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September 26, 2023

San Francisco Board of Supervisors

The Honorable Aaron Peskin, Board President

The Honorable Connie Chan, Supervisor, District 1

The Honorable Catherine Stefani, Supervisor, District 2

The Honorable Joel Engardio, Supervisor, District 4

The Honorable Dean Preston, Supervisor, District 5

The Honorable Matt Dorsey, Supervisor, District 6

1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102

The Honorable Myrna Melgar, Supervisor, District 7

The Honorable Rafael Mandelman, Supervisor, District 8

The Honorable Hillary Ronen, Supervisor, District 9

The Honorable , Supervisor Shamann Walton, District 10

The Honorable Ahsha Safai, Supervisor, District 11

Agenda Item 21, File 230035: Committee of the Whole Hearing on Laguna Honda Hospital Closure and Patient Transfer and Relocation Plan

The Board of Supervisors must create new and more effective oversight over Laguna Honda Hospital, because the Health Commission — charged with being LHH’s “*governing body*” — has failed miserably to do effective oversight. And the Mayor’s Long-Term Care Coordinating Council (LTCCC) — a citizen’s “*passive meeting body*” created solely to provide *advisory* guidance for policy recommendation consideration — has never possessed any actual policy oversight authority or responsibilities.

As San Francisco’s Gray Panthers and other healthcare advocates have noted, it’s very worrisome no new system of oversight has yet been proposed in the 18 months since LHH was decertified — over and above SFDPH and the Health Commission — to prevent profound mismanagement of our public nursing home from recurring. Due to the expense and complexity of properly running a large skilled nursing facility, political and budgetary pressures to repeat old mistakes at LHH and at the Health Commission will be great. Without the Board of Supervisors intervening now, and creating greater oversight mechanisms, LHH may again devolve into being grossly mismanaged.

Given the horrible stress on LHH’s residents and expense that the situation at LHH has engendered since 2021 and before, the Board of Supervisors must address steps to prevent a recurrence in the future. This Board must create a system of oversight for LHH so that repeated profound mismanagement does not persist or recur. It’s clear the Health Commission has never been up to this.

Failed Oversight by the Board of Supervisors

Both SFGH and LHH are county facilities that serve all of San Francisco’s roughly 815,000 residents. As such, both hospitals serve residents of *every* Supervisorial District. The Board of Supervisors must abandon its mistaken belief that LHH is the sole province of its District Supervisor. For the past 20 years, District 7 has had Sean Elsbernd, then Norman Yee, and currently Myrna Melgar as its District Supervisors. But the three of them do not speak for, and never have, 800,000 San Franciscans or control Laguna Honda.

The Board of Supervisors must reverse this mistaken notion. Each of the 11 District Supervisors must be actively and extensively involved in overseeing LHH!

The job of enforcing actual policy governing operations of LHH has always been the purview of the San Francisco Health Commission, which is LHH’s “*governing body*” — by statute and by the City Charter. And the purview of San Francisco’s Board of Supervisors. Neither this Board of Supervisors, nor the Health Commission, performed your collective ministerial duties to prevent LHH from reaching the precipice of CMS decertification LHH has now endured since April of 2022, 18 months ago.

The Board of Supervisors must rapidly create mechanisms to prevent decertification from happening again, and prevent having to throw another \$120 million into fixing similar problems at LHH, ever again. Taxpayers, and Laguna Honda’s residents, deserve no less.

“Supervisors must rapidly create mechanisms to prevent decertification from happening again, and prevent having to throw another \$120 million to fix similar problems at LHH, ever again.”

Failed Oversight by the Health Commission

The Health Commission was unable to prevent Laguna Honda's decades of mismanagement that ultimately led to its decertification on April 14, 2022 as our crucial County long-term hospital and rehabilitation facility.

§4.110, *Health Commission* of the City Charter states the Health Commission shall consist of seven members appointed by the Mayor to four-year terms. Unfortunately, the Charter stipulates the Health Commission "*shall have less than a majority of direct care providers.*" Currently, there are two medical doctors (MD's), and one psychologist (PhD) who has pediatric experience. There are no other provisions in the Chart stipulating relevant educational requirements and employment experience of candidates to be appointed to the Health Commission. This is a grave mistake, because the Commission needs to have direct care provider members knowledgeable about regulatory and clinical issues.

