



HEALTH SERVICE BOARD CITY & COUNTY OF SAN FRANCISCO

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HEALTH SERVICE BOARD MEETING

MINUTES

Thursday December 12, 2019, 1:00 p.m.
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94103

1. CALL TO ORDER

2. PLEDGE OF ALLEGIANCE

3. ROLE CALL

President Karen Breslin – Present
Vice President Stephen Follansbee, M.D – Present
Commissioner Mary Hao – Arrived at 1:15 pm
Commissioner Randy Scott – Present
Commissioner Chris Canning – Present
EXCUSED: Supervisor Rafael Mandelman
Commissioner Wilfredo Lim

4. APPROVAL (with possible modifications) OF THE MINUTES OF THE MEETINGS SET FORTH BELOW: (Action)

DOCUMENTS ATTACHED: The Regular Meeting Minutes from November 14, 2019 are located on the SFHSS website at: <https://bit.ly/2qWSq0C>

President Breslin affirmed that the Commissioners reviewed the regular meeting minutes from November 14, 2019. President Breslin asked if there were any corrections to the minutes. There were no corrections offered to the meeting minutes presented.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved the November 14, 2019 meeting minutes

5. GENERAL PUBLIC COMMENT ON MATTERS WITHIN THE BOARD'S JURISDICTION: (Discussion)

PUBLIC COMMENTS:

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Richard Rothman, a Retiree, stated that he attended an SFHSS health fair in October. He said that he was disappointed by some of the vendors who were present because they were unable to answer the questions; he had about a few of the benefits. Mr. Rothman noted that he did retrieve the information he required from Delta Dental representative at a subsequent health fair he attended during the first week of November. Mr. Rothman asked the Delta team for more information regarding the covered maximums retiree have for dental services, specifically teeth cleaning services. Mr. Rothman was unclear of whether or not retirees should pay for cleaning services out of pocket after the retiree meets their annual maximum. Mr. Rothman noted that he worked with Delta Dental to resolve this payment issue on his wife's account; however, he was concerned that this payment issue might be occurring with other retirees who reach the annual maximum with regular teeth cleaning.

Mr. Rothman also requested that Delta Dental share enrollment information for the Smileway program with the in-network Dentists so that each dentist knows which services are covered for each member.

6. PRESIDENT'S REPORT: (Discussion)

DOCUMENTS ATTACHED: None.

President Breslin began her report by asking for more information on the first responders' mental health service options for retired members. President Breslin noted that retirees are not eligible to access the EAP services provided by SFHSS. President Breslin asked if the current Request For Proposal that is being planned by the City and County first responder agency includes retirees. Executive Director Yant stated that the San Francisco Fire Department is planning the RFP on behalf of five city agencies, all of which are considered "First Responders." Executive Director Yant noted that it is her understanding that this RFP does not include retirees; however, she would like to do more research with the Fire Department and get back to the Board in January.

Executive Director Yant noted that SFHSS is concerned about the access to mental health services for all members, as well as the retirees. First responders. Executive Director Yant noted that SFHSS is working with all the health plans to develop a specialization for the first responder's so that the mental health services offered are focused on this population's work experience/exposure. President Breslin noted that the need for mental health services, particularly the needs of the retired first responders, is critical as the first responders' untreated mental health needs do intensify over time.

Commissioner Canning noted that he spoke to the Police Department's Behavioral Science Unit directly and confirmed that there is a gap in support and mental health services for Police Officers when they retire. Commissioner Canning shared that the first five years of a retired Police person's care and service support is critical for a police officer's transition into retirement. This gap in time immediately limits the person's access to the Police Department's supportive resources.

PUBLIC COMMENTS: None.

7. DIRECTOR'S REPORT: (Discussion)

DOCUMENTS ATTACHED: The Director's Report is located on the SFHSS website at: <https://bit.ly/2PPlakp>

Abbie Yant, Executive Director, presented her report to the Board. Executive Director Yant covered the following topics in the update:

- Strategic Plan 2020-2022 Update from (Year 1)
- Sutter Anti-Trust Case settlement terms were to be released on December 13, 2019
- Health Service Board Follow-Up Items; included an update directly from the Brown & Toland Medical group.

