File	No.	.11	10	11
------	-----	-----	----	----

Committee It	tem No.	
Board Item	No	32

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting Date Septe	ember 20, 2011
Cmte Board Motion Resolution Ordinance Legislative Digest Budget Analyst Report Legislative Analyst Report Youth Commission Report Introduction Form (for hearings) Department/Agency Cover Letter and MOU Grant Information Form Grant Budget Ethics Form 126 Subcontract Budget Contract/Agreement Award Letter Application Correspondence	l/or Report
OTHER (Use back side if additional space is	needed)
Completed by: Andrea Ausberry Date Completed by:Date	September 15, 2011

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

[Accept and Expend Grant - Health Care Services Master Plan Community Stakeholder Interviews - \$20,000]

Resolution authorizing the Department of Public Health to accept and expend a grant in the amount of \$20,000 from the San Francisco Foundation to fund the program entitled "Health Care Services Master Plan Community Stakeholder Interviews" for the period of September 1, 2011, through August 31, 2012, and waiving indirect costs.

WHEREAS, San Francisco Foundation has agreed to fund DPH in the amount of \$20,000 for the period of September 1, 2011 through August 31, 2011; and,

WHEREAS, The purpose of this project is to gather and analyze qualitative data from underserved communities through community engagement; and,

WHEREAS, As a condition of receiving the grant funds, San Francisco Foundation requires the City to enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the Board of Supervisors in File No.111011; which is hereby declared to be a part of this resolution as if set forth fully herein; and,

WHEREAS, This grant does not require an ASO amendment because no staffing costs are involved; and,

WHEREAS, Health Care Services Master Plan Community Stakeholder Interviews grant does not contain indirect costs in order to maximize the use of grant funds on direct services; now, therefore, be it

RESOLVED, That DPH is hereby authorized to accept and expend a grant in the amount of \$20,000 from San Francisco Foundation; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to accept and expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FILE NO.

RESOLUTION NO.

1	
2	2
(3	3
2	1
į	5
(3
•	7
į	8
	9
1	0
1	1
1	2
1	3
1	4
.1	Ę

16

17

18

19

20

.21

22

23

24

25

FURTHER RESOLVED, That DPH is hereby authorized to accept and expend the
grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the agreement on behalf of the City.

RECOMMENDED:

Barbara A. Garcia, MPA Director of Health APPROVED:

Office of the Mayor

Office of the Controller

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

City Elective Officer Information (Please print clearly.)	
Black and the latest and a delegant and the agent of the	City elective office(s) held:
Name of City elective officer(s):	City elective office(s) field.
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor:	
Harder +Company Community Research Please list the names of (1) members of the contractor's board of	
financial officer and chief operating officer; (3) any person who any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary. Harder + Company Management Team Paul Harder, President Michelle McGee, Senior Vice President Clare Nolan, Vice President-San Francisco Jennifer James, Vice President-San Diego Kym Dorman, Vice President-Davis	has an ownership of 20 percent or more in the contractor; (4)
Sonia Taddy-Sondino, Vice President-Los Angeles	
Contractor address:	
99 Kansas Street / San Francisco, CA 94103	
Date that contract was approved: 06/02/2011	Amount of contract: \$20,000
Harder + Co will provide planning support and community reseat Health Care Services Master Plan. The Health Care Services Ma health care services within San Francisco and guide land use deci Comments: None.	aster Plan will identify the current and projected needs for
Comments, None.	
is contract was approved by (check applicable):	
	Edwin M Lee)
the City elective officer(s) identified on this form (Mayor,	E4(111 121 200)
the City elective officer(s) identified on this form (Mayor, a board on which the City elective officer(s) serves <u>San</u>	Francisco Board of Supervisors
a board on which the City elective officer(s) servesSan	Francisco Board of Supervisors Print Name of Board
a board on which the City elective officer(s) serves <u>San</u> the board of a state agency (Health Authority, Housing Authority, Redevelopment Agency Commissions	Print Name of Board of Supervisors Print Name of Board Athority Commission, Industrial Development Authority sion, Relocation Appeals Board, Treasure Island
a board on which the City elective officer(s) serves <u>San</u> the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commissevelopment Authority) on which an appointee of the City of the	rancisco Board of Supervisors Print Name of Board Athority Commission, Industrial Development Authority Sion, Relocation Appeals Board, Treasure Island
the board of a state agency (Health Authority, Housing Autoard, Parking Authority, Redevelopment Agency Commissevelopment Authority) on which an appointee of the City of Print Name of Board	Print Name of Board of Supervisors Print Name of Board Athority Commission, Industrial Development Authority sion, Relocation Appeals Board, Treasure Island
the board of a state agency (Health Authority, Housing Authority, Redevelopment Agency Commissions Authority) on which an appointee of the City of Print Name of Board iller Information (Please print clearly.)	rancisco Board of Supervisors Print Name of Board Athority Commission, Industrial Development Authority Sion, Relocation Appeals Board, Treasure Island
the board of a state agency (Health Authority, Housing Autoard, Parking Authority, Redevelopment Agency Commissevelopment Authority) on which an appointee of the City of Print Name of Board (Please print clearly.) [ame of filer: [elerk of the SF Board of Supervisors] [address: City Hall, Room 244]	Print Name of Board Athority Commission, Industrial Development Authority Island Econtact telephone number: (415) 554-5184 E-mail:
the board of a state agency (Health Authority, Housing Autoard, Parking Authority, Redevelopment Agency Commissevelopment Authority) on which an appointee of the City of Print Name of Board Siler Information (Please print clearly.) Image of filer: Elerk of the SF Board of Supervisors Address: City Hall, Room 244	Print Name of Board of Supervisors Print Name of Board Athority Commission, Industrial Development Authority Island, Relocation Appeals Board, Treasure Island elective officer(s) identified on this form sits Contact telephone number: (415) 554-5184
a board on which the City elective officer(s) serves <u>San</u> the board of a state agency (Health Authority, Housing Au oard, Parking Authority, Redevelopment Agency Commissevelopment Authority) on which an appointee of the City of the C	Print Name of Board Athority Commission, Industrial Development Authority Island Econtact telephone number: (415) 554-5184 E-mail:
the board of a state agency (Health Authority, Housing Autoard, Parking Authority, Redevelopment Agency Commissevelopment Authority) on which an appointee of the City of Print Name of Board (Please print clearly.) Tame of filer: Clerk of the SF Board of Supervisors Address: City Hall, Room 244	Print Name of Board Athority Commission, Industrial Development Authority Island Sision, Relocation Appeals Board, Treasure Island Selective officer(s) identified on this form sits Contact telephone number: (415) 554-5184 E-mail: Bos.Legislation@sfgov.org

City and County of San Francisco

Department of Public Health



Edwin M. Lee Mayor Barbara A. Garcia, MPA Director of Health

TO:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Barbara A. Garcia Director of Nealth
DATE:	August 22, 2011
SUBJECT:	Grant Accept and Expend
GRANT TITLE:	Health Care Services Master Plan Community Stakeholder Interviews - \$20,000
Attached please f	ind the original and 4 copies of each of the following:
	ant resolution, original signed by Department
	nation form, including disability checklist -
	Budget Justification
	Award Letter
	ation
Other (Expla	
Special Timeline F	Requirements:
Departmental re	presentative to receive a copy of the adopted resolution:
Name: Richelle-L	ynn Mojica Phone: 255-3555
	Idress: Dept. of Public Health, Office of Quality Management for ams, 1380 Howard St.
Certified copy req	uired Yes ☐ No ⊠

File Number: /// 5/(
(Provided by Clerk of Board of Supervisors)

Grant Information Form

(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- 1. Grant Title: Health Care Services Master Plan Community Stakeholder Interviews
- 2. Department: San Francisco Department of Public Health, Office of Policy and Planning
- 3. <u>Contact Person</u>: Colleen Chawla, Deputy Director of Health and Director of Policy and Planning <u>Telephone</u>: 415.554.2769
- 4. Grant Approval Status (check one):

[X] Approved by funding agency

[] Not yet approved

- 5. Amount of Grant Funding Approved or Applied For: \$20,000
- 6a. Matching Funds Required: No
- b. Source(s) of matching funds (if applicable): N/A
- 7a. Grant Source Agency: San Francisco Foundation
- b. Grant Pass-Through Agency (if applicable): N/A
- 8. Proposed Grant Project Summary: San Francisco Foundation (SFF) funds will expand an existing SFDPH contract with Harder + Company Community Research, a consultancy hired to assist in the development of a Health Care Services Master Plan. Harder will use the funds to conduct a minimum of 25 key stakeholder interviews of both experts and community members, particularly members of groups historically un-/underserved by the existing health care system (e.g., minorities, low-income persons, monolingual non-English speakers, the uninsured, etc.). Insights gained through these interviews will inform the final HCSMP, particularly the required Gap Assessment and policy recommendations.
 - 9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: September 1, 2011

End-Date: August 31, 2012

10a. Amount budgeted for contractual services: \$20,000

- b. <u>Will contractual services be put out to bid?</u> No. Grant funds will expand an existing contract with Harder + Company Community Research; however, Harder + Company is listed as a preferred SFDPH consulting provider because of its response to SFDPH RFQ 10-2009.
- c. <u>If so, will contract services help to further the goals of the department's MBE/WBE requirements?</u> N/A
- d. Is this likely to be a one-time or ongoing request for contracting out? One time.

