

File No. 150135

Committee Item No. 3

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date February 12, 2015

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"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | Memorandum of Understanding (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 checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information Sheet                            |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER

(Use back side if additional space is needed)

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

Completed by: Alisa Somera Date February 6, 2015

Completed by: \_\_\_\_\_ Date \_\_\_\_\_



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: SF Health Authority and SF Community Health Authority

Seat # or Category (If applicable): n/a X3 District: n/a

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, Suite 2A5 Zip: 94110

Business E-Mail: sue.currin@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: Contra Costa County

Resident of San Francisco  Yes  No If No, place of residence: Walnut Creek, CA

**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:**

- Served on the San Francisco Health Plan (SFHP) Board since 2009
- Served as Chair of SFHP Board for 4 years
- Served on the SFHP Finance Committee for 5 years
- Chief Executive Officer of San Francisco General Hospital and Trauma Center (SFGH) since 2009, the largest provider for SFHP members. SFGH is the City' public hospital, providing care to the City' most vulnerable populations. SFGH is the designated Level 1 trauma center for San Francisco and Northern San Mateo County, and the sole provider of psychiatric emergency services in the City. SFGH serves some 106,000 patients per year, of which 72% are ethnic minorities, 12% under the age of 18 and 10% over the age of 65. SFGH provides 20% of the City' inpatient care and 580,000 ambulatory care visits annually, including 120,000 primary care visits, 210,000 specialty care visits and 30,000 Urgent Care visits. SFGH is also one of the nation' top academic medical centers, partnering with the University of California, San Francisco School of Medicine on clinical training and research.

**Business and/or professional experience:**

- Over 30 years with Department of Public Health San Francisco in various roles including Chief Executive Officer, Chief Operations Officer, Chief Quality Officer, Chief Nursing Officer

- 3 years Kaiser Quality and Service Leader for Richmond, Oakland, Hayward and Fremont

**Civic Activities:**

- Immediate Past Chair, San Francisco Hospital Council

- Board Member, American Hospital Association, Region 9

- Board Member, San Francisco General Hospital Foundation

- Board Member, Hospital Council of Northern and Central California

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: 1/7/15 Applicant's Signature: (required) [Handwritten Signature]

(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: \_\_\_\_\_

City and County of San Francisco



Edwin M. Lee  
Mayor

San Francisco General Hospital and Trauma Center

*Susan Currin, Chief Executive Officer*



*The Heart of the City*

Sue Currin is the Chief Executive Officer of San Francisco General Hospital and Trauma Center (SFGH), the sole provider of trauma and emergency psychiatric services for the City and County of San Francisco. As leader of the medical center that serves some 106,000 patients annually and provides 20 percent of the city's inpatient care, Ms. Currin oversees a dynamic organization that offers a wide spectrum of inpatient and outpatient services to a diverse patient population.

As San Francisco's public hospital, SFGH's mission is to provide quality health care and trauma services with compassion and respect to patients that include the city's most vulnerable. SFGH is also one of the nation's top academic medical centers, partnering with the University of California, San Francisco on clinical training and research. SFGH is the linchpin of the Healthy San Francisco program, which provides primary and specialty care access to the uninsured.



General Hospital is designated by the American College of Surgeons for trauma services and The Joint Commission for stroke and traumatic brain injury care. It is also the only hospital in San Francisco to earn the World Health Organization's Baby Friendly certification. Ms. Currin is now presiding over the construction of a new acute care building, a project that a record number of San Francisco voters support.

Ms. Currin has more than 25 years of experience as a hospital leader. Before becoming CEO, she served as SFGH's Chief Operating Officer and Chief Nursing Officer. She worked previously at Kaiser Permanente as a Quality and Service Leader.

Ms. Currin serves as Chair of the San Francisco Health Plan Board. She gained special recognition for hospital fiscal management from the Mayor's Municipal Fiscal Advisory Committee in 2007 and she was named one of the Most Influential Women in Business by San Francisco Business Times in 2011. She has successfully secured millions in grant funding for a nursing internship program, medication error reduction project and patient safety initiatives. Ms. Currin helped to develop the hospital's world class Acute Care for Elders (ACE) unit that focuses on improving patient outcomes and satisfaction while shortening lengths of stay and reducing nursing home admissions.

Ms. Currin attended the American River and Tacoma Community Colleges and went on to receive her bachelor's degree in nursing from San Francisco State University and her master's in nursing from the University of California San Francisco. She began her career as a student nurse at SFGH in 1975. Three years later she returned as a staff nurse on medical surgical and critical care units. Ms. Currin has participated in the National Association of Public Hospitals Patient Safety and Healthcare Policy Fellowship programs and the California HealthCare Foundation Health Care Leadership Fellowship Program.

Ms. Currin grew up in the Sacramento area of California and now lives in the Bay Area. She is married and has two sons.

San Francisco General Hospital and Trauma Center ♦ Hospital Administration  
1001 Potrero Avenue ♦ Suite 2A5 ♦ San Francisco, CA 94110  
Telephone (415) 206-3517 ♦ Fax (415) 206-3434

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

 Date Received  
 Official Use Only

 E-Filed  
 03/05/2014  
 16:58:43

 Filing ID:  
 150123747

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Currin, Susan
**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Health Authority

Board Member

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

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS

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, 2013, through December 31, 2013 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013

 The period covered is January 1, 2013, through the date of leaving office. Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

San Francisco

CA

94110

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

( )

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 03/05/2014  
(month, day, year)Signature Susan A. Currin  
(File the originally signed statement with your filing official.)

