

SAN FRANCISCO DEPARTMENT OF AGING AND ADULT SERVICES

2013-2014 AREA PLAN UPDATE

**For Submission to the California Department of Aging
5/1/2013**

2013-2014 AREA PLAN UPDATE (APU) CHECKLIST
(Revised December 2012)

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	Page
	Update ALL of the following ANNUALLY:		
n/a	APU-(<i>submit electronically only</i>)	<input checked="" type="checkbox"/>	All
n/a	Transmittal Letter–(<i>must have original signatures or official signature stamp</i>)	<input checked="" type="checkbox"/>	2
2, 3, or 4	Estimate of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	3
7	Public Hearings that will be conducted	<input checked="" type="checkbox"/>	7
n/a	Annual Budget – not available from CDA at time of submittal	No	
10	Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>	10
	If there has been a CHANGE from the 2012/16 Area Plan, or if the section was not included in the 2012/16 Area Plan, update the following:	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 ¹	<input checked="" type="checkbox"/> <input type="checkbox"/>	38
9	AP Narrative Objectives:		39
9	• System-Building and Administration	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title III B-Funded Programs	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title III B-Transportation	<input checked="" type="checkbox"/> <input type="checkbox"/>	41
9	• Title III B-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title III B/VIIA- Long-Term Care Ombudsman/Elder Abuse Prevention Program	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title III C-1	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title III C-2	<input type="checkbox"/> <input checked="" type="checkbox"/>	
9	• Title III D	<input type="checkbox"/> <input checked="" type="checkbox"/>	
20	• Title III E-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
18	Legal Assistance	<input type="checkbox"/> <input checked="" type="checkbox"/>	

¹ Prior to the development of the 2016/2020 Area Plan at least one Needs Assessment must be conducted.

TRANSMITTAL LETTER
Area Plan Update
2013-2014

AAA Name: San Francisco Department of Aging and 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. (Type Name) Edna James

Signature: Governing Board Chair¹

Date

2. (Type Name) Anna Maria Pierini

Signature: Advisory Council Chair

Date

3. (Type Name) E. Anne Hinton

Signature: Area Agency Director

Date

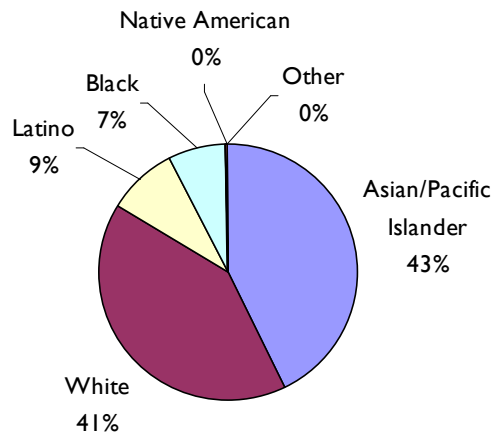
¹ Original signatures or official signature stamps are required.

Estimate of the number of lower income minority older individuals in the PSA for the coming year

The following charts 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 level (FPL). Note that recent estimates from the California Department of Finance suggest that San Francisco’s senior population (age 65+) will grow at an average of approximately 3,000 individuals annually in the next ten years.²

According to the American Community Survey 2011 3-year estimates, there were 158,279 seniors age 60 or older in San Francisco, of whom 22,970 had incomes at or below the FPL.

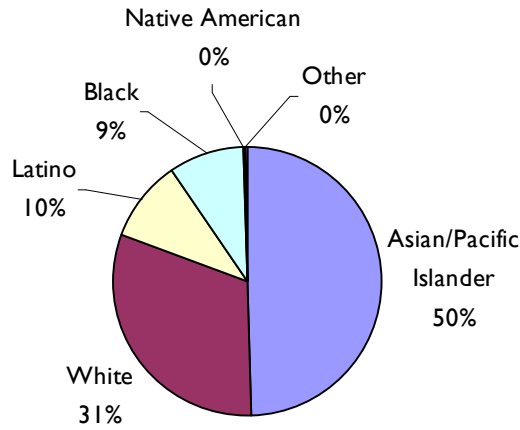
San Francisco Seniors (60+)
Total = 158,279
American Community Survey 2011 3-year Estimates



Analysis of IPUMS files from: Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.

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/>

San Francisco Seniors (60+) with Incomes <= 100% FPL
Total = 22,970
American Community Survey 2011 3-year Estimates



Analysis of IPUMS files from: Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.

In FY 2011-2012, DAAS estimated that over 21,000 seniors received CDA-funded services. Of those, over 15,000 were in “registered” CDA-funded programs, including nearly 11,000 seniors reporting incomes below the federal poverty level. DAAS provides many services beyond those that are funded by CDA, which makes these figures an underestimate of the Department’s impact in the low-income senior community.

