

File No. 110451

Committee Item No. 5
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Rules Date 4/21/11

Board of Supervisors Meeting Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Form 700
- _____
- _____
- _____
- _____

Completed by: Linda Wong Date 4/15/11

Completed by: _____ Date _____

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

Application for Appointment to: SF First 5
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): _____ District: _____

Name: Mary Hansell

Home Address: McDonald Way, Burlingame, CA Zip: 94010

Home Phone: 650-_____ Occupation: Director, Maternal, Child, Adolescent Health

Work Phone: 650-575-5670 Employer: City and County of San Francisco

Business Address: 30 Van Ness Ave., Suite 260 Zip: 94102

Business E-Mail: mary.hansell@sfdph.org Home E-Mail: _____@yahoo.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): Burlingame, CA

Please state your qualifications (attach supplemental sheet if necessary)

see letter from Barbara Garcia, Director, SFDPH

Education:

Dr. P.H., PHN, R.N.

Business and/or professional experience:

see letter from Barbara Garcia, Director, SFDPH

Civic Activities:

Ethnicity: (optional) Caucasian 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: 4-11-2011 Applicant's Signature: (required) Mary Hansell

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

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

City and County of San Francisco

Department of Public Health



Edwin M. Lee, Mayor

Barbara A. Garcia, MPA, Director of Health

April 7, 2011

Kahala Drain, Administrative Coordinator
SF First 5, Children and Families Commission
1390 Market Street, #318
San Francisco, CA 94102

Dear Ms. Drain:

I am recommending Dr. Mary Hansell to fill the DPH position on First 5 SF, Children and Families Commission. Dr. Hansell's history includes over 25 years of public health experience. She served as the Director of the Family Health Services (FHS) Division of San Mateo's Health System for the past 3 years. FHS is composed of Child Health, Nutrition, Home Visiting and Administration Units. She was responsible for oversight of the following FHS programs: Adolescent Family Life; Black Infant Health; Comprehensive Perinatal Services; CA Children's Services; Child Health and Disability Prevention, Dental, Lead; Field Public Health Nursing; Immunization; Healthcare for Children in Foster Care; MCAH, Network for a Health CA; Prenatal to Three; PHN's for Child Welfare Services; and WIC.

Dr. Hansell managed a \$26 million budget and led a staff of 170 PHN's, physical and occupational therapists, dietitians, physicians, community program specialists, community workers, social workers, fiscal and administrative personnel. She was the Director of Public Health Nursing for San Mateo County and serves as President of the State Directors of PH Nursing. She chaired the oversight Committee to San Mateo County's Child Abuse Prevention Council. As representative of the health system she served on the Peninsula Partnership for Children, Youth and Families, and also served as public participant on a First 5 Commission Committee. In 2009-10, she acted as primary liaison in Incident Command System for the H1N1 response to the County Superintendent of Schools.

Prior to her appointment as Director of FHS Division, Dr. Hansell served as Deputy Director of Public Health. Other qualifying services to her credit include Adjunct Assistant Professor at UCSF coordinating a project on early postpartum care in the School of Medicine and teaching a course on Health Policy. In her early years Dr. Hansell was a consultant to the United Nations Children's Fund in Jakarta, Indonesia, where she managed the UNICEF Safe Motherhood and infant nutrition program.

Dr. Hansell's life work demonstrated her commitment to the MCAH mission and reflects her strong effective ability to serve as a Commissioner on the Children and Families Commission.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara A. Garcia".

Barbara A. Garcia, MPA
Director of Health

STATEMENT OF ECONOMIC INTERESTS

Date Received
Original Use Only

COVER PAGE

2011 APR 14 PM 3:39

Please type or print in ink.

SAN FRANCISCO
ETHICS COMMISSION

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hansell Mary Jo

1. Office, Agency, or Court

Agency Name: City and County of San Francisco
Division, Board, Department, District, if applicable: Health, Community Programs, Maternal, Child, Adolescent Health - Director
Your Position: Director

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

Agency: SF First 5 Commission Position: Commissioner

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

State Judge (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, 2010, through December 31, 2010.
Leaving Office: Date Left
The period covered is
Assuming Office: Date
Canddate: 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: 2

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
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
30 Van Ness Ave, Suite 260, S.F., CA 94102
DAYTIME TELEPHONE NUMBER (415) 575-5671
EMAIL ADDRESS mary.hansell@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 04/11/2011 Signature Mary Hansell

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

INCOME RECEIVED

NAME OF SOURCE OF INCOME
Kaiser Health Plan

ADDRESS (Business Address Acceptable)
One Kaiser Place, Oakland, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Maintenance Organization

YOUR BUSINESS POSITION
Director, Marketing Research

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

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:

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

Comments: _____



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San Francisco
BOARD OF SUPERVISORS

Date Printed: April 14, 2011

Date Established: December 24, 1998

Active

CHILDREN AND FAMILIES FIRST COMMISSIONS

Contact and Address:

Kahala Drain
San Francisco Children & Families Commission
1390 Market Street, Suite 318
San Francisco, CA 94102

Phone: (415) 934-4849

Fax: (415) 565-0494

Email: Kahala@first5sf.org

Authority:

Added by Board of Supervisors Ordinance No. 409-98; approved December 24, 1998; amended by Ordinance 321-99, Approved 12/17/99; Administrative Code Section 10.117-122 and 86.1 through 86.5.

Board Qualifications:

The San Francisco Children and Families First Commission (aka the First Five Commission) consists of a total of nine members, all of whom are appointed by the Board of Supervisors.

The Commission is comprised of two type of members. Of the first type there are four (4) members: One (1) member shall be the Director of Public Health or designee; one (1) member shall be the General Manager of the Department of Human Services or designee; one (1) member shall be a member of the Board of Supervisors; one (1) member shall be the Director of the Department of Children, Youth and Their Families or designee. These members shall be entitled to serve as long as they meet the qualifications of membership.

The remaining five (5) members shall be appointed from among the following categories: persons responsible for management of the following county functions: children services, public health services; behavioral health services, social services and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council or another local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood development;

San Francisco
BOARD OF SUPERVISORS

representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies. Their terms shall be for four years, provided, however, that the members first appointed shall, by lot, classify their terms so that two members shall serve a three-year term, and three members shall serve a four year-term. On the expiration of these terms, their successors shall be appointed for a four-year term. In the event a vacancy occurs during the term of office of any appointed member, a successor shall be appointed for the unexpired term of the office vacated in a manner similar to that for the initial member.

This Commission is established to promote, support and improve the early development of children from the prenatal state to five years of age and to carry out the provisions of the California Children and Families First Act of 1998. The powers and duties are stated in Section 86.2 of the Administrative Code. The San Francisco Children and Families First Trust Fund shall be administered by the San Francisco Children and Families First Commission as stated in Administrative Section 10.117-122.

Reports: The Commission shall establish a San Francisco County Strategic Plan for the support and improvement of early childhood development within the City and County of San Francisco as stated in Section 86.5 of the Administrative Code. On at least an annual basis, the Commission shall review its Strategic Plan and revise the Plan as may be necessary.

Sunset Date: None

