Area Plan Update

FY 2025-26

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

April 2025

SAN FRANCISCO HUMAN SERVICES AGENCY
Department of Disability and Aging Services

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Area Plan Update (APU) Checklist

Check one: ☒ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

(use for APUs only due May 1, 2025, 2026, and 2027)

AP Guidance Section	Required Annual Area Plan Update Sections	Check if Updated
n/a	**A)** Transmittal Letter *(submit by email with electronic or scanned original signatures)*	☒
n/a	**B)** APU *(submit entire APU electronically only)*	☒
2, 3, or 4	**C)** Estimate of the number of lower income minority older individuals in the PSA for the coming year	☒
6	**D)** Priority Services & Public Hearings	☒
n/a	**E)** Annual Area Plan Budget (sent to finance@aging.ca.gov)	☒
8	**F)** Service Unit Plan (SUP) and Long-Term Care Ombudsman Program Outcomes	☒
11	**G)** Legal Assistance	☒

AP Guidance Section	Additional Area Plan Update Sections ***If there has been a change to another section, check the "Mark Changed" box AND include the "AAA Area Plan Summary of Changes" Attachment A***	Mark if Changed
1	Mission Statement	☐
5	Needs Assessment/Targeting	☐
7	AP Narrative Objectives:	☒
7	• System-Building and Administration	☐
7	• Title IIIB-Funded Programs	☐
7	• Title IIIB-Program Development/Coordination (PD or C)	☐
7	• Title IIIC-1 or Title IIIC-2	☐
7	• Title IIID-Evidence Based	☐
7	• HICAP Program	☐
9	Senior Centers and Focal Points	☐
10	Title IIIE-Family Caregiver Support Program	☐
12	Disaster Preparedness	☐
13	Notice of Intent to Provide Direct Services	☐
14	Request for Approval to Provide Direct Services	☐
15	Governing Board	☒
16	Advisory Council	☒
17	Multipurpose Senior Center Acquisition or Construction	☐
18	Organizational Chart(s) *(Must match Budget)*	☒
19	Assurances	☐
Attch. A	AAA Area Plan Summary of Changes	☒
Attch. B	OCA Modernization Supplemental Summary	☐
Attch. C	Local Master Plan for Aging Supplemental Summary	☐

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. **Allen Cooper**
   (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.

Population Estimates

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

According to the American Community Survey 2022 5-year estimates, there were 191,157 seniors age 60 or older in San Francisco,[3] of whom 21,803 (11%) had incomes at or below the poverty threshold.

Chart A. Older Adults (Age 60+)
Total = 191,157

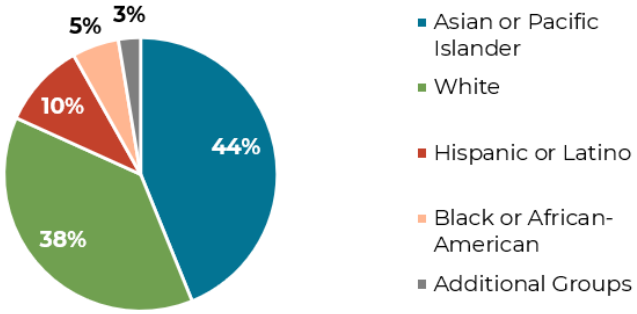
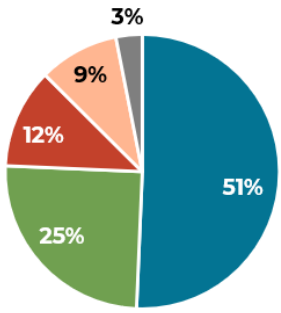


Chart B. Older Adults (Age 60+) in Poverty
Total = 21,803



Source: American Community Survey 2022 5-Year Estimates

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

It is important to note that the federal poverty threshold does not fully capture all low-income seniors, given how costs in San Francisco far exceed this static measure. When we account for local cost of living, 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

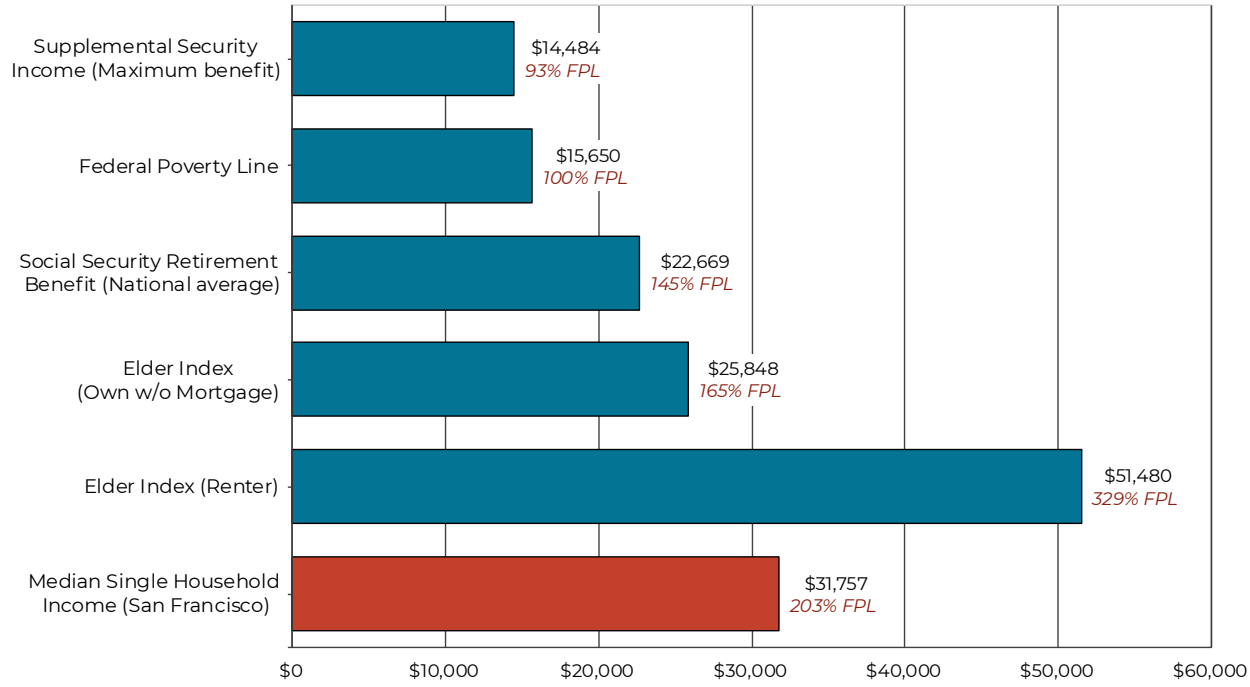
[2] California Department of Finance Demographic Research Unit, Population Projections (2020-2070), *Report P-2B: County Population by Age*. Available online: https://www.dof.ca.gov/Forecasting/Demographics/Projections/

[3] 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.

$4,290 to meet their basic needs in San Francisco.[4] By contrast, the federal poverty threshold for a similar individual is set at a monthly income $1,304.[5] Collectively, **about 34% or 65,444 of older adults living alone in San Francisco may struggle to meet their basic needs,** living on less than 300% of the poverty threshold ($3,912 monthly income for a single person).

As shown in the chart below, the estimated cost of living in San Francisco far exceeds federal poverty guidelines and government benefits. Supplemental Security Income (SSI), the federal supplemental income stipend for the most impoverished older adults and persons with disabilities, provides a maximum benefit lower than the federal poverty line; anyone receiving SSI benefits is living in poverty. The national average Social Security retirement benefit is slightly less than $23,000 per year (145% of FPL). Retirees without alternate retirement benefits or significant savings would likely struggle to make ends meet in San Francisco at this income level.

The Cost of Living in San Francisco Far Exceeds Federal Poverty Guidelines and Government Benefits



Sources: Social Security Administration, Supplemental Security Income in California, 2025
US Department of Health & Human Services, 2025 Poverty Guidelines
Social Security Administration, Monthly Statistical Snapshot, December 2024
University of Massachusetts, Boston. Elder Index 2024
2022 American Community Survey 5-Year Esimates (accessed via IPUMS)

[4] University of Massachusetts, Boston. Elder Index. https://elderindex.org.
[5] 2024 federal poverty guidelines. https://aspe.hhs.gov/poverty-guidelines.

