

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 Guggenhime
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 March 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 Guggenhime

Excused: Commissioner Karim Salgado

The meeting was called to order at 4:05pm. Commissioner Chow participated remotely.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 2, 2026

Mr. Morewitz noted his clerical error on

Public Comment:

Michael Petrelis thanked the Commission for allowing him to provide the comments he was unable to deliver during the previous meeting due to technical issues. He raised concerns about high executive salaries at the San Francisco AIDS Foundation, noting that the CEO earned more than \$400,000 annually. He urged the City to encourage nonprofit salary reductions so more resources could be directed toward direct HIV care and prevention

Commissioner Comments:

There were no Commissioner comments.

Action Taken: The Health Commission unanimously approved the February 2, 2026 minutes.

3) GENERAL PUBLIC COMMENT

Christina Goette, recently retired after 26 years with DPH, shared a personal story about how a sugary-drink curriculum used by a colleague influenced an entire family and church congregation to reduce sugary beverages. She explained that much of prevention work produces quiet, long-term change that cannot always be measured in evaluations or data dashboards. She urged the Commission to remember the immeasurable, but deeply impactful, results of consistent preventive public-health investment.

Geoffrey Grier expressed deep concern about the historic and ongoing displacement of San Francisco's Black/African-American community, describing it as a form of erasure through attrition. He emphasized that budget cuts disproportionately affect Black and Brown residents, especially in public health. He urged Commissioners to use careful, selective cuts ("a scalpel, not a chainsaw") to avoid repeating harms of past disinvestment.

David Elliott Lewis, Board President of the Mental Health Association of San Francisco, stated that he personally benefited from DPH-funded services that prevented homelessness and helped stabilize his mental health. He described the essential role of peer-based programs and CBO partnerships that helped him recover. He urged the City to expand behavioral-health services, not reduce them, especially given the high needs of unhoused residents.

4) 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.

Public Comment:

Comments were organized by community-based organization.

NAMI / Mental Health

David Elliott Lewis expressed his opposition to major cuts to NAMI–SF, emphasizing that, despite its small size, the group provides high-impact peer-education and anti-stigma programming. He noted that many people benefit from NAMI's "In Our Own Voice" speakers and support groups, which help normalize mental-health challenges. He asked the Commission to restore at least a portion of the funding to prevent the collapse of essential peer-support infrastructure.

Harm Reduction Training Institute (HRTI)

Laura Guzman, Executive Director, stated that HRTI is the City's primary mechanism for ensuring that clinicians and service providers implement harm-reduction practices safely and consistently. She explained that the Institute provides culturally competent, evidence-based training that improves health outcomes for people who use drugs and supports compliance with DPH harm-reduction policy. She asked the Commission to reject the planned cut and instead consider reductions to programs that do not provide comparable public-health value.

Jennifer Friedenbach, Coalition on Homelessness, emphasized that the City must reveal upcoming budget reductions earlier so stakeholders can meaningfully evaluate impacts. She highlighted that harm-reduction programs consistently demonstrate reduced overdose deaths and increased service engagement, making them a poor target for cuts. She urged Commissioners to ensure any reductions are evidence-based and not politically driven.

Sunday Streets / Livable City

David Elliott Lewis emphasized that Sunday Streets provides rare, safe, outdoor space in dense neighborhoods such as the Tenderloin, where many residents live in SROs without access to green space. He described the

events as community-building and wellness-promoting, offering an environment free of cars, pollution, and noise. He argued that eliminating a relatively small amount of funding for a widely beneficial program would be counterproductive to public health.

Ande Stone, HIV Advocacy Network, stressed that Sunday Streets plays a key role in engaging marginalized communities in public-health programming by bringing services directly into their neighborhoods. He warned that transferring the program to departments without strong community-health experience would undermine its equity mission. He encouraged DPH to continue stewarding the program as part of its public-health portfolio.

Lyon-Martin Community Health Services

Laura Thomas, San Francisco AIDS Foundation, explained that Lyon-Martin's clinical-assistant training program is vital for ensuring patients receive gender-affirming care from staff who understand the unique needs of trans and nonbinary individuals. She noted that many trans patients avoid traditional settings due to stigma and rely on these specialized clinics for affirming care. Cutting funding would, in her view, directly reduce access and safety for already vulnerable populations.

AjaiNicole Duncan, Co-President of the Harvey Milk LGBTQ Democratic Club, described Lyon-Martin as a culturally rooted, community-driven health provider that serves trans people who often face discrimination in mainstream healthcare. She emphasized that many of the clinic's patients are Black, low-income, or uninsured and face significant barriers elsewhere. She urged the Commission not to balance the budget "on the backs of transgender people.

Ande Stone highlighted widespread fear among trans community members who view the proposed cuts as part of a national pattern of attacks on transgender rights. He explained that people have already expressed anxiety about losing safe places to access medical care, testing, and counseling. He urged the Commission to act decisively to protect trans-affirming services.

