

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

2017-2018 AREA PLAN UPDATE

**For Submission to the California Department of Aging
5/2017**

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 #
	➤ <i>Update/Submit A) through I) ANNUALLY:</i>		
n/a	A) Transmittal Letter- (requires <u>hard copy</u> with original ink signatures or official signature stamp- no photocopies)	<input checked="" type="checkbox"/>	1
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>	all
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	2
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>	4
n/a	E) Annual Budget	<input type="checkbox"/>	
9	F) Title IIIB/VIIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>	6
9	G) Title VIIA Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>	7
10	H) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>	8
18	I) Legal Assistance	<input checked="" type="checkbox"/>	28
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2016-2020 Area Plan:</i>	Mark Changed/Not Changed (C or N/C)	
		C N/C	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/> <input checked="" type="checkbox"/>	
5	Needs Assessment	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	32
9	• System-Building and Administration	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title IIIB-Funded Programs	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title IIIB-Transportation	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title IIIC-1	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title IIIC-2	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title IIID	<input type="checkbox"/> <input checked="" type="checkbox"/>	
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title V-SCSEP Program	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• HICAP Program	<input type="checkbox"/> <input checked="" type="checkbox"/>	
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>	
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>	
16	Governing Board	<input checked="" type="checkbox"/> <input type="checkbox"/>	42
17	Advisory Council	<input checked="" type="checkbox"/> <input type="checkbox"/>	43
21	Organizational Chart(s)	<input checked="" type="checkbox"/> <input type="checkbox"/>	45

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 (Vice President)
(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 2014 5-year estimates, there were 166,158 seniors age 60 or older in San Francisco, of whom 23,422 (14%) had incomes at or below the poverty threshold.

Chart A. San Francisco Seniors (Age 60+)
Total = 166,158

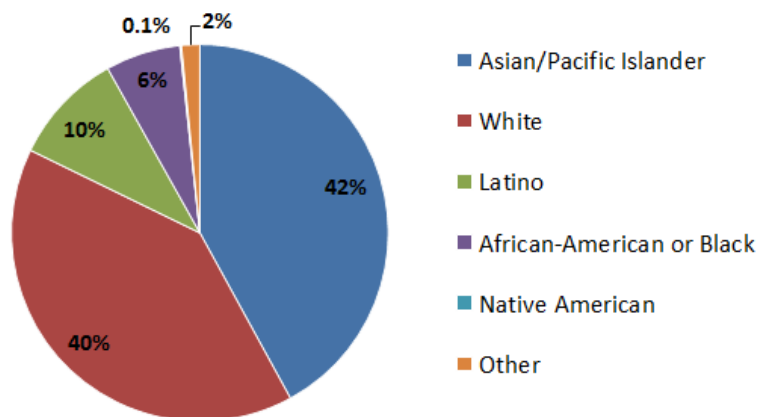
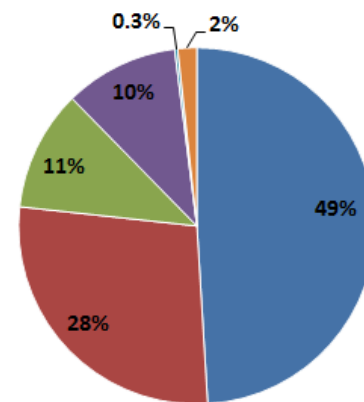


Chart B. San Francisco Seniors (Age 60+) in Poverty
Total = 23,422



Source: American Community Survey 2014 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 by a recent study by the UCLA Center for Health Policy Research.³ This study used the Elder Economic Security Standard

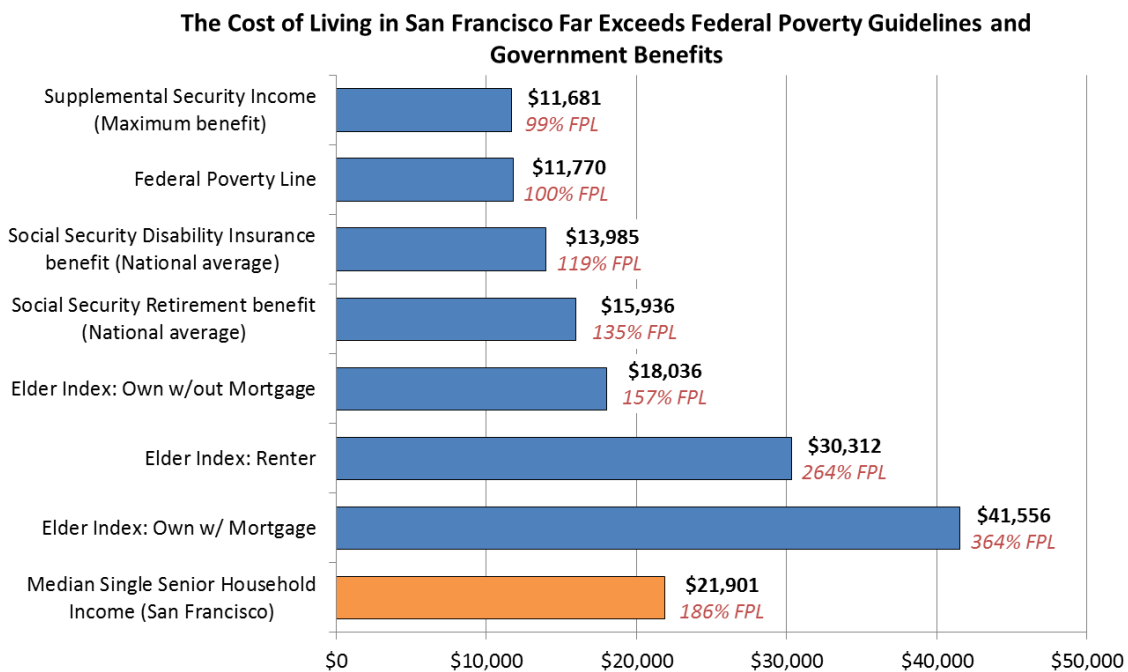
² California Department of Finance Research Demographic Unit, *Report P-1 (Age) State and County Population Projections by Major Age Groups*. Available online:

<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>.

Index, which incorporates variation in cost of living by county and by housing tenure to estimate 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 to 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	a. San Francisco City Hall, Rm 416	a. 51	a. No	a. No
	b. 4/20/2016	b. DAAS (1650 Mission St)	b. 22	b. No	b. No
2017-18	a. 4/19/2017	a. DAAS (1650 Mission St)	a. 23	c. No	c. No
	b. 5/3/2017	b. San Francisco City Hall, Rm 416	b. 42	d. No	d. No
2018-19					
2019-20					

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

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

PSA: 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 draft 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.

- 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

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

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.

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 Serina 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 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.

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

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 17/18 Update:

Starting in FY16-17, the LTC Ombudsman now has a full-time Cantonese-speaking staff person to better serve the monolingual Chinese population. This staffing level will continue in FY17-18. Work on implementation of City legislation related to LGBT residents of skilled nursing facilities and residential care facilities will continue in FY 17/18.

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 IIB 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 17/18 Update:

Over FY 16/17, DAAS successfully assisted with the launch of a collaborative financial abuse outreach and prevention effort, the Veteran’s Benefits and Protection Project (VBPP). The goals of VBPP are to develop a strong, collaborative communication system to respond to complaints, detect fraud, and stop scammers. Veterans, their families, and community providers are educated about pension poaching scams. VBPP toolkits also direct elders who have been scammed to resources that can help, such as Adult Protective Services, and connect those wishing to apply for veterans benefits to the local County Veterans Service Office. This effort is supported by a coalition of local and state entities. DAAS will continue to support this effort and other initiatives to prevent and mitigate elder abuse.

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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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%.

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>198</u> + Number of partially resolved complaints <u>175</u> divided by the Total Number of Complaints Received <u>538</u> = Baseline Resolution Rate <u>69</u>% FY 2016-17 Target Resolution Rate <u>70</u>%</p>
<p>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%</p>
<p>3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%</p>
<p>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 _____%</p>
<p>Program Goals and Objective Numbers: Goals: <u>1,2,3,4</u> Objectives: <u>2a, 4e</u></p>

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

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

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

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

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. Consultation may be accomplished by telephone, letter, email, fax, or in person.

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

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 <u>240</u> FY 2016-2017 Target: <u>240</u>
2. FY 2015-2016 Baseline: number of consultations <u>407</u> FY 2017-2018 Target: <u>407</u>

3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goals: <u>1,2,3,4</u> Objectives: <u>2a, 4e</u>

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

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.

<p>Systemic Advocacy Effort(s) for the current fiscal year</p> <p>Ombudsman will continue to work with the LGBT Aging Policy Task Force towards implementation of the LGBT Senior Long Term Care Facilities Bill of Rights legislation recently passed by the City of San Francisco. Work will include providing input during the development of a handbook and training required in the legislation. One of the authors of the local legislation is now working on similar legislation to be introduced at the State level; the SF Ombudsman program will track this new legislation and assist in the hearing and review process as needed. Ombudsman staff will also continue to closely monitor and work on systemic advocacy around the closure of SNFs and RCFEs in the City of San Francisco. SF Ombudsman was recently asked to start providing Ombudsman monitoring and report related to a RCFE going through the bankruptcy process and will continue in this role in the fiscal year. SF Ombudsman program will work on raising awareness around hospital discharge placement of San Francisco residents to geographically distant locations and the impact this has on patients and their families. Ombudsman will do this by networking with local stakeholders such as Adult Protective Services and advocacy organizations to strategize around advocacy efforts.</p>
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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 <u>15</u> divided by the total number of Nursing Facilities <u>21</u> = Baseline <u>71.4%</u> FY 2016-2017 Target: <u>71.4%</u>
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 _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2018-2019 Target: _____%
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: <u>1,2,3,4</u> Objectives: <u>2a, 4e</u>

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.

FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>33</u> divided by the total number of RCFEs <u>79</u> = Baseline <u>41.8%</u> FY 2016-2017 Target: <u>41.8%</u>
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%
FY 2016-2017 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 2018-2019 Target: _____%
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: <u>1,2,3,4</u> Objectives: <u>2a, 4e</u>

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: <u>6.0</u> FTEs FY 2016-2017 Target: <u>6.0</u> FTEs
2. FY 2015-2016 Baseline: <u>6.0</u> FTEs FY 2017-2018 Target: <u>6.0</u> FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: Goals: <u>1,2,3,4</u> Objectives: <u>2a, 4e</u>

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

FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers <u>10</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>10</u>
FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers <u>11</u> FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers <u>11</u>
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
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: <u>1,2,3,4</u> Objectives: <u>2a, 4e</u>

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

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. Ombudsman program is also considering the implementation of new practices and procedures in the new fiscal year to focus on case closure and NORS reporting.

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 III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

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

NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –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	
2019-2020	

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

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	160
2017-2018	160
2018-2019	
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: <ul style="list-style-type: none"> • 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		
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	4,000
2017-2018	4,000
2018-2019	
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	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
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: Total est. audience for above:		
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			
2019-2020			

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Support Services	Total hours		
2016-2017	2,439	1,2,3,4	
2017-2018	2,054	1,2,3,4	
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	2,520	1,2,3,4	
2017-2018	2,353	1,2,3,4	
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	116	1,2,3,4	
2017-2018	91	1,2,3,4	
2018-2019			
2019-2020			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> 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 1. State Performance Measures

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	1,864	1,2,3,4
2017-2018	1,864	1,2,3,4
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	110	1,2,3,4
2017-2018	110	1,2,3,4
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	6,219	1,2,3,4
2017-2018	6,219	1,2,3,4
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	6,664	1,2,3,4
2017-2018	6,664	1,2,3,4
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	588	1,2,3,4
2017-2018	588	1,2,3,4
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	6,286	1,2,3,4
2017-2018	6,286	1,2,3,4
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	5,603	1,2,3,4
2017-2018	5,603	1,2,3,4
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	2,275	1,2,3,4
2017-2018	2,275	1,2,3,4
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	2,983	1,2,3,4
2017-2018	2,983	1,2,3,4
2018-2019		
2019-2020		

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	
2018-2019		
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	
2018-2019		
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	
2018-2019		
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 and show signs of increasing over the past two to three years. From FY 13-14 to FY 14-15, there was over a 20% increase in housing-related cases opened by LSPs. Service levels for the first half of FY 15-16 indicate this increased demand is ongoing. Additional funding has not been allocated to LSPs.

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 currently are: 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	
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	<p>a. Asian Americans Advancing Justice - Asian Law Caucus</p> <p>b. Asian Pacific Islander Legal Outreach</p> <p>c. La Raza Centro Legal</p> <p>d. Legal Assistance to the Elderly</p>	<p>a. Citywide (primarily in Chinatown, Visitacion Valley, North and South of Market, Richmond, etc.)</p> <p>b. Citywide (primarily in Chinatown, Bayview-Hunters Point, Visitacion Valley, South and North of Market, Richmond, Western Addition, etc.)</p> <p>c. Citywide (primarily Mission, Bernal Heights, Excelsior, North and South of Market, etc.)</p> <p>d. Citywide (primarily North and South of Market, Bayview-Hunters Point, Western Addition, Richmond, Sunset, etc.)</p>
2017-2018	<i>see above</i>	<i>see above</i>
2018-2019	<p>a.</p> <p>b.</p> <p>c.</p>	<p>a.</p> <p>b.</p> <p>c.</p>
2019-2020	<p>a.</p> <p>b.</p> <p>c.</p>	<p>a.</p> <p>b.</p> <p>c.</p>

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 are family members and crosses-over with Elder Abuse. 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.

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	Title III B Funded PD or C	Update Status
1a. 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 16/17, DAAS was able to more than double service provided through the Always Active and the DEEP programs. New in FY 16/17, the DEEP program has been well received by the community. These programs will continue to be offered in FY 17/18.
1b. 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 will expand its portfolio of employment-related programs in FY 16/17 with the launch of the ReServe program in Spring 2017. Managed by a community provider, this program will recruit employers to create part-time jobs for seniors and adults with disabilities. DAAS will track the success of this program and consider opportunities to further support seniors and adults with disabilities to gain and/or maintain employment.
1c. 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 began operation in FY 16/17. This program is focused on addressing the emotional, behavioral, health, and social isolation challenges faced by lesbian, gay, bisexual, and transgender seniors and adults with disabilities. In FY 17/18, the program will serve 90 clients.

Objective	Projected Start/End Dates	Title III B Funded PD or C	Update Status
<p>1d. 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.</p>	<p>July 2016 to June 2020</p>		<p>In FY 16/17, the LTCCC launched a 27 member task force to focus specifically on developing the baseline assessment and action plan for the World Health Organization. Task force members include representatives from service provider organizations, senior and disability communities, government agencies, academia, and business. With staff support from DAAS, the action plan will be completed in 2018. The workgroup is on a temporary hiatus while the task force completes its work and will reconvene to support the implementation of the action plan recommendations.</p>
<p>1e. 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.</p>	<p>July 2016 to June 2020</p>		<p>The CHAMPSS program continues to attract consumers, and DAAS is working with a service provider to open a third site in an underserved area in District 11. DAAS created its first meal site focused primarily on adults with disabilities in FY 16/17. In FY 17/18, DAAS will expand service for this population as well as seniors in Districts 3 and 11 to better meet population needs. DAAS will also consider opportunities to provide nutrition support in new and/or innovative settings.</p>
<p>1f. 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.</p>	<p>July 2016 to June 2020</p>		<p>In FY 16/17, the SF Tech Council launched a new website (www.sftechcouncil.org) to showcase collaborative multi-sector Discovery projects, promote a new Tech Story project, and highlight the council's milestones. The Council also undertook an annual membership survey, solicited new membership, assisted with SF Public Libraries Digital Inclusion week and supported the Aging and Disability Task Force. In FY 17/18, DAAS will continue to support the SF Tech Council and its subcommittees, including implementation of the FY 18/19 Strategic Work Plan, ongoing collaboration with the Fung Fellowship for Wellness and Technology Innovations, and other projects.</p>

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	Title III B Funded PD or C	Update Status
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		Over FY 16/17, DAAS successfully assisted with the launch of a collaborative financial abuse outreach and prevention effort, the Veteran's Benefits and Protection Project (VBPP). The goals of VBPP are to develop a strong, collaborative communication system to respond to complaints, detect fraud, and stop scammers. Veterans, their families, and community providers are educated about pension poaching scams. VBPP toolkits also direct elders who have been scammed to resources that can help, such as Adult Protective Services, and connect those wishing to apply for veterans benefits to the local County Veterans Service Office. This effort is supported by a coalition of local and state entities. DAAS will continue to support this effort and other initiatives to prevent and mitigate elder abuse.
2b. 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		With support from the Oversight Committee, DAAS is partnering with Optimizing Aging Collaborative of UCSF (formerly referred to as the GWEP) to develop cognitive and screening tools for use in Adult Protective Services and In-Home Support Services. Advocacy from the Committee has supported pilot projects, including the Dementia Care Safety Net program focused on identifying seniors living alone without support and developing a support circle. In FY/18, the Committee will focus on persons living in transitional housing and opportunities to partner with LTCCC workgroups and community organizations.

Objective	Projected Start/End Dates	Title III B Funded PD or C	Update Status
<p>2c. 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.</p>	<p>July 2016 to June 2020</p>		<p>In Spring 2015, the LTCCC submitted policy and budget recommendations to the Mayor and Board of Supervisors, and several of these were funded for FY 16/17, including a home care subsidy pilot program, creation of a housing modification fund, eviction prevention outreach and education, housing placement subsidies, and a Food Security Task Force budget request. In FY 16/17, the LTCCC workgroups have focused on developing their policy and budget priorities for the coming year and creating action plans to support these priorities. The Finance and Policy workgroup is working on a comprehensive LTC service map to support LTCCC projects in FY 17/18.</p>
<p>2d. 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.</p>	<p>July 2016 to June 2020</p>		<p>The IHSS CTP program is on track to serve 1,000 clients in FY 16/17, receiving an average of 85 referrals per month. Most frequently, clients are referred by SF General Hospital (28%) and CPMC campuses (19%). DAAS Intake expects to provide similar service levels in FY 17/18.</p>

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. 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		In FY 16/17, the DAAS Benefits and Resource Hub is serving approximately 750 visitors per month. Through a community-based organization, DAAS has funded "community liaisons" at the Hub - seniors and adults with disabilities who help engage visitors and assist clients with navigating the system. Over the remainder of this year and in FY 17/18, DAAS will host additional services to be provided at the Hub, including: HICAP (Medicare-related counseling and advocacy), MTA's Paratransit program, and an SF Connected computer lab.
3b. 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 in San Francisco has served 8,229 clients in the first half of FY 16/17 and completed 15,764 information and referral contacts. Moving forward, DAAS will facilitate trainings for the ADRC network to provide education about consumer programs, such as Options Counseling and Project Homeless Connect. It is anticipated that the ADRC network will achieve similar service levels in FY 17/18.

Objective	Projected Start/End Dates	Title/IB Funded PD or C	Update
<p>3c. 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.</p>	<p>July 2016 to June 2020</p>		<p>IHSS social workers have assessed over 22,000 clients for food insecurity and secured home delivered groceries for over 412 people. In FY 17/18, DAAS will continue to screen IHSS consumers for food insecurity and provide linkages to home delivered groceries. In partnership with the UCSF Gerontology program, DAAS will train home-visiting social workers on dementia and depression screening tools. By the middle of the fiscal year, DAAS social workers will assess consumers for dementia and depression at each home visit.</p>
<p>3d. 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.</p>	<p>July 2016 to June 2020</p>		<p>In the first 6 months of FY 16/17, CQA has conducted 313 in-person clinical consultations with the majority of the referrals coming from APS (55%) and IHSS (43%). DAAS anticipates similar service levels in FY 17/18. In the coming year, the CQA unit will support the DAAS partnership with UCSF to provide workforce training for DAAS social workers to use evidence-based assessment tools in depression and dementia screenings.</p>
<p>3e. 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.</p>	<p>July 2016 to June 2020</p>		<p>The FSTF is currently working on three major projects, including (1) developing food security screening questions and implementation plan for citywide use; (2) partnering with UC Berkeley students to develop a 2017 food security assessment; and (3) working with the Tenderloin Hunger Task Force to address needs of SRO residents. DAAS will continue to support these projects in FY 17/18.</p>

Objective	Projected Start/End Dates	TitleIIB Funded PD or C	Update
<p>3f. 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).</p>	<p>July 2016 to June 2020</p>		<p>In FY 16/17, residents have benefited from a combined total of 439 community building activities and educational programs across all 20 RAD sites. Service providers report an average of 175 service encounters per month per site (this includes outreach, referrals, and services to support residents' housing stability). On average, 97% of residents have engaged in services or programs and over 99% of residents have maintained or obtained stable housing. DAAS has also supported the Live Alone Intervention project in RAD sites, which enhances program staff knowledge and skills in supporting residents living alone with Alzheimer's and dementia-related diseases. In FY 17/18, the program will continue to conduct outreach and provide service connections and support, including monthly community building opportunities, educational programs, and culturally appropriate activities.</p>

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	TitleIIB Funded PD or C	Update Status
<p>4a. 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.</p>	<p>July 2016 to June 2020</p>		<p>Quarterly meetings for Nutrition, Legal Services, and Case Management providers were held in FY 16/17 and will continue on a quarterly basis in FY 17/18. OOA will institute similar quarterly meetings for Naturalization and Community Services providers meetings in FY 17/18.</p>

Objective	Projected Start/End Dates	Title/III B Funded PD or C	Update Status
<p>4b. 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.</p>	<p>July 2016 to June 2020</p>		<p>In FY 16/17, DAAS has initiated a new training program for service providers focused on (a) improving awareness of the unique challenges/needs of the LGBT senior population and (b) enhancing staff capacity to assist LGBT clients with dementia and connect them to needed services and/or supports. The primary contractor is the Alzheimer’s Association, which has partnered with Openhouse and Family Caregiver Alliance. This training will be offered to organizations serving the population beginning this year and continuing in FY 17/18. There will be 25 trainings and at least 250 staff and volunteers served.</p>
<p>4c. 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.</p>	<p>July 2016 to June 2020</p>		<p>DAAS has convened an OOA case management workgroup to discuss areas for program improvement, identify strategies to strengthen the case management program, and develop appropriate implementation processes for any changes. Input from this group has shaped the intake form and waitlist protocol for centralized intake and waitlist management. Over the next year, DAAS will implement a more streamlined assessment tool in CA GetCare and pilot new performance measures prior to the new contract cycle that will begin in FY 18/19.</p>
<p>4d. 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.</p>	<p>July 2016 to June 2020</p>		<p>Over FY 16/17, APS has worked with the San Francisco’s Controllers Office to complete an in-depth study of self-neglect cases, identifying that APS social workers need additional tools for assisting vulnerable clients that are experiencing self-neglect as a result of alcoholism and/or the result of housing related issues. The APS program is developing a specialized unit of social workers to specifically address cases involving high risk self-neglect, substance use, and risk for eviction or loss of housing. The clients that are assisted by the staff in this unit will be monitored by the APS program on a gatekeeper basis past case closure to ensure on-going stabilization and to facilitate the ability to monitor the outcome of the interventions.</p>

Objective	Projected Start/End Dates	TitleIIB Funded PD or C	Update Status
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		Starting in FY16-17, the LTC Ombudsman now has a full-time Cantonese-speaking staff person to better serve the monolingual Chinese population. This staffing level will continue in FY17-18. Work on implementation of City legislation related to LGBT residents of skilled nursing facilities and residential care facilities will continue in FY 17/18.
4f. 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		DAAS has provided several trainings from its Core and Enhanced curriculums; 14 trainings were offered in the first half of FY 16/17 alone. This schedule included a customer service training attended by 230 staff. A new training to be offered in FY 16/17 will focus on working with LGBT seniors. In FY 17/18, DAAS will work with community partners and training organizations to expand the number of courses and content available in the Enhanced curriculum.

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

Name and Title of Officers:

Office Term Expires:

[VACANT], President	
Gustavo Seriña, Vice President	1/15/20

Names and Titles of All Members:

Board Term Expires:

Katie Loo	1/15/16
Neil Sims	7/5/16
Richard Ow	1/15/16
Perry Lang	1/15/20
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 15

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>40%</u>	<u>63%</u>
Hispanic	<u>10%</u>	<u>0%</u>
Black	<u>6%</u>	<u>31%</u>
Asian/Pacific Islander	<u>42%</u>	<u>6%</u>
Native American/Alaskan Native	<u>0.1%</u>	<u>0%</u>
Other	<u>1%</u>	<u>0%</u>

Name and Title of Officers:

Office Term Expires:

Leon Schmidt, President	3/31/2019
Allegra Fortunati, Secretary	3/31/2019
Elenore 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:

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

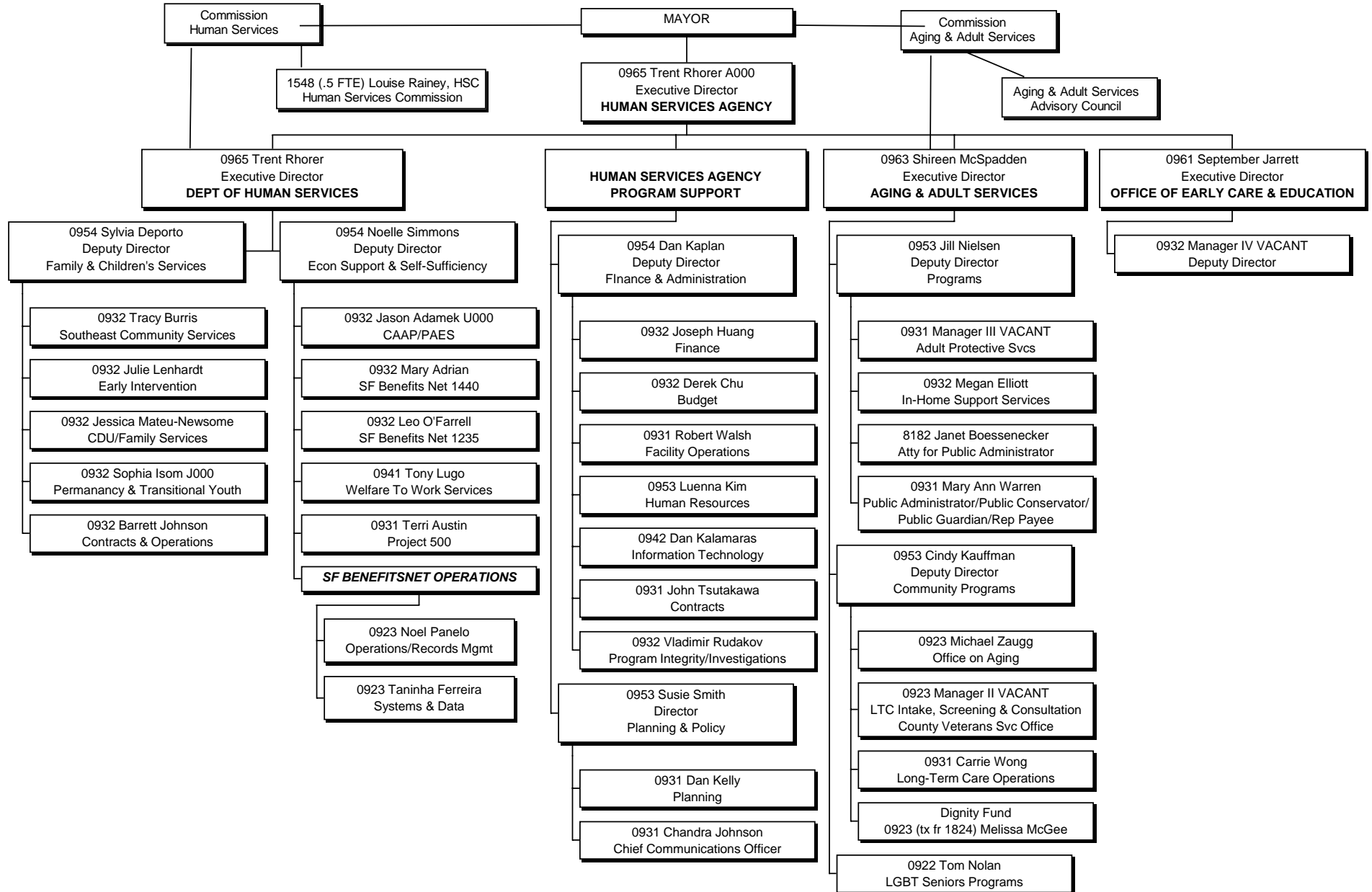
On August 19, 2015 Advisory Council Bylaws were amended (Article 2, Section 4, E, 2)

- 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

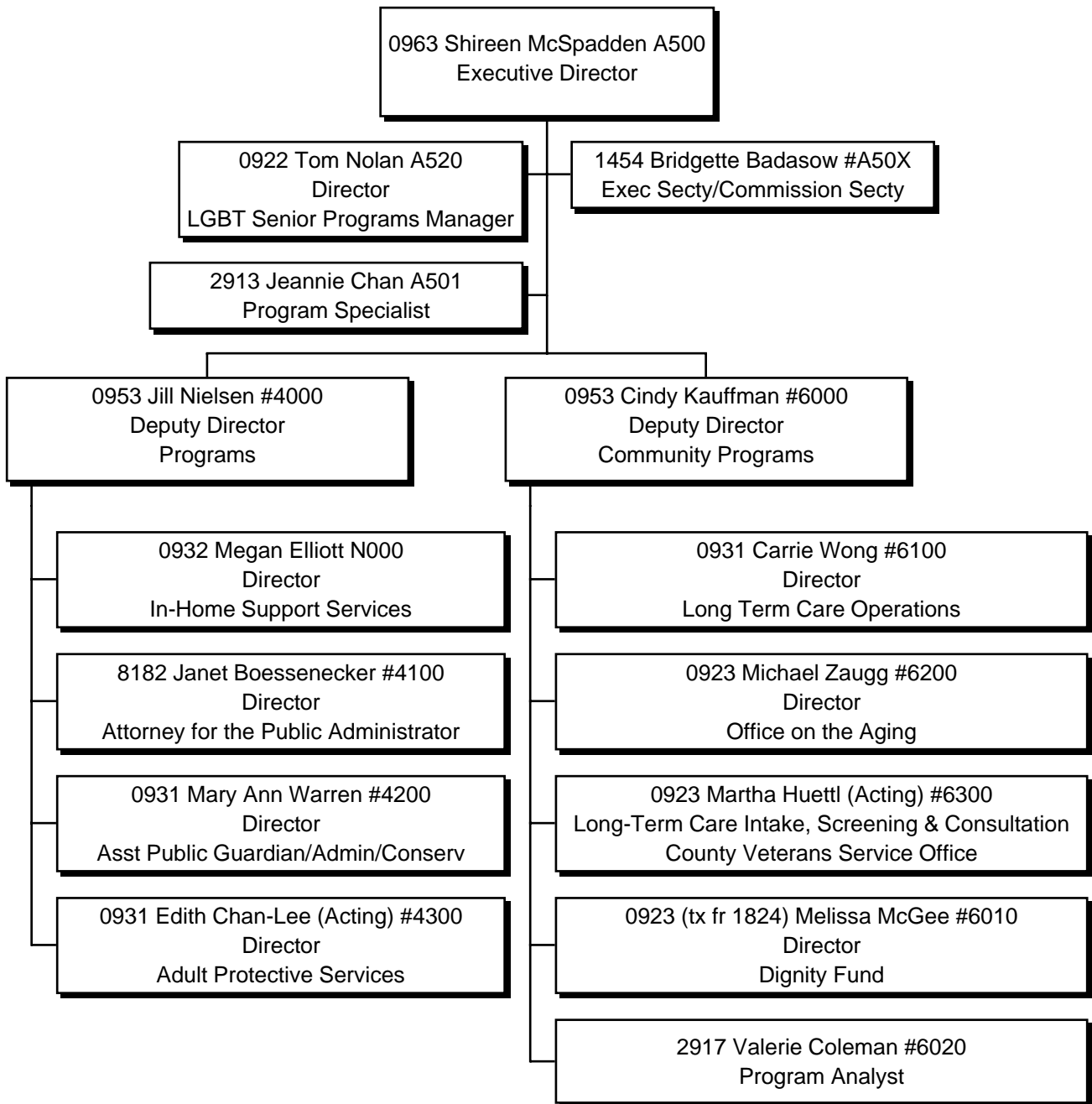
ORGANIZATIONAL CHARTS

Please see following pages for PSA 6 Organizational Charts.

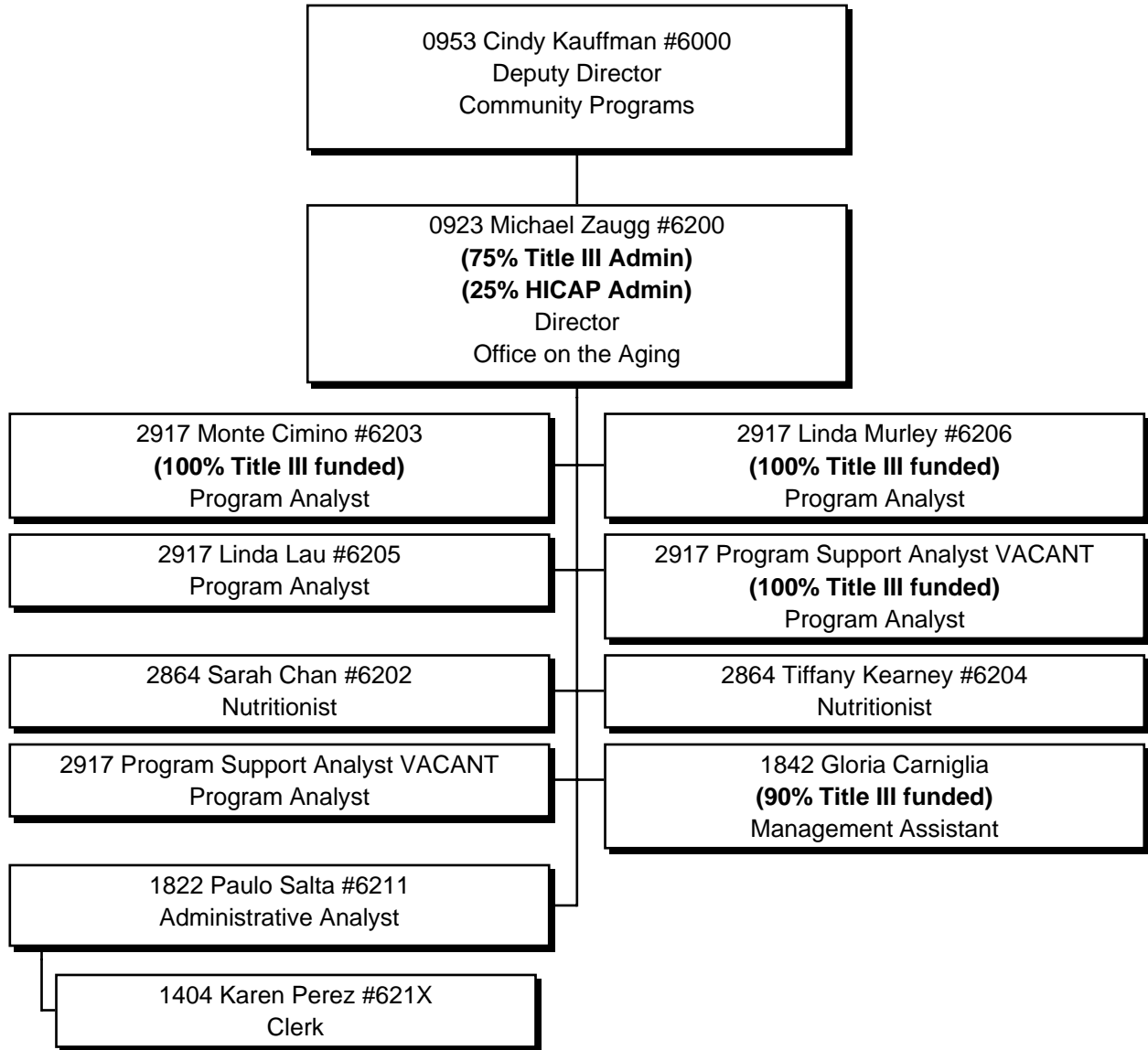
**CITY & COUNTY OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FY 2017/2018**



Dept. of Aging & Adult Services
DAAS ADMINISTRATION
FY 2017/2018



Dept. of Aging & Adults Services
OFFICE ON THE AGING
FY 2017/2018



**Dept. of Aging & Adults Services
OFFICE ON THE AGING
FY 2017/2018**

0953 Cindy Kauffman #6000
Deputy Director
Community Programs

0923 Martha Heuttl (Acting) #6300
Integrated Intake Manager

2944 Duane Vickrey #6310
Medical Social Work Spvr

2924 Dana Leavitt #6320
Medical Social Work Spvr

2918 Humberto Alvarez #6311
HSA Soc Wkr

1822 Admin Analyst VACANT
#6312

2920 Kelly Bryant #6321
Med Soc Wkr
(5% Title III-B funded)

2940 Mary Cabarles #6322
Protective Svcs Wkr
(5% Title III-B funded)

1404 Jasmina Bultrago #6313
Clerk

1404 Zhao Wen Peng #631A
Clerk (PST)

2920 Jesus Diaz #6323
Med Soc Wkr
(5% Title III-B funded)

2920 Jesse Guzman #6324
Med Soc Wkr
(5% Title III-B funded)

1404 Keyla Cordero #6318
Clerk (PST)

1404 Tiffany Maybon #631C
Clerk (PST)

2940 Kelechi Hong #6325
Protective Svcs Wkr
(5% Title III-B funded)

2920 Mary Ann Roerth #6326
Med Soc Wkr
(5% Title III-B funded)

1404 Mary Grace Lawan #631D
Clerk (PST)

1404 Monisha Toble #631E
Clerk (PST)

2920 Andrea Salfiti #6327
Med Soc Wkr
(5% Title III-B funded)

2924 Elizabeth London #6330
Medical Social Work Spvr

2924 Yuet Mei Fung #6350
Medical Social Work Spvr

2940 Naomi Chau #6331
Protective Svcs Wkr
(5% Title III-B funded)

2920 Arla Ertz #6332
Med Soc Wkr
(5% Title III-B funded)

2940 Arguello Ricardo #6351
Protective Svcs Wkr
(5% Title III-B funded)

2940 Lisa Banh #6352
Protective Svcs Wkr
(5% Title III-B funded)

2920 Maria Foneseca #6333
Med Soc Wkr
(5% Title III-B funded)

2920 Yin Lam Wong #6334
Med Soc Wkr
(5% Title III-B funded)

2920 Flora Chan #6353
Med Soc Wkr
(5% Title III-B funded)

2920 Judy Chiang #6354
Med Soc Wkr
(5% Title III-B funded)

2920 Kelvin Xu #6335
Med Soc Wkr
(5% Title III-B funded)

2920 Yukihiko Ysauda #6336
Med Soc Wkr
(5% Title III-B funded)

2940 Ann McWalters #6355
Protective Svcs Wkr
(5% Title III-B funded)

2940 Emma Medal #6356
Protective Svcs Wkr
(5% Title III-B funded)

4231 Sr Estate Investigator VACANT
#6360

4230 Dorian Carr #6361
Estate Investigator

4230 Elvira Flaviano #63632
Estate Investigator

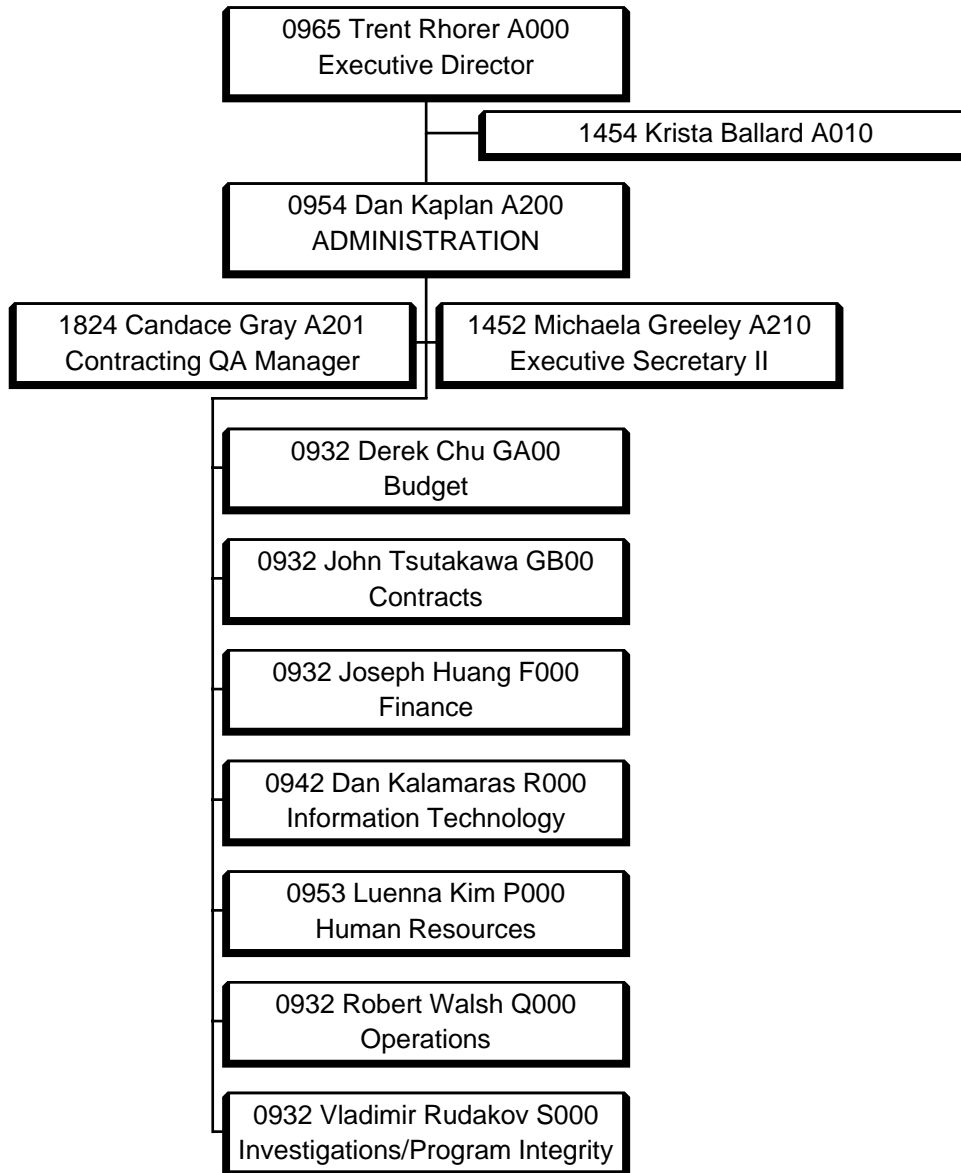
4230 John Gallagher #6363
Estate Investigator

4230 Estate Investigator
VACANT

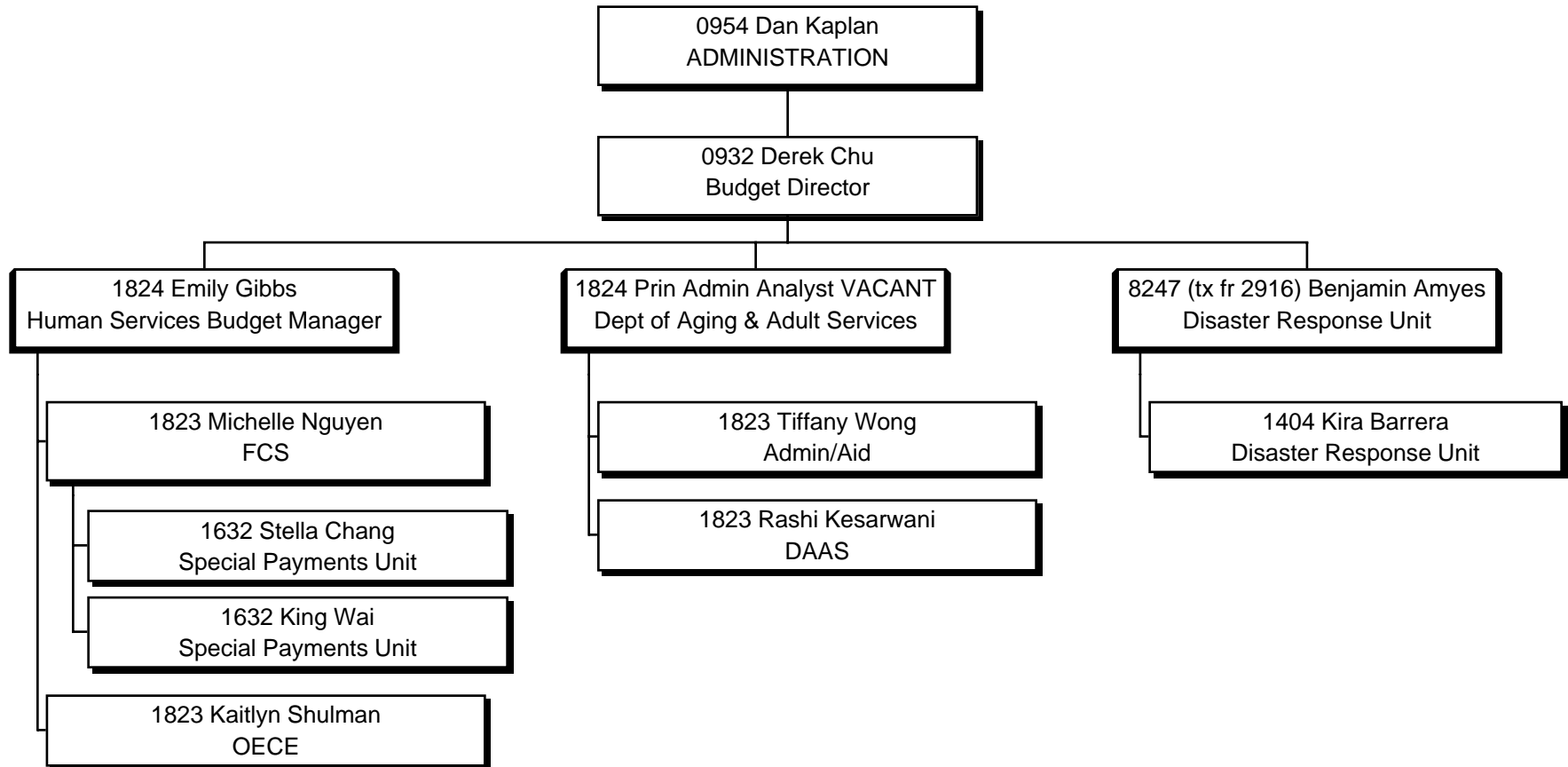
4230 Estate Investigator
VACANT

1404 Perenise Fono #636X
Clerk

**Human Services Agency
ADMINISTRATION
FY 2017/2018**



Human Services Agency BUDGET FY 2017/2018



**Human Services Agency
POLICY & PLANNING
FY 2017/2018**

