



City and County of San Francisco YOUTH COMMISSION

MINUTES

**Monday, March 4, 2024
5:00 p.m.**

**IN-PERSON MEETING
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place,
San Francisco, CA 94102**

IN-PERSON MEETING with REMOTE ACCESS via Webex

Members: Ewan Barker Plummer (Chair, Mayoral), Gabbie Listana (Vice Chair, D6), Téa Lonné Amir (Comms & Outreach Officer, Mayoral), Kelly Wu (Comms & Outreach Officer, D3), Allister Adair (Legislative Affairs Officer, D2), Jason Fong (Legislative Affairs Officer, D7), Chloe Wong (D1), Linda Ye (D4), Helen Cisneros (D5), Galicia Stack Lozano (D8), Skylar Dang (D9), Adrianna Faagau-Noa (D10), Imaan Ansari (D11), Valentina Alioto-Pier (Mayoral), Isabella T. Perez (Mayoral), Aryelle Lampkins (Mayoral), Joselyn Marroquin (Mayoral).

Present: Ewan Barker Plummer, Gabbie Listana, Allister Adair, Jason Fong, Linda Ye, Galicia Stack Lozano, Skylar Dang, Adrianna Faagau-Noa, Imaan Ansari, Isabella T. Perez, Joselyn Marroquin, Chloe Wong, Kelly Wu, Helen Cisneros, Valentina Alioto-Pier, Aryelle Lampkins, Téa Lonné Amir

Absent: None.

Tardy: None.

The San Francisco Youth Commission met in-person with remote viewing on March 4, 2024, with Chair Barker Plummer presiding.

1. Call to Order and Roll Call for Attendance

Chair Barker Plummer called the meeting to order at 5:00 pm.

On the call of the roll:



Roll Call Attendance: 16 present, 1 absent.

Chloe Wong present
Allister Adair present
Kelly Wu present
Linda Ye present
Helen Cisneros present
Gabbie Listana present
Jason Fong present
Galia Stack Lozano present
Skylar Dang present
Adrianna Faagau-Noa present
Imaan Ansari present
Valentina Alioto-Pier present
Isabella T. Perez absent
Aryelle Lampkins present
Joselyn Marroquin present
Téa Lonné Amir present
Ewan Barker Plummer present

A quorum of the Commission was present.

2. Communications

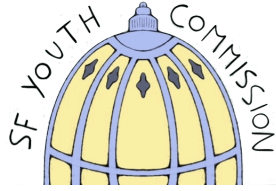
Alondra Esquivel Garcia, Director of the SFYC, shared communications and meeting announcements with Commissioners.

3. Approval of Agenda (Action Item)

Commissioner Dang, seconded by Commissioner Wu, motioned to approve the March 4, 2024 full Youth Commission meeting agenda. No discussion. No public comment. The motion carried by the following roll call vote:

Voice Vote: 16 ayes, 1 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye



Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez absent
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: Agenda Approved.

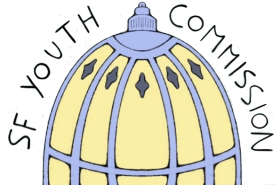
4. Approval of Minutes (Action Item)

a. February 20, 2024 (Packet Materials)

Commissioner Adair, seconded by Commissioner Ye, motioned to approve the February 20, 2024 full Youth Commission meeting minutes. No discussion. No public comment. The motion carried by the following roll call vote:

Voice Vote: 16 ayes, 1 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez absent
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye



Action: Minutes Approved.

5. Public Comment on matters not on Today's Agenda (2 minutes per comment)

No public comment.

Commissioner Perez arrived at 5:07pm.

6. Presentation (discussion and action item)

a. Department of Children, Youth, and their Families

i. Presenter: Director Maria Su and CFO Heidi Burbage

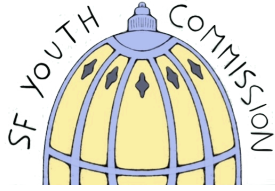
Director Dr. Maria Su and CFO Heidi Burbage present the DCYF budget presentation. Chair Barker Plummer notes one of the Mayor's priorities, and how accountability looks like from DCYF's grantees. Dr. Su answers that the non-profit selection is vigorous and provides support to ensure the non-profit has a solid infrastructure (e.g. Robert's Rules, Brown Act, bylaws, and accounting). Next is accessing the non-profit and providing the services. The assessment is from the State. Commissioner Fong asks how DCYF will handle a non-profit that's underperforming. Dr. Su walks through the steps DCYF will take. Commissioner Fong asks how many non-profits are at a high standard. Commissioner Adair asks how DCYF will scrutinize CBOs more with accountability and equity in services and spending is an important point. Commissioner Ye asked about the swept leftover funds and how that'll affect DCYF's grantees. Dr. Su answers that hiring is difficult, so it's difficult to tell until the end of the fiscal year. Commissioner Ye asks how DCYF is supporting the staffing shortage. Dr. Su hopes that through this RFP cycle, they can give non-profits more money to address the wage gaps. Commissioner Dang expresses her gratitude to DCYF.

Commissioner Ye left the room at 5:41pm and returned at 5:43pm.

b. Recreation and Parks Department

i. Presenter: Antonio Guerra, Director of Administration and Finance

Director Antonio Guerra presents the Rec and Park budget presentation. Commissioner Ye asks what Rec and Park is doing to increase earned revenue. Director Guerra said there are various revenue legislations that the Department is pursuing, such as court reservation fees and paid parking. Commissioner Ye asks what Rec and Park are doing regarding falling trees during these storms. Director Guerra says that there is an urban maintenance program, and there's a



General Fund request from FY 2025 and FY 2026 to contract more maintenance teams. Chair Barker Plummer comments and asks a question about the Department's prioritization list and where on the list is to raise the cost to access services and programs. Director Guerra answers that the Department is still studying that, but aims to look for other revenue sources. Commissioner Fong is asking what actions the Department is taking to ensure enough lifeguards are all summer classes and programs. Director Guerra answers that it's a backlog of lack of training.

7. Budget and Policy Priorities (2nd reading and action item)

a. Presenter: Youth Commissioners

The Youth Commission reads a summary of BPP and its recommendations into the record.

Vote16

Commissioner Alioto-Pier briefs the changes to the Vote16 Budget and Policy Priority.

Commissioner Ye, seconded by Commissioner Fong, motioned to approve the BPP.

Chair Barker Plummer comments that this is the 10th year that the Commission has pushed for this.

Sandra, YWFC, provides public comment on this matter.

RoRo, YWFC, provides public comment on this matter.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes, 0 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye



Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Voter Registration

Commissioner Marroquin briefs the changes to the Voter Registration Budget and Policy Priority. Commissioner Listana questions a graph on the draft.

Commissioner Listana, seconded by Commissioner Wu, motioned to approve the BPP with the deletion of the image of “number of videos on phone”.

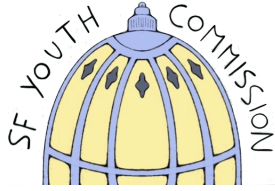
No discussion.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes, 0 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye



Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Provide Oversight and Needed Investments in School Safety

Chair Barker Plummer briefs the changes to this Budget and Policy Priority.

Commissioner Alioto-Pier left the chambers at 6:24pm and returned at 6:26pm.

Commissioner Barker Plummer, seconded by Commissioner Faagau-Noa, motioned to approve the BPP.

Commissioner Dang mentioned that her school had a “Say Something” training. Chair Barker Plummer hopes to expand that training to the CBOs and independent schools.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes, 0 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye



Action: The BPP is approved.

Sexual Harassment and Sexual Assault in Schools

Commissioner Perez briefs the changes to this Budget and Policy Priority.

Commissioner Perez, seconded by Commissioner Dang, motioned to approve this BPP.

Chair Barker Plummer mentions that this is a continuous effort from the Youth Commission.

Sandra, YWFC, provides a public comment on this item.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes, 0 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Reducing Weapon Access to Youth



Commissioner Ye and Lonné Amir briefed the changes to this Budget and Policy Priority. Chair Barker Plummer talks about the paragraph asking for past advocacies organizations have done.

Commissioner Ye, seconded by Commissioner Lonné Amir, motioned to approve the BPP with an edit to change to “January 2024”.

No discussion.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes, 0 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Urging San Francisco to Implement Fentanyl Overdose Reduction

Commissioners Dang, Ye, and Wu brief the changes to this Budget and Policy Priority.

Commissioner Dang, seconded by Commissioner Wu, motioned to approve the BPP.



No discussion.

No public comment.

Commissioner Wu stepped out of the chambers at 6:40pm and returned at 6:42pm.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes, 0 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Urging the Mayor and Board of Supervisors to Combat Food and Nutritional Insecurity in San Francisco

Commissioner Listana briefs the changes to this Budget and Policy Priority.

Commissioner Faagau-Noa, seconded by Commissioner Dang, motioned to approve the BPP.

No discussion.

Sandra, YWFC, provides public comment on this matter.



Hayden Miller, former Youth Commissioner, provides public comment on this matter.

Commissioner Listana offers amendments to move “This has caused the Tenderloin, ZIP code 94102, to have some of the highest rates of diabetes, hypertension, and heart disease hospitalizations in the city, which is double the average. This is a result of poverty, lack of affordable and nutritious food, and the Tenderloin being a food desert.” in front of “Additionally, the Tenderloin has no full-scale grocery stores...”

Commissioner Faagau-Noa, seconded by Commissioner Dang, amends the motion to approve the BPP with the amendments offered by Commissioner Listana.

Sandra, YWFC, provides public comment on this motion.

The motion was carried by the following roll call vote:

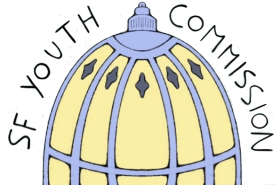
Roll Call: 17 ayes, 0 absent.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Urging the Mayor and Board of Supervisors to Improve Language Access to Support for San Francisco Residents

Vice Chair Listana briefs the changes to this Budget and Policy Priority.



Commissioner Fong left the chambers at 6:51pm and returned at 6:54pm.

Commissioner Ye commends TJ on this BPP.

Commissioner Ye, seconded by Commissioner Wu, motioned to approve the BPP.

No discussion.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes, 0 absent.

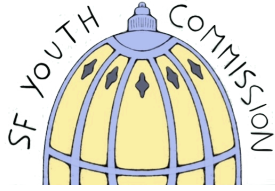
Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Commissioner Dang left the chambers at 6:58pm and returned at 7:04pm

Urging San Francisco to Take Drastic Action in Addressing the Environmental Effects in Bayview Hunter Point

Commissioner Faagau-Noa briefs the changes to this Budget and Policy Priority.



Commissioner Faagau-Noa, seconded by Commissioner Wu, motioned to approve the BPP.

No discussion.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 16 ayes, 1 absent.

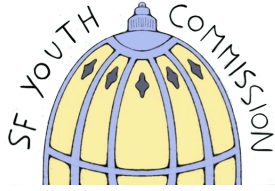
Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang absent
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Chair Barker Plummer called recess at 7:03pm and reconvened at 7:11pm.

Climate Resilience

Commissioner Fong briefs the changes to this Budget and Policy Priority and offers amendments to add a second short-term recommendation “**Routinely check all trees** - in light of many atmospheric rivers and with infinitely more to come, many trees have become compromised and we must reduce the risk of falling trees to prevent damage and loss of life. Developing a strategy between San Francisco Public Works and the Parks and Rec Department may be necessary to monitor at-risk trees. SF Rec and Park



does have an Urban Forestry unit that manages trees however they don't have enough funding to adequately address them all. It costs millions of dollars to excavate fallen trees thus making it more fiscally responsible to be proactive than to react."

Commissioner Fong, seconded by Commissioner Wu, motioned to approve the BPP with amendments.

No discussion.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Address San Francisco's Housing Availability and Affordability Crisis

Commissioner Adair briefs the changes to this Budget and Policy Priority.

Commissioner Adair, seconded by Commissioner Perez, motioned to approve the BPP.



Chair Barker Plummer commends Commissioner Adair and HRT for addressing the housing crisis.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Homelessness

Commissioner Wong briefs the changes to this Budget and Policy Priority. Commissioner Ye asks for a source of an image.

Commissioner Dang, seconded by Commissioner Ye, motioned to approve with the citation.

No discussion.

No public comment.



The motion was carried by the following roll call vote:

Roll Call: 17 ayes.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galicia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Make Free Muni for All Youth Permanent

Commissioner Ansari briefs the changes to this Budget and Policy Priority.

Commissioner Ansari, seconded by Commissioner Alioto-Pier, motioned to approve the BPP.

Chair Barker Plummer commends the BPP and the work of HRT.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes.

Chloe Wong aye
Allister Adair aye



Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Vision Zero

Commissioner Fong briefs the changes to this Budget and Policy Priority and offers an amendment to change the recommendation “Increased integration of self-driving vehicles onto San Francisco streets will offer significant potential to improve road safety. Government data identifies driver behavior or error as a factor in 94% of crashes. By minimizing the margin for human error, autonomous vehicles stand as pivotal tools in the endeavor to lower traffic-related fatalities. These vehicles, through rigorous and extensive testing, continuously gather data that refines their operational efficiency. Equipped with sophisticated technologies such as cameras, radar, ultrasonic, and LIDAR sensors, self-driving cars possess the capability to perceive potential collisions and respond with a speed unattainable by human reflexes. Embracing and facilitating the advancement of autonomous driving technology represents a strategic move towards leveraging this transformative innovation for public safety.” into a paragraph in the body.

Commissioner Ye, seconded by Commissioner Dang, motioned to approve the BPP with the amendments.

Chair Barker Plummer comments on the BPP.

No public comment.

The motion was carried by the following roll call vote:



Roll Call: 17 ayes.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Improve Quality of Life on Transit

Commissioners Ansari and Lampkins to brief the changes to this Budget and Policy Priority.

Commissioner Stack Lozano, seconded by Commissioner Ye, motioned to approve the BPP.

No discussion.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes.

Chloe Wong aye
Allister Adair aye



Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye
Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

Expand Access to Youth Centered Recreation Spaces

Commissioner Ansari briefs the changes to this Budget and Policy Priority.

Commissioner Dang, seconded by Commissioner Fong, motioned to approve the BPP.

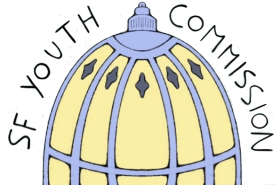
No discussion.

No public comment.

The motion was carried by the following roll call vote:

Roll Call: 17 ayes.

Chloe Wong aye
Allister Adair aye
Kelly Wu aye
Linda Ye aye
Helen Cisneros aye
Gabbie Listana aye
Jason Fong aye
Galia Stack Lozano aye
Skylar Dang aye



Adrianna Faagau-Noa aye
Imaan Ansari aye
Valentina Alioto-Pier aye
Isabella T. Perez aye
Aryelle Lampkins aye
Joselyn Marroquin aye
Téa Lonné Amir aye
Ewan Barker Plummer aye

Action: The BPP is approved.

8. Committee Reports (discussion item)

a. Executive Committee

i. Legislative Affairs Officers

Officers Adair and Fong provide a report.

ii. Communication and Outreach Officers

Officers Wu and Lonné Amir provide a report. Chair Barker Plummer asks about recent event posts and hopes that the officers can do a BPP summary post.

iii. General Committee Updates

Chair Barker Plummer provided a report.

b. Civic Engagement and Education Committee

CEEC Vice Chair Perez provides an update.

