

File No. 190760

Committee Item No. 1

Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date September 4, 2019

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Police Commission Resolution
- \_\_\_\_\_
- \_\_\_\_\_
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Completed by: Linda Wong

Date August 29, 2019

Completed by: Linda Wong

Date \_\_\_\_\_

1 [Accept and Expend In-Kind Gift - Retroactive - Naloxone Distribution Project - \$57,600]

2 **Resolution retroactively authorizing the Police Department to accept and expend an in-**  
3 **kind gift of 768 units of Naloxone estimated at \$57,600 through the Naloxone**  
4 **Distribution Project, which is funded by the Substance Abuse and Mental Health**  
5 **Services Administration and administered by the California Department of Health Care**  
6 **Services to combat opioid overdose-related deaths, for the term of February 1, 2019,**  
7 **through May 30, 2019.**

8  
9 WHEREAS, The Police Department applied for 768 units of Naloxone through the  
10 Naloxone Distribution Project, funded by the by the Substance Abuse and Mental Health  
11 Services Administration and administered by the California Department of Health Care  
12 Services to combat opioid overdose-related deaths; and

13 WHEREAS, The Naloxone Distribution Project accepted the applications (submitted  
14 January 31, 2019, and April 9, 2019, respectively) and approved shipment of 768 units of  
15 Naloxone estimated at \$57,600; now, therefore, be it

16 RESOLVED, That the Board of Supervisors approves the in-kind gift estimated at  
17 \$57,600 and retroactively authorizes the Police Department to accept the 768 units of  
18 Naloxone.  
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Recommended:

William Scott

Department Head

Approved:

Weg Lee  
for Mayor

Approved:

Anthony Smith  
for Controller

File Number: 190760  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **In-Kind Gift through Naloxone Distribution Project (NDP)**
2. Department: **San Francisco Police Department**
3. Contact Person: **Katherine Chiu / Patrick Leung** Telephone: **415-837-7210**
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **768 units of Naloxone (in-kind gift), valued at \$57,600**
6. a. Matching Funds Required: **N/A**  
b. Source(s) of matching funds (if applicable): **N/A**
7. a. Grant Source Agency: **Substance Abuse and Mental Health Services Administration (SAMHSA)**  
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **Naloxone from this project will be used to help combat opioid overdose-related deaths.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
**Start-Date: February 1, 2019                      End-Date: May 30, 2019**
10. a. Amount budgeted for contractual services: **N/A**  
b. Will contractual services be put out to bid? **N/A**  
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**  
d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**
11. a. Does the budget include indirect costs?                       Yes                       No  
b. 1. If yes, how much? **N/A**  
2. How was the amount calculated? **N/A**  
c. 1. If no, why are indirect costs not included?  
 Not allowed by granting agency     To maximize use of grant funds on direct services  
 Other (please explain): **this is an in-kind gift**  
2. If no indirect costs are included, what would have been the indirect costs? **If calculated at 10% of the estimated in-kind gift value, the indirect costs would have been \$5,760.**

12. Any other significant grant requirements or comments:

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Existing Site(s)      | <input type="checkbox"/> Existing Structure(s)      | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)                 |
| <input type="checkbox"/> New Site(s)           | <input type="checkbox"/> New Structure(s)           |   |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

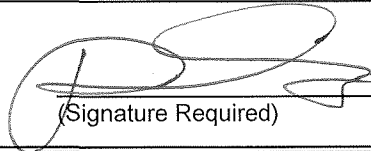
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Penny Si  
(Name)

Departmental ADA Coordinator  
(Title)

Date Reviewed: 4/29/19

  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

William Scott  
(Name)

Chief of Police  
(Title)

Date Reviewed: 5/3/2019

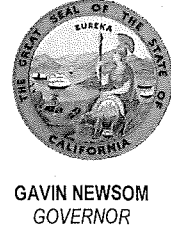
  
(Signature Required)

**Naloxone Distribution Project (NDP)**

| Application Date | Award Date | # of Units | Value of Units @ \$75.00/unit |
|------------------|------------|------------|-------------------------------|
| 1/31/19          | 2/4/19     | 48         | \$3,600.00                    |
| 4/9/19           | 4/12/19    | 720        | \$54,000.00                   |
| <b>Totals:</b>   |            | <b>768</b> | <b>\$57,600.00</b>            |



State of California—Health and Human Services Agency  
Department of Health Care Services



February 4, 2019

NOTICE OF ACCEPTANCE OF NALOXONE DISTRIBUTION PROJECT (NDP)  
APPLICATION

Dear Applicant:

This letter is in response to the NDP application received for San Francisco Police Department on January 31, 2019 requesting 48 units of Naloxone. The application has been reviewed and approved as submitted.

The Department's acceptance of the NDP application is based on the organizations' certification to comply by the terms and conditions stated in the application.

If you have any questions, please contact DHCS via email at [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov).

MAT Expansion Project Team  
Department of Health Care Services



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

April 12, 2019

NOTICE OF ACCEPTANCE OF NALOXONE DISTRIBUTION PROJECT (NDP)  
APPLICATION

Dear Applicant:

This letter is in response to the NDP application received for San Francisco Police Department on April 9, 2019 requesting 720 units of Naloxone. The application has been reviewed and approved as submitted.