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[6] 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%

[6] 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[7]

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?[8]	Held at a Long- Term Care Facility?[9]
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	2/19/25	1650 Mission St, 5th Fl	13*	No	No
	3/5/25	City Hall, Room 416	36*	No	No
2026-2027					
2027-2028					

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

[7] Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.
[8] A translator is not required unless the AAA determines a significant number of attendees require translation services.
[9] 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.

   2025: 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.

2025: The following issues were discussed:

- **Concern for cuts to Congregate Meals.** Advisory Council members expressed concern for the Department's anticipated reductions in service levels (e.g., meals provided) in our Congregate Meals program. They noted how communal dining programs are returning to full participation for in-person congregate meals, which serve to combat social isolation as well food insecurity. DAS assured members that the Department will continue to monitor service levels and remain as responsive to community needs as we are able within current budget constraints.

- **Access to DAS services for middle-income older adults and people with disabilities.** Commissioners asked about the Department's plans to support middle-income seniors and people with disabilities, and how we think about analyzing the needs of these populations. In response, DAS shared examples of

how we use population data in our community needs assessments and other analytical projects not only to understand our service population in poverty, but also to develop a profile of low-to-middle income populations living at 200% of the federal poverty threshold. We explained how these adjusted benchmarks allow us to better account for the high costs of living in San Francisco. In addition, the Department also reminded Commissioners that the vast majority of programs funded by DAS, including most programs supported by Older Americans Act revenue, are not means tested — in other words, that any eligible individual may access these programs regardless of their income level.

- **Outcome measurement for the Area Plan and beyond:** Commissioners asked clarifying questions on how DAS sets and tracks outcomes to assess progress towards the goals outlined in the Area Plan. The Department referred the Commissioners back to the Area Plan Narrative Goals and Objectives section of the Area Plan Update. In this section of the report, we provide narrative updates on progress towards our Area Plan goals, and often include datapoints on service levels and other key metrics that help to illustrate our impact. In addition, DAS also reiterated our approach to outcome measurement, beginning with identifying annualized service and outcome objectives for our programs (including in our community-based services contracts), monitoring progress to goal throughout the year, and preparing regular reporting on program performance for accountability to our stakeholders. We cited our annual Dignity Fund Data and Evaluation Report as a key example of how we track and report publicly on program outcomes across our portfolio of community-based services.

- **Anticipated impact of new federal priorities on DAS programs and service populations:** Advisory Council members raised several questions about how new federal policy priorities might affect Department operations and older and disabled San Franciscans more generally. For example, members asked about the potential impact of presidential executive orders that seek to curtail diversity, equity, and inclusion activities; other executive actions targeting LGBTQ+ populations, particularly transgender and gender non-conforming individuals; and layoffs at the Department of Veterans Affairs and other federal agencies serving our populations. DAS acknowledged the concerns members expressed, and highlighted our work to ensure situational awareness of changes in federal policy in this turbulent climate. We also reaffirmed our commitment to delivering services in a strategic and data-informed way to meet diverse community needs.

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.

2025: No changes were made.

Area Plan Narrative Goals and Objectives

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

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[10]	Update Status[11]
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	The Disability Cultural Center launched its virtual programming in July 2024 with a celebration of Disability Pride Month. The DCC also held an in-person event at the San Francisco Museum of Modern Art for Disability Community members to pose for professionally photographed portraits. Since its opening, the DCC has hosted monthly events, including a book launch of *The Anti-Ableist Manifesto* and the Superfest Disability Film Festival. The DCC is working with architects, designers, and IT professionals to ensure that the Center meets the diverse needs of its community members as it looks to open its brick-and-mortar site in July 2025.

[10] 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.
[11] 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[10]	Update Status[11]
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	The DAS Benefits and Resource Hub is actively conducting targeted outreach in neighborhoods identified as historically underrepresented in DAS services. Specifically, the team has focused outreach activities in San Francisco Supervisorial Districts 3, 5, 9, and 10. The DAS Hub continues to convene quarterly steering meetings of outreach leads from across the Department's programs to discuss strategies, best practices, and to share updates on program outreach efforts. The DAS intends to continue work in FY 2025-26 to develop and track key metrics to measure impact of outreach efforts.
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	DAS continues to administer the LGBTQ+ Mental Health Connections program to ensure that LGBTQ+ older adults and adults with disabilities have access to mental health services. In response to participant feedback collected in prior fiscal years, this year, the program redesigned its service delivery model by shifting from virtual telehealth services to providing in-person care navigation and mental health support services.

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[12]	Update Status[13]
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	In the last year, DAS has implemented several recommendations put forward by the Age- and Disability-Friendly San Francisco workgroup, including launching the Disability Cultural Center and adding "accessibility" to our agency's Office of Diversity, Equity, Inclusion, Belonging, and Accessibility. Other City departments have also adopted ADFSF recommendations, including implementation of a Citywide Digital Accessibility and Inclusion standard. We are currently preparing the end of cycle evaluation, which the ADFSF Workgroup will publish by May 2025. Following the evaluation, we will begin developing the ADFSF action plan for the next 3 years.

[12] 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.
[13] 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[12]	Update Status[13]
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	DAS provides a wide range of educational opportunities for Department staff, community providers, and other key partners. Notable examples include: • Specialized trainings on "Domestic Violence and Older Adults" and "Supporting Domestic Violence Deaf Survivors and Survivors with Disabilities" to supplement our core Elder Abuse Prevention trainings. DAS recently launched these trainings and will continue to offer them as part of our standing calendar of training opportunities. • Re-vamped and expanded virtual trainings on Sexual Orientation and Gender Identity (SOGI) data collection and LGBTQ+ Cultural Humility, planned for launch in early 2025. These trainings will be co-hosted by DAS and our community-based training provider, Openhouse. • Mandatory Disability Awareness and Etiquette training for all DAS staff, offered in partnership with the California Department of Rehabilitation. We plan to pilot these trainings with DAS leadership in the coming months, then roll out to all DAS staff, and eventually extend to our community partners in the coming year.

Objective	Projected Start and End Dates	Type of Activity and Funding Source[12]	Update Status[13]
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	Earlier this fiscal year, DAS prepared the first-ever Dignity Fund Cycle-End Evaluation FY 2019-20 to FY 2022-23 to assess the impact of this essential local funding for aging and disability services over the past four years. This analysis illustrated the critical importance of the Dignity Fund in addressing the needs of our diverse population, especially as our community navigated the unprecedented challenges posed by the COVID-19 pandemic. In FY 2025-26, DAS will kick off the next Dignity Fund planning and funding cycle with the Community Needs Assessment.
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	DAS has continued to provide aging and disability subject matter expertise to support emergency preparedness capacity building focused on these populations internally and across our provider network. For example, we worked with our community partners to distribute several hundred copies of the California Department of Aging Emergency Preparedness Guide for Older Adults and People with Disabilities to the community across multiple languages. We also coordinated training events with community partners on emergency preparedness and other health topics, such as preparing for and staying healthy during extreme heat events.

Objective	Projected Start and End Dates	Type of Activity and Funding Source[12]	Update Status[13]
E. Stabilize funding for caregiver mental health support services. 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	This fiscal year, DAS has funded over 1000 hours of individual caregiver counseling and 60 support group sessions. Services include targeted support for LGBTQ+ caregivers, caregivers who are young adults, and caregivers who speak a primary language other than English (services are available in Spanish, Cantonese, Mandarin, Tagalog, Vietnamese, and Korean, and regular classes are held in Spanish and Cantonese). In FY 2025-26, we intend to maintain service levels in existing areas and broaden support where possible, focusing on expanding the range of supportive programming available online.

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[14]	Update Status[15]
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	The DAS-funded ReServe program continues to lead coordination of quarterly meetings for the Work Matters Collaborative, fostering ongoing collaboration and advancing employment service initiatives. In FY 2023-24, the program supported over 200 clients who reported high satisfaction with the program's assistance in overcoming employment barriers and achieving their goals through job placements. Looking ahead, the program will continue to expand employment opportunities and provide job readiness training to equip clients for the workforce.

