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November 18, 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 The LTCCC focused only on community-based services, because of its utter hatred of institutional-based skilled nursing facility settings. That created an out-of-county patient dumping disaster.

Re: Revise Decision on Mayor's Long-Term Care Coordinating Council (LTCCC)

Dear Mr. Harrington and Commission Streamlining Task Force Members,

As I previously wrote to the Streamlining Task Force on October 13, rather than simply eliminating the "Mayor's Long-Term Coordinating Council" (LTCCC) and assigning a portion of the LTCCC's **functions** to another policy body, you need to review and revise your incomplete decisions about the LTCCC.

The LTCCC focused only on community-based services, because of its utter antipathy to institutional-based skilled nursing facility settings. Because of that antipathy, the LTCCC completely ignored the mandate then Mayor Gavin Newsom assigned to it to develop an **integrated** continuum of long-system of home, community-based, and 4 long-term care services and facilities in

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a sufficient number of institutional-based
skilled nursing facilities in county."

San Francisco. It failed to do anything regarding developing institutional based facilities.

And sadly, that is completely beyond the purview of the Department of Disability and Aging Services and its Commission. That's rightly the purview of the Department of Public Health, which has gone unaddressed by this Task Force.

Massive Out-of-County Patient Dumping

As I wrote on October 13, somewhere between 3,614 and 12,022 San Franciscans have been transferred from San Francisco hospitals in the last four calendar years alone to out-of-county skilled nursing facilities to receive long-term care, in part because the LTCCC and the San Francisco Department of Public Health both failed to plan for a sufficient number of institutional-based skilled nursing facilities beds in San Francisco. That's not including other San Franciscans who had <u>not</u> been admitted to an acute care hospital, but were forced into an out-of-county skilled nursing facility on their own.

Only San Francisco Residents Discharged Out-of-County Transferred to an Out-of-County Health Facility to Receive Standard SNF Care						
Foot- Facility note	SF Residents 2021	SF Residents 2022	SF Residents 2023	SF Residents 2024	4-Year Total	SF % of TOTAL
1 Chinese Hospital	>10	>10	47	59	106 + >20	0.99
2 Kaiser Foundation Hospital	435	304	354	351	1,444	12.09
3 UCSF	316	298	316	248	1,178	9.89
4 UCSF Health (St. Francis & St. Mary's)	74	104	12	129	319	2.79
5 SFGH	137	126	115	88	466	3.9
6 Laguna Honda Hospital	0	39	0	0	39	0.39
7 Jewish Home and Rehab Center	0	0	<10	<10	<20	
8 Kentfield Hospital	15	12	14	21	62	0.5
Subtotal Less CPMC Standard SNF Care:	977 +>10	883 +>10	858 +≤9	896 +≤9	3,614 +>20 +≤18	30.1
9 CPMC for Standard SNF Care 1	1,945	2,112	2,378	1,973	8,408	69.9
II 9 Hospitals Subtotal Standard SNF Care:	2,922 +>10	2,995 +>10	3,236	2,869	12,022 +>20	100.0

LTCCC's Primary Mission

In November 2004, San Francisco Mayor Gavin Newsom appointed the LTCCC to advise the Mayor, Board of Supervisors, and relevant City Departments on policy and provide guidance for an <u>integrated</u> long-term care system. The Council's role was to address issues related to long-term care services and create an accessible system for older adults and people 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"

San Francisco Mayor Gavin Newsom appointed the LTCCC in November 2004 to provide guidance for an *integrated* long-term care system, and to facilitate the improved coordination of home, community-based, and institutional services.
Unfortunately, the LTCCC despised the 'institutional settings' portion of its inaugural Task Force mandate!

As you can see, the LTCCC's letterhead specifically included a "tag line" that the LTCCC's mission involved developing an integrated system of long-term care services, including in **institutional settings**.

LONG TERM CARE COORDINATING COUNCIL

Guiding the development of an integrated system of home, community-based, and institutional long term care services for older adults and adults with disabilities

February 8, 2007

Memorandum #8

To: Julian Potter and Sue Wong

Office of the Mayor

From: Marie Jobling and Sandy Mori, Co-Chairs

Long Term Care Coordinating Council

This Streamlining Task Force simply eliminated the LTCCC, without preserving its entire *functions* of ensuring an adequate supply of institutional skilled nursing facility beds in our City for those who need and want that level of care!

As I've previously testified all functions of a body being "absorbed" by another body before recommending combining two bodies into one or eliminating a body needed to be assessed by this Task Force, as the Budget and Legislative Analyst warned you to analyze beforehead. This Streemlining Task Force foiled to analyze all functions.

Don't just simply eliminate the LTCCC, without preserving its entire functions.

beforehand. This Streamlining Task Force failed to analyze all functions of the LTCCC!

This Streamlining Task Force needs to go back and review the LTCCC's mission to develop an integrated continuum of care including in institution facilities as part of your Agenda Item 6 on your November 19 agenda to revisit and review your preliminary decisions.

As part of the Streamlining Task Force's reforms of City government and Bords and Commissions, this Task Force needs to ensure that the Health Commission must be *required* to take more proactive efforts to increase SNF-bed capacity incounty.

Sincerely,

/s/

Patrick Monette-Shaw

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