

Grouped Under Themes:

- **Continuum of Care + Improving coordination of services & supports + Supportive Services:**
 - Within community + congregate living, affordable healthcare services, keeping people housed or connecting to housing, providing a guide for long-term services and supports, focus on department barriers, advancing supportive models of care, improving better community-based care options, needs of people with cognitive impairment (2)
 - A great need for better coordination amongst the various state and city departments, hospitals, universities non-profits and other entities that provide the backdrop for healthcare in San Francisco. For them to be held accountable when they fall short especially when it comes to serving the populations I have served nearly my entire adult life serving namely those living with or affected by HIV/AIDS and the communities disproportionately affected including/not limited to LGBTQI+, BIPOC, Immigrants, Sex Workers, People Who Use/Inject Drugs and those who are disabled. Populations who historically are not expected to live to the age where they are considered elders.
 - Affordable healthcare complemented by services that support systemically underrepresented communities, which includes those who experience discrimination based on race/ethnicity, language spoken, immigration status, and LGBTQI+ status with complex needs around their physical health, mental health (including substance use), overall well-being and quality of life.
 - That each department needs to minimize the silo-effect. We need people to be able to negotiate the barriers and confidently voice the challenges.
 - Advancing supportive models of care for homeless adults with mental health challenges transitioning into housing.
 - Building out better community-based care options for complexly diagnosed adults that do not require rehousing/relocation (advancing "aging in place" systems).
 - Require cross-agency cooperation on all LTC topics for city departments -- and watchdog it.
- **Housing**
 - Congregate housing, affordable supportive housing, connecting to services, maintaining housing, housing homeless older adults; lack of assisted living facilities
 - “Continuum of care and variety in the types of services and settings that are available. Although we would like to have as many individuals as possible remain in their home, many individuals require overnight supervision and benefit from small supportive settings such as board and care homes.”
 - RCFE accessibility through the ALW and the recommendations of the ALF workgroup implemented. This is a huge need in our system of care and the ALW is an underutilized resource available with state funding and a huge need in our city.
 - Everyone is talking about housing but I think that there needs to be an array of services available to clients in order to get "housed" and maintain housing.
 - Prioritizing Older Adults and People with Disabilities when it comes to housing policies and programs -- a "zero tolerance for homelessness" umbrella owned at City Hall
- **Workforce**
 - Community and congregate employee needs; training, & advancement, wages, particularly with regards to staff working with people with cognitive impairment;
 - “Retaining and expanding the workforce needed providing long-term services and supports in the community and in congregate settings is a critical issue, particularly considering high cost of living in San Francisco and the impact of COVID. We will not

be able to secure the workforce needed without addressing issues such as wages, training and supervision/support.”

- California has 596,000 home health and personal care aides. An increase of 31.7% is needed to meet the demand in 2028. How will San Francisco be able to attract care workers to the field of long term care, and provide livable wages?

- **Social Isolation**

- revisit the recommendations from this workgroup and implement them
- Addressing the digital divide, which has detrimental impact on consumer’s access to telehealth and other vital services.
- Digital Divide - the County can require all healthcare providers to provide internet access (service and technology) on a needs-basis to any recipient
- as identified in the recent DAS Comprehensive Needs Assessment and the DAS BIPOC report as well as other needs assessments, exacerbated by the pandemic.
- Social Isolation as an issue for LTCCC and would give it a different framework - Social Health - and acknowledging its impact on general health

- **Behavioral Health**

- Behavioral health workgroup recommendation implementation; so much wonderful work was done, but the council stopped short of making system impact.

- **Cognitive Impairment:**

- The Alzheimer’s Association 2022 facts and figures report states that there are 690,000 Californians over the age of 65 who are living with Alzheimer’s disease. This number is expected to increase by 21.7% (840,000) between 2020 and 2025. How will San Francisco meet the long-term care needs of this growing population?
 - Supports and services to keep people with cognitive impairment within the community
 - Older adults living alone, particularly those with mild cognitive impairment

- **Other Suggestions:**

- Support for youth with disabilities aging out of the foster care system.
- I have realized that people with disabilities who are self-reliant between 22 and 64 years old are invisible to long-term care. Depending on the diagnosis, some may be eligible for additional long-term support. It would significantly be helpful to create a guide on how to live with disabilities as an adult using San Francisco long-term care services based on life milestones.
- I want council policies to have components to challenge ageism and ableism no matter the policy focus.
- CalAim access & system challenges
- Recidivism
- What are the key learnings as a result of the pandemic experience, and what new systems can be implemented for the future?
- Equity – access to and engagement in services by underserved populations, again highlighted by multiple needs assessments.