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, Vice President
- Tessie Guillermo
- Judy Guggenhime
- Karim Salgado

DPH Director of Health
Daniel Tsai

Health Commission Secretary
Mark Morewitz, MSW

Minutes for Health Commission

Date and Time

August 17, 2026 4pm

Agenda items

1. Call to Order

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

Excused: Commissioner Susan Belinda Christian, J.D.

President Green called the meeting to order at 4:02pm.

2. Approval of the Minutes of the Health Commission Meeting of August 3, 2026

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 August 3, 2026 meeting minutes.

3. General Public Comment

Amelia Harmon offered comments regarding recent changes to Street Crisis Response Team operations, stating concern about the removal of peer counselors from 911 dispatch teams. She described past Fire Commission discussion and emphasized the urgency of evaluating program impacts. Ms. Harmon requested that the Health Commission require a report from the Director of Health before any related contract modifications occur. She encouraged commissioners to review prior testimony and recordings and emphasized that coordinated systems work is essential for community health.

4. Resolution Honoring Roland Pickens

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

Mr. Pickens expressed deep gratitude for having spent 37 years serving San Francisco's health system, describing the work as both a privilege and the fulfillment of his childhood dream of becoming a hospital administrator. He emphasized that San Francisco's health care model is unique nationally and will continue to serve as an example for the rest of the country. He credited his accomplishments to collaboration with many colleagues over the years and acknowledged the inaugural Health Network leadership team who helped build its foundation

Public Comment:
Alice Chen, former San Francisco Health Network Medical Director, reflected on longstanding professional collaboration with Mr. Pickens, noting shared work on Healthy San Francisco, e-referral initiatives, and emergency response efforts. She described his leadership as calm, steady, and impactful, particularly visible during citywide crises and COVID-19 operations.

Baljeet Sangha, former San Francsico Chief Operating Officer, described firsthand experience during the 2013 Asiana Flight 214 response, recounting Mr. Pickens' leadership in the incident command center. He emphasized Mr. Pickens' consistent presence through numerous crises and his long-term influence on developing future leaders. He added that Mr. Pickens' mentorship created durable improvements in San Francisco's public health system.

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

> The Health Commission's resolution honoring Roland Pickens invokes the bionic hero, the "Six Million Dollar Man." Pickens is indeed a Six-Million-Dollar Man — just not the kind this Resolution imagined. City Controller payroll records I've obtained annually for 20 years show Pickens collected $4.9 million in total pay as SFHN's CEO between 2013 and 2025, plus another

$1.2 million between 2007 and 2013 — a combined $6 million over 19 years. In FY 2025 alone he was San Francisco's 4th highest-paid employee in base pay and 7th highest in total pay, excluding fringe benefits; he's collected $2.25 million in just the past five years. Meanwhile, LHH was decertified by CMS for 26 months under his watch as Acting CEO, worsening out-of-county patient dumping. His pension will be roughly $300,000 annually. Commissioners, please retire this pay structure — and retract this Resolution's praise. San Franciscans and the Ramaytush Oholone collectively say "Good Riddance, Roland."

Commissioner Comments:
President Green noted that the resolution honoring Mr. Pickens formally recognizes an individual whose decades of public service had profoundly strengthened the health of San Franciscans. She framed the moment as both meaningful and bittersweet, noting that the Commission honors people who have made a deep and lasting impact on the Department and the community.

Commissioner Guggenhime offered reflections on long-term collaboration with Mr. Pickens through her involvement with the San Francisco General Hospital Foundation, emphasizing that his informal guidance and political insight were invaluable. She noted that San Francisco benefitted significantly from his leadership and institutional knowledge across multiple generations of staff.

Commissioner Guillermo stated that the San Francisco Health Network became a nationally recognized integrated system largely due to Pickens' leadership. She emphasized Mr. Pickens' critical role during the Laguna Honda decertification period and described him as a steady partner who ensured recertification and stability.

Vice President Girardo praised Mr. Pickens' calm approach during the Laguna Honda Hospital decertification process and noted his metric-driven management style. She stated that his leadership helped stabilize a complex environment and guided certification work despite entrenched operational challenges.

Commissioner Chow recalled first meeting Pickens at SF General in 1989 and noted his contributions spanning substance abuse, mental health integration, and development of the Health Network. He stated that Pickens' work enabled major structural improvements over decades.

