HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

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MINUTES
HEALTH COMMISSION FINANCE AND PLANNING COMMITTEE MEETING

Monday June 1, 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 Suzanne Giraudo, E.D.

Excused: Vice President Tessie Guillermo, Member

The meeting was called to order at 2:04pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION FINANCE AND PLANNING COMMITTEE OF MAY 4, 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) JUNE 2026 MONTHLY CONTRACTS REPORT

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

Public Comment:
There was no public comment on this item.

Commissioner Comments:

Bayview Hunters Point Foundation Contract

Commissioner Giraudo asked questions about the number and ages of children residing in Jelani Family Residential Program. She explained that children from infancy through age twelve require placements in different local schools, and she requested clarity on school enrollment and census data. She noted interest in understanding how many children live in the facility at once and how these ages affect program operations. She emphasized that, based on her experience running a child development center, the mix of ages could be challenging to manage, and she asked whether updated information could be provided. Ryan Fuimaono, Residential Substance Use Services Program Manager, confirmed that all children up to age twelve are enrolled in San Francisco schools and agreed to follow up with census and enrollment details. He stated that clients may stay up to twelve months and that outcome tracking will soon be more accessible due to the transition from Avatar to Epic. He also indicated that updated data could be provided to commissioners once available.

Six Registry Staffing Contracts

Commissioner Giraudo raised concerns about the long-term financial impact of registry staffing on hospital budgets, particularly at Zuckerberg San Francisco General Hospital (ZSFG). She asked whether unused contract funds could be rolled over or repurposed to reduce future registry reliance. She also asked staff to explain how these registry reductions align with earlier departmental goals to rebalance staffing. Her questions focused on transparency and fiscal accountability as clinical staffing models evolve. Troy Williams, San Francisco Health Network Chief Nursing Officer, explained that registry use has already decreased dramatically due to a new oversight program that reduced RN registry use by 91% and non-RN registry use by 64%. He described efforts to improve vendor responsiveness and noted that extensions of existing contracts might occur rather than issuing new ones. He affirmed the department's priority of maximizing civil service staffing and canceling registry shifts when permanent staff return from leave.

Commissioner Chow asked how ongoing personnel cost overruns relate to staffing categories such as P103 per-diem nurses. He sought clarification on whether retaining permanent nurses, though more expensive, was preferable to registry use and what strategies exist to manage budget deficits associated with staffing models. He also asked staff to explain cancellation rules, per-diem scheduling requirements, and barriers in the MOU that prevent optimal staffing practices. His questions emphasized the need for structural changes to ensure sustainability. Mr. Williams described P103 nurses as represented, as-needed staff whose scheduling rules differ from registry practices. He explained that per-diem cancellation rules currently require offering shifts to permanent 2320 staff before canceling P103 workers, which is atypical in healthcare settings. He noted the department is reviewing MOU language and scheduling practices to reduce unnecessary staffing costs while maintaining continuity of care.

Commissioner Chow noted that two registry vendors, Landsoft and Acore, were new to DPH and questioned whether these should be considered new contracts rather than extensions. He stated that when a new vendor is introduced, the Commission typically receives information on organizational leadership and structure. He expressed concern that labeling these as continuing services might obscure important distinctions needed for oversight. Mr. Williams explained that although services are continuing, the vendors themselves are new and selected through a competitive RFP process. He committed to providing board membership information, vendor origins, and additional background. Mr. Williams emphasized that new oversight tools allow rapid performance monitoring and immediate intervention if issues arise.

Marina Security Services

Commissioner Giraudo asked for specifics on staff training and integration of Marina Security's "safety ambassadors" into clinical workflows. She requested clarification on whether ambassadors receive training in new security systems and whether clinicians have clear protocols for seeking assistance. She sought examples of workflows where ambassadors intervene to de-escalate situations and how alerts are communicated to roaming personnel. Basil Price, DPH Security Services Director, confirmed that Marina staff receive trauma-informed de-escalation training and advanced physical intervention training. He explained that

ambassadors are embedded in clinic operations rather than stationed at fixed points and conduct regular interior and exterior rounds. He stated that each clinic maintains an orientation protocol outlining communication systems, alert mechanisms, and expectations for requesting support.

