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$237,350, WHICH INCLUDES A 12% CONTINGENCY. THE TOTAL TERM OF THE CONTRACT IS FROM MARCH 1, 2022 THROUGH JUNE 30, 2023 (16 MONTHS).

- CHAPTER 21.42 SOLE SOURCE WAIVER PRE-APPROVAL LIST FOR FY22-23

13) OTHER BUSINESS:

This item was not discussed.

14) MAY 17, 2022 COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Giraudo, Chair, stated that the BHS Internship Pipeline presentation was delayed because the presenter had COVID-19 at the time. The Committee reviewed a presentation on Sugary Drinks Distributor Tax, which was meant to decrease consumption of sugary drinks, increase oral health for children, and fund health food programs for lower income individuals. Ten million dollars were distributed to 42 organizations. The Committee suggested adding outcome data and including the number of participants in future updates.

15) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Chow, ZSFG JCC Chair, stated that at the May 24, 2022 meeting, the Committee discussed standard reports, including the Regulatory Affairs Report, CEO Report, Hiring and Vacancy Report, and Medical Staff Report. During the CEO Report, Dr. Ehrlich announced that Dr. Elena Fuentes-Afflick, former ZSFG Pediatrics Chief, has replaced Dr. Sue Carlisle as the UCSF Vice Dean of ZSFG. Dr. Ehrlich also noted that several key ZSFG staff have been deployed to Laguna Honda Hospital to assist in the recertification process. This includes Terry Dentoni, ZSFG Chief Nursing Officer, who will continue in her role at ZSFG while also assuming the same role at Laguna Honda. In addition, the ZSFG Chief Communications officer has been deployed and ZSFG Quality staff and Patient Experience staff have been consulting with the Laguna Honda Hospital team. ZSFG has shown progress in reducing workplace violence through a multi-faceted approach, including de-escalation training for staff and use of the BERT team to assist in complex patient situations. The Committee also discussed a “ZSFG Strategic Safety Improvement Plan” presentation. Reduction in patient falls remain an important goal. The hospital strives to embed patient safety reduction in all of its work. Commissioner Chow noted that there were no items to approve in the Medical Staff Report this month. In closed session, the committee approved the Credentials Report and report of the PIPS minutes.

Commissioner Bernal noted that Commissioner Guillermo, LHH JCC chair, will give LHH JCC updates when she returns.

16) 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. (Action Item)

- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

**LAGUNA HONDA HOSPITAL AND REHABILITATION
CENTER QUALITY UPDATE REGARDING RECENT
REGULATORY SURVEY ACTIVITY**

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).

17) POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

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

18) ADJOURNMENT

The meeting was adjourned at 8:10pm.

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 22-15**

Honoring LGBTQ Pride Month

WHEREAS, June is LGBTQ Pride Month, a time to celebrate the wide spectrum of individuals who comprise this community and acknowledge their continuing struggle for equal rights in this country, and around the world; and

WHEREAS, Pride is celebrated in June to commemorate a group of LGBTQ individuals, mostly transgender women and gay men, who protested on June 28, 1969, following a police raid of the Stonewall Inn, an LGBTQ club in New York City. This event is considered a turning point in the modern LGBTQ movement for equality; and

WHEREAS, Individuals who are lesbian, gay, bisexual, transgender, and queer, and/or questioning, are referred to as LGBTQ; and

WHEREAS, Members of the LGBTQ community are frequently raised with expectations from family and community of being cisgender and heterosexual. Each LGBTQ individual must internally self-identify with their gender identity and/or sexual orientation, communicate this information to those closest to them, and search for others like themselves, and allies, in order to find their community. This deeply personal process is referred to as “Coming Out;” and

WHEREAS, LGBTQ people can be found in every race, ethnicity, age, gender, socio-economic class, religion, geographic region, education level, political affiliation, spectrum of physical abilities and disabilities, and any group of people; and

WHEREAS, LGBTQ people around the world have made, and continue to make, vital contributions in every avenue of life and profession; and

WHEREAS, throughout much of the history of the United States, same-gender sex and relationships were criminalized in many States and many LGBTQ people in the United States have been forced to hide their LGBTQ identities while living in secrecy and fear; and

WHEREAS, LGBTQ people in the United States face discrimination in employment, healthcare, education, housing, and many other areas impacting their physical and mental health and well-being; and

WHEREAS, The LGBTQ community has faced discrimination, inequality, and violence throughout the history of the United States; and

WHEREAS, Until 1973, the American Psychiatric Association categorized homosexuality as a mental illness; and

