



For Public Comment: CHPY Health Commission Presentation

May 18, 2026

DPH management has proposed to close our youth clinics this summer. They have incorrectly claimed the following:

“Underutilization”

Our CHPY clinics have been described as “underutilized”

- Larkin: 355 “Unique” Patients
- Cole: 257 “Unique” Patients

“Realignment of resources”

Our CHPY clinics are losing 5 FTE positions

- Nurse Practitioner
- Registered Nurse
- Behavioral Health Clinician (x2)
- Medical Evaluations Assistant

These positions have been **eliminated** within CHPY and staff has been “involuntarily reassigned”

“Seamless Transition”

The city has promised that staff and patients will experience a “seamless transition,” with little collaboration with the clinic and CBOs about what that might look like.

A Brief History of



COMMUNITY HEALTH PROGRAMS FOR YOUTH

We provide accessible medical care, mental health counseling, and sexual health services specifically designed for youth and young adults between the ages of 12 and 24.

CHPY was born out of a need for low-barrier youth-based services in San Francisco following the AIDS crisis and gaps in primary care.

We represent 30 years of partnership between the Department of Public Health, San Francisco Unified School District, and countless Community-Based Organizations across San Francisco.



Michael Baxter

CHPY Co-Founder and Youth Care
Visionary

Medical Services

Sexual & Reproductive Health (testing, treatment, education, referral); Urgent Care; Wound Care; etc.



Behavioral Health Services

Safe, confidential spaces for youth to receive mental health and substance abuse counseling; referral to psychiatry; crisis support



Partnerships with CBOs

Connection to case management, resources (housing, food, clothing, etc.), community engagement, job readiness

A Youth-Focused Model That Works

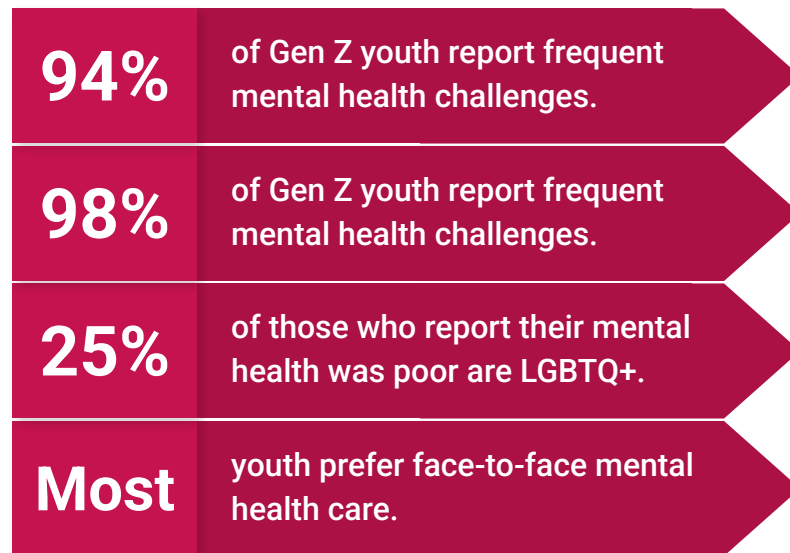
A Snapshot of Youth Priorities

130 young people in San Francisco between the ages of 12 – 25 contributed written and electronic surveys to share important health problems affecting youth in San Francisco, top needs that they and their family struggle to meet, what can help them improve their health.