The Department's acceptance of the NDP application is based on the organizations' certification to comply by the terms and conditions stated in the application.

If you have any questions, please contact DHCS via email at [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov).

MAT Expansion Project Team  
Department of Health Care Services



# Naloxone Distribution Project (NDP) Application

## Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

First Name of Authorized Person

Nelson

Middle Name

J.

Last Name

Ramos

Contact Number

415-837-7277

Email

nelson.j.ramos@sfgov.org

Organization Name

San Francisco Police Department

Type of Organization First Responder

Church/Religious Entity

Community Organization - Specify Type

Organization Website

<http://sanfranciscopolice.org/>

Organization Phone Number

415-837-7210

Units Order - Minimum Order is 12 units and orders must be in multiples of 12. Each unit comes with 2 doses.

48 units

Mailing Address (must be a business address, not a personal address or P.O. Box)

San Francisco Police Department

Address Line 2

850 Bryant Street,

City Basement Level, Room G22

San Francisco

Zip

94103

State CA

Service Location Address

N/A - Citywide

Address Line 2

City

Zip

State CA

**You must certify and agree to the information in this section to receive the naloxone distribution.**

I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use.

I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

Review online resources at <https://www.getnaloxonenow.org/> and <http://harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual/> to train and respond effectively to an opioid-associated overdose emergency.

If known/available, I hereby agree to maintain and report information via email to [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov) regarding the number of reversals that occurred using the naloxone distributed under this application order.

### **Terms and Conditions**

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at <http://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Naloxone-Standing-Order.aspx> or physician's prescription.
5. If the naloxone request is for more than 48 units, the organization/entity will provide a brief and comprehensive summary with the application to validate their request.
6. Agrees to allow the California Department of Health Care Services (DHCS) to contact the organization/entity using the information provided on the application form.
7. Agrees to allow the California DHCS to use the information provided on the application form to track the use of the naloxone distribution and conduct other public health and epidemiological surveillance activities.

Submit supporting documents and application electronically to [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov) OR

Mail supporting documents and the application to Department of Health Care Services

Substance Use Disorder Compliance Division  
**Attn: Naloxone Distribution Project**  
P.O. Box 997413, MS 2603  
Sacramento, CA 95899-7413

NOTE: Some links on this page are documents in Adobe Acrobat Portable Document Format (PDF). PDF documents require Adobe Reader. If you need to install or upgrade to the latest version, click the ["Download Free Reader"](#).

FEIN number is 94-6000417

# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

|   |   |
|---|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>City and County of San Francisco</b>  |   |
| 2 Business name/disregarded entity name, if different from above<br><b>San Francisco Police Department</b>  |   |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Government</b> | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><i>(Applies to accounts maintained outside the U.S.)</i> |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>1245 - 3rd Street, 6th Floor</b>  | Requester's name and address (optional)   |
| 6 City, state, and ZIP code<br><b>San Francisco, CA 94158</b>   |   |
| 7 List account number(s) here (optional)  |   |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number         |   |   |   |   |   |   |   |   |   |
|                                |   |   |   |   |   |   |   |   |   |
| or                             |   |   |   |   |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |   |
| 9                              | 4 | - | 6 | 0 | 0 | 0 | 4 | 1 | 7 |

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |                      |
|------------------|----------------------------|----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <b>1/5/18</b> |
|------------------|----------------------------|----------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

NARCAN NASAL SPRAY 4mg  
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of San Francisco Police may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.

- Do not remove or test the NARCAN Nasal Spray until ready to use.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:

Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.

Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.

Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.

Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.

Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.

Step 7. Get emergency medical help right away. • Move the person on their side (recovery position) after giving NARCAN Nasal Spray. • Watch the person closely. • If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available. • Repeat Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.

Step 8. Put the used NARCAN Nasal Spray back into its box.

Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY: 58 REFILLS: 0 SIG: As per as directed

DATE 9/30/2016 Dr. Signature [Signature]

Print Dr. Name and contact information: Richard Martin MD - Phone 1-415-837-7226

Police Headquarters  
SFPD 1245 3rd St,  
San Francisco, CA 94158-2134

Co: 643723  
DEA: FM4417297

San Francisco Police Department  
Medical Liaison Unit  
1245 3<sup>rd</sup> Street, 5<sup>th</sup> Floor, Rm 5170  
1-415-837-7726

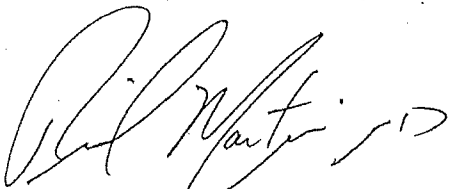
10/21/2016

FAX to 614-652-7919

Adapt Pharma Inc – Specialty Pharm Srvc  
ATTN: Customer Service  
15 Ingram Blvd.  
LaVergne, TN 37086

I, Richard Martin, M.D., am the responsible person for purchases made by the San Francisco Police Department, City and County of San Francisco California, under my state license number G43723 issued by the State of California

I will notify Adapt Pharma– Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.