Commissioner Chow asked how staffing levels and ambassador assignments are determined for clinics with varying needs, including mental health programs. He inquired whether ambassadors roam with communication devices or maintain designated stations, and how clinicians reliably access them during urgent situations. He emphasized the importance of integrating ambassadors into multidisciplinary clinical teams to reduce risk and improve safety. Mr. Price explained that ambassadors both rotate through rounds and maintain fixed visibility points to address environmental risks. He noted that clinics orient ambassadors to patient-specific safety concerns and integrate them into care teams. Communication protocols ensure ambassadors are reachable by clinicians, and ambassadors may act as deterrents or engage directly depending on the scenario.

Commissioner Giraudo asked whether the Epiphany Residential and Step-Down programs operate in separate facilities and about historical ownership connections involving the Daughters of Charity. She requested discharge outcome information and prior contract amounts to understand service continuity and evaluate year-over-year changes. She emphasized the importance of transparent reporting for programs involving vulnerable mothers and young children. Mr. Fuimaono confirmed the programs operate in two different facilities and that both sites are managed under the same organizational structure. He stated that discharge outcomes can be provided and that prior contracts offered similar services under different contract numbers with minor cost-of-business adjustments.

Commissioner Giraudo commended the program for strong performance data and asked whether increased demand would exceed contracted capacity. She questioned how the program scales given its weekly average of 110–170 encounters and asked what the projected service ceiling might be under current funding. She also inquired about the age distribution of clients, noting growing concerns about substance use among younger individuals. Her questions highlighted the need for monitoring emerging demographic trends. Christian Morales, DPH Substance Use Services Program Manager, stated that SOMA RISE has been expanding its reach and may exceed its contractual service units due to high turnover within 24-hour stays. He described “radical hospitality” and motivational interviewing as key engagement strategies supporting recovery pathways. He said age data could be provided and emphasized the program’s role as a crucial entry point into treatment.

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 Jeweld Legacy Group to perform Behavioral Health Services Project Management and Strategic Planning. The total proposed agreement amount is $336,000 which includes a 12% contingency for the term of 07/01/26 through 06/30/2027 (1 year).

Heather Weisbrod, Director, Office of Coordinated Care / Director, Intensive Services and Access, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no Commissioner comments.

Action Taken: The committee unanimously recommended that the full Health Commission approve the contract.

5) Request for approval of a New Grant Agreement with The Salvation Army to provide up to two years of drug-free transitional housing and peer recovery support for individuals recovering from substance use disorders. The total proposed agreement amount is $9,868,878, which includes a 12% contingency for the term of July 1, 2026 through June 30, 2029 (3 years).

Ryan Fuimaono, BHS Residential Substance Use Services Program Manager, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
Commissioner Giraudo asked for clearer lists of services in future contract packets to reduce the need for verbal clarification. She also questioned the program's approach to client relapse, including what steps are taken when a participant resumes substance use. Additionally, she requested relapse data for the Wells Place program to help address community concerns regarding treatment facilities in residential neighborhoods. Mr. Fuimaono stated that relapse responses are determined case-by-case, with options including withdrawal management or residential treatment when appropriate. He explained that some clients are temporarily removed for stabilization but may return following reassessment. He agreed to provide relapse rate data and noted that community concerns at Wells Place have diminished significantly due to strong program

Action Taken: The committee unanimously recommended that the full Health Commission approve the contract.

6) Request for approval of a New Professional Services Agreement, with Garfield Nursing Home Inc to provide Skilled Nursing Facility (SNF) services at Garfield Neurobehavioral Center and Morton Bakar. The total proposed agreement amount is $8,925,337 which includes a 12% contingency for the term of July 1, 2026 through June 30, 2030 (4 years).