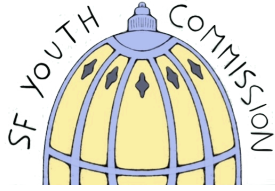
c. Housing, Recreation, and Transit Committee

HRT Vice Chair Fong provides an update.

d. Transformative Justice Committee

TJ Chair Ye provides an update.

9. Roll Call and Introductions



Roll call for introduction of resolutions, requests for hearings, letters of inquiry, and Commissioners' reports on their Commission-related activities.

- a. Presenters: Commissioner Lampkins, Commissioner Ansari, Commissioner Wong, Commissioner Cisneros, Commissioner Marroquin, Commissioner Stack Lozano, Commissioner Dang, Commissioner Faagau-Noa, and Commissioner Perez

All roll call Commissioners provide an update on their updates.

- b. Other Legislative Introductions

Commissioner Fong and Chair Barker Plummer are working on a resolution to address BART surfing.

10. Staff Report (discussion item)

Staff provides updates.

11. Announcements (this includes Community Events)

Commissioners Ye and Fong are working on District-specific youth councils.
Commissioner Lampkins will be awarded the Youth Advocacy Award at the coming 100 Black Women San Francisco Chapter event.

12. Adjournment

There being no further business on the agenda, the full Youth Commission adjourned at 7:51 pm.



Juvenile Probation Department Budget Proposal FY 2024/25 & FY 2025/26

Juvenile Probation Department

March 18, 2024

Verónica Martínez

Deputy Director of Administrative Services

Mayor Breed's Priorities, Outlook, & Instructions

Priorities

- **Improving public safety** and street conditions
- Reducing homelessness and transforming mental health service delivery
- Accountability and equity in services and spending.

Outlook

Forecasted **\$245 million deficit** in FY 24/25, **\$554 million** in FY 25/26 and worsening in coming years.

Instructions

- **Departmental budget reductions to address Citywide projected deficit:**
 - **FY 2024/25 & FY 2025/26**
 - **10% General Fund**
 - **For JPD this is \$2,560,000**
 - **5% General Fund Contingency**
 - **For JPD this is \$1,280,000.**
- **Focus on core department operations and services** and eliminate costs supporting non-essential, discretionary, redundant service areas.
- **Prioritize staffing key areas related to public safety and essential operations** without adding new FTEs and while eliminating remaining vacancies for savings.



JPD Budget Goals: FY 20/21 through FY 24/25

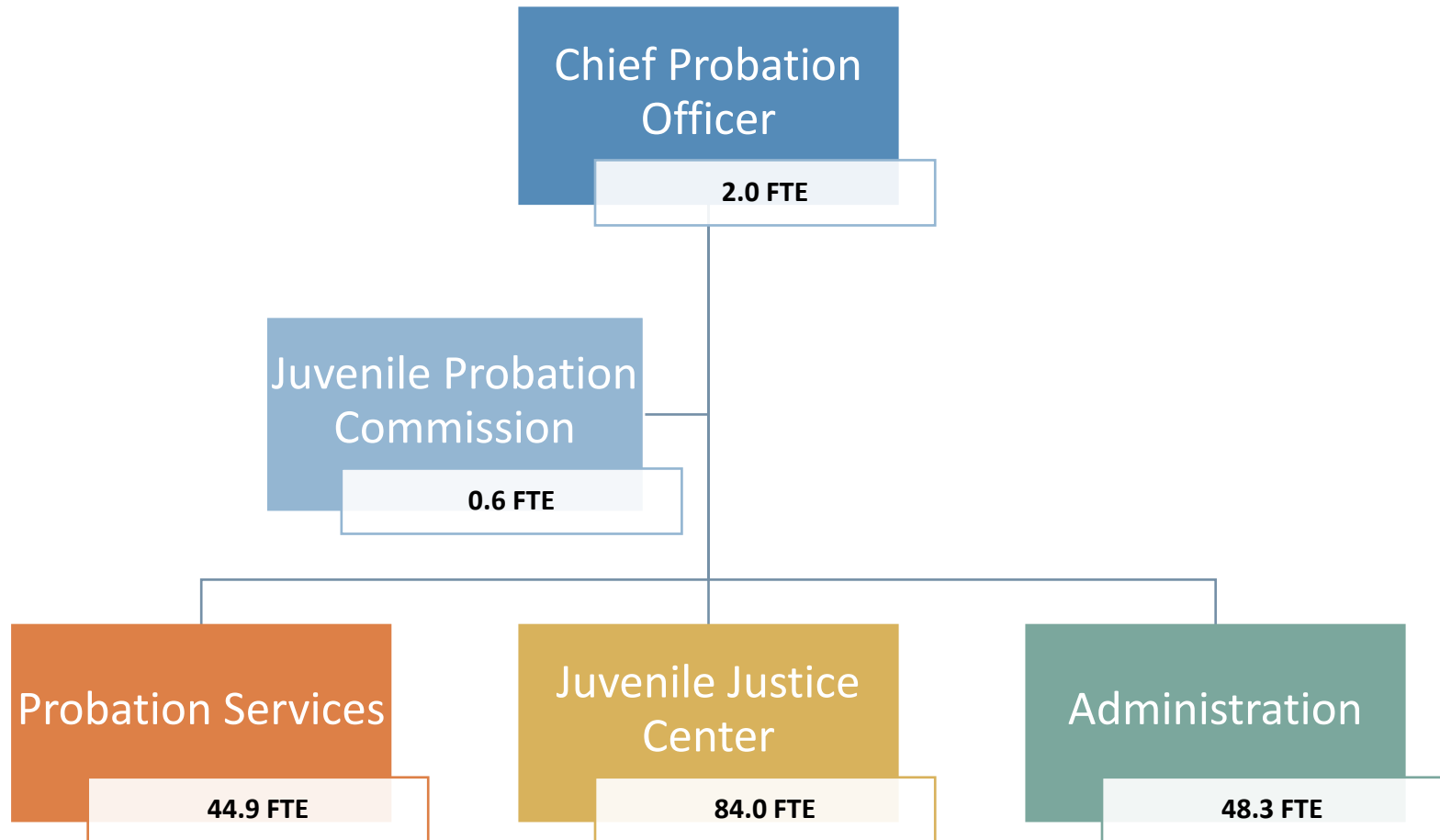




Current Budget Framework: FY 24/25 & FY25/26

- **Continue** all prior budget goals.
- **Meet the moment-**
 - **Focus on core department operations & services**
 - Support youth and families
 - Advance community safety
 - Carry out statutory/court mandates-with care, compassion, and evidence-based practices.
 - **Provide youth and families what they need to succeed**, coordinate with stakeholders throughout the juvenile justice process—youth, families, community-based organizations, and government partners.

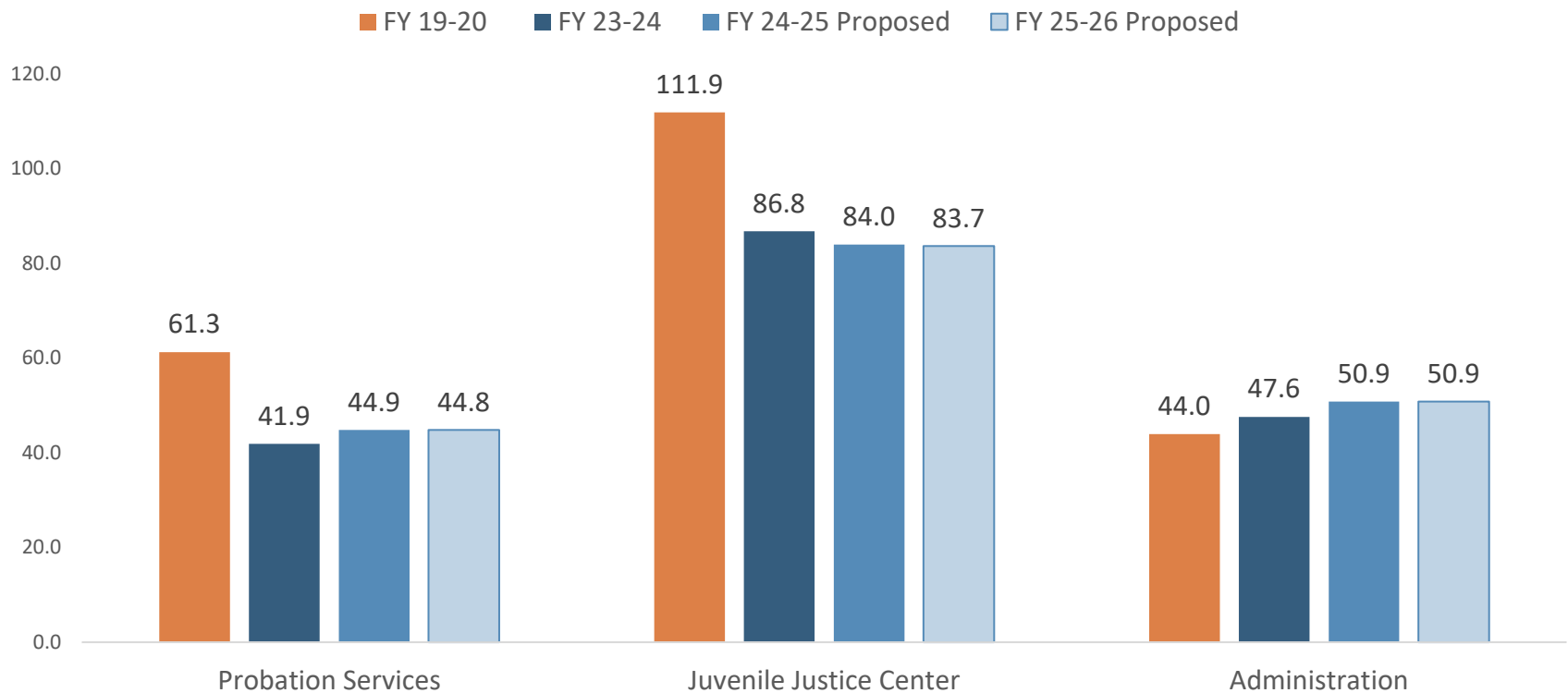
Proposed Juvenile Probation Department Organization Chart: FY 24/25 & FY 25/26



Departmental Staffing

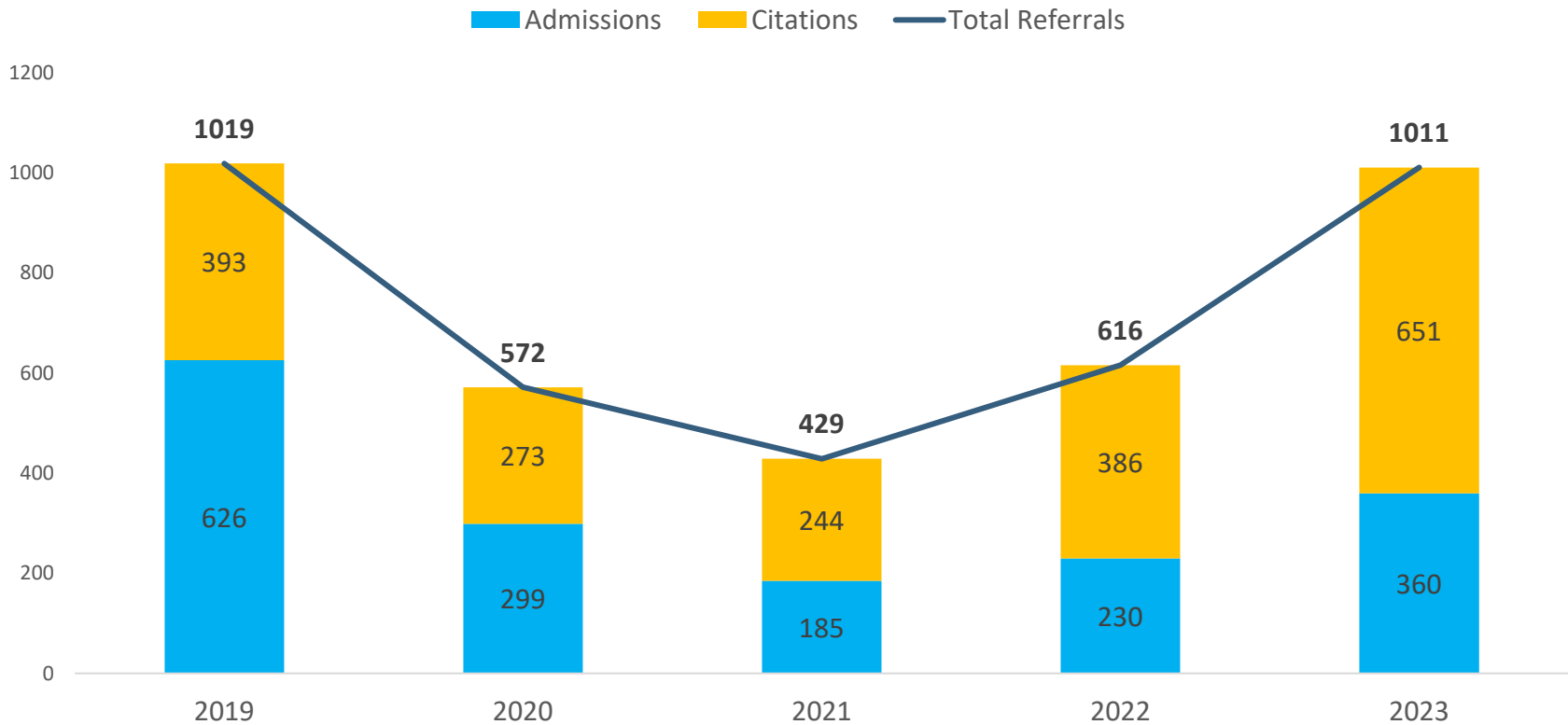
27% decrease in Probation Services FTE and
25% decrease in Juvenile Justice Center FTE
from FY 19/20 to FY 24/25

JPD Budgeted Full Time Equivalents by Division,
FY 19/20, FY 23/24, FY 24/25, & FY 25/26