1 **812** Revised: 03-2011

11a. Does the budget include indirect costs? [] Yes [X] No
b1. <u>If yes, how much</u> ? N/A
b2. How was the amount calculated? N/A
c. If no, why are indirect costs not included? [] Not allowed by granting agency [] Other (please explain): [X] To maximize use of grant funds on direct services
12. Any other significant grant requirements or comments:
DPH received the grant award notice on August 18, 2011 with the start date on September 6, 2011.
GRANT CODE (Please include Grant Code and Detail in FAMIS):
 Grant Code: HCAD08/1200 Index Code: HCHACADMINGR
Disability Access Checklist*
13. This Grant is intended for activities at (check all that apply):
[X] Existing Site(s) [] Existing Structure(s) [] Existing Program(s) or Service(s) [] Rehabilitated Site(s) [] Rehabilitated Structure(s) [] New Program(s) or Service(s) [] New Structure(s)
14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:
Comments:
Departmental or Mayor's Office of Disability Reviewer:
Jasőn Hashimoto
Date Reviewed:
Department Approval:
Barbara A. Garcia, MPA Director of Public Health (Signature)

San Francisco Department of Public Health Health Care Services Master Plan Community Stakeholder Interviews Funded by the San Francisco Department of Public Health September 1, 2011 – August 31, 2012

DIRECT COSTS		
Subcontractor, Harder + Company Community Research	Year 1	Totals
	\$19,915	\$19,915
Staff Costs		
Harder + Company Community Research will conduct 25		
community stakeholder interviews to inform the Health Care		
Services Master Plan (HCSMP) mandated by San Francisco		*
Ordinance No. 300-10. Specifically, Harder's data team will:		
Identify criteria for stakeholder selection.		
Develop and obtain HCSMP Task Force input on		
stakeholder list.		
Develop interview protocol and obtain input from	V. Comments	
HCSMP Task Force co-chairs.		
Schedule and conduct 25 community stakeholder		
interviews.		
• Conduct content analysis to identify key themes.		
 Prepare reports and presentations on interview results. 		
Harder + Company projects that the following staff members'		
time will be required to complete the community stakeholder interviews.		
interviews.		
Pata Loady \$120 /hayray 27 majort hay \$2.540		
• <u>Data Lead</u> : \$130/hours x 27 project hours = \$3,510		
 Research Associate: \$85/hour x 115 project hours = \$9;775 		
 Research Assistant: \$65/hour x 102 project hours = \$6,630 		_
		·
STAFF TOTAL = \$19,915		
31A11 101AL - 313,313		
Total Staff Costs	\$19,915	\$19,915
Other Direct Costs		713,313
Phone/Fax: Anticipated expenses related to coordinating	\$85	\$85
community stakeholder interviews.	روپ	، دەد
Total Other Direct Costs	\$85	\$85
TOTAL DIRECT COSTS	\$20,000	\$20,000
AWARD GRAND TOTAL	\$20,000	\$20,000
	32U,UUU	, - 3ZU,UUU

THE SAN FRANCISCO FOUNDATION

The Community Foundation of the Bay Area

August 18, 2011

Ms. Colleen Chawla San Francisco Department of Public Health 101 Grove Street, Room 323 San Francisco, CA 94102

RE: Grant Number: 77944

Dear Ms. Chawla:

On behalf of The San Francisco Foundation Board of Trustees, I am pleased to inform you that a grant has been approved in the amount of \$20,000.00 for 12 months to gather and analyze qualitative data from underserved communities through community engagement in order to develop recommendations for the Health Care Services Master Plan.

The enclosed Grant Agreement forms the contract between San Francisco Department of Public Health and the Foundation. Please read it carefully as it outlines the conditions of the grant as well as the payment and reporting schedules. We ask that you, your Board Chair, and fiscal sponsor (if applicable) sign and return one copy; please keep a copy for your files. No payments can be made until the Grant Agreement has been returned and any special conditions have been met.

As a community foundation, our ability to fund important programs such as yours is contingent upon ongoing support from the Bay Area community. We look forward to partnering with you to let others know about the importance of philanthropy. Please include us in any communications connected with the grant, including press releases, programs, announcements, invitations, stories in the media, annual reports, and newsletters, and submit copies of any such publications with your reports. If your organization has a website, please link to www.sff.org/grantseekers/resources-for-grantseekers; please call us if you have questions about how to use it. Any statement about Foundation policy should be cleared in advance through our Marketing Communications Officer.

The Foundation is pleased to assist you in your important work, and we look forward to hearing about your activities. Please do not hesitate to call me if you have any questions about this grant or the policies of the Foundation.

Yours truly,

Mark Cloutier

Program Director, Public Policy, Civic Engagement and Community Health

225 BUSH STREET, SUITE 500, SAN FRANCISCO, CA 94104-4224 TELEPHONE: 415 733 8500 FAX: 415 477 2783 www.sff.org

THE SAN FRANCISCO FOUNDATION

The Community Foundation of the Bay Area

GRANT AGREEMENT

Grant Number: 77944
Please use this number
in all correspondence

I ACCEPTANCE OF GRANT

The conditions set forth below are deemed to be agreed to by the grantee if the grantee accepts any payment. No payments will be released until a signed copy of the Agreement is returned to the Foundation and any special conditions are met.

Contact:

Ms. Colleen Chawla

Phone:

(415) 554-2565

Grantee:

San Francisco Department of Public Health 101 Grove Street, Room 323 San Francisco, CA 94102

Pavee:

San Francisco Department of Public Health 101 Grove Street, Room 323 San Francisco, CA 94102

Grant Amount:

\$20,000.00 for 12 months

Date Approved:

August 18, 2011

Grant Period:

September 1, 2011 -- August 31, 2012

Grant Purpose:

To gather and analyze qualitative data from underserved communities through community engagement in order to develop recommendations for the Health Care Services Master Plan.

Outcomes:

1. Findings and insights from interviews conducted with key community stakeholders (e.g. experts and community members, particularly from historically underserved populations) will be used to ensure that the Health Care Services Master Plan accurately identifies — and, through its recommendations, responds to — gaps in existing healthcare services in San Francisco.

Activities:

- 1. Identify criteria for stakeholder selection.
- 2. Develop and obtain HCSMP Task Force input on stakeholder list.
- 3. Develop and obtain HCSMP Task Force input on interview protocol.
- Schedule and conduct 25 community stakeholder interviews.
- 5. Conduct content analysis to identify key themes and prepare reports and presentations.

II. SPECIAL CONDITIONS

None.

III. REPORTING REQUIREMENTS AND PAYMENT SCHEDULE

Payments will be made on the schedule below if special conditions described above are met and if narrative and financial reports have been submitted on the dates requested. Report guidelines and forms are available on the Foundation's website at www.sff.org/grantseeker/forms. Reminder notices will be sent in the month before the report is due. If you need to extend the grant period or request changes in the payment schedule or budget, please request the change in writing, briefly explaining the reason it is needed.

Please note that payments on new grants will not be released until final reports on all prior grants have been received and approved by your Program Officer.

Progress Report Due Dates (if any):

None.

Payment(s):

\$20,000.00 scheduled on September 1, 2011

Final Report:

Standard Final Report due on September 30, 2012

IV. PUBLICITY

As a community foundation, our ability to fund important programs such as yours is contingent upon ongoing support from the Bay Area community. We look forward to partnering with you to let others know about the importance of philanthropy. Please include us in any communications connected with the grant, including press releases, programs, announcements, invitations, stories in the media, annual reports, and newsletters, and submit copies of any such publications with your project report(s). If your organization has a website, please link to www.sff.org. Any statement about Foundation policy should be cleared in advance through our Marketing Communications Officer.

V. <u>BUDGET AND USE OF FUNDS</u>

Funds must be used by the grantee strictly in accordance with the final budget on which the grant was based. Any changes must be approved in advance by the Foundation.

VI. <u>REVERSION OF FUNDS</u>

All funds not expended for the purposes agreed to by the grantee and the Foundation must be returned to the Foundation.

VII. AUDIT

The Foundation reserves the right to conduct an audit of any grantee if it appears appropriate and necessary.

