

Dan Bernal
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Commissioner
Susan Belinda Christian, J.D.
Commissioner
Cecilia Chung
Commissioner
Suzanne Giraud 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 October 3, 2023 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 Cecilia Chung
Commissioner Tessie Guillermo

Excused: Commissioner Susan Belinda Christian, J.D.
Commissioner Edward A. Chow M.D.
Commissioner Suzanne Giraud, Ph.D

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 19, 2023.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

These minutes report Dr. Terry Palmer, I, and others have repeatedly raised the issue of what the long-term plans are to prevent recurrence of the mismanagement of Laguna Honda Hospital. The Health Commission already appears to be considering extending HSAG's contract for an additional period of time. Will HSAG be the permanent vehicle for increasing oversight of LHH? During the Commission's Finance and Planning Sub-Committee meeting on 9/5/23, Commissioner Guillermo asked whether HSAG's contract will need to be extended when it expires on 8/31/24. Baljeet Sangha responded, saying "LHH will likely need HSAG services for monitoring and evaluation and prepping for ongoing regulatory surveys." [Sangha] "noted that the cadence of work would likely change to quarterly check-ins after the duration of [HSAG's current] contract." Will additional HSAG contracts at \$10 million annually into the foreseeable future be the mechanism to ensure greater oversight to prevent future mismanagement repeating at LHH?

Action Taken: The Health Commission unanimously approved the September 19, 2023 minutes.

3) RESOLUTION HONORING LISA GOLDEN, MD

Naveena Bobba, MD, DPH Deputy Director of Health, introduced the item and thanked Dr. Golden for over three decades of service to DPH, for her wisdom, patience, and consistency. Director Colfax thanked Dr. Golden for her many contributions to the DPH.

Commissioner Comments:

Commissioner Chung noted that when she was first appointed to the Health Commission, Lean was just being implemented at the DPH. She asked then how the DPH could create a culture of learning and now it has become a reality. She thanked Dr. Golden for her leadership and wished her well in retirement.

Commissioner Green expressed gratitude to Dr. Golden for helping make the Lean process easy to understand for the Commission and DPH staff. She noted that at both hospital JCC meetings, it is clear to see that Lean is an effective organizational backbone.

Commissioner Bernal stated that the Lean process was invaluable during the pandemic; Dr. Golden and the KPO helped the DPH implement the most effective COVID response in the United States.

Dr. Golden stated that it warms her heart to hear the Commissioners' enthusiasm for Lean and added that the Lean process is spreading through the DPH and other city agencies. She is grateful that the DPH is a place where someone like her can build a career and have a variety of work activities.

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

4) GENERAL PUBLIC COMMENT

Patrick Monette Shaw made verbal comments and submitted the following summary:

During the Board of Supervisors "Committee of the Whole" hearing on 10/26/23, Roland Pickens stated while answering a question from Supervisor Rafael Mandelman that SFDPH plans to present a report from a "Behavioral Health Working Group" during a Health Commission meeting in October about DPH's plans to create additional behavioral health and substance abuse beds in San Francisco, including recommendations to potentially expand behavioral health and substance abuse beds at Laguna Honda Hospital. Since there is no presentation on this topic today, will that report and recommendations be presented to the LHH-JCC meeting on October 10 or the full Commission meeting on October 17? Members of the community deserve to receive this report and its eventual recommendations in advance of that hearing in order to prepare testimony regarding that proposal, since converting SNF beds to behavioral health beds will force more San Franciscans needing traditional SNF placement into out-of-county facilities.

5) DIRECTOR'S REPORT

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

DPH DRUG OVERDOSE AND TREATMENT DATA INFORMATIONAL DASHBOARD LAUNCHED

On September 18, DPH launched the drug overdose and treatment data and reports [informational dashboard](#) to highlight and increase awareness of overdose and treatment trends in San Francisco.

The dashboard features the most recent available data related to substance use treatment and overdoses. This data helps guides the City's response to the fentanyl emergency. The dashboard will be updated on a monthly basis with [preliminary unintentional overdose death numbers](#) from San Francisco's Office of the Chief Medical Examiner by month and by year as well as [by race and ethnicity](#).

The dashboard includes the following:

- The amount of [naloxone distributed](#) by the DPH and our community partners,
- The number of [overdose-related 911 calls](#) received each week,
- The number of people accessing [residential treatment](#) and [withdrawal management](#) programs, and
- The number of [methadone](#) clients and [buprenorphine](#) clients by year.

