



**YEAR-END REPORT**  
**AREA PLAN 2005 – 2009**  
**FY 2007-08**

**DEPARTMENT OF AGING AND ADULT SERVICES**  
**OFFICE ON THE AGING**

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## **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 \_\_\_\_\_  
**Connie Little**  
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) and related long-term care planning and programming entities 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 as of the end of FY 2007-08.

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**

The Advisory Council to the Commission on Aging & Adult Services and the Department of Aging and Adult Services has continued its work apace, working to increase the efficiency and value of its monthly meetings. The President of the Commission Gustavo Serina, Director of DAAS Anne Hinton and Advisory Council President Connie Little met early in the year to discuss roles and expectations, leaving the door open for future meetings if indicated. The Executive Committee: First Vice President Cathy Russo, Second Vice President Benny Wong and Secretary Lisa Luna-Smith joined the President monthly to discuss council issues and develop and coordinate the meeting agenda. First Vice President Russo has chaired the Council in the president's absence.

### **Site Visits**

An early effort involved Site Visit Lead Cathy Russo and Advisory Council members working with Denise Cheung, Director of the Office on the Aging and County Veterans Service Office, and her staff to provide increased structure and focus around the site visits, both purpose and execution. Staff provided a prioritized list of agencies to visit based on their knowledge and experience. This cooperative effort – and the referenced list - has given Advisory Council membership a better framework for selecting agencies to visit and reporting back to Council & staff. Site visit reports are now a standing agenda item, reflecting the importance of the visits. In addition, each of the Program Analysts has presented to the Council, giving information on their functions and areas of expertise for members' increased understanding.

### **Membership**

Membership has continued to grow and we are hopeful that all open positions will be filled. The recruitment committee chaired by Lisa Luna Smith developed a handout for council members outlining the two tracks for initial membership: supervisorial appointment and commission appointment. Re-appointment processes were addressed herein as well. This document has been added to the council members' orientation binders. The council continues to work with the Commission Nominating Committee to speed application processing.

### **Orientation & Programs**

This year the council piloted a change to two meeting orientation processes. In the initial meeting Director Hinton gave an overview of the Older Americans Act and department history. The second meeting included Shireen McSpadden, DAAS Deputy Director, reviewing the department's myriad functions. In retrospect, this method was less successful than envisioned since the presentations were at separate meetings – each of which had additional programs - and thus not viewed as a discrete orientation process. The legally required ethics training was moved to a non-advisory council meeting time for efficiency. Consideration will be given to that scheduling method for orientation next year.

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**Department of Aging and Adult Services**

Programs presented at Council meetings included the MUNI Transit Effectiveness Program, Ombudsman Program and others. The Council has expressed concern that the needs of the elderly and disabled be at the forefront, especially with regard to transportation issues.

**Triple-A Council of California (TACC)**

George Schofield, former Advisory Council President, became the delegate to the TACC meetings and has been elected President of that group. TACC meeting frequency has decreased to four meetings per year from six due to reduced state funding support. TACC has increased its focus on legislative issues for 2008, changing the legislative committee to a committee of the whole.

**Task Force on Boomers**

A task force of Department and Advisory Council members has been meeting to address the expected impact of aging Baby Boomers on the community and its providers. The task force queried the DAAS-funded providers and was told that information on San Francisco's demographic trends, boomer research, and experiences of other providers would be the most helpful for their planning efforts. The task force completed such a report with a boomer research review and local demographics entitled: *San Francisco Baby Boomers – A Breed Apart?* The report will be presented at a DAAS-sponsored Boomer Research Forum in October 2008. The forum will include breakout sessions on Healthy Aging, Home Care Workforce, Boomer Mental Health and Volunteer Management. The forum will be open to service providers, researchers and boomers themselves. DAAS is considering hosting an annual community forum based on this effort and addressing timely topics.

**Legislative Activity**

The Advisory Council sent a letter to local San Francisco legislators and the Budget Conference Committee opposing the budget cuts to Medi-Cal recipients. The letter was also forwarded to the Governor and others based on feedback from the Legislative Committee.

Advisory Council members have been solicited for more representation on the Legislative Committee; the committee has members from both the Commission and the Advisory Committee. Council members Marian Fields and Mary Higgins have joined the legislative committee as a result of the effort.

**Summary**

The Council has worked consistently throughout the year to represent the needs of the elderly and disabled citizens of San Francisco to the Department of Aging & Adult Services and the Commission on Aging & Adult Services. Transportation, Medi-Cal cuts and program funding changes have engaged the energies of the Council.

## Highlights of Accomplishments/Achievements

### Office on the Aging (OOA) Accomplishments

#### **Continued Funding Programs for Younger Adults with Disabilities (YAD)**

With the City's General Fund, OOA has continued to fund programs to meet the needs of the YAD: home-delivered meals and congregate meals, legal services, money management, and social support services for hoarders and clutterers. The number of YAD consumers served in FY07-08 is 1,598, representing 7% of the total number of consumers served by OOA. This is an increase by 1 % over the number in FY 06-07.

#### **Continued Funding Evidence-based Health Promotion program (EBHP)**

With the City's General Fund, OOA has continued to fund an evidence-based health promotion program. 30<sup>th</sup> Street Senior Center, is the lead agency coordinating with San Francisco Senior Center and University of San Francisco to provide "Always Active" EBHP program in nine senior centers.

#### **Participating in the EBHP Initiative Statewide Steering Committee and Healthier Living Workshops**

OOA has been invited to participate in the EBHP Initiative Statewide Steering Committee. Apart from attending the quarterly meeting, the OOA collaborated with Meals on Wheels of San Francisco, Self-Help for the Elderly, Partners in Care Foundation and 30<sup>th</sup> Street Senior Center to co-sponsor two Healthier Living workshops.

#### **Single Room Occupancy (SRO) Food Outreach Program**

OOA provided funding to continue the SRO Food Outreach Program. This program is a collaboration between the San Francisco Food Bank (SFFB) and Chinatown Community Development Center (CCDC) - SFFB helped to provide culturally appropriate supplemental food, while CCDC provided staffing and volunteers to administer the program on-site to the participants. This program provided weekly supplemental groceries to homebound and/or very frail residents of five single-room occupancy (SRO) residential hotels in the Chinatown area.

