

File No. 120349

Committee Item No. 4  
Board Item No. 6

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 2/21/13

Board of Supervisors Meeting

Date 3/5/13

**Cmte Board**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Motion                                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Budget Analyst Report                        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

**OTHER (Use back side if additional space is needed)**

- |                                     |                                     |                 |
|-------------------------------------|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____           |

Completed by: Linda Wong

Date 2/15/13

Completed by: L.W.

Date 2/28/13

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Appointment, San Francisco Health Authority]

2  
3 **Motion appointing Susan Currin, Allen Meyer, and Elena Tinloy, terms ending**  
4 **January 15, 2015, and Eddie Chan, term ending January 15, 2016, to the San Francisco**  
5 **Health Authority.**

6  
7 **MOVED,** That the Board of Supervisors of the City and County of San Francisco does  
8 hereby appoint the hereinafter designated persons to serve as members of the San Francisco  
9 Health Authority, pursuant to the provisions in the Welfare and Institutions Code Sec.  
10 14087.36 and the San Francisco Administrative Code Sections 69.1 et seq., for the terms  
11 specified:

12 Susan Currin, seat 3, succeeding herself, term expired, must be a senior manager of  
13 San Francisco General Hospital, for the unexpired portion of a three-year term ending  
14 January 15, 2015.

15 Allen Meyer, seat 5, succeeding John Gressman, term expired, must be an employee  
16 in the senior management of either private nonprofit community clinics or a community clinic  
17 consortium, nominated by the SF Community Clinic Consortium, or any successor  
18 organization, for the unexpired portion of a three-year term ending January 15, 2015.

19 Eddie Chan, seat 6, succeeding himself, term expired, must be an employee in the  
20 senior management of either private nonprofit community clinics or a community clinic  
21 consortium, nominated by the SF Community Clinic Consortium, or any successor  
22 organization, for the unexpired portion of a three-year term ending January 15, 2016.

23 Elena Tinloy, seat 14, succeeding Sharon Kotabe, resigned, must be a nominee of SF  
24 Pharmacy Leadership Group, or any successor organization, for the unexpired portion of a  
25 three-year term ending January 15, 2015.



**Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 554-5184 FAX (415) 554-7714**

**Print Application**

**Application for Boards, Commissions and Committees**

Application for Appointment to: SF Health Authority and SF Community Health Authority  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): n/a seat 3

Name: Susan A. Currin

Home Address: Amigo Lane, Walnut Creek, CA

Zip: 94596

Home Phone: (925) \_\_\_\_\_

Occupation: Chief Executive Officer

Work Phone: (415) 206-3517

Employer: City & County of SF, DPH, San Francisco General Hospital

Business Address: 1001 Potrero Avenue, San Francisco, CA

Zip: 94110

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco  Yes:  No: (Place of Residence): Walnut Creek, CA

Please state your qualifications (attach supplemental sheet if necessary)

Resume attached.

Education:

University of California, San Francisco, CA - Masters of Science, Nursing  
San Francisco State University, San Francisco, CA - Bachelors of Science, Nursing

Business and/or professional experience:

30+ years with the Department of Public Health San Francisco

Civic Activities:

- Chair, San Francisco Hospital Council
- Executive Board, CAPH
- Board Member, San Francisco General Hospital Foundation

Ethnicity: (optional) Irish and Japanese

Sex (optional) M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

**(Please Note: Once completed, this form, including all attachments, become public record)**

Date: 2-2-12

Applicant's Signature: (required)

*Susan A. Currin*

Please Note: Your application will be retained for one year.

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

10/20/09

hand-delivered  
3/14/12 by  
Rebecca  
Gou

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
CURRIN SUSAN A.

1. Office, Agency, or Court

Agency Name  
DEPARTMENT OF PUBLIC HEALTH  
Division, Board, Department, District, if applicable  
SAN FRANCISCO GENERAL HOSPITAL  
Your Position  
CHIEF EXECUTIVE OFFICER

► If filing for multiple positions, list below or on an attachment.

Agency: SAN FRANCISCO HEALTH AUTHORITY Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of SAN FRANCISCO  
 City of SAN FRANCISCO  Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2011.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2011, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: \_\_\_\_\_  
 Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached  
 Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1001 POTRERO AVENUE, SUITE 2A5 SAN FRANCISCO CA 94110  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
( 415 ) 206-3517 sue.currin@sfdph.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 13, 2012  
(month, day, year)

Signature Susan A. Currin  
(File the originally signed statement with your filing official.)



**Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 554-5184 FAX (415) 554-7714**

**Plan Application**

**Application for Boards, Commissions and Committees**

Application for Appointment to: San Francisco Health Authority dba San Francisco Health Plan  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 5

Name: Allen Meyer

Home Address: Bush Street, #311, San Francisco, CA Zip: 94109

Home Phone: 415/                      Occupation: Health care administrator

Work Phone: 415/355-2226 Employer: San Francisco Community Clinic Consortium (SFCCC)

Business Address: 1550 Bryant Street, #450, San Francisco, CA Zip: 94103

**Check All That Apply:**

A citizen of the United States.  At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco  Yes:  No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

I have worked for San Francisco non-profits for more than 25 years and have experience administering community-based health services, e.g., Health Care for the Homeless, Ryan White HIV services, Healthy San Francisco

**Education:**

J.D. - University of California, Berkeley, School of Law (Boalt Hall)  
B.A. - College of the Holy Cross, Worcester, MA

**Business and/or professional experience:**

SFCCC: 1988 to Now - Vice President, Programs, hired as Street Outreach Services Coordinator, San Francisco AHEC;  
2005 to Now - Director; Larkin Street Youth Center (LSYC): 1986 to 1988 - Drop-In Center Coordinator

**Civic Activities:**

Prior service with Coalition on Homelessness, San Francisco: Board Member & Treasurer; LYRIC: Board Member; SF HIV Health Services Planning Council: Member; LSYC: Volunteer & VISTA Volunteer

Ethnicity: (optional) Non-Latino Sex (optional) M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: 11/21/2012 Applicant's Signature: (required) Allen Meyer  
*Please Note: Your application will be retained for one year.*

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

10/20/09

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
 Official Use Only

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Meyer Allen Michael

**1. Office, Agency, or Court**

Agency Name  
 San Francisco Health Plan

Division, Board, Department, District, if applicable  
 Your Position  
 Board Applicant

► If filing for multiple positions, list below or on an attachment

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of San Francisco  
 City of \_\_\_\_\_  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Annual: The period covered is January 1, 2012, through December 31, 2012.  
 -or-  
 The period covered is \_\_\_\_\_ through December 31, 2012.

Assuming Office: Date assumed 03 / 31 / 2013

Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2012, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None." ► Total number of pages including this cover page: 2

Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached  
 Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1550 Bryant Street, #450		San Francisco	CA	94013
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
( 415 ) 355-2226		ameyer@sfccc.org		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/25/2013  
(month, day, year)

Signature Allen Meyer  
(File the originally signed statement with your filing official)

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Meyer, Allen M.

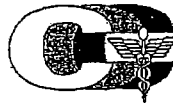
▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME San Francisco Community Clinic Consortium</p> <p>ADDRESS (Business Address Acceptable) 1550 Bryant St., #450, San Francisco, CA 94103</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE Health care advocacy and administration</p> <p>YOUR BUSINESS POSITION Vice President, Programs; AHEC Director</p> <p>GROSS INCOME RECEIVED  <input type="checkbox"/> \$500 - \$1,000    <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000    <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input checked="" type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income  <input type="checkbox"/> Loan repayment    <input type="checkbox"/> Partnership  <input type="checkbox"/> Sale of _____  <small>(Real property, car, boat, etc.)</small>  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME San Francisco Community Clinic Consortium</p> <p>ADDRESS (Business Address Acceptable) 1550 Bryant St., #450, San Francisco, CA 94103</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE Health care advocacy and administration</p> <p>YOUR BUSINESS POSITION Vice President, Programs; AHEC Director</p> <p>GROSS INCOME RECEIVED  <input type="checkbox"/> \$500 - \$1,000    <input checked="" type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000    <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income  <input type="checkbox"/> Loan repayment    <input type="checkbox"/> Partnership  <input type="checkbox"/> Sale of _____  <small>(Real property, car, boat, etc.)</small>  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more  <input checked="" type="checkbox"/> Other Travel payments - normal course of employ  <small>(Describe)</small></p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____%    <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN  <input type="checkbox"/> None    <input type="checkbox"/> Personal residence  <input type="checkbox"/> Real Property _____  <small>Street address</small>            _____  <small>City</small>  <input type="checkbox"/> Guarantor _____  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>
---	--

Comments: \_\_\_\_\_



# San Francisco Community Clinic Consortium

1550 Bryant Street, Suite 450 • San Francisco, CA 94103 • Phone 415/355-2222 • Fax 415/865-9960 • www.sfccc.org

November 19, 2012

John F. Grgurina, Jr.  
Chief Executive Officer  
San Francisco Health Authority  
201 3<sup>rd</sup> Street, 7<sup>th</sup> Floor  
San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36(k),(1),(D) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Consortium Clinic hereby designates Allen Meyer, JD, to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ana Valdes'.

