

File No. 150664

Committee Item No. 6

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

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date June 25, 2015

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 checked="" 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                        |

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Completed by: Alisa Somera Date June 19, 2015

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



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

Application for Boards, Commissions, 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: Bay Street, Apt. SF, CA Zip: 94133

Home Phone: 415- Occupation: Peer Mentor, Artist

Work Phone: same Employer: Mentorship Program

Business Address: same Zip:

Business E-Mail: kenzisart@yahoo.com Home E-Mail: krobi@

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:

I am an African-African male, early '40s, native San Franciscan, living in District 3. I am paralyzed from the neck down since age 19 and am a wheelchair user. I've been an artist all my life and after my injury taught myself how to paint again by using my teeth.

**Business and/or professional experience:**

Attended City College in the field of Graphic Arts. Completed peer mentor training and worked as a peer mentor at Laguna Honda Hospital and SF General Hospital. Also in homes. Working in current Mentorship Program. Street artist.

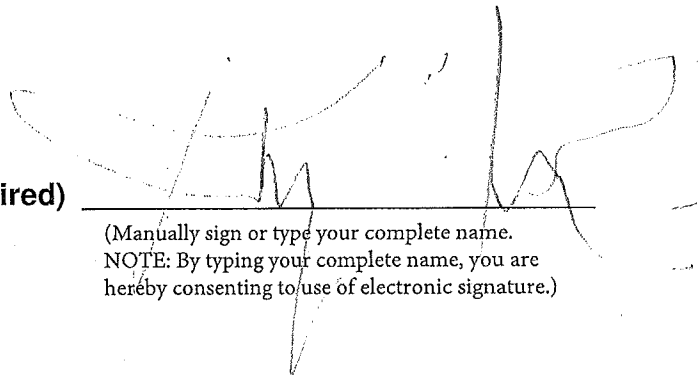
**Civic Activities:**

President of the Public Authority Governing Body. Made speeches during Capitol Action Day in Sacramento. Advocated for clients and friends. 2010 National Disability Institute Video Contest winner.

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: 2/5/15 Applicant's Signature: (required) \_\_\_\_\_



(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: IHSS Public Authority Governing Body

Seat # or Category (If applicable): Seat #7 District: 2

Name: Gustavo Serina

Home Address: SF Towers, — Pine Street, — SF, CA Zip: 94109

Home Phone: 415- — Occupation: Writer

Work Phone: N/A Employer: N/A

Business Address: N/A Zip: \_\_\_\_\_

Business E-Mail: N/A Home E-Mail: gserina@ —

**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 a Hispanic gay man, who is also an older adult. I have resided in the City and County of San Francisco for many years, most of them with my late husband. I write for an SF LGBT weekly.

**Business and/or professional experience:**

B.A. from USF and M.A. from SFSU.  
Member of the SF Commission on Aging & Adult Services since 2004 (past president and current VP).  
IHSS PA Governing Body member for many years (currently the Treasurer).  
Bank of America (1981-2000): VP Finance, Project Management, Chief of Staff.

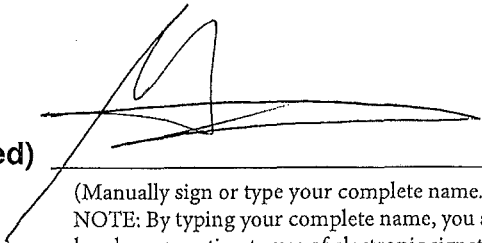
**Civic Activities:**

Past President, Castro/Upper Market Community Benefits District  
Member, Board/Steering Committee, Rainbow Honor Walk  
Past President, Eureka Valley Neighborhood Association

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: 3/10/15 Applicant's Signature: (required)



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

City and County of San Francisco  
Edwin M. Lee, *Mayor*



Department of Aging and Adult Services  
E. ANNE HINTON, *Executive Director*

March 9, 2015

Angela Calvillo, Clerk of the Board  
City Hall  
1 Dr. Carl B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

RE: DAAS/AASC Appointment to the IHSS Public Authority Governing Body

Dear Ms. Calvillo:

I am writing to inform you that the Aging and Adult Services Commission (AASC) and the Department of Aging & Adult Services (DAAS) are recommending to the Rules Committee and the Board of Supervisors that AASC Vice President Gustavo Serifiá be reappointed to Seat 7 (AASC member) on the IHSS Public Authority Governing Body, where he currently serves as Treasurer.

