

File No. 100195

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Date March 4, 2010

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 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 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)

| | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Alisa Somera Date February 26, 2010

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 and the online version.



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

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2010 FEB 10 AM 9:45
 BY SK
 District: _____

Application for Boards, Commissions and Committees

Application for Appointment to: **Children and Families Commission**

Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): **Department of Public Health**

Name: **Twila Brown**

Home Address **Aileen Street, Oakland, California**

Zip: **94609**

Home Phone: 510 _____

Occupation: **Nurse Administrator**

Work Phone: **415-575-5671**

Employer: **S.F. Department of Public Health**

Business Address: **30 Van Ness Avenue, Suite 260, S.F. California**

Zip: **94102**

Business E-Mail: **twila.brown@sfdph.org**

Home E-Mail: _____

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

DYes: _____

No: (Place of Residence): **Oakland, California**

Please state your qualifications (attach supplemental sheet if necessary)

Over 35 years of progressively responsible experience managing public health programs for children, adolescents and women. I have experience representing state, federal, public and privately funded programs.

Education:

University of California, Berkeley, MPH in PH Administration; San Jose University graduate training Nurse Practitioner; San Francisco State University BS leading to Registered Nurse and PH Nurse Certification

Business and/or professional experience:

Currently serve as Director of Maternal, Child and Adolescent Health, S.F.D.P.H., 10 years service as SF Director of Children's Medical Services including oversight for health of foster children, children with special needs, child disability prevention program, and 0-5 population.

Civic Activities:

Board of Directors SF Child Abuse Prevention Council, March of Dimes Review Board, Managed Care Plan Collaborative, UCSF and SFSU lecturer schools of nursing.

Ethnicity: (optional) **AA**

Sex: (optional) D 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: **February 8, 2010** Applicant's Signature: (required) Twila Brown

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

FOR OFFICE USE ONLY:

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

Biography
Twila Brown, RN, NP MPH
Director of Maternal Child and Adolescent Health
Director of Public Health Nursing

Ms. Brown brings over 41 years of progressively responsible Public Health Program Administration and supervision expertise to her current positions as San Francisco Department of Public Health MCAH and Public Health Nursing Director. She received her Masters Degree in Public Health Administration from the University of California at Berkeley. She has an advanced degree of Nurse Practitioner specializing in Women's Health and practiced four years providing health care to adolescents in the Criminal Medical Justice System. Ms. Brown has dedicated her public health career serving children and families.

Because of her motivation to promote and improve the health of women, infants and children, she has dedicated over 35 years of her career to directing Federal and State funded programs such as Black Infant Health Program, Fetal Infant Mortality Program, California Children's Health Care Program for Children with Special Needs, Child Health Disability Prevention Program, Pediatric HIV and Health Care Program for Children in Foster Care.

As an African American woman, Ms. Brown imparts a culturally sensitive vision, and a passionate approach to addressing the health inequities that exist in San Francisco's women and infant population of all races.



San Francisco Department of Public Health

Barbara A. Garcia, MPA
Deputy Director of Health
Director of Community Programs

Gavin Newsom, Mayor

February 17, 2010

Board of Supervisors
City and County of San Francisco
Children and Families Commission
1 Dr. Carlton B. Goodlett Place #244
San Francisco, CA 94102

To the members of the Board of Supervisors:

I am designating Twila Brown, Director of Maternal Child and Adolescent Health, as the official representative of the Department of Public Health to your Commission.

Ms. Brown has been with the Department for over 41 years, serving in progressively responsible positions in public health administration up to and including her current positions and as Public Health Nursing Director. She has dedicated her life's work in improving the health of women, infant and children's health and has over spent over 35 years of her career directing Federal and State funded programs. These programs include Black Infant Health, Fetal Infant Mortality, California Children's Health Care for Children with Special Needs, Child Health Disability Prevention, Pediatric HIV and Health Care for Children in Foster Care. Ms. Brown is perfectly suited to be an active and participating member of the Commission.

Thank you for your kind consideration.

Sincerely,

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

Barbara A. Garcia, MPA
Deputy Director of Health
Director of Community Programs

From:

02/26/2010 15:26

#213 P.002/002



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

A Public Document

Please type or print in ink.

| | | | | |
|------------------------------------------------------------------------|---------|----------|--------------------------|--------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER | |
| Brown | Twila | M | (415) _____ | |
| MAILING ADDRESS STREET <small>(Business Address Acceptable)</small> | CITY | STATE | ZIP CODE | OPTIONAL: E-MAIL ADDRESS |
| Aileen Street | Oakland | CA | 94547 | |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
 Department of Public Health
 Division, Board, District, if applicable:
 Maternal Child and Adolescent Health
 Your Position:
 Director
 ▶ 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, 2009, through December 31, 2009.
 -OR-
 The period covered is _____, through December 31, 2009.
- Leaving Office Date Left: _____
 (Check one)
 The period covered is January 1, 2009, 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 February 26, 2010
(month, day, year)

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

San Francisco
BOARD OF SUPERVISORS

Date Printed: February 23, 2010

Date Established: December 24, 1998

Active

CHILDREN AND FAMILIES FIRST COMMISSION

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;

"R Board Description" (Screen Print)

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