It's clear five of the current seven Health Commissioners lack any relevant experience in being able to provide meaningful oversight of Laguna Honda Hospital, since they're not involved in direct care.

The Charter states "*The [Health] Commission and the Department [of Public Health] shall manage and control the City and County hospitals, emergency medical services, and in general provide for the preservation, promotion and protection of the physical and mental health of the inhabitants of the City and County.*"

Despite being charged with oversight of *managing* our City's two hospitals, the Health Commission's failure to properly manage Laguna Honda during the past 20 years contributed significantly to LHH having been decertified by the Centers for Medicare and Medicaid Services (CMS) in 2022.

The Board of Supervisors should consider reviving efforts to revise the City Charter by placing a Charter change measure on the next municipal ballot to overhaul appointments to the Health Commission — with dual appointment-making by the Mayor and the Board of Supervisors — to ensure greater transparency of overseeing Laguna Honda Hospital. This should include an overhaul of the necessary skills and experience required of applicants to fill Health Commission appointments.

"The Health Commission's failure to properly manage LHH during the past 20 years contributed significantly to LHH having been decertified."

And such a ballot measure should return LHH's CEO/Nursing Home Administrator to reporting directly to the Director of Public Health, rather than reporting to managers in the San Francisco Health Network (SFHN) who obviously lack expertise in administering skilled nursing facilities. As a reminder, the SFHN was initially created and stood up in 2004 as an umbrella organization *only* to pull together SFDPH's 14 community health clinics — not to create an additional layer of management between our two public hospitals and the Director of Public Health!

When the City Charter was amended in 1985 creating the Health Commission, the legislative intent was to create an organizational structure for the Health Commission to enable the public to give input on *all* business related to SFDPH, *including policy decisions* related to both SFGH and LHH.

The Health Commission was empowered to conduct investigations into any aspect of governmental operations within the Commission's jurisdiction through the power of inquiry, and to make policy recommendations to the Mayor or the Board of Supervisors. But that has rarely happened. Had the Health Commission actually conducted meaningful investigations into the management of LHH — which the Commission doesn't appear to have ever done — LHH might never have faced decertification. Indeed, between 1985 and the disastrous mismanagement of LHH starting with Mivic Hirose's tenure starting in 2009 LHH had always successfully passed its CMS and CDPH inspection surveys.

Commission Review of LHH's Policies and Procedures

One indicator of this is that after LHH was decertified, the Health Commission took no meaningful action for eight months to begin overseeing and reviewing LHH's extensive policies and procedures that govern how LHH staff are to perform their job duties and operate Laguna Honda. That may be because it took an army of outside management consultants to adequately review LHH's internal policies and procedures and then recommend changes to procedures.

Belatedly, the Health Commission began reviewing changes to LHH's policies and procedures at its January 17, 2023 full Commission meeting. Of the 17 full Health Commission meetings since January 1, 2023, the Commission reviewed LHH's policies during eight of its meetings.

During the past eight months, the Health Commission and its subcommittee known as the "*LHH-Joint Conference Committee*" (LHH-JCC) was tasked with reviewing a total of at least 284 separate LHH policies and procedures prior to approving them. Those 284 policies totaled a staggering 1,967 pages of highly technical medical and nursing policies, of which only two or three of the seven Commissioners have the skills and training to have understood and raised meaningful questions about. That's a lot of reading for any of the seven Health Commissioners, especially given the many excused absences of Commissioners from meetings.

" During the past eight months, the 'LHH-Joint Conference Committee' (LHH-JCC) was tasked with reviewing a total of at least 284 separate LHH policies and procedures prior to approving them. Those 284 policies totaled a staggering 1,967 pages of highly technical medical and nursing policies. "

Having to review those 284 policies quickly was due largely to the Health Commission not periodically reviewing LHH policies for *years* prior to LHH's decertification. They had to play catch-up.