VIII. MONITORING AND EVALUATION

In order to assess the effectiveness of our grants, the Foundation may monitor or conduct an evaluation of the program funded by this grant, which may include visits by representatives of the Foundation to observe the grantee's program procedures and operations and to discuss the program with the grantee's personnel.

IX. HOLD HARMLESS

In accepting a grant from the Foundation, the grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless The San Francisco Foundation, its officers, directors, trustees, employees and agents, from and against any and all claims, liabilities, losses and expenses (including reasonable attorneys' fees) directly, indirectly, wholly or partially arising from or in connection with any act or omission of the grantee, its employees or agents, in applying or accepting such grant, in expending or applying the funds furnished pursuant to such grant or in carrying out the program or project to be funded or financed by such grant, except to the extent that such claims, liabilities, losses or expenses arise from or in connection with any act or omission of The San Francisco Foundation, its officers, directors, trustees, employees or agents.

The Board and staff of The San Francisco Foundation are pleased to be able to make this grant (#77944) to your organization. Please sign and return one copy of this Agreement as evidence of your understanding of and agreement with the terms outlined. Please keep a copy for your files.

Return completed document to:

Grants Management The San Francisco Foundation 225 Bush Street, Suite 500 San Francisco, CA 94104-4224

The San Francisco Foundation

The San Francisco Foundation

Date

Chair, Agency Board of Directors or Designee

Agency Executive Director

Date

Fiscal Sponsor*

Date

^{*}Agreement must be signed by Fiscal Sponsor if project agency does not have 501(c)(3) status.

Donor Center	Grantes Center Contact
ON	Starts

THE SAN FRANCISCO FOUNDAT

Programs Grantseekers Donors Professional Advisors

You have now reached the last step of your application. Please carefully review the complete content of your application below. If you would like to make changes, please select "Edit" in the appropriate section. At the bottom, you can save your application for later, or click "Submit Application" to complete your application now. You and the Primary Grantee Center User will receive a confirmation email that includes the content of your application; you can also view your submitted application content at any time from the My Applications tab. You may also use the print feature in the upper right of the page to print your application for your records.

Please note due to high volume you may recieve a system error on Submit. Please try submitting again before calling for Grants Management.

Application overview

Tracking Id: .

77944

Contact:

Colleen Chawla

Grant Amount

20,000.00

Program Area

Community Health

Grant Purpose:

To gather and analyze qualitative data from underserved communities through community engagement in order to develop

recommendations for the Health Care Services Master Plan.

Request Duration:

Part 1 Static Info

This application is for invited applicants only.

*Please Select the Type of Support this request is for:

See more information about Type of Support

Project Support

*Please tell us what your total project budget is. (If you are requesting Core Operating Support please enter your total organization budget.)

201,500.00

Narrative

*Please provide a <u>narrative</u> that describes why your work matters to the community you serve. It should include the scope, impact, history, and need/niche for your request. If relevant, also describe briefly the role of partners and/or volunteers. Your answer will be limited to two pages (7500 characters).

The San Francisco Department of Public Health (SFDPH) requests San Francisco Foundation (SFF) support in the amount of \$20,000 to assist in the development of a Health Care Services Master Plan (HCSMP) as mandated by San Francisco Ordinance 300-10. Specifically, SFF funding will support the inclusion of community voice in HCSMP assessments and recommendations, ensuring the equitable distribution of – and access to – health care services in San Francisco. To accomplish this, SFDPH has retained a consultant, Harder + Company Community Research, to conduct a minimum of 25 key stakeholder interviews of both experts and community members, particularly members of groups historically un-/underserved by the existing health care system (e.g., minorities, low-income persons, monolingual non-English speakers, the uninsured, etc.). Insights gained through these interviews will inform the final HCSMP, particularly the required Gap Assessment and policy recommendations

HISTORY AND OVERVIEW OF REQUIREMENTS: HEALTH CARE SERVICES MASTER PLAN

Effective January 2, 2011, San Francisco Ordinance No. 300-10 requires the creation of a Health Care Services Master Plan (HCSMP). The HCSMP is intended to identify the current and projected needs for, and locations of, health care services within San Francisco. The HCSMP will also

include recommendations on how to achieve and maintain equitable distribution of and access to these services. Once approved, HCSMP recommendations will guide the City Planning Department in its assessment of proposed medical service use development projects.

The ordinance requires SFDPH and the San Francisco Planning Department to prepare a HCSMP that includes the following components:

- Health System Trends Assessment: Intended to analyze trends in San Francisco's health care services;
- Capacity Assessment: Intended to quantify the current and projected capacities of San Francisco's existing medical institutions;
- Land Use Assessment: Intended to assess the supply, need, and demand for medical institutions in the City's neighborhoods;
- Gap Assessment: Intended to identify particular medical service gaps across the City, particularly in medically underserved areas;
- Historical Role Assessment; Intended to consider the historical role played, if any, by existing medical institutions to provide medical services to historically underserved populations; and
- Policy Recommendations: Intended to promote an equitable and efficient distribution of health care services in San Francisco.

The ordinance mandates that SFDPH hold at least two public hearings during the course of the HCSMP's preparation. SFDPH will expand on this requirement and convene a HCSMP Task Force, comprised of approximately 40 stakeholders, that will meet six times between July 2011 and May 2012 and that will guide the plan's development. All Task Force meetings will be open to the public, and SFDPH plans to host each meeting in a different community location to maximize opportunities for public feedback.

Upon completion of the draft HCSMP, SFDPH will make the plan available for a 30-day public comment period. At the close of the public comment period, the Health Commission and Planning Commission will hold a joint public hearing on the draft HCSMP. The HCSMP requires approval by the Health Commission, the Planning Commission, and, finally, the Board of Supervisors.

To ensure that the HCSMP remains relevant and responsive to the community's changing health needs, Ordinance No. 300-10 requires that the HCSMP be updated at least every three years.

PROJECT IMPACT

Per San Francisco Ordinance 300-10, the intended purpose of the HCSMP is to identify the current and projected needs for, and locations of, health care services in San Francisco; the HCSMP must also provide recommendations on how to achieve and maintain an appropriate distribution of, and equitable access to, health care services.

Beyond the explicit requirements of the HCSMP, however, SFDPH wishes to build on the knowledge gained during the HCSMP's development to inform City health planning more broadly. As SFDPH is charged with protecting and promoting the health of all San Franciscans, SFDPH is particularly interested in using HCSMP information to foster greater health equity and access in its programs and services.

NEED FOR REQUEST

Ordinance 300-10 requires the creation of a HCSMP as an unfunded mandate. While SFDPH has managed to secure limited project funds from a variety of sources, SFF support would fill an existing funding gap, allowing SFDPH to create a more comprehensive HCSMP capable of addressing the health needs of all San Franciscans, with a particular focus on the traditionally underserved. Given the current fiscal climate – locally, at the state level, and nationally – SFF funding would prove a vital source of support for the consulting services needed to complete the HCSMP project.

ROLE OF PARTNERS

SFDPH partners will play a vital role achieving the objectives proposed in the SFF grant application. Specifically:

- Harder + Company Community Research, a consulting firm retained by SFDPH, will conduct all activities related to key stakeholder interviews.
 For example, Harder will design an appropriate interview protocol, conduct a minimum of 25 community stakeholder interviews, and will provide SFDPH will all information/insights gained from those interviews.
- The HCSMP Task Force will help Harder + Company identify key stakeholders to interview. SFDPH convened the Task Force, comprised of 40
 members representing a range of San Francisco stakeholders (e.g., consumer advocates, hospitals, organized labor, etc.), to oversee the
 HCSMP's development.

Outcomes

What are the **main outcomes** for which you are requesting support? Your proposal must have at least one outcome, however you may have up to three (585 characters)

See more information about Outcomes

*Outcome 1

Interview key community stakeholders (e.g., experts and community members, particularly those part of historically underserved populations) to ensure that the HCSMP accurately identifies – and, through its recommendations, responds to – gaps in existing health care services in San Francisco.

Outcome 2

Outcome 3

Activities

What are the most important **activities** that will help you achieve those outcomes? Include frequency/duration of program events or services provided. *Only one activity is required. (360 characters)*

See more information about Activities

*Activity 1

Identify criteria for stakeholder selection.

Activity 2

Develop and obtain HCSMP Task Force input on stakeholder list.

Activity 3

Develop and obtain HCSMP Task Force input on interview protocol.

Activity 4

Schedule and conduct 25 community stakeholder interviews.

Activity 5

Conduct content analysis to identify key themes and prepare reports and presentations.