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

5. Directors Report
Daniel Tsai, DPH Director of Health, presented the item.

Dr. Susan Philip, San Francisco Health Officer and Director of Population Health Division, reported that a national outbreak of the parasite *Cyclospora* has affected about 14,000 people across the country, largely linked to contaminated iceberg lettuce, though no implicated lettuce was distributed in California. In California, 201 cases have been identified, mostly tied to international travel, with ten confirmed cases in San Francisco, only one of which may be linked to the multistate lettuce outbreak. She noted that investigations continue in partnership with state health authorities to obtain genotyping and complete case interviews.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

6. Resolution to Recommend to the Board of Supervisors to Authorize the DPH to Accept and Expend a Gift of $118,800 from Welcome Baby USA Inc.

President Green noted that the presenter for this item was unavailable on this date so the item was postponed.

7. Resolution to Recommend to the Board of Supervisors to Authorize the DPH to Accept and Expend a Gift of $50,000 from the California Department of Public Health

Hanna Hjord Barnard, MPH, Deputy Director, Sexual Health and Programs for People Who Use Drugs, Community Health Equity and Promotion Branch, Population Health Division, introduced the item.

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 resolution. (See Attachment B)

8. Review of Kaiser Permanente San Francisco Medical Center and Proposed Replacement Hospital: Findings and Recommendations Report

Miranda, Brillante, Health Program Planner, SFDPH Office of Policy and Planning; Inti Chomsky, Senior Consultant, RDA; Fabian Rivera-Reyes, Senior Consultant, RDA; Tina Tracy, Senior Manager, Land Use & Entitlements; Kaiser Permanente; Abhiskek Dosi, Senior Vice President & Area Manager, Kaiser Permanente Golden Gate Service Area; Monica Kendrick, Physician-in-Chief, Kaiser Permanente, presented the item.

Public Comment:
Jackie Bender made comments and submitted the following summary:

> The SFHIP identifies "a lack of power or authority to affect the circumstances under which one lives" as a determinant for population health. Powerlessness is what the community surrounding the hospital is experiencing with this process. The RDA confirms this: the report says community awareness is limited, that Kaiser does not do enough to engage the broader community. RDA's Recommendation 1 suggests that the solution is to provide more information about what those in power already decided for us. I am asking for an additional recommendation to be included: that Kaiser formalize ongoing community input on height, massing, and access during the design phase so that we can participate in this process and influence the outcome. That is in fact what the Planning Code designed the Master Plan to do: "to enable the institution to make modifications in response to comments prior to its more detailed planning."

Commissioner Comments:

Vice President Giraudo raised concerns about behavioral health integration within the expanded emergency department and inpatient units. She emphasized the rising number of adolescents presenting with behavioral crises and stressed the need for immediate access to buprenorphine and robust follow-up navigation services rather than delayed appointments. She also asked how Kaiser plans to ensure that all ED staff receive behavioral health training and how continuity of care will be preserved after discharge. She is also concerned that patients needing follow-up behavioral health-related appointments get access to appointments quickly. She noted that some of her patients have had to wait for weeks for appointments within the Kaiser system. Dr. Kendrick responded that Kaiser already initiates buprenorphine in the emergency department and there are navigators to assist patients in accessing relevant appointments. She stated the new emergency department design will include 6 rooms which can be used for private behavioral health spaces and expanded behavioral health functionality. Mr. Dosi noted they have developed mental-health workforce pipelines, including internal scholars programs. Vice President Giraudo asked for Kaiser to provide responses to her questions in writing.

Commissioner Guillermo stated that she is generally supportive of new hospitals with a larger capacity to serve San Francisco residents. She asked if there are caps on its expected Medi-Cal patient expansion and asked if Kaiser has specific Medi-Cal targets for San Francisco. Mr. Dosi noted there is no identified cap on the number of Medi-Cal patients Kaiser will accept and noted that the targets are for all of California; there is no specific Medi-Cal goal for San Francisco membership. He reiterated that Kaiser Medi-Cal enrollment has grown by 51% over the past two and a half years and that 600 additional enrollees without previous linkages were accepted in 2024. He explained that dual-eligible enrollment is primarily driven by Medicare selection rules and noted that Medi-Cal eligibility is determined by DHCS with patients free to choose Kaiser. Commissioner Guillermo asked how the stated that it is important for Kaiser to provider written information regarding these issues before the Health Commission input to the Planning Commission is submitted. I also think I or one of the others noted that while Kaiser has committed to the State that it will increase its Medi-Cal enrollment by 25% before the end of 2028, that is a state-wide goal unrelated to San Francisco's population. Dosi admitted that was true.