Top Priorities

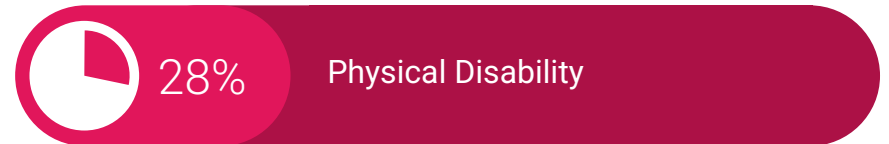
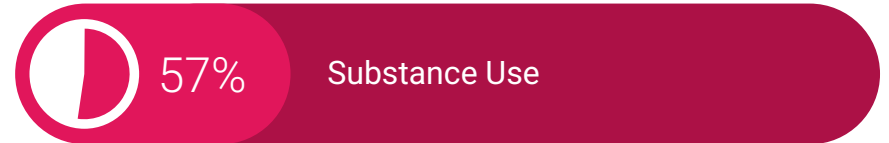
- **Mental Health Services/ Support Needs**
- **Access to Quality Care/ Affordable Care**
- **Substance Use Prevention/ Education**
- **Homelessness/ Safe & Affordable Housing Resources**

750 California youth aged 14-25 were surveyed online between April and June 2025.

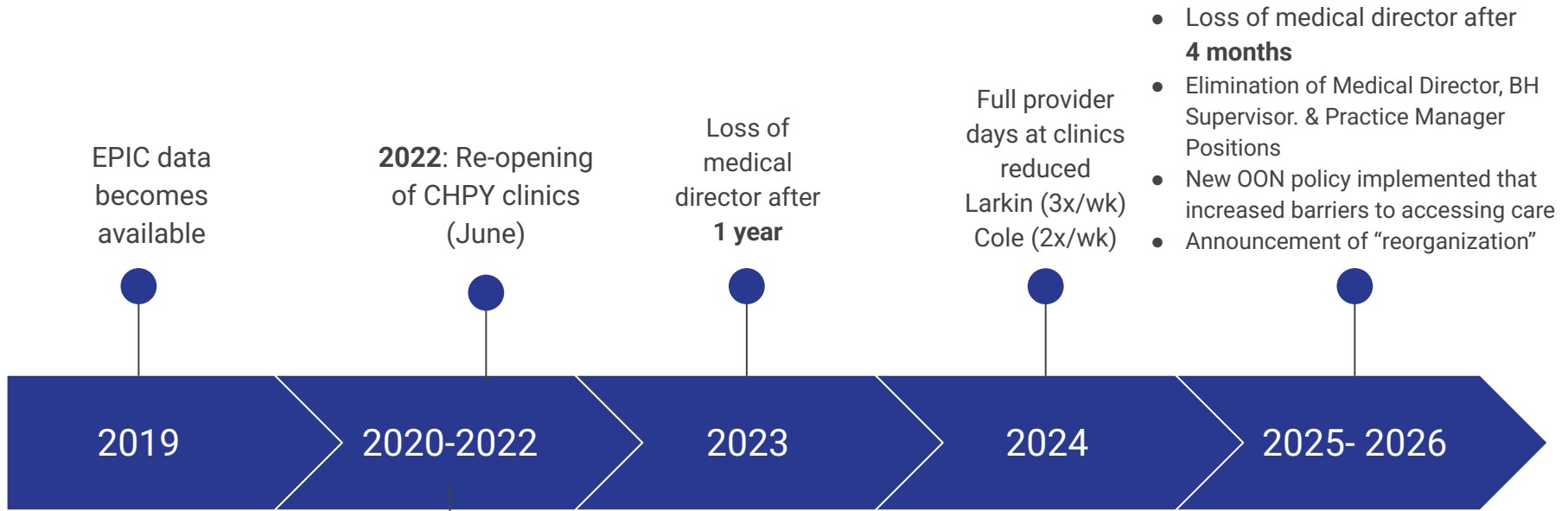


Michael Baxter Larkin St Clinic
in partnership with

LARKINSt



Data collected in 2024-2025, through Coordinated Entry Assessments



- Loss of medical director after **4 months**
- Elimination of Medical Director, BH Supervisor. & Practice Manager Positions
- New OON policy implemented that increased barriers to accessing care
- Announcement of “reorganization”

COVID-19 Pandemic: Complete closure of CHPY clinics with all staff deployed to COVID emergency response sites.

