From: Somera, Alisa (BOS)
To: BOS Legislation, (BOS)
Subject: FW: Oppose the Closure of CHPY Clinics and Reevaluate the Underutilization Narrative
Date: Tuesday, June 16, 2026 2:06:31 PM
Attachments: CHPY Staff HC Mtg Presentation.pptx

Please add to the Beilenson Hearing file.

From: Sophia Padilla <sophia.e.padilla@gmail.com>
Sent: Tuesday, June 16, 2026 1:43 PM
To: Sophia Padilla <sophia.e.padilla@gmail.com>
Subject: Oppose the Closure of CHPY Clinics and Reevaluate the Underutilization Narrative

Dear Members of the Board of Supervisors,

I am writing as a behavioral health clinician, City employee, and subject-matter expert in Transitional Age Youth (TAY) mental health to urge you to oppose the planned closure of the CHPY clinics, the Michael Baxter Larkin St Clinic, and the Cole St Youth Clinic.

Attached is a presentation by CHPY staff for the Health Commission Meeting in May that outlines many of the concerns raised by staff, patients, and community members throughout this process. I hope you will take the time to review it and carefully examine the assumptions being used to justify these closures.

A central argument supporting the closure of these clinics has been that they are "underutilized." As someone who has worked within this system, I believe that characterization is both incomplete and misleading.

For years, these clinics have operated under chronic staffing shortages and limited resources. Vacant positions have remained unfilled, staff have been stretched thin, and our ability to provide services has been constrained by factors outside of our control. When a clinic lacks adequate staffing, it inevitably has fewer available appointments, reduced outreach capacity, and diminished ability to serve the community at its full potential.

It is therefore inaccurate to view lower service numbers as evidence that a clinic is unnecessary. What is being presented as underutilization is more accurately the result of underinvestment.

The question should not be, "Why aren't these clinics serving more people?" The question should be, "What could these clinics accomplish if they were adequately staffed and supported?"

Despite these challenges, CHPY staff have continued to provide essential services to some of San Francisco's most vulnerable residents. The clinics serve individuals who often face significant barriers to accessing care, including Transitional Age Youth navigating mental health challenges, community members experiencing instability, and patients who depend on trusted relationships with their providers.

Closing these clinics does not eliminate the need for these services. It simply shifts the burden elsewhere while disrupting established care, reducing access points, and increasing the likelihood that vulnerable individuals will fall through the cracks.

I am also concerned that the discussion has focused heavily on utilization metrics while giving insufficient consideration to the broader impacts on patients, staff, and communities. Healthcare access cannot be evaluated solely through spreadsheets and appointment counts. We must also consider continuity of care, community trust, cultural responsiveness, geographic accessibility, and the long-term costs of disrupting preventive behavioral health and medical services.

As the City continues to face difficult budget decisions, I respectfully ask that alternatives to closure be explored. Before permanently eliminating these community resources, I urge you to consider strategies that would strengthen clinic operations through adequate staffing, operational support, and targeted investment rather than reducing service capacity.

The decision to close these clinics will have lasting consequences for patients, families, staff, and the communities we serve. I hope the Board will carefully examine the underlying assumptions behind these closures and advocate for solutions that preserve access to care while addressing the City's fiscal challenges.

Thank you for your time, your service, and your consideration of this issue. I would be happy to discuss these concerns further or answer any questions regarding the impacts these closures will have on patients and the behavioral health system.

Sincerely,

Sophia Padilla, MA, LMFT
Behavioral Health Clinician
Michael Baxter Larkin St Clinic

--
Sophia Esperanza Padilla | she/ her/ hers
Licensed Marriage & Family Therapist #161898
LinkedIn: www.linkedin.com/in/sophiaepadilla

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

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**

2024-2025 Adolescent Health Survey - Maternal, Child, Adolescent Health

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

94% of Gen Z youth report frequent mental health challenges.

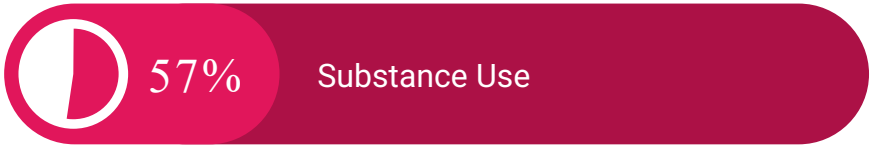
98% of Gen Z youth report frequent mental health challenges.

25% of those who report their mental health was poor are LGBTQ+.

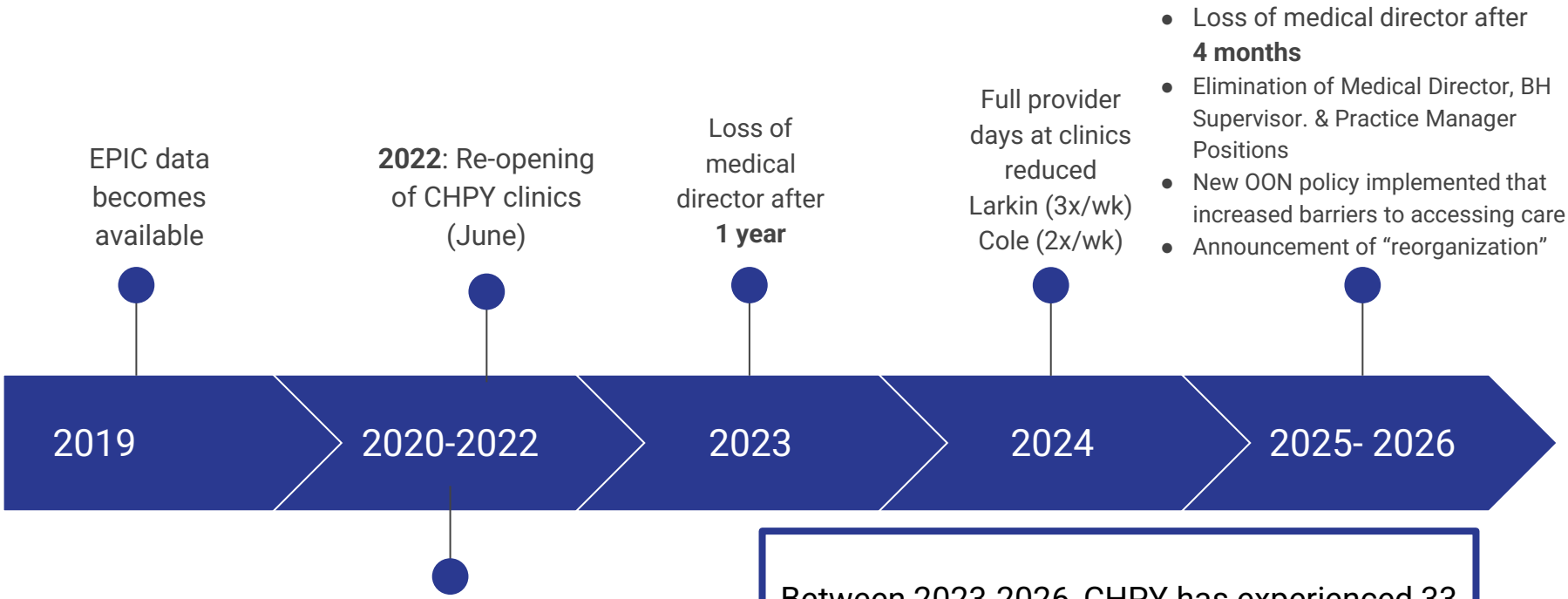
Most youth prefer face-to-face mental health care.

2025 BlueSky Youth Mental Health Survey

Michael Baxter Larkin St Clinic
in partnership with LARKIN St



Data collected in 2024-2025, through Coordinated Entry Assessments



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

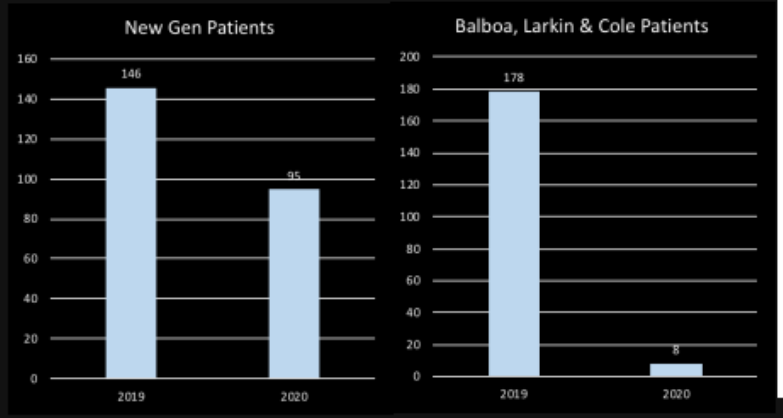
All CHPY clinics closed during the pandemic with no concrete plan to get youth redirected to services. Only population to experience closures like this.

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

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

COVID-19 & CHPY PATIENT ACCESS

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



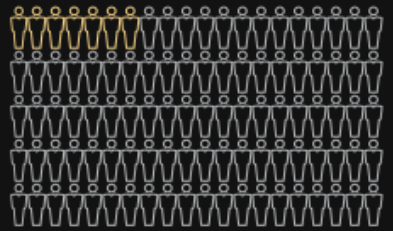
35% vs 96%

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.



SF Youth Access to Health Care During Shelter In Place Survey via SFDPH Family Planning Program

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

Frequent Staff Turnover → **Short-Staffing & Day-Of Clinic Closures** → **“Underutilization”**

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.**

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.

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

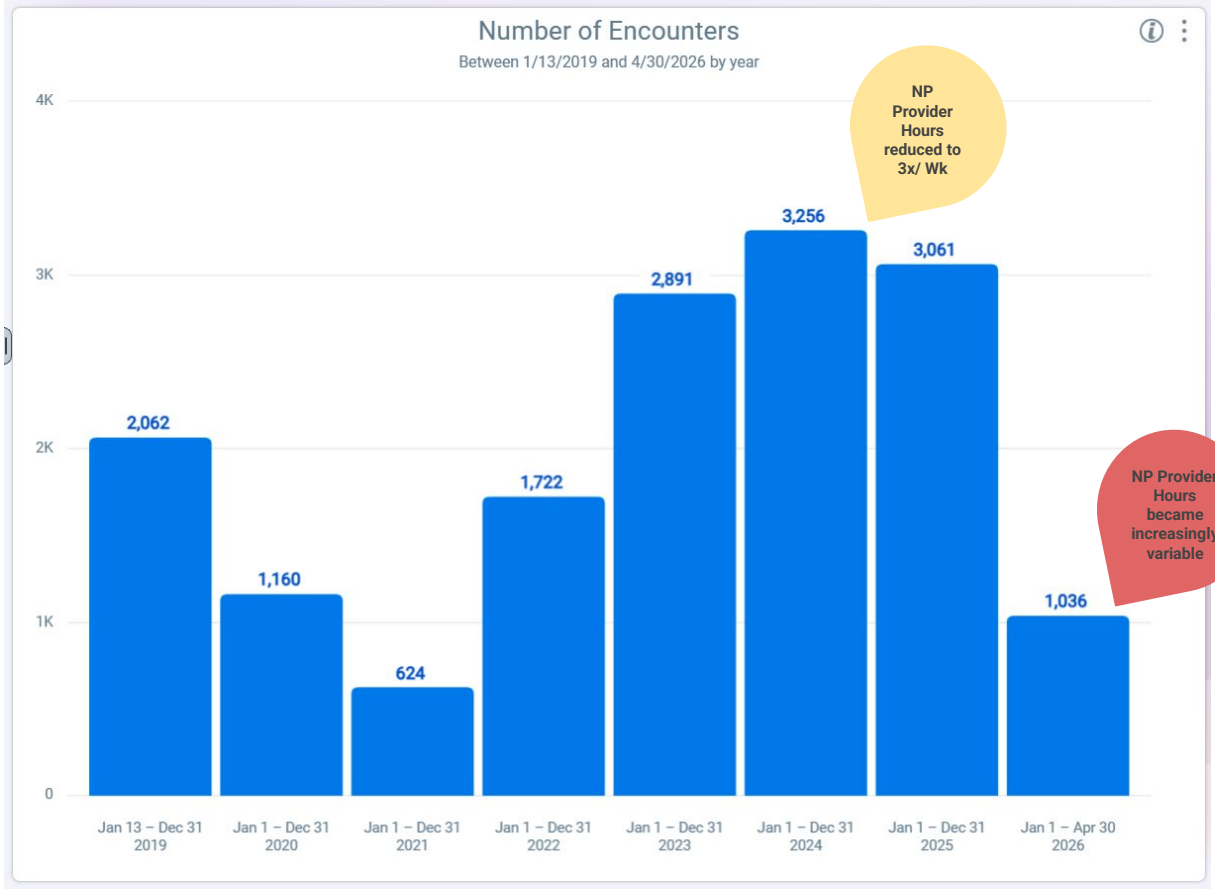
When really, **staff are forced to turn away patients** and refer patients outside of CHPY.

