# Area Plan

## 2024-2028

Planning and Service Area 6
Report for the California Department of Aging

March 2024

SAN FRANCISCO HUMAN SERVICES AGENCY
Department of Disability and Aging Services

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# 2024-2028 Four-Year Area Required Components Checklist

**To ensure all required components are included, "X" mark the far-right column boxes.**
*Enclose a copy of the checklist with your Area Plan (submit this form with the Area Plan due 5-24 only).*

| Section | Four-Year Area Plan Components | 4-Year Plan |
|---|---|---|
| TL | Transmittal Letter – Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to areaplan@aging.ca.gov | ☒ |
| 1 | Mission Statement | ☒ |
| 2 | Description of the Planning and Service Area (PSA) | ☒ |
| 3 | Description of the Area Agency on Aging (AAA) | ☒ |
| 4 | Planning Process & Establishing Priorities & Identification of Priorities | ☒ |
| 5 | Needs Assessment & Targeting | ☒ |
| 6 | Priority Services & Public Hearings | ☒ |
| 7 | Area Plan Narrative Goals and Objectives: | ☒ |
| 8 | Title IIIB Funded Program Development (PD) Objectives | ☒ |
| 9 | Title IIIB Funded Coordination (C) Objectives | ☒ |
| 10 | System-Building and Administrative Goals & Objectives | ☒ |
| 11 | Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes | ☒ |
| 12 | Senior Centers and Focal Points | ☒ |
| 13 | Title III E Family Caregiver Support Program | ☒ |
| 14 | Legal Assistance | ☒ |
| 15 | Disaster Preparedness | ☒ |
| 16 | Notice of Intent to Provide Direct Services | ☒ |
| 17 | Request for Approval to Provide Direct Services | ☒ |
| 18 | Governing Board | ☒ |
| 19 | Advisory Council | ☒ |

# Transmittal Letter

**2024-2028 Four Year Area Plan/ Annual Update**
***Check one:*** **☒ FY 24-25 / ☐FY 25-26 ☐FY 26-27 ☐ FY 27-28**

**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. **Janet Y. Spears**
   (type name)

   _____ _____
   Signature: Governing Board Chair[1] Date

2. **Diane Lawrence**
   (type name)

   _____ _____
   Signature: Advisory Council Chair Date

3. **Kelly Dearman**
   (type name)

   _____ _____
   Signature: Area Agency Director Date

[1] Original signatures or electronic signatures are required.

# Section 1: Mission Statement

**The mission statement describes the purpose of the Area Agency on Aging. It guides the actions of the organization, specifies its overall goal, provides a sense of direction, and guides decision-making.**

The vision, mission, and values established by the San Francisco Department of Disability and Aging Services (DAS) are:

| **VISION** |
| --- |
| San Francisco is a city where people with disabilities and older adults are valued, engaged, and living with dignity. |
| **MISSION** |
| The Department of Disability and Aging Services supports the well-being, safety and independence of adults with disabilities, older people, and veterans. |
| **VALUES** |
| • Compassion<br>• Inclusion<br>• Innovation<br>• Accountability<br>• Equity |

As we administer Older Americans Act services in San Francisco, we are also guided by the following mission statement outlined by the California Department of Aging for all Area Agencies on Aging:

> *"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."*

# Section 2: Description of the Planning and Service Area (PSA)

**This section provides a description of the physical and demographic characteristics and unique resources and constraints of the San Francisco service area.**

San Francisco is a single-county Planning and Service Area, unique for its consolidated City-County governance structure and its entirely urban character. Importantly, in the face of geographic constraints and economic challenges, a rich tradition of citizen engagement and public investment has helped San Francisco to maintain a wide range of social services that help to promote the well-being of the city's diverse population.

## Physical Geography & Climate

The City and County of San Francisco is a **small but dense city** that occupies just 47 square miles, surrounded on three sides by the San Francisco Bay. The city's built environment is shaped by its physical geography. With little space to expand beyond its coastal boundaries, **San Francisco's housing stock tends to be older and densely packed** — ranging from blocks of narrowly-built single family homes nestled closely together in the city's outer residential areas to modern high-rise apartments clustered in the city center and increasingly scattered throughout formerly industrial corridors undergoing gentrification. The **hilly landscape can make it difficult to get around on foot,** especially for older people and younger individuals with mobility impairments, who face increased risk of social isolation as a result. The **city boasts a robust public transportation network** of buses, light rails, trolley cars, and subways to help mitigate these concerns.

San Francisco is home to a **temperate coastal climate,** which varies only a little with the seasons — summers are known for wind and fog, while winters are wetter, though still mild. As the effects of global climate change have become more pronounced, **San Francisco must contend with the dangers posed by more frequent extreme weather events: heat waves, regional fire risk, and related air quality concerns pose particularly heightened risks to San Francisco's more vulnerable residents.** Older adults and people with disabilities often have pre-existing health conditions or face other health-related risks that can be severely exacerbated by these occurrences. Medically dependent, homebound, and/or socially isolated residents may not have ready access to resources that mitigate the impacts of these events, such as air conditioning, backup generators, or the ability to relocate to safer accommodations. As part of the City's coordinated emergency response to these mounting risks, DAS has a major role to play in ensuring the safety of our older and disabled residents. This role is described in more detail in *Section 12: Disaster Preparedness*.

## Population Demographics[2]

Approximately 815,000 people live in San Francisco. **Older adults age 60+ make up 23% of the city's population.** Collectively, one in four San Franciscans is an older adult and/or a person with a disability. Children account for only about 14% of the city's population.

San Francisco has experienced significant demographic shifts, as illustrated by the table below. **Seniors are the fastest growing age group in the city,** outpacing general population growth at nearly triple the rate of growth. Since 2000, the senior population has grown by over 53,000 individuals — an increase of 39%. By contrast, the overall city population has only grown by 5% during this time. This growth trend is expected to hold — according to the California Department of Finance population projections, people age 60 and older will account for over 30% of the city's residents by 2030.[3]

**Change in Population by Age in San Francisco, 2000 to 2021**

| Population | 2000 | 2021 | # change | % change |
|---|---|---|---|---|
| **Children (Under 18)** | 111,683 | 113,921 | 2,238 | 2% |
| **Adults (Age 18-59)** | 531,014 | 510,385 | - 20,629 | - 4% |
| **Seniors (Age 60+)** | 136,852 | 190,689 | 53,837 | 39% |
| **Total Population** | 779,549 | 814,995 | 35,446 | 5% |

*Source: 2000 Decennial Census, 2021 American Community Survey 1-Year Estimates*

In addition to the aging of the San Francisco population, regional economic conditions are also contributing to broader changes in the composition of our citizenry. Interestingly, in the last few years, we have seen the city's population decline — driven by an exodus of younger adults and working professionals. These demographic shifts are in large part a reflection of recent job market trends and the lasting social and economic impacts of the COVID-19 pandemic.

Nonetheless, San Francisco's broader economic trajectory over the past two decades remain characterized by sustained economic growth driven in no small part by private sector industries. However, not all of San Francisco's residents have shared in this prosperity: **the impacts of expanding economic inequality and the high (and still rising) cost of living in the city have been felt deeply by many of our longtime residents.** Black or African American communities are one such example: though this population once represented almost 13% of San Franciscans, Black or African American residents have been displaced from the city in huge numbers, and now account for only about 5% of residents today.

Various costs, such as those associated with food, healthcare, and other essential expenses contribute to the affordability crisis in San Francisco — but it is **the cost of housing that poses the most significant burden to many of our residents.** The median household

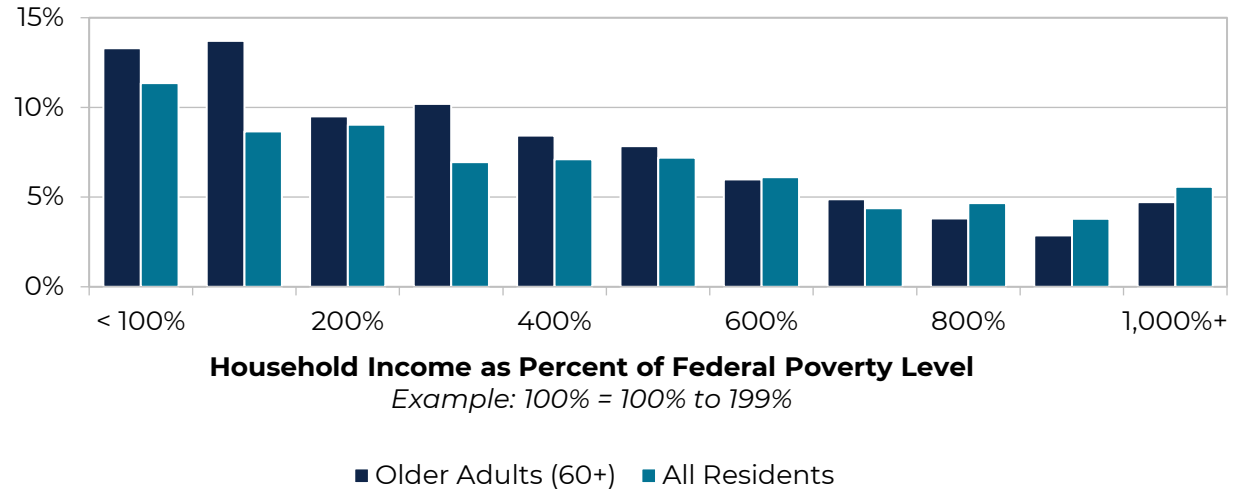
[2] The 2021 American Community Survey 1-Year Estimates are the source of all demographic data presented in this section, unless otherwise specified.

[3] California Department of Finance. County Population Projections by Age (2010-2060). http://www.dof.ca.gov/Forecasting/Demographics/Projections/.

income in San Francisco is $126,000 annually,[4] which may at first seem substantial, especially when compared to median incomes at the state and national level. However, when we account for the cost of housing in the city, where the estimated median monthly rent is $3,500 ($42,000 annually),[5] it becomes clear that a dollar in San Francisco only goes so far.

The (un)affordability of life in San Francisco is especially challenging for **the city's older residents, who tend to live on lower fixed incomes relative to the overall population.** Most senior renters in the city are rent-burdened, meaning their rent costs more than 30% of their monthly income, leaving them with limited means to afford their other needs.[6] As shown in the chart below, 13% of the city's older adults — about 25,353 individuals — have household income below the Federal Poverty Level (FPL).

**Income Distribution of Older Adults vs All Residents in San Francisco**




*Source: 2021 American Community Survey 1-Year Estimates*

While this data point gives us some sense of the size of San Francisco's population of seniors with low-income, it is important to note that the federal poverty threshold is a static measure that does not factor in cost of living. A 2015 study by the UCLA Center for Health Policy Research highlights the limitations of relying on FPL, and uses the Elder Economic Security Standard Index to identify the "hidden poor" — individuals whose income is above the federal poverty line but below the Elder Index thresholds for a decent standard of living.

[4] 2021 American Community Survey 1-Year Estimates.

[5] Zillow Group, Inc., San Francisco Home Prices & Values. https://www.zillow.com/san-francisco-ca/home-values/.

[6] 2021 American Community Survey 1-Year Estimates.

The Elder Index incorporates factors such as variation in cost of living by county and by housing tenure to better estimate a basic self-sufficiency standard.[7]

Given how costs in San Francisco far exceed these federal guidelines and the government benefits that are administered under these standards, it is clear that **many more San Francisco seniors have income insufficient to meet their needs.** According to the Elder Index estimate, a single older person in good health and living in rental housing would need a monthly income of $3,956 to meet their basic needs in San Francisco.[8] By contrast, the federal poverty threshold for a similar individual is set at a monthly income $1,255.[9] Collectively, **about 36% or 69,597 of older adults living in San Francisco may struggle to meet their basic needs,** living on less than 300% of the poverty threshold ($3,765 monthly income for a single person).

**Race/Ethnicity of Older Adults in San Francisco, 2000 to 2021[10]**

*Source: 2000, 2010 Decennial Census; 2021 American Community Survey 1-Year Estimates*

San Francisco is known for the diversity of its residents, and the senior population is no exception. **Older adults in the city are predominantly Asian/Pacific Islander (API) and white** — accounting for 44% and 37% of the population, respectively — while Latinx or

[7] 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. http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID==1417.

[8] University of Massachusetts, Boston. Elder Index. https://elderindex.org.

[9] 2024 federal poverty guidelines. https://aspe.hhs.gov/poverty-guidelines.

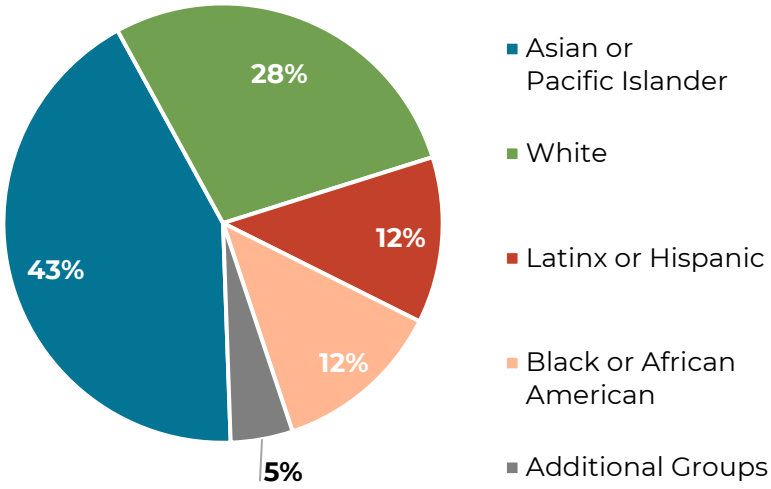
[10] The "Additional Groups" category includes multiple very small racial/ethnic populations, including seniors identifying as Native American/Alaska Native or multiracial. DAS aggregates data on these populations in our reporting because population estimates tend to be less statistically reliable for these smaller groups. Despite these technical limitations, we nevertheless strive to understand the profile and needs of these populations in other meaningful ways, such as through qualitative research and analysis.

Hispanic individuals make up 10% of seniors, and Black or African American individuals make up another 5%.

This racial/ethnic composition represents a shift in the makeup of San Francisco seniors over the past two decades. In 2000, nearly half (44%) of the City's seniors were white. Since that time, there has been sustained growth of the API population — which rose from about 38% of seniors to current levels. API individuals now make up the largest racial/ethnic subgroup among the city's older adults. Also of particular note is the **decline of the Black or African American senior population**, which mirrors citywide trends in the displacement of these residents. Where this population once comprised about 9% of all seniors in 2000, they now only account for about 5% of the local senior population, prompting important considerations about the work that must be done to serve this population equitably and support the preservation of this vibrant community.

When we consider the intersection of race and poverty, **older adults of color are disproportionately living in poverty** when compared to their white peers. This trend is most pronounced among Black or African American older adults who make up only 5% of San Francisco seniors, but account for 12% of the city's older adults living in poverty. Latinx or Hispanic older adults are also overrepresented among those living in poverty, although to a lesser degree.

**Older Adults (60+) In Poverty in San Francisco**




**n = 24,032**

*Source: 2021 ACS 1-Year Estimates*

## Resources and Constraints Shaping Our Aging and Disability Services

San Francisco has long been known as a place for robust cultural exchange, socially progressive politics, and commercial innovation. The city continues to benefit from the engagement of its diverse citizenry and meaningful investment in public services: here, residents may access a wide range of public programs and community-based services to meet their varied needs.

The challenges and constraints the city faces are also well known. San Francisco has substantial geographic, financial, and political constraints that pose **barriers to the development of affordable housing** at a rate that can keep pace with the city's growth and the needs of longtime residents who are struggling to make ends meet. **Economic inequality is significant and continues to rise** as the high cost of living hollows out the city's once-thriving middle class. When these middle-income families are displaced and forced to seek more affordable conditions outside of the city, they often leave behind aging parents who may have limited sources of support in their absence. **These impacts are also felt keenly by social service professionals working at non-profit community-based organizations.** Also subject to these economic pressures, they may be forced out of the city and have to endure lengthy and expensive commutes into the city to work, or seek better paying jobs with the City or in the healthcare field.

In spite of these challenges, **the City has many assets shaping the local system for aging and disability service delivery, and the community-based provider network is one of its most notable.** DAS has funding partnerships with over 60 community-based organizations located throughout the city. These organizations not only have extensive experience meeting the needs of older adults and people with disabilities generally, but also offer specific subpopulation expertise, so that we are able to administer culturally appropriate services that meet the needs of San Francisco's diverse seniors. **Our community partners are also innovative, developing new services that allow us to reach new clients and better serve our existing ones.** The Digital Connections program, for instance, helps bridge the digital divide for older and disabled adults by purchasing devices, providing technology training and support, and improving digital infrastructure. Similarly, the LGBTQ+ Mental Health Connections pilot program develops a cohort of culturally competent mental health providers, and provides clients with digital tools, technology training, and mental health services connection.

Beyond expanding the reach and accessibility of DAS services in the community, this **provider network is an important source of advocacy on behalf of the people we serve.** In a young city with many competing political priorities, the advocacy of local community-based organizations helps to secure the attention, resources, and support necessary to help San Francisco's seniors and adults with disabilities thrive. Most notably, in 2016, community members and service providers came together to form the Dignity Fund Coalition, lobbying for and securing a protected source of local funding for social services for older people and adults with disabilities via a local ballot initiative. We describe the **Dignity Fund** in greater detail in *Section 3: Description of the Area Agency on Aging (AAA)* and *Section 4: Planning Process & Establishing Priorities*.

Community members and service providers have continued to work closely with DAS to identify opportunities to leverage Dignity Fund growth and one-time funds to address unmet needs and enhance existing services. For example, with input from these stakeholders in FY 2023-24, DAS used one-time funds to strengthen Caregiver Support services — launching a new short-term individual counseling service as part of our broader suite of support for family caregivers. We intend to stabilize funding for these critical mental health supports ongoing using Dignity Fund growth.

**DAS is well poised as the City's lead agency on aging and disability to facilitate systems-level planning and coordination** across public, private, and community-based stakeholders to better meet the needs of our residents. For instance, DAS is instrumental in coordinating the City's Age- and Disability-Friendly San Francisco (ADFSF) initiative. Since 2017, we have facilitated the ADFSF cycle. In year one of the cycle, we bring together the ADFSF Task Force made up of various City and community stakeholders to develop an action plan for making the city a more inclusive and accessible place for people of all ages. Over the next four years, we facilitate the ADFSF Implementation Workgroup responsible for carrying out the recommendations put forth by the ADFSF Task Force. We describe the Age- and Disability-Friendly San Francisco initiative in greater detail in *Section 3: Description of the Area Agency on Aging (AAA)*.

Ultimately, San Francisco not only benefits from a rich tradition of community activism, but also from a broader cultural attitude among the city's residents that public investment adds value to our communities and makes our lives better. Empowered by their constituencies to provide robust funding for public services, the **city's elected officials and other leaders have dedicated significant funding for services that support seniors to age in place with dignity and independence,** well beyond the required match for Older Americans Act funding. And while San Francisco continues to grapple with the rising cost of living and tries to mitigate its outsize impact on marginalized communities, these economic conditions have also provided the city with enhanced revenue — allowing the city to increase funding for social services and develop more equitable strategies and program models that allow us to support the well-being of the older and disabled members of our community.

# Section 3: Description of the Area Agency on Aging (AAA)

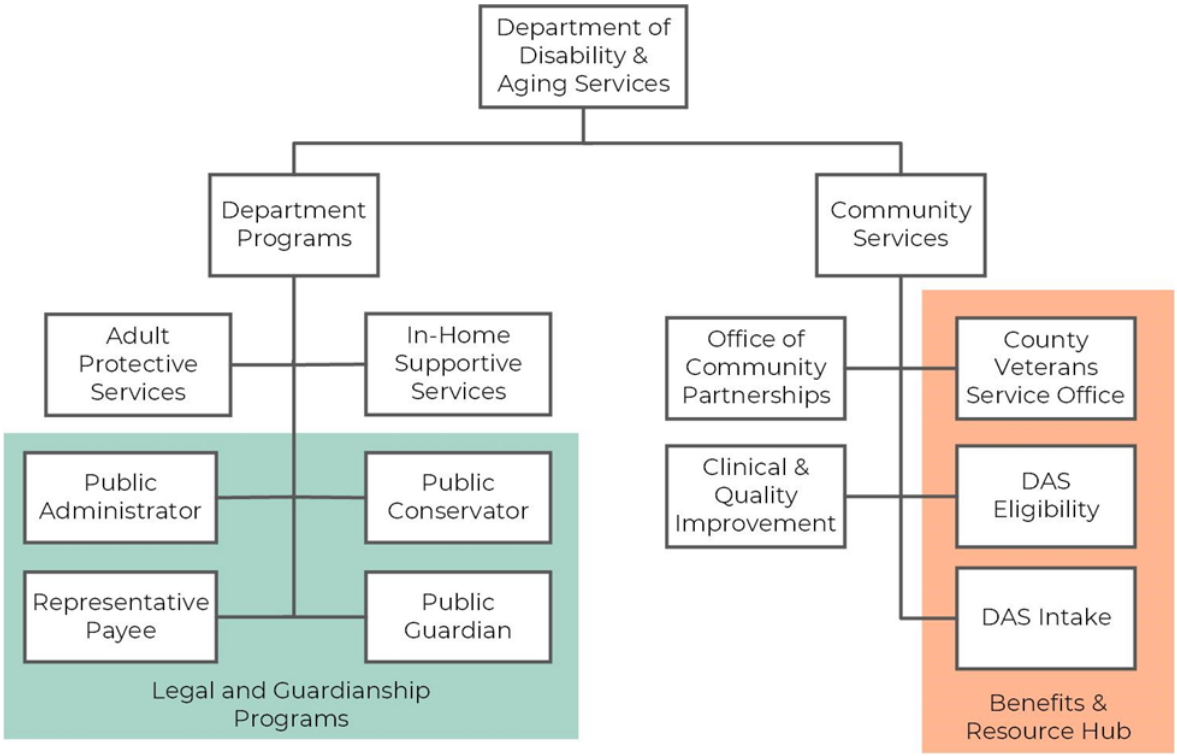
**This section describes how we, as the Area Agency on Aging, serve as a leader on aging issues on behalf of all older individuals, adults with disabilities, and their caregivers within San Francisco.**

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

## Overview of the Department of Disability & Aging Services

Our Department is located within the San Francisco Human Services Agency, which delivers a safety net of services and public benefits to promote wellbeing and independence. Each year, **DAS serves nearly 70,000 unduplicated clients through our direct service programs and community partnerships.** With an overall budget of $489 million in FY 2023-24, we are structured into two divisions and supported by a staff of 449 employees and contracts with over 60 community-based organizations to provide diverse services.