WELCOMING LAGUNA HONDA HOSPITAL'S NEW DIRECTORS OF NURSING

We are excited to announce that Laguna Honda Hospital (LHH) has hired two exceptional and exceptionally qualified leaders to join our executive team as our new Directors of Nursing.

Tracey Brown and Michael Collins both have had remarkable careers in healthcare including extensive experience in skilled nursing facilities and long-term care. At LHH, they will fill roles that are essential to the restructured nursing organization that we have created in our transformation into a world class skilled nursing facility.

Each of them will be the chief nursing executive responsible for nursing in one of our two Towers: Tracey for the North Tower and Michael for the South Tower. They will be responsible for, and oversee, all operations planning, organization, direction, supervision, evaluation, and quality assurance and performance improvement of nursing services. They also will be responsible for building on the work of the organization for the past 18 months to implement continued improvements, ensure ongoing sustainability and compliance with all regulations, and monitor policies and procedures we put in place as part of our recertification efforts.

When they begin their duties on October 10, Tracey and Michael will report to Nursing Home Administrator-Chief Executive Officer Sandra Simon. This dual-Director structure aligns with industry standard best practices and, as we have demonstrated over the past several months, is the most appropriate structure for LHH. This structure endows each of them with the authority to maintain quality standards of care, and to advise the medical staff, department heads, and administrators in matters related to nursing service. These are key tasks to provide the best possible care to our residents, and to maintain the high functioning level that will maintain our certification in the long term.

We are grateful to LHH Nursing Directors Rowena Patel and Susan Duong who participated in a pilot of this traditional Skilled Nursing Facility leadership structure over the past several months and helped to validate the benefits of this structure at LHH. Susan and Rowena will continue to serve as LHH Nursing Directors with assigned areas of responsibility. We also thank Terry Dentoni who has served as the Interim Chief Nursing Officer for LHH since May 2022. Terry will remain with LHH, supporting Tracey and Michael's transition.

SF LAUNCHES CARE COURT FOR THOSE STRUGGLING WITH SERIOUS MENTAL HEALTH ISSUES

As of October, San Francisco will be one of the first seven counties in California to implement the Community Assistance, Recovery and Empowerment (CARE) Act, a state law to help those with mental health disorders access wraparound care and stabilized housing. The CARE Act, which passed the State Legislature and was signed by Governor Newsom last year, includes a new civil court process that provides community-based behavioral health services to residents who are living with untreated schizophrenia or other psychotic disorders. While participation in the program is voluntary, it will provide another tool to engage those who are not currently seeking care.

[CARE Court](#) allows for a wide range of individuals who can make a referral or directly submit a petition for a client or loved one. This will remove barriers to care and allows first responders, family members, people who live with the respondent, and behavioral health providers, among others, to directly petition the court. If the person subject to the petition meets the qualification threshold, the Court will oversee the development of a CARE Plan for each individual. The plan will consist of holistic components, which can include treatment and housing plans. CARE Court participants may be eligible to receive prioritized housing placements and care by

way of the State's Bridge Housing Grant, which has allocated \$32 million over four years towards new stabilizing housing options in the City.

Many people who would benefit from help may not recognize that they need it. CARE Court goes upstream prior to more restrictive conservatorships or incarceration. For example, persons can be referred to the program while they are under a 72-hour psychiatric hold, known colloquially as a "5150." Also, those in the conservatorship process or in the early stages of some criminal cases, can be diverted to CARE Court instead as a way to focus on behavioral health and get them into the right level of treatment. The participant will have a court-ordered CARE Plan or voluntary agreement for up to 12 months, with the possibility to extend for an additional 12 months, and the court will provide consistent oversight.

CARE Court is the result of a law championed by Governor Gavin Newsom to help address challenges in getting people with mental health and substance use issues into treatment. The law was passed last year, and the implementation date is set for October 1st. Over the last several months, the Mayor's Office, DPH, the City Attorney's Office, the Department of Homelessness and Supportive Housing (HSH), the Public Defender, the San Francisco Superior Court, and non-profit legal aid providers have worked to prepare for implementation. Starting on October 2nd, San Francisco will be ready to accept its first CARE Court petition.

Expanded Behavioral Health Support

The CARE Court effort will be one of many interventions within the Behavioral Health system of care to support people with untreated mental health and substance disorders.