The Numbers
Larkin

355 "Unique" Patients

VS.

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



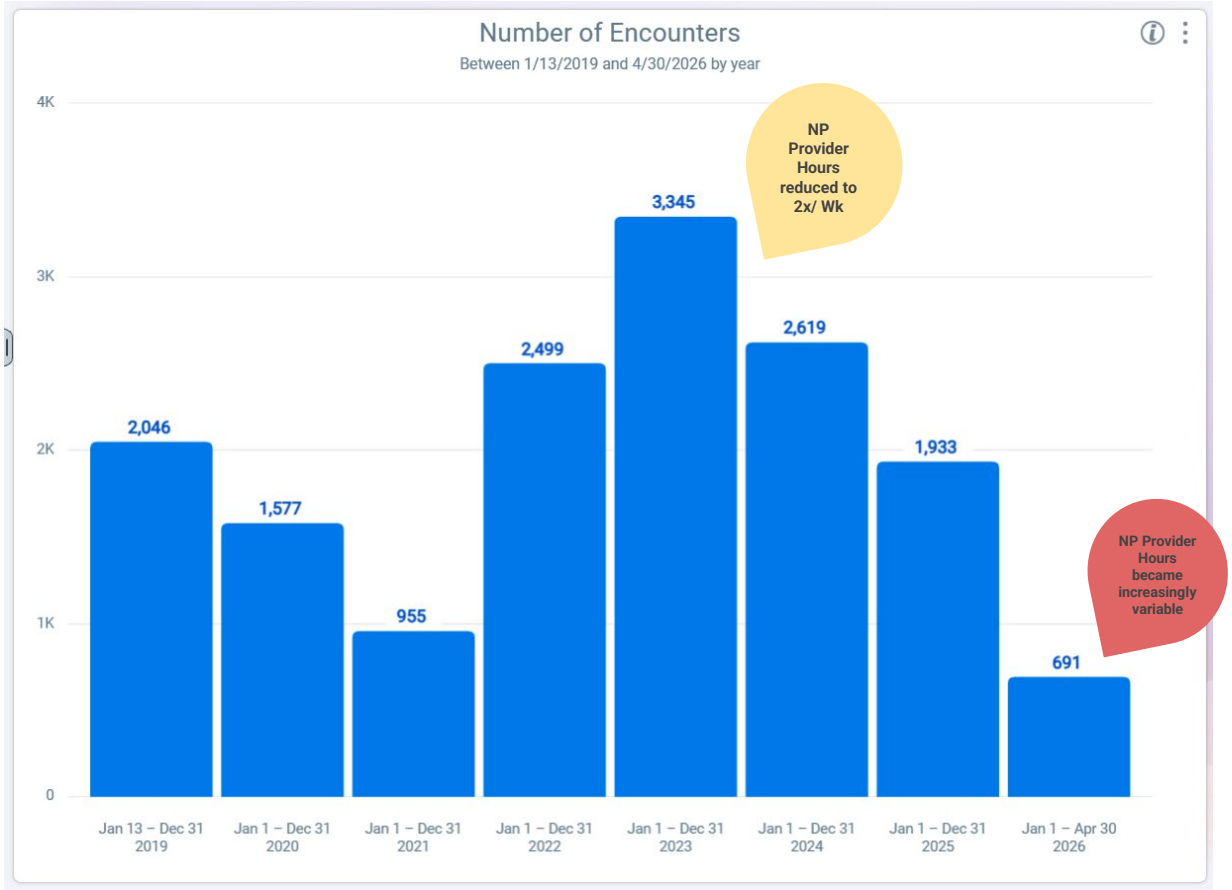
Combined Medical and Behavioral Health Encounters (per year)

The Numbers
Cole

257 "Unique" Patients

VS.