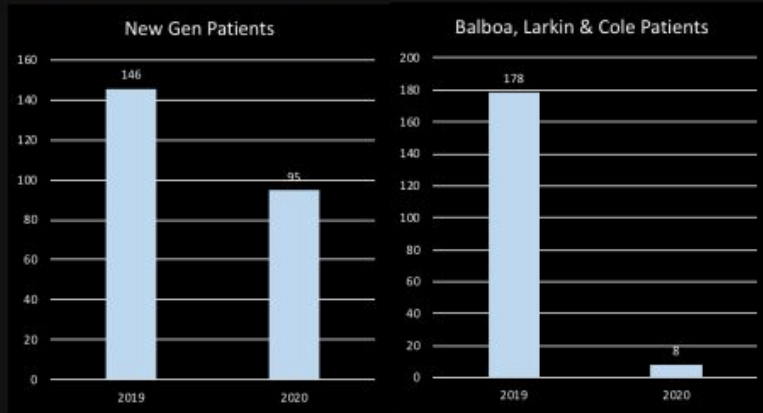
All CHPY clinics closed during the pandemic with no concrete plan to get youth redirected to services. Only population to experience closures like this.

Between 2023-2026, CHPY has experienced 33 staff losses due to retirement, reassignment, or resignation.

- | | | |
|--|----------|--|
| • 7 BHCs | • 3 MEAs | ★ 2 Medical Directors (within 1 year) |
| • 9 Providers (NP + MDs) | • 2 EWs | |
| • 5 Supervisors (EW, BH, + Practice Manager) | • 3 HWs | |
| | • 2 RNs | |

COVID-19 & CHPY PATIENT ACCESS

Average Monthly Family Planning Visits, 03-05/19 vs 03-05/2020



35% vs 96%

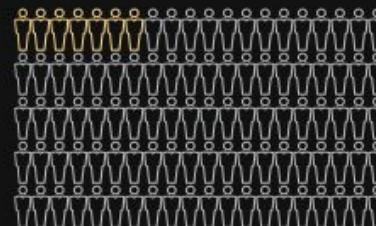
Reduction in the average number of New Gen patients vs. Cole, Larkin, and Balboa patients combined who were seen for a family planning visit during the periods of March-May, 2019 and March-May, 2020.

Source, 2019 Data: Title X

Source, 2020 Data: New Gen Records



If Balboa, Larkin, and Cole Street Clinics had not closed due to COVID-19 activation, is it reasonable to assume that the reduction in monthly visit rates for these clinics might have been closer to that of New Generation Health Center? If yes, this would mean that only 7% of the youth who needed services during this time actually received them.



“Underutilized” or “Under Resourced” & “Unsupported”?

Frequent Staff Turnover

Frequent staff turnover means **loss of provider relationships, decreased reliability of clinic hours, decreased ability for CBO partners to connect patients, disruptions in care, and increased workload of remaining staff.**

Short-Staffing & Day-Of Clinic Closures

Due to **DPH’s inability to provide staff redundancy**, staff is often asked to provide “coverage” to other CHPY clinics, while home clinics function with reduced hours or experience same-day closures.

“Underutilization”

Without context, “underutilization” sounds like “no one is showing up”...