During the last several years San Francisco has added over 350 new mental health and substance use disorder treatment beds to the 2,200 existing beds, and another 50 are in the pipeline. These beds range from withdrawal management (detoxing from substances), crisis stabilization for people experiencing a psychiatric emergency, intensive mental health and substance use disorder treatment, long-term residential care and support, and step-down care for people transitioning out of long-term treatment. On average, these beds are at 87% utilization and there is availability for new people to get placed daily.

DPH has added evening and weekend hours to the Behavioral Health Access Center, where anyone can walk in to access mental health and substance use disorder treatment. The City has also taken a comprehensive, multi-department approach to help people in crisis on our streets, coordinating Police, Fire, Emergency Management, Public Health, and Homelessness and Supportive Housing. San Francisco has also expanded street care teams to provide medical and behavioral health care to people experiencing homelessness in streets, parks, and encampments.

CARE Court is one of various efforts Mayor Breed has supported to provide services to people who are in the most desperate need of care, including Senate Bill 43. Under the Bill, which is awaiting signature by Governor Newsom, individuals could be compelled to treatment by adding severe substance use disorder as a basis for grave disability conservatorship.

More information about the CARE Act may be found at chhs.ca.gov/care-act. For details on CARE Court, visit this link: <https://sf.courts.ca.gov/divisions/civil-division/care-court>.

DPH STAFFER APPOINTED AS REFUGEE HEALTH COORDINATOR FOR SF, SAN MATEO, AND MARIN COUNTIES

DPH staff person Sammi Truong, MSW (she/her), has been appointed as the new Refugee Health Coordinator for San Francisco, San Mateo, and Marin counties and will oversee DPH's [Newcomers Health Program](#)'s Refugee Health Assessment services, partially funded by the CDPH Office of Refugee Health.

There are 11 Refugee Health County Coordinators across California, and we are pleased that Sammi is in this role for San Francisco as it highlights her exceptional work with the community.

Sammi, raised by parents who came to the US as refugees, will build on her six years as the Clinical Services Coordinator role with DPH Newcomers Health Program to ensure equitable health care access, health assessments, and service linkage to newly granted refugees, asylees, and other federally supported immigrants in San Francisco.

12TH NATIONAL DISEASE INTERVENTION SPECIALISTS RECOGNITION DAY

Friday, October 6, 2023, will mark the 12th National Disease Intervention Specialists Recognition Day. Within DPH, the staff that conduct the critical work of case investigation, contact tracing, and partner services have many different titles, including Disease Intervention Specialists, Disease Control Investigators, LINCS Navigators, and Health Workers. On October 6, we will celebrate and honor all of these remarkable team members. They are a core part of the backbone of public health in our city, and work tirelessly, compassionately, and sensitively to connect people to prevention services, medical care and treatment, provide important education about disease transmission and health, and gather critical public health data that inform citywide policies and interventions.

In addition to the crucial work done every day by Disease Intervention Specialists, in the past several years, they have also responded to COVID-19 and MPOX, capably rising to the challenge of new outbreaks and providing life-saving education, interventions, and contact tracing. We would like to use this opportunity to share our sincere gratitude to every Disease Intervention Specialist in our city. Their professionalism, commitment to equity, creativity, perseverance, and sensitivity have changed the lives of many San Franciscans for the better. Thank you San Francisco Disease Intervention Specialists for serving the community, and for your ingenuity, flexibility, empathy, and dedication!

PHEARLESS INITIATIVE

On September 26th, DPH staffers Jenny Chacon, Isela Ford, and community partners (Instituto Familiar de la Raza and MEDA) were selected as one of 15 teams of rising public health and community leaders from around the country to participate in the inaugural cohort of the Public Health Regenerative Leadership Synergy (PHEARLESS) initiative. Supported by an investment of more than \$8.5 million from the Kresge Foundation, the Robert Wood Johnson Foundation and the de Beaumont Foundation, the PHEARLESS initiative integrates regenerative leadership education and experiential learning with innovative collaborative tools that will help public health and community leaders build the skills they need to co-create sustainable solutions that advance health equity and well-being for all.

Through the 12-month PHEARLESS experience, comprised of four learning modules and a culminating capstone activity, participants will develop the mindset and skills to transform systems, structures and policies, in partnership with community, toward a just and equitable future. Each four-person team will receive a \$100,000 grant to support their activities. Congratulations to Jenny and Isela for being selected for this opportunity!

COVID-19 UPDATE

As of 9/28:

- San Francisco's 7-day rolling average of COVID test positivity is 5.7% and there are 42 COVID hospitalizations.
- Eighty-eight percent of all SF residents have been vaccinated and 65% have received booster dose(s). Forty-two percent of residents have received a bivalent booster.

