MINUTES
HEALTH COMMISSION MEETING
Tuesday, June 5, 2018, 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER
Present:
Commissioner Edward A. Chow M.D., President
Commissioner Dan Bernal
Commissioner Laurie Green, MD
Commissioner Tessie Guillermo
Commissioner James Loyce, Jr., M.S.
Commissioner David J. Sanchez Jr., Ph.D.

Excused:
Commissioner Cecilia Chung

The meeting was called to order at 4:06pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 15, 2018

Action Taken: The Health Commission unanimously approved the minutes.

3) DIRECTORS REPORT
Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp

EPIC Update: Let the build begin
As we head into the official start of summer, the SFDPH Epic Electronic Health Record (EHR) project also enters an exciting new phase. On June 4th, the project transitioned into the Adoption phase (Phase 2), which features the actual build of the EHR we will implement on August 3rd, 2019.

“Build” is the process during which our IT team takes decisions made in more than 240 Phase 1 Direction Setting sessions and weaves them in to the Epic foundation system. This ensures that our Epic EHR will meet our needs in very specific ways, while still implementing the foundational aspects of the system.
“We have a once-in-a-lifetime opportunity at this moment to shape and build the future of DPH by aligning with the foundation,” said Jim Marks, Chief of Staff and Chief of Performance Excellence at ZSFG. “It enables us to transform our current broken workflows into standardized best practices, resulting in profound improvements in the areas of safety, quality, patient experience and finances.”

While the foundation provides the base EHR structure, the system must be built according to the ways that we will provide care throughout our network. Workflows around how our clinicians are assigned to a patient’s treatment team, or critical decisions such as what medication changes require treatment plan re-authorization, all must be established in Epic. We will also integrate new processes such as those relating to Epic’s patient portal, MyChart. In the coming months, identified Subject Matter Experts (SMEs) from around DPH will even have an opportunity to preview these specific details as they are being built into the system. For more information on the Epic project, visit the Epic Communications SharePoint site. New content is added frequently, so visit often!

Health Department to expand Street Medicine Team and low-barrier buprenorphine program

Mayor Mark Farrell and Health Director Barbara Garcia announced May 17th an expansion of the Department of Public Health’s Street Medicine Team and its first in the nation program to bring opioid treatment directly to homeless people in need.

The two-year, nearly $6 million dollar initiative will be in the Mayor’s budget proposal. It will add 10 clinicians, doubling the size of the Street Medicine Team, which provides outreach, assessment, care and connections to services to homeless people with medical, psychiatric and substance use conditions, who have difficulty accessing health care services.

The new funding will expand the Street Medicine Team and its Low Barrier to Medications for Addiction Treatment (MAT) Program, which completed a successful one-year pilot in November 2017. The program brings access to the opioid treatment medicine buprenorphine directly to homeless people who use heroin and have not received treatment successfully at methadone clinics or buprenorphine through primary care. The expanded MAT program will be able to care for 250 patients. The Street Medicine team will add physicians, nurses, psychiatric social workers, clinical pharmacists and technicians, health workers and health program coordinators.

The Street Medicine buprenorphine program is another important step to address the heroin, methamphetamine and fentanyl crisis afflicting drug users in our community. Homeless people who use drugs are especially vulnerable, and our system of care needs to adapt. Through the buprenorphine pilot program, homeless patients with opioid use disorders are engaged by peer outreach workers and offered assessment, education and same-day prescription for buprenorphine by the medical team. The patients received these services in a variety of locations, including at syringe access sites, navigation centers, or in streets and parks. The MAT program’s innovation puts outreach first, instead of waiting for people with addiction to seek care.

Buprenorphine is now covered by Medi-Cal, as part of the Affordable Care Act, and the city expects to be reimbursed $896,000 each year for prescriptions made by the expanded MAT program. The Street Medicine’s MAT program fits into an overall strategy to expand access to buprenorphine for heroin and opioid users in
San Francisco. That medication can now be started in the emergency room or as an inpatient at Zuckerberg San Francisco General Hospital, or at a primary care clinic in the San Francisco Health Network.

**City to backfill federal cuts and fund HIV prevention, health services and Getting to Zero**
Mayor Mark Farrell announced May 23rd that his two-year budget would include more than $4 million additional funding for HIV/AIDS prevention and health services programs, helping to backfill local and federal funds for critical services.

The budget proposal includes $2.8 million to backfill losses from federal spending cuts at the Centers for Disease Control and Prevention (CDC). Those funds will pay for disease surveillance and prevention programs, HIV testing and coordination of syringe access and disposal programs, among other initiatives. Since FY 2012-13, San Francisco has backfilled $16.3 million in HIV/AIDS federal funding reductions.

Additionally, the budget includes $1.4 million to backfill expiring funds for the City’s Getting to Zero initiative, a multi-sector collaborative involving community-based organizations, the Department of Public Health, and UCSF, among others. The goal of Getting to Zero, which began in 2014, is for San Francisco to reach zero new HIV infections, zero HIV-associated deaths and zero stigma and discrimination by 2025.

The $1.4 million will support outreach, prevention and treatment programs tailored to serve people experiencing the greatest HIV disparities -- African American and Latino men who have sex with men, youth and trans women. It will also fund employment and food security programs for people living with HIV.

**DPH to administer $3.8M from sugary beverage tax to combat health disparities**
Mayor Mark Farrell and Supervisor Malia Cohen announced May 29th that the City will spend $10 million annually in soda tax revenue to address health inequities, with a specific focus on improving outcomes among low-income communities and communities of color. Historically, soda consumption has been higher in low-income communities, which subsequently have disproportionately high rates of obesity, heart disease and diabetes. The funding will support health education, physical activity and food access programs and campaigns to raise awareness about the consumption of sugary drinks.

Of the $10 million in additional annual funding, $3.8 million will be administered by the Health Department as grants to community-based organizations serving low-income communities and communities of color, with a focus on preventive health measures. The School District will administer another $728,000 of those grants. The funding also will support food security through healthy eating vouchers, to be administered by community-based organizations and faith-based organizations. In addition, the tax measure will also expand peer programming at HOPE SF housing sites in communities impacted by health disparities. It will also support the City’s Peace Parks program, the successful Healthy Retail program and several oral health task forces across the city.

Mayor Farrell and Supervisor Cohen largely accepted the recommendations of the Sugary Drinks Distribution Tax Advisory Committee (SDDTAC) on a funding plan for the tax measure. The Committee began meeting in December 2017, and offered data-based recommendations regarding tax expenditures in April 2017. In 2016, more than 62 percent of San Francisco residents approved the Soda and Sugary Beverages Tax measure, which imposed a tax of one cent per ounce on the distribution of certain sugary beverages in the city.

**Tobacco Free Project participates in Community Action Model, empowering youth leaders**
The Community Health Equity & Promotion Branch’s Tobacco Free Project (TFP) is proud to share that on May 2nd, over 100 community members gathered at the African American Arts & Culture Complex to experience presentations from Emerging Community Leaders (ECLs) on their original, community-based research as part
of their involvement in the Community Action Model (CAM). CAM has a 20-plus year legacy of fostering and empowering youth leaders in public health and has been an integral part of the success of the San Francisco Tobacco Free Coalition and the Tobacco Free Project. Over the years CAM has included 69 projects and resulted in at least 41 Policy, System and Environmental changes that benefit health. The ECLs come from diverse local organizations including the Samoan Community Development Center, Booker T. Washington Community Center, Youth Leadership Institute, Vietnamese Youth Development Center, and several others. They have been working with the TFP for nearly a year, learning how to conduct and evaluate research. Friends and family of the participants, DPH staff, university researchers, and other community members learned about how the city’s most vulnerable communities are being affected by tobacco and how local youth and community leadership are working together to make a difference. Attendees were impressed not just by the findings, but by seeing so many young people dedicating themselves to improving the health of their community. These projects are powerful learning opportunities for Emerging Community Leaders, providing them skills and tools to dig deep into the root causes of health inequity, propose solutions, and utilize their own voice and power in their community.

**PRIDE 2018**

Join us Sunday, June 24th in the annual LGBTQ PRIDE parade. This year’s theme is “Generations of Pride” so we’d love to get some DPH alumni, family and friends out to march with us. We’ve got a good spot in the lineup, so we’re pretty sure we’ll be done by 12:30 that day. We’ll be handing out condoms and PrEP giveaways. If you want to help or join, please get in touch with Brandon.Ivory@sfpdh.org.
### May 2018
Governing Body Report - Credentialing Summary
(5/17/18 MEC)

#### New Appointments
5/2018 | 07/2017 to 07/2018
--- | ---
5 | 190

#### Reappointments
Reinstatements: | 42 | 544

#### Delinquencies:
Reappointment Denials: | 17 | 164

#### Resigned/Retired:

#### Disciplinary Actions

#### Administrative Suspension

Restriction/Limitation-Privileges

#### Deceased

#### Changes in Privileges

Voluntary Relinquishments | 17 | 126
Additions | 8 | 254
Proctorship Completed | 18 | 218

#### Current Statistics – as of 5/3/18

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<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tr>
<td>Affiliated Professionals (non-physicians)</td>
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<td><strong>TOTAL MEMBERS</strong></td>
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#### Applications in Process

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<td><strong>Applications Withdrawn Month of May 2018</strong></td>
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<tr>
<td><strong>SFGH Reappointments in Process 6/2018 to 8/2018</strong></td>
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### (FY 2017-2018)

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<tr>
<td>Disciplinary Actions</td>
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<td>Administrative Suspension</td>
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<td>Restriction/Limitation-Privileges</td>
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<tr>
<td>Deceased</td>
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<td>0</td>
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<tr>
<td>Changes in Privileges</td>
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<td></td>
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<tr>
<td>Additions</td>
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<tr>
<td>Voluntary Relinquishments</td>
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<td>Proctorship Completed</td>
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<tr>
<td>Proctorship Extension</td>
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### Current Statistics – as of 05/01/2018

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<td>As-Needed Medical Staff</td>
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<td>External Consultant Medical Staff</td>
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<td>Courtesy Medical Staff</td>
<td>2</td>
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<tr>
<td>Affiliated Health Practitioners</td>
<td>14</td>
</tr>
<tr>
<td><strong>TOTAL MEMBERS</strong></td>
<td><strong>108</strong></td>
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</tbody>
</table>

### Applications in Process

- **Applications in Process**: 8
- **Applications Withdrawn this month**: 0

### DPH in the News May 11 – May 30

San Francisco Chronicle. May 11, 2018, Data breach affects nearly 900 patients from two San Francisco hospitals


Body of woman found in SF hospital stairwell
San Francisco Examiner
Michael Barba

Woman’s body found in San Francisco General Hospital stairwell
SFGATE
Erin Allday
Director Garcia stated that on May 30, 2018, a deceased person was found on the ZSFG campus. She noted that because the incident is still under investigation, the SFPDH is not able to comment on any details at this time. She added that she and the SFDPH staff would like to extend their sincere condolences to the family.

Commissioner Comments:
Commissioner Chow stated that the Health Commission would like to extend its deepest sympathy to the family.

Regarding the budget update, Commissioner Chow asked if the list of budget items contained in the Report were contained in the budget that the Health Commission approved. Director Garcia stated that the Mayor’s Office has added several items of funding which will now be considered by the Board of Supervisors.

Regarding the SFDPH Pride contingent, Commissioner Loyce stated that he enjoyed being part of the SFDPH Pride contingent last year and will again join them this year.

4) GENERAL PUBLIC COMMENT
Giolonda Molinani, sister of a participant in the Stepping Stone Presentation Day Program, stated that she urges the Health Commission to stop the transfer of the public health nurse at the program. The announcement of the transfer of this nurse was made over six months ago but has not been stopped. The only applicants who applied to replace this nurse are new graduates of nursing school who have little to no relevant experience with the elderly program participants with complex medical issues. She also noted that the nurse is to be transferred to an advice line, which is not a good use of her effective nursing skills. She also read a letter from a participant who was not able to attend the meeting. The letter stated that the nurse understands her and can effectively deal with her medical issues. It added that there is love and trust between the existing nurse and the program participants, some of whom have worked for over a decade with the nurse.

Another program participant stated that the nurse has helped her for ten years and the participants need her.
Michael Xavier stated that prior to his mother’s death, she was a participant at the program and the nurse was extremely helpful, kind and skillful in dealing with her. He added that it is a mistake to transfer the nurse to another program.

Commissioner Chow thanked those who made public comment and noted that the Health Commission does not discuss items raised in public comment and requested that Director Garcia follow-up on this issue.

Director Garcia stated that she will visit the program with other SFDPH staff and will review the recommendation to transfer this nurse.

5) **FINANCE AND PLANNING COMMITTEE**

Commissioner Bernal Chaired the Finance and Planning Committee and stated that all the items on the Consent Calendar were reviewed by the Committee. He thanked Michelle Ruggels, Director of the SFPDH Business Office, for the comprehensive information. He noted that the Committee recommended that the full Commission approve all the items on the Consent Calendar.

**Commissioner Comments:**


Commissioner Green asked for clarification of the evaluation process for vendors who contract with the SFDPH. Ms. Ruggels stated that there is an annual monitoring process to check SFPDH contract compliance; the SFDPH takes action if contract objectives have not been met. She added that the Controller’s Office coordinates a city-wide monitoring effort for organizations that have contracts with more than one City Department.