Commissioner Chow raised questions regarding the number of parking spaces, the impact of Transportation Demand Management (TDM) requirements, and patient access to the new hospital entrance at O'Farrell. He expressed concern about steep grade challenges for elderly or disabled patients approaching the building and sought assurances that accessible alternatives would be incorporated. He also asked that Kaiser document its continuing commitment to Healthy San Francisco and other citywide programs serving uninsured residents. He emphasized that clear access planning is essential given the long-term nature of hospital design. Ms. Tracy responded that patient drop-off will occur at a different location than the car drop-off site; pedestrians approaching from Geary will be able to use an ADA-accessible elevator to avoid steep grades. Mr. Dosi noted that the new 1,000-space garage replaces the same number of parking spaces rather than expands it, and TDM plans are already underway to increase transit and bicycle access. He affirmed Kaiser's continued participation in Healthy San Francisco and Ms. Tracy agreed to provide architectural drawings illustrating accessible entrance routes.

Commissioner Salgado expressed concerns about traffic patterns near the proposed entrance on O'Farrell, noting that left turns from Divisadero are currently prohibited. She asked for clarification about whether redesigns or signal changes would be required to facilitate patient drop-off and emergency access. She also questioned why such a large expansion in hospital square footage results in

relatively modest growth in bed counts and asked for further explanation. Ms. Tracy stated that the planning application is now under environmental and transportation review and that traffic engineers will evaluate potential turn changes or modifications. Mr. Dosi explained that modern code requirements substantially increase the space needed for larger emergency bays, private patient rooms, and expanded surgical suites, limiting the number of additional beds. He agreed to provide a breakdown of spatial allocations and await direction from City regulators regarding any required adjustments.

President Green noted concern in regard to hearing Kaiser had refused some Medi-Cal patients and asked whether Kaiser intends to increase the diversity of its Medi-Cal population to be closer to the patient mix served by the San Francisco Health Plan. She also asked how Kaiser intends to align Medi-Cal growth with the realities of post H.R.1 legislative impacts. She stated that expectations for expanded access should be concrete, measurable, and publicly transparent. She emphasized that San Francisco's safety-net system depends on all hospitals participating fairly in Medi-Cal enrollment. She requested clear benchmarks and timelines before the Commission forwards recommendations to the Planning Commission. Mr. Dosi stated that Kaiser is seeing growth in Medi-Cal lives in San Francisco. He noted that the Health Commission is requesting more detail on this issue so he and Kaiser staff are happy to follow up directly with DPH staff and providing additional information on Kaiser's commitment to mental health and behavioral health.

9. San Francisco Safe Systems Approach and the 2024 High Injury Network

Seth Pardo, Ph.D, Director, Center for Data Science, and Alexandra Sweet, Assistant Chief of Infrastructure, Climate, and Mobility, Mayor's Office, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
Commissioner Guggenhime expressed concern about the growing mix of travel modes including cars, scooters, cyclists, and pedestrians, sharing the same constrained street space. She suggested exploring whether some streets could be designated for cars only and others for bikes and scooters to reduce conflicts and injuries. She emphasized the increasing presence of scooters and the challenges of integrating them safely into traffic. Mr. Pardo acknowledged that e-mobility devices are increasing rapidly and pose new safety challenges. He explained that the Safe Systems model focuses on layered protections such as street design, speed management, enforcement, and vehicle standards rather than hard separation alone. Assistant Chief Sweet emphasized that SFMTA is already working on "quick build" projects to improve protected lanes and intersections designed specifically to reduce conflicts between modes. She also agreed that mode separation can be beneficial in certain corridors and noted that such strategies are already being incorporated where feasible.

Commissioner Salgado supported the idea of separating travel modes and suggested that during heavy traffic periods, certain streets should be dedicated specifically to bicycles and scooters while others remain for cars. She emphasized that such separation could reduce collisions, citing an incident she personally witnessed where a bicyclist was hit by a car. Mr.

