

**San Francisco  
Long Term Care Coordinating Council**

**PROTOCOLS**

Original Date: January 20, 2005

Current Date: June 6, 2016

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**I. NAME**

- A. The name of this organization is the: **Long Term Care Coordinating Council** hereinafter referred as the LTCCC.

**II. AUTHORITY**

- A. In November 2004, the Mayor of the City and County of San Francisco appointed the LTCCC as an advisory body to: (1) oversee the implementation of the annual LTCCC Policy Agenda; and (2) provide advice and policy guidance to the Mayor's Office on all aspects of long term care in San Francisco.

**III. PURPOSE**

- A. The purpose of the LTCCC is to: (1) advise, implement, and monitor the community-based long-term care strategic planning in the City and County of San Francisco; and (2) facilitate the improved coordination of home, community-based, and institutional long term care services.
- B. The LTCCC is assigned with the responsibility of overseeing all implementation activities and system improvements identified annual LTCCC Policy Agenda. The LTCCC requires that all workgroups created present regular reports and updates on implementation progress. Regular reports and updates on implementation progress are also to be provided by the LTCCC to the community.
- C. The LTCCC is the single body in San Francisco that will evaluate all aspects related to home, community-based, and institutional long term care and supportive services. It will also evaluate how different systems interact to serve people, and will make policy recommendations about how to improve service coordination and system interaction.

#### **IV. ETHICS**

- A. Serve the public at-large beyond personal or organizational interests.
- B. Respect, support and be aware of government constitutions and laws that define responsibilities of public and community agencies, employees and all citizens.
- C. Demonstrate the highest standards in all activities to inspire public confidence and trust in public service.
- D. Strengthen organizational capabilities to apply ethics, efficiency and effectiveness in serving the public.
- E. Strengthen individual capabilities and encourage the professional development of others.
- F. Work collaboratively and cooperatively with all participants and approach all activities with the concept of inclusion.

#### **V. GUIDING PRINCIPLES**

- A. To recognize that the need for long-term care and supportive services will continue to grow in San Francisco.
- B. To expand efforts that assist the many San Franciscans who provide care and support for older adults and adults with disabilities.
- C. To shape services that are caregiver and family-focused, responsive to consumer needs, and are culturally and linguistically appropriate.
- D. To advance the provision of health promotion and risk prevention services, as well as care and support in the most appropriate, least restrictive setting, with the greatest level of independence that is consumer-directed and most cost beneficial.
- E. To continually seek to improve the quality of services, taking into account consumer satisfaction and high service standards.
- F. To recognize that quality of life as well as efficiency and cost effectiveness are important to consumers.
- G. To view long term care and supportive services as a collection of inter-related services (such as health, mental health, home and community-based care, caregiver services, housing, and transportation, among others) provided through a coordinated delivery system focused on the individual consumer.
- H. To protect and promote the long term care and supportive service needs of the community.
- I. To work to assure an adequate safety net of home and community-based services.

## **VI. DUTIES OF LTCCC**

- A. To monitor the implementation of the goals, strategies, and activities identified in the annual LTCCC Policy Agenda.
- B. To examine the prior LTCCC Policy Agenda annually (in October or November of each year) and make recommendations regarding any changes to the goals, strategies, and activities as well as due dates and timelines for the subsequent year.
- C. To serve as the link between the community, service providers, and county government on issues identified in the LTCCC Policy Agenda.
- D. To provide community and public leadership on long-term care issues in San Francisco.
- E. To mobilize resources – both county and community – to implement the goals, strategies, and activities outlined in the LTCCC Policy Agenda.
- F. To promote coordinated long-term care planning and policy development.

## **VII. MEMBERSHIP ON LTCCC**

- A. The LTCCC is composed of representatives of service providers, consumers and advocates, and City and County departments.
- B. The LTCCC has 40 members (see Appendix A, attached) that consist of:
  - Representatives from 16 service provider organizations. This group includes representatives from: 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 disabilities (1), and “at large” (1).
  - Representatives from 16 consumer and advocacy organizations. This group includes representatives from: older adults - consumers (5), adults with disabilities - consumers (5), consumer advocates and advocacy organizations (3), labor (2), and transitional age youth (1).
  - Representatives from 9 City and County departments. This group includes representatives from: the Department of Aging and Adult Services (1), Department of Human Services (1), Department of Public Health (2), Mayor’s Office on Disability (1), Mayor’s Office of Housing (1), San Francisco Housing Authority (1), and the San Francisco Municipal Transportation Agency. (1). Department representatives will be department heads or their designees. All designees will be from the executive staff level and have the ability to influence departmental policy.

