CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF DISABILITY & AGING SERVICES

Planning and Service Area 6

AREA PLAN 2021-2024

Report for the California Department of Aging
June 12, 2020

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2021-2024 FOUR-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan (submit this form with the Area Plan due 5-1-20 only)

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – *must have original, ink signatures or official signature stamps- no photocopies*	☐
1	Mission Statement	☐
2	Description of the Planning and Service Area (PSA)	☐
3	Description of the Area Agency on Aging (AAA)	☐
4	Planning Process / Establishing Priorities	☐
5	Needs Assessment	☐
6	Targeting	☐
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8	Identification of Priorities	☐
9	Area Plan Narrative Goals and Objectives	☐
9	Title IIIB Funded Program Development (PD) Objectives	☐
9	Title IIIB Funded Coordination (C) Objectives	☐
9	System-Building and Administrative Goals & Objectives	☐
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman	☐
11	Focal Points	☐
12	Disaster Preparedness	☐
13	Priority Services	☐
14	Notice of Intent to Provide Direct Services	☐
15	Request for Approval to Provide Direct Services	☐
16	Governing Board	☐
17	Advisory Council	☐
18	Legal Assistance	☐
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	☐
20	Title III E Family Caregiver Support Program	☐
21	Organization Chart	☐
22	Assurances	☐

TRANSMITTAL LETTER

2020-2024 Four Year Area Plan/ Annual Update
Check one: ☒ **FY 20-24 /** ☐**FY 21-22** ☐**FY 22-23** ☐ **FY 23-24**

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

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

1. _____
(type name)

_____ _____
Signature: Governing Board Chair Date

2. **Diane Lawrence**
(type name)

_____ _____
Signature: Advisory Council Chair Date

3. **Shireen McSpadden**
(type name)

_____ _____
Signature: Area Agency Director Date

LETTER FROM THE DIRECTOR

Dear friends and colleagues,

This Area Plan was completed in the early months of 2020. With the March onset of the coronavirus public health emergency, our national, state, and local landscapes have been upended.

Government and community immediately sprang into action in response this crisis. Together, we are working quickly to reimagine and restructure our services to meet new and existing needs of older people and adults with disabilities, and to do so safely in compliance with public health and social distancing guidelines. Our Department's charge to facilitate a coordinated and responsive network of aging and disability services is all the more important in light of this coronavirus crisis.

At this time, conditions continue to evolve, and the State budget is not yet finalized. This Plan represents our aspirations for a cohesive network that effectively meets the needs of our local population. Given the current state of flux, we recognize that these plans may need to be adjusted as we transition from a state of emergency into the new normal.

I am thankful for the commitment and flexibility of our staff and partners. I am proud of the work we have done together, and I am looking forward to working together to support our older community members to remain engaged and age with dignity in the community.

Thank you,

Shireen McSpadden

Shireen McSpadden
Executive Director
San Francisco Department of Aging and Adult Services

SECTION 1: MISSION STATEMENT

The mission statement describes the purpose of the Area Agency on Aging. It guides the actions of the organization, specifies its overall goal, provides a sense of direction, and guides decision-making.

The vision, mission, and values established by the San Francisco Department of Disability and Aging Services (DAS) are:

VISION	San Francisco is a city where people with disabilities and older adults are valued, engaged, and living with dignity.
MISSION	The Department of Disability and Aging Services supports the well-being, safety and independence of adults with disabilities, older people, and veterans.
VALUES	• Compassion • Accountability • Inclusion • Equity • Innovation

As we administer Older Americans Act services in San Francisco, we are also guided by the following mission statement outlined by the California Department of Aging for all Area Agencies on Aging:

> *"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."*

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

This section provides a description of the physical and demographic characteristics and unique resources and constraints of the San Francisco service area.

San Francisco is a single-county Planning and Service Area, unique for its consolidated City-County governance structure and its entirely urban character. Importantly, in the face of geographic constraints and economic challenges, a rich tradition of citizen engagement and public investment has helped San Francisco to maintain a wide range of social services that help to promote the well-being of the city's diverse population.

PHYSICAL GEOGRAPHY & CLIMATE

The City and County of San Francisco is a **small but dense city** that occupies just 47 square miles, surrounded on three sides by the waters of the San Francisco Bay. The city's built environment is shaped by its physical geography. With little space to expand beyond its coastal boundaries, **San Francisco's housing stock tends to be older and densely packed** – ranging from blocks of narrowly-built single family homes nestled closely together in the city's outer residential areas to modern high-rise apartments clustered in the city center and increasingly scattered throughout formerly industrial corridors undergoing gentrification. The **hilly landscape can make it difficult to get around on foot**, especially for older people and younger individuals with mobility impairments, who face increased risk of social isolation as a result. The **city boasts a robust public transportation network** of buses, light rails, trolley cars, and subways to help mitigate these concerns.

San Francisco is home to a **temperate coastal climate**, which varies only a little with the seasons – summers are known for wind and fog, while winters are wetter, though still mild. As the effects of global climate change have become more pronounced, **San Francisco must contend more frequently with the dangers posed by summertime heat waves, regional fire risk, and related air quality concerns**. These increasingly common phenomena are especially threatening to the safety of San Francisco's more vulnerable residents. Older adults and people with disabilities often have pre-existing health conditions or face other health-related risks that can be severely exacerbated by these occurrences. Socially isolated and/or low-income residents may not have ready access to resources that mitigate the impacts of these events, such as air conditioning, backup generators, or the ability to relocate to safer accommodations. As part of the City's coordinated emergency response to these mounting risks, DAS has a major role to play in ensuring the safety of our older and disabled residents. This role is described in more detail in *Section 12: Disaster Preparedness*.

POPULATION DEMOGRAPHICS[1]

Approximately 860,000 people live in San Francisco. **Older adults age 60+ make up 21% of the city's population**. Collectively, one in four San Franciscans is an older adult and/or a person with a disability. Children account for only about 13% of the city's population.

San Francisco has experienced significant demographic shifts, as illustrated by the table below. **Seniors are the fastest growing age group in the city**, outpacing general population growth at nearly triple the rate of growth. Since 2000, the senior population has grown by over 40,000 individuals – an increase of 30%. By contrast, the overall city population has only grown by 11% during this time. This growth trend is expected to hold – according to the California Department of Finance population projections, people age 60 and older will account for over a quarter of the city's residents by 2030.[2]

Change in Population by Age in San Francisco, 2000 to 2017

Population	2000	2017	# change	% change
Children (Under 18)	111,683	116,017	4,334	4%
Adults (Age 18-59)	531,014	569,335	38,321	7%
Seniors (Age 60+)	136,852	178,588	41,736	30%
Total Population	779,549	863,940	84,391	11%

Source: 2000 Decennial Census, 2017 ACS 5-Year Estimates

In addition to the aging of the San Francisco population, regional economic conditions are also contributing to broader changes in the composition of our citizenry. San Francisco has seen sustained economic growth over the past two decades, driven in no small part by private sector industries that have helped to reinvigorate economic development in the Bay Area. However, not all of San Francisco's residents have shared in this prosperity: **the impacts of expanding economic inequality and the high (and still rising) cost of living in the city have been felt deeply by some of our longtime residents**, particularly African Americans. Once representing almost 13% of San Franciscans, African Americans have been displaced from the city in huge numbers, and now account for only about 5% of residents today.

Various costs, such as those associated with food, healthcare, and other essential expenses contribute to the affordability crisis in San Francisco – but it is **the cost of housing that poses the most significant burden to many of our residents**. The median household income in San Francisco is $104,552 annually,[3] which may at first seem substantial, especially when compared to median incomes at the state and national level. However, when we account for the cost of housing in the city, where the estimated median monthly rent is $4,823 ($56,876 annually),[4] it becomes clear that a dollar in San Francisco only goes so far.

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[1] The 2017 American Community Survey 5-Year Estimates are the source of all demographic data presented in this section, unless otherwise specified.

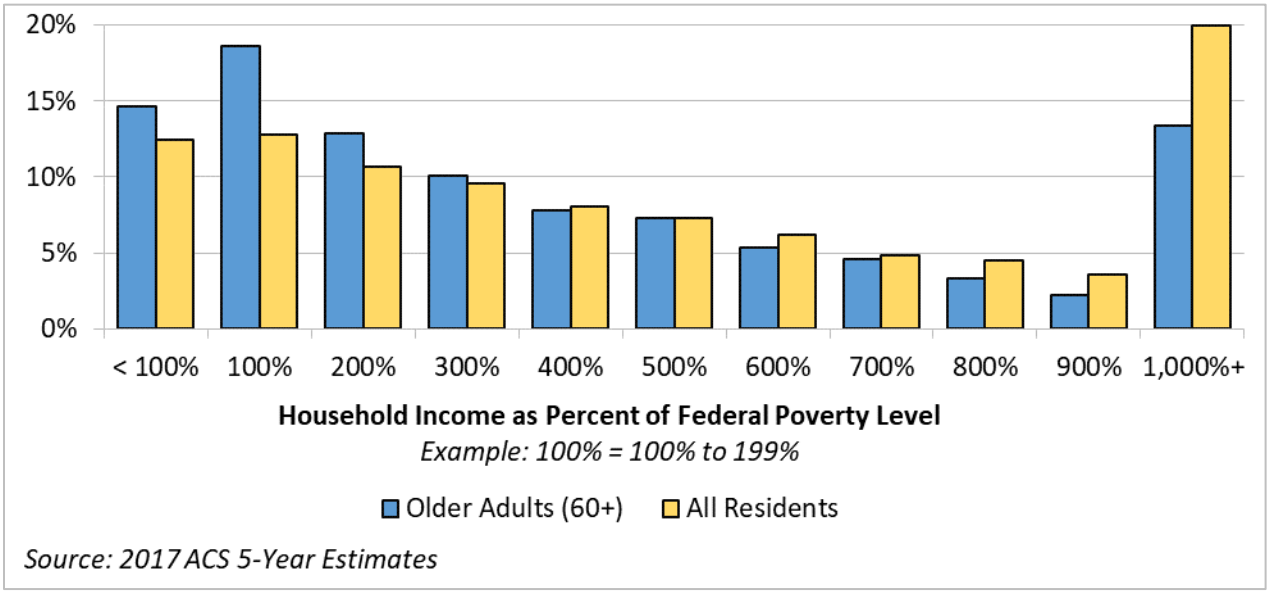
[2] California Department of Finance. County Population Projections by Age (2010-2060). http://www.dof.ca.gov/Forecasting/Demographics/Projections/

[3] 2018 American Community Survey 5-Year Estimates

[4] Zillow Group, Inc., San Francisco Home Prices & Values. https://www.zillow.com/san-francisco-ca/home-values/.

The (un)affordability of life in San Francisco is especially challenging for **the city's older residents, who tend to live on lower fixed incomes relative to the overall population**. Most senior renters in the city are rent-burdened, meaning their rent costs more than 30% of their monthly income, leaving them with limited means to afford their other needs.[5] As shown in the chart below, 15% of the city's older adults – about 26,111 individuals – have household income below the Federal Poverty Level (FPL).

Income Distribution of Older Adults vs All Residents in San Francisco



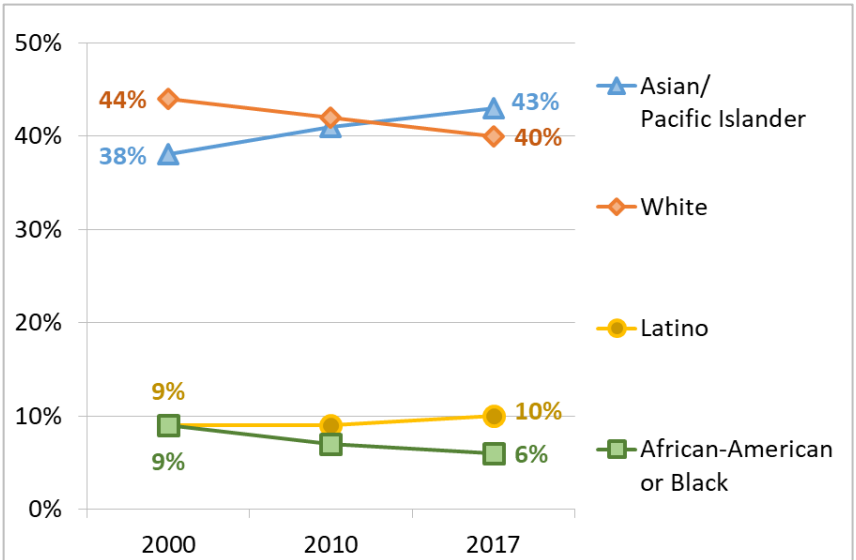
While this data point gives us some sense of the size of San Francisco's low-income senior population, it is important to note that the federal poverty threshold is a static measure that does not factor in cost of living. A 2015 study by the UCLA Center for Health Policy Research highlights the limitations of relying on FPL, and uses the Elder Economic Security Standard Index to identify the "hidden poor" – individuals whose income is above the federal poverty line but below the Elder Index thresholds for a decent standard of living. The Elder Index incorporates factors such as variation in cost of living by county and by housing tenure to better estimate a basic self-sufficiency standard.[6]

Given how costs in San Francisco far exceed these federal guidelines and the government benefits that are administered under these standards, it is clear that **many more San Francisco seniors have income insufficient to meet their needs**. According to the Elder Index estimate, a single older person in good health and living in rental housing would need a monthly income of $3,705 to meet their basic needs in San Francisco.[7] By contrast, the federal poverty threshold for a similar individual is set at a monthly income $1,063.[8] Collectively, **nearly half of older adults living in San Francisco (about 46% or 82,326 individuals) may struggle to meet their basic needs**, living on less than 300% of the poverty threshold ($3,190 monthly income for a single person).

[5] 2015 American Community Survey 5-Year Estimates.
[6] Padilla-Frausto, DI and Wallace, SP. (2015). The Hidden Poor: Over Three-Quarters of a Million Older Adults Overlooked by Official Poverty Line. Los Angeles, CA: UCLA Center for Health Policy Research. http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID==1417.
[7] University of Massachusetts, Boston. Elder Index. https://elderindex.org.
[8] 2020 poverty guidelines. https://aspe.hhs.gov/poverty-guidelines.

San Francisco is known for the diversity of its residents, and the senior population is no exception. **Older adults in the city are primarily Asian/Pacific Islander (API) and white** – accounting for 43% and 40% of the population, respectively – while Latinos make up 10% of seniors, and African Americans make up another 6%.

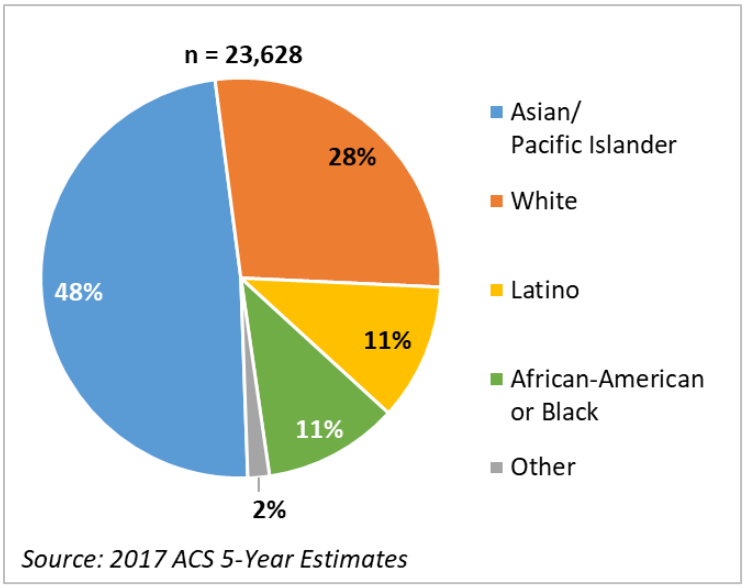
Race/Ethnicity of Older Adults (60+) in San Francisco, 2000 to 2017



Source: 2000, 2010 Decennial Census
2017 American Community Survey 5-Year Estimates

This racial/ethnic composition represents a shift in the makeup of San Francisco seniors over the past two decades. In 2000, nearly half (44%) of the city's seniors were white. Since that time, there has been sustained growth of the API population – which rose from about 38% of seniors to current levels. API individuals now make up the largest racial/ethnic subgroup among the city's older adults. Also of particular note is the **decline of the African American senior population**, which mirrors citywide trends in the displacement of African American residents. Where this population once comprised about 9% of all seniors in 2000, they now only account for about 6% of the local senior population, prompting important considerations about the work that must be done to serve this population equitably and support the preservation of this vibrant community.

Older Adults (60+) in Poverty in San Francisco



Source: 2017 ACS 5-Year Estimates

When we consider the intersection of race and poverty, **older adults of color are disproportionately living in poverty** when compared to their white peers. This trend is most pronounced among African Americans, who make up only 6% of San Francisco seniors, but account for 10% of the city's older adults living in poverty. API and Latino older adults are also overrepresented among those living in poverty, although to a lesser degree. Overall, API seniors account for almost half of older adults living in poverty in San Francisco.

RESOURCES AND CONSTRAINTS SHAPING OUR AGING AND DISABILITY SERVICES

San Francisco has long been known as a place for robust cultural exchange, socially progressive politics, and commercial innovation. The city continues to benefit from the engagement of its diverse citizenry and meaningful investment in public services: here, residents may access a wide range of public programs and community-based services to meet their varied needs.

The challenges and constraints the city faces are also well known. San Francisco has substantial geographic, financial, and political constraints that pose **barriers to the development of affordable housing** at a rate that can keep pace with the city's growth and the needs of longtime residents who are struggling to make ends meet. **Economic inequality is significant and continues to rise** as the high cost of living hollows out the city's once-thriving middle class. When these middle-income families are displaced and forced to seek more affordable conditions outside of the city, they often leave behind aging parents who may have limited sources of support in their absence. **These impacts are also felt keenly by social service professionals working at non-profit community-based organizations**. Also subject to these economic pressures, they may be forced out of the city and have to endure lengthy and expensive commutes into the city to work, or seek better paying jobs with the City or in the healthcare field.

In spite of these challenges, **the City has many assets shaping the local system for aging and disability service delivery, and the community-based provider network is one of its most notable**. DAS has funding partnerships with over 60 community-based organizations located throughout the city. These organizations not only have extensive experience meeting the needs of older adults and people with disabilities generally, but also offer specific subpopulation expertise, so that we are able to administer culturally appropriate services that meet the needs of San Francisco's diverse seniors. **Our community partners are also innovative, developing new services that allow us to reach new clients and better serve our existing ones**. Community Connectors, for instance, take a neighborhood-based approach, facilitated by a local resident and advisory board, to support social engagement and inclusion in areas not served by a Community Service Center. Similarly, LGBTQ Care Navigation provides specialized support to LGBTQ seniors and adults with disabilities in navigating service systems to access healthcare resources and social services – even including pet care resources for those struggling to care for their animal companion so that they can maintain this important source of support.