Justice Dumlao, stated that cutting trans-focused programs sends a message that the City is not committed to protecting trans residents at a time when hostility is increasing nationwide. They emphasized that many clients relying on these programs cannot appear in person to advocate due to disability, stigma, or insecurity. They asked Commissioners to use their influence with the Mayor to preserve essential services.

Paul Aguilar, a long-term HIV survivor, shared that he and others like him rely heavily on culturally competent programs for ongoing care and social support. He warned that reducing HIV and trans health funding would directly increase mortality among people with complex health needs. He urged the Commission to remember hard-won gains during the AIDS epidemic and to avoid repeating past mistakes.

Taylor Stiger, stressed that Lyon-Martin's services not only support trans patients but also train the next generation of culturally informed healthcare workers. They emphasized the clinic's role in reducing health disparities and improving patient experiences. Cutting the program, they warned, would set back years of advancement in equitable healthcare delivery.

Daniel Hernandez, described how programs at Lyon-Martin, SFCHC, and SFAF helped him access HIV testing, prevention, and care. He said these services kept him alive and connected to community support. He urged the Commission to protect programs that directly prevent new infections and deaths.

Xander Breire shared that capacity-building from programs at SFAF, SFCHC, and Lyon-Martin has directly strengthened his ability to provide trauma-informed care to sex workers and domestic-violence survivors. They

emphasized that cutting training weakens frontline service quality and safety. They asked the Commission to consider how training directly affects patient outcomes.

Vince C. recounted surviving the early AIDS epidemic and relying on community clinics for lifesaving care. He stated that many now depend on these services just as he once did, and that cuts would jeopardize their health. He urged the City to “show the rest of the country who we stand with.”

Tab Buckner, highlighted disproportionately high HIV infection rates among Black women and transgender individuals. He argued that culturally relevant prevention services reduce both infections and mortality, making them essential investments. He urged the Commission to reject cuts in favor of strategies that genuinely protect public health.

Celia Hester, stressed that HIV-prevention programs—especially those supporting trans communities and survivors of domestic violence—are essential to reducing inequities. She noted that marginalized individuals often lack access to care without these programs. She encouraged the Commission to prioritize ethical responsibility over budget pressures.

John shared that his HIV medication costs would exceed his entire income without support from City-funded programs. He said that losing funding would be catastrophic for people like him who depend on subsidies to survive. His testimony reinforced how critical ongoing investment is for maintaining long-term survivors’ health.

San Francisco AIDS Foundation

Laura Thomas thanked the Commission for reversing the planned cut to the Clinical Assistance Program but expressed concern that discrepancies remained between contract amounts and public memos. She urged improved coordination to avoid confusion for providers and staff. She also highlighted increased federal targeting of HIV-prevention funding.

Ande Stone, expressed gratitude for the Commission’s willingness to listen to community testimony and change course on the CAP program. He emphasized the need to maintain momentum and continue protecting HIV-prevention services.

Justice Dumlao thanked the Commission for recognizing community feedback, noting that many other programs remain vulnerable. They urged Commissioners to resist normalization of cuts to harm-reduction and prevention services. They added that community trust depends on visible support from public-health leaders.

Traye Turner described entering HIV-prevention work after seeing alarming CDC projections for Black gay men. He explained that programs like CAP provide both lifesaving services and pathways to health-care careers for community members. He warned that repeated cycles of cuts traumatize communities and undermine public trust.

Reginald Lewis shared that he was once a client of SFAF and is now participating in training to help others. He said the program gave him purpose and stability during a difficult period in his life. Losing such programs would eliminate opportunities for others following similar paths.

Jerry Cuffey, a long-term HIV survivor, said he has outlived predictions because of consistent community-based support and access to care. He warned that cutting prevention and harm-reduction programs will produce “unnecessary suffering and increased deaths.” He urged the Commission to prioritize human lives over financial savings.

San Francisco Community Health Center (SFCHC)

Danny Heringer explained that proposed cuts would eliminate half of the capacity-building support provided to trans-health access points across the city. He emphasized that these supports strengthen provider skill, safety, and cultural competence. He urged the Commission to maintain critical infrastructure supporting trans patients.

Khilynn Fowler described SFCHC as a solutions-driven organization eager to collaborate with DPH on preserving equitable care. She noted that the trans community relies heavily on capacity-building supports for quality and safety. She asked DPH to co-design solutions rather than accept harmful cuts.

General Comments

Rocío Molina, noted that DPH generates significant revenue for the City and is responsible for much of the City's reserve growth. She argued that investing in prevention and CBO infrastructure saves money by reducing hospitalizations and homelessness. She urged the Commission to reconsider cuts that undermine these long-term savings.

Geoffrey Grier praised the DPH BHS Justice & Equity Section's success in training community responders to handle high-stakes situations. He warned that eliminating funding now would waste years of progress and dismantle trusted systems. He encouraged a more surgical approach to reductions.