Commission Review of LHH "*Root Cause Analysis*" Reports and "*Monthly Monitoring Reports*"

Unfortunately, the "*Quality Improvement Expert*" (QIE) consulting firm CMS required LHH hire as a consultant Health Services Advisory Group (HSAG) has issued at least nine separate "*Root Cause Analysis*" reports that were submitted to CMS, that total 198 pages. In addition, the QIE has released at least seven "*Monthly Monitoring Reports*" (an eighth one due on September 10 is being slow-walked for public release) that were required to be submitted to CMS; those monthly reports total an additional 218 pages. And across just two of the "*Action Plan*" (milestone) corrective action documents also submitted to CMS, there were another 91 pages. Across all "*Action Plans*," the QIE identified 676 Milestones. It's not known if the Health Commission reviewed all 676 corrective actions.

" At least another 507 pages of reports were produced by the QIE that the Health Commissioners should have read and discussed openly to provide adequate and improved oversight of LHH. The Commission held no open session discussion about those reports. "

That totals at least another 507 pages of reports were produced by the QIE that the Health Commissioners should have read and discussed openly to provide adequate and improved oversight of LHH, in addition to the 1,967 pages of LHH policies and procedures Commissioners had to read before approving them. The Health Commission held no open session discussion about those reports.

There has been next to no public discussion by the Commissioners during Commission meetings about the findings in these combined 2,474 pages of reports and policies, and no discussion about how these reports and policy changes might better inform future Health Commission oversight of LHH. Multiple times in those reports, the Health Commission has been faulted for providing insufficient oversight of LHH, but the Commission has chosen not to discuss shortcomings identified in the 507 pages of QIE reports during open sessions of Commission meetings. This shouldn't be hidden in Health Commission closed session discussions, if they were ever discussed.

That must be changed, at a minimum, to provide better public insight into how the Health Commission is performing its oversight functions!

Commission Review of LHH "*PIPS*" and "*MQI*" Reports

It is the practice of the LHH-JCC and Health Commission meetings to discuss LHH's "*Performance Improvement and Patient Safety*" (PIPS) reports and LHH's "*Medical Quality Improvement*" (MQI) reports" in closed session.

At one point in 2023, the Health Commission admitted in open session that it had been open to discussing the PIPS and MQI reports in open session, but the City Attorney's Office advised them not to do so.

Discussion of those two reports may reveal potential avenues to administer greater oversight and transparency into how LHH is being managed by the Health Commission. The Board of Supervisors should consider revising the City Charter to ensure these reports are redacted sufficiently so they can be shared with members of the public and with the Board of Supervisors to help ensure LHH never devolves into being decertified again.

Commission Review of Costs to Rescue LHH

There has been no meaningful discussion during the Commission’s 17 meetings since January 1, 2023 about the overall expenses that have been incurred to date to help rescue LHH. The Commission has only perfunctorily discussed the addition of each new management consulting contract, and contracts to add more as-needed registry staffing. But the Commission has held no substantive discussions about the incremental *drip-drip-drip* of the accumulating \$120 million in overall costs to rescue LHH due to the gross mismanagement of LHH after LHH’s former-CEO, Mivic Hirose, was finally ousted in 2019 following the patient sexual abuse scandal that eventually led to LHH’s decertification.

“ The Commission hasn’t had substantive discussions about the incremental *drip-drip* of the accumulating \$120 million in overall costs to rescue LHH due the gross mismanagement of LHH after LHH’S former-CEO, Mivic Hirose, was finally ousted in 2019. ”

The table below shows that as of September 15, 2023 various costs to rescue LHH have reached at least \$120 million, with costs of several major expenditures still unknown, such as the costs “*Fire Alarm Separation Project*” emergency repairs project approved by the Board of Supervisors without public release of costs for that project, among others.

Table 1: Summary of Costs to Rescue Laguna Honda Hospital

Description	Total Amount
1 Consultant Contracts Awarded and/or Approved	\$ 40,393,281
2 Lost Medi-Cal Revenue	\$ 22,300,000
3 State and Federal Fines, Penalties, and Lawsuit Expenses	\$ 4,860,171
4 Miscellaneous Expenses	\$ 11,737,303
5 Behavioral Health Response Team “ <i>Contraband</i> ”	\$ 4,335,402
6 LHH Facility “ <i>Emergency Repair</i> ” Costs	\$ 37,359,247
Costs to Date Sub-Total:	\$120,985,404
7 Authorized “ <i>Personal Service Contracts</i> ” Remaining	\$ 8,077,863
Potential Costs Total:	\$129,063,267

