

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

Date and Time

October 5, 2026 4pm

Agenda items

1. Call to Order

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

Excused: Commissioner Susan Belinda Christian, J.D.
Commissioner Judy Guggenhime

President Green called the meeting to order at 4:03pm.

2. Approval of the Minutes of the Health Commission Meeting of September 21, 2026

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 September 21, 2026 meeting minutes.

3. General Public Comment

Amelia Harmon addressed the Commission and stated that her continued participation at meetings is motivated by a desire to ensure that individuals calling 911 receive evidence-based peer counseling support. She reported that, per statements at a recent Fire Commission meeting, the status of the peer counselor contract may rest with the Department of Public Health rather than the Fire Department. Ms. Harmon expressed concern about the potential discontinuation of peer counselors and highlighted the importance of determining whether removing peers from crisis response teams would negatively affect system performance. She also noted that she will be observing the upcoming hearing on citywide drug markets and urged the Commission to emphasize that linkage to care must include more than transportation or handoff.

Bob Hall, representing Keep Crocker Real S.F., spoke regarding the expansion of artificial turf installations throughout the city. He cited several locations, including City Hall grounds, Beale Street parks, and multiple San Francisco Unified School District campuses, where new synthetic turf has been added without sufficient public health review. Mr. Hall warned that artificial turf surfaces can reach

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extreme temperatures, referencing his own measurements of 142°F and 155°F during recent heat events, and argued that conditions pose safety risks to children and other users. He urged the Department of Public Health to take a more active role in evaluating heat-related hazards, issuing public advisories, and ensuring that city agencies do not overlook environmental health impacts.

President Green thanked participants for their remarks. She noted that the Commission had heard the concerns raised and expressed appreciation for their attendance.

4. Directors Report

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

Public Comment:

Amelia Harmon provided comment regarding the Treatment on Demand report, emphasizing that data did not capture the on-the-ground contributions of peer counselors during street crisis responses. She explained that many individuals encountered in field settings were medically fragile and unable to access detox services, requiring peers to apply creative problem-solving to ensure safer interim conditions when treatment was unavailable. Ms. Harmon urged the Commission to consider these unmeasured elements when evaluating proposed operational changes and encouraged ongoing collaboration with the Fire Department to prevent the erosion of peer-based supports.

Commissioner Comments:

Commissioner Chow expressed appreciation for the department's rapid dissemination of updated vaccination guidance and noted that the October 1 Health Update provided clarity useful to community medical providers. He emphasized the importance of maintaining strong public messaging as respiratory season approaches and asked whether the department anticipates further adjustments to outreach strategies. Director Tsai responded that the department is already coordinating with clinical teams and state partners to refine distribution plans and will continue to update providers as needed.

Vice President Giraudo inquired whether the department could collaborate with Meals on Wheels to improve outreach to homebound seniors for vaccination access. She explained that since the populations served by both entities overlap, a coordinated system might strengthen communication and reduce missed opportunities for in-home vaccination. Director Tsai agreed and stated that staff will connect with Meals on Wheels to explore integration options, while Dr. Susan Philip added that partnerships with senior-serving organizations have been productive and will be expanded. She thanked Vice President Giraudo for the suggestion.

Commissioner Guillermo asked for additional information regarding San Francisco's national visibility on emerging drug threats, referencing recent media coverage. She requested data clarifying whether the city is experiencing increased use of cychlorphine, a dangerous new synthetic opioid, and how the department intends to address public health implications. Director Tsai responded that further analysis will be shared as data becomes available and noted that shifts in federal funding and Medicaid policies continue to pose significant operational challenges that the department is actively monitoring.

Commissioner Salgado raised concerns about the potential impact of federal policy changes on Medi-Cal enrollment and departmental financing, emphasizing the need to prepare the public for coverage disruptions. She asked how the department is planning for further reductions in federal reimbursement streams and what contingencies are in place should H.R. 1 funding cuts proceed. Director Tsai reiterated

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that the department is planning conservatively, prioritizing the safety-net infrastructure, and preparing for additional exposures beyond those already forecasted.

Commissioner Chow asked how the department coordinates with Fire Department street teams when peer counselors are absent from certain response units. He expressed concern about maintaining continuity of care and communication between teams when service models change. Director Tsai responded that peer counselors remain fully integrated within DPH-managed street teams and emphasized that the department continues to partner with Fire Department leadership to support shared clients despite operational differences.

5. Population Health Division Update

Susan Philip, MD, MPH, San Francisco Health Officer and Director of Population Health Division, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Vice President Giraudo asked whether frontline staff had meaningful opportunities to provide input during the recent reorganization, noting that reassignments and dissolutions of units can be especially stressful for administrative and operational personnel. She emphasized the importance of collaborative change management to preserve morale and minimize service disruption. Dr. Philip responded that leadership structured the process to include open discussions, staff feedback sessions, and transparent explanation of operational constraints. Daisy Arguallo, Deputy Director, added that staff were engaged early and frequently, allowing input prior to final decisions.