Ryan Faulkner, Chief Strategy Officer, and Therese Crossett, Senior Vice President of Network and Business Development, from Brown and Toland, presented the organizational updates to the Board. Additionally, Mr. Faulkner presented a high-level summary of the Brown and Toland strategic plan, an overview of the vital corporate strategies, and the overarching transformational focus areas that Brown and Toland is working through organizationally.

Ms. Crossett transitioned the presentation to the summary of contractual changes that occurred between Blue Shield and Brown and Toland. Ms. Crossett explained that the network of physicians available to the SFHSS members who are in the Trio plan decreased due to contract termination, and the development of a new Sutter physician group. Ms. Crossett noted that under the contract change 34 Primary Care Physician's contracts are expiring from the Brown and Toland's network on December 31, 2019.

Approximately 1500 SFHSS members who are enrolled in a Blue Shield of California (BSC) plan (either Access+ or Trio) were affected by this contract termination. Of these, 49 SFHSS members who are enrolled in the Trio plan will be required to either 1) remain in the Trio plan and select a new Primary Care Physician or 2) change enrollment to the Access+ plan and retain their current Primary Care Physician. Ms. Crossett stated that the Brown and Toland Member Services team is prepared to support those 49 SFHSS members who need to select a new Primary Care Physician. Ms. Crossett noted that the Brown and Toland team is also working with Blue Shield member services to ensure the member transitions to a new Primary Care Physician are seamless to the member.

Mr. Griggs stated that the SFHSS staff had reviewed the 49 member's provider list, and the SFHSS team has been working with the affected members who do need a new Primary Care provider. President Breslin asked if the 49 members in the Trio plan can move to the Blue Shield Access+ plan. Mr. Griggs confirmed that some members have moved to Access+ to keep their Primary Care provider, and the SFHSS team will contact those members who have not already contacted SFHSS.

Commissioner Scott asked if the 49 members who have been affected by the contract termination have been notified. Paul Brown, Area Vice President, Account Management, Blue Shield of California, stated that all of the SFHSS members who were impacted by the contract changes were mailed a letter on November 1, 2019, with this change and a list of their current options.

Vice President Follansbee asked what happens to a member if they go to a physician's office in January 2020, and this physician is no longer taking their Trio insurance plan. Ms. Crossett stated that the member should have received a new Primary Care Physician before their planned appointment, and the front desk staff is expected to run the member's insurance card information before the start of the appointment. At that point, the front desk staff should be informing the member that they can no longer see this provider. Ms. Crossett stated that the updated insurance cards with the member's new Primary Care Provider's information should be sent to the member. The updated insurance cards will aid the members in making their appointments and inform the member of the location of where their next appointment would be.

Vice President Follansbee asked how the physician's panels for patients and availability are updated with the providers. Ms. Crossett stated that the providers are updated weekly by Brown and Toland on their physician's panel availability. Vice President Follansbee asked for an update on the 49 SFHSS members who were moved to Access+ or if the members were able to find a new Primary Care Physician. Executive Director Yant agreed with having an update from Brown and Toland on the member updates as well as tracking the physician's "actual availability" for appointments/routine visits.

PUBLIC COMMENT: None.

8. **HSS FINANCIAL REPORTING AS OF JUNE 30, 2019 and AS OF SEPTEMBER 30, 2019: (Discussion)**
DOCUMENTS ATTACHED: The Financial Report through June 30th, 2019 is located on the SFHSS website at: <https://bit.ly/2PUkMAW>
The Financial Report YTD September 30th, 2019 is located on the SFHSS website at: <https://bit.ly/2M0pOuM>

Pamela Levin, Chief Financial Officer, presented the June 30th, 2019 report to the Board and began by stating that the information found in this report is based on the data provided to KPMG for use in the audit. Ms. Levin noted that this report summarizes the revenues and expenses of the Employee Benefit Trust Fund (Trust Fund) and the General Fund Administration Budget for FY 2018-19.