 10/21/16.  
Richard Martin M.D.

**Terms and Conditions Narcan® Nasal Spray at Public Interest Price**  
 Price (Please email or fax a signed copy of these Terms and Conditions)  
 Email: [customerservice@adaptpharma.com](mailto:customerservice@adaptpharma.com) Fax: 484.367.7815

The undersigned ("Customer") hereby acknowledges and agrees that NARCAN® Nasal Spray (Naloxone Hcl) 4mg (the "Product") made available by Adapt Pharma, Inc. ("Adapt Pharma") to the Customer at the Public Interest Price is conditioned upon Customer making the following certification. Customer hereby represents and warrants to Adapt Pharma and agrees that:

1. The Customer is a Qualified Purchaser of the Product at the Public Interest Price. A "Qualified Purchaser" means (a) a First Responder, State or Local Government Agency, School, Community-based organization, (b) a government funded organization, (c) an entity that has received a grant for the purchase of the Product, or (d) an entity that is purchasing the Product on behalf of a government entity or community members by acting as a naloxone distribution program or community based organization. Notwithstanding the foregoing, the Customer shall be subject to Adapt Pharma's final approval in its sole discretion.
2. The Customer shall purchase, receive and use the Product in accordance with all applicable laws, rules and regulations. The Customer has presented to Adapt Pharma a valid pharmacy license or standing order for purchase and use of the Product. The Product may only be used by the Customer, or a Qualified Purchaser authorized by the Customer, and may not be submitted for reimbursement of any type, including, without limitation, private pay, commercial, government authority, agency or otherwise.
3. The Product is not returnable or refundable. Minimum order quantity is 48 units (4 cases).
4. An invoice will be sent to the Customer at its billing address. Unless otherwise specified on the invoice, all invoices for Product supplied are payable in full within thirty (30) days from the date of invoice. The Customer agrees to review invoices upon receipt and to notify Adapt Pharma in writing of any disputes within twenty (20) days of receipt of invoice. If such written notice is not received by Adapt Pharma, the invoice will be deemed to be final and payable in full.
5. Adapt Pharma shall have the right and is authorized to request information from the Customer and third parties to confirm Qualified Purchaser status and/or credit status prior to accepting an order, and the Customer shall fully cooperate with any such request.
6. Adapt Pharma reserves the right to audit the Customer to ensure the Product is used as outlined in the Terms and Conditions and as otherwise required by Adapt Pharma.
7. All orders are subject to acceptance by Adapt Pharma. Adapt Pharma may fulfill or refuse or otherwise limit orders at its sole discretion.
8. All of the information provided by the Qualified Purchaser is true, complete and accurate.
9. Adapt Pharma warrants that at the time of delivery, the Product (a) shall be free from any defects in design, material, or workmanship, (b) shall not be adulterated or misbranded within the meaning of the U.S. Food, Drug and Cosmetic Act, and (c) shall conform to laws, rules and regulations of the FDA. In the event that the Product delivered to Customer fails to conform to the warranties in this paragraph, Customer may reject such Product by giving written notice within thirty (30) days after delivery. If Customer fails to reject the Product in accordance with this paragraph within the thirty (30) day period, Customer shall be deemed to have accepted the shipment. Adapt Pharma makes no other warranties, whether expressed or implied, with respect to the Product, including, without limitation, any warranty of merchantability or fitness for a particular purpose.
10. Adapt Pharma's sole obligation under any warranty shall be to replace or refund defective Products. Neither Customer nor Adapt Pharma shall be liable for any indirect, incidental, consequential, or special damages or losses, including lost profits, even if advised of the possibility thereof.
11. Customer has reviewed, and made available to its distributees, the instructions for use, storage, handling, and other information with respect to the Product in accordance with the FDA approved prescribing information, and Customer and its distributees will comply with such instructions and information. Customer shall be responsible for the negligent acts and omissions of its employees, agents, representatives and distributees.
12. The Terms and Conditions and Customer's credit application, constitute the entire agreement and understanding of the parties with respect to the subject matter hereof. No changes to the Terms and Conditions will be binding upon Adapt Pharma unless made in writing and signed by Adapt Pharma. In the event of any conflict between these Terms and Conditions and any other agreement or purchase order of Customer, these Terms and Conditions shall govern.
13. Failure of Adapt Pharma to enforce a right does not waive it. If a court of competent jurisdiction finds that any provision of the Terms and Conditions is invalid or unenforceable, the other provisions of these Terms and Conditions will remain in full force and effect.

