

Presentation to the Dignity Fund Oversight and Advisory Committee at their meeting on OAC meeting on Monday, November 26th.

Good Afternoon, I'm Marie Jobling (she/her) and I'm here to represent the Service Provider Working Group, which is the joint responsibility of the Dignity Fund Coalition and the Coalition Agency Serving the Elderly. When this meeting got moved, it conflicted with the CASE board meeting, so you get me today.

Fortunately, Fiona sent along the budget memo she received, so I at least had something to review before the meeting. We did go ahead and share the information this morning to the DFC list, as we had promised to do at our last DFC meeting.

We appreciate the clear progression of information detailing DF-eligible services, current year's expenditures, and the funding available for the coming year's contracts.

The challenge is determining how this reflects on the priorities from the Service Provider Working group, which was previously provided at the last OAC meeting. Without knowing what is in the broad categories of available funding, it is hard to know how much it reflects those recommendations. For example, CASE had put forward a recommendation for behavioral health support groups at community centers. Other providers have offered the significant number of people on their waiting lists. Aside from the behavioral health ask, the other narrowed down priorities were the need to increase case management funding to increase wages for case managers and the need for more intensive case management; access to technology training and hybrid programming; safe and reliable transportation, and funding to build language capacity. (Attached is the list previously provided to DAS and the OAC.)

We appreciate that fact that there is not talk of cuts and that we all believe in preserving existing services and address waitlists, where possible.

We hoped to learn that today, or very soon, the details to provide feedback. We would also like know the timeline for available dollars to be made available into contracts and if will there be no further contract augmentations in this fiscal year.

From the Dignity Fund Coalition point of view, I'd like to make two other points. The fact that a bad budget year gets the City off the hook for the \$3 million annual allocation and that is likely to happen again next year. So, we lose this year and for the

next subsequent 15 years. The point of the Dignity Fund was to plan funding and services for the future and to avoid having to go to the Board of Supervisor tin cup in hand at the end of the budget process asking for a little more please. And I should note, even that isn't working – the Board of Supervisors approved 4 addbacks for DAS and the Mayor has put a hold all 4 for them.

Seniors and people with disabilities are 25% of the population – the number are rising and poverty with it.

The Dignity Fund campaign was about a promise to those who made this City the wonderful place that it is and who struggle, on mostly fixed incomes, in a City that is increasingly expensive.

We want your help. Seniors and People with disabilities are not the ones who created the situation they are in and are the least able to deal with it unless they get a helping hand and the ability to continue to contribute the vitality and creativity at the neighborhood level.

The Dignity Fund is held up as an example, but it won't be a good one if it stops growing to keep pace and we are still there with our tin cups.

So, to recap, we hope to:

get the detail on the progression of funding as it relates to the SPWP priorities

get a timeline for decisions and implementation

get your willingness to post meeting material on the sfgov.org website or send out to an expanded list if you want real input.

get your help with the Mayor and the Board of Supervisors to help keep the promise of the Dignity Fund.

The City is not required by law this year to allocation \$3 million dollars, but doing it is right and just. We ask your help.

Original priorities identified by the Service Provider Working Group.

- Case Management/Intensive Case Management
- Safe and Reliable Transportation
- Access-technology training
- Mental Health (on-site and remote)
- Language Capacity Building
- Resources for Continued Hybrid Programming
- Nutrition Services
- Home Care
- Outdoor Programming