### DAS Organizational Structure



DAS provides a diverse spectrum of services to support the safety, health, and independence of older and disabled adults. These services span from **engagement and wellness services** that promote a healthy aging experience for active and independent community members, to services that **support stability in the community** and prevent unnecessary institutional care, to **crisis intervention services** for individuals requiring immediate assistance to mitigate exposure to risks, and reaches the level of **guardianship services** for those unable to manage their needs due to mental and cognitive challenges.

**DAS Spectrum of Services**

In total, DAS operates eight direct service programs (e.g., In-Home Supportive Services) and contracts with community providers to deliver over 60 services to older adults, veterans, caregivers, and people with disabilities in San Francisco. Collectively, these services are organized into seven service areas based on their primary underlying goal. These service areas represent the key strategies by which the Department seeks to improve the lives of older adults and people with disabilities in San Francisco.

**Table 1: DAS Service Areas**

| Service Area | Primary Goal |
|---|---|
| **Access & Empowerment** *e.g., Aging and Disability Resource Centers, Empowerment Programs, Legal Assistance* | To educate, empower, and support older adults and people with disabilities to access needed benefits and participate in services |
| **Caregiver Support** *e.g., Adult Day Programs, Caregiver Respite* | To support the wellbeing of family and friend caregivers and their care recipients through education, counseling, resources, and connection |
| **Case Management & Care Navigation** *e.g., Community Living Fund, Money Management* | To facilitate service connections and support individuals with complex needs to navigate available resources and promote stability in the community |
| **Community Connection & Engagement** *e.g., Community Service Centers, Employment Support* | To provide opportunities for older people and adults with disabilities to socialize, build community, and participate in a meaningful way in their community |
| **Housing Support** *e.g., Housing Subsidies, Scattered Site Housing* | To support seniors and adults with disabilities to maintain stable housing through service connection and community engagement |

| Service Area | Primary Goal |
|---|---|
| **Nutrition & Wellness**<br>*e.g., Home-Delivered Meals, Nutrition Education, Health Promotion* | To promote physical health and wellbeing for older adults and adults with disabilities by providing nutritious foods and supporting healthy lifestyles |
| **Self-Care & Safety**<br>*e.g., Elder Abuse Prevention, Long Term-Care Ombudsman* | To support older adults and people with disabilities to meet their needs in the most independent setting, safe from abuse and self-neglect |

Our work is overseen by the **Disability and Aging Services Commission.** This charter commission of the City and County of San Francisco serves as our Governing Board. Meeting monthly, the Commission hears presentations on population, program, and policy matters that impact older people, adults with disabilities, and caregivers, and helps us to formulate our goals, objectives, plans, and programs. The Commission also reviews and provides approval for our community contracts, as well as hears our annual budget prior to submission to the Mayor's Office. This Mayoral-appointed Commission consists of seven members, which must include at least one person age 60 or older, one person with disability, and one person who has served in the US military.

We are also supported by the **Advisory Council to the Disability and Aging Services Commission.** Established by the Area Agency on Aging, the Advisory Council serves as a public voice to review and advise our work, including the development and administration of the Area Plan. This 22-member body is appointed by the San Francisco Board of Supervisors and the Disability and Aging Services Commission. Members represent all 11 City supervisorial districts. Throughout an Area Plan cycle, the Council provides input on our efforts to develop and coordinate community-based services for older adults and people with disabilities. Members also visit the Department-contracted agencies each year to assess their work and to gain a comprehensive understanding of the senior services network.

## Facilitating Linkages to Essential Programs and Services

The **DAS Benefits and Resource Hub** is our Department's one-stop shop for connecting older adults and adults with disabilities to critical services including food assistance, safety and protection, veterans benefits, health programs, case management, and adult learning. At the DAS Hub, our Intake unit — staffed by social workers — provides information, referral, and assistance to help clients and their families to connect to needed services. Consumers can access the DAS Hub in person, by phone, and online. Notably, **the DAS Hub serves as San Francisco's Core Partner for the state-funded Aging and Disability Resource Connection program.** DAS also partners with community-based organizations to extend the reach of our information, referral, and assistance services to culturally and linguistically diverse clients throughout the city. In collaboration with the **Independent Living Resource Center of San Francisco** and our **Extended Partner network of community-based Aging and Disability Resource Centers,** we facilitate service navigation and connection for seniors and disabled adults in each of the city's 11 supervisorial districts. To see a complete list of these sites, please refer to *Section 9: Senior Centers & Focal Points*.

## Providing Leadership and Strategic Vision to Develop a Coordinated System

As the local Area Agency on Aging, **DAS is a critical part of the broader network of City and community services available to San Francisco's older adults, adults with disabilities, and caregivers.** We are an important leader in shaping the goals for the social service delivery system for community-based long-term care, as well as partnering with and advising other systems that support these populations.

Our leadership role is expressed through formal strategic planning processes, as well as collaborative partnerships with government and community agencies. Throughout this work, we strive to promote community voice in planning efforts and decision-making.

### Formal Strategic Planning Efforts

In our role as administrator of the City's aging and disability services, we are responsible for several strategic planning processes, which we strive to align to the greatest extent possible. Through these planning processes, we establish goals and pursue objectives to support a streamlined and effective delivery system of social services for older people and adults with disabilities.

All of these plans are driven by needs assessment work and presented publicly to inform the community of our priorities and the department's direction. These include:

- **Five-Year Strategic Plan:** The San Francisco Human Services Agency follows a five-year strategic planning cycle. Through this process, we craft a plan that identifies our high-level priorities and specific actions we will undertake across our department (directly-provided programs and community-based services) to achieve these goals. At the beginning of each fiscal year, we present our objectives for the year at the Disability and Aging Services Commission, and we provide a mid-year update to share our progress with the Commission and the community.

- **Dignity Fund:** Our department is responsible for administering the Dignity Fund, a special local fund for social services that support older adults and adults with disabilities to safely live and engage in the community. As part of this responsibility, we are required to conduct a planning process, which results in a comprehensive community needs assessment and four-year allocation plan (both developed with robust community input to ensure the fund is appropriately and transparently spent to address community needs).

- **Area Plan:** As the Area Agency on Aging for San Francisco, we develop a full Area Plan every four years and provide annual updates to the California Department of Aging. Developed with advice from our Advisory Council and Commission, we present these draft plans publicly to solicit public input and communicate our strategic goals, key priorities, and objectives.

More information about our planning processes is provided in *Section 4: Planning Process & Establishing Priorities*.

## Strengthening Systems Citywide

In addition to our key function of administering the City's aging and disability services, **DAS is also uniquely situated to interact with the many delivery systems serving San Francisco residents,** such as those for physical and mental health, housing and homelessness, employment, and community development. We work in close collaboration with the following City agencies and other institutional partners, offering subject matter expertise and a strategic vision to better meet the needs of older and disabled consumers:

**DAS Partnerships with City Agencies and Other Institutions**

| Department | Services |
|---|---|
| Department of Benefits & Family Support | • CalFresh Program<br>• Medi-Cal Enrollment |
| Department of Homelessness & Supportive Housing | • Coordinated Entry<br>• Permanent Supportive Housing<br>• Temporary Shelter |
| Department of Public Health | • Behavioral Health Services<br>• Health at Home<br>• Housing and Urban Health<br>• Laguna Honda Hospital<br>• Zuckerberg San Francisco General Hospital |
| Other City Agencies | • Department of Emergency Management<br>• Department of Recreation and Parks<br>• Mayor's Office of Community Investment<br>• Mayor's Office on Disability<br>• Mayor's Office of Housing and Community Development<br>• Municipal Transportation Agency<br>• Planning Department<br>• San Francisco "311" Municipal Services Information Line |
| Local Medi-Cal Managed Care Health Plans | • Anthem-Blue Cross<br>• Kaiser Permanente<br>• San Francisco Health Plan |

These collaborations are often advisory in nature — we are always willing to **share our insights into population needs** and help other departments shape their resources to meet the needs of seniors and people with disabilities. We also **develop services that span City agencies.** For example, DAS partnered in 2021 with City and community partners to launch a new In-Home Supportive Services (IHSS) model to provide Permanent Supportive Housing residents with enhanced support to get connected to IHSS. This model, known as the IHSS Collaborative Caregiver Support Team, is made up of representatives from IHSS, the IHSS Public Authority, our agency-based IHSS care provider Homebridge, the Department of Homelessness & Supportive Housing and their community-based service providers, and the Department of Public Health. Through this model, DAS now serves more than 60 Permanent Supportive Housing buildings citywide, helping to stabilize residents' housing, improve their health outcomes, and address challenges related to unit cleanliness and habitability. During

this Area Plan cycle, we will leverage similar collaborative strategies to strengthen IHSS enrollment and service participation for older and disabled adults with home care needs living in the City's temporary shelters.

DAS also participates in significant **planning and coordination efforts to facilitate the development of systems** that effectively meet the needs and value the contributions of older people and adults with disabilities. Two key examples of these include:

- **Age- and Disability-Friendly San Francisco (ADFSF):** San Francisco joined the World Health Organization's "Age-Friendly Cities" initiative in 2014, committing to making the City a more inclusive and accessible place for all ages. Including disability to our local effort, DAS supported a 27-member ADFSF Task Force to conduct a baseline assessment and action plan in 2017 that identified policies and programs that support seniors and people with disabilities to live engaged and fulfilling lives. We now facilitate and participate in an ADFSF Implementation Workgroup consisting of community leaders and staff from City Departments. Our current focus is to support implementation of 10 recommendations that advance equitable access of resources, activities, and opportunities across domains of civic life such as: Outdoor Spaces and Buildings; Transportation; and Communication, Information, & Technology.

- **Aging and Disability Affordable Housing Reports:** DAS prepares regular reports focused on affordable housing for older adults and people with disabilities, in our capacity as San Franscisco's lead agency charged with coordinating services for these populations. DAS prepares these reports with input from the City's Department of Homelessness & Supportive Housing, Mayor's Office of Housing and Community Development, Mayor's Office on Disability, and the Planning Department. Representatives from these departments join a monthly Steering Committee meeting to shape reporting and implementation strategies.

### SPOTLIGHT: DISABILITY CULTURAL CENTER (DCC)

DAS continues to advance our work to establish the nation's first City-funded Disability Cultural Center. The Disability Cultural Center (DCC) will be a virtual and in-person center that will provide community service programming, educational, artistic, and social networking opportunities for people with disabilities and their allies. The Center will be located at a new 112-unit affordable housing site (a quarter of whose units are reserved for people with disabilities with low income), currently under construction in San Francisco's Civic Center neighborhood. The Department recently procured a service provider — through a process with extensive disability community and service provider input — to develop and begin implementation of the Center in early FY 2023-24.

The site is currently under construction, and will welcome residents and launch on-site services in 2025. The DCC will bring diverse people with disabilities together to access resources, advance social justice, and foster disability culture, community, and pride.

## Promoting Community Voice in Decision-Making

**DAS recognizes the essential role of the community** not only in identifying the needs of San Francisco's diverse older people, veterans, adults with disabilities, and their families, but also in developing the service delivery systems intended to meet these needs. It is critical that we integrate community voice in our work and take several approaches to doing so.

**A key strategy through which we gather community input is our needs assessment work.** For example, in our last comprehensive Community Needs Assessment, we held 16 in-person and virtual community forums to reach residents in every supervisorial district, hosted 13 focus groups, and conducted a community survey that gathered over 2,000 responses. And, as we processed the community input and analysis of population and program data for this project, we **presented publicly on our findings to share information and solicit further input and direction.**

We also work in **close consultation with a number of community advisory bodies** — many of them required by local legislation — which are listed below. Most include **dedicated seats for consumer representation from the populations that we serve.**

- The **Disability and Aging Services Commission** is a charter commission that provides oversight to the Department. This Commission consists of seven Mayoral appointees, who must include at least one person age 60 or older, one person with a disability, and one person who has served in the US military.

- The **Advisory Council to the Disability and Aging Services Commission** advises the Commission on all matters related to the Area Plan. The 22-member Council consists primarily of older adults, 11 of whom are appointed by the San Francisco Board of Supervisors to represent each supervisorial district; they are responsible for communicating the concerns and needs of older people within their home area. The remaining half are appointed by the Disability and Aging Services Commission.

- The **Dignity Fund Oversight and Advisory Committee (OAC)** monitors and participates in the administration of the Dignity Fund. The group is responsible for ensuring that DAS administers this special fund in a manner accountable to the community, and develops recommendations to DAS on topics ranging from the process for making funding decisions, program development and provider capacity-building, and evaluation and improvement of services. The Dignity Fund Oversight and Advisory Committee has 11 members: three Mayoral appointees and remaining members drawn from DAS's other major advisory bodies — two from the Disability and Aging Services Commission, three from the Advisory Council, and three from the Long-Term Care Coordinating Council.

- The **Service Provider Working Group (SPWG)** advises the Dignity Fund Oversight and Advisory Committee on funding priorities, policy development, the planning cycle, and other issues related to the Fund. It consists of community-based providers who serve older people and adults with disabilities.

- **The Long-Term Care Coordinating Council (LTCCC)** advises the Mayor and City on policy, planning, and service delivery issues for older adults and people with disabilities to promote and integrated and accessible long-term care system. The LTCCC is a 16-member body, with eight seats for representatives across various areas of supportive services, six seats for key City Departments, and two seats for consumers and their advocates.

# Section 4: Planning Process & Establishing Priorities

**This section provides an overview of how we conduct our planning process, establish priorities, and provide opportunities for public involvement in the planning process. It also includes information about the factors influencing our priorities for the planning cycle and our plans for managing increased or decreased resources in the future.**

Situated within the San Francisco Human Services Agency and supported by funding at the federal, state, and local levels, DAS manages multiple (and often intersecting) responsibilities to a wide range of our constituents and stakeholders. As both an Area Agency on Aging responsible for community-based services and a county welfare agency that directly provides protective services and entitlement programs, we work to align our planning efforts and integrate our services.

In particular, two local planning processes inform the development of this Area Plan:

- **Local Strategic Planning Process:** The San Francisco Human Services Agency follows a five-year strategic planning cycle. Through this process, our Agency crafts **a Five-Year Strategic Plan,** which identifies underlying goals that DAS uses to shape priority areas in our own Department-level strategic planning process. Each year, DAS publishes an Annual Report, which includes information on actions planned for the new year in alignment with Agency goals and key achievements from the last year. This plan and its goals are informed by ongoing needs assessment work, community voice, and an understanding of our role as a leader on aging and disability issues in the broader City context.

- **Dignity Fund Planning Cycle:** In 2016, San Francisco voters established a special fund for community-focused aging and disability services with an initial baseline of $38 million that will grow to $71 million by FY 2026-27. As part of this legislation, a planning process was established that mandates an extensive community needs assessment, followed by a four-year funding plan based on findings from that research. This work is overseen by an oversight body with many opportunities for public input and collaboration across agencies.

## Assessing Population Needs and Integrating Community Voice

Understanding population trends and community needs is essential to our planning process. Our approach to needs assessment work is structured by a large-scale, primary community needs assessment every four years that is supplemented by more narrowly-focused research projects that allow us to dive more deeply into specific topics and populations.

The primary needs assessment that currently guides our strategic planning efforts is the **Dignity Fund Community Needs Assessment.** This assessment is required by local legislation that established a protected special fund for aging and disability services and outlined a four-year planning and funding cycle for this revenue. We have also completed smaller standalone projects focused on the experiences and needs of communities of color, the LGBTQ+ population, and caregivers.[11]

DAS completed the most recent Dignity Fund Community Needs Assessment in 2022. The needs assessment was a comprehensive and collaborative process. It emphasized engagement of the Department's constituents in the community — older people, people with disabilities, veterans, and caregivers — as well as other important stakeholders who make up our extended service delivery network, such as community service providers and public agencies serving these populations in San Francisco. This assessment was guided by the following questions:

- What are the needs of older adults and adults with disabilities in San Francisco?
- What are the system-level strengths and gaps?
- What population subgroups may be underserved?

To answer these questions, we employed a variety of research methods. This included key informant interviews, an equity analysis focused on our priority populations that drew on existing DAS client data, and extensive community research. More information about this community research, including participation levels and public engagement strategies, are described in the following table.

**Community Needs Assessment: Community Engagement**

| Community Engagement Method & Participation Levels | Description |
|---|---|
| **Community Forums** *324 participants across 11 virtual and 5 in-person events* | In partnership with elected City officials and community-based service providers, DAS widely advertised and hosted open forums where community members shared what was working well, what needed improvement, and what was missing in our aging and disability service system. We provided interpretation services in the City's threshold languages and for individuals with hearing impairment to make the events as inclusive and accessible to community members as possible. |

[11] To view these needs assessment reports in full, please visit the Reports and Publications page of our website (https://www.sfhsa.org/about/reports-publications/das-plans-and-reports).

| Community Engagement Method & Participation Levels | Description |
|---|---|
| **Focus Groups and Interviews**<br>*84 participants across 9 virtual and 4 in-person events* | DAS conducted focus groups with specific communities and groups to build on and deepen our understanding of public feedback from the community forums. Working alongside community-based organizations serving seniors and people with disabilities, we engaged over 15 different populations of interest such as transitional aged youth with disabilities, Cantonese-speakers, LGBTQ+ individuals, homebound adults, and people who are blind and/or low vision. We also hosted sessions with service providers and community leaders, such as case managers and faith leaders. |
| **Community Survey**<br>*2,187 responses from community members* | To learn about community needs and experiences in services, DAS administered a survey online, paper, and phone formats. The consumer survey included five sections that gathered responses on consumer service needs, experiences with programs and services, health and wellbeing, experiences with caregiving and demographic information. We administered the online and paper surveys using convenience sampling methodologies; we administered the phone survey in a randomized fashion to gather a representative sample of the consumer population. |

The community research activities we undertook during the Community Needs Assessment were essential to gathering input from residents across the City about their awareness of and experience engaging in services. This work generated robust qualitative and quantitative information that enabled us to identify service gaps and develop recommendations for improvement.

In addition to gathering input through these activities, we also solicited input on our findings and the draft report from the community and partner agencies. During the research process, we presented on our efforts and preliminary findings at public meetings of the Dignity Fund Oversight and Advisory Committee. Following the public release of the draft Community Needs Assessment, the Disability and Aging Services Commission and the Dignity Fund Oversight and Advisory Committee hosted a joint public hearing to review and provide feedback on the assessment. Upon the Commission's approval of the assessment, it was sent to and approved by the San Francisco Board of Supervisors following a presentation by our Executive Director.

The findings of our needs assessment work are described in *Section 5: Needs Assessment & Targeting* and help to inform this Area Plan's target populations, priorities, and goals and objectives.

## Establishing our Goals, Objectives, and Priorities

As both an Area Agency on Aging that administers community-based services and also a county welfare agency, DAS must participate in a variety of planning processes. In doing so, we strive to align our efforts and work to streamline and integrate our services.

### Goals and Objectives

Within this Area Plan, our Department's **goals** represent our guiding principles and serve as conceptual underpinning for our administration of the aging and disability service delivery system. These goals are outlined in the San Francisco Human Service Agency's Five-Year Strategic Plan, which serves as a foundational framework for guiding the use of DAS resources and the everyday work of our staff. These goals are:

- **Goal 1: Equity, Inclusion, and Accessibility.** Everyone has equitable access and outcomes across race, ethnicity, age, ability, gender identity, sexual orientation, immigration status, and neighborhood in all of our programs, services, and systems.
- **Goal 2: Strong Workforce and Collaboration.** Our staff and community partners feel supported, heard, valued, and connected to one another and our common mission.
- **Goal 3: Employment and Economic Security.** Everyone has a stable source of income and an opportunity to increase their economic well-being.
- **Goal 4: Health and Well-being.** Everyone has the food, shelter, healthcare, supportive services, and community connection to thrive.
- **Goal 5: Safety and Care.** Everyone is safe and connected in all stages of life, free from abuse, neglect, and exploitation.

To achieve these goals, each year we identify specific **objectives** or actionable strategies to pursue. These objectives are reflected in our Annual Plan and also this Area Plan. We present the Annual Plan publicly at the Disability and Aging Services Commission at the beginning of a new fiscal year and provide a mid-year update to share our progress. This annual approach allows us to be flexible and responsive to changes in community needs and/or available resources. For this Area Plan, we have focused our objectives primarily on community-based services. These objectives have been developed with input from our Advisory Council and presented before the Council and Commission prior to finalization.

These goals and objectives are captured in detail in *Section 7: Area Plan Narrative Goals and Objectives*.

## Priorities

All of our work towards these goals and objectives is shaped by our **priorities** for this Area Plan cycle. These eight priorities are overarching considerations DAS must keep at the forefront as we administer funding and facilitate services. These priorities are drawn directly from our community needs assessment work, reflecting gaps in services, equity concerns, and opportunities to strengthen our service network.

More specifically, the findings from our 2022 Dignity Fund Community Needs Assessment resulted in numerous recommendations, across which common and critical themes emerged. These priorities identify areas for systematic improvements in the development and delivery of our services to ensure that our services are accessible to all consumers — in particular our target populations — and that we are maximizing the use of limited resources.

As we identified and finalized these priorities, we presented them at public meetings before the Dignity Fund Oversight and Advisory Committee. This oversight body includes members from our Disability and Aging Services Commission and Advisory Council (our Governing and Advisory Boards, respectively) to solicit input and incorporate suggestions.

Our priorities are to:

- **Improve service awareness, navigation, and connection:** DAS should support consumers and service providers to develop awareness of the diverse range of DAS services, understand how to learn more about services, and access desired services.

- **Promote inclusion of seniors and adults with disabilities in the broader city community:** DAS should bring community and other City agency stakeholders together to improve their sensitivity and responsiveness to the needs of seniors and adults with disabilities.

- **Ensure consumers citywide have multimodal service access (to in-person, hybrid, and fully remote services):** DAS should locate service sites strategically and support hybrid services infrastructure across programs so that consumers living in all parts of the city, including the outer Supervisory Districts, may utilize needed services across delivery modes with ease.