Evaluation

*Please describe how your organization will evaluate the success of the project you are proposing? (The Foundation recognizes that it is not necessary to hire outside experts to have a solid evaluation plan. We do expect that you will know what success looks like and how you will know you achieved it.) (1,045 characters)

See more information about Evaluation

Affirmative answers to the following questions will indicate the success of the proposed component of the HCSMP project:

- Did the SFDPH-retained consultant, Harder + Company, create an appropriate community health interview protocol vetted by the HCSMP Task Force?
- Did the SFDPH-retained consultant, Harder + Company, identify (with HCSMP Task Force input) and interview at least 25 key community stakeholders?
- Did Harder+ Company prepare useful presentations and reports that identify key themes of the community stakeholder interviews?
- Does the final HCSMP reflect community voices and insights gained through key stakeholder interviews?

Other Project Information and Impacts

Your project may have **other positive impacts or information** that are not reflected above. If so, please describe here. For example, does it have local, state, or federal policy implications, benefits to other service providers, and/or regional impact in addition to the positive impact to the Bay Area? (1,520 characters)

Budget Information

The Foundation is interested in knowing the financial plan for the work you will conduct during our grant period. We ask that you provide the projected start date for the grant you are requesting. The timeline is available on our website.

City or University Departments

Please use the Organization column for department revenue and expenses.

*Project Start Date

9/1/2011

*Project End Date

8/31/2012

*Organization Fiscal Year State Date:

7/1/2011

*Organization Fiscal Year End Date:

6/30/2012

Revenue Budget and Expenses

The Previous Year Carry Over for the organization is also known as the previous year's End of Year Net Assets.

- Please provide a total in each category; you do not need to list individual foundations or government sources.
- Committed funding includes those sources of support that have been confirmed.
- Projected revenue includes sources of support that you are currently requesting or plan to request. Your request to The San Francisco Foundation is listed on a separate line.

In the fields below the top section is for revenue and the lower fields for expenses. If you have expenses that do not fit in the defined fields, please use the "Other" category. Please leave blank any field that does not apply.

*If you are requesting core operating support, please only complete the Organization budget column.

** The TSFF Budget column should include ONLY expense items for planned grant expenditures.

Budget Category

Budget Category	Organization Budget	Project Budget	TSFF Budget
Previous Year Carry Over	\$0.00	\$0.00	\$0.00
Committed revenue - Other foundations/corporations	\$0.00	\$31,500.00	\$0.00
Committed revenue - Government	\$363,248,532.00	\$0.00	\$0.00
Committed Revenue - Other Partners	\$53,609,421.00	\$0.00	. \$0.00
Committed revenue - Box office revenue	\$0.00	\$0.00	\$0.00
Committed revenue - Earned revenue	\$0.00	\$0,00	\$0.00
Committed revenue - Individual donors	\$0.00	\$0.00	\$0.00
Committed revenue - Income from endowment	\$0.00	\$0.00	\$0.00
Projected revenue - Other foundations	\$0.00	\$0.00	\$0.00
Projected revenue - Government	\$406,026,159.00	\$0.00	\$0.00
Projected revenue - Box office revenue	\$0.00	\$0.00	\$0.00
Projected revenue - Earned revenue	\$754,393,755.00	\$0.00	\$0.00
Projected revenue - Individual donors	\$0.00	\$0.00	\$0.00
Amount requested from TSFF	\$0.00	\$0:00	\$0.00
Total salaries	\$527,484,611.00	\$9.00	\$0.00
		and the second s	

Total benefits	\$226,858,999.00	\$0.00	\$0.00
Consultant and professional fees	\$0.00	\$150,000.00	\$20,000.00
Occupancy expenses	\$0.00	\$0.00	\$0.00
Supplies	\$93,261,662.00	\$0.00	\$0.00
Equipment rental/maintenance	\$2,548,493.00	\$0.08	\$0.00
Employee expenses including travel	\$0.00	\$0.00	\$0.00
Conferences, conventions and meetings	\$0.00	\$0.00	\$0.00
Outreach and promotion	\$0.00	\$0.00	\$0.00
Printing and publications	\$0.00	\$0.00	\$0.00
Other	\$727,124,102.00	\$0.00	\$0.00

Funtional Expenses

The three categories in this box are the same as those on the IRS Form 990, Part II, Statement of Functional Expenses. If you are using a fiscal sponsor or are a city or university department, please estimate your project's functional expenses. Do not report the functional expenses for the fiscal sponsor or for the entire city or university:

Please note the functional expenses must be greater than 0. • Program Services include activities that result in services being provided to beneficiaries that fulfill the organization's mission.

- Management and General includes oversight, business management, general recordkeeping, budgeting, financing, and related administrative activities, as well as management and administration except for direct conduct of program services or fundraising activities.
- Fundraising includes publicizing; conducting fundraising campaigns; maintaining donor mailing lists; conducting special fundraising events; preparing and distributing fundraising manuals, instructions, and other materials; and conducting other activities involved with soliciting contributions from individuals, foundations, government agencies, and others.

(Please use whole numbers to represent percentages i.e. 60, 30, 10)

- *What percent of your organization's prior year actual spending went to program services?
- *What percent of your organization's prior year actual spending went to management activities?

1.00

*What percent of your organization's prior year actual spending went to fundraising activities?

1.00

*Please provide us with summary information about your organization's financial history. Please use the drop down to select the year's that are relevant. Do not duplicate years in the header.

Arts and Culture Applicants using the California Cultural Data Project, please copy numbers from the chart on the last page of your TSFF report.

Organization Financial History

Fiscal Year	Three years ago	Two years ago	Last year
Fiscal Year	Fiscal year 2007	Fiscal year 2008	Fiscal year 2009
Total Revenue	\$1,366,919,485.00	\$1,575,922,495.00	\$1,378,175,763.00
Total Expenses	\$1,366,919,485.00	\$1,575,922,495.00	\$1,378,175,763.00
Increase/Decrease in Net Assets	\$0.00	\$0.00	\$0.00
End of Year Net Assets	\$0.00	\$0.00	\$0.00

*Please provide us with summary information about your organization's financial history. Briefly explain large fluctuations or changes in revenue and/or expenses. If in the budget table you have a large percentage of the budget in the "Other" category, please describe the line items that make up the category.

Please note that the numbers above reflect the actuals we have; actuals are not yet available for Fiscal Year 10/11. In terms of the decrease from FY 08/09 vs. 09/10: The main difference is the decrease in the budget related to one-time costs for the Laguna Honda Hospital Rebuild Project that were budgeted in FY 08/09 and removed in FY 09/10. In addition, administrative staffing numbers were reduced in FY 09/10 to streamline Department functions. In terms of the "Other Expenses" category noted in SFDPH's current (FY 11/12) budget: This is the result of Departmental expense categories not matching well with those provided in the grant form. For more information, please see the summary of the FY 11/12 budget submitted to Ms. Emily Rosenberg via email on 8/8/11.

Personne

*The number of staff in this section should correspond to the salary expense indicated in the expense budget. Full time personnel: enter the number of full time staff. Part-time personnel: enter the full time equivalent for all part time personnel. For example, if you have 20 staff that work half time, enter 10.

Organization Personnel

Category	Organization FTE	Project FTE
Number of full-time personnel	3770	
Number of full-time equivalent of part-time personnel	1966.63	0
Total	5736.63	0

Fundraising Plan

*The fundraising plan should give a sense of how the organization expects to ensure that the project and/or organization will have the resources necessary to succeed. Please briefly outline your plan to sustain your efforts over the next one to three years. (2,200 characters)

The San Francisco Department of Public Health (SFDPH) requests San Francisco Foundation (SFF) funding for a discrete component of the Health Care Services Master Plan (HCSMP) project. SFDPH has secured funding for other components of the HCSMP project through sources such as the San Francisco General Fund and the Robert Wood Johnson Foundation. In addition, the San Francisco Planning Department will fund the research

associated with the Land Use Assessment required of the HCSMP. Time provided to the project by HCSMP Task Force members is offered voluntarily.

Diversity

Please complete the fields below the diversity information for your organization. Please enter numeric values only, do not use commas. Please note we are expecting estimates of the following:

- People served Org: the estimated number of people served by your organization per category
 People served Proj: the estimated number of people you plan to serve with the proposed project per category
 People on Staff: the estimated number of people on your staff per category
 People on Board: the estimated number of people on your board per category

For information regarding Bay Area Census data please visit: Bay Area Census page

Diversity

Category	People Served Org	People Served Proj	People on Staff	People on Board
White (Non Hispanic)	337451	337451	2366	2
African American	46781	46781	851	. 1
Asian	265700	265700	3730	. 2
Hispanic/Latino	121774	121774	1045	2
Other Ethnic Minority	2494	2494	0	0
Native American	1828	1828	14	O
Pacific Islander	3128	3128	0	0
Multi-Ethnic Minority	26079	26079	0	0
Undetermined	0	, o	· · · · · · · · · · · · · · · · · · ·	0
Total	805235	805235	8006	7

Special Population

Please complete the table below to indicate if your project plans to target any Special Populations. Please do not exceed 100% (if your population overlap please use the Target Population question to clarify.)