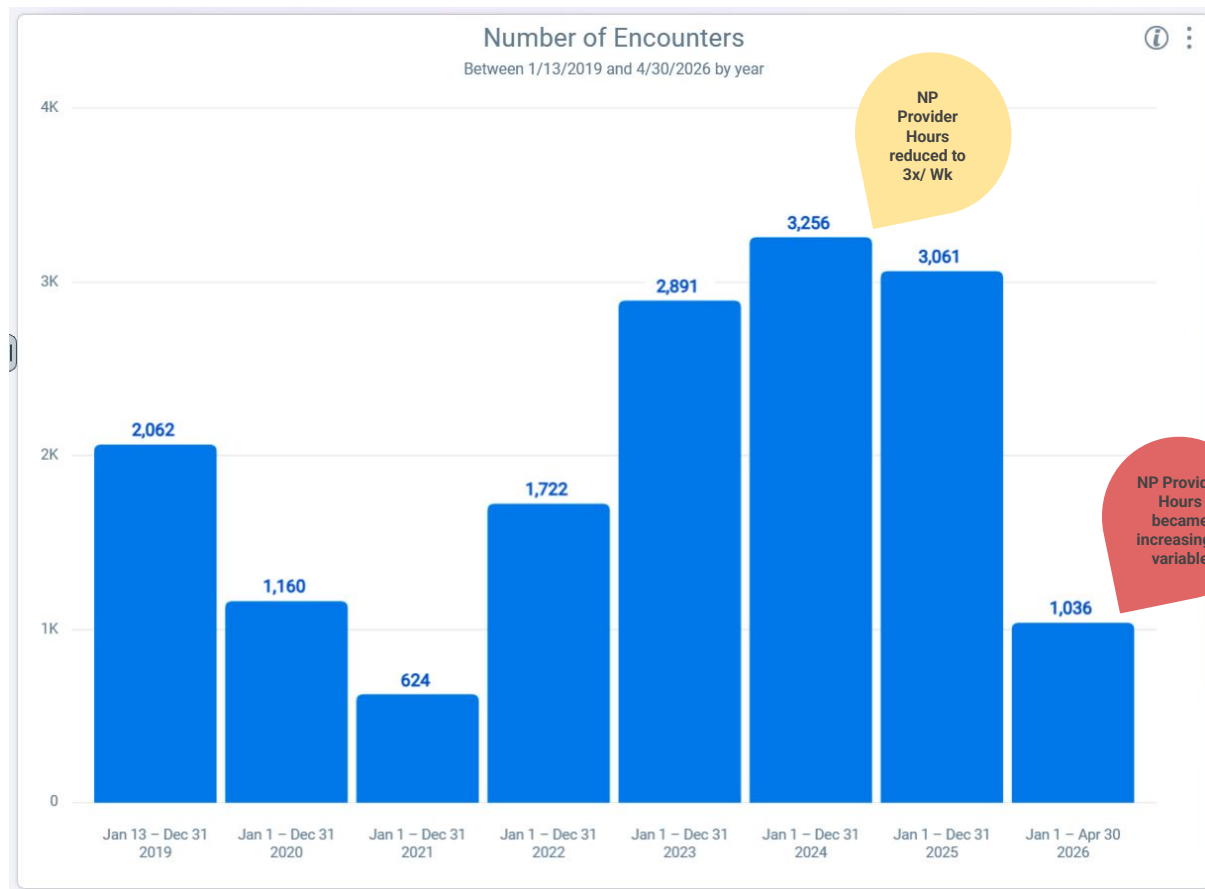
When really, **staff are forced to turn away patients** and refer patients outside of CHPY.

The Numbers Larkin

355 "Unique" Patients

VS.

An acknowledgement that youth-based services are structured around **relationships, building trust, and retention.**