Commissioner Chow expressed appreciation for the comprehensiveness of the PHD update and asked specifically about outreach to Asian American communities given impending federal policy changes affecting immigrant health coverage. He noted the importance of culturally appropriate communication modes, including ethnic media and trusted community leaders, to ensure residents understand Medi-Cal eligibility changes. Dr. Philip stated that the department collaborates closely with community partners and the Human Services Agency to coordinate messaging. Deputy Director Arguallo confirmed that multiple API organizations participated in recent meetings and that the department is continuing targeted outreach.

Commissioner Guillermo emphasized the diversity within the Asian American and Pacific Islander population and noted that subgroup-specific strategies may be required to address varied health disparities and enrollment barriers. She requested future updates that more explicitly outline how communication strategies and service planning differ across cultural and linguistic communities. Dr. Philip responded that PHD intends to refine subgroup-level approaches and will incorporate this need into ongoing planning efforts. She reaffirmed that sustained community partnerships remain central to equitable policy implementation.

Commissioner Guillermo also commented on the difficulty of restructuring during a period of broad fiscal and operational uncertainty. She recognized the strain placed on leadership to balance reduced resources with rising community need and emphasized that the Commission views responsive adaptation as essential to protecting the public health system. Dr. Philip acknowledged the challenges and stated that the division remains committed to adjusting models as needed while maintaining critical

services. She added that the reorganization will continue to evolve based on staff feedback and operational monitoring.

Commissioner Chow asked whether PHD could identify areas where promising chronic disease prevention strategies may be difficult to operationalize in the future due to pending federal and state funding reductions. He expressed concern that the department could generate valuable data on neighborhood-level health disparities but lack the resources to implement corresponding interventions. Dr. Philip responded that PHD is planning under the assumption of constrained funding and is prioritizing alignment, data infrastructure, and collective-impact models so that implementation pathways are ready when resources return. She stated that careful prioritization will guide decision-making through the anticipated federal reductions.

President Green praised the depth and breadth of the report. She commended staff for adapting under challenging circumstances and described their ability to pivot as remarkable. She also endorsed comments made by Commissioners Chow and Guillermo. She emphasized the importance of follow-up on community engagement efforts, particularly ensuring communications strategies reflect diverse community needs. Her remarks highlighted her ongoing priority of equitable outreach and responsiveness to public health disparities.

6. Updates from the Center on Substance Use and Health

Philip Coffin, MD, Director, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Chow asked about the overall goal of methamphetamine use treatment, noting that traditional approaches emphasize full abstinence. He questioned whether new findings might support establishing an "acceptable" or clinically safe level of methamphetamine use in cases where abstinence is not achievable. He also asked whether research is being conducted to redefine treatment success based on meaningful reductions in use rather than complete cessation. Dr. Coffin stated that treatment goals are individualized and based on patient preferences and health risk profiles. He emphasized that reductions in use may significantly lower medical harms, and current research is focused on validating reduction-based outcomes similar to models recently adopted in alcohol-use treatment.

Vice President Giraudo expressed appreciation for the clarity of the presentation and noted particular interest in how methamphetamine-related treatments intersect with ADHD management and stimulant prescribing. She spoke about community concerns related to youth exposure and families navigating stimulant medications in general. She also highlighted how helpful it is to understand the distinctions between therapeutic stimulants and methamphetamine use. Dr. Coffin explained that prescribed stimulants operate within known safety parameters, whereas methamphetamine use, particularly at high levels, creates significant cardiovascular and neurological risks. He reiterated that treatment models must account for these differences in both design and application.

Commissioner Guillermo commended the Center's work and emphasized its global significance, stating that San Francisco's integrated model of research, clinical care, and public health remains unique. She expressed concern that ongoing federal and state pressures could hinder progress and urged that the Center's innovations be more widely recognized. She also asked how the department could ensure

continued support for this work despite resource constraints. Dr. Coffin affirmed the importance of maintaining integrated research-and-care environments and noted that continued collaboration with City leadership strengthens the Center's resilience. He added that publishing outcomes and engaging national partners helps protect long-term program viability.

President Green asked about the scientific understanding of methamphetamine's effects on the prefrontal cortex and how those neurological changes influence treatment engagement. She noted that impaired executive function could make behavior change significantly more challenging than with other substances. She asked what strategies are used to overcome these barriers when treating individuals with cognitive effects from chronic stimulant use. Dr. Coffin confirmed that chronic methamphetamine use can impair executive functioning, complicating engagement and treatment adherence. He described strategies such as harm-reduction-focused care, simplified decision pathways, and long-acting injectable medications as particularly promising for patients with cognitive impairment.

7. San Francisco City Option Escheatment Update

Stella Cao, Director of Managed Care, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Vice President Giraudo commended the outreach effort and asked whether the program has identified which communication methods were most effective in driving employee engagement prior to escheatment. She stated that understanding these trends would help ensure future cycles avoid unnecessary forfeitures, particularly for workers with multiple employers or unstable contact information. Ms. Cao responded that automated notices, text-based reminders, and multilingual outreach through public advertising yielded the strongest response rates. She added that the department plans to expand digital tools and community-based messaging in the next cycle.

