

An aerial photograph of San Francisco, California, showing the city's layout, including the Golden Gate Bridge and the surrounding hills. The image is overlaid with a semi-transparent blue filter.

PSA 6 -- Area Plan

**City and County of San Francisco
Area Plan on Aging**

Fiscal Year 2005-2009

A Blueprint for the San Francisco Office on the Aging

CITY AND COUNTY OF SAN FRANCISCO
Area Agency on Aging Area Plan
Fiscal Years 2005 – 2009

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THE AREA PLAN CHECKLIST

Includes Title III (B, C, D, E), V, VII, Community-Based Service Programs (CBSP), and the HICAP

Instructions: Check the boxes for completed items, as applicable. For completion of the Four-Year Plan, check the boxes in column C. For any unchecked box, provide an explanation on the last page of this checklist. For Annual Updates, check the boxes in the applicable year. **Section number six, Narrative Description of Relevant Changes, applies only to the Area Plan Update.**

1. Necessary Copies and Format

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
All information is provided on single-sided sheets.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the Area Plan has been E-mailed to the Department.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An original copy of the Area Plan, Area Plan Checklist, and all required documents are attached.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Transmittal Letter

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
The Transmittal Letter signed by the AAA Director, Chair of the Advisory Council, and Chair of the Governing Board, has original signatures and is attached. *	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The signed Transmittal Letter will be submitted by: <u>5/3/05</u> (enter date)	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note: Approval of the Area Plan will be delayed pending receipt of a fully executed Transmittal Letter.

3. Strategic Plan: REQUIRED if a Strategic Plan is submitted as the Area Plan

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A Strategic Plan was submitted as the Area Plan. (A Strategic Plan Cross Reference Index is available by contacting CDA).	Yes, If applicable	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Description of the Planning and Service Area (PSA) REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A brief description of the physical characteristics of the PSA is included.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the demographic characteristics of the PSA is included.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of the unique resources and constraints existing within the PSA is included.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A broad description of the existing service system within the PSA is included.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Description of the Area Agency on Aging REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A description of the type and characteristics of the AAA.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Mission Statement.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current Organization Chart.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of how the AAA provides visible leadership in the development of community-based systems of care.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Agency type; such as Public, Private Non-Profit, or Joint Powers.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The AAA's funding sources.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Narrative Description of Relevant Changes – REQUIRED FOR UPDATE ONLY

This section must include all changes related to all programs of services funded by grants from CDA

A	B	C	D	E	F
Update Requirement	Annual Update Requirements	2005-09 Four Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
Introduction with Narrative Description of Significant Changes, including estimated number of low-income, minority seniors	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New, continued, revised, completed, or deleted goals and objectives are identified.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of major changes and effects to the PSA and/or AAA.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes that may have reduced or increased quality or quantity of service.	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The Planning Process

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
Discussion of steps involved in the planning process and how they fit in with the overall planning cycle.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of the needs assessment process.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of targeting.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of priorities.	Yes, If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Goals and Objectives, including Targeting, Needs Assessment, and Service Unit Plan

REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
A goal and/or objective is identified for each program or service.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals and Objectives are included for each program or service funded by the AAA from the following sources: Check all that apply <input checked="" type="checkbox"/> Title III B <input type="checkbox"/> Title III B/VII(a)(b) <input type="checkbox"/> Title III C1 <input type="checkbox"/> Title III C2 <input type="checkbox"/> Title III D <input type="checkbox"/> Title III E <input type="checkbox"/> Title V <input checked="" type="checkbox"/> HICAP <input checked="" type="checkbox"/> CBSP	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals and objectives identified serve to create, expand, or enhance AAA direct or contracted services.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III B Program Development (PD) and Coordination (C) activities are distinctly identified.	Yes	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objectives clearly indicate the nature of the action, the party responsible for the action, the outcome of the action, how the action will be measured, and start and end dates of each objective.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Units of Service on the SUP are tied to a specific goal.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
Targeting criteria have been met and are included: ⇒ Specific objectives: for providing services to low-income minority individuals; ⇒ Specific objectives for providing services to older individuals with disabilities, with particular attention to individuals with severe disabilities; ⇒ Specific objectives for providing services to older individuals with limited English-Speaking ability; and ⇒ Specific objectives for providing services to caregivers	Yes , If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A description of Needs Assessment Activities is included.	Yes , If needs assessment activities are planned or have been completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Unit Plans are complete and reconcilable with appropriate budgets.	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Older Americans Act Assurances

Older Americans Act Assurances	No	<input checked="" type="checkbox"/>			
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10. Appendices

REQUIRED, IF CHANGES HAVE OCCURED

IA. Notice of Intent to Provide Direct Services (if applicable)	Yes , If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IB. Request for Approval to Provide Direct Services (if applicable)	Yes , If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Public Hearings	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Governing Board	Yes , If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Advisory Council	Yes , If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Priority Services	Yes , If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Community Focal Points List	Yes , If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Multipurpose Senior Center Acquisition and Construction Compliance Review	Yes , If changed	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Title III E Family Caregiver Support Program	Yes , If changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. Sample Organization Charts, Planning Process and Funding Sources/Program Descriptions	No				

For any unchecked boxes, identify the section number and provide an explanation:



TRANSMITTAL LETTER

AAA Name: Department of Aging & Adult Services

PSA Number: 6

Check appropriate box for:

2005-09 Area Plan FY 06-07 FY 07-08 FY 08-09

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will assure compliance with the assurances set forth in this 2005-2009 Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their families and caregivers in this planning and service area.

1. (Type Name) Carolyn Devine

Signed) *Carolyn Devine*
Chair, Governing Board

5/4/2005
Date

2. (Type Name) Luis Calderon

(Signed) *Luis Calderon*
Chair, Area Agency on Aging

5/4/2005
Date

3. (Type Name) Darrick Lam

(Signed) *Darrick Lam*
Director, Area Agency on Aging

5/4/2005
Date

² For the e-mailed version of the Area Plan, type in name and signatures. Original signatures are required on posted Area Plan.

PART FIVE - ASSURANCES – PSA #6
Submit with Four-Year Plan Only

**Assurances Required by the Older Americans Act of 1965,
as amended in 2000**

A. The Area Agency agrees that it shall:

Requirement: OAA 306(a)(2)

Assurance: Provide assurances that an adequate proportion, as required under Section 307(a)(2), of the amount allotted for Part B to the Planning and Service Area will be expended for the delivery of each of the following categories of services:

- (A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance;

and assurances that the AREA AGENCY ON AGING will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

Requirement: OAA 306(a)(4)(A)(i)

Assurance: Provide assurances that will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

Requirement: OAA 306(a)(4)(ii)

Assurance: Provide assurances that in each agreement made with a provider of any service under this title, a requirement that such provider:

- (A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- (B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
- (C) meet specific objectives established by the AREA AGENCY ON AGING, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

Requirement: OAA 306(a)(4)(A)(iii)

Assurance: With respect to the fiscal year preceding the fiscal year for which such plan is prepared:

- (A) identify the number of low-income minority older individuals in the planning and service area;
- (B) describe the methods used to satisfy the service needs of such minority older individuals; and
- (C) provide information on the extent to which the AREA AGENCY ON AGING met the objectives described in clause (a)(4)(A)(i).

Requirement: OAA 306(a)(4)(B)

Assurance: Provide assurances that outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

Requirement: OAA 306(a)(4)(C)

Assurance: Provide assurance that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

Requirement: OAA 306(a)(5)

Assurance: Provide assurances that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

Requirement: OAA 306(a)(9)

Assurance: Provide assurances that in carrying out the State Long-Term Care Ombudsman Program under Section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

Requirement: OAA 306(a)(11)

Assurance: Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and, if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under Title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Requirement: OAA 306(a)(13)(A)

Assurance: Provide assurances that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

Requirement: OAA 306(a)(13)(B)

Assurance: Provide assurances that it will disclose to the Assistant Secretary and the State agency:

(A) the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(B) the nature of such contract or such relationship.

Requirement: OAA 306(a)(13)(C)

Assurance: Provide assurances that it will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contracts or such commercial relationships.

Requirement: OAA 306(a)(13)(D)

Assurance: Provide assurances that it will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contracts or such relationships.

Requirement: OAA 306(a)(13)(E)

Assurance: Provide assurances that it will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

Requirement: OAA 306(a)(14)

Assurance: Provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AREA AGENCY ON AGING to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 306(a)(15)

Assurance: Provide assurances that preference in receiving services under this title will not be given by the AREA AGENCY ON AGING to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Code of Federal Regulations Requirements:

[a] The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older individuals in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

[b] A comprehensive and coordinated community-based system described in paragraph (a) of this section shall: {1} Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue; {2} Provide a range of options; {3} Assure that these options are readily accessible to all older individuals: The independent, semi-dependent and totally dependent, no matter what their income; {4} Include a commitment of public, private, voluntary, and personal resources committed to supporting the system; {5} Involve collaborative decision-making among public, private, voluntary, religious, and fraternal organizations and older people in the community; {6} Offer special help or targeted resources for the most vulnerable older individuals, those in danger of losing their independence; {7} Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community; {8} Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person; {9} Have a unique character which is tailored to the specific nature of the community; {10} Be directed by leaders in the community who have the respect, capacity, and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future. CFR [1321.53(a)(b)]

Use the resources made available to the area agency on aging under the OAA to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of section 1321.53. [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act. [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with, or access to other services and opportunities for the elderly from the designated community focal points. CFR [1321.53(c)]

Consult with and support the State's Long Term Care Ombudsman Program. [1321.61(b)(4)] [Not deem any] requirement in Section 1321.61 to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122. [1321.61(d)]

Assure that individuals age 60 and over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part. [1321.69(a)]

B. The California Department of Aging (CDA) assures through the area agencies on aging:

Requirement: OAA 305(c)(5)

Assurance: That in the case of a state specified in subsection (b)(5), the State agency and area agency on aging shall provide assurance, determined adequate by the State agency, that the area agency will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)

Assurance:

- (A) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (B) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

Assurance: That AREA AGENCY ON AGING will:

- (A) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
- (B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

Assurance: That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

Assurance: To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.

Requirement: OAA 307(a)(11)(E)

Assurance: That AREA AGENCY ON AGING will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)

Assurance: Whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(14)

Assurance: That if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area:

- (A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
- (B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 306(a)(15)

Assurance: Provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title

Requirement: OAA 307(a)(18)

Assurance: That AREA AGENCY ON AGING will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who:

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

Assurance: That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Part One – Area Plan Background

A. SETTING THE STAGE

San Francisco's first social service agency was created during the Gold Rush to care for seniors who had raced to the boomtown and later found themselves ill, frail, and stranded. Today San Francisco is once again a boomtown: its gold - real estate. Once again, many seniors are isolated and vulnerable.

San Francisco's cost of living crisis has made it far more expensive to provide care, resulting in a decline of community-based care options like board and care homes. As a result, low-income seniors are more likely to be living at home today with greater levels of risk. The demand for home and community-based care has surged so rapidly that the system of services is overburdened and struggling to adapt to changing needs. The overstretched system of care has placed more responsibility on family and informal caregivers, but seniors and persons with disabilities today are more isolated. During the 1990's, families with children left the city in record numbers to seek affordable housing, while grandparents who owned their own homes often stayed behind.

Since the Gold Rush, San Francisco has been a portal for immigrants, and it is projected that their ranks will expand as a proportion of the "oldest old." They are often isolated within ethnic enclaves by physical barriers, and isolated from the larger community by language barriers. Lesbian, gay, bisexual, and transgender persons are confronting issues of aging. They have to adapt and even invent new networks of informal support, and the service system needs to better understand their unique needs.

Many seniors with the highest economic and social needs are homeless or formerly homeless persons. San Francisco has the highest per capita rate of homelessness in the nation, and seven percent of people using its homeless shelters are age 60 or above. As the city shifts to a "housing first" model of services for homeless persons, new needs related to health and isolation are emerging among seniors and persons with disabilities who are living in single room occupancy hotels.

The challenges to San Francisco's service system for seniors come at a time of budget shortfalls. To meet the growing demands being placed on it, the long-term care system will need to improve coordination of its services, eliminate duplication, and demonstrate greater accountability.

A.1 DESCRIPTION OF THE PLANNING AND SERVICE AREA

Physical Characteristics and Demographics

Only seven miles long, the City and County of San Francisco is unique. It is characterized by its diversity, by its distinct neighborhoods, by its abundance of community-based service organizations, by its 94 senior centers and clubs, and by a housing market that is often untenable. The San Francisco Planning and Urban Research Association (Schwarzer, 2001) analyzed San Francisco's changing neighborhoods and identified two critical conditions as necessary for growth in a city of fixed boundaries - immigration and gentrification. The city's increase comes almost entirely from migration, not from children being born in the city. Those numbers are at an all time low. While the working class and middle class leave the central city for more space and affordable housing, the old and the gentrified are likely to remain in their current places. To stay abreast of the city's rapidly

changing demographics, service providers for seniors must be prepared to be flexible and ready to serve a wide-range of ethnicities and income levels.

Demographic Profile and Trends

San Francisco is a combined city and county. In 2004, the Department of Aging and Adult Services (DAAS), which acts as San Francisco’s Area Agency on Aging, worked with a range of stakeholders to develop a strategic plan for the city’s long-term care system. The plan, called *Living With Dignity in San Francisco* (Living With Dignity Policy Committee et al., 2004), analyzed the city and county’s demographic profiles and trends, and this Area Plan borrows extensively from it.

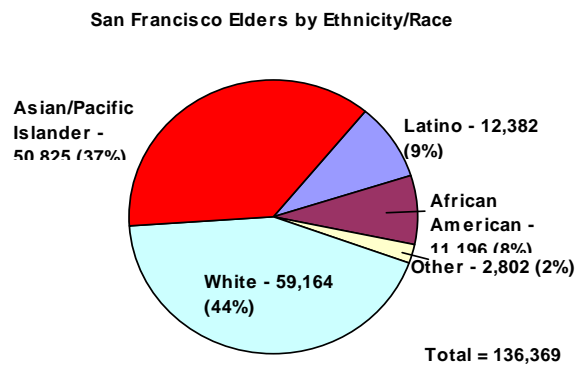
San Francisco’s Current Senior Population is Diverse

San Francisco has a higher proportion of seniors (17.6%) than the statewide and national rates (14% and 16.5%). The 2000 census reported the number of San Franciscans age 60 or over at 136,369. The accompanying chart illustrates the distribution of the city’s seniors by ethnicity and race. Statewide, whites comprise 70% of seniors, but in San Francisco they form only 44% of the total. Latinos in San Francisco tend to be younger.

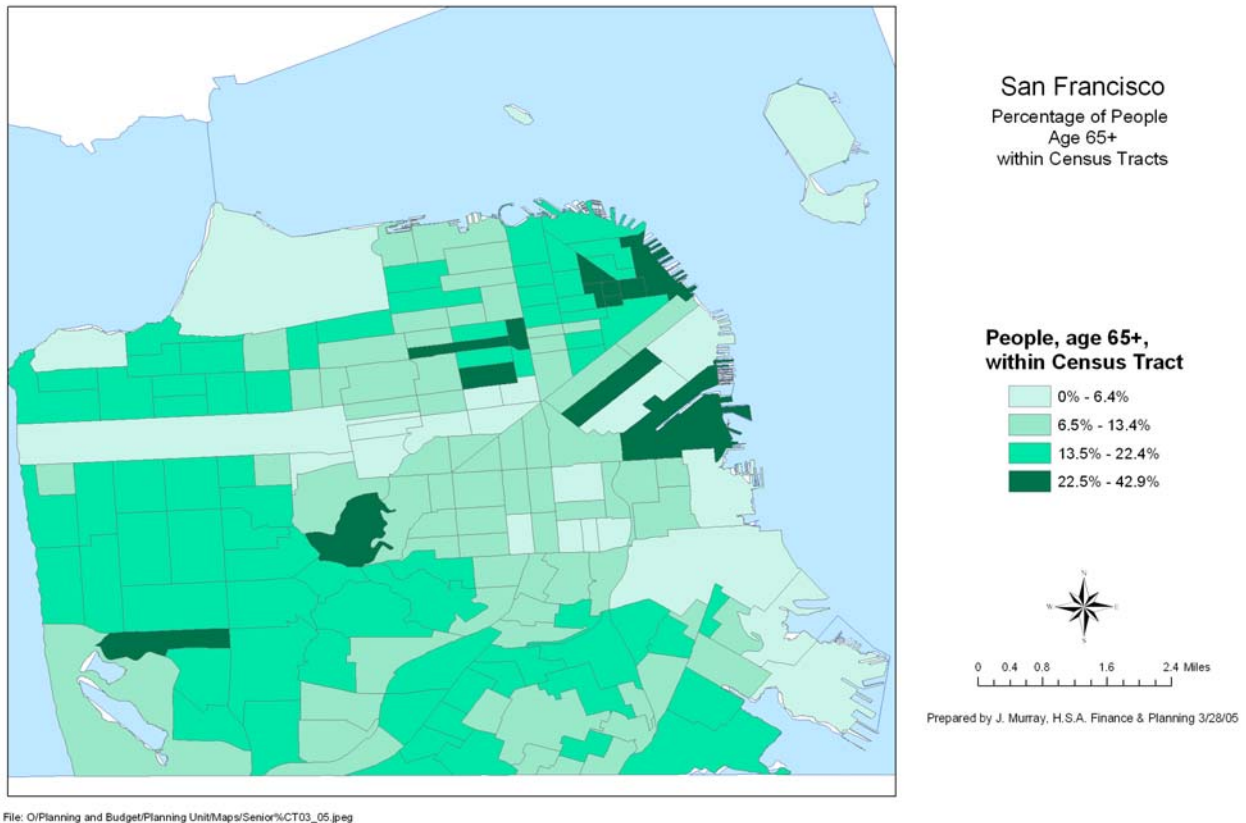
Latinos comprise 14% of the city’s population, but 22% of its children and just 9% of its seniors. Asians and Pacific Islanders are more likely to be over 60. They are 31% of the city’s total population, but 37% of its seniors. Linguistic isolation can be a barrier to gaining access to support and health services (San Francisco Department of Public Health 2004), and more than 28% of San Francisco households lack an adult who is fluent in English. In

seven city neighborhoods, more than one third of households are linguistically isolated, the majority of which are Asian/Pacific Islander. Approximately 16% of San Francisco’s residents are not U.S. citizens, and many are apprehensive about using public benefits, further complicating efforts to deliver services (California Immigrant Welfare Collaborative, 2002; Woodward, 2005).

Map One shows where older persons in San Francisco live. In particular, high concentrations of seniors live in Chinatown, Russian Hill and Polk Gulch, the West Portal/St. Francis Woods, Sea Cliff, Tenderloin, and South of Market.



Map One: Concentrations of Seniors in San Francisco¹



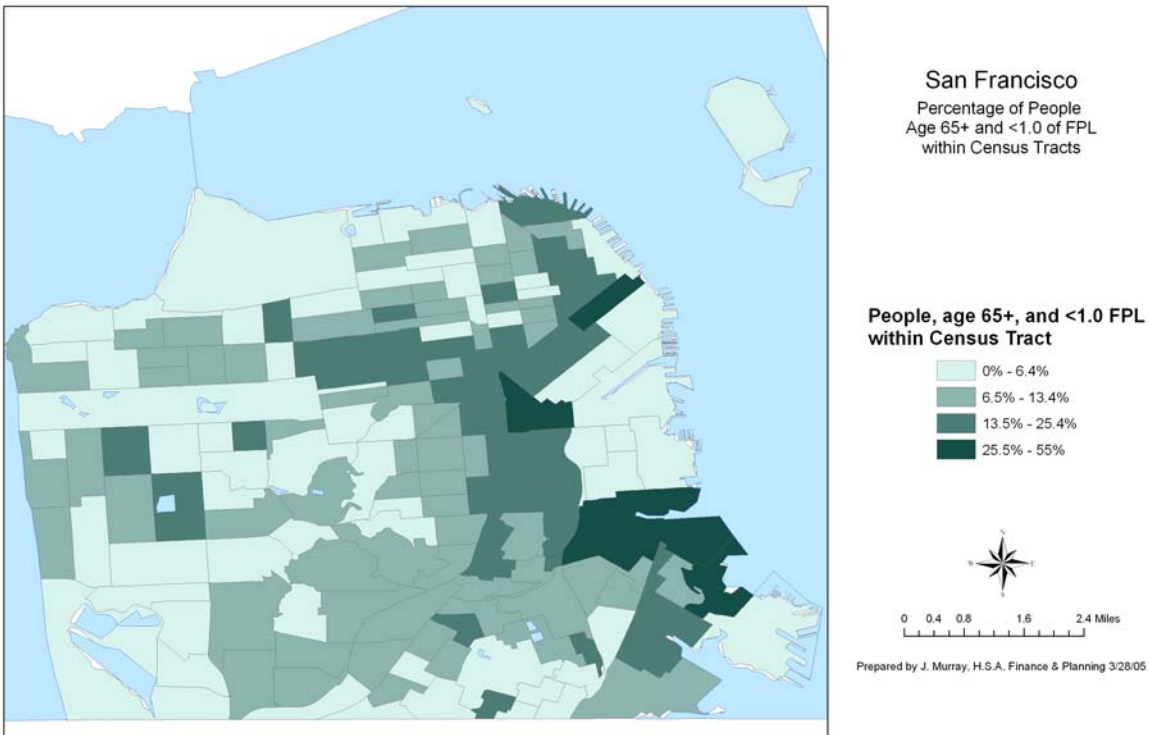
Low-Income Seniors

Among California counties, San Francisco has the highest rate of seniors receiving Medi-Cal benefits, as well as seniors receiving Supplemental Security/State Supplementary Payment (SSI/SSP). Over 26,000 persons age 65 or older rely on SSI (Living With Dignity Policy Committee et al., 2004).

Asian, African American, and Latino seniors are more likely to be poor. Map Two shows where concentrations of seniors living at or below the poverty line are likely to live in San Francisco. A number of areas not highlighted in the general map of San Francisco seniors become prominent in this map, including the city's African American enclaves, Bayview Hunters Point and Western Addition, and the city's Latino neighborhood, the Mission. Several neighborhoods have single room occupancy hotels that serve seniors, including the Tenderloin, South of Market, and Chinatown. Fifteen percent of Latinos and African American seniors are low-income, compared with 12% of Asians and 8% of whites. In absolute numbers, however, Asians have the most low-income seniors, with three times as many as other minority groups.

¹ The 2000 Census contains data on age and poverty by prescribed age brackets that do not allow a breakdown by age 60 and above. To be consistent, the maps in this section rely data for persons 65+. However, a map of where persons age 60 and over in San Francisco live can be found in the Attachment Four of this Area Plan.

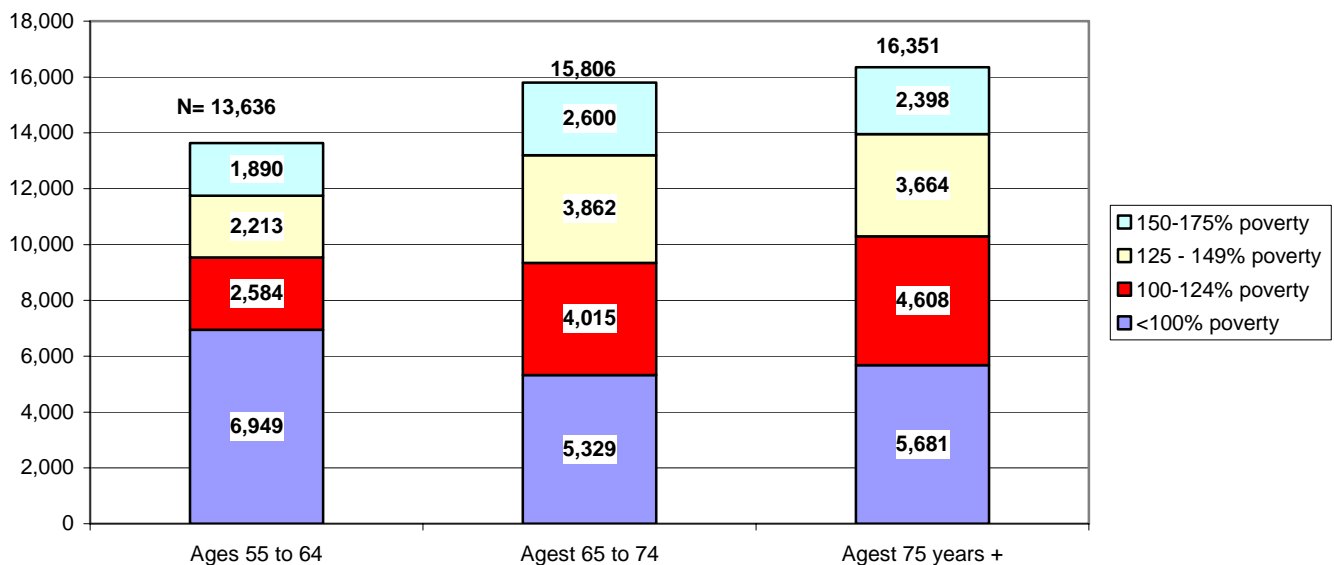
Map Two: Concentrations of Low-Income Seniors in San Francisco



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The older a person is, the more likely he or she is living in poverty. The accompanying chart compares poverty levels across the different senior age groups. The “oldest old” group, age 75 and above, has the highest number of persons living at or near the poverty level. *Almost one in three people age 75 or older in San Francisco lives in poverty.*

San Francisco Elders by Age Group and Level of Poverty



The group with the greatest economic need is chronically homeless persons. The U.S. Department of Housing and Urban Development defines chronic homelessness as, “an unaccompanied disabled individual who has been sleeping in one or more places not meant for human habitation or in one or more emergency shelters for over one year or who has had four or more periods of homelessness over three years.” San Francisco is estimated to have 3,000 chronically homeless persons. New York, nine times larger than San Francisco, has just 2,700 chronically homeless persons (San Francisco Ten Year Planning Council, 2004). Seven percent of persons using San Francisco’s emergency homeless shelters are age 60 or over. Section II.B of this document has specific information about homeless seniors.

Gender Differences

Older persons are more likely to be female. Women comprise 57% of older San Franciscans, but 69% of persons who are age 85 or older. Women are more likely to be widowed and living alone, or to have caregiver responsibilities if their spouses are still living. Older women are likely to have fewer resources (Living With Dignity Policy Committee et al., 2004). Researchers forecast that the gap between older men and women in California will narrow in future and will possibly reduce the rate of poverty among older women (Lee et al., 2003). For the next decade, however, it seems certain that more women than men will be living longer and experiencing greater economic distress.

Lesbian, Gay, Bisexual, and Transgender (LGBT) Seniors

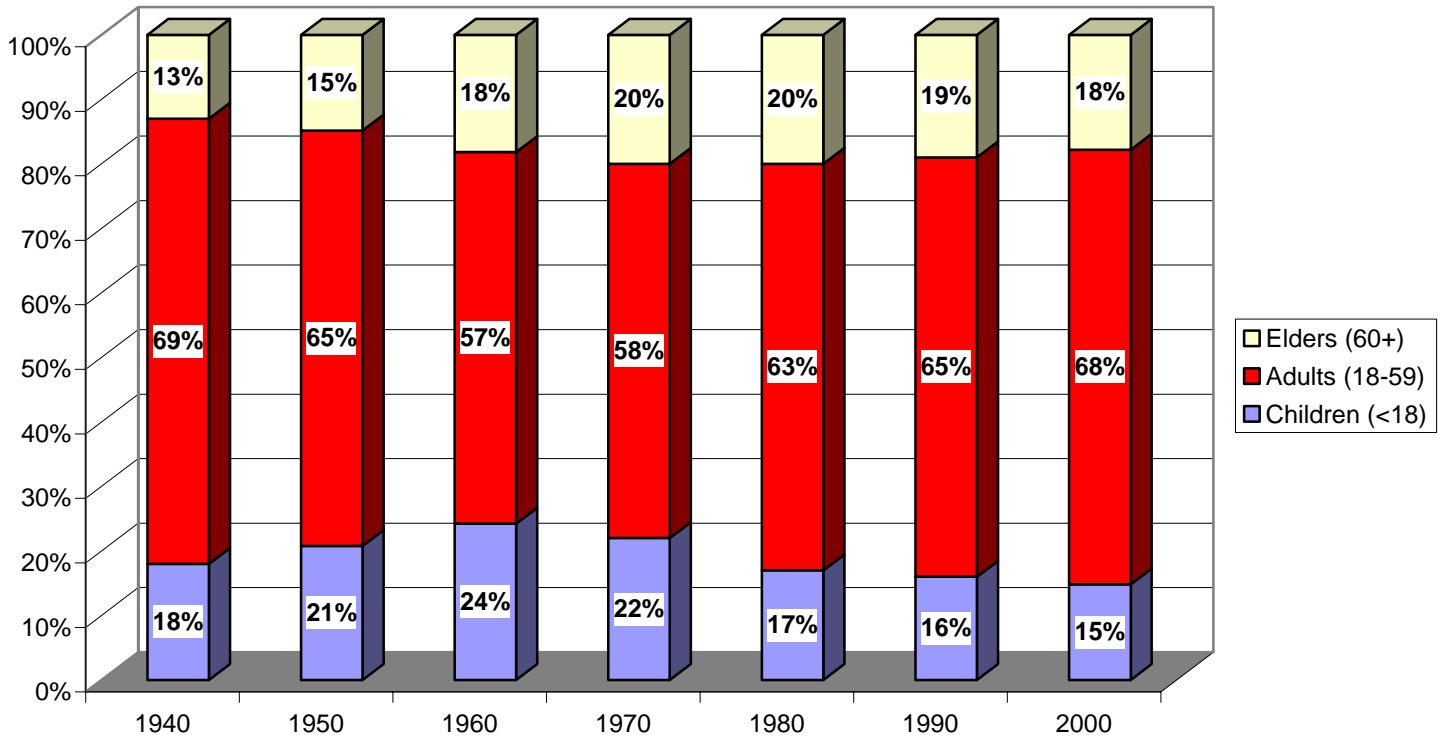
DAAS estimates that 12.5% of San Francisco’s seniors are lesbian, gay, bisexual, or transgender (Living With Dignity Policy Committee et al., 2004). Using that rate, San Francisco has approximately 17,000 LGBT persons age 60 or over. Because the data on this population is sketchy, it is difficult to analyze trends among LGBT seniors. In surveys, LGBT seniors in San Francisco frequently report isolation (see Section II.B of this report). Since they are subject to discrimination in Social Security survivor benefits, Medicaid-related asset protections for same-sex partners, and tax laws, many LGBT seniors face economic uncertainty (Living With Dignity Policy Committee et al., 2004).

Trends in Senior Population

The California Department of Aging has asked counties to prepare for the “baby boomer” wave of persons who will be reaching age 60 in the next decade. San Francisco already has a higher senior population (17.6%) than the statewide and national rates (14% and 16.5%), and the number of seniors in the city will grow in coming years. During the 1990’s, however, an influx of mobile, affluent adults without children began crowding out other groups. The number of San Francisco seniors increased by less than 1,000 people and actually decreased as a proportion of the city’s total population. The city’s real estate costs jumped by 100–150% in just a few years, encouraging many retirees to sell homes they have owned for decades (Schwarzer, 2001). Some communities have been more affected by the affordability crisis than others: the city’s African American population dropped by 20% in the 1990’s. The accompanying chart illustrates changes in the city’s population by age since 1940.

Given the mobility of San Francisco’s residents, it is difficult to predict how many will remain in the city as they age. Methods for projecting the state’s growth in seniors may not be reliable for San Francisco. San Francisco already has a large population of seniors, and Lee and Villa (2001)

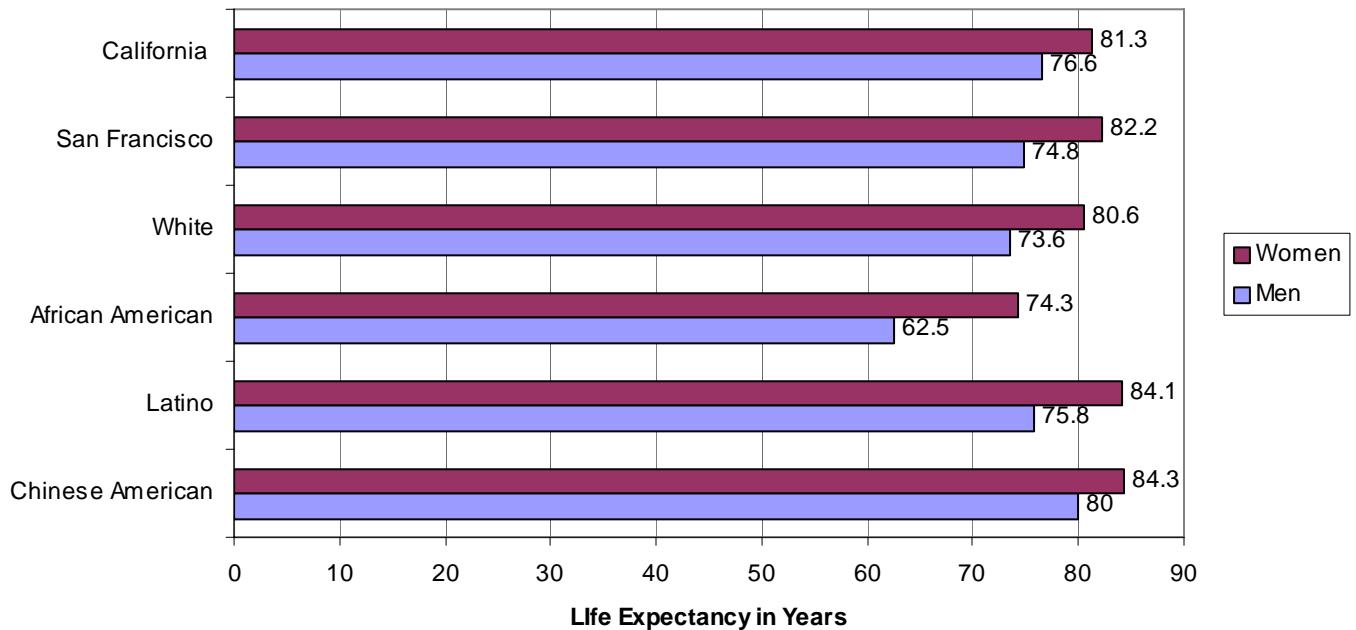
San Francisco's Historical Trends in Population



estimate that the statewide number of persons age 85 or older will grow at a rate five times faster than the population of persons age 65-84. Today San Francisco has 14,227 residents who are 85 or older, comprising 10.4% of the city’s population who are age 60 or over. This segment of the oldest-old is more likely to be poor and in need of health care and in-home support to maintain their quality of life (Living With Dignity Policy Committee et al., 2004).

