San Francisco Health Care for the Homeless Co-Applicant Board

Monday, November 9, 2026, 5:30-7:00pm

25 Van Ness – Room 330a

Minutes

1. **Call Meeting to Order** **5:31pm**

2. **Ramaytush Ohlone Land Acknowledgement**
   a. **Read by Freshta Sadat**
3. **HCH CAB Member Roll Call**
   a. **Please see page 4**
4. **Members of the Public and Staff Introductions**
   a. **Please see page 3**
5. **Review Draft November 9th Agenda**
   a. **Reviewed by HCH CAB Members, and no changes recommended**
6. **Draft Review October 19th Minutes**
   a. **Reviewed by HCH CAB Members, and no changes recommended**
7. **General Public Comment**
   a. **No Public Comment**
8. **Announcements**
   - Next CAB Meeting –**November 9th**, 5:30-7:00pm – 25 Van Ness- **Room 330a**
9. **Feedback on Co-Applicant Board Health Commission Resolution, Bylaws and Co-Applicant Board Agreement**
   a. **Beth or Freshta will add in the brief explanation to the Health Commission and share with the group.**
   b. **HCH CAB discussed proposed Health Commission Resolution and a couple of potential Bylaws working/policy updates. Group decided to move forward with the Health Commission Resolution without added changes to the Bylaws at this time, and to take a couple of months to deliberate on potential modest changes to the Bylaws and pass them through normal process later, if applicable.**
   c. **Ideas to think about for the future is the number or un-excused meetings an HCH CAB Member could miss before being automatically removed from the board. Ideas were to either or both increase the number of meetings (to better account for health situations that come up from time to time) and to make it not an automatic removal but to trigger a review at the next HCH CAB meeting.**

has context menu.

10. **Presentation from Project Open Hand on Food Services**
    a. Project Open Hand provides for people experiencing homelessness, medical tailored meals, medically supported food, groceries, boxes of groceries, and medical nutrition therapy by registered dietitians.

    b. Varity of meals are available such as American, Chinese, Filipino, Black soul food, Mexican, Vegetarian and Vegan. Project Open Hand also provides specialized meals to clients based on their health.

    c. There are 23 meals type people can choose from each week

    d. Community Supports programs are the San Francisco Health Plan and Anthem.

        i. Medical Provider Referral required
        ii. SFHP or Anthem required
        Send applications with attachments to caremanagements.refereals@sfhp.org or Calaimreferrals@anthem.com
        iii. SFHP: Meals (7 or 14 meals per week) or Groceries (1 or 2 boxes per week)
        iv. Re-refer every 3 months
        v. Up to 12 months of services

    e. The Community Supports Program for eligible Diagnosis
        i. Cancer
        ii. Hypertension
        iii. High-risk perinatal condition
        iv. High Cholesterol
        v. Chronic kidney Diseases
        vi. ERD (dialysis)
        vii. COPD
        viii. Congestive Heart Failure
        ix. Asthma
        x. Diabetes
        xi. Pre-Diabetes A1C

xii. Elevated Lead Levels
xiii. HIV/AIDS
xiv. Liver Diseases
xv. Fatty Liver
xvi. Obesity
xvii. Coronary Artery Disease
xviii. Stroke
xix. Nutrition-Sensitive GI conditions (E.g. IBS)
xx. Pancreatitis
xxi. Malnutrition

11. **Discuss Current Political & Budget Developments related to HCH**
    a. HCH Cab members highlighted a local food bank issue and shared details and ideas on how it could be avoided in the future.
    b. Acknowledgment of the systemic issues in food distribution, particularly the restrictive policies of food banks that limit assistance to one service per household, which disproportionately affects marginalized communities.
    c. Emphasis on the need for more compassionate and flexible food assistance programs that do not impose shame or guilt on individuals seeking help.
    d. Discussion on the importance of addressing food insecurity in the context of health services and the potential for creating more inclusive food programs
    e. Suggestions for DPH: Offer food or snacks to help encourage people into medical and other services; snacks not being in the budget is a barrier for clinics and clinicians who would like to provide them; also less restrictive dietary ideas around chips or other things that might appeal to people dealing with substance use issues may be worth considering too; last, returning to food banks, DPH could encourage food banks to install benches for people waiting in lines to pick up food.

12. **Proposed Topics for upcoming HCH CAB**
    November- Ward 86
    December- UCSF Researcher on causes of homelessness Dr. Margot Kushel?

Adjournment 7:06pm

Members	Present August 10th 2026
Bernadette Okereke	N
Richard Sullivan	Y
Kenneth Pearce	N
Michael Discepola	N
Vacant Patient Role	n/a
Vacant Patient Role	n/a
Vacant Patient Role	n/a
Vacant Patient Role	n/a
Vacant Community Role	n/a
Vacant Community Role	n/a
Vacant Community Role	n/a
Beth Neary (Non-Voting)	Y

SFDPH Staff: **Beth Neary, Freshta Sadat, Nina Davis, Bill Blum**

Members of the Public: **Rebekah Hayler, Ron Hernandez, Paul Nguyen**

Guest: **Will Cooke, Healthcare and Community Partnership Liaison (Project open Hand)**