Beyond expanding the reach and accessibility of DAS services in the community, this **provider network is an important source of advocacy on behalf of the people we serve**. In a young city with a large non-resident workforce and many competing political priorities, the advocacy of local community-based organizations helps to secure the attention, resources, and support necessary to help San Francisco's seniors and adults with disabilities thrive. For example, in 2016, community members and service providers came together to form the Dignity Fund Coalition, lobbying for and securing a protected source of local funding for social services for older people and adults with disabilities via a local ballot initiative. The Dignity Fund is described in greater detail in *Section 3: Description of the Area Agency on Aging* and *Section 4: Planning Process/Establishing Priorities.*

DAS is well poised as the City's lead agency on aging and disability to facilitate systems-level planning and coordination across public, private, and community-based stakeholders to better meet the needs of our residents. For instance, the Department's Executive Director serves as co-chair of the Long Term Care Coordinating Council. Working collaboratively alongside the consumers, advocates, and service providers who make up this 40-member body, DAS examines population needs, identifies service system

gaps, and develops recommendations to the Mayor and City for promoting an integrated and accessible long-term care system. Similarly, DAS is instrumental in coordinating the City's Age- and Disability-Friendly San Francisco initiative. In 2017, it marshalled a 27-member Task Force made up of various City and community stakeholders to develop an action plan for making the city a more inclusive and accessible place for people of all ages. We now participate in an Implementation Workgroup responsible for carrying out the 24 recommendations put forth by the Task Force over the next four years. The Long Term Care Coordinating Council and Age- and Disability-Friendly San Francisco are described in greater detail in *Section 3: Description of the Area Agency on Aging*.

Ultimately, San Francisco not only benefits from a rich tradition of community activism, but also from a broader cultural attitude among the city's residents that public investment adds value to our communities and makes our lives better. Empowered by their constituencies to provide robust funding for public services, the **city's elected officials and other leaders have dedicated significant funding for services that support seniors to age in place with dignity and independence**, well beyond the required match for Older Americans Act funding. And while San Francisco continues to grapple with the rising cost of living and tries to mitigate its outsize impact on marginalized communities, these economic conditions have also provided the city with enhanced revenue – allowing the city to increase funding for social services and develop more equitable strategies and program models that allow us to support the well-being of the older and disabled members of our community.

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

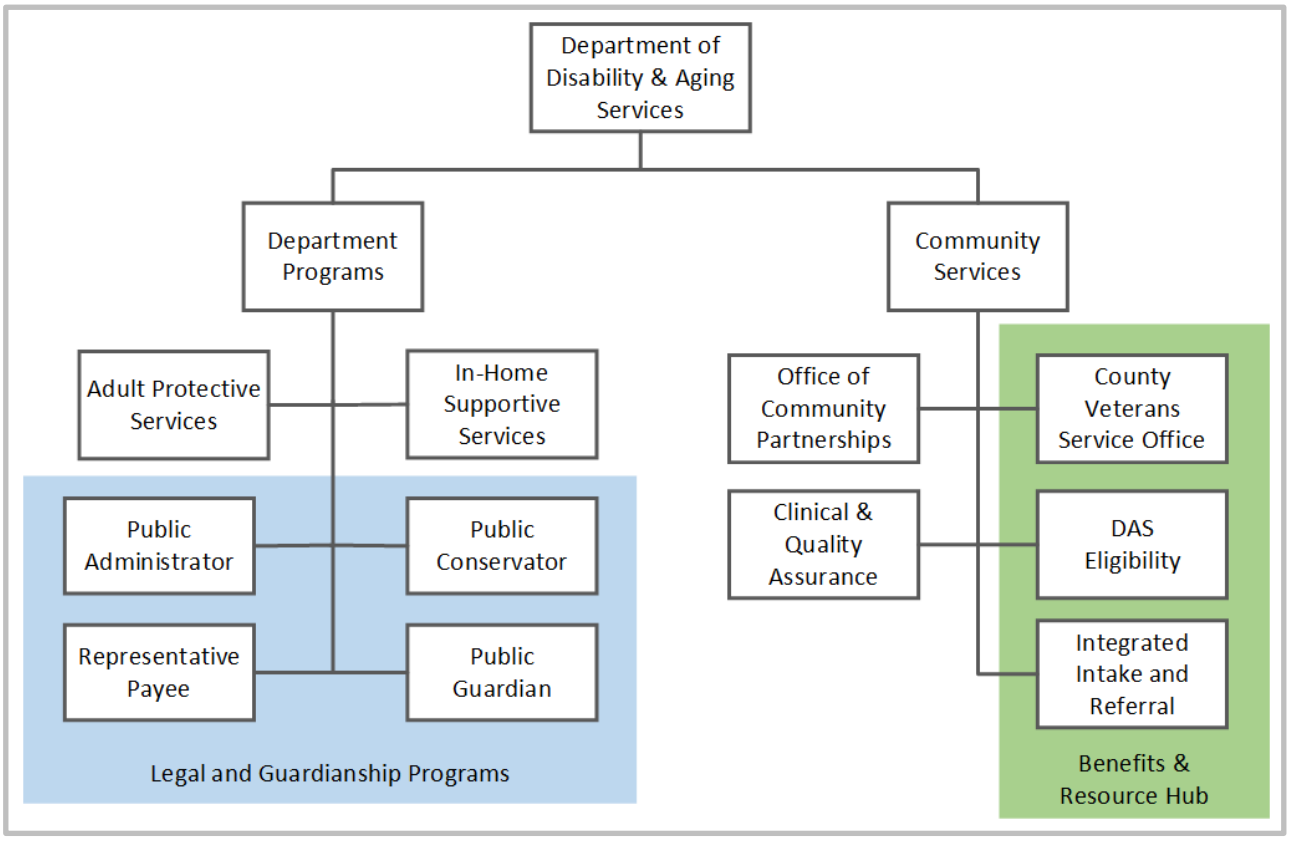
This section describes how we, as the Area Agency on Aging, serve as a leader on aging issues on behalf of all older individuals, adults with disabilities, and their caregivers within San Francisco.

Within the City and County of San Francisco, our Department is the government agency charged with coordinating services for older adults, veterans, people with disabilities, and their caregivers to maximize safety, health, and independence. As the state-designated Area Agency on Aging for San Francisco, we are responsible under the federal Older Americans Act (OAA) to serve as the focal point for local aging concerns.

OVERVIEW OF THE DEPARTMENT OF DISABILITY & AGING SERVICES

Our Department is located within the San Francisco Human Services Agency, which delivers a safety net of services and public benefits to promote wellbeing and independence. Each year, **DAS serves over 60,000 unduplicated clients through our direct service programs and community partnerships**. With an overall budget of $380 million in FY 2019-20, we are structured into two divisions and supported by a staff of 370 employees and contracts with over 60 community-based organizations to deliver services.

DAS Organizational Structure



DAS provides a diverse spectrum of services to support the safety, health, and independence of older and disabled adults. These services span from **engagement and wellness services** that promote a healthy aging experience for active and independent community members, to services that **support stability in the community** and prevent unnecessary institutional care, to **crisis intervention services** for individuals requiring immediate assistance to mitigate exposure to risks, and reaches the level of **guardianship services** for those unable to manage their needs due to mental and cognitive challenges.

DAS Spectrum of Services

In total, DAS operates eight direct service programs (e.g., In-Home Supportive Services) and contracts with community providers to deliver over 60 services to older adults, veterans, and people with disabilities in San Francisco. Collectively, these services are organized into seven service areas based on their primary underlying goal. These service areas represent the key strategies by which the Department seeks to improve the lives of older adults and people with disabilities in San Francisco.

DAS Service Areas

Service Area	Primary Goal
Access & Empowerment ***e.g., Aging & Disability Resource Centers, Advocacy (Housing, and Long-Term Care), Legal Services***	To educate, empower, and support older adults and people with disabilities to access needed benefits and participate in services
Caregiver Support ***e.g., Adult Day Programs, Respite***	To support the wellbeing of family and friend caregivers and their care recipients through education, counseling, resources, and connection
Case Management & Care Navigation ***e.g., Community Living Fund, Money Management***	To facilitate service connections and support individuals with complex needs to navigate available resources and promote stability in the community
Community Connection & Engagement ***e.g., Community Service Centers, Employment Support***	To provide opportunities for older people and adults with disabilities to socialize, build community, and participate in a meaningful way in their community
Housing Support ***e.g., Housing Subsidies, Scattered Site Housing***	To support seniors and adults with disabilities to maintain stable housing through service connection and community engagement
Nutrition & Wellness ***e.g., Home-Delivered Meals, Health Promotion***	To promote physical health and wellbeing for older adults and adults with disabilities by providing nutritious foods and supporting healthy lifestyles
Self-Care & Safety ***e.g., Elder Abuse Prevention, Long-Term Care Ombudsman***	To support older adults and people with disabilities to meet their needs in the most independent setting, safe from abuse and self-neglect

Our work is overseen by the **Disability and Aging Services Commission.** This charter commission of the City and County of San Francisco serves as our Governing Board. Meeting monthly, the Commission hears presentations on population, program, and policy matters that impact older people, adults with disabilities, and caregivers, and helps us to formulate our goals, objectives, plans, and programs. The Commission also reviews and provides approval for our community contracts, as well as hears our annual budget prior to submission to the Mayor's Office. This Mayoral-appointed Commission consists of seven members, which must include at least one person age 60 or older, one person with disability, and one person who has served in the US military.

We are also supported by the **Advisory Council** to the Disability and Aging Services Commission**.** Established by the Area Agency on Aging, the Advisory Council serves as a public voice to review and advise our work, including the development and administration of the Area Plan. This 22-member body is appointed by the San Francisco Board of Supervisors and the Disability and Aging Services Commission; members represent all 11 City supervisorial districts. Throughout an Area Plan cycle, the Council provides input on our efforts to develop and coordinate community-based services for older adults and people with disabilities. Members also visit the Department-contracted agencies each year to assess their work and to gain a comprehensive understanding of the senior services network.

PROVIDING LEADERSHIP AND STRATEGIC VISION TO DEVELOP A COORDINATED SYSTEM

As the local Area Agency on Aging, DAS is a critical part of the broader network of City and community services available to San Francisco's older adults, adults with disabilities, and caregivers. We are an important leader in shaping the goals for the social service delivery system for community-based long-term care, as well as partnering with and advising other systems that support these populations.

Our leadership role is expressed through formal strategic planning processes, as well as collaborative partnerships with government and community agencies. Throughout this work, we strive to promote community voice in planning efforts and decision-making.

FORMAL STRATEGIC PLANNING EFFORTS

In our role as administrator of the City's aging and disability services, we are responsible for several strategic planning processes, which we strive to align to the greatest extent possible. Through these planning processes, we establish goals and pursue objectives to support a streamlined and effective delivery system of social services for older people and adults with disabilities.

All of these plans are driven by needs assessment work and presented publicly to inform the community of our priorities and the department's direction. These include:

- **Five Year Strategic Plan** – The City and County of San Francisco follows a five year strategic planning cycle. Through this process, we craft a plan that identifies our high-level priorities and specific actions we will undertake across our department (directly-provided programs and community-based services) to achieve these goals. At the beginning of each fiscal year, we present our objectives for the year at the Disability and Aging Services Commission, and we provide a mid-year update to share our progress with the Commission and the community.
- **Dignity Fund** – Our department is responsible for administering the Dignity Fund, a special local fund for social services that support older adults and adults with disabilities to safely live and engage in the community. As part of this responsibility, we are required to conduct a planning

process, which results in a comprehensive community needs assessment and four-year allocation plan (both developed with robust community input to ensure the fund is appropriately and transparently spent to address community needs).

- **Area Plan** – As the Area Agency on Aging for San Francisco, we develop a full Area Plan every four years and provide annual updates to the California Department of Aging. Developed with advice from our Advisory Council and Commission, we present these draft plans publicly to solicit public input and communicate our strategic goals, key priorities, and objectives.

More information about our planning processes is provided in *Section 4: Planning Process/Establishing Priorities*.

STRENGTHENING SYSTEMS CITYWIDE

In addition to our key function of administering the City's aging and disability services, **DAS is also uniquely situated to interact with the many delivery systems serving San Francisco residents**, such as those for physical and mental health, housing and homelessness, employment, and community development. We work in close collaboration with the following City agencies, offering subject matter expertise and a strategic vision to better meet the needs of older and disabled consumers:

Department of Human Services
- CalFresh Program
- Medi-Cal Enrollment

Department of Homelessness & Supportive Housing
- Coordinated Entry
- Permanent Supportive Housing
- Temporary Shelter

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

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

These collaborations are often advisory in nature – we are always willing to **share our insights into population needs** and help other departments shape their resources to meet the needs of seniors and people with disabilities. We also **develop services that span City agencies**. For example, we recently launched Home Safe, a pilot program funded through a grant from the California Department of Social Services that enhances coordination between the City's homelessness continuum of care and our Adult Protective Services Program to reduce eviction risks related to self-neglect. Our Community Living Fund program seeks to transition individuals out of skilled nursing facilities (including the County's Laguna Honda Hospital and Rehabilitation Center) and support them to instead live in the community.

DAS also participates in significant **planning and coordination efforts to facilitate the development of systems** that effectively meet the needs and value the contributions of older people and adults with disabilities. Two key examples of these include:

- **Long Term Care Coordinating Council (LTCCC):** The Long Term Care Coordinating Council (LTCCC) advises the Mayor and City on policy, planning, and service delivery issues for older adults and people with disabilities to promote and integrated and accessible long-term care system. Specifically, the LTCCC is responsible for: (1) advising, implementing, and monitoring

community-based long term care planning in San Francisco; and (2) facilitating the improved coordination of home, community-based, and institutional services for older adults and adults with disabilities. The 40 LTCCC members represent a variety of consumers, advocates, and service providers from diverse fields and sectors (e.g., health, transportation, and housing). The LTCCC provides a critical space for DAS to research population needs, investigate service systems gaps, and collaboratively develop solutions and recommendations for the City. Currently, the DAS Executive Director serves as co-chair of the LTCCC.

- **Age- and Disability-Friendly San Francisco**: San Francisco joined the World Health Organization's "Age-Friendly Cities" initiative in 2014, committing to making the City a more inclusive and accessible place for all ages. Including disability to our local effort, DAS supported a 27-member Task Force to conduct a baseline assessment and action plan that identified policies and programs that support seniors and people with disabilities to live engaged and fulfilling lives. We now staff and participate in an Implementation Workgroup that is working to support implementation of 24 recommendations that advance equitable access of resources, activities, and opportunities across all domains of civic life (such as Outdoor Spaces and Buildings, Transportation, and Employment and Economic Security).

SPOTLIGHT: REFRAMING AGING CAMPAIGN

In late 2019, San Francisco became one of the first cities in the country to launch a campaign to raise awareness of ageism, disrupt negative stereotypes of older adults, and connect residents with supportive services. The campaign – known as **Reframing Aging San Francisco** – represents a robust partnership between the Department, philanthropy, and a network of over 30 community providers and advocates for older adults and people with disabilities. The campaign grew out of findings from the Department's recent community needs assessment work and recommendations from the Age- and Disability-Friendly San Francisco Task Force, and is part of a growing national movement towards creating more inclusive communities around aging. Through this campaign, we are striving to increase public engagement in developing a City that is inclusive of older people in all aspects of live.

Reframing Aging features local older adults in thought-provoking imagery posted publicly throughout the City to address implicit biases about older people, highlight the diversity of the aging experience and celebrate the strengths that remain with us throughout our lifetime, such as leadership, courage, passion, creativity, and intelligence. The community is encouraged to get involved and visit **EndAgeism.com**, where they can help spread the word by taking a pledge to help end ageism, find volunteer opportunities, and connect to the wide range of services that San Francisco offers for older adults.

Reframing Aging SF Example of Campaign Images

PROMOTING COMMUNITY VOICE IN DECISION-MAKING

DAS recognizes the essential role of the community not only in identifying the needs of San Francisco's diverse older people, veterans, adults with disabilities, and their families, but also in developing the service delivery systems intended to meet these needs. It is critical that we integrate community voice in our work and take several approaches to doing so.

A key strategy through which we gather community input is our needs assessment work. For example, in our last comprehensive Community Needs Assessment, we held forums in every supervisorial district, hosted almost 30 focus groups with specific populations, and conducted a community survey that gathered over a thousand responses. And, as we processed the community input and analysis of population and program data for this project, we **presented publicly on our findings to share information and solicit further input and direction**.

We also work in **close consultation with a number of community advisory bodies**. Most include **dedicated seats for consumer representation from the populations that we serve**. For example, the LTCCC includes ten seats for older adults, adults with disabilities, and caregivers, as well as three seats for consumer advocate organizations. Similarly, the Age- and Disability-Friendly San Francisco Task Force included six community representatives who shared their perspective and experience as older people and adults with disabilities living in San Francisco.

This **representation extends to our legislated oversight bodies**. Under recent legislation passed in 2019, our Commission will now include three dedicated seats to ensure representation from our consumer populations. Our Advisory Council consists primarily of older adults, half of whom are appointed to represent a supervisorial district and responsible for communicating the concerns and needs of older people within their home area.

This includes a new oversight body: the Dignity Fund Oversight and Advisory Committee that monitors and participates in the administration of this special fund. The group is responsible for ensuring that DAS administers the Dignity Fund in a manner accountable to the community, and develops recommendations to DAS on topics ranging from the process for making funding decisions, program development and provider capacity-building, and evaluation and improvement of services. The Oversight and Advisory Committee, in turn, is advised by a Service Provider Working Group that consists of community-based providers who serve older people and adults with disabilities.

SECTION 4: PLANNING PROCESS/ESTABLISHING PRIORITIES

This section provides an overview of how we conduct our planning process, establish priorities, and provide opportunities for public involvement in the planning process.

Situated within the San Francisco Human Services Agency and supported by funding at the federal, state, and local levels, DAS manages multiple (and often intersecting) responsibilities to a wide range of our constituents and stakeholders. As both an Area Agency on Aging responsible for community-based services and a county welfare agency that directly provides protective services and entitlement programs, we work to align our planning efforts and integrate our services.

In particular, the following two local planning processes inform the development of this Area Plan.

- **Local Strategic Planning Process**: The City and County of San Francisco follows a five year strategic planning cycle. Through this process, we craft a **Five-Year Strategic Plan**, which identifies at a high level how DAS will carry out our mission to support the well-being, safety, and independence of older people, adults with disabilities, and veterans. This plan and its goals are informed by ongoing needs assessment work, community voice, and an understanding of our role as a leader on aging and disability issues in the broader City context.
- **Dignity Fund Planning Cycle**: In 2016, San Francisco voters established a special fund for community-focused aging and disability services with an initial baseline of $38 million that will grow to $71 million by FY 2026-27. As part of this legislation, a planning process was established that mandates an extensive community needs assessment, followed by a four-year funding plan based on findings from that research. This work is overseen by an oversight body with many opportunities for public input and collaboration across agencies.

ASSESSING POPULATION NEEDS AND INTEGRATING COMMUNITY VOICE

Understanding population trends and community needs is essential to our planning process. Our approach to needs assessment work is structured by a large-scale, primary community needs assessment every four years that is supplemented by more narrowly-focused research projects that allow us to dive more deeply into specific topics and populations.

