San Mateo County
PSA 8
Area Agency on Aging

2012 - 2016
Four - Year Area Plan

CHECKLIST

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – must have original signatures or official signature stamps	☒
1	Mission Statement	☒
2	Description of the Planning and Service Area (PSA)	☒
3	Description of the Area Agency on Aging (AAA)	☒
4	Planning Process / Establishing Priorities	☒
5	Needs Assessment	☒
6	Targeting	☒
7	Public Hearings	☒
8	Identification of Priorities	☒
9	Area Plan Narrative Goals and Objectives:	
	Title III B Funded Program Development (PD) Objectives	☒
	Title III B Funded Coordination (C) Objectives	☒
	System-Building and Administrative Goals & Objectives	☒
	Title III B/VII A Long-Term Care Ombudsman Objectives	☒
	Title VII B Elder Abuse Prevention Objectives	☒
10	Service Unit Plan (SUP) Objectives	☒
11	Focal Points	☒
12	Disaster Preparedness	☒
13	Priority Services	☒
14	Notice of Intent to Provide Direct Services	☒
15	Request for Approval to Provide Direct Services	☒
16	Governing Board	☒
17	Advisory Council	☒
18	Legal Assistance	☒
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	☒
20	Title III E Family Caregiver Support Program	☒
21	Organization Chart	☒
22	Assurances	☒

TRANSMITTAL LETTER

Four-Year Area Plan

2012-2016

AAA Name: San Mateo County Aging and Adult Services **PSA Number: 8**

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. Adrienne J. Tissier

_____ _____

Signature: Governing Board President Date

2. Denis O'Sullivan

_____ _____

Signature: Advisory Council Chair Date

3. Lisa Mancini

_____ _____

Signature: Area Agency Director Date

Acknowledgements

Thank you to the countless individuals whose support and dedication to sustain and improve the well-being of older adults and adults with disabilities made this Area Plan for San Mateo County possible.

To the diverse group of consumers: older adults, adults with disabilities, caregivers, and concerned community members who volunteered their time to participate in the needs assessment, meetings and forums to share personal experiences and professional expertise.

To the New Beginning Coalition Steering Committee Members who through their leadership guided the process of the development of this Area Plan.

To the New Beginning Coalition Members that assisted in the needs assessment process and shared their expertise of the network of aging and disabilities services in order to be a voice for the community they serve.

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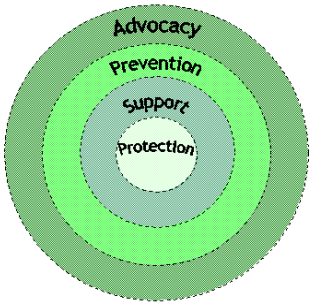
Section 1. Mission Statement



Area Agencies on Aging (AAA), created as a result of the Older Americans Act (OAA) of 1965, were designed to help older Americans continue to live independently in their own homes and communities. The OAA created a multi-level aging network consisting of the Federal Administration on Aging, State Units on Aging, and AAAs. These agencies function as focal points for planning and advocacy on older adult issues. In addition, the OAA provides a limited amount of funding for an array of nutritional and supportive services at the local level.

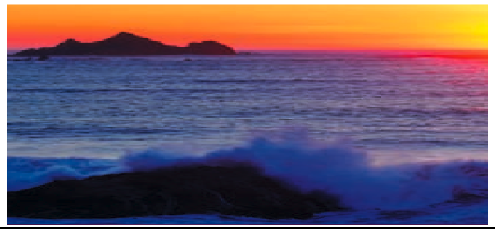
The core mission of all California-based AAAs is to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

San Mateo County's (SMC) Aging and Adult Services (AAS) Division serves as the AAA for Planning and Service Area (PSA) 8. In addition to meeting the goals of the AAA for San Mateo County, the AAA's mission is to ensure the delivery of client-centered, compassionate, and fiscally responsible services that foster self-determination, meet professional standards and ethics, and reflects the County's vision. This is accomplished by offering services that provide a combination of protection, support, prevention, and advocacy.

The AAA in San Mateo has the following goals:

- Leadership in addressing the needs of older adults and adults with disabilities in SMC.
- Promote consumers and other public involvement in the planning and delivery of services.
- Develop systems of care in the community that support independence for older adults and adults with disabilities.
- Administer federal, state, local, and private funds in support of an integrated system of care.

Section 2. Description of Planning and Service Area 8



Physical Characteristics of San Mateo County

San Mateo County (SMC) is situated on a 30-mile long peninsula, south of the City and County of San Francisco, consisting of 20 cities and 17 unincorporated communities. It is bounded on the south by the Santa Clara Valley, on the east by the San Francisco Bay and on the west by the Pacific Ocean. The county's 741 square miles consists of 455 square miles of land, including redwood forests, rolling farmlands, tidal marshes, creeks and beaches. The other 286 square miles are water. The land area is 25.7% urban and 74.3% non-urban. More than 60% of the non-urban area consists of forests and rangeland. Almost 17% of the urban land is used for residential purposes.[1]

SMC is an attractive residential community because of its temperate climate and its proximity to the cultural resources in San Francisco, its relative lack of congestion, topographical variety, and the fact that it is well-served by public and retail goods and services. The County is known for its scenic vistas. A 20-minute drive, no matter the starting point, can take one to a vista point of the Bay or the Pacific Ocean, a forest, or a park or preserve. SMC is close to Stanford University and is home to other institutions of higher learning.

The principal highways in SMC are the Coastal Highway (State Route 1), El Camino Real (State Route 82), the Bayshore Freeway (U.S. 101), and the Junipero Serra Freeway (Interstate 280). A fourth road, Skyline Boulevard (State Route 35) follows the ridgeline extending roughly north to south throughout the county. While the land space in the area west of Skyline Boulevard is large, except for the northern portion, it is mostly mountainous, wooded and agricultural/floricultural. Only 9% (61,275) of the County's population resides in the unincorporated area, which comprises half of the County's land area.

SMC is governed by a five-member Board of Supervisors. District One consists of San Mateo (west portion, adjacent to Hillsborough), Hillsborough, Burlingame, Millbrae, San Bruno, South San Francisco (east of El Camino), Burlingame Hills, Highlands/Baywood Park, and the San Francisco Airport. District Two consists of Belmont, Foster City, and

[1] San Mateo County Planning and Building Division

San Mateo. District Three consists of Atherton, Redwood Shores, Half Moon Bay, Pacifica, San Carlos, Portola Valley, Woodside, Devonshire, El Granada, Emerald Lake Hills, Harbor Industrial, La Honda, Ladera, Loma Mar, Los Trancos Woods/Vista Verde, Menlo Oaks, Montara/Moss Beach, Palomar Park, Pescadero, Princeton, San Gregorio, South Coast/Skyline, Sequoia Tract, Skylonda, Stanford Lands, and West Menlo Park. District Four consists of Redwood City, Menlo Park, East Palo Alto, North Fair Oaks, and Oak Knoll. District Five consists of Brisbane, Colma, Daly City, South San Francisco (west of El Camino Real), Broadmoor, and County Club Park.

Figure 1 below provides a map of SMC.

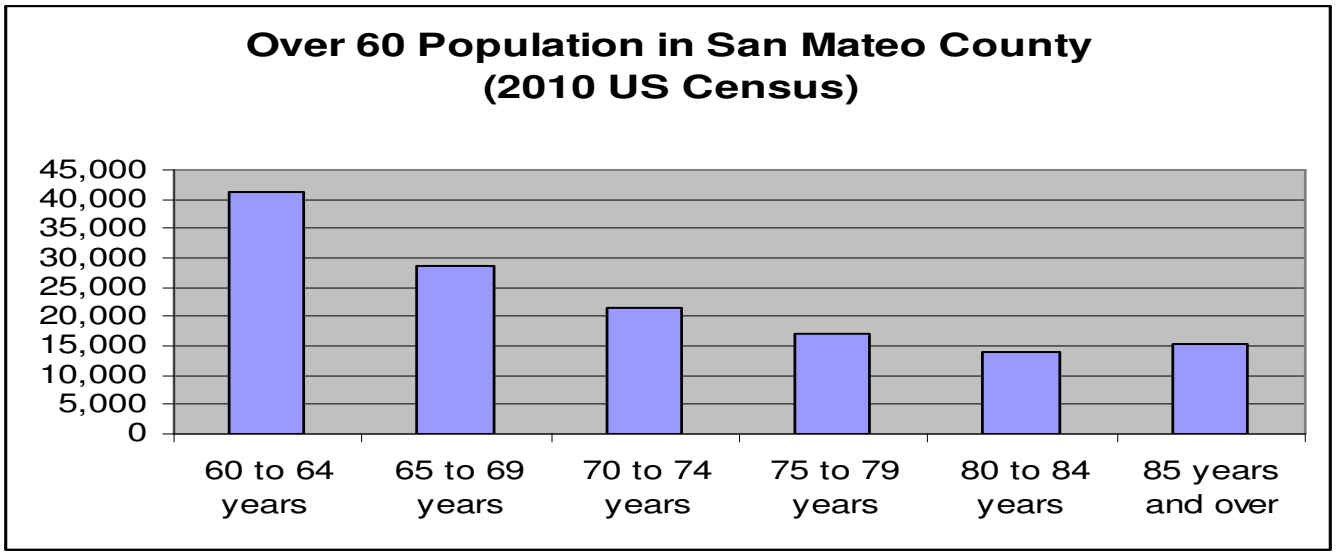
Demographic Characteristics of San Mateo County

Current Older Adult Population

SMC is among the most culturally and ethnically diverse counties. Asian and Latino residents, along with older adults are expected to continue to become increasingly greater proportions of the population. The demographics of its residents including White/Caucasians, Hispanics/Latinos, African-Americans, Asians, Pacific Islanders, and other ethnicities. There are 718,451 residents that live within 531 square miles along a peninsula with 54 miles of ocean coastline (US Census Bureau, 2010 Census). According to the Association of Bay Area Government projections for 2002, the total population in SMC is expected to grow to 775,900 in 2015 and 795,100 in 2025.

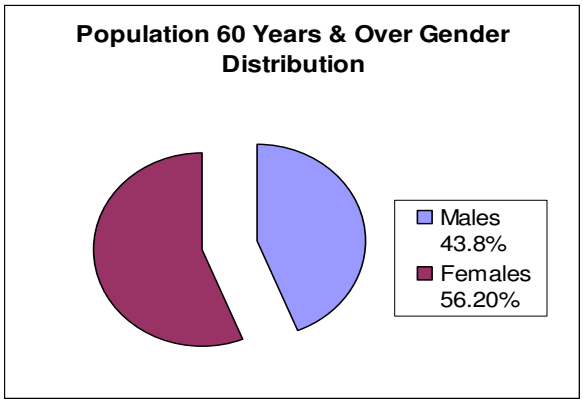
According to the 2010 Census, the number of those ages 60 and over is 137,584, or 19% of the total population for SMC. The current age breakdown for older adults is the following: 60 to 64 years-41,322; 65 to 69 years-28,485; 70 to 74 years-21,500; 75 to 79 years-16,888; 80 to 84 years-14,085; and 85 years and over-15,304 (See Figure 2).

Figure 2



Consistent with national statistics, females 60 years and older (77,020) outnumber older males 60 years and older (60,564). See Figure 3.

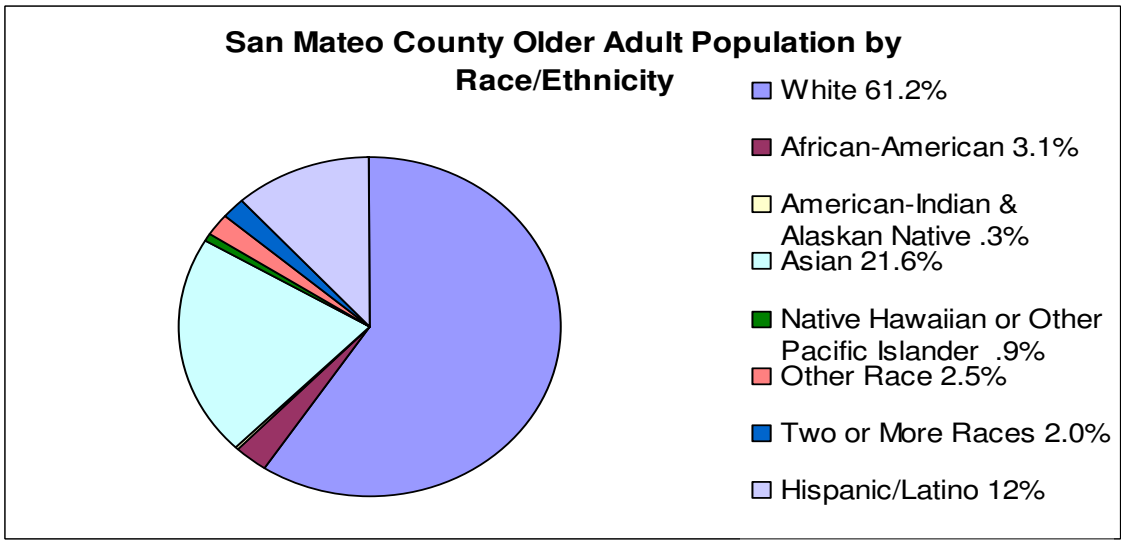
Figure 3



Minority Populations

The County's minority population continues to grow. According to the 2006-2010 American Community Survey (ACS) 5-Year Estimates, the total foreign-born population in the County is 34%. Due to the large influx of immigrants from Asia, the Philippines, Mexico, and Central America, the minority population now comprises 55% of the total population in SMC. According to the 2008-2010 ACS 3-Year Estimates, 50% of the foreign born population is from Asia and 35% is from Latin America. Of the population that is 60 years and over, 38% is foreign-born. Within the older adult population, the numbers of African-Americans, American Indian/Alaska Natives, Asian/Pacific Islanders and Latinos steadily decline in older age categories. Figure 4 provides a breakdown of race/ethnicity for those 60 years and over. As indicated in the figure, 61% of older adults 60 years and older identify as non Hispanic White.

Figure 4



According to the 2006-2010 ACS 5-Year Estimates, the following cities have higher percentages of minorities 60 years and over when compared to the County's overall minority population (See Figure 5):

- Latinos: South San Francisco, Daly City and Redwood City
- Asians: Daly City, South San Francisco and San Mateo
- Pacific Islanders: South San Francisco and Daly City

Figure 5

Population 60 and Over in San Mateo County					
	San Mateo County	**Daly City**	**Redwood City**	**San Mateo (city)**	**South San Francisco**
White (not Hispanic/Latino)	61.9%	25.4%	70.2%	68.0%	40.1%
African-American	3.1%	3.4%	2.1%	2.9%	2.3%
American-Indian & Alaskan Native	0.3%	0.3%	0.6%	0.1%	0.1%
Asian	21.3%	51.5%	9.1%	19.3%	34.5%
Native Hawaiian and other PI	0.9%	1.5%	0.7%	0.7%	2.6%
Some other Race	2.9%	5.8%	3.7%	1.6%	6%
Two or More Races	1.7%	2.3%	1.8%	2.3%	1.4%
Hispanic or Latino (of any race)	11.6%	17.5%	16.5%	7.9%	20.1%

Although not mentioned in this ACS estimate, there is a significant number of minorities in other SMC cities. East Palo Alto's population is predominately of Hispanic or Latino descent (65%) and nearly half of Foster City's population is Asian (See Figure 6). N/A in the Figure 6 means that there are not significant numbers of the minority population in that city.

Figure 6

Cities with Percentage of Minorities Higher than County Minority Percentage				
	East Palo Alto	**Foster City**	**Menlo Park**	**San Bruno**
African-American	16.7%	N/A	4.8%	N/A
Asian	N/A	45.0%	N/A	25.4%
Native Hawaiian and other PI	7.5%	N/A	1.4%	3.3%
Hispanic or Latino (of any race)	64.5%	N/A	18.4%	29.2%
Source: 2010 US Census				

Linguistic Isolation

The U.S. Census Bureau defines a linguistically isolated household as one in which all individuals 14 years of age and older have some difficulty with English. The 2007-2009 ACS 3-Year Estimates indicate that 10% of the households in SMC are linguistically isolated. Of these households, 29% are Spanish-speaking, 14% speak other Indo-European languages, 23% speak Asian and Pacific Islander languages and 12% speak languages other than these. Figure 7 provides a breakdown of the population 65 years and over that speaks a language other than English. Nearly one fifth of older adults 65 and older speak an Asian or Pacific Islander language in SMC.

Figure 7

Population 65 Years and Over in San Mateo County that Speak a Language Other Than English		
Language	**Number**	**% of those 65 and over**
Spanish	9,552	10%
Other Indo-European Languages	8,086	9%
Asian/Pacific Island Languages	16,789	18%
Other Languages	1,025	.2%
TOTAL POPULATION 65 YEARS AND OVER	**94,702**	**14% of total population of County**
Source: 2008-2010 American Community Survey 3-Year Estimates		

The 2006-2010 ACS 5-Year Estimates indicate that in SMC, 37% of older adults ages 60 and older speak a language other than English. Furthermore, 21% speak English

less than "very well". Figure 8 provides details of the population ages 65 years and over who speak English "very well" and "less than very well". The population is separated by the language spoken at home. (See Attachment 1 for details on English proficiency in adults 18 years and over.)

Figure 8

Language Spoken At Home Population Ages 65 Years and Over			
Language Spoken	**Estimated total of Population**	**Speak English "very well"**	**Speak English less than "very well"**
Spanish	9,552	36.3%	63.7%
Other Indo-European Languages	9,552	36.3%	63.7%
Asian and Pacific Island Languages	16,789	32.7%	45.2%
Other Languages	1,025	45%	55%
Source: 2008-2010 American Community Survey 3-Year Estimates			

Economic Status

SMC is considered an affluent county. Economically, the County thrived in the late 1990's during the technology boom in California and the rapid rise in visitor and business travel through San Francisco International Airport. However, after the dot-com bust in 2000, the County experienced significant job loss. Despite high incomes and education levels, many SMC residents face significant challenges. Since 2007, the median household income has been declining. According to the US Census, the median income is the amount which divides income distribution in two equal groups, half having income above that amount and half having income below that amount. The 2010 ACS 1-Year Estimates for median household income in the County was $82,748 compared to $87,042 in 2007. There are significant disparities between the ethnic/racial groups. Asians have the highest median income at $96,685 (see Figure 9) and Black/African-Americans the lowest at $56,389. For older adults 65 years old and over, the median household income in 2010 was $49,586.

Figure 9

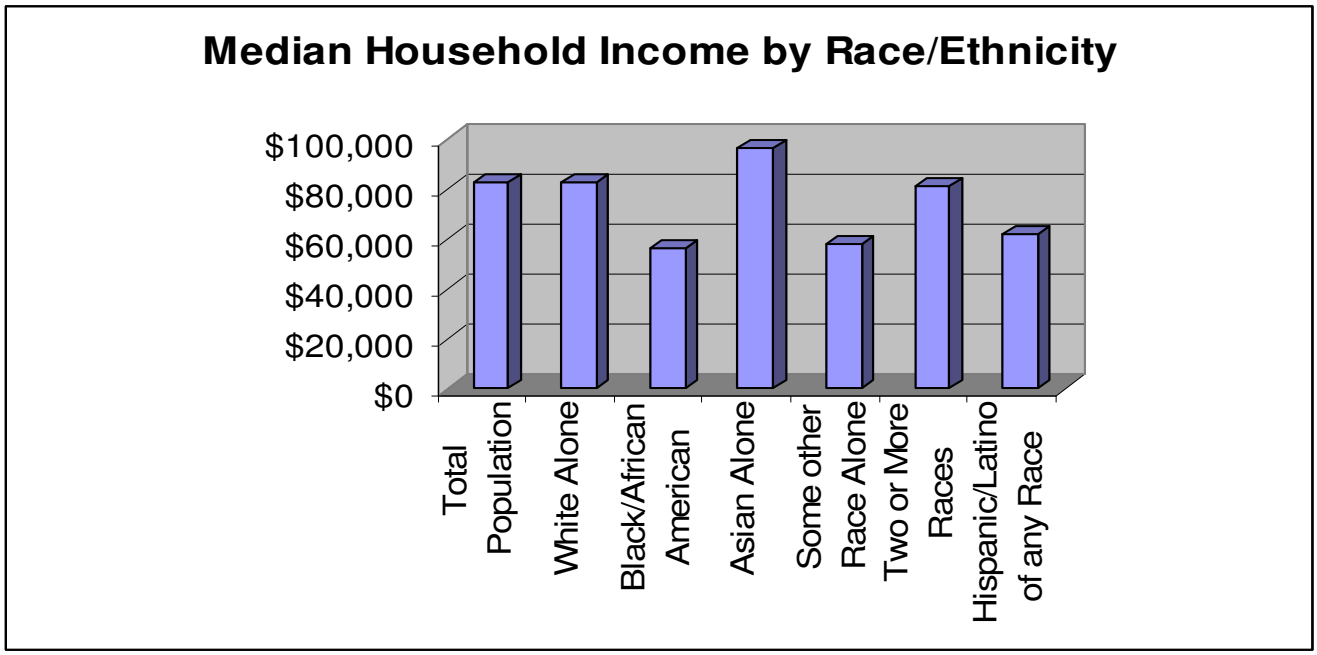


Figure 10 indicates that although a slight majority of households in SMC earned between $100,000 to $149,000 a year (18.6%), about 6.1% of households earn less than the 2011 Department of Health and Human Services Federal Poverty Level (FPL) of $14,710 for a family of two living in the contiguous states, including Washington D.C. The following data is according to 2010 ACS 1-Year Estimate for households including someone 60 years and over. Seventy percent of households in SMC with someone over the age of 60 receive Social Security benefits, with the average yearly Social Security benefit being $18,257. Six percent of households in SMC receive Supplemental Social Security Income (SSI), with the average benefit from SSI being $9,402. One percent of households receive public assistance income, with the average income received from cash aid at $9,454. Forty-one percent of households receive retirement income with the average income being $30,138.

Figure 10

Household Income in San Mateo County	
Less than $10,000	3.1%
$10,000 to $14,999	3.0%
$15,000 to $24,999	6.3%
$25,000 to $34,999	6.3%
$35,000 to $49,999	9.7%
$50,000 to $74,999	16.6%
$75,000 to $99,999	13.6%
$100,000 to $149,999	18.6%
$150,000 to $199,999	10.1%
$200,000 or more	12.7%
Source: 2010 American Community Survey 1-Year Estimates	

As indicated earlier, despite the relatively high income levels in SMC, there are subgroups across the County who live in poverty. Figure 11 details the level of poverty per city and age group. East Palo Alto has the highest percentage of adults (13.7%) and older adults (15.2%) who live below the poverty line. Translated another way, over a quarter of all residents of East Palo Alto live below the poverty line. Conversely, San Carlos has the lowest percentage of adults (2.7%) and older adults (3.7%) who are below the poverty line.

Figure 11

San Mateo County Percentages of People Below Poverty Level by Cities			
City	18 to 64 Years	65 years & over	Total % at FPL
Belmont	3.8%	4.2%	8.0%
Burlingame	7.9%	7.0%	14.9%
Daly City	7.3%	7.7%	15.0%
East Palo Alto	13.7%	15.2%	28.9%
Foster City	3.8%	10.6%	14.4%
Menlo Park	7.4%	4.8%	12.2%
Millbrae	4.2%	7.8%	12.0%
Pacifica	3.6%	5.9%	9.5%
Redwood City	7.5%	9.3%	16.8%
San Bruno	5.2%	9.2%	14.4%
San Carlos	2.7%	3.7%	6.4%
San Mateo	7.2%	4.6%	11.8%
South San Francisco	5.1%	5.0%	10.1%
Source: 2008-2010 American Community Survey 3-Year Estimates			

A greater percentage of minority older adults compared to non-minority older adults are living in poverty (See Figure 12). Black/African-Americans and Hispanic/Latinos have higher poverty rates than their White counterparts. Asians 18-64 years of age have lower poverty rates than the total population, including those that are White. In comparison, Asians 65 years and over have higher poverty rates than their White counterparts.

Figure 12

Poverty Rates by Race/Ethnicity		
	18-64 Years	65 Years and Over
Total Population	6.6%	6.6%
White Alone	6.7%	5.5%
Black/African American	12.8%	10.9%
Asian	4.2%	9.1%
Hispanic/Latino	11.0%	9.0%
Source: 2008-2010 American Community Survey 3-Year Estimates		

Elder Index as a Means to Distinguish San Mateo County's Cost of Living

The family income needed for self-sufficiency in SMC is $83,283, with a gross hourly wage of $40.04 (2011 SMC Health and Quality of Life). The cost of living is higher in SMC than almost anywhere else in the nation. Therefore, the FPL is not an adequate measure of the income needed to meet basic needs. The FPL is not accurate for California and especially for SMC because it is the same amount for all states. Historically, the FPL has been used to determine eligibility for public assistance programs and in allocating resources to communities. Efforts have been made to create new self-sufficiency indices to account for the high cost of living.

Specific to older adults, an Elder Economic Security Standard Index (Elder Index) for California demonstrates that the federal poverty guideline covers less than half of the basic costs for adults age 65 and older in California. The Elder Index provides a calculation of a basic income needed to "make ends meet" for retired adults age 65 and older for every county. According to researchers at the University of California at Los Angeles (UCLA), the FPL for a single person in 2010 was $10,830, and for an older couple the income level was $14,570. However, according to the Elder Index that calculates on county-specific information, the basic income for a single retired older adult with good health, that is renting a one-bedroom in SMC, would be approximately $27,985. To meet basic needs, annually, a single owner without a mortgage would need $17,475 and a single owner with a mortgage would need $40,774. For an older couple residing in SMC, the Elder Index calculates the cost of living to be $36,659 for renters of a one-bedroom place, $26,149 for those without a mortgage and $49,448 for those with a mortgage. These estimates for SMC are significantly higher than the guidelines based on the FPL that is not county nor state specific.

According to the Elder Index, in order to accurately identify those without adequate incomes, the FPL would need to be raised between 161% to 376% for a single older adult and between 179% to 252% for an elderly couple in SMC.

The Elder Index demonstrates that older adults require an income of at least 200% of the FPL to age in place with dignity and autonomy without relying on public programs. Researchers at UCLA recommend that programs that do not use the Elder Index should consider using a minimum of 200% of the FPL to determine income eligibility (See Attachment 2 for the San Mateo County, CA 2010 Elder Economic Security Standard Index).

Education

According to the 2008-2010 ACS 3-Year Estimates, a majority (44%) of the population in SMC has a bachelor's degree, including those 60 years and over (37%). For those over 60, variations exist by city in educational attainment with Redwood City having the highest average education and San Mateo having the lowest (See Figure 13).

