

**Laurie Green, M.D.**  
President

**Tessie M. Guillermo**  
Vice President

**Edward A. Chow, M.D.**  
Commissioner

**Susan Belinda Christian, J.D.**  
Commissioner

**Cecilia Chung**  
Commissioner

**Suzanne Giraud ED.D**  
Commissioner

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

**London N. Breed Mayor  
Department of Public Health**



**Grant Colfax, MD**  
Director of Health

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**MINUTES**

**HEALTH COMMISSION MEETING**

**Tuesday April 16, 2024 4:00 p.m.**

**101 Grove Street, Room 300**

**San Francisco, CA 94102 & via Webex**

**1) CALL TO ORDER**

Present: Commissioner Laurie Green, MD, President  
Commissioner Edward A. Chow M.D.  
Commissioner Cecilia Chung  
Commissioner Suzanne Giraud, Ph.D  
Commissioner Tessie Guillermo

Excused: Commissioner Susan Belinda Christian, J.D.

The meeting was called to order at 4:02pm

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 2, 2024.**

**Public Comment:**

Patrick Monette-Shaw made comments and submitted the following summary:

These 4/2/2024 meeting minutes report (page 4) Carol Bettencourt asked about the 3/12/2024 LHH-JCC meeting and the then 44 patients no longer needing SNF level of care. Bettencourt asked how many appeals were and what the results had been. Unfortunately, despite my records request, this Commission never answered Bettencourt. The answer is two people filed appeals, 22 hadn't signed referral packets, and 10 residents conserved are on a different discharge track. That totals 24 residents, leaving 10 cases unexplained. These minutes also report (page 4) I testified that Troy Williams shouldn't receive SPUR's "Good Government Award." After all, Troy's so-called "60-Day LHH Turn-around Plan" he co-wrote Dr. Colfax in 2019 was such a complete failure it eventually directly contributed to LHH's decertification. Williams was then, and is now, SFDPH's "Chief Quality Officer." LHH's decertification was caused largely by Troy's failure to have QM processes in place at LHH before decertification!

**Action Taken:** The Health Commission unanimously approved the meeting minutes.

### **3) GENERAL PUBLIC COMMENT**

Chris Ward Kline stated that most people do not know that health care systems deliver care via technology and into homes to guide people to health solutions and outcomes. He urged the Health Commission to move forward with a recommendation to refer to the District Attorney's Office a criminal complaint in favor of an indictment on multiple people who gave out credentials to health care systems illegally and that have impacted people's health in a negative way. He urged a top to bottom review to include senior health officials. These charges and recommendations should include California Penal Code 502.

Patrick Monette-Shaw made comments and submitted the following summary:

Addressing a matter not on today's agenda, in early 2023 San Franciscans were told SFDPH had convened an interdisciplinary "study group" to assess and evaluate availability of various treatment facilities and available "beds" for people with "behavioral health" or "mental health" problems and diagnoses. The study group was charged with assessing once Laguna Honda Hospital gains federal recertification into CMS' reimbursement programs, whether LHH's 769-bed licensed patient towers should be split into two types of treatment facilities — one Tower for traditional elderly and disabled San Franciscans needing skilled nursing care, and the other Tower for "behavioral health" patients — in effect to segregate the two patient "cohort's" living quarters. The Study Group was reportedly charged with presenting its analyses and recommendations on cohorting different patients at LHH to the Health Commission in early 2024. That report's recommendations haven't been presented to this Commission. Why not? When will that report be presented?

### **4) DIRECTOR'S REPORT**

Grant Colfax MD, DPH, Director of Health, presented the item.

#### **LAGUNA HONDA RECERTIFICATION UPDATE**

Laguna Honda Hospital & Rehabilitation Center is dedicated to the care and wellbeing of residents and is diligently working toward full recertification with the Centers for Medicare and Medicaid Services (CMS).

In August 2024, Laguna Honda achieved recertification in the Medicaid program. We are now working to recertify Laguna Honda in the federal Medicare program. Laguna Honda submitted the Plans of Correction for the CMS Recertification Survey —the Fire Life Safety portion was submitted on Saturday, January 13 and the Health Monitoring portion was submitted on Wednesday, January 17. We eagerly await direction from the California Department of Public Health (CDPH) and CMS on next steps towards full CMS recertification.