The primary needs assessment that currently guides our strategic planning efforts is the Dignity Fund Community Needs Assessment. This is required by local legislation that established a protected special fund for aging and disability services and outlined a four-year planning and funding cycle for this revenue. We have also completed smaller standalone projects focused on the experiences and needs of communities of color, the LGBTQ population, and caregivers.[9]

The Dignity Fund Community Needs Assessment is a comprehensive and collaborative process. It emphasizes engagement of the Department's constituents in the community – older people, people with disabilities, veterans, and caregivers – as well as other important stakeholders who make up our

[9] To view these needs assessment reports in full, please visit the Reports and Publications page of our website (www.sfdaas.org).

extended service delivery network, such as community service providers and public agencies serving these populations in San Francisco. This assessment was guided by the following questions:

1. What are the needs of older adults and adults with disabilities in San Francisco?
2. What are the system-level strengths and gaps?
3. What population subgroups may be underserved?

To answer these questions, we employed a variety of research methods. This included a literature review, key informant interviews, an equity analysis focused on our priority populations that drew on existing DAS client data, and extensive community research. More information about this community research, including participation levels and public engagement strategies, are described in the following table.

Community Needs Assessment: Community Engagement

Community Engagement Method & Participation Levels	Description
Community forums ***11 forums (one in each supervisorial district) with 462 attendees***	In partnership with elected City officials and community providers, DAS widely advertised and hosted open forums where community members shared what was working well, what needed improvement, and what was missing in our aging and disability service system. We provided interpretation services in the City's threshold languages and for individuals with hearing impairment to make the events as inclusive and accessible to community members as possible.
Focus groups with specific populations of interest ***29 focus groups with 282 participants***	We conducted focus groups with specific communities and groups to build on and deepen our understanding of public feedback from the community forums. Working alongside community-based organizations serving seniors and people with disabilities, we engaged over 20 different populations of interest such as African-American consumers, Cantonese-speakers, LGBTQ individuals, homebound adults, and seniors seeking employment. We also hosted sessions with service providers and community leaders, such as case managers and faith leaders.
Community survey ***1,112 responses from community members***	We developed a 44-question survey to gather population-level information on topics like awareness of available services, experiences accessing services, and health and well-being. The survey included a component for caregivers to describe their experience caring for older and/or disabled individuals. DAS administered surveys online and on paper to maximize opportunities for input, as well as through a randomized phone survey to gather a representative sample of the consumer population.
Provider survey ***266 responses from service providers***	DAS developed a survey to capture the perspectives and experiences of community professionals serving seniors and adults with disabilities. This survey gathered information on primary client populations, perceived barriers to consumer service engagement, and greatest unmet consumer needs. We distributed this survey online to all DAS service providers.

The community research activities we undertook during the Community Needs Assessment were essential to gathering input from residents across the City about their awareness of and experience engaging in services. This work generated robust qualitative and quantitative information that enabled us to identify service gaps and develop recommendations for improvement.

In addition to gathering input through these activities, we also solicited input on our findings and the draft report from the community and partner agencies. During the research process, we presented on our efforts and preliminary findings at public meetings of the Dignity Fund Oversight and Advisory Committee. Following the public release of the draft Community Needs Assessment, the Disability and Aging Services Commission and the Dignity Fund Oversight and Advisory Committee hosted a joint public hearing to review and provide feedback on the assessment. We also shared copies of the draft assessment with other City agencies, including the Department of Public Health, Mayor's Office on Disability, and many more. Upon the Commission's approval of the assessment, it was to and approved by the San Francisco Board of Supervisors following a presentation by our Executive Director.

The findings of our needs assessment work are described in *Section 5: Needs Assessment* and help to inform this Area Plan's target populations, priorities, and goals and objectives.

ESTABLISHING OUR PRIORITIES, GOALS, AND OBJECTIVES

This needs assessment work directly informs our focus for the next four years. More specifically, across the many findings from our research, we were able to identify key thematic **Priorities**. These eight Priorities highlight areas for systematic improvements in the development and delivery of our community-based services to ensure that our services are accessible to all consumers – in particular our target populations are well served – and that we are maximizing the use of our limited resources. These are described in detail in *Section 8: Identification of Priorities*.

As we identified and finalized these Priorities, we presented at public meetings before the Dignity Fund Oversight and Advisory Committee. This oversight body includes members from our Disability and Aging Services Commission (our Governing Board) and Advisory Council to solicit input and incorporate suggestions. These priorities are described in detail in *Section 8: Identification of Priorities*.

Another critical component in our planning process is establishing our Department **Goals**, which serve as conceptual underpinning for our administration of the aging and disability service delivery system. These Goals are outlined in our Five Year Strategic Plan as part of the City and County of San Francisco's broader strategic planning process. This plan aligns with the priorities set by the Mayor's Office for all public services and serves as a foundational framework for guiding the use of Department resources and the everyday work of our staff. We present this plan publicly at the Disability and Aging Services Commission at the beginning of a new fiscal year and provide a mid-year update to share our progress.

To achieve these Goals, each year we identify specific **Objectives** or actionable strategies to pursue. These Objectives are reflected in an annual Action Plan (as part of our City Strategic Planning) and also this Area Plan. This annual approach allows us to be flexible and responsive to changes in community needs and/or available resources. For this Area Plan, we have focused our Objectives primarily on community-based services; these Objectives will be integrated within our upcoming department-wide Action Plan. These Objectives have been developed with input from our Advisory Council and presented before the Council and Commission prior to finalization.

These Goals and Objectives are captured in *Section 9: Area Plan Narrative Goals and Objectives*.

SECTION 5: NEEDS ASSESSMENT

This section describes our efforts to understand community needs and highlights key findings from our recent assessments.

Assessing community needs is a key part of the planning, funding allocation, and service delivery process. Our Department maintains a deep commitment to needs assessment analyses. This work helps us identify unmet needs and how to tailor programs to support our diverse populations. In addition to a large-scale comprehensive effort to support our major planning processes, we conduct smaller projects that dive deeply into specific questions and topics throughout the planning cycle. (See *Section 4: Planning Process/Establishing Priorities* for more information about this process).

As requested by the California Department of Aging, we are providing a summary of highlights from our needs assessment work.[10]

KEY NEEDS ASSESSMENT FINDINGS AND RECOMMENDATIONS

The following findings represent eight of the most salient and overarching findings across our needs assessment activities:

Finding 1. The majority of service-connected consumers have positive service experiences and enjoy their participation.

Consumers who participate in existing programs view them favorably. Those programs and services that promote meaningful community and social connection are an important and beneficial resource that enhance consumers' quality of life.

- **Recommendation: Maintain our strong service network.** Existing services help people connect with their community and age with dignity. We must maintain helpful resources that support quality of life for over 50,000 older adults each year.

Finding 2. Consumers and service providers described several barriers and challenges to accessing services that can limit engagement in services and programs that support older adults and adults with disabilities.

They identified a need for more information about and increased visibility of existing programs and services that support older adults and adults with disabilities. Many are unaware of what resources are available or how to access services. They also described barriers such as navigation challenges and confusion around eligibility.

- **Recommendation: Improve awareness of services in the community and among professionals.** Examine opportunities to improve consumers' and service providers' awareness of existing services, including public outreach and also navigation support and peer-based models. Similarly, develop opportunities for service providers to learn more about other existing services, and consider methods to distribute updated information

[10] The primary needs assessment that currently guides our strategic planning efforts is the Dignity Fund Community Needs Assessment. In addition to our standing program reports and biannual performance reporting, we have also completed smaller standalone projects that dive deeply into the experiences and needs of communities of color, the LGBTQ population, and caregivers. To view these needs assessment reports in full, please visit the Reports and Publications page of our website (www.sfdaas.org).

regarding existing resources in order to make appropriate recommendations and connections.

Finding 3. There are opportunities to enhance existing collaboration efforts and establish new partnerships throughout the community, both across agencies and within community groups. Community members and providers identified important opportunities to continue or begin collaboration efforts between agencies in San Francisco. Consumers also expressed appreciation for collaboration efforts that involve other community members, bringing adults with disabilities and older adults into conversation and work with the broader community. They expressed interest in being integrated into their community through programs and services, including intergenerational activities.

- **Recommendation: Support collaboration across service providers, including City departments and community-based organizations**. Help community organizations identify opportunities to effectively partner with each other, as well as other government agencies. Pursue opportunities for DAS to collaborate with other organizations, including foundations and City departments, to develop innovative partnerships.

Finding 4. There is higher service participation in districts with more services. More urban and centralized neighborhoods with high populations of low-income older adults and adults with disabilities, such as Districts 3 and 6, have a high concentration of service site locations, as well as higher service utilization rates among these groups. Outer districts, particularly Districts 1, 2, 4, 11, have a lower rates of service utilization. These districts have fewer service site locations and the services tend to be more spread out across large districts, which may create large distances for consumers to travel for service access. Such distance may compound other barriers, such as transportation access, service awareness, and mobility restrictions.

- **Recommendation: Consider strategies to increase service participation in areas with limited service sites**. Explore opportunities to expand services in underutilizing districts. This may be through new partnerships to leverage existing space or through programs that do not require a dedicated site to offer opportunities for meaningful engagement and community participation (e.g., Community Connector, Care Navigation services).

Finding 5. For the most part, we are effectively prioritizing our target populations, but we must improve our support and connection to older LGBTQ people. Overall, we serve about 1 in 4 of San Francisco's older adult population. An equity analysis found that our priority populations – those with equity concerns facing systemic barriers that impact access and outcomes – tend to access services more than the general population. For example, we are serving 1 in 2 of the City's seniors living in poverty, meaning that *seniors in poverty access our services at twice the rate of the general population*.

However, there are exceptions. Most notably, LGBTQ seniors access services at a significantly lower rate than the general population (1 in 10). Additionally, there is some variation in utilization for specific services that warrants further exploration. For example, although Asian/Pacific Islander seniors constitute about half of our clients and utilize services at high rates overall, they are less likely to access home-based services, like Home-Delivered Meals. Additionally, while Latinos accesses services at about the same rate as the overall senior population, this group is underrepresented with regard to caregiver services and younger adults with disabilities (under age 60).

- **Recommendation: Explore reasons for variation in service utilization and develop appropriate solutions.** Draw on the knowledge of community partners, including community leaders serving diverse ethnic communities, to better understand these trends and how cultural differences may impact need for services or preference for how to receive

certain types of support. To address LGBTQ disparity, consider expanding or developing new programs focused on this community, but also work to ensure LGBTQ residents feel welcome and safe participating in all DAS-funded services.

Finding 6. Senior clients who identify as LGBTQ are less ethnically diverse than the overall population of clients served, and few transgender individuals participate in services.
The majority of LBGTQ clients participating in our community-based services are white (58% of senior clients). While past local research has suggested that older adults who identify as LGBTQ are more likely to be white, it may also be the case that persons from communities of color may not feel as comfortable disclosing their identity or may conceptualize their identity differently. They may prioritize another component of their entity, such as ethnicity or language, when seeking services.

Further, less than one percent of clients in our community-based programs identify as transgender: 229 clients. While research has generally suggested this group to be smaller than other groups within the LGBTQ population, their needs are unique and must be appropriately addressed.

- **Recommendation: Convene community leaders and stakeholders to discuss these trends.** Bring together leaders from the LGBTQ community and the City's diverse ethnic communities to better understand what may account for these trends. Consider potentially supporting more formal research into this area to learn more about how different groups conceptualize ideas of sexual orientation and gender identity and how these identities may manifest in the city's diverse communities. Work in partnership with the City's Office of Transgender Initiatives, convene community leaders to discuss services that would engage and support older and disabled TGNC residents and utilize Dignity Fund revenue to establish resources.

Finding 7. Most caregivers receive limited support, experience high stress, and are unsure of how to access supportive resources. Consistent with state and national trends, most San Francisco caregivers (62%) report they are "nearly always" or "frequently" stressed as a result of balancing caregiving duties with other responsibilities; similarly, 60% "nearly always" or "frequently" having no time for themselves due to their responsibilities as caregivers. From a citywide survey, we identified a public perception that services are not available to support caregivers. Additionally, Latino caregivers and those with limited English proficiency appear to be underrepresented in caregiver programs.

- **Recommendation: Expand network of caregiver services and ensure resources are publicized and accessible to all communities.** Expand services that support caregivers, particularly those with limited or no English-speaking proficiency and low-to-moderate incomes. Include services that provide community and respite for caregivers, as well as those that provide training so they can effectively and safely care for their loved ones. Conduct targeted outreach to build awareness of these services among underrepresented groups.

ADDITIONAL INFORMATION ON NEEDS ASSESSMENT METHODOLOGIES

The Community Needs Assessment that drives our current planning efforts was a robust and participatory community effort. As outlined in *Section 4: Planning Process/Establishing Priorities,* over a six month period, we conducted broad outreach to gather input from seniors, people with disabilities, caregivers, and providers, including:

- **Community Forums** in all 11 supervisorial districts (462 attendees);
- **Focus Groups** with specific populations and groups (282 participants across 29 groups);
- A 44-question **Community Survey** that was administrated to a randomized phone sample and also made available online and hard copy at DAS-funded sites (1,127 responses); and
- A **Provider Survey** for aging and disability service professionals (296 responses).

These efforts were supplemented by major analytical components and opportunities for public input:

- As part of this process, we also conducted a data-driven **Equity Analysis**. First, this assessed how our priority populations – groups that face systemic barriers that impact access and outcomes (e.g., communities of color, people with low income) – utilize our services in comparison to the general population. We also considered geographic issues, looking at how service participation levels and how funds vary across the City's supervisorial districts. This analysis drew on population estimates from the American Community Survey, as well as data from our program enrollment.
- All of this work culminated in a **Gaps Analysis** that identified unmet needs, areas for system improvements, and opportunities for collaboration and additional support. Many of the findings and recommendations incorporated into this Area Plan are from this analysis.
- Prior to finalizing our assessment, we presented publicly to share preliminary findings and gather input into how to interpret this information and identify systems gaps. These presentations were provided before the Dignity Fund Oversight and Advisory Committee, as well as a joint hearing between this body and the Disability and Aging Services Commission to review the report draft, offer feedback, and solicit public comment. Once this report was finalized and approved by our Commission, our Executive Director presented the report to the Board of Supervisors, which also voted to approve the report.

This Community Needs Assessment also identified areas for further research and analysis that we have begun to pursue. To this end, we completed three follow up analyses that inform our current strategic efforts, including: (1) a more detailed equity analysis that delineated trends in communities of color by ethnic group; (2) an updated equity analysis focused on the LGBTQ population (after a full year of data collection under our local ordinance that requires collection of sexual orientation and gender identity information); and (3) an assessment of caregiver needs that drew on detailed assessment data collected in our Family Caregiver Support Program and also a citywide survey of caregivers completed for the Community Needs Assessment. These projects drew primarily on existing program data, as well as population level data available through the census, and we consulted with program staff and community stakeholders in finalizing the reports.

SECTION 6: TARGETING

This section describes our priority (or "target") populations and how we meet the needs of these groups.

The Older Americans Act mandates that services are directed to older individuals with the greatest economic or social need and those who are at risk for institutional placement.[11] These priorities are echoed in the Older Californians Act with specific mention of low-income, non-English speaking, minority, and frail persons.

San Francisco's priority populations build on this guidance from federal and state statute. Our focus is shaped in large part by our Community Needs Assessment, which included a rigorous review of research literature and public reports to identify equity factors that capture populations experiencing systemic barriers that can inhibit accessing of services and resources. These factors characterize populations at greater risk of poor life outcomes and who are likely to have to have unique service needs related to the cultural or socioeconomic conditions in which they live. It is important to note that these categories are not mutually exclusive; individuals may possess multiple equity factors.

San Francisco Priority Populations

Persons who are Socially Isolated	Persons with Low Income	Persons with Limited English-Speaking Proficiency	Persons from Communities of Color	Persons who Identify as LGBTQ	Persons at Risk of Institutional-ization

In designing and delivering services, we must be attentive to the unique characteristics and needs of our priority populations so that we can support even the most vulnerable older adults and adults with disabilities to achieve their optimal health and well-being in a community setting.

SOCIAL ISOLATION

Social isolation is associated with poor health, decreased cognitive function, and decreased emotional well-being.[12] San Francisco older adults are more likely to live alone than older adults statewide or in other major California counties: almost 30% live in a single person household compared to 22% of seniors statewide.[13,14] The risk of isolation is particularly high in San Francisco, where our hilly terrain can impede people with physical disabilities, the high cost of living can make it difficult to afford to participate in mainstream activities, and adult children often leave the City to raise their own families in more affordable areas. Those who live alone and those who are homebound may be at heightened risk for isolation and reduced access to services.

[11] "Greatest economic need" refers to those with income below the federal poverty line or elder economic security index. "Greatest social need" refers to need caused by noneconomic factors, such as disabilities, language barriers, and isolation resulting from cultural, social, or geographic barriers.

[12] Charles, S., & Carstensen, L. L. (2010). Social and Emotional Aging. *Annual Review of Psychology*, *61*, 383–409. http://doi.org/10.1146/annurev.psych.093008.100448

[13] 2017 American Community Survey 5-Year Estimates.

[14] Living alone is a commonly used as a proxy for increased risk of isolation in research literature and analysis.

Last year, DAS served almost 13,000 seniors who live alone in our community-based services, reaching about a quarter of the population.

Social Isolation by the Numbers: City Population and Clients Served (Age 60+)

	City Population	Senior Clients
All	178,588	33,372
Social Isolation*	49,360	12,837

*Measured by proxy indicator of living alone
Source: 2017 ACS 5 Year Estimates; FY 2018-19 Enrollments in CA GetCare

POVERTY AND LOW INCOME

Many San Francisco seniors have inadequate income to meet their needs. This is the result of many factors, including the City's high cost of living and a high rate of older persons relying on Supplemental Security Income. Approximately 13% of San Francisco seniors live in poverty according to the nationwide federal poverty level. However, closer to 30% of single and two-senior households struggle to maek ends meet according to the Elder Economic Security Index, which accounts for variation in cost of living by county and housing tenure.

Persons with low income face many barriers in accessing services. This is in part because of the intersectionality of poverty and other equity factors, which can compound difficulty utilizing resources. For example, approximately 25% of African-American/Black seniors and about 24% of seniors with limited English proficiency live in poverty.[15] Additionally, many seniors among the "hidden poor" are ineligible for basic safety net services, such as Medi-Cal and In-Home Supportive Services, or may be unaware that our community-based services are not means-tested and are available to them.

The majority of seniors that DAS serves have low-income. Based on census estimates and our enrollment data, we served over 80% of the City's seniors living in poverty last year.

