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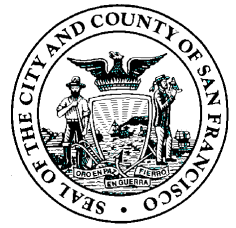
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**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

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MINUTES

HEALTH COMMISSION FINANCE AND PLANNING COMMITTEE MEETING

Monday March 2, 2026 2:00 p.m.

**1 Dr. Carlton B. Goodlett Place, City Hall, Room 408
San Francisco, CA 94102 & via Webex**

1) Call to Order

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

The meeting was called to order at 2:03pm. Commissioner Chow participated remotely.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION FINANCE AND PLANNING COMMITTEE OF FEBRUARY 2, 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) MARCH 2026 MONTHLY CONTRACTS REPORT

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

Public Comment:

Ky Albert, SF Community Health Center, explained staffing delays arose from recruiting a trans-identified clinical/case management team, now fully staffed. They reported 111 therapy appointments in January, ongoing crisis de-escalation at Timbuk2 Navigation Center and Trans Thrive, and outcomes including 86 clients housed/stabilized and 33 gender-affirming surgeries completed over two years, with more scheduled.

Commissioner Comments:

Regarding the SF Community Health Center (API Wellness) Trans & Gender Diverse Outreach/Behavioral Health contract, Commissioner Giraudo asked whether approximately \$117,000 in FY24–25 was unspent and slated for one-time carryforward. Mr. Mach confirmed the carryforward supports one-time costs (e.g., supplies, furnishings, and focus groups) in FY26–27 and will not fund additional clients; if underspending recurs, a future carryover may be requested.

Commissioner Chow noted the spreadsheet showed performance results despite the contract beginning in FY24–25. Mr. Mach clarified the monitoring entries were posted in error, and this program has not yet been monitored; the Excel monitoring sheet was incorrect and should be disregarded.

Commissioner Giraudo asked how often clients receive services and whether engagement is sustained beyond “one touch.” Janice O’Meara, System of Care Program Manager, reported clients are engaged multiple times through housing stabilization and ongoing support, often over months to years, and the program tracks continuing participation rather than single contacts.

Commissioner Chow asked typical timelines to achieve stabilization. Ms. O’Meara indicated transitions to housing and stabilization can span 1–2 years, with continued engagement until clients’ needs are met.

Commissioner Chow emphasized the need for outcomes (e.g., treatment goal completion) beyond counts of services or participants. Nikole Trainor, CHEP Budget, Contract, and Communications Manager, explained prevention programs contribute to population health indicators tracked via Results-Based Accountability (RBA) scorecards, and agreed to bring forward options to add client-level outcome metrics in FY26–27 where feasible.

The following are questions regarding the African American Community Wellness Initiative including Rafiki, YMCA, and Booker T. Washington contracts.

Commissioner Chow asked why per-participant costs differed across Rafiki, YMCA, and Booker T. Washington with similar service categories. Kimberly Ganade, BHSA Program Manager, noted each provider’s activities differ in scope and intensity (e.g., large cultural gatherings vs. individual therapy) and client needs vary, so units-of-service (UOS) and costs are not strictly comparable across agencies.

Commissioner Chow asked how success is determined beyond meeting deliverables and attendance. Ms. Ganade stated clinical completion and therapist assessment are indicators for therapeutic services, while CHEP added that prevention activities roll up into population-level health indicators (e.g., chronic disease disparities) via RBA scorecards, not individual contract outcomes.

Vice President Guillermo urged deeper outcome reporting and consistent financial comparisons among providers. Ms. Trainor agreed to explore additional metrics (acuity, goal attainment, linkage effects) for FY26–27, noting CBO capacity constraints for client-level PHI data collection and analysis; DPH seeks to expand capacity-building despite budget pressures.

Commissioner Chow highlighted the need to distinguish direct services under the “preserve direct services” budget approach from outreach/education. Ms. Trainor acknowledged the point and will restructure solicitations and contract language where possible. She noted these three contracts were extended one year to allow re-procurement next fiscal year to address the Commission’s feedback.

