

File No. 150865

Committee Item No. 4

Board Item No. 4

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date September 10, 2015

Board of Supervisors Meeting

Date September 22, 2015

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Memorandum of Understanding (MOU) |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 - Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 700 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Vacancy Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Information Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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

Completed by: Alisa Somera

Date September 4, 2015

Completed by: Alisa Somera

Date September 14, 2015

1 [Appointment, San Francisco Health Authority - Roland Pickens]

2

3 **Motion appointing Roland Pickens, term ending January 15, 2018, to the San Francisco**
4 **Health Authority.**

5

6 **MOVED,** That the Board of Supervisors of the City and County of San Francisco does
7 hereby appoint the hereinafter designated person to serve as a member of the San Francisco
8 Health Authority, pursuant to the provisions of California Welfare and Institutions Code,
9 Section 14087.36, and San Francisco Administrative Code, Sections 69.1, et seq., for the
10 term specified:

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

14

15

16

17

18

19

20

21

22

23

24

25



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

Application for Boards, Commissions, Committees, & Task Forces

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

Seat # or Category (If applicable): District:

Name: Roland Pickens

Home Address: Lincoln Way Zip: 94122

Home Phone: 415 Occupation: Health Care Executive

Work Phone: 415.206.3517 Employer: City and County of San Francisco

Business Address: 1001 Potrero Ave, SF, CA Zip: 94110

Business E-Mail: roland.pickens@sfdph.org Home E-Mail:

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes [checked] No [] If No, where registered:

Resident of San Francisco [checked] Yes [] No [] If No, place of residence:

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As a 25 year resident of San Francisco, I've had the privilege of working and living in the City. In my professional life, I've worked in progressively responsible positions in health care first with UCSF and then with the CCSF Department of Public Health and San Francisco General Hospital. In these positions, I have and continue to work with community members from across the spectrum of ethnicity, race, age sex, sexual orientation, gender identity and disability status.

Business and/or professional experience:

25 years of Health Care Executive experience in hospital and ambulatory care organizations Board Certified in Health Care Management as a Fellow of the American College of Health Care Executives. Currently, serving as the Director of the San Francisco Health Network and as the Interim CEO of San Francisco General Hospital.

Civic Activities:

In my personal life, I am a member of the Third Baptist Church of San Francisco and I serve on the Board of the San Francisco General Hospital Foundation.

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

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

Date: 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. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Pickens (FIRST) Roland (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco
 Division, Board, Department, District, if applicable Department of Public Health Your Position Director, San Francisco Health Network

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

Agency: _____ Position: _____

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

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

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

Annual: The period covered is January 1, 2014, through December 31, 2014.
 -or- The period covered is 1/1/2014 through December 31, 2014.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: _____**

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
101 Grove St, Room 308 San Francisco CA 94102

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(415) 554-2610 roland.pickens@sfdph.org

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

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

Date Signed 02-26-2015 Signature Roland Pickens
 (month, day, year) (File the originally signed statement with your filing official.)



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

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.

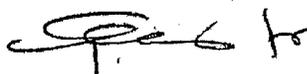
Sunset Date: None.

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>.

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

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



Angela Calvillo
Clerk of the Board

DATED/POSTED: 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

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

Francisco);

(E) Two (2) members shall be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization;

(F) Two (2) members shall be physicians, nominated by the San Francisco Medical Society, or any successor organization;

(G) One (1) member shall be nominated by the San Francisco Labor Council, or any successor organization;

(H) Two (2) members shall be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority;

(I) Two (2) members shall be persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority; and

(J) One (1) member shall be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization.

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

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

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

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

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

Reports: None.

Sunset Clause: None.