Low Income by the Numbers: City Population and Clients Served (Age 60+)

	City Population	Senior Clients
All	178,588	33,372
Poverty*	23,628	19,580

*Based on 100% of the federal poverty level
Source: 2017 ACS 5 Year Estimates; FY 2018-19 Enrollments in CA GetCare

LIMITED ENGLISH PROFICIENCY

The ability to effectively communicate directly impacts to the ability to access resources, as well as interact and participate in the community. In a City that is home to over 100 languages and with a senior population composed largely of immigrants, the accessibility of services for older adults who speak a primary language other than English is a critical concern. This is particularly true for those with limited or no English proficiency; with strong ethnic enclaves in San Francisco, many of these seniors have retained the language of their country of origin as their primary or even only language. Today, the majority of our older adults speak a primary language other than English and almost a third have limited or no English

[15] 2017 American Community Survey 5-Year Estimates

proficiency. Most commonly, these seniors speak Chinese dialects (37,000) or Spanish (4,500) or Russian (3,000).

Through our community partnerships, DAS serves about 15,000 seniors with limited English proficiency – almost half of all seniors served.

Limited English Proficiency by the Numbers: City Population and Clients Served (Age 60+)

	City Population	Senior Clients
All	178,588	33,372
Limited English Proficiency	51,227	14,994

Source: 2017 ACS 5 Year Estimates; FY 2018-19 Enrollments in CA GetCare

COMMUNITIES OF COLOR

Over the last thirty years, San Francisco's older adults have become increasingly diverse, with Asian/Pacific Islanders representing the largest portion of our senior population. Over the same period, the percentage of the senior population that is African-American or Black has decreased from about ten percent to seven percent. It is our responsibility to support all of San Francisco's diverse groups to age with dignity and connection in the community. We must counter decades of institutional and structural racism that impacts well-being and results in disparate outcomes throughout the lifespan, including later years.

As noted below, most seniors who participate in our services come from communities of color. We serve almost 25% of the City's non-White seniors through our community programs.

Communities of Color by the Numbers: City Population and Clients Served (Age 60+)

	City Population	Senior Clients
All	178,588	33,372
Non-White Seniors	107,921	25,111

Source: 2017 ACS 5 Year Estimates; FY 2018-19 Enrollments in CA GetCare

LGBTQ COMMUNITY

Even in a city known as a hub for LGBTQ communities, seniors who identify as LGBTQ report experiencing stigma that impacts their comfort and willingness to disclose their sexual orientation and gender identity. They may hesitate to seek services that they need due to fears of social stigma and lack of trust.[16] Even within the LGBTQ community, they can feel unwelcome or invisible to younger generations. This is particularly concerning given the unique challenges faced by this population. They are at higher risk of isolation than straight-cisgender seniors; they are twice as likely to live alone as the overall senior population and they are less likely to be married or to have children to rely on in older

[16] Fredriksen-Goldsen, K. I., Kim, H. J., Hoy-Ellis, C. P., Goldsen, J., Jensen, D., Adelman, M., & De Vries, B. (2013). Addressing the needs of LGBT older adults in San Francisco: Recommendations for the future. Institute for Multigenerational Health University of Washington.

age.[17] As survivors of the AIDS epidemic, many experience survivor's guilt or behavioral health conditions resulting from the trauma or losing loved ones. And many did not make long-term plans for later in life, since they didn't expect to live into old age.

Based on available data, we estimate there to be about 21,500 LGBTQ seniors in San Francisco. We serve about 1,500 in our programs.

LGBTQ Community by the Numbers: City Population and Clients Served (Age 60+)

	City Population	Senior Clients
All	178,588	33,372
LGBTQ Community	21,431	1,535

Source: 2017 ACS 5 Year Estimates; San Francisco City Survey 2007-2017; FY 2018-19 Enrollments in CA GetCare

RISK OF INSTITUTIONALIZATION

People deserve and need to live in their communities and age with dignity. Federal, state, and local policies have established the right of people with disabilities to live in the least restrictive setting appropriate for their care needs; people should only reside in a state-licensed, congregate living facility if their care needs cannot be met in the community. As the Area Agency on Aging, we have a critical role to develop a robust safety net that allows older people meet their needs and remain stable in the community. Additionally, within our work to prevent institutionalization, we must also consider how issues of inequity increase the likelihood of premature or unnecessary institutionalization of those who face systemic barriers to opportunity – and shape our resources in particular to work for these populations.

Citywide, approximately 33,000 seniors have disabilities that increase their risk of entering institutional care. We serve almost 10,000 seniors at risk of institutionalization.

Risk of Institutionalization by the Numbers: City Population and Clients Served (Age 60+)

	City Population	Senior Clients
All	178,588	33,372
Risk of Institutionalization*	32,740	8,288

*Population estimate based on self-care and independent living difficulty; client count based on enrollment in services focused on preventing institutionalization.[18]
Source: 2017 ACS 5 Year Estimates; FY 2018-19 Enrollments in CA GetCare

[17] San Francisco Human Services Agency Planning Unit. 2016. Assessment of the Needs of San Francisco Seniors and Adults with Disabilities. Accessed on December 1, 2019, from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities

[18] Adult Day Care, Case Management, Community Living Fund, Home-Delivered Meals and Groceries, and Emergency Short-Term Home Care.

STRATEGIES

We employ a variety of tactics to serve our priority populations and will continue to expand these efforts over the 2020-23 Area Plan. Key strategies include:

- **Increase awareness of services through a public information campaign and coordinated outreach strategies**: People must be aware of our services, or at least have a sense that services exist, to reach out for support. We will continue to strengthen and expand our efforts towards this aim, including launching a new public information campaign and implementing an enhanced outreach plan to coordinate efforts with our community partners and other City departments.

- **Fund specific services to address priority population needs**: We have dedicated services tailored to address the unique needs of our priority populations. This includes isolation mitigation services that focus on linkages to resources and developing community. For example, we have expanded our Community Connector program, in which a community member leads structured efforts and hosts activities to promote connection and community within a specific neighborhood (these are focused primarily in residential areas without a community center hub). Another example is the LGBTQ Care Navigation program, which utilizes trained staff to help isolated LGBTQ seniors access health and social service systems, as well as peer volunteers to provide regular socialization opportunities.

- **Support culturally appropriate services citywide**: We must ensure our City's diverse seniors feel comfortable accessing all of our services. As the local Area Agency on Aging, we can nurture and support culturally competent practice in part through the provision of training curriculum. We take many approaches towards this. For many years, our Department has funded LGBTQ cultural competency training; we expanded this recently to include dementia-focused training for service providers and family members working with persons at risk of institutionalization. We also are resuming quarterly provider training sessions to support a variety of competencies in our partner organizations.

- **Continue ongoing partnerships and develop new collaborations**: Through coordinated efforts with community providers, faith communities, and other organizations, we can leverage distinct touchpoints to reach consumers. We partner with diverse organizations to provide culturally appropriate programming with services offered in a variety of languages. Additionally, we influence and develop systems-level strategies and policies at the local, state, and national levels through our networks. For example, we are currently chairing a Social Isolation Workgroup within the Long Term Care Coordinating Council to develop strategies to address isolation among persons with personal care needs.

- **Analyze enrollment and performance data**: To ensure we are serving our priority populations, we regularly draw on data to understand who is accessing our services. We produce an annual Data and Evaluation report that summarizes client demographic trends by service and also captures performance data. We also conduct standalone analyses to dive deeper into specific topics and investigate equity issues.

- **Convene key stakeholders for advice and insight**: Our community provider and other partners are a critical resource in understanding population needs and developing strategies to reach underserved populations. We maintain robust dialogue with advocacy and service organizations through many local coalitions and oversight bodies, as well as quarterly provider meetings in our major service areas. And, particularly as we identify equity concerns or underservice, we turn to our local network to help us understand these trends and develop strategies to address these issues.

SECTION 7: PUBLIC HEARINGS

This section documents our public hearings on the Area Plan, which provide the opportunity to comment on the development and content of the Area Plan.

CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308
Older Americans Act Reauthorization Act of 2016, Section 314(c)(1)
At least one public hearing must be held each year of the four-year planning cycle.

Fiscal Year	Date	Location	# Attendees	Presented in languages other than English?[19]	Held at a Long-Term Care Facility?[20]
2020-2021	2/19/20	1650 Mission St, 5th Floor	18	No	No
	3/4/20	City Hall, Room 416	52	No	No

The following must be discussed at each Public Hearing conducted during the planning cycle:

1. **Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.**

We solicit input from persons who are institutionalized, homebound, and disabled through our extensive needs assessment process. This included a focus group with homebound adults, persons with vision impairment/blindness, consumers of behavioral health and mental health resources, and persons aging with HIV. Additionally, our Community Survey was distributed online and via hard copy with outreach through social media, service providers, and other community partners; we received 20 responses from persons who identified as residing in assisted living facilities.

2. **Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?**

☐Yes. Go to question #3

☒Not applicable, PD and/or C funds are not used. Go to question #4

3. **Summarize the comments received concerning proposed expenditures for PD and/or C**
Not applicable

4. **Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services**

☒Yes. Go to question #5

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

☐No, Explain:

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

   2020: No comments.

6. **List any other issues discussed or raised at the public hearing.**

   2020: The following issues were discussed:

   - **Definition of disability and eligibility for DAS services**: Questions were raised regarding the Department's definition of disability with concern expressed that only people with physical disabilities and dementia are eligible to participate in services. Department staff clarified that DAS serves people with a wide range of physical and mental conditions and that consumers are not required to provide documentation or identify specific disabilities when accessing our community-based services. Based on advice from disability experts, we do not employ a more specific definition of disability (e.g., list of types of disability) to avoid inadvertently establishing restrictive criteria that exclude people from participating in services.
   - **Senior homelessness**: Concern was expressed about rates of senior homelessness and that the Area Plan does not directly address this issue. Department staff noted that the Department of Homelessness and Supportive Housing (HSH) is the City's lead agency on this issue and that DAS does collaborate with HSH, including through the Home Safe pilot program referenced in the Narrative Goals and Objectives section of this report. DAS also funds programs that seek to prevent homelessness, such as the Rental Subsidy, Legal Services, and Case Management programs.
   - **Assisted Living**: A few points were discussed regarding assisted living facilities and their residents, including general eligibility for participation in DAS services and also safety and comfort of transgender persons living in these facilities. DAS explained that assisted living residents are eligible to participate in its programs. The LGBTQ Long-Term Care Bill of Rights protects against discrimination based on sexual orientation, gender identity, gender expression, and HIV status, and the Long-Term Care Ombudsman is responsible for responding to complaints regarding the violation of these protections.
   - **Racial Equity**: There were questions and discussion regarding the City's commitment to racial equity and how DAS incorporates this into its work. Staff highlighted the equity analysis that guided the needs assessment process and shapes key priorities outlined in this plan and the Department's work.

7. **Note any changes to the Area Plan which were a result of input by attendees.**

   2020: The following changes were made:

   - Based on discussion with the Advisory Council, we added an objective related to facilitating collaboration in the community and across departments.

SECTION 8: IDENTIFICATION OF PRIORITIES

This section describes how DAS establishes priorities for the planning cycle, the factors influencing our priorities, and our plans for managing increased or decreased revenues in the future.

As outlined in *Section 4: Planning Process/Establishing Priorities*, DAS conducts an extensive planning process to assess needs, evaluate resources, and develop our plan for supporting older people to engage in the community and age with dignity. As both an Area Agency on Aging that administers community-based services and also a county welfare agency, we must participate in a variety of planning processes. In doing so, we strive to align our efforts and work to streamline and integrate our services.

Within this Area Plan, our Department's Goals represent our guiding principles. These come from our Five Year Strategic Plan, which was developed within the City and County of San Francisco's strategic planning process. These goals are:

- **Goal 1:** Maintain a Robust Network of Community-Based Services for Older Adults and Adults with Disabilities
- **Goal 2:** Protect older adults and adults with disabilities from abuse, neglect, and financial exploitation
- **Goal 3:** Provide and support consumer-centered programming to best address client needs
- **Goal 4:** Expand planning and evaluation efforts to ensure best use of resources and maximize client outcomes
- **Goal 5:** Support and develop an engaged professional workforce that is prepared to work with older adults and adults with disabilities.

As detailed in *Section 10: Area Plan Narrative Goals and Objectives*, we will pursue more specific Objectives, or actions, to support these Goals.

All of our work towards these Goals and Objectives is shaped by our Priorities for this Area Plan cycle. These Priorities are overarching considerations we must keep at the forefront as we administer funding and facilitate services. These are drawn directly from our community needs assessment work, reflecting gaps in services, equity concerns, and opportunities to strengthen our service network. More specifically, the findings from our Community Needs Assessment resulted in numerous recommendations, across which common and critical themes emerged. These Priorities identify areas for systematic improvements in the development and delivery of our services to ensure that our services are accessible to all consumers – in particular our target populations are well served – and that we are maximizing the use of our limited resources.

Our Priorities are to:

- **Increase Awareness & Accessibility of Services:** DAS must support consumers and service providers to develop awareness of the diverse range of DAS services, understand how to learn more about services, and access desired services.
- **Promote Inclusion of Seniors and Adults with Disabilities within the Broader City Community:** DAS must bring community and other City agency stakeholders together to improve their sensitivity and responsiveness to the needs of seniors and adults with disabilities.
- **Focus on Equity Factors:** DAS must continue to provide quality, culturally responsive services to clients of all backgrounds and life circumstances, with a specific focus on the following target

populations: those at risk of social isolation, low-income individuals, non-English speakers, people belonging to communities of color, and LGBTQ persons.

- **Improve Geographic Access to Services:** DAS should develop programs and locate service sites strategically so that consumers living in all parts of the City, including the outer Districts, may utilize needed services with ease.
- **Boost Service Engagement for Adults with Disabilities:** DAS must consider how to enhance service connection among adults with disabilities, while keeping in mind the particular needs and preferences of this population.
- **Make Decisions Using Data:** DAS should conduct robust data collection of service utilization and client outcomes to support a data-informed process for service design, implementation, and evaluation.
- **Collaborate with City and Community:** DAS must support both formal and informal community provider partnerships at the neighborhood- and District-levels, and with other City agencies serving older and disabled adults, to enhance the quality, reach, and impact of services.
- **Strengthen Community-Based Provider Infrastructure:** DAS should reinforce and strengthen the infrastructure of community-based agencies to support the quality, reach, and impact of services.

These Priorities will guide DAS as we navigate this Area Plan cycle. Should additional funding become available, these considerations will help us direct how to make best use of the revenue. These Priorities can also help us should resources decrease. In particular, our Priority to "make decisions using data" will help us identify where to absorb reductions while minimizing impact in our other Priority areas.

Additionally, the process of identifying these Priorities has affirmed the importance of our Title IIIB funding allocation, which provides funds for Access, In-Home, and Legal Assistance. In particular, Access service – such as Information and Assistance provided at our in-person service center (the DAS Benefits and Resource Hub) – are critical to increase awareness and utilization of services. Additionally, Legal Assistance services support our equity focus, helping low-income individuals to resolve concerns related to housing, public benefits, and immigration matters. See *Section 13: Priority Services* for specific detail on this allocation.

SECTION 9: AREA PLAN NARRATIVE GOALS AND OBJECTIVES

This section outlines our broad Goals for the Area Plan cycle and the specific Objectives (or strategies) that we'll use to support these Goals.

As outlined in *Section 4: Planning Process/Establishing Priorities*, our Department **Goals** serve as the conceptual underpinning for our administration of the aging and disability service delivery system.

To achieve these Goals, each year we identify specific **Objectives** or actionable strategies to pursue. Given the purpose of this Area Plan, the items included here focus primarily on community-based services (aligned with the network of services outlined in the Older Americans Act services). Many of these items are also integrated within the agency-wide DAS Strategic Plan and our annual Action Plans described in *Section 4*.

Our Goals and Objectives begin on the following page.

Goal 1: Maintain a robust network of community-based services for older adults and adults with disabilities.			
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. Working with community-based organizations, we can facilitate diverse opportunities for social engagement, nutrition support, and many other resources that enhance the well-being of older persons and persons with disabilities.			
Objective	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
A. Promote expansion of employment resources that support older people and adults with disabilities in the workforce. The Work Matters collaborative will host quarterly meetings to facilitate collaboration across the City's employment support programs (including traditional public workforce programs) and provide outreach and trainings to educate and engage employers. The DAS-funded ReServe program will support 125 clients to prepare for and participate in the workforce.	July 2020 to June 2024		
B. Support intergenerational activities. We are piloting six community-based programs that bring together people of different ages and/or abilities with a goal of fostering intentional interaction and encouraging relationship building. These programs will serve 475 clients per year.	July 2020 to June 2024		
C. Promote positive nutrition status and reduce food insecurity. Through a robust network of programs, DAS will provide access to nutrition and related resources that support health and food security. We will explore new innovative models, like Nutrition for Healthy Outcomes which provides tailored nutrition and education for persons with chronic diseases. In our traditional programs, we will fund 1.99 million Home-Delivered Meals and 998,000 Congregate Meals for seniors in FY 2020-21. Additionally, as part of the City's ongoing COVID19 response, DAS will ensure continuity of existing nutrition programs by supporting providers to adapt service models and also work to expand food supports as needed.	July 2020 to June 2024		
D. Maintain a robust network of caregiver supports. We will work to develop and maintain a coordinated network of resources that support informal caregivers, including adult day programs, respite care options, and traditional family caregiver support services. In FY 2020-21, our Dignity Fund Respite Care program will provide approximately 24,000 hours of respite care for over 200 caregivers.	July 2020 to June 2024		

Goal 2: Protect older adults and adults with disabilities from abuse, neglect, and financial exploitation.			
Rationale: While older and disabled persons possess a variety of strengths and many are increasingly able to live independently in the community without assistance, some experience heightened risks related to their health, housing, and safety. By helping to address critical issues and facilitating connections to resources, we can support consumers meet their basic needs and regain or maintain their stability in the community.			
Objective	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
A. Prevent and mitigate the abuse of older people and adults with disabilities through public outreach and awareness building. The Elder Abuse Prevention program will provide outreach and education to mandated reporters and the community. This will include 25 training sessions for mandated reporters and 20 public education sessions, as well as the distribution of 4,450 copies of educational materials.	July 2020 to June 2024		
B. Enhance the City's network of resources working together to identify and address instances of elder and dependent adult abuse. We will fund a dedicated position in our Legal Services program to collaborate with Adult Protective Services to address cases of elder financial abuse. Through the Forensic Center, a multi-disciplinary team of service providers, law enforcement, the Ombudsman and Adult Protective Services will convene quarterly to resolve complex cases of abuse, neglect, and self-neglect.	July 2020 to June 2024		
C. Develop strategies to prevent eviction and homelessness. We will implement and support evaluation of Home Safe, a state-funded pilot to stabilize low-income older and disabled adults at imminent risk of homelessness due to self-neglect. A partnership of Adult Protective Services, the Department of Homelessness and Supportive Housing, and our community partners, this program will serve approximately 60 clients in FY 2020-21.	July 2020 to June 2024		
D. Support quality care in long-term care settings. Through the Long-Term Care Ombudsman program, we will support appropriate care and high quality of life for residents of assisted living facilities and other long-term care settings receive quality care. This will include increased outreach and engagement among monolingual Chinese language speakers; our local program has hired a dedicated bilingual specialist to focus on this growing segment of the client population.	July 2020 to June 2024		