[DPH in the News](#)

Public Comment:

Karen Fishkin, LCSW, Gray Panthers Board Member, stated that there is not enough public discussion of the impact of the flow project on senior LHH residents. What is the plan?

Patrick Monette Shaw made verbal comments and submitted the following summary:

While it's encouraging learning LHH's two Director's of Nursing (DoN) — Tracey Brown and Michael Collins — have finally been hired, there's still no word on the status of hiring LHH's Medical Director, which had been of great concern to CMS regarding LHH's recertification. According to public records, LHH paid two invoices to Berkeley Search Consultants to recruit an LHH Medical Director, one invoice for the "Due on Completion of Recruitment Brochure and Job Posting" phase and one for the "Due on Closing Date and Presentation of Candidate Slate Presented" phase — at \$23,017 each — for a total of \$46,035. What's the status of hiring LHH's Medical Director, and total costs involved to date? What have been the total costs of hiring LHH's two Director's of Nursing? Were the two DoN's recruited by, and placed by, Berkeley Search Consultants? If so, at what cost? Why weren't they promoted from within SFDPH's ranks?

Dr. Teresa Palmer made verbal comments and submitted the following summary:

1. Needed: a system of oversight so repeated profound mismanagement does not result in losing LHH. We would like to hear a plan.
2. Inform us please when CMS &/or CDPH surveyors show up. Per SFDPH, this is related to when admissions will resume, and when a waiver for the 120 bed loss should be submitted.
3. San Francisco residents who have to leave the county for NH care should have priority in SF. Why can't they get priority at LHH?
4. Will LHH again admit hard to place "behavioral" patients to improve "flow" at SFGH? "Behavioral" services outside of LHH are badly needed. Using LHH inappropriately jeopardizes Laguna Honda and its current residents, AND the lives of San Franciscans who need wrap around care in other settings.
5. Has CDPH clarified how their failure to keep up with response to LHH complaints will be rectified?

Carol Bettencourt submitted the following written comment:

I'm concerned about mismanagement and how to increase oversight so that repeated mismanagement does not doom Laguna Honda to closure. At the September 12, 2023, meeting, Roland Pickens said Laguna Honda is not ready to resume admissions, including due to inadequate staffing. This remains a huge issue, both in terms of its impact on pending recertification and on current residents and people who should be getting admitted. I understand an increasing number of patients have been notified they're eligible for discharge as no longer needing skilled nursing. I'm afraid that this is happening to too many people at risk of transfer trauma and who do continue to need skilled nursing care. This may be a misguided attempt to reduce inappropriately the population as a way of addressing the staffing shortage. As with deaths after prior transfers, residents pay a high price for this mismanagement.

Norman Degelman submitted the following written public comment:

1. Needed: a system of oversight so repeated profound mismanagement does not result in losing LHH. We would like to hear a plan.
2. Inform us please when CMS &/or CDPH surveyors show up. Per SFDPH, this is related to when admissions will resume, and when a waiver for the 120 bed loss should be submitted.
3. San Francisco residents who have to leave the country for NH care should have priority in SF. Why can't they get priority at LHH?
4. Will LHH again admit hard to place "behavioral" patients to improve "flow" at SFGH? "Behavioral" services outside of LHH are badly needed. Using LHH inappropriately jeopardizes Laguna Honda and its current residents, AND the lives of San Franciscans who need wrap around care in other settings.
5. Has CDPH clarified how their failure to keep up with responses to LHH complaints will be rectified?

Commissioner Comments:

There were no Commissioner comments.

6) FY23-24 LAGUNA HONDA HOSPITAL GIFT FUND

Lily Conover, LHH Chief Financial Officer, presented the item.

Action Taken: The Health Commission unanimously approved the FY23-24 LHH Gift Fund.

7) BEHAVIORAL HEALTH SERVICES UPDATE

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

In response to a question submitted by Commissioner Giraudo regarding the occupancy rate of behavioral health beds, Dr. Kunins stated that the rate is around 80%. She added that keeping some level of vacancy in these beds is important so there is room for new clients.

Public Comment:

A member of the public who did not identify herself, stated that for 9 months they tried to seek services for her son because he had been turned away from services. By the time the mobile crisis team arrived, he had already walked away. They tried to access services through private insurance and were told there would be a 4-month wait. They tried accessing services at ZSFG but their insurance does not have a contract with the DPH. She asked for a realistic solution for her young son because she feels he should have been able to get help. She added that hospitals would not let them sit with him while he was in their care.