Additionally, in March 2024, Laguna Honda submitted Plans of Correction in response to two deficiencies. We are pleased to share that both CDPH and CMS accepted the Plans of Correction for these two deficiencies. This approval reflects the important and ongoing improvement work taking place at Laguna Honda and brings us closer to full recertification with CMS. We anticipate that we must successfully complete a revisit survey and fully resolve these deficiencies before Laguna Honda can be recertified in CMS.

The Laguna Honda team is hard at work preparing the facility for a survey revisit.

#### **DEPARTMENT-WIDE OVERDOSE WORK**

DPH is leveraging resources from across the department to improve the substance use services that make the greatest impact on reducing overdoses and disparities among people in San Francisco.

Our coordinated overdose response and engagement team has made progress toward our primary goals of increasing the availability, accessibility and effectiveness of substance use services, and strengthening engagement and social support for people at high risk of overdose.

Among the recent accomplishments in the last month, DPH has:

- Expanded regular overdose prevention outreach and engagement to 36 permanent supportive housing sites and to 26 hours weekly. Events include “coffee hours,” tabling and group overdose prevention training where people can access naloxone and information about substance use treatment.
- Expanded access to buprenorphine for people with opioid use disorder in the Tenderloin and South of Market neighborhoods at night through a collaboration between our Night Navigation and Street Medicine programs.
- Worked with Opioid Treatment Programs, state regulators and legislators to standardize and improve methadone access and retention across San Francisco.

### **ENVIRONMENTAL HEALTH BRANCH COORDINATES WITH OTHER CITY AGENCIES AROUND UNPERMITTED VENDING**

In February, DPH Environmental Health Branch staff presented to the Health Commission on the topic of unpermitted vending. Through their presentation, the Commissioners learned about this complex issue, which the City works to address through a coordinated task force that includes DPH, the Department of Public Works, the Fire Department, and the Police Department.

All of these agencies have a regulatory role to play when it comes to vending enforcement. As unpermitted vending has increased in San Francisco, so too has the number of coordinated enforcement operations. Compared to the first quarter of 2023, 42% more enforcement operations performed have been performed between January and March of this year. And in March alone, staff were out in the field 24 out of 30 days. This increase includes after-hours operations at the Giants and Warriors ballparks, on Port property, in Chinatown, with the Drug Market Agency Coordination Center, and at many special events.

These efforts are overseen by Terrence Hong and three Senior Inspectors, Abel Simon, Danny Nguyen and Philips Ossai. We appreciate the ongoing work of these leaders and their teams.

### **ZSFG HOSTS MULTIPLE SURVEYORS**

ZSFG welcomed three significant survey teams in late March: The Joint Commission returned to follow up on their condition-level findings from their Triennial Survey; the American College of Surgeon’s Commission on Cancer surveyed the hospital; and the California Department of Public Health (CDPH) surveyed ZSFG’s Acute Psychiatry department. The surveyor not only cleared the hospital of all previously identified condition-level findings but went on to commend the ZSFG teams for their incredible efforts. The surveyor specifically noted how impressed she was that ZSFG went from condition-level findings to what she considers leading practice.

The survey by the Commission on Cancer also yielded much praise on ZSFG’s cancer treatment program. And, the six-day CDPH complaint validation survey in acute psychiatry included rigorous employee record reviews, staff interviews, and sustained additional patient record reviews. CDPH commended staff for the compassionate care they provide to our population that has unique challenges. Regarding the two complaints that initiated this visit, they were unable to be substantiated by the survey team. The team did identify some preliminary findings that the team is already working to address. A big congratulations to the ZSFG Regulatory Team for their work to ensure ZSFG is always survey ready.

### **PHEPR AT NAACHO SUMMIT**

DPH’s Public Health Emergency Preparedness and Response (PHEPR) Branch is committed to providing opportunities for our staff to build their emergency management expertise, maintain their expert status, and to develop close relationships with state and national partners by participating in national training events. In March PHEPR sent 10 staff members to the National Association of City & County Health Officials (NACCHO) Preparedness Summit in Cleveland, Ohio. With 10 staff participating, there was an opportunity to attend a

broad sampling of available courses, enough for everyone to build expertise on a unique preparedness topic and to expand the Branch's collective knowledge base. Additionally, during the four-day summit, PHEPR staff built partnerships with other regional attendees from within The Association of Bay Area Health Officials and Regional Disaster Medical Health Coordinators, as well as strengthened coordination by networking with National PHEPR counterparts. The summit was also an excellent workforce development opportunity for new staff attending their first professional health or emergency preparedness conference.