Goal 3: Provide and support consumer-centered programming to best address client needs.			
Rationale: Our clients are unique individuals who come from diverse communities, have varied needs and express different preferences for how to engage in services and receive care. We must take a whole person approach in serving consumers and support systems integration within DAS and the community to streamline access to resources. As we work with consumers, we must be mindful of all resources that may be useful for their situation.			
Objective	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
A. Streamline access to resources across Department and community to promote timely access of needed resources. DAS will establish an online resource directory that will serve as a centralized source of information about resources that support seniors to safely age in the community. Launching in FY 2020-21 with support from the Stupski and Dolby foundations, we will develop a plan for ongoing sustainability and continue over the next four years to monitor and adjust the directory to ensure it is an effective tool for the public, as well as service professionals.	July 2020 to June 2024		
B. Ensure programs are culturally appropriate for the city's diverse low-income older people and adults with disabilities. Guided by our Equity Analysis and subsequent analysis, we will address identified equity issues to support all San Franciscans to age with dignity in the community. One new equity-focused initiative is the development of new services tailored for transgender and gender non-conforming (TGNC) residents to promote meaningful connection and engagement for 130 consumers in FY 2020-21.	July 2020 to June 2024		
C. Develop new and innovative programs that address the needs of unique communities and consumer groups. Working closely with our community providers, we will explore grassroots models and expand services that address population needs and preferences. This includes our new Peer Ambassador program, which appoints outreach liaisons in commercial corridors who also serve as neighborhood liaisons to our service network.	July 2020 to June 2024		
D. Support consumers to meet their needs safely during the coronavirus emergency and recovery. In coordination with the City's emergency response, DAS will provide adapted, enhanced, and/or new resources to support older and disabled adults meet their needs safely in the context of COVID19. During the immediate pandemic response and long-term recovery, we will ensure services are accessible and tailored to meet the unique situations of our community members.	March 2020 to TBD		

Goal 4: Expand planning and evaluation efforts to ensure best use of resources and maximize client outcomes.			
Rationale: To effectively serve older people and adults with disabilities living in San Francisco, we need to develop useful information that allows us to identify and understand unmet needs and formulate thoughtful strategies to fill those gaps. We are committed to measuring the impact of our services and working collaboratively with other agencies and community partners to support a data-informed process for service.			
Objective	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
A. Develop information to support data-informed decision-making. In order to better understand specific trends, population needs, and program impact, DAS will conduct deep dives into specific topics and program areas each year. Topics may include focused needs assessments of specific consumer groups and/or evaluations of specific services.	July 2020 to June 2024		
B. Strengthen outcome objectives to support better understanding of program impact. We will draw on research literature and work in collaboration with our community partners to ensure metrics are meaningful and manageable. We will focus on specific service areas according to the contract cycle schedule outlined in the Dignity Fund 2020-23 Service and Allocation Plan. In FY 2020-21, we will focus on the Access and Empowerment, Caregiver Support and Housing Support service areas.	July 2020 to June 2024		
C. Facilitate an Age- and Disability-Friendly City. San Francisco has joined World Health Organization and AARP initiatives to develop inclusive and livable cities. We will conclude our first cycle in FY 2020-21 and evaluate the impact of this effort and then begin a second cycle.	July 2020 to June 2024		
D. Encourage and support collaboration across providers, government agencies, and other partners. Through informal and formal partnerships, we will seek to leverage expertise and reduce duplication to best serve client populations. This includes supporting our contractors to develop new collaborations, as well as supporting other fields and service systems to work with older people and adults with disabilities.	July 2020 to June 2024		

Goal 5: Support and develop an engaged professional workforce that is prepared to work with older adults and adults with disabilities.			
Rationale: For older adults and people with disabilities to live and engage in community, it is critical that San Francisco has a robust professional workforce trained in aging and disability issues to provide services and supports.			
Objective	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
A. Support professional education and training. DAS will implement an enhanced educational training curriculum for DAS staff. Additionally, in coordination with the Advisory Council, we will provide quarterly educational presentations for our providers on topics like Disability and Ableism" in community settings.	July 2020 to June 2024		
B. Engage students in the field of aging and disability services through internships and school partnerships. Through our Adult Protective Services program, we will participate in a state pilot of MSW internship stipends (modeled after the child welfare Title IVE program). We will explore opportunities to support our community partners to offer paid internships and also to partner with City College certification programs.	July 2020 to June 2024		
C. Develop an overview presentation of senior/disability resources and provide regularly. To ensure service professionals understand the full range of available services, we will develop a standing presentation that provides an overview of the aging and disability service network. This training will be provided on a regular basis to DAS staff and service providers, both to orient new professionals to the City and also ensure longer-term professionals are up-to-date on local resources.	July 2020 to June 2024		
D. Build staff capacity to apply principles of racial equity and trauma-informed systems in professional practice. As part of an Agency-wide effort to promote racial equity, DAS staff will participate in trainings on the racial equity framework and convene a staff-driven workgroup to develop Departmental equity initiatives. Additionally, within our Adult Protective Services and Public Conservator programs, DAS will train staff on trauma-informed systems, conduct a baseline organizational health assessment, and develop and implement a plan for adopting trauma-informed practices.	July 2020 to June 2024		

SECTION 10: SERVICE UNIT PLAN (SUP) OBJECTIVES

This section identifies anticipated service units for each program supported by funding from the California Department of Aging. This consists of seven subsections by funding source and program type; report instructions have been italicized font to better delineate our response to the prompts.

TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the NAPIS State Program Report (SPR)

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary and the National Ombudsman Reporting System (NORS) Instructions.

Report the units of service to be provided with ALL funding sources. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA. Only report services provided; others may be deleted.

1. TITLE IIIB: SUPPORTIVE SERVICES & TITLE IIIC: NUTRITION

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	460	1, 2, 3, 4, 5, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Homemaker (In-Home) **Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	520	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Chore (In-Home) **Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	520	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Home-Delivered Meal **Unit of Service = 1 Meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,985,100	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Congregate Meal **Unit of Service = 1 Meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	997,500	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Nutrition Counseling **Unit of Service = 1 Session per Participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,288	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Transportation (Access) **Unit of Service = 1 Way Trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	36,000	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Legal Assistance **Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	14,984	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Nutrition Education **Unit of Service = 1 Session per Participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	46,600	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

Information and Assistance (Access) **Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,200	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

2. NAPIS SERVICE CATEGORY: "OTHER" TITLE III SERVICES

Not applicable

3. TITLE IIID: DISEASE PREVENTION AND HEALTH PROMOTION

Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.

Service Activities: _Chronic Disease Self-Management Program (CDSMP) and
__Diabetes Education Empowerment Program (DEEP)___

Title IIID/Disease Prevention and Health Promotion **Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,546	1, 2, 3, 4, 5	
2021-2022			
2022-2023			
2023-2024			

4. TITLE IIIB/TITLE VIIA: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

As mandated by the Older Americans Act Reauthorization Act of 2016, 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 ensuring their dignity, quality of life, and quality of care.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

OUTCOME 1. THE PROBLEMS AND CONCERNS OF LONG-TERM CARE RESIDENTS ARE SOLVED THROUGH COMPLAINT RESOLUTION AND OTHER SERVICES OF THE OMBUDSMAN PROGRAM. OLDER AMERICANS ACT REAUTHORIZATION ACT OF 2016, SECTION 712(A)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).

The average California complaint resolution rate for FY 2017-2018 was 73%.

1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved _208_ + number of partially resolved complaints _150_ divided by the total number of complaints received _524_ = Baseline Resolution Rate _68_% **FY 2020-2021 Target Resolution Rate _70_%**
2. FY 2019-2020 Baseline Resolution Rate: Number of complaints resolved ____ + number of partially resolved complaints ____ divided by the total number of complaints received ____ = Baseline Resolution Rate ____% **FY 2021-2022 Target Resolution Rate ____%**
3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints resolved ____ + number of partially resolved complaints ____ divided by the total number of complaints received ____ = Baseline Resolution Rate ____% **FY 2022-2023 Target Resolution Rate ____%**
4. FY 2021-2022 Baseline Resolution Rate: Number of complaints resolved ____ + number of partially resolved complaints ____ divided by the total number of complaints received ____ = Baseline Resolution Rate ____% **FY 2023-2024 Target Resolution Rate ____%**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

B. Work with Resident Councils (NORS Elements S-64 and S-65)

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended _65_ **FY 2020-2021 Target _55_**
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended ____ **FY 2021-2022 Target ___**
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended ____ **FY 2022-2023 Target ___**
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended ____ **FY 2023-2024 Target ___**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

C. Work with Family Councils (NORS Elements S-66 and S-67)

1. FY 2018-2019 Baseline: Number of Family Council meetings attended _13_ **FY 2020-2021 Target _13_**
2. FY 2019-2020 Baseline: Number of Family Council meetings attended ____ **FY 2021-2022 Target ___**
3. FY 2020-2021 Baseline: Number of Family Council meetings attended ____ **FY 2022-2023 Target ___**
4. FY 2021-2022 Baseline: Number of Family Council meetings attended ____ **FY 2023-2024 Target ___**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54)

Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

1. FY 2018-2019 Baseline: Number of Instances _139_ **FY 2020-2021 Target _155_**
2. FY 2019-2020 Baseline: Number of Instances ____ **FY 2021-2022 Target ___**
3. FY 2020-2021 Baseline: Number of Instances ____ **FY 2022-2023 Target ___**
4. FY 2021-2022 Baseline: Number of Instances ____ **FY 2023-2024 Target ___**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

E. Information and Assistance to Individuals (NORS Elements S-55)

Count of instances of Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2018-2019 Baseline: Number of Instances _450_ **FY 2020-2021 Target _540_**
2. FY 2019-2020 Baseline: Number of Instances ____ **FY 2021-2022 Target ___**
3. FY 2020-2021 Baseline: Number of Instances ____ **FY 2022-2023 Target ___**
4. FY 2021-2022 Baseline: Number of Instances ____ **FY 2023-2024 Target ___**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

F. Community Education (NORS Elements S-68)

LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.

1. FY 2018-2019 Baseline: Number of Sessions _7_ **FY 2020-2021 Target _7_**
2. FY 2019-2020 Baseline: Number of Sessions ____ **FY 2021-2022 Target ___**
3. FY 2020-2021 Baseline: Number of Sessions ____ **FY 2022-2023 Target ___**
4. FY 2021-2022 Baseline: Number of Sessions ____ **FY 2023-2024 Target ___**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

G. Systems Advocacy (NORS Elements S-01, S-07.1)

One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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

Enter information in the relevant box below.

FY 2020-2021
FY 2020-2021 Systems Advocacy Effort(s): *(Provide one or more new systems advocacy efforts)* (1) The Ombudsman program will be increasing outreach and engagement efforts among monolingual Chinese language speaking residents of skilled nursing and residential care facilities. This is a growing segment of the client population and one which the Ombudsman program believes is not accessing services at the same rates as other populations. The Ombudsman program has established a dedicated bilingual Cantonese speaking Ombudsman specialist to focus on this population. The responsibilities of this staff position will include outreach and education at skilled nursing and residential care facilities as a means to increase awareness and utilization of Ombudsman services by monolingual Cantonese speaking residents and their families. The staff position will also be tasked with complaint response and investigation. (2) Ombudsman staff will also continue to work on systemic advocacy around the closure of Assisted Living Facilities (RCFE/ARF) in the City and County of San Francisco. This continues to be an ongoing issue in the City, with increased attention towards development policies and support structures to ensure that residential care facilities continue to operate in the City. The Ombudsman program will work with local advocacy groups as well as local government officials to seek solutions to this problem. Work will include participation in workgroups, providing testimony and expert information at public hearings and in research efforts, and involvement in situations where residential care facilities are slated for closure. Ombudsman interventions in these closure situations will be to help seek solutions to keep the facilities open, as well as gathering information from each situation to help provide feedback and insight into the larger phenomenon of closures.
FY 2021-2022
Outcome of FY 2020-2021 Efforts: **FY 2021-2022 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)
FY 2022-2023
Outcome of FY 2021-2022 Efforts: **FY 2022-2023 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)
FY 2023-2024
Outcome of 2022-2023 Efforts: **FY 2023-2024 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

OUTCOME 2. RESIDENTS HAVE REGULAR ACCESS TO AN OMBUDSMAN. [(OLDER AMERICANS ACT REAUTHORIZATION ACT OF 2016), SECTION 712(A)(3)(D), (5)(B)(II)]

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Elements S-58)
Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _19_ divided by the total number of Nursing Facilities _22_ = Baseline _86_% **FY 2020-2021 Target _100_%**
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint ___ divided by the total number of Nursing Facilities ___ = Baseline ___% **FY 2021-2022 Target ___%**
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint ___ divided by the total number of Nursing Facilities ___ = Baseline ___% **FY 2022-2023 Target ___%**
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint ___ divided by the total number of Nursing Facilities ___ = Baseline ___% **FY 2023-2024 Target ___%**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

B. Routine Access: Residential Care Communities (NORS Elements S-61)
Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _39_ divided by the total number of RCFEs _74_ = Baseline _53_% **FY 2020-2021 Target _70_%**
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint ___ divided by the total number of RCFEs ___ = Baseline ___% **FY 2021-2022 Target ___%**
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint ___ divided by the total number of RCFEs ___ = Baseline ___% **FY 2022-2023 Target ___%**
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint ___ divided by the total number of RCFEs ___ = Baseline ___% **FY 2023-2024 Target ___%**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

C. Number of Full-Time Equivalent (FTE) Staff (NORS Elements S-23)

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2018-2019 Baseline: _6.07_ FTEs **FY 2020-2021 Target _7.0_ FTEs**
2. FY 2019-2020 Baseline: ___ FTEs **FY 2021-2022 Target ___ FTEs**
3. FY 2020-2021 Baseline: ___ FTEs **FY 2022-2023 Target ___ FTEs**
4. FY 2021-2022 Baseline: ___ FTEs **FY 2023-2024 Target ___ FTEs**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

D. Number of Certified LTC Ombudsman Volunteers (NORS Elements S-24)

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers: _15_ **FY 2020-2021 Projected: Number of certified LTC Ombudsman volunteers: _17_**
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers: ___ **FY 2021-2022 Projected: Number of certified LTC Ombudsman volunteers: ___**
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers: ___ **FY 2022-2023 Projected: Number of certified LTC Ombudsman volunteers: ___**
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers: ___ **FY 2023-2024 Projected: Number of certified LTC Ombudsman volunteers: ___**
Program Goals and Objective Numbers: _1, 2, 3, 4, 5___

OUTCOME 3. OMBUDSMAN REPRESENTATIVES ACCURATELY AND CONSISTENTLY REPORT DATA ABOUT THEIR COMPLAINTS AND OTHER PROGRAM ACTIVITIES IN A TIMELY MANNER. [OLDER AMERICANS ACT REAUTHORIZATION ACT OF 2016, SECTION 712(C)]

Measures and Targets:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Reporting System (NORS) data reporting.

Some examples could include:

- *Hiring additional staff to enter data*
- *Updating computer equipment to make data entry easier*
- *Initiating a case review process to ensure case entry is completed in a timely manner*

1) The NORS system was recently updated to "ODIN 2020" an update version of the current reporting system. As a result the Ombudsman program is hosting increased training opportunities for volunteers to learn how to use this system. The update and trainings will also be used as an opportunity to remind and promote timely and accurate reporting amongst the volunteer corps.

2) In addition to the trainings, the Ombudsman program is setting up two new cubicles with computers in their office, which will be reserved and dedicated for volunteer use. Volunteers will be encouraged to come to the Ombudsman office to complete documentation and database reporting of casework; Ombudsman staff at the office will serve as support and trainers for volunteers utilizing these computer stations.

5. TITLE VIIA: ELDER ABUSE PREVENTION

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

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

- ***Public Education Sessions*** *–Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.*
- ***Training Sessions for Professionals*** *–Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.*
- ***Training Sessions for Caregivers Served by Title IIIE*** *–Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.*
- ***Hours Spent Developing a Coordinated System to Respond to Elder Abuse*** *–Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.*
- ***Educational Materials Distributed*** *–Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.*
- ***Number of Individuals Served –****Indicate the total number of individuals expected to be reached by any of the above activities of this program.*

The agencies receiving Title VIIA Elder Abuse Prevention funding is:

Institute on Aging and API Legal Outreach (Nihomachi Legal)

Fiscal Year	Total # of Public Education Sessions
2020-2021	20
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	25
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2020-2021	0
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	287
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	4,540	A variety of materials for the general public and professionals, including an Elder Abuse Prevention FAQ Sheet in six languages, Elder Justice Workshop Resource Guide, AB40 LTC Mandated Reporter Flow Chart, SOC34, Top Five Under-the-Radar Financial Scams, and Forensic Center FAQ.
2021-2022		
2022-2023		
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	5,940
2021-2022	
2022-2023	
2023-2024	

6. TITLE IIIE: FAMILY CAREGIVER SUPPORT

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIE Services: Family Caregiver Services Caring for Elderly

Categories	*Proposed* Units of Service	*Required* Goal #(s)	*Optional* Objective #(s)
Information Services	**# of activities and Total est. audience for above**		
2020-2021	# of activities: _41_ Total est. audience for above: _700_		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	**Total Contacts**		
2020-2021	768		
2021-2022			
2022-2023			
2023-2024			
Support Services	**Total Hours**		
2020-2021	2,267		
2021-2022			
2022-2023			
2023-2024			
Respite Care	**Total Hours**		
2020-2021	960		
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	**Total Occurrences**		
2020-2021	90		
2021-2022			
2022-2023			
2023-2024			

Direct and/or Contracted IIIE Services: Grandparent Services Caring for Children

We do not fund these services using Older Americans Act funding.

7. HEALTH INSURANCE COUNSELING & ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

STATE & FEDERAL PERFORMANCE TARGETS: *The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).*
The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the SHIP Annual Resource Report. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL's approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA's Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- *PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services*
- *PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as "interactive" events*
- *PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries*
- *PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as "interactive"*
- *PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65*
- *PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with "hard-to-reach" Medicare beneficiaries designated as:*
  - *PM 2.4a Low-income (LIS)*
  - *PM 2.4b Rural*
  - *PM 2.4c English Second Language (ESL)*
- *PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed*

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the HICAP State and Federal Performance Measures tool located online at:
https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning.
(Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal Annual Resource Report data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. ***HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).***

HICAP Legal Services Units of Service (if applicable)[21]

We do not fund HICAP Paid Legal Services.

[21] Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 11: FOCAL POINTS

This section lists our designated community focal points or places where community members can obtain information about a full range of aging and disability services available in San Francisco.

