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From: [REDACTED]
Sent: Tuesday, July 15, 2025 12:47 AM
To: commissionstreamlining; Alonso, Rachel (ADM)
Subject: Deferred Action on the "Inactive" Mayor's Long-Term Care Coordinating Council
Attachments: Monette-Shaw Letter to Chair Harrington CSTF 2025-07-14.pdf

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July 14, 2025

Rachel Alonso
Project Director
Commission Streamlining Task Force
c/o City Administrator's Office
City Hall, Room 316
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4694

Dear Ms. Alonsoso,

Please distribute the attached letter to Ed Harrington, Chair of the Commission Streamlining Task Force, and all members of the Commission Streamlining Task Force, regarding deferred action on the "inactive" Mayor's Long-Term Care Coordinating Council, and include this letter on the Commission Streamlining Task Force's web site as a supporting document for your Task Force's July 16, 2025 meeting.

Please confirm receipt.

Thank you.

Patrick Monette-Shaw

Patrick Monette-Shaw

July 14, 2025

Ed Harrington, Chair
Commission Streamlining Task Force
c/o City Administrator's Office
City Hall, Room 316
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4694

Re: **Deferred Action on "Inactive" Mayor's
Long-Term Care Coordinating Council**

Dear Mr. Harrington and Commission Streamlining Task Force Members,

Although it is heartening that the "*Commission Streamlining Task Force*" (CSTF) has deferred decision-making on whether to eliminate the Mayor's Long-Term-Care Coordinating Council (LTCCC) until October 15 at the same time as the CSTF discusses what to do with the Dignity Fund Oversight and Advisory Committee, there are several important concerns about *not* eliminating the LTCCC that should be considered more fully.

As a direct result of the LTCCC's failure to fulfill its mandate to *facilitate improved institutional long-term care services*, somewhere between 3,000 and 9,000 San Franciscans have been discharged from San Francisco acute care hospitals to out-of-county facilities to receive skilled nursing care (discussed below) during the past three calendar years, alone.

The CSTF must ignore the LTCCC's decision to disband. After all, City bodies, including the Police Department, do not generally have the authority to unilaterally self-disband (discussed further, below).

"The CSTF must ignore the LTCCC's decision to disband. After all, City bodies do not generally have the authority to unilaterally self-disband (see below)."

The LTCCC's mandate needs to be retained, and not abandoned, if the LTCCC is eliminated following any changes to the City charter, and that mandate needs to be preserved, if only in a greatly re-organized LTCCC (also discussed below).

The deferred decision-making about the LTCCC is because the City Charter requires three appointments to the "*Dignity Fund Oversight Committee*" be nominated by, or filled by, members of the LTCCC.

Of note, the LTCCC has a far broader mandate than merely appointing representatives to the Dignity Fund oversight body. Unfortunately, a merry band of amnesiacs appears to have forgotten the primary purpose and structure of why the LTCCC was created in 2004 by then-Mayor Gavin Newsom.

Allow me to address the amnesia.

The CSTF is relying on disinformation in its Microsoft Excel "*Commission Workbook*," because the *purpose* column for the LTCCC's contains an abbreviated description, merely saying:

"Advises the Mayor and city on policy, planning, and service delivery issues for older adults and people with disabilities."

The CSTF Workbook does a disservice to the LTCCC's purpose. The purpose statement deserves to be expanded. In fact, the LTCCC's purpose is more nuanced than merely advising on service delivery issues.

More precisely, a LTCCC "history and accomplishments" document dated June 24, 2014 stated unequivocally that the LTCCC is:

*"An official **policy body** appointed by the Mayor [Gavin Newsom] in November 2004 to provide policy guidance to the Mayor to: (1) **advise, implement, and monitor community-based long term care planning** in San Francisco; and (2) **facilitate the improved coordination of home, community-based, and institutional services** for older adults and adults with disabilities."*

Indeed, the LTCCC’s letterhead had for years contained its inaugural mission statement, which read:

*“Guiding the development of an **integrated** system of home, community-based, **and institutional services** for older adults and adults with disabilities”*

When the LTCCC was created, its mandate was 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.).

