

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

Suzanne Giraudo ED.D
Commissioner

Judy Guggenime
Commissioner

Karim Salgado
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Daniel Lurie Mayor
Department of Public Health**



Daniel Tsai
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (628) 754-6539

MINUTES

HEALTH COMMISSION MEETING

Monday February 2, 2026 4:00 p.m.

**1 Dr. Carlton B. Goodlett Place, City Hall, Room 408
San Francisco, CA 94102 & via Webex**

1) CALL TO ORDER

Present: President Laurie Green, MD, President
Vice President Tessie Guillermo
Commissioner Edward A. Chow M.D
Commissioner Susan Belinda Christian, J.D.
Commissioner Suzanne Giraudo, Ph.D
Commissioner Judy Guggenime
Commissioner Karim Salgado

The meeting was called to order at 4:04pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 5, 2026

Public Comment:
There was no public comment.

Commissioner Comments:
There were no Commissioner comments.

3) GENERAL PUBLIC COMMENT

Steve Zeltzer warned that federal healthcare cuts will severely impact San Francisco and called for taxing billionaires and establishing public control of healthcare.

Jessica Pascoe requested improved phone access to critical services, faster hiring processes, expanded District 10 services, and more behavioral health resources.

Brenda Barros stated that DPH's equity commitments are not being carried out in practice and urged that equity-related cuts be removed.

Dante King, King of Kings Consulting, objected to proposed cuts to workforce equity and workforce development programs, stating that it was contradictory for the department to acknowledge Indigenous land while simultaneously reducing equity-related funding. He referenced the recent murder of a staff member at Ward 86 and argued that making equity cuts during such a moment is indefensible. He urged the Commission and attendees to recognize what they described as performative actions that do not align with the department's stated values.

David Elliott Lewis expressed concern about harm to vulnerable residents due to budget reductions and urged restoration of services such as Laguna Honda beds.

4) **DIRECTOR'S REPORT**

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

Public Comment:

Dante King, King of Kings Consulting, opposed cuts to equity and workforce development programs, arguing some are tied to protected MHSA funds. Mr. Morewitz reminded Mr. King that President Green requested that all comments related to "Planned FY2026-27 CBO Budget Reductions," be made during item 6.

A member of the public expressed grave concern that the most vulnerable San Francisco residents are not getting the services they need.

Commissioner Comments:

Commissioner Christian requested that the public and Commission receive more information on TB outbreak risks, testing needs, and public messaging.

Commissioner Giraudo requested additional educational materials for City residents and encouraged the DPH to engage on social media and reach out to media outlets to get more information out the public.

Commissioner Chow thanked DPH staff for their rapid response to the TB outbreak and noted that TB vaccination is not common in the United States. However, it is common in many Asian countries. He noted that latent TB cases are not contagious.

President Green requested that the DPH provide continued updates and improved communication strategies.

Commissioner Christian expressed gratitude to the rapid and thorough response about Mr. Rangel's death at Ward 86. She noted that at previous Health Commission meetings, in depth details about DPH security improvements, support offered to staff, and information about how Mr. Rangel's death will be investigated were provided.

5) **RESOLUTION TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND GIFTS OF \$12,710.44, \$115,000, AND \$37,500 FROM THE EPIC SYSTEMS CORPORATION**

Gregory Wong, DPH, presented the item.

Public Comment:

Brenda Barros wants to know how this money will be spent.

Commissioner Comments:

There were no Commissioner comments.

Action Item: The Health Commission unanimously approved the resolution. (See attachment)

6) PLANNED FY 2026–27 CBO BUDGET REDUCTIONS

Drew Murrell, DPH Chief Financial Officer, and Emily Gibbs, Deputy Finance Officer-Budget and Planning, presented the item.

President Green thanked staff for the presentation. Before opening the floor for public comment, she noted that the City and the Department are facing significant financial challenges. San Francisco is experiencing reductions in tax revenue, and the Mayor has directed all City departments to implement budget cuts. The Department of Public Health is particularly affected due to substantial, unprecedented reductions in Medi-Cal and Medicaid funding beginning in the middle of the next fiscal year.

President Green emphasized that Department leadership has approached this work with great care and with a strong awareness of the human impact of these decisions. The choices before the Department involve difficult tradeoffs, and leadership's focus has been on maintaining direct patient care and advancing the priorities outlined in the Department's three strategic pillars.

President Green also expressed appreciation to community-based organizations and members of the public who have attended the meetings and provided input. Public feedback is critical both for current decisions and for future planning, particularly from those representing communities with the greatest needs. She reminded participants that written public comments will be accepted by the DPH through February 4, and all submissions will be reviewed.

She noted that due to the large number of commenters present, individual public comments during the meeting will be limited to one minute. Speakers were encouraged to tailor comments to provide a cohesive representation of perspectives within their respective sectors or organizations. She added that comments would be organized by agency, enabling the Commissioners to hear all comments about an organization at one time. This helps them better understand the issues to which the public are bringing to them.

Public Comment:

Dr. Kate Margolis, speaking in her personal capacity, expressed concern about the feasibility of transitioning Healthy Steps by laying off the UCSF team that has operated the program for seven years. She warned that the current plan risks disrupting care for approximately 1,800 enrolled patients and said additional time is needed beyond the short-term bridge solution. She emphasized that Healthy Steps requires specialized practice-transformation expertise held by the current team.

Dr. Gaspar Rivera, a pediatrician and Medical Director at the Children's Health Center, voiced support for Healthy Steps, citing its benefits for behavioral and developmental health. He stated that the proposed transition plan is not operationally feasible due to insufficient staffing and funding and that an 18-month timeline would strain clinic services and reduce quality. He urged the Commission to reconsider the budget reduction plan.

Graciela, speaking in her personal capacity as the interim Behavioral Health Supervisor at the Children's Health Center, stated that the behavioral health team is already overextended, serving patients with moderate to severe needs despite being designed for mild to moderate cases. She noted that adding 0–5 patients from Healthy Steps would worsen workload and strain an already short-staffed team. She emphasized that providers are not hired or trained for this population and overloaded staffing risks patient care gaps. She requested continued funding for UCSF Healthy Steps to allow a responsible and ethical integration.