As the city ages, the ethnic diversity, rates of poverty, and linguistic isolation of its seniors may be accentuated. The chart below, adapted from a San Francisco Department of Public Health (2004) assessment, details the life expectancy rates of San Franciscans. It suggests that Chinese American men and women, as well as Latinas, will form a growing proportion of San Francisco’s “oldest old” population.

Life Expectancy by Race/Ethnicity and Sex, San Francisco 2000

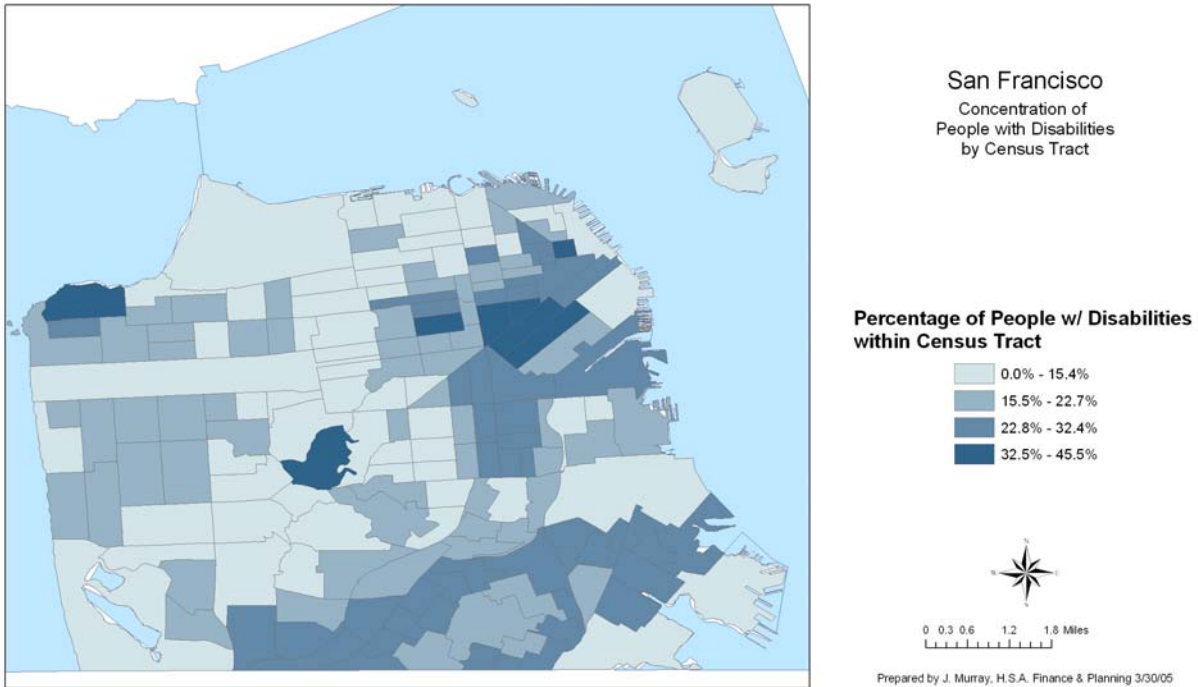


Adults with Disabilities

According to the 2000 Census, over 100,000 San Franciscans are living with a disability. In a city that is famous for its hills, more than 26,000 residents have physical disabilities. According to the 2000 census, over 42,000 persons with disabilities have trouble leaving their homes. Map Three shows where persons with disabilities live in San Francisco, and it suggests that many people with disabilities either live in low-income neighborhoods like the Tenderloin and South of Market areas, which have more accessible housing and are central to BART and MUNI streetcar routes, or else live in affluent neighborhoods like St. Francis Woods/West Portal and Sea Cliff, neither of which is known for accessibility. Chinatown, which has many hotels and apartments that have no elevators, also has a large concentration of people with disabilities.

Forty four percent of San Francisco seniors (age 65+) have a disability, compared to 18% of residents age 18-64. In absolute numbers, however, San Francisco has twice as many younger people with disabilities (100,906) compared to older people with disabilities (46,224). Of younger persons with disabilities, 20% have an annual income less than \$10,000 (Living With Dignity Policy Committee et al., 2004).

Map Three: Location of People with Disabilities in San Francisco



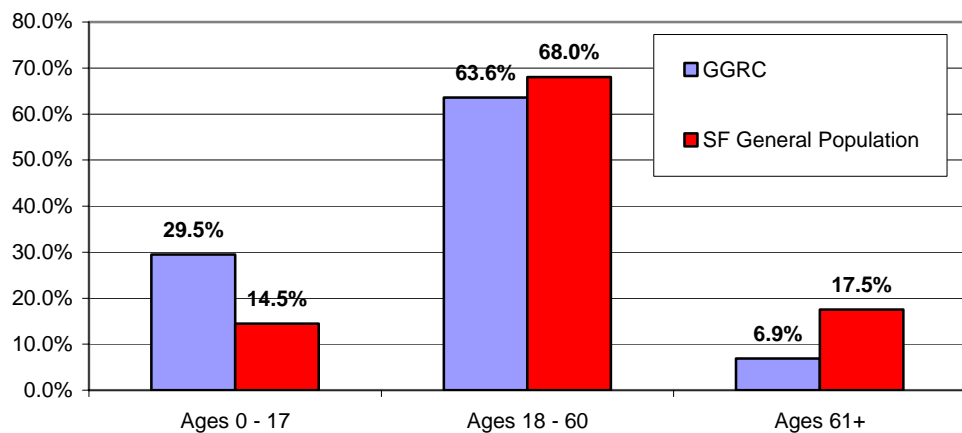
PCT26. SEX BY AGE BY TYPES OF DISABILITY FOR THE CIVILIAN NONINSTITUTIONALIZED POPULATION 5 YEARS AND OVER [101]- Universe: Civilian noninstitutionalized population 5 years and over [000]
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data
NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, and definitions see <http://factfinder.census.gov/home/en/datanotes/exp3f3.htm>.

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Persons with Developmental Disabilities and Their Caregivers

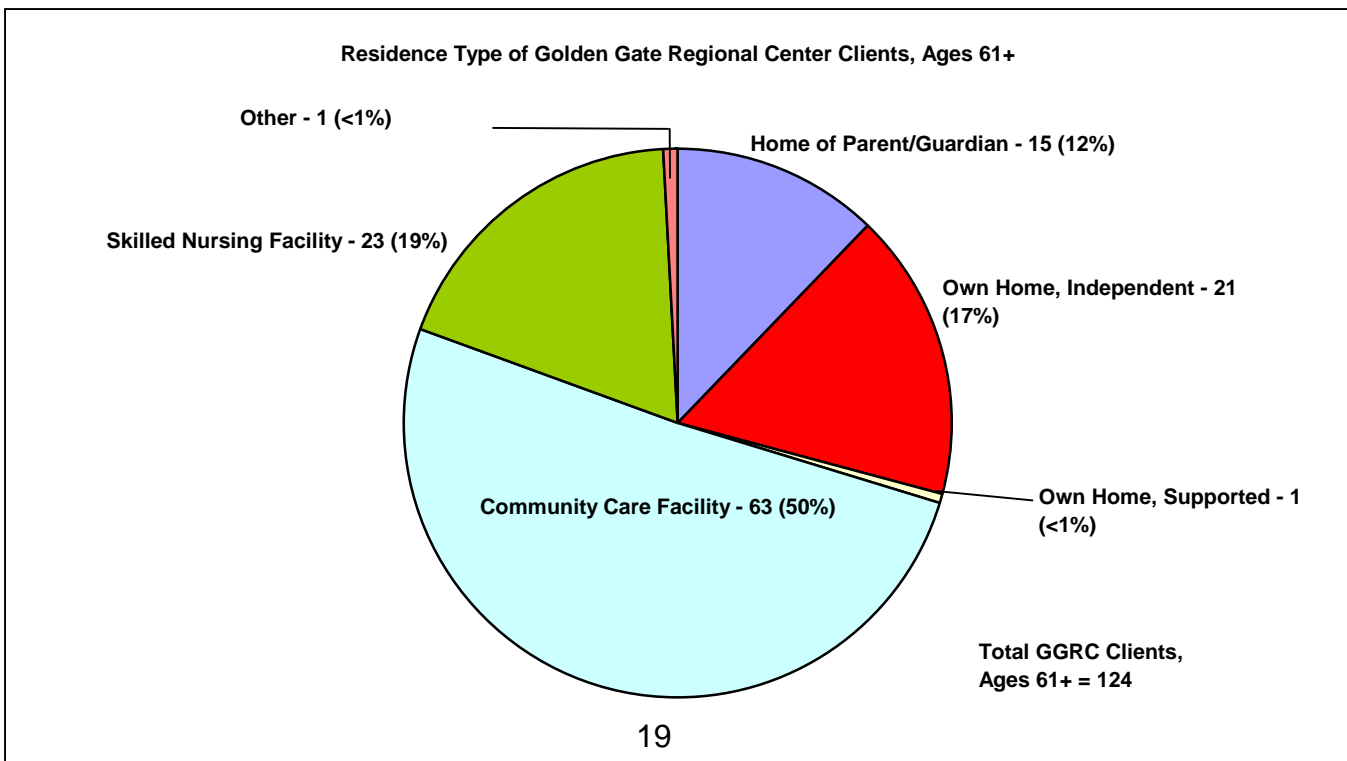
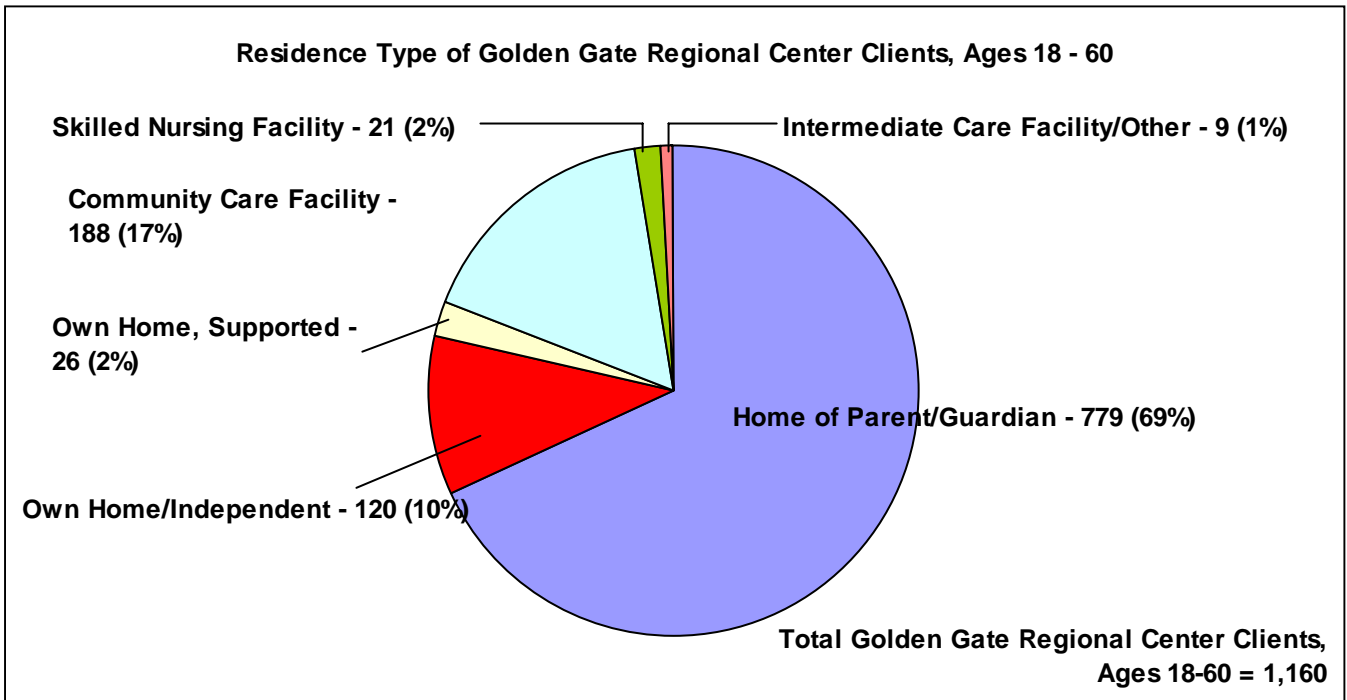
According to Golden Gate Regional Center caseload statistics, San Francisco is home to 1,797 persons who have developmental disabilities. They tend to be much younger than the city's age profile. Only 124 people with developmental disabilities are age

Proportion of GGRC's San Francisco Clients by Age Category



61 or older. This may be because people with disabilities have shorter life expectancy than the general population, or it may be that as they grow older, they are more likely to enter community

care facilities that are located outside of the city (Wilens, 2005). The majority of people with developmentally disabilities live with their families until they reach their senior years, as contrasted by the two charts below. The parents of people with developmental disabilities often have caregiver responsibilities while they themselves age and need care. To address the needs of caregivers, the Regional Center provides a range of in-home and out-of-home respite services, as well as day programs for developmentally disabled adults and case management (Wilens, 2005).



Unique Resources and Constraints

San Francisco is a generous and affluent community. More than any other county in California, San Francisco is willing to commit local general funds to support the needs of its vulnerable citizens. For example, 60% of the Department of Adult and Aging Services is from local general funds. At the same time, the city's high cost of living makes many citizens vulnerable and makes it difficult to provide services. Not only does the city have the highest per capita rate of homelessness in the nation, but the cost of housing has also driven out many moderate income families with young children, weakening the informal network of support for seniors. The shortage of informal support heightens the demand for publicly funded services. Because the demand for existing services is so constant, it is difficult to shift resources to address new or changing needs. The cost of living also makes it difficult for community-based organizations to pay salaries that attract and retain staff.

The high demand for public resources is aggravated by a lack of coordination between service providers. The 2004 *Living With Dignity* strategic plan, which assessed the citywide network of services for seniors and persons with disabilities, concluded that San Francisco's system was too fragmented. The citywide system of long-term care lacks accountability and oversight. A description of the *Living With Dignity* plan can be found in subsequent sections.

Stakeholders and DAAS are working together to improve the quality of the care and support, to expand the system capacity and to build a coalition of community caregivers for the aging and persons with disabilities in San Francisco. Coalitions of consumers and stakeholders serving the African American, Asian/Pacific Islanders, Latinos and lesbian, gay, bisexual, and transgender individuals continue to meet regularly with a mission to better serve the needs of these unique groups. The Office on the Aging is contributing to the new spirit of collaboration and efficiency by supporting volunteer recruitment across agencies, developing more measurable performance standards for contractors, and working with the citywide planning efforts that are already underway. The Office on the Aging challenges, strengths, and weaknesses are discussed in Section A.2 of this Area Plan.

The recent consolidation with the Department of Human Services (DHS) will expand the resources available to DAAS. The two departments share many of the same target populations. In particular, DHS is developing permanent housing options for homeless seniors and has a large eviction prevention program. DHS also manages cash assistance, Medi-Cal, Food Stamps, and other programs that should be more accessible to low-income seniors and persons with disabilities now that the two departments have been integrated.

The Existing Service System

The Office on the Aging (OOA), a component of DAAS, is responsible for staffing and implementing the Information, Referral and Assistance Program that is a mandate of the Older American's Act. The OOA contracts the majority of its services to 43 community based organizations and two work orders for transportation and for services at Laguna Honda Hospital, a long-term care facility run by the City. The OOA service system, as well as the broader system of care for seniors and people with disabilities in San Francisco, coordinates services through several

mechanisms, including neighborhood-based centers, a centralized management information system, a call center for information and referrals, and a new website. The elements of the service system include:

Resource Centers for Seniors and Adults with Disabilities

In October of 2002, DAAS enhanced its programs by forming Neighborhood Resource Centers for Seniors and Adults with Disabilities. Three of the larger agencies under contract to the OOA oversee these centers. The ten Resource Centers are strategically located throughout the City and are funded entirely by the general fund of the City and County of San Francisco. Their mandate to improve access to services for seniors and adults with disabilities through the provision of information, referral, assistance and follow-up is fully implemented. With the capacity for over 13 languages, the Centers also provide invaluable translation services for many federal, state and local applications and forms. The issue for the Centers in planning services for the years ahead will be how to maximize services and staffing during an era of budget challenges. This issue, which will repeat itself over the entire spectrum of senior services, may require serious approach to planning for the future in order to maintain a service level that will keep pace with the growing population.

SF-GetCare

SF-GetCare, initiated in 2001, is a web-based information system that contains two major components:

- ❖ An online Consumer Assessment, Referral and Enrollment (CARE) Tool for recording, tracking, and reporting information on clients, services, and expenditures. DAAS-funded programs and DAAS Office on the Aging (OOA) program analysts use this tool.
- ❖ An on-line reporting function that tracks data for NAPIS reporting.

The project was funded by grants from the California Department of Aging and the U.S. Department of Commerce Technology Opportunities Program. Now in its fourth year of operation, this web-based long-term care information system continues to be adjusted in order to improve and/or enhance its capability and ease of use. With the Department of Human Services now supporting the planning function of the Office on Aging, the agency's planning team is expected to make new use of data generated by GetCare. Staff with expertise in census data, mapping and report analysis will be able to analyze the baseline data with an expanded point of reference.

The Call Center

The OOA supports an information, referral and assistance phone line for seniors and adults with disabilities as an integral part of its services to the community. The Call Center was created in the fall of 2004. It is anticipated that one of the important outcomes of this new effort to train workers and coordinate calls to DAAS will be its support of the process that is being developed as a "no wrong door" model of improved access to care and support described in the *Living with Dignity* strategic plan. Staff will respond to calls from seniors, adults with disabilities, and caregivers.

Increased training and supervision, monitoring and follow-up are now available as well as a new and expanded on-line resources directory and electronic tracking system.

Network of Care

DAAS will soon be unveiling an on-line resource called the Network of Care. This site will provide a sophisticated, easy to use and reliable online resource directory. It will provide information about services in English, Spanish, Cantonese, and Russian. It will also have interactive components such as message boards, calendar of events, and options to build web pages for agencies and groups that are interested in these enhancements. This directory will utilize a separate contract with Helplink, administered by the United Way, to keep the information in the resource directory current.

Local Coordination Efforts

Living with Dignity Strategic Plan

The *Living With Dignity* strategic plan, intended to guide improvements in the system of community-based long term care and supportive services for older adults and adults with disabilities in San Francisco, was completed in April 2004. The Living with Dignity Policy Committee collaborated substantially with DAAS in the development of this plan throughout the 18-month strategic planning process, which took place from August 2002 to February 2004.

The development of the *Living with Dignity* strategic plan would not have been possible without support from the Robert Wood Johnson Foundation under the Community Partnerships for Older Adults program. The purpose of this national program is to foster community partnerships to improve long-term care and supportive services to meet the current and future needs of older adults. A \$150,000 development grant was received from the Foundation in August 2002.

The implementation of the *Living with Dignity* strategic plan is supported, in part, by a second grant from the Robert Wood Johnson Foundation under the Community Partnerships for Older Adults program. A \$750,000 implementation grant was received from the Foundation that covers a four-year period, from February 2004 to January 2008.

Based on the goals, strategies, and objectives outlined in this plan, public and nonprofit service providers, consumers, and advocates are working together to make improvements with the goal of a better coordinated, more accessible, service delivery system that is well prepared to serve the current and future populations of older adults and adults with disabilities.

During the strategic planning process, the following five critical needs were identified and that were related to the long term care and supportive services delivery system included: 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. This strategic plan offers an opportunity to begin to address each of these critical needs by recommending a number of system improvement strategies. Several of the major system improvement strategies and related implementation activities are described below.

1. Increase Collaboration in Underserved Communities

The **Neighborhood Partnerships Workgroup** is strengthening existing collaborations and building new collaborations in underserved communities. Four community partnerships were formed in 2004 that focus on 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 will be responsive to the needs of diverse racial, ethnic and cultural populations. Each community partnership will identify needs that have an impact on DAAS funding priorities.

2. Improving Access to Services for Homebound Individuals

To identify homebound individuals who could benefit from supportive services, a **Partnership Peer Advocacy Project** is being created in 2005. Four peer advocates will be recruited in each of the four community partnerships to collaborate with service providers, senior groups, advocacy organizations, and county agencies to contact those who need help and support. This project will be the front-line access to isolated, homebound seniors and adults with disabilities. Peer advocates will track and demonstrate needs, and report their findings to the OOA, with the objective of assisting the OOA in establishing responsive funding priorities.

3. Improving Access to Services for Public Housing Residents

To learn about the needs of older adults and adults with disabilities who live in public housing, a needs assessment of residents in eight senior public housing buildings is being implemented in 2005. This assessment will identify needs for long-term care, mental health and supportive services, and will establish eligibility for Medicaid and other services. This assessment will also quantify the needs of many poor, frail, homebound seniors who live in these buildings and have access to few supportive services. The data that results from this assessment will be reported to both the OOA and the San Francisco Housing Authority in order to assist in establishing responsive funding priorities.

4. Increasing Service Coordination

The **Case Management Collaboration Workgroup** is exploring and implementing ways to improve the coordination of services for older adults and strengthen San Francisco's service delivery system. A case management collaborative was formed in April 2004 that includes case managers from programs that are community-based and client-specific, DAAS programs, public social/health programs, as well as medical and institutional programs. This collaborative is conducting a survey of case managers that will help develop protocols for agency collaboration when clients have more than one case manager. Once these protocols are implemented, it is expected case management will be less duplicative and more effective for clients.

5. Enhance the Quality of Homecare Services

Formed in April, 2004, the **Homecare Recruitment and Retention Workgroup** is exploring and implementing ways to improve the recruitment, training, and retention of homecare workers in San Francisco. This workgroup has implemented an evaluation of current training now underway for In

Home Supportive Services homecare workers to determine its effectiveness. If the training is shown to be effective, additional funding will be sought to ensure it is continued. A concept paper is being developed for the formation of a homecare training institute that will be more extensive than the training program currently available to homecare workers.

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

The **Public Relations and Marketing Workgroup** is creating and implementing improved public relations and marketing strategies, a Public Relations and Marketing Workgroup was formed in May 2004. This workgroup, along with *Reputation, LLC*, a PR firm, is developing a comprehensive, multi-faceted public relations and marketing plan for the *San Francisco Partnership for Community-Based Care & Support*. The purpose of the public relations and marketing plan is to: 1) promote the idea that long term care no longer only means nursing home care; and 2) promote positive images of older adults and adults with disabilities.

7. *Improve and Expand Community Placement Options*

The **Community Placement Workgroup** is exploring placement options for people being discharged from extended stays at Laguna Honda Hospital and other institutions. This group is evaluating the potential for improving community placements. Successful discharge planning models such as The Homecoming Services Program (at the San Francisco Senior Center and Saint Francis Hospital) and Project Independence (at Marin General, Kaiser, and Novato Community hospitals), and the costs/benefits of implementing these models is being explored.

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

The **Hospital Discharge Planning Workgroup** is overseeing the implementation of the Hospital Discharge Planning Task Force recommendations. This group focuses on improving coordination across agencies, developing additional services, establishing consistent discharge standards, and designing advocacy programs. This group has representation from the Hospital Council, public and community-based agencies, and consumer groups involved with hospital discharge.

9. *Increase Access to Services*

The **Public Policy and Financing Workgroup** is developing a variety of ideas and proposals for financing community-based long-term care and supportive services. This group is considering the possibility of financial resource development activities across city departments to support such services.

In addition to the *Living With Dignity* efforts, local coordination efforts include the following:

The Services and Programs Advisory Committee

The DAAS Services and Programs Advisory Committee focuses on the services and programs provided by or through DAAS, and addresses specific issues related to information and referral, the utilization of the ten Resource Centers for Seniors and Adults with Disabilities, and new directions in care coordination. Members discuss concerns and provide community feedback as it relates to a

variety of home and community based services, transportation services, training for service providers, and the needs of adults with disabilities. Ongoing committees address issues related to: predatory lending, money management, and care management. The Services and Programs Advisory Committee consists primarily of public and private service providers. This committee meets on a monthly basis.

Coalition of Agencies Serving the Elderly

The membership of the Coalition of Agencies Serving the Elderly is comprised of many of the non-profit agencies dedicated to serving seniors. It ensures the well being of San Francisco's seniors by supporting service providers and organizations and by providing a vehicle for advocacy, program and service expansion, leadership development, networking, information-sharing and community outreach. The Coalition provides leadership, information and expertise on public policy, philanthropy and other issues affecting older adults and senior-serving agencies and individuals.

The Coalition represents a public voice for seniors and service providers, and is an influential advisor and resource for San Francisco City and County commissions and departments. It is the principal regional vehicle for members to offer and receive peer support, exchange information of common interest, and network with one another. The Coalition offers support for the development of collaborative programs and may serve as a resource in the senior service community.

Active Aging Community Task Force

This task force is composed of representatives from various community organizations, including nonprofits, academia and government, who are interested in promoting and developing resources to increase and improve physical fitness among seniors and adults with disabilities. This group, established in October 2002, meets once a month.

Food, Nutrition and Agricultural Directory Development Committee

This committee, established in March 2004, is a collaboration between the San Francisco Department of Public Health's Nutrition Services and Environmental Health, San Francisco Food Systems Council, the Department of Aging & Adult Services Office on the Aging and nonprofit organizations. The mandate of this Committee is to develop a citywide low cost directory for food, nutrition and agricultural resources for all age groups. The directory will be user-friendly and updated regularly. City departments and community service providers' information, referral and assistance programs will use the directory.

Central Purchasing Committee

The OOA Nutritionist facilitates this committee in partnership with the Coalition of Agencies Serving the Elderly, nutrition contractors funded by DAAS and other nutrition service providers in the Bay Area. Working with the service providers, the OOA Nutritionist coordinates and negotiates a group contract for food service supplies and dairy products. By leveraging the purchasing power of products used by service providers, they are able to purchase supplies at discounted prices. The OOA-funded nutrition contractors are able to save time and money using the group contracts. The

group contract for food service supplies began in January 1987 and the dairy contract in September 1991. The committee meets twice a year.

Nutrition Work Group

An OOA nutritionist facilitates this work group for congregate and home delivered meal contractors. This group meets at least four times a year to discuss nutrition related issues and resources.

Home-Delivered Meals for Adults with Disability Committee

This committee provides input to DAAS for implementation of a pilot program to provide meals for younger adults with disabilities from March to December 2005. The committee will develop guidelines for evaluating this pilot program and make recommendations for how the city can best meet the food related needs for adults with disabilities. This committee is composed of representatives from Office on the Aging and the Office of Contract Management, nutrition service providers and organizations in the community serving adults with disabilities.

Long Term Care Coordinating Council

In November 2004, the Living with Dignity Policy Committee was designated by Mayor Gavin Newsom as San Francisco's first Long Term Care Coordinating Council. It oversees the implementation activities and service delivery system improvements identified in the *Living with Dignity* Strategic Plan. The Coordinating Council will be the single body that will evaluate all aspects related to community-based long-term care and supportive services. It will evaluate how different service delivery systems interact to serve people, and will make policy recommendations about how to improve service coordination and system interaction. Based on its evaluations, the Coordinating Council will provide policy guidance to the Mayor's Office.

San Francisco Partnership for Community-Based Care & Support

In May 2004, the San Francisco Partnership for Community Based Care & Support was created. It is an extensive network of service providers dedicated to strengthening the system of community-based care and support for older adults and adults with disabilities. The Partnership is becoming the visible representation of home and community-based long-term care and supportive services in San Francisco. The Partnership has over 60 non-profit service providers and public agencies who provide community-based services for older adults and adults with disabilities. The San Francisco Partnership for Community Based Care & Support is helping to achieve better coordination of services by bringing people together to work on common issues. Luncheon meetings are held every six months. Over 100 people usually attend.

A.2 A DESCRIPTION OF THE AREA AGENCY ON AGING

The Department of Aging and Adult Services

In July, 2000, the City and County of San Francisco created the Department of Aging and Adult Services to provide humane and protective services for vulnerable adults, including people with disabilities, mentally ill persons, veterans and seniors. Its mission is to develop and support community-based systems of care that provide services that encourage independence and improve quality of life. As a public sector organization for the City and County of San Francisco, DAAS serves as the Area Agency on Aging for the City and County of San Francisco.

The mission of DAAS is:

To assist older and functionally impaired adults and their families to maximize self-sufficiency, safety, health and independence, so that they can remain living in the community for as long as possible and maintain the highest quality of life. . The San Francisco Department of Aging and Adult Services will provide leadership in addressing issues that relate to older Californians; will develop community-based systems of care that provide services which support independence within California's interdependent society and which protect the quality of life of older persons and persons with functional impairments; and will provide involvement in the planning and delivery of services.

The San Francisco Area Agency on Aging budget for fiscal year 2005-2006 now includes the City and County of San Francisco's In-Home Supportive Services (IHSS) program, formerly a part of the Department of Human Services. The budget for the newly integrated Area Agency on Aging totals approximately \$114 million, compared to the FY 2004-2006 budget of approximately \$32 million.

The Area Plan budget, however, only includes funding related to the Office on the Aging, which allocates approximately \$17 million of state, federal and local general funds to 43 community-based organizations, two city agencies, and one internal Information and Assistance program. Funds included in the Area Plan budget are composed of the California Department of Aging state and federal allocations and local general fund, plus cash match from the Office on the Aging contractors.

DAAS incorporates the following programs:

1. Office on the Aging

The Office on the Aging (OOA) is responsible for the grant reward process and the monitoring of all AAA programs and services. It contracts with 43 community-based organizations and two public agencies to provide a full range of programs and services for adults aged 60 and older and for adults with disabilities. The Office on Aging targets frail, isolated, low income and cultural/racial/ethnic minority groups of seniors, including elderly lesbian, gay, bisexual and transgender persons. Its services and programs that include, but are not limited to care management, nutrition programs, transportation, health and safety services, Adult Social Day Care, legal and Family Caregiver services. A detailed description of the OOA and its contracts can be found at the end of this section.

2. In-Home Supportive Services (IHSS)

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

3. Public Administrator

The Public Administrator program oversees the estates of people who die without a will or is appointed by the Superior Court. It investigates cases by locating next of kin, locating and protecting the assets of the deceased person, and locating wills. It provides a valuable service to friends and family who live out of the country or who are unaware of the death of their loved one.

4. Public Guardian

The Public Guardian program operates under the authority and direction of the Superior Court to provide conservatorship of person and estate for people who are frail, elderly, and/or disabled and who are substantially unable to provide for their own personal needs or manage finances or resist fraud or undue influence. Conservatorship services include: developing a care plan for both immediate and long-term care; conferring and advocating on behalf of the conservatee and managing finances, as well as marshalling and protecting assets.

5. Public Conservator:

The Public Conservator program provides mental health conservatorship services for San Francisco residents. Mental health conservatorship is a legal procedure that authorizes psychiatric treatment of a person found by the Court to be gravely disabled due to mental illness and who is unable or unwilling to accept voluntary treatment. Public Conservator services include reports for placement hearings, psychosocial evaluations for the Superior Court, medical consents, psychiatric medication consents, supervision of treatment, advocacy, placement and case management of conservatees placed outside of San Francisco County.

6. County Veterans Service Office

The County Veterans Service Office assists veterans, most of whom are disabled, and their dependents in obtaining U. S. Department of Veterans Affairs' benefits and entitlements. The Veteran's Office represents veterans, their dependents and survivors during the benefits claims process. A primary goal of the Office is to provide outreach and service to homeless veterans.

7. Representative Payee Program

The Representative Payee program manages money for frail elderly and adults with mental illness to ensure that daily living needs are met and that well-being and independence are protected. These services are voluntary and the consumer must have a case manager to be eligible.

8. *Adult Protective Services*

Adult Protective Services program investigates possible abuse or neglect of seniors and disabled/dependent adults. The abuse may be physical, emotional, financial, neglect by others, or self-neglect. If abuse is suspected, social workers provide short-term counseling, case management and referral services that ensure the ongoing safety of the person. Adult Protective Services will involve the courts if necessary and if the victim agrees. It operates a 24-hour hotline seven days a week.

9. *Information, Referral and Assistance:*

The Information, Referral and Assistance program provides 24-hour information, referral and assistance for older adults and adults with disabilities, caregivers, and community-based organizations serving older adults and adults with disabilities. Staff maintains a database for analysis and monitoring purposes. Information and Assistance is the one direct service funded by the Office on Aging. This direct service utilizes the language capacity of the ten neighborhood resource centers to ensure that no one who has limited English proficiency is turned away.

Aging and Adult Services Commission

The San Francisco Aging and Adult Services Commission is a charter commission of the City and County of San Francisco. Its purpose is to formulate, evaluate and approve goals, objectives, plans and programs and to set policies consistent with the overall objectives of the City and County that are established by the Mayor and the Board of Supervisors. It has seven members.

The Commission must develop and keep current an annual statement of purpose, outlining its areas of jurisdiction, authorities, purpose and goals, subject to review and approval by the Mayor and the Board of Supervisors. After public hearing, the Commission must approve the DAAS budget and any budget modifications or fund transfers requiring the approval of the Board of Supervisors. This is subject to the Mayor's final authority to initiate, prepare and submit the annual proposed budget on behalf of the executive branch and the Board of Supervisors' authority.