Pardo and Assistant Chief Sweet explained that broader mode separation is already being explored through SFMTA “quick-build” projects that add protected bike lanes and redesigned intersections to reduce modal conflict. Assistant Chief Sweet emphasized that the Safe Systems approach uses multiple layers including street redesign, speed management, enforcement, and behavioral interventions to reduce risk, and that mode separation can be one of those layers when appropriate. Both staff agreed that increased protection for bike and scooter riders is necessary and affirmed ongoing work to evaluate corridors where full or partial separation is feasible.

Vice President Giraudo thanked presenters for the data and asked about the effectiveness of 20-foot corner clearances, noting that illegally parked SUVs often negate the intended visibility benefit. She also raised concerns about scooters operating on sidewalks and asked whether the city’s regulatory tools, such as auto-stop technology and fines, were functioning properly. She asked whether improved enforcement or technology adjustments could reduce pedestrian risk. Assistant Chief Sweet acknowledged the challenge of SUVs blocking visibility and affirmed that design improvements must be paired with enforcement to be effective. Regarding scooters, Mr. Pardo clarified that shared scooter companies are required to implement sidewalk-detection technology that slows or stops devices, but private scooters cannot currently be regulated with the same tools. He noted that enforcement for sidewalk riding does exist, though limited by personnel and evolving technology. He underscored that they regularly meet across agencies to refine enforcement approaches and expand technological controls.

Commissioner Guillermo expressed concern about jurisdictional fragmentation, specifically, which agency is responsible for enforcement when unsafe behavior occurs. She noted that rapid increases in scooter and e-device use may outpace the city's ability to analyze data and enforce rules in real time. She underscored the need for coordinated responsibility and questioned whether data collection and enforcement tools were keeping up with emerging mobility trends. Mr. Pardo agreed that jurisdictional overlap is a challenge and emphasized that the Mayor’s Office now convenes weekly, multi-agency meetings specifically to break down silos. He described how these meetings allow the Department of Public Health, SFMTA, SFPD, and others to bring data, enforcement concerns, and operational issues together in one place. Assistant Chief Sweet explained that this structure accelerates response time by allowing questions raised in one week to be answered with new data the next. Mr. Pardo noted that this coordinated system is already improving responsiveness to scooter and e-mobility concerns.

Commissioner Chow praised the safety work but compared San Francisco’s experience to New York, questioning whether national data truly reflects conditions in similar dense urban environments. He highlighted that the rise in e-devices creates new categories of injuries not previously tracked. He asked when the Commission might receive updated data on scooter injuries and how the city plans to understand usage levels among e-mobility riders. He emphasized the importance of addressing a rapidly growing travel mode that does not yet have full regulatory coverage. Mr. Pardo explained that scooter injury data collection began only recently, which limits long-term trend analysis but is improving year by year. He stated that

additional datasets, such as vehicle-miles-traveled estimates for scooters, are under development with other city departments. Staff confirmed that the annual safety report with both fatality and severe-injury data is expected later in the fall. He agreed that stand-up powered devices present unique challenges and assured that expanding data quality and predictive tools is a priority.

10. Joint Conference Committee Update

Commissioner Tessie Guillermo, LHH JCC Chair, stated that at the August 10th Laguna Honda Hospital JCC meeting, the executive team reported that the fall-with-injury rates remain dramatically lower than state and national benchmarks, and rehospitalization rates continue to outperform averages due to consistent monitoring and early interventions. Care-plan compliance has held above 95%, and the recent annual SNF survey identified only low-severity deficiencies, reflecting stable systems and strong frontline staff performance. Committee members lauded staff's performance in this important survey.

The census continues near 97%, with steady admissions and increasing discharges to maintain flow. Staffing discussions centered on the long-pending nursing full-bid process: seniority-list verification is nearly complete, and bid appointments are expected to begin next week with new assignments implemented roughly a month later. Leadership emphasized that future staffing changes should rely on reassignment rather than repeated full bids.

The senior housing development team provided updates on entitlements, financing, and design. At the meeting the team reported that due to limited capital, 34 one-bedroom units would shift to studio units while maintaining the full 158-unit count. However, the Mayor's Office identified funds after the meeting to ensure that all units in the building will remain 1-bedroom. Commissioners raised questions about resident quality of life, senior-center programming, and transportation planning. MOHCD confirmed available capital funding and pursuit of rental subsidies for all units. Planning for the childcare center and senior center is underway, with operator selection expected in the coming months. In September the JCC will consider recommending a resolution regarding the jurisdictional transfer of land for this project. In October, this resolution will be brought to the full Commission.