Dr. Teresa Palmer requested a clearer idea how close we are to treatment on demand. She also requested more tracking data of overdoses.

Robert Reinhard submitted the following written public comment, "The San Francisco Black and Jewish Unity Coalition appreciates approaches to reduce overdose deaths especially in the Black community. African Americans continue to suffer 1/3 of all overdose deaths when total deaths are increasing despite the City's programs. The BHS report describes the Department's overdose and treatment dashboard. <https://sf.gov/resource/2023/drug-overdose-and-treatment-data-and-reports> Death rates are broken down by race/ethnicity categories; statistics for substance use services are not. We request DPH add race /ethnicity categories to the services data to track progress connecting populations to life saving services or to determine if those numbers correlate with mortality reductions and other sustained health outcomes. Every individual in need of services regardless of race/ethnicity must be supported. Adding this data will help evaluate if efforts to address racial disparity translate into real health improvements and narrow the city's disparity in life expectancy between Black citizens and other groups, an issue we discussed with you previously."

Commissioner Comments:

Commissioner Guillermo thanked Dr. Kunins for the presentation. She asked how the DPH can be assured that it is getting the measurable outcomes expected from its behavioral health contractors; ensuring that clients of these programs are positively impacted, and progress is made. She also noted that there is a limited behavioral health workforce which has made it difficult to hire, train, and retain staff. Dr. Kunins stated that the DPH is employing expanded recruitment efforts and utilizing workforce development efforts to attract new behavioral health staff. Without always having sufficient staff, the DPH have been challenged to expand hours of its behavioral health services and operations. Regarding behavioral health contracts, Dr. Kunins stated that EPIC will ease reporting and will assist with service tracking. The state also provides a lot of qualitative oversight of behavioral health services, which includes assessing service impact on clients. DPH contracts also include measurable goals which are tracked and monitored. She noted that there is a continuous quality improvement process to help to understand and ensure a positive impact of DPH funded services.

Commissioner Green asked for more information regarding points of entry into the behavioral health system and asked if there are any issues with accessibility to these services. Dr. Kunins stated that DPH Behavioral

Health Services staff take many calls from concerned families and attempt to assist them through coordination of care; this is done through the Behavioral Health Access Line and the Behavioral Health Access Center. There is also a relatively new Office of Coordinated Care for individuals with complex behavioral health needs who many need linkage to care.

Commissioner Green asked what lessons have been and are being learned through the former Tenderloin Cares program and the current effort to incarcerate individuals using drugs for a short time in the County Jail. Dr. Kunins stated that through the Drug Market Initiative, individuals may be arrested for drug use and held for up to 4 hours; law enforcement and Jail Health Services offers treatment and referral to community services. She noted that through the Tenderloin Cares and Drug Market Initiative data, the top requests are for shelter and having materials needs met. Individuals who use substances may not be ready to change their substance use behavior. Offering material needs is used as an engagement strategy so these individuals will keep coming back for other services.

Commissioner Bernal thanked Dr. Kunins and the DPH Behavioral Services staff for their excellent work. He noted that the Overdose Dashboard data is very concerning and is important to better understand substance use trends as new substances enter the San Francisco market. He added that the wide range of data is helpful and surprising; for example, the fact that if an individual's substance use supply is interrupted, it may lead to a greater risk of overdose because the person may seek other unknown sources for the substance. Dr. Kunins noted that there remain gaps in the data; the dashboard allows us to focus on what is known. The DPH is working with the Fire Department to get more real time non-fatal overdose data. The DPH also needs to continue to look for patterns of geographic and social networks. She noted that detecting emergent of new substances in our city's supply chain very important.

8) VISION ZERO UPDATE

Iris Tsui, MPH, DPH, and Jamie Parks, SFMTA Livable Streets Director, presented the item.

Public Comment:

Lian Chang-Walk San Francisco Vision Zero Planning, stated that pedestrians are dying at unacceptable rates; The City must do all it can to prevent further injuries and deaths. This is a public health crisis. Quick builds are effective to prevent injuries and are meant to be inexpensive and effective. Walk SF just attended an MTA meeting where the organization encouraged improvements at 900 intersections, which have yet to receive any improvements, by December 2024.

Commissioner Comments:

Commissioner Bernal, a cyclist, noted that there are different kinds of bike lanes and asked for more information process for determining the different types of street interventions. Mr. Parks stated that bicycle lane design is the fastest moving type of street intervention. Protected bike lanes have a physical separation which ensures safety of the cyclists. Slow Streets are another effective tool. He noted that every component is evaluated with data.