The Commission meets monthly to vote on the various recommendations and reports of its Finance Committee and Joint Legislative Committee. Other issues before the Commission may be related to the various local work-groups and state Committees and Commissions such as the Triple A Council of California and the California Commission on the Aging and Adult Services.

Advisory Council to Aging and Adult Services Commission

The Advisory Council to Aging and Adult Services Commission serves as a public voice to review and advise the work of the OOA and advise the services of the agencies it contracts with. With new leadership in 2004, the Council members have expressed an interest in taking a more active position in their role as advocates for the communities of aging and disabled persons.

Established by the Area Agency on Aging, the Council carries out advisory functions that further the area agency's mission to develop and coordinate community-based systems of services. San Francisco's Advisory Council to the Aging and Adult Services Commission advises DAAS on: 1)

developing and administering the area plan; 2) conducting public hearings; 3) representing the interest of older persons; and 4) reviewing and commenting on community policies, programs and actions which affect older persons. Members also visit the OOA-contracted agencies each year to assess their work and to gain a comprehensive understanding of the senior services network.

The Advisory Council includes eleven members who are appointed by the Board of Supervisors and eleven who are elected by the Council membership. The membership is made up of: 1) more than 50 percent older persons, including minority individuals who are consumers or who are eligible to participate in programs; 2) representatives of older persons; 3) representatives of health care provider organizations, including providers of veterans' health care; 4) representatives of supportive services provider organizations; 5) persons with leadership experience in the private and voluntary sectors; and 6) the general public.

2004 Integration with the San Francisco Department of Human Services

Shortly after DAAS was created, San Francisco's "dot.com" economy faltered, causing unexpected city and county budget shortfalls. The ensuing hiring freeze and savings measures frustrated DAAS' attempt to fulfill its ambitious vision. To provide the administrative resources the fledgling agency needed, DAAS was consolidated with the San Francisco Department of Human Services to create a new, integrated agency. DAAS benefits from DHS' infrastructure, including its information technology, support services, personnel, contracting and budgeting functions. Staff has access to increased support and administrative functions that have already demonstrated an improvement in the contracting and payment process.

DAAS and DHS already served many of the same consumers through DHS' Medi-Cal, Food Stamps, and Housing and Homeless programs. DHS also operates the city's homeless shelters and develops master-lease housing for homeless persons and general relief programs for indigent adults. Through its Workforce Development program, DHS hosts a one-stop employment center that provides information on jobs and access to community based organizations that provide employment services. The center is open to all San Francisco residents and can be used by seniors and persons with disabilities who are seeking jobs. Other DHS programs that serve concentrations of seniors and persons with disabilities include:

- ❖ *Cash Assistance Program for Immigrants:* This is a state-funded cash assistance program for lawful non-citizens over 65 who do not qualify for SSI/SSP solely due to immigration status.
- ❖ *Cash Assistance Linked to Medi-Cal:* This program provides financial assistance for individuals who are currently receiving Medi-Cal benefits because they are either aged or disabled, but do not currently qualify for SSI or the Cash Assistance Program for Immigrants.
- ❖ *Supplemental Security Income Pending:* Provides interim cash assistance to seniors and adults with disabilities who are applying for SSI.
- ❖ *Food Stamps:* Federally funded, San Francisco's Food Stamp program is known for innovations such as allowing recipients to use their electronic benefit cards in restaurants.

- ❖ *Housing and Homeless Programs:* DHS funds a range of services to assist homeless persons and families. In partnership with community-based agencies, it funds early intervention and prevention services, emergency shelter, transitional housing, permanent supportive housing, child care, employment training and follow-up services.

The consolidation created an opportunity for closer coordination between DAAS and DHS programs. As an example, DHS is opening a master-lease hotel for homeless seniors in May, 2005. This will provide an opportunity for the OOA to proactively work with the hotel support staff to optimize access and service delivery. The objectives section of the Area Plan reflects the priority that DAAS is giving to coordination with DHS programs for the benefit of seniors and people with disabilities.

Ensuring Accountability After the Consolidation

DHS is much larger than DAAS, having a budget four times larger and employing eight times more staff. When planning the consolidation, the City and County took care to ensure that DAAS would keep its focus and that accountability would continue to be clear. *The programmatic, policymaking (via the Aging and Adult Services Commission), and decision-making authority and roles at the San Francisco Area Agency on Aging(AAA) did not change with the consolidation.*

The executive director oversees both the AAA and DAAS and has full authority over all functions of each. These relationships are codified in the Charter and the Administrative Provisions of the Annual Appropriation Ordinance of the City and County of San Francisco and cannot be modified by either Commission. The executive director continues to have direct control over all program and nutrition staff, and meets regularly with the Human Services Agency executive director and deputy director of administration.

The Aging and Adult Services Commission, the designated policymaking body for both DAAS and the AAA, continues to function in the same manner as before the consolidation. Accordingly, it continues to have independent approval authority for the AAA's annual budget, service appropriations, and all matters relating to services provided with Older Americans' Act and Older Californians' Act monies. The Aging and Adult Services Commission also retains the sole authority for approving and modifying the AAA Area Plan, Area Plan updates, and the Area Plan Budget.

On matters relating to finance, budget and contracts, the Human Services Agency Director of Contracts and Deputy Director of Administration report at the monthly Aging and Adult Services Commission, and Finance Committee meetings. Contracts with providers of CDA-funded services, though technically managed by the Human Services Agency's contract unit, continue to fall under the programmatic authority of the Aging and Adult Services Commission and its executive director, and cannot be modified without their approval.

The majority of changes to the AAA in its integration into the Human Services Agency are related to non-program departmental support positions and do not in any way diminish the policy authority of AAA's executive director or its commission. Prior to integration, the Office on the Aging provided all planning, contracts management, program management and nutrition services for Older Americans' Act programs included in the Area Plan budget. In the consolidated agency, some of the

planning and all of the contracts management functions have been centralized into the Human Services Agency's administration, while program management and nutrition monitoring functions have remained at the Office on the Aging. To better integrate expertise on the DAAS system, one program analyst and one nutritionist have transferred to the contracts, and one program analyst has transferred to the planning unit. The reorganization of staff is as follows:

- ❖ **Fiscal:** The San Francisco AAA maintained two full time accountants prior to integration. Of these staff, one has transferred directly to the Human Services Agency's fiscal unit and one transferred to another City department.
- ❖ **Budget:** The San Francisco AAA maintained one full time budget analyst and one full time Deputy Director of Finance and Administration (who served as the AAA's Chief Financial Officer and Agency Contracts Representative) prior to its integration into the Human Services Agency. Of these staff, the analyst has transferred to the Human Services Agency's budget unit and continues to provide full budgetary support (75% charged against Title III/VII/CBSP administration funds) to the AAA. The Deputy Director of Finance and Administration has retired from City service.
- ❖ **Planning:** Prior to the integration, the San Francisco AAA planning was accomplished by the OOA manager and program analysts. In the new structure, one former OOA program analyst has been transferred to the Human Services Agency planning unit. The supervisor of the planning unit and the staff assigned as AAA planner, work closely with the DAAS Deputy Director of Programs and the OOA program analysts whenever appropriate. As in all matters related to the OOA, the DAAS Executive Director has full authority to approve or disapprove all program and budget activities. The planning unit supervisor reports directly to the Human Services Agency Director of Administration on many functions related to administration and fiscal planning and to the DAAS Executive Director on matters of concern to the Office on the Aging.
- ❖ **Contracts:** Prior to integration, contract management at the AAA was under the authority of its Deputy Director of Finance and Administration, who has since retired. AAA contract management duties are now the purview of the contracts unit of the Human Services Agency, into which one OOA program analyst and one OOA nutritionist have transferred. This nutritionist, who had been charged against Title III/VII/CBSP administration funds, has since been removed from the Area Plan budget.
- ❖ **Personnel:** Since the July 2004 integration, the AAA's two-member personnel unit has been transferred into the personnel unit at the Human Services Agency, which now supports the personnel needs of both respective departments and the AAA.
- ❖ **Technology Staff.** The San Francisco AAA employed two information technology staff, and both have transferred and been fully integrated into the Human Services Agency information technology unit that supports the technology needs of both departments and of the Area Agency on Aging.

- ❖ **Support Services Staff:** Prior to integration, the San Francisco AAA did not have staff dedicated to support services functions, such as mailroom distribution, purchasing, space planning, and engineering. For these functions, the AAA had allocated a percentage of an executive secretary's staff time. Since integration, the AAA now receives services from the Human Services Agency's support services.

Administration

In the new AAA structure under the Human Services Agency of San Francisco, a blended team of Administrators from both the AAA and the Human Services Agency work cooperatively to ensure that all contractual obligations in administering our Older Americans Act programs are met. The team, guided by the AAA's executive director and the Agency's deputy director of administration, includes the following people:

1. The Agency budget manager, who prepares the budgets for both DAAS and DHS.
2. The Agency director of contracts, who handles all fiscal monitoring and contract compliance issues.
3. The Agency planning unit supervisor, who prepares the Area Plan and its annual updates.
4. The Agency budget analyst, formerly with DAAS, who prepares the Area Plan budget.
5. The Agency finance manager, who acts as the AAA's Agency contracts representative and manages all fiscal and accounting staff.
6. The Aging and Adult Services deputy director of programs, who oversees the OOA.

Through regular communication on programmatic and administrative needs, this group works to ensure that adequate staff support is given to the AAA in setting up a structure to meet the AAA's administrative requirements with the California Department of Aging. This group also works to institutionalize these mechanisms into the Human Services Agency structure.

Removal of Program Funds from the Area Plan to Maximize Leveraging

To receive state and federal funds, Area Agencies on Aging are required to provide a local match of funding. In the past, San Francisco provided revenue far in excess of the required match. While this demonstrated the city's commitment to serving seniors, it did not maximize the potential for those extra funds to leverage other federal and state funding that could be used for seniors and people with disabilities. As a result of the recommendations of a workgroup to study ways to increase funding, DAAS will begin to use a significant portion of funding from the city's general fund as a match for Medi-Cal participant reimbursements.

As such, these dollars will not be found in the Area Plan as a match to the services funded by the Older Americans Act. The programs to be used as match are: Care/Case Management, District-Wide Social Services Workers, Resource Centers for Seniors and Adults with Disabilities, and Community Services, all Title III-B Supportive Services programs. *These four programs continue to operate as before. They will continue to serve seniors and people with disabilities, and the newly leveraged Medi-Cal revenue will allow DAAS to avoid service reductions in the short term and hopefully expand services as the city's budget picture improves.*

The shift in match will change DAAS' reporting to the State as it affects the Area Plan budget. On state fiscal and activity reports, known as NAPIS, DAAS will not include units of service funded by Medi-Cal match dollars. Contracts with community-based organizations will continue to reflect the entire scope of services and DAAS will work with the contractors to develop a reporting process that captures the full extent of their activities.

The Office on the Aging

Located within DAAS, the Office on the Aging is the single agency within the City and County of San Francisco that is specifically charged with coordinating and supporting services for the elderly. The mission of the Office on the Aging is:

1. To assist seniors and persons with disabilities to plan for and coordinate a continuum of community and in-home care thereby avoiding premature or inappropriate institutionalization;
2. To increase participation of the target population;
3. To advocate for policies that promote the coordination and integration of a Community-Based Long-Term Care System of care and support.

The OOA operates with federal, State and local funds to coordinate a "Community-Based System of Care" that includes contracting with 43 local agencies and work orders with two county government agencies. The network of programs and services target frail, low income and cultural/racial/ethnic minority seniors, including lesbian, gay, bisexual and transgender persons, and younger adults with disabilities. The OOA supports bilingual/ bicultural services that reduce barriers and improve access. The services that the OOA funds include²:

- ❖ **Adult Day Services:** a community-based day care program providing medical, rehabilitative, and social services to the elderly and other adults with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care.
- ❖ **Alzheimer's Day Care Resource Centers:** day care specifically for those in the moderate to severe stages of Alzheimer's Disease or related dementia, whose care needs and behavioral problems make it difficult for the individual to participate in existing day care programs.
- ❖ **Care Management*:** care coordination for older adults or adults with disabilities who are experiencing a diminished capacity to function so that formal assistance is required. Services include: assessing needs; developing care plans; authorizing, arranging and coordinating services; follow-up monitoring; and reassessment.
- ❖ **Community Services*:** services that maintain or improve quality of life such as health maintenance (exercise), education, translation, services that protect senior rights, services that promote socialization/participation, and services that assure access and coordination.

² Services marked with an * that are bolded denote those services that are not funded by the California Department of Aging.

- ❖ **Congregate Meals:** meals provided in a group setting that consist of the procurement, preparation, transporting and serving of meals, as well as nutrition education.
- ❖ **District Wide Social Services Workers*:** services that include assessing consumer needs, problem solving, arranging services, coordinating services, and follow-up monitoring.
- ❖ **Elder Abuse Prevention:** consultation with the Ombudsman Program and coordination with Adult Protective Services and other abuse prevention services to provide education, outreach, referral, and receipt of complaints on behalf of vulnerable seniors and adults with disabilities.
- ❖ **Family Caregiver Support Program:** outreach to caregivers of older adults or grandchildren. Services include information and assistance, case management, transportation and assisted transportation, counseling, and supplemental services to caregivers who have difficulty maintaining quality homecare or the ability to live independently at home.
- ❖ **Food Bag:** surplus and donated food products, produce, and nutrition education to low-income older adults and adults with disabilities.
- ❖ **Health Insurance Counseling and Advocacy Program:** counseling and information about Medicare, supplemental health insurance, managed care or related health insurance; community education activities; advocacy; and legal representation.
- ❖ **Health Screening:** a preventive health service that includes a medical exam to determine medical conditions that may require referral for a more in-depth medical evaluation.
- ❖ **Home-Delivered Meals:** meals for persons who are homebound because of illness or an incapacitating disability that also includes nutrition education.
- ❖ **Home-Delivered Meals Clearinghouse:** eligibility assessment of homebound consumers that is consistent among referral agencies and service providers to assure the equitable selection of consumers from the citywide waiting list.
- ❖ **Housing Counseling/Advocacy:** information for individuals in jeopardy of being evicted and assistance in advocating for tenant rights. Also, training for individuals and groups so they can inform the public about the need for affordable and accessible senior housing.
- ❖ **Housing Emergency Assistance:** assistance for vulnerable adults in the form of grants-in-aid to landlords for rent, security deposits, and/or moving costs.
- ❖ **In-Home Supportive Services:** personal care, homemaker and chore services to allow older adults and adults with disabilities to remain at home.
- ❖ **Legal Services:** legal advice, counseling and/or representation by an attorney, or other person acting under the supervision of an attorney.

- ❖ **Linkages and Respite Purchase of Service:** prevention of premature or inappropriate institutionalization of elderly and functionally impaired adults by providing care management, and information and assistance services.
- ❖ **Medication Management:** an adjunct to medical treatment services when indicated.
- ❖ **Naturalization Services:** services that help legal permanent residents prepare for citizenship, learn English as a second language, provide legal advice, counseling, and representation.
- ❖ **Ombudsman Services:** advocacy efforts on behalf of residents of long-term care facilities to protect their civil and human rights and to resolve their complaints.
- ❖ **Resource Centers for Seniors and Adults with Disabilities:** one-stop neighborhood access to information, referral and assistance, translation services and form and document assistance for seniors, caregivers, and adults with disabilities.
- ❖ **Senior Companion:** supportive services by a volunteer senior companion that allows an older adult to maintain independence and with enriching social contacts.
- ❖ **Consumer Empowerment:** training for seniors and adults with disabilities that teaches community organizing, leadership skills, how to conduct effecting meetings, how to access essential services, conflict resolution, diversity and political advocacy.
- ❖ **Homecare Advocacy:** this program works with hospitals organizing discharge planning.
- ❖ **Transportation:** paratransit services through MUNI Accessible Services that provides wheelchair lift-van and group van transportation to seniors and adults with disabilities.

The accompanying chart is a list of the OOA-funded service providers. A second chart, adapted from the *Living With Dignity* strategic plan, illustrates the “no wrong door” vision the service system.

CHART ONE: CONTRACTORS FUNDED BY THE OFFICE ON AGING
FISCAL YEARS 2005-2006

Asian Law Caucus

Legal and Naturalization services

Asian Pacific Islander legal Outreach

Legal and Naturalization services

Bayview Hunters Point Multipurpose Senior Services, Inc.

Community Services and Meals

Bernal Heights Neighborhood Center

Case Management, Community Services and Meals

Catholic Charities CYO

Case Management, Community Services, Social Services Worker, Meals, In-Home Supportive Services: Homemaker and Personal

Centro Latino de San Francisco

Community Services, Meals, Home-Delivered Meals, Transportation and Naturalization services

Curry Senior Center

Case Management, Community Services, Health Services, Medication Management, Meals

Edgewood Center for Children and Families

Family Caregiver Support Program Access, Respite

Episcopal Community Services

Case Management, Community Services, Social Services Worker, Housing Assistance and Meals

Family Caregiver Alliance

Family Caregiver Support Program Access, Respite

Family Service Agency of San Francisco

Ombudsman, Senior Companion

Golden Gate Senior Services

Community Services, Meals

Institute on Aging

Alzheimer's Day Care, Community Services, Social Service Worker, Elder Abuse Prevention, Linkages/Respite

International Institute of San Francisco

Community Services and Naturalization Services

Jewish Community Center of SF

Meals

Jewish Family and Children's Service

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

John King Senior Center

Community Services, Meals

Kimochi, Inc.

Adult Social Day Care, Community Services, Meals, Social Service Worker, Family Caregiver Support Program, Respite, Supplemental Services, Home-Delivered Meals

Korean Senior Center

Community Services, Meals

La Raza Centro Legal

Legal and Naturalization Services

Laguna Honda

Alzheimer's Day Care, Meals

Legal Assistance to the Elderly

Legal Services

CHART ONE: CONTRACTORS FUNDED BY THE OFFICE ON AGING
FISCAL YEARS 2005-2006

Meals on Wheels of SF, Inc.

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

Mission Neighborhood Centers

Community Services and Naturalization Services

Network for Elders

Case Management, Social Service Worker

New Leaf Services for Our Community

Community Services, Family Caregiver Support Program

On Lok Day Services

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

Planning for Elders in the Central City

In-Home Support Services: Advocacy, Senior Empowerment

Project Open Hand

Community Services, Meals

Public Transportation Commission

Paratransit Services

Rose Resnick Lighthouse for the Blind

Community Services

Russian American Community Services

Community Services, Meals, Home-Delivered Meals

Samoan Community Center

Congregate Services

San Francisco Adult Day Services Network

Adult Day Health

San Francisco Food Bank

Food Bag

San Francisco Senior Center

Case Management, Community Services

Self-Help for the Elderly

Alzheimer's Day Care, Case Management, Community Services, Meals, Family Caregiver Support Program, Respite, Home-Delivered Meals, In-Home Support Services, Naturalization Services

Senior Action Network

Health Ins. Cslng. & Adv. Program, Housing: Advocacy, Sr. Empower.

Southwest Community Corporation

Community Services

Veterans Equity Center

Case Management, Community Services

Vietnamese Elderly Mutual Assistance Association

Community Services and Naturalization Services

Visitacion Valley Community Center

Community Services

West Bay Pilipino Multi-Service Center -Meals

Western Addition Senior Citizen's Center

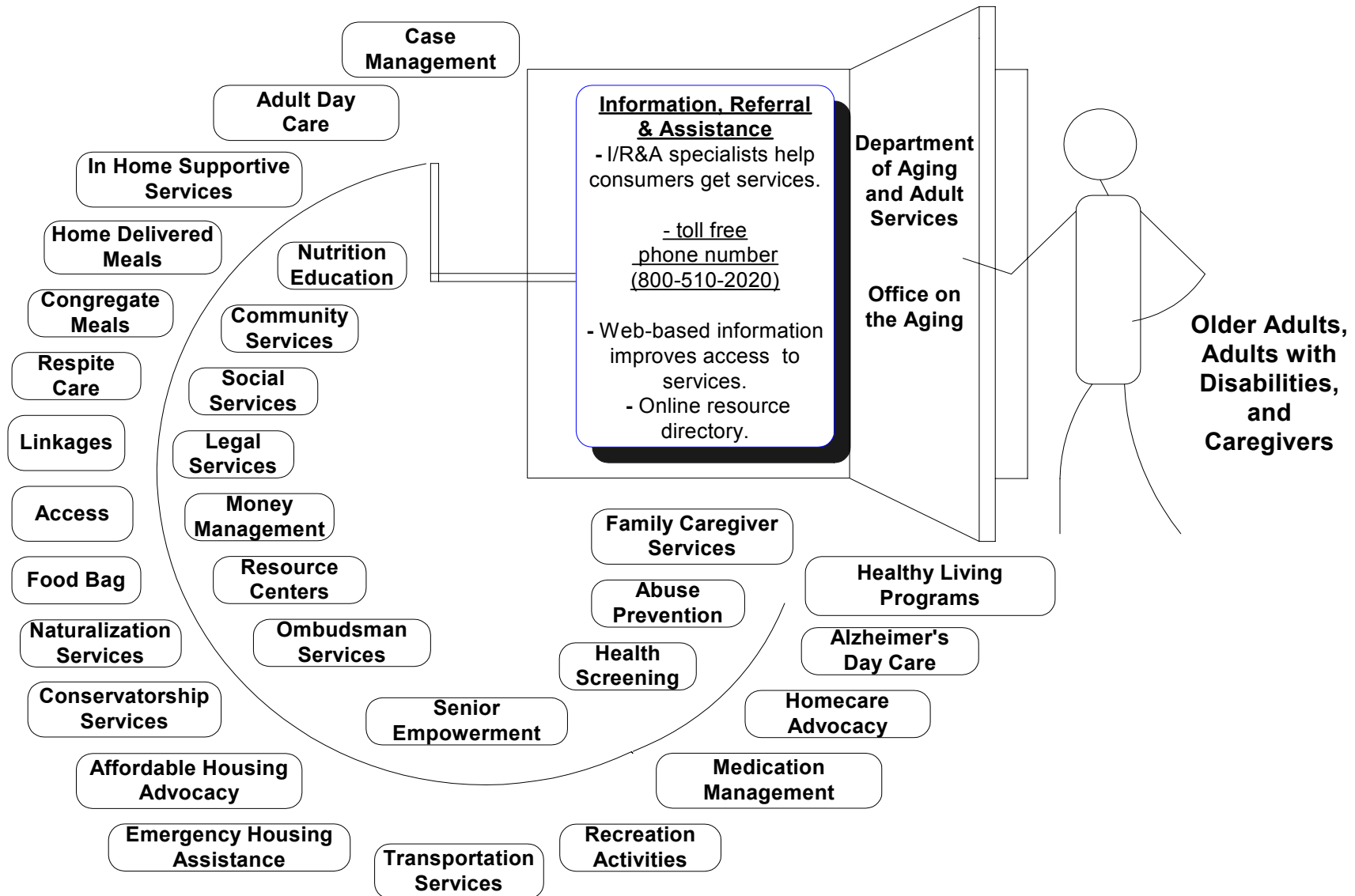
Community Services, Meals, Home-Delivered Meals

YMCA of San Francisco

Community Services

CHART TWO

System of Long Term Care and Supportive Services Funded by the CDA & the City and County of San Francisco



Challenges, Strengths and Weaknesses

One of the OOA's challenges is how to serve San Francisco's diverse population of seniors and persons with disabilities. The city's demographics are much different from the statewide profile, and many of its ethnic communities are concentrated in geographic enclaves. As described in Section A.1 of this Area Plan, more than one quarter of all San Francisco households lack an adult who speaks English, and many seniors and persons with disabilities are isolated linguistically. Many are also immigrants who are apprehensive about using public services.

To address this challenge, the Board of Supervisors called for the development of ten neighborhood-based resource centers for seniors and adults with disabilities. Three lead community based organizations operate the centers, and in most locations, the centers are housed with an established neighborhood service provider. The centers have trained multilingual staff (covering 18 different languages) who provide information and referral assistance, application assistance, and case management. Volunteers augment the staff and help with simple tasks. The centers serve many monolingual immigrants who have learned of programs elsewhere, but need help accessing them. The staff helps consumers gain access to programs like paratransit, utility discounts, renter's assistance, SSI, Medi-Cal, Medicare, In Home Supportive Services, legal services, and food programs. Housing information is consistently among the most requested services across the centers, and the center coordinators share responsibility for maintaining and distributing a monthly housing list that describes openings (both waiting list and actual openings) at buildings that are subsidized or below market rate. Collectively, the ten resource centers have over 57,000 consumer contacts per year (Institute on Aging et al., 2004).

Another strength of the OOA is its nutrition program. For over twenty years San Francisco has provided congregate meals to seniors, and the program's enrollment continues to grow. The OOA's challenge, however, is how to respond to changing needs when the demand for its core services is so great. The OOA is working with its contractors to determine how current resources can be used more efficiently, including how programs like home delivered meals can reduce their waiting lists.

The OOA is working with community stakeholders to seek parity for services for persons with disabilities. This is a major challenge, as many OOA contractors have been serving seniors for years and are apprehensive about including younger persons. Younger adults with disabilities may not be interested in participating in programs for the elderly. Moreover, most of the state and federal funds that the OOA relies on for its programs are restricted and cannot be used for younger persons. To address this challenge, the OOA will work with the Human Services Agency planning staff to identify potential funds and will conduct an assessment of the needs and interests of younger persons with disabilities, as well as the capacity of current service providers to meet those needs.

The OOA is severely challenged to respond to the need for affordable, accessible housing. The need is overarching, yet the OOA's entire funding would not have a significant impact on the problem. The integration of DAAS and DHS will allow the OOA greater access to the city's existing resources for housing. DHS manages the city's homeless programs and has created permanent housing for hundreds of homeless persons, and it has worked closely with the Mayor's Office on

Housing, the Mayor's Office of Community Development, and the San Francisco Department of Public Health to create housing for the city's vulnerable populations.

A weakness in the past was that DAAS' contracting, budget, IT, support services, and planning functions were understaffed, which affected the ability of the OOA to manage its resources. The integration of the two departments will allow the OOA access to a greater range of administrative support, which will allow it to focus on making its services more efficient and effective.

A major strength is the *Living with Dignity* strategic plan. The plan resulted in a new spirit of working together to solve the larger challenges facing the service system for seniors and persons with disabilities. The strategic plan led to the creation of the Long Term Care Coordinating Council, which advises the Mayor on issues regarding seniors and persons with disabilities, and which is engaged in a series of efforts to improve service coordination in San Francisco's system of care. The *Living with Dignity* vision is citywide and overarching, while the OOA is focused on specific prevention-oriented services like nutrition and the neighborhood resource centers. Many of the issues that affect the larger system, like fragmentation and a lack of accountability, also affect the OOA's system of services, and the OOA will be coordinating with the Long Term Care Coordinating Council's efforts

Policy Setting Process

As previously described, the Aging and Adult Services Commission is responsible for setting policies for DAAS. DAAS staff develops policy recommendations and presents them to the Commission's Finance Committee. Public stakeholders such as advocates, service providers, and consumers have an opportunity to express concerns and ideas at these public hearings. The Finance Committee presents its recommendations to the full Commission for approval. For example, in the most recent Commission hearing, the Finance Committee presented recommendations regarding DAAS' grievance policy, which the full Commission voted to approve.

Leadership

DAAS, as the Area Agency on Aging and the Office on the Aging, stands as San Francisco's lead public organization to represent seniors. With the passage of the Olmstead Act and the desire of the department to respond to the community of individuals and agencies dedicated to serving persons with disabilities, a mandate to provide home-based community services to adults with disabilities has been added to the mission of the Department.

Darrick Lam has served as the executive director of DAAS since 2002. He has over eighteen years of experience in the field of aging and long-term care, with over eight years in the non-profit sector and nine years in the public sector. As a leader in his field, Mr. Lam currently serves on the Board of Directors of the American Society on Aging and is the Vice President of the California Association of Area Agencies on Aging. He has completed his terms with the County Leadership Board of the United Way of the Bay Area and the Board of Directors of the Greater San Francisco Bay Area Alzheimer's Association. He is also an Affiliated Faculty Associate with the Stanford Geriatric Education Center. In addition, he is a Regional Trainer for the American Society on Aging Serving Elders of Color: A Training and Networking Initiative, a partner of its New Ventures in

Leadership program, and a representative on its Multicultural Aging Network. Mr. Lam's leadership in the field of aging and long-term care has been nationally recognized. He has written several articles including "Working with Chinese Families in the Context of Dementia" and "Working with Alzheimer's Disease: A Personal Touch."

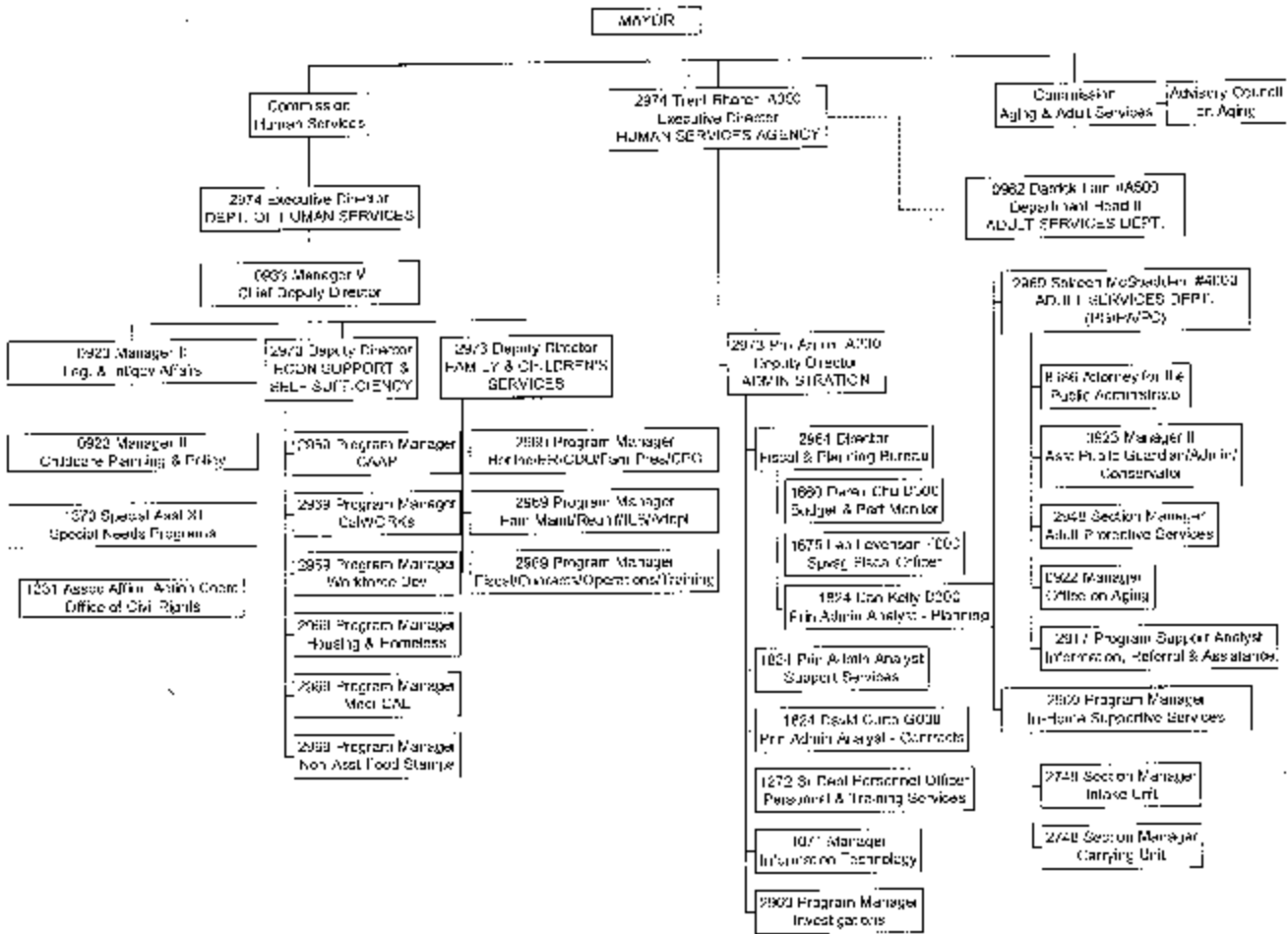
The Aging and Adult Services Commission and the Advisory Council to Aging and Adult Services Commission support the leadership of the Area Agency on Aging in significant ways. Their roles are discussed in previous sections of the Area Plan.