Please describe the intended use of NARCAN® Nasal Spray:

Opioid Overdose

Richard Martin MD  
 Name of Authorized Representative

SFPD  
 Name of Organization

Police Physician Specialist  
 Title

(a) First Responder  
 Type of Qualified Entity (please select from list above)

[Signature]  
 Signature

9/18/2017  
 Date

# Naloxone Distribution Project (NDP) Application

## Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

|                                       |   |  |                                 |
|---------------------------------------|---|--|---------------------------------|
| First Name of Authorized Person       | Nelson  | Mailing Address (must be a business address, not a personal address or P.O. Box) | San Francisco Police Department |
| Middle Name                           | J.  | Address Line 2   | 850 Bryant Street,              |
| Last Name                             | Ramos   | City   | Basement Level, Room G22        |
| Contact Number                        | 415-837-7277  | San Francisco  | San Francisco                   |
| Email                                 | nelson.j.ramos@sfgov.org  | Zip  | 94103                           |
| Organization Name                     | San Francisco Police Department   | State CA   | State CA                        |
| Type of Organization                  | First Responder   | Service Location Address   | N/A - Citywide                  |
| Church/Religious Entity               |   | Address Line 2   |                                 |
| Community Organization - Specify Type |   | City   |                                 |
| Organization Website                  | <a href="http://sanfranciscopolice.org/">http://sanfranciscopolice.org/</a> | Zip  |                                 |
| Organization Phone Number             | 415-837-7210  | State CA   |                                 |

Units Order - Minimum Order is 12 units and orders must be in multiples of 12. Each unit comes with 2 doses.

720 units



**You must certify and agree to the information in this section to receive the naloxone distribution.**

I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use.

I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

Review online resources at <https://www.getnaloxonenow.org/> and <http://harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual/> to train and respond effectively to an opioid-associated overdose emergency.

If known/available, I hereby agree to maintain and report information via email to [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov) regarding the number of reversals that occurred using the naloxone distributed under this application order.

### **Terms and Conditions**

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at <http://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Naloxone-Standing-Order.aspx> or physician's prescription.
5. If the naloxone request is for more than 48 units, the organization/entity will provide a brief and comprehensive summary with the application to validate their request.
6. Agrees to allow the California Department of Health Care Services (DHCS) to contact the organization/entity using the information provided on the application form.
7. Agrees to allow the California DHCS to use the information provided on the application form to track the use of the naloxone distribution and conduct other public health and epidemiological surveillance activities.

Submit supporting documents and application electronically to [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov) OR

Mail supporting documents and the application to Department of Health Care Services

Substance Use Disorder Compliance Division  
**Attn: Naloxone Distribution Project**  
P.O. Box 997413, MS 2603  
Sacramento, CA 95899-7413

NOTE: Some links on this page are documents in Adobe Acrobat Portable Document Format (PDF). PDF documents require Adobe Reader. If you need to install or upgrade to the latest version, click the ["Download Free Reader"](#).



**LONDON N. BREED**  
MAYOR

CITY AND COUNTY OF SAN FRANCISCO  
**POLICE DEPARTMENT**  
HEADQUARTERS  
1245 3<sup>RD</sup> Street  
San Francisco, California 94158



**WILLIAM SCOTT**  
CHIEF OF POLICE

The San Francisco Police Department (SFPD) would like to apply to receive 720 units of Naloxone through the Naloxone Distribution Project (NDP).

All San Francisco Police Department (SFPD) Field Operations Bureau (FOB) officers on patrol are equipped with trauma kits, which include Naloxone. Our request of 720 units should provide enough for our officers in the field to use through the end of 2019.

SFPD FOB district stations with officers on patrol who will be outfitted with Naloxone include:

- Bayview Station, 144 officers
- Central Station, 150 officers
- Ingleside Station, 130 officers
- Mission Station, 146 officers
- Northern Station, 137 officers
- Park Station, 93 officers
- Richmond Station, 92 officers,
- Southern Station, 143 officers
- Taraval Station, 105 officers
- Tenderloin Station, 171 officers

Naloxone will also be distributed to SFPD members in these areas:

- Police Academy, 38 officers
- Crime Lab, 1 officer
- Healthy Streets Operation Center (HSOC), 49 officers
- Tactical Unit, 86 officers
- Traffic Company, 63 officers

The SFPD Supplies Unit is responsible for receiving, storing, inventorying, and managing the distribution of Naloxone to all SFPD district stations and units.

Our Naloxone distribution process is as follows: 1) district station or unit materials coordinator provides a request memo and form signed and approved by his or her chain of command to the Supplies Unit to request the replacement supply of Naloxone, 2) Supplies Unit staff notifies the materials coordinator when the Naloxone order is ready for pick up, and 3) materials coordinator or designated person from the district station or unit picks up replacement supply of Naloxone and ensures it is distributed to correctly to appropriate officers.

FEIN number is 94-6000417

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

|   |   |   |
|---|---|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>City and County of San Francisco</b>  |   |   |
| 2 Business name/disregarded entity name, if different from above<br><b>San Francisco Police Department</b>  |   |   |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small><br><br><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Government</b> | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><small>(Applies to accounts maintained outside the U.S.)</small> |   |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>1245 - 3rd Street, 6th Floor</b>  |   | Requester's name and address (optional) |
| 6 City, state, and ZIP code<br><b>San Francisco, CA 94158</b>   |   |   |
| 7 List account number(s) here (optional)  |   |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|----|
| Social security number         |   |   |   |   |   |   |   |   |    |
|                                |   |   |   |   |   |   |   |   |    |
| or                             |   |   |   |   |   |   |   |   |    |
| Employer identification number |   |   |   |   |   |   |   |   |    |
| 9                              | 4 | - | 6 | 0 | 0 | 0 | 0 | 4 | 17 |

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |                      |
|------------------|----------------------------|----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <b>1/5/18</b> |
|------------------|----------------------------|----------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

NARCAN NASAL SPRAY 4mg  
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of San Francisco Police may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.