Anya Worley-Ziegmann, People's Budget Coalition, stated that the Mayor's budget criteria conflict with harm-reduction and public-health principles. She emphasized that the City has discretionary funds and reserves that could be used to avoid harmful cuts. She urged Commissioners to negotiate assertively and refuse cuts that mirror federal attacks on public health.

Commissioner Comments:

Commissioner Chow stated that cuts to public-health programs are always painful because each program was originally created to address a real, documented need. He expressed appreciation for the Department's efforts to avoid reductions to direct services and noted that other City departments are also sharing the burden. He urged the Department to increase its use of outcome measurements to assess program effectiveness and guide future funding decisions.

Vice President Guillermo reflected on San Francisco's long history of strong public-health advocacy and its tradition of partnering closely with affected communities. She emphasized that the City is facing unprecedented political and health-equity challenges and must work collaboratively to protect vulnerable groups. She encouraged sustained community engagement and Commissioner advocacy at all levels of government.

Commissioner Christian discussed the importance of aligning staff deployment and CBO contracts with the changing legal and clinical environment, particularly regarding court-mandated treatment. She stressed the importance of clear expectations for providers and improved outcomes-based contracting. She also asked for interim updates to ensure the Commission could provide timely feedback to the Mayor's Office.

Commissioner Girardo reiterated the importance of outcome-based reporting when reviewing contracts. She noted that the public testimony illustrated how much impact these programs have had, especially for historically marginalized communities. She encouraged the Department to incorporate these lived-experience insights into decision-making.

Commissioner Guggenhime thanked staff for providing a clear framework to understand the constraints of the budget while acknowledging the complexity of making reductions. She stressed the need for transparency and

accountability as the Department and Commission navigate difficult decisions. She encouraged community members to continue sharing insights that help illuminate program impact.

President Green emphasized that Commissioners share many of the concerns raised by the community and that the decisions being made are deeply challenging. She highlighted the Department's commitment to collaboration and problem-solving despite fiscal limitations. She thanked all those who took time to provide comment for their meaningful comments and affirmed the Commission's intention to advocate for equitable outcomes.

Action Taken: The Health Commission unanimously approved the planned FY26-27 CBO reductions.

5) 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:

David Elliott Lewis urged the Commission to examine labor cost increases embedded in City MOUs and consider whether partial renegotiation could free up resources to restore CBO services. He argued that not all mandated increases are inflexible and suggested that prioritizing direct community services would reduce long-term harm. He framed this as a matter of harm-reduction budgeting, stating that prevention saves far more money than acute care or crisis response.

Laura Guzmán expressed concern that the Mayor's "Breaking the Cycle" budget criteria is not aligned with the historical design or intent of many DPH contracts, particularly those rooted in harm-reduction philosophy. She stated that the criteria appeared to prioritize punitive responses rather than culturally competent care. She warned that applying these criteria to CBO contracts would be "unconscionable" and would undermine decades of public-health progress.

Rocío Molina, SF Human Services Network, noted that DPH's operational efficiency had contributed significantly to the City's reserve funding and financial stability. She argued that community-based services keep residents housed, healthy, and out of crisis, thus reducing the far higher costs associated with acute care or incarceration. She urged the Commission to protect prevention infrastructure and reconsider cuts that undermine health equity.

Laura Thomas, San Francisco AIDS Foundation, emphasized that San Francisco can choose to make community-based services—not only medical care—a priority by identifying new revenue pathways. She warned that federal HIV-prevention cuts are simultaneously hitting providers like SFAF and SFCHC, making local support even more essential. She urged the Commission to push for broader revenue solutions rather than accept reductions that harm vulnerable populations.

Ande Stone, HIV Advocacy Network, highlighted that the communities most affected by the proposed cuts, such as trans people, people living with HIV, and immigrants, are already under attack nationally. He expressed concern that reducing local funding would compound fear and instability among these groups. He encouraged commissioners to defend prevention and harm-reduction programs instead of relying on more punitive city strategies.

Anya Worley-Ziegmann, People's Budget Coalition, stated that adopting the Mayor's proposed budget criteria would gut core harm-reduction and HIV-prevention programs. She emphasized that San Francisco has sufficient reserves and discretionary funding to avoid cuts to essential health programs. She urged

Commissioners to negotiate assertively with the Mayor and refuse reductions that align with federal rollbacks on public-health protections.

Justice Dumlao, SF AIDS Foundation, stated that balancing the budget on the backs of marginalized communities, particularly trans and HIV-affected residents, would worsen existing disparities and trauma. They emphasized that the City must show leadership by protecting prevention and community-based care. They encouraged the Commission to use its platform to publicly advocate against the cuts.

Traye Turner, SF AIDS Foundation Clinical Assistance Program Manager, described his motivation for entering HIV-prevention work after learning CDC projections for Black gay men, noting that community-led programs like CAP help prevent these worst-case scenarios. He warned that repeated cycles of cuts retraumatize communities and threaten recruitment into the public-health workforce. He urged the City to invest in prevention rather than repeat patterns from past health crises.