060600029-NFH-0029

Section 1 Additional Agency(ies)/Position(s) for Currin, Susan:

| Agency                      | Division, Board, Department, District | Position                |
|-----------------------------|---------------------------------------|-------------------------|
| Department of Public Health | San Francisco General Hospital        | Chief Executive Officer |

Save Form

Print Form



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 Plan/San Francisco Health Authority

Seat # or Category (If applicable): Board of Directors #5 District: \_\_\_\_\_

Name: John Gressman

Home Address: Carriage Drive, El Sobrante, CA Zip: 94803

Home Phone: 510- [redacted] Occupation: Administrator

Work Phone: 415-355-2220 Employer: SF Community Clinic Consortium

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

Business E-Mail: jgressman@sfccc.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: Contra Costa County

Resident of San Francisco  Yes  No If No, place of residence: Contra Costa County

**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:**

30+ years of experience in working in health care with a focus on vulnerable populations; founder of SF Health Plan, network largest provider of Healthy San Francisco; represent the City's 11 nonprofit health centers, 8 contractors of the Health Plan, eight health centers target Asian, Native Americans, Lesbians, Transgender, Latino(a); Filipino; African American, low income; homeless, HIV/AIDS patients.

**Business and/or professional experience:**

Administrator of City's non profit health center network for 23+ years, administered a health center, provided behavioral health services. City leader in development of new and innovative models of care to increase access to care. Provide leadership to agency to address health disparities.

**Civic Activities:**

Board Member of Homeless Prenatal  
Founder, former Board Member of Operation ACCESS

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: 12/19/14 Applicant's Signature: (required) John W. Gressman

(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: \_\_\_\_\_





**SFCCC**  
Community Clinic Consortium

[www.sfccc.org](http://www.sfccc.org)

1550 Bryant St, Ste 450 | San Francisco, CA 94103 | P: 415.355.2222 | F: 415.865.9960

December 22, 2014

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 John Gressman to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

David Knego, MSW  
Board Chair, SFCCC

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

 Date Received  
 Official Use Only

 E-Filed  
 04/01/2014  
 13:41:43

 Filing ID:  
 151019113

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Gressman, John
**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Health Authority

Member

▶ 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 \_\_\_\_\_ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)** Annual: The period covered is January 1, 2013, through December 31, 2013

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013

 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one) The period covered is January 1, 2013, through the date of leaving office. Assuming Office: Date assumed 01 / 16 / 2014 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: 1 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)

San Francisco

CA

94103

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

( )

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 04/01/2014  
(month, day, year)Signature John Gressman  
(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

**Application for Boards, Commissions, Committees, & Task Forces**

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

Seat # or Category (If applicable): #7 (SF Medical Society) District: \_\_\_\_\_

Name: Lawrence Cheung

Home Address: 25th Ave, SF CA Zip: 94121

Home Phone: 415- [REDACTED] Occupation: Physician

Work Phone: 415-333-0348 Employer: Lawrence C C Cheung, MD PC

Business Address: 2645 Ocean Ave, #103, SF CA Zip: 94132

Business E-Mail: lawrence.chi.chuen.cheung@gmail.com 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: \_\_\_\_\_

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:**

I have been a dermatologist living and practicing in San Francisco for the past 9 years. I am the Immediate Past President of the San Francisco Medical Society and I can bring the perspective of all San Francisco physicians to the Board. I care deeply about public health policy both at a county and state level. I have worked on public health policy such as the sugar sweetened beverage tax as well as clean needle exchange bill.

**Business and/or professional experience:**

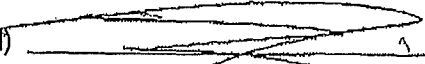
I am a practicing dermatologist and I am active in both the California Medical Association (CMA) and the American Medical Association (AMA). I have chaired the Public Health Reference Committee for the CMA in which we debated and then adopted public health policy relevant to the state of California.

**Civic Activities:**

In addition to my private practice in San Francisco, I volunteer at the Saint Mary's Medical Center community clinic as well as the Asian Health Services in the past 9 years. Both of these clinics serve the underserved minority populations in San Francisco and Oakland (respectively).

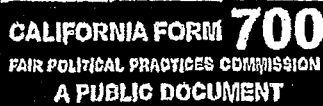
Have you attended any meetings of the Board/Commission to which you wish appointment? Yes  No

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: 1/8/15 Applicant's Signature: (required)   
(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: \_\_\_\_\_  
01/20/12



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing  
Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Cheung Lawrence Chi Chuen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Division, Board, Department, District, if applicable Your Position  
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  
City of 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.  
Assuming Office: Date assumed  
Candidate: Election year and office sought, if different than Part 1:  
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.

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  
-or-  
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
2645 Ocean Ave, #103 San Francisco CA 94132  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 415 ) 333-0348 lcccm1-derm1@

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 01/08/2015  
(month, day, year)

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Lawrence C C Cheung, MD, a Professional Corporation  
Name  
2645 Ocean Ave, #103, SF CA 94132  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Dermatology Practice

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     S Corporation     Other

YOUR BUSINESS POSITION President

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None    or     Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

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

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None    or     Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

# Lawrence C. C. Cheung

2645 Ocean Ave, Suite 103  
San Francisco, CA 94132

(415) [REDACTED]

(415) 333-0348 (o)

(415) 333-0349 (f)

Lawrence.cheung@[REDACTED]

## WORK EXPERIENCE

### **Solo Private Practice, San Francisco, CA**

The scope of practice includes adult / pediatric medical dermatology, dermatologic surgery, and cosmetic dermatology. The clinic specializes in the treatment of eczema and psoriasis with the Bay Area's most comprehensive light based treatment options (UVB phototherapy and laser treatment). 2005 - present

### **Asian Health Services, Oakland, CA**

Chief of Dermatology. Established teledermatology program in 2012 to ease demand for physical clinic patient access. Created teledermatology consult protocol and photography protocol. 2005 - present

### **Teikoku Pharma USA, San Jose, CA**

Medical Director. In charge of new product business development with experience in product design, clinical trial design, FDA approval, and final product marketing. 2005-2008

## EDUCATION

### **Washington University School of Medicine – Division of Dermatology**

Chief Resident in Dermatology  
Dermatology residency, 2002 - 2005

### **Psoriasis Clinical Research Fellowship, University of California, San Francisco**

Clinical investigator for numerous trials. Submitted proposals, recruited subjects, and conducted patient encounters. Clinical responsibilities included Goeckerman therapy rounds, supervision of PUVA and UVB units, and patient consultations. 2000 - 2002