- **Boost service engagement for adults with disabilities:** DAS should employ strategies to enhance service connection among adults with disabilities, while keeping in mind the particular needs and preferences of this population.

- **Provide equitable, culturally inclusive, and affirming services for BIPOC and LGBTQ+ people:** DAS should continue to provide high-quality, intersectional, and culturally responsive services to clients of all backgrounds and life circumstances, with particular attention to people belonging to BIPOC and LGBTQ+ communities.

- **Use data to support service planning, delivery, and continuous quality improvement:** DAS should conduct robust data collection of service utilization and

client outcomes to support a data-informed process for service design, implementation, evaluation, and continuous quality improvement.

- **Enhance system coordination across City and community partners:** DAS should support both formal and informal community provider partnerships at the neighborhood- and Supervisory District-levels, and with other City agencies serving older and disabled adults, to enhance the quality, reach, and impact of services.

- **Strengthen community-based service provider infrastructure:** DAS should reinforce and strengthen the infrastructure of community-based agencies to improve the quality, reach, and impact of services.

These priorities will guide DAS as we navigate this Area Plan cycle. Should additional funding become available, these considerations will help us direct how to make best use of the revenue. These priorities can also help us should resources decrease. In particular, our priority to "use data to support service planning" will help us identify where to absorb reductions while minimizing impact in our other priority areas.

Additionally, the process of identifying these priorities has affirmed the importance of our Title IIIB funding allocation, which provides funds for Access, In-Home, and Legal Assistance. In particular, Access services — such as Information and Assistance provided at our in-person service center (the DAS Benefits and Resource Hub) — are critical to increase awareness and utilization of services. Additionally, Legal Assistance services support our equity focus, helping low-income individuals to resolve concerns related to housing, public benefits, and immigration matters. See *Section 6: Public Hearings & Priority Services* for specific detail on this allocation.

# Section 5: Needs Assessment & Targeting

**This section describes our efforts to understand community needs and highlights key findings from our recent assessments. It also describes our priority (or "target") populations and how we meet the needs of these groups.**

Assessing community needs is a key part of the planning, funding allocation, and service delivery process. DAS maintains a deep commitment to needs assessment analyses. This work helps us identify unmet needs and how to tailor programs to support our diverse populations. In addition to a large-scale comprehensive effort to support our major planning processes, we conduct smaller projects that dive deeply into specific questions and topics throughout the planning cycle. (See *Section 4: Planning Process & Establishing Priorities* for more information about this process).

As requested by the California Department of Aging, we are providing a summary of highlights from our needs assessment work.[12]

## Key Needs Assessment Findings and Recommendations

The following findings represent nine of the most salient and overarching findings across our needs assessment activities:

- **Finding 1. Consumers experience a multitude of barriers to service connection, contributing to feelings of being excluded and unsupported.** Consumers expressed a lack of awareness of services, ability to navigate resources for older adults and people with disabilities, and connect with service providers. They also shared that confusion about their eligibility for services and challenges completing enrollment applications made it harder for them to access services.
    - **Recommendation: Create an online resource directory.** We have many available resources for older and disabled adults in our community. Centralizing and streamlining information about these programs in a dynamic, searchable online directory will help to improve awareness of and connection to these services.
    - **Recommendation: Diversify modes of communication regarding available services to meet various populations' needs, including improving messaging**

[12] The primary needs assessment that currently guides our strategic planning efforts is the Dignity Fund Community Needs Assessment. In addition to our standing program reports and semi-annual performance reporting, we have also completed smaller standalone projects that dive deeply into the experiences and needs of communities of color, the LGBTQ+ population, and caregivers. To view these needs assessment reports in full, please visit the DAS Plans and Reports page of our website (https://www.sfhsa.org/reports-publications/das-plans-and-reports).

**around the DAS Benefits and Resources Hub.** Tailored population outreach is an important strategy for raising awareness of DAS services. We should also leverage neighborhood/community networks and local media (including non-English newspapers, TV, and radio) to share information about our service network.

- **Finding 2. Adults with disabilities experience heightened barriers and have greater unmet needs than older adults.** Adults with disabilities face unique systemic challenges to participating in services, including factors that place them at greater risk of physical and social isolation. They tend to participate in DAS services at lower rates than older adults.
    - **Recommendation: Strategize ways to meet the unique needs of — and address barriers specific to — adults with disabilities.** We must continue to engage with and learn from the lived experiences of disabled adults, accounting for their perspectives and needs in the design and implementation of services. We should also increase capacity of DAS service providers and other partners to provide accessible and culturally responsive services to people with disabilities through disability competency training, resources, and cross-sector collaboration.

- **Finding 3. While many of consumers' basic needs are generally met, social connectivity and mental health needs (amplified by the pandemic) are not as well met.** Consumers shared that their basic needs, particularly nutrition and physical activity needs, are generally well met. However, the COVID-19 pandemic made it harder for people to connect socially, especially in person, and contributed to increased feelings of loneliness, social isolation, and other mental health concerns—particularly among LGBTQ+, BIPOC, and disabled individuals.
    - **Recommendation: Expand service opportunities and improve service connection for consumers, particularly LGBTQ+ and BIPOC consumers, who are experiencing loneliness and mental health challenges.** DAS should explore ways to reduce social isolation and improve mental health services access. To help inform strategy and provide tailored support, consider using existing service touchpoints and data gathering activities to identify individuals experiencing challenges with loneliness, stress, depression, or other mental health issues.
    - **Recommendation: Identify new, creative, localized, and culturally relevant opportunities for consumers to connect and socialize.** We should continue to invest in a variety of creative strategies that promote socialization at the neighborhood level and citywide, including peer support programs, intergenerational socialization activities, and employment and volunteering.

- **Finding 4. Consumers increasingly rely on technology and would benefit from expanded technology resources and virtual service offerings that promote inclusivity.** Consumers appreciate the flexibility, accessibility, and inclusiveness of virtual and hybrid programming that DAS service providers offered in the immediate aftermath of the COVID-19 pandemic outbreak, and have continued to offer in many instances. However, despite the many advantages technology resources and virtual/hybrid programming provide, issues of digital access and comfort using digital tools pose a barrier to participation for some people.

    - **Recommendation: Continue the investment in and expansion of hybrid services, providing virtual and in-person options that allow consumers flexibility with how they engage with a given service.** DAS should assess virtual service utilization to better understand and further tailor services that clients prefer to access in these ways. Integrate technology access and support into the design and implementation of fully-remote and hybrid services. Additionally, increase service provider capacity to support the provision of culturally and linguistically relevant virtual services.

    - **Recommendation: Expand and scale technology access across service offerings.** We should strengthen referral pathways and connection to digital inclusion programs, while also ensuring that we continue to support clients in person who do not or cannot connect to DAS virtually. Further, DAS should support agencies and advocacy efforts that improve digital connectivity and access to assistive and/or adaptive technologies for older people and adults with disabilities.

- **Finding 5. Consumer concerns and needs relating to safety, mobility, and transportation have been exacerbated by the COVID-19 pandemic and racialized violence.** Participants in our community research often reported concern for their safety and well-being when having to conduct essential activities outside their homes. These concerns reflected a variety of issues: mobility challenges when walking on poorly maintained streets and sidewalks; difficulty navigating around sprawling encampments of unsheltered individuals and instances of open-air drug use; and fears about the rise of racially motivated violence against Asian/Pacific Islander seniors following the COVID-19 outbreak. Consumers also shared similar feedback about safety challenges when using public transportation, and expressed a desire for expanded and more accessible transportation services.

    - **Recommendation: Increase access to safe and efficient transportation.** DAS must find ways to strengthen coordination with local transportation agencies to improve service connection and ensure clients' accessibility needs are met. Further, we should expand the availability of taxi/rideshare vouchers and explore other flexible transport options for our consumers.

- **Recommendation: Strengthen supportive services for consumers with mobility-related disabilities.** We should build on the success of safety escort services initially launched to promote safety among Asian/Pacific Islander communities to better support seniors and people with disabilities across a broader range of populations and neighborhoods.

- **Finding 6. BIPOC and LGBTQ+ consumers need culturally responsive services that affirm their identities and make them feel included, accepted, and safe.** Consumers who identify as BIPOC and/or LGBTQ+ shared that they need to feel included and comfortable when accessing services. Identity-affirming services, particularly those that address their needs at the intersection of multiple identities (e.g., older adult and someone living with HIV), are especially important in achieving this goal. BIPOC consumers, especially those from immigrant backgrounds, also expressed the importance of both linguistically and more broadly culturally relevant services.

  - **Recommendation: Strengthen service provider capacity to deliver culturally responsive, intersectional, and inclusive services that better meet the needs of diverse consumers — especially with a focus on equity factors such as BIPOC and LGBTQ+ identification.** DAS must support community providers to hire and retain staff representing diverse cultural backgrounds, languages, disability status, and age to better reflect the varied identities of our service populations. Further, we should provide robust training to service providers to strengthen cultural humility and responsiveness.

  - **Recommendation: Be focused and intentional in providing inclusive services to the LGBTQ+ population, with attention to the unique needs of specific subgroups.** We must strengthen service provider capacity to provide culturally responsive support to LGBTQ+ populations, including transgender and gender non-conforming people, queer women and femmes, and individuals living with HIV. We should also consider ways to partner with LGBTQ+ serving organizations outside our traditional provider network to bring their attention to issues of ageism and ableism, and to better meet the needs of our older and disabled LGBTQ+ people.

  - **Recommendation: Improve the consistency and availability of demographic data in programs, in particular for equity factors that often have missing data, such as LGBTQ+ identification, to better inform program planning.** To strengthen our data-informed practice in the design, implementation, and evaluation of services, DAS must improve demographic data collection across our programs. We should pay particular attention to collection of data on equity factors, such as race/ethnicity, low-income status, primary language, and LGBTQ+ identity.

- **Finding 7. Caregivers need more information about available resources for themselves and their care recipients, as well as help navigating these services.** Like our other consumers, caregivers also experience challenges and accessing available supports. Caregivers shared that they need more information about services both for themselves and their care recipients, and expressed particular challenges navigating enrollment in Medi-Cal and In-Home Supportive Services.

    - **Recommendation: Improve outreach, education, and support for caregivers to ensure services are widely known and caregivers can effectively meet the needs of consumers.** DAS must focus outreach and engagement efforts on caregivers, to support their participation in services that address their personal needs as caregivers and also help them provide better care to their care recipients.

- **Finding 8. Service providers need support to identify and successfully connect clients with available resources.** Service providers are generally aware of some supportive resources for older people and adults with disabilities, especially when those services are provided by their organization. Nevertheless, they may need to develop a better understanding of the entire disability and aging services landscape in San Francisco. Service providers expressed a need for better service navigation resources to help them connect clients to the services they need with greater success.

    - **Recommendation: Strengthen provider training, coordination, and capacity to support consumers with resource navigation. Our findings, along with those from the DAS Listening Sessions with Communities of Color summary, found that providers want information on available resources and tools to help clients navigate and connect to needed services.** DAS must provide regular trainings to our service providers and partners on available disability and aging resources. As noted in another finding, we should also develop a centralized, dynamic online resource directory that both members of the general public and service providers can use to search for available resources tailored to a client's needs. Further, we should also consider ways to strengthen cross-organization referrals and successful service connections, including by bringing organizations across the DAS network together to learn about each other's work.

- **Finding 9. Consumers have unmet needs in areas outside of DAS services (e.g., housing) where the Department can play a role through access support and system coordination.** Consumers expressed a pressing and persistent need for safe, accessible, and affordable housing. They noted challenges navigating housing resources, and highlighted unique cultural factors that shaped their experience of housing and homelessness systems. Consumers also raised concerns about other areas of need, such as the high cost of medical care, and a desire for employment resources and opportunities better tailored to the needs of people with disabilities.

- **Recommendation: Strengthen interdepartmental collaboration and service coordination to better meet the housing needs of older adults and adults with disabilities.** DAS should partner with other City agencies to strengthen access to and cultural responsiveness of services for seniors and people with disabilities, particularly in areas such as housing, health, and transportation.

- **Recommendation: Clarify DAS's role as a subject matter expert on disability and aging and enhance DAS's service coordination role — particularly to strengthen service connection to resources that address housing-related needs.** DAS should continue to provide information, referral, and assistance to help clients navigating the housing search and application process. We must also continue to fund housing support services within our scope of work, including small-scale eviction prevention and rental subsidy programs, and programs that help consumers age safely and stably in place (e.g., in-home care supports, case management, home modification resources, etc.).

## Additional Information on Needs Assessment Methodologies

The Community Needs Assessment that drives our current planning efforts was a robust and participatory community effort. As outlined in *Section 4: Planning Process & Establishing Priorities,* over a six month period, we conducted broad outreach to gather input from seniors, people with disabilities, caregivers, and providers, including:

- **Community Forums:** Virtual (11 forums, one for each supervisorial district) and in-person (5 forums), with a total of 324 participants
- **Focus Groups:** Virtual (9 groups) and in-person (4 groups) with specific populations/groups of interest, with a total of 84 participants
- **Community Survey:** Administered to a randomized phone sample and also made available online and in hard copy formats at DAS-funded sites, with 1,881 total participants
- **Provider Survey:** Administered online to or aging and disability service professionals, with 309 total participants

We supplemented these community research efforts with other major analytical components and opportunities for public input:

- As part of this process, we also conducted a data-driven **Equity Analysis.** First, this analysis assessed how our priority populations — groups that face systemic barriers that impact access and outcomes (e.g., communities of color, people with low income) — utilize our services in comparison to the general population. We also considered geographic issues, looking at how service participation levels and how funds vary across the City's supervisorial districts. This analysis drew on population estimates from the American Community Survey, as well as data from our program enrollment.

- All of this work culminated in a **Gaps Analysis** that identified unmet needs, areas for system improvements, and opportunities for collaboration and additional support. Many of the findings and recommendations incorporated into this Area Plan are from this analysis.

- Prior to finalizing our assessment, **we presented publicly to share preliminary findings and gather input into how to interpret this information and identify systems gaps.** These presentations were provided before the Dignity Fund Oversight and Advisory Committee, as well as a joint hearing between this body and the Disability and Aging Services Commission to review the report draft, offer feedback, and solicit public comment. Once this report was finalized and approved by our Commission, our Executive Director presented the report to the Board of Supervisors, which also voted to approve the report.

This Community Needs Assessment also highlighted **potential areas for further research and analysis** that we have begun to pursue in consultation with the Dignity Fund Oversight and Advisory Committee. For example, we completed an analysis earlier this year that informs our current strategic efforts: a deep-dive analysis of the DAS Housing Subsidies program, which provides rental subsidies and other supportive resources to older adults and adults with disabilities to help mitigate rent burden and prevent eviction. This analysis examines program trends and the impact of Department investments in the program, drawing both on quantitative program enrollment, services, and budget data and qualitative interviews with community providers and clients. We will continue to identify and pursue other areas of research and analysis in the coming years, with input from the community.

### SPOTLIGHT: 2023 STATEWIDE COMMUNITY ASSESSMENT SURVEY FOR OLDER ADULTS (CASOA)

The California Department of Aging partnered with Polco in the summer of 2023 to conduct a **statewide survey of older adults ages 55 and older.** The state's goal was to gather insights directly from older Californians about their needs — to help inform future planning and design of programs and services that are inclusive, supportive, and responsive to their evolving needs. Designed by experts and using a statistically valid approach, the **Community Assessment Survey for Older Adults (CASOA)** provides us with additional insights about the needs of San Francisco's older people. The survey findings we highlight below often echo themes we have identified through our own needs assessment activities. They also identify areas for the Department's further consideration in future planning, funding allocation, and service delivery.

**Many themes in the San Francisco's CASOA results resonate with the findings of our Community Needs Assessment, such as:**

- **Information on Older Adult Services:** Our needs assessment found that consumers experience a multitude of barriers related to information, awareness,

and eligibility. The CASOA revealed similar issues: 43% of survey respondents identified a moderate or major unmet need in the category of Information on Available Older Adult Services. This category was the second highest area of unmet need, second only to Housing.

- **Community Safety:** Previous DAS research found that older adults and adults with disabilities have concerns about personal safety while conducting essential activities outside their homes. CASOA results underscored this theme. Survey respondents expressed low overall feelings of safety in their community; our community scored much less favorably with respect to safety than the national average. More respondents also reported being a victim of a crime compared to the national average.

- **Mental Health:** CASOA results reinforce the persistence of unmet mental health needs among San Francisco's older adult population. The survey highlighted that more older adults in San Francisco report feeling depressed and report less favorable availability of affordable quality mental health care compared to the national average.

- **Housing:** Echoing the DFCNA and other DAS community research, CASOA respondents identified housing as the most pressing unmet need experienced by older adults in San Francisco, with 46% of respondents reported having a major or moderate unmet housing need. Specifically, San Francisco scored less favorably on the variety of housing and availability of affordable housing options available to older adults, compared to national averages.

**The CASOA findings also highlighted themes that represent opportunities for deeper consideration by DAS in future planning, such as:**

- **Transportation:** Our city scores much more favorably on ease of travel by public transit compared to the national average, and more favorably on the overall quality of transportation systems.

- **Social Engagement:** Survey respondents report average levels of quality of public services, community programming, and social engagement activities compared to the national benchmark. More respondents reported using public libraries in their community compared to the national average.

- **Equity and Inclusivity:** More survey respondents reported being treated unfairly or discriminated against because of their age, resulting in a much less favorable score on this survey item compared to the national average. This finding is echoed by less favorable scores on community inclusivity more broadly: respondents report feeling like they don't fit in or belong, having less of a sense of community, and less neighborliness in the community than the national average.

## Targeting

The Older Americans Act mandates that services are directed to older individuals with the greatest economic or social need and those who are at risk for institutional placement.[13] These priorities are echoed in the Older Californians Act with specific mention of low-income, non-English speaking, minority, LGBTQ+ identity, HIV status, and frail persons.

San Francisco's priority populations build on this guidance from federal and state statute. Our focus is shaped in large part by our Community Needs Assessment, which included a rigorous review of research literature and public reports to identify equity factors that capture populations experiencing systemic barriers that can inhibit accessing of services and resources. These factors characterize populations at greater risk of poor life outcomes and who are likely to have unique service needs related to the cultural or socioeconomic conditions in which they live. It is important to note that these categories are not mutually exclusive; individuals may possess multiple equity factors.

**Table 2. San Francisco Priority Populations**

| Persons who are Socially Isolated | Persons with Low Income | Persons with Limited English-Speaking Proficiency | Persons from Communities of Color | Persons who Identify as LGBTQ+ | Persons at Risk of Institutional-ization |
|---|---|---|---|---|---|

In designing and delivering services, we must be attentive to the unique characteristics and needs of our priority populations so that we can support even the most vulnerable older adults and adults with disabilities to achieve their optimal health and well-being in a community setting.

### SOCIAL ISOLATION

Social isolation is associated with poor health, decreased cognitive function, and decreased emotional well-being.[14] San Francisco older adults are more likely to live alone than older adults statewide or in other major California counties: almost 30% live in a single person household compared to 19% of seniors statewide.[15,16] The risk of isolation is particularly high in San Francisco, where our hilly terrain can impede people with physical disabilities, the high

[13] "Greatest economic need" refers to those with income below the federal poverty line or elder economic security index. "Greatest social need" refers to need caused by noneconomic factors, such as disabilities, language barriers, and isolation resulting from cultural, social, or geographic barriers. This framework also include LGBTQ+ individuals and persons living with HIV, AIDS, or other chronic conditions.

[14] Charles, S., & Carstensen, L. L. (2010). Social and Emotional Aging. *Annual Review of Psychology*, *61*, 383–409. http://doi.org/10.1146/annurev.psych.093008.100448

[15] 2021 American Community Survey 1-Year Estimates.

[16] Living alone is a commonly used as a proxy for increased risk of isolation in research literature and analysis.

cost of living can make it difficult to afford to participate in mainstream activities, and adult children often leave the City to raise their own families in more affordable areas. Those who live alone and those who are homebound may be at heightened risk for isolation and reduced access to services.

Last year, DAS served over 14,500 seniors who live alone and use our community-based services, reaching more than a quarter of the population of those living alone.

**Social Isolation by the Numbers: City Population and Seniors Served**

| | City Population | Senior Clients (age 60+) |
|---|---|---|
| **All** | 190,689 | 38,572 |
| **Social Isolation*** | 51,182 | 14,528 |

*Measured by proxy indicator of living alone
*Source: 2021 ACS 1-Year Estimates; FY 2022-23 Enrollments in DAS GetCare*

## POVERTY AND LOW INCOME

Many San Francisco seniors have inadequate income to meet their needs. This is the result of many factors, including the City's high cost of living and a high rate of older persons relying on Supplemental Security Income. Approximately 13% of San Francisco seniors live in poverty according to the nationwide federal poverty level. However, more than 45% of single and two-senior households struggle to make ends meet according to the Elder Economic Security Index, which accounts for variation in cost of living by county and housing tenure.

Persons with low income face many barriers in accessing services. This is in part because of the intersectionality of poverty and other equity factors, which can compound difficulty utilizing resources. For example, approximately 29% of Black or African American seniors and about 20% of seniors with limited English proficiency live in poverty.[17] Additionally, many seniors among the "hidden poor" are ineligible for basic safety net services, such as Medi-Cal and In-Home Supportive Services, or may be unaware that our community-based services are not means-tested and are available to them.

The majority of seniors that DAS serves have low income. Based on census estimates and our enrollment data, we served over 70% of the City's seniors living in poverty last year.

**Low Income by the Numbers: City Population and Seniors Served**

| | City Population | Senior Clients (age 60+) |
|---|---|---|
| **All** | 190,689 | 38,572 |
| **Poverty*** | 25,353 | 18,367 |

*Based on 100% of the federal poverty level
*Source: 2021 ACS 1-Year Estimates; FY 2022-23 Enrollments in DAS GetCare*

[17] 2021 American Community Survey 1-Year Estimates

## LIMITED ENGLISH PROFICIENCY

The ability to effectively communicate directly impacts to the ability to access resources, as well as interact and participate in the community. In a city that is home to over 100 languages and with a senior population composed largely of immigrants, the accessibility of services for older adults who speak a primary language other than English is a critical concern. This is particularly true for those with limited or no English proficiency; with strong ethnic enclaves in San Francisco, many of these seniors have retained the language of their country of origin as their primary or even only language. Today, the majority of our older adults speak a primary language other than English and more than a quarter have limited or no English proficiency. Most commonly, these seniors speak Chinese dialects (36,200) or Spanish (4,100), Vietnamese (2,700), or Russian (2,000).