[14] 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.
[15] 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[14]	Update Status[15]
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	DAS continues to administer the Employment Navigation and Benefits Support program to help adults with disabilities and older adults understand and navigate means-tested benefit rules while pursuing employment. In FY 2023-24, the program delivered 1,022 hours of benefit counseling services and provided 18 group workshops. Our most recent annual surveys indicate that over 85% of program participants maintained or increased their overall benefits and income while in the program. Additionally, we made strides to improve access to advocacy and legal resources through establishing partnerships with our Legal Assistance program. Moving forward, the program plans to expand its outreach efforts to improve equitable access to these services.

Objective	Projected Start and End Dates	Type of Activity and Funding Source[14]	Update Status[15]
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	Boosting engagement with veterans and supporting connection to VA benefits is a priority for DAS. Our efforts include our successful Veterans Transportation Program, which provides about $1,500 worth of taxi vouchers annually to help veterans get to and from in-person appointments with CVSO Claims Representatives and other key veterans' services. The CVSO continues to encourage interagency collaboration through a monthly spotlight on community partners serving veterans, working to facilitate exchanges of information, learning, and warm referrals across staff and community partners. In the coming year, subject to local budgetary constraints, we will explore additional strategies to enhance services, including the use of online tools to help veterans prepare needed documents to support their benefits claims.

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[16]	Update Status[17]
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	Food insecurity and community need for culturally relevant, quality nutrition services remain high. Meeting the nutritional needs of our clients remains a top priority for DAS. Over the last fiscal year, our community partners have seen more clients return to in-person congregate dining. However, they face funding challenges due to lower donations and rising operational costs (including food costs). The popularity of our culturally relevant Home Delivered Meals program continues to soar, resulting in longer waitlists for popular cuisines, including Chinese and Japanese. Supported by state grant funds, we continue also enhance CalFresh outreach and application assistance in partnership with the San Francisco-Marin Food Bank, assisting more than 270 individuals annually.

[16] 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.
[17] 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[16]	Update Status[17]
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	DAS launched the Enhanced Care Management program in FY 2023-24 within the existing Community Living Fund program. We served nearly 140 clients last year and have increased service levels this year. Additionally in FY 2025-26, we have added two new CalAIM Community Supports programs to our portfolio. These programs serve individuals discharging from skilled nursing facilities to access assisted living or to transition to a private residence in their community depending on their level of care need. We have accepted more than 10 referrals for transitional care support so far, and are working to enroll these clients and facilitate placement.
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	DAS procured a new vendor earlier this year to re-launch our efforts to build an online resource directory with a design that better meets the needs of the aging and disability population. Our contract is currently pending certification, and must additionally be approved to move forward by the Mayor's Office in light of new City budget policy freezing spending on new programs. Should our contract pass these final administrative hurdles, we anticipate development of the tool will take approximately 6-12 months to complete.

Objective	Projected Start and End Dates	Type of Activity and Funding Source[16]	Update Status[17]
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	SF DAS currently partners with the SF Pretrial Diversion Project to provide personalized case management and therapeutic services designed to empower veterans through court-mandated diversion, helping them successfully meet the terms of their probation and access resources that support their long-term success. By guiding veterans toward program graduation, this program fosters meaningful progress and personal growth. Additionally, the program engages in outreach efforts, collaborating with the Public Defender's Office, SF Bar Association, and Sheriff's Associations, while also partnering with judges to raise awareness and promote the veteran's case management program. These efforts aim to expand program reach, increase referrals, and ensure more veterans benefit from this impactful initiative.

Objective	Projected Start and End Dates	Type of Activity and Funding Source[16]	Update Status[17]
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	FY 2024-25 marks the final year of the successful Home Safe program, which the state has funded only through the end of this year. DAS has been working closely with our City and community partners to prepare for the end of this program. In particular, we are connecting clients with ongoing needs — such as low-income individuals for whom Home Safe provides financial subsidies to access assisted living — with alternate resources such as the Community Living Fund and CalAIM supports to ensure their continue stability in the community. Additionally this year, the IHSS Collaborative Caregiver Support Team model has expanded to serve nearly 1,700 IHSS recipients across more than 70 Permanent Supportive Housing sites. DAS is also in ongoing discussions with the Department of Homelessness and Supportive Housing is ongoing to develop cost-neutral ways to enhance IHSS in shelter settings; we hope to move this work forward in some capacity despite local budget constraints.

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[18]	Update Status[19]
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	The Elder Abuse Prevention Program's Elder Abuse Prevention and Mandated Reporter training is more popular than ever: due to high demand, we began in January 2025 to offer this training more frequently, at a monthly cadence. To meet the needs of diverse training participants, we offer these trainings in Spanish, Chinese, Russian, Vietnamese, and Filipino, in addition to other languages upon request. In addition to distributing general educational materials, the program is also carrying out more tailored activities focused on underserved populations. These activities include focused outreach to 10,000 individuals within Asian and Pacific Islander communities to help prevent, recognize, and address abuse of API elders.

[18] 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.
[19] 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[18]	Update Status[19]
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	The Long-Term Care Ombudsman program performed at a high level last year, exceeding service targets across a number of metrics. For example, the program provided nearly 1,200 instances of information and assistance to individuals, far exceeding our service target (600). Additionally, the Ombudsman conducted almost 50 Resident Council meetings, surpassing its goal of 35 meetings. The program also ensured consistent oversight by making routine quarterly visits to 100% of the nursing and residential care facilities in their portfolio. Taken together, these accomplishments underscore the Ombudsman's dedication to protecting the rights and well-being of individuals in care facilities, while promoting accountability and continuous improvement.
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	Financial abuse remains one of the most prevalent forms of abuse in San Francisco, with over 1,000 allegations of this type reported in FY 2023-24. The APS Financial Abuse Virtual Unit (FAVU) continues to serve more clients each year and is enhancing its reporting tools to better track assets at risk, protected, and recovered through our investigations.

Objective	Projected Start and End Dates	Type of Activity and Funding Source[18]	Update Status[19]
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	In January 2024, San Francisco became the first California county to implement the statewide expansion of mental health conservatorship under State Senate Bill 43. As a lead department coordinating this implementation effort, DAS launched a new centralized intake process — via our Benefits and Resource Hub — to expand access to conservatorship services and improve service connection to less restrictive alternatives, like voluntary mental health supports and substance use treatment. During the first year of implementation, the Public Conservator received over 140 referrals for conservatorship — a nearly 35% increase from the prior year. Nevertheless, conservatorship remains a last resort, and we continue to work closely with the Department of Public Health to ensure we are connecting people to appropriate mental health supports and substance use treatment as a less restrictive alternative to conservatorship.

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	920	4	
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	1,040	4	
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	1,040	4	
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	17,500	1, 4	
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	5,000	1, 4	1C, 4C
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	20,160	1, 3, 4, 5	3B, 5C
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	1,060,222	4	4A
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	1,766,284	4	4A
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	0	4	
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	68	4	
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	2,304	4	4A
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% 2024-2025
2023-2024	364	455	80%	78% 2025-2026
2024-2025				____ % 2026-2027
2025-2026				____ % 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 **FY 2024-2025 Target: 35**
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended: 48 **FY 2025-2026 Target: 35**
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended: ___ **FY 2026-2027 Target: ____**
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended: ____ **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 **FY 2024-2025 Target: 26**
2. FY 2023-2024 Baseline: Number of Family Council meetings attended: 4 **FY 2025-2026 Target: 26**
3. FY 2024-2025 Baseline: Number of Family Council meetings attended: ___ **FY 2026-2027 Target: ____**
4. FY 2025-2026 Baseline: Number of Family Council meetings attended: ____ **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 **FY 2024-2025 Target: 350**
2. FY 2023-2024 Baseline: Number of Instances: 253 **FY 2025-2026 Target: 350**
3. FY 2024-2025 Baseline: Number of Instances: ____ **FY 2026-2027 Target: ____**
4. FY 2025-2026 Baseline: Number of Instances: ____ **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 **FY 2024-2025 Target: 600**
2. FY 2023-2024 Baseline: Number of Instances: 1,167 **FY 2025-2026 Target: 600**
3. FY 2024-2025 Baseline: Number of Instances: ____ **FY 2026-2027 Target: ____**
4. FY 2025-2026 Baseline: Number of Instances: ____ **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 **FY 2024-2025 Target: 10**
2. FY 2023-2024 Baseline: Number of Sessions: 6 **FY 2025-2026 Target: 10**
3. FY 2024-2025 Baseline: Number of Sessions: ____ **FY 2026-2027 Target: ____**
4. FY 2025-2026 Baseline: Number of Sessions: ____ **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)*

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.