### **University of California, San Francisco — Department of Internal Medicine**

Internal Medicine residency, 1998 - 2000

### **Columbia University College of Physicians & Surgeons**

MD, 1998

Honors: *Alan and Ruth Borenstein Scholarship*, 1997 (for academic achievements and community service)  
*Chinese American Medical Society Scholarship*, 1996 (for leadership and community service)

### **Harvard University**

AB in Biochemical Sciences, *magna cum laude*, 1994

Honors: *John Harvard Scholar*, 1992, 1993  
*Ford Research Grant*, 1992

## PROFESSIONAL AFFILIATIONS

Assistant Clinical Professor of Dermatology, University of California San Francisco  
Staff attending physician, Saint Mary's Medical Center, San Francisco, CA  
Staff attending physician, Chinese Hospital, San Francisco, CA

Diplomate, American Board of Dermatology  
Fellow, American Academy of Dermatology (FAAD)  
Fellow, American Society for Dermatologic Surgery (FASDS)  
President 2014, San Francisco Medical Society  
Member, California Medical Association  
Member, American Medical Association

## RESEARCH EXPERIENCE

Amgen 20040210. Observational Post-Marketing Safety Surveillance Registry of Enbrel (etanercept) for the Treatment of Psoriasis. 2006 - current.

Novartis CASM 981 US03: A 6 Month, Randomized, Multicenter, Parallel-Group, Double-Blind, Vehicle-Controlled Study to Evaluate the Efficacy and Safety of ASM 981 (Pimecrolimus) Cream 1% BID vs. Standard of Care in the Management of Mild to Severe Atopic Dermatitis in Adults. 2002.

Novartis CASM981C2406: A 26-Week Study with a 6-Week, Randomized, Multi-Center, Investigator-Blinded, Exploratory Comparative Trial of the Tolerability, Safety and Efficacy of Elidel® (Pimecrolimus, SDZ ASM981) Cream 1% with Tacrolimus Ointment 0.03% in the Treatment of Pediatric Subjects with Moderate Atopic Dermatitis, Followed by a 20-Week Open-Label Phase to Study the Safety of Elidel® (Pimecrolimus, SDZ ASM981) Cream 1%. 2002.

A Phase IV, Open Label, Proof of Concept, Dose Ranging Study Evaluating the Safety and Efficacy of Oral Tacrolimus (Prograf®) followed by Topical Tacrolimus (Protopic®) for the Treatment of Severe Atopic Dermatitis. 2002.

Allergan 190168-049P: A Multi-Center, Double-Blind, Randomized, Placebo-Controlled Study of the Safety and Efficacy of 12-Weeks Treatment with Tazarotene 4.5 mg Capsules Once Daily Followed by a 12-Week Post-Treatment Follow-up Period in Patients with Moderate to Very Severe Plaque Psoriasis. 2002.

Allergan 190168-043C: A Multi-Center, Epidemiology Study To Evaluate the Potential for Adverse Health Effects in Fetuses and Live-Born infants Following a Woman's Inadvertent Exposure to Tazarotene Cream or Gel (0.1% or 0.05%) for Psoriasis During Pregnancy, Compared with a Similar Group of Psoriatic Women Not Exposed to Tazarotene and Compared with Background Levels in the General Population. 2002.

Genetech ACD2243g: An Open-Label, Randomized, Multicenter Study to Evaluate the Safety, Tolerability, and Efficacy of Subcutaneously Administered Anti-CD11a Used in Combination with Topical Psoriasis Therapies for Prolonged Maintenance Treatment. 2001-2002.

Titan Pharmaceuticals: Expression of Disialogangliosides GD2 in Psoriasis. 2001-2002.

Allergan T015: A Multi-Center Randomized, Double-Blind, Parallel Group Comparison of Tazorac (tazarotene) 0.1% Gel and Calcipotriol 0.005% Ointment in the Maintenance of Treatment Success in Subjects with Plaque Psoriasis. 2000-2002.

Fujisawa 99-0-054: An Open-Label Safety Study to Evaluate the Safety of Topically Applied Tacrolimus Ointment for the Treatment of Atopic Dermatitis. 2000-2001.

Genetech ACD2059g: A Phase III, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled, Multicenter, Multiple-Dose Study to Evaluate the Efficacy and Safety of Subcutaneously Administered Anti-CD11a in Adults with Moderate to Severe Plaque Psoriasis Who are Candidates for Systemic Therapy. 2000-2001.

Genetech ACD2062g: An Open-Label, Multi-Dose, Multicenter Study to Evaluate the Safety and Tolerability of Subcutaneously Administered Anti-CD11a in Adults with Plaque Psoriasis Previously Treated with Anti-CD11a or Placebo. 2000-2001.

## PUBLICATIONS

Koo B, Hong J, Colaco S, and Cheung LCC. Hydrogel Patch: A New Occlusive Device For the Treatment of Psoriasis. *Psoriasis Forum* 2007;13(2): 27 – 30.

Koo J, Cheung L, Lee C. *Contemporary Guide to Dermatology*. Newtown, Pennsylvania: Handbooks in Health Care Company, 2007.

Koo J, Cheung L, Lee C. *Contemporary Diagnosis and Management in Primary Care Dermatology*. Newtown, Pennsylvania: Handbooks in Health Care Company, 2001.

Koo JYM and Cheung LCC. Neurotic Excoriations. In: Lebowitz M, Heymann W, Berth-Jones J, Coulson I, eds. *Treatment of Skin Disease*. New York, Mosby, 2002: 420 – 421.

## PERSONAL

**Languages:** Native fluency in Cantonese Chinese, fluency in Mandarin Chinese and French.





**SAN FRANCISCO  
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(415) 547-7800 • FAX (415) 547-7821 • www.sfhp.org

January 13, 2015

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

Dear Ms. Calvillo:

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 Lawrence Cheung, MD 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)(E) which permits the appointment by the Executive Director/CEO of the San Francisco Medical Society and (B) the San Francisco Administrative Code Sections 69.1 et seq. Enclosed please find a letter from the Executive Director of San Francisco Medical Society designating Lawrence Cheung, MD to serve on the San Francisco Health Authority Governing Body. Additionally, Lawrence Cheung, MD 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 Lawrence Cheung, MD to the San Francisco Health Authority Governing Body.