Dr. Taylor Clark, speaking as a pediatrician, described significant improvements in access, productivity, and revenue at the Children’s Health Center over the past two years. He stated that Healthy Steps is a major contributor, completing 69% of recent behavioral health visits and supporting key quality metrics tied to substantial funding. He explained that patients seen by Healthy Steps are far more likely to complete well-child visits, directly supporting QIP performance. Dr. Clark warned that cutting the program would reduce both revenue and quality-based funding.

Janelle Bercun, speaking in her personal capacity as Interim Co-Director of Healthy Steps, stated that the program’s strength comes from its long-standing, relationship-based model and low turnover. She emphasized that the team’s continuity enables effective real-time support for families. She urged the Commission to recognize that the current structure is functioning well and to consider the harm that would result from removing trusted clinicians.

Dr. Cheng Qian, Co-Director of Healthy Steps, shared personal reflections stating that transitioning the program now would be premature and risky. She noted that billing systems, dyadic coding processes, and several pilots remain in development, with many operational issues still being resolved. She requested funding for at least two more years to complete infrastructure work needed for sustainable dyadic services.

Dr. Camila Mateo, speaking in her personal capacity, emphasized that Healthy Steps is essential to caring for young patients and heavily relied on during clinic sessions. She stated that Healthy Steps clinicians bring specialized pediatric training and long-standing patient relationships that cannot be replaced. Dr. Mateo warned that removing UCSF staffing would disrupt care and could harm the roughly 300 patients served monthly, urging the Commission to maintain the program’s current staffing.

Tina Chambers, a practitioner at the Children’s Health Center, expressed concern that the proposed transition of Healthy Steps to the small, high-turnover behavioral health team is unrealistic and misaligned with patient needs. She emphasized the importance of Healthy Steps in mitigating adverse childhood experiences and stated that current providers cannot meet these needs without the specialized team. She urged the Commission not to balance the budget at the expense of vulnerable young patients.

Dr. Neeti Doshi, a primary care pediatrician, stated that Healthy Steps clinicians provide trusted, consistent early-childhood expertise essential to caring for vulnerable families. She described the team as irreplaceable and critical to creating a safe, healing environment for patients. She urged the Commission not to disrupt the quality and consistency of care by altering the program’s staffing

Dr. Arelle, a pediatrician with the BRIDGES program, described Healthy Steps as an effective preventive program that stabilizes families before crises occur. She provided an example of the program’s role in supporting a teen mother and emphasized its evidence-based, revenue-generating contributions. She requested a minimum two-year extension of funding to ensure responsible integration and to avoid weakening a highly effective clinic component.

Isis Alvarez a patient navigator at Healthy Steps, described her work supporting children ages 0–6 with developmental delays and connecting families to essential services. She emphasized the importance of continuity in early childhood care and stated that Healthy Steps has become a cornerstone of the clinic’s support system. She urged continued funding to avoid disrupting critical services for young children and families.

Dr. Amy Whittle, a general pediatrician, highlighted Healthy Steps’ essential role in training pediatric residents and psychology trainees in early childhood mental health and prevention. She noted that 34 trainees work

alongside Healthy Steps clinicians, gaining key competencies that directly improve patient care. She stated that the training functions of the program would be lost if the proposed transition proceeded.

Dr. Meghan Evans, a postdoctoral fellow at UCSF speaking in her personal capacity, stated that Healthy Steps requires highly specialized clinical training and expertise due to the developmental needs and stressors affecting young families. She emphasized the rarity and importance of the program's integrated pediatric training opportunities for psychologists. Dr. Evans urged extending funding for at least two more years to ensure a responsible and effective integration process.

Laura Guzman, Executive Director of the National Harm Reduction Coalition, expressed concern about proposed cuts to the Harm Reduction Training Institute and related capacity-building programs. She stated that these programs are core public health functions essential for workforce development and for meeting the City's own harm reduction policy commitments. Grossman urged the Commission to reconsider the cuts, emphasizing the impact on communities most affected by health inequities.

Daniela Vargas, a public health nurse, spoke in support of continued funding for Healthy Steps. He described the program as an essential mental, behavioral, and developmental safety net for children and postpartum mothers, often assisting families during their most vulnerable moments. Ms. Vargas stated that reducing or restructuring the program would further strain already limited services and harm patient care.

Alex Briscoe, identifying himself as an advisor with Medicaid experience, emphasized that the dyadic Medicaid benefit was developed in partnership with the Healthy Steps team due to the unique needs of young children and families. He stated that the specialized Healthy Steps workforce cannot be replaced by general behavioral health staff without loss of productivity and revenue. Mr. Briscoe reported that budget analyses show the team covers its own costs and urged the Commission to maintain its structure.

Mary, Clinical Training Director with the Harm Reduction Therapy Center, stated that proposed cuts to Harm Reduction Therapy training would impact required training for 500–1,000 staff annually. She noted growing demand for de-escalation and harm-reduction training, especially following recent safety incidents. She expressed concern that reducing funds contradicts long-standing City harm-reduction policy and removes essential workforce support.

A pediatrician with nearly 30 years at the Children's Health Center spoke in support of Healthy Steps, highlighting the program's transformative role in integrated behavioral health. She noted that Healthy Steps helped establish California's dyadic Medicaid benefit and is viewed as a statewide model. She stated that transitioning the program now would be premature and harmful to families and to essential data infrastructure still under development.

A speaker representing NAMI stated that budget reductions would significantly affect mental health education, prevention, and peer-support services. They emphasized that cuts would shift burdens to crisis and emergency services, increasing costs and worsening outcomes. They urged the Commission to preserve prevention-focused programming that reduces hospitalization and long-term system strain.

Dante King, King of Kings Consulting, stated that the City's own data show disproportionately high Black infant mortality and overdose rates. He warned that cutting workforce-equity and health-equity training contradicts the City's declaration of racism as a public health emergency. He emphasized that these funds are tied to state requirements and cannot be repurposed, and that eliminating them would worsen existing disparities.

Nia Hamilton stated the workforce development and equity contract with King of Kings had already been approved. The funds for the contract are MHSA, not General Fund. She questioned why this contract is being

considered for cuts now. The services provided through the contract function as core compliance and risk mitigation.