COMMUNITY FOCAL POINTS LIST
CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2016, Section 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
Western Addition Senior Center (BHPMSS)	1390 1/2 Turk St, San Francisco, 94115
Bayview Senior Connections (BHPMSS)	1753 Carroll Ave, San Francisco, CA 94124
OMI Senior Center (CCCYO)	65 Beverly St, San Francisco, 94132
Richmond Senior Center (GGSS)	6221 Geary Blvd, San Francisco, 94121
Mission Neighborhood Centers	362 Capp St, San Francisco, CA 94110
30th Street Senior Center (On Lok)	225 30th St, San Francisco, 94131
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, CA 94102
Downtown SF Senior Center (NCPHS)	481 O'Farrell St, San Francisco, 94102
Aquatic Park Senior Center (SFSC)	890 Beach St, San Francisco, 94109
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133
Geen Mun Activity Center (SHE)	777 Stockton St, San Francisco, 94108
South Sunset Activity Center (SHE)	2601 40th Ave, San Francisco, 94116
West Portal Clubhouse (SHE)	131 Lenox Way, San Francisco, 94127
Toolworks	25 Kearny St, San Francisco, 94108
Independent Living Resource Center San Francisco	825 Howard Street, San Francisco, CA 94103
DAS Benefits and Services Hub	2 Gough St, San Francisco, 94103

SECTION 12: DISASTER PREPAREDNESS

This section describes how we coordinate our long-term disaster planning and activities within the City's emergency response system.

Disaster Preparation Planning
Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

1. **Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:**
   Disaster preparedness plans and activities for San Francisco are overseen at the highest level by the City's Department of Emergency Management, and are outlined in the 2017 Citywide Emergency Response Plan.[22] As the local Area Agency on Aging, DAS – working within its parent agency, the Human Services Agency (HSA) – helps support the safety of San Francisco's older and disabled residents during a disaster in alignment with this plan.

   During a disaster, **HSA is responsible for setting up Citywide emergency shelters, distributing supplies for those sheltering at home, and providing recovery services for those in need**.[23] HSA also helps eligible residents apply for temporary housing and emergency food assistance to support them through disaster recovery. In their capacity as **legally-mandated disaster service workers**, DAS employees have been trained to support operations at designated HSA emergency response sites. This includes the Department's executive management team, who are prepared to lead the HSA Emergency Operations Center alongside other HSA executives. Additionally, **DAS directly supports wellness checks of clients** with high health, housing, and safety risks following a disaster, maintaining an up-to-date list of clients in greatest need of Department support and conducting home visits in coordination with other City agencies within 72 hours of a major disaster.

   In addition to providing on-the-ground emergency response, **DAS also helps coordinate Citywide disaster planning as the lead agency on aging and disability in San Francisco.** DAS participates in regular working groups to develop, review, validate, and update emergency operational plans. Key among these is the City's **Disabilities and Access and Functional Needs Coordination Working Group**, which focuses on issues particularly pertaining to individuals with disabilities or chronic conditions, older adults, and those living in institutional settings. In this context, DAS contributes to a number of critical disaster preparedness activities: increasing engagement with local community-based organizations serving older and disabled adults; expanding inclusion of disability organizations in City emergency preparedness training exercises; updating processes and procedures for durable

[22] City and County of San Francisco Emergency Response Plan. https://sfdem.org/sites/default/files/CCSF%20Emergency%20Response%20Plan_April%202008%20-%20updated%20May%202017_Posted.pdf
[23] City and County of San Francisco Emergency Response Plan: ESF #6 – Mass Care, Housing, & Human Services Annex. https://sfdem.org/sites/default/files/FileCenter/Documents/837-ESF%206%20-%20Mass%20Care%2C%20Housing%2C%20and%20Human%20Services%20Annex.pdf

medical equipment access and transport during disasters; and providing input on San Francisco Fire Department procedures pertaining to safe and effective evacuation of people with disabilities.

DAS also coordinates communications/outreach to San Francisco's high-risk older and disabled populations regarding smaller scale events, such as air quality incidents, extreme weather, and extended power outages. In collaboration with HSA's Communications staff, DAS has developed Departmental templates for email, phone, and social media outreach to clients at greatest risk during these events. The Department also provides support to other City agencies and community providers to adapt their messaging for older and disabled audiences, enabling us to expand the reach of our communications to those who may be most adversely affected during smaller scale disaster or emergency events.

RESPONDING TO COVID19

Since San Francisco declared a state of emergency in response to the COVID19 outbreak in March 2020, DAS has played a critical role in enhancing the City's resources that support older people and adults with disabilities to safely shelter in place. From within the City's centralized Emergency Operations Center and HSA's Department Operations Center, **DAS has driven the development of new resources and systems in the following key areas of need: food security, home care, social engagement, and other critical needs.**

This effort complements the Department's extensive work to sustain continuity of existing services in collaboration with our community partners. This work includes: adapting service models to remain consistent with public health strategies for mitigating the risk of infection and community spread; acquiring scarce resources such as personal protective equipment to support the safety of service providers and recipients; and enhancing funding to facilitate these activities.

Even as emergency operations scale down in the coming months, **DAS will maintain these efforts as needed to support ongoing recovery from the disaster, and remain vigilant and responsive** in the event of future outbreak incidents.

2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Name	Title	Telephone	Email
Bijan Karimi	Assistant Deputy Director Emergency Services	Office: (415) 640-8269 Cell:	bijan.karimi@sfgov.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Doris Barone	Disaster Preparedness & Response Manager	Office: (415) 557-6444 Cell: (415) 940-0874	doris.barone@sfgov.org

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Service	How Delivered?
a. Wellness checks to most seniors and adults with disabilities with significant impairment and/or without support at home. Checks include an assessment of clients' health and safety and connection to the appropriate services to meet any urgent health and housing needs.	a. HSA will keep an up-to-date list of its most vulnerable clients, including In-Home Supportive Services and Adult Protective Services recipients, who have personal care needs, are living alone or without support and/or demonstrate other health and safety risks. The Agency, through its Disaster Operations Center, will coordinate wellness checks post-disaster utilizing its existing staff and other City staff.
b. Emergency shelter	b. HSA manages the City's emergency shelters in the event of a disaster. Through wellness checks, it will connect the City's most vulnerable seniors and persons with disabilities to these shelters.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

HSA is San Francisco's lead agency for shelter management in the event of a large-scale disaster or emergency, in accordance with the City's Emergency Response Plan. **Formal emergency preparation or response agreements are managed centrally by the San Francisco Department of Emergency Management**. These include agreements with organizations that provide food, emergency supplies, and other recovery services, which are then coordinated and administered by HSA.

6. Describe how the AAA will:

- **Identify vulnerable populations.**
  As the county welfare agency serving older people and adults with disabilities, DAS leverages In-Home Supportive Services and Adult Protective Services program data to identify San Francisco residents with high risks related to health, housing, and safety. On a quarterly basis, DAS staff **query these program caseloads to identify clients who are likely to need Departmental support during a disaster** based on specific parameters defined by each program. DAS program staff maintain this up-to-date client list on an encrypted flash drive and store it in a secure location within HSA's Disaster Operations Center. A backup copy of this client list is maintained on a shared drive on the Agency's network, accessible only to select staff who help to coordinate client wellness checks based on this list.

- **Follow-up with these vulnerable populations after a disaster event.**
  HSA may deploy trained staff in coordination with local law enforcement and/or other City agencies (such as the Department of Public Health) to **conduct wellness checks of individuals previously identified as vulnerable within 72 hours of a major disaster**. Following a disaster, Agency staff will attempt initial contact with these individuals via telephone, text, or email. If staff fail to make contact, HSA will send out Agency and/or City staff to make a home visit. Home visitors will assess clients for medical and shelter needs, and when necessary, contact first responders to provide medical attention.

SECTION 13: PRIORITY SERVICES

This section provides information on how DAS allocates federal funds for Access, In-Home, and Legal Assistance services.

Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to 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 fund[24]s 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 Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-2024.

ACCESS

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information

2020-21 45 % 2021-22 45 % 2022-23 45 % 2023-24 45 %

IN-HOME SERVICES

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

2020-21 5 % 2021-22 5 % 2022-23 5 % 2023-24 5 %

LEGAL ACTIVITIES[25]

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

2020-21 45 % 2021-22 45 % 2022-23 45 % 2023-24 45 %

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

There are no changes programmed from the existing priority service allocations. The Department does not anticipate changing any of the funding allocations, as they have been adequately meeting the needs of the community.

[24] Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB 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.

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

SECTION 14: NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

This section describes our intent to provide direct services and methods to reach target populations.

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

☐ Check if not providing any of the below listed direct services.

Check applicable direct services	*Check each applicable Fiscal Year*			
Title IIIB	**20-21**	**21-22**	**22-23**	**23-24**
☒ Information and Assistance	☒	☒	☒	☒
☐ Case Management	☐	☐	☐	☐
☐ Outreach	☐	☐	☐	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title IID	**20-21**	**21-22**	**22-23**	**23-24**
☐ Disease Prevention and Health Promo.	☐	☐	☐	☐
Title IIIE[9]	**20-21**	**21-22**	**22-23**	**23-24**
☐ Information Services	☐	☐	☐	☐
☐ Access Assistance	☐	☐	☐	☐
☐ Support Services	☐	☐	☐	☐
Title VIIA	**20-21**	**21-22**	**22-23**	**23-24**
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title VII	**20-21**	**21-22**	**22-23**	**23-24**
☐ Prevention of Elder Abuse, Neglect, and Exploitation.	☐	☐	☐	☐

Describe methods to be used to ensure target populations will be served throughout the PSA.
Information and Assistance services are provided by the DAS Integrated Intake Unit out of our Benefits and Resource Hub. The Hub is an in-person service center for older people, adults with disabilities, caregivers, and veterans. It is centrally located and close to major transit lines; services are also provided via phone with over 25,000 incoming calls per year. Like all services at the Hub, the Intake Unit is staffed by workers with multiple language capacities, including English, Spanish, Cantonese, Mandarin, Vietnamese, and Tagalog; we utilize language line services to accommodate other languages.

Consumers must be aware of services to make use of them. The Intake Unit's year round outreach efforts will be supported by an enhanced outreach plan this year, as well as a public information campaign to increase awareness of services. To ensure our target populations are being well served, we draw on program data – such as demographics of incoming calls, program applications, and service enrollment – to understand who we are reaching and where we need to improve our efforts.

SECTION 15: REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

This section is used to request authorization to provide direct services for any programs and services not already included in *Section 14. Notice of Intent to Provide Direct Services*. DAS does not intend to request to directly provide any additional services directly.

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)
Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

☒ **Check box if not requesting approval to provide any direct services.**

Identify Service Category: n/a

Check applicable funding source:[26]

☐ IIIB
☐ IIIC-1
☐ IIIC-2
☐ IIID
☐ IIIE
☐ VIIA
☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR
☐ More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle:

☐ FY 20-21 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24

Provide documentation below that substantiates this request for direct delivery of the above stated service[27]
n/a

[26] Section 15 does not apply to Title V (SCSEP).
[27] For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 16: GOVERNING BOARD

This section lists the members of the Commission on Disability and Aging Services, which is our Mayoral-appointed oversight body.

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

Total Number of Board Members: __7__

Name and Title of Officers	Term Expiration
[Vacant], Commission President	
[Vacant], Commission Vice President	

Name and Title of Other Members	Term Expiration
Barbara Sklar	7/1/20
Janet Spears	5/19/23
Martha Knutzen	7/1/20
Nelson Lum	1/15/24
[Vacant]	

SECTION 17: ADVISORY BOARD

This section describes the membership of the Advisory Council, which advises the Disability and Aging Services Commission (our Governing Board described in Section 16).

Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

The Advisory Council provides input on matters relating to the wellbeing of older people in San Francisco and supports the development, administration, and operations of this Area Plan.

Total Council Membership (include vacancies) __22__ (6 vacancies)
Number of Council Members Age 60+ __15__

Race/Ethnic Composition	% of San Francisco Population*	% on Advisory Council
White	40%	67%
Hispanic	10%	0%
Black	6%	20%
Asian/Pacific Islander	43%	13%
Native American/Alaskan Native	0.2%	7%
Other	1%	0%

**Source: 2017 American Community Survey 5-Year Estimates*

Name and Title of Officers	Term Expiration
Diane Lawrence, President	3/31/20
Allegra Fortunati, Secretary	3/31/21
Elinore Lurie, 1st Vice President	3/31/20
Margaret Graf, 2nd Vice President	3/31/20

Name and Title of Other Members	Term Expiration
Allen Cooper	3/31/20
Anne Warren	3/31/21
Bettye Hammond	3/31/21
Beverly Taylor	3/31/20
Josh Halstead	3/31/21
Juliet Rothman	3/31/20
Kay Parekh	3/31/20
Louise Hines	3/31/21
Marcy Adelman	3/31/21
Morningstar Vancil	3/21/20
Patti Spaniak	3/31/19
William Marotta	3/31/20

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

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

Explain any "No" answer(s)
Elected officials in San Francisco – specifically, our 11 district supervisors – appoint individuals who reside in their district to act as their representative and represent the interests of their constituency.

Explain any expiring terms – have they been replaced, renewed, or other?
The expired position is appointment by the Board of Supervisors, which entails a more complex renewal process. We have been in communication with the Board and expect action within the next few months. In the interim, expired members are permitted to continue serving in their roles.

Briefly describe the local governing board's process to appoint Advisory Council members:
Half of the Members of the Advisory Board are appointed by the Aging and Adult Services Commission. All other 11 members are appointed – one each – by their County District Supervisor.

SECTION 18: LEGAL ASSISTANCE

This section provides information about the Legal Services and how this resource is provided within San Francisco.

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)].[28] CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

1. **Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements**

Our mission statement: The Department of Disability and Aging Services supports the well-being, safety, and independence of adults with disabilities, older people, and veterans.

As we administer Older Americans Act services in San Francisco, we also seek to: to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

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

45%

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

No. Requests for housing related legal assistance continues to be the most frequent need of LSP providers. Our AAA has allocated additional local county general funds to support additional legal services in the area of health law and financial elder abuse.

4. **Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?**

Yes. It is explicitly stated in contracts with providers.

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

5. **Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?**

Priority areas are identified based on needs assessment analysis provided by the AAA's Planning Unit as well as through input from the LSPs about areas where they are seeing the most requests. The top priority issues in our PSA are housing, income maintenance, elder abuse, and health care.

6. **Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population?**

No. We use Older Americans Act and Older Californians Act guidelines, as well as needs assessment analysis prepared by the AAA's Planning Unit to identify target populations. Target populations currently identified in our Older Adult Legal Services contracts are: low-income (<100% FPL), limited English proficiency, minority, frail, and member of LGBTQ+ community.

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

See above for description of target population for older adult legal services. In order to reach these target populations, the LSPs are active in the community attending and participating in various community events, hosting and attending educational events, and staffing off-site legal clinics co-located at community centers and other sites where older adults may be in attendance.

The LSPs also publish and widely distribute a "Senior Rights Bulletin" multiple times per year on timely and relevant issues to the target population. The bulletin is available in four languages and contains contact info for LSPs. Average run is 8,000 copies per issue.

8. **How many legal assistance service providers are in your PSA?**

Fiscal Year	# of Legal Assistance Services Providers
2020-2021	6* (TBD via RFP)
2021-2022	
2022-2023	
2023-2024	

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

No. There are three main telephone based referral resources for our LSPs: 1) the DAS Integrated Intake receives calls and walk-ins from the public and may provided referrals to LSPs, 2) our network of 14 community based Aging and Disability Resource Centers (ADRCs) provide neighborhood coverage and are able to provide referrals to LSPs, and 3) consumers can also access services referral information via 2-1-1 phone helpline.

10. **What methods of outreach are Legal Services providers using?**

LSPs a variety of methods for outreach into the community including participation in community events, community networking groups, off-site legal clinics, and a widely distributed legal issues bulletin. Many providers are well known in San Francisco due to their long histories of service in the community.

11. What geographic regions are covered by each provider?

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	a. Asian Americans Advancing Justice – Asian Law Caucus	a. Citywide (primarily Chinatown, North and South of Market, Visitacion Valley)
	b. Asian Pacific Islander Legal Outreach	b. Citywide (primarily Chinatown, Bayview, Visitacion Valley, North and South of Market)
	c. La Raza Centro Legal	c. Citywide (primarily Mission)
	d. Legal Assistance to the Elderly	d. Citywide (primarily North and South of Market, Mission)
	e. Open Door Legal	e. Citywide (primarily Bayview and Excelsior)
	f. UC Hastings College of the Law – Medical Legal Partnership for Seniors	f. Citywide (primarily hospital settings)
2021-2022		
2022-2023		
2023-2024		

12. Discuss how older adults access Legal Services in your PSA

Clients most commonly access Legal Services by contacting the providers directly, by calling or dropping in to the agencies. Legal Service Providers all have offices with regular hours as well as a variety of offsite clinics and outreach efforts to increase accessibility. Clients can find out about legal providers via the Integrated Intake service offered by the AAA's larger City Department. Clients can also be connected to services via working relationships between legal providers and other providers, including case management agencies and the City's Adult Protective Services unit.

Outside of AAA function, the City of San Francisco has instituted a "Right to Counsel" program in the event of eviction litigation. In these situations, all residents facing eviction litigation are connected through a central referral hub to non-IIIB funded legal services program.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area)

Housing related legal assistance continues to be the top requested issue seen by our legal services providers. The City of San Francisco has taken a systemic approach to legal services related to housing by launching a "Right to Counsel" program where all residents facing eviction litigation are provided an attorney to assist them. While this has provided an alternative resource for eviction defense assistance for older adults in San Francisco, this program is only applicable once eviction legal proceedings have started. The LSP requests for issues related to warranty of habitability, harassment, reasonable accommodation, and other housing legal issues outside of eviction defense remain high and are now they most common type of legal issue our older adult legal service providers handle.

Elder abuse legal services are an area of strength among legal services providers in our AAA. Services most commonly involve seeking issuance of protective restraining orders in cases of physical harm and seeking remedies and resolution in incidences of financial elder abuse. Starting in FY19/20, one of our LSPs is now participating in the "Financial Abuse Virtual Unit," an interdisciplinary team meeting hosted by our Adult Protective Services unit which meets at least monthly to review suspected cases of financial elder abuse and discuss potential resources and remedies. Our LSP in attendance is using this as an opportunity to receive referrals for financial abuse cases requiring legal intervention.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA?

Yes. With the introduction of the "Right to Counsel" program in San Francisco, eviction defense litigation is now usually handled outside the scope of IIIB funded legal services programs (but may still be handled by the same providers).

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

With a majority of the PSA population reporting a primary language other than English, ensuring strong language access and bilingual staffing at LSPs remains a priority to address language barriers.

Cost of living in the PSA has in turn results in difficulty finding and retaining bilingual staff. The PSA has worked with providers to increase wages in an attempt at better hiring and retention.

16. What other organizations or groups does your legal service provider coordinate services with?

Legal Services Providers coordinate with our Long Term Care Ombudsman Program, HICAP, Adult Protective Services, Community Centers and ADRCs, and other older adult service providers.

SECTION 19: MULTI-PURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW[29]

This section describes any plans to acquire or construct a multipurpose senior center. (Note: We do not intend to do this)

CCR Title 22, Article 3, Section 7302(a)(15) 20-Year Tracking Requirement

☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction.

