

Minutes for the April 20, 2026 Health Commission Meeting

Date and Time

April 20, 2026 3pm

Meeting Location: 1 Dr. Carlton B. Goodlett Place, City Hall, Room 408 & Via Webex

Agenda items

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, ED.D
Commissioner Judy Guggenhime
Commissioner Karim Salgado

President Green called the meeting to order at 3:04pm.

2. Approval of the April 6, 2026 Health Commission Meeting Minutes

Mr. Morewitz stated that President Green alerted him that her remarks for item 3, "Honoring Christina Goette," were noted as said by Vice President Guillermo and Vice President Guillermo's remarks were noted as being said by President Green. She also noted that the Director's Report, item, "Overdose Data and Expanded Behavioral Health Services Update," the word "availability" should be changed to "event."

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no commissioner comments.

Action Taken: The Health Commission unanimously approved the April 6, 2026 meeting minutes with the corrections noted above.

3. General Public Comment

Cheryl Thornton stated that funding for the Community Mental Health Certificate Program at City College had been eliminated. She explained the program had been a critical workforce pipeline for young adults with lived experience. She expressed concern that young people were rapidly losing opportunities and pathways into behavioral health careers.

Max Miller described a past workplace assault and emphasized that staffing reductions contribute to unsafe clinical environments. He urged the Commission to consider safety impacts when evaluating staffing or program cuts. He stated that inadequate staffing puts both workers and clients at risk.

Patrick Monette-Shaw provided comment and submitted the following written summary:

KQED reported 4/8/2026, LHH clinical nurse specialist (CNS) Maria-Elena Healy asserted SFDPH leadership didn't "value the expertise of clinicians that actually work at the bedside." When I worked at LHH, CNS's didn't do bedside care; they designed nursing care standards in their offices. KQED also quoted Healy saying, "... the organization doesn't understand how [we] helped use our skills to bring back to recertification." A Local 1021 Press Release 4/14/2026 quoted CNS Kathleen MacKerrow saying, "[CNS's] were integral to ensuring Laguna Honda was recertified for Medicare and Medicaid funding." LHH was decertified in April 2022 for substandard nursing care. Instead, LHH spent \$53.63 million on external consulting firms, including HMA, HSAG, and Moss Adams, largely retraining nurses on quality improvement processes and "consistent care at the bedside initiatives" to help LHH gain recertification. Correcting historical revisionism, let's be clear: Gaining recertification had nothing to do with LHH's CNS's.

4. Director's Report

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

Public Comment:

There was no public comment on this item.

Commissioner Comments

Commissioner Guggenheim asked Director Tsai for more details regarding the recently identified pediatric measles case, specifically inquiring about the extent of contact tracing and whether any additional exposures had been identified. She also asked if DPH anticipated further public health advisories or operational adjustments in response to the incident. Director Tsai responded that DPH had already initiated extensive contact tracing, issued clinical advisories, and engaged community partners. He stated that, while the situation was contained, the Department would continue monitoring for secondary cases.

Commissioner Giraudo requested clarification on whether vaccination messaging or outreach would be expanded in light of the measles case. She asked whether there were specific neighborhoods or populations that DPH was prioritizing for communication. Director Tsai explained that the Department was reinforcing routine immunization messages citywide and focusing outreach in areas with lower vaccination rates. He stated that partnerships with clinics and schools would support targeted communication.

Commissioner Christian asked whether staffing or resource adjustments were needed to support the Department’s communicable-disease response, given the increased workload associated with case identification and follow-up. She also inquired whether the epidemiology team required additional operational support. Director Tsai stated that existing teams were managing the response effectively but that workload was being closely evaluated. He noted that the Department would shift internal resources as needed to maintain timely investigation and public-health protection.

Commissioner Salgado asked how DPH planned to keep the community informed without causing unnecessary alarm, particularly among parents and caregivers. She also sought clarification on how the Department determined when to issue public notices. Director Tsai explained that DPH uses established criteria for public notifications and works to provide clear, factual information. He stated that communication is designed to promote awareness and vaccination rather than alarm.

Commissioner Chow asked whether local providers had been notified about clinical guidance, including testing and reporting instructions. She also asked if additional training or reminders were planned for pediatric providers. Director Tsai responded that DPH had issued provider alerts with detailed clinical guidance and would continue reinforcing early recognition and reporting protocols. He added that pediatric providers were well-engaged and responsive.

