SAN FRANCISCO DEPARTMENT OF AGING AND ADULT SERVICES

# 2015-2016 AREA PLAN UPDATE

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**For Submission to the California Department of Aging**
**5/2015**

**FY 2015-2016 AREA PLAN UPDATE (APU) CHECKLIST**
(Revised October 2014)

| AP Guidance Section | APU Components (To be attached to the APU) | Check if Included | | Page |
|---|---|---|---|---|
| | ➢ *Update/Submit **A)** through **F)** ANNUALLY:* | | | |
| n/a | **A) Transmittal Letter**–*(requires hard copy with original ink signatures or official signature stamp-**no photocopies**)* | ☒ | | 2 |
| n/a | **B) APU-***(submit entire APU electronically only)* | ☒ | | All |
| 2, 3, or 4 | **C) Estimate-**of the number of lower income minority older individuals in the PSA for the coming year | ☒ | | 3 |
| 7 | **D) Public Hearings-**that will be conducted | ☒ | | 5 |
| n/a | **E) Annual Budget** | ☐ | | |
| 10 | **F) Service Unit Plan (SUP) Objectives** and **Long Term Care Ombudsman Program Measures and Targets** | ☒ | | 8 |
| | ➢ *Update/Submit the following only if there has been a CHANGE or the section was not included in the 2012/16 Area Plan:* | **Mark Changed/Not Changed (C OR N/C)** C | N/C | **Page** |
| 5 | Minimum Percentage/Adequate Proportion | ☐ | ☒ | |
| 5 | Needs Assessment[1] | ☒ | ☐ | 36 |
| 9 | AP Narrative Objectives: | | | |
| 9 | • System-Building and Administration | ☐ | ☒ | |
| 9 | • Title III B-Funded Programs | ☐ | ☒ | |
| 9 | • Title III B-Transportation | ☐ | ☒ | |
| 9 | • Title III B-Funded Program Development/Coordination (PD or C) | ☐ | ☒ | |
| 9 | • Title III B/VIIA-Long-Term Care Ombudsman/Elder Abuse Prevention Program | ☐ | ☒ | |
| 9 | • Title III C-1 | ☐ | ☒ | |
| 9 | • Title III C-2 | ☐ | ☒ | |
| 9 | • Title III D | ☐ | ☒ | |
| 20 | • Title III E-Family Caregiver Support Program | ☐ | ☒ | |
| 9 | • Title V-SCSEP Program | ☐ | ☒ | |
| 9 | • HICAP Program | ☐ | ☒ | |
| 14 | Notice of Intent-to Provide Direct Services | ☐ | ☒ | |
| 15 | Request for Approval-to Provide Direct Services | ☐ | ☒ | |
| 16 | Governing Board | ☒ | ☐ | 38 |
| 17 | Advisory Council | ☒ | ☐ | 39 |
| 18 | Legal Assistance | ☐ | ☒ | 41 |
| 21 | Organizational Chart(s) | ☒ | ☐ | 45 |

[1] Prior to the development of the 2016/2020 Area Plan, at least one Needs Assessment must be conducted.

**TRANSMITTAL LETTER**
**Area Plan Update**
**2015-2016**

**AAA Name:** San Francisco Department of Aging and Adult Services **PSA** #6

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 ensure compliance with the assurances set forth in this 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 family caregivers in this planning and service area.

1. Edna James

_____ _____
Signature: Governing Board Chair[1] Date

2. Leon Schmidt

_____ _____
Signature: Advisory Council Chair Date

3. E. Anne Hinton

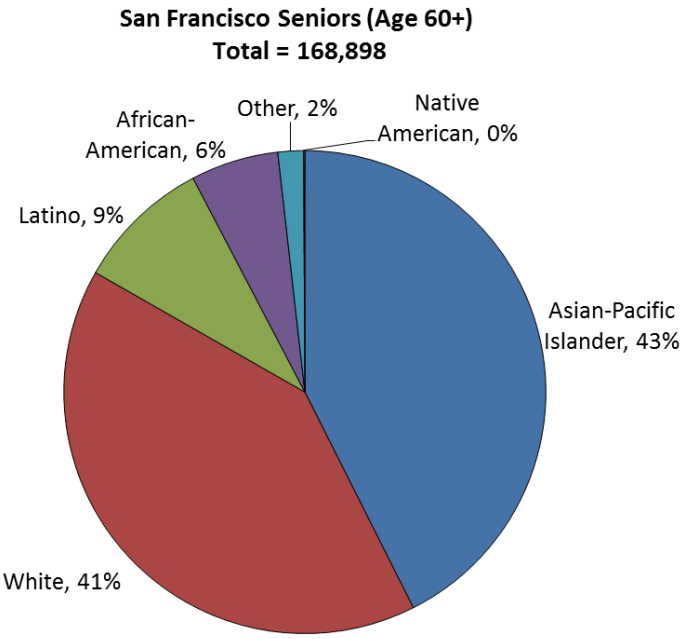
_____ _____
Signature: Area Agency Director Date

[1] Original signatures or official signature stamps are required.

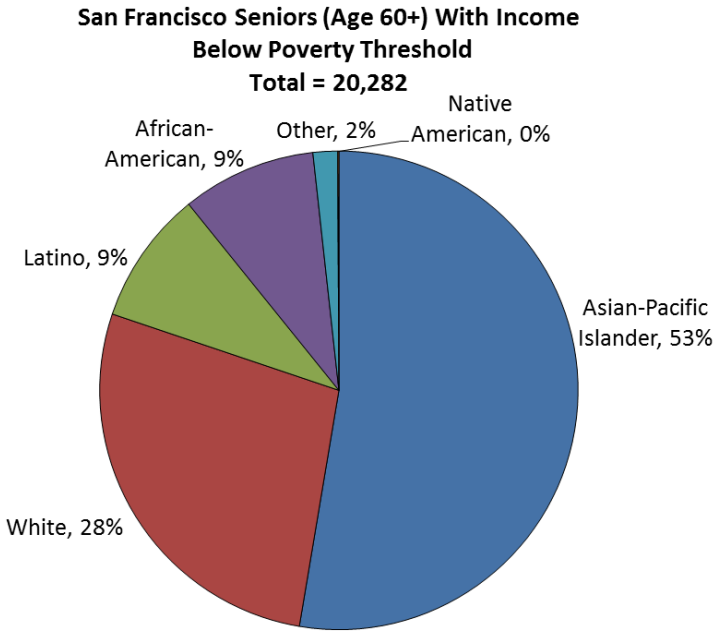
**Estimate of the number of lower income minority older individuals in the PSA for the coming year**

The following charts show a demographic breakdown of (a) all older adults (age 60+) in San Francisco, and (b) older adults with incomes at or below the federal poverty level (FPL). Note that recent estimates from the California Department of Finance suggest that San Francisco's senior population (age 65+) will grow at an average rate of 3% per year over the next ten years.[2]

According to the American Community Survey 2013 1-year estimates, there were 168,898 seniors age 60 or older in San Francisco, of whom 20,282 (12%) had incomes at or below the poverty threshold.




*Analysis of 2013 American Community Survey 1-Year Estimates in IPUMS files from*: Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis, MN: Minnesota Population Center




*Analysis of 2013 American Community Survey 1-Year Estimates in IPUMS files from*: Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis, MN: Minnesota Population Center

In FY 2013-14, DAAS estimated that over 15,000 seniors received CDA-funded services in registered programs and approximately 6,800 received CDA-funded services in non-registered programs.

The Insight Center for Community Economic Development released an updated Elder Economic Security Standard Index (EESI) for San Francisco in 2011, as shown on the next page. The EESI varies depending on whether an older adult is (a) single or in a couple, (b) a renter or owner, and (c) paying a mortgage or not. The EESI therefore ranges from 163% to 377% of the FPL, demonstrating the fact that the FPL dramatically under-estimates the size of the senior

[2] California Department of Finance Research Demographic Unit, *Report P-1 (Age) State and County Population Projections by Major Age Groups.* Available online: http://www.dof.ca.gov/research/demographic/reports/projections/P-1/

population that struggles to make ends meet in San Francisco. Estimates of the number of seniors with these income levels is unavailable at this time.

## San Francisco County, CA 2011
## Elder Economic Security Standard™ Index

Elder Index Per Year, Annual Comparisons, and Basic Monthly Expenses for Selected Household Types

### Elder Index Per Year†

| Income Needed to Meet Basic Needs (based on monthly expenses shown below*) | Elder Person | | | Elder Couple | | |
|---|---|---|---|---|---|---|
| | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom |
| | $17,707 | $41,062 | $29,144 | $26,323 | $49,679 | $37,760 |
| **Annual Comparison Amounts** | | | | | | |
| Federal Poverty Guideline (2011 DHHS) | $10,890 | $10,890 | $10,890 | $14,710 | $14,710 | $14,710 |
| % of Federal Poverty [Elder Index divided by (/) Federal Poverty Guideline] | 163% | 377% | 268% | 179% | 338% | 257% |
| SSI Payment Maximum, California 2011 | $9,965 | $9,965 | $9,965 | $16,886 | $16,886 | $16,886 |
| SSI Income Gap [SSI Payment Maximum minus (-) Elder Index] | -$7,742 | -$31,098 | -$19,179 | -$9,437 | -$32,792 | -$20,874 |
| Median Social Security Payment 2011 | $13,013 | $13,013 | $13,013 | $20,330 | $20,330 | $20,330 |
| Soc Sec Income Gap [Average Social Security Payment minus (-) Elder Index] | -$4,694 | -$28,049 | -$16,131 | -$5,993 | -$29,349 | -$17,430 |

*Basic Monthly Expenses Used to Calculate Elder Index

| Monthly Expenses | Elder Person | | | Elder Couple | | |
|---|---|---|---|---|---|---|
| | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom |
| Housing | $450 | $2,396 | $1,403 | $450 | $2,396 | $1,403 |
| Food | 278 | 278 | 278 | 517 | 517 | 517 |
| Transportation | 239 | 239 | 239 | 335 | 335 | 335 |
| Health Care (Good Health) | 263 | 263 | 263 | 526 | 526 | 526 |
| Miscellaneous @ 20% | 246 | 246 | 246 | 366 | 366 | 366 |
| Elder Index Per Month | $1,476 | $3,422 | $2,429 | $2,194 | $4,140 | $3,147 |

†Note: Annual total may not equal the sum of monthly totals due to rounding.

