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Gayathri Thaikkendiyil
Acting Executive Director
San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220
San Francisco, CA 94102

Dear Acting Executive Director Thaikkendiyil,

I am requesting a waiver from the prohibition on receiving compensation from City contractors under section 3.234(a)(3). Thank you for considering my request for a waiver.

I am a retired employee of the San Francisco Department of Public Health (SFDPH) and I am requesting a waiver to provide temporary short-term consultant support to an organization with which the SFDPH contracts for sexual and substance use programs in the community.

There are four reasons that I am requesting this waiver:

1. The temporary short-term consultant role that I would like to take would not create the potential for undue influence or unfair advantage.
2. I did not individually or substantially participate in awarding the SFDPH contract to SFAF. Contract awards are made through the Request for Proposal (RFP) process managed by DPH Contracts and Fiscal units in SFDPH.
3. My work on the program area of the RFP was completed in September 2019, over three years ago.
4. I was not involved in the final budget allocations decisions from this RFP nor contracts. I left the Community Health Equity and Promotion Branch on July 31, 2023 prior to final budget and contract development.

Background:

1. Information describing the former position held by employee:

I was the Director of the Community Health Equity and Promotion (CHEP) Branch in the Department of Public Health from July 1, 2013 to July 31, 2022. (Prior to this, I held several roles in SFDPH since June 1992.)

In this role, I directed a branch of over 60 staff that focused on community engagement, addressing health disparities, and prevention of chronic and communicable disease. The goals of the CHEP Branch are to support community well-being, sustain healthy communities, and work toward health equity through sustainable change approaches, community capacity building, mobilization, and community partnerships with a racial and cultural humility lens. The CHEP Branch plans, implements, monitors, and evaluates prioritized community initiatives, including promoting active living, safe and healthy environments and community-clinical linkages, and decreasing HIV, sexually transmitted infections, viral hepatitis, and the effects of trauma. This includes working with DPH Fiscal to oversee the grant and General Fund budgets

and program management of contracts established through approved City and County processes. It was my responsibility to identify program priorities for RFPs.

Vendors were selected by the RFP process, which is done by an external review panel managed by the SFDPH Contracts Unit. After the RFP process, contract development was led by the SFDPH Contract Development and Technical Assistance Section. SFDPH Contracts Unit and CHEP staff participated in meetings to ensure that the contracts included the program priorities, program objectives, and deliverables. CHEP was not involved in awarding contracts.

On July 31, 2022, I left my position as Director of the Community Health Equity and Promotion (CHEP) Branch with the intention to retire from the Department of Public Health. An Acting Director was assigned to take on my duties as of August 1, 2022. I turned over all of my responsibilities to the Acting Director as of July 29, 2022. I no longer managed or supervised staff, programs, budgets, or any other CHEP activities.

Upon leaving the CHEP Director position, I was asked to stay on to complete two new and separate projects for the Office of Health Equity (OHE) in the Department of Public Health due to some staffing vacancies. This is a separate unit in SFDPH. I did not oversee any of the work in the CHEP Branch.

I retired from the City and County, Department of Public Health, on March 4, 2023, after completing the OHE projects I had been assigned.

2. The particular matter for which the waiver is sought:

I have been offered a temporary short-term consultant role with the San Francisco AIDS Foundation (SFAF) to support the staff and programs during the transition of the Vice President of Programs, who is leaving SFAF. This organization has a contract with the SFDPH, CID# 1-14737 reaching Males who have sex with Males, with a focus on Gay males (see below for table) which was executed to start 1/1/23.

The organization approached me in mid-June 2023 to request assistance due to the impending departure of the VP of Programs. The role that I would take is to provide short-term support to program staff who manage the sexual health and substance use services programs at SFAF. This would include conducting meetings with the lead SFAF program managers for peer support, team development, and program planning and implementation, to identify barriers and provide support to address the barriers. The role would be up to 20 hours per week until the new VP Programs is hired and onboarded, approximately six months. I am not interested in applying for this position.

Name and business active of the potential new employer: San Francisco AIDS Foundation: The mission of the San Francisco AIDS Foundation is to promote health, wellness, and social justice for communities most impacted by HIV, through sexual health and substance use services, advocacy, and community partnerships. This organization has a contract with the SFDPH, CID# 1-14737 reaching Males who have sex with Males, with a focus on Gay males (see below for table) which was executed to start 1/1/23. I did not award this contract but had input into the RFP that requested proposals.

SFAF has had contracts with the San Francisco Department of Public Health for over 25 years. They are among several community based organizations that are funded by SFDPH to provide HIV/HCV/STI prevention and support health of drug users in the community.