Teresa Yu, a Behavioral Health Services Act program manager speaking as a member of the public, explained that many programs slated for cuts are funded by state MHSA dollars with strict rules prohibiting substitution or repurposing of funds. She emphasized that MHSA mandates include workforce training and innovation efforts such as culturally responsive programs for Black/African American communities. She urged the Commission to recognize that these funds are restricted, not competing with general fund services, and cannot be legally cut or replaced.

Jaontra Henderson stated that reducing or ending workforce-development and equity-training contracts would create significant organizational and legal risk, especially given recent workplace violence, staff trauma, and documented leadership and cultural issues. She noted that conditions have changed materially since the Health Commission last reviewed these investments and that the contracts are funded by state Workforce Education and Training dollars, not the City's general fund. She questioned why approved contracts are now being reconsidered and emphasized that they function as core compliance and risk-mitigation infrastructure.

Geoffrey Grier spoke about longstanding racial inequities in health services and expressed concern that proposed cuts would disproportionately harm Black and Brown communities. He urged the Commission to recognize who is most affected by reductions to training and prevention programs. Mr. Grier stated that the cuts reflect a pattern of inequitable treatment and called for greater accountability.

Elisa Abrams, speaking on behalf of NAMI and her family, shared her personal experience living with bipolar disorder and the importance of NAMI's programs for education, support, and recovery. She stated that NAMI services offer hope, reduce hospitalization, and provide a lifeline for individuals navigating mental health challenges. Ms. Abrams credited the program with improving her own wellbeing and urged that NAMI funding be maintained.

Francine Austin, a long-time DPH employee with over 30 years of service, expressed concern about the loss of funding for the "Working While Black" Healing Circle, a support program for Black employees experiencing discrimination. She stated that the program previously received more than \$200,000 in funding, with a remaining balance that staff were told was no longer available, resulting in its cancellation. She asked why the funds were removed and urged continuation of the program, emphasizing its importance for the wellbeing of Black employees who also serve the broader community.

Brenda Barros spoke as a DPH employee who has personally benefited from equity-related support programs, including Working While Black. She stated that the program provides a critical outlet for Black employees experiencing workplace discrimination and helps prevent harm before it escalates. She warned that eliminating this support would lead to increased lawsuits and greater emotional strain on staff.

Cheryl Thornton, speaking on behalf of Working While Black, stated that Black and Brown employees in DPH continue to experience discrimination, harassment, and a broken internal support system. She noted that many active EEO cases originate within the department and said the program was designed to mitigate this harm. Thornton urged the Commission to maintain the program, stating that without it, employees are left unprotected.

Tim Pursell, a peer support specialist speaking on behalf of King of Kings and equity-related contracts, emphasized that workforce-development and equity programs are essential—not optional. He stated that these initiatives prevent conflict, retaliation, and crises by creating safe spaces, mediation pathways, and

systems for fair caseload and leadership review. Purcell warned that cuts would leave critical needs unmet and increase the risk of future crises.

Veronica, identifying herself as being from Brazil and working with the AIDS Foundation, stated that her program successfully meets contract requirements by serving underserved communities, including Indigenous and Mexican populations. She urged continued funding, stating that the program is essential to supporting marginalized groups.

Paul Aguilar, a long-time San Francisco resident, shared that he survived AIDS due to the City's specialized and compassionate public health workforce. He stated that proposed cuts to equity and internship programs undermine San Francisco's legacy of whole-person, community-centered care. Aguilar urged the Commission to reject the reductions, emphasizing that the workforce is a lifeline and that the budget is a "moral document."

Anne Fisher, Executive Director of NAMI San Francisco, stated that NAMI is an essential part of the City's behavioral-health continuum, providing free peer-led support to nearly 7,000 residents annually. She emphasized that NAMI is the only organization dedicated to supporting families of individuals living with mental illness, and that family psychoeducation greatly reduces hospitalization and improves housing stability. Fisher warned that cuts would shift additional burden onto the public system and urged restoration of funds.

Keesha Petrone, Support Group Manager at NAMI SF, described the role of peer-led groups in helping individuals navigate recovery, stigma, addiction, and housing insecurity. She stated that City funding has enabled culturally responsive programming, partnerships with supportive-housing agencies, and expanded in-person groups for underserved communities, including Black and African American residents. Ms. Petrone said proposed cuts would severely harm peer-support services and asked the Commission to reconsider.

Claudia Haas, a constituent and volunteer instructor for NAMI's Spanish-language programs, described how NAMI's crisis-intervention training for police helped protect her son during a psychiatric emergency. She emphasized that Latino residents face significant mental-health disparities and barriers to care, and that NAMI provides culturally responsive support and resources. Haas urged restoration of funding to maintain these critical services.

Lori Campbell, a long-time San Francisco resident and NAMI member, stated that NAMI's family-education programs offer essential support to loved ones of individuals with mental illness. She noted that the City recently recognized NAMI for its contributions to community wellbeing. Ms. Campbell urged the Commission to restore funding so the organization can continue providing support, education, and stigma-reduction programs.

Patti Evans, NAMI support group moderator, shared that a group member who previously required hospitalization every few months has needed inpatient care only once in the past four to five years after joining the program. She stated that the group's focus on medication adherence and peer support reduces repeat psychiatric admissions, saving significant medical costs. She emphasized the value of NAMI outreach in psychiatric units.

Laura L'un, a participant in NAMI's Cantonese support group, stated that the program transformed how her family understands and responds to mental health challenges. She described the importance of culturally and linguistically appropriate support, which enabled her family to discuss her cousin's schizophrenia openly for the first time. She emphasized that such programming helps families accept diagnoses and navigate complex situations with greater understanding.

Karen Scott, a NAMI Family-to-Family teacher, shared her long personal history with mental illness in her family and described how NAMI's education programs provided essential tools and support. She stated that the program helped her and her daughter manage bipolar disorder more effectively, and she now facilitates classes to assist others. Scott emphasized that these services are critical for families in crisis.

