

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

**AREA PLAN UPDATE
2011-2012**

Table of Contents

Area Plan Checklist	2
Transmittal Letter.....	3
Narrative Description of Relevant Changes to the 2009-2012 Area Plan.....	4
Introduction.....	4
Goals and Objectives	4
Service Unit Plan Updates	5
Discussion of Major Changes and Effects to the AAA	6
1. Updates to organizational charts	6
2. Discussion of changes that may have reduced or increased quality or quantity of service.....	6
3. Updated lists of services funded and service providers	7
4. Additional Updates	7
Targeting	7
Needs Assessment Activities	9
Attachment A: Updates to Goals and Objectives	10
Attachment B: Updated Organizational Charts.....	21
Attachment C: Updates to Service Unit Plan	28
Attachment D: Additional Area Plan Replacement Pages.....	46

Area Plan Checklist

Section	Three-Year Area Plan Update Components	Annual Update
	REQUIRED	
	Original APU	<input checked="" type="checkbox"/>
	Transmittal Letter with authorized signatures or official stamp	<input checked="" type="checkbox"/>
	All APU documents are on single-sided paper, if submitted hard copy	<input checked="" type="checkbox"/>
5	Organization Chart	<input checked="" type="checkbox"/>
9	Public Hearings	<input checked="" type="checkbox"/>
	REQUIRED only if changed or not previously included in the Area Plan	
2	Description of the Planning and Service Area (PSA)	No update
3	Description of the Area Agency on Aging (AAA) – (See Attachment D for updates)	<input checked="" type="checkbox"/>
6	Planning Process	No update
7	Needs Assessment (Updates provided in Area Plan Update Narrative)	<input checked="" type="checkbox"/>
10	Identification of Priorities	No update
11	Goals and Objectives: (May be updated at any time and need not conform to a twelve month time frame)	
	^ Title III B Funded Program Development (PD) Objectives	N/A
	^ Title III B Funded Coordination (C) Objectives	N/A
	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
	Title III B/VIIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
12	* Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>
13	Focal Points (See Attachment D for updates)	<input checked="" type="checkbox"/>
14	Priority Services	No update
15	Notice of Intent to Provide Direct Services	No update
16	Request for Approval to Provide Direct Services	No update
17	Governing Board (See Attachment D for updates)	<input checked="" type="checkbox"/>
18	Advisory Council (See Attachment D for updates)	<input checked="" type="checkbox"/>
19	Legal Assistance	No update
21	Title III E Family Caregiver Support Program (See Attachment D for updates)	<input checked="" type="checkbox"/>

^ Required if PD and/or C are funded with Title III B

* AAAs will not submit SUP Objectives for the 2010-11 APU for Community Based Service Programs: Alzheimer's Day Care Resource Centers, Linkages, Senior Companion, Brown Bag, and Respite Purchase of Service

**Transmittal Letter
Area Plan Update
2011-2012**

AAA Name: San Francisco Department of Aging and Adult Services

PSA Number 6

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

1. (Type Name) Edna James

Signature: Governing Board Chair¹

Date

2. (Type Name) Anna Marie Pierini

Signature: Advisory Council Chair

Date

3. (Type Name) E. Anne Hinton

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

Narrative Description of Relevant Changes to the 2009-2012 Area Plan 2011-2012 Annual Update

Introduction

This following material provides a summary of updates to the 2009-2012 Area Plan for Planning and Service Area (PSA) 6, the San Francisco Department of Aging and Adult Services (DAAS). Where necessary, replacement pages for the existing Area Plan document are attached. This Area Plan Update will be submitted to the California Department of Aging (CDA).

Goals and Objectives

The Goals from the 2009-2012 Area Plan remain unchanged at this time.

The following objectives were **completed** during this fiscal year:

- Objective 1.1.b. - With Title IIID Disease Prevention Funding, OOA staff, working with the contractor, will provide a health screening program. A brief examination will be made to determine whether to refer the consumers for more in-depth medical evaluation and referral. The number of consumers to be served per year will be 600 and the number of service contacts will be 1,500 per year.
- Objective 1.1.c. - With the Title IIID funding, OOA staff, working with a contractor, will provide Medication Management services to seniors. This program will prevent incorrect medications and adverse drug reactions by providing a one-on-one consultation to individuals concerning the appropriate use of prescribed drugs, with follow-up as needed to each individual seeking advice and information. This program will serve a total of 80 consumers and provide 500 contacts each year.
- Objective 3.1.e. - Developing a Long Term Care Consumer Rights Initiative (Advocacy Program), to enable an independent, consumer-focused organization to provide education, training, outreach, options counseling, advocacy and support for seniors, adults with disabilities, and caregivers when accessing long term care services. The initiative would help individuals navigate complex home and community-based long term care services, including offering hands-on support in the areas of dispute resolution, hearings and other grievances.

The following objective was **extended** through June 2012 due to newly available funding:

- Objective 3.1.d. - Depending on federal dollars that will be granted in July, 2009, DAAS, ILRCSF, ADRC, and HICAP provider will work together to increase collaborative efforts implementing the new program: Medicare Improvement and Providers Act for Beneficiary Outreach and Assistance (MIPPA). The collaborative will plan to increase by 10% over two years the number of consumers enrolled and assistance given in Medicare Part D, Low Income Subsidy Assistance, and Low Income Subsidy Application; and Medicare Savings Plan.

The following objectives are **new** for FY 2011-2012:

- Objective 1.1.d. - Developing an RFQ to provide a health promotion program with Title III-D funding. OOA staff are working on this RFQ. For FY 11-12 it is estimated that 190 consumers will be served in the Title III-D Health promotion program, subject to RFQ results.
- Objective 1.1.e. - Developing an RFQ to provide Evidence Based Medication Management services to seniors with Title III-D funding. The evidence-based intervention is specifically

designed to enable social worker or nurse care managers to identify and resolve certain medication problems common among frail elders living in the community. For FY 11-12 it is estimated that this program will serve a total of 80 consumers and provide 500 contacts each year, subject to RFQ results.

The remaining objectives remain unchanged and will be **continued** into 2010-11. A brief update showing progress on each objective has been included for context under the heading “FY 10/11 Update”. These updates can be found in *Attachment A*.

Service Unit Plan Updates

The Service Unit Plan includes several changes from FY 2010-11. The following services areas show significant changes:

- ❖ Congregate and Home-Delivered Meals: The FY 2011-2012 service unit plan for these services shows two scenarios: (a) A reallocation of meals from congregate to home-delivered meals in order to align services with actual service levels from FY 2010-2011; and (b) projected service units based on a 10% contingency budget cut that has yet to be finalized in the City’s budget.
- ❖ Transportation – Service units for FY 2011-2012 are lower than in previous years because the Area Plan Budget only includes funding for group van services. Previous years service unit plans included other modes of transportation. While those other modes are still available, they are funded with local general fund and are therefore excluded from the budget and the service unit plan.
- ❖ Legal Assistance – The service unit plan for this service also shows two scenarios depending on whether the 10% contingency cut is finalized.
- ❖ Health Promotion – As CDA modified the Title III-D “Disease Prevention and Health Promotion” service category to “Health Promotion” to align with the new NAPIS SPR service category title, DAAS is currently planning to realign those funds from health screening services to health promotion activities in FY 2011-2012. Service units provided here are estimated, pending RFQ outcomes.
- ❖ Elder Abuse Prevention – The scope of services for this service was redeveloped during FY 2010-2011, as were CDA reporting requirements. The adjustments to the service unit plan reflect those changes.
- ❖ Family Caregiver Support Program – This service unit plan no longer includes services provided to caregivers of grandchildren. Those services continue, but are supported only by local general fund and are no longer included in the Area Plan Budget.

The current service unit estimates do not yet account for changes in contracted service units that may result from RFP/Q-related contract negotiations. The service unit plans for the following service areas remain uncertain at this time due to RFP/Q status:

- ❖ Personal Care
- ❖ Homemaker
- ❖ Chore
- ❖ Transportation
- ❖ Legal Assistance
- ❖ Health Promotion
- ❖ Medication Management
- ❖ Long-Term Care Ombudsman
- ❖ Elder Abuse Prevention
- ❖ Health Insurance Counseling and Advocacy Program (HICAP)

The Service Unit Plan section of this update (*Attachment C*) shall replace the existing section in the 2009-2012 Area Plan.

Discussion of Major Changes and Effects to the AAA

1. Updates to organizational charts

Updated organizational charts are attached (*Attachment B*). As required by CDA, these organizational charts include CDA-related funding source information, where relevant.

2. Discussion of changes that may have reduced or increased quality or quantity of service

a. Difficult local and state budgets threaten services

On January 25, 2011, DAAS management presented the Finance Committee of the Aging and Adult Services Commission with a budget reduction plan for Fiscal Years 2010-2011 and 2011-2012. The total budget for DAAS, at \$169 million for FY 2010-2011, will be reduced in FY 2011-2012 to \$164.5 million, a decrease of 2.7 percent. The Mayor's Budget Office has requested a 20 percent reduction in local general fund expenditures to be presented in two packages: a ten percent reduction plan that will affect the current year and budget year programs, and a ten percent contingency plan, to be reviewed by the Mayor and incorporated at a later date. The first round of cuts will have minimal affect on the Area Plan programs. However, the DAAS contingency package of cuts totaling \$3.84 million, if taken, will have a significant impact on Area Plan-related services.

Local and state budgets have yet to be finalized for FY 2011-2012 at the time of the writing of this Area Plan Update. Additional changes to the reduction plan may occur in the coming months.

b. New Revenues – New Grants and Time Study Efforts

The Office on Aging continues to seek out new state and federal grant funding to enhance program services.

- DAAS successfully applied for the Broadband Technology Opportunities Program (BTOP) grant, in collaboration with the Department of Technology, and the city was awarded \$7.9 million. The grant will increase broadband internet subscribership to the City's economically and socially vulnerable populations, thereby reducing the economic and social isolation among seniors, low income, and other populations.
- DAAS also extended the Aging and Disability Resource Connection (ADRC) Program to incorporate the Coleman Transition Intervention project.
- Partnerships with Kaiser, University of California at San Francisco, the Alzheimer's Association and DAAS lead to obtaining an Administration on Aging grant for Alzheimer's patients and their families.
- DAAS and the San Francisco Housing Authority are exploring the possibility of applying for a third Residential Opportunities for Self-Sufficiency (ROSS) grant.