#### **Ombudsman Program: Three Best Practices**

The Office of the State Long-Term Care Ombudsman (OSLTCO) conducted a monitoring visit to the Ombudsman Program in January, 2008. Three best practices were identified: the RFP can be used as a model for all other counties; the volunteer contract has clearly identified expectations; and the creation of a gatekeeper Ombudsman has provided an added component of advocacy to residents. Program staff were also commended on their professionalism and knowledge of the program.

#### **Services for LGBT Seniors and Adults with Disabilities**

OOA continued to fund a program to provide volunteer recruitment and support for caregivers of the LGBT seniors and adults with disabilities. The LGBT lunch program implemented last year,

has evolved into a discussion group. Another new project with specific LGBT programming has been developed by “openhouse” and implemented in the Castro Senior Center.

### **Legal Services**

The four legal services providers funded by OOA have continued to collaborate to develop and publish a multilingual newsletter to inform seniors about critical issues and preventive practices. The number of languages was increased to four (4): English, Spanish, Chinese and Vietnamese. Resources are being sought to also include Russian language.

## **Nutrition Program Highlights**

### **Nutrition Services for Seniors**

The OOA congregate meal contractors were approximately on target with the OOA’s contract goal, serving 808,115 congregate meals to 14,497 seniors at 49 meal sites throughout San Francisco. Fifteen nutrition providers provided the meals, offering nine different types of meals (African-American, Chinese, Filipino, Japanese, Kosher, Korean, Latino, Russian, and Western-style meals).

The OOA exceeded its contract goal by 8.2% (or 76,358 meals). Eight nutrition providers delivered 1,006,180 home-delivered meals to 3,289 unduplicated seniors, including 545,793 modified diet meals. Nine different types of meals were served: Latino, African-American, Chinese, Russian, Japanese, Filipino, Kosher, Western and modified diets. In addition, contractors provided:

- 70,778 units of Nutrition Education to congregate meal program participants;
- 13,014 sets of Nutrition Education materials to home-delivered meals recipients; and
- 1,137 hours of Nutrition Counseling to homebound seniors.

### **Nutrition Services for Younger Adults with Disabilities**

Six different congregate meal nutrition contractors provided a total of 9,365 congregate meals to younger adults with disabilities, serving 283 unduplicated consumers.

Three home-delivered meals contractors delivered a total of 80,750 meals for younger adults with disabilities, serving 315 unduplicated clients.

### **Single Room Occupancy (SRO) Food Outreach Program**

With proven success of this pilot program, OOA provided funding to continue the SRO Food Outreach Program. The program is a collaboration between the San Francisco Food Bank (SFFB) and Chinatown Community Development Center (CCDC); SFFB provides culturally appropriate supplemental food, while CCDC provides staffing and volunteers to administer the program on-site to the participants.



The program provided weekly supplemental groceries to homebound and/or very frail residents of five single-room occupancy (SRO) residential hotels in the Chinatown area, specifically targeting residents in five residential hotels managed by Chinatown Community Development Center. These SROs are located in Chinatown at: 665 Clay Street, 657 Clay Street, 523 Grant Avenue, 1527 Grant Avenue, and 534 Broadway.

In FY 2007-08, 175 unduplicated consumers received a weekly supplemental grocery, which is valued at \$23 or more per bag. The annual total value of the supplemental groceries was **\$154,283**. An average of 20 youth volunteered weekly on this project, including delivering the grocery bags to the participant's home. An annual total of **3,648 volunteer hours** (youth and adult) assist with this program.

## **Evidence-Based Health Promotion (EBHP) Program Highlights**

Chronic diseases affect 88 percent of older adults and cause limitations in activities of daily living. People from low income and people of color are at greater risk of many chronic diseases. One of the goals for the health promotion program is to implement evidence-based programs which have been proven to be effective in reducing older people's risk of disease, disability and injury and to empower people to take more control over their own health through lifestyle changes. During FY 2007-08 OOA continued to support and implement evidence-based health promotion programs through the following two programs.

### **Always Active Program**

The 30<sup>th</sup> Street Senior Center served as the lead agency to implement a citywide evidence-based health promotion program in collaboration with experienced providers, including the University of San Francisco's Department of Exercise and Sports Science (USF ESS), San Francisco Senior Centers, Inc., and eight different senior services organizations to provide a health promotion program that includes:

- Strength training designed for older adults,
- Fall prevention exercise program,
- Health and wellness education presentations,
- Capacity building training,
- Wellness trainer workshop,
- Cardiovascular exercise, and
- Wellness plan development.

Nine senior centers participated in this program during this contract period including: Aquatic Park Senior Center, Capp Street Senior Center, Castro Senior Center, Catholic Charities CYO-OMI Senior Center, Downtown Senior Center, Excelsior Senior Center, 30<sup>th</sup> Street Senior Center, St. James Community Learning Center and Self-Help for the Elderly.

The following is a summary of the highlights of services provided by the Always Active program in FY 2007-08:

- 457 unduplicated consumers served in Always Active program
- 10,357 consumers served through presentations and classes
- 550 consumers received individual fitness consultation
- Certified 34 wellness trainers to work with seniors
- Conducted four 8-hour Wellness Trainer Workshops at the University of San Francisco
- 32 older adults participated in the Falls Prevention classes

### **Healthier Living – Managing Ongoing Chronic Health Conditions**

This EBHP program which was developed by Stanford University, has been implemented in many parts of the world in the last 30 years. OOA is proud to implement this program for the first time in San Francisco, as part of the EBHP Statewide Initiative.

This program consists of a series of 2 ½ hour workshops presented over a 6-week period by two trained leaders, one or both of whom are non-health professionals living with a chronic disease. The curriculum includes workshops and appropriate behavior modifications and coping strategies to enable the participants to manage their chronic diseases and medications and increase physical activity levels. The program enables the participants to work on effective communication skills with family, friends, and health professionals.

Years of federal research has shown that the Healthier Living program significantly improves people's lives and reduces health care costs with very small program investments. Studies show the reductions in healthcare costs will pay for Healthier Living within the first year.

OOA collaborated with Meals on Wheels of San Francisco, Self-Help for the Elderly, Partners in Care Foundation and 30<sup>th</sup> Street Senior Services to co-sponsor two Healthier Living workshops during FY 2007-08, and successfully graduated 14 older adults from this program. OOA and collaborating partners successfully held a press conference for the Healthier Living Graduation-Celebration for the first graduating class on July 8, 2008. The event generated much positive publicity and outreach for this program.

### **Information Technology**

In FY 2005-06 the Office on the Aging, in collaboration with the Human Services Agency's IT department, launched a web-based application called OOA Net. In FY 2007-2008, the Human Service Agency's IT department has been working in collaboration with the planning unit and OOA program staff to ensure that OOA-Net will be compliant with the state's transition to the California Aging Reporting System (CARS).

The IT department also worked with program staff to implement a web-based information, referral and assistance tool, DAAS-Net. The tool launched in January 2008, and is currently in use at DAAS and at the ten Resource Centers for Seniors and Adults with Disabilities. The system also handles referrals for the Community Living Fund, a local program that helps seniors and adult with disabilities who are at risk for institutionalization to live independently.

## **DAAS Long Term Care Intake and Screening Unit**

The DAAS Long Term Care Intake and Screening Unit has been operational since June 2007. In June, this unit took on In Home Supportive Services (IHSS) and Adult Protective Services (APS) intake functions, expanding the focus of the unit beyond answering simple information and referral type calls. Currently, the unit is responsible for taking referrals for IHSS, APS, home delivered meals (HDM), and the Community Living Fund (CLF). With regards to HDM and CLF referrals, staff monitor waiting lists to ensure that people still require these services, offering alternative resources as needed. The unit members have been cross-trained to take all type of referrals, also receiving training on community resources to better serve callers. DAAS has partnered with the Independent Living Resource Center recently to train intake staff about resources for people with disabilities. An APS supervisor is also partnering with the unit. Unit members are learning about risk factors for abuse as well as community resources that APS uses. In future training sessions, intake staff will train each other on resources they are aware of. Community members will be invited to do presentations.

The unit is using the new electronic system, DAAS-Net, since January 2008 to track general information and referral calls as well as CLF intakes. The CLF referral process is an example of how the goal of the “no wrong door” model for the unit and the Department is executed. Community Living Fund referrals involve requests in assisting seniors and adults with disabilities to live independently. Intake staff may process a CLF application to offer funds or intensive case management or connect the caller with other alternative resources.

A new citywide phone tracking system will be operational by October 2008 that will better track calls. It will assist in directing callers to the appropriate intake worker specializing in their request. Training staff to become more knowledgeable about community services is a continual process. However, the new phone system will help streamline calls into an integrated phone system that will best match the caller’s needs. The system will also provide statistics that will show what needs are unmet in the intake unit. This will assist in providing information on how to best staff the unit, making staff more available for calls.

## **Emergency Preparedness**

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 (discontinued in April 2008)

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- The San Francisco Community Agencies Responding to Disaster Steering Committee (SF CARD)
- Human Services Agency Disaster Preparedness Steering Committee.

The DAAS Emergency Coordinator made the following presentation during the fiscal year:

- American Society on Aging Autumn Series on Aging in October 2007, San Francisco. Session entitled: Emergency Preparedness for Agencies Serving Elders and People with Disabilities

## **SECTION II: SUMMARY OF IDEAS**

### **Baby Boomer Task Force Research**

Significant research has been conducted about the baby boomer population at both the national and state level. In order to determine whether national data were applicable to San Francisco boomers, the task force conducted an analysis of demographic information comparing San Francisco's baby boomer population to national and state statistics, a review of related research on projected needs and programming trends, and a survey of local service providers to gauge existing local planning efforts. The task force summarized the research in a report, including San Francisco-specific conclusions and recommendations.

The following recommendations from the report were directed to non-profit service providers, the Department of Aging and Adult Services, and other city departments.

#### ***Recommendations to service providers***

1. Attend training sessions and information sessions that focus on the unique needs and preferences of baby boomers.
2. Acknowledge that although senior centers and services may change, the social need to congregate will remain. Such centers can be the contact sites connecting boomer seniors with services which may be needed in the future.
3. Continue to pilot new programming efforts intended to attract and retain baby boomers in senior programming (e.g., expanded hours, physical and educational activities, health promotion, brain health activities, etc.)

#### ***Recommendations to service providers, DAAS, and other public agencies***

4. Begin public education tailored to the baby boomer population to ensure that they are aware of available consumer and caregiver support services.
5. Update public-facing websites, as they are likely to be a primary source of information for the baby boomer population.

#### ***Recommendations to DAAS***

DAAS may consider including some of the following recommendations in its upcoming Area Plan.

6. Initiate citywide planning and policy development to address baby boomer issues.
7. Continue and expand training sessions that improve the capacity of non-profit and public service providers to address the needs of baby boomers.

8. Monitor enrollment levels and waitlist in DAAS programs in the coming years (e.g., Office on the Aging programs, APS, IHSS, etc.), especially among the baby boomer age cohort. Consider additional analysis about changes in consumers' needs, preferences, and choices over time.

## **SECTION III: STATUS OF GOALS AND OBJECTIVES**

<b>Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs</b>			
<b>Rationale:</b> 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			
<b>Objective 1.1</b>  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>2006-07 Update:</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>2007-08 Update:</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 FY2006-07, the OOA also funded a drop-in for homeless seniors, serving approximately 300 individuals.  <i>2007-08 Year-End Status:</i> Objective completed. For FY0607, the OOA database showed 304 homeless seniors had enrolled in services. The original baseline for this objective was 178, and this shows a 71% increase. (Data tracking systems have changed since the first measurement of these figures, which can make historical comparisons difficult, however.)	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05-6/30/08		Completed

<b>Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs</b>			
<b>Rationale:</b> Current service providers do not utilize the range of caregiver support supplemental services that they can be funded for.			
<b>Objective 1.2</b>  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 contract staff to develop a Request for Proposals that will address the various needs of caregivers.  <i>2006-07 Update:</i> OOA staff worked with service providers and coordinated a presentation on the FCSP on Jan 25, 2006. Completed.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05-6/30/06		Completed



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**Department of Aging and Adult Services**

<b>Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs</b>			
<b>Rationale:</b> 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.			
<b>Objective 1.3</b>  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 <del>2006-07 Area Plan</del> update summary of the 2006 Needs Assessment.  <i>2006-07 Update:</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>2007-08 Update:</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.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05-6/30/07		Completed

**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.

<b>Objective 1.4</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
<p>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.</p> <p><i>2007-08 Year-End Status:</i> The SRO food project has been implemented effective April 2007. Chinatown Community Development Center (CCDC) and San Francisco Food Bank have collaborated to provide food pantry service to the tenants living in five Single Room Occupancy Hotels (SRO) in Chinatown. In FY 2007-08, 175 unduplicated consumers received a weekly grocery bag, and an average of 20 volunteers participated in food distribution weekly.</p>	5/1/07-6/30/09		<b>Continued</b>

**Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs**

**Rationale:** The *Living with Dignity Strategic Plan* identified the necessity to explore and address the service needs of isolated older adults and adults with disabilities in senior/disabled public housing. The San Francisco Housing Authority (SFHA) operates 23 senior/disabled public housing buildings with 2,300 seniors and adults with disabilities. Many of these people have access to few supportive services.

<b>Objective 1.5</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
<p>DAAS will expand its Services Connection Pilot Project to three new Housing Authority buildings. The Services Connection Pilot Project is a collaborative effort between DAAS, the SFHA, San Francisco’s Resource Centers for Seniors and Adults with Disabilities, and community-based service providers. The purpose is to link seniors and adults with disabilities living in public housing with services provided in the community. The pilot project service teams will initiate contact with approximately 75 residents at each building. Of these residents, the pilot project will target to reduce unmet service needs for 50 percent of resident participants by November 2008.</p> <p><i>2007-08 Year-End Status:</i> The project has expanded to serve five senior/disabled Housing Authority sites. Northern California Presbyterian Homes and Services will be implementing the next phase of the initiative, using ROSS grant funding from HUD, in FY 08-09.</p>	2/1/08-6/30/08		New

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> 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.			
<b>Objective 2.1</b>  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.  <i>2006-07 Update:</i> OOA staff has met to begin preliminary discussions of this issue.  <i>2007-08 Update:</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.  <i>2007-08 Year-End Status:</i> In July 2007, DAAS brought the HDM Clearinghouse functions in-house as part of the Integrated Intake unit, which improved the efficiency and quality control of the data. In June 2007 the HDM wait list had about 250 people. By the end of November 2007 this list was reduced to 150 people. Also for FY 2007-08, DAAS has allocated additional funding for more HDM meals. DAAS has just implemented an emergency HDM program by utilizing the Community Living Fund. This will further reduce the wait-list. Between March and June 2008, the wait list dropped from 118 to 95, including 32 clients being served by the new HDM emergency meal program.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/09		Continued

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> 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.			
<b>Objective 2.2</b>  <del>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.</del>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	<del>7/1/05 – 6/30/06</del>		Deleted

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> Research studies demonstrate the benefits of living a healthy, active lifestyle, but many service providers have not incorporated physical activities into their programs.			
<b>Objective 2.3</b>  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>2006-07 Update:</i> As of April 2006, one contractor has added a physical activity class. OOA staff is working with other contractors to add classes.  <i>2007-08 Year-End Status:</i> Objective completed.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/07		Completed

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> To ensure the overall quality of food services, service providers need assistance to meet stringent nutrition standards.			
<b>Objective 2.4</b>  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>2006-07 Update:</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>2006-07 Year-End Status:</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.  <i>2007-08 Year-End Status:</i> Four nutrition contractor meetings had been provided as of June, 2008. A nutrition risk assessment training for nutrition providers was conducted in May 2008.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/09		Continued

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> Currently OOA-funded contracts tend to reflect “inputs” and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness.			
<b>Objective 2.5</b>  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>2006-07 Update:</i> All outcome measures are scheduled for completion and inclusion in contract scope of services by June 2006. Completed.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05- 6/30/06		Completed

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> 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.			
<b>Objective 2.6</b>  The OOA will develop, in consultation with service providers and consumers, program standards for Community Services, <del>District-wide Social Service Workers</del> , and Legal Services that will be incorporated into the service definitions of the respective Requests for Proposals.  <i>2006-07 Update:</i> Three workgroups will begin meeting in May and June 2006.  <i>2007-08 Update:</i> Objective modified to remove DWSSW, as funding for that program will be folded into Case Management in FY 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 FY 2007-08.  <i>2007-08 Year-End Status:</i> The Community Services Standards were finalized in January 2008. The Legal Services providers had met in January 2008 and one of the goals of this group is to finalize the Legal Services Standards in 2008-09.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/09		Revised, Continued

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> 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.			
<b>Objective 2.7</b>  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>2006-07 Update:</i> The OOA case management standards have been fully implemented from October 2005.  <i>2007-08 Update:</i> Case Management Standards were incorporated into the RFP. Completed.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	10/1/05-6/30/07		Completed

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

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> Currently OOA-funded contracts tend to reflect “inputs” and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness.			
<b>Objective 2.8</b>  <p>The OOA staff, <del>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.</del> 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.</p> <p><i>2006-07 Update:</i> At six meetings with contract providers, consumer satisfaction surveys were discussed and changes suggested. New surveys will be implemented in 2006-07.</p> <p><i>2007-08 Update:</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.</p> <p><i>2007-08 Year-End Status:</i> Since November 2007, the revised consumer satisfaction survey forms for all OOA-funded programs have been available in nine languages: English, Chinese, Spanish, Russian, Tagalog, Japanese, Korean, Vietnamese, and Samoan. Objective completed.</p>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	1/1/06 - 6/30/08		Completed

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> 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.			
<b>Objective 2.9</b>  <p>The OOA staff, working with the contractors, and the public,</p>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>



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

<p>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.</p> <p><i>2006-07 Update:</i> Curry Senior Center continues to provide these services to seniors and adults with disabilities in their primary care clinic.</p> <p><i>2007-08 Update:</i> The OOA has released an RFP for the continued provision of these services.</p> <p><i>2007-08 Year-End Status:</i> Curry Senior Center, which was awarded funding through the RFP process, will continue to provide Health Screening Program to the target population. In 2007-08 Curry Senior Center provided health screening services to 924 unduplicated clients and rendered 1491 units (hours) of service.</p>	<p>1/1/06 - 6/30/09</p>		<p>Continued</p>
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**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.

<b>Objective 2.10</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
<p>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.</p> <p><i>2006-07 Update:</i> Curry Senior Center continues to provide these services to seniors and adults with disabilities in their primary care clinic.</p> <p><i>2007-08 Update:</i> The OOA has released a Solicitation of Interest (SOI) for the continued provision of these services.</p> <p><i>2007-08 Year-End Status:</i> Curry Senior Center will continue to operate a Medication Management program in FY 2008-09. A total of 57 clients and 611 consumer contacts were provided in FY 07-08.</p>	<p>1/1/06 - 6/30/09</p>		<p>Continued</p>

<b>Goal Two: To improve the quality and capacity of OOA-funded home and community based services</b>			
<b>Rationale:</b> Research studies demonstrate the benefits of living a healthy, active lifestyle, but many service providers have not incorporated physical activities into their programs.			
<b>Objective 2.11</b>  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>2007-08 Year-End Status:</i> Through an RFP process, 30 <sup>th</sup> Street Senior Center has been awarded with funding to develop and implement evidence-based health promotion (EBHP) program “Always Active” targeted to reach 10 communities/neighborhoods. The OOA staff are now members of the EBHP Initiative Statewide Steering Committee. OOA also works in collaboration with Partners in Care Foundation, to implement the Healthier Living EBHP workshops with several community-based agencies. Two workshops were completed and 14 older adults had graduated from this program in FY 07-08.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	5/1/07 - 6/30/09		Continued

<b>Goal Three: To improve coordination of services for seniors and adults with disabilities</b>			
<b>Rationale:</b> 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.			
<b>Objective 3.1</b>  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>2006-07 Update:</i> The OOA director, Denise Cheung, now attends the Long-Term Care Coordinating Council. Completed.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 – 6/30/06		Completed

<b>Goal Three: To improve coordination of services for seniors and adults with disabilities</b>			
<b>Rationale:</b> 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.			
<b>Objective 3.2</b>  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 (DACs) 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.  <i>2006-07 Year-End Status:</i> OOA staff attended DAC meetings in 2006. Input from the DACs was incorporated in the October 2006 Needs Assessment report. Completed.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 – 6/30/07		Completed

<b>Goal Three: To improve coordination of services for seniors and adults with disabilities</b>			
<b>Rationale:</b> 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.			
<b>Objective 3.3</b>  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.  <i>2005-06 Year-End Status:</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.  <i>2006-07 Year-End Status:</i> DAAS will post this resource on DAAS's web site and on HSA's Intranet by June 2007. Further completed.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 – 6/30/06		Completed

<b>Goal Three: To improve coordination of services for seniors and adults with disabilities</b>			
<b>Rationale:</b> Many service providers experience rapid turn-over of staff, depleting the agency of the knowledge and experience of long-term employees.			
<b>Objective 3.4</b>  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>2006-07 Update:</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>2007-08 Update:</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.  <i>2007-08 Year-End Status:</i> DAAS continues to offer training to service providers. In 2007, six trainings were conducted, covering the topics of MediCal, IHSS, Immigration Status, Family Caregiving, Community Support for People with Disabilities, APS/Integrated Intake/Community Living Fund/Ombudsman issues, and Nursing Facility/Acute Care MediCal waivers. A joint committee of DAAS staff and members of the Advisory Council has been formed to develop the training schedule for 2008. New trainings include Mental Health Case Management Programs & Options, Palliative Care and End of Life Issues, LGBT Cultural Competency, Healthy Aging -from Self Care & Socialization to Sexuality. In addition to public trainings, DAAS will be initiating a new internal training program for staff beginning with a workshop on Recovery Based Models in the Behavioral Health System.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/09		Continued

<b>Goal Three: To improve coordination of services for seniors and adults with disabilities</b>			
<b>Rationale:</b> City intake systems for long-term care services are broken into program-level silos that make it difficult for consumers and caregivers to easily access the full spectrum of services that they may need.			
<b>Objective 3.5</b>  The DAAS Intake Supervisor will coordinate the integration of intake units from the following programs: Information and Referral, Home-Delivered Meals, Adult Protective Services, In-Home Supportive Services, and the Community Living Fund (CLF) The new Long-Term Care Intake and Screening Unit will co-locate these intake staff, allowing callers to access any of these resources with one phone call. Staff will also be cross-trained as appropriate.  <i>2007-08 Year-End Status:</i> A new electronic system has been established since January 2008 to track general information and referral calls as well as CLF intakes. Co-location of staff began in June 2008, and cross-training efforts continue to be ongoing.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/08 – 6/30/09		New

<b>Goal Three: To improve coordination of services for seniors and adults with disabilities.</b>			
<b>Rationale:</b> Due to limited resources, the existing service delivery system for home-delivered meals has not always been able to provide home-delivered meals for clients in emergency circumstances as quickly as they are needed. During the first six months of FY2007-08, OOA-Net data shows that only one-third of emergency home-delivered meal requests had delivery start dates within 5 days of their initial request.			
<b>Objective 3.6</b>  Working in collaboration with Meals on Wheels of San Francisco, the DAAS long-term care intake and screening unit and the Long-Term Care Operations Director will provide additional funding from the Community Living Fund for program expansion and implementing improvements to the home-delivered meals service system to ensure that consumers with emergency needs always receive meals within a maximum of three to five days, and effort to provide a meal within 1-2 days.  <i>2007-08 Year-End Status:</i> Augment to the MOW contract for emergency meals began as of January 1, 2008. After a short period of program development, the expanded services started in March of 2008.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	1/1/08– 6/30/09		New

<b>Goal Three: To improve coordination of services for seniors and adults with disabilities.</b>			
<b>Rationale:</b> The FY 2007-2008 SHIP Grant requires the Department to use at least 5% of Federal SHIP funding to provide pharmaceutical (Part D) benefits assistance for dual eligible beneficiaries with mental illness.			
<b>Objective 3.7</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	In order to support this requirement, the HICAP provider will conduct training sessions for its staff and volunteers on how best to provide pharmaceutical (Part D) benefits assistance for dual eligible beneficiaries with mental illness. The training will be provided by the HICAP provider (working with DAAS for consultation and assistance) during Spring 2008. In order to provide outreach and awareness beyond the HICAP staff, a subsequent training session will be held with community gatekeepers (i.e., Resource Centers, senior centers, etc).  <i>2007-08 Year-End Status:</i> Continued training will be provided as needed. Additional outreach activities will commence to help further this goal.  <i>2008-09 Year-End Status:</i> Training was provided to a new influx of HICAP volunteer counselors and mental health care providers via Mental Health Association (i.e., social workers, pharmacists, psychiatrists,	4/1/08–6/30/09	

<b>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</b>			
<b>Rationale:</b> 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.			
<b>Objective 4.1</b>  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.  <i>2006-2007 Update:</i> 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.  <i>2007-08 Update:</i> 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.  <i>2007-08 Year-End Status:</i> In 2007-08 HSA and DAAS continue to actively participate in the SF Food Security Task Force. At the December 2007 meeting, the Task Force submitted a request to the Board of Supervisors to add a representative from DAAS as a voting member of the Task Force, which was granted.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/09		Continued

<b>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</b>			
<b>Rationale:</b> Employees of the OOA are not familiar with DHS programs and conversely DHS employees are not familiar with the programs of the OOA.			
<b>Objective 4.2</b>  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>2006-07 Update:</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>2007-08 Update:</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.  <i>2007-08 Year-End Status:</i> The food and nutrition programs training materials were completed in November 2007. OOA provided part of the training materials to nutrition service providers in February, 2008. OOA will complete another part of the training in May, 2008. HSA staff development is also working to include updated DAAS and DHS program liaisons information and specific program descriptions into a revised employee orientation training modules.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/09		Continued



<b>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</b>			
<b>Rationale:</b> It is believed that many seniors are unaware that they can use their Food Stamps for meals at senior nutrition sites.			
<b>Objective 4.3</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	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>2006-07 Update:</i> Two congregate meal sites have added this capability, and a third is working to do so. Completed.	7/1/05 – 6/30/06	

<b>Goal Five: To plan for the long-term care needs of underserved and emerging target populations</b>			
<b>Rationale:</b> 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.			
<b>Objective 5.1</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	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 <b>to discuss needs of baby boomers and gather existing information and trends and present to providers and the public.</b>  <i>2006-07 Update:</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>2007-08 Update:</i> The Advisory Council Baby Boomer Work Group met in March 2007 and plans to draft recommendations by June 30, 2007.  <i>2007-08 Year-End Status:</i> The workgroup met six times since March 2007. The group has reviewed demographic data, gathered existing research, and surveyed service providers (November 2007) on the current status of planning for baby boomers and on the providers' needs to plan appropriately for baby boomers. The group issued a draft report to the Advisory Council on its findings in July 2008.	7/1/05 - 6/30/09	<b>Revised, Continued</b>

<b>Goal Five: To plan for the long-term care needs of underserved and emerging target populations</b>			
<b>Rationale:</b> The large number of baby boomer seniors approaching status for eligibility of AAA-funded services mandates a new look at service delivery models.			
<b>Objective 5.2</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/09		<b>Continued (Modified)</b>
<p>The Advisory Council to the Aging and Adult Services Commission will convene an educational forum with <b>baby boomers</b>, 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.</p> <p><i>2006-07 Update:</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.</p> <p><i>2007-08 Update:</i> The Advisory Council is discussing this objective in coordination with their work on objective 5.1.</p> <p><i>2007-08 Year-End Status:</i> The workgroup finalized a report from its research in Summer 2008. The group has begun planning for a forum, scheduled to take place in October 2008.</p>			

<b>Goal Five: To plan for the long-term care needs of underserved and emerging target populations</b>			
<b>Rationale:</b> 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.			
<b>Objective 5.3</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
<p>The OOA will provide technical assistance to identify at least one congregate meal site that will target the LGBT and/or other underserved communities.</p> <p><i>2006-07 Update:</i> A LGBT meal site has begun operation in 2005-2006. Completed.</p> <p><i>2007-08 Year-End Status:</i> The small LGBT meal site (which served two times a month) at New Leaf Services for our Community was closed in January 2008 due to very low attendance level. The coordinator has since been able to continue meeting with the consumers bi-weekly as a “brown bag” lunch program. Another meal site that targets LGBT consumers and serves meals 5 days a week, located at the Castro Senior Center, has grown and attracted more LGBT consumers in the meantime. Another new program with specific LGBT programming has been implemented in Castro Senior Center by the “openhouse”, an agency specialized in LGBT training.</p>	7/1/05 - 6/30/06		Completed

<b>Goal Five: To plan for the long-term care needs of underserved and emerging target populations</b>			
<b>Rationale:</b> 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.			
<b>Objective 5.4</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 – 6/30/09		Continued
<p>The OOA staff will work with the San Francisco Partnership for Community-Based Care &amp; 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.</p> <p><i>2006-07 Update:</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.</p> <p><i>2007-08 Update:</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.</p> <p><i>2007-08 Year-End Status:</i> OOA staff will continue to attend meetings in FY 2008-09.</p>			

**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.

<b>Objective 5.5</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
<p>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.</p> <p><i>2007-08 Year-End Status:</i> The Discharge Planning Ombudsman has continued to visit all rehabilitation SNFs weekly, and provide an array of community-based options to the consumers. This provides an added component of advocacy to residents.</p>	7/1/07 – 6/30/09		Continued

<b>Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources</b>			
<b>Rationale:</b> The OOA needs to better understand the needs of younger persons with disabilities and make more appropriate referrals for the delivery of services.			
<b>Objective 6.1</b>  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.  <i>2006-07 Update:</i> These issues have been included in the plan for the 2006 Needs Assessment process.  <i>2007-08 Update:</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.  <i>2007-08 Year-End Status:</i> Several new programs for YAD (home-delivered meals, congregate meals, legal services, money management, and social support services for hoarders and clutterers) were been implemented. Completed.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05 - 6/30/08		Completed

<b>Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources</b>			
<b>Rationale:</b> The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.			
<b>Objective 6.2</b>  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>2006-07 Update:</i> An evaluation survey of the pilot program has been completed, and a draft report will be completed by June 2006.  <i>2006-07 Year-End Status:</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.	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05-6/30/07		Completed

<b>Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources</b>			
<b>Rationale:</b> The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.			
<b>Objective 6.3</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	7/1/05-6/30/09		Continued
<p>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.</p> <p><i>2006-07 Update:</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.</p> <p><i>2007-08 Update:</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.</p> <p><i>2007-08 Year-End Status:</i> Complete year-end enrollment information for FY 2006-2007 was analyzed for a baseline measure. A total of 1,259 unduplicated consumers under the age of 60 were enrolled in OOA-funded services according to the OOA-Net tracking system. Additionally, 501 younger adults received congregate or home-delivered meals (tracked separately from OOA-Net). In FY2008-09, planning and program staff will compare 06/07 and 07/08 enrollments to assess increased access.</p>			



<b>Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources</b>			
<b>Rationale:</b> The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.			
<b>Objective 6.4</b>	<b>Start &amp; End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Status</b>
	3/1/08 – 12/31/08		New
<p>CDA has just awarded DAAS and the Independent Living Resource Center of San Francisco (ILRCSF) \$80,000 to be another regional ADRC (Aging and Disability Resource Connection) partner in California. Under the umbrella of this new ADRC, DAAS Integrated Intake Unit, ILRCSF, and the ten Resource Centers for Seniors and Adults with Disabilities will work together to reach diverse communities in San Francisco. The ADRC collaborative will promote independent living, and it will help develop strategies for diffusing independent living principles and resources into aging resource networks. The ADRC will engage in a series of training programs for the providers in the aging and disability networks, better equipping staff to help consumers make informed choices. The Ombudsman program will also collaborate with ILRCSF in cross-training of staff and volunteers.</p> <p><i>Year-End Status:</i> The ADRC project has also collaborated with the four community Partnerships (API, Latino, African American and LGBT) to provide outreach to the underserved communities, and to enhance coordination between the senior services and disability services providers. Although the state contract was approved effective August 2008, preparation work had been done to prepare for all the above training and outreaching activities.</p>			

## **SECTION IV: TITLE III D HEALTH SCREENING AND MEDICATION MANAGEMENT**

The OOA contracted with Curry Senior Center in FY 2007-08 to provide both health screening and medication management services. Highlights of those activities are described below.

### **Health Screening**

In FY 2007-08 Curry Senior Center provided health screening services to 924 unduplicated clients and rendered 1491 hours of service. As part of its health screening, Curry Senior Center staff conduct a brief medication examination to discover and determine conditions that may require a referral for a more in-depth medical evaluation. In particular, clients are screened for chronic conditions, including hypertension, diabetes and cardiovascular, functional impairments, and preventive treatments, including whether they have received pneumovax (pneumonia vaccine) and other clinical indicators of quality care.

### **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 2007-08, a total of 57 clients and 611 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 have continued 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. This plan was concluded in January 2008.

A *Living With Dignity (LWD) Strategic Plan* update process began in April 2008, which will be completed in November 2008. The purpose of updating the strategic plan is to:

- Assess the accomplishments and challenges faced by the implementation of the original LWD plan;
- Identify goals, strategies, and objectives to either continue, change, delete, or add for the updated LWD plan;
- Provide a continuing roadmap for the Long Term Care Coordinating Council, as it is charged to oversee all implementation activities identified in the LWD plan to make improvements in the community-based long term care service delivery system;
- Recommend a role and structure for the SF Partnership for Community-Based Care & Support in its continuing effort to improve access to quality services for older adults and adults with disabilities; and
- Determine the most appropriate structure for continuing to make service delivery system improvements – through current channels or others.

This strategic plan update process will also play a critical role in the development of the next 3-Year Area Plan.

### **Long Term Care Coordinating Council**

The Long Term Care Coordinating Council (LTCCC) continues to meet on a monthly basis. Attendance by members is good and guests number approximately 25 people at each meeting. As a result, a new venue had to be located that could accommodate a larger number of total attendees. The LTCCC continues to have several subcommittees as follows: (1) Housing and Services; (2) Mental Health Access; (3) Transitional Care; (4) Homecare Workforce Improvement and Retention; 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 updated Living with Dignity Strategic Plan will identify six critical needs: 1) the need for an improved, well-coordinated system of care and support; 2) the need for easier access to services; 3) the need for improved quality of care; 4) the need for increased local, state, and federal funding; and 5) the need for increased system capacity, especially in the areas of safe, affordable, and accessible housing and transportation. In addition, a new need identified during the strategic plan update process is: 6) the need to improve quality of life. 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 was a demonstration project funded by the national *Community Partnerships for Older Adults* (CPFOA) program of the Robert Wood Johnson Foundation. The grant ended on January 31, 2008, with a six-month extension to August 30, 2008. 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 future of the Partnership will be determined by the response to the updated Living with Dignity Strategic Plan.

#### *1. Increase Collaboration in Underserved Communities*

The four **Community Partnerships** are continuing to strengthen existing collaborations and building new collaborations in underserved communities. These 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 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. DAAS is now staffing all four Community Partnerships.

### *2. Increasing Service Coordination*

The **Case Management Connect Pilot Project (CMCPP)** continues 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. This rolodex is built onto the Department of Public Health (DPH) Coordinated Case Management System.

As a result, all participating CMCPP case management agencies are now part of the DPH Safety Net, and as such, they must comply with HIPAA confidentiality requirements. DAAS will be providing training in how these participating agencies can comply with HIPAA requirements, working in collaboration with DPH.

The CMCPP electronic rolodex consists of two elements:

- (a) 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.
- (b) 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 2008 and 2009.

### *3. 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 2007, the concept paper for the creation of what is now being called a Caregiver Training Institute was redesigned and no longer will operate solely on a business. The concept paper explains that this Caregiver 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. Meetings have been taking place with local, state and national foundations and considerable interest has been expressed in funding the Caregiver Training Institute.

*4. 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. This PR service has been contracted by DAAS. The purpose of the PR campaign will continue 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 2008, the Home Alone component of the PR campaign will be implemented. Advertisements will be in the San Francisco Examiner, five Asian newspapers, two African American newspapers, two Latino newspapers, and two LGBT newspapers. 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.

In 2007, DAAS partnered with HelpLink/211, the community services information phone line operated by the United Way, to provide comprehensive information, referral and assistance services. In 2008, DAAS will be marketing its own phone number for the DAAS Long Term Care Intake and Screening Unit.

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

The implementation 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. This was intended to be an annual allocation for a three-year period. 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 received \$3 million in FY 2007-08. The \$3 million recently put into the Community Living Fund (CLF) is for the third year of the three-year commitment, for FY 2008-09. An additional \$1 million was added to the CLF for FY 2008-09. The CLF is a continuing project, carried in the DAAS budget. The funding left over from a prior year can be expended in the current year.

The CLF provides for home and community-based services, or a combination of equipment and services, that will help individuals who are currently, or at risk of being, institutionalized to continue living independently in their homes, or to return to community living. This program, using a two-pronged approach of coordinated case management and purchased services, provides the needed resources, not available through any other mechanism, to vulnerable older adults and younger adults with disabilities.

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

- People in Laguna Honda Hospital (LHH) and SF 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 are 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 ensure that each client receives a comprehensive array of appropriate services that are necessary to create or maintain community living.

Referrals received through the DAAS Long-Term Care (LTC) Intake and Screening Unit during the first several months of FY 2007-08 also revealed the need for targeted, expedited services in two areas: transitional care and emergency meals. The development of two contracts allows the fund to provide urgent services to the CLF target populations as efficiently as possible:

*Homecoming Services Network, Purchase of Service.* This contract provides transitional care service. The contractor responds to the immediate needs of older adults and younger adults with disabilities upon discharge from acute and sub-acute hospitals, skilled nursing facilities and residential care facilities. These funds allow for purchase of services and goods that will keep people stable in the community until long-term services can begin or the individual stabilizes.

*Emergency meals.* DAAS expanded its contract with Meals on Wheels of San Francisco in order to provide immediate home-delivered meals to older adults and younger adults with disabilities through the CLF. Emergency home-delivered meals are provided to individuals who are homebound by reason of illness, incapacitating disability, isolation, and lack of support network; have no safe, healthy alternative for meals; are on the citywide Clearinghouse waiting list for ongoing home-delivered meals; and are assessed as needing emergency home-delivered meals by DAAS staff. Consumers will receive these emergency home-delivered meals until regular ongoing home-delivered meals become available through the Clearinghouse waitlist system.

## **APPENDIX A: AGENCIES & SERVICES FUNDED**

(FY 2007-08)

### **Asian Law Caucus**

Legal Services, Naturalization Services

### **Asian Pacific Islander Legal Outreach**

Legal Services, Naturalization Services, Elder Abuse Prevention  
(Also subcontract with **Vietnamese Elderly Mutual Assistance Association** for  
Naturalization Services)

### **Bayview Hunters Point Multipurpose Senior Services, Inc.**

Community Services, Congregate Meals, Money Management

### **Bernal Heights Neighborhood Center**

Case Management, Community Services

### **Catholic Charities CYO**

Case Management, Community Services, Homemaker, Personal Care, Alzheimer's Day  
Care Resource Center, Adult Day Care

### **Centro Latino de San Francisco**

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

### **Chinatown Community Development Center**

Housing Advocacy, Single-Room-Occupancy (SRO) Food Outreach Program

### **Conard House**

Money Management, Money Management for 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, Congregate Meals, Congregate Meals for  
Adults with Disabilities, Emergency Housing Assistance (Campos Fund)  
(Also subcontract with **St. Francis Living Room Foundation** for Community Services)

### **Family Caregiver Alliance**

Family Caregiver Support Program



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

**Family Service Agency of San Francisco**  
Ombudsman, Senior Companion, Case Management

**Golden Gate Senior Services**  
Community Services

**Institute on Aging**  
Alzheimer's Day Care Resource Center, Community Services, Elder Abuse Prevention, Linkages, Resource Centers for Seniors and Adults with Disabilities, Case Management, Home-Delivered Meals Assessment for Adults with Disabilities

**International Institute of San Francisco**  
Community Services, Naturalization Services

**Jewish Community Center of SF**  
Congregate Meals

**Jewish Family and Children's Service**  
Case Management, Community Services, Home-Delivered Meals, Naturalization Services

**John King Senior Center**  
Community Services

**Kimochi, Inc.**  
Adult Day Care, Community Services, Congregate Meals, Family Caregiver Support Program, Home-Delivered Meals, Case Management

**Korean Center, Inc.**  
Community Services, Congregate Meals

**La Raza Centro Legal**  
Legal Services

**Laguna Honda Hospital**  
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  
(Also subcontract with **Hearing and Speech Center of Northern California** for Community Services)

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

**Little Brothers Friends of the Elderly**  
Medical Escort

**Meals on Wheels of San Francisco**  
Case Management, Community Services, Congregate Meals, Home-Delivered Meals

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

**Mission Neighborhood Centers**  
Community Services, Naturalization Services

**Municipal Transportation Agency**  
Transportation Services

**Network for Elders**  
Case Management, Resource Centers for Seniors and Adults with Disabilities

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

**30<sup>th</sup> Street Senior Center**  
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, Congregate Meals for Adults with Disabilities  
(Also Subcontract with **Samoan Community Development Center** for Community Services)

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

**San Francisco Adult Day Services Network**  
Adult Day Health Care, Adult Day Health Care Enhancement

**San Francisco Food Bank**  
Brown Bag, Single-Room-Occupancy (SRO) Food Outreach Program

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

**San Francisco Senior Center**

Case Management, Community Services

**Self-Help for the Elderly**

Alzheimer's Day Care Resource Center, Case Management, Community Services, Congregate Meals, Home-Delivered Meals, Personal Care, Homemaker, Chore, Naturalization Services, Resource Centers for Seniors and Adults with Disabilities, Congregate Meals for Adults with Disabilities, Home-Delivered Meals for Adults with Disabilities, Naturalization Services, Health Insurance Counseling and Advocacy Program (HICAP)

**Senior Action Network**

Housing Advocacy, Senior Empowerment

**Southwest Community Corporation**

Community Services

**Veterans Equity Center**

Community Services

**Vietnamese Elderly Mutual Assistance Association**

Community 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, Home-Delivered Meals for Adults with Disabilities

**YMCA of San Francisco**

Community Services