Organizational Charts

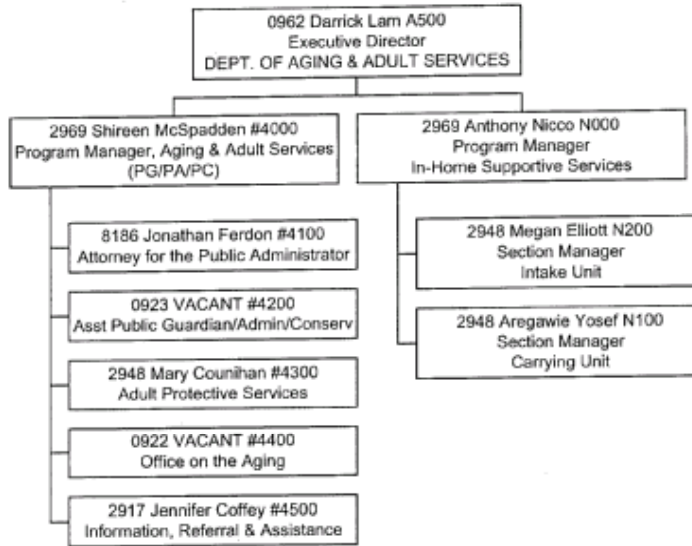
On the following pages are a series of organization charts that show the current structure of:

1. The Human Services Agency
2. The Department of Aging and Adult Services management; and
3. The Office on the Aging.

**CITY & COUNTY OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FY 2004/2005**

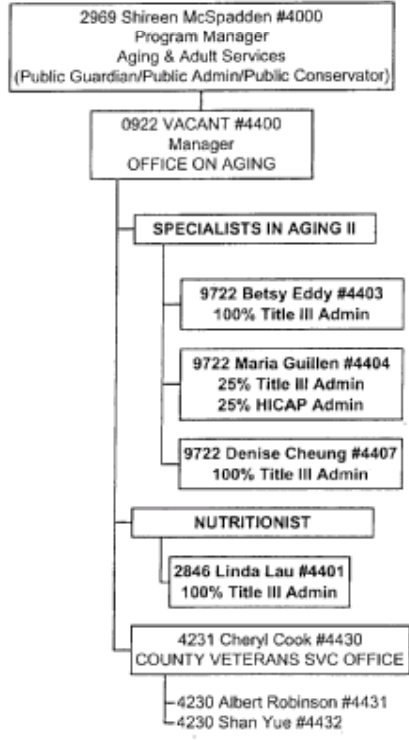


**DEPT. OF AGING & ADULT SERVICES
FY 2004/2005**



File: 13H5

**Dept. of Aging & Adult Services
AGING SERVICES
FY 2004/2005**



B. Establishing Priorities

San Francisco has been blessed by a series of comprehensive planning efforts in the past few years, mobilizing the community's stakeholders and creating a vision for the future. A number of workgroups have developed from these planning efforts to work to improve the long-term care system and achieve the community's strategic vision. The Area Plan builds on these efforts, concentrating on persons with the greatest economic and social needs as it adds new information that complements earlier assessments. After a period of rapid change, including integration with a new agency, the OOA will maintain its current service unit plans for 2005-06. However, it is proposing a number of objectives to target underserved groups and to improve the service system's effectiveness.

B.1 The Planning Process

The 2005-09 Area Plan builds upon three successive community needs assessments that occurred between the fall of 2002 and the spring of 2005. These assessments are described below.

1. In 2002, the Office on Aging embarked on a community needs assessment in preparation for the four-year contracting cycle. The OOA was determined to seek input from both active and frail seniors, persons with disabilities and service providers working with these groups. The assessment efforts reflected the ethnic and language diversity of San Francisco, as well as collecting input from the lesbian, gay, bisexual, and transgender community, home-delivered meal consumers, social workers and contractors, and others (see Attachment One).
2. The *Living With Dignity* strategic plan, completed in 2004, was the culmination of an 18-month planning process that engaged hundreds of seniors and people with disabilities, as well as dozens of stakeholders from the service community. It overlapped with and built upon the 2002 OOA assessment. The plan was intended to guide the implementation of improvements in San Francisco's system of community-based long-term care and supportive services for older adults and adults with disabilities. It was approved by the Aging and Adult Services Commission and endorsed by the Mayor and the San Francisco Board of Supervisors.
3. When the OOA initiated assessment activities for the 2005-2009 Area Plan, the Advisory Council to Aging and Adult Services Commission and community stakeholders recommended that it not duplicate the 2002 OOA and 2003-04 *Living With Dignity* planning processes. Instead, the OOA built on the earlier efforts and extended its analysis into key areas where more information was needed.

The planning processes, convergent but different, are described in more detail below.

2002-03 Needs Assessment Process

In the fall of 2002, the OOA developed a survey instrument with the primary objective of discovering the services that seniors identified as most utilized and needed in their communities. The surveys were translated into Chinese, Spanish, Russian, Japanese, Korean, and Samoan. Over 500 consumer surveys were returned by mail, another 182 were collected at small focus groups for

persons with limited English proficiency, and 743 were collected at three public hearings. During the public hearings, the OOA provided simultaneous translation in seven different languages. The survey instrument was developed in multiple languages for homebound persons and administered through the home-delivered meal providers. The OOA co-sponsored a public hearing for lesbian, gay, bisexual, and transgender seniors and persons with disabilities, and it reviewed the testimony of eighteen speakers who appeared before a hearing by the San Francisco Board of Supervisors in July, 2002. A copy of the survey instrument, as well as the public hearing notices and assessment summary, is contained in Attachment One.

Living With Dignity Assessment

Collaborating with OOA analysts, the *Living With Dignity* planning team conducted a needs assessment process that built on the OOA process, incorporating information from the 2002 surveys, identifying gaps in information, and targeting underserved populations. For example, to better understand the needs of institutionalized persons, the *Living With Dignity* team conducted a survey of adults waiting to be discharged from Laguna Honda Hospital. The *Living With Dignity* assessment included the following data:

The data that was collected included:

1. Thirteen community outreach meetings with service providers in targeted communities (2003).
2. Focus groups (2003).
3. An analysis of 2000 Census data plus other demographic data on under-represented populations (2003).
4. San Francisco Medicaid Long-Term Care Data Analysis and Study (2003).
5. Survey of institutionalized long-term care consumers (2003).
6. A strategic analysis of the in-home supportive services homecare workforce (2003).
7. A baseline analysis of San Francisco's long-term care service delivery system (2003).

The *Living With Dignity* planning team assured a broad-based representation by targeting traditionally underserved or vulnerable populations through the above information gathering efforts, including: 1) African American; 2) Asian Pacific Islander ; 3) Latino; and 4) lesbian, gay, bisexual & transgender (LGBT) communities. Input from older adults was obtained through three geographically dispersed town hall meetings. Simultaneous translation was offered at all meetings.

Working closely with the OOA analysts, the *Living With Dignity* planning team convened thirteen community outreach meetings that included service providers and identified services used, unmet needs, program priorities, and plans in progress. Attendees included senior service agencies, church officials, plus health care, legal, advocacy, housing and transportation providers. Additionally, DAAS co-sponsored a public hearing with the Human Rights Commission on the needs of LGBT older adults, with testimony from approximately 40 community-based organizations, consumers and advocates.

In order to develop specific goals and strategies based on the assessment findings, priority options were developed based on the information gathered and a review of best practices across the country.

Initial priorities were first brought to key stakeholders. A consensus building process developed priorities were finalized by stakeholders consisting of the Strategic Plan Steering Committee, the Living With Dignity Policy Committee, the Aging and Adult Services Commission, and the Advisory Council to Aging and Adult Services Commission, and formal and informal caregivers. The goals and strategies were discussed in Section A.1.

2005 Area Plan Needs Assessment Process

To complement the broad focus of the *Living With Dignity* strategic plan, and to build on the 2002 OOA assessment, the Area Plan team sought information about two critical groups of seniors and people with disabilities:

1. Those with the greatest economic need, especially homeless seniors and people with disabilities and those living in Single Room Occupancy (SRO) hotels; and
2. Those with the greatest social need, especially individuals isolated by social, physical, and language barriers

The *Living With Dignity* strategic plan affirmed the city's commitment to allowing seniors to "age in place," but the team wanted to analyze what that meant for people who have low-incomes or are isolated. It also wanted to examine the capacity of the current system to accommodate the needs of these groups as it emphasizes an "aging in place" paradigm.

The 2005 planning team first inventoried all of the surveys and focus groups that had been conducted over the last three years. In addition to the planning required for the *Living With Dignity* strategic plan, San Francisco also conducted separate recent planning processes related to housing, public health, community development and transportation. These sources were reviewed for information about low-income and isolated persons. In particular, the planners looked for information about needs of different cultural and language groups, as well as differences between neighborhoods. The resources available from different agencies were inventoried and compared to the needs identified by the planning processes.

The 2005 planning team also looked for new sources of data that might contain insights, including data from Adult Protective Services, Golden Gate Regional Center, paratransit, emergency medical services, OOA program waiting lists, the Housing Authority, and homeless shelters. As part of the consolidation between DAAS and DHS, the OOA planning team had access to staff with expertise in data mapping and statistics. The team mapped variables such as income and age from the census, then overlaid information about service delivery sites and program caseloads. The team also cross-tabulated information from various programs to identify areas of crossover, including matches of OOA program data against homeless shelter and Housing Authority clients.

The 2005 planning team conducted interviews with key informants. While the *Living With Dignity* assessment heard from hundreds of seniors, people with disabilities, and the staff who serve them, the planning team wanted to hear about persons who were not likely to attend a town hall meeting, respond to a survey, or be engaged in services. It sought informants who were likely to have contact with these hidden populations. The interviews included: 1) emergency medical services staff; 2) discharge staff at hospitals serving persons from specific ethnic enclaves; 3) home visitors and their

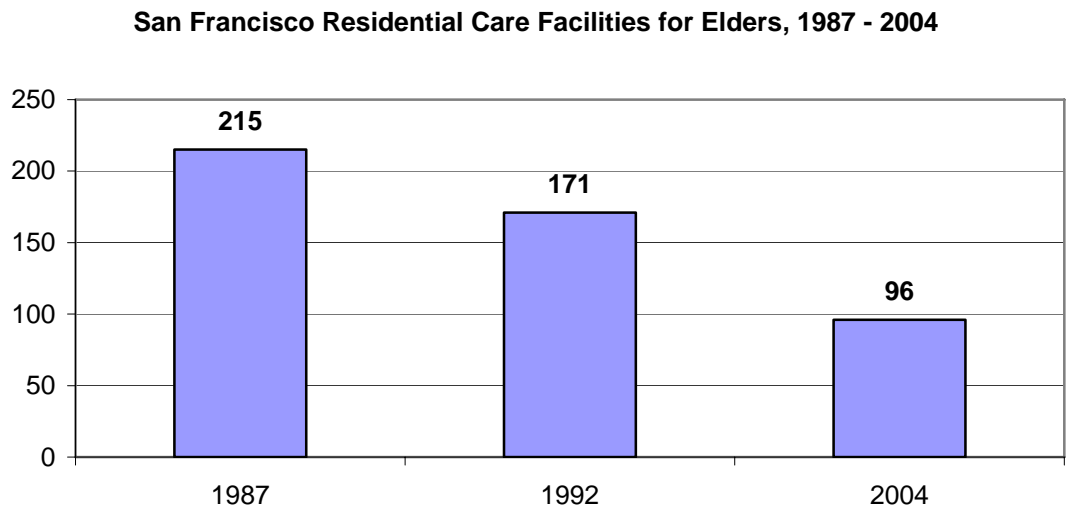
clients from a program serving isolated seniors; 4) social work staff from a hotel for formerly homeless seniors; 5) social work staff from a home delivered meal program; and 5) the long-term care ombudsman. These interviews were not intended to be encompassing, but rather to capture qualitative impressions about key groups of underserved people.

To review the data and identify the needs of the targeted groups, the Area Plan team met three times with the Advisory Council to Aging and Adult Services Commission, sharing assessment data and asking for reactions and directions. It also worked with a special committee, known as the Blue Ribbon Committee, that included the chairperson of the Advisory Council, a community service provider, a DAAS manager, the OOA budget analyst, two staff from the *Living with Dignity* strategic plan and a DHS/OOA planning analyst. The Area Plan team participated in a community budget forum, met twice with a large group of contractors and once with a subgroup of nutrition services contractors. It also presented Area Plan information at meetings of the Aging and Adult Services Commission and its Finance Committee.

B.2 Needs Assessment Findings

Overview of Needs and Resources

While the *Living With Dignity* strategic plan re-affirmed San Francisco’s commitment to supporting older and people with disabilities to “age in place” and remain in their homes, the market realities of long-term care in San Francisco have meant that the city already has a defacto “aging in place” system. The accompanying chart illustrates



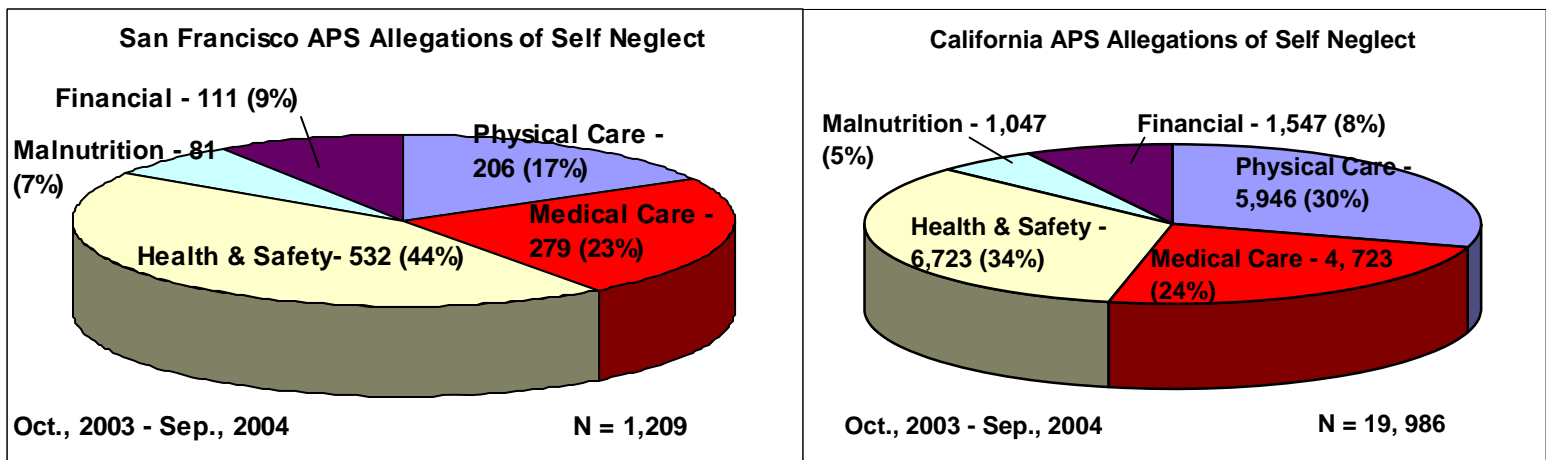
the decline in residential care facilities for seniors in San Francisco (Nadell, 2005). Most of these “board and care” homes that closed were small and served low-income seniors, many of whom received SSI. They provided basic care and were often used by residents for short-term stays while recovering from a health setback.

By contrast, the number of large assisted living facilities has been growing. *Since 1992, San Francisco has gained 1,646 assisted living beds, but only 21 are designated as SSI beds.* Skilled nursing care for low-income persons has also been evaporating. Over the last decade, San Francisco has lost 328 Medi-Cal beds in skilled nursing facilities. The beds that remain are at 96% occupancy

(Nadell, 2005). Moreover, the cost over-runs for reconstruction of San Francisco’s largest skilled nursing facility, Laguna Honda Hospital, may result in a net loss of 700 beds (Goodyear, 2005).

“There’s no in-between anymore,” said a discharge planner (Hsiao, 2005). For many seniors and people with disabilities, the shortage of residential care options means a painful choice between either leaving San Francisco to enter care or living at home with heightened risk. During interviews, a number of service providers commented on how many more seniors today living at home in unsupported or under-supported living situations (Patton, 2005; Hsiao, 2005; Dobronravova, 2005; Meese-Cruz and Makarawicz, 2005). The charts below compare San Francisco and the state on allegations of self-neglect. A higher proportion of allegations in San Francisco are related to health and safety issues, often for seniors who are living alone in hazardous or isolated situations.

Adult Protective Service Allegations of Self-Neglect

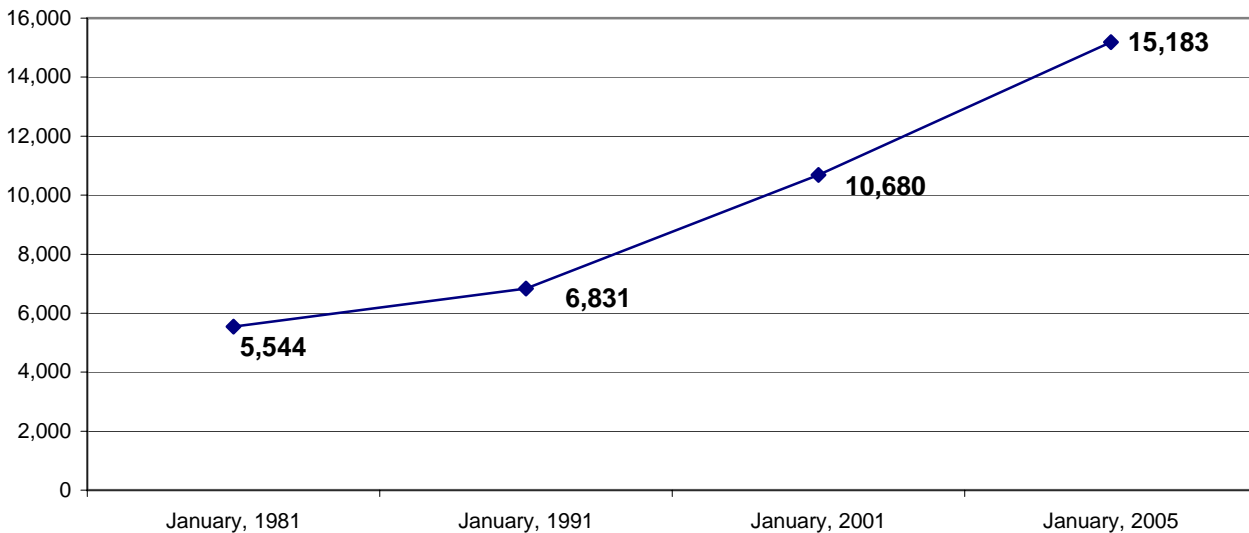


In interviews and reports, a number of sources observed that many San Francisco seniors living at home, often alone, are facing high risks. For example:

- ❖ A task force highlighted that discharge from hospitals without adequate support and assistance in place was a chronic and persistent problem (Hospital and Nursing Home Discharge Planning Task Force, 2003);
- ❖ 86% of seniors in one neighborhood survey had suffered at least one fall in the previous three months (Maynard, 2001);
- ❖ Social workers in a Tenderloin hotel for seniors observed that many of the residents live alone and must cope with the health consequences of life-long substance abuse (Cooper et al., 2005);
- ❖ Senior service providers in Chinatown observed that many elder Chinese persevere in living alone with very poor health status, and many are unnecessarily homebound because of inadequate housing (Dobronravova, 2005; Lei, 2005; Hsiao, 2005);
- ❖ The supervisor of San Francisco’s Public Conservator office observed that more mentally ill seniors are being placed in the community who would have been in structured settings just five years ago (Patton, 2005).

The existing network of in-home care is in transition, but the system has not been able to evolve quickly enough. While San Francisco has a range of community service providers, the primary in-home resource for many low-income, vulnerable seniors and people with disabilities is the In-Home Supportive Services (IHSS) program. During the 1980's, the IHSS caseload grew by 23%, and in the 1990's, by 56%. In just the last four years, it has grown by another 42%.

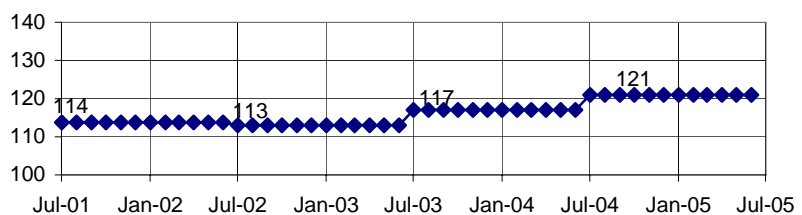
In-Home Supportive Services Caseload, 1981 - 2004



San Francisco's IHSS program has implemented a series of innovations. Since 1996, IHSS workers in San Francisco have received a series of wage increases, and by 2000, they were also receiving health and dental benefits, making it easier for consumers to find attendants (Howes, 2002). In 2000, IHSS piloted a program to allow individuals who were just over the asset and income limits to qualify for the service. Entirely dependent on local general funds, the pilot reached its capacity immediately. Today it has 46 participants, but budget shortages have resulted in a waiting list of 350 people. (The number of consumers who are paying a share of cost has also increased, and today 388 person contribute to the costs of their services, and their average share of cost is \$352.80 per month.) To respond to the needs of persons recovering from surgery, IHSS has dedicated three workers to coordinate with hospital discharge staff, but the need fluctuates and it is not always possible to respond as quickly as is needed, especially if the patient already has IHSS and needs an increase in hours of service (Hsiao, 2005; Woodward, 2005). Three OOA contractors have developed special hospital discharge programs, but the need continues to outstrip the available services.

IHSS is an entitlement program, and funding for its services has increased rapidly, but the funding for staffing has not kept pace. The accompanying chart illustrates the flat growth rate of IHSS staffing. While the

IHSS Staff



caseload has grown by 42% in the last four years, the staff increased by only 7%. Without adequate staff, the program struggles to be as nimble as desired in responding to new demands. The staffing shortage makes it difficult, for example, to conduct timely assessments for individuals whose needs have changed or to respond to individuals who have short-term needs. It also struggles with core responsibilities such as processing time sheets quickly so that IHSS workers can be paid, delaying payments and risking that IHSS workers might quit.

At times, the entire system for home-based care seems to break down. For example, the Emergency Medical Services Division (EMS) of the San Francisco Fire Department estimates that it receives 3,500 calls per year from individuals living at home who need assistance getting to the commode or otherwise moving about in their homes. Some of these individuals have IHSS home care workers, but because of their size need more than one person to move them. Since the base rate for an EMS home visit is \$776, the minimum annual cost of these calls is \$2,716,000. Moreover, the calls tie up ambulances and fire trucks that could be needed elsewhere (Tangherlini and Zanoft, 2005).

The shortcomings of the in-home care network places enormous stress on informal caregivers. According to a phone survey conducted by Mathematica (Black et al., 2003), “most of the help that vulnerable adults in San Francisco receive is unpaid.” Eighty eight percent of the survey respondents who needed assistance with activities of daily living received unpaid help, and of those, 24% said that if that help was discontinued, they might have to move into an assisted living facility. Of elder abuse reports that were substantiated by Adult Protective Services in 2004, 73% of the perpetrators were family members. Children comprised 40%. Another 9% were documented as “caregivers,” who may or may not have been members of the family. For dependent adults, 56% of the abuse reports involved family members. According to the 2000 census, over 26,000 citizens under the age of 65 have physical disabilities, and 8,800 are impeded in self-care activities. Only 3,800 younger persons with disabilities utilize IHSS, however, suggesting that many are relying on informal assistance from family and other caregivers.

Compounding the higher risk that seniors and people with disabilities are living with, many are isolated. The cost of living in San Francisco is so high that many adult children of seniors have to move to other communities to raise their own families (Schwarzer, 2001). According to 13-city phone survey (Black et al., 2003), nearly 3 in 10 older adults in San Francisco do not have living children, compared to less than half that proportion (13%) in other cities. Only 24% of San Francisco seniors had a child living within 20 minutes travel-time, compared to 40% in other communities. A survey of adults to be discharged from Laguna Honda Hospital found that 25% had no one they could rely on for help (San Francisco Department of Aging and Adult Services, 2003).

LGBT seniors often do not have adult children that they can look to for assistance. Researchers have found that LGBT seniors are more likely to rely on networks of friends than family (Woolf, 2005). In a survey, 60% of LGBT seniors reported living alone, and 40% had no friends or family for support (Department of Aging and Adult Services, 2003). In a health-related focus group, LGBT participants expressed anxiety about aging alone (San Francisco Department of Public Health, 2004).

“The more isolated the senior is,” said an Emergency Medical Services captain, “the more anxious he or she is” (Tangherlini and Zanoft, 2005). According to the captain, San Francisco’s ambulances are often responding to seniors who live alone and have undiagnosed anxiety disorders. This is not

limited to low-income seniors: many are aging in place alone in homes they own, feeling vulnerable and having no informal help nearby. Home visitors to seniors in San Francisco’s Chinatown district commented that often seniors grow frail and become homebound and isolated, starting a downward spiral of depression, decreased exercise, declining nutrition, and deteriorating health (Dobronravova, 2005; Lei, 2005; Hsiao, 2005). Social workers in a Tenderloin hotel observed that many seniors who have been living on the street have no skills for negotiating social interaction with neighbors and isolate themselves in their rooms (Cooper et al., 2005). The San Francisco Department of Public Health is fielding a task force to address the issue of “frequent fliers” who use 911 services inappropriately, and DAAS will participate in the task force’s planning.

The funding challenges for expanding San Francisco’s in-home and community-based care system are daunting. The *Living With Dignity* strategic plan, however, concluded that the system’s lack of capacity was compounded by a lack of coordination. “San Francisco’s long term care and supportive services do not yet consistently operate as a well-coordinated system. There are service gaps, duplication of home and community-based services, and fragmentation of providers with little or no coordination of services. Providers often deliver uncoordinated health, medical, social, and support services that are not organized from a consumer perspective” (Living with Dignity Policy Committee, 2004). The *Living With Dignity* plan led to the creation of the Long Term Care Coordinating Council, which is engaged in a series of efforts to improve service coordination and to better integrate San Francisco’s system of care. The OOA is taking steps to ensure that its services and resources will complement the Council’s efforts, and these steps are reflected in the objectives section of the Area Plan.

2002 Needs Assessment and Living With Dignity Findings

The table below summarizes the top unmet needs cited through the different venues in 2002-03. The LGBT hearing cited the need for housing specifically for LGBT seniors, as well as legal services to ensure health benefits. The speakers emphasized the need for sensitivity training for service providers, as well as more friendly and inviting environments for LGBT seniors. The Independent Living hearing stressed a shift to “community services first” rather than institutionalization first,” and speakers cited the need for a wide range of services to better support independent living. The hearing also highlighted that long-term care must include mental health services. In addition to naturalization and citizenship services, the town hall testimony underscored the need for multilingual services.

Top Unmet Needs Cited in 2002-03 Assessment

	Housing	Transp./ Paratransit	Nutrition /Food	IHSS	Naturalization/ Citizenship	Legal
Consumer Survey	X	X	X			
Service Provider Survey	X	X	X			
Home-Delivered Meal Survey		X	X	X		
Town Hall Testimony	X	X			X	
LGBT Hearing	X					X
Independent Living Hearing & Report	X	X		X		

Attachment One contains details of the 2002 assessment efforts. The unmet needs will be discussed in the following section.

2005 Assessment Findings

The 2005 assessment confirmed the findings of the earlier assessments, especially regarding the need for housing and nutrition. Focusing on seniors and people with disabilities who had the greatest economic or social needs, the OOA sought more specific information about people who were homeless, living in shelters, or isolated by physical or language barriers. It capitalized on the 2002 focus groups with younger people with disabilities by developing more information about their needs.

Housing and Homelessness

Housing dwarfs almost all other needs for seniors in San Francisco. The city has the highest per capita rate of homelessness, and in recent years the debate on how to best address the problem has included recognition that a significant number of seniors are using homeless shelters. In the past, very little reliable information was available about homeless seniors. Though San Francisco spends over \$100 million on homeless services per year, including over \$10 million in general funds to operate ten emergency shelters and additional winter shelters, it had no management information system for its homeless services. To improve access to shelters, DHS launched a centralized intake system that includes a database that allows analysis of the needs of persons using shelters. For the first time, aggregate data about seniors using homeless shelters is available.

In 2004, the number of persons age 60 and over who stayed in homeless shelters in San Francisco was 646. They formed 7% of the 9,289 individuals who utilized these shelters during the year. Of homeless seniors, males comprised 79% (510). The average elder had nine shelter episodes during the year and spent 71 total nights in shelter. The average length of shelter stay was seven nights. Twenty-two seniors spent over 300 nights in shelter, while about 200 were in shelter less than 10 nights. One individual spent all but one day of the year in a homeless shelter. About 22% of homeless seniors had only one episode in shelter, although one person had 88 separate shelter episodes. The ages for seniors were as follows: age 60 – 65 = 413 persons (64% of the total); ages 66-75 = 182 persons (28%); and 75+ = 51 persons (8%).

Their ethnicity was as follows:

- ❖ White – 266 (41%)
- ❖ African American – 238 (37%)
- ❖ Latino – 93 (14%)
- ❖ Asian – 23 (4%)
- ❖ Other/Declined to State – 26 (4%)

Their primary languages were:

- ❖ English – 377 (58%)
- ❖ Spanish – 30 (5%)
- ❖ Chinese/Cantonese – 10 (2%)
- ❖ Other/Unknown – 229 (35%)

Only 53 (8%) of homeless seniors had active County Adult Assistance Program (General Relief, SSIP, etc.) cases, which includes the county's general relief program, but another 138 had received

assistance in the past, and nine had applications pending. The list of homeless seniors was matched against the database for Office on Aging services, IHSS, and Non Assistance Food Stamps databases. Of the 590 homeless seniors who had Social Security numbers entered into the shelter database, the following services were being utilized:

- ❖ Non Assistance Food Stamps – 68 (11% of seniors with Social Security numbers)
- ❖ In Home Supportive Services – 2 (<1%)
- ❖ Office on the Aging funded services – 114 (19%)

The table below details how seniors used specific shelters. The seniors within each shelter are unduplicated, but some used multiple shelters and are counted more than once across shelters.

Seniors' Use of Specific Shelters - 2004

Shelters	Seniors	Episodes	Total Nights	Avg. Length of Stay	Median Length of Stay
A Man's Place	162	649	4,657	7.18	111
A Woman's Place	55	657	2,276	3.46	27
Dolores Street	48	118	1,990	16.86	34
Ella Hill Hutch	96	361	2,087	5.78	68
Episcopal Sanctuary	220	809	8,020	9.91	141
Hospitality House	35	97	779	8.03	25
MSC South	257	1,272	11,255	8.85	160
New Liberation	16	33	2,404	6.70	12
Next Door	108	733	6,733	9.19	70
Providence	122	561	2,841	5.06	77
St. Boniface	31	143	2,404	16.80	21
St. Paulus	64	181	778	4.30	45
Third Baptist	106	501	1,715	3.42	71

Homeless seniors face extreme barriers to participating in services. For example, a one-month study of patients discharged from three major hospitals found that 11% of the people discharged were homeless and had nowhere to go (Hospital and Nursing Home Discharge Planning Task Force, 2003). Historically, San Francisco's approach to homelessness has been to provide support services to help homeless persons stabilize and be able move into housing. In 2002, however, the voters of San Francisco passed Proposition N (the "Care Not Cash" initiative), which reduced the amount of cash aid given to homeless persons to from between \$320 and \$395 to just \$59. The \$13.9 million difference in funding that would have gone to cash aid is instead invested in permanent housing and services. Proposition N signified a shift from a model emphasizing cash aid, emergency shelter, and transitional services to a "housing first" model: first provide housing, then support. The philosophy is that homeless persons need housing in order to take advantage of support services.

The Human Services Agency has used Proposition N funds to create master leases on single room occupancy (SRO) hotels and provide permanent housing to homeless individuals, including those who receive SSI. In June, 2005 the agency will be opening a new SRO specifically for homeless

persons age 65 and over. The hotel has 84 rooms for residents coming from shelters. In addition, the city and county has purchased a building in the Western Addition that will provide permanent housing and services to 40 homeless male seniors. As the OOA seeks to engage homeless seniors, it will have opportunities to work with the Human Service Agency's housing and homeless program.

Single Room Occupancy Hotels

Aside from the Proposition N hotels, SRO's are often the last safety net for many seniors and people with disabilities. In 1980, SSI recipients could afford a typical room in an SRO with 34% of their income. By 2000 a typical SRO room absorbed 73% of an SSI recipient's income (Dunn, 2003). The highest concentrations of SRO's are in the Tenderloin, South of Market, and Chinatown neighborhoods. The needs of seniors in these neighborhoods differ.

Many formerly homeless seniors live in SRO's in the South of Market and Tenderloin neighborhoods. Almost 10% of occupied units in the Tenderloin and South of Market neighborhoods lack complete plumbing. Persons over the age of 64 in the Tenderloin have exceptionally high rates of physical disability. The Tenderloin has the highest rate of chronic obstructive pulmonary disease in the city, and the South of Market area is second. The Tenderloin and South of Market are second and third in uncontrolled diabetes (San Francisco Department of Public Health, 2004).

According to the social workers at one SRO that serves formerly homeless seniors in the Tenderloin, many of the building's residents are confronting the consequences of lifelong substance abuse and self-neglect, including Hepatitis C, pancreatitis, liver damage, and diabetes. Many continue to abuse alcohol and other drugs while undergoing treatment, undermining their recovery. Many need assistance with self-care tasks and have mobility limitations. As many as one-third of the residents have undiagnosed mental health needs that they will not acknowledge or accept treatment for. In a supported SRO, seniors receive case management and other services; in non-supported SRO's, they are often evicted due to behavioral issues (Cooper et al., 2005).

Not all seniors in Tenderloin SRO's are formerly homeless. Many have retired and cannot afford to move. Often their resources are depleted by hospitalization, illness, divorce, or the death of a spouse. By not living in one of the SRO's subsidized by the city, they are vulnerable to eviction (Cooper et al., 2005).

Finally, street crime is a serious issue for seniors in the Tenderloin. In particular, they are vulnerable to purse and wallet snatching. Formerly homeless seniors are sometimes victimized by acquaintances from the street who exploit them. The hectic traffic of the neighborhood poses a threat for seniors and people with disabilities who cross the street slowly (Cooper et al., 2005).