Through our community partnerships, DAS serves about 18,100 seniors with limited English proficiency — 47% of all seniors served.

**Limited English Proficiency by the Numbers: City Population and Seniors Served**

| | City Population | Senior Clients (age 60+) |
|---|---|---|
| **All** | 190,689 | 38,572 |
| **Limited English Proficiency** | 48,412 | 18,129 |

*Source: 2021 ACS 1-Year Estimates; FY 2022-23 Enrollments in DAS GetCare*

## COMMUNITIES OF COLOR

Over the last thirty years, San Francisco's older adults have become increasingly diverse, with Asian/Pacific Islanders representing the largest portion of our senior population. Over the same period, the percentage of the senior population that is Black or African American or Black has decreased from about eleven percent to five percent. It is our responsibility to support all of San Francisco's diverse groups to age with dignity and connection in the community. We must counter decades of institutional and structural racism that impacts well-being and results in disparate outcomes throughout the lifespan, including later years.

As noted below, most seniors who participate in our services come from communities of color. We serve approximately 25% of the City's BIPOC seniors through our community programs.

**Communities of Color by the Numbers: City Population and Seniors Served**

| | City Population | Senior Clients (age 60+) |
|---|---|---|
| **All** | 190,689 | 38,572 |
| **BIPOC** | 120,475 | 29,922 |

*Source: 2021 ACS 1-Year Estimates; FY 2022-23 Enrollments in DAS GetCare*

## LGBTQ+ COMMUNITY

Even in a city known as a hub for LGBTQ+ communities, seniors who identify as LGBTQ+ report experiencing stigma that impacts their comfort and willingness to disclose their sexual orientation and gender identity. They may hesitate to seek services that they need due to fears of social stigma and lack of trust.[18] Even within the LGBTQ+ community, older people can feel unwelcome or invisible to younger generations. This is particularly concerning given the unique challenges faced by this population. They are at higher risk of isolation than straight, cisgender seniors; they are twice as likely to live alone as the overall senior population and they are less likely to be married or to have children to rely on in older age.[19] As survivors of the AIDS epidemic, many experience survivor's guilt or behavioral health conditions resulting from the trauma or losing loved ones. And many did not make long-term plans for later in life, since they didn't expect to live into old age.

Based on available data, we estimate there to be about 22,900 LGBTQ+ seniors in San Francisco. We serve nearly 1,700 in our programs.

**LGBTQ+ Community by the Numbers: City Population and Seniors Served**

| | City Population | Senior Clients (age 60+) |
|---|---|---|
| **All** | 190,689 | 38,572 |
| **LGBTQ+** | 22,883 | 1,662 |

*Source: 2021 ACS 1-Year Estimates; San Francisco City Survey 2007-2019; FY 2022-23 Enrollments in DAS GetCare*

## RISK OF INSTITUTIONALIZATION

People deserve and need to live in their communities and age with dignity. Federal, state, and local policies have established the right of people with disabilities to live in the least restrictive setting appropriate for their care needs; people should only reside in a state-licensed, congregate living facility if their care needs cannot be met in the community. As the Area Agency on Aging, we have a critical role to develop a robust safety net that allows older people to meet their needs and remain stable in the community. Additionally, within our work to prevent institutionalization, we must also consider how issues of inequity increase the likelihood of premature or unnecessary institutionalization of those who face systemic barriers to opportunity — and shape our resources in particular to work for these populations.

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[18] Fredriksen-Goldsen, K. I., Kim, H. J., Hoy-Ellis, C. P., Goldsen, J., Jensen, D., Adelman, M., & De Vries, B. (2013). Addressing the needs of LGBT older adults in San Francisco: Recommendations for the future. Institute for Multigenerational Health University of Washington.

[19] San Francisco Human Services Agency Planning Unit. 2016. Assessment of the Needs of San Francisco Seniors and Adults with Disabilities. Accessed on December 1, 2019, from https://www.sfhsa.org/about/reports-publications/older-adults-and-people-disabilities/2016-seniors-and-adults-disabilities

Citywide, almost 33,800 seniors have disabilities that increase their risk of entering institutional care. We serve nearly 12,400 seniors at risk of institutionalization.

**Risk of Institutionalization by the Numbers: City Population and Seniors Served**

| | City Population | Senior Clients (age 60+) |
|---|---|---|
| **All** | 190,689 | 38,572 |
| **Risk of Institutionalization*** | 33,751 | 12,363 |

*Population estimate based on self-care and independent living difficulty; client count based on enrollment in services focused on preventing institutionalization.[20]
*Source: 2021 ACS 1-Year Estimates; FY 2022-23 Enrollments in DAS GetCare and Community Living Fund program data*

## Strategies for Serving Priority Populations

We employ a variety of tactics to serve our priority populations and will continue to expand these efforts over the 2024-2028 Area Plan. Key strategies include:

- **Increase awareness of services through coordinated outreach:** People must be aware of our services, or at least have a sense that services exist, to reach out for support. We will continue to strengthen and expand our efforts towards this aim, including focused outreach to key populations, and enhanced outreach coordination across DAS programs facilitated by quarterly outreach steering committee meetings.

- **Fund specific services to address priority population needs:** We have dedicated services tailored to address the unique needs of our priority populations. These services include, for example, our ongoing work to implement and launch the Disability Cultural Center, co-located at a new affordable housing site with units designated for people with disabilities. Currently under development, the Center will offer virtual and in-person community service programming, educational, artistic, and social networking opportunities for people with disabilities and their allies. Another example is our new LGBTQ+ Mental Health Connections program, which provides short-term counseling and therapy services to LGBTQ+ individuals and HIV long-term survivors ages 50 and older.

- **Support culturally appropriate services citywide:** We must ensure our City's diverse seniors feel comfortable accessing all of our services. As the local Area Agency on Aging, we can nurture and support culturally competent practice in part through the provision of training curriculum. We take many approaches towards this goal. For

[20] Adult Day Programs, Caregiver Respite, Case Management, Community Living Fund, Caregiver Support Program, Home-Delivered Meals and Groceries, LGBTQ+ Care Navigation, and Short-Term Home Care for Seniors. There may be a small amount of duplication across the 12,035 unduplicated clients whose program enrollments are captured in DAS GetCare and the 328 unduplicated clients enrolled in the Community Living Fund program, whose enrollment is tracked in other data systems.

many years, our Department has funded LGBTQ+ cultural competency training; we have since expanded this training to include dementia-focused training for service providers and family members working with persons at risk of institutionalization. We also partner with the University of California – San Francisco Geriatric Workforce Enhancement program to offer training on special topics including dementia, substance use in older adults, and caregiver burnout prevention, so that service providers are better equipped to support clients not only from varied backgrounds, but also with different levels of need and complexity.

- **Continue ongoing partnerships and develop new collaborations:** Through coordinated efforts with community providers, faith communities, and other organizations, we can leverage distinct touchpoints to reach consumers. We partner with diverse organizations to provide culturally appropriate programming with services offered in a variety of languages. Additionally, we influence and develop systems-level strategies and policies at the local, state, and national levels through our networks. For example, we have been collaborating closely with the Department of Homelessness and Supportive Housing and other City and community partners since 2021 to strengthen In-Home Supportive Services supports in Permanent Supportive Housing. Building on our successful collaboration, we are exploring similar strategies for expanding access to critical home care support in temporary shelter settings.

- **Analyze enrollment and performance data:** To ensure we are serving our priority populations, we regularly draw on data to understand who is accessing our services. We produce an annual Data and Evaluation report that summarizes client demographic trends by service and also captures performance data. We also conduct standalone analyses to dive deeper into specific topics and investigate equity issues. This year, we will also be completing the first-ever Cycle-End Evaluation report that examines program trends and outcomes over the span of the four-year Dignity Fund planning and funding cycle from FY 2019-20 to FY 2022-23.

- **Convene key stakeholders for advice and insight:** Our community provider and other partners are a critical resource in understanding population needs and developing strategies to reach underserved populations. We maintain robust dialogue with advocacy and service organizations through many local coalitions and oversight bodies, as well as quarterly provider meetings in our major service areas. And, particularly as we identify equity concerns or underservice, we turn to our local network to help us understand these trends and develop strategies to address these issues.

# Section 6: Priority Services & Public Hearings

**This section provides information on how DAS allocates federal funds for Access, In-Home, and Legal Assistance services. It also documents our public hearings on the Area Plan, which provide members of our community — particularly older adults, adults with disabilities, and their caregivers — the opportunity to comment on the development and content of the Area Plan.**

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

*The CCR, Article 3, Section 7312, requires the AAA to 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 funds[21] 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 and the Percentage of Title III B Funds expended in/or to be expended in FY 2024-25 through FY 2027-2028.*

## Priority Services

### ACCESS

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information

**2024-25** 45% **2025-26** 45% **2026-27** 45% **2027-28** 45%

### IN-HOME SERVICES

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's Day Care Services, Residential Repairs/Modifications

**2024-25** 5% **2025-26** 5% **2026-27** 5% **2027-28** 5%

[21] Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each "Priority Service" category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

## LEGAL ASSISTANCE REQUIRED ACTIVITIES[22]

Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

**2024-25** 45% **2025-26** 45% **2026-27** 45% **2027-28** 45%

**Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.**

There are no changes programmed from the existing priority service allocations. The Department does not anticipate changing any of the funding allocations, as they have been adequately meeting the needs of the community.

## Public Hearings

**PUBLIC HEARING:** *At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).*

| Fiscal Year | Date | Location | # Attendees | Presented in languages other than English?[23] | Held at a Long- Term Care Facility?[24] |
|---|---|---|---|---|---|
| **2024-2025** | 2/21/24 | 1650 Mission St, 5th Fl | 19* | No | No |
| | 3/6/24 | City Hall, Room 416 | 20* | No | No |
| **2025-2026** | | | | | |
| | | | | | |
| **2026-2027** | | | | | |
| | | | | | |
| **2027-2028** | | | | | |
| | | | | | |

**Hybrid meeting with open web access so exact number is unknown*

[22] Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.
[23] A translator is not required unless the AAA determines a significant number of attendees require translation services.
[24] AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

**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. We conducted a variety of focus groups, including sessions with homebound adults, people with vision impairment/blindness, persons who are deaf and/or heard of hearing, and unhoused individuals. Additionally, our Community Survey was distributed online and via hard copy with outreach through social media, service providers, and other community partners; we received 16 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

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 IIIB funds to meet the adequate proportion of funding for priority services.**

   2024: No comments.

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

   2024: The following issues were discussed:
   - **Representation of indigenous populations.** Advisory Council members noted the importance of including Native American individuals explicitly, by name, in population analysis. They emphasized that while Native populations in San Francisco may not be as large as other racial/ethnic groups, indigenous people remain an important part of our broader community, and should be counted as such. They also shared helpful local resources with more information about these populations and programs that serve them.

- **Language access across the DAS provider network.** Advisory Council members observed that the majority of older people in San Francisco speak a primary language other than English. In that context, they noted, it is important for DAS to promote language access across our programs including those provided directly by the Department and those provided through partnerships with community-based service providers. They highlighted opportunities to expand language access not only in in-person service contexts, but also in print and digital communications about services, including provider websites.

- **Community voice and interagency collaboration.** Both Advisory Council and Commission members expressed appreciation for the Department's efforts to incorporate community input throughout our needs assessment and even in our day-to-day operations. They also observed that DAS's collaborations with other City agencies and community-based organizations are essential to our success in meeting the needs of seniors and adults with disabilities. Commissioners went on to note that collaboration will be more important than ever in our current budget climate. They suggested, as an example, ways DAS might strengthen collaboration with veteran-serving organizations in the community to address complex needs in our community such as veteran housing. They also cited public transportation as another potential area for further collaboration, recommending that DAS partner with local transit agencies to make transportation options safer and more accessible for our populations.

- **Budget forecast and new revenues.** Commissioners asked clarifying questions about historical and anticipated changes in the CDA budget, with a particular focus on the next few years. They also asked about the Department's plans to draw down new state revenue through CalAIM initiatives such as Enhanced Care Management and Community Supports programs.

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

2024: The following changes were made:

- Based on the concerns raised by the Advisory Council, we included a note in our summary of population demographics to explain how Native American/Alaska Native populations are reflected in the American Community Survey data.

# Section 7: 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.**

Our Department **Goals** serve as the conceptual underpinning for our administration of the aging and disability service delivery system, in alignment with the SFHSA strategic framework.

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 SFHSA Strategic Plan and yearly action plans outlined in the DAS Annual Report.

***Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c)*** *Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:*

*(1) The nature of the action.*
*(2) The party responsible for the action.*
*(3) How the action will be accomplished.*
*(4) The anticipated outcome of that action.*
*(5) How the outcome of the action will be measured.*
*(6) The projected dates for starting and completing the action.*
(7) *Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.*

Our Goals and Objectives begin on the following page.

**Goal 1: Equity, Inclusion, and Accessibility.** Everyone has equitable access and outcomes across race, ethnicity, age, ability, gender identity, sexual orientation, immigration status, and neighborhood in all of our programs, services, and systems.

**RATIONALE:** SFHSA is uniquely poised to address issues of inequity and help individuals, families, and communities to thrive. We strive to accomplish this goal not only through our programs and service approaches, but also by advocating for equitable policies that remove barriers to resources and root out structural and institutional racism.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[25] | Update Status[26] |
|---|---|---|---|
| **A. Promote the inclusion of people with disabilities in community and civic life.** DAS is pursuing a variety of strategies to support disability community engagement. Most notably, we have begun work with community-based partners to implement the nation's first municipally funded Disability Cultural Center (DCC), which will be located on the site of a new, centrally-located affordable housing development. The site is currently under construction, and will welcome residents and launch on-site services in 2025. We will begin to provide virtual services later this year, in anticipation of the on-site services launch. | July 2024 to June 2028 | Non-OAA funding sources | |

[25] Indicate if the objective is Administration (Admin), Program Development (PD), or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.
[26] Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[25] | Update Status[26] |
|---|---|---|---|
| **B. Improve community awareness of disability and aging resources through strategic outreach to consumers and service providers.** The DAS Benefits and Resource Hub will spearhead outreach for the department, particularly focused on populations who are historically underrepresented in DAS services, including individuals living in San Francisco's less central neighborhoods, younger adults with disabilities, LGBTQ+ communities, and some BIPOC subgroups. The DAS Hub will convene quarterly steering meetings to coordinate outreach strategy across DAS programs, and develop and track key metrics to understand the shared impact of departmental outreach efforts. | July 2024 to June 2028 | OAA IIIB funding; Non-OAA funding sources | |
| **C. Provide equitable, culturally inclusive, and affirming services for BIPOC and LGBTQ+ people.** In FY 2024-25, DAS will administer Year 3 of our pilot LGBTQ+ Mental Health Connections program, which provides short-term counseling and therapy services to approximately 50 LGBTQ+ individuals and HIV long-term survivors ages 50 and older annually. | July 2024 to June 2028 | Non-OAA funding sources | |

**Goal 2: Strong Workforce and Collaboration.** Our staff and community partners feel supported, heard, valued, and connected to one another and our common mission.

**RATIONALE:** SFHSA's work is made possible through the dedication and hard work of our staff and community partners. Drawing on their professional and personal lived experience, they bring invaluable expertise to their work.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[27] | Update Status[28] |
|---|---|---|---|
| **A. Facilitate development and implementation of recommendations for an Age- and Disability-Friendly San Francisco (ADFSF).** In FY 2024-25, we will enter our third planning and implementation cycle, and coordinate the ADFSF Workgroup to prepare the 2026-2029 ADFSF Action Plan. | July 2024 to June 2028 | Non-OAA funding sources | |

[27] Indicate if the objective is Administration (Admin), Program Development (PD), or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.
[28] Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[27] | Update Status[28] |
|---|---|---|---|
| **B. Support training and professional development for department and community-based provider staff across the DAS service network.** DAS will provide regular training on foundational topics such as: DAS services and other disability and aging resources; mandated reporting and elder abuse prevention; and anti-ageism and anti-ableism. In addition, we will continue our collaboration with the University of California - San Francisco Geriatric Workforce Enhancement program to offer training on special topics including dementia, substance use in older adults, and caregiver burnout prevention. | July 2024 to June 2028 | Non-OAA funding sources | |
| **C. Prepare research and data analysis to support data-informed decision-making.** In order to better understand specific population trends, consumer needs, and program impact, DAS will conduct evaluation and/or other programmatic analyses each year. Analytical topics may include needs assessment of specific consumer groups, research on promising practices in a program area, or program evaluation, among still others. | July 2024 to June 2028 | Non-OAA funding sources | |

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[27] | Update Status[28] |
|---|---|---|---|
| **D. Strengthen capacity across City and community provider networks for emergency preparedness and response that meets the needs of people with disabilities and older adults.** We will participate in the SF Department of Emergency Management's Disabilities and Access and Functional Needs Workgroup, helping to tailor the City's activities to the needs of our populations. We will also continue work to formalize procedures for disaster response within DAS and across our partner network. | July 2024 to June 2028 | Non-OAA funding sources | |
| **E. Provide a range of supportive services for family caregivers,** including counseling, caregiver training, and respite care, and case management. Of particular note, we will leverage Dignity Fund growth or other available resources to ensure ongoing support for short-term individual counseling for family caregivers, a service we launched in FY 2022-23 with one-time funds. With ongoing funding, we will provide approximately 100 hours of individual counseling — plus 500 hours of group counseling — annually, including tailored support for LGBTQ+ caregivers, young caregivers, and caregivers who speak a primary language other than English. | July 2024 to June 2028 | OAA Title IIIE funding; Non-OAA funding sources | |

**Goal 3: Employment and Economic Security.** Everyone has a stable source of income and an opportunity to increase their economic well-being.

**RATIONALE:** It takes a lot to make it in San Francisco. To help people reach their goals, SFHSA offers a variety of employment and financial assistance resources tailored to distinct population needs. We're continuously exploring ways to support the economic wellbeing of communities that have been excluded from opportunity.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[29] | Update Status[30] |
|---|---|---|---|
| **A. Promote expansion of employment resources that support older people and adults with disabilities in the workforce.** 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 160 clients annually to prepare for and participate in the workforce. | July 2024 to June 2028 | Non-OAA funding sources | |

[29] Indicate if the objective is Administration (Admin), Program Development (PD), or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.
[30] Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[29] | Update Status[30] |
|---|---|---|---|
| **B. Support people with disabilities and older adults to access benefits that promote their economic wellbeing.** In FY 2024-25, DAS will implement the third year of a pilot program to reduce barriers to employment for people accessing means tested benefits like Medi-Cal and SSI/SSDI through dedicated benefits counseling and legal advocacy. We will also continue to facilitate improved access to benefits through programs like the Legal Assistance program, which provides essential advocacy and other supports to more than 1,800 clients annually. | July 2024 to June 2028 | Non-OAA funding sources | |

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[29] | Update Status[30] |
|---|---|---|---|
| **C. Implement strategies to boost engagement with veterans and help connect them to VA benefits.** We will pursue a variety of strategies to improve support for veterans, such as: launch an online tool to help veterans prepare needed documents to submit a claim for benefits; provide transportation assistance to get to and from in-person appointments with CVSO Claims Representatives and other key veterans services; facilitate improved interagency awareness and collaboration across veteran-serving organizations; and develop new partnerships focused on preventing and addressing homelessness among student veterans. | July 2024 to June 2028 | Non-OAA funding sources | |

**Goal 4: Health and Well-being.** Everyone has the food, shelter, healthcare, supportive services, and community connection to thrive.

**RATIONALE:** Nutritious food, affordable healthcare, social connection, and stable housing are essential for everyone to reach their potential. The programs and resources provided by SFHSA staff and community partners help people holistically meet their needs.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[31] | Update Status[32] |
|---|---|---|---|
| **A. Promote healthy nutrition and reduce food insecurity.** Through a robust network of programs with varied service models, DAS will provide access to culturally relevant nutrition and related resources that support the health and food security of seniors and adults with disabilities in San Francisco. In FY 2024-25, across our traditional food programs, we will fund Home Delivered Meals and Congregate Meals for older adults. Supported by state grant funds, we will also enhance CalFresh outreach and application assistance in partnership with the San Francisco-Marin Food Bank, assisting more than 270 individuals annually. | July 2024 to June 2028 | OAA Title IIIC funding; OAA Title IIID funding; Non-OAA funding sources | |

[31] Indicate if the objective is Administration (Admin,) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.
[32] Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[31] | Update Status[32] |
|---|---|---|---|
| **B. Leverage CalAIM resources to enhance and expand Medi-Cal supports that help seniors and people with disabilities age in place.** DAS will facilitate connection to Enhanced Care Management services for eligible (1) high-risk IHSS clients who are unable to manage their own care needs, and (2) individuals at risk of institutionalization and/or those transitioning from institutional to community settings, in coordination with the San Francisco Health Plan. | July 2024 to June 2028 | Non-OAA funding sources | |
| **C. Streamline navigation and connection to Department and community resources for disability and aging.** DAS is currently building a dynamic online resource directory to centralize information about resources that support seniors and people with disabilities to age safely in the community. The directory incorporates identified best practices and design to strengthen community outreach and engagement, particularly to people with disabilities, and BIPOC and LGBTQ+ communities. | July 2024 to June 2028 | Non-OAA funding sources | |

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[31] | Update Status[32] |
|---|---|---|---|
| **D. Provide tailored case management to veterans facing criminal charges as an alternative to incarceration.** We will partner with the San Francisco Pretrial Diversion Project to resolve criminal cases involving eligible veterans through treatment and support, in alignment with the goals of San Francisco's Veterans Justice Court. In FY 2024-25, we will provide intensive case management services to 40 veterans. | July 2024 to June 2028 | Non-OAA funding sources | |

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[31] | Update Status[32] |
|---|---|---|---|
| **E. Partner with City and community stakeholders to help seniors and people with disabilities remain housed and age safely in place.** DAS will continue to collaborate with the Department of Homelessness and Supportive Housing and Department of Public Health to provide enhanced In-Home Supportive Services (IHSS) to residents of more than 60 Permanent Supportive Housing buildings throughout San Francisco. In FY 2024-25, we will explore strategies to strengthen IHSS services in shelter settings. We will also continue to administer the state-funded Home Safe pilot program, which provides support to about 190 Adult Protective Services clients experiencing or at risk of homelessness annually. | July 2024 to June 2028 | Non-OAA funding sources | |

**Goal 5: Safety and Care.** Everyone is safe and connected in all stages of life, free from abuse, neglect, and exploitation.

