

**Dan Bernal**  
President

**Laurie Green, M.D.**  
Vice President

**Edward A. Chow, M.D.**  
Commissioner

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

**Cecilia Chung**  
Commissioner

**Suzanne Giraudo ED.D**  
Commissioner

**Tessie M. Guillermo**  
Commissioner

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

**London N. Breed Mayor**  
**Department of Public Health**



**Grant Colfax, MD**  
Director of Health

**Mark Morewitz, M.S.W.**  
Executive Secretary

**TEL (415) 554-2666**

**FAX (415) 554-2665**

**Web Site: <http://www.sfdph.org>**

### **MINUTES HEALTH COMMISSION MEETING Tuesday July 5, 2022 4:00 p.m. Remote Meeting via Webex Event**

#### **1) CALL TO ORDER**

Present: Commissioner Laurie Green, MD, Vice President  
Commissioner Edward A. Chow M.D.  
Commissioner Suzanne Giraudo, Ph.D  
Commissioner Tessie Guillermo

Excused: Commissioner Dan Bernal President  
Commissioner Susan Belinda Christian, J.D.  
Commissioner Cecilia Chung

The meeting was called to order at 4:06pm.

#### **2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 21, 2022.**

##### Commissioner Comments

Commissioner Chow noted that his comments regarding a Healthy San Francisco carve-out noted on page 6, should be placed under the Gender Health update, on the previous page. Mr. Morewitz apologized for his error and stated he would make this correction.

Action taken: The Health Commission approved the minutes of the June 21, 2022 meeting, with the correction noted above.

#### **3) DIRECTOR'S REPORT**

Navenna Bobba, MD, DPH Deputy Director of Health, presented the item.

##### **SAN FRANCISCO GIVING MONKEYPOX VACCINE TO RESIDENTS AT HIGH RISK BECAUSE OF AN EXPOSURE**

DPH has further defined the eligibility criteria for a Jynneos vaccine to prevent monkeypox infections to San Franciscans who are at high risk because they were notified of an exposure within the past 14 days.

This includes people who have had close physical contact with someone diagnosed with monkeypox, as well as people who have received notification of an exposure from an event or venue where there was a known monkeypox case.

Vaccine supplies are limited and the San Francisco supply may be exhausted quickly, however DPH is expecting new allocations of the Jynneos vaccine to arrive weekly. The goal is to vaccinate as many people as possible who have been directly exposed to the virus. However, the San Francisco supply of vaccine is dictated by state and federal partners. Information about vaccine availability is updated regularly at: [sf.gov/monkeypox](https://sf.gov/monkeypox)

General questions about monkeypox or personal health, including risk of contracting the virus, should be directed to one's health care provider. Those who are disconnected from a health care provider can seek medical guidance from San Francisco City Clinic at 356 7th Street or at Strut at 470 Castro Street.

People who are eligible for a vaccine because of a close contact exposure should look at an updated list of locations where vaccines are being administered at: [sf.gov/monkeypox](https://sf.gov/monkeypox)

SFDPH is working with healthcare systems to expand the locations of vaccines to their members and patients, while ensuring an equitable distribution to people who are uninsured, disconnected from care, and underserve communities.

**Currently, a person is eligible for a Jynneos vaccine in San Francisco if they are:**

- Referred by a contact investigator as a close contact of someone who has monkeypox (suspected or confirmed)
- Self-report as a close contact of someone who has monkeypox (suspected or confirmed)
- Received a notification from a venue or event of a potential exposure to someone who has monkeypox (suspected or confirmed)

**MAYOR LONDON BREED ANNOUNCES OPENING OF FIRST DRUG SOBERING CENTER IN SAN FRANCISCO**

SoMa RISE Center is part of the City's response to support residents with substance use dependency

Mayor London N. Breed and DPH announced the opening of San Francisco's first drug sobering center. The SoMa RISE (Recover, Initiate, Support, and Engagement) Center at 1076 Howard Street in the South of Market neighborhood, is a safe indoor space for people who are intoxicated with opioids, methamphetamines, or other substances to come in off the streets, rest and stabilize, and get connected to care and services.

SoMa RISE is part of the City's response to the drug overdose crisis and aims to save lives from overdose deaths and reduce public drug use, while prioritizing support for people experiencing homelessness who have substance use dependency. The center will support up to 20 participants at a time with some flexibility. Most individuals seeking care are anticipated to stay 4 to 12 hours, during which time they can rest, stabilize, and access basic services like clean bathrooms, showers, beds, and a meal.