Juvenile Referrals Over Time

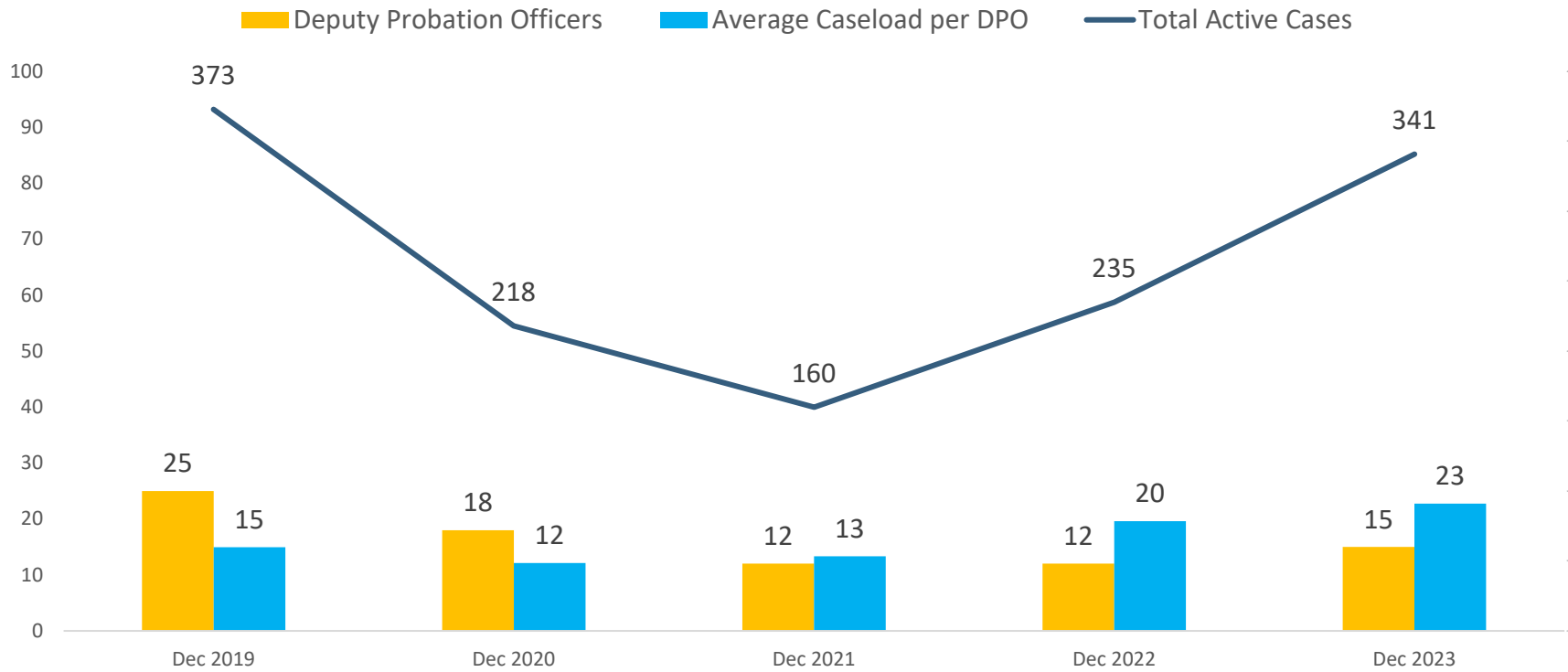
Juvenile Arrests/ Referrals to JPD By Year:
Admissions to Juvenile Justice Center & Citations, 2019-2023



Caseload Over Time – Probation

Juvenile Probation Caseload & Total Probation Cases (End of Year Snapshot, 2019-2023)

*Excluding CARC & AB12



JPD Budget Proposal

JPD Departmental Budget Plan

- **Continue to right-size & right-structure**
 - Leverage available state & federal funds
 - Maintain necessary community investments & JPD staffing
- Identify savings where possible
 - Convert sworn staff from CalPERS to SFERS
 - Eliminate vacant DCYF position
- Address operational needs
 - Restore overtime budget to pre-pandemic levels
 - Adjust Attrition to meet core operational needs
 - Substitute 2 Counselor positions for Counselor IIs, and 5 Social Worker positions for HSA equivalent Social Workers.

JPD Total Budget Historical Comparison

JUV Juvenile Probation

	2023-2024 Adopted Budget	2024-2025 Base Budget	2024-2025 Proposed Budget	Changes from 2024-2025 Base	2025-2026 Base Budget	2025-2026 Proposed Budget	Changes from 2025-2026 Base
Authorized Positions							
Total Authorized positions (Including Grants)	188.9	188.9	188.9	0.0	188.9	188.9	0.0
Sources							
Charges for Services	3,000	3,000	3,000	0	3,000	3,000	0
Expenditure Recovery	180,000	180,000	180,000	0	180,000	180,000	0
Intergovernmental: Federal	1,958,140	1,575,140	1,575,140	0	1,542,640	1,542,640	0
Intergovernmental: State	16,511,248	14,938,302	13,893,245	(1,045,057)	13,560,890	14,164,458	603,568
Other Financing Sources	(476,000)	0	0	0	0	0	0
General Funds	30,791,389	28,780,872	28,780,872	0	29,694,458	29,694,458	0
Sources Total	48,967,777	45,477,314	44,432,257	(1,045,057)	44,980,988	45,584,556	603,568
Uses - Operating Expenditures							
Salaries	20,372,696	20,884,253	21,740,124	855,871	21,654,330	22,768,020	1,113,690
Mandatory Fringe Benefits	10,480,969	11,166,912	10,276,149	(890,763)	11,747,416	10,811,644	(935,772)
Non-Personnel Services	3,946,859	3,411,304	3,168,746	(242,558)	3,664,973	3,422,415	(242,558)
Capital Outlay	3,119,742	417,126	417,126	0	0	0	0
Materials & Supplies	389,347	350,413	350,413	0	350,413	350,413	0
Programmatic Projects	1,236,293	229,890	425,256	195,366	229,890	207,651	(22,239)
Work Orders to Other Depts	9,421,871	9,321,185	8,054,443	(1,266,742)	9,321,185	8,024,413	(1,296,772)
Uses Total	48,967,777	45,781,083	44,432,257	(1,348,826)	46,968,207	45,584,556	(1,383,651)
Uses - By Division Description							
Community Investments	5,835,081	5,547,093	4,715,227	(831,866)	5,547,093	4,490,321	(1,056,772)
Administration	15,366,945	13,514,915	13,308,118	(206,797)	13,625,718	13,409,083	(216,635)
Juvenile Justice Center	18,567,522	18,161,874	17,028,424	(1,133,450)	18,721,392	17,808,401	(912,991)
Probation Services	9,198,229	8,557,201	9,380,488	823,287	9,074,004	9,876,751	802,747
Uses by Division Total	48,967,777	45,781,083	44,432,257	(1,348,826)	46,968,207	45,584,556	(1,383,651)

JPD Total Budget Historical Comparison

JUV Juvenile Probation

	2023-2024 Adopted Budget	2024-2025 Base Budget	2024-2025 Proposed Budget	Changes from 2024-2025 Base	2025-2026 Base Budget	2025-2026 Proposed Budget	Changes from 2025-2026 Base
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Charges for Services	3,000	3,000	3,000	0	3,000	3,000	0
Expenditure Recovery	180,000	180,000	180,000	0	180,000	180,000	0
Intergovernmental: Federal	1,958,140	1,575,140	1,575,140	0	1,542,640	1,542,640	0
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Other Financing Sources	(476,000)	0	0	0		0	0
General Funds	30,791,389	28,780,872	28,780,872	0	29,694,458	29,694,458	0
Sources Total	48,967,777	45,477,314	44,432,257	(1,045,057)	44,980,988	45,584,556	603,568

**Charges for Services
and Expenditure
Recovery:**
Court Recovery
Payments for
Maintenance, Utilities,
etc.

Intergovernmental: State
Juvenile Probation Activity Funding (JPAF) - \$5.5M + \$1.3M – prior year balance
Youthful Offender Block Grant (YOBG) - \$4.0M
Juvenile Justice Realignment Block Grant (JJRBG) - \$2.3M
Child Welfare Services Grant - \$396K
Standard & Training for Corrections (STC) - \$66K

**Intergovernmental:
Federal**
Title IV-E
Reimbursements

JPD Total Budget Historical Comparison

JUV Juvenile Probation

	2023-2024 Adopted Budget	2024-2025 Base Budget	2024-2025 Proposed Budget	Changes from 2024-2025 Base	2025-2026 Base Budget	2025-2026 Proposed Budget	Changes from 2025-2026 Base
Uses - Operating Expenditures							
Salaries	20,372,696	20,884,253	21,740,124	855,871	21,654,330	22,768,020	1,113,690
Mandatory Fringe Benefits	10,480,969	11,166,912	10,276,149	(890,763)	11,747,416	10,811,644	(935,772)
Non-Personnel Services	3,946,859	3,411,304	3,168,746	(242,558)	3,664,973	3,422,415	(242,558)
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Uses Total	48,967,777	45,781,083	44,432,257	(1,348,826)	46,968,207	45,584,556	(1,383,651)

Salaries & Mandatory Fringe Benefits Costs:

179.1 FTE
Overtime \$1,080,351
Attrition (10.7 FTE) (\$1,930,002)

Materials & Supplies Costs:

Food & Kitchen Supplies (\$178K),
Bedding & Linens, Clothing,
Textbooks, Furniture,
IT & Telecommunications Equipment

Non-Personnel Costs:

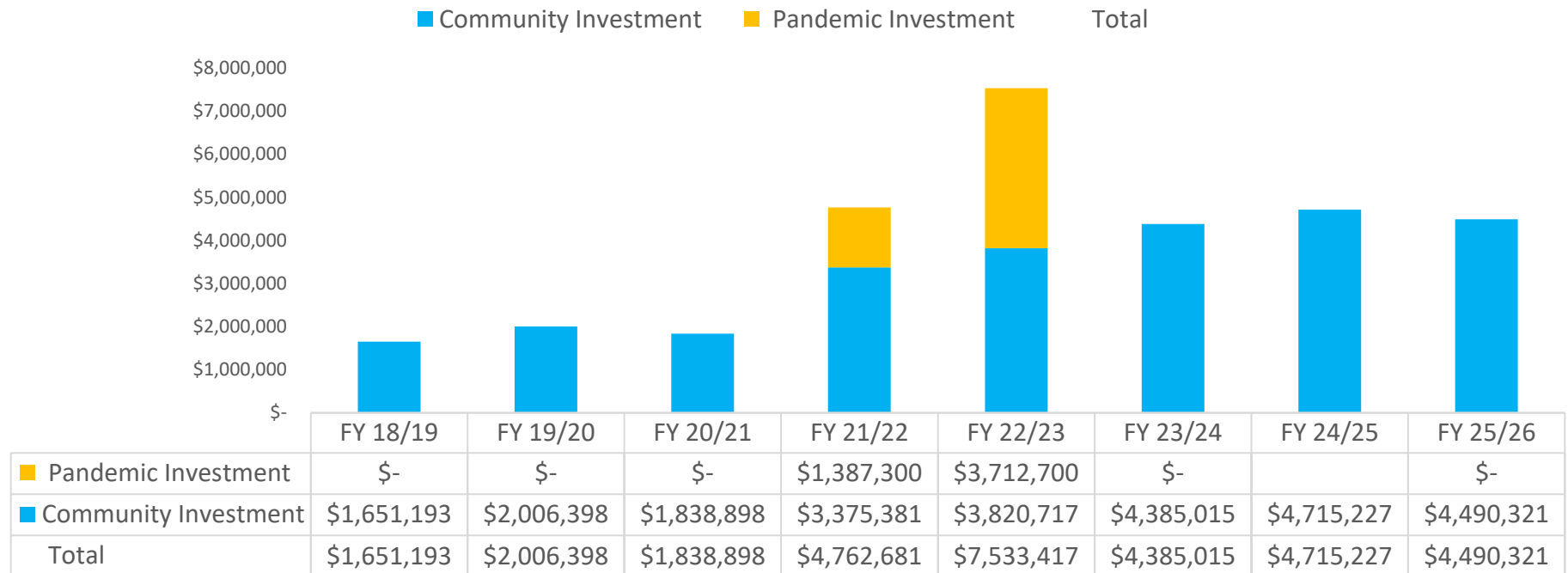
Juvenile Hall Debt Payment (\$2.5M),
Training & Travel (\$111K), LCR Security
Services (\$315K), IT Systems (AutoMon),
Software Licenses & Maintenance, Gift
Cards, Translation Services, Consulting,
Electronic Monitoring, Administrative
Costs (printing, mail, etc.)

Work Orders to Other Departments Costs:

DCYF: Community Investments (\$4.5M)
DPH: Behavioral Health Services (\$198K)
DHR: Workers' Compensation Costs, Training (\$1.4M)
City Administrator: Risk Management Fees, Vehicle Fuel &
Maintenance, Real Estate Costs (repairs & maintenance) (\$243K)
HSA: Eligibility Workers (\$152K)
PUC: Utilities (\$793K)
DT: Technology Infrastructure (\$636K)

JPD Community Investments*

JPD Community Investments Over Time, FY18/19-FY25/26



*Does not include DCYF's annual JJCPA funding: ~\$4.4M.

FY 21-22, Pandemic Investment does not include \$4.8M direct transfer from JPD to DCYF.

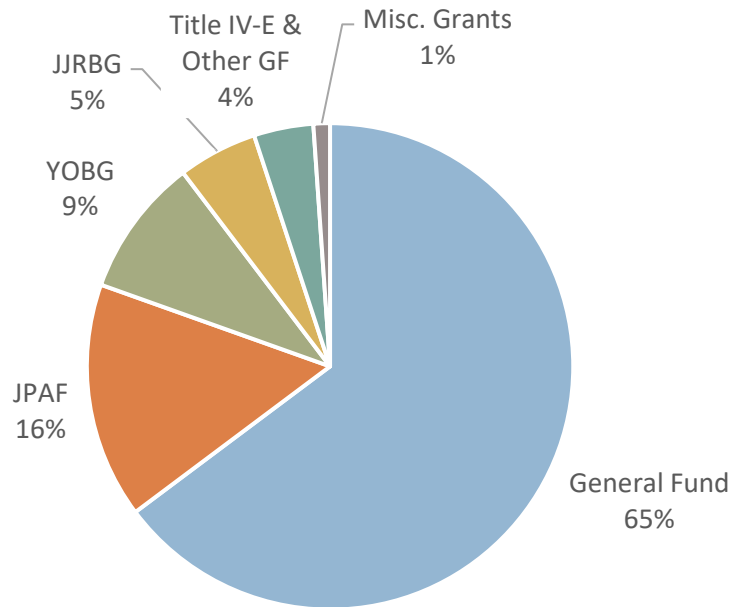
FY 23-24, JPD over-estimated the FY23/24 investment by \$1.4M. JPD received \$937,705 less YOBG from the state than projected and did not allocate \$487,361 of JIRBG.