“ Supervisor Myrna Melgar acknowledged on May 9, 2023 the Mayor’s Long-Term Care Coordinating Council (LTCCC) wasn’t providing sufficient oversight of LHH. That’s because the LTCCC was created as a ‘*passive meeting body*’ to provide *policy advice* — *not* to provide oversight of LHH or to set and enforce actual policies. ”

Source: Various SFPDH and Other City Public Records. Revised: **September 15, 2023**

Now 20 years later, it is painfully obvious that the massive expense the City invested to rescue LHH — currently at \$120 million in costs, and expected to continue climbing by tens of millions more — must never be allowed to repeat itself again.

After all, there are few public entities around the United States that would have thrown \$120 million down the toilet to rescue a municipally-operated skilled nursing facility like LHH.

Failed Oversight by the Mayor’s Long-Term Care Coordinating Council (LTCCC)

During the Board of Supervisors last “*Committee of the Whole*” hearing about Laguna Honda Hospital, Supervisor Myrna Melgar acknowledged on May 9, 2023 the Mayor’s Long-Term Care Coordinating Council (LTCCC) wasn’t providing sufficient oversight of LHH.

That’s because the LTCCC was created as a “*passive meeting body*” to provide *policy advice* — not to provide oversight of LHH or to set and enforce actual policies — regarding the coordination of long-term care services in San Francisco, including facility-base “institutional” care settings such as LHH.

When then-Mayor Gavin Newsom created the LTCCC as an advisory body in 2004 and appointed its first 40-members, it was never intended to be a body providing day-to-day operational and management oversight of Laguna Honda.

The LTCCC’s mission was to guide the development of an *integrated* network of home, community-based and *institutional* long-term services and supports to ensure dignity, independence, and choice for older adults (60+ years of age), adults with disabilities of all ages (18+ years of age), and informal caregivers who need assistance and require care or support.

Unfortunately, but predictably, the LTCCC soon abandoned all pretense that it cared about preserving LHH’s *institutional* skilled nursing beds. All along, the majority of LTCCC members have rejected the need to have skilled nursing facility beds at all in San Francisco, mistakenly believing that the “*Olmstead*” decision and the *Chambers Settlement Agreement* prohibits the City of San Francisco from operating *any* institutionally-based skilled nursing facility beds at all.

The goals for the LTCCC were to:

- Advise, implement and evaluate **all issues relating to long term care** (LTC) and supportive services, including how different service systems interact.
- Make **policy recommendations** about how to improve coordination within different settings (home-based, community-based, and **institutional care**) and service sectors (health, supportive services, housing, transportation, et al.)
- Evaluate all issues related to long term care (LTC) and supportive services, including how different service delivery systems interact, and make policy recommendations about how to improve service coordination and system interaction.

The LTCCC’s meeting agenda’s and other published materials typically contained the headers below at the top of their documents:

The image shows two screenshots of LTCCC meeting agenda headers. The first screenshot, dated March 8, 2007, features the title "LONG TERM CARE COORDINATING COUNCIL" and a mission statement: "Guiding the development of an integrated system of home, community-based, and institutional long term care services for older adults and adults with disabilities". Below this is a list of two bullet points: "The Long Term Care Coordinating Council (LTCCC) is an advisory body to the Mayor's Office. The LTCCC oversees all implementation activities and system improvements identified in the Living with Dignity Strategic Plan." and "The LTCCC evaluates all issues related to long term care (LTC) and supportive services, including how different service delivery systems interact. It makes recommendations about how to improve service coordination and system interaction." The second screenshot, dated April 12, 2023, features the title "LONG TERM CARE COORDINATING COUNCIL (LTCCC)" and a mission statement: "San Francisco's Long Term Care Coordinating Council (LTCCC) advises the Mayor and City on policy, planning, and service delivery issues for older adults and people with disabilities to promote an integrated and accessible long-term care system." Below this is a single line of text: "Long Term Care System refers to the continuum of home, community-based, and needs of people with limitations."