Human Resources reported vacancy and hiring figures, and Regulatory Affairs summarized July's facility-reported incidents and survey outcomes, noting zero deficiencies on investigated FRIs and stable life-safety results. The committee reviewed and recommended that the full commission approve all policy updates on the Consent Calendar. In closed session, the committee approved the Credentials Report and PIPS Minutes report.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

11. Consent Calendar

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 following items:

August 2026

Item	Scope	Policy No.	Policy Title
1	Facility-Wide	TBD	Airborne Transmissible Disease Control Plan
2	Facility-Wide	01-01	Approval and Format of Hospital-wide and Departmental Polices and Procedures
3	Facility-Wide	01-10	Departmental Responsibility and Accountability
4	Facility-Wide	01-11	Standard Formatting Template for Policies and Procedures
5	Facility-Wide	20-06	Out on Pass
6	Facility-Wide	70-01 A1	Emergency Preparedness Committee
7	Facility-Wide	70-01 A2	Emergency Preparedness
8	Facility-Wide	70-01 A3	Emergency Resources and Maps
9	Facility-Wide	70-01 B1	Emergency Response Plan
10	Facility-Wide	70-01 B2	Continuity of Operations Plan
11	Facility-Wide	70-01 B3	Resident Evacuation Plan
12	Facility-Wide	70-01 B4	Requesting to Operate Under a CMS 1135 Wavier
13	Facility-Wide	70-01 C1	Fire Response Plan
14	Facility-Wide	70-01 C2	Spill Response Plan
15	Facility-Wide	70-01 C3	Earthquake Response Plan
16	Facility-Wide	70-01 C4	Laguna Honda Hospital Medical Surge Plan for Nursing Home Incident Command Activation Due to Public Health Emergency/ Mass Casualty Event Vital Signs
17	Facility-Wide	70-01 C5	Emergency Responder Antibiotic Dispensing Plan
18	Facility-Wide	70-01 C6	Pandemic Respiratory illness Plan
19	Facility-Wide	70-01 C7	Power Outage Response Plan
20	Facility-Wide	70-01 C8	Water Disruption Plan
21	Facility-Wide	70-01 C9	Heat Emergency Plan
22	Facility-Wide	70-01 C10	Code Silver- Active Shooter
23	Facility-Wide	70-01 C11	Laguna Honda Hospital MDF/IDF Support
24	Nursing	C3.0	Documentation of Resident Care by LN
25	Nursing	C3.2	Documentation of Resident Care by NA
26	Nursing	D3 1.0	Oral Hygiene
27	Nursing	D6 1.1	Battery Operated Lift Transfer C-625 EZ Way
28	Nursing	D6-01.1 Appendix 2	Sling Application
29	Nursing	F 2.0	Assessment and Management of Urinary Incontinence

30	Nursing	F 02.0 Appendix 1	Continence Assessment Cactus Sheet Bladder Diary
31	Nursing	F3.0	Assessment and Management of Bowel Function
32	Nursing	F7.0	Replacement and Care Management of an Existing Suprapubic
33	Nursing	J 1.1	Obtain Handle Store Meds
34	Nursing	J 6.0	IV Therapy Maintenance
35	Nursing	J 7.0	CVAD Management
36	Nursing	J 7.1	PICC Management
37	Nursing	K 10.0	Prevention and Management of Skin Tears

12. Community and Public Health Committee Update

Commissioner Karim Salgado, member, stated that she chaired the meeting in the absence of Commissioner Christian. She stated that the committee heard an update on the San Francisco Community Health Improvement Plan, called CHIP, which is a strategic plan addressing needs identified in the Community Health Assessment. These are important components of public health accreditation. The CHIP process resulted in prioritized population health areas, population strategies and program action plans. The CHIP development process was very collaborative with the DPH working with many community partners to develop the priorities and plan. 20 program plans were developed with specific programs assigned to address specific public health priorities. The Commission will be updated on the progress as these initiatives move forward. Staff indicated that some communities, including the greater Asian community, were concerned that issues like TB and Hepatitis B, which heavily impact this community, were not a focus.