Regarding the Civic Edge Consulting “Living Proof” Substance Use Campaign (Wave 3) contract, Commissioner Chow asked about project management costs across waves and the \$655,000 annual request vs. \$500,000 media buy. Ms. Trainor explained \$500,000 funds ad/billboard/media buys for Wave 3, with the remainder

covering project management, creative development, closeout, and evaluation. The \$83,550 PM cost was for Wave 1, and an additional \$50,000 is for Wave 3 PM.

Vice President Guillermo asked for evidence of increased service access following prior waves. Ms. Trainor reported increased landing-page traffic after Waves 1–2 and survey results showing higher awareness and reduced stigma. Emily Raganold, Acting Director, Population Behavioral Health, noted parallel increases in Methadone utilization and buprenorphine access via the BEAM line, acknowledging linkage attribution limits yet aligned trends.

Regarding the Facente Consulting, Ending the HIV Epidemic (EHE) CAP Grantee Advisory Management contract, Commissioner Chow asked whether listed monitoring results were from the prior vendor (Heluna Health) since Facente started December 1, 2025. Ms. Trainor confirmed the FY25 monitoring pertains to Heluna Health, with Facente to be monitored next year; the contract was certified to begin 12/01/2025.

Commissioner Chow asked if Facente replaced all prior Heluna Health services. Ms. Trainor clarified only the EHE CAP advisory activity transitioned to Facente to strengthen neutral, community-authentic facilitation and evaluation with small CBOs; other Heluna-contracted services were rebid via the San Francisco Public Health Foundation.

Commissioner Chow asked about CDC funding cuts possibly affecting the \$7M multi-branch grant. Ms. Trainor stated Year 2 funding is approved and Year 3 notice of award is pending; any cut would impact CHEP, Surveillance, and DPC/City Clinic, but the EHE activity has longstanding federal support, and the department hopes litigation and federal actions preserve current allocations.

Commissioner Chow asked whether advisory functions could be done internally. Ms. Trainor explained neutral facilitation yields more candid community input on sensitive topics than when DPH is present, aligning with CDC best practices; DPH will oversee and integrate findings, while retaining consultant-led rooms to minimize bias and strengthen qualitative data.

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

4) DPH FY25-26 SECOND QUARTER REVENUE AND EXPENDITURE REPORT

Drew Murrell, DPH CFO, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Chow asked about the overall projection and division offsets. Mr. Murrell reported a \$33M positive revenue variance driven by Behavioral Health Services growth and timing of state claims, offset by ZSFG negative revenue due to April–October 2025 census declines. He noted that expenditures are expected to close on budget, with standard year-end fund transfers across divisions.

Commissioner Chow queried a discrepancy in patient service revenue figures. Lily Conover, DPH Controller, confirmed the \$15.1 value displayed was a typo; the projection should read \$20.5M, with a variance of \$5.4M against the \$15.1M revised budget.

Commissioner Chow asked whether the inpatient census fell or missed projections. Mr. Murrell stated DPH observed a decline in inpatient charging between April–October 2025 versus the prior year, consistent with a lower inpatient census in that period; recent data signal an upward trend.

Vice President Guillermo asked whether significant one-time revenues were budgeted forward. Mr. Murrell said one-time sources (e.g., claiming adjustments in BHS) are excluded from FY26–27 budget baselines, while DPH is assertively maximizing reimbursable revenue to preserve services.

Commissioner Chow asked why intergovernmental transfer offsets were higher than estimated and if that would continue. Mr. Murrell explained the state’s administrative fee for Medi-Cal IGT increased in the current year, and DPH tried up to actuals. No additional changes to local participation shares are anticipated next year under known program updates.

5) EMERGING ISSUES

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments.

6) PUBLIC COMMENT

Ky Albert, Associate Director of Behavioral Health Services, SF Community Health Center, highlighted the program’s trans-identified staffing approach, intensive ongoing therapy and crisis work at Timbuk2 Navigation Center and Trans Thrive, and reported recent outcomes, including housing stabilization for 86 clients and 33 gender-affirming surgeries completed, with additional surgeries scheduled

7) ADJOURNMENT

The meeting was adjourned at 3:28pm.