

File No. 131109

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date January 16, 2014

Board of Supervisors Meeting

Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Form 700
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Completed by: Alisa Miller Date January 10, 2014

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 and Committees

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

Seat # or Category (If applicable): Board Member, seat 5

District:

Name: John Gressman

Home Address: _____ El Sobrante

Zip: 94803

Home Phone: 510-_____ Occupation: Administrator

Work Phone: 415-355-2220 Employer: San Francisco Community Clinic Consortium

Business Address: 1550 Bryant Street, #450 Zip: 94103

Business E-Mail: jgressman@sfcc.org Home E-Mail:

Check All That Apply:

- A citizen of the United States. At least 18 years old on or before Election Day.
- Not in prison or on parole for a felony conviction
- A resident of San Francisco Yes: No: (Place of Residence): Contra Costa Cty

Please state your qualifications (attach supplemental sheet if necessary)

One of four founders of San Francisco Health Plan (SFHP), over 15 years of service on SFHP Board, SF health care leader including Mayor's Universal Health Care Committee, President/CEO of SF health care agency 22 years

Education:

Rutgers University: Master in Social Work
Rowan University: Master of Arts, Psychology

Business and/or professional experience:

Member of CA Primary Care Association Board of Directors; Founder & former Board Member of Operation ACCESS

Civic Activities:

None at this time

Ethnicity: (optional) Caucasian

Sex: (optional) M F

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

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

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

Date: 9/6/12 Applicant's Signature: (required)

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

FOR OFFICE USE ONLY:

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



www.sfccc.org

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

August 21, 2013

Mr. John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Plan
201 3rd Street, 7th Floor
San Francisco, CA 94103


Re: SFCCC SFHP Board Seat

Dear Mr. Grgurina:

SFCCC is pleased to submit Mr. John Gressman, MSW, MA for appointment by the San Francisco Board of Supervisors to the San Francisco Health Plan and San Francisco Health Authority Board of Directors to replace SFCCC representative Mr. Allen Meyer, Esq. As the enclosed letter indicates, Mr. Meyer will be resigning from the SFHP/SFHA Board of Directors on September 13, 2013. We have taken the liberty of enclosing the resume of Mr. Gressman.

After review, should you have any questions, please contact our CEO, Mr. Gressman directly, 415-355-2220, jgressman@sfccc.org. Thanking you in advance for your time and cooperation.

Sincerely,


David Knego, MSW
Chair, Board of Directors

John W. Gressman, MSW, MA

SFCCC -1550 Bryant Street, Suite 450 - San Francisco, CA 94103

Office: 415-355-2220

Home: 510- [REDACTED]

E-mail: [REDACTED]@aol.com

Health Leader Dedicated health care administrator with over twenty-five years service in community based care. Nationally recognized for work in administration, policy, planning, development, advocacy and community and governmental relations. Outstanding reputation for creativity, teambuilding and leadership through diversity.

Selected Accomplishments

Planning Provided leadership to San Francisco's traditional safety net providers to plan and fully implement a health maintenance organization to address changes in State Medicaid Program.

Provided ongoing consultation with San Francisco's ten not for profit community health centers to strategically position their centers in changing health care environment.

Developed comprehensive strategic plan for network of the ten not for profit health centers.

Worked with City Planners in re-design of City's care delivery system for the uninsured and underinsured.

Designed and implemented model programs substance abuse screening for women and youth in primary care settings.

Designed and implemented blueprint programs for reaching high-risk populations in need of health care with special focus on primary care.

Created networks for enhanced and integrated primary care and specialty care.

Worked to craft Network based Information systems between ten health centers and public hospital.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Gressman John Wesley

1. Office, Agency, or Court

Agency Name
 San Francisco Health Plan
 Division, Board, Department, District, if applicable
 Board of Directorss
 Your Position
 Board member
 ▶ If filing for multiple positions, list below or on an attachment.
 Agency: San Francisco Health Authority Position: Board member

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

State
 Multi-County _____
 City of San Francisco
 Judge or Court Commissioner (Statewide Jurisdiction)
 County of San Francisco
 Other _____

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

Annual: The period covered is January 1, 2012, through December 31, 2012.
 -or-
 The period covered is _____, through December 31, 2012.
 Assuming Office: Date assumed 6/30/2000
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 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."
 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
 ▶ Total number of pages including this cover page: _____

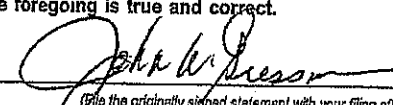
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1550 Bryant Street, #450 San Francisco CA 94103
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (415) 355-2220 jgressman@sfccc.org