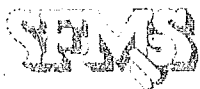
We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,

John F. Grgurina, Jr.  
Chief Executive Officer

Enclosure



SAN  
FRANCISCO  
MEDICAL  
SOCIETY

*An advocate for  
Physicians  
and  
their Patients*

January 8, 2015

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)(E) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Medical Society hereby designates **Lawrence Cheung, MD**, to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Mary Lou Licwinko'.

Mary Lou Licwinko, JD, MHSA  
Executive Director/CEO  
San Francisco Medical Society

MLL:pl

1003A O'Reilly Ave.  
San Francisco  
California  
94129  
415-561-0850  
FAX 415-561-0833



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 Plan

Seat # or Category (If applicable): Board Member X9 District:

Name: Steven Fugaro, MD

Home Address: Kite Hill Lane, Mill Valley, CA 94941 Zip: 94941

Home Phone: 415- Occupation: Physician

Work Phone: 415-694-7500 Employer: Self employed

Business Address: 2001 Union St., Suite 570, SF, CA Zip: 94123

Business E-Mail: fugaro@md2.com Home E-Mail: sfugaro@

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: Mill Valley

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:

I am a physician who has practiced in San Francisco since 1985, both at UCSF and in private practice. I am a former President of the SF Medical Society and currently a member of their Board. I have been an advocate for health care for the disadvantaged and a supporter of Healthy San Francisco for years.

**Business and/or professional experience:**

Currently in private practice in San Francisco and on the clinical faculty of the Univ. of California San Francisco. I also do medical legal consulting with law firms in San Francisco.

**Civic Activities:**

Board Member of the SF Health Plan for 4 years. Board member of the SF Medical Society since 1999. Supporter of the SF Free Clinic (on California St.).

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: 1/7/15 Applicant's Signature: (required) Steven Hugh Fugaro, MD

(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: \_\_\_\_\_

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

 Date Received  
 Official Use Only

 E-Filed  
 03/21/2014  
 16:51:16

 Filing ID:  
 150526064

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Fugaro, Steven
**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Health Authority

Member

▶ 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 \_\_\_\_\_ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2013, through  
December 31, 2013

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2013 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one) The period covered is January 1, 2013, 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: 4 **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)

San Francisco CA 94123

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

( )

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 03/21/2014  
(month, day, year)Signature Steven Fugaro  
(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 \_\_\_\_\_  
Fugaro, Steven

▶ NAME OF BUSINESS ENTITY  
Apple Computer

GENERAL DESCRIPTION OF THIS BUSINESS  
Computers / Software

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Tesla Automobiles

GENERAL DESCRIPTION OF THIS BUSINESS  
Car manufacturer

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Google

GENERAL DESCRIPTION OF THIS BUSINESS  
Internet / software

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Wells Fargo Bank

GENERAL DESCRIPTION OF THIS BUSINESS  
Bank

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

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  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

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  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                  DISPOSED

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

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

|                                     |
|-------------------------------------|
| <b>CALIFORNIA FORM 700</b>          |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name _____                          |
| Fugaro, Steven                      |

**▶ 1. BUSINESS ENTITY OR TRUST**

MD2 - San Francisco  
Name

San Francisco, CA 94123  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

| GENERAL DESCRIPTION OF THIS BUSINESS  |                                  |
|---|----------------------------------|
| Physician Practice  |                                  |
| FAIR MARKET VALUE   | IF APPLICABLE, LIST DATE:        |
| <input type="checkbox"/> \$0 - \$1,999  | ____/____/____    ____/____/____ |
| <input type="checkbox"/> \$2,000 - \$10,000   | ACQUIRED    DISPOSED             |
| <input type="checkbox"/> \$10,001 - \$100,000   |                                  |
| <input type="checkbox"/> \$100,001 - \$1,000,000  |                                  |
| <input checked="" type="checkbox"/> Over \$1,000,000  |                                  |
| NATURE OF INVESTMENT  |                                  |
| <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |                                  |
| YOUR BUSINESS POSITION <u>Owner/Partner</u>   |                                  |

**▶ 1. BUSINESS ENTITY OR TRUST**

Fugaro MD Med-Legal Consulting  
Name

San Francisco, CA 94123  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

| GENERAL DESCRIPTION OF THIS BUSINESS  |                                  |
|---|----------------------------------|
| Medical-Legal Consulting  |                                  |
| FAIR MARKET VALUE   | IF APPLICABLE, LIST DATE:        |
| <input type="checkbox"/> \$0 - \$1,999  | ____/____/____    ____/____/____ |
| <input type="checkbox"/> \$2,000 - \$10,000   | ACQUIRED    DISPOSED             |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000  |                                  |
| <input type="checkbox"/> \$100,001 - \$1,000,000  |                                  |
| <input type="checkbox"/> Over \$1,000,000   |                                  |
| NATURE OF INVESTMENT  |                                  |
| <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |                                  |
| YOUR BUSINESS POSITION <u>Owner/Partner</u>   |                                  |

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

| FAIR MARKET VALUE                                | IF APPLICABLE, LIST DATE:        |
|--|----------------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000      | ____/____/____    ____/____/____ |
| <input type="checkbox"/> \$10,001 - \$100,000    | ACQUIRED    DISPOSED             |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |                                  |
| <input type="checkbox"/> Over \$1,000,000        |                                  |

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

| FAIR MARKET VALUE                                | IF APPLICABLE, LIST DATE:        |
|--|----------------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000      | ____/____/____    ____/____/____ |
| <input type="checkbox"/> \$10,001 - \$100,000    | ACQUIRED    DISPOSED             |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |                                  |
| <input type="checkbox"/> Over \$1,000,000        |                                  |