Serving the South of Market and Tenderloin neighborhoods, SoMa RISE will initially be staffed daily from 8 a.m. to 8 p.m. by health and safety workers who are trained in Narcan/Naloxone administration. As the Center continues to ramp up, operating hours will scale to 24 hours a day, seven days a week. At SoMa RISE, the program is voluntary and participants are accepted on a walk-in basis or by transport from street outreach teams, such as the Street Crisis Response Team (SCRT) or the Homeless Outreach Team (SFHOT). SoMa RISE serves as a first link to support and assist participants ready for withdrawal management and other services.

While SoMa RISE was originally conceived as a key recommendation of the City's Methamphetamine Task Force in 2019, the large numbers of drug overdoses in recent years caused by the arrival of the powerful synthetic opioid fentanyl have given new urgency to the need for the center. The South of Market and Tenderloin neighborhoods have the City's highest overdose rates, predominantly among individuals who are experiencing homelessness, and SoMa RISE will help address this crisis. The space is tobacco, alcohol, and drug-free and is designed to support residents with substance use issues who need a safe place to sober up.

HealthRIGHT 360 will run daily operations at the SoMa RISE Center with oversight by DPH. Staff will be onsite every day to monitor and engage with guests. Participants may also engage in peer counseling about health, housing, recovery, and wellness. Upon leaving, participants will be connected and transported to their next step service destinations, including withdrawal management, residential treatment, and supportive housing. HealthRIGHT 360 is a non-profit community provider of residential and outpatient service for health care, mental health, and substance use disorder services.

Under Mayor Breed's leadership, the City is focused on addressing substance use, mental health, and homelessness. The SoMa RISE Center will be evaluated and use of the center will be tracked by DPH, furthering the City's efforts to ensure programs are working and improve services as needed. The site will also host DPH administrative offices.

San Francisco has devoted significant resources to creating low-barrier programs that are easily accessible to people experiencing homelessness. Sobering centers provide an alternative approach to law enforcement and reduce unnecessary emergency department visits and hospital stays.

For video and photos of the SoMa RISE Center please see link [here](#).

### **SAN FRANCISCO BEGINS COVID-19 VACCINATIONS FOR CHILDREN 6 MONTHS TO 4 YEARS OLD**

COVID-19 vaccines for young children are an opportunity to connect to doctor for health check-ups and other immunizations.

DPH announced that with federal and state approvals and recommendations, the COVID-19 vaccine is now available for children ages 6 months to 4 years.

Most families and caregivers will be able to access vaccines for this age group through their health system providers, pediatricians, and select pharmacies; individual providers will begin outreach to their patients directly to book appointments. [Major health systems](#) such as Kaiser, UCSF, Dignity and Sutter Health opened appointments and information can be found at <https://myturn.ca.gov/> and [sf.gov/getvaccinated](https://sf.gov/getvaccinated).

To ensure equitable access to vaccines, DPH began offering COVID-19 vaccines to families who need them at DPH-operated and neighborhood sites, including the San Francisco Health Network (SFHN) and Zuckerberg San Francisco General Hospital (ZSFG). For a list of vaccine sites, go to: [sf.gov/getvaccinated](https://sf.gov/getvaccinated).

Both the Pfizer and Moderna vaccines have been approved for this age group in a low-dose formulation; they are a three-dose series and a two-dose series, respectively.

DPH has received an initial shipment of 12,800 vaccines distributed through San Francisco Health Network (SFHN) to existing patients and those currently without a healthcare provider. This number of does not include doses shipments to major health systems, pharmacies, and community clinics.

Certain pharmacies will also offer vaccines as part of this eligibility expansion although the ages that they are approved for vary depending on the site; most pharmacies will serve children 3 years or older. Appointments can be booked directly with the major pharmacies through their websites or via [sf.gov/get- vaccinated](https://sf.gov/get-vaccinated).

Because some pediatric providers may encounter operational challenges in offering the vaccine, such as storage and refrigeration, DPH has been helping to problem solve these infrastructure needs to support vaccinations of this age group and identifying gaps where resources could be focused to ensure equitable access within communities experiencing disparities in healthcare access or highly impacted by COVID-19, regardless of immigration status.

Through partnerships with schools, community groups, and others, San Francisco is seeing children 5 and older get vaccinated [at high rates](#) (75% for children ages 5 to 11, and over 90% for those 12-17 fully vaccinated), and expect those vaccinations to protect children from serious disease. Our booster uptake for people ages 5 and older is 74%, above state and national averages.

