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Recreation and social engagement at the Dr. George W. Davis Senior Center
Letter from the Director

FY 2019-20 will be remembered as a year of many challenges and accomplishments. Locally, nationally, and globally, we are grappling with the coronavirus pandemic, which has significant implications for the health and wellbeing of older people and adults with disabilities. The pandemic has revealed ageist and ableist thinking, at both individual and societal levels, that can impact access to care, resources, and opportunities for connection. It has also highlighted systemic inequities that have left communities of color particularly vulnerable to virus transmission and negative health outcomes, and reaffirmed the importance of providing equitable and culturally responsive services at the intersection of race, age, ability, and other identities that shape our community members’ lives.

Locally, with the arrival of coronavirus pandemic in March, our Department and partners quickly swung into action to reimagine service delivery in a completely new environment. We learned a great deal very quickly in the first months of shelter in place. We will continue to grow and adapt in the months ahead, as our staff and community partners unfailingly demonstrate their innovative spirit and dedication to San Francisco’s older people, adults with disabilities, caregivers, and veterans while working in a rapidly changing environment.

Also this year, we instituted meaningful changes to our structure and operations. With voter approval in November, the name of our department was changed to the Department of Disability and Aging Services, and our commission was restructured to include three dedicated seats for an older person, an adult with disabilities, and a veteran. These changes help us to better represent and align with the populations we serve.

This report highlights efforts to develop new service models and specialized population resources, make data-driven decisions, provide culturally appropriate services, and support our workforce, both in our emergency response and ongoing work. Throughout this year, our work has been guided by our values of compassion, inclusion, innovation, accountability, and equity.

As always, I am thankful for the commitment and energy of our staff, partners, and community members, both in daily work and in emergency response. I am proud of the work we have done together, and I am looking forward to continuing our work together to support and empower older, disabled, and veteran community members.

Thank you,

Shireen McSpadden
Overview of the Department

Within the City and County of San Francisco, the Department of Disability and Aging Services (DAS) is the government agency charged with coordinating services for older adults, veterans, people with disabilities, and their families to maximize safety, health, and independence. As the state-designated Area Agency on Aging for San Francisco, DAS is responsible under the federal Older Americans Act to serve as the focal point for local aging concerns.

DAS is located within the San Francisco Human Services Agency, which delivers a safety net of services and public benefits to promote wellbeing and independence. Each year, DAS serves close to 70,000 unduplicated individuals through its department programs and community partnerships. With an overall budget of $379 million in FY 2019-20, DAS is supported by a staff of 372 employees and contracts with over 60 community-based organizations to deliver services.

We provide programs both directly and through partnerships with community-based organizations, addressing a wide range of needs. This service spectrum spans from engagement and wellness services that promote a healthy aging experience for active and independent community members, to services that support stability in the community and prevent unnecessary institutional care, to crisis intervention services for individuals requiring immediate assistance to mitigate exposure to risks, and reaches the level of guardianship services for those unable to manage their needs due to mental and cognitive challenges.

Please read on to learn about our Department and some of our key achievements in FY 2019-20 that support older people and adults with disabilities to live safely and engage in our community. These highlights are structured by the five underlying goals within the Department’s five-year strategic plan:

- **Goal 1:** Maintain a robust network of community-based services for older people and adults with disabilities
- **Goal 2:** Protect older people and adults with disabilities from abuse, neglect, and financial exploitation
- **Goal 3:** Provide and support consumer-centered programming to best address client needs
- **Goal 4:** Expand planning and evaluation efforts to ensure best use of resources and maximize client outcomes
- **Goal 5:** Support and develop an engaged professional workforce that is prepared to work with older people and adults with disabilities
## FY 2019-20 Highlights: By the Numbers

### Our Department
- **Our Department**
  - $379 million budget for direct programs and community services
  - 372 employees working to administer and develop services
  - 62 diverse community-based partner organizations

### Access & Empowerment Services
- 2,900 veterans and dependents assisted in accessing benefits by the County Veterans Service Office
- 17,642 people received information via Aging and Disability Resource Centers

### Caregiver Support Services
- 25,000 hours of respite care provided to family and friends caregivers
- 138 clients attended adult day centers for supportive activities and programs

### Case Management & Care Navigation Services
- 1,217 received service coordination and connections facilitated by Case Management providers
- 373 people supported to access resources and navigate care systems in the LGBTQ Care Navigation program

### Housing Support Services
- 416 seniors and adults with disabilities received rental subsidies to maintain their housing

### Community Connection & Engagement Services
- 11,725 hours of multilingual computer and technology training by SF Connected providers
- 3,250 hours of intergenerational activities facilitated by six community organizations

### Nutrition & Wellness Services
- 3.5 million meals provided through Congregate Meal (turned takeaway during the pandemic) and Home-Delivered Meal programs
- 147,000 meals prepared and delivered by local restaurants to seniors through the Great Plates Delivered SF emergency response program
- 2,015 physical fitness fall prevention classes offered at sites across the city

### Self-Care & Safety Services
- 28.9M hours of home care provided to 25,300 people with disabilities through In-Home Supportive Services
- 7,000 reports of abuse investigated by Adult Protective Services
- 575 participants in public education sessions on elder abuse prevention
Goal 1: Maintain a robust network of community-based services for older people and adults with disabilities

WHY IT MATTERS: People of all ages and abilities deserve to live in the community with dignity. Particularly when government partners with non-profit organizations, we can support people to successfully age in place and thrive in their chosen community.

►►► MEETING FOOD NEEDS DURING THE COVID-19 PANDEMIC

The coronavirus pandemic has exacerbated existing food insecurity, and we have helped our partners bolster existing programs and develop new resources to safely and effectively meet growing food needs in this new environment. With new freezers and funds to purchase other needed supplies, our Congregate Meal providers rapidly modified operations to provide meals to-go; they distributed an extra 275,000 meals between April and June. Home-delivered food resources grew significantly through our Home-Delivered Meal program and partnership with the SF-Marin Food Bank that brings groceries directly to at-risk older adults sheltering in place. We launched Great Plates Delivered SF, a temporary program model developed by the state; utilizing restaurants to prepare and deliver meals, the program provides relief to both at-risk older adults and local businesses. This added 147,000 meals in our community in May and June. Our food programs have been a lynchpin in the City’s strategies to support older people and adults with disabilities to shelter in place.

►►► SUPPORTING AN AGING- AND DISABILITY-FRIENDLY CITY

In the second year of the Age- and Disability-Friendly SF (ADFSF) Action Plan, we facilitated significant progress on several recommendations. Even with the disruptions caused by the pandemic, were able to mark items related to digital literacy and anti-ageism outreach as completed. With project management support from DAS staff, the ADFSF Implementation Workgroup supported increased digital literacy resources for older people and adults with disabilities through the Mayor’s Department of Housing and Community Development; specifically, digital equity grants were issued last year to increase trainings and create a drop-in help desk via The Arc and supported an intergenerational digital hub based out of the Chinatown Community Development Center. The ADFSF Implementation Workgroup also participated in and supported the anti-ageism Reframing Aging campaign (described more on page 7).

►►► COMMUNITY PARTNER INNOVATIONS IN COVID-19 RESPONSE

When the coronavirus pandemic arrived in San Francisco, our community partners responded dynamically to sustain and expand support for thousands of older and disabled adults. While we are still taking full stock of the changes to aging and disability services in San Francisco, we know that many of our providers successfully pivoted to online services, offering educational and recreational activities in a virtual setting; two particularly successful programs in this are the Always Active physical fitness program and the Senior Choirs that now meet to sing over Zoom. The Community Connector programs have developed user-friendly online calendars of events and instituted weekly walk-and-wave tours to say hello to members around the neighborhood. In partnership with the Shanti Project, we launched the COVID-19 Emergency Response Volunteer (CERV) program, which has served 500 older people and adults with disabilities to date. This leverages a volunteer network to help with a variety of one-time or short-term tasks, such as grocery shopping and delivery of mail and medication. We are proud of our partners and will continue learning and documenting the lessons learned and new service models worth sustaining when the pandemic ends.
Goal 2: Protect older people and adults with disabilities from abuse, neglect, and financial exploitation

WHY IT MATTERS: While older and disabled adults have a variety of strengths and most live independently in the community without assistance, some people benefit from services that help them to meet their basic needs and support them to maintain stability in the community. And for those experiencing a period of heightened risk related to their health, housing, or safety, immediate intervention can address critical issues and facilitate connection to needed resources.

►►► PARTNERING TO PREVENT AND ADDRESS FINANCIAL EXPLOITATION
The APS program’s Financial Abuse Virtual Unit (FAVU) – a focused team of protective services staff that work in close collaboration with law enforcement and legal partners to address complex financial exploitation cases – has expanded key partnerships to better meet their clients’ needs. This year, leveraging the community provider network maintained by the DAS Office of Community Partnerships, FAVU partnered with Legal Assistance to the Elderly to connect clients with free legal assistance in cases involving civil rather than criminal issues. In January, FAVU launched a pilot, funded by the US Department of Justice and in partnership with Hunter College, to develop a secure online platform through which financial institutions can make APS referrals when they suspect financial abuse and share documents to aid protective services investigations and the criminal justice process.

►►► IMPLEMENTING NEW PROCESSES FOR IN-HOME SUPPORTIVE SERVICES
This year, we successfully implemented a major new process required by state regulations for In-Home Supportive Services (IHSS), which provides in-home help for Medi-Cal clients who need support with daily tasks like bathing, dressing, and meal preparation. This process, known as Electronic Visit Verification (EVV) requires home care providers to confirm in real-time that services were delivered to their recipient. Implementation of EVV was a massive undertaking to provide outreach, training, and registration assistance to over approximately 23,000 IHSS recipients and 22,000 home care providers. To date, we have enrolled 96% of IHSS recipients and providers in EVV (compared to 78% statewide), and will continue these efforts through the fall.

►►► DEVELOPING THE HOUSING CONSERVATORSHIP PROGRAM
This year, we collaborated with many City and community partners to launch the Housing Conservatorship program. The Housing Conservatorship is part of our efforts to expand community-based conservatorship programs that promote psychiatric stability for individuals with less intensive needs who are able to live safely in the community with appropriate supports. These models can offer an alternative to locked psychiatric facilities and allow us to provide care in the safest, most appropriate, and least restrictive setting that will promote recovery and wellness in close coordination with City agencies and the legal system. Developing the framework, including the clinical and court procedures to implement the program, has been a complex and methodical process. We are working in close collaboration with the Department of Public Health’s Behavioral Health Services to consult about possible referrals, and we have trained hospital staff on eligibility and referral criteria. We are at the ready to respond when petitions are submitted.
Goal 3: Provide and support consumer-centered programming to best address client needs

WHY IT MATTERS: We serve our clients best when we see them as whole, multi-dimensional individuals. Older adults and people with disabilities have complex and varied needs, a wide range of preferences for what and how programs are offered, and diverse cultural backgrounds that shape their engagement with essential social services. Our efforts to take an integrated, holistic, and culturally-appropriate approach with our consumers allows us to move beyond providing them with any single service and instead offer connection to all the resources that may benefit them, tailored to meet their unique needs.

►►► ESTABLISHING A SPECIALIZED CARE TEAM FOR COVID-19 ALTERNATIVE HOUSING SITES
As part of the Human Services Agency’s (HSA) response to COVID-19, we developed a multi-disciplinary team made up of DAS social workers and community partners to meet the needs of at-risk older and disabled guests residing at HSA’s COVID-19 alternative housing sites, many of whom were homeless prior to placement at these locations. Made up of staff from the Community Living Fund program, Homebridge, APS, and IHSS, the “CHAI” team provides a range of supportive services to ensure that these residents can safely shelter in place or isolate/quarantine during the pandemic. To date, over 330 people have been provided with services that include wellness checks, home care assessments, emergency and ongoing home care support, intensive case management, and investigation of and response to allegations of abuse, neglect and/or self-neglect. We will continue to offer these services in the coming year as part of the City’s ongoing pandemic response.

►►► DEVELOPING NEW SERVICES FOR TRANSGENDER COMMUNITY MEMBERS
Following the findings of the 2018 Dignity Fund Community Needs Assessment, the Office of Community Partnerships (OCP) convened a roundtable with community leaders and service providers in the summer of 2019 to better understand the needs of transgender and gender non-conforming (TGNC) individuals, and to identify appropriate services to support meeting those needs. We have since funded two providers to offer TGNC-specific programming that creates a safe and affirming space for TGNC older people and adults with disabilities, and promotes social connection and community building among this population. Notably, OCP is leveraging these new services to learn even more about the unique needs of aging and disabled TGNC individuals so that we can continue to fund services that effectively support the well-being, safety, independence, and social engagement of this often marginalized population.

►►► CONDUCTING WELLNESS CALLS DURING THE PANDEMIC
Collectively, DAS staff and community partners conducted approximately 30,000 wellness calls as part of the emergency response to the COVID-19 outbreak. Prioritizing current clients at highest risk – such as those 80 years or older, living alone, and/or with significant personal care needs – staff made calls to ensure people were aware of public health directives such as Shelter in Place, their essential needs including were being met, and they knew the DAS Benefits and Resource Hub was available to provide information and other support if needed. The DAS Hub reached out to over 190 individuals in need of additional follow-up, but who lacked the capacity to call the helpline themselves. Data collected from these calls helped to identify trends in unmet needs, and has helped to inform planning for supportive aging and disability services during the pandemic response.

Art classes at the Aquatic Park Senior Center
Goal 4: Expand planning and evaluation efforts to ensure best use of resources and maximize client outcomes

WHY IT MATTERS: Developing and utilizing program and population data, as well as coordinating with partners across the City in our planning and evaluation efforts, is pivotal to understanding the impact of our programs and ensuring that we optimize available resources. We work intentionally and collaboratively to identify unmet needs, craft and implement solutions, and evaluate systems.

►►► DIGNITY FUND DATA & EVALUATION REPORT
This year, we published the first ever Dignity Fund Data and Evaluation Report. As part of our ongoing outcome and evaluation plan for the Dignity Fund, this report is intended provide an annual snapshot of our service, including service deliverables and outcome performance and also offering a demographic profile of participants in Dignity Fund-eligible services. While we regularly review performance and program trends and conduct deeper analysis into specific areas each year, we have not before developed this type of centralized resource that provides this type of information across so many services (and with 50 services profiled, developing the framework for this report and synthesizing information in a reader-friendly structure was a significant undertaking!). For us, this report is an opportunity to increase transparency and understanding of our work, communicate the scope and breadth of our services, and engage partners in thinking about performance and outcomes with us in new ways. We were particularly happy to share this report with our staff, community partners, and Dignity Fund advisory bodies and pleased by its positive reception.

►►► REFRAMING AGING
Ageism and isolation are all too common hallmarks of our communities. Many older adults experience feelings of being undervalued and invisible. This year, we harnessed two years of collaborative research, discussion, and planning to launch the Reframing Aging San Francisco campaign. Over Fall 2019, we ran a public messaging campaign that integrated traditional and social media strategies, putting forth vivid imagery that engaged viewers in thinking about characteristics, like creativity and courage, that never get old. The campaign stars were local seniors whose stories were shared alongside information about ways to get involved in the campaign and connect with older community members. This effort was co-led by the Community Living Campaign, Metta Fund, and DAS and developed with input from an advisory group of service providers. The campaign has been recognized both in the advertising and social service sectors, most recently winning an Aging Innovation Award from the National Association of Area Agencies on Aging.

►►► ENHANCING IN-HOME SUPPORTIVE SERVICES QUALITY ASSURANCE
We have worked this year to more clearly define the role of quality assurance (QA) for IHSS in alignment with state standards. The IHSS QA Unit has adopted a more robust, proactive approach to support compliance with state regulations, while placing an increased emphasis on the delivery of high-quality services to our clients. In addition to monitoring the timeliness of services, the IHSS QA Unit conducts reviews of home visits and evaluates the completeness of documentation for eligibility determinations, functional assessments, and other major components of IHSS administration. Equipped with enhanced data collection and reporting tools developed over the course of this year, the IHSS QA Unit is better able to provide clear and consistent feedback to social workers to help improve their practice, and to develop policies and trainings that empower staff to deliver high-quality services to our clients.
Goal 5: Support and develop an engaged professional workforce that is prepared to work with older people and adults with disabilities

**WHY IT MATTERS:** Our workforce is the backbone of our services, and staff must have the knowledge, skills, and abilities necessary to meet the diverse needs of older people and adults with disabilities. It is more important than ever before that our workforce, both within DAS and in the San Francisco community, is prepared to meet the mounting demand for disability and aging services as the population ages.

►►► CULTIVATING THE CAREGIVER WORKFORCE FOR IN-HOME SUPPORTIVE SERVICES

We undertook a number of initiatives to support the IHSS caregiver workforce this year, both prior to and following the outbreak of COVID-19:

- In September, we evaluated the Homebridge Skills-Training and Employment Pathways (STEPS) tiered wage pilot program, designed to improve the skills, recruitment, and retention of home care providers. The program was successful in many ways: providers were eager to participate in the program’s professional development opportunities, and felt more valued and better able to provide quality care due to their participation. More than 200 home care providers who participated in STEPS were promoted to a new professional tier, or even to administrative and supervisory roles. In light of the pilot’s success, the STEPS program is still ongoing.

- In November, we relocated the IHSS Independent Provider Assistance Center (IPAC) to the DAS Benefits and Resource Hub at 2 Gough to better support independent providers seeking assistance. There, we began hosting group orientations for providers—which are now being provided virtually—and collecting more robust data on provider needs and user experience, which we are using to inform IPAC staffing and ongoing improvements to our operations.

- Following the COVID-19 outbreak, we have developed email and text message campaigns to communicate regularly with independent providers regarding new public health guidance, how to access personal protective equipment and other scarce resources, and other essential resources to support the continuity of services and the safety of IHSS recipients and providers.

►►► IMPLEMENTING TRAUMA-INFORMED SYSTEMS IN ADULT PROTECTIVE SERVICES

This year, APS began implementing the Trauma-Informed Systems (TIS) framework, a public health model for organizational change and trauma-informed practice that enables us to respond more effectively to each other and the people we serve. The implementation process is being guided by the program’s staff-led Healing Organization Workgroup, which began convening monthly in late 2019. The workgroup administered a baseline survey to APS staff in February to identify the program’s strengths and areas for growth. Since then, the workgroup has been processing the survey results and determining priority areas in which to focus the program’s TIS efforts—particularly in light of operational challenges posed by the outbreak of COVID-19, and the ways in which the pandemic may exacerbate existing traumas and generate new ones among our clients and workforce, alike.