



# Area Plan Update

## FY 2021-22

June 22, 2021



SAN FRANCISCO HUMAN SERVICES AGENCY  
**Department of Disability  
and Aging Services**



# Contents

- Area Plan Update Checklist.....1
- Transmittal Letter.....2
- Population Estimates .....3
- Public Hearings .....5
- Area Plan Narrative Goals and Objectives ..... 8
- Service Unit Plan (SUP) Objectives .....19
- Governing Board.....35
- Advisory Board .....36
- Legal Assistance.....38
- Organizational Charts.....42



# Area Plan Update Checklist

**Check one:**  **FY21-22**  **FY 22-23**  **FY 23-24**  
*(use for APUs only)*

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/Submit A) through I) <b>ANNUALLY</b>:</i>		
n/a	<b>A) Transmittal Letter-</b> (requires <i>hard copy with original ink signatures or official signature stamp-no photocopies</i> )	<input checked="" type="checkbox"/>	
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	<b>D) Public Hearings-</b> that will be conducted	<input checked="" type="checkbox"/>	
n/a	<b>E) Annual Budget</b>	<input checked="" type="checkbox"/>	
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>	
18	<b>G) Legal Assistance</b>	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a <b>CHANGE</b> or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C) <b>C</b> <b>N/C</b>	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Transmittal Letter

**2020-2024 Four Year Area Plan/ Annual Update**  
**Check one:**  FY 20-24 /  FY 21-22  FY 22-23  FY 23-24

**AAA Name:** San Francisco Department of Disability and Aging Services    **PSA** 6

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

1. Martha Knutzen  
(type name)

\_\_\_\_\_  
Signature: Governing Board Chair

\_\_\_\_\_  
Date

2. Diane Lawrence  
(type name)

\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

3. Shireen McSpadden  
(type name)

\_\_\_\_\_  
Signature: Area Agency Director

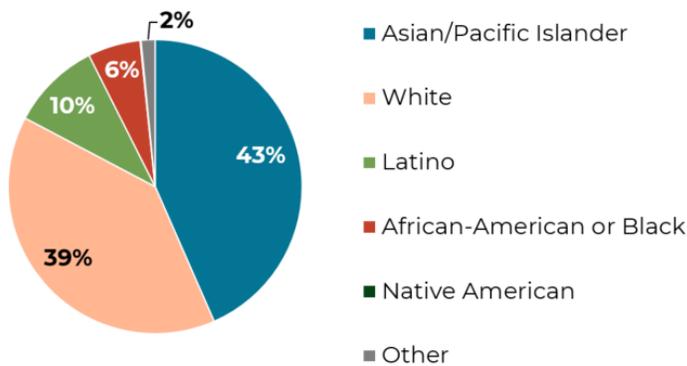
\_\_\_\_\_  
Date

# Population Estimates

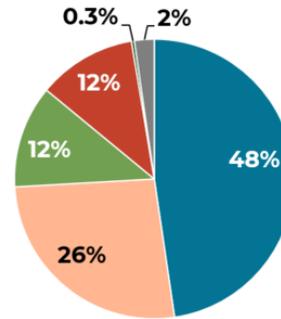
The charts below show a demographic breakdown of (A) all older adults (age 60+) in San Francisco, and (B) older adults with incomes at or below the federal poverty threshold. Note that recent estimates from the California Department of Finance suggest that San Francisco’s senior population (age 60+) will grow at an average rate of 2% per year over the next ten years.<sup>1</sup>

According to the American Community Survey 2018 5-year estimates, there were 181,793 seniors age 60 or older in San Francisco, of whom 22,648 (12%) had incomes at or below the poverty threshold.

**Chart A. San Francisco Seniors (Age 60+)**  
Total = 181,793



**Chart B. San Francisco Seniors (Age 60+) in Poverty**  
Total = 22,648



Source: American Community Survey 2018 5-Year Estimates. Accessed through University of Minnesota IPUMS-USA datasets.

As shown above, seniors aged 60 and older are primarily Asian/Pacific Islander (API) and white. However, almost half of seniors living in poverty are API. Latino and African-American seniors are also overrepresented in the low-income population.

However, it is important to note that the federal poverty threshold does not fully capture all low-income seniors. As a static measure that does not factor in cost of living, the federal poverty threshold is arguably more a measure of destitution.

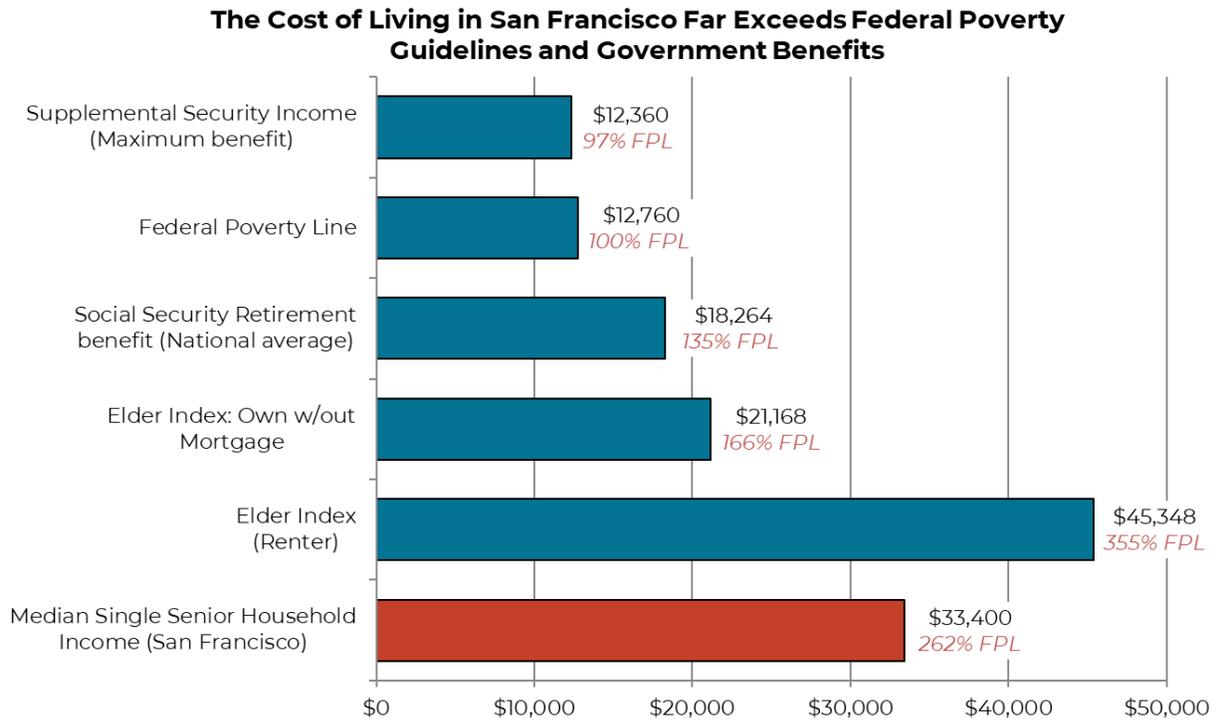
The limitations of relying on FPL to assess need are highlighted in a 2015 study by the UCLA Center for Health Policy Research.<sup>2</sup> This study used the Elder Economic Security Standard Index, which incorporates variation in cost of living by county and by housing tenure to estimate a basic self-sufficiency standard, to identify the hidden poor. Findings from this study suggest that approximately 30% of single seniors and 29% of senior couples age 65 and older are among the hidden poor – their income is above the federal poverty line but below the Elder Index thresholds for a decent standard of living. In total, an estimated 57% of single senior households and 39% of two-person senior households have inadequate income to

<sup>1</sup> California Department of Finance Demographic Research Unit, Population Projections (2010-2060), Report P-2B: County Population by Age. Available online: [https://www.dof.ca.gov/Forecasting/Demographics/Projections/documents/P2B\\_County\\_Age.xlsx](https://www.dof.ca.gov/Forecasting/Demographics/Projections/documents/P2B_County_Age.xlsx)

<sup>2</sup> Padilla-Frausto, DI and Wallace, SP. (2015). The Hidden Poor: Over Three-Quarters of a Million Older Adults Overlooked by Official Poverty Line. Los Angeles, CA: UCLA Center for Health Policy Research. Accessed online November 3, 2015, at <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1417>.

meet a basic standard of living, representing at least 38,000 San Franciscans age 65 and older.

As shown in the chart below, the estimated cost of living in San Francisco far exceeds federal poverty guidelines and government benefits. Supplemental Security Income (SSI), the federal supplemental income stipend for the most impoverished older adults and persons with disabilities, provides a maximum benefit lower than the federal poverty line; anyone receiving SSI benefits is living in poverty. The national average Social Security retirement benefit is slightly more than \$18,000 per year (135% of FPL). Retirees without alternate retirement benefits or significant savings would likely struggle to make ends meet in San Francisco at this income level.