Xander Breier, HIV Advocacy Network, emphasized that capacity-building and workforce-training programs directly improve their work with survivors of domestic violence and sex workers, populations deeply affected by health-system gaps. They warned that eliminating training diminishes the competence and safety of frontline providers. They asked the City to understand that training and clinical outcomes are inextricably linked.

Vince C. reminded Commissioners that San Francisco was once a national model for protecting LGBTQ+ and HIV-affected communities. He said that cutting prevention and trans-health programs would betray that legacy and jeopardize the safety of those who rely on these services. He urged the City to stand firm in its commitment to public health and civil rights.

Tab Buckner highlighted that cisgender Black women and transgender individuals continue to experience disproportionately high HIV infection and mortality rates. He argued that prevention, harm-reduction, and community-based education programs are essential to saving lives in these communities. He urged the Commission to reject cuts that would exacerbate inequities.

Daniel Hernandez shared that he personally relies on HIV-prevention and harm-reduction programs that are facing reductions. He explained that these services helped him maintain his health and avoid crisis. He urged the Commission to protect programs that directly prevent new HIV infections.

Celia Hester emphasized that prevention and education programs—especially those serving trans and immigrant communities—are crucial for reducing both HIV transmission and domestic-violence risks. She shared concern that cuts would result in preventable infections and worsening outcomes. She urged the Commission to honor its responsibility to safeguard the most vulnerable.

Dani Heringer, SF Community Health Center, stated that proposed cuts would eliminate half of the capacity-building support for trans-health access points citywide. She emphasized that these trainings are essential for ensuring clinical competency, patient safety, and cultural responsiveness. She urged the City to maintain support for trans-affirming services given rising needs.

Khilynn Fowler, SF Community Health Center, described SFCHC as a solutions-oriented partner and emphasized that they wish to work with DPH to avoid harming trans communities. She argued that capacity-building programs are foundational to high-quality care and cannot simply be removed without direct patient impact. She encouraged the Commission to adopt a collaborative rather than reductionist approach

Commissioner Comments:

Commissioner Chow acknowledged the complex fiscal challenges and praised the DPH for avoiding cuts to direct care in its first round of reductions, and ensuring the City, not just the Department, shares responsibility for absorbing federal Medicaid losses. He urged the Department to implement stronger outcome-measurement tools to better guide future decisions.

Vice President Guillermo stated that San Francisco has historically succeeded by partnering closely with affected communities, especially during crises like the HIV/AIDS epidemic. She noted that the current environment—politically and economically—is especially hostile to marginalized groups and requires strong public-health leadership. She encouraged the Department to maintain open communication and community partnership while navigating difficult decisions.

Commissioner Christian raised concerns about aligning staffing and contracting practices with the changing landscape of behavioral-health mandates, including court-related treatment requirements. She emphasized the need for clarity in expectations and outcomes for CBOs, given new legal realities. She requested updates before the April 20 budget discussion to ensure Commissioners could provide timely input to the Mayor.

Commissioner Giraudo highlighted the importance of data-driven outcomes in evaluating contracts, particularly given the level of public testimony demonstrating reliance on these programs. She said the Commission must ensure that programs receiving funding demonstrate clear benefit while recognizing the lived experiences shared during testimony. She encouraged DPH to continue engaging directly with communities most affected by cuts.

Commissioner Guggenheim said that although the decisions ahead are extraordinarily difficult, staff have provided a helpful framework to understand the complex constraints at play. She emphasized transparency and accountability as essential during the process of identifying \$40 million in ongoing savings. She urged continued community engagement to ensure equitable decision-making.

President Green acknowledged the depth of community concern and noted that Commissioners share many of the values and fears expressed by speakers. She emphasized that the Commission's role is both fiduciary and ethical, requiring careful evaluation of impacts alongside fiscal responsibility. She thanked staff and community members for their dedication and affirmed the Commission's commitment to doing everything possible to protect vulnerable residents.

Action Taken: The Health Commission unanimously approved the DPH FY26-28 Budget.

6) DIRECTOR'S REPORT

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

Public Comment:

There was no public comment on this item.

FEDERAL FUNDING CUTS

DPH received four grant termination notices from the Centers for Disease Control and Prevention (CDC) on February 11 for grants that provide services to support climate health, HIV, and public health infrastructure. On the same day, the state of California alongside Minnesota, Illinois, and Colorado filed a complaint and request for a temporary restraining order (TRO). On February 12, the Court issued an initial 14-day TRO which has since been extended through March 12. On February 16, over the holiday weekend, SFDPH received rescission notices for the four terminated grants retracting the terminations.

The estimated potential loss of funding is over \$8 million. If implemented, the loss of this funding will significantly harm our efforts to keep our communities healthy, reduce disparities, reduce HIV and STI transmission, and build a more resilient City. The Department continues to work closely with City Attorney's Office to monitor this evolving situation.