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

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

|                                     |
|-------------------------------------|
| <b>CALIFORNIA FORM 700</b>          |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name _____                          |
| Fugaro, Steven _____                |

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
MD2 - San Francisco

ADDRESS (Business Address Acceptable)  
San Francisco, CA 94123

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Physician Practice

YOUR BUSINESS POSITION  
Owner/ Physician

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 \_\_\_\_\_  
(Real 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  
Medical Legal Consulting

ADDRESS (Business Address Acceptable)  
San Francisco, CA 94123

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal consulting

YOUR BUSINESS POSITION  
Owner/ Physician

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 \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other Sole Proprietor / owner  
(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\* \_\_\_\_\_

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

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

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

INTEREST RATE \_\_\_\_\_ %     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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





SAN  
FRANCISCO  
MEDICAL  
SOCIETY

*An advocate for  
Physicians  
and  
their Patients*

January 13, 2015

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)(E) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Medical Society hereby designates Dr. Steven Fugaro of MD Squared to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in cursive script that reads 'Mary Lou Licwinko'.

Mary Lou Licwinko, JD, MHSA  
Executive Director/CEO  
San Francisco Medical Society

MLL:pl

Enclosures

1003A O'Reilly Ave.  
San Francisco  
California  
94129  
415-561-0850  
FAX 415-561-0833



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: SF Health Authority

Seat # or Category (If applicable): Consumer Seat 10, 11 District: 9

Name: Maria Luz L. Torre

Home Address: 21st St # Zip: 94110

Home Phone: 415- Occupation: Community Organizer

Work Phone: 415-343-3383 Employer: Children's Council of SF

Business Address: 445 Church St, San Francisco, CA Zip: 94114

Business E-Mail: parentvoices@childrenscouncil.org Home E-Mail: luztorre@

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 [checked] No [ ] If No, where registered:

Resident of San Francisco [checked] 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:

I represent low-income families. My children are members of the San Francisco Health Plan. I was a Medi-Cal recipient myself. I work with families moving from welfare to work who receive public assistance and are enrolled in Medi-Cal or Healthy Kids. As a first generation immigrant and a single mother who lived in a studio in the Tenderloin and then later on moving to the Mission District, I understand the struggles of young families who are often afraid to access services for fear that it will impact their immigration status. I am a citizen now but it was not long ago that I had the same fears myself. My elderly parent, who is now 80 years old live with us. Several parents that I work with and their children have special needs.

**Business and/or professional experience:**

- Community Organizer for Parent Voices for 19 years
- currently the President of the Board of Coleman Advocates for Children and Youth
- Chair of the member Advisory Committee of the San Francisco Health Plan
- was on the board of several non-profits including California Child Care Resource and Referral Network, Children's Advocate and the Bay Area Parent Leadership Action Network
- Bachelors Degree in Social Science (Pol Sci, Psych and Community Development)
- Bachelors of Law from the University of the Philippines College of Law

**Civic Activities:**

- Poll Inspector
- Volunteers on various non-profits as a board member
- Collaborate with advocacy efforts of the Health and Human Services Network and the California Partnership to reduce poverty in California and promote social justice and economic equity

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: Oct 28, 2014 Applicant's Signature: (required) Maria Luz L. Torre

(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: \_\_\_\_\_

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

 Date Received  
 Official Use Only

 E-Filed  
 03/12/2014  
 17:05:14

 Filing ID:  
 150279329

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Torre, Maria Luz
**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Health Authority

Member

▶ 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 \_\_\_\_\_ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)** Annual: The period covered is January 1, 2013, through  
December 31, 2013 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2013 The period covered is January 1, 2013, through the date of  
leaving office. Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ 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: 1 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)

San Francisco CA 94114

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

( )

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 03/12/2014  
(month, day, year)Signature Maria Luz Torre  
(File the originally signed statement with your filing official.)

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

**October 2014**

**I, Maria Luz Torre, Co-Chair of San Francisco Health Authority Member Advisory  
Committee am willing to accept re-appointment to serve on the Governing Board of  
the San Francisco Health Authority.**

*Maria Luz Torre*

\_\_\_\_\_  
(SIGNATURE)

October 28, 2014

\_\_\_\_\_  
(DATE)



**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](http://www.sfhp.org)

October 28, 2014

Angela Calvillo  
Clerk of the Board  
San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102

Dear Ms. Calvillo:

The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.4 authorizing appointments to the Governing Body of the San Francisco Health Authority by the San Francisco Board of Supervisors.

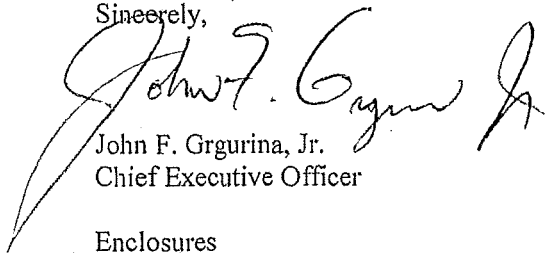
Maria Luz Torre has been nominated by the Member Advisory Committee of the San Francisco Health Authority to serve on the Governing Body of the San Francisco Health Authority pursuant to Section 140837.36 (k)(1)(G) of the Welfare and Institutions Code. The nominating letter from the Member Advisory Committee is enclosed. Ms. Torre meets the eligibility requirements under Section (k)(1)(G).

Ms. Torre has provided a statement indicating a willingness to serve which is also enclosed. I respectfully request consideration of her nomination by the Rules Committee as soon as possible.

My assistant Valerie Huggins, can be contacted (415) 615-4235 or [vhuggins@sfhp.org](mailto:vhuggins@sfhp.org) in the event you have any questions.

Thank you for your assistance in this matter.

