

**SAN FRANCISCO
DEPARTMENT OF AGING AND ADULT SERVICES**

**AREA PLAN UPDATE
2008-2009**

Area Plan Update 2008-2009
Narrative Description of Relevant Changes

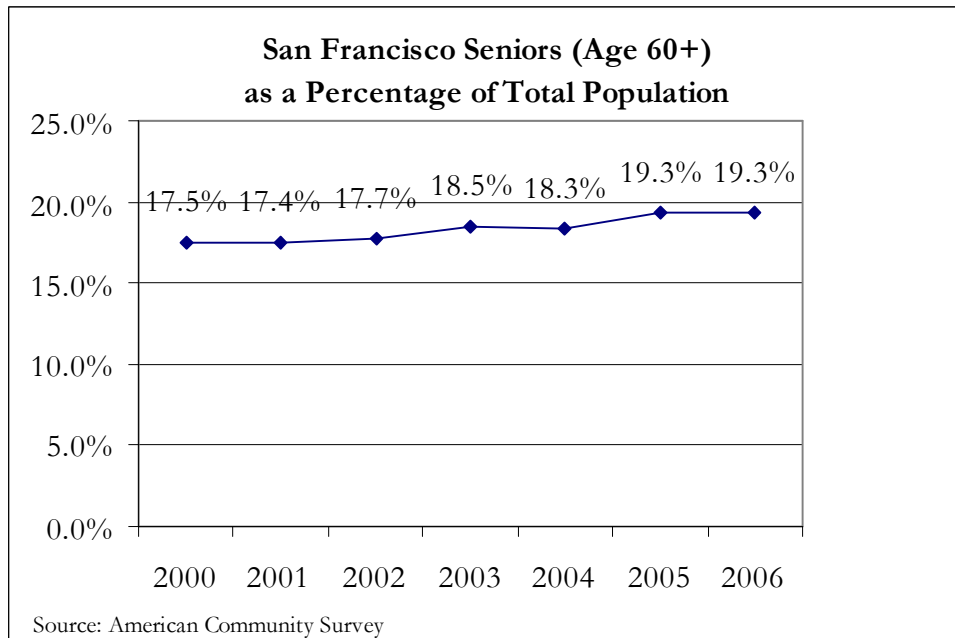
Narrative Description of Relevant Changes to the 2005-2009 Area Plan 2008-2009 Annual Update

Introduction

This following material provides a summary of updates to the 2005-2009 Area Plan for Planning and Service Area 6, the San Francisco Department of Aging and Adult Services (DAAS). Where necessary, replacement pages for the existing Area Plan document are attached.

Low-Income and Minority Seniors

The Area Plan continues to utilize the 2000 Census in order to estimate the number of low-income and minority seniors within the PSA; our analysis suggests that the American Community Survey (ACS) sample methodology may under-represent the DAAS target population. American Community Survey (ACS) updates may be more useful, however, for demonstrating growth in the size of the senior population relative to the city's total population, as is demonstrated in the chart below.



San Francisco is home to a large population of lesbian, gay, bisexual, and transgender (LGBT) seniors, a population that has recently been identified by the California legislature as being underrepresented. A 2002 report from the National Gay and Lesbian Task Force Foundation (Cahill et al.) estimates that three to eight percent of all seniors nationwide are lesbian, gay, bisexual, or

transgender (LGBT).¹ LGBT seniors in San Francisco are estimated to represent more than ten percent of the senior population.²

New, Continued, Revised Completed or Deleted Goals and Objectives

The Goals from the 2005-2009 Area Plan remain unchanged at this time. However, there are changes to some of the objectives related to each goal. In many instances, work will continue on existing objectives into FY 2008-09, and several new objectives have been added at this time. A brief update on each objective has been included under the heading “2008-09 Update” in each objective’s section of the attached detail. The Goals and Objectives section of this update shall replace the existing section in the 2005-2009 Area Plan, as will the updated Service Unit Plan, which includes 2008-09 service unit projections.

The following objectives have or will be **completed** by the end of this fiscal year:

- Objective 1.1: The OOA staff will work with their contractors, homeless shelter staff and outreach coordinators, and Single Room Occupancy hotels housing formerly homeless seniors to share resource information and increase the overall number of homeless and formerly homeless seniors receiving OOA services by 50%. (Completed in 2007-08.)
- Objective 1.2: The OOA will meet with community-based organizations to improve understanding of the variety and scope of services, particularly the supplemental services funded through the Family Caregiver Support Program, as well as feasible models of service delivery, and it will work with the Human Services Agency contract staff to develop a Request for Proposals that will address the various needs of caregivers. (Completed in 2005-06.)
- Objective 1.3: The Human Services Agency planning unit will coordinate with the OOA staff, home-delivered meal providers, and outreach workers to assess the prevalence and the needs of seniors and younger adults with disabilities who are living in Single Room Occupancy hotels without elevators. The recommendations from this analysis will be incorporated into the ~~2006-07 Area Plan update~~ summary of the 2006 Needs Assessment. (Completed in 2006-07.)
- Objective 2.3: The OOA will promote increased physical activity among older adults by providing technical assistance and/or resources to service providers, resulting in at least 3 service providers adding a new physical activity class for seniors. (Completed in 2006-07.)
- Objective 2.5: To improve services to its consumers, the OOA staff will work with OOA contractors to develop and implement measurable, client-based outcomes for all OOA-funded programs. (Completed in 2005-06.)

¹ Cahill, S., South, K., & Spade, J. (2002). National Gay and Lesbian Task Force Foundation. *Outing Age: Public Policy Issues Affecting Gay, Lesbian, Bisexual, and Transgender Elders.*

² San Francisco Human Rights Commission & The Aging and Adult Services Commission. (2003). *Aging in the Lesbian, Gay, Bisexual, and Transgender Communities.*

- Objective 2.7: The OOA staff will fully implement program standards for care management (Title III) by October 1, 2005, incorporating the standards into all Requests for Proposals and subsequent contracts. (Completed in 2006-07.)
- Objective 2.8: ~~The OOA staff working with the Human Service Agency Planning Unit, will develop an annual survey that differentiates levels of consumer satisfaction with specific aspects of service delivery, sampling a range of consumers and services, and compiling and analyzing the results. The OOA staff will review results with contractors once a year to make improvements in services.~~ will work with contractors to revise the consumer satisfaction surveys that will be implemented in FY 2007-08 in order to capture contracted performance outcome measures of the different programs. (Completed in 2007-08.)
- Objective 3.1: The Deputy Director of Programs will designate an OOA liaison to attend the monthly meetings of the Long Term Care Coordinating Council to stay informed of the issues being explored and addressed, and of the policy positions being proposed to the Office of the Mayor. Attendance at these meetings will help the OOA effectively coordinate its program plans and funding priorities with the citywide effort to make strategic improvements to community-based long term care and supportive services for older adults and adults with disabilities. (Completed in 2005-06.)
- Objective 3.2: District Advisory Councils convened by the Resource Centers for Seniors and Adults with Disabilities meet regularly with consumers and service providers to share information and discuss neighborhood problems. The OOA staff assigned to each of the ten District Advisory Councils will work with the groups to formulate recommendations on how to improve coordination of services, and will incorporate recommendations in the 2006-07 Area Plan update. (Completed in 2006-07.)
- Objective 3.3: Working in collaboration with the San Francisco Department of Public Health, the Department of Human Services (DHS), Department of Aging and Adult Services, and community-based nonprofit organizations, the OOA nutritionist will coordinate, publish and distribute a citywide low cost food, nutrition education and resource guide that will be distributed for use by staff at various city departments and community-based organizations. (Completed in 2005-06.)
- Objective 4.3: The DHS Food Stamp program will provide technical assistance to at least two congregate meal sites so that their consumers can swipe their electronic benefits card and deduct meal payments from their Food Stamps allocation. (Completed in 2005-06.)
- Objective 5.3: The OOA will provide technical assistance to identify at least one congregate meal site that will target the LGBT and/or other underserved communities. (Completed in 2005-06.)
- Objective 6.1: To improve services for younger adults with disabilities (YAD), the Human Services Agency planning unit will work with the OOA staff, adults with disabilities, and OOA-funded contractors to assess the service needs of this population, research service models and outreach strategies, identify potential funding sources, and make

recommendations regarding training and program changes that will be incorporated into the 2006-07 Area Plan update. (Completed in 2007-08.)

- Objective 6.2: The OOA will evaluate its pilot project to provide Home-Delivered Meals for younger adults with disabilities, eliciting input from consumers, meal providers, and service recipients, and will make recommendations on funding and program adjustments. (Completed in 2006-07.)

Several objectives will be **new** for FY2008-09:

- Objective 1.5: DAAS will expand its Services Connection Pilot Project to three new San Francisco Housing Authority (SFHA) buildings. The Services Connection Pilot Project is a collaborative effort between DAAS, the SFHA, San Francisco's Resource Centers for Seniors and Adults with Disabilities, and community-based service providers. The purpose is to link seniors and adults with disabilities living in public housing with services provided in the community. The pilot project service teams will initiate contact with approximately 75 residents at each building. Of these residents, the pilot project will target to reduce unmet service needs for 50 percent of resident participants by November 2008.
- Objective 3.5: The DAAS Intake Supervisor will coordinate the integration of intake units from the following programs: Information and Referral, Home-Delivered Meals, Adult Protective Services, In-Home Supportive Services, and the Community Living Fund. The new Long-Term Care Intake and Screening Unit will co-locate these intake staff, allowing callers to access any of these resources with one phone call. Staff will also be cross-trained as appropriate.
- Objective 3.6: Working in collaboration with Meals on Wheels of San Francisco, the DAAS long-term care intake and screening unit and the Long-Term Care Operations Director will provide additional funding from the Community Living Fund for program expansion and implementing improvements to the home-delivered meals service system to ensure that consumers with emergency needs always receive meals within a maximum of three to five days, and effort to provide a meal within 1-2 days.
- Objective 3.7: The FY 2007-2008 State Health and Insurance Assistance Program (SHIP) Grant requires the Department to use at least 5% of Federal SHIP funding to provide pharmaceutical (Part D) benefits assistance for dual eligible beneficiaries with mental illness. In order to be compliant with this new requirement the Health Insurance Counseling and Advocacy Program (HICAP) provider will conduct training sessions for its staff and volunteers on how best to provide pharmaceutical (Part D) benefits assistance for dual eligible beneficiaries with mental illness. The training will be provided by the HICAP provider (working with DAAS for consultation and assistance) during the spring of 2008. In order to provide outreach and awareness beyond the HICAP staff, a subsequent training session will be held with community gatekeepers (i.e., Resource Centers, senior centers, etc).
- Objective 6.4: CDA has just awarded DAAS and the Independent Living Resource Center of San Francisco (ILRCSF) \$80,000 to be another regional ADRC (Aging and Disability

Resource Connection) partner in California. Under the umbrella of this new ADRC, DAAS Integrated Intake Unit, ILRCSF, and the ten Resource Centers for Seniors and Adults with Disabilities will work together to reach diverse communities in San Francisco. The ADRC collaborative will promote independent living, and it will help develop strategies for diffusing independent living principles and resources into aging resource networks. The ADRC will engage in a series of training programs for the providers in the aging and disability networks, better equipping staff to help consumers make informed choices. The Ombudsman program will also collaborate with ILRCSF in cross-training of staff and volunteers.

Two objectives are newly **revised** for FY2008-09. Added text is indicated in **bold**, deleted text is indicated with a ~~strikethrough~~:

- Objective 5.1: As coordinated by the Advisory Council to the Aging and Adult Services Commission, the OOA staff will participate in a task force of current and future consumers, Advisory Council representatives, researchers, and service contractors to discuss the needs ~~discuss needs and identify new service models for meal services, caregiver support, and long term care that will be responsive to the needs of “baby boomers.”~~ **of baby boomers and gather existing information and trends to present to providers and the public.**
- Objective 5.2: The Advisory Council to the Aging and Adult Services Commission will convene an educational forum with **baby boomers**, service providers, foundation representatives, researchers, and business leaders to develop recommendations for investments in services designed to meet the needs of “baby boomers.” This plan will be the beginning of an ongoing effort to address the needs of the baby boomer generation and to make preparations for the increases in the numbers of persons growing older and living longer, and its recommendations will be incorporated into Area Plan updates.

The remaining objectives remain unchanged and will be **continued** into 2008-09. The dates have been updated to reflect that continuation and a short description of progress has been included in the Goals and Objectives section of this report.

Service Unit Plan Updates

The Service Unit Plan remains largely unchanged from FY 2007-08 at this time. The current service unit estimates do not yet account for changes in contracted service units that may result from decreased state and federal funding. Current planning estimates suggest that several program areas may be affected by those funding reductions, including the Ombudsman program, Title III-D Disease Prevention, Family Caregiver Support Program, and the Community-Based Services Programs. See the summary of known service unit changes below.

Title III-B Supportive Services Programs

- **Homemaker:** Services are expected to decrease in FY 2008-09 due to decreased availability of local general fund for the program.
- **Congregate and Home-Delivered Meals:** The number of congregate meals declined in FY 2007-08 while the number of home-delivered meals increased, reflecting a change in

the demand for services in the community and corresponding funding. Those changes are expected to continue into FY 2008-09.

- **Transportation:** The number of trips by transportation providers declined in FY 2007-08 due to a decreased availability of Title III-B funding and local funds. That change is expected to continue into FY 2008-09.
- **Legal Assistance:** Increased legal services hours in FY 2007-08 were the result of additional local funding. The change is projected to continue into FY 2008-09.
- **Nutrition Education:** The increase in nutrition education units reflects a change in the way that the service units are counted, as a NAPIS (National Aging Program Information System) requirement, not a change in the quantity of service provided.
- **Elder Abuse Prevention:** The number of hours of elder abuse prevention services increased in FY 2007-08 due to additional local funds allocated to this program. The increase is projected to continue into FY 2008-09.

Title III-E: Family Caregiver Support Program (FCSP)

Service unit changes in FCSP in FY 2007-08 were due to the outcome of the prior year's RFP process. The following service areas are projected to change in FY2008-09 based on current year activities.

- Community Education: Service unit decrease
- Comprehensive Assessment: Service unit decrease
- Counseling: Service unit decrease

The FCSP service unit plan has also been presented in a new format as compared to previous years in accordance with new CDA requirements.

HICAP

- An increase in the HICAP service units plan reflects the programs efforts to respond to the program's new mandate to use at least five percent of the annual federal SHIP funding to provide support for one-on-one pharmaceutical benefits (Part D) counseling to dual eligible beneficiaries with mental illness.

Discussion of Major Changes and Effects to the AAA

1. Mission Statement

The San Francisco Human Services Agency has recently developed and adopted a new agency-wide mission statement:

“The Human Services Agency promotes well-being and self-sufficiency among individuals, families and communities in San Francisco.”

As the Area Agency on Aging, however, the Department of Aging and Adult Services maintains the more specific mission to “provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and

persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

2. Organizational Charts

Updated organizational charts are attached. As required by CDA, these organizational charts include CDA-related funding source information.

DAAS is proposing to add a Nutritionist position in FY 08-09 to ensure compliance for the departments’ nutrition programs. This has been accomplished in this difficult budget year by substituting existing positions. The reorganization is cost neutral.

3. Changes that may have reduced or increased quality or quantity of service

a. Implementation of a regional Aging and Disability Resource Connection (ADRC)

CDA has just awarded DAAS and the Independent Living Resource Center of San Francisco (ILRCSF) \$80,000 to be another regional ADRC (Aging and Disability Resource Connection) partner in California. Under the umbrella of this new ADRC, DAAS Integrated Intake Unit, ILRCSF, and the ten Resource Centers for Seniors and Adults with Disabilities will work together to reach diverse communities in San Francisco. The ADRC collaborative will promote independent living, and it will help develop strategies for diffusing independent living principles and resources into the aging resource networks. The ADRC will engage in a series of training programs for the providers in the aging and disability networks, better equipping staff to help consumers make informed choices. The Ombudsman program will also collaborate with ILRCSF in cross-training of staff and volunteers.

b. Continued implementation of the “Community Living Fund”

In July 2006, the Mayor and Board of Supervisors of San Francisco created a \$3 million locally-funded Community Living Fund (CLF). The goals of this Fund are to: (1) provide adults with disabilities of all ages with real choices about where and how they receive services that provide them with assistance, care and support to live in the community; and (2) assure that no individual is institutionalized because of a lack of community-based long term care and supportive services. The purpose of the CLF is to:

- Enable adults with disabilities of all ages who are eligible for this Fund to remain living safely in their own homes and communities as long as possible.
- Provide financial support for home and community-based long term care and supportive services beyond what is currently available.
- Offer flexible funding to service providers to create “wrap-around” services that provide essential community-based assistance, care and support.
- Facilitate the development of service delivery models that strengthen the community-based long term care work force.
- Expand, not supplant, existing funding, in order to fill funding gaps until new sources of financial support for community-based long term care services can be secured through federal Medicaid waivers and other means.

The Community Living Fund was started in FY 2006-07, and is being administered by DAAS. Funds are carried in the DAAS base budget as a “project,” allowing unexpended funds to be rolled over from one year to the next. The program does not use CDA funds.

The Community Living Fund has fully launched and is in the process of including emergency home-delivered meals to its list of available services. One of the challenges for the CLF this year has been in its ability to hire and retain experienced case managers, both at the Institute on Aging as well as their partner CLF agencies, particularly those who are experienced with the Purchase of Service model that is used by the CLF.

The Community Living Fund (CLF) has several developments planned for the coming year. As of December 31, 2007 a total number of 242 clients have been served by the CLF and 718 clients in total had been referred. Also, the CLF inaugurated a new database intended to track client services and will also convene a new CLF Advisory Council. In addition to services purchased for individual clients, the CLF has also purchase contracts for emergency meals and transitional care services.

c. Development of a Long Term Care Integrated Intake Unit

DAAS continues to work toward transforming its internal Information and Referral line into a “Long Term Care Integrated Intake Unit,” in line with the department’s “no wrong door” philosophy for service provision. The Integrated Intake Unit coordinates existing Information and Referral services with previously disparate access points to the following services: Home-Delivered Meals, Adult Protective Services, In-Home Supportive Services, and the Community Living Fund. Once fully implemented, consumers or caregivers seeking services will have access to comprehensive information about available resources without needing to make multiple calls to a variety of public programs.

d. Creation of a Diversion and Community Integration Program (DCIP)

As a result of legal settlement the City has entered into with residents of Laguna Honda Hospital, DAAS is collaborating with the Department of Public Health to create a new unit known as the Diversion and Community Integration Program (DCIP). The DCIP will provide an integrated approach for individuals who are diverted or discharged from Laguna Honda Hospital, and for other members of the community. The DCIP will operate with the goal of placing affected individuals in the setting that is most appropriate to their needs and preferences, and will focus on enhancing services that allow clients to remain in the community as long as possible. The target, as established in the settlement agreement, is for the first fifteen months of the DCIP to identify and secure housing and services for 100 eligible Laguna Honda clients.

e. Implementation of an Elder Abuse Forensic Center

The Elder Abuse Forensic Center opened its doors on Jan. 15th, 2008. The center provides a coordinated, centrally-located team with representation from the District Attorney’s office, the San Francisco Police Department, DAAS’ Adult Protective Services and community health professionals. The goal of the center is to investigate and when necessary prosecute.

f. Difficult local and state budgets threaten services

The San Francisco Human Services Agency faces an extremely difficult budget year in FY 08-09. Both the State of California and the City and County of San Francisco project large budget deficits.