Juvenile Probation Budget Sources

Juvenile Probation Budget Sources, FY 24-25

All Funds: \$44,432,257

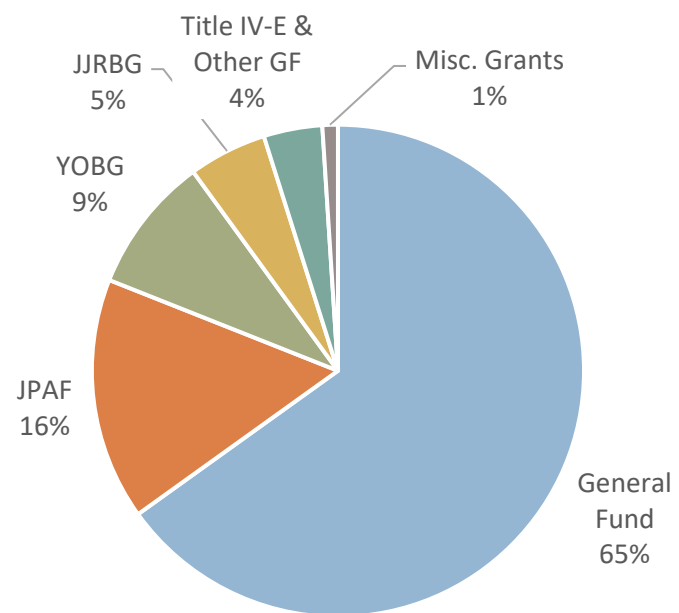
General Fund: \$28,780,872 (65% of total)



Juvenile Probation Budget Sources, FY 25-26

All Funds: \$45,617,056

General Fund: \$29,694,458 (65% of total)



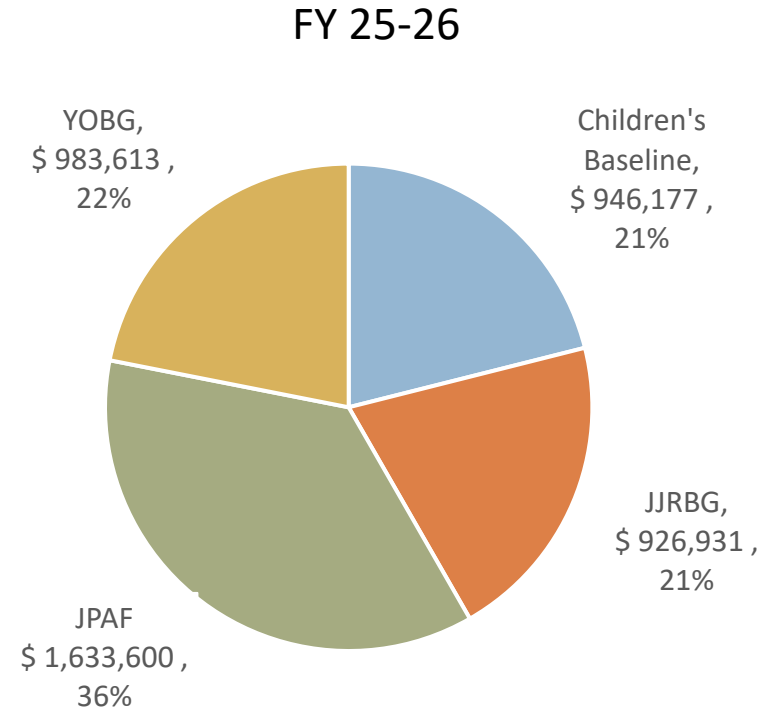
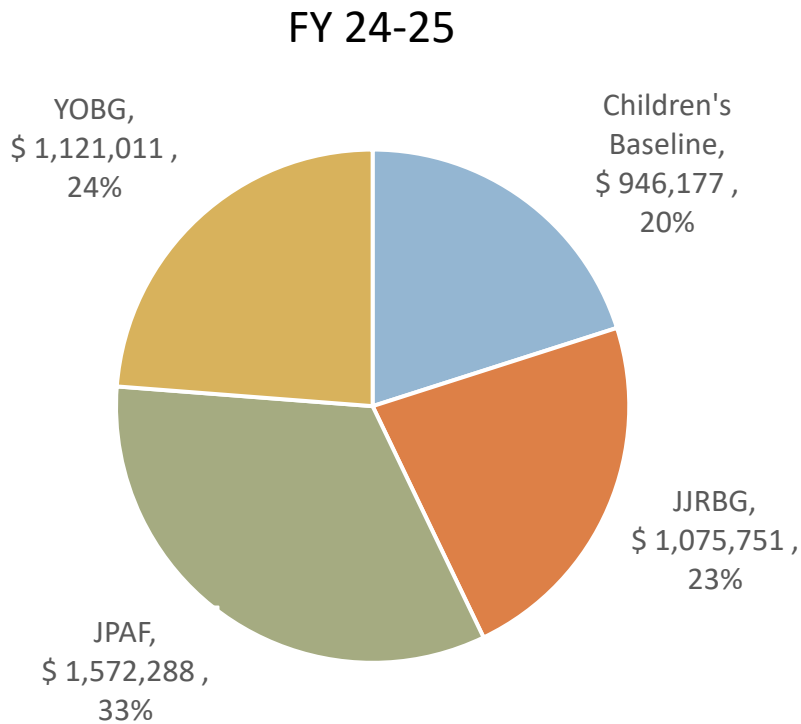
Juvenile Justice State Apportionments

JJRBG: Juvenile Justice Realignment Block Grant

YOBG: Youthful Offender Block Grant

JPAF: Juvenile Probation Activities Fund

Community Investments Division Sources FY 23/24 & FY 24/25



Juvenile Justice State Apportionments
JIRBG: Juvenile Justice Realignment Block Grant
YOBG: Youthful Offender Block Grant
JPAF: Juvenile Probation Activities Fund

Public Safety Department General Fund Budgets Over Time

Department	Fiscal Year 19/20	Fiscal Year 23/24	Percent Change FY19/20-FY23/24
Juvenile Probation	\$ 33,521,517	\$ 30,765,751	-8%
Public Defender	\$ 40,598,295	\$ 50,076,915	+23%
District Attorney	\$ 64,003,688	\$ 79,801,717	+25%
Sheriff	\$ 199,011,360	\$ 222,645,269	+12%
Police	\$ 530,514,921	\$ 617,136,279	+16%

Questions and Discussion



For questions or comments contact Verónica Martínez at
veronica.martinez@sfgov.org or 415-680-8451



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

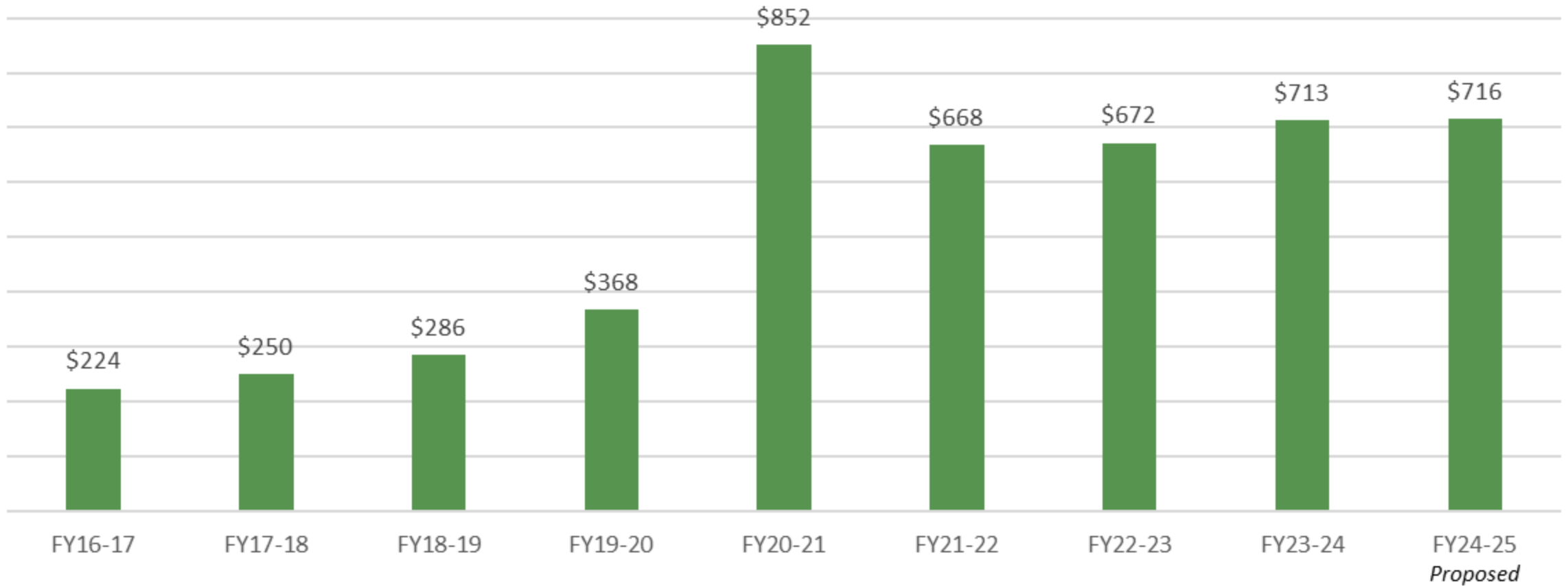
FY2024-25 & 2025-26 Budget Discussion

Youth Commission – March 18, 2024 | Budget Director Christine Rolan & Senior Legislative Analyst Bryn Miller

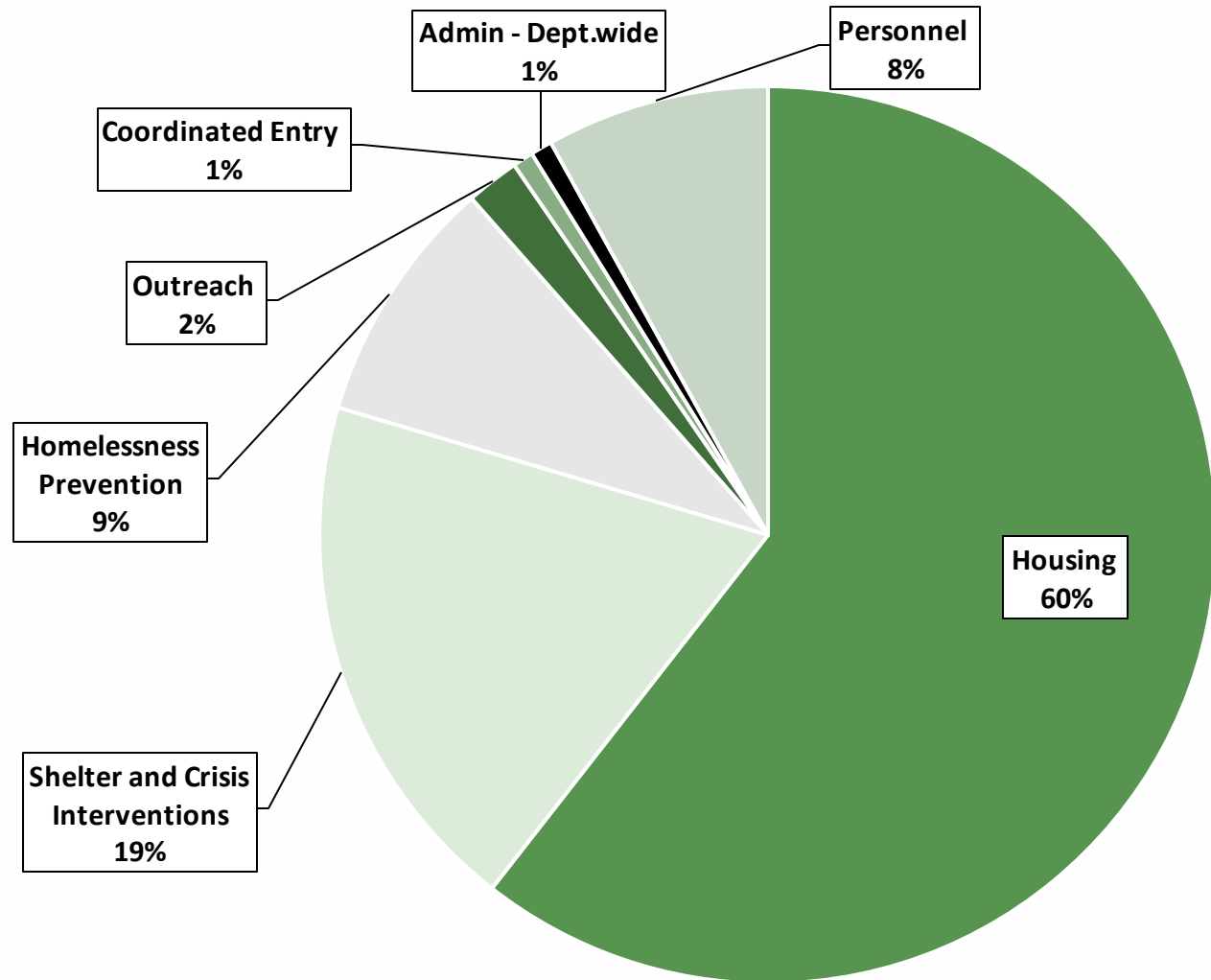


HSH Budget Over the Years

Total HSH Budget (in Millions)

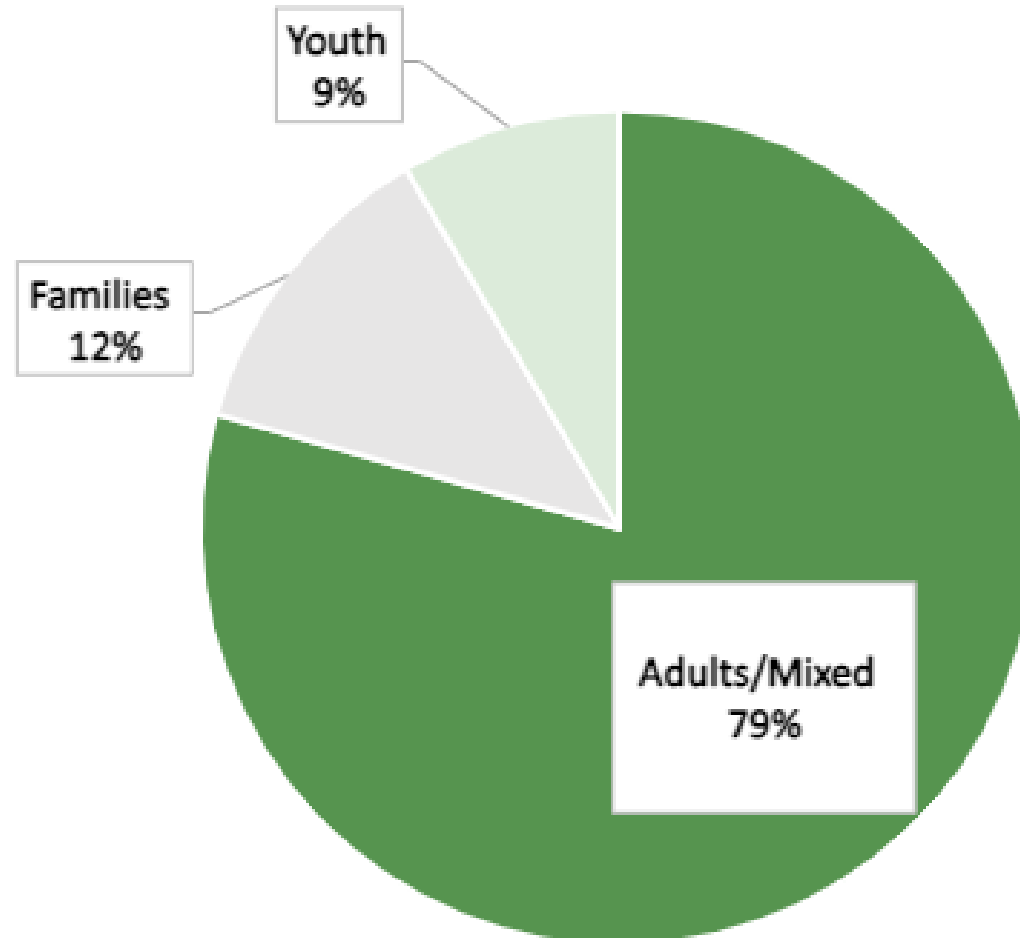


Proposed FY2024-25 Budget by Service Area



FY2023-24 Budget by Population

FY2023-24 Adopted Budget by
Population



Citywide Fiscal Outlook

Projected nearly \$800 M General Fund deficit over next two fiscal years

🔑 Key Drivers of Deficit:

- Revenue continues decline, slow-to-no growth in major tax revenues and sluggish local economic recovery
- High office vacancies negatively impacting tax revenues; hospitality sector slow to rebound
- Increased health care cost for City workers (up 9%)
- City's one-time funds to balance budget will be exhausted during next three years

🔑 Mayor's Budget Instructions:

- Propose 10% ongoing General Fund reductions in FY24-25 and FY25-26: ~\$27 M
- Propose 5% contingency reductions: ~\$13 M
- Meet target by leveraging new revenue sources to reduce General Fund expenditures
- Do not propose new positions, instead eliminate vacant positions to generate cost savings

HSH Budget Outlook

- HSH's **General Fund** allocation supports permanent housing, emergency shelter, outreach, and other critical services
- Costs to deliver homeless services continue to increase (higher insurance costs, food, cost of housing subsidies)
- Our City, Our Home Fund (Proposition C's Homelessness Gross Receipts Tax) has an expected **\$134 million shortfall** through FY26 that will need to be closed
- Shelter bed expansion funded with one-time state and local funds have created structural deficit in HSH's ongoing operating budget