Ms. Levin reported that the data for the Trust is from the unaudited financial statements. Ms. Levin noted that the Employee Benefit Trust Fund ended FY 2018-19 with a balance of \$92.1 million in net assets. Ms. Levin reviewed each medical plan's fiscal year-end balance and graphs that displayed the cumulative revenues and expenses by month. Please review the charts from the June 30, 2019, Financial Report.

Ms. Levin concluded her June 30th report by stating that there are \$44.7 million in reserves and obligations against the \$92.1 fund balance. Ms. Levin also noted that the General Fund Administration Budget is based on the final revenues and expenditures for FY 2018-19. On June 30, 2019, there was a remaining General Fund balance of \$697,733. Ms. Levin shared that after the \$194,964 carryforward of purchase order encumbrances into FY 2019-20, a balance of \$503,769 remained. Ms. Levin reported that the Controller and the Mayor's Office approved \$130,081 in manual carryforwards.

Ms. Levin then reviewed the September 30th, 2019 Year to Date Financial Report. This report summarized the revenues and the expenses of the Employee Benefit Trust Fund (Trust Fund) and the General Fund Administration Budget for the first three months of FY 2019-20, as well as the fiscal year-end projections through June 30, 2020. Ms. Levin stated that on June 30th, 2019, the Trust Fund balance was reported as \$92.1 million. Based on activity through September 2019, the fund balance is projected to be \$89.1 million as of June 30, 2020. Ms. Levin stated that a portion of the Performance Guarantees fund the Adoption and Surrogacy services, and at this time, \$44,400 has been reimbursed to members who have accessed this benefit. As of September 30, 2019, no pharmacy rebates had been received.

Ms. Levin noted that the General Fund budget is expected to end the year on budget.

Ms. Levin reviewed each medical plan's fiscal year-end balance and provided graphs of the year to date cumulative revenues and expenses for each plan.

Please review the graphs from both June 30th, 2019, and the September 30th, 2019, Financial Reports.

Commissioner Scott asked about the Blue Shield Flex Funded plan \$12 million claim decrease from the September 30, 2019, Financial Report, and he was curious what kind of "unfavorable claim experience" would be classified under this experience. Ms. Levin stated that in the last three months, there had been an increase in high-cost claims that are over \$1 million, and in the Trio plan, the risk on the high-cost claims are born on Blue Shield.

Mike Clarke, Aon, noted that there was a focus on the significant claim uptick in July, August, and September 2019 in the Trio plan, and there was a contact regarding large claim drivers in this calendar quarter with the Blue Shield team. The Blue Shield team did respond that there was an uptick in high claimant activity in Trio in this quarter, including a chronic kidney disease claimant, cerebral vascular events, etc. High claim incidence can fluctuate throughout the year, and Mr. Clarke commented that recent prior months before July in Trio did not exhibit these types of high-cost claimants seen in July-September claim data. There are continual discussions around large claim management happening with Blue Shield. Mr. Clarke noted that the ACOs are working with Blue Shield on the care management planning with the members who have these conditions. Mr. Clarke re-stated that there is a \$1 million maximum per member claim exposure to SFHSS per calendar year, so when a member does roll over into the high-cost claims of \$1 million and more, the claim experience will show that in the data. However, the responsibility of these costs exceeding \$1 million per individual is to Blue Shield.

PUBLIC COMMENTS: None.

9. COMPLEX CARE MANAGEMENT PRESENTATION: (Discussion)

*****This item was called out of order directly after the Director's Report at approximately 1:40 pm*****

DOCUMENTS ATTACHED: The Complex Care Management Presentation is located on the SFHSS website at: <https://bit.ly/2M17926>

Kate Kessler, Area Vice President, Kaiser Permanente, welcomed Dr. Dawn Ogawa to the meeting. Dr. Ogawa presented the Complex Care Management presentation to the Board. The presentation contained the following items:

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- Coordinated & Connected Care
- KP's Electronic Health Record (EHR) Supports Our Complex Care Management Approach
- Complex Care Management – Inpatient
- Complex Care Management – Outpatient

Dr. Ogawa concluded the presentation with a summary of the Kaiser system's Chronic Conditions management and its impact on the patient's long term treatment.