The state is facing a deficit of \$14 billion in the coming fiscal year, and the Governor's proposed budget includes deep cuts for social services. Preliminary calculations estimate that the impact from these social service cuts on San Francisco's budget will total more than \$8.1 million. The San Francisco Mayor's Office is developing a citywide strategy to address state budget reductions. The Mayor's Office estimates a citywide General Fund deficit of \$255 million for FY 2008-09. The Mayor has released budget instructions asking City departments to prepare plans for a total budget reduction of 13% of Local General Fund support. The target budget reduction established by the Mayor's Budget Office for the Human Services Agency (DHS and DAAS) totals \$9.5 million.

Departments are allowed to meet the target budget reduction through a combination of current year and ongoing budget reductions.

The Department of Aging and Adult Services is committed to providing the highest quality of service to San Francisco's families and individuals. The Department has focused on preserving core services and sought to make reductions that will have minimal impact on clients and client outcomes.

The Mayor's Office instructed all departments to account for the increasing cost of doing business for community partners. Although the Human Services Agency has tried to account for these costs, they would total more than \$1.8 million in FY 2008-09 and are not currently included in the Agency's budget plan.

The Department of Aging and Adult Services (DAAS) presented the Aging and Adult Services Commission with a budget reduction plan for Fiscal Year 2008-2009. That proposal would reduce the DAAS expenditures by \$3.35 million in General Fund over the next 18 months. These reductions would be achieved through a combination of current year savings, one-time savings, on-going savings, and new revenue to offset General Fund reductions.

Notwithstanding these reductions, the FY 08-09 DAAS budget will grow by \$10.5 Million and DAAS will continue to provide clients with a broad range of services and supports. Caseloads continue to grow in many DAAS programs. The proposed DAAS budget will provide for this growth with new staffing and new initiatives aimed at providing services to more clients and improved services for existing clients. The total budget for DAAS, at \$148.7M for FY 07-08, will grow in FY 08-09 to \$159.2M, an increase of 7.1 percent. Over the years the DAAS budget has grown tremendously. Since FY 05-06 to the current proposed FY08-09 DAAS Budget, there has been an increase of \$52.8 M in the base, an increase of 33 percent over the past four fiscal years. FY 05-06 base budget was \$107M, FY 06-07 was \$133.5M, FY 07-08 was \$148.7M and the proposed FY 08-09 budget is \$159.2

Both the active caseload and the hours of service per client have increased for IHSS. The proposed IHSS budget provides funding for 1,000 more consumers to a total of approximately 20,000. In FY 08-09, the IHSS Consortium will see an increase in staff largely to cover a projected 13% increase in hours of service provided to clients. In order to address the rising projected caseload, the Public Authority's (PA) hours have been increased by 1 million. In addition, total IHSS PA costs will increase because of wage raises for Independent Providers (the increase was effective in October

2007 and January 1, 2008 and will need to be annualized in the FY 08-09 budget) and as a result of increases in health care and dental premiums for these providers.

The Mayor has also instituted a citywide hiring freeze, asked departments to eliminate middle management positions, and encouraged departments to seek out operational efficiencies while continuing to provide high-quality services to the people of San Francisco. Finally, the Mayor's Office has instructed departments to not redirect any contract savings; instead, any anticipated savings from under-spending should be maintained as a source for budget reductions.

4. Service Providers

An updated comprehensive list of Office on the Aging services (showing both CDA-funded and non-CDA-funded services) is included in the "Replacement and New Pages" materials attached to this narrative.

5. Local Coordination of Services Update

This update includes replacement pages related to DAAS' local coordination of services, numbered for insertion into the original 2005-2009 Area Plan. These pages provide detail on the accomplishments of the Active Aging Community Task Force, as well as small edits to the sections on the Central Purchasing Committee and the Nutrition Work Group.

The Planning Process, Targeting

These sections remain unchanged from the original 2005-2009 Area Plan.

Identification of Priorities

This section remains unchanged from the FY 2007-08 Area Plan Update. See table below.

Minimum Percentages of Federal Title III-B Funds			
	Access	In-Home Services	Legal Assistance
2005-06	48.6	6.6	44.8
2006-07	48.2	6.6	45.1
2007-08	45.0	5.0	45.0
2008-09	45.0	5.0	45.0

Needs Assessment Activities

In FY 2007-08, DAAS has undertaken several needs assessment activities, and more activities are planned for FY 2008-09.

Advisory Council Baby Boomer Workgroup Activities

The Advisory Council has formed a workgroup specifically to discuss the needs of baby boomers and to gather existing information and trends and present to providers and the public. The group has met six times since March 2007. The group has reviewed demographic data and gathered existing

research. An OOA Program Analyst staffs this workgroup. The HSA planning unit provided support for a survey of service providers, conducted in November 2007, to assess the status of planning for baby boomers and on the providers' needs for support. The group will issue a draft report to the Advisory Council on its findings in Spring 2008.

Services Connection Pilot Project Assesses Needs of Public Housing Residents

The *Living with Dignity Strategic Plan* identified the necessity to explore and address the service needs of isolated older adults and adults with disabilities in senior/disabled public housing. The San Francisco Housing Authority (SFHA) operates 23 senior/disabled public housing buildings with 2,300 seniors and adults with disabilities. Many of these people have access to few supportive services. The Services Connection Pilot Project (SCPP) aims to link seniors and adults with disabilities living in public housing with services provided in the community. As a part of that project, service teams conducted surveys of residents in two housing authority buildings in order to assess unmet needs. SCPP is expanding to three additional buildings in FY 2007-08. Service teams will collect basic information regarding unmet needs in those buildings as well in order to inform service outreach strategies.

Phone survey plans for 2008

DAAS will be working with National Research Center, Inc in the Spring of 2008 to conduct a random-digit-dial telephone survey. The survey will a) determine the knowledge of, and need for, community-based long term care and supportive services for older adults and adults with disabilities; b) compare results to the 2006 baseline evaluation to determine the effectiveness of a local public relations campaign; and c) suggest priorities for future programs and services.

Additionally, San Francisco has been selected by Mathematica Policy Research, Inc. to participate in a second random-digit-dial telephone survey of older adults.

THE AREA PLAN CHECKLIST

Includes Title III (B, C, D, E), V, VII, Community-Based Service Programs (CBSP), and the HICAP

Instructions: Check the boxes for completed items, as applicable. For completion of the Four-Year Plan, check the boxes in column C. For any unchecked box, provide an explanation on the last page of this checklist. For Annual Updates, check the boxes in the applicable year. **Section number six, Narrative Description of Relevant Changes, applies only to the Area Plan Update.**

1. Necessary Copies and Format

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
All information is provided on single-sided sheets.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
One copy of the <u>required documents</u> has been E-mailed to the Department.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
An original and two copies of the Area Plan, Area Plan Checklist, and all required documents are attached.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Transmittal Letter

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
The Transmittal Letter signed by the AAA Director, Chair of the Advisory Council, and Chair of the Governing Board, has original signatures and is attached. *	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The signed Transmittal Letter will be submitted by: <u>5/7/08</u> (enter date)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Note: Approval of the Area Plan will be delayed pending receipt of a fully executed Transmittal Letter.

3. Strategic Plan: REQUIRED if a Strategic Plan is submitted as the Area Plan

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A Strategic Plan was submitted as the Area Plan. (A Strategic Plan Cross Reference Index is available by contacting CDA).	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Description of the Planning and Service Area (PSA)

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A brief description of the physical characteristics of the PSA is included.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the demographic characteristics of the PSA is included.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the unique resources and constraints existing within the PSA is included.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A broad description of the existing service system within the PSA is included.	Yes, if changed (Local Coordination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Description of the Area Agency on Aging

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A description of the type and characteristics of the AAA.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Mission Statement.	Yes, if changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A current Organization Chart.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A description of how the AAA provides visible leadership in the development of community-based systems of care.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Agency type; such as Public, Private Non-Profit, or Joint Powers.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The AAA's funding sources.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Narrative Description of Relevant Changes – REQUIRED FOR UPDATE ONLY

This section must include all changes related to all programs of services funded by grants from CDA

A	B	C	D	E	F
Update Requirement	Annual Update Requirements	2005-09 Four Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
Introduction with Narrative Description of Significant Changes, including estimated number of low-income, minority seniors	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
New, continued, revised, completed, or deleted goals and objectives are identified.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Discussion of major changes and effects to the PSA and/or AAA.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Changes that may have reduced or increased quality or quantity of service.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. The Planning Process

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
Discussion of steps involved in the planning process and how they fit in with the overall planning cycle.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of the needs assessment process.	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Discussion of targeting.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of priorities.	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Goals and Objectives, including Targeting, Needs Assessment, and Service Unit Plan

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A goal and/or objective is identified for each program or service.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Goals and Objectives are included for each program or service funded by the AAA from the following sources: Check all that apply <input checked="" type="checkbox"/> Title III B <input checked="" type="checkbox"/> Title III B/VII(a)(b) <input checked="" type="checkbox"/> Title III C1 <input checked="" type="checkbox"/> Title III C2 <input checked="" type="checkbox"/> Title III D <input checked="" type="checkbox"/> Title III E <input type="checkbox"/> Title V <input checked="" type="checkbox"/> HICAP <input checked="" type="checkbox"/> CBSPs	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Goals and objectives identified serve to create, expand, or enhance AAA direct or contracted services.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Title III B Program Development (PD) and Coordination (C) activities are distinctly identified.	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objectives clearly indicate the nature of the action, the party responsible for the action, the outcome of the action, how the action will be measured, and projected start and end dates of each objective.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Units of Service on the SUP are tied to a specific goal.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
Targeting criteria have been met and are included:⇒Specific objectives: for providing services to low-income minority individuals; ⇒Specific objectives for providing services to older individuals with disabilities, with particular attention to individuals with severe disabilities; ⇒Specific objectives for providing services to older individuals with limited English-Speaking ability; and ⇒Specific objectives for providing services to caregivers	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A description of Needs Assessment Activities is included.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Service Unit Plans are complete and reconcilable with appropriate budgets.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. Older Americans Act Assurances

Older Americans Act Assurances	No	<input type="checkbox"/>			
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10. Appendices REQUIRED, IF CHANGES HAVE OCCURED

IA. Notice of Intent to Provide Direct Services (if applicable)	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IB. Request for Approval to Provide Direct Services (if applicable)	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Public Hearings	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Governing Board	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IV. Advisory Council	Yes, If changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Priority Services	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Community Focal Points List	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Multipurpose Senior Center Acquisition and Construction Compliance Review	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Title III E Family Caregiver Support Program	Unchanged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. Resource Tools Sample Organization Charts, Planning Process and Funding Sources/Program Descriptions, Title IIID Fact Sheet, Ombudsman Fact Sheet	No				
X. Legal Services	Yes, if changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
XI Disaster Preparation Planning	Yes, if changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
XII Baby Boomer Information	Yes, if changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
XIII Required Services without the use of Federal and/or State Funds	Not required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any unchecked boxes, identify the section number and provide an explanation: All unchecked boxes reflect sections of the 2005-2009 Area Plan that remain unchanged.



TRANSMITTAL LETTER

AAA Name: Department of Aging & Adult Services

PSA Number: 6

Check appropriate box for:

2005-09 Area Plan FY 06-07 FY 07-08 FY 08-09

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will assure compliance with the assurances set forth in this 2005-2009 Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their families and caregivers in this planning and service area.

1. (Type Name) Gustavo Serina
(Signed)¹ _____
Chair, Governing Board

Date

2. (Type Name) Connie Little
(Signed) _____
Chair, AAA Advisory Council

Date

3. (Type Name) E. Anne Hinton
(Signed) _____
Director, Area Agency on Aging

Date

² For the e-mailed version of the Area Plan, type in name and signatures. Original signatures are required on posted Area Plan.

Area Plan Update 2008-2009
Goals and Objectives

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs

Rationale: San Francisco has the highest per capita rate of homelessness in the nation, and 7% of persons using homeless shelter are age 60 or older. OOA objectives have not addressed this population in the past

Objective 1.1	Start & End Dates	Title III B Funded PD or C	Status
<p>The OOA staff will work with their contractors, homeless shelter staff and outreach coordinators, and Single Room Occupancy hotels housing formerly homeless seniors to share resource information and increase the overall number of homeless and formerly homeless seniors receiving OOA services by 50%.</p> <p><i>2006-07 Update:</i> One of the OOA contractor agencies, also an active member of SPAC, has headed the outreach effort by conducting presentations at three SRO's, a homeless shelter and a drop-in center. A data match of 2004-05 OOA consumers with San Francisco shelter consumers shows that at least 178 shelter clients also received OOA services.</p> <p><i>2007-08 Update:</i> The HSA Planning Unit has used improved data sources to identify a more comprehensive baseline figure for the number of homeless or formerly homeless consumers receiving OOA services. In FY2006-07, the OOA also funded a drop-in for homeless seniors, serving approximately 300 individuals.</p> <p><i>2008-09 Update:</i> Objective completed. For FY0607, the OOA database showed 304 homeless seniors had enrolled in services. The original baseline for this objective was 178, and this shows a 71% increase. (Data tracking systems have changed since the first measurement of these figures, which can make historical comparisons difficult, however.)</p>	7/1/05-6/30/08		Completed

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: Current service providers do not utilize the range of caregiver support supplemental services that they can be funded for.			
Objective 1.2 The OOA will meet with community-based organizations to improve understanding of the variety and scope of services, particularly the supplemental services funded through the Family Caregiver Support Program, as well as feasible models of service delivery, and it will work with the Human Services Agency contract staff to develop a Request for Proposals that will address the various needs of caregivers. <i>2006-07 Update:</i> OOA staff worked with service providers and coordinated a presentation on the FCSP on Jan 25, 2006. Completed.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05-6/30/06		Completed

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: In interviews with key service providers, it was noted that many seniors and persons with disabilities are living in Single Room Occupancy hotels that have no elevators and are consequently homebound.			
Objective 1.3 The Human Services Agency planning unit will coordinate with the OOA staff, home-delivered meal providers, and outreach workers to assess the prevalence and the needs of seniors and younger adults with disabilities who are living in Single Room Occupancy hotels without elevators. The recommendations from this analysis will be incorporated into the 2006-07 Area Plan update summary of the 2006 Needs Assessment. <i>2006-07 Update:</i> The Human Services planning unit obtained a list of Single Room Occupancy hotels (SROs) in the Chinatown district from the city Department of Building Inspections, and the state department of elevator inspections identified which buildings had elevators. Of the 297 SROs in Chinatown, only 9 had elevators (3%). The planning unit matched Medi-Cal caseload data with IHSS data for persons with mobility impairments, identifying vulnerable persons living in the SROs. The unit is preparing to administer a survey of this population in 2006-07. <i>2007-08 Update:</i> The Human Services Agency planning unit mailed a translated survey instrument to 336 IHSS recipients with disabilities who were living in Chinatown SRO's. The survey, which was discussed in the DAAS Community Needs Assessment, found seniors with disability impairments in Chinatown SRO's living in extreme isolation. One finding was that 40% of the respondents left their homes once a week or less. Completed.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05-6/30/07		Completed

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: Interviews with key service providers and subsequent surveys have revealed that seniors and persons with disabilities who live in Single Room Occupancy hotels in Chinatown are often very isolated from services and social opportunities.			
Objective 1.4 The OOA staff will coordinate with community-based organizations to pilot a new initiative that reduces isolation and provides additional nutrition to seniors and younger adults with disabilities who live in at least two Single Room Occupancy hotels in Chinatown. <i>2008-09 Update:</i> The SRO food project has been implemented effective April 2007. Chinatown Community Development Center (CCDC) and San Francisco Food Bank have collaborated to provide food pantry service to the tenants living in five Single Room Occupancy Hotels (SRO) in Chinatown. As of February 2008, 160 unduplicated consumers had been served, and 18 volunteers have been involved in distributing food to the consumers.	Start & End Dates	Title III B Funded PD or C	Status
	5/1/07-6/30/09		Continued

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: The <i>Living with Dignity Strategic Plan</i> identified the necessity to explore and address the service needs of isolated older adults and adults with disabilities in senior/disabled public housing. The San Francisco Housing Authority (SFHA) operates 23 senior/disabled public housing buildings with 2,300 seniors and adults with disabilities. Many of these people have access to few supportive services.			
Objective 1.5 DAAS will expand its Services Connection Pilot Project to three new Housing Authority buildings. The Services Connection Pilot Project is a collaborative effort between DAAS, the SFHA, San Francisco's Resource Centers for Seniors and Adults with Disabilities, and community-based service providers. The purpose is to link seniors and adults with disabilities living in public housing with services provided in the community. The pilot project service teams will initiate contact with approximately 75 residents at each building. Of these residents, the pilot project will target to reduce unmet service needs for 50 percent of resident participants by November 2008.	Start & End Dates	Title III B Funded PD or C	Status
	2/1/08-6/30/08		New

Goal Two: To improve the quality and capacity of OOA-funded home and community based services

Rationale: The home-delivered meals program has a waiting list of over 350 isolated and vulnerable seniors and persons with disabilities, while some congregate meal sites are underutilized.

Objective 2.1

The OOA staff will meet with nutrition providers to identify the most efficient means of reallocating resources to reduce the waiting list for home-delivered meals.

2006-07 Update: OOA staff has met to begin preliminary discussions of this issue.

2007-08 Update: OOA staff met with Nutrition Providers in the second quarter of 06-07 to discuss this issue. Due to the efforts of contractors, the average waiting time for a HDM has been reduced slightly, from our target of 60 days to 59 days from January to June 2006. Due to change in OOA's database system, such reports are as yet unavailable for 2006-07.

2008-09 Update: In July 2007, DAAS brought the HDM Clearinghouse functions in-house as part of the Integrated Intake unit, which improved the efficiency and quality control of the data. In June 2007 the HDM wait list had about 250 people. By the end of November 2007 this list was reduced to 150 people. Also for FY 2007-08, DAAS has allocated additional funding for more HDM meals. DAAS has just implemented an emergency HDM program by utilizing the Community Living Fund. This will further reduce the wait-list. As of March 5, 2008, the wait list was 118.