Catherine Brady, President of NAMI San Francisco's Board, emphasized that NAMI provides life-saving direct services that the medical system does not replace. She cited experiences supporting families dealing with suicide risk, violence, and acute mental-health crises. Brady noted that NAMI also advances equity by offering accessible recovery support to communities facing disparities.

Kathleen Emerling, a District 2 resident and NAMI peer-to-peer participant and leader, shared that the program provided critical support after she experienced a major mental-health crisis. She stated that peer-to-peer classes equip participants with practical tools that prevent relapse and reduce costly crises. She emphasized that funding NAMI is cost-effective compared with repeated emergency interventions.

Mario Lemos, a long-time San Francisco resident, expressed concern about cuts to peer-support and community-based mental-health programs in a city with rising costs and longstanding inequalities. He stated that isolation is increasing and that organizations like NAMI provide essential support, particularly for vulnerable Black and Brown residents. Mr. Lemos urged the Commission to recognize the human impact of proposed reductions.

Elizabeth Krane, a District 1 resident, stated that NAMI's peer-led programs are deeply meaningful and highly cost-effective, supported in large part by volunteers. She shared that peer support personally saved her life when clinical and psychiatric services were insufficient. She urged the Commission to preserve funding for NAMI's programs.

Kari Kyoto, a peer-led support group facilitator, stated that NAMI SF serves approximately 6,000 people annually and fills critical gaps that clinical and medical services cannot. She highlighted that many members face housing insecurity, lack insurance, or cannot access treatment, relying on peer groups for crisis prevention, harm reduction, and community connection. Ms. Kyoto warned that cuts would significantly harm these vulnerable residents.

Lex Gemetti, a case manager who runs a peer group in permanent supportive housing, described the program's role in building community and supporting both housed and unhoused individuals. He stated that cuts would eliminate an essential resource that helps residents stabilize and support one another. Giamatti urged the Commission to maintain funding.

David Elliott Lewis, a long-time NAMI volunteer and chair of the SFPD Crisis Intervention Team Mental Health Working Group, stated that NAMI's training for police officers has prevented officer-involved shootings and saved lives. He emphasized that NAMI operates on a small budget and that cutting it would jeopardize critical life-saving services. He also expressed opposition to cuts to Sunday Streets.

Ashley Brown HagenMax, Family Services Director at NAMI SF, stated that NAMI provides direct services—including peer support groups, multilingual education programs, housing-based services, community education, and helpline support—to nearly 7,000 people annually. She emphasized that NAMI is the only organization dedicated to supporting families of people with mental illness, and family psychoeducation significantly reduces hospitalization. She urged preservation of funding.

Pete, Director of Education Programming at NAMI SF, stated that cutting contracts would cause NAMI to close, eliminating support for families in crisis and communities experiencing health inequities. He warned that

thousands would lose the peer community that keeps them stable and asked the Commission to restore funding because the mental-health system depends on every component of the continuum.

Chana Goodman spoke as a long-time patient who has benefited from NAMI's services. She emphasized that NAMI is patient-facing, supports a diverse population, and helps people avoid costly crises and homelessness. Goodman noted that services cost approximately \$70–\$150 per person per year—far less than a single psychiatric appointment—and urged the Commission to maintain funding.

Jemille Bailey, a client of the San Francisco AIDS Foundation and former HealthRight 360 client, stated that proposed budget cuts are a policy choice rather than a necessity. He contrasted cuts to community-based programs with corporate tax breaks and emphasized the need for progressive revenue options. Bailey urged the Commission not to reduce funding for programs that prevent homelessness, support mental-health care, and sustain community wellbeing.

William Dean, representing the HIV Advocacy Network and Black Brothers Esteem, expressed concern that cuts to the San Francisco AIDS Foundation's Clinical Assistant Internship Program would undermine culturally competent care. He stated that minority clinical assistants provide vital expertise and help combat systemic racism in health care. Deane urged preservation of the program to maintain progress toward health equity.

Jerome Coffee, a health educator at the San Francisco AIDS Foundation, stated that he became a health educator through the Clinical Assistant Program and that proposed cuts jeopardize HIV-prevention efforts. He emphasized that eliminating these programs would harm Black communities and undermine the City's Get-to-Zero goals. Coffee urged the Commission to restore funding.

Robert Mitchell, representing the HIV Advocacy Network and Black Brothers Esteem, described the Clinical Assistant Internship Program as essential for preparing community members to support HIV-prevention and care efforts. He stated that the program enables participants to contribute meaningfully to ending the epidemic. Mitchell asked the Commission to continue funding and avoid setbacks in community health.

AjaiNicole Duncan, Co-President of the Harvey Milk LGBTQ Democratic Club, urged the Commission not to cut critical HIV-equity programs. She requested a transparent racial-equity impact analysis and meaningful engagement with affected communities before decisions are finalized. Ms. Duncan emphasized that the City should not balance its budget at the expense of Black, transgender, or low-income residents.

A speaker representing Black and Brown clinicians stated that staff are experiencing heightened vulnerability due to longstanding inequities, high caseload acuity, and exposure to risk—exacerbated by recent events. They emphasized that equity work exists to address these dynamics and that cutting such efforts now would disproportionately harm those already carrying the heaviest burdens.

Rocio Molina, representing the San Francisco Human Services Network, expressed support for the San Francisco AIDS Foundation and commended DPH for its community-engagement efforts. She urged the Commission to preserve workforce-development programs that support transgender community members, noting their vulnerability to negative health outcomes and federal policy targeting. Mr. Molina encouraged listening closely to affected communities.

Jonathan Silinas, of the HIV Advocacy Network, urged protection of HIV-prevention services. He cited the City's own statements committing to evidence-based HIV-prevention and sexual-health programming, noting that cuts would undermine the goal of eliminating new infections. Mr. Silinas asked the Commission to consider these commitments before finalizing reductions.

J.M. Jaffe, CEO of Landmark Community Health Services, advocated for restoring funding to the organization's healthcare workforce-development fellowship, which supports transgender people of color in accessing entry-level health-care positions. Jaffe stated that many transgender individuals come to San Francisco with limited support and rely on these programs for survival. They emphasized that the program's relatively small budget is essential to community infrastructure and that cuts would have serious consequences.