Special Populations

Category	%
Lesbian/Gay/Bisexual	9.00
Transgender ,	9.00
Disabled	9.00
Immigrants	9.00
Foster youth	9.00
Homeless	9.00
Incarcerated	9.00
Ex-Offenders	9.00
Environmentally at-risk	9.00
Early School Leavers	9.00
Unemployed	10.00
Total	100.00

Age Range

Please provide the age range of the persons your organization serves (select all that apply):

Age Served Project

Age

0 - 5 years/Pre-K

5- 12/Elementary (incl K)

11-14/Middle School

14-18/High School

Children & Youth (0-18)

Young Adult (19-25)

Adults

Seniors

Families

Geographic Scope

Please select the areas in which you provide service (please select the most relevant geographic level that pertains to your organization) Multiple levels can be selected:

Geo Level

Geo Level Geo Area County San Francisco San Francisco City

Please complete the chart below to indicate the income levels your organization targets and the approximate percentage.

For information regarding Bay Area Income Levels please visit: 2009 Bay Area Income Levels

Incomè

Category	%
Poverty	26.00
Low Income	16.00
Moderate Income	9.00
Middle Income	9.00
Mixed Incomes	. 20.00
Undetermined	20.00
Total	100.00

Partners and Funders

Please provide the contact information for any Partners participating on the above project (No More than two).

In the remaining fields please provide the contact information for your organizations top two private funders, government funds or at least two other references for your organization.

Partner/Funder Reference

Organization Name Contact Name Email Phone Type Funded Amount

.Target Population Description

Please use this section if you would like to share any additional information regarding the population you serve. (1,045 characters)

The San Francisco Department of Public Health (SFDPH) – and, in turn, the Health Care Services Master Plan – serves to protect and promote the health of all San Franciscans. As such, the distribution of "Special Populations" indicated would ideally represent the distribution of such populations in San Francisco as a whole. As there is often overlap between these categories, however, their percentages sum to more than 100%. For the purposes of grant submission, and to accommodate the requirements of SFF's online grant portal, SFDPH has allocated roughly equal weight to the listed "Special Population" categories.

Does your project include lobbying?

Does your grant include Lobbying?

Please provide a Yes or No response.

No

Required Documents

Board List

Document Description:

List of board members that includes affiliations, telephone numbers, and indicates officers. Projects with fiscal sponsors please provide a list with your advisory board.

🏶 Upload:

San Francisco Health Commissioners.pdf

👸 Faxed:

Request Document

Waiver

Reason for Request:

Document Status / Date:

8/1/2011

Financial Statements

Document Description:

Please provide your organization's financial statements for the last three years. This includes an income statement, balance sheet, and a cash flow statement. These can be zipped into one file and uploaded. Arts and Culture Applicants using the California Cultural Data Project, please upload your TSFF funder report here in lieu of financial statements. For more information please see the Application Guidelines at: http://www.sff.org/grantseekers/application-guidelines#required-documents-part-two

Upload:

SFDPH Unaudited Financials_07-08 through 09-10.pdf

🥭 Faxed:

e Request Document

Reason for Request:

Waiver

Document Status / Date:

8/1/2011

Grantee Center Page 7 of 7

Staff Bios			
Document Description:	Please provide a list of key st	aff members and a brief biography.	
🕏 Upload:	HCMSP Key Staff Bios.pdf		
₹ Faxed:			٠.
 Request Document Waiver 	Reason for Request:		- '
Document Status / Date: 8/1/2011			

< Back

If you have any questions about using Grantee Center, please begin by reviewing our Help section. If you have additional questions about Grantee Center or your applications or grants, please contact Grants Management at 415.733.8500 or grantsmanagement@sff.org.

THE SAN FRANCISCO HEALTH COMMISSION

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

As the governing and policy-making body of the Department of Public Health, the San Francisco Health Commission is mandated by City & County Charter to manage and control the City and County hospitals, to monitor and regulate emergency medical services, and all matters pertaining to the preservation, promotion and protection of the lives, health and mental health of San Francisco residents. The Health Commission meets the first and third Tuesday of the month, 4:00 p.m. in Room 300 of 101 Grove. All Health Commission members may be reached via Health Commission Executive Secretary, Mark Morewitz, at 415.554.2666.

Steven Tierney, Ed.D., President

Steven Tierney is Professor and Program Director for the Community Mental Health Program of the California Institute of Integral Studies. He was a member of the Board of Health and Hospitals for the City of Boston for 15 years. Tierney is the President of the California Mental Health Counselors Association. Commissioner Tierney is chair of the Health Commission Finance and Planning Committee. He was appointed to the Health Commission in 2008.

Sonia Melara, MSW, Vice President

Sonia Melara is the Executive Director of Rally Family Visitation Services of Saint Francis Memorial Hospital. She serves on the part-time faculty of San Francisco State University's School of Social Work. Commissioner Melara is chair of the Laguna Honda Hospital Joint Conference Committee. She was appointed to the Health Commission in 2008.

James M. Illig

Commissioner Illig is the Director of Government Relations for Project Open Hand and has extensive experience in San Francisco's non-profit, social service community as an executive director and program manager. He was appointed to the Health Commission in 2004. Commissioner Illig is a member of the Laguna Honda Hospital Joint Conference Committee and the Finance and Planning Committee; he is Vice President of the Governing Board of the In Home Supportive Services Public Authority.

Edward A. Chow, M.D.

Commissioner Chow is a practicing internist and is the Medical Director for the Chinese Community Health Plan and Executive Director of the Chinese Community Health Care Association. He is also a member of the Board of Directors of the Institute of Medical Quality (IMQ), a subsidiary of the California Medical Association. He is serving his sixth term on the Health Commission and is currently chair of the San Francisco General Hospital Joint Conference Committee and a member of the Health Commission Finance and Planning Committee.

Margine A. Sako

Margine Sako is the Executive Director of the St. Mary's Medical Center Foundation. She served as Mayor Willie Brown's liaison to the Department of Public Health with a focus on universal health care and hospital acquisition. She was appointed to the Health Commission in 2008. Commissioner Sako is the chair of the Community and Public Health Committee and is a member of the Laguna Honda Hospital Joint Conference Committee.

David J. Sanchez, Jr., Ph.D.

Commissioner Sanchez is Professor Emeritus at University of California, San Francisco. Commissioner Sanchez is a member of the San Francisco General Hospital Joint Conference Committee and a member of the San Francisco General Hospital Foundation Board. He has also served on the San Francisco Board of Education and the Community College Board, the San Francisco Police Commission, and is Trustee Emeritus of the San Francisco Foundation. He has served on the Health Commission since 1997.

Catherine M. Waters, RN, Ph.D.

Catherine Waters is a Professor in the Department of Community Health Systems at the University of California, San Francisco School of Nursing. Her community-based research focuses on preventative healthcare and advancing public/private community partnerships. Commissioner Waters is a member of the San Francisco General Hospital Joint Conference Committee, the Community and Public Health Committee and is also the Health Commission representative to the San Francisco Health Plan. She was appointed to the Health Commission in 2008.

Department of Public Health

STATEMENT OF REVENUE AND EXPENSES

Month Ending: March 31, 2008

(In Thousands of Dollars)

YEAR TO DATE			DATE			ANNUAL			
r			Fav/(Unfav)	· · · · ·	1		•	Fav/(Unfav)	
P	rojection	<u>Budget</u>	<u>Variance</u>	% Var		<u>Projection</u>	<u>Budget</u>	<u>Variance</u>	% Var
					NET PATIENT SERVICE REVENUE:				:
	250,003	243,068	6,936	3%	Medi-Cal Revenue	249,881	257,721	(7,839)	-3%
	85,620	98,990	(13,370)	-14%	Medicare Revenue	85,620	84,337	1,283	2%
	144,975	95,332	49,643	52%	Other Patient Revenue	144,975	95,332	49,643	52%
	(70,296)	(34,004)	(36,292)	-107%	Provision for Bad debt	(70,296)	(34,004)	(36,292)	-107%
	410,303	403,386	<u>6,917</u>	<u>2%</u>	TOTAL NET PATIENT SERVICE REVENUE	<u>410,181</u>	403,386	6,795	2%
					ATTIC PERSON	*			•
 -					OTHER OPERATING REVENUE:	21.002	21.002	0.	n/a
	21,092	21,092	0	n/a	Short Doyle (Community Mental Health Service)	21,092	21,092		n/a n/a
	55,875	55,875	0	n/a	Short Doyle M/Cal	55,875	55,875		
	10,017	8,243	1,775	22%	MAA/TCM	10,017	8,243	1,775	22%
	98,517	96,965	1,552	2%	Safety Net Care Pool	98,517	96,965	1,552	2%
	0	0	0	n/a	SB1255 & SB855	0	.0	0	n/a
	10,025	12,681	(2,656)	-21%	HSF HCCI	10,025	12,681	(2,656)	-21%
-	36,567	39,386	(2,819)	-7%	Capitation/Managed Care Settlement	36,567	39,386	(2,819)	-7%
ĺ	16,158	16,158	0	. n/a	State Alcohol	16,158	16,158		n/a
	3,966	3,966	· 0	n/a	Proposition 36	3,966	3,966	, 0	n/a
	164,825	166,425	(1,600)	-1% '	State Realignment	164,825	166,425	(1,600)	-1%
l	2,873	2,489	384	15%	Prop 99 AB75	2,873	2,489	384	15%
ŀ	10,367	10,125	242	2%	Other State (CCS and State Mandated Cost)	10,367	10,125	242	2%
l	23,093	23,932	(839)	-4%	Fees/Cafeteria/Misc (includes lease income)	23,093	23,932	(839)	-4%
1	74,858	75,833	(975)	-1%	Workorder Recovery	74,858	75,834	(976)	-1%
	66,622	66,622	0	n/a	Transfer In and Project Related	66,622	66,622	0	n/a
ļ	57,058	57,058	0	n/a	Carryforward	57,058	57,058	. 0	· n/a
	651,914	656,85 <u>1</u>	(4,937)	-1%	TOTAL OTHER OPERATING REVENUE	651,914	656,852	(4,938)	-1%
1	001,514	050,051	5,707						
5	1.042.214	1 060 226	1 000	0%	TOTAL OPERATING REVENUE	1,062,094	1,060,237	1,857	0%
1	<u>1,062,216</u>	1,060,236	1,980	<u>0%</u>	TOTAL OFERATING REVENUE	2,002,021	2,225,207	_,	2.2
7.			•				,		
3					OPERATING EXPENSES:		FOT 044	704	C01
•	525,016	525,811	794	0%	Personnel Services	525,016	525,811	794	0%
١	163,633	164,501	868	1%	Mandatory Fringe Benefits	163,633	164,502	869	1%
	454,323	457,164	2,842	- 1%	Non-personal Services	454,708	457,164	2,457	1%
١	88,647	88,789	. 142	0%	Materials and Supplies	89,314	88,789	(525)	-1%
i	8,693	9,307	614	7%	Facilities Maint. & Capital Outlay	9,182	9,307	125	1%
	68,816	68,061	(755)	1%	Services of Other Departments (workorders)	68,816	68,061	(755)	-1%
,]	45,311	45,311	0	n/a	Operating Transfer Out	45,311	45,311	0	n/a
,	26,657		. 0	n/a	Intrafund Transfer	26,657	26,657	,0	n/a
-	51,116	52,379		2%	Projects	52,379	52,379	0	n/a
3	1,432,211			0%	TOTAL OPERATING EXPENSES	1,435,015	1,437,981	2,966	<u>0%</u>
				_			·		
9	COLO DOES	(277 744)	7 740	2%	OPERATING INCOME/(LOSS)	(372,921)	(377,744)	4,823	1%
וי	<u>(369,995)</u>	(377,744)	7,749	<u>2%</u>	OI ENATERIO TROOMER (FOOD)	(0,2,722)	,		
					NON-OPERATING REVENUE:				
2	277 744	277744		m/-	General Fund	377,744	377,744	,0	n/a
3	377,744	377,744		n/a	· · · · · · · · · · · · · · · · · · ·	1	377,744		n/a
	<u>377,744</u>	<u>377,744</u>	<u>. 0</u>	<u>n/a</u>	TOTAL NON-OPERATING REVENUE	377,744	311,144		11/ U
4								4 -	
4 5	7,748	(1	7,749	n/a	NET INCOME/(LOSS)	4,823	. 0	4,823	n/a

Department of Public Health

STATEMENT OF REVENUE AND EXPENSES

Fiscal Year Ending: June 30 2009

(In Thousands of Dollars)

YEAR TO DATE				•	4	ANNUAL			
ŀ			Fav/(Unfav)					Fav/(Unfav)	
Proje	ection	Budget	<u>Variance</u>	% Var		Projection	<u>Budget</u>	<u>Variance</u>	<u>% Var</u>
		•	_		NET PATIENT SERVICE REVENUE:	ar"			
2	33,068	215,730	17,338	8%	Medi-Cal Revenue	233,068	215,730	17,338	8%
1	85,517	90,426	(4,909)	-5%	Medicare Revenue	85,517	90,426	(4,909)	-5%
1	131,593	134,900	(3,306)	-2%	Other Patient Revenue	129,393	134,900	(5,506)	-4%
(59,077)	(62,035)	2,958	5%	Provision for Bad debt	(59,077)	(62,035)	2,958	5%
39	91,101	379,020	12,081	<u>3%</u>	TOTAL NET PATIENT SERVICE REVENUE	388,901	379,020	9,881	<u>3%</u>
				•			•		
ŀ					OTHER OPERATING REVENUE:		100	`	:
	26,537	39,335	(12,799)	-33%	Short Doyle (Community Mental Health Service)	39,335	39,335	0	n/a
	60,214	61,144	(930)	-2%	Short Doyle M/Cal	62,379	61,144	1,235	2%
	8,566	8,539	27	0%	MAA/TCM	8,566	8,539	27	0%
1	113,812	107,908	5,904	5%	Safety Net Care Pool	113,812	107,908	5,904	5%
	. 0	0	0	n/a	SB1255 & SB855	0	. 0	0	n/a
	21,992	29,419	(7,427)	-25%	HSF HCCI	21,992	29,419	(7,427)	-25%
1 .	67,862	52,561	15,301	29%	Capitation/Managed Care Settlement	67,862	52,561	15,301	29%
	14,915	16,158	(1,244)	-8%	State Alcohol	16,158	16,158	0	n/a
	3,012	3,620	(608)	-17%	Proposition 36	3,620	3,620	0	n/a
1	36,574	166,425	(29,851)	-18%	State Realignment	158,143	166,425	(8,282)	-5%
'	1,379	2,513	(1,133)	-45%	Prop 99 AB75	1,434	2,513	(1,079)	-43%
	1,214	6,325	4,889	—3% 77%	Other State (CCS and State Mandated Cost)	11,214	6,325	4,889	77%
· .	24,256	26,761	(2,505)	-9%	Fees/Cafeteria/Misc (includes lease income)	26,437	26,761	(324)	-1%
	32,917	40,055		-9 % -18%	Workorder Recovery	39,425	40,055	(630)	-2%
			(7,139)	-10 % -7%		1	77,768	(598)	-2 /s -1%
	72,448	77,768 50.222	(5,320)		Transfer In and Project Related	77,170 59,222	-	• -	
1 .	59,222	59,222	(42, 93%)	n/a	Carryforward	1	59,222	0 014	n/a
_	54,920	<u>697,754</u>	(42,835)	<u>-6%</u>	TOTAL OTHER OPERATING REVENUE	706,770	697,754	9,016	<u>1%</u>
						1 . 11	<u> </u>		
1,04	46,021	<u>1,076,775</u>	(30,754)	<u>-3%</u>	TOTAL OPERATING REVENUE	1,095,671	1,076,774	<u>18,897</u>	<u>2%</u>
					No. of the second secon				
					OPERATING EXPENSES:				
57	28,063	528,505	442	0%	Personnel Services	529,366	528,505	(861)	0%
16	65,573	166,743	1,170	1%	Mandatory Fringe Benefits	165,944	166,742	799	0%
I	51,506	489,265	37,759	8%	Non-personal Services	489,438	489,265	(173)	0%
,	89,979	90,552	573	1%	Materials and Supplies	90,158	90,552	394	0%
	7,512	8,014	502	6%	Facilities Maint. & Capital Outlay	7,880	8,014	134	2%
] · -	73,228	73,379	. 151	0%	Services of Other Departments (workorders)	73,238	73,379	141	0%
•	0	19,084	19.084	100%	Contingency Reserve (gross expenditure)	175	19,084	18,909	99%
	37,009	41,505	4,496	11%	Operating Transfer Out	37,009	41,505	4,496	11%
1	49,820	49,820	0	n/a	Intrafund Transfer	49,820	49,820	1,150	n/a
1	31,206	32,207	1,001	3%	Projects	32,207	32,207	0	n/a
		1,499,075	65,178	4%	TOTAL OPERATING EXPENSES	1,475,235	1,499,075	23,839	2%
1,43	.5,651	1,722,010	05,176	7/2	TOTAL OFTRATING LAFENGES	1,713,633	<u>-, -, -, , , , , , , , , , , , , , , , </u>	<u> </u>	
(22	7 074	(422-200)	24:424	00/	OPEN ATTNIC TRICOME (III OCC)	(370 5/5)	(493, 300)	12 72/	1.0%
(38	37,876)	(422,300)	<u>34,424</u>	<u>8%</u>	OPERATING INCOME/(LOSS)	(379,565)	(422,300)	<u>42,736</u>	<u>10%</u>
ļ .		•							
			•		NON-OPERATING REVENUE:				• .
14	41,089	422,300	(281,211)	-67%	General Fund	422,300	422,300	0	n/a
14	1,089	422,300	(281,211)	-67%	TOTAL NON-OPERATING REVENUE	422,300	422,300	<u>o</u> .	<u>n/a</u>
,	_							•	-
(24	(787,6	<u>1</u>	(246,787)	n/a	NET INCOME/(LOSS)	42,736	<u>0</u>	42,736	n/a
ź ,	- ()								

Department of Public Health

STATEMENT OF REVENUE AND EXPENSES

Period Ending: June 30, 2010 (In Thousands of Dollars)

1		YEAR TO	DATE			ANNUAL				
		•	Fav/(Unfav)					Fav/(Unfav)	-	1
	<u>Projection</u>	Budget	<u>Variance</u>	% Var		<u>Projection</u>	<u>Budget</u>	Variance	% Var	
	•-				NET PATIENT SERVICE REVENUE:					-
	259,839	235,338	24,501	10.4%	Medi-Cal Revenue	259,844	235,336	24,508	10.4%	:
ı	84,938	90,395	(5,457)	-6.0%	Medicare Revenue	84,933	90,395	(5,462)	-6.0%	
Ţ	158,733	153,669	5,063	, 3.3%	Other Patient Revenue	161,517	153,671	7,845	5.1%	. :
1	(60,764)	(62,035)	1,271	2.0%	Provision for Bad debt	(60,764)	(62,035)	1,271	2.0%	,] .
	442,745	417,367	25,378	6.1%	TOTAL NET PATIENT SERVICE REVENUE	445,529	417,367	28,162	<u>6.7</u> %	؛ ،
1			-	·. —			-			1.
					OTHER OPERATING REVENUE:	į		. "		L
l	31,246	43,126	(11,880)	-27.5%	Short Doyle (Community Mental Health Service)	41,057	43,126	(2,069)	-0.04797	-
	69,257	74,143	(4,886)		Short Doyle M/Cal	69,257	74,143	(4,886)	-6.6%	
,	9,524	8,309	1,215		MAA/TCM	9,524	8,309	1,215	14.6%	
	103,894	113,217	(9,323)		Safety Net Care Pool	103,894	113,217	(9,323)	-8.2%	
	103,051		(5,020)		SB1255 & SB855	-		-	n/a	Ι.
	22,855	24,975	(2,120)		HSF HCCI	22,855	24,975	(2,120)	-8.5%	
	66,297	71,156	(4,859)		Capitation/Managed Care Settlement	66,297	71,156	(4,859)	-6.8%	•
5	16,158	16,158	0		State Alcohol	16,158	16,158	O O	0.0%	
	48	481	(433)	-90.1%	Proposition 36	481	481	-	n/a	
,	135,247	145,004	(9,757)		State Realignment	135,247	145,004	(9,757)	-6.7%	. 1
,	100	12	88		Prop 99 AB75	12	12	-	n/a	1
	4,952	4,467	485		Other State (CCS and State Mandated Cost)	4,952	4,467	485	10.8%	1
	28,707	29,679	(972)		Fees/Cafeteria/Misc (includes lease income)	28,767	29,679	(913)	-3.1%	2
. [37,418	45,165	(7,747)		Workorder Recovery	44,739	45,165	(426)	-0.9%	, 2
	63,374	65,918	(2,544)	-3.9%	Transfer In and Project Related	63,376	65,918	(2,542)	-3.9%	. z
- 1	86,642	86,642		n/a	Carryforward	86,642	86,642		n/a	_
4	675,720	728,452	(52,733)	-7.2%	TOTAL OTHER OPERATING REVENUE	693,258	728,452	(35,194)	-4.8%	. a
5										2
-	1 110 445	1 1/5 910	(27,354)	-2 4%	TOTAL OPERATING REVENUE	1,138,787	1,145,819	(7,032)	-0.6%	1
5	1,118,465	1,145,819	(27,334)	-2.4/6	TOTAL OFERATING REVENUE	1,130,107	1,143,015	(7,032)	- <u>0.0</u> /a	1
7			*						, ;	2
В					OPERATING EXPENSES:					2
9	522,227	518,593	(3,634)		Personnel Services	524,305	518,592	• • • •	-1.1%	
9	187,550	186,967	(583)		Mandatory Fringe Benefits	188,709	186,968	(1,742)		
1	470,278	501,786	31,508		Non-personal Services	500,776	501,786	1,010		
2	95,056	95,103	47		Materials and Supplies	95,121	95,103	(18)	0.0%	
3	5,432	5,488	56		Facilities Maint. & Capital Outlay	5,443	5,488	45	0.8%	
4	55,423	55,854	431		Services of Other Departments (workorders)	77,441	77,644	203	0.3%	
5	501	2,507	2,006		Contingency	144600	2,432	2,432	100.0%	
6	44,688	51,312	6,624		Operating Transfer Out Intrafund Transfer	44,688 45,682	51,312	6,624	12.9%	
7	45,682	45,682	-	•.	1	1	45,682		n/a	
8	10,842	12,276	1,434		Projects	10,842	12,276	1,434	11.7%	
9	1,437,678	1,475,568	37,890	<u> 2.6</u> %	TOTAL OPERATING EXPENSES	1,493,008	1,497,283	4,275	0.3%	° 3
0			. *			1 .:				4
1	(319,213)	(329,749)	10,535	n/a	OPERATING INCOME/(LOSS)	(354,220)	(351,463)	(2,757)	n/a	- 4
2	* A									4
3					NON-OPERATING REVENUE:					1
4	354,954	351,463	3,491	1.0%	General Fund	361,220	351,463	9,757	2.8%	. 2
- 1	_354,954	351,463	3,491		TOTAL NON-OPERATING REVENUE	361,220	351,463	9,757	2.8%	1
5		551,100		===/		,-			=	
5					1	1 '		*		1
5					I	1				
5	35,740	21,714	14,026	n/a	NET INCOME/(LOSS)	7,000		7,000	n/a	_

San Francisco Department of Public Health Application for San Francisco Foundation Funding for Health Care Services Master Plan Project Support Biographies of Key Staff

Tomás Aragón, MD, DrPH

Health Officer and Director of Population Health and Prevention, San Francisco Department of Public Health

Background

Dr. Aragón is the Health Officer and Director of Population Health and Prevention for the San Francisco Department of Public Health. Dr. Aragón serves as Co-Chair of the Health Care Services Master Plan (HCSMP) Task Force and oversees the data collection and analysis activities related to the HCSMP.

In addition to his work with the San Francisco Department of Public Health, Dr. Aragón is an Assistant Adjunct Professor at the University of California – Berkeley's Department of Public Health. He is also the Principal Investigator for CalPREPARE, a Centers for Disease Control and Prevention (CDC) Preparedness and Emergency Response Research Center at University of California – Berkeley, Department of Public Health.

Dr. Aragón is the author of numerous peer-reviewed scientific articles and scientific technical reports and has served on various scientific committees throughout his career. He is currently a member of the National Biosurveillance Advisory Subcommittee, which provides counsel to the CDC and Federal Government regarding a broad range of human health surveillance issues arising from the development and implementation of a roadmap for the human health component of a national biosurveillance system.

Education

- Doctorate of Public Health, Division of Epidemiology, University of California Berkeley
- Doctor of Medicine, Harvard Medical School
- Master of Public Health, Harvard Medical School
- Bachelor of Arts, Molecular Biology, University of California Berkeley

Colleen Chawla, MPA

Deputy Director of Health and Director of Policy and Planning, San Francisco Department of Public Health

Background

Ms. Chawla is the Deputy Director of Health and Director of Policy and Planning at the San Francisco Department of Public Health (SFDPH) where she currently oversees the Health Care Services Master Plan (HCSMP) project. Ms. Chawla rejoins SFDPH after serving in the Office of Policy and Planning as Associate Director and Senior Legislative Planning Aide between 1999 and 2005.

A dedicated health policy professional with nearly 20 years of experience in local government, non-profit, and corporate settings, Ms. Chawla offers leadership experience in policy analysis and development, legislative advocacy, public health care financing, and community and strategic planning.

Before rejoining SFDPH in March 2010, Ms. Chawla served as the Director of State Government Relations for Calgene Corporation (2007 - 2010) where she successfully advocated for the amendment of New Jersey drug repository laws to ensure that such laws do not unintentionally circumvent FDA-mandated restricted distribution programs designed to protect patient safety. She also served as Government Affairs Managers to Medimmune, Inc. (2005 - 2007) where she worked with interested stakeholders to establish a statewide advocacy coalition focused on care and treatment for premature infants in California.

Prior to her work in the public and private sectors, Ms. Chawla worked in HIV/AIDS advocacy on behalf of the AIDS Project Los Angeles. Between 1994 and 1999, Ms. Chawla served the AIDS Project Los Angeles in various capacities, including Manager of Local Government Affairs, during which time she participated in policy setting activities related to the reauthorization of the federal Ryan White CARE Act.

Education

- Master of Public Administration/Health Services Administration, University of San Francisco
- Bachelor of Arts, History, University of Southern California

Lori Cook, MPP

Senior Health Program Planner, Office of Policy and Planning, San Francisco Department of Public Health

Background

Ms. Cook is a Senior Health Program Planner for the San Francisco Department of Public Health (SFDPH), Office of Policy and Planning, where she staffs the Health Care Services Master Plan (HCSMP) project. She serves as the primary liaison to the hired consultant, Harder + Company Community Research, and is actively involved in the HCSMP community engagement process.

Ms. Cook is a public health policy professional committed to increasing health access for all persons and creating healthy communities. To that end, she formerly served as a Health Program Planner in SFDPH's Housing and Urban Health Section where she planned, implemented, managed and evaluated SFDPH programs designed to end chronic homelessness in San Francisco while improving the overall health and wellbeing of formerly homeless people.

Before joining SFDPH in 2006, Ms. Cook worked for the Health Research for Action (HRA) Center, a non-profit center affiliated with the University of California – Berkeley's School of Public Health. During her tenure at HRA, Ms. Cook evaluated and field tested the effectiveness of written materials for HMOs, advocacy groups, and government agencies to enhance reader's ability to understand and act on health information. She also developed and conducted trainings across the state to help health organizations build internal health literacy expertise.

Ms. Cook has also contributed her expertise to the Kaiser Family Foundation's Women's Health Division and the US Office of Management and Budget, Public Health Division.

Education

- Master of Public Policy, Goldman School of Public Policy, University of California Berkeley
- Bachelor of Arts, Spanish, Davidson College

Clare Nolan, MPP

Vice President, Harder + Company Community Research

Background

Ms. Nolan is Vice President of Harder + Company's San Francisco office, where she provides research direction and oversight for project teams and contributes to firm-wide business planning and management. She will oversee all Harder + Company staff connected to the HCSMP project.

Ms. Nolan has more than 12 years of experience designing and conducting evaluation, research and technical assistance projects for nonprofits, philanthropies and government agencies. An experienced project director, Ms. Nolan has worked in the areas of early childhood development, school readiness, homelessness, foundation effectiveness, HIV/AIDS prevention and care and organizational capacity building. She also has strong technical skills in social science research methods, program evaluation design and data management and statistical analysis. Ms. Nolan is strongly committed to participatory evaluation practices and culturally competent research methods.

Ms. Nolan joined Harder + Company in 1999 and took a two-year hiatus in 2001 to attend graduate school. Her work has been selected for presentation at various national conferences, including the American Evaluation Association, the Supportive Housing Leadership Conference, the National Alliance to End Homelessness and the Association for Research on Nonprofits and Voluntary Associations. Ms. Nolan has also contributed to online blogs and has been published in The Foundation Review, for which she is also a reviewer. Ms. Nolan is a board member of the Potrero Hill Nursery School.

Education

- Master of Public Policy, Goldman School of Public Policy, University of California Berkeley
- Bachelor of Arts, Anthropology, American University

Erika Takada, MPH

Senior Research Associate, Harder + Company Community Research

Background

Ms. Takada serves as a senior analyst on several of Harder + Company's health evaluations. Her strong background in research design and her advanced analytical skills have been key to the design and implementation of complex evaluation projects for community health agencies and First 5 Commissions. Ms. Takada will oversee the community interview component of the HCSMP project.

Ms. Takada's experience in the public health sector ranges from experimental research and social marketing to policy and media advocacy. She has implemented numerous multi-site evaluations that address health policy and environment change. One of Ms. Takada's many strengths is her ability to translate data trends into useful program recommendations. In addition, she is an experienced teacher and trainer with excellent communication skills. Ms. Takada currently co-directs Harder + Company's Data Management Team.

Ms. Takada's professional interests lie in the areas of nutrition, physical activity, childhood obesity and advocacy for policies related to disease prevention. Prior to joining Harder + Company in 2004, Erika directed a research project at the Stanford Prevention Research Center. This four-year study, funded by the National Institutes of Health and the National Institute of Diabetes and Digestive and Kidney Diseases, focused on the prevention of both Type 2 Diabetes and childhood obesity in girls. Erika also previously served as an evaluation specialist with California Project LEAN (Leaders Encouraging Activities and Nutrition), where she developed and oversaw comprehensive evaluation activities.

Ms. Takada is a board member of the San Mateo County HIV Program and is fluent in Japanese.

Education

- Master of Public Health, San Diego State University
- Bachelor of Arts, Sociology, Boston University

Aimée Fribourg, MPP

Research Associate, Harder + Company Community Research

Background

Ms. Fribourg's educational training combined with her experience as a direct service provider make her particularly qualified to assist Harder + Company with projects involving community planning and evaluation. She has a strong background in the social service sector working with both qualitative and quantitative analytical methods. Currently, Ms. Fribourg is focused on several long-term projects for the San Francisco Department of Public Health and the San Francisco Arts Commission.

Prior to joining Harder + Company in 2011, Ms. Fribourg served as a budget and revenue analyst for the City and County of San Francisco. In that position, she collaborated with citywide budget staff and analyzed data for presentation to policymakers, the media and the public. Ms. Fribourg also worked as a policy consultant with the San Francisco Human Services Agency, where she developed a report assessing the needs of Single-Room Occupancy (SRO) hotel residents in the city. The latter project was closely related to Ms. Fribourg's thesis at the Goldman School of Public Policy at University of California, Berkeley, where she earned her Master of Public Policy.

Before enrolling in her Master's program, Ms. Fribourg spent three years working as a family services specialist with the Mission Head Start Program in San Francisco. There, she assisted low-income families — primarily Latino immigrants — in identifying needs and goals in areas that included education, childcare, employment, health and legal services.

Ms. Fribourg's field experience includes work with the World Social Forum in India and volunteer work with an orphanage and an animal refuge park in Bolivia. She is fluent in Spanish and Portuguese.

Education

- Master of Public Policy, Goldman School of Public Policy, University of California Berkeley
- Bachelor of Arts, Linguistics, University of California Berkeley Minor in Education

Alejandra Portillo

Research Assistant, Harder + Company Community Research

With her solid experience in qualitative data collection and survey research methods, Ms. Portillo contributes to many of Harder + Company's evaluation and needs assessment projects, including the Health Care Services Master Plan Project. She coordinates and implements focus groups, interviews, and surveys for which she often conducts data collection and analysis. Ms. Portillo's fluency in spoken and written Spanish allows her to work directly with diverse Spanish-speaking populations, and to translate evaluation instruments and protocols into Spanish.

Ms. Portillo is particularly interested in projects that address immigration and health, particularly with regard to undocumented Latino youth and Latina women who live in the San Francisco Bay Area. Prior to joining Harder + Company, she applied her strong communication skills in Spanish and her social sciences training to her work as a research assistant at University of California, San Francisco. While there, Ms. Portillo participated in a study entitled "Can We Enhance Information Services for Latino Patients?" for which she conducted Spanish-language, semi-structured interviews with Latino cancer patients. The resulting data were used to improve The Cancer Information Service, a toll-free, cancer health telephone line, and to implement a proactive call system to increase access for Latinos who needed information about cancer.

Ms. Portillo is a board member of Ignite, a San Francisco-based nonprofit organization that teaches young women about the political process and encourages them to work to make a difference in their own communities. She is also a volunteer coordinator of the Sister Scholar Program which mentors first-generation women of color who attend a four-year university.

Education

Bachelor of Arts, Social and Cultural Anthropology, San Francisco State University

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or Meeting Date I hereby submit the following item for introduction: 1. For reference to Committee: An ordinance, resolution, motion, or charter amendment 2. Request for next printed agenda without reference to Committee 3. Request for hearing on a subject matter at Committee: 4. Request for letter beginning "Supervisor inquires..." 5. City Attorney request 6. Call file from Committee 7. Budget Analyst request (attach written motion). 8. Substitute Legislation File Nos. 9. Request for Closed Session 10. Board to Sit as A Committee of the Whole 11. Question(s) submitted for Mayoral Appearance before the BOS on Please check the appropriate boxes. The proposed legislation should be forwarded to the following: Small Business Commission Youth Commission Ethics Commission Planning Commission **Building Inspection Commission** Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form,] Sponsor(s): Campos Subject: Accept and Expend - Health Care Services Master Plan Community Stakeholder Interviews The text is listed below or attached: Signature of Sponsoring Supervisor: For Clerk's Use Only:

837

Common/Supervisors Form

Revised 05/19/11