Start & End Dates	Title III B Funded PD or C	Status
7/1/05 - 6/30/09		Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: The network of community based organizations providing services to seniors and persons with disabilities benefit from the work of volunteers, but smaller organizations often do not have the capacity to recruit, train, and recognize volunteers.			
Objective 2.2 To recognize and motivate volunteer activity for OOA contractors, the Human Services Agency Planning Unit will survey OOA contractors regarding their use of volunteers and will present the findings to the Advisory Council to the Aging and Adult Services Commission to discuss possible system-wide volunteer recruitment and recognition activities.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05 - 6/30/06		Deleted

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Research studies demonstrate the benefits of living a healthy, active lifestyle, but many service providers have not incorporated physical activities into their programs.			
Objective 2.3 The OOA will promote increased physical activity among older adults by providing technical assistance and/or resources to service providers, resulting in at least 3 service providers adding a new physical activity class for seniors. <i>2006-07 Update:</i> As of April 2006, one contractor has added a physical activity class. OOA staff is working with other contractors to add classes. <i>2007-08 Update:</i> Objective completed.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05 - 6/30/07		Completed

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To ensure the overall quality of food services, service providers need assistance to meet stringent nutrition standards.			
Objective 2.4 The OOA will conduct quarterly nutrition meetings to provide technical assistance and share resources that will assist providers in meeting and/or improving food safety and nutrition program standards, and will complete at least four meetings with the nutrition contractors, and two trainings for the staff of nutrition programs on nutrition risk assessment. <i>2006-07 Update:</i> Three meetings have been conducted, with a final meeting scheduled for May 2006. The two trainings on Nutrition risk assessment are also scheduled for completion by June 2006. OOA staff plan on conducting the same schedule of meeting and trainings in 2006-07. <i>2007-08 & Update:</i> The two trainings on nutrition risk assessment are planned for 07-08. These meetings were deferred from 2006-07 due to lacking of staff resources. <i>2008-09 Update:</i> Three nutrition contractor meetings had been provided as of November 2007. A nutrition risk assessment training for nutrition providers is planned for May 2008.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05 - 6/30/09		Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Currently OOA-funded contracts tend to reflect “inputs” and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness.			
Objective 2.5 To improve services to its consumers, the OOA staff will work with OOA contractors to develop and implement measurable, client-based outcomes for all OOA-funded programs. <i>2006-07 Update:</i> All outcome measures are scheduled for completion and inclusion in contract scope of services by June 2006. Completed.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05-6/30/06		Completed

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To improve the effectiveness and efficiency of its services, the OOA needs to better define its program standards and include them in the requests for proposals.			
Objective 2.6 The OOA will develop, in consultation with service providers and consumers, program standards for Community Services, District-wide Social Service Workers , and Legal Services that will be incorporated into the service definitions of the respective Requests for Proposals. <i>2006-07 Update:</i> Three workgroups will begin meeting in May and June 2006. <i>2007-08 Update:</i> Objective modified to remove DWSSW, as funding for that program will be folded into Case Management in FY 2007-08. The Community Services Standards have been drafted and will be given to Contractors for input before finalization in 2007-08. Legal Services providers will sign off on the new State standards when they become available (and add on any additional local standards that may be developed), finalizing all standards in FY 2007-08. <i>2008-09 Update:</i> The Community Services Standards were finalized in January 2008. The Legal Services providers had met in January 2008 and one of the goals of this group is to finalize the Legal Services Standards in 2008-09.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05 - 6/30/09		Revised, Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To improve the effectiveness and efficiency of its services, the OOA, in consultation with the California Department of Aging, is working to standardize and institutionalize program standards for care management and include them in its requests for proposals.			
Objective 2.7 The OOA staff will fully implement program standards for care management (Title III) by October 1, 2005, incorporating the standards into all Requests for Proposals and subsequent contracts. <i>2006-07 Update:</i> The OOA case management standards have been fully implemented from October 2005. <i>2007-08 Update:</i> Case Management Standards were incorporated into the RFP. Completed.	Start & End Dates	Title III B Funded PD or C	Status
	10/1/05-6/30/07		Completed

Goal Two: To improve the quality and capacity of OOA-funded home and community based services

Rationale: Currently OOA-funded contracts tend to reflect “inputs” and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness.

Objective 2.8	Start & End Dates	Title III B Funded PD or C	Status
<p>The OOA staff, working with the Human Service Agency Planning Unit, will develop an annual survey that differentiates levels of consumer satisfaction with specific aspects of service delivery, sampling a range of consumers and services, and compiling and analyzing the results. The OOA staff will review results with contractors once a year to make improvements in services. will work with contractors to revise the consumer satisfaction surveys that will be implemented in 06-07 in order to capture contracted performance outcome measures of the different programs.</p> <p><i>2006-07 Update:</i> At six meetings with contract providers, consumer satisfaction surveys were discussed and changes suggested. New surveys will be implemented in 2006-07.</p> <p><i>2007-08 Update:</i> The new tools have been developed and will be translated into eight different languages. Due to the time needed for proofreading, implementation will occur in 2007-08, as will any necessary modifications.</p> <p><i>2008-09 Update:</i> Since November 2007, the revised consumer satisfaction survey forms for all OOA-funded programs have been available in nine languages: English, Chinese, Spanish, Russian, Tagalog, Japanese, Korean, Vietnamese, and Samoan. Objective completed.</p>	1/1/06 - 6/30/08		Completed

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: AAA-funded health prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. The AAA intends to promote its health related programs by continuing to serve the most vulnerable of its population within the City of San Francisco.			
Objective 2.9 The OOA staff, working with the contractors, and the public, will improve the overall health of older persons and adults with disabilities by providing and expanding health screening to the capacity of program budget. This service includes a brief examination to determine the need for more in-depth medical evaluation and referral. <i>2006-07 Update:</i> Curry Senior Center continues to provide these services to seniors and adults with disabilities in their primary care clinic. <i>2007-08 Update:</i> The OOA has released an RFP for the continued provision of these services. <i>2008-09 Update:</i> Curry Senior Center, which was awarded funding through the RFP process, will continue to provide Health Screening Program to the target population.	Start & End Dates	Title III B Funded PD or C	Status
	1/1/06 - 6/30/09		Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: AAA-funded health prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. The AAA intends to promote its health related programs by continuing to serve the most vulnerable of its population within the City of San Francisco.			
Objective 2.10 Medication Management will prevent incorrect medications and adverse drug reactions by providing a one-on-one consultation to individuals concerning the appropriate use of prescribed drugs with follow-up as needed to each individual seeking advice and information. <i>2006-07 Update:</i> Curry Senior Center continues to provide these services to seniors and adults with disabilities in their primary care clinic. <i>2007-08 Update:</i> The OOA has released a Solicitation of Interest (SOI) for the continued provision of these services. <i>2008-09 Update:</i> Curry Senior Center will continue to operate a Medication Management program in FY 2008-09.	Start & End Dates	Title III B Funded PD or C	Status
	1/1/06 - 6/30/09		Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Research studies demonstrate the benefits of living a healthy, active lifestyle, but many service providers have not incorporated physical activities into their programs.			
Objective 2.11 OOA staff will work with a lead agency to develop and implement evidence-based health promotion programs, in line with the State Initiative: Empowering Older People to Take More Control of their Health through Evidence-Based Prevention programs. <i>2008-09 Update:</i> Through an RFP process, 30 th Street Senior Center has been awarded with funding to develop and implement evidence-based health promotion (EBHP) program “Always Active” targeted to reach 10 communities/neighborhoods. The OOA staff are now members of the EBHP Initiative Statewide Steering Committee. OOA also works in collaboration with Partners in Care Foundation, to implement the Healthier Living EBHP programs in several community-based agencies.	Start & End Dates	Title III B Funded PD or C	Status
	5/1/07 - 6/30/09		Continued

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: According to the <i>Living With Dignity</i> strategic plan, the citywide system of services for seniors and persons with disabilities is hampered by fragmentation and a lack of coordination.			
Objective 3.1 The Deputy Director of Programs will designate an OOA liaison to attend the monthly meetings of the Long Term Care Coordinating Council to stay informed of the issues being explored and addressed, and of the policy positions being proposed to the Office of the Mayor. Attendance at these meetings will help the OOA effectively coordinate its program plans and funding priorities with the citywide effort to make strategic improvements to community-based long term care and supportive services for older adults and adults with disabilities. <i>2006-07 Update:</i> The OOA director, Denise Cheung, now attends the Long-Term Care Coordinating Council. Completed.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05 – 6/30/06		Completed

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: District Advisory Councils are an underutilized community resource that would benefit from having a vehicle to formally consider issues and needs discussed at their meetings.			
Objective 3.2 District Advisory Councils convened by the Resource Centers for Seniors and Adults with Disabilities meet regularly with consumers and service providers to share information and discuss neighborhood problems. The OOA staff assigned to each of the ten District Advisory Councils will work with the groups to formulate recommendations on how to improve coordination of services, and will incorporate recommendations in the 2006 - 07 Area Plan update. <i>2006-07 Update:</i> OOA staff will start to solicit input from DAC in May and June 2006. <i>2007-08 Update:</i> OOA staff attended DAC meetings in 2006. Input from the DACs was incorporated in the October 2006 Needs Assessment report. Completed.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05 – 6/30/07		Completed

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: With nutrition cited as one of the top unmet needs, a publication that lists free or low-cost food will enhance the nutrition services provided by the Triple A.			
Objective 3.3 Working in collaboration with the Department of Public Health, the Department of Human Services, Department of Aging and Adult Services, and community-based nonprofit organizations, the OOA nutritionist will coordinate, publish and distribute a citywide low cost food, nutrition education and resource guide that will be distributed for use by staff at various city departments and community-based organizations. <i>2006-07 Update:</i> The collaboration completed the directory in September and distributed 2,000 hard copies and 300 CDs. An on-line directory is scheduled for development and implementation in June 2006. Completed. <i>2007-08 Update:</i> DAAS will post this resource on DAAS's web site and on HSA's Intranet by June 2007. Further completed.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05 – 6/30/06		Completed

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: Many service providers experience rapid turn-over of staff, depleting the agency of the knowledge and experience of long-term employees.			
Objective 3.4 DAAS will work with the Services and Programs Advisory Committee to design and implement service provider training that will improve inter-agency communication and cooperation, including training on care-planning for care managers, one training on nutrition-risk screening for care managers, and two trainings for meeting the diverse needs of ethnic seniors and adults with disabilities. <i>2006-07 Update:</i> SPAC and DAAS staff conducted a number of trainings, including trainings in diversity, choosing homecare and board and care. Additional trainings are planned for 2006-07. <i>2007-08 Update:</i> DAAS provided four trainings as of March 2007 and will provide one more in May 2007. SPAC convened its last meeting in March, but its Training Committee will continue to meet to plan DAAS trainings. <i>2008-09 Update:</i> DAAS continues to offer training to service providers. In 2007, six trainings were conducted, covering the topics of MediCal, IHSS, Immigration Status, Family Caregiving, Community Support for People with Disabilities, APS/Integrated Intake/Community Living Fund/Ombudsman issues, and Nursing Facility/Acute Care MediCal waivers. A joint committee of DAAS staff and members of the Advisory Council has been formed to develop the training schedule for 2008.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/05 - 6/30/09		Continued

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: City intake systems for long-term care services are broken into program-level silos that make it difficult for consumers and caregivers to easily access the full spectrum of services that they may need.			
Objective 3.5 The DAAS Intake Supervisor will coordinate the integration of intake units from the following programs: Information and Referral, Home-Delivered Meals, Adult Protective Services, In-Home Supportive Services, and the Community Living Fund. The new Long-Term Care Intake and Screening Unit will co-locate these intake staff, allowing callers to access any of these resources with one phone call. Staff will also be cross-trained as appropriate.	Start & End Dates	Title III B Funded PD or C	Status
	7/1/08 – 6/30/09		New

Goal Three: To improve coordination of services for seniors and adults with disabilities.

Rationale: Due to limited resources, the existing service delivery system for home-delivered meals has not always been able to provide home-delivered meals for clients in emergency circumstances as quickly as they are needed. During the first six months of FY2007-08, OOA-Net data shows that only one-third of emergency home-delivered meal requests had delivery start dates within 5 days of their initial request.

Objective 3.6	Start & End Dates	Title III B Funded PD or C	Status
<p>Working in collaboration with Meals on Wheels of San Francisco, the DAAS long-term care intake and screening unit and the Long-Term Care Operations Director will provide additional funding from the Community Living Fund for program expansion and implementing improvements to the home-delivered meals service system to ensure that consumers with emergency needs always receive meals within a maximum of three to five days, and effort to provide a meal within 1-2 days.</p> <p><i>2008-09 Update:</i> Augment to the MOW contract for emergency meals began as of January 1, 2008. After a short period of program development, the expanded services started in earnest in March of 2008.</p>	1/1/08–6/30/09		New

Goal Three: To improve coordination of services for seniors and adults with disabilities.

Rationale: The FY 2007-2008 SHIP Grant requires the Department to use at least 5% of Federal SHIP funding to provide pharmaceutical (Part D) benefits assistance for dual eligible beneficiaries with mental illness.

Objective 3.7	Start & End Dates	Title III B Funded PD or C	Status
<p>In order to support this requirement, the HICAP provider will conduct training sessions for its staff and volunteers on how best to provide pharmaceutical (Part D) benefits assistance for dual eligible beneficiaries with mental illness. The training will be provided by the HICAP provider (working with DAAS for consultation and assistance) during Spring 2008. In order to provide outreach and awareness beyond the HICAP staff, a subsequent training session will be held with community gatekeepers (i.e., Resource Centers, senior centers, etc).</p> <p><i>2008-09 Update:</i> Continued training will be provided as needed. Additional outreach activities will commence to help further this goal.</p>	4/1/08–6/30/09		New

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers

Rationale: Many seniors have not enrolled in the Food Stamp program. The integration Department of Aging and Adult Services and the Department of Human Services should allow consumers easier access to a wider range of resources.

Objective 4.1

To increase the participation of older adults in its services and programs, the San Francisco Department of Human Services will pilot targeted outreach activities and develop a special application process for OOA consumers to coordinate screening and enrollment activities for its Non-Assistance Food Stamps, Medi-Cal, and other programs, resulting in a 5% increase of OOA consumers using DHS program services.

2006-2007 Update: Planning is underway to identify mechanisms for providing easier access to food stamps and other programs for seniors and people with disabilities, especially those on waiting lists for nutrition programs. In addition, one DAAS staff member participates in HSA’s Outreach Committee, which coordinates the agency’s outreach strategies and activities.

2007-08 Update: In 2006-07, DAAS & HSA staff worked collaboratively with the SF Food Security Task Force regarding recommendations related to older adults in the report “Food Security For All: A Strategic Plan to End Hunger in Our City, January 2007”. HSA planning staff will also advise on the implementation of \$1 million grant to streamline screening and application processes to increase food stamps utilization. Older adults are one of the primary target populations of that initiative.

2008-09 Update: In 2007-08 HSA and DAAS continue to actively participate in the SF Food Security Task Force. At the December 2007 meeting, the Task Force submitted a request to the Board of Supervisors to add a representative from DAAS as a voting member of the Task Force.

Start & End Dates	Title III B Funded PD or C	Status
7/1/05 - 6/30/09		Continued

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers			
Rationale: Employees of the OOA are not familiar with DHS programs and conversely DHS employees are not familiar with the programs of the OOA.			
Objective 4.2	Start & End Dates	Title III B Funded PD or C	Status
<p>The OOA and DHS staff will cross-train front-line staff on their respective programs, which will increase the number of consumers receiving both DHS and OOA services will increase by a minimum of 5%, as compared to a baseline to be developed in 12/05.</p> <p><i>2006-07 Update:</i> Joint meetings between DHS and OOA program managers have addressed the question of coordinating services and increasing utilization. The executive director of DAAS now sits in weekly meetings with the Deputy Director of DHS programs as well as the executive director of HSA to ensure coordinated strategies for serving common clientele. A focus on front-line staff will commence in 2006-07.</p> <p><i>2007-08 Update:</i> Working with other city departments and community-based organizations in developing part of the California Nutrition Action Plan (CNAP), OOA Nutritionist and HSA staff will help in completing an outreach training presentation on food and nutrition programs offered in the city by April 2007.</p> <p><i>2008-09 Update:</i> The food and nutrition programs training materials were completed in November 2007. OOA provided part of the training materials to nutrition service providers in February, 2008. OOA will complete another part of the training in May, 2008. HSA staff development is also working to include updated DAAS and DHS program liaisons information and specific program descriptions into employee orientation training modules.</p>	7/1/05 - 6/30/09		Continued

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers			
Rationale: It is believed that many seniors are unaware that they can use their Food Stamps for meals at senior nutrition sites.			
Objective 4.3	Start & End Dates	Title III B Funded PD or C	Status
<p>The DHS Food Stamp program will provide technical assistance to at least two congregate meal sites so that their consumers can swipe their electronic benefits card and deduct meal payments from their Food Stamps allocation.</p> <p><i>2006-07 Update:</i> Two congregate meal sites have added this capability, and a third is working to do so. Completed.</p>	7/1/05 – 6/30/06		Completed

Goal Five: To plan for the long-term care needs of underserved and emerging target populations

Rationale: Some senior nutrition sites are experiencing a decline in participants, and it is believed that fresh models of senior centers and activities should be developed to reflect the new generation of younger seniors.

Objective 5.1	Start & End Dates	Title III B Funded PD or C	Status
<p>As coordinated by the Advisory Council to the Aging and Adult Services Commission, the OOA staff will participate in a task force of current and future consumers, Advisory Council representatives, researchers, and service contractors to discuss needs of baby boomers and gather existing information and trends and present to providers and the public.</p> <p><i>2006-07 Update:</i> The Advisory Council discussed this objective in its January meeting and expressed interest in working to form a task force in partnership with DAAS that will research these issues and convene a community education forum.</p> <p><i>2007-08 Update:</i> The Advisory Council Baby Boomer Work Group met in March 2007 and plans to draft recommendations by June 30, 2007.</p> <p><i>2008-09 Update:</i> The workgroup met six times since March 2007. The group has reviewed demographic data, gathered existing research, and surveyed service providers (November 2007) on the current status of planning for baby boomers and on the providers' needs to plan appropriately for baby boomers. The group will issue a draft report to the Advisory Council on its findings in Spring 2008.</p>	7/1/05 - 6/30/09		Revised, Continued

Goal Five: To plan for the long-term care needs of underserved and emerging target populations

Rationale: The large number of baby boomer seniors approaching status for eligibility of AAA-funded services mandates a new look at service delivery models.

Objective 5.2

The Advisory Council to the Aging and Adult Services Commission will convene an educational forum with **baby boomers**, service providers, foundation representatives, researchers, and business leaders to develop recommendations for investments in services designed to meet the needs of “baby boomers.” This plan will be the beginning of an ongoing effort to address the needs of the baby boomer generation and to make preparations for the increases in the numbers of persons growing older and living longer, and its recommendations will be incorporated into Area Plan updates.