HSH Proposal to Maintain Mayor's Initiatives

\$ in Millions	FY24-25*	FY25-26*
General Fund Reduction Target – 10% ongoing	(27.0)	(27.0)
Additional 5% Contingency	(13.5)	(13.5)
General Fund Target	27.0	27.0
<i>Align NCS costs with existing per bed shelter rates; reduce cost by \$10M annually</i>	10.0	10.0
<i>Identified one-time GF savings</i>	2.0	
<i>New HHAP 5 grant funding</i>	8.5	8.5
<i>Leveraging new stage grant funding</i>	2.5	2.5
<i>GF Budget Savings</i>	4.0	6.0
Contingency Target	13.5	13.5
<i>Reduction to HSH Grants Programming (To be determined)</i>	13.5	13.5

*Proposed Budget as of 2/5/24 and not reflective of final balancing

Our City, Our Home Budget

Homelessness Gross Receipts Tax Forecast
(in \$ million)

Year	Actuals	Budget / Prior Proj.	Current Proj.	Change
FY21-22	278.6			
FY22-23	247.9			
FY23-24		293.5	255.1	(38.4)
FY24-25		297.6	253.8	(43.8)
FY25-26		305.7	253.6	(52.1)
FY26-27		323.5	269.0	(54.5)
FY27-28		329.1	274.7	(54.4)

OCOH Budget Process (March-April 2024)

- HSH's February Budget Submission to Mayor did not include recommendations or new proposals for FY24-26 OCOH funding
- Feb-March: Meetings with committee liaisons and HSH
- March: Updated revenue projections and Department Proposals presented
- April: Departments to present FY24-26 proposed OCOH budget to Committee
- Late April: OCOH committee recommends investment plan to Mayor and Board

HSH Budget Priority:

- Minimizing the impact of revenue shortfall on current HRS programming
- Preserving the multi-year OCOH investment plan

FY24-26 Budgeted Resources for Young Adults

Proposed Budget Investments:

- 2 new PSH buildings acquired in FY23-24 for a total of **\$41.4M**
 - 1174 Folsom will add 42 new units and 42 Otis will add 24 new units to the TAY housing system
- Funding Drop-in Services at **888 Post TAY Navigation Center**
- **TAY Bridge Housing Acquisition** and on-going operations funding for new site
- Allocating \$4.3M from **HHAP 5 grant** towards youth services support
 - This investment will sustain funding for TAY Nav Center through FY25-26

2024 Budget Timeline

- **February 21:** Proposed HSH budget **submitted** to Mayor's Office
- **March-May:** Mayor's Office budget development
- **March 28:** Controller's revises Prop C (OCOH) revenue projections; HSH presents its Prop C proposed budget to OCOH Oversight Committee
- **June 1:** Mayor releases **proposed** FY24-26 Budget
- **Mid-June:** Board of Supervisors **budget hearings** and revisions
- **July:** Board of Supervisors **adopts** final FY25 & FY26 Budget



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Questions?

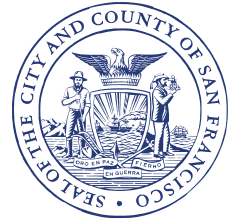
Contact: Bryn.miller@sfgov.org

Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan

San Francisco Department of Public Health – 2022



City & County of San Francisco
Department of Public Health



Overdose Plan

San Francisco Department of Public Health – 2022

Executive Summary

Drug overdoses are a public health crisis in San Francisco, where 625 individuals died from overdoses involving opioids, cocaine, and methamphetamine in 2021. Thousands more experienced non-fatal overdoses. The majority of overdoses in the city involve fentanyl, a synthetic opioid that is 50-100 times stronger than morphine, which has driven San Francisco's overdose death rate to be among the highest of large US cities. Furthermore, profound inequities exist: Black/African Americans in San Francisco are disproportionately affected, with an opioid overdose death rate that is more than five times higher than the citywide rate. Polysubstance use is common, with most overdoses involving more than one substance, including cocaine, methamphetamine, and other opioids.

Preventing death and reducing both the disparities and the morbidity associated with drug use is a priority in San Francisco. In the past several years the City has implemented many key interventions under Mental Health SF, showing that a collaborative, multifaceted approach can reduce people's risk of overdose and expand the continuum of services. The many factors that contribute to overdose are longstanding and institutional, and include poverty, racism, lack of housing, and unaddressed trauma. Because of such complexity, the City's work to address these issues is vital to the work of overdose prevention: while preventing overdose fatalities, changing the conditions that put people at risk is critical. Overdose prevention must be included in the actions of all City departments and partners, including engaging the most affected communities, because opportunities to intervene exist in all settings.

San Francisco's four-part, comprehensive plan is evidence-based, equity-oriented, and will save lives.

Led by the San Francisco Department of Public Health, this plan aims to reduce fentanyl and other drug-related deaths, increase access to treatment for opioid use disorder (including addiction to fentanyl) and stimulant use disorder, increase social support for and reduce the stigma experienced by people at risk of overdose, and improve the community conditions in which drug use occurs. The plan builds upon decades of commitment and success by advocates, people who use drugs, and community organizations, whose partnership with the City is vital in this work.

Strategic Area 1: Increase availability and accessibility of the continuum of substance use services

Just as drug use exists on a spectrum from abstinence to problematic use and addiction, so too do the services available to people who use drugs. Treatment and harm reduction services – historically viewed as separate, mutually exclusive approaches – exist on a continuum. The services people seek can also vary



over the course of their lifetime. The City aims to make services readily available to improve the wellbeing of people who use drugs and the communities in which drug use occurs. To achieve this, the City will:

- establish “Wellness Hubs” as a cornerstone of the City’s efforts, which will provide overdose prevention services and resources, services to improve health, and linkages to treatment,
- expand access and remove barriers to treatment for opioid use disorder, including fentanyl addiction,
- prevent overdoses from being fatal by supporting and broadening overdose prevention services (naloxone, fentanyl test strips, drug checking, and safe consumption), and
- improve post-overdose outcomes by enhancing targeted overdose response teams and connecting people to care.

Strategic Area 2: Strengthen community engagement and social support for people at high risk for overdose

Without increasing the social supports provided to people who use drugs, outreach and engagement will have limited success and the risk of overdose will remain high. This is particularly true in Black, brown and indigenous communities who have been deeply harmed by racist drug policies. To address these challenges, the City will establish or expand:

- communication to the public about drug use and the continuum of services available to people who use drugs, including through public messaging campaigns,
- public overdose response trainings and naloxone distribution using a citywide, data-driven approach, and
- collaboration with community organizations and development of partnerships to support populations most affected by overdose.

Strategic Area 3: Implement a “whole city” approach to overdose prevention

Fatal and nonfatal overdoses occur throughout the city and people who are at risk of overdose interact with all City agencies. The Health department is implementing innovative programs to reduce overdose risk, but it cannot do it alone. The magnitude of this crisis necessitates a “whole city” approach, in which overdose prevention initiatives exist in all departments, cover the city geographically, are tailored to meet the needs of diverse communities, and reduce disparities. The City will:

- establish protocols for first responders to refer and rapidly connect people who use drugs to health resources, overdose prevention services, and drug treatment,
- make overdose prevention training and naloxone available in all city-run housing facilities,



- embed overdose prevention resources in a range of settings that meet the needs of people who use drugs, such as in social services, health care, higher education, entertainment venues, and hubs that co-locate services, and
- promote low-barrier, street-based services and sufficient drop-in spaces throughout the city that are non-judgmental and welcoming to people who use drugs.

Strategic Area 4: Track overdose trends and related drug use metrics to measure success and inform program development and change

Between 2015 and 2020, deaths involving fentanyl in San Francisco increased 4600%, illustrating the rapidity with which the drug supply and drug use can change. As today's overdose crisis continues to evolve, it is essential that communities and public health organizations understand the trends in drug use, overdose, and the receipt of services along the continuum. Data must be used to inform and evaluate service delivery, policies, and resource allocation, as well as to address racial disparities. To achieve this, the City will:

- centralize data collection on drug-related metrics, including fatal and non-fatal overdose,
- use data to improve programs,
- develop materials for communicating data, including a publicly available dashboard for tracking important citywide metrics, and
- meet regularly with community members and frontline staff of service organizations to review data, discuss findings, and guide future planning

The imperative of addressing the social determinants of health in overdose prevention

A great amount of life-saving work is already underway in San Francisco and implementing the strategies in this plan will save more lives. At the same time, it is essential that efforts also continue to be made to improve the overall health and wellbeing of people who use drugs, which means addressing systemic issues and the social determinants of health. By making a concerted effort to engage people who use drugs, organizations focusing on these determinants – particularly housing – will not only improve health outcomes, but also be supporting overdose prevention. This collective work must be done with an unfailing commitment to reduce the disparities in overdose deaths seen among Black/African American San Franciscans and people experiencing homelessness, and advance equity in the City and County of San Francisco.



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Preface

This plan builds upon successful work underway in San Francisco and incorporates the best available evidence to reduce overdose deaths and drug-related harms as of September 2022. The City also recognizes the ever-changing nature of drug use and drug overdoses, and how our collective response will also need to evolve. This plan will be revised annually as new strategies are identified and lessons are learned, with ongoing input from stakeholders and community members across the city.

Introduction

Overdose death is a crisis in San Francisco, where more people died of overdose than COVID-19 in 2020. San Francisco has the highest overdose death rate among large California counties, a rate that is similar to other major cities across the United Statesⁱ. And while every demographic group has been affected, profound disparities also exist: the opioid overdose death rate among Black/African American San Franciscans is more than five times the citywide rateⁱⁱ.

Thousands of San Franciscans have died from drug overdoses and every one of these deaths is a tragedy. Every individual is someone's relative, friend, neighbor, or colleague. The City mourns the loss of these members of our community and remains committed to aggressively approaching drug overdoses as a public health crisis. Addiction is not a moral failing. Lives can be saved by increasing access to treatment and implementing evidence-based harm reduction interventions.

San Francisco has been a national leader in promoting the health and recovery of people who use drugs and/or with substance use disorders and has a strong track record of innovation^{iii,iv}. The new challenges presented by fentanyl, an extremely potent synthetic opioid, and methamphetamine can be met with expanded, coordinated, and data-driven responses.

San Francisco's four-point plan to reduce fatal overdoses is comprehensive, compassionate, and respects the needs of people who use drugs. It provides a roadmap for taking a "whole city" approach to expanding access to the continuum of drug-related services, increasing community engagement and social support for people who use drugs, and measuring outcomes with robust data collection and analysis.

This document describes the continuum of services currently in place in San Francisco. These services, led by community organizations and health care systems, are saving lives. Yet despite the plateau in monthly overdose deaths since February 2021, approximately 50 people still die each month from overdoses. These deaths are preventable. More work and innovation must occur if we are to reach the many people – especially Black/African Americans, Hispanic/Latinx populations, people experiencing homelessness, and people with co-occurring serious mental health conditions – who have historically and systematically been excluded from many efforts. As such, the plan also identifies gaps in today's landscape and the additional initiatives that will help fill these gaps.



Guiding principles:

While overdose prevention is complex, key principles provide guideposts for organizing and driving such work. San Francisco's Overdose Prevention Plan:

- builds upon the decades of successes by advocates, people who use drugs, and community organizations, whose partnership with the City is vital in this work,
- expands the continuum of services available to people who use drugs, from low-barrier services to residential care,
- improve the health and wellness of people who use drugs and communities impacted by drug use and overdose, and
- is driven by evidence-based approaches, yet recognizes that flexibility is needed as conditions change.

Reducing racial disparities and advancing equity:

In addition to the principles above, the plan is centered around equity, acknowledging the disparities that exist in drug-related outcomes and the unequal and often unjust ways that different populations experience drug-related harms. Black, brown and indigenous communities nationwide have long been impacted by – and continue to be impacted by – the racism and criminalization that have been the hallmark of federal US drug policy for the past several decades.

San Francisco's profoundly high opioid overdose death rates among Black/African American residents illustrates the urgency of a tailored and focused approach, one that is informed by the community and supported with sufficient resources to make meaningful change. The opioid overdose death rate among Hispanic/Latinx populations has also been rising in past years and exceeds the citywide rate. Reducing disparities in overdoses requires addressing cultural and linguistic needs in drug-related education, outreach, engagement, and treatment.

This plan reaffirms the City's commitment to learning from and working with partners across the city to advance equity and improve the health of all city residents.

Overdose prevention plan strategic areas:

1. Increase availability and accessibility of the continuum of substance use services
2. Strengthen community engagement and social support for people at high risk for overdose
3. Implement a "whole city" approach to overdose prevention
4. Track overdose trends and related drug use metrics to measure success and inform program development and change.



Overdose prevention plan goals:

- Reduce fatal overdoses by 15% citywide by 2025
- Reduce racial disparities in fatal overdoses among Black/African Americans by 30% by 2025
- Increase number of people receiving medications for addiction treatment (MAT) by 30% by 2025

Overdose prevention plan key metrics:

- Within 1-2 years:
 - Establish at least 2 Wellness Hubs that co-locate needed services and improve the health of people who use drugs
 - Open 70 additional residential step-down beds
 - Open 40 new beds for dual diagnosis transitional care for women in the Bayview
 - Increase the number of people receiving MAT by 20%
 - Increase the number of programs offering contingency management from three to five
 - Establish drop-in space with low-barrier therapy for people experiencing homelessness
 - Increase citywide naloxone distribution from 47,000 kits to 75,000 kits annually
 - Have naloxone available in 50% of supportive housing facilities
- Within 3-4 years
 - Establish additional Wellness Hubs across San Francisco in priority neighborhoods
 - Increase the number of people receiving MAT by 30%
 - Increase the number of people participating in contingency management by 25%
 - Increase citywide naloxone distribution to 100,000 kits annually
 - Have naloxone available in 100% of supportive housing facilities
 - Train 250 people in overdose recognition and naloxone use in educational settings and entertainment venues annually

Overdose Plan Strategic Areas

With input from agency stakeholders, advocates, and community members, San Francisco's four-point plan is evidence-based, community-responsive, and equity-driven. The plan recognizes the importance of addressing today's overdose crisis using a person-centered approach.



Strategic Area 1: Increase availability and accessibility of the continuum of substance use services

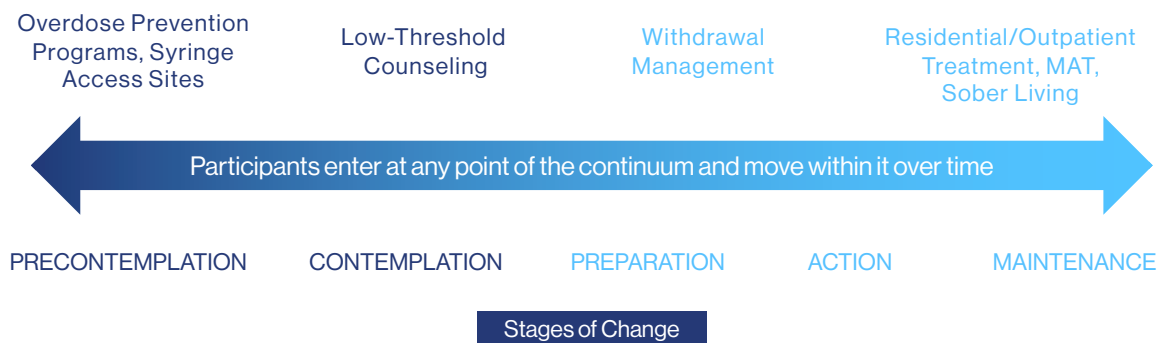
There are many paths to addiction and just as many paths to recovery. The City has established a rich continuum of services to meet the needs of all individuals who use drugs. For those seeking treatment for opioid use disorder, the continuum is centered around treatment involving methadone and buprenorphine. These two FDA-approved medications have been shown to reduce mortality by up to 50%^v. There are few, if any, medications that confer this lifesaving potential. By comparison, treatment without medication has not been shown to have the same mortality benefit. Similarly, detoxification (withdrawal management) is not treatment; it can support individuals in the earliest stages of refraining from drug use, but it is essential that following withdrawal management they be transitioned to long-term treatment, ideally one that includes medications if they have an opioid use disorder^{vi}. Similar to the care of a person who has experienced a heart attack, after the acute treatment and hospitalization, patients are transitioned to long-term management of their heart disease. And just as treatment for heart disease must be timely, so must treatment for substance use disorders.