Armando Chávez Vallín, Operations Director, Residential System of Care, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
(Note that the comment below relates to items 6 and 7)

Commissioner Giraudo asked for clarification regarding acceptance criteria for each facility, particularly concerning conservatorship requirements for clients served at Garfield's neuro-behavioral unit. She also sought to understand distinctions between skilled nursing facilities and residential care facilities concerning levels of care, hospice needs, neurological conditions, and dementia. She requested revisions to contract documentation to better reflect client eligibility and services, noting that ambiguous language can confuse families seeking appropriate placement. Mr. Vallin clarified that most Garfield clients are LPS-conserved due to psychiatric disorders, while Morton Baker serves clients whose primary diagnosis is psychiatric with secondary medical needs. Victoria Manor supports residents requiring moderate levels of nursing, including some hospice care cases. He agreed to revise language in contract documents to clarify eligibility criteria and distinctions across care tiers.

Action Taken: The committee unanimously recommended that the full Health Commission approve the contract.

7) Request for approval of a New Professional Services Agreement, with Sky Blue Health dba Victorian Manor to provide Adult Residential Care Facility (RCF) services. The total proposed agreement amount is $8,880,678 which includes a 12% contingency for the term of July 1, 2026 through June 30, 2029 (3 years).

Armando Chávez Vallín, Operations Director, Residential System of Care, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
See Commissioner Comments for item 6.

Action Taken: The committee unanimously recommended that the full Health Commission approve the contract.

8) Request for approval of a New Grant Agreement with All My Usos to perform Community Health Worker and Medi-Cal Reimbursement Pathways Pilot Services. The total proposed agreement amount is $179,200 which includes a 12% contingency for the term of 7/1/2026 through 6/30/2027 (1 year).

Nikole Trainor, CHEP System of Care Budget, Contracts & Program Operations Manager, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
(Note that the comment below relates to items 8 and 9)

Commissioner Giraudo asked how program performance would be measured given the prevention-oriented nature of the pilot. She sought clarity about whether the project focused on training community health workers or testing Medi-Cal billing feasibility. She requested information on how outcomes would be evaluated when prevention effects are often long-term and difficult to quantify. Ms. Trainor explained that the pilot will assess two goals: delivering prevention services to reduce chronic disease disparities and evaluating whether small CBOs can feasibly implement Medi-Cal billing systems. She stated that each organization will produce an analysis of barriers, costs, and challenges. She also noted that different target populations will provide broader insight into community-level feasibility.

Action Taken: The committee unanimously recommended that the full Health Commission approve the contract.

9) Request for approval of a New Grant Agreement with Safer Together to perform Community Health Worker and Medi-Cal Reimbursement Pathways Pilot Services. The total proposed agreement amount is $179,200 which includes a 12% contingency for the term of 7/1/2026 through 6/30/2027 (1 year).

Nikole Trainor, CHEP System of Care Budget, Contracts & Program Operations Manager, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
(Note that the comment below relates to items 8 and 9)

Action Taken: The committee unanimously recommended that the full Health Commission approve

the contract.

10) Requesting recommendation to Health Commission for approval of Resolution Approving the Justification and Recommendation by Director of Health to designate as a sole source contract under Admin. Code Sec. 21.42, contract with Public Health Foundation Enterprises dba Heluna Health CID 1000029573 for Project Management/Project Administration services to implement priority mental health reforms in the total amount with contingency of $1,059,965, for the term 9/15/23, through 6/30/27 (3 years, 9.5 months).

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

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no Commissioner comments.

Action Taken: The committee unanimously recommended that the full Health Commission approve the contract.

11) Requesting recommendation to Health Commission for approval of Resolution Approving the Justification and Recommendation by Director of Health to designate as a sole source contract under Admin. Code Sec. 21.42, the Capacity Building program in the amount of $5,525,471 within the contract with San Francisco AIDS Foundation CID 1000024734 for Health Access Point (HAP) Services with a total contract amount with contingency of $23,832,933, for the term 1/1/23, through 6/30/30 (7.5 years).

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

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no Commissioner comments.

Action Taken: The committee unanimously recommended that the full Health Commission approve the contract.

12) EMERGING ISSUES

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no Commissioner comments.

13) PUBLIC COMMENT

There was no public comment.

14) ADJOURNMENT

The meeting was adjourned at 3:27pm.