2006-07 Update: The Advisory Council discussed this objective in its January meeting and expressed interest in working to form a task force in partnership with DAAS that will research these issues and convene a community education forum.

2007-08 Update: The Advisory Council is discussing this objective in coordination with their work on objective 5.1.

2008-09 Update: The workgroup will present the findings from its research and survey in Spring 2008. Planning for an education forum will be based upon the findings of the research and survey.

Start & End Dates	Title III B Funded PD or C	Status
7/1/05 - 6/30/09		Continued (Modified)

Goal Five: To plan for the long-term care needs of underserved and emerging target populations

Rationale: In focus groups, lesbian, gay, bisexual, and transgender (LGBT) seniors have commented on not feeling comfortable in services sites that are not oriented to them. Also, a taskforce on underserved communities of seniors and persons with disabilities is formulating recommendations that may include meal site locations, and new housing sites for formerly homeless seniors are opening up this year and may be suitable for meal sites.

Objective 5.3	Start & End Dates	Title III B Funded PD or C	Status
<p>The OOA will provide technical assistance to identify at least one congregate meal site that will target the LGBT and/or other underserved communities.</p> <p><i>2006-07 Update:</i> A LGBT meal site has begun operation in 2005-2006. Completed.</p> <p><i>2008-09 Update:</i> The small LGBT meal site (which served two times a month) at New Leaf Services for our Community was closed in January 2008 due to very low attendance level. The coordinator has since been able to continue meeting with the consumers bi-weekly as a “brown bag” lunch program. Another meal site that targets LGBT consumers and serves meals 5 days a week, located at the Castro Senior Center, has grown and attracted more LGBT consumers in the meantime.</p>	7/1/05 - 6/30/06		Completed

Goal Five: To plan for the long-term care needs of underserved and emerging target populations

Rationale: The *Living With Dignity* strategic plan identified four target populations that are underserved by the city's long-term care service system for seniors and persons with disabilities.

Objective 5.4

The OOA staff will work with the San Francisco Partnership for Community-Based Care & Support to develop recommendations on how to improve services for seniors and adults with disabilities in the following underserved communities: 1) African American; 2) Asian/Pacific Islander; 3) Latino; and 4) lesbian, gay, bisexual, and transgender. The recommendations will be incorporated into the 2006-07 Area Plan update.

2006-07 Update: DAAS staff has been assigned to attend the community partnership meetings and the planning unit is actively working with Partnership groups to ensure representation in the needs assessment process. Recommendations will be incorporated into the 2006 Needs Assessment.

2007-08 Update: The 2006 Needs Assessment included information from focus groups and interviews with each of the Partnership groups. After the Assessment was completed, HSA returned to each these groups and made presentations about the results of the Assessment and invite feedback. OOA staff will continue to attend meetings in FY2007-08.

2008-09 Update: OOA staff will continue to attend meetings in FY 2008-09.

Start & End Dates	Title III B Funded PD or C	Status
7/1/05 – 6/30/09		Continued

Goal Five: To plan for the long-term care needs of underserved and emerging target populations

Rationale: Often, in the rehabilitation units of hospitals, patients are not provided with adequate information for long term care choices, and transitions out of these facilities are not adequately monitored. In order to meet the individual needs of the consumers and family members, it is important to assure that patients participate in both care and discharge planning through the Ombudsman support.

Objective 5.5	Start & End Dates	Title III B Funded PD or C	Status
<p>To advocate for safe discharge planning and to ensure that adequate long term care choices are provided, to patients of rehabilitation units of hospitals. To assure that patients participate in both care- and discharge planning through Ombudsman support. The Discharge Planning Ombudsman will visit all rehab SNFs weekly for purpose of outreach and complaint advocacy. The Discharge Planning Ombudsman will also provide an array of community-based options to the patient, family and utilization nurse prior to discharge when a complaint about process occurs.</p> <p><i>2008-09 Update:</i> The Discharge Planning Ombudsman has continued to visit all rehabilitation SNFs weekly, and provide an array of community-based options to the consumers.</p>	7/1/07 – 6/30/09		Continued

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources

Rationale: The OOA needs to better understand the needs of younger persons with disabilities and make more appropriate referrals for the delivery of services.

Objective 6.1

To improve services for younger adults with disabilities (YAD), the Human Services Agency planning unit will work with the OOA staff, adults with disabilities, and OOA-funded contractors to assess the service needs of this population, research service models and outreach strategies, identify potential funding sources, and make recommendations regarding training and program changes that will be incorporated into the 2006-07 Area Plan update.

2006-07 Update: These issues have been included in the plan for the 2006 Needs Assessment process.

2007-08 Update: The 2006 Needs Assessment integrated information about the needs of younger persons with disabilities, identifying gaps in service and identifying areas for further analysis. Also, a public hearing was convened in October 2006 to discuss programs meeting the needs of the younger disabled. These efforts contributed to a \$200,000 RFP being issued in January 2007 for three specific programs to serve the YAD: legal services, money management, and social support services for hoarders and clutterers.

2008-09 Update: For the first time, the 2006 DAAS Community Needs Assessment integrated information about the needs of YAD and made recommendations regarding funding and further analysis. Programs for YAD (home-delivered meals, congregate meals, legal services, money management, and social support services for hoarders and clutterers) have been implemented. Completed.

Start & End Dates	Title III B Funded PD or C	Status
7/1/05 - 6/30/08		Completed

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources

Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.

Objective 6.2	Start & End Dates	Title III B Funded PD or C	Status
<p>The OOA will evaluate its pilot project to provide Home-Delivered Meals for younger adults with disabilities, eliciting input from consumers, meal providers, and service recipients, and will make recommendations on funding and program adjustments for the 2006 - 07 Area Plan update.</p> <p><i>2006-07 Update:</i> An evaluation survey of the pilot program has been completed, and a draft report will be completed by June 2006.</p> <p><i>2007-08 Update:</i> DAAS has shared the results of the completed evaluation with the Advisory Council, Services and Program Advisory Committee, and the community. Additional baseline funding has been identified to continue and expand this program. Completed.</p>	7/1/05-6/30/07		Completed

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources

Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.

Objective 6.3	Start & End Dates	Title III B Funded PD or C	Status
<p>The overall number of younger disabled persons served by the OOA-funded network of contracts will increase by 5%, as compared to a baseline that will be developed by 12/05.</p> <p><i>2006-07 Update:</i> Implementation of a pilot home-delivered meal program for younger disabled adults, as well as provision of case management through the Institute on Aging and Neighborhood Resource Centers has significantly increased the number of younger disabled adults receiving services from OOA contractors. Data is still fragmented at this time, requiring more analysis to determine baseline and comparison figures.</p> <p><i>2007-08 Update:</i> Due to additional funding earmarked for this population, DAAS conducted a public hearing in Oct 2006 about increasing services to the younger disabled. An RFP of new/additional services was issued. (See objective 6.1.) The OOA provided services to 582 persons under the age of 60 as of February 2007 this year. In addition, DAAS had provided home delivered meals to 206 younger persons as of the same time year. Congregate meal programming began in March 2007.</p> <p><i>2008-09 Update:</i> Complete year-end enrollment information is now available for 2006-2007, which is useful as a baseline measure. A total of 1,259 unduplicated consumers under the age of 60 were enrolled in OOA-funded services according to the OOA-Net tracking system. Additionally, 501 younger adults received congregate or home-delivered meals (tracked separately from OOA-Net). In FY2008-09, planning and program staff will compare 06/07 and 07/08 enrollments to assess increased access.</p>	7/1/05-6/30/09		Continued

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources

Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.

Objective 6.4	Start & End Dates	Title III B Funded PD or C	Status
<p>CDA has just awarded DAAS and the Independent Living Resource Center of San Francisco (ILRCSF) \$80,000 to be another regional ADRC (Aging and Disability Resource Connection) partner in California. Under the umbrella of this new ADRC, DAAS Integrated Intake Unit, ILRCSF, and the ten Resource Centers for Seniors and Adults with Disabilities will work together to reach diverse communities in San Francisco. The ADRC collaborative will promote independent living, and it will help develop strategies for diffusing independent living principles and resources into aging resource networks. The ADRC will engage in a series of training programs for the providers in the aging and disability networks, better equipping staff to help consumers make informed choices. The Ombudsman program will also collaborate with ILRCSF in cross-training of staff and volunteers.</p>	<p>3/1/08 - 9/30/08</p>		<p>New</p>

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual.

Report units of service to be provided with **ALL funding sources**.

Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

For services that will not be provided, check the Not Applicable box .

TITLE III/VII

1. Personal Care (In-Home)*

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	8,130	3,4	3-1, 4-2
2006-2007	8,130	3,4	4-2
2007-2008			
2008-2009			

2. Homemaker (In-Home)*

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	7,610	3,4	3-1, 4-2
2006-2007	7,610	3,4	4-2
2007-2008	6,421	3,4	4-2
2008-2009	5,000	3,4	4-2

3. Chore (In-Home)* 1,500

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,810	3,4	3-1, 4-2
2006-2007	2,810	3,4	4-2
2007-2008			
2008-2009			

* Indicates Title III-B Priority Services

4. Home Delivered Meals

**Units of Service = (1-Meal)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	852,561	1, 2, 3	1-2, 1-3, 2-1,2-4, 3-4
2006-2007	852,561	1, 2, 3	1-3, 2-1,2-4, 3-4
2007-2008	899,300	1, 2, 3	2-1,2-4
2008-2009	911,000	1, 2, 3	2-1,2-4, 3-5, 3-6

5. Adult Day Care/Health

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	63,022	3	3-1
2006-2007	63,022	2	2-8
2007-2008			
2008-2009			

6. Case Management (Access)♦ *

**Units of Service = (1-Hour)
Not Applicable: X (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

7. Congregate Meals

**Units of Service = (1-Meal)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	841,936	1, 2, 4, 5	1-1, 1-3, 2-3, 2-4 4-1, 4-2, 4-3, 5-1
2006-2007	841,936	1, 2, 4, 5	1-1, 1-3, 2-3, 2-4 4-1, 4-2, 5-1
2007-2008	798,926	1, 2, 4, 5	1-1, 2-4 4-1, 4-2, 5-1
2008-2009	803715	1, 2, 4, 5	2-4 4-1, 4-2, 5-1

8. Nutrition Counseling

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	960	2, 5, 6	2-4, 2-5, 5-1, 5-3, 6-2
2006-2007	960	2, 5, 6	2-4, 5-1, 6-2
2007-2008	960	2, 5, 6	2-4, 5-1
2008-2009	960	2, 5, 6	2-4, 5-1

♦ Indicates Title III-B Priority Services

9. Assisted Transportation (Access)*

Units of Service = (One 1-way trip)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

10. Transportation (Access)*

Units of Service = (One 1-way trip)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	77,511	3,4	3-1, 4-2
2006-2007	77,511	3,4	4-2
2007-2008	67,339	3,4	4-2
2008-2009	67,339	3,4	4-2

11. Legal Assistance*

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	11,884	2, 3, 4, 5, 6	2-5, 2-6, 2-8, 3-2, 4-1, 5-2, 6-1
2006-2007	11,884	2, 3, 4, 5, 6	2-6, 2-8, 3-2, 4-1, 5-2, 6-1
2007-2008	16,134	2, 3, 4, 5, 6	2-6, 2-8, 4-1, 5-2, 6-1
2008-2009	16,134	2, 3, 4, 5, 6	2-6, 2-8, 4-1, 5-2

12. Nutrition Education

Units of Service = (1-Session)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	970	1, 2, 3, 4	1-1, 2-4, 3-3, 3-4
2006-2007	970	1, 2, 3, 4	1-1, 2-4, 3-4
2007-2008	41,719	1, 2, 3, 4	1-1, 2-4, 3-4
2008-2009	41,719	1, 2, 3, 4	2-4, 3-4

13. Information and Assistance (Access)* *

Units of Service = (1-Contact)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	10,000	1, 2, 3, 4, 5, 6	1-1, 1-2, 2-5, 2-8, 3-2, 3-3, 4-2, 5-2, 5-3, 5-4, 6-1, 6-3
2006-2007	4,200	1, 2, 3, 4, 5, 6	1-1, 2-8, 3-2, 4-2, 5-2, 5-4, 6-1, 6-3
2007-2008	4,200	1, 2, 3, 4, 5, 6	1-1, 2-8, 4-2, 5-2, 5-4, 6-1, 6-3
2008-2009	4,200	1, 2, 3, 4, 5, 6	1-5, 3-5, 4-2, 5-2, 5-4, 6-3, 6-4

* Indicates Title III-B Priority Services

14. Outreach (Access)*

Units of Service = (1-Contact)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	675	1, 2, 3, 4, 5, 6	1-1, 1-2, 1-3, 2-8, 3-1, 3-2, 3-3, 3-4, 4-1, 4-2, 4-3, 5-1, 5-2, 5-3, 5-4, 6-1, 6-3
2006-2007			
2007-2008			
2008-2009			

15. Title III Services (“Other”)

- Identify only services not reported in categories 1 – 14 above.
- Specify the units of service and what constitutes a service unit. (Reference Division 4000 of the MIS Operations Manual, February 7, 1994.)
- Every Title III B service listed in Program 15 below must also be among the services listed under Program 15 in the Area Plan budget, CDA 122.

Title III-D: Disease Prevention
Units of Service ^E (1,500)

Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,500	2, 5, 6	2-4, 5-2, 5-4, 6-1
2006-2007	1,500	2, 5, 6	2-4, 5-2, 5-4, 6-1
2007-2008	1,500	2, 5, 6	2-4, 5-2, 5-4, 6-1
2008-2009	1,500	2, 5, 6	2-4, 5-2, 5-4

Title III-D: Medication Management
Units of Service ^E (500)

Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	500	2, 5, 6	2-4, 5-2, 5-4, 6-1
2006-2007	500	2, 5, 6	2-4, 5-2, 5-4, 6-1
2007-2008	500	2, 5, 6	2-4, 2-10, 5-2, 5-4, 6-1
2008-2009	500	2, 5, 6	2-4, 2-10, 5-2, 5-4

Other

Not Applicable: (check)

Service Category: Title III-B “Other Supportive Services” Housing: Emergency Assistance
Units of Service ^E (100)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	100	1, 2, 3, 4	1-1, 2-5, 3-2, 3-4, 4-2,
2006-2007			
2007-2008			
2008-2009			

^E Entry Required

Other

Not Applicable: (check)

Service Category: Title III-B "Other Supportive Services" Community Education/Advocacy

Units of Service^E (1,300)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,300	1, 2, 3, 4, 5	1-1, 2-5, 3-2, 4-2, 5-2
2006-2007			
2007-2008			
2008-2009			

Other

Not Applicable: (check)

Service Category: Title III-B "Other Supportive Services" Community Services/Volunteer Opportunities

Units of Service^E (245)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	245	1, 3, 5, 6	1-1, 1-3, 3-2, 5-4, 6-1, 6-3
2006-2007			
2007-2008			
2008-2009			

Other

Not Applicable: (check)

Service Category: Title III-B "Other Supportive Services" Naturalization

Units of Service^E (772)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	772	1, 5	1-1, 5-4
2006-2007			
2007-2008			
2008-2009			

Other

Not Applicable: (check)

Service Category: _____

Units of Service^E (____)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

^E Entry Required

LONG-TERM CARE OMBUDSMAN (FY2005-06 and FY2006-07)
(Title III B and Title VII a)

Note: For completion of this section, see Instructions for SUP Objective Guidelines

Total number of cases to be closed: Units of Service = (one closed case)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	540	2, 5	2-5, 5-1, 5-2
2006-2007	540	5	5-1, 5-2

Training for Ombudsman staff and volunteers

(Includes 36-hour Certification Training and 12-Hour Required Annual Training)

Fiscal Year	Number of Sessions
2005-06	10
2006-07	15

Fiscal Year	Number of Hours
2005-06	120
2006-07	120

Fiscal Year	Total Number of Trainees
2005-06	10
2006-07	51

Visits

Fiscal Year	Number of Visits to SNFs (Unduplicated Count)
2005-06	27
2006-07	27

Fiscal Year	Number of Visits to RCFEs (Unduplicated Count)
2005-06	110
2006-07	110

Visits. cont.

Fiscal Year	Projected Number of Volunteers needed
2005-06	n/a
2006-07	10

Fiscal Year	Number of Existing Volunteers
2005-06	n/a
2006-07	37

LONG-TERM CARE OMBUDSMAN (FY2007-08 and FY2008-09) (Title III B and Title VII a)

AREA PLAN OUTCOMES FOR THE LONG-TERM CARE OMBUDSMAN PROGRAM

Mission: As mandated by the Older Americans Act, the mission of the Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents. Baseline numbers are provided from each local Ombudsman Program's Fiscal Year (FY) 2003-2004 National Ombudsman Reporting System data. Targets are established by the local Ombudsman in consultation with the Area Agency on Aging and are approved by the State Long-Term Care Ombudsman.

For baseline data, please use your program's data which was submitted for the FY 2003-2004 State Annual Report to AoA. The source for this data is your local program's OmbudsManager reports.

1. ***The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3)(5)]***

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I-E, Actions and Complaints)

1.	FY 2003-2004 Baseline: 302 complaints resolved plus 245 complaints partially resolved complaints divided by total complaints 929 equals Baseline 59%
2.	FY 2007-2008 Target: 78% resolution rate
3.	FY 2008-2009 Target: 78% resolution rate
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

B. Work with Resident Councils (AoA Report, Part III-R, #8)

1.	FY 2003-2004 Baseline: 3 number of meetings attended
2.	FY 2007-2008 Target: 8 number and 10% increase
3.	FY 2008-2009 Target: 8 number and 0% increase (over FY 2007-08)
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

C. Work with Family Councils (AoA Report, Part III-F, #9)

1.	FY 2003-2004 Baseline: 0 number of meetings attended
2.	FY 2007-2008 Target: 3 number and 100% increase
3.	FY 2008-2009 Target: 3 number and 0% increase
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

D. Consultations to Facilities (AoA Report, Part III-F, #4)

1.	FY 2003-2004 Baseline: 31 number of consultations
2.	FY 2007-2008 Target: 62 number and 100% increase
3.	FY 2008-2009 Target: 62 number and 0% increase
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

E. Information and Consultations to Individuals (AoA Report, Part III-F, #5)

1.	FY 2003-2004 Baseline: 222 number of consultations
2.	FY 2007-2008 Target: 244 number and 10% increase
3.	FY 2008-2009 Target: 244 number and 0% increase
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

F. Community Education (AoA Report, Part III-F, #10)

1.	FY 2003-2004 Baseline: 29 number of sessions
2.	FY 2007-2008 Target: 34 number of sessions and 17% increase
3.	FY 2008-2009 Target: 34 number of sessions and 0% increase
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

G. Systems Advocacy

1. FY 2007-2008 Target: Please provide at least one example of a significant systemic advocacy effort in each local Ombudsman Program. (Examples: working with law enforcement to improve response and investigation of abuse complaints, collaborations with other agencies to improve quality of care to residents, disaster preparedness planning, presentations to legislators and local officials regarding quality of care issues etc)

FY 2008-2009: The Long Term Care Ombudsman will expand its collaboration around elder and dependent abuse with the San Francisco Police Department (SFPD). Activities include: (1) Conducting a series of trainings to station-houses throughout San Francisco; (2) Acting as a liaison with District Attorney Witness Protection and Elder Abuse Specialist; (3) Advocating along with APS and the Institute on Aging's Elder Abuse Prevention Program for a dedicated Elder Abuse unit within SFPD.