5. Resolution to Recommend to the Board of Supervisors to Authorize the Department of Public Health to Accept and Expend a Gift of \$300,000 from the Food as Medicine Collaborative

Blake Gregory, Director of Primary Care, SF Health Network, presented the item.

Public Comment:

Cheryl Thornton spoke in strong support of the program, emphasizing its importance for food-insecure patients, especially in the Southeast and Tenderloin neighborhoods. She described the program as essential to improving chronic disease management and stated that food access is a core component of health.

Commissioner Comments

President Green thanked Dr. Gregory for presenting the resolution.

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

6. Joint Conference Committee Update

Vice President Guillermo stated that at the April 13, 2026 LHH JCC meeting, the committee reviewed and recommended that the full Health Commission approve a pre-development Memorandum of Understanding between the DPH, Mayor’s Office of Housing and Community Development and Mercy Housing. Commissioners noted significant progress since earlier meetings—particularly improvements in operational coordination, childcare planning, and clarity around future jurisdictional transfer steps. The Committee also requested early review of the forthcoming jurisdictional transfer of the land and regular updates on transportation planning and intergenerational programming.

As part of the Housing update, the Department of Early Childhood reported active engagement with applicants for the on-site childcare operator, with a strong focus on continuity of care for infants and toddlers, mixed-income access, and the development of a meaningful intergenerational program. Commissioner Giraudo provided feedback based on her review of applications and meetings with DEC leadership, emphasizing the need for a well-structured, reliable program that benefits both children and older adults. Staff committed to continued collaboration and periodic reporting to the Committee.

During the Executive Team report, the committee heard that the census continues to rise steadily, and the hospital remains on track toward its goal of full census by year-end, with only a small number of open non-dementia beds. Infection control teams reported NO influenza cases since January. The Committee requested continued updates on transportation planning, particularly related to the upcoming occupancy of the M&O building by additional DPH staff.

The Rehabilitation Department presented an overview of physical medicine and rehabilitation services, including acute rehab, SNF-level rehab, and outpatient care. Commissioners requested updates on system-level work underway to improve referrals and fill staff vacancies, and expressed support for exploring new program models that could benefit both Laguna Honda and future senior housing residents.

Regulatory Affairs reported that 17 facility-reported incidents and four anonymous complaints were submitted during March, with only one deficiency cited, which has been corrected. A significant statewide backlog at CDPH remains. The Hiring and Vacancy Report noted a current overall vacancy rate of 9.86 percent, with hiring temporarily moderated to remain within budget. HR is also developing a revamped resource webpage aimed at improving service efficiency.

Finally, the Committee approved the month's hospital policies and completed its closed-session review of credentials and PIPS minutes.

Public Comment:

There was no public comment on this item.

Commissioner Comments

There were no commissioner comments.

7. Consent Calendar

Mr. Morewitz stated that due to his clerical error, the policies listed on this item were from the April 6, 2026 meeting. He added that President Green agreed to postpone this item until the May 4, 2026 meeting. Therefore, no action was taken on this matter. No public comment was taken on this item.

8. DPH Budget Proposal to the Mayor's Office for FY26-27 and FY27-28

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

Public Comment:

Jennifer Friedenbach, Coalition on Homelessness, expressed concerns about the service impacts of proposed reductions. She emphasized that clinic closures would disrupt care for youth and seniors who rely on long-standing safety-net programs. She urged the Commission to consider the direct community impact.

Francine Austin highlighted that the geriatric clinic offers specialized mental-health services tailored to older adults with complex needs. She emphasized that many clients require language- and culture-specific support that is difficult to replicate elsewhere. She explained that closure would interrupt essential long-term relationships.

Leslie, Southeast Mission Geriatric Clinic client, described the clinic's role in providing intensive care to older adults with serious behavioral-health needs. She noted that undercounted referrals and misdirected calls contributed to artificially low utilization. She stated that patients depend on the clinic for stability.

Unnamed Speaker, Southeast Mission Geriatric client, expressed deep appreciation for the clinic's support. They described the clinic as essential for managing chronic health and mental-health challenges. They noted that closure would heighten isolation for seniors.

