

Meeting Minutes



City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health
San Francisco Health Commission
Daniel Tsai, Director of Health

President

Laurie Green, MD

Commissioners

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

DPH Director of Health

Daniel Tsai

Health Commission Secretary

Mark Morewitz, MSW

Minutes for Health Commission Finance and Planning Committee

Date and Time

October 5, 2026 2pm

Agenda items

1. Call to Order

Present: Commissioner Edward Chow, MD, Chair
Vice President Suzanne Giraudo, E.D.
Commissioner Tessie Guillermo, Member

The meeting was called to order at 3:05pm.

2. Approval of the Minutes of the Health Commission Finance and Planning Committee Meeting of August 3 2026

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments.

Action Taken: The committee unanimously approved the meeting minutes.

3. October Contracts Report

Philip Mach, Manager of CBO Contracting, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Chow expressed appreciation for the clarity of outcome data included in contract materials and emphasized the importance of continuing to monitor program performance beyond simple client counts. He noted that comprehensive reporting improves accountability and assists the Commission in evaluating service effectiveness. Mr. Mach responded that key outcome indicators will continue to be incorporated into future reports and that no additional issues were identified for this item.

Regarding the HealthRigh360 contract, Commissioner Guillermo asked for clarification regarding monitoring practices for providers receiving payments through the check-writing contract. She expressed concern about oversight of spending, provider compliance, and recent citywide scrutiny of insufficient monitoring in unrelated programs. She emphasized the need to ensure that safety, privacy, and service standards are followed by non-contracted providers receiving City funds. Michelle Ruggels, Director of the DPH Business Office, responded that residential care teams and HR360 conduct monthly invoice verification and utilization reviews, and they committed to following up with written clarification regarding safety and privacy monitoring procedures.

Vice President Giraudo asked about staffing levels required to manage the HR360 check-writing operations given the volume of checks issued annually. She noted that understanding administrative overhead is important for evaluating the reasonableness of contract costs. She also referenced concerns

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about data privacy across City-funded CBOs and recommended increased attention to this area. Ms. Ruggels replied that HR360 is reimbursed per check, that staffing levels are modest relative to the volume managed, and that they will obtain more detailed information from the vendor along with clarifications regarding privacy safeguards.

Commissioner Chow pointed out discrepancies in the financial presentation of contract amounts and recommended ensuring that reductions and negative values are clearly represented in future reports. He noted that accurate depiction of fiscal changes improves transparency and prevents misinterpretation of funding trends. He also highlighted the broader need to maintain strong privacy protections given the sensitive personal information attached to check disbursements. Nikole Trainor, CHEP System of Care Budget, Contracts & Program Operations Manager, acknowledged the errors in the report, committed to issuing corrected financial tables, and reaffirmed that privacy policies and compliance monitoring will be re-reviewed internally.

Regarding the Heluna Health contract, Commissioner Chow confirmed his understanding that additional funding within the contract supports two existing staff positions rather than expanding services. He noted that clarity on staffing versus service expansion is essential to evaluating contract amendments. He expressed satisfaction with the explanation that the staff were previously supported under a different contract vehicle. Mr. Mach confirmed that the amendment reflects a payment mechanism shift rather than an expansion of services and assured Commissioners that current staffing levels remain unchanged.

Regarding the Shanti Project Contract, Vice President Giraudo thanked staff for the detailed outcome data provided in the Shanti Project materials and highlighted the importance of incorporating such metrics into all contracts. She raised concerns regarding potential reductions in Ryan White federal funding and asked how these changes might affect long-term support for HIV services. She stressed the need to sustain critical services for aging long-term survivors. Beth Neary, HIV Health Services, responded that although federal Ryan White Part A funding has declined due to formula changes, California Part B funds currently offset those reductions, thereby preventing local service cuts. Regarding the Shanti contract, Commissioner Chow asked about the program's capacity to adapt to shifting demographics among long-term HIV survivors, particularly as the majority of clients age into older cohorts. He raised the possibility of consolidating or restructuring program appendices to better reflect the population served. He emphasized the importance of annual reviews to ensure that contract structures remain aligned with evolving needs. Ms. Neary replied that demographic trends support potential consolidation and that annual monitoring allows for adjustments within the approved budget, though more deliberate scheduling of such reviews may be beneficial.

Commissioner Chow expressed concern that age-dependent services within the Shanti contract could become outdated if not regularly adjusted to reflect actual client demographics. He recommended formally flagging this contract for annual demographic review to avoid misalignment in future years. He emphasized the importance of matching contract obligations to real-time needs. Mr. Mach and Ms. Neary agreed to flag the contract for structured yearly review and noted that current monitoring processes already examine performance and demographic data annually.

Regarding the SisterWeb Doula contract, Commissioner Chow stated he did not see a monitoring report for the contract and asked for clarification on administrative differences between prior fiscal intermediary arrangements and the current direct contract structure. He also requested more outcome data to evaluate program effectiveness, given the importance of perinatal equity for Black/African

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American families. He emphasized that comprehensive reporting is necessary to understand impact. Priti Rane, Acting Director of the Maternal, Child, and Adolescent Health Section replied that monthly, quarterly, and annual metrics are collected, including birth outcomes and client experience, and committed to providing monitoring reports and administrative context.

Vice President Giraudo asked why the contract term ends in June 2027 and sought clarification on when SisterWeb became an independent contractor. She noted that understanding the transition timeline is important for evaluating contract duration and relevance. She also inquired whether prior administrative issues prompted the move away from a fiscal intermediary. Ms. Rane responded that the transition to SisterWeb occurred in FY 2025–26 and that the current amendment only adds Mayor’s Office of Housing and Community Development (MOHCD) funds.

Regarding the Citywide ICM contract, Commissioners Guillermo and Chow discussed the financial structure of the Citywide ICM contract and sought clarification regarding the difference between annual increases and the amount listed as added funds. They noted that the math in the report was difficult to follow without explanation of savings carried over from prior years. Vice President Giraudo stated that a brief explanatory note would improve readability of future reports. Ladonna Norman, Director of Intensive Services and Access, Adult and Older Adult (AOA) System of Care for the Behavioral Health Services (BHS), Eric Ruyersy, System of Care Project Manager, explained that savings from prior fiscal years were used to offset costs and that consolidation of a separate ICM expansion contract contributed to the net change.

Regarding the UASI contract, Commissioner Chow asked how “as-needed” contractor services would function within the expanded UASI remote coding and documentation contract and whether unused funds would remain unspent. He also inquired about the purpose of expanding audit capacity and how billing improvements are identified. Mr. Mach clarified that additional funds provide flexibility for targeted audits that identify billing gaps, noting that audits frequently reveal previously unbilled services, and confirmed that unneeded as-needed services would not generate expenditures.

Action Taken: The committee voted unanimously to recommend that the full Commission approve the report.

4. Request for approval of a New Professional Services Agreement with the Regents of the University of California to provide a mandated State Department of Health Care Services (DHCS) Day Treatment Intensive program (i.e. Partial Hospitalization Program) for youth experiencing acute mental health symptoms. The total proposed agreement amount is \$9,497,905, which includes a 12% contingency, for the term of November 1, 2026 through June 30, 2030 (3 years and 8 months).

Farahnaz Farahmand, Director, Children, Youth, and Families Systems of Care, presented the item.

Public Comment:

There was no public comment on this item.

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Commissioner Comments:

Commissioner Guillermo asked if the contracted services would eventually be folded into the UCSF/DPH Affiliation Agreement. Dr. Farahmand stated that decisions regarding the Affiliation Agreement funding allocations are still being decided.

Vice President Giraudo questioned the adequacy of a two-week average stay for youth receiving intensive treatment using modalities such as CBT and DBT, expressing concern about continuity of care following discharge. She emphasized the need for seamless linkage to outpatient supports, noting that insufficient follow-up could undermine the benefits of short-term stabilization. She also inquired about the availability of intensive outpatient programming for adolescents who are ready to return to school but still require structured support. Dr. Farahmand summarized that youth may transition to an existing eight-week intensive outpatient program or to comprehensive DBT or wraparound services depending on need, ensuring individualized step-down planning.

Vice President Giraudo expressed strong concern regarding academic disruption for adolescents enrolled in the program, especially those already facing school attendance challenges. She recommended exploring collaboration with SFUSD beyond the Hospital-to-Home program to avoid significant academic regression during treatment. She suggested that shared staffing models or creative instructional arrangements could mitigate educational setbacks. Dr. Farahmand responded that coordination with SFUSD is a core element of case management and that they are open to exploring expanded collaboration options, though the feasibility of dedicated instructional staff will require further discussion with the school district.

Commissioner Chow commended the inclusion of clinical performance measures in the monitoring report and asked whether such outcome-focused metrics would become a standard feature across future contracts. He highlighted the importance of capturing meaningful clinical changes rather than solely recording service counts or client satisfaction data. He also encouraged ongoing transparency in presenting performance measures within VOCC reports. Dr. Farahmand stated that individualized objectives were developed for this program due to its clinical complexity and that these measures can be incorporated into standard monitoring formats as appropriate.

Action Taken: The committee voted unanimously to recommend that the full Commission approve the contract.

5. Request for approval of a new contract with Smith & Nephew Inc. in the amount of \$3,360,000 which includes a 12% contingency, to purchase hip and knee surgery consumables and to rent robotic equipment, for the period of June 1, 2026 through May 31, 2029 (three years).

Patty Cogan, ZSFG Nursing Director of Surgical and Procedural Services Public Comment:
There was no public comment on this item.

Commissioner Comments:

Commissioner Giraudo asked whether the system could be used for surgical procedures beyond total knee replacements and expressed interest in understanding the full scope of its clinical applicability. Commissioner Chow also noted the importance of confirming that this technology aligns with community standards of care and will be used by appropriately trained orthopedic surgeons. Ms. Cogan responded that the current installation will focus on knee procedures, with possible extension to hip

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surgery pending acquisition of supplemental software modules and confirmed that two orthopedic surgeons are prepared to utilize the system consistent with regional practice standards.

Action Taken: The committee voted unanimously to recommend that the full Commission approve the contract.

6. Draft DPH Annual Reports for FY2024-25 and FY2025-26

Sarah Neukrug, Program Planner, Office of Policy and Planning, presented the item.

Public Comment:

Amelia Harmon, expressed appreciation for the report's attention to behavioral health crisis response but raised concerns about the removal of peer counselors from the Street Crisis Response Team. She cited research indicating that peer involvement reduces hospital readmissions and arrests and questioned the coordination between SFFD and DPH related to 911 behavioral health response models. She urged the Commission to evaluate whether peer counselors could be reintegrated into crisis response frameworks outside of fire department apparatus constraints. No staff response was required during public comment.

Commissioner Comments:

Vice President Giraudo requested an update on the Eleanora Fagan and Wells Place programs, which are highlighted in one of the reports.

Commissioner Guillermo requested broader public access to the annual report, suggesting the inclusion of QR codes on printed materials and community postings to facilitate digital access. She noted that many residents no longer seek paper copies and would benefit from a simple mobile access point. She encouraged the Department to maximize visibility of these materials across social and public settings. Staff said they would bring the QR code suggestion to the communications team and noted that many report elements already appear on DPH's social media platforms.

Commissioner Chow raised concerns about consistency in reporting across the two behavioral health feature stories, specifically noting that Wells Place lacked explicit data on post-placement linkage provided for Illinois Beacon Center. She suggested adding parallel outcome indicators for clarity and better comparison. She also recommended increasing visibility of major capital investments—such as the \$70 million Chinatown Public Health Center renovation—within the clinic improvement narrative. Staff agreed to incorporate linkage data and evaluate opportunities for elevating major facility achievements in the final version.

Commissioner Chow observed that the FY 2025–2026 service site map was less user-friendly than the prior year's version, as the newer map required cross-referencing numbered locations rather than labeling sites directly. She encouraged restoring site names directly on the map to improve public readability. She also asked when both reports would be presented to the full Commission. Staff confirmed that both reports would be presented at the December 21 meeting and agreed to revisit map labeling.

Commissioner Chow discussed the unique governance structure of San Francisco's integrated health system, noting its broad range of services from population health to acute care delivery under a single department. He suggested the annual report highlight this structural uniqueness in order to better

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explain the Department's scope of responsibility to the public. He also recommended including historical context regarding charter amendments that established oversight of facilities such as San Francisco General Hospital. Staff agreed to research the accuracy of these structural claims and consider including them in future report editions.

7. Emerging Issues

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no commissioner comments on this item.

8. Public Comment

Amelia Harmon She expressed concern about the discontinuation of peer counselor positions within the SCRT structure and referenced national research showing that peer involvement can reduce hospital readmissions, improve client engagement, and decrease arrests during crisis interventions. She further noted challenges in interdepartmental coordination between DPH and SFFD and questioned why fire department representatives were not participating in upcoming hearings concerning 911 behavioral health responses. She urged the Commission to explore mechanisms for reintegrating peer counselors into crisis response workflows, including deployment models not dependent on fire department apparatus.

9. Adjournment

The meeting was adjourned at 3:37pm.

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