

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

**AREA PLAN UPDATE  
2010-2011**

## Table of Contents

<b>Area Plan Checklist</b> .....	2
<b>Transmittal Letter</b> .....	3
<b>Narrative Description of Relevant Changes to the 2009-2012 Area Plan</b> .....	4
<b>Introduction</b> .....	4
<b>Goals and Objectives</b> .....	4
<b>Service Unit Plan Updates</b> .....	4
<b>Discussion of Major Changes and Effects to the AAA</b> .....	4
1. Updates to organizational charts.....	4
2. Discussion of changes that may have reduced or increased quality or quantity of service.....	5
3. Data management software changes .....	6
4. Updated lists of services funded and service providers.....	6
5. Additional Updates .....	6
<b>Targeting</b> .....	6
<b>Needs Assessment Activities</b> .....	8
<b>Attachment A: Updates to Goals and Objectives</b> .....	11
<b>Attachment B: Updates to Service Unit Plan</b> .....	20
<b>Attachment C: Updated Organizational Charts</b> .....	20
<b>Attachment D: Additional Area Plan Replacement Pages</b> .....	44

## Area Plan Checklist

Section	Three-Year Area Plan Update Components	Annual Update
	<b>REQUIRED</b>	
	Original APU	<input checked="" type="checkbox"/>
	Transmittal Letter with authorized signatures or official stamp	<input checked="" type="checkbox"/>
	All APU documents are on single-sided paper, if submitted hard copy	<input checked="" type="checkbox"/>
5	Organization Chart	<input checked="" type="checkbox"/>
9	Public Hearings	<input checked="" type="checkbox"/>
	<b>REQUIRED only if changed or not previously included in the Area Plan</b>	
2	Description of the Planning and Service Area (PSA)	No update
3	Description of the Area Agency on Aging (AAA) – Replacement Page 31 included	<input checked="" type="checkbox"/>
6	Planning Process	No update
7	Needs Assessment (Updates provided in Area Plan Update Narrative)	<input checked="" type="checkbox"/>
10	Identification of Priorities	No update
11	Goals and Objectives: (May be updated at any time and need not conform to a twelve month time frame)	
	^ Title III B Funded Program Development (PD) Objectives	N/A
	^ Title III B Funded Coordination (C) Objectives	N/A
	System-Building and Administrative Goals & Objectives (Status Updates Only)	<input checked="" type="checkbox"/>
	Title III B/VIIA Long-Term Care Ombudsman Objectives (Status Updates Only)	<input checked="" type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives (Status Updates Only)	<input checked="" type="checkbox"/>
12	* Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>
13	Focal Points	<input checked="" type="checkbox"/>
14	Priority Services	No update
15	Notice of Intent to Provide Direct Services	No update
16	Request for Approval to Provide Direct Services	No update
17	Governing Board	No update
18	Advisory Council	<input checked="" type="checkbox"/>
19	Legal Assistance	No update
21	Title III E Family Caregiver Support Program	No update

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

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

**Transmittal Letter**  
**Area Plan Update**  
**2010-2011**

**AAA Name:** San Francisco Department of Aging and Adult Services

**PSA Number** 6

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

1. (Type Name) Gustavo Serina

\_\_\_\_\_  
Signature: Governing Board Chair<sup>1</sup>

\_\_\_\_\_  
Date

2. (Type Name) Cathy Russo

\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

3. (Type Name) E. Anne Hinton

\_\_\_\_\_  
Signature: Area Agency Director

\_\_\_\_\_  
Date

<sup>1</sup> Original signatures or official signature stamps are required.

# Narrative Description of Relevant Changes to the 2009-2012 Area Plan 2010-2011 Annual Update

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## Introduction

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

## Goals and Objectives

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

The following objective was **completed** during this fiscal year:

- *Objective 3.4.b.* Improve the linkages between home and community-based long term care and supportive services, and behavioral health services by responding to the growing crisis in dementia care. Undertake: (1) an evaluation of current dementia care services; (2) a projection of the types of additional services needed over the next 12 years; (3) an economic analysis of projected costs (inflation adjusted) and funding sources; and (4) development of a report and recommendations for how to address the need for additional services.

The remaining objectives remain unchanged and will be **continued** into 2010-11. The dates have been updated to reflect that continuation and a brief update on each objective has been included under the heading “FY 09/10 Update” for each objective. These updates can be found in *Attachment A*.

## Service Unit Plan Updates

The Service Unit Plan remains largely unchanged from FY 2009-10 at this time. It has been edited to incorporate new CDA guidance related to service unit reporting for the Health Insurance Counseling and Advocacy Program (HICAP) and for Elder Abuse Prevention. The current service unit estimates do not yet account for changes in contracted service units that may result from decreased state and federal funding, as those planning estimates were not yet available at the time of this writing. The Service Unit Plan section of this update (*Attachment C*) shall replace the existing section in the 2009-2012 Area Plan.

## Discussion of Major Changes and Effects to the AAA

### *1. Updates to organizational charts*

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

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

### **a. Difficult local and state budgets threaten services**

On January 26, 2010, DAAS management presented the Finance Committee of the Aging and Adult Services Commission with a budget reduction plan for Fiscal Years 2009-10 and 2010-11. The total budget for DAAS, at \$176.6M for FY 09/10, will be reduced in FY 10/11 to \$164.7M, a decrease of 6.7 percent, largely as a result of assumptions made in the funding of IHSS Independent Provider (IP) wages. The reductions did not have a significant impact on Area Plan-related services. Proposed reductions would be achieved through a combination of current year savings, one-time savings, on-going savings, and new revenue to offset General Fund reductions. The overall Human Services Agency reduction plan incorporates significant savings in local General Fund expenditures as a result of the Federal Medicaid Assistance Percentage (FMAP) application in Agency programs.

Staff is anticipating no new staff or new initiatives in FY 10/11, with the exception of programming new State and Federal funds in the In-Home Supportive Services (IHSS) program. There are no other requests for new staffing or increases projected for contracted services as a result of new initiatives.

Local and state budgets have yet to be finalized for FY 10/11 at the time of the writing of this Area Plan Update. Additional changes to the reduction plan may occur in the coming months.

### **b. New Revenues – New Grants and Time Study Efforts**

During this time of economic uncertainty, the OOA staff has been very aggressive in applying for and receiving federal grants as well as implementing time study mechanisms to draw down additional revenues through existing programs.

In collaboration with Independent Living Resource Center San Francisco (ILRCSF), DAAS has received an Aging and Disability Resource Connection (ADRC) Enhancement grant of \$200,000 from the California Health and Human Services Agency (CHHS). The grant runs from January 1, 2010 to June 30, 2011. The purpose of the grant is to provide and develop a “one-stop” or “no wrong door” system of providing consumers, caregivers, and providers with information, assistance, and counseling to increase access to long-term services and supports, in a fast, easy and friendly manner.

The Office on the Aging, DAAS Integrated Intake Unit, ILRCSF, and other community partners, have worked closely to accomplish all the goals and objectives in the work plan of this grant. The ADRC will: increase new ADRC (Center) outstations; collaborate with at least three disability organizations; expand service utilization of consumers with disabilities at ADRC; develop written protocols for enhanced information and assistance service; conduct presentations with community based long term care providers; establish protocols for ADRC short-term service coordination and long term care options counseling; develop a plan for organizational cultural change regarding disability; increase awareness of DAAS management and staff regarding disability access and cultural change; provide disability access training and technical assistance to community based services providers; implement the Coleman Transition Intervention (CTI) model; and coordinate the ADRC functions with the Medical Case Management (MCM) program in local hospitals and attend the statewide cross-agency MCM steering committee meetings.

DAAS has also received a two year federal grant of \$108,507 for the Medicare Improvements to Patients and Providers Act (MIPPA) project, and also applied for American Recovery and Reinvestment Act (ARRA) funding to implement and expand evidence based health promotion programs. In addition, the DAAS staff has applied for funds from the federally-funded Broadband Technology Opportunities Program (BTOP).

Finally, as a part of the DAAS budget reduction plan, the OOA staff is working very closely with HSA Finance, Budget, and Contracts staff and community based services providers to implement a time studying program for care management, community services, health promotion and aging and disability resource center programs in an effort to bring in additional revenue and spare program cuts.