**RATIONALE:** SFHSA takes serious our role in addressing abuse, neglect, and exploitation. We work hard to support the stability of children, older people, and adults with disabilities. Everyone deserves to be happy, safe, and secure.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[33] | Update Status[34] |
|---|---|---|---|
| **A. Prevent and mitigate the abuse of older people and adults with disabilities through public outreach and awareness building.** The Elder Abuse Prevention program will provide outreach and education to mandated reporters and the community. This will include more than 35 training sessions for mandated reporters and 35 public education sessions in FY 2024-25, as well as the distribution of 7,620 copies of educational materials. | July 2024 to June 2028 | OAA Title VII funding; Non-OAA funding sources | |

[33] Indicate if the objective is Administration (Admin,) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.
[34] Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[33] | Update Status[34] |
|---|---|---|---|
| **B. Support quality care in long-term care settings.** 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. | July 2024 to June 2028 | OAA Title IIIB/VII funding; Non-OAA funding sources | |
| **C. Partner with city and community partners to prevent and address financial abuse.** The Adult Protective Services (APS) program will work closely with law enforcement, financial institutions, and legal partners to address complex financial exploitation. Through our partnership with Legal Assistance to the Elderly, APS will connect clients with free legal assistance in cases involving civil issues. | July 2024 to June 2028 | Non-OAA funding sources | |

| Objective | Projected Start and End Dates | Type of Activity and Funding Source[33] | Update Status[34] |
|---|---|---|---|
| **D. Facilitate implementation of LPS conservatorship expansion.** In alignment with recent changes to state law and local guidance, DAS will coordinate with City agencies to expand conservatorship support for people who are gravely disabled due to serious mental illness and/or severe substance use disorder, and therefore unable to meet their personal needs. The DAS Benefits and Resource Hub will complete intakes for potentially eligible individuals referred by City agencies and community members, and gather information to support clinical screening and service coordination by the Public Conservator. | July 2024 to June 2028 | Non-OAA funding sources | |

# Section 8: Service Unit Plan (SUPs)

**This section identifies anticipated service units for each program supported by funding from the California Department of Aging.**

This section consists of seven subsections grouped 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 Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).*

*For services not defined in OAAPS, refer to the Service Categories and Data Dictionary.*

*Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. 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) |
|---|---|---|---|
| 2024-2025 | 920 | 4 | |
| 2025-2026 | | | |
| 2026-2027 | | | |
| 2027-2028 | | | |

### Homemaker (In-Home)

**Unit of Service = 1 Hour**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2024-2025 | 1,040 | 4 | |
| 2025-2026 | | | |
| 2026-2027 | | | |
| 2027-2028 | | | |

### Chore (In-Home)

**Unit of Service = 1 Hour**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| 2024-2025 | 1,040 | 4 | |
| 2025-2026 | | | |
| 2026-2027 | | | |
| 2027-2028 | | | |

### Transportation (Access)

**Unit of Service = 1 One-Way Trip**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| **2024-2025** | 15,500 | 1, 4 | |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

### Information and Assistance (Access)

**Unit of Service = 1 Contact**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| **2024-2025** | 5,000 | 1, 4 | 1C, 4C |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

### Legal Assistance

**Unit of Service = 1 Hour**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| **2024-2025** | 20,500 | 1, 3, 4, 5 | 3B, 5C |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

### Congregate Meals

**Unit of Service = 1 Meal**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| **2024-2025** | 1,134,704 | 4 | 4A |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

### Home-Delivered Meals

**Unit of Service = 1 Meal**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| **2024-2025** | 1,970,118 | 4 | 4A |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

### Nutrition Counseling

**Unit of Service = 1 Hour**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| **2024-2025** | 1,350 | 4 | |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

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

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|---|---|---|---|
| **2024-2025** | 68 | 4 | |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

## 2. OAAPS Service Category: "Other" Title III Services

Not applicable.

## 3. Title IIID: Disease Prevention and Health Promotion

*Provide the specific name of each proposed evidence-based program.*

**Evidence-Based Program Name(s):**

- Chronic Disease Self-Management Program (CDSMP),
- Chronic Pain Self-Management Program (CPSMP), 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) |
|---|---|---|---|
| **2024-2025** | 2,544 | 4 | 4A |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

## 4. Title IIB and Title VII: Long-Term Care (LTC) Ombudsman Program Outcomes

*As mandated by the Older Americans Act Reauthorization Act of 2020, 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 OSTLCO 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 2020, 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%.*

| FY Baseline Resolution Rate | # of partially or fully resolved complaints | Divided by the total # of complaints | = Baseline Resolution Rate | FY Target Resolution Rate |
|---|---|---|---|---|
| **2022-2023** | 511 | 737 | 69% | 78%<br>2024-2025 |
| **2023-2024** | | | | ____ %<br>2025-2026 |
| **2024-2025** | | | | ____ %<br>2026-2027 |
| **2025-2026** | | | | ____ %<br>2027-2028 |

Program Goals and Objective Numbers: 1, 2, 3, 4, 5

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

| |
|---|
| 1. FY 2022-2023 Baseline: Number of Resident Council meetings attended: 62<br>**FY 2024-2025 Target: 35** |
| 2. FY 2023-2024 Baseline: Number of Resident Council meetings attended: ____<br>**FY 2025-2026 Target: ____** |
| 3. FY 2024-2025 Baseline: Number of Resident Council meetings attended: ____<br>**FY 2026-2027 Target: ____** |
| 4. FY 2025-2026 Baseline: Number of Resident Council meetings attended: ____<br>**FY 2027-2028 Target: ____** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 |

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

| |
|---|
| 1. FY 2022-2023 Baseline: Number of Family Council meetings attended: 10<br>**FY 2024-2025 Target: 26** |
| 2. FY 2023-2024 Baseline: Number of Family Council meetings attended: ____<br>**FY 2025-2026 Target: ____** |
| 3. FY 2024-2025 Baseline: Number of Family Council meetings attended: ____<br>**FY 2026-2027 Target: ____** |
| 4. FY 2025-2026 Baseline: Number of Family Council meetings attended: ____<br>**FY 2027-2028 Target: ____** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 |

**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 2022-2023 Baseline: Number of Instances: 171<br>**FY 2024-2025 Target: 350** |
| 2. FY 2023-2024 Baseline: Number of Instances: ____<br>**FY 2025-2026 Target: ____** |
| 3. FY 2024-2025 Baseline: Number of Instances: ____<br>**FY 2026-2027 Target: ____** |
| 4. FY 2025-2026 Baseline: Number of Instances: ____<br>**FY 2027-2028 Target: ____** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 |

**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 2022-2023 Baseline: Number of Instances: 711<br>**FY 2024-2025 Target: 600** |
| 2. FY 2023-2024 Baseline: Number of Instances: ____<br>**FY 2025-2026 Target: ____** |
| 3. FY 2024-2025 Baseline: Number of Instances: ____<br>**FY 2026-2027 Target: ____** |
| 4. FY 2025-2026 Baseline: Number of Instances: ____<br>**FY 2027-2028 Target: ____** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 |

**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 2022-2023 Baseline: Number of Sessions: 3<br>**FY 2024-2025 Target: 10** |
| 2. FY 2023-2024 Baseline: Number of Sessions: ____<br>**FY 2025-2026 Target: ____** |
| 3. FY 2024-2025 Baseline: Number of Sessions: ____<br>**FY 2026-2027 Target: ____** |
| 4. FY 2025-2026 Baseline: Number of Sessions: ____<br>**FY 2027-2028 Target: ____** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 |

**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.*

| **FY 2024-2025** |
|---|
| **FY 2024-2025 Systems Advocacy Effort(s):** *(Provide one or more new systems advocacy efforts)*<br>1. It is the responsibility of skilled nursing facilities to notify the Ombudsman of planned discharges. However, the Ombudsman continues to receive complaints about residents being discharged unsafely home without due process. Often in these instances, facilities will discharge residents when Medicare stops paying for post-acute rehabilitative services. It is not always clear that facilities take into account a resident's co-morbidities when making their decision to discharge. Furthermore, although residents have the right to be informed about their potential eligibility for Medi-Cal coverage related to these co-morbidities, and to participate in their care planning, facilities do not consistently engage with and discharge residents according to these rights. The majority of Ombudsman advocacy efforts occur within this context.<br><br>2. The Ombudsman wants to focus on possible emotional and psychological effects of residents' transition back to their homes and communities as an additional system advocacy effort. We propose that the Ombudsmen receive training on Post-Traumatic Stress Disorder that results from increased social isolation both in the facility and upon return home. The San Francisco Long-Term Care Coordinating Council's Behavioral Health Workgroup reported in 2021 on the unmet mental and behavioral health needs of persons in living in skilled nursing facilities. The study leveraged key stakeholder interviews, including resident interviews, a focus group with Ombudsman staff, and a survey of skilled nursing facilities, and public data sources to inform its findings — which raised potential areas of concern across clinical, social, and quality of life dimensions. Building on these findings, the Ombudsman will consider how residents are affected by the discharge and community transition process, and how to mitigate the potential traumas associated with this consequential transition. |
| **FY 2025-2026** |
| **Outcome of FY 2024-2025 Efforts:**<br><br>**FY 2025-2026 Systems Advocacy Effort(s):** *(Provide one or more new systems advocacy efforts)* |

| FY 2026-2027 |
|---|
| **Outcome of FY 2025-2026 Efforts:**<br><br>**FY 2026-2027 Systems Advocacy Effort(s):** *(Provide one or more new systems advocacy efforts)* |
| **FY 2027-2028** |
| **Outcome of 2026-2027 Efforts:**<br><br>**FY 2027-2028 Systems Advocacy Effort(s):** *(Provide one or more new systems advocacy efforts)* |

**Outcome 2.** Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), 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 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 17 divided by the total number of Nursing Facilities 18 = Baseline 94%<br><br>**FY 2024-2025 Target: 100%** |
| 2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint ____ divided by the total number of Nursing Facilities ____ = Baseline ____ %<br><br>**FY 2025-2026 Target ____** |
| 3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint ____ divided by the total number of Nursing Facilities ____ = Baseline ____ %<br><br>**FY 2026-2027 Target ____** |
| 4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint ____ divided by the total number of Nursing Facilities ____ = Baseline ____ %<br><br>**FY 2027-2028 Target ____** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 |

**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 RCFE can be counted more than once.*

| |
|---|
| 1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 55 divided by the total number of RCFEs 56<br>= Baseline 98%<br><br>**FY 2024-2025 Target: 98%** |
| 2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint ____ divided by the total number of RCFEs ____<br>= Baseline ____ %<br><br>**FY 2025-2026 Target ____** |
| 3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint ____ divided by the total number of RCFEs ____<br>= Baseline ____ %<br><br>**FY 2026-2027 Target ____** |
| 4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint ____ divided by the total number of RCFEs ____<br>= Baseline ____ %<br><br>**FY 2027-2028 Target ____** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 |

**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 2022-2023 Baseline: 7.34 FTEs<br>**FY 2024-2025 Target: 7.65 FTEs** |
| 2. FY 2023-2024 Baseline: ____ FTEs<br>**FY 2025-2026 Target ____ FTEs** |
| 3. FY 2024-2025 Baseline: ____ FTEs<br>**FY 2026-2027 Target ____ FTEs** |
| 4. FY 2025-2026 Baseline: ____ FTEs<br>**FY 2027-2028 Target ____ FTEs** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 |

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

| | |
|---|---|
| 1. | FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers: 21<br>**FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers: 20** |
| 2. | FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers: ____<br>**FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers: ____** |
| 3. | FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers: ____<br>**FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers: ____** |
| 4. | FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers: ____<br>**FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers: ____** |
| Program Goals and Objective Numbers: 1, 2, 3, 4, 5 | |

**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 2020, Section 712(c)]

**Measures and Targets:**

*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.*

| **FY 2024-25** |
|---|
| 1. The Ombudsman will present a program update to the Advisory Council regarding our work to improve coordination with Laguna Honda Hospital (a publicly-administered skilled nursing facility overseen by the San Francisco Department of Public Health) when the facility plans to discharge residents. These efforts include a focus on accurate and consistent tracking of complaints and other program activities. |
| **FY 2025-2026** |
| |
| **FY 2026-2027** |
| |
| **FY 2027-2028** |
| |

## 5. Title VII: Elder Abuse Prevention

The program conducting the Title VII Elder Abuse Prevention work is:

| | |
|---|---|
| ☐ | Ombudsman Program |
| ☐ | Legal Services Provider |
| ☒ | Adult Protective Services |
| ☐ | Other (explain/list) |

***Units of Service: AAA must complete at least one category from the Units of Service below.***

*Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title IIIE 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 IIIE —*** *Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, 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.*

### **Title VII:** Elder Abuse Prevention Service Unit Plan

The agencies receiving Title VIIA Elder Abuse Prevention funding are:

- Institute on Aging
- Asian Pacific Islander Legal Outreach

| Total # of | 2024-2025 | 2025-2026 | 2026-2027 | 2027-2028 |
|---|---|---|---|---|
| **Individuals Served** | 9,820 | | | |
| **Public Education Sessions** | 36 | | | |
| **Training Sessions for Professionals** | 37 | | | |
| **Training Sessions for Caregivers served by Title IIIE** | 0 | | | |
| **Hours Spent Developing a Coordinated System** | 529 | | | |

| Fiscal Year | Total # of Copies of Educational Materials to be Distributed | Description of Educational Materials |
|---|---|---|
| **2024-2025** | 7,620 | Materials published in multiple languages on fraud and scams, as well as tools on how to identify and also prevent maltreatment or exploitation of elders and adults with disabilities. |
| **2025-2026** | | |
| **2026-2027** | | |
| **2027-2028** | | |

## 6. Title IIIE: Family Caregiver Support

*This Service Unit Plan (SUP) uses the federally mandated service categories that encompass 16 subcategories. Refer to the CDA Service Categories and Data Dictionary for eligible activities and service unit measures. Specify proposed audience size or units of* ***service for ALL*** *budgeted funds.*

*Providing a goal with associated objectives is mandatory for services provided. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.*

*For example:* ***Goal 3:*** *Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.*

- *Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.*
- *Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.*
- *Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.*

**Direct and/or Contracted IIIE Services: Family Caregiver Services Caring for Older Adults**

| Categories | *Proposed* Units of Service | *Required* Goal #(s) | *Required* Objective #(s) |
|---|---|---|---|
| **Caregiver Access: Case Management** | **Total Hours** | | |
| **2024-2025** | 185 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |
| **Caregiver Access: Information & Assistance** | **Total Contacts** | | |
| **2024-2025** | 860 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

| Categories | *Proposed* Units of Service | *Required* Goal #(s) | *Required* Objective #(s) |
|---|---|---|---|
| **Caregiver Information Services** | **# of activities and Total est. audience for above** | | |
| **2024-2025** | # of activities: 56 and Total est. audience (contacts) for above: 300 | 2 | 2E |
| **2025-2026** | # of activities: ____ Total est. audience (contacts) for above: ____ | | |
| **2026-2027** | # of activities: ____ Total est. audience (contacts) for above: ____ | | |
| **2027-2028** | # of activities: ____ Total est. audience (contacts) for above: ____ | | |
| **Caregiver Respite: In-Home** | **Total Hours** | | |
| **2024-2025** | 1,974 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |
| **Caregiver Supplemental Services: Assistive Technologies** | **Total Occurrences** | | |
| **2024-2025** | 5 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |
| **Caregiver Supplemental Services: Caregiver Assessment** | **Total Hours** | | |
| **2024-2025** | 477 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

| Categories | *Proposed* Units of Service | *Required* Goal #(s) | *Required* Objective #(s) |
|---|---|---|---|
| **Caregiver Supplemental Services: Caregiver Registry** | **Total Occurrences** | | |
| **2024-2025** | 40 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |
| **Caregiver Supplemental Services: Consumable Supplies** | **Total Occurrences** | | |
| **2024-2025** | 10 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |
| **Caregiver Supplemental Services: Legal Consultation** | **Total Contacts** | | |
| **2024-2025** | 10 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |
| **Caregiver Support: Groups** | **Total Hours** | | |
| **2024-2025** | 175 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |
| **Caregiver Support: Training** | **Total Hours** | | |
| **2024-2025** | 235 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |
| **Caregiver Support: Counseling** | **Total Sessions** | | |
| **2024-2025** | 1,110 | 2 | 2E |
| **2025-2026** | | | |
| **2026-2027** | | | |
| **2027-2028** | | | |

**Direct and/or Contracted IIIE Services: Older Relative Caregivers**

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

## 7. Health Insurance Counseling & Advocacy Program (HICAP) Service Unit Plan

**CCR Article 3, Section 7300(d)**
**WIC § 9535(b)**

***MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP):*** *Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their "Managing" AAA to complete their respective PSA's HICAP Service Unit Plan.*

*CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The "Managing" AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.*

***HICAP PAID LEGAL SERVICES:*** *Complete this section if HICAP Legal Services are included in the approved HICAP budget.*

***STATE & FEDERAL PERFORMANCE TARGETS:*** *The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the HICAP State and Federal Performance Measures tool located online at:*

*https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/*

*HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:*

- *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*

*HICAP service-level data are reported in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.*

## **Section 1:** State Performance Measures

| HICAP Fiscal Year (FY) | PM 1.1 Clients Counseled (Estimated) | Goal Numbers |
|---|---|---|
| **2024-2025** | 1,906 | 1, 4 |
| **2025-2026** | | |
| **2026-2027** | | |
| **2027-2028** | | |

| HICAP Fiscal Year (FY) | PM 1.2 Public and Media Events (PAM) (Estimated) | Goal Numbers |
|---|---|---|
| **2024-2025** | 120 | 1, 4 |
| **2025-2026** | | |
| **2026-2027** | | |
| **2027-2028** | | |

## **Section 2:** Federal Performance Measures

| HICAP Fiscal Year (FY) | PM 2.1 Clients Contacts (Interactive) | Goal Numbers |
|---|---|---|
| **2024-2025** | 4,000 | 1, 4 |
| **2025-2026** | | |
| **2026-2027** | | |
| **2027-2028** | | |

| HICAP Fiscal Year (FY) | PM 2.2 PAM Outreach (Interactive) | Goal Numbers |
|---|---|---|
| **2024-2025** | 3,000 | 1, 4 |
| **2025-2026** | | |
| **2026-2027** | | |
| **2027-2028** | | |

| HICAP Fiscal Year (FY) | PM 2.3 Medicare Beneficiaries Under 65 | Goal Numbers |
|---|---|---|
| **2024-2025** | 650 | 1, 4 |
| **2025-2026** | | |
| **2026-2027** | | |
| **2027-2028** | | |

| HICAP Fiscal Year (FY) | PM 2.4 Hard to Reach (Total) | PM 2.4a LIS | PM 2.4b Rural | PM 2.4c ESL | Goal Numbers |
|---|---|---|---|---|---|
| **2024-2025** | 5,500 | 3,000 | N/A | 2,500 | 1, 4 |
| **2025-2026** | | | | | |
| **2026-2027** | | | | | |
| **2027-2028** | | | | | |

| HICAP Fiscal Year (FY) | PM 2.5 Enrollment Contacts (Qualifying) | Goal Numbers |
|---|---|---|
| **2024-2025** | 4,548 | 1, 4 |
| **2025-2026** | | |
| **2026-2027** | | |
| **2027-2028** | | |

## **Section 3.** HICAP Legal Services Units of Service (if applicable)[35]

We do not fund HICAP Paid Legal Services.

[35] Requires a contract for using HICAP funds to pay for HICAP Legal Services.

# Section 9: Senior Centers & Focal Points

**This section lists our designated community focal points and senior centers — places where community members can obtain information about a full range of aging and disability services available in San Francisco.**

**CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)**

*In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.*

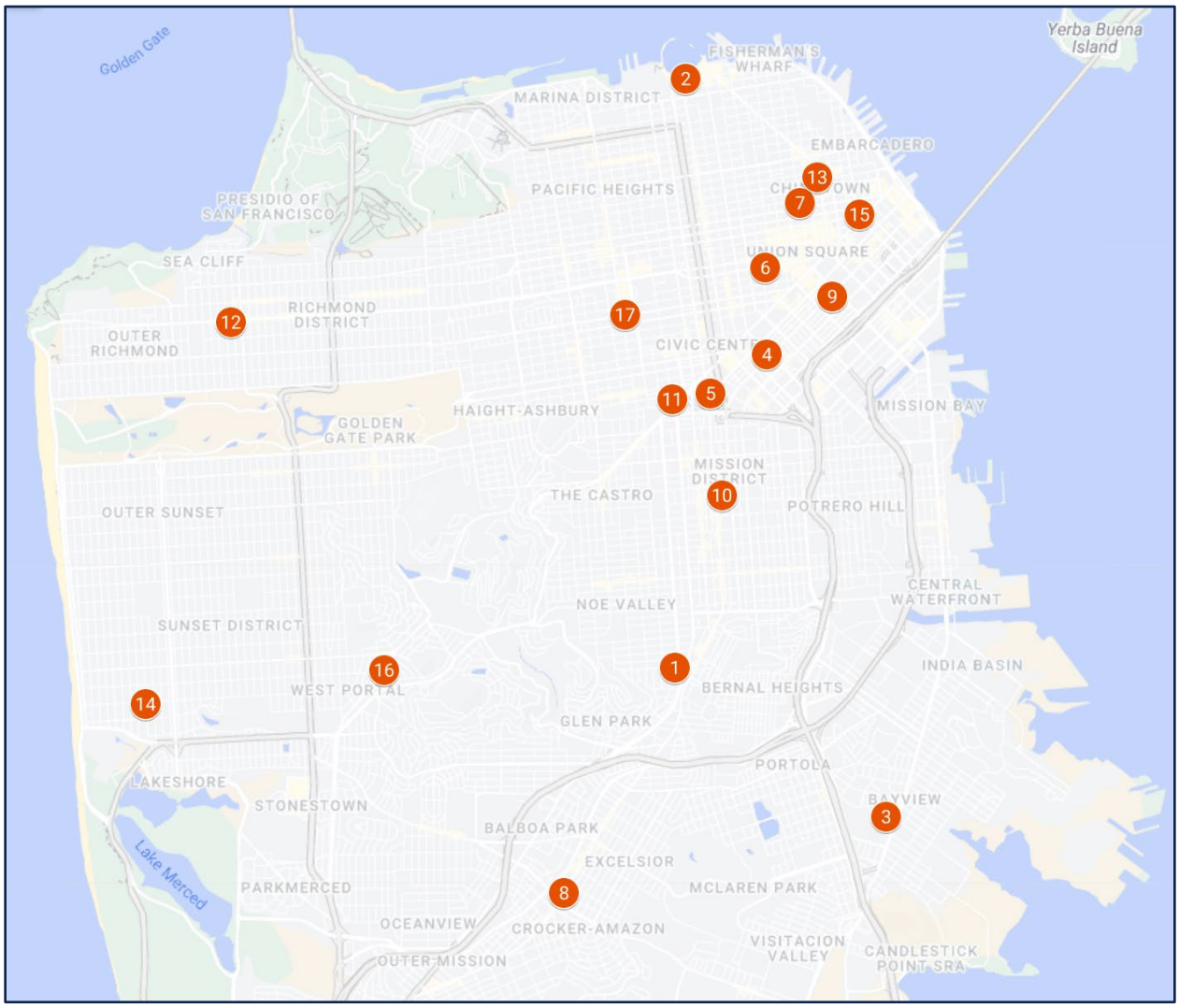
All of the Focal Point and Senior Center addresses we list below include street address and zip code information. All sites are located in San Francisco, California.