Sources: Social Security Administration, Supplemental Security Income in California, 2020  
 U.S. Department of Health & Human Services, 2020 Poverty Guidelines  
 Social Security Administration, Monthly Statistical Snapshot, October 2020  
 UCLA Center for Health Policy Research, Elder Economic Security Standard Index 2019  
 2018 American Community Survey 5-Year Estimates (accessed via IPUMS)

# Public Hearings

This section documents our public hearings on the Area Plan, which provide the opportunity to comment on the development and content of the Area Plan.

**CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308  
Older Americans Act Reauthorization Act of 2016, Section 314(c)(1)**  
*At least one public hearing must be held each year of the four-year planning cycle.*

Fiscal Year	Date	Location	# Attendees	Presented in languages other than English? <sup>3</sup>	Held at a Long-Term Care Facility? <sup>4</sup>
2020-2021	2/19/20	1650 Mission St, 5 <sup>th</sup> Fl	18	No	No
	3/4/20	City Hall, Room 416	52	No	No
2021-2022	2/17/21	Virtual	15	No	No
	3/5/21	Virtual	16*	No	No

*\*Virtual meeting with open web access so exact number is unknown*

The following must be discussed at each Public Hearing conducted during the planning cycle:

**1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.**

We solicit input from persons who are institutionalized, homebound, and disabled through our extensive needs assessment process. This included a focus group with homebound adults, persons with vision impairment/blindness, consumers of behavioral health and mental health resources, and persons aging with HIV. Additionally, our Community Survey was distributed online and via hard copy with outreach through social media, service providers, and other community partners; we received 20 responses from persons who identified as residing in assisted living facilities.

**2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?**

- Yes. Go to question #3
- Not applicable, PD and/or C funds are not used. Go to question #4

**3. Summarize the comments received concerning proposed expenditures for PD and/or C**

Not applicable

<sup>3</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>4</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

4. **Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services**

Yes. Go to question #5

No, Explain:

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

2020: No comments.

6. **List any other issues discussed or raised at the public hearing.**

2020: The following issues were discussed:

- **Definition of disability and eligibility for DAS services:** Questions were raised regarding the Department's definition of disability with concern expressed that only people with physical disabilities and dementia are eligible to participate in services. Department staff clarified that DAS serves people with a wide range of physical and mental conditions and that consumers are not required to provide documentation or identify specific disabilities when accessing our community-based services. Based on advice from disability experts, we do not employ a more specific definition of disability (e.g., list of types of disability) to avoid inadvertently establishing restrictive criteria that exclude people from participating in services.
- **Senior homelessness:** Concern was expressed about rates of senior homelessness and that the Area Plan does not directly address this issue. Department staff noted that the Department of Homelessness and Supportive Housing (HSH) is the City's lead agency on this issue and that DAS does collaborate with HSH, including through the Home Safe pilot program referenced in the Narrative Goals and Objectives section of this report. DAS also funds programs that seek to prevent homelessness, such as the Rental Subsidy, Legal Services, and Case Management programs.
- **Assisted Living:** A few points were discussed regarding assisted living facilities and their residents, including general eligibility for participation in DAS services and also safety and comfort of transgender persons living in these facilities. DAS explained that assisted living residents are eligible to participate in its programs. The LGBTQ Long-Term Care Bill of Rights protects against discrimination based on sexual orientation, gender identity, gender expression, and HIV status, and the Long-Term Care Ombudsman is responsible for responding to complaints regarding the violation of these protections.
- **Racial Equity:** There were questions and discussion regarding the City's commitment to racial equity and how DAS incorporates this into its work. Staff highlighted the equity analysis that guided the needs assessment process and shapes key priorities outlined in this plan and the Department's work.

2021: The following issues were discussed:

- **Staff training and development:** There was discussion of strategies to build staff capacity related to racial equity and trauma informed systems. DAS provided information about its training plans and intention to expand access to professional staff in the community and Advisory Council members where appropriate.

- **COVID-19 innovations:** Advisory Council members asked about plans to sustain effective innovations developed during pandemic. Department staff noted that conversations about these response efforts are ongoing and determinations have not yet been made.

**7. Note any changes to the Area Plan which were a result of input by attendees.**

2020: The following changes were made:

- Based on discussion with the Advisory Council, we added an objective related to facilitating collaboration in the community and across departments.

2021: No changes were made

# Area Plan Narrative Goals and Objectives

**This section outlines our broad Goals for the Area Plan cycle and the specific Objectives (or strategies) that we'll use to support these Goals.**

As outlined in *Section 4: Planning Process/Establishing Priorities*, our Department **Goals** serve as the conceptual underpinning for our administration of the aging and disability service delivery system.

To achieve these Goals, each year we identify specific **Objectives** or actionable strategies to pursue. Given the purpose of this Area Plan, the items included here focus primarily on community-based services (aligned with the network of services outlined in the Older Americans Act services). Many of these items are also integrated within the agency-wide DAS Strategic Plan and our annual Action Plans described in *Section 4*.

Our Goals and Objectives begin on the following page.

<b>Goal 1: Maintain a robust network of community-based services for older adults and adults with disabilities.</b>			
Rationale: Quality community-based long term care goes beyond providing what services people need. It encompasses a broader, more fundamental issue: what people require for a good life. Working with community-based organizations, we can facilitate diverse opportunities for social engagement, nutrition support, and many other resources that enhance the well-being of older persons and persons with disabilities.			
<b>Objective</b>	<b>Project Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Promote expansion of employment resources that support older people and adults with disabilities in the workforce.</b> The Work Matters collaborative will host quarterly meetings to facilitate collaboration across the City's employment support programs (including traditional public workforce programs) and provide outreach and trainings to educate and engage employers. The DAS-funded ReServe program will support 125 clients to prepare for and participate in the workforce.	July 2020 to June 2024		The Work Matters collaborative continues to host quarterly meetings with the City's employment support programs, including the DAS-funded ReServe program, which supports older and disabled clients to prepare for and participate in the workforce. Since the pandemic began in March 2020, the program has worked closely with partner organizations to transition their employees to remote work where possible, and to provide needed resources and skill development to support this shift to remote work. In FY 2021-22, ReServe will support 150 clients.
<b>B. Support intergenerational activities.</b> We are piloting six community-based programs that bring together people of different ages and/or abilities with a goal of fostering intentional interaction and encouraging relationship building. These programs will serve 475 clients per year.	July 2020 to June 2024		In response to the COVID-19 pandemic, our six recently-launched pilot programs modified their programming to maintain participant engagement using virtual platforms. These pilots are varied, ranging from technology classes and tutoring sessions to programs focused on cultural exchange between our diverse participants to a program tailored for individuals who are blind or have visual impairment. One of our providers – Mission Neighborhood Center – received the 2020 n4a Aging Innovations & Achievement Award for this program. In FY 2021-22, we will continue to work closely with our community partners to adapt their programming to meet the challenges of our ever-changing COVID-19 environment.

<p><b>C. Promote positive nutrition status and reduce food insecurity.</b> Through a robust network of programs, DAS will provide access to nutrition and related resources that support health and food security. We will explore new innovative models, like Nutrition for Healthy Outcomes which provides tailored nutrition and education for persons with chronic diseases. In our traditional programs, we will fund 1.99 million Home-Delivered Meals and 998,000 Congregate Meals for seniors in FY 2020-21. Additionally, as part of the City’s ongoing COVID19 response, DAS will ensure continuity of existing nutrition programs by supporting providers to adapt service models and also work to expand food supports as needed.</p>	<p>July 2020 to June 2024</p>		<p>DAS continues to provide culturally appropriate nutrition services through a diverse network of community partners, all of whom have adapted their service models in alignment with public health guidance during COVID-19. For instance, our Congregate Meal providers shifted their service model to meal pick-up and delivery; one of our congregate nutrition partners created an online nutrition education option. Additionally, some of our nutrition providers have launched supplemental grocery programs to provide culturally relevant food for our clients: one Home-Delivered Meal provider is delivering supplemental Latinx/Hispanic groceries along with their prepared meals, while a Congregate Meal provider has developed an onsite pantry program from which their Black/African American clientele can select fresh produce that meets their needs and preferences.</p>
<p><b>D. Maintain a robust network of caregiver supports.</b> We will work to develop and maintain a coordinated network of resources that support informal caregivers, including adult day programs, respite care options, and traditional family caregiver support services. In FY 2020-21, our Dignity Fund Respite Care program will provide approximately 24,000 hours of respite care for over 200 caregivers.</p>	<p>July 2020 to June 2024</p>		<p>While requests for respite care and program intakes declined slightly upon the outbreak of COVID-19, demand has since increased, especially as adult day programs remain closed. In addition to modifying their core service, our Respite Care provider, Family Caregiver Alliance (FCA), hosted a series of webinars for caregivers and service providers on topics related to caregiving during the pandemic. They have expanded counseling services and resources for caregivers facing burnout, isolation, and anxiety due to COVID-19. As the pandemic continues, FCA is refocusing on in-home care strategies to address caregiver needs. In the coming year, the program will enter new partnerships with other community-based organizations to expand reach, address large unmet respite needs, and more equitably serve clients in English, Chinese, Japanese, Korean, and Spanish.</p>

