File No	<u> 150865</u>	Committee Item No4	
		Board Item No.	

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee:	Rules Committee	Date	<u>September 10, 2015</u>
Board of Sup	pervisors Meeting	Date	
Cmte Boar	rd		
	Motion		
H H	Resolution		
	Ordinance		
	Legislative Digest	~4	
	Budget and Legislative Analyst Repo	ort	
	Youth Commission Report		
	Introduction Form	., -	
	Department/Agency Cover Letter and		eport
	Memorandum of Understanding (MC	IU)	
	Grant Information Form		
	Grant Budget		
	Subcontract Budget		
	Contract/Agreement		
	Form 126 - Ethics Commission		
	Award Letter		
	Application		
	Form 700		
	Vacancy Notice		
lacktriangle	Information Sheet		
	Public Correspondence		
OTHER	(Use back side if additional space is	neede	d)
. <u> </u>			
Completed h	y: Alisa Somera	Date	September 4, 2015
Completed b		Date	
p.5000 N	· J	~~~	·



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, Committee	s, & Task Forces
Name of Board, Commission, Committee, or Task Force: San Frar	ncisco Health Authority
Seat # or Category (If applicable):	District:
Name: Roland Pickens	
Home Address: Lincoln Way	Zip: 94122
Home Phone: 415 Occupation: Health C	are Executive
Work Phone: 415.206.3517 Employer: City and Coι	unty of San Francisco
Business Address: 1001 Potrero Ave, SF, CA	
Business E-Mail: roland.pickens@sfdph.org Home E-Mail:	
the Charter must consist of electors (registered voters) of th San Francisco. For certain other bodies, the Board of Super residency requirement. Check All That Apply:	
Registered voter in San Francisco: Yes <a> No <a> If No , where	e registered:
Resident of San Francisco Yes No If No, place of residents	ence:
Pursuant to Charter section 4.101 (a)1, please state how your querepresent the communities of interest, neighborhoods, and the ethnicity, race, age, sex, sexual orientation, gender identity, typ and any other relevant demographic qualities of the City and Coffrancisco:	diversity in es of disabilities, ounty of San
As a 25 year resident of San Francisco, I've had the privilege of wor In my professional life, I've worked in progressively responsible poswith UCSF and then with the CCSF Department of Public Health an Hospital. In these positions, I have and continue to work with commacross the spectrum of ethnicity, race, age sex, sexual orientation, gdisability status.	itions in health care first d San Francisco General unity members from

Business and/or professional experience:	
25 years of Health Care Executive experience in hospital a Board Certified in Health Care Management as a Fellow of Care Executives. Currently, serving as the Director of the Sas the Interim CEO of San Francisco General Hospital.	the American College of Health
Civic Activities:	:
In my personal life, I am a member of the Third Baptist Chu on the Board of the San Francisco General Hospital Found	
lave you attended any meetings of the Board/Commission to which you	u wish appointment? Yes ■ No
For appointments by the Board of Supervisors, appearance equirement before any appointment can be made. (Applicate of the scheduled hearing.)	before the RULES COMMITTEE is ations must be received 10 days
	•
Date: 8/28/2015 Applicant's Signature: (required)	Roland Pickens
	(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)
Please Note: Your application will be retained for one year. all attachments, become public record.	Once Completed, this form, including
FOR OFFICE USE ONLY:	
ppointed to Seat #: Term Expires: Date	Seat was Vacated:

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

Please type or print in ink.