DPH will continue to partner with community organizations to operate neighborhood-based vaccine sites in priority neighborhoods and will offer information and vaccine appointments through these organizations.

## **BAY AREA HEALTH OFFICIALS URGE AWARENESS ABOUT MONKEYPOX AS SUMMER TRAVEL AND GATHERINGS BEGIN**

*This is a joint statement from Alameda, Contra Costa, Marin, Napa, San Mateo, San Francisco, Santa Clara, Sonoma counties and the City of Berkeley*

As the summer season begins with increased travel and major events and gatherings, Bay Area Health Officials urge people to protect themselves against the [monkeypox virus](#), which spreads through prolonged skin-to-skin contact and bodily fluids, such as through crowded settings or sexual contact.

The alert from nine health jurisdictions comes as cases – which appear on individuals as distinctive rashes and sores that can look like blisters or pimples – continue to emerge in the Bay Area, the nation and the globe. Monkeypox is not new, but this is the first time this virus has spread in so many countries at once.

Most cases of monkeypox resolve on their own, although it can be serious. The illness often begins with flu-like symptoms before the emergence of a rash and may last for 2 to 4 weeks. A post-exposure vaccination is available through healthcare providers.

Unlike COVID-19 which spreads easily through the air, the risk of monkeypox to the general public is currently low unless they engage in higher-risk behaviors. Having sex with multiple sex partners can increase a person's risk of becoming infected when monkeypox is spreading in the community. Be aware of crowded, indoor spaces where people have close skin-to-skin contact, sex, kissing, and close breathing. The virus can also be spread through shared clothing or bedding.

Many of the cases currently appearing are within networks of self-identified gay and bisexual men, trans people, and men who have sex with men. People in these networks are currently at higher risk, though people of any sexual orientation or gender identity can become infected and spread monkeypox. Public awareness is important as the disease could spread within potentially larger groups or networks of people.

Bay Area Health Officials urge the media, government officials, and the community at-large to avoid stigmatizing a particular group or person for monkeypox, but rather support those at highest risk and keep others from becoming complacent.

There are other contagious illnesses that can cause rash or skin lesions. For example, syphilis and herpes are much more common than monkeypox, can look similar, and should be treated too.

### **How to protect yourself:**

- Consider covering exposed skin in dense, indoor crowds
- Don't share bedding or clothing with others when possible
- Before having close, physical contact with others, talk to your partners about their health and any recent rashes or sores
- Stay aware if traveling to countries where there are outbreaks

**How to protect others:**

If you have symptoms particularly a rash consistent with monkeypox, or if you have been in contact with someone who has been diagnosed with monkeypox:

- Stay home if you are feeling sick
- Contact a health care provider as soon as possible for an evaluation
- Avoid skin-to-skin, or close contact with others, including sexual contact, until a medical evaluation has been completed
- Inform sex partners about any symptoms you are experiencing
- Cover the rash with clean, dry, loose-fitting clothing
- Wear a well-fitted mask
- If you are contacted by public health officials, answer their confidential questions to help protect others who may have been exposed

**How to get help:**

If you do not have a provider, or have difficulty scheduling an appointment, you can be seen at SF City Clinic at 7<sup>th</sup> Street, San Francisco (628-217-6600) or at Strut located at 470 Castro Street (415-581-1600).

San Francisco has identified 20 cases of monkeypox to date but anticipates more cases of monkeypox could occur. DPH is monitoring updates and guidance from the U.S. Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) on the evolving situation and has systems in place to receive reports of suspected cases and reach out to individuals and their close contacts. DPH has procured a limited supply of the Jynneos vaccine for preventative use in people who are identified as close contacts.

**More information about monkeypox can be found here:**

- San Francisco guidance, updates and outreach materials: [sf.gov/monkeypox](https://sf.gov/monkeypox)
- Q&A from CDPH: [cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox-Questions-and-Answers.aspx](https://cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox-Questions-and-Answers.aspx)
- Information on monkeypox from the CDC: [cdc.gov/poxvirus/monkeypox/response/2022/index.html](https://cdc.gov/poxvirus/monkeypox/response/2022/index.html)
- Social gatherings and safer sex from the CDC: [cdc.gov/poxvirus/monkeypox/specific-settings/social-gatherings.html](https://cdc.gov/poxvirus/monkeypox/specific-settings/social-gatherings.html)

