

Meeting agenda



City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health
San Francisco Health Commission

President

Laurie Green, MD

Commissioners

- Edward A. Chow, MD
- Susan Belinda Christian, J.D.
- Suzanne Giraudo, ED.D
- Tessie Guillermo, Vice President
- Judy Guggenhime
- Karim Salgado

DPH Director of Health

Daniel Tsai

Health Commission Secretary

Mark Morewitz, MSW

Minutes for Health Commission

Date and Time

May 18, 2026 3pm

Agenda items

1. Call to Order

Present: President Laurie Green, MD, President
Vice President Tessie Guillermo
Commissioner Edward A. Chow M.D
Commissioner Suzanne Giraudo, ED.D

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Commissioner Judy Guggenhime
Commissioner Karim Salgado

Excused: Commissioner Susan Belinda Christian, J.D.

President Green called the meeting to order at 3:05pm.

2. Approval of the Minutes of the Health Commission Meeting of May 4, 2026

Mr. Morewitz stated that he mistakenly switched the comments made by President Green and Commissioner Chow for the resolution honoring Lisa Pratt. Under the item on Senior Housing on the LHH Campus, he noted that he had mistakenly spelled Sharon Christen's name as Christian.

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 May 4, 2026 meeting minutes with the corrections noted above.

3. General Public Comment

A speaker described receiving a call from a Black male employee at Laguna Honda Hospital who alleged discriminatory behavior during his RN training and the loss of his permanent senior position. The speaker urged that the employee be reinstated to his former classification and stated the situation was "outrageous."

Cheryl Thornton, a DPH employee, reported that employees were being reassigned without explanation and that seniority rights were being violated. She described the situation as traumatizing to staff and alleged that the reassignment process resembled union busting.

A speaker stated that San Francisco faced a massive deficit due to poor city management and corporate departures. They argued that senior citizens and vulnerable populations should not bear the consequences of financial mismanagement and cited violations of ADA and civil rights protections.

Kathleen McKerrow, a Clinical Nurse Specialist (CNS) recently reassigned from Laguna Honda Hospital, stated that hospital leadership asserted CNS roles do not belong in long-term care. She emphasized that leadership could not identify core CNS responsibilities and that decision-makers were uninformed about day-to-day hospital operations.

Maria Leonie Healy, a Clinical Nurse Specialist (CNS) recently reassigned from Laguna Honda Hospital, described CNS roles as essential to improving outcomes, reducing readmissions, and supporting non-licensed staff. She warned that eliminating CNS positions leaves Laguna Honda without advanced nursing expertise and diminishes the quality of care for residents with complex conditions.

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Lorna Rose, stated that CNS positions are not an “extra layer” but a stabilizing clinical presence that prevents crises, supports bedside nurses, and reduces errors. She explained that removing CNS support destabilizes care, increases variability, and shifts work into more costly reactive interventions.

Orlando Tolbert, 1822 Administrative Analyst at Mission Mental Health, reported being reassigned despite being close to retirement and expressed concern about the disruption to clients and staff. He requested that his reassignment be rescinded and stated he had submitted a letter to Director Tsai.

Marcy Spaulding, a public health nurse, expressed concern that leadership changes undermine maternal, child, and adolescent health programs. She warned that removing public health nurse leadership weakens systems supporting infants exposed to substances, and affects nurses working across multiple city departments.

Thea stated that public health nurses are being excluded from decision-making and agenda-setting. She emphasized the wide range of essential services nurses provide and demanded no cuts to public health services or leadership.

Marcos Tapia expressed shock about proposed cuts to nonprofit and youth support services such as Larkin Street and Huckleberry House. He spoke about his family’s experience with mental illness and urged the city to maintain safety-net services.

Samantha, former employee of Tipping Point Community, stated that the Mayor knows preventive services work yet is choosing to cut them. She expressed frustration that clinic closures affect overall public health and urged the Commission to consider broader community harm.

Dana, a charge nurse with the Perinatal Stabilization Team, described caring for pregnant individuals experiencing homelessness, substance use, and mental illness. She stated that eliminating leadership positions contradicts the mayor’s public health goals and will cripple program capacity to provide direct services and rapid coordination.

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

I am addressing a topic not on today’s meeting agenda, so please don’t cut me off. In 2022, then Supervisor Gordon Mar authored and passed Ordinance 77-22 requiring all hospitals operating in San Francisco file annual reports with the Department of Public Health about the number of out-of-county discharges their hospitals made in the previous calendar. SFDPH has not yet scheduled a Health Commission hearing on when the out-of-county discharge data for calendar year ending December 31, 2025 will be presented. It has already been four full months since the data was due to SFDPH’s Office of Policy and Planning. The Health Commission must schedule presentation of this annual report at the earliest possible time, and stop the foot dragging on releasing it more promptly every year! San Franciscan’s should not have to wait for six months into a new calendar year to receive these report publicly!

4. DPH Beilenson Hearing: Managed Alcohol Program, Cole Street Health Center, Michael Baxter Larkin Street Youth Clinic, & Southeast Mission Geriatrics Services

Dara Papo, LCSW Director of Whole Person Integrated Care San Francisco Health Network; Blake Gregory, MD Director of Primary Care San Francisco Health Network; and Maximilian Rocha, LCSW Director of Systems of Care, Behavioral Health Services presented the discussion item.

Public Comment:

The speaker, using an interpreter, said they were a community member who relies on the Southeast Mission Geriatrics Services clinic slated for closure, stressing that the services are very important for people in the neighborhood. They described how the clinic provides support that many community members depend on, including those who could not attend the meeting. The speaker urged commissioners to recognize the widespread impact such a closure would have across the community. They asked that the clinic remain open because many people rely on it.

Tania, Southeast Mission Geriatrics Services clinic, shared that she has been involved with the clinic for over 17 years and first came when she was in her “worst of the worst.” She described how the clinic transformed her life by giving her community and stability. She emphasized the emotional support she received and the importance of keeping the clinic open for others who need help. She asked commissioners to show compassion and protect a service that has allowed her and many others to heal.

A Southeast Mission Geriatrics Services clinic client explained that they have been coming to the clinic since before the pandemic, and the support they received helped them through extremely difficult times. They urged commissioners to think about their own families and the possibility that someday someone close to them might need similar help. They reminded the Commission that San Francisco is a progressive city that must protect vulnerable residents. They closed by stressing that the clinic is vital to maintaining community health.

A Southeast Mission Geriatrics Services clinic client said that four years ago they suffered major losses in their family and experienced deep sadness. The clinic helped them heal, and they emphasized feeling safe in the neighborhood where the clinic is located. They objected to the one-minute limit on speaking time, pointing out that a previous commenter had taken significantly longer. They pleaded with commissioners not to close the clinic because of the essential support it provides.

Leslie Merryweather, Behavioral Health Clinician, Southeast Mission Geriatrics Services clinic, stated she was “appalled” by the closure proposal, arguing that the data presented was inaccurate and the process disrespectful. She noted that patient numbers had doubled since April 20 but were still misrepresented by leadership. She warned that many elderly clients will not follow staff to new locations and accused leadership of failing to stand up to city and state officials. Leslie stressed that the city has ample resources and should not abandon vulnerable seniors.

Karen, a senior living with bipolar disorder, said the Southeast Mission Geriatrics Services clinic is her only source of support. She expressed frustration with the administration’s apathy, arguing that commissioners were not listening to what the clinic means to its clients. She said the elderly

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population needs care, community, and consistency, which the closure would destroy. She condemned the transition plan as providing “nothing” for them.

A retired mental health worker urged commissioners to look at the people in the room and recognize that the clients could be their own family members. They warned that a change in fortune can happen to anyone. They strongly criticized the Commission for presenting what they called imprecise, non-evidence-based information. They stated that those responsible should feel haunted by the harm these cuts will cause.

A longtime staff member of the Southeast Mission Geriatrics Services clinic, fluent in multiple languages, stated that leadership’s statements about the clinic were “literally a lie.” They criticized administrators for being unfamiliar with clinic operations and lacking the skills to run reports or understand patient needs. They expressed anger that decision-makers have never visited the clinic or answered staff emails. They argued that leadership is making decisions disconnected from reality and harming elders.

Michael Wright accused the City of violating the Americans with Disabilities Act, civil rights protections, and constitutional rights through clinic closures. He argued that the city is punishing low-income seniors and youth for deficits caused by unrelated projects. He warned they would file a lawsuit if the programs are cut. He framed the closures as discriminatory and “criminal.”

The speaker, a child of impacted parent who access services at Southeast Mission Geriatrics Services clinic, said they were attending on behalf of their mother, who could not come. They stated they initially doubted whether attending would matter because they believed commissioners did not care. They criticized leadership for reassigning staff and creating barriers seniors cannot overcome. They questioned why no Northeast Medical Services clinics were being closed.

A clinician at Southeast Mission Geriatrics Services clinic said the closures will directly cause suffering and even death among vulnerable seniors. They emphasized that their clinic generates significant Medicare revenue and is financially sound. They argued the city’s aging population requires expanded, not reduced, geriatric mental health services. They urged commissioners to consider community, compassion, and fiscal responsibility.

Dino Diadi, property owner of the building that houses the Southeast Mission Geriatrics Services clinic explained that he has supported the clinic for decades, keeping rent low and assisting with repairs because he believes in the mission. He said the clinic has already been drastically reduced from what it used to be, and closing it would harm older adults who rely on its services. He asked commissioners to consider the long-term community benefits the clinic provides. He urged them not to shut it down.

Courtney Brown, Larkin Street Services, supervises the services surrounding the Larkin clinic and said many youth avoid mainstream medical systems because they lack trust after years of trauma. She described cases where youth refuse treatment even for serious conditions if the Larkin clinic is not available. She argued that youth deserve their own specialized health space. She thanked DPH staff for efforts but emphasized that cutting youth clinics is not an acceptable budget strategy. Augusto Vieira (Mental Health Chapter President, SEIU Local 1021; staff at Southeast Mission Geriatrics, called the cuts unacceptable. He emphasized that seniors are the largest growing

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demographic in San Francisco and disproportionately people of color. He said closing the clinic constitutes systemic racism and abandons the city's most vulnerable. He urged commissioners not to move backward in history.

Carey Dall, SEIU Local 21, stated that the Managed Alcohol Program had already been closed months before the Beilenson hearing without a proper process. He said DPH's presentation claiming the program still served clients was false. He noted that a former MAP client is now one of the most frequent EMS utilizers, demonstrating the program's importance. He asked commissioners to demand an orderly and accurate closure process.

Marnie Regen, Larkin Street Youth Services, said it is outrageous for one of the wealthiest cities in the world to close clinics for poor youth and seniors. She explained that adolescent medicine cannot simply be replaced with adult clinics, because youth need specialized care. She stressed that Larkin Street covers all overhead for the clinic and that closing it wastes a major community investment. She urged commissioners to reject the closure and protect youth access to care.

Kana Hazel, LGBTQ Student Services, SFUSD, explained that SFUSD's shift to a nurse-cohort model has left many schools without on-site nurses, making youth clinics even more essential. They said LGBTQ students in particular need culturally competent care that mainstream clinics cannot provide. They urged commissioners to understand that "low volume" does not mean "low value." They asked the city to maintain these critical youth resources.

Dr. Annalise Goldberg, DPH physician, Family & Adolescent Medicine, said the narrative of underutilization ignores years of staffing instability imposed on the clinics. She noted all youth clinics were shut during COVID and never restored to reliable operations. She emphasized that adult clinics will not see minors and that youth-friendly services are essential for continuity. She asked commissioners to consider the decades of work that built these clinics.

Dulce, Huckleberry Youth Programs, said that after last month's testimony, she appreciated that Director Tsai and DPH engaged more seriously with community input. She emphasized that youth clinics are not just financial line items but vital community health infrastructure. She added that is about resource allocation, not budget inevitability. She asked to remain a true partner with DPH in solving problems without dismantling essential services.

Dalia Martinez, Huckleberry Youth Programs, Bilingual Health Educator, described her work teaching youth about sexual health, consent, safer substance use, overdose response, and relationships. She warned that eliminating youth health education programs will lead to increases in STIs, unplanned pregnancies, and overdoses. She spoke as both a worker and someone raised in SFUSD. She urged the Commission to protect the programs that keep young people safe.

Jackie Miller, Huckleberry Youth Programs, said young people measure success through trust and continuity, not raw numbers. She described youth who first received confidential, judgment-free care at Cole Street and have since returned as nurses and teachers. Jackie argued that youth clinics have lowered HIV/STI rates and improved health outcomes citywide. She urged commissioners not to erase decades of positive impact.

Patricia Bermudez, Huckleberry Youth Programs Executive Director, praised staff for their advocacy and said that despite some improvements in dialogue, the final decision rests with the

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Commission, Mayor, and Board of Supervisors. They said it is unacceptable to balance the budget on the backs of youth and families. They stressed that telehealth is an option, not a replacement for specialized youth clinics. They urged adoption of budget alternatives proposed by community coalitions.

Brenda Barrows, 46-year DPH employee, said she has watched the Department evolve for decades and fears the city is destroying public health as she knows it. She criticized the mayor for imposing harmful cuts and said DPH must fight harder. She noted that patient advocacy, not data spreadsheets, is the core mission of public health. She urged commissioners to stand with workers to protect vulnerable residents.

Elizabeth Travelslight, SEIU 1021, said DPH's justification for closures relies on selective and misleading data. She stated the union had prepared a full presentation to correct the record but was constrained by the one-minute rule. She insisted that the city has the money to keep clinics open and that the closures are a choice.

Charles Laughton, SEIU 1021, explained that the youth clinics were created in response to gaps in care following the AIDS crisis. He summarized the history of the youth clinics' partnerships with DPH, SFUSD, and CBOs over 30 years. He described the comprehensive services the clinics provide, including primary care, mental health, case management, and crisis intervention. He noted survey results showing youth prioritize mental health care, access to quality care, substance-use education, and housing stability.

Susan Zeiger, Behavioral Health Clinician, Cole Street, explained that the clinics appear "underutilized" only because they were systematically under-resourced. She described years of instability, including full COVID shutdowns, constant staff losses, and sudden clinic closures that turned youth away. She presented data showing 33 lost staff positions through reassignments and resignations. She emphasized that youth kept returning despite the barriers because the clinics are trusted spaces.

John, Larkin Youth Services, said the Larkin Youth Clinic provides a safe, judgment-free place where homeless, LGBTQ+, and undocumented youth can receive care. He emphasized that the clinic's staff work hard to build trust with youth who have experienced trauma. He warned that closing the clinic will harm both youth and staff. He urged commissioners to keep the clinic open so he can continue helping vulnerable young people.

Ali, Larkin Street Youth Clinic client, shared that the clinic saved her life after escaping an abusive household and facing homelessness. She credited clinic staff with helping rebuild their confidence and stability. She warned that closing clinics will cost lives, particularly among youth and seniors. Ali said they do not believe commissioners truly care and urged them to prove otherwise by stopping the closures.

Lisa, Larkin Street Youth Clinic, said closing the clinic is not "right-sizing" but "choosing which youth get written off." She accused DPH leadership of starving the clinic of provider coverage and then blaming staff for reduced utilization. She said youth requiring specialized, low-barrier services disappear from care when pushed into adult clinics. She stated youth deserve more than to be treated as an "acceptable loss."

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John Thorne, DPH IT, said that budget projections underestimate revenue and the city has sufficient funds to avoid cuts. He accused decision-makers of using crisis narratives to justify austerity. He questioned why those unaffected by cuts are always the ones who propose them. He urged commissioners to reject the closures.

David, Larkin Street Youth Services Clinical social worker, said preventative care is both morally and financially responsible. He argued that cutting clinics will increase future costs by forcing people into emergency and inpatient care. He emphasized that many clients affected have experienced trauma, racism, homelessness, and complex medical issues. He urged commissioners to maintain clinics if they are serious about protecting health and taxpayer resources.

Carla Gonzalez, DPH, said DPH workers show up every day to help clients navigate systems that are often impossible to navigate alone. She said frontline workers act with compassion and commitment even when the system fails. She stated that the city always has a choice in how it treats people. She urged commissioners to choose dignity and care over cuts.

A speaker representing People's Budget Coalition said they represent families from across the city who rely on public health nurses. They emphasized that the cuts are a choice, not a necessity, and pointed to New York City's example of rejecting similar cuts. They said city leadership should identify savings in non-essential areas rather than slash critical health programs. They asked commissioners to stop the cuts and protect community health.

A speaker stated that the mayor approved a contract giving police and fire over \$100 million despite known overtime abuses. They said that decision contradicted claims that health cuts were "necessary." They argued that families rely on the clinics targeted for elimination, not additional police. They urged commissioners to reject cuts that harm vulnerable communities.

A speaker pleaded emotionally for commissioners to reconsider the closures. They emphasized the deep harm the cuts will cause to youth and seniors alike. They urged looking for other ways to preserve essential services. They called the proposal discriminatory and unjust.

A public health nurse said upstream services are not flashy but vitally important. She explained that public health nurses bring substantial revenue into the city through reimbursement. She argued that cutting programs serving the most marginalized contradicts the purpose of public health. She asked commissioners to protect clinics that serve people mainstream hospitals turn away.

A pediatrician stated that the youth clinics provide services hospitals cannot deliver to the most vulnerable youth. They emphasized that young people in crisis often show up to youth clinics, not to hospitals or private offices. They said the clinics also serve as training sites that help create better physicians. They called discussion of closures "shameful."

Jessica Pascoe proposed exploring storefront grants as a way to keep clinics open. She noted that city programs provide up to \$100,000 for new storefronts, which could support clinic operations. She suggested reallocating funds from other city initiatives like the overdose-response incentive program. She asked commissioners to consider creative funding instead of closures.

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A speaker said “We are San Francisco” and urged commissioners not to destroy the city’s health infrastructure. They said clinic closures will devastate lives and weaken the community fabric. They called for unity in protecting essential services. They asked commissioners to choose rebuilding over dismantling.

Francine Austin urged the commissioners to not close the clinics.

Nicole T. German, SEIU Local 1021, said she teaches children to be kind, and closing clinics for vulnerable people is not kind. She emphasized that the governor recently announced improved state revenues and more funding for healthcare. She argued that the city should use those funds to preserve services. She urged commissioners to reject the closures and protect families.

Cheryl Thornton, Community Public Health Chapter President, SEIU 1021, presented a slide explaining that the proposed closures were being framed as “underutilization,” “realignment,” and “seamless transition,” despite years of chronic understaffing and instability. She said the public hears “underutilized” as if youth are not showing up, but in reality staff were forced to turn young people away because reduced hours and same-day closures limited access. Ms. Thorton emphasized that youth continue returning because they need low-barrier, youth-centered care that the clinics uniquely provide.

Orlando Tobar, DPH employee, briefly presented the clinic history slide, explaining that youth clinics were originally built in response to gaps in care during and after the AIDS crisis. He noted that for over 30 years, the clinics have partnered with DPH, SFUSD, and community organizations to deliver services tailored specifically for youth ages 12–24. He highlighted that this long-standing model was created to fill needs that mainstream clinics have never met.

A speaker described how the youth clinics offer not only primary care but also mental health counseling, substance-use support, crisis intervention, and connections to housing, food, education, and case management. He emphasized that these wraparound services are designed for youth experiencing homelessness, trauma, and instability. He stated these are not interchangeable with adult-clinic care.

Ryan presented youth-survey findings showing that young people prioritize mental-health services, access to quality and affordable care, substance-use education, and help with homelessness and housing stability. He also noted that the majority of youth prefer in-person mental-health care rather than telehealth. He argued these findings show why youth-specific clinics must remain open.

Michael Kyle, stated that leadership’s metrics paint a distorted picture because youth care cannot be measured solely by unique patient counts. He explained that trust, repeated visits, behavioral-health engagement, and continuity are core to adolescent medicine and are erased by simplistic data reporting. He also highlighted patient-survey data showing extremely high satisfaction and universal willingness to recommend the clinics.

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

The Bielsensen cut to Mission Geriatric Mental Health Clinic would save merely \$455,000. The Board of Supervisors passed # M26- 25 on 3/18/26, adopting its Budget Priorities for FY 2026–2027. The first priority was “Chop from the Top.” DPH has 237 Senior Managers in 0922–0965 and 1165–1167 job classifications, costing \$46.5 million. Requiring them to take 10% pay cuts

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would save DPH \$4.65 million — enough to prevent eliminating services at the three health clinics, including Mission Geriatric. The four DPH Administrators in Job Code 1166 earned an average of \$429,017; a 10% pay cut would leave them paid an average of \$386,116. The two Physician Administrator's in classification 1167 would earn \$457,407, even after a 10% pay cut. Fully 149 of the 237 senior managers would still be paid average salaries over \$153,173. This Commission should reverse the Beilenson clinic reductions. Instead, CHOP FROM THE TOP!

Commissioner Comments:

Commissioner Salgado expressed concern about the proposal to shift Southeast Mission Geriatric Services patients to telehealth as a primary mode of care. She emphasized that many seniors lack internet access or technological proficiency, making the model difficult for them to use. She also requested population comparisons between Northeast Medical Services and Southeast Mission to determine whether utilization data was being applied consistently. Mr. Rocha clarified that telehealth would continue only for clients already using it, and that others could receive in-person services at alternative clinics. He acknowledged the concern, stating that case managers would help arrange transportation and coordinate care. Director Tsai added that Northeast Medical Services bills Medi-Cal directly and that he would provide requested utilization data and budget details.

Commissioner Giraudo asked how DPH planned to ensure continuity of care for youth and seniors when redirecting them from small, trusted clinics to larger and often more intimidating civil-service clinics. She emphasized the need for navigators who can directly escort youth or seniors to new providers so they do not fall into “black holes” of the system. She also requested ongoing data reporting to assess the impacts of the transition. Dr. Gregory said the transition plan includes onsite nurses who can walk youth to nearby clinics such as Tom Waddell or St. Anthony's when in-person care is required. She explained that the telehealth pilot is being extended through October to gather data during the school year, when youth utilization is highest. Director Tsai acknowledged the gaps in the civil-service clinics and committed to reporting monthly data to the Commission and adjusting the transition model if needed.

Commissioner Guggenhime, asked whether DPH could cluster youth transitioning from the Cole and Larkin Street clinics so that groups of young people receive care together in the same sites rather than being dispersed. She said that youth respond better when they see familiar peers and staff and may be less willing to attend care in adult-oriented environments. Director Tsai acknowledged this concern and stated that staff are working with both CBOs, Huckleberry Youth Programs and Larkin Street Youth Services, to explore youth-centered referral patterns. He confirmed that the department views the pilots as flexible and will modify staffing or referral locations based on data and youth feedback.

Commissioner Chow expressed appreciation for the many individuals who testified and highlighted that the passion and urgency conveyed by youth, seniors, staff, and community members reflects the deep importance of the affected clinics. He emphasized that the Commission must exercise great care to ensure that vulnerable seniors do not lose continuity of care, especially those with physical limitations or who depend on provider familiarity for stability. He noted concerns about relying too heavily on telehealth, given that many seniors may lack internet access or the skills to use technology independently. He stated that the youth clinics were created decades ago because adolescents require a unique, welcoming environment that traditional clinics cannot replicate, and he worried

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that shifting services without safeguards would cause young people to fall out of care. He urged the department to track transitions closely, including whether seniors can reconnect with their existing providers and whether youth are successfully linked to adjacent clinics. He also referenced concerns about gaps in civil-service clinic readiness, especially around adolescent-friendly environments. He requested a formal report back in one to two months detailing how transitions are proceeding, what barriers emerge, and whether telehealth or in-person navigation strategies are effective. Director Tsai responded by affirming that the department shares many of the same concerns raised by Commissioner Chow and the public. He acknowledged that civil-service clinics still have gaps in meeting youth-specific needs and noted that this is why the department is piloting transitional models, including on-site nursing with virtual provider support, and plans to monitor outcomes closely. He committed to bringing back detailed updates to the Commission and emphasized that public testimony would be formally transmitted to the Mayor's Office as part of the budget process.

Commission President Green thanked everyone who made public comment and said the commissioners take into consideration all the advocacy. She emphasized that the Health Commission is especially concerned about continuity and stability of patients and clients. She noted that vulnerable populations will suffer most if transitions are not handled with precision and compassion. She asked staff to create contingency plans if the pilots reveal gaps in access. Director Tsai agreed and said staff will monitor longitudinal impact measures and report back regularly. He also said he is instructing teams to adjust approaches in real time based on what patients and community partners experience.

5. Directors Report

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

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Guggenhime asked whether the encouraging reduction in overdose deaths could be attributed in part to the City's street teams, and she also questioned how many animals were permitted inside the hospital at once, raising concerns about hygiene and safety. She wanted clarity on how emotional-support animals were being managed across inpatient and outpatient settings. Director Tsai responded that the street-team ecosystem, including BEAM prescribers and night navigators has played a significant role in reducing overdoses, and that emotional-support-animal policies are still being refined, with limits such as one support animal at a time in certain outpatient settings.

Commissioner Salgado said she supported greater accommodation of emotional-support animals, noting that during a long hospitalization she personally would have benefited from being able to have her dog with her. She expressed encouragement that policy changes were moving toward a more compassionate approach for patients. Director Tsai replied that inpatient settings involve different considerations than outpatient clinics, but the department is actively developing system-wide guidance to balance safety with accessibility.

Commissioner Chow expressed appreciation for the Director’s Report and asked for clarification on the emotional-support-animal policy, specifically whether the “one emotional support animal at a time” rule applied to an entire building or per person. He suggested that the Commission receive a full presentation on the policy and recommended that it be shared with community-based organizations, since these sites also face similar issues. Director Tsai agreed that further clarification was needed and said the policy had just been distributed internally, adding that staff could return with a detailed briefing and that extending the policy to CBO partners would be appropriate.

6. Joint Conference Committee Update

Commissioner Edward A. Chow, MD, LHH JCC Member, stated that at the May 11th JCC meeting, the committee reviewed standard reports and received an update from the Kaizen Promotion Office, noting that Laguna Honda is moving forward with Lean-based improvement work similar to ZSFG’s longstanding model. He summarized the executive team update, explaining that census remained around 615 residents, close to the target of 636, and that the hospital planned to convert six isolation beds into long-term-care beds to support census growth. He said commissioners had asked for clarification on dementia-unit criteria, referral patterns, and occupancy challenges. He also described the KPO presentation highlighting improvements such as medication-reduction efforts, near-elimination of expired medications, and workflow progress in the pilot neighborhood on North 3. Commissioners requested clearer metrics, timelines, and potential alignment with formats used at ZSFG but commended staff for their progress. He added that the RN vacancy rate was 9.6%, staffing remained compliant with state requirements despite a citywide hiring freeze, and that Regulatory Affairs reported three CDPH site visits and two accepted plans of correction. Finally, Commissioner Chow said the committee recommended approval of policies and procedures on the consent calendar and, in closed session, approved the credentials and PIPS minutes reports.

7. 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:

- **LHH Policies:**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	20-07	Against Medical Advice
2	Facility-wide	24-10	Coach Use for Close Observation
3	Facility-wide	20-08	Use of Isolation Rooms
4	Nursing	A-05.0	Nursing Clinical Affiliations
5	Nursing	B 6.0	Items Allowed at the Bedside
6	Nursing	D2 3.0	Tub Baths and Showers
7	Nursing	D9 6.0	Water Pitchers
8	Nursing	K 1.0	Assessment, Prevention and Management of Pressure Injury

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9	Nursing	K 1.0	Pressure Injury Intervention Appendix 1
10	Nursing	K 1.0	Wound Care Supply List Appendix 2

8. Other Business

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no commissioner comments.

9. Closed Session

A) Public comments on all matters pertaining to the Closed Session

There was no public comment on this item.

B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Health Commission unanimously voted to go into closed session.

C) Closed Session pursuant to Evidence Code sections 1156, 1156.1, 1157, 1157.5, and 1157.6; Health and Safety Code section 1461; California Government Code Section 54954.5(h); and California Constitution, Article I, Section 1.

CONSIDERATION OF CREDENTIALING MATTERS

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Health Commission approved the May 2026 ZSFG Credentials Report and voted not to disclose discussions held in closed session.

10. Adjournment

The meeting was adjourned at 5:32pm.

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Public comment

Public comment is allowed in relation to each agenda item, and the Secretary of the Health Commission will indicate when public comment is to occur for each item, as listed on the agenda below and for each item where public comment is not specifically listed. Members of the public attending the meeting in person will have an opportunity to provide public comment on each item. Remote public comment is available only to those requiring accommodation due to a disability and cannot attend in-person. Each member of the public providing public comment, whether attending remotely or in person, may address the Commission for up to three minutes per agenda item. Written comments of any length may be emailed to healthcommission.dph@sfdph.org. Requests to include written public comment, up to a maximum of 150 words, in the meeting minutes can also be sent to healthcommission.dph@sfdph.org.

- For each agenda item:
 - 1 comment per person
 - Up to 3 minutes per person, depending on the number of individuals requesting to make public comment.