- On the Federal side, there are upcoming opportunities to seek transitional care funding, and funding through the CLASS Act (Community Living Assistance Services and Support Act).

The OOA staff continues to work very closely with HSA Finance, Budget, Contracts staff, and community based services providers to implement a time studying program for care management, community services, health promotion and aging and disability resource center programs in an effort to bring in additional revenue and spare program cuts.

3. Updated lists of services funded and service providers

A number of changes have been made to the list of services funded by the Office on that Aging (OOA) for FY 2011-12. Replacement pages reflecting those changes are included in *Attachment D*. Deletions are indicated with ~~striketrough~~, and additions are indicated with underline.

4. Additional Updates

Attachment D includes a variety of updates and associated replacement pages for the Area Plan for the following sections:

- ❖ Section 2: List of Services – corrections reflect expectations for FY 2011-12 service categories
- ❖ Section 9: Public Hearings – public hearing information related to this Area Plan Update
- ❖ Section 13: Focal Points Update
- ❖ Page 103-2: Section 17: Governing Board Update
- ❖ Page 105: Section 18: Advisory Council Update
- ❖ Page 110: Section 21: Family Caregiver Support Program – reflects removal of grandparent services from the Area Plan Budget and Service Unit Plan
- ❖ Page 111-114: Appendix A: Agencies & Services Funded – corrections reflect FY 2010-2011 funding

Targeting

DAAS continues to implement the strategies described in the 2009-2012 Area Plan to target low-income older individuals, those with limited English proficiency, and other Older American’s Act target populations. DAAS contracts with community-based organizations that have long histories and expertise in serving important senior populations in San Francisco. The FY 2009-10 profile of OOA consumers in the table below reflects an emphasis on: 1) low-income seniors; and 2) seniors who have limited English-speaking ability. The accompanying table shows the diversity of OOA consumers, which is very similar to the profile of consumers from FY 2007-08 and FY 2008-09.

Office on the Aging Consumer Profile, 2009-10		
	#	%
Total Enrollment	22448	100.00%
Female	13183	58.73%
Live Alone	9039	40.27%
Functionally Impaired	5914	26.35%
Low Income	15966	71.12%
Require Translation	5850	26.06%
Age		
Under 60	1695	7.55%
Age 60 – 74	9412	41.93%
Age 75 – 84	7135	31.78%
Age 85+	4045	18.02%
Sexual Orientation		
Heterosexual	14548	64.81%
Gay	256	1.14%
Bisexual	95	0.42%
Lesbian	31	0.14%
Unknown/Decline to State	7518	33.49%
Ethnicity		
African American/Other African	2557	11.39%
Asian/Pacific Islander	9725	43.32%
Latino	3026	13.48%
Native American/Alaskan Native	83	0.37%
White	5221	23.26%
Other/Decline to State/Unknown	1836	8.18%
Primary Language		
English	7469	33.27%
Cantonese	4475	19.93%
Spanish	2576	11.48%
Tagalog	1636	7.29%
Russian	716	3.19%
Mandarin	611	2.72%
Japanese	399	1.78%
Chinese - Other	427	1.90%
Korean	217	0.97%
Vietnamese	214	0.95%
Other	377	1.68%
Unknown/Decline to State	3331	14.84%

Needs Assessment Activities

In FY 2010-2011, the HSA Planning Unit has conducted several needs assessment activities associated with contract solicitations. Those projects included analysis of the following clusters of services: consumer advocacy; elder abuse and suicide prevention; disease prevention and health promotion; and isolation/socialization. Current projects include a brief analysis of the role of emergency in-home services and its relationship to the agency's larger IHSS programs. The HSA Planning Unit will be conducting some broader needs assessment activities during the summer of 2011, activities for which may include consumer focus groups, community meetings, current Census analysis, and caseload analysis.

Attachment A: Updates to Goals and Objectives

Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
1.1	Optimize the physical and mental well-being of older adults and adults with disabilities by		
a.	Expanding health promotion and risk prevention services that support wellness and reduce risks for chronic illness. OOA has implemented two Evidence-Based Health Promotion programs: “Always Active,” partnering with 30 th Street Senior Center, San Francisco Senior Center, and University of San Francisco; and “Healthier Living,” partnering with Self-Help for the Elderly, Curry Senior Center, St. Francis Memorial Hospital, Partners in Care Foundation, and other community partners. These programs will give older adults tools to better manage and take charge of their own health. In the next three years, it is estimated that Always Active will be able to serve 555 unduplicated seniors annually and train 25 Wellness Trainers annually who will be certified to conduct Health Promotion classes. Healthier Living will be able to serve 115 unduplicated participants annually, train 10 Lay Leaders annually who will be certified to facilitate the Healthier Living workshops annually, and train a total of 4 Master Trainers.	July 2009 to June 2012	For FY 10/11, the providers are on track to meet targeted objectives.
b.	With Title IIID Disease Prevention Funding, OOA staff, working with the contractor, will provide a health screening program. A brief examination will be made to determine whether to refer the consumers for more in-depth medical evaluation and referral. The number of consumers to be served per year will be 600 and the number of service contacts will be 660.	July 2009 to June 2011	For FY 10/11, the providers are on track to meet targeted objectives. This objective will be completed as of June 2011.
c.	With the Title IIID funding, OOA staff, working with a contractor, will provide Medication Management services to seniors. This program will prevent incorrect medications and adverse drug reactions by providing a one-on-one consultation to individuals concerning the appropriate use of prescribed drugs, with follow-up as needed to each individual seeking advice and information. This program will serve a total of 80 consumers and provide 500 contacts each year.	July 2009 to June 2011	For FY 10/11, the providers are on track to meet targeted objectives. This objective will be completed as of June 2011.

Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
d.	Developing an RFQ to provide a health promotion program with Title III-D funding. OOA staff are working on this RFQ. For FY 11-12 it is estimated that 190 consumers will be served in the Title III-D Health promotion program, subject to RFQ results.	April 2011 to June 2012	New objective for FY 2011-2012.
e.	Developing an RFQ to provide Evidence Based Medication Management services to seniors with Title III-D funding. The evidence-based intervention is specifically designed to enable social worker or nurse care managers to identify and resolve certain medication problems common among frail elders living in the community. For FY 11-12 it is estimated that this program will serve a total of 80 consumers and provide 500 contacts each year, subject to RFQ results.	April 2011 to June 2012	New objective for FY 2011-2012.
2.1 Improve how case management programs work together to coordinate care and services by			
a.	Continuing the Case Management Connect Pilot Project. Fourteen case management programs (affiliated with DAAS and DPH) will continue to collaborate in order to improve coordination of services for clients. This pilot project is intended to reduce the duplication of case management services and improve the effective use of resources. All programs are part of the DPH safety net, and are using an electronic rolodex designed by DPH to learn about and coordinate with other case management programs serving their clients. This electronic rolodex is part of the DPH Coordinated Case Management System.	July 2009 to June 2012	While collaboration with DPH continues on this project, DAAS' participation this year has been minimal due to a lack of resources. In July of 2011, DAAS plans to hire a part-time consultant who will be responsible for further implementation of the Case Management Connect Pilot.
2.2 Expand efforts to collaborate with existing and new partners by			

Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
a.	Initiating greater collaboration between programs that serve older adults and adults with disabilities, especially between the Department of Human Services (DHS), DAAS, community-based organizations, Planning Department and DPH. Greater coordination, collaboration, and cooperation between program managers and program line staff would improve services for consumers.	July 2009 to June 2012	Current DAAS collaborations include: (1) An ARRA funded Broadband Technology Opportunity Program (BTOP) project with DAAS and the Department of Technology partnering to equip senior centers/activity centers with computers and high speed internet and provide consumer training; (2) DAAS and DPH were successful in obtaining an additional ARRA grant in health promotion; (3) coordination of money management programs between OOA, DPH, and DHS's housing and homeless program; (4) close collaboration between OOA, DAAS Integrated Intake, and Independent Living Resource Center San Francisco and other community partners to accomplish all the goals and objectives of the Aging and Disability Resource Connection project. (5) Collaboration between DAAS and DPH and the HIV Coordinating Council, to improve service delivery to HIV positive people over 50 and provide outreach to seniors on HIV prevention; (6) DAAS, DPH, and SFPD working to better serve the City's High Users of Medical Services; (7) DAAS, the DA, City Attorney, and SFPD working to provide a more coordinated response to elder abuse; (8) DAAS Integrated Intake and the CalFresh program to increase CalFresh utilization by seniors.

Obj #	Objective Description		Projected Start and End Dates	FY 10/11 Status Update, for reference
2.3	Improve and enhance the coordination of Elder Abuse and Elder Abuse Prevention Services for seniors and dependent adults in PSA 6 by			
a.	Conducting monthly Multi-Disciplinary team (MDT) meetings to coordinate services for elder abuse/dependent adult victims. These meetings bring together service providers, law enforcement, the Ombudsman and Adult Protective Services to problem solve complex elder abuse/dependent adult abuse cases and develop intervention strategies.	July 2009 to June 2012	This meeting occurs every other month and provides an opportunity for community members to bring cases with complex abuse or neglect issues to a group of experts for consultation and support.	
b.	Facilitating the collaborative efforts of DAAS-Adult Protective Services (APS), the Long Term Care Ombudsman, the District Attorney and San Francisco Police Department through the Forensic Center. Such collaboration is much needed to improve service delivery and reduce the repetition and delay that can impair prosecution and service quality. In addition to the formal case review meetings, the Forensic Center will facilitate informal consultations between partnering agencies as needed to ensure rapid response.	July 2009 to June 2012	The Forensic Center meets every other week. Forensic Center staff have conducted training on elder abuse and mandated reporting to more than 1000 individuals. In addition, the staff has conducted more than 40 gero-psych evaluations, which help APS, the Police, and the DA in investigations of elder abuse. The team has uncovered some large-scale elder abuse cases, such as one involving a "sweetheart scam." They have also achieved a small number of elder abuse prosecutions.	
3.1	Expand and improve information, referral and assistance services for people who are actively seeking services by			
a.	Providing individualized long term care planning support to help older adults, adults with disabilities, and their caregivers/families when they need guidance and assistance about how best to access services and support.	July 2009 to June 2012	DAAS Integrated Intake Unit is working very closely with OOA, the Aging and Disability Resource Connection, and ILRCSF in setting up protocols for long term care options counseling and short term service coordination. The final draft of protocols from DAAS is pending state's approval.	
b.	Holding a cross-training forum for staff of all relevant information and referral sources, senior and disability service providers, and Community Alliance of Disability (CADA) members. The focus will be to explain I&R system changes, including points of entry, other key information access points, and the role of the DAAS Long Term Care Intake, Screening and Consultation Unit. This will increase knowledge about available community resources and the core strengths of each information and referral entity.	July 2009 to June 2012	In FY 09-10 DAAS Integrated Intake Unit initiated a quarterly I&R work group including the Aging and Disability Resource Center, 211, 311, CVSO, the Mayor's Office on Disability, and ILRCSF representatives. The workgroup will continue to meet at least quarterly in FY 11-12.	

Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
c.	Promoting independent living in aging resource networks. Under the umbrella of the Aging and Disability Resource Connection, program partners will work together to reach diverse communities in San Francisco by: (a) continuing cross-training for the new Aging and Disability Resource Center (ADRC), DAAS Long Term Care Intake and Screening staff, Ombudsman and ILRCSF staff; and (b) conducting an annual meeting between the DAAS Executive Director and the disability organizations. The ADRC partners will continue to explore other means of improving the quality of services of information and referral services of DAAS and ADRC and ILRCSF.	July 2009 to June 2012	OOA has been working very closely with ILRCSF, DAAS Integrated Intake and the community partners in implementing the work plan of the Aging and Disability Resource Connection Enhancement Grant funded by the state. Both OOA Director and ILRCSF Executive Director are on the state ADRC Coalition, attending all the CAL Choices required meetings. The current ADRC Enhancement grant will end on June, 30, 2011 but the partnership among the ADRC partners will continue. Additional federal grant funding may be available in the future.
d.	Depending on federal dollars that will be granted in July, 2009, DAAS, ILRCSF, ADRC, and HICAP provider will work together to increase collaborative efforts implementing the new program: Medicare Improvement and Providers Act for Beneficiary Outreach and Assistance (MIPPA). The collaborative will plan to increase by 10% over two years the number of consumers enrolled and assistance given in Medicare Part D, Low Income Subsidy Assistance, and Low Income Subsidy Application; and Medicare Savings Plan.	July 2009 to June 2012	The MIPPA contract with the state is in place. A SF MIPPA Workgroup has been formed and meeting every month to discuss and coordinate outreach strategies and activities. The Workgroup includes staff members of OOA, HICAP, the Aging and Disability Resource Center, ILRCSF, and DAAS Integrated Intake unit. From August 2009 to February, 2010, a total of 107 Low Income Subsidy (LIS) applications and 64 Medicare Savings Plan (MSP) applications had been submitted by SF AAA, HICAP and ADRC. A new MIPPA 2 grant from Jan 2011 to June 30, 2012 is received to continue with the work of enrolling clients to the LIS and MSP programs
e.	Developing a Long Term Care Consumer Rights Initiative (Advocacy Program), to enable an independent, consumer-focused organization to provide education, training, outreach, options counseling, advocacy and support for seniors, adults with disabilities, and caregivers when accessing long term care services. The initiative would help individuals navigate complex home and community-based long term care services, including offering hands-on support in the areas of dispute resolution, hearings and other grievances.	July 2009 to June 2012	The Consumer Rights for Community Living Center (CRCL) has been in full operation since July, 2009. The CRCL has established a multi-lingual consumer helpline (English, Spanish and Chinese) in collaboration with ILRCSF, trained staff on TTY, trained 10 peer advocates, conducted trainings to participants in response to threatened cuts to IHSS services, and conducted a lot of media and community outreach regarding consumers' rights to

Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
			<p>appeal to cut of services. In FY 2010 to 2011, CRCL will continue to provide community outreach and assistance to individuals to assure that they understand their rights and access appropriate support in dispute resolution, hearings and other grievances. New activities include working with staff of Housing Authority re: the development of self-advocacy training for residents, and producing a poster for CRCL. This objective is completed. In FY 2011-2012, CRCL will continue its work with similar targets.</p>
3.2	Maintain community partnerships for vulnerable older adults and adults with disabilities in underserved communities by		
a.	<p>Strengthening collaborations in historically underserved communities, and assessing service delivery from a racial, ethnic and cultural perspective. Four community partnerships (African American, Asian/Pacific Islander, Latino, and LGBT) are continuing to strengthen existing collaborations and build new collaborations to increase access to services.</p>	<p>July 2009 to June 2012</p>	<p>All four partnerships continued in FY0910 and FY1011 and are planned to continue in FY1112.</p>
b.	<p>Continuing to connect seniors and adults with disabilities living in public housing to services provided in the community. These public housing buildings are operated by the San Francisco Housing Authority (SFHA).</p>	<p>July 2009 to June 2012</p>	<p>The Services Connection Program administered by Northern California Presbyterian Homes and Services (NCPHS) continues, and the partnership between DAAS, SFHA, and NCPHS remains strong and collaborative. Service Coordinators work in fifteen SFHA buildings, bringing services and programs to residents. NCPHS and SFHA have applied for additional funding through the US Department of Housing and Urban Development to target the final 7 SFHA buildings housing seniors.</p>

Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
3.3	Create and implement improved public information, outreach, and community education mechanisms that inform all San Franciscans about community-based issues and services by		
	<p>a.</p> <p>Using public information, outreach, and community education mechanisms to reach older adults, adults with disabilities, and their caregivers.</p>	July 2009 to June 2012	DAAS is conducted a bus ad campaign between February and April 2010 to inform the public about how to access services for adults with disabilities and seniors. The ads give the phone number for DAAS Intake. These activities continue to be an important aspect of ADRC, HICAP, MIPPA and other program activities. The Forensic Center has also launched an elder abuse awareness campaign in collaboration with the DAs office. The campaign includes bus shelter ads and bus side and back ads related to physical and financial elder abuse, in March and May 2011, respectively.
	<p>b.</p> <p>Exploring new ways of getting information and services to homebound people. Establish a research group to identify strategies based on: (a) existing best practices from other localities, (b) new ideas unique to San Francisco's diverse community, and c) lessons learned from collaboration with senior centers to outreach to different neighborhoods, d) lessons learned from senior center's outreach to the LGBT seniors and adults with disabilities. Include in this effort support of citywide efforts to help older adults and adults with disabilities with emergency preparedness.</p>	July 2011 to June 2012	(Does not start until July 2011.)
3.4	Improve the linkages between home and community-based long term care and supportive services, and behavioral health services by		
	<p>a.</p> <p>Working with the Mental Health Association of San Francisco, to provide Social Support Services for Hoarders and Clutterers.</p>	July 2009 to June 2012	The MHA of SF has trained over 50 professionals, conducted 300 hours of community education and holds ongoing support groups for the target population. OOA is working on an RFQ for this program. The program is under the Department's 10% contingency cut, which would reduce the capacity of the provider to offer the same scope of services.

Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
	<p>b.</p> <p>Responding to the growing crisis in dementia care. Undertake: (1) an evaluation of current dementia care services; (2) a projection of the types of additional services needed over the next 12 years; (3) an economic analysis of projected costs (inflation adjusted) and funding sources; and (4) development of a report and recommendations for how to address the need for additional services.</p>	<p>July 2009 to June 2012</p>	<p>The objective was completed in December 2009 with the release of a report entitled "20/20 Foresight: A Strategy for Excellence in Dementia Care." DAAS received the 2009 Rosalinde Gilbert Alzheimer's Caregiving Legacy Award for the strategy. DAAS has contracted with the Alzheimer's Association of Northern California and Northern Nevada for education, training, and the dissemination of standards related to the strategy starting in April 2010.</p>
4.1 Assess the capacity and quality of community-based and institutional services on an ongoing basis by			
	<p>a.</p> <p>Developing quality standards for OOA-funded home and community-based services across settings for those receiving community-based services, to improve accountability and oversight. Standards would address issues such as: program accessibility, performance measures, and safety.</p>	<p>July 2009 to June 2012</p>	<p>OOA is providing technical assistance to providers in meeting all the program guidelines and requirements. In particular: (1) The OOA nutritionist has been meeting with nutrition providers quarterly; (2) Case Managers funded by OOA have been participating in a case management training put together by the DAAS QA Director and the Felton Institute; (3) In April 2010, DAAS sent out a disability access self assessment survey to all OOA funded contractors and subsequently offered disability access training by the Mayor's Office of Disability and ILRCSF. In FY 11-12, quarterly nutrition providers meeting and case management training will continue.</p>
	<p>b.</p> <p>Establishing strong mechanisms to ensure OOA contractors meet quality standards including: (a) making sure contractors are educated about existing and new standards; and (b) tracking and measuring performance, (c) develop protocols for responding to non-compliance.</p>	<p>July 2009 to June 2012</p>	<p>The OOA Director is working with the DAAS QA Director to make sure that all program standards are met, protocols for grievances are followed, and performance is measured.</p>