3. My prior involvement with the matter:

In 2019, I was involved with the RFP that resulted in seven contracts with seven lead organizations and approximately 15 subcontractors, including the contract with the San Francisco AIDS Foundation. My role with the RFP was to supervise the team in the Community Health Equity and Promotion Branch as it planned for the program priorities for RFP-4-2019: An Equity Focused, Community Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities. The purpose of this RFP, managed by the DPH Contracts Unit, was to address the persistent and ongoing health disparities related to HIV, Hepatitis C (HCV), and Sexually Transmitted Infections (STI) that have been experienced among San Francisco communities. The SFDPH has a focus on addressing health disparities in communities, acknowledging how social determinants of health such as race, income, gender, sexual orientation, and other factors affect the health of communities.

To determine the populations most affected by these conditions and the funding amounts appropriate to effectively reach each population, the CHEP Branch requested data on HIV, HCV, and STI incidence and prevalence for populations in San Francisco. The Applied Research Community Health Epidemiology and Surveillance (ARCHES) Branch developed an “equity matrix” that incorporated this data with population information. The equity matrix confirmed that seven populations experience the greatest disparities: Black/African American communities, Latinx communities, Asian and Pacific Islander communities, Males who have sex with males (MSM) with a focus on Gay males, Trans Women, People Who Use Drugs, and Young Adults. The proportion of burden of disease in the equity matrix informed the funding allocation amounts for each category.

These funding amounts were determined based on data and to ensure adequate funding for a comprehensive program for each population, referred to as a Health Access Point. The top of the range of funding amounts listed below became the budget allocation amount for each category and thus for each vendor that scored the highest in each category (scored by the RFP external review panel, managed by the DPH Contracts Unit).

| Service Category/Program | Estimated Annual Amount |
|---|----------------------------|
| Black/African American communities, including training and capacity building for a Health Access Point. | \$1,900,000 to \$2,400,000 |
| Latinx communities | \$1,600,000 to \$2,000,000 |
| Males who have sex with males (MSM) with a focus on Gay males | \$1,000,000 to \$1,200,000 |
| People Who Use Drugs | \$760,000 to \$930,000 |
| Asian and Pacific Islander communities | \$540,000 to \$660,000 |
| Trans Women | \$650,000 to \$800,000 |
| Young Adults | \$350,000 to \$500,000 |

The RFP process itself is managed by DPH Contracts Unit and the proposals to the RFP were scored in 2019 by an external review panel. Once the CHEP team writes the narrative, it is

turned over to the DPH Contracts Unit which manages the review process. The next step would have been for the DPH Contracts Unit to communicate the results and manage the RFP results communication and for the DPH Contract Development and Technical Assistance Unit (CDTA) to lead the contract negotiation process with DPH Contracts Unit and CHEP Branch at the meetings to ensure program priorities are met. The contracts were to start of July 1, 2020.

Due to the COVID-19 pandemic and the need for SFDPH staff to be deployed for COVID19 prevention and care, SFDPH delayed the RFP results announcement and contract development to 2022.

In May of 2022, The Mayor's Office added \$3,000,000 to the overall total amount that was available in the RFP in 2022. This \$3,000,000 was directed to allocate new resources to populations disproportionately impacted by HIV while ensuring stable funding for existing initiatives and services.

My involvement related to the Mayor's Office additional funding, was to provide information to staff and organizations about the Mayor's Office's purpose for this funding. I was directed by SFDPH leadership to meet with three agencies to discuss the funding priority that the Mayor's Office had added as these three were involved with the discussions with the Mayor's Office. These three included AGUILAS, San Francisco Community Health Center, and the San Francisco AIDS Foundation. I communicated to them what the Mayor's Office priorities were for this funding and informed them that there would be follow up meetings with other CHEP staff to discuss funding further.

Contract negotiation and program development started in late Spring 2022 for contracts that began January 1, 2023. The DPH Budget Office sent funding notifications in mid-August 2022. (The FN inadvertently included a copy to me although I was no longer in CHEP)

Because I was leaving my position on July 31, 2022, I did not participate in final budget decisions with any of the vendors. I handed this responsibility off to the CHEP Budget, Contracts, and Communications Manager and CHEP Acting Director to finalize the budget totals for all programs that were identified through the RFP. The CHEP Budget, Contracts, and Communications Manager worked with the SFDPH Fiscal Manager to finalize the budgets for all vendors, including the San Francisco AIDS Foundation.

This process was not completed before I left my position on July 31, 2023 and I was not involved after I left. I was not involved in the final budget allocations or contract reviews.