The impacted grants are:

- **Building Resilience Against Climate Effects (BRACE) \$300k** - This funding supports citywide climate initiatives such as the Heat and Air Quality Resilience Project to prepare San Francisco to respond to extreme heat and wildfire smoke events. Funding also supports data analytics to understand local climates and associated health impacts in addition to supporting community-based organizations to adapt to climate-related hazards.
- **National HIV Behavioral Surveillance (NHBS) \$500k** - This funding supports surveillance for HIV infection, including access to prevention and care services and understanding structural barriers that may impede access to services.
- **Public Health Infrastructure Grant (PHIG) \$7 million** - This funding supports workforce development and capacity building across six priority areas: equity and anti-racism efforts; strengthening infrastructure systems; actionable data; training; strengthening community partnerships; and communications.
- **Project ExEL (Expand and Elevate), Cycle 2: expanding HIV and STI surveillance and prevention services to 'Get to Zero' (SHIPS) \$600k** - This funding supports clinical services at SF City Clinic for sexual health, including but not limited to: scaling up injectable PrEP; prescribing doxy-PEP; and implementation of long-acting reversible contraception to reduce citywide HIV/STI transmission. Complementary to clinical services, the funding also supports community engagement and outreach.

The Department is working urgently to restore this critical funding and is exploring all options available. DPH will continue to prioritize core public health services to protect health, and direct clinical and patient services to maintain health in San Francisco.

DPH URGES THE PUBLIC NOT TO PICK OR EAT WILD MUSHROOMS

Since November 2025, there has been an outbreak of severe illness and deaths in California associated with people picking and eating wild poisonous mushrooms—specifically, Death Cap and Western Destroying Angel mushrooms—that they mistakenly believed were edible.

DPH urges the public to not pick or eat wild mushrooms during this period of increased risk and avoid eating wild mushrooms picked by friends or family. We also urge the public to closely monitor children and pets in areas where wild mushrooms can grow, such as parks.

These poisonous mushrooms can easily be mistaken for safe, edible mushrooms due to their similar appearance and taste, but consuming them can lead to severe poisoning. Cooking, boiling, drying, or freezing these poisonous mushrooms does not make them safe to eat.

The consequences of eating poisonous mushrooms can be severe. Between November 18, 2025, and February 9, 2026, 40 cases of mushroom poisoning were reported in California, resulting in four deaths and at least three liver transplants.

Symptoms of these mushroom poisonings can begin six to 24 hours after consumption. Common symptoms include vomiting, severe abdominal pain, and diarrhea. Symptoms can progress to liver damage and death.

If you or someone you know may have eaten a poisonous mushroom, seek medical care immediately or contact the California Poison Control Hotline at 1-800-222-1222.

To increase awareness, the California Department of Public Health has developed informational flyers, posters and other resources for public use. These resources are available in multiple languages and can be found [here](#).

ZSFG HEROES AND HEARTS AWARDS

On February 12, the San Francisco General Hospital Foundation **Hearts in SF Gala** celebrated Zuckerberg San Francisco General's contributions to the community with the theme of the power of seeing humanity in one another. The event was attended by hundreds of civic and business leaders and raised funds that support vital programs, services, and initiatives at ZSFG. Mayor Daniel Lurie, Public Health Director Dan Tsai and ZSFG CEO Dr. Susan Ehrlich presented the Heroes & Hearts Awards to ZSFG's Kelly Brandon, MSN, RNBC, CNS from the Family Birth Center, Melissa Pitts, RN, BNS from the Emergency Department and ZSFG Heart Transplant Patient Pamela Dorsey.

Kelly Brandon is a Clinical Nurse Specialist in the Family Birth Center and the Co-Founder of the Addiction Care Team Nurse Liaison Program. Kelly helped launch this innovative initiative to bring addiction medicine specialists directly into hospital units, fostering collaboration, continuous learning, and meaningful improvements in patient care. Her work is making a powerful impact at the intersection of substance use disorders and inpatient health care.

Melissa Pitts, RN, nursing leader, and AOD in the Emergency Department was honored for her exceptional skill, steady leadership, and the deep compassion she provides for patients and teams during moments of tragedy and disaster. Melissa ensures seamless, high-quality care from the ambulance bay through recovery, making a meaningful difference for our patients at every step of their journey.

ZSFG patient **Pamela Dorsey** was honored after surviving a silent heart attack in 2020 and making significant changes in her life that ultimately made her eligible for a life-saving heart transplant. Pamela demonstrates that with love, hope, and support from the ZSFG care team, people can turn their lives around.

The Foundation also celebrated the San Francisco Free Clinic with the Community Impact Award, recognizing their 30-plus year commitment to serving San Franciscans without health insurance.

DPH is grateful to the San Francisco General Hospital Foundation, their CEO Kim Meredith, and the entire Board of Directors for galvanizing our community around such an important cause and for their support and partnership year-round.