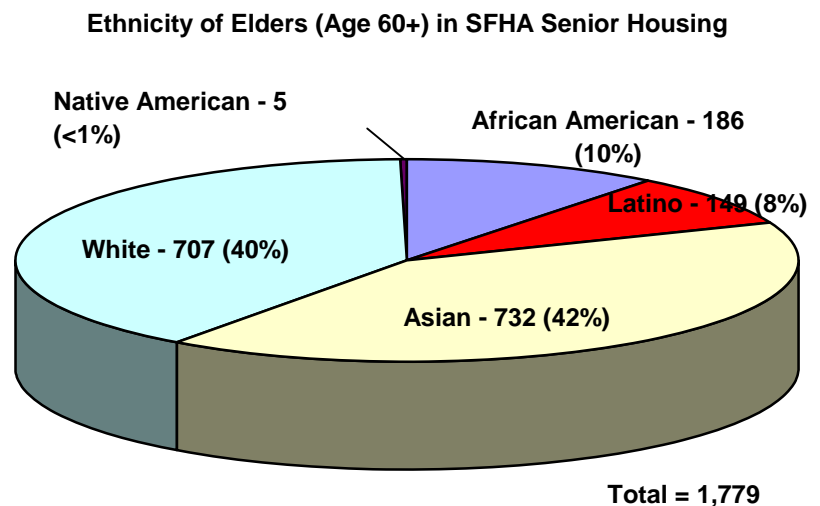
Chinatown is a community that has the highest density of seniors in the city, and where many seniors are living in SRO's. "They are aging in place," said a Chinatown social worker, "but an SRO is not a good place to age" (Dobronravova, 2005). SRO's in Chinatown usually do not have elevators, but have long flights of stairs, often with torn or uneven tiles. As a result, many seniors who are able to walk but who are frail or have limited mobility are unnecessarily homebound. Paratransit will not assist riders who have more than 25 stairs to navigate. Because of their isolation, seniors end up not

going to doctor appointments and not getting their prescriptions refilled, which has implications for people taking medications for mental health issues. Sometimes seniors have to stop going to their Adult Day Health programs. Since they cannot exercise, they often put on weight. “They can’t get out; they get depressed and anxious, and their health deteriorates” (Dobronravova, 2005).

Although long-term service providers in Chinatown believe that conditions in SRO’s have improved (i.e. by having fire sprinklers), most hotels still do not have heat. Many are infested with roaches and rodents, especially those above restaurants. The bathrooms are down the hall, and often have narrow showers that are difficult to navigate, forcing seniors to rely on sponge baths in their rooms. Many SRO rooms in Chinatown are overcrowded, with three or four people living in 8 by 10 foot rooms. Despite these poor conditions, the cost of Chinatown SRO’s has escalated, and for new residents, it can cost up to \$600 for a room (Dobronravova, 2005; Lei, 2005).

Seniors in Public Housing

A significant number of low-income seniors live in public housing. According to the San Francisco Housing Authority, 2,234 residents live in 20 housing sites designated for seniors and people with disabilities. About 80% of the residents (1,780) are over the age of 60, including 322 who are 85 or older. Of the residents under the age of 60, 28 are disabled. Another 217 residents over the age of 60 are disabled. The accompanying chart illustrates the racial and ethnic profile of the seniors living in public housing. The Long-Term Care Community Partnership is currently conducting a survey of seniors in public housing.



Nutrition

In the 2002 town hall hearings and surveys, one of the top three needs cited was nutrition. Of the 30 town hall participants who cited nutrition as a need, almost half identified the need for more free food. Six of the participants stressed the value of congregate nutrition. However, at the current time, some of the congregate meal sites are being underutilized. As persons grow older, they may not be able to continue to participate in the congregate activities, and the socialization activities at the meal sites do not seem to appeal to younger seniors.

In interviews and reports that were reviewed for the 2005 assessment, many individuals stressed the need for more home-delivered meals and expressed concern about the long waiting lists for the

service. In particular, hospital discharge planners and home visitors described a downward spiral for isolated seniors who are often not able to shop for themselves or participate in congregate meal services because of their frailty or health concerns. Their isolation affects their nutrition and further undermines their health conditions (Hospital Discharge Planning Task Force, 2003; Woodward, 2005; Dobronravova, 2005; and Hsiao, 2005).

There are 354 people on the waiting list for home-delivered meals. Their profile suggests that they are at risk. Approximately 57% of the people on the waiting list are age 75 or older. Most are isolated, with only 20% having a living spouse. Approximately two-thirds have special diet needs. The ethnic profile is different from the citywide demographics: among those who provided information on ethnicity, only 16% were Asian/Pacific Islander, 15% Latino, 25% African American, and 41% white. The largest concentrations are in the Tenderloin (39), Ocean Merced Ingleside (42), and Bayview Hunters Point (39) neighborhoods (Mitchell, 2005).

To mitigate the health risks for these seniors, the OOA will consult with the meal providers to determine the most efficient way to shift resources from underutilized congregate meal sites to the home-delivered program. The OOA will be assisting in the development a congregate meal site that targets the LGBT community to respond to that community's desire for socialization opportunities (San Francisco Department of Public Health, 2004; San Francisco Department of Aging and Adult Services, 2002).

Younger Adults with Disabilities

According to the 2000 census, approximately 18% of San Francisco's adults between the ages of 16 and 64 have a disability³. In a city famous for its hills, over 26,000 younger adults have a physical disability. Over 42,000 younger adults have some type of disability that interferes with their ability to go outside their homes. In a health-related focus group, people with disabilities expressed concern about issues of accessibility to existing health and social services (San Francisco Department of Public Health, 2004). In another focus group, people with disabilities emphasized accessible housing, paratransit, and in-home services. Their overarching need was for community-based long-term care options (San Francisco Department of Aging and Adult Services, 2002).

Map Three illustrates that many people with disabilities are living in the Tenderloin and South of Market neighborhoods, but many are also living in some of the more inaccessible neighborhoods in the city, including Chinatown, St. Francis Woods, and Bayview Hunters Point. The census does not allow for an unduplicated cross-tabulation of ethnicity and disability, but it is clear that a greater percentage of African Americans and Latinos report a disability (S.F. Department of Public Health, 2004). Over 17,000 younger adults with disabilities live at or below the poverty level.

Contractors have not been asked to specifically identify younger adults with disabilities. According to the SF-GetCare database, 86 non-seniors that scored two or more Activities of Daily Living used OOA-funded services during the 2004-2005 fiscal year. The services that target seniors often do not appeal to younger persons. They may require closer proximity to services, or they may need home-

³ The 2000 Census divides age groups for persons with disabilities into 16-64, but the OOA only serves persons 18 years of age and older.

based services. The OOA has been piloting a program to deliver meals to younger people with disabilities, and over the next year it will evaluate the program and incorporate its findings into the 2006-07 Area Plan update. The OOA plans to work with the DHS planning unit to conduct a comprehensive assessment of the needs of younger people with disabilities, including identification of potential funding sources.

Senior Population Trends

As described in Section A.1, San Francisco already has a higher senior population (17.6%) than the statewide and national rates (14% and 16.5%), and the number of seniors in the city will grow in coming years. San Francisco's population is much more mobile than most cities, making it difficult to project changes. The city's "oldest old" population of seniors (85+) is expected to grow five times faster than the 65-84 age group (Lee and Villa, 2001). San Franciscans in the older age brackets are more likely to be living in poverty than the 60-84 age group. "Compared to other California counties, San Francisco has the highest percentage of seniors on Medicaid and the highest percentage of seniors receiving Supplemental Social Security. Poverty increases one's risk of having insufficient resources to purchase food, housing, health care, and other essential services" (Living With Dignity Policy Committee, 2004).

According to the 2000 census, poverty among older persons in San Francisco is more concentrated among Latinos, African Americans, and Asian/Pacific Islanders. In addition, 17% of San Francisco's residents over the age of 65 do "not speak English well" and experience some form of linguistic isolation. As the city ages, the ethnic diversity, rates of poverty, and linguistic isolation of its seniors may be accentuated. Life expectancy rates differ among ethnic and racial groups, as illustrated in Section A.1. Chinese American men and women, as well as Latinas, will form a growing proportion of San Francisco's "oldest old" population.

The needs of seniors in San Francisco are expanding just as the city's budget resources are shrinking. As envisioned in the *Living With Dignity* strategic plan, San Francisco needs to improve coordination of its services, eliminate duplication, and create more accountability in order to meet the growing demands on the long term care system's capacity. The system also needs to develop new sources of public funding and enhance its volunteer resources (Living With Dignity Policy Committee, 2004). Through a four-year, \$750,000 grant from the Robert Wood Johnson Foundation, under its Community Partnerships for Older Adults program, the Department on Aging and Adult Services is piloting a peer outreach program to reach frail and homebound seniors. Also, community partnerships have been launched neighborhood partnerships to strengthen natural collaboration and informal support networks in the city's diverse communities.

B.3 Targeting

The Older Americans Act mandates that services give special emphasis to 1) older individuals with the greatest economic need; 2) older individuals with the greatest social needs; 3) older individuals with severe disabilities; 4) older individuals with limited English-speaking abilities; and 4) older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals). The Act also requires that particular attention be given to low-income minority individuals.⁴

During the last year, the OOA served 14,876 unduplicated seniors and persons with disabilities. The profile of consumers reflects an emphasis on: 1) low-income seniors; and 2) seniors who had limited English-speaking ability. Sixty five percent of OOA service consumers were low-income, including 38% who received SSI. The accompanying table shows the diversity of OOA consumers. Thirty nine percent of them required translation services, including 58% of Asian/Pacific Islanders and 61% of Latinos. Even among

white consumers, 24% were of Russian heritage and 65% of that group required translation services. Russians are an “older” group of immigrants and have unique health, mental health, and vocational needs (Erwin and Chappo, 2002). Consistent with the profile of consumers being low-income and having limited English, the majority of them were age 75 or older. More than a quarter of the consumers had functional impairments consistent with severe disabilities. Thirty eight percent lived alone.

Profile of OOA Consumers

Ethnicity/Race	Persons 60+*	Low Income 65+**	OOA Consumers***
White	44%	34%	24%
Asian/Pacific Islander	37%	39%	51%
Latino	9%	11%	14%
African American	8%	10%	11%
Native American	<1%	<1%	<1%
Other	2%	7%	<1%

*2000 Census; **Census poverty data for seniors only available by this age bracket; ***Based on consumers who provided ethnic/racial information.

The target populations for current OOA services are based on the 2002 community needs assessment. The 2005 Area Plan builds on the earlier assessment and incorporates recent assessments done by other organizations, as well as new sources of data. The 2005 assessment identified additional target groups that have great economic and social needs, including:

- ❖ **Older Individuals who are Homeless:** San Francisco has the highest per capita rate of homelessness in the United States, and 7% of people using shelters are age 60 or above. San Francisco is shifting its homeless services to a “housing first” model, emphasizing permanent housing with support services. The OOA staff and contractors will coordinate with homeless service providers to provide better access to OOA services, especially nutrition, case management, and legal services.
- ❖ **Older Individuals Who are Frail or Have Disabilities:** Several of the congregate meal sites are underutilized, while the waiting list for frail and people with disabilities who need

⁴ The Older Americans Act also mandates services for older individuals residing in rural areas, which is not relevant to San Francisco.

home delivered meals is 354. Over half of the people on the waiting list are over the age of 75 and living alone. During the next year, the OOA will work with contractors to shift resources from underutilized congregate meal sites to home-delivered meals.

- ❖ **Older Individuals Isolated by Building Accessibility:** The 2005 assessment highlighted the circumstances of frail seniors and persons with disabilities who live in single room occupancy hotels that do not have elevators. To better understand the prevalence and service needs of this population, the planning team will conduct a survey of accessibility in SRO's and make recommendations that will be incorporated into the 2006-07 Area Plan update.
- ❖ **Older LGBT Individuals:** Focus groups and phone surveys revealed that LGBT seniors are often isolated. The OOA will identify and assist at least one congregate meal site that can target the LGBT community and provide socialization and nutrition services.

In addition, the OOA will be responding to the local community's interest in creating parity in services for younger people with disabilities by assessing their needs and identifying local resources. It will also be providing technical assistance to educational forums about the needs of "baby boomers" and other emerging groups. The next section discusses the OOA's prioritization of needs across target groups.

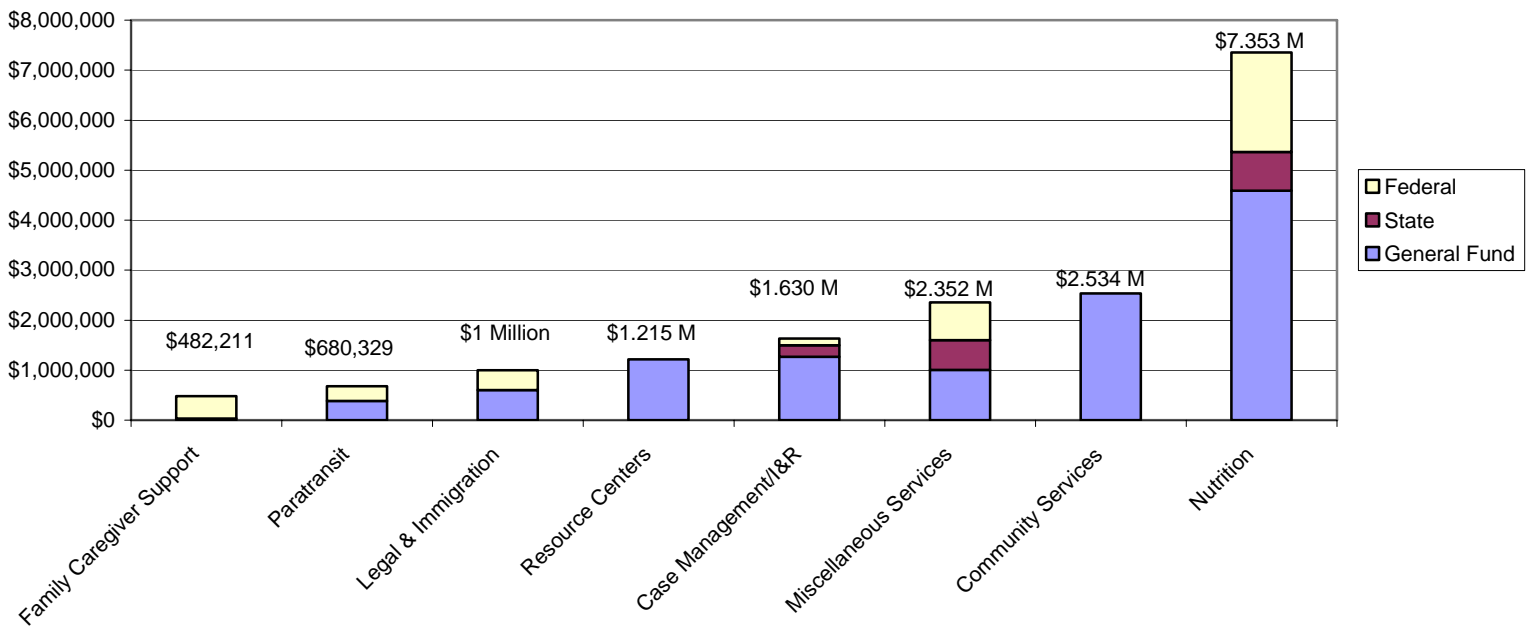
B.4 Prioritization

The minimum percentages of Title III B funds will not change for the 2005-06 Area Plan. Presented at a series of public hearings, and approved by the Commission on Aging and Adult services, the minimum percentages include:

- ❖ **Access** (case management, assisted transportation, transportation, information and assistance, and outreach) – 48.6%
- ❖ **In-Home Services** (personal care, homemaker and home health aides, chore, in-home respite, daycare as respite for families, telephone reassurance, visiting, and minor home modification) – 6.6%
- ❖ **Legal Assistance** – 44.8%

The chart below shows the proportion of different services that are funded by OOA contracts during the 2004-05 fiscal year. To illustrate the OOA’s priorities, the chart groups contracts programmatically. For example, nutrition services combines congregate, home-delivered, and Brown Bag services. Case management includes Care Management, Information and Referral, Linkages, and District Wide Social Worker categories. Specific revenue streams such as Community Based Service Program are combined⁵. The Area Plan budget contains more specific information about each. The Commission on Adult and Aging Services approved these priorities after public hearings. In the 2005-06 Area Plan budget, these categories remain priorities, although some OOA matching funds are shifted to match Medi-Cal.

OOA Contract Services Budget, FY 2004-05
\$17.2 Million (Excluding One Time Only Federal Funds)



In the 2002 assessment, the three top needs were housing, transportation, and nutrition. The rationale for the current prioritization of funds includes the following considerations.

Housing

Housing dwarfs all other needs in San Francisco, and the entire OOA budget would not make a dent in the need. Nevertheless, DAAS has participated in several housing initiatives for seniors. For example, it funds the Senior Action Network, a community based organization that spearheaded a “Two Bits for Affordable Housing” campaign that brought more than \$25 million into the pipeline

⁵ Miscellaneous services include small, disparate programs such as medication management, respite, Health Insurance and Counseling, health screening, etc. Community services covers many of the socialization activities that occur at congregate meal sites and senior centers. A detailed chart of the OOA expenditures can be found in Attachment Three.

for affordable senior housing. Although DAAS is not able to take a position on ballot measures, four of the organizations that it funds supported a 2002 affordable housing bond measure that would have generated \$250 million and created 4,000 homes for San Francisco families. The bond measure lost, but DAAS continues to look for opportunities to support affordable housing efforts.

The DAAS integration with DHS allows it better access to new housing that is being created for seniors. DHS has an annual budget of \$59 million for housing and homeless services. As described in the needs assessment section of this report, San Francisco is shifting away from providing large cash aid amounts to homeless persons and instead investing in master leases for permanent housing. When recruiting tenants from homeless shelters to live in refurbished SRO's, DHS places a high priority on seniors. At the cost of \$800,000 per year, DHS is opening a new hotel this summer that will provide 84 households for homeless seniors. In 2003, DHS purchased a building for \$3.1 million that will provide housing for 40 homeless seniors. The high costs of renovation have delayed the facility's opening, but San Francisco continues to be aggressive in creating permanent housing for homeless seniors. Finally, DHS invests approximately \$2.7 million in emergency housing vouchers and \$1.2 million in eviction prevention services, and the goals and objectives for the Area Plan reflect that the two departments will emphasize better coordination of services to meet the needs of seniors and persons with disabilities.

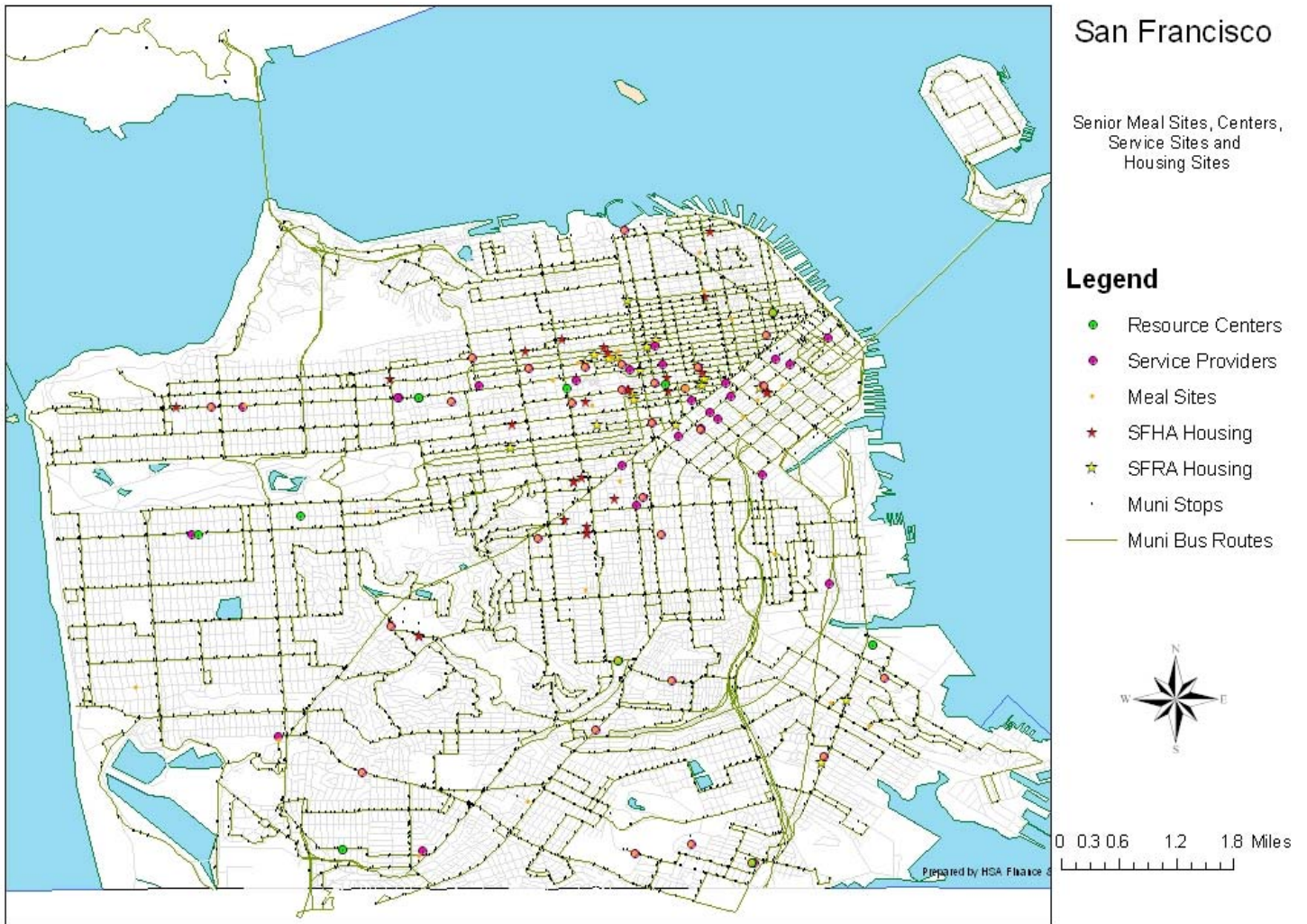
Transportation

Though geographically small, San Francisco is a city of discrete neighborhoods, making transportation essential to making services accessible. The city has an excellent transportation system, and it has made a major commitment to making its bus and trolley system accessible to seniors and persons with disabilities. All city buses are now "kneeling" buses that make it easier for persons with disabilities to board. Fares for seniors are 35 cents per ride, compared with a \$1.25 regular fare, and \$10 for a monthly senior bus pass, compared to \$45 for a regular pass.

DAAS contributes \$680,000 to the city's paratransit system. The city's total budget for paratransit exceeds \$20 million. The system has 10,000 active users, and the average cost of providing paratransit to an active user is about \$2,000 per year. *Since the main complaint is that too many riders want the service at the same time, the only solution is to add more vans, making the marginal cost of paratransit even higher.*

Rather than investing scarce dollars in such an expensive service, the OOA has adopted a strategy of placing its services along central transportation lines. The accompanying map illustrates that most meal sites and resource centers are on existing bus routes. The map also shows service sites in comparison to Housing Authority and Redevelopment Agency sites, where low-income seniors and persons with disabilities live who are likely to rely on public transportation. Nevertheless, some seniors and persons with disabilities are not able to ride regular transportation, and the OOA invests approximately \$300,000 of Title III funds in paratransit services. In addition, DAAS recently revamped senior escort services, making it more efficient and utilizing \$120,000 in donations from a local venture capitalist and a private foundation to augment \$75,000 in city funds to provide group transportation for shopping and individual medical escort services.

Map Four: Senior Service Sites and Transportation Routes



Source: San Francisco Redevelopment Agency, San Francisco Housing Authority, San Francisco Mayor's Office on Homeless, Department of Adult and Aging and MUNI.

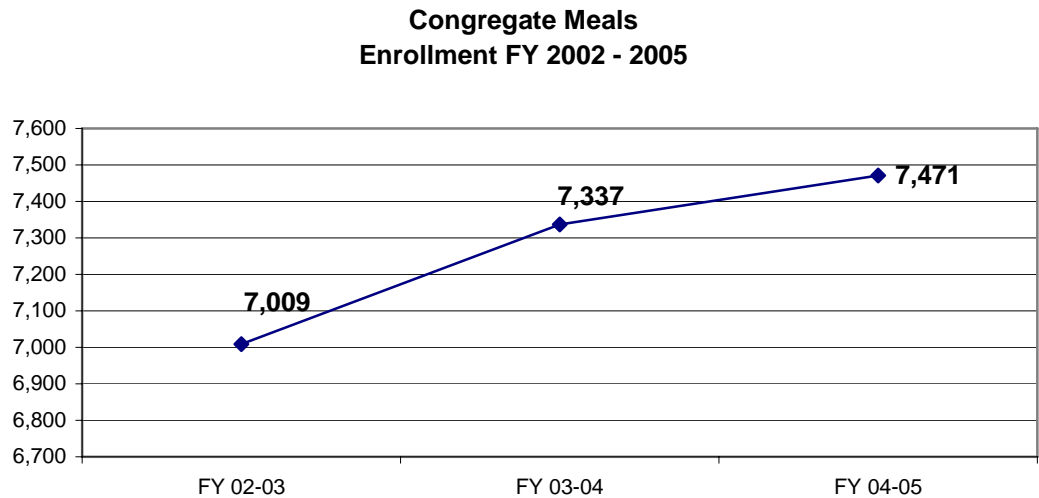
Nutrition

While OOA funds cannot have a major impact on housing or transportation needs, they do make a significant difference in the lives of seniors by providing nutrition services. Congregate and home-delivered meals constitute the largest proportion of the OOA budget (46%). San Francisco is such an expensive city that many seniors struggle to meet their basic nutrition needs. For twenty years San Francisco has been providing meals to seniors, and it has become an institution in the community. Today over 10,000 seniors either depend on OOA-funded meal services or are on the

waiting list. Without the meal services that are already provided, nutrition would rank even higher on the needs list and many seniors would suffer.

The OOA is weighing how best to balance nutrition services between congregate and home-delivered meals. While the home-delivered meal program has a waiting list of 354, the enrollment for congregate services grew by 7% in the last three years,

as the accompanying chart illustrates. These meal sites also provide isolated seniors with opportunities for socialization,



as reflected in the Community Services category of the OOA budget. A few meal sites are underutilized, though, and the consumers receiving home-delivered meals are older and more isolated. The average age for congregate meal recipients is 75.9; home delivered meals, 80.7. During the next year, the OOA will work with contractors to shift resources away from underutilized meal sites to the home-delivered mode in the least disruptive way possible.

Case Management, Information and Referral, Legal Assistance and Other Services

As reflected in the profile of its consumers, the OOA targets two specific groups: 1) low-income seniors; and 2) seniors who had limited English-speaking ability. In relation to its size, San Francisco spends far more of its general fund on housing, social services, and senior services than any county in the state, and the OOA has invested funds to ensure that low-income seniors, especially those with limited English proficiency, are able to connect to those services. The ten resource centers for seniors and adults with disabilities provide information and referral, translation, and assistance with translation. The centers are located in the major ethnic enclaves in the city, and they provide assistance in 14 major languages. The OOA also funds care management services and Linkages, as well as a central, DAAS-staffed information and referral service that service that participates in many community collaborations.

The OOA also supported the development of a new web site called “Network of Care” that will be launched in May, 2005. The site will provide information about services in English, Spanish, Cantonese, and Russian. It will also have information about assistive devices, legislation, current events, and a library. The website also has interactive components such as message boards, calendar, and options to build web pages for agencies and groups that are interested.

Since so many of seniors from low-income minority groups in San Francisco are struggling to meet basic needs, the OOA also emphasizes legal services that prevent seniors from being evicted, provide SSI advocacy, and assist with naturalization. The total OOA budget includes \$690,000 for legal assistance (including 44.8% of the Title III B budget), and \$310,000 for naturalization services for seniors who are immigrants.

While the 2005 community needs assessment stressed the need for in-home support for seniors and persons with disabilities, the need is so great that OOA funds alone can have little impact. An important aspect of the integration with DHS, however, is that the city and county's In Home Supportive Services program has moved under the aegis of DAAS. That program's budget is \$89 million. The OOA budget did include \$324,000 for emergency IHSS services, which support seniors and persons with disabilities who are coming out of the hospital until regular IHSS services are available. During the next year, DAAS will participate in planning being led by the Department of Public Health to examine the needs of seniors and persons with disabilities who are isolated at home without support and relying inappropriately on "911" ambulance services.

Finally, the OOA has invested in a series of niche services that reflect needs expressed by the community and where OOA funds have the potential to make a difference. For example, the 2005 community needs assessment highlighted the strain on the informal support network for seniors and persons with disabilities, and the OOA has made several key investments in supporting caregivers, including:

- ❖ Family Caregiver Support Program - \$482,211
- ❖ Adult Day Health/Adult Day Care - \$293,470
- ❖ Alzheimer's Day Care Resource Center - \$291,209

2005-06 Priorities

Currently, the OOA is in the middle of a contract cycle. The 2002 assessment resulted in requests for proposals that were released in 2003. The next requests proposals will be prepared in the spring of 2007. With few exceptions, all of the current contracts are serving the maximum number of consumers that they are able to. Almost 15,000 vulnerable seniors and persons with disabilities depend on the OOA's current services.

Typically, gap analyses are performed when new funding is available and communities want to compare needs to existing services. The 2002 and 2005 analyses were conducted within the context of a base of existing services that could be shifted, but were too fundamental to the needs of the senior community to be changed drastically. Nevertheless, the 2005 assessment identified potential new priorities, and the OOA will either work with contractors to make shifts in services during the next year (i.e. home delivered meals) or develop more information, analyze gaps in services (i.e. residents living in SRO's). That information will be incorporated in the 2006-07 Area Plan update and will influence the 2007 requests for proposals.

The 2005-07 Area Plan budget will include changes intended to preserve prioritized services. DAAS will shift \$4.8 million that provided extra match to OOA funds to act instead as a match for

Medi-Cal funding. The programs to be used as match are: Care/Case Management, District-Wide Social Services Workers, Resource Centers for Seniors and Adults with Disabilities, and Community Services, all Title III-B Supportive Services programs. These programs will continue to serve seniors and people with disabilities, but the newly leveraged Medi-Cal revenue will allow DAAS to avoid reductions and eventually to expand services as San Francisco's budget outlook improves.