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

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

Date Signed 09/06/2013
 (month, day, year)

Signature 
 (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

*Received
 on 11/12/13
 J.W.*

Application for Boards, Commissions and Committees

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

Seat # or Category (if applicable): 11 District: _____

Name: IRENE CONWAY

Home Address: _____ DALY CITY CA Zip: 94015

Home Phone: 650-_____ Occupation: IHSS HOME CARE PROVIDER

Work Phone: _____ Employer: SF IN-HOME SUPPORTIVE SERVICES

Business Address: _____ Zip: _____

Business E-Mail: _____ Home E-Mail: _____

Check All That Apply:

A citizen of the United States. At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence): DALY CITY, CA

Please state your qualifications (attach supplemental sheet if necessary)

See attached

Education:

MARY KNOLL COLLEGE, QUEZON CITY PHILIPPINES - B.A. ENGLISH

See attached

Business and/or professional experience:

SEE ATTACHED

Civic Activities:

SEE ATTACHED

Ethnicity: (optional) _____ Sex: (optional) M F

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

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

(Applications must be received 10 days before the scheduled hearing.)

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

Date: 11-8-2013 Applicant's Signature: (required) Irene Conway

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

FOR OFFICE USE ONLY:

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

Irene Conway

Daly City CA 94015 ♦ (650) ♦ IreneKC@

Health Care Provider and Advocate

Positions

- ♦ San Francisco In-Home Supportive Services: Home Care Provider 2001 to present
- ♦ Genentech Inc, A Biotechnology firm ♦ South San Francisco 1987 to 2004
Positions held: Sales Analyst ♦ Supervisor, QA Documentation
- ♦ Standard Oil of Ohio (SOHIO) in San Francisco: Contracts Writer 1981 to 1986
- ♦ Small Business Owner ♦ Retail/wholesale apparel ♦ Philippines 1971 to 1981

Community Involvement and Language Skills

- ♦ Member Advisory Committee, San Francisco Health Plan 2006 to present
- ♦ Quality Improvement Committee, San Francisco Health Plan 2010 to present
- ♦ Languages: Chinese, Filipino (Tagalog), English

Areas of Interest

- ♦ Healthcare Advocacy for the under-privileged, sick, elderly and disabled
- ♦ Preventive care
- ♦ Access to primary and specialty appointments
- ♦ Quality Improvement of Care

Education

Maryknoll College, Quezon City Philippines
Bachelor of Arts, English, 1971

City College of San Francisco
Certificate Degree, Computer Programming, 1981



**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

MEMO

Date: October 28, 2013

To	SFHP Governing Board
From	John F. Grgurina, Jr.
Regarding	Consent Calendar Items for Approval

Consent Calendar

All matters listed hereunder constitute a Consent Calendar and are considered to be routine by the Governing Board of the San Francisco Health Authority and San Francisco Community Health Authority Board and will be acted upon by a single vote of the Board. There will be no separate discussion of these items unless a member of the Board so requests, in which event the matter shall be removed from the Consent Calendar and considered as a separate item.

Item 1a

Recommendation to Approve Board Minutes:

It is recommended to approve the minutes from the Governing Board meeting held on September 4, 2013. The minutes are attached for review.

Item 1b

Recommendation of the Quality Improvement Committee (QIC):

It is recommended to approve the additional appointments and reappointments to the QIC, as recommended by the QIC. Please see attached memo with the details.

Item 1c

***Recommendation of the Member Advisory Committee (MAC) for Appointment to the Board:**

It is recommended to approve the recommendation of the Member Advisory Committee (MAC) to appoint Irene Conway to the SFHP Governing Board. Ms. Conway has been on the MAC since 2006 and the Quality Improvement Committee since 2010. Ms. Conway's candidate summary is attached for review. The CEO and Executive Assistant to the CEO also recommend approval of Ms. Conway's appointment.

Item 1d

Recommendation of Appointments to the Member Advisory Committee (MAC)

It is recommended to approve the recommendations of the MAC to appoint Diana Hart Jerome and Vivian Lee to the MAC. The candidates' summaries are attached for review.

Wong, Linda (BOS)

From: Huggins, Valerie [vhuggins@sfhp.org]
Sent: Wednesday, November 13, 2013 9:34 AM
To: Wong, Linda (BOS)
Subject: RE: New Board Appointment

Hi Linda,
Yes she does.

Thank you.

From: Wong, Linda (BOS) [mailto:linda.wong@sfgov.org]
Sent: Wednesday, November 13, 2013 9:32 AM
To: Huggins, Valerie
Subject: RE: New Board Appointment

Hi Valerie,

Seat 11 requires the person at the time of appointment and during the person's term be a Medi-Cal beneficiary. Does Ms. Conway meet this qualification?

Please advise.

Linda

From: Huggins, Valerie [mailto:vhuggins@sfhp.org]
Sent: Tuesday, November 12, 2013 9:47 AM
To: Wong, Linda (BOS)
Subject: New Board Appointment

Dear Linda,

Enclosed are the documents for our new Board member, Irene Conway. She was nominated by our Members Advisory Committee to replace Tracey Faulkner (former Board member representing the Advisory Committee seat) as she has resigned from our Board (all documents are attached). We are hoping to get her on the November 21st agenda with John Gressman if at all possible. Please let me know if you have any questions.

Thank you,

Valerie Huggins
Executive Assistant to John F. Grgurina, Jr., CEO



**SAN FRANCISCO
HEALTH PLAN**

201 Third Street, 7th Floor
San Francisco, CA 94103
Direct line: (415) 615-4235
Fax: (415) 615-6435
vhuggins@sfhp.org



Please consider the environment before printing this e-mail

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Serial File No.

Please type or print in ink.

NAME OF FILER (LAST) CONWAY (FIRST) IRENE (MIDDLE) K

1. Office, Agency, or Court

Agency Name SAN FRANCISCO HEALTH AUTHORITY
Division, Board, Department, District, if applicable Your Position BOARD MEMBER

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

Agency: _____ Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of SAN FRANCISCO Other _____

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

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____, through December 31, 2012.
 Assuming Office: Date assumed 11/6/2013
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 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: _____
 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 (B) STREET CITY STATE ZIP CODE
_____, DALY CITY CA 94015
DAYTIME TELEPHONE NUMBER (650) _____ 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 11-8-2013 Signature Irene Conway
(month, day, year) (File the originally signed statement with your filing official.)

San Francisco
BOARD OF SUPERVISORS

Date Printed: November 13, 2013

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@sfbp.org

Authority:

Welfare and Institutions Code Sec. 14087.36; Added by Ordinance No. 408-94, approved 12/15/94; Administrative Code 69.1 et seq.

Board Qualifications:

The Health Authority-San Francisco consists of nineteen members, 14 voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board are as follows: one member of the board or any other person designated by the Board; one shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California; one senior manager, San Francisco General Hospital; one senior manager, St. Luke's Hospital; two employees in senior management of either private nonprofit community clinics or a community clinic consortium, nominated by San Francisco Community Clinic Consortium; two physicians nominated by San Francisco Medical Society; one nominee of San Francisco Labor Council; two persons nominated by the beneficiary committee of health authority, one of whom shall be a Medi-Cal beneficiary; two persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or activities of the Health Authority nominated by program committee of the Health Authority; one person nominated by San Francisco Pharmacy Leadership Group. In addition, one of the members appointed must also be a registered nurse [See Sec.14087.36(k)(1)(A),(G), or (H) of the California Welfare and Institutions Code-also Administrative Code Section 69.1]

The composition of the other five members consist of the following: The Mayor shall appoint

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

one voting member to serve at the pleasure of the Mayor. The Director of Public Health, the Director of Mental Health, and the Chancellor of the University of California at San Francisco shall each serve as a voting member or appoint a designee to serve at his or her pleasure. The Health Commission shall appoint a non-voting member to serve at its pleasure. Each member throughout their term shall be a resident or be employed within the geographic boundaries of the county.

The term of office for each member appointed by the Board shall be three years commencing at 12:00 noon January 15, 1995; provided that at the initial meeting the members appointed by the Board shall draw lots to determine seven members whose initial terms of office shall be for two years and the member or representative of the Board of Supervisors shall serve at the pleasure of the Board. Each member shall remain in office at the conclusion of that member's term until a successor member has been nominated and appointed. Following the initial staggering of terms, each of those members shall be appointed to a term of three years except the member who shall be a member of the Board or any other person designated by the Board. The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority for the vacant position and upon receipt of the nomination schedule a hearing before the appropriate Committee of the Board for consideration of an appointment.

The Health Authority has been established as the Local Initiative under the Medi-Cal program. The Health Authority is to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate, and to ensure preservation of the safety net. The Powers and Responsibilities are stated in Section 69.3 of the Administrative Code.

Reports: None specified.

Sunset Clause: None