Title III Grantee and/or Senior Center (complete the chart below)

Title III Grantee and/or Senior Center	Type Acq/ Const	IIIB Funds Awarded	% Total Cost	Recapture Period		Compliance Verification State Use Only
				Begin	End	
Name: **Address:**						
Name: **Address:**						
Name: **Address:**						
Name: **Address:**						

[29] Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20: FAMILY CAREGIVER SUPPORT PROGRAM

This section describes our intent to provide Family Caregiver Support Program (Title IIIE services) in for family caregivers and grandparent/older relative caregivers.

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services
Older Americans Act Reauthorization Act of 2016, Section 373(a) and (b)

Based on the AAA's review of current support needs and services for family caregivers and grandparents (or other older relative of a child in the PSA), indicate what services the AAA intends to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. If the AAA will not provide a service, a justification for each service is required in the space below. (*Refer to PM 11-11 for definitions for the above Title IIIE categories)

Family Caregiver Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Family Caregiver Information Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Access Assistance	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Support Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Respite Care	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Supplemental Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract

Grandparent Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Grandparent Information Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Access Assistance	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Support Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Respite Care	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Supplemental Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract

Justification: For each service category checked "no", explain how it is being addressed within the PSA. The justification must include the following:

- **Provider name and address of agency**
- **Description of the service**
- **Where the service is provided (entire PSA, certain counties, etc.)**
- **Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)**
- **How the AAA ensures the service continues to be provided in the PSA without the use of Title IIIE funds**

Grandparent Services continue to be provided throughout San Francisco without the use of Title IIIE funds. These services are funded with local General Fund by our Department and also the Department of Human Services, which is located within our parent agency (SFHSA). The provider offering these services with the support of general funds is Edgewood Center for Children and Families, and their offices are located at 1801 Vicente St, San Francisco CA 94116.

SECTION 21: ORGANIZATIONAL CHARTS

This section provides information on our organizational structure and staff support for the Area Agency on Aging functions.

As noted earlier, the Area Agency on Aging for PSA 6 is the San Francisco Department of Disability and Aging Services (DAS). **Our Department is located within the San Francisco Human Services Agency** (SFHSA), which provides help with food, cash assistance, health insurance, job training, supportive care, and much more. In addition to DAS, SFHSA includes the Department of Human Services (administers programs such as CalFresh, Medi-Cal, child welfare, and Welfare to Work) and the Office of Early Care and Education (coordinates resources for parents seeking childcare services).

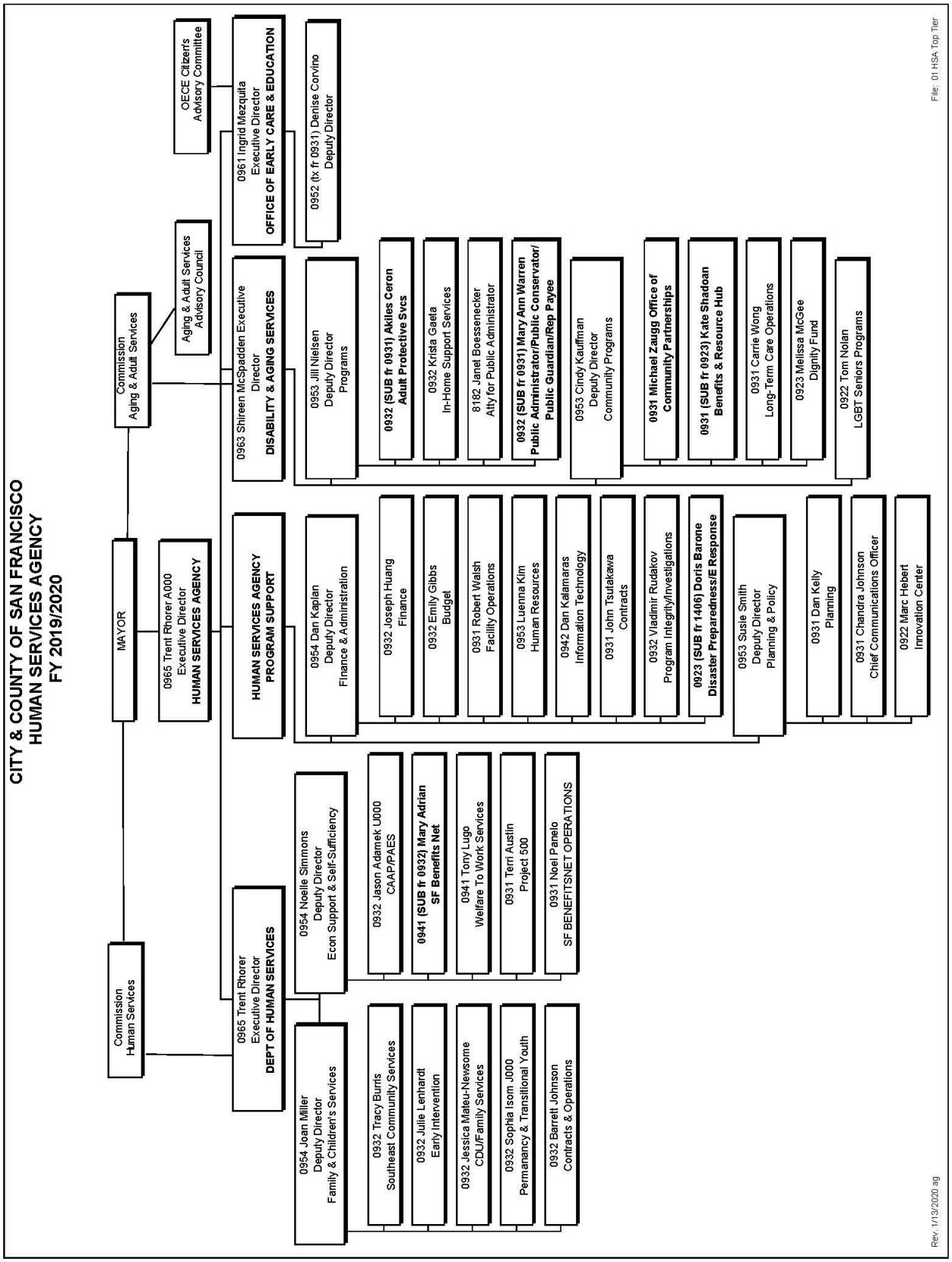
Our Department provides many services for older people and adults with disabilities, including direct services delivered by our staff and also programs facilitated by community-based organizations. **Most of our Older Americans Act services are facilitated by the Office of Community Partnerships (OCP)**.[30] This team is responsible for coordinating program planning and design of services, as well as implementing and monitoring contracts with community-based organizations. This work is spearheaded by the OCP Director and facilitated by a team of Analysts and Nutritionists assigned to lead specific service areas; they work to develop scopes of service, provide technical assistance to service providers, and monitor performance.

In addition to these community collaborations, we offer Information and Assistance services through the **DAS Integrated Intake and Referral Unit located at our Benefits and Resource Hub**. The Hub is our in-person service center for older people, adults with disabilities, caregivers, and veterans. The Intake Unit includes Social Workers who provide information and assistance services and also helps consumers complete intake forms for DAS services, such as In-Home Supportive Services and home-delivered meals.

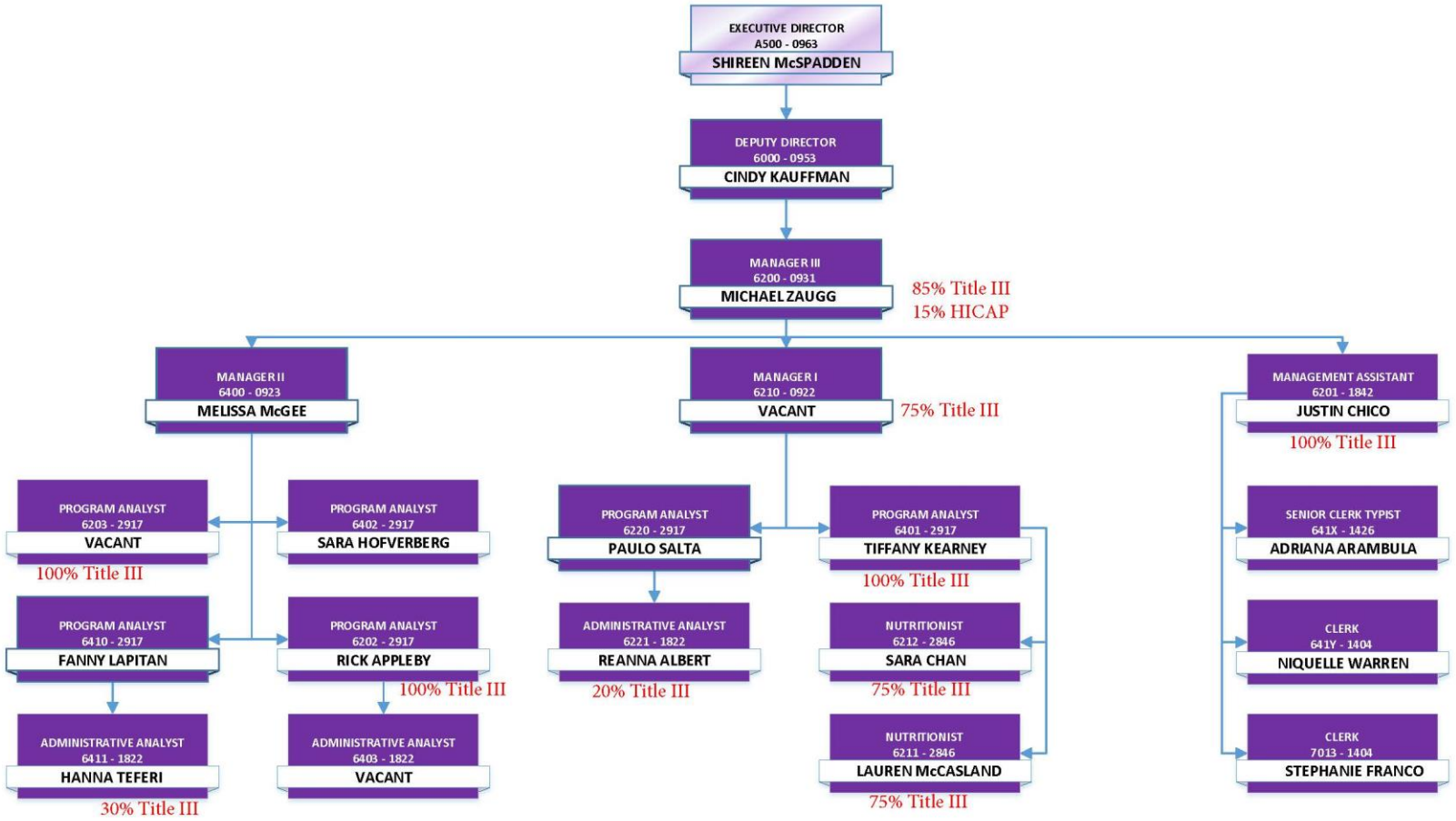
Our Department's work to provide these services is supported by the SFHSA administrative divisions, including Budget, Fiscal, and Planning. Our **Budget** Analyst supports development of the DAS budget and is the Agency's lead in managing the budgeting of funds from the CA Department of Aging. We receive support from a small **Fiscal** team, which ensures we comply with financial standards and billing processes. And our work is supported by a **Planning** Analyst who facilitates our strategic planning, including the Four Year Area Plan and subsequent Updates, and supports data management.

Please see the organizational charts on the subsequent pages for additional detail on our structure and staffing.

[30] Since the last four-year Area Plan, we have renamed this team to better reflect the nature of its work (formerly called the Office on the Aging).


CITY & COUNTY OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FY 2019/2020
MAYOR
Commission
Human Services
Commission
Aging & Adult Services
Aging & Adult Services
Advisory Council
OECE Citizen's
Advisory Committee
0965 Trent Rhorer A000
Executive Director
HUMAN SERVICES AGENCY
0961 Ingrid Mezquita
Executive Director
OFFICE OF EARLY CARE & EDUCATION
0952 (fx fr 0931) Denise Corvino
Deputy Director
HUMAN SERVICES AGENCY
PROGRAM SUPPORT
0963 Shireen McSpadden Executive
Director
DISABILITY & AGING SERVICES
0954 Dan Kaplan
Deputy Director
FInance & Administration
0963 Jill Nielsen
Deputy Director
Programs
0932 Joseph Huang
Finance
0932 Emily Gibbs
Budget
0931 Robert Walsh
Facility Operations
0953 Luenna Kim
Human Resources
0942 Dan Kalamaras
Information Technology
0931 John Tsutakawa
Contracts
0932 Vladimir Rudakov
Program Integrity/Investigations
0923 (SUB fr 1406) Doris Barone
Disaster Preparedness/E Response
0953 Susie Smith
Deputy Director
Planning & Policy
0931 Dan Kelly
Planning
0931 Chandra Johnson
Chief Communications Officer
0922 Marc Hebert
Innovation Center
0932 (SUB fr 0931) Akiles Ceron
Adult Protective Svcs
0932 Krista Gaeta
In-Home Support Services
8182 Janet Boessenecker
Atty for Public Administrator
0932 (SUB fr 0931) Mary Ann Warren
Public Administrator/Public Conservator/
Public Guardian/Rep Payee
0953 Cindy Kauffman
Deputy Director
Community Programs
0931 Michael Zaugg Office of
Community Partnerships
0931 (SUB fr 0923) Kate Shadoan
Benefits & Resource Hub
0931 Carrie Wong
Long-Term Care Operations
0923 Melissa McGee
Dignity Fund
0922 Tom Nolan
LGBT Seniors Programs
0965 Trent Rhorer
Executive Director
DEPT OF HUMAN SERVICES
0954 Noelle Simmons
Deputy Director
Econ Support & Self-Sufficiency
0954 Joan Miller
Deputy Director
Family & Children's Services
0932 Jason Adamek U000
CAAP/PAES
0941 (SUB fr 0932) Mary Adrian
SF Benefits Net
0941 Tony Lugo
Welfare To Work Services
0931 Terri Austin
Project 500
0931 Noel Panelo
SF BENEFITSNET OPERATIONS
0932 Tracy Burris
Southeast Community Services
0932 Julie Lenhardt
Early Intervention
0932 Jessica Mateu-Newsome
CDU/Family Services
0932 Sophia Isom J000
Permanancy & Transitional Youth
0932 Barrett Johnson
Contracts & Operations
Rev. 1/13/2020 ag
File: 01 HSA Top Tier