Florencia stated that peer-led programs like those offered through Lynn Martin's QT BIPOC Healthcare Fellowship were life-saving for her 25 years ago, giving her tools, education, and access that enabled her professional career. She emphasized that the fellowship is not merely workforce development but an essential public-health program that creates economic and educational opportunities for people facing exclusion. Florencia noted that the program continues a longstanding community-rooted model that supports Black, trans, and intersex BIPOC individuals and warned that cutting it would shift harm back onto already marginalized communities.

Tina Valentina, with the Castro LGBTQ Cultural District, expressed support for Lynn Martin's programs, noting that many trans and non-binary individuals are fleeing unsafe conditions elsewhere and rely on San Francisco as a sanctuary. She stated that these services are vital for community health and stability and urged continued support for both Lynn Martin and the San Francisco AIDS Foundation.

Kiki Lopez, a transgender woman of color living with HIV, shared that she is a success story of the San Francisco AIDS Foundation and the San Francisco Community Health Center. She urged Commissioners to spend more time in community spaces and to engage directly with transgender individuals before making final budget decisions. Lopez submitted written comments and asked for deeper consideration of community voices.

Khilynn Fowler, Community Relations Manager at the San Francisco Community Health Center, stated that his organization partners with DPH to provide essential HIV and behavioral-health training. He highlighted that their programs serve significant community needs and involve more than 30 annual participants. Fowler asked the Commission to consider the broad impact of the cuts on community health and existing partnerships.

LaShon Walker, a San Francisco resident and board member of the San Francisco AIDS Foundation, stated that the proposed cuts would disproportionately harm Black and underserved communities. She emphasized that programmatic impacts effectively become policy decisions and that reducing equity-focused services signals to Black residents that they do not matter. Ms. Walker urged the Commission to reconsider the reductions.

Laura Thomas, co-chair of the HIV/AIDS Provider Network, stated that San Francisco's HIV care system is among the strongest in the country due to DPH's sustained investment. She warned that cuts to workforce-development and capacity-building programs would undermine progress toward the City's Get-to-Zero goals, particularly given persistent racial disparities in HIV outcomes. Ms. Thomas emphasized that these programs are core equity strategies.

Tracey Packer, a senior advisor with the San Francisco AIDS Foundation and former DPH employee, described capacity-building as essential infrastructure, not an expendable service. She shared that community request for culturally reflective staffing directly led to programs like the Clinical Assistant Program. Ms. Parker urged the Commission to maintain support for historically underfunded agencies and equity-driven initiatives.

Adam Varcqua, a resident and member of the HIV Advocacy Network, spoke against cuts to community-led HIV programs, including workforce-development and internship initiatives. He stated that these programs support LGBTQ+ and BIPOC residents, advance health equity, and are essential to achieving the City's goals for reducing HIV infections. O'Quinn urged the Commission to reject the cuts, calling budgets a moral blueprint.

Tab Buckner, who has attended Health Commission meetings since the height of the AIDS crisis, stated that culturally competent outreach and prevention programs save lives. He warned that cuts to Black health access programs and trans-led services would be disastrous and reduce early diagnosis and care engagement. Buckner urged continued investment in programs that reach marginalized communities.

Apple Cronk, speaking with the HIV Advocacy Network, opposed cuts to trans health programs, workforce development, and harm-reduction training. They stated that these programs ensure gender-affirming, coordinated care and that reducing “capacity-building” is functionally a cut to essential infrastructure. Apple shared that trauma-informed care saved their life and emphasized the importance of training for compassionate, nonjudgmental services.

Alexis Leyva, a clinical research coordinator at UCSF Ward 86, shared that the San Francisco AIDS Foundation’s Clinical Assistant Program provided her with the training and mentorship needed to enter the health-care field as a first-generation college graduate. She emphasized that community-driven programs allow marginalized individuals to enter public-health careers and that defunding them undermines progress and equity. Leyva urged the Commission to invest in future generations.

Ryann Flynn, Data and Communications Specialist for the Emotional Access Point and a graduate of the Clinical Assistant Program, stated that community testing and outreach efforts are essential to underserved neighborhoods. Flynn described how their program regularly reaches dozens of residents in a single event and provides rapid HIV testing and connection to care. He warned that cuts would eliminate vital services for Black and marginalized communities and result in avoidable illness and death.

Craig Xavier Turner, Manager of the Clinical Assistance Program, stated that the program trains community members to provide trauma-informed, culturally competent public health services. He emphasized that the program exceeds all contractual metrics, aligns with City equity and population-health goals, and supplies frontline staff for high-need neighborhoods. Mr. Turner warned that the proposed cuts would dismantle a critical workforce pipeline at the moment it is most needed.

Susan Benitez Gomes, with the San Francisco-Marin Food Bank, spoke against proposed budget cuts, noting that food insecurity affects 67% of local adults and 80% of Black/African American residents. She described how the food bank partners with community organizations to provide food access paired with onsite support and referrals. She urged the Commission to reject cuts that would harm essential services.

Sarah Illing, an SF resident and public-health consultant, urged the Commission to protect San Francisco’s leadership in trans health and gender-affirming care. She stated that capacity-building is essential infrastructure, not separate from direct services, and highlighted nationally recognized models like Trans Thrive and Gender Health SF. Illing warned that cuts would weaken care quality and reduce support for people arriving in San Francisco seeking safety.

Melanie Shaw, a San Francisco resident, opposed cuts to trans health programs, emphasizing the city’s historic role as a refuge for transgender residents. She noted that these services are vital, especially amid escalating national attacks on transgender people, and called for expansion rather than reduction of trans-focused health programs.

Charlotte Boreham, a resident and worker in San Francisco, stated that cuts would directly harm trans communities, LGBTQ+ communities, and people who use drugs. She emphasized that community-led programs build trust, save lives, and develop community leaders. Ms. Baum warned that reducing funding would eliminate pathways for community members to become providers themselves.

Jason Bennett shared concerns broadly about the need for health-care access and support for vulnerable residents. He urged the Commission to recognize the voices of community members present and consider their needs in decision-making.