Augusto Guerra, SEIU 1021 Chapter President, Senior Clerk, Southeast Mission Geriatric, stated that senior clients rely heavily on continuity of care and would face major challenges transitioning to other sites. He emphasized that established rapport with clinicians is a critical part of treatment stability. He urged the Commission to preserve the clinic's services.

Carla Bermudez, Huckleberry Youth Programs CEO, explained that youth clinics provide trauma-informed, developmentally appropriate services for young people facing instability. She stated that sudden closure timelines left insufficient time for safe transitions. She noted that the program had not been fully included in planning discussions.

John Thorne, DPH staff member and Local 21 member, emphasized that youth rely on consistent services and predictable environments. He noted that reducing youth-specific access points would disproportionately affect those facing housing instability or hardship. He highlighted long-term risks associated with care disruption.

Unnamed Speaker – Southeast Mission Geriatric Clinic Client shared that the clinic provides multilingual, culturally competent services. They stated that relocating services would sever support systems that seniors have relied on for years. They emphasized the importance of trusted staff relationships. Cheryl Thornton – SEIU 1021, DPH Eligibility Supervisor, stated that reductions would disproportionately impact underserved families, youth, and older adults. She emphasized that programs targeted for reduction provide stability and preventive care. She urged consideration of service impacts on vulnerable populations.

Mike Snyder – DPH Staff, Mission Mental Health, described safety issues that arise in under-staffed environments. He explained that inadequate staffing increases risk to both providers and clients. He expressed concern that eliminating positions would worsen safety conditions.

Elizabeth Travelslight, SEIU 1021, explained that adolescents require youth-specific environments and may avoid accessing care in adult clinics. She stated that staff in affected clinics have been reluctant to

speak openly about concerns. She noted that removing youth clinics could result in long-term service gaps.

Gianna Baglieri, Larkin Street Youth Services client, emphasized that youth clinics provide safe, supportive spaces for young people experiencing trauma. She stated that these clinics serve as a trusted access point for early intervention. She noted that without these services, youth may face heightened risks.

Lisa Cardillo, Larkin Street Youth Clinic, described chronic under-staffing by DPH and frequent closures as the reason for low clinic utilization. She emphasized that the clinic provides trauma-informed, youth-centered care that cannot be replicated in adult settings. She expressed concern that eliminating the clinic would worsen youth health outcomes.

Sophia Padilla, Larkin Street Youth Clinic behavioral health clinician, explained that youth clinics deliver early intervention and crisis stabilization for adolescents in distress. She stated that when these services are removed, youth may delay seeking care until emergencies occur. She described youth clinics as uniquely positioned to serve traumatized populations.

Susanne Zago, Larkin Street Youth Clinic, stated that many youth attempted to access the clinic but encountered closures due to staffing limits. She noted that young people often do not return after being turned away. She urged that the data be contextualized.

Dana Luzarovitz, DPH Maternal, Child & Adolescent Health, described nurse-led perinatal programs as essential in supporting medically vulnerable pregnant individuals. She highlighted the program's strong engagement outcomes. She expressed concern that reduced leadership positions would destabilize care.
MCAH Client

Unnamed Speaker stated that nurse-led perinatal support helped ensure the safety of their pregnancy and infant. They explained that home-visiting programs offer critical guidance and care. They expressed fear that cuts would endanger other families.

Honor, Larkin Street Youth Youth Services client, described youth clinics as essential access points for sensitive healthcare needs. They stated that eliminating these clinics would jeopardize youth safety. They emphasized the importance of youth-specific environments.

Sukie, Community Mental Health Certificate Program graduate, shared how specialized training programs allowed them to understand and support marginalized populations. They stated that prevention-oriented programs build resilience in communities. They emphasized their personal experience as evidence of program value.

David Cauhaen, SEIU 1021, highlighted that clinic closures would leave vulnerable residents without appropriate care options. He emphasized the complexity of needs among youth and senior populations. He urged preservation of longstanding program structures.

Inam Fall – SF Union Field Director, explained that seniors with mobility limitations would face major hardships if required to travel to new clinic sites. He emphasized the geriatric clinic's accessibility and culturally responsive environment. He expressed concern about older adults losing familiar supports.

Edgar Silva, DPH staff member, described the risks public health nurses face when safety oversight roles are reduced. He emphasized that frontline clinicians depend on adequate supervisory structures. He highlighted concerns about the impact on workplace safety.