**RECOGNIZING DPH'S HAZARDOUS MATERIALS EMERGENCY RESPONDERS**

DPH's Environmental Health Branch (EHB) maintains a team of trained hazardous materials emergency responders. This team is on call 24/7 and responds to incidents involving hazardous materials spills throughout the year. To perform this duty, the team maintains an emergency response vehicle which contains a wide variety of response equipment including a portable Gas Chromatography-Mass Spectrometry device. The team is supervised by Jonathan Piakis, CIH, and includes Senior Inspectors, Robert DeMarr and Humberto Quinonez. In mid-June, the Emergency Response Team participated in a large-scale disaster exercise to evaluate San Francisco's response to a terrorist incident on public transit involving both a simulated radiological dispersion device (dirty bomb) and a nerve agent. Emergency Responder Humberto Quinonez participated in a successful multi-agency response with various staff members from BART, MUNI, the San Francisco Fire Department (SFFD), the San Francisco Police Department (SFPD), the National Guard 95th Civil Support Team (CST), the Department of Energy (DOE), and the Federal Bureau of Investigation (FBI). Humberto's role was to identify the unknown agents used and provide advice regarding appropriate protective equipment and how to safely mitigate the emergency. The drill took place between the hours of 1:00 AM and 5:00 AM to minimize disruption to BART and Muni. Thanks to the hard work of the Environmental Health Emergency Response Team, San Francisco is properly trained and well equipped to respond to terrorist incidents involving hazardous materials and weapons of mass destruction should it be needed in the future.

### **SUCCESSFUL ZSFG LAB SURVEY**

ZSFG experienced an unscheduled Clinical Laboratory and Anatomic Pathology Lab Accreditation Survey on Tuesday, June 21. Two Joint Commission surveyors were there all week and conducted a thorough review of ZSFG's laboratory practices and point-of-care testing. The surveyors noted 99% compliance: of the 226 lab standards and 993 elements of performance, only 8 findings were identified. No deficiencies ranked high likelihood for harm, widespread scope, or immediate threat to life. The Anatomic Pathology Lab was inspected with no findings and a lot of complements about the lab, staff, and procedures.

A successful survey like this is not possible without a large and supportive team around it. In particular, ZSFG's regulatory team provided exceptional and expert support and guidance. The teams in Respiratory Care Services, H62/64, 4C, the Emergency Department, Critical Care Services, and the Cardiac Catheterization Lab were all surveyed and did exceptionally well. The Performance Improvement team, Human Resources, and Food and Nutrition provided excellent support. This a fantastic example of ZSFG's diverse, knowledgeable, and collaborative team coming together and going above and beyond to show what remarkable service we provide to our patients and our community.

### **DPH TRAUMA INFORMED SYSTEMS TRAINING OPPORTUNITY**

On July 7<sup>th</sup> at 11:30am, DPH staff are invited to attend an Intro to Mindfulness training from Jenee Johnson, Program Innovation Leader. Find out more by visiting the Eventbrite link:

<https://www.eventbrite.com/e/373993924897>

### **[DPH in the News](#)**

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

June 2022

Governing Body Report - Credentialing Summary  
(6/16/22 MEC)

	6/2022	07/2021 to 07/2022
<i>New Appointments</i>	7	126
Reinstatements	0	0
<i>Reappointments</i>	87	649
Delinquencies:		
Reappointment Denials:		
<b>Resigned/Retired:</b>	25	166
<i>Disciplinary Actions</i>		
<b>Administrative Suspension</b>		
<i>Restriction/Limitation-Privileges</i>		
<b>Deceased</b>		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	19	139
Additions	5	99
Proctorship Completed	36	192

**Current Statistics – as of 6/3/22**

Active Staff	534
<i>Courtesy Staff</i>	613
Affiliated Professionals (non-physicians)	292
<b>TOTAL MEMBERS</b>	<b>1,439</b>

<i>Applications in Process</i>	123
<b>Applications Withdrawn Month of June 2022</b>	0
<b>SFGH Reappointments in Process 7/1/22 to 9/30/22</b>	166

Commissioner Comments:

Commissioner Green asked how the Tenderloin Center and SoMa Rise Sobering Center will interact. Dr. Bobba stated that the SoMa Rise Sobering Center was planned prior to the COVID pandemic and was a recommendation of the Methamphetamine Taskforce to address users of multiple substances; the Tenderloin Center was established in response to an emergency, and not meant only for drug sobering services. Dr. Hillary



Kunins, Director of DPH Behavioral Health Services, stated that the DPH is still considering the future state of the Tenderloin Center and will update the Health Commission as more information is known.