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

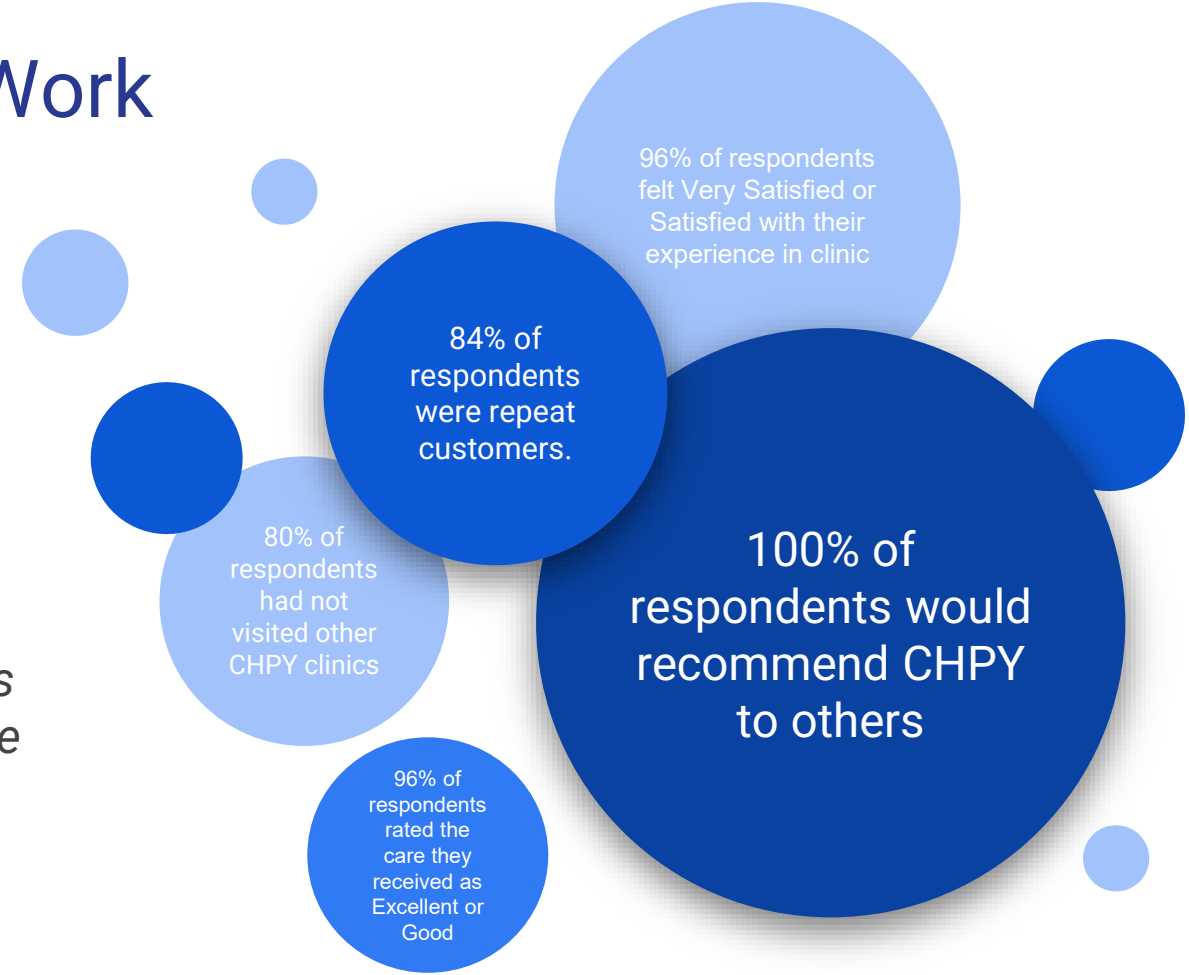


Combined Medical and Behavioral Health Encounters (per year)

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*.