Charlie Wilson, representing HON, spoke against the proposed cuts and urged the Commission to seek creative financial solutions to avoid reducing services for trans and LGBTQ+ communities. He emphasized San Francisco's legacy of innovation and compassion and asked Commissioners to protect essential programs.

Ivana Staiti, a clinical social worker and senior program coordinator for transgender aging services at the San Francisco AIDS Foundation, stated that cuts would harm communities the City has identified as priorities. She emphasized that reductions would erode community-run care models, jeopardize health-access points for BIPOC and trans communities, and degrade direct clinical services. Ms. Staiti stressed the importance of maintaining the Clinical Assistant Internship Program.

Harry Breaux, a long-time HIV survivor and District 2 advisory council member for DAS, urged the Commission not to repeat past government failures seen during the early AIDS crisis. He highlighted San Francisco's historic leadership in HIV care and asked the Commission to reject cuts that would undermine that legacy.

Joanna Illing, a marriage and family therapist, stated that clinical services depend on the broader ecosystem of culturally competent, community-based programs. She emphasized that therapists cannot meet ethical obligations to provide appropriate referrals if such programs are cut, and noted that training barriers disproportionately limit providers from marginalized backgrounds. Ms. Illing urged preservation of these essential supports.

Celia Hester, with a master's degree in sexuality studies, spoke against cuts to HIV-care programs and domestic-violence research. She stated that reducing funding would harm marginalized groups disproportionately affected by HIV/AIDS and weaken prevention and leadership pathways. Hester also urged preservation of the City's only interpersonal-violence research position, noting that removing it could lead to preventable deaths.

Alison, a District 6 sexual-health worker, opposed cuts to HIV-prevention services, sexual-health programs, and interpersonal-violence prevention. She noted that eliminating the IPV Prevention Coordinator position contradicts public-safety goals and dishonors the legacy of providers such as Alberto Rangel. She stated that shifting resources away from health and toward policing increases harms and health disparities.

Greg Jarasitis, Director of UCSF Citywide's employment programs, spoke against cuts to vocational-rehabilitation and workforce-training services. He stated that employment is critical for recovery, stability, and reduced use of emergency and acute services. Mr. Jarvis emphasized that cutting these programs would increase long-term costs despite appearing to save money.

Christine Erickson, an employment specialist with UCSF Citywide, described how vocational-rehabilitation services provide wraparound support that helps clients secure jobs, housing, and stability. She stated that these services save lives and help clients move into competitive employment, including City positions. Erickson urged preservation of the programs.

Meredith spoke in support of the GROWTH Project, which provides horticulture-based job training and recovery support. She stated that the program offers essential opportunities for young people and helps participants reestablish direction and stability. She asked the Commission not to cut the program.

A participant in UCSF's Slice of Life culinary vocational program stated that the program provides both practical culinary training and critical support for recovery, confidence-building, and reintegration into employment. They described their own experience recovering from addiction, homelessness, and mental-health challenges, emphasizing that vocational programs offer a structured, healthy environment that promotes stability and long-term self-sufficiency. The speaker urged the Commission to continue funding these programs as a key part of combating addiction and improving public health.

Dr. Megan Spyker, a psychologist with the San Francisco Department of Public Health, spoke against cuts to BHTA-funded workforce-equity and training programs. She stated that once an organization is aware of racial disparities, staff trauma, or leadership failures, it has a legal and ethical obligation to act, and removing preventive infrastructure increases liability. Dr. Spiker emphasized the Health Commission's responsibility to uphold safety, equity, and accountability and urged rejection of cuts that weaken these protections.

A SFPD employee, echoed concerns about eliminating leadership-support and workforce-equity programs. They stated that strong leadership structures are foundational to service delivery and staff morale, and removing these supports weakens the overall health system. The speaker urged the Commission to protect infrastructure that ensures safety and quality of care.

Nick Hancock, a 28-year DPH employee, clarified that the King of Kings contract being cut are funded through state-mandated Workforce Education and Training dollars and not the City's general fund. He emphasized that cutting these programs would not relieve budget pressure but would create compliance, audit, and leadership-risk issues. Hancock asked the Commission to avoid unnecessary and avoidable cuts.

Adam Rice, a trans resident and City employee, opposed the proposed reductions and stated that the City could find alternative ways to close the budget gap. He warned that eliminating programs such as the Lynn Martin QT BIPOC Fellowship—which places 80% of participants into further education or health-care employment—would undermine patient care. Rice also noted that the cumulative impact of the cuts would mirror national efforts to restrict access to care for marginalized groups.

David Harlan, of the California Alliance of Retired Americans and the People's Budget Committee, stated that broader federal cuts to Medicare will soon eliminate coverage for tens of thousands of San Franciscans. He urged the Commission to act as strong advocates for service providers and not accept cuts that compromise essential public health services.

Art Persico, with the California Alliance for Retired Americans, stated that combined federal, state, and local budget reductions threaten public health infrastructure, Medi-Cal access, and hospital operations. He warned that thousands could lose coverage by 2027, increasing demand for emergency services. Mr. Persico urged the Commission to recognize how cuts would disproportionately harm vulnerable residents.

Max Ventura stated that Sunday streets are an opportunity to enjoy being outside. In the time of ICE raids, Sunday Streets builds trust.

Radley Penny, a graduate student with the Sunday Streets team, stated that capacity-building programs like Sunday Streets help develop leaders within underserved neighborhoods and provide critical community-anchored health support. Mr. Penny noted that these programs foster resilience and empower residents. He urged the Commission to recognize the foundational role these efforts play in public health and to reject the proposed cuts.

David, a long-time San Francisco resident, stated that decisions about cuts should center on preventing predictable harm rather than program popularity. He warned that eliminating capacity-building programs

dismantles essential infrastructure needed for HIV care, harm reduction, and public-health functions. David emphasized that Black residents are disproportionately impacted by overdose deaths and urged the Commission to maintain investments in equity-driven programs.

Tim Radulovich, Sally Chen, Patricia Barraza, Dariu Owinje, and Melissa Mendoza representing Livable City described Sunday Streets as a cost-effective, equity-focused program operating in underserved neighborhoods for 17 years. They noted its role in promoting physical activity, community connection, small-business engagement, and safe outdoor space. They emphasized that the program reaches residents who typically do not access recreational resources and that cutting it would eliminate a long-standing health-equity intervention. The speakers urged the Commission to preserve funding.