Residential treatment and care is also an important component of the continuum, as are residential step-down programs that address the needs of people who are experiencing homelessness or who are unstably housed and transitioning out of residential care programs.

Syringe access and overdose prevention programs, additional components of the continuum of services, are evidence-based public health interventions that have also been shown to save lives, reduce the risks of bloodborne infections such as HIV and hepatitis C, and increase receipt of drug treatment.^{vii,viii}

Over the past two years, the City has greatly expanded the treatment and harm reduction services available in San Francisco. There is no one-size-fits-all solution. Treatment must be made available to people who seek it, whereas other services, including harm reduction resources and supplies, should be accessible to individuals not seeking treatment. Treatment and harm reduction are not in opposition but exist along a continuum to meet the breadth of needs of people who use drugs and who are at risk of an overdose, wherever they are in their stages of change.^{ix,x,xi} In fact, studies have shown that syringe access and overdose prevention programs serve as important entry points into drug treatment when people are ready to reduce and stop their use.^{xii,xiii} Much of this success is due to syringe access and overdose prevention programs – often licensed as treatment providers as well as harm reduction service providers – being safe and trusted places for people who use drugs.





Continuum of Evidence-Based Substance Use Services

San Francisco's continuum of substance use services includes (see Appendix A for more information):

- Medications for Addiction Treatment (MAT), which is available in many of San Francisco's clinics and hospitals, including low-barrier MAT and buprenorphine micro-dosing.
- The Addiction Care Team (ACT) at Zuckerberg San Francisco General Hospital (ZSFG), which starts MAT for hospitalized patients with opioid use disorder (OUD) and links patients to care.
- Project HOUDINI LINK, which provides 6-months of peer navigation, contingency management, and linkage to community-based OUD treatment, primary care, and mental health care.
- Behavioral Health Services (BHS) Pharmacy, which delivers buprenorphine to many high-risk housing locations and in areas without retail pharmacy access.
- BAART Market Street Clinic, which offers expanded hours for treatment with methadone and buprenorphine, seven days a week.
- The Office-based Buprenorphine Induction Clinic (OBIC), which has expanded by adding evening and weekend hours to match with the BHS Pharmacy and adding a substance use navigator.
- SoMa RISE, a 24/7 drug sobering center, which provides a safe and supportive place for individuals who have recently used drugs and may still be feeling the effects of them, to rest, be connected to services, and avoid the threats they may face on city streets.
- The Treatment Access Team in the Behavioral Health Access Center (BHAC), which is an assessment team that matches people seeking care with treatment providers.
- 500 residential and residential step-down beds for the treatment of substance use disorders, to which seventy additional step-down beds will soon be added to the City's inventory.

- The Street Overdose Response Team (SORT), an immediate, street-based response for people experiencing homelessness with a recent non-fatal overdose. A multi-disciplinary team engages with the individual immediately after the overdose and then on the day after the overdose, continuing to offer engagement, care coordination, and low barrier treatment, including MAT.
- Several syringe access sites, which offer low-threshold medical care, contingency management, and/or drug checking services regularly.
- Overdose education and distribution of harm reduction supplies that are increasing across San Francisco, tailored to setting and taking a citywide approach. This distribution includes naloxone and fentanyl test strips, and occurs at ZSFG, primary care clinics, and behavioral health treatment sites.

Strengthening and enhancing the continuum of services in a person-centered and equitable way is a priority in San Francisco, and DPH and partners have identified a number of gaps that can and will be filled by new and enhanced initiatives:

GAPS:

- While buprenorphine is increasingly available across San Francisco, there continue to be opportunities to expand treatment in additional primary care sites, mental health facilities, emergency departments, and other sites.
- Methadone is only available in highly regulated programs, and more flexible delivery of this highly effective medication should be encouraged.
- Contingency management, an effective treatment approach particularly for stimulant use disorder, has been funded through Prop C investments and is available through Project HOUDINI LINK, the Citywide Substance Treatment Outpatient Program, and Prop 4 All. However, this treatment approach will likely be insufficiently utilized without further training and incentives.
- SORT's current funding scope is assertive follow-up for persons experiencing homelessness; follow up for housed persons is supported solely by grant funding. Recognizing that many overdoses occur among housed persons, stable funding for program expansion should be considered.
- All syringe access sites should provide low-threshold medical and treatment services, including contingency management, as well as drug-checking; however, these are not available at all sites due to a lack of funding and resources.
- Scientific information increasingly points to the effectiveness of opioid agonist medications besides buprenorphine and methadone. San Francisco should explore these options.



NEW AND ENHANCED INITIATIVES IN SUPPORT OF STRATEGIC AREA 1:

- Building upon the successful elements of the Tenderloin Center, the City is pursuing a strategy of several smaller “Wellness Hubs” that co-locate services along the continuum in a drop-in setting and provide overdose prevention services and linkage to treatment, housing and benefits. All of these can improve health and reduce a person’s risk of overdose. These hubs form a new cornerstone of the city’s multi-prong overdose prevention strategy.
- Make starting buprenorphine, distribution of naloxone and other risk reduction supplies, and implementation of best practices for treatment linkages standard in all hospital inpatient units, emergency departments, and safety-net primary care sites in San Francisco. Priority populations are persons presenting for medical/surgical care with untreated opioid use disorders (OUD), persons presenting in withdrawal, and those presenting following non-fatal overdose.
- Establish/routinize contingency management (CM) across all funded substance use disorder treatment programs and other prioritized programs that serve people who use stimulants. Providers should be financially supported in offering incentives needed to implement contingency management, assuming funding will not be available through Medi-Cal.
- Continue to pursue other innovative substance use services, such as the use of short-acting opioids for replacement treatment, that have shown promise in other parts of the country and world.



Strategic Area 2: Strengthen community engagement and social support for people at high risk for overdose

People who use drugs experience profound stigma and face barriers to receiving services^{xiv}. Increasing community engagement and social support are essential to overcoming barriers, saving lives, reducing stigma, and improving outcomes for people who use drugs.

Punitive policies have not been shown to be effective at reducing overdose deaths, while incarceration is known to significantly increase risk of dying of drug overdose. Studies have shown a 37- to 129-fold increased risk of fatal overdose among people leaving incarceration in the first two weeks of release compared to the non-incarcerated population.^{xv,xvi} This illustrates the need to offer support and connection to care to individuals immediately after release.

Such efforts must be citywide, yet also be focused on Black/African American and Latinx communities that have been disproportionately harmed by racist drug policies. Programs and policies should be tailored racially, culturally and linguistically to support these populations who experience elevated rates of fatal overdoses in San Francisco and who have not been reached by previous efforts (see Appendix B for how programs aim to reduce racial disparities).

The City is investing in this strategy by:

- Investing in drug sobering centers, such as SoMa RISE, that offer low-threshold, trauma informed, safe places to be while intoxicated. Services can include medical care and observation, linkages to benefits or housing, referrals to providers, individual and group counseling, and the provision of safe supplies.
- Conducting outreach and training for City agencies, high-risk housing sites, community members, and individuals at risk of overdose to reduce stigma and establish a culture of overdose prevention.
- Making naloxone and fentanyl test strips available at important points of contact for people who use drugs, including syringe access sites, BHS pharmacy, pre-release at SF County Jail, Shelter-in-Place (SIP) hotels, Shelter Health, and through street outreach.

The City has also identified gaps in this Strategic Area and intends to fill them through several new and enhanced initiatives:



GAPS:

- More high-impact locations are needed for the systematic distribution of naloxone and fentanyl test strips, including but not limited to harm reductions sites, medical settings, behavioral health settings, social service settings, and in community settings.
- There is misinformation about drug use in San Francisco, as well as a lack of public messaging about the continuum of services available to people who use drugs and how the public can help. This lack of understanding perpetuates the discrimination towards and experienced by people who use drugs, which can reduce their likelihood of seeking services.
- Peer education is limited to a small number of community-based organizations.

NEW AND ENHANCED INITIATIVES IN SUPPORT OF STRATEGIC AREA 2:

- Establish multiple Wellness Hubs throughout the city, which co-locate needed services and improve the health of people who use drugs.
- Scale up public overdose response education, trainings, and naloxone distribution using a citywide, data-driven approach in settings with people at highest risk of overdose. These venues include substance use disorder (SUD) treatment programs, mental health clinics, Single Room Occupancy buildings (SRO), higher education, entertainment venues, and through community settings like churches and food distribution sites.
- Develop communication to the public about drug use and the continuum of services available to people who use drugs. Public messaging campaigns will educate people who use drugs, their family and loved ones, and the general public on how to prevent overdose deaths and obtain help. The campaigns will also aim to decrease stigma.
- Develop and implement a peer-led, racially-congruent outreach, education, and support program to reduce overdose and health disparities among people who use drugs. The program will be tailored to need and consonant with different communities' values.
- Create drop-in harm reduction spaces to engage and create supports and linkage to ongoing care and treatment. Drop-in spaces will offer social support for people who use drugs, decrease public drug use, and offer a range of desired social services.



- Expand the availability of care coordination services offered to individuals released from the San Francisco Jail.
- Support overdose champions at priority sites to promote culture change within organizations, and to manage overdose education and the distribution of naloxone.
- Expand drug checking in multiple settings that reach people who use drugs. Drug checking not only allows for detection of novel drugs, but also empowers people to know what is in their drugs and the measures they can take to reduce adverse reactions, including overdose.



Strategic Area 3: Implement a “whole City” approach to overdose prevention

Drug use is a complex public health and social issue. Individuals who use drugs are often made vulnerable due to poverty, structural racism, unaddressed trauma, and profound inequities in the social determinants of health, especially a lack of housing^{xvii}. DPH is implementing evidence-based and innovative programs to reduce overdoses, but the breadth and magnitude of today’s overdose crisis requires a “whole city” approach. All departments serve people who use drugs and must be part of the response to an epidemic that affects all demographics and every corner of the city.

The City is taking a comprehensive approach by:

- Implementing the Departmental Overdose Prevention Policy legislation of 2021, which requires DPH, the Department of Homelessness and Supportive Housing (HSH), the Human Services Agency (HSA), and the Department of Emergency Management (DEM) to have established their own overdose prevention policies and to have all staff who regularly work with people who use drugs trained in overdose recognition and response. These City agencies are working together to review lessons learned in policy implementation and track progress toward shared goals.
- Opening SoMa RISE, a drug sobering center, to which the teams of all City agencies can refer.
- Expanding low-threshold buprenorphine and contingency management to high-risk housing sites including HOPE SF, Shelter-in-Place (SIP) Hotels, Single Room Occupancy buildings (SRO), and Permanent Supportive Housing (PSH).

The City intends to close identified gaps in Strategic Area 3 by establishing a culture of overdose prevention across all departments.

GAPS:

- Housing and benefits assistance are frequently physically separate from other services along the continuum of care. This requires people who use drugs and are experiencing homelessness to often navigate complex systems and potentially travel to receive assistance.
- Using alone indoors is a major risk factor for overdose. Despite this, not all City-supported housing facilities have adequate access to naloxone.
- Stigma towards people who use drugs persists in throughout City agencies.



NEW AND ENHANCED INITIATIVES IN SUPPORT OF STRATEGIC AREA 3:

- Implementation of several Wellness Hubs across the city will help improve the health of people who use drugs by directly connecting them to the continuum of services, including treatment, housing, and benefits assistance.
- Overdose response trainings and naloxone will be made increasingly available in all types of City-supported housing.
- The City aims to create a culture of overdose prevention through the development of online trainings, including one on reducing stigma, that are available to all City staff and partners.



Strategic Area 4: Track overdose trends and related drug use metrics to measure success and inform program development and change.

Overdose deaths involving fentanyl increased 4600% in San Francisco between 2015 and 2020, and the drug is now involved in 75% of overdose deaths in the city, mirroring national trends^{xviii}. As the drug supply and drug use patterns change, it is critical to understand the trends and how successful programs can be adapted to meet evolving patterns of drug use and their consequences. Data should be used for surveillance (e.g. to identify new drugs), to respond to increases in overdoses, as well as to develop and evaluate new and existing programs.

The City recognizes the importance of data collection in monitoring the overdose crisis and informing overdose prevention efforts. To this end, the City is:

- Conducting a community assessment of drug use and drug overdoses, with a focus on drug overdoses among Black/African American San Franciscans.
- Working to measure the unmet need for treatment among people who use drugs.
- Meeting regularly with community partners and stakeholders to review existing data and findings.

There is a wealth of information on drug use and overdose in San Francisco, but it is decentralized. Improving coordination of the data will maximize their utility.

GAPS:

- Although preliminary mortality data are available monthly, the level of detail is limited. In-depth mortality surveillance data are only available annually.
- Surveillance of entrants and retention in buprenorphine treatment is limited to California's prescription monitoring program.
- There is no surveillance system in place that currently enables early detection of concerning increases in overdoses. This limits the City's and its partners' ability to respond rapidly and in a targeted, coordinated manner^{xix}.

NEW AND ENHANCED INITIATIVES IN SUPPORT OF STRATEGIC AREA 4:

- Increase the City's ability to understand trends in drug use through analysis of existing data as well as primary data collection, including community surveys and focus groups. Participants will include a variety of stakeholders, such as populations disproportionately impacted by overdose, family and loved ones of individuals who have experienced an overdose, community leaders, treatment and health care providers, and business owners.



- Develop public health surveillance systems to promote the routine receipt and analysis of drug-related data, such as emergency department visits, 911/EMS calls, and mortality data.
- Ensure all new and existing data are consistently analyzed through a lens of racial equity to reduce disparities in both receipt of services and in outcomes.

The imperative of addressing the social determinants of health in overdose prevention

Overdose prevention activities include measures that directly reduce the likelihood that an overdose occurs (treatment with methadone or buprenorphine, fentanyl test strips) and those that reduce the risk that an overdose is fatal (naloxone, safe consumption). Strengthening these measures is a priority in City's efforts to save lives.

However, improving the health, safety, and socioeconomic status of people who use drugs, particularly people who are also experiencing homelessness, should also be considered overdose prevention and should be considered the responsibility of all City departments and agencies. Addressing the social determinants of health can change the environment and conditions in which drug use may occur, leading to improved overall health and a reduced risk of adverse effects from drug use.

Efforts are particularly needed to provide housing for people experiencing homelessness and who use drugs, whose risk of overdose is especially high. San Francisco's 2022 point-in-time count estimated that over half of the ~7,750 people experiencing homelessness in San Francisco have a substance use disorder^{xx}. While not all of these individuals may use fentanyl, and while housing alone will not prevent all overdoses, the risk of adverse effects from drug use in these individuals remains very high. This is borne out by DPH's systematic death review of people experiencing homelessness.