#### **4) COVID-19 UPDATE**

Navenna Bobba, MD, DPH Deputy Director of Health, presented the item.

##### Public Comment:

Raia Small, Senior and Disability Action organization, urged reinstatement of an indoor mask requirement. She noted that there is currently a 15% test positivity rate in San Francisco. The MUNI mask recommendation is not helpful to those most in need. She noted that Dr. Philip people should make masking decisions based on their level of comfort; she asked how this recommendation fits in with the needs of people who are vulnerable and can't leave their apartment to do any necessary activities of daily living.

Shawna Reeves requested that the indoor mask mandate be reinstated and noted that repeat COVID infections may lead to long-term health issues.

A caller urged the reinstatement of an indoor mask mandate. She stated that there seems to be a true lack of concern although the new variants are very transmissible. She added that as the DPH attempts to normalize mass COVID infection, anywhere from 5-30% of people with COVID will experience long COVID.

Kenny asked if the Commission and DPH are okay with people getting long COVID. They noted that the number one symptom of long COVID in children are mental health issues.

Elissa Matross stated that she finds the Health Commission's refusal to reinstate an indoor mask mandate very wrong and very confusing. She surmised that the DPH and Commission are under enormous pressures to merely recommend but not reinstate masking. She thinks it is the DPH and Health Commissioner's duty to follow scientific news. She added that as Health Commissioners, they are sworn to advocate strongly for public health. She reminded the Commissioners that the DPH website states, "That the mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans."

Lee Worden, an infectious disease researcher studying COVID transmission dynamics, working in San Francisco provided public comment and submitted a summary of his comments:

We're in another surge of COVID cases, and new variants continue to arise. Many of us can expect to be infected over and over. Long COVID can be permanently disabling. Even vaccinated and boosted people are at risk of long COVID, and the risk of long COVID appears to be at least 5% - if not much higher - each time you're infected, adding up to a substantial risk of serious harm to many people over time. This makes it crucial to reduce transmission. Many essential workers have no choice but to use public transit and otherwise face the public. The risks of COVID are disproportionately borne by people of color and people with disabilities. Requiring masking is a reasonable and necessary public health measure.

Francisco De Costa urged a reinstatement of the indoor mask mandate to protect the health of all residents.

Yaneer Bar-Yam We provided public comment and submitted a summary of their comments:

We write to the Commission in strong support of the need for broad masking requirements, and strong public health messaging on the risk and harms of long COVID. Cases are going up in San Francisco with over 15% positivity rates, and BA.5, the growing variant, has higher transmissibility and severity than previous variants. Vaccine efficacy has further significantly decreased compared to recent variants. Therefore, the vaccine only approach can't sufficiently protect the public. Long COVID is now known to be present in at least 1/3 of infected individuals and involves long term, serious impact on brain function, vascular function, immune system damage, and damage to multiple other



organs including liver, lungs, and kidney. Also, the monkeypox outbreak should be taken seriously. Transmission through physical contact and with clothing, bedding and surfaces is considered dominant, but there is strong evidence it is airborne. We strongly recommend mask requirements. <https://www.worldhealthnetwork.global/resources>

Sara quoted Dr. Philip as previously saying that “People should not forget about COVID.” She added that long COVID continues to be ignored and downplayed. She urged a reinstatement of mask mandates.

#### Commissioner Comments

Commissioner Giraudo suggested that the vaccine campaign for children 6 month to 5 years of age be continued when school starts; she is concerned that if it ends this summer, many parents will not see it. Dr. Bobba thanked Commissioner Giraudo for the suggestion and stated that she will check with the COVID-19 vaccination team and will back to the Health Commission. Dr. Susan Philip, Health Officer and Director of Population Health Division, stated that there is no need for a separate pediatrician visit just for the COVID-19 vaccine and that other medical services may be accessed on the same visit.

Commissioner Chow asked for an update on discussions between the Health Officer and MUNI regarding COVID-19 prevention efforts on public transportation. Dr. Philip stated that the intermediate step decided up is that MUNI vehicles include signage recommending masking for riders.

Commissioner Green requested COVID-19 vaccine data from the state by zip codes.

#### **5) GENERAL PUBLIC COMMENT**

There was no general public comment.

