

File No. 100038

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date January 21, 2010

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

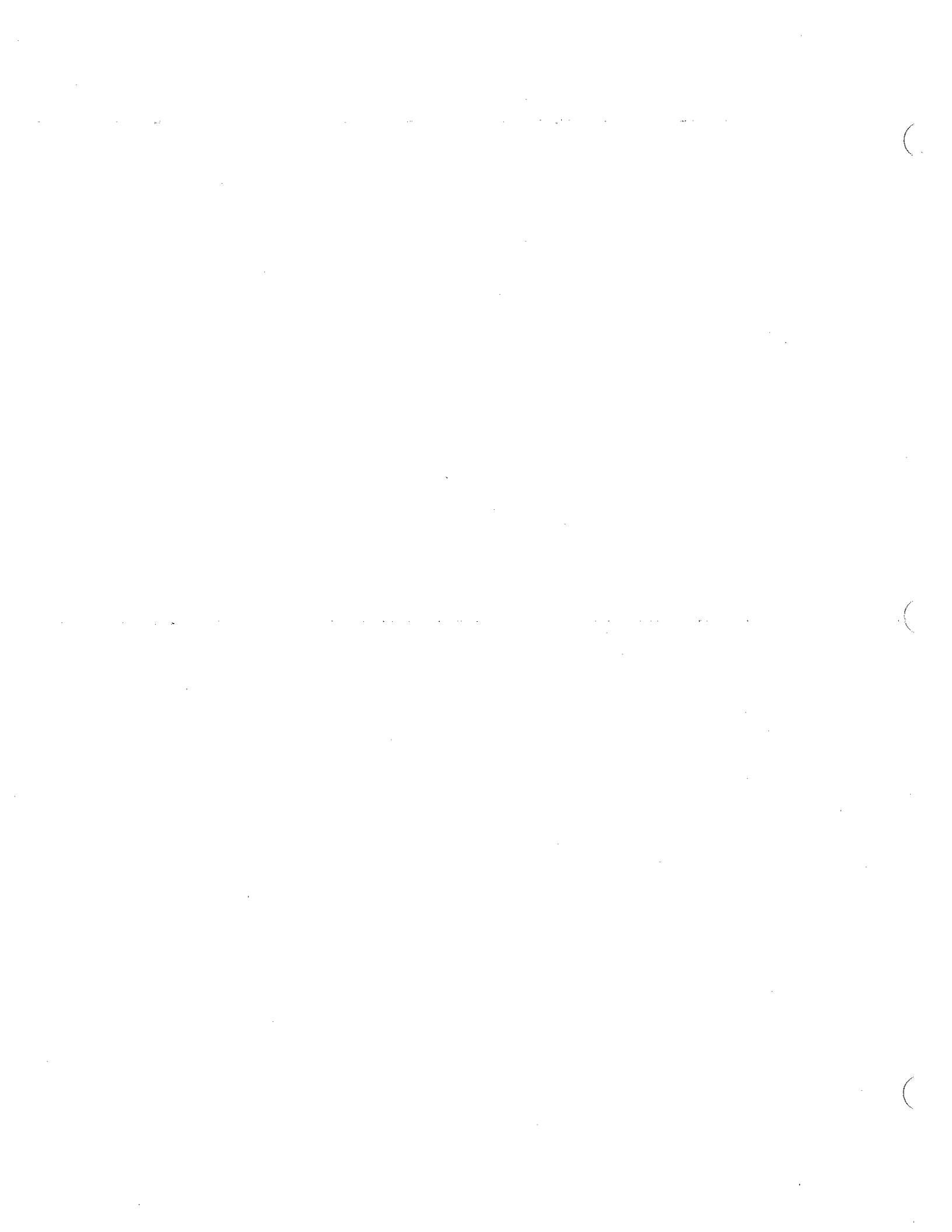
(Use back side if additional space is needed)

- Form 700
- _____
- _____
- _____
- _____

Completed by: Linda Wong
Completed by: _____

Date January 15, 2010
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

Print Application

Application for Boards, Commissions and Committees

Application for Appointment to: SAN FRANCISCO HEALTH AUTHORITY
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (if applicable):

Name: JOHN W. GROSSMAN, III
 Home Address: — Commodore Dr., Richmond, CA Zip: 94804
 Home Phone: 570- — Occupation: Administrator
 Work Phone: 415-355-2220 Employer: SF Community Clinic Consultant
 Business Address: 1530 Bryant St #450, SF, 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): Contra Costa City

Please state your qualifications (attach supplemental sheet if necessary)

30 years experience in health care
Extensive knowledge of health care policy, planning, finance, and
representative of SF Non Profit Community Health Center + Free Clinic

Education:

MSW - Master Social Work, Rutgers University
MA - Master of Arts, Psychology, Rowan University

Business and/or professional experience:

Health Care Administration + Health Care Administration Council

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: 11/30/09 Applicant's Signature: (required) John W. Grossman III

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

FOR OFFICE USE ONLY:

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

COVER PAGE

FILED

A Public Document

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PM 3.6.09 DD

Please type or print in ink.

NAME (LAST) GROSSMAN	(FIRST) John	(MIDDLE) Wesley	DAYTIME TELEPHONE NUMBER (415) 355-2220
MAILING ADDRESS (May use business address) 1550 Bryant St # 412	STREET San Francisco	CITY CA	STATE ZIP CODE 94103
OPTIONAL FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:
SP Health (w/ DM) / SF Health Authority

Division, Board, District, if applicable:

Your Position:
Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: **See Above**

Position: **Board Member**

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

State

County of **SAN FRANCISCO**

City of **SAN FRANCISCO**

Multi-County _____

Other _____

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

Assuming Office/Initial Date: _____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is _____ through December 31, 2008.

Leaving Office Date Left: _____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is _____ through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 1

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

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

Date Signed 3/4/09
(month, day, year)

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

Mailed 3/4/09



**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: San Francisco Health Authority and Community Health Authority.
Name of Board, Commission, Committee, or Task Force

Seat # or Category (if applicable): Member of the Governing board

Name: Tracey Faulkner

Home Address: Geary Street #108 San Francisco CA Zip: 94109

Home Phone: 415 Occupation: Program coordinator for the Family Resource Center

Work Phone: 415-239-3779 Employer: City College of San Francisco

Business Address: 50 Phelan Ave SU205 San Francisco CA 94112 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):

Please state your qualifications (attach supplemental sheet if necessary)

As member of the community who uses the Health Plans services (my daughter is a member of Healthy Kids) I believe I am a valuable member of the Governing board.

Education:

I have a BA in Liberal Studies from SFSU

Business and/or professional experience:

In helping to run the Family Resource Center at CCSF, I experience everyday the needs of low-and no-income families.

Civic Activities:

I currently chair the SFHP Member's committee

Ethnicity: (optional) European-American

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: 10/20/09 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:

ORIGINAL

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received

FILED

COVER PAGE

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A Public Document

SAN FRANCISCO
POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAY	TIME	TELEPHONE NUMBER
Faulkner	Tracey	Paula	(415)		
MAILING ADDRESS STREET CITY STATE ZIP CODE		OPTIONAL: FAX / E-MAIL ADDRESS			
Geary St #108 SF CA 94109					

1. Office, Agency, or Court

Name of Office, Agency, or Court:
San Francisco Health Authority / San Francisco Community Authority

Division, Board, District, if applicable:

Your Position:
Governing Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of _____

Multi-County _____

Other _____

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

Assuming Office/Initial Date: _____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is _____, through December 31, 2008.

Leaving Office Date Left: _____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is _____, through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed 4/1/09
(month, day, year)

Signature Tracey Paula Faulkner
(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**

Print Application

Application for Boards, Commissions and Committees

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

Seat # or Category (If applicable): Program Committee

Name: Steve Fields

Home Address — /incente Avenue Berkeley, California Zip: 94707

Home Phone: (510) — Occupation: Executive Director

Work Phone: (415) 861-0828 Employer: Progress Foundation

Business Address: 368 Fell Street San Francisco, CA. Zip: 94102

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): Berkeley, California

Please state your qualifications (attach supplemental sheet if necessary)

I have served on the Governing Board of the SF Health Plan for over 15 years. I bring to the Board 40 years of experience working in the SF behavioral health system as the director of a non-profit agency.

Education:

BA, Harvard University, 1968
MPA, University of San Francisco, 1993

Business and/or professional experience:

I have been the Executive Director of a non-profit that contracts to provide a full range of behavioral health services to San Francisco residents, primarily recipients of Medi-Cal, for over 40 years.

Civic Activities:

I am the co-chair of a coalition of SF non-profit health and human services agencies. I serve on the Board of Directors of a local non-profit agency, Swords to Plowshares.

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.)

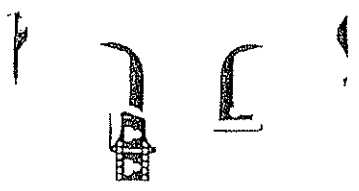
(Please Note: Once completed, this form, including all attachments, become public record)

Date: 12/28/09 Applicant's Signature: (required) Steve Fields
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

A Public Document

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Fields	Steven	Lee	(415) 861-0828
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
368 Fell Street San Francisco CA 94102			
			OPTIONAL FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court: San Francisco Health Authority
(2) The San Francisco Community
 Division, Board, District, if applicable: Health Authority

Your Position:
Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of San Francisco

City of San Francisco

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____ through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is ____/____/____ through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed 3/27/09
(month, day, year)

Signature St Lee
(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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
STEVEN FIELDS

▶ NAME OF BUSINESS ENTITY
MERCK + CO, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CHEVRON

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
VERIZON COMMUNICATIONS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>STEVEN FIBUS</u>

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
PROGRESS FOUNDATION

ADDRESS
368 FELL ST. SAN FRANCISCO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit mental health

YOUR BUSINESS POSITION
EXECUTIVE DIRECTOR

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
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS

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
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

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:

NAME OF LENDER: _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS _____		
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"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small>	
	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ <small>(Describe)</small>	

Comments: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: January 12, 2010

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:

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