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:

1. **Discharge Complaints and Advocacy Efforts**
   Discharge-related concerns remain one of the most frequent complaints raised by individuals and families. The Ombudsman continues to address these issues on a case-by-case basis while also taking proactive steps to raise awareness.

   System advocacy efforts include providing testimony about discharge issues, such as those related to Laguna Honda Hospital, at the San Francisco Department of

Public Health Commission meetings. The Ombudsman uses a structured approach that includes obtaining consent to (ideally) attend discharge-related meetings prior to a discharge date. Additionally, the Ombudsman collaborates with Adult Protective Services to address concerns about unsafe discharges and works to ensure timely responses to discharge notices, adjusting coverage to respond within two weeks wherever possible.

The Ombudsman maintains active involvement with key organizations and agencies, including the following:

- Monthly meetings with California Advocates and the California Department of Public Health (CDPH)
- Quarterly meetings with Community Care Licensing and the Ombudsman Association

2. **Addressing Psychological Impacts of Discharge**
   In addition to system-wide advocacy, the Ombudsman continues to highlight the need for facilities to recognize and address the psychological impact of discharge on individuals. This aspect of facility residents' experience is often overlooked during discharge planning, despite its significant effects on nearly all patients.

FY 2025-2026 Systems Advocacy Effort(s): *(Provide one or more new systems advocacy efforts)*

1. **Focus on Target Populations**
   In FY 2025-26, the Ombudsman will prioritize supporting individuals with limited English proficiency by expanding outreach and resources tailored to their needs. The Ombudsman will also enhance efforts to assist individuals at risk of institutionalization. This work will involve collaborating with disability rights advocates and organizations, such as Senior and Disability Action, to support individuals who wish to return to the community with enhanced support services.

2. **Data and System Building**
   The Ombudsman will emphasize improving Information and Assistance processes. Key priorities include:
   - Ensuring consistency and systematic adherence to California Department of Aging consent policies.
   - Establishing clear protocols to guarantee timely and accurate written consent from all parties involved.

   These efforts aim to create a more effective and streamlined system for serving the community while upholding compliance and quality standards.

FY 2026-2027

Outcome of FY 2025-2026 Efforts:

FY 2026-2027 Systems Advocacy Effort(s): *(Provide one or more new systems advocacy efforts)*

FY 2027-2028
Outcome of 2026-2027 Efforts: **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% **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 18 divided by the total number of Nursing Facilities 18 = Baseline 100% **FY 2025-2026 Target: 100%**
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 ____ % **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 ____ % **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 = Baseline 98% **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 54 divided by the total number of RCFEs 52 = Baseline 104% **FY 2025-2026 Target 98%**
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 ____ = Baseline ____ % **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 ____ = Baseline ____ % **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 **FY 2024-2025 Target: 7.65 FTEs**
2. FY 2023-2024 Baseline: 7.09 FTEs **FY 2025-2026 Target: 7.65 FTEs**
3. FY 2024-2025 Baseline: ____ FTEs **FY 2026-2027 Target ____ FTEs**
4. FY 2025-2026 Baseline: ____ FTEs **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 **FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers: 20**
2.	FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers: 20 **FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers: 20**
3.	FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers: ____ **FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers:** ____
4.	FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers: ____ **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
1. The Ombudsman plans to hire a staff person responsible for data entry by end of the current fiscal year. The program aims to train this new staff and provide data entry assistance to volunteers in FY 2025-26 — improving efficient and timely data entry. 2. The program plans to upgrade its desktop computers in order to open a data entry lab at 6221 Geary. Ombudsman staff will review data on a quarterly basis. Volunteers will be scheduled for an in-person appointment where staff will review their data entries and provide additional supervision. 3. The Ombudsman will continue to receive ongoing training on data entry and data consistency through to ensure increased accuracy, consistency, and timeliness of National Ombudsman Reporting System (NORS) data reporting.
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	11,000		
Public Education Sessions	36	36		
Training Sessions for Professionals	37	25		
Training Sessions for Caregivers served by Title IIIE	0	0		
Hours Spent Developing a Coordinated System	529	530		

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	10,000	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.
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	185	2	2E
2026-2027			
2027-2028			
Caregiver Access: Information & Assistance	**Total Contacts**		
2024-2025	860	2	2E
2025-2026	860	2	2E
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 Total est. audience (contacts) for above: 300	2	2E
2025-2026	# of activities: 56 Total est. audience (contacts) for above: 300	2	2E
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	1,974	2	2E
2026-2027			
2027-2028			
Caregiver Supplemental Services: Assistive Technologies	**Total Occurrences**		
2024-2025	5	2	2E
2025-2026	5	2	2E
2026-2027			
2027-2028			
Caregiver Supplemental Services: Caregiver Assessment	**Total Hours**		
2024-2025	477	2	2E
2025-2026	477	2	2E
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	40	2	2E
2026-2027			
2027-2028			
Caregiver Supplemental Services: Consumable Supplies	**Total Occurrences**		
2024-2025	10	2	2E
2025-2026	10	2	2E
2026-2027			
2027-2028			
Caregiver Supplemental Services: Legal Consultation	**Total Contacts**		
2024-2025	10	2	2E
2025-2026	10	2	2E
2026-2027			
2027-2028			
Caregiver Support: Groups	**Total Hours**		
2024-2025	175	2	2E
2025-2026	175	2	2E
2026-2027			
2027-2028			
Caregiver Support: Training	**Total Hours**		
2024-2025	235	2	2E
2025-2026	235	2	2E
2026-2027			
2027-2028			
Caregiver Support: Counseling	**Total Sessions**		
2024-2025	1,110	2	2E
2025-2026	1,110	2	2E
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	1,906	1, 4
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	120	1, 4
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	4,000	1, 4
2026-2027		
2027-2028		

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

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	650	1, 4
2025-2026	650	1, 4
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	5,500	3,000	N/A	2,500	1, 4
2026-2027					
2027-2028					

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

Section 3. HICAP Legal Services Units of Service (if applicable)[20]

We do not fund HICAP Paid Legal Services.

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

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. With OARR funding now exhausted, PSA 06 has leveraged local funding to keep this API community outreach effort in place until June 30, 2026.

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.

   Specific language is as follows:

   Grantee will be provided with a copy of the California Department of Aging's California Statewide Guidance for Legal Assistance. Grantee is expected to use these Guidelines in the provision of Older Americans Act (OOA) legal services. While non-binding, the guidelines should be considered for guidance and technical assistance in the provision of services.

   Many of the topics of the Legal Services Guidelines are embedded into the contract between PSA 06 and legal services providers, such as priority populations, subject matter areas, cultural competency, outreach and coordination responsibilities. PSA 06 completes programmatic monitoring visits each year. This process also includes many of the legal guidelines concepts including coordination with the Ombudsman, professional fitness, grievance policy, and voluntary contributions policy.

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.

   Quarterly provider meetings for legal services providers serve as a venue to review AAA needs assessment information and performance data, legal services providers are provided with this information and then encouraged to participate in a discussion about priority issues they are seeing. (During these meetings, legal services providers are also invited to participate in larger needs assessment efforts.) PSA 06 funds five distinct legal services providers in an attempt to best meet the geographic and cultural diversity of the City. Within their grants, legal services providers are given flexibility to adjust subject matter focus based on changing needs or staff expertise.

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	No
2025-2026	5	No
2026-2027		
2027-2028		

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	a. Citywide (primarily Chinatown, Bayview, Visitacion Valley, North and South of Market)
	b. La Raza Centro Legal	b. Citywide (primarily Mission)
	c. Legal Assistance to the Elderly	c. Citywide (primarily North and South of Market, Mission)
	d. Open Door Legal	d. Citywide (primarily Bayview and Excelsior)
	e. UC Hastings College of the Law – Medical Legal Partnership for Seniors	e. Citywide (primarily hospital settings)
2025-2026	a. Asian Pacific Islander Legal Outreach	a. Citywide (primarily Chinatown, Bayview, Visitacion Valley, North and South of Market)
	b. La Raza Centro Legal	b. Citywide (primarily Mission)
	c. Legal Assistance to the Elderly	c. Citywide
	d. Open Door Legal	d. Citywide (primarily Bayview, Excelsior, Western Addition, and Sunset)
	e. UC Law San Francisco – Medical Legal Partnership for Seniors	e. Citywide (primarily hospital settings)
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 were 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.

    An emerging trend is increased requests for assistance with 'life planning' documents such as wills, trusts, and advance health care directives. Expertise of staff in this area and the inclusion of a 'medical-legal partnership' model among our providers has allowed us to better identify and meet this need. Public campaigns around end-of-life issues, outside of AAA legal services providers, may also be driving this increased demand.

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.

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	7/1/28
Janet Y. Spears, Commission President	5/19/27
Linda Parker Pennington	1/15/28
Martha Knutzen	7/1/28
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.

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 (9 vacancies)

Number and Percent of Council Members over age 60: 11 85% **Council 60+**

Race/Ethnic Composition	% of San Francisco 60+ Population*	% on Advisory Council
White	38%	69%
Hispanic or Latino	10%	0%
Black or African-American	5%	8%
Asian or Pacific Islander	44%	8%
Native American or Alaskan Native	0.2%	8%
Additional Groups	3%	0%

**Source: 2022 American Community Survey 5-Year Estimates*

Name and Title of Officers	Office Term Expires
Allen Cooper, President	3/31/26
Chris Dillon, 1st Vice President	3/31/25
Juliet Rothman, 2nd Vice President	3/31/26
Tia Small, Secretary	3/31/25

Name and Title of Other Members	Office Term Expires
Beverly Karnatz	4/30/26
Margaret Graf	3/31/26
Darlene Ramlose	3/31/26
Ivy Chang	3/31/26
Lisa Cook	3/31/25
Marcy Adelman	4/31/25
Morningstar Vancil	3/31/26
Renee Richards	3/31/26
Diane Lawrence	3/31/26

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.

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.

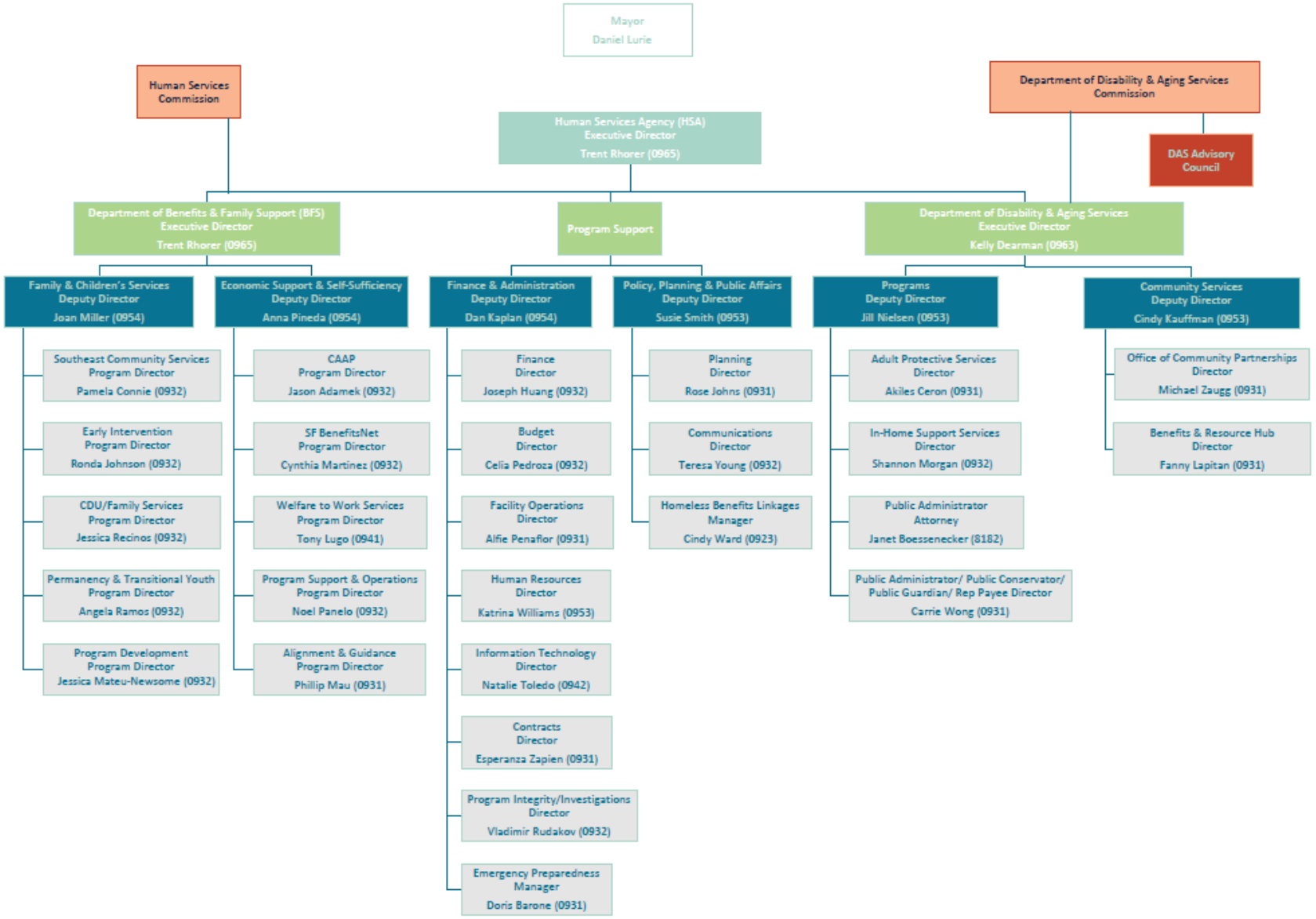
In addition to these community collaborations, we offer Information and Assistance services through the **DAS Intake unit located at our Benefits and Resource Hub.** The Hub is our in-person service center for older people, adults with disabilities, caregivers, and veterans. DAS Intake includes Social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