Measures and Targets:

2. Residents have regular access to an Ombudsman. [OAA Section 712(a)(3)(D), (5)(B)(ii)]

A. Regular Nursing Facility Resident Visitation (AoA Report, Part III-F, #6) The target should be 100% of facilities visited. Refer to the NORS definition of regular visitation, which is at least one visit on a quarterly basis.

1.	FY 2003-2004 Baseline: 96% (number of regular visitations (25) divided by the number of nursing facilities (26))
2.	FY 2007-2008 Target: 15% increase in the number of regular resident visitations
3.	FY 2008-2009 Target: 0% increase in the number of regular resident visitations over FY07/08
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

B. Regular Residential Care Facility for the Elderly Resident Visitation

(AoA Report, Part III-F, #6 – board and care facilities) The target should be 100% of facilities visited. Refer to the NORS definition of regular visitation, which is at least one visit on a quarterly basis.

1.	FY 2003-2004 Baseline: 100% (234 number of regular visitations divided by the number of 110 licensed residential care facilities for the elderly – all facilities visited at least once.)
2.	FY 2007-2008 Target: 10% increase in number of regular resident visitations (___ number of regular visitations divided by the number of ___ residential care facilities for the elderly)
3.	FY 2008-2009 Target: 0% increase in number of regular resident visitations (234 number of regular visitations divided by the number of 110 residential care facilities for the elderly)
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

C. Number of Full-Time Equivalent (FTE) Paid Staff Ombudsmen

(One FTE generally equates to 40 hours per week or 1,760 hours per year)

1.	FY 2003-2004 Baseline: 4 FTEs
2.	FY 2007-2008 Target: 5 and 20% increase
3.	FY 2008-2009 Target: 5 and 0% increase
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

D. Number of Certified Volunteer Ombudsmen

1.	FY 2003-2004 Baseline: 25
2.	FY 2006-2007 Current Number: 27 after decertification
3.	FY 2007-2008 Target: 35 number and 8% increase.
4.	FY 2008-2009 Target: 35 number and 0% increase
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

Measures and Targets:

1. Ombudsmen report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]

A. Each Ombudsman Program provides regular training on the National Ombudsman Reporting System (NORS).

1.	FY 2003-2004 Baseline: 1 number of NORS Part I, II or III training sessions completed.
2.	FY 2007-2008 Target: 4 number of NORS Part I, II and III training sessions planned.
3.	FY 2008-2009 Target: 4 number of NORS Part I, II and III training sessions planned.
Associated Program Goals and Objective Numbers: 5-1, 5-2, 5-5	

ELDER ABUSE PREVENTION SERVICES (TITLE VII b) (All FYs)

Units of Service = (1 Hour)

Fiscal Year	1 Proposed Units of Service	2 Goal Numbers	3 Associated Program Goal and Objective Numbers
2005-2006	1884	1,2, 3	1-3, 2-5 3-1
2006-2007	1884	1,2, 3	1-3
2007-2008	2500	1,2, 3	3-4
2008-2009	45 sessions	1,2, 3	3-4

Other Title VII b activities from Division 4000.

Service Category: _____

Units of Service ^E (_____)

Fiscal Year	1 Proposed Units of Service	2 Goal Numbers	3 Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

Other Program Accomplishments

Fiscal Year	Total # of Public Education Sessions
2005-06	n/a
2006-07	16
2007-08	16
2008-09	16

Fiscal Year	Total # of Training Sessions for Professionals
2005-06	n/a
2006-07	32
2007-08	32
2008-09	32

Fiscal Year	Total # of Educational Materials Developed (Products)
2005-06	n/a
2006-07	5
2007-08	5
2008-09	5

Fiscal Year	Total # of Educational Materials Distributed (Documents)
2005-06	n/a
2006-07	3,500
2007-08	3,500
2008-09	3,500

Note: As of February 2005, all Resource Centers for Seniors and Adults with Disabilities Programs have been removed from the Area Plan Budget for FY2004-05, to facilitate leveraging additional Federal revenues for the local AAA. AS SUCH, THESE SERVICE UNITS ARE NO LONGER REPORTED IN THE NAPIS REPORTS.

TITLE III E - FCSP SERVICE UNIT PLAN OBJECTIVES

PSA # _____

For Planning Period FY 2008-09

CCR Article 3, Section 7300(d)

This Service Unit Plan (SUP) utilizes the five broad federal service categories defined in PM 08-03. Refer to the FCSP Service Matrix in this PM for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

TITLE III E

CATEGORIES	1	2	3
Direct III E Family Caregiver Services	Proposed Units of Service	Required Goal #(s)	Optional Associated Objective #(s)
Information Services	# of activities: 0 Total est. audience for above: 0	n/a	
Access Assistance	Total contacts: 0	n/a	
Support Services	Total hours: 0	n/a	
Respite Care	Total hours: 0	n/a	
Supplemental Services	Total occurrences: 0	n/a	

Direct III E Grandparent Services	Proposed Units of Service	Required Goal #(s)	Optional Associated Objective #(s)
Information Services	# of activities: 0 Total est. audience for above: 0	n/a	
Access Assistance	Total contacts: 0	n/a	
Support Services	Total hours: 0	n/a	
Respite Care	Total hours: 0	n/a	
Supplemental Services	Total occurrences: 0	n/a	

Contracted III E Family Caregiver Services	Proposed Units of Service	Required Goal #(s)	Optional Associated Objective #(s)
Information Services	# of activities: 400 Total est. audience for above: 340	1, 2, 5	5-1, 5-2
Access Assistance	Total contacts: 225	1, 2, 3, 5	5-1, 5-2
Support Services	Total hours: 764	2, 3, 5	5-2
Respite Care	Total hours: 7261	1, 2, 5	5-2
Supplemental Services	Total occurrences: 398	1, 2, 5	5-1, 5-2

Contracted III E Grandparent Services	Proposed Units of Service	Required Goal #(s)	Optional Associated Objective #(s)
Information Services	# of activities: 80 Total est. audience for above: 70	1, 2, 5	5-1, 5-2
Access Assistance	Total contacts: 400	1, 2, 3, 5	5-1, 5-2
Support Services	Total hours: 80	2, 3, 5	5-2
Respite Care	Total hours: 0	1, 2, 5	5-2
Supplemental Services	Total occurrences: 0	1, 2, 5	5-1, 5-2

TITLE III E SERVICE UNIT PLAN OBJECTIVES
for FY05/06 through FY0708
PSA #6
2005 – 2009 Four Year Planning Period
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the service categories defined in PM 03-10. Related Title III E funding is reported in the Area Plan Budget (CDA 122). This SUP is for the reporting of Title III E services **only**.
 Report units of service to be provided with **ALL funding sources**.

For services that will not be provided, check the Not Applicable box

TITLE III E

1. Outreach

Units of Service = (1-Contact)
 Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	375	1, 5	1-2, 5-1
2006-2007	375	5	5-1
2007-2008	375	5	5-1
2008-2009	See prior page for all FY 2008-09 Service Units for Title III-E		

2. Community Education

Units of Service = (1-Hour)
 Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	102	1	1-2
2006-2007	102	2	2-8
2007-2008	285	2	2-8

3. Information and Assistance*

Units of Service = (1-Contact)
 Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	750	1, 5	1-2, 5-1
2006-2007	750	2	2-8
2007-2008	725	2	2-8

4. Comprehensive Assessment

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	155	2	2-5
2006-2007	155	2	2-8
2007-2008	310	2	2-8

5. Case Management

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	225	2, 3	2-8
2006-2007	225	2, 3	2-8
2007-2008	200	2, 3	2-8

6. Transportation

Units of Service = (One 1-way trip)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

7. Assisted Transportation

Units of Service = (One 1-way trip)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

8. Counseling

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,094	2	2-8
2006-2007	1,094	2	2-8
2007-2008	640	2	2-8

9. Caregiver Support Group

Units of Service = (1-Hour Meeting)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	164	2, 3	2-8
2006-2007	164	2, 3	2-8
2007-2008	164	2, 3	2-8

10. Caregiver Training

Units of Service = (1-Contact)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	92	1, 2, 3	2-8
2006-2007	92	1, 2, 3	2-8
2007-2008	120	1, 2, 3	2-8

11. Respite Care Services

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	20,550	1	1-2
2006-2007	20,550	2	2-8
2007-2008	7,644	2	2-8

12. Minor Home Modifications

Units of Service = (1-Occurrence)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

13. Placement

Units of Service = (1-Placement)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

14. Homemaker**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

15. Chore**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	80	1	1-2
2006-2007			
2007-2008			

16. Home Security & Safety**Units of Service = (1-Occurrence)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

17. Assistive Devices**Units of Service = (1-Single Occurrence)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

18. Visiting**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,300	1	1-2
2006-2007	1,300	2	2-8
2007-2008			

19. Congregate MealsUnits of Service = (1-Meal)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

20. Home Delivered MealsUnits of Service = (1-Meal)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

21. Legal AssistanceUnits of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	77	1, 2	1-2, 2-8
2006-2007	77	1, 2	2-8
2007-2008	50	1, 2	2-8

22. Peer CounselingUnits of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

23. Translation/InterpretationUnits of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008	200	1, 2, 5	5-1, 5-2

24. Income Support/Material Aid

Units of Service = (1-Occurrence)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	25	1	1-2
2006-2007			
2007-2008			

25. Money Management

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

26. Registry

Units of Service = (1-Match)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

Other – Specify:

Service Category: _____
Requires PRIOR CDA Approval

Units of Service: ^E _____ entry required
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			

^E Entry required

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

Please list your performance measures in the table below. Each AAA must achieve at least the DOL’s minimum required performance measures, unless lower measures have been negotiated and approved by the DOL. AAAs may indicate higher performance measures as well.

Title V/SCSEP				
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Fiscal Year (FY)	Goal Number	Objective Number	CDA Authorized Slots	National Authorized Slots (If applicable)
2005-06	n/a			
2006-07	n/a			
2007-08	n/a			
2008-09	n/a			

DOL’s Minimum Required Performance Measures

1. Placement Rate – DOL’s Minimum Unsubsidized Placement Goal is 25%

FY	Estimated Unsubsidized Placement Goal %
2005-06	n/a
2006-07	n/a
2007-08	n/a
2008-09	n/a

2. Service Level – DOL’s Minimum Service Level is 140%

FY	Estimated Service Level %
2005-06	n/a
2006-07	n/a
2007-08	n/a
2008-09	n/a

3. Service to the Most in Need – DOL’s Minimum Goal to Serve the Most in Need is 68%

FY	Estimated % Service to the Most in Need
2005-06	n/a
2006-07	n/a
2007-08	n/a
2008-09	n/a

4. Community Service Hours Provided – DOL’s Minimum Goal for Community Serve Hours Provided is 999,400 hours, which is 91% (approximately 950 hours per authorized slot)

FY	Estimated Community Service Hours Provided
2005-06	n/a
2006-07	n/a
2007-08	n/a
2008-09	n/a

5. Employment Retention Rate – DOL’s Minimum Employment Retention Rate is 70%

FY	Estimated Employment Retention Rate %
2005-06	n/a
2006-07	n/a
2007-08	n/a
2008-09	n/a

6. Customer Satisfaction for Employers, Participants, and Host Agencies – DOL’s Combined Minimum Customer Satisfaction Rate for Employers, Participants, and Host Agencies is 80%

FY	Estimated % Combined Customer Satisfaction Rate
2005-06	n/a
2006-07	n/a
2007-08	n/a
2008-09	n/a

7. Earnings Increase –

DOL’s Minimum Goal for Earnings Increase 1 is 25% Higher than the Pre-Program Earnings

DOL’s Minimum Goal for Earnings Increase 2 is 5% Higher than Earnings Increase 1

FY	Estimated Earnings Increase 1	Estimated Earnings Increase 2
2005-06	n/a	n/a
2006-07	n/a	n/a
2007-08	n/a	n/a
2008-09	n/a	n/a

**COMMUNITY BASED SERVICES PROGRAMS
SERVICE UNIT PLAN (CBSP) OBJECTIVES:**

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) follows the instructions for layouts provided in PM 98-26 (P) and updated in PM 00-13 (P). The related funding is reported in the annual Area Plan Budget (CDA 122). Report units of service to be provided with **ALL funding sources**.

For services that will not be provided, check the Not Applicable box

CBSP

Alzheimer’s Day Care Resource Center (ADCRC)

Fiscal Year	Goal Numbers
2005-2006	1
2006-2007	1
2007-2008	1
2008-2009	1

Fiscal Year	Caregiver Support Sessions
2005-2006	60
2006-2007	60
2007-2008	60
2008-2009	60

Fiscal Year	In-Service Training Sessions
2005-2006	24
2006-2007	24
2007-2008	24
2008-2009	24

Fiscal Year	On-Site Training Sessions
2005-2006	32
2006-2007	32
2007-2008	32
2008-2009	32

Fiscal Year	On-Site Training Sessions
2005-2006	16
2006-2007	16
2007-2008	16
2008-2009	16

Brown Bag

Fiscal Year	Goal Numbers
2005-2006	1, 5
2006-2007	1, 5
2007-2008	1,5
2008-2009	1, 5

Fiscal Year	Estimated # of Unduplicated Persons to be Served
2005-2006	527
2006-2007	527
2007-2008	527
2008-2009	527

Fiscal Year	Estimated Pounds of Food to be Distributed
2005-2006	602,424
2006-2007	602,424
2007-2008	602,424
2008-2009	602,424

Fiscal Year	Estimated # of Volunteers
2005-2006	9
2006-2007	9
2007-2008	9
2008-2009	9

Fiscal Year	Estimated # of Volunteer Hours
2005-2006	1,044
2006-2007	1,044
2007-2008	1,044
2008-2009	1,044

Fiscal Year	Estimated # of Distribution Sites
2005-2006	6
2006-2007	6
2007-2008	6
2008-2009	4

(CBSP) Respite Purchase of Services – RPOS

Not Applicable: (check)

Fiscal Year	Goal Numbers
2005-2006	1
2006-2007	1
2007-2008	1
2008-2009	1

Fiscal Year	Respite Hours Provided
2005-2006	459
2006-2007	459
2007-2008	459
2008-2009	459

459

(CBSP) Respite Purchase of Services – RPOS. cont.

Fiscal Year	Points of Service Transportation (# of one-way trips)
2005-2006	n/a
2006-2007	n/a
2007-2008	n/a
2008-2009	N/a

Fiscal Year	Alzheimer's Day Care Resource Center (# of days)
2005-2006	n/a
2006-2007	n/a
2007-2008	n/a
2008-2009	N/a

Linkages

Fiscal Year	Goal Numbers
2005-2006	1,2,3,5
2006-2007	1,2,3,5
2007-2008	1,2,3,5
2008-2009	1,2,3,5

Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2005-2006	183
2006-2007	183
2007-2008	157
2008-2009	157

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2005-2006	160
2006-2007	160
2007-2008	120
2008-2009	120

Senior Companion

Not Applicable: (check)

Fiscal Year	Goal Numbers
2005-2006	1
2006-2007	1
2007-2008	1
2008-2009	1

Fiscal Year	Volunteer Service Years (VSYs)
2005-2006	5
2006-2007	5
2007-2008	5
2008-2009	5

Fiscal Year	Volunteer Hours
2005-2006	5,220
2006-2007	5,220
2007-2008	5,220
2008-2009	5,200

Fiscal Year	Senior Volunteers
2005-2006	4
2006-2007	4
2007-2008	4
2008-2009	4

Fiscal Year	Seniors Served
2005-2006	35
2006-2007	35
2007-2008	35
2008-2009	35

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN OBJECTIVES

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300 (d)

The Service Unit Plan (SUP) utilizes definitions that can be found at www.aging.ca.gov. After connecting with the home web page, select “AAA Partners,” then “Reporting Instructions,” then select “HICAP Reporting Instructions as of July 1, 2004.” HICAP reporting instructions, forms, and definitions are centralized there.

The related funding is reported in the HICAP Budget. Indicate the estimated service performance units provided with federal and state HICAP funds.