Dr. Ogawa noted that there had been a considerable focus on strengthening the work and communication between the Physicians and the medical assistants in these complex cases. Additionally, there is an emailing component that the member and the Primary physician control the dialogue around the member's needs, appointments, updates, and lab results. The physician decides how the email communication is shared and who on their team can support the information sharing.

Vice President Follansbee complimented Dr. Ogawa and the Department of Obstetrics and Gynecology for their outstanding work as well as their ability to attract students to their residency program. Vice President Follansbee further stated that in his opinion, this presentation did not give examples for what would be classified as "Complex Care." Vice President Follansbee pointed out that in a situation where a member may be treated within the Kaiser Home Healthcare model, our members would receive better service in comparison to a member who may be placed into a contracted nursing home. Vice President Follansbee further stated that he had some concerns about the contracted nursing homes. Vice President Follansbee pointed out that these homes are not owned or operated by Kaiser. Kaiser healthcare teams can often "out of the loop" when it comes to patient care.

Vice President Follansbee also asked how the SFHSS members who may be placed into the nursing home treatment option would receive their expected level of care from Kaiser physicians. He followed up by asking how nursing homes share any data and patient updates to the Kaiser healthcare team.

Ms. Kessler clarified that this presentation covered all areas of the medical needs of the SFHSS membership. Ms. Kessler noted that there is a great deal of attention paid to the members who are discharged from the hospital or into care programs. At this time the Kaiser management team understands that there is some work to be done with the communication tools, particularly with the home care/nursing home teams and the Kaiser physician. Ms. Kessler stated that she and her team would like to bring an additional presentation to the Board regarding the practices in Home Health Care/Nursing homes and share some methods that have changed over time.

PUBLIC COMMENTS:

Richard Rothman, a Retiree, stated that he was appreciative of the Kaiser physicians. Mr. Rothman noted that there is an issue with Kaiser's outsourced homecare programs and staffing nurses. Mr. Rothman stated that the nurses and other healthcare professionals are unable to communicate with the Kaiser physicians electronically and, therefore, less efficiently. He is requesting that Kaiser invests in technology/systems that allow the contracted healthcare professionals access to the Kaiser data management systems and email systems.

Mr. Rothman further stated that he waited a year for the Shingle vaccine. Mr. Rothman shared that he received the vaccine because he asked his physician to administer it. Mr. Rothman wondered why the Kaiser healthcare team did not communicate to him about the availability of the vaccine. Mr. Rothman also noted that his Primary Care Physician is retiring; however, he was not notified by the Kaiser team of this change; instead, he went to see his doctor, and the physician updated him in person. Mr. Rothman would like Kaiser to send these physician changes to the members directly so that they are informed.

10. OPEN ENROLLMENT REPORT- SUMMARY OF OPEN ENROLLMENT KEY STATISTICS and MEMBER PLAN MIGRATION: (Discussion)

DOCUMENTS ATTACHED: The 2019 Open Enrollment Report is located on the SFHSS website at:
<https://bit.ly/2RXK2sR>

Mitchell Griggs, Chief Operating Officer, presented the Open Enrollment Statistics and Member Plan migration to the Board. The presentation contained the following subcategories:

- Member Assistance (Calls to Member Service and In-Person Assistance)
- Member Enrollment by Employer Group/ eBenefits versus paper applications
- OE Outreach strategy
- Plan Enrollment Updates and Migrations for Plan Year 2020

Mr. Griggs noted in the Appendix that there were a few new additions to the Open Enrollment Process beyond what is always done in the Open Enrollment practices. Mr. Griggs shared that the Member Services team was given a pre and post-survey that gauged their experience of the Open Enrollment month, as well as an SFHSS membership survey that was sent to all SFHSS membership after OE concluded. Mr. Griggs noted that about 1000 SFHSS members completed the survey and that there would be more information on that survey and the Member Services survey results in January.