April Spears-Mays, Executive Director of the SF African American Arts & Culture District and a Bayview resident, stated that eliminating Sunday Streets would disproportionately harm Bayview–Hunters Point, a historically underserved Black community. She emphasized that Sunday Streets is not recreational but essential public-health and economic infrastructure that supports physical activity, reduces isolation, and drives revenue to small businesses. She urged scaling rather than eliminating the program and asked whether equity is guiding fiscal decisions in practice.

Shariff Wynn, a Livable City board member, SF Bike Coalition employee, and Bayview resident, stated that cutting Sunday Streets would be a major loss, especially in communities with limited investment. He described volunteering with the program and seeing firsthand how it connects the city and supports healthier lifestyles. Wynn urged the Commission to preserve the program.

Amandeep Java, of the SF League of Conservation Voters, stated that Sunday Streets strengthens community connections and provides multiple public benefits, including climate, environmental, and health impacts. He called the program highly cost-efficient and urged the Commission not to cut it, or if necessary, only to scale it back rather than eliminate it.

Dan Allison, with the SF Bike Coalition, described how Sunday Streets provides safe space for young children—particularly in the Tenderloin and Bayview—to learn to ride bikes. He stated that the program promotes lifelong physical activity and independence and asked the Commission to preserve funding.

Jose Dominguez Chand, an SF resident, shared a personal story of meeting his spouse at Sunday Streets, describing the program as a place of community, connection, and joy. He emphasized the program’s role in climate action and building healthy neighborhoods. He urged the Commission not to cut the program.

Scott Feeney, a District 9 resident, stated that Sunday Streets supports mental and physical health by encouraging activity and reducing isolation. He noted that San Francisco is home to many billionaires and asked the Commission to resist accepting false budget choices that cut essential community programs.

Jaime Vilorio, of SF Transit Riders and a Tenderloin resident, spoke in support of Sunday Streets as a complement to public transit and a crucial space for community connection. He noted its low per-resident cost and stated that austerity is inappropriate in a wealthy city. Valerio urged preservation of the program.

Darren Oing, Executive Director of Livable City, stated that Sunday Streets serves six equity-priority neighborhoods on a lean budget of \$200,000 per year. He said eliminating it would destroy long-standing partnerships and create inequity by cutting programs in underserved areas while downtown receives major investments. He asked the Commission to preserve funding.

A representative of the People’s Budget Coalition urged Commissioners to use their influence to oppose the cuts, stating that although they do not control tax policy, they have the power to advocate directly to the Mayor. They encouraged the Commission not to accept cuts that dismantle critical community programs.

Kenneth Williams, a licensed marriage and family therapist, raised concerns regarding workplace issues within DPH leadership. Mr. Morewitz noted that personnel matters fall outside the scope of this agenda item and redirected Mr. Williams to contact DPH Human Resources.

Commissioner Comments:

President Green thanked everyone who took the time to make public comment. She added that the Health Commission hears the concerns and is also reading all written public testimony submitted on these proposed budget reductions.

Vice President Guillermo thanked all speakers for their testimony, emphasizing that the volume and depth of public input was humbling and inspiring. She highlighted that San Francisco is a city that cares and noted the broad range of community members who spoke on behalf of vulnerable populations. She expressed hope that the Commission can preserve vital programs while meeting unavoidable fiscal obligations. She felt deeply sober and heartbroken listening to the testimony and emphasized that the Commission represents the same communities that testified and is committed to doing what it can despite limited options. She reiterated that the passion and expertise shared by the public was clearly heard.

Commissioner Salgado thanked speakers and noted that the situation is painful, especially for people who relied on these programs. She expressed concern that proposed cuts feel like dismantling key services in practice, even if not in name. She stressed that vulnerable residents are most harmed by budget reductions and urged consideration of the human impact.

Commissioner Chow commended DPH’s structured, thoughtful approach to evaluating more than 300 contracts. He noted that growth in services over the years has allowed the City to help far more people, but difficult decisions now require prioritizing direct patient care. He supported temporarily pausing some programs while ensuring a fair process in how reductions are applied. He requested clarity on the Healthy Steps transition and on how NAMI services fit into essential direct care.

Commissioner Christian agreed with colleagues and stressed that some programs classified as “indirect” are in fact crucial components of treatment and recovery. She emphasized the need to ensure continuity of essential services and to explore ways to supplement lost support. She described the public testimony as one of the most compelling she had ever heard and affirmed the Commission’s responsibility to mitigate harm where possible.

President Green thanked staff for their exhaustive work reviewing hundreds of programs and acknowledged the difficulty of their assignment. She praised the transparency and care applied to balancing impacts on underserved communities. She also expressed gratitude to the public for their dedication and testimony.

Director Tsai clarified that many core programs—HIV services, harm reduction access points, Black infant and maternal health programs—were intentionally not cut. He noted that the reductions were made only after considering much larger potential cuts that would have severely harmed direct clinical care. Director Tsai emphasized the importance of maintaining equity-focused direct services and committed to revisiting public proposals and returning with more detailed responses.

Commissioner Christian thanked the director for clarifying what was preserved in the budget and stressed the importance of communicating this clearly to the public. She noted that the community must not walk away believing that DPH is abandoning equity-related work.

7) DPH BUDGET FY2026-27 and FY2027-28

Drew Murrell, DPH Chief Financial Officer, and Emily Gibbs, Deputy Finance Officer-Budget and Planning, presented the item.

Public Comment:

There was no public comment.

Commissioner Comments:

Vice President Guillermo noted that the compressed timeline and infrequent Commission meetings make it difficult to receive, analyze, and respond to critical budget information. She urged DPH to share updates as early and continuously as possible, given the crisis conditions and the need for creative problem-solving beyond simple budget cuts.

Commissioner Salgado stated that last year's budget cuts were approved without fully understanding the downstream impacts until much later. She stressed the importance of keeping commissioners informed throughout the entire budgeting process—not only at the end—so they can make informed decisions and avoid surprises.