As shown in the illustration above, the LTCCC has all but removed from its mission statement that is to provide an integrated continuum of care including institutional long-term care skilled nursing beds, and has reduced its mission to focusing on only home and community-based services for people with “*limitations.*” This is a shift to use politically-correct language to describe people who have disabilities, by making their disabilities invisible. Now absent from the LTCCC’s mission statement is providing long-term institutional care at all.

More Background on the LTCCC

In November 2004, Mayor Gavin Newsom appointed the LTCCC as an *advisory body* (“*passive meeting body*”) to the Office of the Mayor to provide advice and policy guidance on all aspects of long term care in San Francisco. The LTCCC was charged to: (1) Advise, implement, and monitor community-based long-term care strategic planning; and (2) Facilitate the improved coordination of home, community-based, and *institutional* long term care services.

The LTCCC was initially composed of 40 membership slots, including representatives of: 16 service providers; 16 consumer and advocacy organizations, and labor; and 8 representatives of City and County departments. The Mayor originally appointed 31 of the 40 membership slots.

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The additional eight slots were to be represented by City and County departments, including the: Human Services Agency (HSA), Aging and Adult Services (DAAS), Department of Public Health (SFDPH) 2 seats, Mayor's Office on Disability, Mayor's Office on Housing and Community Development (MOHCD), Housing Authority (subsequently the Department of Homelessness and Supportive Housing); and the Municipal Transit Authority (MTA).

The eight seats for City Departments were supposed to be **filled by City Department Heads** or "*executive staff members with policy influence.*" When the LTCCC was first created in 2004, SFDPH's two seats were assigned to Paul Isakson, MD, LHH's former Medical Director, and by Lisa Pascual, MD, Chief of Rehabilitation Services at LHH. Both MD's were members of LHH' Medical Executive Committee and had policy-making authority at LHH. I know, since I supported both MD's in my role as a secretary in LHH's Medical Services Division.

SFDPH's initial two MD appointees to the LTCCC (Isakson and Pascual) were eventually replaced by 2017 with Mivic Hirose and Kelly Hiramoto, as shown in Enclosure 3 on page 9 of this testimony.

When the LTCCC massively reorganized itself in August 2023 reducing its membership from 40 to just 16 members, **the LTCCC eliminated the membership seat for San Francisco's Long-Term care Ombudsman, Benson Nadell.** The Ombudsman's role is to provide oversight of skilled nursing facilities in both private-sector and public-sector skilled nursing facilities, among other duties.

As well, as you can see in Enclosure 4 on page 10 in this testimony, the two LTCCC members for the Department of Public Health now no longer include high-level executive staff members like those who represented SFDPH on the LTCCC previously. Now SFDPH's two appointee's — Irin Blanco, is a Nursing Director in charge of the Department of Care Coordination, and Jennie Hua is a manager of Behavioral Health — having seats on the LTCCC are relatively low-level employees. Hua holds a Marriage and Family Therapy (MFT) credential. Blanco and Hua are both pretty far down in SFDPH's pecking order, and are **not** "*executive staff members,*" as originally envisioned by former-Mayor Gavin Newsom.

Board of Supervisors Need to Intervene

There's plenty of actions the Board of Supervisors can and should take now to ensure greater oversight of LHH going forward to ensure this disaster never happens again!

Start by introducing a Charter Change to reform and restructure the Health Commission and let San Francisco voters decide how to best ensure oversight of our beloved long-term care skilled nursing facility for generations to come, so this never recurs!

Respectfully submitted,

Patrick Monette-Shaw
Columnist,
Westside Observer Newspaper

cc: Angela Calvillo, Clerk of the Board
Alisa Somera, Legislative Deputy Director to Clerk of the Board

“ The Board of Supervisors should take action now to ensure greater oversight of LHH going forward.

Start by introducing a Charter Change to reform and restructure the Health Commission and let San Francisco voters decide how to best ensure oversight of our beloved long-term care skilled nursing facility for generations to come, so this never recurs!”