**List of DAS Aging and Disability Resource Centers (also called Focal Points)**

| Map # | Focal Point* | Address |
|---|---|---|
| 1 | 30th Street Senior Center (On Lok)* | 225 30th St, 94131 |
| 2 | Aquatic Park Senior Center (SFSC)* | 890 Beach St, 94109 |
| 3 | Bayview Senior Connections (BSS) | 1753 Carroll Ave, 94124 |
| 4 | Canon Kip Senior Center (ECS)* | 705 Natoma St, 94103 |
| 5 | DAS Benefits and Resource Hub | 2 Gough St, 94103 |
| 6 | Downtown SF Senior Center (NCPHS)* | 481 O'Farrell St, 94102 |
| 7 | Geen Mun Activity Center (SHE)* | 777 Stockton St, 94108 |
| 8 | Geneva Community Center (SHE)* | 5050 Mission St Ste C, 94112 |
| 9 | Independent Living Resource Center of SF* | 825 Howard Street, 94103 |
| 10 | Mission Neighborhood Centers* | 362 Capp St, 94110 |
| 11 | Openhouse LGBTQ+ Senior Center* | 65 Laguna St, 94102 |
| 12 | Richmond Senior Center (GGSS)* | 6221 Geary Blvd, 94121 |
| 13 | Self-Help for the Elderly (SHE) | 829 Kearney St, 94133 |
| 14 | South Sunset Activity Center (SHE)* | 2601 40th Ave, 94116 |
| 15 | Toolworks | 22 Battery St, Ste 300, 941111 |
| 16 | West Portal Clubhouse (SHE)* | 131 Lenox Way, 94127 |
| 17 | Western Addition Senior Center (BSS)* | 1390 1/2 Turk St, 94115 |

**Asterisk indicates designated community Focal Points co-located at a Senior Center.*

## Map of DAS Aging and Disability Resource Centers (also called Focal Points)



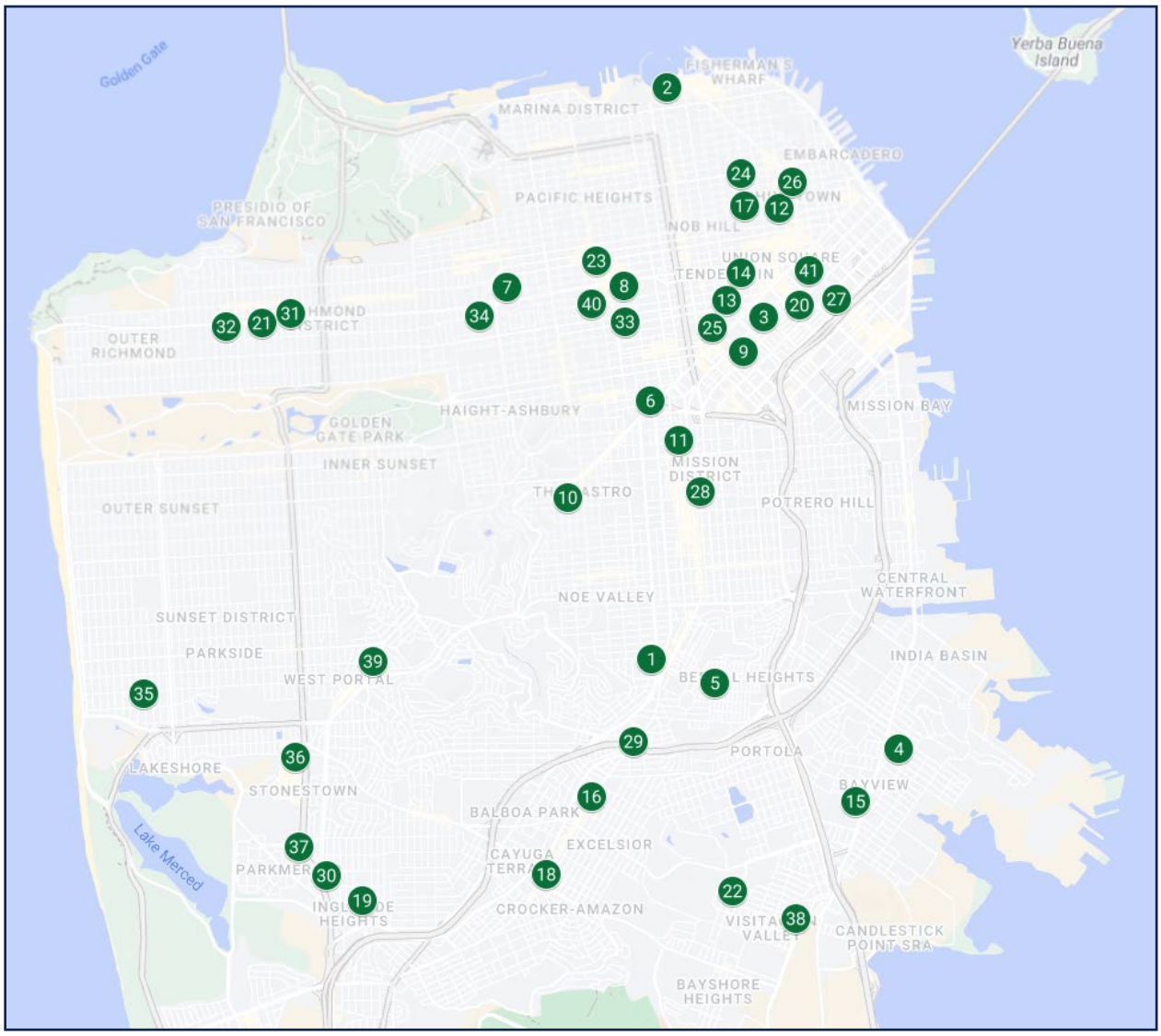

DAS funds several Community Service Centers (also called Senior Centers) located throughout San Francisco, although we do not use Older American Act dollars to do so. We have provided a list of these sites on the next page to give readers full context about our network of neighborhood-based hubs where older and disabled San Franciscans can learn more about and access available resources.

**List of DAS Community Service Centers (also called Senior Centers)**

| Map # | Senior Center | Address |
|---|---|---|
| 1 | 30th Street Senior Service (On Lok)* | 225 30th St, 94110 |
| 2 | Aquatic Park Senior Center (SFSC)* | 890 Beach St, 94109 |
| 3 | Bayanihan Equity Center | 1010 Mission St Ste C, 94103 |
| 4 | Bayview Hunters Point YMCA | 1601 Lane St, 94124 |
| 5 | Bernal Heights Neighborhood Center | 515 Cortland Ave, 94110 |
| 6 | Openhouse LGBTQ+ Senior Center* | 65 Laguna St, 94102 |
| 7 | Booker T. Washington Community Service Center | 800 Presidio Ave, 94115 |
| 8 | Buchanan YMCA | 1530 Buchanan St, 94115 |
| 9 | Canon Kip Senior Center (ECS)* | 705 Natoma St, 94103 |
| 10 | Castro Senior Center | 110 Diamond St, 94114 |
| 11 | Centro Latino de San Francisco | 1656 15th St, 94103 |
| 12 | Chinatown YMCA | 855 Sacramento St, 94108 |
| 13 | Curry Senior Center | 333 Turk St, 94102 |
| 14 | Downtown SF Senior Center (NCPHS)* | 481 O'Farrell St, 94102 |
| 15 | Dr. George W. Davis Senior Center (BSS) * | 1753 Carroll Ave, 94124 |
| 16 | Excelsior Community Center | 4468 Mission St, 94112 |
| 17 | Geen Mun Senior Center (SHE)* | 777 Stockton St, 94108 |
| 18 | Geneva Community Center (SHE)* | 5050 Mission St Ste C, 94112 |
| 19 | I.T. Bookman Community Center | 446 Randolph St, 94132 |
| 20 | Independent Living Resource Center of SF* | 825 Howard St, 94103 |
| 21 | Jackie Chan Senior Center | 5757 Geary Blvd, 94121 |
| 22 | John King Community Center | 500 Raymond Ave, 94134 |
| 23 | Kimochi Senior Center | 1840 Sutter St Ste 101, 94115 |
| 24 | Lady Shaw Senior Center | 1483 Mason St, 94133 |
| 25 | Lighthouse for the Blind and Visually Impaired | 1155 Market St 10th Fl, 94103 |
| 26 | Manilatown Senior Center | 848 Kearny St, 94108 |
| 27 | Mendelsohn House Senior Center | 737 Folsom St, 94107 |
| 28 | Mission Neighborhood Centers* | 362 Capp St, 94110 |
| 29 | Mission YMCA | 4080 Mission St, 94112 |
| 30 | OMI Senior Center (Catholic Charities)* | 65 Beverly St, 94132 |
| 31 | Richmond District YMCA | 360 18th Ave, 94121 |
| 32 | Richmond Senior Center (GGSS)* | 6221 Geary Blvd 3rd Fl, 94121 |
| 33 | Rosa Parks Senior Center | 1111 Buchanan St, 94115 |
| 34 | Russian American Community Services | 300 Anza St, 94118 |
| 35 | South Sunset Senior Center (SHE)* | 2601 40th Ave, 94116 |
| 36 | Stonestown Family YMCA | 333 Eucalyptus Dr, 94132 |
| 37 | Stonestown Family YMCA - Parkmerced | 3711 19th Ave, 94132 |
| 38 | Visitacion Valley Family Center | 66 Raymond Ave, 94134 |
| 39 | West Portal Clubhouse (SHE)* | 131 Lenox Way, 94127 |
| 40 | Western Addition Senior Center (BSS)* | 1390 1/2 Turk St, 94115 |
| 41 | Woolf House Senior Center | 801 Howard St, 94103 |

**Asterisk indicates designated community Focal Points co-located at a Senior Center.*

## Map of DAS Community Service Centers (also called Senior Centers)



# Section 10: Family Caregiver Support Program

**This section describes our intent to provide Family Caregiver Support Program (Title IIIE services) in for family caregivers and grandparent/older relative caregivers.**

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services**
**Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b)**

*Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title IIIE and/or matching FCSP funds for both.*

*Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. **If the AAA will not provide at least one service subcategory for each of the five main categories, justification for services not provided is required in the space below.***

**Family Caregiver Services**

| Category | 2024-2025 | 2025-2026 | 2026-2027 | 2027-2028 |
|---|---|---|---|---|
| **Caregiver Access**<br>☒ **Case Management**<br>☒ **Information and Assistance** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** |
| **Caregiver Information Services**<br>☒ **Information Services** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** |
| **Caregiver Support**<br>☒ **Training**<br>☒ **Support Groups**<br>☒ **Counseling** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** | ☐ **Yes Direct**<br>☒ **Yes Contract**<br>☐ **No** |

| Category | 2024-2025 | 2025-2026 | 2026-2027 | 2027-2028 |
|---|---|---|---|---|
| Caregiver Respite<br>☒ In Home<br>☐ Out of Home (Day)<br>☐ Out of Home (Overnight)<br>☐ Other: | ☐ Yes Direct<br>☒ Yes Contract<br>☐ No | ☐ Yes Direct<br>☒ Yes Contract<br>☐ No | ☐ Yes Direct<br>☒ Yes Contract<br>☐ No | ☐ Yes Direct<br>☒ Yes Contract<br>☐ No |
| Caregiver Supplemental<br>☒ Legal Consultation<br>☒ Consumable Supplies<br>☐ Home Modifications<br>☒ Assistive Technology<br>☒ Other (Assessment)<br>☒ Other (Registry) | ☐ Yes Direct<br>☒ Yes Contract<br>☐ No | ☐ Yes Direct<br>☒ Yes Contract<br>☐ No | ☐ Yes Direct<br>☒ Yes Contract<br>☐ No | ☐ Yes Direct<br>☒ Yes Contract<br>☐ No |

**Older Relative Caregiver Services**

| Category | 2024-2025 | 2025-2026 | 2026-2027 | 2027-2028 |
|---|---|---|---|---|
| Caregiver Access<br>☒ Case Management<br>☒ Information and Assistance | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No |
| Caregiver Information Services<br>☒ Information Services | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No |
| Caregiver Support<br>☒ Training<br>☒ Support Groups<br>☒ Counseling | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No |
| Caregiver Respite<br>☒ In Home<br>☒ Out of Home (Day)<br>☒ Out of Home (Overnight)<br>☒ Other: N/A | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No | ☐ Yes Direct<br>☐ Yes Contract<br>☒ No |

| Category | 2024-2025 | 2025-2026 | 2026-2027 | 2027-2028 |
|---|---|---|---|---|
| **Caregiver Supplemental**<br>**☒Legal Consultation**<br>**☒Consumable Supplies**<br>**☒Home Modifications**<br>**☒Assistive Technology**<br>**☒Other (Assessment)**<br>**☒Other (Registry)** | **☐ Yes Direct**<br>**☐ Yes Contract**<br>**☒ No** | **☐ Yes Direct**<br>**☐ Yes Contract**<br>**☒ No** | **☐ Yes Direct**<br>**☐ Yes Contract**<br>**☒ No** | **☐ Yes Direct**<br>**☐ Yes Contract**<br>**☒ No** |

***Justification:*** *If any of the five main categories are* ***NOT*** *being provided please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:*

1. ***Provider name and address.***
2. ***Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary***
3. ***Where is the service provided (entire PSA, certain counties)?***
4. ***How does the AAA ensure that the service continues to be provided in the PSA without the use of Title IIIE funds***

***Note****: The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.*

Older Relative Caregiver Services continue to be provided throughout San Francisco without the use of Title IIIE funds. These services are funded with local General Fund revenues by DAS and also the Department of Benefits and Family Support, which is located within our parent agency (SFHSA). The provider offering these services with the support of general funds is Edgewood Center for Children and Families, and their offices are located at 1801 Vicente St, San Francisco, CA 94116.

# Section 11: 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 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)].*

*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*

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

   45%.

2. **How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). Discuss:**

   Requests for housing-related legal assistance continues to be the most frequent need for LSP providers. During the COVID-19 pandemic, eligibility issues related to Medi-Cal and Supplemental Security Income slowed down. However, with the post-pandemic return to 'normal,' benefit eligibility issues are on the rise.

   With an increase in funding for additional legal services from both local and state sources, providers now have capacity to help with issues related to health care and health insurance, elder financial abuse, and drafting of wills and trusts. With word getting out that these services are available, demand has been steadily increasing for assistance in these areas.

   Analysis of service level data shows declining participation by Asian/Pacific Islander (API) clients in our legal services programs over the past few years. In response, recent OARR funding was used to support expansion of Chinese language capacity and to increase outreach to the API community to raise awareness and engagement with legal assistance services.

3. **How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? Discuss:**

   It is explicitly stated in contracts with providers that they are to review the guidelines and consider them for use in program development.

4. **How 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? Discuss:**

   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.

5. **How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discuss:**

   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),
   - Persons at risk of institutionalization
   - Persons who are socially isolated
   - Persons with limited English-speaking proficiency
   - Persons from communities of color
   - Persons who identify as LGBTQ+

   Definitions for each of these target populations are included in all procurements and grants for services. (And can be shared upon request.)

   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.

   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.

6. **How many legal assistance service providers are in your PSA? Complete table below.**

| Fiscal Year | # of Legal Assistance Services Providers | Did the number of service providers change? If so, please explain |
|---|---|---|
| **2024-2025** | 5 | |
| **2025-2026** | 5 | |
| **2026-2027** | 5 | |
| **2027-2028** | 5 | |

7. **What methods of outreach are Legal Services providers using? Discuss:**

LSPs 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.

8. **What geographic regions are covered by each provider? Complete table below:**

| Fiscal Year | Name of Provider | Geographic Region covered |
|---|---|---|
| **2024-2025** | a. Asian Pacific Islander Legal Outreach<br>b. La Raza Centro Legal<br>c. Legal Assistance to the Elderly<br>d. Open Door Legal<br>e. UC Hastings College of the Law – Medical Legal Partnership for Seniors | a. Citywide (primarily Chinatown, Bayview, Visitacion Valley, North and South of Market)<br>b. Citywide (primarily Mission)<br>c. Citywide (primarily North and South of Market, Mission)<br>d. Citywide (primarily Bayview and Excelsior)<br>e. Citywide (primarily hospital settings) |
| **2025-2026** | | |
| **2026-2027** | | |
| **2027-2028** | | |

9. **Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). Discuss:**

   Clients most commonly access Legal Services by contacting the providers directly, by calling or visiting the agencies during open business hours. Clients are also referred to our legal services providers via our information, referral, and assistance services available through the DAS Benefits and Resource Hub and community-based Aging and Disability Resource Centers. Legal service providers have offices with regular hours as well as a variety of offsite clinics and outreach efforts to further increase accessibility. 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 program, which sits within DAS.

   Historically, services have typically been provided in-person or via phone, but since the pandemic, clients are now able to access legal services (e.g. appointments) via virtual online communication methods.

   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-IIIB funded legal services program.

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

    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 the most common type of legal issue our LSPs handle.

    Elder abuse legal services are an area of strength among LSPs 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. Our AAA has invested local funding in a collaboration between our Adult Protective Services unit and one of our legal services providers. This has fostered strong collaboration between the two entities and lead to quick referral and action in the area of financial elder abuse.

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

    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. Analysis of service utilization rates among our IIIB legal services shows a declining participation rate among API older adults.

    We are working to raise awareness of this issue for our providers as well as supporting new initiatives for engagement with these populations. We recently funded a new pilot legal services office in the western side of the city, an area which has fewer dedicated services for older adults. We also included a requirement of Chinese language capacity and outreach to API populations for renewed engagement of API clientele.

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

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

    Bay Area Legal Aid is the Legal Services Corporation (LSC)-funded organization serving our PSA. Our primary Older Americans Act funded provider, Legal Assistance to the Elderly, collaborates with Bay Area Legal Aid on at least two locally funded (non-LSC and non-Older Americans Act funded) legal services programs. The two organizations are very familiar with one another and will refer potential clients to one another as appropriate.

# Section 12: Disaster Preparedness

**This section describes how we coordinate our long-term disaster planning and activities within the City's emergency response system.**

| **Disaster Preparation Planning** |
| --- |
| *Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)* |

1. **Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:**
    - **local emergency response agencies,**
    - **relief organizations,**
    - **state and local governments, and**
    - **other organizations responsible**

    Disaster preparedness plans and activities for San Francisco are overseen at the highest level by the City's Department of Emergency Management, and are outlined in the 2017 Citywide Emergency Response Plan. As the local Area Agency on Aging, DAS — working within its parent agency, the San Francisco Human Services Agency (SFHSA) — helps support the safety of San Francisco's older and disabled residents during a disaster in alignment with this plan.

    ### SFHSA'S SCOPE

    During a disaster, **SFHSA is responsible for setting up Citywide emergency shelters, distributing supplies for those sheltering at home, and providing recovery services for those in need.** SFHSA also helps eligible residents apply for temporary housing and emergency food assistance to support them through disaster recovery. In their capacity as **legally-mandated disaster service workers**, DAS employees have been trained to support operations within SFHSA's emergency response functions. This includes the Department's executive management team, who are prepared to lead the SFHSA Department Operations Center alongside other SFHSA executives and appropriately trained staff.

    ### DAS'S SCOPE

    **DAS's disaster preparedness plans integrate both proactive and retroactive client outreach strategies to support our most vulnerable clients.** Additionally, DAS disaster preparedness and response protocols depend on the level of a disaster or emergency, such that plans for a limited-term emergency like extreme heat or heavy rainfall are distinct from major disasters with ongoing emergency response needs like earthquakes.

DAS focuses on preparedness for all predictable disasters or emergencies by supporting **wellness outreach in advance of an event** to clients with high health, housing, and safety risks. Following a major disaster event, DAS may **conduct client outreach and/or perform wellness checks on seniors and adults with disabilities** with significant impairment in coordination with other City departments. To facilitate all outreach, DAS maintains an up-to-date list of clients in greatest need of Department support.

**As the lead agency on aging and disability in San Francisco, DAS participates regularly in Citywide disaster planning.** Including participation in regular working groups to develop, review, validate, and update emergency operational plans. Key among these is the City's **Disabilities and Access and Functional Needs Coordination Working Group,** which focuses on issues particularly pertaining to individuals with disabilities or chronic conditions, older adults, and those living in institutional settings. In this context, DAS contributes to a number of critical disaster preparedness activities: increasing engagement with local community-based organizations serving older and disabled adults; expanding inclusion of disability organizations in City emergency preparedness training exercises; updating processes and procedures for durable medical equipment access and transport during disasters; and providing input on San Francisco Fire Department procedures pertaining to safe and effective evacuation of people with disabilities.

**DAS also coordinates communications to San Francisco's high-risk older and disabled populations regarding smaller scale events,** such as air quality incidents, extreme weather, and extended power outages. In collaboration with SFHSA's Communications staff, DAS has developed Departmental templates for email, phone, and social media outreach to clients at greatest risk during these events. The Department also provides support to other City agencies and community providers to adapt their messaging for older and disabled audiences, enabling us to expand the reach of our communications to those who may be most adversely affected during smaller scale disaster or emergency events.