SAFETY INCIDENT MANAGEMENT TEAM DEMOBILIZES—THE WORK CONTINUES

Since December 2025, DPH's Safety Incident Management Team (IMT)—a dedicated group of about 100 DPH and UCSF staff—developed and implemented meaningful, lasting safety improvements across ZSFG and DPH. On February 13, after 67 days in operation, the Safety IMT demobilized. During its tenure, the team worked tirelessly to make DPH a safer place to work, visit, and receive care. ZSFG teams proudly contributed to the IMT's many accomplishments, including:

- **Clearer Safety Protocols:** Established new guidelines on who to call during an emergency or to report a safety concern, including the creation of the Threat Management Team to respond to and investigate non-emergency safety issues.
- **Expanded Security Leadership:** Added four experienced security managers focused on rapid assessment, vendor management, and consistent safety protocol implementation.

- **Accelerated Physical Improvements:** Upgraded lighting across the ZSFG campus, including stadium lighting, introduced weapons detection at Buildings 80/90, and mapped and tested all clinic-based duress devices.

As the IMT's work transitions, important safety initiatives will now be coordinated by a project management team dedicated to moving improvements forward and ZSFG will remain an active partner in ensuring safety initiatives are coordinated with DPH and continue.

DPH EXPANDING BEHAVIORAL AND RESIDENTIAL CAPACITY VIA MULTI-SITE STRATEGY

DPH continues to advance a coordinated, multi-site strategy to expand behavioral health and residential care capacity across San Francisco. This work is anchored by major improvements to the Behavioral Health Center (BHC) at Zuckerberg San Francisco General Hospital and the development of two Hayes Valley facilities at 624 and 601 Laguna Street. Together, these projects will bring online approximately 90 new beds, significantly strengthening the City's ability to serve individuals with serious behavioral health needs.

At ZSFG, the Department is moving forward to convert the second floor of the BHC to a locked Mental Health Rehabilitation Center (MHRC), adding roughly 50 new beds. The first floor of the BHC will continue to operate as an Adult Residential Facility (ARF). Renovations will be phased floor-by-floor beginning in early 2027, with overall project completion expected within 18–24 months and opening anticipated in 2028. A \$21 million grant agreement was approved by the Board of Supervisors in January 2026, ensuring this critical project is fully authorized and underway.

Parallel progress is occurring at 624 Laguna Street, which will operate as a Residential Care Facility for the Elderly (RCFE), offering enhanced medical care. In December 2025, the Civil Service Commission approved the facility to be operated by City staff, following successful collaboration with SEIU 1021. The site will function as a satellite campus of ZSFG, enabling smooth transitions for current BHC clients. Operational planning in 2026 includes staffing, obtaining state licensing, developing clinical protocols, and coordinated transfer processes.

At 601 Laguna Street, the Department is preparing to open a new Adult Residential Facility operated by a community-based organization. This site will add approximately 40 new ARF beds, with construction improvements scheduled to begin in spring 2026. The City is currently in escrow to purchase the property and is collaborating with the existing owner on needed upgrades before taking possession. Operator selection is also planned for spring 2026, aligning with the City's timeline to open the facility by early 2027.

Together, the BHC renovation and the Laguna Street developments represent a major expansion of the City's behavioral health continuum. By adding new MHRC and ARF capacity, these projects will help ensure that more San Franciscans, particularly those living on the street, can access stable, clinically appropriate, long-term care. The Department remains committed to transparent progress updates as each project moves through construction, licensing, and operational readiness over the next two years.

CAVITYFREE SF LAUNCHES CHILDREN'S ORAL HEALTH STRATEGIC PLAN

On Thursday, February 19, DPH Deputy Director Dr. Naveena Bobba joined partners to launch the CavityFree_SF Children's Oral Health Strategic Plan for 2026–2030. The event, held during National Children's Oral Health Month, brought together key stakeholders, including District 10 Supervisor Shamann Walton, Eufern Pan, Assistant Chief of Health and Human Services for the Mayor's Office, and representatives from community-based organizations committed to ensuring every San Francisco child enjoys optimal oral health.

This collaborative, citywide plan aims to eliminate oral health disparities and promote cavity-free, healthy lives for children, especially those from low-income, diverse, and high-risk populations. Key strategies include

expanding access to care, integrating oral health into medical settings, and increasing preventive services such as fluoride varnish. The plan sets ambitious goals: reducing the percentage of kindergarteners with tooth decay, lowering rates of untreated cavities, and closing racial and ethnic gaps in dental health outcomes.

The launch also celebrated 10 years of CavityFree_SF's collective impact initiative, which has significantly improved oral health equity for San Francisco's children. Thanks to community-based oral health promotion, expanded fluoride varnish programs and school-based dental services, kindergarten cavity rates have dropped by 17%—a major milestone in the fight against childhood tooth decay.