For the complete report, methodology or other counties visit:
http://healthpolicy.ucla.edu/elder-index2011

For more information about the California Elder Economic Security Initiative™ program visit:
http://www.insightcced.org/communities/cfess/cal-eesi.html

UCLA CENTER FOR HEALTH POLICY RESEARCH

INSIGHT CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT

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**PUBLIC HEARINGS** **PSA** 6

The following is a summary of public hearings conducted for each year of the 2012-2016 Planning Cycle.

**PUBLIC HEARINGS**
**Conducted for the 2012-2016 Planning Period**
CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308; OAA 2006 306(a)

| Fiscal Year | Date | Location | Number of Attendees | Presented in languages other than English?[3] Yes or No | Was hearing held at a Long-Term Care Facility?[4] Yes or No |
|---|---|---|---|---|---|
| **2012-13** | April 18, 2012<br>May 2, 2012 | 1650 Mission St, 5th floor<br>San Francisco City Hall | 24<br>33 | No<br>No | No<br>No |
| **2013-14** | April 17, 2013<br>May 1, 2013 | 1650 Mission St, 5th floor<br>San Francisco City Hall | **17**<br>**36** | No<br>No | No<br>No |
| **2014-15** | April 16, 2014<br>May 7, 2014 | 1650 Mission St, 5th floor<br>San Francisco City Hall | **18**<br>**27** | No<br>No | No<br>No |
| **2015-16** | April 15, 2015<br>May 6, 2015 | 1650 Mission St, 5th floor<br>San Francisco City Hall | **13** | No | No |

**Below items 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.

All Office on the Aging contractors and interested parties were notified of the public meetings. A public notice was also announced in the San Francisco Chronicle. Members of the Advisory Council DAAS Commission, and the public were asked to provide feedback.

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 if PD and C funds are not used

☐ No, Explain:

[2] A translator is not required unless the AAA determines a significant number of attendees require translation services.
3 AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

2. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.
   Not applicable

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?

   ☒Yes

   ☐No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.

   None

6. Summarize other major issues discussed or raised at the public hearings.

   *Comments on the Original Four-Year Area Plan:*
   At the public hearing on April 17, Advisory Council member Vera Haile asked why the Providers list was not included, and pointed out an error on the Advisory Council list. Denise Cheung responded that corrections would be made in the final draft submitted to the Commission in May. Ms Haile also asked why no town hall meetings were conducted for the Needs Assessment. Dan Kelly explained that in the past, it appeared that service providers organized their own consumers to attend and advocate for their specific program services, limiting the scope of the discussions. To reach a range of seniors and adults with disabilities, especially those who were not receiving services, the needs assessment relied on a series of focus groups targeting key populations.

   At the public hearing on May 2nd, Commission President James lauded the work being done with hoarders and clutterers, but also inquired about services for seniors suffering from depression, suggesting it as a future priority. The Deputy Director of DAAS, Shireen McSpadden, described current efforts by DAAS and CBO staff to coordinate with the San Francisco Department of Public Health to screen and refer seniors with mental health needs. Denise Cheung, director of the Office on Aging, referenced an evidence based community treatment program for depression called the Program to Encourage Active Rewarding Lives for Seniors that would be worth further investigation. A representative from a community based organization commented on the need for more community outreach related to senior centers, and Ms. Cheung reported that the Office on the Aging was working closely with the DAAS Integrated Intake program and the Aging and Disability Resource Connection to develop a marketing plan for senior/disability services. Finally, Commissioner Crites pointed out that page 73 of the report contained directions from the California Department of Aging, and it seemed to be out of place. Before formally approving it, the Commissioners lauded the 2012-16 Area Plan.

   *Comments on the Area Plan Update 2013-2014:*
   At the Advisory Council meeting, Advisory Council member Vera Haile expressed a desire for the Area Plan Update to include more information about the consumer population that receives

services, not just estimates of the target population. Diana Jensen explained that CDA has specific requirements about information to be included in the Area Plan Update, and that they have requested AAAs not to provide significant additional materials beyond state requirements. She offered to return to the Advisory Council on a future date to present this type of material.

*Comments on the Area Plan Update 2014-2015:*
There was no comment at the Advisory Council meeting on April 16, 2014. At the Commission Meeting on May, President James commented that OMI District was not included on page 45 under the Legal Assistance geographical regions served. Dan Kelly replied that it would be included. OMI is now added, since the service is actually citywide.

*Comments on the Area Plan Update 2015-2016:*
At the Advisory Council meeting April 15, 2015, Elenore Lurie requested that Area Plan Update be presented a month earlier in the future to allow more time for discussion and to potentially implement changes. Rose Johns explained that the agency has historically timed the presentation in order to wait for the CDA budget but noted that the agency will take that suggestion into account in future years.

7. List major changes in the Area Plan resulting from input by attendees at the hearings.

*Changes to the Original Four-Year Area Plan:*
The Advisory Council list has been corrected. The list of Agencies and Services (FY 2011-2012) has been inserted as Appendix A in the final draft of the Area Plan. Per Commissioner Crites' comment, page 73 of the Plan has been deleted.

*Changes to the Area Plan Update 2013-2014:*

One paragraph has been added to include a high-level summary of the numbers of consumers who receive CDA-funded services.

*Changes to the Area Plan Update 2014-2015:*

No changes

*Comments on the Area Plan Update 2015-2016:*

**Service Unit Plan (SUP) Objectives**

The majority of service units remain unchanged from FY 2013-2014. Exceptions include:

- Congregate meals, nutrition counseling, and nutrition education have increased service levels.
- Health promotion has increased service levels.
- Long Term Care Ombudsman program objectives are adjusted slightly based on prior year actual performance (in some cases increases, in other cases decreased).
- HICAP service unit plans are updated to reflect new state and federal minimum attainment levels as provided by CDA.

**PSA 6**

**TITLE III/VII SERVICE UNIT PLAN OBJECTIVES**
**2012–2016 Four-Year Planning Period**
**CCR Article 3, Section 7300(d)**

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The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. A blank copy of the NAPIS State Program Report with definitions is available at http://cda.ca.gov/aaa/guidance/planning_index.asp.
For services not defined in NAPIS, refer to the Service Categories and Data Dictionary available at: http://cda.ca.gov/aaa/guidance/planning_index.asp .
Report units of service to be provided with **ALL funding sources**.

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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.

All service units measured in hours must be reported as whole numbers (no fractions/partial units can be reported). However, AAAs must track the actual time services were provided in their local database (i.e. minutes, fractions). The AAA's local software system must then round the total service units for each client by month and by service category to the nearest integer (i.e. can round up or down) when exporting these data to the California Aging Reporting System (CARS). Please note that this should not affect the actual data in the AAA database, only the service unit totals in the CARS export files. Due to rounding, CDA expects minor service unit discrepancies (not to exceed 5-10 percent) between the AAA database and CARS. Also see "CARS Overview and Guidance" document (once a PM is issued, we will insert the appropriate PM number).

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**1. Personal Care (In-Home)** **Unit of Service = 1 hour**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | 660 | 1,2,3,4 | |
| 2013-2014 | 660 | 1,2,3,4 | |
| 2014-2015 | 660 | 1,2,3,4 | |
| 2015-2016 | 660 | 1,2,3,4 | |

**2. Homemaker** **Unit of Service = 1 hour**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|---|---|---|---|
| 2012-2013 | 750 | 1,2,3,4 | |
| 2013-2014 | 750 | 1,2,3,4 | |
| 2014-2015 | 750 | 1,2,3,4 | |
| 2015-2016 | 750 | 1,2,3,4 | |

**3. Chore** **Unit of Service = 1 hour**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | 800 | 1,2,3,4 | |
| 2013-2014 | 800 | 1,2,3,4 | |
| 2014-2015 | 800 | 1,2,3,4 | |
| 2015-2016 | 800 | 1,2,3,4 | |

**4. Home-Delivered Meal** **Unit of Service = 1 meal**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | 1,016,800 | 1,2,3,4 | 4.1a, 4.1 b, 4.2a |
| 2013-2014 | 1,016,800 | 1,2,3,4 | 4.1a, 4.1 b, 4.2a |
| 2014-2015 | 1,016,800 | 1,2,3,4 | 4.1a, 4.1 b, 4.2a |
| 2015-2016 | 1,175,750 | 1,2,3,4 | 4.1a, 4.1 b, 4.2a |

**5. Adult Day Care/Adult Day Health** **Unit of Service = 1 hour**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

**6. Case Management** **Unit of Service = 1 hour**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

**7. Assisted Transportation** **Unit of Service = 1 one-way trip**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|---|---|---|---|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

**8. Congregate Meal** **Unit of Service = 1 meal**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2009-2010 | 717,445 | 1,2,3,4, | 4.1a, 4.1b, 4.2a |
| 2012-2013 | 717,445 | 1,2,3,4, | 4.1a, 4.1b, 4.2a |
| 2013-2014 | 728,605 | 1,2,3,4, | 4.1a, 4.1b, 4.2a |

| | | | |
|---|---|---|---|
| 2014-2015 | 769,050 | 1,2,3,4, | 4.1a, 4.1b, 4.2a |
| 2015-2016 | 724,327 | 1,2,3,4, | 4.1a, 4.1b, 4.2a |