2. **Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):**

| Name | Title | Telephone | Email |
|---|---|---|---|
| Lisa Starliper | Operations Manager, SF Department of Emergency Management | **Office:** (415) 487-5013<br>**Cell:** N/A | Lisa.Starliper@sfgov.org |

**3. Identify the Disaster Response Coordinator within the AAA:**

| Name | Title | Telephone | Email |
|---|---|---|---|
| Allison Lee | Disaster Preparedness Emergency Response Analyst (DPER) | **Office:** (415) 798-0540<br>**Cell:** N/A | Allison.P.Lee@sfgov.org |

**4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):**

In the event of an emergency, DAS will coordinate within SFHSA and San Franciso's Citywide disaster response framework to ensure continuity of both our direct services and community-based programs. Key service priorities for our client population include areas such as safety, shelter, home and personal care, and food support. In addition to ensuring continuity of essential services, we will also provide added emergency support to at risk populations, including the following:

| Critical Service | How Delivered? |
|---|---|
| **Wellness checks** to seniors and adults with disabilities with significant impairment and/or without support at home. Checks include an assessment of clients' health and safety and connection to the appropriate services to meet any urgent health and housing needs. | SFHSA will keep an up-to-date list of its most vulnerable clients, including In-Home Supportive Services and Adult Protective Services recipients, who have personal care needs, are living alone or without support and/or demonstrate other health and safety risks. The Agency, through its Department Operations Center, will coordinate wellness checks post-disaster utilizing its existing staff and other City staff. |
| **Emergency Shelter** | SFHSA coordinates the City's emergency shelters in the event of a disaster and partners with local non-governmental organizations, including the American Red Cross, to manage and operate shelters. In addition, the Department of Public Health provides support to the shelters for those individuals that may require additional medical attention for non life-threatening medical issues. |

5. **List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., Cyber Attack, Fire at your building, Evacuation of site, Employee needs):**

   DAS's internal operational response to disaster events aligns with the broader emergency response framework for SFHSA. Key elements of that response include the following:

| Critical Service | How Delivered? |
|---|---|
| **Evacuation of site** | SFHSA buildings have evacuation plans posted on each floor adjacent to emergency exit doors, including directions to the designated offsite employee gathering point for that building. The Agency conducts building evacuation drills periodically. |
| **Disaster Service Worker assignment procedures** | An SFHSA employee may be activated as a Disaster Service Worker to support disaster response activities. In the event of a disaster, the employee's immediate supervisor will notify them if they need to report for duty. If the employee is called, they should report to 170 Otis Street, SFHSA's headquarter building, or at another designated meeting point. |

6. **List critical resources the AAA needs to continue operations.**
   As employees of the City and County of San Francisco, **DAS staff are designated Disaster Service Workers.** In the event of a local emergency or disaster, our staff may be required to provide services; as such, DAS will ensure that clients receive the services they need. As both a City and County agency and AAA, DAS will also reach out to our contracted community-based organizations to understand what they need to continue effectively meeting the needs of our clients.

7. **List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements (contractual or MOU).**

   SFHSA and DAS do not independently hold formal emergency preparation or response agreements. **Emergency preparation and response relationships are managed centrally by the San Francisco Department of Emergency Management.** These include relationships with organizations that provide food, emergency supplies, and other recovery services, which are then coordinated and administered by SFHSA. SFHSA is San Francisco's lead agency mass care, housing, and human services in the event of a large-scale disaster or emergency, in accordance with the City's Emergency Response Plan.

8. **Describe how the AAA will:**
    - **Identify vulnerable populations.**

      As the county welfare agency serving older people and adults with disabilities, DAS leverages In-Home Supportive Services and Adult Protective Services program data to identify San Francisco residents with high risks related to health, housing, and safety. On a quarterly basis, DAS staff **query these program caseloads to identify clients who are likely to need Departmental support during a disaster** based on specific parameters defined by each program. DAS uses these lists to support disaster preparedness and response activities, such as wellness outreach.

    - **Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, etc.).**

      Where possible, **DAS conducts wellness outreach to our most vulnerable clients before a disaster,** based on the list of clients described above. This list includes information on client care and support needs, which is used to prioritize outreach to those likely to be most affected by the disaster event. We conduct this outreach directly to clients via telephone, text, and email. DAS also leverages our community-based service provider network to reach even more of our client population; **we share outreach templates with our partners to facilitate expanded outreach to clients** participating in community-based programs.

    - **Follow-up with these vulnerable populations after a disaster event.**

      Depending on the scale and severity of the event, SFHSA may deploy trained staff in coordination with local law enforcement and/or other City agencies (such as the Department of Public Health) to **conduct wellness outreach to individuals previously identified as vulnerable.** Following a disaster, Agency staff will initiate wellness outreach immediately by telephone, text, or email, paired with in-person outreach as soon as it is safe to do so. City staff will assess clients for medical and shelter needs, and when necessary, contact first responders to provide medical attention.

9. **How is disaster preparedness training provided?**
    - **AAA to participants and caregivers**

      SFHSA provides disaster and emergency preparedness training resources to clients and their caregivers through day-to-day service operations, focused community outreach, and by client request. Information on emergency preparedness and assistance is also publicly available on our Agency's website.[36]

[36] https://www.sfhsa.org/services/protection-safety/emergency-preparedness-and-assistance/prepare-emergency

- **To staff and subcontractors**

  **All City employees are designated by law as Disaster Service Workers,** and are required to support disaster response activities as ordered in the event of a declared citywide emergency, such as a significant earthquake. As part of their new employee orientation, **all SFHSA staff are required to complete Disaster Service Worker training.** The Agency also provides regular training (including some mandated trainings, which staff are required to complete annually) on disaster preparedness topics such as cybersecurity, fire drills and earthquake preparedness, and active shooter events.

  **Community partners are contractually obligated to provide orientation to staff and volunteers** on accident prevention, fire safety, earthquake preparedness, and other emergency procedures.

# Section 13: Notice of Intent to Provide Direct Services

**This section describes our intent to provide direct services and methods to reach target populations.**

**CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)**

*If a 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.*

☐ Check if not providing any of the below-listed direct services.

Check applicable direct services — Check **each applicable Fiscal Year**

| Title IIIB | 24-25 | 25-26 | 26-27 | 27-28 |
|---|---|---|---|---|
| ☒ Information and Assistance | ☒ | ☒ | ☒ | ☒ |
| ☐ Case Management | ☐ | ☐ | ☐ | ☐ |
| ☐ Outreach | ☐ | ☐ | ☐ | ☐ |
| ☐ Program Development | ☐ | ☐ | ☐ | ☐ |
| ☐ Coordination | ☐ | ☐ | ☐ | ☐ |
| ☐ Long Term Care Ombudsman | ☐ | ☐ | ☐ | ☐ |

| Title IIID | 24-25 | 25-26 | 26-27 | 27-28 |
|---|---|---|---|---|
| ☐ Health Promotion – Evidence Based | ☐ | ☐ | ☐ | ☐ |

| Title IIE[37] | 24-25 | 25-26 | 26-27 | 27-28 |
|---|---|---|---|---|
| ☐ Information Services | ☐ | ☐ | ☐ | ☐ |
| ☐ Access Assistance | ☐ | ☐ | ☐ | ☐ |
| ☐ Support Services | ☐ | ☐ | ☐ | ☐ |
| ☐ Respite Services | ☐ | ☐ | ☐ | ☐ |
| ☐ Supplemental Services | ☐ | ☐ | ☐ | ☐ |

| Title VII | 24-25 | 25-26 | 26-27 | 27-28 |
|---|---|---|---|---|
| ☐ Long Term Care Ombudsman | ☐ | ☐ | ☐ | ☐ |

| Title VII | 24-25 | 25-26 | 26-27 | 27-28 |
|---|---|---|---|---|
| ☐ Prevention of Elder Abuse, Neglect, and Exploitation | ☐ | ☐ | ☐ | ☐ |

[37] Refer to CDA Service Categories and Data Dictionary.

**Describe methods to be used to ensure target populations will be served throughout the PSA.**

**Information and Assistance services are provided by DAS Intake, a unit based in the DAS Benefits and Resource Hub.** The Hub is an in-person service center for older people, adults with disabilities, caregivers, and veterans. It is centrally located and close to major transit lines; services are also provided via phone with about 34,000 incoming calls per year. Like all services at the Hub, DAS Intake is staffed by workers with multiple language capacities, including English, Spanish, Cantonese, Mandarin, Vietnamese, and Tagalog; we utilize language line services to accommodate other languages.

Consumers must be aware of services to make use of them. **In addition to serving as the lead program carrying out year-round outreach efforts, DAS Intake also convenes quarterly steering meetings to coordinate outreach strategy** and public messaging across DAS programs to increase awareness of services. To ensure our target populations are being well served, we draw on program data — such as demographics of incoming calls, program applications, and service enrollment — to understand who we are reaching and where we need to improve our efforts.

# Section 14: Request for Approval to Provide Direct Services

**This section is used to request authorization to provide direct services for any programs and services not already included in *Section 13: Notice of Intent to Provide Direct Services.* DAS does not intend to request to directly provide any additional services directly.**

**Older Americans Act Reauthorization Act of 2020 Section 307(a)(8)(A)**
**CCR Title 22, Article 3 Section 7320(c)**

*Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.*

☒ **Check box if not requesting approval to provide any direct services.**

**Identify Service Category:** N/A

**Check applicable funding source:**[38]

- ☐ IIIIB
- ☐ IIIC-1
- ☐ IIIC-2
- ☐ IIIE
- ☐ VII
- ☐ HICAP

**Request for Approval Justification:**

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☐ More cost effective if provided by the AAA than if purchased from a comparable service provider.

**Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.**

☐ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

**Provide documentation below that substantiates this request for direct delivery of the above stated service:**[39] N/A

[38] Section 15 does not apply to Title V (SCSEP).

[39] For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

# Section 15: Governing Board

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

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

**Total Number of Board Members:** 7

| Name and Title of Officers | Office Term Expires |
|---|---|
| **Janet Y. Spears, Commission President** | 5/19/27 |
| **Nelson Lum, Commission Vice President** | 1/15/28 |

| Name and Title of All Members | Board Term Expires |
|---|---|
| **Barbara Sklar** | 7/1/24 |
| **Janet Y. Spears, Commission President** | 5/19/27 |
| **Linda Parker Pennington** | 1/15/28 |
| **Martha Knutzen** | 7/1/24 |
| **Nelson Lum, Commission Vice President** | 1/15/28 |
| **Sascha Bittner** | 1/15/28 |
| **Wanda Jung** | 1/15/28 |

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

Not applicable.

# Section 16: 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 15*).**

**Older Americans Act Reauthorization Act of 2020 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 (8 vacancies)

**Number and Percent of Council Members over age 60:** 12 86% **Council 60+**

| Race/Ethnic Composition | % of San Francisco 60+ Population* | % on Advisory Council |
|---|---|---|
| White | 37% | 71% |
| Hispanic | 10% | 0% |
| Black | 5% | 14% |
| Asian/Pacific Islander | 44% | 7% |
| Native American/Alaskan Native | 0.1% | 0% |
| Other | 3% | 7% |

**Source: 2021 American Community Survey 1-Year Estimates*

| Name and Title of Officers | Office Term Expires |
|---|---|
| **Diane Lawrence, President** | 3/31/26 |
| **Margaret Graf, 1st Vice President** | 3/31/24 |
| **Tia Small, 2nd Vice President** | 6/30/25 |
| **Secretary – TBD** | — |

| Name and Title of Other Members | Office Term Expires |
|---|---|
| **Allen Cooper** | 3/31/24 |
| **Anne Warren** | 4/30/25 |
| **Chris Dillon** | 3/31/25 |
| **Darlene Ramlose** | 3/31/24 |
| **Ivy Chang** | 3/31/26 |
| **Juliet Rothman** | 3/31/24 |
| **Lisa Cook** | 3/31/26 |
| **Marcy Adelman** | 3/31/25 |
| **Morningstar Vancil** | 7/31/24 |
| **Renee Richards** | 3/31/26 |
| **Steffany Dignum** | 8/31/25 |

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

| Yes | No | |
|---|---|---|
| ☒ | ☐ | Representative with Low Income |
| ☒ | ☐ | Representative with a Disability |
| ☒ | ☐ | Supportive Services Provider |
| ☒ | ☐ | Health Care Provider |
| ☒ | ☐ | Local Elected Officials |
| ☒ | ☐ | Persons with Leadership Experience in Private and Voluntary Sectors |

| Yes | No | Additional Other (Optional) |
|---|---|---|
| ☒ | ☐ | Family Caregiver, including older relative caregiver |
| ☐ | ☒ | Tribal Representative |
| ☒ | ☐ | LGBTQ+ Identification |
| ☒ | ☐ | Veteran Status |

**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 what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed, or other?**
Expiring positions are typically a mix of appointments made each by the Disability and Aging Services Commission or the Board of Supervisors. DAS remains in regular communication with these appointing bodies to renew any expiring terms. With respect to currently expired and upcoming expiring terms among current members, we 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 Disability and Aging Services Commission. All other 11 members are appointed — one each — by their County District Supervisor.

# Section 17: Multipurpose Senior Center Acquisition or Construction Compliance Review[40]

**This section describes any plans to acquire or construct a multipurpose senior center. (Note: DAS does not intend to do this).**

| CCR Title 22, Article 3, Section 7302(a)(15)<br>20-Year Tracking Requirement |
|---|

☒ No. Title IIIB funds not used for Acquisition or Construction.
☐ Yes. Title IIIB funds used for Acquisition or Construction.

**Title III Grantee and/or Senior Center (complete the chart below):**

| Title III Grantee and/or Senior Center | Type Acq/ Const | IIIB Funds Awarded | % Total Cost | Recapture Period | | Compliance Verification State Use Only |
|---|---|---|---|---|---|---|
| | | | | Begin | End | |
| **Name:**<br>**Address:** | | | | | | |
| **Name:**<br>**Address:** | | | | | | |
| **Name:**<br>**Address:** | | | | | | |
| **Name:**<br>**Address:** | | | | | | |

[40] Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

# Section 18: 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 Benefits and Family Support (administers programs such as CalFresh, Medi-Cal, child welfare, and Welfare to Work).

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).** 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.

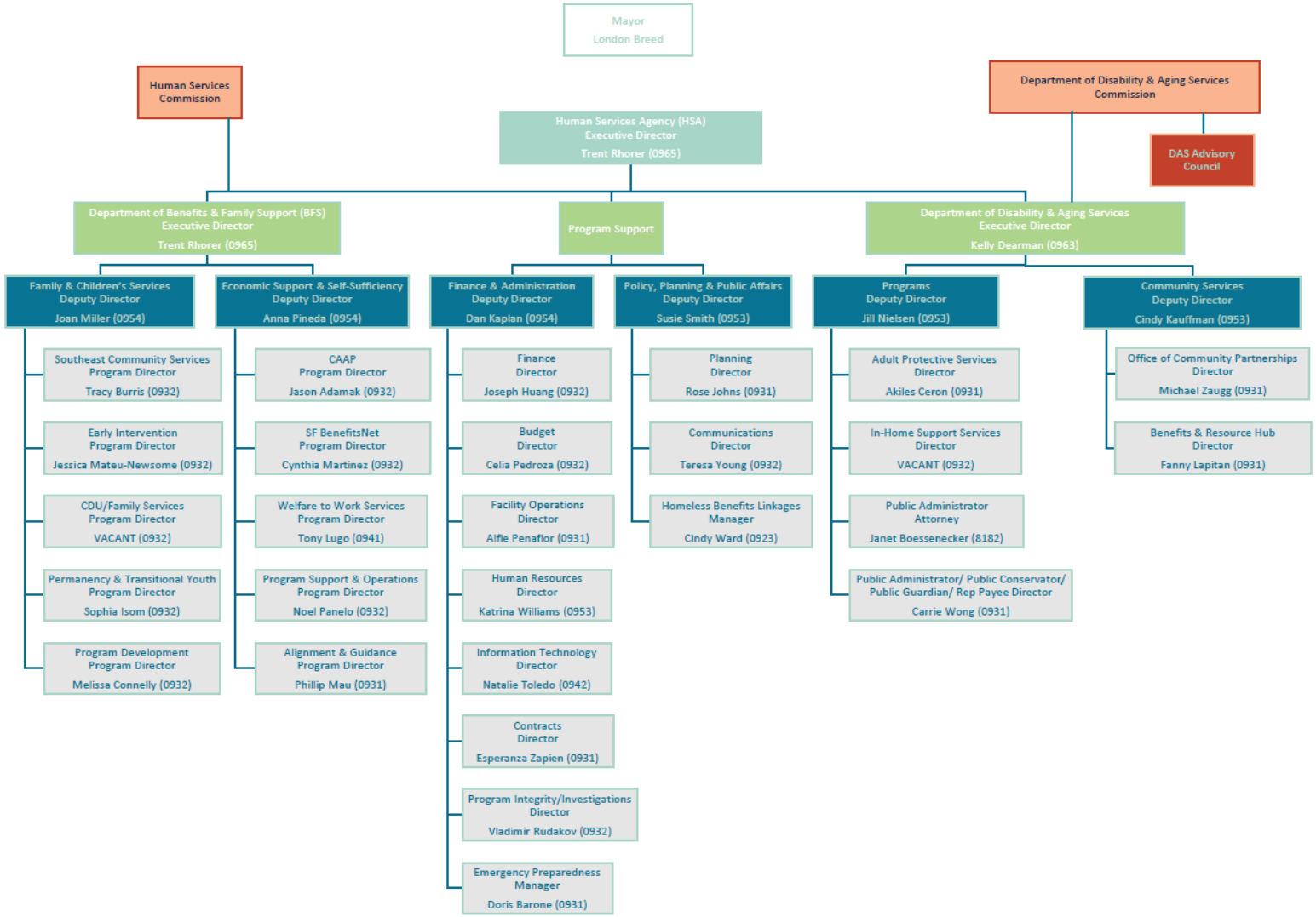
In addition to these community collaborations, we offer Information and Assistance services through the **DAS Intake unit located at our Benefits and Resource Hub.** The Hub is our in-person service center for older people, adults with disabilities, caregivers, and veterans. DAS Intake includes Social 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.

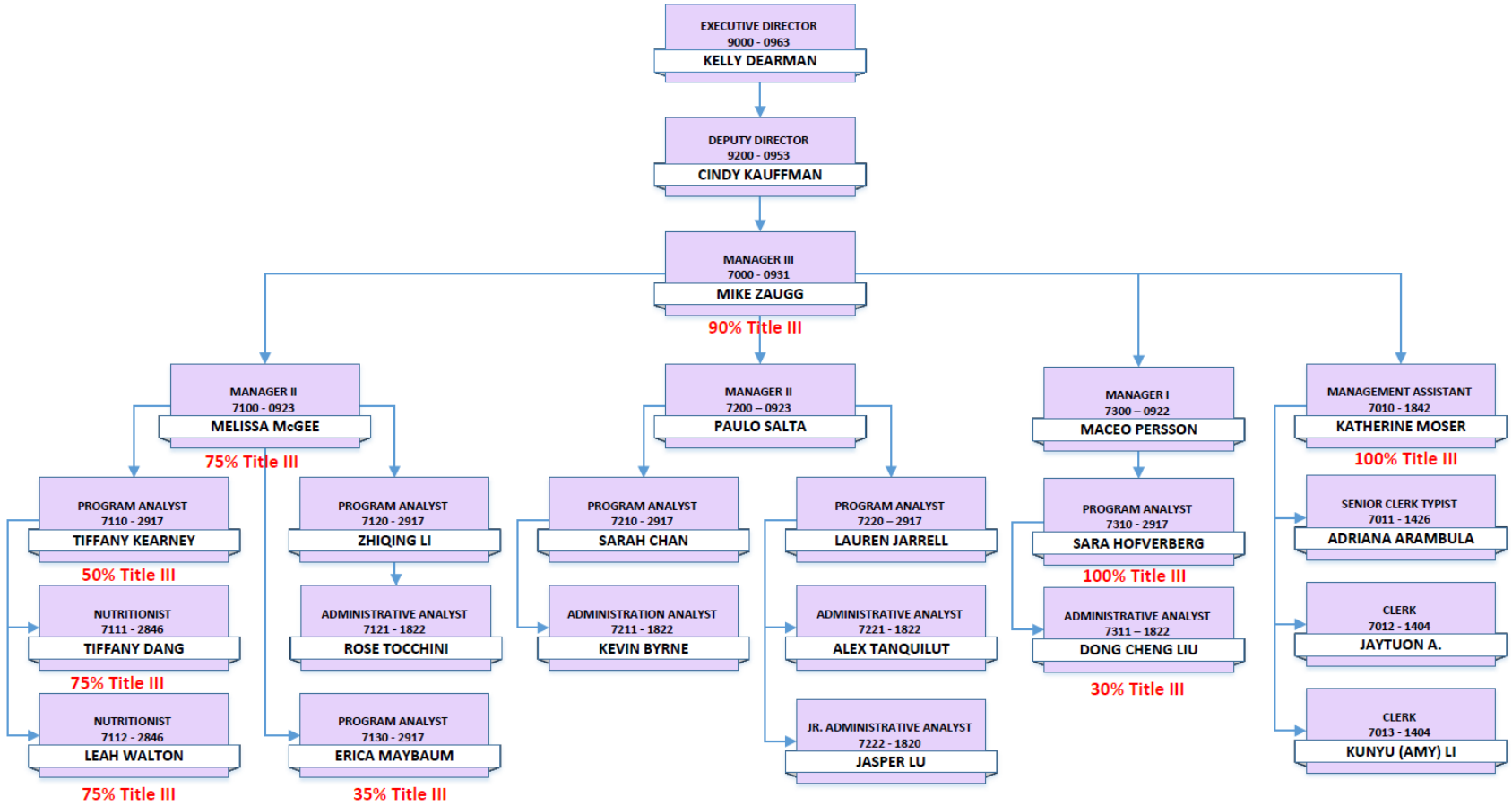
Please see the organizational charts on the subsequent pages for additional detail on our structure and staffing.