Long-Term-Care Coordinating Council Member Composition

The LTCCC was specifically formed with 40 members from three main categories, all appointed by the Mayor, with expertise and experience from a variety of disciplines and perspectives — but stacked with advocates focused **only** on community-based services — including:

- **Consumers and Advocates**, composed of individuals and organizations directly representing or serving those in need of long-term care, such as people with disabilities, older adults, housing advocates, and consumer and organizational advocates.
- **Service Provider Organizations** directly providing community-based long-term care and related services, including long-term care and supportive service providers, health systems and hospitals, behavioral health service systems, well-elder services and other disability services/systems providers, and labor organizations.
- **City and County of SF Departments**, including: Aging and Adult Services (DAAS), Human Services Agency (HSA), Department of Public Health (DPH), Mayor’s Office on Disability (MOD), Mayor’s Office on Housing (MOH), Homelessness and Supportive Housing (HSH), and the Municipal Transit Authority (SFMTA or MUNI).

Of note, one of the City Department seats was reserved for Laguna Honda Hospital and Rehabilitation Center, and another seat was reserved for the San Francisco Department of Public Health. Importantly, San Francisco’s Long-Term Care Ombudsman Program (via Benson Nadell) was also appointed to the LTCCC, perhaps in the Advocacy or Service Provider categories, because of the Ombudsman’s role overseeing patients in freestanding long-term care skilled nursing facilities and hospital-based skilled nursing facilities considered to be “*institutional*” settings.

The three categories of membership chosen to represent individuals receiving care, and the organizations providing care, out-weighed and sidelined government bodies responsible for institutional-based services and policy. Specifically, there weren’t any representatives from skilled nursing facilities, other than San Francisco’s Department of Public Health at Laguna Honda Hospital.

Ideally, the LTCCC should be scaled back to no more than 15 members, and have an increased number of institutional facility long-term care members to better improve coordination across service sectors and professional disciplines. The LTCCC should be housed in the Mayor’s Office or in the Department of Public Health, not in HSA or DAS that both skew heavily to only community-based services.

Failures of the LTCCC

Despite having been charged with developing an **integrated** system of home, community-based, **and institutional long-term care services**, the LTCCC quickly abandoned ensuring a sufficient supply of institutional-based long-term care skilled nursing facilities for those unable to live independently in the community who need 24/7 round-the-clock custodial care, given their medical conditions. The composition of members in the LTCCC chose to focus only on services and

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supports for **community-based providers** so people with disabilities could live independently in the community, deliberately ignoring those whose medical acuity require skilled care in **institutional** settings.

As I [reported](#)¹ in 2024, the negligence of the LTCCC to ensure development of integrated **institutional** care facilities in-county has resulted in somewhere between 3,000 and 9,000 San Franciscans — probably at least 6,000 — having been discharged from acute care hospitals to out-of-county facilities to receive skilled nursing care between calendar years 2021, 2022, and 2023 alone, according to data compiled by the San Francisco Department of Public Health compiled as a result of then San Francisco Supervisor Gordon Mar’s groundbreaking Ordinance #77-22 passed in May 2022 requiring SFDPH collect data about out-of-county discharges for skilled nursing facility care. (Additional data will be presented to San Francisco’s Health Commission on August 18, 2025 about out-of-county discharges during calendar year 2024.)

That’s because as early as April 2009 — five years after the LTCCC was formed — San Francisco had lost at least 920 freestanding and hospital-based skilled beds, and between May 2009 and July 2025 San Francisco is thought to have lost an additional 854 skilled nursing facility beds, for a total loss of approximately 1,778 skilled nursing beds.

So, during the LTCCC’s watch — when it was supposed to be “*guiding the development of an **integrated** system of home, community-based, and institutional services*” — San Francisco lost 1,778 skilled nursing beds, because the LTCCC turned a blind eye to the need for institutional care.