The Insight Center for Community Economic Development recently released an updated Elder Economic Security Standard Index (EESI) for San Francisco, as shown on the next page. The EESI varies depending on whether an older adult is (a) single or in a couple, (b) a renter or owner, and (c) paying a mortgage or not. The EESI therefore ranges from 163% to 377% of the FPL, demonstrating the fact that the FPL dramatically under-estimates the size of the senior population that struggles to make ends meet in San Francisco. Estimates of the number of seniors with these income levels is unavailable at this time.

San Francisco County, CA 2011 Elder Economic Security Standard™ Index

Elder Index Per Year, Annual Comparisons, and Basic Monthly Expenses for Selected Household Types

Elder Index Per Year

	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Income Needed to Meet Basic Needs (based on monthly expenses shown below*)	\$17,711	\$41,067	\$29,148	\$26,880	\$50,236	\$38,317
Annual Comparison Amounts						
Federal Poverty Guideline (2011 DHHS)	\$10,890	\$10,890	\$10,890	\$14,710	\$14,710	\$14,710
% of Federal Poverty [Elder Index divided by (/) Federal Poverty Guideline]	163%	377%	268%	183%	342%	260%
SSI Payment Maximum, California 2011	\$9,965	\$9,965	\$9,965	\$16,886	\$16,886	\$16,886
SSI Income Gap [SSI Payment Maximum minus (-) Elder Index]	-\$7,746	-\$31,102	-\$19,183	-\$9,994	-\$33,349	-\$21,431
Median Social Security Payment 2011	Pending	Pending	Pending	Pending	Pending	Pending
Soc Sec Income Gap [Average Social Security Payment minus (-) Elder Index]	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

*Basic Monthly Expenses Used to Calculate Elder Index

	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Monthly Expenses						
Housing	\$450	\$2,396	\$1,403	\$450	\$2,396	\$1,403
Food	278	278	278	555	555	555
Transportation	239	239	239	335	335	335
Health Care (Good Health)	263	263	263	527	527	527
Miscellaneous @ 20%	246	246	246	373	373	373
Elder Index Per Month	\$1,476	\$3,422	\$2,429	\$2,240	\$4,186	\$3,193

For the complete report, methodology or other counties visit:

<http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/Elder-Index2011.aspx>

For more information about the California Elder Economic Security Initiative™ program visit:

<http://www.insightcoed.org/communities/cfess/cal-eesi.html>



The lesbian, gay, bisexual, and transgender older adult population is also an important target population in San Francisco. The following is an excerpt from a November 2012 report estimating the size and demographics of that population:

- ❖ **As much as 12.4% of San Francisco’s seniors age 60 and older identify as LGBT in state and local surveys. This equates to approximately 19,200 LGBT seniors**, though there are likely more who are closeted and do not disclose their true sexual orientation or gender identity in surveys. These rates are more than double the highest national LGBT prevalence rates for all adults (Gates, 2011).
- ❖ San Francisco’s LGBT senior population in available datasets are:
 - **Mostly men:** Men make up anywhere from two-thirds to three-quarters of all LGBT seniors.
 - **Fairly young:** The majority of LGBT seniors in each dataset were under 70 years old; in some cases an overwhelming majority fell into this age group. This may suggest increased closeting among older adults and/or a migration of this younger generation of LGBT seniors to the city.
 - **Mostly English-speaking:** The level of English fluency among LGBT seniors enrolled in city-funded services is dramatically higher than would be expected based on the demographics of the city’s entire senior population.
 - **More White and less Asian/Pacific Islander than the citywide senior population:** It is difficult to tell the degree to which this trend is due to uneven rates of closeting within different populations versus true differences of LGBT prevalence.
 - **Living throughout the city, but concentrated in the North of Market, South of Market, Castro, and Mission districts.**
 - **Often living alone:** The LGBT seniors City Survey respondents and LGBT seniors enrolled in Office on the Aging (OOA) senior services were much more likely to be living alone than their non-LGBT counterparts.
 - **Likely to have incomes at the extremes:** LGBT seniors have slightly higher rates of low-end and high-end incomes compared to heterosexual seniors.
 - **Mostly renters:** The City Survey estimates that 59% of LGBT seniors rent their homes, compared to 36% of heterosexual seniors.
 - **Much more likely than heterosexual seniors to be HIV+:** 72% of seniors receiving HIV Health Services were LGBT. However, this population makes up only 3% of the total projected LGBT senior population. Among HIV+ seniors, the year of infection was most commonly the mid-1980s to early 1990s, though new infections continue.
 - **Often veterans:** Limited local data showed that 20% of LGBT seniors enrolled in OOA senior services self-identified as veterans.

The complete report is available online:

<http://sfhsa.org/asset/ReportsDataResources/LGBTSeniorsReport.pdf>. Another recent report,

LGBT Older Adults in San Francisco: Health, Risks, and Resilience, is also available online:

http://depts.washington.edu/agepride/wordpress/wp-content/uploads/2013/01/final_report_tables1-25-13.pdf.

PUBLIC HEARINGS

PSA 6

The following is a summary of public hearings conducted for each year of the 2012-2016 Planning Cycle.

PUBLIC HEARINGS
Conducted for the 2012-2016 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?³ Yes or No	Was hearing held at a Long-Term Care Facility?⁴ Yes or No
2012-13	April 18, 2012	1650 Mission St, 5 th floor	24	No	No
	May 2, 2012	San Francisco City Hall	33	No	No
2013-14	April 17, 2013	1650 Mission St, 5 th floor	17	No	No
	May 1, 2013	San Francisco City Hall	36	No	No
2014-15					
2015-16					

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. Members of the Advisory Council DAAS Commission, and the public were asked to provide feedback.

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:

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

² A translator is not required unless the AAA determines a significant number of attendees require translation services.
³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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:

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

None

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

Comments on the Original Four-Year Area Plan:

At the public hearing on April 17, Advisory Council member Vera Haile asked why the Providers list was not included, and pointed out an error on the Advisory Council list. Denise Cheung responded that corrections would be made in the final draft submitted to the Commission in May. Ms Haile also asked why no town hall meetings were conducted for the Needs Assessment. Dan Kelly explained that in the past, it appeared that service providers organized their own consumers to attend and advocate for their specific program services, limiting the scope of the discussions. To reach a range of seniors and adults with disabilities, especially those who were not receiving services, the needs assessment relied on a series of focus groups targeting key populations.

At the public hearing on May 2nd, Commission President James lauded the work being done with hoarders and clutterers, but also inquired about services for seniors suffering from depression, suggesting it as a future priority. The Deputy Director of DAAS, Shireen McSpadden, described current efforts by DAAS and CBO staff to coordinate with the San Francisco Department of Public Health to screen and refer seniors with mental health needs. Denise Cheung, director of the Office on Aging, referenced an evidence based community treatment program for depression called the Program to Encourage Active Rewarding Lives for Seniors that would be worth further investigation. A representative from a community based organization commented on the need for more community outreach related to senior centers, and Ms. Cheung reported that the Office on the Aging was working closely with the DAAS Integrated Intake program and the Aging and Disability Resource Connection to develop a marketing plan for senior/disability services. Finally, Commissioner Crites pointed out that page 73 of the report contained directions from the California Department of Aging, and it seemed to be out of place. Before formally approving it, the Commissioners lauded the 2012-16 Area Plan.

Comments on the Area Plan Update 2013-2014:

At the Advisory Council meeting, Advisory Council member Vera Haile expressed a desire for the Area Plan Update to include more information about the consumer population that receives services, not just estimates of the target population. Diana Jensen explained that CDA has specific requirements about information to be included in the Area Plan Update, and that they have requested AAAs not to provide significant additional materials beyond state requirements. She offered to return to the Advisory Council on a future date to present this type of material.

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

Changes to the Original Four-Year Area Plan:

The Advisory Council list has been corrected. The list of Agencies and Services (FY 2011-2012) has been inserted as Appendix A in the final draft of the Area Plan. Per Commissioner Crites' comment, page 73 of the Plan has been deleted.

Changes to the Area Plan Update 2013-2014:

One paragraph has been added to include a high-level summary of the numbers of consumers who receive CDA-funded services.

Service Unit Plan (SUP) Objectives

The majority of service units remain unchanged from FY 2012-2013. Exceptions include:

- Nutrition-related services: Final service units from congregate and home-delivered meals, as well as nutrition counseling and education are pending final contract negotiations from the current RFP.
- Medication management: Service units were removed to reflect the fact that the services is not provided using Title III D funds.
- HICAP: service units are lower for unduplicated clients counseled and for estimated number of enrollment assistance contacts due to increased complexity of client cases and due to the finishing of MIPPA funding.

PSA 6

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES 2012–2016 Four-Year Planning Period CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. A blank copy of the NAPIS State Program Report with definitions is available at

http://cda.ca.gov/aaa/guidance/planning_index.asp.

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary available at: http://cda.ca.gov/aaa/guidance/planning_index.asp .

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.

All service units measured in hours must be reported as whole numbers (no fractions/partial units can be reported). However, AAAs must track the actual time services were provided in their local database (i.e. minutes, fractions). The AAA's local software system must then round the total service units for each client by month and by service category to the nearest integer (i.e. can round up or down) when exporting these data to the California Aging Reporting System (CARS). Please note that this should not affect the actual data in the AAA database, only the service unit totals in the CARS export files. Due to rounding, CDA expects minor service unit discrepancies (not to exceed 5-10 percent) between the AAA database and CARS. Also see "CARS Overview and Guidance" document (once a PM is issued, we will insert the appropriate PM number).

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed	Goal Numbers	Objective Numbers (if applicable)
-------------	-----------------	--------------	-----------------------------------

	Units of Service		
2012-2013	660	1,2,3,4	
2013-2014	660	1,2,3,4	
2014-2015			
2015-2016			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	750	1,2,3,4	
2013-2014	750	1,2,3,4	
2014-2015			
2015-2016			

3. Chore

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	800	1,2,3,4	
2013-2014	800	1,2,3,4	
2014-2015			
2015-2016			

4. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,016,800	1,2,3,4	4.1a, 4.1 b, 4.2a
2013-2014	1,016,800	1,2,3,4	4.1a, 4.1 b, 4.2a
2014-2015			
2015-2016			

5. Adult Day Care/Adult Day Health**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

6. Case Management**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	717,445	1,2,3,4,	4.1a, 4.1b, 4.2a
2012-2013	717,445	1,2,3,4,	4.1a, 4.1b, 4.2a
2013-2014			
2014-2015			

2015-2016			
-----------	--	--	--

9. Nutrition Counseling

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1270	1,2,3,4	4.1a, 4.1b, 4.2a
2013-2014	1270	1,2,3,4	4.1a, 4.1b, 4.2a
2014-2015			
2015-2016			

10. Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	59,265	1,2,3,4	
2013-2014	59,265	1,2,3,4	
2014-2015			
2015-2016			

11. Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	12,961	1,2,3,4	
2013-2014	12,961	1,2,3,4	
2014-2015			
2015-2016			

12. Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	36,000	1,2,3,4	4.1a, 4.1b, 4.2a
2013-2014	36,000	1,2,3,4	4.1a, 4.1b, 4.2a

2014-2015			
2015-2016			

13. Information and Assistance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	4,200	1,2,3,4	3.1a, 3.1b, 3.1c, 3.3a
2013-2014	4,200	1,2,3,4	3.1a, 3.1b, 3.1c, 3.3a
2014-2015			
2015-2016			

14. Outreach

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

Instructions for Title III D /Health Promotion and Medication Management written objectives

Because of the nature of the Health Promotion and Medication Management activities, the AAAs are required to write objectives for all services provided with Title III D funds. The objective should clearly describe the **Service Activity** that is being performed to fulfill the service unit requirement. If you designate Title III D Health Promotion funds to support Title III C Nutrition Education and/or Nutrition Counseling services you would report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education.

- **Service Activity:** List all the Title III D/Health Promotion specific allowable service activities provided. (i.e. health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for

multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventative health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.)

CDA Service Categories and Data Dictionary, 2011.

- **Title III D/Health Promotion and Medication Management requires a narrative program goal and objective.** The objective should clearly explain the service activity that is being provided to fulfill the service unit requirement.
- **Title III D/Health Promotion and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

16. Title III D Health Promotion

Unit of Service = 1 contact

Service Activities: (Chronic Disease Self Management Program (CDSMP))

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	400	1,2,3,4	1.1a
2013-2014	400	1,2,3,4	1.1a
2014-2015			
2015-2016			

NAPIS Service Category 15 – “Other” Title III Services

- In this section, identify **Title III D**/Medication Management services (required); and also identify all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- Each **Title III B** “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 Service Categories and Data Dictionary.
- **Title III D/Medication Management requires a narrative program goal and objective.** The objective should clearly explain the service activity that is being provided to fulfill the service unit requirement.
- **Title III D/Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

Title III D, Medication Management ⁵

Units of Service = 1 Contact

Service Activities: Evidence based Medication Management program

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

Title III B, Other Supportive Services ⁶

For all Title IIIB “Other” Supportive Services, use appropriate Service Category name and Unit of Service (Unit Measure) listed in the Service Categories and Data Dictionary. All “Other” services must be listed separately. You may duplicate the table below as needed.

Service Category

Unit of Service

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

⁶ Refer to Program Memo 01-03

PSA 6

2012–2016 Four-Year Planning Cycle

TITLE III B and Title VII A:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

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 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic 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 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: 77 % Number of complaints resolved_317_ + Number of partially resolved complaints__187_ divided by the Total Number of Complaints Received_655 = Baseline Resolution Rate _77_ %
2. FY 2012-2013 Target: Resolution Rate 78% (800 cases with a Close Partially resolved or full resolved 78%)
3. FY 2011-2012 AoA Resolution Rate 81% FY 2013-2014 Target: Resolution Rate 78%
4. FY 2012-2013 AoA Resolution Rate ___% FY 2014-2015 Target: Resolution Rate
5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c,

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

1. FY 2010-2011 Baseline: number of meetings attended: 27
2. FY 2012-2013 Target: 30
3. FY 2011-2012 AoA Data: 31 FY 2013-2014 Target: 30
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target:
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target:
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c,

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

1. FY 2010-2011 Baseline: number of meetings attended: 6
2. FY 2012-2013 Target: 8
3. FY 2011-2012 AoA Data: 2 FY 2013-2014 Target: 8
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target:
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target:
Program Goals and Objective Numbers: Goals 1,2,3,4; Objectives 2.3a, 2.3b, 4.1c,

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 2010-2011 Baseline: number of consultations_63__ (increase by 9%)
2. FY 2012-2013 Target: __73_
3. FY 2011-2012 AoA Data: 53 FY 2013-2014 Target: 73
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: __
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c,

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 2010-2011 Baseline: number of consultations_247__
2. FY 2012-2013 Target: _350__(SFLTCO will increase individual consultations by 30%)
3. FY 2011-2012 AoA Data: 218 FY 2013-2014 Target: 350
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: _
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c,

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 2010-2011 Baseline: number of sessions__7_
2. FY 2012-2013 Target: __10_ (SFLTCO will increase Community Education by 10%)
3. FY 2011-2012 AoA Data: 5 FY 2013-2014 Target: 10
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: __
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: _
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c,

G. Systems Advocacy

1. FY 2013-2014 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

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 improve pain relief or increase access to oral health care, 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)</p> <p>The Ombudsman Program will work to alleviate the lack of Medi-Cal SNF beds in San Francisco by working with city agencies and CBOs that place residents in RCFE and ARFs to prevent hospitalization through a focus on reported instances of neglect per the reporting mandate. The program will work with these partners to problem solve when there is a neglect report.</p>

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 the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

<p>1. FY 2010-2011 Baseline: 69__%</p> <p>Number of Nursing Facilities visited at least once a quarter not in response to a complaint __13__ divided by the number of Nursing Facilities __26__.</p>
<p>2. FY 2012-2013 Target: __74__%</p>
<p>3. FY 2011-2012 AoA Data: 20% FY 2013-2014 Target: 74%</p>
<p>4. FY 2012-2013 AoA Data: __% FY 2014-2015 Target:</p>
<p>5. FY 2013-2014 AoA Data: __% FY 2015-2016 Target:</p>
<p>Program Goals and Objective Numbers: Quarterly visits are contingent on number of assigned staff and volunteers. Will try to visit SNF quarterly 74% Most SNF have switched to short term rehab. The Program responds to complaints in these facilities.</p>

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 the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

<p>1. FY 2010-2011 Baseline: __1.3__%</p> <p>Number of RCFEs visited at least once a quarter not in response to a complaint __1__ divided by the number of RCFEs __93__</p>

2. FY 2012-2013 Target: 15%
3. FY 2011-2012 AoA Data: 4 % FY 2013-2014 Target: 15%
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target:
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target:
Program Goals and Objective Numbers: The Program visits a lot of RCFE but not quarterly. This AoA measure under-represents the activity of Program in RCFE.

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

(One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number. Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs__2.65__
2. FY 2012-2013 Target: _3.2__ FTEs
3. FY 2011-2012 AoA Data: 3.4 FTEs FY 2013-2014 Target: _3.2__ FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: ___ FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: _FTEs
Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c, (The local Program will increase FTE when the State General fund dollars are forthcoming to address the State Mandates, and the Funding formula reverts to the IoM recommendation of 1 FTE for 2000 beds)

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 __53__(It is an error. We only had 25)
--

<p>2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 __25__</p>
<p>3, FY 2011-2012 AoA Data: 54 certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014: 25</p>
<p>4. FY 2012-2013 AoA Data: ____ certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 ____</p>
<p>5. FY 2013-2014 AoA Data: ____ certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 ____</p>
<p>Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c, (The SFLCO volunteers had an inflated number for the 10-11. This could be data error. Our actually base line for June 30, 2010 was 25 Certified Volunteers. So with lay-off of Volunteer Manager we project a growth of 10 to replace the loss of 13 volunteers by July 2011.)</p>

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:

A. At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV 2

Please obtain this information from the local LTC Ombudsman Program Coordinator.

2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV 2

Per CDA Program Memorandum 13-01, this measure is no longer required in the Area Plan.

Program Goals and Objective Numbers: Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b, 4.1c,

PSA #6

2012–2016 Four-Year Planning Period

TITLE VII B 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 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.

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** – Please 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** – Please 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** – Please indicate the total number of projected 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.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please 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** – Please 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** – Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

PSA #6

2012–2016 Four-Year Planning Period

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

Fiscal Year	Total # of Public Education Sessions
2012-13	20
2013-14	20
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	24
2013-14	24
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	0
2013-14	0
2014-15	0
2015-16	0

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	160
2013-14	160
2014-15	160
2015-16	160

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	2000	<p>A typical packet at a training session includes the following items:</p> <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 instructions about how to complete • UC Irvine Bruising Study • Break the Silence fliers in multiple languages • Copy of the PowerPoint presentation • California Penal Coders: elder abuse for law enforcement
2013-2014	2000	See above
2014-2015		
2015-2016		

Fiscal Year	Total Number of Individuals Served
2012-13	4000
2013-14	4000
2014-15	
2015-16	

Goals: 1,2,3,4 Objectives: Objectives 2.3a, 2.3b

PSA #6

2012–2016 Four-Year Planning Period

TITLE III E SERVICE UNIT PLAN OBJECTIVES

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 Service Categories and Data Dictionary for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

All service units measured in hours must be reported as whole numbers (no fractions/partial units can be reported). However, AAAs must track the actual time services were provided in their local database (i.e. minutes, fractions). The AAA’s local software system must then round the total service units for each client by month and by service category to the nearest integer (i.e. can round up or down) when exporting these data to the California Aging Reporting System (CARS). Please note that this should not affect the actual data in the AAA database, only the service unit totals in the CARS export files. Due to rounding, CDA expects minor service unit discrepancies (not to exceed 5-10 percent) between the AAA database and CARS. Also see "CARS Overview and Guidance" document (once a PM is issued, we will insert the appropriate PM number).

Direct Services

CATEGORIES	1	2	3
Direct III E Family Caregiver Services	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities Total est. audience for above:		
2014-2015	# of activities Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013			

2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

Direct III E Grand parent Services	<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		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		

Access Assistance	Total contacts		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

Contracted Services

Contracted III E Family Caregiver Services	<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:		
2012-2013	# of activities: 29 Total est. audience for above: 700	1,2,3,4	
2013-2014	# of activities: 29 Total est. audience for above: 700	1,2,3,4	

2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	653	1,2,3,4	
2013-2014	653	1,2,3,4	
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	2424	1,2,3,4	
2013-2014	2384	1,2,3,4	
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013	2520	1,2,3,4	
2013-2014	2520	1,2,3,4	
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	116	1,2,3,4	
2013-2014	116	1,2,3,4	
2014-2015			
2015-2016			

Contracted III E Grandparent Services	<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		
2012-2013	# of activities:		

	Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

PSA #6⁷

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
2012–2016 Four-Year Planning Period

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

⁷ If not providing Title V, enter PSA number followed by "Not providing".

**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 agreement with one “Managing 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: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	1,529	1,2,3,4
2013-2014	1,329	1,2,3,4
2014-2015		
2015-2016		

Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2012-2013	120	1,2,3,4
2013-2014	120	1,2,3,4
2014-2015		
2015-2016		

Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2012-2013	10,798	1,2,3,4
2013-2014	10,798	1,2,3,4
2014-2015		
2015-2016		

Note: 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.

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2012-2013	15,750	1,2,3,4
2013-2014	15,750	1,2,3,4
2014-2015		
2015-2016		

Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, 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.

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	2254	1,2,3,4
2013-2014	2254	1,2,3,4
2014-2015		
2015-2016		

Note: This 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.

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	4740	1,2,3,4
2013-2014	4740	1,2,3,4
2014-2015		
2015-2016		

Note: 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).

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013	3558	1,2,3,4
2013-2014	2854	1,2,3,4
2014-2015		
2015-2016		

Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2012-2013	3190	1,2,3,4
2013-2014	3190	1,2,3,4
2014-2015		
2015-2016		

Note: This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2012-2013	16.86	1,2,3,4

2013-2014	16.86	1,2,3,4
2014-2015		
2015-2016		

Note: This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.

Section 3: HICAP Legal Services Units of Service (if applicable) ⁸

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	N/A	
2013-2014	N/A	
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2012-2013	N/A	
2013-2014	N/A	
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013	N/A	
2013-2014	N/A	
2014-2015		
2015-2016		

⁸ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Needs Assessment Activities

As discussed in detail in the 2012-2016 Area Plan, the AAA conducted the 2011-2012 needs assessment, available online here: <http://sfhsa.org/1051.htm>. That assessment drew on recent planning and research efforts, but also developed new information about needs, available resources, and gaps in service. It contains not only information about Office on the Aging services and consumers, but also the broader needs of the community.

DAAS continues to supplement the four-year needs assessment on an ongoing basis by producing a series of smaller efforts that were aligned with its cycle of requests for proposals from community service providers. Those assessments marshal information on specific target areas of need and incorporate the results into the description of needed services. This approach makes the assessments timely, and allows the agency to utilize its resources more evenly. Assessments that were conducted in FY 2012-2013:

Topic	Key Findings	Online Report Location
Nutrition	Updated findings from the April 2012 comprehensive needs assessment. Included a new analysis of hunger indicators by supervisorial district and a comparison of those indicators to the distribution of existing food resources in the city.	http://www.sfhsa.org/asset/ReportsDataResources/NutritionNAOct2012.pdf
Geographic Analysis of Demographics	Provided updated demographic data for community services and other planning purposes.	http://www.sfhsa.org/4186.htm
LGBT Older Adults	Analysis of existing reports and data sources to provide estimates LGBT senior population size, demographics, service needs and service utilization	http://sfhsa.org/asset/ReportsDataResources/LGBTSeniorsReport.pdf
	Analysis of health, risks, and resilience measures among San Francisco participants in a 2010 survey of older LGBT adults.	http://depts.washington.edu/agepride/wordpress/wp-content/uploads/2013/01/final_report_tables1-25-13.pdf
	Online survey of San Francisco LGBT older adults.	Report not yet available – survey currently in the field.

DAAS also utilizes needs assessment materials generated in the community and by other city departments.

Area Plan Narrative Objectives

A summary of progress on all Area Plan objectives will be provided to the Advisory Council and Commission under separate cover, as it is not required for submission to the California Department on Aging for the Area Plan Update.

The content of the original Area Plan Goals and Objectives are unchanged at this time.

One objective has been **completed**:

Objective Number & Objective	Projected Start and End Dates	Title III B Funded PD or C ⁹	Update Status ¹⁰
5b. DAAS in collaboration with the Mayor's Long Term Care Coordinating Council, has initiated an investigation of Medicaid Managed Care in order to better serve Medi-Cal eligible older adults and adults with disabilities in San Francisco. A 14-member Long Term Care Integration (LTCI) Design Group and three LTCI Subcommittees including: (1) Scope of Services/Service Delivery; (2) Finance; and (3) Communications, have been created to participate in this investigation. The firm of Chi Partners, with David Nolan and Terri Sult, has been retained to serve as the strategic planning team. These consultants will provide all planning and coordinating services required to support this investigation by the LTCI Design Group and its three LTCI Subcommittees.	January 2012 to May 2013		Completed

Specifically, the strategic planning process began in January 2012 and continued until February 2013. The LTCI Design Group met monthly. David Nolan provided all planning and coordinating services required to support this investigation by the LTCI Design Group and its five LTCI Subcommittees. The LTCI Design Group developed 13 Objectives and 24 recommendations. The final LTCI Strategic Plan will be completed by April 2013.

All other previous objectives are **continued** into the new fiscal year.

One objective is **new**: CDA was awarded a two-year Federal Transit Administration New Freedom mobility management grant extending through August 2013. One of the grant's objectives is that by the end of the grant period each AAA will have developed a transportation plan. To make progress toward meeting this objective, CDA has encouraged AAAs to:

⁹ Indicate if Program Development (PD) or Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

¹⁰ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

- Host a meeting with transportation/mobility stakeholders, providers, and recipients regarding transportation coordination and mobility management by May 1, 2013, to discuss community mobility needs, issues, and potential solutions, or
- Place this topic on the agenda for discussion at meetings(s) in which the AAA already participates (e.g., Human Services Coordinating Council, Consolidated Transportation Services Agency, Social Service Transportation Advisory Council, etc.), and
- Use the input from the meeting(s) to develop at least one goal or objective for inclusion in the AAA's FY 2013-14 APU that will focus on what the AAA plans to do to address transportation coordination/mobility management and the transportation needs of older adults, adults with disabilities, and their caregivers in the PSA.

DAAS has a long history of coordinating transportation services to seniors and people with disabilities with the San Francisco Municipal Transportation Agency (SFMTA). DAAS staff participates on the SF Paratransit Coordinating Council consumer advisory body, and SFMTA staff participates on the Long Term Care Coordinating Council. DAAS staff also participates on the 5310 Grant Review Subcommittee, which scores 5310 grant submittals from local agencies requesting funding for accessible vehicles and transportation-related equipment. The integration of DAAS and SFMTA staff in mutual projects facilitates coordination of many human service agency transportation projects. For example, DAAS sponsored a series of community partnership groups to study the needs of specific communities in San Francisco. The African American Partnership detailed the need for the Bayview Hunters Point neighborhood to have better access to grocery shopping opportunities. Access to shopping was raised in other DAAS needs assessments, as well as in SFMTA-specific outreach. SFMTA staff partnered with the African American Partnership and other groups to develop two successful grants to fund a shopping shuttle service for seniors and people with disabilities.

DAAS staff has been participating in workshops and discussions of SFMTA's bicycle strategic planning. Injecting the discussion on bicycle planning to include perspective of seniors and people with disabilities has been important to ensure that bike planning includes a disability and age friendly perspective.

SFMTA participates on Long Term Care Aging and Disability Friendly SF workgroup, again, integrating transit with the full scope of services available to seniors and people with disabilities in San Francisco.

SFMTA staff recently attended the February 20, 2013 Advisory Council and solicited input on the Metropolitan Transportation Commission's Coordinated Public Transit – Human Services Transportation Plan for the San Francisco Bay Area. Feedback from the Advisory Council was sent immediately to MTC for inclusion in the plan update. The two themes that emerged from those discussions were:

1. **Isolation reduction service:** Provide transportation services to seniors and people with disabilities to social events and activities to help maintain important links to the community. A particular emphasis should be placed on isolation reduction services to the Lesbian, Gay, Bisexual and Transgender (LGBT) senior and disabled communities who tend to face a higher level of isolation.

2. **Transitional Care:** There is a gap in service for seniors and people with disabilities recently discharged from the hospital who may not be eligible for paratransit service but who need short term service to medical appointments to bridge the gap from hospital discharge and successful recovery at home.

As a result of these planning efforts, the following objective will be added to the Area Plan, under Goal #3: Access to Services:

Objective Number & Objective	Projected Start and End Dates	Title III B Funded PD or C ¹¹	Update Status ¹²
3.i. DAAS will support SFMTA’s efforts to implement initiatives that address previously identified unmet needs, such as isolation reduction and/or transitional care transportation. Activities may include supporting of SFMTA proposals for funding, advising on implementation plans, and/or coordinating transportation initiatives through the network of senior centers and other CBO’s.	July 2013 to June 2016		New

¹¹ Indicate if Program Development (PD) or Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

¹² Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

**GOVERNING BOARD MEMBERSHIP
2013-2014 Area Plan Update**

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

Total Number of Board Members: 7

Name and Title of Officers:	Office Term Expires:
Edna James, President	1/24/15
Gustavo Serina, Vice President	7/21/16

Names and Titles of All Members:	Board Term Expires:
Samer Itani	6/16/16
Richard Ow	1/15/16
Katie Loo	1/15/16
Vacancy	
Vacancy	

ADVISORY COUNCIL**PSA #6****ADVISORY COUNCIL MEMBERSHIP
2013-2014 Area Plan Update**

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

Total Council Membership (include vacancies) 22 (7 Vacancies)

Number of Council Members over age 60 13

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>41%</u>	<u>67%</u>
Hispanic	<u>9%</u>	<u>0%</u>
Black	<u>7%</u>	<u>33%</u>
Asian/Pacific Islander	<u>43%</u>	<u>0%</u>
Native American/Alaskan Native	<u>0%</u>	<u>0%</u>
Other	<u>0%</u>	<u>0%</u>

Name and Title of Officers:**Office Term Expires:**

Anna Maria Pierini, President (Supportive Services)	12/31/14
Cathy Russo, Secretary	12/31/14
Leon Schmidt, 1 st Vice President	12/31/14
Marian Fields, 2 nd Vice President	12/31/14

Name and Title/Representation Category of other members:**Office Term Expires:**

Sharon Eberhardt (Health Care Provider)	3/31/15 (pending)
Vera Haile (Leadership in Voluntary Sector)	3/31/15 (pending)
Ken Prag (LGBT Caregiver)	3/31/14
Elinore Lurie	3/31/14
Anne Kirueshkin	3/31/14
Walter DeVaughn	3/31/14
Alexander MacDonald (Low income)	3/31/14
Jerry Wayne Brown	3/31/14
Louise Hines	3/31/14
Betty Hammond	3/31/14
Marcy Adelman	3/31/14

P= Re-Appointment by District Supervisor is currently in Process.

H= Hold Over (County permits Holdover in Seat until replacement is appointed).

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 type="checkbox"/>	<input checked="" 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): Although our CSL Members sometimes attend meetings, none of them have been available to join the Council. We are currently recruiting for other candidates who are elected officials

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