#### **ZSFG'S DIVERSITY EQUITY AND INCLUSION TEAM COLLECTING PATIENT FEEDBACK**

ZSFG's Diversity Equity and Inclusion team has been coordinating with the DPH Office of Health Equity to organize a series of patient/family member meetings in communities we serve to hear their feedback on our services. Over 90 community members and 35 facilitators/volunteers have attended the sessions in English, Spanish, and Cantonese in Visitacion Valley, the Mission, Bayview/Hunters Point, and Civic Center. The final session will be conducted in Spanish at Casa de Apoyo in the Excelsior on April 18, 5:30 to 7:00 p.m.

#### **DPH RECOGNIZES HEALTH INFORMATION PROFESSIONALS' WEEK**

Health Information Professionals Week runs from April 15-19. Our DPH health information professionals work in the areas of data and documentation integrity, document management, quality patient care, medical coding, revenue, releases of information, registries and more. Thank you to our health information teams for their important work supporting patients and ensuring the accuracy of clinical documentation and revenue generation for the department.

#### **COVID-19 UPDATE**

As of 4/11:

- San Francisco's 7-day rolling average of COVID test positivity is 1.1% and there are 29 COVID hospitalizations.
- Thirty-one percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

#### **[DPH in the News](#)**

##### Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

Today's meeting marks the sad, second anniversary of LHH's 4/14/2022 decertification. By 5/9/2022, a half-month later, SFDPH hired two consultants — HMA and HSAG — to overhaul the mess caused by SFHN managers mismanaging LHH as an acute care hospital for years, forcing CMS' LHH decertification. HSAG's senior executive director, Barb Averyt, stated 4/15/2024, "It takes a lot to become decertified. It takes years and years, and at Laguna Honda [took] maybe a decade." Indeed, although SFDPH's Chief Quality Officer Troy Williams had been in charge of overseeing LHH's quality Management department, and had co-authored a "60-Day Reform Plan" in 2019 to focus on fixing LHH's QM Department, LHH racked up so many deficiencies and citations CMS was forced to decertify LHH. Troy's failures, and this Health Commission's governing body decades long failures, led to LHH's decertification! We're up to \$127 million in actual costs, and potentially \$154 million, to rescue LHH.

Dr. Teresa Palmer made comments and submitted the following summary:

Are SFDPH rules about the "flow" of inappropriate patients to LHH threatening recertification and resumption of admissions? Is this why 41 residents are not dischargeable? Forcing LHH to admit inappropriate patients due to lack of services elsewhere (at ZSFGH & related health systems) means Laguna Honda is the obedient subject of this system--NOT the state of the art public nursing facility that Dr. Colfax and the Health Commission say they want. Meanwhile, many elderly and disabled in SF need those beds. Why is the success of the Laguna Honda "fix" being alluded to when San Franciscans

must still go out of county due to 2 years of no admissions? Why is the required yearly report on out of county nursing home placement being delayed for months (until June)? Do current LHH managers have the skills and support from Mayor/SFDPH to fix LHH and resume admissions (and safe discharges)?

Norman Degelman submitted the following written comment:

Are SFDPH rules about the “flow” of inappropriate patients to LHH threatening recertification and resumption of admission? Is this why 41 residents are not dischargeable? Forcing LHH to admit inappropriate patients due to lack of services elsewhere (at ZSFG & related health systems) means Laguna Honda is the obedient subject of this system—NOT the state of the art public nursing facility that Dr. Colfax and the Health Commission say they want. Meanwhile, many elderly and disabled in SF need those beds. Why is the success of the Laguna Honda “fix” being alluded to when San Franciscans must still go out of the county due to 2 years of no admissions? Why is the required yearly report on out of county nursing home placement being delayed for months (until June)? Do current LHH managers have the skills and support from the Mayor/SFPH to fix LHH and resume admissions (and safe discharges)?