ZSFG KEEPS CITY SAFE - GAME DAY AND EVERY DAY

Thank you to ZSFG's Emergency Department, Urgent Care Clinic, and all care and support teams throughout the hospital for a coordinated, week-long effort leading up to and through Super Bowl weekend in February. Teamwork helped reduce ZSFG's ED boarding and diversion while maintaining patient safety—all while keeping the hospital fully operational for the many other urgent and critical needs of our community. Special thanks to the physicians on site at the Super Bowl, supporting NFL doctors and ensuring seamless medical coverage during the event. This work reflects what it means to be the City's only hospital and Level 1 Trauma Center: always prepared, always responsive, and always there when it matters most.

EXPANSION OF THE ZSFG ENVIRONMENTAL HEALTH AND SAFETY TEAM

Under the leadership of Deputy Chief Operating Officer Chauncey Jackson, ZSFG expanded its Environmental Health and Safety Team to strengthen operational efficiency, enhance partnerships, and foster collaboration across safety programs within DPH.

As part of this initiative, the HR Occupational Safety and Health (OSH) team is now integrated with the ZSFG Environmental Health and Safety Team. The expanded team now provides comprehensive support to ZSFG, Ambulatory Care, the Population Health Division, Behavioral Health Services, and DPH administrative units. Services include regulatory compliance site visits, safety training programs, workplace violence prevention, ergonomics, respirator fit testing, and Environment of Care inspections.

ZSFG DIABETES TEAM HONORED BY THE AMERICAN DIABETES ASSOCIATION

The ZSFG Diabetes Education Program has been recertified by the American Diabetes Association through January 12, 2030, recognizing continued excellence in Diabetes Self-Management Education and Support (DSMES). This milestone is a proud moment for the team and reflects their long-standing commitment to high-quality, patient-centered diabetes care and education—supporting hundreds of patients each month through individualized care, group education, and coordinated services.

HAZARDOUS MATERIALS & WASTE PROGRAM—SINGLE-WALLED UNDERGROUND STORAGE TANK REMOVAL

The Environmental Health Branch's Hazardous Materials and Waste Program regulates nearly all aspects of hazardous materials storage and disposal in San Francisco, including the storage of hazardous materials in underground storage tanks (USTs). There are currently 215 UST sites in the city. Common locations include gasoline stations and facilities with backup generators for emergency power in businesses or high-rise buildings.

California Senate Bill (SB) 445 requires all single-walled USTs and non-exempt single-walled piping to be permanently closed by **December 31, 2025**. There are no exemptions or extensions to this mandate. Owners and operators must comply by either removing the UST or, if approved by the Certified Unified Program Agency (UPA) under the SF Environmental Health Branch, closing the tank in place. This requirement was

established to reduce the risk of leaks from aging tanks, which can contaminate soil and groundwater, posing significant environmental and public health hazards.

After the deadline, single-walled UST systems cannot be operated and may be red-tagged by the Certified Unified Program Agency (CUPA) or the State Water Resources Control Board (SWRCB), preventing fuel deliveries and dispensing.

DPH notified all affected sites in August 2023 and 2024 and sent courtesy reminders in October 2025 to UCSF, City-owned sites, and others. Thanks to the dedicated efforts of inspectors and program staff, who provided guidance and oversight throughout the process, 97% of sites removed or permanently closed their single-walled USTs before the deadline. As of January 23, 2026, only six sites remain with a total of 15 single-walled USTs.

CELEBRATING BLACK HISTORY MONTH

This Black History Month, as we reflect on 100 years of Black history commemorations, DPH honors a legacy of care rooted in Black community leadership, resilience, and advocacy.

We recognize that health disparities and inequities continue to impact Black communities. DPH is committed to addressing these disparities by advancing health equity through community engagement, upstream public health interventions, and efforts that address the social drivers of health

This work is ongoing. Advancing health equity and working toward getting to zero on health disparities remains central to our public health priorities—during Black History Month and throughout the year.

The DPH Office of Health Equity was proud to be a contributing partner for Generations 2026: Black LGBTQIA+ History Experiences—Rooted in Legacy, Rising in Power, presented by the San Francisco AIDS Foundation on February 27.

Additionally, Laguna Honda Hospital honored Black History Month with an educational and inspiring series of events that brought staff and residents together in celebration of culture, history, and unity. The Black History Month Planning Committee curated a dynamic calendar, kicking off with a unity march and a powerful rendition of the Black National Anthem along the main esplanade of Laguna Honda. Festivities continued with a lively Black History trivia challenge, and an inspiring poetry slam. Residents and staff also enjoyed a performance by the Georgia Blues Band and spirited karaoke session, adding music and joy to the month-long celebration.

Staff and residents were also encouraged to wear gold, red, green, or black on separate themed days to reflect the colors of the African Diaspora. The Food and Nutrition team complemented the experience with hearty, culturally inspired meals in the café, while the daily newsletter spotlighted significant moments and contributions in Black history.