Commissioner Salgado also noted that the committee discussed a presentation on “Regulation of Massage Businesses and Practitioners,” which highlighted the DPH Environmental Health Branch’s oversight responsibilities. This includes permitting new massage establishments, reviewing construction plans, and conducting routine or complaint-driven inspections. Presenters emphasized their role in distinguishing legitimate businesses from those suspected of illicit activity, noting that roughly 20% of the city’s 208 permitted establishments are suspected of providing sex services. Additionally, the team discussed interagency collaborations and enforcement actions, such as cease-and-desist letters or lawsuits, to shut down illegal operations, along with ongoing training and partnerships to combat human trafficking through public health interventions

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

13. Other Business

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

14. Adjournment

The meeting was adjourned at 7:06pm.

Attachment A

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 26-23
HONORING ROLAND PICKENS, MHA, ACHE

WHEREAS, Roland Pickens is an accomplished healthcare system executive with 37 years of progressive leadership experience across the healthcare system; and

WHEREAS, Mr. Pickens has contributed over 37 years of progressive healthcare leadership, beginning at Zuckerberg San Francisco General Hospital (ZSFG) in 2001 where he launched eReferral and Video Medical Interpretation, programs that expanded telemedicine access and supported more than 250,000 interpreter sessions annually; and

WHEREAS, Mr. Pickens later served as Chief Operating Officer at ZSFG, overseeing outpatient operations, leading the hospital's first Lean improvement initiative, and serving as executive sponsor of Healthy San Francisco; and

WHEREAS, In 2013, Mr. Pickens became the inaugural CEO of the San Francisco Health Network (SFHN), integrating acute, long-term, and ambulatory care services into DPH's first fully unified healthcare delivery system. In this position, he led major initiatives including EPIC implementation, the gender health initiative, surgical capacity expansion, the Business Intelligence Unit, and the Black/African American Health Initiative; and

WHEREAS, During the City's COVID-19 response, Mr. Pickens served multiple times as Executive Sponsor, helping San Francisco become the first major U.S. city to exceed 80% vaccination coverage and improving vaccine access for vulnerable communities; and

WHEREAS, Mr. Pickens was deployed and served as the Executive Sponsor for the Laguna Honda Hospital and Rehabilitation Center (LHH) following the facility's decertification from the Medicare and Medi-Cal programs. His collaborative leadership was instrumental in ensuring full re-certification and preserving LHH as a valuable health care facility for the San Francisco community; and

WHEREAS, Throughout Mr. Picken's career in public service, he has been a steadfast champion of public health and health care has dedicated his career to ensuring the most vulnerable San Francisco residents are provided with the highest levels of quality healthcare. He has served as a mentor for many DPH staff and leaders and has been a champion of professional growth and development, especially for those seeking healthcare leadership roles.

NOW BE IT RESOLVED, That the San Francisco Health Commission honors Roland Pickens who will be remembered by DPH as a healthcare pioneer who worked tirelessly to improve the lives

of others and who developed and implemented sustainable systems to support the San Francisco community for generations to come.

I hereby certify that the San Francisco Health Commission at its meeting of August 17, 2026, adopted the foregoing resolution.

Laurie Green, MD

Laurie Green, MD
Health Commission President

Health Commission
City and County of San Francisco
Resolution No. 26-22

RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF $50,000 FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

WHEREAS, The California Department of Public Health (CDPH) is donating to the Department of Public Health (DPH) an in-kind gift of machines, test cartridges and testing supplies valued in the amount of $50,000; and

WHEREAS, The CDPH has notified DPH that the gift will be distributed; and

WHEREAS, The donation will go to support the Human Immunodeficiency Virus (HIV) & Integrated Services Center of Excellence (CoE) program and Hepatitis C Virus (HCV) testing for Jail Health Services (JHS); and

WHEREAS, DPH will collaborate with community partners to support community based HCV testing services; and

WHEREAS, CDPH is donating machines, test cartridges and testing supplies to support HCV testing; therefore, be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor authorize the Department of Public Health to accept and expend an in-kind gift of up to fifty thousand dollars ($50,000) to help support HCV testing; and be it
FURTHER RESOLVED, That the gift will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Section 10.100-201.

I hereby certify that the San Francisco Health Commission at its meeting on August 17, 2026, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary