SAN FRANCISCO DEPARTMENT OF AGING AND ADULT SERVICES
PLANNING & SERVICES AREA 6

2018-2019 AREA PLAN UPDATE

For Submission to the California Department of Aging
5/2018

AREA PLAN UPDATE (APU) CHECKLIST

Check one: ☐ FY 17-18 ☑ **FY 18-19** ☐ FY 19-20

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included		Page #
	➢ *Update/Submit **A)** through **I)** ANNUALLY:*			
n/a	**A) Transmittal Letter-** *(requires hard copy with original ink signatures or official signature stamp-**no photocopies**)*	☑		1
n/a	**B) APU-** *(submit entire APU electronically only)*	☑		all
2, 3, or 4	**C)** Estimate- of the number of lower income minority older individuals in the PSA for the coming year	☑		2
7	**D)** Public Hearings- that will be conducted	☑		4
n/a	**E)** Annual Budget	☐		
9	**F)** Title IIIB/VIIA Long-Term Care Ombudsman Objectives	☑		7
9	**G)** Title VIIA Elder Abuse Prevention Objectives	☑		8
10	**H)** Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	☑		9
18	**I)** Legal Assistance	☑		27
	➢ *Update/Submit the following only if there has been a CHANGE or the section was not included in the 2016-2020 Area Plan:*	Mark Changed/Not Changed (C or N/C) C	N/C	
5	Minimum Percentage/Adequate Proportion	☐	☑	
5	Needs Assessment	☑	☐	31
9	AP Narrative Objectives:	☑	☐	36
9	• System-Building and Administration	☐	☑	
9	• Title IIIB-Funded Programs	☐	☑	
9	• Title IIIB-Transportation	☐	☑	
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	☐	☑	
9	• Title IIIC-1	☐	☑	
9	• Title IIIC-2	☐	☑	
9	• Title IIID	☐	☑	
20	• Title IIIE-Family Caregiver Support Program	☐	☑	
9	• Title V-SCSEP Program	☐	☑	
9	• HICAP Program	☐	☑	
14	Notice of Intent-to Provide Direct Services	☐	☑	
15	Request for Approval-to Provide Direct Services	☐	☑	
16	Governing Board	☑	☐	46
17	Advisory Council	☑	☐	47
21	Organizational Chart(s)	☑	☐	49

TRANSMITTAL LETTER

2016-2020 Four Year Area Plan/ Annual Update
Check one: ☐ FY 16-20 ☐ FY 17-18 ☑ **FY 18-19** ☐ FY 19-20

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

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

1. Gustavo Serina (Interim Commission Presdent)
(Type Name)

_____ _____
Signature: Governing Board Chair [1] Date

2. Leon Schmidt
(Type Name)

_____ _____
Signature: Advisory Council Chair Date

3. Shireen McSpadden
(Type Name)

_____ _____
Signature: Area Agency Director Date

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

POPULATION ESTIMATES

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

According to the American Community Survey 2016 5-year estimates, there were 172,451 seniors age 60 or older in San Francisco, of whom 23,995 (14%) had incomes at or below the poverty threshold.

Chart A. San Francisco Seniors (Age 60+)
Total = 172,451

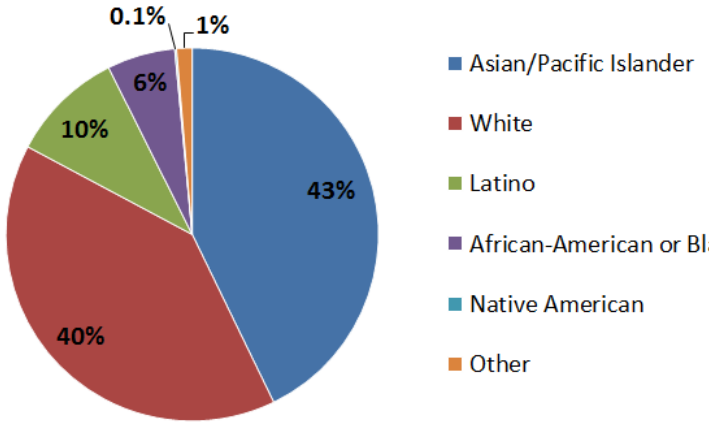
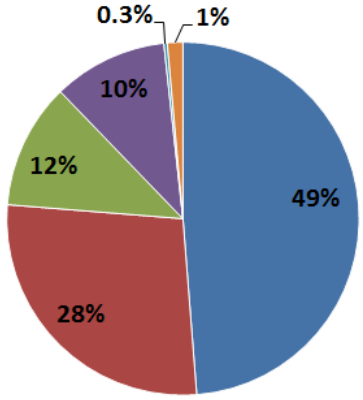


Chart B. San Francisco Seniors (Age 60+) in Poverty
Total = 23,995



Source: American Community Survey 2016 5-Year Estimates. Accessed through University of Minnesota IPUMS-USA datasets.

As shown above, seniors aged 60 and older are primarily Asian/Pacific Islander (API) and white. However, almost half of seniors living in poverty are API. Latino and African-American seniors are also overrepresented in the low-income population.

However, it is important to note that the federal poverty threshold does not fully capture all low-income seniors. As a static measure that does not factor in cost of living, the federal poverty threshold is arguably more a measure of destitution.

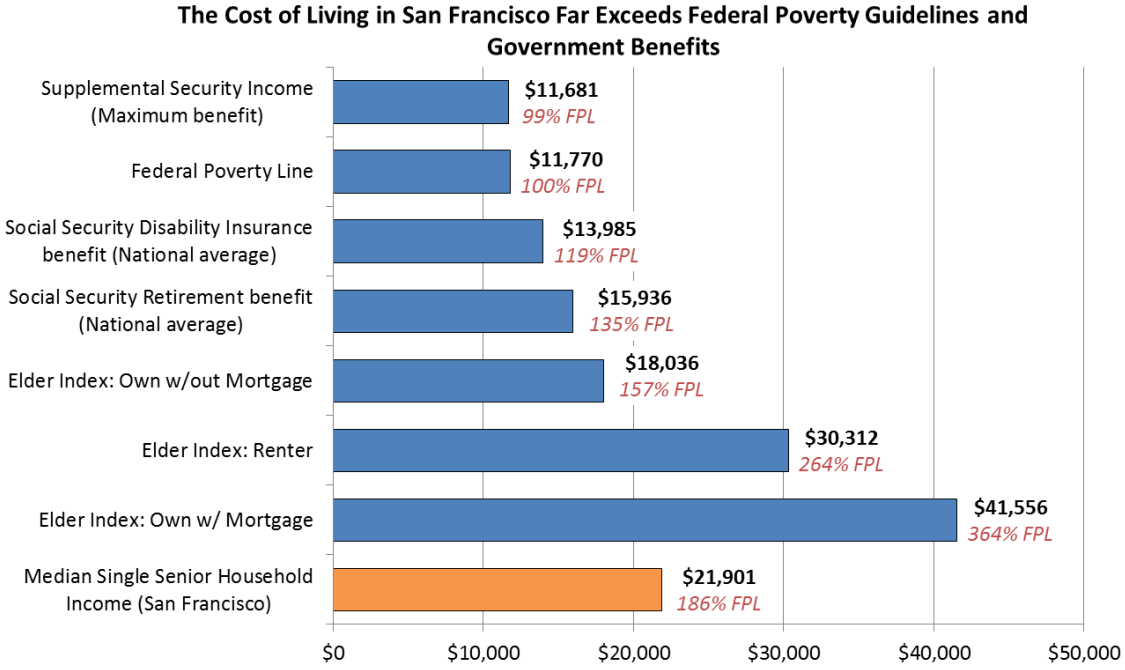
The limitations of relying on FPL to assess need are highlighted in a 2015 study by the UCLA Center for Health Policy Research.[3] This study used the Elder Economic Security Standard Index, which incorporates variation in cost of living by county and by housing tenure to estimate

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

[3] Padilla-Frausto, DI and Wallace, SP. (2015). The Hidden Poor: Over Three-Quarters of a Million Older Adults Overlooked by Official Poverty Line. Los Angeles, CA: UCLA Center for Health Policy Research. Accessed online November 3, 2015, at http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1417.

a basic self-sufficiency standard, to identify the hidden poor. Findings from this study suggest that approximately 30% of single seniors and 29% of senior couples age 65 and older are among the hidden poor – their income is above the federal poverty line but below the Elder Index thresholds for a decent standard of living. In total, an estimated 57% of single senior households and 39% of two-person senior households have inadequate income to meet a basic standard of living, representing at least 38,000 San Franciscans age 65 and older.

As shown in the chart below, the estimated cost of living in San Francisco far exceeds federal poverty guidelines and government benefits. Supplemental Security Income (SSI), the federal supplemental income stipend for the most impoverished older adults and persons with disabilities, provides a maximum benefit lower than the federal poverty line; anyone receiving SSI benefits is living in poverty. The national average Social Security retirement benefit is slightly less than $16,000 per year (135% of FPL). Retirees without alternate retirement benefits or significant savings would likely struggle to make ends meet in San Francisco at this income level.



Sources: Social Security Administration, Supplemental Security Income in California (2015)
U.S. Department of Health & Human Services, 2015 Poverty Guidelines
Social Security Administration,Annual Statistical Report on the Social Security Disability Insurance Program, 2014
Social Security Administration, What is the Average Monthly Benefit for a Retired Worker?, January 2015
UCLA Center for Health Policy Research, Elder Economic Security Standard Index 2013
IPUMS 2012 3-Year Samples

PUBLIC HEARINGS

At least one public hearing must be held each year of the four-year planning cycle.
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?[4] Yes or No	Was hearing held at a Long-Term Care Facility?[5] Yes or No
2016-17	a. 4/6/2016 b. 4/20/2016	a. San Francisco City Hall, Rm 416 b. DAAS (1650 Mission St)	a. 51 b. 22	a. No b. No	a. No b. No
2017-18	a. 4/19/2017 b. 5/3/2017	a. DAAS (1650 Mission St) b. San Francisco City Hall, Rm 416	a. 23 b. 42	a. No b. No	a. No b. No
2018-19	c. 3/21/2018 d. 5/2/2018	c. DAAS (1650 Mission St) d. San Francisco City Hall, Rm 416	a. 20 b. 55	c. No d. No	e. No f. No
2019-20					

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

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

PSA: *FY 16-17*: 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. The Area Plan was posted online with the agenda items for the April 6, 2016, meeting and an announcement was sent out. Members of the Advisory Council, DAAS Commission, and the public were asked to provide feedback in meetings or via email.

FY 17-18: A The meetings were publicly noticed in the San Francisco Chronicle, and the meeting dates were announced at the DAAS Commission meeting a month in advance.

FY 18-19: The meetings were publicly noticed in the San Francisco Examiner, and the meeting dates were announced at the DAAS Commission meeting a month in advance.

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

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

   ☐ Yes. Go to question #3
   ☒ Not applicable, PD and/or C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C

PSA: N/A

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

   ☒Yes. Go to question #5

   ☐No, Explain:

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

PSA: *FY 16-17*: No comments were made about the minimum percentages of Title IIIB funds.

FY 17-18: No comments were made about the minimum percentages of Title IIIB funds.

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

PSA: *FY 16-17*: At the public meeting on April 6, DAAS Commissioner Gustavo Seriña asked about the reliability of census data and the potential for undercounting. Rose Johns discussed factors that may inhibit data collection for certain groups (e.g., persons with disabilities, low-income) but noted DAAS and HSA are confident in its usability. DAAS Commissioner Neil Sims asked about the size of the senior population living on Treasure Island and asked if the numbers were small. Ms. Johns confirmed this trend. Commission President Edna James asked about the African-American and Latino partnership groups and asked for an update on those groups at the next Commission meeting. President James also noted that isolated seniors and adults with disabilities require targeted outreach in the event of a disaster. At the public meeting on April 20, there was discussion about the need to support employment opportunities for seniors and adults with disabilities.

FY 17-18: At the public meeting on April 19, Advisory Council members discussed the importance of supporting employment opportunities for older adults, particularly in city and community agencies that serve the population.

FY 18-19: At the public meeting on February 21, Advisory Council members asked questions about contracting monitoring processes and discussed the importance of collecting and reporting on sexual orientation and gender identity data.

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

PSA: *FY 16-17*: N/A

FY 17-18: N/A

FY 18-19: N/A

TITLE IIIB/VIIA – LONG-TERM CARE OMBUDSMAN OBJECTIVES

See the "Area Plan Narrative Objectives" Section for complete list of objectives and updates

Goal #4: Improve Service Quality		
Rationale: Quality standards help maximize the positive impact of services for seniors and adults with disabilities. Key components of quality include program accountability, performance measurement, and cultural competency. Technical assistance and support supports service quality.		
Objective	**Projected Start and End Dates**	**Title IIIB Funded PD or C**
4e. DAAS will work with the LTC Ombudsman program to ensure service is meeting the diverse needs of the local senior and disabled populations. This includes maintaining capacity to serve Chinese-speaking clients, as well as ensuring proper implementation of recent City of San Francisco legislation related to LGBT residents.	July 2016 to June 2020	

FY 2018-19 Update:

LTC Ombudsman program has increased Chinese language capacity in-house with two part-time staff who are bilingual, as well as the recruitment of a Chinese-speaking volunteer. Recruitment efforts for bilingual Chinese speaking volunteers will continue in FY 2018-19. Additionally, LTC Ombudsman staff has been working with a DAAS workgroup to develop materials and a training regarding state and local LGBT rights in long-term care facilities. This work will continue in FY 2018-19 and include publication of a handbook and live trainings related to San Francisco's LGBT long-term care bill of rights ordinance.

TITLE VIIA – ELDER ABUSE PREVENTION OBJECTIVES

See the "Area Plan Narrative Objectives" Section for complete list of objectives and updates

Goal #2: Establish Better Coordination of Services		
Rationale: San Francisco has some of the most creative and effective community-based long-term care programs in the country. But the City does not yet have a well-coordinated network of home, community-based and institutional long-term care services. Services will need to be provided through a well-coordinated service delivery network that will enable older adults and adults with disabilities to remain as independent as possible in their homes and communities in the most integrated settings.		
Objective	**Projected Start and End Dates**	**Title IIIB Funded PD or C**
2a. DAAS collaborates with several community partners and criminal justice agencies to prevent and mitigate abuse of elders and adults with disabilities. The Forensic Center convenes a multi-disciplinary team of service providers, law enforcement, the Ombudsman and Adult Protective Services to collaborate around the resolution of complex cases of abuse, neglect, and self-neglect. Providing outreach and education to mandated reporters, as well as the community, is a key focus for the Elder Abuse Prevention program. This program has recently launched a new initiative aimed at educating veterans, their families, and service providers about financial exploitation targeting Veterans Administration benefits. Prevention activities will include education to veterans and their providers, a public awareness campaign, as well as stakeholder collaboration to improve identification and response to financial abuse.	July 2016 to June 2020	

FY 2018-19 Update:

In FY 2017-18, APS is working to enhance the multi-disciplinary Forensic Center meetings so that client capacity assessments are completed by a psychologist who can also participate in Forensic Center meetings to directly share perspective on client needs and strengths. The Elder Abuse Prevention Program's Veterans Benefit Protection Program continues to garner political support. As part of this initiative, the EAP has developed two new screening tools that have already been implemented by the County Veterans Service Office; several other organizations within the city and other Bay Area counties have expressed interest in adopting these tools.

SERVICE UNIT PLAN (SUP) OBJECTIVES AND LTC OMBUDSMAN PROGRAM OUTCOMES

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

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	460	1,2,3,4	
2017-2018	460	1,2,3,4	
2018-2019	460	1,2,3,4	
2019-2020			

2. Homemaker (In-Home) **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	520	1,2,3,4	
2017-2018	520	1,2,3,4	
2018-2019	520	1,2,3,4	
2019-2020			

3. Chore (In-Home) **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	520	1,2,3,4	
2017-2018	520	1,2,3,4	
2018-2019	520	1,2,3,4	
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,478,480	1,2,3,4	
2017-2018	1,487,600	1,2,3,4	
2018-2019	1,897,285	1,2,3,4	
2019-2020			

5. Adult Day/ Health Care (In-Home) **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

6. Case Management (Access) **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	797,220	1,2,3,4	
2017-2018	946,000	1,2,3,4	
2018-2019	967,448		
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,730	1,2,3,4	
2017-2018	5,820	1,2,3,4	
2018-2019	3,984	1,2,3,4	
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	40,000	1,2,3,4	
2017-2018	40,000	1,2,3,4	
2018-2019	40,000	1,2,3,4	
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	12,636	1,2,3,4	
2017-2018	12,636	1,2,3,4	
2018-2019	12,636	1,2,3,4	
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	43,000	1,2,3,4	
2017-2018	54,130	1,2,3,4	
2018-2019	133,000		
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	4,200	1,2,3,4	
2017-2018	4,200	1,2,3,4	
2018-2019	4,200	1,2,3,4	
2019-2020			

14. Outreach (Access) **Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

- Each Title IIIB "Other" service must be an approved NAPIS Program 15 service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.

- Identify Title IIIB services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the "Units of Service" line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB "Other" Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

Other Priority Supportive Services include: Alzheimer's Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

Other Non-Priority Supportive Services include: Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation,

Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

All "Other" services must be listed separately. Duplicate the table below as needed.

Other Supportive Service Category **Unit of Service**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017			
2017-2018			
2018-2019			
2019-2020			

☒ 16. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Unit of Service = 1 contact

Service Activities: Chronic Disease Self-Management Program
Diabetes Education Empowerment Program

Title IIID/ Disease Prevention and Health Promotion: Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	730	1,2,3,4	1.a
2017-2018	2,592	1,2,3,4	1.a
2018-2019	3,450	1,2,3,4	1.a
2019-2020			

TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2016–2020 Four-Year Planning Cycle

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.

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3),(5)]

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I.E, Actions on Complaints)
The average California complaint resolution rate for FY 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved 198 + Number of partially resolved complaints 175 divided by the Total Number of Complaints Received 538 = Baseline Resolution Rate 69% FY 2016-17 Target Resolution Rate 70%
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved 444 + Number of partially resolved complaints 248 divided by the Total Number of Complaints Received 948 = Baseline Resolution Rate 73% FY 2017-18 Target Resolution Rate 73%
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved 208 + Number of partially resolved complaints 150 divided by the Total Number of Complaints Received 524 = Baseline Resolution Rate 68% FY 2018-19 Target Resolution Rate 70%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints_____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended 23 FY 2016-2017 Target: 23
2. FY 2015-2016 Baseline: number of Resident Council meetings attended 61 FY 2017-2018 Target: 61
3. FY 2016-2017 Baseline: number of Resident Council meetings attended 65 FY 2018-2019 Target: 65
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

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

1. FY 2014-2015 Baseline number of Family Council meetings attended 6 FY 2016-2017 Target: 6
2. FY 2015-2016 Baseline number of Family Council meetings attended 9 FY 2017-2018 Target: 9
3. FY 2016-2017 Baseline number of Family Council meetings attended 13 FY 2018-2019 Target: 13
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

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

1. FY 2014-2015 Baseline: number of consultations 90 FY 2016-2017 Target: 90
2. FY 2015-2016 Baseline: number of consultations 100 FY 2017-2018 Target: 100
3. FY 2016-2017 Baseline: number of consultations 139 FY 2018-2019 Target: 139
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

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

1. FY 2014-2015 Baseline: number of consultations 240 FY 2016-2017 Target: 240
2. FY 2015-2016 Baseline: number of consultations 407 FY 2017-2018 Target: 407
3. FY 2016-2017 Baseline: number of consultations 450 FY 2018-2019 Target: 450
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

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

1. FY 2014-2015 Baseline: number of sessions 10 FY 2016-2017 Target: 10
2. FY 2015-2016 Baseline: number of sessions 7 FY 2017-2018 Target: 7
3. FY 2016-2017 Baseline: number of sessions 7 FY 2018-2019 Target: 7
FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to promote person-centered care and reduce the use of anti-psychotics, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.
Enter information in the box below.

Systemic Advocacy Effort(s) for the current fiscal year

Ombudsman will continue to work with AAA staff and community stakeholders on implementation of the LGBT Senior Long-Term Care Facilities Bill of Rights legislation passed by the City of San Francisco and State of California. Remaining steps include publication and distribution of the handbook as well as development and scheduling of the training as required in the San Francisco ordinance.

Ombudsman staff will also continue to closely monitor and work on systemic advocacy around the closure of SNFs and RCFEs in the City and County of San Francisco. Ombudsman staff provided testimony in local government hearings related to the closure of a sub-acute/SNF ward at a local hospital. Additional RCFEs are at risk for closure in FY 2018-19; Ombudsman staff will work with patients, families, and local and state government agencies and bodies around these situations.

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

Measures and Targets:

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

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 15 divided by the total number of Nursing Facilities 21 = Baseline 71.4% FY 2016-2017 Target: 71.4%
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the total number of Nursing Facilities 22 = Baseline 73% FY 2017-2018 Target: 73%
3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 19 divided by the total number of Nursing Facilities 22 = Baseline 86% FY 2018-2019 Target: 86%
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

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

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 33 divided by the total number of RCFEs 79 = Baseline 41.8% FY 2016-2017 Target: 41.8%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 54 divided by the total number of RCFEs 79 = Baseline 68% FY 2017-2018 Target: 68%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 39 divided by the total number of RCFEs 74 = Baseline 53% FY 2018-2019 Target: 70%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____ %
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)
This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: 6.0 FTEs FY 2016-2017 Target: 6.0 FTEs
2. FY 2015-2016 Baseline: 6.0 FTEs FY 2017-2018 Target: 6.0 FTEs
3. FY 2016-2017 Baseline: 6.07 FTEs FY 2018-2019 Target: 6.0 FTEs
4. FY 2017-2018 Baseline: _____ FTEs FY 2019-2020 Target: _____ FTEs
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers)

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers 10 FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers 10
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers 11 FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers 11
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers 15 FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers 17
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: 2a, 4e

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]
Measures and Targets:
In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

Timely and complete data reporting continues to be a challenge; Ombudsman staff recognizes that this is a critical component of program function and complete reporting is necessary to demonstrate the full scope of community need and current service levels provided. Ombudsman staff and volunteers with NORS access will continue to attend ongoing NORS trainings provided by the OSLTCO. Ombudsman program continues to recruit new volunteers and have them assist with NORS reporting when appropriate.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: __Institute on Aging___

Fiscal Year	Total # of Public Education Sessions
2016-2017	12
2017-2018	12
2018-2019	12
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	25
2017-2018	25
2018-2019	25
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2016-2017	0
2017-2018	0
2018-2019	0
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	160
2017-2018	160
2018-2019	160
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	3,000	A typical packet at a training session includes: • APS's Elder Abuse information fact sheet • IOA's Elder Abuse Fact Sheet (English & Spanish) • Bay Area Academy's Financial abuse fact sheet • SOC 341 including completion instructions • UC Irvine Bruising Study • Break the Silence fliers in multiple languages • Copy of the PowerPoint presentation California Penal Coders: Elder abuse for law enforcement
2017-2018	3,000	See above. New materials include brochures about the Veterans Benefits Protection Program
2018-2019	3,000	
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	4,000
2017-2018	4,000
2018-2019	4,000
2019-2020	

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

☒ **Direct and/or Contracted IIIE Services**

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Information Services	**# of activities and Total est. audience**		
2016-2017	# of activities: 35 Total est. audience for above: 700	1,2,3,4	
2017-2018	# of activities: 34 Total est. audience for above: 680	1,2,3,4	
2018-2019	# of activities: 34 Total est. audience for above: 680	1,2,3,4	
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2016-2017	670	1,2,3,4	
2017-2018	670	1,2,3,4	
2018-2019	670	1,2,3,4	
2019-2020			

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Support Services	**Total hours**		
2016-2017	2,439	1,2,3,4	
2017-2018	2,059	1,2,3,4	
2018-2019	2,059	1,2,3,4	
2019-2020			
Respite Care	**Total hours**		
2016-2017	2,520	1,2,3,4	
2017-2018	2,353	1,2,3,4	
2018-2019	2,353	1,2,3,4	
2019-2020			
Supplemental Services	**Total occurrences**		
2016-2017	116	1,2,3,4	
2017-2018	91	1,2,3,4	
2018-2019	91	1,2,3,4	
2019-2020			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Information Services	**# of activities and Total est. audience for above**		
2016-2017	# of activities: Total est. audience for above:		
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Support Services	**Total hours**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Respite Care	**Total hours**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	**Total occurrences**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides SCSEP enrollment services within the PSA (Do not list host agencies)

Enrollment Location/Name (AAA office, One Stop, Agency, etc.):
Street Address:
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):
Number of paid staff Number of participant staff
How many participants are served at this site?

Enrollment Location/Name (AAA office, One Stop, Agency, etc.):
Street Address:
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):
Number of paid staff Number of participant staff
How many participants are served at this site?

Enrollment Location/Name (AAA office, One Stop, Agency, etc.):
Street Address:
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):
Number of paid staff Number of participant staff
How many participants are served at this site?

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS' policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/

Section 3: HICAP Legal Services Units of Service (if applicable) [6]

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	N/A
2017-2018	N/A	N/A
2018-2019	N/A	N/A
2019-2020		

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

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	N/A
2017-2018	N/A	N/A
2018-2019	N/A	N/A
2019-2020		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	N/A
2017-2018	N/A	N/A
2018-2019	N/A	N/A
2019-2020		

LEGAL ASSISTANCE

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan.
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.[7]

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

PSA: Provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

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

PSA*:* 45%

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

PSA: Requests for housing related legal assistance continue to be the most frequent need of LSP clients. On an operational level, LSP wages have not been able to keep up with the rapid cost of living increases in San Francisco. This has resulted in increased staff turnover and jeopardized consistency of services. To support retention of LSP staff with expertise in working with senior clients and addressing their legal needs, additional local funding (General Fund) was dedicated to LSPs in FY 2017-18 to support staff retention through increase of wages.

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

PSA: Yes.

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

PSA: Priority areas are identified based on needs assessment analysis provided by the agency Planning Unit and input from LSPs about the areas in which they receive the most requests. The top issues remain the same as the previous year: Housing, Individual Rights (Elder Abuse, Immigration/Naturalization), Income Maintenance, and Consumer/Finance.

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

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

PSA: The AAA uses Older Americans Act guidelines, as well as needs assessment analysis prepared by the agency Planning Unit and input from the LSPs to identify target populations. (See #7 below for more detailed info on target population and outreach mechanisms.)

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

PSA: The targeted senior populations continue to include low-income, minorities, non-English speaking, LGBT, frail, and most vulnerable older adults. In order to reach these targeted groups, the LSPs are active in the community: attending and participating in various community events, hosting on and off-site educational events, and staffing off-site legal clinics. The LSPs also publish and widely distribute a "Senior Rights Bulletin" at least twice a year on timely and relevant topics of interest to our target population. The bulletin is available in three languages and contains contact info for each LSP.

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

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	4
2017-2018	4
2018-2019	4
2019-2020	

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

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

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

PSA: LSPs in PSA 6 frequent various community meetings, neighborhood fairs, educational forums, and network with other service providers throughout the area. Using local General Fund resources, the LSPs publish and widely distribute a Senior Rights Bulletin in multiple languages at least twice a year, which serves as a valuable outreach tool. Many providers

are well-known in San Francisco because of their organizational age and long history of service in the community as well as ongoing legal clinics and outstation services they offer.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	**a.** Asian Americans Advancing Justice - Asian Law Caucus **b.** Asian Pacific Islander Legal Outreach **c.** La Raza Centro Legal **d.** Legal Assistance to the Elderly	**a.** Citywide (primarily in Chinatown, Visitacion Valley, North and South of Market, Richmond, etc.) **b.** Citywide (primarily in Chinatown, Bayview-Hunters Point, Visitacion Valley, South and North of Market, Richmond, Western Addition, etc.) **c.** Citywide (primarily Mission, Bernal Heights, Excelsior, North and South of Market, etc.) **d.** Citywide (primarily North and South of Market, Bayview-Hunters Point, Western Addition, Richmond, Sunset, etc.)
2017-2018	*see above*	*see above*
2018-2019	*see above*	*see above*
2019-2020	a. b. c.	a. b. c.

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

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

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

PSA: The major issues are described below:

- *Housing*: Housing related assistance is the top requested issue seen by LSPs. Our legal providers devote an enormous amount of time to tenant's rights and eviction prevention issues. Housing cases opened by LSPs has grown even further over the last 2 years. There is a severe shortage of accessible and affordable housing in San Francisco while rents continue to skyrocket. The shortage means that low-income seniors and adults with disabilities are at extreme risk for homelessness. Our LSPs also continue to see the trend of increasing Ellis Act and Owner-Move-In evictions as a result of the housing shortage.
- *Elder Abuse*: In the area of Elder Abuse Prevention, our legal providers remain busy working on behalf of clients for the issuance of elder abuse restraining orders and working with clients to resolve incidents of financial abuse.

- *Consumer Protection*: Older adults who find themselves overwhelmed with consumer debt problems are able to seek intervention and assistance from LSPs. Many of these consumer debt problems are tied to fraud and identity theft. Sometimes these types of cases involve predators who are family members, crossing over into the Elder Abuse category. LSPs are able to advise clients as to their rights and often intervene on their behalf to address the myriad of issues.
- *Naturalization*: PSA 6 is very rich in terms of its diverse immigrant communities, and the LSPs are key in assisting Legal Permanent Residents (LPR) to apply for citizenship. The legal service providers help resolve red flag issues that arise during the citizenship application process. These issues have increased due to the recent addition of increasingly complex questions about the "activities" of the LPRs in their home countries. These are very sensitive issues that must be guided by legal counsel.
- *Income / Benefit Maintenance*: LSPs continue to provide assistance related to Social Security, Pensions, Medicare, Medi-Cal, and other retirement benefit related issues.

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

PSA: There is no change in the type of legal issues, but what has varied is the prevalence of some issues over others. Demand has increase for services related to Housing, Elder Abuse, and Consumer Protection/Fraud.

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

PSA: Language access remains a barrier to overcome, but PSA 6 LSPs are very well equipped to handle multiple languages through the hiring of a multi-lingual staff. Awareness (or the lack thereof) of LSP assistance as well as a general understanding of one's legal rights also continues to be a barrier. The LSPs publish a widely distributed "Senior Rights Bulletin" which is designed to educate readers on legal issues and also provides contact info for the LSPs. Outreach by the LSPs into the community and continued coordination with ADRCs and other referral sources seeks to heighten awareness of LSP services.

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

PSA: Legal Service Providers coordinate with several senior centers, ADRCs, and other senior serving agencies throughout PSA 6. In addition, the LSPs meet as a LSP Workgroup on at least a quarterly basis to help facilitate communication regarding any new reporting requirements, legal standards or emerging trends. The LSPs also meet as a group to coordinate the publishing of the Senior Rights Bulletin.

NEEDS ASSESSMENT

2016-2020 Four-Year Area Planning Cycle

Complete this section only if there has been a change or update

By request of the California Department of Aging, the Area Plan Update for FY 2018-19 includes a summary assessment on the needs of grandparent caregivers and available services for this population. This summary includes: key themes from published research literature on grandparent caregivers; population demographics based on available U.S. Census data; and a summary of available services.

Literature Review

A review of the national literature on grandparent caregivers and so-called "grandfamilies" reveals the key themes described below.

Demographic Trends & Comparison to other Key Family Groups

Grandparents who care for their grandchildren are often divided into two types of households, reflecting different family circumstances:

(1) **Multigenerational households** that inlude grandparents, adult children, and grandchildren, which tend to form in response to affordability or financial difficulty, illness, divorce, adolescent childbearing, and/or a grandparent's desire to help their children and grandchildren; and

(2) **Skipped-generation or custodial grandparent households** that are made up of grandparents and grandchildren only, which tend to form in response to the child's parents' incarceration, death, mental illness, substance abuse, and/or child neglect, often to prevent the child from being placed in foster care. (Goodman & Silverstein, 2002).

The majority of grandparent caregivers are married white women living above the poverty line but with lower-than-average incomes. However, single women, African Americans, and low-income people are disproportionately represented among grandparent caregivers (Fuller-Thomson, et. al., 1997). Study of custodial grandparents raising their grandchildren demonstrates that the grandparent caregivers are generally better off in terms of educational attainment and economic well-being than the child's non-resident parents. Although academic and socioemotional well-being tends to be poorer among children in grandfamilies when compared to those living with their mothers in single-parent households, parenting practices are alike across these groups and suggests some measure of similarity between grandparent caregivers and fragile-family[8] mothers (Pilkauskas & Dunifon, 2016).

[8] Unmarried parents and their children may be referred to in the literature as "fragile families" to "underscore that they are families and that they are at greater risk of breaking up and living in poverty than more traditional family" units (Fragile Families & Child Wellbeing Study, 2018).

Health Outcomes among Caregivers

Serving as caregivers can have health implications. When compared to their non-caregiving peers, custodial grandparents are significantly more likely to report health problems, including depression, coronary heart disease, chronic health conditions like asthma and diabetes, and limitations in their activities of daily living (Minkler & Fuller-Thomson, 1999). Grandparent caregivers may neglect their own health and are less likely to engage in preventative behaviors regarding their health and wellness (Baker & Silverstein, 2008). Moreover, among caregiving grandparents, risky health behaviors such as smoking, alcohol use, and lack of exercise are common—and, perhaps unsurprisingly, tend to correlate with the duration of their role as caregivers, greater parental stress, and greater financial stress (Roberto, et. al. 2008). It bears noting that these health differences may in part reflect grandparent caregivers' generally lower socioeconomic status, educational attainment, and minority identities, and their attendant correlations with health, rather than the sole impact of caregiving (Scommegna & Mossaad, 2011). When previous health and other characteristics are taken into account, researchers have found no evidence that caring for grandchildren "has a dramatic and widespread negative effect on grandparents' health"; disaggregating caregiver outcomes by factors such as race, gender, and/or income level do appear to suggest disparate impacts of caregiving on grandparents' health (Hughes, et. al., 2007).

Access to Respite Care

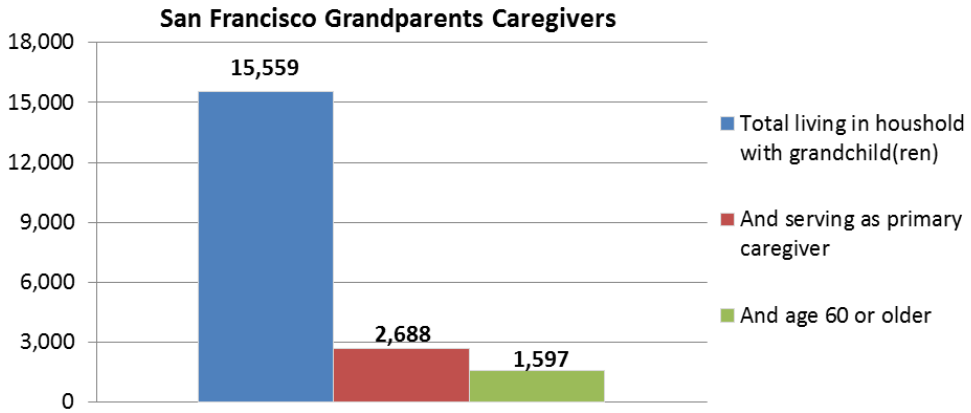
Raising grandchildren on a fixed income is often challenging for grandparents with limited options for respite care. Under these circumstances, grandparents may be forced to decide whether to defer (or not) their own health needs to continue caring for their grandchildren. Moreover, custodial grandparents may be cautious about accessing health-related respite care for fear that their grandchildren may suffer some harm while they are in respite care or that their abandonment insecurities may resurface (Taylor, et. al., 2017).

Social Support & Health

Social support tends to predict health outcomes among grandparent caregivers over time, even accounting for prior health history and caregiver stress. Greater social support may prompt better health outcomes among these caregivers; in particular, it may prevent the development of depression among grandparent caregivers and moderate the effects of caregiving-related stress on depression (Hayslip, et. al., 2015). Caregivers who do not have access to reliable social support and use survival strategies, like being strong and self-sacrificing in the face of challenges, often engage in stress-related health behaviors such as emotional eating, smoking, disruptive sleep patterns, and postponement of self-care (Simpson, et. al., 2017).

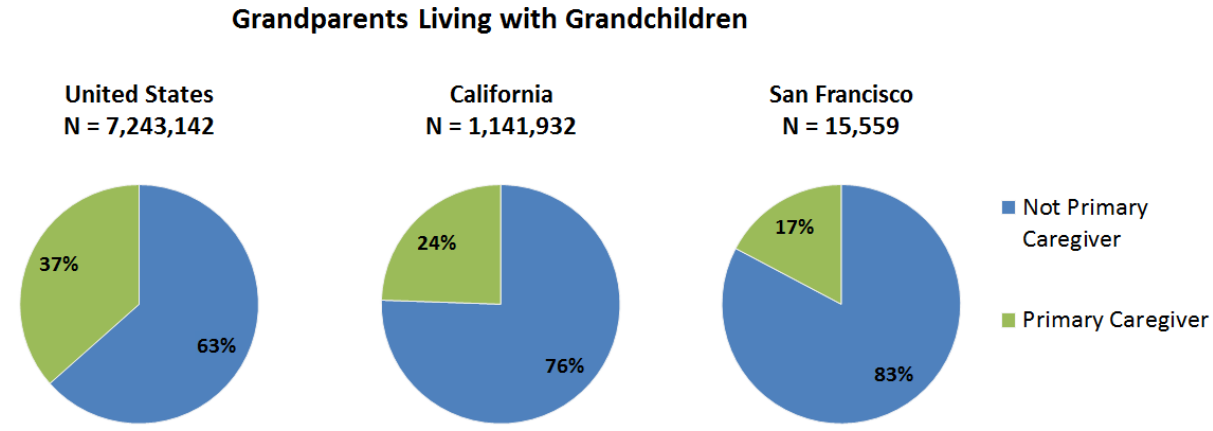
San Francisco Population Trends Grandparent Caregivers

In San Francisco, an estimated[9] 15,559 grandparents live in the same household as their minor grandchildren, and 2,688 grandparents serve as the primary caregiver for grandchildren. Of the 2,668 grandparent caregivers in San Francisco, most (59%) are older adults age 60 or older.



Source: 2016 5-Year American Community Survey Estimates, Table S1002

Available census data suggests San Francisco households with grandparents and grandchildren living together are more likely to represent multi-generational households than custodial grandparent situations. As shown in the following chart, San Francisco grandparents are **less likely** to be the primary caregivers. About 17% of San Francisco grandparents serve as the primary caregiver for grandchildren they live with compared to 37% nationwide and 24% in the state.

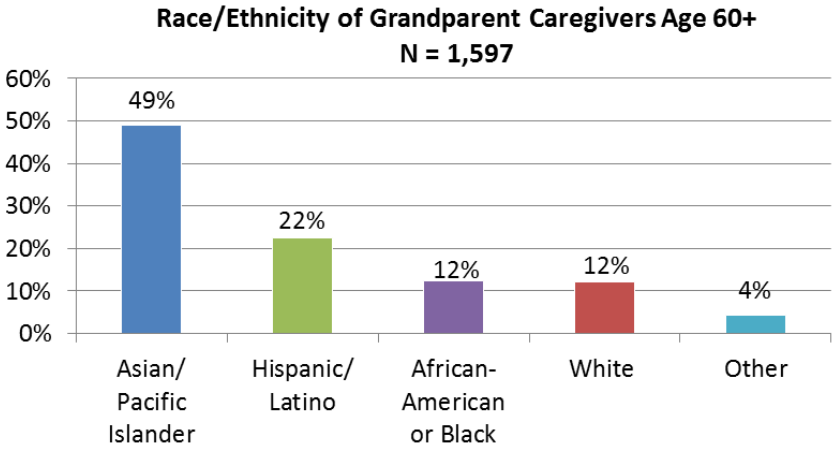


Source: ACS 2016 Five-Year Estimates, Table S1002

Almost half of San Francisco seniors caring for their grandchildren are Asian/Pacific Islander (API). This generally reflective of citywide population trends: 42% of San Francisco seniors are

[9] Based on the 2016 American Community Survey 5-year estimates, Table S1002

API. About 22% of grandparent caregivers are Hispanic/Latino, but only 10% of the city's seniors are in this ethnic group.



Source: ACS 2016 Five-Year Estimates, Table S1002

Relatedly, about 68% of San Francisco seniors serving as grandparent caregivers were born outside of the United States, and over half (52%) have limited English fluency.

Grandparent Caregiver Services in San Francisco

At present, formalized services for grandparent and older relative caregivers are available to San Francisco residents through the City and County of San Francisco and its community partners. Two departments within the San Francisco Human Services Agency fund grandparent caregiver services:

- **Department of Aging and Adult Services (DAAS) through its Office on the Aging**: Typically, service providers are required to focus outreach to especially vulnerable populations among grandparent caregivers, such as low-income residents, non- or limited-English speakers, racial/ethnic minorities, frail caregivers or those with disabilities, and LGBTQ+ caregivers. Services include:
    - **Information Services:** The provision of public information on caregiving and/or community education on caregiving, including information about available services.
    - **Support Services:** The provision of caregiver assessment, support groups, training, and case management, and temporary respite care for caregivers. More specifically, community providers oversee strengths assessments of potential caregivers and aid in the development of care plans; hold support groups to provide caregivers a platform for sharing their work experiences; and offer ongoing caregiver skills training.
    - **Respite Care:** The provision of temporary relief or rest from caregiving responsibilities, provided in a manner based on individual needs and preferences of the caregiver. This may be provided on an emergency basis (e.g., to address an intervening circumstance, such as caregiver emotional stress or hospitalization) or intermittent (e.g., time off a few hours per week for a specified period of time).
- **Department of Human Services through its Family and Children Services (FCS) division**: FCS services are focused primarily on relative caregivers participating in the

child welfare system, caring for a child currently or formerly a San Francisco court dependent. Services include but are not limited to outreach, information and referral, caregiver support groups, respite care, and case management.

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NARRATIVE OBJECTIVES

Please see the following pages for updates on the Area Plan 2016-2020 Goals and Objectives.

Goal #1: Improve Quality of Life
Rationale: Quality community-based long term care goes beyond providing what services people need. It encompasses a broader, more fundamental issue: what people require for a good life. Disease prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. Services that offer opportunities for social interaction and engagement reduce the risk of isolation.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update Status
1a. Health Promotion. OOA will continue to provide health promotion and risk prevention services that support wellness and reduce risks for chronic illness and fall prevention by implementing two types of evidence-based health promotion programs: (1) Physical Fitness and Fall Prevention Programs, such as Tai Chi for Arthritis and Fall Prevention, Matter of Balance, and Always Active, and (2) Chronic Disease Self-Management Education (CDSME) programs, including the Chronic Disease Self-Management Program (CDSMP) developed by Stanford University. An RFP will be issued in Spring 2016 to identify grantees to implement these programs and will include a new CDSME program, the new evidence-based Diabetes Empowerment Education Program (DEEP) developed by University of Chicago. Both CDSMP and DEEP are included in the evidence-based program list created by the Administration on Community Living and National Council on Aging.	July 2016 to June 2020		With additional local funding in FY 2017-18, the Always Active Physical Fitness program was expanded: two new sites were added to ensure geographic accessibility of the program, and both client and class hour service levels increased by twenty percent. Additionally, DAAS expanded the DEEP program with a 25% increase in workshops and 20% increase in leaders trained. Even with this expansion, it is likely the targeted service levels will be exceeded in the Always Active and Healthier Living programs due to program popularity. DAAS will continue to monitor the efficacy of these evidence-based health promotion programs and support the new sites to operate successfully.
1b. Employment Support. Employment offers seniors and adults with disabilities the chance to form/maintain social connections, earn extra needed income in an expensive city, and achieve self-actualization. DAAS has been working to develop its capacity to support employment of seniors and adults with disabilities by expanding and creating part-time positions within the Senior Companion program and new DAAS Benefits and Resource Hub. DAAS will continue to work with community partners and other city departments to expand employment opportunities for these populations. In FY 16-17, DAAS will assume responsibility for the ARC SF employment contract with HSA.	July 2016 to June 2020		DAAS currently funds a community partner to hire four Community Liaisons – seniors and adults with disabilities who provide peer guidance – at the DAAS Benefits and Resource Hub. The ReServe program, launched in Spring 2017, seeks to place skilled and experienced seniors and adults with disabilities in jobs through the use of time-limited wage subsidies; this program will serve 100 clients in FY 2017-18 and FY 2018-19. DAAS will continue to track the success of this program and consider opportunities to further support seniors and adults with disabilities to gain and/or maintain employment.
1c. LGBT Aging Policy Task Force Recommendations. Limited supportive services are available to address the emotional, behavioral, health, and social isolation challenges faced by lesbian, gay, bisexual, and transgender (LGBT) seniors. DAAS will establish a new program to provide care navigation and peer volunteer support for LGBT clients in order to help this population to access needed services. This program will enroll 75 to 100 clients per year.	July 2016 to June 2020		The LGBT Care Navigation and Peer Support program is on track to serve 90 clients in FY 2017-18. This broader effort to reduce isolation among LGBT older people and those with disabilities has been expanded with Community Living Fund revenue to fund animal care support services through the Pets Are Wonderful Support (PAWS) program for 185 clients in FY 2017-18 and FY 2018-19.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update Status
1d. Age- and Disability-Friendly SF. The LTCCC Age- and Disability-Friendly San Francisco workgroup is focused on pro-actively addressing the needs of older adults, and the needs of adults of all ages with disabilities, as they remain in the community longer. Joining in the spirit of the World Health Organization (WHO) and AARP Livable Communities initiatives, this group of community stakeholders includes consumers, community-based service providers, city staff, and research partners. The work group is working on a baseline assessment and will develop an action plan with measurable indicators to make San Francisco a more livable and friendly for seniors and adults with disabilities.	July 2016 to June 2020		In FY 2017-18, the ADFSF Task Force concluded its baseline assessment process and prioritized 24 recommendations to make the city a more welcoming and inclusive place for older people and adults with disabilities to live. This work will be summarized in the Action Plan report and carried out by an implementation group over the next three years. This group meets quarterly and has selected six recommendations to focus on most immediately; these projects cover a range of topics, such as ableism and ageism training, an outreach campaign to increase awareness of services, and expansion of affordable internet access (in partnership with the SF Tech Council).
1e. Nutrition Support. OOA-funded congregate meals provide thousands of seniors and adults with disabilities with nutritious meals and opportunities for socialization every year. In recent years, DAAS has added two Choosing Healthy and Appetizing Meal Plan Solution for Seniors (CHAMPSS) meal sites, which provides meals at neighborhood restaurants. DAAS will consider additional innovative models for the provision of congregate meals and work to add CHAMPSS sites in other parts of the city.	July 2016 to June 2020		In FY 2017-18, Board and mayoral enhancements significantly expanded nutrition services Three new congregate sites were established, including a CHAMPSS model located in District 11's Excelsior neighborhood. HDM service has grown by 25% (382,400 meals). Also new in FY 2017-18 is the expansion of nutrition counseling to support new OOA outcome measures focused on wellness and food insecurity; clients assessed at high nutrition risk will be referred to appropriate resources, such as nutrition counseling, education, and/or additional nutrition resources. Due to this funding expansion, OOA will exceed initial service targets submitted in last year's Area Plan; the FY 2018-19 Area Plan Update service units will reflect the enhanced funding levels.
1f. SF Tech Council. The SF Tech Council advances digital inclusion for older adults and people with disabilities so all can participate in the City's connected community, accessing technologies that enhance their quality of life and age in the place of their choice. DAAS representatives will attend monthly meetings of the Tech Council to provide population knowledge and help develop opportunities for collaboration between government, community providers, and private businesses. In addition to the main Tech Council meeting, staff serve on the Steering Committee and the Learning and Access workgroup to support technological innovation and access for all.	July 2016 to June 2020		In FY 17-18, the SF Tech Council expanded its outreach and membership and enhanced its website (www.sftechcouncil.org) with regular blog post to highlight monthly meetings and guest presentations. The Council also launched the Connectivity + Initiative based on a consultant-led evaluation survey of Council members and supporters. Workgroups focused on “connectivity” components – such as affordable access, tech support and repair, and training – have developed action plans to address barriers to digital inclusion. The Tech Council is also currently receiving pro bono consultant support from the Harvard Business School Alumni Community Partners to develop strategies to increase its impact. In addition to implementing recommendations from these projects, the Tech Council will continue to support SF Public Library’s Digital Inclusion Week in FY 2018-19.

Goal #2: Establish Better Coordination of Services
Rationale: San Francisco has some of the most creative and effective community-based long term care programs in the country. But the City does not yet have a well-coordinated network of home, community-based and institutional long term care services. Such a network that will enable older adults and adults with disabilities to remain as independent as possible in their homes and communities in the most integrated settings.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update Status
2a. Elder Justice. DAAS collaborates with several community partners and criminal justice agencies to prevent and mitigate abuse of elders and adults with disabilities. The Forensic Center convenes a multi-disciplinary team of service providers, law enforcement, the Ombudsman and Adult Protective Services to collaborate around the resolution of complex cases of abuse, neglect, and self-neglect. Providing outreach and education to mandated reporters as well as the community, is a key focus for the Elder Abuse Prevention program. This program has recently launched a new initiative aimed at educating veterans, their families, and service providers about financial exploitation targeting Veterans Administration benefits. Prevention activities will include education to veterans and their providers, a public awareness campaign, as well as stakeholder collaboration to improve identification and response to financial abuse.	July 2016 to June 2020		In FY 2017-18, APS is working to enhance the multi-disciplinary Forensic Center meetings so that client capacity assessments are completed by a psychologist who can also participate in Forensic Center meetings to directly share perspective on client needs and strengths. The Elder Abuse Prevention Program's Veterans Benefit Protection Program continues to garner political support. As part of this initative, the EAP has developed two new screening tools that have already been implemented by the County Veterans Service Office; several other organizations within the city and other Bay Area counties have expressed interest in adopting these tools.
2b. Dementia Care Excellence. A 2014 addendum to the 2009 San Francisco Strategy for Excellence in Dementia Care identified new areas of work for the Dementia Care Excellence Oversight Committee. The committee continues to meet quarterly to develop and support strategies for serving persons with dementia. DAAS will provide staffing support, as well as program and community services knowledge to further the efforts of the workgroup. The current work of the committee is focused on supporting implementation of cognitive and screening tools in service programs like Adult Protective Services, as well as developing potential pilot programs to explore strategies to better serve persons with dementia.	July 2016 to June 2020		The Committee is actively working with DAAS and the community in support of three key projects: (1) In Year 2 of a U.S. Administration for Community Living grant, the SF Alzheimer's Disease Initiative – Specialized Supportive Services project supports caregivers of people with intellectual developmental disabilities, the Chinese community, and isolated seniors in low-income housing through evidence-based SAVVY caregiver trainings, Alzheimer's Care Academy trainings, information and referrals, and care consultations. (2) Emergency Departments (ED) are very challenging places for older people with dementia and have shown to sometimes decrease a person's life expectancy. The Committee is working with Hirsch and Associates who have hired consultants to conduct a deep assessment of how to improve San Francisco hospital and ED care for seniors with cognitive impairments and dementia. (3) With support from the Committee, DAAS is partnering with Optimizing Aging Collaborative of UCSF to develop screening tools for cognitive impairment and depression. See Objective 3c for additional information.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update Status
2c. Long-Term Care Coordinating Council. The Long Term Care Coordinating Council (LTCCC) is an advisory body to the Mayor's Office. It evaluates all issues related to long term care (LTC) and supportive services, including how different service delivery systems interact, and it makes recommendations about how to improve service coordination and system interaction. LTCCC workgroups with representatives from client populations, service providers, and city agencies focus on specific topic areas, such as palliative care, housing, and HIV/Aging. DAAS will provide staffing support, as well as population and program knowledge, to support the sustainability and efficacy of the LTCCC.	July 2016 to June 2020		LTCCC is reestablishing its framework for identifying and prioritizing current issues in long-term care to focus on and also its process for developing relevant and impactful policy recommendations into a cogent policy agenda. This effort also includes how to most effectively disseminate the LTCCC policy agenda and recommendations. In FY 2017-18, a policy area the LTCCC has prioritized is the workforce: employment opportunities for older people and adults with disabilities, as well as workforce challenges in the field of aging (e.g., the available supply of geriatricians, social workers, and caregivers is inadequate to meet the size of the growing older adult population).
2d. Transitional Care. In FY 15-16, the DAAS Integrated Intake and Referral Unit created the IHSS Care Transitions Program (CTP) to support IHSS applicants transitioning home after a hospitalization. This program is a smaller, more targeted version of the SF Transitional Care Program developed through a Medicare demonstration project that concluded in 2015. CTP aims to reduce readmissions after discharge by offering up a variety of services during the first few weeks back in the community, such as: temporary home care; home-delivered meals; transportation to a follow up doctor's appointment; mediation review; and review of health plan goals. DAAS will provide this service to 1,000 applicants a year.	July 2016 to June 2020		The IHSS Care Transitions Program is on track to serve over 1,000 clients, who are new IHSS applicants transitioning home from the hospital. The program assists clients with a variety of services to ensure discharge and health plan goals are met, such as attending a primary care physician visit.

Goal #3: Increase Access to Services
Rationale: Adults with disabilities, older adults, and caregivers express difficulty in learning about long term care and supportive services. To address this, services need to be consumer-responsive and user-friendly, giving consumers and caregivers choices in the services they receive. Information must be easily accessible and provided in a culturally appropriate manner to address the varied needs of San Francisco's racially, ethnically and culturally diverse communities.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update
3a. DAAS Benefits and Resource Hub at 2 Gough. In late FY 15-16, the DAAS Benefits and Resource Hub for People with Disabilities and Seniors was opened at 2 Gough Street. The DAAS Integrated Intake and Referral Unit, DAAS eligibility workers, and the County Veterans Service Office (CVSO) are co-located at this site, helping to break down service silos and enhance opportunities for cross-referral across programs. Clients visiting this site may be connected with a variety of programs, including In-Home Supportive Services (IHSS), Medi-Cal, CalFresh, CVSO, and the intake and referral services provided by the Intake Unit (e.g., home-delivered meals, Community Living Fund, etc). DAAS anticipates 600 clients per month will visit the site.	July 2016 to June 2020		The DAAS Benefits and Resources Hub has exceeded expectations for client visits per month. In the first half of FY 2017-18, the Hub has received over 750 visits per month on average. This includes 440 visitors to the CVSO, 186 people meeting with DAAS Eligibility staff, and 123 clients receiving information and referral services from DAAS Intake staff. This trend and growth is projected to continue as DAAS service presentations and outreach expand in FY 2018-19.
3b. Aging and Disability Resource Centers. Through the Aging and Disability Resource Center (ADRC) network, DAAS promotes independent living in the community by providing information, referral, and assistance services. ADRC workers link consumers with community-based supports and also provide translation services, assist clients in filling out forms and provide hands on assistance with applying for services such as housing opportunities. In recent years, the program capacity has increased by shifting to a new model with Information and Assistance specialists at eight community-based organizations and increasing to a full 1.0 FTE at each site. Reaching diverse communities throughout the city, this program will serve 16,230 clients in FY 16-17.	July 2016 to June 2020		The ADRC network had over 32,000 contacts with clients in FY 2016-17. In the first half of FY 2017-18, an average of 1,755 consumers are served each month across the city's twelve sites; in total, 12,950 information and referral sessions have been reported. The network is on track to meet and potentially exceed its projected service goals for the year.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update
3c. Enhanced Client Assessment and Referral. DAAS program staff visiting clients in their homes have valuable opportunities to identify unmet need for supportive services among vulnerable seniors and adults with disabilities. DAAS has already begun to utilize these opportunities by training IHSS social workers to assess for nutrition risk and potential eligibility for home-delivered groceries. DAAS will further expand the capacity of program social workers to screen for dementia and depression identify at-risk clients and make referrals to the Clinical Quality Assurance unit or other community services as indicated.	July 2016 to June 2020		In FY 2017-18, DAAS began implementation of best practices in the area of dementia care, leveraging technical assistance through a partnership with UCSF's Optimizing Aging Collaborative. Frontline social workers from Adult Protective Services (APS) received training from UCSF on dementia screening and early intervention strategies. In FY 2018-19 social workers within the IHSS program will receive training from UCSF, and they will incorporate dementia screening into their existing assessment process. Both IHSS and APS social workers will start to carry out dementia and depression screenings utilizing a mobile application that can be accessed on a handheld device. This enhancement will help to ensure standardization of the screening process, as well as facilitate data analysis and evaluation.
3d. Clinical and Quality Assurance Support. The DAAS Clinical and Quality Assurance (CQA) unit was launched in FY 15-16 to provide clinical consultations by Registered Nurses and Licensed Clinical Social Worker to serve IHSS and APS consumers with complex clinical needs, including complex medical, nursing and behavioral health needs. Working collaboratively within DAAS and with outside healthcare professionals, CQA staff evaluate clients' medical and/or behavioral health needs, assess client's readiness for change and engagement with services, and create client-centered service plans. The CQA unit will serve 500 consumers in FY 16-17.	July 2016 to June 2020		During FY 2017-18, CQA began working with additional DAAS programs, including Public Guardian and Public Conservator. CQA participates regularly in interdisciplinary team meetings with IHSS to foster collaboration efforts and to promote client health and safety. CQA also maintains a leadership role in promoting infection and exposure control in the community, developing guidelines recently adopted by the entire Human Services Agency. The CQA team also maintains innovative work practices in the community and has established a mailing list that allowed for timely communication with the residential care facilities, including both Residential Care Facility for the Elderly (RCFE) and Adults (ARF), to provide much needed resources to vulnerable clients and support disaster preparedness and safety efforts. CQA is on track to serve 500 consumers in FY 2017-18 and anticipates the same in FY 2018-19.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update
3e. Food Security. Established in 2005 by San Francisco Board of Supervisors, the Food Security Task Force (FSTF) is responsible for creating a city-wide plan addressing food security. The lead OOA nutritionist attends monthly FSTF meetings, providing insight into population trends, service provision levels, and unmet needs related to seniors and adults with disabilities. This participation supports collaboration and service coordination to improve support for all age groups. A key focus of this group is monitoring/reporting on progress and making recommendations towards the city's resolution to End Hunger by 2020.	July 2016 to June 2020		Beginning in FY 2017-18, DAAS adopted the Task Force recommendations to include Food Security screening in DAAS' Congregate, Home-Delivered Meals, and Home-Delivered Grocery programs. With funding from Stupski Foundation, the FSTF is in the process of conducting a comprehensive food security assessment of the vulnerable populations in the City and will provide a report to the Board of Supervisors & Mayor's Office in July 2018.
3f. Supportive Services in Public Housing. Under the Rental Assistance Demonstration (RAD) Project that began in FY 15-16, community-based organizations will provide on-site supportive services for people living in public housing developments. Historically, these residents have been underserved and living in subpar housing conditions. The goals of this effort are to provide supportive services and service connection to seniors and adults with disabilities, enhance residents' abilities to age in place, avoid premature institutionalization, and build community in their environments. DAAS is responsible for managing 11 contracts for 866 units at housing sites serving seniors and adults with disabilities. In FY 16-17, this will grow to 20 total contracts (approximately 2,000 units citywide).	July 2016 to June 2020		In FY 2017-18, DAAS partnered with six organizations to administer twenty contracts for supportive services and service connections to seniors and adults with disabilities living in public housing developments. Nine sites are still undergoing building rehabilitation to improve the livability of the residences; the RAD Supportive Services Program supports residents to maintain housing stability during this time through its service connection and resources, as well as social and educational activities that enhance community building. All contracts are on target to meet their annual goals of outreach to 100% of residents and supporting housing stability for 95% of all tenants. In the first half of FY 2017-18, the program served a monthly average of 1,395 unduplicated residents, about 70% of units, and provided a total of 1,236 activities to residents. In FY 2018-19, DAAS anticipates similar service levels.

Goal #4: Improve Service Quality

Rationale: Quality standards help maximize the positive impact of services for seniors and adults with disabilities. Key components of quality include program accountability, performance measurement, and cultural competency. Technical assistance and support supports service quality.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update Status
4a. Contractor Collaboration. OOA programs providing personalized service to clients with complex needs and/or operating within stringent program standards benefit from regular group meetings with OOA analysts. These meetings offer the opportunity to discuss population trends, collaboratively strategize on how best to meet client needs, and provide technical assistance. OOA staff will hold quarterly meetings with service providers in the following programs: Nutrition, Legal Services, Naturalization, Community Services, and Case Management.	July 2016 to June 2020		Quarterly meetings with these program providers will continue in FY 2018-19. Since FY 2016-17, OOA has successfully utilized an 'ad hoc' committee of Case Management providers to help gather rapid input on program design changes, including development of a centralized intake system and updating of program standards. In FY 2018-19, 'ad hoc' or subcommittees will be used to seek input about program outcome measures.
4b. Cultural Competency with LGBT Clients. LGBT seniors and adults with disabilities have unique needs but may hesitate to access needed services due to concerns about stigma. It is imperative that all DAAS service providers offer a welcoming environment to this population, so that this population is comfortable accessing services. DAAS will expand on its existing training on serving LGBT population to incorporate issues related to the intersection of aging and dementia. This training will be provided on an ongoing basis, offering 25 trainings for a total of 250 providers each year.	July 2016 to June 2020		DAAS has continued to fund and directly offer outreach, training sessions and technical assistance to community service providers. The LGBT Dementia Training Model provided by the San Francisco Alzheimer's Association was featured at both the National and California Area Agencies on Aging conferences in FY 2017-18. Additionally, DAAS staff worked with Openhouse to develop new training modules to support compliance with the new Sexual Orientation and Gender Identity data collection requirements. These were offered to staff from DAAS and also community-based organizations. These trainings will continue in FY 2018-19.
4c. Community-Based Case Management. OOA case management is a core DAAS program, facilitating critical service connections for seniors and adults with disabilities struggling to manage their needs. To strengthen this program and maximize its effectiveness, DAAS has developed a variety of strategies in recent years, including the expansion of the Clinical Consultant Collaborative and online medication management model. In FY 16-17, the DAAS Integrated Intake and Referral Unit will assume responsibility for centralized intake process and single waitlist for this service.	July 2016 to June 2020		In May 2017, a centralized intake and waitlist system for OOA Case Management was launched. OOA continues to work with community providers and the DAAS Integrated Intake Unit to refine the system and provide technical assistance. The OOA Clinical Consultant Collaborative continues to provide group and one-to-one clinic support to OOA funded Case Management staff. In FY 2018-19, OOA will introduce new performance and outcome measures to better measure the impact of this program and also streamline the assessment tool.

Objective	Projected Start/End Dates	TitleIIIB Funded PD or C	Update Status
4d. Strategies to Support High-Risk APS Clients. Adult Protective Services clients that experience chronic self-neglect are more likely to be referred back to the program within one year of case closure. These clients typically require greater levels of engagement and case management on the part of the social worker in order to achieve stabilization, when compared with other APS clients. The APS program will develop clinically-based strategies to improve the effectiveness of intervention with these clients and develop mechanisms for tracking the outcomes of clients that are continually re-referred to APS for self-neglect.	July 2016 to June 2020		APS has launched a specialized unit focused on cases involving high-risk self-neglect, hoarding and cluttering conditions, substance abuse, and risk for eviction or loss of housing. This unit is addressing approximately 15% of APS cases. Approximately 83% of clients assigned to this unit have achieved stability at time of discharge. In FY 2017-18, APS is working to enhance its collaborative casework processes that support prosecutions in financial abuse situations, partnering closely with SFPD's Special Victims Unit, the Elder Abuse Forensic Center, the District Attorney's Office, and the Family Violence Council's Elder Justice Subcommittee. DAAS will continue to monitor the impact and outcomes of these specialized units.
4e. Long-Term Care Residents. DAAS will work with the LTC Ombudsman program to ensure service is meeting the diverse needs of the local senior and disabled populations. This includes maintaining capacity to serve Chinese-speaking clients, as well as ensuring proper implementation of recent City of San Francisco legislation related to LGBT residents.	July 2016 to June 2020		LTC Ombudsman program has increased Chinese language capacity in-house with two part-time staff who are bilingual, as well as the recruitment of a Chinese-speaking volunteer. Recruitment efforts for bilingual Chinese speaking volunteers will continue in FY 2018-19. Additionally, LTC Ombudsman staff has been working with a DAAS workgroup to develop materials and a training regarding state and local LGBT rights in long-term care facilities. This work will continue in FY 2018-19 and include publication of a handbook and live trainings related to San Francisco's LGBT long-term care bill of rights ordinance.
4f. Workforce Development. Launched in 2015, the DAAS staff training program is intended to ensure all staff is aware of key issues related to aging and disability. It consists of a mandatory core curriculum focused on basic population topics, as well as optional sessions focused on specialized content. All DAAS staff is expected to complete the core requirements within two years of initial implementation or their start date.	July 2016 to June 2020		In the past year, DAAS partnered with the community and other training professionals to provide 11 trainings for staff from the Core and Enhanced curriculum. Topics included but are not limited to: Disability and Ableism; Depression; Loneliness and Grief; Cultural Competency in Clinical Practice; and Motivational Care Management. DAAS also provided training to all staff on the Sexual Orientation and Gender Identity data collection requirements; this was developed in partnership with Openhouse. For FY 2018-19, DAAS is implementing an annual schedule for all Core trainings in order to encourage advanced planning.

GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP
2016-2020 Four-Year Area Plan Cycle

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

Total Number of Board Members: 7 (1 vacant)

Name and Title of Officers:	Office Term Expires:
[VACANT], President	
Gustavo Seriña, Vice President/Interim Commission President	1/15/20

Names and Titles of All Members:	Board Term Expires:
Katie Loo	1/15/20
Perry Lang	1/15/19
Michael Pappas	7/1/20
Tedi Vriheas	7/1/20
Jeremy Wallenberg	1/15/20

ADVISORY BOARD

ADVISORY COUNCIL MEMBERSHIP
2016-2020 Four-Year Planning Cycle

OAA 2006 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 22 (5 vacancies)
Number of Council Members over age 60 17

	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	40%	63%
Hispanic	10%	0%
Black	6%	31%
Asian/Pacific Islander	43%	6%
Native American/Alaskan Native	0.1%	0%
Other	1%	0%

Name and Title of Officers:	Office Term Expires:
Leon Schmidt, President	3/31/2019
Allegra Fortunati, Secretary	3/31/2019
Elinore Lurie, 1st Vice President	3/31/2018
Anna Maria Pierini, 2nd Vice President	3/31/2019

Name and Title of other members:	Office Term Expires:
Anne Gallagher	3/31/2019
Alexander McDonald	3/31/2018
Anne Kirueshkin	3/31/2019
Anne Warren	ex officio
Bettye Hammond	3/31/2019
Beverly Taylor	3/31/2018
Cathy Russo	3/31/2018
Diane Lawrence	3/31/2018
Kay Parekh	3/31/2018
Louise Hines	3/31/2019
Marcy Adelman	3/31/2019
Patti Spaniak	3/31/2019
Juliet Rothman	3/31/2018
William Marotta	3/31/2018

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

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

Explain any "No" answer(s):

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

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

On August 19, 2015 Advisory Council Bylaws were amended (Article 2, Section 4, E, 2)

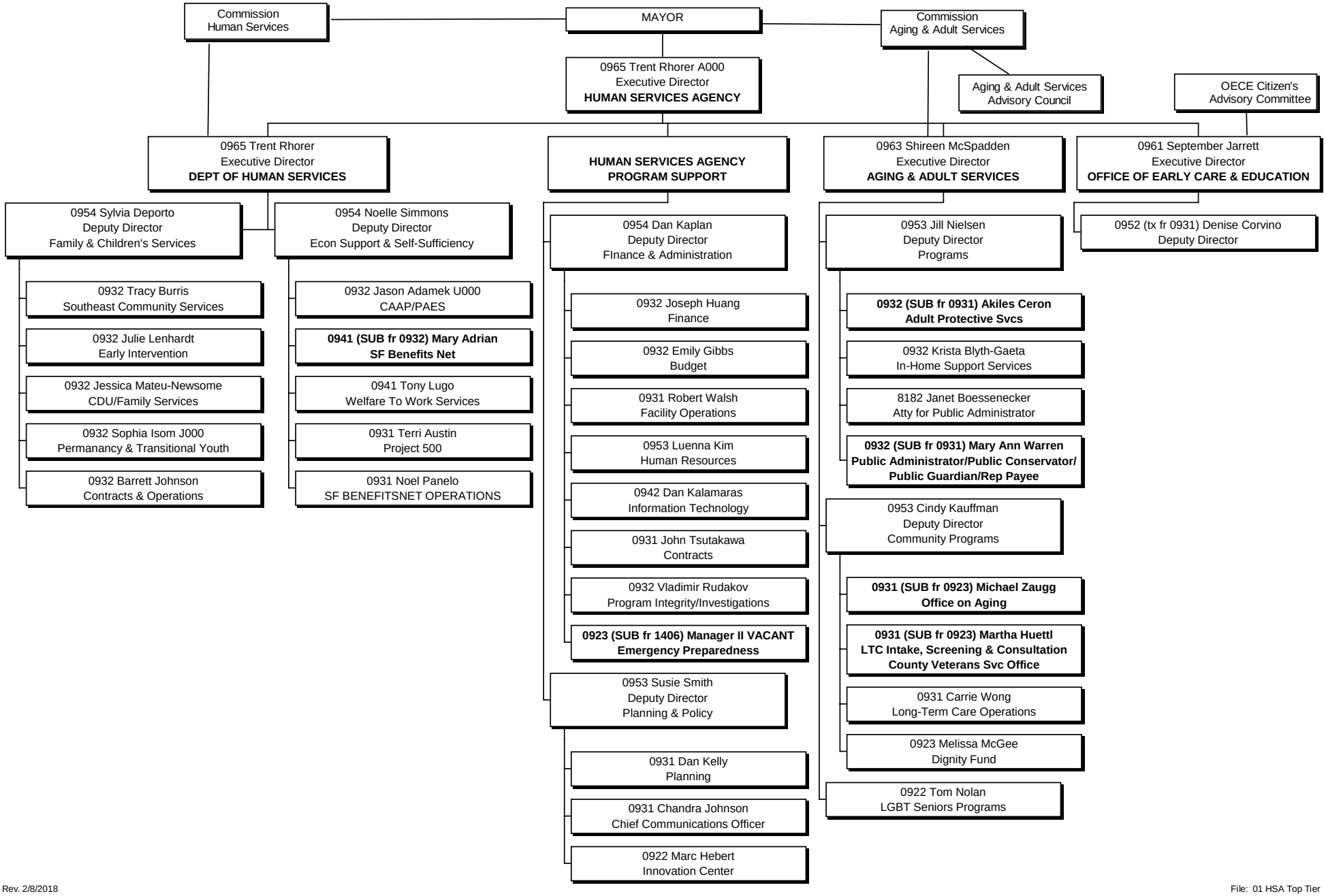
E. Serve as a principal advocacy body on behalf of the population served, i.e.:

2. Select delegates for the California Senior Legislature; CSL members are ex officio members of the Advisory Council

ORGANIZATIONAL CHARTS

Please see following pages for PSA 6 Organizational Charts.

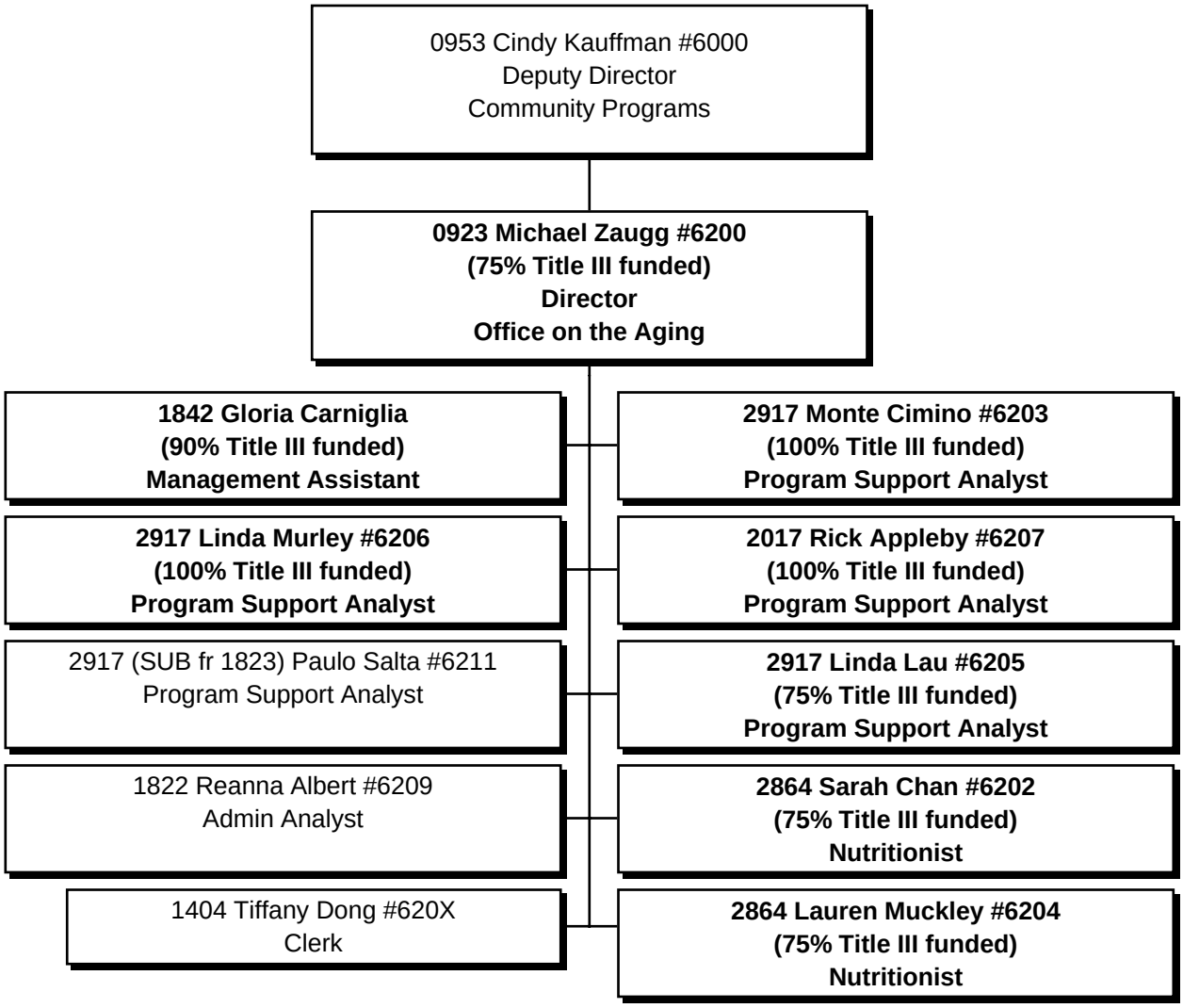
CITY & COUNTY OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FY 2018/2019



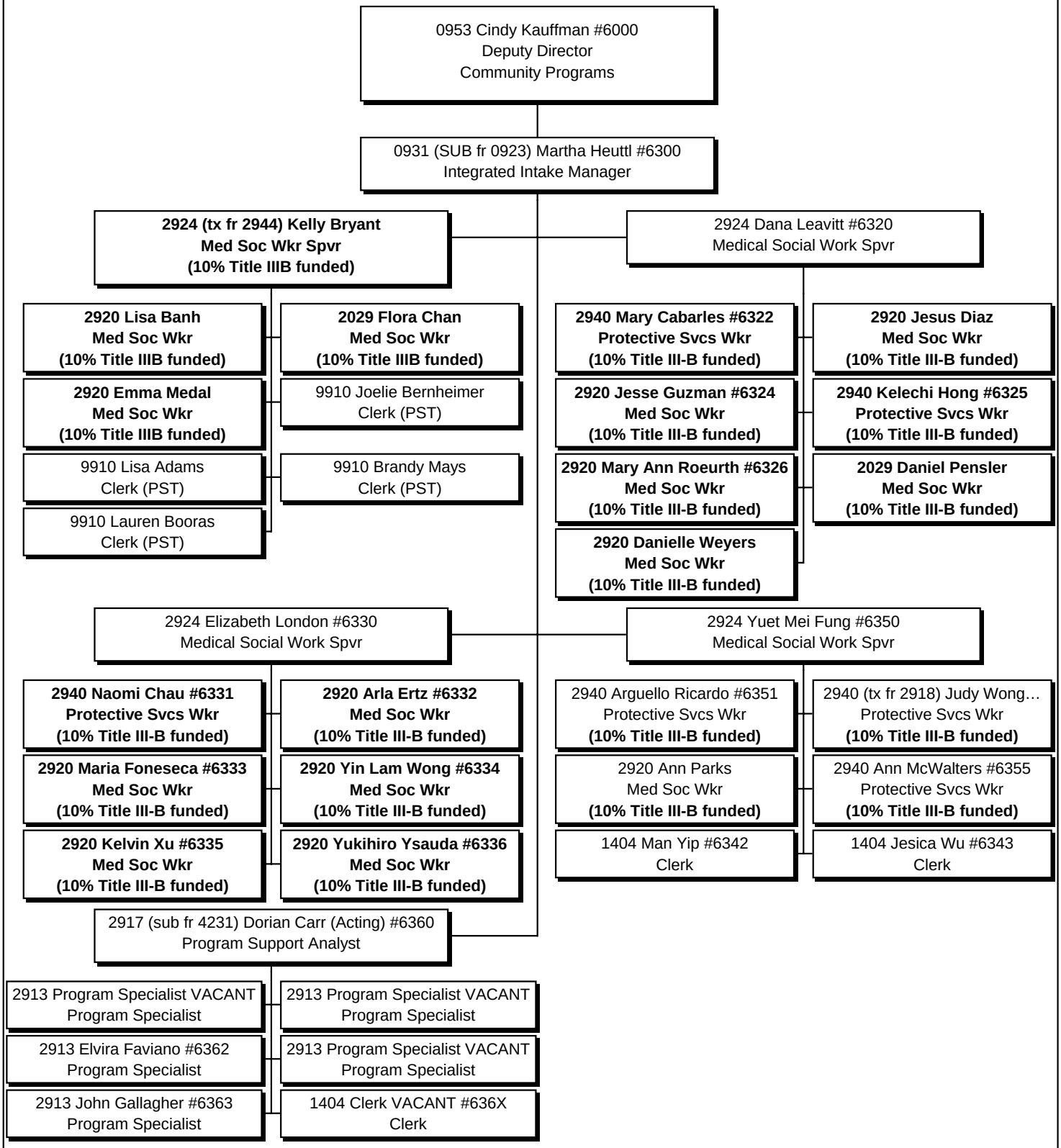
Rev. 2/8/2018

File: 01 HSA Top Tier

Dept. of Aging & Adults Services
OFFICE ON THE AGING
FY 2018/2019



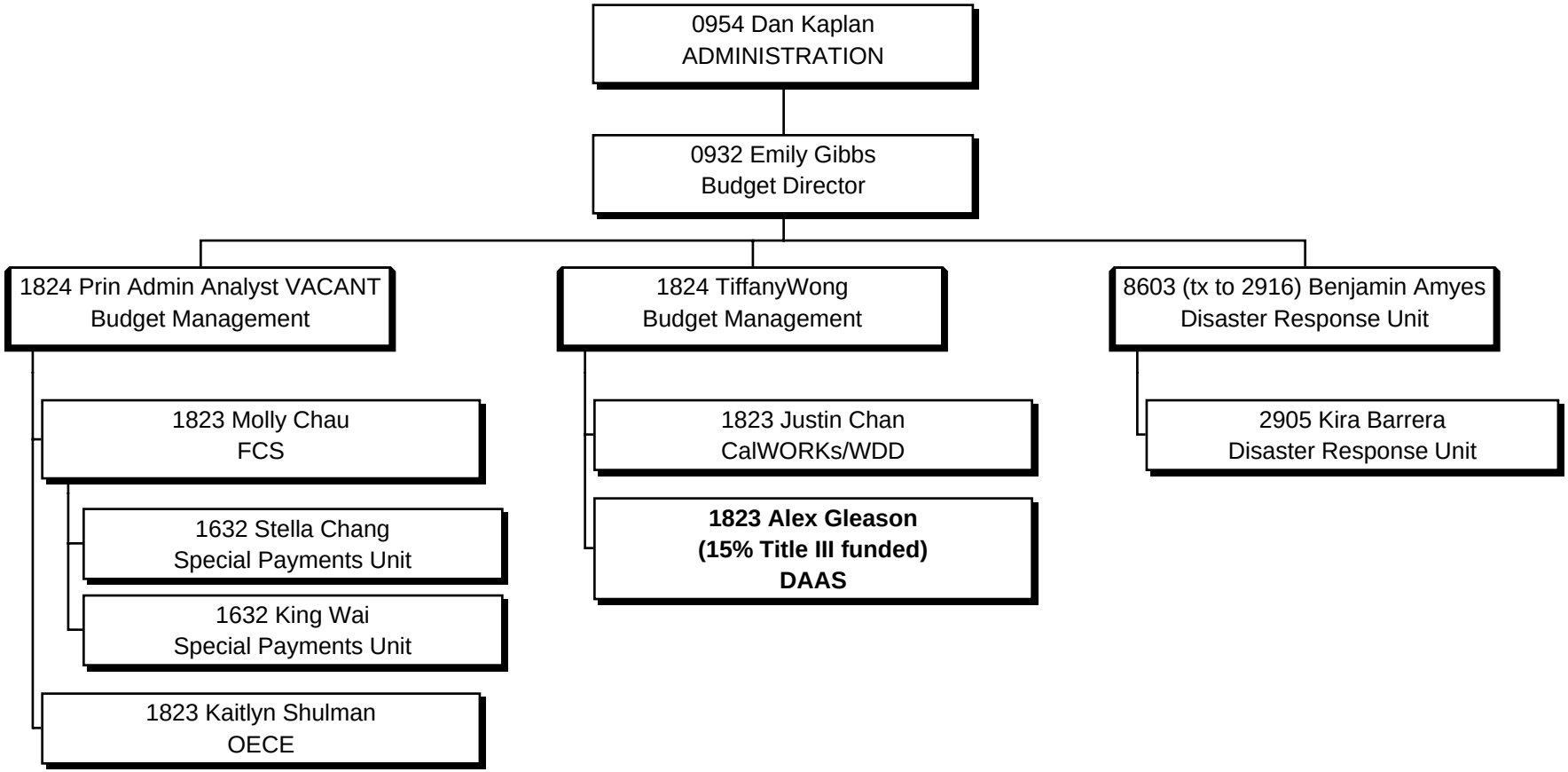
Dept. of Aging & Adults Services
OFFICE ON THE AGING
FY 2018/2019



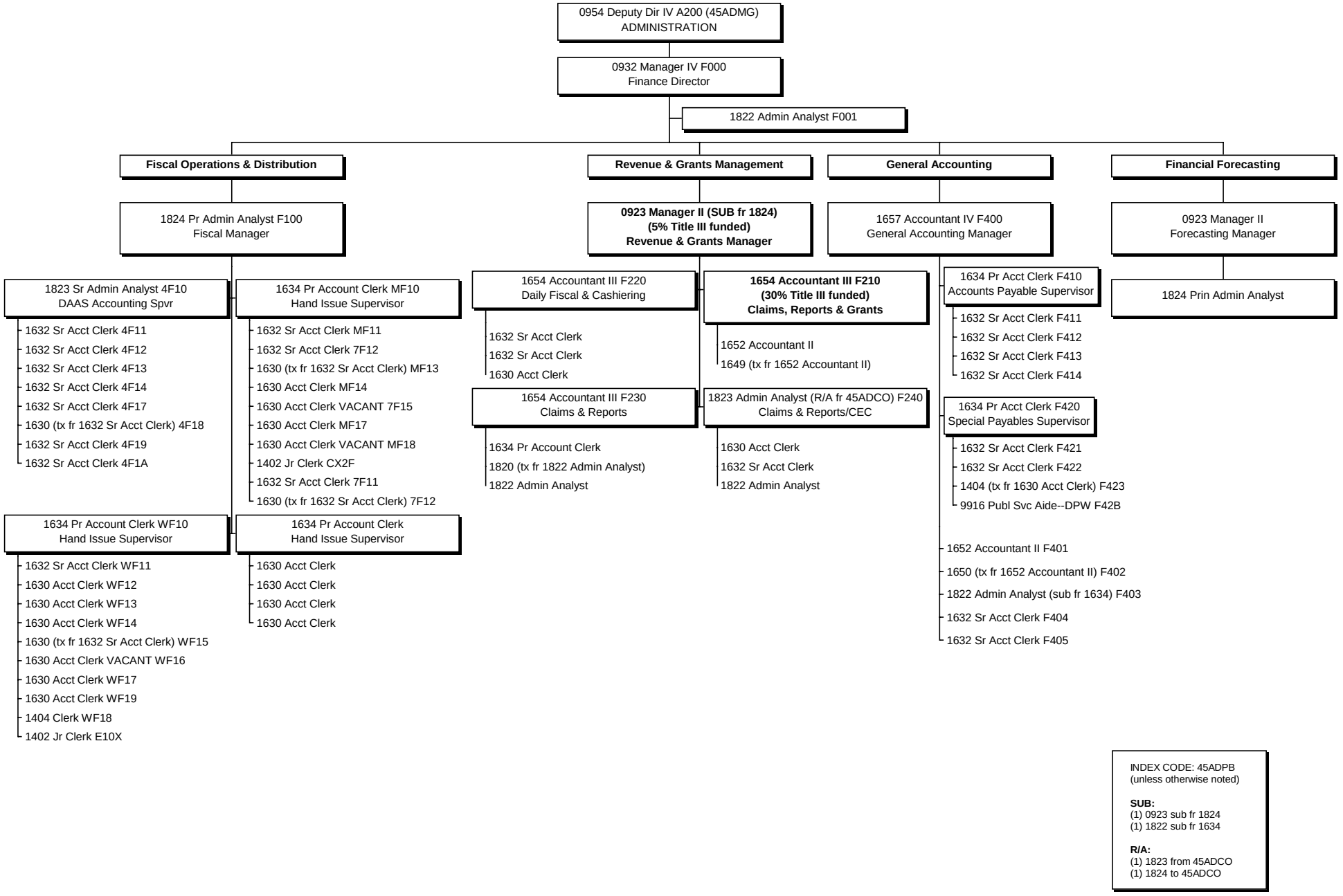
Rev. 3/14/2018

File: DAAS IISC #6300

Human Services Agency
BUDGET
FY 2017/2018



Human Services Agency
FINANCE UNIT
FY 2018/2019



INDEX CODE: 45ADPB
(unless otherwise noted)

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(1) 1822 sub fr 1634

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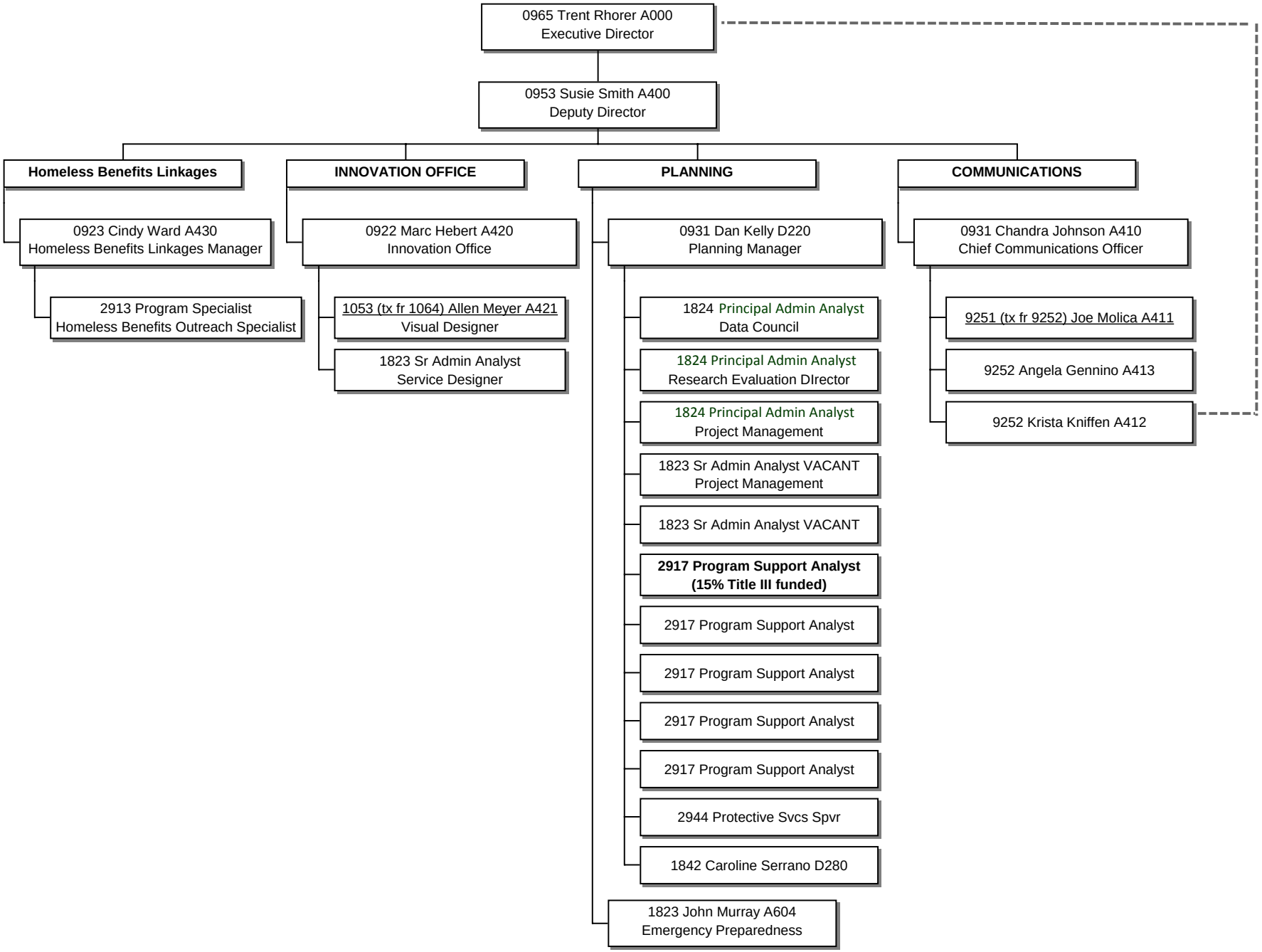
(1) 1824 to 45ADCO

Human Services Agency
POLICY & PLANNING
FY 2018/2019