Enclosure 1: January 27, 2017 LTCCC Call for Membership Nominations

Page 1

LONG TERM CARE COORDINATING COUNCIL

Guiding the development of an integrated network of home, community-based, and institutional services for older adults and adults with disabilities

TO: Interested Individuals
FROM: Long Term Care Coordinating Council (LTCCC) Nominating Committee
DATE: January 27, 2017
RE: REQUEST FOR NOMINATIONS
Nominations procedure for appointment of members to fill LTCCC vacancies

APPLICATIONS DUE: Friday, March 31st

There are currently two vacancies on the LTCCC in the following membership categories:

- **Consumers and Advocates: Adults with Disabilities (1)**

You are invited to make a nomination to fill one of these vacancies on the Long Term Care Coordinating Council (LTCCC). You may nominate yourself or someone else.

BACKGROUND:

In November 2004, Mayor Gavin Newsom appointed the LTCCC as an **advisory body** to the Office of the Mayor to provide advice and policy guidance on all aspects of long term care in San Francisco. The LTCCC is charged to: (1) advise, implement, and monitor **community-based long-term care strategic planning**; and (2) **facilitate the improved coordination of home, community-based, and institutional long term care services** in San Francisco.

The **mission of the LTCCC is to guide the development of an integrated network of home, community-based and institutional long term services** and supports so they assure dignity, independence, and choice for the older adults (60+ years of age), adults with disabilities of all ages (18+ years of age), and informal caregivers who need assistance and require care or support.

The LTCCC usually meets on the second Thursday of each month from 1 to 3 PM. Most meetings take place at 1 South Van Ness Avenue in the Atrium Conference Room on the 2nd Floor. This building is located is at the intersection of Van Ness and Market Streets.

The LTCCC is composed of 40 membership slots. This includes representatives of: 16 service providers; 16 consumer and advocacy organizations, and labor; and 8 representatives of City and County departments. The Mayor originally appointed 31 of the 40 membership slots. The additional 9 slots are represented by City and County departments including: Human Services, Aging and Adult Services, Public Health (2), Office of Disability, Housing, Housing Authority, and the Municipal Railway.

PRIORITY FOR RESIDENCY IN SAN FRANCISCO:

- Please be aware that the Mayor's Office places a high priority for nominees who are residents of the City and County of San Francisco.
- If a nominee is uniquely qualified to serve in a particular slot on the LTCCC, and no other equally qualified individuals can fill that slot who are San Francisco residents, the Mayor's Office may consider the nominee who is not a San Francisco resident.

Enclosure 2: January 27, 2017 LTCCC Call for Membership Nominations

Page 3

LONG TERM CARE COORDINATING COUNCIL

Guiding the development of an integrated network of home, community-based, and institutional services for older adults and adults with disabilities

MEMBERSHIP CATEGORIES AND SLOTS

LONG TERM CARE COORDINATING COUNCIL	Number of slots for each category
I. SERVICE PROVIDERS	(16 TOTAL)
• Well Elder Service Providers	3
• Long-Term Care and Supportive Service Providers	5
• Health Systems and Hospitals	2
• HIV/AIDS Services/Systems	2
• Developmental Disabilities Services/Systems	1
• Behavioral Health Services/Systems	1
• Other Disability Services/Systems	1
• At Large	1
II. CONSUMERS AND ADVOCATES	(16 TOTAL)
• Consumers: Adults with Disabilities	5
• Consumers and Caregivers: Older Adults	5
• Consumer Advocates/Organizations	3
• Labor	2
• Transitional Age Youth	1
III. CITY AND COUNTY DEPARTMENTS	(8 TOTAL)
• Department of Human Services Department head or an executive staff member with policy influence	1
• Department of Aging and Adult Services Department head or an executive staff member with policy influence	1
• Department of Public Health Department head or an executive staff member with policy influence	2
• Mayor's Office on Disability Department head or an executive staff member with policy influence	1
• Mayor's Office of Housing Department head or an executive staff member with policy influence	1
• Department of Homelessness & Supportive Housing Department head or an executive staff member with policy influence	1
• Municipal Transit Authority Department head or an executive staff member with policy influence	1