**9. Nutrition Counseling** **Unit of Service = 1 session per participant**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | 1270 | 1,2,3,4 | 4.1a, 4.1b, 4.2a |
| 2013-2014 | 1270 | 1,2,3,4 | 4.1a, 4.1b, 4.2a |
| 2014-2015 | 1320 | 1,2,3,4 | 4.1a, 4.1b, 4.2a |
| 2015-2016 | 1670 | 1,2,3,4 | 4.1a, 4.1b, 4.2a |

**10. Transportation** **Unit of Service = 1 one-way trip**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | 59,265 | 1,2,3,4 | |
| 2013-2014 | 59,265 | 1,2,3,4 | |
| 2014-2015 | 59,265 | 1,2,3,4 | |
| 2015-2016 | 40,000 | 1,2,3,4 | |

**11. Legal Assistance** **Unit of Service = 1 hour**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | 12,961 | 1,2,3,4 | |
| 2013-2014 | 12,961 | 1,2,3,4 | |
| 2014-2015 | 12,961 | 1,2,3,4 | |
| 2015-2016 | 12,961 | 1,2,3,4 | |

**12. Nutrition Education** **Unit of Service = 1 session per participant**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | 36,000 | 1,2,3,4 | 4.1a, 4.1b, 4.2a |

| | | | |
|---|---|---|---|
| 2013-2014 | 36,000 | 1,2,3,4 | 4.1a, 4.1b, 4.2a |
| 2014-2015 | 47,000 | 1,2,3,4 | 4.1a, 4.1b, 4.2a |
| 2015-2016 | 50,000 | 1,2,3,4 | 4.1a, 4.1b, 4.2a |

**13. Information and Assistance** **Unit of Service = 1 contact**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|---|---|---|---|
| 2012-2013 | 4,200 | 1,2,3,4 | 3.1a, 3.1b, 3.1c, 3.3a |
| 2013-2014 | 4,200 | 1,2,3,4 | 3.1a, 3.1b, 3.1c, 3.3a |
| 2014-2015 | 4,200 | 1,2,3,4 | 3.1a, 3.1b, 3.1c, 3.3a |
| 2015-2016 | 4,200 | 1,2,3,4 | 3.1a, 3.1b, 3.1c, 3.3a |

**14. Outreach** **Unit of Service = 1 contact**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|---|---|---|---|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

**Instructions for Title III D /Health Promotion and Medication Management written objectives**

Because of the nature of the Health Promotion and Medication Management activities, the AAAs are required to write objectives for all services provided with Title III D funds. The objective should clearly describe the **Service Activity** that is being performed to fulfill the service unit requirement. If you designate Title III D Health Promotion funds to support Title III C Nutrition Education and/or Nutrition Counseling services you would report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education.

- **Service Activity:** List all the Title III D/Health Promotion specific allowable service activities provided. (i.e. health risk assessments; routine health screening;

nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventative health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.)

CDA Service Categories and Data Dictionary, 2011.

- **Title III D/Health Promotion and Medication Management requires a narrative program goal and objective.** The objective should clearly explain the service activity that is being provided to fulfill the service unit requirement.
- **Title III D/Health Promotion and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

**16. Title III D Health Promotion Unit of Service = 1 contact**
**Service Activities: (Chronic Disease Self Management Program (CDSMP)**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|---|---|---|---|
| 2012-2013 | 400 | 1,2,3,4 | 1.1a |
| 2013-2014 | 400 | 1,2,3,4 | 1.1a |
| 2014-2015 | 696 | 1,2,3,4 | 1.1a |
| 2015-2016 | 630 | 1,2,3,4 | 1.1a |

**NAPIS Service Category 15 – "Other" Title III Services**

- In this section, identify **Title III D**/Medication Management services (required); and also identify all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16 above. (Identify the specific activity under the Service Category on the "Units of Service" line when applicable.)

- Each **Title III B** "Other" service must be an approved NAPIS Program 15 service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122) and the Service Categories and Data Dictionary.
- **Title III D/Medication Management requires a narrative program goal and objective.** The objective should clearly explain the service activity that is being provided to fulfill the service unit requirement.
- **Title III D/Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

**Title III D, Medication Management [5]** **Units of Service = 1 Contact**
**Service Activities: Evidence based Medication Management program_____**

| Fiscal Year | **Proposed** Units of Service | Program Goal Number | Objective Numbers (required) |
|---|---|---|---|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

**Title III B, Other Supportive Services [6]**

**For all Title IIIB "Other" Supportive Services, use appropriate Service Category name and Unit of Service (Unit Measure) listed in the Service Categories and Data Dictionary. All "Other" services must be listed separately. You may duplicate the table below as needed.**

**Service Category** **Unit of Service**

| Fiscal Year | **Proposed** Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

6 Refer to Program Memo 01-03

**PSA 6**

**2012–2016 Four-Year Planning Cycle**

## TITLE III B and Title VII A: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents.

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2010-2011National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

**Outcome 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 on Complaints)
The average California complaint resolution rate for FY 2009-2010 was 73%.

| |
|---|
| 1. FY 2010-2011 Baseline Resolution Rate: 77 %<br>Number of complaints resolved_317__ + Number of partially resolved complaints__187__<br>divided by the Total Number of Complaints Received_655 = Baseline Resolution Rate _77__% |
| 2. FY 2012-2013 Target: Resolution Rate 78%<br>(800 cases with a Close Partially resolved or full resolved 78%) |
| 3. FY 2011-2012 AoA Resolution Rate 81% FY 2013-2014 Target: Resolution Rate 78% |
| 4. FY 2012-2013 AoA Resolution Rate 80% FY 2014-2015 Target: Resolution Rate 80% |
| 5. FY 2013-2014 AoA Resolution Rate 71% FY 2015-2016 Target: Resolution Rate 71% |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c, |

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

| |
|---|
| 1. FY 2010-2011 Baseline: number of meetings attended: 27 |
| 2. FY 2012-2013 Target: 30 |
| 3. FY 2011-2012 AoA Data: 31 FY 2013-2014 Target: 30 |
| 4. FY 2012-2013 AoA Data: 36 FY 2014-2015 Target: 36 |
| 5. FY 2013-2014 AoA Data: 28 FY 2015-2016 Target: 28 |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c, |

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

| |
|---|
| 1. FY 2010-2011 Baseline: number of meetings attended: 6 |
| 2. FY 2012-2013 Target: 8 |
| 3. FY 2011-2012 AoA Data: 2 FY 2013-2014 Target: 8 |
| 4. FY 2012-2013 AoA Data: 5 FY 2014-2015 Target: 5 |
| 5. FY 2013-2014 AoA Data: 6 FY 2015-2016 Target: 6 |
| Program Goals and Objective Numbers: Goals 1,2,3,4; Objectives 2.3a, 2.3b, 4.1c, |

**D. Consultation to Facilities** (AoA Report, Part III-D, #4) Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

| |
|---|
| 1. FY 2010-2011 Baseline: number of consultations_63__ (increase by 9%) |
| 2. FY 2012-2013 Target: __73_ |
| 3. FY 2011-2012 AoA Data: 53 FY 2013-2014 Target: 73 |
| 4. FY 2012-2013 AoA Data: 59 FY 2014-2015 Target: 67 |
| 5. FY 2013-2014 AoA Data: 88 FY 2015-2016 Target: 88 |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c. |

**E. Information and Consultation to Individuals** (AoA Report, Part III-D, #5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

| |
|---|
| 1. FY 2010-2011 Baseline: number of consultations_247__ |
| 2. FY 2012-2013 Target: _350__(SFLTCO will increase individual consultations by 30%) |
| 3. FY 2011-2012 AoA Data: 218 FY 2013-2014 Target: 298 |
| 4. FY 2012-2013 AoA Data: 288 FY 2014-2015 Target: _377_ |
| 5. FY 2013-2014 AoA Data: 407 FY 2015-2016 Target: 407 |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c. |

**F. Community Education** (AoA Report, Part III-D, #10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

| |
|---|
| 1. FY 2010-2011 Baseline: number of sessions__7_ |
| 2. FY 2012-2013 Target: __10_ (SFLTCO will increase Community Education by 10%) |
| 3. FY 2011-2012 AoA Data: 5 FY 2013-2014 Target: 10 |
| 4. FY 2012-2013 AoA Data: 6 FY 2014-2015 Target: _6_ |
| 5. FY 2013-2014 AoA Data: 5 FY 2015-2016 Target: 5 |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c. |

**G. Systems Advocacy**

1. FY 2013-2014 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

   Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.)

   Enter information in the box below.

| **Systemic Advocacy Effort(s)** |
|---|
| **FY15/16** – Ombudsman staff will continue to play a role in the legislative process by attending state and local government hearings on matters related to SNF and RCFEs. Ombudsman staff will also provide testimony at these legislative hearings when appropriate. Ombudsman is working with the LGBT Aging Policy Task Force and the San Francisco Board of Supervisors in preparation of the LGBT Senior Long Term Care Facilities Bill of Rights. Ombudsman staff also attends the Elder Death Review Panel at the City of San Francisco Medical Examiner's Office in order to provide multidisciplinary analyses of possible abuses and neglect contributing to the deaths of elders. |

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

**Measures and Targets:**

A. **Facility Coverage (other than in response to a complaint),** (AoA Report, Part III-D, #6)
Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

| |
|---|
| 1. FY 2010-2011 Baseline: 69___%<br><br>Number of Nursing Facilities visited at least once a quarter not in response to a complaint _13__ divided by the number of Nursing Facilities_26__. |
| 2. FY 2012-2013 Target: _74__% |
| 3. FY 2011-2012 AoA Data: 20% FY 2013-2014 Target: 74% |
| 4. FY 2012-2013 AoA Data: 72% FY 2014-2015 Target: 78% |
| 5. FY 2013-2014 AoA Data: 58% FY 2015-2016 Target: 58% |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c. |

**B. Facility Coverage (other than in response to a complaint)** (AoA Report, Part III-D, #6)
Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

| |
|---|
| 1. FY 2010-2011 Baseline: _1.3__%<br><br>Number of RCFEs visited at least once a quarter not in response to a complaint __1_ divided by the number of RCFEs __93_ |
| 2. FY 2012-2013 Target: 15% |

| |
|---|
| 3. FY 2011-2012 AoA Data: 4 % FY 2013-2014 Target: 15% |
| 4. FY 2012-2013 AoA Data: 24% FY 2014-2015 Target: 45% |
| 5. FY 2013-2014 AoA Data: 30% FY 2015-2016 Target: 30% |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c.<br><br>The Program visits a lot of RCFE but not quarterly. This AoA measure under-represents the activity of Program in RCFE. |

**C. Number of Full-Time Equivalent (FTE) Staff** (AoA Report Part III. B.2. - Staff and Volunteers)
(One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.
Verify number of staff FTEs with Ombudsman Program Coordinator.

| |
|---|
| 1. FY 2010-2011 Baseline: FTEs__2.65__ |
| 2. FY 2012-2013 Target: _3.2__ FTEs |
| 3. FY 2011-2012 AoA Data: 3.4 FTEs FY 2013-2014 Target: _3.2__ FTEs |
| 4. FY 2012-2013 AoA Data: 3.45 FTEs FY 2014-2015 Target: _5.45__ FTEs |
| 5. FY 2013-2014 AoA Data: 3.45 FTEs FY 2015-2016 Target: 3.45 FTEs |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c.<br><br>(The local Program will increase FTE when the State General fund dollars are forthcoming to address the State Mandates, and the Funding formula reverts to the IoM recommendation of 1 FTE for 2000 beds) |

**D. Number of Certified LTC Ombudsman Volunteers** (AoA Report Part III. B.2. – Staff and Volunteers)
Verify numbers of volunteers with Ombudsman Program Coordinator.

| |
|---|
| 1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers<br><br>as of June 30, 2010 __25_ |
| 2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers<br><br>as of June 30, 2013: __25_ |
| 3, FY 2011-2012 AoA Data: 54 certified volunteers<br><br>FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers<br>as of June 30, 2014: __25__ |
| 4. FY 2012-2013 AoA Data: 20 certified volunteers<br><br>FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers<br>as of June 30, 2015: __20__ |
| 5. FY 2013-2014 AoA Data: 16 certified volunteers<br><br>FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers<br>as of June 30, 2016: __16__ |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c.<br><br>Note: The Program Director has been the Volunteer Trainer and Manager besides his other duties. The training sessions were held on Saturdays at the Geary Blvd Address. Each session involved 36-40 hours, over 5-7 Saturdays. The plan of having two such multi Saturday Sessions is in place. |

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]**

**Measures and Targets:**

**A. At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.**

| |
|---|
| 1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV _2_____<br><br>**Please obtain this information from the local LTC Ombudsman Program Coordinator.** |
| 2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV ____2__ |
| *Per CDA Program Memorandum 13-01, this measure is no longer required in the Area Plan.* |
| Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c. |

**PSA #6**

**2012–2016 Four-Year Planning Period**

## TITLE VII B ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

**Units of Service: AAA must complete at least one category from the Units of Service below.**

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available.

AAAs must provide one or more of the service categories below. NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** – Please indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Professionals** – Please indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Caregivers Served by Title III E** – Please indicate the total number of projected training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** – Please indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers

(this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Number of Individuals Served –** Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

**PSA #6**

**2012–2016 Four-Year Planning Period**

**TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

| Fiscal Year | Total # of Public Education Sessions |
|---|---|
| 2012-13 | 20 |
| 2013-14 | 20 |
| 2014-15 | 20 |
| 2015-16 | 20 |

| Fiscal Year | Total # of Training Sessions for Professionals |
|---|---|
| 2012-13 | 24 |
| 2013-14 | 24 |
| 2014-15 | 24 |
| 2015-16 | 24 |

| Fiscal Year | Total # of Training Sessions for Caregivers served by Title III E |
|---|---|
| 2012-13 | 0 |
| 2013-14 | 0 |
| 2014-15 | 0 |
| 2015-16 | 0 |

| Fiscal Year | Total # of Hours Spent Developing a Coordinated System |
|---|---|
| 2012-13 | 160 |
| 2013-14 | 160 |
| 2014-15 | 160 |
| 2015-16 | 160 |

| Fiscal Year | Total # of Copies of Educational Materials to be Distributed | Description of Educational Materials |
|---|---|---|
| 2012-2013 | 2000 | A typical packet at a training session includes the following items:<br>• APS's Elder Abuse information fact sheet<br>• IOA's Elder Abuse Fact Sheet (English & Spanish)<br>• Bay Area Academy's Financial abuse fact sheet<br>• SOC 341 including instructions about how to complete<br>• UC Irvine Bruising Study<br>• Break the Silence fliers in multiple languages<br>• Copy of the PowerPoint presentation<br>• California Penal Coders: elder abuse for law enforcement |
| 2013-2014 | 2000 | See above |
| 2014-2015 | 2000 | See above |
| 2015-2016 | 2000 | |

| Fiscal Year | Total Number of Individuals Served |
|---|---|
| 2012-13 | 4000 |
| 2013-14 | 4000 |
| 2014-15 | 4000 |
| 2015-16 | 4000 |

Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b

**PSA #6**

**2012–2016 Four-Year Planning Period**

**TITLE III E SERVICE UNIT PLAN OBJECTIVES**
**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 Service Categories and Data Dictionary for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

All service units measured in hours must be reported as whole numbers (no fractions/partial units can be reported). However, AAAs must track the actual time services were provided in their local database (i.e. minutes, fractions). The AAA's local software system must then round the total service units for each client by month and by service category to the nearest integer (i.e. can round up or down) when exporting these data to the California Aging Reporting System (CARS). Please note that this should not affect the actual data in the AAA database, only the service unit totals in the CARS export files. Due to rounding, CDA expects minor service unit discrepancies (not to exceed 5-10 percent) between the AAA database and CARS. Also see "CARS Overview and Guidance" document (once a PM is issued, we will insert the appropriate PM number).

**Direct Services**

| **CATEGORIES** | **1** | **2** | **3** |
|---|---|---|---|
| **Direct III E Family Caregiver Services** | ***Proposed*** **Units of Service** | ***Required*** **Goal #(s)** | ***Optional*** **Objective #(s)** |
| **Information Services** | **# of activities and Total est. audience for above** | | |
| 2012-2013 | # of activities:<br>Total est. audience for above: | | |
| 2013-2014 | # of activities<br>Total est. audience for above: | | |
| 2014-2015 | # of activities<br>Total est. audience for above: | | |
| 2015-2016 | # of activities:<br>Total est. audience for above: | | |
| **Access Assistance** | **Total contacts** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

| **Support Services** | **Total hours** | | |
|---|---|---|---|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| **Respite Care** | **Total hours** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| **Supplemental Services** | **Total occurrences** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

| **Direct III E**<br>**Grand parent Services** | ***Proposed***<br>**Units of Service** | ***Required***<br>**Goal #(s)** | ***Optional***<br>**Objective #(s)** |
|---|---|---|---|
| **Information Services** | **# of activities and**<br>**Total est. audience for above** | | |
| 2012-2013 | # of activities:<br>Total est. audience for above: | | |
| 2013-2014 | # of activities:<br>Total est. audience for above: | | |
| 2014-2015 | # of activities:<br>Total est. audience for above: | | |
| 2015-2016 | # of activities:<br>Total est. audience for above: | | |
| **Access Assistance** | **Total contacts** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |

| | | | |
|---|---|---|---|
| 2015-2016 | | | |
| **Support Services** | **Total hours** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| **Respite Care** | **Total hours** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| **Supplemental Services** | **Total occurrences** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

**Contracted Services**

| **Contracted III E Family Caregiver Services** | ***Proposed*** **Units of Service**[7] | ***Required*** **Goal #(s)** | ***Optional*** **Objective #(s)** |
|---|---|---|---|
| **Information Services** | **# of activities and total est. audience for above:** | | |
| 2012-2013 | # of activities: 29<br>Total est. audience for above: 700 | 1,2,3,4 | |
| 2013-2014 | # of activities: 29<br>Total est. audience for above: 700 | 1,2,3,4 | |
| 2014-2015 | # of activities: 29<br>Total est. audience for above: 700 | 1,2,3,4 | |
| 2015-2016 | # of activities: 29<br>Total est. audience for above: 700 | 1,2,3,4 | |

[7] FCSP contracted services recently went out to RFP, and final negotiations have not been completed for the FY 2014-2015. These units represent prior year contract levels.

| **Access Assistance** | **Total contacts** | | |
|---|---|---|---|
| 2012-2013 | 653 | 1,2,3,4 | |
| 2013-2014 | 653 | 1,2,3,4 | |
| 2014-2015 | 653 | 1,2,3,4 | |
| 2015-2016 | 670 | 1,2,3,4 | |
| **Support Services** | **Total hours** | | |
| 2012-2013 | 2424 | 1,2,3,4 | |
| 2013-2014 | 2384 | 1,2,3,4 | |
| 2014-2015 | 2384 | 1,2,3,4 | |
| 2015-2016 | 2614 | 1,2,3,4 | |
| **Respite Care** | **Total hours** | | |
| 2012-2013 | 2520 | 1,2,3,4 | |
| 2013-2014 | 2520 | 1,2,3,4 | |
| 2014-2015 | 2520 | 1,2,3,4 | |
| 2015-2016 | 2520 | 1,2,3,4 | |
| **Supplemental Services** | **Total occurrences** | | |
| 2012-2013 | 116 | 1,2,3,4 | |
| 2013-2014 | 116 | 1,2,3,4 | |
| 2014-2015 | 116 | 1,2,3,4 | |
| 2015-2016 | 116 | 1,2,3,4 | |

| **Contracted III E Grandparent Services** | ***Proposed*** **Units of Service** | ***Required*** **Goal #(s)** | ***Optional*** **Objective #(s)** |
|---|---|---|---|
| **Information Services** | **# of activities and Total est. audience for above** | | |
| 2012-2013 | # of activities:<br>Total est. audience for above: | | |
| 2013-2014 | # of activities:<br>Total est. audience for above: | | |
| 2014-2015 | # of activities:<br>Total est. audience for above: | | |
| 2015-2016 | # of activities:<br>Total est. audience for above: | | |

| **Access Assistance** | **Total contacts** | | |
|---|---|---|---|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| **Support Services** | **Total hours** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| **Respite Care** | **Total hours** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| **Supplemental Services** | **Total occurrences** | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

**PSA #6**[8]

## SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
**2012–2016 Four-Year Planning Period**

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

| |
|---|
| Location/Name (AAA office, One Stop, Agency, etc): |
| Street Address: |
| Name and title of all SCSEP staff members (paid and participant): |
| Number of paid staff _____ Number of participant staff _____ |
| How many participants are served at this site? |

| |
|---|
| Location/Name (AAA office, One Stop, Agency, etc): |
| Street Address: |
| Name and title of all SCSEP staff members (paid and participant): |
| Number of paid staff _____ Number of participant staff _____ |
| How many participants are served at this site? |

| |
|---|
| Location/Name (AAA office, One Stop, Agency, etc): |
| Street Address: |
| Name and title of all SCSEP staff members (paid and participant): |
| Number of paid staff _____ Number of participant staff _____ |
| How many participants are served at this site? |

[8] If not providing Title V, enter PSA number followed by "Not providing".

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)**
**SERVICE UNIT PLAN**
**CCR Article 3, Section 7300(d)**

**MULTIPLE PSA HICAPs**: If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one "Managing AAA," then each AAA must enter State and federal performance target numbers in each AAA's respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

**HICAP PAID LEGAL SERVICES**: Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

**STATE & FEDERAL PERFORMANCE TARGETS**: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

**Section 1. Primary HICAP Units of Service**

| Fiscal Year (FY) | 1.1 Estimated Number of Unduplicated Clients Counseled | Goal Numbers |
|---|---|---|
| 2012-2013 | 1,529 | 1,2,3,4 |
| 2013-2014 | 1,329 | 1,2,3,4 |
| 2014-2015 | 1,773 | 1,2,3,4 |
| 2015-2016 | 1,674 | 1,2,3,4 |

**Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.**

| Fiscal Year (FY) | 1.2 Estimated Number of Public and Media Events | Goal Numbers |
|---|---|---|
| 2012-2013 | 120 | 1,2,3,4 |
| 2013-2014 | 120 | 1,2,3,4 |
| 2014-2015 | 111 | 1,2,3,4 |
| 2015-2016 | 115 | 1,2,3,4 |

**Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.**

**Section 2: Federal Performance Benchmark Measures**

| Fiscal Year (FY) | 2.1 Estimated Number of Contacts for all Clients Counseled | Goal Numbers |
|---|---|---|
| 2012-2013 | 10,798 | 1,2,3,4 |
| 2013-2014 | 10,798 | 1,2,3,4 |
| 2014-2015 | 20,242 | 1,2,3,4 |
| 2015-2016 | 18,149 | 1,2,3,4 |

**Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.**

| Fiscal Year (FY) | 2.2 Estimated Number of Persons Reached at Public and Media Events | Goal Numbers |
|---|---|---|
| 2012-2013 | 15,750 | 1,2,3,4 |
| 2013-2014 | 15,750 | 1,2,3,4 |
| 2014-2015 | 14,768 | 1,2,3,4 |
| 2015-2016 | 15,000 | 1,2,3,4 |

**Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.**

| Fiscal Year (FY) | 2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts | Goal Numbers |
|---|---|---|
| 2012-2013 | 2,254 | 1,2,3,4 |
| 2013-2014 | 2,254 | 1,2,3,4 |
| 2014-2015 | 1,536 | 1,2,3,4 |
| 2015-2016 | 1,466 | 1,2,3,4 |

**Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.**

| Fiscal Year (FY) | 2.4 Estimated Number of contacts with Low Income Beneficiaries | Goal Numbers |
|---|---|---|
| 2012-2013 | 4740 | 1,2,3,4 |
| 2013-2014 | 4740 | 1,2,3,4 |
| 2014-2015 | 10,977 | 1,2,3,4 |
| 2015-2016 | 14,151 | 1,2,3,4 |

**Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).**

| Fiscal Year (FY) | 2.5 Estimated Number of Enrollment Assistance Contacts | Goal Numbers |
|---|---|---|
| 2012-2013 | 3558 | 1,2,3,4 |
| 2013-2014 | 2854 | 1,2,3,4 |
| 2014-2015 | 11,558 | 1,2,3,4 |
| 2015-2016 | 11,000 | 1,2,3,4 |

**Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes <u>all</u> enrollment assistance, not just Part D.**

| Fiscal Year (FY) | 2.6 Estimated Part D and Enrollment Assistance Contacts | Goal Numbers |
|---|---|---|
| 2012-2013 | 3190 | 1,2,3,4 |
| 2013-2014 | 3190 | 1,2,3,4 |
| 2014-2015 | 10,381 | 1,2,3,4 |
| 2015-2016 | 11,558 | 1,2,3,4 |

**Note: This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.**

| Fiscal Year (FY) | 2.7 Estimated Number of Counselor FTEs in PSA | Goal Numbers |
|---|---|---|
| 2012-2013 | 16.86 | 1,2,3,4 |
| 2013-2014 | 16.86 | 1,2,3,4 |

| Fiscal Year (FY) | 2.7 Total Counseling Hours | Goal Numbers |
|---|---|---|
| 2014-2015 | 5,568 | 1,2,3,4 |
| 2015-2016 | 5,568 | 1,2,3,4 |

**Note: This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.**

**Section 3: HICAP Legal Services Units of Service (if applicable) [9]**

| State Fiscal Year (SFY) | 3.1 Estimated Number of Clients Represented Per SFY (Unit of Service) | Goal Numbers |
|---|---|---|
| 2012-2013 | N/A | |
| 2013-2014 | N/A | |
| 2014-2015 | N/A | |
| 2015-2016 | N/A | |
| **State Fiscal Year (SFY)** | **3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)** | **Goal Numbers** |
| 2012-2013 | N/A | |
| 2013-2014 | N/A | |
| 2014-2015 | N/A | |
| 2015-2016 | N/A | |
| **State Fiscal Year (SFY)** | **3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)** | **Goal Numbers** |
| 2012-2013 | N/A | |
| 2013-2014 | N/A | |
| 2014-2015 | N/A | |
| 2015-2016 | N/A | |

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

**Needs Assessment Activities**

As discussed in detail in the 2012-2016 Area Plan, the AAA conducted the 2011-2012 needs assessment, available online here: http://sfhsa.org/1051.htm. That assessment drew on recent planning and research efforts, but also developed new information about needs, available resources, and gaps in service. It contains not only information about Office on the Aging services and consumers, but also the broader needs of the community.

DAAS continues to supplement the four-year needs assessment on an ongoing basis by producing a series of smaller efforts that were aligned with its cycle of requests for proposals from community service providers. Those assessments marshal information on specific target areas of need and incorporate the results into the description of needed services. This approach makes the assessments timely, and allows the agency to utilize its resources more evenly. Assessments that were conducted in FY 14-15

| Topic | Key Findings | Online Report Location |
|---|---|---|
| Age and Disability Friendly San Francisco | In collaboration with the Long Term Care Coordinating Council, DAAS has been participating in a work group that has applied to be recognized as an Age and Disability Friendly City. As a part of this effort, that work group is developing a baseline assessment of the city's age and disability friendliness with respect to the following domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. | Report not yet available – Several sections are currently in draft format. |
| Emergency Home Care for Seniors | The SF-HSA planning unit developed an updated needs assessment of home care needs in order to inform the RFP for that program. The assessment found that a higher percentage of senior households are single seniors living alone in San Francisco compared other large counties in the state. | http://www.sfhsa.org/asset/DAAS_Needs_Assessment_-_Emergency_Temporary_Home_Care_for_Seniors_2015.pdf |
| Consumer Advocacy & Consumer Profile | The SF-HSA planning unit developed an updated consumer profile and advocacy needs assessment in order to inform the RFP for advocacy programs (including HICAP). The assessment mapped population profiles by supervisorial district and highlighted factors that can impact access to services. | http://www.sfhsa.org/asset/DAAS_Needs_Assessment_-_Consumer_Advocacy_2015.pdf |

DAAS also utilizes needs assessment materials generated in the community and by other city departments.

**Area Plan Narrative Objectives**

A summary of progress on all Area Plan objectives will be provided to the Advisory Council and Commission under separate cover, as it is not required for submission to the California Department on Aging for the Area Plan Update. All objectives are continued into the new fiscal year.

## GOVERNING BOARD MEMBERSHIP
## 2013-2014 Area Plan Update

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

**Total Number of Board Members: 7**

| **Name and Title of Officers:** | **Office Term Expires:** |
|---|---|
| Edna James, President | 1/24/15 |
| Gustavo Serina, Vice President | 7/21/16 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| **Names and Titles of All Members:** | **Board Term Expires:** |
|---|---|
| Samer Itani | 6/16/16 |
| Richard Ow | 1/15/16 |
| Katie Loo | 1/15/16 |
| Neil Sims | 7/5/16 |
| Kaushik Roy | 1/15/16 |
| | |
| | |
| | |

**ADVISORY COUNCIL** **PSA #6**

## ADVISORY COUNCIL MEMBERSHIP
**2013-2014 Area Plan Update**

45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 22 (7 Vacancies)

Number of Council Members over age 60 15

| | % of PSA's 60+Population | % on Advisory Council |
|---|---|---|
| **Race/Ethnic Composition** | | |
| White | 40% | 43% |
| Hispanic | 9% | 7% |
| Black | 7% | 29% |
| Asian/Pacific Islander | 42% | 7% |
| Native American/Alaskan Native | 0% | 0% |
| Other | 1% | 14% |

| **Name and Title of Officers:** | **Office Term Expires:** |
|---|---|
| Leon Schmidt, President | 3/31/2017 |
| Cathy Russo, Secretary | 3/31/2016 |
| Elenore Lurie, 1st Vice President | 3/31/2017 |
| Anna Maria Pierini, 2nd Vice President | 3/31/2016 |

| **Name and Title/Representation Category of other members:** | **Office Term Expires:** |
|---|---|
| Alexander McDonald (Low-Income) | 3/31/2016 |
| Anne Kirueshkin | 3/31/2017 |
| Benny Wong | 10/17/2016 |
| Betty Hammond | 3/31/2017 |
| Diane Lawrence | 3/31/2016 |
| Ken Prag (LGBT Caregiver) | 3/31/2016 |
| Louise Hines | 3/31/2017 |
| Marcy Adelman | 3/31/2017 |
| Margie Ramirez | 3/31/2017 |
| Sharon Eberhardt (Health Care Provider) | 3/31/2017 |
| Walter DeVaughn | 3/31/2017 |

P= Re-Appointment by District Supervisor is currently in Process.
H= Hold Over (County permits Holdover in Seat until replacement is appointed).

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

| | Yes | No |
|---|---|---|
| Low Income Representative | ☒ | ☐ |
| Disabled Representative | ☐ | ☒ |
| Supportive Services Provider Representative | ☒ | ☐ |
| Health Care Provider Representative | ☒ | ☐ |
| Family Caregiver Representative | ☒ | ☐ |
| Local Elected Officials | ☐ | ☒ |
| Individuals with Leadership Experience in Private and Voluntary Sectors | ☒ | ☐ |

*Explain any "**No**" answer(s):*

Although our CSL Members sometimes attend meetings, none of them have been available to join the Council. We are currently recruiting for other candidates who are elected officials

*Briefly describe the local governing board's process to appoint Advisory Council members:*

Half of the Members of the Advisory Board are appointed by the Aging and Adult Services Commission. All other members are appointed –one each- by their County District Supervisor.

# SECTION 18: LEGAL ASSISTANCE

**PSA 6** **2014-2015 Area Plan Update**

This section must be completed and submitted with the Four-Year Area Plan.
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.[10]

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? *Statement must include Title III B requirements: "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 III B funding is allocated to Legal Services? *45%*

3. Specific to legal services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).

   *There has been no definitive change in local needs in the past four years. Funding levels remain basically the same.*

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

   *The targeted senior populations continue to include low-income, communities of color, immigrant families, LGBT and most vulnerable seniors. We also provide specific services to younger adults living with disabilities through our Adults with Disabilities legal services supported by local General Funds. The senior legal service providers are out in the community at various community events, networking functions, and educational forums and this ~~aids~~ helps with outreach. The providers publish a Senior Rights Bulletin (in three languages) at least twice a year on timely and relevant topics of interest to our target population. At least three of the four senior legal service providers participate in the Latino, African-American, Asian Pacific Islander and/or LGBT Partnership Groups to connect with other service providers and consumers in their respective communities.*

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

| Fiscal Year | # of Legal Assistance Services Providers |
|---|---|
| 2012-2013 | 4 |
| 2013-2014 | 4 |
| 2014-2015 | 4 |
| 2015-2016 | 4 |

[10] For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

*6.* Does your PSA have a hotline for legal services?

*PSA 6 does not have a singular hotline for legal services but there are three major telephone based referral sources: 1) DAAS Integrated Intake Unit receives calls from consumers and caregivers and are provided appropriate referrals to the senior legal service provider(s); 2) Aging and Disability Resources Center (ADRC) provides neighborhood coverage and multi-lingual information and assistance to both phone callers and walk-in consumers; and 3) Consumers can also access information and referral services by calling 211 (new format for the previous United Way Helpline) and in San Francisco there is a 311 information line that directs callers to appropriate city departments for services.*

*7.* What methods of outreach are providers using? Discuss:

Senior Legal Service providers in S.F. frequent various community meetings, neighborhood fairs, educational forums, etc. They also publish and widely distribute a Senior Rights Bulletin in multiple languages at least twice a year using local general fund resources and this is used as an outreach tool. Many providers are well-known in San Francisco because of the legal clinics and outstation services they make available to communities.

8. What geographic regions are covered by each provider? Complete table below.

| **Fiscal Year** | **Name of Provider** | **Geographic Region (Neighborhood Districts in San Francisco) covered** |
|---|---|---|
| 2012-2013 | a. Asian Law Caucus<br>b. Asian Pacific Islander Legal Outreach<br>c. La Raza Centro Legal<br>d. Legal Assistance to the Elderly | a. Citywide (primarily in Chinatown, Visitacion Valley, North and South of Market, Richmond, etc.)<br>b. Citywide (primarily in Chinatown, Bayview-Hunters Point, Visitacion Valley, South and North of Market, Richmond, Western Addition, etc.)<br>c. Citywide (primarily Mission, Bernal Heights, Excelsior, North and South of Market, etc.)<br>d. Citywide (primarily North and South of Market, Bayview-Hunters Point, Western Additions, Richmond, etc.) |
| 2013-2014 | a. same as above<br>b.<br>c. | a. same as above<br>b.<br>c. |
| 2014-2015 | a. Asian Law Caucus<br>b. Asian Pacific Islander Legal Outreach | a. Citywide (primarily in Chinatown, Visitacion Valley, North and South of Market, Richmond, etc.)<br>b. Citywide (primarily in Chinatown, Bayview-Hunters Point, Visitacion Valley, South and North of Market, |

| | | |
|---|---|---|
| | c. La Raza Centro Legal<br><br>d. Legal Assistance to the Elderly c. | Richmond, Western Addition, etc.)<br>c. Citywide (primarily Mission, Bernal Heights, Excelsior, North and South of Market, etc.)<br>d. Citywide (primarily North and South of Market, Bayview-Hunters Point, Western Additions, Richmond, OMI etc.) |
| 2015-2016 | a. same as above<br>b.<br>c. | a. same as above<br>b.<br>c. |

*9.* Discuss how older adults access Legal Services in your PSA:

*Older adults contact the legal service providers directly by calling or dropping in to the agencies. Another method is by accessing legal services staff at various outstations or legal clinics held throughout PSA 6. Often times case managers and intake and referral specialists will refer consumers to the senior legal service providers. As more and more seniors and younger adults with disabilities become more tech savvy, they are also using the internet to search for resources.*

*10.* Identify the major types of legal issues that are handled by the Title III-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

*Resolving housing issues continues to be a major trend in PSA 6. Our legal providers devote an enormous amount of time to tenant's rights issues and eviction prevention issues. There is a severe shortage of accessible and affordable housing in San Francisco. This shortage means that low-income seniors and adults with disabilities are at extreme risk for homelessness. With an advocate on their side, many consumers can overcome or successfully fight eviction proceedings. A newer trend is the increase of Ellis Act evictions and evictions caused by the foreclosures of income properties.*

*Another significant area for legal issues in San Francisco is within the Individual Rights area, e.g., Immigration/Naturalization and Elder Abuse cases. PSA 6 is very rich in terms of its diverse immigrant communities; LSPs are key in assisting Legal Permanent Residents (LPR) to apply for citizenship. The legal service providers help resolve red flag issues that arise during the citizenship application process. These issues have increased triple-fold due to the recent addition of a lot more questions about the "activities" of the LPRs in their home countries. These are very sensitive issues that must be guided by legal counsel.*

*In the area of Elder Abuse Prevention (e.g. issuing temporary restraining orders, advising consumers on their rights, etc.), cultural competent legal providers are the key to ensuring a safe outcome for the consumer.*

*Even though the economic downturn has turned around for many, older adults are still finding themselves overwhelmed with consumer debt problems. LSPs provide intervention and assist with consumer rights matters.*

*Another alarming trend is that of identity theft. Many seniors are finding themselves victims of fraudulent predators that misuse the identity of the senior to gain access to credit, leaving the senior*

*susceptible to collection agencies seeking payment for something the seniors knew nothing about. Many times the predators are family members and this then becomes a financial abuse case.*

*11.* In the past four years, has there been a change in the types of legal issues handled by the Title III-B legal provider(s) in your PSA? Discuss:

*Essentially there is no change in the range of legal issues, what does vary is the prevalence of some issues over others. Our LSPs handle a wide-array of legal issues in the most professional, cultural competent and linguistically appropriate manner. They are well-regarded in the community and effective in bringing resolution to a high percentage of the cases they open. The quality of life for PSA 6 senior population is greatly enhanced by the services provided by our four (4) LSPs.*

*12.* What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss:

*Language access remains the most difficult barrier to overcome but PSA 6 LSPs are very well equipped to handle multiple languages. Another barrier is the lack of awareness in some communities that such services exist. We have identified a need to let certain communities that are not necessarily our "target population" (in particular those with incomes above the low-income levels that senior legal services are not means tested services and they too may qualify for assistance. To help us communicate in these communities our Senior Survival School and Senior University programs (Senior Empowerment, curriculum based training) will hold sessions geared to these seniors.*

*13.* What other organizations or groups does your legal service provider coordinate services with? Discuss*:*

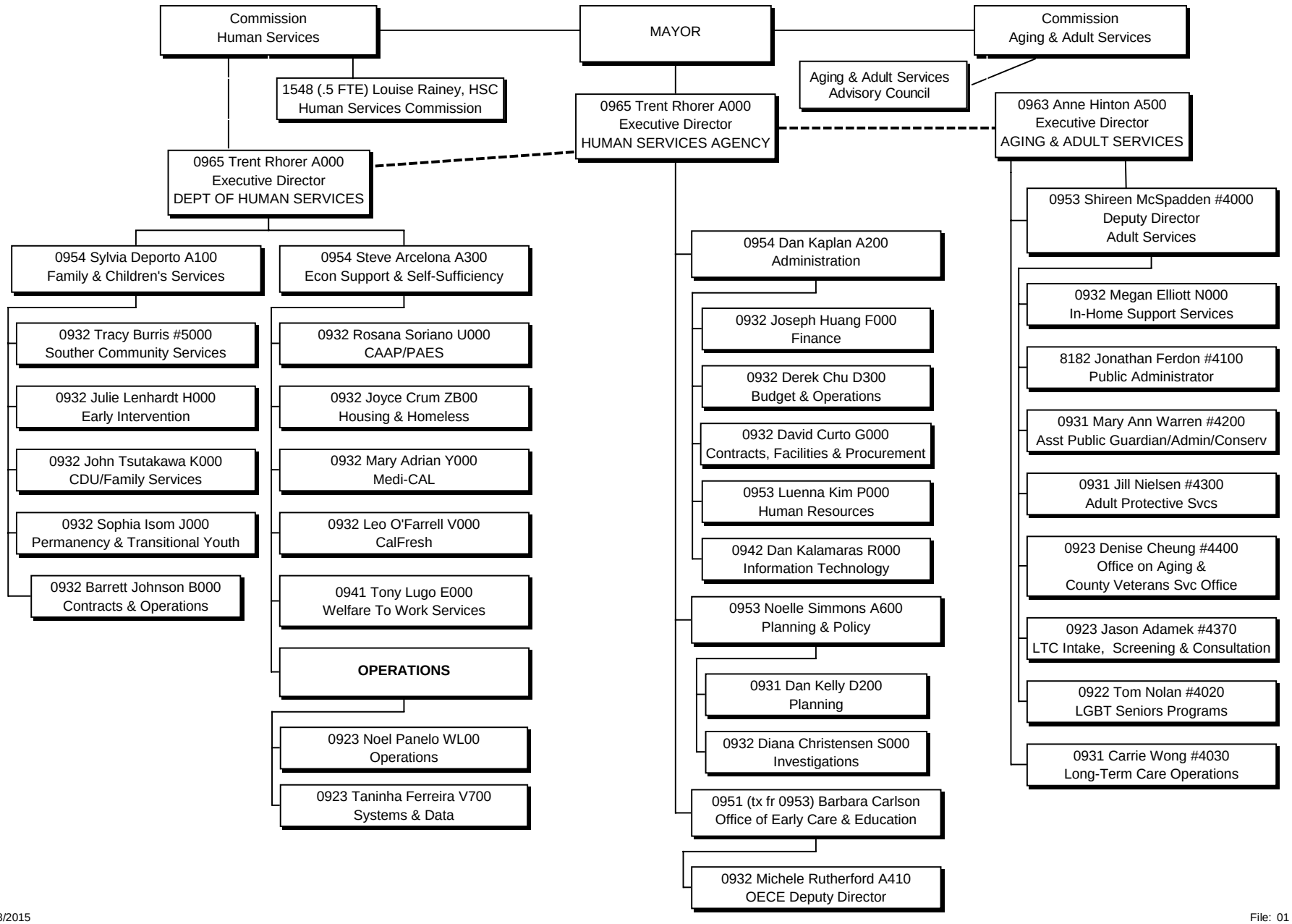
*Legal Service Providers coordinate with several senior centers and other senior serving agencies throughout PSA 6. They attend various constituency group meetings (Latino, African-American, Asian Pacific Islander and LGBT Partnership Groups). In addition, the fours LSPs meet as a LSP Workgroup on an as-needed basis to help coordinate any new reporting requirements, legal standards or emerging trends. The four (4) LSPs also meet as a group to coordinate the publishing of the Senior Rights Bulletin.*

# SECTION 21 – ORGANIZATIONAL CHARTS

- Human Services Agency (HSA)
- HSA – Budget
- HSA – Policy & Planning
- Department of Aging and Adult Services (DAAS)
- DAAS – Office on Aging
- DAAS – Integrated Intake, Screening & Consultation

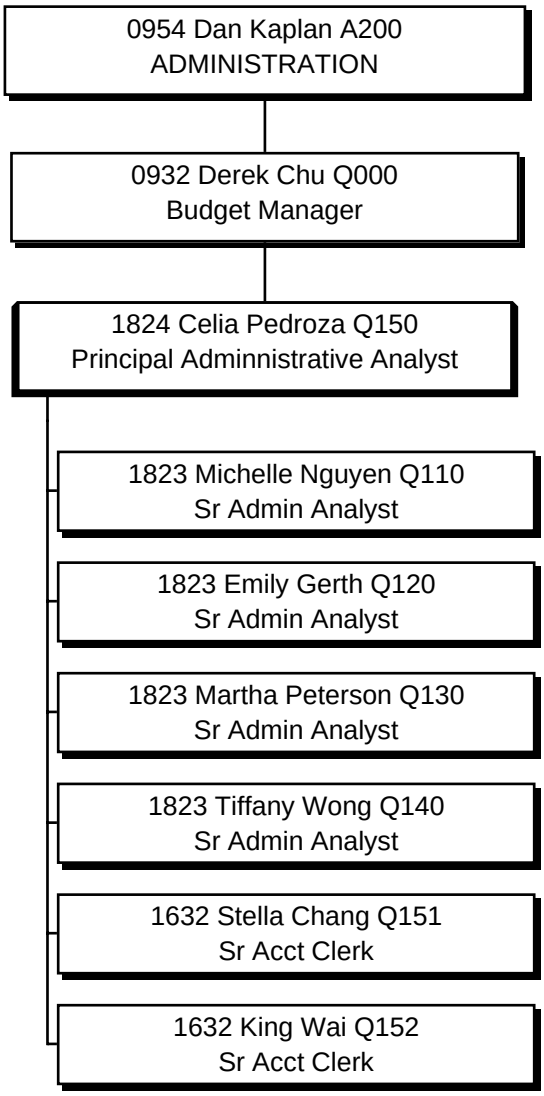
# CITY & COUNTY OF SAN FRANCISCO
# HUMAN SERVICES AGENCY
# FY 2015/2016





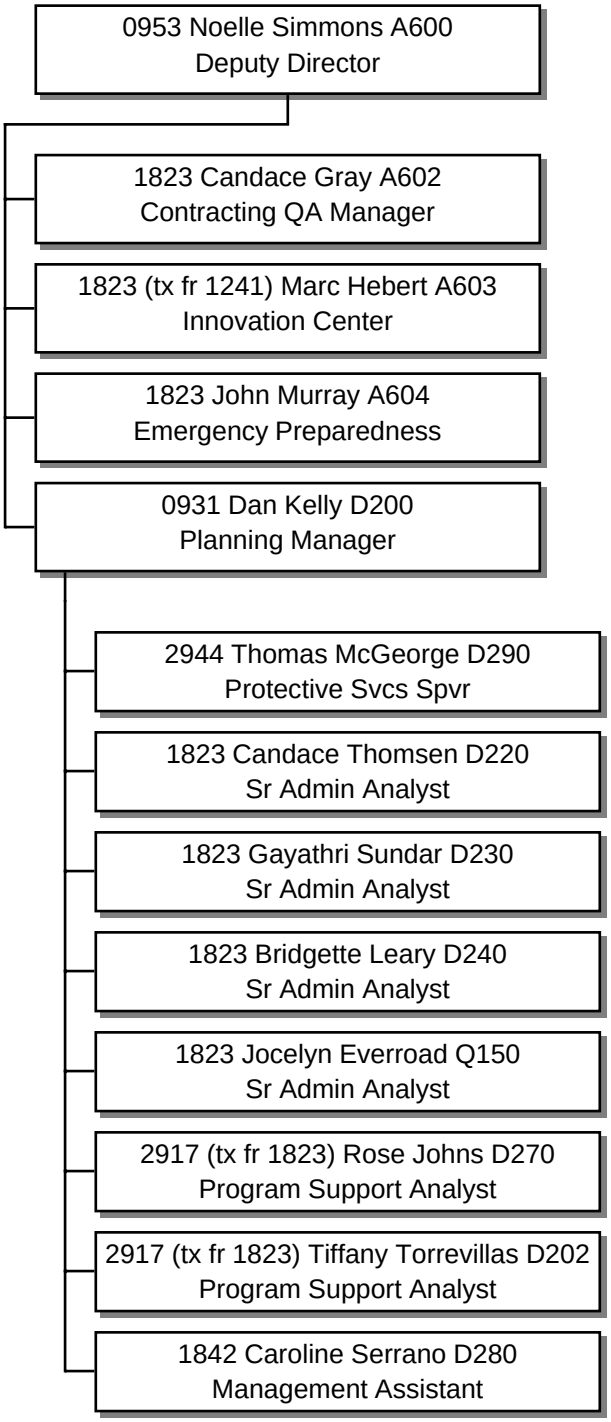
# Human Services Agency
# BUDGET
# FY 2015/2016





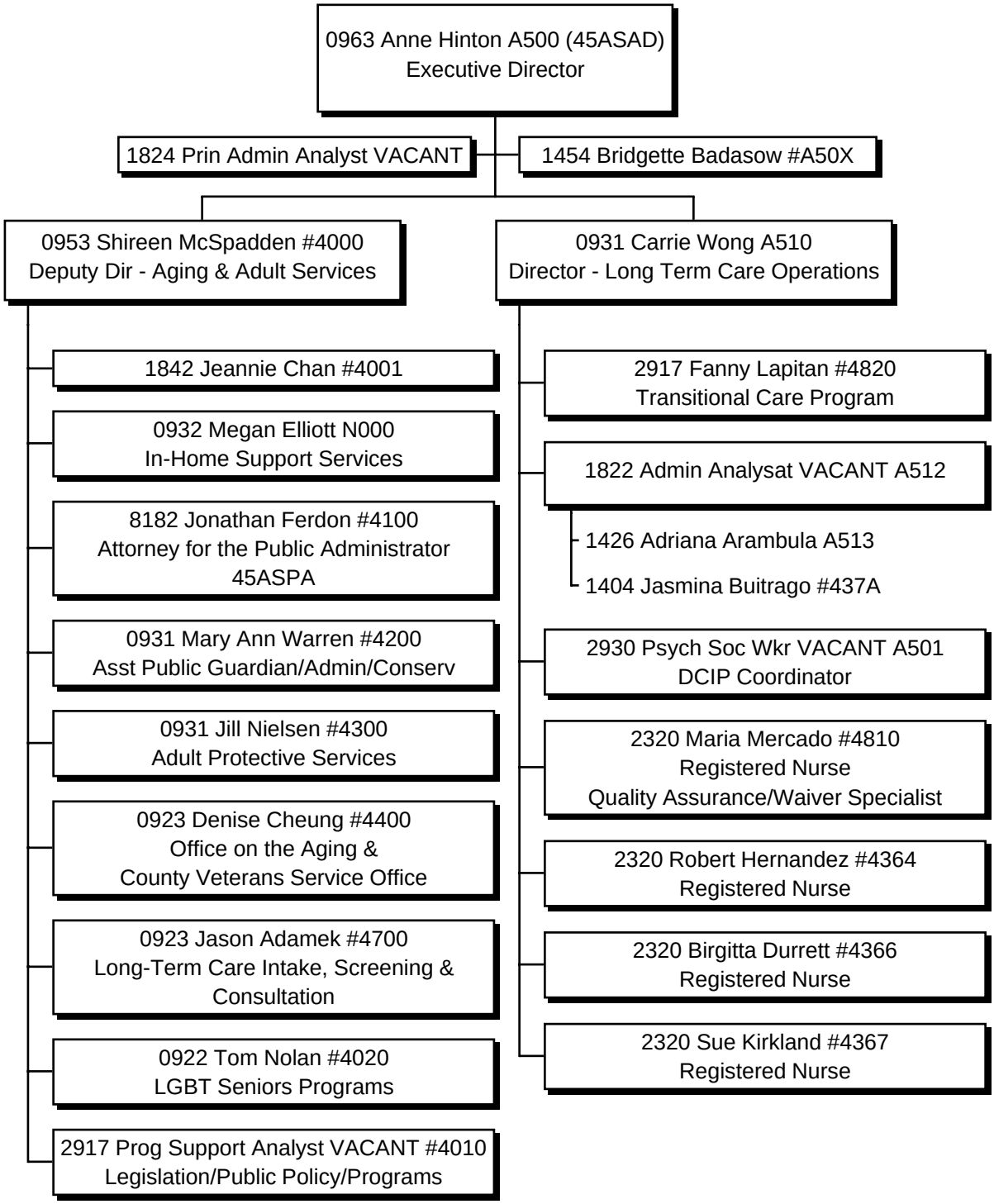
# Human Services Agency
# POLICY & PLANNING
# FY 2015/2016





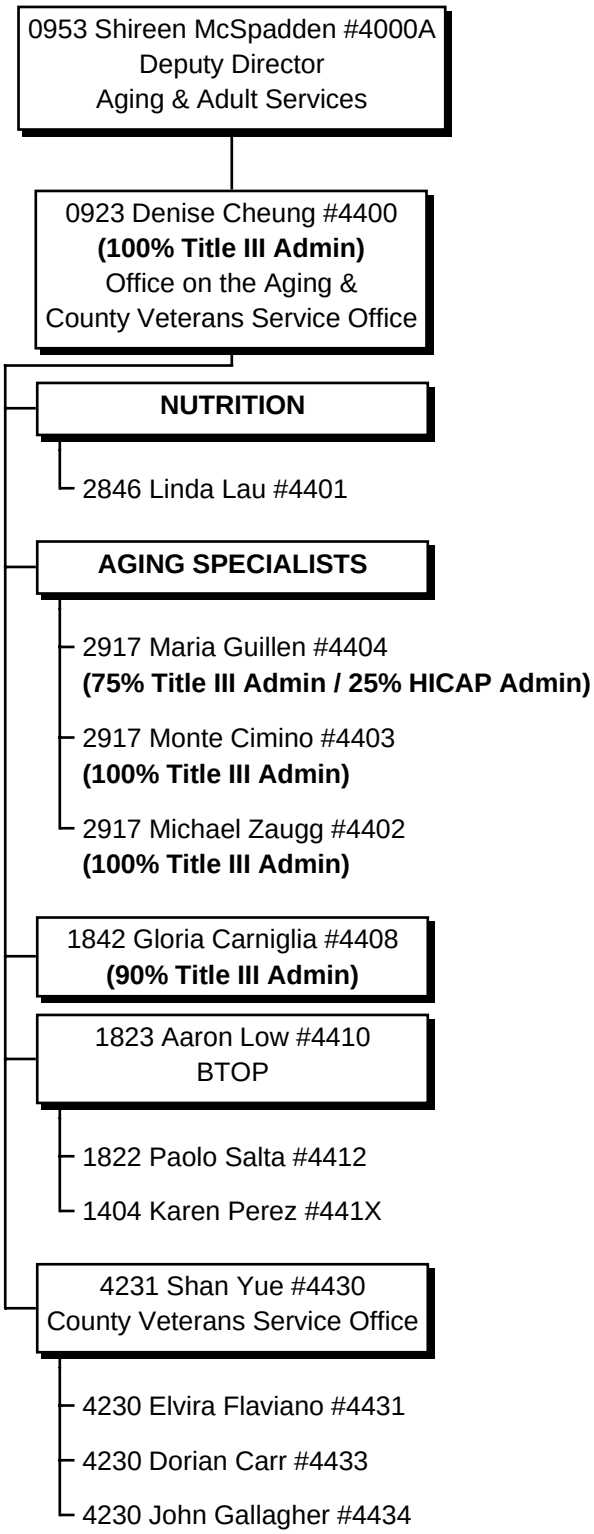
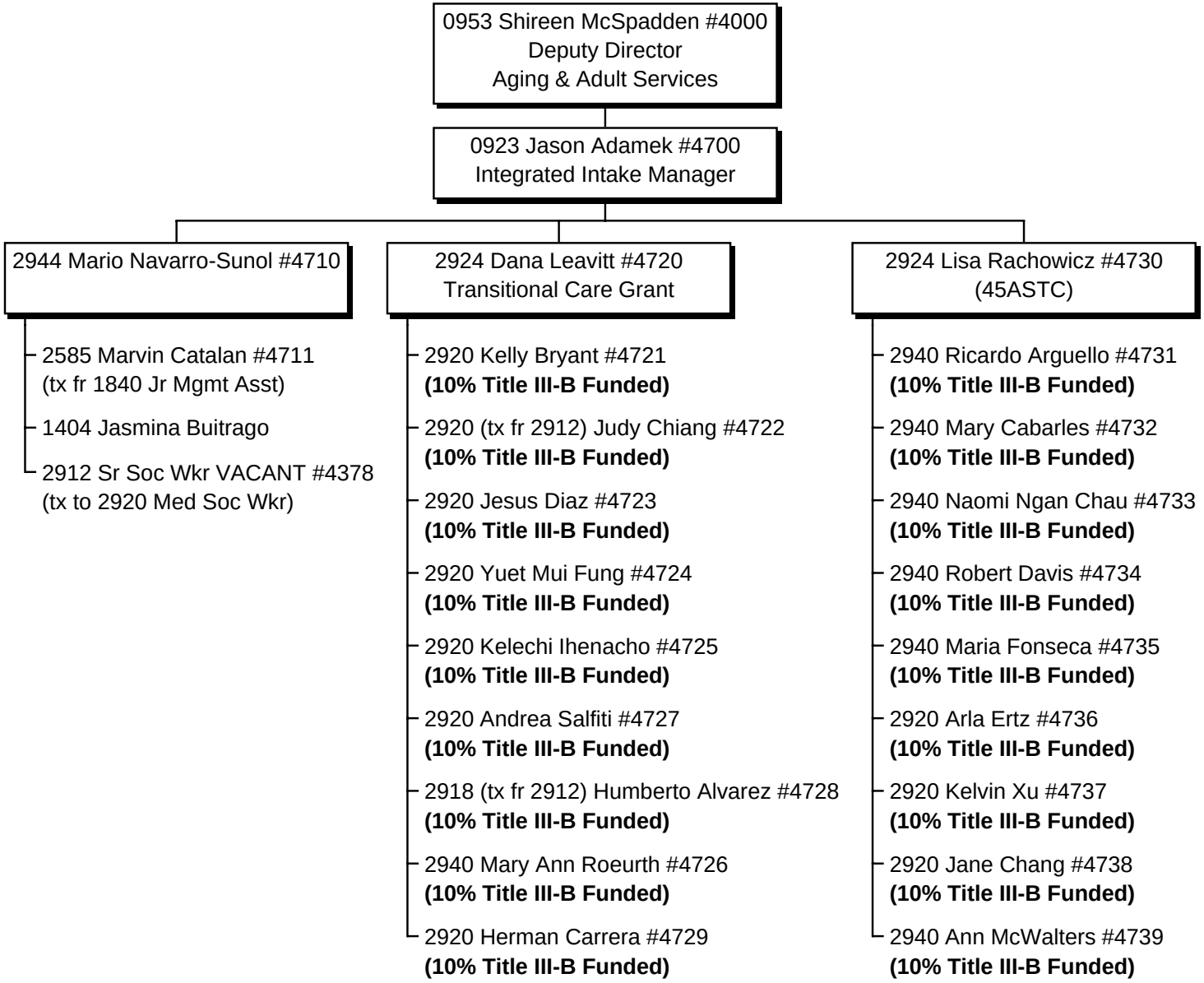
# DEPT. OF AGING & ADULT SERVICES
# FY 2014/2015





# Dept. of Aging & Adults Services
# OFFICE ON THE AGING & COUNTY VETERANS SERVICES
# FY 2015/2016





# Dept. of Aging & Adults Services
# Integrated Intake, Screening & Consultation
# FY 2015/2016