### ***3. Data management software changes***

In order to comply with all of the requirements of the California Department of Aging's California Aging Reporting System (CARS), OOA has implemented a new database system with CA-Getcare, effective March 1, 2010. The OOA has worked closely with RTZ Associates to achieve a seamless transition process in terms of data transfer from the previous system (OOA-Net) and reporting mechanisms. OOA and RTZ Associates have conducted a number of training activities, including on site training and webinars. Staff will continue to monitor the new system in the coming months.

### ***4. Updated lists of services funded and service providers***

The categories of services funded by the Office on that Aging (OOA) will remain largely unchanged in FY 2010-11. However, the category of "Volunteer Caregiver Recruitment for the LGBT Community" was combined under the umbrella of the broader Family Caregiver Support Program (FCSP) at the time of the FCSP Request for Proposal. A replacement page reflecting that change in the services funded list is included in *Attachment D*.

### ***5. Additional Updates***

Attachment D includes an updated list of Focal Points, as well as updated information regarding the Advisory Council to the Aging and Adults Services Commission.

## **Targeting**

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

<b>Office on the Aging Consumer Profile, 2008-09</b>		
	#	%
<b>Total Enrollment</b>	22,001	100
Female	13,008	59
Live Alone	8,957	41
Functionally Impaired	6,051	28
Low Income	15,731	72
Require Translation	5,324	24
Age		
Under 60	1,548	7
Age 60 – 74	9,148	42
Age 75 – 84	7,131	32
Age 85+	4,174	19
Ethnicity		
African American/Other African	2,398	11
Asian/Pacific Islander	9,500	43
Latino	2,995	14
Native American/Alaskan Native	76	0
White	5,123	23
Other/Decline to State/Unknown	1,909	9



## Needs Assessment Activities

The table below describes new needs assessment activities that were completed in 2009. Additional needs assessment activities will be conducted in 2010 in order to complement RPF processes as they roll out.

**Summary of San Francisco Needs Assessment Activities, 2009**

Planning Effort	Process	Methods	Major Findings
Study of Adults Aged 50 to 64  (August 2009)	Conducted by SF-HSA summer interns as an initial effort to learn about the human service needs of adults aged 50 to 64 and determine if a service gap exists for this “between” age group.	<i>Quantitative.</i> Analyzed client administrative records for food stamps, general assistance (GA), homeless shelters, workforce development to produce a demographic and service use profile. <i>Qualitative.</i> Conducted interviews with program managers in all four services, GA case-managers for SSI eligibility, GA clients, and homeless shelter clients.	1) The group differs from younger adults in terms of gender and ethnic composition and may more closely resemble seniors. 2) Although they are a smaller proportion of clients than younger adults, they are longer-term service users; for this reason SF-HSA may be spending as much or more on this group as compared to younger adults. 3) Adults age 50 to 64 may need extra help seeking work or applying for SSI. 4) They may face barriers to NAFS participation related to inconvenience, health limitations, and lack of information.
HSA Studies of San Francisco Single Room Occupancy (SRO) Residents  (Spring/Summer 2009)	Developed a profile of who lives in and who owns SRO hotels; Surveyed SRO owners and desk clerks about resident characteristics, vacancy rates, the operations of the hotel, and willingness to partner with the city to better meet the human service needs of residents; and a review of local fiscal and policy issues related to SROs.	<i>Quantitative:</i> Synthesized information about SROs from city departments, as well as data matches using SRO addresses and administrative data from a range of city programs. Analyzed public health cost information related to the use of city services by SRO residents. <i>Qualitative:</i> Interviews with SRO owners, desk clerks, and local service providers.	1) Opportunities exist to create stronger partnerships with SRO owners and desk clerks to help stabilize residents and reduce the use of city emergency services. 2) City programs could have more strategic, targeted relationships with SROs to improve service connections and create opportunities for stable housing. 3) City disaster planning could more specifically incorporate the needs of SRO residents.
The Community Partnerships for Older Adults Program: Second Survey of Older Adults  (October 2009)	Conducted a random-digit-dial phone survey of older adults (age 50+) in San Francisco and 7 other communities. The purpose was to improve understanding of the characteristics of older adults in each community, their knowledge and perceptions about issues related to long-term care, and their use of long-term care services and support. Reviewed differences in responses between vulnerable adults—those at risk of needing long-term	Surveyed a random sample of 360 individuals in San Francisco (2,960 across all 8 communities).	Compared to 2002 responses, statistically significant changes included: (1) Use of media shifted slightly away from radio and toward internet and email; (2) Ratings of the community as a place to live improved; (3) Respondents were more likely to say that they did not think that certain support services were available. Specifically among vulnerable respondents, changes included: (1) Respondents were less likely to have attended a place of worship in the

### Summary of San Francisco Needs Assessment Activities, 2009

Planning Effort	Process	Methods	Major Findings
	care services in the next several years—and other older (non-vulnerable) adults. Also reviewed differences in responses between the 2002 and 2008 surveys.		prior week; (2) they more likely to say that their residence needs significant repairs, modifications, or changes to improve the ability to live in it over the next five years; and (3) they were more likely to have high blood pressure and diabetes but less likely to have heart disease.
Summary of Needs Assessment Findings 2009: Caregiver Support (November 2009)	Updated 2006 needs assessment information related to caregiver support services. Described San Francisco’s caregiver population, common challenges and needs for support, currently available services, and estimates of unmet needs.	<i>Quantitative:</i> Compiled updated American Community Survey statistics, and applied local, state, and national caregiver prevalence estimates to overall population statistics in order to estimate the size of the caregiver population. <i>Qualitative:</i> Compiled existing research regarding caregiver demographics and levels of burden. Referenced 2006 key informant interviews and focus groups related to unique San Francisco needs and common challenges.	If these state and national caregiving rates hold true in San Francisco, the number of caregivers to older adults in San Francisco would likely fall somewhere within a range of 110,000 to 116,000, and approximately 11,000 experience the highest level of burden of caregiving. The most common unmet needs among California caregivers are legal information, financial information, information about community services, and help accessing community services.
2020 Foresight: San Francisco’s Strategy for Excellence in Dementia Care (December 2009)	A research team and expert panel evaluated San Francisco’s current dementia care services, projected the need for additional services, and prepared a plan and recommendations to address the needed services during the next 10 years.	Convened an Expert Panel comprised of Alzheimer’s experts, aging experts, public agency administrators, and family caregivers. The Panel created four subcommittees for more substantive discussion of the following topics: Evidence Based Practice & Emerging Research; Services & Systems; Finance; and Education & Prevention. An additional research team facilitated the Panel meetings and subcommittee work, compiled a review of literature, conducted key informant interviews, and analyzed statistical models related to cost estimates.	(1) Improve capacity to meet the needs of the whole person by delivering integrated care; (2) Improve public and professional awareness and understanding of dementia; (3) Develop an informed and effective workforce for people with dementia; (4) Expand capacity to delivery high-quality early diagnosis and intervention for all; (5) Ensure availability of high-quality, culturally responsive information for those diagnosed with dementia and for their caregivers; (6) Create expanded and easy access to care, support and advice following diagnosis; (7) Implement a range of effective caregiver support strategies to better address the multiple needs of informal caregivers; (8) Improve the quality of hospital and nursing home care for people with dementia; (9) Expand and improve the quality of community-based care for people with dementia;

**Summary of San Francisco Needs Assessment Activities, 2009**

Planning Effort	Process	Methods	Major Findings
			<p>(10) Improve the quality of services in residential care homes and expand the range of models of residential care for people with dementia; (11) Improve access to end of life care for people with dementia; (12) Advocate for effective state and national support for the implementation of this Strategy; (13) Foster policies and practices that create a community sensitive to the needs of individuals with memory loss; and (14) Facilitate and support an Oversight Committee responsible for implementing this Strategy, and advocating for improvement of prevention, education and services related to dementia.</p>

## **Attachment A: Updates to Goals and Objectives**

Obj #	Objective Description	Projected Start and End Dates	FY 09/10 Status Update
<b>1.1</b>	<b>Optimize the physical and mental well-being of older adults and adults with disabilities by</b>		
	a. Expanding health promotion and risk prevention services that support wellness and reduce risks for chronic illness. OOA has implemented two Evidence-Based Health Promotion programs: “Always Active,” partnering with 30 <sup>th</sup> Street Senior Center, San Francisco Senior Center, and University of San Francisco; and “Healthier Living,” partnering with Self-Help for the Elderly, Curry Senior Center, St. Francis Memorial Hospital, Partners in Care Foundation, and other community partners. These programs will give older adults tools to better manage and take charge of their own health. In the next three years, it is estimated that Always Active will be able to serve 555 unduplicated seniors annually and train 25 Wellness Trainers annually who will be certified to conduct Health Promotion classes. Healthier Living will be able to serve 115 unduplicated participants annually, train 10 Lay Leaders annually who will be certified to facilitate the Healthier Living workshops annually, and train a total of 4 Master Trainers.	July 2009 to June 2012	For FY09/10, the providers are on track to meet targeted objectives.
	b. With Title IIID Disease Prevention Funding, OOA staff, working with the contractor, will provide a health screening program. A brief examination will be made to determine whether to refer the consumers for more in-depth medical evaluation and referral. The number of consumers to be served per year will be 600 and the number of hours of service will be 1,500 per year.	July 2009 to June 2012	For FY09/10, the providers are on track to meet targeted objectives.
	c. With the Title IIID funding, OOA staff, working with a contractor, will provide Medication Management services to seniors. This program will prevent incorrect medications and adverse drug reactions by providing a one-on-one consultation to individuals concerning the appropriate use of prescribed drugs, with follow-up as needed to each individual seeking advice and information. This program will serve a total of 80 consumers and provide 500 contacts each year.	July 2009 to June 2012	For FY09/10, the providers are on track to meet targeted objectives.

Obj #	Objective Description		Projected Start and End Dates	FY 09/10 Status Update
<b>2.1</b>	<b>Improve how case management programs work together to coordinate care and services by</b>			
	a.	Continuing the Case Management Connect Pilot Project. Fourteen case management programs (affiliated with DAAS and DPH) will continue to collaborate in order to improve coordination of services for clients. This pilot project is intended to reduce the duplication of case management services and improve the effective use of resources. All programs are part of the DPH safety net, and are using an electronic rolodex designed by DPH to learn about and coordinate with other case management programs serving their clients. This electronic rolodex is part of the DPH Coordinated Case Management System.	July 2009 to June 2012	Collaboration with DPH continues on this project.
<b>2.2</b>	<b>Expand efforts to collaborate with existing and new partners by</b>			
	a.	Initiating greater collaboration between programs that serve older adults and adults with disabilities, especially between the Department of Human Services (DHS), DAAS, community-based organizations, Planning Department and DPH. Greater coordination, collaboration, and cooperation between program managers and program line staff would improve services for consumers.	July 2009 to June 2012	Current DAAS collaborations include: (1) An application with DTIS for a BTOP grant to equip senior centers/activity centers with computers and high speed internet and provide consumer training; (2) An application with DPH for an additional ARRA grant in health promotion; (3) coordination of money management programs between OOA, DPH, and DHS's housing and homeless program; (4) close collaboration between OOA, DAAS Integrated Intake, and Independent Living Resource Center San Francisco and other community partners to accomplish all the goals and objectives of the Aging and Disability Resource Connection project. (5) Collaboration between DAAS and DPH and the HIV Coordinating Council, to improve service delivery to HIV positive people over 50 and provide outreach to seniors on HIV prevention.

Obj #	Objective Description		Projected Start and End Dates	FY 09/10 Status Update
<b>2.3</b>	<b>Improve and enhance the coordination of Elder Abuse and Elder Abuse Prevention Services for seniors and dependent adults in PSA 6 by</b>			
	a.	Conducting monthly Multi-Disciplinary team (MDT) meetings to coordinate services for elder abuse/dependent adult victims. These meetings bring together service providers, law enforcement, the Ombudsman and Adult Protective Services to problem solve complex elder abuse/dependent adult abuse cases and develop intervention strategies.	July 2009 to June 2012	This meeting occurs every other month and provides an opportunity for community members to bring cases with complex abuse or neglect issues to a group of experts for consultation and support.
	b.	Facilitating the collaborative efforts of DAAS-Adult Protective Services (APS), the Long Term Care Ombudsman, the District Attorney and San Francisco Police Department through the Forensic Center. Such collaboration is much needed to improve service delivery and reduce the repetition and delay that can impair prosecution and service quality. In addition to the formal case review meetings, the Forensic Center will facilitate informal consultations between partnering agencies as needed to ensure rapid response.	July 2009 to June 2012	The Forensic Center meets every other week. Forensic Center staff have conducted training on elder abuse and mandated reporting to more than 1000 individuals. In addition, the staff has conducted more than 40 gero-psych evaluations, which help APS, the Police, and the DA in investigations of elder abuse. The team has uncovered some large-scale elder abuse cases, such as one involving a "sweetheart scam." They have also achieved a small number of elder abuse prosecutions.
<b>3.1</b>	<b>Expand and improve information, referral and assistance services for people who are actively seeking services by</b>			
	a.	Providing individualized long term care planning support to help older adults, adults with disabilities, and their caregivers/families when they need guidance and assistance about how best to access services and support.	July 2009 to June 2012	DAAS Integrated Intake Unit is working very closely with OOA, the Aging and Disability Resource Connection, and ILRCSF in setting up protocols for long term care options counseling and short term service coordination.
	b.	Holding a cross-training forum for staff of all relevant information and referral sources, senior and disability service providers, and Community Alliance of Disability (CADA) members. The focus will be to explain I&R system changes, including points of entry, other key information access points, and the role of the DAAS Long Term Care Intake, Screening and Consultation Unit. This will increase knowledge about available community resources and the core strengths of each information and referral entity.	July 2009 to June 2012	In FY0910 DAAS Integrated Intake Unit initiated a quarterly I&R work group including the Aging and Disability Resource Center, 211, 311, CVSO, the Mayor's Office on Disability, and ILRCSF representatives.

Obj #	Objective Description	Projected Start and End Dates	FY 09/10 Status Update
c.	Promoting independent living in aging resource networks. Under the umbrella of the Aging and Disability Resource Connection, program partners will work together to reach diverse communities in San Francisco by: (a) continuing cross-training for the new Aging and Disability Resource Center (ADRC), DAAS Long Term Care Intake and Screening staff, Ombudsman and ILRCSF staff; and (b) conducting an annual meeting between the DAAS Executive Director and the disability organizations. The ADRC partners will continue to explore other means of improving the quality of services of information and referral services of DAAS and ADRC and ILRCSF.	July 2009 to June 2012	OOA has been working very closely with ILRCSF, DAAS Integrated Intake and the community partners in implementing the work plan of the Aging and Disability Resource Connection Enhancement Grant funded by the state. Both OOA Director and ILRCSF Executive Director are on the state ADRC Coalition, attending all the CAL Choices required meetings.
d.	Depending on federal dollars that will be granted in July, 2009, DAAS, ILRCSF, ADRC, and HICAP provider will work together to increase collaborative efforts implementing the new program: Medicare Improvement and Providers Act for Beneficiary Outreach and Assistance (MIPPA). The collaborative will plan to increase by 10% over two years the number of consumers enrolled and assistance given in Medicare Part D, Low Income Subsidy Assistance, and Low Income Subsidy Application; and Medicare Savings Plan.	July 2009 to June 2011	The MIPPA contract with the state is in place. A SF MIPPA Workgroup has been formed and meeting every month to discuss and coordinate outreach strategies and activities. The Workgroup includes staff members of OOA, HICAP, the Aging and Disability Resource Center, ILRCSF, and DAAS Integrated Intake unit. From August 2009 to February, 2010, a total of 107 Low Income Subsidy (LIS) applications and 64 Medicare Savings Plan (MSP) applications had been submitted by SF AAA, HICAP and ADRC.
e.	Developing a Long Term Care Consumer Rights Initiative (Advocacy Program), to enable an independent, consumer-focused organization to provide education, training, outreach, options counseling, advocacy and support for seniors, adults with disabilities, and caregivers when accessing long term care services. The initiative would help individuals navigate complex home and community-based long term care services, including offering hands-on support in the areas of dispute resolution, hearings and other grievances.	July 2009 to June 2012	The Consumer Rights for Community Living Center (CRCL) has been in full operation since July, 2009. The CRCL has established a multi-lingual consumer helpline (English, Spanish and Chinese) in collaboration with ILRCSF, trained staff on TTY, trained 10 peer advocates, conducted trainings to participants in response to threatened cuts to IHSS services, and conducted a lot of media and community outreach regarding consumers' rights to appeal to cut of services. In FY 2010 to 2011, CRCL will continue to provide community outreach and assistance to individuals to assure that they understand their rights and access appropriate support in dispute resolution, hearings and other grievances. New activities include working with



Obj #	Objective Description	Projected Start and End Dates	FY 09/10 Status Update
			staff of Housing Authority re: the development of self-advocacy training for residents, and producing a poster for CRCL.
<b>3.2</b>	<b>Maintain community partnerships for vulnerable older adults and adults with disabilities in underserved communities by</b>		
	a. Strengthening collaborations in historically underserved communities, and assessing service delivery from a racial, ethnic and cultural perspective. Four community partnerships (African American, Asian/Pacific Islander, Latino, and LGBT) are continuing to strengthen existing collaborations and build new collaborations to increase access to services.	July 2009 to June 2012	All four partnerships continued in FY0910 and are planned to continue in FY1011.
	b. Continuing to connect seniors and adults with disabilities living in public housing to services provided in the community. These public housing buildings are operated by the San Francisco Housing Authority (SFHA).	July 2009 to June 2012	The Services Connection Program administered by Northern California Presbyterian Homes and Services (NCPHS) continues, and the partnership between DAAS, SFHA, and NCPHS remains strong and collaborative. Service Coordinators work in five SFHA buildings, bringing services and programs to residents. NCPHS has applied for additional funding through the US Department of Housing and Urban Development to target additional SFHA communities.

Obj #	Objective Description	Projected Start and End Dates	FY 09/10 Status Update
<b>3.3</b>	<b>Create and implement improved public information, outreach, and community education mechanisms that inform all San Franciscans about community-based issues and services by</b>		
	a.  Using public information, outreach, and community education mechanisms to reach older adults, adults with disabilities, and their caregivers.	July 2009 to June 2012	DAAS is currently conducting a bus ad campaign to inform the public about how to access services for adults with disabilities and seniors. The ads give the phone number for DAAS Intake. The campaign runs from February 2, 2010 through April 30, 2010.
	b.  Exploring new ways of getting information and services to homebound people. Establish a research group to identify strategies based on: (a) existing best practices from other localities, (b) new ideas unique to San Francisco's diverse community, and c) lessons learned from collaboration with senior centers to outreach to different neighborhoods, d) lessons learned from senior center's outreach to the LGBT seniors and adults with disabilities. Include in this effort support of citywide efforts to help older adults and adults with disabilities with emergency preparedness.	July 2011 to June 2012	(Does not start until July 2011.)
<b>3.4</b>	<b>Improve the linkages between home and community-based long term care and supportive services, and behavioral health services by</b>		
	a.  Working with the Mental Health Association of San Francisco, to provide Social Support Services for Hoarders and Clutterers.	July 2009 to June 2012	The MHA of SF has trained over 50 professionals, conducted 300 hours of community education and holds ongoing support groups for the target population.

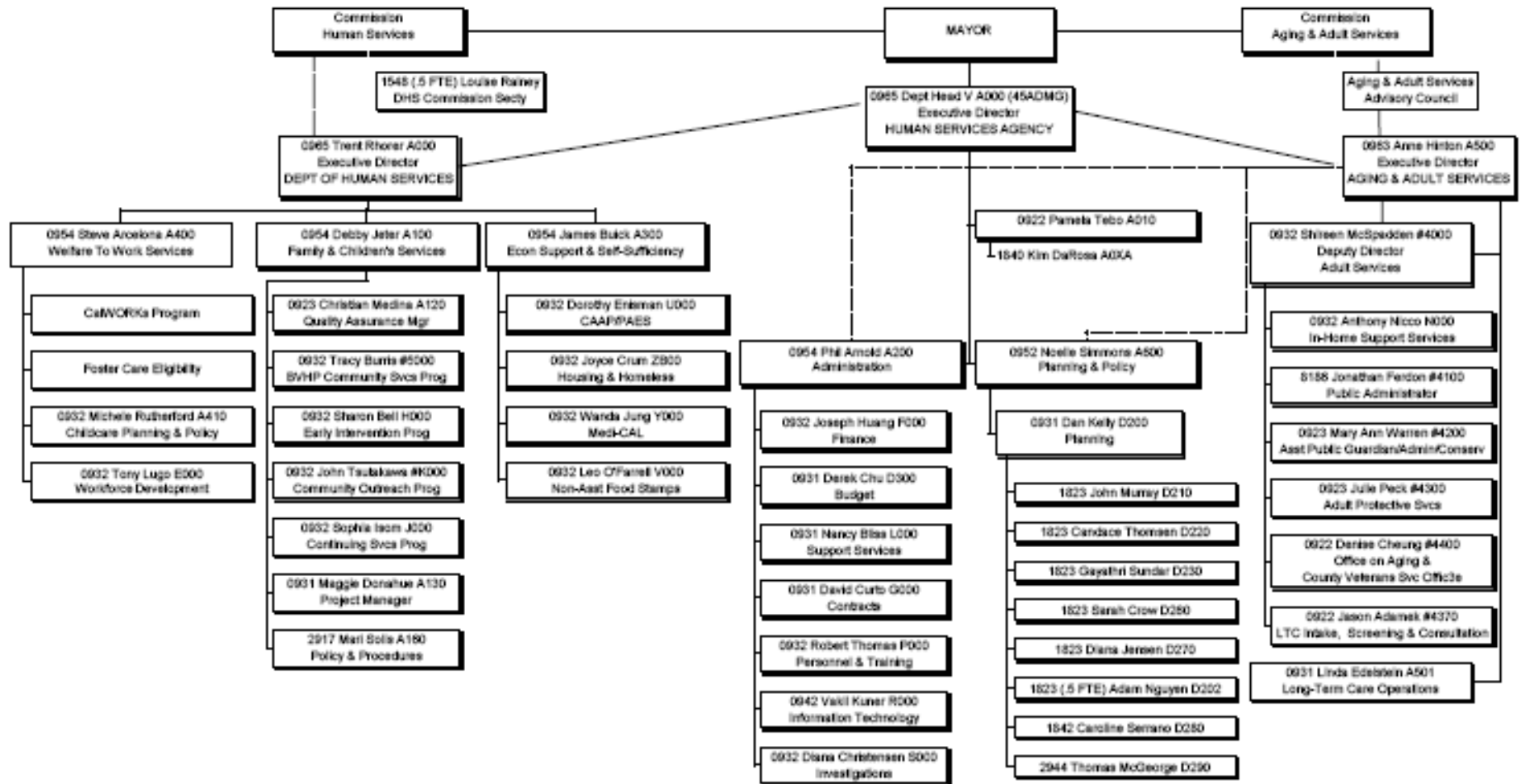
Obj #	Objective Description	Projected Start and End Dates	FY 09/10 Status Update
b.	Responding to the growing crisis in dementia care. Undertake: (1) an evaluation of current dementia care services; (2) a projection of the types of additional services needed over the next 12 years; (3) an economic analysis of projected costs (inflation adjusted) and funding sources; and (4) development of a report and recommendations for how to address the need for additional services.	July 2009 to June 2012	The objective was <b>completed</b> in December 2009 with the release of a report entitled "20/20 Foresight: A Strategy for Excellence in Dementia Care." DAAS received the 2009 Rosalinde Gilbert Alzheimer's Caregiving Legacy Award for the strategy. DAAS has contracted with the Alzheimer's Association of Northern California and Northern Nevada for education, training, and the dissemination of standards related to the strategy starting in April 2010.
<b>4.1 Assess the capacity and quality of community-based and institutional services on an ongoing basis by</b>			
a.	Developing quality standards for OOA-funded home and community-based services across settings for those receiving community-based services, to improve accountability and oversight. Standards would address issues such as: program accessibility, performance measures, and safety.	July 2009 to June 2012	OOA is providing technical assistance to providers in meeting all the program guidelines and requirements. In particular: (1) The OOA nutritionist has been meeting with nutrition providers quarterly; (2) Case Managers funded by OOA have been participating in a case management training put together by the DAAS QA Director and the Felton Institute; (3) In April, DAAS will send out a disability access self assessment survey to all OOA funded contractors and will subsequently provide training after the results of the surveys are collected and analyzed.
b.	Establishing strong mechanisms to ensure OOA contractors meet quality standards including: (a) making sure contractors are educated about existing and new standards; and (b) tracking and measuring performance, (c) develop protocols for responding to non-compliance.	July 2009 to June 2012	The OOA Director is working with the DAAS QA Director to make sure that all program standards are met, protocols for grievances are followed, and performance is measured.
c.	Assessing the ongoing capacity of the LTC Ombudsman program to provide oversight of institutional long term care services in light of budget shortfalls anticipated in the next three fiscal years. OOA staff will provide necessary technical assistance to the program staff of Ombudsman Program.	July 2009 to June 2012	Despite large state cuts to the program, in FY0910 the Ombudsman has logged 2570 compliant hours, opened 437 cases with 660 complaints. They also provided 40 hours of community education.

Obj #	Objective Description	Projected Start and End Dates	FY 09/10 Status Update
d.	Continuing to develop and implement training programs for the line-staff of City programs and community-based service providers. DAAS has been hosting regular trainings at the Bethany Center for community-based line staff, as well as trainings for HSA staff. These efforts could be continued and expanded.	July 2009 to June 2012	DAAS continues to host monthly trainings at Bethany Center for community-based line staff and has hosted monthly trainings for HSA staff. Topics have included, but are not limited to changes in IHSS, mandated reporter APS training, undue influence, palliative care, disability culture, etc.
<b>4.2 Ensure the overall quality of nutrition services by</b>			
a.	Offering service providers assistance to meet stringent nutrition standards. The OOA Nutritionist will conduct quarterly nutrition providers' meetings to provide technical assistance, share resources and update new or changes in nutrition program standards.	July 2009 to June 2012	The OOA Nutritionist meets with nutrition providers quarterly.
<b>5.1 Support efforts to improve access to safe, affordable, and accessible transportation services by</b>			
a.	Increasing community knowledge of the Paratransit program and its application process. Specifically: (1) conduct outreach at health clinics, senior buildings, and senior centers; (2) provide training to social workers working with the target population on how to assist consumers to fill out the application.	Jan 2010 to June 2012	The OOA is conducting outreach through the ADRC programs. ADRC staff received training directly from the paratransit program and are encouraging clients to apply for service and helping clients with the applications.
<b>5.2 Continue to plan and develop innovative programs to address the needs of the seniors and adults with disabilities</b>			
a.	Despite budgetary constraints, DAAS will continue to look for funding opportunities or collaboration with community partners in planning and developing innovative programs to meet the needs of seniors and adults with disabilities	July 2009 to June 2012	Examples of recent applications for funding include: (1) the AOA Chronic Disease Self-management Program, (2) the "Putting Prevention to work" ARRA project with DPH, and (3) the BTOP grant with DTIS. The MIPPA grant and the ADRC Enhancement Grant are examples of two successful grants received in FY 2009-2010.

## **Attachment B: Updated Organizational Charts**

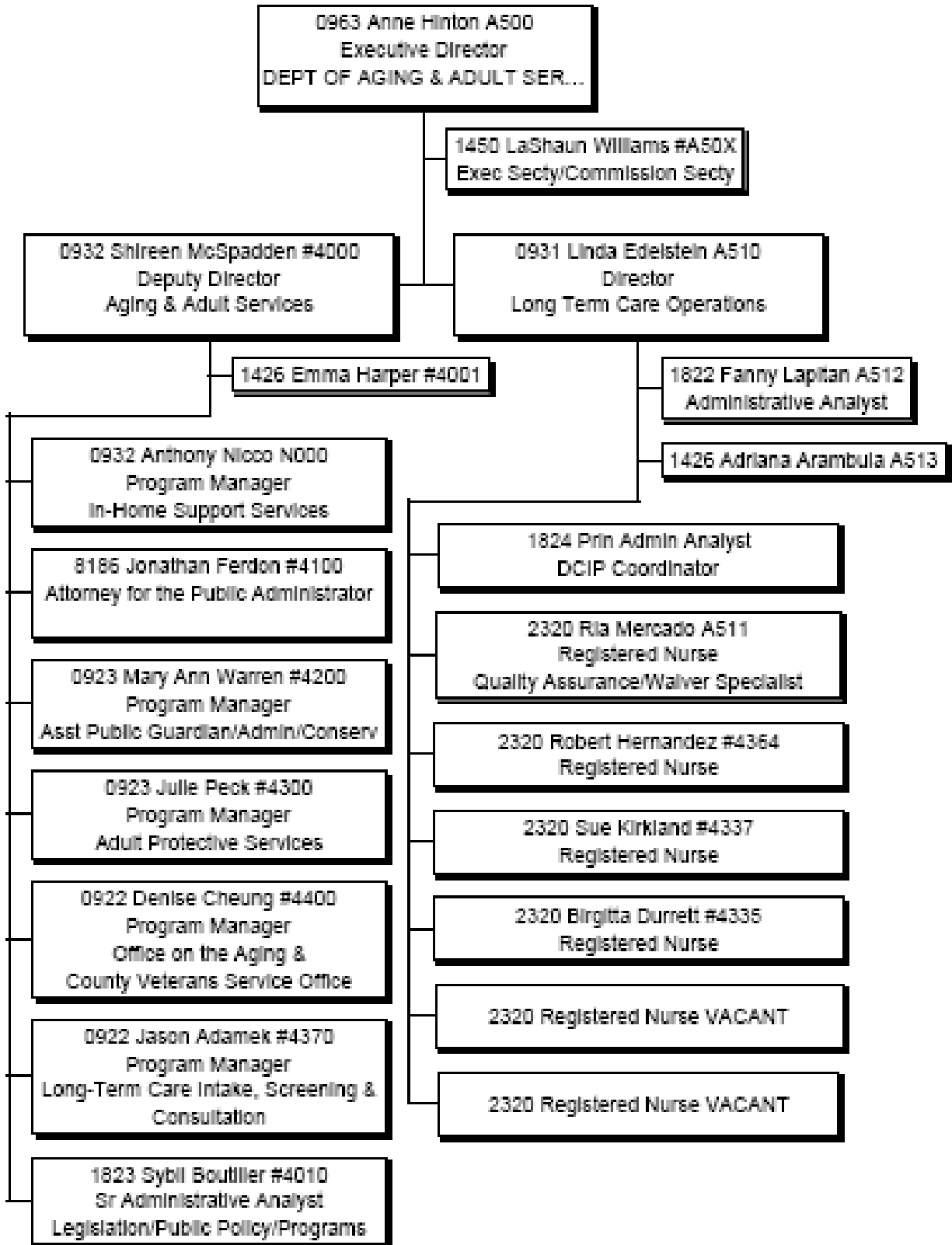
(See pages 40 through 45 of the Original 2009-2012 Area Plan for FY 2009/2010 versions)

**CITY & COUNTY OF SAN FRANCISCO  
HUMAN SERVICES AGENCY  
FY 2010/2011**

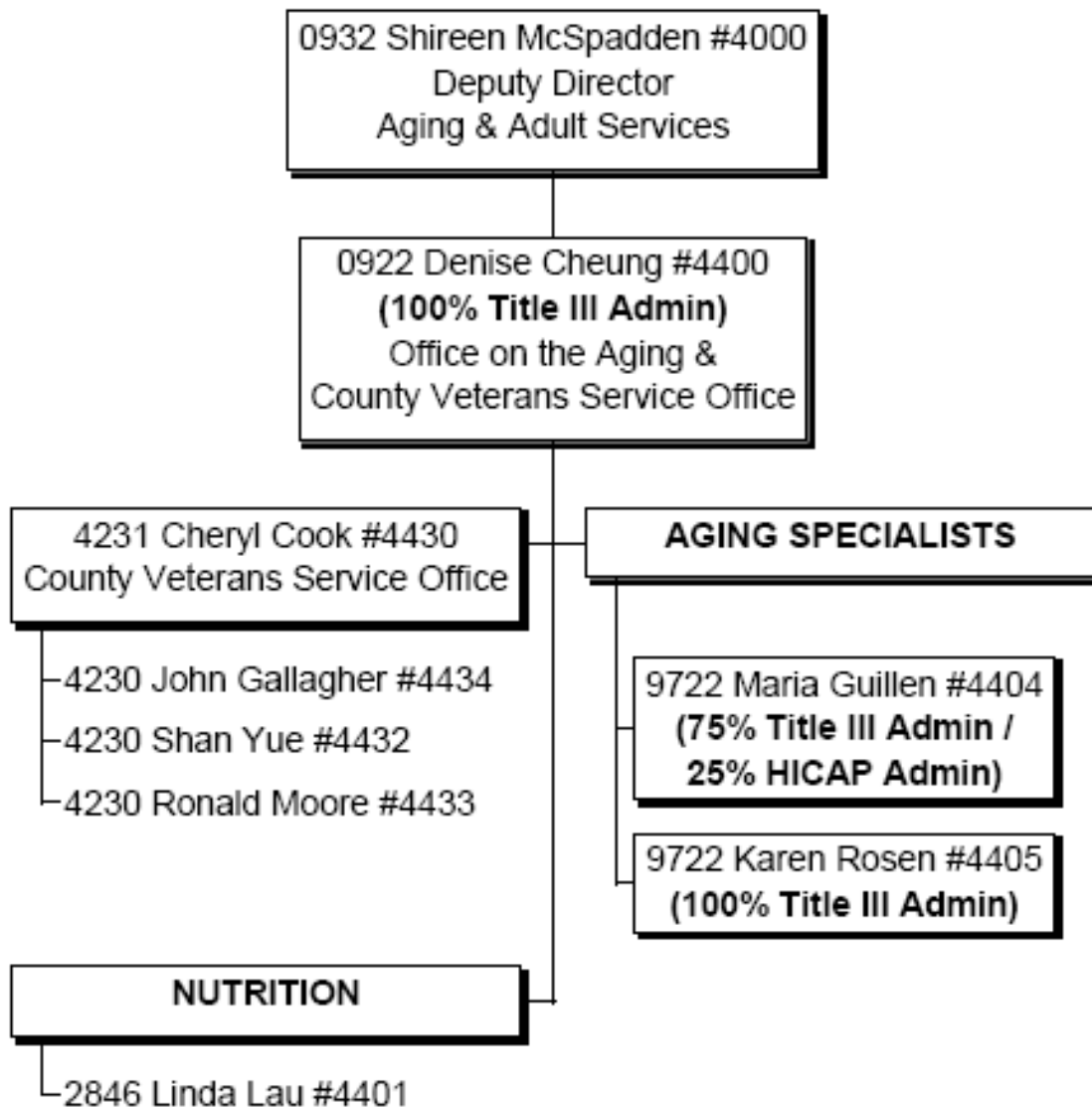


**DEPT. OF AGING & ADULT SERVICES  
FY 2010/2011**

2)



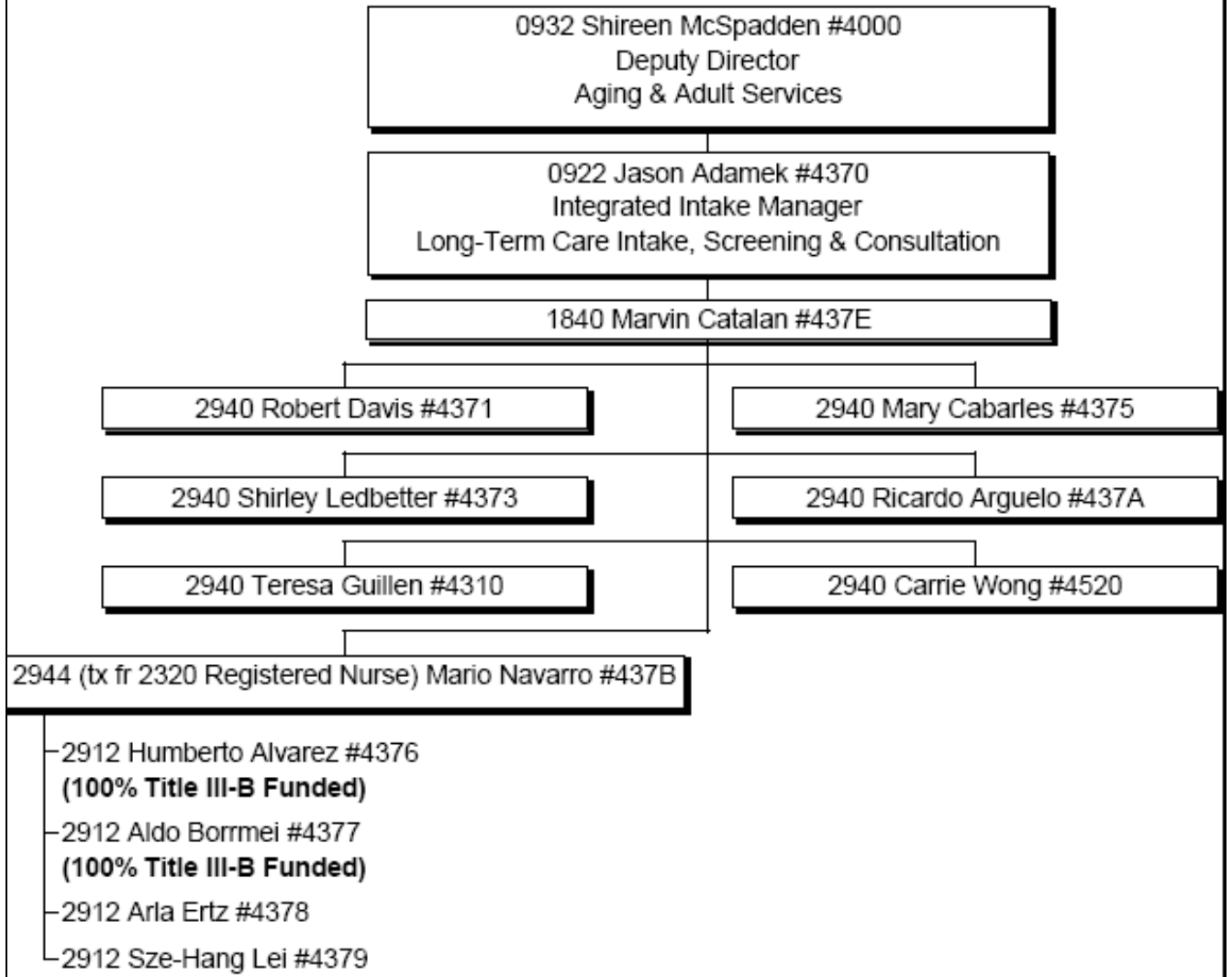
**Dept. of Aging & Adults Services**  
**OFFICE ON THE AGING & COUNTY VETERANS SERVICES**  
**FY 2010/2011**



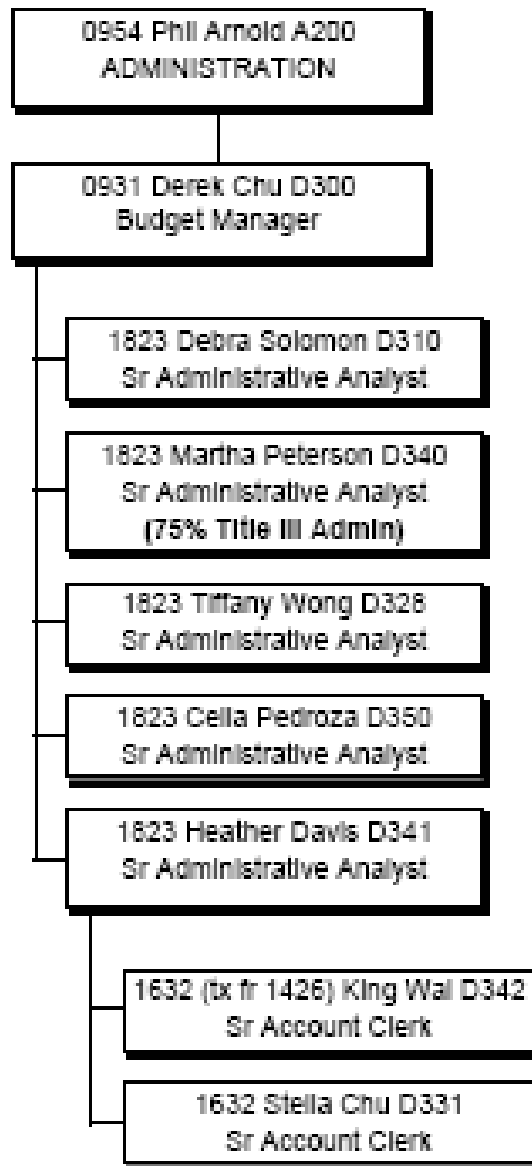


Dept. of Aging & Adults Services  
Long-Term Care Intake, Screening & Consultation  
FY 2010/2011

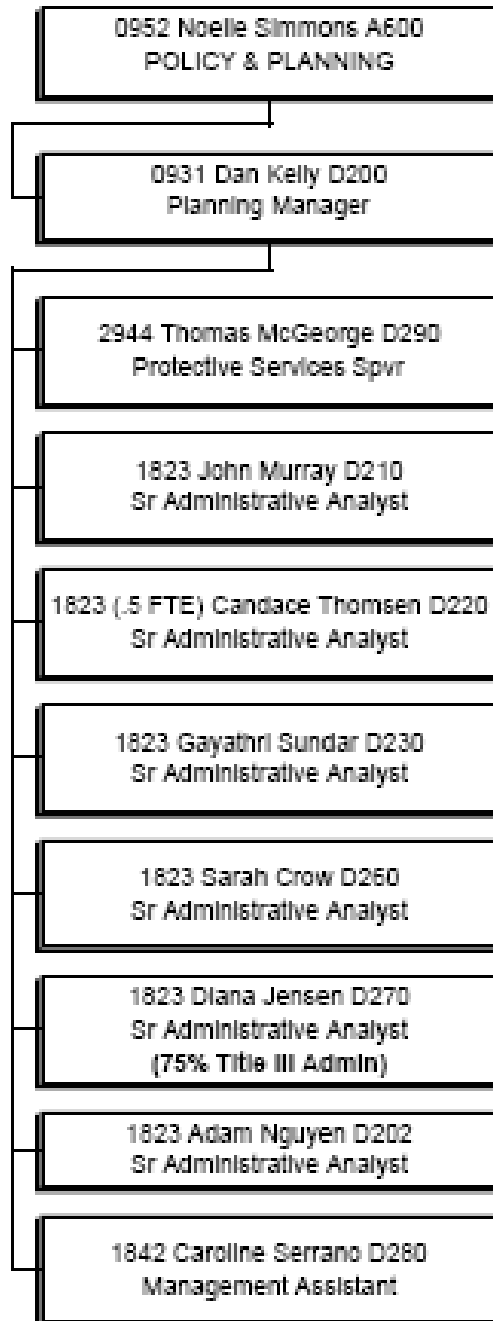
32



**Human Services Agency  
BUDGET UNIT  
FY 2010/2011**



**Human Services Agency  
POLICY & PLANNING  
FY 2010/2011**



**Attachment C: Updates to Service Unit Plan**  
(See pages 69 through 94 of the Original 2009-2012 Area Plan)

Note: Improved formatting results in a shortening of this section.

**SECTION 12. SERVICE UNIT PLAN (SUP) OBJECTIVES GUIDELINES**

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

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

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

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

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

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

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

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

**Title III-B and VII-A Long Term Care (LTC) Ombudsman Program Service Unit Plan**

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

Measures	Measure Details	SF Baseline FY 08/09	Proposed Targets (% change)			Goal #s	Obj #s	Notes
			FY 09/10	FY 10/11	FY 11/12			
<b>A. Complaint Resolution Rate</b>	Rate = (# of complaints resolved + # of partially resolved complaints) / (Total Complaints Received)	(302+245)/929 =78%	75%	75%	75%	2, 4	2.3, 4.1	AoA Report, Part I-E, Actions on Complaints. Avg CA Rate = 73%.
<b>B. Work With Resident Councils</b>	# of Meetings Attended	8	12 (↑25%)	16 (↑25%)	16 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #8
<b>C. Work With Family Councils</b>	# of Meetings Attended	3	3 (0%)	3 (0%)	3 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #9
<b>D. Consultation to Facilities</b>	# of Consultations	62	124 (↑100%)	124 (0%)	124 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #4
<b>E. Information and Consultations to Individuals</b>	# of Consultations	244	295 (↑20%)	295 (0%)	295 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #5
<b>F. Community Education</b>	# of Sessions	112 sessions (100 hours)	110 (0%)	110 (0%)	110 (0%)	2, 4	2.3, 4.1	AoA Report, Part III-D, #10

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



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

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

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

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

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

**PSA #6**

**2009–2012 Three-Year Planning Period**

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

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

**TITLE III E SERVICE UNIT PLAN OBJECTIVES**

**PSA #6**

**2009–2012 Three-Year Planning Period**

**CCR Article 3, Section 7300(d)**

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

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

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

**PSA #6 – Not Providing<sup>2</sup>**

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

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

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

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

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<sup>2</sup> If not providing Title V, enter PSA number followed by "Not providing".

**COMMUNITY BASED SERVICES PROGRAMS  
SERVICE UNIT PLAN (CBSP) OBJECTIVES**

**PSA #6**

**2009-2012 Three-Year Planning Period**

**CCR Article 3, Section 7300(d)**

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

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

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

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

**CBSP Service Unit Plan (Continued)**

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

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)  
SERVICE UNIT PLAN  
PSA # 6  
2009-2012 Three-Year Planning Period  
CCR Article 3, Section 7300(d)**

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

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

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

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

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



HICAP Service Unit Plan					
Measure Section	Unit of Service/Measures	Proposed Service Units			Goal Numbers
		FY 09/10	FY 10/11	FY 11/12	
Primary HICAP Units of Service	Total Estimated Persons Counseled per SFY	1,238	1,300	1,365	1, 2, 3, 4
	Total Estimated Number of Community Education Events Planned per SFY	68	71	74	1, 2, 3, 4
	Total Estimated Number of Attendees Reached in Community per SFY	3839	4031	4232	1, 2, 3, 4
HICAP Legal Services UOS – Not Applicable for PSA 6.					
HICAP Counselor Measures	Planned Average Number of Registered Counselors for the SFY <sup>3</sup>	15	20	23	
	Planned Average Number of Active Counselors for the SFY <sup>4</sup>	98%	103%	108%	
Federal Benchmark Measures <i>(Original Area Plan)</i>	<b>Measure</b>	<b>Measure Notes</b>	<b>FY 09/10</b>	<b>FY 10/11</b>	<b>FY 11/12</b>
	4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA	This includes counseling contacts and community education contacts.	1,833.66	1,925.34	2,021.60
	4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA		437.66	459.51	482.48
	4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA	These are Medicare beneficiaries due to disability and not yet age 65.	162.19	170.30	178.82

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

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

**HICAP Service Unit Plan (Continued)**

	<b>Measure</b>	<b>Measure Notes</b>	<b>FY 09/10</b>	<b>FY 10/11</b>	<b>FY 11/12</b>	<b>Goal Numbers</b>
Federal Benchmark Measures Continued  <i>(Original Area Plan)</i>	4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA	Use 150% Federal Poverty Line (FPL) as Low Income.	202.82	212.91	223.55	
	4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA	This includes <u>all</u> enrollment assistance, not just Part D.	179.28	188.24	197.65	
	4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA	This is a subset of all enrollment assistance in 4.5.	57.26	60.12	63.12	
	4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA	Includes <u>all</u> enrollment assistance, not just Part D.	179.28	188.24	197.65	
	4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries	This is a subset of all enrollment assistance in 4.5.	57.26	60.12	63.12	
	4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA		8.25	8.66	9.09	
	4.8 - Percent of Active Counselors That Participate in Annual Update Trainings		98%	103%	108%	

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

HICAP Service Unit Plan (Continued)						
	Measure	Measure Notes	FY 09/10	FY 10/11	FY 11/12	Goal #s
Federal Performance Benchmark Measures  <i>(Revised Guidance for FY 10/11 Area Plan Update)</i>	2.1 Estimated Number of Contacts for all Clients Counseled	This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.		4,031	4,232	1, 2, 3, 4
	2.2 Estimated Number of Persons Reached at Public and Media Events	This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.		10,774	11,312	1, 2, 3, 4
	2.3 Estimated Number of Beneficiaries with Medicare Status Due to a Disability Contacts	Includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.		260	270	1, 2, 3, 4

HICAP Service Unit Plan (Continued)						
	Measure	Measure Notes	FY 09/10	FY 10/11	FY 11/12	Goal #s
Federal Performance Benchmark Measures Continued  <i>(Revised Guidance for FY 10/11 Area Plan Update)</i>	2.4 Estimated Number of Low Income Beneficiaries Unduplicated	This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).		500	510	1, 2, 3, 4
	2.5 Estimated Number of Enrollment and Enrollment Assistance Contacts	This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes <u>all</u> enrollment assistance, not just Part D.		188	60	1, 2, 3, 4
	2.6 Estimated Part D Enrollment and Enrollment Assistance Contacts	This is a subset of all enrollment assistance in 2.5. It includes the number of unduplicated Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.		60	63	1, 2, 3, 4
	2.7 Estimated Number of Counselor FTEs in PSA	This is the total number of counselor FTEs (i.e. the total number of active counselors; paid, in-kind paid and volunteer working 2000 hours per year).		18	21	1, 2, 3, 4

## **Attachment D: Additional Area Plan Replacement Pages**

- Page 31: Correction to the List of Services
- Page 59-60: Public Hearings
- Page 95: Focal Points Update
- Page 105: Advisory Council Update

- *Aging and Disability Resource Center (ADRC):* This is a new program to be implemented in FY 2009-2010. Apart from being centrally located in San Francisco, the new ADRC will out-station staff in key underserved neighborhoods and communities throughout the city to provide information and assistance service, and consumer rights information, and to help consumers to remain living independently in the community. The new ADRC will replace the current Resource Centers for Seniors and Adults with Disabilities.
- *Senior Companion:* supportive services for older adults to maintain independent living. Services involve retaining physical health and mental alertness, and enriching social contacts.
- *Senior Empowerment:* training programs for seniors and adults with disabilities in community organizing, leadership, conducting effecting meetings, accessing essential services, conflict resolution, promoting diversity and engaging in civic affairs and advocacy.
- *Social Support Services to Hoarders and Clutterers:* provides support groups and eviction assistance to individuals who compulsively acquire possessions and are unable to discard them. This program also provides education and training to professionals working with target population.
- *Taxi Scrip:* provides funding to Muni Accessible Services for taxi scrip for seniors and adults with disabilities that cannot take public transportation and meet eligibility requirements.
- *Taxi Vouchers:* provides taxi vouchers to seniors and adults with disabilities who cannot take public transportation to medical appointments and other community services. The service is provided by a non-profit.
- *Transportation:* Paratransit services through MUNI Accessible Services that provides wheelchair lift-van and group van transportation to seniors and adults with disabilities.
- ~~*Volunteer Caregiver Recruitment for the LGBT Community:* to recruit and train friendly visitors to visit homebound and or isolated LGBT consumers. The goal of the program is to break down social isolation and improve the physical and mental health of consumers.~~
- *Single Room Occupancy (SRO) Food Project:* provides culturally appropriate weekly supplement groceries and delivery services to homebound seniors and adults with disabilities who live in the targeted SRO hotels.

## **2. In-Home Supportive Services (IHSS)**

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

## **3. Public Administrator**

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

## SECTION 9: PUBLIC HEARINGS

PSA #6

### PUBLIC HEARINGS

Conducted for the 2009-2012 Planning Period

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

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

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

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

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

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

Yes                       Not Applicable if PD and C funds are not used

No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.

Not applicable

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

Yes

No, Explain:

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

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

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

**Original Area Plan development:**

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

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

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

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

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

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

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

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

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

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

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



## SECTION 13. FOCAL POINTS

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PSA #6

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### 2009-2012 Three-Year Planning Cycle

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#### COMMUNITY FOCAL POINTS LIST

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

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

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

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

San Francisco Department of Aging and Adult Services has recently developed a new Aging and Disability Resource Center (ADRC). The new ADRC will out-station staff in key underserved neighborhoods and communities throughout the city, to provide information and assistance service, and consumer rights information, to help consumers to remain living independently in the community. The new ADRC will be in operation effective July, 2009.

#### Community Focal Points Addresses

- **Long Term Care Intake, Screening and Consultation Unit:** 1650 Mission Street, 2nd Floor, San Francisco, CA 94103

#### Aging and Disability Resource Center Outstations:

- *Bayview Hunters Point Multi-Purpose Senior Citizens Center:* 1706 Yosemite Ave, San Francisco, CA 94124
- *International Hotel Manilatown Center:* 868 Kearny St., San Francisco CA 94108
- *Kimochi:* JCCCNC (Issei Memorial Hall) 1<sup>st</sup> Floor, 1840 Sutter St., San Francisco, CA 94115
- *L'Chaim Adult Day Health Center Jewish Family and Children's Services:* 2534 Judah St., SF, CA 94122
- *Visitacion Valley Senior Center:* 66 Raymond Avenue, San Francisco, CA 94134
- *Richmond Senior Center:* 6221 Geary Blvd. San Francisco, CA 94121
- *SF Senior Center-Downtown Branch:* 481 O'Farrell Street, San Francisco, CA 94102

- *Mission Neighborhood Centers:* 362 Capp St. SF, CA 94110
- *Stonestown YMCA:* 3150 20th Avenue, San Francisco, CA 94132
- *Sunset Senior Center:* 1290 5th Avenue and Irving, San Francisco, CA 94122
- *OMI–Catholic Charities:* 1948 Ocean Avenue, San Francisco, CA 94127
- *30th Street Senior Center:* 225-30th St. 3<sup>rd</sup> Fl., San Francisco, CA 94131

**Aging and Disability Resource Center Outstations in Housing Facilities:**

- *Clementina Towers:* 330 Clementina, San Francisco, CA 94103
- *Rosa Parks Apartments:* 1251 Turk, San Francisco, CA 94115
- *350 Ellis Street:* 350 Ellis St., San Francisco, CA 94109
- *666 Ellis Street:* 666 Ellis St., San Francisco, CA 94109

**SECTION 18. ADVISORY COUNCIL**

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PSA #6

**ADVISORY COUNCIL MEMBERSHIP**

**2009-2012 Three-Year Planning Cycle**

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

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<b>Total Council Membership (include vacancies)</b>	<b>22</b>		
Number of Council Members over age 60	<u>11</u>		
		% of PSA's <u>60+Population</u>	% on <u>Advisory Council</u>
<b>Race/Ethnic Composition</b>			
White	<u>43</u>		<u>50.0</u>
Hispanic	<u>2</u>		<u>6.3</u>
Black	<u>8</u>		<u>31.3</u>
Asian/Pacific Islander	<u>37</u>		<u>18.8</u>
Native American/Alaskan Native	<u>0</u>		<u>0</u>
Other	<u>2</u>		<u>0</u>

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

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

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

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

**Explain any "No" answer:** The Elected Official seat has become vacant as the former member resigned. We are actively recruiting a new member for this seat.

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

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

**CITY AND COUNTY OF SAN FRANCISCO**  
**ADVISORY COUNCIL TO AGING AND ADULT SERVICES COMMISSION**  
*Membership as of April 2010*

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