Mr. Serifiá has proven himself a valuable member of both the AASC and the PA Governing Body; he is very interested in and knowledgeable about issues affecting low-income older adults and people with disabilities. We feel that he has been an important addition to the PA Governing Body and strongly support his continuing in that position. If you have any questions, please feel free to call me at (415) 355-6789.

Thank you,

A handwritten signature in black ink, appearing to read "E. Anne Hinton".

E. Anne Hinton  
Executive Director



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: IHSS Public Authority Governing Body

Seat # or Category (If applicable): 13, Consumer-at-large District: 5

Name: Luis Calderon

Home Address: Fillmore Street SF, CA Zip: 94117

Home Phone: 415- Occupation: Director, Placement Targeted Case Management

Work Phone: 415-759-2156 Employer: SF Department of Public Health

Business Address: 375 laguna Honda blvd, C-4, SF Zip: 94116

Business E-Mail: Luis.Calderon@sfdph.org Home E-Mail: lfcalderon@

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:

I am a Latino male, mid-40's, originally from Bolivia, but I have called San Francisco home since 1985. I live in the Fillmore District with my wife and daughter. A paraplegic after a diving accident in my teens, I am a wheelchair user.

**Business and/or professional experience:**

B.A. Psychology SFSU. Development Director Certificate USF. Worked for 11 years (1996-2007) at the Public Authority as a Placement Coordinator, Project Coordinator and Program Manager. For the past 7 years, Director of Placement Targeted Case Management (TCM) for DPH. Co-founder of Consumers in Action for Personal Assistance (CIAPA).

**Civic Activities:**

Former president of the Department of Aging & Adult Services (DAAS) Advisory Council. One of the original members of the Long Term Care Coordinating Council. Past member: Planning for Elders in Central City, In-Home Supportive Services Task Force, Paratransit Coordinating Council. Active with Independent Living Resource Center (ILRC) SF. Current member and vice president of the SF IHSS Public Authority Governing Body.

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: 3-10-15 Applicant's Signature: (required)

*Luis Calderon*  
(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 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 PUBLIC AUTHORITY (IHSS)

#### Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancies:

Vacant seat 3, succeeding Sharon Brunn, term expired, must be a consumer at-large over the age of 55, for the unexpired portion of a three-year term ending March 1, 2017.

Vacant seat 5, succeeding Kenzi Robi, term expiring on March 1, 2015, must be a consumer at-large between the ages of 18 and 60, for a three-year term ending March 1, 2018.

Vacant seat 7, Gustavo Serina, term expiring on March 1, 2015, must be a member of the Aging and Adult Services Commission, recommended to the Board of Supervisors by the Commission, for a three-year term ending March 1, 2018.

Vacant seat 11, succeeding Luis Calderon, term expiring on March 1, 2015, 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, 2018.

Vacant seat 12, succeeding Rosie Byers, resigned, must be a member representing the bargaining unit of the union that represents In-Home Supportive Services independent providers, for the unexpired portion of a three-year term ending March 1, 2017.

Vacant seat 13, succeeding Alice Wong, term expired, must be a consumer at-large who is 18 years of age or older, for the unexpired portion of a three-year term ending March 1, 2017.

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.

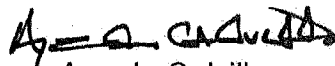
Sunset Date: None.

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>, or San Francisco Administrative Code, Chapter 70, 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](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 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, these vacancies may have already been filled. To determine if vacancies for this 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: February 5, 2015

San Francisco  
BOARD OF SUPERVISORS

Date Printed: June 18, 2015

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;

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.