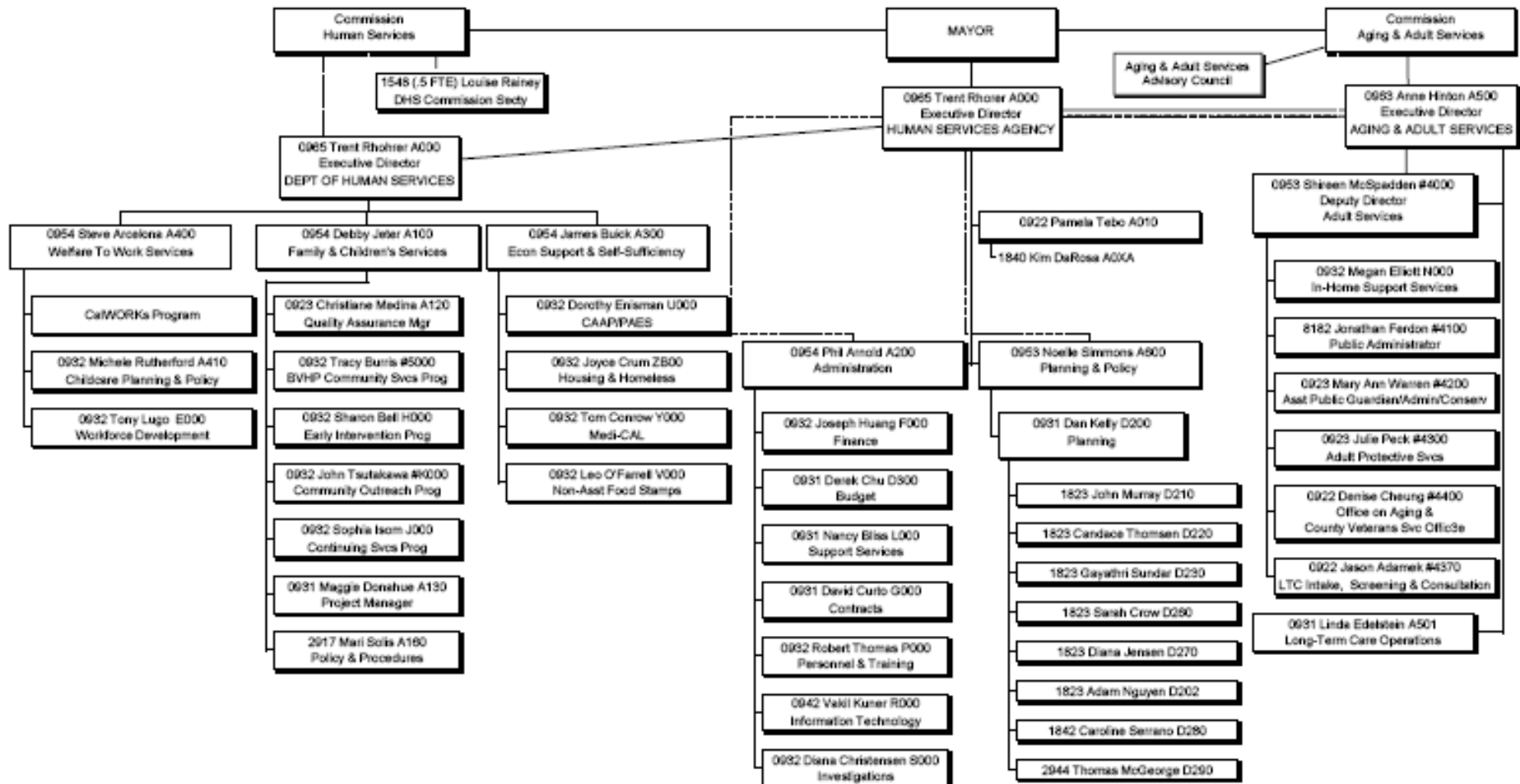
Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
c.	Assessing the ongoing capacity of the LTC Ombudsman program to provide oversight of institutional long term care services in light of budget shortfalls anticipated in the next three fiscal years. OOA staff will provide necessary technical assistance to the program staff of Ombudsman Program.	July 2009 to June 2012	Despite large state cuts to the program, in FY0910 the Ombudsman has logged 2570 compliant hours, opened 437 cases with 660 complaints. They also provided 40 hours of community education. In FY 2010-11, the Ombudsman program is on target to meet contract objectives.
d.	Continuing to develop and implement training programs for the line-staff of City programs and community-based service providers. DAAS has been hosting regular trainings at the Bethany Center for community-based line staff, as well as trainings for HSA staff. These efforts could be continued and expanded.	July 2009 to June 2012	DAAS continues to host monthly trainings at Bethany Center for community-based line staff and has hosted monthly trainings for HSA staff. Topics have included, but are not limited to changes in IHSS, mandated reporter APS training, undue influence, palliative care, disability culture, etc.
4.2 Ensure the overall quality of nutrition services by			
a.	Offering service providers assistance to meet stringent nutrition standards. The OOA Nutritionist will conduct quarterly nutrition providers' meetings to provide technical assistance, share resources and update new or changes in nutrition program standards.	July 2009 to June 2012	The OOA Nutritionist meets with nutrition providers quarterly.
5.1 Support efforts to improve access to safe, affordable, and accessible transportation services by			
a.	Increasing community knowledge of the Paratransit program and its application process. Specifically: (1) conduct outreach at health clinics, senior buildings, and senior centers; (2) provide training to social workers working with the target population on how to assist consumers to fill out the application.	Jan 2010 to June 2012	DAAS is conducting outreach through the ADRC programs. ADRC staff received training directly from the paratransit program and are encouraging clients to apply for service and helping clients with the applications.

Obj #	Objective Description	Projected Start and End Dates	FY 10/11 Status Update, for reference
5.2	Continue to plan and develop innovative programs to address the needs of the seniors and adults with disabilities		
	<p>a.</p> <p>Despite budgetary constraints, DAAS will continue to look for funding opportunities or collaboration with community partners in planning and developing innovative programs to meet the needs of seniors and adults with disabilities</p>	<p>July 2009 to June 2012</p>	<p>Examples of recent applications for funding include: (1) the AOA Chronic Disease Self-management Program, (2) the "Putting Prevention to work" ARRA project with DPH, and (3) the BTOP grant with DTIS. The MIPPA grant and the ADRC Enhancement Grant are examples of two successful grants received in FY 2009-2010 to FY 2010-11.</p>

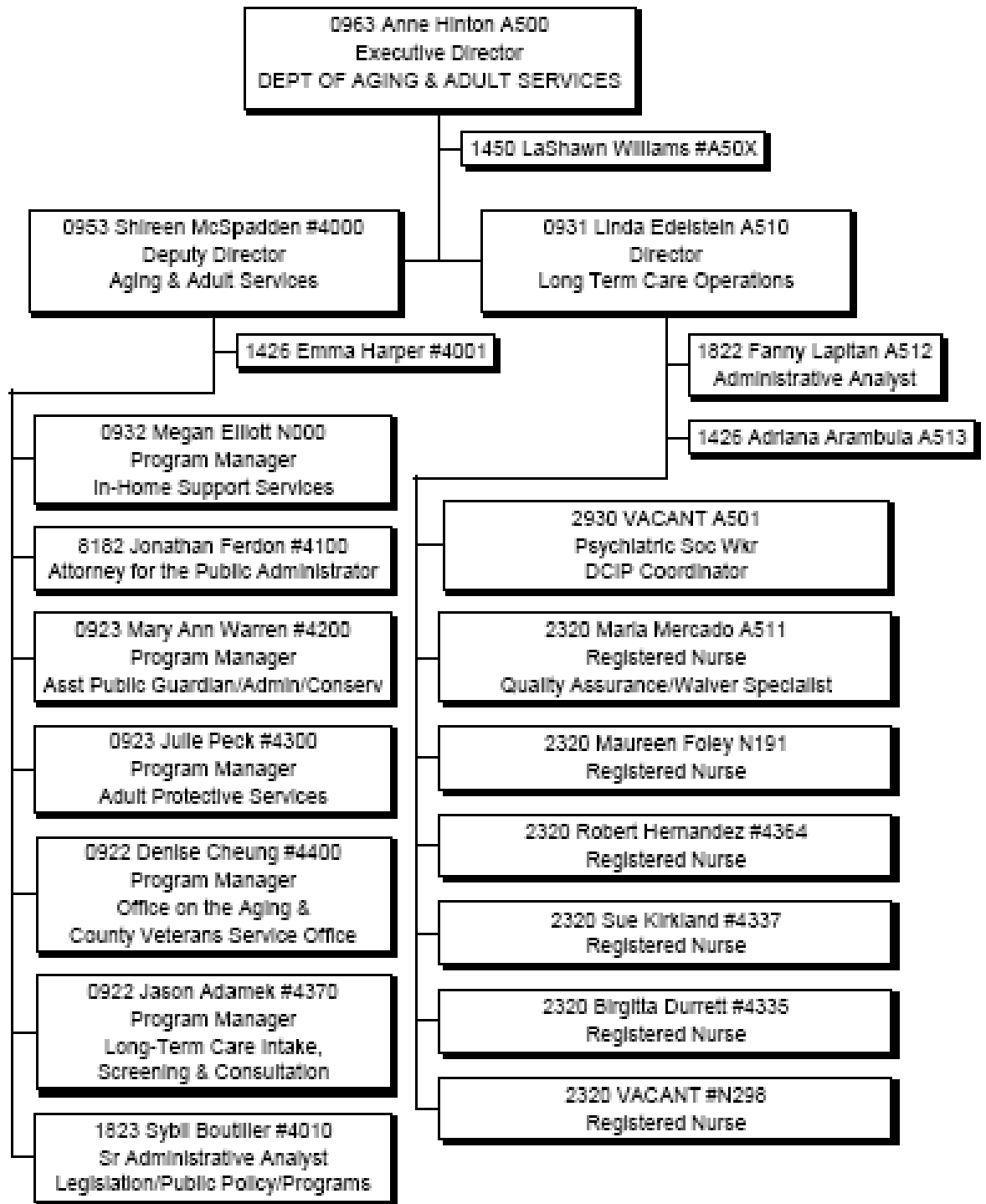
Attachment B: Updated Organizational Charts

(See pages 40 through 45 of the Original 2009-2012 Area Plan for FY 2009/2010 versions)

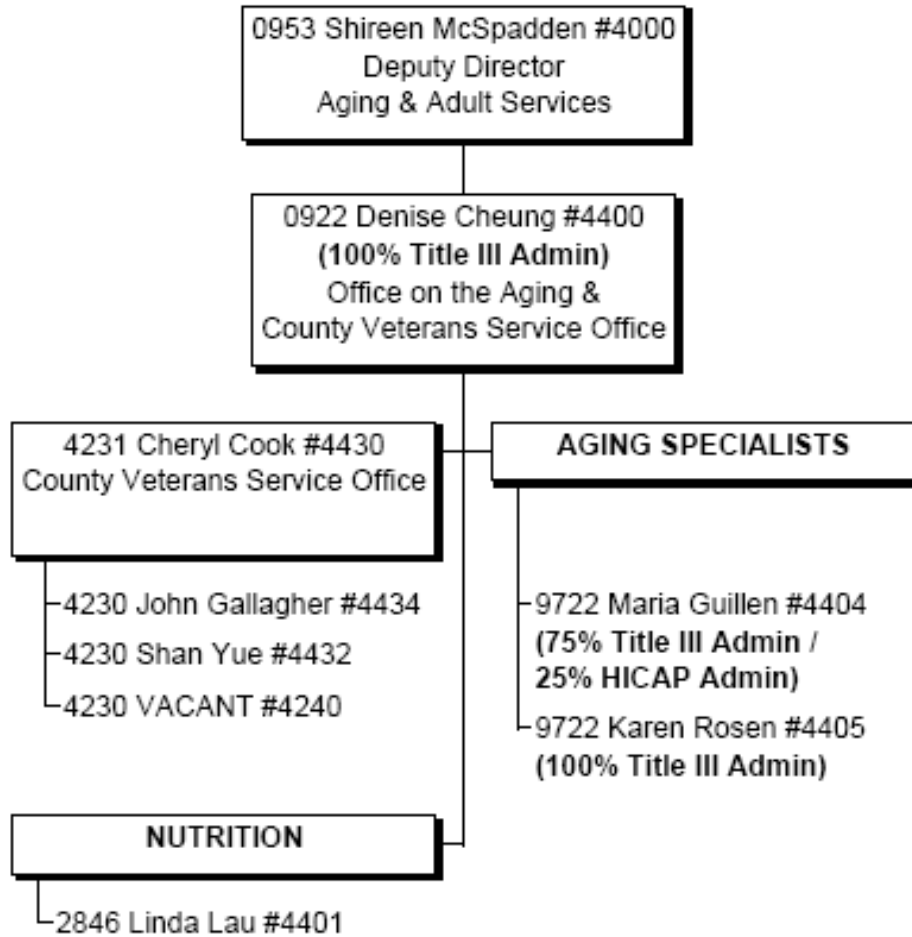
**CITY & COUNTY OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FY 2011/2012**



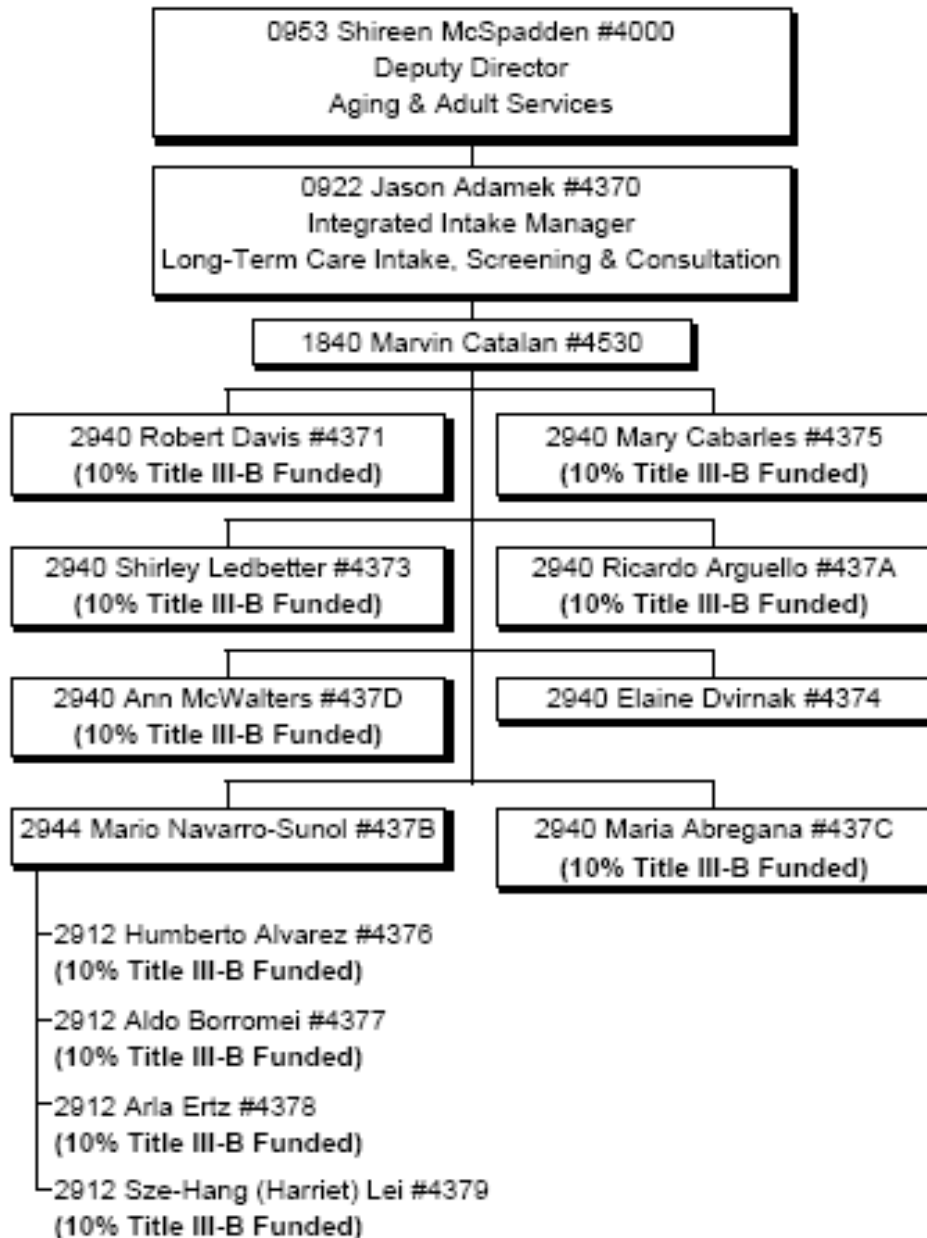
DEPT. OF AGING & ADULT SERVICES FY 2011/2012



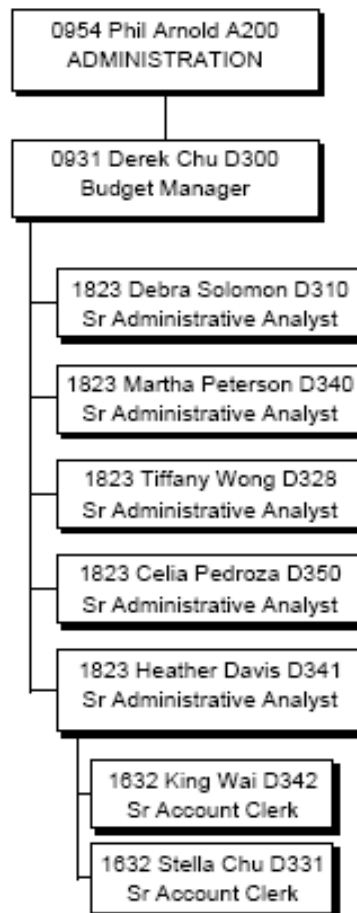
**Dept. of Aging & Adults Services
OFFICE ON THE AGING & COUNTY VETERANS SERVICES
FY 2011/2012**



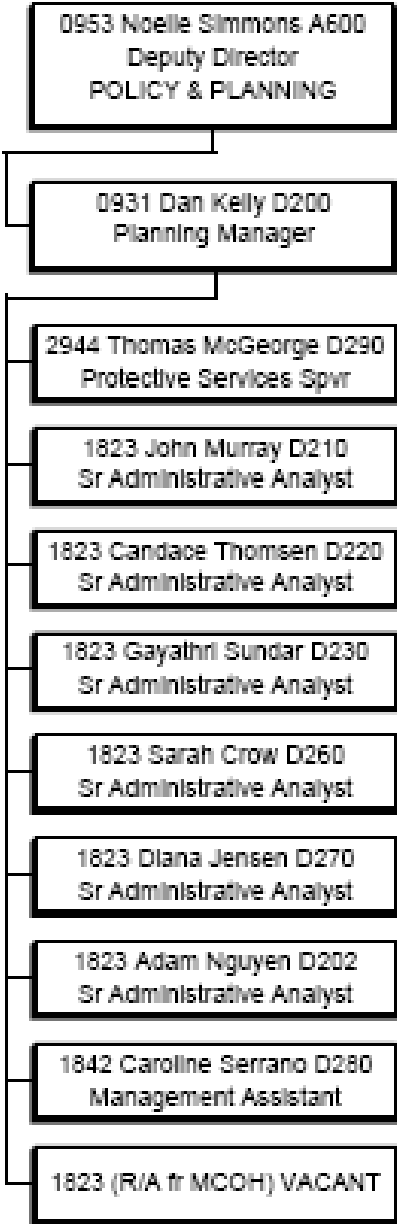
**Dept. of Aging & Adults Services
Long-Term Care Intake, Screening & Consultation
FY 2011/2012**



**Human Services Agency
BUDGET UNIT
FY 2011/2012**



**Human Services Agency
POLICY & PLANNING
FY 2011/2012**



Attachment C: Updates to Service Unit Plan

(See pages 69 through 94 of the Original 2009-2012 Area Plan)

Note: Improved formatting results in a shortening of this section compared with the original Area Plan submission.

SECTION 12. SERVICE UNIT PLAN (SUP) OBJECTIVES GUIDELINES

PSA #6
TITLE III/VII SERVICE UNIT PLAN OBJECTIVES
2009–2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)

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

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

Title III-B, III-C, and III-D Service Unit Plan							
NAPIS Ref #	Service Category	Unit Measure	Proposed Service Units			Goal Numbers	Objective #s
			FY 09/10	FY 10/11	FY 11/12		
1	Personal Care*	1 Hour	660	660	660	1, 4	N/A
2	Homemaker*	1 Hour	775	775	775	1, 4	N/A
3	Chore*	1 Hour	775	775	775	1, 4	N/A
4	Adult Day Care / Adult Day Health	1 Hour	0	0	0	N/A	N/A
5	Case Management	1 Hour	0	0	0	N/A	N/A
6	Congregate Meals	1 Meal	808,972	808,972	750,453(a) 649,126(b)	1, 2, 3, 4	4.3
7	Home-Delivered Meals	1 Meal	928,773	928,773	987,861(a) 981,867(b)	1, 2, 3, 4	4.3
8	Nutrition Education	1 Session Per Participant	50,333	50,333	50,333 46,970(b)	1, 3, 4	4.3
9	Nutrition Counseling	1 Session Per Participant	1,385	1,385	1,385	1, 3, 4	4.3
10	Assisted Transportation	1 One Way Trip	0	0	0	N/A	N/A
11	Transportation*	1 One Way Trip	56,615	56,615	44,927	3, 5	5.1
12	Legal Assistance*	1 Hour	14,802	14,802	14,802 (a) 11,100 (b)	2, 3, 4	N/A
13	Information and Assistance	1 Contact	4,200	4,200	4,200	2, 3, 4	3.1, 3.2, 3.3
14	Outreach	1 Contact	0	0	0	N/A	N/A
15	Title III-B: Other	(Varies)	0	0	0	N/A	N/A
16	Title III-D: Health Promotion*	1 Contact	1,500 (Hrs)	660	4,200	1	1.1
16	Title III-D: Medication Management*	1 Contact	500	500	500	1	1.1

NOTES:

(a) Reallocated meals to HDM to closer reflect actual in FY 10-11. Service units without the local 10% contingency budget cut.