Appendix A

Programs currently in place along the continuum of services

The Addiction Care Team

The Addiction Care Team (ACT) initiates medication for addiction treatment (MAT) for hospitalized patients with opioid use disorder (OUD) and links patients to ongoing care. ACT provides person-centered care to people with unhealthy substance use at Zuckerberg San Francisco General Hospital (ZSFG). ACT is composed of interprofessional members who meet patients where they are and use motivational interviewing to move patients towards healthier behaviors. ACT offers harm reduction, evidence-based treatment (medication and psychosocial), and linkage to care for patients. At the same time, ACT is focused on systems improvements to expand the capacity of addiction medicine knowledge and skills among frontline staff and providers.

Project HOUDINI Link

Project HOUDINI LINK provides enrolled patients six months of targeted (1) patient navigation, (2) contingency management, and (3) linkage to community-based OUD treatment, primary care, and mental health care for patients starting on one of three FDA-approved medications for OUD while hospitalized at ZSFG. In conjunction with the treating providers, patients are started on buprenorphine, methadone, or extended-release naltrexone. Enrolled patients are assigned a personal navigator who helps patients choose

a community-based treatment provider, makes all necessary referrals, enrolls in insurance, and helps overcome barriers to attending intake appointments. The navigator meets with the patient at least twenty times over the course of 6 months, either in-person, via telephone, or using video-conference technology (e.g., Zoom). Under the supervision of licensed practitioners, patients are screened for psychiatric symptoms and offered appropriate referrals when needed. Patients are also offered financial incentives using gift cards or a reloadable debit card for attending appointments, ongoing adherence to MAT, and urine drug screens free of stimulants and opioids. The program has increased linkage rates by 460% when compared to 2017-2018 (the year prior to HOUDINI LINK) and led to sustained engagement with MAT treatment.

Treatment Access Program in the Behavioral Health Access Center

The Treatment Access Program in the Behavioral Health Access Center assesses and matches people seeking care with treatment providers. TAP assesses clients who self-refer or are referred by various providers throughout the city. In addition, TAP staff provide support via telehealth to Zuckerberg San Francisco General Hospital social workers and facilitate placement for discharged patients from triage and inpatient settings into community-based programs.



Medications for Addiction Treatment (MAT), including low-barrier MAT and buprenorphine micro-dosing

MAT is currently available in multiple DPH-funded settings. Seven Opioid Treatment Programs (OTPs) offer methadone and buprenorphine. Four Federally Qualified Health Centers (FQHCs) participate in office-based methadone treatment, and all San Francisco Health Network FQHCs have physicians who can prescribe buprenorphine. The Family Health Center FQHC campus houses the CA Bridge Clinic, which provides referrals from hospital and primary care to substance use disorder (SUD) specialty care. The system also has a mobile OTP site. Approximately 80% of residential treatment programs offer MAT when needed, and all of our residential programs accept patients on MAT and continue during residential treatment. Jail Health continues both methadone and buprenorphine in coordination with treatment programs. ZSFG Emergency Department (ED) and inpatient services can begin MAT and provide linkage support upon discharge.

MAT is also available in Behavioral Health Services-Office-based Buprenorphine Induction Clinic (BHS-OBIC) for people being released from the county jails and through DPH's Whole Person Integrate Care (Street Medicine, Shelter Health, Urgent Care, Respite and Sobering Center, Permanent Supportive Housing Nursing). For people who do not have primary care, BHS Pharmacy supports buprenorphine access by medication delivery or prescription-filling and individualized counseling.

Contingency Management (CM)

Contingency management (CM) is an effective treatment approach for people with stimulant use disorders. In CM, patients receive tangible incentives to reinforce positive behaviors such as abstinence. Currently, contingency management for stimulant use disorder is available through the San Francisco AIDS Foundation and at Citywide Substance Treatment Outpatient Program (STOP). Contingency management to enhance retention and linkage from acute settings is offered through Project HOUDINI LINK.

Residential treatment

Residential treatment offers a more intensive level of care for some individuals with substance use disorders to support treatment and recovery, particularly for people experiencing homelessness. In San Francisco, residential treatment programs offer medication treatment as well as counseling and other behavioral treatments.

Residential step-down care to address needs of people who are unstably housed and unhoused

Residential step-down beds are a type of behavioral health bed in the City's system. These beds provide a safe and stable place for people to live as they continue outpatient treatment for substance use disorders. Residential step-down care may be an effective strategy to support retention in care of unstably housed and unhoused people. Under Mental Health SF, 70 additional residential step-down beds will be newly added to the City's inventory.



Drug Sobering Center

Drug sobering centers offer a low-threshold, trauma informed, safe place to be while intoxicated. Services provided at drug sobering centers can include medical care and observation, linkages to services or to housing, referrals to providers, individual and group counseling, and the provision of safe supplies. DPH is committed to drug sobering centers as recommended by the Methamphetamine Task Force in 2019 and as legislated by Mental Health SF, and opened SoMa RISE in June 2022. Beginning September 2022, the center operates 24/7.

Outreach and training for city agencies, high-risk housing sites, community members, and individuals at risk of overdose to establish a culture of harm reduction

During the COVID-19 pandemic, City agencies came together to protect the health of San Franciscans; one effort included implementing harm reduction policies in Shelter-in-Place (SIP) hotels. Continuing this work, the Department of Public Health (DPH), the Department of Homelessness and Supportive Housing (HSH), the Human Services Agency (HSA), and Department of Emergency Management (DEM) have begun the process of implementing overdose prevention policies across their departments. These overdose prevention policies formalize procedures for suspected overdoses on site, as well as require the development and distribution of harm reduction training and substance use treatment resources for City staff.

Citywide overdose education and distribution of harm reduction supplies

DPH currently funds naloxone distribution in San Francisco through the DPH Clearinghouse and the Drug Overdose Prevention and Education (DOPE) Project of the Harm Reduction Coalition. The following lists DOPE current distribution sites in 2022:

- San Francisco AIDS Foundation Syringe Access Services
- Glide Harm Reduction Services
- Homeless Youth Alliance/San Francisco Needle Exchange
- St. James Infirmary
- Harm Reduction Therapy Center
- San Francisco Community Health Center
- At the Crossroads
- San Francisco Homeless Outreach Team (SF HOT)
- Shanti HIV Services
- Road to Resilience (R2R) Team – Epiphany Center
- Lost Souls Courier Collective
- Bay Bridge Solidarity Mutual Aid Network Hospitality House, 6th Street
- Hospitality House, Tenderloin Self Help Center
- The Gubbio Project
- HopeSF/Urban Services YMCA



- SF Community Clinic Consortium - Street Outreach Services (SFCCC-SOS)
- Raising Sparks Interfaith Ministry
- Tom Waddell Urban Health Clinic
- HOMEY
- TAY Navigation Center – 3rd Street Youth Center and Clinic
- LavaMae2
- Huckleberry Youth Center
- UCSF Street Nursing

DPH is actively expanding its network of distribution of naloxone, the life-saving antidote to opioid overdoses. Naloxone is currently provided through the DPH Clearinghouse and at:

- harm reduction sites, including all syringe access sites
- medical settings, including several safety-net primary care clinics in San Francisco and hospital emergency departments
- behavioral health settings, including several substance use disorder (SUD) treatment settings and the Behavioral Health Services (BHS) Pharmacy
- social service settings, including some Single Room Occupancy buildings (SRO) and Shelter-in-Place (SIP) hotels
- community and outreach settings, including street fairs, sex clubs, and bookstores; street outreach to people experiencing homelessness; and distribution of naloxone by SF Paramedics through project FRIEND
- pre-release at the San Francisco County Jail

Currently, fentanyl test strips are available at:

- harm reduction sites, including syringe access sites
- behavioral health settings, including the Harm Reduction Therapy Center (HRTC)
- community and outreach settings through Street Medicine



Appendix B

How services along the continuum address racial disparities

Expanding low-barrier treatment methods including medications for addiction treatment, contingency management, and assertive linkages and transitions to care

EXPANDING OUD MEDICATION DELIVERY FOR AREAS WITH NO RETAIL PHARMACY ACCESS

BHS Pharmacy has expanded its buprenorphine delivery to people residing in Shelter-in-Place hotels to additional sites in San Francisco. The service expansion is guided by data on overdose deaths, including location and race/ethnicity, to identify specific high-need areas and engage key stakeholders. Developing this expanded service involved identifying potential locations where the delivery service would best support the most vulnerable populations in the city, including those in supportive housing units in which live a disproportionate number of Black/African American San Franciscans.

PROJECT HOUDINI LINK

Project HOUDINI LINK's diverse clinical team includes physicians and patient navigators. The team facilitates starting medications for addiction treatment (MAT) while the patient is in the Emergency Department or during an inpatient admission. The team also provides follow-up for six months after enrollment, facilitating ongoing

treatment in both outpatient and residential settings. HOUDINI LINK also offers financial incentives and case management services to help link patients to housing, primary care, mental health care, and other needs. The program also follows patients who stop MAT to facilitate re-engagement. In HOUDINI LINK's first three years, 150 individuals were served, including 36% Black/African Americans. Nearly two-thirds (63%) of Black, Indigenous, and People of Color (BIPOC) patients link successfully to community-based treatment within 30 days after discharge, much higher than Zuckerberg San Francisco General (ZSFG) patients not enrolled in HOUDINI LINK (40%).

EXPANDING CA BRIDGE CLINIC

CA Bridge Clinic is an addiction clinic at Family Health Center (FHC) led by addiction medicine specialists. At FHC Bridge Clinic, approximately one-fifth of patients identify as Black/African American; due to well documented disparities in access to buprenorphine, FHC Bridge Clinic clinicians focus on ensuring that all Black/African American patients at Zuckerberg San Francisco General Hospital (ZSFG) with opioid use disorder (OUD) are offered buprenorphine. Current efforts at FHC Bridge Clinic also include the distribution of naloxone kits, and soon, fentanyl test strips.



EXPANDING BAART MARKET STREET CLINIC

BAART Market Street offers opioid use disorder (OUD) treatment, hepatitis C screening and treatment, mental health, and primary care services in one location. The medication for addiction treatment (MAT) program for opioid addiction offers methadone and buprenorphine maintenance as well as withdrawal management options. BAART Market Street also provides other programs including the Family Addiction Center for Education and Treatment which offers services specific to pregnant and post-partum parents who have opioid use disorder. BAART Market Street accepts a wide range of insurance programs ranging from Medicare to Medi-Cal to most commercial providers.

BAART Market Street has engaged with BIPOC community-based organizations in the last several years to increase access to treatment. This includes partnering with:

- MA'AT, a case management program that specifically works with Black/African American San Franciscans,
- The Latino Commission, which offers a range of substance use disorder services, and
- The Friendship House, which serves Native Americans struggling with alcohol and with whom DPH continues to engage.

BAART Market Street staff has also engaged in a learning collaborative provided by UCLA that covered the “Racist War on Drugs as Fundamental Cause of Health Inequality”. Content covered in the two-hour seminar included defining racism, structural racism and its fundamental causes, as well as a breakdown of racial disparities.

EXPANDING OFFICE-BASED BUPRENORPHINE INDUCTION CLINIC (OBIC)

Prop C funding has recently enabled the addition of evening and weekend hours to match the hours of the BHS pharmacy. Funds have also been added for a substance use navigator to support patients to remain in care.

The aim of the OBIC expansion is to increase access to treatment of opioid use disorder and stimulant use disorders, both of which are the primary drivers of overdose deaths in San Francisco and which disproportionately impact BIPOC communities. OBIC will collect self-reported race and ethnicity information from all participating individuals in order to assess who the program serves, identify disparities in outcomes, and create a plan for addressing those disparities. The peer navigator will focus on high-risk populations, including people leaving incarcerated settings which are disproportionately comprised of BIPOC populations. The peer navigator will be an individual with lived experience.

PROP 4 ALL EXPANSION

Prop 4 All provides ‘one stop’ access to four levels of care at mobile syringe access sites and prioritizes engaging BIPOC. The program offers supplies and naloxone, drop-in drug counseling with incentivized counseling sessions for people who use fentanyl, buprenorphine access and a 12-week program of contingency management for stimulant use and buprenorphine stabilization. This is followed by 6 months of peer support and full substance use disorder treatment for those who decide to continue in care. The program specifically focuses on Single Room Occupancy buildings (SRO), where overdoses have been occurring at high rates among people of color.



Establish the Street Overdose Response Teams (SORT)

Prop C investments fund two response units, providing real-time response to individuals who have experienced a recent non-fatal overdose and who are identified to have opioid use disorder, and three follow-up units to engage clients within 24 to 72 hours of the initial contact.

The Street Overdose Response Team (SORT) focuses on people experiencing homelessness and populations in permanent supportive housing. Following the initial response, the Post Overdose Engagement Team (POET) provides follow-up and outreach citywide and does not exclude any neighborhood. Additionally, in collaboration with organizations that work with BIPOC and people who use drugs, all SORT staff receive training to improve health care system trust. Training includes methods to reduce stigma and misinformation related to medications for addiction treatment that are prevalent in BIPOC communities.



Acknowledgement

Thank you to the many individuals from across the city and state who contributed their time, energy, and expertise to the development of this plan. Overdose deaths are preventable. As we collectively strive to save lives and reduce disparities in overdoses, we share your vision of and commitment to a city free of overdoses and overdose deaths and we thank you for your work, dedication, and partnership.



Endnotes

- i Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Sep 21, 2022.
- ii Coffin PO, McMahan V, Haq N. Substance Use Trends in San Francisco through 2020. Department of Public Health, City and County of San Francisco. 2021 December 20.
- iii San Francisco Department of Public Health. 2017 Final Report, San Francisco Safe Injection Services Task Force. 2017 September. Available at <https://www.sfdph.org/dph/files/SISTaskforce/SIS-Task-Force-Final-Report-2017.pdf>
- iv San Francisco Department of Public Health. 2019 Final Report, San Francisco Methamphetamine Task Force. 2019 October. Available at https://www.sfdph.org/dph/files/MethTaskForce/Meth%20Task%20Force%20Final%20Report_FULLL.pdf
- v National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder; Manchur M, Leshner AI, editors. Washington (DC): National Academies Press (US); 2019 Mar 30.
- vi US Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, 2016 November.
- vii National Institute on Drug Abuse. Syringe Services Programs. n.d. Available at: <https://nida.nih.gov/research-topics/syringe-services-programs#what-are-syringe>
- viii Kral AH, Davidson PJ. Addressing the Nation's Opioid Epidemic: Lessons from an Unsanctioned Supervised Injection Site in the U.S. *Am J Prev Med* 2017;53(6):919–922
- ix Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol (TIP) Series, No. 34. Rockville, MD: Substance Abuse and Mental Health Services Administration (US), 1999.
- x Krawczyk N, Allen ST, Schneider KE, et al. Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of people who use drugs. *Harm Reduct J* 19, 95 (2022).
- xi Andraka-Christou B, Randall-Kosich O, Totaram R. Designing an "Ideal" Substance Use Disorder Treatment Center: Perspectives of People Who Have Utilized Medications for Opioid Use Disorder. *Qualitative Health Research*. 2021;31(3):512-522.
- xii Centers for Disease Control and Prevention. Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs), n.d. Available at: <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>
- xiii DeBeck K, Kerr T, Bird L, et al. Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug Alcohol Depend*. 2011 Jan 15;113(2-3):172-6.
- xiv Tsai AC, Kiang MV, Barnett ML, et al. Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLoS Med*. 2019;16(11): e1002969.
- xv Pizzicato L, Drake R, Damer-Shank R, et al. Beyond the walls: Risk factors for overdose mortality following release from the Philadelphia Department of Prisons. *Drug Alcohol Depend*. 2018 Aug 1;189:108-115.
- xvi Binswanger IA, Stern MF, Deyo RA, et al. Release from prison – a high risk of death for former inmates. *N Engl J Med*. 2007 Jan 11;356(2):157-65.
- xvii Dasgupta N, Beletsky L, Ciccarone D. Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *Am J Public Health*. 2018 February; 108(2): 182–186.
- xviii Mattson CL, Kumar S, Tanz LJ, et al. Drug Overdose Deaths in 28 States and the District of Columbia: 2020 data from the State Unintentional Drug Overdose Reporting System (SUDORS). SUDORS Data Brief, No 1. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2022.
- xix Lasher L, Hollowell BD, Chambers LC, et al. Using Timely Overdose Data to Address a Spike in Nonfatal Overdoses and Inform a Coordinated Community-Level Response in Rhode Island, 2019. *Public Health Reports*. 2021;136(1_suppl):24S-30S.
- xx San Francisco Department of Homelessness and Supportive Housing, "San Francisco Homeless Count and Survey, 2022 Comprehensive Report", 2022. Available at <https://hsh.sfgov.org/wp-content/uploads/2022/08/2022-PIT-Count-Report-San-Francisco-Updated-8.19.22.pdf>



[Urging the San Francisco Municipal Transportation Agency to Continue the Promotion and Funding of the Free Muni for All Youth Program]

Motion to urge the San Francisco Municipal Transportation Agency to Continue the Promotion and Funding of the Free Muni for All Youth Program by Including it as a Baseline in Their Budget.