### C. Membership terms and responsibilities:

- **(old language) Members appointed that represent the categories of Service Providers as well as Consumers and Advocates serve a three-year period for the first term. Each member may be re-appointed for a maximum of three consecutive terms.**
- **(new language) Members appointed that represent the categories of Service Providers as well as Consumers and Advocates serve a three-year period for the first term. Each member may be re-appointed for additional three-year terms, following a review for new members, with no maximum number of term limits.**
- Representatives of City and County Departments are designated by department heads. Departmental representatives will either be the department heads themselves or executive staff member with policy influence.
- **REQUIREMENT FOR LTCCC MEETING ATTENDANCE:** All members are expected to attend 11 LTCCC meetings annually. At a minimum, all members must attend 8 meetings a year. No absences are excused and no one can replace an appointed member at any meeting. A roll call will be held at each meeting, which will identify by name those LTCCC members present and absent.
- If any member attends less than 8 meetings a year, he or she may be asked to resign.
- The LTCCC may decide to use workgroups to explore topics between meetings. See section on workgroups on page 6.
- **REQUIREMENT FOR WORKGROUP PARTICIPATION:** Involvement in at least one workgroup is mandatory for all LTCCC members during each calendar year.
  - This could include any workgroup created by the LTCCC that is either: (1) actively involved in strategy or policy development, as identified in the annual LTCCC Policy Agenda; or (2) involved in spin-off projects and other issues being tracked, as identified in the annual LTCCC Policy Agenda.
  - This could also include any standing committee of the LTCCC, such as the Steering Committee or the Nominating Committee.

- This could also include any body or council working in collaboration with the LTCCC (such as the HIV Health Services Planning Council).

## **VIII. OFFICERS AND DUTIES – CO CHAIRS**

A. The LTCCC shall elect as its officers: two Co-Chairs. The minimum term for the Co-Chairs is two years. The election of the Co-Chairs shall be accomplished on a rotating basis every two years by vote of the LTCCC. It is intended that a new co-chair would be in place with an existing co-chair.

- **REQUIREMENT FOR LTCCC CO-CHAIRS:** Any LTCCC member nominated to serve as a Co-Chair must first be a member of the LTCCC Steering Committee for a minimum period of six months.

B. Co-Chairs shall assume the following authority, tasks and duties:

- i. Official spokespersons and representatives of the LTCCC.
- ii. Convene, organize and preside at all meetings of the LTCCC.
- iii. Collaborate with the LTCCC Steering Committee to formulate meeting agenda(s), with input from LTCCC members and staff of the Department of Aging and Adults Services.
- iv. Communicate with LTCCC members, staff of the Department of Aging and Adults Services, and Workgroups members.
- v. Appoint, designate, and delegate administrative support tasks such as recordkeeping (i.e., minutes, meeting planning activities and logistics to appropriate staff subject to the authority and discretion of the Executive Director of the Department of Aging and Adult Services.
- vi. Perform such other duties required and approved by the LTCCC including the designation of special project(s) and committee(s).
- vii. Serve as liaison to the Office of the Mayor.

## **IX. NOMINATIONS COMMITTEE**

A. Periodically, the LTCCC will establish a Nominations Committee that will receive and review all nominations to fill vacant membership slots, and submit to the full LTCCC a slate of candidates for consideration and recommendation to the Mayor's Office for appointment.

The Nominations Committee will, in advance, establish criteria for each of these positions. Also, the Nominations Committee will periodically convene to receive and review nominations to fill co-chair positions. The Nominations Committee will submit to the full LTCCC a slate of candidates for selection. Only one-third of the Nominations Committee can come from the membership of the Steering Committee.