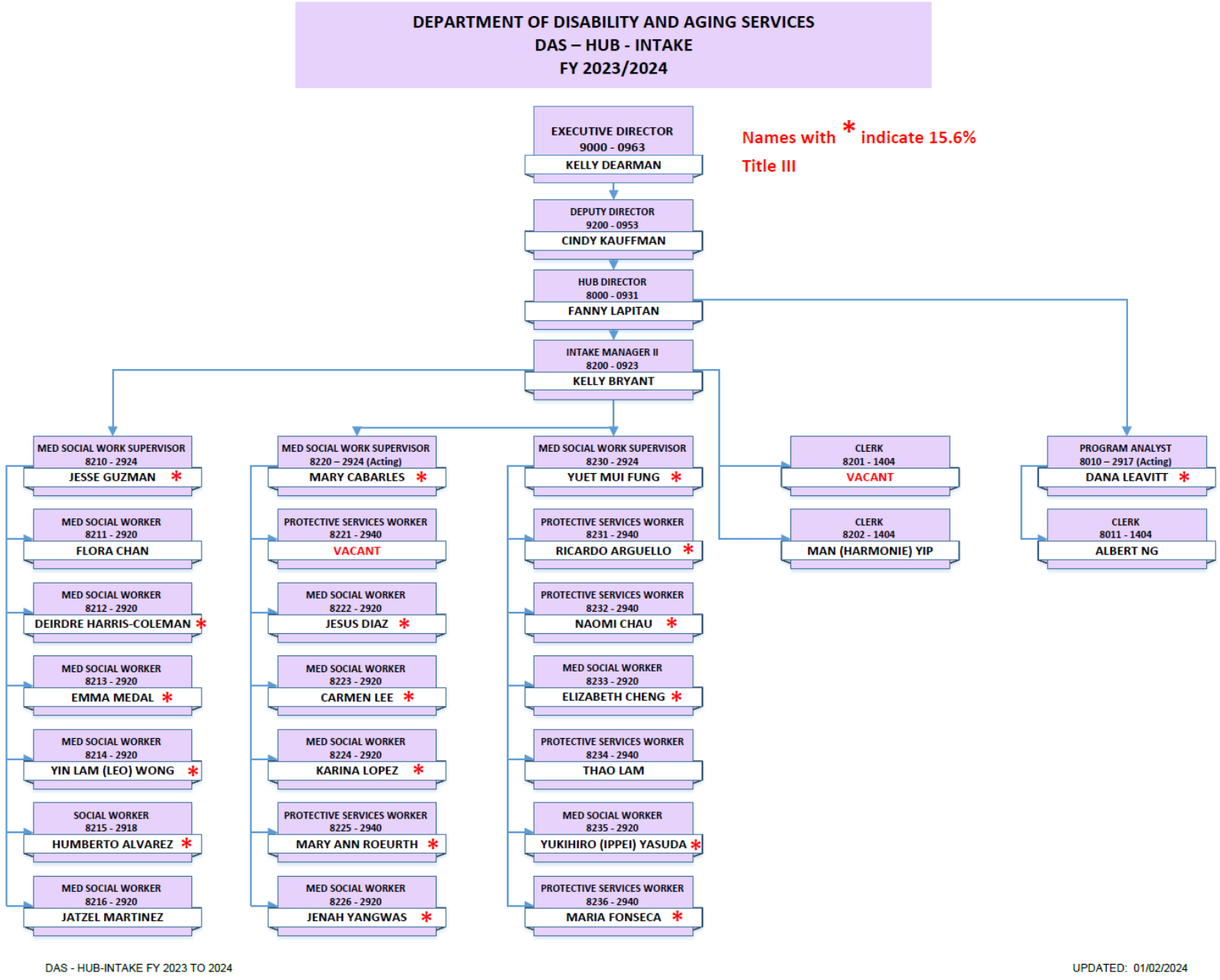
# City & County of San Francisco Human Services Agency

## Top tier org chart for FY 2023-2024



# DEPARTMENT OF DISABILITY AND AGING SERVICES
## DAS – OFFICE OF COMMUNITY PARTNERSHIPS
## FY 2023/2024

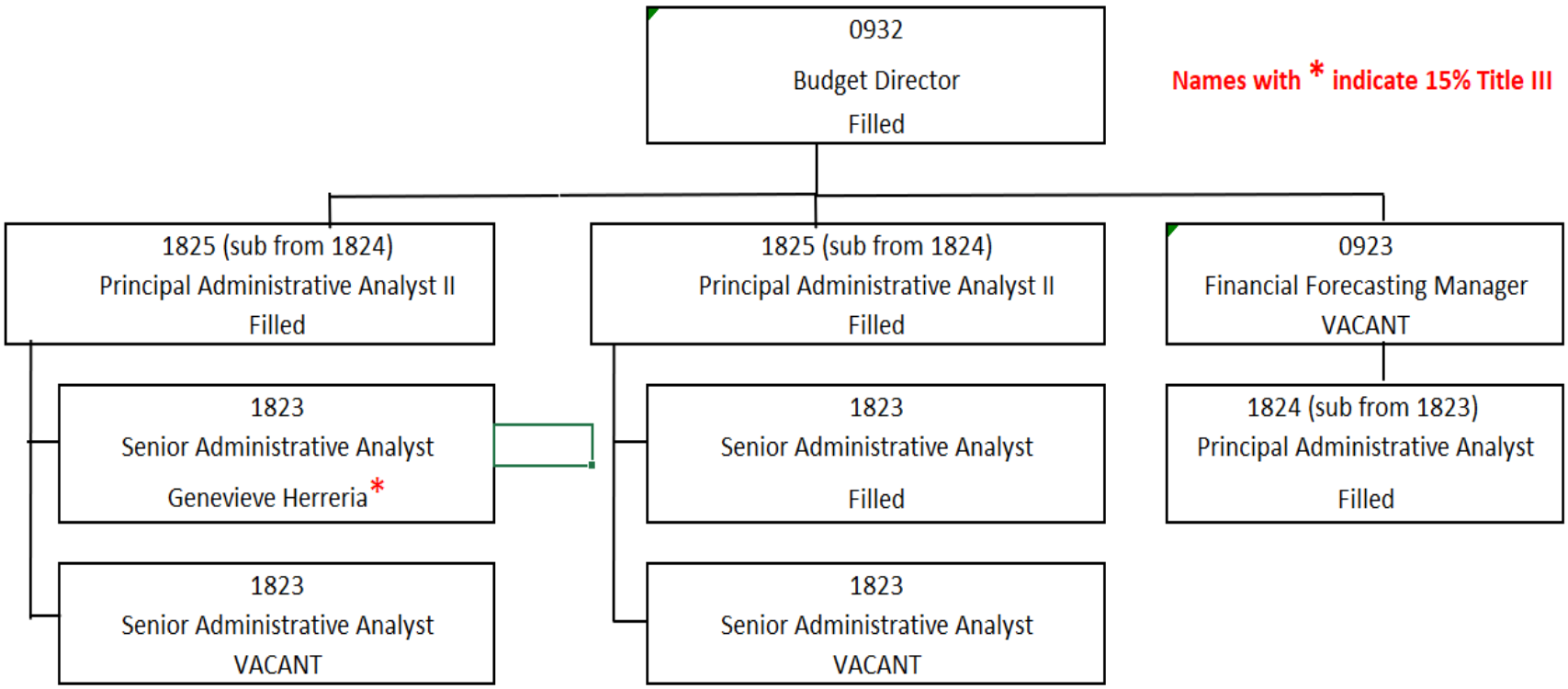


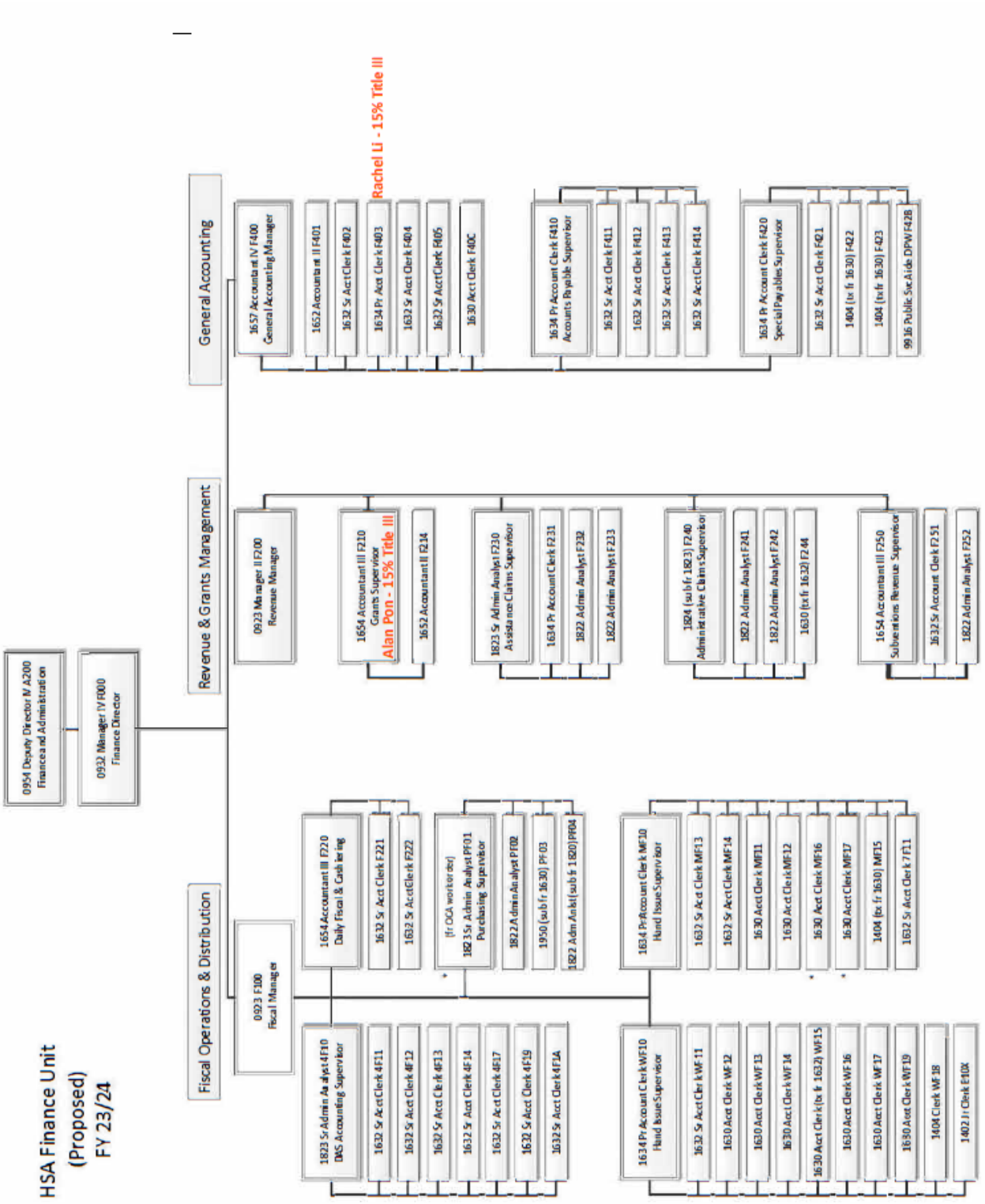



DAS - HUB-INTAKE FY 2023 TO 2024

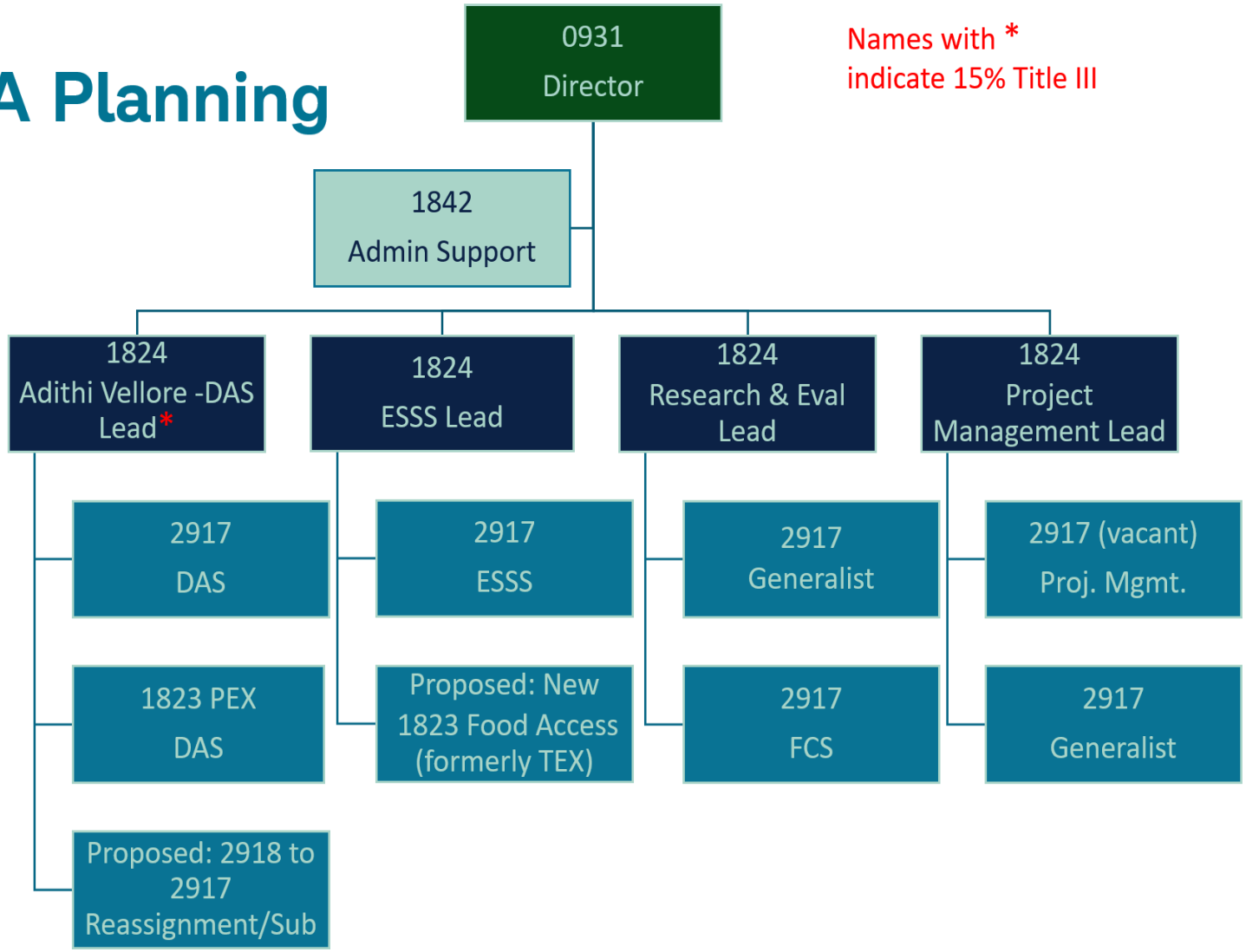
UPDATED: 01/02/2024

## HSA Budget & Forecasting Unit




HSA Finance Unit
(Proposed)
FY 23/24
0954 Deputy Director IV A200
Financeand Administration
0932 Manager IV F000
Finance Director
Fiscal Operations & Distribution
0923 F100
Fiscal Manager
1654 Accountant III F220
Daily Fiscal & Cashiering
1632 Sr Acct Clerk F221
1632 Sr AcctClerk F222
(Fr OCA worker tbe)
1823 Sr Admin Analyst PF01
Purchasing Supervisor
1822 Admin Analyst PF02
1950 (sub fr 1630) PF03
1822 Adm Anlst (sub fr 1820) PF04
1823 Sr Admin Analyst 4F10
DHS Accounting Supervisor
1632 Sr Acct Clerk 4F11
1632 Sr Acct Clerk 4F12
1632 Sr Acct Clerk 4F13
1632 Sr Acct Clerk 4F14
1632 Sr Acct Clerk 4F17
1632 Sr Acct Clerk 4F19
1632 Sr Acct Clerk 4F1A
1634 Pr Account Clerk MF10
Hand Issue Supervisor
1632 Sr Acct Clerk MF11
1632 Sr Acct Clerk MF12
1630 Acct Clerk MF13
1630 Acct Clerk MF14
1630 Acct Clerk MF16
1630 Acct Clerk MF17
1404 (tr fr 1630) MF15
1632 Sr Acct Clerk 7F11
1634 Pr Account Clerk WF10
Hand Issue Supervisor
1632 Sr Acct Clerk WF11
1630 Acct Clerk WF12
1630 Acct Clerk WF13
1630 Acct Clerk WF14
1630 Acct Clerk (tr fr 1632) WF15
1630 Acct Clerk WF16
1630 Acct Clerk WF17
1630 Acct Clerk WF19
1404 Clerk WF18
1402 Jr Clerk E10X
Revenue & Grants Management
0923 Manager II F200
Revenue Manager
1654 Accountant III F210
Grants Supervisor
Alan Pon - 15% Title III
1652 Accountant II F214
1823 Sr Admin Analyst F230
Assistance Claims Supervisor
1634 Pr Account Clerk F231
1822 Admin Analyst F232
1822 Admin Analyst F233
1824 (sub fr 1823) F240
Administrative Claims Supervisor
1822 Admin Analyst F241
1822 Admin Analyst F242
1630 (tx fr 1632) F244
1654 Accountant III F250
Subventions Revenue Supervisor
1632 Sr Account Clerk F251
1822 Admin Analyst F252
General Accounting
1657 Accountant IV F400
General Accounting Manager
1652 Accountant II F401
1632 Sr Acct Clerk F402
1634 Pr Acct Clerk F403
Rachel Li - 15% Title III
1632 Sr Acct Clerk F404
1632 Sr Acct Clerk F405
1630 Acct Clerk F40C
1634 Pr Account Clerk F410
Accounts Payable Supervisor
1632 Sr Acct Clerk F411
1632 Sr Acct Clerk F412
1632 Sr Acct Clerk F413
1632 Sr Acct Clerk F414
1634 Pr Account Clerk F420
Special Payables Supervisor
1632 Sr Acct Clerk F421
1404 (tx fr 1630) F422
1404 (tx fr 1630) F423
9916 Public SvcAide-DPW F428

# SFHSA Planning



# Section 19: Assurances

**The mission statement describes the purpose of the Area Agency on Aging. It guides the actions of the organization, specifies its overall goal, provides a sense of direction, and guides decision-making.**

*Pursuant to the Older Americans Act Reauthorization Act of 2020, (OAA), the Area Agency on Aging assures that it will:*

*A. Assurances*

*1. OAA 306(a)(2)*
*Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2020 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, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);*

*(B) in-home services, including supportive services for families of older individuals with 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;*

*2. OAA 306(a)(4)(A)(i)(I-II)*

*(I) provide assurances that the area agency on aging will –*
*(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;*
*(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;*

*(II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);*

*3. OAA 306(a)(4)(A)(ii)*
*Include in each agreement made with a provider of any service under this title, a requirement that such provider will—*

*(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;*

*(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and*

*(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.*

4. *OAA 306(a)(4)(A)(iii)*
   *With respect to the fiscal year preceding the fiscal year for which such plan is prepared—*
   *(I) identify the number of low-income minority older individuals in the planning and service area.*
   *(II) describe the methods used to satisfy the service needs of such minority older individuals; and*
   *(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.*

5. *OAA 306(a)(4)(B)*
   *Use outreach efforts that —*
   *(i) identify individuals eligible for assistance under this Act, with special emphasis on—*
      *(I) older individuals residing in rural areas.*
      *(II) older individuals with greatest economic need (with particular attention to low- income minority individuals and older individuals residing in rural areas);*
      *(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);*
      *(IV) older individuals with severe disabilities.*
      *(V) older individuals with limited English proficiency.*
      *(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and*
      *(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and*
   *(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;*

6. *OAA 306(a)(4)(C)*
   *Contain an assurance that the Area Agency on Aging will ensure 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;*

7. *OAA 306(a)(5)*
   *Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;*

8. *OAA 306(a)(6)(I)*
   *Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.*

9. *OAA 306(a)(9)(A)-(B)*
   *(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;*
   *(B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;*

10. *OAA 306(a)(11)*
    *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.*

11. *OAA 306(a)(13)(A-E)*
    *(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;*
    *(B) disclose to the Assistant Secretary and the State agency—*
        *(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and*
        *(ii) the nature of such contract or such relationship.*

*(C) 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 contract or such relationship;*

*(D) 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 contract or such relationship; and*

*(E) 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;*

12. *306(a)(14)*
*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;*

13. *306(a)(15)*
*Provide assurances that funds received under this title will be used—*
*(A) to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(a)(4)(A)(i); and*
*(B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;*

14. *OAA 305(c)(5)*
*In the case of a State specified in subsection (b)(5), the State agency shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging 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.*

15. *OAA 307(a)(7)(B)*
    i. *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;*
    ii. *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*
    iii. *mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.*

16. *OAA 307(a)(11)(A)*
    i. *enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;*
    ii. *include in any such contract provisions to assure that any recipient of funds under division (i) 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*

iii. *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.*

17. *OAA 307(a)(11)(B)*
*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.*

18. *OAA 307(a)(11)(D)*
*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; and*

19. *OAA 307(a)(11)(E)*
*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.*

20. *OAA 307(a)(12)(A)*
*Any Area Agency on Aging, in carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for —*

i. *public education to identify and prevent abuse of older individuals.*
ii. *receipt of reports of abuse of older individuals.*
iii. *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*
iv. *referral of complaints to law enforcement or public protective service agencies where appropriate.*

21. *OAA 307(a)(15)*
*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.*

*22. OAA 307(a)(18)*

*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.*

*23. OAA 307(a)(26)*

*Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.*

*B. Code of Federal Regulations (CFR), Title 45 Requirements:*

*24. CFR [1321.53(a)(b)]*

*(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 persons 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, inter-agency 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 persons 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 persons: 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 persons, 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 persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.*

25. *CFR [1321.53(c)]*
*The resources made available to the Area Agency on Aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of this section.*

26. *CFR [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.*

27. *CFR [1321.53(c)]*
*Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.*

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

29. *CFR [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.*

30. *CFR [1321.61(b)(4)]*
*Consult with and support the State's long-term care ombudsman program.*

31. *CFR [1321.61(d)]*
    *No requirement in this section shall be deemed 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.*

32. *CFR [1321.69(a)]*
    *Persons age 60 and older 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.*