Commissioner Green asked if the monitoring process is staggered and asked how the SFDPH ensures continuity of care when it changes vendors. Ms. Ruggels stated that the SFDPH monitoring timelines are staggered based on funding source cycles. She added that the SFDPH ensures continuity through an extended process of technical assistance to its contractors. If there are problems identified in the monitoring process, corrective action plans may be developed. She noted that the SFDPH usually has approximately six months to plan when transferring a service to another vendor.

Commissioner Guillermo asked for clarification regarding the organizations that are listed as “Not Currently Contractors.” Ms. Ruggels stated that these agencies are on the list so that they can quickly be used if a service is needed to be contracted quickly.

Commissioner Sanchez asked if the SFDPH staff still conduct due diligence activities before contracting with organizations on the list. Ms. Ruggels stated that all vendors go through a vetting process prior to SFDPH contracting with them.

Commissioner Chow noted that on the Contracts Report, the correct annual amount for the Netsmart Technologies Inc. contract is $2,690,938. The prior annual amount was $2,838,109. He added that the Finance and Planning Committee was told that the decrease in this contract is due to a change in function; the original contract was for initial implementation and the newer contract is for maintenance.
Commissioner Comments: Commissioner Loyce stated that he sits on the Board of Directors for the Public Health Foundation and noted that the organization is listed on the Sole Source list contained in the Consent Calendar. He requested that he be granted permission to recuse himself from the vote on this item.

Action Taken: The Health Commission (Commissioners Chow, Bernal, Guillermo, Green, and Sanchez) voted to give permission to Commissioner Loyce to recuse himself from the vote on the 2017-18 DPH Sole Source Request under Administrative Code 21.42.

Action Taken: The Health Commission (Commissioners Chow, Bernal, Guillermo, Green, and Sanchez) voted to approve the 2017-18 DPH Sole Source Request under administrative Code 21.42.

Action Taken: The following items were unanimously approved (Commissioners Chow, Bernal, Green, Guillermo, Loyce, and Sanchez):

- JUNE 2018 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE 314E CORPORATION, TO PROVIDE AS-NEEDED IT BACKFILL, SUPPLEMENTAL STAFFING, CONSULTANTS, PROJECT MANAGERS OR PROJECT LEADS FOR APPLICATIONS, ACTIVE DIRECTORY, SERVICE DESK, AND/OR SERVICE DESK TECHNICIANS IN SUPPORT OF THE ELECTRONIC HEALTH RECORD PROJECT IN THE AMOUNT OF $9,300,000. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS FOR THE PERIOD MAY 25, 2018 TO JULY 31, 2020 (26 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH VIRTUELLIGENCE INC, TO PROVIDE AS-NEEDED IT BACKFILL, SUPPLEMENTAL STAFFING, CONSULTANTS, PROJECT MANAGERS, OR PROJECT LEADS FOR APPLICATIONS, ACTIVE DIRECTORY, SERVICE DESK, AND/OR SERVICE DESK TECHNICIANS IN SUPPORT OF THE ELECTRONIC HEALTH RECORD PROJECT IN THE AMOUNT OF $9,300,000. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS FOR THE PERIOD JUNE 1, 2018- JULY 31, 2020 (25 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH CAREMESSAGE TO PROVIDE ALL SOFTWARE, IMPLEMENTATION SUPPORT AND ONGOING MAINTENANCE NECESSARY FOR THE OPERATION OF A HIPAA SECURE PATIENT OUTREACH/MESSAGING SYSTEM CAPABLE OF APPOINTMENT REMINDERS AND PATIENT OUTREACH FUNCTIONS. THE CAREMESSAGE SERVICE IS IN SUPPORT OF THE DEPARTMENT OF PUBLIC HEALTH NEW ELECTRONIC HEALTH RECORDS (EHR) SYSTEM. THE TOTAL CONTRACT AMOUNT IS $1,162,661. THE TERM OF THE CONTRACT IS FOR THE PERIOD JUNE 1, 2018 THROUGH MAY 31, 2023 (60 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH EXPERIAN HEALTH LLC, IN THE AMOUNT OF $2,739,380, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE A HEALTHCARE CLAIMS AND HEALTHCARE CLAIM PAYMENT REMITTANCE APPLICATION, INCLUDING BILLING SCRUBBING FOR THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, FOR THE PERIOD JUNE 1, 2018 THROUGH MAY 31, 2023 (60 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH HARMONY HEALTHCARE IT TO PROVIDE HIPAA SECURE CUSTOMIZED DATA EXTRACTION AND TRANSFORMATION SERVICES FROM OUR LEGACY ELECTRONIC HEALTH RECORD SYSTEMS TO THE DEPARTMENT OF PUBLIC HEALTH EPIC ELECTRONIC HEALTH RECORDS (EHR) SYSTEM IN SUPPORT OF THE ELECTRONIC HEALTH RECORD PROJECT IN THE AMOUNT OF $5,061,067. THE TERM OF THE CONTRACT INCLUDING OPTIONAL PRODUCTS AND SERVICES FOR THE PERIOD JUNE 1, 2018 TO MAY 31, 2023 (60 MONTHS).
REQUEST FOR APPROVAL OF A NEW CONTRACT WITH MMODAL SERVICES LTD. TO PROVIDE SOFTWARE, IMPLEMENTATION SUPPORT AND ONGOING MAINTENANCE, AND HOSTING, NECESSARY FOR A DICTATION SYSTEM, TRANSCRIPTION SYSTEM, AND A SPEECH RECOGNITION SYSTEM, AND TRADITIONAL TRANSCRIPTION AND DICTATION SERVICES IN SUPPORT OF THE ELECTRONIC HEALTH RECORD PROJECT IN THE AMOUNT OF $7,478,684. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS FOR THE PERIOD JUNE 1, 2018 TO MAY 31, 2023 (60 MONTHS).