HICAP Services

References to Plan Goal(s) and Objective(s) related to HICAP Services without Legal Services Component

(FY2005-06 and FY2006-07 Service Unit Plans. FY2007-08 and FY2008-09 SUPs formats are slightly different, and have been added at the end of the original version.)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	768 consumers includes legal	1	
2006-2007	4,436 staff hrs	2	2-8

1. HICAP Budget without HICAP Legal Services Budget

Fiscal Year	Estimated State & Federal Budget Amount
2005-06	\$42,344
2006-07	\$278,968

2. Community Education

Fiscal Year	Estimated # of Interactive Presentations in SFY. Unit of Service = (1 Presentation)
2005-06	70
2006-07	70

3. Community Education

Fiscal Year	# of Attendees reached at Interactive Presentations in SFY. Unit of Service = (1 Attendee Reached)
2005-06	20,000
2006-07	20,000

4. Counseling

Fiscal Year	Estimated # of Clients Counseled in SFY. Unit of Service = (1 Client Counseled)
2005-06	768
2006-07	768

5. Counselors

Fiscal Year	Estimated # of <u>Registered</u> Counselors for SFY. Unit of Service = (1 Unduplicated Registered Counselor)
2005-06	12
2006-07	12

6. Counselors

Fiscal Year	Estimated # of <u>Volunteer Registered</u> Counselors for SFY. Unit of Service = (1 Volunteer Registered Counselor)
2005-06	n/a
2006-07	12

7. Counselors

Fiscal Year	Estimated # of <u>Active</u> Counselors for SFY. Unit of Service = (1 Unduplicated Active Counselor)
2005-06	12
2006-07	12

8. Counselors

Fiscal Year	Estimated # of <u>Volunteer Active</u> Counselors for SFY. Unit of Service = (1 Unduplicated Volunteer Active Counselor)
2005-06	n/a
2006-07	9

HICAP Legal Services (if funded and available through HICAP)

References to Plan Goal(s) and Objective(s) related to HICAP Legal Services Component

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	Included in previous		
2006-2007	units		
2007-2008	of service		

9. HICAP Legal Services Budget Only

Fiscal Year	Estimated State & Federal Budget Amount
2005-06	\$32,500
2006-07	\$25,600
2007-08	\$30,000

10. Clients

Fiscal Year	Estimated Hours of <u>Legal Representation</u> for SFY. Unit of Service = (1 Hour of Legal Representation)
2005-06	Included in previous
2006-07	units
2007-08	of service

11. Representation

Fiscal Year	Estimated Hours of <u>Legal Representation</u> for SFY. Unit of Service = (1 Hour of Legal Representation)
2005-06	623
2006-07	623
2007-08	Included in previous units of service

12. Representation

Fiscal Year	Estimated Hours of <u>Legal Backup Support</u> to Staff for SFY. Unit of Service = (1 Hour of Legal Backup Support)
2005-06	Included in previous
2006-07	units
2007-08	of service

HICAP Services (Revised SUP for FY2007-08 and FY2008-09)

Section 1. Three Primary HICAP Units of Service

State Fiscal Year (SFY)	Total Estimated Persons Counseled per SFY (Unit of Service)	Goal Numbers
2005-2006	768	
2006-2007	768	
2007-2008	900	
2008-2009	950	1, 3

State Fiscal Year (SFY)	Total Estimated Number of Attendees reached in Community Education per SFY (Unit of Service)	Goal Numbers
2005-2006	20,000	
2006-2007	20,000	
2007-2008	22,000	
2008-2009	22,250	1, 3

State Fiscal Year (SFY)	Total Estimated Number of Community Education Events Planned per SFY (Unit of Service)	Goal Numbers
2005-2006	70	
2006-2007	70	
2007-2008	80	
2008-2009	84	1, 3

Section 2. Three HICAP Legal Services Units of Service (if applicable)¹

State Fiscal Year (SFY)	Total Estimated Number of Clients Represented per SFY (Unit of Service)	Goal Numbers
2005-2006	Included in previous units	1, 2
2006-2007		
2007-2008	60	
2008-2009	60	1, 3

State Fiscal Year (SFY)	Total Estimated Number of Legal Representation Hours per SFY (Unit of Service)	Goal Numbers
2005-2006	623	
2006-2007	623	
2007-2008	720	
2008-2009	720	1, 3

State Fiscal Year (SFY)	Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2005-2006		
2006-2007		
2007-2008	0	
2008-2009	36	1, 3

¹ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Section 3. Two HICAP Counselor Measures

Fiscal Year (FY)	Average Number of Registered Counselors for the SFY²
2005-2006	12
2006-2007	12
2007-2008	14
2008-2009	15

Fiscal Year (FY)	Average Number of Active Counselors for the SFY³
2005-2006	12
2006-2007	12
2007-2008	14
2008-2009	15

²⁰The number of registered Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. For “average,” how many Counselors you intend to keep on registered rolls at any given time.

²¹The number of active Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. The average number of active Counselors cannot be greater than the total average registered Counselors. At any given time, how many of the registered Counselors do you anticipate will actually be counseling? For example, you may anticipate that 85% of your Counselors would be working in the field at any given time. Use the number of Counselors this represents for the average active Counselors, a subset of all registered Counselors.

Area Plan Update 2008-2009
Appendices

Appendices – 2008-2009 Updates

The status of the Area Plan Appendices is summarized below. All updated appendices have been page-numbered appropriately for insertion into the existing 2005-2009 Area Plan document.

- Appendix IA: Updated
- Appendix IB: Unchanged
- Appendix II: Updated
- Appendix III: Updated
- Appendix IV: Updated
- Appendix V: Unchanged
- Appendix VI: Unchanged
- Appendix VII: Unchanged
- Appendix VIII: Updated
- Appendix X: Updated
- Appendix XI: Updated
- Appendix XII: Updated
- Appendix XIII: No longer required

APPENDIX IA - PSA #6

NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

CCR Article 3, Section 7320 (a) (b)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served. If not providing direct services below, check box .

Check applicable direct services

Check each applicable Fiscal Year(s)

Title III B

Information and Assistance

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III B

Case Management

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III B

Outreach

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III B

Program Development

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Coordination

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III D

Disease Prevention
and Health Promotion

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III E - Information Services

FY 08-09

Title III E - Access Assistance

FY 08-09

Title III E – Support Services

FY 08-09

NOTE: Refer to PM 08-03 for definitions for the above Title III E categories. If the AAA plans to add in FY 08-09 new direct Title III E Respite Care or Supplemental Services, a separate Appendix B is required for either the Respite Care or Supplemental Service categories. All other FCSP Appendix B submissions on file with CDA will remain applicable for FY 08-09.

Title VII b

Prevention of Elder Abuse,
Neglect and Exploitation

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Describe the methods that will be used to assure that target populations will be

served throughout the PSA. 6The Information, Referral and Assistance program fulfills its obligation to reach out to the entire community and to targeted consumers in many ways. Limited English-speaking clients are referred to the OOA Resource Centers for Seniors and Adults with Disabilities, where over 14 different languages and dialects are spoken. Materials designed to describe the program are translated into Spanish, Chinese and Russian. IR &A staff attend community health fairs and information fairs to reach out to clients of all races, nationalities, ethnicities, ages, abilities, genders and sexual orientations.

A new web site was launched on May 17, 2005 called Network of Care. The web site provides information about services in English, Spanish, Chinese and Russian. It also has information about available services, assistive devices, legislation, current events and a library. The website also has interactive components such as message boards, calendar, and options to build web pages for agencies and groups that are interested in these enhancements. For screen only readers, the site is also available in a text format.

Recently, a TTY line has been added to increase accessibility for people with hearing impairments. At public meetings all sites are ADA accessible, microphones are used, and translation and low hearing devices are available.

Members of the Information, Referral and Assistance program participate in many community collaborations including: the San Francisco Partnership for Long Term Care and Support; the Services and Programs Advisory Committee (SPAC); the Community Advisory Committee to the Targeted Care Management program; Housing Pipeline; 311; and the Help for Elders and Adults with Disabilities hotline (HEAD Line). Participation in these collaborations increases trust and mutual community awareness of the program and it's capabilities. Through this participation, IR&A staff are in frequent contact with the community in order to better understand and respond to changing needs.

APPENDIX II – PSA #6

Check each applicable planning cycle:

2005-09 FY 2006-07 FY 2007-08 FY 2008-09

PUBLIC HEARINGS Conducted for the 2005-2009 Planning Period

CCR Article 3, Section 7302(a)(10) and Section 7308

Date	Location	Number Attending	Area Plan presented with Translator ¹ : Yes/No	Hearing Held at Long-Term Care Facility Yes/No
3/19/08	Advisory Council: Dept. of Aging and Adult Services, 875 Stevenson, SF	22	Not requested	No
5/7/08	Aging and Adult Services Commission: City Hall, SF	~75	Not requested	No

All of the items below must be discussed at each planning cycle's Public Hearings

1. Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. Flyers posted, sent to library, emailed to all contractors and senior service centers and interested parties

2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

- Yes Not Applicable (check only if PD and C funding is not being used)
 No

If No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.
N/A

4. Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services? (See Appendix V)

- Yes
 No

If No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. (See Appendix V) No comments, only requests for clarification.

6. Summarize other major issues discussed or raised at the public hearings. Attendees discussed the importance of the development of the integrated intake system, and expressed the need for additional innovative efforts to educate consumers who are unaware of available services. They also discussed issues related to declining congregate meal participation statewide, as well as those related to homeless seniors and seniors living in rent-controlled apartments.

7. List major changes in the Area Plan resulting from input by attendees at the hearings. None.

¹³A Translator is not required unless the AAA determines that a significant number of attendees require translation services.

APPENDIX III – PSA #6

Check each applicable planning cycle:

2005-09

FY 2006-07

FY 2007-08

FY 2008-09

GOVERNING BOARD

CCR Article 3, Section 7302(a)(11)

Number of Members on the Board: 7

Names/Titles of Officers:

Term in Office Expires:

GUSTAVO SERINA – PRESIDENT	2009
EDNA JAMES – VICE PRESIDENT	2011

Names/Titles of All Members:

Term Expires:

GUSTAVO SERINA – PRESIDENT	2009
EDNA JAMES – VICE PRESIDENT	2011
RAYMOND DEL PORTILLO – COMMISSIONER	2008
ROSARIO CARRION-DI RICCO - COMMISSIONER	2008
VENERACION ZAMORA – COMMISSIONER	2012
BETTE LANDIS – COMMISSIONER	2012
RICHARD OW - COMMISSIONER	2012

APPENDIX IV – PSA #6

Check each applicable planning cycle:

2005-09 FY 2006-07 FY 2007-08 FY 2008-09

ADVISORY COUNCIL

45 Code of Federal Regulations (CFR), Section 1321.57
CCR Article 3, Section 7302 (a) (12)

Total Council Membership (including vacancies)	<u>22</u>	
Number of Council Members 60+	<u>13</u>	
	<u>% of PSA's</u>	<u>% on</u>
	<u>60+Population</u>	<u>Advisory Council</u>
Race/Ethnic Composition		
White	44	<u>50</u>
Hispanic	<u>9</u>	<u>6</u>
Black	<u>8</u>	<u>22</u>
Asian/Pacific Islander	<u>37</u>	<u>11</u>
Native American/Alaskan Native	<u>0</u>	<u>0</u>
Other	<u>2</u>	<u>11²</u>

Attach a copy of the current advisory council membership roster that includes:

- Names/Titles of officers and date term expires
 - Names/Titles of other Advisory Council members and date term expires
- See attached Advisory Council list for both of these lists.**

Indicate which member(s) represent each of the “Other Representation” categories listed below.

	<u>Yes</u>	<u>No</u>	
Low Income Representative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vacant
Disabled Representative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vacant
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vera Haile
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lisa Luna-Smith
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vacant
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	George Schofield
Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Judith Lynch

Explain any "No" answer. The previous “low income representative” and “disabled representative” recently retired from the Advisory Council. The council is seeking a new designated representative for this purpose.

Briefly describe the process designated by the local governing board to appoint Advisory Council members. The Advisory Council is not to exceed twenty-two members (voting members), eleven of who shall be appointed by the Board of Supervisors. The composition of the other members is as follows: eleven members appointed by Commission for Aging and Adult Services. More than fifty percent (50%) of the members of each group of eleven members shall be persons who are 60 years of age or older. The Council shall be representative of the geographic and ethnic populations of the City and County of San Francisco by districts determined by the Commission. The council shall include service providers, older persons with the greatest socio and economic need, consumers, and others specified by federal regulation. The Advisory Council members shall be appointed to serve two (2) year terms.

² Percentages do not add to 100 percent due to rounding.



CITY AND COUNTY OF SAN FRANCISCO
ADVISORY COUNCIL TO AGING AND ADULT SERVICES COMMISSION

Membership as of April, 2008

Name	Appointed By Supvr./Comm.	Ethnicity, Gender & Age			Term Expires	Term	Dist.	Comments
1. Connie Little, President	AASC	White	Female	60+	3/31/09	2		
2. Cathy Russo, 1st Vice- President	S. Elsbernd	White	Female	60+	3/31/09	2	7	
3. Benny Wong, 2nd Vice President	AASC	Chinese American	Male	60-	3/31/09	2		
4. Lisa Luna-Smith, Secretary	AASC	Mexican Amer.	Female	60-	3/31/09	2	2	
5. Sharon Eberhardt	G. Sandoval	White	Female	60	3/31/09	2	11	
6. Vacant	T. Ammiano					2	9	
7. Alexander C. MacDonald	C. Daly	Scottish Am	Male	60+	3/31/09	2	6	
8. Lila McCarthy	M. Alioto-Pier	White	Female	60+	3/31/09	2		
9. Vacant	C. Chu							
10. Mary Higgins	S. Maxwell	African American	Female	60+	3/31/09	2	10	
11. Anna Maria Pierini	A. Peskin	Italian American	Female	60-	3/31/09	2	3	
12. Vera Haile	J. McGoldrick	White	Female	60+	3/31/09	2	1	
13. Tricia Webb	R. Mirarimi	African American	Female	60	3/31/09	2		
14. Vacant	B. Duffy							
15. Anne Kirueshkin	AASC	White Russian	Female	60+	3/31/09	2	1	
16. Judith Lynch	AASC	White	Female	60-	3/31/09	2		
17. Nancy Flaxman	AASC	White	Female LGBT	60	3/31/09	2	3	
18. Marian Fields	AASC	African American	Female	60+	3/31/09	2	10	
19 Isabel Huie	AASC	Asian American	Female	60+	3/31/09	2		
20. George Schofield	AASC	White	Male	60+	3/31/09	2		
21. Walter De Vaughn	AASC	African American	Male	60+	3/31/09	2		
22. Vacant	AASC							

APPENDIX VI – PSA #6

Check each applicable planning cycle:

2005-09

FY 2006-07

FY 2007-08

FY 2008-09

COMMUNITY FOCAL POINTS LIST CCR Article 3, Section 7302(a)(14)

Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106.

RESOURCE CENTERS FOR SENIORS AND ADULTS WITH DISABILITIES

- #1. Richmond Resource Center: Institute On Aging
3330 Geary Boulevard, 3rd Floor San Francisco, CA 94118
- #2. Western Addition/Marina Resource Ctr: Institute On Aging
1426 Fillmore Street, Suite 302 San Francisco, CA 94115
- #3. Northeast Resource Center: Self-Help for the Elderly
407 Sansome Street, Lower Level San Francisco, CA 94111
- #4. Central City/Potrero Hill Resource Ctr: Self-Help for the Elderly
602 Eddy Street San Francisco, CA 94109
- #5. Mission/Bernal Heights/Noe Valley Buena Vista/Eureka Valley Resource Center: Institute On Aging
225-30th Street, Room 320 San Francisco, CA 94131
- #6. Bayview Hunters Point Resource Center: Network for Elders
1555-A Burke Avenue San Francisco, CA 94124
- #7. Visitacion Valley/Portola/Excelsior Resource Center: Network for Elders
66 Raymond Avenue San Francisco, CA 94134
- #8. OMI/St. Francis Wood/Miraloma Park Resource Center: Network for Elders
446 Randolph Street San Francisco, CA 94134
- #9. Inner Sunset/Haight Ashbury Resource Center: Self-Help for the Elderly
1400 Irving Street San Francisco, CA 94122
- #10. Outer Sunset Resource Center: Self-Help for the Elderly
2436 Judah Street San Francisco, CA 94122
- #11. Information and Assistance and Integrated Intake Unit: Department of Aging and Adult Services
875 Stevenson Street San Francisco, CA 94103

APPENDIX VIII – PSA # 6

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Section 373 (a and b)

Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), does the AAA **intend** to use Title III E and/or matching FCSP funds to provide each of the following federal Title III E services for both family caregivers and grandparents?

Check YES or NO for each of the services identified below.

FAMILY CAREGIVER SUPPORT PROGRAM for FY 2008-09

Family Caregiver Information Services	X YES	<input type="checkbox"/> NO
Family Caregiver Access Assistance	X YES	<input type="checkbox"/> NO
Family Caregiver Support Services	X YES	<input type="checkbox"/> NO
Family Caregiver Respite Care	X YES	<input type="checkbox"/> NO
Family Caregiver Supplemental Services	X YES	<input type="checkbox"/> NO

and

Grandparent Information Services	X YES	<input type="checkbox"/> NO
Grandparent Access Assistance	X YES	<input type="checkbox"/> NO
Grandparent Support Services	X YES	<input type="checkbox"/> NO
Grandparent Respite Care	<input type="checkbox"/> YES	X NO
Grandparent Supplemental Services	<input type="checkbox"/> YES	X NO

NOTE: Refer to PM 08-03 for definitions for the above Title III E categories.

Justification: For each above service category that is checked “no”, explain how it is being addressed within the PSA:

Our PSA does not fund respite for grandparents. However, the support groups and activities provided by our contractor provide a break from the daily routine of care giving. Also, many of the care receivers are in school and thus caregivers do have down time. Additionally, the contractor helps foster networking among participants to support each other which may include informal respite care.

APPENDIX X – PSA #6

Check each applicable planning cycle:

2005-09
 FY 2006-07
 FY 2007-08
 FY 2008-09

Legal Assistance^①

This section must be completed and submitted with the Four-Year Area Plan.

Any changes to this Appendix must be documented on this form and remitted with Area Plan Updates. This Appendix is to be completed electronically.

1. Specific to Legal Services, what is your PSA's Mission Statement or Purpose Statement? Statement must include Title III B requirements.

The mission of the Human Services Agency is to promote well-being and self-sufficiency among individuals, families and communities in San Francisco. The Department of Aging and Adult Services maintains the more specific mission to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 45.0%

3. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion:

Legal service providers publish and distribute brochures in at least 4 languages; they have bi-lingual staff or access other languages with the use of an interpreter. Legal providers are focused in Asian and Latino communities as evidenced by their agency names: Asian Law Caucus, La Raza Centro Legal, Asian Pacific Islander Legal Outreach; they attend community fairs in targeted neighborhoods; they attend services at District Advisory Council meetings each month; they collaborate with other providers; they establish outpost offices in neighborhoods where it is most likely target populations can be found; they participate in roundtable discussions for community events. In addition, in FY 2006-07, the legal service providers used added local funding to collaborate on a joint outreach effort. The providers publish a Senior Rights Bulletin that was widely distributed throughout San Francisco via senior centers, nutrition sites and other social service agencies. The Bulletin was printed in English, Chinese and Spanish languages and clearly highlighted the legal services agencies that could be of assistance to the community.

Also, the four legal service providers attended an All-Staff Meeting for Adult Protective Services for the purpose of informing the 50 member staff of social workers and supportive staff of the wide range of legal services offered. This session also helped open up avenues for better coordination and collaboration. Follow-up sessions are planned.

4. How many legal assistance providers are in your PSA? Complete table below.

Fiscal Year	# Legal Services Providers
2005-2006	4
2006-2007	4
2007-2008	4
2008-2009	4

^① For information related to Legal Services, contact Chisorom Okwuosa at 916 327-6849 or COkwuosa@aging.ca.gov

5. What methods of outreach are providers using? Discuss: (Please see answer to #3.)
6. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2005-2006	a. Asian Law Caucus b. Asian Pacific Islander Legal Outreach c. La Raza Centro Legal and d. Legal Assistance to the Elderly	a. Asian Community and the entire City and County of San Francisco b. Asian Community and the entire City and County of San Francisco c. Hispanic community and the entire City and County of San Francisco d. the entire City and County of San Francisco
2006-2007	Same as above.	a. b. c.
2007-2008	Same as above.	a. b. c.
2008-2009	a. b. c.	a. b. c.

7. How do older adults access Legal Services in your PSA? Discuss: In PSA 6, there are four DAAS/OOA funded legal service providers that provide access to seniors by maintaining regular office hours. All of the providers provide language access to persons who are limited English-speaking. Three of the four providers are fully proficient in providing multi-lingual and multi-culturally competent services. All providers operate their programs in accessible buildings in terms of disability access and close access to public transportation. In addition, most of the providers utilize out-stations in the community to increase access to seniors.