Part Two – Area Plan Goals and Objectives

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: San Francisco has the highest per capita rate of homelessness in the nation, and 7% of persons using homeless shelter are age 60 or older. OOA objectives have not addressed this population in the past			
Objective 1.1 The OOA staff will work with their contractors, homeless shelter staff and outreach coordinators, and Single Room Occupancy hotels housing formerly homeless seniors to share resource information and increase the overall number of homeless and formerly homeless seniors receiving OOA services by 50%.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/06		New

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

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal One: To increase utilization of services by seniors, adults with disabilities and caregivers who have the highest economic and social needs			
Rationale: In interviews with key service providers, it was noted that many seniors and persons with disabilities are living in Single Room Occupancy hotels that have no elevators and are consequently homebound.			
Objective 1.3 The Human Services Agency planning unit will coordinate with the OOA staff, home-delivered meal providers, and outreach workers to assess the prevalence and the needs of seniors and younger adults with disabilities who are living in Single Room Occupancy hotels without elevators. The recommendations from this analysis will be incorporated into the 2006-07 Area Plan update.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: The home-delivered meals program has a waiting list of over 350 isolated and vulnerable seniors and persons with disabilities, while some congregate meal sites are underutilized.			
Objective 2.1 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.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		New

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

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Research studies demonstrate the benefits of living a healthy, active lifestyle, but many service providers have not incorporated physical activities into their programs.			
Objective 2.3 The OOA will promote increased physical activity among older adults by providing technical assistance and/or resources to service providers, resulting in at least 3 service providers adding a new physical activity class for seniors.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		New

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To ensure the overall quality of food services, service providers need assistance to meet stringent nutrition standards.			
Objective 2.4 The OOA will conduct quarterly nutrition meetings to provide technical assistance and share resources that will assist providers in meeting and/or improving food safety and nutrition program standards, and will complete at least four meetings with the nutrition contractors, and two trainings for the staff of nutrition programs on nutrition risk assessment.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Currently OOA-funded contracts tend to reflect “inputs” and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness.			
Objective 2.5 To improve services to its consumers, the OOA staff will work with OOA contractors to develop and implement measurable, client-based outcomes for all OOA-funded programs.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/06		New

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To improve the effectiveness and efficiency of its services, the OOA needs to better define its program standards and include them in the requests for proposals.			
Objective 2.6 The OOA will develop, in consultation with service providers and consumers, program standards for Community Services, District-wide Social Service Workers, and Legal Services that will be incorporated into the service definitions of the respective Requests for Proposals.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: To improve the effectiveness and efficiency of its services, the OOA, in consultation with the California Department of Aging, is working to standardize and institutionalize program standards for care management and include them in its requests for proposals.			
Objective 2.7 The OOA staff will fully implement program standards for care management (Title III) by October 1, 2005, incorporating the standards into all Requests for Proposals and subsequent contracts.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	10/1/05-6/30/06		New

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: Currently OOA-funded contracts tend to reflect “inputs” and activities rather than reflecting client-based outcomes that would allow measurement of program effectiveness.			
Objective 2.8 The OOA staff, working with the Human Service Agency Planning Unit, will develop an annual survey that differentiates levels of consumer satisfaction with specific aspects of service delivery, sampling a range of consumers and services, and compiling and analyzing the results. The OOA staff will review results with contractors once a year to make improvements in services.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	1/1/06 - 6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: AAA-funded health prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. The AAA intends to promote its health related programs by continuing to serve the most vulnerable of its population within the City of San Francisco.			
Objective 2.9 The OOA staff, working with the contractors, and the public, will improve the overall health of older persons and adults with disabilities by providing and expanding health screening to the capacity of program budget. This service includes a brief examination to determine the need for more in-depth medical evaluation and referral.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	1/1/06 - 6/30/06		On-going

Goal Two: To improve the quality and capacity of OOA-funded home and community based services			
Rationale: AAA-funded health prevention and health maintenance programs tend to improve or increase the health and well-being of older persons and persons with disabilities. The AAA intends to promote its health related programs by continuing to serve the most vulnerable of its population within the City of San Francisco.			
Objective 2.10 Medication Management will prevent incorrect medications and adverse drug reactions by providing a one-on-one consultation to individuals concerning the appropriate use of prescribed drugs with follow-up as needed to each individual seeking advice and information.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	1/1/06 - 6/30/06		On-going

Part 2.A - Area Plan 2005-2009 Goals and Objectives

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

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: District Advisory Councils are an underutilized community resource that would benefit from having a vehicle to formally consider issues and needs discussed at their meetings.			
Objective 3.2 District Advisory Councils convened by the Resource Centers for Seniors and Adults with Disabilities meet regularly with consumers and service providers to share information and discuss neighborhood problems. The OOA staff assigned to each of the ten District Advisory Councils will work with the groups to formulate recommendations on how to improve coordination of services, and will incorporate recommendations in the 2006 - 07 Area Plan update.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 – 6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: With nutrition cited as one of the top unmet needs, a publication that lists free or low-cost food will enhance the nutrition services provided by the Triple A.			
Objective 3.3 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.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 – 6/30/06		New

Goal Three: To improve coordination of services for seniors and adults with disabilities			
Rationale: Many service providers experience rapid turn-over of staff, depleting the agency of the knowledge and experience of long-term employees.			
Objective 3.4 DAAS will work with the Services and Programs Advisory Committee to design and implement service provider training that will improve inter-agency communication and cooperation, including training on care-planning for care managers, one training on nutrition-risk screening for care managers, and two trainings for meeting the diverse needs of ethnic seniors and adults with disabilities.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers			
Rationale: Many seniors have not enrolled in the Food Stamp program. The integration Department of Aging and Adult Services and the Department of Human Services should allow consumers easier access to a wider range of resources.			
Objective 4.1 To increase the participation of older adults in its services and programs, the San Francisco Department of Human Services will pilot targeted outreach activities and develop a special application process for OOA consumers to coordinate screening and enrollment activities for its Non-Assistance Food Stamps, Medi-Cal, and other programs, resulting in a 5% increase of OOA consumers using DHS program services.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		New

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers			
Rationale: Employees of the OOA are not familiar with DHS programs and conversely DHS employees are not familiar with the programs of the OOA.			
Objective 4.2 The OOA and DHS staff will cross-train front-line staff on their respective programs, which will increase the number of consumers receiving both DHS and OOA services will increase by a minimum of 5%, as compared to a baseline to be developed in 12/05.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Four: To integrate San Francisco Department of Human Services (DHS) and Department of Aging and Adult Services programs for the benefit of OOA consumers			
Rationale: It is believed that many seniors are unaware that they can use their Food Stamps for meals at senior nutrition sites.			
Objective 4.3	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
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.	7/1/05 – 6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Five: To plan for the long-term care needs of underserved and emerging target populations			
Rationale: Some senior nutrition sites are experiencing a decline in participants, and it is believed that fresh models of senior centers and activities should be developed to reflect the new generation of younger seniors.			
Objective 5.1 As coordinated by the Advisory Council to the Aging and Adult Services Commission, the OOA staff will participate in a task force of current and future consumers, Advisory Council representatives, researchers, and service contractors to discuss needs and identify new service models for meal services, caregiver support, and long term care that will be responsive to the needs of “baby boomers.”	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/07		New

Goal Five: To plan for the long-term care needs of underserved and emerging target populations			
Rationale: The large number of baby boomer seniors approaching status for eligibility of Triple A funded services mandates a new look at service delivery models.			
Objective 5.2 The Advisory Council to the Aging and Adult Services Commission will convene an educational forum with service providers, foundation representatives, researchers, and business leaders to develop recommendations for investments in services designed to meet the needs of “baby boomers.” This plan will be the beginning of an ongoing effort to address the needs of the baby boomer generation and to make preparations for the increases in the numbers of persons growing older and living longer, and its recommendations will be incorporated into Area Plan updates.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/07		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

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

Goal Five: To plan for the long-term care needs of underserved and emerging target populations			
Rationale: The <i>Living With Dignity</i> strategic plan identified four target populations that are underserved by the city's long-term care service system for seniors and persons with disabilities.			
Objective 5.4 The OOA staff will work with the San Francisco Partnership for Community-Based Care & Support to develop recommendations on how to improve services for seniors and adults with disabilities in the following underserved communities: 1) African American; 2) Asian/Pacific Islander; 3) Latino; and 4) lesbian, gay, bisexual, and transgender. The recommendations will be incorporated into the 2006-07 Area Plan update.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 – 6/30/06		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources			
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and make more appropriate referrals for the delivery of services.			
Objective 6.1 To improve services for younger adults with disabilities, 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.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05 - 6/30/06		New

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources			
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.			
Objective 6.2 The OOA will evaluate its pilot project to provide Home-Delivered Meals for younger adults with disabilities, eliciting input from consumers, meal providers, and service recipients, and will make recommendations on funding and program adjustments for the 2006 - 07 Area Plan update.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05- 12/31/05		New

Part 2.A - Area Plan 2005-2009 Goals and Objectives

Goal Six: To seek parity of services for younger persons with disabilities by identifying and utilizing local resources			
Rationale: The OOA needs to better understand the needs of younger persons with disabilities and the most appropriate means of delivering services.			
Objective 6.3 The overall number of younger disabled persons served by the OOA-funded network of contracts will increase by 5%, as compared to a baseline that will be developed by 12/05.	Start & End Dates	Title III B Funded PD or C¹⁰	Status¹¹
	7/1/05-6/30/06		New

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300(d)

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

Report units of service to be provided with **ALL funding sources**.

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

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

TITLE III/VII

1. Personal Care (In-Home)♦

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	8,130	3,4	Objective 3-1, 4-2
2006-2007			
2007-2008			
2008-2009			

2. Homemaker (In-Home)♦

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	7,610	3,4	Objective 3-1, 4-2
2006-2007			
2007-2008			
2008-2009			

3. Chore (In-Home)♦

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,810	3,4	Objective 3-1, 4-2
2006-2007			
2007-2008			
2008-2009			

♦ Indicates Title III-B Priority Services

4. Home Delivered Meals

**Units of Service = (1-Meal)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	852,561	1, 2, 3	Objectives 1-2, 1-3, 2-1,2-4, 3-4
2006-2007			
2007-2008			
2008-2009			

5. Adult Day Care/Health

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	63,022	3	Objective 3-1
2006-2007			
2007-2008			
2008-2009			

6. Case Management (Access) * *

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

7. Congregate Meals

**Units of Service = (1-Meal)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	841,936	1, 2, 4, 5	Objectives 1-1, 1-3, 2-3, 2-4 4-1, 4-2, 4-3, 5-1
2006-2007			
2007-2008			
2008-2009			

8. Nutrition Counseling

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	960	2, 5, 6	Objectives 2-4, 2-5, 5-1, 5-3, 6-2
2006-2007			
2007-2008			
2008-2009			

* Indicates Title III-B Priority Services

9. Assisted Transportation (Access)*

Units of Service = (One 1-way trip)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

10. Transportation (Access)*

Units of Service = (One 1-way trip)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	77,511	3,4	Objectives 3-1, 4-2
2006-2007			
2007-2008			
2008-2009			

11. Legal Assistance*

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	11,884	2, 3, 4, 5, 6	Objectives 2-5, 2-6, 2-8, 3-2, 4-1, 5-2, 6-1
2006-2007			
2007-2008			
2008-2009			

12. Nutrition Education

Units of Service = (1-Session)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	970	1, 2, 3, 4	1-1, 2-4, 3-3, 3-4,
2006-2007			
2007-2008			
2008-2009			

13. Information and Assistance (Access)*

Units of Service = (1-Contact)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	10,000	1, 2, 3, 4, 5, 6	1-1, 1-2, 2-5, 2-8, 3-2, 3-3, 4-2, 5-2, 5-3, 5-4, 6-1, 6-3
2006-2007			
2007-2008			
2008-2009			

* Indicates Title III-B Priority Services

14. Outreach (Access)*

Units of Service = (1-Contact)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	675	1, 2, 3, 4, 5, 6	1-1, 1-2, 1-3, 2-8, 3-1, 3-2, 3-3, 3-4, 4-1, 4-2, 4-3, 5-1, 5-2, 5-3, 5-4, 6-1, 6-3,
2006-2007			
2007-2008			
2008-2009			

15. Title III Services (“Other”)

- Identify only services not reported in categories 1 – 14 above.
- Specify the units of service and what constitutes a service unit. (Reference Division 4000 of the MIS Operations Manual, February 7, 1994.)
- Every Title III B service listed in Program 15 below must also be among the services listed under Program 15 in the Area Plan budget, CDA 122.

Disease Prevention

Units of Service ^E (1,500)

Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,500	2, 5, 6	2-4, 5-2, 5-4, 6-1
2006-2007			
2007-2008			
2008-2009			

Medication Management

Units of Service ^E (500)

Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	500	2, 5, 6	2-4, 5-2, 5-4, 6-1
2006-2007			
2007-2008			
2008-2009			

Other

Service Category: Housing: Eviction Prevention

Units of Service ^E (100)

Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	100	1, 2, 3, 4	1-1, 2-5, 3-2, 3-4, 4-2,
2006-2007			
2007-2008			
2008-2009			

^E Entry Required

Other

Not Applicable: (check)

Service Category: Community Education/Advocacy

Units of Service ^E (1,300)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,300	1, 2, 3, 4, 5	1-1, 2-5, 3-2, 4-2, 5-2
2006-2007			
2007-2008			
2008-2009			

Other

Not Applicable: (check)

Service Category: Community Services/Volunteer Opportunities

Units of Service ^E (245)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	245	1, 3, 5, 6	1-1, 1-3, 3-2, 5-4, 6-1, 6-3,
2006-2007			
2007-2008			
2008-2009			

Other

Not Applicable: (check)

Service Category: Naturalization

Units of Service ^E (772)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	772	1, 5	1-1, 5-4,
2006-2007			
2007-2008			
2008-2009			

Other

Not Applicable: (check)

Service Category: _____

Units of Service ^E (_____)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

^E Entry Required

LONG-TERM CARE OMBUDSMAN
(Title III B and Title VII a)

Note: For completion of this section, see Instructions for SUP Objective Guidelines

Total number of cases to be closed: Units of Service = (one closed case)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	540	2, 5	2-5, 5-1, 5-2
2006-2007			
2007-2008			
2008-2009			

Training for Ombudsman staff and volunteers

(Includes 36-hour Certification Training and 12-Hour Required Annual Training)

Fiscal Year	Number of Sessions
2005-06	10
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Hours
2005-06	120
2006-07	
2007-08	
2008-09	

Fiscal Year	Total Number of Trainees
2005-06	10
2006-07	
2007-08	
2008-09	

Visits

Fiscal Year	Number of Visits to SNFs (Unduplicated Count)
2005-06	27
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Visits to RCFEs (Unduplicated Count)
2005-06	110
2006-07	
2007-08	
2008-09	

Visits, cont.

Fiscal Year	Projected Number of Volunteers needed
2005-06	n/a
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Existing Volunteers
2005-06	n/a
2006-07	
2007-08	
2008-09	

ELDER ABUSE PREVENTION SERVICES (TITLE VII b)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1884	1,2, 3	1-3, 2-5 3-1
2006-2007			
2007-2008			
2008-2009			

Fiscal Year	Total # of Public Education Sessions
2005-06	n/a
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Training Sessions for Professionals
2005-06	n/a
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Developed
2005-06	n/a
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Distributed
2005-06	n/a
2006-07	
2007-08	
2008-09	

*** Note: As of February 2005, all Resource Centers for Seniors and Adults with Disabilities Programs have been removed from the Area Plan Budget for FY2004-05, to facilitate leveraging additional Federal revenues for the local AAA. AS SUCH, THESE SERVICE UNITS WILL NOT BE REPORTED IN THE NAPIS REPORTS.**

SERVICE UNITS FOR NAPIS PROGRAMS REMOVED FROM PSA #6 AREA PLAN BUDGET

Case Management (Access)*

Units of Service **30,317** (1-Hour)

Goal #1
Objective #1X

Community Services

Units of Service **115,278** (1-Hour)

Goal #1
Objective #1X

District Wide Social Services Workers

Units of Service **15,245** (1-Hour)

Goal #1
Objective #1X

Resource Centers for Seniors and Adults with Disabilities

Units of Service **36,910** (1-Hour)

Goal #1
Objective #1X

TITLE III E SERVICE UNIT PLAN OBJECTIVES

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the service categories defined in PM 03-10. Related Title III E funding is reported in the Area Plan Budget (CDA 122). This SUP is for the reporting of Title III E services **only**.

Report units of service to be provided with **ALL funding sources**.

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

TITLE III E

1. Outreach

Units of Service = (1-Contact)

Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	375	1, 5	
2006-2007			
2007-2008			
2008-2009			

2. Community Education

Units of Service = (1-Hour)

Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	102	1	
2006-2007			
2007-2008			
2008-2009			

3. Information and Assistance*

Units of Service = (1-Contact)

Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	750	1, 5	
2006-2007			
2007-2008			
2008-2009			

4. Comprehensive Assessment

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	155	2	
2006-2007			
2007-2008			
2008-2009			

5. Case Management

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	225	2, 3	
2006-2007			
2007-2008			
2008-2009			

6. Transportation

Units of Service = (One 1-way trip)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

7. Assisted Transportation

Units of Service = (One 1-way trip)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

8. Counseling

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,094	2	
2006-2007			
2007-2008			
2008-2009			

9. Caregiver Support Group

Units of Service = (1-Hour Meeting)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	164	2, 3	
2006-2007			
2007-2008			
2008-2009			

10. Caregiver Training

Units of Service = (1-Contact)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	92	1, 2, 3	
2006-2007			
2007-2008			
2008-2009			

11. Respite Care Services

Units of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	20,550	1	
2006-2007			
2007-2008			
2008-2009			

12. Minor Home Modifications

Units of Service = (1-Occurrence)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

13. Placement

Units of Service = (1-Placement)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

14. Homemaker

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

15. Chore

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	80		
2006-2007			
2007-2008			
2008-2009			

16. Home Security & Safety

**Units of Service = (1-Occurrence)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

17. Assistive Devices

**Units of Service = (1-Single Occurrence)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

18. Visiting

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,300		
2006-2007			
2007-2008			
2008-2009			

19. Congregate MealsUnits of Service = (1-Meal)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

20. Home Delivered MealsUnits of Service = (1-Meal)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

21. Legal AssistanceUnits of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	77	1, 2	
2006-2007			
2007-2008			
2008-2009			

22. Peer CounselingUnits of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

23. Translation/InterpretationUnits of Service = (1-Hour)
Not Applicable: (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

24. Income Support/Material Aid

**Units of Service = (1-Occurrence)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	25		
2006-2007			
2007-2008			
2008-2009			

25. Money Management

**Units of Service = (1-Hour)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

26. Registry

**Units of Service = (1-Match)
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

Other – Specify:

**Service Category: _____
Requires PRIOR CDA Approval**

**Units of Service: ^E _____ entry required
Not Applicable: (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

^E Entry required

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300(d)

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

Please list your performance measures in the table below. Each AAA must achieve at least the DOL’s minimum required performance measures, unless lower measures have been negotiated and approved by the DOL. AAAs may indicate higher performance measures as well.

Title V/SCSEP				
----------------------	--	--	--	--

Fiscal Year (FY)	Goal Number	Objective Number	CDA Authorized Slots	National Authorized Slots (If applicable)
2005-06	n/a			
2006-07				
2007-08				
2008-09				

DOL’s Minimum Required Performance Measures

1. Placement Rate – DOL’s Minimum Unsubsidized Placement Goal is 25%

FY	Estimated Unsubsidized Placement Goal %
2005-06	n/a
2006-07	
2007-08	
2008-09	

2. Service Level – DOL’s Minimum Service Level is 140%

FY	Estimated Service Level %
2005-06	n/a
2006-07	
2007-08	
2008-09	

3. Service to the Most in Need – DOL’s Minimum Goal to Serve the Most in Need is 68%

FY	Estimated % Service to the Most in Need
2005-06	n/a
2006-07	
2007-08	
2008-09	

4. Community Service Hours Provided – DOL’s Minimum Goal for Community Serve Hours Provided is 999,400 hours, which is 91% (approximately 950 hours per authorized slot)

FY	Estimated Community Service Hours Provided
2005-06	n/a
2006-07	
2007-08	
2008-09	

5. Employment Retention Rate – DOL’s Minimum Employment Retention Rate is 70%

FY	Estimated Employment Retention Rate %
2005-06	n/a
2006-07	
2007-08	
2008-09	

6. Customer Satisfaction for Employers, Participants, and Host Agencies – DOL’s Combined Minimum Customer Satisfaction Rate for Employers, Participants, and Host Agencies is 80%

FY	Estimated % Combined Customer Satisfaction Rate
2005-06	n/a
2006-07	
2007-08	
2008-09	

**7. Earnings Increase –
DOL’s Minimum Goal for Earnings Increase 1 is 25% Higher than the Pre-Program Earnings
DOL’s Minimum Goal for Earnings Increase 2 is 5% Higher than Earnings Increase 1**

FY	Estimated Earnings Increase 1	Estimated Earnings Increase 2
2005-06	n/a	n/a
2006-07		
2007-08		
2008-09		

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

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300(d)

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

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

CBSP

Alzheimer’s Day Care Resource Center (ADCRC)

■ Fiscal Year	■ Goal Numbers
2005-2006	1
2006-2007	
2007-2008	
2008-2009	

■ Fiscal Year	■ Caregiver Support Sessions
2005-2006	60
2006-2007	
2007-2008	
2008-2009	

■ Fiscal Year	■ In-Service Training Sessions
2005-2006	24
2006-2007	
2007-2008	
2008-2009	

■ Fiscal Year	■ On-Site Training Sessions
2005-2006	32
2006-2007	
2007-2008	
2008-2009	

■ Fiscal Year	■ On-Site Training Sessions
2005-2006	16
2006-2007	
2007-2008	
2008-2009	

Brown Bag

Fiscal Year	Goal Numbers
2005-2006	1, 5
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Unduplicated Persons to be Served
2005-2006	527
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated Pounds of Food to be Distributed
2005-2006	602, 424
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Volunteers
2005-2006	9
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Volunteer Hours
2005-2006	1,044
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Distribution Sites
2005-2006	6
2006-2007	
2007-2008	
2008-2009	

(CBSP) Respite Purchase of Services – RPOS

Not Applicable: (check)

Fiscal Year	Goal Numbers
2005-2006	1
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Respite Hours Provided
2005-2006	459
2006-2007	
2007-2008	
2008-2009	

(CBSP) Respite Purchase of Services – RPOS, cont.

Fiscal Year	Points of Service Transportation (# of one-way trips)
2005-2006	n/a
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Alzheimer's Day Care Resource Center (# of days)
2005-2006	n/a
2006-2007	
2007-2008	
2008-2009	

Linkages

Fiscal Year	Goal Numbers
2005-2006	1,2,3,5
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2005-2006	183
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2005-2006	160
2006-2007	
2007-2008	
2008-2009	

Senior Companion

Not Applicable: (check)

Fiscal Year	Goal Numbers
2005-2006	1
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Volunteer Service Years (VSYs)
2005-2006	5
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Volunteer Hours
2005-2006	5,220
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Senior Volunteers
2005-2006	4
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Seniors Served
2005-2006	35
2006-2007	
2007-2008	
2008-2009	

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN OBJECTIVES

PSA #6

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300 (d)

The Service Unit Plan (SUP) utilizes definitions that can be found at www.aging.ca.gov. After connecting with the home web page, select “AAA Partners,” then “Reporting Instructions,” then select “HICAP Reporting Instructions as of July 1, 2004.” HICAP reporting instructions, forms, and definitions are centralized there.

The related funding is reported in the HICAP Budget. Indicate the estimated service performance units provided with federal and state HICAP funds.

HICAP Services

References to Plan Goal(s) and Objective(s) related to HICAP Services without Legal Services Component

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	768 consumers	1	
2006-2007	Includes legal		
2007-2008	4,436 staff hrs		
2008-2009			

1. HICAP Budget without HICAP Legal Services Budget

Fiscal Year	Estimated State & Federal Budget Amount
2005-06	\$42,344
2006-07	\$
2007-08	\$
2008-09	\$

2. Community Education

Fiscal Year	Estimated # of Interactive Presentations in SFY. Unit of Service = (1 Presentation)
2005-06	70
2006-07	
2007-08	
2008-09	

3. Community Education

Fiscal Year	# of Attendees reached at Interactive Presentations in SFY. Unit of Service = (1 Attendee Reached)
2005-06	20,000
2006-07	
2007-08	
2008-09	

4. Counseling

Fiscal Year	Estimated # of Clients Counseled in SFY. Unit of Service = (1 Client Counseled)
2005-06	768
2006-07	
2007-08	
2008-09	

5. Counselors

Fiscal Year	Estimated # of Registered Counselors for SFY. Unit of Service = (1 Unduplicated Registered Counselor)
2005-06	12
2006-07	
2007-08	
2008-09	

6. Counselors

Fiscal Year	Estimated # of Volunteer Registered Counselors for SFY. Unit of Service = (1 Volunteer Registered Counselor)
2005-06	n/a
2006-07	
2007-08	
2008-09	

7. Counselors

Fiscal Year	Estimated # of Active Counselors for SFY. Unit of Service = (1 Unduplicated Active Counselor)
2005-06	12
2006-07	
2007-08	
2008-09	

8. Counselors

Fiscal Year	Estimated # of Volunteer Active Counselors for SFY. Unit of Service = (1 Unduplicated Volunteer Active Counselor)
2005-06	n/a
2006-07	
2007-08	
2008-09	

HICAP Legal Services (if funded and available through HICAP)

References to Plan Goal(s) and Objective(s) related to HICAP Legal Services Component

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	Included in previous		
2006-2007	units of service		
2007-2008			
2008-2009			

9. HICAP Legal Services Budget Only

Fiscal Year	Estimated State & Federal Budget Amount
2005-06	\$32,500
2006-07	\$
2007-08	\$
2008-09	\$

10. Clients

Fiscal Year	Estimated Hours of Legal Representation for SFY. Unit of Service = (1 Hour of Legal Representation)
2005-06	Included in previous
2006-07	units of service
2007-08	
2008-09	

11. Representation

Fiscal Year	Estimated Hours of Legal Representation for SFY. Unit of Service = (1 Hour of Legal Representation)
2005-06	623
2006-07	
2007-08	
2008-09	

12. Representation

Fiscal Year	Estimated Hours of Legal Backup Support to Staff for SFY. Unit of Service = (1 Hour of Legal Backup Support)
2005-06	Included in previous
2006-07	units of service
2007-08	
2008-09	

**Part Three – Area Plan
Appendices and Attachments**

APPENDIX IA - PSA #6

NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

CCR Article 3, Section 7320 (a) (b)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served. If not providing direct services below, check box .

Check applicable services

Check each applicable Fiscal Year(s)

Title III B

Information and Assistance

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III B

Case Management

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III B

Program Development

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Coordination

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III D

Disease Prevention
and Health Promotion

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III E

Outreach to Caregivers

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III E

Information and Assistance to
Caregivers

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III E

Comprehensive Assessment of
Caregivers

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title III E

Case Management for Caregivers

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Title VII b

Prevention of Elder Abuse,
Neglect, and Exploitation

FY 2005-06 FY 06-07 FY 07-08 FY 08-09

Describe the methods that will be used to assure that target populations will be served throughout the PSA. 6The Information, Referral and Assistance program fulfills its obligation to reach out to the entire community and to targeted consumers in many ways.

Limited English-speaking clients are referred to the OOA Resource Centers for Seniors and Adults with Disabilities, where over 14 different languages and dialects are spoken. Materials designed to describe the program are translated into Spanish, Chinese and Russian. IR &A staff attend community health fairs and information fairs to reach out to clients of all races, nationalities, ethnicities, ages, abilities, genders and sexual orientations.

A new web site will be launched on May 17, 2005 called Network of Care. The web site provides information about services in English, Spanish, Chinese and Russian. It also has information about available services, assistive devices, legislation, current events and a library. The website also has interactive components such as message boards, calendar, and options to build web pages for agencies and groups that are interested in these enhancements. For screen only readers, the site is also available in a text format.

Recently, a TTY line has been added to increase accessibility for people with hearing impairments. At public meetings all sites are ADA accessible, microphones are used, and translation and low hearing devices are available.

Members of the Information, Referral and Assistance program participate in many community collaborations including: the San Francisco Partnership for Long Term Care and Support; the Services and Programs Advisory Committee (SPAC); the Community Advisory Committee to the Targeted Care Management program; Housing Pipeline; 311; and the Help for Elders and Adults with Disabilities hotline (HEAD Line). Participation in these collaborations increases trust and mutual community awareness of the program and it's capabilities. Through this participation, IR&A staff are in frequent contact with the community in order to better understand and respond to changing needs.

APPENDIX IB - PSA #6

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide the direct services, check box X .

Identify Service Category: _____

Check applicable funding source: III B III C-1 III C-2 III E VIIa CBSP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

Check each applicable Fiscal Year(s)

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

Justification: In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service. N/A

APPENDIX II – PSA #6

Check each applicable planning cycle:

2005-09 FY 2006-07 FY 2007-08 FY 2008-09

PUBLIC HEARINGS Conducted for the 2005-2009 Planning Period

CCR Article 3, Section 7302(a)(10) and Section 7308

Date	Location	Number Attending	Area Plan presented with Translator ¹ : Yes/No	Hearing Held at Long-Term Care Facility Yes/No
12-15-2004	Budget Forum: Department of Human Services 170 Otis, San Francisco, CA	125	available, not requested	No
4-06-2005	Commission: Dept. of Aging and Adult Services, 875 Stevenson, SF	35	available, not requested	No
4-15-2005	Contractors, etc.: Dept. of Aging and Adult Services, 875 Stevenson, SF	20	available, not requested	No
4-20-05	Advisory Council, etc: Dept. of Aging and Adult Services, 875 Stevenson, SF	25	available, not requested	No

All of the items below must be discussed at each planning cycle's Public Hearings

- Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. Flyers posted, sent to library, emailed to all contractors and senior service centers and interested parties
- Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

Yes Not Applicable (check only if PD and C funding is not being used)
 No

If No, Explain:

- Summarize the comments received concerning proposed expenditures for PD and C, if applicable.
N/A

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

Yes
 No

¹³ A Translator is not required unless the AAA determines that a significant number of attendees require translation services.

If No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. (*See Appendix V*)
No objections
6. Summarize other major issues discussed or raised at the public hearings.
Will contracts be funded at the same level as 04-05?
A planning and prioritization process is needed. We need additional data, especially as cuts continue to be effected
Are DAAS and DHS looking at more of a holistic approach to service delivery?.
7. List major changes in the Area Plan resulting from input by attendees at the hearings.
Objectives were developed to demonstrate ways in which DAAS and DHS can work together.
While not demonstrated for 05-06, when new RFP's are offered, planning and prioritization will be a major component of the considered funding allocations.

APPENDIX III – PSA #6

Check each applicable planning cycle:

2005-09

FY 2006-07

FY 2007-08

FY 2008-09

GOVERNING BOARD

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

Number of Members on the Board: 7

Names/Titles of Officers:

Term in Office Expires:

CAROLYN DEVIN - PRESIDENT	2007
RAYMOND DEL PORTILLO - VICE PRESIDENT	2008

Names/Titles of All Members:

Term Expires:

ANITA AARON - COMMISSIONER	2008
ROSARIO CARRION-DI RICCO - COMMISSIONER	2008
JOE LACEY - COMMISSIONER	2007
GUSTAVO SERINA - COMMISSIONER	2009
VENERACION ZAMORA	2008

APPENDIX IV – PSA #6

Check each applicable planning cycle:

2005-09 FY 2006-07 FY 2007-08 FY 2008-09

ADVISORY COUNCIL

45 Code of Federal Regulations (CFR), Section 1321.57
CCR Article 3, Section 7302 (a) (12)

Total Council Membership (including vacancies)	<u>22</u>	
Number of Council Members 60+	<u>13</u>	
	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	<u>12</u>	<u>55</u>
Hispanic	<u>4</u>	<u>18</u>
Black	<u>2</u>	<u>9</u>
Asian/Pacific Islander	<u>4</u>	<u>18</u>
Native American/Alaskan Native	<u>0</u>	<u>0</u>
Other	<u>0</u>	<u>0</u>

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

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

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

	Yes	No	
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lee Jessor
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Luis Calderon
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vera Haile
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Edna James
Local Elected Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill Hollabaugh
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	George Schofield

Explain any "No" answer. _____

Briefly describe the process designated by the local governing board to appoint Advisory Council members. The Advisory Council is not to exceed twenty-two members (voting members), eleven of who shall be appointed by the Board of Supervisors. The composition of the other members is as follows: eleven members appointed by Commission on the Aging. More than fifty percent (50%) of the members of each group of eleven members shall be persons who are 60 years of age or older. The Council shall be representative of the geographic and ethnic populations of the City and County of San Francisco by districts determined by the Commission. The council shall include service providers, older persons with the greatest socio and economic need, consumers, and others specified by federal regulation. The Advisory Council members shall be appointed to serve two (2) year terms.

APPENDIX V – PSA #6

Check each applicable planning cycle:

2005-09 FY 2006-07 FY 2007-08 FY 2008-09

PRIORITY SERVICES:

Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires that the AAA allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds² listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service & Percentage of Title III B Funds Expended in/or To Be Expended in FY05-06 through FY08-09

Access:

Case Management, Assisted Transportation, Transportation,
Information and Assistance, and Outreach

05-06 48.6% 06-07 48.6% 07-08 48.6% 08-09 48.6%

In-Home Services:

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families, Telephone Reassurance, Visiting, and Minor Home Modification,

05-06 6.6% 06-07 6.6% 07-08 6.6% 08-09 6.6%

Legal Assistance:

05-06 44.8% 06-07 44.8% 07-08 44.8% 08-09 44.8%

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. As described throughout the Area Plan, the OOA emphasizes services to low-income seniors and persons with disabilities, especially those with limited English proficiency. The City and County of San Francisco uses its general fund to support a range of services for seniors and persons with disabilities, and the allocations of Title III B funds reflects a commitment to making those services as accessible as possible to its target populations. Since the target population includes many immigrants and individuals in precarious living situations, the allocation also reflects a commitment to providing legal assistance that assists them with naturalization, eviction prevention, appeals on benefit applications, and other critical services. The allocation is not being changed for the current Area Plan, as the community has come to depend on these services. Furthermore, the allocations have been approved by the Adult and Aging Services Commission through successive years and public hearings.

2. Appendix V must be updated if the minimum percentages change from the initial year of the four-year plan.

3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the

¹⁴ Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman.

proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change. No changes were proposed for the allocation of Title III B funds. Please refer to Appendix II for documentation regarding public hearings.

4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings. No changes were proposed.

APPENDIX VI – PSA #6

Check each applicable planning cycle:

2005-09 FY 2006-07 FY 2007-08 FY 2008-09

COMMUNITY FOCAL POINTS LIST CCR Article 3, Section 7302(a)(14)

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

RESOURCE CENTERS FOR SENIORS AND ADULTS WITH DISABILITIES

#1. Richmond Resource Center

Institute On Aging 3330 Geary Boulevard, 3rd Floor San Francisco, CA 94118

#2. Western Addition/Marina Resource Ctr

Institute On Aging 1426 Fillmore Street, Suite 302 San Francisco, CA 94115

#3. Northeast Resource Center

Self-Help for the Elderly 407 Sansome Street, 4th Floor San Francisco, CA 94111

#4. Central City/Potrero Hill Resource Ctr

Self-Help for the Elderly 602 Eddy Street
San Francisco, CA 94109

#5. Mission/Bernal Heights/Noe Valley Buena Vista/Eureka Valley Resource Center

Institute On Aging
225-30th Street, Room 320 San Francisco, CA 94131

#6. Bayview Hunters Point Resource Center

Network for Elders 1555-A Burke Avenue
San Francisco, CA 94124

#7. Visitacion Valley/Portola/Excelsior Resource Center

Network for Elders 66 Raymond Avenue
San Francisco, CA 94134

#8. OMI/St. Francis Wood/Miraloma Park Resource Center

Network for Elders 446 Randolph Street
San Francisco, CA 94134

#9. Inner Sunset/Haight Ashbury Resource Center

Self-Help for the Elderly 1400 Irving Street
San Francisco, CA 94122

#10. Outer Sunset Resource Center

Self-Help for the Elderly 2451 Judah Street
San Francisco, CA 94122

APPENDIX VII – PSA #6

Check each applicable planning cycle:

2005-09
 FY 2006-07
 FY 2007-08
 FY 2008-09

**MULTIPURPOSE SENIOR CENTER (MPSC)
 ACQUISITION³ AND⁴ CONSTRUCTION COMPLIANCE REVIEW**
 CCR Title 22, Article 3, Section 7302(a) (15)
(This has a 20-year tracking requirement.)

- No, Title III B funds have not been used for MPSC Acquisition or Construction.
 Yes, Title III B funds have been used for MPSC Acquisition or Construction.
If yes, complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period		Compliance Verification (State Use Only)
				MM/DD/YY Begin	Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

³ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

⁴ Construction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or making modifications to, or in connection with an existing facility, which more than doubles the square footage of that original facility and all physical improvements.

APPENDIX X – PSA #6

Check each applicable planning cycle:

2005-09

2005-06

2006-07

2007-08

2008-09

Legal Assistance^①

This section must be completed and submitted with the Four-Year Area Plan.

Any changes to this Appendix must be documented on this form and remitted with Area Plan Updates. This Appendix is to be completed electronically.

1. Specific to Legal Services, what is your PSA's Mission Statement or Purpose Statement? Statement must include Title III B requirements. The mission of the Department of Aging and Adult Services is to assist older and functionally impaired adults and their families to maximize self-sufficiency, safety, health and independence so that they can remain living in their own homes without the threat of harassment or issues that threaten citizenship or other abuses.
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 44.8%
3. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: Legal service providers publish and distribute brochures in at least 4 languages; they have bi-lingual staff or access other languages with the use of an interpretator. Legal providers are focused in Asian and Latino communities as evidenced by their names - Asian Law Caucus, La Raza Centro Legal, Asian Pacific Islander Legal Outreach; they attend community fairs in targeted neighborhoods; they attend and discuss services at District Advisory Council meetings each month; they collaborate with other providers; they establish outpost offices in neighborhoods where it is most likely target populations can be found; they participate in roundtable discussions for community events.
4. How many legal assistance providers are in your PSA? Complete table below.

Fiscal Year	# Legal Services Providers
2005-2006	4
2006-2007	
2007-2008	
2008-2009	

5. What methods of outreach are providers using? Discuss: Legal service providers publish and distribute brochures in at least 4 languages; they attend community fairs; they attend and discuss services at District Advisory Council meetings each month; they collaborate with other providers; they establish outpost offices where information and assistance is provided; they participate in roundtable discussions for community events.
6. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2005-2006	a. Asian Law Caucus b. Asian Pacific Islander Legal Outreach c. La Raza Centro Legal and d. Legal Assistance to the Elderly	a. Asian Community and the entire City and County of San Francisco b. Asian Community and the entire City and County of San

^① For information related to Legal Services, contact Chisorom Okwuosa at 916 327-6849 or COkwoosa@aging.ca.gov

		Francisco c. Hispanic community and the entire City and County of San Francisco d. the entire City and County of San Francisco
2006-2007	a. b. c.	a. b. c.
2007-2008	a. b. c.	a. b. c.
2008-2009	a. b. c.	a. b. c.

7. How do older adults access Legal Services in your PSA? Discuss: In PSA 6, there are four DAAS/OOA funded legal service providers that provide access to seniors by maintaining regular office hours. All of the providers provide language access to persons who are limited English-speaking. Three of the four providers are fully proficient in providing multi-lingual and multi-culturally competent services. All providers operate their programs in accessible buildings in terms of disability access and close access to public transportation. In addition, most of the providers utilize out-stations in the community to increase access to seniors.

The Senior Information and Referral in-house staff and the 10 Resource Centers for Seniors and Adults with Disabilities refer many callers to the legal service providers.

8. What are the major legal issues in your PSA? Include new trends of legal problems in your area: Discuss: The major legal issues continue to be evictions and other housing related issues, benefit appeals, consumer fraud issues, elder abuse and immigration/naturalization issues. One of the service providers is committed to the issue of domestic violence. Another legal service provider is a sub-contractor for the HICAP program and the staff is experienced on handling health insurance related matters.

New trends involve the preying on seniors and adults with disabilities regarding scams and fraud to include Medicare and other more consumer related issue. Another trend is related to the tightening up of security and INS diligence as it relates to the Patriot Act.

9. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: The biggest barrier at the moment is making sure our service providers are able to maintain their services at capacity. Some have had to expand their fundraising activity, leaving less time to serve the consumers. Many must hold large, major fundraising events during the year.

The DAAS/OOA Legal Services workgroup will meet during this next fiscal year at least three times to discuss how DAAS/OOA can assist in this matter.

10. What other organizations or groups does your legal service provider coordinate services with? Discuss: The legal service providers meet as a Legal Services workgroup (see item 9.) to coordinate services and make efforts to collaborate. The providers are also members of the Coalition of Agencies Serving the Elderly and attend the various District Advisory Council meetings.

**City and County of San Francisco
Services**

WILLIE L. BROWN, JR., *Mayor*
Director, M.S.W.



Department of Aging and Adult

Darrick Lam, *Executive*

**ADULT PROTECTIVE SERVICES
OFFICE ON THE AGING
COUNTY VETERANS SERVICE OFFICE
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN-PUBLIC CONSERVATOR
www.SFGetCare.com**

**Memorandum
Number: OOA 2002-30**

DATE: October 3, 2002
TO: Aging Network
FROM: Darrick Lam, MSW
Executive Director
RE: **Town Hall Meetings on Unmet Needs, and
Office on the Aging (OOA) Funding Priorities**

The Department of Aging and Adult Services will hold three Town Hall meetings in October 2002 with the intent to collect consumer input on the following topics:

- Unmet needs
- Priorities for OOA funding

In February 2003, a Request for Proposal (RFP) will be issued for OOA funding for FY 2003-04. The majority of the OOA funding from federal, State, and City sources will be included in the RFP.

The three Town Hall meetings will be located in different areas of San Francisco in order to facilitate access to the events. The Town Hall meetings will take place on October 22, 23, and 29. Please post the enclosed flyers in English, Chinese, Spanish, and Russian. The OOA would appreciate your help in distributing flyers. Please encourage senior consumers and people with disabilities to attend the meetings to provide their concerns on unmet needs.



San Francisco Office on the Aging Town Hall Meetings for Seniors and People with Disabilities October 2002

Three Town Hall Meetings will be held to receive consumer input on:

- Unmet Needs
- Priorities for Office on the Aging Funding

1. When: **1:30 p.m. – 3:30 p.m.**
Tuesday, October 22, 2002

Where: **City College Southeast Campus**
1800 Oakdale Avenue
San Francisco, CA 94124

Muni: #15, #23, #24, #44

Parking: On street parking
Refreshments will be served.
2. When: **11:00 a.m. – 1:30 p.m.**
Wednesday, October 23, 2002

Where: **First Unitarian Church**
1187 Franklin Street at O'Farrell Street

Muni: #38, #47, #49, #19,

Parking: Some street parking, public parking at Cathedral Hill Hotel
A box lunch will be served.
3. When: **10:00 a.m. – 12:00 noon**
Tuesday, October 29, 2002

Where: **San Francisco County Fair Building**
In Golden Gate Park at 9th Avenue and Lincoln

Muni: N Judah, #44, #71

Parking: On street parking and limited parking in lot
A box lunch will be served.

Simultaneous translation in Cantonese, Spanish, and Russian will be available at each Town Hall Meeting.

For information about the meetings or additional language requests (call 72 hours in advance) call Maria Guillen, at 415-864-6051, Office on the Aging.

Please refrain from wearing scented products to the meetings

Summary
2002 City and County of San Francisco,
Office on Aging
Town Hall Meetings

Prepared by Jennifer Coffey
October 31, 2002

Three town hall meetings brought in 877 attendees collectively. There were 203 attendees at the first town hall meeting on October 22, 2002 at the Southeast Community College. There were 443 attendees at the second town hall meeting on October 23, 2002 at the Unitarian Center. There were 261 attendees at the third town hall meeting on October 29, 2002 at the San Francisco County fair Building.

All comments are in English unless otherwise noted. Translated materials were available in Spanish, Chinese, Russian, Korean, Japanese, Korean and Samoan. Translators and translation devices were available at all three meetings. There were technical difficulties with the Spanish translation capacity at the first meeting.

There were 24 testimonials and 5 cards read at the first meeting; 22 testimonials and 5 cards read at the second meeting; and 14 testimonials and 16 cards read at the third meeting. Below is a summary of the areas of need.

The greatest expressed category of need was nutrition and food related services with 30 comments. The second highest number of comments came in the area of housing and housing related services, with 18 comments noted. The third highest number of comments came in the area of citizenship and language related services with 14 separate comments. All other comments and comment groups had less than 10 comments each including transportation and health related commentary with eight and seven comments respectively. The Senior Escort program and the Foster Grandparent programs were both mentioned four times each. The need for citywide mutual support, funding for a Samoan Center and funding for elder abuse issues each had three comments. There were nine other areas that were mentioned once: salary increases for staff working with seniors, Additional funds for Centro Latino, Senior Companion, money management, case management, supportive services, Senior Center funding, help for upper poor, disability agency.

	Town Hall 1	Town Hall 2	Town Hall 3	Total
<u>Nutrition</u>				
Free food	8	4	2	14
Brown Bag	4			4
Vegetarian food			2	2
Congregate nutrition	2	3	1	6
Food for disabled people		2		2
Meals on weekends & eves		1	1	2
	14	10	6	30
<u>Housing</u>				
Affordable housing	4	3	6	13
Subsidized rent		2		2
Shelter for seniors		1	2	3
	4	6	8	18
<u>Citizenship/language</u>				
Citizenship classes (exemption from interview/interview in own language)	4	2		6
English language classes			1	1
Bi-lingual services		2		2
Translated materials		5		5
	4	9	1	14
<u>Transportation</u>				
Recreational transportation	1			1
MUNI improvements			1	1
Capp Street – van			1	1
Transportation to medical appts.		2	1	3
Taxi service		1	1	2
	1	3	4	8
<u>Health related</u>				
Funding for health screening	1			1

Funding for medications	1		1	2
Increase Medicare			1	1
Health care		1		1
Home care	1			1
Doctors doing home visits		1		1
	3	2	2	7
Senior escort		2	2	4
Foster Grandparent	1		3	4
City wide mutual support	2	1		3
Funding for elder abuse	2		1	3
Samoan facility	3			3
Salary increases for staff working with seniors			1	1
Additional funds for Centro Latino			1	1
Senior Companion		1		1
Money management	1			1
Case management		1		1
Supportive services		1		1
Senior Center funding	1			1
Help for upper poor		1		1
Disability agency		1		1

San Francisco City and County of San Francisco
Department of Aging and Adult Services, Office on the Aging

CONSUMER SURVEY - OCTOBER 2002

Consumer Needs

1) What are the **5 most important** services you have used in the last year?

Check up to 5 services only:

- | | |
|--|---|
| <input type="checkbox"/> ₁ Activities (at Senior Center) | <input type="checkbox"/> ₁₁ Home-delivered meals |
| <input type="checkbox"/> ₂ Meals at a group meal site | <input type="checkbox"/> ₁₂ Help in the home |
| <input type="checkbox"/> ₃ Nutrition education/counseling | <input type="checkbox"/> ₁₃ Respite Care |
| <input type="checkbox"/> ₄ Information and Assistance | <input type="checkbox"/> ₁₄ Legal services |
| <input type="checkbox"/> ₅ Translation services | <input type="checkbox"/> ₁₅ Naturalization/citizenship |
| <input type="checkbox"/> ₆ Help filling out forms | <input type="checkbox"/> ₁₆ Adult Day Health/Social Day Care |
| <input type="checkbox"/> ₇ Help from a social worker | <input type="checkbox"/> ₁₇ Financial management |
| <input type="checkbox"/> ₈ Advocacy Groups | <input type="checkbox"/> ₁₈ Transportation, taxi, van |
| <input type="checkbox"/> ₉ Free groceries/Brown Bag | <input type="checkbox"/> ₁₉ Volunteer Placement |
| <input type="checkbox"/> ₁₀ Health services/screening | <input type="checkbox"/> ₂₀ Other: |

2) What is working well for you with the services you do receive?

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> ₁ I have friends or family at the program | <input type="checkbox"/> ₅ Staff is helpful |
| <input type="checkbox"/> ₂ Services are close to my home | <input type="checkbox"/> ₆ I like the food |
| <input type="checkbox"/> ₃ The activities are interesting and fun | <input type="checkbox"/> ₇ I can depend on this service |
| <input type="checkbox"/> ₄ There is no fee for this service | <input type="checkbox"/> ₈ I feel welcomed as a participant |
| <input type="checkbox"/> ₉ Other: _____ | <input type="checkbox"/> ₁₀ Other: _____ |

3) What makes it difficult to get help?

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> ₁ Transportation is difficult | <input type="checkbox"/> ₅ Sometimes I do not feel like leaving home |
| <input type="checkbox"/> ₂ There are waiting lists | <input type="checkbox"/> ₆ No one speaks my language |
| <input type="checkbox"/> ₃ The hours are too restrictive | <input type="checkbox"/> ₇ I didn't feel welcome |
| <input type="checkbox"/> ₄ Costs too much | <input type="checkbox"/> ₈ I didn't meet requirements |
| <input type="checkbox"/> ₁₀ Other reasons you may have:

_____ | <input type="checkbox"/> ₉ There are physical barriers at the site |

4) What services do you need and currently cannot get or find?

5) If you had 3 wishes to create better services for seniors and persons with

disabilities, what would they be?

Please tell us something about yourself

6) Your gender: Male Female

7) Do you identify as being:

- Gay Yes No
- Lesbian Yes No
- Bisexual Yes No
- Transgender Yes No

8) Do you live alone? Yes No

9) Do you live a building that offers services to seniors or adults with disabilities? Yes No

10) Your age group:

- ₁ 59 or under
- ₂ 60-64
- ₃ 65-74
- ₄ 75-84
- ₅ 85+

11) How many friends, family or other people do you rely on for help?

- ₁ None
- ₂ 1
- ₃ 2 to 4
- ₄ 5 or more

12) Your zip code: _____

13) Racial/Ethnic Background (**Check one major group and the subgroup**):

- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ African-American | <input type="checkbox"/> ₇ Asian/Pacific Islander | <input type="checkbox"/> ₁₆ Latino |
| <input type="checkbox"/> ₂ White | <input type="checkbox"/> ₈ Chinese _____ | <input type="checkbox"/> ₁₇ Central American _____ |
| <input type="checkbox"/> ₃ Middle Eastern _____ | <input type="checkbox"/> ₉ Filipino _____ | <input type="checkbox"/> ₁₈ Mexican _____ |
| <input type="checkbox"/> ₄ Russian _____ | <input type="checkbox"/> ₁₀ Japanese _____ | <input type="checkbox"/> ₁₉ Puerto Rican _____ |
| <input type="checkbox"/> ₅ Other _____ | <input type="checkbox"/> ₁₁ Korean _____ | <input type="checkbox"/> ₂₀ Cuban _____ |
| <input type="checkbox"/> ₆ Native American/
Native Alaskan | <input type="checkbox"/> ₁₂ Samoan _____ | <input type="checkbox"/> ₂₁ Other: _____ |
| | <input type="checkbox"/> ₁₃ Southeast Asian _____ | |
| | <input type="checkbox"/> ₁₄ Native Hawaiian _____ | |
| | <input type="checkbox"/> ₁₅ Other: _____ | |

₂₂ Other ethnic group not listed: _____

14) Do you have a disability? Yes No

15) Year you were born: _____

**Summary Report
Consumer Survey Questionnaire
October/November, 2002**

Attachments Provided

- Sample survey questionnaires
- Copies of the 3 Town Hall Agendas
- Coding and Rate Response Sheet
- Focus Group List

Process

In preparation for the four-year planning process of the San Francisco Office on the Aging, a survey questionnaire was designed with the primary objective of discovering the services that seniors identified as most utilized and needed in their communities. Questionnaires, translated into Chinese, Spanish, Russian, Japanese, Korean, and Samoan, were collected in the following manner:

- 743 surveys were collected at three scheduled Town Hall Meetings
- 182 surveys were collected from 6 different language, mono-lingual focus groups
- 158 mailed in surveys were tabulated. Note: An additional 300+ surveys were submitted late and will be entered into the next statistical report
- 506 were collected from home-delivered meals clients (representing a portion of the homebound population)

A more detailed breakdown and analysis will be provided later in the year.

Findings for Consumer Survey Questionnaires (not including HDM clients)

- A. Demographic Profile
- B. Service Utilization and Need
- C. Correlation example – Transportation Need by Zip Code

A. A Demographic Profile:

Race/Ethnicity	Frequency	Percent
African American	114	10.5

Page Two – Consumer Survey Questionnaire – Summary Report

Race/Ethnicity	Frequency	Percent
Asian Pacific Islander	37	3.4
Chinese	311	28.7
Filipino	89	8.2
Japanese	49	4.5
Korean	41	3.8
Samoan	18	1.7
Southeast Asian	6	0.6
Native Hawaiian	1	0.1
Other API	15	1.4
Total API	567	52.4

Race/Ethnicity	Frequency	Percent
White	120	11.1
Middle Eastern	1	0.1
Russian	75	6.9
Other White	8	0.7
Total White	204	18.8

Race/Ethnicity	Frequency	Percent
Latino	39	3.6
Central American	57	5.3
Mexican	14	1.3
Puerto Rican	1	0.1
Cuban	4	0.4
Other Latino	10	0.9
Total Latino	125	11.5

Race/Ethnicity	Frequency	Percent
Other	9	0.8

An additional 55 or 5.1% were unclassified for a total of 1083 responses or 100%.

Gender

Gender	Frequency	Percent
Female	618	57.1
Male	316	29.4
No response	149	13.8
Total Gender	1083	100.0

LGBT

LGBT	Frequency
Gay	13
Lesbian	2
Bisexual	71
Transgender	20

Note: The translation for Chinese respondents reflected a confusing definition of the terms bi-sexual and transgender, which may have overstated the actual number of bi-sexual and transgender identified respondents.

Living Situation

- 437 respondents live alone
- 313 respondents live in supportive housing

Informal Support Network

- 294 respondents rely on no friends or family for support
- 240 respondents rely on 1 friend or family member
- 238 respondents rely on 2 to 4 friends or family members for support
- 77 respondents rely on 5 or more friends or family members for support

Age

Age Groups	Frequency	Percent
59 or under	40	3.7
60 to 64	120	11.1
65 to 74	409	37.8
75 to 84	364	33.6
85+	79	7.3
No response	71	6.5
Total	1083	100.0

B. Service Utilization and Need

When asked “what services do you need and currently cannot get or find?” these were the responses:

- Most frequently identified unmet need was **Housing** with **177** responses.
- Second highest unmet need category was **Transportation** with **91** responses.
- All other categories received less than 50 responses. (Please see attached Coding and Response Rate sheet for details.)

When asked “what makes it difficult to get help?” these were the responses:

- 275 stated “Transportation is too difficult”
- 188 stated “Waiting lists are too long”
- 134 stated “The hours are too restrictive”
- 151 stated “Costs too much”
- 131 stated “Sometimes I do not feel like leaving home”
- 101 stated “I didn’t meet the requirements”
- 100 stated “No one speaks my language”
- 54 stated “There are physical barriers at the site”
- 50 stated “I didn’t feel welcome”

When asked “If you had 3 wishes to create better services for seniors and persons with disabilities, what would they be?” these are the responses:

- The most frequently identified wish category was **Housing** with **144** responses
- The second most frequently identified wish category was **Transportation** with **119** responses
- The third most frequently identified wish category was **Nutrition** with **115** responses
- All other categories received significantly lower response rates. (Please see attached for coding and response rate details).

C. Correlation Example: Transportation Unmet Need by Zip Code

The following correlation was made by crossing two factors: 1) participants that listed Transportation as an unmet need and 2) respective zip code areas. The areas that had the most frequency are listed below:

- 94134 (28 matches) Visitacion Valley, Portola
- 94110 (25 matches) Mission, Bernal Heights
- 94124 (19 matches) Bayview Hunter's Point
- 94117 (19 matches) Haight, Cole Valley, Hayes Valley, Panhandle
- 94109 (18 matches) Polk Gulch, Van Ness Corridor, Nob Hill, Russian Hill
- 94102 (15 matches) Downtown (No. of Market), Civic Center, Tenderloin
- 94112 (13 matches) Excelsior, Outer Mission, Ingleside, Oceanview
- 94103 (12 matches) South of Market
- 94122 (11 matches) Outer Sunset
- All others listed were 8 matches or less

City and County of San Francisco
Department of Aging and Adult Services, Office on the Aging
HOMEBOUND SENIOR SURVEY - OCTOBER 2002

Instructions: The Department of Aging & Adult Services, Office on the Aging (DAAS-OOA) is conducting a survey to determine the needs of seniors. Your input is very important. It will help the DAAS-OOA in developing plans to better serve seniors in the community. Please take a few minutes to complete the survey.

The survey must be returned by **Friday, October 25, 2002**. If you are currently in the home-delivered meal program, you may return the completed survey to **your home-delivered meal driver**. If you are currently **not** in a home-delivered meal program, please mail the completed survey to San Francisco OOA, 25 Van Ness Avenue, Suite 650, San Francisco, CA 94102, Attn: Linda Lau. Thank you!

Services You Use or Need

1. Have you received or are you receiving home-delivered meals in San Francisco?
 Yes No (If "No", skip to question #2)

If yes, for how long? Check one:

- ₁ 3-months or less ₂ 4-11 months ₃ 1 - 2 years
₄ 3-5 years ₅ 6-10 years ₆ 11 or more years

If you receive home delivered meals, overall how do you rate this service?

- Excellent<----->Poor
 5 4 3 2 1

2. What are the **5 most important** services you have used in the last year?

Check up to 5 services only:

- | | |
|--|---|
| <input type="checkbox"/> ₁ Activities (at Senior Center) | <input type="checkbox"/> ₁₁ Home-delivered meals |
| <input type="checkbox"/> ₂ Meals at a group meal site | <input type="checkbox"/> ₁₂ Help in the home |
| <input type="checkbox"/> ₃ Nutrition education/counseling | <input type="checkbox"/> ₁₃ Respite Care |
| <input type="checkbox"/> ₄ Information and Assistance | <input type="checkbox"/> ₁₄ Legal services |
| <input type="checkbox"/> ₅ Translation services | <input type="checkbox"/> ₁₅ Naturalization/citizenship |
| <input type="checkbox"/> ₆ Help filling out forms | <input type="checkbox"/> ₁₆ Adult Day Health/Social Day Care |
| <input type="checkbox"/> ₇ Help from a social worker | <input type="checkbox"/> ₁₇ Financial management |
| <input type="checkbox"/> ₈ Advocacy Groups | <input type="checkbox"/> ₁₈ Transportation, taxi, van |
| <input type="checkbox"/> ₉ Free groceries/Brown Bag | <input type="checkbox"/> ₁₉ Volunteer Placement |
| <input type="checkbox"/> ₁₀ Health services/screening | <input type="checkbox"/> ₂₀ Other: _____ |

3. What services do you need and currently cannot get or find?
- _____

4. What makes it difficult to get help?

Check all that apply:

- ₁ Transportation is difficult
- ₂ There are waiting lists
- ₃ The hours are too restrictive
- ₄ Costs too much
- ₁₀ Other reasons you may have:
- ₅ Sometimes I do not feel like leaving home
- ₆ No one speaks my language
- ₇ I didn't feel welcome
- ₈ I didn't meet requirements
- ₉ There are physical barriers at the site

5. If you had 3 wishes to create better services for seniors and persons with disabilities, what would they be?

Please tell us something about yourself

6. Your gender: Male Female

7. Do you identify as being: Gay Yes No

Lesbian Yes No

Bisexual Yes No

Transgender Yes No

8. Do you live alone? Yes No

9. Do you live in a building that offers services to seniors or adults with disabilities? Yes No

10. Your age group:

₁ 59 or under ₂ 60-64 ₃ 65-74 ₄ 75-84 ₅ 85+

11. How many friends, family or other people do you rely on for help?

₁ None ₂ 1 ₃ 2 to 4 ₄ 5 or more

12. Your zip code: _____

13. Your ethnicity: Check one major group and the subgroup.

- | | | |
|---|--|---|
| <input type="checkbox"/> ₁ African-American | <input type="checkbox"/> ₇ Asian/Pacific Islander | <input type="checkbox"/> ₁₆ Latino |
| <input type="checkbox"/> ₂ White | <input type="checkbox"/> ₈ Chinese _____ | <input type="checkbox"/> ₁₇ Central American _____ |
| <input type="checkbox"/> ₃ Middle Eastern _____ | <input type="checkbox"/> ₉ Filipino _____ | <input type="checkbox"/> ₁₈ Mexican _____ |
| <input type="checkbox"/> ₄ Russian _____ | <input type="checkbox"/> ₁₀ Japanese _____ | <input type="checkbox"/> ₁₉ Puerto Rican _____ |
| <input type="checkbox"/> ₅ Other _____ | <input type="checkbox"/> ₁₁ Korean _____ | <input type="checkbox"/> ₂₀ Cuban _____ |
| <input type="checkbox"/> ₆ Native American/
Native Alaskan | <input type="checkbox"/> ₁₂ Samoan _____ | <input type="checkbox"/> ₂₁ Other: _____ |
| <input type="checkbox"/> ₂₂ Other ethnic group not listed: _____ | <input type="checkbox"/> ₁₃ Southeast Asian _____ | |
| | <input type="checkbox"/> ₁₄ Native Hawaiian _____ | |
| | <input type="checkbox"/> ₁₅ Other: _____ | |

Ciudad de San Francisco y Condado de San Francisco
Departamento de Vejez y Servicios para Adultos, Oficina de la Vejez

ENCUESTA A MAYORES LIMITADOS AL HOGAR – OCTUBRE 2002
 (Homebound Senior Survey - October 2002)

Instrucciones: El Departamento de Vejez y Servicios para Adultos, Oficina de la Vejez está conduciendo una encuesta para determinar las necesidades de los mayores. Su respuesta es muy importante. Nos ayudará en el desarrollo de planes para servir mejor a los mayores en la comunidad. Por favor tome unos minutos para completarla.

La encuesta debe ser entregada hasta **Viernes, Octubre 25, 2002**. Si actualmente ud. hace parte del programa de comidas a domicilio, puede entregarle la encuesta a **su conductor de comidas a domicilio**. Si actualmente **no** hace parte del programa de comidas a domicilio, por favor envíe la encuesta por correo a San Francisco OOA, 25 Van Ness Avenue, Suite 650, San Francisco, CA 94102, Attn: Linda Lau. Gracias!

Servicios Que Utiliza o Necesita

1) A recibido o recibe el servicio de comidas a domicilio en San Francisco?

- Sí No

Si su respuesta fue Sí, por cuanto tiempo?

- 3 meses ó menos 4 – 11 meses 1 – 2 años
 3 – 5 años 6 – 10 años 11 años ó más

Si ha recibido el servicio de comidas a domicilio, cómo lo califica?

- Excelente ←-----> Malo
 5 4 3 2 1

2) Cuáles son los **5 servicios mas importantes** que ud. ha utilizado el último año?

Marque hasta 5 servicios solamente:

- | | |
|---|--|
| <input type="checkbox"/> ₁ Actividades (en el Centro para Mayores) | <input type="checkbox"/> ₁₁ Comidas a domicilio |
| <input type="checkbox"/> ₂ Almuerzo en los Centros para Mayores | <input type="checkbox"/> ₁₂ Ayuda en el hogar |
| <input type="checkbox"/> ₃ Educación/consejería en nutrición | <input type="checkbox"/> ₁₃ Reemplazo para cuidado |
| <input type="checkbox"/> ₄ Información y Asistencia | <input type="checkbox"/> ₁₄ Servicios legales |
| <input type="checkbox"/> ₅ Servicios de traducción | <input type="checkbox"/> ₁₅ Naturalización/ciudadanía |
| <input type="checkbox"/> ₆ Ayuda para llenar formas | <input type="checkbox"/> ₁₆ Atención diurna de Salud/Social |
| <input type="checkbox"/> ₇ Ayuda de un(a) trabajador(a) social | <input type="checkbox"/> ₁₇ Manejo financiero |
| <input type="checkbox"/> ₈ Grupos de Promocion | <input type="checkbox"/> ₁₈ Transporte, taxi, van |
| <input type="checkbox"/> ₉ Alimentos/Brown Bag gratuitos | <input type="checkbox"/> ₁₉ Ubicación a voluntarios |
| <input type="checkbox"/> ₁₀ Servicios/exámenes de salud | <input type="checkbox"/> ₂₀ Otro, especifique |

3) Qué servicios necesita y actualmente no puede obtener o encontrar?

4) Qué dificulta el conseguir ayuda?

Marque todo lo que aplique: _____

₁ El transporte es difícil

₅ No quiero salir de casa

₂ Hay listas de espera

₆ Nadie habla mi idioma

₃ Las horas son muy restringidas

₇ No me sentí bienvenido(a)

₄ Los costos son altos

₈ No cumplo los requisitos

₁₀ Otras razones:

₉ Hay obstáculos físicos en el sitio

5) Si ud. tuviese 3 deseos para crear mejores servicios para los adultos mayores y las personas discapacitadas, cuáles serían?

POR FAVOR CUENTENOS ACERCA DE USTED

6) Su género:

Masculino

Femenino

7) Se identifica como:

Gay

Sí

No

Lesbiana

Sí

No

Bisexual

Sí

No

Transexual

Sí

No

8) Vive solo(a)?

Sí

No

9) Vive en un edificio que ofrezca servicios para mayores ó adultos con discapacidades?

Sí

No

10) Su grupo de edad:

₁ 59 o menor

₂ 60 – 64

₃ 65 – 74

₄ 75 – 84

₅ 85 +

11) De cuantos amigos, familiares u otras personas depende para ayuda?

₁ Ninguno

₂ 1

₃ 2 – 4

₄ 5 o más

12) Su código de area: _____

13) Decendencia Racial / Etnica (Marque un grupo principal y un subgrupo)

<input type="checkbox"/> ₁ Afro-Americano	<input type="checkbox"/> ₇ Asiatico/Isleño del Pacífico	<input type="checkbox"/> ₁₆ Latino
<input type="checkbox"/> ₂ Blanco		<input type="checkbox"/> ₁₇ Centramericano _____
<input type="checkbox"/> ₃ Medio Oriente		<input type="checkbox"/> ₁₈ Mejicano _____
_____	8 Chino _____	<input type="checkbox"/> ₁₉ Puertorriqueño _____
4 Ruso(a) _____	9 Filipino _____	<input type="checkbox"/> ₂₀ Cubano _____
<input type="checkbox"/> ₅ Otro	10 Japonés _____	<input type="checkbox"/> ₂₁ Otro _____
_____	11 Coreano _____	
<input type="checkbox"/> ₆ Nativo Americano / Nativo Alaska	12 Samoano _____	
<input type="checkbox"/> ₂₂ Otro grupo étnico no listado	13 Sureste asiático _____	
_____	14 Nativo Hawaii _____	
	<input type="checkbox"/> ₁₅ Otro	

**Summary Report
Home-Delivered Meals Consumer Survey Questionnaire
October/November, 2002**

Attachments Provided

- Sample survey questionnaire
- Coding and Rate Response Sheet

Process

In preparation for the four-year planning process of the San Francisco Office on the Aging, a survey questionnaire was designed for home-delivered meal consumers. This survey was intended to collect information from a population that is more likely to be homebound or frail. Questionnaires were translated into Chinese, Spanish, Russian, Japanese, Korean, and Samoan. The surveys were distributed to all home-delivered meal providers and the drivers hand-delivered the surveys to the clients they serve. A total of 506 surveys were collected and tabulated.

A more detailed breakdown and analysis will be provided later in the year.

Findings

- D. Demographic Profile
- E. Service Utilization and Need

A. A demographic profile for all respondents is as follows:

Race/Ethnicity

Race/Ethnicity	Frequency	Percentage
White	203	40.2
Asian/Pacific Islander	134	26.5
African-American	84	16.6
Latino	30	5.9
Native Amer./Alaskan	15	3.0
Other	9	1.8
No response	31	6.0
Total	506	100.0

Page Two – HDM Consumer Survey – Summary Report

LGBT

- 20 – Gay
- 1 – Lesbian
- 14 – Bi-sexual

- 4 – Transgender

Note: The translation for Chinese respondents reflected a confusing definition of the terms bi-sexual and transgender, which may have overstated the actual number of bi-sexual and transgender identified respondents.

Gender and Living Situation by Race/Ethnicity Groups

Race/Ethnicity	Female	Male	Live Alone	Live in Senior or Supportive Housing
White	124	74	139	31
Asian/Pacific Islander	75	47	56	21
African-American	61	17	57	17
Latino	22	5	15	5
Other Race/Ethnic	12	9	15	3

Informal Support Network

# of Friends or Family Relied Upon	# of Responses
None	82
At least 1	143
2 to 4	188
5 or more	33
No response	29

B. Service Utilization and Unmet Needs

Length of Time Receiving Home-Delivered Meals

Length of Time receiving service	# of Responses
11 or more years	12
6 to 10 years	21
3 to 5 years	115
1 to 2 years	163
4 to 11 months	110
3 months or less	49

Rating of Home-Delivered Meal Service

Rating from 5 to 1	# of Responses
5 (excellent)	266
4	138
3	41
2	4
1 (poor)	5
no rating	36

Five Most Important Services

Service Category	# of Responses
Transportation, taxi, van	178
Help from social worker	166
Help in the home	148
Information and Assistance	95
Free groceries/Brown Bag	60
Health Service/Screening	54

Other services are listed on the Coding and Response Rating Sheet attached.

When asked “what services do you need and currently cannot get or find?” these were the responses:

The most frequently identified unmet need was **In-Home Supportive Service** with 63 responses (22 of those specifically identified Chore Needs). The second most frequently identified unmet need was **Transportation** with **27** responses. The third highest unmet need identified was **Nutrition** with **24** responses. (Please see attached Coding and Response Rating Sheet attached).

When asked “what makes it difficult to get help?” these were the responses:

The most frequently identified response was “sometimes I do not feel like leaving my home” with 134 indications. The second most frequently identified response was “transportation is difficult” with 118 responses. The third most frequently identified response was “costs too much” with 89 responses. All other options received less than 35 responses each. (Please see attached Coding and Response Rating Sheet attached).

When asked “if you had 3 wishes to create better services for senior and persons with disabilities, what would they be?” these were the responses (coded according to trends):

The most frequently identified wish category was **Transportation** with **48** responses. The second most frequently identified wish category was **In-Home Support Services** with **43** responses. The third most frequently identified wish category was Nutrition with 38 responses. Also of note, **19** respondents wished for **respect and better attitudes toward seniors and persons with disabilities**. All other categories received less than 15 responses. (Please see attached Coding and Response Rating Sheet attached).

Focus Groups Held

(Data included in the Consumer Survey Questionnaire – Summary Report)

Focus Group	# of Participants
Korean	42
Vietnamese	8
Laotian	12
Samoan	14
Spanish/Latino (MNC)	27
Spanish/Latino (On Lok)	48
Filipino	31
Total	182

Aging Network Service Provider Survey on Unmet Needs for the Department of Aging and Adult Services Office on the Aging Funding Priorities for Seniors and People with Disabilities October 2002

The City and County of San Francisco Department of Aging and Adult Services Office on the Aging (OOA) is gathering information on unmet needs and gaps in service delivery in preparation for issuing a Request for Proposal (RFP) for Office on the Aging funding in February 2003. The majority of OOA program service funding will be included in the RFP. A listing of current OOA funding categories with funding totals is included.