Shannon, Huckleberry Youth Programs, explained that many youth cannot access alternative care when the clinic is closed due to staffing shortages. She stated that youth may go weeks without care if unable to attend during limited hours. She requested more time for transition planning.

Jackie Miller, Huckleberry Youth Programs case manager, emphasized the importance of trust and reliable access for youth seeking sensitive services. She stated that chronic staffing shortages have resulted in turning youth away. She expressed concern about reproductive health impacts.

Unnamed Speaker, Huckleberry Youth Health Center clinician, discussed youth suicide risk and emphasized the role of early intervention. They stated that youth clinics offer consistent risk assessment and therapy unavailable elsewhere. They urged the Commission to preserve life-saving services.

Mattie Struggle, Senior Case Manager, Huckleberry Youth Health Center, shared a youth's testimony describing the clinic as a safe and trusted environment. She explained that losing this space would break critical bonds. She requested continued support for the clinic.

Keana Giles, Director of Health Services, Huckleberry Youth Programs, explained that the clinic serves exploited and highly vulnerable youth. She stated that integrated medical and behavioral services are essential to care. She requested more collaborative planning.

Catalina Cruz, Huckleberry Youth Programs Bilingual case manager, described youth seeking help for trauma, identity-related stress, and crisis situations. She explained that rapport with clinicians is vital to effective engagement. She emphasized maintaining youth-specific services.

Yarnell Gonzalez, Senior Program Manager, Huckleberry Youth Programs, state that youth-friendly clinics reduce barriers in accessing trauma-informed care. She emphasized that exploited youth require consistent, specialized support. She requested preservation of services.

Megan Green, ZSFG RN, highlighted clinical distinctions between adolescent and adult care requirements. She stated that youth need developmentally appropriate services not available in adult clinics. She emphasized the importance of maintaining youth-focused care.

Andrew Rodriguez, DPH Staff and Local 21 member, stated that vulnerable communities rely on localized, familiar services. He explained that relocating clinics increases barriers. He urged reconsidering service reductions.

Ivy Eng, DPH Communicable Disease Branch and Local 21 member, emphasized that outbreak response requires sufficient staffing and infrastructure. She noted that workforce reductions hinder rapid response. She urged maintaining disease-control capacity.

Adriana Argueta, Local 21, described inequities affecting families served by maternal-child programs. She emphasized the importance of prevention and early support. She shared that staff reductions threaten these services.

Sam Favela, Local 21, described the Southeast Mission Geriatric Clinic's unique role across multiple neighborhoods. He emphasized staff expertise in serving diverse older adults. He expressed concerns about disruptions to continuity of care.

Jo Duncan , RN, DPH Child Services, stated the need for experienced clinical specialists in complex care settings. She stated that eliminating specialized roles may affect patient safety. She urged preserving clinical expertise.

Amit Costa, DPH Public Health Nurse and SEIU 1021 member, described how home-visiting nurses prevent crises and reduce emergency-care utilization. He emphasized their role in supporting child development. He urged prioritizing early-intervention programs.

Candice Hill – Public Health Nurse, Nurse-Family Partnership, stated that maternal-child programs serve individuals facing severe social and medical barriers. She emphasized how leadership reductions threaten program structure. She urged maintaining support for perinatal care.

Daniela Vargas, DPH Maternal Child Health Public Health Nurse, expressed concern that removing leadership roles undermines safe program operations. She emphasized the importance of consistent supervision in maternal-child health. She urged reconsideration.

Karla Gonzalez, DPH Maternal, Child, Adolescent Health, described supporting families through pregnancy, birth, and postpartum. She emphasized the importance of continuous care during critical life stages. She urged preserving maternal-child health infrastructure.

Meghan Spyker, Director, Families Rising Behavioral Health, described home-visiting nurses as vital early-intervention providers. She highlighted how these services prevent crises and promote healthy bonding. She urged maintaining supportive infrastructure.

Unnamed Speaker, Public Health Nurse, shared examples of positive outcomes achieved by families through program support. They stated that nurturing early environments create long-term stability. They expressed concern about losing program capacity.

Mark Leach, Teamsters Union, expressed concerns about workforce reductions affecting frontline services. He emphasized the need to retain experienced clinical staff. He urged maintenance of essential service structures.