The Senior Information and Referral in-house staff and the 10 Resource Centers for Seniors and Adults with Disabilities refer many callers to the legal service providers.

8. What are the major legal issues in your PSA? Include new trends of legal problems in your area: Discuss: The major legal issues continue to be evictions and other housing related issues, benefit appeals, consumer fraud issues, elder abuse and immigration/naturalization issues. One of the service providers is committed to the issue of domestic violence. Another legal service provider has extensive years of experience with the HICAP program and is very apt at handling health insurance related matters.

Continued new trends involve the preying on seniors and adults with disabilities regarding scams and fraud to include Medicare and other more consumer related issue. With a heavy emphasis on immigration reform, there is an increased level of anxiety and intimidation in the immigrant community. There is a corresponding increased demand for immigration and naturalization services from the legal providers. Another new trend developing has to do with master tenant/subtenant agreements. This is a situation wherein a senior that is financially strapped, and is the main tenant of a rental unit, takes in a subtenant in good faith, to help cover the rent. Often times, the subtenant breeches the agreement through non-payment of rent and/or other ill will issues arise (e.g., loud noises, substance abuse, etc.) The senior is then at a loss as to how to remedy this situation. This is a dilemma to try and resolve because a potential elder abuse situation is intertwined with tenants rights issues.

9. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: The biggest barrier at the moment is making sure our service providers are able to maintain their services at capacity. Some have had to expand their fundraising activity, leaving less time to serve the consumers. Many must hold large, major fundraising events during the year.

The DAAS/OOA Legal Services workgroup will meet in 2007-08 at least three times to discuss how DAAS/OOA can assist in this matter. In FY 2008-09, the plan is to continue meeting at least three times to continue discussion and problem-solving.

10. What other organizations or groups does your legal service provider coordinate services with?
Discuss: The legal service providers meet as a Legal Services workgroup (see item 9.) to coordinate services and make efforts to collaborate. The providers are also members of the Coalition of Agencies Serving the Elderly and attend the various District Advisory Council meetings, as well as the various ethnic and LGBT community partnership groups.

APPENDIX XI – PSA # 06

Check each applicable planning cycle:

2005-09

FY 2006-07

FY 2007-08

FY 2008-09

Disaster Preparation Planning Conducted for the 2005-2009 Planning Period

OAA Title III, Sec. 310, CCR Article 2, Section 7529(a) (4) and Section 7547

All of the items below must be discussed at each planning cycle's Public Hearings

Please provide narrative answers to the following questions. The text boxes following the questions have been formatted to type your answers.

1. Describe AAA's disaster plan. The plan shall ensure the provision of critical services that will meet the emergency needs of consumers the AAA is charged to serve during medical or natural disaster, such as earthquakes or floods.

The Department of Aging and Adult Services (DAAS) is the designated AAA for San Francisco. DAAS is part of the San Francisco Human Services Agency. The Human Services Agency is the lead agency for the provision of Care and Shelter under San Francisco's Emergency Response Plan. In the event of a declaration of emergency in San Francisco, all City and County employees are designated as Disaster Service Workers and are subject to assignment by the San Francisco Department of Emergency Management. The Human Services Agency has pre-designated a Department Operations Center (DOC) to be activated in the event of an emergency. Under the San Francisco Emergency Response Plan, the Human Services Agency DOC will take responsibility for opening, provisioning and staffing shelters for displaced person under the direction of the San Francisco Emergency Operations Center (EOC). The Human Services Agency has also established the following emergency response priorities:

- Assess the health and safety of Agency workers
- Assess the operability of Agency facilities and programs
- Restore Agency services
- Establish contact with the Agency's most-vulnerable clients

The Human Services Agency DOC will attempt to ensure that services provided by AAA contract agencies continue or are restored as soon as possible. Home-delivered meals and senior center services including congregate meals are a vital part of response and recovery for the well being of older persons. In order to help AAA agencies receive assistance needed to continue operations, the Agency staff will conduct an assessment of the status of provider staff and consumers, facilities and needs as soon after a disaster as possible. The assessment will be conducted by phone or if phone service is disrupted by site visits.

It is expected that 24 to 72 hours or more may lapse before City disaster systems and shelters are available. AAA contractors may be faced with older persons and adults with disabilities in their facilities during the period immediately after the disaster strikes. In order to be prepared for this scenario, AAA contractors are required to comply with emergency preparedness standards that include: a current disaster plan, annual training on the plan, maintenance of disaster supplies including food and water and a plan to check on the most at-risk consumers in their homes.

2. Describe how AAA would coordinate its disaster response with the local Office of Emergency Services.

The DAAS emergency response staff members are part of the Human Services Agency DOC. In the event of an emergency, the Agency DOC will establish and maintain contact with the San Francisco Emergency Operations Center for the duration of the emergency in order to ensure that all emergency response activities are coordinated. All preparations for emergency response are coordinated between the Agency and the San Francisco Department of Emergency Management.

3. Identify the local Office of Emergency Services contact person your AAA would coordinate with in the event of a disaster:

name: Rob Stengel, Planner
telephone number: 415-503-2079
e-mail address: Robert.stengel@sfgov.org
address: Department of Emergency Management
25 Van Ness Avenue, 6th Floor
San Francisco, CA 94102

4. Identify your:

AAA Disaster Response Coordinator

name: Betsy Eddy, Program Analyst/Emergency Coordinator
telephone number: 415-355-6786
e-mail address: betsy.eddy@sfgov.org
address: Department of Aging and Adult Services
875 Stevenson Street, 3rd Floor
San Francisco, CA 94103

AAA Back-up Disaster Response Coordinator

name: Jason Adamek, Information, Referral and Assistance Program Director
telephone number: 415-355-6701
e-mail address: Jason.Adamek@sfgov.org
address: Department of Aging and Adult Services

5. Has your Information and Assistance staff been provided written emergency procedures on how to provide services during and after a disaster?

- Yes
- No

If No, Explain:

6. Describe your emergency and disaster training curriculum and the frequency this training is provided to AAA staff that work directly with older individuals.

In previous years, the Office on the Aging has provided required training for funded agencies on the development of disaster plans using provided templates and on the contractual requirement entitled Emergency Preparedness Responsibility of the OOA Contractor, a three page list of emergency preparedness items that each agency must meet. Each funded agency is required to train its staff and volunteers annually in the procedures contained in the agency disaster plan. The training section of this policy memorandum states:

Training Provisions

- a. Documented Annual Training for all staff, volunteers and participants in the agency's Emergency Operations Plan
- b. Training of staff, volunteers and participants in home preparedness
- c. Provisions to train staff and volunteers in First Aid and CPR
- d. Training for Earthquake Preparedness shall include:
 - 1. Two documented earthquake drills per year
 - 2. Procedures to assemble staff if no phones are working
 - 3. Anticipate the probability that no transportation, utilities (including telephone) or emergency services will be available for 72 hours or longer after a major quake
 - 4. The importance of cooperating with public officials
 - 5. How to inspect facilities for damage, water and gas leaks
 - 6. How to check for injuries
 - 7. Warning of the danger of cooking inside buildings
 - 8. Anticipate the probability of after shocks
 - 9. Turn on a portable radio

APPENDIX XII – PSA #6

Check each applicable planning cycle:

FY 2005-06 FY 2006-07 FY 2007-08 FY 2008-09

Baby Boomer Information

To provide an understanding of how AAAs are planning to meet the challenges of the increasingly growing and diverse aging population identified as “Baby Boomers” AAAs are required to answer the following questions:

1. How can we best integrate service systems for the elderly and adults with disabilities while, at the same time, acknowledging and responding to differences between these population groups? (Examples might include use of telemedicine, Internet technology, computer access for communication purposes, etc.)

Despite the fact that services for the elderly and for adults with disabilities often respond to similar needs in terms of each consumer’s functional needs, our community has found that the public and private service providers serving these two constituencies have not always communicated as well as they could. In order to address this issue, the Mayor of San Francisco has convened a Long Term Care Coordinating Council, which: (1) provides policy guidance on all home, community-based, and institutional long term care issues; and (2) oversees the implementation of the Living With Dignity Strategic Plan to make improvements in San Francisco’s community-based long term care and supportive services system. The Coordinating Council has several implementation workgroups, and presents periodic reports on implementation progress and policy recommendations to the Mayor. The Department of Aging and Adult Services (DAAS) provides ongoing staff support; facilitates meetings; and performs and presents research. Anne Hinton, the executive director of DAAS, is also a member of the Coordinating Council.

Two key examples of local efforts to improve the integration of service systems for the elderly and adults with disabilities include: (a) the development of a pilot project to provide home-delivered meals to younger adults with disabilities; and (b) the development of “Case Management Connect,” a demonstration project in which a group of 15 case management programs funded by both DAAS and the Department of Public Health (DPH) are collaborating more effectively and coordinating case management services for their diverse clients. This is being accomplished through the use of an Electronic Rolodex of case management provider information on a client-by-client basis. All participating case management programs are operating under an MOU negotiated between DAAS and DPH which facilitates improved exchange of information.

2. Who are the key stakeholders whose commitment and partnership are essential? (Examples might include health care providers, education and training institutions, major employers, etc.)

DAAS believes that all of our partners are key stakeholders in providing integrated service systems for the community both for both current and future consumers. These partners include 50 community-based contractor agencies, as well as two other city departments. The convening of the Long Term Care Coordinating Council in San Francisco has been an effort to ensure commitment and partnership of this diverse group of stakeholders.

3. How can we assure we help empower individuals to remain as independent and engaged as possible for as long as possible? (Examples might include

consumer surveys, customer friendly access to services, education, information sharing, etc.)

For any service provider, regular review of consumer interests and needs is critical to ensure that individuals remain engaged in programs and services that contribute to prolonged independence. For example, San Francisco's RSVP program has been very pro-active in researching these interests and needs with respect to the Baby Boomer population. RSVP conducted both a literature review focused on aging and civic engagement, as well as a survey of San Francisco residents aged 55 and older to understand key points of engagement for that population in the city. San Francisco Master of Public Health students, in collaboration with the San Francisco Partnership for Community-Based Care and Support, and the San Francisco Senior Center, conducted a separate research project to understand consumer needs by assessing the social and wellness needs of San Francisco residents not currently using senior centers aged 55 – 65 years old. DAAS has also conducted other surveys to identify key needs of high-risk populations, such as seniors living in public housing buildings.

4. How can the arrangement of services be delivered to the consumer in a seamless, coordinated manner, regardless of program administration and jurisdiction? (Examples might include suggestions from consumers, stakeholders, program providers, program administrators, etc.)

Communication, cooperation, and coordinated planning across city departments and among a broad spectrum of service providers are critical for ensuring that service delivery is as seamless as possible. This is especially true when disparate program administration and jurisdiction would result in silo-ed program delivery in the absence of deliberate coordination. In San Francisco, the Long Term Care Coordinating Council has been formed to facilitate these activities, representing the scope of services from wellness programs to intensive case management.

5. What administrative hurdles and barriers to change need to be overcome at both the state and county/local level? (Examples might include an inability to “think outside the box,” poor communication, lack of awareness, etc.)

California's Department of Health Services must have the capacity to work with local entities to provide Medicaid waivers for a variety of programs that allow individuals to remain independent for as long as possible and in the least restrictive environment. Without such waivers, Medicaid requirements are biased toward institutional care for our aging and disabled populations. San Francisco needs one or more Medicaid waivers to facilitate the arrangement of services, and the funding of services, so they can be delivered in a seamless, coordinated manner.

6. How do we provide a leadership and advocacy role in the development of service system standards that are uniform and not dependent upon income? In other words, how do we avoid having separate (and unequal) systems of care for low, moderate, and upper-income persons? (Examples might include using existing association organization meetings to review standards, consumer review, etc.)

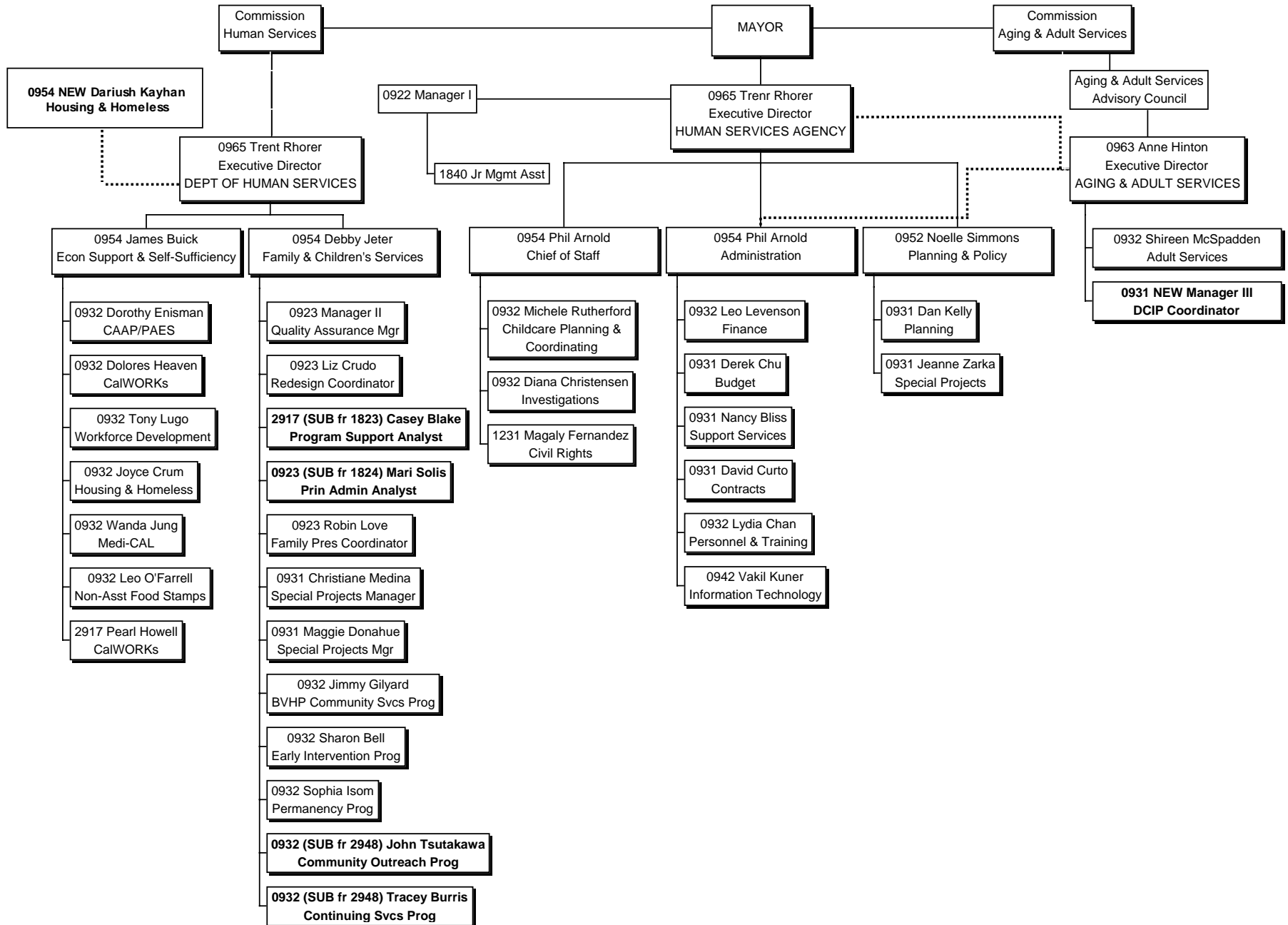
We must continue to make policy-makers aware of the dichotomies inherent to the structures of our current systems of care. In San Francisco, the disparity of resources between the wealthy and poor is particularly extreme, which has an impact on all service systems. Both DAAS and HSA continue to be advocates for equity in these systems.

7. How do we assure quality standards are maintained or developed across services regardless of the funding source and/or the service provider? (Examples may include consumer determination of quality, focused monitoring of service provision including consumers, testing new service delivery methods before finalizing standards, etc.)

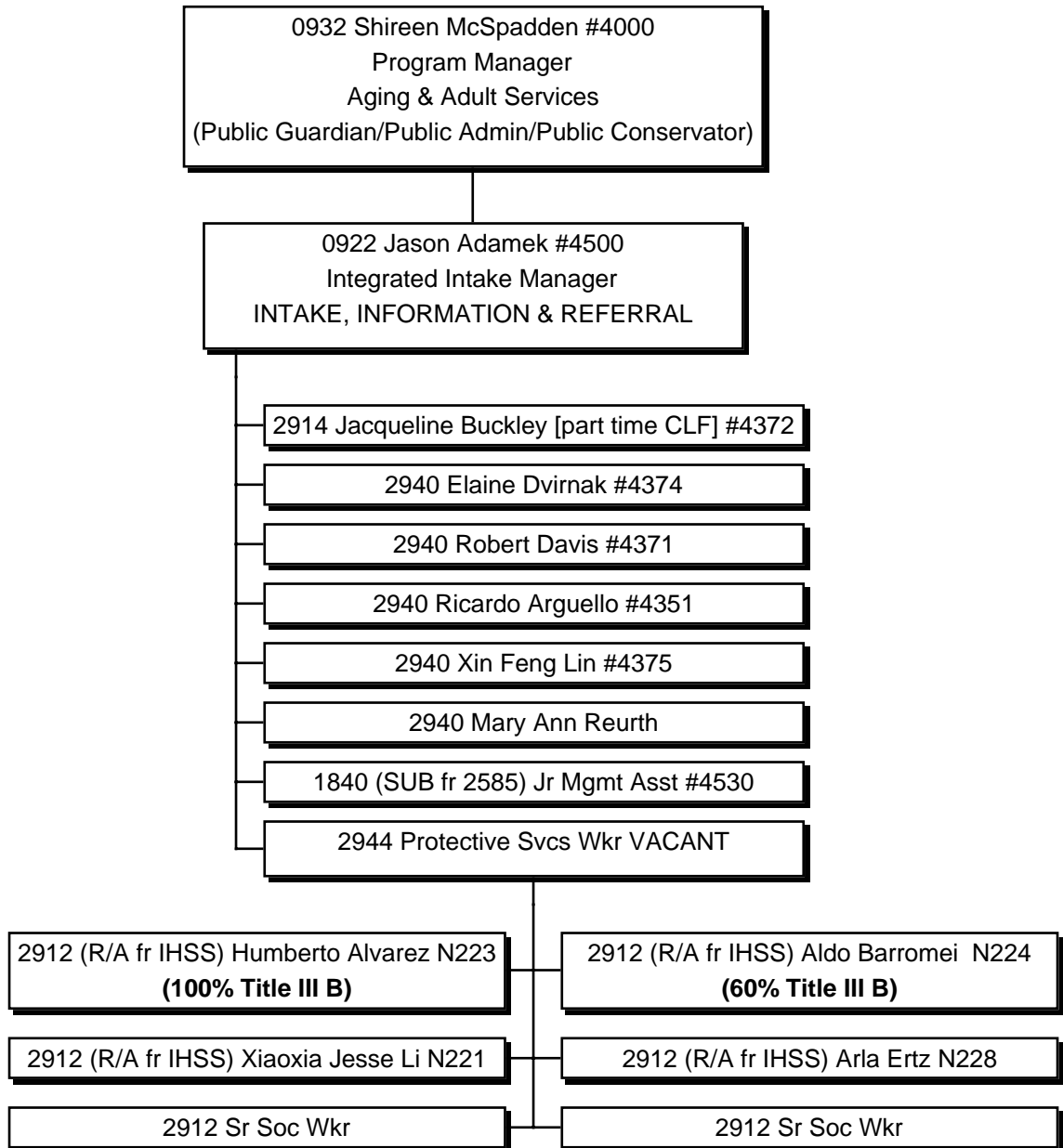
For certain types of programs, consumers themselves are the primary monitors of program quality; when services do not fulfill consumer expectations, consumers choose to leave the program in favor of an alternative venue. Because alternatives are not always available, DAAS understand that it is important also to monitor program quality via site visits and consumer satisfaction surveys. Ultimately, quality is driven by the commitment of service providers to provide quality programming that keeps individuals safe and in the least restrictive environment. For programs where licensing is required, the licensing process provides an additional layer of quality standards protection.