WHEREAS, During the Clinton Presidential administration, the federal government instituted the “Don’t Ask, Don’t Tell” policy, which barred openly gay, lesbian, or bisexual individuals from the military because their presence, “Would create an unacceptable risk to the high standards of morale, good order, and discipline.” During his presidential tenure, Bill Clinton also signed the “Defense of Marriage Act,” defining marriage as “a union of one man and one woman;” and

WHEREAS, Twenty-eight States have no explicit ban on discrimination based on sexual orientation and gender identity in the workplace, housing, or public accommodations, and 34 States have no explicit ban on discrimination against LGBTQ individuals in education; and

WHEREAS, LGBTQ youth have an increased risk of suicide; homelessness; becoming victims of bullying, violence, and human trafficking; and developing behavioral health issues; and

WHEREAS, Only 13 States and the District of Columbia have explicit policies in place to protect foster youth from discrimination based on both sexual orientation and gender identity; and

WHEREAS, LGBTQ youth of color are overrepresented in child welfare and juvenile justice systems; and

WHEREAS, LGBTQ people in the United States, in particular transgender individuals of color, face a disproportionately high risk of becoming victims of violent hate crimes; and

WHEREAS, Over 25% of transgender people have lost a job due to discrimination, and more than 75% have experienced some form of workplace discrimination. Transgender People of Color experience higher rates of harassment in addition to physical and sexual violence on the job; and

WHEREAS, members of the LGBTQ community have been targeted in acts of mass violence within the United States, including the arson attack at the Upstairs Lounge in New Orleans, Louisiana, on June 24, 1973, in which 32 people died, and the Pulse nightclub shooting in Orlando, Florida, on June 12, 2016, in which 49 people were killed; and

WHEREAS, LGBTQ people around the world continue to be arrested and, in some cases, tortured or executed, because of their actual or perceived sexual orientation or gender identities; and

WHEREAS, LGBTQ individuals of all ages face physical and behavioral health disparities in the United States linked to social stigma, discrimination, and denial of their civil and human rights. This results in the group experiencing higher rates of:

- Suicide and suicidal thoughts
- Mood and Anxiety disorders
- Substance and tobacco abuse
- HIV/AIDS
- Obesity
- Eating disorders
- Breast Cancer
- HPV, and related cervical and anal cancer

WHEREAS, HIV/AIDS has disproportionately impacted LGBTQ people in the United States, due in part to discrimination against LGBTQ individuals during the early stages of the HIV and AIDS epidemic, resulting in a lack of funding and research devoted to finding effective prevention and treatment; and

WHEREAS, Compared to other groups, LGBTQ people are less likely to have health insurance, more likely to delay seeking care, more likely to report lack of culturally competent care, and more likely to report poor quality of care and unfair treatment by healthcare providers; and

WHEREAS, There is a need to improve government data on sexual orientation and gender identity in order to ensure the health and wellbeing of LGBTQ people in the United States, including those residing in San Francisco, who remain invisible without accurate data to represent this diverse group's needs; and

WHEREAS, Between 2013 and 2015, the Supreme Court of the United States ruled in two cases (Obergefell v. Hodges and United States v. Windsor), that same-sex couples have a constitutional right to marry, and that the “Defense of Marriage Act” was unconstitutional; and

WHEREAS, in 2009, after Congress passed the legislation, President Barack Obama signed the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act into law to protect all people in the United States from crimes motivated by race, and the actual or perceived sexual orientation or gender identity of an individual; and

WHEREAS, in June 2020, the Supreme Court of the United States affirmed that existing civil rights laws prohibit employment discrimination on the basis of sexual orientation and gender identity; and

WHEREAS, After World War II, thousands of military veterans who did not fit into society’s ideals of heteronormativity chose to move to San Francisco, instead of returning to their hometowns; and

WHEREAS, In the 1950’s, two LGBTQ organizations were founded with headquarters in San Francisco. The Daughters of Bilitis was the first Lesbian civil rights and political group in the United States. The Mattachine Society was a national civil rights group for gay men; and

WHEREAS, The Tavern Guild, the first gay business association in the United States, was founded in San Francisco in 1962 as a response to raids of LGBTQ bars by police; and

WHEREAS, In 1966, three years before the Stonewall riots, transgender individuals in San Francisco rioted at the Compton’s Cafeteria in the Tenderloin, as a protest against police harassment and brutality. The heroism of this uprising is at the heart of the first legally recognized Transgender district in the world; and

WHEREAS, The Sexual Freedom League, a group advocating for the rights of bisexuals, was founded in 1967 in San Francisco; and

WHEREAS, The first LGBTQ Pride parade in San Francisco took place in 1970; and

WHEREAS, The Gay Olympics, later renamed the Gay Games, was founded in San Francisco; and