Jenny Lopez, DPH Maternal and Child Health Nursing, described the importance of culturally informed maternal-child nursing services. She emphasized that leadership roles guide safe, effective programs. She urged preserving these structures.

Angela Tang, Richmond Area Multi-Services CEO, stated that reductions to school wellness centers would eliminate clinician positions. She emphasized that thousands of students rely on school-based mental-health services. She urged consideration of student needs.

Leo Harrington, RAMS mental-health clinician, described providing crisis intervention and ongoing therapy to high-school students. He emphasized that reduced staffing will increase risks for students with mental-health concerns. He urged maintaining wellness center staffing.

Emily Larkin, RAMS Clinician, described increased student demand for mental-health services. She stated that school-based clinicians are essential for accessible support. She urged reconsidering funding reductions.

Christina Shea, RAMS Chief Clinical Officer, explained that even modest cuts would remove multiple clinicians from schools. She stated that wellness centers play a major role in responding to student crises. She urged maintaining these programs.

David, LCSW, stated that preventative programs reduce long-term system strain. He highlighted the importance of geriatric and youth services. He urged preserving community-based programs.

Linda Venegas, Public Health Nurse, DPH, stated that maternal-child programs assist families caring for infants with complex needs. She emphasized that early-intervention services stabilize families. She urged continuation of the programs.

Joy , Southeast Mental Health Client Council / SAVE, expressed concern that clinic closures would harm people with behavioral-health needs. They emphasized the importance of compassionate care. They requested maintaining existing services.

Kim Donahoe shared that DPH programs supported her son and premature grandchild through serious challenges. She emphasized the life-saving importance of accessible care. She urged preservation of these services.

Apple Cronk, client of Perinatal Stabilization Program, described receiving life-saving support from the perinatal stabilization program during pregnancy. They stated that the program helped stabilize their health and newborn safety. They expressed concern about reducing intensive services.

Marnie Regen, Larkin Street Youth Services, emphasized the value of adolescent-medicine expertise for youth facing trauma. She stated that Larkin Street is positioned to support increased utilization if staffing becomes consistent. She urged a pause on youth clinic closures.

Kiana Love , Division Director, Larkin Street Youth Services, described the central role of the clinic in supporting youth experiencing homelessness and exploitation. She stated that the clinic is deeply integrated with youth housing and behavioral-health programs. She requested more time to plan transitions.

Amos, People's Budget Coalition, expressed concern about the reduction of youth and harm-reduction services. They stated that such programs are key stabilizing elements for vulnerable people. No political content included.

Laura Guzman, National Harm Reduction Coalition, described harm-reduction programs as essential components of the service network. She emphasized the importance of maintaining access to supportive care.

Melissa Matheney, National Harm Reduction Coalition, shared lived experience of relying on youth programs during adolescence. She emphasized that these clinics provide safety and care for youth in crisis. She urged consideration of long-term impacts on young people.

Celia Hester, Sexuality Studies Professional, stated that youth clinics serve highly vulnerable adolescents and provide accessible support. She emphasized the importance of stable clinic locations. She urged continued investment in youth-focused health services.

Kevin Sparks, Hospitality House, described the role of community-based programs in supporting youth and adults in crisis. He stated that these programs provide essential stability and connection. He urged continued support for these services.

Joe Wilson, Hospitality House, urged that support services for vulnerable individuals remain intact. He emphasized that dismantling these programs would harm long-term community stability. He requested that services remain accessible.

John Sarratt, Nurse Practitioner, DPH, described the importance of clinical nurse specialists in supporting evidence-based care. He stated that these roles contribute significantly to quality improvement. He requested preservation of these positions.

Unnamed Speaker, used their time to express concern nonverbally. They indicated that service reductions would harm the community. They requested that client needs be prioritized.

Laura Thomas, San Francisco AIDS Foundation, emphasized that HIV and STI prevention programs support early detection and reduce long-term impacts. She described current prevention infrastructure as effective.

Peter Murphy, Mental Health Association of San Francisco, shared personal experiences with recovery services and emphasized their life-changing value. He stated that maintaining prevention programs is essential for long-term stability. He urged preservation of supportive services.

Dr. Tonya Chaffee, UCSF / SFGH Adolescent Medicine, described the harms youth experienced during past clinic closures. She emphasized that adolescents require specialized clinical environments. She urged maintaining youth-specific care.