Vivian Imperiale, MA, submitted the following written public comment:

Imagine a happy life in San Francisco. Suddenly there is a tragic change in your body and you need 24 hour care. You think about stately Laguna Honda Hospital in a wooded setting. But, instead San Francisco sends you to an out-of-county residential facility too far for your friends and family to visit. Just when you needed their support regarding your physical trauma, you were isolated from them. The choice was ill-suited for you — a bright and well-spoken man — as most other residents there have dementia. No library; no computers. Aloneness. This is my friend’s story but the pattern of out-of-county placements played out over and over again for many San Franciscans desiring to remain in their own city and have visitors. Fill those empty beds at LHH with people who deserve them.

#### Commissioner Comments:

Commissioner Giraudo asked the following questions. Regarding the Overdose work, is there data on how many people were engaged in the outreach to the 26 supportive housing sites as well as accessed buprenorphine in SOMA and the Tenderloin during night outreach activities? Regarding the Public Health Emergency Preparedness and Response update, she asked if members of the branch are part of the National Pediatric Disaster Coalition and participate in their excellent virtual training areas. She is a member of the pediatric disaster group. Director Colfax noted that he would get this information to the Commissioner through Mr. Morewitz at a later date.

Commissioner Chow noted concern about unpermitted food vending and how it may impact the health of residents and visitors. Susan Philip, San Francisco Health Officer and Director of the Population Health Division, stated that unpermitted food vending has increased after the pandemic, which has been a challenge for the Environmental Health Services Branch to contain.

Regarding the current LHH regulatory survey, Commissioner Chow asked what next steps may be, based on past survey workflow. Director Colfax stated that it is difficult to speculate because these surveys are part of the Medicare recertification process, which is not standard regulatory survey workflow. Based on previous surveys within the recertification process, the surveyors will complete their work and after some time, LHH will receive a report with any findings. LHH must then respond in writing to the findings and surveyors will revisit to validate that improvements have been made to address the findings.

Commissioner Green stated that she hopes for an expeditious survey process and favorable outcome.

## 5) **DPH STREET CARE SERVICES**

Dara Papo, Director, Whole Person Care, and Kathleen Johnson-Silk, Program Manager of BEST Neighborhoods, presented the item.

### Commissioner Comments:

Commissioner Chow asked if there is a file kept on each person contacted through these services. Ms. Silk stated that work is documented in EPIC and ASTRID, the cross-city departmental dataset to help coordinate care for individuals with frequent and ongoing multiple contacts with city services; this helps clarify the care plan and point person or team who serves as primary care contact for the individual.

Commissioner Chow asked how Mary, the client example in the presentation, would get information about services. Ms. Papo stated that the BEST Neighborhood team members would have been the original contacts for this individual. She added that it often takes time and multiple contacts with an individual to build trust.

Commissioner Guillermo asked if the evaluation of these services provides information about the capacity for the model. Ms. Papo stated that each team has the capacity to serve thousands of people with complex issues; however, many people on the streets are not interested in services so it takes staff time and commitment to make effective and productive connections. Ms. Silks stated that the city-wide coordinated effort through the ASTRID dataset is also an indicator of city-wide capacity for high need complex individuals.

Commissioner Guillermo asked if it is possible to predict the resources that will be needed in years ahead in this time of dwindling funds and higher need of these services. Ms. Papo stated that the ongoing work through ASTRID to coordinate citywide care to individuals who frequently utilize the city's emergency services will be the best predicting data source.

Commissioner Green stated that it seems that there is a thoughtful infrastructure in place. She asked for context of the data on buprenorphine use. She asked if there are other urban areas that have developed street service best practices that could be useful to the DPH. Mr. Papo stated that street team leadership present nationally and connect with partners across the country. She stated that future presentations can include more information on realistic metrics on issues such as buprenorphine use.

## 6) **JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS**

Commissioner Tessie Guillermo, LHH JCC chair, stated that at the April 9<sup>th</sup> Laguna Honda Hospital JCC meeting, the committee reviewed standard reports including a recertification update, Regulatory Affairs Report, and Human Resources Report. The committee was glad to hear that Laguna leaders were asked to present at a CMS Quality Conference and a LEAN conference. During the review of policies, the committee requested that one policy approval be delayed due to the complexity of the subject matter and need for additional clarification. During closed session the committee approved the credentials report and PIPS minutes report.

### Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

The LHH-JCC meeting summary Commissioner Guillermo just presented didn't mention my 4/9/2022 chart documenting that after LHH was decertified 4/14/2022, there's been a total of 415 "Facility Reported Incidents" (FRI's) on monthly "Regulatory Affairs Reports" presented to this LHH-JCC and transmitted to CDPH. Of those 415 FRI's AFTER decertification, 129 (one-third) involved more serious FRI categories — including 53 MAJOR incidents between 26 "Adverse Events," 16 "Disease Outbreaks," and 11 major injuries, which ALL increased despite implementing 1,000 corrective actions milestone since consultants were hired 5/9/2022. The 4/9//2024 "Regulatory Affairs Report" about outstanding "Anonymous Complaints" uninvestigated by CDPH is concerning, showing 70 to 95

“Anonymous Complaints” dating back to 2021 yet to investigate to grant LHH a “clean slate” to qualify for recertification and patient admissions resumption. The 3/16/2024 site visit’s preliminary “No Deficiencies” finding may change, given the patient death in 2022 belatedly investigated may receive citations following field office review.

**7) CONSENT CALENDAR**

**Action Taken:** The Health Commission unanimously approved the following:

- **LHH Policies and Procedures:**

<b><u>Item</u></b>	<b><u>Scope</u></b>	<b><u>Policy No.</u></b>	<b><u>Policy Title</u></b>
1	Facility-wide	24-17	Comfort Care
2	Facility-wide	21-04	HIPAA Compliance
3	Facility-wide	22-04	Resident Sexual Rights and Responsibilities
4	Facility-wide	24-13	Falls
5	Facility-wide	24-14	Opioid Overdose Prevention
6	Facility-wide	24-18	Resident Locator System
7	Facility-wide	24-28	Behavioral Health
8	Facility-wide	29-01	Provision for Acute Care Services Not Available at Laguna Honda Hospital
9	Facility-wide	29-02	Resident As Photography or Interview
10	Facility-wide	29-08	Proposed Non-Emergent Medical Intervention that Requires Informed Consent
11	Facility-wide	35-04	Inventory and Disposal of Hospital Property
12	Facility-wide	50-11	Procurement Card
13	Facility-wide	65-02	Monitoring of Third Party Agreements and Appendix
14	Facility-wide	70-01 C11	Laguna Honda Hospital MDF/IDF Support - Facilities
15	Facility-wide	80-03	Student Volunteer and Consultant Orientation
16	Facility-wide	80-05	Staff Education Program
17	Facility-wide	24-16	Code Blue Appendix 13
18	Clinical Nutrition	N/A	Diet Manual LHH 2023
19	Nursing	C 3.0	Documentation of Resident Status/Care by the Licensed Nurse - SNF
20	Nursing	K 4.0	Applications: Heat or Cold Therapy
21	Nursing	L 1.0	Emergency Intervention for Choking
22	Nursing	H 2.0	Collection of Stool Specimens
23	Nursing	H 3.0	Sputum Specimens
24	Nursing	H 4.0	Gastric Specimens
25	Nursing	I 7.0	Incentive Spirometry
26	Nursing	M 1.0	Orthostatic Hypotension Protocol Attachment 1
27	Nursing	M 11.0	Blanket Warmer Protocol
28	Nursing	M 15.0	Installation and Checking of Portable Bed Exit Alarm
29	Pharmacy	11. USP 797	Sterile Compounding Policy and Attachments

**8) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE**

Commissioner Girardo, chair, stated that the committee discussed two presentations. The first focused on Jail Health Services, which strives to screen, stabilize, and link individuals incarcerated to community services upon their release. Jail Health includes medical, mental health, and dental services. She noted that most individuals

are released within 7 days which makes it difficult to follow through on medical and mental health assessments and care. Recent changes in Cal-Aim will enable 98% of people incarcerated to be eligible to continue enrollment in Medi-Cal while incarcerated; Jail Health Services may now bill for some in-jail health care. Until this policy change, anyone who was incarcerated would lose their Medi-Cal eligibility within a short time and would have to reapply upon release. The change also mean that individuals can be signed up for Medi-Cal while incarcerated. New Cal-Aim requirements will increase linkage of incarcerated individuals to community services.