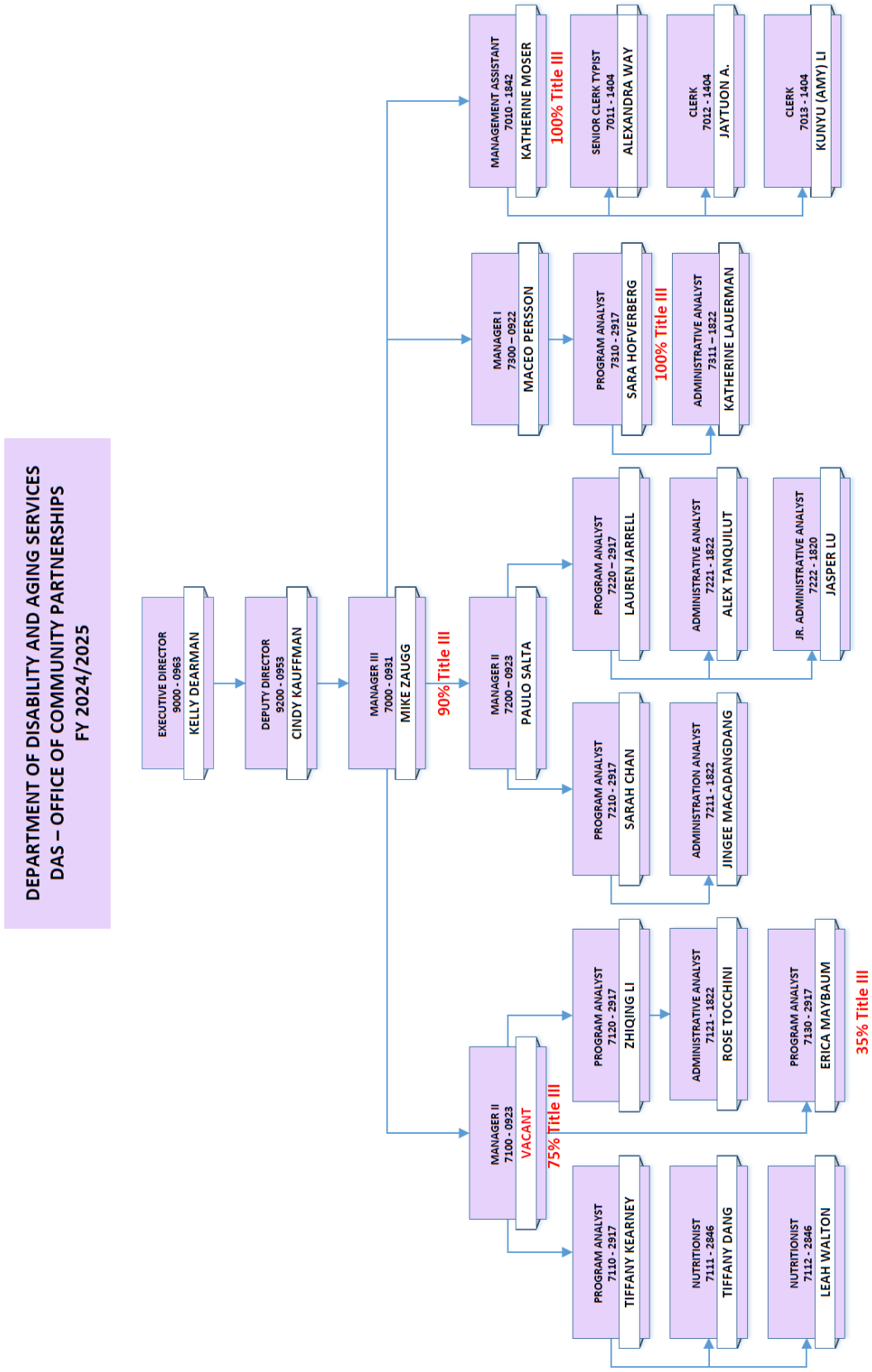
Our Department's work to provide these services is supported by the SFHSA administrative divisions, including Budget, Fiscal, and Planning. Our **Budget** Analyst supports development of the DAS budget and is the Agency's lead in managing the budgeting of funds from the CA Department of Aging. We receive 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.

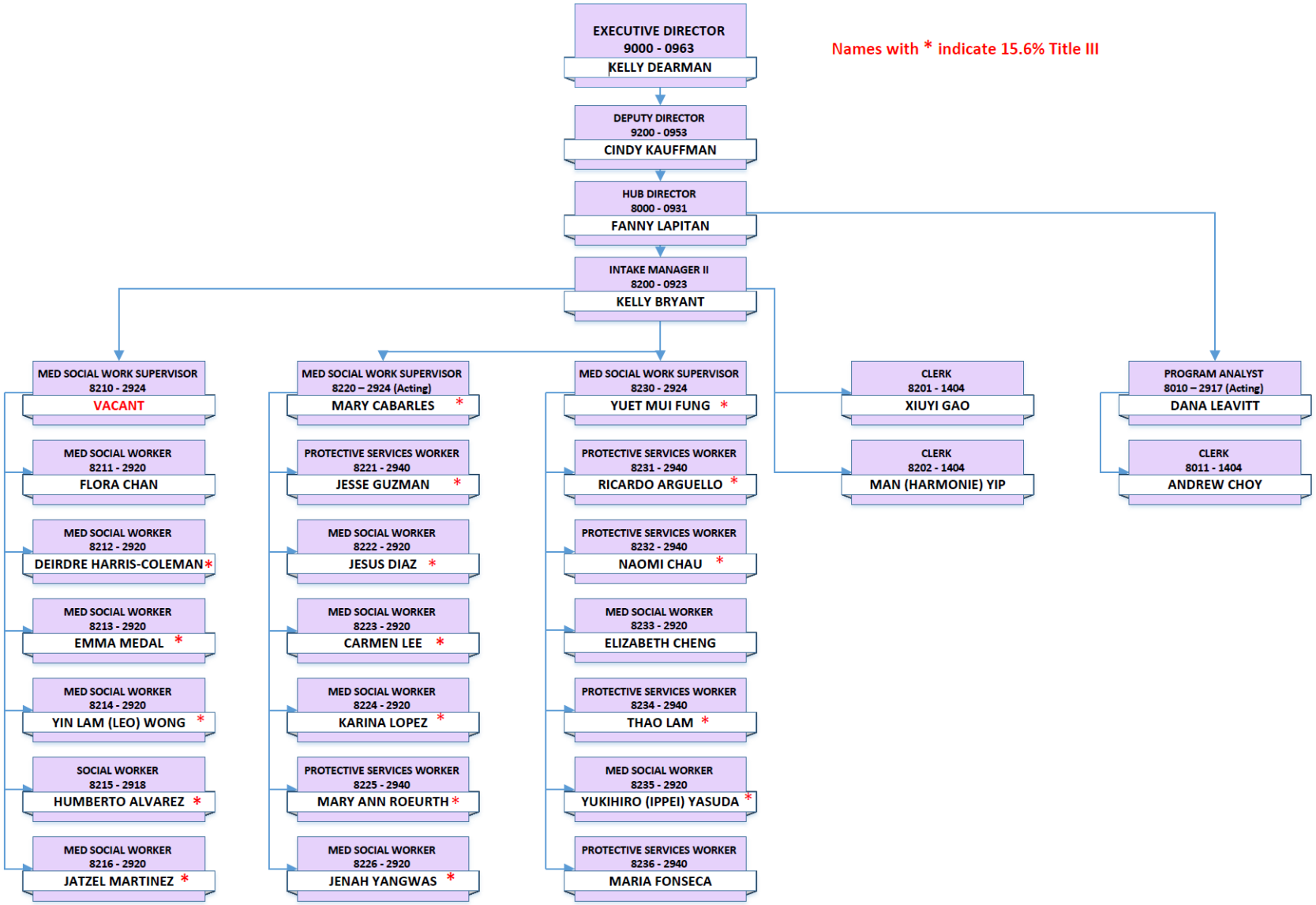
City & County of San Francisco Human Services Agency