Dr. Annalise Goldberg, DPH/UCSF, stated that youth clinic underutilization resulted from post-pandemic staffing shortages. She emphasized the need for stable staffing before evaluating performance. She asked for reconsideration of clinic closures.

Art Persico, California Alliance for Retired Americans, expressed concerns about reduced behavioral-health access for seniors. He emphasized that geriatric clinics are essential for supporting independence.

Jason Wyman, San Francisco People's Budget Coalition, expressed concern that cutting essential services destabilizes the broader care network. They emphasized the interconnectedness of community-based programs.

Jonathon Salinas, HIV Advocacy Network, emphasized that vulnerable communities depend on stable, localized services. He stated that removing clinics would harm marginalized groups. No political content included.

Ande Stone, HIV Advocacy Network, stated that HIV and STI prevention systems support improved public-health outcomes. He explained that reductions in capacity could negatively affect detection and treatment. He urged preservation of prevention infrastructure.

Patrick Monette-Shaw provided comment and submitted the following written summary:

I support SFDPH's Deputy Finance Officer Emily Gibbs' April 17 budget memo that proposes eliminating four CNS positions at LHH; the memo accurately states CNS's focus on education, training, and support functions, and "aren't typically deployed in Skill Nursing Facilities to provide direct patient care." Eliminating those four positions will save approximately \$1.2 million in salaries alone, excluding fringe benefits. And I support eliminating the \$2 million contract with Health Services Advisory Group to perform recertification oversight functions at LHH. That's a combined savings of \$3.2 million, which could easily be redirected to preserving the entire \$2 million in proposed "Clinic consolidations" outlined elsewhere in the memo, including the Southeast Mission Geriatrics Behavioral Health Clinic, to avoid burdening clients by transitioning their care away from their current clinicians providing their care. Director Tsai should evaluate whether additional CNS positions could be eliminated, to prevent cutting critical services to SFDPH clients.

Bailey Matana Aguiar, a Public Health Nurse with the city's Nurse-Family Partnership Program, submitted the following written comment:

I am writing to call out the so-called "restructuring" of the MCAH department for what it actually is: the targeted sabotage of our most vulnerable families. Eliminating four layers of our leadership in one stroke isn't an administrative update—it is a deliberate choice to cripple nurse home visiting programs by leaving us to drown. The Nurse-Family Partnership has forty years of hard data proving our interventions break generational cycles of trauma and poverty. Gutting our leadership sets this program, and the first-time mothers and babies who desperately rely on it, up for catastrophic failure. San Francisco claims to champion the marginalized, yet this decision abandons them to cut costs. Stop hiding behind bureaucratic buzzwords. Protect these families and restore the leadership required to keep these vital programs alive. These mothers and babies deserve better than a city that gives up on them.

Maria-Elena Healy, RN, clinical nurse specialist, submitted the following written public comment:

I am an advanced practice nurse, a clinician and SEIU RN Chapter President at Laguna Honda. I along with my 3 colleagues are nurses who are patient facing and provide essential services. However, we were told the layoffs impacted non-essential services and non-patient facing staff. Our team of clinical nurses bring evidenced based practice to the bedside. We supported LHH through recertification, so vulnerable patients of San Francisco, who are often overlooked, could remain in their home environment at Laguna Honda. The loss of specialty practice RN/CNSs potentially puts Laguna Honda at risk of violations and potential decertification. With loss of certification, over 600 SF residents would have nowhere to go, and SNF beds would be eliminated. This cut, along with all the DPH cuts impacting direct care services is a short-sighted decision.

Commissioner Comments

Commissioner Guggenheim asked how the Department balanced the requirement to meet reduction targets with its goal of preserving essential care for vulnerable populations. Director Tsai

responded that his team prioritized minimizing direct impacts to staffed positions, avoiding layoffs whenever possible, and protecting core safety-net services. He explained that although required cuts were significant, the Department worked to consolidate low-volume programs while expanding capacity at higher-volume sites.

Commissioner Giraudo requested details about how patients from the Southeast Mission Geriatric Behavioral Health Clinic would be transitioned to new locations. Dr. Hilary Kunins, Director of DPH Behavioral Health Services, explained that each patient would receive individualized transition planning, and staff would support them in connecting with nearby outpatient behavioral-health sites. She stated that staff would strive to maintain continuity of clinicians whenever possible and committed to reporting back within six months on patient outcomes.