- Do not remove or test the NARCAN Nasal Spray until ready to use.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:

Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.

Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.

Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.

Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.

Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.

Step 7. Get emergency medical help right away. • Move the person on their side (recovery position) after giving NARCAN Nasal Spray. • Watch the person closely. • If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available. • Repeat Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.

Step 8. Put the used NARCAN Nasal Spray back into its box.

Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY: 58 REFILLS: 0 SIG: As per as directed

DATE 9/30/2016 Dr. Signature [Signature]

Print Dr. Name and contact information: Richard Martin MD - Phone 415-837-7226

Police Headquarters  
SFPD 1245 3rd St.  
San Francisco, CA 94168-2134

Co: 643723  
DEA: FM4417297

San Francisco Police Department  
Medical Liaison Unit  
1245 3<sup>rd</sup> Street, 5<sup>th</sup> Floor, Rm 5170  
1-415-837-7726


10/21/2016

FAX to 614-652-7919

Adapt Pharma Inc – Specialty Pharm Srvc  
ATTN: Customer Service  
15 Ingram Blvd.  
LaVergne, TN 37086

I, Richard Martin, M.D., am the responsible person for purchases made by the San Francisco Police Department, City and County of San Francisco California, under my state license number G43723 issued by the State of California

I will notify Adapt Pharma– Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.

 10/21/16.  
Richard Martin M.D.

**Terms and Conditions Narcan® Nasal Spray at Public Interest Price**  
 (Please email or fax a signed copy of these Terms and Conditions)  
 Email: [customerservice@adaptpharma.com](mailto:customerservice@adaptpharma.com) Fax: 484.367.7815

The undersigned ("Customer") hereby acknowledges and agrees that NARCAN® Nasal Spray (Naloxone Hcl) 4mg (the "Product") made available by Adapt Pharma, Inc. ("Adapt Pharma") to the Customer at the Public Interest Price is conditioned upon Customer making the following certification. Customer hereby represents and warrants to Adapt Pharma and agrees that:

1. The Customer is a Qualified Purchaser of the Product at the Public Interest Price. A "Qualified Purchaser" means (a) a First Responder, State or Local Government Agency, School, Community-based organization, (b) a government funded organization, (c) an entity that has received a grant for the purchase of the Product, or (d) an entity that is purchasing the Product on behalf of a government entity or community members by acting as a naloxone distribution program or community based organization. Notwithstanding the foregoing, the Customer shall be subject to Adapt Pharma's final approval in its sole discretion.
2. The Customer shall purchase, receive and use the Product in accordance with all applicable laws, rules and regulations. The Customer has presented to Adapt Pharma a valid pharmacy license or standing order for purchase and use of the Product. The Product may only be used by the Customer, or a Qualified Purchaser authorized by the Customer, and may not be submitted for reimbursement of any type, including, without limitation, private pay, commercial, government authority, agency or otherwise.
3. The Product is not returnable or refundable. Minimum order quantity is 48 units (4 cases).
4. An invoice will be sent to the Customer at its billing address. Unless otherwise specified on the invoice, all invoices for Product supplied are payable in full within thirty (30) days from the date of invoice. The Customer agrees to review invoices upon receipt and to notify Adapt Pharma in writing of any disputes within twenty (20) days of receipt of invoice. If such written notice is not received by Adapt Pharma, the invoice will be deemed to be final and payable in full.
5. Adapt Pharma shall have the right and is authorized to request information from the Customer and third parties to confirm Qualified Purchaser status and/or credit status prior to accepting an order, and the Customer shall fully cooperate with any such request.
6. Adapt Pharma reserves the right to audit the Customer to ensure the Product is used as outlined in the Terms and Conditions and as otherwise required by Adapt Pharma.
7. All orders are subject to acceptance by Adapt Pharma. Adapt Pharma may fulfill or refuse or otherwise limit orders at its sole discretion.
8. All of the information provided by the Qualified Purchaser is true, complete and accurate.
9. Adapt Pharma warrants that at the time of delivery, the Product (a) shall be free from any defects in design, material, or workmanship, (b) shall not be adulterated or misbranded within the meaning of the U.S. Food, Drug and Cosmetic Act, and (c) shall conform to laws, rules and regulations of the FDA. In the event that the Product delivered to Customer fails to conform to the warranties in this paragraph, Customer may reject such Product by giving written notice within thirty (30) days after delivery. If Customer fails to reject the Product in accordance with this paragraph within the thirty (30) day period, Customer shall be deemed to have accepted the shipment. Adapt Pharma makes no other warranties, whether expressed or implied, with respect to the Product, including, without limitation, any warranty of merchantability or fitness for a particular purpose.
10. Adapt Pharma's sole obligation under any warranty shall be to replace or refund defective Products. Neither Customer nor Adapt Pharma shall be liable for any indirect, incidental, consequential, or special damages or losses, including lost profits, even if advised of the possibility thereof.
11. Customer has reviewed, and made available to its distributees, the instructions for use, storage, handling, and other information with respect to the Product in accordance with the FDA approved prescribing information, and Customer and its distributees will comply with such instructions and information. Customer shall be responsible for the negligent acts and omissions of its employees, agents, representatives and distributees.
12. The Terms and Conditions and Customer's credit application, constitute the entire agreement and understanding of the parties with respect to the subject matter hereof. No changes to the Terms and Conditions will be binding upon Adapt Pharma unless made in writing and signed by Adapt Pharma. In the event of any conflict between these Terms and Conditions and any other agreement or purchase order of Customer, these Terms and Conditions shall govern.
13. Failure of Adapt Pharma to enforce a right does not waive it. If a court of competent jurisdiction finds that any provision of the Terms and Conditions is invalid or unenforceable, the other provisions of these Terms and Conditions will remain in full force and effect.

Please describe the intended use of NARCAN® Nasal Spray:

Opioid Overdose

Richard Martin MD  
 Name of Authorized Representative

SFPD  
 Name of Organization

Police Physician Specialist  
 Title

(a) First Responder  
 Type of Qualified Entity (please select from list above)

[Signature]  
 Signature

9/18/2017  
 Date



# The Police Commission

## CITY AND COUNTY OF SAN FRANCISCO SAN FRANCISCO POLICE COMMISSION AGENDA REGULAR MEETING

WEDNESDAY, MAY 15, 2019  
5:30 p.m.

CITY HALL, ROOM 400  
#1 Dr. Carlton B. Goodlett Place  
San Francisco

(Explanatory and/or Supporting Documents, if any, are posted at:  
[www.sanfranciscopolice.org/meetings](http://www.sanfranciscopolice.org/meetings))

ROBERT HIRSCH  
President

DAMALI TAYLOR  
Vice President

PETRA DeJESUS  
Commissioner

THOMAS MAZZUCCO  
Commissioner

JOHN HAMASAKI  
Commissioner

CINDY ELIAS  
Commissioner

DION-JAY BROOKTER  
Commissioner

Sergeant Jayme Campbell  
Secretary

Pledge of Allegiance; Roll Call

1. **Consent Calendar (RECEIVE & FILE; ACTION)**

- SFPD/DPA Document Protocol Report 1<sup>st</sup> Quarter 2019
- Request of the Chief of Police to accept \$16,666.00 from the La Casa de las Madres to go towards SFPD's participation in the Bayview Domestic Violence High Risk Program

2. **Reports to the Commission (DISCUSSION)**

a. **Chief's Report**

- Weekly crime trends (Provide an overview of offenses occurring in San Francisco)
- Significant Incidents (Chief's report will be limited to a brief description of the significant incidents. Commission discussion will be limited to determining whether to calendar any of the incidents the Chief describes for a future commission meeting.)
- Major Events (Provide a summary of planned activities and events occurring since the previous meeting. This will include a brief overview of any unplanned events or activities occurring in San Francisco having an impact on public safety. Commission discussion on unplanned events and activities the Chief describes will be limited to determining whether to calendar for a future meeting.)
- Status update on the new SFPD Website
- Presentation of the Safe Streets for All 1<sup>st</sup> Quarter 2019 Report
- Presentation of the 1st Quarter 2019 Audit of Electronic Communication Devices for Bias

b. **DPA Director's Report**

- Report on recent DPA activities, and announcements (DPA's report will be limited to a brief description of DPA activities and announcements. Commission discussion will be limited to determining whether to calendar any of the issues raised for a future Commission meeting.)





# The Police Commission

CITY AND COUNTY OF SAN FRANCISCO

## SAN FRANCISCO POLICE COMMISSION AGENDA

### REGULAR MEETING

WEDNESDAY, MAY 15, 2019

5:30 p.m.

CITY HALL, ROOM 400

#1 Dr. Carlton B. Goodlett Place

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Commissioner

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Commissioner

CINDY ELIAS  
Commissioner

DION-JAY BROOKTER  
Commissioner

2. **Reports to the Commission continued:**

- c. Commission Reports (Commission reports will be limited to a brief description of activities and announcements. Commission discussion will be limited to determining whether to calendar any of the issues raised for a future Commission meeting.)
- Commission President's Report
  - Commissioners' Reports
- d. Commission announcements and scheduling of items identified for consideration at future Commission meetings (ACTION)

Pergeant Jayme Campbell  
Secretary

3. Discussion and possible action to recommend that the Board of Supervisors adopt a resolution retroactively authorizing the Chief of Police to accept and expend an in-kind gift of 768 units of Naloxone, valued at \$57,600 through the Naloxone Distribution Project (NDP), which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Department of Health Care Services (DHCS) to combat opioid overdose-related deaths throughout California. (DISCUSSION & POSSIBLE ACTION)

4. Discussion and possible action to adopt revised Department General Order 2.04, "Complaints Against Officers," and MOU between DPA and SFPD, or take other action, if necessary (DISCUSSION & POSSIBLE ACTION)

5. **General Public Comment**

*(The public is now welcome to address the Commission regarding items that do not appear on tonight's agenda but that are within the subject matter jurisdiction of the Commission. Speakers shall address their remarks to the Commission as a whole and not to individual Commissioners or Department or DPA personnel. Under Police Commission Rules of Order, during public comment, neither Police or DPA personnel, nor Commissioners are required to respond to questions presented by the public but, may provide a brief response. Individual Commissioners and Police and DPA personnel should refrain, however, from entering into any debates or discussion with speakers during public comment.)*

6. Public comment on all matters pertaining to Item 8 below, Closed Session, including public comment on Item 7, vote whether to hold Item 8 in closed session.
7. Vote on whether to hold Item 8 in Closed Session (San Francisco Administrative Code Section 67.10) (ACTION)



# The Police Commission

CITY AND COUNTY OF SAN FRANCISCO

SAN FRANCISCO POLICE COMMISSION AGENDA

REGULAR MEETING

WEDNESDAY, MAY 15, 2019

5:30 p.m.

CITY HALL, ROOM 400

#1 Dr. Carlton B. Goodlett Place

San Francisco

(Explanatory and/or Supporting Documents, if any, are posted at:

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Commissioner

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Commissioner

DION-JAY BROOKTER  
Commissioner

Sergeant Jayme Campbell  
Secretary

8. **Closed Session**

Roll Call;

- a. PERSONNEL EXCEPTION. Pursuant to Government Code Section 54957(b)(1) and San Francisco Administrative Code Section 67.10(b) and Penal Code Section 832.7: Assignment of a Commissioner and setting of date for taking of evidence on disciplinary charges filed in Case No. IAD 2018-0009 (ACTION)
- b. PERSONNEL EXCEPTION. Pursuant to Government Code Section 54957(b)(1) and San Francisco Administrative Code Section 67.10(b) and Penal Code Section 832.7: Status and calendaring of pending disciplinary cases (ACTION)

**Open Session**

9. Vote to elect whether to disclose any or all discussion on Item 8 held in closed session (San Francisco Administrative Code Section 67.12(a)) (ACTION)

10. **Adjournment (ACTION ITEM)**

\*\* SUPPORTING DOCUMENTATION FOR POLICE COMMISSION AGENDA ITEMS THAT ARE NOT CONFIDENTIAL AND DOCUMENTATION THAT HAVE BEEN DISTRIBUTED TO THE COMMISSION AFTER DISTRIBUTION OF THE AGENDA PACKETS ARE AVAILABLE FOR REVIEW AT THE POLICE COMMISSION OFFICE, POLICE HEADQUARTERS, 1245 THIRD STREET, 6<sup>TH</sup> FLOOR, SAN FRANCISCO, CA 94158, DURING NORMAL BUSINESS HOURS.

For questions about the meeting please contact (v) 415.837.7070. The ringing of and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

### **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For information on your rights under the Sunshine Ordinance (Chapters 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, please contact: Sunshine Ordinance Task Force Administrator in Room 244 at City Hall, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4683. (Office) 415-554-7724; (Fax) 415-554-7854; E-mail: [SOTF@sfgov.org](mailto:SOTF@sfgov.org).

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, the San Francisco Public Library and on the City's website at [www.sfgov.org](http://www.sfgov.org). Copies of explanatory documents are available to the public online at <http://www.sfbos.org/sunshine> or, upon request to the Commission Secretary, at the above address or phone number.

### **LANGUAGE ACCESS**

Per the Language Access Ordinance (Chapter 91 of the San Francisco Administrative Code), Chinese, Spanish and or Filipino (Tagalog) interpreters will be available upon requests. Meeting Minutes may be translated, if requested, after they have been adopted by the Commission. Assistance in additional languages may be honored whenever possible. To request assistance with these services please contact the Police Commission at (v) 415.837.7070 at least 48 hours in advance of the hearing. Late requests will be honored if possible.

### **DISABILITY ACCESS**

Police Commission hearings are held in Room 400 at City Hall, 1 Dr. Carlton B. Goodlett Place in San Francisco. City Hall is accessible to persons using wheelchairs and other assistive mobility devices. Ramps are available at the Grove, Van Ness and McAllister entrances. The closest accessible BART station is Civic Center Station. For information about SFMTA service, please call 311.

Assistive listening devices, real time captioning, American Sign Language interpreters, readers, large print agendas or other accommodations are available upon request. Please make your requests for accommodations to the Police Commission at (v) 415.837.7070. Requesting accommodations at least 72 hours prior to the meeting will help to ensure availability.

### **LOBBYIST ORDINANCE**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; (Office) 415.252.3100; (Fax) 415.252.3112; Website: [sfgov.org/ethics](http://sfgov.org/ethics).