Commissioner Christian highlighted that the City is required to fulfill numerous state mandates—such as diversion programs—without receiving adequate state funding. She emphasized that the Legislature should be held accountable for unfunded requirements, as they place additional pressure on local public-health systems and leave residents without needed services.

Commissioner Chow reiterated appreciation for staff work but stressed the need for strong partnership and tighter information flow between the Department and the Commission to make well-informed decisions under rapidly shifting constraints. He emphasized that the Commission and staff are aligned in facing the same pressures and goals.

Commissioner Christian underscored the importance of publicly communicating what is being preserved in the budget and why, to avoid any impression that the Department is abandoning equity-focused or community-serving work. She thanked the Director for clarifying these points on the record. She asked for analysis regarding the impact of future budget reductions.

Commissioner Giraudo noted that moving forward DPH contracts must have clear and measurable client outcomes in order to justify funding the service. The DPH must monitor these outcomes and report them to the Commission.

The Director emphasized that the Department was transparent throughout the evaluation process and reiterated that many essential direct-care programs, especially those serving high-disparity populations, were intentionally protected. He committed to bringing back additional analysis—including impact details—at the next meeting.

8) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Edward A. Chow, MD, Chair, stated that the Committee reviewed and recommended that the full Health Commission approve all the Contracts on the Consent Calendar.

Public Comment:

There was no public comment.

Commissioner Comments:

There were no Commissioner comments.

9) CONSENT CALENDAR

Mr. Morewitz noted that Dr. Mary Mercer, ZSFG Chief of Medical Staff, requested that all the Pharmacy-related items be removed from the Consent Calendar because they require further revision before being approved.

Public Comment:

There was no public comment.

Commissioner Comments:

There were no Commissioner comments.

Action Taken: The Health Commission unanimously approved the following items, exempting the ZSFG pharmacy-related policies:

- **January 2026 Contracts Report**
- **February 2026 Contracts Report**
- **Request for approval of agreement between CHES Health and DPH for a Contingency Management (CM) rewards engine service. Contract amount is \$1,445,920 for a total duration of 5 years. This contract does not require solicitation as it utilizes Chapter 21B purchasing authority. The contract start date is January 1, 2026 and the contract end date is December 31, 2030.**
- **Request for approval of a New Participation Agreement with CalMHSA to perform Third Party Administration for the San Francisco County Department of Public Health, in support of the implementation of the CCE Preservation Grant, a state-funded initiative aimed at preserving existing licensed adult and senior care facilities. The total proposed contract amount is \$7,854,897 for the term of January 6, 2026 through June 30, 2029 (3½ years).**
- **ZSFG Policies:**
 - Obstetrics & Gynecology Rules and Regulations
 - Maxillofacial Surgery Rules and Regulations
 - Anesthesia Rules and Regulations
 - ~~Pharmacy SP Preamble Standardization, SP Summary of Changes for Pharmacy SPs 2025~~
 - ~~Emergency Medicine Pharmacist SP~~
 - ~~Medicine Pain Service Pharmacist SP~~
 - ~~P and R Pharmacist Medicine Pain Service~~
 - ~~Hematology Oncology Pharmacist SP~~
 - ~~P and R Ambulatory Care Pharmacist~~
 - ~~Acute Care Clinical Pharmacist~~
 - ~~P and R Acute FMIS Pharmacist~~
 - Emergency Medicine RN SP
 - ZSFG Medical Staff Credentialing Manual, Summary of Changes-Credentials Manual
 - ZSFG PP Credentialing of HIV-AIDS Specialists
 - Discharge Ambulatory Surgery SP
 - Interventional Radiology SP
 - MERT RN SP
 - Revised Dermatology Privileges Form
 - Revised FCM & CPC Privilege Lists

10) OTHER BUSINESS

Public Comment:

There was no public comment.

Commissioner Comments:

There were no Commissioner comments.

11) ADJOURNMENT

The meeting was adjourned at 9:31pm.

Attachment

**Health Commission
City and County of San Francisco
Resolution No. 26-01**

RESOLUTION TO RETROACTIVELY AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF \$480,000 FROM BREAKING THE CYCLE THROUGH THE HOMES FOR THE HOMELESS FUND LLC, A SUBSIDIARY OF THE HOUSING ACCELERATOR FUND

WHEREAS, The Breaking the Cycle (BtC), through a fiscal intermediary, Homes for the Homeless Fund LLC, a subsidiary of the Housing Accelerator Fund, has awarded to the Department of Public Health (DPH) a gift in the amount of \$480,000 for participation in a program, entitled “Breaking the Cycle Gift – Long-Acting Injectable (LAI) Buprenorphine Purchase Funding”; and

WHEREAS, Homes for the Homeless Fund LLC (HHF), a California limited liability company and wholly owned subsidiary of the Housing Accelerator Fund (HAF), seeks to provide \$480,000 of Breaking the Cycle (BtC) philanthropic funding to DPH to enable DPH’s purchase of Long-Acting Injectable (LAI) buprenorphine, which it will make available over a 24-month period at four City clinics; and

WHEREAS, HAF, in the role of fiscal intermediary for BtC, makes this gift through HHF; and

WHEREAS, A request for retroactive approval is being sought because DPH received notification of the gift on December 29, 2025; and

WHEREAS, DPH is hereby authorized to retroactively accept and expend the gift funds pursuant to Administrative Code, Core Initiatives, Section 21B.4; and, be it

RESOLVED, That the Health Commission authorizes the Department of Public Health to accept and expend the gift of up to four hundred and eighty thousand dollars (\$480,000) from the Breaking the Cycle, through a fiscal intermediary, Homes for the Homeless Fund LLC for participation in a program, entitled “Breaking the Cycle Gift – Long-Acting Injectable (LAI) Buprenorphine Purchase Funding,” pursuant to Administrative Code, Section 10.170-1; and, be it

FURTHER RESOLVED, That the Health Commission authorizes the Department of Public Health to retroactively accept and expend the gift funds pursuant to Administrative Code, Core Initiatives, Section 21B.4.

I hereby certify that the San Francisco Health Commission at its meeting on January 5, 2026, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary