



YEAR-END REPORT
AREA PLAN 2005 – 2009
FY 2006-07

September 2007

DEPARTMENT OF AGING AND ADULT SERVICES
OFFICE ON THE AGING

TABLE OF CONTENTS
YEAR-END REPORT FY 2006-07

Transmittal Letter: Year-End Report	3
SECTION I: NARRATIVE OF SIGNIFICANT ACCOMPLISHMENTS	4
Introduction	4
Advisory Council Report	5
Highlights of Accomplishments/Achievements	9
OOA Accomplishments	9
HICAP Program	10
Nutrition Program and Special Projects	11
Resource Centers for Seniors and Adults with Disabilities	12
The OOA Net	13
DAAS Information, Referral and Assistance	13
Family Caregiver Support Program	14
Emergency Preparedness Report	16
SECTION II: SUMMARY OF IDEAS	17
Community Needs Assessment	17
SECTION III: STATUS OF GOALS AND OBJECTIVES	18
SECTION IV: TITLE III D HEALTH SCREENING AND MEDICATION MANAGEMENT	38
SECTION V: PROGRAM DEVELOPMENT OR COORDINATION	39
SECTION VI: SUMMARY OF ACTIVITIES	39
Living with Dignity Strategic Plan Update: Local Coordination Efforts	39
The Community Living Fund	43
APPENDIX A: AGENCIES & SERVICES FUNDED	45

Transmittal Letter: Year-End Report

AAA Name: City and County of San Francisco
Department of Aging and Adult Services/Office on the Aging

PSA Number: 06

The Area Agency on Aging hereby submits to the California Department of Aging the Area Plan Year-End Report for Fiscal Year 2006-07.

This Year-End Report provides a retrospective account of the progress made by the Area Agency on Aging toward completing Area Plan Goals and Objectives. As the first Year-End Report for the 2005-2009 planning period, this report includes a discussion of the known impact of activities undertaken during the entire planning cycle and the status of Objectives set for the proceeding year.

The undersigned recognize the responsibility within each community to monitor systems of care in the Planning and Service Area (PSA) that address the needs of older individuals, their families and caregivers.

1. _____ Date _____
Gustavo Serina
President, Governing Board

2. _____ Date _____
George H. Schofield, Ph.D.
President, Advisory Council

3. _____ Date _____
E. Anne Hinton
Executive Director, Area Agency on Aging

SECTION I: NARRATIVE OF SIGNIFICANT ACCOMPLISHMENTS

Introduction

The Area Plan Year-End Report is a public document that describes the key activities, major achievements and any significant difficulties encountered by the Department of Aging and Adult Services' Office on the Aging (DAAS/OOA) during the past year. The report serves as an annual report. Its completion is a requirement of the California Department of Aging (CDA), which mandates that certain topics are addressed. The Year-End Report is submitted to the Board of Supervisors in accordance with the City Charter.

The OOA, formerly the Commission on the Aging (COA), is one of the divisions of the City and County of San Francisco Department of Aging and Adults Services (DAAS). DAAS is the designated Area Agency on Aging (AAA) for San Francisco. The OOA is the division implementing the mandate of the Older Americans Act, and in that capacity, it serves as the planning, advocacy, service coordination and systems development body for services for older persons. In 2000, the OOA began implementation of providing OOA-funded services to adults 18 to 59 years of age with disabilities.

The Year-End Report reaffirms the important role of the AAA as the advocate, planner, and administrator of programs for seniors and their caregivers, and adults with disabilities in San Francisco. The CDA requests that the status of each Area Plan goal and objective be clearly described. The Goals and Objectives section presents the progress toward accomplishing these work objectives in FY 2006-07.

When the abbreviation OOA is used in the Area Plan Year-End Report, it refers to the seven Aging and Adult Services Commissioners, the DAAS Advisory Council members, OOA-funded services providers, volunteers, consumers and OOA staff, all of whom work together to fulfill the Area Plan objectives.

Advisory Council to the Commission on Aging and Adult Services Report

Overview and Highlights

The Advisory Council demonstrated exemplary teamwork in tackling difficult issues in the 2006-07 Fiscal Year that were both challenging and rewarding for Council Members. We continued to rebuild the membership pool with skillful and knowledgeable members so that the collective energy of the Council worked well to understand, anticipate, recommend, and follow through on a variety of senior issues.

The previous year's significant DAAS organizational and leadership changes have been completed to the benefit of the Department and the Community. As a result, we have had the opportunity to be in a more intentionally coordinated relationship with both DAAS leadership and Commission leadership. This was due in no small measure to the quarterly meetings which provided a forum for informative, serious discussions and updates shared between the Director of DAAS, the President of the Commission, and the President of the Advisory Council. These quarterly meetings, agreed upon as an innovation and commitment between the three, served consistently as the common seed for collaboration throughout the year. The Advisory Council's appreciation goes to both the Director of DAAS and the President of the Commission.

The previous year's focus on refining effective advisory efforts continued to be a priority. Along with the normal periodic internal examination of best practices in organizational effectiveness, education, and communication, these also included:

1. creating clarity about staff service levels and primary contacts for the Council;
2. improving the quality of Site Visits and the usefulness of information obtained from them;
3. becoming differently involved in TACC with the concurrent ability to bring actionable ideas back to the Advisory Council;
4. developing greater coordination with/involvement in the core leadership efforts of The San Francisco Partnership for Community Based Care & Support; and
5. bringing in outside speakers periodically for the continuing education of Council members.

The Advisory Council created an energetic Ad Hoc Recruitment Committee in 2007 to build its Commission-appointed and Board of Supervisors-appointed ranks. Filling open slots on the Council has been a slower and longer process than one might expect; due not only to the County's legislative processes, but also due to a dearth of available volunteers. Although there is a great deal of trumpeting about the importance of volunteers at all levels (state, county, local) - the reality seems to be both that (1) the expectation that the Baby Boomers will provide a huge pool of dedicated volunteers, and (2) the expectation that budget/staffing/serviced provision at all three levels can in part be ameliorated by tapping into this pool of volunteers, is at best unproven. There is no question about the needs. The appearance of large numbers of skillful, ready, experienced, volunteers is not currently apparent. However, this year we have been able

to recruit six excellent new members to the Council; four of whom are already seated, and two of whom are in the appointment process.

Throughout the year the Council closely followed and provided advice to the Department and the Aging and Adult Services Commission on issues ranging from proposed budget allocations to recommending actions based on absorbing, processing, and analyzing requests from senior and community groups within San Francisco.

The San Francisco Partnership for Community-Based Care & Support, a grant-funded project of the Department of Aging and Adult Services, has four partnership groups that have conducted needs analyses and now have a series of recommendations, in various stages of completion and development, to improve services to their communities. The President of the Advisory Council and various members of the Council are active in this effort.

The City's continuing financial roller coaster meant that there was significant mid-year uncertainty and proposed cuts to services and programs. There continues to appear to be a disconnect between the service needs analysis, the sustainable programs delivered through DAAS and service providers, and the funding mechanisms and processes. Example #1: the paradox between creating the special San Francisco Partnership for Community-Based Care & Support communities with the expectation that they would bring their needs forward, and the City's preference to meld these requests back into the normal planning process when they were presented. The African American Partnership created a compelling white paper and made an excellent presentation on issues ranging from transportation to neighborhood low service levels to access to health care. Budget and service provision solutions continue to be unclear. Example #2: The confusion around the beginning, suspension, and recreation of the Request for Proposal (RFP) process and absence of significant financial and service detail provided to Advisory Council throughout the evolution of this process.

One of the major efforts underway is the Long Term Area Plan. The Council intends to continue to be involved in the evolution of the Area Plan and, given timing restrictions and short turnarounds, will continue to approve updates on the basis that changes can be made going forward. Within the Plan the Council has convened a Baby Boomer Committee which will define and create one or more events focused on moving towards meeting the future needs of Baby Boomers. The professional research and planning efforts of the City staff regarding the Area Plan need to be acknowledged as creative, commendable, and comprehensive.

As in all cases of Municipal Government, timing is not an easy thing to determine and coordinate because of the legal and process requirements for both deadlines and sequence. There is still no adequate flow in place that (1) creates an ideal flow to the Advisory Council and through DAAS analysis and Financial analysis, (2) that will inform the Advisory Council, DAAS, and Commission actions, and (3) will not limit the Advisory Council's independent voice, since the Council is free to step outside of the process and accelerate its recommendations when deemed necessary.

The Advisory Council created these priorities for itself in early 2007:

1. Site visits
2. Area Plan and Needs Assessment
3. SF Partnership
4. Transportation
5. Health
6. Action Items
7. Baby Boomers

Orientation, Membership Tools, Recruitment Tools

The Advisory Council developed and implemented an integrated recruitment/orientation/members' tool to promote effective Advisory Council Membership. A new Advisory Council Member handbook was developed and utilized which focused on (1) defining the role of the member, (2) having the processes and forms necessary for background and effectiveness, and (3) clarity on how to bring information back to the Advisory Council in an actionable, understandable way.

Orientation was developed and implemented for members based (1) on the Member Handbook and (2) presentations on the roles and work of DAAS staff. A new recruitment process is in development now, and will be presented to the Advisory Council later in the year.

Site Visits

Visits to the sites of the community-based non-profit agencies, which implement many of the programs serving seniors and adults with disabilities in San Francisco, brought significant insight to the visiting member of the Advisory Council and, upon oral report, back to the Council members at large. The Council's new site visit protocol and system for reporting on site visits is a definite improvement over previous approaches.

Area Plan and Needs Assessment

The Advisory Council has continued to be very active in reviewing periodic changes and updates to the Plan.

Health Care Committee

This was an ad hoc committee this year. The primary focus has been health access issues tied to transportation problems.

San Francisco Partnership for Community-Based Care & Support

Advisory Council members continue to be active in the Partnership in a variety of ways.

Transit and Paratransit Services

Transport within San Francisco continues to be a serious concern. The Advisory Council has heard serious service complaints. This involves both MUNI and private service providers. Access for seniors from specific neighborhoods continues to be a large concern. There are both

service quality and financial costs to these complaints since not only do service recipients experience low quality, problematic service in many cases, but alternative transportation choices can be unaffordable for them. Other Service Providers including health care, whose clients are dependent upon the transportation system working well to get to appointments and programs, also may suffer financial hardship when the systems to provide transport for clients to get to their service locations breaks down.

Baby Boomers

The Baby Boomer Planning Group was formed to make recommendations to address the current and future needs of the baby boomer population and identify new service models to help DAAS contractors prepare for new service needs. The group has reviewed extensive research, analyzed recent census data, and compared it with San Francisco demographics data to define how San Francisco's future needs may be the same or distinct and different. The group membership includes representation from several community agencies, some of whom are DAAS contractors, Advisory Council members, and Department staff. After extensive review and discussion of analytical and anecdotal information and statistics on baby boomers, the group is beginning to formulate recommendations that will have the most impact on DAAS services.

Joint Legislative Committee

The Advisory Council continued to participate with the Commission on Aging in a Joint Legislative Committee. The Commission changed its by-laws this year to increase the number of members proportionally. The number of Advisory Council members can now be up to five, with four currently seated, while the Commission can now have up to three members, with two currently seated. The Committee receives input from a number of sources, including a liaison to the California Senior Legislature, and its recommendations for supporting or opposing legislation are considered along with other legislation concerning seniors and persons with disabilities. Recommendations for letters to legislators, direction for the City's lobbyists, or other advocacy actions are made and submitted to the Commission or acted on by the Advisory Council, as appropriate. There is some concern that often this process is slow.

State Activities and Connection

San Francisco was represented in Sacramento during the year by George H. Schofield, Council President and William Hollabaugh, Council member who earlier served as President of the Triple-A Council of California (TACC). President Schofield presented workshops twice at C4A related events. The Council was involved in recruiting, electing, and supporting California Senior Legislature members for the upcoming period. In July President Schofield was elected VP of TACC in addition to remaining President of the Advisory Council.

Highlights of Accomplishments/Achievements

OOA Accomplishments

Funding new programs for Younger Adults with Disabilities (YAD)

With the add-back funds from the Board of Supervisors, OOA has developed and funded several new programs to meet the needs of YAD: home-delivered meals and congregate meals, legal services, money management, and social support services for hoarders and clutterers.

Funding new Evidence-based Health Promotion program

With the add-back funds from the Board of Supervisors, OOA has started to fund a new evidence-based health promotion program. On Lok Day Services - 30th Street Senior Center is now the lead agency coordinating with ten senior centers to develop and implement this new program.

Enhancing Ombudsman Program

With the add-back funds from the Board of Supervisors, OOA has been able to enhance the Ombudsman program, creating a gatekeeping Ombudsman position to liaise with Adult Protective Services and other community agencies and evaluate discharge plans.

Expanding short-term and long-term case management services

With additional add-back funds from the Board of Supervisors, OOA has been able to expand and enhance local case management programs, including long-term, short-term and transitional case management.

Volunteer Recruitment for LGBT Seniors and Adults with Disabilities

With additional add-back funds from the Board of Supervisors, OOA has been able to fund a new program to provide volunteer recruitment and support for caregivers of the LGBT seniors and adults with disabilities.

Legal Services Newsletter

With additional add-back funds from the Board of Supervisors, the four legal services providers funded by OOA have collaborated to develop and publish a multilingual newsletter to inform seniors about critical legal issues and preventive practices.

Other program enhancements

Other programs that received service enhancements from the board add-back are: naturalization, paratransit, senior empowerment and home care advocacy, senior housing advocacy and counseling, HICAP, senior drop-in center, and meal programs.

Thirteen Best Practices/Models of Service Delivery

California Department of Aging (CDA) conducted a monitoring visit to OOA in November 2006. A total of thirteen Best Practices were identified and were subsequently posted on-line at

the CDA website to provide reference for individuals seeking guidance on programs and services. The thirteen Best Practices identified were:

1. Advisory Council Member Handbook
2. Needs Assessment and Survey Instrument
3. Tracking Area Plan Goals and Objectives
4. Recommendations from Community Partnerships
5. Emergency Preparedness Plan for Contractors
6. Elderly Nutrition Program Coordination with Community College
7. Family Caregiver Support Program (FCSP)—RFP Evaluation Process
8. FCSP—Clients with Caregiver Resources
9. FCSP---Support Group Services
10. FCSP---Translation/Interpretation Services
11. FCSP---Homemaker Respite Registry
12. Health Insurance Counseling and Advocacy Program (HICAP)---Developing Relationships with Local Media Resources
13. Case Management---Monitoring Tool

HICAP Program

During FY 2006-07, HICAP was administered and implemented by Senior Action Network (SAN), a non-profit advocacy group in San Francisco. SAN subcontracted the HICAP legal services to Legal Assistance to Seniors, a non-profit group in Alameda County.

Both of these agencies worked together very competently to serve eligible HICAP consumers. In addition, HICAP staff made several community presentations heightening awareness of HICAP itself and more specifically Medicare Part D information and other Long-Term Care Insurance matters.

Another specific accomplishment was the recruitment and the training of a new corps of volunteers. Seven new volunteers were recruited and trained. Of those, one has been registered and the remaining six are about to become registered. San Francisco HICAP is very vested in making sure that HICAP volunteers are bilingual in those languages prevalent among elders in this diverse city. One of the volunteers speaks Italian, which will be helpful to the Italian-American seniors residing in the North Beach section of the city.

One effective means of outreach used was to purchase a list of individuals that were about to turn 65 years of age. A targeted outreach postcards and flyers were sent to this audience alerting them of HICAP and the upcoming presentation schedule. Of the three presentations that followed, 50% of the attendees were present because they received the HICAP mailing.

During FY 2006-07, OOA issued a Request for Proposal for the HICAP services. Self-Help for the Elderly was the successful bidder. A very comprehensive transition plan was created to help ensure no break in service and to provide an opportunity for existing staff and volunteers to be brought into the new contracting agency for continuity and program enhancement purposes.

Nutrition Program and Special Projects

Congregate Meals

Through contract with 13 nutrition contractors, OOA served a total of 782,815 USDA-eligible meals, which is an average of 3,106 meals a day. A total of 50 congregate sites were funded during this fiscal year, serving ten different ethnic meals throughout the City: African-American, Chinese, Filipino, Japanese, Kosher, Korean, Latino, Russian, Samoan, Western-American. Citywide, 11,833 unduplicated consumers received service through this program.

Home-Delivered Meals (HDM)

Through contract with eight nutrition contractors, OOA provided eight different ethnic meals throughout the city: African-American, Chinese, Japanese, Kosher, Latino, Russian, Western-American, and modified diets. Contractors served a total of 939,843 meals to seniors (an average of 2,974 meals a day), 74,770 meals or 8.6% over contract level. This level of service delivery was partly due to reallocation of congregate funds to HDM, and increases in non-OOA funds from contractors. Citywide, contractors served 3,175 unduplicated consumers. On average 1,830 seniors received meals on a daily basis. At the end of June, 290 people were on the HDM waiting list.

Meal Program for Adults Age 18-59 with Disabilities

Home-Delivered Meal Program: Through the Request for Proposal process, OOA awarded contracts to provide ongoing funding and home delivery services for younger adults with disabilities, effective November 2006. Based on evaluation results from this pilot program, program changes were made to improve program operation and service: Institute on Aging was funded to conduct the intake and assessment of clients referred to this program; meal provision and deliveries were contracted through three providers: Russian American Community Center, Self-Help for the Elderly and Western Addition Senior Services.

For FY 2006-07, Institute on Aging conducted 130 intakes and 22 reassessments in the HDM program. The meal providers served an average of 100 consumers daily. At the end of the fiscal year, there were about 48 people on the waiting list, including some who did not respond to attempted contacts by phone and home visit. Of these people, a third have been screened and qualified for the program. Neighborhoods with the highest waiting list for this service include the Mission and Tenderloin areas.

Congregate program for adults with disabilities: Five congregate nutrition contractors were added to provide meals to adults with disabilities at several congregate meal sites throughout the city. The contractors include Centro Latino de San Francisco, Project Open Hand, Russian American Community Services, Self-Help for the Elderly and Western Addition Senior Services.

OOA Nutrition Internship

For the 9th year, the OOA nutrition staff worked closely with the American Dietetics Association accredited dietetic internship programs through UC Berkeley. This year, the OOA supervised a total of four nutrition interns. Each intern spend a total of six weeks time with the OOA and its nutrition contractors to help with various nutrition related projects for the agency.

Senior Farmers Market Nutrition Program

For FY 2006-07, OOA received a total of 1,597 booklets of Senior Farmers Market coupons from the California Department on Aging. The booklets are valued at \$20 each, or a total value of \$31,940 for the County. Seniors can use these coupons to buy fresh produce at participating farmers markets, thus increased their access to fresh produce. We targeted and served 1,597 unduplicated seniors at various congregate meal sites that serve low-income seniors throughout the City. San Francisco's participation in the program resulted in a redemption rate of 75.7% or \$24,176. This redemption rate is slightly lower than last year at 81.6%. For whatever reasons, participants forgot or were unable to redeem all the coupons before the expiration date. OOA will work with providers in 2007 to increase the redemption rate so seniors can maximize this program's benefit.

Resource Centers for Seniors and Adults with Disabilities

The ten Resource Centers located throughout San Francisco provide consumers with current information on opportunities and services available to them within their communities. In addition staff members provide assistance with filling out forms and applications, translation and explanation of official letters. Follow-up by contacting consumers to learn the outcomes of the information and assistance is an important component of the work of Resource Centers.

Each year the three lead agencies for the Resource Centers, Institute on Aging, Network for Elders and Self-Help for the Elderly, publish a comprehensive Annual Report.¹

Some highlights of the work of the Resource Centers for the fiscal year include:

- Over 17,000 unduplicated consumers were provided with information and referral, assistance and follow-up contacts. Since the Caller Intake System used by the Resource Center to compile consumer and contacts data was not meeting planning and reporting needs adequately, development of a new system was initiated by the HSA IT Unit. The new database system will be activated in December 2007.
- The Resource Centers added more listings to its monthly housing list by collaborating with other agencies that compiled housing openings. The monthly housing list is distributed to numerous consumers and agencies by email, mail, fax and in-person.

¹ Please contact one of the lead agencies or the Office on the Aging to receive a copy of the Resource Centers for Seniors and Adults with Disabilities Annual Report July 2006 – June 2007 for an in-depth report on service units provided, service requests, demographics of consumers, staffing, languages spoken, training, quality assurance, District Advisory Councils and analysis of goals and objectives achieved.

- Services were provided to consumers with limited English abilities in Armenian, Cambodian, Cantonese, French, Mandarin, Russian, Samoan, Shanghainese, Spanish, Tagalog, Toisanese and Vietnamese.
- The ten Resource Centers continued to convene District Advisory Councils to share information within their districts, to provide presentations on services available to the community and to provide advisory recommendations to DAAS as needed.
- Resource Center staff actively participated in the four neighborhood workgroups of the San Francisco Partnership for Community-Based Care and Support: the African-American Partnership, the Asian/Pacific Islander Partnership, the Latino Partnership, and the LGBT Partnership.
- The Resource Centers continued to focus on quality assurance by providing joint bimonthly trainings to the staff.

The OOA Net

In Fiscal Year 2005-06 the Office on the Aging, in collaboration with the Human Services Agency's IT department, launched a new web-based application called the OOA Net.

The OOA Net (www.ooanetsf.org) website was launched on June 13, 2006 to meet the following objectives:

- Replace the SF-GetCare system
- Record consumer data and enroll consumers in provider programs/services
- View and/or add Service Units
- View and/or add Contract Units
- Generate reports

Since the launch of the OOA Net, the Human Service Agency's IT department has been working in collaboration with its Planning Unit and OOA program staff to finalize all monthly, quarterly, and annual reporting requirements. Changes to agency, service, and site assignments will be made in OOA Net to reflect updates to the FY2007-08 program funding for DAAS/OOA. In addition, the OOA continues to offer administrative and technical support to Contractors utilizing OOA Net.

DAAS Information, Referral and Assistance

DAAS Information, Referral and Assistance recently expanded to serve consumers requesting home-delivered meals. Since June 2007, Information and Referral (I+R) staff have been completing referrals for home delivered meals, and will monitor a waiting list that is shared by community providers throughout the city in the coming year. The Partnership for Community-Based Care and Support and its goal of a "No Wrong Door" model is symbolized by this recent change. I+R staff also follow up with pickpocket and ID theft cases as well as do community outreach, updating outreach materials. The website for the department (networkofsupport.org) has been updated, the department having a new contract with Gilbert Guide, a source that has added information for assisted living, skilled nursing, and private case management referrals.

A new electronic intake system is being developed and will be finalized by December 2007. This system will serve as a database for all information and referral calls. It will also be used by intake staff who take referrals for the Community Living Fund, a new fund that helps seniors and adults with disabilities live independently. This fund is also an example of the "no wrong door" model; intake staff is able to assist with multiple referrals and assistance to help seniors and adults with disabilities receive needed services. I+R staff have received training on Adult Protective Services and will be trained on taking In Home Supportive Services referrals in the FY 2007-08 year, furthering the idea of having intake be a one-stop shop for services.

Family Caregiver Support Program

In FY 2006-07 San Francisco County funded three family caregiver support programs. These programs served a total of 563 caregivers and provided services in English, Spanish, Chinese, Vietnamese, Tagalog, and Japanese. The programs worked diligently to outreach and provide services to the diverse populations and needs of the San Francisco community. The following is a summary of services and accomplishments of each San Francisco County program.

Family Caregiver Alliance (FCA)

Family Caregiver Alliance is a private, non profit agency which has been serving family caregivers for the past 30 years.

In FY 2006-07, FCA made outreach contact with 832 caregivers through 12 resource fairs and 25 presentations in the community. 256 caregivers went through the intake process, resulting in 254 hours of assessment (an assessment usually takes 2 hours), as well as 297 hours of case management. Fifteen caregivers received short term counseling, and 25 received a free legal consultation to help with estate planning and legal documents. Finally, the program helped 255 caregivers get respite breaks from caregiving (providing 11,498 hours of respite, including both in home care to day care to institutional overnight care). These breaks help caregivers to rest, visit other family, take care of their own needs, and help to combat depression.

FCA also offers psycho-educational classes to caregivers on skills to care for their loved ones as well as themselves and workshops open to the community on caregiving topics. FCA provided two classes and seven workshops in FY 2006-07. FCA offers two San Francisco support groups: "Relax and Renew," which combines elements of a support group, sharing and presentations, with gentle exercise; and "El Apoyo Para Encontrar la Felicidad," which is the only dementia Spanish language support group in the city. This group has grown from an initial group of 5 to a regular attendance of 16. In the past year, the program has also added an LGBT support group through New Leaf. FCA's Caregiver Retreat is held twice a year. The Camp for Caring for care receivers, which gives the caregiver a free weekend, is offered four times a year. Finally, the program also has an ongoing support available to caregivers through "Link2Care," which offers an on-line support group for caregivers who often cannot get away to attend a support group. FCA also offers an LGBT on-line support group to meet the special needs of the LGBT community.

Kimochi, Inc.

Kimochi, Incorporated is a private, non-profit, community based senior service organization that a continuum of culturally sensitive care for seniors and families in Japantown. In FY 2006-07, Kimochi entered its sixth year as a contractor to provide counseling, support groups, and institutional respite care for families faced with the challenges of caring for a senior. The program targets Japanese-speaking and Japanese American families for this program.

Kimochi's family caregiver support program served 166 unduplicated caregivers, of whom 70% were female, 97% Asian, 66% married, and 51% were between the ages of 18-59. Following a pattern of the last three fiscal years, this year, the majority of family caregivers were other family members assisting in the care of someone. The program made additional outreach efforts during the year to families. In addition, the advanced age of spouses has been identified as the main reason that many are no longer able to care for their spouses and are seeking assistance from other family members to help out. Increasingly, the program finds that married couples either have no children or have no children living in the immediate area to assist in family caregiving.

In Fiscal Year 2006-07, the Japanese-speaking caregiver support groups continued incorporating more guest speakers and discussing caregiving related newspaper and magazine articles during group time. The group participants enjoy important respite from their caregiving responsibilities and build a network of informal assistance they can receive from others when needed. The caregivers help take care of each other's family members from time to time and in emergency situations.

The English-speaking caregiver support group members continued facing the challenges of multiple caregiving demands. Group members use the meetings a safe place for them to confidentially discuss their personal challenges and frustrations with how their participation is viewed by other family, friends, and the community. The group also offers opportunities to bond with others providing family care and are sharing resources with one another to help in the care they are providing.

Finally, institutional respite services for low-and fixed-income seniors continue as a resource in high demand by the community. We continue receiving requests from seniors who can pay for a portion of the costs but not the full costs. To serve more seniors, we are using the funds to subsidize the full costs of care.

Edgewood

The San Francisco Kinship program at Edgewood continues to serve grandparents and relative caregivers in support groups, as well as educational and health workshops. The program offers support groups in English, Spanish, Cantonese during the day and evenings. Monthly educational and health workshops feature community providers bringing current information to families. Elder abuse, identify theft, personal safety, breast cancer, child abuse, home safety and healthy snacking are few of the most requested topics. In order to get clients to become an important piece of program design, Edgewood hosts a monthly "Town Hall" meeting to get their comments, concerns and offer new ideas to our staff. This town hall meeting is open to any caregiver and staff are available to offer support for our limited English speaking clients. On

Fridays Edgewood has a Food Pantry; the program now delivers 10 boxes to seniors in the program who are unable to access the site via public transportation. Edgewood also sends 10 seniors to "Camp Mather," and everyone who goes to this popular event always has fun and comes back truly rested. Finally, the program celebrated many cultural holidays and events, with lots of support from families to make it fun for the entire group.

Emergency Preparedness Report

During the California Department on Aging site monitoring visit in November 2006, the Office on the Aging received recognition for a Best Practice/Models of Service Delivery for the Emergency Preparedness Plan for Contractors. The plan requires that agencies funded by the Office on the Aging have a Disaster Operations Plan and meet Emergency Preparedness Standards.

Throughout the fiscal year, the DAAS Emergency Coordinator provided emergency preparedness information on trainings and resources to DAAS/OOA Contractors. The Coordinator represented the Office on the Aging on the following committees:

- Disability Disaster Preparedness Committee convened by the Mayor's Office on Disability
- The Disaster Registry Program Task Force
- The San Francisco Community Agencies Responding to Disaster Steering Committee (SF CARD)

The DAAS Emergency Coordinator made the following presentations during the fiscal year.

- American Society on Aging Autumn Series on Aging, September 26, 2006, San Francisco. Session entitled: Emergency Preparedness for Agencies Serving Elders and People with Disabilities
- C4A (California Area Agencies on Aging Association) Conference, November 15, 2006, Los Angeles. Session entitled - Disaster Preparedness: The Area Agency Perspective
- AmeriCorps Alert Class, San Francisco City College, Ocean Campus, April 12, 2007, presentation on Preparedness for Seniors and People with Disabilities
- Resource Centers Emergency Preparedness Training, Institute on Aging, June 14, 2007.

SECTION II: SUMMARY OF IDEAS

Community Needs Assessment

In September 2006 the Human Services Agency's Planning Unit completed a needs assessment that estimated gaps in services for seniors and for younger adults with disabilities in San Francisco. The assessment took into consideration services currently provided by DAAS and its contractors, as well as other city departments and other community-based providers. The report focused on six overarching areas of need: housing; nutrition; isolation; case management and transitional care; self care and safety; caregiver support; and access issues. The assessment provided a description of the target population, as well as details on sub-populations with unique needs. The report was presented to the Aging and Adult Services Commission in October 2006.

Method

The methodology of the assessment utilized a "convergent approach," using both quantitative and qualitative sources to prevent blind spots and enhance the reliability of findings. Quantitative research included analysis of Census 2000 data, profile data from DAAS- and Department of Human Services-provided services, and the investigation of services offered through other city departments. Data from a professionally-contracted randomized phone survey of older adults, conducted on behalf of the Partnership for Community-Based Care and Support, also provided rich quantitative data on the needs in the community. The qualitative research was designed to fill in remaining information gaps. The needs assessment team used literature reviews, provider round-table discussions with neighborhood partnership groups, consumer focus groups, and key informant interviews. Staff also conducted focus groups with both peer advocates and case managers that provide intensive case management in order to better understand the needs of isolated seniors and of individuals with complex service needs.

Findings

While the community needs assessment revealed gaps in many service areas for seniors and younger adults with disabilities, it also highlighted opportunities for DAAS to make strategic improvements in the coming years. Those opportunities fell into three broad categories:

1. *Increased partnership with other city departments.* Such partnerships could lead to improvements in the availability and quality of services that address housing, isolation, self-care and safety, and access needs.
2. *Systemic coordination of DAAS services to address common needs.* Better systemic coordination could promote improvements in services in nearly all services areas that were addressed in the report.
3. *Small program investments that can make a difference.* Small investments that increase awareness, or those that provide simple evidence-based health promotion programs, can lead to stronger, healthier communities.

SECTION III: STATUS OF GOALS AND OBJECTIVES

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: San Francisco has the highest per capita rate of homelessness in the nation, and 7% of persons using homeless shelter are age 60 or older. OOA objectives have not addressed this population in the past			
Objective 1.1 The OOA staff will work with their contractors, homeless shelter staff and outreach coordinators, and Single Room Occupancy hotels housing formerly homeless seniors to share resource information and increase the overall number of homeless and formerly homeless seniors receiving OOA services by 50%. <i>Area Plan Update 2006-07:</i> One of the OOA contractor agencies, also an active member of SPAC, has headed the outreach effort by conducting presentations at three SRO's, a homeless shelter and a drop-in center. A data match of 2004-05 OOA consumers with San Francisco shelter consumers shows that at least 178 shelter clients also received OOA services. <i>Year-End Status 2006-07:</i> The HSA Planning Unit has used improved data sources to identify a more comprehensive baseline figure for the number of homeless or formerly homeless consumers receiving OOA services. In FY 2006-07, the OOA also funded a drop-in for homeless seniors, serving approximately 300 individuals.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/08		Continued

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: Current service providers do not utilize the range of caregiver support supplemental services that they can be funded for.			
Objective 1.2 The OOA will meet with community-based organizations to improve understanding of the variety and scope of services, particularly the supplemental services funded through the Family Caregiver Support Program, as well as feasible models of service delivery, and it will work with the Human Services Agency (HSA) contract staff to develop a Request for Proposals that will address the various needs of caregivers. <i>Area Plan Update 2006-07:</i> OOA staff worked with service providers and coordinated a presentation on the FCSP on Jan 25, 2006. Completed.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/06		Completed

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: In interviews with key service providers, it was noted that many seniors and persons with disabilities are living in Single Room Occupancy hotels that have no elevators and are consequently homebound.			
Objective 1.3	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	The Human Services Agency planning unit will coordinate with the OOA staff, home-delivered meal providers, and outreach workers to assess the prevalence and the needs of seniors and younger adults with disabilities who are living in Single Room Occupancy hotels without elevators. The recommendations from this analysis will be incorporated into the 2006-07 Area Plan update summary of the 2006 Needs Assessment. <i>Area Plan Update 2006-07:</i> The Human Services planning unit obtained a list of Single Room Occupancy hotels (SROs) in the Chinatown district from the city Department of Building Inspections, and the state department of elevator inspections identified which buildings had elevators. Of the 297 SROs in Chinatown, only 9 had elevators (3%). The planning unit matched Medi-Cal caseload data with IHSS data for persons with mobility impairments, identifying vulnerable persons living in the SROs. The unit is preparing to administer a survey of this population in 2006-07. <i>Year-End Status 2006-07:</i> The Human Services Agency planning unit mailed a translated survey instrument to 336 IHSS recipients with disabilities who were living in Chinatown SRO's. The survey, which was discussed in the DAAS Community Needs Assessment, found seniors with disability impairments in Chinatown SRO's living in extreme isolation. One finding was that 40% of the respondents left their homes once a week or less. Completed.	7/1/05-6/30/07	

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: Interviews with key service providers and subsequent surveys have revealed that seniors and persons with disabilities who live in Single Room Occupancy hotels in Chinatown are often very isolated from services and social opportunities.			
Objective 1.4	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	The OOA staff will coordinate with community-based organizations to pilot a new initiative that reduces isolation and provides additional nutrition to seniors and younger adults with disabilities who live in at least two Single Room Occupancy hotels in Chinatown. <i>Area Plan Update 2006-07:</i> New Objective for FY2007-08.	5/1/07-6/30/08	

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: The home-delivered meals program has a waiting list of over 350 isolated and vulnerable seniors and persons with disabilities, while some congregate meal sites are underutilized.			
Objective 2.1	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
<p>The OOA staff will meet with nutrition providers to identify the most efficient means of reallocating resources to reduce the waiting list for home-delivered meals.</p> <p><i>Area Plan Update 2006-07:</i> OOA staff has met to begin preliminary discussions of this issue.</p> <p><i>Year End Status 2006-07:</i> OOA staff met with Nutrition Providers in the second quarter of 06-07 to discuss this issue. Due to the efforts of contractors, the average waiting time for a HDM has been reduced slightly, from our target of 60 days to 59 days from January to June 2006. Due to change in OOA's database system, such reports are as yet unavailable for 2006-07.</p>			

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: The network of community based organizations providing services to seniors and persons with disabilities benefit from the work of volunteers, but smaller organizations often do not have the capacity to recruit, train, and recognize volunteers.			
Objective 2.2 To recognize and motivate volunteer activity for OOA contractors, the Human Services Agency Planning Unit will survey OOA contractors regarding their use of volunteers and will present the findings to the Advisory Council to the Aging and Adult Services Commission to discuss possible system-wide volunteer recruitment and recognition activities.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 – 6/30/06		Deleted

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Research studies demonstrate the benefits of living a healthy, active lifestyle, but many service providers have not incorporated physical activities into their programs.			
Objective 2.3 The OOA will promote increased physical activity among older adults by providing technical assistance and/or resources to service providers, resulting in at least 3 service providers adding a new physical activity class for seniors. <i>Area Plan Update 2006-07:</i> As of April 2006, one contractor has added a physical activity class. OOA staff is working with other contractors to add classes. <i>Year-End Status 2006-07:</i> Objective completed.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/07		Completed

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To ensure the overall quality of food services, service providers need assistance to meet stringent nutrition standards.			
Objective 2.4 The OOA will conduct quarterly nutrition meetings to provide technical assistance and share resources that will assist providers in meeting and/or improving food safety and nutrition program standards, and will complete at least four meetings with the nutrition contractors, and two trainings for the staff of nutrition programs on nutrition risk assessment. <i>Area Plan Update 2006-07:</i> Three meetings have been conducted, with a final meeting scheduled for May 2006. The two trainings on Nutrition risk assessment are also scheduled for completion by June 2006. OOA staff plan on conducting the same schedule of meeting and trainings in 2006-07. <i>Year-End Status 2006-07:</i> The two trainings on nutrition risk assessment are planned for 07-08. These meetings were deferred from 2006-07 due to lacking of staff resources.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/08		Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Currently OOA-funded contracts tend to reflect “inputs” and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness.			
Objective 2.5 To improve services to its consumers, the OOA staff will work with OOA contractors to develop and implement measurable, client-based outcomes for all OOA-funded programs. <i>Area Plan Update 2006-07:</i> All outcome measures are scheduled for completion and inclusion in contract scope of services by June 2006. Completed.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/06		Completed

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To improve the effectiveness and efficiency of its services, the OOA needs to better define its program standards and include them in the requests for proposals.			
Objective 2.6 The OOA will develop, in consultation with service providers and consumers, program standards for Community Services, District-wide Social Service Workers , and Legal Services that will be incorporated into the service definitions of the respective Requests for Proposals. <i>Area Plan Update 2006-07:</i> Three workgroups will begin meeting in May and June 2006. <i>Year-End Status 2006-07:</i> Objective modified to remove DWSSW, as funding for that program will be folded into Case Management in 2007-08. The Community Services Standards have been drafted and will be given to Contractors for input before finalization in 2007-08. Legal Services providers will sign off on the new State standards when they become available (and add on any additional local standards that may be developed), finalizing all standards in 2007-08.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/08		Revised, Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To improve the effectiveness and efficiency of its services, the OOA, in consultation with the California Department of Aging, is working to standardize and institutionalize program standards for care management and include them in its requests for proposals.			
Objective 2.7 The OOA staff will fully implement program standards for care management (Title III) by October 1, 2005, incorporating the standards into all Requests for Proposals and subsequent contracts. <i>Area Plan Update 2006-07:</i> The OOA case management standards have been fully implemented from October 2005. <i>Year-End Status 2006-07:</i> Case Management Standards were incorporated into the RFP. Completed.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	10/1/05-6/30/07		Completed

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Currently OOA-funded contracts tend to reflect “inputs” and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness.			
Objective 2.8 The OOA staff, working with the Human Service Agency Planning Unit, will develop an annual survey that differentiates levels of consumer satisfaction with specific aspects of service delivery, sampling a range of consumers and services, and compiling and analyzing the results. The OOA staff will review results with contractors once a year to make improvements in services. will work with contractors to revise the consumer satisfaction surveys that will be implemented in 06-07 in order to capture contracted performance outcome measures of the different programs. <i>Area Plan Update 2006-07:</i> At six meetings with contract providers, consumer satisfaction surveys were discussed and changes suggested. New surveys will be implemented in 2006-07. <i>Year-End Status 2006-07:</i> The new tools have been developed and will be translated into eight different languages. Due to the time needed for proofreading, implementation will occur in 2007-08, as will any necessary modifications.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	1/1/06 - 6/30/08		Revised in 2006-07, Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: AAA-funded health prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. The AAA intends to promote its health related programs by continuing to serve the most vulnerable of its population within the City of San Francisco.			
Objective 2.9 The OOA staff, working with the contractors, and the public, will improve the overall health of older persons and adults with disabilities by providing and expanding health screening to the capacity of program budget. This service includes a brief examination to determine the need for more in-depth medical evaluation and referral. <i>Area Plan Update 2006-07:</i> Curry Senior Center continues to provide these services to seniors and adults with disabilities in their primary care clinic. <i>Year-End Status 2006-07:</i> The OOA has released an RFP for the continued provision of these services.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	1/1/06 - 6/30/08		Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: AAA-funded health prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. The AAA intends to promote its health related programs by continuing to serve the most vulnerable of its population within the City of San Francisco.			
Objective 2.10 Medication Management 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. <i>Area Plan Update 2006-07:</i> Curry Senior Center continues to provide these services to seniors and adults with disabilities in their primary care clinic. <i>Year-End Status 2006-07:</i> The OOA has released a Solicitation of Interest for the continued provision of these services.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	1/1/06 - 6/30/08		Continued

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Research studies demonstrate the benefits of living a healthy, active lifestyle, but many service providers have not incorporated physical activities into their programs.			
Objective 2.11 OOA staff will work with a lead agency to develop and implement evidence-based health promotion programs, in line with the State Initiative: Empowering Older People to Take More Control of their Health through Evidence-Based Prevention programs. <i>Year-End Status 2006-07: New objective for FY2007-08.</i>	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	5/1/07 - 6/30/08		New

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: According to the <i>Living With Dignity</i> strategic plan, the citywide system of services for seniors and persons with disabilities is hampered by fragmentation and a lack of coordination.			
Objective 3.1 The Deputy Director of Programs will designate an OOA liaison to attend the monthly meetings of the Long Term Care Coordinating Council to stay informed of the issues being explored and addressed, and of the policy positions being proposed to the Office of the Mayor. Attendance at these meetings will help the OOA effectively coordinate its program plans and funding priorities with the citywide effort to make strategic improvements to community-based long term care and supportive services for older adults and adults with disabilities. <i>Area Plan Update 2006-07: The OOA director, Denise Cheung, now attends the Long-Term Care Coordinating Council. Completed.</i>	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 – 6/30/06		Completed

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: District Advisory Councils are an underutilized community resource that would benefit from having a vehicle to formally consider issues and needs discussed at their meetings.			
Objective 3.2	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
<p>District Advisory Councils convened by the Resource Centers for Seniors and Adults with Disabilities meet regularly with consumers and service providers to share information and discuss neighborhood problems. The OOA staff assigned to each of the ten District Advisory Councils will work with the groups to formulate recommendations on how to improve coordination of services, and will incorporate recommendations in the 2006 - 07 Area Plan update.</p> <p><i>Area Plan Update 2006-07:</i> OOA staff will start to solicit input from DAC in May and June 2006.</p> <p><i>Year-End Status 2006-07:</i> OOA staff attended DAC meetings in 2006. Input from the DACs was incorporated in the October 2006 Needs Assessment report. Completed.</p>	7/1/05 – 6/30/07		Completed

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: With nutrition cited as one of the top unmet needs, a publication that lists free or low-cost food will enhance the nutrition services provided by the Triple A.			
Objective 3.3	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
<p>Working in collaboration with the Department of Public Health, the Department of Human Services, Department of Aging and Adult Services, and community-based nonprofit organizations, the OOA nutritionist will coordinate, publish and distribute a citywide low cost food, nutrition education and resource guide that will be distributed for use by staff at various city departments and community-based organizations.</p> <p><i>Area Plan Update 2006-07:</i> The collaboration completed the directory in September and distributed 2,000 hard copies and 300 CDs. An on-line directory is scheduled for development and implementation in June 2006. Completed.</p> <p><i>Year-End Status 2006-07:</i> DAAS will post this resource on DAAS's web site and on HSA's Intranet by June 2007. Further completed.</p>	7/1/05 – 6/30/06		Completed

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: Many service providers experience rapid turn-over of staff, depleting the agency of the knowledge and experience of long-term employees.			
Objective 3.4 DAAS will work with the Services and Programs Advisory Committee to design and implement service provider training that will improve inter-agency communication and cooperation, including training on care-planning for care managers, one training on nutrition-risk screening for care managers, and two trainings for meeting the diverse needs of ethnic seniors and adults with disabilities. <i>Area Plan Update 2006-07:</i> SPAC and DAAS staff conducted a number of trainings, including trainings in diversity, choosing homecare and board and care. Additional trainings are planned for 2006-07. <i>Year-End Status 2006-07:</i> DAAS provided four trainings as of March 2007 and will provide one more in May 2007. SPAC convened its last meeting in March, but its Training Committee will continue to meet to plan DAAS trainings.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/08		Continued

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers

Rationale: Many seniors have not enrolled in the Food Stamp program. The integration Department of Aging and Adult Services and the Department of Human Services should allow consumers easier access to a wider range of resources.

Objective 4.1

To increase the participation of older adults in its services and programs, the San Francisco Department of Human Services will pilot targeted outreach activities and develop a special application process for OOA consumers to coordinate screening and enrollment activities for its Non-Assistance Food Stamps, Medi-Cal, and other programs, resulting in a 5% increase of OOA consumers using DHS program services.

Area Plan Update 2006-07: Planning is underway to identify mechanisms for providing easier access to food stamps and other programs for seniors and people with disabilities, especially those on waiting lists for nutrition programs. In addition, one DAAS staff member participates in HSA’s Outreach Committee, which coordinates the agency’s outreach strategies and activities.

Year-End Status 2006-07: In 2006-07, DAAS & HSA staff worked collaboratively with the SF Food Security Task Force regarding recommendations related to older adults in the report “Food Security For All: A Strategic Plan to End Hunger in Our City, January 2007”. HSA planning staff will also advise on the implementation of \$1 million grant to streamline screening and application processes to increase food stamps utilization. Older adults are one of the primary target populations of that initiative.

Start & End Dates	Title III B Funded PD or C ¹⁰	Status ¹¹
7/1/05 - 6/30/08		Continued

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers			
Rationale: Employees of the OOA are not familiar with DHS programs and conversely DHS employees are not familiar with the programs of the OOA.			
Objective 4.2 The OOA and DHS staff will cross-train front-line staff on their respective programs, which will increase the number of consumers receiving both DHS and OOA services will increase by a minimum of 5%, as compared to a baseline to be developed in 12/05. <i>Area Plan Update 2006-07:</i> Joint meetings between DHS and OOA program managers have addressed the question of coordinating services and increasing utilization. The executive director of DAAS now sits in weekly meetings with the Deputy Director of DHS programs as well as the executive director of HSA to ensure coordinated strategies for serving common clientele. A focus on front-line staff will commence in 2006-07. <i>Year-End Status 2006-07:</i> Working with other city departments and community-based organizations in developing part of the California Nutrition Action Plan (CNAP), OOA Nutritionist and HSA staff will help in completing an outreach training presentation on food and nutrition programs offered in the city by April 2007.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/08		Continued

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers			
Rationale: It is believed that many seniors are unaware that they can use their Food Stamps for meals at senior nutrition sites.			
Objective 4.3 The DHS Food Stamp program will provide technical assistance to at least two congregate meal sites so that their consumers can swipe their electronic benefits card and deduct meal payments from their Food Stamps allocation. <i>Area Plan Update 2006-07:</i> Two congregate meal sites have added this capability, and a third is working to do so. Completed.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 – 6/30/06		Completed

Goal Five: To plan for the long-term care needs of underserved and emerging target populations			
Rationale: Some senior nutrition sites are experiencing a decline in participants, and it is believed that fresh models of senior centers and activities should be developed to reflect the new generation of younger seniors.			
Objective 5.1 As coordinated by the Advisory Council to the Aging and Adult Services Commission, the OOA staff will participate in a task force of current and future consumers, Advisory Council representatives, researchers, and service contractors to discuss needs and identify new service models for meal services, caregiver support, and long term care that will be responsive to the needs of “baby boomers.” <i>Area Plan Update 2006-07:</i> The Advisory Council discussed this objective in its January meeting and expressed interest in working to form a task force in partnership with DAAS that will research these issues and convene a community education forum. <i>Year-End Status 2006-07:</i> The Advisory Council Baby Boomer Work Group met in March 2007 and plans to draft recommendations by June 30, 2007.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/08		Continued

Goal Five: To plan for the long-term care needs of underserved and emerging target populations			
Rationale: The large number of baby boomer seniors approaching status for eligibility of Triple A funded services mandates a new look at service delivery models.			
Objective 5.2 The Advisory Council to the Aging and Adult Services Commission will convene an educational forum with service providers, foundation representatives, researchers, and business leaders to develop recommendations for investments in services designed to meet the needs of “baby boomers.” This plan will be the beginning of an ongoing effort to address the needs of the baby boomer generation and to make preparations for the increases in the numbers of persons growing older and living longer, and its recommendations will be incorporated into Area Plan updates. <i>Area Plan Update 2006-07:</i> The Advisory Council discussed this objective in its January meeting and expressed interest in working to form a task force in partnership with DAAS that will research these issues and convene a community education forum. <i>Year-End Status 2006-07:</i> The Advisory Council is discussing this objective in coordination with their work on objective 5.1.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/08		Continued

Goal Five: To plan for the long-term care needs of underserved and emerging target populations			
Rationale: In focus groups, lesbian, gay, bisexual, and transgender (LGBT) seniors have commented on not feeling comfortable in services sites that are not oriented to them. Also, a taskforce on underserved communities of seniors and persons with disabilities is formulating recommendations that may include meal site locations, and new housing sites for formerly homeless seniors are opening up this year and may be suitable for meal sites.			
Objective 5.3 The OOA will provide technical assistance to identify at least one congregate meal site that will target the LGBT and/or other underserved communities. <i>Area Plan Update 2006-07:</i> A LGBT meal site has begun operation in 2005-2006. Completed.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		Completed

Goal Five: To plan for the long-term care needs of underserved and emerging target populations			
Rationale: The <i>Living With Dignity</i> strategic plan identified four target populations that are underserved by the city’s long-term care service system for seniors and persons with disabilities.			
Objective 5.4 The OOA staff will work with the San Francisco Partnership for Community-Based Care & Support to develop recommendations on how to improve services for seniors and adults with disabilities in the following underserved communities: 1) African American; 2) Asian/Pacific Islander; 3) Latino; and 4) lesbian, gay, bisexual, and transgender. The recommendations will be incorporated into the 2006-07 Area Plan update. <i>Area Plan Update 2006-07:</i> DAAS staff has been assigned to attend the community partnership meetings and the planning unit is actively working with Partnership groups to ensure representation in the needs assessment process. Recommendations will be incorporated into the 2006 Needs Assessment. <i>Year-End Status 2006-07:</i> The 2006 Needs Assessment included information from focus groups and interviews with each of the Partnership groups. After the Assessment was completed, HSA returned to each these groups and made presentations about the results of the Assessment and invite feedback. OOA staff will continue to attend meetings in FY2007-08.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 – 6/30/08		Continued

Goal Five: To plan for the long-term care needs of underserved and emerging target populations			
Rationale: Often, in the rehabilitation units of hospitals, patients are not provided with adequate information for long term care choices, and transitions out of these facilities are not adequately monitored. In order to meet the individual needs of the consumers and family members, it is important to assure that patients participate in both care and discharge planning through the Ombudsman support.			
Objective 5.5 To advocate for safe discharge planning and to ensure that adequate long term care choices are provided, to patients of rehabilitation units of hospitals. To assure that patients participate in both care- and discharge planning through Ombudsman support. The Discharge Planning Ombudsman will visit all rehab SNFs weekly for purpose of outreach and complaint advocacy. The Discharge Planning Ombudsman will also provide an array of community-based options to the patient, family and utilization nurse prior to discharge when a complaint about process occurs. <i>Year-End Status 2006-07: New objective for FY2007-08.</i>	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/07 – 6/30/08		New

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources			
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and make more appropriate referrals for the delivery of services.			
Objective 6.1	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/08		Continued
<p>To improve services for younger adults with disabilities (YAD), the Human Services Agency planning unit will work with the OOA staff, adults with disabilities, and OOA-funded contractors to assess the service needs of this population, research service models and outreach strategies, identify potential funding sources, and make recommendations regarding training and program changes that will be incorporated into the 2006-07 Area Plan update.</p> <p><i>Area Plan Update 2006-07:</i> These issues have been included in the plan for the 2006 Needs Assessment process.</p> <p><i>Year-End Status 2006-07:</i> The 2006 Needs Assessment integrated information about the needs of younger persons with disabilities, identifying gaps in service and identifying areas for further analysis. Also, a public hearing was convened in October 2006 to discuss programs meeting the needs of the younger disabled. These efforts contributed to a \$200,000 RFP being issued in January 2007 for three specific programs to serve the YAD: legal services, money management, and social support services for hoarders and clutterers.</p>			

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources			
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.			
Objective 6.2 The OOA will evaluate its pilot project to provide Home-Delivered Meals for younger adults with disabilities, eliciting input from consumers, meal providers, and service recipients, and will make recommendations on funding and program adjustments for the 2006-07 Area Plan update. <i>Area Plan Update 2006-07:</i> An evaluation survey of the pilot program has been completed, and a draft report will be completed by June 2006. <i>Year-End Status 2006-07:</i> DAAS has shared the results of the completed evaluation with the Advisory Council, Services and Program Advisory Committee, and the community. Additional baseline funding has been identified to continue and expand this program. Completed.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/07		Completed

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources			
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.			
Objective 6.3 The overall number of younger disabled persons served by the OOA-funded network of contracts will increase by 5%, as compared to a baseline that will be developed by 12/05. <i>Area Plan Update 2006-07:</i> Implementation of a pilot home-delivered meal program for younger disabled adults, as well as provision of case management through the Institute on Aging and Neighborhood Resource Centers has significantly increased the number of younger disabled adults receiving services from OOA contractors. Data is still fragmented at this time, requiring more analysis to determine baseline and comparison figures. <i>Year-End Status 2006-07:</i> Due to additional funding earmarked for this population, DAAS conducted a public hearing in Oct 2006 about increasing services to the younger disabled. An RFP of new/additional services was issued. (See objective 6.1.) The OOA provided services to 582 persons under the age of 60 as of February 2007 this year. In addition, DAAS had provided home delivered meals to 206 younger persons as of the same time year. Congregate meal programming began in March 2007.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/08		Continued

SECTION IV: TITLE III D HEALTH SCREENING AND MEDICATION MANAGEMENT

The OOA contracted with Curry Senior Center in FY 2006-07 to provide both health screening and medication management services. Highlights of those activities are described below.

Health Screening

In FY 2006-07 Curry Senior Center provided health screening services to 764 unduplicated clients and rendered 1608 units (hours) of service. As part of its health screening, Curry staff conduct a brief medication examination to discover and determine conditions that may require a referral for a more in-depth medical evaluation. Clients are screened for chronic conditions, including hypertension, diabetes and cardiovascular, functional impairments, and preventive treatments, including whether they have received pneumovax (pneumonia vaccine).

Medication Management

Curry Senior Center provides patient education on medications as an adjunct to delivery of medical treatment services. Pharmacists and nurses work with patients providing personalized, one-on-one medication review and information, answering questions and counseling seniors so that they understand, are following directions and taking medication properly and are monitored over time to ensure proper self administration. In addition, for some clients, weekly medication sets are prepared. During FY 2006-07, a total of 80 clients and 575 consumer contacts were provided.

SECTION V: PROGRAM DEVELOPMENT OR COORDINATION

(The California Department of Aging requires a section in the Year-End Report that discusses activities related to the use of Title III-B funds expended for federal “Program Development or Development” activities. San Francisco County does not use Title III-B funds for that purpose. Thus, there is nothing to report in this section.)

SECTION VI: SUMMARY OF ACTIVITIES

Living with Dignity Strategic Plan Update: Local Coordination Efforts

Based on the goals, strategies, and objectives outlined in the *Living With Dignity Strategic Plan*, public and nonprofit service providers, consumers, City departments, and advocates are continuing to work together to make improvements in San Francisco’s long term care service delivery system, with the goal of a better coordinated, more accessible system that is well prepared to serve the current and future populations of older adults and adults with disabilities.

Long Term Care Coordinating Council

The Long Term Care Coordinating Council (LTCCC) has expanded and now includes 37 members. All members are appointed by the Mayor. The LTCCC meets on a monthly basis. It also has several subcommittees as follows: (1) Housing and Services; (2) Mental Health Access; (3) Laguna Honda Hospital Assisted Living; (4) Transitional Care; and (5) Long Term Care Financing and Public Policy.

The LTCCC is responsible for overseeing implementation of service delivery system improvements identified in the *Living with Dignity Strategic Plan*. The LTCCC discusses all issues related to community-based long-term care and supportive services. It evaluates how different service delivery systems interact to serve people, and it makes policy recommendations about how to improve service coordination and system interaction. Based on its deliberations, the LTCCC provides policy guidance to the Mayor’s Office.

The Living with Dignity Strategic Plan identifies the following five critical needs. The need for:

- 1) an improved, well-coordinated system of care and support;
- 2) easier access to services;
- 3) improved quality of care;
- 4) increased local, state, and federal funding; and
- 5) increased system capacity, especially in the areas of safe, affordable, and accessible housing and transportation.

This strategic plan offers an opportunity to address these critical needs by recommending a number of system improvement strategies.

The San Francisco Partnership for Community-Based Care & Support

This Partnership is a demonstration project funded by the national *Community Partnerships for Older Adults* program of the Robert Wood Johnson Foundation. The Partnership is a network of more than 70 private and public organizations, working to improve community-based services for older adults and adults with disabilities in San Francisco.

The Partnership has become an extensive network of service providers dedicated to strengthening the system of community-based care and support. The purpose of the Partnership is threefold: (1) to enhance collaboration, cooperation, and communication between member agencies in the delivery of services; (2) to promote the services provided by member agencies via a multi-faceted media campaign; and (3) be an increasingly visible and powerful voice in service organization and coordination.

The Partnership oversees several key service delivery system improvements identified in the Living With Dignity Strategic Plan. The major system improvement strategies and related implementation activities are described below.

1. Increase Collaboration in Underserved Communities

The **Community Partnerships Workgroup** is continuing to strengthen existing collaborations and building new collaborations in historically underserved communities. Four Community Partnerships focus on improving access to culturally appropriate services for the following groups of older adults and adults with disabilities: 1) African-American; 2) Asian & Pacific Islander; 3) Latino; and (4) lesbian, gay, bisexual, transgender persons. Each Community Partnership is working to improve outreach, sensitivity and collaboration among service providers. These community partnerships are meeting to respond to the needs of diverse racial, ethnic and cultural populations. Each Community Partnership works to identify needs that have an impact on DAAS program and funding priorities.

2. Improving Access to Services for Homebound Individuals

To identify homebound individuals who could benefit from supportive services, a **Partnership Peer Advocacy Project** was created in 2005. Four peer advocates were recruited in each of the four separated community partnerships to collaborate with service providers, senior groups, advocacy organizations, and county agencies to contact those who need help and support. This project is the front-line access to isolated, homebound seniors and adults with disabilities. Peer advocates track and demonstrate needs, and report their findings to the OOA, with the objective of assisting the OOA in establishing responsive funding priorities. This project was continued with a second year, beginning with another round of peer advocate training in September 2006. However, due to limited grant funding available after FY 2006-07, this project was ended in June 2007.

3. Improving Access to Services to Public Housing Residents

Since the 2005 needs assessment of residents in eight senior/disabled public housing buildings (explained last year), and the report completed in 2006, entitled: *Seniors and Adults with Disabilities in San Francisco's Public Housing: Results from the Services Connection Survey*, much has happened to activate the Services Connection Pilot Project.

The **Services Connection Pilot Project** is intended to: (1) build confidence of older adults and adults with disabilities who are public housing residents, and expand and improve access to services; (2) get services integrated into the buildings by participating agencies; and (3) get residents out and into community-based services, including meal sites.

In May 2006, the Services Connection Survey was presented to Long Term Care Coordinating Council. Its Housing and Services Workgroup began to organize the Pilot Project in September 2006. Under the auspices of this Workgroup, the Pilot Project Organizing Committee created in November 2006.

Subsequently, two senior/disabled buildings operated by the San Francisco Housing Authority (SFHA) were identified for Pilot Project in December 2006: (1) 350 Ellis Street; and (2) 666 Ellis Street. A presentation about the Pilot Project was made to the

SFHA Citywide Senior/Disabled Council in January 2007. Also, presentations to SFHA Resident Councils at 350 and 666 Ellis took place in January. A Project manager/trainer retained was hired in January. Two Service Teams formed and were trained in February.

The Pilot Project was started in March 2007. It includes three stages:

- **Stage One** (March 5 – May 31, 2007): Develop trust and relationships with residents; Begin to connect residents to services;
- **Stage Two** (June 2 – August 31, 2007): Get services into buildings;
- **Stage Three** (September 1 – November 30, 2007): Get residents out and into community-based services.

The Services Connection Pilot Project will be completed in November 2007 and evaluated in December 2007. Following are some accomplishments getting residents connected to services. Residents: (1) got reinstated in paratransit services; (2) received dental services; (3) obtained AT&T telephone service; (4) joined an exercise program at YMCA; (5) got referred to adult day health care at Curry Senior Center; (6) obtained I&R through 211 - new Community Services line at United Way; (7) obtained I&R through Resource Centers; (8) sought employment services at Glide Church; and (9) obtained home delivered meals.

4. Increasing Service Coordination

The **Case Management Collaboration Workgroup** has explored ways to improve the coordination of services for older adults and strengthen San Francisco's service delivery system. Formed in April 2004, this workgroup includes case managers from programs that are community-based and client-specific, DAAS programs, public social/health programs, as well as medical and institutional programs.

In June 2007, based on the concept paper for the Case Management Connect Pilot Project (CMCPP) completed in March 2006, the CMCPP began as a demonstration project. Approximately 16 case management programs contracted by DAAS and the Department of Public Health (DPH) are partnering to develop a collaboration through which they can coordinate case management services for the clients that they serve.

Protocols have been developed to enhance case manager coordination and agency collaboration that participants agree to follow when delivering services to their clients. Protocols include: (1) specific definitions of levels of case management offered by each participating agency, and (2) eligibility criteria from each case management program.

The CMCPP uses an electronic, web-based rolodex to identify case management agencies responsible for clients served by CMCPP participants. The purpose of the rolodex is not to share medical information of clients, but to foster the ability to more quickly and efficiently identify and contact case management programs that are serving the same client.

The CMCPP electronic rolodex consists of two elements:

1. A listing of clients served by case management programs that are participating in the CMCPP, and the name and contact information of the program providing lead case management services to that client. Although it will not be necessary to enter client information in addition to name and limited identifying information, it will be necessary for each participating agency to ensure that information in the electronic rolodex is up-to-date.
2. A listing of all case management programs citywide, including descriptions of services offered, eligibility criteria (or target population), and contact information.

The CMCPP will continue for five months and be evaluated in November 2007.

5. Enhance the Quality of Homecare Services

The **Homecare Recruitment and Retention Workgroup** has continued to explore ways to improve the recruitment, training, and retention of homecare workers in San Francisco. In July 2006, a concept paper was completed for the creation of a homecare training institute that will be more extensive than the training program currently available to homecare workers. The concept paper explains that our Homecare Training Institute will provide a comprehensive center for: (1) community-wide recruitment of homecare workers; (2) screening; (3) standardized training; (4) job placement; (5) continuing education; and (6) ongoing support.

A curriculum has been developed that includes different levels of sequential, cumulative training. In June 2007, the model for the training institute began to be redesigned based on changes in the homecare industry that are taking place. Once this redesign is complete, a business plan and a viable financial model will be developed, and funding will be sought to supplement start-up costs for the first year of operation.

6. Improve the Marketing of all Home and Community-Based Services

The **Public Relations and Marketing Workgroup**, with *Wide Angle Communications*, a PR firm, has continued a multi-faceted public relations campaign. The purpose of the PR campaign is to: (1) promote the idea that long term care no longer only means nursing home care; and (2) promote positive images of older adults and adults with disabilities.

In July and August 2006, the Home Alone component of the PR campaign was implemented. Advertisements were seen in the San Francisco Examiner, Sing Tao Daily, El Mensajero, the Bay Times and the Bayview. The purpose is to target older adults, adults with disabilities who live alone, and their caregivers, to inform them about the many services that exist, which can help them to remain at home and in the community.

DAAS partnered with HelpLink/211, the community services information phone line operated by the United Way, to provide comprehensive information, referral and assistance services. The 211 line is open every day, all day long, and has multiple language capability. HelpLink/211 is being promoted in the Home Alone advertising campaign as the easy-to-remember contact number for improved access to services.

The Home Alone component of the PR campaign was so successful that it is being expanded and re-run three times in 2007: (1) February/March; (2) May/June; and (3) November/December. Two of these runs are being funded by DAAS and one run is being funded by the grant from the Community Partnerships for Older Adults program.

7. Enable Better Transitions Between Home, Community-Based and Institutional Services

The launch of the Community Living Fund program was the primary focus of this strategy. See the following section for a detailed description of those activities.

The Community Living Fund

In July 2006, the Mayor and Board of Supervisors of San Francisco created a \$3 million Community Living Fund (CLF) for FY 2006-07. The goals of the CLF are to: (1) provide adults with disabilities of all ages with real choices about where and how they receive assistance, care and support; and (2) assure that no individual is institutionalized because of a lack of community-based long term care and supportive services.

The CLF is being carried in the DAAS budget. This funding will be in the base budget so it will be ongoing. It will also be identified as a project so that unexpended funds can be rolled over from one year to the next.

The **purposes** of this CLF fund are to:

- Expand the amount and types of funding available for home and community-based long term care and supportive services beyond what is currently available in order to allow adults with disabilities of all ages to remain living safely in their own homes and/or communities.
- Provide incentives to develop new models of financing and service delivery that better leverage local dollars and encourage integration of services and support across departments.
- Provide flexible funding to create “wrap-around” services that offer basic support to enable persons with disabilities, both seniors and younger adults, to live with dignity in their own homes and communities as long as possible.
- Expand, not supplant, existing funding, working to fill funding gaps until new sources of support for services can be secured through waivers and other means.

The CLF provides an opportunity to determine what is necessary to get services to older adults and adults with disabilities to live in the community. The CLF program was fully operational in July 2007.

The primary **target populations** for the CLF include:

- People in Laguna Honda Hospital (LHH) and San Francisco General Hospital (SFGH).
- People on the LHH waiting list, some of whom are in SFGH.
- People recently discharged from LHH (within past six months).
- People in the community at imminent risk of institutionalization and with complex needs.

All referrals to the CLF come through the DAAS Long Term Care Intake and Screening Unit, which determines initial CLF eligibility and refers the client to the contracted service providers.

The CLF supports a menu of **service options** and levels of assistance, care, and support, and a range of housing and supportive services when deemed necessary by a CLF case manager and that cannot be provided through alternate funding sources. Funds will be used in a flexible manner to pay for those services needed for which other funding (either short or long term) is not available. Purchased services will ensure that each client receives a comprehensive array of appropriate services that are necessary to create or maintain community living.

APPENDIX A: AGENCIES & SERVICES FUNDED

(FY 2006-07)

Asian Law Caucus

Legal and Naturalization services

Asian Pacific Islander legal Outreach

Legal and Naturalization services

Bayview Hunters Point Multipurpose Senior Services, Inc.

Community Services and Meals, Money Management Services

Bernal Heights Neighborhood Center

Case Management, Community Services and Meals

Catholic Charities CYO

Case Management, Community Services, District-Wide Social Services Worker, Homemaker and Personal Care, Alzheimer's Day Care Resource Center

Centro Latino de San Francisco

Community Services, Congregate Meals, Home-Delivered Meals, Congregate Meals for Adults with Disabilities and Naturalization services

Community Awareness and Treatment Services, Inc

Transportation for Homeless Seniors

Conard House

Money Management for Younger Adults with Disabilities

Curry Senior Center

Case Management, Community Services, Health Screening
Medication Management

Edgewood Center for Children and Families

Family Caregiver Support Program—Kinship Program

Episcopal Community Services

Case Management, Community Services, District-Wide Social Services Worker, Emergency Housing Assistance

Family Caregiver Alliance

Family Caregiver Support Program

Family Service Agency of San Francisco

Ombudsman, Senior Companion

Golden Gate Senior Services

Community Services

Institute on Aging

Alzheimer's Day Care Resource Center, Community Services, District-Wide Social Service Worker, Elder Abuse Prevention, Linkages, Resource Centers for Seniors and Adults with Disabilities

International Institute of San Francisco

Community Services and Naturalization Services

Jewish Community Center of SF

Congregate Meals

Jewish Family and Children's Service

Case Management, Community Services, Home-Delivered Meals and Naturalization Services

John King Senior Center

Community Services

Kimochi, Inc.

Adult Day Care, Community Services, Congregate Meals, District-Wide Social Service Worker, Family Caregiver Support Program, Home-Delivered Meals

Korean Center, Inc.

Community Services, Congregate Meals

La Raza Centro Legal

Legal and Naturalization Services

Laguna Honda

Alzheimer's Day Care, Resource Center, Congregate Meals

Legal Assistance to the Elderly

Legal Services, Legal Services for Adults with Disabilities

Lighthouse for the Blind and Visually Impaired

Community Services, Taxi Vouchers

Meals on Wheels of SF, Inc.

Case Management, Community Services, Congregate Meals, Home-Delivered Meals Home-Delivered Meals Clearinghouse, Home-Delivered Meals for Adults with Disabilities

City and County of San Francisco
Department of Aging and Adult Services

Mental Health Association of San Francisco
Social Support Services for Hoarders and Clutterers

Mission Neighborhood Centers
Community Services, Naturalization Services

Municipal Transportation Agency
Paratransit Services

Network for Elders
Case Management, District-wide Social Service Worker, Resource Centers for Seniors and Adults with Disabilities

New Leaf Services for Our Community
Community Services, Volunteer Recruitment for LGBT Seniors and Adults with Disabilities

On Lok Day Services
Case Management, Community Services, Congregate Meals, Home-Delivered Meals, Evidence-based Health Promotion program

Openhouse
LGBT Cultural Sensitivity Training for Service Providers

Planning for Elders in the Central City
Homecare Advocacy, Senior Empowerment

Project Open Hand
Community Services, Congregate Meals, and Congregate Meals for Adults with Disabilities

Russian American Community Services
Community Services, Congregate Meals, Home-Delivered Meals, Congregate Meals for Adults with Disabilities, and Home-Delivered Meals for Adults with Disabilities

Samoan Community Development Center
Congregate Meals

San Francisco Adult Day Services Network
Adult Day Health Services

San Francisco Food Bank
Brown Bag

San Francisco Senior Center
Case Management, Community Services, Medical Escort Program

Self-Help for the Elderly

Alzheimer's Day Care Resource Center, Case Management, Community Services, Congregate Meals, District-wide Social Service Worker, Home-Delivered Meals, Personal Care, Homemaker, Chore, Naturalization Services, Resource Centers for Seniors and Adults with Disabilities, Congregate Meals for Adults with Disabilities And Home-Delivered Meals for Adults with Disabilities

Senior Action Network

Health Insurance Counseling and Advocacy Program (HICAP), Housing Advocacy, Senior Empowerment

Southwest Community Corporation

Community Services

Veterans Equity Center

Case Management, Community Services

Vietnamese Elderly Mutual Assistance Association

Community Services and Naturalization Services

Visitacion Valley Community Center

Community Services

Western Addition Senior Citizens Service Center, Inc.

Community Services, Congregate Meals, Home-Delivered Meals, Congregate Meals for Adults with Disabilities, and Home-Delivered Meals for Adults with Disabilities

YMCA of San Francisco

Community Services