On February 19, 2016 the *San Francisco Examiner* published an article discussing the “*Post-Acute Care Shortage*” report presented February 16, 2016 to San Francisco’s Health Commission. That article quoted then-Health Commissioner David Pating, MD — a psychiatrist and Chief of Addiction Medicine at Kaiser San Francisco Medical Center — as having said: “*I hope we will **consider out-of-City** [i.e., out-of-county] and **maybe even multi-county** [discharge placement] options.*” Forcing 3,000 to 9,000 San Franciscan’s to seek skilled nursing care — particularly at end-of-life — in out-of-county facilities is not the right solution, and was shameful for a Health Commissioner to espouse as a responsible solution!

Regarding the shortage of in-county skilled nursing facilities in San Francisco before Supervisor Mar’s 2022 Ordinance, I wrote in November 2021:

“There are great benefits to knowing how many San Francisco residents are, or have been, involuntarily discharged to out-of-county facilities as an evidenced-based measure of what types of services and types of facilities are inadequate in San Francisco. Policymakers and elected officials need to obtain such data to guide and inform decisions about building out additional facility capacity in-county.”

The LTCCC largely ignored the accumulating evidence of the loss of in-county institutional-based skilled nursing facilities in San Francisco, rather than advocating for, and providing advice to the Mayor, on the need for additional in-county skilled nursing facility capacity.

The Commission Streamlining Task Force, the Board of Supervisors, and other San Francisco City officials can not allow amnesia to obscure the direct link between the loss of skilled nursing facility capacity in-county, and the number of out-of-county discharges that is due, in part, to failures of the Mayor’s Long-Term Care Coordinating Council to advocate for providing an adequate capacity and full continuum of services, up to and including institutional care facility settings.

Revision Needed to the Commission Streamlining Task Force’s “Workbook”

The CSTF’s “*Workbook*” and its “*Planned Schedule*” document dated July 8 lists both the “*LTCCC*” and the “*Dignity Fund Oversight and Advisory Committee*” as being “housed” in the Human Services Agency (HSA) as the primary department, and Disability and Aging Services (DAS) as the secondary department. While both advisory bodies may receive administrative support from HSA, as a point of order, the LTCCC was convened by the Office of the Mayor (MYR) to develop policy advice to the Mayor’s Office, not to HSA or to DAS.

At a minimum, I believe your “*Workbook*” matrix in Excel should be revised to list the primary City Department for the LTCCC as “MYR.”

The “Workbook’s” purpose column for the LTCCC entry should be expanded to clarify the coordination of long-term care services across home, community-based, and institutional settings. Proposed “*purpose*” edits are shown in red text, below:

*“Advises the Mayor and city on policy, planning, and **coordination of service delivery issues for older adults and people with disabilities, including home, community-based, and institutional settings provided across multiple City departments.**”*

LTCCC’s Mandated Purpose Must Be Retained By Moving to Another Policy Body

Assuming the CSTF decides in October 2025 to propose a Charter change to eliminate the LTCCC’s three seats on the “Dignity Fund Oversight and Advisory Committee,” the LTCCC’s principal mandated policy purpose to “*develop an **integrated system of home, community-based, and institutional long-term care services***” must be retained, perhaps by re-assigning those policy and oversight purpose functions to another policy body.

After all, it was 28 years ago in 1997 when a study called the “*San Francisco Nursing Facility Bed Study*”² was conducted to evaluate the future supply and demand for institution-based skilled nursing facility beds in San Francisco. That study in 1997 was followed 19 years later by a study conducted in February 2016 called “*Framing San Francisco’s Post-Acute Care Challenge*.” The 2016 “*Framing the Challenge*” report noted that in 2030 (just five years from now), there would be a projected demand for 4,287 skilled nursing beds in San Francisco, but there would be a supply of only 2,542 such beds — leaving a 1,745 skilled nursing bed shortage gap between supply and projected demand.

It has been another nine years since the 2016 study was conducted, and San Francisco has continued to lose even more skilled nursing beds. It is thought San Francisco may now be facing a gap of at least 1,900 to 2,000 skilled nursing facility beds in-county, which will continue to exacerbate the volume of out-of-county discharges.

Between the LTCCC’s creation in 2004 and the 2016 “*Framing the Challenge*” study, the Long-Term Coordinating Council didn’t lift a finger, or voice any alarms, about the inadequate number of institutional care long-term care beds in county in San Francisco, wrongly assuming the need for “*custodial care*” beds in in-county institutions (as elderly and disabled patients’ physical acuity declined) wasn’t of concern.

Given the LTCCC’s disinterest in, and abdication of advocacy for, institutional long-term care facilities, and DAS’s and HSA’s mandate to focus **only** on community-based services, this CSTF cannot allow the widespread amnesia to continue regarding the need for institutional-based long-term care facilities, which should rightly include the expert involvement of the Department of Public Health.

Policy Bodies Can’t “Self-Disband”

The LTCCC should **not** have had authority to disband itself, since it was a policy body created by the Mayor’s Office under then-Mayor Gavin Newsom. If policy-making bodies could self-elect to disband, it would be like the Police Commission electing to disband, claiming it wasn’t needed due to a significant drop in homicides. The LTCCC claimed it disbanded in March 2024 due to its significant overlap with other policy bodies, but there are no other City policy body(s) that coordinate the provision of institutional-based long-term care facilities across the continuum of care!

It’s as if the LTCCC was being run by fools with amnesia, or by people who believe that when they reach old age, somehow their own personal immortality will prevent their own physical decline, and they can escape ever needing 24/7 skilled nursing custodial care in an institution at end-of-life.

Generally, City bodies, including the Police Department, do not have the authority to unilaterally self-disband under San Francisco’s administrative code. San Francisco’s current framework seems to require that the power to dissolve City bodies rests with the Board of Supervisors’ legislative processes, via a voter-approved Charter amendment, or with the appointing authority that determined the inaugural need to create the policy body, not with the bodies themselves.

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The LTCCC has acted as if it were a “*Policy Body Bystander*,” disconnected from its mandate to ensure day-to-day institutional-based long-term care is provided to San Franciscans. The LTCCC appears to be out of the loop during our current crisis of massive out-of-county patient dumping due to a lack of in-county institutional long-term care facilities, illustrating the LTCCC’s complete lack of engagement on this serious disenfranchisement issue.

This CSTF should disregard the LTCC’s unilateral, unauthorized decision to self-disband. It wasn’t in the LTCCC’s purview to do so.

Detailed Recommendations

Therefore, I recommend that:

- The CSTF’s “*Workbook*” expand the “*purpose*” statement column for the LTCCC, as discussed above,
- The CSTF’s “*Workbook*” list the LTCCC’s primary City department as being the Mayor’s Office (MYR),
- The LTCCC be retained, but with a much smaller 15-member advisory body housed in the Mayor’s Office, not housed in DAS or HMA,
- Appointing authority for LTCCC members be split dually between the Mayor and the Board of Supervisors, and
- The LTCCC’s duties to recommend policy changes to increase long-term care institutional settings should be explicitly added to the core duties of the Department of Public Health, and enshrined in the Charter as part and parcel of SFDPH’s core functions. The Charter should be revised to explicitly state that institutional-based long-term care service delivery is the responsibility of the Department of Public Health. Institutional-based care settings are beyond the purview or expertise of DAS and HSA.

Otherwise, the steady outflow of San Franciscans disenfranchised and dumped into out-of-county skilled nursing facilities will worsen across coming decades.

Thank you.

Sincerely,

/s/

Patrick Monette-Shaw

cc: Rachel Alonso, Project Director, City Administrator’s Office

¹ Monette-Shaw, P. “City Health Department’s Missing Report Concealed Shameless Patient Dumping.” *Westside Observer*, July 10, 2024.

² San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*, May 1997, page 1.