#### **6) RESOLUTION: ACCESS TO REPRODUCTIVE HEALTH IS A PUBLIC HEALTH ISSUE**

Mark Morewitz, Health Commission Executive Secretary, presented the item and noted that the Health Commission is scheduled to vote on the issue at its August 2, 2022 meeting.

#### Public Comment:

Francisco De Costa stated that as women come to San Francisco for abortions, we have to go deeper and offer them ambassadors who can help them through the process.

#### Commissioner Comments:

Commissioner Green thanked Mr. Morewitz for developing the draft resolution.

Commissioner Chow requested that dates be added to data sources.

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

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

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

#### **8) CITY OPTION FUNDS ESCHEATMENT & OUTREACH UPDATES**

Stella Cao, DPH Director of Managed Care, presented the item.

#### Commissioner Comments:

Commissioner Chow asked for clarification regarding the 14-year accumulation of \$104 million in the program while \$38 million is now projected annually. Sumi Sousa, San Francisco Health Plan Chief Policy

Development and Coverage Programs Officer, stated that the program has grown so much in recent years. She noted that the program is receiving approximately \$100 million in deposits annually.

Commissioner Giraudo thanked the team for making the new form easy to understand and at an appropriate reading level.

#### **9) FINANCE AND PLANNING COMMITTEE UPDATE**

Commissioner Chow chaired the meeting and stated that the committee recommends that the full Commission approve all items on the Consent Calendar. He noted that the DPH Business Office gave an update on the Positive Resource Center/Baker Places financial issues that impact the organization's DPH contracts. The Board of Supervisors allocated funds to assist the organization during the next several months in order to ensure the DPH contracted services would continue. The Controllers Office and DPH Business Office continues working with the organization to determine its financial viability to continue participation in DPH contracts. The DPH Business Office recommended that the Health Commission approve the Contracts Report a contract from Positive Resource Center/Baker Places to ensure continuity of services and maintenance of licensed mental health service beds.

Commissioner Guillermo, committee member, noted that the approval of contracts with this organization is an attempt to preserve a much needed public health service while holding the organization accountable for its current complex financial situation. She noted that the last two and a half years have posed fundraising and staff retention issues for many non-profits. She looks forward to continued updates from the DPH on this situation so the Health Commission may monitor the situation.

#### **Public Comment**

Francisco De Costa stated that they watched the Board of Supervisor hearing regarding Positive Resource Center/Baker Places and noted that we should not have non-profits without accountability and transparency. They added that audits do not allow lies.

#### **10) CONSENT CALENDAR**

Action Taken: The Health Commission unanimously approved the following:

- JULY 2022 CONTRACTS REPORT
- REQUEST
- REQUEST FOR

#### **11) OTHER BUSINESS:**

This item was not discussed.

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

Mr. Morewitz read an update on the May 24, 2022 ZSFG JCC, on behalf of Commissioner Chow, LHH JCC member. At the June 28th ZSFG JCC meeting, the Committee reviewed standard reports in open session including the Regulatory Affairs Report, Human Resources Report, CEO Report and Medical Staff Report. The Committee continues to check on the status of regulatory complaints and follow-up surveys. The hospital did well on a recent lab regulatory survey. The Committee also discussed a presentation on Financial Stewardship which described new measures to enable managers to better understand their budget and how their operations fit within that budget. This is a goal that the Health Commission has been hopeful for the hospital for achieving for years. During the Medical Staff Report, the committee approved the following: Pediatric Urgent Care RN Standard Procedures, Surgery Privileges List, and the Anesthesia Privileges List. In closed session, the Committee approved the credentials report and report of PIPS minutes.

**13) CLOSED SESSION**

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).
- B) Vote on whether to hold a Closed Session. (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.

**CONSIDERATION OF ZSFG CREDENTIALING MATTERS**

**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).

**14) POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION**

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

**15) ADJOURNMENT**

The meeting was adjourned at 5:55pm.

**Health Commission  
City and County of San Francisco  
Resolution No. 22-17**

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED, That the Health Commission finds as follows:

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

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

FURTHER RESOLVED, That the Executive Secretary of the Health Commission is directed to place a resolution substantially similar to this resolution on the agenda of a future meeting of the Health Commission within the next 30 days. If the Health Commission does not meet within the next 30 days, the Executive Secretary is directed to place a such resolution on the agenda of the next meeting of Health Commission.

I hereby certify that the San Francisco Health Commission at its meeting on July 5, 2022, adopted the foregoing resolution

---

Mark Morewitz, MSW  
Health Commission Executive Secretary