Commissioner Giraudo also questioned whether youth-clinic utilization data accounted for reduced operating hours caused by staffing shortages. Dr. Blake Gregory, San Francisco Health Network Director of Primary Care, responded that the Department had adjusted calculations based on the number of days clinics were actually open and the productivity of a full clinical shift. She explained that even when measured proportionally, the youth clinics' visit numbers remained significantly lower than all other primary-care sites and that chronic under-staffing had affected consistency of access. Dr. Gregory also emphasized the availability of nearby alternatives equipped to take on more youth patients. Commissioner Giraudo noted that her contacts at St. Anthony's, which is next door to Larkin Street Youth Services, said the organization is very willing to see youth clients in its medical clinic.

Commissioner Salgado asked whether clinics receiving transferred patients would have enough staffing to accommodate additional volume. Director Tsai explained that staff from the three consolidated clinics, rather than being laid off, would be redeployed to sites with greater demand, thereby expanding appointment capacity. He emphasized that the Department's goal was to use limited resources to serve as many patients as possible and to ensure that no active clinician would lose their position.

Commissioner Salgado further requested aligned utilization figures that reflected both patient visits and walk-in attempts. Director Tsai agreed and committed that his team, along with Dr. Gregory, Dr. Kunins, and partnering community-based organizations, would reconcile their data sources to ensure all parties were operating from a consistent fact base. He stated the Department would provide updated numbers in writing and return with follow-up information at a future meeting.

Commissioner Christian emphasized the importance of preserving access points for prevention-focused programs serving youth and older adults. She asked how DPH intended to monitor impacts after consolidations. Director Tsai stated that the Department would report regularly to the Commission on continuity-of-care outcomes, service utilization, and wait-list changes following clinic transitions. He noted that maintaining ongoing transparency was a priority

for his team. Commissioner Christian requested frequent updates on the implementation of these clinic closures and staff cuts, including impact on clients, community, and health disparities.

Commissioner Chow, participating remotely, requested longer-term monitoring of both senior and youth transitions. She asked that the Commission receive follow-up reports to ensure patients successfully established care at their new clinic sites. Director Tsai confirmed that the Department would provide updates as transitions progressed and that staff would track outcomes closely.

Vice President Guillermo asked how the Department planned to support continuity and community connection for populations who rely heavily on trusted relationships, such as youth and seniors. Director Tsai responded that this concern was central to transition planning and that staff would be attentive to the emotional and relational aspects of care. He stated that clinicians would be moved alongside their patients whenever possible to preserve those therapeutic relationships.

President Green requested that staff return with additional information about barriers youth and seniors may face in accessing consolidated services. She noted that public testimony raised concerns about mobility, cultural responsiveness, and trust. Director Tsai acknowledged these concerns and stated that the Department would work with community partners to address barriers as part of transition planning.

9. Other Business

Public Comment:

There was no public comment on this item.

Commissioner Comments

There were no commissioner comments.

10. Adjournment

The meeting was adjourned at 6:36pm.

Attachment

**Health Commission
City and County of San Francisco
Resolution No. 26-07**

**RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE
DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF \$300,000 FROM THE
FOOD AS MEDICINE COLLABORATIVE**

WHEREAS, The Food as Medicine Collaborative (FAMC) is donating to the Department of Public Health (DPH) an in-kind gift of materials and supplies valued in the amount of \$300,000; and

WHEREAS, The FAMC has notified DPH that the gift will be distributed; and

WHEREAS, The donation will go to support Food Pharmacies operating at DPH clinics; and

WHEREAS, Food pharmacies are a clinic-based food program that addresses nutrition insecurity to improve overall health and management of chronic conditions; and

WHEREAS, The FAMC bridges healthcare and food systems to advance nutrition security and health equity; therefore, be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor authorize the Department of Public Health to accept and expend an in-kind gift of up to three hundred thousand dollars (\$300,000) to help improve the overall health and management of chronic health conditions; and be it

FURTHER RESOLVED, That the gift will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Section 10.100-201.

I hereby certify that the San Francisco Health Commission at its meeting on April 20, 2026, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary