YEAR-END REPORT

AREA PLAN 2005 – 2009

FY 2005-06

August 31, 2006

DEPARTMENT OF AGING AND ADULT SERVICES
OFFICE ON THE AGING

YEAR-END REPORT
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Transmittal Letter

YEAR-END REPORT

AAA Name: City and County of San Francisco **PSA Number:** 06
Department of Aging and Adult Services/Office on the Aging

The Area Agency on Aging hereby submits to the California Department of Aging the Area Plan Year-End Report for Fiscal Year 2005-2006.

This Year-End Report provides a retrospective account of the progress made by the Area Agency on Aging toward completing Area Plan Goals and Objectives. As the first Year-End Report for the 2005-2009 planning period, this report includes a discussion of the known impact of activities undertaken during the entire planning cycle and the status of Objectives set for the proceeding year.

The undersigned recognize the responsibility within each community to monitor systems of care in the Planning and Service Area (PSA) that address the needs of older individuals, their families and caregivers.

1. _____ Date_____
Carolyn Devine
President, Governing Board

2. _____ Date_____
George H. Schofield, Ph.D.
President, Advisory Council

3. _____ Date_____
E. Anne Hinton
Executive Director, Area Agency on Aging

Introduction

The Area Plan Year-End Report is a public document that describes the key activities, major achievements and any significant difficulties encountered by the Department of Aging and Adult Services Office on the Aging (DAAS/OOA) during the past year. The report serves as an annual report. Its completion is a requirement of the California Department of Aging (CDA), which mandates that certain topics are addressed. The Year-End Report is submitted to the Board of Supervisors in accordance with the City Charter.

The OOA, formerly the Commission on the Aging (COA), is one of the divisions of the City and County of San Francisco Department of Aging and Adults Services (DAAS). DAAS is the designated Area Agency on Aging (AAA) for San Francisco. The OOA is the division implementing the mandate of the Older Americans Act, and in that capacity, it serves as the planning, advocacy, service coordination and systems development body for services for older persons. In 2000, the OOA began implementation of providing OOA-funded services to adults 18 to 59 years of age with disabilities.

The Year-End Report reaffirms the important role of the AAA as the advocate, planner, and administrator of programs for seniors and their caregivers, and adults with disabilities in San Francisco. The CDA requests that the status of each Area Plan goal and each objective be clearly described. The Goals and Objectives section presents the progress toward accomplishing these work objectives in FY 2005-06

When the abbreviation OOA is used in the Area Plan Year-End Report, it refers to the seven Aging and Adult Services Commissioners, the DAAS Advisory Council members, OOA-funded services providers, volunteers, consumers and OOA staff, all of whom work together to fulfill the Area Plan objectives.

Advisory Council to the Commission on Aging and Adult Services Report

Annual Report, Fiscal Year End 2006

Overview and Highlights

The Advisory Council tackled difficult issues in the 2005-06 Fiscal Year that were both challenging and rewarding for council members. Balancing working through significant organizational and leadership changes with continuing to redefine effective advisory efforts became an important part of the year's efforts.

The significant organizational and leadership changes included:

1. staff and departments carefully working their way through the reorganization and restructuring of the Department of Aging and Adult Services (DAAS) and the Department of Human Services (DHS) within a larger Human Services Agency (HSA)
2. the appointment of a new Executive Director for DAAS
3. the realignment of staff and efforts within DAAS
4. a cyclical turnover in the membership of the Advisory Council

Redefining effective advisory efforts – driven by all of the changes above and the normal need for periodic examination of effectiveness, organization, education, and communication – included:

1. creating clarity about staff service levels and primary contacts for the Council
2. creating greater coordination between the Council, the Commission, and DAAS through quarterly meetings of the heads of these organizations
3. accelerating Council membership recruitment efforts through creating a brochure and an outreach/recruitment effort
4. developing a How To Be An Effective Member of the Advisory Council Handbook
5. improving the quality of Site Visits and the usefulness of information obtained from them
6. clarifying – in collaboration with the President of the Commission and the ED of DAAS – the voice, priority, processes, and most effective advisory efforts possible
7. becoming differently involved in TACC with the concurrent ability to bring actionable ideas back to the Council
8. developing greater coordination with/involvement in the core leadership efforts of The San Francisco Partnership for Community Based Care & Support.
9. bringing in outside speakers periodically for the continuing education of Council members

Throughout the year the Council closely followed and provided advice to the Department and the Aging and Adult Services Commission on issues ranging from proposed budget cuts and implementing new programs to requests from groups within San Francisco.

The City's continued financial situation meant that there were significant mid-year uncertainty and proposed cuts to services and programs. There appeared to be a disconnect between the service needs analysis, the

sustainable programs delivered through DAAS and service providers, and the funding mechanisms and process. This resulted in a great deal of uncertainty about what would be possible. The Council opposed cuts – particularly since they appeared to represent an unspoken policy change from focusing on neighborhood delivery of services to no clear policy for delivery of services at all. While the Commission had the courage to not approve the budget (the alternative was to approve and appear to support the budget), it appears that services are far more steered by budget factors than driven by the needs analyses.

The Advisory Council meeting, reviewing the Health Committee's information on the Laguna Honda Rebuild, supported the Long Term Care Coordinating Council's (LTCC) endorsement of a variation of Option 2 in the Controller's report entitled: Laguna Honda Replacement Program – Where do we go from here? – Use most funds to complete three buildings with a maximum of 780 beds. Use the remaining funds plus operational savings to purchase other long term care services in assisted living, supportive housing, home care, and other community-based settings. Total people served under this option would exceed 1,800. The Council made this recommendation to the Commission. Additionally, Advisory Council members recommend that the Aging an Adult Services Commission expand efforts to increase the amount of accessible, affordable, supportive housing and assisted living for adults with disabilities and seniors in San Francisco.

Advisory Council reviewed the Governor's proposal to delay SSI payments to recipients. The Advisory Council advised the Commission to write letters to elected officials and take a formal position on giving COLAs to SSI recipients when they are granted. The SSI recipients are among the poorest people in California. In addition to dealing with problems caused by their disabilities and increasing limitations of age, they face extreme difficulties in trying to live on their very limited incomes where the rents are the highest in the nation, inflation raises food, health and transportation costs and costs of medication increase. As they face these increases, they have no cost of living increase to help pay for it. How are they to get by?

Many of the people served by the Department of Aging and Adult Services and their contract agencies are elderly and disabled SSI recipients, and we know how important it is that they receive COLAs just to get by in this one of the most expensive cities in the State. Over 26,000 people over 65 years of age live on SSI in San Francisco alone.

One of the major efforts underway is the 5 year Area Plan. The Council intends to continue to be involved in the evolution of the Area Plan and – given timing restrictions and short turnarounds – will continue to approve updates on the basis that changes can be made going forward. Within the Plan the Council is convening a Baby Boomer Committee which will define and create one or more events focused on defining and moving towards meeting the future needs of Baby Boomers.

The San Francisco Partnership for Community-Based Care & Support, a project of the Department of Aging and Adult Services, has four partnership groups that have conducted needs analyses and now have a series of recommendations, in various stages of completion and development, to improve services to their communities.

The Latino Partnership presented to the Advisory Council a request that included: a) increase funding to programs serving Hispanic/Latino seniors and adults with disabilities, b) increase the number of qualified, well trained, well paid bilingual professionals in programs serving Hispanic/Latino seniors and adults with disabilities, c) increase outreach from citywide agencies into the Hispanic/Latino community, d) increase leadership and advocacy efforts within agencies serving the Hispanic/Latino elder and disabled community, e)

establish create/District-wide Social Worker position to be housed in the Excelsior District of the city, f) hire two (or more) Spanish speakers (even at part-time) for Excelsior and South of Market Resource Centers, g) insist that the city be in compliance with the Equal Access Ordinance ensuring Spanish speakers are available at all city departments, and to be an action item at April Meeting.

While the Commission had previously considered some of these issues, the impact on levels of service was deemed less than sufficient. The Council recommended to the Commission that the Commission support these requests. An ancillary benefit to this has been development of a process – still in the process of being finalized – which 1. creates an ideal flow to the Advisory Council and through DAAS analysis and Financial analysis, 2. will inform the Advisory Council, DAAS, and Commission actions, 3. will not limit the Advisory Council's independent voice since the Council is free to step outside of the process and accelerate its recommendations when deemed necessary.

The African American Partnership has made a presentation with key requests to the Advisory Council. This presentation will also be made to the Commission. The proposal is currently in policy analysis review by DAAS and will also be reviewed by the Commission Finance Committee. The Council has voted to support each of the Partnership's 10 key requests in principle and will – upon receipt of the DAAS analysis – take a formal position on recommendation and action item for the Commission.

Paratransit services transport thousands of seniors and adults with disabilities per day to and from medical appointments as well as to many community-based agencies. In recent months, with a change in providers, the Advisory Council has heard serious service complaints. There are both service quality and financial costs to these complaints since not only do service recipients experience low quality, problematic service in many cases. Other Service Providers including health care, whose income is dependent upon the transportation system working well to get service recipients to those providers, suffer financial hardship when the system breaks down. The Council is developing a focus on Paratransit services to address the many access, safety, and reliability problems that continue to be a significant issue for segments of the residents of San Francisco.

Site Visits: Visits to the sites of the community-based non-profit agencies, which implement many of the programs serving seniors and adults with disabilities in San Francisco, continued to be a challenge for the Advisory Council in this reporting period. The Council's new site visit protocol and system for reporting on site visits is a definite improvement over previous approaches.

Joint Legislative Committee: The Joint Legislative Committee of the Aging and Adult Services Commission and the Advisory Council continued to meet throughout the year. Two new Council members joined the committee as well as having a different Commissioner chairing the meetings a portion of the time.

State Activities: San Francisco was represented in Sacramento during the year by George H. Schofield, Council President and William Hollabaugh, Council member who earlier served as President of the Triple-A Council of California (TACC) President Schofield will present a workshop at the November C4A conference in Los Angeles and also co-present a workshop with David Wilder, the current President of TACC. The Council was deeply involved in recruiting and electing California Senior Legislature members for the upcoming period.

Highlights of Accomplishments/Achievements

OOA Accomplishments

Funding New Programs

- A new congregate meal site to serve LGBT (Lesbian, Gay, Bisexual and Transgender) seniors and adults with disabilities started operation on October 1, 2005 at the LGBT Center and another existing site has increased capacity to serve LGBT seniors and adults with disabilities at the Castro Senior Center.

- The Home-Delivered Meals (HDM) for Adults with Disabilities pilot project was launched in March 2005 to provide nutritious meals to adults with disabilities living in San Francisco. A total of 106 consumers benefited from the program in FY 2005-06.

- With funding from the Doris Campos Estate, the OOA funded three special programs for homeless seniors effective April, 2006: Transportation Services provided by Community Awareness and Treatment Services, Assertive Case Management and Emergency Housing Assistance provided by Episcopal Community Services.

- The OOA funded Openhouse to provide LGBT sensitivity training for social service providers, effective April 2006.

New Technology

- To replace SF-GetCare, the OOA worked in close collaboration with the Human Services Agency's IT Department to design and build a new web-based application---OOA Net. The OOA Net, which is only accessible to agencies funded by OOA, was launched on June 12, 2006.

- Using One-Time-Only funding from the State, OOA staff coordinated, purchased and distributed 47 desktop computers with monitors and 14 all-in-one (print, scan, copy) color printers to 40 OOA-funded contractors during June 2006.

Program Standards and Program Outcome Measures

- The OOA began in FY 2005-06 to use the new Case Management program standards in monitoring the OOA funded case management programs.

- A workgroup began developing program standards for legal services.

- Another workgroup began developing program standards for community services.

- The OOA staff worked with OOA contractors to develop program outcome measures for all the OOA funded programs.

HICAP Program

The Health Insurance Counseling Program (HICAP) completed the FY 2005-06 program year with a number of major changes. The program also dealt with perhaps the most important revision of the Medicare program since its inception, the introduction of Part D.

1. Program Changes

The HICAP program for the FY 2005-06 program year saw a major shift in organization. The subcontract for legal services was bid out and awarded to Legal Assistance to Seniors, the legal services and HICAP program for Alameda County.

2. Staff Changes

With the organizational restructuring, new staff was hired: Program Manager, Outreach and Community Education Specialist, and Call Center Manager and Volunteer Coordinator. Senior Action Network (SAN) also provided additional funding to the program to cover an additional outreach/community education position.

3. Physical Improvements

SAN leased a suite of offices adjacent to SAN's main office as the new HICAP center.
Each staff person was provided a desktop computer, linked into a network. SAN procured a license for a web based program coordination service used by six other HICAP programs around the state. Outreach staff was equipped with two laptop computers and two LCD projectors (one set from HICAP, and one set from SAN).

SAN also created a call center for HICAP. This included a fully staffed 800 line, as well as three additional phone lines for HICAP staff. The 800 number is available in English and Spanish at any time, with Chinese translation available on request.

4. Outreach Materials

In anticipation of the introduction of Part D as well as in response to the program changes, the HICAP program prepared a range of new outreach materials. This included:

a) HICAP brochures – this information piece included a brief description of HICAP, a summary of services, and new contact information about the 800 number. Translations were provided in English, Spanish, and Chinese. A total of 15,000 copies were disseminated.

b) Guide to Part D – SAN worked with the state association of HICAPs to develop an education pamphlet for community outreach. These "Guides" were made available in English, Spanish, Chinese and Russian. Altogether 70,000 copies were distributed statewide. They were adopted by HICAP in Alameda, San Mateo, Orange County and the North Bay.

5. Professional Outreach Events

SAN held a series of six half or full day events in FY 2005-06 aimed at service providers. These included events specifically for nursing home and long term care staff, organizations serving persons with disabilities, and organizations serving the elderly. Over 2,000 people attended these events. Materials were provided in printed format at the event, and distributed in electronic format upon request.

6. Part D and the Community

The introduction of Part D under Medicare came in two main waves: a) was the conversion of Medi-Cal to Medicare coverage for dual eligibles, in the Fall of 2005, followed by, b) the enrollment of Medicare beneficiaries in Part D in the period January through May of 2006.

a) The Medi-Cal Conversion: San Francisco has a high percentage of "dual eligibles "who have both Medicare and Medi-Cal. The change to Part D caused major confusion for the beneficiaries, as well as pharmacies and even insurance plan providers. Calls into HICAP, as a result, skyrocketed.

In-Coming HICAP Assistance Calls				
August	September	October	November	December
46	110	313	585	554

SAN added funding to the HICAP program to provide an addition staff person to help facilitate community education events.

HICAP Community Education/Outreach Events				
August	September	October	November	December
10	12	29	27	18

b) The 2006 Enrollment Period

Beginning in January, enrollment efforts focused on Medicare beneficiaries. San Francisco has a population of 120,000 Medicare beneficiaries. While all of them are covered by the Part D program in one way or another, only a minority, perhaps 30%, needed to actively enroll in a program by signing a form. Indeed, for most of the rest, enrolling in a program was a serious problem that could result in permanent loss of existing health coverage.

In San Francisco Medicare covers 20,000 dual eligibles, as well as about 37,000 enrolled in HMOs. Another group, estimated at about 30,000 are enrolled in private (union, government or corporate) retiree health care programs.

Nutrition Program and Special Projects

Congregate Meals

A total of 819,750 meals are contracted through twelve nutrition contractors. We served a total of 793,811 USDA-eligible meals (an average of 3,280 meals a day), which is 3.2% below contract. Many of the service providers shifted the under served meals to the Home-Delivered Meal program. Although overall we slightly under served the contract level, service providers are to be commended for their extra efforts in outreach, fundraising and controlling costs despite increased operational expenses. A total of 50 congregate sites were funded during FY 2005-06, serving ten different ethnic meals throughout the City: African-American, Chinese, Filipino, Japanese, Kosher, Korean, Latino, Russian, Samoan, Western-American. Working with Project Open Hand and New Leaf Services for Our Community, we implemented a new pilot congregate site located at the

LGBT Center that targets serving LGBT consumers. In addition, we were able to maintain a congregate meal site in the South of Market neighborhood which targets serving Filipino elderly.

Home-Delivered Meals

A total of 841,776 meals are contracted through eight nutrition contractors, providing eight different ethnic meals throughout the city: African-American, Chinese, Japanese, Kosher, Latino, Russian, Western-American, and modified diets. We served a total of 913,300 meals to seniors (an average of 2,854 meals a day), which is 71,385 meals or 8.5% over contract level. Compared to FY 2004-05, we served 47,257 more meals, or an increase of 5.4%. This is a remarkable accomplishment by service providers considering the significant increase in delivery costs. As of June 30th, we had 269 people on the HDM Waiting List.

Expansion of OOA Nutrition Resource Lending Library

Using One-Time-Only funding from the State, OOA staff coordinated and purchased various nutrition education and training materials to expand the OOA resource lending library for nutrition contractors' use. New resources include low impact fitness videos in different languages (Spanish and English), and Chinese bilingual nutrition education material.

Home-Delivered Meal Program for Adults Age 18-59 with Disabilities

The Home-Delivered Meal Pilot Program for younger adults with disabilities was developed and launched in March 2005 to provide nutritious meals to this group of San Franciscans, help them remain in their home, maximize their independence and reduce the need for more out-of-home care. Any client who has some difficulty with completing their daily activities, especially grocery shopping and meal preparation is qualified for this program.

This program serves a maximum of 100 clients per day through three meal providers: Meals on Wheels of SF, Russian American Community Center and Self-Help for the Elderly. Given funding limitations, the need outweighs available resources. At the end of the fiscal year, there are about 170 people on the waiting list.

OOA Nutrition Internship

For the 8th year, the OOA nutrition staff worked closely with the American Dietetics Association accredited dietetic internship programs through UC Berkeley. This year, the OOA supervised a total of six nutrition interns. Each intern spent six weeks time with the OOA and its nutrition contractors.

Nutrition, Food and Agricultural Directory (FNAD)

The OOA staff brought together the people who developed the Food and Nutrition Directory from San Francisco Department of Public Health, and the San Francisco Food Systems Guidebook, leading to the collaboration and development now known as the Food, Nutrition and Agriculture Directory (FNAD) for the City and County of San Francisco. FNAD will be a comprehensive guide on food, nutrition and agricultural resources for consumers of all ages living in San Francisco, especially low-income individuals and families. FNAD is targeted for use by community-based organizations and various city departments as a resource for information and referral. FNAD was completed in September 2005. OOA helped in distributing hard copies of the directory and on CDs to various OOA-funded contractors.

Senior Farmers Market Nutrition Program

For 2005-06, we received a total of 1,500 booklets of Senior Farmers Market coupons from the California Department on Aging. The booklets are valued at $20 each, or a total value of $30,000 for the County. Seniors can use these coupons to buy fresh produce at participating farmers markets, thus increased their access to fresh produce. We targeted and served 1,500 unduplicated seniors at various congregate meal sites that serve low-income seniors throughout the City. San Francisco's participation in the program resulted in a high redemption rate of 81.6% or $22,848.

Resource Centers for Seniors and Adults with Disabilities

The ten Resource Centers located throughout San Francisco provide consumers with current information on opportunities and services available to them within their communities. In addition staff members provide assistance with filling out forms and applications, translation and explanation of official letters. Follow-up by contacting consumers to learn the outcomes of the information and assistance is an important component of the work of Resource Centers.

Each year the three lead agencies for the Resource Centers, Institute on Aging, Network for Elders and Self-Help for the Elderly, publish a comprehensive Annual Report. Please contact one of the lead agencies or the Office on the Aging to receive a copy of the Resource Centers for Seniors and Adults with Disabilities Annual Report July 2005 – June 2006 for an in-depth report on service units provided, service requests, demographics of consumers, staffing, languages spoken, training, quality assurance, District Advisory Councils and analysis of goals and objectives achieved.

Some highlights of the work of the Resource Centers for the fiscal year include:

- 17,052 unduplicated consumers were served by the ten Resource Centers with a total of 58,333 information and referral, assistance and follow-up contacts.

- The Resource Centers continued to collaboratively develop a monthly housing list and distributed it to consumers and agencies.

- Services were provided to consumers with limited English abilities in Armenian, Cambodian, Cantonese, French, Mandarin, Russian, Samoan, Shanghainese, Spanish, Tagalog, Toisanese and Vietnamese.

- The Resource Centers tested a Caller Intake System provided by DAAS that automated the collection of data on consumers served, units of service provided and consumer demographic data. The Caller Intake System allowed Staff to eliminate time-consuming service logs as of July 1, 2006 thus saving staff time that can now be used for direct service to consumers.

- The ten Resource Centers continued to convene District Advisory Councils to share information within their districts, to provide presentations on services available to the community and to provide advisory recommendations to DAAS as needed.

- Resource Center staff actively participated in the four neighborhood workgroups of the San Francisco Partnership for Community-Based Care and Support: the African-American Partnership, the Asian/Pacific Islander Partnership, the Latino Partnership, and the LGBT Partnership.

- The Resource Centers continued to focus on quality assurance by providing joint bimonthly trainings to the staff.

The OOA Net

In Fiscal Year 2005-06 the Office on the Aging, in collaboration with the Human Services Agency's IT department, launched a new web-based application called the OOA Net which will only be accessible to agencies funded by OOA.

The OOA Net website was launched on June 13, 2006 to meet the following objectives:

- Replace the SFGetCare system
- Record consumer data and enroll consumers in different programs funded by OOA
- View and/or add Service Units
- View and/or add Contract Units
- Generate reports, including NAPIS reports to CDA

Prior to launching the OOA Net, 125 staff of the OOA Contractors were trained by the HSA IT Department on how to use the new application. OOA staff assisted in all 14 of these trainings. During the data migration process, 7 temporary data entry staff were hired, trained and supervised to help manually enter client records from SFGetcare into OOA Net. In addition, the OOA created and disseminated the Consumer Intake form, Consumer Authorization Release of Information Form (offered in eight different languages: English, Spanish, Chinese, Russian, Tagalog, Korean, Vietnamese and Japanese), and issued the OOA Net Confidentiality Policy.

The OOA continues to offer administrative and technical support to Contractors utitlizing OOA Net. It will be a continuous challenge to OOA since there is no permanent staffing established for this project.

DAAS Information, Referral and Assistance Report

DAAS IR&A continues to work closely with the Partnership for Community-Based Care and Support with the goal of creating a "No Wrong Door" model of access to care and support. IR&A staff members continue to do community outreach and follow-up with pick pocket cases and frequent users of 911.

An electronic caller intake system was customized to allow for more detailed tracking of all Information, Referral and Assistance contacts. This new system also includes updated resource information through HELPLINK. The system intends to streamline data collection, tracking and reporting.

Family Caregiver Support Program

In fiscal year 2005-06 San Francisco County funded five family caregiver support programs. These programs served a total of 736 caregivers and provided services in Spanish, Chinese, Vietnamese, Tagalog, and Japanese. Additionally, one of our programs focused on serving caregivers in the Lesbian/Gay/Bisexual/Transgender community. Our programs worked diligently to outreach and provide services to the diverse populations and needs of the San Francisco community. The following is a summary of services and accomplishments of each San Francisco County program.

Family Caregiver Alliance

The Family Caregiver Alliance has been able to expand its services to caregivers in SF through the Title IIIE funds. Not only has the agency been able to provide more caregiver assessment, case management, respite and legal consultation, as documented in the yearly profiles, but the agency has created new programs and done outreach to new populations.

In summer 2005, The agency targeted EAP and HR departments in major businesses in SF. The agency now has an email list of 125 contacts that they regularly send announcements to of agency activities. As a result of this outreach, the agency has given presentations to employees at large companies such as PG&E, UCSF, USF, City and County of SF, etc. The agency continues to target the business community by adding a new educational presentation called "Telecaregiving." This has been a series of three presentations done by conference call on communicating with people with dementia, long distance caregiving, and on working together with family members while caregiving. These workshops were an hour in length and offered either in the evenings at 7:00 or at lunchtime, so as to serve working caregivers.

In order to better serve the diverse communities of SF, the agency started a Spanish speaking support group that meets once/month, "El Apoyo Para Encontrar la Felicidad." They also offered a dementia communication class in Spanish in SF Fall, 2005. The agency conducted outreach to the Japanese and Chinese communities and gave presentations to organizations that serve clients from these cultures.

Using Title IIIE funds, the agency was able to establish an ongoing support group for caregivers in SF which meets once a month called "Relax and Renew," This is a unique support group as half of the time, the group does physical exercise and/or relaxation exercises so as to take care of their own health and half time with either a speaker or general support group sharing.

This year the agency developed two new workshops and developed one class. The first workshop was an outreach to the faith community, "Spirituality, Faith and Caregiving," where a speaker came from Minnesota who has presented on this topic nationally. In attendance at the workshop were 52 chaplains, clergy, social workers and nurses. Since caregivers often talk to the leaders of their faith community, it was important for them to know about resources to direct their congregants to. The agency will continue this outreach during this coming year. The other identified need was for caregivers to have some guidance in thinking about placement issues for their loved ones. As a result, the agency put together both a workshop and a four week class called, "Decisions, Directions, and Reflections." Caregivers have been very receptive to this new offering, as they have not had a place to find out about placement choices as well as an opportunity to talk about their feelings related to this issue.

Self Help for the Elderly

The focus of Self Help's program is serving limited English speaking low-income Chinese caregivers. The program was funded for respite and supplemental services. The program's respite workers provided 2,246 hours of in-home respite care to seventeen caregivers in order to help reduce caregiver stress. The agency also provided forty-six units of income assistance and material aide, as well as eight hours of chore services to thirty-eight caregivers. Program evaluations document that the caregivers benefited from the program and were satisfied by quality of the care provided and felt the respite workers were professional and responsive to their needs. The program faced a challenge in being able to recruit respite worker who were able to work after 6 p.m. and holidays. This limited the scope of services the program was able to provide.

Kimochi Inc.

Kimochi Inc. provided services to190 unduplicated caregivers. Of those served, 67% are female, 96% are Asian, 66% are married, and 43% are between the ages of 18-59. Following a pattern of the last two fiscal years, this year, the majority of family caregivers were other family members assisting in the care of a relative. Outreach efforts were made by the agency during the year to reach new families. In addition, the advanced age of spouses is identified as the main reason many are no longer able to care for their spouses and are seeking assistance from other family members to help out. Many of the married couples in the program have no children or have no children living in the immediate area to assist in family caregiving. The agency finds this is an increasing trend in our target population.

In Fiscal Year 2005-06, the Japanese-speaking caregiver support groups began incorporating more guest speakers and discussing caregiving related articles during group time. Many found the discussion of articles they shared from newspapers and magazines from Japan very informative, helping them to understand the similar challenges and struggles families are facing in Japan. The group continues to have an average of 7 ongoing participants. It provides each of them with important respite from their caregiving responsibilities and also builds a network of informal assistance they can receive from others when needed. The caregivers help take care of each other's family members from time to time and in emergency situations.

This year, the English speaking caregiver support group members faced the challenges of multiple caregiving demands. Of the six regular members, five are providing care to two or three family members. One caregiver is coordinating care for her father and mother-in-law, another is coordinating care for her mother and older brother who live together, one caregiver is assisting with care for two of her older sisters (she comes from a family of 10 girls) and a brother-in-law, one caregiver is caring for both her parents whom she lives with, one caregiver is assisting her father and mother, and one caregiver is coordinating care for her mother-in-law and father-in-law. The group is finding the meetings a safe place for them to confidentially discuss their personal challenges and frustrations with how their participation is viewed by other family, friends, and the community. They also find the group is providing them with opportunities to bond with others providing family care and are sharing resources with one another to help in the care they are providing.

Institutional respite services for low and fixed income seniors continue to be a resource in high demand by the community. We continue receiving requests from seniors who can pay for a portion of the costs but not the full cost. In order to serve more seniors, the agency is using the funds to subsidize the full costs of care.

New Leaf-Services for Our Community

New Leaf's Outreach to Elders Program completed another successful year of providing Title IIIE services under the Family Caregiver Support Program. The agency's small professional and dedicated staff provided over four hundred hours of caregiver counseling, support and training to caregivers serving the Lesbian, Gay, Bisexual and Transgender communities. The agency exceeded our contract goals in every area. In fiscal year 05-06 the agency provided 266.08 hours of caregiver counseling (114% of the contract goal), 42.5 hours of caregiver support (202% of the contract goal) and 118.8 hours of caregiver training (192% of the contract goal). The agency reached 148 unduplicated caregivers over the course of the year, also exceeding the contract goal (145% of goal).

New Leaf trained a committed group of ongoing non-familial caregivers to serve the LGBT community through our Friendly Visitor Program. The agency was able to serve 15-20 caregivers on a consistent basis. Our volunteers met with seniors weekly and maintained additional contact through telephone calls. For the majority of care receivers, our caregivers were the only regular social contact in their lives. The caregivers were often the first to alert our agency about a change in functioning or health status that required additional intervention with the care receiver. This past year the caregivers completed trainings in End of Life Issues; Accessing Social Services; Elder/Dependent Abuse; Transgender Competence; Alcohol, Elders and Medication, Maintaining Boundaries, and Intergenerational Issues.

As an outgrowth of this program the agency also developed an intergenerational project with a local agency serving LGBT youth. New Leaf's seniors and young adults from the other agencies met over the course of two months to share stories of "Coming Out", being in relationships, and being LGBT in the larger community. This collaboration was universally judged to be a success and has developed into an ongoing project to build additional social support and extended "families" for our LGBT seniors and the youth caregivers.

Edgewood Center – Kinship Program

In FY 2005-06 Edgewood used our Title III E funds to provide a variety of services to relative caregivers who experience multiple barriers in accessing services. The agency's most successful programs are their support groups which are held in English, Spanish, Tagalog, Cantonese and Vietnamese. Some of the topics covered in FY 2005-06 were Elder Abuse, Emergency/Disaster Services, Breast & Cervical Cancer Services, Senior Action Network, Food Stamps, Senior Housing, Medical/Dental, and Nutrition.

This year due to the agency's outreach, at our annual Mother's Day Luncheon Edgewood served over 125 seniors at the SF Hilton & Towers, and over 70 of them were caregivers who either speak Spanish or Cantonese. These caregivers sat together and experienced a lunch barring all racial and ethnic differences. The agency continues to service relative caregivers in the weekly food pantry designed for their families. The food boxes contain food for the care receivers as well as the caregivers. On a weekly basis, over 50 families come to the office for this and other programs.

The agency's goal for next year is continue a stronger push in their outreach efforts, by using the media in both the Span Cantonese communities. They will offer additional evening support groups for working caregivers in Spanish, as the nu

continue to grow in this group. In this community the agency is finding that they are also assisting group participants wi related to caring for aging parents.

Emergency Preparedness Report

Throughout the fiscal year, the DAAS Emergency Coordinator worked on the following projects: provided resource information on assistance available to Hurricane Katrina evacuees, updated the DAAS Emergency Operations Plan as needed, provided emergency preparedness information to DAAS/OOA Contractors, provided input into City disaster planning for seniors and people with disabilities, represented DAAS with SF CARD and provided presentations on disaster preparedness.

DAAS funded agencies generously offered welcome and services to Katrina Evacuees who came from Louisiana after the devastating hurricane. 73 persons 60 years of age and over were reported to have received services from the following agencies: Bayview Hunters Point Multipurpose Senior Services, Inc., Catholic Charities CYO, Curry Senior Center, Jewish Family and Children's Services, Meals on Wheels of San Francisco, Network for Elders, Visitacion Valley Community Center and Western Addition Senior Citizens Service Center. In addition Meals on Wheels of San Francisco delivered meals to 80 plus evacuees of all ages who resided in emergency housing. This service was made possible by the Human Services Agency that was willing to apply for Federal Emergency Management Agency (FEMA) shelter funding.

The Emergency Coordinator participated in the Office of Emergency Services Care and Shelter Workgroup formed to review needs and procedures for sheltering older people and people with disabilities in a disaster. Procedures were tested in the Care and Shelter Disaster Exercise on April 19, 2006.

The Emergency Coordinator continued participation as a Steering Committee member of the San Francisco Community Agencies Responding to Disaster (SF CARD). A major project of the organization was the San Francisco Congregational Disaster Preparedness Conference held on May 17, 2006 at St. Mary's Cathedral. The 170 people in attendance from 107 congregations received information on developing a disaster plan, service and continuity planning, staff and congregation disaster preparedness and community resources.

The DAAS Emergency Coordinator made the following presentations during the fiscal year.

October 6, 2005 -	Holocaust Survivors Group, Jewish Family and Children's Services on Personal Preparedness
October 11, 2005 -	Planning for Elders Senior Survival School on Disaster Preparedness
Feb. 6, 2006 –	Meals on Wheels of San Francisco Staff on Personal Preparedness
March 23, 2006 –	AmeriCorps Alert Class presentation on Preparedness for Seniors and People with Disabilities
May 18, 2006 –	American Society on Aging Roundtable on Agency Preparedness

Consumer Satisfaction Survey

For fiscal year 2005-06 all agencies funded by the San Francisco Office on the Aging conducted a consumer satisfaction survey. A total of 4,875 unduplicated consumers from 45 agencies and 10 Resource Centers were queried. The survey was translated into Cantonese, Vietnamese, Spanish, and Tagalog in order to facilitate

participation by as many program participants as possible. It is noted from the results listed below, overall satisfaction with Office on Aging funded programs was high.

Question #1 Quality of Services

67% Excellent 29% Good 3.5%Fair <1% Poor

Question # 2 Evaluation of Staff

66% Excellent 28% Good 4.5% Fair <1% Poor

Question # 3 Were Services Beneficial

97% Yes 1% No 3% Not Sure

Question # 4 Would You Refer a Friend/Family Member to this Service

97% Yes 1% No 3% Not Sure

Question # 5 Get Services Needed

94% Yes 2% No 4% Not Sure

Summary of Ideas

Community Needs Assessment

Purpose

The Older American's Act requires that the Department of Aging and Adult Services conduct a community needs assessment every four years to determine the extent of need for services and to aid in the development of a plan for service delivery for older adults. Diana Jensen, a planning analyst in the Human Services Agency planning unit, is leading the assessment effort. The assessment will estimate gaps in services for seniors and for younger adults with disabilities in San Francisco, taking into consideration services currently provided by DAAS and its contractors, as well as other city departments and other community-based providers.

Areas of Focus

The report will focus on six overarching areas of need: nutrition, housing, access to and coordination of services, isolation, self-care and safety, and caregiver support. The assessment will provide a description of the target population, as well as providing details on sub-populations with unique needs.

Method

The methodology of the assessment utilizes a "convergent approach," using both quantitative and qualitative sources to prevent blind spots and enhance the reliability of findings. Quantitative research has included analysis of Census 2000 data, profile data from DAAS- and Department of Human Services-provided services, and the investigation of services offered through other city departments. Data from a professionally-contracted randomized phone survey of older adults, conducted on behalf of the Partnership for Community-Based Care and Support, will also provide rich quantitative data on the needs in the community. The qualitative research is designed to fill in remaining information gaps. The needs assessment team is using literature reviews, provider round-table discussions with the neighborhood partnership groups, consumer focus groups, and key informant interviews. Staff has also conducted focus groups with both peer advocates and case managers that provide intensive case management in order to better understand the needs of isolated seniors and of individuals with complex service needs.

HSA staff plans to present needs assessment findings to the Commission on Aging and Adult Services at the Commission's October 4th meeting.

Status of Goals and Objectives

Goal One: Increase utilization of services

Increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs

Objective 1.1 The OOA staff will work with their contractors, homeless shelter staff and outreach coordinators, and Single Room Occupancy hotels housing formerly homeless seniors to share resource information and increase the overall number of homeless and formerly homeless seniors receiving OOA services by 50%.			
Rationale: San Francisco has the highest per capita rate of homelessness in the nation, and 7% of persons using homeless shelter are age 60 or older. OOA objectives have not addressed this population in the past ***Year-End Status:*** **One of the OOA contractor agencies, also an active member of Services and Programs Advisory Committee (SPAC), has spearheaded the outreach effort by conducting presentations at three SRO's, a homeless shelter and a drop-in center.**	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	7/1/05-6/30/07		Continued

Objective 1.2 The OOA will meet with community-based organizations to improve understanding of the variety and scope of services, particularly the supplemental services funded through the Family Caregiver Support Program, as well as feasible models of service delivery, and it will work with the Human Services Agency contract staff to develop a Request for Proposals (RFP) that will address the various needs of caregivers.			
Rationale: Current service providers do not utilize the range of caregiver support supplemental services that they can be funded for. ***Year-End Status:*** **OOA staff worked with service providers and coordinated a presentation on the FCSP. The RFP was issued and funds awarded for FY 06-07**	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	7/1/05-6/30/06		Completed

Objective 1.3
The Human Services Agency planning unit will coordinate with the OOA staff, home-delivered meal providers, and outreach workers to assess the prevalence and the needs of seniors and younger adults with disabilities who are living in Single Room Occupancy hotels without elevators. The recommendations from this analysis will be incorporated into the ~~2006-07 Area Plan update~~ summary of the 2006 Needs Assessment.

Rationale: In interviews with key service providers, it was noted that many seniors and persons with disabilities are living in Single Room Occupancy hotels that have no elevators and are consequently homebound.	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
Year-End Status: **The Human Services planning unit obtained a list of Single Room Occupancy hotels (SROs) from the city Department of Building Inspections, and the state department of elevator inspections identified which buildings had elevators. The planning unit matched Medi-Cal caseload data with IHSS data for persons with mobility impairments, identifying vulnerable persons living in the SROs. The unit is preparing to administer a survey of this population in 2006-07.**	7/1/05-6/30/07		Continued

Goal Two: Improve the quality and capacity of services

Improve the quality and capacity of OOA-funded home and community based services

Objective 2.1
The OOA staff will meet with nutrition providers to identify the most efficient means of reallocating resources to reduce the waiting list for home-delivered meals.

Rationale: The home-delivered meals program has a waiting list of over 350 isolated and vulnerable seniors and persons with disabilities, while some congregate meal sites are underutilized.	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
Year-End Status: **OOA staff has met to begin preliminary discussions of this issue.**	7/1/05 - 6/30/07		Continued

~~**Objective 2.2**~~
~~To recognize and motivate volunteer activity for OOA contractors, the Human Services Agency Planning Unit will survey OOA contractors regarding their use of volunteers and will present the findings to the Advisory Council to the Aging and Adult Services Commission to discuss possible system-wide volunteer recruitment and recognition activities.~~

Rationale: The network of community based organizations providing services to seniors and persons with disabilities benefit from the work of volunteers, but smaller organizations often do not have the capacity to recruit, train, and recognize volunteers.	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
Year-End Status: deleted	~~7/1/05 - 6/30/06~~		Deleted

Objective 2.3
The OOA will promote increased physical activity among older adults by providing technical assistance and/or resources to service providers, resulting in at least 3 service providers adding a new physical activity class for seniors.

Rationale: Research studies demonstrate the benefits of living a healthy, active lifestyle, but many service providers have not incorporated physical activities into their programs.	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
Year-End Status: **As of June 2006, three contractors have added a physical activity class.**	7/1/05 - 6/30/07		Completed

Objective 2.4
The OOA will conduct quarterly nutrition meetings to provide technical assistance and share resources that will assist providers in meeting and/or improving food safety and nutrition program standards, and will complete at least four meetings with the nutrition contractors, and two trainings for the staff of nutrition programs on nutrition risk assessment. standards.

Rationale: To ensure the overall quality of food services, service providers need assistance to meet stringent nutrition	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
Year-End Status: **Four meetings have been conducted. The two trainings on Nutrition risk assessment will be deferred to 06-07.**	7/1/05 - 6/30/07		Continued

Objective 2.5
To improve services to its consumers, the OOA staff will work with OOA contractors to develop and implement measurable, client-based outcomes for all OOA-funded programs.

Rationale: Currently OOA-funded contracts tend to reflect "inputs" and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness. ***Year-End Status: All outcome measures for 06-07 have been developed with the OOA contractors.***	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	7/1/05-6/30/06		Completed

Objective 2.6
The OOA will develop, in consultation with service providers and consumers, program standards for Community Services, District-wide Social Service Workers, and Legal Services that will be incorporated into the service definitions of the respective Requests for Proposals.

Rationale: To improve the effectiveness and efficiency of its services, the OOA needs to better define its program standards and include them in the requests for proposals. ***Year-End Status:*** **Two workgroups working on community services and legal services standards have started to meet in June 2006.**	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	7/1/05 - 6/30/07		Continued

Objective 2.7
The OOA staff will fully implement program standards for care management (Title III) by October 1, 2005, incorporating the standards into all Requests for Proposals and subsequent contracts.

Rationale: To improve the effectiveness and efficiency of its services, the OOA, in consultation with the California Department of Aging, is working to standardize and institutionalize program standards for care management and include them in its requests for proposals. ***Year-End Status:*** **The OOA case management standards have been fully implemented from October 2005.**	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	10/1/05-6/30/07		Completed

Objective 2.8
The OOA staff,~~ working with the Human Service Agency Planning Unit, will develop an annual survey that differentiates levels of consumer satisfaction with specific aspects of service delivery, sampling a range of consumers and services, and compiling and analyzing the results. The OOA staff will review results with contractors once a year to make improvements in services.~~ will work with contractors to revise the consumer satisfaction surveys that will be implemented in 06-07 in order to capture contracted performance outcome measures of the different programs.

Rationale**:** Currently OOA-funded contracts tend to reflect "inputs" and activities rather than reflecting client-based	**Start & End Dates**	**Title III B Funded PD or C**	**Status**

outcomes that would allow measurement of program effectiveness. ***Year-End Status:*** **At six meetings with contract providers, consumer satisfaction surveys were discussed and changes suggested. New surveys will be implemented in 2006-07.**	1/1/06 - 6/30/07		Revised, Continued

Objective 2.9
The OOA staff, working with the contractors, and the public, will improve the overall health of older persons and adults with disabilities by providing and expanding health screening to the capacity of program budget. This service includes a brief examination to determine the need for more in-depth medical evaluation and referral.

Rationale**:** AAA-funded health prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. The AAA intends to promote its health related programs by continuing to serve the most vulnerable of its population within the City of San Francisco. ***Year-End Status:*** **Curry Senior Center continues to provide these services to seniors and adults with disabilities in their primary care clinic.**	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	1/1/06 - 6/30/07		Continued

Objective 2.10
Medication Management will prevent incorrect medications and adverse drug reactions by providing a one-on-one consultation to individuals concerning the appropriate use of prescribed drugs with follow-up as needed to each individual seeking advice and information.

Rationale**:** AAA-funded health prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. The AAA intends to promote its health related programs by continuing to serve the most vulnerable of its population within the City of San Francisco. ***Year-End Status:*** **Curry Senior Center continues to provide these services to seniors and adults with disabilities in their primary care clinic.**	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	1/1/06 - 6/30/07		Continued

Goal Three: Improve coordination of services

Improve coordination of services for seniors and adults with disabilities

Objective 3.1

The Deputy Director of Programs will designate an OOA liaison to attend the monthly meetings of the Long Term Care Coordinating Council to stay informed of the issues being explored and addressed, and of the policy positions being proposed to the Office of the Mayor. Attendance at these meetings will help the OOA effectively coordinate its program plans and funding priorities with the citywide effort to make strategic improvements to community-based long term care and supportive services for older adults and adults with disabilities.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: According to the *Living With Dignity* strategic plan, the citywide system of services for seniors and persons with disabilities is hampered by fragmentation and a lack of coordination. ***Year-End Status:*** **The OOA director, Denise Cheung, now attends the Long-Term Care Coordinating Council.**			Completed

Objective 3.2

District Advisory Councils (DAC) convened by the Resource Centers for Seniors and Adults with Disabilities meet regularly with consumers and service providers to share information and discuss neighborhood problems. The OOA staff assigned to each of the ten District Advisory Councils will work with the groups to formulate recommendations on how to improve coordination of services, and will incorporate recommendations in the 2006 - 07 Area Plan update.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: District Advisory Councils are an underutilized community resource that would benefit from having a vehicle to formally consider issues and needs discussed at their meetings. ***Year-End Status:*** **Recommendations from 8 DACs have been obtained. 2 DACs will hold the discussion in August and September 06.**	7/1/05 – 6/30/07		Continued

Objective 3.3

Working in collaboration with the Department of Public Health, the Department of Human Services, Department of Aging and Adult Services, and community-based nonprofit organizations, the OOA nutritionist will coordinate, publish and distribute a citywide low cost food, nutrition education and resource guide that will be distributed for use by staff at various city departments and community-based organizations.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: With nutrition cited as one of the top unmet needs, a publication that lists free or low-cost food will enhance the nutrition services provided by the Triple A. ***Year-End Status:*** **The collaboration completed the directory in September and distributed 2,000 hard copies and 300 CDs. An on-line directory is scheduled for development and implementation in June 2006**.	7/1/05 – 6/30/06		Completed

Objective 3.4 DAAS will work with the Services and Programs Advisory Committee to design and implement service provider training that will improve inter-agency communication and cooperation, including training on care-planning for care managers, one training on nutrition-risk screening for care managers, and two trainings for meeting the diverse needs of ethnic seniors and adults with disabilities.			
Rationale: Many service providers experience rapid turn-over of staff, depleting the agency of the knowledge and experience of long-term employees. ***Year-End Status:*** **SPAC and DAAS staff conducted a number of trainings, including trainings in diversity, choosing homecare and board and care. Additional trainings are planned for 2006-07.**	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	7/1/05 - 6/30/07		Continued

Goal Four: Integrate DHS and DAAS programs

Integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers

Objective 4.1
To increase the participation of older adults in its services and programs, the San Francisco Department of Human Services will pilot targeted outreach activities and develop a special application process for OOA consumers to coordinate screening and enrollment activities for its Non-Assistance Food Stamps, Medi-Cal, and other programs, resulting in a 5% increase of OOA consumers using DHS program services.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: Many seniors have not enrolled in the Food Stamp program. The integration Department of Aging and Adult Services and the Department of Human Services should allow consumers easier access to a wider range of resources. ***Year-End Status:*** **Planning is underway to identify mechanisms for providing easier access to food stamps and other programs for seniors and people with disabilities, especially those on waiting lists for nutrition programs. In addition, one DAAS staff member participates in HSA's Outreach Committee, which coordinates the agency's outreach strategies and activities. As part of the outreach efforts, OOA staff coordinated with HSA's Food Stamp unit training on Food Stamp program updates and eligibility for OOA nutrition contractors in June 2006.**	7/1/05 - 6/30/07		Continued

Objective 4.2
The OOA and DHS staff will cross-train front-line staff on their respective programs, which will increase the number of consumers receiving both DHS and OOA services will increase by a minimum of 5%, as compared to a baseline to be developed in 12/05.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: Employees of the OOA are not familiar with DHS programs and conversely DHS employees are not familiar with the programs of the OOA. ***Year-End Status:*** **Joint meetings between DHS and OOA program managers have addressed the question of coordinating services and increasing utilization. The executive director of DAAS now sits in weekly meetings with the Deputy Director of DHS programs as well as the executive director of HSA to ensure coordinated strategies for serving common clientele. A focus on front-line staff will commence in 2006-07.**	7/1/05 - 6/30/07		Continued

Objective 4.3
The DHS Food Stamp program will provide technical assistance to at least two congregate meal sites so that their consumers can swipe their electronic benefits card and deduct meal payments from their Food Stamps allocation.

Rationale: It is believed that many seniors are unaware that they can use their Food Stamps for meals at senior nutrition sites. ***Year-End Status:*** **Two congregate meal sites have added this capability.**	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	7/1/05 – 6/30/06		Completed

Goal Five: Plan for the long-term care needs

Plan for the long-term care needs of underserved and emerging target populations

Objective 5.1
As coordinated by the Advisory Council to the Aging and Adult Services Commission, the OOA staff will participate in a task force of current and future consumers, Advisory Council representatives, researchers, and service contractors to discuss needs and identify new service models for meal services, caregiver support, and long term care that will be responsive to the needs of "baby boomers."

Rationale: Some senior nutrition sites are experiencing a decline in participants, and it is believed that fresh models of senior centers and activities should be developed to reflect the new generation of younger seniors.	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	7/1/05 - 6/30/07		Continued

Year-End Status: **The Advisory Council will coordinate a workgroup in 06-07.**

Objective 5.2
The Advisory Council to the Aging and Adult Services Commission will convene an educational forum with service providers, foundation representatives, researchers, and business leaders to develop recommendations for investments in services designed to meet the needs of "baby boomers." This plan will be the beginning of an ongoing effort to address the needs of the baby boomer generation and to make preparations for the increases in the numbers of persons growing older and living longer, and its recommendations will be incorporated into Area Plan updates.

Rationale: The large number of baby boomer seniors approaching status for eligibility of Triple A funded services mandates a new look at service delivery models.	**Start & End Dates**	**Title III B Funded PD or C**	**Status**
	7/1/05 - 6/30/07		Continued

Year-End Status: **The Advisory Council discussed this objective in its January meeting and expressed interest in working to form a task force in partnership with Human Services Agency that will research these issues and convene a community education forum. Work on this initiative will begin after the Needs Assessment is completed.**

Objective 5.3
The OOA will provide technical assistance to identify at least one congregate meal site that will target the LGBT and/or other underserved communities.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale**:** In focus groups, lesbian, gay, bisexual, and transgender (LGBT) seniors have commented on not feeling comfortable in services sites that are not oriented to them. Also, a taskforce on underserved communities of seniors and persons with disabilities is formulating recommendations that may include meal site locations, and new housing sites for formerly homeless seniors are opening up this year and may be suitable for meal sites. ***Year-End Status:*** **An LGBT meal site has begun operation in 2005-2006 and services at another existing senior center have been revised to address the needs of the LGBT community.**	7/1/05 - 6/30/06		Completed

Objective 5.4
The OOA staff will work with the San Francisco Partnership for Community-Based Care & Support to develop recommendations on how to improve services for seniors and adults with disabilities in the following underserved communities: 1) African American; 2) Asian/Pacific Islander; 3) Latino; and 4) lesbian, gay, bisexual, and transgender. The recommendations will be incorporated into the 2006-07 Area Plan update.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: The *Living With Dignity* strategic plan identified four target populations that are underserved by the city's long-term care service system for seniors and persons with disabilities. ***Year-End Status:*** **DAAS staff has been assigned to attend the community partnership meetings and the planning unit is actively working with Partnership groups to ensure representation in the needs assessment process. Recommendations will be incorporated into the 2006 Needs Assessment.**	7/1/05 – 6/30/07		Continued

Goal Six: Seek parity of services for younger persons with disabilities

Seek parity of services for younger persons with disabilities by identifying and utilizing local resources

Objective 6.1
To improve services for younger adults with disabilities, the Human Services Agency planning unit will work with the OOA staff, adults with disabilities, and OOA-funded contractors to assess the service needs of this population, research service models and outreach strategies, identify potential funding sources, and make recommendations regarding training and program changes that will be incorporated into the 2006-07 Area Plan update.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and make more appropriate referrals for the delivery of services. ***Year-End Status:*** **These issues have been included in the plan for the 2006 Needs Assessment process. A public hearing will be conducted in 06-07 to discuss program needs for the younger disabled adults.**	7/1/05 - 6/30/07		Continued

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

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services. ***Year-End Status:*** **An evaluation survey of the pilot program has been completed. Final Report is scheduled to be released at the end of August, 2006.**	7/1/05-6/30/07		Revised, Continued

Objective 6.3
The overall number of younger disabled persons served by the OOA-funded network of contracts will increase by 5%, as compared to a baseline that will be developed by 12/05.

Rationale	Start & End Dates	Title III B Funded PD or C	Status
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services. ***Year-End Status:*** **Implementation of a pilot home-delivered meal program for younger disabled adults, as well as provision of case management through the Institute on Aging and Neighborhood Resource Centers has significantly increased the number of younger disabled adults receiving services from OOA contractors. Data is still fragmented at this time, requiring more analysis to determine baseline and comparison figures.**	7/1/05-6/30/07		Continued

Title III D Health Screening and Medication Management

Health Screening

In the FY 2005-2006 Curry Senior Center provided health screening services to approximately 843 unduplicated seniors over the age of 60.

Seniors are screened for a variety of health, substance abuse and mental health related issues, homelessness and, if willing, referred to the agency's clinic for ongoing primary care or to other community clinics closer to their homes. Many clients were also referred for other services such as substance abuse treatment, mental health treatment, and case management.

Of the seniors served, approximately 17% were African American, 9% Hispanic, .02% Native American, 29% Asian/Pacific Islander and 45% non-Minority.

Medication Management

Patients that participate in the Curry Senior Center primary care services are very frail, elderly, complex, complicated patients with multiple diagnosis. Many of the patients have multiple chronic diseases often accompanied by mental illness or a substance abuse problem or both. Between 12-15% of the patients are homeless. There is a very high incidence of elderly living in the community with early, mild, to moderate forms of dementia for whom complicated medications are a challenge.

Patients qualify for medication education when they are given a new drug, or are having difficulty managing such chronic diseases such as diabetes, congestive heart failure, chronic obstructive pulmonary disease, depression or all 4 problems. Medication management occurs when a patient needs to take medications regularly, has a complex medication regimen, has difficulty organizing their medications or remembering to take them. Many elderly clients in the clinic are illiterate, have low literacy, or do not read English. Medi-Sets are filled regularly. Education takes place each time a medi-set is given to a patient. Pills are counted if not taken, and much advocacy has taken place in the advent of Medicare Part D! The average number of different medications prescribed is ten, the number of pills that need to be taken and placed in a medi-set are between 20-30/day. The majority of the patients served in this program are seen weekly or bi-weekly. Demographics of the patients served are as follows:19% were African American, 16% Hispanic, 27% Asian/Pacific Islander and 37% non-Minority.

Summary of Activities

Living with Dignity Strategic Plan Update: Local Coordination Efforts

Based on the goals, strategies, and objectives outlined in the *Living With Dignity Strategic Plan*, public and nonprofit service providers, consumers, and advocates are continuing to work together to make improvements in San Francisco's long term care service delivery system, with the goal of a better coordinated, more accessible system that is well prepared to serve the current and future populations of older adults and adults with disabilities.

Long Term Care Coordinating Council

Since its formation in November 2004, the Long Term Care Coordinating Council has expanded and now includes 37 members. This body oversees the implementation activities and service delivery system improvements identified in the *Living with Dignity Strategic Plan.* The Coordinating Council discusses all issues related to community-based long-term care and supportive services. It evaluates how different service delivery systems interact to serve people, and it makes policy recommendations about how to improve service coordination and system interaction. Based on its deliberations, the Coordinating Council provides policy guidance to the Mayor's Office.

During the strategic planning process, the following five critical needs were identified:

1) the need for an improved, well-coordinated system of care and support; 2) the need for easier access to services; 3) the need for improved quality of care; 4) the need for increased local, state, and federal funding; and 5) the need for increased system capacity, especially in the areas of safe, affordable, and accessible housing and transportation. This strategic plan offers an opportunity to begin to address each of these critical needs by recommending a number of system improvement strategies. Several of the major system improvement strategies and related implementation activities are described below.

1. Increase Collaboration in Underserved Communities

The **Community Partnerships Workgroup** is continuing to strengthen existing collaborations and building new collaborations in underserved communities. Four community partnerships focus on culturally appropriate services for the following groups of older adults and adults with disabilities: 1) African-American; 2) Asian & Pacific Islander; 3) Latino; and (4) lesbian, gay, bisexual, transgender persons. Each community partnership is working to improve outreach, sensitivity and collaboration among service providers. These community partnerships are meeting to respond to the needs of diverse racial, ethnic and cultural populations. Each community partnership works to identify needs that have an impact on DAAS program and funding priorities.

2. Improving Access to Services for Homebound Individuals

To identify homebound individuals who could benefit from supportive services, a **Partnership Peer Advocacy Project** was created in 2005. Four peer advocates were recruited in each of the four community partnerships to collaborate with service providers, senior groups, advocacy organizations, and county agencies to contact those who need help and support. This project is the front-line access to isolated, homebound seniors and adults with disabilities. Peer advocates track and demonstrate needs, and report their findings to the OOA, with the

objective of assisting the OOA in establishing responsive funding priorities. This project will continue with a second year, beginning with another round of peer advocate training in September 2006.

3. Improving Access to Services to Public Housing Residents
Based on the needs assessment of residents in eight senior public housing buildings completed in 2005. The data that resulted from this assessment was provided to both the OOA and the San Francisco Housing Authority in order to assist in establishing responsive funding priorities. In March 2006, a report was competed, entitled: *Seniors and Adults with Disabilities in San Francisco's Public Housing: Results from the Services Connection Survey.* This report was presented to the Long Term Care Coordinating Council in May 2006. Subsequently, the Housing and Services Workgroup formed a subcommittee that includes: the Housing Authority, DAAS, Planning for Elders & On Lok, to develop a pilot project that will involve the residents in three senior public housing buildings. This pilot project is intended to: (1) build confidence of residents and provide access to services; (2) get services integrated into these buildings by participating agencies; and (3) integrate peer advocates and other visiting programs to get residents out and into community-based services, including meal sites. This pilot project will begin in the fall of 2006.

4. Increasing Service Coordination
The **Case Management Collaboration Workgroup** has explored ways to improve the coordination of services for older adults and strengthen San Francisco's service delivery system. Formed in April 2004, this workgroup includes case managers from programs that are community-based and client-specific, DAAS programs, public social/health programs, as well as medical and institutional programs.

In March 2006, a concept paper for the Case Management Connect Pilot Project (CMCPP) was completed by the Workgroup. The CMCPP will be a demonstration project in which approximately 15 case management programs are partnering to develop a formal organization through which they can coordinate case management services for the clients that they serve. The CMCPP will consist of protocols for case manager coordination and agency collaboration that all participants agree to follow when delivering services to their clients. Protocols will include: (1) specific definitions of levels of case management offered by each participating agency, (2) eligibility criteria from each case management program, (3) tools to better communicate with other case managers serving the same clients across agencies (to be developed), and (4) guidelines for identifying lead case managers in cases in which more than one case manager serves a client (to be developed). The CMCPP will begin in the fall of 2006.

5. Enhance the Quality of Homecare Services
The **Homecare Recruitment and Retention Workgroup,** formed in April 2004, has explored ways to improve the recruitment, training, and retention of homecare workers in San Francisco. The *Workgroup:* (1) formed an effective collaboration of publicly funded and private homecare agencies, and training agencies; (2) undertook research to explore how to address the needs of the homecare workforce; and (3) evaluated and visited a national best practice model for training the direct care workforce in Tucson, Arizona.

In January 2006, based on its research, the Workgroup proposed the development of a Homecare Training Institute to significantly improve the recruitment, training, and retention of the homecare workforce in San Francisco. In July 2006, a concept paper was completed for the creation of a homecare training institute that will be more extensive than the training program currently available to homecare workers. The concept paper explains that our Homecare Training Institute will provide a comprehensive center for: (1) community-wide

recruitment of homecare workers; (2) screening; (3) standardized training; (4) job placement; (5) continuing education; and (6) ongoing support.

Because this is a collaborative effort of public and private homecare providers working together to achieve a common aim, we believe that this Training Institute will be unique. A curriculum has already been developed, which addresses the need for different levels of sequential, cumulative training. Based on all of our research, we believe San Francisco's Homecare Training Institute will become a best practice model that has the potential for replication throughout California and across the country. Funding is being sought for an initial planning period to support the development of a business plan and a viable financial model, and to supplement start up costs for the first year of operation.

6. Improve the Marketing of all Home and Community-Based Services

The **Public Relations and Marketing Workgroup,** formed in May 2004, along with *Wide Angle Communications,* a PR firm, is now implementing a comprehensive, multi-faceted public relations campaign under the auspices of the *San Francisco Partnership for Community-Based Care & Support*. The purpose of the PR campaign is to: 1) promote the idea that long term care no longer only means nursing home care; and 2) promote positive images of older adults and adults with disabilities.

In July and August 2006, the Home Alone component of the PR campaign is being implemented, and advertisements can be seen in the San Francisco Examiner, Sing Tao Daily, El Mensajero, the Bay Times and the Bayview. The purpose is to target older adults, adults with disabilities who live alone, and their caregivers, to inform them about the many services that exist, which can help them to remain at home and in the community.

DAAS is partnering with HelpLink/211, the new community services information telephone line operated by the United Way, to provide comprehensive information, referral and assistance services. The 211 line is open every day, all day long, and has multiple language capability. HelpLink/211 is being promoted in the Home Alone advertising campaign as the easy-to-remember contact number for improved access to services.

7. Enable Better Transitions Between Home, Community-Based and Institutional Services

In July 2006, the Mayor and Board of Supervisors of the City and County of San Francisco created a $3 million Community Living Fund for FY 2006-07. The goals of the Community Living Fund are to: (1) provide adults with disabilities of all ages with real choices about where and how they receive assistance, care and support; and (2) assure that no individual is institutionalized because of a lack of community-based long term care and supportive services.

The Community Living Fund will be carried in the DAAS budget. This funding will be in the base budget so it will be ongoing. It will also be identified as a project so that unexpended funds can be rolled over from one year to the next.

Purposes of this fund:

- Expand the amount and types of funding available for home and community-based long term care and supportive services beyond what is currently available in order to allow adults with disabilities of all ages to remain living safely in their own homes and/or communities.

· Provide incentives to develop new models of financing and service delivery that better leverage local dollars and encourage integration of services and support across departments.

· Provide flexible funding to create "wrap-around" services that offer basic support to enable persons with disabilities, both seniors and younger adults, to live with dignity in their own homes and communities as long as possible.

· Expand, not supplant, existing funding, working to fill funding gaps until new sources of support for long term care services can be secured through waivers and other means.

Demonstrate service delivery models that strengthen the long term care work force.

The Community Living Fund will provide an opportunity to determine what is necessary to get services to older adults and adults with disabilities to live in the community. Anne Hinton, Executive Director of DAAS has presented her concept of the "central door" of the No Wrong Door model of improved access to services*. This is the proposed DAAS Long Term Care Intake and Screening Unit, which is the initial entry point to access the fund. However, this central door does not prevent people from entering long term care services at other points when they encounter the need for services. The Community Living Fund will help to improve access to all home, community-based, and institutional services.

An Ad Hoc Community Living Fund Planning Committee, formed in July 2006, to provide support and additional resources for DAAS as it plans to implement the Community Living Fund. This committee meets on a monthly basis.

Appendix A: OOA Contractors Funded FY 2005-2006

Asian Law Caucus
Legal and Naturalization services

Asian Pacific Islander legal Outreach
Legal and Naturalization services

Bayview Hunters Point Multipurpose Senior Services, Inc.
Community Services

Bernal Heights Neighborhood Center
Case Management, Community Services

Catholic Charities CYO
Case Management, Community Services, District-Wide Social Services Worker, Homemaker and Personal Care, Alzheimer's Day Care Resource Center

Centro Latino de San Francisco
Community Services, Congregate Meals, Home-Delivered Meals, and Naturalization services

Community Awareness and Treatment Services, Inc
Transportation for Homeless Seniors

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, District-Wide Social Services Worker, Emergency Housing Assistance

Family Caregiver Alliance
Family Caregiver Support Program

Family Service Agency of San Francisco
Ombudsman, Senior Companion

Golden Gate Senior Services
Community Services

Institute on Aging
Alzheimer's Day Care Resource Center, Community Services, District-Wide Social Service Worker, Elder Abuse Prevention, Linkages, Resource Centers for Seniors and Adults with Disabilities

International Institute of San Francisco
Community Services and Naturalization Services

Jewish Community Center of SF
Congregate Meals

Jewish Family and Children's Service
Case Management, Community Services, Home-Delivered Meals and Naturalization Services

John King Senior Center
Community Services

Kimochi, Inc.
Adult Day Care, Community Services, Congregate Meals, District-Wide Social Service Worker, Family Caregiver Support Program, Home-Delivered Meals

Korean Senior Center
Community Services, Congregate Meals

La Raza Centro Legal
Legal and Naturalization Services

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

Legal Assistance to the Elderly
Legal Services

Meals on Wheels of SF, Inc.
Case Management, Community Services, Congregate Meals, Home-Delivered Meals

Mission Neighborhood Centers
Community Services, Naturalization Services

Municipal Transportation Agency
Paratransit Services

Network for Elders
Case Management, District-wide Social Service Worker, Resource Centers for Seniors and Adults with Disabilities

New Leaf Services for Our Community
Community Services, Family Caregiver Support Program

On Lok Day Services
Case Management, Community Services, Congregate Meals, Home-Delivered Meals

Openhouse
LGBT Sensitivity Training for Service Providers

Planning for Elders in the Central City
Homecare Advocacy, Senior Empowerment

Project Open Hand
Community Services, Congregate Meals

Rose Resnick Lighthouse for the Blind
Community Services

Russian American Community Services
Community Services, Congregate Meals, Home-Delivered Meals

Samoan Community Center
Congregate Meals

San Francisco Adult Day Services Network
Adult Day Health Services

San Francisco Food Bank
Brown Bag

San Francisco Senior Center
Case Management, Community Services

Self-Help for the Elderly
Alzheimer's Day Care Resource Center, Case Management, Community Services, Congregate Meals, District-Wide Social Service Worker, Family Caregiver Support Program, Home-Delivered Meals, Personal Care, Homemaker, Chore, Naturalization Services, Resource Centers for Seniors and Adults with Disabilities

Senior Action Network
Health Insurance Counseling and Advocacy Program (HICAP), Housing Advocacy, Senior Empowerment

Southwest Community Corporation
Community Services

Veterans Equity Center
Case Management, Community Services

Vietnamese Elderly Mutual Assistance Association
Community Services and Naturalization Services

Visitacion Valley Community Center
Community Services

Western Addition Senior Citizen's Center
Community Services, Congregate Meals, Home-Delivered Meals

YMCA of San Francisco
Community Services