DISABILITY & AGING SERVICES (DAS)
OFFICE OF COMMUNITY PARTNERSHIPS
FY 2019/2020



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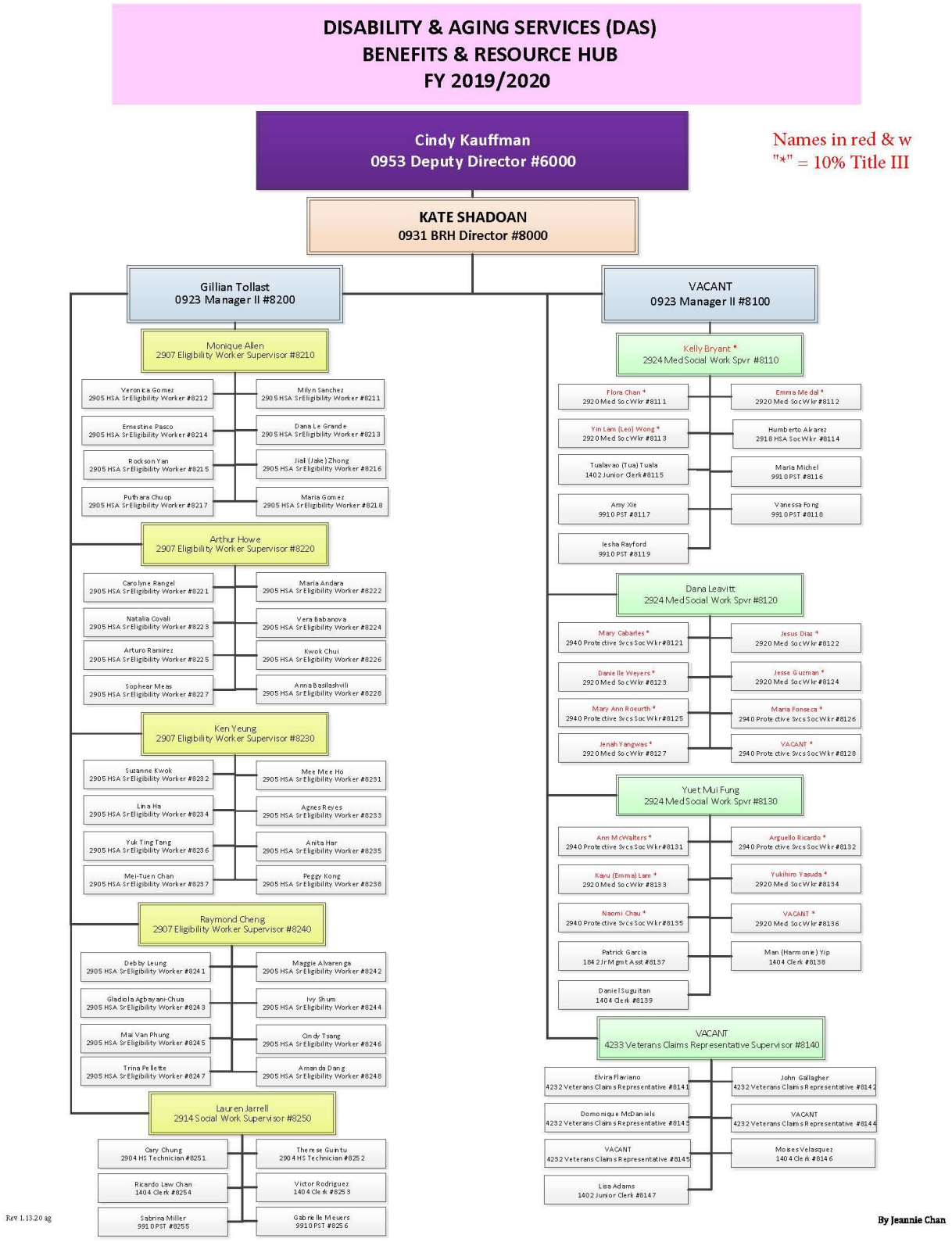
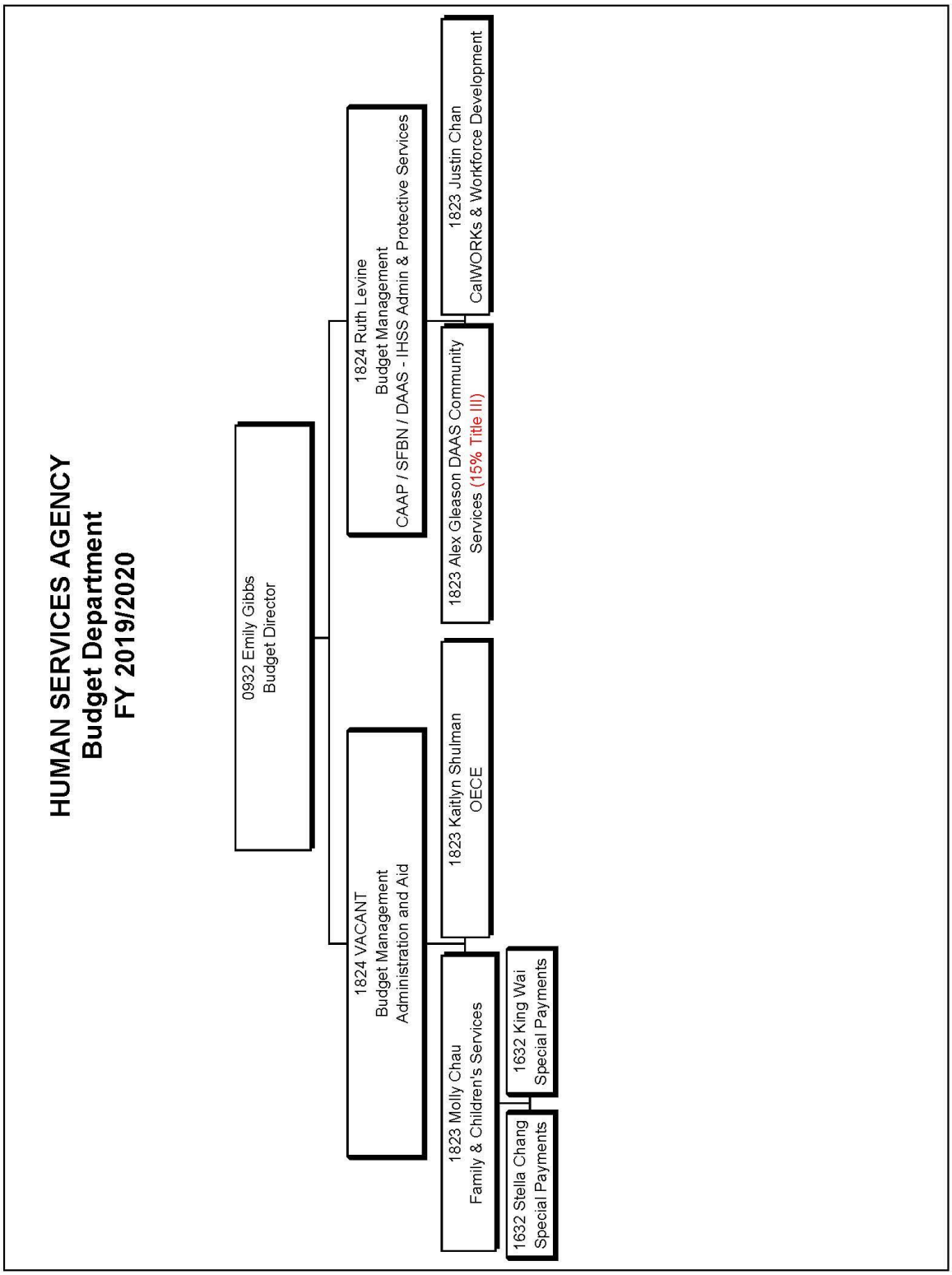
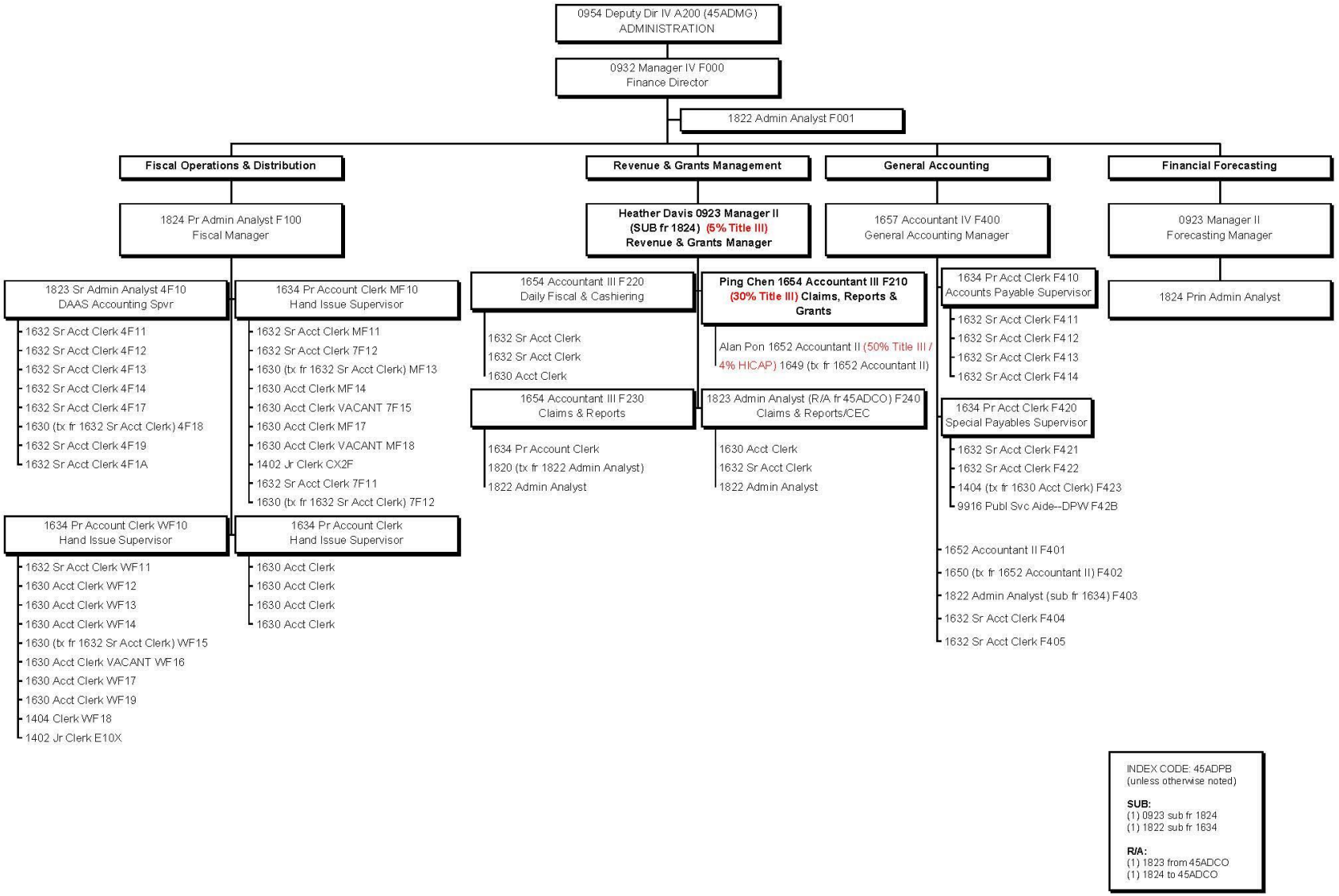

DISABILITY & AGING SERVICES (DAS)
BENEFITS & RESOURCE HUB
FY 2019/2020
Cindy Kauffman
0953 Deputy Director #6000
Names in red & w
"*" = 10% Title III
KATE SHADOAN
0931 BRH Director #8000
Gillian Tollast
0923 Manager II #8200
VACANT
0923 Manager II #8100
Monique Allen
2907 Eligibility Worker Supervisor #8210
Veronica Gomez
2905 HSA SrEligibility Worker #8212
Milyn Sanchez
2905 HSA SrEligibility Worker #8211
Ernestine Pasco
2905 HSA SrEligibility Worker #8214
Dana Le Grande
2905 HSA SrEligibility Worker #8213
Rockson Yan
2905 HSA SrEligibility Worker #8215
Jiali (Jake) Zhong
2905 HSA SrEligibility Worker #8216
Puthara Chuop
2905 HSA SrEligibility Worker #8217
Maria Gomez
2905 HSA SrEligibility Worker #8218
Arthur Howe
2907 Eligibility Worker Supervisor #8220
Carolyne Rangel
2905 HSA SrEligibility Worker #8221
Maria Andara
2905 HSA SrEligibility Worker #8222
Natalia Covali
2905 HSA SrEligibility Worker #8223
Vera Babanova
2905 HSA SrEligibility Worker #8224
Arturo Ramirez
2905 HSA SrEligibility Worker #8225
Kwok Chui
2905 HSA SrEligibility Worker #8226
Sophear Meas
2905 HSA SrEligibility Worker #8227
Anna Basiladvili
2905 HSA SrEligibility Worker #8228
Ken Yeung
2907 Eligibility Worker Supervisor #8230
Suzanne Kwok
2905 HSA SrEligibility Worker #8232
Mee Mee Ho
2905 HSA SrEligibility Worker #8231
Lina Ha
2905 HSA SrEligibility Worker #8234
Agnes Reyes
2905 HSA SrEligibility Worker #8233
Yuk Ting Tang
2905 HSA SrEligibility Worker #8236
Anita Har
2905 HSA SrEligibility Worker #8235
Mei-Tuen Chan
2905 HSA SrEligibility Worker #8237
Peggy Kong
2905 HSA SrEligibility Worker #8238
Raymond Cheng
2907 Eligibility Worker Supervisor #8240
Debby Leung
2905 HSA SrEligibility Worker #8241
Maggie Alvarenga
2905 HSA SrEligibility Worker #8242
Gladiola Agbayani-Chua
2905 HSA SrEligibility Worker #8243
Ivy Shum
2905 HSA SrEligibility Worker #8244
Mai Van Phung
2905 HSA SrEligibility Worker #8245
Cindy Tsang
2905 HSA SrEligibility Worker #8246
Trina Pellette
2905 HSA SrEligibility Worker #8247
Amanda Dang
2905 HSA SrEligibility Worker #8248
Lauren Jarrell
2914 Social Work Supervisor #8250
Cary Chung
2904 HS Technician #8251
Therese Guintu
2904 HS Technician #8252
Ricardo Law Chan
1404 Clerk #8254
Victor Rodriguez
1404 Clerk #8253
Sabrina Miller
9910 PST #8255
Gabrielle Meuers
9910 PST #8256
Rev 1.13.20 ag
Kelly Bryant *
2924 Med Social Work Spvr #8110
Flora Chan *
2920 Med SocWkr #8111
Emma Medal *
2920 Med SocWkr #8112
Yin Lan (Leo) Wong *
2920 Med SocWkr #8113
Humberto Alvarez
2918 HSA SocWkr #8114
Tualavao (Tua) Tuala
1402 Junior Clerk #8115
Maria Michel
9910 PST #8116
Amy Xie
9910 PST #8117
Vanessa Fong
9910 PST #8118
Iesha Rayford
9910 PST #8119
Dana Leavitt
2924 Med Social Work Spvr #8120
Mary Cabarles *
2940 Protective Svcs SocWkr #8121
Jesus Diaz *
2920 Med SocWkr #8122
Danielle Weyers *
2920 Med SocWkr #8123
Jesse Guzman *
2920 Med SocWkr #8124
Mary Ann Roeurth *
2940 Protective Svcs SocWkr #8125
Maria Fonseca *
2940 Protective Svcs SocWkr #8126
Jenish Yangwas *
2920 Med SocWkr #8127
VACANT *
2940 Protective Svcs SocWkr #8128
Yuet Mui Fung
2924 Med Social Work Spvr #8130
Ann McWalters *
2940 Protective Svcs SocWkr #8131
Arguello Ricardo *
2940 Protective Svcs SocWkr #8132
Kayu (Emma) Lam *
2920 Med SocWkr #8133
Yukihiro Yasuda *
2920 Med SocWkr #8134
Naomi Chau *
2940 Protective Svcs SocWkr #8135
VACANT *
2920 Med SocWkr #8136
Patrick Garcia
184 2 Jr Mgmt Asst #8137
Man (Harmonie) Yip
1404 Clerk #8138
Daniel Suguitan
1404 Clerk #8139
VACANT
4233 Veterans Claims Representative Supervisor #8140
Elvira Flaviano
4232 Veterans Claims Representative #8141
John Gallagher
4232 Veterans Claims Representative #8142
Domonique McDaniels
4232 Veterans Claims Representative #8143
VACANT
4232 Veterans Claims Representative #8144
VACANT
4232 Veterans Claims Representative #8145
Moises Velasquez
1404 Clerk #8146
Lisa Adams
1402 Junior Clerk #8147
By Jeannie Chan


HUMAN SERVICES AGENCY
Budget Department
FY 2019/2020
0932 Emily Gibbs
Budget Director
1824 VACANT
Budget Management
Administration and Aid
1824 Ruth Levine
Budget Management
CAAP / SFBN / DAAS - IHSS Admin & Protective Services
1823 Molly Chau
Family & Children's Services
1823 Kaitlyn Shulman
OECE
1823 Alex Gleason DAAS Community
Services (15% Title III)
1823 Justin Chan
CalWORKs & Workforce Development
1632 Stella Chang
Special Payments
1632 King Wai
Special Payments

Human Services Agency
FINANCE UNIT
FY 2019/2020



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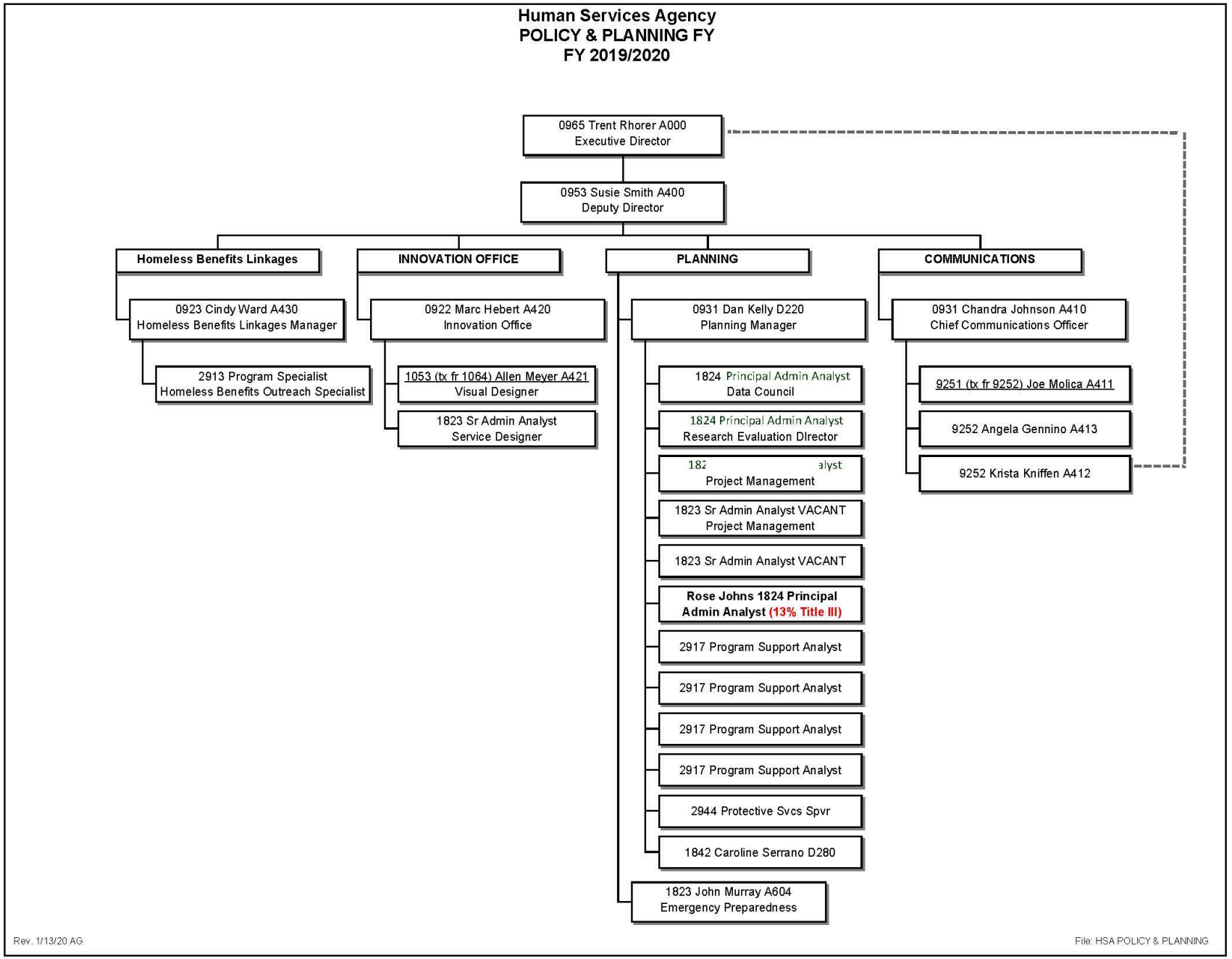
Human Services Agency
POLICY & PLANNING FY
FY 2019/2020
0965 Trent Rhorer A000
Executive Director
0953 Susie Smith A400
Deputy Director
Homeless Benefits Linkages
0923 Cindy Ward A430
Homeless Benefits Linkages Manager
2913 Program Specialist
Homeless Benefits Outreach Specialist
INNOVATION OFFICE
0922 Marc Hebert A420
Innovation Office
1053 (tx fr 1064) Allen Meyer A421
Visual Designer
1823 Sr Admin Analyst
Service Designer
PLANNING
0931 Dan Kelly D220
Planning Manager
1824 Principal Admin Analyst
Data Council
1824 Principal Admin Analyst
Research Evaluation DIrector
Project Management
1823 Sr Admin Analyst VACANT
Project Management
1823 Sr Admin Analyst VACANT
Rose Johns 1824 Principal
Admin Analyst (13% Title III)
2917 Program Support Analyst
2917 Program Support Analyst
2917 Program Support Analyst
2917 Program Support Analyst
2944 Protective Svcs Spvr
1842 Caroline Serrano D280
1823 John Murray A604
Emergency Preparedness
COMMUNICATIONS
0931 Chandra Johnson A410
Chief Communications Officer
9251 (tx fr 9252) Joe Molica A411
9252 Angela Gennino A413
9252 Krista Kniffen A412
Rev. 1/13/20 AG
File: HSA POLICY & PLANNING

SECTION 22: ASSURANCES

The mission statement describes the purpose of the Area Agency on Aging. It guides the actions of the organization, specifies its overall goal, provides a sense of direction, and guides decision-making.

Pursuant to the Older Americans Act Reauthorization Act of 2016, (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 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-II)

(I) provide assurances that the area agency on aging will -

(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) of subclause (I);

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)

(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)

Contain an assurance that the Area Agency on Aging will 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)

Provide assurances that the Area Agency on Aging will 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)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 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) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the Area Agency on Aging will 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)

Provide assurances that preference in receiving services under this Title shall not be given 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)

Provide assurances that funds received under this title will be used—

A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and

B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13: 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.

14. 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.

15. 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.

16. 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.

17. 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

18. 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.

19. 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.

20. 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.

21. 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.

22. 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.

23. OAA 307(a)(27)
Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

24. 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.

25. 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.

26. 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.

27. 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.

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

29. 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.

30. 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.