TOTAL

40



Enclosure 3: January 27, 2017 LTCCC Call for Membership Nominations

Page 4: 40 Seats, One Vacancy

SAN FRANCISCO LONG TERM CARE COORDINATING COUNCIL

Membership Categories and Members

March 2017

Service Provider Organizations			
Well Elder Service Providers <ul style="list-style-type: none"> • Valorie Villela - 30th Street Senior Services • Traci Dobronravova (CO-CHAIR) - Seniors at Home • Laura Liesem – Institute on Aging 		Long-Term Care & Supportive Service Providers <ul style="list-style-type: none"> • Mark Burns – Homebridge • Kelly Dearman - IHSS Public Authority • Akiko Takeshita - Asian Pacific Islander Legal Outreach • Eileen Kunz - On Lok Lifeways & PACE • Patty Clement-Cihak – Catholic Charities CYO 	
Health Systems and Hospitals <ul style="list-style-type: none"> • Austin Ord – Sutter Health • Abbie Yant - Saint Francis Hospital 			
HIV/AIDS Services/Systems <ul style="list-style-type: none"> • Bill Hirsh - AIDS Legal Referral Panel & Community Alliance of Disability Advocates • Vince Crisostomo – SF AIDS Foundation 		Developmental Disabilities Services/Systems <ul style="list-style-type: none"> • Amie Haltman-Carson - Toolworks 	
Behavioral Health Services/Systems <ul style="list-style-type: none"> • Bernadette Navarro-Simeon - Progress Foundation 		Other Disability Services/Systems <ul style="list-style-type: none"> • Anne Quaintance (CO-CHAIR) - Meals on Wheels 	
Consumers and Advocates			
Consumers & Advocates: Adults with Disabilities		Consumers & Caregivers: Older Adults	
<ul style="list-style-type: none"> • Jennifer Walsh • Jessica Lehman - Senior & Disability Action • Chip Supanich 	<ul style="list-style-type: none"> • Empty • Victoria Tedder - ILRC SF 	<ul style="list-style-type: none"> • Marlene Hunn • Margy Baran 	<ul style="list-style-type: none"> • Sandy Mori • Marie Jobling • Ramona Davies
Transitional Age Youth <ul style="list-style-type: none"> • Jacy Cohen - The Arc San Francisco 			
At Large Housing Labor <ul style="list-style-type: none"> • Jeremy Wallenberg • Samantha Hogg - Mercy Housing • Tom Ryan - San Francisco Labor Council 		Consumer Advocates/Organizations <ul style="list-style-type: none"> • Cathy Davis - Bayview Hunters Point Adult Day Health • Benson Nadell - Family Service Agency of San Francisco & Long Term Care Ombudsman • Cathy Spensley – Family Service Agency 	
City and County Departments			
<ul style="list-style-type: none"> • Human Services Agency - Dan Kaplan • Dept of Aging and Adult Services - Shireen McSpadden • Dept of Public Health (two slots) - Mivic Hirose • - Kelly Hiramoto 		<ul style="list-style-type: none"> • Mayor's Office on Disability - Joanna Fraguli • Mayor's Office of Housing - Anne Romero • Dept of Homelessness & Supportive Housing - Margot Antonetty • Municipal Transit Authority - Kristen Mazur 	

Enclosure 4: August 23, 2023 LTCCC Membership Categories and Members

Page 1: 16 Seats, Three Vacancies

**SAN FRANCISCO LONG TERM CARE COORDINATING COUNCIL
Membership Categories & Members (August 2023)**

Community and Organizational Members	
Health Systems and Hospitals * Elieen Kunz, On Lok Senior Health Services	Long-Term Care & Supportive Service: Community * Laura Liesem, Institute on Aging Long-Term Care & Supportive Service: Congregate * VACANT
HIV/AIDS Services and Systems * Vince Crisostomo, SF AIDS Foundation	Adult with Disabilities: Consumers and Advocates * VACANT Adult with Disabilities: Services & Supports * Jennifer Walsh, Community Living Campaign
Behavioral Health Services and Systems * Bernadette Navarro-Simeon, Progress Foundation	Caregiver: Supports and Services * Eileen Norman, San Francisco IHSS Public Authority
Alzheimer's: Support and Services * Rachel Main, Alzheimer's Association	Older Adults: Supports and Services * Ramona Davies
San Francisco City and County Department members	
* Human Services Agency Susie Smith	* Mayor's Office on Disability VACANT
* Dept. of Disability and Aging Services Cindy Kauffman	* Dept. of Homelessness and Supportive Housing Elizabeth Hewson
* Dept. of Public Health Irin Blanco Jennie Hua	