We encourage administrative and direct service staff at your agency to complete the survey. Please limit surveys to one per staff person. A separate survey was developed for consumer input. Please provide answers on the survey only.

Surveys may be submitted by e-mail to karen.rosen@sfgov.org, by mail to Office on the Aging, 25 Van Ness Avenue, Suite 650, San Francisco, CA 94102, or by fax: 415-864-3991. Call Karen Rosen at 415-864-6051 or e-mail her at karen.rosen@sfgov.org if you would like a survey sent to you by e-mail attachment.

1. What do you think are the five most important unmet needs for consumers?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

Comments:

2. Realizing that OOA service funding is limited in what can be accomplished toward resolving housing and transportation needs, what measures do you think OOA can do to:

Alleviate the affordable housing crisis:

Alleviate transportation/paratransit needs:

3. If you had to choose five currently funded programs categories that require additional funding to better meet consumer needs, what would they be?
 - 1.

- 2.
- 3.
- 4
- 5.

Comments:

4. Are there program categories not currently funded by OOA that need to be funded to meet consumer needs?

- 1.
- 2.
- 3.
- 4
- 5.

Comments:

5. What program service funding would you reduce in order to fund additional program services or to increase funding for existing programs?

- 1.
- 2.
- 3.
- 4
- 5.

6. Please list your suggestions for improving service delivery and the quality of service delivery for consumers funded by the OOA.

7. Please list your ideas for improving OOA's assistance to service providers.

8. Does your agency currently receive funding from OOA? Yes, No

9. Check the category that describes your agency position:

administrative staff, direct-service staff

10. Other comments:

Thank you for taking the time to respond to this survey!

**Summary Report
Service Provider Survey on Unmet Needs for
Seniors and People with Disabilities
October/November 2002**

During the month of October 2002, the Office on the Aging (OOA) distributed the Service Provider Survey to gather information on unmet needs and gaps in service delivery. The survey is attached. A total of 71 surveys were received. 53 of the respondents indicated that they worked at agencies funded by the OOA. Of those, 20 were administrative staff persons and 37 checked direct-service staff. 12 respondents were from agencies not funded by the OOA: 3 administrative staff and 9 direct-service staff. Some respondents checked that they were both administrative and direct-service staff and some made no designations.

The following spreadsheets provide a tally of responses for questions 1, 3, 4 and 5 with relevant comments. These questions are particularly pertinent to framing issues and program categories for the Request for Proposal that the OOA will issue in February 2002 for the majority of OOA funded program categories. Since all questions on the survey were open ended, a wide variety of responses were indicated. The top five responses for the four questions are as follows:

- 1. What do you think are the five most important unmet needs for consumers?**
 - 1) Housing (58)
 - 2) Transportation/Paratransit (52)
 - 3) Nutrition/Food (36)
 - 4) In-Home Supportive Services (20)
 - 5) Case Management/Social Services (18)

- 3. If you had to choose five currently funded programs categories that require additional funding to better meet consumer needs, what would they be?**
 - 1) Nutrition/Food (45)
 - 2) Transportation (38)
 - 3) Housing (25)
 - 4) Case Management/Social Services (24)
 - 5) In-Home Supportive Services (24)

- 4. Are there program categories not currently funded by OOA that need to be funded to meet consumer needs?**
 - 1) Housing (17)
 - 2) Nutrition/Food (10)
 - 3) Companionship/isolation prevention (6)
 - 4) In-Home Supportive Services (6)
 - 5) Senior Centers/recreation (6)

- 5. What program service funding would you reduce in order to fund additional program services or to increase funding for existing?**
 - 1) Neighborhood Resource Centers (17)
 - 2) None/don't reduce (15)
 - 3) Community Services (Activity Scheduling, Translation, Social Serv.) (9)
 - 4) Naturalization Services (5)

5) Nutrition/Food (4)

Additional questions, though providing valuable information, impact more the functions of OOA in terms of advocacy and internal workplans and processes. Due to time contracts the responses to questions 2, 6, and 7 will be compiled in a later report. These questions are:

- **Realizing that OOA service funding is limited in what can be accomplished toward resolving housing and transportation needs, what measures do you think OOA can do to: alleviate the affordable housing crisis and alleviate transportation/paratransit needs.**
- Please list your suggestions for improving service delivery and the quality of service delivery for consumers funded by the OOA.
- Please list your ideas for improving OOA's assistance to service providers.

What do you think are the five most important unmet needs for consumers?

Five blanks were provided for responses.

Responses	Number	Comments for Question 1
Housing	30	housing adaptations (1)
Advocacy (Housing)	3	
Affordable housing	12	
Assistance with housing search	3	
Emergency/transitional housing	5	
More RCFE beds	2	
More RCFE SSI eligible beds	3	
Housing Total	58	
Transportation/Paratransit	46	long wait for paratransit applications to be processed (1)
Transportation for recreation	4	
Transportation with step assistance	2	
Total Transportation	52	
Nutrition/Food	10	
Home-Delivered Meals	18	
Congregate Meals	6	
Brown Bag	2	
Total Nutrition/Food Programs	36	
In-Home Supportive Services	19	for persons above eligibility (1)
Complaint mechanism for IHSS	1	
Total IHSS	20	
Case Management	11	
Linkages/MSSP	3	
Social Services	4	
Total Case Management/Social Serv.	18	
Senior Centers/Recreation	10	Senior Center needed in Excelsior (1)
Weekend Recreation	1	
Total Senior Centers/Recreation	11	
Health/Medical Care	10	home visits by doctors, nurses, team approach (1)
Mental Health Services	9	
Money Management	9	
Companionship/isolation prevention	7	
For gay and lesbian populations	1	
Total isolation prevention	8	
Escort Services	8	
Prescription Drugs	7	
Elder Abuse Prevention	6	
Financial/Benefits Assistance	6	
Information and Referral	5	
Hospital Discharge Care Planning	5	
Respite for Caregivers	5	
Responses	Number	Comments for Question 1
Safety (4), Pedestrian Safety (1)	5	
Adult Day Health/Social Daycare	4	limited physical therapy hours at ADHCs (1)
Improved staffing, training, supervision	4	more credentialed professionals,

Alzheimer's/Dementia/Resource Ctr.	3	assistance for persons who live alone (1)
Naturalization	3	
Services parity for younger disabled	3	
Translation	3	
Alcohol and drug abuse	2	
Family Caregiver Support	2	
Health Screenings	2	
Medication Management	2	
Conservatorships	2	
Adult Protective Services workers	1	
Errand/repair assistance program	1	
Kaiser senior plan improvements	1	
Neighborhood Resource Centers	1	
PACE model for Kaiser and Community Health Network consumers	1	
Restitution after fraud	1	

If you had to choose five currently funded programs categories that require additional funding to better meet consumer needs, what would they be?

Five blanks were provided for responses.

Responses	Number	Comments for Question 3
Nutrition/Food	7	
Home-Delivered Meals	22	
Congregate Meals	9	
Brown Bag	4	
Food Bank	2	
Food coupons to shop anywhere	1	
Total Nutrition/Food Programs	45	
Transportation	37	
Transportation for recreation	1	
Total Transportation	38	
Housing	18	
Advocacy (Housing)	1	
Affordable housing	4	
Assistance with housing search	1	
Emergency/transitional housing	1	
Housing Total	25	
Case Management	13	
Linkages/MSSP	3	
Social Services	8	
Total Case Management/Social Serv.	24	
In-Home Supportive Services	22	
Emergency IHSS	2	
Total IHSS	24	
Elder Abuse Prevention	9	
Adult Day Health/Social Daycare	8	
Mental Health Services	8	
Senior Centers/Recreation	4	Free senior center classes(1)
Senior Center Instructor funding	1	
Weekend Recreation	2	
Total Senior Centers/Recreation	7	
Health/Medical Care	5	
Money Management	5	
Adult Protective Services	4	
District-Wide Social Services Workers	4	
Respite for Caregivers	4	
Translation	4	
Community Services	3	
Responses	Number	Comments for Question 3
Family Caregiver Support	3	
Hospital Discharge Care Planning	3	
Medication Management	3	

Naturalization	3
Neighborhood Resource Centers	3
Physical Exercise/Therapy	3
Senior Empowerment	3
Alzheimer's/Dementia/Resource Ctr.	2
Escort Services	2
Information and Referral	2
Legal Services	2
Services parity for younger disabled	2
Asian & Pacific Islander Dementia Program - replicate in SF	1
Companionship/isolation prevention	1
Emergency Needs	1
Financial/Benefits Assistance	1
HICAP	1
North of Market breakfast program	1
Public Guardian	1
Prescription Drugs	1
Outreach	1
Rehabilitation	1
Safety	1
Section 8 vouchers	1
SFGetCare at every site	1
SRO master lease units	1
Visual impairment programs	1
Volunteer/intergenerational system	1

Are there program categories not currently funded by OOA that need to be funded to meet consumer needs?

Five blanks were provided for responses.

Responses	Number	Comments for Question 4
Housing	3	
Advocacy (Housing)	1	
Affordable housing	1	
Assistance with housing search	3	
Rental housing subsidies	1	
Emergency/transitional housing	5	
Renters/home owners help	1	
Shared housing program	2	
Housing Total	17	
Nutrition/Food	2	
Home-Delivered Meals	2	
Home delivery of groceries	1	
Congregate Meals	1	
Food Bank	1	
Food Coupons	1	
Food Stamp Outreach	1	
More choices in menu options	1	
Total Nutrition/Food Programs	10	
Companionship/isolation prevention	2	
Friendship Line with Language Capabilities	2	
Pet programs	1	
Senior Companion	1	
Total Companionship	6	
In-Home Supportive Services	4	
Attendant care for middle income	1	
Emergency home care	1	
Total IHSS	6	
Senior Centers/recreation	6	underserved areas, social clubs, dances, pool, computers
Education programs	5	for minorities(2), language capacity(1), classes in home
Mental Health Services	4	
For gay and lesbian persons	1	
Total Mental Health Services	5	
Transportation	3	
Transportation for recreation	1	
Vans for Senior Centers	1	
Total Transportation	5	
Exercise (3)/physical therapy(1)	4	
Case Management		
Case Management for homeless	1	
Responses	Number	Comments for Question 4
For younger persons w/ disabilities	1	
Linkages	1	

Total Case Management	3	
Respite for caregivers	3	
Senior Employment programs	3	
Translation	2	Fund translation floaters at \$12 per hour
Prescription drugs	2	
Adult Day Health/Social Daycare	1	
Community Organizing	1	
Escort Services	1	
Family Caregiver information	1	distributed to aging network
Health insurance subsidies	1	
Health Enhancement subsidy	1	
Hospice care	1	
Hospital discharge planning	1	
Independent Living Resource Ctrs.	1	
Intergenerational programs	1	
Long-term care advocacy/education	1	provide information on costs and choices
Master lease units for seniors	1	
Medication Management	1	
North of Market breakfast program	1	
Outreach	1	
Oral and written history projects	1	
Section 8 vouchers	1	
Senior Empowerment	1	
Story telling programs	1	
Visiting nurses	1	
Vouchers for clothing	1	

What program service funding would you reduce in order to fund additional program services or to increase funding for existing programs?

Five blanks were provided for responses.

Responses	Number	Comments Question 5
Neighborhood Resource Centers	17	
Community Services	9	
Naturalization	5	
Nutrition/Food Programs		
Home-Delivered Meals	1	
Congregate Meals	3	
Total Nutrition/Food Programs	4	
HICAP	3	
Senior Centers/Recreation	2	
Alzheimer's Day Care Resource Ctr.	1	
Information & Referral	1	
IHSS Consortium staff person	1	
Ineffective programs	1	
Linkages	1	
Legal Services	1	
Mayor's Special Appointments	1	
Medication Management	1	
Nutrition Counseling	1	
Ombudsman	1	
Public Guardian/Conservator	1	
SFGetCare	1	
Senior Empowerment	1	
What programs would you reduce?		
None/Don't Reduce	15	
Not Sure	6	
No Entries	15	

**Attachment Two: Office on Aging - California Department of Aging
Contracted Services and Consumers Served
FY 2005-2006**

Contractor	Service	Undup. Consumers	Service Units #	Service Unit Measure
Catholic Charities CYO	Adult Day Health/Adult Day Care	65	26,000	one hour
Kimochi Inc	Adult Day Health/Adult Day Care	40	2,710	one hour
San Francisco Adult Day Services Network	Adult Day Health/Adult Day Care	73	15,131	one hour
Totals/Consumers/Units		178	43,841	
Catholic Charities CYO	Alzheimer's Day Care Resource Center	30	2,810	one participant day
Institute on Aging	Alzheimer's Day Care Resource Center	92	9,462	one participant day
Self-Help for the Elderly	Alzheimer's Day Care Resource Center	25	3,953	one participant day
Laguna Honda Hospital	Alzheimer's Day Care Resource Ctrs	22	1,800	one participant day
Totals/Consumers/Units		169	18,025	
San Francisco Food Bank	Brown Bag	506	10,674	one bag
30th Street Senior Services (On Lok)	Congregate	2,300	100,556	one meal
Centro Latino de San Francisco	Congregate	792	36,200	one meal
Jewish Community Center of SF	Congregate	350	20,000	one meal
Kimochi Inc	Congregate	1,230	65,625	one meal
Korean Center, Inc.	Congregate	230	12,400	one meal
Meals on Wheels of San Francisco, Inc	Congregate	1,380	45,000	one meal
Project Open Hand	Congregate	2,502	215,845	one meal
Russian American Community Services	Congregate	500	24,600	one meal
Samoan Community Dvmt Center Inc.	Congregate	35	3,640	one meal
Self-Help for the Elderly	Congregate	2,000	200,445	one meal
West Bay Pilipino Multi-Service Center	Congregate	200	9,125	one meal
Western Addition Senior Citizens Service Center	Congregate	3,000	100,000	one meal
Project Open Hand	Congregate -- Nutrition Education	0	0	

**Attachment Two: Office on Aging - California Department of Aging
Contracted Services and Consumers Served
FY 2005-2006**

Contractor	Service	Undup. Consumers	Service Units #	Service Unit Measure
Laguna Honda Hospital	Congregate Meals	125	8,500	one meal
Totals/Consumers/Units		14,644	841,936	
Total Nutrition Education			921	one presentation
Asian Pacific Islander Legal Outreach (Nihonmachi)	Elder Abuse Prevention	NA	480	one hour
Institute on Aging	Elder Abuse Prevention		0	
Institute on Aging	Elder Abuse Prevention	NA	1,404	one hour
Totals/Consumers/Units			1,884	
Edgewood Center	Family Caregiver Support Program			contact/hour/trip/meal
Edgewood Center	Family Caregiver Support Program			contact/hour/trip/meal
Edgewood Center	Family Caregiver Support Program	60	43	contact/hour/trip/meal
Family Caregiver Alliance	Family Caregiver Support Program			contact/hour/trip/meal
Family Caregiver Alliance	Family Caregiver Support Program			contact/hour/trip/meal
Family Caregiver Alliance	Family Caregiver Support Program	100	60	contact/hour/trip/meal
Kimochi Inc	Family Caregiver Support Program			contact/hour/trip/meal
Kimochi Inc	Family Caregiver Support Program			contact/hour/trip/meal
Kimochi Inc	Family Caregiver Support Program	265	2,784	contact/hour/trip/meal
New Leaf Services for Our Community	Family Caregiver Support Program			contact/hour/trip/meal
New Leaf Services for Our Community	Family Caregiver Support Program	102	2,913	contact/hour/trip/meal
Self-Help for the Elderly	Family Caregiver Support Program			contact/hour/trip/meal
Self-Help for the Elderly	Family Caregiver Support Program			contact/hour/trip/meal
Self-Help for the Elderly	Family Caregiver Support Program	70	2,970	contact/hour/trip/meal
Totals/Consumers/Units		597	8,770	
Meals on Wheels of San Francisco, Inc	HDM Clearinghouse	970	2,996	one hour

**Attachment Two: Office on Aging - California Department of Aging
Contracted Services and Consumers Served
FY 2005-2006**

Contractor	Service	Undup. Consumers	Service Units #	Service Unit Measure
Senior Action Network	Health Insurance Counseling and	768	17,355	one hour/session/contact
Curry Senior Center	Health Screening	600	1,500	one screening
Meals on Wheels of San Francisco, Inc	Home Delivered Meals - - Nutrition Education		50	one session
30th Street Senior Services (On Lok)	Home-Delivered Meals	350	58,182	one meal
Centro Latino de San Francisco	Home-Delivered Meals	156	29,658	one meal
Jewish Family and Children's Services	Home-Delivered Meals	75	8,019	one meal
Kimochi Inc	Home-Delivered Meals	125	29,513	one meal
Meals on Wheels of San Francisco, Inc	Home-Delivered Meals	2,000	635,000	one meal
Russian American Community Services	Home-Delivered Meals	100	16,400	one meal
Self-Help for the Elderly	Home-Delivered Meals	350	43,789	one meal
Western Addition Senior Citizens Service Center	Home-Delivered Meals	500	32,000	
Totals/Consumers/Units		3,656	852,561	
Senior Action Network	Housing: Advocacy	550	1,300	one contact
Episcopal Community Svcs of San Francisco	Housing: Emergency Assistance	100	100	one grant
Planning for Elders in the Central City	IHSS Advocacy	62	675	one contact
Self-Help for the Elderly	IHSS Chore	950	2,810	one hour
Catholic Charities CYO	IHSS Homemaker	40	3,100	one hour
Self-Help for the Elderly	IHSS Homemaker	0	0	
Self-Help for the Elderly	IHSS Homemaker	950	4,510	one hour
Totals/Consumers/Units		990	7,610	
Catholic Charities CYO	IHSS Personal	40	3,100	one hour
Self-Help for the Elderly	IHSS Personal	1,000	5,030	one hour
Totals/Consumers/Units		1,040	8,130	

**Attachment Two: Office on Aging - California Department of Aging
Contracted Services and Consumers Served
FY 2005-2006**

Contractor	Service	Undup. Consumers	Service Units #	Service Unit Measure
Civil Service Salaries	Information and Referral		10,000	one contact
Asian Law Caucus Inc	Legal Services	600	2,400	one hour
Asian Pacific Islander Legal Outreach (Nihonmachi)	Legal Services	325	2,101	one hour
La Raza Centro Legal	Legal Services	350	700	one hour
Legal Assistance to the Elderly	Legal Services	928	6,683	one hour
Totals/Consumers/Units		2,203	11,884	
Institute on Aging	Linkages	160	5,736	one hour
Curry Senior Center	Medication Management	100	510	one contact
Asian Law Caucus Inc	Naturalization	15	200	one hour/student/contact
Asian Pacific Islander Legal Outreach (Nihonmachi)	Naturalization	19	253	one hour/student/contact
Centro Latino de San Francisco	Naturalization	146	1,099	one hour/student/contact
International Institute of San Francisco	Naturalization	105	770	one hour/student/contact
Jewish Family and Children's Services	Naturalization	100	1,230	one hour/student/contact
La Raza Centro Legal	Naturalization	70	70	one hour/student/contact
Mission Neighborhood Centers	Naturalization	35	135	one hour/student/contact
Self-Help for the Elderly	Naturalization	215	1,950	one hour/student/contact
Vietnamese Elderly Mutual Assistance Association	Naturalization	67	2,898	one hour/student/contact
Totals/Consumers/Units		772	8,605	
Family Service Agency of San Francisco	Ombudsman (Title III-b)	2,455	5,950	one hour
Family Service Agency of San Francisco	Ombudsman (Title VII-a)			
Family Service Agency of San Francisco	Ombudsman Initiative (Federal Penalty)			
Public Transportation Commission**	Paratransit Group Van Rides	NA	77,511	one one-way trip
Curry Senior Center	Preventive Health			

**Attachment Two: Office on Aging - California Department of Aging
Contracted Services and Consumers Served
FY 2005-2006**

Contractor	Service	Undup. Consumers	Service Units #	Service Unit Measure
Institute on Aging	Respite Purchase of Services (POS) --			one hour
Family Service Agency of San Francisco	Senior Companion	27	4,176	one hour
Planning for Elders in the Central City	Senior Empowerment	125	141	one class/student
Senior Action Network	Senior Empowerment	100	104	one class/student
Totals/Consumers/Units		225	245	

**Attachment Two (Continued) Office on Aging
Contracted Services and Consumers Served
Not in the Area Plan Budget
FY 2005-2006**

Contractor	Service	Undup. Consumers	Service Units #	Service Unit Measure
30th Street Senior Services (On Lok)	Care Management	60	915	one hour
Bernal Heights Neighborhood Center	Care Management	135	3,985	one hour
Catholic Charities CYO	Care Management	65	1,515	one hour
Curry Senior Center	Care Management	225	5,275	one hour
Episcopal Community Svcs of San Francisco	Care Management	120	2,400	one hour
Jewish Family and Children's Services	Care Management	180	1,650	one hour
Meals on Wheels of San Francisco, Inc	Care Management	150	3,340	one hour
Network for Elders	Care Management	75	1,750	one hour
San Francisco Senior Center	Care Management	75	2,460	one hour
Self-Help for the Elderly	Care Management	78	1,675	one hour
Veteran's Equity Center of SF	Care Management	38	5,240	one hour
Total for Service Units		1,201	30,205	
30th Street Senior Services (On Lok)	Community Services	2,000	13,300	one hour
Bayview Hunters Point Multipurpose Senior Services,	Community Services	400	5,500	one hour
Bernal Heights Neighborhood Center	Community Services	450	2,150	one hour
Catholic Charities CYO	Community Services	500	7,020	one hour
Centro Latino de San Francisco	Community Services	876	5,057	one hour
Curry Senior Center	Community Services	225	2,050	one hour
Episcopal Community Svcs of San Francisco	Community Services	475	5,420	one hour
Golden Gate Senior Services	Community Services	800	5,000	one hour
Institute on Aging	Community Services	331	5,220	one hour
International Institute of San Francisco	Community Services	600	830	one hour
Jewish Family and Children's Services	Community Services	285	1,415	one hour
John W King Senior Center	Community Services	160	1,445	one hour
Kimochi Inc	Community Services	350	2,710	one hour

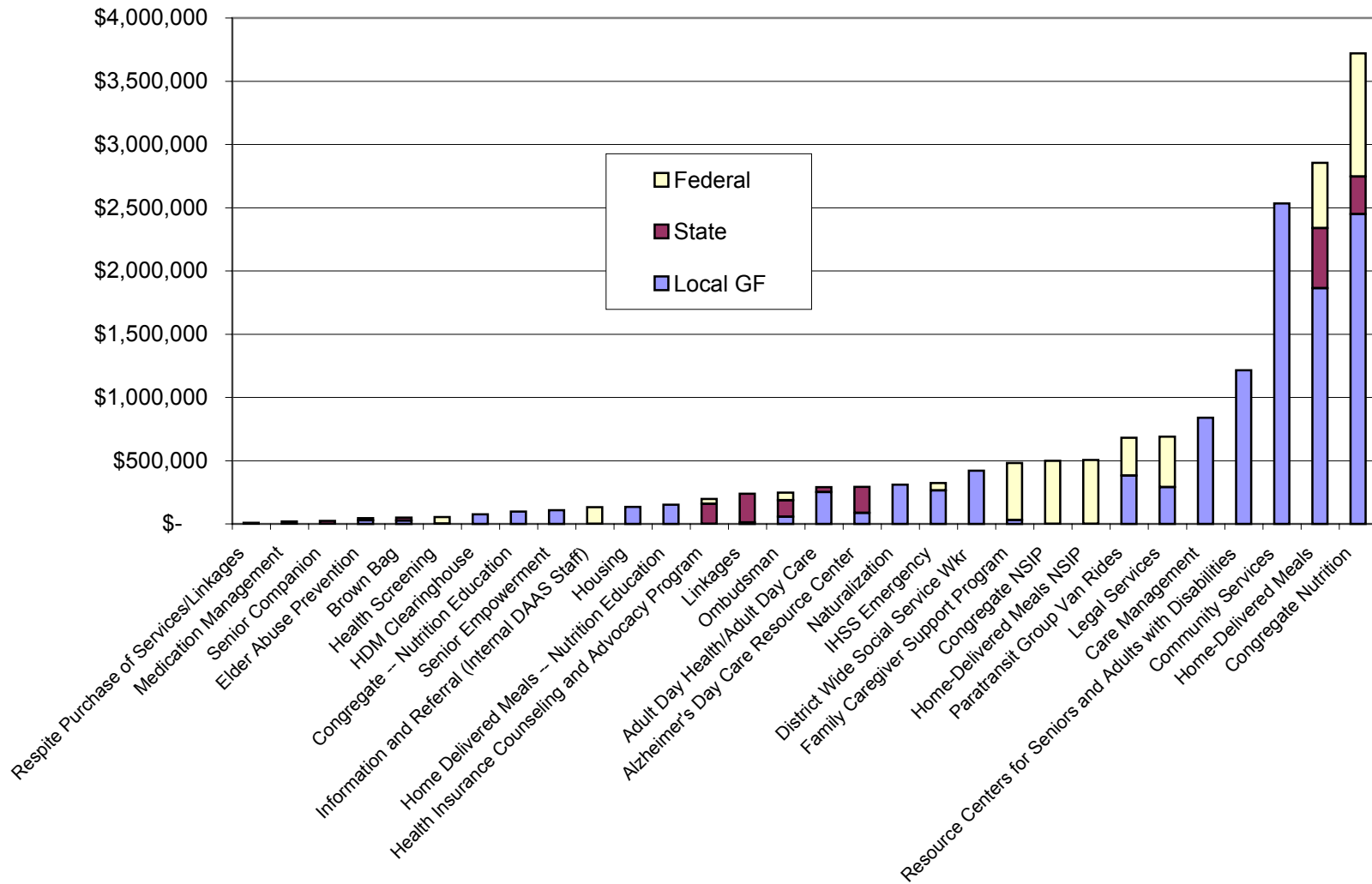
**Attachment Two (Continued) Office on Aging
Contracted Services and Consumers Served
Not in the Area Plan Budget
FY 2005-2006**

Contractor	Service	Undup. Consumers	Service Units #	Service Unit Measure
Korean Center, Inc.	Community Services	200	1,600	one hour
Lighthouse for the Blind and Visually Impaired	Community Services	270	966	one hour
Meals on Wheels of San Francisco, Inc	Community Services	435	676	one hour
Mission Neighborhood Centers	Community Services	450	3,875	one hour
New Leaf Services for Our Community	Community Services	384	2,372	one hour
Project Open Hand	Community Services	585	2,339	one hour
Russian American Community Services	Community Services	700	3,430	one hour
San Francisco Senior Center	Community Services	1,300	4,800	one hour
Self-Help for the Elderly	Community Services	2,500	9,700	one hour
Southwest Community Corp	Community Services	200	1,698	one hour
Veteran's Equity Center of SF	Community Services	385	5,240	one hour
Vietnamese Elderly Mutual Assistance Association	Community Services	67	2,898	one hour
Visitacion Valley Community Center	Community Services	562	2,089	one hour
West Bay Pilipino Multi-Service Center	Community Services	150	1,464	one hour
Western Addition Senior Citizens Service Center	Community Services	1,500	3,100	one hour
YMCA of San Francisco	Community Services	300	11,030	one hour
Totals/Consumers/Units		17,440	114,394	
Kimochi Inc	District Wide Social Service Wkr #2	150	1,050	one hour
Self-Help for the Elderly	District Wide Social Service Wkr #3	600	1,950	one hour
Network for Elders	District Wide Social Service Wkr #6	400	1,750	one hour
Self-Help for the Elderly	District Wide Social Service Wkr #7	450	1,500	one hour
Catholic Charities CYO	District Wide Social Service Wkr #8	425	1,765	one hour
Self-Help for the Elderly	District Wide Social Service Wkr #9	450	1,500	one hour
Institute on Aging	District Wide Social Service Wkr #1	260	1,100	one hour
Self-Help for the Elderly	District Wide Social Service Wkr #10	450	1,500	one hour

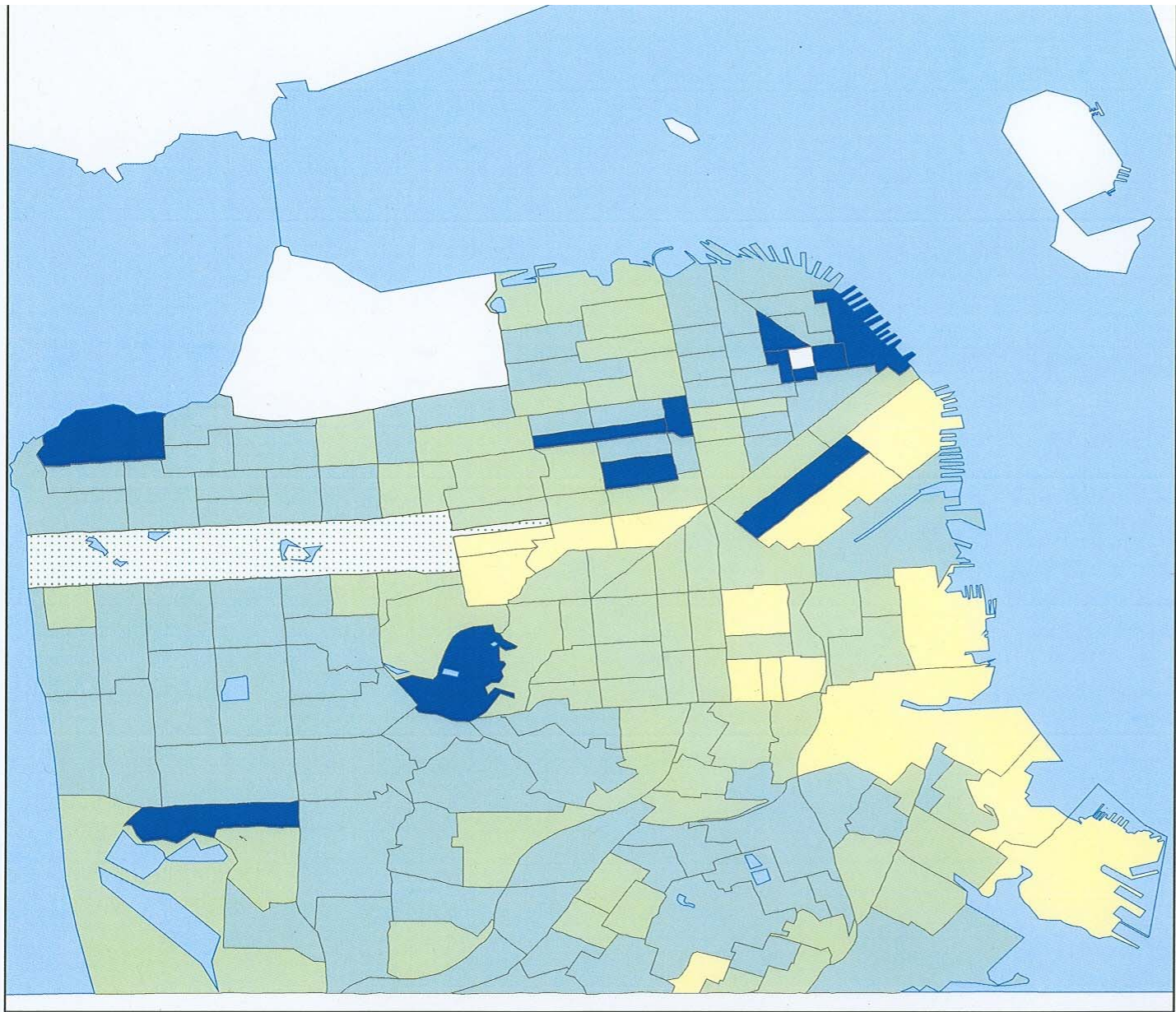
**Attachment Two (Continued) Office on Aging
Contracted Services and Consumers Served
Not in the Area Plan Budget
FY 2005-2006**

Contractor	Service	Undup. Consumers	Service Units #	Service Unit Measure
Episcopal Community Svcs of San Francisco	District Wide Social Service Wkr #4	346	1,694	one hour
Institute on Aging	District Wide Social Service Wkr #5	260	1,056	one hour
Totals/Consumers/Units		3,791	14,865	
Institute on Aging	Resource Centers for Seniors and Adults with Disabilities # 1	1,300	3,120	one contact
Institute on Aging	Resource Centers for Seniors and Adults with Disabilities # 2	1,300	3,120	one contact
Institute on Aging	Resource Centers for Seniors and Adults with Disabilities # 5	1,300	3,120	one contact
Network for Elders	Resource Centers for Seniors and Adults with Disabilities # 7	1,200	4,500	one contact
Network for Elders	Resource Centers for Seniors and Adults with Disabilities # 8	850	2,350	one contact
Self-Help for the Elderly	Resource Centers for Seniors and Adults with Disabilities # 10	1,400	4,400	one contact
Self-Help for the Elderly	Resource Centers for Seniors and Adults with Disabilities # 3	2,000	6,750	one contact
Self-Help for the Elderly	Resource Centers for Seniors and Adults with Disabilities # 4	1,200	3,100	one contact
Network for Elders	Resource Centers for Seniors and Adults with Disabilities # 6	700	1,950	one contact
Self-Help for the Elderly	Resource Centers for Seniors and Adults with Disabilities # 9	1,200	3,700	one contact
Totals/Consumers/Units		12,450	36,110	

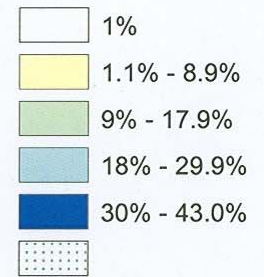
**Attachment Three - OOA Contracted Services, FY 2005-06
\$17.2 Million (Excluding One-Time Only Federal Funds)**



Attachment Four – Map of San Francisco Residents Age 60+



San Francisco
Senior (60+) Population



Prepared by J. Murray, H.S.A. Finance & Planning

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