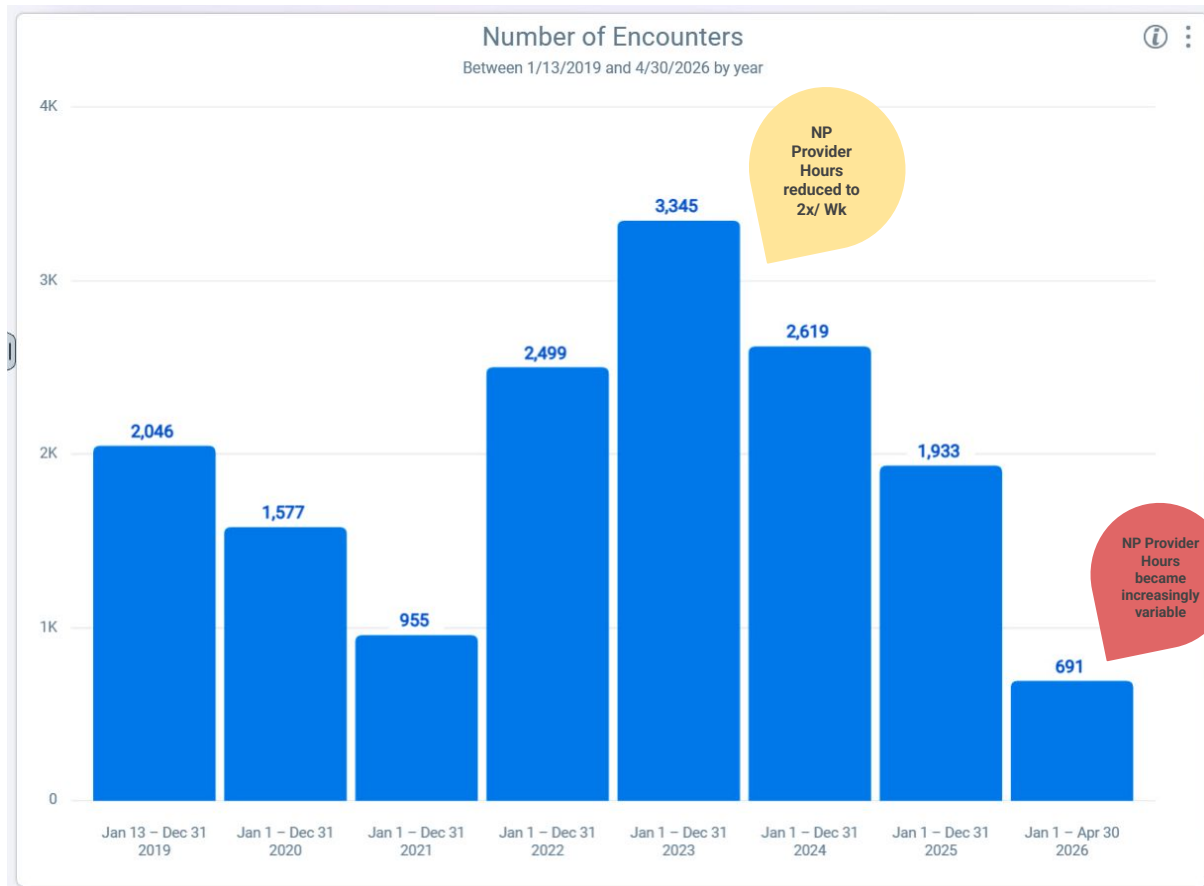
Combined Medical and Behavioral Health Encounters (per year)

The Numbers Cole

257 "Unique" Patients

VS.

An acknowledgement that CHPY clinics have been **chronically understaffed** for 2+ years.

