

File No. 180953

Committee Item No. 7

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

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date October 3, 2018

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

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

#### OTHER

(Use back side if additional space is needed)

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Completed by: Victor Young Date Sept.28, 2018

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



**Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 554-5184 FAX (415) 554-5163**

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

Name of Board, Commission, Committee, or Task Force: IHSS Public Authority Governing Body

Seat # or Category (If applicable): Seat #5-Consumer-at-large District: 3

Name: Kenzi Robi

Home Address: [Redacted] Bay Street, Apt: 1025 SF CA Zip: 94133

Home Phone: [Redacted] Occupation: Peer Mentor, Artist

Work Phone: Same Employer: Mentorship Program

Business Address: Same Zip: \_\_\_\_\_

Business E-Mail: kenzisfihsspa@gmail.com Home E-Mail: \_\_\_\_\_

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

Check All That Apply:

Resident of San Francisco: Yes  No  If No, place of residence: \_\_\_\_\_

Registered Voter in San Francisco: Yes  No  If No, where registered: \_\_\_\_\_

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

I'm a 44 year old African American and Native American man. I live in San Francisco North Beach/Fisherman's Wharf area. I'm a quadriplegic consumer of IHSS and have been since 1993. I was originally a resident of Laguna Honda Hospital before gaining my independence and moving out into the community in 1994. I am wheelchair bound and active in my community. I'm a self taught mouth artist.

**Business and/or professional experience:**

I attended City College of San Francisco and studied graphic arts and graphic communications. I was a member of the original Peer Mentor program during its inception when Surgio Alunam was head of the peer mentor program . I was appointed to the Public Authorities Governing Board as consumer at large . I then moved up as Board President . I have retrained in the new Mentor program under Executive Director Kelly Dearnans leadership . This revamped mentor training includes an intense hands on learning at the new Laguna Honda Hospital. I also have continued working on various art projects and have recently become a member of the Mouth and Foot Painting Association. I am now Vice President of the Public Authority Governing Board and look forward to continuing my work serving consumers and providers.

**Civic Activities:**

Attended CA Disability Capitol Action Day on Tuesday June 13th. Participated in workshops and met with various senators and representatives to discuss issues concerning the public authority. I attended a CICA conference in Sacramento where i learned to work with public authorities in different counties in CA.

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 03/01/2018 Applicant's Signature: (required) Kenzi L Robi

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



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

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: SF IHSS Public Authority Governing Body

Seat # or Category (If applicable): Seat # 8 District:

Name: Tessie Guillermo

Home Address: Great Highway Zip: 94121

Home Phone: Occupation: Retired Non-Profit Executive

Work Phone: Employer:

Business Address: Zip:

Business E-Mail: Home E-Mail:

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

Check All That Apply:

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

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

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

I am applying for this position to fill the seat allotted to the member of the San Francisco Health Commission.
I am a native San Franciscan and a woman of color with a professional background as a health advocate for disadvantaged individuals and communities throughout the U.S. For over 30 years I have been an executive or member of governance in several health related non-profit organizations, including a community health center serving primarily low-income monolingual populations, minority health policy/advocacy organization, and a local AIDS/HIV prevention and treatment organization;

**Business and/or professional experience:**

See above

**Civic Activities:**

Member of the San Francisco Health Commission; Board member of several non-profit organizations, both local and national.

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

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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: 8/14/18 Applicant's Signature: (required) Tessie Guillermo

(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.

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FOR OFFICE USE ONLY:  
Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

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

### IN-HOME SUPPORTIVE SERVICES (IHSS) PUBLIC AUTHORITY

#### Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following seat information and term expirations (**in bold**), appointed by the Board of Supervisors:

Seat 1, Mike Boyd, term expires March 1, 2020, must be a consumer over the age of 55 years, authorized to represent organizations that advocate for aging people with disabilities, for a three-year term.

Seat 2, Patricia Webb, term expires March 1, 2019, must be a consumer between the ages of 18 and 60, authorized to represent organizations that advocate for younger people with disabilities, for a three-year term.

Seat 3, William Pitts, term expires March 1, 2020, must be a consumer at-large over the age of 55, for a three-year term.

Seat 4, Patricia Wooley, term expires March 1, 2019, must be a worker who provides personal assistance services to a consumer, for a three-year term.

**Seat 5**, succeeding Kenzi Robi, term expires March 1, 2018, must be a consumer at-large between the ages of 18 and 60, for a three-year term ending March 1, 2021.

Seat 6, Rita Semel, term expires March 1, 2019, must be a member of the Human Services Commission, recommended to the Board by the Commission, for a three-year term.

**Seat 7**, succeeding Gustavo Serina, term expires March 1, 2018, must be a member of the Commission on the Aging, recommended to the Board by the Commission, for a three-year term ending March 1, 2021.

Seat 8, Judith Karshmer, term expires March 1, 2019, must be a member of the Health Commission, recommended to the Board by the Commission, for a three-year term.

Seat 9, Tatiana Kostanian, term expires March 1, 2019, must be a member of the Mayor's Disability Council, recommended to the Board by the Council, for a three-year term.

Seat 10, Melvin Beetle, term expires March 1, 2019, must be a consumer over the age of 55, authorized to represent organizations that advocate for aging people with disabilities, for a three-year term.

**Seat 11**, succeeding Jessie Sandoval, term expires March 1, 2018, must be a consumer between the ages of 18 and 60, authorized to represent organizations that advocate for younger people with disabilities, for a three-year term ending March 1, 2021.

Seat 12, Daisy McArthur, term expires March 1, 2020, must be a member representing the bargaining unit of the union that represents In-Home Supportive Services independent providers, for a three-year term.

**Vacant Seat 13**, succeeding Luis Calderon, term expired, must be a consumer between the ages of 18 and 60, authorized to represent organizations that advocate for younger people with disabilities, for the unexpired portion of a three-year term ending March 1, 2020.

**Additional Qualification:** No fewer than 50% of the membership shall be individuals who are current or past users of personal assistance services paid for through public or private funds or who are recipients of IHSS ("Consumers").

Report: The Authority shall submit an annual report to the Board of Supervisors detailing its functions and evaluating its operation for that year. In addition, such report shall present the Authority's specific goals and objectives for the coming year and its plan for meeting those goals and objectives.

Sunset Date: None.

Additional information relating to the In-Home Supportive Services Public Authority may be obtained by reviewing the California Welfare and Institutions Code, Section 12301.6, available at <http://leginfo.legislature.ca.gov>, San Francisco Administrative Code, Chapter 70, available at <http://www.sfbos.org/sfmunicodes>, or by visiting the Authority's website at <http://www.sfhsspa.org/>.

Interested persons may obtain an application from the Board of Supervisors website at [http://www.sfbos.org/vacancy\\_application](http://www.sfbos.org/vacancy_application) or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. Completed applications should be submitted to the Clerk of the Board. All applicants must be residents of San Francisco, unless otherwise stated.

**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 applicant(s) may be asked to state their qualifications. The appointment(s)

of the 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, a vacancy may have already been filled. To determine if a vacancy for this body is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.*

  
fr Angela Calvillo  
Clerk of the Board

DATED/POSTED: June 1, 2018



San Francisco  
BOARD OF SUPERVISORS

Date Printed: March 17, 2017

Date Established:

June 9, 1995

Active

**IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY**

**Contact and Address:**

Patrick D Hoctel  
In-Home Supportive Services Public Authority  
832 Folsom Street, 9th Floor  
San Francisco, CA 94107

Phone: (415) 593-8117

Fax:

Email: phoctel@sfihsppa.org

**Authority:**

Administrative Code, Chapter 70, and California Welfare and Institutions Code, Section 12301.6 (Ordinance Nos. 185-95; 67-00, 55-05, and 213-08).

**Board Qualifications:**

The governing body of the In-Home Supportive Services (IHSS) Public Authority shall be composed of thirteen (13) members appointed by the Board of Supervisors. The Board of Supervisors shall solicit recommendations for appointment of qualified members through a fair and open process, including reasonable written notice to, and affording reasonable response time from, the IHSS Authority, members of the general public, and other interested persons and organizations. No fewer than 50 percent (50%) of the membership shall be individuals who are current or past users of personal assistance services paid for through public or private funds or who are recipients of IHSS.

Membership categories on the governing body shall be as follows:

1. Two (2) consumers over the age of 55 years, each authorized to represent organizations that advocate for aging people with disabilities;
2. Two (2) consumers between the ages of 18 and 60 years, each authorized to represent organizations that advocate for younger people with disabilities;
3. One (1) consumer at-large over the age of 55 years;
4. One (1) consumer at-large between the ages of 18 and 60 years;
5. One (1) worker who provides personal assistance services to a consumer;
6. One (1) Commissioner from the Human Services Commission, recommended to the Board by the Commission;

"R Board Description" (Screen Print)

San Francisco  
BOARD OF SUPERVISORS

7. One (1) Commissioner from the Commission on the Aging, recommended to the Board by the Commission;
8. One (1) Commissioner from the Public Health Commission, recommended to the Board by the Commission;
9. One (1) member of the Mayor's Disability Council, recommended to the Board by the Council;
10. One (1) member representing the bargaining unit of the union that represents IHSS independent providers; and
11. One (1) consumer at-large who is 18 years of age or older.

The IHSS Public Authority shall provide assistance in finding personnel for the IHSS Programs through the establishment of a central registry and related functions, and to perform any other functions, as may be necessary for the operation of the Authority, or related to the delivery of IHSS in San Francisco.

Initial appointments of both the consumer and worker members shall be made from a list of recommendations based on applications designed by, and submitted to, the IHSS Task Force of Planning for Elders in the Central City. The governing body of the Authority may make recommendations to the Board of Supervisors for establishing procedures for consumer and worker member appointments. Every attempt shall be made to assure that each appointee will be able to serve the full term to which he/she has been appointed, in order to ensure continuity in the work of the Authority.

After the terms of the initial period are complete, each appointment to the governing body shall thereafter be for a three-year term. A member may be reappointed, but may not serve more than a total of nine consecutive years on the governing body. The initial appointment periods shall be staggered as follows: Three (3) one-year terms; Four (4) two-year terms; and Four (4) three-year terms. Upon appointment, members shall draw lots to determine the length of each member's initial term.

Qualified applicants must reside in San Francisco and have: familiarity with, or knowledge of, personal assistance services; the capacity to understand their role to aid and assist the Authority in the administration of its duties; and the ability to attend regularly scheduled meetings, which shall occur only in facilities which meet disability access requirements.

Report: The Authority shall submit an annual report to the Board of Supervisors detailing its functions and evaluating its operation for that year. In addition, such report shall present the Authority's specific goals and objectives for the coming year and its plan for meeting those goals and objectives.

Sunset Date: None.