(b) Service units projected with the 10% local contingency budget cut.

*These programs are in the process of a RFP/RFQ as of April 2011. The units of services stated here are those of FY 10-11. The final units will not be available till the end of June 2011.

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

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

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

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

Title III-B and VII-A Long Term Care (LTC) Ombudsman Program Service Unit Plan								
Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3)(5)]								
Measures	Measure Details	SF Baseline FY 08/09	Proposed Targets (% change)			Goal #s	Obj #s	Notes
			FY 09/10	FY 10/11	FY 11/12*			
A. Complaint Resolution Rate	Rate = (# of complaints resolved + # of partially resolved complaints) / (Total Complaints Received)	(302+245)/929 =78%	75%	75%	75%	2, 4	2.3, 4.1	AoA Report, Part I-E, Actions on Complaints. Avg CA Rate = 73%.
B. Work With Resident Councils	# of Meetings Attended	8	12 (↑25%)	16 (↑25%)	16 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #8
C. Work With Family Councils	# of Meetings Attended	3	3 (0%)	3 (0%)	3 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #9
D. Consultation to Facilities	# of Consultations	62	124 (↑100%)	124 (0%)	124 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #4
E. Information and Consultations to Individuals	# of Consultations	244	295 (↑20%)	295 (0%)	295 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #5
F. Community Education	# of Sessions	112 sessions (100 hours)	110 (0%)	110 (0%)	110 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #10

*This program is in the process of a RFP as of April 2011. The units of services stated in this service unit plan are those of FY 10-11. The final units will not be available till the end of June 2011.

G. Systems Advocacy:	FY 09/10	FY 10/11	FY 11/12
<p>In narrative form, please provide at least one systemic advocacy effort that the local LTC Ombudsman</p>	<p>(1) Long Term Care Coordinating Council, (2) Member of Expert Panel for Dementia Care in SF, (3) Member of Elder Death Review Team, (4) Work with ADRC around home and community LTC options, (5) Work with SF District Attorney re implementation of AB 2100 – sharing of elder abuse cases</p>	<p>(1) Improve quality of services and quality of life, through Ombudsman monitoring visits, and responses to reports of combative residents, for residents in RCFE specializing in Dementia Care. (2) Develop with surrounding Ombudsman Programs a regional placement plan for frail elderly who need a level of care, which exceeds IHSS hour limits. (3) Continue to advocate for residents’ safe transitioning from Short-term stay rehabilitation SNF, with a focus on leveraging community options for those elderly San Franciscans, not involved with Laguna Honda. (4) Participate in a nexus of collaborative protective services with APS to prevent, investigate, and resolve, cases of abuse and neglect.</p>	<p>To be determined based on RFP outcome.</p>

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

Title III-B and VII-A Long Term Care (LTC) Ombudsman Program Service Unit Plan Continued								
Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]								
Measures	Measure Details	SF Baseline FY 08/09	Proposed Targets (% change)			Goal #s	Obj #s	Notes
			FY 09/10	FY 10/11	FY 11/12*			
A. Facility Coverage (other than in response to a complaint)	Number of Nursing Facilities visited (unduplicated) at least once a quarter not in response to a complaint (base on current resources available to the program).	25	25 (0%)	25 (0%)	25 (0%)	4	4.1	AoA Report, Part III-D, #6.
B. Facility Coverage (other than in response to a complaint)	Number of Board and Care visited (unduplicated) at least once a quarter not in response to a complaint (base on current resources available to the program).	110 RCFEx4= 440	(55 RCFE visited 3x/year)= 165. (↓25%)	165 (0%)	165 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #6.
C. Number of FTE Staff	One FTE generally equates to 40 hours per week or 1,760 hours per year	5	2.6 (↓49%)	2.6 (0%)	2.6 (0%)	2, 4	2.3, 4.1	AoA Report Part III. B.2. - Staff and Volunteers
D. Number of Certified LTC Volunteers		27	27 (0%)	27 (0%)	27 (0%)	2, 4	2.3, 4.1	AoA Report Part III. B.2. - Staff and Volunteers

*This program is in the process of a RFP as of April 2011. The units of services stated in this service unit plan are those of FY 10-11. The final units will not be available till the end of June 2011.

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

Title III-B and VII-A Long Term Care (LTC) Ombudsman Program Service Unit Plan Continued								
Outcome 3. Ombudsman representatives report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]								
Measures	Measure Details	SF Baseline FY 08/09	Proposed Targets (% change)			Goal #s	Obj #s	Notes
			FY 09/10	FY 10/11	FY 11/12*			
A. Each Ombudsman Program provides regular training on the National Ombudsman Reporting System (NORS).	Number of NORS Part I, II, III or IV training sessions completed	4	3	3	3	2, 4	2.3, 4.1	

*This program is in the process of an RFP as of April 2011. The units of services stated in this service unit plan are those of FY 10-11. The final units will not be available till the end of June 2011.

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

PSA #6

2009–2012 Three-Year Planning Period

Units of Service: AAA must complete at least one category from the Units of Service below. (Updated for FY10/11 based on CDA Guidance - Removed “Education Products Developed.”)

Title VIIB Elder Abuse Prevention Service Unit Plan				
Unit of Service Category	Description	Proposed Service Units *		
		FY 09/10	FY 10/11	FY 11/12
Public Education Sessions	Total number of education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.	0	20	20
Training Sessions for Professionals	Total number of training sessions for professionals (e.g., service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.	0	24	24
Training Sessions for Caregivers Served by Title III E	Total number of Title VII/B training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.	0	0	0
Hours Spent Developing a Coordinated System to Respond to Elder Abuse	Number of hours to be spent developing a coordinated system to respond to elder abuse.	1,800	160	160
Educational Products Developed <i>(Category removed for FY 10/11)</i>	Type and number of educational products (brochures, curriculum, DVDs, etc.) developed by the AAA to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.	0		
Copies of Educational Materials Distributed	Type and number of educational materials distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.	0	2,000	2,000

*This program is in the process of an RFP as of April 2011. The units of services stated in this service unit plan are those of FY 10-11.

TITLE III E SERVICE UNIT PLAN OBJECTIVES

PSA #6

2009–2012 Three-Year Planning Period

CCR Article 3, Section 7300(d)

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

NOTE: All units shown below are for **Contracted Services**. PSA6 does not provide Direct Services for FCSP.

Family Caregiver Support Program Service Unit Plan							
Program Sub-Group	Service Category	Unit Measure	Proposed Service Units			Goal Numbers (Req)	Objective #s (Optional)
			FY 09/10	FY 10/11	FY 11/12*		
Family Caregiver Services for the Elderly	Information Services	Activities	350	350	29	1, 3, 4	
		Estimated Audience	350	350	600	1, 3, 4	
	Access Assistance	Contacts	225	225	857	1, 3, 4	
	Support Services	Hours	969	969	1786	1, 3, 4	
	Respite Care	Hours	7644	7644	2800	1, 3, 4	
	Supplemental Services	Occurrences	250	250	170	1, 3, 4	
Grand-parent Services	Information Services	Activities	25	25	0	1, 3, 4	
		Estimated Audience	70	70	0	1, 3, 4	
	Access Assistance	Contacts	500	500	0	1, 3, 4	
	Support Services	Hours	110	110	0	1, 3, 4	
	Respite Care	Hours	0	0	0	N/A	
	Supplemental Services	Occurrences	0	0	0	N/A	

*Service units reflect contract modifications made during April 2011.

PSA #6 – Not Providing²

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES
2009–2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)

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

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

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

² If not providing Title V, enter PSA number followed by "Not providing".

COMMUNITY BASED SERVICES PROGRAMS
SERVICE UNIT PLAN (CBSP) OBJECTIVES

PSA #6

2009-2012 Three-Year Planning Period

CCR Article 3, Section 7300(d)

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

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

Note – State funding for CBSP programs was discontinued in the middle of FY 2009/2010. Therefore, this section only shows service unit plans for FY 2009/2010.

CBSP Service Unit Plan							
Program	Service Units	Minimum Requirements	Proposed Service Units			Goal Numbers (Req)	Objective #s (Optional)
			FY 09/10	FY 10/11	FY 11/12		
Alzheimer's Day Care Resource Center	In Service Training Sessions for Staff	6	18			2,3,4	
	Professional/Intern Educational Training Sessions	4	12			2,3,4	
	Caregiver Support Group Sessions	12	48			2,3,4	
	Public/Community Education Training Sessions	1	12			2,3,4	
	List of ADCRC sites in your PSA (FY09/10 Only)	1. Catholic Charities CYO 50 Broad St, SF, CA 94112 2. Institute on Aging 3600 Geary Blvd, SF, CA 94118 3. Self Help for the Elderly 408 22 nd St., SF, CA 94121				2,3,4	

CBSP Service Unit Plan (Continued)						
Program	Service Units	FY 09/10	FY 10/11	FY 11/12	Goal Numbers (Req)	Objective #s (Optional)
Brown Bag	Est # of Unduplicated Persons to be Served	1,626			1, 3, 4	
	Est. Pounds of Food to be Distributed	473,308			1, 3, 4	
	Est. # of Volunteers	27			1, 3, 4	
	Est. # of Volunteer Hours	961			1, 3, 4	
	Est # of Distribution Sites	4			1, 3, 4	
Linkages	Unduplicated Clients Served (Include Targeted Case Management & Handicapped Parking Revenue)	210			2, 3, 4	
	Active Monthly Caseload	160			2, 3, 4	
Senior Companion	Volunteer Service Years (VSYS)	5			1, 2, 3, 4	
	Volunteer Hours	5,220			1, 2, 3, 4	
	Senior Volunteers	5			1, 2, 3, 4	
	Seniors Served	35			1, 2, 3, 4	
Respite Purchase of Service	Adult Day Care (ADC) hours	0				
	Adult Day Health Care (ADHC) hours	0				
	Respite In-Home hours	595			1, 3, 4	
	Respite-Out of Home	0				
	Skilled Nursing Facility hours	0				
	Residential Care Facility hours	25			1, 3, 4	
	Other:	0				
	Alzheimer's Day Care Resource Center (ADCRC) days	0				
	POS Transportation one-way trips	0				
	Other occurrences	0				

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

PSA # 6

**2009-2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses definitions found at:

www.aging.ca.gov/aaa/reporting_instructions/hicap/Current_Forms.asp. This link takes you to the page titled “**Health Insurance Counseling and Advocacy Program (HICAP) Reporting Instructions and Forms**”. On this page you will find the current HICAP report forms, instructions, definitions, and acronyms critical to answering this SUP. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3rd column.

IMPORTANT NOTE FOR MULTIPLE PSA HICAPs: If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one “Managing AAA,” then each AAA must enter its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

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

IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAA’s complete Section 2, CDA will annually provide AAAs with individual PSA federal performance measure targets.

HICAP Service Unit Plan						
Measure Section	Unit of Service/Measures	Measure Notes	Proposed Service Units			Goal Numbers
			FY 09/10	FY 10/11	FY 11/12	
Primary HICAP Units of Service	1.1 Estimated Number of Unduplicated Clients Counseled	Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.	1,238	1,401	1495	1, 2, 3, 4
	1.2 Estimated Number of Public and Media Events	Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.	68	90	93	1, 2, 3, 4
HICAP Legal Services UOS – Not Applicable for PSA 6.						
HICAP Counselor Measures	Planned Average Number of Registered Counselors for the SFY ¹		15			
	Planned Average Number of Active Counselors for the SFY ²		98%			
Federal Benchmark Measures <i>(Original Area Plan)</i>	Measure	Measure Notes	FY 09/10	FY 10/11	FY 11/12	Goal #s
	4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA	This includes counseling contacts and community education contacts.	1,833.66			
	4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA		437.66			
	4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA	These are Medicare beneficiaries due to disability and not yet age 65.	162.19			

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

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

HICAP Service Unit Plan (Continued)

	Measure	Measure Notes	FY 09/10	FY 10/11	FY 11/12	Goal Numbers
Federal Benchmark Measures Continued <i>(Original Area Plan)</i>	4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA	Use 150% Federal Poverty Line (FPL) as Low Income.	202.82			
	4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA	This includes all enrollment assistance, not just Part D.	179.28			
	4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA	This is a subset of all enrollment assistance in 4.5.	57.26			
	4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA	Includes all enrollment assistance, not just Part D.	179.28			
	4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries	This is a subset of all enrollment assistance in 4.5.	57.26			
	4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA		8.25			
	4.8 - Percent of Active Counselors That Participate in Annual Update Trainings		98%			

Additional federal benchmarks are included for FY 10/11 and FY 11/12, per revised CDA Guidance. See next page.

HICAP Service Unit Plan (Continued)						
	Measure	Measure Notes	FY 09/10	FY 10/11	FY 11/12	Goal #s
Federal Performance Benchmark Measures <i>(Revised Guidance for FY 10/11 Area Plan Update)</i>	2.1 Estimated Number of Contacts for all Clients Counseled	This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.		10,957	9,748	1, 2, 3, 4
	2.2 Estimated Number of Persons Reached at Public and Media Events	This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.		9,574	11,968	1, 2, 3, 4
	2.3 Estimated Number of Beneficiaries with Medicare Status Due to a Disability Contacts	Includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.		243	414	1, 2, 3, 4

HICAP Service Unit Plan (Continued)						
	Measure	Measure Notes	FY 09/10	FY 10/11	FY 11/12	Goal #s
Federal Performance Benchmark Measures Continued <i>(Revised Guidance for FY 10/11 Area Plan Update)</i>	2.4 Estimated Number of Low Income Beneficiaries Unduplicated	This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).		866	993	1, 2, 3, 4
	2.5 Estimated Number of Enrollment and Enrollment Assistance Contacts	This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.		2,074	2,075	1, 2, 3, 4
	2.6 Estimated Part D Enrollment and Enrollment Assistance Contacts	This is a subset of all enrollment assistance in 2.5. It includes the number of unduplicated Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.		841	1,404	1, 2, 3, 4
	2.7 Estimated Number of Counselor FTEs in PSA	This is the total number of counselor FTEs (i.e. the total number of active counselors; paid, in-kind paid and volunteer working 2000 hours per year).		1.32	2.19	1, 2, 3, 4

Attachment D: Additional Area Plan Replacement Pages

- Pages 28-31: Corrections to Area Plan Section 2 List of Services
- Page 59-60: Section 9: Public Hearings
- Page 95: Section 13: Focal Points Update
- Page 103-2: Section 17: Governing Board Update
- Page 105: Section 18: Advisory Council Update
- Page 110: Section 21: Family Caregiver Support Program
- Page 111-114: Appendix A: Agencies & Services Funded

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

The Department of Aging and Adult Services

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

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

DAAS encompasses the following programs:

1. *Office on the Aging*

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

The services that the OOA funds include⁵:

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

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

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

- ❖ *Case Management*: care coordination for older adults or adults with disabilities who are experiencing a diminished capacity to function so that formal assistance is required. Services include: assessing needs; developing care plans; authorizing, arranging and coordinating services; follow-up monitoring; and reassessment.
- ❖ *Community Services*: services that maintain or improve quality of life such as health maintenance (exercise), education, translation, services that protect elder rights, services that promote socialization/participation, and services that assure access and coordination.
- ❖ *Congregate Meals*: meals provided in a group setting that consist of the procurement, preparation, transporting and serving of meals, as well as nutrition education.
- ❖ *Elder Abuse Prevention*: consultation with the Ombudsman Program and coordination with Adult Protective Services and other abuse prevention services to provide education, outreach, referral, and receipt of complaints on behalf of vulnerable seniors and adults with disabilities.
- ❖ *Family Caregiver Support Program*: outreach to informal caregivers who assist older adults ~~about~~ to access resources. Services include information and assistance, case management, transportation ~~and assisted transportation~~, counseling, respite services and supplemental services to caregivers who have difficulty maintaining quality homecare or the ability to live independently at home. Services are available in Spanish, Chinese and Japanese.
- ❖ *Brown Bag*: surplus and donated food products, produce, and nutrition education to low-income older adults and adults with disabilities. This program is totally supported by County General Fund. It is on the 10% contingency cut for FY 2011-2012.
- ❖ *Health Insurance Counseling and Advocacy Program (HICAP)*: counseling and information about Medicare, supplemental health insurance, long-term care insurance, managed care or related health insurance; community education activities; advocacy; and legal representation.
- ❖ ~~*Health Screening*: a preventive health service that includes a medical exam to determine medical conditions that may require referral for a more in-depth medical evaluation. (Service discontinued in FY 2011-2012 due to reallocation of Title III-D funds to Health Promotion.)~~
- ❖ *Health Promotion*: provides evidence-based health promotion programs which have been proven to be effective in reducing older people's risk of disease, disability and injury and to empower people to take more control over their own health through lifestyle changes, including health education, wellness and exercise workshops.
- ❖ *Homecare Advocacy*: Homecare Advocacy is responsible for building collaborative networks; working collaboratively with coalitions and health care professionals toward the expansion and improvement of long-term care plans. It advocates for persons who are at risk for institutionalization, but unable to obtain affordable and timely IHSS help. Through efforts to coordinate, plan and strategize with community groups, unions, and local government, more seniors and adults with disabilities receive critical in-home care.
- ❖ *Home-Delivered Meals*: meals for persons who are homebound because of illness, incapacitating disability, isolation, or lack of a support network; includes nutrition education.

- ❖ *Housing Counseling/Advocacy*: information for individuals in jeopardy of being evicted and assistance in advocating for tenant rights. Also, training for individuals and groups so they can inform the public about the need for affordable and accessible senior housing.
- ❖ *Emergency In-Home Supportive Services*: personal care, homemaker, and chore services to allow older adults and adults with disabilities to remain at home as long as appropriate, thereby preventing premature institutionalization.
- ❖ *Legal Services*: legal advice, counseling and/or representation by an attorney person acting under the supervision of an attorney. Areas of expertise include: benefits appeals, eviction prevention, consumer rights, estate planning, etc.
- ❖ *LGBT Cultural Competency Training and Integration Program*: to educate social service providers about how to overcome service barriers that exist for LGBT consumers. The goal of the program is to improve access to services, thus improving the quality of life for LGBT consumers.
- ❖ *Linkages and Respite Purchase of Service*: prevention of premature or inappropriate institutionalization of elderly and functionally impaired adults, who may or may not be Medi-Cal eligible, by providing care management, and information and assistance services. Respite POS is on the 10% contingency cut list of the County budget.
- ~~❖ *Medical Escort*: paid volunteers escorts for persons not able to take Paratransit or taxis without assistance to medical appointments or to and from the hospital.~~
- ❖ *Medication Management*: In FY 2011-2012 an evidence-based medication management program will be implemented to provide medication screening and education to an individual and/or caregiver to prevent incorrect medication and adverse drug reactions.
- ❖ *Money Management*: assistance to consumers in the management of income and assets. This may include, but is not limited to, payment of rent and utilities, purchase of food and other necessities, and payment of insurance premiums, deductibles and co-payments.
- ❖ *Naturalization Services*: services that help legal permanent residents become naturalized citizens, such as: (1) learn English as a second language, (2) prepare for citizenship test, (3) increase awareness of resources, (4) assure access and coordination, (5) hands on assistance with completing N400 application, and (6) provide legal advice, counseling, and representation.
- ❖ *Ombudsman Services*: investigates allegations of abuse and neglect made by mandated reporters if the victim is in nursing homes, residential care facilities for the elderly, adult residential care facilities, and other settings in accordance with California Law. The Ombudsman also advocates for behavioral health consumers under 60 as well as the developmentally disabled who reside in these settings.
- ❖ *Aging and Disability Resource Center (ADRC)*: This is a new program ~~to be implemented in FY 2009-2010.~~ Apart from being centrally located in San Francisco, the new ADRC ~~will~~ out-stations staff in key underserved neighborhoods and communities throughout the city to provide information and assistance service, and consumer rights information, and to help consumers to remain living independently in the community. ~~The new ADRC will replace the current Resource Centers for Seniors and Adults with Disabilities.~~

- ❖ *Senior Companion*: supportive services for older adults to maintain independent living. Services involve retaining physical health and mental alertness, and enriching social contacts. This program is totally supported by County General Fund, and is on the 10% contingency cut list of the County budget.
- ❖ ~~Senior Empowerment~~ *Empowerment for Seniors and Younger Adults with Disabilities*: provides training programs for seniors and adults with disabilities in community organizing, leadership, conducting effecting meetings, accessing essential services, conflict resolution, promoting diversity and engaging in civic affairs and advocacy.
- ❖ *Social Support Services to Hoarders and Clutterers*: provides support groups and eviction assistance to individuals who compulsively acquire possessions and are unable to discard them. This program also provides education and training to professionals working with target population.
- ❖ *Taxi Scrip*: provides funding to Muni Accessible Services for taxi scrip for seniors and adults with disabilities that cannot take public transportation and meet eligibility requirements.
- ❖ *Taxi Vouchers*: provides taxi vouchers to seniors and adults with disabilities who cannot take public transportation to medical appointments and other community services. The service is provided by a non-profit. This program is supported by County General Fund, and is on the 10% contingency cut list of the County budget in FY 2011-2012.
- ❖ *Transportation*: Paratransit services through MUNI Accessible Services that provides wheelchair lift-van and group van transportation to seniors and adults with disabilities.
- ~~❖ *Volunteer Caregiver Recruitment for the LGBT Community*: to recruit and train friendly visitors to visit homebound and or isolated LGBT consumers. The goal of the program is to break down social isolation and improve the physical and mental health of consumers.~~
- ❖ *Single Room Occupancy (SRO) Food Project*: provides culturally appropriate weekly supplement groceries and delivery services to homebound seniors and adults with disabilities who live in the targeted SRO hotels.

2. In-Home Supportive Services (IHSS)

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

3. Public Administrator

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

SECTION 9: PUBLIC HEARINGS

PSA #6

PUBLIC HEARINGS

Conducted for the 2009-2012 Planning Period

CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308; OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?*	Was hearing held at a Long-Term Care Facility?***
				Yes or No	Yes or No
2009-10	April 15, 2009	1650 Mission St, 5 th floor	16	No	No
	April 28, 2009	1650 Mission St, 5 th floor	25	No	No
	May 6, 2009	City Hall, Room 416	25	No	No
2010-11	April 21, 2010	1650 Mission St, 5 th floor	15	No	No
	May 5, 2010	City Hall, Room 416	37	No	No
2011-12	April 20, 2010	1650 Mission St, 5 th floor	17	No	No
	April 26, 2010	City Hall, Room 408	16	No	No

Below items must be discussed at each planning cycle's Public Hearings

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

All Office on the Aging contractors and interested parties were notified of the public meetings. A public notice was also announced in the San Francisco Chronicle.

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

Yes Not Applicable if PD and C funds are not used

No, Explain:

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

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

Yes

No, Explain:

* A translator is not required unless the AAA determines a significant number of attendees require translation services.

*** AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

Original Area Plan development:

April 15, 2009: No comments from the Advisory Council on this point.

April 28, 2009: Only one comment about the minimum percentage was raised by a Commissioner.

Commissioner Ow asked for an explanation of these funds and their purpose.

May 6, 2009: Commissioner James asked for a clarification of the changes in allocation among the three service areas in the past several years. Budget analyst Martha Peterson explained that although the allocation for In Home Services decreased from 6.6% in 2006-07 to 5% more recently, there have been no resulting changes to service provision. Over-matching county dollars have ensured a consistent level of service.

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

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

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

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

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

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

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

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

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

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

SECTION 13. FOCAL POINTS

PSA #6

2009-2012 Three-Year Planning Cycle

COMMUNITY FOCAL POINTS LIST

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

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

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

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

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

Community Focal Points Addresses

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

Aging and Disability Resource Center Outstations Administered through ECS:

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

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

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

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

SECTION 17. GOVERNING BOARD

PSA #6

2009-2012 Three-Year Area Plan Cycle

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

Number of Members on the Board: 7

Names/Titles of Officers:

**Term in Office
Expires:**

Edna James, President	1/24/15
Gustavo Serriña, Vice President	7/21/12

**Names/Titles of All Members:
Expires:**

Term on Board

Rosario Carrion-Di Ricco, Commissioner	6/15/12
Thomas Crites, Commissioner	7/5/12
Bette Landis, Commissioner	1/15/12
Richard Ow, Commissioner	1/15/12
Veneracion Zamora	1/15/12

SECTION 18. ADVISORY COUNCIL

PSA #6

ADVISORY COUNCIL MEMBERSHIP

2009-2012 Three-Year Planning Cycle

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

Total Council Membership (include vacancies) 22
 Number of Council Members over age 60 12

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>43</u>	<u>58.8</u>
Hispanic	<u>9</u>	<u>5.8</u>
Black	<u>8</u>	<u>23.5</u>
Asian/Pacific Islander	<u>37</u>	<u>17.6</u>
Native American/Alaskan Native	<u>0</u>	<u>0</u>
Other	<u>2</u>	<u>0</u>

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

- Names/Titles of officers and date term expires
- Names/Titles of other Advisory Council members and date term expires

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

	Yes	No
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/> Alexander MacDonald
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sergio Alunan
Supportive Services Provider Rep	<input checked="" type="checkbox"/>	<input type="checkbox"/> Marian Fields
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/> Benny Wong
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/> (Vacant)
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/> Anna Marie Pierini
Caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/> Ken Prag

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

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

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

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

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

*P = Reappointment Pending

SECTION 21. FAMILY CAREGIVER SUPPORT PROGRAM

PSA #6

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

2009–2012 Three-Year Planning Cycle

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

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

FAMILY CAREGIVER SUPPORT PROGRAM for FY 2011-2012

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

and

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

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

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

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

Appendix A: Agencies & Services Funded

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

Asian Law Caucus

Legal Services, Naturalization Services

Asian Pacific Islander Legal Outreach

Legal Services, Naturalization Services, Elder Abuse Prevention

(Also subcontract with **Vietnamese Elderly Mutual Assistance Association** for Naturalization Services)

Bayview Hunters Point Multipurpose Senior Services, Inc.

Community Services, Congregate Meals, Money Management

Bernal Heights Neighborhood Center

Case Management, Community Services

Catholic Charities CYO

Case Management, Community Services, ~~Homemaker, Personal Care~~, Alzheimer's Day Care Resource Center, Adult Day Care

Centro Latino de San Francisco

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

Chinatown Community Development Center

Housing Advocacy, Single-Room-Occupancy (SRO) Food Outreach Program

Conard House

Money Management, Money Management for Adults with Disabilities

Curry Senior Center

Case Management, Community Services, Health Screening, Medication Management

Edgewood Center for Children and Families

Family Caregiver Support Program—Kinship Program

Episcopal Community Services

Case Management, Community Services, Congregate Meals, Congregate Meals for Adults with Disabilities.

Family Caregiver Alliance

Family Caregiver Support Program

Family Service Agency of San Francisco

Ombudsman, Senior Companion, Case Management

Golden Gate Senior Services

Community Services

Institute on Aging

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

International Institute of San Francisco

~~Community Services~~, Naturalization Services

Jewish Community Center of SF

Congregate Meals

Jewish Family and Children's Service

Case Management, Home-Delivered Meals, Naturalization Services

Kimochi, Inc.

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

~~Korean Center, Inc.~~

~~Community Services, Congregate Meals~~

La Raza Centro Legal

Legal Services, Naturalization Services

~~Laguna Honda Hospital~~

~~Alzheimer's Day Care Resource Center, Congregate Meals~~

Legal Assistance to the Elderly

Legal Services, Legal Services for Adults with Disabilities

Lighthouse for the Blind and Visually Impaired

Community Services, Taxi Vouchers

~~Little Brothers Friends of the Elderly~~

~~Medical Escort~~

Meals on Wheels of San Francisco

~~Case Management, Community Services, Congregate Meals, Home-Delivered Meals, Home-Delivered Meals for Adults with Disabilities~~

Mental Health Association of San Francisco

Social Support Services for Hoarders and Clutterers

Mission Neighborhood Centers

Community Services, Naturalization Services

Municipal Transportation Agency

Transportation Services

Network for Elders

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

30th Street Senior Center

Case Management, Community Services, Congregate Meals, Home-Delivered Meals, Evidence-based Health Promotion programs

openhouse

LGBT Cultural Sensitivity Training for Service Providers and Community Services

Planning for Elders in the Central City

Homecare Advocacy, Senior-Empowerment for Seniors and Adults with Disabilities, Long-Term Care Consumer Right Advocacy

Project Open Hand

Congregate Meals, Congregate Meals for Adults with Disabilities

Russian American Community Services

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

Samoan Community Development Center

Community Services

San Francisco Adult Day Services Network

~~Adult Day Health Care, Adult Day Health Care Enhancement,~~ Adult Day Care Network administrative support

San Francisco Food Bank

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

San Francisco Senior Center

Case Management, Community Services, Transitional Care Case Management

Self-Help for the Elderly

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

Senior Action Network

Housing Advocacy, Senior-Empowerment for Seniors and Adults with Disabilities

Southwest Community Corporation

Community Services

St. Francis Living Room

Community Services

Veterans Equity Center

Community Services

Vietnamese Elderly Mutual Assistance Association

Community Services

Visitacion Valley Community Center

Community Services

Western Addition Senior Citizens Service Center, Inc.

Community Services, Congregate Meals, ~~Home Delivered Meals~~, Congregate Meals for Adults with Disabilities, ~~Home Delivered Meals for Adults with Disabilities~~

YMCA of San Francisco

Community Services