4. Reasons why granting a waiver would not create the potential for undue influence or unfair advantage:

1. The consultant role that I would take would not create the potential for undue influence or unfair advantage.

The consultant role would be to support the work of the SFAF staff during the staff transition, some of whom are new, by conducting regular program meetings for peer support and program planning and implementation discussion and collaboration for programs that reach community members. This opportunity is based on my expertise in HIV, HCV, and STD programs, health education program programming, and my degree in Community Health Education. A component of the work of the SFAF also includes providing support and training to other community based organizations based on their best practices to strengthen the prevention system of care overall.

The consultant work with SFAF would not be paid out of any contracts with SFDPH.

This role would not involve direct or individual work with SFDPH. I would not be engaged with SFDPH related to funding of the contract or agency or programs. Since SFAF is already in contract with SFDPH, I would not have any influence in funding for SFAF. My experience at SFDPH would not create the potential for undue influence or unfair advantage because I would be focused on supporting staff that are implementing deliverables that were previously established with SFDPH and none of my experience would have influence nor advantage to SFAF or myself.

While the work of the SFAF program managers will be funded through the contracts with the SFDPH, but I would not be paid from those contracts.

2. I did not individually or substantially participate in awarding the SFDPH contract with SFAF.

My role in SFDPH did not include awarding contracts. Other units of the SFDPH manage the processes that award contracts. As noted above, my role was related only to the development of program priorities and funding levels for categories in the RFP development. In this case, I managed the team that identified prevention program priorities and associated funding levels as part of solicitation processes or RFPs.

The role of CHEP Branch is to work with multiple SFDPH units to ensure effective and appropriate prevention services in the community to address health disparities. In my role as Director of CHEP, none of my actions can be defined as individually or substantially participating in awarding the SFDPH contract with SFAF. Instead, my role, and the role of my branch, was to establish the priorities for the programs that are solicited and eventually put into contracts using a data driven approach, including epidemiological data and based on an assessment of the needs of the community. As outlined above, the CHEP role is to use data to describe the programs needed in the community to successfully prevention HIV/HCV/STIs and address health disparities.

The DPH Contracts Unit is responsible for managing the RFP process through the point in time when the vendors to enter into contract are identified. At that point, the SFDPH Contracts Development and Technical Assistance Section (CDTA) leads the contract negotiation with the identified vendors. The CHEP teams ensures that the programmatic priorities and requirements are included in the contracts. The program role (CHEP) includes program discussions with each organization within this structure. In this case, CHEP staff worked with CDTA to meet with the highest scoring vendor in each of the seven categories to discuss program deliverables and final budget within the framework of the RFP and the available funds for that category. This activity was completed by the CHEP staff. Funding notifications are written by the SFDPH Fiscal Unit and were sent out in August 2022.

3. The RFP and funding levels were published in December 2019, four years ago.

If my involvement with the RFP is seen as relevant to the issue, it is important to note that my role and that of the CHEP branch was completed in September 2019. I oversaw the priority setting process and writing of the narrative for the RFP in early 2019. This was two and one half years ago and well outside of the previous 12 months.

As noted above, the role that I had was to supervise staff that established program priorities and funding levels based on epidemiological data and community needs. There was no discussion of agencies, vendors, or specific programs in this process. Please see above under #2 for a description of the process.

4. I left the position of Director of CHEP on July 31, 2022 and an acting director began on August 1, 2022.

As of July 31, 2022, I was no longer involved with oversight of CHEP programs, staff, and activities, nor the community programs and contracts associated with CHEP. The program priorities and funding levels were established prior to the RFP publication in September 2019. I turned over all of my responsibilities to the Acting Director and team by July 31, 2022. The final budget allocations and programs descriptions for the contracts were completed after my departure.

Extreme hardship:

While this may not qualify as extreme hardship, this is the impact that imposing the restriction would have. Although I have retired from SFDPH, I have enthusiasm and compassion for the communities of San Francisco and I would like to support programs directly providing services to communities. In my many years of HIV prevention work, I have observed the persistent health disparities experienced by people of color, gay men and other men who have sex with men, trans people, and people who use drugs. This opportunity would allow me to continue to address these public health problems more directly and continue my commitment to the health of San Francisco communities. This is a time in the history of San Francisco when we can make a difference in the extreme health disparities we have seen and I would like contribute to that. In addition, I would like to use my skills to ensure stability of the SFAF organization and to support the program managers during this time of transition. City and County retirees have many skills to offer and this is a great way to use them, supporting work in the community that addresses health disparities. Finally, consulting would allow me to supplement my pension.

Thank you for the opportunity to describe my request for a waiver to allow me to provide a short term consultant role with the San Francisco AIDS Foundation.

Sincerely,

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Cc:

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