<b>Goal 2: Protect older adults and adults with disabilities from abuse, neglect, and financial exploitation.</b>			
Rationale: While older and disabled persons possess a variety of strengths and many are increasingly able to live independently in the community without assistance, some experience heightened risks related to their health, housing, and safety. By helping to address critical issues and facilitating connections to resources, we can support consumers meet their basic needs and regain or maintain their stability in the community.			
<b>Objective</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Prevent and mitigate the abuse of older people and adults with disabilities through public outreach and awareness building.</b> The Elder Abuse Prevention program will provide outreach and education to mandated reporters and the community. This will include 25 training sessions for mandated reporters and 20 public education sessions, as well as the distribution of 4,450 copies of educational materials.	July 2020 to June 2024		Leveraging additional one-time funding, the Elder Abuse Prevention Program was able to exceed our goal to provide outreach and education to 1,000 mandated reporters—ultimately reaching over 1,300 professionals. In response to the COVID-19 outbreak, many of these trainings were provided virtually, allowing higher rates of attendance than we would expect in a traditional in-person setting. We were also able to achieve our distribution goal for sharing 4,450 copies of our educational materials using mailing lists and providing these resources to training attendees.
<b>B. Enhance the City's network of resources working together to identify and address instances of elder and dependent adult abuse.</b> We will fund a dedicated position in our Legal Services program to collaborate with Adult Protective Services to address cases of elder financial abuse. Through the Forensic Center, a multi-disciplinary team of service providers, law enforcement, the Ombudsman and Adult Protective Services will convene quarterly to resolve complex cases of abuse, neglect, and self-neglect.	July 2020 to June 2024		Our pilot program to provide dedicated legal support for issues of elder financial abuse is well underway. Housed at Legal Assistance to the Elderly, this attorney collaborates with Adult Protective Services (APS) and the SF Police Department via the Financial Abuse Virtual Unit (FAVU), which meets three times per month. These meetings allow the attorney to consult on issues APS staff are encountering in the community and serve as an avenue for referral of cases for assistance. The attorney position is also empowered to represent clients and pursue legal actions in support of victims of financial elder abuse. Initial reports have been good for this pilot, which has now been extended to June 2024.

<p><b>C. Develop strategies to prevent eviction and homelessness.</b> We will implement and support evaluation of Home Safe, a state-funded pilot to stabilize low-income older and disabled adults at imminent risk of homelessness due to self-neglect. A partnership of Adult Protective Services, the Department of Homelessness and Supportive Housing, and our community partners, this program will serve approximately 60 clients in FY 2020-21.</p>	<p>July 2020 to June 2024</p>		<p>The Home Safe program adapted promptly to ensure continuity of services during the COVID-19 pandemic. We have received and opened fewer Home Safe cases during this period due in large part to the statewide eviction moratorium, which has offered tenants and homeowners some relief from imminent risk of homelessness. We are closely monitoring the status of the eviction moratorium and COVID-19-related court backlogs, and are preparing for a rise in cases when the moratorium expires. In the first half of FY 2020-21, Home Safe enrolled 9 clients. The program has enrolled 56 clients from the beginning of the pilot in July 2019 to date. Although the Home Safe pilot is planned to end on June 30, 2021, we anticipate that a statewide extension will continue the program in FY 2021-22.</p>
<p><b>D. Support quality care in long-term care settings.</b> Through the Long-Term Care Ombudsman program, we will support appropriate care and high quality of life for residents of assisted living facilities and other long-term care settings receive quality care. This will include increased outreach and engagement among monolingual Chinese language speakers; our local program has hired a dedicated bilingual specialist to focus on this growing segment of the client population.</p>	<p>July 2020 to June 2024</p>		<p>The Long-Term Care Ombudsman program continues to support appropriate care and quality of life for residents of assisted living and other long-term care settings. In alignment with public health guidance following the outbreak of COVID-19, the program has shifted to virtual methods for contacting residents, conducting investigations, and providing information and assistance. In FY 2021-22, the LTC Ombudsman will continue to identify, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities. In particular, we will enhance services by ensuring full staffing, including a new Residential Care Transitions Advocate, Residential Care Transitions Specialist, and an Abuse Investigator.</p>

<b>Goal 3: Provide and support consumer-centered programming to best address client needs.</b>			
Rationale: Our clients are unique individuals who come from diverse communities, have varied needs and express different preferences for how to engage in services and receive care. We must take a whole person approach in serving consumers and support systems integration within DAS and the community to streamline access to resources. As we work with consumers, we must be mindful of all resources that may be useful for their situation.			
<b>Objective</b>	<b>Project Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Streamline access to resources across Department and community to promote timely access of needed resources.</b> DAS will establish an online resource directory that will serve as a centralized source of information about resources that support seniors to safely age in the community. Launching in FY 2020-21 with support from the Stupski and Dolby foundations, we will develop a plan for ongoing sustainability and continue over the next four years to monitor and adjust the directory to ensure it is an effective tool for the public, as well as service professionals.	July 2020 to June 2024		While the resource directory project was delayed due to the immediacy of the pandemic response last year, we are reengaging in the process and proceeding forward this year. We have continued to engage with philanthropic partners interested in advancing access to aging resources and to explore potential strategies for an online resource. With support from SFHSA IT team, the DAS Benefits and Resource Hub will issue a Request for Proposals this year to procure a vendor. The work of building the online resource directory will commence next year.
<b>B. Ensure programs are culturally appropriate for the city's diverse low-income older people and adults with disabilities.</b> Guided by our Equity Analysis and subsequent analysis, we will address identified equity issues to support all San Franciscans to age with dignity in the community. One new equity-focused initiative is the development of new services tailored for transgender and gender non-conforming (TGNC) residents to promote meaningful connection and engagement for 130 consumers in FY 2020-21.	July 2020 to June 2024		Equity considerations and culturally relevant programming remain a priority for our Department. Throughout the pandemic, our new TGNC programs have remained connected to clients through wellness calls and transition to virtual programming. This year, we are hosting a series of community convenings to better understand the landscape of need and consumer experiences among older, disabled, veteran, and caregivers from communities of color. Led by staff-driven project teams, this research will support next year's Dignity Fund Community Needs Assessment.

<p><b>C. Develop new and innovative programs that address the needs of unique communities and consumer groups.</b> Working closely with our community providers, we will explore grassroots models and expand services that address population needs and preferences. This includes our new Peer Ambassador program, which appoints outreach liaisons in commercial corridors who also serve as neighborhood liaisons to our service network.</p>	<p>July 2020 to June 2024</p>		<p>In FY 2019-20, we developed plans to launch new neighborhood-based programs, focused on seven supervisorial districts identified through our needs assessment as having lower participation rates in our services. These eight new programs, developed by the communities to be served and tailored for each neighborhood, were slated to start in Spring 2020 but were disrupted by the COVID-19 pandemic. In the last year, these programs have adjusted their approaches to fit the current context and safety requirements. We will continue to provide support to these pilot programs over the next year.</p>
<p><b>D. Support consumers to meet their needs safely during the coronavirus emergency and recovery.</b> In coordination with the City's emergency response, DAS will provide adapted, enhanced, and/or new resources to support older and disabled adults to meet their needs safely in the context of COVID-19. During the immediate pandemic response and long-term recovery, we will ensure services are accessible and tailored to meet the unique situations of our community members.</p>	<p>March 2020 to TBD</p>		<p>DAS continues to support the ongoing adaptation and function of services for clients during the COVID-19 pandemic. We have coordinated the order and delivery of personal protective equipment (PPE) for use by provider staff and clients. We are supporting modification of services to align with public health requirements, such as shifting congregate meals to take-away services and transitioning to virtual or telephone formats wherever possible. We also have supported several new services in response to the pandemic. For example, the Coronavirus Emergency Response Volunteer (CERV) program, provided by Shanti Project, coordinates with the DAS Benefit and Resource Hub to match volunteers with older adults and adults with disabilities sheltering at home. We will continue to support program changes and work to address barriers to service delivery as we navigate the COVID-19 pandemic.</p>

<b>Goal 4: Expand planning and evaluation efforts to ensure best use of resources and maximize client outcomes.</b>			
Rationale: To effectively serve older people and adults with disabilities living in San Francisco, we need to develop useful information that allows us to identify and understand unmet needs and formulate thoughtful strategies to fill those gaps. We are committed to measuring the impact of our services and working collaboratively with other agencies and community partners to support a data-informed process for service.			
<b>Objective</b>	<b>Project Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Develop information to support data-informed decision-making.</b> In order to better understand specific trends, population needs, and program impact, DAS will conduct deep dives into specific topics and program areas each year. Topics may include focused needs assessments of specific consumer groups and/or evaluations of specific services.	July 2020 to June 2024		In the last year, most of our analytical capacity has been devoted to pandemic response. This included analysis of our program data to develop a prioritized client list for wellness calls by DAS staff and community partners; a total of 30,000 calls were made to older adults and people with disabilities to ensure they were able to meet their basic needs during shelter in place. This year, we are initiating a series of community convenings to better understand the experiences and needs of communities of color related to aging and disability services. In FY 2021-22, we will undertake the next Dignity Fund Community Needs Assessment, an extensive research and engagement process to identify areas of unmet need.
<b>B. Strengthen outcome objectives to support better understanding of program impact.</b> We will draw on research literature and work in collaboration with our community partners to ensure metrics are meaningful and manageable. We will focus on specific service areas according to the contract cycle schedule outlined in the Dignity Fund 2020-23 Service and Allocation Plan. In FY 2020-21, we will focus on the Access and Empowerment, Caregiver Support and Housing Support service areas.	July 2020 to June 2024		Since the outbreak of COVID-19, the Department has primarily focused on emergency response activities and worked closely with community service providers to address immediate operational issues so that we are able to adapt and maintain continuity of services under pandemic conditions. In the coming year, we will continue to collaborate with our provider network to update and improve outcome objectives as needed, in alignment with our contract cycle schedule and procurement process. In FY 2021-22, we will focus on the Nutrition & Wellness and Self-Care & Safety service areas.

<p><b>C. Facilitate an Age- and Disability-Friendly City.</b> San Francisco has joined World Health Organization and AARP initiatives to develop inclusive and livable cities. We will conclude our first cycle in FY 2020-21 and evaluate the impact of this effort and then begin a second cycle.</p>	<p>July 2020 to June 2024</p>		<p>With the 2020 conclusion of the first ever Age- and Disability-Friendly SF (ADFSF) cycle, DAS is supporting an evaluative assessment of the first plan. This assessment, to be completed this year, will evaluate progress made and identify lessons learned. In FY 2021-22, we will support the ADFSF group to again assess our city, including developing new research across key domains and identifying recommendations to make San Francisco a more welcoming place for people of all ages and abilities. This will result in a new ADFSF plan for the next three year period (2022-2024).</p>
<p><b>D. Encourage and support collaboration across providers, government agencies, and other partners.</b> Through informal and formal partnerships, we will seek to leverage expertise and reduce duplication to best serve client populations. This includes supporting our contractors to develop new collaborations, as well as supporting other fields and service systems to work with older people and adults with disabilities.</p>	<p>July 2020 to June 2024</p>		<p>The COVID-19 pandemic has prompted many new collaborations across DAS services. As many of our larger Congregate Meal programs shifted to multi-day packs of meals to go, multiple Community Service Centers agreed to host freezer and storage areas and also provide staff to support these new distribution hubs. Accessible vans and drivers that typically transport clients were repurposed to assist in delivery of hot meals and grocery bags. The CERV program is another notable collaboration between the Shanti Project and DAS Benefits and Resource Hub. In the next year, DAS will work to foster new collaborations between community-based organizations to support digital literacy.</p>

<b>Goal 5: Support and develop an engaged professional workforce that is prepared to work with older adults and adults with disabilities.</b>			
Rationale: For older adults and people with disabilities to live and engage in community, it is critical that San Francisco has a robust professional workforce trained in aging and disability issues to provide services and supports.			
<b>Objective</b>	<b>Project Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Support professional education and training.</b> DAS will implement an enhanced educational training curriculum for DAS staff. Additionally, in coordination with the Advisory Council, we will provide quarterly educational presentations for our providers on topics like “Disability and Ableism” in community settings.	July 2020 to June 2024		In response to the COVID-19 pandemic, our trainings were shifted to virtual events. This format change allowed us to extend access beyond DAS staff to our community providers, significantly expanding participation in these trainings. For example, we trained over 730 people over four sessions of the Elder Abuse and Mandated Reporter training.: For 2021, we have partnered with the Geriatrics Workforce Enhancement Program (GWEP) at UCSF, who will be conducting 10 trainings over the course of the year, with topics such as Common Mental Health Disorders in Older Adults; Caring for the Carer, Self-Care When Caring for Older Adults; and Substance Use Disorders in Older Adults. These trainings will be available to all DAS staff and community providers.
<b>B. Engage students in the field of aging and disability services through internships and school partnerships.</b> Through our Adult Protective Services program, we will participate in a state pilot of MSW internship stipends (modeled after the child welfare Title IVE program). We will explore opportunities to support our community partners to offer paid internships and also to partner with City College certification programs.	July 2020 to June 2024		We are in the third year of a grant from the federal Administration for Community Living that supports the MSW stipend pilot. With new funding for a fourth year, CalSWEC will evaluate the program during the post-graduation phase. This year, we have MSW interns placed with APS (3 total), IHSS High Risk Unit (2), and Public Conservator (1). APS has taken the lead to coordinate internship training and enrichment opportunities for interns across DAS programs. We have been striving to provide a robust internship experience virtually. Most APS interns are going out into the field to conduct visits (with PPE and training on COVID-19 safety protocols). Next year, Homebridge (agency-based IHSS services) will launch

			their CNA certification pathway in collaboration with City College.
<p><b>C. Develop an overview presentation of senior/disability resources and provide regularly.</b> To ensure service professionals understand the full range of available services, we will develop a standing presentation that provides an overview of the aging and disability service network. This training will be provided on a regular basis to DAS staff and service providers, both to orient new professionals to the City and also ensure longer-term professionals are up-to-date on local resources.</p>	July 2020 to June 2024		The DAS Benefits and Resource Hub has developed an outreach presentation that provides an overview of services. Over the last year, this content has been continually updated to reflect changing resources related to the COVID-19 pandemic. Presentations have been conducted internally for DAS staff, through community presentations facilitated by the DAS Office of Community Partnerships, and partnerships developed through the City's COVID-19 response. In the coming year, we will continue to update the material to stay current with changing conditions and also enhance the presentation to focus on veterans services, particularly those for older veterans and those with disabilities.
<p><b>D. Build staff capacity to apply principles of racial equity and trauma-informed systems in professional practice.</b> As part of an Agency-wide effort to promote racial equity, DAS staff will participate in trainings on the racial equity framework and convene a staff-driven workgroup to develop Departmental equity initiatives. Additionally, within our Adult Protective Services and Public Conservator programs, DAS will train staff on trauma-informed systems, conduct a baseline organizational health assessment, and develop and implement a plan for adopting trauma-informed practices.</p>	July 2020 to June 2024		APS' Healing Organization Workgroup (HOW) continues to meet once a month, and works with DPH to help develop a strategic plan. This last year the HOW has focused on how to support staff through all of the changes they have experienced due to COVID. In late 2020, we designated 6 DAS staff members to represent the Department in our Agency's employee-led Racial Equity Work Group. These staff contributed to the development of the SFHSA Racial Equity Action Plan, which identifies more than 90 action items to advance racial equity in our workforce and internal policies and practices over the next three years. These staff will also support the implementation of several key action items beginning this year. In addition, we are currently developing a plan to convene a staff-driven Department committee to support racial equity programming, including a speaker series, lunch and learn events, celebrations promoting cultural exchange, etc.

# Service Unit Plan (SUP) Objectives

This section identifies anticipated service units for each program supported by funding from the California Department of Aging. This consists of seven subsections by funding source and program type; report instructions have been italicized font to better delineate our response to the prompts.

**TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES**  
**CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report \(SPR\)](#)

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions](#).

Report the units of service to be provided with ALL funding sources. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA. Only report services provided; others may be deleted.

## 1. TITLE IIIB: SUPPORTIVE SERVICES & TITLE IIIC: NUTRITION

### Personal Care (In-Home)

**Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	460	1, 2, 3, 4, 5	
2021-2022	460	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

### Homemaker (In-Home)

**Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	520	1, 2, 3, 4, 5	
2021-2022	520	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

### Chore (In-Home)

**Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	520	1, 2, 3, 4, 5	
2021-2022	520	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

**Home-Delivered Meal****Unit of Service = 1 Meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,985,100	1, 2, 3, 4, 5	
2021-2022	1,974,108	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

**Congregate Meal****Unit of Service = 1 Meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	997,500	1, 2, 3, 4, 5	
2021-2022	1,006,259	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

**Nutrition Counseling****Unit of Service = 1 Session per Participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,288	1, 2, 3, 4, 5	
2021-2022	1,953		
2022-2023			
2023-2024			

**Transportation (Access)****Unit of Service = 1 Way Trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	36,000	1, 2, 3, 4, 5	
2021-2022	16,500	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

**Legal Assistance****Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	14,984	1, 2, 3, 4, 5	
2021-2022	22,565	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

**Nutrition Education****Unit of Service = 1 Session per Participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	46,600	1, 2, 3, 4, 5	
2021-2022	46,600	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

**Information and Assistance (Access)****Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,200	1, 2, 3, 4, 5	
2021-2022	5,500	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

**2. NAPIS SERVICE CATEGORY: "OTHER" TITLE III SERVICES**

Not applicable

**3. TITLE IIID: DISEASE PREVENTION AND HEALTH PROMOTION**

*Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.*

Service Activities: Chronic Disease Self-Management Program (CDSMP) and  
Diabetes Education Empowerment Program (DEEP)

**Title IIID/Disease Prevention and Health Promotion Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,546	1, 2, 3, 4, 5	
2021-2022	3,546	1, 2, 3, 4, 5	
2022-2023			
2023-2024			

#### 4. TITLE IIIB/TITLE VIIA: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSLTCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]

#### **Measures and Targets:**

##### **A. Complaint Resolution Rate** (NORS Element CD-08) (Complaint Disposition).

*The average California complaint resolution rate for FY 2017-2018 was 73%.*

<p>1. FY 2018-2019 Baseline Resolution Rate:            Number of complaints resolved <u>260</u> + number of partially resolved complaints <u>231</u>            divided by the total number of complaints received <u>737</u> = Baseline Resolution Rate <u>67</u> %</p> <p><b>FY 2020-2021 Target Resolution Rate <u>70</u> %</b></p>
<p>2. FY 2019-2020 Baseline Resolution Rate:            Number of complaints resolved <u>196</u> + number of partially resolved complaints <u>197</u>            divided by the total number of complaints received <u>573</u> = Baseline Resolution Rate <u>69</u> %</p> <p><b>FY 2021-2022 Target Resolution Rate <u>70</u> %</b></p>
<p>3. FY 2020 - 2021 Baseline Resolution Rate:            Number of complaints resolved ____ + number of partially resolved complaints ____            divided by the total number of complaints received ____ = Baseline Resolution Rate ____ %</p> <p><b>FY 2022-2023 Target Resolution Rate ____ %</b></p>
<p>4. FY 2021-2022 Baseline Resolution Rate:            Number of complaints resolved ____ + number of partially resolved complaints ____            divided by the total number of complaints received ____ = Baseline Resolution Rate ____ %</p> <p><b>FY 2023-2024 Target Resolution Rate ____ %</b></p>
<p>Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u></p>

**B. Work with Resident Councils** (NORS Elements S-64 and S-65)

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>31</u> <b>FY 2020-2021 Target <u>55</u></b>
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>24</u> <b>FY 2021-2022 Target <u>55</u></b>
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended ____ <b>FY 2022-2023 Target ____</b>
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended ____ <b>FY 2023-2024 Target ____</b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**C. Work with Family Councils** (NORS Elements S-66 and S-67)

1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>8</u> <b>FY 2020-2021 Target <u>13</u></b>
2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>4</u> <b>FY 2021-2022 Target <u>13</u></b>
3. FY 2020-2021 Baseline: Number of Family Council meetings attended ____ <b>FY 2022-2023 Target ____</b>
4. FY 2021-2022 Baseline: Number of Family Council meetings attended ____ <b>FY 2023-2024 Target ____</b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**D. Information and Assistance to Facility Staff** (NORS Elements S-53 and S-54)

*Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.*

1. FY 2018-2019 Baseline: Number of Instances <u>335</u> <b>FY 2020-2021 Target <u>155</u></b>
2. FY 2019-2020 Baseline: Number of Instances <u>384</u> <b>FY 2021-2022 Target <u>155</u></b>
3. FY 2020-2021 Baseline: Number of Instances ____ <b>FY 2022-2023 Target ____</b>
4. FY 2021-2022 Baseline: Number of Instances ____ <b>FY 2023-2024 Target ____</b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**E. Information and Assistance to Individuals** (NORS Elements S-55)

*Count of instances of Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.*

1. FY 2018-2019 Baseline: Number of Instances <u>617</u> <b>FY 2020-2021 Target</b> <u>540</u>
2. FY 2019-2020 Baseline: Number of Instances <u>1,144</u> <b>FY 2021-2022 Target</b> <u>540</u>
3. FY 2020-2021 Baseline: Number of Instances _____ <b>FY 2022-2023 Target</b> _____
4. FY 2021-2022 Baseline: Number of Instances _____ <b>FY 2023-2024 Target</b> _____
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**F. Community Education** (NORS Elements S-68)

*LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.*

1. FY 2018-2019 Baseline: Number of Sessions <u>12</u> <b>FY 2020-2021 Target</b> <u>7</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>5</u> <b>FY 2021-2022 Target</b> <u>7</u>
3. FY 2020-2021 Baseline: Number of Sessions _____ <b>FY 2022-2023 Target</b> _____
4. FY 2021-2022 Baseline: Number of Sessions _____ <b>FY 2023-2024 Target</b> _____
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**G. Systems Advocacy** (NORS Elements S-01, S-07.1)

*One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.*

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.

Enter information in the relevant box below.

<b>FY 2020-2021</b>
<p><b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p> <p>(1) The Ombudsman program will be increasing outreach and engagement efforts among monolingual Chinese language speaking residents of skilled nursing and residential care facilities. This is a growing segment of the client population and one which the Ombudsman program believes is not accessing services at the same rates as other populations. The Ombudsman program has established a dedicated bilingual Cantonese speaking Ombudsman specialist to focus on this population. The responsibilities of this staff position will include outreach and education at skilled nursing and residential care facilities as a means to increase awareness and utilization of Ombudsman services by monolingual Cantonese speaking residents and their families. The staff position will also be tasked with complaint response and investigation.</p> <p>(2) Ombudsman staff will also continue to work on systemic advocacy around the closure of Assisted Living Facilities (RCFE/ARF) in the City and County of San Francisco. This continues to be an ongoing issue in the City, with increased attention towards development policies and support structures to ensure that residential care facilities continue to operate in the City. The Ombudsman program will work with local advocacy groups as well as local government officials to seek solutions to this problem. Work will include participation in workgroups, providing testimony and expert information at public hearings and in research efforts, and involvement in situations where residential care facilities are slated for closure. Ombudsman interventions in these closure situations will be to help seek solutions to keep the facilities open, as well</p>
<b>FY 2021-2022</b>
<p><b>Outcome of FY 2020-2021 Efforts:</b> <i>In development</i></p> <p><b>FY 2021-2022 Systems Advocacy Effort(s):</b> <i>In development</i></p>
<b>FY 2022-2023</b>
<p><b>Outcome of FY 2021-2022 Efforts:</b></p> <p><b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy</p>
<b>FY 2023-2024</b>
<p><b>Outcome of 2022-2023 Efforts:</b></p> <p><b>FY 2023-2024 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy</p>

Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]

**Measures and Targets:**

**A. Routine Access: Nursing Facilities** (NORS Elements S-58)

*Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.*

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>19</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>100</u> % <b>FY 2020-2021 Target <u>100</u> %</b>
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>19</u> = Baseline <u>0</u> % <b>FY 2021-2022 Target <u>100%</u></b>
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>    </u> <b>FY 2022-2023 Target <u>    </u></b>
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>    </u> <b>FY 2023-2024 Target <u>    </u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**B. Routine Access: Residential Care Communities** (NORS Elements S-61)

*Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no RCFC can be counted more than once.*

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>34</u> divided by the total number of RCFEs <u>60</u> = Baseline <u>57</u> % <b>FY 2020-2021 Target <u>70</u> %</b>
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>48</u> = Baseline <u>0</u> % <b>FY 2021-2022 Target <u>70%</u></b>
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>    </u> <b>FY 2022-2023 Target <u>    </u></b>
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>    </u> <b>FY 2023-2024 Target <u>    </u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**C. Number of Full-Time Equivalent (FTE) Staff** (NORS Elements S-23)

*This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.*

1. FY 2018-2019 Baseline: <u>6.39</u> FTEs <b>FY 2020-2021 Target <u>7.0</u> FTEs</b>
2. FY 2019-2020 Baseline: <u>7.79</u> FTEs <b>FY 2021-2022 Target <u>7.0</u> FTEs</b>
3. FY 2020-2021 Baseline: <u>    </u> FTEs <b>FY 2022-2023 Target <u>    </u> FTEs</b>
4. FY 2021-2022 Baseline: <u>    </u> FTEs <b>FY 2023-2024 Target <u>    </u> FTEs</b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**D. Number of Certified LTC Ombudsman Volunteers** (NORS Elements S-24)

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers: <u>19</u> <b>FY 2020-2021 Projected: Number of certified LTC Ombudsman volunteers: <u>17</u></b>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers: <u>16</u> <b>FY 2021-2022 Projected: Number of certified LTC Ombudsman volunteers: <u>17</u></b>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers: <u>    </u> <b>FY 2022-2023 Projected: Number of certified LTC Ombudsman volunteers: <u>    </u></b>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers: <u>    </u> <b>FY 2023-2024 Projected: Number of certified LTC Ombudsman volunteers: <u>    </u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)]

---

**Measures and Targets:**

*In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Reporting System (NORS) data reporting.*

*Some examples could include:*

- *Hiring additional staff to enter data*
- *Updating computer equipment to make data entry easier*
- *Initiating a case review process to ensure case entry is completed in a timely manner*

<b>FY 2020-2021</b>
1) The NORS system was recently updated to "ODIN 2020" an update version of the current reporting system. As a result the Ombudsman program is hosting increased training opportunities for volunteers to learn how to use this system. The update and trainings will also be used as an opportunity to remind and promote timely and accurate reporting amongst the volunteer corps.
2) In addition to the trainings, the Ombudsman program is setting up two new cubicles with computers in their office, which will be reserved and dedicated for volunteer use. Volunteers will be encouraged to come to the Ombudsman office to complete documentation and database reporting of casework; Ombudsman staff at the office will serve as support and trainers for volunteers utilizing these computer stations.
<b>FY 2020-2021</b>
<i>In development</i>

## 5. TITLE VIIA: ELDER ABUSE PREVENTION

---

*Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.*

*When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.*

*AAAs must provide one or more of the service categories below.*

*NOTE: The number of sessions refers to the number of presentations and not the number of attendees*

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

The agencies receiving Title VIIA Elder Abuse Prevention funding is:  
Institute on Aging

Fiscal Year	Total # of Public Education Sessions
<b>2020-2021</b>	20
<b>2021-2022</b>	12
<b>2022-2023</b>	
<b>2023-2024</b>	

Fiscal Year	Total # of Training Sessions for Professionals
<b>2020-2021</b>	25
<b>2021-2022</b>	25
<b>2022-2023</b>	
<b>2023-2024</b>	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
<b>2020-2021</b>	0
<b>2021-2022</b>	0
<b>2022-2023</b>	
<b>2023-2024</b>	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
<b>2020-2021</b>	287
<b>2021-2022</b>	160
<b>2022-2023</b>	
<b>2023-2024</b>	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
<b>2020-2021</b>	4,540	A variety of materials for the general public and professionals, including an Elder Abuse Prevention FAQ Sheet in six languages, Elder Justice Workshop Resource Guide, AB40 LTC Mandated Reporter Flow Chart, SOC34, Top Five Under-the-Radar Financial Scams, and Forensic Center FAQ.
<b>2021-2022</b>	3,000	See above
<b>2022-2023</b>		
<b>2023-2024</b>		

Fiscal Year	Total Number of Individuals Served
<b>2020-2021</b>	5,940
<b>2021-2022</b>	4,000
<b>2022-2023</b>	
<b>2023-2024</b>	

## 6. TITLE III-E: FAMILY CAREGIVER SUPPORT

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

### Direct and/or Contracted III-E Services: Family Caregiver Services Caring for Elderly

Categories	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
<b>2020-2021</b>	# of activities: <u>41</u> Total est. audience for above: <u>700</u>		
<b>2021-2022</b>	# of activities: <u>41</u> Total est. audience for above: <u>700</u>		
<b>2022-2023</b>	# of activities: Total est. audience for above:		
<b>2023-2024</b>	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total Contacts</b>		
<b>2020-2021</b>	768		
<b>2021-2022</b>	768		
<b>2022-2023</b>			
<b>2023-2024</b>			
<b>Support Services</b>	<b>Total Hours</b>		
<b>2020-2021</b>	2,836		
<b>2021-2022</b>	2,312		
<b>2022-2023</b>			
<b>2023-2024</b>			
<b>Respite Care</b>	<b>Total Hours</b>		
<b>2020-2021</b>	960		
<b>2021-2022</b>	960		
<b>2022-2023</b>			
<b>2023-2024</b>			
<b>Supplemental Services</b>	<b>Total Occurrences</b>		
<b>2020-2021</b>	90		
<b>2021-2022</b>	90		
<b>2022-2023</b>			
<b>2023-2024</b>			

**Direct and/or Contracted III E Services: Grandparent Services Caring for Children**

We do not fund these services using Older Americans Act funding.

## 7. HEALTH INSURANCE COUNSELING & ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

---

**STATE & FEDERAL PERFORMANCE TARGETS:** The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the SHIP Annual Resource Report. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL's approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA's Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as "interactive" events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as "interactive"
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with "hard-to- reach" Medicare beneficiaries designated as:
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the HICAP State and Federal Performance Measures tool located online at:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/#pp-planning](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning). (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal Annual Resource Report data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. **HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).**

## **HICAP Legal Services Units of Service (if applicable)<sup>5</sup>**

We do not fund HICAP Paid Legal Services.

---

<sup>5</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

# Governing Board

This section lists the members of the Commission on Disability and Aging Services, which is our Mayoral-appointed oversight body.

<b>CCR Article 3, Section 7302(a)(11)</b>
---

**Total Number of Board Members:**   7  

Name and Title of Officers	Term Expiration
Martha Knutzen, Commission President	7/1/24
Janet Spears, Commission Vice President	5/19/23

Name and Title of Other Members	Term Expiration
Barbara Sklar	7/1/24
Nelson Lum	1/15/24
Sascha Bittner	1/15/24
Wanda Jung	1/15/24
Michelle Carrington	1/15/24

# Advisory Board

This section describes the membership of the Advisory Council, which advises the Disability and Aging Services Commission (our Governing Board described in Section 16).

**Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)  
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)**

The Advisory Council provides input on matters relating to the wellbeing of older people in San Francisco and supports the development, administration, and operations of this Area Plan.

**Total Council Membership (include vacancies)** 22 (9 vacancies)  
**Number of Council Members Age 60+** 13

Race/Ethnic Composition	% of San Francisco Population*	% on Advisory Council
White	39%	50%
Hispanic	10%	0%
Black	6%	29%
Asian/Pacific Islander	43%	14%
Native American/Alaskan Native	0.2%	7%
Other	1%	0%

\*Source: 2018 American Community Survey 5-Year Estimates

Name and Title of Officers	Term Expiration
Diane Lawrence, President	3/31/22
Margaret Graf, 1st Vice President	3/31/22
Allegra Fortunati, 2nd Vice President	3/31/21
Secretary seat is unfilled at this time	

Name and Title of Other Members	Term Expiration
Allen Cooper	3/31/22
Anne Warren	3/31/21
Bettye Hammond	3/31/21
Beverly Taylor	3/31/22
Elinore Lurie	3/31/20
Juliet Rothman	3/31/22
Kay Parekh	3/31/22
Louise Hines	3/31/21
Marcy Adelman	3/31/21
Morningstar Vancil	3/31/20

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

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Income Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disabled Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supportive Services Provider Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health Care Provider Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Caregiver Representative
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local Elected Officials
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individuals with Leadership Experience in Private and Voluntary Sectors

**Explain any "No" answer(s)**

Elected officials in San Francisco – specifically, our 11 district supervisors – appoint individuals who reside in their district to act as their representative and represent the interests of their constituency.

**Explain any expiring terms – have they been replaced, renewed, or other?**

The expired position is appointment by the Board of Supervisors, which entails a more complex renewal process. We have been in communication with the Board and expect action within the next few months. In the interim, expired members are permitted to continue serving in their roles.

**Briefly describe the local governing board's process to appoint Advisory Council members:**

Half of the Members of the Advisory Board are appointed by the Aging and Adult Services Commission. All other 11 members are appointed – one each – by their County District Supervisor.

# Legal Assistance

This section provides information about the Legal Services and how this resource is provided within San Francisco.

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)].<sup>6</sup> CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

**1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title IIIB requirements**

Our mission statement: The Department of Disability and Aging Services supports the well-being, safety, and independence of adults with disabilities, older people, and veterans.

As we administer Older Americans Act services in San Francisco, we also seek to: to provide leadership in addressing issues that relate to older Californians; to 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 to promote citizen involvement in the planning and delivery of services.

**2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?**

45%

**3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).**

No. Requests for housing related legal assistance continues to be the most frequent need of LSP providers. Our AAA has allocated additional local county general funds to support additional legal services in the area of health law and financial elder abuse.

**4. Specific to Legal Services, does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?**

Yes. It is explicitly stated in contracts with providers.

---

<sup>6</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov)

**5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?**

Priority areas are identified based on needs assessment analysis provided by the AAA's Planning Unit as well as through input from the LSPs about areas where they are seeing the most requests. The top priority issues in our PSA are housing, income maintenance, elder abuse, and health care.

**6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population?**

We use Older Americans Act and Older Californians Act guidelines, as well as needs assessment analysis prepared by the AAA's Planning Unit to identify target populations. Target populations currently identified in our Older Adult Legal Services contracts are: low-income (<100% FPL), limited English proficiency, minority, frail, and member of LGBTQ+ community.

Legal Services Providers funded by our AAA participate in quarterly providers meetings, hosted by AAA staff. These meetings are used as a means for AAA staff to best understand need as seen by the LSPs and coordinate services accordingly. Moving forward, these meetings will include standing agenda items to consider jointly identifying the target population, coordination of services to best reach the target population, and identifying priority legal issues in the community.

**7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA?**

See above for description of target population for older adult legal services. In order to reach these target populations, the LSPs are active in the community attending and participating in various community events, hosting and attending educational events, and staffing off-site legal clinics co-located at community centers and other sites where older adults may be in attendance.

The LSPs also publish and widely distribute a "Senior Rights Bulletin" multiple times per year on timely and relevant issues to the target population. The bulletin is available in four languages and contains contact info for LSPs. Average run is 8,000 copies per issue.

In response to the increased reliance on virtual delivery of services following the COVID-19 outbreak, LSPs have begun participating in online forums and events organized by non-LSPs as a means to educate the public on their services as well as larger contemporary legal issues in the public discourse.

**8. How many legal assistance service providers are in your PSA?**

<b>Fiscal Year</b>	<b># of Legal Assistance Services Providers</b>
<b>2020-2021</b>	6
<b>2021-2022</b>	6
<b>2022-2023</b>	
<b>2023-2024</b>	

**9. Does your PSA have a hotline for legal services?**

No. There are three main telephone based referral resources for our LSPs: 1) the DAS Integrated Intake receives calls and walk-ins from the public and may provide referrals to LSPs, 2) our network of 14 community based Aging and Disability Resource Centers (ADRCs) provide neighborhood coverage and are able to provide referrals to LSPs, and 3) consumers can also access services referral information via 2-1-1 phone helpline.

**10. What methods of outreach are Legal Services providers using?**

LSPs use a variety of methods for outreach into the community including participation in community events, community networking groups, off-site legal clinics, and a widely distributed legal issues bulletin. Many providers are well known in San Francisco due to their long histories of service in the community.

**11. What geographic regions are covered by each provider?**

Fiscal Year	Name of Provider	Geographic Region covered
<b>2020-2021</b>	<ul style="list-style-type: none"> <li>a. Asian Americans Advancing Justice – Asian Law Caucus</li> <li>b. Asian Pacific Islander Legal Outreach</li> <li>c. La Raza Centro Legal</li> <li>d. Legal Assistance to the Elderly</li> <li>e. Open Door Legal</li> <li>f. UC Hastings College of the Law – Medical Legal Partnership for Seniors</li> </ul>	<ul style="list-style-type: none"> <li>a. Citywide (primarily Chinatown, North and South of Market, Visitacion Valley)</li> <li>b. Citywide (primarily Chinatown, Bayview, Visitacion Valley, North and South of Market)</li> <li>c. Citywide (primarily Mission)</li> <li>d. Citywide (primarily North and South of Market, Mission)</li> <li>e. Citywide (primarily Bayview and Excelsior)</li> <li>f. Citywide (primarily hospital settings)</li> </ul>
<b>2021-2022</b>	Same as prior year	Same as prior year
<b>2022-2023</b>		
<b>2023-2024</b>		

**12. Discuss how older adults access Legal Services in your PSA**

Clients most commonly access Legal Services by contacting the providers directly, by calling or dropping in to the agencies. Legal Service Providers all have offices with regular hours as well as a variety of offsite clinics and outreach efforts to increase accessibility. Clients can find out about legal providers via the Integrated Intake service offered by the AAA’s larger City Department. Clients can also be connected to services via working relationships between legal providers and other providers, including case management agencies and the City’s Adult Protective Services unit.

Outside of AAA function, the City of San Francisco has instituted a “Right to Counsel” program in the event of eviction litigation. In these situations, all residents facing eviction litigation are connected through a central referral hub to non-IIIIB funded legal services program.

Due to COVID-19-related public health and safety requirements, LSPs have limited in-person delivery of services, shifting instead to virtual formats — such as online meetings — to speak with clients. Some LSPs have also offered in-office virtual visits, where a client may attend an appointment at an office, but is provided technology to virtually visit with a staffer safely distanced elsewhere.

**13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area)**

Housing related legal assistance continues to be the top requested issue seen by our legal services providers. The City of San Francisco has taken a systemic approach to legal services related to housing by launching a “Right to Counsel” program where all residents facing eviction litigation are provided an attorney to assist them. While this has provided an alternative resource for eviction defense assistance for older adults in San Francisco, this program is only applicable once eviction legal proceedings have started. The LSP requests for issues related to warranty of habitability, harassment, reasonable accommodation, and other housing legal issues outside of eviction defense remain high and are now they most common type of legal issue our older adult legal service providers handle.

Elder abuse legal services are an area of strength among legal services providers in our AAA. Services most commonly involve seeking issuance of protective restraining orders in cases of physical harm and seeking remedies and resolution in incidences of financial elder abuse. Starting in FY19/20, one of our LSPs is now participating in the “Financial Abuse Virtual Unit,” an interdisciplinary team meeting hosted by our Adult Protective Services unit which meets at least monthly to review suspected cases of financial elder abuse and discuss potential resources and remedies. Our LSP in attendance is using this as an opportunity to receive referrals for financial abuse cases requiring legal intervention.

**14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA?**

Yes. With the introduction of the “Right to Counsel” program in San Francisco, eviction defense litigation is now usually handled outside the scope of IIIB funded legal services programs (but may still be handled by the same providers).

**15. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers**

With a majority of the PSA population reporting a primary language other than English, ensuring strong language access and bilingual staffing at LSPs remains a priority to address language barriers.

Cost of living in the PSA has in turn results in difficulty finding and retaining bilingual staff. The PSA has worked with providers to increase wages in an attempt at better hiring and retention.

**16. What other organizations or groups does your legal service provider coordinate services with?**

Legal Services Providers coordinate with our Long Term Care Ombudsman Program, HICAP, Adult Protective Services, Community Centers and ADRCs, and other older adult service providers.

# Organizational Charts

**This section provides information on our organizational structure and staff support for the Area Agency on Aging functions.**

As noted earlier, the Area Agency on Aging for PSA 6 is the San Francisco Department of Disability and Aging Services (DAS). **Our Department is located within the San Francisco Human Services Agency (SFHSA)**, which provides help with food, cash assistance, health insurance, job training, supportive care, and much more. In addition to DAS, SFHSA includes the Department of Human Services (administers programs such as CalFresh, Medi-Cal, child welfare, and Welfare to Work) and the Office of Early Care and Education (coordinates resources for parents seeking childcare services).

Our Department provides many services for older people and adults with disabilities, including direct services delivered by our staff and also programs facilitated by community-based organizations. **Most of our Older Americans Act services are facilitated by the Office of Community Partnerships (OCP).**<sup>7</sup> This team is responsible for coordinating program planning and design of services, as well as implementing and monitoring contracts with community-based organizations. This work is spearheaded by the OCP Director and facilitated by a team of Analysts and Nutritionists assigned to lead specific service areas; they work to develop scopes of service, provide technical assistance to service providers, and monitor performance.

In addition to these community collaborations, we offer Information and Assistance services through the **DAS Integrated Intake and Referral Unit located at our Benefits and Resource Hub**. The Hub is our in-person service center for older people, adults with disabilities, caregivers, and veterans. The Intake Unit includes Social Workers who provide information and assistance services and also helps consumers complete intake forms for DAS services, such as In-Home Supportive Services and home-delivered meals.

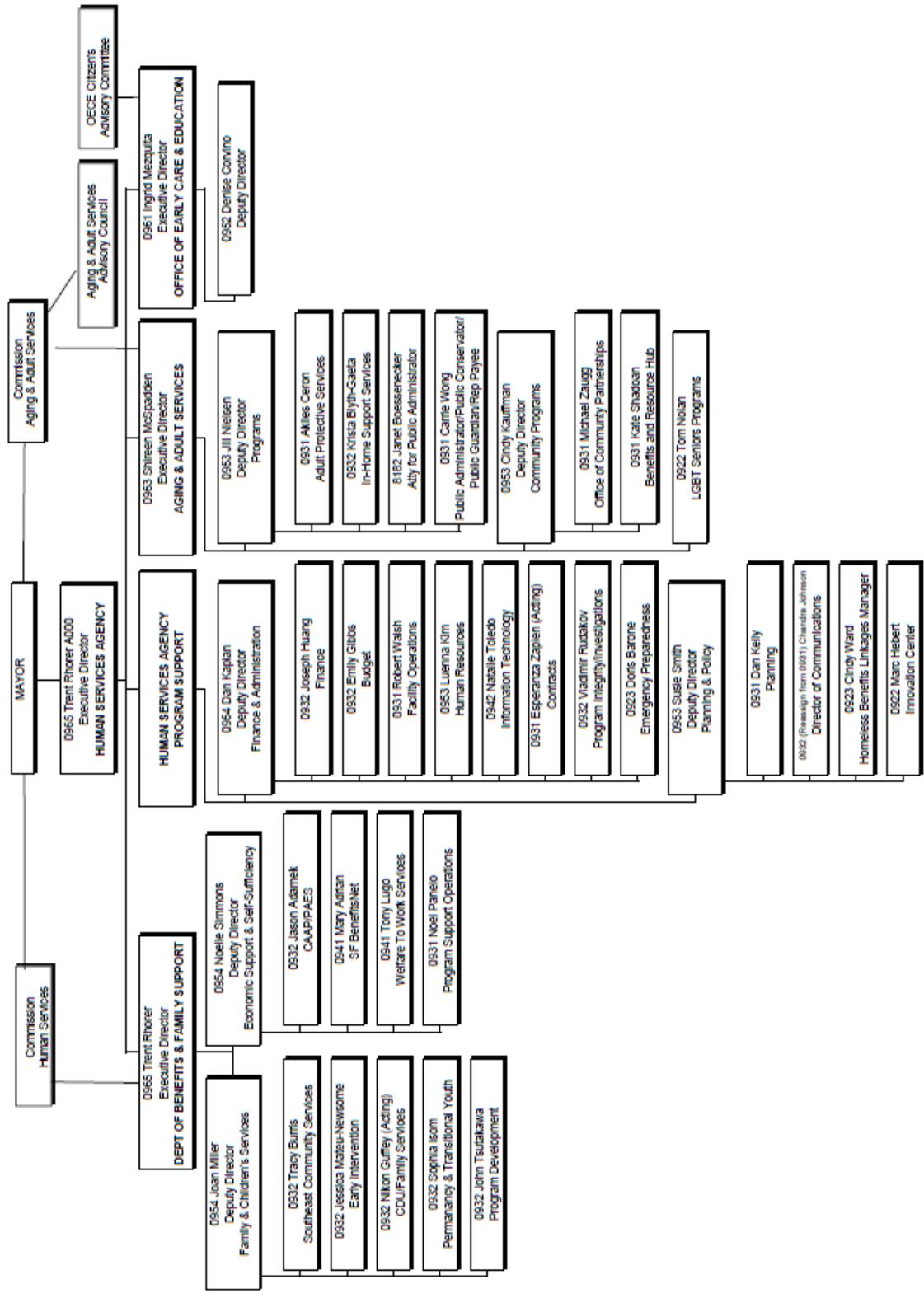
Our Department's work to provide these services is supported by the SFHSA administrative divisions, including Budget, Fiscal, and Planning. Our **Budget** Analyst supports development of the DAS budget and is the Agency's lead in managing the budgeting of funds from the CA Department of Aging. We receive support from a small **Fiscal** team, which ensures we comply with financial standards and billing processes. And our work is supported by a **Planning** Analyst who facilitates our strategic planning, including the Four Year Area Plan and subsequent Updates, and supports data management.

Please see the organizational charts on the subsequent pages for additional detail on our structure and staffing.

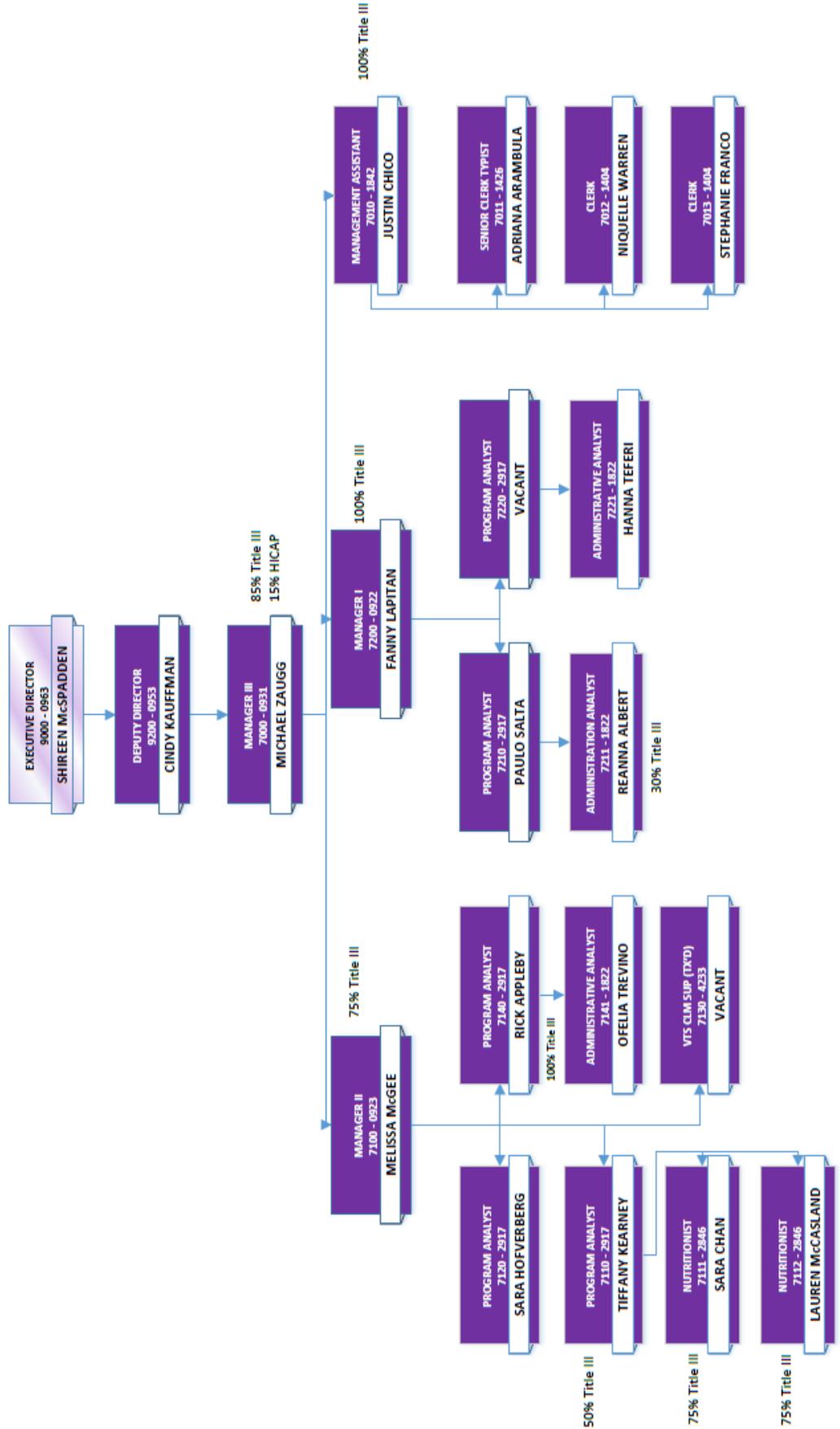
---

<sup>7</sup> Since the last four-year Area Plan, we have renamed this team to better reflect the nature of its work (formerly called the Office on the Aging).

CITY & COUNTY OF SAN FRANCISCO  
HUMAN SERVICES AGENCY  
FY 2021/2022



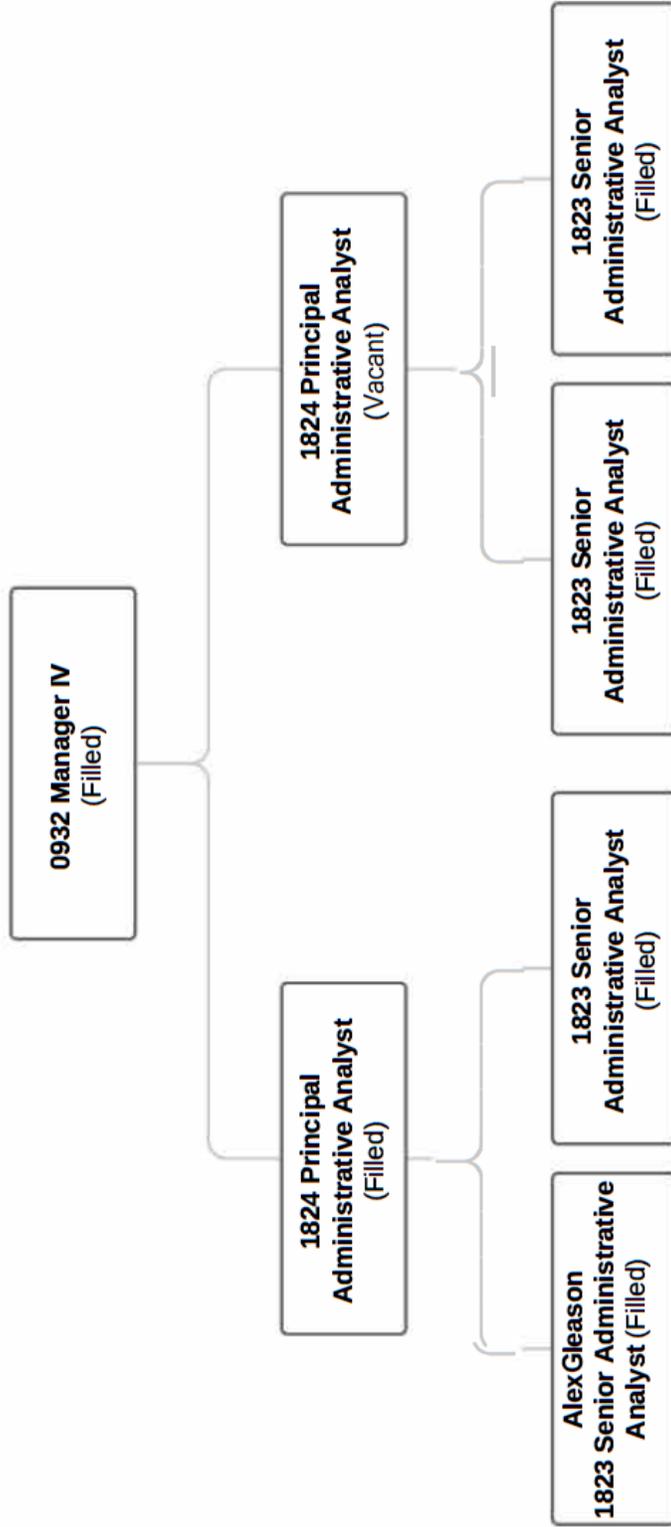
**DEPARTMENT OF DISABILITY AND AGING SERVICES  
 DAS – OFFICE OF COMMUNITY PARTNERSHIPS  
 FY 2021/2022**



**DEPARTMENT OF DISABILITY AND AGING SERVICES**  
**DAS – HUB - INTAKE**  
**FY 2020/2021**



**HUMAN SERVICES AGENCY**  
**BUDGET DEPARTMENT**  
**FY 2021/2022**  
 (as of 2.1.21)



15% Title III



**San Francisco Human Services Agency  
PLANNING UNIT  
FY 2020/2021**