Ana Valdes, M.D.  
Chair, Board of Directors  
San Francisco Community Clinic Consortium





Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco Health Plan - (14)  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable):

District:

Name: Elena Tinloy

Home Address: --- 16th Avenue

Zip: 94116

Home Phone: 415 -

Occupation: Pharmacist-Director of Pharmacy

Work Phone: 415-206-6251

Employer: San Francisco General Hospital

Business Address: 1001 Potrero Avenue

Zip: 94110

Business E-Mail: elena.tinloy@sfdph.org

Home E-Mail: --- @aol.com

Check All That Apply:

A citizen of the United States.  At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco  Yes:  No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

see attached resume

Education:

see attached resume

Business and/or professional experience:

see attached resume

Civic Activities:

Ethnicity: (optional) Asian

Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.  
(Applications must be received 10 days before the scheduled hearing.)  
(Please Note: Once Completed, this form, including all attachments, becomes public record)

Date: 1-28-13 Applicant's Signature: (required)

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_



Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 354-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: SE Health Plan

State # or Category (if applicable): \_\_\_\_\_ District: \_\_\_\_\_

Name: Elena Tinloy

Home Address: 4111 14th Ave Zip: 94116

Home Phone: 415-266-6251 Employer: Pharmacist, Director of

Work Phone: 415-266-6251 Employer: San Francisco General Hospital

Business Address: 1001 Potrero Ave Zip: 94110

Business E-Mail: elena.tinloy@sfgh.org Home E-Mail: 201.com

Pursuant to Charter Section 4.101 (a)1, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes  No  If No, where registered: \_\_\_\_\_

Resident of San Francisco: Yes  No  If No, place of residence: \_\_\_\_\_

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

SEE RESUME

Business and/or professional experience:

SEE RESUME

Civic Activities:

N/A

Has a law student clerk, fellows or other position which requires with experience? Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 2.7.13 Applicant's Signature: (required) \_\_\_\_\_

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY: Appointed to Seal # \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seal was Placed: \_\_\_\_\_

ELENA O. TINLOY, Pharm.D.  
16th Avenue, San Francisco, California  
(w) 415-206-6251

---

## CAREER SUMMARY

Senior manager with over thirty (35) years of broad based management experience with increasingly responsible positions in healthcare administration.

## PROFESSIONAL EXPERIENCE

**San Francisco General Hospital**  
Director of Pharmacy

present

Responsible for the operations of Inpatient and Outpatient Pharmacy services for the 600+ bed acute care, trauma medical center.

**NorCal Registry**  
Consultant-San Francisco General Hospital

2011-July 2012

**Self Help for the Elderly-Home Care Division**

2009-2011

Consultant

Responsible for the coordination and oversight of University of California, School of Pharmacy 34<sup>th</sup> year students for a rotation with the Advance Practice Pharmacy Experience for transitional care and medication reconciliation.

**CHINESE HOSPITAL, San Francisco**

2002 to 2009

Director of Clinical Services

Responsible for the coordination of the operations of the clinical departments: Pharmacy, Radiology, Laboratory, Dietary, Cardiopulmonary, and Environmental Services. Successful 2009 Joint Commission Survey and MERP Survey for Pharmacy Services. Introduced automation for the Pharmacy's outpatient services with daily prescriptions fills of over 750. Implemented a full service outpatient infusion service for chemotherapy and blood transfusions. In addition, responsible for special projects: Chair of the Building a Healthier San Francisco website launch; responsible for annual community benefits report to OSHPD, involved in community events; "Stepping Stones" (Mentoring/Volunteer Program); Succession Planning for the Medical Staff, development and implementation of new clinical programs, etc.

**KAISER PERMANENTE HEALTH PLAN**

1996 to 2002

Pharmacy Services Manager for San Francisco and South San Francisco Medical Center 1998 to 2002  
Pharmacy Services Manager for San Francisco Medical Center 1996 to 1998

Responsible for the coordination of Pharmacy services at two medical centers. Pharmacy services include two inpatient pharmacies and eight outpatient pharmacies. Inpatient pharmacies are full service with Unit Dose distribution systems and I.V. Admixture programs. Outpatient pharmacies are high volume HMO pharmacies with respective prescription volumes of 75-80,000 per month and a staff of approximately 130 FTE's. Ambulatory services include Anticoagulation, HIV, Diabetes Management, Chronic Pain, Cholesterol Management, Heart Failure and Asthma. In addition, active member of the medical center team coordinating community events and events at the medical center to recognize employees, "We Care" customer service team, and Partnership Team.

**SEQUOIA HOSPITAL DISTRICT**, Redwood City, California 1980 to 1995

Associate Administrator for Professional Services, Facility and Construction 1993 to 1995

Decreased total operating expenses for professional services 5% annually. Actively participated in discussions with Bay Area Laboratory Network to coordinate laboratory services in a managed care environment. Developed and expanded off-site locations for Physical Therapy Services in the Menlo Park area to provide for southern peninsula coverage. Completed the construction of two additional catherization laboratories and ten related projects. Completed the tenant improvements of a 43,000 square foot medical office building for ten-physician solo and group practices within a ten-month period. Successfully outsourced Food Services for cost savings of \$100,000 annually.

Associate Administrator for Ambulatory Services 1991 to 1993

Developed a strategy with physicians in the Laboratory and Radiology Services to survive in a Managed Care environment. Enveloped the Housekeeping and Laundry Services into the Nursing department. Developed and implemented a business plan for an Occupational Medicine Program. Coordinated and developed a Master Facilities Plan Update. Coordinated the development of a CAD-CAM system for the facility to reduce architectural fees. Completed the renovation of a PTCA room, new OR lounges, and facelift of nursing units. Developed the concept and directed the completion of a 14-bed acute Rehabilitation Unit. Relocated the Business and Financial Service Departments to a 50,000 square foot off-site building. Developed a full service Biomedical Engineering Department for annual cost savings of 10% in maintenance contract services.

Associate Administrator for Support Services 1989 to 1991

Developed a Management Engineering Program to support the analysis of hospital services. Designed a plan to improve both service and parking availability for patients and visitors. Developed a centralized Materiel Management Service instrumentation of CSR processing hospital-wide to ensure infection control procedures and to reduce F.T.E.'s. Oversaw the development of a hospital-wide safety plan. Implemented a recycling program. Expanded the outpatient rehabilitation service. Developed a 4,000 square foot medical office space for a six physician cardiovascular medical practice in twelve (12) weeks.

Administrative Director 1987 to 1989

Developed the feasibility, business plan and implemented a Weight Management Program. Relocated and improved upon a multidisciplinary Pain Treatment Center. Consolidated the services of Materials Management and Central Supply Services. Oversaw the marketing of an Alcohol and Drug Recovery Center, with a very active Children of Alcoholics Program.

Director of Pharmacy 1980 to 1987

Developed a progressive In-patient pharmacy service. Developed programs such as decentralized Unit Dose program, full I.V. Additive services, Nutritional Support Service, Oncology Program, Institutional Review Committee.

**ST. FRANCIS MEMORIAL HOSPITAL**, San Francisco, California 1978 to 1980  
Assistant Director of Pharmacy

Coordinated the implementation of Unit Dose System. Developed a full service Oncology Service.

**HIGHLAND GENERAL HOSPITAL**, Oakland, California 1973 to 1978  
Staff Pharmacist

General pharmacy responsibilities. Developed and implemented a full Unit Dose and I.V. Admixture service. Gave inservice lectures to interns and residents of both Medical and Oral Surgery residents.

**CONTRA COSTA COLLEGE**, San Pablo, California 1974 to 1978  
Lecturer

Taught pharmacology to paramedics and nursing students.

**CHAPMAN COLLEGE**, San Francisco Campus  
Lecturer

1978 to 1979

Taught pharmacology to nursing students obtaining their BS degrees

**UNIVERSITY OF CALIFORNIA**, School of Pharmacy

1973 to 1978

Taught the pharmacology of Over-the-Counter Drugs to first year Pharmacy students.

### **EDUCATION**

Doctor of Pharmacy, University of California San Francisco, School of Pharmacy

1969 to 1973

University of California, Berkeley, College of Letters and Science

1967 to 1969

### **CREDENTIALS**

Community College Instructor

Lifetime

Subject Matter: Health and Physical Care Services and Related Technologies

Assistant Clinical Professor,(WOS), University of California, School of Pharmacy

### **PROFESSIONAL ORGANIZATIONS**

American Society of Healthcare Pharmacists  
California Society of Healthcare Pharmacists  
American College of Healthcare Executives

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Tinloy Elena O

**1. Office, Agency, or Court**

Agency Name \_\_\_\_\_

Division, Board, Department, District, if applicable: San Francisco Health Plan  
 Your Position: Board Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.
- Assuming Office: Date assumed: 03/01/2013
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)  
 STREET: 16th Avenue CITY: San Francisco STATE: Ca ZIP CODE: 94116  
 TELEPHONE NUMBER: (415) \_\_\_\_\_ E-MAIL ADDRESS (OPTIONAL): elena.tinloy@sfdph.org

I have used due reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

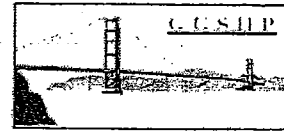
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 1-28-13  
 (month, day, year)

Signature: Elena Tinloy  
 (File the originally signed statement with your filing official.)



CSHP – Golden Gate Chapter  
1032 Irving Street  
P.O. Box 506  
San Francisco, CA 94122



January 23, 2013

John F. Grgurina, Jr.  
Chief Executive Officer  
San Francisco Health Authority  
201 Third Street, 7<sup>th</sup> Floor  
San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36(K)(1)(I) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Pharmacy Leadership Group (as represented by the Golden Gate Chapter of the California Society of Health-System Pharmacists, *formerly known as the Golden Gate Society of Health-System Pharmacists*) hereby designates **Elena O. Tinloy, PharmD** to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy N. Nguyen".

Nancy N. Nguyen, PharmD, BCPS, AAHIVP  
President, Golden Gate Chapter of the California Society of Health-System Pharmacists



**Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 554-5184 FAX (415) 554-7714**



**Application for Boards, Commissions and Committees**

Application for Appointment to: San Francisco Health Authority Governing Board  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat 6

Name: Eddie W. Chan

Home Address: Avondale Road

Zip: 94010

Home Phone: (650)         

Occupation: President & CEO

Work Phone: (415) 391-9686

Employer: North East Medical Services (NEMS)

Business Address: 1520 Stockton Street

Zip:         

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco  Yes:  No: (Place of Residence): Hillsborough, CA

Please state your qualifications (attach supplemental sheet if necessary)

Board member and representative of San Francisco Community Clinic Consortium

Education:

BS, University of California, Berkeley

Pharm. D, University of California, San Francisco

Business and/or professional experience:

Clinical Operations Manager for Kaiser Permanente in South San Francisco, CA; President & CEO of NEMS

Civic Activities:

Ethnicity: (optional)         

Sex (optional) M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

**(Please Note: Once completed, this form, including all attachments, become public record)**

Date: 2/7/2012 Applicant's Signature: (required) Eddie Chan

*Please Note:* Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #:          Term Expires:          Date Seat was Vacated:         

10/20/09



**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) Chan (FIRST) Eddie (MIDDLE) W.

**1. Office, Agency, or Court**

Agency Name: San Francisco Health Plan Governing Board Board Member  
 Division, Board, Department, District, if applicable: Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual: The period covered is January 1, 2011, through December 31, 2011.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2011.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 1520 Stockton Street San Francisco CA 94133  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 415 ) 391-9686

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/26/12 Signature Eddie Chan  
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
3075-3077 Market Street

CITY  
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED:    /   /11      DISPOSED:    /   /11

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_

CITY  
\_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED:    /   /11      DISPOSED:    /   /11

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 \_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_



**SAN FRANCISCO  
HEALTH PLAN**

*Here for you*

201 Third Street, 7th Floor • San Francisco, CA 94103  
(415) 547-7800 • FAX (415) 547-7821 • www.sfhp.org

RECEIVED  
SUPERVISORS  
2009 JAN 14 PM 4:05  
BM

January 8, 2009

Kay Gilbengay  
Interim Clerk of the Board  
Board of Supervisor Office  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102

Dear Ms. Gilbengay:

The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

I certify to you that Eddie Chan, as President & CEO for North East Medical Services, is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code Section 14087.36(k)(1)(d) which permits the appointment of a "person employed in the senior management of community clinic consortium and (B) the San Francisco Administrative Code Sections 69.1 et seq. Enclosed please find a letter from the President and Chief Executive Officer of San Francisco Community Clinic Consortium designating Eddie Chan to serve on the San Francisco Health Authority Governing Body. Additionally, Eddie Chan has provided a statement indicating a willingness to serve and this statement is also enclosed. I request that you schedule a public hearing as soon as possible on the appointment of Eddie Chan to the San Francisco Health Authority Governing Body.

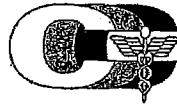
We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,

John F. Grgurina, Jr.  
Chief Executive Officer

Enclosure



# San Francisco Community Clinic Consortium

1550 Bryant Street, Suite 450 • San Francisco, CA 94103 • Phone 415/355-2222 • Fax 415/865-9960 • www.sfccc.org

November 19, 2012

John F. Grgurina, Jr.  
Chief Executive Officer  
San Francisco Health Authority  
201 3<sup>rd</sup> Street, 7<sup>th</sup> Floor  
San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36 (g) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Consortium Clinic hereby designates Eddie Chan to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Gressman', with a large, stylized flourish extending to the right.

John Gressman  
President & CEO of the San Francisco Community Consortium Clinic

cc: Eddie Chan

**CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD  
OF THE SAN FRANCISCO HEALTH AUTHORITY**

**December 11, 2008**

**I, Eddie Chan, as a representative of the San Francisco Community Clinic Consortium, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.**

Eddie Chan (SIGNATURE)

12/23/08 (DATE)

San Francisco  
BOARD OF SUPERVISORS

Date Printed: December 17, 2009

Date Established: December 15, 1994

Active

**HEALTH AUTHORITY - SAN FRANCISCO**

**Contact and Address:**

Valerie L Huggins Executive Assistant

201 Third Street, 7th Floor  
San Francisco, CA 94103

Phone: (415) 615-4235

Fax: (415) 547-7824

Email: vhuggins@sfn.org

**Authority:**

Welfare and Institutions Code Sec. 14087.36; Added by Ordinance No. 408-94, approved 12/15/94; Administrative Code 69.1 et seq.

**Board Qualifications:**

The Health Authority-San Francisco consists of nineteen members, 14 voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board are as follows: one member of the board or any other person designated by the Board; one shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California; one senior manager, San Francisco General Hospital; one senior manager, St. Luke's Hospital; two employees in senior management of either private nonprofit community clinics or a community clinic consortium, nominated by San Francisco Community Clinic Consortium; two physicians nominated by San Francisco Medical Society; one nominee of San Francisco Labor Council; two persons nominated by the beneficiary committee of health authority, one of whom shall be a Medi-Cal beneficiary; two persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or activities of the Health Authority nominated by program committee of the Health Authority; one person nominated by San Francisco Pharmacy Leadership Group. In addition, one of the members appointed must also be a registered nurse [See Sec.14087.36(k)(1)(A),(G), or (H) of the California Welfare and Institutions Code-also Administrative Code Section 69.1]

The composition of the other five members consist of the following: The Mayor shall appoint

"R Board Description" (Screen Print)

San Francisco  
BOARD OF SUPERVISORS

one voting member to serve at the pleasure of the Mayor. The Director of Public Health, the Director of Mental Health, and the Chancellor of the University of California at San Francisco shall each serve as a voting member or appoint a designee to serve at his or her pleasure. The Health Commission shall appoint a non-voting member to serve at its pleasure. Each member throughout their term shall be a resident or be employed within the geographic boundaries of the county.

The term of office for each member appointed by the Board shall be three years commencing at 12:00 noon January 15, 1995; provided that at the initial meeting the members appointed by the Board shall draw lots to determine seven members whose initial terms of office shall be for two years and the member or representative of the Board of Supervisors shall serve at the pleasure of the Board. Each member shall remain in office at the conclusion of that member's term until a successor member has been nominated and appointed. Following the initial staggering of terms, each of those members shall be appointed to a term of three years except the member who shall be a member of the Board or any other person designated by the Board. The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority for the vacant position and upon receipt of the nomination schedule a hearing before the appropriate Committee of the Board for consideration of an appointment.

The Health Authority has been established as the Local Initiative under the Medi-Cal program. The Health Authority is to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate, and to ensure preservation of the safety net. The Powers and Responsibilities are stated in Section 69.3 of the Administrative Code.

Reports: None specified.  
Sunset Clause: None

"R Board Description" (Screen Print)