### **CORRESPONDENCE SENT TO THE COMMISSION**

**Personal Information:** Members of the public are not required to provide personal identifying information or personal contact information such as phone numbers or addresses when they communicate with the Police Commission. Written communications may be submitted anonymously and need not include personal contact information. All written communications, including personal identifying or contact information, may be made available to the public for inspection and copying upon request and may appear on the Commission's website or in other public documents. **Personal identifying or contact information will not be redacted.**



# The Police Commission

CITY AND COUNTY OF SAN FRANCISCO

May 16, 2019

Honorable Board of Supervisors  
City Hall, Room 244  
#1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Dear Honorable Supervisors:

At the meeting of the Police Commission on Wednesday, May 15, 2019, the following resolution was adopted:

**RESOLUTION NO. 19-38**

**APPROVAL OF THE REQUEST OF THE CHIEF OF POLICE TO RECOMMEND THAT THE BOARD OF SUPERVISORS ADOPT A RESOLUTION RETROACTIVELY AUTHORIZING THE CHIEF OF POLICE TO ACCEPT AND EXPEND AN IN-KIND GIFT OF 768 UNITS OF NALOXONE, VALUED AT \$57,600 THROUGH THE NALOXONE DISTRIBUTION PROJECT (NDP), WHICH IS FUNDED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND ADMINISTERED BY THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS) TO COMBAT OPIOID OVERDOSE-RELATED DEATHS THROUGHOUT CALIFORNIA**

RESOLVED, that the Police Commission hereby approves the request of the Chief of Police to recommend that the Board of Supervisors adopt a resolution retroactively authorizing the Chief of Police to accept and expend an in-kind gift of 768 units of Naloxone, valued at \$57,600 through the Naloxone Distribution Project (NDP), which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Department of Health Care Services (DHCS) to combat opioid overdose-related deaths throughout California.

AYES: Commissioners Hirsch, Taylor, Mazzucco, Elias, Hamasaki, Brookter  
ABSENT: Commissioner DeJesus

Very truly yours,

Sergeant Jayme Campbell  
Secretary  
THE POLICE COMMISSION

759/rct

cc: Grants Unit

ROBERT HIRSCH  
President

DAMALI TAYLOR  
Vice President

PETRA DeJESUS  
Commissioner

THOMAS MAZZUCCO  
Commissioner

JOHN HAMASAKI  
Commissioner

CINDY ELIAS  
Commissioner

DION-JAY BROOKTER  
Commissioner

Sergeant Jayme Campbell  
Secretary



**LONDON N. BREED**  
MAYOR

CITY AND COUNTY OF SAN FRANCISCO  
**POLICE DEPARTMENT**  
HEADQUARTERS  
1245 3<sup>RD</sup> Street  
San Francisco, California 94158



**WILLIAM SCOTT**  
CHIEF OF POLICE

**TO: Angela Calvillo, Clerk of the Board of Supervisors**  
**FROM: San Francisco Police Department**  
**DATE: May 6, 2019**  
**SUBJECT: Accept and Expend Resolution for In-Kind Gift**  
**GIFT TITLE: In-Kind Gift through Naloxone Distribution Project**

Attached please find the original\* and 1 copy of each of the following:

- X 1. Proposed gift resolution; original\* signed by Department, Mayor, Controller
- X 2. Grant/Gift information form, including disability checklist
- X 3. Value of In-Kind Gift
- X 4. Applications
- X 5. Award reports
- N/A Ethics Form 126 (if applicable)
- N/A Contracts, Leases/Agreements (if applicable)
- N/A Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: **Katherine Chiu / Patrick Leung** Phone: **415-837-7210**

Interoffice Mail Address: **SFPD Fiscal Division**  
**1245 3<sup>rd</sup> Street, 6<sup>th</sup> Floor, SF, CA 94158**

Certified copy required Yes  No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO

2019 JUL -9 PM 4:36

BY

A handwritten signature in black ink, appearing to be "SK", written over a horizontal line.

A large, stylized handwritten signature in black ink, possibly "L. Breed", written over a horizontal line.

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Sophia Kittler  
RE: Accept and Expend In-Kind Gift – Retroactive – Naloxone – Police  
Department (SFPD) - \$57,600  
DATE: 7/9/19

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**Resolution retroactively authorizing the Police Department (SFPD) to accept and expend an in-kind gift of 768 units of Naloxone estimated at \$57,600 through the Naloxone Distribution Project (NDP), which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Department of Health Care Services (DHCS).**

Please note that Supervisor Mandelman is a co-sponsor of this legislation.

Should you have any questions, please contact Sophia Kittler at 415-554-6153.

**Lew, Lisa (BOS)**

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**From:** Goossen, Carolyn (BOS)  
**Sent:** Friday, July 12, 2019 11:38 AM  
**To:** Kittler, Sophia (MYR); Somera, Alisa (BOS); BOS Legislation, (BOS)  
**Subject:** Adding Supervisor Ronen as co-sponsor to 190760 - Naloxone Distribution

Please add Supervisor Ronen as a co-sponsor.

Thanks!

Carolyn

Carolyn Ji Jong Goossen

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Chief of Staff

Supervisor Hillary Ronen

City Hall

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102-4689

Phone: 415-554-7729

Email: [carolyn.goossen@sfgov.org](mailto:carolyn.goossen@sfgov.org)

Pronouns Used: she and her