In addition, San Francisco's Living With Dignity Strategic Plan dictates the formation of a Quality Standards Workgroup. It is anticipated that this workgroup will be formed later in 2006 or early in 2007.

**CITY & COUNTY OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FY 2008/2009**



Dept. of Aging & Adults Services
INFORMATION & REFERRAL SERVICES
FY 2008/2009



Dept. of Aging & Adult Services
Office on the Aging & County Veterans Service Office
FY 2008/2009

0932 Shireen McSpadden #4000
Program Manager
Aging & Adult Services
(Public Guardian/Public Admin/Public Conservator)

0922 Denise Cheung #4400
Manager
Office on the Aging
& County Veterans Service Office
(100% Title III Admin)

4231 Cheryl Cook #4430, Program Supervisor
County Veterans' Services Office

- 4230 John Gallagher #4434
- 4230 Shan Yue #4432
- 4230 Ron Moore #4433

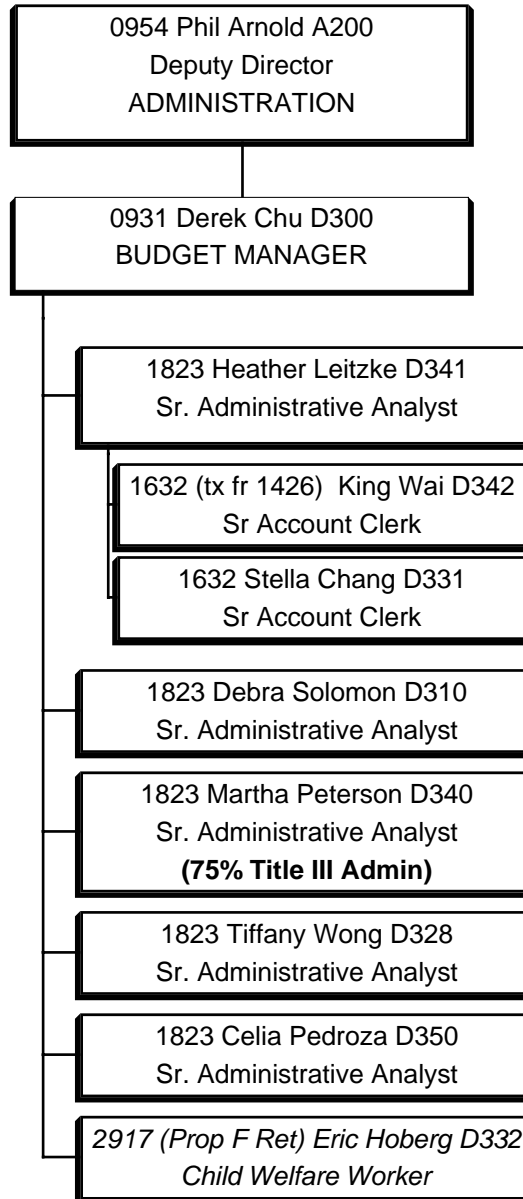
Aging Specialists

- 9722 VACANT #4403
- 9722 Maria Guillen #4404
(75% Title III Admin / 25% HICAP Admin)
- 9722 Karen Rosen #4405
(75% Title III Admin)
- 9722 VACANT

Nutritionist

- 2846 Linda Lau #4401
- 2846 VACANT

Human Services Agency BUDGET UNIT FY 2008/2009



**Human Services Agency
POLICY & PLANNING
FY 2008/2009**

0965 Trent Rhorer A000
Executive Director

0954 Noelle Simmons A600
Deputy Director
POLICY & PLANNING

*1452 Michaela Greeley A210
Executive Secretary II (ADMIN)*

0931 Dan Kelly D200
Manager
Planning

1823 John Murray

1823 Candace Thomsen

1823 Gayathri Sundar

1823 Sarah Crow

**1823 Diana Jensen, Sr Admin Analyst
(75% Title III Admin)**

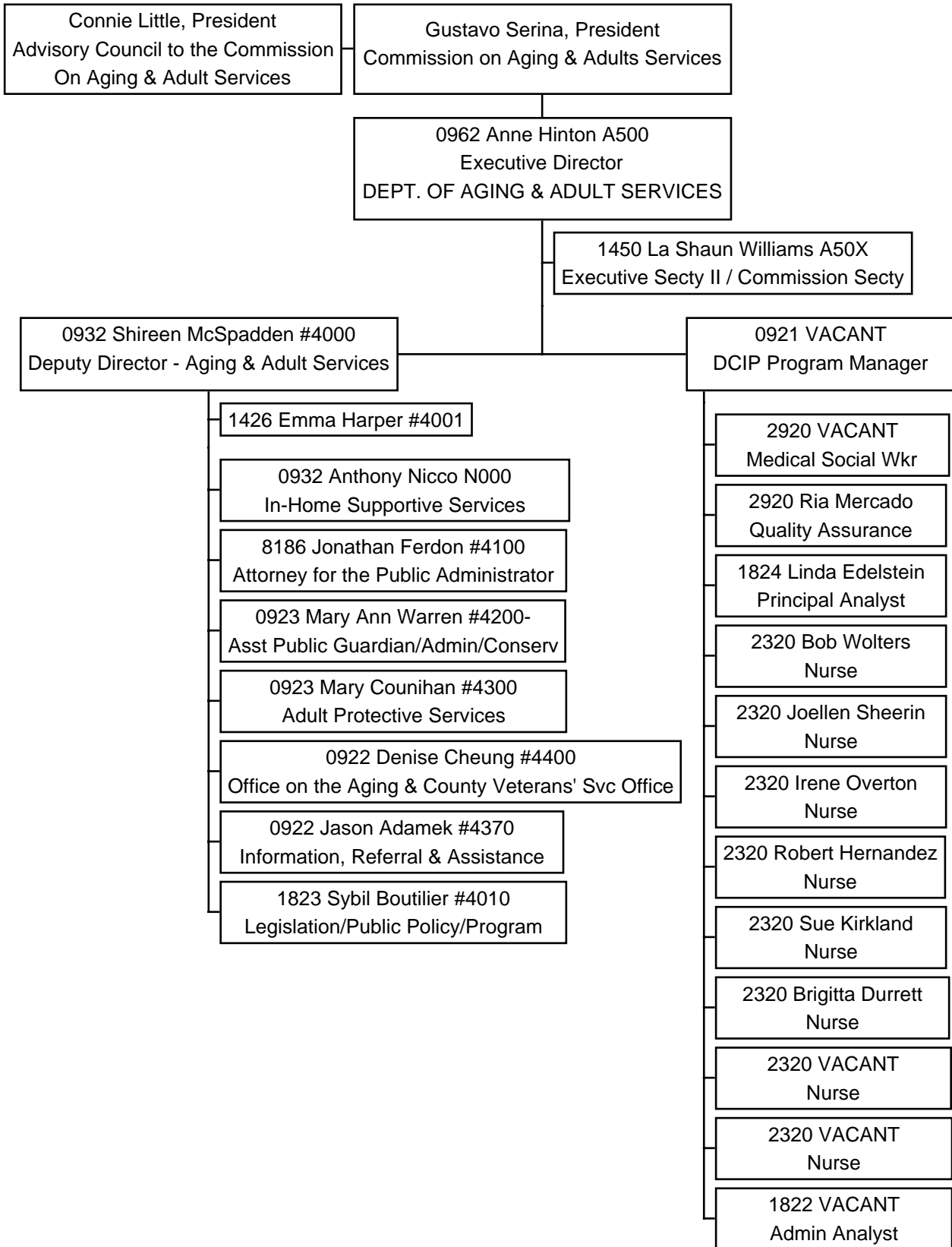
1823 Adam Nguyen

1842 Caroline Serrano

0931 Jeanne Zarka A010
Manager
Special Projects

DEPT. OF AGING & ADULT SERVICES

FY 2008/2009



**Area Plan Update 2008-2009
Replacement and New Pages
for 2005-2009 Area Plan**

variety of home and community based services, transportation services, training for service providers, and the needs of adults with disabilities. Ongoing committees address issues related to: predatory lending, money management, and care management. The Services and Programs Advisory Committee consists primarily of public and private service providers. This committee meets on a monthly basis.

Coalition of Agencies Serving the Elderly

The membership of the Coalition of Agencies Serving the Elderly is comprised of many of the non-profit agencies dedicated to serving seniors. It ensures the well being of San Francisco's seniors by supporting service providers and organizations and by providing a vehicle for advocacy, program and service expansion, leadership development, networking, information-sharing and community outreach. The Coalition provides leadership, information and expertise on public policy, philanthropy and other issues affecting older adults and senior-serving agencies and individuals.

The Coalition represents a public voice for seniors and service providers, and is an influential advisor and resource for San Francisco City and County commissions and departments. It is the principal regional vehicle for members to offer and receive peer support, exchange information of common interest, and network with one another. The Coalition offers support for the development of collaborative programs and may serve as a resource in the senior service community.

Active Aging Community Task Force

With a mini 2-year grant from the State, this task force formed in October 2002 and is composed of representatives from various community organizations, including nonprofits, academia and government, who are interested in promoting and developing resources to increase and improve physical fitness among seniors and adults with disabilities. This group completed the goals for the grant in June 2004. However, it continued to meet informally until September 2006. Following are highlights of the accomplishments from this Task Force:

- **Produced the health promotion brochure “San Franciscans Aging, Health, Active and Strong” in 10 languages**
- **Produced the “Physical Activity Resource Guide”, which listed low-cost and free physical resources for older adults citywide**
- **Conducted two Train-the-Trainer workshops which train over 25 certified physical activity trainers**
- **Developed Train-the-Trainer Presenter Manual**
- **Helped to provide materials and small equipment to implement three evidence-based physical activity classes targeted to older adults and; conducted fitness assessment for all participants in three classes.**
- **Participated in four community events to promote and increase awareness of the importance of evidence-based health promotion programs for older adults.**
- **Helped to develop a sustainability plan for evidence-based health promotion**

programs for older adults in San Francisco.

Food, Nutrition and Agricultural Directory Development Committee

This committee, established in March 2004, is a collaboration between the San Francisco Department of Public Health's Nutrition Services and Environmental Health, San Francisco Food Systems Council, the Department of Aging & Adult Services Office on the Aging and nonprofit organizations. The mandate of this Committee is to develop a citywide low cost directory for food, nutrition and agricultural resources for all age groups. The directory will be user-friendly and updated regularly. City departments and community service providers' information, referral and assistance programs will use the directory.

Central Purchasing Committee

The OOA Nutritionist facilitates this committee in partnership with the Coalition of Agencies Serving the Elderly, nutrition contractors funded by DAAS and other nutrition service providers in the Bay Area. Working with the service providers, the OOA Nutritionist coordinates and negotiates a group contract for food service supplies and dairy products. By leveraging the purchasing power of products used by service providers, they are able to purchase supplies at discounted prices. The OOA-funded nutrition contractors are able to save time and money using the group contracts. The group contract for food service supplies began in January 1987 and the dairy contract in September 1991. The committee meets **1-2 times** a year, **and as needed**.

Nutrition Work Group

An OOA nutritionist facilitates this work group for congregate and home delivered meal contractors. This group meets at least four times a year to discuss **and share** nutrition related issues and resources.

Home-Delivered Meals for Adults with Disability Committee

This committee provides input to DAAS for implementation of a pilot program to provide meals for younger adults with disabilities from March to December 2005. The committee will develop guidelines for evaluating this pilot program and make recommendations for how the city can best meet the food related needs for adults with disabilities. This committee is composed of representatives from Office on the Aging and the Office of Contract Management, nutrition service providers and organizations in the community serving adults with disabilities.

Long Term Care Coordinating Council

In November 2004, the Living with Dignity Policy Committee was designated by Mayor Gavin Newsom as San Francisco's first Long Term Care Coordinating Council. It oversees the implementation activities and service delivery system improvements identified in the *Living with Dignity* Strategic Plan. The Coordinating Council will be the

single body that will evaluate all aspects related to community-based long-term care and supportive services. It will evaluate how different service delivery systems interact to serve people, and will make policy recommendations about how to improve service coordination and system interaction. Based on its evaluations, the Coordinating Council will provide policy guidance to the Mayor's Office.

San Francisco Partnership for Community-Based Care & Support

In May 2004, the San Francisco Partnership for Community Based Care & Support was created. It is an extensive network of service providers dedicated to strengthening the system of community-based care and support for older adults and adults with disabilities. The Partnership is becoming the visible representation of home and community-based long-term care and supportive services in San Francisco. The Partnership has over 60 non-profit service providers and public agencies who provide community-based services for older adults and adults with disabilities. The San Francisco Partnership for Community Based Care & Support is helping to achieve better coordination of services by bringing people together to work on common issues. Luncheon meetings are held every six months. Over 100 people usually attend.

CHART ONE: CONTRACTORS FUNDED BY THE OFFICE ON AGING
FISCAL YEAR 2007-2008

Asian Law Caucus	Legal Services, Naturalization Services
Asian Pacific Islander Legal Outreach	Legal, Naturalization Services, Elder Abuse Prevention
Bayview Hunters Point Multipurpose Senior Services, Inc.	Community Services, Congregate Meals, Money Management
Bernal Heights Neighborhood Center	Case Management, Community Services
Catholic Charities CYO	Case Management, Community Services, In-Home Supportive Services: Homemaker and Personal care, Alzheimer's Day Care Resource Center, Adult Day Care.
Centro Latino de San Francisco	Community Services, Congregate Meals, Home-Delivered Meals, Naturalization Services
Community Awareness and Treatment Services, Inc	Transportation for Homeless Seniors
Conard House	Money Management
Curry Senior Center	Case Management, Community Services, Health Screening, Medication Management
Edgewood Center for Children and Families	Family Caregiver Support Program: Kinship program
Episcopal Community Services	Case Management, Community Services, Emergency Housing Assistance, Congregate Meals

Note: This is a complete list of OOA contractors. Not all OOA contractors receive state and/or federal funding through the California Department on Aging.

CHART ONE: CONTRACTORS FUNDED BY THE OFFICE ON AGING
FISCAL YEAR 2007-2008

Family Caregiver Alliance	Family Caregiver Support Program
Family Service Agency of San Francisco	Ombudsman, Senior Companion, Case Management
Glide Foundation/UMC	Congregate meals
Golden Gate Senior Services	Community Services
Institute on Aging	Alzheimer's Day Care Resource Center, Community Services, Elder Abuse Prevention, Linkages/Respite Purchase of Service, Case Management (Clinical Supervision), Assessment for Home-delivered Meals program for younger adults with disabilities, Resource Center for Seniors and Adults with Disabilities
International Institute of San Francisco	Community Services, Naturalization Services
Jewish Community Center of SF	Congregate Meals
Jewish Family and Children's Service	Case Management, Community Services, Home-Delivered Meals, Naturalization Services
John King Senior Center	Community Services
Kimochi, Inc.	Adult Day Care, Community Services, Congregate Meals, Family Caregiver Support Program, Home-Delivered Meals, case management
Korean Senior Center	Community Services, Congregate Meals

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CHART ONE: CONTRACTORS FUNDED BY THE OFFICE ON AGING
FISCAL YEAR 2007-2008

La Raza Centro Legal	Legal and Naturalization Services
Laguna Honda	Alzheimer's Day Care Resource Center, Congregate Meals
Legal Assistance to the Elderly	Legal Services
Lighthouse for the Blind and Visually Impaired	Community Services, Taxi vouchers
Little Brothers Friends of the Elderly	Medical Escort
Meals on Wheels of SF, Inc.	Case Management, Community Services, Congregate Meals, Home-Delivered Meals
Mental Health Association	Social Support Services for Hoarders and Clutterers
Mission Neighborhood Centers	Community Services, Naturalization Services
Network for Elders	Case Management, Resource Center for Seniors and Adults with Disabilities
New Leaf Services for Our Community	Community Services, Volunteer Caregiver Recruitment
On Lok Day Services	Case Management, Community Services, Congregate Meals, Home-Delivered Meals, Health Promotion Evidence Based Program.
openhouse	LGBT Training for Service Providers
Planning for Elders in the Central City	Homecare Advocacy, Senior Empowerment, Service Connection Pilot Project

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CHART ONE: CONTRACTORS FUNDED BY THE OFFICE ON AGING
FISCAL YEAR 2007-2008

Project Open Hand	Community Services, Congregate Meals
Public Transportation Commission	Paratransit Services, Taxi Scrips.
Russian American Community Services	Community Services, Congregate Meals, Home-Delivered Meals
San Francisco Adult Day Services Network	Adult Day Health
San Francisco Food Bank	Brown Bag, SRO Food Project
San Francisco Senior Center	Case Management, Community Services
Self-Help for the Elderly	Alzheimer's Day Care Resource Center, Case Management, Community Services, Congregate Meals, Home-Delivered Meals, In-Home Support Services: Personal Care, Homemaker, Chore, Naturalization Services, Resource Center for Seniors and Adults with Disabilities, Health Insurance Counseling and Advocacy Program
Senior Action Network	Housing Advocacy, Senior Empowerment
Southwest Community Corporation	Community Services
Veterans Equity Center	Community Services
Vietnamese Elderly Mutual Assistance Association	Community Services
Visitation Valley Community Center	Community Services

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CHART ONE: CONTRACTORS FUNDED BY THE OFFICE ON AGING
FISCAL YEAR 2007-2008

Western Addition Senior Citizen's Center	Community Services, Congregate Meals, Home-Delivered Meals
YMCA of San Francisco	Community Services

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Replacement pages: 37, 38, 38-2