1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY and CONTY of San Francisco Division, Board, Department, District, if applicable Department of Policy (Health Director San Francisco Health) If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Division of Office (Check at least one box) State Division of Office (Check at least one box) State Division of Office (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014, The period covered is January 1, 2014, through December 31, 2014, Assuming Office: Date assumed December 31, 2014, Assuming Office: Date assumed December 31, 2014, The period covered is January 1, 2014, 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 Invastments - schedule attached Schedule C-Income, Leans, & Business Positions - schedule attached Schedule C-Income, Leans, & Business Positions - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule attached Schedule C-Income, Gilts - Travel Payments - schedule	NAME OF FILER (LAST) (LAST)	(FIRST) (MIDDLE)
Regency Name (Do not use aeronyms) CT Y and CONTY OF SAN Francisco Division, Board, Department, District, if applicable De partment of Public Health Director, San Francisco Health If filling for multiple positions, list below or on an attachment. (Do not use aeronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County Scounty of San Francisco Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. OThe period covered is January 1, 2014, through December 31, 2014. Assuming Office: Date assumed It has period covered is January 1, 2014, through December 31, 2014. Assuming Office: Date assumed It has period covered is January 1, 2014, through the date of leaving office. Candidate: Election year and office sought, if different than Part 1: Schedule Summary Total number of pages including this cover page: Schedule A2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule D - Income - Gifts - Schedule attached Schedule D - Income - Gifts - Schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Inc		
If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	Agency Name (Do not use acronyms) CITY and Connty of San Fr	ancisco Your Position a Hh Director San Francisco Health
2. Jurisdiction of Office (Check at least one box) State		J
State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County Schw San Francisco Other	Agency:	Position:
Multi-County Schedule San Francisco Other	2. Jurisdiction of Office (Check at least one box)	
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is J. / 2 01 Y, through December 31, 2014. The period covered is J. / 2 01 Y, through December 31, 2014. The period covered is J. / 2 01 Y, through December 31, 2014. Assuming Office: Date assumed J. / O The period covered is January 1, 2014, through the date of leaving office. The period covered is J. / 2 01 Y, through December 31, 2014. The period covered is J. / 2 01 Y, through December 31, 2014. The period covered is J. / 2 01 Y, through December 31, 2014. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is January 1, 2014, through the date of leavin		Judge or Court Commissioner (Statewide Jurisdiction) Son Francisco
Annual: The period covered is January 1, 2014, through December 31, 2014. -or- The period covered is	Scity of San Francisco	
Annual: The period covered is January 1, 2014, through December 31, 2014. -or- The period covered is	3. Type of Statement (Check at least one box)	
The period covered is	Annual: The period covered is January 1, 2014, through	
the date of leaving office. Candidate: Election year	The period covered is	The period covered is January 1, 2014, through the date of leaving office.
4. Schedule Summary Check applicable schedules or "None." □ Schedule A-1 · Investments - schedule attached □ Schedule C · Income, Loans, & Business Positions - schedule attached □ Schedule D · Income - Gifts - schedule attached □ Schedule B · Real Property - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - Schedule attached □ Schedule E · Income - Gifts - Travel Payments - Schedule attached □ Schedule E · Income - Gifts - Travel Payments - Schedule attached □ Schedule E · Income - Gifts - Travel Payments - Schedule attache	Assuming Office: Date assumed/	
Check applicable schedules or "None." □ Schedule A-1 - Investments – schedule attached □ Schedule C - Income, Loans. & Business Positions – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – Schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule D - Income – Gifts – Travel Payments – schedule attached □ Schedule D - Income – Gifts – Travel Payments – schedule attached □ Schedule D - Income – Gifts – Travel Payments – schedule attached □ Schedule D - Income – Gifts – Travel Payments – schedule attached □ Schedule D - Income – Gifts – Travel Payments – schedule attached □ Schedule D - Income – Gifts – Travel Payments – schedule attached □ Schedule D - Income – Gifts – Travel Payments – schedule attached □ Schedule D - Income – Gifts – Travel Payments – Schedule attached □ Schedule D - Income – Gifts – Travel	Candidate: Election year and office sought,	if different than Part 1:
Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule D - Income - Gifts - Schedule attached Schedule D - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments - Schedule attached Schedule E - Income - Gifts - Travel Payments	·	al number of pages including this cover page:
None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 101 Grove Stylow 308 San Francisco CA 94100 DAYTIME TELEPHONE NUMBER (415) 554-7610 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.	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1016 runc 5+ Lun 308 San Francisco CH 94100 DAYTIME TELEPHONE NUMBER (415)554-2610 Toland pickens and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. Lacknowledge this is a public document.		erests on any schedule
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1016 runc 5+ Lun 308 San Francisco CH 94100 DAYTIME TELEPHONE NUMBER (415)554-2610 Toland pickens and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. Lacknowledge this is a public document.	5. Verification	
DAYTIME TELEPHONE NUMBER (415) 554-7610 Toland-pickers a 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.	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	Can Francisco CA 94100
herein and in any attached schedules is true and complete. I acknowledge this is a public document.	DAYTIME TELEPHONE NUMBER (415) 554-2610	roland pickens @ Staph.org
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	I have used all reasonable diligence in preparing this statement. I have re- herein and in any attached schedules is true and complete. I acknowled	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
		ornia that the foregoing is true and correct.
Date Signed 02 - 26-2015 Signature Roland Pulser (Elle the principally signed stylement with your fifting official)	Date Signed 02-26-2015	Signature Roland Fickers
(month, day, year) (File the originally signed stelement with your filing official.) FPPC Form 700 (2014/2015)	(month, day, year)	(File the originally signed stalament with your filing official.)

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

San Francisco Department of Public Health

Barbara A. Garcia, MPA

Director of Health



City and County of San Francisco Edwin M. Lee Mayor

August 27, 2015

Angela Calvillo, Clerk San Francisco Board of Supervisors 1 Dr. Carlton B. Goodlett Place City Hall, Room 244 San Francisco, Ca. 94102-4689

Re: Appointment to the Governing Body of the San Francisco Health Authority

Dear Ms. Calvillo,

On February 24, 2015, the Board of Supervisors passed Motion No. M15-27, approving several appointments to the San Francisco Health Authority. Among those appointed was Susan Currin, Chief Executive Officer of San Francisco General Hospital, for the seat designated for a person in senior management at San Francisco General Hospital, pursuant to California Welfare and Institutions Code 14087.36(k)(1)(C). Ms. Currin recently retired and I have designated Roland Pickens both to replace Ms. Currin as the interim Chief Executive Officer for San Francisco General Hospital and also to serve on the governing body of the San Francisco Health Authority.

The San Francisco Health Authority will work with your office to calendar this appointment for hearing before the Rules Committee. Thank you for your assistance in this matter.

Sincerely,

Barbara A. Garcia, MPA

Director of Health

cc: John Grgurina, Chief Executive Officer, San Francisco Health Plan

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

SAN FRANCISCO HEALTH AUTHORITY

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancies:

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

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

Additional Seat Requirements: One member in seats 1, 10, 11, 12, or 13 must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Reports: None.

Sunset Date: None.

Additional information relating to the San Francisco Health Authority may be obtained by reviewing the California Welfare and Institutions Code, Section 14087.36, available at http://www.leginfo.ca.gov/.html/wic_table_of_contents.html and the San Francisco Administrative Code, Section 69.1, available at http://www.sfbos.org/sfmunicodes. Interested persons may obtain an application from the Board of Supervisors website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk and should be submitted to: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this subordinate body must complete and submit, with their application, a copy (**not original**) of Form 700, Statement of Economic Interests. Applications will not be considered if a copy of Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at http://www.sfbos.org/form700.

<u>Next Steps</u>: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicants may be asked to state their qualifications. The appointment(s) of individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

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

Angela Calvillo Clerk of the Board

DATED/POSTED: August 31, 2015

San Francisco BOARD OF SUPERVISORS

Date Printed: February 5, 2015

Date Established:

December 15, 1994

Active

HEALTH AUTHORITY - SAN FRANCISCO

Contact and Address:

Valerie L Huggins Executive Assistant

201 Third Street, 7th Floor San Francisco, CA 94103

Phone: (415) 615-4235 Fax: (415) 547-7824 Email: vhuggins@sfhp.org

Authority:

California Welfare and Institutions Code, Section 14087.36; and San Francisco Administrative Code, Chapter 69 (Ordinance No. 408-94)

Board Qualifications:

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

The Health Authority-San Francisco consists of nineteen (19) members, fourteen (14) voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board is as follows (Welfare and Institutions Code, Section 14087.36(k)):

- (A) One (1) member of the board or any other person designated by the Board;
- (B) One (1) shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California:
- (C) One (1) member shall be employed in the senior management of San Francisco General Hospital;
- (D) One (1) member shall be employed in the senior management of St. Luke's Hospital (San

San Francisco BOARD OF SUPERVISORS

Francisco);

- (E) Two (2) members shall be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization;
- (F) Two (2) members shall be physicians, nominated by the San Francisco Medical Society, or any successor organization;
- (G) One (1) member shall be nominated by the San Francisco Labor Council, or any successor organization;
- (H) Two (2) members shall be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority;
- (I) Two (2) members shall be persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority; and
- (J) One (1) member shall be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization.

Additional Seat Qualifications: One (1) member specified in "A," "H," or "I" above must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Each member shall be appointed to a term of three years, except the member of the Board of Supervisors or any other person designated by the Board ("A" above).

The composition of the other five (5) members is as follows:

- > One (1) member appointed by the Mayor;
- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the Chancellor of the University of California at San Francisco or his/her designee;
- > One (1) member shall be the Director of Mental Health or his/her designee; and
- > One (1) nonvoting member shall be appointed by the Health Commission.

The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority they are required to nominate a person for the position and must be submitted within 30 days.

•	•	
Reports: None.		
reports. Trone.		

Sunset Clause: None.