The second presentation was the DPH Center for Public Health Research update on the National HIV Behavioral Surveillance data on men who have sex with men preliminary results. The goal of the study was to look at prevalence and prevention care programs and emerging health issues. Five hundred and forty-five men were enrolled. One in four male participants are living with HIV, with more Black/African American men living with HIV. More men in San Francisco use PrEP for HIV prevention than other cities in the United States. A concern is that the use of PrEP is decreasing with this population. Primary care providers are not asking patients whether they would like to go on PrEP.

Commissioner Comments:

Commissioner Chow asked if funds received through Cal-Aim for in-jail services will go to the DPH or the Sheriff. Mr. Morewitz noted that Dr. Lisa Pratt, Director of Jail Health, stated that the funds received from Cal-Aim billing would fund new Jail Health Services staff to provide new discharge services required by Cal-Aim; this would be a budget neutral initiative.

**9) OTHER BUSINESS:**

This item was not discussed.

**10) CLOSED SESSION**

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

Today's meeting marks the sad, second anniversary of LHH's 4/14/2022 decertification. By 5/9/2022, a half-month later, SFDPH hired two consultants — HMA and HSAG — to overhaul the mess caused by SFHN managers mismanaging LHH as an acute care hospital for years, forcing CMS' LHH decertification. HSAG's senior executive director, Barb Averyt, stated 4/15/2024, "It takes a lot to become decertified. It takes years and years, and at Laguna Honda [took] maybe a decade." Indeed, although SFDPH's Chief Quality Officer Troy Williams had been in charge of overseeing LHH's quality Management department, and had co-authored a "60-Day Reform Plan" in 2019 to focus on fixing LHH's QM Department, LHH racked up so many deficiencies and citations CMS was forced to decertify LHH. Troy's failures, and this Health Commission's governing body decades long failures, led to LHH's decertification! We're up to \$127 million in actual costs, and potentially \$154 million, to rescue LHH.

- B) Vote on whether to hold a closed session in relation to item 10.C below regarding pending litigation and to assert the attorney-client privilege in relation to that closed session discussion.

Action Taken: The Health Commission unanimously voted to hold a closed session.

Motion that the Health Commission convene in closed session with the City Attorney for the purpose of conferring with, or receiving advice from, the City Attorney regarding existing litigation to which the City and County of San Francisco is a party and proposed settlements as described below and whether to assert the attorney-client privilege in relation to those matters. Discussion in open session concerning these matters would likely and unavoidably prejudice the position of the City in the pending litigation matters listed below.

(San Francisco Administrative Code Section 67.10(d); and California Government Code Section 54956.9(d)(3)).

Action Taken: The Health Commission unanimously voted to assert attorney-client privilege.

- C) Closed Session Pursuant to San Francisco Administrative Code Section 67.10(d); and California Government Code Section 54956.9(d).

**PROPOSED ACTION: SETTLEMENT OF UNLITIGATED CLAIM: U.S. Department of Health and Human Services – CITY TO RECEIVE \$441,521.39.**

*CITY AND COUNTY OF SAN FRANCISCO, Petitioner, vs. U.S. Department of Health and Human Services, Respondent.*

(Centers for Medicare & Medicaid Services, Provider Reimbursement Review Board, Case Nos. 17-2139G & 18-0944G)

**FOR DISCUSSION: LITIGATION UPDATE**

*TOMMY O. JOHNSON, by and through his Attorney-in-Fact REV. DORIS WHITE and JOHN DOE on behalf of themselves and all others similarly situated, Plaintiffs, v. CITY AND COUNTY OF SAN FRANCISCO, and DOES ONE through TWENTY, Defendants.*

(San Francisco Superior Court, Case No. CPF-20-517064) (No Action)

**RECONVENE IN OPEN SESSION**

1. If Closed Session is complete, discussion and vote to elect whether to disclose any portion of the Closed Session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).)
2. If Closed Session is complete, possible report on action taken in Closed Session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b)).

Action Taken: The Health Commission unanimously voted to not disclose discussions held in closed session.

**11) ADJOURNMENT**

The meeting was adjourned at 5:49pm.