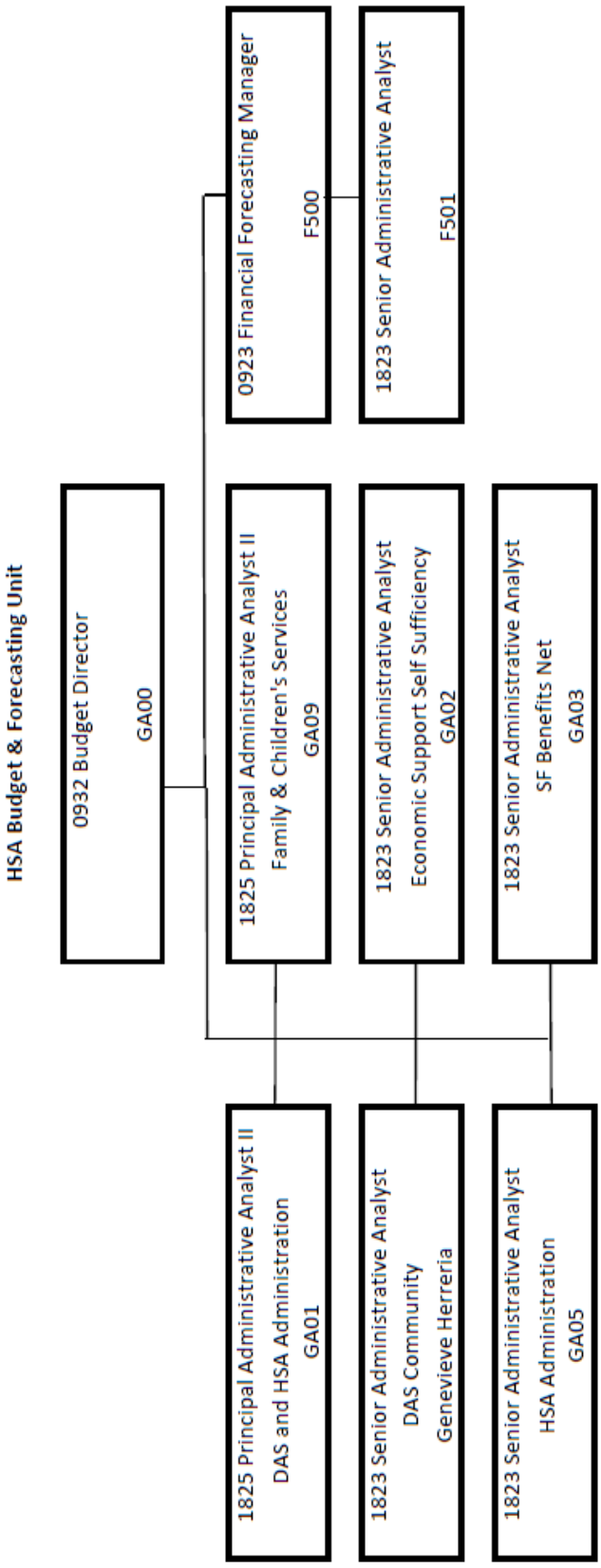
Top tier org chart for FY 2024-2025

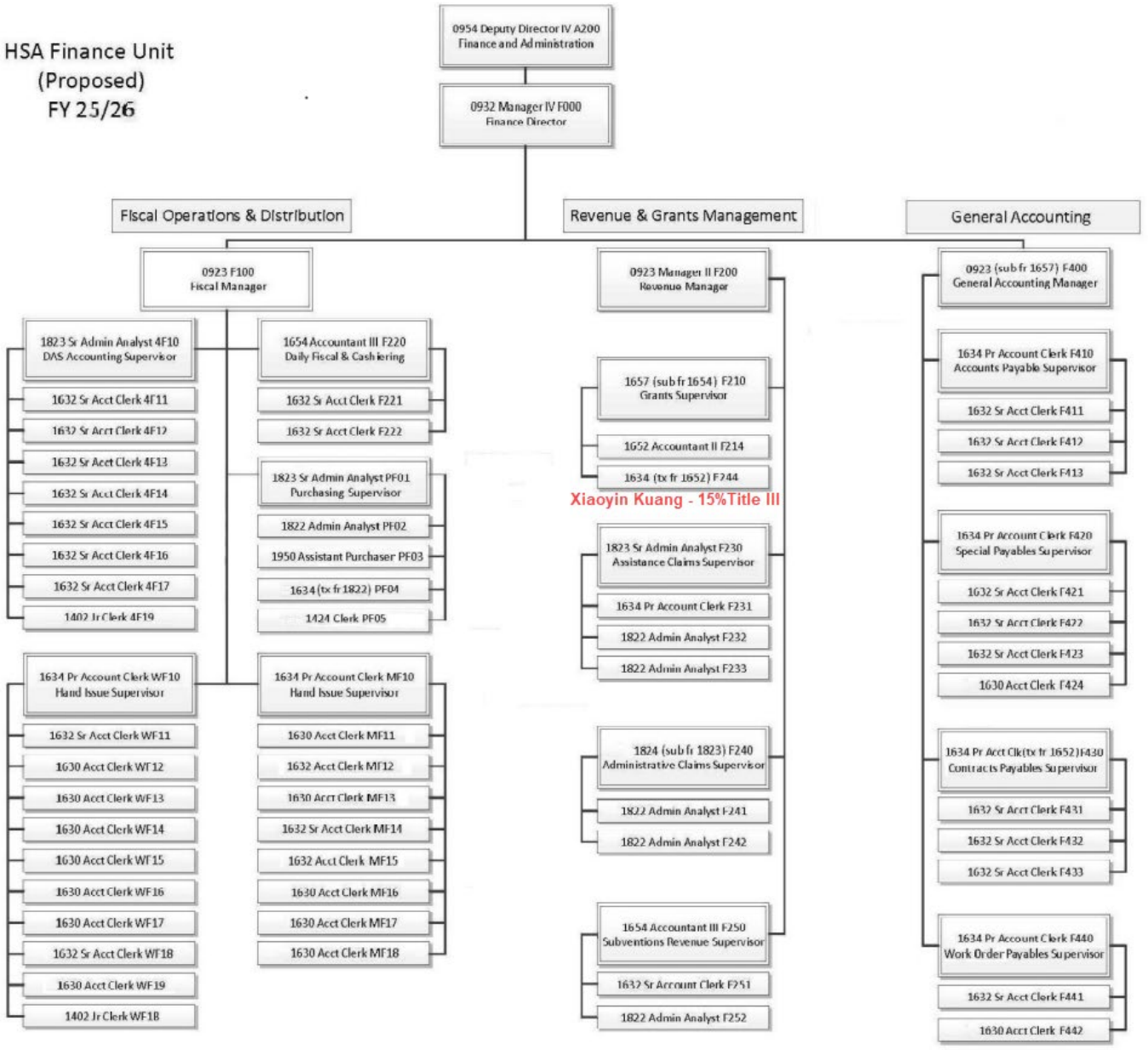


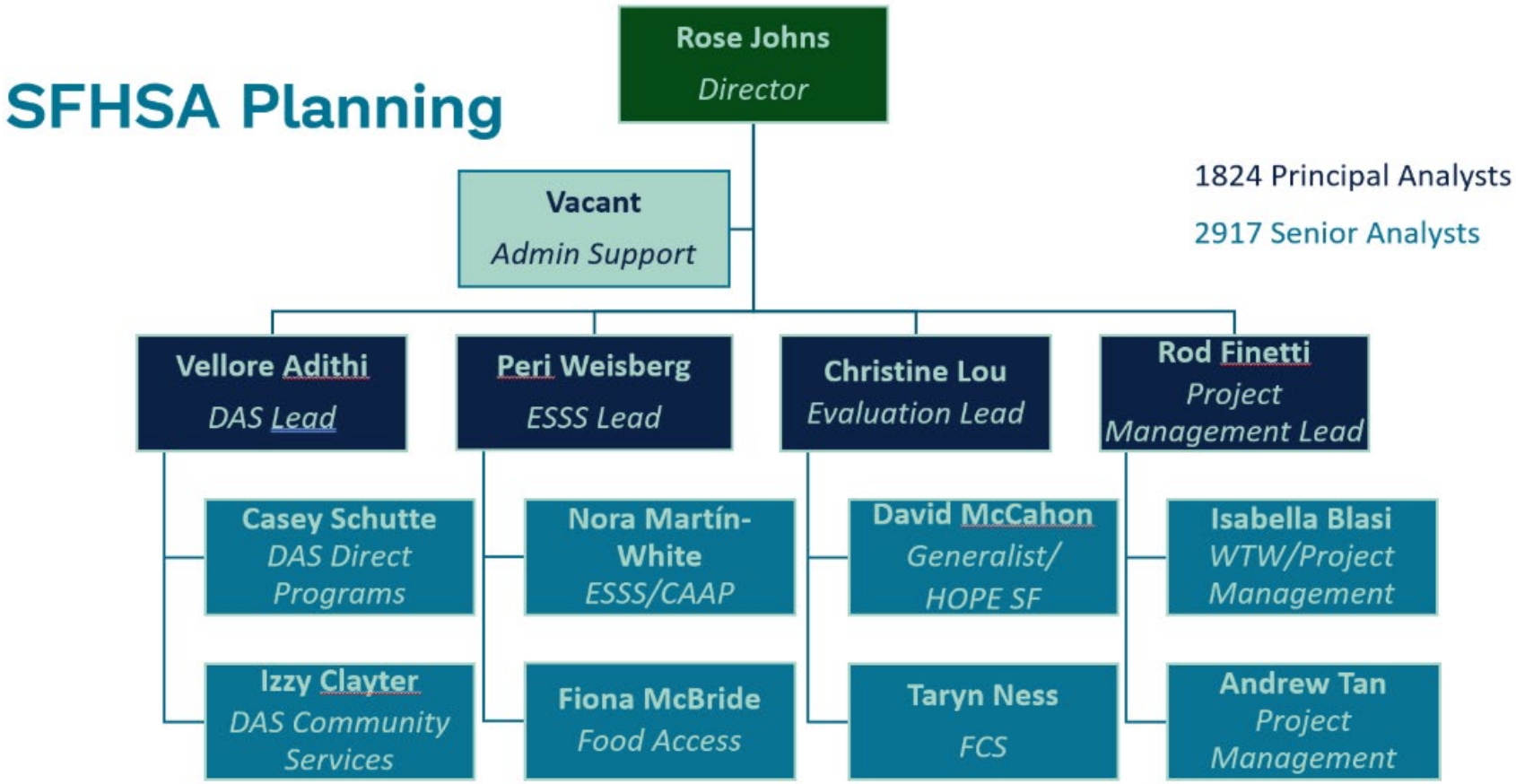

DEPARTMENT OF DISABILITY AND AGING SERVICES
DAS – OFFICE OF COMMUNITY PARTNERSHIPS
FY 2024/2025
EXECUTIVE DIRECTOR
9000 - 0963
KELLY DEARMAN
DEPUTY DIRECTOR
9200 - 0953
CINDY KAUFFMAN
MANAGER III
7000 - 0931
MIKE ZAUGG
90% Title III
MANAGEMENT ASSISTANT
7010 - 1842
KATHERINE MOSER
100% Title III
SENIOR CLERK TYPIST
7011 - 1404
ALEXANDRA WAY
CLERK
7012 - 1404
JAYTUON A.
CLERK
7013 - 1404
KUNYU (AMY) LI
MANAGER I
7300 – 0922
MACEO PERSSON
PROGRAM ANALYST
7310 - 2917
SARA HOFVERBERG
100% Title III
ADMINISTRATIVE ANALYST
7311 – 1822
KATHERINE LAUERMAN
MANAGER II
7200 – 0923
PAULO SALTA
PROGRAM ANALYST
7220 – 2917
LAUREN JARRELL
ADMINISTRATIVE ANALYST
7221 - 1822
ALEX TANQUILUT
JR. ADMINISTRATIVE ANALYST
7222 - 1820
JASPER LU
PROGRAM ANALYST
7210 - 2917
SARAH CHAN
ADMINISTRATION ANALYST
7211 - 1822
JINGEE MACADANGDANG
MANAGER II
7100 - 0923
VACANT
75% Title III
PROGRAM ANALYST
7120 - 2917
ZHIQING LI
ADMINISTRATIVE ANALYST
7121 - 1822
ROSE TOCCHINI
PROGRAM ANALYST
7130 - 2917
ERICA MAYBAUM
35% Title III
PROGRAM ANALYST
7110 - 2917
TIFFANY KEARNEY
NUTRITIONIST
7111 - 2846
TIFFANY DANG
NUTRITIONIST
7112 - 2846
LEAH WALTON

DEPARTMENT OF DISABILITY AND AGING SERVICES
DAS – HUB - INTAKE
FY 2024/2025




HSA Budget & Forecasting Unit
0932 Budget Director
GA00
0923 Financial Forecasting Manager
F500
1823 Senior Administrative Analyst
F501
1825 Principal Administrative Analyst II
Family & Children's Services
GA09
1823 Senior Administrative Analyst
Economic Support Self Sufficiency
GA02
1823 Senior Administrative Analyst
SF Benefits Net
GA03
1825 Principal Administrative Analyst II
DAS and HSA Administration
GA01
1823 Senior Administrative Analyst
DAS Community
Genevieve Herreria
1823 Senior Administrative Analyst
HSA Administration
GA05


HSA Finance Unit
(Proposed)
FY 25/26
0954 Deputy Director IV A200
Finance and Administration
0932 Manager IV F000
Finance Director
Fiscal Operations & Distribution
Revenue & Grants Management
General Accounting
0923 F100
Fiscal Manager
1823 Sr Admin Analyst 4F10
DAS 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 4F15
1632 Sr Acct Clerk 4F16
1632 Sr Acct Clerk 4F17
1402 Jr Clerk 4F19
1654 Accountant III F220
Daily Fiscal & Cashiering
1632 Sr Acct Clerk F221
1632 Sr Acct Clerk F222
1823 Sr Admin Analyst PF01
Purchasing Supervisor
1822 Admin Analyst PF02
1950 Assistant Purchaser PF03
1634 (tx fr 1822) PF04
1424 Clerk PF05
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 WF15
1630 Acct Clerk WF16
1630 Acct Clerk WF17
1632 Sr Acct Clerk WF18
1630 Acct Clerk WF19
1402 Jr Clerk WF18
1634 Pr Account Clerk MF10
Hand Issue Supervisor
1630 Acct Clerk MF11
1632 Acct Clerk MF12