Mr. Griggs thanked Marina Coleridge, Data Analytics and Enterprise Systems Manager, and the whole ESA team for their planning and execution of the eBenefits project over the past two years. Mr. Griggs noted that Ms. Coleridge managed this project with the support of the Controller's Officer and the Department of Technology that seemed to be under a unified front, which speaks to Ms. Coleridge's project management abilities. Mr. Griggs thanked the Member Services staff for their work, the Communications Department for their work on the member materials, and the Finance Division for their constant work on the rate planning.

President Breslin thanked the SFHSS Operations Team for their work and efforts. Commissioner Scott also praised the Operations team for all their work and efforts on this "herculean tasks" every year. Vice President Follansbee congratulated the Operations team for the eBenefits success and launching the service to so many SFHSS members. Vice President Follansbee asked about the wait times to see the Member Service Staff. Vice President Follansbee also wondered whether the computer stations that are located on the 3rd floor of 1145 Market street are used/could be used for self-service in the coming years.

Mr. Griggs shared that the wait times are being tracked in some capacity by the Salesforce system. It was also noted that the Member Service staff was continually checking the lobby for the number of people who are sitting waiting. Mr. Griggs pointed out that the SFHSS team is looking into other time tracking options to track member wait times. Mr. Griggs stated that to help members get to the correct sign-in station, there was a staff person seated at the reception desk, and there were footprints placed on the floor to get members to sign in/use the computers located in the lobby. Mr. Griggs noted that the computer stations were used for enrollment and for health plan information searches via the SFHSS website/health plans' website.

Commissioner Hao asked if there were any other plans to have other Health Fair events that are of regular business hours, similar to the Airport Late night Health Fair (10 pm-12 am). Mr. Griggs noted the Airport was the first attempt to do an off-business hour Health Fair outside of the Unified School District, where the Health Fair runs until 8 pm to accommodate the School staff and teachers. Mr. Griggs shared that there was good feedback given to the SFHSS team from the Airport regarding the later evening Health Fair, so there is a possibility of expanding these off business hour Health Fairs in the future.

PUBLIC COMMENTS: None.

11. MARKET ASSESSMENT PART 2: SFHSS MEMBER ENGAGEMENT PRESENTATION: (Discussion)

DOCUMENTS ATTACHED: The SFHSS Member Facilitation presentation is located on the SFHSS website at:
<https://bit.ly/36JgxPs>

Executive Director Yant began this agenda item with some background information and context of the first phase of the Market Assessment. The first phase took place at the July 2019 Health Service Board meeting. Executive Director Yant noted that five proposed healthcare delivery models were presented to the Board at the July meeting. Executive Director Yant stated that the July presentation also covered the rapidly developing

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healthcare marketplace, as well as the impact of the healthcare industry's activity at a local and national level. Executive Director Yant stated that this second phase of the market evaluation required the time and feedback of the Health Service System members.

With the support of the Communities in Collaboration, the member feedback was captured through member engagement sessions. Executive Director Yant noted that this process required intense planning with the SFHSS team and the Communities In Collaboration team, a detailed and targeted outreach plan, an engagement plan, a rigorous documentation process, and a lengthy data analyzation process. The engagement process connected SFHSS with 117 participant's insight, the engagements covered all four employer groups, 34 unique City and County agencies, members who are actively working, who are early retirees, who are retirees, and members who live out of the area.

Heather Imboden, Principal, and Chanee Hawkins Ash presented the SFHSS Member Engagement presentation to the Board. The presentation covered the following sections:

- Goals of the SFHSS Member Engagement sessions
- The Engagement Process
- The Engagement Participation
- Engagement Findings—Experience of Care
- Proposed Future Models
- Feedback and Questions on the Proposed Future Models
- SFHSS Member Requests of SFHSS
- Current Actions and Plans by SFHSS
- Recommendations to SFHSS to align with the Strategic Goals
- Key Takeaways

Vice President Follansbee stated that this engagement process reaffirmed what the SFHSS team, as well as the Board, understands, are vital areas for improvement. Vice President Follansbee asked if the Communities in Collaboration team and the SFHSS staff were satisfied with the sample size. Ms. Imboden stated that with the diversity of the participants (age range, an agency of employment, education level, race/ethnicity, and health plan), SFHSS and the Communities in Collaboration staff were pleased with the sample size.