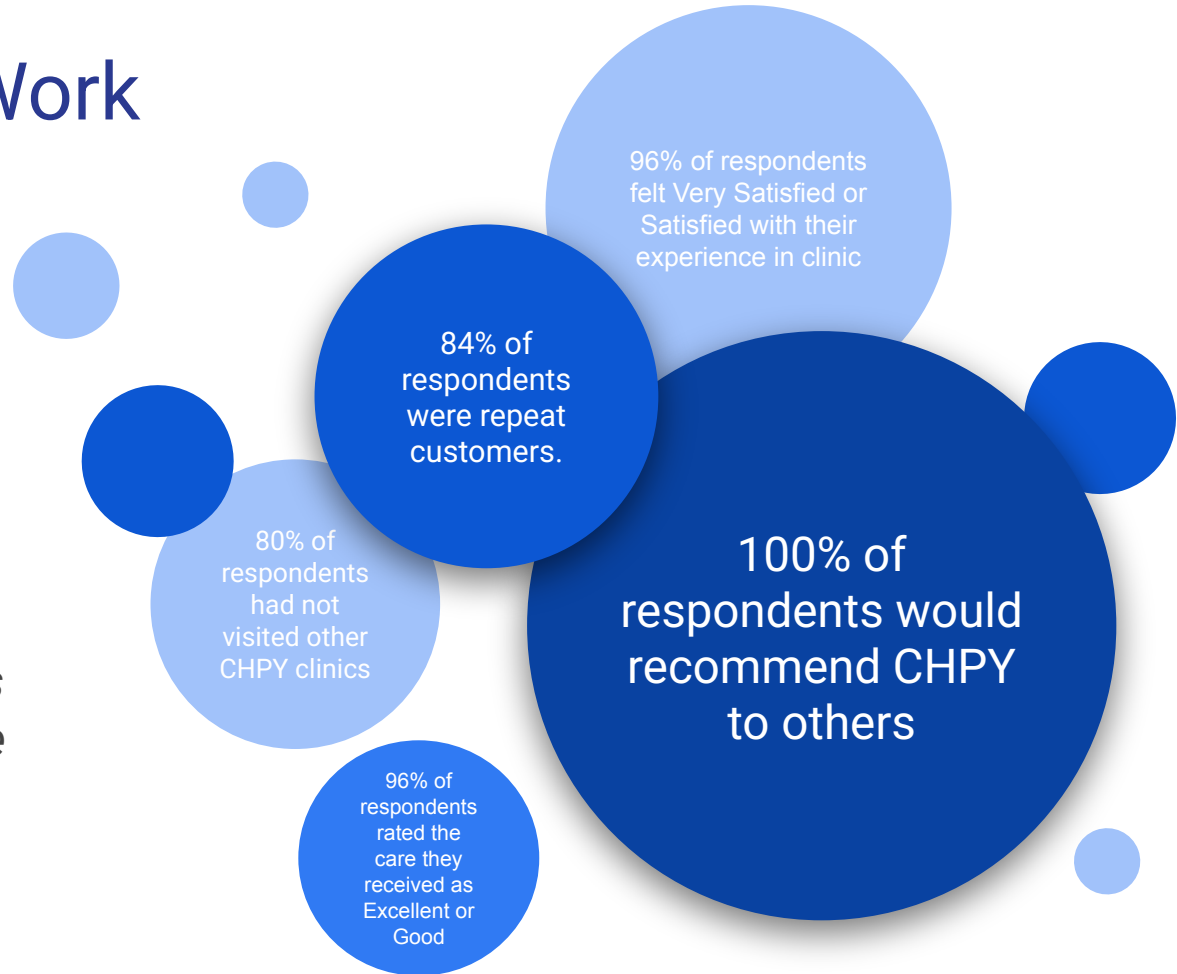


Combined Medical and Behavioral Health Encounters (per year)

Impacts of Our Work

In Spring 2025, SFDPH MCAH Family Planning Program conducted a patient satisfaction survey at all CHPY clinics, and the feedback was **overwhelming positive**.

Despite unstable clinic hours and inconsistent staffing, the staff that are present are dedicated to providing excellent youth care.



What closure would mean

Impacts to staffing, patients
served, and to the greater
community

Insert patient testimonial video
(pending Larkin approval)

Staff

When clinics close, we lose institutional knowledge that cannot be replaced

- Burnout
- Loss of specialized clinicians
- Reassignment away from expertise
- Recruitment/retention problems

Patients

When care is disrupted, patients don't just transfer — they disengage.

- Loss of trusted providers
- Disruption of continuity
- Increased disengagement
- Worsening psychiatric and medical outcomes

Community

When we disrupt care for the most vulnerable, the system does not save money — it shifts suffering.

- More ER utilization
- More psychiatric crises
- More hospitalizations
- Increased street instability
- Greater long-term costs

What does a “seamless transition” look like when...

Patients face barriers like:

- Housing instability
- Transportation challenges
- Mental health crises
- Distrust of large systems due to prior trauma

Disrupting established care relationships increases the risk of:

- Missed appointments
- Loss to follow-up
- Worsening mental health outcomes
- Increased emergency room utilization

Continuity of care requires a plan – not assumptions.



The closure of CHPY clinics doesn't just represent *a line item in a budget*, it represents the loss of **dedicated, specialized staff, CBO relationships** built on decades of advocacy, and **low-barrier accessible services** that *meet marginalized youth where they are*.