1630 Acct Clerk MF13
1632 Sr Acct Clerk MF14
1632 Acct Clerk MF15
1630 Acct Clerk MF16
1630 Acct Clerk MF17
1630 Acct Clerk MF18
0923 Manager II F200
Revenue Manager
1657 (sub fr 1654) F210
Grants Supervisor
1652 Accountant II F214
1634 (tx fr 1652) F244
Xiaoyin Kuang - 15%Title III
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
1654 Accountant III F250
Subventions Revenue Supervisor
1632 Sr Account Clerk F251
1822 Admin Analyst F252
0923 (sub fr 1657) F400
General Accounting Manager
1634 Pr Account Clerk F410
Accounts Payable Supervisor
1632 Sr Acct Clerk F411
1632 Sr Acct Clerk F412
1632 Sr Acct Clerk F413
1634 Pr Account Clerk F420
Special Payables Supervisor
1632 Sr Acct Clerk F421
1632 Sr Acct Clerk F422
1632 Sr Acct Clerk F423
1630 Acct Clerk F424
1634 Pr Acct Clk(tx fr 1652)F430
Contracts Payables Supervisor
1632 Sr Acct Clerk F431
1632 Sr Acct Clerk F432
1632 Sr Acct Clerk F433
1634 Pr Account Clerk F440
Work Order Payables Supervisor
1632 Sr Acct Clerk F441
1630 Acct Clerk F442


SFHSA Planning
Rose Johns
Director
Vacant
Admin Support
1824 Principal Analysts
2917 Senior Analysts
Vellore Adithi
DAS Lead
Peri Weisberg
ESSS Lead
Christine Lou
Evaluation Lead
Rod Finetti
Project Management Lead
Casey Schutte
DAS Direct Programs
Nora Martín-White
ESSS/CAAP
David McCahon
Generalist/ HOPE SF
Isabella Blasi
WTW/Project Management
Izzy Clayter
DAS Community Services
Fiona McBride
Food Access
Taryn Ness
FCS
Andrew Tan
Project Management

Attachment A. AAA Area Plan Summary of Changes

Area Plan Current Year: ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
7	p. 11-27	All objectives: no Update Status information	All objectives: new Update Status for FY 2025-26
11	p. 48-53	Questions 3, 4, and 10: Narrative responses	Questions 3, 4, and 10: Added narrative detail in response to feedback from CDA.
15	p. 54	Governing Board Member table: term expirations for select members	Governing Board Member table: term expirations for select members
16	p. 55	• **Total Council Membership:** 22 (8 vacancies) • **Number/percent of Council over 60+:** 12 (86%) • **Advisory Board Race/Ethnic Composition table:** select SF population 60+ and Advisory Council racial/ethnic composition statistics • **Advisory Board Officers & Members tables:** Select officer/member names and term expirations	• **Total Council Membership:** 22 (9 vacancies) • **Number/percent of Council over 60+:** 11 (85%) • **Advisory Board Race/Ethnic Composition table:** select SF population 60+ and Advisory Council racial/ethnic composition statistics • **Advisory Board Officers & Members tables:** Select officer/member names and term expirations
18	p. 57	All organizational charts: FY 2024-25 update	All organizational charts: FY 2025-26 update
Attch. A	p. 64	N/A	New in FY 2025-26 Area Plan Update