REQUEST FOR APPROVAL OF A NEW CONTRACT WITH SURESCRIPTS, LLC TO PROVIDE ACCESS TO THE SURESCRIPTS LLC, NETWORK FOR USE BY THE SFDPH PHARMACY UNIT IN SUPPORT OF THE SFDPH EHR PROJECT. THIS AGREEMENT SHALL BE IN THE AMOUNT OF $3,000,000 DOLLARS WITH OPTIONAL RENEWAL TERMS FOR THE PERIOD JUNE 1, 2018 TO MAY 31, 2018.

7) REVISED SFDPH NAMING OF FACILITIES POLICY
Commissioner Chow stated that this item will be deferred due to pending review by the City Attorney’s office. The item will be rescheduled later in the year.

8) REVISED HEALTH COMMISSION RULES AND REGULATIONS
Edward A. Chow, MD, Health Commission President, stated that revisions to the Health Commission Rules and Regulations were presented at the April 17, 2018 Health Commission meeting. He noted that the revised document reflects the current Committee structure including the Finance and Planning and Community and Public Health Committee. He also stated that the revisions add instructions that Committee meetings will be noticed as Special Meetings of the Health Commission in the event that a quorum, four Commissioners, of the full Health Commission is present at a Committee meeting. Any action taken by a Committee with a quorum of the full Commission will be considered a recommendation for the full Health Commission to consider at one of its regularly scheduled meetings.

Action Taken: The Health Commission unanimously approved the revised Health Commission Rules and Regulations.

9) OTHER BUSINESS:
Mr. Morewitz stated that the August 7, 2018 Health Commission meeting in the Richmond neighborhood will be held at the Richmond Recreation Center located at 251 18th Avenue. He added that he will be contacting the Health Commissioners to schedule a joint meeting with the Planning Commission to review the Development Agreement between the City and CPMC.

10) JOINT CONFERENCE COMMITTEE REPORTS
Commissioner Chow, ZSFG JCC Chair, stated that during its May 22, 2018 meeting, the Committee reviewed and discussed the standard reports which included: Regulatory Report, Hospital Administrator Report, Patient Care Services Report, Human Resources Report, and Medical Staff Report. The Committee also discussed the presentation, “Optimizing A Care Experience Model.” The Committee approved the Physician Assistant Delegation of Agreement, Surgery Standard Procedures, Pharmacy Pain Consultation Standard Procedures, and Revised Emergency Department Airway Management Privileges. In closed session, the Committee approved the Credentials Report and Report of the PIPS Minutes.

11) CLOSED SESSION
A) Public comments on all matters pertaining to the closed session
B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11) and to invoke the attorney-client privilege (San Francisco Administrative Code Section
67.10(d)

D). Closed Session pursuant to Cal. Government Code Sec. 54957(b) and S.F. Adm. Code Sec. 67.10(b):

PUBLIC EMPLOYEES PERFORMANCE EVALUATIONS: Health Commission Executive Secretary -- Mark Morewitz (ACTION)

E) Reconvene in Open Session: Motions and vote on whether to disclose any or all of the closed session discussions, San Francisco Administrative Code Section 67.12(a)

Action taken: The Health Commission voted not to disclose the discussion held in closed session.

12) ADJOURNMENT
The meeting was adjourned in honor of HIV Long-Term Survivor Day at 5:49pm.