Sincerely,



John F. Grgurina, Jr.  
Chief Executive Officer

Enclosures

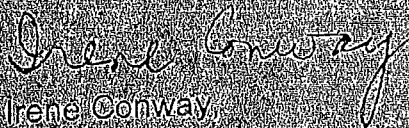
October 28, 2014

Angela Calvillo  
Clerk of the Board  
San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Pl  
City Hall, Room 244  
San Francisco, CA 94102

Dear Ms. Calvillo:

In accordance with Section 14087.36(k)(1)(G) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the Member Advisory Committee nominates Maria Luz Torre to serve on the Governing Board of the San Francisco Health Authority. Ms. Torre has been an effective representative of member concerns to the Governing Board of the Authority. On behalf of the Committee, I urge the Board to approve her nomination.

Sincerely,



Irene Conway  
Co-Chair  
Member Advisory Committee

cc: John Grgurina



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): #12 District: \_\_\_\_\_

Name: Steve Fields

Home Address: Vincente Avenue Berkeley, Ca. 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

Business E-Mail: sfields@progressfoundation.org Home E-Mail: sfields760@ \_\_\_\_\_

**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: Berkeley, Ca.

Resident of San Francisco  Yes  No If No, place of residence: see above

**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:**

I have been the Executive Director of Progress Foundation, a community-based behavioral health non-profit that has contracted with the City and County of SF since 1972. I joined the original governing board of the Health Plan over 15 years ago and have served on the Board since that time. Originally, I joined the Board as a representative from the Health Plan Program Committee in order to provide my expertise as a mental health provider. Mental health services were only included in a very limited way in the establishment of the "two-plan model."

Since that time I have continued to provide behavioral health perspectives on the plan services. This has become particularly important in recent years as both state and federal Medi-Cal regulations and initiatives have begun to include individuals with a mental illness in the required services populations for the state health plans. As this disability continues to be the focus of managed care approaches, I believe my experience in providing community mental health services, and my develop familiarity with the structure, mission and services of the SF Health Plan make me a valuable member of the board.



**Business and/or professional experience:**

Executive Director of Progress Foundation since 1972.  
A member of the Health Plan Board for over 15 years.

**Civic Activities:**

I have been actively engaged in the health care initiatives within San Francisco for over 35 years.  
Most recently, as the co-chair of the San Francisco Human Services Network (a coalition of 75 non-profit providers of health and human services to the most vulnerable citizens of the city, I have participated in various health policy initiatives to improve services for residents of San Francisco who have disabilities, particularly those with a diagnosed mental illness.

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: 12/19/14 Applicant's Signature: (required) Steve Fields

(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: \_\_\_\_\_

STEVEN L. FIELDS  
— Vincente Avenue  
Berkeley, California 94707  
(510) —

## EDUCATION

- 1968                    B.A., English Literature, Harvard University
- 1993                    Masters Degree in Public Administration, University of San Francisco

## POSITIONS

### EXECUTIVE DIRECTOR

October, 1973 to present  
Progress Foundation  
368 Fell Street  
San Francisco, CA 94102

Responsible for the overall operation and direction of a large, not-for-profit community mental health agency providing residential and day treatment services as alternatives to psychiatric institutionalization. The agency contracts with the City and County of San Francisco, Napa County Human Services and Sonoma County Health and Human Services to provide a range of services to public mental health clients, including acute residential services, transitional residential treatment, supported independent living, day rehabilitation services, and case management.

The agency employs over 250 multi-disciplinary staff in San Francisco, Sonoma and Napa to support clients in 18 residential treatment facilities and 15 independent and supported living sites through out the cities of San Francisco, Santa Rosa and Napa. The budget for Progress Foundation is over \$19 million.

The Executive Director position requires ongoing involvement with legislative and administrative entities at the local, state and federal levels. The Executive Director works directly with City and County mental health officials, and with local, state and federal advisory and professional groups concerned with mental health policies.

Responsibilities have included the planning, design and implementation of the system of residential treatment programs described above. This includes program design, proposal writing, fund raising, contract negotiations, site acquisition and approval, and the hiring and training of a multi-disciplinary, culturally-competent staff.

Other duties of Executive Director include: liaison to agency Board of Directors, supervision of top administrative, fiscal and clinical staff, supervision of collective bargaining process with agency staff, and long range fiscal and programmatic planning for the agency.

Among accomplishments as Executive Director:

- : Development of agency services from a single, unfunded residential program to a full range of residential and day treatment services for persons with severe mental disabilities, with a budget of over \$19 million.
- : The development and supervision of community mental health programs for a culturally and ethnically diverse client population.
- : Management of the shift from non-union workforce to unionized program staff in 1981. This includes the integration of collective bargaining procedures with community-based, non-profit programming.
- : Design and implementation of the Dore Urgent Care Clinic and Dore Residence Acute Diversion Unit, opened in 2008. The Dore Urgent Care Clinic provides assessment and intervention to clients as an alternative to going to Psychiatric Emergency Services at San Francisco General Hospital. The adjacent ADU will provide a short term treatment program with referrals as needed for further services.
- : Design and implementation of one of the first acute, residential treatment alternatives to inpatient psychiatric care in the nation, in 1976. As a part of the design, developed three levels of care, in residential treatment settings, for a multi-cultural client population.
- : Design and implementation of the first transitional, residential treatment program for geriatric clients in the nation. The programs, Rypins and Carroll Houses, provide a social model treatment alternative for clients from age 65.
- : Design and implementation of crisis residential treatment, transitional residential services, and a socialization center for mental health clients through a contract with Ventura County Mental Health, Ventura, California. The time-limited project involved the development and training of a local non-profit Board of Directors to take over the fully operational programs after three years.
- : Implementation of the first Housing and Urban Development Section 202 award in San Francisco to provide permanent, affordable housing for individuals with mental disabilities.
- : Progress Foundation was named as one of six exemplary, model community residential systems in the country in 1989 by the Community Residential Rehabilitation Project, Boston University and the Center for Community Change Through Housing and Support, University of Vermont.
- : Worked with state legislators to develop, pass and implement landmark legislation to fund community residential treatment systems throughout California. This legislation has provided more than \$16 million, statewide, to assist counties in efforts to develop alternatives to institutional care.
- : Worked with key members of the San Francisco Board of Supervisors to author the first local legislation mandating a long range plan for mental health services in the county.

2013

: Organized and provided leadership, as the first President, for the Association of San Francisco Mental Health Contractors. This organization of over 25 non-profit agencies represents the private sector in policy, budget and other system discussions for the county mental health services.

: Received, as the first recipient, the Mental Health Recognition Award as the outstanding Short-Doyle Contractor in California. This award, given in 1988, was sponsored by the three major California citizen and professional groups: the Organization of Mental Health Advisory Boards, the California Council on Mental Health and the California Conference of Local Mental Health Directors.

#### **PROGRAM DIRECTOR**

April, 1970 to October, 1973

Progress Foundation

San Francisco, CA.

Performed both administrative and clinical duties for two residential programs for individuals recovering from long term mental disabilities. Supervised counseling staff and clinical consultants, while working directly with clients of the programs as a part of the clinical team. Duties included crisis intervention, intake screening, counseling, case management, and liaison with other services.

#### **COUNSELOR**

July, 1969 to April, 1970

Progress Foundation

San Francisco, CA

As one of the original counselors in a psychiatric halfway house, responsibilities included program development and implementation, crisis intervention, counseling, case management, and coordination with other resources. Duties were performed under the supervision of the agency Medical Director.

#### **OTHER PROFESSIONAL EXPERIENCE**

##### **PRESIDENT**

Association of San Francisco Mental Health Contractors

Served on the organizing committee to establish a county-wide association of non-profit mental health agencies. Elected first President of the Association and served for three years to establish the organization, from October, 1973 to June, 1986. Subsequently served two additional terms as President.

##### **PRESIDENT**

California Association of Social Rehabilitation Agencies (CASRA)

Represented a state-wide organization of non-profit agencies which provide residential and day treatment alternatives to psychiatric institutions for three separate terms as President, from 1978 until 1984. As President, directed an advocacy effort to develop, improve and promote such programs throughout California. This effort included work with the State Departments of Social Services and Mental Health in areas of licensure, funding and monitoring of residential treatment programs.

As President, initiated legislation to establish certification standards for community residential treatment programs. Also initiated and develop legislation in 1978 to establish Community Residential Treatment

2013

Systems throughout the state. This effort received significant bipartisan support and formed the basis for funding over 150 residential treatment programs in California.

#### **CO-CHAIR AND FOUNDER**

He was instrumental in forming the San Francisco Human Services Network (HSN), an association of over 100 non-profit agencies that advocate for policy change regarding non-profit human service providers in San Francisco. Over the years the network has successfully advocated for policy changes such as the inclusion of a cost-of doing business increase for non-profits in City and County budget planning. He currently serves as the co-chair of the San Francisco HSN.

#### **MEMBER**

San Francisco Health Plan Governing Board

The San Francisco Health Plan (SFHP) is a licensed community health plan that provides affordable health care coverage to over 70,000 low and moderate-income families. Mr. Fields has served on the governing board since 1997 and is also a member of the finance committee.

#### **MEMBER**

Health Care Services Master Plan Task Force for City and County of San Francisco. July 2011-present.

#### **ADDITIONAL PROFESSIONAL PRESENTATIONS AND CONSULTATIONS**

Co-Chair Adult Services Sub-Committee, Behavioral Health Innovations Task Force, developed San Francisco County's Mental Health Services Act Community Services and Supports Plan. April-August 2005.

Vice-Chair, Mainstream Health and Employment Committee, San Francisco Ten Year Planning Council, The San Francisco Plan to Abolish Chronic Homelessness. March -June 2004.

Consultant to the Department of Health and Human Services, National Institute of Mental Health on the development of Crisis Response Systems within a Community Support Network. Consultation included site visits to states with Crisis Response System grant awards and technical assistance to NIMH and grantees on system development. June, 1990 to the present.

Ohio Case Management Conference. Columbus, Ohio. August 22-25, 1989.

Consultation and the development of crisis housing services.

The Technical Assistance Center for Mental Health. Princeton, New Jersey. July 25-27, 1988.

State of Arkansas. Six site visits and consultations beginning in August, 1988 for purposes of reviewing crisis system planning and the development of residential treatment alternatives to psychiatric hospitalization.

Crisis Services/Intensive Case Management Interface. Moving From an 8 hour Day to a 24 hour Service. Case Management Training Conference. Department of Public Welfare, Commonwealth of Pennsylvania. September 29-30, 1988.

2013

Crisis Residential Services In a Community Support System  
IAPSRs National Conference, Philadelphia, Pa. June 27-30, 1988.

Crisis Residential Services In a Community Support System.  
Crisis Residential Services in a Community Support System. Division of Mental Health &  
Developmental Disabilities, State of Alaska. Anchorage, Alaska. November 16-18, 1988.

Crisis Intervention - Engaging the Client in the Healing Process. Community Treatment - A Look to the  
Future  
IAPSRs Pre-conference Institute. Miami, Fla. June 13-17, 1969.

## AWARDS

- First recipient of the Mental Health Recognition Award as the outstanding state Short-Doyle Contractor. This award, given in 1988, was sponsored by the California Conference of Local Mental Health Directors, the California Council on Mental Health, and the statewide Organization of Mental Health Advisory Boards.
- 1994 recipient of the International Association of Psychosocial Rehabilitation Services John Beard Award for Outstanding contributions resulting in lasting and decisive advances in the field of psychosocial rehabilitation.

## RELEVANT TRAININGS AND PRESENTATIONS

- May 2000     The Philosophy and Practice of Crisis Residential Treatment Programs. Training Institute-  
International Association of Psychosocial Rehabilitation Services.
- July 1996     Keynote Speaker. Maryland Association of Psychiatric Services, Inc. Summer  
Conference. Westminster, Maryland.
- March 1995     "Psychiatric Crisis Services in the Community" Presentation for the Center for Mental  
Services Staff Workshop. Rockville, Maryland.

Institutes on residential treatment, crisis response systems and alternatives to hospitalization at IAPSRs  
annual meeting: 1993, 1994, 1995, 1997

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

 Date Received  
 Official Use Only

 E-Filed  
 03/19/2014  
 15:37:27

 Filing ID:  
 150453038

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Fields, Steven
**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Health Authority

Member

▶ 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 \_\_\_\_\_ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2013, through  
December 31, 2013

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2013 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one) The period covered is January 1, 2013, through the date of  
leaving office. **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)

San Francisco

CA

94102

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

( )

 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 03/19/2014  
 (month, day, year)

 Signature Steven Fields  
 (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  
Fields, Steven

▶ NAME OF BUSINESS ENTITY  
Allstate

GENERAL DESCRIPTION OF THIS BUSINESS  
Insurance

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Chevron

GENERAL DESCRIPTION OF THIS BUSINESS  
Petroleum

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Beam Inc. Com

GENERAL DESCRIPTION OF THIS BUSINESS  
variety

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Merck and Co. Inc. SHS

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Verizon

GENERAL DESCRIPTION OF THIS BUSINESS  
Telecommunications

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

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  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                      DISPOSED

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



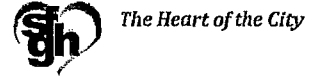
City and County of San Francisco



Edwin M. Lee  
Mayor

San Francisco General Hospital and Trauma Center

*Susan Currin, Chief Executive Officer*



January 13, 2015

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:

On behalf of the Governing Board, I am pleased to forward the recommendation that Steve Fields continues to sit on the Governing Board of the San Francisco Health Authority.

Sincerely,

Susan Currin, RN MS  
Chair, Governing Board



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 Plan

Seat # or Category (If applicable): \* 14 (SF pharmacy Leadership Group) District: \_\_\_\_\_

Name: Elena Tinloy

Home Address: \_\_\_\_\_ 16th Avenue Zip: 94116

Home Phone: 415- \_\_\_\_\_ Occupation: Pharmacist

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: \_\_\_\_\_

**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: \_\_\_\_\_

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:**

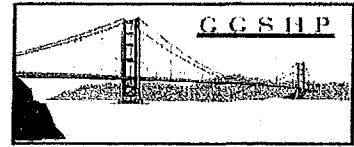
I have been a practicing Pharmacist for over 40 years in both large, HMO and community hospitals.

I have practiced as a staff Pharmacist, Pharmacy Director and Hospital Administrator.

I am a native San Franciscan, born at Chinese Hospital, currently living in the Sunset district but raised in the Bayview/Hunters Point district.



California Society Health-System Pharmacists  
Golden Gate Chapter  
1032 Irving Street  
P.O. Box 506  
San Francisco, CA 94122



Date: 12/30/14

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 California Society of Health Systems Pharmacists Golden Gate Chapter, representing pharmacist leaders in the city of San Francisco, hereby strong endorse Elena Tinloy, Pharm.D., to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in black ink, appearing to read "Allison Pollock". The signature is fluid and cursive, with a long horizontal line extending to the right.

Allison Pollock, Pharm.D.  
President, Golden Gate Chapter of the California Society of Health-System Pharmacists

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

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## 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 3-4<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 Materiel 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**
Date Received  
Official Use OnlyE-Filed  
02/18/2014  
10:59:31Filing ID:  
149789865

Please type or print in Ink.

| NAME OF FILER | (LAST) | (FIRST) | (MIDDLE) |
|---------------|--------|---------|----------|
| Tinloy, Elena |        |         |          |

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

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Health Authority

Board Member

▶ 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)**

- |  |   |
|--|---|
| <input type="checkbox"/> State                                   | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____                      | <input checked="" type="checkbox"/> County of <u>San Francisco</u>            |
| <input checked="" type="checkbox"/> City of <u>San Francisco</u> | <input type="checkbox"/> Other _____  |

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2013, through December 31, 2013 | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one)             |
| -or-  | <input type="checkbox"/> The period covered is January 1, 2013, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2013   | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.  |
| <input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____  |   |
| <input type="checkbox"/> <b>Candidate:</b> 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: 1

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                          |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached        |

-or-

 **None - No reportable interests on any schedule****5. Verification**

| MAILING ADDRESS   | STREET | CITY                      | STATE | ZIP CODE |
|---|--------|---------------------------|-------|----------|
| <i>(Business or Agency Address Recommended - Public Document)</i> |        |                           |       |          |
|   |        | San Francisco             | CA    | 94116    |
| DAYTIME TELEPHONE NUMBER  |        | E-MAIL ADDRESS (OPTIONAL) |       |          |
| ( )   |        |                           |       |          |

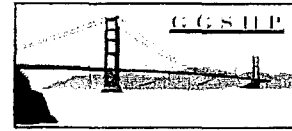
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 02/18/2014  
(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 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 vacancies:

Vacant seat 3, succeeding Susan Currin, term expiring on January 15, 2015, must be employed in the senior management of San Francisco General Hospital, for a three-year term ending January 15, 2018.

Vacant seat 4, succeeding Grant Davies, term expired, must be a senior manager of St. Luke's Hospital, for a three-year term ending January 15, 2018.

Vacant seat 5, succeeding John Gressman, term expiring on January 15, 2015, must 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, for a three-year term ending January 15, 2018.

Vacant seat 7, succeeding Randall Low, term expired, must be a physician and nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2018.

Vacant seat 8, succeeding Steven Fugaro, term expired, must be a physician and nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2018.

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

Vacant seat 10, succeeding Maria Luz Torre, term expired, must be nominated by the Health Authority Beneficiary Advisory Committee 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, for the unexpired portion of a three-year term ending January 15, 2016.

Vacant seat 12, succeeding Steve Fields, term expired, must be a person 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, for a three-year term ending January 15, 2018.

Vacant seat 14, succeeding Elena Tinloy, term expiring on January 15, 2015, must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for 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](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](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(s) at the meeting and applicants may be asked to state their qualifications. The appointment(s) of individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

*Please Note: Depending upon the posting date, these vacancies may have already been filled. To determine if vacancies for this subordinate body are still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-4447.*

  
Angela Calvillo  
Clerk of the Board

DATED/POSTED: December 12, 2014

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](mailto: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 "I" 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.