Commissioner Scott asked the Executive Director how the SFHSS team is planning to keep this perspective "fresh" as the agency continues to keep up with the evolving marketplace. Executive Director Yant concluded the presentation with a clear understanding that the SFHSS team has some areas for improvement within the Strategic Goals, while also working with the unique needs of each of the current healthcare providers. The present findings are qualitative in nature, and this data has confirmed that the benefit plan design and Request for Proposal will require more time while the healthcare market continues to evolve.

Executive Director Yant noted that the SFHSS team is working on a parallel process that will allow the Contracts team to prepare for a full renewal process, while also following the market needs and changes.

Vice President Follansbee thanked the SFHSS members who participated in the Engagement Sessions for their time and their thoughtful responses during this process.

PUBLIC COMMENT: None.

12. REPORTS AND UPDATES FROM CONTRACTED HEALTH PLAN REPRESENTATIVES - (Discussion)

PUBLIC COMMENT:

KAISER PERMENTE: Transportation Update-

Denise Rodriguez, Director of Strategic Accounts, Public Sector, Northern California, Kaiser Permanente, presented an update to the Board regarding the transportation benefits. Ms. Rodriguez clarified what this benefit covers as it was agreed upon during the June 2019 Board meeting.

Ms. Rodriguez stated that this benefit includes 24 one way trips per the calendar year. A member can use a one-way trip to any California Kaiser facility. The trip must occur within a maximum of 50 miles from the

member's home to the facility. Ms. Rodriguez stated that there are a few requirements for the transportation benefit, these requirements are: the medical appointment must be a benefit in the evidence of coverage, and the vendor selected must have a contract with Kaiser. Ms. Rodriguez noted that there is no copay for this benefit.

Ms. Rodriguez noted that there was a non-medical exclusion for this benefit as it is currently planned. This exclusion applies to the benefit launch date of January 1st, 2020. At this time, the benefit cannot cover a member who required a gurney wheelchair van. Ms. Rodriguez pointed out that this benefit can be utilized if a member can be escorted to the vehicle, and the member can be lifted into the car. At that point, the wheelchair would be folded up and placed into the trunk during the transport.

Ms. Rodriguez state that on January 1st, 2020, the benefit will "go live" as it has been outlined, and the Kaiser team will continue to work on adding the fully implemented wheelchair service into this benefit.

The Kaiser team will provide the Health Service Board **with quarterly updates** on the transportation benefit's addition of complete wheelchair access. Ms. Rodriguez noted that the Kaiser team is working on getting their internal systems updated for the wheelchair coding to be part of the benefit coding, as well as create a current or new contract with a vendor under the CMS transportation requirements.

Commissioner Scott asked for clarity on the wheelchair access for members who will require transportation in their wheelchairs. Ms. Rodriguez stated that the Kaiser team is working on this part of the benefit, and this planning will take about a year. Vice President Follansbee asked if a member is in a wheelchair and is being transported would the member's support person be able to ride in the vehicle with the member. Ms. Rodriguez confirmed that the member's support person could ride in the car with the member.

Ms. Rodriguez noted that she would be back for the March Board meeting to give the Board the next update. Vice President Follansbee also requested an update of this benefit's utilization rate at the March 2020 Board meeting.

Kate Kessler, Area Vice President, Kaiser Permanente, stated that the National Union of Healthcare workers issued a strike notice beginning December 16th through December 21st, 2019. This strike is non-physician behavioral health employees and will not affect the facility's hours of operation. Ms. Kessler noted that some routine appointments might be rescheduled, and the Kaiser facilities are preparing for this strike.

Ms. Kessler stated that the Kaiser Board had selected a new Chief Executive Officer – Mr. Gregory Adams. Ms. Kessler shared that Mr. Adams is a dedicated Kaiser employee with over 30 years of service in the healthcare industry, and many years of experience working with Mr. Bernard Tyson as well as the Kaiser organization.

Anne Thompson, Aon, reported out on the OneMedical practices/policies on the annual fee that the Board members requested more information details. Ms. Thompson reviewed the information that was located on the OneMedical website regarding the membership fee. The fee is charged to cover the OneMedical smart phone app and the app services expand the member's appointment planning, emailing with the providers, etc.

13. OPPORTUNITY FOR THE PUBLIC TO COMMENT ON MATTERS WITHIN THE BOARD'S JURISDICTION - (Discussion)

PUBLIC COMMENT:

Claire Zvanski, RECCSF, and the Retirees of SEIU 21, thanked the SFHSS staff for all the work they do year-round to support the members- active and retirees. Ms. Zvanski also wished all of the SFHSS staff and Commissioners a happy holiday from the retiree associations.

14. OPPORTUNITY TO PLACE ITEMS WITHIN THE BOARD'S JURISDICTION ON FUTURE AGENDAS- (Discussion)

PUBLIC COMMENT: None.

15. VOTE ON WHETHER TO HOLD CLOSED SESSION FOR PUBLIC EMPLOYEE PERFORMANCE EVALUATION – HSS EXECUTIVE DIRECTOR: (Action)

PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION: None.

Action Taken: The Health Service Board unanimously approved the Closed Session for the initiation of the Public Employee Performance Evaluation - SFHSS Executive Director.

Government Code Section 54957(b)(1) and San Francisco Administrative Code Section 67.10(b): Public Employee Performance Evaluation

16. PUBLIC EMPLOYEE PERFORMANCE EVALUATION: (Action)

DOCUMENTS ATTACHED: The Draft Executive Director Evaluation is located on the SFHSS website at: <https://bit.ly/2S4KZiW>

The Executive Directory evaluation proposed timeline is located on the SFHSS website at: <https://bit.ly/2stTPML>

Action Taken: The Health Service Board unanimously approved the initiation of the Public Employee Performance Evaluation- SFHSS Executive Director.

RECONVENE IN OPEN SESSION

17. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION REGARDING EMPLOYEE EVALUATION: (Action)

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved to not report on action taken in closed session regarding the Public Employee Evaluation.

18. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSION HELD REGARDING THE EMPLOYEE EVALUATION IN CLOSED SESSION (Government Code Sunshine Ordinance, S.F. Admin. Code sec. 67.12(a)): (Action)

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved to not disclose any or all of the discussion that took place during closed session regarding the Public Employee Performance Evaluation.

19. ADJOURNMENT: 4:20 pm

Summary of Health Service Board Rules Regarding Public Comment

- Speakers are urged to fill out a speaker card in advance but may remain anonymous if so desired.
- A member of the public has up to three (3) minutes to make pertinent public comments before action is taken on any agenda item.
- A member may comment on any matter within the Board's jurisdiction as designated on the agenda.

Health Service Board and Health Service System Web Site: <http://www.sfhss.org>

Disability Access

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #42 Downtown Loop, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex.

Accessible seating for persons with disabilities (including those using wheelchairs) will be available.

In order to assist the City's effort to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City accommodate these individuals.

Knowing Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decision in full view of the public. Commissions, boards, councils and other agencies of the City and County of San Francisco exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, visit the Sunshine Ordinance Task Force website at <http://www.sfgov.org/sunshine>.

Lobbyist Registration and Reporting Requirements

Individuals and entities influencing or attempting to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code § 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; web site www.sfgov.org/ethics.

Summary of Health Service Board Rules Regarding Cell Phones and Pagers

- The ringing and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at Health Service Board and committee meetings.
- The Chair of the meeting may order the removal of any person(s) in violation of this rule from the meeting room.
- The Chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule.

The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code.

If any materials related to an item on this agenda have been distributed to the Health Service Board after distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Natalie Ekberg at (415) 554-1727 or email Natale.Ekberg@sfgov.org.

The following email has been established to contact all members of the Health Service Board: health.service.board@sfgov.org.

Health Service Board telephone number: (415) 554-0662