Commissioner Chow thanked staff for achieving the policy goal of increasing active use of medical reimbursement funds and asked whether additional steps were needed to prevent future declines in utilization. He emphasized that continued clarity for both employers and employees is critical to meeting the ordinance's intent and maintaining equitable access to health benefits. Ms. Cao stated that ongoing refinement of enrollment tools, address verification processes, and employer education will remain priorities. She noted that identity-matching enhancements reduced manual workload and will support more stable long-term account management.

Commissioner Salgado asked for clarification on how the department handled deceased employee accounts and what grievance pathways were available for individuals disputing escheatment. She noted the importance of ensuring that funds are handled equitably and that families or authorized representatives understand their rights. Ms. Cao explained that new policies were developed specifically for these cases, including documentation requirements for next-of-kin and a formal grievance review process for contested escheatments. She added that these policies were created in collaboration with legal counsel and the program's third-party administrator.

Commissioner Guillermo inquired how the department is managing the increased administrative load associated with the large volume of accounts undergoing review in the initial escheatment cycle. He noted that resource constraints could affect both efficiency and accuracy, especially during peak

processing periods. Ms. Cao responded that staff prioritized workload segmentation and leveraged technological tools to streamline verification, while also reallocating internal resources temporarily to meet deadlines. She stated that future escheatment cycles will be less resource-intensive due to reduced account backlogs and improved data hygiene.

President Green thanked Ms. Cao and noted that the Commission looks forward to the next report. She emphasized her appreciation for the responses regarding communications tools and highlighted how rapidly communications methods are changing. She added that with cell phones impacting public attention patterns quickly, learning how the program plans to remain nimble in communication strategies would be of significant interest to the Commission moving forward.

8. Joint Conference Committee Update

Commissioner Edward A. Chow, MD, Chair, stated that at the September 28, 2026 ZSFG JCC meeting, the committee reviewed standard reports on Human Resources, Regulatory Affairs, and the Chief Executive Officer's operational update. Members noted improvement in privacy breach reduction but expressed concern about an increase in sexual-assault-related allegations, which may reflect both reporting changes and heightened awareness of available systems. The Committee also discussed vacancy trends and hiring timelines, noting that vacancy rates had risen to approximately 7%, which could affect service quality and increase reliance on per-diem staffing. Additionally, Dr. Ehrlich reported that ZSFG earned high-performing recognition from U.S. News & World Report, and the Committee examined True North metrics relating to bundled service compliance, opioid use disorder treatment, and patient boarding. A presentation on imaging services highlighted their importance to clinical decision-making and health equity, with the Committee commending improvements made despite budget constraints. Commissioner Chow stated that in closed session, the JCC reviewed and approved the credentialing report and the Performance Improvement and Patient Safety (PIPS) report. The Committee recommended that the full Commission approve the JCC policies listed on the consent calendar.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

9. Finance and Planning Committee Update

Commissioner Edward A. Chow, MD, Chair, reported that the Finance and Planning Committee met earlier in the day to review seven contract amendments and two new contracts. The Committee approved amendments including the consolidation of the OTOP and OBOT programs, a reduction to the HealthRIGHT 360 check-writing contract, and restored funding for Heluna Health reflecting CDC and General Fund adjustments. Additional amendments included updates to the Shanti Project contract, a dual-program housing-related amendment involving the Mayor's Office of Housing and Community Development, an expansion of UCSF's Intensive Case Management services, and a continued agreement with United Audit Systems to improve billing accuracy and revenue recapture.

He further noted that the Committee reviewed two new contracts. The first, a UCSF partial hospitalization program contract, represents the outpatient component of the broader mental health service expansion underway at the Zuckerberg San Francisco General campus. The second is an agreement with Smith & Nephew for surgical consumables, which also provides access to robotic equipment used by orthopedic surgeons; negotiations resulted in favorable terms that allow the hospital to use the equipment based on required supply purchasing rather than capital acquisition.

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Commissioner Chow stated that all items were recommended for approval by the full Commission under the consent calendar.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no commissioner comments on this item.

10. Consent Calendar

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Salgado raised a question about whether the hospital was required to purchase a minimum dollar amount of supplies from the vendor in order to use the Smith & Nephew robotic system, asking if there was a threshold such as needing to buy a specific minimum amount of product. Director Tsai clarified that there was no required minimum purchase amount and explained that the consumable products in the contract were items the hospital already needed to buy. He added that the negotiation resulted in a cost-saving agreement that both secured a better price for necessary supplies and provided access to the robotic equipment without additional capital expenditure

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

- **October 2026 Contracts Report**
- **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).**
- **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).**
- **ZSFG Policies**
 - Laboratory Medicine rules and regulations
 - Pediatrics standardized procedures & credentialing criteria

11. Other Business

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no commissioner comments on this item.

12. Closed Session

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

There was no public comment on this item.

- B) Vote on whether to hold a Closed Session.

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, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

CONSIDERATION OF LHH MEDICAL STAFF CREDENTIALING MATTERS

RECONVENE IN OPEN SESSION

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).)
2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

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

13. Adjournment

The meeting was adjourned at 6:26pm.

Meeting agenda