## **X. STEERING COMMITTEE**

- The LTCCC will establish a Steering Committee consisting of the two Co-Chairs and other individuals from the full membership.
  - **ROLE OF LTCCC STEERING COMMITTEE:** The Steering Committee plays the crucial role of guiding the direction of the LTCCC and formulating monthly LTCCC meeting agendas, considering matters that should be discussed and possibly acted on by the LTCCC. These matters include: (1) issues and activities identified in the annual LTCCC Policy Agenda; (2) workgroups that should be requested to present reports and updates on implementation progress; and (3) other aspects of community-based long term services and support (LTSS) that should be evaluated.
  - **REQUIREMENT FOR LTCCC STEERING COMMITTEE MEETING ATTENDANCE:** Members of the LTCCC Steering Committee are expected to attend 11 meetings annually. At a minimum, all LTCCC Steering Committee members must attend 8 meetings a year. No absences are excused and no one can replace a member at any meeting.

## **XI. WORKGROUPS**

- A. The LTCCC will, periodically, require all workgroups identified in the annual LTCCC Policy Agenda to present reports and updates on implementation progress.
- B. Additional workgroups and/or subcommittees may be created to accomplish the purpose of the LTCCC.
- C. All workgroups are responsible for advising the LTCCC and various county departments in implementing the goals, strategies activities identified in the annual LTCCC Policy Agenda.
- D. Workgroup membership may include county and community partners who are not members of the LTCCC but are recruited by the LTCCC.

- E. Each workgroup will elect its own chair or co-chairs. The leadership shall report regularly to the LTCCC on the progress of the plan's implementation. Other rules of governance may be developed by each individual workgroup.

## **XII. MEETINGS**

- A. The LTCCC will meet once a month except August, or 11 meetings per year.
- B. However, the frequency of meetings will be determined and scheduled by the LTCCC.
- C. Meetings will be conducted generally based on Robert's Rules of Order.

## **XIII. VOTING**

- A. The LTCCC will attempt to reach consensus on matters requiring action. If consensus is not achieved, a vote will be taken and the majority shall rule. All members of the LTCCC shall have the right to vote.

## **XIV. DEPARTMENT OF AGING AND ADULT SERVICES**

- A. The Department of Aging and Adult Services (DAAS) will: (1) provide ongoing staff support; (2) facilitate meetings; and (3) perform and present research.
- B. The Executive Director or Designee of DAAS will manage the coordination of long-term care planning for older adults and adults with disabilities in San Francisco, working with City and County departments and community organizations, as well as task forces and other ad hoc groups.
- C. The Executive Director or Designee of DAAS will serve as facilitator, coordinator and convener, and will perform other such roles as may be necessary to expedite the work of the LTCCC.
- D. The Executive Director or Designee of DAAS will be the principal spokesperson of the department to respond to issues raised by the LTCCC.

## **XV. SUPPORT SERVICES**

- A. Secretarial, mailing, telephone and other services to support the work of the LTCCC will be provided by DAAS within the authority and discretion of the Director of the Department.

## **XVI. AMENDMENTS**

- A. The protocols/governance rules may be amended at any time it is deemed necessary by the membership of the LTCCC and/or the Department of Aging and Adult Services.

**XVII. MISCELLANEOUS**

- A. The LTCCC may develop its own rules dealing with such issues as attendance, resignations, removals, vacancies, and other issues deemed appropriate by the LTCCC.



# Long Term Care Coordinating Council Protocols

## APPENDIX A MEMBERSHIP CATEGORIES

<b>LONG TERM CARE COORDINATING COUNCIL</b>	<b>Number of slots for each category</b>
<b>I. SERVICE PROVIDERS</b>	<b>(16 TOTAL)</b>
• Well Elder Service Providers	3
• Long-Term Care and Supportive Service Providers	5
• Health Systems and Hospitals	2
• HIV/AIDS Services/Systems	1
• Developmental Disabilities Services/Systems	1
• Behavioral Health Services/Systems	1
• Other Disability Services/Systems	1
• At Large	2
<b>II. CONSUMERS AND ADVOCATES</b>	<b>(16 TOTAL)</b>
• Consumers and Advocates: Adults with Disabilities	5
• Consumers and Caregivers: Older Adults	5
• Consumer Advocates/Organizations	3
• Labor	2
• Transitional Age Youth	1
<b>III. CITY AND COUNTY DEPARTMENTS</b>	<b>(8 TOTAL)</b>
• 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
• San Francisco Housing Authority Department head or an executive staff member with policy influence	1
• Municipal Transportation Agency Department head or an executive staff member with policy influence	1
<b>TOTAL</b>	<b>40</b>