WHEREAS, the San Francisco Youth Commission is a chartered body in the City and County of San Francisco implying the voice of youth in government spaces; and

WHEREAS, the Youth Commission has consistently advocated for Free Muni For Youth (FMFY) since 2010 with RESOLUTION NO. 1011-AL-41 calling on the SFMTA and San Francisco Unified School District (SFUSD) to implement the Youth Lifeline Fast Pass and expand the program to 18-year-olds and later to expand the program to all youth; and

WHEREAS, the FMFY program was created in 2013 as a pilot program that allowed low to moderate-income youth aged 5-17 to ride for free; and

WHEREAS, the access to free public transit is essential for all students in San Francisco with the limited availability of school funded school buses across the City and County of San Francisco; and

WHEREAS, the San Francisco Municipal Transportation Agency has secured funding for the FMFY program for the 2024-2025 with no further signal of having it be a part of the baseline budget for the department; and therefore be it

MOVED, the San Francisco Youth Commission urges the SF Board of Supervisors and Mayor's Office to urge the San Francisco Municipal Transportation

- 1 Agency to continue the promotion and funding of the Free Muni for All Youth program
- 2 by including it as a baseline in future budgets for the department.

3

**Motion to urge the San Francisco Municipal Transportation Agency to Continue
the Promotion and Funding of the Free Muni for All Youth Program by Including it
as a Baseline in Their Budget.**

Supplemental Information:

See attached document [Letter of Support]

Youth Commission
City Hall ~ Room 345
1 Dr. Carlton B. Goodlett Place



(415) 554-6446
(415) 554-6140 FAX

March 18, 2024

San Francisco Municipal Transit Authority
Board of Directors
1 Van Ness Ave.
Floor 7
San Francisco, CA 94103

Re: Support the Ongoing Promotion and Funding of the Free Muni for All Youth Program By Including It As a Baseline in the SFMTA Budget

Dear San Francisco Municipal Transportation Agency Board of Directors,

The San Francisco Youth Commission supports the ongoing promotion and funding of the Free Muni for All Youth program by including it as a baseline in the department's budget.

The Youth Commission has consistently advocated for Free Muni For Youth (FMFY). This advocacy began in 2010 with RESOLUTION NO. 1011-AL041 calling on the SFMTA and San Francisco Unified School District (SFUSD) to implement the Youth Lifeline Fast Pass. Further Resolutions called for the expansion of the program to 18-year-olds and later to expand the program to all youth.

The 2019-2020 Youth Commission passed RESOLUTION NO. 1920-AL-144, where they highlighted that the Free Muni for Low and Moderate-Income Youth program suffered from a complex application process and was not widely known, especially to people with limited English proficiency and who did not have easy access to the SFMTA offices at 1 South Van Ness Avenue. Youth Commissioners proposed the current Free Muni for All Youth (FMFAY) Program in the resolution. The new program reduced the administrative burden on SFMTA to process applications, verify eligibility, and issue Clipper cards.

During the 2020-2021 budget advocacy season and forward, Youth Commissioners met with SFMTA budget staff and urged them to fund the 1-year pilot program. Additionally, Youth Commissioners included the FMFAY program in RESOLUTION NO. 1819-AL-03, on Omnibus Preliminary Budget Priorities. On August 15, 2021, Muni, with \$2 Million in funding included in Mayor Breed's Fiscal Year (FY) 2021-2022 and FY 2022-2023



budget proposal, launched the 1-year pilot FMFAY program until August 14, 2022. On April 19, 2022, the SFMTA Board of Directors voted to approve their FY 2023-2024 budget which included \$4.1 Million to continue the FMFAY program until June 2024.

The implementation of FMFAY has dramatically increased program accessibility compared to the previous means-tested program. SFUSD's most recent travel tally survey found that 60% of SFUSD 9th graders use Muni on any given day. The new program is succeeding in reaching youth who didn't previously have a Free Muni Clipper Card—61% of youth utilizing the FMFAY program did not participate in the means-tested FMFY program.

The FMFAY program is critical in removing the financial burden of fares for families. The easy and equitable access to public transportation that the FMFAY program provides is essential for San Francisco's young people to access school, extracurricular activities, jobs, and other opportunities.

The San Francisco Youth Commission urges the San Francisco Municipal Transportation Agency to continue the Free Muni for All Youth program and continue to promote and collect data on the success of the Free Muni for Youth program.

Sincerely,

Ewan Barker Plummer, Chair
Adopted on
2023-2024 San Francisco Youth Commission

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

MEMORANDUM

TO: Alondra Esquivel-Garcia, Director, Youth Commission

FROM: Monique Crayton, Assistant Clerk,
Public Safety and Neighborhood Services Committee

DATE: March 8, 2024

SUBJECT: LEGISLATIVE MATTER INTRODUCED

The Board of Supervisors' Public Safety and Neighborhood Services Committee has received the following hearing request, introduced by Supervisor Stefani on February 27, 2024. This item is being referred for comment and recommendation.

File No. 240175

Ordinance amending the Administrative Code to set minimum qualifications for suppliers from which the City procures firearms and ammunition.

Please return this cover sheet with the Commission's response to Monique Crayton, Assistant Clerk, Youth, Young Adult, and Families Committee.

RESPONSE FROM YOUTH COMMISSION Date: _____

_____ No Comment
_____ Recommendation Attached

Chairperson, Youth Commission

C: Office of Chair _____

[Administrative Code - Firearm and Ammunition Procurement]

Ordinance amending the Administrative Code to set minimum qualifications for suppliers from which the City procures firearms and ammunition.

NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
Additions to Codes are in *single-underline italics Times New Roman font*.
Deletions to Codes are in ~~*strikethrough italics Times New Roman font*~~.
Board amendment additions are in double-underlined Arial font.
Board amendment deletions are in ~~strikethrough Arial font~~.
Asterisks (* * * *) indicate the omission of unchanged Code subsections or parts of tables.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Findings.

(a) There are, on average, 327 people who are shot each day in the United States, with 23 of those being children and teens. On average, 3,253 people die by guns each year in California. The rate of gun deaths in California increased by 13% from 2012 to 2021; in 2021, there were 508 more gun deaths in California than in 2012.

(b) Per the State of California Department of Justice, every three hours someone is killed with a gun in California. And Californians who live with handgun owners are more than twice as likely as other Californians to die of homicide.

(c) As in previous decades, the impact in the rise of gun violence has been most felt in California's Black and brown communities. Black children and teens are seven times as likely as their white peers to die by gun. Black Californians are nearly 10 times more likely to die by gun homicide than their white non-Latino peers.

(d) In California, 2021 saw the highest recorded number of domestic violence-related calls for assistance involving firearms in almost three decades. Between 2019 and 2021,

1 domestic violence- related calls for law enforcement assistance involving the reported or
2 threatened use of a gun increased by 80%.

3 (e) Since 2010, approximately 545,946 unique crime guns have been recovered by
4 law enforcement in California. More than 76,000 of those crime guns were from 1,929
5 California gun dealers. In 2022 alone, over 45,000 guns were recovered by law enforcement.

6 (f) Crimes committed with a firearm, and injuries incurred from firearms, are prevalent
7 in San Francisco, with local statistics showing a 36% increase in firearm-related incidents
8 between 2018 and 2022. Total shooting incidents in San Francisco increased by 74%
9 between 2018 and 2022, and total gun homicides increased by 48% over the same period.

10 (g) According to Police Department data, there were 211 victims of gun violence in
11 2022, 176 suffering injury, and 35 suffering loss of life, in San Francisco. 1,083 guns were
12 seized by the San Francisco Police Department in 2022.

13 (h) Firearms and ammunition dealers have the ability to help law enforcement prevent
14 gun crimes and gun violence by adhering to public safety policies regarding firearms and
15 complying with all applicable federal, state, and local laws and regulations. Improved and
16 responsible firearms procurement practices can, in turn, save lives of law enforcement officers
17 and citizens alike.

18 (i) A small number of firearms dealers are responsible for a large percentage of sales
19 of guns that are used in crimes. The Bureau of Alcohol, Tobacco, Firearms, and Explosives
20 ("ATF") estimates that 1.2% of gun dealers are responsible for over 57% of guns traced to
21 crimes. But many firearms dealers follow safe dealing practices and comply with applicable
22 laws. An ATF report shows that 56% of its firearms compliance inspections throughout the
23 United States during fiscal year 2020 resulted in "No Violations."

24 (j) Taxpayers, through their government, are the largest buyers of firearms in America.
25 Tax dollars buy firearms and ammunition for federal, state, and local law enforcement

1 agencies. Every one of these guns is purchased by a government agency for the purpose of
2 promoting public safety.

3 (k) San Francisco should do business only with firearms and ammunition dealers that
4 have adopted safe dealing practices and comply with all laws to prevent gun trafficking, theft,
5 and crime, which have been shown to lead to reductions in gun trafficking and crime.
6

7 Section 2. The Administrative Code is hereby amended by adding Chapter 21H,
8 consisting of Sections 21H.1 through 21H.7, to read as follows:

9 **CHAPTER 21H:**

10 **PROCUREMENT OF FIREARMS AND AMMUNITION**

11
12 **SECTION 21H.1. PURPOSE.**

13 *The purpose of this Chapter 21H is to ensure that the City procures firearms and ammunition*
14 *only from suppliers that adhere to public safety policies regarding firearms; comply with all applicable*
15 *federal, state, and local laws and regulations; and have valid federal firearms licenses, and valid state*
16 *and local licenses, permits, and certifications required by their jurisdictions in order to deal in*
17 *firearms, including but not limited to, for California suppliers, valid State Board of Equalization*
18 *seller's permit(s), and a Certificate of Eligibility pursuant to Section 26710 of the California Penal*
19 *Code.*
20

21 **SECTION 21H.2. SCOPE OF CHAPTER.**

22 *This Chapter 21H applies to the City's procurement of firearms and ammunition. Unless*
23 *expressly stated otherwise in this Chapter, all of the requirements of Chapter 21, as well as any other*
24 *applicable Charter or Municipal Code requirement, apply to firearms and ammunition contracts*
25 *procured under the authority of this Chapter.*

1 **SECTION 21H.3. DEFINITIONS.**

2 (a) As used in this Chapter 21H, except as specified herein, all terms shall have the same
3 meanings as in Chapter 21.

4 (b) For purposes of this Chapter 21H, the following terms are defined as follows:

5 "Ammunition" has the meaning set forth in California Penal Code Section 16650, as may be
6 amended from time to time.

7 "Firearm" has the meaning set forth in California Penal Code Section 16520, subsections (a),
8 (b) and (c), as may be amended from time to time.

9 "Purchase" means procurement of firearms and/or ammunition by the City, the cost of which is
10 to be paid wholly or partially out of moneys deposited in the Treasury of the City.

11 "Supplier" means an entity that sells firearms and/or ammunition directly to the City.

12
13 **SECTION 21H.4. MINIMUM QUALIFICATIONS.**

14 In order for a Supplier to be awarded a contract, the Purchaser must determine that the
15 Supplier meets the following minimum qualification requirements:

16 (a) Compliance with all federal, state, and local laws and regulations applicable to retail
17 dealers and manufacturers of firearms and ammunition; possession of valid federal, state and local
18 firearms licenses, permits, and certifications required by all applicable jurisdictions in order to deal in
19 firearms, including but not limited to, for California Suppliers, valid State Board of Equalization
20 seller's permit(s) and a Certificate of Eligibility pursuant to Section 26710 of the California Penal
21 Code.

22 (b) Public safety policies that serve the following purposes:

23 (1) Prevention, detection, and screening for the transfer of firearms or ammunition to
24 straw buyers or firearm traffickers.

1 (2) Prevention of sales to prohibited individuals and persons too dangerous to possess
2 firearms.

3 (3) Protection against the theft of firearms and ammunition.

4 (4) Employee training designed to ensure maximum compliance with the law.

5 (5) Assistance to law enforcement in the investigation and prevention of criminal access
6 to guns.

7 (c) No unresolved ATF violations within the last five years;

8 (d) An average of no more than five trace requests from the ATF per year over the prior five
9 years;

10 (e) Five or fewer thefts of firearms and/or ammunition from its facilities over the prior five
11 years.

12 (f) Use of a digital video surveillance system as prescribed in California Penal Code Section
13 26806 or, for vendors not subject to that section, a similar system if required by state or local law.

14
15 **SECTION 21H.5. IMPLEMENTATION.**

16 The Purchaser or their designee shall administer this Chapter 21H and is authorized to issue
17 guidance to implement it.

18
19 **SECTION 21H.6. EXCEPTIONS.**

20 The requirements of Section 21H.4 shall not apply in the following circumstances:

21 (a) The City is procuring firearms or ammunition under Administrative Code Section 21.15.

22 (b) The City is procuring firearms or ammunition from a Supplier from whom it previously
23 procured such goods within the 24 months prior to the effective date of the ordinance establishing this
24 Chapter 21H, in Board File No.

1 **SECTION 21H.7. WAIVERS.**

2 *The requirements of this Chapter 21H shall not be in effect as to a particular procurement when*
3 *the Purchaser makes any of the following determinations in writing:*

4 *(a) The Purchaser determines that a sole source waiver is appropriate under Section 21.5.*

5 *(b) No Supplier meets the minimum qualifications set forth in Section 21H.4.*

6
7 Section 3. Effective Date. This ordinance shall become effective 30 days after
8 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
9 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
10 of Supervisors overrides the Mayor's veto of the ordinance.

11
12 APPROVED AS TO FORM:
13 DAVID CHIU, City Attorney

14 By: /s/ Victoria Wong
15 VICTORIA WONG
 Deputy City Attorney

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LEGISLATIVE DIGEST

[Administrative Code - Firearm and Ammunition Procurement]

Ordinance amending the Administrative Code to set minimum qualifications for suppliers from which the City procures firearms and ammunition.

Existing Law

Current law does not contain minimum qualifications for suppliers of firearms or ammunition to the City.

Amendments to Current Law

This ordinance would set minimum qualifications for suppliers from which the City procures firearms and ammunition. Under the ordinance, the Purchaser shall administer the law and and may issue guidance for that purpose.

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