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Effective January 16, 2024, members of the public attending the meeting may address the Commission through public comments made in-person or in writing. Remote public comment is available only to those requiring accommodation due to a disability who cannot attend in-person. To request accommodation, contact the Commission Secretary by 12 PM (Noon) the day of the Commission Meeting by calling (628) 754-6539 or via email at HealthCommission.DPH@sfdph.org.

To comment remotely on an agenda item, you must obtain permission from the Health Commission Secretary using the instructions above.

- Call in when the item is called.
- Dial *3 to be added to the public comment queue for the item.
- Make sure you are in a quiet place.
- Before you speak:
 - Mute sounds around you, including TV and music.
 - Mute your computer so there is no echo when you speak.
- When it is your time to speak, you will hear “Your line has been unmuted.”
- When you hear “Next Caller,” state your name clearly and the code given to you by the Health Commission Secretary
- Your time begins as soon as you start to speak.
- When your time is up, the line is automatically silenced.
- You will go back to listening mode after you speak. You may stay on the line to give public comment on another item.

Meeting agenda

To comment remotely by email before or after the meeting, send comments to the email address below. Please specify if you would like your comments included in the meeting minutes; written comments contained in the meeting minutes must be 150 words or less:

- Email HealthCommission.DPH@SFDPH.org

Policies

Accessible Meeting Information for City Hall, Room 408

- Wheelchair accessible entrance is at Van Ness Avenue and Grove Street.
- There are elevators and accessible restrooms located on every floor.
- Attendees at public meetings should remember that other attendees may be sensitive to various chemical-based products.

Contact Mark Morewitz, Director of Health Commission Affairs at, at least 48 hours in advance of the meeting to request accommodations, including

- Sign language interpretation
- Auxiliary aides

HealthCommission.DPH@sfdph.org or (628)754-6539

Language Access

Per the Language Access Ordinance (Chapter 91 of the San Francisco Administrative Code), Chinese, Spanish and or Filipino (Tagalog) interpreters will be available upon requests. Assistance in additional languages may be honored whenever possible. To request assistance with these services please contact 311 or CommissionStreamlining@sfgov.org at least 48 hours in advance of the hearing. Late requests will be honored if possible.

語言服務

根據語言服務條例(三藩市行政法典第 91 章), 中文、西班牙語和/或菲律賓語(泰加洛語)傳譯人員在收到要求後將會提供傳譯服務。其他語言協助在可能的情況下也將可提供。上述的要求, 請於會議前最少 48 小時致電 311 或電郵至 CommissionStreamlining@sfgov.org 向委員會秘書提出。逾期提出的請求, 若可能的話, 亦會被考慮接納。

ACCESO A IDIOMAS

De acuerdo con la Ordenanza de Acceso a Idiomas “Language Access Ordinance” (Capítulo 91 del Código Administrativo de San Francisco “Chapter 91 of the San Francisco Administrative Code”) intérpretes de chino, español y/o filipino (tagalo) estarán disponibles de ser requeridos. La asistencia en idiomas adicionales se tomará en cuenta siempre que sea posible. Para solicitar asistencia con estos servicios favor comunicarse con 311, o CommissionStreamlining@sfgov.org por lo menos 48 horas antes de la reunión. Las solicitudes tardías serán consideradas de ser posible.

Meeting agenda

PAG-ACCESS SA WIKA

Ayon sa Language Access Ordinance (Chapter 91 ng San Francisco Administrative Code), maaaring magrequest ng mga tagapagsalin sa wikang Tsino, Espanyol, at/o Filipino (Tagalog). Maari din magkaroon ng tulong sa ibang wika. Sa mga ganitong uri ng kahilingan, mangyaring tumawag sa 311, o CommissionStreamlining@sfgov.org sa hindi bababa sa 48 oras bago mag miting. Kung maari, ang mga late na hiling ay posibleng pagbibigyan.

Cell Phone Or other Electronic Device Use at Hearings

Please silence all cell phones, pagers, and other sound-producing devices before the meeting begins.

If a device does go off during the meeting, please note that the Chair or President may ask the person responsible to step out of the room, in accordance with the Sunshine Ordinance (Section 67A.1).

Know Your Rights under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force Administrator.

- 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102
- (415) 554-7724
- sotf@sfgov.org
- [Read the Sunshine Ordinance](#)

Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (Administrative Code Section 16.520-534) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, contact the [Ethics Commission](#).

- 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
- (415) 252-3100
- Ethics.Commission@sfgov.org