

File No. 160057

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date January 28, 2016

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input 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 and Legislative 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 type="checkbox"/> | <input 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"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | Information Sheet | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | | _____ |

Completed by: Derek Evans Date January 25, 2016

Completed by: _____ Date _____

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



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, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: San Francisco Health Authority

Seat # or Category (If applicable): District:

Name: Joseph David Woods

Home Address: Cedar Hill Drive, San Rafael, CA Zip: 94903

Home Phone: 415- Occupation: Pharmacist

Work Phone: 415-206-2332 Employer: City & County of SF

Business Address: SFGH, 1001 Potrero Ave, Pharmacy Room 1P2, San Francisco, CA Zip: 94110

Business E-Mail: david.woods@sfdph.org Home E-Mail:

Pursuant to Charter Section 4.101 (a)2, 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: Marin

Resident of San Francisco Yes No If No, place of residence: San Rafael

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:

Empty rectangular box for providing qualifications.

Business and/or professional experience:

2010 - Present CHIEF PHARMACY OFFICER
 San Francisco Department of Public Health
 San Francisco, CA
 Responsible for managing pharmaceutical services for the San Francisco Health Network (SFHN) of the Department of Public Health (DPH), including San Francisco General Hospital and Trauma Center, Laguna Honda Hospital, Jail Health Services, Community Behavioral Health Services, and Community Oriented Primary Care services. Responsible for operational & clinical services relating to the SF Health Network and DPH pharmaceutical services network.

2003 - 2010 DIRECTOR OF PHARMACY
 Laguna Honda Hospital and Rehabilitation Center.
 San Francisco, CA

1999 - 2003 FORMULARY MANAGER
 Community Health Network of San Francisco
 San Francisco, CA

Civic Activities:

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

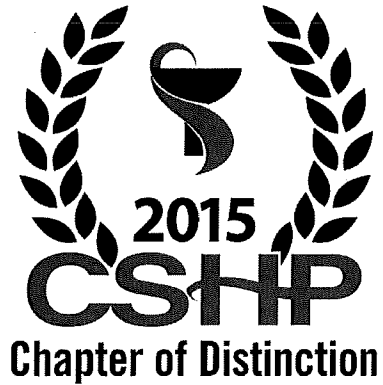
For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. *(Applications must be received 10 days before the scheduled hearing.)*

Date: 11/24/15 Applicant's Signature: (required) Joseph David Woods

(Manually sign or type your complete name.
 NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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 Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



November 24, 2015

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

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 hereby designates David Woods to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

Monique B. Villanueva, PharmD, BCACP
President, Golden Gate Chapter of the California Society of Health-System Pharmacists

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Woods Joseph David

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City & County of San Francisco
 Division, Board, Department, District, if applicable Your Position
 DPH-SFGH Chief Pharmacy Officer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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 San Francisco Other _____

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
 -or- The period covered is _____ through December 31, 2014.
- Leaving Office:** Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
- Assuming Office:** Date assumed _____
- 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 STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1001 Potrero Ave, Room 1P2 San Francisco CA 94110
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (415) 206-2332

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 3/2/2015
(month, day, year)

Signature JDWoods
(File the originally signed statement with your filing official.)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

Name _____

▶ NAME OF BUSINESS ENTITY
Amgen

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/14 _____/_____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Amerisource Bergen

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/14 _____/_____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CVS Caremark Corp

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 _____/_____/14 _____/_____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 \$100,001 - \$1,000,000 Over \$1,000,000

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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 \$100,001 - \$1,000,000 Over \$1,000,000

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IF APPLICABLE, LIST DATE:
 _____/_____/14 _____/_____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/14 _____/_____/14
 ACQUIRED DISPOSED

Comments: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: February 5, 2015

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@sfhp.org

Authority:

California Welfare and Institutions Code, Section 14087.36; and San Francisco Administrative Code, Chapter 69 (Ordinance No. 408-94)

Board Qualifications:

The Health Authority was established as the Local Initiative under the Medi-Cal program 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 of the Health Authority are stated in Administrative Code, Section 69.3.

The Health Authority-San Francisco consists of nineteen (19) members, fourteen (14) voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board is as follows (Welfare and Institutions Code, Section 14087.36(k)):

- (A) One (1) member of the board or any other person designated by the Board;
- (B) One (1) 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 the 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;
- (C) One (1) member shall be employed in the senior management of San Francisco General Hospital;
- (D) One (1) member shall be employed in the senior management of St. Luke's Hospital (San

San Francisco
BOARD OF SUPERVISORS

Francisco);

(E) Two (2) members shall be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization;

(F) Two (2) members shall be physicians, nominated by the San Francisco Medical Society, or any successor organization;

(G) One (1) member shall be nominated by the San Francisco Labor Council, or any successor organization;

(H) Two (2) members shall be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority;

(I) Two (2) members shall be persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority; and

(J) One (1) member shall be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization.

Additional Seat Qualifications: One (1) member specified in “A,” “H,” or “T” above must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member’s term, either be a resident of the county or be employed within the geographic boundaries of the county.

Each member shall be appointed to a term of three years, except the member of the Board of Supervisors or any other person designated by the Board (“A” above).

The composition of the other five (5) members is as follows:

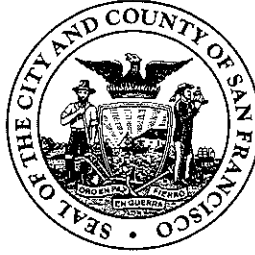
- > One (1) member appointed by the Mayor;
- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the Chancellor of the University of California at San Francisco or his/her designee;
- > One (1) member shall be the Director of Mental Health or his/her designee; and
- > One (1) nonvoting member shall be appointed by the Health Commission.

The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority they are required to nominate a person for the position and must be submitted within 30 days.

Reports: None.

Sunset Clause: None.

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

SAN FRANCISCO HEALTH AUTHORITY

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancy:

Vacant seat 9, succeeding Dale Butler, term expired, must be nominated by the San Francisco Labor Council, or any successor organization, for the unexpired portion of a three-year term ending January 15, 2018.

Vacant seat 14, succeeding Elena Tinloy, resigned, must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for the unexpired portion of a three-year term ending January 15, 2018.

Additional Seat Requirements: One member in seats 1, 10, 11, 12, or 13 must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Reports: None.

Sunset Date: None.

Additional information relating to the San Francisco Health Authority may be obtained by reviewing the California Welfare and Institutions Code, Section 14087.36, available at http://www.leginfo.ca.gov/.html/wic_table_of_contents.html and the San Francisco Administrative Code, Section 69.1, available at <http://www.sfbos.org/sfmunicodes>.

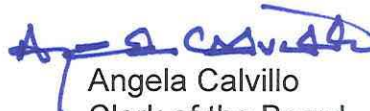
Interested persons may obtain an application from the Board of Supervisors website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk and should be submitted to: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this subordinate body must complete and submit, with their application, a copy (**not original**) of Form 700, Statement of Economic Interests. Applications will not

be considered if a copy of Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment at the meeting and applicant(s) may be asked to state their qualifications. The appointment of individual who is recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, this vacancy may have already been filled. To determine if the vacancy for this body is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.


Angela Calvillo
Clerk of the Board

DATED/POSTED: December 9, 2015