WHEREAS, In response to the devastation of the HIV/AIDS epidemic, the LGBTQ community created a matrix of social service programs and partnered with the San Francisco Department of Public Health to develop the highest quality of research, prevention, and treatment programs; and

WHEREAS, San Francisco has been home to many esteemed LGBTQ leaders in many professional areas. The following are a few examples of San Francisco’s many LGBTQ leaders:

- Margaret Chung, lesbian and first American-born Chinese female physician to earn a California medical license
- Del Martin and Phyllis Lyon, Lesbian couple and groundbreaking LGBTQ civil rights activists who founded The Daughters of Bilitis
- Rose Bamberger, Filipina and founding member of the Daughters of Bilitis
- Harry Hay, co-founder of the Mattachine Society and Radical Faeries
- Jose Sarria, first openly gay United States Presidential candidate in 1962
- Harvey Milk, first openly gay politician in California
- Anne Kronenberg, Harvey Milk’s campaign manager, LGBTQ rights activist, and former San Francisco Department of Public Health Deputy Director of Health
- Crystal Jang, first openly gay Asian lesbian teacher within the San Francisco Unified School District

- Gilbert Baker, creator of the LGBTQ rainbow flag
- Cleve Jones, co-founder of the San Francisco AIDS Foundation and conceived the AIDS Quilt
- Randy Shilts, first openly gay reporter for the San Francisco Chronicle, author of “The Mayor of Castro Street: The Life and Times of Harvey Milk,” and “The Band Played On,” a chronicle of the early HIV/AIDS Epidemic
- Tom Waddell, founder of the Gay Olympics/Gay Games, and Castro neighborhood physician
- James M. Foster, first openly LGBTQ person to address the Democratic National Convention, was appointed by Mayor Feinstein in the first roster of Health Commissioners, and later was an AIDS activist.
- Marlon Riggs, Black African American filmmaker, poet, and gay rights activist
- Theresa Sparks, transgender activist, former president of the San Francisco Police Commission and past Executive Director of the Human Rights Commission
- Barbara May Cameron, LGBTQ American Indian Activist, co-founder of Gay American Indians and co-chair of Lesbians for Action
- Roma Guy, Women’s and LGBTQ community activist, and former San Francisco Health Commissioner
- Stuart Gaffney and John Lewis, co-plaintiffs in the lawsuit to overturn the California ban on same gender marriage
- Jim Hormel, philanthropist, LGBTQ activist, and the first openly gay person to serve as a United States ambassador
- Mark Leno, first openly gay man to be elected to the California Senate and one of the first two openly gay men to serve in the California State Assembly
- Harry Britt, former President of the San Francisco Board of Supervisors, who first introduced domestic partnership legislation
- David Campos, LGBTQ Latino former San Francisco Supervisor
- Hoover Lee, Founding member of the Gay Asian Pacific Alliance (GAPA), and the Asian and Pacific Islander Caucus of the Harvey Milk LGBTQ Democratic Club
- Honey Mahogany, Aria Sa’id, and Jenetta Johnson, San Francisco transgender activists who formed the first legally recognized Transgender District in the World

WHEREAS, the San Francisco Department of Public Health has been led by four effective LGBTQ Directors of Health: Sandra Hernandez MD, Mitchell Katz MD, Barbara Garcia, and Grant Colfax MD; and WHEREAS, the San Francisco Health Commission membership has always included LGBTQ individuals and individuals living with HIV since its inception in 1985; and

WHEREAS, the San Francisco Health Commission has supported the City’s LGBTQ communities throughout its history, through resolutions, approval of LGBTQ budget-related items, and support of the San Francisco Department of Public Health programs serving LGBTQ communities.

NOW THEREFORE BE IT RESOLVED, that the San Francisco Health Commission recognizes Pride Month as an important time to celebrate the significant contributions of LGBTQ individuals to the history of the United States, the state of California, and the City of San Francisco; and

FURTHER RESOLVED, the San Francisco Health Commission recognizes that LGBTQ communities enhance the rich diversity of and strengthen the City of San Francisco; and

FURTHER RESOLVED, the San Francisco Health Commission supports efforts, through policy, legislation, public health and social service programs, data collection, and shared community values, to ensure that San Francisco remains a beacon of hope for LGBTQ people around the world.

I hereby certify that the San Francisco Health Commission adopted the foregoing resolution at its

June 7, 2022 meeting.

Mark Morewitz, M.S.W.
Health Commission Secretary

**Health Commission
City and County of San Francisco
Resolution No. 22-16**

**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) and one directive (Health Officer Directive No. 2020-33i, available online at 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 June 7, 2022, adopted the foregoing resolution

Mark Morewitz, MSW
Health Commission Executive Secretary