COVID-19 UPDATE

As of 02/25:

- San Francisco's 7-day rolling average of COVID test positivity is 0.9%.
- Twenty-four percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

Commissioner Comments:

Commissioner Chow thanked Director Tsai for the updates and specifically noted his appreciation for the data on children's oral-health outcomes. He explained that sustained reductions in dental caries among children,

particularly in Asian communities, demonstrate the long-term value of public-health interventions. He stated this is a prime example of why better outcome reporting across all programs is critical for guiding future budget decisions.

Commissioner Christian emphasized that clinical and operational updates like those in the Director's Report should be linked to outcome metrics and staffing assessments. Her general position is that reports about safety improvements, TB response, or grant disruptions must be tied to clear operational planning and workforce alignment. She has stressed the need for clarity as part of responsible fiscal governance.

Commissioner Giraudo expressed interest in the operational implications of the TB response at Archbishop Riordan High School and the workflow required to support contact tracing and treatment. She highlighted that such incidents reveal how essential a stable public-health workforce is, especially when sudden school-based outbreaks occur. She encouraged the Department to consider these episodic demands when planning staffing reductions.

Vice President Guillermo acknowledged the Director's summary regarding federal grant terminations and praised the Department's proactive work to stabilize impacted services. She noted that unexpected federal actions disproportionately harm local safety-net systems, making City investment even more crucial. She urged continued transparency with the community regarding how these disruptions may affect HIV prevention, TB response, and staff safety.

Commissioner Guggenhime stated that she appreciated the details provided in the Director's Report regarding staff safety investments. She noted that safety concerns for frontline clinical staff—especially in emergency departments and behavioral health sites—are an urgent matter requiring sustained, not temporary, resources. She expressed support for the Department's effort to secure annual funding and expand coordinated security interventions.

President Green thanked Director Tsai for weaving together multiple threads of public-health challenges into a coherent report, including the TB investigation, federal grant uncertainty, and ongoing staff safety concerns. She emphasized the importance of continued communication with the Commission as these issues evolve, particularly with respect to operational impacts and workload changes. She also noted the Commission's appreciation for the Department's rapid response in settings involving youth, such as the TB cluster at Riordan High School.

7) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Edward A. Chow, MD, Chair, stated that the Committee reviewed all the contract-related items on the Consent Calendar and recommended that the full Health Commission approved them.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

8) JOINT CONFERENCE COMMITTEE UPDATES

Vice President Tessie Guillermo, LHH JCC Chair, stated that at the February 9th, Laguna Honda Hospital JCC meeting, the committee reviewed standard reports including the Regulatory Affairs and Human Resources reports. Commissioners requested that either the HR or Executive Team presentations include hiring and vacancy information on executive positions in the future. During the Executive Team Report, the Commissioners made inquiries and found out that Laguna Honda continues to track the number of residents

who no longer meet SNF criteria. A dashboard is being developed to track this data and will be reported through the PIPS minutes. The Commissioners continue to closely track admissions and discharge data.

Tangerine Brigham, SF Health Network COO, presented data on developing contracts with Commercial Payors. Members of the public noted the difficulty of retirees of the San Francisco Retirement System gaining access to Laguna Honda due to lack of a contract with their health provider. Commissioner Chow encouraged the DPH to consider seeking contracts for outpatient and inpatient rehabilitation services. Ms. Brigham will provide an update within 6 months on this situation.

During the discussion of the Senior Housing on the Laguna campus, Commissioners requested that the planning team verify the amount of space designated for the childcare center. The Commissioners remain concerned that seniors living in the building have adequate community space to gather since their living quarters will be small.

The committee recommended that the full Commission approve all Laguna Honda policies on the Consent Calendar.

Commissioner Edward A. Chow, MD, ZSFG JCC Chair, stated that at the February 23rd ZSFG JCC meeting, the committee discussed a Security Update and a Patient Safety Review. Both presentations provided helpful information on progress being made at the hospital and areas needed continued improvement. The Patient Safety Review included data including Sepsis cases and Buprenorphine prescriptions. The Commission members noted the importance and effectiveness of the BERT team at ZSFG. President Green encouraged ZSFG to continue providing Pediatric and labor and delivery data. The Commissioners also requested ongoing updates on security.

The committee also reviewed standard reports including the HR and Regulatory reports. During the CEO Report, the committee welcomed Rhett Burden, new ZSFG Director of Inclusive Excellence and Staff Experience.

The committee recommended that the full Commission approve ZSFG policies on the Consent Calendar.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

9) CONSENT CALENDAR

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item

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

- **March 2026 Contracts Report**
- **LHH Policies**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
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1	Facility-wide	23-03	Screening and Response to Suicidal Ideation
2	NSPP	A 5.0	Nursing Clinical Affiliations

- **ZSFG Policies:**
Urology Clinical Service Rules and Regulations
Urology Privileges

10) OTHER BUSINESS

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

11) ADJOURNMENT

The meeting was adjourned at 7:24pm.