Commissioner Green thanked the presenters for using data to create and evolve action plans. She asked when data will be available to help evaluate and understand the autonomous vehicle situation. Mr. Parks stated that MTA is waiting to see what the data shows for autonomous vehicles and will work with the Police Department to get more information on the recent incident. Ms. Tsui stated that new accidents and emerging technology take a little time to show up in the data. She noted that past data is helpful to interpret current trends and predict future trends. When there is a new technology, there is no comparative data to assist with trend analysis. She also stated that since Vision Zero has been adopted, the team has tried to link accident records with 911 calls, and ambulance records; this has enabled the team to greatly expand the number of injuries that they can report.

Commissioner Guillermo noted that San Francisco is very dense with people and traffic. There are cars and trucks double parked, people walking around, in addition to moving traffic. She asked how the Vision Zero Team considers these factors when making new street safety plans. Mr. Parks stated that data will lead to a project being developed and qualitative aspects inform how a project is implemented. There is an intense community process to determine the needs; design is informed by residents and business input.

9) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Chung, chair, stated that the committee reviewed and recommended all items on the Consent Calendar. She noted that the Health Advocates LCC contract was taken out of the October Contracts Report due to need for further refinement of that document. Therefore, the Commission will consider the Contracts Report without this contract. She also noted that the committee discussed topics to calendar for 2024.

10) CONSENT CALENDAR

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

- **October 2023 Contracts Report**
- **Request for approval of a New Contract with MOSIMTEC, LLC to procure data analysis utilizing simulation modeling in support of SFDPH for their Behavioral Health system. The total proposed contract amount is \$109,600 with \$0 contingency for the term of March 1, 2023 through February 29, 2024 (1 year).**
- **Request for approval of a New Grant Agreement with Richmond Area Multi Services Inc to hire, train and fully integrate clinical providers into the BEST Neighborhoods street-based behavioral health care teams, in partnership with San Francisco Department of Public Health and community providers providing street-based behavioral health care within San Francisco. The total proposed agreement amount is \$4,689,128 which includes a 12% contingency for the term of 10/01/2023 through 06/30/2025 (1 year and 9 months).**

11) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Mr. Morewitz stated that the ZSFG JCC met briefly on September 29, 2023 to approve the Credentials Report in closed session. He thanked Commissioner Guillermo for attending the meeting to ensure quorum.

12) OTHER BUSINESS:

This item was no discussed.

13) ADJOURNMENT

The meeting was adjourned at 6:13pm.

Attachment

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 23-10**

HONORING LISA GOLDEN, MD

WHEREAS, Dr. Lisa Golden has served the City and County of San Francisco as an exceptional leader at the Department of Public Health (DPH) over three decades, and making tremendous contributions to the Department's efforts to align strategic initiatives and continuously improve the performance; and

WHEREAS, Dr. Golden has held several DPH positions including physician at Ocean Park Health Center, Medical Director of Ocean Park Health Center, Medical Director of Quality Improvement for Primary Care, Chief Quality Officer for Ambulatory Care, and most recently as the Director of DPH Kaizen Promotion Office; and

WHEREAS, Dr. Golden oversaw the task of developing the DPH Strategic Plan, monitoring mechanisms, and coordinating the complex implementation of the plan throughout the department; and

WHEREAS, Through her work developing and overseeing the Kaizen Promotion Office (KPO), Dr. Golden created an infrastructure that makes improvement part of each DPH employee's daily work. Every new employee is oriented to improvement as a central part of the DPH work and throughout the Department; and

WHEREAS, Dr. Golden convened the Lean Executive Council with the DPH Executive Staff every quarter to discuss approaches to improving performance across the DPH; and

WHEREAS, Dr. Golden served in multiple roles in the COVID-19 activation, involved with strategy and process design from the first month of the COVID pandemic emergency response. She also led formation and ongoing outbreak response in our most vulnerable congregate settings. She was instrumental in transition planning as we navigated through the many changes both during the COVID pandemic response and longer-term strategy to transition response efforts back to department operations.

WHEREAS, Dr. Golden is known for her innovation, creativity, and always being willing to volunteer to address the many complex issues at the DPH; and

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

RESOLVED, That the San Francisco Health Commission honors Dr. Lisa Golden for her outstanding service and leadership, and wishes her well in her retirement.

I hereby certify that the San Francisco Health Commission at its meeting of October 3, 2023 adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary