San Francisco Department of Aging and Adult Services

Area Plan 2009 - 2012

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AREA PLAN CHECKLIST

Section	Three-Year Area Plan Components	3-Year Plan	Annual Update
	All Area Plan documents are on single-sided paper	☒	☐
	Original Area Plan and two copies are enclosed	☒	☐
	Transmittal Letter with Original signatures	☒	☐
1	Older Americans Act Assurances – original signed & dated	☒	N/A
2	Description of the Planning and Service Area (PSA)*	☒	☐
3	Description of the Area Agency on Aging (AAA)*	☒	☐
4	Mission Statement	☒	N/A
5	Organization Chart	☒	☐
6	Planning Process*	☒	☐
7	Needs Assessment*	☒	☐
8	Targeting	☒	☐
9	Public Hearings	☒	☐
10	Identification of Priorities*	☒	☐
11	Goals and Objectives:		
	Title III B Funded Program Development (PD) Objectives**	☒	☐
	Title III B Funded Coordination (C) Objectives	☒	☐
	System-Building and Administrative Goals & Objectives**	☒	☐
	Title IIIB/VIIA Long-Term Care Ombudsman Objectives**	☒	☐
	Title VIIB Elder Abuse Prevention Objectives**	☒	☐
12	Service Unit Plan (SUP) Objectives**	☒	☐
13	Focal Points*	☒	☐
14	Priority Services*	☒	☐
15	Notice of Intent to Provide	☒	☐
16	Request for Approval to Provide Direct Services	☒	☐
17	Governing Board*	☒	☐
18	Advisory Council*	☒	☐
19	Legal Assistance*	☒	☐
20	Multipurpose Senior Center (MPSC) Acquisition or Construction Compliance Review	☒	☐
21	Title III E Family Caregiver Support Program	☒	☐

* Required during first year of the Area Plan Cycle. However, updates only need to be included if changes occur in subsequent years of the cycle.

** Objectives may be updated at any time and need not conform to a twelve month time frame

^ If the AAA funds PD and/or C with Title III B.

TRANSMITTAL LETTER
Three-Year Area Plan
2009-2012

AAA Name: San Francisco Department of Aging and Adult Services **PSA Number** 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. (Type Name) Gustavo Serina

_____ _____
Signature: Governing Board Chair* Date

2. (Type Name) Cathy Russo

_____ _____
Signature: Advisory Council Chair Date

3. (Type Name) E. Anne Hinton

_____ _____
Signature: Area Agency Director Date

* Original signatures or official signature stamps are required.

SECTION 1. OLDER AMERICANS ACT ASSURANCES

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

   Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

   (A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

   (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

   (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

2. OAA 306(a)(4)(A)(i)(I)

   (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

   (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

   (II) include proposed methods to achieve the objectives described in (aa) and (bb) above.

3. OAA 306(a)(4)(A)(ii)

   Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

   (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

   (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

   (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;

4. OAA 306(a)(4)(A)(iii)

   With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

   (I) identify the number of low-income minority older individuals in the planning and service area;

   (II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

   Use outreach efforts that —

   (i) identify individuals eligible for assistance under this Act, with special emphasis on—

   (I) older individuals residing in rural areas;

   (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

   (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

   (IV) older individuals with severe disabilities;

   (V) older individuals with limited English proficiency;

   (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

   (VII) older individuals at risk for institutional placement; and

   (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

   Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

   Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

   Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

   Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

   (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

   (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

   (C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -
(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

C. Code of Federal Regulations (CFR), Title 45 Requirements:

CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:
(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
(2) Provide a range of options:
(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;
(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]
The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]
Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]
Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]
Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

CFR [1321.61(b)(4)]
Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]
No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

CFR [1321.69(a)]
Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

SECTION 2: DESCRIPTION OF THE PLANNING & SERVICE AREA (PSA)

Only forty-nine square miles, the City and County of San Francisco is unique. It is characterized by its diversity, by its distinct neighborhoods, by an abundance of community-based service organizations that provide an array of services for seniors and adults with disabilities, and by a housing market that is often untenable for low-income and middle class persons. As a single-county Planning and Service Area (PSA), San Francisco is also unique in that it is entirely urban. The Department of Aging and Adult Services (DAAS), a department of the San Francisco Human Services Agency, acts as the Area Agency on Aging (AAA).

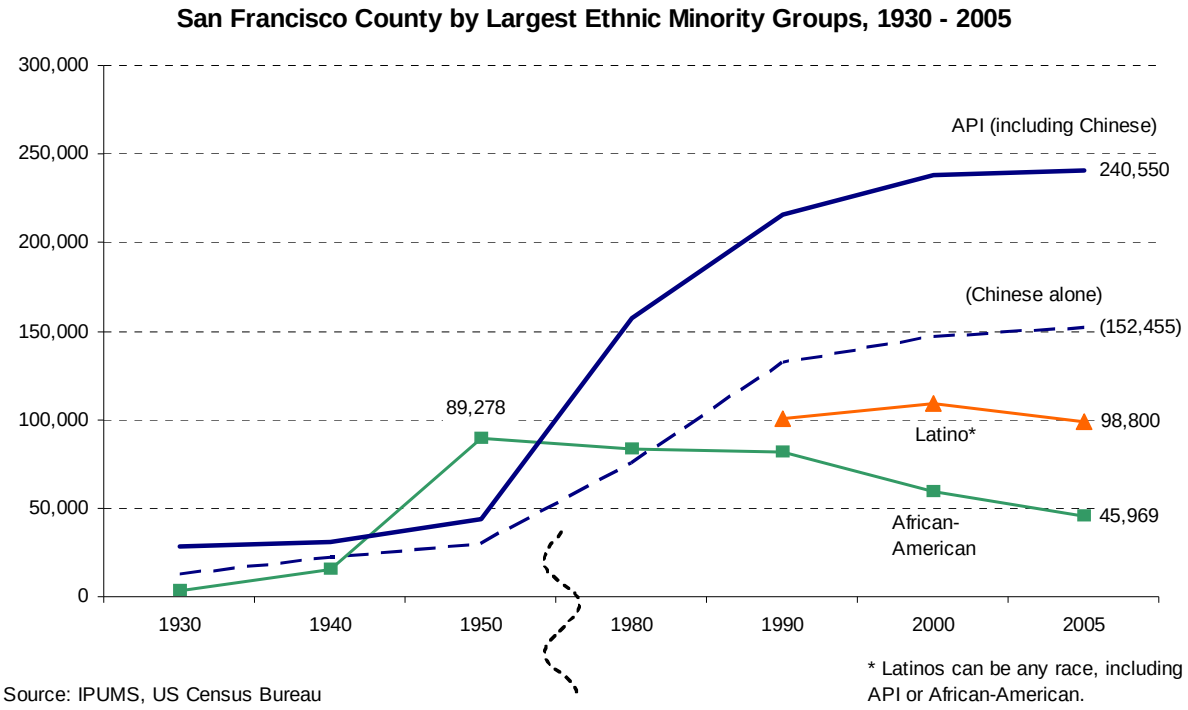
San Francisco is also known for its hills and vistas. The housing stock is largely made up of old buildings that sit closely together, many of which have stairs. For seniors or younger persons with mobility impairments, these characteristics can present physical challenges. Seniors who would be mobile and active in other communities may be isolated at home in San Francisco because of steep hills, steep stairs, and steep prices.

Citywide Demographics

The city is changing. Young, educated, affluent adults without children have migrated to San Francisco in large numbers, making the job market intensely competitive. Over 50% of working age San Franciscans have a college degree; over 70% have some college. The concentration of highly educated workers demanding high wages is believed to have driven up the cost of living. Middle and low-income families are being crowded out of the city. The impact of this trend has fallen disproportionately on persons of color, and it has had unforeseen implications for seniors and persons with disabilities.

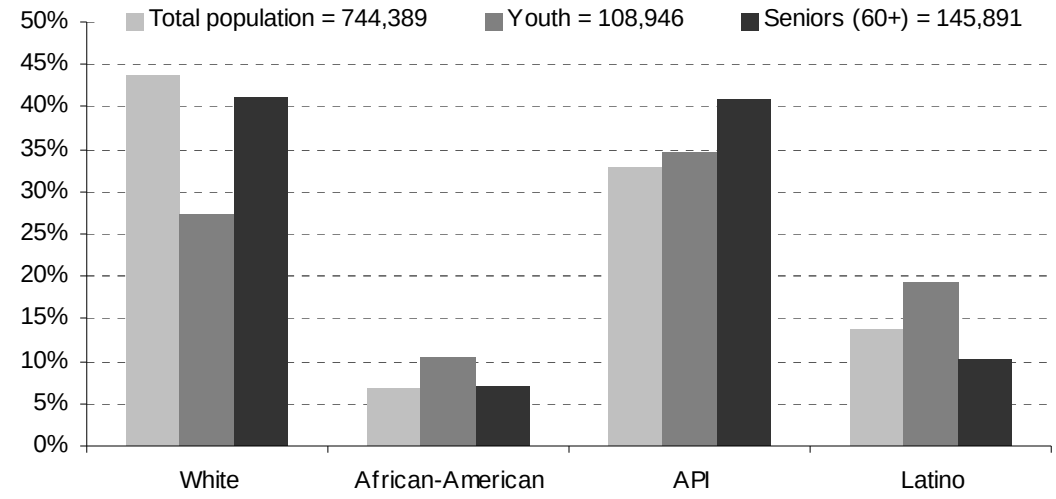
Ethnic Diversity

San Francisco's greatest asset is its diversity. The proportion of African Americans, however, is declining. Since 1990 the African American population has dropped by 43% (from roughly 80,000 to 45,969). As African Americans have decreased, Asian/Pacific Islanders (API) have increased. Between 1950 to 2005, the API community grew fivefold, and Asian/Pacific Islanders now comprise a third of the total population. Forty one percent of San Franciscans today were born in another county, compared to 32% statewide and 13% nationwide. At home, 46% of all residents speak a language other than English. Over 60% of San Francisco immigrants now come from Asia (28% from China alone). The figure below tracks the historical changes in the city's ethnic and racial population. (Please note that data is not available for 1960 - 1970.)



Ethnic and racial groups vary in their age distribution. For example, Latinos are 14% of the city's population, but are a young community and represent 22% of the city's children. African Americans also tend to be younger, while Whites tend to be an older community. Asian Pacific Islanders have a high proportion of seniors, but also have more children than any other group.

Percentage of SF Population by Ethnicity and Age Group, 2006



Source: IPUMS, 2006 American Community Survey

Poverty and Ethnicity

Economic measures suggest that San Francisco, like many other west coast cities, is seeing a rise in income inequality. Particularly striking are the income disparities between racial groups, a significantly more pronounced economic trend in San Francisco than nationally, as detailed in the table below.

Racial Disparity in Income: Per Capita Income of Non-White Racial and Ethnic Groups, As a Percentage of Per Capita Income of Whites, 1999

	San Francisco	United States
African American	40%	60%
Asian	46%	91%
Latino	38%	51%

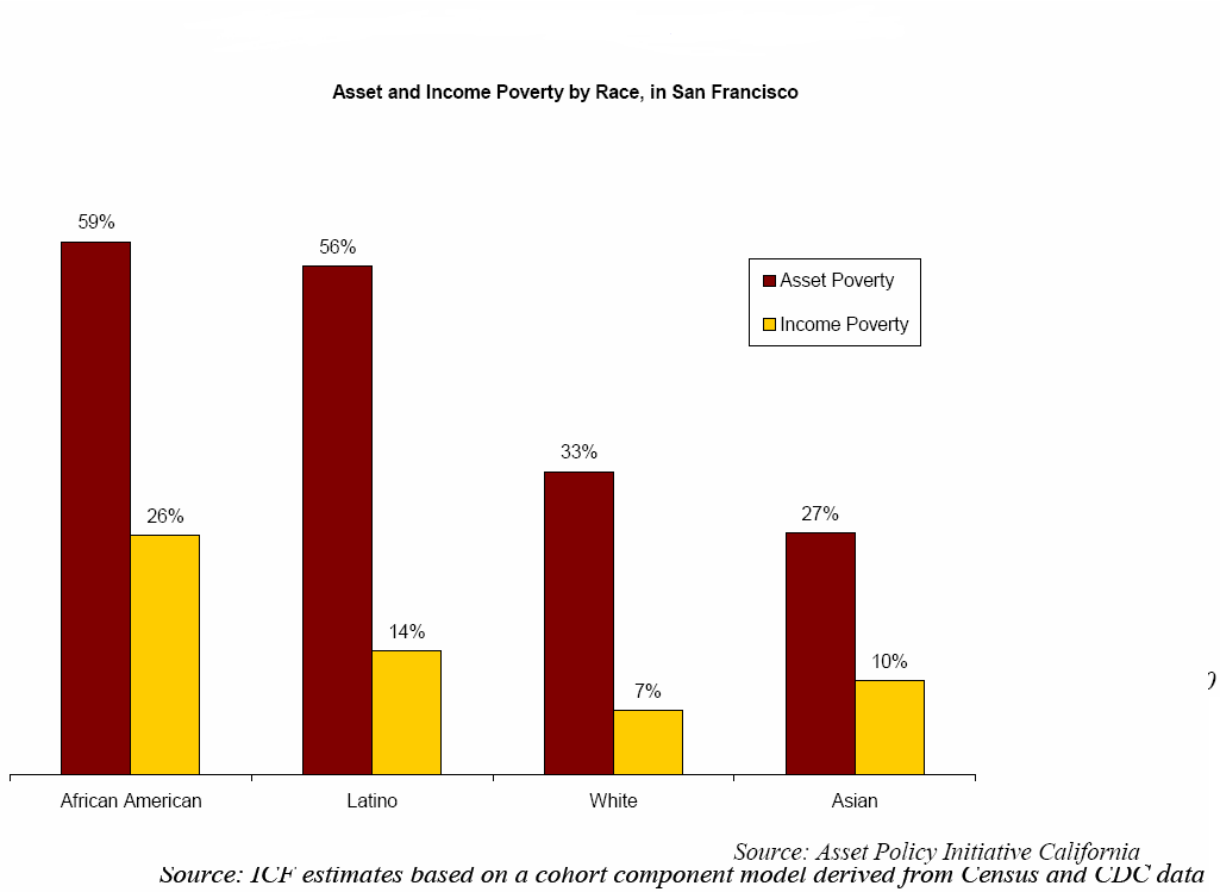
Source: U.S. Census, 2000 Census SF-3 Series, MOEWD – Sustaining Our Prosperity: The San Francisco Economic Strategy, 2007

Income disparity alone does not adequately describe the disparity between Whites and non-Whites in San Francisco. A more subtle measure is asset poverty, which estimates whether a household would have enough assets to live for three months at the federal poverty level.[1] To meet basic needs for three months at the federal poverty level, a family of three, meeting basic needs for three months at the federal poverty level would require $4,400. A family would be considered asset poor if it did not have savings, investments, or home equity totaling at least $4,400.

The figure below suggests that African Americans and Latinos are particularly vulnerable to economic shocks such as job loss, divorce, or unexpected medical expenses. According to the chart,

[1]Asset Policy Initiative. (2006). Local *Asset Poverty Index: Methodology.*

26% of all African Americans in San Francisco are *income poor* according to federal standards.[2] The dark bar on the far left illustrates, however, that over twice as many (59%) are *asset poor*. Latinos, at 56%, are also at high risk of falling into extreme poverty. Were a sudden loss or expense to occur, these families would not have the reserves to pay for the poverty-level of housing, food, and other necessities for three months. African Americans and Latinos are the groups most likely to be affected by the recent economic crisis, but the high rates of asset poverty across ethnic groups suggests an underlying vulnerability in the finances of many San Franciscans.



Source: Asset Policy Initiative California

Source: ICF estimates based on a cohort component model derived from Census and CDC data

Adults with Disabilities

According to the 2007 American Community Survey, nearly 100,000 San Franciscans have at least one disability. Disability prevalence is highest among seniors, with 45 percent of seniors reporting one or more disabilities, but the total number of younger adults age 21 to 64 with a disability is approximately the same as the number of seniors with disabilities.

[2] The Federal Poverty Level threshold is calculated by family size and composition below which a family is considered living in poverty. For a family of three with two children, the 2007 threshold was $17,170.

Number of People with Disabilities by Age Group (ACS 2007 Estimates)			
Age	**Total number of people**	**Number with one or more type of disability**	**Percent in this age group with a disability**
5 to 15	59,121	2,701	5%
16 to 20	33,522	2,467	7%
21 to 64	519,167	44,958	9%
65 and older	109,508	49,598	45%
Total	*721,318*	*99,724*	*14%*

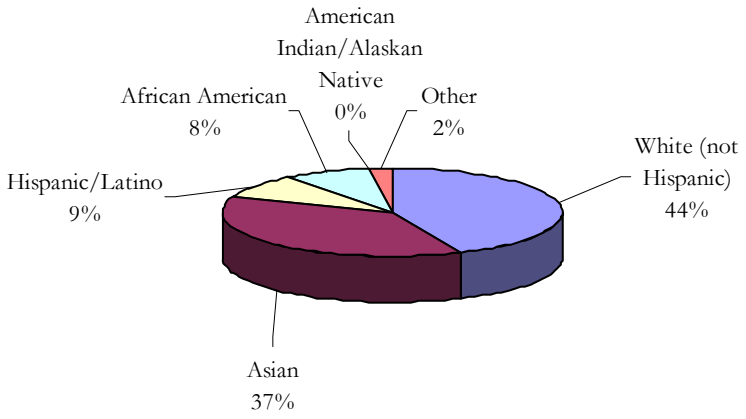
The 2007 American Community Survey estimates show that African Americans have the highest rate of disability: 23% of African American persons aged 16 to 64 have a disability, compared to just 8% of Whites, 6% of Asians, and 9% of Latinos.

Diversity within the disability community goes well beyond traditional demographic issues. Adults with disabilities have diverse experiences and stigmas depending on factors such as: the type of disability they have (e.g., physical, mental, developmental); whether the person was born with the disability or it was acquired in mid- or later life; whether the disability results from or is complicated by an accompanying chronic illness; or the stigma that the person may experience due to the way that her disability is viewed in society as a whole or in her ethnic or cultural community. Finally, medical advances have resulted in: (a) many people who have disabilities as younger adults living longer than ever before, and (b) older adults living longer with disabling conditions that they may have acquired in their later years. As a result, people who may have entered the community-based long term care service sector seeking primarily disability services may find themselves needing senior-focused services, and vice versa. These individuals may or may not welcome their new status as "older" or as having a disability, which presents additional challenges in providing appropriate care.

San Francisco's Senior Population

San Francisco's senior population is also tremendously diverse, requiring a strong emphasis on culturally relevant programming with broad language capacity. According to 2000 Census data, San Francisco is home to more than 136,000 adults at least 60 years of age. Seniors make up a higher proportion of the city's population (17.6%) than they do statewide or nationally (14% and 16.5%). Mid-Census estimates suggest that the senior population has grown to over 145,000 as of 2007. The majority (56%) of San Francisco's seniors are non-White, compared to only 30% statewide.

Seniors Age 60+: Demographics
(2000 Census)

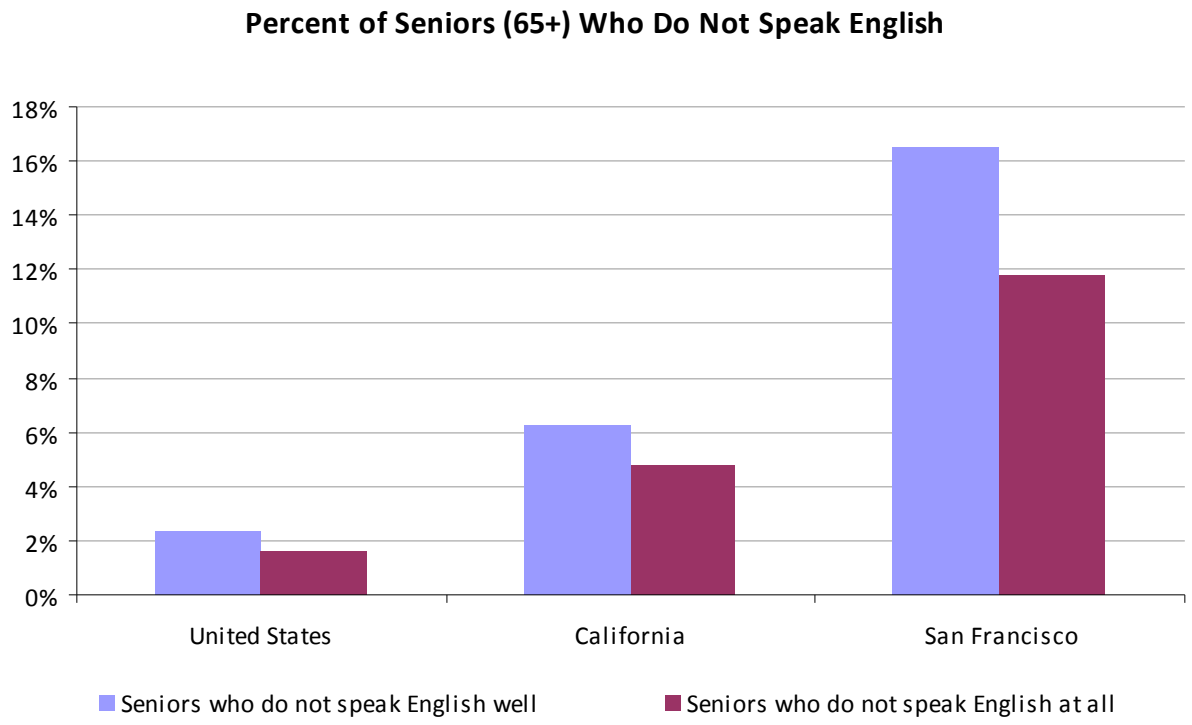


Asian/Pacific Islanders are more likely than other demographic groups to be over 60. They are 31 percent of the city's total population, but 37 percent of its seniors. Latinos are 14 percent of the city's total population, but comprise just 9 percent of its seniors. The American Indian/Alaskan Native senior population is small in San Francisco. They comprise 0.45% of the total population, and 0.2% of the senior population.

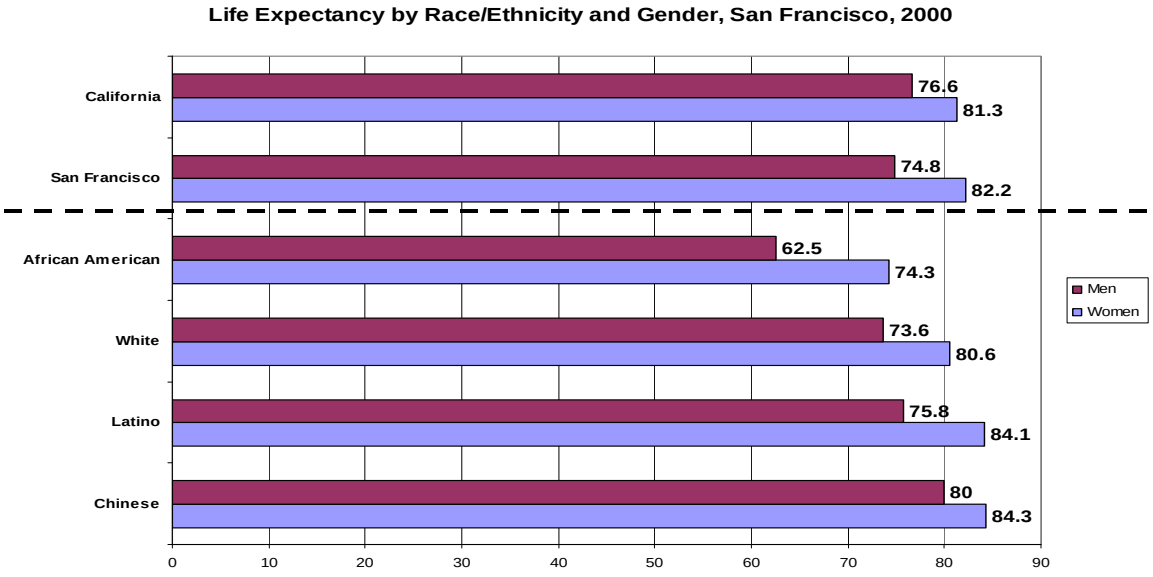
Providers and consumers representing African American, API, Latino, and LGBT communities have each highlighted the importance of culturally competent services as a key issue during needs assessment processes. These groups indicated that lack of cultural competency is a barrier to service, making consumers feel unwelcome.[3] Even for those who do participate in services, a lack of cultural competency can create barriers to trust. Consumers who do not trust providers sometimes resist honestly sharing important personal details about their health status, financial circumstances, or medication management, putting the consumer at risk.

Many San Francisco residents do not speak English well. San Francisco seniors are more likely to not speak English than their counterparts in the rest of the country and in the state (see chart below). Census 2000 data estimate that 30,301 (28%) of San Francisco seniors speak English "not well" or "not at all," a much higher rate than that for individuals age 18 to 64 (12%). Nearly three quarters of those seniors speak Asian or Pacific Island languages. As Chinese seniors make up by far the largest number of Asian/Pacific Islander seniors overall (71%), it is likely that the majority of these individuals are Cantonese-or Mandarin-speaking. Monolingual groups with relatively small populations (e.g., Southeast Asian communities or indigenous groups) find few bilingual and bicultural staff at public and non-profit service agencies, and application forms are often unavailable in less common foreign languages.

[3] DAAS Community Needs Assessment 2006. Available at: http://www.sfgov.org/site/frame.asp?u=http://www.sfhsa.org/



The chart below details the life expectancy of San Franciscan by ethnic group. Relatively high life expectancy rates among Chinese San Franciscans in particular is likely to accentuate their growth as a proportion of the city's senior community. As San Francisco's seniors age, they are likely to be female, low income and linguistically isolated, a trend that will continue into the foreseeable future.

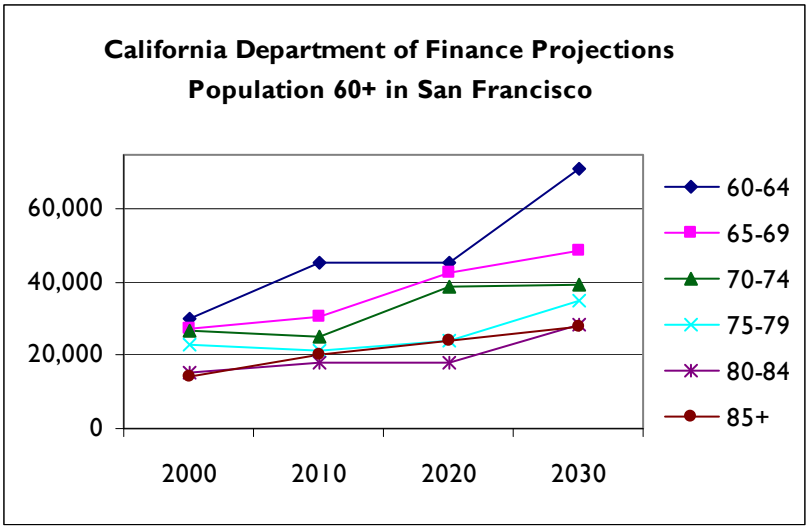


Diversity in San Francisco goes beyond race, ethnicity, and language. San Francisco is also home to a large population of LGBT seniors. A 2002 report from the National Gay and Lesbian Task Force

Foundation estimates that three to eight percent of all seniors nationwide are lesbian, gay, bisexual, or transgender.[4] It is difficult to estimate the exact size of this population in San Francisco, especially because older adults are more likely than their younger peers to remain closeted. However, local service providers estimate that as high as 17 percent of San Francisco's older adults may be LGBT. Providing sensitive services to LGBT seniors can be a delicate matter. Direct service providers must offer services that are sensitive to LGBT aging issues while respecting the consumer's personal decision on whether or not to be out of the closet. Many LGBT seniors have strong memories of times when public services were unsafe for them. This history and fear of discrimination creates a barrier to access that mainstream providers do not often actively address.

Projected Population Growth for Older Adults

Advances in medical technology are likely to result in an increase in the relative size of the "older old" population both nationally and in San Francisco as life expectancies increase and fertility levels decrease.[5] Additionally, the aging of the Baby Boom generation (adults born between 1946 and 1964) is likely to cause a significant increase in the senior population in San Francisco.



According to July 2007 growth projections from the California Department of Finance (DOF), by 2030 the aging of the baby boomers will swell the population of 65 to 85 year-olds from 10 to 16 percent in California and from 13 to 18 in San Francisco as compared to 2000 Census figures.

Some analysts consider the DOF projections to be unrealistic for San Francisco, as many of its residents move to more affordable areas upon retirement. Some local analysts also speculate that some Baby Boomers who currently own homes in San Francisco may choose to move to lower cost areas as they age, "cashing out" their real estate assets. It is unclear what the impact of the current housing market crisis will have. Although the market in San Francisco has slowed-down, it has been more resilient than that of the greater Bay Area or of the state as a whole. Thirty-eight percent of households headed by a Baby Boomer were owner occupied at the time of the 2000 Census.

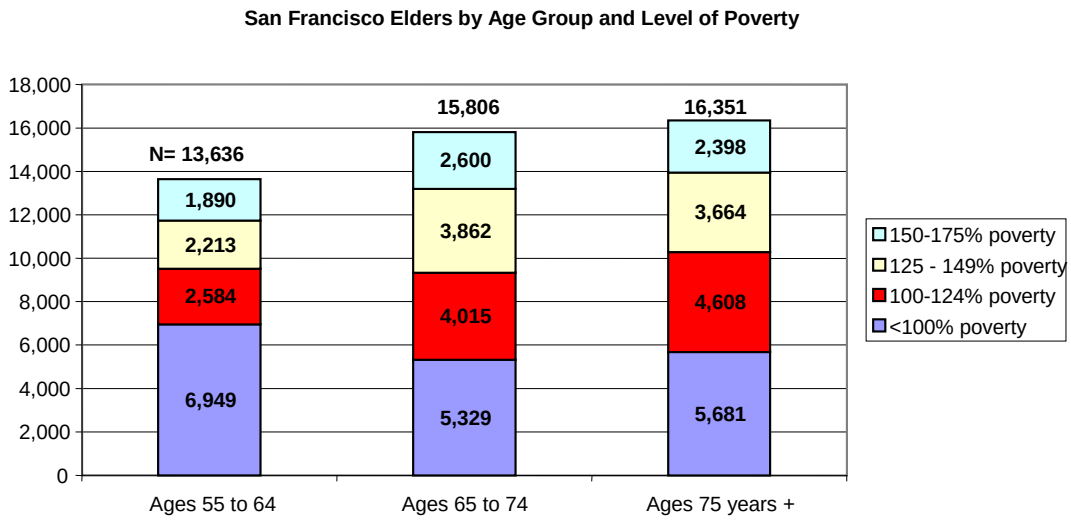
Whether the increase in seniors is large or moderate, San Francisco already has an unusually large number of seniors, and any increase will stretch the service system. Many seniors will require some form of assistance and support to maintain their ability to remain in their homes and community-based settings. Moreover, the population of "older old" seniors in San Francisco (age 85+) is projected to nearly double by 2030. This segment has already demonstrated an intention of remaining in San Francisco as they enter advanced years. This segment is also more likely to be

[4] Sean Cahill, Ken South, and Jane Spade, *Outing Age: Public Policy Issues Affecting Gay, Lesbian, Bisexual and Transgender Elders* (New York, NY: Policy Institute of the NGLTF Foundation, 2002), 8.
[5] Kinsella, K., and D.R. Phillips, "Global Aging: The Challenge of Success," *Population Bulletin* 60*, no.* 1 (March 2005): 3-40.

female, poor and in need of long term care services. Fifty percent of this group has self-care limitations, mobility limitations, or both. After age 85, the risk of developing Alzheimer's disease rises to nearly 50 percent.[6] The needs of this segment will largely drive the City's demand for home and community-based long-term care services.

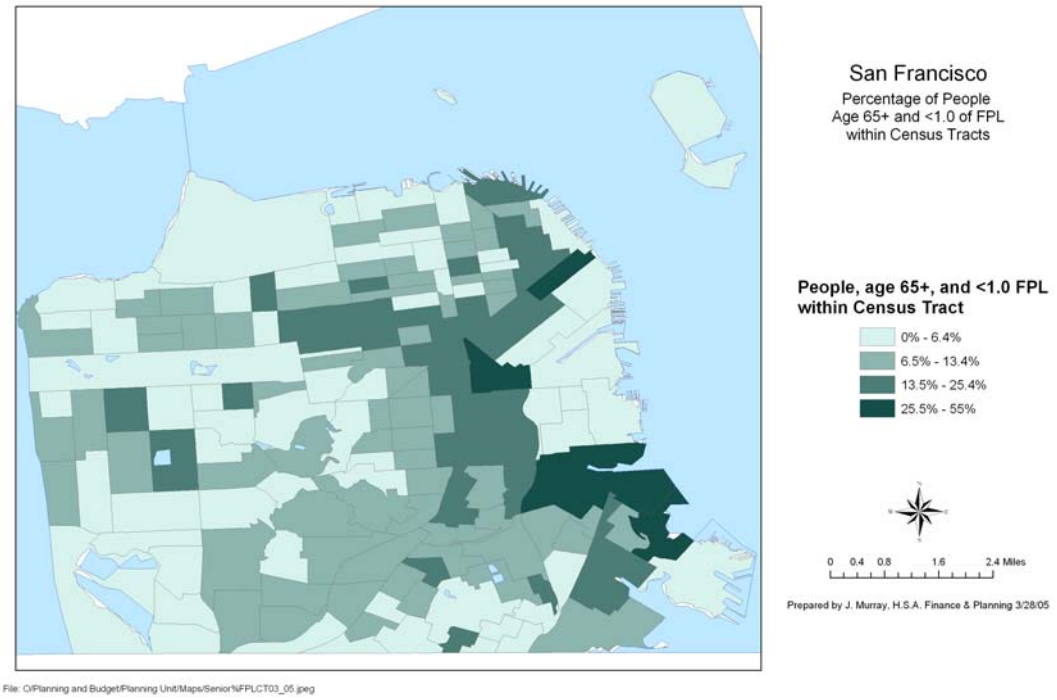
Older Persons and Persons with Disabilities who are Low Income

The older a person is in San Francisco, the more likely he or she is living in poverty. The chart below compares poverty levels across the different senior age groups, using Census 2000 figures. Almost one in three people age 75 or older in San Francisco lives in poverty.



Asian, African American, and Latino seniors are more likely to be poor. The map on the next page shows where concentrations of seniors living at or below the poverty line are likely to live in San Francisco. A number of areas not highlighted in the general map of San Francisco seniors become prominent in this map, including the city's African American enclaves, Bayview Hunters Point and Western Addition, and the city's Latino neighborhood, the Mission. Several neighborhoods have single room occupancy hotels that serve seniors, including the Tenderloin, South of Market, and Chinatown. Fifteen percent of Latinos and African American seniors are low-income, compared with 12% of Asians and 8% of whites. *In absolute numbers, however, Asians have the most low-income seniors, with three times as many as other minority groups*

[6] Alzhiemer's Association's Northern California and Northern Nevada Website: http://www.alz.org/alzheimers_disease_causes_risk_factors.asp.



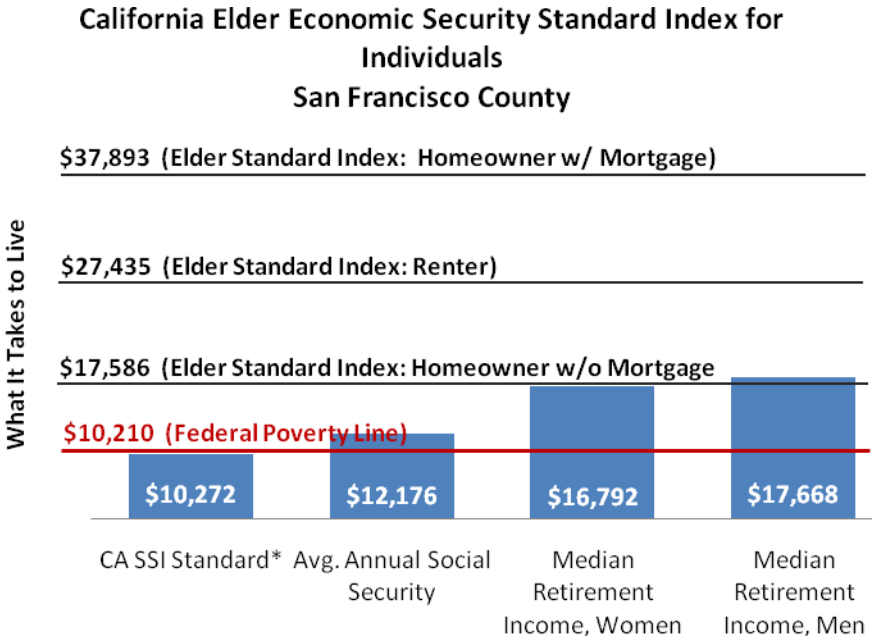
Younger persons with disabilities are much more likely to be living in poverty than their non-disabled peers. The 2004 American Community Survey indicates that 22 percent of younger persons with disabilities (11,395 total) in San Francisco are living below the federal poverty line. The Social Security Administration reports that 17,966 San Franciscans between the ages of 18 and 64 are receiving SSI, making up 39 percent of all San Franciscan receiving SSI.[7]

San Francisco is home to almost 35,000 **veterans**, about two thirds of whom are over the age of 60, who are disproportionately low-income. The largest group served during the Vietnam War (9,887), with World War II (6,677) and the Korean War (6,073) being the eras with the next highest representation. Fifty-nine percent of San Francisco veterans are white, with 17% being Asian/Pacific Islander, 13% African American, 9% Latino, and 1% Native American. Over half of the veterans are employed, but 17% have a work disability, and 18% have annual incomes below $10,000. (More than 1,800 San Francisco veterans are both disabled and living in poverty.) Thirty-five percent have incomes less than $20,000 per year, and half have incomes below $30,000 per year. Approximately 1,045 San Francisco veterans are homeless.

Many higher income individuals struggle to make ends meet in San Francisco. The Federal Poverty Guidelines (FPL) is based on an outdated methodology that fails to take into account housing and transportation costs, geographic differences in the cost of living, and medical costs. A newly

[7] United States Social Security Administration Office of Policy Data, *SSI Recipients by State and County, 2007* (May 2008). Available on-line at: http://www.socialsecurity.gov/policy/docs/statcomps/ssi_sc/2007/

developed measure, the California Elder Economic Security Standard Index, estimates how much income is needed for a retired, older adult to adequately meet his or her basic needs – without public or private assistance.[8] The chart below shows that the Elder Index is nearly three times the FPL for renters in San Francisco, and close to four times the FPL for homeowners with a mortgage to pay.



* Median elder retirement income includes Social Security, pensions, and all other non-earned income for elders 65+. The Elder Standard index assumes that elders are retired.

Many moderate-income San Francisco residents fall through the cracks when they begin to need community-based long term care services. Their incomes or assets are too high to qualify for public programs that target low-income adults, but they cannot afford to pay out of pocket for private pay services without quickly becoming impoverished. Some residents of new affordable housing developments struggle; the rent subsidies they receive are only one piece of the puzzle, and their incomes are too high to qualify for many means-tested services.

Individuals at Risk for Institutional Placement

San Francisco's large senior population, small number of families, limited housing stock and steep geography combine to create a large pool of individuals potentially at risk for institutionalization. At risk groups include the seniors and younger persons with disabilities who are currently being served by the In-Home Support Services program, the Community Living Fund (a local fund created specifically created to keep individuals out of institutions), home-delivered meals, as well as many others who are not yet being served directly by the Department of Aging and Adult Services. In addition, DAAS directly serves clients at risk of institutionalization through several of its programs, such as Adult Protective Services, Public Administrator, Public Guardian, and Public Conservator. Those programs are described in more detail in Section 3 (Description of Area Agency on Aging).

[8] More information about the California Elder Economic Security Standard is available on Insight CCED's website: http://www.insightcced.org

San Francisco's **In-Home Supportive Services (IHSS)** is a large and growing program. In December 2008, 20,754 low-income persons required in-home support to continue residing at home, a nine percent increase over the past year. The average age of an IHSS recipient is 72, and 40% live alone. The number of urgent IHSS cases, which are clients who immediately need services as they discharge from the hospital, has been on the rise over the last year. Referrals for clients experiencing other urgent circumstances, such as individuals who are threatened with eviction, have also been increasing during the past year.

In addition to IHSS, San Francisco's Department of Aging and Adult Services (DAAS) administers a unique program focused specifically on those at risk of institutionalization. DAAS launched the **Community Living Fund** (CLF) program in March 2007 with the intent of creating a flexible fund that to better allow individuals to avoid institutionalization. It has broad and flexible authority to use funds in whatever way deemed necessary to allow seniors and adults with disabilities to reside in the community. The program's design and mission make it unique in the state. The Community Living Fund served 347 unduplicated clients in the first six months of FY0809, and has a waitlist of approximately 130 potential clients. Each of those San Franciscans were or are at risk of institutionalization.

The Home-Delivered Meals Program is another critical service in preventing institutionalization. In fiscal year 07/08, the program delivered 929,822 meals, serving 3,090 unduplicated consumers. Clients enrolled in this program are over age 60, and are unable to leave home due to physical or mental disability. They lack a support network and have no safe, healthy alternative for meals.

According to a 2007 policy memorandum prepared by San Francisco's Long Term Care Coordinating Council's (LTCCC) Mental Health Access Workgroup, San Francisco will see a dramatic increase in the number of residents living with Alzheimer's disease or other dementia. **Figures from the Alzheimer's Association of Northern California and Northern Nevada suggest that by 2015 the number of seniors with Alzheimer's disease will increase by more than ten percent.** Increasingly, older adults with dementia are living in the community in San Francisco, resulting in a rising need for associated medical and nursing services. At present, 70% of people with dementia are cared for in community-based settings or at home, but late stage dementia often requires institutional care.

Adults with medically complex, mental health, or substance abuse conditions comprise a significant group of people needing long term care services, and this groups includes both older adults and younger adults with disabilities. Untreated, chronic mental health and substance abuse problems damages the physical health of these adults as they age, thus raising the risk of them becoming more gravely disabled and in need of long term care services. While the exact number is unknown, it is estimated that 600 individuals in the IHSS program alone fall into this category. It is also estimated that San Francisco has 1,900 homeless persons in this category.

According to the most recent citywide count, San Francisco has over 6,500 homeless persons. A 2006 longitudinal study of homeless persons by the University of California at San Francisco shows that each calendar year, the average age of the homeless population increases, consistent with trends in several other cities. The study concludes, "It is likely that the homeless are static, aging population cohort. The aging trends suggest that chronic conditions will become increasingly

prominent for homeless health services. This will present challenges to traditional approaches to screening, prevention, and treatment of chronic diseases in an aging homeless population."[9]

Caregivers in San Francisco

More than three-quarters of American adults who receive long-term care at home get all their care from unpaid family and friends, mostly wives and adult daughters. Another 14 percent receive some combination of family care and paid help. Only eight percent rely on formal care alone.[10]

Precise caregiver statistics for San Francisco are unavailable. Using a variety of estimation methods, the 2006 DAAS Community Needs Assessment estimated that the number of caregivers in San Francisco could be anywhere between 50,000 and 150,000. UC Berkeley's Center for the Advanced Study of Aging estimates that 30 percent of caregivers have unmet need for support services,[11] which would mean that an estimated 15,000 to 45,000 San Francisco caregivers may need more caregiver support services. While these estimates are inexact, they provide a sense of scale.

Common challenges associated with caregiving roles include: (1) *financial strain* due to reduced work hours, time out of the workforce, family leave, or early retirement; (2) *physical and emotional stress* that can result in burnout without adequate support systems, especially for caregivers of those with dementia; and (3) *physical and mental health issues*, including depression, anxiety, anger, and guilt. Many caregivers of older adults are themselves elderly – of those caring for someone aged 65 or older, and average age of caregivers is 63 years old with one-third of these in fair to poor health.[12]

The population of caregivers in San Francisco is diverse, and certain populations face unique challenges. For example, caregivers of younger adults with disabilities are likely to remain in their caregiving role for many years, which can increase stress, financial strain, and risk of burnout. These caregivers may also struggle with how to balance the younger person's need for autonomy and independence with the safety and economic necessity of having family members provide care. Ethnic minorities, especially Asians and Latinos, are less likely than other groups to use caregiver support services. When they do seek support, lack of culturally and linguistically relevant services can create a barrier to access. LGBT caregivers struggle with discrimination and insensitivity by community providers, paired with fragile or few connections to broader family networks.

Unique Resources and Constraints

Not only does the city's high cost of living make many citizens vulnerable, it also makes it difficult to provide services. The cost of housing has driven out many moderate income families with young children, weakening the informal network of support for seniors. The shortage of informal support heightens the demand for publicly funded services. Because the demand for existing services is so constant, it is difficult to shift resources to address new or changing needs. The cost of living also makes it difficult for community-based organizations to pay salaries that attract and retain staff.

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[9] Hahn, JA et al. 2006. "Brief Report: The Aging of the Homeless Population: Fourteen-Year Trends in San Francisco." *J Gen Intern Med;* 21:775-778.

[10] Feinberg, Lynn Friss, Kari Wolkwitz, and Cara Goldstein, *Ahead of the Curve: Emerging Trends and Practices in Family Caregiver Support* (National Center on Caregiving, Family Caregiver Alliance: March 2006), 1.

[11] Scharlach, Andrew et al, *A Profile of Family Caregivers: Results of the California Statewide Survey* (University of California, Berkeley, Center for Advanced Study of Aging Services: 2003).

[12] Administration on Aging, *NFCSP Complete Resource Guide*, (September 2004). Available on-line: http://www.aoa.gov/prof/aoaprog/caregiver/careprof/progguidance/resources/nfcsp_resources_guide.asp

Stakeholders and DAAS are working together to improve the quality of the care and support, to expand the system capacity, and to build a coalition of community caregivers for the aging and persons with disabilities in San Francisco. Partnerships of consumers and stakeholders serving the African American, Asian/Pacific Islanders, Latinos and lesbian, gay, bisexual, and transgender individuals continue to meet regularly with a mission to better serve the needs of these unique groups. The Office on the Aging administers the funding and programs of Older American Act in the Department of Aging and Adult Services, and works very closely with community partners to establish measurable performance outcomes. Despite the budget shortfall, it is expected that the quality of service will be maintained to the degree possible, while also initiating a number of new projects, such as the Aging and Disability Resource Centers (ADRCs) and the Medicare Improvement for Patients an Providers Act For Beneficiary Outreach and Assistance (MIPPA) grant.

The Existing Service System

The service system for seniors in San Francisco is rich. A number of public and not-for-profit agencies serve seniors, including specific low-income and minority senior needs.

The **Office on the Aging** (OOA) is one of the divisions of the Department of Aging and Adult Services (DAAS), which provides many critical services for older persons in San Francisco. The OOA is charged with planning, coordinating and providing community-based services for the elderly. OOA funds various services that support older adults and adults with disabilities to remain living at home and in the community.

A fuller discussion of OOA's scope of responsibilities and service provision is included in Section 3, Description of the Area Agency on Aging.

Other than OOA programs, the Department of Adult and Aging Services has a range of other programs that are a major component of the service system for older San Franciscans. These include:

- In-Home Supportive Services
- Public Administrator
- Public Guardian
- Public Conservator
- County Veterans Service Office
- Representative Payee Program
- Adult Protective Services
- Long Term Care Intake, Screening and Consultation Unit
- Community Living Fund

(DAAS programs are described in more detail in Section 3, Description of the Area Agency on Aging.)

A number of other **DAAS initiatives** contribute to the service system, including:

Aging and Disability Resource Connection (ADRC)

The California Department of Aging awarded DAAS and the Independent Living Resource Center of San Francisco (ILRCSF) a total of $91,213 to be another regional ADRC (Aging and Disability Resource Connection) partner in California. Under the umbrella of this new ADRC, DAAS, ILRCSF, and the ten Resource Centers for Seniors and Adults with Disabilities have been working 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 has engaged 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 is also collaborating with ILRCSF in cross-training of staff and volunteers, and assisting consumers in skilled nursing facilities to make informed choices about transitioning to the community. The ADRC has brought the senior and disabilities communities to work more closely together.

Diversion and Community Integration Program (DCIP)

San Francisco is home to Laguna Honda Hospital, the largest public nursing home facility in the country. Due to the trend toward community rather than institutional living, Laguna Honda Hospital is down-sizing. Hundreds of individuals who currently live in Laguna Honda will be moving into the community. In addition, many individuals who would previously have been admitted to Laguna Honda will be diverted to community living. DAAS is the lead agency of a multi-departmental effort called the Diversion and Community Integration Program (DCIP). The goal of the DCIP is to provide safe transition from or diversion from Laguna Honda Hospital to the community. The DCIP provides an integrated approach to this transition, including housing options and a community living plan for each individual consumer. The DCIP works with the consumer and various service providers to ensure that s/he will live safely in the least restrictive setting appropriate to his/her needs and preferences. Services include mental health services, case management, medical services, housing, in home supportive services, habilitation training and other services needed to ensure that the consumer will succeed in the least restrictive environment.

Network of Support for Community Living

In 2005, DAAS launched an on-line resource called Network of Support for Community Living. This site provides a sophisticated, easy to use and reliable online resource directory. The directory encompasses senior services, mental health services, and services for people with disabilities. It provides information about services in English, Spanish, Cantonese, and Russian. It also has interactive components such as message boards, calendar of events, and options to build web pages for agencies and groups that are interested in these enhancements. In addition, it has information on current legislation and resources for people needing adaptive or assistive equipment. This directory is populated with information from Helplink, a program administered by the United Way.

OOA Net

OOA Net, launched June 13, 2006, is a web-based information system that contains two major components:

- An online Consumer Intake and Enrollment Tool for recording, tracking, and reporting information on clients, and services. DAAS-funded programs and DAAS Office on the Aging (OOA) program analysts use this tool.

- An on-line reporting function that tracks data for NAPIS reporting.

The Agency's information technology division designs and maintains this website. This web-based long-term care information system continues to be adjusted in order to improve and/or enhance its capability and ease of use. The system is being modified to meet new California Aging Report System (CARS) requirements.

Local Coordination Efforts

A number of coordination efforts contribute to the existing service system, many of which are led by current or former workgroups of members of the Long Term Care Coordinating Council (LTCCC). The LTCCC is referenced throughout this document. A full description of its origins and activities can be found in Section 6 – Planning Process. Created by the Mayor, with a broad cross-section of consumers and service providers, the Council evaluates how different service delivery systems interact and develops recommendations to improve service coordination. The development of the Area Plan has been explicitly integrated with the Council's 2008 development of a strategic plan for the city's long term and community based care system. Coordination efforts include:

1. Increase Collaboration in Underserved Communities

- In May 2004, community partnerships were formed in four historically underserved communities (African American; Asian & Pacific Islander; Latino; and Lesbian, Gay, Bisexual & Transgender communities) to strengthen collaborations among community-based service providers and consumers, build new collaborations, and evaluate home and community-based services from a racial, ethnic, and cultural perspective.

- Since that time, these groups have been engaged in activities to educate the public.

- The African American Community Partnership researched and prepared a report: *Disparities In Health And Social Services For African American Elders & Adults with Disabilities*, and advocated for increased funding for services. Members conducted a successful advocacy campaign that resulted in improved sanitary conditions and food quality at FoodsCo, the only market in the Bayview-Hunters Point neighborhood, San Francisco's largest African American enclave.

- The Latino Community Partnership researched and prepared a 2005 report entitled *The Status of Services for Hispanic/Latino Seniors and Adults with Disabilities in San Francisco*. It organized a televised six-part series on aging Latinos, and it participated in the creation of *Latinos Visibles*.

- The LGBT Community Partnership increased collaboration among LGBT and mainstream service providers. It advocated for LGBT sensitivity training for local service providers. The San Francisco Planning Commission approved Openhouse, another member agency, to develop LGBT senior affordable housing.

- The Asian & Pacific Islander (API) Community Partnership has undertaken a dialogue with DAAS about the department's needs assessment. In July 2007, it published its Community Resource Guide for API Seniors.

2. Improving Access to Services for Public Housing Residents

In 2005, the San Francisco Partnership for Community-based Care & Support (SF Partnership) completed a survey of the needs of seniors and adults with disabilities living in public housing. Following that effort, planning between DAAS and the San Francisco Housing Authority (SFHA) explored how to build collaboration between the SFHA, DAAS, and community-based service providers.

In January 2007, the Services Connections Pilot Project (SCPP) began as a collaborative effort between DAAS, the SFHA, Resource Centers for Seniors and Adults with Disabilities, and community-based service providers. SCPP linked seniors and adults with disabilities living in public housing with services provided in the community, and increased collaboration among service providers and the Housing Authority. SCPP also provided an opportunity for isolated residents to meet and socialize with each other. In 2008, SCPP was expanded to include three additional senior public housing buildings: Rosa Parks and the two Clementina Towers.

Based on this success, DAAS, the SFHA, and a third organization, Northern California Presbyterian Homes and Services, applied for and received a $375,000 ROSS (Resident Opportunities for Self Sufficiency) grant from HUD to establish the Services Connection Program. An additional $611,000 was obtained from the City and County of San Francisco for this program. These funds were committed to place service coordinators in five of the 23 senior/disabled building operated by the SF Housing Authority. These agencies are applying for a second ROSS grant to increase the service coordinators participating in the Services Connection Program.

3. Increasing Service Coordination

Following two years of research and planning, the San Francisco Partnership for Community-based Care & Support (SF Partnership), DAAS, and Department of Public Health initiated a pilot project to improve how case management programs work together to better coordinate services. The pilot project includes 14 case management programs under contract to DAAS or DPH that are partnering to coordinate services for their clients through the use of an electronic rolodex. This tool enables participating agencies to see and get contact information for all case management programs serving the same client.

Through the development of a Memorandum of Understanding, all participating case management programs are now part of the DPH Safety Net, a coalition of health and mental health providers who agree to uniform patient privacy standards, but have the capacity to get additional information about other services being provided to the same client, which further helps to improve care

coordination. This project is an example of breaking silos through improved cross-departmental collaboration.

4. Enhance the Quality of Homecare Services

In response to the growing use of and need for homecare services, DAAS is pursuing funding to create a training institute to improve the quality of homecare in San Francisco. In March 2008, the Home Care Workforce Workgroup of the LTCCC hosted a meeting of Bay Area and California foundations entitled "Workforce Development and the Home Care Tsunami." The intent was to get their financial support, along with significant county funding, to develop and operate a model home care training institute that sets the standard for training high quality paraprofessionals. This will be called the Caregiver Training Institute. Workgroup members are in the process of submitting proposals for funding to various foundations.

5. Public Information and Community Education

In December 2005, the Public Relations and Marketing Workgroup of the LTCCC, under the auspices of the SF Partnership and DAAS, launched a six-component media plan. The purpose was to convey the message that a rich array of home and community-based services are available in San Francisco. The major component, the Home Alone Campaign, was designed to increase knowledge about how to access to services for older adults and adults with disabilities living alone, and was first run in 2006. This run was so successful that it was repeated three times in 2007. The Home Alone campaign was a joint effort of the SF Partnership, DAAS, and United Way's 211 Community Services Information line. Ads were placed in mainstream media like the San Francisco Examiner newspaper, numerous ethnic and cultural news media, and on placards on Muni bus lines. The first two runs were funded by DAAS and the final run was funded by the SF Partnership.

6. Improve and Expand Community Placement Options

In July 2005, after extensive research, a LTCCC workgroup completed the Community Placement Plan. It was developed to promote safe and healthful transitions from Laguna Honda Hospital and other institutional settings to successful placements in the community for adults with disabilities and older adults.

While this plan primarily focused on individuals discharged from Laguna Honda and other institutional settings willing and able to return to community living, it was also used to guide safe and healthy transitions for older adults and younger adults with disabilities who wanted to remain living in the community, but who needed: (1) a different setting such as a residential care facility or supportive housing; or (2) an array of assistance, care, and support services. Following adoption by the LTCCC, the Community Placement Plan provided a point of consensus and a road map for diverse groups that approached community placement and transitional care from different perspectives.

7. Increase Access to Services

The Public Policy and Financing Workgroup of the LTCCC continues to develop a variety of ideas and proposals for financing community-based long-term care and supportive services. This group is

considering the possibility of financial resource development activities across city departments to support such services.

Following are the top priority areas of work in the coming year:

- Seek and obtain a long term commitment from the San Francisco Board of Supervisors to a higher level of base funding for the Community Living Fund, targeting those transitioning from a nursing facility or at imminent risk of entering one.

- Seek and obtain a commitment of funding to support prevention services for people aging in place, targeting those not transitioning from a nursing facility or not yet at imminent risk of entering one.

- Identify opportunities for and pursue shared planning and budgeting across City departments to move toward implementing a common vision of community-based long term care service delivery.

- Undertake an analysis of San Francisco's long term care services network, to establish a strengthened framework for home and community-based services. This might include (1) a cost and financing analysis; (2) an operational and structural analysis; and (3) a comparative models review.

- Determine how best to promote and eventually achieve a unified long term care budget across City departments. To do this, it will be necessary to develop a clear and well-defined statement of what is precisely included within community-based long term care services.

SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

The Department of Aging and Adult Services

In July, 2000, the City and County of San Francisco created the Department of Aging and Adult Services to provide humane and protective services for vulnerable adults, including people with disabilities, mentally ill persons, veterans and seniors. Its mission is to provide leadership in the area of aging and adult services, promote the involvement of older individuals and their caregivers in San Francisco, develop community-based systems of services to support the independence and protect the quality of life for older persons, and coordinate activities and develop disaster preparedness plans for this population. As a public sector organization for the City and County of San Francisco, DAAS serves as the Area Agency on Aging for the City and County of San Francisco.

The Area Plan budget, however, only includes funding related to the Office on the Aging, which allocates a FY 08/09 baseline of approximately $22.7 million of state, federal and local general funds to 50 community-based organizations, one city agency, and one internal Long Term Care Intake, Screening, and Consultation Unit. Funds included in the Area Plan budget are composed of the California Department of Aging state and federal allocations and local general fund, plus cash match from the Office on the Aging contractors. The city dedicated $17.2 million (76%) in local general funds to Office on the Aging programs. The local economy has been hit by the global economic slowdown and as a result, FY 08/09 was affected by a variety of funding shortfalls due to decreased revenue. DAAS was been asked to provide two rounds of mid-year budget reductions even while preparing a FY 09/10 budget proposal that required a 25% reduction of local general fund subsidy. It remains unclear what the impact will be of the Federal stimulus funds.

DAAS encompasses the following programs:

1. Office on the Aging

The Office on the Aging (OOA) is responsible for the program design, scope of services, and monitoring of all programs and services funded by the California Department of Aging. It contracts with 50 community-based organizations and one public agency to provide a full range of programs and services for adults aged 60 and older and for adults with disabilities. The Office on Aging targets frail, isolated, low income and ethnic minority groups of seniors, including elderly lesbian, gay, bisexual and transgender persons. Its services and programs include, but are not limited to, case management, nutrition programs, transportation, health promotion, legal, naturalization, and family caregiver support services.

The services that the OOA funds include[5]:

❖ *Adult Day Care*: a community-based day care program providing medical, rehabilitative, and social services to the elderly and other adults with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care.

❖ *Alzheimer's Day Care Resource Centers:* day care specifically for those in the moderate to severe stages of Alzheimer's Disease or related dementia, whose care needs and behavioral problems make it difficult for the individual to participate in existing day care programs. <u>This program is totally supported by County General Fund. It is on the 10% contingency cut for FY 2011-2012.</u>

[5] Services in bold marked with an asterisk are not funded by the California Department of Aging.

❖ *Case Management:* care coordination for older adults or adults with disabilities who are experiencing a diminished capacity to function so that formal assistance is required. Services include: assessing needs; developing care plans; authorizing, arranging and coordinating services; follow-up monitoring; and reassessment.

❖ *Community Services*: services that maintain or improve quality of life such as health maintenance (exercise), education, translation, services that protect elder rights, services that promote socialization/participation, and services that assure access and coordination.

❖ *Congregate Meals:* meals provided in a group setting that consist of the procurement, preparation, transporting and serving of meals, as well as nutrition education.

❖ *Elder Abuse Prevention:* consultation with the Ombudsman Program and coordination with Adult Protective Services and other abuse prevention services to provide education, outreach, referral, and receipt of complaints on behalf of vulnerable seniors and adults with disabilities.

❖ *Family Caregiver Support Program:* outreach to informal caregivers who assist older adults ~~about~~ to access resources. Services include information and assistance, case management, transportation ~~and assisted transportation~~, counseling, respite services and supplemental services to caregivers who have difficulty maintaining quality homecare or the ability to live independently at home. Services are available in Spanish, Chinese and Japanese.

❖ *Brown Bag:* surplus and donated food products, produce, and nutrition education to low-income older adults and adults with disabilities. This program is totally supported by County General Fund. It is on the 10% contingency cut for FY 2011-2012.

❖ *Health Insurance Counseling and Advocacy Program (HICAP):* counseling and information about Medicare, supplemental health insurance, long-term care insurance, managed care or related health insurance; community education activities; advocacy; and legal representation.

❖ ~~*Health Screening:* a preventive health service that includes a medical exam to determine medical conditions that may require referral for a more in-depth medical evaluation.~~ (Service discontinued in FY 2011-2012 due to reallocation of Title III-D funds to Health Promotion.)

❖ *Health Promotion:* provides evidence-based health promotion programs which have been proven to be effective in reducing older people's risk of disease, disability and injury and to empower people to take more control over their own health through lifestyle changes, including health education, wellness and exercise workshops.

❖ *Homecare Advocacy:* Homecare Advocacy is responsible for building collaborative networks; working collaboratively with coalitions and health care professionals toward the expansion and improvement of long-term care plans. It advocates for persons who are at risk for institutionalization, but unable to obtain affordable and timely IHSS help. Through efforts to coordinate, plan and strategize with community groups, unions, and local government, more seniors and adults with disabilities receive critical in-home care.

❖ *Home-Delivered Meals:* meals for persons who are homebound because of illness, incapacitating disability, isolation, or lack of a support network; includes nutrition education.

❖ *Housing Counseling/Advocacy:* information for individuals in jeopardy of being evicted and assistance in advocating for tenant rights. Also, training for individuals and groups so they can inform the public about the need for affordable and accessible senior housing.

❖ *Emergency In-Home Supportive Services:* personal care, homemaker, and chore services to allow older adults and adults with disabilities to remain at home as long as appropriate, thereby preventing premature institutionalization.

❖ *Legal Services:* legal advice, counseling and/or representation by an attorney person acting under the supervision of an attorney. Areas of expertise include: benefits appeals, eviction prevention, consumer rights, estate planning, etc.

❖ *LGBT Cultural Competency Training and Integration Program:* to educate social service providers about how to overcome service barriers that exist for LGBT consumers. The goal of the program is to improve access to services, thus improving the quality of life for LGBT consumers.

❖ *Linkages and Respite Purchase of Service:* prevention of premature or inappropriate institutionalization of elderly and functionally impaired adults, who may or may not be Medi-Cal eligible, by providing care management, and information and assistance services. Respite POS is on the 10% contingency cut list of the County budget.

~~❖ *Medical Escort*: paid volunteers escorts for persons not able to take Paratransit or taxis without assistance to medical appointments or to and from the hospital.~~

❖ *Medication Management:* In FY 2011-2012 an evidence-based medication management program will be implemented to provide medication screening and education to an individual and/or caregiver to prevent incorrect medication and adverse drug reactions.

❖ *Money Management*: assistance to consumers in the management of income and assets. This may include, but is not limited to, payment of rent and utilities, purchase of food and other necessities, and payment of insurance premiums, deductibles and co-payments.

❖ *Naturalization Services:* services that help legal permanent residents become naturalized citizens, such as: (1) learn English as a second language, (2) prepare for citizenship test, (3) increase awareness of resources, (4) assure access and coordination, (5) hands on assistance with completing N400 application, and (6) provide legal advice, counseling, and representation.

❖ *Ombudsman Services:* investigates allegations of abuse and neglect made by mandated reporters if the victim is in nursing homes, residential care facilities for the elderly, adult residential care facilities, and other settings in accordance with California Law. The Ombudsman also advocates for behavioral health consumers under 60 as well as the developmentally disabled who reside in these settings.

❖ *Aging and Disability Resource Center (ADRC):* This is a new program ~~to be~~ implemented in FY 2009-2010. Apart from being centrally located in San Francisco, the new ADRC ~~will~~ out-stations staff in key underserved neighborhoods and communities throughout the city to provide information and assistance service, and consumer rights information, and to help consumers to remain living independently in the community. ~~The new ADRC will replace the current Resource Centers for Seniors and Adults with Disabilities.~~

❖ *Senior Companion*: supportive services for older adults to maintain independent living. Services involve retaining physical health and mental alertness, and enriching social contacts. This program is totally supported by County General Fund, and is on the 10% contingency cut list of the County budget.

❖ ~~*Senior Empowerment*~~ *Empowerment for Seniors and Younger Adults with Disabilities:* provides training programs for seniors and adults with disabilities in community organizing, leadership, conducting effecting meetings, accessing essential services, conflict resolution, promoting diversity and engaging in civic affairs and advocacy.

❖ *Social Support Services to Hoarders and Clutterers*: provides support groups and eviction assistance to individuals who compulsively acquire possessions and are unable to discard them. This program also provides education and training to professionals working with target population.

❖ *Taxi Scrip:* provides funding to Muni Accessible Services for taxi scrip for seniors and adults with disabilities that cannot take public transportation and meet eligibility requirements.

❖ *Taxi Vouchers:* provides taxi vouchers to seniors and adults with disabilities who cannot take public transportation to medical appointments and other community services. The service is provided by a non-profit. This program is supported by County General Fund, and is on the 10% contingency cut list of the County budget in FY 2011-2012.

❖ *Transportation:* Paratransit services through MUNI Accessible Services that provides wheelchair lift-van and group van transportation to seniors and adults with disabilities.

~~❖ *Volunteer Caregiver Recruitment for the LGBT Community:* to recruit and train friendly visitors to visit homebound and or isolated LGBT consumers. The goal of the program is to break down social isolation and improve the physical and mental health of consumers.~~

❖ *Single Room Occupancy (SRO) Food Project:* provides culturally appropriate weekly supplement groceries and delivery services to homebound seniors and adults with disabilities who live in the targeted SRO hotels.

2. In-Home Supportive Services (IHSS)

IHSS provides home help workers to low-income elderly and disabled and/or blind adults to remain in their homes rather than reside in an institution. Home help workers assist physically fragile adults with household chores, non-medical personal care like bathing, grooming, feeding or dressing, cooking and more physically challenging home maintenance activities.

3. Public Administrator

The Probate Code charges the Public Administrator to investigate and administer the estates of persons who die with no known next of kin or without a will. One of the Public Administrator's main responsibilities is investigatory: attempting to locate next of kin, locating and protecting the

assets of the deceased person and locating a will. Once a next of kin is located, the family member is often named as the personal representative of the estate. However, for a variety of reasons, but largely when no next of kin can be found or the estate is at risk for loss, waste or misappropriation, the Superior Court appoints the Public Administrator as the personal representative of the estate and instructs it to administer the estate. The Public Administrator is frequently appointed by the court as a neutral stake holder in contested estates.

4. Public Guardian

The Public Guardian program operates under the authority and direction of the Superior Court to provide conservatorship of person and estate for people who are frail, elderly, and/or disabled and who are substantially unable to provide for their own personal needs or manage finances or resist fraud or undue influence. Conservatorship services include: developing a care plan for both immediate and long-term care; conferring and advocating on behalf of the conservatee and managing finances, and marshalling and protecting assets.

5. Public Conservator

The Public Conservator program provides mental health conservatorship, a legal procedure that authorizes psychiatric treatment of a person found by the Court to be gravely disabled due to mental illness and who is unable or unwilling to accept voluntary treatment. Public Conservator services include reports for placement hearings, psychosocial evaluations for the Superior Court, medical consents, psychiatric medication consents, supervision of treatment, advocacy, placement and case management of conservatees placed outside of San Francisco County.

6. County Veterans Service Office (CVSO)

The County Veterans Service Office assists veterans, most of whom are disabled, and their dependents in obtaining U. S. Department of Veterans Affairs' benefits and entitlements. The Veteran's Office represents veterans, their dependents and survivors during the benefits claims process. One of the goals of CVSO is to provide outreach and service to homeless veterans. Currently the CVSO staffs a main office and five out-stations.

7. Representative Payee Program

The Representative Payee program manages money for seniors and adults with disabilities who are unable to manage their own finances to ensure that daily living needs are met and that well-being and independence are protected. These services are voluntary, and the consumer must have a case manager to be eligible.

8. Adult Protective Services

Adult Protective Services investigates possible abuse or neglect of seniors and dependent adults. The abuse may be physical, emotional, financial, neglect by others, or self-neglect. If abuse or neglect is suspected, social workers provide short-term counseling, case management and referral services that ensure the ongoing safety of the person. Adult Protective Services will involve the courts if necessary and if the victim agrees. It operates a 24-hour hotline seven days a week.

9. Long Term Care Intake, Screening and Consultation Unit

Created to make services more accessible, the Long Term Care Intake, Screening, and Consultation Unit provides 24-hour information, referral and assistance for older adults and adults with disabilities, caregivers, and community-based organizations serving older adults and adults with disabilities. It is the hotline for In Home Supportive Services screening, Adult Protective Services referrals, Home Delivered Meals referrals, Community Living Fund referrals, information, referral and consultation, and any other types of calls. The staff maintains a database for analysis and monitoring purposes. *The Intake, Screening and Consultation's Information and Referral service is, in part, funded by the Older American's Act and is DAAS's only direct service funded by the Office on Aging.* This office will work closely with the new Aging and Disability Resource Center (ADRC) in providing information and referral services.

10. 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), administered by DAAS. The goals of this fund are to: (1) provide choices for adults of all ages with disabilities about 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 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.

Fully launched now, the Community Living Fund has recently begun funding emergency home-delivered meals, and is providing Share of Cost funding for CLF clients to its list of available services. In addition, funding for a Case Management Training Institute will be allocated in July 2009. The program relies exclusively on local general funds.

Aging and Adult Services Commission

The San Francisco Aging and Adult Services Commission is a charter commission of the City and County of San Francisco. Its purpose is to formulate, evaluate and approve goals, objectives, plans and programs and to set policies consistent with the overall objectives of the City and County that are established by the Mayor and the Board of Supervisors. It has seven members.

The Commission maintains an annual statement of purpose, outlining its areas of jurisdiction, authorities, purpose and goals, subject to review and approval by the Mayor and the Board of Supervisors. After public hearing, the Commission hears the DAAS budget and any budget modifications or fund transfers requiring the approval of the Board of Supervisors. This is subject to the Mayor's final authority to initiate, prepare and submit the annual proposed budget on behalf of the executive branch and the Board of Supervisors' authority.

The Commission meets monthly to vote on the various recommendations and reports of its Finance Committee. Other issues before the Commission may be related to the various local work-groups and state Committees and Commissions such as the Area Agencies on the Aging Council of California and the California Commission on the Aging and Adult Services.

Advisory Council to Aging and Adult Services Commission

The Advisory Council to Aging and Adult Services Commission serves as a public voice to review and advise DAAS's work and advise the services of the agencies it contracts with. With new leadership in 2004, the Council members have expressed an interest in taking a more active position in their role as advocates for the communities of aging and disabled persons

Established by the Area Agency on Aging, the Council carries out advisory functions that further the area agency's mission to develop and coordinate community-based systems of services. San Francisco's Advisory Council to the Aging and Adult Services Commission advises DAAS on: 1) developing and administering the area plan; 2) conducting public hearings; 3) representing the interest of older persons and adults with disabilities; and 4) reviewing and commenting on community policies, programs and actions which affect older persons and adults with disabilities. Members also visit the OOA-contracted agencies each year to assess their work and to gain a comprehensive understanding of the senior services network.

The Advisory Council includes eleven members who are appointed by San Francisco's Board of Supervisors and eleven who are elected by the Council membership. The membership is made up of: 1) more than 50 percent older persons, including minority individuals who are consumers or who are eligible to participate in programs; 2) representatives of older persons; 3) representatives of health care provider organizations, including providers of veterans' health care; 4) representatives of supportive services provider organizations; 5) persons with leadership experience in the private and voluntary sectors; and 6) the general public.

As the local AAA, DAAS is one critical part of a larger service delivery system for community-based long term care. The DAAS programs and those of other key county agencies are listed below.

Department of Aging and Adult Services

- Adult Protective Services
- County Veterans Service Office
- Long Term Care Intake, Screening and Consultation Unit/Information, Referral & Assistance -- Handles intake for Adult Protective Services, In-Home Supportive Services, Community Living Fund, and Home-Delivered Meals Clearinghouse
- In-Home Supportive Services
- Office on the Aging
- Public Administrator
- Public Conservator
- Public Guardian
- Representative Payee Program

Department of Human Services

- Food Stamp Program
- Housing and Homeless Program
- Medi-Cal Health Connections Program

Department of Public Health

- Community Behavioral Health Services
- Health at Home
- Housing and Urban Health
- Laguna Honda Hospital
- San Francisco General Hospital

Department of Parks and Recreation
Mayor's Office of Community Investment
Mayor's Office on Disability
Mayor's Office of Housing
Municipal Transportation Agency
San Francisco Housing Authority
San Francisco "311" Municipal Services Information Line

Many critical services are provided by community-based organizations that are best suited to serve San Francisco's senior population, including those organizations that offer congregate meals, case management services, and community services. Some CBOs focus on particular sub-populations, making their services invaluable. For example, the LGBT Cultural Competency Training and Integration Program, and the Social Support Services to Hoarders and Clutterers Program each work directly with groups of consumers with specialized needs, allowing those providers to offer highly specialized and appropriate services.

The Long Term Care Coordinating Council

San Francisco's 2004 Living With Dignity plan found that the service structure to meet the needs of the city's senior population was fragmented. In response, the Mayor established the Long Term Care Coordinating Council (LTCCC), which is responsible to: (1) advise, implement, and monitor community-based long term care planning in San Francisco; and (2) facilitate the improved coordination of home, community-based, and institutional services for older adults and adults with disabilities. The LTCCC and its subcommittees are working to improve the quality of the care and support, to expand the system capacity and to build a coalition of community caregivers for the aging and persons with disabilities in San Francisco.

Roles and Responsibilities

Provide Leadership

DAAS, as the Area Agency on Aging, stands as San Francisco's lead public organization to represent seniors.

In June 2005 Anne Hinton became the new executive director of DAAS. Ms. Hinton's career spans more than 25 years including positions as the Director of Home Care, Care Management and Fiduciary Services Department for the Institute on Aging, the Director of Aging Services for San Francisco Catholic Charities and Director of the South San Francisco Senior Services. Ms. Hinton has experience as a lecturer/teacher in the field of Gerontology, and has co-authored an article on case management for the publication *San Francisco Medicine*. She has served on several boards, professional associations and committees whose focus is long term care. Ms. Hinton works closely with DAAS's leadership team, who cumulatively bring over a hundred years of experience serving seniors and adults with disabilities.

The Aging and Adult Services Commission and the Advisory Council to Aging and Adult Services Commission support the leadership of the Area Agency on Aging in significant ways. Their roles are discussed previously..

Promote the involvement of older individuals and their caregivers within its community

One way by which the AAA ensures the involvement of older persons within the community is in the membership of the Long Term Care Coordinating Council (LTCCC). As mentioned above, the LTCCC oversees all implementation activities and service delivery improvements identified in the *Living With Dignity Strategic Plan*, comprises consumers and advocates. Fifteen of the 37 membership slots are reserved for consumers and advocates. Section 6 contains a full description of the membership and structure of the Council. This council plays a key role in ensuring that the programs and initiatives discussed in the Area Plan are carried out, and offers insight into its development.

In addition, as mentioned above, the Advisory Council includes membership by seniors, adults with disabilities and caregivers. This council plays a key role in ensuring that the programs and initiatives discussed in the Area Plan are carried out, and offers insight into its development.

Develop community based systems of services to support the independence and protect the quality of life of older persons and adults with disabilities

A number of Agency initiatives speak to its efforts to support the independence and protect the quality of life of older San Franciscans. These include:

Community Partnerships. As described in Section 2, community partnerships were formed in 2004 in four historically underserved communities (African American; Asian & Pacific Islander; Latino; and Lesbian, Gay, Bisexual & Transgender communities) to strengthen collaborations among community-based service providers and consumers, build new collaborations, and evaluate home and community-based services from a racial, ethnic, and cultural perspective. Since then, the groups have been active, and produced a number of reports describing the status of those groups.

Community Living Fund: As described above, the Community Living Fund was created in order to facilitate transitions from institutional living to the community, and to support those who wish to continue living in their homes. Funded entirely at the local level, the program serves low-income seniors and younger adults with disabilities to live safely in their homes as long as possible.

Diversion and Community Integration Program (DCIP): As described in Section 2, this program is intended to bring the city's many resources together to oversee transitions from Laguna Honda Hospital to the community. DAAS is the lead agency of this multi-departmental effort, which brings an expert panel together to review each transition from or diversion from Laguna Honda Hospital to the community. The DCIP provides an integrated approach to this transition, including housing options and a community living plan for each individual consumer. The DCIP works with the consumer and various service providers to ensure that s/he will live safely in the least restrictive setting appropriate to his/her needs and preferences. Services include mental health services, case management, medical services, housing, in home supportive services, habilitation training and other services needed to ensure that the consumer will succeed in the least restrictive environment.

Aging and Disability Resource Connection (ADRC): In early 2008, San Francisco was selected to be one of the two new ADRCs in California. Currently there are four regional ADRCs developed with initial funding from the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA), and two additional ADRCS being funded through a CMS CHOICES Systems Change grant. A cornerstone of California's ADRC model involves using the infrastructure of the AAA and the Independent Living Centers (ILCs) to create a stronger, coordinated system of support for older adults, persons with disabilities and family caregivers. Although the initial funding from the California Department of Aging to the San Francisco ADRC will end on June 30, 2009, the connection will continue with the Independent Living Resource Center of San Francisco, DAAS, and the new Aging and Disability Resource Center funded by OOA.

Medicare Improvement for Patients and Providers Act for Beneficiary Outreach and Assistance (MIPPA): The next big project of the ADRC will be the MIPPA, which will provide funds to three entities within the state: AAA, ADRC and HICAP. As San Francisco is one of the four ADRCs identified in California, it will receive all three categories of funds to develop and implement MIPPA tentatively from July 2009 over 24 months. The work is to identify and enroll consumers eligible for the Medicare Savings Plan or the Low-income Subsidy to help pay for the Medicare Prescription Drug Benefit (Part D) premiums.

Evidence Based Health Promotion Programs: With some city funds, OOA staff worked with community partners to initiate a brand new Evidence-Based Health Promotion Program in 2006. This is consistent with the state's initiative "Empowering Older People to Take More Control of their Health through Evidence-Based Prevention programs." Currently three agencies (30th Street Senior Center (lead agency), San Francisco Senior Center, and University of San Francisco) are providing an EBHP program called "Always Active" to consumers of ten senior centers. As invited by CDA, OOA staff now sit on the state Steering Committee on EBHP program. OOA staff together with two community partners (Self-Help for the Elderly, and Curry Senior Center) have recently obtained a small grant from St. Francis Hospital to develop and implement another EBHP program called "Healthier Aging."

A new program began in January 2009: the Long Term Care Consumer Rights Advocacy. This program enables an independent, consumer-focused organization to provide education, training, outreach, options counseling, advocacy and support for seniors, adults with disabilities, and caregivers when accessing long term care services. The initiative will help individuals navigate complex home and community-based long term care services, including offering hands-on support in the areas of dispute resolution, hearings and other grievances.

Coordinate activities and develop disaster preparedness plans, with local and state emergency response agencies and organizations

According to the California Department on Aging, the responsibilities of the Agency related to disaster preparedness are:

1 Prepare the organization, staff, and subcontractors to meet the challenges of a disaster.
2 Support the emergency management community to ensure that the essential disaster-related needs of older individuals and persons with disabilities are included in overall community disaster planning.
3 Document and report information to CDA and local Office of Emergency Services (OES) regarding the impact of the disaster on service recipients, and where feasible, other older individuals, their family caregivers, and persons with disabilities within their PSA.

All CDA entities including AAAs must prepare for disasters, and participate in disaster-assistance activities on behalf of older persons and persons with disabilities within their span of control. The Human Services Agency, the umbrella agency that encompasses the Department of Adult and Aging Services, is meeting these responsibilities.

As a department within the Human Services Agency, DAAS is included in coordinating activities and the development of disaster preparedness plans. HSA is the city department responsible for mass care and shelter after a disaster. As such, the first priority of the Agency will be activation of the Department Operations Center and set up of the Care and Shelter response. The Agency will work closely with the American Red Cross and other members of the Care and Shelter response team to ensure that affected individuals and pets are housed, fed, and otherwise cared for as quickly as possible after an emergency is declared. All HSA employees are deemed Disaster Services Workers, and are trained in emergency procedures.

In the spring of 2007, HSA's planning unit developed an emergency response plan specifically for vulnerable populations. It lays out the Agency's plans to provide services to specific vulnerable populations, including support for elderly and disabled clients and relocation for pre-disaster homeless persons. Current disaster plans stipulate that HSA will use geographic information systems to help manage its disaster response. Before and after disasters, the Agency will map the residences of IHSS clients who lack social and formal on-site support. IHSS staff will be assigned a list of these clients. IHSS staff will be instructed to call and/or visit those clients within the first 72 hours of an emergency to check on their health and safety, determine whether or not they have access to necessary supplies, and, if necessary, develop a plan to remove them from their current living situation to a safer location. Neighborhood Emergency Response Team members– San Francisco residents that have attended specialized disaster response trainings – may also assist with this function. In some instances, very vulnerable IHSS clients may be visited by both HSA staff and community volunteers but, given the risks for this population in an emergency, this level of attention is appropriate.

SECTION 4. MISSION STATEMENT

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

Vision

"San Francisco is a diverse community whose children, youth, families, adults and seniors are safe, self-sufficient and thriving."

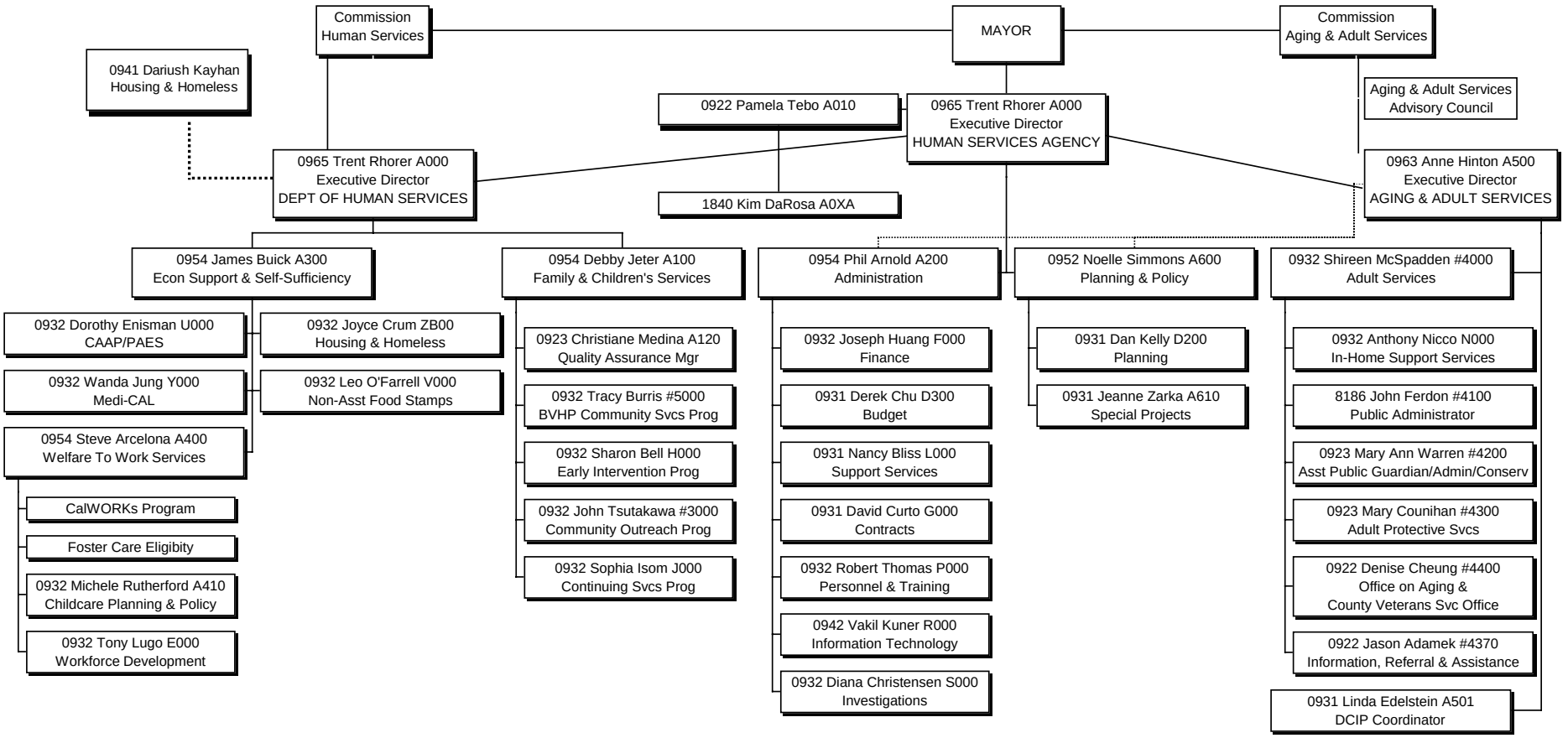
Mission

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

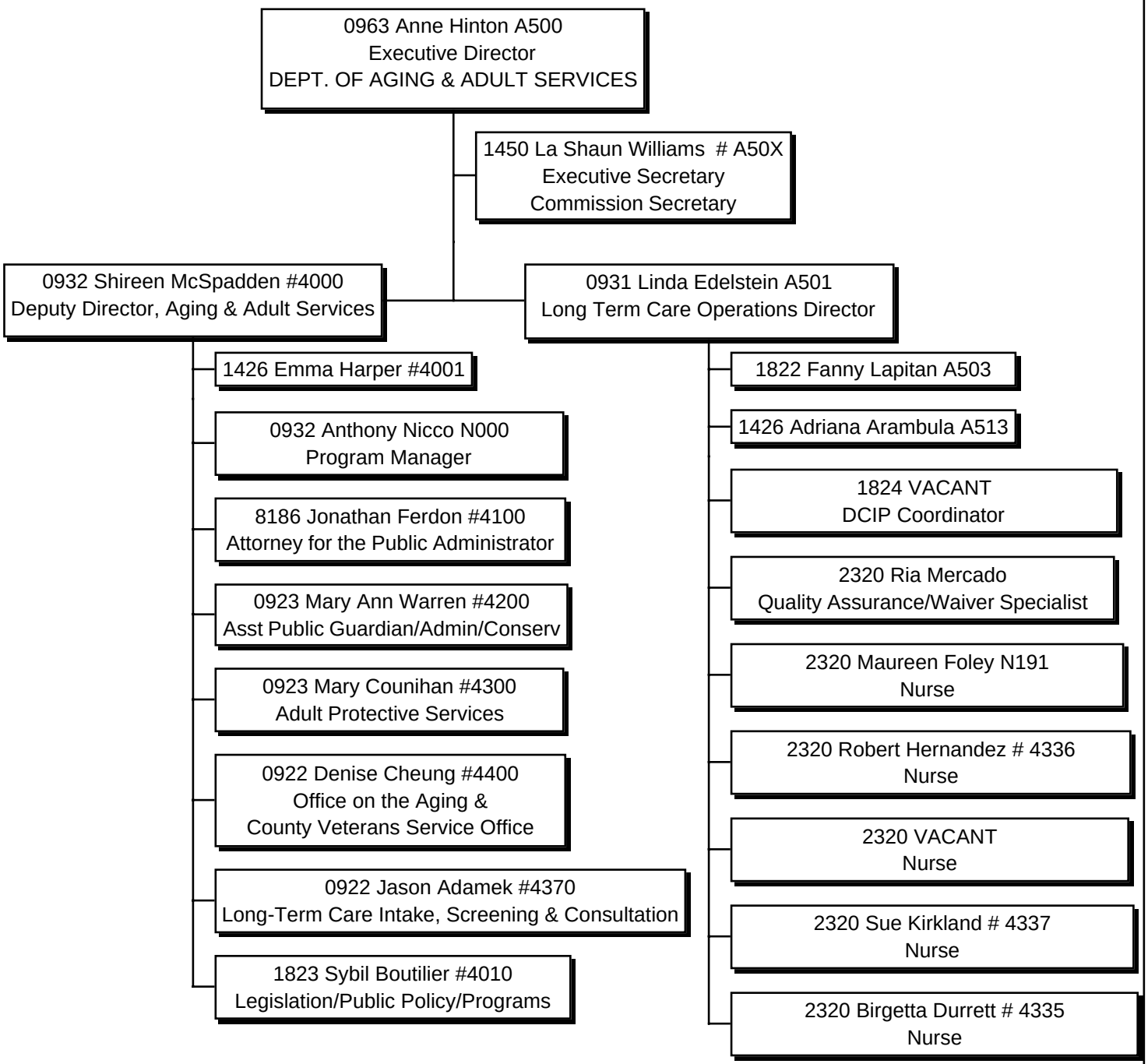
As the Area Agency on Aging, however, the Department of Aging and Adult Services maintains the more specific mission to:

"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."

CITY & COUNTY OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FY 2009/2010



DEPT. OF AGING & ADULT SERVICES
Proposed FY 2009/2010



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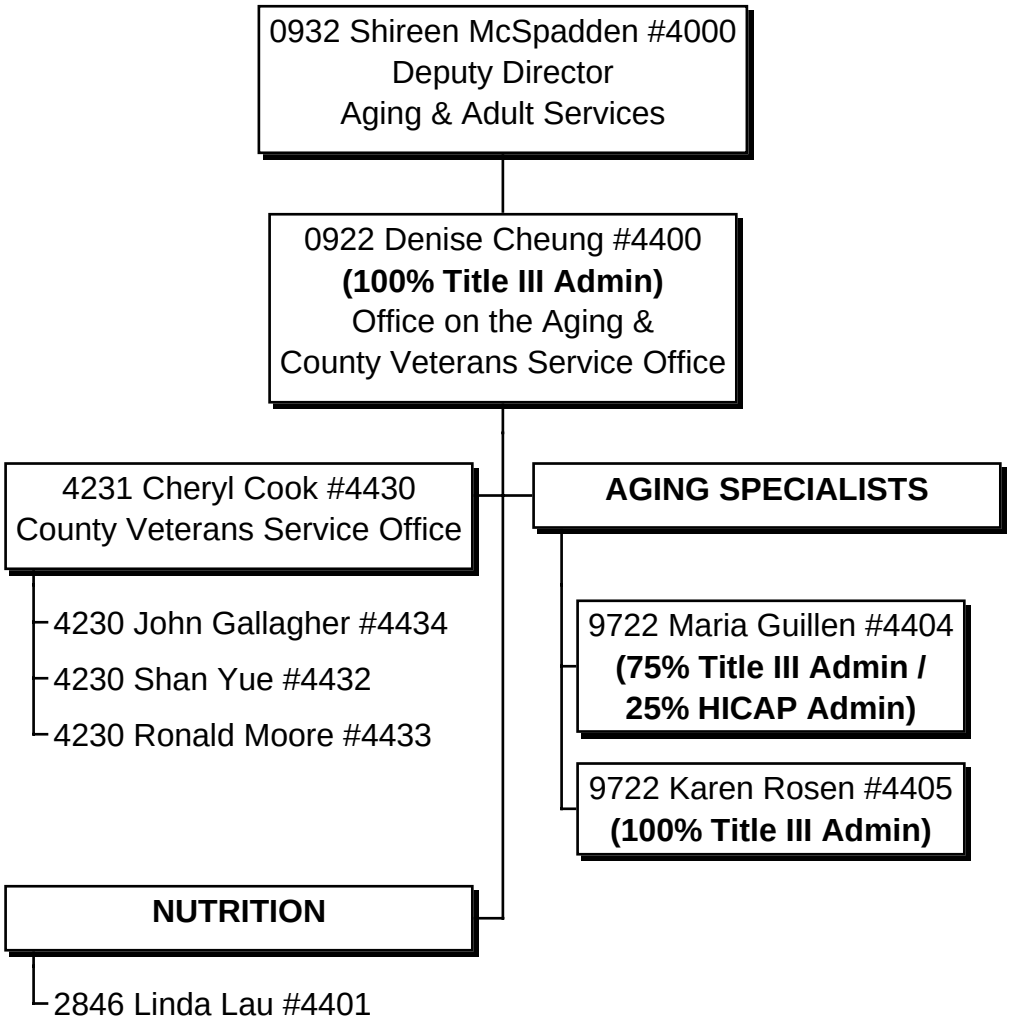
Dept. of Aging & Adults Services
OFFICE ON THE AGING & COUNTY VETERANS SERVICES
FY 2009/2010



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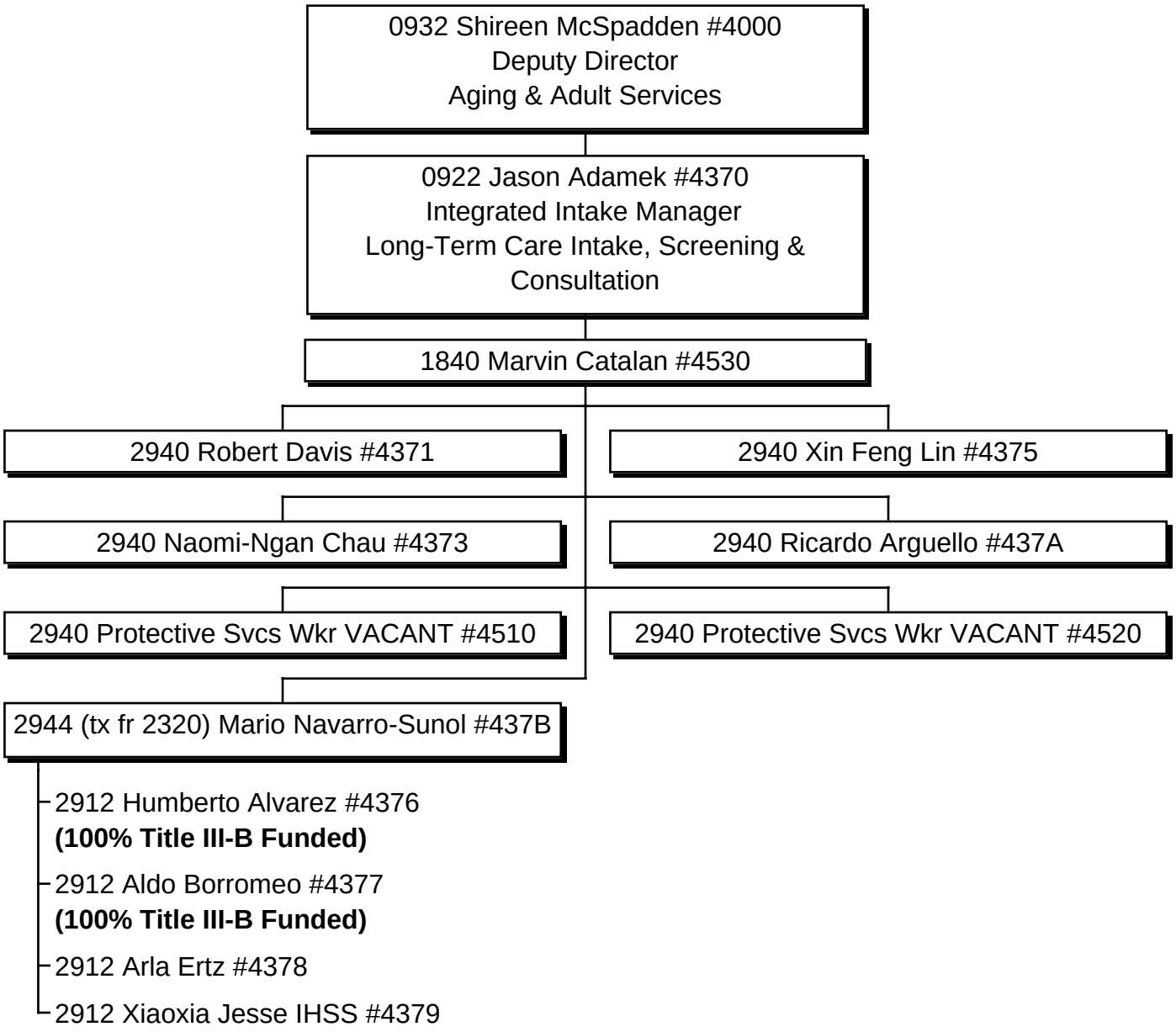
Proposed FY 2009/2010



Human Services Agency
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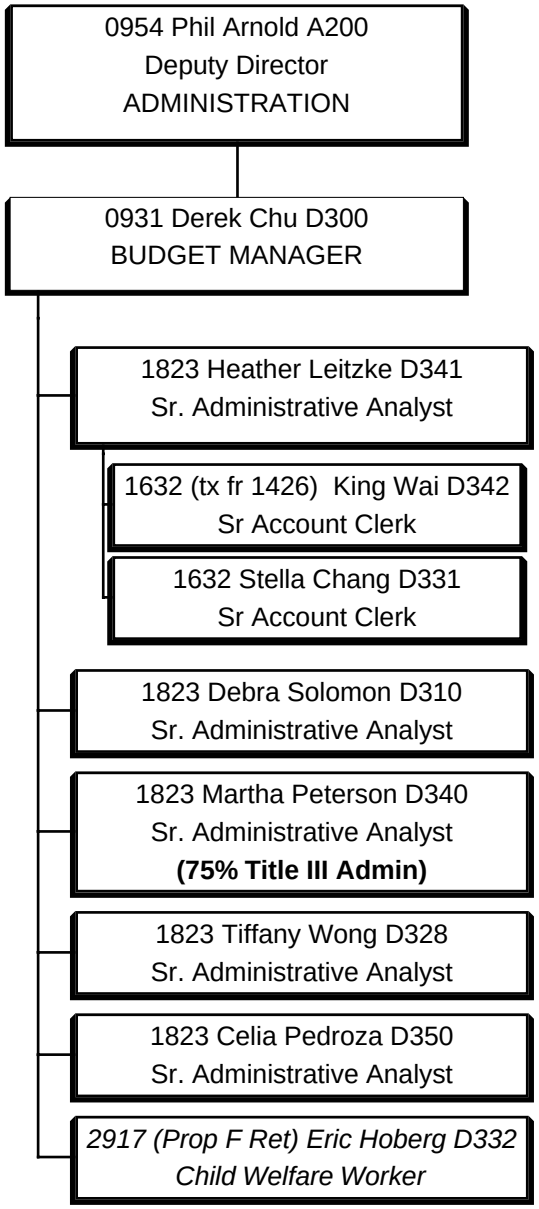
FY 2008/2009



Human Services Agency
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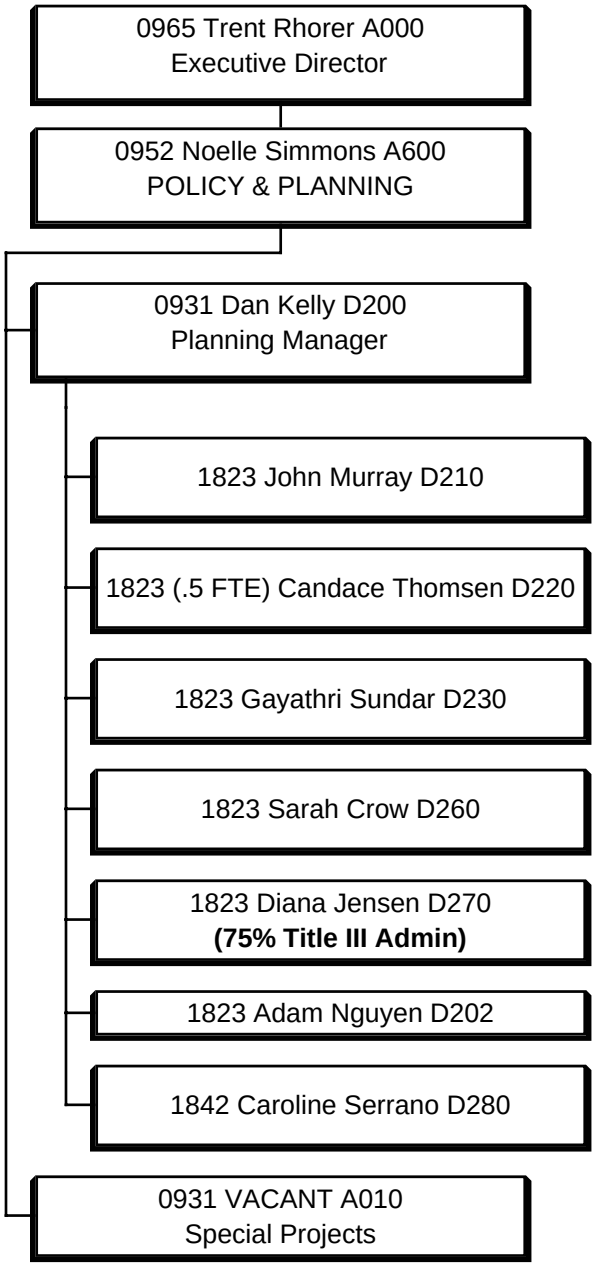
FY 2009/2010



SECTION 6: PLANNING PROCESS / ESTABLISHING PRIORITIES

In recent years SF-HSA has adopted an agency value of continuous learning. Rather than episodic efforts to assess and plan for programs, the agency has developed a more integrated and continuous approach. As a result, the Area Plan development builds on a number of concurrent and convergent efforts.

Living with Dignity Strategic Plan

The Area Plan was integrated explicitly with the 2008 planning process that updated San Francisco's *Living With Dignity Strategic Plan*. That effort was supported and guided by the Long Term Care Coordinating Council.

Long Term Care Coordinating Council

In 2004, the Mayor Gavin Newsom announced the appointment of the Long Term Care Coordinating Council to provide policy guidance regarding all issues related to improving community-based long-term care and supportive services. The Council was intended to be the single body in San Francisco that would evaluate how different service delivery systems interacted and make recommendations about how to improve service coordination.

Membership on the Long Term Coordinating Council is comprised of three groups, with the largest group being consumers and advocates. Representing both seniors and persons with disabilities, consumers and advocates fill 15 of the Council's 37 seats. The Council also has 14 seats reserved for service providers, including representatives from services related to health, behavioral health, developmental disabilities, and other disabilities. Eight of the seats are designated for city and county departments, including the Department of Aging and Adult Services, the Department of Human Services, the Department of Public Health, the Mayor's Office on Disability, the Mayor's Office of Housing, the San Francisco Housing Authority, and the city's transportation department. Periodically, the Council has convened workgroups to address specific issues, including finance and policy, housing and services, homecare workforce, behavioral health access, transitional care, and community placement.

In 2002, supported by a $150,000 grant from the Robert Wood Johnson Foundation, members of the aging and disability network and DAAS undertook an extensive community planning process and developed the original *Living With Dignity Strategic Plan* to guide service delivery improvements. The Council oversaw implementation of the original strategic plan, which concluded in 2008, and initiated an eight month period of assessment and strategic planning to complete the *Living With Dignity Strategic Plan 2009-2013*. The plan presents a comprehensive strategy to improve community-based care and support.

To improve system-wide coordination, the planning activities, goals, and objectives of the updated *Living With Dignity* plan were synchronized with those of the pending 2009 Local Area Plan. Beginning in April 2008, extensive background research examined the environmental context of the service landscape. Reports and documentation from various planning activities that had been conducted between 2006 and 2008, especially the comprehensive 2006 community needs assessment conducted by the DAAS/Office on the Aging. Also, the planning process incorporated information from a series of meetings in 2007 with SF Partnership members; two random telephone surveys with a

representative sample of older adults and adults with disabilities, a 2008 analysis of Baby Boomer population trends; and analyses of US Census data.

Key Stakeholders: Interviews, Focus Groups, and Community Dialogues

Key stakeholder interviews and focus groups were conducted to elicit thoughts on current issues, as well as ideas for the prioritization and implementation of goals and strategies in the new plan. Focus groups were held with workgroups within the LTCCC and the SF Partnership, and also with the SF Adult Day Services Network (a membership organization that includes 13 adult day health care centers, social day programs, and Alzheimer's Day Care Resource Centers, serving more than 2,000 participants each year). The leaders of public and private organizations providing aging and disability services, including consumer advocates, were interviewed. A total of 22 interviews and focus groups were conducted. These supplemented prior qualitative data collection efforts that were conducted as a part of the 2006 DAAS/Office on the Aging Needs Assessment process.

Stakeholder interviews included representatives from the following:

- DAAS Advisory Council Executive Committee
- Office on the Aging
- County Veterans Service Office
- Adult Protective Services
- Public Conservator
- Public Guardian, Public Administrator, and Representative Payee programs
- Department of Public Health long term care
- Department of Public health behavioral health services
- Mayor's Office on Disability
- Mayor's Office on Housing
- Paratransit
- San Francisco Housing Authority

The focus groups included the following:

- Adult Day Services Network
- LTCCC – Homecare Workforce Workgroup
- LTCCC Housing Workgroup
- LTCCCC – Mental Health Access Workgroup
- LTCCCC – Financing and Policy Workgroup
- LTCCCC – Steering Committee

The interviews and focus groups concentrated on:

- Barriers to meeting the critical needs of San Francisco's long term care services network;
- Current strengths, weaknesses, opportunities and threats of this network; and
- Concrete strategies for improvements.

Community dialogues were conducted with the two primary DAAS constituencies: adults with disabilities or disability advocates; and older adults or older adult advocates. The dialogues were held at two San Francisco Housing Authority apartment complexes for older adults and adults with disabilities. Twenty-eight attendees participated in the dialogue concerning older adults, and 24 attendees participated in the dialogue concerning adults with disabilities. Limited time and staff resources precluded conducting more than two consumer dialogues; however, to supplement these

community dialogues, transcripts from ten consumer focus groups with historically underserved populations were reviewed. These focus groups were conducted as part of the 2006 DAAS Needs Assessment.

Electronic Survey

DAAS conducted an internet-based survey (using Survey Gizmo) of consumers, advocates, and services providers. The purpose was twofold. First, questions were framed within four sections to conduct a Strengths, Weaknesses, Opportunities and Threats analysis. Second, the survey asked specific questions to verify results that had emerged from the key stakeholder interviews, focus groups, and community dialogues.

The survey results were analyzed for recurrent themes and similarities regarding what respondents viewed as the strengths and weaknesses of the current home and community-based service systems. Through the process, specific factors that pose threats to home and community-based services were identified, as well as potential opportunities. Finally, the interviews and focus groups resulted in a list of potential strategies that could be included in the 2009 plan.

The survey was web-based and anonymous. Survey respondents were recruited by sending an e-mail with a link to the survey to the following groups:

- Coalition of Agencies Serving the Elderly (CASE)
- Community Alliance of Disability Advocates
- Mayor's Disability Council
- Long Term Care Coordinating Council
- Aging and Adult Services Commission
- Aging and Adult Services Advisory Council
- San Francisco Partnership for Community-Based Care & Support

A total of 115 surveys were received. Sixty percent of respondents were employees of non-profit agencies, and 28 percent represented public agencies. Other respondents were either not employed (3%) or represented other organizations such as private for-profits (5%), or other non-specified organizations (5%). There was broad geographic representation throughout the City with 19 zip codes reported. The majority of employed respondents were managers and program directors (39%), with executive directors (18%), analysts/planners (11%), and case managers/social workers (11%) also largely represented. Other respondents included direct service providers, supervisors, and the self-employed. Service providers represented those who serve both older adults and younger adults with disabilities, offering a wide array of services delivered by small, medium and large organizations. Respondents represented agencies with less than 10 paid, full-time staff (25%), between 11-26 paid full-time staff (28%) and those with more than 50 paid full-time staff (47%).

The results of the interviews, focus groups, dialogues, and electronic survey were analyzed using a framework of identifying key strengths, weaknesses, opportunities, and threats which emerged from the data. From these items, a list of potential goals, strategies, and objectives was drafted.
Finally, once the goals, strategies, and objectives were drafted, the staff ensured they were aligned and coordinated to the maximum extent possible with various plans and activities citywide, such as:

1. The goals and objectives of the 2005-2009 Area Plan
2. The DAAS 2006 Community Needs Assessment
3. The Community Living Fund annual plans
4. All other DAAS long term care planning efforts
5. SF-HSA planning and performance measurement efforts
6. The long term care planning efforts of other city departments such as the Department of Public Health, the Mayor's Office of Housing, Mayor's Office of Community Development, Municipal Railway, and the HSA Housing & Homeless program.

Upon the completion of this process, a draft plan was presented to the LWD Steering Committee and the LTCCCC steering committee for feedback. This feedback was incorporated and consensus was reached regarding the goals, strategies, and objectives. The plan was also presented to the Aging and Adult Services Commission, the Aging and Adult Services Advisory Council, and a sub-committee of the Health Commission. **The objectives that specifically relate to DAAS constitute the objectives for this 2009-2012 Area Plan.**

SF-HSA Strategic Review

Simultaneously, the San Francisco Human Services Agency (HSA) conducted a broader assessment of its performance, prompted in part by the 2004 merger between the Department of Human Services and the Department of Aging and Adult Services. To gauge its performance in the context of these changes, SF-HSA conducted a strategic review that consisted of four parts: 1) an extensive analysis of census and administrative data; 2) a staff survey; 3) key stakeholder interviews with leaders in other city departments and community based organizations; and 4) focus groups with clients.

The key informant interviews included six city department heads or deputies and seven other key city managers, five commissioners from both DAAS and the Department of Human Services, six contractors, two focus groups with service providers (including the Coalition of Agencies Serving the Elderly), and two focus groups with community advocates. The 75 respondents were asked about how SF-HSA was perceived in the community, what their experiences with the agency were, agency strengths in terms of partnership, how it could improve as a partner, and what were the emerging issues that the agency should be aware of. They were also asked about unmet service needs.

In addition, the process included focus groups with 145 total clients, including 39 from the In Home Supportive Services program. About half of the participants had limited English proficiency. The clients were asked about their experiences with the agency, including the agency's quality of customer service, and the extent to which agency services met their needs.

SECTION 7. NEEDS ASSESSMENT

As described in the previous section, the Department on Aging and Adult Services (DAAS) has participated in a continuing series of assessments and evaluations with the goal of improving its services. DAAS's 2006 Community Needs Assessment was the first comprehensive assessment of the senior and persons with disabilities communities in San Francisco. It influenced subsequent efforts, like the Baby Boomer forum and the community telephone survey. These various efforts crystallized in the *Living With Dignity Strategic Plan 2009-2013,* which is directly integrated with San Francisco's 2009 Area Plan. On a parallel track, DAAS was central to a strategic assessment conducted by SF-HSA to evaluate the organization's performance since its merger.

These efforts have been led by somewhat different goals and focuses, but together have yielded many overlapping findings. The Living With Dignity plan organized the common findings from the various assessments into a series of broad goals, including:

1. **Improve Quality of Life:** Seniors and persons with disabilities living in San Francisco are often isolated by social, linguistic, and physical barriers and need stronger support networks and greater access to the community.
2. **Establish Better Coordination of Services:** Across assessments, the theme of fragmented services was consistent. The lack of a cohesive system of care undermines the ability of older adults and adults with disabilities to live independently in the community.
3. **Increase Access to Services:** Related to the issues of isolation and service fragmentation, the assessments uncovered a persistent need for individuals to have better information about long term care and supportive services, more culturally sensitive services, and portals to the service system that lead to a range of services.
4. **Improve Services Quality:** The caliber of supportive services is often uneven, and the need for better performance standards and accountability was frequently cited as a need within the current service system.
5. **Expand Service Capacity:** To the extent possible in the new budget environment, San Francisco must enhance the capacity of its service system to meet the needs of an aging population that is likely to be living in the community with higher levels of risk.

The goals of the Living With Dignity plan are mirrored in the current Area Plan. A summary of the various needs assessments, including their process, methods, and findings, can be found in the following matrix.

Summary of San Francisco Needs Assessment Activities, 2006 - 2009

Planning Effort	Process	Methods	Major Findings
2006 DAAS Community Needs Assessment	Identified needs of seniors and younger persons with disabilities, contrasted with existing services, and analyzed gaps in services and support.	*Quantitative*: Analyzed Census and American Community Survey, SF-HSA administrative data, including SF GetCare, and data from other city government agencies; 2006 phone survey of seniors and adults with disabilities. *Qualitative:* key informant interviews; roundtable discussions with service providers; consumer focus groups; recommendations from District Advisory Councils.	1) Increased partnership with other city departments. Such partnerships could lead to improvements in the quality and availability of services that address housing, isolation, self care and safety, and access needs. 2) Systemic Coordination of DAAS services to address common needs. Better system coordination could promote improvements in services in nearly all service areas. 3) Small program investments that can make a difference. Small investments that increase awareness, or those that provide simple evidence-based health promotion programs, can lead to stronger, healthier communities.
2008 Baby Boomer Task Force	Created by Advisory Council, Task Force gathered information, trends, and analyzed implications of Baby Boomer aging in San Francisco. Results shared at community forum.	Demographic overview comparing San Francisco to state and national levels; review of related literature and quantitative research; electronic survey of local service providers to gauge existing efforts.	1) San Francisco's Baby Boomers will cause increases in senior population, but not as dramatically as at the state and national levels. 2) Local Baby Boomers more likely to be low income than national trend. 3) Culturally relevant programming important as Baby Boomers in San Francisco more diverse. 4) Local Baby Boomers are even more educated than nationally or statewide. 5) Many Baby Boomers may postpone retirement due to financial pressures of living in expensive city. 6) Baby Boomers likely to live longer with chronic diseases.
2008 Phone Survey with Older Adults and Adults with Disabilities	Replication of 2006 phone survey conducted by National Research Center regarding service needs and awareness.	Random phone survey of 330 respondents, including 252 older adults and 167 adults with disabilities. Queried regarding awareness of services, preferred sources of information about resources, and current needs.	1) Seniors had high awareness of traditional services like senior centers, but were less aware of money management and home repair and modification services. 2) Low income adults were less aware of services. 3) Respondents relied on media for most information needs. 4) Adults with disabilities were most in need of home repair, visiting nurse, home health aide, assistance with forms, legal assistance, and information and referral services. 5) Seniors were most in need of door-to-door transportation, home repairs, visiting nurse services, adult day programs, legal assistance, and information and referral.
2008 SF-HSA Strategic Review	Conducted by SF-HSA as part of agency commitment to be	Extensive analysis of census, budget, and administrative data, including analysis of program performance	1) SF-HSA has tremendous strengths and has a profound impact on mitigating poverty, promoting self sufficiency, protecting vulnerable persons, and preventing institutionalization. 2) Agency

Summary of San Francisco Needs Assessment Activities, 2006 - 2009

Planning Effort	Process	Methods	Major Findings
	learning organization that uses data and other information to inform program design and practice and that draws lessons from its efforts.	measures; survey of SF-HSA staff; key stakeholder interviews with leaders in other city departments and community based organizations; and focus groups with consumers, including non-English speaking consumers.	resources have grown, but so have demands on those resources. The 2004 merger resulted in increased capacity, but new mandates and agency-initiative reforms have proliferated as well. 3) The populations and neighborhoods served by SF-HSA are changing, and the Agency must evolve its practice to meet new challenges. 4) Improved coordination of services would benefit the Agency's clients. SF-HSA's size and complexity can make it difficult for clients, partners, and even staff to navigate, as well as making it difficult for the Agency to link individual programs to broader strategies and reforms.
2008 Living With Dignity Strategic Plan	Review of implementation of original Living With Dignity Strategic Plan (2004 – 2008), evaluation of current long term care environment in San Francisco. Refined vision, strategies, goals, and objectives for 2009-20013.	Analysis of long term care environment in San Francisco, including new policy trends, new local program initiatives, and current and promising innovations. A strengths, weaknesses, opportunities and threats analysis conducted with extensive input from seniors, persons with disabilities, advocates, service providers and public sector leaders.	1) Insufficient communication takes place between home, community-based, and institutional service providers. 2) A lack of collaboration exists between community-based providers' case management programs. 3) Discharge from institutional settings is not yet well organized. 4) The capacity of home and community services, including supportive housing and transportation services, will likely need to be expanded as the city's population ages. 5) Potential consumers often express difficulty in learning about long term care and supportive services, as well as difficulty in accessing services. 6) Because publicly-funded programs have strict thresholds for eligibility, persons with moderate incomes or assets often have few options for services and support to remain in the community. 6) Long term care providers seldom have experience with providing cross-age and cross-disability services, thought the need is great.

Living With Dignity Strategic Plan Development

As described, San Francisco has made multiple efforts to assess, plan, and evaluate its services to seniors and adults with disabilities. The emerging vision culminated in the *Living With Dignity Strategic Plan 2009-2013*, which was explicitly linked to the goals, objectives, and priorities of the current Local Area Plan. The *Living With Dignity* plan included participation from the DAAS Advisory Council and the Aging and Adult Services Commission prior to being finalized by the Long Term Care Coordinating Council.

Future Needs Assessment Activities

Some of the research and assessment initiatives that will likely inform future efforts of the Department of Aging and Adult Services include a panel on Alzheimer's/Dementia Care, an exploratory study of the city's residents in Single Room Occupancy hotels, and a concerted effort to use data from the pending 2010 Census.

Alzheimer's/Dementia Care Expert Panel

In June 2007, after several months of investigation, the Mental Health Access Workgroup of the Long Term Care Coordinating Council presented a series of recommendations related to the growing crisis in dementia care. In October 2007, the LTCCC submitted these recommendations, including a recommendation for the formation of an Alzheimer's/Dementia Expert Panel, to the Mayor's Office for consideration. In response to rising concerns presented in this LTCCC policy memorandum, the Mayor's Budget for FY 2008-09 included $100,000 for DAAS for an investigation of the issues raised about the growing crisis in dementia care and the anticipated need for additional services.

In September 2008, DAAS sought a Project Management Team to work with the department and the Alzheimer's/Dementia Expert Panel, to facilitate all activities related to: (1) an evaluation of current dementia care services, research and summarization of all existing services; (2) projection of the need for and types of additional services over the next 12 years; (3) economic analysis of projected costs (inflation adjusted) and funding sources; and (4) facilitation of the Expert Panel's work in development of a report and realistic recommendations for how to address the anticipated need for additional services which will include best practices and local publicly funded services from other parts of the country. The Project Management Team will begin on November 1, 2008. The Alzheimer's/ Dementia Expert Panel is to complete its work between December 1, 2008 and April 30, 2009, with a final report and recommendations due on May 31, 2009.

Single-Room Occupancy Hotel Research

More low income persons live in San Francisco's 530 Single Room Occupancy (SRO) hotels than in public housing developments. Twelve percent of the city's SSI recipients live in SRO's, as well as 11% of its In Home Supportive Services consumers. Many seniors depend on SRO's as a last alternative to entering institutions. Yet the SRO's are seldom conceived of as a community, much less appreciated as a resource.

The needs of SRO residents are easy to overlook. For example, few SRO's in Chinatown have working elevators, yet the neighborhood is the city's most densely populated community of seniors.

Matching SRO addresses against the IHSS caseload, and working with Self Help for the Elderly, a non-profit agency serving Chinatown, DAAS surveyed IHSS recipients who had mobility impairments and were living in Chinatown SRO's. This 2006 study found that over 40% left their hotel rooms once a week or less, prompting DAAS to create the SRO meal delivery program.

In the spring of 2009, SF-HSA is conducting an exploratory study of San Francisco's SRO hotels, which are concentrated in the Chinatown, Mission, Tenderloin, and South of Market neighborhoods. Working with students from the University of California at Berkeley Goldman School of Public Policy, it is matching data from SF-HSA's full range of programs – IHSS, OOA, Medi-Cal, General Assistance, etc. – against a list of SRO addresses from the city's Department of Planning. The Department of Public Health has agreed to conduct a similar match against the city's charity care, emergency services, and behavioral health data. The city is also concerned about the presence of families in the SRO's, and the school district has also agreed to conduct a match against its enrollment data.

From the Department of Planning, SF-HSA has also obtained information about the rents, vacancies, and square footage of the hotels, and it will be able to develop a portrait of life in an SRO. A handful of the SRO's are operated by non-profit agencies, but most are privately owned. The agency has information about the owners and will seek their perspective about the needs of their residents and possible ways that the city might be able to partner with them constructively to meet those needs.

The goal of the research is to develop a profile of who is living in SRO's in San Francisco, to better understand what their human services needs are, to explore possible strategies for better serving them, and to raise awareness of the SRO's as a city community and a city resource. In addition, DAAS will be able to use the study to target specific hotels that are likely underserved and hone its outreach efforts to a very specific level.

Analysis of 2010 Census

Because San Francisco is only seven miles long and has a high cost of living, its demographics are uniquely fluid. For example, it has experienced an exodus of African Americans in the last two decades as housing has become more unaffordable. As the city's southeast neighborhoods have gentrified, many low income persons have been displaced to SRO hotels in the Tenderloin. Seniors have become more isolated as their children have been forced to move to other communities that offer more opportunities to young adults. San Francisco's senior community is far more diverse than the statewide population, making service delivery more complex and nuanced.

To better understand these trends, DAAS has relied on census data. Although the American Community Survey has been helpful, San Francisco has demographic undercurrents that elude mid-census sampling. DAAS is anticipating that the 2010 census will provide a windfall of information that will guide its programming and outreach. As census results become available, DAAS will be devoting analytical resources to examining changes in the city's community of older adults and adults with disabilities. In particular, the 2010 census will help DAAS understand the transportation, housing, employment, linguistic, and social needs of the city's communities of seniors and persons with disabilities.

SECTION 8. TARGETING

The Older Americans Act mandates that services are directed to older individuals with low incomes residing in such area,

1) who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency) residing in such area,
1) older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency,[1]
2) older individuals at risk for institutional placement residing in such area, and
3) older individuals who are Indians residing in such area.

This section describes services provided to those populations served by the Office on the Aging, and targeted by the Older Americans Act.

Populations Served

During the last year, San Francisco's OOA served 21,485 unduplicated seniors and persons with disabilities. The profile of consumers reflects an emphasis on: 1) low-income seniors; and 2) seniors who have limited English-speaking ability. The accompanying table shows the diversity of OOA consumers.

Office on the Aging Consumer Profile, 2007-08		
	#	%
Total Enrollment	21,485	100
Female	12,652	59
Live Alone	8,786	41
Functionally Impaired	5,678	26
Low Income	14,546	68
Require Translation	5,544	26
Age		
Under 60	1,452	7
Age 60 – 74	8,436	39
Age 75 – 84	7,101	33
Age 85+	4,496	21
Ethnicity		
African American/Other African	2,449	11
Asian/Pacific Islander	8,922	42
Latino	3,015	14
Native American/Alaskan Native	81	0
White	4,826	22
Other/Decline to State/Unknown	2,192	6

[1] The Older Americans Act also mandates services for older individuals residing in rural areas, which is not relevant to San Francisco. OAA 2006 section 306.

DAAS targets low-income older individuals, those with limited English proficiency, and other target populations by contracting with community-based organizations that have long histories and expertise in serving important senior populations in San Francisco. Examples are described below, and a full list of agencies and services funded in FY 2008-09 can be found in Appendix A.

Low-Income Older Individuals

A number of the community-based organizations that DAAS contracts with serve low income seniors, both through neighborhood-based organizations and larger organizations that target low-income persons citywide. Examples include Bayview Hunters Point Multipurpose Senior Services, located in the city's largest African American neighborhood, and Catholic Charities, which serves low-income seniors citywide. These agencies provide community services, congregate meals, money management, case management and personal care. In fiscal year 2007/08, 68% of OOA service consumers were low-income, including 38% who received SSI. Seventy-seven percent of African American consumers are low-income, as are 72% of Asian/Pacific Islander, 82% of Latino, and 62% of White consumers. Fewer than 100 Native Americans were served, but 73% of those were low income.

LGBT Community

Data collected by service providers does not include information about sexual orientation. However, DAAS funds programs to provide appropriate services specifically to the LGBT population and ensure that culturally competent services are available. New Leaf Services provides community services and volunteer caregiver recruitment for LGBT seniors and adults with disabilities. Openhouse, another CBO, provides LGBT cultural sensitivity training for service providers.

Language Access

DAAS is dedicated to serving seniors with limited English proficiency by contracting with a number of community-based agencies that can offer services in a variety of languages. For example, Self Help for the Elderly is located in Chinatown, has historical roots there and is widely trusted. Clients depend on Self Help for the Elderly for a spectrum of needs, from reading mail to getting on housing lists to finding work.

Twenty-six percent of consumers required translation services in fiscal year 2007/08, including 39% of Asian/Pacific Islanders and 52% of Latinos. Even among white consumers, 17% were of Russian heritage and 45% of Russians required translation services. Multilingual services are an important piece of providing culturally competent services, both because many San Franciscan seniors and younger adults with disabilities are isolated and because even bilingual consumers are often more comfortable discussing personal issues in their first language. Many people return to their first language when they become ill later in life, even if they speak English well.

DAAS has just completed a Request for Proposals and will allocate funding to an agency that will manage a new Aging and Disability Resource Center (ADRC). This new ADRC will employ several staff, with fluency in key languages, to provide information and assistance at various neighborhood outstations.

At Risk of Institutionalization

Consistent with the profile of consumers being low-income and having limited English, the majority of consumers served in fiscal year 2007-08 were age 75 or older. More than a quarter of the consumers had functional impairments consistent with severe disabilities. Forty-one percent lived alone. These factors make many of these seniors at risk of institutionalization. Home safety is a critical issue for this population. People over 75 who fall are four to five times more likely to be admitted to a long term care facility for at least a year, and most of these falls (77%) occur in the home.[2] DAAS contracts with a variety of agencies that provide home-delivered meals, case management services, personal care and homemakers services.

In FY 2008-09, San Francisco was home to four Alzheimer Day Care Resource Centers (ADCRCs), which provided day services for persons with moderate to severe levels of impairment due to dementia. However, due to the city's budget shortfall, the Laguna Honda Hospital ADCRC, which was funded by the city general fund, has been closed since the end of February. Consumers have been transferred to the other three ADCRCs.

A related and critical population are **those who care for those with Alzheimer's and other dementias**. DAAS contracts with the Family Caregiver Alliance and Edgewood Center for Children and Families to offer family caregiver support programs.

Younger Adults with Disabilities

Serving younger adults with disabilities is not just a matter of accommodations, but also requires sensitivity and respect. Persons with disabilities are often resistant to systems that want to "medicalize" all of their needs or create dependency on services rather than promote a more appropriate and challenging context of community living, social participation, and civil rights. Service providers need to respect the younger client's ability to make his or her own decisions without unnecessary intrusion.[3]

Over 1,400 OOA consumers were younger adults with disabilities in fiscal year 2007-08. These consumers received a variety of services in the community, including money management (a program specifically geared for this population), home-delivered meals, congregate meals, community services, and resource centers. Several of the agencies serving younger adults with disabilities have the capacity and expertise to serve non-English speaking consumers.

Service Levels in Upcoming Years

DAAS is dedicated to serving these target populations. Because of state budget cuts, it will be unable to meet its previous service level in the coming years. A number of programs will be reduced, and some contracts with service providers will be cut, though every effort will be made to ensure that priority populations continue to receive services. The following principles, identified by the Director of DAAS, guide budget decisions:

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[2] Abt Associates, Inc. (2004). Center for Health and Long Term Care Research. US Department of Health and Human Services. *The Effect of Reducing Falls on Long-term Care Expenses: Literature Review.*

[3] DAAS Community Needs Assessment 2006.

- Serve the most vulnerable consumers, including those who are isolated, in need of protective services, and those who are living in poverty.

- Maintain access to information and services.

- Utilize a targeted rather than across-the-board approach to budget reduction.

- Maintain and improve communication between DAAS and community-based organizations.

- Continue to seek out other financial/revenue streams.

- Encourage and reward collaborative ventures between CBO's and City and County Departments.

SECTION 9: PUBLIC HEARINGS

PSA #6

PUBLIC HEARINGS
Conducted for the 2009-2012 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?* Yes or No	Was hearing held at a Long-Term Care Facility?** Yes or No
2009-10	April 15, 2009	1650 Mission St, 5th floor	16	No	No
	April 28, 2009	1650 Mission St, 5th floor	25	No	No
	May 6, 2009	City Hall, Room 416	25	No	No
2010-11	April 21, 2010	1650 Mission St, 5th floor	15	No	No
	May 5, 2010	City Hall, Room 416	37	No	No
2011-12	April 20, 2010	1650 Mission St, 5th floor	17	No	No
	April 26, 2010	City Hall, Room 408	16	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.

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:

3. 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:

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

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

Original Area Plan development:
April 15, 2009: No comments from the Advisory Council on this point.
April 28, 2009: Only one comment about the minimum percentage was raised by a Commissioner. Commissioner Ow asked for an explanation of these funds and their purpose.
May 6, 2009: Commissioner James asked for a clarification of the changes in allocation among the three service areas in the past several years. Budget analyst Martha Peterson explained that although the allocation for In Home Services decreased from 6.6% in 2006-07 to 5% more recently, there have been no resulting changes to service provision. Over-matching county dollars have ensured a consistent level of service.

Area Plan Update FY 2010/2011: No comments from either meeting on this point.
Area Plan Update FY 2011/2012: No comments from either meeting on this point.

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

Original Area Plan development: April 28, 2009: Commissioner Seriñá commented that San Francisco's diversity makes serving its population unique in the state. He suggested to address the needs of neighborhood-based communities as well as LGBT seniors and adults with disabilities.

Area Plan Update FY 2010/2011: Public Hearing participant requested that future APUs include targeting information related to language diversity and the LGBT community. There was also a suggestion that future reports include a high-level discussion of the impact of budget cuts on local programming even if those programs are only locally funded.

Area Plan Update FY 2011/2012: No major issues were raised at the Advisory Council. Several Commissioners raised the question of the role that DAAS might play in promoting the availability of gerontologist and geriatricians in the community in the future. Another Commissioner suggested that DAAS may consider additional future objectives for increasing participation among the LGBT community.

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

Original Area Plan: In response to Commissioner Seriñá's comment, a chart was included in Section 2 of the report to highlight the language diversity of San Francisco's seniors compared to seniors across the country and state. In addition, two additional strategies were added to Objective 3.3 having to do with neighborhood-based communities and LGBT seniors and adults with disabilities.

Area Plan Update FY 2010/2011: No major changes resulted from input at the hearings.

Area Plan Update FY 2011/2012: No major changes resulted from input at the hearings.

SECTION 10. IDENTIFICATION OF PRIORITIES

This section remains unchanged from FY 07/08 and 08/09 Are Plan Updates.

The Federal Title IIIB funding will be split among Access, In-home Services, and Legal Assistance.

The minimum percentages proposed for the next three year Area Plan are:

Access – 45%
In-Home Services – 5%
Legal Assistance – 45%

Access will include funding for Information and Assistance and Transportation.

In-Home services will include funding for Personal Care, Chore and Homemaker Services.

Legal Assistance includes Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 11: AREA PLAN NARRATIVE GOALS AND OBJECTIVES

Summary of goals and rationales:

Goal 1. Improve Quality of Life

Rationale: Quality community-based long term care goes beyond providing what services people need. It encompasses a broader, more fundamental issue: what people require for a good life. Disease prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities.

Goal 2. Establish Better Coordination of Services

Rationale: San Francisco has some of the most creative and effective community-based long term care programs in the country. But the City does not yet have a well coordinated network of home, community-based and institutional long term care services. Improved services will need to be provided through a well coordinated service delivery network that will enable older adults and adults with disabilities to remain as independent as possible in their homes and communities in the most integrated settings.

Goal 3. Increase Access to Services

Rationale: Adults with disabilities, older adults, and caregivers express difficulty in learning about community based long term care and supportive services. To address this, the network of services will need to be consumer-responsive and user-friendly, giving consumers and caregivers choices in the services they receive. It will need to be easily accessible and provide information about services in a culturally appropriate manner to address the varied needs of San Francisco's racially, ethnically and culturally diverse communities

Goal 4. Improve Services Quality

Rationale: The network of community-based long term care services will need to comply with quality standards for city-funded services across settings to improve accountability and oversight. Quality standards will need to address issues such as program accountability, performance measures, and safety. Mechanisms to ensure compliance with quality standards will need to be put in place.

Goal 5. Expand Service Capacity

Rationale: San Francisco does not have fully-developed mechanisms to expand needed home and community- based services as the consumer population grows. The network of community-based long term care services will need to be able to expand as consumer needs change.

Goal 1: Improve quality of life	Projected Start and End Dates	Title IIIB Funded PD or C	Status
Objective 1.1 **Optimize the physical and mental well-being of older adults and adults with disabilities by**			
a. Expanding health promotion and risk prevention services that support wellness and reduce risks for chronic illness. OOA has implemented two Evidence-Based Health Promotion programs: "Always Active," partnering with 30th Street Senior Center, San Francisco Senior Center, and University of San Francisco; and "Healthier Living," partnering with Self-Help for the Elderly, Curry Senior Center, St. Francis Memorial Hospital, Partners in Care Foundation, and other community partners. These programs will give older adults tools to better manage and take charge of their own health. In the next three years, it is estimated that Always Active will be able to serve 555 unduplicated seniors annually and train 25 Wellness Trainers annually who will be certified to conduct Health Promotion classes. Healthier Living will be able to serve 115 unduplicated participants annually, train 10 Lay Leaders annually who will be certified to facilitate the Healthier Living workshops, and train a total of 4 Master Trainers.	July 2009 to June 2012		
b. With Title IIID Disease Prevention Funding, OOA staff, working with a contractor, will provide a health screening program. A brief examination will be made to determine whether to refer the consumers for more in-depth medical evaluation and referral. The number of consumers to be served per year will be 600 and the number of hours of service will be 1,500 per year.	July 2009 to June 2012		
c. With the Title III D funding, OOA staff, working with a contractor, will provide Medication Management service to seniors. This program 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. This program will serve a total of 80 consumers and provide 500 contacts each year.	July 2009 to June 2012		

Goal 2: Establish Better Coordination of Services	Projected Start and End Dates	Title IIIB Funded PD or C	Status
Objective 2.1 **Improve how case management programs work together to coordinate care and services by**			
a. Continuing the Case Management Connect Pilot Project. Fourteen case management programs (affiliated with DAAS and DPH) will continue to collaborate in order to improve coordination of services for clients. This pilot project is intended to reduce the duplication of case management services and improve the effective use of resources. All programs are part of the DPH safety net, and are using an electronic rolodex designed by DPH to learn about and coordinate with other case management programs serving their clients. This electronic rolodex is part of the DPH Coordinated Case Management System.	July 2009 to June 2012		
Objective 2.2 **Expand efforts to collaborate with existing and new partners by**			
a. Initiating greater collaboration between programs that serve older adults and adults with disabilities, especially between the Department of Human Services (DHS), DAAS, community-based organizations, Planning Department and DPH. Greater coordination, collaboration, and cooperation between program managers and program line staff would improve services for consumers.	July 2009 to June 2012		
Objective 2.3 **Improve and enhance the coordination of Elder Abuse and Elder Abuse Prevention Services for seniors and dependent adults in PSA 6 by:**			
a. Conducting monthly Multi-Disciplinary team (MDT) meetings to coordinate services for elder abuse/dependent adult victims. These meetings bring together service providers, law enforcement, the Ombudsman and Adult Protective Services to problem solve complex elder abuse/dependent adult abuse cases and develop intervention strategies.	July 2009 to June 2012		
b. Facilitating the collaborative efforts of DAAS-Adult Protective Services (APS), the Long Term Care Ombudsman, the District Attorney and San Francisco Police Department through the Forensic Center. Such collaboration is much needed to improve service delivery and reduce the repetition and delay that can impair prosecution and service quality. In addition to the formal case review meetings, the Forensic Center will facilitate informal consultations between partnering agencies as needed to ensure rapid response.	July 2009 to June 2012		

Goal 3: Increase Access to Services	Projected Start and End Dates	Title IIIB Funded PD or C	Status
Objective 3.1 **Expand and improve information, referral and assistance services for people who are actively seeking services by**			
a. Providing individualized long term care planning support to help older adults, adults with disabilities, and their caregivers/families when they need guidance and assistance about how best to access services and support.	July 2009 to June 2012		
b. Holding a cross-training forum for staff of all relevant information and referral sources, senior and disability service providers, and Community Alliance of Disability (CADA) members. The focus will be to explain I&R system changes, including points of entry, other key information access points, and the role of the DAAS Long Term Care Intake, Screening and Consultation Unit. This will increase knowledge about available community resources and the core strengths of each information and referral entity.	July 2009 to June 2012		
c. Promoting independent living in aging resource networks. Under the umbrella of the Aging and Disability Resource Connection, program partners will work together to reach diverse communities in San Francisco by: (a) continuing cross-training for the new Aging and Disability Resource Center (ADRC), DAAS Long Term Care Intake and Screening staff, Ombudsman and ILRCSF staff; and (b) conducting an annual meeting between the DAAS Executive Director and the disability organizations. The ADRC partners will continue to explore other means of improving the quality of services of information and referral services of DAAS and ADRC and ILRCSF.	July 2009 to June 2012		
d. Depending on federal dollars that will be granted in July, 2009, DAAS, ILRCSF, ADRC, and HICAP provider will work together to increase collaborative efforts implementing the new program: Medicare Improvement and Providers Act for Beneficiary Outreach and Assistance (MIPPA). The collaborative will plan to increase by 10% over two years the number of consumers enrolled and assistance given in Medicare Part D, Low Income Subsidy Assistance, and Low Income Subsidy Application; and Medicare Savings Plan.	July 2009 to June 2011		
e. Developing a Long Term Care Consumer Rights Initiative (Advocacy Program), to enable an independent, consumer-focused organization to provide education, training, outreach, options counseling, advocacy and support for seniors, adults with disabilities, and caregivers when accessing long term care services. The initiative would help individuals navigate complex home and community-based long term care services, including offering hands-on support in the areas of dispute resolution, hearings and other grievances.	July 2009 to June 2012		

Goal 3: Increase Access to Services	Projected Start and End Dates	Title IIIB Funded PD or C	Status
Objective 3.2 **Maintain community partnerships for vulnerable older adults and adults with disabilities in underserved communities by**			
a. Strengthening collaborations in historically underserved communities, and assessing service delivery from a racial, ethnic and cultural perspective. Four community partnerships (African American, Asian/Pacific Islander, Latino, and LGBT) are continuing to strengthen existing collaborations and build new collaborations to increase access to services.	July 2009 to June 2012		
b. Continuing to connect seniors and adults with disabilities living in public housing to services provided in the community. These public housing buildings are operated by the San Francisco Housing Authority.	July 2009 to June 2012		
Objective 3.3 **Create and implement improved public information, outreach, and community education mechanisms that inform all San Franciscans about community-based issues and services by**			
a. Using public information, outreach, and community education mechanisms to reach older adults, adults with disabilities, and their caregivers.	July 2009 to June 2010		
b. Exploring new ways of getting information and services to homebound people. Establish a research group to identify strategies based on: (a) existing best practices from other localities, (b) new ideas unique to San Francisco's diverse community, and c) lessons learned from collaboration with senior centers to outreach to different neighborhoods, d) lessons learned from senior center's outreach to the LGBT seniors and adults with disabilities. Include in this effort support of citywide efforts to help older adults and adults with disabilities with emergency preparedness.	July 2011 to June 2012		
Objective 3.4 **Improve the linkages between home and community-based long term care and supportive services, and behavioral health services by**			
a. Working with the Mental Health Association of San Francisco, to provide Social Support Services for Hoarders and Clutterers.	July 2009 to June 2012		
b. Responding to the growing crisis in dementia care. Undertake: (1) an evaluation of current dementia care services; (2) a projection of the types of additional services needed over the next 12 years; (3) an economic analysis of projected costs (inflation adjusted) and funding sources; and (4) development of a report and recommendations for how to address the need for additional services.	July 2009 to June 2010		

Goal 4: Improve service quality	Projected Start and End Dates	Title IIIB Funded PD or C	Status
Objective 4.1 **Assess the capacity and quality of community-based and institutional services on an ongoing basis by**			
a. Developing quality standards for OOA-funded home and community-based services across settings for those receiving community-based services, to improve accountability and oversight. Standards would address issues such as: program accessibility, performance measures, and safety.	July 2009 to June 2012		
b. Establishing strong mechanisms to ensure OOA contractors meet quality standards including: (a) making sure contractors are educated about existing and new standards; and (b) tracking and measuring performance, (c) develop protocols for responding to non-compliance.	July 2009 to June 2012		
c. Assessing the ongoing capacity of the LTC Ombudsman program to provide oversight of institutional long term care services in light of budget shortfalls anticipated in the next three fiscal years. OOA staff will provide necessary technical assistance to the program staff of Ombudsman Program.	July 2009 to June 2012		
d. Continuing to develop and implement training programs for the line-staff of City programs and community-based service providers. DAAS has been hosting regular trainings at the Bethany Center for community-based line staff, as well as trainings for HSA staff. These efforts could be continued and expanded.	July 2009 to 2012		
Objective 4.2 **Ensure the overall quality of nutrition services by**			
a. Offering service providers assistance to meet stringent nutrition standards. The OOA Nutritionist will conduct quarterly nutrition providers' meetings to provide technical assistance, share resources and update new or changes in nutrition program standards.	July 2009 to 2012		

Goal 5: Expand service capacity	Projected Start and End Dates	Title IIIB Funded PD or C	Status
Objective 5.1 **Support efforts to improve access to safe, affordable, and accessible transportation services by**			
a. Increasing community knowledge of the Paratransit program and its application process. Specifically: (1) conduct outreach at health clinics, senior buildings, and senior centers; (2) provide training to social workers working with the target population on how to assist consumers to fill out the application.	January 2010 to June 2012		
Objective 5.2 **Continue to plan and develop innovative programs to address the needs of the seniors and adults with disabilities**			
a. Despite budgetary constraints, OOA will continue to look for funding opportunities or collaboration with community partners in planning and developing innovative programs to meet the needs of the seniors and adults with disabilities.	July 2009 to June 2012		

SECTION 12. SERVICE UNIT PLAN (SUP) OBJECTIVES GUIDELINES

PSA #6

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES
2009–2012 Three-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.

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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)
2009-2010	660	1,4	
2010-2011	660	1,4	
2011-2012	660	1,4	

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	775	1,4	
2010-2011	775	1,4	
2011-2012	775	1,4	

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	775	1,4	
2010-2011	775	1,4	
2011-2012	775	1,4	

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	808,972	1,2,3,4,	4.3
2010-2011	808,972	1,2,3,4,	4.3
2011-2012	808,972	1,2,3,4,	4.3

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	928,773	1,2,3,4,	4.3
2010-2011	928,773	1,2,3,4,	4.3
2011-2012	928,773	1,2,3,4,	4.3

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	50,333	1,3,4	4.3
2010-2011	50,333	1,3,4	4.3
2011-2012	50,333	1,3,4	4.3

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1,385	1,3,4	4.3
2010-2011	1,385	1,3,4	4.3
2011-2012	1,385	1,3,4	4.3

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010			
2010-2011			
2011-2012			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	56,615	3,5	5.1
2010-2011	56,615	3,5	5.1
2011-2012	56,615	3,5	5.1

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	14,802	2,3,4,	
2010-2011	14,802	2,3,4,	
2011-2012	14,802	2,3,4,	

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	4,200	2,3,4	3.1, 3.2, 3.3
2010-2011	4,200	2,3,4,	3.1, 3.2, 3.3
2011-2012	4,200	2,3,4,	3.1, 3.2, 3.3

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010			
2010-2011			
2011-2012			

NAPIS Service Category 15 – "Other" Title III Services

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the "Units of Service" line when applicable)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.).
  (Reference Division 4000 of the MIS Operations Manual, January 1994)
- 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). [**Title III B Example**: Service Category: Community Services/Senior Center Support.
  Units of Service: 1 hour – Activity Scheduling]

Title III D, Disease Prevention/Health Promotion

Service Activity: Health Screening. A unit of service is represented by one hour of professional examination. Unit cost for staffing will remain fairly consistent as determined by the prevailing rate. Cost of doing business will be dependent upon the vehicle used to administer the service, i.e., single existing health clinic, travel to other senior center locations, mobile health screening van, etc.

Units of Service: One hour of health screening activities

Fiscal Year	**Proposed** Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	1,500	1	1.1
2010-2011	1,500	1	1.1
2011-2012	1,500	1	1.1

Title III D, Medication Management [1]

Service Activity: Providing medication counseling, monitoring, and follow-up on individual consumers.

Units of Service: One consumer contact

Fiscal Year	**Proposed** Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	500	1	1.1
2010-2011	500	1	1.1
2011-2012	500	1	1.1

Title III B, Other Supportive Services [2]

Service Category
Units of Service and Activity

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES
PSA #6
2009–2012 Three-Year Planning Period

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 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline as the benchmark for determining FY 2009-2010 targets. For each subsequent FY target, use the previous FY target as the benchmark to determine realistic targets and percentage of change given current resources available. Refer to your local LTC Ombudsman Program's last three years of NORS data for historical trends and take into account current resources available to the program. Targets should be reasonable and attainable.

[1] Refer to Program Memo 01-03

[2] Other Supportive Services: Visiting (In-Home) now includes Telephoning (See Area Plan Budget).

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 2006-2007 was 73%.

1. FY 2006-2007 Baseline Resolution Rate: _78% Number of complaints resolved_302 complaints__ + Number of partially resolved complaints__245 complaints__ divided by the Total Number of Complaints Received_929 __ = Baseline Resolution Rate __78_%
Number of complaints 250 resolved + number of partially resolved complaints 200 divided by total number of complaints 650 2. FY 2009-2010 Target: Resolution Rate __75_%
3. FY 2010-2011 Target: Resolution Rate _75__%
4. FY 2011-2012 Target: Resolution Rate _75__%
Program Goals and Objective Numbers: 4, 4.1, 2, 2.3

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

1. FY 2006-2007 Baseline: _8__ number of meetings attended
2. FY 2009-2010 Target: number _12__ and % increase %25___ or % decrease ___
3. FY 2010-2011 Target: number__16_ and % increase25%_ or % decrease ___
4. FY 2011-2012 Target: number_16__ and % increase__0_ or % decrease _0__
Program Goals and Objective Numbers: 4,4.1, 2, 2.3

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

1. FY 2006-2007 Baseline: number of meetings attended_3__

2. FY 2009-2010 Target: number_3__ and % increase__0_ or % decrease __0_
3. FY 2010-2011 Target: number__3_ and % increase_0__ or % decrease _0__
4. FY 2011-2012 Target: number__3_ and % increase_0__ or % decrease _0__
Program Goals and Objective Numbers: 4,4.1, 2, 2.3

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

1. FY 2006-2007 Baseline: number of consultations__62_
2. FY 2009-2010 Target: number__124_ and % increase__100_ or % decrease ___
3. FY 2010-2011 Target: number_124__ and % increase_0__ or % decrease ___
4. FY 2011-2012 Target: number_124__ and % increase_0__ or % decrease ___
Program Goals and Objective Numbers: 4,4.1, 2, 2.3

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

1. FY 2006-2007 Baseline: number of consultations___244
2. FY 2009-2010 Target: number__295_ and % increase_20__ or % decrease ___
3. FY 2010-2011 Target: number_295__ and % increase__0_ or % decrease __0_
4. FY 2011-2012 Target: number___295 and % increase__0_ or % decrease _0__
Program Goals and Objective Numbers: 4,4.1, 2, 2.3

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

1. FY 2006-2007 Baseline: number of sessions___112 sessions or 100 hours

2. FY 2009-2010 Target: number__110_ of sessions and % increase__0_ or % decrease __0_
3. FY 2010-2011 Target: number_110__ of sessions and % increase__0_ or % decrease _0__
4. FY 2011-2012 Target: number_110__ of sessions and % increase__0_ or % decrease _0__
Program Goals and Objective Numbers: 4,4.1 , 2, 2.3

G. Systems Advocacy

1. FY 2009-2010 Activity: In narrative form, please provide at least one systemic advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year.

    1. Participation in Long Term Care Coordinating Council
    2. Member of Expert Panel for Dementia Care in SF
    3. Member of Elder Death Review Team
    4. Plan of coordination with District Attorney per AB 2100 for sharing cases of Abuse

    (Examples: Work with LTC facilities to improve pain relief, increase access to oral health care, work with law enforcement to improve response and investigation of abuse complaints, collaborate with other agencies to improve quality of care and quality of life, participate in disaster preparedness planning, conduct presentations to legislators and local officials regarding quality of care issues, etc.)

    Enter information in the box on the next page.

Systemic Advocacy Effort(s)

1. Long Term Care Coordinating Council
2. Work with ADRC around home and community LTC options
3. Work with SF District Attorney re implementation of AB 2100 – sharing of elder abuse cases

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)
Number of Nursing Facilities visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: __27 number of duplicated visits 700 _100% Number of Nursing Facilities visited at least once a quarter not in response to a complaint ____ 27 visited quarterly divided by the number of Nursing Facilities___.
2. FY 2009-2010 Target: % increase___ or % decrease _20%__ 27 SNF will be visited three times a year for monitoring= 81
3. FY 2010-2011 Target: % increase_0__ or % decrease _0__ 81 unduplicated SNF visits =81
4. FY 2011-2012 Target: % increase__0_ or % decrease ___0 81 SNF unduplicated visits
Program Goals and Objective Numbers: 4,4.1

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)
Number Board and Care Facilities (RCFEs) visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: 100___% Number of RCFEs visited at least once a quarter not in response to a complaint ___ divided by the number of RCFEs ___. 110 RCFEx4= 440 visits to RCFE
2. FY 2009-2010 Target: % increase ___ or % decrease __45%_ 55 RCFE visited three times a year unduplicated = 165 unduplicated visits.
3. FY 2010-2011 Target: % increase __0_ or % decrease 0___
4. FY 2011-2012 Target: %increase _0__ or % decrease _0__
Program Goals and Objective Numbers: 4,4.1, 2, 2.3

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)
Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: FTEs___5FTE_
2. FY 2009-2010 Target: number of FTEs _2.6___ and % increase___ or % decrease ___49%
3. FY 2010-2011 Target: number of FTEs 2.6_ and % increase_0__ or % decrease _0_
4. FY 2011-2012 Target: number of FTEs __2.6__ and % increase__0_ or % decrease __0_
Program Goals and Objective Numbers: 4,4.1, 2, 2.3

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 2006-2007 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2007 __27_
2. FY 2009-2010 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2010 _27_ and % increase 0__ or % decrease 0___
3. FY 2010-2011 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2011 _27__ and % increase __0_ or % decrease __0_
4. FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012__ 27___ and % increase __0_ or % decrease __0_
Program Goals and Objective Numbers: 4,4.1, 2, 2.3

Outcome 3. Ombudsman representatives report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]

<u>Measures and Targets</u>:

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

1. FY 2006-2007 Baseline number of NORS Part I, II, III or IV training sessions completed __4 trainings___ **Please obtain this information from the local LTC Ombudsman Program Coordinator.**
2. FY 2009-2010 Target: number of NORS Part I, II, III or IV training sessions planned __3 NORS training___
3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned ___3__
4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned ___3__
Program Goals and Objective Numbers: 4,4.1, 2, 2.3

TITLE VIIB ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES
PSA #6
2009–2012 Three-Year Planning Period

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

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

AAAs must provide one or more of the service categories below:

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

- **Training Sessions for Professionals** – Please identify the total number of 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 identify the total number of Title VII/B 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 identify the number of hours to be spent developing a coordinated system to respond to elder abuse.

- **Educational Products Developed** – Please identify the type and number of educational products (brochures, curriculum, DVDs, etc.) developed by the AAA to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Educational Materials Distributed** – Please identify the type and number of educational materials 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.

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

PSA #6

2009–2012 Three-Year Planning Period

Fiscal Year	Total # of Public Education Sessions
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Professionals
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2009-10	1,800
2010-11	1,800
2011-12	1,800

Fiscal Year	Total # of Educational Products to be Developed	Description of Educational Products
2009-2010		
2010-2011		
2011-2012		

Fiscal Year	Total # of Copies of Educational Materials or Products to be Distributed	Description of Educational Materials or Products
2009-2010		
2010-2011		
2011-2012		

TITLE III E SERVICE UNIT PLAN OBJECTIVES
PSA #6
2009–2012 Three-Year Planning Period
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.

For 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**		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2009-2010			
2010-2011			
2011-2012			
Support Services	**Total hours**		
2009-2010			
2010-2011			
2011-2012			
Respite Care	**Total hours**		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	**Total occurrences**		
2009-2010			
2010-2011			
2011-2012			

Direct III E Grandparent Services	***Proposed*** Units of Service	***Required*** Goal #(s)	***Optional*** Objective #(s)
Information Services	**# of activities and Total est. audience for above**		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		

2011-2012	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2009-2010			
2010-2011			
2011-2012			
Support Services	**Total hours**		
2009-2010			
2010-2011			
2011-2012			
Respite Care	**Total hours**		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	**Total occurrences**		
2009-2010			
2010-2011			
2011-2012			

For Contracted Services

Contracted 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:**		
2009-2010	# of activities: 350 Total est. audience for above: 350	1,3,4	
2010-2011	# of activities: 350 Total est. audience for above: 350	1,3,4	
2011-2012	# of activities: 350 Total est. audience for above: 350	1,3,4	
Access Assistance	**Total contacts**		
2009-2010	225	1,3,4	
2010-2011	225	1,3,4	
2011-2012	225	1,3,4	
Support Services	**Total hours**		
2009-2010	969	1,3,4	
2010-2011	969	1,3,4	
2011-2012	969	1,3,4	
Respite Care	**Total hours**		
2009-2010	7644	1,3,4	
2010-2011	7644	1,3,4	
2011-2012	7644	1,3,4	
Supplemental Services	**Total occurrences**		
2009-2010	250	1,3,4	

2010-2011	250	1,3,4	
2011-2012	250	1,3,4	

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**		
2009-2010	# of activities: 25 Total est. audience for above: 70	1,3,4	
2010-2011	# of activities: 25 Total est. audience for above: 70	1,3,4	
2011-2012	# of activities: 25 Total est. audience for above: 70	1,3,4	
Access Assistance	**Total contacts**		
2009-2010	500	1,3,4	
2010-2011	500	1,3,4	
2011-2012	500	1,3,4	
Support Services	**Total hours**		
2009-2010	110	1,3,4	
2010-2011	110	1,3,4	
2011-2012	110	1,3,4	
Respite Care	**Total hours**		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	**Total occurrences**		
2009-2010			
2010-2011			
2011-2012			

PSA #6[3]

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES
2009–2012 Three-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.

Note: Before the beginning of each federal Program Year, DOL negotiates with the California Department of Aging to set the baseline levels of performance for California. Once determined, those baseline levels will be transmitted to the AAA.

Fiscal Year (FY)	CDA Authorized Slots	National Grantee Authorized Slots (If applicable)	Objective Numbers (If applicable)
2009-2010			
2010-2011			
2011-2012			

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

COMMUNITY BASED SERVICES PROGRAMS
SERVICE UNIT PLAN (CBSP) OBJECTIVES
PSA #6

2009-2012 Three-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 ☐

Alzheimer's Day Care Resource Center

1. Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (If applicable)
2009-2010	2,3,4	
2010-2011	2,3,4	
2011-2012	2,3,4	

2. In-Service Training Sessions for Staff (A minimum of 6 sessions required per year)

Fiscal Year	In-Service Training Sessions
2009-2010	18
2010-2011	18
2011-2012	18

3. Professional/Intern Educational Training Sessions (A minimum of 4 sessions required per year)

Fiscal Year	Professional/Intern Educational Training Sessions
2009-2010	12
2010-2011	12
2011-2012	12

4. Caregiver Support Group Sessions (A minimum of 12 sessions required per year)

Fiscal Year	Caregiver Group Support Sessions
2009-2010	48
2010-2011	48
2011-2012	48

5. Public/Community Education Training Sessions (A minimum of 1 session required per year)

Fiscal Year	Public/Community Education Training Sessions
2009-2010	12
2010-2011	12
2011-2012	12

6. List of ADCRC sites in your PSA:

Name of Center	Street Address (Street, City, Zip Code)
1. Catholic Charities CYO	50 Broad Street San Francisco, CA 94112
2. Institute on Aging	3600 Geary Blvd San Francisco, CA 94118
3. Self Help for the Elderly	408 – 22nd Avenue San Francisco, CA 94121

Brown Bag

Fiscal Year	Goal Numbers
2009-2010	1,3,4
2010-2011	1,3,4
2011-2012	1,3,4

Fiscal Year	Estimated # of Unduplicated Persons to be Served
2009-2010	1,626
2010-2011	1,626
2011-2012	1,626

Fiscal Year	Estimated Pounds of Food to be Distributed
2009-2010	473,308
2010-2011	473,308
2011-2012	473,308

Fiscal Year	Estimated # of Volunteers
2009-2010	27
2010-2011	27
2011-2012	27

Fiscal Year	Estimated # of Volunteer Hours
2009-2010	961
2010-2011	961
2011-2012	961

Fiscal Year	Estimated # of Distribution Sites
2009-2010	4
2010-2011	4
2011-2012	4

Linkages

1. Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (Optional)
2009-2010	2,3,4	
2010-2011	2,3,4	
2011-2012	2,3,4	

2. Unduplicated Clients Served

Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2009-2010	210
2010-2011	210
2011-2012	210

3. Active Monthly Caseload

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2009-2010	160
2010-2011	160
2011-2012	160

Senior Companion

Fiscal Year	Goal Numbers
2009-2010	1,2,3,4
2010-2011	1,2,3,4
2011-2012	1,2,3,4

Fiscal Year	Volunteer Service Years (VSYs)
2009-2010	5
2010-2011	5
2011-2012	5

Fiscal Year	Volunteer Hours
2009-2010	5,220
2010-2011	5,220
2011-2012	5,220

Fiscal Year	Senior Volunteers
2009-2010	5
2010-2011	5
2011-2012	6

Fiscal Year	Seniors Served
2009-2010	35
2010-2011	35
2011-2012	35

Respite Purchase of Service

2009-2010		**Goal #**	**Objective # (if applicable):**
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours: 595	1,3,4	
Respite-Out of Home			
Skilled Nursing Facility	hours:		
Residential Care Facility	hours: 25	1,3,4	
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS Transportation	1-way trips:		
Other:	#occurrences:		

2010-2011		**Goal #**	**Objective # (if applicable):**
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours: 595	1,3,4	
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours: 25	1,3,4	
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

2011-2012		**Goal #**	**Objective # (if applicable):**
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours: 595	1,3,4	
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours: 25	1,3,4	
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
PSA # 6
2009-2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses definitions that can be found at www.aging.ca.gov. After connecting with the Home Page, select "AAA" tab, then "Reporting", then select "Reporting Instructions and Forms", and finally select "**Health Insurance Counseling and Advocacy Program**" to find current instructions, definitions, acronyms, and reporting forms. HICAP reporting instructions, specifications, definitions, and forms critical to answering this SUP are all centrally located there. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3rd column.

IMPORTANT NOTE FOR 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 its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

IMPORTANT NOTE FOR HICAPs WITH HICAP PAID LEGAL SERVICES: If your Master Contract contains a provision for HICAP funds to be used for the provision of HICAP Legal Services, you must complete Section 2.

IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) meet certain targeted performance measures. These have been added in Section 4 below. CDA will annually provide AAAs, via a Program Memo, with individual PSA targets in federal performance measures to help complete Section 4.

Section 1. Three Primary HICAP Units of Service

State Fiscal Year (SFY)	Total Estimated Persons Counseled Per SFY (Unit of Service)	Goal Numbers
2009-2010	1,238	1,2,3,4
2010-2011	1,300	1,2,3,4
2011-2012	1,365	1,2,3,4
State Fiscal Year (SFY)	**Total Estimated Number of Attendees Reached in Community Education Per SFY (Unit of Service)**	**Goal Numbers**
2009-2010	3,839	1,2,3,4
2010-2011	4,031	1,2,3,4

2011-2012	4,232	4,232
State Fiscal Year (SFY)	**Total Estimated Number of Community Education Events Planned per SFY (Unit of Service)**	**Goal Numbers**
2009-2010	**68**	1,2,3,4
2010-2011	**71**	1,2,3,4
2011-2012	**74**	1,2,3,4

Section 2. Three HICAP Legal Services Units of Service (if applicable)[4]

State Fiscal Year (SFY)	Total Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		
State Fiscal Year (SFY)	**Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service)**	**Goal Numbers**
2009-2010		
2010-2011		
2011-2012		
State Fiscal Year (SFY)	**Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)**	**Goal Numbers**
2009-2010		
2010-2011		
2011-2012		

Section 3. Two HICAP Counselor Measures

State Fiscal Year (SFY)	Planned Average Number of Registered Counselors for the SFY[5]
2009-2010	15
2010-2011	20

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

10 The 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 do you intend to keep on registered rolls at any given time through the year?

2011-2012	23

State Fiscal Year (SFY)	Planned Average Number of Active Counselors for the SFY[6]
2009-2010	98%
2010-2011	103%
2011-2012	108%

Section 4. Eight Federal Performance Benchmark Measures

Fiscal Year (FY)	4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA
2009-2010	1,833.66
2010-2011	1,925.34
2011-2012	2,021.60

Note: This includes counseling contacts and community education contacts.

Fiscal Year (FY)	4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA
2009-2010	437.66
2010-2011	459.51
2011-2012	482.48

Fiscal Year (FY)	4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA
2009-2010	162.19
2010-2011	170.30
2011-2012	178.82

Note: These are Medicare beneficiaries due to disability and not yet age 65.

Fiscal Year (FY)	4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA
2009-2010	202.82
2010-2011	212.91
2011-2012	223.55

11 the 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.

Note: Use 150% Federal Poverty Line (FPL) as Low Income.

Fiscal Year (FY)	4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA
2009-2010	179.28
2010-2011	188.24
2011-2012	197.65

Note: This includes <u>all</u> enrollment assistance, not just Part D.

Fiscal Year (FY)	4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA
2009-2010	57.26
2010-2011	60.12
2011-2012	63.12

Note: This is a subset of all enrollment assistance in 4.5.

Fiscal Year (FY)	4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA
2009-2010	8.25
2010-2011	8.66
2011-2012	9.09
Fiscal Year (FY)	**4.8 - Percent of Active Counselors That Participate in Annual Update Trainings**
2009-2010	98%
2010-2011	103%
2011-2012	108%

SECTION 13. FOCAL POINTS

PSA #6

2009-2012 Three-Year Planning Cycle

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

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.

San Francisco's community focal points include its Long Term Care Intake, Screening and Consultation Unit and its new Aging and Disability Resource Center (ADRC).

The Long Term Care Intake, Screening and Consultation Unit serves as a comprehensive intake service, determining the long term care needs of individuals. The unit will provide information and referrals for consumers that will help support their current level of independence and functioning. This Unit is knowledgeable in all community and institutional services for seniors and adults with disabilities, regardless of their economic status. Screening and referrals will be taken for in-home supportive services, home delivered meals, and adult protective services. Other screening needs not met by the department will be referred to the appropriate community or institutional sources.

San Francisco Department of Aging and Adult Services has recently developed a new ADRC. The new ADRC outstations place staff in key underserved neighborhoods and communities throughout the city. Staff provides information and assistance service and consumer rights information to help consumers to remain living independently in the community. The ADRC became operational in July 2009, with the main site located at Episcopal Sanctuary Services. The ADRC Connection expanded in 2010 to include two Self Help for the Elderly ADRC sites.

Community Focal Points Addresses

- **Long Term Care Intake, Screening and Consultation Unit:** 1650 Mission Street, 2nd Floor, San Francisco, CA 94103
- **Main ADRC Location:** *Canon Kip Senior Center / Episcopal Community Services of San Francisco (ECS):* 705 Natoma at 8th Street, San Francisco, CA 94103

Aging and Disability Resource Center Outstations Administered through ECS:

- *Dr. Davis Senior Center (formerly the Bayview Hunters Point Multi-Purpose Senior Citizens Center):* 1706 Yosemite Ave, San Francisco, CA 94124
- *Kimochi:* JCCCNC (Issei Memorial Hall) 1st Floor, 1840 Sutter St., San Francisco, CA 94115
- *Visitacion Valley Senior Center:* 66 Raymond Avenue, San Francisco, CA 94134
- *Richmond Senior Center:* 6221 Geary Blvd. San Francisco, CA 94121
- *SF Senior Center-Downtown Branch*: 481 O'Farrell Street, San Francisco, CA 94102

- *Sunset Senior Center:* 1290 5th Avenue and Irving, San Francisco, CA 94122
- *OMI –Catholic Charities:* 65 Beverly Street, San Francisco, CA 94132
- *30th Street Senior Center:* 225-30th St. 3rd Fl., San Francisco, CA 94131
- *Lighthouse for the Blind:* 214 Van Ness Avenue, San Francisco, CA 94102
- *Outer Sunset (PACE Learning Center):* 2436 Judah, San Francisco, CA 94132
- *Janet Pomeroy Center:* 207 Skyline Boulevard, San Francisco, CA 94132
- *Excelsior Senior Center:* 4468 Mission Street, San Francisco, CA 94110
- *Chinatown Branch Library:* 1135 Powell Street, San Francisco, 94108
- *Telegraph Hill Neighborhood Center:* 660 Lombard Street, San Francisco, CA 94133
- *Family Service Agency of San Francisco:* 6221 Geary Boulevard, 3rd Floor, San Francisco, CA 94121

Aging and Disability Resource Center Outstations Administered by Self-Help for the Elderly:

- *Self-Help for the Elderly:* 407 Sansome Street, San Francisco, CA 94111
- *Self-Help for the Elderly:* 777 Stockton Street, San Francisco, CA 94108

SECTION 14. PRIORITY SERVICES

PSA #6

2009-2012 Three-Year Planning Cycle

PRIORITY SERVICES:
Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires that the AAA allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds[7] listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service & Percentage of Title III B Funds
Expended in/or To Be Expended in FY 2009-10 through FY 2011-12

Access:

Case Management, Assisted Transportation, Transportation,

Information and Assistance, and Outreach

09-10 45% *10-11 45%* *11-12 45%*

In-Home Services:

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families, Telephone Reassurance, Visiting, and Minor Home Modification

09-10 5% *10-11 5%* *11-12 5%*

Legal Assistance Required Activities[8]:

Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

09-10 45% *10-11 45%* *11-12 45%*

[7] Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each "Priority Service" category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

[8] Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. The priority service allocations remain unchanged from the last two fiscal years. These allocations have been reviewed and conform with findings from the Needs Assessment.

2. This form must be updated if the minimum percentages change from the initial year of the four-year plan.

3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change. Please see attached scan of the newspaper advertisement noting the date, place and time of the public hearing of the 2009-12 Area Plan at the DAAS Commission Meeting. As there were no changes to the priority services proposed, this was not included in the prior notification. Also, an email notice was distributed to all interested parties on 4/3/09 – a copy of which is attached.

4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings. The public hearing is taking place on May 6, 2009. Once the minutes from this meeting are available, DAAS staff will provide a copy to the State.

City and County of San Francisco
Aging and Adult Services Commission

PUBLIC NOTICE

The Aging and Adult Services Commission will hold a public hearing on Wednesday, May 6, 2009 to solicit comments and present information on the development of the Three Year Area Plan (2009-2012). The meeting will be held at 9:30am, City Hall, Room 416.

1650 Mission Street ▪ 5th Floor ▪ San Francisco ▪ CA 94103
Telephone (415) 355-3555 ▪ Fax Number (415) 355-6785

SECTION 15. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA 6

CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)

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 any of the direct services below, check this box☐.

Check applicable direct services	Check each applicable Fiscal Year(s)
Title III B ☒Information and Assistance	☒FY 2009-10 ☒FY 10-11 ☒FY 11-12
Title III B ☐Case Management	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
Title III B ☐Outreach	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
Title III B ☐Program Development	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
☐Coordination	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
Title III B ☐Long-Term Care Ombudsman	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
Title III D ☐Disease Prevention and Health Promotion	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
☐Title III E - Information Services*	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
☐Title III E - Access Assistance	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
☐Title III E - Support Services	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
Title VIII a ☐Long-Term Care Ombudsman	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12
Title VIIB ☐Prevention of Elder Abuse, Neglect and Exploitation	☐FY 2009-10 ☐FY 10-11 ☐FY 11-12

* 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 Section 16 is required for either the Respite Care or Supplemental Service categories. All other FCSP Section 16 submissions on file with CDA will remain applicable for FY 08-09.

The DAAS Long Term Care, Intake and Consultation unit serves as a comprehensive intake service, determining the long term care needs of individuals. The unit will provide referrals and information for consumers that will help support their current level of independence and functioning. The intake unit will be knowledgeable in all community and institutional services for all seniors and adults with disabilities, regardless of their economic status. Screening and referrals will be taken for in-home support services, home delivered meals, and protective services. Other screening needs not met by the department will be referred to the appropriate community or institutional source.

SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

PSA #6

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

If an AAA plans to provide direct services **other** than those specified in Section 15, **a separate Section 16 must be completed for EACH type of service provided.** The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box ☒.

Identify Service Category: _____

Check applicable funding source:†

☐ III B ☐ III C-1 ☐ III C-2 ☐ III E ☐ VII a

☐ CBSP (Identify the specific CBSP program or service on the "Service Category" line above)
☐ HICAP

Basis of Request for Waiver:

☐ Necessary to Assure an Adequate Supply of Service, OR

☐ More economical if provided by the AAA than comparable services purchased from a service provider.

Check each applicable Fiscal Year(s)
If the AAA intends to provide this service for three years, check all boxes.
If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.

☐FY 2009-10 ☐FY 2010-11 ☐FY 2011-12

Justification: In the space below and/or through additional documentation**, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.‡**

† Section 16 does not apply to Title V (SCSEP).

‡ For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

SECTION 17. GOVERNING BOARD

PSA #6

2009-2012 Three-Year Area Plan Cycle

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

Number of Members on the Board: 7

Names/Titles of Officers:	**Term in Office Expires:**
Gustavo Seriñá, President	7/21/12
Edna James, Vice President	1/24/11

Names/Titles of All Members:	**Term on Board Expires:**
Rosario Carrion-Di Ricco, Commissioner	6/15/12
Raymond del Portillo, Commissioner	7/5/12
Bette Landis, Commissioner	1/15/12
Richard Ow, Commissioner	1/15/12
Veneracion Zamora	1/15/12

SECTION 17. GOVERNING BOARD

PSA #6

2009-2012 Three-Year Area Plan Cycle

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

Number of Members on the Board: 7

Names/Titles of Officers:	**Term in Office Expires:**
Edna James, President	1/24/15
Gustavo Seriñá, Vice President	7/21/12

Names/Titles of All Members:	**Term on Board Expires:**
Rosario Carrion-Di Ricco, Commissioner	6/15/12
Thomas Crites, Commissioner	7/5/12
Bette Landis, Commissioner	1/15/12
Richard Ow, Commissioner	1/15/12
Veneracion Zamora	1/15/12

SECTION 18. ADVISORY COUNCIL

PSA #6

ADVISORY COUNCIL MEMBERSHIP

2009-2012 Three-Year Planning Cycle

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

Total Council Membership (include vacancies)	22
Number of Council Members over age 60	7

	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	43	36
Hispanic	9	4.5
Black	8	18
Asian/Pacific Islander	37	9
Native American/Alaskan Native	0	0
Other	2	4.5

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

- Names/Titles of officers and date term expires (see the list attached)
- Names/Titles of other Advisory Council members and date term expires (see the list attached)

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

	Yes	No	
Low Income Representative	☒	☐	Alexander MacDonald
Disabled Representative	☒	☐	Patricia Webb
Supportive Services Provider Representative	☒	☐	Marian Fields
Health Care Provider Representative	☒	☐	Mary Higgins
Local Elected Officials	☐	☒	
Individuals with Leadership Experience in the Private and Voluntary Sectors	☒	☐	Anna Marie Pierini

Explain any "No" answer : The Elected Official seat has become vacant as the former member resigned. We are actively recruiting a new member for this seat.

Briefly describe the process designated by the local governing board to appoint Advisory Council members. _____

The Advisory Council's total voting members are not to exceed 22. Eleven shall be appointed by the Board of Supervisors, and eleven by the Commission of Aging and Adult Services. More

than 50% of the members should be 60 years or older. The Council shall have representatives that reflect the geographic and ethnic populations of the City and County of San Francisco. The Advisory Council Members shall be appointed to serve two year terms. When vacancies occur due to resignation or other causes, they shall be filled by appointment of a person to fill the unexpired portion of the term by the Board of Supervisors of the corresponding District or the Commission.

There are six vacancies now, but one application is pending to fill one vacancy. The others vacancies will be filled as soon as the Board or the Commission have made the appointment.

SECTION 18. ADVISORY COUNCIL

PSA #6

ADVISORY COUNCIL MEMBERSHIP

2009-2012 Three-Year Planning Cycle

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

Total Council Membership (include vacancies)	22
Number of Council Members over age 60	11

	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	43	50.0
Hispanic	9	6.3
Black	8	31.3
Asian/Pacific Islander	37	18.8
Native American/Alaskan Native	0	0
Other	2	0

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

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

	Yes	No	
Low Income Representative	☒	☐	Alexander MacDonald
Disabled Representative	☒	☐	Sergio Alunan
Supportive Services Provider Rep	☒	☐	Marian Fields
Health Care Provider Representative	☒	☐	Benny Wong
Local Elected Officials	☐	☒	(Vacant)
Individuals with Leadership Experience in the Private and Voluntary Sectors	☒	☐	Anna Marie Pierini

Explain any "No" answer: The Elected Official seat has become vacant as the former member resigned. We are actively recruiting a new member for this seat.

Briefly describe the process designated by the local governing board to appoint Advisory Council members.

The Advisory Council's total voting members are not to exceed 22. Eleven shall be appointed by the Board of Supervisors, and eleven by the Commission of Aging and Adult Services. More than 50% of the members should be 60 years or older. The Council shall have representatives that reflect the geographic and ethnic populations of the City and County of San Francisco. The Advisory Council Members shall be appointed to serve two year terms. When vacancies occur due to resignation or other causes, they shall be filled by appointment of a person to fill the unexpired portion of the term by the Board of Supervisors of the corresponding District or the Commission. Please see the roster, below.

CITY AND COUNTY OF SAN FRANCISCO
ADVISORY COUNCIL TO AGING AND ADULT SERVICES COMMISSION
***Membership as of** April 2010*

Name	Appointed by Supervisor or Commission	Ethnicity	Gender	Age	Term Expiration
1. **Cathy Russo, President**	S. Elsbernd	White	Female	60+	3/30/10
2. **Anna Maria Pierini, 2nd Vice President**	D. Chiu	Italian American	Female	60-	3/31/10
3. Sharon Eberhardt	J. Alvolos	White	Female	60	3/31/11
4. Jerry Wayne Brown	D. Campos	White (Gay)	Male	60+	3/31/11
5. Alexander C. MacDonald	C. Daly	Scottish American	Male	60+	3/31/10
6. Gracia Wiarda	C. Chu	Chinese	Female	60-	3/31/10
7. Vacant	S. Maxwell				
8. Vera Haile	Eric Mar	White	Female	60+	3/31/11
9. Ken Prag	B. Duffy	White	Male	60-	3/31/10
10. Vacant	R. Mirkarimi				
11. Vacant – nominee in process	M. Alioto-Pier				
12. Sergio Alunan	AASC	Filipino American	Male	60-	3/31/10
13. Anne Kirueshkin	AASC	White Russian			3/31/10
14. Marian Fields	AASC	African American	Female	60+	3/31/10
15. Walter De Vaughn	AASC	African American	Male	60+	3/31/10
16. Eileen Ward	AASC	African American	Female	60+	3/31/10
17. **Benny Wong, 1st Vice President**	AASC	Chinese American	Male	60-	3/31/10
18. Leon Schmidt	AASC	African American	Male	60+	3/31/12
19. Louise Hines	AASC	Afr Amer/Mexican	Female	60+	3/31/12
20. Vacant	AASC				
21. Vacant	AASC				
22. Vacant	AASC				

SECTION 18. ADVISORY COUNCIL

PSA #6

ADVISORY COUNCIL MEMBERSHIP

2009-2012 Three-Year Planning Cycle

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

Total Council Membership (include vacancies)	22	
Number of Council Members over age 60	12	
	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	43	58.8
Hispanic	9	5.8
Black	8	23.5
Asian/Pacific Islander	37	17.6
Native American/Alaskan Native	0	0
Other	2	0

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

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

	Yes	No	
Low Income Representative	☒	☐	Alexander MacDonald
Disabled Representative	☒	☐	Sergio Alunan
Supportive Services Provider Rep	☒	☐	Marian Fields
Health Care Provider Representative	☒	☐	Benny Wong
Local Elected Officials	☐	☒	(Vacant)
Individuals with Leadership Experience in the Private and Voluntary Sectors	☒	☐	Anna Marie Pierini
Caregiver	☒	☐	Ken Prag

Explain any "No" answer: The Elected Official seat has become vacant as the former member resigned. We are actively recruiting a new member for this seat. The 3 San Francisco CSL members attend on a rotating basis.

Briefly describe the process designated by the local governing board to appoint Advisory Council members.

The Advisory Council's total voting members are not to exceed 22. Eleven shall be appointed by the Board of Supervisors, and eleven by the Commission of Aging and Adult Services. More than 50% of the members should be 60 years or older. The Council shall have representatives that reflect the geographic and ethnic populations of the City and County of San Francisco. The Advisory Council Members shall be appointed to serve two year terms. When vacancies occur due to resignation or other causes, they shall be filled by appointment of a person to fill the unexpired portion of the term by the Board of Supervisors of the corresponding District or the Commission. Please see the roster, below.

CITY AND COUNTY OF SAN FRANCISCO
ADVISORY COUNCIL TO AGING AND ADULT SERVICES COMMISSION
***Membership as of** April 2011*

Name	Appointed by Supervisor or Commission	Ethnicity	Gender	Age	Term Expiration
1. Cathy Russo,	S. Elsbernd	White	Female	60+	3/30/12
2. **Anna Maria Pierini, President**	D. Chiu	Italian American	Female	60+	3/31/12
3. Sharon Eberhardt	J. Alvolos	White	Female	60	3/31/11
4. **Jerry Wayne Brown 2nd Vice President**	D. Campos	White (LGBT)	Male	60+	3/31/11
5. **Alexander C. MacDonald 1st Vice President**	J. Kim	Scottish American	Male	60+	3/31/10 –P*
6. Gracia Wiarda	C. Chu	Chinese	Female	60+	3/31/12
7. Vacant	M. Cohenl				
8. Vera Haile	Eric Mar	White	Female	60+	3/31/11
9. Ken Prag	S. Weiner	White	Male	-60	3/31/12
10. Vacant	R. Mirkarimi				
11. Elinore Lurie	M. Farrell	Euro American	Female	60+	3/31/12
12. Sergio Alunan	AASC	Filipino American (w/Disability)	Male	-60	3/31/12
13. Anne Kirueshkin	AASC	White Russian	Female	60+	3/31/12
14. **Marian Fields, Secretary**	AASC	African American	Female	60+	3/31/12
15. Walter De Vaughn	AASC	African American	Male	60+	3/31/12
16. Eileen Ward	AASC	Euro American	Female	-60	3/31/12
17. Benny Wong,	AASC	Chinese American	Male	-60	3/31/10
18. Leon Schmidt	AASC	African American	Male	60+	3/31/12
19. Louise Hines	AASC	Afr Amer/Mexican	Female	60+	3/31/12
20. Vacant	AASC				
21. Vacant	AASC				
22. Vacant	AASC				

*P = Reappointment Pending

SECTION 19. LEGAL ASSISTANCE

PSA #6

2009-2012 Three-Year Area Planning Cycle

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

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, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion:

The targeted senior populations are: low-income, communities of color, LGBT and most vulnerable seniors. We also provide specific services to younger disabled consumers through our Younger Adults with Disabilities legal services.

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

Fiscal Year	# Legal Services Providers
2009-2010	4
2010-2011	4
2011-2012	4

5. What methods of outreach are providers using? Discuss:

Legal Service providers in S.F. frequent various community meetings, neighborhood fairs, etc. They also publish and widely distribute a Senior Rights Bulletin in multiple languages a few times a year 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.

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

Fiscal Year	Name of Provider	Geographic Region covered
2009-2010	a. Asian Law Caucus	a. Citywide (primarily in Chinatown, Visitacion Valley, South and North of Market, Richmond, etc.)
	b. Asian Pacific Islander Legal Outreach	b. Citywide (primarily in Chinatown, Visitacion Valley, South and North of Market, Richmond, Western Addition, etc.)
	c. La Raza Centro Legal	c. Citywide (primarily Mission, Bernal Heights, Excelsior, North and South of Market, etc.)
	d. Legal Assistance to the Elderly	d. Citywide (primarily North & South of Market, Bayview Hunters Point, Western Addition, Richmond, etc.
2010-2011	a. b. c.	a. b. c.
2011-2012	a. b. c.	a. b. c.

7. 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 providers.

8. Discuss the major legal issues in your PSA. 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. 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; legal service providers are key in assisting Legal Permanent Residents to apply for citizenship. The legal service providers help resolve red flag issues that arise during the citizenship application process. 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.

During the current nationwide economic downturn, many older adults are finding themselves overwhelmed with consumer debt problems. Legal service providers provide intervention and assist with consumer rights matters.

There is a new program entitled Long-term Care Consumer Rights Advocacy Program in PSA 6. The program will provide advocacy for consumers in the grievance process when they are turned down for requested services and/or benefits. The program will rely on the legal services providers to help with benefit appeals.

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

Language access is usually the most difficult barrier to overcome but PSA 6 is very well equipped to handle multiple languages. Another barrier is the lack of awareness that such services exist. PSA 6 will continue to advertise Information and Assistance lines and the newly created Aging and Disability Resource Center (ADRC) staff will be trained about these key services so they can refer consumers to them. The Senior Rights Bulletin will continue to be published and perhaps more languages included as funding permits.

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

LSPs coordinate with several senior centers and other senior serving agencies throughout PSA 6. They attend District Advisory Council meetings (coordinating service provider and consumer input). They also participate in the various Community Partnership Groups (e.g., Latino, African-American, Asian/Pacific Islander and LGBT). One of the Legal Service providers works directly with the HICAP program.

In addition, the four LSPs meet as a LSP Workgroup convened by DAAS at least twice a year to help coordinate any new reporting requirements, legal standards or emerging trends. The four LSPs also meet as a group on their own in order to coordinate the publishing of the Senior Rights Bulletin.

SECTION 20. MULTIPURPOSE SENIOR CENTER (MPSC) ACQUISTION OR CONSTRUCTION COMPLIANCE REVIEW [§]

PSA #6

2009-2012 Three-Year Area Planning Cycle

CCR Title 22, Article 3, Section 7302(a)(15)
20-year tracking requirement

☒ No, Title III B funds have not been used for MPSC Acquisition or Construction.
☐ Yes, Title III B funds have been used for MPSC Acquisition or Construction.
If yes, complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period MM/DD/YY Begin	Ends	Compliance Verification (State Use Only)
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

[§] Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

SECTION 21. FAMILY CAREGIVER SUPPORT PROGRAM

PSA #6

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

2009–2012 Three-Year Planning Cycle

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 2009-12

Family Caregiver Information Services	☒YES	☐NO
Family Caregiver Access Assistance	☒YES	☐NO
Family Caregiver Support Services	☒YES	☐NO
Family Caregiver Respite Care	☒YES	☐NO
Family Caregiver Supplemental Services	☒YES	☐NO
and		
Grandparent Information Services	☒YES	☐NO
Grandparent Access Assistance	☒YES	☐NO
Grandparent Support Services	☒YES	☐NO
Grandparent Respite Care	☐YES	☒NO
Grandparent Supplemental Services	☐YES	☒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:

In our Family Caregiver Support Program RFP, the successful bidder for the Grandparents program, Edgewood Center for Families and Children had proposed to include Grandparent Information Services, Grandparent Access Assistance and Grandparent Support Services only. As the funding is limited, the Department supports this proposal in order that the contractor will be able to focus on these three categories of service. If the consumers (caregivers who are grandparents) are in need of "respite care" and "supplemental services," the agency will refer the consumers to other community resources.

SECTION 21. FAMILY CAREGIVER SUPPORT PROGRAM

PSA #6

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services
Older Americans Act Section 373(a) and (b)
2009–2012 Three-Year Planning Cycle

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 2011-2012

Family Caregiver Information Services	☒YES	☐NO
Family Caregiver Access Assistance	☒YES	☐NO
Family Caregiver Support Services	☒YES	☐NO
Family Caregiver Respite Care	☒YES	☐NO
Family Caregiver Supplemental Services	☒YES	☐NO

and

Grandparent Information Services	☐YES	☒NO
Grandparent Access Assistance	☐YES	☒NO
Grandparent Support Services	☐YES	☒NO
Grandparent Respite Care	☐YES	☒NO
Grandparent Supplemental Services	☐YES	☒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:

The Grandparents portion of the Family Caregiver Support Program is entirely supported by County General Fund, and is therefore not included in the Area Plan or Area Plan Budget. Using local funds, the Edgewood Center for Families and Children does provide Grandparent Information Services, Grandparent Access Assistance and Grandparent Support Services only. As the funding is limited, the Department supports the agency's proposal to focus on these three categories of service. If consumers (caregivers who are grandparents) are in need of "respite care" and "supplemental services," the agency refers them to other community resources.

Appendix A: Agencies & Services Funded

(FY ~~2008-09~~ 2010-11)

Asian Law Caucus
Legal Services, Naturalization Services

Asian Pacific Islander Legal Outreach
Legal Services, Naturalization Services, Elder Abuse Prevention
(Also subcontract with **Vietnamese Elderly Mutual Assistance Association** for Naturalization Services)

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, ~~Homemaker, Personal Care,~~ Alzheimer's Day Care Resource Center, Adult Day Care

Centro Latino de San Francisco
Community Services, Congregate Meals, Home-Delivered Meals, Congregate Meals for Adults with Disabilities, Naturalization Services

Chinatown Community Development Center
Housing Advocacy, Single-Room-Occupancy (SRO) Food Outreach Program

Conard House
Money Management, Money Management for Adults with Disabilities

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, Congregate Meals, Congregate Meals for Adults with Disabilities.

Family Caregiver Alliance
Family Caregiver Support Program

Family Service Agency of San Francisco
Ombudsman, Senior Companion, Case Management

Golden Gate Senior Services
Community Services

Institute on Aging
Alzheimer's Day Care Resource Center, Elder Abuse Prevention and Forensic Center, Linkages, ~~Resource Centers for Seniors and Adults with Disabilities,~~ Case Management, Home-Delivered Meals Assessment for 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, Home-Delivered Meals, Naturalization Services

Kimochi, Inc.
Adult Day Care, Community Services, Congregate Meals, ~~Family Caregiver Support Program,~~ Home-Delivered Meals, Case Management

~~**Korean Center, Inc.**~~
~~Community Services, Congregate Meals~~

La Raza Centro Legal
Legal Services, Naturalization Services

~~**Laguna Honda Hospital**~~
~~Alzheimer's Day Care Resource Center, Congregate Meals~~

Legal Assistance to the Elderly
Legal Services, Legal Services for Adults with Disabilities

Lighthouse for the Blind and Visually Impaired
Community Services, Taxi Vouchers

~~**Little Brothers Friends of the Elderly**~~
~~Medical Escort~~

Meals on Wheels of San Francisco
~~Case Management, Community Services, Congregate Meals,~~ Home-Delivered Meals, Home-Delivered Meals for Adults with Disabilities

Mental Health Association of San Francisco
Social Support Services for Hoarders and Clutterers

Mission Neighborhood Centers
Community Services, Naturalization Services

Municipal Transportation Agency
Transportation Services

Network for Elders
Case Management~~, Resource Centers for Seniors and Adults with Disabilities~~

30th Street Senior Center
Case Management, Community Services, Congregate Meals, Home-Delivered Meals, Evidence-based Health Promotion programs

openhouse
LGBT Cultural Sensitivity Training for Service Providers and Community Services

Planning for Elders in the Central City
Homecare Advocacy, ~~Senior~~ Empowerment for Seniors and Adults with Disabilities, Long-Term Care Consumer Right Advocacy

Project Open Hand
Congregate Meals, Congregate Meals for Adults with Disabilities

Russian American Community Services
Community Services, Congregate Meals, Home-Delivered Meals, Congregate Meals for Adults with Disabilities, Home-Delivered Meals for Adults with Disabilities

Samoan Community Development Center
Community Services

San Francisco Adult Day Services Network
~~Adult Day Health Care, Adult Day Health Care Enhancement,~~ Adult Day Care Network administrative support

San Francisco Food Bank
Brown Bag, Single-Room-Occupancy (SRO) Food Outreach Program

San Francisco Senior Center
Case Management, Community Services, Transitional Care Case Management

Self-Help for the Elderly
Alzheimer's Day Care Resource Center, Case Management, Community Services, Congregate Meals, Home-Delivered Meals, Personal Care, Homemaker, Chore, ~~Naturalization Services, Resource Centers for Seniors and Adults with Disabilities,~~ Congregate Meals for Adults with Disabilities, Home-Delivered Meals for Adults with Disabilities, Naturalization Services, Health Insurance Counseling and Advocacy Program (HICAP), Information and Assistance Program in Chinatown/Northeast.

Senior Action Network
Housing Advocacy, ~~Senior~~ Empowerment for Seniors and Adults with Disabilities

Southwest Community Corporation
Community Services

St. Francis Living Room
Community Services

Veterans Equity Center
Community Services

Vietnamese Elderly Mutual Assistance Association
Community Services

Visitacion Valley Community Center
Community Services

Western Addition Senior Citizens Service Center, Inc.
Community Services, Congregate Meals, ~~Home Delivered Meals,~~ Congregate Meals for Adults with Disabilities~~, Home Delivered Meals for Adults with Disabilities~~

YMCA of San Francisco
Community Services