Figure 13

Educational Attainment by Cities for Population over the Age of 25										
	San Mateo County Total Population	San Mateo County 60 Years and Over	Daly City Total Population	Daly City 60 Years and Over	Redwood City Total Population	Redwood City 60 Years and Over	San Mateo City Total Population	San Mateo 60 Years and Over	South San Francisco Total Population	South San Francisco 60 Years and Over
Less than high school graduate	12%	15%	14%	22%	15%	17%	11%	15%	15%	24%
High school graduate, GED, or alternative	18%	22%	22%	25%	20%	22%	18%	24%	24%	26%
Some college or associate's degree	27%	27%	20%	23%	26%	27%	28%	29%	30%	24%
College degree or higher	44%	37%	34%	30%	40%	33%	43%	32%	32%	26%
Source: 2008-2010 American Community Survey 3-Year Estimates										

Housing and Living Situation

Housing

According to the 2000 Census, 99% of SMC's total population lives in urban areas and 1% in rural settings. There are 1,460 seniors (15%) living in rural areas which constitutes 1.3% of the total County senior population. San Mateo County has 98% of its housing units in urban settings and 2% in rural areas. Of these housing units, 98% are occupied. The 2006-2010 ACS Survey 5-Year Estimates state that in SMC, 61% of all housing units are owner occupied and 38.9% are renter-occupied. For the population 60 years of age and over, 78.5% are home owners and 21.5% are renters. Based on data from 2005-2009, homeownership is slightly higher in SMC (61.7%) than the state average (57.9%)

A lack of affordable housing units limits people's ability to live in SMC. In September, 2008, the SMC Housing Authority developed a lottery to establish a new waiting list for

Section 8 housing vouchers for 3,600 applications. This was implemented after the application period was open for one week from 7/7-7/12/08 and 23,000 applications were received. As of 9/30/11, there were 1,106 Section 8 waiting list applicants remaining on the wait list after all available spots were taken. In addition, 4,439 families were on alternate project-based waiting lists outside of Section 8 housing.

In SMC, single family homes have decreased in price in recent years but prices remain high. In 2011, single family homes had a median price of $675,000, which is a 3.6% decrease from 2010 and significantly lower than median prices from 2005-2009 ($786,650). The average price was $886,145, a decrease of 4.9% from 2010. For common interest developments such as condos and townhomes, the median price was $350,000, a decrease of 10.3% from 2010. The average price was $398,173, which is an 8% decrease from the previous year. According to the SMC Association of Realtors 2011 Semi-Annual 2 sales report, homes in the cities of Atherton, Hillsborough, Woodside, and Portola Valley continue to be the least affordable in the County, selling for an average sales price of $2,398,159 to $3,666,414. The three areas with the lowest average sales prices were East Palo Alto ($262,136), Loma Mar ($369,500) and Colma ($450,000).

The County's 12th and 14th Congressional Districts continue to be the two least affordable housing markets in the nation. District 12 includes cities in the north, the coast and south county, District 14 includes cities mid-county, the coast, and south county. Between 40-42% of all households in both districts are burdened, meaning the household is spending over 30% of their income on housing costs. Low income households are impacted even more. Between 81 to 88% of renters with incomes between $20,000 to $50,000 would be considered burdened.

The National Low Income Housing Coalition indicates that SMC is at the top of the list of most expensive counties in California. This is based on a Housing Wage needed to afford a Fair Market Rate (FMR) place to live. San Francisco and Marin Counties are tied with SMC as the most expensive places to live in the United States. FMR for a two-bedroom apartment is $1,361 a month across California, but is increased to $1,833 in SMC. A living unit is considered affordable if it costs no more than 30% of the renter's income. In order to afford this level of rent and utilities, without paying for more than 30% of income for housing, the renter would need to earn $6,110 monthly or $73,320 annually. In SMC, a minimum wage worker earns an hourly wage of $8.00. In order to afford the FMR for a two-bedroom apartment, a minimum wage earner must work 141 hours per week for 52 weeks per year. For someone whose sole income is SSI, their monthly payment is $854.40. With this income, the rent that would be affordable would be $256 a month.

Home Foreclosures

For the 2009-2010 tax year, property values in SMC decreased over 4 million dollars. The cities that sustained the most significant loss in property value were San Mateo, Daly City, and South San Francisco. In 2010, there were 3,859 pre-foreclosures (payment default), 3,758 foreclosures (the start of the legal process for foreclosure) and 1,369 completed foreclosures (home is owned by the lender). From January to July

2011, East Palo Alto, Brisbane, South San Francisco and Daly City had the highest pre-foreclosure rates in the County. The foreclosure rate per 1,000 homes was the lowest in Hillsborough (5.4) and the highest in East Palo Alto (23). Mid-priced homes between $500,000 and $600,000 are most likely to end up bank owned.

An analysis of foreclosure impacts and trends in SMC, particularly East Palo Alto, was conducted by Supervisor Rose Jacobs Gibson's office. The data collected included a provider survey and information from a dialogue with faith leaders. In the spring of 2011, the survey was administered to agencies that serve the foreclosure counseling needs of SMC residents. Results indicated that the primary reason homeowners were led to foreclosure was: 1) Loss of employment or 2) Reduction in income. Dialogue with faith leaders in East Palo Alto around the impacts of older adults and foreclosure found that older adults were experiencing depressive symptomatology, shame, and embarrassment. Thus, results indicated that for older adults who experience foreclosure, intervention aimed at addressing the psychological impact is of importance. A suggestion that resulted from the dialogue was establishing a team (including community-based organizations, faith leaders, and agencies serving older adults) that would provide outreach and education about foreclosures and the impacts on older adults.

A survey by Human Investment Project (HIP) found that one of the primary reasons older home seekers (those over 60 years old) look for shared housing was due to evictions and foreclosures. A more detailed description of HIP survey is found in the needs assessment section on page 75.

Living Situation

According to the 2010 Census Summary for SMC, there are a total of 257,837 households and the average household size is three. In family households, 24% are homeowners 65 years and over. For the population 60 and over, 43% of the households are a married couple family. Of the family households, most have males as the householder. Ten percent are living with a parent and 1% have non relatives living in their household. Three percent (3,145) are living in group quarters. Fifty-seven percent (1,843) of those in group quarters are institutionalized.

Forty-four percent of those in non-family households are 65 years and over. Seventy-four percent of this population are females that live alone. The percentage of female renters that live alone is even higher at 87%.

There are 9,506 older adults over the age of 60 that are living with their grandchildren. Of these, 1,302 older adults over 60 are responsible for grandchildren that are under the age of 18. Fifty-four percent of the responsible grandparents are female and 45% of responsible grandparents are married. When looking at all grandparents (including those under 60), most have been responsible for their grandchildren five or more years. Twenty percent of grandparents living with their grandchildren under 18 years of age have a disability. Of the grandparents with a disability that are living with their grandchildren, 69% are 60 years and over.

Homelessness

The 2011 SMC Homeless Census and Survey indicates that there are 6,737 homeless people in the County annually. The number of homeless people on January 26, 2011 in SMC was 2,149 and is based on the point-in-time homeless census. The homeless population is increasing. The homeless count increased 17% when compared to 2009 and increased 4% from 2007. Of the 2,149 homeless individuals there were 1,162 unsheltered homeless people (e.g. living on streets, in vehicles and in homeless encampments) and 987 sheltered homeless people (e.g. living in emergency shelters, transitional housing, motel voucher programs, residential treatment, jails and hospitals). A high percentage of the unsheltered homeless have been homeless repeatedly and/or for long periods of time. The homeless count was comprised of 1,789 families. Ninety-two percent (1,640) of the families were without dependent children. Redwood City had the highest number of homeless individuals (501), followed by East Palo Alto (431) and San Mateo (331). Redwood City and East Palo Alto have a much higher percentage of unsheltered homeless population than their share of the general population in SMC.

Employment

While many older adults choose to work because they want to, others are forced to work in order to meet their basic living needs. The high cost of housing and medical costs, and the loss of savings due to the economy, forces many older adults to work long past their personal target for retirement or pushes older adults to return to work after they have retired. According to the 2006-2010 ACS Survey 5-Year Estimates, 21% of older adults 65 years and over worked in the past 12 months. Of those that were working, 81% were between the ages of 65 to 74 years of age. A number of older adults over the age of 75 continue to work. The majority of working older adults, that want to be employed, were working for most of the year. It should be noted that some older adults are unemployed but stated that they would like to work.

Figure 14 shows the cities where the highest percentage of employed workers 65 years and over live.

Figure 14

Cities & Percentage of Employed Older Adults		
	65 to 74 Years	**75 and Over**
Belmont	N/A	7%
Daly City	14%	N/A
Menlo Park	N/A	8%
Redwood City	9%	8%
San Mateo	12%	19%
South San Francisco	N/A	8%
Source: 2006-2010 ACS 5-Year Estimates		

Targeted Populations: Adults with Disabilities

18-64 Years

According to the 2008-2010 ACS Survey 3-Year Estimates for SMC, there are approximately 23,505 (5.1% of the total 456,818) non-institutionalized adults 18-64 with a disability (See Figure 15). The most common type of disability is a difficulty with mobility (10,507) with cognitive difficulties (9,829) reported as a close second. Figure 16 indicates that among 18-64 year olds, more males than females have a disability. Within each category of race, the percentages of those with a disability are: White 9%; Black/African-American 15%; American-Indian/Alaskan Native 16%; Asian, Native Hawaiian/other Pacific Islander, and Hispanic/ Latino all at 6%, some other race and two or more races are both 7%. Of this population, 16% had an income in the past twelve months that was below poverty level.

Figure 15

Disability Characteristics for San Mateo County		
Population 18-64 years **456,818**	**Population With a Disability** **23,505**	**Percentage of Population with a Disability** **5.1%**
With a hearing difficulty	4,662	1.0%
With a vision difficulty	3,166	0.7%
With a cognitive difficulty	9,829	2.2%
With an ambulatory difficulty	10,507	2.3%
With a self-care difficulty	3,838	0.8%
With an independent living difficulty	7,846	1.7%
Population 65 years and over **92,452**	**Population With a Disability** **28,876**	**Percentage of Population with a Disability** **31.2%**
With a hearing difficulty	10,474	11.3%
With a vision difficulty	4,214	4.6%
With a cognitive difficulty	7,727	8.4%
With an ambulatory difficulty	18,463	20.0%
With a self-care difficulty	7,416	8.0%
With an independent living difficulty	14,009	15.2%
Source: 2008-2010 American Community Survey 3-Year Estimates		

There is a total of 456,818 18-64 year olds in SMC. Eighty-two percent (372,698) of 18-64 year olds are working and 9,455, or 3%, are working with a disability. In the unemployed, adults with disabilities account for 5% of the total. Those with a disability that are not in the labor force are 15% of the total.

According to a SMC Homeless Survey conducted, the typical unsheltered homeless person in SMC is a single man (67%) with at least one disability (79%). The most commonly cited disabilities were alcohol or drug problems (56%), chronic health conditions (43%), physical disability (32%), mental illness (28%), and post-traumatic stress disorder (21%). The sheltered homeless population is also predominately single and male. Levels of disability are somewhat lower for the sheltered population with 15% reporting mental illness, 12% reporting chronic substance abuse, 7% reporting chronic health conditions and 3% reporting physical disabilities. Of all the homeless people, 12% were veterans.

65 Years and Over

The estimated non-institutionalized population 65 and older with a disability is 28,876 or 31% of the total in this age group (See Figure 15). Males 65 to 74 years old have a higher percentage of disabilities as compared to females. Once over the age of 75, females with disabilities outnumber the males (See Figure 16). When broken down by race, the percentage for those ages 65 and older with a disability are: White 31%, Black or African-American 36%, Asian 31%, Hispanic/Latino 34%, and some other race 46%. Nine percent of the older adult population with a disability had an income in the past twelve months that was below the poverty level.

Figure 16

Sex by Age Disability Characteristics for San Mateo County

Age	Males	Females
18 to 34 Years	2,517	1,821
Total Male Pop: 78, 573 Total Female Pop: 74,100	3.2% of male population	2.5% of the female population
35 to 64 years	10,603	8,564
Total Male Pop: 149,137 Total Female Pop: 155,008	7.1% of male population	5.5% of the female population
65 to 74 years	3,984	4,708
Total Male Pop: 21,773 Total Female Pop: 26,447	18.3% of male population	17.8% of the female population
75 years and over	7,123	13,061
Total Male Pop: 17,440 Total Female Pop: 26,792	41.1% of male population	48.7% of the female population

Source: 2008-2010 American Community Survey 3-Year Estimates

Older adults are more likely to suffer from chronic medical conditions such as arthritis, heart disease, diabetes and asthma. Because of these conditions, older adults are more likely to need assistance with activities of daily living. According to the National Health Interview Survey from 2003-2007, among adults ages 65 year and over, the poorest (those below the poverty level) were approximately twice as likely to need help with ADLs than older adults who were least poor (300% above the poverty level). Older adults were more likely to have 3 to 6 ADLs as opposed to 1-2 ADLs.

Targeted Population: Lesbian, Gay and Bisexual and Transgender Questioning Queer (LBTQQ) Population

According to the Williams Institute, when comparing same-sex couples per 1,000 households, California ranks, 4th at 7.8 same-sex couples per 1,000 or 98,153 same-sex couples. When comparing states ranked by percent of same-sex couples identifying as husbands or wives, California is at 29%, with 28,312 same-sex husband/wife couples. There are 69,841 same-sex unmarried partner couples. In a comparison of 25 small U.S. cities with populations below 100,000, Brisbane, the only city in SMC to make the list, ranks 23rd. There are 32 same-sex couples per 100,000 in Brisbane.

According to the 2006-2010 ACS 5-Year Estimates, 1% of the households in SMC are unmarried-partner same-sex couples. This would amount to 2,302 households. When comparing the number of unmarried-partner same sex households in SMC by city, the top three cities in San Mateo County with the highest number of same-sex households in descending order are Daly City (307), San Mateo (226), and Pacifica (140). When comparing the percentage of unmarried-partner same-sex households by the total number of households by each city, the top three cities with the highest percentages of same sex households are Montara (6%), Portola Valley (4%), Brisbane and El Granada tied for third (2%). See Figure 17.

Figure 17

Percentage of Unmarried-Partner Households (Same-Sex) by Households by City (Includes Unincorporated Areas)			
City/Unincorporated Area	**Total Households**	**Same-Sex Households**	**Percentage**
Atherton	2,132	34	1.6%
Belmont	10,347	124	1.2%
Brisbane	1,698	31	1.8%
Broadmoor	1,346	N/A	0.0%
Burlingame	11,526	127	1.1%
Colma	470	N/A	0.0%
Daly City	30,695	307	1.0%
East Palo Alto	7,408	7	0.1%
El Granada	1,920	35	1.8%
Emerald Lake Hills	1,633	16	1.0%
Foster City	11,729	106	0.9%
Half Moon Bay	4,124	53	1.3%
Highlands-Baywood Park	1,475	21	1.4%
Hillsborough	3,650	N/A	0.0%
Ladera	554	N/A	0.0%
La Honda	428	N/A	0.0%
Loma Mar	39	N/A	0.0%
Menlo Park	12,601	63	0.5%
Millbrae	8,111	112	1.4%
Moss Beach	866	50	5.8%
North Fair Oaks	4,056	53	1.3%
Pacifica	13,968	140	1.0%
Pescadero	212	N/A	0.0%
Portola Valley	1,686	69	4.1%
Redwood City	27,801	167	0.6%
San Bruno	14,909	104	0.7%
San Carlos	11,332	15	1.3%
San Mateo	37,705	226	0.6%
South San Francisco	20,831	83	0.4%
West Menlo Park	1,276	19	1.5%
Woodside	1,871	24	1.3%
Total	**248,399**	**1,986**	
Source: 2006-2010 American Community Survey 5-Year Estimates (Households and Families			

The San Mateo County Rainbow Community Assessment for SMC's LGBTQQ population was completed in 2000. Key findings included:

- The largest group of respondents resided in Pacifica (36=12%), Redwood City (32=10%) and San Mateo (31=10%).
- Respondents were mostly middle aged. The largest group was 36-50 years old (144=47%) with few older adults (31=10% were 65 years or older).
- Respondents were overwhelmingly European/White (249=81%). There were at least 7 respondents in every ethnic group.
- Most respondents (98%) preferred English.
- Most were home owners as opposed to renters.

LGBTQQ needs that arose from the Rainbow Community assessment will be covered in the Needs Assessment section on page 80.

While current specific data for the minority LGBTQQ population in SMC is lacking, the Williams Institute provides information based on the population in California. There are more than 66,000 Asian and Pacific Islanders (API) in California who identify as lesbian, gay or bisexual (LGB) and more than 14,500 APIs in same-sex relationships. Over 1/3 of the API LGBs in same sex relationships nationwide live in California. This is a greater percentage than any other state. In California, over 34% of APIs in same-sex couples are of Filipino descent.

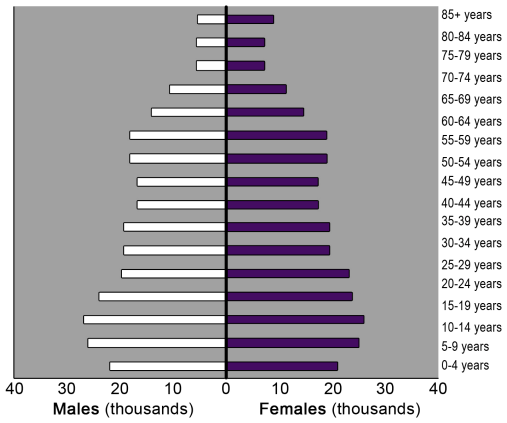
Nearly 1 out of 4 individuals in same-sex couples, or 52,192 are Latino/Latina. Just over 12% of Latino/Latinas in same-sex couples live in California, a greater percentage than any other state. Over 81% of Latinos/Latinas are of Mexican descent. There are an estimated 55,000 African-American LGBs, with approximately 7,400 black men and women in same-sex couples in the State. Slightly fewer than 9% of African-American men and women live in California, second only to New York state. Despite the fact that many LGB same-sex couples have high levels of education when compared different-sex married couples, same-sex couples have household incomes that are lower than different-sex married couples. Also, LGB same-sex couples are less likely to be homeowners.

Planning for Future Demographic Changes

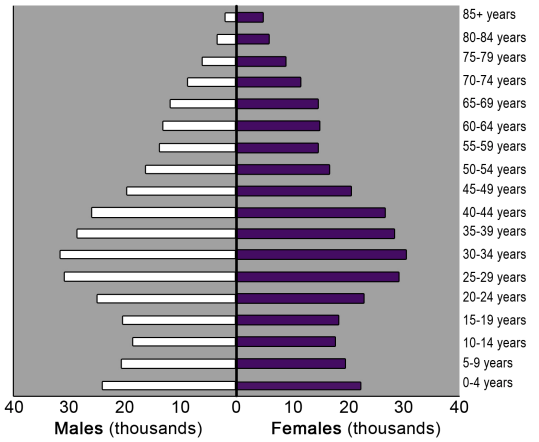
As this area plan for SMC is dedicated to examining and addressing the future needs of older adults, it is imperative to include discussion of key shifts that are anticipated within the County. Information from the SMC Aging Model: Better Planning for Tomorrow makes projections through 2030. Figure 18 depicts the expected changes in age from 1970 through 2030. The trend over this time period indicates that the population is aging.

Figure 18 **San Mateo County Aging Pyramids**

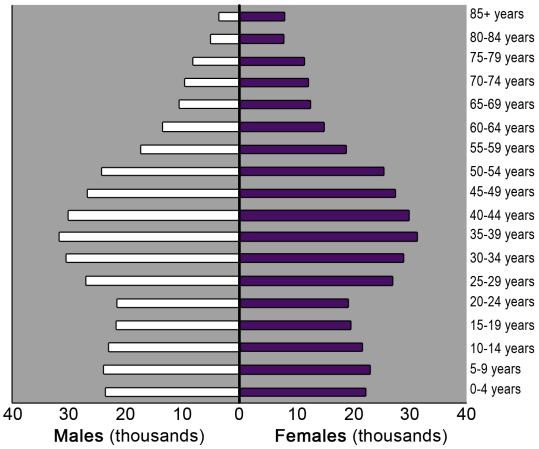
San Mateo County: 1970



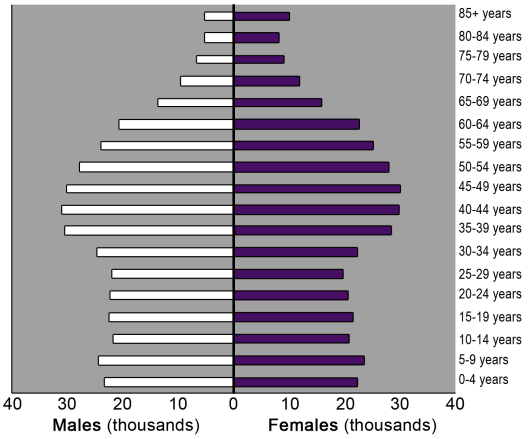
San Mateo County: 1990



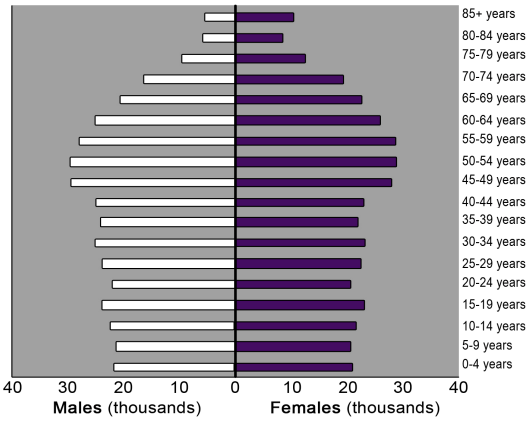
San Mateo County: 2000



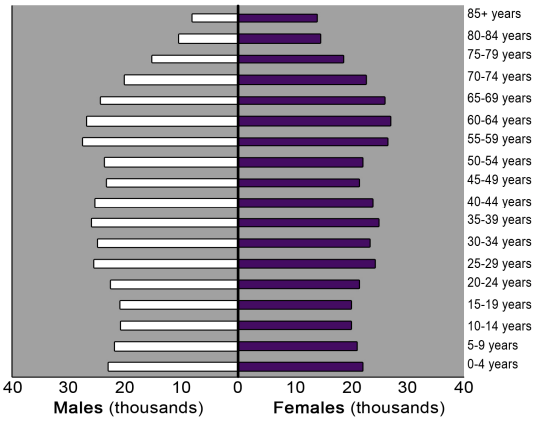
San Mateo County: 2010



San Mateo County: 2020



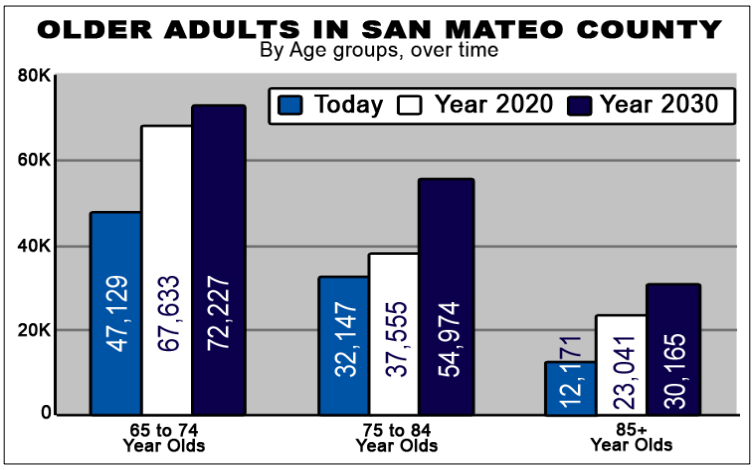
San Mateo County: 2030



The aging "pyramids" emphasize the need for the County to prepare for the aging boom in 2020 and 2030 where there are increased numbers of individuals over 50 and 55 years old respectively.

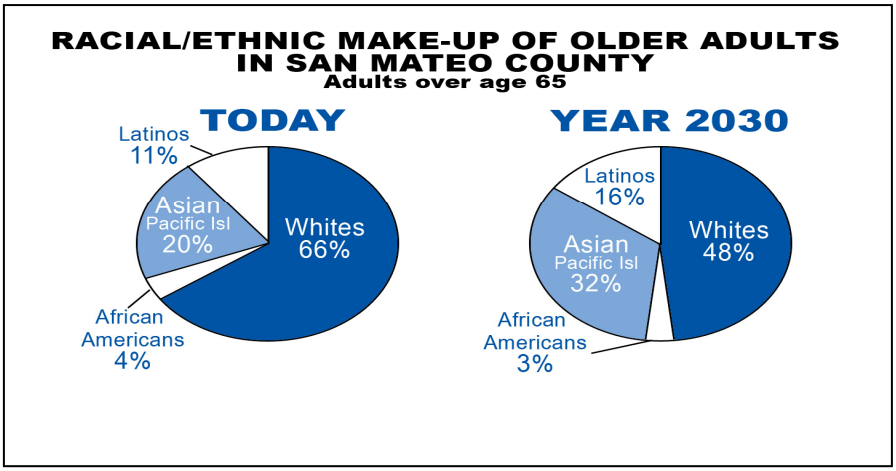
Data indicates that SMC will have 53% more adults between the ages of 65 and 74 by the year 2030 than there are today. The 75 to 84 year old age group will experience a 71% increase by the year 2030. The largest increase will occur in adults over the age of 85 as the number is projected to increase 148% (See Figure 19).

Figure 19



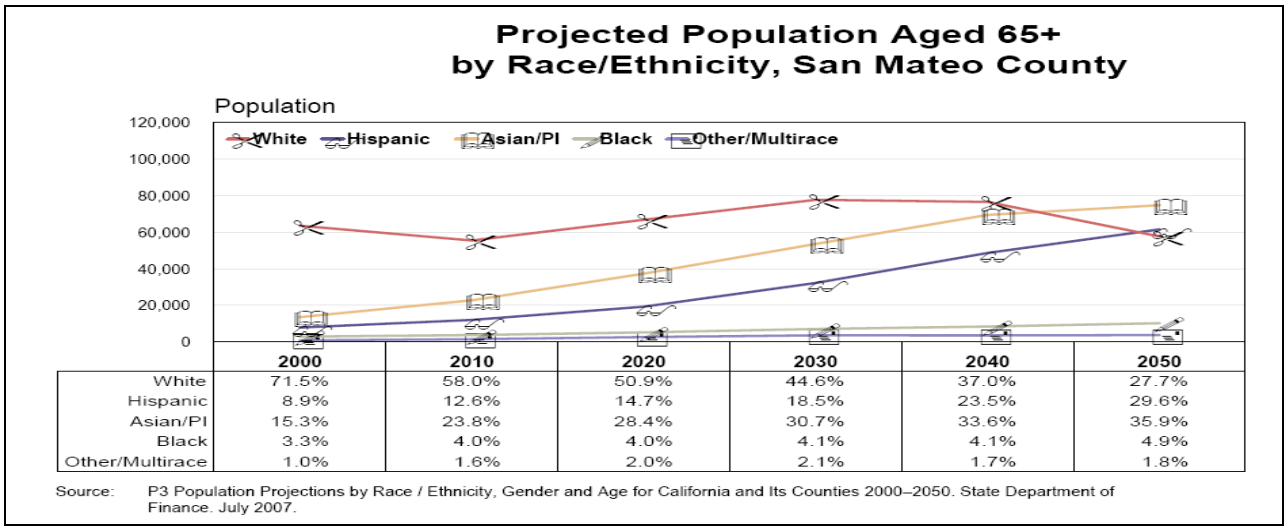
As noted with the population as a whole, the ethnic make up of older adults in the County will also be different in 2020 and 2030 than it is today (See Figure 20). According to the Aging Model, by 2030, minority older adults will outnumber White adults in the County. The largest increases will be in the Latino and Asian older adult populations. In the year 2030 almost one out of every two older adults in the County (76,309) will be either Latino or Asian/Pacific Islander. The percentage of African-American older adults will remain relatively the same over time.

Figure 20



Figures 21 below depicts the changing ethnic make up of SMC from 2000-2050. Adults 65 and older who identify as Asian/Pacific Islander or Latino will experience the greatest growth while those who identify as White will experience an overall decrease over the same 50 year span of time.

Figure 21

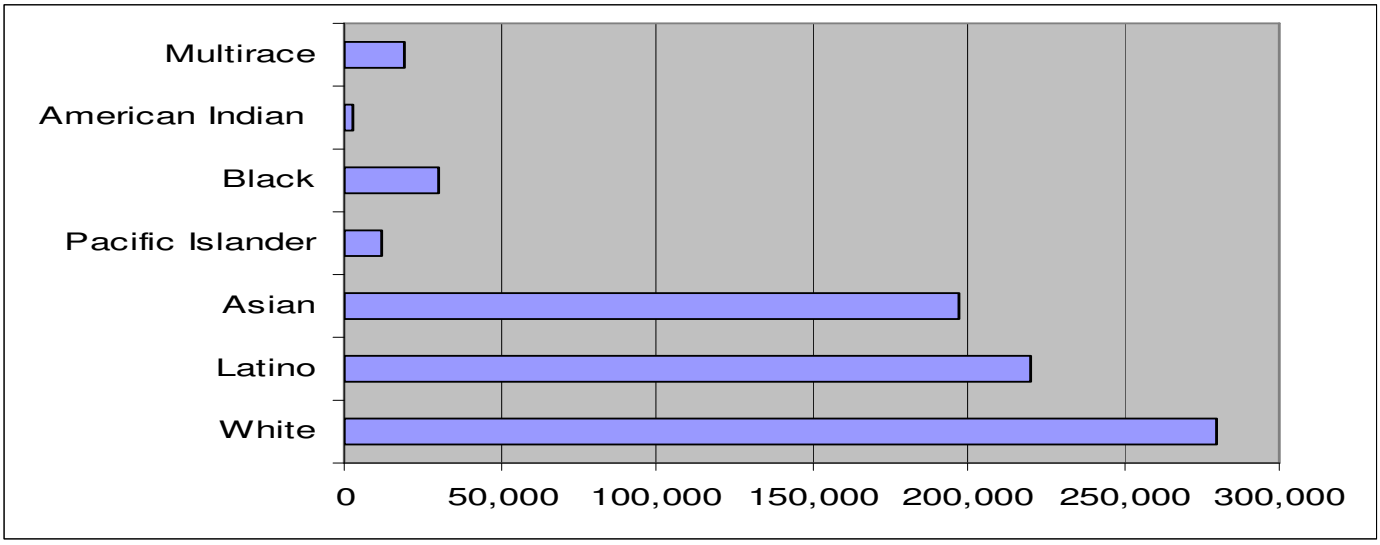


	2000	2010	2020	2030	2040	2050
White	71.5%	58.0%	50.9%	44.6%	37.0%	27.7%
Hispanic	8.9%	12.6%	14.7%	18.5%	23.5%	29.6%
Asian/PI	15.3%	23.8%	28.4%	30.7%	33.6%	35.9%
Black	3.3%	4.0%	4.0%	4.1%	4.1%	4.9%
Other/Multirace	1.0%	1.6%	2.0%	2.1%	1.7%	1.8%

Source: P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050. State Department of Finance. July 2007.

Figure 22 details the California State Department of Finance population projections by race and ethnicity for SMC for 2020. The total population is expected to be 761,455. The breakdown is as follows: White-280,023 (37%); Hispanic/Latino-220,258 (29%); Asian-197,659 (26%), Pacific Islander-11,642 (2%); Black/African-American-30,463 (4%); American Indian 2,351 (0.3%); Multi-race-19,059 (3%). These projections do not yet reflect the results from the 2010 Census. The projections will be revised in 2013 once the Census Bureau releases more data.

Figure 22



Healthy Community Collaborative of San Mateo County

San Mateo County is a partner in The Healthy Community Collaborative of SMC, which performed a comprehensive and random sample survey in 2008 about health and quality of life issues. Detailed survey findings are contained in the Collaborative's "2011 Community Assessment: Health/Quality of Life in San Mateo County." In light of the Collaborative preparing for their next survey, the Area Plan survey results were presented to the members. Those present included the SMC staff (e.g., SMC Health Officer and the Director of Health, Policy and Planning) and members of the Hospital Consortium of SMC. Members have requested specific data from the Area Plan survey results for their catchment areas. The next survey will be conducted in early 2012, with survey results being available in 2013. Findings from the survey will be included in the Area Plan Update for FY 2013-2014.

The following data is based on projections from the 2011 Community Assessment Health and Quality of Life in SMC County.

Health Care

- 17% of those between the ages of 18 and 64 lack health insurance.
- 9% of SMC residents would rate their satisfaction with their health care as fair/poor.

Risk Factors

SMC residents have significant health risk factors including:

- 88% exhibit one of more cardiovascular risk factors. Cardiovascular risk factors include physical inactivity, high blood pressure, high cholesterol, lack of physical activity, smoking or being overweight.
- 48% of residents do not participate in regular vigorous activities.
- 32% of residents had been informed more than once that their blood pressure was high.
- 34% of residents had been told that their blood cholesterol level was high.
- 21% of residents are obese.
- A total of 9% of SMC residents are diabetic.

Health Conditions and Diseases

The two most common causes of death in SMC are heart disease and cancer. Because most of those deaths are related to lifestyle, they could potentially be prevented. Choices regarding exercise, smoking, diet, consumption of alcohol and drugs, even in one's older adult years, can have a dramatic impact on promoting health and reducing disease.

Cancer

The leading types of cancer in SMC between 1992-2007 were breast, prostate, lung and colon/rectum. From 2003-2007, the female breast cancer incidence rate for all races was 129 per 100,000. Prostate cancer was the second most prevalent with the incidence rate among males at 151 per 100,000. Lung was the third most prevalent, with incidence rates of 58 (for men) and 45 (for women) per 100,000. Colorectal cancers were the fourth most prevalent at 49 (for men) and 39 (for women) per 100,000.

The incidence of cancer continues to be significantly lower among Asians compared to other race/ethnicities. From 1997 to 2007, the highest rates of cancer occurred among Whites, followed by African-American and Hispanics/Latinos. Although African-Americans continue to have the highest cancer mortality rates, from 1995-2007, overall, cancer mortality has been decreasing for all race and ethnicities.

Heart Disease

Heart disease remains a leading cause of death in the County. SMC's mortality rate differs by racial/ethnic groups. African-Americans had the highest mortality rate, followed by Whites, Asians and then Latinos.

AIDS

In SMC, while the percentage rate of among African-Americans living with AIDS continue to decline, the percentages for Latinos are rising. While nearly two-thirds of SMC AIDS cases are in men who have sex with men (MSM), a significant proportion of cases among African-Americans are associated with injection drug use (46%) and a significant proportion of women of all races (44%) were infected through heterosexual sex. The cumulative number of AIDS cases by gender and age were higher for men than women, including those ages 60-64 and 65 years and over.

Mental Health

Twenty-five percent of SMC residents report that they had experienced depression that lasted two years or more. Depression was defined as having an average of 2 days in the month on which they felt sad, blue or depressed.

Falls

Falls are a major cause of hospitalization and death, especially for older adults. From 1992-2007, unintentional falls were the second leading cause of injury-related hospitalization. Unintentional falls accounted for 32% of the hospitalizations. Injury related hospitalizations increase with age (See Figure 23).

Figure 23

Injury-Related Hospitalizations by Age Group San Mateo County 1992-2007		
Age Group	**Total Hospitalizations**	**Average Annual Rate Per 100,000 Population**
55-64	12,386	102.9
65-74	17,885	218.7
75-84	25,869	483.1
85+	17,165	878.1

From 2000-2008, falls accounted for 20% of the major causes of death due to unintentional injury. It is not known from where the person fell in 65% of the deaths. Slightly more men than women die due to unintentional falls. The death rate due to unintentional falls increases with age (See Figure 24).

Figure 24

Mortality Due to Unintentional Falls by Age San Mateo County 1990-2008		
Age Group	**Total Deaths**	**Rate Per 100,000 Population**
65-74	78	8.8
75-84	132	21.6
85+	179	71.6

Quality of Life

- Eighteen percent of SMC residents viewed their lifestyle tolerance to be “fair” or “poor”, with the other choices being “excellent”, “very good” and “good”.
- The average score of SMC residents for their personal health status was 63, with the scale being 75 for “very good” and 50 for “good”.
- Thirty-one percent of SMC residents use their doctor as the primary source of health information, with 2011 projection being the first time that the internet (33%) will surpass the doctor as the primary source of information.
- Crime rates (per 100,000) were 285 for a violent crime and 1229 for crimes against property.
- The average score was 71 for the evaluation of neighborhood safety, with scale being 75 for “very good” and 50 for “good”.

Unique Resources and Constraints for San Mateo County

Resources

The Healthy Aging Response Team (HART), a project of the Adults Community Connecting, Education, Service and Support (ACCESS) collaborative, was launched on April 5, 2010 and continues to provide services to the Daly City community. HART is an innovative non-emergency, volunteer-based community initiative that promotes and supports the health and well-being of underserved older adults and adults with disabilities. HART, along with the AAS TIES Line, SMC's 24-hour information and emergency response line, provides a safety-net of protection, information and support for older adults, adults with disabilities, dependent adults and caregivers to assist them in accessing services.

At the inception of HART, 21 volunteers received 30 hours of comprehensive training in February 2010 to answer phone calls from Daly City residents seeking information about services for older adults and adults with disabilities. With the receipt of additional funding to provide a second training, there was a recent search for new HART volunteers that concluded with a screening session for six new volunteers on February 16, 2012. Training was started the following week and will continue through April, 2012. AAS and Behavioral Health and Recovery Services (BHRS) County staff continue to provide training on their specific information and referral services, as well as education on how to respond to callers in need. Since April, 2010, HART has fielded over 650 calls (311 calls in 2011), proving to be a successful and necessary program in San Mateo County. Funding opportunities to sustain the program, as well as to secure a Volunteer Coordinator position, are currently being explored.

In October 2010, a pilot of the 211 system was initiated in SMC. The 211 Bay Area SMC service provides free confidential and multi-lingual information, advocacy, resources and support to connect people to community services 24-hours a day. Due to the success of the pilot, the 211 system was made accessible to the public on February 11, 2011. With the addition of SMC, there are now 12 counties served by the 211 Bay Area network. County residents now have quick and easy access to trained specialists who link them to available health and human services in the community. The Commission on Aging (CoA) and AAS staff were involved in planning the implementation of 211 in SMC. Their input helped define how 211 will interface with the TIES Line.

Constraints

According to the SMC Controller, the County continues to face a large budget deficit despite the best efforts of the Board of Supervisors and departments to streamline services and increase efficiencies. Despite reductions in spending, including the reduction of 126 positions, the County's structural budget deficit is projected to be $50 million for fiscal year 2011-2012. The deficit does not take into account operational

costs for a proposed new jail, additional costs for projects in the County Facilities Master Plan, increases in retirement contributions costs, health plan premium increases, negotiated increases with nurses and probation officers and group supervisors, and increased costs triggered by funding reductions at the State and federal Level. The County's net assets increased by $56 million, or 5%. However, unrestricted net assets decreased by $44 million in funds available for discretionary spending. About 38% of the County's budget is obtained primarily from property taxes collected and revenues from property taxes decreased 4% in FY 2010-2011 from the previous year.

Federal revenues to the State and ultimately the County have been declining since the end of the American Recovery and Reinvestment Act Grants and reductions continue in federal spending for safety net programs. There are continued reductions in discretionary spending by the County as the State shifts responsibility for programs to its counties. These probable ongoing additional costs will cause a long-term drain on the County's financial resources. Another area of concern is the future obligation for employee pensions and benefits. Without a major upswing in the economy, the County may have only have the resources to fund its pension obligations and services mandated by the State and federal government.

The State has continued to reduce funding for Older American's Act funded programs. In addition, the State is experiencing a significant decrease in sales tax and vehicle license tax revenue, which are major funding sources for AAS programs. Similar to AAS programs, the financial projections for many of the city-based and private non-profit agencies providing services for older adults and adults with disabilities continue to be challenging. Revenue for many city-based programs has been reduced and services for older adults are in jeopardy. City and County funding to private non-profits is not keeping up with the costs of operating programs or the increasing need in the community.

As a result of steady decline in revenue, community-based non-profit agencies are spending an increasing amount of their time on fundraising. Even the County has had to aggressively seek out new sources of revenue to support programs that are not mandated, but that have been determined important at the local level. A prime example is the need to raise funds to support the Supplemental Meals on Wheels Program, which provides home-delivered meals for adults under the age of 60. While foundations are willing to provide funding to support programs that serve these populations, they generally provide seed money rather than ongoing program support.

On an individual level, San Mateo County residents continue to be affected by the economy. The recession has decreased consumer spending, new home construction and other consumer dependant industries from levels prior to 2008. The median family income continues to drop. Per capita personal incomes have been decreasing since 2007. With respect to real estate, for residential properties, the overall housing prices have continued to drop as well. As of June 2011, median single-family home prices fell 4% from the previous year. Median condominium prices fell 12% in the same time period. Vacancy rates for office spaces are dropping to 13.5% and the asking rate for space is rising. Applications for public assistance have increased 37% since July 2007.

The County's Core Service Agencies have reported a 76% increase in food and housing assistance in FY 2010-2011 as compared to FY 2007-2008.

When looking at June 2011 data, the unemployment rate for SMC was the second lowest unemployment rate in the State (12.1%) although there are some cities that have much higher rates. According to the United States Department of Labor, for the period of November 2010 to December 2011, the unemployment rate in San Mateo County was 8%, with the labor force numbering 371,273. There were 31,904 unemployed individuals. The unemployment rate is slightly higher than the 7% reported in the FY 2009-2012 Area Plan. According to the State of California Employment Development Department, for the month of December, 2011, the top city in SMC with the highest unemployment rate was East Palo Alto (17%). The second and third highest unemployment rates were in the unincorporated areas of Redwood City (15%), and Daly City (13%).

Looking beyond FY 2011-2012, the County is facing significant challenges in order to address numerous issues that have financial impacts. Issues include health care reform, realignment, jail capacity, pension obligation, facilities and technology infrastructure, business process redesign and exploring new revenue sources.

Aside from the enormous fiscal constraints, challenges around transportation for older adults are increasing. Though the County is served by public transportation, reliance on the private automobile remains prevalent. Historically, older people have lived in areas of older development, including central cities and older suburbs. In SMC, there are still concentrations of older people residing near the spine of development along El Camino Real. In these areas, transit service is available and access to services is reasonably good. However, there are now major concentrations of older people in areas of newer development including areas west of I-280 in the northern part of the County and Foster City. These are areas that are harder to serve with transit, and that are often more distant from important services and shopping.

Description of Challenges by City or Area within the PSA

Central and North County: The North County cities of Daly City and South San Francisco are more closely intertwined with San Francisco and its urban problems than with the rest of SMC. Both have large immigrant populations. These cities have older, diverse neighborhoods and an established downtown.

- **City of San Mateo**: Nineteen percent of the population is Asian and 12% is Hispanic/Latino. The North Central and North Shoreview portions, considered more low-income than other parts of San Mateo, are majority Latino. Thirty-two percent of the population is foreign-born with 42% born in Asia, followed by 38% that were born in Latin America. Forty-two percent speak a language other than English with 20% speaking Spanish and 13% speaking Asian and Pacific Islander languages. Of this population, 20% speaks English less than "very well". In San Mateo, there is a higher percentage of individuals over the age of 65 years old who live alone in comparison to the total county population (e.g., 11% versus 7 % for females and 3% for males).

- **Daly City:** Bordering San Francisco, Daly City's 2010 population is now 101,123 (Source: 2010 US Census). Over 56% of the City's residents are Asian with the largest group (33%) being Filipino. The foreign-born population is 53%, with 72% coming from Asia. Sixty-nine percent speak a language other than English, with 44% of the population speaking Asian and Pacific Islander languages.
- **Foster City:** The percentage of Asians in the city is 45%. Foster City ranks second in the top three cities with the percentage of people over the age of 65 that are below the poverty level. Seventeen percent of the households in Foster City are women over the age of 65 who live alone.
- **South San Francisco:** South San Francisco is an ethnically diverse city of 63,632 persons, of which 37% are Asian. Twenty percent of the population is Filipino. Thirty-four percent of the population is Hispanic/Latino. Forty-four percent of the population is foreign-born. Fifty-nine percent speak a language other than English with 26% speaking Asian and Pacific Islander languages and 25% speaking Spanish.

South County: This region is adjacent to Silicon Valley, but is racially, economically, culturally and physically isolated from more affluent neighboring communities such as Palo Alto. South County has the highest concentration of low-income residents in the County and is a main entry point for Latino immigrants.

- **North Fair Oaks:** This entry community is largely populated by immigrants from rural northern Mexico. According to the 2006-2010 ACS 5-Year Survey Estimates, this area's population was 14,270 and 54% were foreign-born, with 67% of this population having entered the country before 2000. Eighty-nine percent of the population was born in Latin America. Sixty-eight percent of the population speaks Spanish, with 43% that speak English less than "very well". Seventeen percent of the households have someone over the age of 65. Forty-eight percent of the 4,056 housing units were renter-occupied. Many units are converted garages with sub-standard toilet, bath, and kitchen facilities.
- **Redwood City:** According to the 2010 Census Demographic Profile, 29,180 or 39% of Redwood City's residents were Latino. This is a 3% increase from 2007. Many Latinos live in the east-side neighborhoods bordering North Fair Oaks. Thirty-two percent of the population is foreign-born and 45% speak a language other than English. Thirty-two percent of the population speaks Spanish.
- **East Palo Alto (EPA):** This City has received national attention due to disparities with its Silicon Valley neighbor (Palo Alto). East Palo Alto has a population of 28,155 (Source: 2010 US Census) and includes a racial mix that is 65% Latino, 17% African-American and 8% Pacific Islander. Most of the population, 25%, has a less than 9th grade education and 24% are high school graduates. Fifty-seven percent of the population speaks Spanish.
- **Belle Haven**: A Menlo Park neighborhood bordering East Palo Alto, Belle Haven had 6,095 residents during the 2000 Census, of whom 60% were Latino, 30% were African-American, and 5% were Native Hawaiian and other Pacific Islander. All of the aforementioned groups have higher proportions of people in Belle Haven than in the rest of the County. Similar to East Palo Alto, the Latino population is growing.

Most of the population, 28% attended 9th through 12th grade but do not have a diploma. Forty-three percent of the population is foreign-born. Sixty-one percent speak a language other than English, with 56% speaking Spanish. Fourteen percent of families were in poverty status.

Coastside: The County's most rural area, along the Pacific Ocean, had a population of 30,580 residents, concentrated in the small towns of Half Moon Bay and Pescadero (2005-2009 ACS Survey 5-Year Estimates). Twenty-three percent of the population is Hispanic/Latino. Twenty-six percent of the population speaks a language other than English, with 21% speaking Spanish. Four percent of the population has occupations in farming, fishing, and forestry. The Coastside, a geographically isolated and sparsely populated area from Montara south to the Santa Clara County line, experiences greater transportation challenges than the rest of the county.

Service System: Challenges and Successes

AAS Leadership Challenges

AAS Leadership has identified a number of challenges to the development of a coordinated system for older adults and adults with disabilities in SMC. An overriding issue is the enhancement of the older adults system of care to meet the needs of a projected increase in older adults and vulnerable populations, especially in an environment of decreased state, federal and local funding. Other challenges internal to AAS include issues related to the preparation and implementation of Long-Term Care integration (LTCI) and National Health Care Reform, such as the integration of existing case management software systems. The lack of affordable housing in the Bay Area remains a key resource issue for AAS in serving older adults and adults with disabilities. Providing linguistic and culturally competent services in targeted populations, including Spanish, Chinese, Tagalog and Russian speaking communities is a challenge as well. Other populations seen as needing a safety-net of services are older adults who age out of the prison system and younger, cognitively impaired or mentally ill adults.

Community-based Program Challenges

Funding

As detailed earlier in this document, funding is a major challenge for community-based programs. The OAA contractors have uncertain futures because the staff at city-based programs is being reduced due to budget cutbacks. Non-profit providers are facing similar staffing reductions and staff turnover. SMC has seen continued closures of OAA-funded congregate nutrition sites, the most recent being in the cities of Daly City and South San Francisco. Both are in targeted areas due to a high percentage of minority individuals living in those areas (e.g., Asians in Daly City and Latinos in SSF). Programs are experiencing cost increases without additional funding to provide the services. Examples of affected providers are those that provide home-delivered meals. It is becoming more difficult to recruit and retain volunteers because of the high cost of gas. Increases in the cost of daily operations, such as the increased costs of

inspection fees on providers of congregate programs, have resulted in the need to closely examine the reduction of services being provided to clients.

Adult Day Care (ADC)

In an effort to better support the ADC programs in our PSA, funds were shifted from Alzheimer's Day Care programs which resulted in less categories of funding the providers are able to receive. With this change, programs instituted scholarships for participants to cover their day of service and allowed for more targeting of the participants that need the service the most. The funding for scholarships days are sometimes inadequate to cover a participant for an entire year. Once on the scholarship program, participants are not denied the service because of an inability to donate. The provider is then left to cover the costs of the participants once the OAA-funded scholarships run out. Participant donation amounts tend to be low and the service is expensive to provide.

ADCs are finding it even more important to conduct outreach to get more participants in the program. Although data indicates that the older adult population is increasing, the ADCs are not experiencing large increases in the demand for services. Reasons given by individuals who could benefit from participation in ADC programs but do not attend are varied. Many in the community that might benefit from the services continue to be unaware about the services of ADCs or the new Community-Based Adult Services (CBAS) program. For those that know about the program, cost is a major factor. For those that know about the programs, possible candidates may not want to attend because of the fear of losing independence. Some caregivers may not want to send their family members because it may seem culturally unacceptable.

A new center-based program has been put in place for Adult Day Health Care to address the elimination of Medi-Cal based funding. The new program is part of a Medi-Cal managed care arrangement. In SMC, this program will be managed by the Health Plan of San Mateo (HPSM), a local non-profit health care plan that offers health coverage and a provider network to the County's underserved population. It was discovered that there are clients attending ADHCs in other counties, largely due to the availability of services in other languages, such as Russian. Clients attending ADHCs were assessed by the State to determine eligibility. Under the new CBAS program, there are approximately 25 clients out of 141 who have been deemed by the State as not qualifying for the program. While efforts have been made to look for other programs to fill the void, such as MSSP and IHSS or to fund through OAA ADC/ADHC scholarships, questions remain as to whether those deemed not eligible will be able to have both their social and health needs addressed by the piecing together of services once obtained at a single point of entry.

Serving a Multicultural Community

SMC is a very multicultural community. While it is an asset to have so many different communities in our County, this may pose a challenge as well. As the population changes, providers are challenged with meeting the needs of diverse communities. The CBO may not have the capacity to provide services or materials in the language(s) of

the communities needing assistance. Translation services may be needed but the cost is prohibitive for some community-based organizations (CBOs).

Priorities in Services

Challenges for providers include balancing priorities in services. For example, elder abuse cases are often complex and time-consuming. As the number of these cases increase, the Legal Assistance provider can find themselves in the position of needing either to limit the services provided to those clients, or limit intake/appointment slots for other clients. For the Ombudsman program, these cases are too much for the volunteer Ombudsman to handle and require extensive staff time to work on. Staff are having less time to coordinate and support the volunteer Ombudsman with their on-going monitoring of facilities.

AAS Leadership Successes

There continues to be significant progress made towards CareOptions (LTCI) and it is expected to be implemented in 2013. The following major milestones have been reached:

- Beginning February 2010, HPSM became fiscally responsible for the nursing home funding in SMC.
- AAS transitions team consisting of management, supervisors and line staff engaged staff in learning sessions beginning October 2010. The purpose of the learning sessions was to: 1) Create a learning environment regarding LTCI, 2) Enhance opportunities for dialogue, discussion, and planning regarding the implementation of LTCI, 3) Establish a shared understanding and language related to the concept of LTCI, and 4) Engage AAS staff in making LTCI a reality.
- AAS management in collaboration with HPSM, solidified concepts of the LTCI model such as the single point of entry to receive services, the uniform assessment tool that will be used for LTCI, and ideas around care coordination.
- To assist with data sharing, HPSM created a data mart to house client information from the Health System and HPSM. The data mart will aid in running reports to understand individual and aggregate level information for older adults and adults with disabilities in LTCI.
- On February 24, 2012, HPSM submitted a proposal for the California Dual Eligibles Demonstration Project through the Department of Health Care Services. According to the Duals website, the Request for Solutions "promotes coordinated care models that provide seamless access to the full continuum of medical, social, long-term, and behavioral supports and services dual eligibles [individuals who have Medi-Cal and Medicare] need to maintain good health and a high quality of life." SMC anticipates that it will be selected to be a pilot county to test a coordinated care model.

Community-Based Program Successes

It is difficult to recruit volunteers for the Ombudsman and the HICAP programs because the type of work involved can be difficult. The programs and issues that volunteers work with are complex. However, the volunteer recruitment and training efforts have resulted in an extremely competent and very dedicated core of volunteers, which has enabled the programs to provide the highest quality of service possible.

Most people do not realize that many of the Ombudsman programs throughout the State are not able to maintain a regular presence in all of the long-term care facilities in their county. Facility coverage rates are generally between 65%-80% of the facilities. In SMC, the facility coverage rate is 100% due to the comprehensive facility coverage plan that has facility ratings and identifies priority facilities that are problematic and require multiple monthly or even weekly visits.

The Pro Bono Attorney (volunteer attorneys) and Emeritus Attorney (retired attorneys) programs at the Legal Services provider (Legal Aid Society of San Mateo County) allow legal access to for many older adults who cannot afford an attorney. Many of the Pro-Bono attorneys are from large law firms who provide hundreds of hours of legal services and representation on a variety of cases. The emeritus attorneys also volunteer their services, particularly in areas of their expertise. Extensive coordination of cases and training enables these attorneys to serve more clients, than what Legal Aid staff attorneys would be able to serve. Some of the more complex legal cases benefit from the larger financial resources that large law firms have at their disposal.

The biggest success for the community-based programs is that despite the financial challenges, changes in funding streams, challenges in serving a multicultural community and changes of priorities in service priorities, the programs continue to serve the population in need. Community-based programs are essential to assist individuals in remaining independent and at home for as long as possible. Community providers continue to be an important part of the safety net of services that exist for older adults and adults with disabilities.

Section 3. Description of the Area Agency on Aging

Aging and Adult Services of San Mateo County

Providing Leadership

SMC is perceived as a service-rich County because it houses a broad continuum of services for its residents. In addition to its highly coordinated county-based services, a variety of private non-profit and proprietary agencies respond to all levels of consumer needs. The County, as a subdivision of the State, provides a vast array of services for all its residents. Services include social services, public health protection, housing programs, property tax assessments, tax collection, elections and public safety. The County also provides basic city services for those residents that live in an unincorporated area that is not a city.

The AAS Division of the SMC serves as this County's AAA. AAS, as the AAA in San Mateo County, plans, coordinates, develops programs, and advocates for older adults and adults with disabilities in the County. AAS, located within the Health System, was developed more than twenty years ago to provide comprehensive health and social services to SMC's adults with chronic health care problems. This unique Division was created by bringing together individual adult services from the Social Services, Mental Health, and Coroner/Public Guardian programs in the County to create a single, uniform countywide continuum of care for the chronically ill. The division provides a wide range of services to keep older adults, people with disabilities and dependent adults living safely and as independently as possible in the community.

Since that time, the Division has changed its name from "Long Term Care" to "Aging and Adult Services" to reflect the expanded continuum of services it provides for seniors and adults with disabilities. AAS provides a broad array of programs and services in the areas of advocacy, prevention, support and protection. These include:

- Area Agency on Aging (AAA)
- Commission on Aging
- Commission on Disabilities (CoD)

- Centralized Intake/TIES Line (toll-free Information and Assistance)
- Multidisciplinary 24-hour Response Team
- Adult Protective Services
- Representative Payee
- In-Home Supportive Services (IHSS) /Public Authority
- Case Management Programs-Multipurpose Senior Services Program
- IHSS Advisory Committee
- Public Guardian/Conservator
- Public Administrator

Funding for the Division's programs comes from a variety of sources--State and federal grants, client fees, fines, Realignment Sales Tax, foundation grants, and the County General Fund.

The AAS Centralized Intake Unit serves as a single point of entry for adults into the system of publicly provided services. A single point of intake (1-800-675-8437) makes the County's adult services system more accessible, promotes more comprehensive, holistic assessments of older adults and adults with disabilities, and strengthens the coordination among existing programs. The Centralized Intake Unit consists of a 24-hour telephone line (The TIES Line), an emergency response capability and a multidisciplinary team comprised of professionals with expertise in public health, mental health, adult protective services, issues resulting from drug and alcohol use/misuse and other related services. Staff has expertise in the areas of intake, assessment and short-term case planning.

Organizational Changes within the AAA and AAS

ADHC/CBAS

A new program has been put in place to address the elimination of State funding for ADHCs. The CBAS program is part of a Medi-Cal managed care arrangement with health plans. In SMC, this program will be managed by HPSM. In order to maximize communication and planning, HPSM provided weekly updates and convened meetings with the two ADHCs in SMC as well as AAS and BHRS staff.

Housing-Nursing Facility

Similar to other counties across the State, SMC is experiencing the closing of skilled nursing facilities. A 2010 analysis by the California Association of Health Facilities showed that San Mateo has an average of 1.19 beds per 100 people over the age of 65, while the statewide average is 2.44. The lower number for SMC indicates that statewide there are more than twice as many nursing home beds available for the older population than in San Mateo. Currently SMC has 18 skilled nursing facilities with approximately 1,400 beds available.

The increased cost of providing skilled nursing home care, and low rates of reimbursement is causing operators to consider closing their doors. It is well known that California counties are struggling financially due to increased demand for services, decreased funding from State and federal sources and decreases in revenue in general. In the summer of 2011, Millbrae Serra closed its doors. This facility had 115 beds that served mostly Medi-Cal beneficiaries. SMC is not immune to these financial challenges. In 2011, the Health System secured a consultant to create a comprehensive report on the options available for the 280 bed, County-operated long-term care center. The consultant recommended that the County vacate the Burlingame Long Term Care Center (BLTC) due to building infrastructure concerns and the County's inability to support its operations financially. The SMC Board of Supervisor's voted not to renew the lease for BLTC on February 14, 2012.

As a result of the Board's decision, the Health System is working to transition residents out of BLTC and into appropriate placements. A placement team consisting of representatives from AAS, SMMC, BLTC and BHRS has engaged in creating a strategy for exiting BLTC and have established a shared understanding of responsibilities and processes. The placement team also includes representatives from the community and Ombudsman Services to ensure that the wishes of the resident and family are kept central throughout the process. Executive level leadership from SMMC and the Health System have met with BLTC residents and families to address concerns and to communicate what they can expect during the transition process. In alignment with principles under the Olmstead Act, the placement team is also making a focused effort to systematically assess and facilitate transitions to lower levels of care with supports if appropriate.

Public Administrator

AAS acquired the Public Administrator Program from another County department on July 1, 2011. Due to the similarities of the functions of the Public Guardian Program and Public Administrator Program, administrative efficiencies were created by combining the two programs. These efficiencies will be reflected to the public through seamless distributions of decedent estates. The Public Administrator Program serves the public by investigating and administering the estates of persons who die without a will or an appropriate person willing or able to act as the administrator. The Public Administrator acts under the authority of the Superior Court.

The Public Administrator's primary duties are to:

- Protect the decedent's property from waste, loss or theft.
- Make appropriate burial arrangements.
- Conduct thorough investigations to discover all assets.
- Liquidate assets at public sale or distribute assets to heirs.
- Pay the decedent's bills and taxes.
- Locate persons entitled to inherit from the estate and ensure that these individuals receive their inheritance.

Developing Community-Based Systems to Support Independence and Protect the Quality of Life of Older Individuals, Adults with Disabilities, and their Caregivers

Long-Term Care Integration (LTCI)

SMC in partnership with the HPSM, continues to take steps towards LTCI. LTCI proposes to improve the delivery of services for older adults and adults with disabilities in SMC. The goal of LTCI is to provide integrated person-centered care, which would lead to improved health and quality of life for older adults and adults with disabilities across the County. By allowing greater access to home- and community-based services, it is expected that lower numbers of people will move to nursing homes prematurely. HPSM and AAS will continue to collaborate to build a sustainable model of LTCI in SMC.

The core concepts of LTCI are to:

1. Emphasize home- and community-based services to allow individuals to remain in a community setting.
2. Consolidate preventative, acute, long-term, and home- and community-based services and funding.
3. Allow for more local control and flexibility.
4. Eliminate administrative duplication and complexity.
5. Enhance assessment, care planning, and medical management.
6. Establish smooth and appropriate transitions between levels of care.
7. Reinvest savings back into SMC.
8. Improve service delivery and access to care.

Community Service Areas within San Mateo County

The County's system of care targets three levels of consumers— those who are independent, those needing assistance to remain independent and those who are unable to live independently and are in long-term care facilities. In an effort to ensure that individuals throughout SMC have access to a variety of services at the appropriate level of care, the County has been divided into four community-service areas. Each community-service area has a unique geographic and demographic composition, as well as unique needs requiring a specific mix of services.

Community Service Areas were designated based on the following five criteria:

1. Geographic boundaries and identified barriers
2. Ethnic and cultural areas
3. Population density
4. Transportation accessibility
5. Identified areas where the community looks for services
    a. Commerce centers
    b. Professional service centers
    c. Existing focal points for services

The following list identifies the cities located within each community service area

COMMUNITY SERVICE AREA I (NORTH COUNTY)		
Daly City	Pacifica	South San Francisco
Colma	Brisbane	San Bruno
COMMUNITY SERVICE AREA II (CENTRAL COUNTY)		
Millbrae	Burlingame	Hillsborough
San Mateo	Foster City	
COMMUNITY SERVICE AREA III (SOUTH COUNTY)		
Belmont	San Carlos	Redwood City
Woodside	Atherton	Menlo park
Portola Valley	East Palo Alto	
COMMUNITY SERVICE AREA IV (COASTSIDE)		
Montara	Moss Beach	El Granada
Half Moon Bay	San Gregorio	Loma Mar
Pescadero	La Honda	Princeton-by-the-Sea

Promoting the of Involvement of Older Adults, Adults with Disabilities and Their Caregivers in Developing Community-Based Systems of Care

Advisory Bodies

AAS has three formal advisory bodies, the CoA, CoD, and the IHSS Advisory Committee. The CoA and CoD each consist of 21 members and advises AAS on a wide variety of issues relating to their constituent groups. The Commissions are composed of older adults, service providers and other interested persons that are appointed by the Board of Supervisors to represent the interests of the older adults and adults with disabilities in SMC. The CoA acts as an advisor to AAS and the Board of Supervisors, in compliance with the OAA and the Older Californians Act, to improve the quality of life for older adults through promotion of self-sufficiency, mental and physical health and the involvement of older adults in the development of public policy. Similarly, the CoD works to create opportunities and coordinate resources that promote full participation of adults with disabilities in the community as well as involve adults with disabilities in the development of public policy. The IHSS Advisory Committee is an eleven member body that meets and confers with the Public Authority to provide input on the administration of the IHSS Program. These three advisory groups provide an ongoing opportunity for consumers and interested community advocates to influence and participate in the development of public policy.

Developing the Service Delivery System of Goals for the AAA and Other Service Delivery Systems

New Beginning Coalition

The New Beginning Coalition (NBC) is a broad-based group of consumers and providers whose mission is to improve the quality of life of SMC's diverse population of older adults and adults with disabilities. The NBC meets three times a year. The group is responsible for the long-range planning of a continuum of services, community education and advocacy efforts that include the participation of a wide range of individuals and organizations. The purpose of this coalition is to implement the goal-based strategic planning approach across the system of services in SMC. The AAA uses a cooperative and participatory process in setting and accomplishing goals. All participants should feel a sense of ownership over the final plan. Projects will be determined by the Area Plan. As projects are completed for the plan goals, the Area Plan will be informed, and new projects will be created to fill gaps in service. The Area Plan is a central document that describes the current situation of the AAA, its future directions and methods by which it will reach its goals. The Plan will be used as a benchmark for success. Select members of the NBC, the Steering Committee, have the responsibility of oversight of the NBC and the Area Plan implementation. Specific activities include analyzing data to assist in the setting of goals and monitoring and evaluating activities of the workgroups that will inform the Plan.

Through their participation, all NBC members have the opportunity to stay informed about issues and resources, collaborate, as well as work toward closing gaps in the service-delivery system. NBC members may also participate in planning projects,

convening workgroups, providing services and/or assessing community needs. Smaller committees (workgroups) meet in order to complete objectives that will be based on projects generated from the Plan's goals. These projects will be agreed upon by the Steering Committee. The workgroups will continue to meet until the projects are completed and then disband. Committees are expected to meet until projects are completed. Once the objective has been completed, members can then choose to join other workgroups to assist in completing that objective.

See Attachment 3 for a visual of the meeting structure and an explanation of how the structure functions.

Other Service Deliver Systems: Services within San Mateo County

Human Services Agency

The County's Human Services Agency provides services to the adult population that compliment the continuum of adult services provided by the County's AAS Division. Its mission is to assist individuals and families to achieve economic self-sufficiency, promote community and family strength and to ensure child safety and well-being. Values include: community-based and client focused, learning practices throughout the organization; excellence in providing quality human services that value and support their clients, community partners, and employees for their skills, knowledge and commitment; accountability that encourages the highest standards of ethical conduct and honesty; and respecting and honoring the diversity, rights and dignity of each other and those they serve.

Behavioral Health and Recovery Services

The County's BHRS Division provides a broad range of services to people with mental illness and substance abuse issues in the County. Priority populations include seriously mentally ill adults and children, older adults at risk of institutionalization, children in special education or at risk of out-of-home placement and people of any age in major crisis.

The Division is responsible for providing needed mental health services to all individuals who are eligible for Medi-Cal under a managed care plan called the Mental Health Plan (MHP). The Division serves over 10,000 clients through outpatient service centers in Daly City, San Mateo, the Coastside, Redwood City and East Palo Alto, in school-based locations, and through a network of community agencies and independent providers. These County and community resources provide outpatient services, residential treatment, rehabilitation and other services for adults and children.

The Division operates the Cordilleras Mental Health Center, a 120-bed skilled nursing facility in Redwood City, through a contract with Telecare Corporation.

Through BHRS, the Older Adult System of Integrated Services (OASIS) is operated. OASIS provides community-based mental health services to older adults primarily at

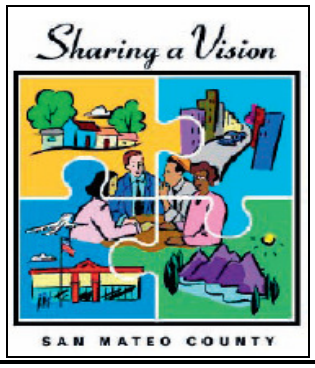
their place of residence. Services include medication evaluation and monitoring, case management, and counseling. Services are available to SMC residents age 60 and over who are dealing with mental health issues that impact their day-to-day functioning. The team is staffed with language capacity in Spanish, Mandarin, and Cantonese. OASIS also provides services for older adults and medically fragile adults through an intensive 24-hour, 7-day per week service model. This Older Adult/Medically Fragile Full Service Partnership prioritizes services for the uninsured with serious mental illness and individuals with Medi-Cal and Medicare Care Advantage through HPSM. Services under OASIS' peer counseling program target the Spanish, Chinese, and Tagalog-speaking communities. Most recently, services are also being offered to LGBT communities.

All services are aimed at helping individuals with mental illness maintain their independence and helping children with serious emotional problems become educated and stay with their families. The Division is advised by the Mental Health and Substance Abuse Recovery Commission.

Community-Based Organizations (CBOs)

In addition to its in-house programs, AAS currently contracts with CBOs that work in partnership with the County to provide a coordinated system of care for older adults and adults with disabilities. Together they provide an array of community and institutionally-based long-term care services available to at-risk individuals residing in SMC. OAA-funded programs include ADCs, ADHCs, a variety of Case Management programs, Congregate Nutrition, Family Caregiver Support, Health Promotion/Medication Management, HICAP, the Home-Delivered Meal Program, Long-Term Care Ombudsman, Senior Employment, Senior Legal Assistance, Senior Peer Counseling (in Spanish), and Transportation. Other AAS contracted services not funded by OAA include OT home evaluation, home health, infusion services, Lifeline (medical alert system), and taxi services for medical and other appointments.

Section 4: The Planning Process/ Establishing Priorities



The Planning Process

Planning is an ongoing process in SMC. Numerous meetings with providers and consumers serve as vehicles for input regarding the issues facing older adults and adults with disabilities in SMC. In addition, special events may be undertaken periodically to provide opportunities for addressing specific issues or concerns.

The New Beginning Coalition

As outlined in Section 3: Description of the AAA, the NBC is a broad-based group of consumers and providers whose mission is to improve the quality of life of SMC's diverse population of older adults and adults with disabilities. Currently, the NBC membership consists of 75 members that include AAS staff, staff from other County programs (including the San Mateo Medical Center's Senior Care Center), community-service providers for older adults and adults with disabilities, (those that have contracts with the AAA and those that do not), Commissioners from CoA and CoD, members of Boards/Commission outside of the AAA, staff from local government that provide services for older adults, for-profit home care providers and other interested community members from the public. The NBC, along with the Area Plan, is part of the SMC Healthy Communities Initiatives of the Shared Vision 2025 for San Mateo County, which is the Board of Supervisors' visioning process for the future of San Mateo County. The NBC falls under one of the broad outcomes expressed by the community visioning process. The outcome of "Healthy" is a vision that our neighborhoods are safe and provide residents with access to quality healthcare and seamless services.

The NBC conducts the planning process, establishes priorities, and provides opportunities for public involvement through long-range planning, coordination, and advocacy efforts that include the ongoing participation of a wide range of organizations and diverse community representatives. In planning, it is important to remember that the ideal service delivery system is integrated and flexible, based on the functional

needs of individual consumers, without artificial constraints posed by funding sources. It is consumer-driven, incorporating consumer participation and choice. The focus of NBC continues to be on systems development with a proactive orientation. The primary vehicle for achieving this end is the development of a long-range plan for a continuum of services that is responsive to the needs of its consumers and acknowledges and incorporates the diversity that exists in SMC. This Strategic Plan serves as a blueprint for all other plans regarding older adults and adults with disabilities.

Currently, NBC workgroups or other collaboratives implementing aspects of Area Plan goals are:

- Active Access Initiative Collaborative
- Adult Abuse Prevention Collaborative
- BHRS Older Adult Committee
- CoA Committees
- CoD, including the ADA Compliance Committee
- Community-Based Continuum of Care
- Cultural Competence Committee
- Fall Prevention Task Force of SMC
- PRIDE Initiative (led by BHRS staff and consists of individuals who are concerned about the well-being of the LGBTQQ communities in San Mateo County)
- SamTrans Senior Mobility Initiative.

It is expected that some of these workgroups, collaboratives, or its members will continue to work to implement the new Area Plan. New workgroups may form as needed to implement the FY 2012-2016 Area Plan goals.

AAS staff worked with the NBC Transitional Steering Committee (TSC), from the end of February 2010 through June 2011 to oversee the implementation of the current strategic plan. The TSC developed a governance structure for the Steering Committee that was finalized in November 2010 and was presented at the NBC meeting in January 2011. The governance structure identifies:

- The Steering Committee role with respect to the Area Plan's goals and objectives
- Their role in partnership with AAS
- The make-up of the committee
- How committee members would be selected, member commitment, member requirements and evaluation

The TSC developed documents for Steering Committee members to evaluate the committee as well as a self-evaluation of member participation in the committee. Nominations for the Steering Committee opened in March 2011 for a term that would start on July 1, 2011. For continuity and ease of transition, it was decided that at least two current TSC members would become part of the Steering Committee the first year.

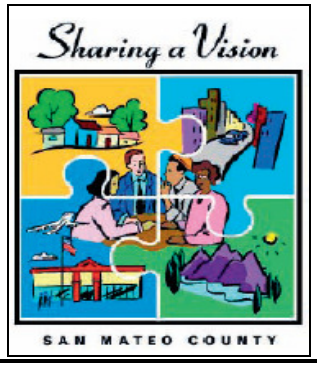
Currently, the Steering Committee has nine members, including three AAS staff, which includes the Health Services Manager, the AAS Management Analyst, and the AAS Planner. The rest of the membership is made up of one member from the CoA, one member from the CoD, three providers with contracts with the AAA, and one community service provider involved with transportation at a County level. This Committee's first task was to work on the development of the Area Plan for FY 2012-2016, starting with the development of the needs assessment.

The NBC meetings were scheduled every three months in January, May, and September 2011. The first meeting of 2012 was conducted in January and the meetings for 2012 are expected to follow the same schedule established in 2011. NBC meetings covered the following topics in 2011:

- January-discussion on coordinating a seamless system of care (Goal #3 in Area Plan FY 11-12), how to address this goal, and best practices and successful strategies
- May-Economic Workgroup update (Goal #4 in Area Plan FY 11-12) and provider assessment of client/community needs
- September-Cultural Competence workgroup update (Goal #2 Area Plan FY 11-12) and discussion, and needs assessment implementation discussion

For January 2012, the NBC meeting involved the development of goals, objectives, and activities for the Area Plan FY 2012-2016 based on the data from the community and stakeholder needs assessments.

Section 5: Needs Assessments



Processes and Methods

Needs Assessment Survey Development

In collaboration with the NBC Steering Committee, the development of the older adults and adults with disabilities survey started in July 2011. The survey questions were based on the California Department of Aging Core Questionnaire (May 2000). Questions were changed or added to the Core Questionnaire that would elicit responses from targeted communities such as the LGBT population, Baby Boomers not yet 60 years old and low-come individuals. In order to be inclusive of the LGBTQQ community for the Area Plan needs assessment, the NBC Steering Committee included questions with expanded choices for gender and sexuality. The PRIDE Initiative was consulted on the wording of these questions. PRIDE gave suggestions about the income question as well. This question was changed from "I am married and our combined 2010 monthly income before taxes was" to "I am married or have a domestic partner and our combined 2010 monthly income before taxes was". PRIDE was kept informed about the progress of the needs assessment and was consulted about what venues to use in order to have the survey reach the LGBTQQ community.

An example of a change was the income questions that were changed to incorporate the use of the Elder Economic Standard Index. This was done in order to be more inclusive of survey respondents that may not meet Federal Poverty Guidelines but are still low-income based on the cost of living in San Mateo County.

Key stakeholders that provide services for targeted communities were sought as advisory groups in order to assist in the development and implementation of the survey and later for the development of goals and objectives. Stakeholders included the PRIDE Initiative (to be inclusive of the LGBT community), BHRS' Older Adult Committee (for mental health issues or questions), the San Mateo County Oral Health Committee (to be inclusive of the oral health needs of older adults), and various NBC workgroups including the Community-Based Continuum of Care (for LTC needs) and

the Cultural Competence workgroup. The Adult Abuse Prevention Collaborative was the resource for elder abuse prevention issues.

Inclusion of LGBTQQ Older Adults as a Vulnerable Population

Peninsula Family Service continues to be one of the AAA's contracted providers. Their senior peer counseling program includes services for the LGBT community. The LGBT senior peer counseling coordinator was an active member of PRIDE and most recently in the NBC Cultural Competence Committee. The coordinator took the surveys to implement with the LGBTQQ senior peer counselors and their clients. Once the survey results were compiled, the Planner returned to the LGBT senior peer counseling program staff, including the senior peer counselors, in order to get their input on the development of goals and objectives for the LGBT community.

Needs Assessment Survey Format

The survey was available in hard copy and on-line (through Survey Monkey and the AAS website). The surveys were coded in order to track distribution. To address SMC's diversity, the survey was translated in Russian, Spanish, Tagalog, and Tongan.

Needs Assessment Survey Implementation

NBC Steering Committee members piloted the survey before it was implemented in the community. Once ready for implementation, the survey was distributed through existing connections, such as the NBC membership, the CoA's Adopt-a-Senior Center Committee, HPSM (for their members), Daly City ACCESS, senior housing sites, and programs that serve older adults, adults with disabilities, and their caregivers. Target groups for the needs assessment included: older adults that belong to ethnic/racial minorities, those whose first language was not English, those who were homebound and/or isolated, those who are low-income and members of the LGBT community. Other targeted groups were older adult caregivers and adults with disabilities.

Needs Assessment Survey Distribution

In order to reach low-income older adults, areas in the County that have a higher percentage of low-income residents (such as the city of East Palo Alto, the northern area of the city of San Mateo, and the North Fair Oaks area of Redwood City) were targeted for survey distribution. Organizations that serve a low-income community were sought out to assist in distributing surveys to their clients. For older adults that are limited English-speaking, organizations that serve these communities were targeted for survey distribution. San Mateo County's most rural area is on the Coast. Outreach for survey distribution included the organizations that serve this area, including Coastside ADHC and Lesley Senior Communities (senior housing).

Sites, organizations, and committees where surveys were distributed include:

Community Events

- Foster City Health Fair

- Seniors on the Move Conference
- San Mateo County Cultural Fair
- Universal Sisters Women's Health Conference

Organizations/Programs

- AAS (including IHSS Orientations)
- Barbara Mouton Multicultural Wellness Center
- Belmont Senior Center (Congregate Meal Program)
- City of Daly City (Congregate Meal Program)
- Coastside ADHC
- Cordilleras Mental Health Services
- East Palo Alto Senior Center (Congregate Meal Program)
- Fair Oak Senior Center (Congregate Meal Program)
- Foster City Senior Center
- HICAP
- Lincoln Community Center (Congregate Meal Program)
- Magnolia Senior Center
- Martin Luther King Jr. Center (Congregate Meal Program)
- Menlo Park Senior Center (Congregate Meal Program)
- Mills-Peninsula Foster Grandparent and Senior Companion Programs
- OASIS
- Pacifica Senior Center (Congregate and Home-Delivered Meal Programs)
- Peninsula Jewish Community Center
- Peninsula Vet Center (Veterans Affairs)
- Peninsula Volunteers (Home-Delivered Meal Program)
- San Mateo County Edison Sexually Transmitted Disease (STD) Clinic/Mobile Clinic/HIV Testing Van
- San Mateo Medical Center Ron Robinson Senior Care Center
- San Mateo Senior Center
- Second Harvest Food Bank (Brown Bag)
- Self Help for the Elderly (Congregate and Home-Delivered Meal Programs)
- Senior Focus ADHC

Coalitions, Committees, Collaboratives, and Associations

- CoA General Meeting
- SMC Oral Health Coalition
- Fall Prevention Task Force
- CoD General Meeting
- NBC Coalition
- Native American Collaboration of American Indian Resources
- African American Health Advisory Council
- Department of Rehabilitation Partners
- Adult Abuse Prevention Collaborative

- OAA AAA Contracted Providers
- SMC Retired Personnel Association
- Daly City ACCESS
- SMC Retired Seniors Volunteer Program (RSVP)

Churches

- San Mateo Congregational Church
- San Mateo Community Baptist Church
- Immaculate Heart of Mary Church
- San Bruno Chinese Church

Senior Housing

- Lesley Towers/Lesley Plaza (Senior Communities)
- Edgewater Isle
- Mid-Pen Housing (affordable housing)

Needs Assessment Results

Area Plan Survey of Older Adults and Adults with Disabilities

There were over 5,900 surveys distributed with a 31% response rate. Ninety-five percent of the total surveys received were hard copies that were then entered into Survey Monkey by AAS staff, which indicate that 5% of respondents went on-line to complete the survey. Copies of the surveys were received from a total of three community events; twenty-eight organizations; nine coalitions, committees, collaboratives, and associations; and two churches. The number of hard copies of the survey that were returned in the different languages were: Chinese-109, Russian-20, Spanish-65, Tagalog-31, and Tongan-12. The NBC Steering Committee discussed the possibility of focus groups being conducted in the future for communities that did not respond in great numbers.

The survey results, in order of the questions as they appeared on the Area Plan survey, are as follow:

Most respondents (99%) answered what their age was, the majority (35%) being between the ages of 75-84 years old. Since there was not a question pertaining to disabilities and the survey was distributed by those agencies working with adults with disabilities (under the age of 60), it is expected that the 4% of respondents that are under the age of 55 are adults with disabilities (See Figure 25).

Figure 25

Age:		
Answer Options	**Response Percent**	**Response Count**
Under 55	4.4%	70
55-64 years	12.1%	194
65-74 years	28.7%	460
75-84 years	35.4%	568
85-94 years	18.1%	291
95 or more	1.4%	22
	answered question	**1605**
	skipped question	**19**

More women (69%) than men (31%) answered the survey. This is a higher percentage than the County population of 56% for females and 44% for men over the age of 60 (See Figure 26). The gender question received both negative and positive responses from providers and community alike because of the expansion of categories besides male and female.

Figure 26

Gender:		
Answer Options	**Response Percent**	**Response Count**
Male	31.1%	494
Female	68.8%	1094
Intersex	0.1%	2
Transsexual	0.0%	0
Transgender	0.0%	0
Other (please specify)		2
	answered question	**1590**
	skipped question	**34**

The sexual orientation question received mixed reactions from the community. Similar to the gender question, there were both positive and negative comments received from providers and community because of the expanded answer options. Comments were received verbally as well as in writing on the surveys. As can be noted from the responses, significantly more people skipped this question than the gender question. Twenty-nine people answered they were either questioning, gay, bisexual or lesbian, with most of the respondents stating they were gay. Ninety-eight percent of the respondents answered that they were straight/heterosexual (See Figure 27).

Figure 27

Sexual orientation:		
Answer Options	**Response Percent**	**Response Count**
Straight/Heterosexual	98.0%	1397
Questioning	0.4%	6
Gay	0.8%	11
Bisexual	0.4%	6
Lesbian	0.4%	6
	answered question	**1426**
	skipped question	**198**

Sixty-two percent of the respondents stated that their primary language was English. The next highest primary language was Mandarin, at 11%. Thirty-eight percent of the respondents have a primary language other than English. The percentages are close to what would be expected when compared to figures for the entire County. For example, 37% of the population aged 65 years and older in San Mateo County speaks another language in the home besides English. Ten percent of the respondents speak Spanish and 18% speak Asian and Pacific Islander languages (See Figure 28).

Figure 28

Primary Language		
Answer Options	**Response Percent**	**Response Count**
English	62.4%	977
Spanish	9.9%	155
Tagalog	9.5%	148
Mandarin	11.2%	175
Cantonese	4.0%	63
Tongan	1.0%	15
Russian	2.1%	33
Other (specify language)		87
	answered question	**1566**
	skipped question	**58**

Fifty percent of the respondents stated that they were White (See Figure 29). Fifty-nine percent answered another race/ethnicity. Some respondents answered more than one race/ethnicity. The respondents of the minority/ethnic communities are actually over-represented in the survey when comparing survey respondents to the population in SMC. Survey respondents in comparison to those 60 and over in the total population in the County are: Hispanic/Latino-15% (12% in the County), White-50% (61% in the County), African-American-7.3 (3.1% the County), American Indian/Alaskan Native-1.0% (.3% in the County), Asian/Filipinos-33% (22% in survey), Native Hawaiians/Other Pacific Islanders-2.2% (2.5% in the County). Of the respondents that stated they were

Spanish/Hispanic/Latino and answered the question as to what ethnic group they were, 43% stated Mexican, 31% Central American, 12% South American, and 13% other. These percentages mirror the overall population in SMC.

Figure 29

Racial/ethnic group:		
Answer Options	**Response Percent**	**Response Count**
Spanish/Hispanic/Latino	14.9%	237
White	50.4%	799
Black/African American	7.3%	116
American Indian or Alaskan Native	1.0%	16
Asian Indian	0.6%	9
Chinese	18.0%	286
Filipino	11.5%	182
Japanese	2.2%	35
Korean	0.2%	3
Vietnamese	0.3%	4
Other Asian	0.7%	11
Native Hawaiian	0.3%	4
Guamanian or Chamorro	0.0%	0
Samoan	0.6%	9
Tongan	1.1%	18
Other Pacific Islander	0.2%	3
Other Race (please specify)		56
	answered question	**1586**
	skipped question	**38**

Parallel to the gender and sexual orientation questions, when asked about income, respondents were hesitant. Some respondents indicated that they did not feel comfortable giving their income even though the survey was anonymous. A community member called to specifically ask whether he needed to answer the income question because he was worried about identity theft. Respondents that expressed concerns about answering this question were reassured that their responses were anonymous. The majority of the survey respondents that are married or have a domestic partner (26%) stated their income monthly income was $0-$1,226. The second highest percentage is 21% for those with a monthly income of $4,153 and above. On the survey, the first four answer choices listed the Federal Poverty Guidelines for a couple. The subsequent four categories incorporated the Elder Index for 2009 for SMC for a couple. Results indicated that there is a high percentage of older adults that do not have enough money to meet basic needs. Considering that the Elder Index is higher than the FPL, it can be assumed that 52% of the survey respondents do not have enough money monthly to meet basic needs living in SMC (See Figure 30).

Figure 30

Married or have a domestic partner and combined 2010 monthly income before taxes was:		
Answer Options	**Response Percent**	**Response Count**
$0 to $1,226	25.6%	144
$1,227 to $1,532	17.8%	100
$1,533 to $1,655	4.6%	26
$1,656 to $1,839	3.7%	21
$1,840 to $2,198	4.3%	24
$2,199 to $3,037	13.5%	76
$3,038 to $4,152	9.8%	55
$4,153 to above	20.8%	117
answered question		563
skipped question		1061

Fifty-five percent of survey respondents rent and 45% own their residence. These numbers more closely reflect data for the entire population of the County as opposed to older adults. The 2006-2010 ACS Survey 5-Year Estimates state that in SMC, 61% of housing is owner owned and 39% are rented. For the population over 60 years of age and over, 79% are home owners and 22% are renters. The majority of survey respondents were lower-income renters (See Figure 31).

Figure 31

Single and 2010 monthly income before taxes was:		
Answer Options	**Response Percent**	**Response Count**
$0 to $908	35.7%	271
$909 to $1,134	17.4%	132
$1,135 to $1,225	5.7%	43
$1,226 to $1,361	5.0%	38
$1,362 to $1,470	4.3%	33
$1,471 to $2,309	15.8%	120
$2,310 to $3,424	6.8%	52
$3,425 to above	9.3%	71
answered question		760
skipped question		864

Fifty-five percent of survey respondents rent and 45% own their residence. These numbers more closely reflect data for the entire population of the County as opposed to older adults. The 2006-2010 ACS Survey 5-Year Estimates state that in SMC, owner occupied housing units are 61% and 39% are renter-occupied housing units. For the population over 60 years of age and over, 79% are home owners and 22% are renters. The survey data appears to be more reflective of a lower-income population that tends to rent rather than own their residence (See Figure 32).

Figure 32

Housing:		
Answer Options	**Response Percent**	**Response Count**
Rent	55.0%	727
Own my residence	45.0%	594
	answered question	**1321**
	skipped question	**303**

Forty-nine percent of the survey respondents live in a house and 35% live in an apartment (See Figure 33).

Figure 33

Housing Unit:		
Answer Options	**Response Percent**	**Response Count**
House	48.9%	661
Condominium/Townhouse	5.9%	80
Apartment	35.2%	476
Mobile home/trailer	1.7%	23
Motel/Hotel	0.4%	5
Boarding house/board and room	3.6%	48
Board and care/residential care home	2.5%	34
Assisted living facility	1.7%	23
No residence	0.1%	1
Other (please specify)		47
	answered question	**1351**
	skipped question	**273**

Forty-seven percent of the respondents use public transportation. The high percentage of usage points to the importance of public transportation for the low-income population (See Figure 34).

Figure 34

Public Transportation:		
Answer Options	**Response Percent**	**Response Count**
Yes	46.9%	690
No	53.1%	780
	answered question	**1470**
	skipped question	**154**

Most survey respondents, 44%, find public transportation easy to use (See Figure 35). The next highest percentage (28%) was for those that found public transportation difficult to use. Interesting responses for public transportation included those that answered that they do not use public transportation but they find it easy to use or those that stated they do not use public transportation but noted they use BART (Bay Area Rapid Transit system).

Figure 35

I find public transportation where I live:		
Answer Options	**Response Percent**	**Response Count**
Easy to use	43.9%	566
Difficult to use	28.2%	363
Not available in my area	5.8%	75
Does not apply	22.5%	290
	answered question	**1289**
	skipped question	**335**

Forty-one percent of the survey respondents live alone. This survey data is consistent with census data population for those over 60 that live alone (39%). See Figure 36.

Figure 36

I live alone:		
Answer Options	**Response Percent**	**Response Count**
Yes	40.6%	591
No	59.4%	866
	answered question	**1457**
	skipped question	**167**

A question was added to the CDA core questionnaire to inquire about social activities (See Figure 37). Most survey respondents (52%) attend adult/senior community centers, followed by family gatherings (46%), and church/congregation events (38%). Since an older population responded to the survey, this may denote that an older population is frequenting senior centers. The large percentage could account for where the surveys were distributed since many senior centers did distribute the surveys. CoA Commissioners, including members of the Adopt-a-Senior Center committee, assisted with the distribution of surveys in the senior centers.

Figure 37

Social Activities		
Answer Options	**Response Percent**	**Response Count**
Adult Day Care/Adult Day Health Centers	11.8%	152
Adult/Senior Community Centers	51.7%	667
Church/Congregation Events	38.3%	494
Ethnic Clubs	5.1%	66
Service Clubs	7.5%	97
Social Clubs	13.3%	171
Family Gatherings	45.8%	591
An organization/place where I volunteer	21.3%	274
Other Social Event (please specify)		105
	answered question	**1289**
	skipped question	**335**

The next question asked about difficulty with ADLs (self-care activities) and IADLs (complex skills needed to successfully live independently). Respondents were asked if they had: 1) “no difficulty”, 2) “minor difficulty”, 3) “serious difficulty”, or 4) were “unable to do activities” that would allow one to remain independent. Most of the respondents stated they had no difficulty or had minor difficulties with tasks. Of those that stated they had serious difficulty with the activities, the highest responses were received for heavy housework (17%), walking (12%), transportation (8%), preparing meals (8%), and shopping for personal items (8%). Of the individuals who that stated they were unable to do certain activities: 1) 23% stated heavy housework, 2) 17% stated transportation, 3) 14% stated shopping for personal items, 4) 13% stated preparing meals, 5) 13% stated doing light housework, and 6) 12% stated medication management.

For the question pertaining to the activities with which they had difficulty, respondents were asked to indicate who assisted them. The answer choices were “spouse”, “other relative”, “friend”, “agency volunteer”, “paid worker”, or “no one”. Most respondents stated that no one assisted them. For those that indicated that someone helped them, below is a list of relationship and activity (in descending order):

1. Spouses- preparing meals, doing heavy housework, managing money, shopping, doing light housework, and transportation

2. Other relative- transportation, heavy housework, shopping, managing money, light housework, and preparing meals
3. Paid worker- heavy housework, light housework, preparing meals, transportation, and bathing.
4. Accidents in the home
5. Employment
6. Money to live on
7. Crime
8. Taking care of another person (adult)
9. Household chores
10. Transportation and Obtaining information about services/benefits tied
11. Taking care of another person (child)
12. Isolation
13. Receiving services/benefits.

The last question in the assessment asked if the respondent was filling out the survey on behalf of someone else. Eighty-one percent of the respondents stated they were not filling out the survey on behalf of someone else The NBC Steering Committee recommended adding this question since some older adults may need assistance filling out the survey and/or some would have a relative or caregiver fill out the survey for them.

Needs Assessment: Stakeholder Forums

Five stakeholder forums were held that included the following groups: NBC Coalition members, AAS staff as well as CoA and CoD Commissioners. Stakeholders were given the list of issues which were adopted from the California Department of Adult and Aging Populations Core Questionnaire (May 2000). Stakeholders were asked to vote for the top five issues that they believed were affecting their community and/or their clients. Once the votes were tallied, discussion groups were based on the issues that received the most votes. Stakeholders were asked to pick a discussion group on the issue of their choosing. The discussion groups focused on the following questions:

- Who was their community/clients
- What they saw as issues for their community/clients
- What services exist to address the needs for their community/clients
- What barriers exist to prevent access to services
- Was there an unmet need and were there under-utilized services with respect to the issue their discussion group was focusing on.

All of the survey choices were deemed by stakeholders to be an issue for the clients/community they served. The issues that were discussed in the stakeholder groups are bolded and in italics below:

- Crime
- Employment
- Energy/Utilities
- Obtaining Information about Services/Benefits
- ***Receiving Services/Benefits***
- ***Healthcare***
- ***Housing***
- Legal Affairs
- Loneliness
- ***Money to Live On***
- ***Nutrition/food***
- Taking Care of Another Person (adult)
- Taking Care of Another Person (child)
- ***Transportation***
- Household Chores
- ***Isolation***
- Accidents in the home.

Other issues that were mentioned but not included on the list of needs from the survey were: personal care, adult day care, and long-term care/paying for custodial care. The issues that were discussed in each stakeholder forum were from each group's top list of needs. Overall, the results of the stakeholder forums indicate that older adults in this community are struggling to meet basic needs of food, shelter, and medical care. Specific populations of older adults that were mentioned are those that are low-income, those needing assistance in a language other than English, those that are isolated or homebound, and the LGBT community. There are many services that are available to assist low-income older adults but the community lacks the knowledge, the language ability, or transportation to get the needed services. Fear of losing independence, stigma about asking for help (including cultural implications), or lack of trust may impede older adults from seeking services. Based on survey results, there appears to be a need to have services that are responsive to populations from cultures that may have different values and beliefs . There is a concern about resources dwindling because of budget restrictions. While the needs of the community are increasing, because of fiscal limitations, organizations are needing to reduce programs and/or staffing.

The CoA stakeholder forum highlighted the healthcare needs of older adults who are in the middle-income brackets. Many in this income bracket have to continue working to keep their health benefits since healthcare assistance programs for those in the middle-income brackets are not available. For this population, there is also a need to offer more information about the different healthcare programs, such as Medicare, and how other programs, such as SSI would impact benefits. Financing LTC needs is another

issue of concern. Besides the healthcare needs of the middle-income bracket, the healthcare needs of the population that lives in the county but do not qualify for existing programs due to residency requirements was also an expressed concern of the CoA.

The stakeholder forum of the CoD addressed the needs for adults with disabilities and focused on transportation issues since many in the community are unable to drive. The forum indicated that there is a lack of accessible transportation services. The discussion was mostly about public transportation, with an emphasis on the paratransit services in the County. Forum participants stated that public transportation, specifically fixed route buses, are not very accommodating to those in wheelchairs. Buses may not stop for someone in a wheelchair because they do not have the time or the space to accommodate the would-be rider. Stakeholders also expressed issues with drivers not honoring discount cards and not asking other riders to give up their seats for those needing accessible spaces on the bus. A number of other issues were mentioned about the County's paratransit services, including not being responsive to riders' requests and curb-to-door services not being available.

The stakeholder needs of organizations that provide services for older adults and adults with disabilities were also discussed in a forum with the NBC. As it is well-known that the community is in need of more information about services, providers discussed the importance of seeking new, innovative ways to promote their programs in the community. The NBC stakeholder forum included a discussion of who is missing from the NBC meetings that would be key to addressing the issues such as transportation and housing.

From all the stakeholder forums it was evident that there is a need for greater collaboration amongst all stakeholder groups. More importantly though, was the consistency of needs expressed in the stakeholder forums regarding the top concerns for the community. These concerns mirrored the items from the older adult/adults with disabilities survey. One exception was that "accidents in the home" was the top issue for older adults/adults with disabilities while it was not ranked at the top in the stakeholder forums. See Attachment 4 for discussion results from the stakeholder forums.

AAA Needs Assessment Findings: Priorities, Goals, and Objectives

At the January NBC Steering Committee meeting, there was a preliminary report on current survey data. Proposed goals, objectives, and activities developed by the Planner were reviewed. Suggested changes were made. Following group discussion, it was decided that it was preferable to have less goals (e.g., the current Area Plan has 8) and that some of the issues in current goals could be incorporated as objectives in several goals (i.e. elder abuse). Planning for the goals and objectives continued at the following NBC membership meeting in late January.

The January 2012 NBC Coalition member meeting included: a review of the current Area Plan FY 11-12 goals, Area Plan timeline, survey findings to date, comparison of needs (by providers, Commissioners, and the Community), and the continued development of the goals/objectives/activities. The group was divided into 5 groups and

each group was asked to: 1) decide if they agree on the goals, 2) discuss what issue/topic/concern should be included in each of the goals, 3) determine if there was an objective that was missing, and 4) develop activities under each objective. Following the meeting, the evaluation included questions on:

- What members would like with respect to the current Area Plan goals,
- The needs assessment data they want to know more about,
- What other information they would like about the Area Plan,
- How they want to be informed about the development of the Area Plan,
- How the NBC Steering Committee can encourage their continued participation in the development of the Area Plan,
- What they would like to see as next steps in the implementation of the Area Plan, and
- What other comments they have for the NBC Steering Committee about the NBC meetings and the progress in the development of the Area Plan.

The February NBC Steering Committee meeting included a review of the survey data and input from the January 2012 NBC member meeting. Based on the needs assessment data reviewed, the Steering Committee helped to develop the AAA's priorities, goals and objectives. Throughout FY 2012-2016 changes to the Area plan will continue in collaboration with NBC.

Future Needs Assessments: LTC Survey

The LTC survey is to be implemented with the assistance of the Ombudsman Services program. Due to Ombudsman staff being impacted by the imminent closure of the Burlingame Long-Term Care Center, the implementation of the LTC survey originally expected in January has been delayed.

Community Needs Assessments: Secondary Data

Information from the following San Mateo County data sources was used in the development of this Area Plan:

San Mateo County Aging Model: Better Planning for Tomorrow
In order to systematically plan for the demographic changes in San Mateo County, representatives from the San Mateo Health Department, Department of Housing, San Mateo Transit District, Health Plan of San Mateo, SMMC and the COA collaborated to create the San Mateo County Aging Model: Better Planning for Tomorrow that projects the characteristics of adults over the age of 65 in San Mateo County for the years 2020 and 2030. The data collected is used to inform planning on the community's racial/ethnic characteristics, income distribution, housing preferences and plans for post-retirement. Data was collected by a county-wide household survey with over sampling of vulnerable populations, focus groups with monolingual Cantonese and Mandarin speakers, and key informant interviews.

San Mateo County Cares

San Mateo County continues to implement San Mateo County Cares, an on-going project to ensure excellent and courteous public service. Client satisfaction surveys are distributed to clients of AAS and many of its subcontracted programs. Survey results are compiled and reports are made available to the appropriate organizations, including the County Board of Supervisors. For the report period ending on June 30, 2011, a total of 5,316 surveys were distributed to participants of AAS programs and it's contracted CBOs. Nineteen percent, or 996 surveys, were completed and returned. Besides English, the surveys are made available in Spanish and Chinese. Overall, 97%, of AAS and the CBO survey respondents rated their service as "excellent" or "good". Fifty-five percent indicated that at least one aspect of their life (e.g., living situation, health, feeling of safety, or finances) had improved as a result of the services received. Findings included:

- Requests for more nutrition information in Chinese
- More funding in the community for assisted living
- Requests for more services for indigent older adults
- Request for more information on websites
- A preference for home-delivered meal programs that serve 5 days a week if possible.

County of San Mateo Shared Vision 2025

The County of San Mateo has made broad and inclusive civic engagement a standard of doing business. Regularly, we learn from the public in order to gain a more complete understanding of our community to better provide for its needs. This public knowledge builds greater authenticity, authority, and accountability within the broad and diverse communities the County serves.

In 2001, the Board of Supervisors approved Shared Vision 2010, a report on the values and vision of the people of SMC. The report, developed after a series of community forums, set 10 commitments and 25 measurable goals. Over the past eight years, policy and spending has been aligned to the commitments and goals with regular reporting on progress and accomplishments.

In 2008, the Board of Supervisors determined it was time to update the Shared Vision 2010. A Community Steering Committee was established and an "Issues Briefing Book" was prepared to initiate the process and frame the discussion with these questions: Where are we now? Where are we going? Where do we want to be? A total of ten community forums were conducted across the County, including two in Spanish and one Youth Town Hall meeting. Additionally, over a three-month period the on-line survey generated 680 completed questionnaires. More than 1,000 individuals participated in the Shared Vision 2025 process answering the question: *What are the most important outcomes that San Mateo County should set for the year 2025?*

San Mateo County's Shared Vision 2025 is for a healthy, livable, prosperous, environmentally conscious and collaborative community. Details of each outcome are listed below.

1. **Healthy-** Our neighborhoods are safe and provide residents with access to quality healthcare and seamless services.
2. **Livable-** Our growth occurs near transit and promotes affordable, livable, connected communities
3. **Prosperous-** Our economic strategy fosters innovation in all sectors, creates jobs, and builds community and educational opportunities for residents.
4. **Environmentally Conscious-** Our natural resources are preserved through environmental stewardship, reducing our carbon emissions, and using energy, water, and land more efficiently.
5. **Collaborative-** Our leaders forge partnerships, promote regional solutions with informed and engaged residents, and approach issues with fiscal accountability and concern for future impacts.

TIES Line Reports

AAS maintains a database of the 800 – 1,200 calls per month coming into the centralized Information and Assistance Program, the TIES Line. From July 2010 through June 2011, the TIES Line received 14,586 total calls. Attachment 5 provides information on the number of calls received on each issue and the age of the caller or person on whose behalf the call was made. Since TIES is the emergency response line, it is not surprising that the highest percentage of calls (27%) were for Protective Services (Adult Protective Services). TIES is also used as the main line by In-Home/IHSS, the Public Guardian program, and the Home-Delivered Meal program out of the SMMC. Outside of these calls, the highest percentages of callers are inquiring about Medi-Cal, housing, and mental health concerns.

AAS is able to track issues and callers by whether they were received during regular business hours or after hours; the demographics of the callers on each issue---age, location, income, disability, etc.; and the number of callers referred to be opened as cases in one of the programs in AAS. Not only is it important to track the number of calls on a given issue, but it is equally important to be aware of the availability of appropriate resources. TIES workers respond to large numbers of calls for issues relating to affordable housing, home care, and transportation but state that they are often frustrated by the lack of immediate solutions for callers with whom they have spoken.

Calls to the TIES line come from locations throughout San Mateo County—from the wealthiest to the poorest communities. Attachment 6 provides an analysis of the calls by location and age group. The city of residence of most of the callers is unknown (30%) as it is not mandatory for this information to be provided. For callers that

identified as being from a specific city, the highest percentages are from San Mateo (13%), Redwood City (11%), and Daly City (10%).

Cultural Competence Workgroup

Significant language and cultural barriers exist for many of San Mateo County's older adults and adults with disabilities. For the large numbers who do not speak English or whose ability to speak English is limited, access to information about medical services, transportation, housing, supportive services and other community resources is restricted. Because many businesses and organizations do not have bilingual staff, non English-speaking individuals often have difficulty communicating with the organizations that serve them. According to data based on focus groups conducted by the Cultural Competency Workgroup in 2008, many individuals do not participate in programs and services in their communities because they do not reflect their cultural values and traditions.

As a follow-up to the focus groups, the NBC Cultural Competence Committee conducted a survey in 2011 to look at the cultural competence practices, attitudes and beliefs of service providers within the aging and disabilities network. The survey had 31 questions related to the recruitment and hiring of diverse staff, interpretation and translation, outreach and access, environment and culture within the organization, cultural competence/diversity training, board/governance, and policy planning and program development.

The results of the organizational survey indicated that service providers are attempting to address the diversity of the County population, with 70% of the organizations having goals related to cultural competence and concerted efforts being made to outreach to diverse communities through advertising, translated materials and working with community leaders. However, resources applied to cultural competence vary among organizations which may account for the disconnect between the clients' perception of the availability of culturally competent services and the providers' attempts to provide these services. Only 42% of organizations have the capacity to obtain professional interpreters to assist in the delivery of services. A little more than a quarter (28%) of all organizations had a designated staff person or an ongoing committee to guide the cultural competence/diversity efforts. Furthermore, board members were generally not as heavily involved in diversity efforts as program staff. The need for more training was identified as something that could be done to enhance the cultural competence of the aging and disabilities network. Organizations want to provide the best service possible and want to do what is necessary to be inclusive of everyone, but are needing assistance in developing a strategic approach to address the service needs of the diverse population in SMC.

Based on the results of the survey, recommendations from the Cultural Competency Workgroup are as follows:

- Change focus to cultural humility instead of cultural competence. This term is a concept that incorporates a lifelong commitment to self-evaluation and self-critique, rather than a fixed accomplishment of competence. The term also

addresses the power imbalance in the client/provider dynamic, reflecting a willingness to learn from different communities and to develop mutually beneficial and non-paternalistic service and advocacy partnerships with communities on behalf of individuals and defined populations
- Improve collaboration and dialogue between agencies
- Increase training opportunities and awareness of trainings
- Increase sharing of best practices across the network of service providers
- Collaborate with other groups doing similar works around cultural competence/humility

Input From the IHSS Public Authority Advisory Committee

The IHSS Advisory Committee discusses caregiver and consumer issues, including caregiver support and training needs. A liaison from both the CoA and CoD sits on the IHSS Advisory Committee. This Committee was presented with the top 10 issues/conditions/concerns that was developed based on the needs assessment of the community. Items discussed at the IHSS Advisory Committee meetings concide with the top concerns from the community survey.

Input From CoA and CoD Committees

The ongoing and ad hoc committees of the CoA and CoD serve as forums for the discussion of key issues and concerns.

- The CoA's Community Based Continuum of Care continues to work on the development of a coordinated system of community-based services
- Adopt-a-Senior Center serves to create a bridge between the CoA and senior center activities
- The CoA and CoD continue to solicit community input regarding problems with accessible transportation and continue to support the development of the Senior Mobility Action Plan by SamTrans
- The Legislative/Advocacy Committees of the CoA and CoD each solicit input from consumers and providers regarding needs and issues, analyze proposed legislation and make recommendations to the CoA, CoD and the Board of Supervisors
- The CoD ADA Committee provides a forum for the discussion of Americans with Disabilities Act accessibility issues
- The CoD Youth and Family Committee provide a forum for the discussion of issues related to raising children and youth with disabilities

Input From External Committees/Task Forces

Other groups convened by AAS or in which AAS participates are also a source of information about the needs of seniors and adults with disabilities. Groups such as Active Access Initiative Collaborative, the Adult Protective Services Multidisciplinary

Team, AAPC, BHRS's Older Adult Committee and Spirituality Initiative, Directors of Volunteers in Agencies (DOVIA), Daly City ACCESS, Daly City Peninsula Partnership, the Paratransit Coordinating Council, the PRIDE Initiative, San Mateo County Fall Prevention Task Force, San Mateo County Oral Health Coalition, and the Senior Mobility Initiative provide valuable insight regarding the needs of the community.

HART

An assessment of calls received by the HART phone support line for those over the age of 55 in Daly City was administered in March 2011. HART received nearly double the number of calls related to transportation questions in 2011 when compared to 2010. The majority of calls (72) were for transportation, followed by food (49) and then housing and shelter issues (48). Transportation calls accounted for 21% of the total service requests. The transportation needs were: for a doctor/medical appointment (28%), inability to drive due to a medical condition or age (22%), socialization/visit the senior center (20%), basic information (20%), and food/grocery (10%). Seventy-three percent of the calls were successfully referred to either *Get Up and Go* (a fee-based transportation program of the Peninsula Jewish Community Center) for older adults that unable to drive) or Redi-Wheels, the County's paratransit services. Twenty-seven percent of the transportation callers were given referrals but transportation was provided by either friends or relatives. Transportation challenges included:

- *Get Up and Go* requires two days notice and transportation starts at 9:30 am
- Redi-Wheels is challenging due to a two week lag after submitting the application
- Varying requirements and priorities between transportation agencies
- Last minute requests can not be accommodated
- Cancelling of rides because the person doing the driving is not available
- Utilization of public transit
- Financial challenges due to not being able to afford the fee for transportation.

Health Plan of San Mateo

HPSM sent a health risk assessment to CareAdvantage members that had been enrolled in the program from January 2006 through October 2011. CareAdvantage members have Medicare and Medi-Cal coverage, most being 65 years and over but there are a number of CareAdvantage members that are under 65 years and disabled. There were 9,198 surveys that were received with a 57% response rate. The characteristics of the members that responded included: average age- 71 years old, 64% female, 64% with a high school education or less, 42% Asian, 22% Hispanic/Spanish decent, 82% living independently, and 25% living alone. The survey categories included existing conditions, health service usage, other risk factors and preventative measures taken. Results are as follow:

- 13% stated being in “excellent” or “very good health”
- The conditions with the highest percentages included: hypertension (64%), high cholesterol (50%), urinary incontinence (39%), rheumatoid arthritis (37%), depression/anxiety (35%), and diabetes (33%)
- The median number of prescriptions taken is 5
- 40% had good vision
- 34% were active
- 26% had lost 10 pounds in the last 24 months without trying
- Preventative measures were high (50% or over) for those receiving the following: mammograms, flu shots, Pap smears
- Preventative measures were lower (Less than 50%) for those receiving the following: pneumonia shots (48%) and colorectal screening 22%.

The HPSM survey data indicated that the majority of older adult members have chronic conditions (likely more than one), need to be encouraged to have pneumonia shots, and colorectal screenings, and the health needs of those older adults losing weight unexpectedly should be addressed.

Human Investment Project

Human Investment Project (HIP) provides affordable solutions for a variety of housing needs. HIP offers the Home Sharing project, which is a living arrangement in which two or more unrelated people share a home or apartment. HIP facilitates two types of arrangements: (1) Match arrangement in which a home provider is matched with a home seeker who pays rent and (2) A service exchange (often involving older adults) that entails a home seeker who agrees to provide services in lieu of paying rent. A survey was conducted for older adult home providers (130) and senior home seekers (240) that received services from FY 2010-2011. Older adult was classified as someone 60 years and over. The top four reasons an older adult decides to become a home provider (in descending order): financial, companionship, wants assistance with errands such as shopping and transportation, and safety. Home providers are also seeking assistance with their gardens, pets, caregiving and cooking.

The main reason older adult home seekers are looking to shared housing is financial. Other reasons include:

- Lost shared housing (many due to the death of those they shared their home with)
    - Changes in living situation their children now need the space because they are expecting a child)
    - Change in marital status

  - Evictions- due to i.e. the home they are renting is being sold or is in foreclosure

- Homeless currently or will be in the near future
- Job loss
- Wanting to exchange services for housing
- Abusive situation at home
- Residence does not meet accessibility needs
- Wanting privacy

Kaiser Permanente

Two focus groups were conducted with older adults to understand the issues affecting their health and to brainstorm possible solutions. One group was held at the Fair Oaks Intergenerational Center (Redwood City) and the second was held at Doelger Senior Center (Daly City). The purpose of the focus groups was to learn about the issues affecting their health and to find possible solutions to address the problems experienced. There were 13 participants at each site, with the Fair Oaks group being conducted in Spanish. Participants at Fair Oaks were generally low-income with many utilizing programs such as subsidized meals and Brown Bag. Furthermore, these participants generally do not drive, do not have the language skills to manage complex interactions such as enrolling in a program or to seek services, and many have multiple health problems (i.e. diabetes, arthritis, and heart disease). The three needs identified at Fair Oaks were:

- Transportation- dependency on either public transportation or family members
- Isolation- many rely on an adult child that works all day and has little time to attend to the older person's needs
- Being unaware of programs and services available to them

At Doelger Senior Center, participants expressed concern for health issues such as being overweight and cardiovascular disease, especially high blood pressure and high cholesterol. Several participants indicated that they are caring for aging parents and are finding it increasingly difficult to manage the life of their aging parent when they themselves have chronic illnesses. A number of the men in the group were widowers that do not cook for themselves so they rely on the hot meals at the senior center. A number of the participants use Redi-Wheels and shared complaints such as the price and the eligibility requirements making the program too bureaucratic and not user-friendly. Another concern unrelated to transportation was the difficulty of being able to pay for flu and pneumonia vaccines. SMC provides flu vaccine clinics that are donation based, but the pneumonia vaccine is not available in the same manner. Due to the cost of the pneumonia vaccine, many did not get it. Lastly, access to vision and dental

services was a problem for all the participants because Medicare and their other sources of medical coverage did not include these benefits. The needs identified at Doelger Senior Center were:

- Alternative transportation to Redi-Wheels
- Access to affordable pneumonia vaccines
- Hot, healthy meals that include fresh fruits and vegetables
- Support for family members providing care for their parents

Kaiser also conducted interviews with six providers of older adult services, within AAS and outside CBOs. Highlights of the interview findings included problems with isolation, financial hardships, depression/other behavioral problems, activity limitation, and financial/emotional abuse. Needs indentified by the providers include:

- Support services such as culturally and linguistic case management as well as information and referral
- Transportation
- Malnutrition due to mobility issues and financial hardships
- Affordable senior housing
- Self-denial of medical attention, lack of medical compliance
- Unintentional injuries, such as falls
- Lack of affordable caregiver resources, especially in light of budget cuts in IHSS

Peninsula Family Services

Peninsula Family Service (PFS) implements a Wellness Initiative, which is a set of programs and services offered to older adults at Fair Oaks Intergenerational Center. There have been six waves of data collection for the Initiative, starting in December 2008 and most recently in February 2011. The data collection method is paper surveys that are given to program participants and entered into Survey Monkey by PFS staff. Participant success is determined by whether he/she is able to maintain a certain desired level of functioning. Survey results indicate that 74% of the participants are women with an average age of 70-74 years. Forty-three percent are Hispanic/Latino. Of those that disclosed their income, 21% have a monthly income of under $1,000. The sources of income are mostly pensions, including Social Security. Sixty-five percent of the participants live in Redwood City. Seventy-four percent of the respondents have been participating at the center for two years or more. The majority of the respondents participate in the lunch or healthy breakfast programs or yoga classes.

Categories of the survey questions included eating and nutrition; activities, autonomy, and exercise; physical health; social resources and connectedness; and emotional well-

being/depression. The majority of participants reported that they are not eating a healthy diet (i.e. eating 3 or more servings each of fruits and vegetables), have access to and afford food, have good eating habits (i.e. almost never eat fast food and almost never skip a meal). The majority (52% and over) of participants are able to engage in physical activities, except strenuous activities (like gardening, hiking, and swimming) and any other cardiovascular activities outside of the center. Ninety-three percent had been to the doctor in the last 12 months. Most respondents had their blood sugar and blood pressure tested in the recent past and knew their blood sugar and blood pressure levels. Sixty-nine percent rated their health as "excellent" or "good" and 78% had a "medium" blood pressure level. Thirty-two percent of respondents in the post-test were not at all worried about falling even though 35% had tripped or fallen in the last three months. Ninety-three percent had at least one person "they can talk to". More than seventy-five percent knew where to get help for housing and legal issues, healthcare, food/nutrition, and transportation. Seventy-five percent are active, going outside their home at least three times a week. The majority are not going out every day and 19% felt limited because of transportation. Based on a geriatric depression scale, the great majority are satisfied with their life, are in good spirits most of the time, and do not feel worthless or hopeless. Seven percent did have a score that was "suggestive" of depression and 2% had a score that likely indicated depression.

Based on the Wellness Initiative assessment, participants at PFS might benefit from programs that would assist them with either acquiring nutritious food or information about eating nutritiously. The participants would also benefit from fall prevention education. Moving forward, it would be important to identify those participants that are likely to be depressed and also those that transportation is an issue so they can be informed about available support and resources.

PRIDE Initiative

A needs assessment specific to the LGBTQQ community was not held for this needs assessment process. However, the PRIDE Initiative strategic planning meeting held in May 2010, that included a breakout group for youth and another for adults/older adults, continues to be a key source to identify LGBTQQ needs. The breakout group for the older adult population included a discussion about the following questions:

1) What resources exist to support the older LGBTQQ adult population?
2) What are the unmet needs for the older adult LGBTQQ community?
3) What is one project that participants are able to work on/contribute to in the next year?
4) Who else needs to be a part of the discussion?

The results of the discussion included the following:

- The SMC LGBTQQ community goes to San Francisco (SF) for resources. An issue exists for those that would not be able to drive to SF for services. A goal would be to develop services within San Mateo County.

- Currently, there is an issue about safety in San Mateo County, which is the reason why the LGBTQQ community goes to SF or Santa Clara County. In order for the current situation to change, there needs to be a shift in understanding the LGBTQQ culture. This would include issues of race, age, class, and education. This would also include an understanding of "bar" cultures and how the LBGT community meets their needs.
- Low self-esteem with the older LGBTQQ population would need to be explored due to the stigma of that age cohort and also the preoccupation with one's physical appearance due to the focus being on a youth-centered culture. "Isms" at a specific time in an LGBTQQ person's life and how to manage these issues is also important.

In order to address unmet need, older adults living in community service centers, at home, and hospitals would need to be taken into account. Needs include understanding rights and how to advocate or to get needed assistance with advocacy, such as how to be able to visit a partner in the hospital when only "family" is allowed. A partnership between advocacy and education as a means to ensure rights as an ongoing effort is needed. A prioritization of efforts needs to take place in order to develop ongoing and sustainable goals. LGBTQ initiatives need to be connected with other initiatives and cultural efforts in San Mateo County. Other needs identified at the strategic planning meeting include:

- Education and outreach to professionals who serve the adult/older adult LGBTQQ community
- Isolation of gay men as they age and the loss or lack of family supports
- Information gathering-how does the LGBTQQ community get basic information about services
- Religious beliefs/issues present conflict
- How to understand past feelings/beliefs of the older LGBTQQ community, such as being criminalized and their lifestyle being seen as a sin or a sickness
- How to teach the LGBTQQ community to support themselves so that they can teach/ support others in the community
- An "address" in San Mateo County, meaning a place that assists with support services, information, and education
- Agencies who intentionally seek to work with LGBTQQ community
- A commitment to LGBTQQ issues

Most recently, the PRIDE Initiative held a Strategic Planning meeting in September 2011 where a workplan was established for FY 2011-2012. Potential measurable outcomes that would impact services for LGBTQQQ adults included:

- SMC adopts a mandatory core curriculum training, which would include gender and sexuality, for all BHRS staff, including staff from CBOs, and possibly AAS staff, who are in direct contact with consumers, client and participants.

- All SMC surveys distributed to consumers, clients, participants, and staff members include a question about sexual and gender identity (other than male/female).

PRIDE, in collaboration with AAS, will continue working on the implementation of these proposed outcomes past this current fiscal year.

Due to the AAA Planner and other CBO staff expressing the interest of NBC Cultural Competence Committee to conduct an LGBTQQ film screening to explore the challenges and joys of lesbian, gay, bisexual, and transgender older adults, PRIDE provided funds in FY 11-12 to partially sponsor the film series. The event will consist of film screenings on three consecutive weeks in April 2011, including a panel discussion on the second week and a discussion on the day of the last film presentation. The film screenings will be open to everyone in the community interested to learn more about the LGBTQQ population. It is the hope of the Cultural Competence Committee that the film screening event will be replicated by other providers of older adult services in mid- and south-County.

San Mateo County Rainbow Community Assessment

The San Mateo County Rainbow Community Assessment for SMC's LGBTQQ population was completed in 2000. Of the 850 surveys mailed randomly, the return rate was 13%. The list was generated by focusing distribution on LGBTQQ oriented channels supplemented with random distribution. Ten percent of the survey respondents were 65 years and over. Key survey findings include:

- A majority of respondents reported experiencing harassment (57%).
- The most frequently cited services were: help dealing with an unhealthy relationship, health with learning about their sexual identity, help with coming out, help with finding opportunities to make community and help with finding opportunities to have fun.
- Most reported being unable to find the following types of services: treatment for substance abuse, transgender, emergency housing, and medical treatment.
- Respondents who did not obtain needed services stated that they felt those providing the service would not understand their needs, they did not feel welcome at the service agency, and cost was an issue.

The assessment also included five focus groups that included older adults. Focus group data revealed:

- The LGBTQQ community lacks visibility in SMC, which creates the inaccurate perception that there are fewer LGBTQQ residents than there actually are.
- The community relies on personal communication to receive information.

- A need for public and community education to the larger community about LGBTQQ culture in order to promote awareness and acceptance about their community.

- A need for a physical place where the LGBTQQ community can feel safe, make personal connections, exchange information and be open and relaxed in an accepting atmosphere.

- Factors that influence the LGBTQQ community's comfort in selecting service providers included having an atmosphere that is open and accepting of LGBTQQ people, staff that is visible and openly LGBTQQ and referrals from other LGBTQQ people.

San Mateo County: Transportation Plan for Low-Income Populations

In February, a county-wide Transportation Plan for Low-Income Populations was released. The plan sought to develop strategies to increase the affordability and accessibility of transportation option for low-income residents of San Mateo County. Past community-based transportation plans did not include approximately 80-84% of the population living below the poverty line in the County. Targeted communities included East Palo Alto, Bayshore (Daly City), and North Central San Mateo County. The objective of the plan was to identify, assess, and develop strategies to bridge gaps in transportation needs of this disadvantaged community. The plan was a collaborative effort involving the community and stakeholder involvement, including AAS.

A survey was distributed in four languages (including Spanish, Chinese and Tagalog) to residents through the Human Services Agency, eight Core Service Agencies, and other programs and organizations. Four transportation solution workshops were also held in Redwood City, Daly City, San Mateo, and Half Moon Bay. Fifteen interviews were conducted with 13 CBOs and three presentations were given to CBO groups. Eight transportation strategies were developed based on the results. The plan includes a description of the transit services and programs available in San Mateo County, including public transportation options and the discounted rates available for older adults and adults with disabilities.

Workshop participant demographics included the following:

- 87% had an income below $25,000 a year

- The largest percentage (29%) resided in Half Moon Bay

- 20% of the participants were 50-64 years of age and 39% were 65 years and over

- SamTrans (provides local and express bus service within the County and feeder service to Caltrain and BART) was the primary source of transportation (56%).

A summary of the community-stated transportation needs that had the most number of respondents/participants included:

- Education/Information/Outreach- residents need additional information about using transit and the Clipper Card (all-in-one transit card)
- Riders need transit information in other languages
- Residents need easier connections between transit agencies
- Improved payment options and free bus transfers to make transit more affordable
- Additional special event, late night, and weekend services for Caltrain
- Affordable transportation services such as taxi vouchers, car sharing, volunteer driver programs, carpools, and financial assistance programs for car ownerships
- Improved pedestrian and sidewalk improvements.

Participants specifically requested more information about transit options for older adults who no longer drive, more transit option for those with special needs, improved access to medical appointments and grocery/shopping destinations, and improved access between the coastside and the rest of the County. Results of the Transportation Plan are consistent with the findings of other needs assessments of older adults and adults with disabilities in San Mateo County, including the Area Plan needs assessment.

The State of Foreclosures in San Mateo County

In May 2011, the Office of Board of Supervisor Rose Jacobs Gibson, convened faith leaders, mostly from East Palo Alto to discuss the impact of foreclosures on older adults and ways to better serve their needs with respect to foreclosure and transitional housing needs. The primary reason for foreclosures was the loss of employment or reduction in income. When counseling their congregants, faith leaders saw a rise in depression, compounded by shame and embarrassment. The report of the analysis of the discussion with faith leaders stated older adults facing foreclosure did not want the community to know, and this was especially noted in communities of color as they tend to be close-knit. A particular challenge for faith leaders who counsel older adults facing foreclosure is the decline of cognitive ability noted which impedes the older person's ability to understand reverse mortgages and the intricacies of loan modifications becomes increasingly difficult. This is further complicated by the fact that the older adults do not want to talk to their children about their finances so many times the other family members are unaware of the gravity of the situation. The faith leaders also expressed concern about the numbers of older adults that are living in their homes that need repair. Some older adults are unable to take care of their homes and may need to consider other living options. Another group needing support was caregivers of older adults that might benefit from a training that would inform them on available resources. Through this type of training, caregivers would be aware of the available options to receive the emotional support they need. Forming a support group for caregivers was a suggested option. A suggestion was to bring together CBOs, faith leaders, and groups serving older adults to coordinate outreach and education about older adults and foreclosures. It was suggested by the discussion group that this team visit churches

and senior centers in order to provide information to empower the older adults so they can regain control of their living situation.

Section 6: Targeting

The OAA requires that services be targeted to individuals with the following characteristics who live either in the community or in long-term care facilities:

- Low-income minority older individuals;
- Older individuals with greatest economic need, with particular attention to:
  - Low-income older individuals
  - Low-income minority individuals
  - Older individuals with limited English proficiency
  - Older individuals residing in rural areas;
- Older individuals with greatest social need with particular attention to:
  - Low-income older individuals
  - Low-income minority individuals
  - Older individual with limited English proficiency
  - Older individuals residing in rural areas;
- Older individuals at risk for institutional placement; and
- Older Native Americans.

The California Code of Regulations, Title 22, Article 3, Section 7310 expands the target population to include:

- Older individuals with severe disabilities; and
- Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of these individuals.

Targeted Population in the PSA

In San Mateo County, local targeting efforts focus on at-risk older adults and adults with disabilities, older adults in greatest economic need (with particular emphasis on low-income minority elders), older individuals with greatest social need, caregivers, and geographically isolated seniors and adults with disabilities residing in the rural Coastside area.

The Coastside, from Montara continuing south to the Santa Clara County line, is this County's only rural area. Because of its geographic separation from the rest of the County, accessibility to all types of services is an ongoing concern.

At-risk older adults reside in all geographic areas throughout SMC. The group includes, but is not limited to, individuals who have multiple needs and lack adequate support systems and those whose deteriorating physical and/or mental health impacts their ability to live independently in the community, especially those whose incomes and/or resources disqualify them for means-tested programs.

While San Mateo County is considered a generally prosperous area, there are still many individuals who are living below the poverty level. Even those whose incomes exceed the federal poverty guidelines are living "in poverty" due to the extremely high cost of living in the Bay Area. According to the 2010 US Census and the ACS 5-Year Estimates for 2006-2010, the cities where a high percentage of people over the age of 60 live that are below the poverty level are: East Palo Alto, Foster City, Redwood City, San Mateo, South San Francisco and Daly City.

Many low-income residents of San Mateo County are faced not only with problems resulting from their low-income status, but are also challenged by cultural and linguistic barriers. Older individuals with limited English proficiency would include those that speak Spanish, Asian and other Pacific Islander languages. This community is frequently outside of the mainstream, lacks knowledge about existing services, and prefers not to participate in what they perceive as welfare programs. Because of these factors, many minority individuals do not utilize existing services that would meet their individual needs. These different ethnic communities would be found mostly in:

- South San Francisco, Daly City, and Redwood City- Latino
- Daly City, South San Francisco, and San Mateo- Asian
- South San Francisco and Daly City- Pacific Islanders.

The primary way of identifying targeted populations is through analysis of census data. That information, coupled with the input we receive through the on-going planning process, assists us in determining how best to address the needs of specific target populations. AAS works in partnership with NBC, the CoA, the CoD, and other local advocacy groups to ensure that the needs of the target populations are taken into account in program planning, funding, implementation, and evaluation. Throughout its planning process, AAS works with the community to identify target populations, where they reside, their demographic characteristics, and their needs. Once programs are implemented, the Division works with providers to ensure that individuals in the target populations are aware of the available services, are utilizing the available services, and are having their needs met.

Needs of Targeted Population

The results of the Area Plan needs assessment assisted in identifying the needs of the targeted populations. The overall determination is that older adults in SMC are struggling to meet basic needs of food, shelter, and medical care. Specific populations that were addressed in the assessment were those that are low-income, those needing assistance in a language other than English, those that are isolated or homebound, and the LGBT community.

The needs of the targeted community will be addressed through the work of AAS, and the implementation of the Area Plan priorities through the NBC, with the leadership of the NBC Steering Committee. The needs assessment provided a wealth of information that the NBC Coalition will use to guide the process. Future NBC meetings can be used to bring attention to the priorities by focusing on the Area Plan goals. Objectives and activities will continue to be added to the Plan as the NBC Coalition progresses in their implementation of the Plan. Collaborative work with those in the aging and disabilities network, whether they are active NBC members or not, will continue. A future task of the NBC Coalition will be to discuss how to engage those stakeholders that are not currently involved in the Area Plan process. A list of possible contacts has already been developed through the assessment process.

Targeted Population: Barriers to Accessing Existing Services

Results from the AAA needs assessment demonstrated that the targeted populations in SMC may encounter barriers to accessing existing services including the following:

- One of the most significant barriers continues to be the lack of knowledge about services and supports. Special attention should be paid to how the message is imparted so as to not prevent the older adults from seeking services. This issue is compounded for people who are linguistically isolated, for whom there is a scarcity of written material in their own language.

- The organization needs to be knowledgeable about the community they serve; including having staff that speak the language of the community they serve and have materials in languages other than English. In addition, when food is a service that is provided, the food needs to be familiar, or culturally appropriate for the community served.
- The Cultural Competence Workgroup's report on findings from their cultural competence assessment of community and providers stated that scarcity of bilingual/bicultural staff is a barrier to providing services to ethnic/racial minority individuals. Also, the fact that many programs do not take cultural values and norms of minority communities, in particular the LGBT community, into consideration is an additional barrier.
- Many individuals who would benefit from our services may not perceive themselves as having unmet needs. They tend to see their issues (e.g., lack of transportation) as unchangeable, rather than as needs for which there may be some resolution or assistance.
- The complexity of some programs and benefits, including applications and

requirements to continue on programs prevent some older adults from enrolling in needed services or those that were enrolled may not continue in the programs. Some potential participants may be denied services due to their lack of knowledge regarding how to correctly fill out application forms.

- A stakeholder discussion group stated that pride is often a barrier to accepting assistance. This includes many minority communities. It is especially an issue for many of our older adults who still think of services as "handouts." According to the group (a subset of the NBC Coalition) there is stigma associated with receiving some services.

- Accessibility is an issue for many people with disabilities. Lack of mobility, the need for assistance, cognitive deficits, and transportation are issues for many individuals with physical disabilities.
- Often, some money is required to participate in free programs because of transportation costs and requests for donations. Public transportation costs are additional expenses that many low-income individuals cannot afford. Even though donations for many programs are voluntary, many individuals consider them as fees and feel that they must donate, even if they cannot afford it.
- Geographically isolated individuals must travel long distances for many of the available services. While some of these older adults drive, the distance to certain services may be too far and the roads overwhelmingly challenging. For those living in remote areas who do not drive or do not have access to someone who can drive them, the lack of adequate public transportation can be a barrier to receiving much needed services.
- With the economic down-turn, CBOs are concerned about reductions in available resources. While community needs are increasing, organizations are cutting back on programs or program staff to address their shrinking budgets. Some agencies are seeing transportation costs for clients services depleting their budgets. These budgetary issues are experienced across the board at the County, cities, and non-profit organizations.
- According to discussion from the AAS stakeholder forum, some individuals are too frail or their health prevents them from seeking services.
- Organizations that are moving to more web-based technology risk losing the older population that is not yet comfortable with computers or may not have access to one in their home.
- Limited availability of resources, such as affordable housing, is a significant barrier to the low-income community.
- For programs, such as ADC, there is the fear of being one step away from being institutionalized or of being "dumped" at the center by those that care for them. There is also the fear of having a stranger take care of the person that is attending the center.
- There are many services that are available to assist low-income older adults but

fear of losing independence, stigma about asking for help (including cultural implications), or lack of trust may prevent older adults from seeking services resulting in services being underutilized.

Section 7:
Public Hearings

San Mateo County
Area Plan 2012-2016

SECTION 7. PUBLIC HEARINGS PSA #8

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, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? [2] Yes or No	Was hearing held at a Long-Term Care Facility? [3] Yes or No
2012-13	**03/12/12**	**225 37th Avenue, San Mateo**	**30**	**No**	**No**
2013-14					
2014-15					
2015-16					

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.

   The needs assessment survey was distributed through existing connections in the aging and disabilities network, such as the New Beginning Coalition membership; the Commission on Aging's Adopt-a-Senior Center Committee; Daly City Adults Community Connecting, Education, Service and Support (ACCESS); home delivered meal programs; affordable senior housing sites; and other programs that serve older adults, adults with disabilities, and their caregivers. Target groups for the needs assessment included: older adults that belong to ethnic/racial minorities, those whose first language was not English, those that were homebound and/or isolated, those that are low-income and members of the LGBT community. Other targeted groups were older adult caregivers and adults with disabilities. A public hearing notice was posted in the local newspaper 30 days prior to the hearing. The organizations that assisted in the distribution of the survey also received notice of the public hearing and they in turn informed their participants. The notice was also sent to all contracted Older Americans Act (OAA) providers and the units of local government (city councils) in the service area of the Area Agency on Aging.

The long-term care survey is to be implemented with the assistance of the Ombudsman Services program. Due to Ombudsman staff being impacted by the imminent closure of the Burlingame Long-Term Care Center, the implementation of the LTC survey originally expected in January has been delayed.

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

☒ Yes. Go to question #3

☐ Not applicable, PD and C funds are not used. Go to question #4

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

No comments were received for proposed expenditures for PD and C.

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

☒Yes. Go to question #5

☐No, Explain:

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

No comments were received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.

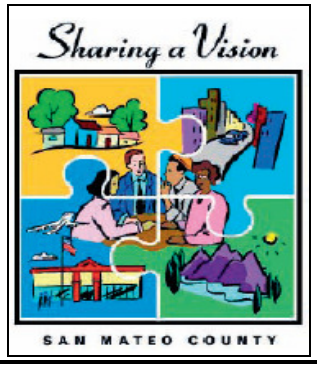
6. List any other issues discussed or raised at the public hearing.

An attendee wanted to advocate for elder abuse to be included as a separate goal. Commissioners requested information about what programs are under each of the different OAA titles and wanted to know the total amount of the budget allocated for the programs.

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

Given the nature of comments by attendees regarding the Plan, no major changes were made following the hearing.

Section 8: Identification of Priorities



Priorities Based on Needs Assessment

A top 10 list of issues was developed based on the community survey responses, input from stakeholder forums, and secondary data. These issues affecting older adults and adults with disabilities will be used to guide AAS in choosing priorities and as well as continued development of goals and objectives. The list of issues (in descending order by percentage of participants that chose the issue that affects their quality of life) is listed below:

1. Accidents in the home
2. Employment
3. Money to live on
4. Crime
5. Taking care of another person (adult)
6. Household chores

7a. Transportation

7b. Obtaining information about services/benefits

8. Taking care of another person (child)
9. Isolation
10. Receiving services/benefits.

Meeting Targeted Mandates

AAA's are required to target services to older individuals within the planning and service area with the following characteristics:

- Older individuals with the greatest economic need, with particular attention to low-income, minority individuals;
- Older individuals with the greatest social needs, with particular attention to low-income minority individuals;
- Older Native Americans.

AAA's are also required to use outreach to identify individuals eligible for assistance, with special emphasis on older adults:

- Who reside in rural areas;
- Who have greatest economic need with particular attention focused on low-income minority individuals;
- Who have greatest social need, with particular attention focused on low-income minority individuals;
- With severe disabilities;
- With limited English-speaking ability;
- With Alzheimer's diseases or related disorders and their caretakers.

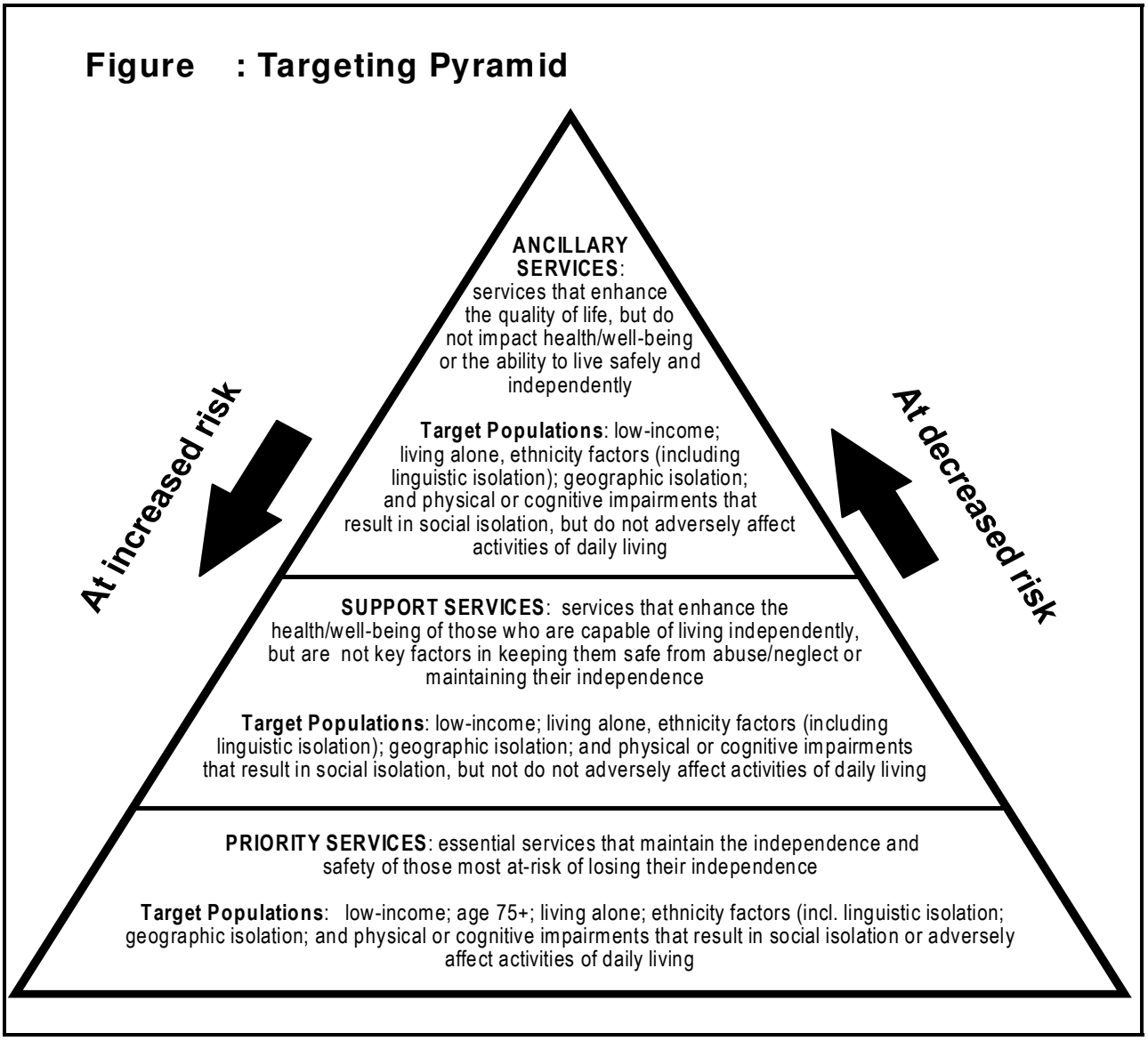
San Mateo County continues to incorporate the targeting mandate in its planning, program development, and coordination activities, as well as in its decisions regarding program funding.

Factors Influencing Prioritization

The level of funding available to AAS is insufficient to address all areas of need. Priorities are established based on the role different programs and activities play in maintaining the safety and independence of the individuals they serve. For some issues, where funding is either insufficient or unavailable, AAS has taken on fundraising responsibility, writing grants and seeking donations from the community. While many priority issues are best addressed by funding, the optimum strategy for others may involve coordination, advocacy or program development activities. Community capacity to provide services will also be taken into consideration.

In the priority pyramid in Figure 38, programs are divided into three categories—Priority, Support, and Ancillary services. Priority services form the base of the pyramid. What characterizes these services as priority is that without them the individuals they serve would be at-risk of losing their independence. Support services, which form the mid-section of the pyramid, enhance health and well-being of those capable of living independently, but are not seen as key elements to keeping those individuals safe from abuse/neglect or maintaining their independence. Ancillary services are at the apex of the pyramid. Those service may enhance the quality of life, but do not directly impact the health, well-being or the ability of to live safely and independently.

Figure 38



AAS examined at a variety of factors to determine the priorities :

- What is the nature of the program and where does it fall in the priority pyramid?
- Does the program predominantly serve the target populations that are identified by in the OAA.
- What is the impact of the program on community needs?
- How many people does it serve?
- How effective is it in achieving the programmatic goal?
- What is the impact of OAA funding?
- Is it the only funding source or are there other funding sources?
- Is the program dependent on OAA funding for its existence?
- How cost-effective is the program?

Adequate Proportion/National Priority Services

Regulations require that each AAA establish a minimum percentage of applicable Title IIIB funding targeted for expenditure during the three-year period for each of the following service areas:

1. Access
2. In-home services; and
3. Legal assistance

To determine adequate proportion, needs assessment data, information received at the Public Hearing, and current proportions were reviewed. Program utilization and expenditures in programs that have under-expended and/or not met their objectives were analyzed. Assessment results included the following issues: accidents in the home, transportation, taking care of another person (adult & child), obtaining information about services, and isolation. These can be addressed more readily in programs offered under Access and In-Home Services. Possible programs included under each category are:

Access

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

In-Home Services

- Personal Care
- Homemaker
- Chore
- Visiting

- Respite Care
- Alzheimer's Day Care
- Residential Repairs/Modification
- Adult Day/Health Care
- Telephone Reassurance

Access—includes Information and Assistance, Case Management, and Transportation. The adequate proportion for Access is 20.0%.

In-Home Services—includes Peer Counseling, Day Care, and Alzheimer's Day Care. The adequate proportion for In-Home Services is 25.0%.

Legal Assistance
The adequate proportion for legal assistance is 5.0%.

These adequate proportions percentages will allow for 50% of the funding to be set and allow for the other 50% of the funding to be used flexibly in order to best address the needs of the community.

AAA Goals

While SMC does not establish a numerical ranking of needs, priority areas were identified through the planning process that was undertaken by the NBC in conjunction with the CoA and CoD. Only those issues identified as priorities appear in the goals for the FY 2012-2016 SMC Area Plan. Major priorities are:

1. Promote a Holistic Approach to Health, Well-being, and Safety
2. Support Options for Increased Mobility
3. Support Opportunities to Remain Socially Connected to Friends, Family, and Other Activities
4. Promote a Community-based System of Care that Supports Independence
5. Promote Cultural Competence throughout the Service Planning and Delivery System.

Section 9:
Area Plan Goals & Objectives

San Mateo County
Area Plan 2012-2016

Goal #1

Promote a Holistic Approach to Health, Well-being, and Safety			
Rationale: As was noted through the Area Plan needs assessment, physical and behavioral health issues disproportionately affect older adults, adults with disabilities, and caregivers. In order to maximize this community's ability to live independently, PSA 8 will promote a holistic approach to healthy aging in San Mateo County.			
Objective 1.1: **The AAA will provide leadership on physical and behavioral health and wellness by:**	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Supporting the community's capacity to assist older adults, adults with disabilities, and caregivers in maintaining health by supporting programs serving targeted communities.	July 2012 through June 2016		New
(b) Working with the Health Plan of San Mateo on Long-Term Care Integration to improve the health of members, particularly members that are dual eligible (Medi-Cal and Medicare).	July 2012 through June 2016	PD	New
Objective 1.2: **The AAA will improve access to behavioral health services through prevention/early detection of disease by:**	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Providing information about community based services, such as the Senior Peer Counseling Program, Adult Day services, and other community-based programs.	July 2012 through June 2016		New
(b) Collaborating with Behavioral Health and Recovery Services' (BHRS) Older Adult Committee on researching tools for screening depression.	July 2012 through June 2016	C	New

Objective 1.3: **The AAA will continue partnerships and collaborations to improve health, well-being and safety by:**	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Collaborating with BHRS' Older Adult Committee on the planning and implementation of the forum for older adult service providers in 2013.	July 2012 through June 2013	C	New
(b) Collaborating with BHRS' Older Adult Committee on the implementation of a training for older adult service providers on recognizing depression.	July 2014 through June 2016	C	New
(c) Collaborating with BHRS' Health Equity (including the Spirituality and PRIDE Initiatives) and Anti-Stigma Initiatives in order to ensure that the needs of older adults are included.	July 2012 through June 2016		New
(d) Collaborating with BHRS' Older Adult Committee and the Suicide Prevention Workgroup to integrate with existing work on suicide prevention.	July 2012 through June 2016	PD	New
(e) Collaborating with BHRS and the Public Authority to train IHSS providers on working with clients with mental health conditions and substance abuse issues.	July 2012 through June 2016	C	New
(f) Collaborating with the Active Access Collaborative to ensure the physical activity needs of older adults are included.	July 2012 through June 2016		New
(g) Collaborating with the Fall Prevention Task Force (FPTF) in order to address the fall prevention needs of older adults through the implementation of the FPTF Strategic Plan.	July 2012 through June 2016		New
(h) Continually seeking new partners/collaborators that are working on this issue.	July 2012 through June 2016		New

Objective 1.4: **The AAA will promote safety in the community by:**	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Supporting injury prevention activities such as fall prevention and home modification programs.	July 2012 through June 2016		New
(b) Researching evidence-based practices to prevent older adults from having accidents in the home.	July 2012 through June 2016		New
(c) Identifying key areas of concern in the community with respect to safety.	July 2012 through June 2016		New
(d) Collaborating with the Commission on Aging's efforts to support safety in the community, such as the implementation of Silver Alert.	July 2012 through June 2016	C	New
Objective 1.5: **The AAA will support Health Promotion by:**	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Mills-Peninsula Health Services will provide 1,960 contacts of health screenings, nutrition counseling/education services, and medication management by appropriately credentialed practitioners, such as nurses, registered dieticians, and pharmacists.	July 2012 through June 2016		New
(b) Assisting OAA funded programs that meet the minimal criteria for evidence-based programs to transition to intermediate and/or highest-level criteria.	July 2013 through June 2016		New
Objective 1.6: **The AAA will collaborate on County-wide initiatives that focus on the health of older adults and adults with disabilities by:**	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Exploring opportunities to collaborate with San Mateo County's Health Policy and Planning Division on issues such as Built Environment.	July 2012 through June 2016		New

Goal #2

Support Options for Increased Mobility			
Rationale: In San Mateo County, getting around without a car is challenging. Lack of transportation options can lead to poor health outcomes and may lead to isolation. Needs assessment findings show that transportation is a concern for older adults, adults with disabilities and caregivers. Fifty-three percent of the AAA needs assessment respondents do not use public transportation and 28% find public transportation difficult to use. Other community needs assessments of San Mateo County have also found that transportation is an issue for older adults and adults with disabilities.			
Objective 2.1: AAA will promote transportation options older adults and adults with disabilities by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Participating in transportation planning efforts in the community.	July 2012 through June 2016		
Objective 2.2: AAA will explore partnerships and collaborations to improve transportation options by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Collaborate with New Beginning Coalition (NBC) to engage the local community (including transportation providers) in conceiving new mobility options.	July 2012 through June 2016		
(b) Participating in the Senior Mobility Initiative to improve transportation services, resolve service delivery problems, and address the transportation service needs of older adults, adults with disabilities, and their caregivers.	July 2012 through June 2016	C	New
(c) Exploring additional partners/collaborators that are working on this issue and involve them with NBC.	July 2012 through June 2016		New

Goal #3

Support Opportunities to Remain Socially Connected to Friends, Family, and Other Activities			
Rationale: The policy brief titled "Maintaining the Health of an Aging San Mateo County" states that older adults experience social isolation and have feelings of loneliness as a result of reduced interactions with family and friends and withdraw from social contact. The AAA needs assessment findings indicate 12% of respondents state isolation is a serious problem. Eleven percent state loneliness is a serious problem. In stakeholder forums, isolation/lack of relationships was in the top 5 list of issues/concerns for the clients they serve.			
Objective 3.1: The AAA will advocate for reinventing the traditional senior center by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Utilizing New Beginning Coalition (NBC) meetings to begin discussion about the future needs of senior centers.	July 2012 through June 2016		New
(b) Collaborating with the Commission on Aging's Adopt-a-Senior Center Committee to share best practices, innovative ideas, and provide technical assistance to senior centers.	July 2012 through June 2016	C	New
(c) Identifying naturally occurring public gathering spaces where information and socialization for older adults can occur.	July 2012 through June 2016		New
Objective 3.2: The AAA will explore partnerships and collaborations to increase volunteer opportunities for older adults and adult with disabilities by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Participating and promoting Directors of Volunteers In Agencies (DOVIA).	July 2012 through June 2016		New
(b) Collaborating with Project Search to provide employment training opportunities for young adults with disabilities.	July 2012 through June 2016	PD	New

Objective 3.3: The AAA will support older adults, adults with disabilities, and their caregivers/care partners to remain socially connected by:	Projected Start and End Dates	Title III B Funded PD or C	Status
(a) Assessing and engaging partners/collaborators that are working on this issue that are not currently involved with Aging and Adult Services and/or the NBC.	July 2012 through June 2016		New
(b) Identifying ways to reach out to isolated older adults (i.e. the home-bound, Brown Bag participants, homeless older adults and members of the Lesbian Gay Bisexual Transgender community).	July 2012 through June 2016		New
(c) Promote existing programs and assessing new programs that provide support for caregivers/care partners.	July 2012 through June 2016		New
(d) Researching urban agriculture and community garden opportunities available through the San Mateo County Food System Alliance.	July 2012 through June 2016		New

Goal #4

Promote a Community-based System of Care that Supports Independence			
Rationale: The policy brief titled "Maintaining the Health of an Aging San Mateo County" states that unless we make significant changes, tomorrow's older adults will need healthcare and community-based services far beyond what our public and private systems can provide. PSA 8 will promote healthy aging for older adults in San Mateo County, in order to maximize the older adults' ability to live independently. Consistent with other local needs assessment findings, San Mateo County stakeholder forum findings indicate that service providers and Commission on Aging Commissioners see "Receiving services and benefits" as an issue/concern for the clients they serve or the people they interact with in the community. Thirteen percent of community respondents rated "Obtaining information about services/benefits" as a serious problem and twelve percent of respondents rated "Receiving services/benefits" as a serious problem that affected their quality of life.			
Objective 4.1: The AAA will improve access to services by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Coordinating with the New Beginning Coalition (NBC), the Commission on Aging (CoA) the Commission on Disabilities (CoD), and providers to evaluate current methods of disseminating information to clients and providers.	July 2012 through June 2016		New
(b) Coordinating with the NBC, the CoA, the CoD, and providers to implement strategies to increase awareness about available services in the community for older adults, adults with disabilities, and their caregivers.	July 2012 through June 2016		New
(c) Identifying faith or spiritually-based communities to increase outreach to targeted populations.	July 2012 through June 2016		New
(d) Identifying outreach methods that are effective in engaging private businesses (such as grocery stores) to promote services available in the community.	July 2012 through June 2016		New

(e) Creating avenues to enhance communication among service providers to create an integrated network of services by avoiding duplication of services, resolving service delivery problems, and addressing the service needs of older adults, adults with disabilities, and their caregivers.	July 2012 through June 2016	C	New
(f) Collaborating with the CoA's Community-based Continuum of Care Committee to improve the Network of Care site and usage by providers, older adults, adults with disabilities, and their caregivers.	July 2012 through June 2016	C	New
(g) Collaborating with the Health Plan of San Mateo for an integrated system of care by participation in the Steering Committee.	July 2012 through June 2016	PD	New
(h) Coordinating with the NBC, the CoA, the CoD and providers to improve access, utilization, and delivery of services for older adults, adults with disabilities and their caregivers/care partner.	July 2012 through June 2016	C	New
(i) Identify sites for distribution of the Help at Home information to maximize use in the community.	July 2012 through June 2016		New
Objective 4.2: The AAA will explore the financial needs of older adults and adults with disabilities by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Collaborating with the CoA to provide information to the community on financial wellness.	July 2012 through June 2016	C	New
Objective 4.3: The AAA will explore the needs of the community in long-term care facilities by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Developing and implementing a survey in collaboration with the Ombudsman Program.	July 2012 through June 2013	C	New
(b) Identifying objectives and activities based on the long-term care needs assessment.	July 2012 through June 2016		New

Objective 4.4: The AAA will educate and increase awareness about elder abuse prevention by:	Projected Start and End Dates	Title III B Funded PD or C	Status
(a) Collaborating with the CoA Adult Abuse Prevention Committee on an elder abuse prevention project (i.e. presentations, participation in community events, etc.).	July 2012 through June 2016	C	New
(b) Collaborating with the CoA Adult Abuse Prevention Committee, Behavioral Health and Recovery Services' Older Adult Committee, and the Hoarding Task Force to determine ways to address hoarding in the community.	July 2012 through June 2016	C	New
(c) Increasing the membership of the CoA elder abuse committee.	July 2012 through June 2016		New
Objective 4.5: The AAA will promote a community-based system of care that supports independence by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Assessing partners/collaborators that are interested in the development of the system and are not currently involved with Aging and Adult Services and/or the NBC.	July 2012 through June 2016		New
(b) Holding a networking meeting with organizations working with older adults to expand and integrate the older adult system of care.	July 2012 through June 2016		New

Goal #5

Promote Cultural Competence throughout the Service Planning and Delivery System			
Rationale: In order to effectively serve our increasingly diverse community, San Mateo County is in need of a system of services that is sensitive to language, culture, gender, and sexual orientation and the needs of adults with disabilities. While many agencies have made progress towards this goal, it is important that this issue be addressed from a system perspective. The network must ensure that our service-delivery system is capable of meeting the needs of our future generations of older adults and adults with disabilities by ensuring its evolution towards one that is culturally competent at all levels of the system.			
Objective 5.1: The AAA will promote cultural competence in the service delivery system by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Developing a cultural competency toolkit for service providers in collaboration with New Beginning Coalition's (NBC) Cultural Competence Committee.	July 2012 through June 2016	C	New
(b) Offering cultural competence support to other Area Plan workgroups in collaboration with NBC's Cultural Competence Committee.	July 2012 through June 2016		New
(c) Continuing discussion with PRIDE and Behavioral Health and Recovery Services (BHRS) about implementing a training for Aging and Health Services staff and/or contractors in order to increase awareness of specific needs about Lesbian, Gay, Bisexual, Transgender (LGBT) older adults.	July 2012 through June 2016		New
(d) Identifying partners/collaborators that are working on this issue that are not currently involved with Aging and Adult Services and/or the NBC.	July 2012 through June 2016		New
(e) Identifying and engaging Aging and Adult Services and BHRS staff interested in working on LGBT issues.	July 2012 through June 2016		New

Objective 5.1: The AAA will promote cultural competence in the service delivery system by:	Projected Start and End Dates	Title III B Funded PD or C	Status
(f) Identifying cultural competence trainings being provided in the community by providers that were not included in the Cultural Competence Committee survey.	July 2012 through June 2016		New
Objective 5.2: The AAA will seek to increase the visibility of underrepresented communities by:	**Projected Start and End Dates**	**Title III B Funded PD or C**	**Status**
(a) Collaborating with PRIDE on assessing how the community at large can become knowledgeable about the history of the LGBT community (i.e. through a panel discussion, placement of a Rainbow table and/or posters at senior centers, and activities during Pride Month).	July 2012 through June 2016	C	New

Sections 10:
Service Unit Plan (SUP) Objectives

San Mateo County
Area Plan 2012-2016

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES PSA 8

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

1. Personal Care (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A		
2013-2014			
2014-2015			
2015-2016		-	

2. Homemaker **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A		
2013-2014			
2014-2015			
2015-2016			

3. Chore **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A		
2013-2014			
2014-2015			
2015-2016			

4. Home-Delivered Meal **Unit of Service = 1 meal**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	138,308	1, 4	
2013-2014			
2014-2015			
2015-2016			

5. Adult Day Care/Adult Day Health **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2,747	1, 3, 4	
2013-2014			
2014-2015			
2015-2016			

6. Case Management **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,815	1, 4	
2013-2014			
2014-2015			
2015-2016			

7. Assisted Transportation **Unit of Service = 1 one-way trip**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A		
2013-2014			
2014-2015			
2015-2016			

8. Congregate Meals **Unit of Service = 1 meal**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	117,000	1, 2, 4	
2013-2014			
2014-2015			
2015-2016			

9. Nutrition Counseling **Unit of Service = 1 session per participant**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	50	1, 4	
2013-2014			
2014-2015			
2015-2016			

10. Transportation **Unit of Service = 1 one-way trip**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	56,511	2	
2013-2014			
2014-2015			
2015-2016			

11. Legal Assistance **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	7,000	4	
2013-2014			
2014-2015			
2015-2016			

12. Nutrition Education **Unit of Service = 1 session per participant**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	36,061	1, 4	
2013-2014			
2014-2015			
2015-2016			

13. Information and Assistance **Unit of Service = 1 contact**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A		
2013-2014			
2014-2015			
2015-2016			

14. Outreach **Unit of Service = 1 contact**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A		
2013-2014			
2014-2015			
2015-2016			

15. NAPIS Service Category – "Other" Title III Services

Title III B, Other Supportive Services

Service Category: Peer Counseling (in-home) **Unit of Service = One hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,500	1, 3	
2013-2014			
2014-2015			
2015-2016			

Service Category: Employment **Unit of Service = One Activity**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,800	4	
2013-2014			
2014-2015			
2015-2016			

Service Category: Public Information **Unit of Service = One Activity**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2	4	4.1
2013-2014			
2014-2015			
2015-2016			

16. Title III D Health Promotion **Unit of Service = 1 contact**

Service Activities: health screenings and education on preventative health services

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	1,960	1	1.5
2013-2014			
2014-2015			
2015-2016			

Title III D Medication Management **Units of Service = 1 Contact**

Fiscal Year	**Proposed** Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	0		
2013-2014			
2014-2015			
2015-2016			

PSA 8

TITLE III B and Title VII A:

LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES
2012–2016 Four-Year Planning Cycle

As mandated by the Older Americans Act, 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 enhancing the quality of life and care of residents.

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2010-2011National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic 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. [OAA Section 712(a)(3),(5)]

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I-E, Actions on Complaints)

The average California complaint resolution rate for FY 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: 88% Number of complaints resolved 1148 + Number of partially resolved complaints 657 divided by the Total Number of Complaints Received 2048 = Baseline Resolution Rate 88%
2. FY 2012-2013 Target: Resolution Rate 80%
3. FY 2011-2012 AoA Resolution Rate ___% FY 2013-2014 Target: Resolution Rate ___%
4. FY 2012-2013 AoA Resolution Rate ___% FY 2014-2015 Target: Resolution Rate ___%
5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate ___%
Program Goals and Objective Numbers: 4

B. Work with Resident Councils (AoA Report, Part III-D, #8)

FY 2010-2011 Baseline: number of meetings attended 60
2. FY 2012-2013 Target: 50
3. FY 2011-2012 AoA Data: ___FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 4

C. Work with Family Councils (AoA Report, Part III-D, #9)

1. FY 2010-2011 Baseline: number of meetings attended 5
2. FY 2012-2013 Target: number 5
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 4

D. Consultation to Facilities (AoA Report, Part III-D, #4) Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2010-2011 Baseline: number of consultations 561
2. FY 2012-2013 Target: 350
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 4

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5) 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. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2010-2011 Baseline: number of consultations 567
2. FY 2012-2013 Target: 450
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___ _
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 4

F. Community Education (AoA Report, Part III-D, #10) 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.

1. FY 2010-2011 Baseline: number of sessions 36
2. FY 2012-2013 Target: 35
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 4

G. Systems Advocacy

- FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

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.)

Enter information in the box below.

Systemic Advocacy Effort(s)
We will be continuing efforts begun in FY 2011/12 into the next fiscal year. We have undertaken an effort to reduce the use of psychotropic drugs in the long-term care facilities. With that in mind we held a one day symposium in Fall of 2011 which drew 370 attendees from across the bay area. People attending represented a broad spectrum of health care and social service professionals. In May of this year, we are supporting a follow up day of training held by Alzheimer's Association who are hosting an event at which Dr. Al Power will be presenting on the same topic. He is medical director of a facility in Rochester, NY, and author of a book entitled Dementia Beyond Drugs – a dynamic speaker

and a formidable advocate for cutting back on the usage of psychotropic medication. In Fall of 2012 we will be co-sponsoring an event hosted by Alzheimer's Association of Northern California and will be providing a speaker at two sessions on this same topic with the intent to strengthen the message and broaden the education on the subject. We hope that by the end of our campaign all facilities in our area will have attended one or more of these events and that we will be able to track a reduction in the usage of this dangerous class of drugs in our nursing homes.

Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6)

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 the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-2011 Baseline: 84% Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the number of Nursing Facilities 19.
2. FY 2012-2013 Target: 100%
3. FY 2011-2012 AoA Data: ___% FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___% FY 2014-2015 Target: ___%
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers: 4

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)

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 the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-2011 Baseline: 91% Number of RCFEs visited at least once a quarter not in response to a complaint 295 divided by the number of RCFEs 325.
2. FY 2012-2013 Target: 100%
3. FY 2011-2012 AoA Data: ___ % FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target: ___ %
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers:4

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

(One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs 5.6
2. FY 2012-2013 Target: 5 FTEs
3. FY 2011-2012 AoA Data: ___ FTEs FY 2013-2014 Target: ___ FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: ___ FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: ___ FTEs
Program Goals and Objective Numbers: 4

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers)

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010: 45
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 54.
3, FY 2011-2012 AoA Data: ___ certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 ____
4. FY 2012-2013 AoA Data: ___ certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 ___

5. FY 2013-2014 AoA Data: ___ certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 ___
Program Goals and Objective Numbers: 4

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]

Measures and Targets:

A. At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV: 45 ombudsmen attended 1 two hour training session on part of the NORS training. We did not complete all training parts.
2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV: 54
3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2013-2014 Target _____
4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2014-2015 Target _____
5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2015-2016 Target: _____
Program Goals and Objective Numbers: 4

PSA #8

TITLE VII B ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

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 III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available.

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** – Please 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** – Please indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Caregivers Served by Title III E** – Please indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 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** – Please 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** – Please 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 –** Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

PSA 8

TITLE VIIB ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

Fiscal Year	Total # of Public Education Sessions
2012-13	10
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	600	Help at Home booklet, Aging and Adult Services Booklet, TIES Line material, hoarding educational material, elder abuse booklets, and crime prevention booklets.
2013-2014		
2014-2015		
2015-2016		

Fiscal Year	Total Number of Individuals Served
2012-2013	750
2013-2014	
2014-2015	
2015-2016	

PSA #8

TITLE III E SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

This Service Unit Plan (SUP) utilizes the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July I, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted III EServices

CATEGORIES	1	2	3
Family Caregiver Services **Caring for Elderly**	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Information Services	**# of activities and** **Total est. audience for above**		
2012-2013	# of activities: 62 Total est. audience for above: 6,200	1	
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		

Access Assistance	**Total contacts**		
2012-2013	738	1	
2013-2014			
2014-2015			
2015-2016			
Support Services	**Total hours**		
2012-2013	841	1	
2013-2014			
2014-2015			
2015-2016			
Respite Care	**Total hours**		
2012-2013	880	1	
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	**Total occurrences**		
2012-2013	53	1	
2013-2014			
2014-2015			
2015-2016			

Direct and/or Contracted III E Services

Grandparent Services **Caring for Children**	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Information Services	**# of activities and** **Total est. audience for above**		
2012-2013	# of activities: 57 Total est. audience for above: 5,700	1	
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2012-2013	1,550	1	
2013-2014			
2014-2015			
2015-2016			
Support Services	**Total hours**		
2012-2013	1,000	1	
2013-2014			
2014-2015			
2015-2016			

Respite Care	**Total hours**		
2012-2013	550	1	
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	**Total occurrences**		
2012-2013	100	1	
2013-2014			
2014-2015			
2015-2016			

PSA #8

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc): Peninsula Family Service
Street Address: 24 2nd Avenue, San Mateo.CA 94401
Name and title of all SCSEP staff members (paid and participant): Brenda Brown (Director, Second Careers Employment Program and Felica Maran (Participant Staff) Intake Specialist
Number of paid staff __1____ Number of participant staff __1____
How many participants are served at this site? 17 participants enrolled and serviced by Peninsula Family Service.

PSA 8

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

MULTIPLE PSA HICAPs: If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one "Managing AAA," then each AAA must enter State and federal performance target numbers in each AAA's respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	1,293	1
2013-2014		
2014-2015		
2015-2016		

Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2012-2013	70	4
2013-2014		
2014-2015		
2015-2016		

Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2012-2013	3,023	1
2013-2014		
2014-2015		
2015-2016		

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2012-2013	3,771	4
2013-2014		
2014-2015		
2015-2016		

Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	282	1
2013-2014		
2014-2015		
2015-2016		

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	878	1
2013-2014		
2014-2015		
2015-2016		

Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013	2,306	1
2013-2014		
2014-2015		
2015-2016		

Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2012-2013	1,322	1
2013-2014		
2014-2015		
2015-2016		

Note: This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2012-2013	15.7	1
2013-2014		
2014-2015		
2015-2016		

Note: This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.

Section 3: HICAP Legal Services Units of Service (if applicable) [4]

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	N/A	
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	**3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)**	**Goal Numbers**
2012-2013	N/A	
2013-2014		
2014-2015		
2015-2016		

4 Requires a contract for using HICAP funds to pay for HICAP Legal Services.

State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013	N/A	
2013-2014		
2014-2015		
2015-2016		

Sections 11: Focal Points

San Mateo County
Area Plan 2012-2016

SECTION 11 - FOCAL POINTS **PSA 8**

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
1. Alzheimer's Association of Northern California & Northern Nevada	1060 La Avenida St. Mountain View, CA 94043
2. Catholic Charities CYO San Carlos Adult Day Services	787 Walnut Street San Carlos, CA 94070
3. Center for the Independence of Individuals with Disabilities	1515 S. El Camino Real, Suite 400 San Mateo, CA 94402
4. City of Belmont Senior Center	20 Twin Pines Lane Belmont, CA 94402
5. City of Brisbane Senior Sunrise Room	2 Visitacion Avenue Brisbane, CA 94005
6. City of Burlingame Recreation Center	850 Burlingame Avenue Burlingame, CA 94010
7. City of Daly City Senior/Adult Services Doelger Center	101 Lake Merced Blvd. Daly City, CA 94015
8. City of Daly City Lincoln Community Center	901 Brunswick Street Daly City, CA 94014
9. City of East Palo Alto East Palo Alto Senior Center Inc.	56 Bell Street East Palo Alto, CA 94303
10. City of Menlo Park Senior Center	110 Terminal Avenue Menlo Park, CA 94015
11. City of Millbrae Millbrae Senior Center	477 Lincoln Circle Millbrae, CA 94030

12. City of Pacifica Senior Services Community Center	540 Crespi Drive Pacifica, CA 94044
13. City of San Bruno Senior Center	1555 Crystal Springs Road San Bruno, CA 94066
14. City of San Mateo Senior Center	2645 Alameda de las Pulgas San Mateo, CA 94403
15. City of San Mateo Martin Luther King Community Center	725 Mount Diablo San Mateo, CA 94401
16. City of South San Francisco Adult Day Care	601 Grand Avenue South San Francisco, CA 94080
17. City of South San Francisco Magnolia Senior Center	601 Grand Avenue South San Francisco, CA 94080
18. Coastside Adult Day Health Center	645 Correas Street Half Moon Bay, 94019
19. Edgewood Center for Children and Families	957B Industrial Road San Carlos, CA 94070
20. Family Caregiver Alliance	785 Market St., Suite 750 San Francisco, CA 94103
21. Fair Oaks Community Center	2600 Middlefield Road Redwood City, CA 94063
22. Foster City Senior Center	650 Shell Blvd. Foster City, CA 94014
23. Hospital Consortium of San Mateo County	222 W. 39th Avenue San Mateo, CA 94403
24. Kimochi, Inc.	1715 Buchanan St. San Francisco, CA 94115
25. Legal Aid Society of San Mateo County	330 Twin Dolphin Drive, Suite 123 Redwood City, CA 94065
26. Mills-Peninsula Senior Focus Adult Day/ADCRC	1720 El Camino Real, Suite 10 Burlingame, CA 94010
27. Ombudsman Services of San Mateo County, Inc.	711 Nevada Street Redwood City, CA 94061

28. Peninsula Family Service	24-2nd Avenue San Mateo, CA 94401
29. Peninsula Volunteers, Inc. Rosener House	500 Arbor Road Menlo Park, CA 94025
30. Peninsula Volunteers, Inc. Little House	800 Middle Avenue Menlo Park, CA 94025
31. Ron Robinson Senior Care Center San Mateo Medical Center	222 39th Avenue San Mateo, CA 94403
32. San Carlos Adult Community Center	601 Chestnut Street San Carlos, CA 94070
33. San Mateo County Aging and Adult Services	225 37th Avenue San Mateo, CA 94403
34. Second Harvest Food Bank Brown Bag Program	1051 Bing Street San Carlos, CA 94070
35. Self Help for the Elderly/HICAP	50 East 5th Avenue San Mateo, CA 94401
36. Senior Coastsiders	535 Kelly Avenue Half Moon Bay, CA 94019
37. Sequoia Hospital Health and Wellness Center	749 Brewster Redwood City, CA 94063
38. Veterans Memorial Senior Center	1455 Madison Avenue Redwood City, CA 94061

Section 12:
Disaster Preparedness

San Mateo County
Area Plan 2012-2016

SECTION 12 - DISASTER PREPAREDNESS PSA 8

Disaster Preparation Planning Conducted for the 2012-2016 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

   The AAA is involved in the disaster planning for the County of San Mateo. AAA staff are enrolled to receive California Health Alert Network notifications to receive information on disasters throughout the County/State. Staff are also required to complete the County's Incident Command System 100 and 700 trainings to be prepared to assist in the County's response to a disaster. San Mateo County also conducts a Silver Dragon exercise on an annual basis to practice it's response to emergencies. AAA staff participate in this exercise. The AAA maintains a list of all senior housing establishments in the County, including skilled nursing facilities, residential care facilities for the elderly, assisted living facilities, and senior apartments. This list includes the addresses, contact information, and number of beds at each facility and has been shared with the County's Office of Emergency Services (OES) to use in the case of an emergency. For example, if there is a fire in one section of the County, OES and the AAA will know which facilities may need assistance with evacuation. In addition, the AAA has an automated case management system, Q, that contains demographic and emergency response requirements of all clients served by the AAA, for instance, it indicates if a client is on oxygen, is bed bound, etc. We are able to run reports on clients by case worker or by region in the County so that case workers and staff can reach out to clients in the case of an emergency and determine the need for assistance. The AAA also requires that contracted providers have an emergency preparedness plan. Throughout all our emergency preparedness activities, we have learned the importance of coordinating with other County an community-based organizations as well as state and local government. Not only do we benefit from the expertise of our colleagues, but we also maximize the impact of our limited resources. For the Area Plan for FY 12-16, we will continue to participate in preparedness efforts focusing on our communication with community-based providers to ensure that the needs of vulnerable individuals are addressed. We will also continue to work with our Health System and OES in developing communication strategies.

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

Name	Title	Telephone	email
Carl Hess	Management Analyst II	Office: 650-573-3798 Cell: N/A	Chess@smcgov.org
Brian Molver	District Coordinator-OES	Office: 650-363-4448	bmolver@smcgov.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Heather Ledesma	Financial Services Manager II	Office: 650-573-2236 Cell: N/A	hledesma@smcgov.org

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Services	How Delivered?
a. Adult Protective Services (APS)	**a. Limited APS staff will be at the work site to follow-up on any APS issues that arise.**
b. Limited Information and Referral	**b. The AAA will have limited staff to answer calls that come in to our 1-800 line**
c. Limited Case Management	**c. A limited number of staff will be at the work site to provide critical case management services.**

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

   The AAA requires that each contracted community provider have an emergency response plan in place.

6. Describe how the AAA will:
   - Identify vulnerable populations. The AAA will identify vulnerable populations through our Q Case Management System and through our contracted community providers.
   - Follow-up with these vulnerable populations after a disaster event. The AAA would follow-up with these vulnerable populations through phone calls and face-to-face visits, as necessary.

Section 13:
Priority Services

San Mateo County
Area Plan 2012-2016

SECTION 13 - PRIORITY SERVICES **PSA 8**

2012-2016 Four-Year Planning Cycle

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[5] 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 2012-13 through FY 2015-16

Access:

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

12-13 20% 13-14 _____% 14-15 _____% 15-16 _____%

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

12-13 25% 13-14 _____% 14-15 _____% 15-16 _____%

Legal Assistance Required Activities:

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

12-13 5% 13-14 _____% 14-15 _____% 15-16 _____%

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

To determine adequate proportion, needs assessment data, information received at the Public Hearing, and current proportions were reviewed. Program utilization and expenditures in programs that have under-expended and/or not met their objectives were analyzed. Assessment results included the following issues: accidents in the home, transportation, taking care of another person (adult & child), obtaining information about services, and isolation. These can be addressed more readily in programs offered under Access and In-Home Services. The change in adequate proportions percentages will allow for 50% of the funding to be set and allow for the other 50% of the funding to be used flexibly in order to best address the needs of the community.

Section 14:
Notice of Intent to Provide Direct Services

San Mateo County
Area Plan 2012-2016

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES PSA 8

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

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

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

Check applicable direct services	Check each applicable Fiscal Year			
Title III B	**12-13**	**13-14**	**14-15**	**15-16**
☐ Information and Assistance	☐	☐	☐	☐
☐ Case Management	☐	☐	☐	☐
☐ Outreach	☐	☐	☐	☐
☒ Program Development	☒	☐	☐	☐
☒ Coordination	☒	☐	☐	☐
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title III D	**12-13**	**13-14**	**14-15**	**15-16**
☐ Health Promotion	☐	☐	☐	☐
☐ Medication Management	☐	☐	☐	☐

Title III E	12-13	13-14	14-15	15-16
☐ Information Services	☐	☐	☐	☐
☐ Access Assistance	☐	☐	☐	☐
☐ Support Services	☐	☐	☐	☐
☐ Respite Services	☐	☐	☐	☐
☐ Supplemental Services	☐	☐	☐	☐

Title VII A	12-13	13-14	14-15	15-16
☐ Long-Term Care Ombudsman	☐	☐	☐	☐

Title VIIB	12-13	13-14	14-15	15-16
☒ Prevention of Elder Abuse, Neglect and Exploitation	☒	☐	☐	☐

Describe the methods to be used to ensure target populations will be served throughout the PSA. 8

Program Development and Coordination

Program development and coordination activities are coordinated with the New Beginning Coalition, the Commission on Aging and the Commission on Disabilities and their respective committees/workgroups. Meetings and activities of these groups involved a broad spectrum of individuals and agencies serving low-income individuals, minority older adults, adults with disabilities, geographically isolated individuals, caregivers, and other targeted groups.

Title VII Prevention of Elder Abuse, Neglect and Exploitation

The Commission on Aging's elder abuse prevention collaborative is focused on enhancing community awareness and education regarding elder and dependent adult abuse by working with the media, participating in community activities, and planning presentations or educational events.

Section 15:

Request for Approval to Provide Direct Services

San Mateo County Area Plan 2012-2016

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 8

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

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

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: _____

Check applicable funding source:[6]

☐ III B

☐ III C-1

☐ III C-2

☐ III E

☐ VII A

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

☐ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☐ 2012-13 ☐ 2013-14 ☐ 2014-15 ☐ 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service[7] :

Section 16:
Governing Board

San Mateo County
Area Plan 2012-2016

SECTION 16 - GOVERNING BOARD **PSA 8**

GOVERNING BOARD MEMBERSHIP

2012-2016 Four-Year Area Plan Cycle

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

Total Number of Board Members: 5

Name and Title of Officers:	**Office Term Expires:**
The Honorable Adrienne Tissier, President	January 2013
The Honorable Don Horsley, Vice President	January 2015

Names and Titles of All Members:	**Board Term Expires:**
The Honorable Dave Pine, Supervisor District 1	January 2013
The Honorable Carole Groom, Supervisor District 2	January 2015
The Honorable Don Horsley, Supervisor District 3	January 2015
The Honorable Rose Jacobs Gibson, Supervisor District 4	January 2013
The Honorable Adrienne Tissier, Supervisor District 5	January 2013

Section 17:
Advisory Council

San Mateo County
Area Plan 2012-2016

SECTION 17 - ADVISORY COUNCIL **PSA 8**

ADVISORY COUNCIL MEMBERSHIP

2012-2016 Four-Year Planning Cycle

45 CFR, Section 1321.57

CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 21

Number of Council Members over age 60 13

Race/Ethnic Composition	% of PSA's 60+Population	% on Advisory Council
White	61.1%	59.5%
Hispanic	12.0%	2.4%
Black	3.1%	4.8%
Asian/Pacific Islander	21.6%	28.6%
Native American/Alaskan Native	0.9%	4.8%
Other	4.8%	0%

Name and Title of Officers:	Office Term Expires:
David Gilson/Vice-Chair	6-30-13
Patricia Georges/Executive Committee Member	6-30-13
Sandra Lang/Executive Committee Member	6-13-12
Denis O'Sullivan/Chair	6-30-13
Evelyn Tom/Executive Committee Member	6-30-13

Name and Title of other members:	Office Term Expires:
Steven Cobb	6-30-12
Robyn Crawford	6-30-13
Aurea Cruz	6-30-14
Megan DePuy	6-30-13
Katie Eiseman	6-30-13
Patricia Firenze	6-30-13
Christina Khan	6-30-14
Melodie Lew	6-30-13
Soledad Manaay	6-30-14
Cherie Moreno	6-30-14
Lynn Nieberding	6-30-14
Mary C. Pappas	6-30-12
Annie Sadler	6-30-13
Francine Serafin-Dickson	6-30-14
Appollonia Dee Uhila	6-30-13
Kevin Worth	6-30-14

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

	Yes	No
Low Income Representative	☒	☐
Disabled Representative	☒	☐
Supportive Services Provider Representative	☒	☐
Health Care Provider Representative	☒	☐
Family Caregiver Representative	☒	☐
Local Elected Officials	☒	☐
Individuals with Leadership Experience in Private and Voluntary Sectors	☒	☐

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

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

All 21 members of the Commission on Aging are appointed by the San Mateo County Board of Supervisors.

Section 18:
Legal Assistance

San Mateo County
Area Plan 2012-2016

SECTION 18 - LEGAL ASSISTANCE **PSA 8**

2012-2016 Four-Year Area Planning Cycle

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

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.[8]

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B requirements:

   The San Mateo County AAA goal is to ensure the delivery of client-centered, compassionate, and fiscally responsible services that foster self-determination, meet professional standards and ethics, and reflect the county's statement of beliefs. This is accomplished by offering services that provide a combination of protection, support, prevention and advocacy.

   Such services will include legal advice and representation provided by an attorney to individuals with economic and social needs; and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and counseling or representation by a non-lawyer where permitted by law.

2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? A minimum of 5%

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

   To determine Title III B funds (adequate proportion), needs assessment data, information received at the Public Hearing, and current proportions were reviewed. Program utilization and expenditures in programs that have under-expended and/or not met their objectives were analyzed. Needs assessment results included the following issues: accidents in the home, transportation, taking care of another person (adult & child), obtaining information about services, and isolation. These can be addressed more readily in programs offered under Access and In-Home Services as opposed to legal services. The adequate proportions percentages will allow for 50% of the funding to be set and allow for the other 50% of the funding to be used flexibly in order to best address the needs of the community.

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

   While Senior Advocates serves older adults of all income levels, the Legal Services program places greater priority on serving older adults in greatest economic and social need, including immigrants or those with differing languages and cultures. Senior Advocates seeks out those most in need of services: older adults who are low income, age 75 or older, living alone, or members of ethnic minorities. They reach out to residents who might have difficulty accessing the office by scheduling intake appointments and educational presentations at coast-side senior centers and at subsidized, senior housing complexes. Educational flyers are sent to home-bound seniors through the home-delivered meal program. Ethnic minority communities are also targeted through established community leaders or organizations, like Self-Help for the Elderly (Chinese), Pilipino Bar Association, and El Concilio of San Mateo County. The Senior Advocates' administrative assistant speaks Spanish and interprets for their monolingual Spanish speaking seniors. They use a telephone translation service (Language Line) or obtain translators for persons speaking languages other than English or Spanish. They use the California Relay Service and sign language interpreters as necessary to serve deaf and hearing impaired seniors.

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

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	
2014-2015	
2015-2016	

6. Does your PSA have a hotline for legal services?

   There are currently no other civil legal services programs, other than advice hotlines, that provide a broad range of legal services to San Mateo County residents. Legal Aid refers cases to and accepts referrals from the statewide Senior Legal Hotline and Bay Area Legal Aid's Legal Advice Line. Bay Area Legal Services, the local Legal Services Corporation-funded program, provides legal advice by phone.

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

   Educational or outreach presentations at senior centers and senior housing complexes, outreach booths at community fairs/events, brochures at hospitals, brochures to home-delivered meal participants, referrals from other community agencies, outreach to hospital social workers, and occasionally PSAs on local TV channels.

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. Legal Aid Society b. c.	a. Entire County b. c.
2013-2014	a. b. c.	a. b. c.
2014-2015	a. b. c.	a. b. c.
2015-2016	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA:

   Older adults generally schedule appointments to see the attorneys one-on-one at the Legal Aid office. If they cannot make it to the office, telephone appointments and home visits are scheduled when appropriate. Legal Aid also provides appointments at Senior Coastsiders for those who live on the coast if they prefer. In addition, periodic clinics are scheduled at senior centers or senior housing complexes for some services, such as Advance Directives for Health Care.

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

    Major issues continue to be problems with Social Security or Supplemental Security Income (SSI) benefits, and debt collection. Other issues that are serious challenges for older adults in PSA 8 include financial abuse (i.e. scams, identity theft, fraud, reverse annuity mortgages, title transfers, and inappropriate use of Power of Attorney), benefits issues (appeals for older adults who may not be able to navigate the system of follow through with necessary actions), eviction of people who move in the homes of older adults and take advantage of their resources, Medi-Cal spousal impoverishment, transportation, and affordable housing.

11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? Discuss:

    In the past four years, there has been an increase in foreclosure issues.

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

    The two main barriers to accessing legal services are lack of knowledge that legal services exist and the need for those services is exceeding the provider's capacity. Outreach efforts are helping to overcome the first barrier. However, since this population is constantly growing and changing, constant attention must be paid to identifying difficult to reach older adults and reaching out to them. The second barrier, need exceeding capacity, means that sometimes older adults must wait longer for an appointment, because while the need grows, funding remains static. Strategies for addressing this barrier are to develop clinics that utilize pro bono (volunteer) attorneys to help a group of seniors at a time, to emphasize preventative education, and to identify new funding sources that can increase the provider's capacity. Barriers exist for serving older adults that live alone or are isolated, immigrants or older adults that speak a language other than English, and those that are low-income. Barriers for these older adults include literacy levels/education, having little or no social support systems, and language/lack of understanding of the service system or how to navigate the service system. Proposed strategies to overcome these barriers include: ensuring that the program outreach material is written at a level that clients can understand, using Legal Aid's LIBRE project to outreach to this population to help them access legal services, and when appropriate, providing home visits and telephone appointments. The LIBRE (Linking Immigrants to Benefits, Resources, and Education) project assists immigrant individuals and families living in San Mateo County to access safety net benefits, such as Medi-Cal, CalFRESH (formerly Food Stamps), CalWORKS, and Social Security.

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

    In domestic violence cases, services are coordinated with Communities Overcoming Relationship Abuse (CORA) and Bay Area Legal Aid. Housing services are coordinated with Community Legal Services to determine if the case raises criminal or civil issues or both. Legal Aid works with Adult Protective Services (APS) and local law enforcement to investigate potential liability and determine the best use of resources to address the abuse. Appropriate cases are referred to the private bar through the San Mateo County Bar Association's Lawyer Referral Service or California Advocates for Nursing Home Reform's (CANHR) Lawyer Referral Service. Examples of other organizations that legal services collaborates with include Second Harvest Food Bank, Coastside Hope, Fair Oaks Community Center, and Nuestra Casa to dispel myths and encourage older immigrants to apply for CalFresh benefits. Also, the Senior Advocates attorney is the co-chair of the Legal Aid Association of California Senior Legal Services Providers workgroups. The Senior Advocates attorney collaborates with the Ombudsman program, APS, the Area Agency on Aging (Commission on Aging, Legislative Advocacy and the elder abuse prevention collaborative), CANHR, One Justice, and multiple senior centers and housing complexes for presentations and information fairs.

Section 19:

Multipurpose Senior Center Acquisition or Construction Compliance Review

San Mateo County Area Plan 2012-2016

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISTION OR CONSTRUCTION COMPLIANCE REVIEW

PSA 8

CCR Title 22, Article 3, Section 7302(a)(15)

20-year tracking requirement

☒ No. Title III B funds not used for Acquisition or Construction.

☐ Yes. Title III B funds used for Acquisition or Construction. **Complete the chart below.**

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

Section 20:
Family Caregiver Support Program

San Mateo County Area Plan 2012-2016

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM PSA 8

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services

Older Americans Act Section 373(a) and (b)

2012–2016 Four-Year Planning Cycle

Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact.
If the AAA will **not** provide a service, a justification for each service is required in the space below.

Family Caregiver Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Family Caregiver Information Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Family Caregiver Access Assistance	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Family Caregiver Support Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Family Caregiver Respite Care	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Family Caregiver Supplemental Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract

Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Access Assistance	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Support Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Respite Care	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Supplemental Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract

Section 21:
Organizational Chart

San Mateo County
Area Plan 2012-2016

SECTION 21. Organizational Chart

Within Aging and Adult Services, the Commission and Provider Services Unit, administers the programs that are funded by the Older Americans Act as well as County-funded programs serving younger clients with disabilities. The unit also provides staff for both the Commission on Aging and the Commission on Disabilities. This unit has experienced a 40% reduction in staffing as compared to 1997 levels. This reduction poses challenges in administering 73 contracts, responding to new or changing regulations, and providing technical assistance to community providers who also have experienced staffing and budget reductions. Discussions for future planning include re-evaluating funded service categories, as informed by the Area Plan, and decreasing the overall number of contracts that are awarded via the FY 2013-2017 Requests for Proposals design and process.

Changes in AAA include acquiring the Public Administrator from another County department on July 1, 2011. Due to the similarities of the functions of the Public Guardian Program and Public Administrator Program, administrative efficiencies were created by combining the two programs. These efficiencies will be reflected to the public through seamless distributions of decedent estates.

Included in this section is the organization chart for San Mateo County Health System, including the placement of Aging and Adult Services and the Area Agency on Aging.

Placeholder for AAS ORG CHART

PSA 8
Area Agency on Aging
Organization Chart

Health Services Manager- MF
50% Non OAA/OCA
49.5% FTE
.5% Direct Service B

Supervisor – MM 83.5% FTE Administration 10% Title V 5% HICAP 1.5% FTE Direct Service B	**Community Program Analyst– CU** 95.9% FTE Administration 4.1% FTE Direct Service B
Community Program Analyst – CM 42.7% FTE Administration 36% Non OAA/OCA 19% HICAP 2.3% FTE Direct Service B	**Community Program Analyst– ZA** 98.9% FTE Administration 1.1% FTE Direct Service B

Accountant II – AT
86% FTE Administration
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Section 22: Assurances

San Mateo County Area Plan 2012-2016

SECTION 22. Assurances

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

   Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

   (A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

   (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

   (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

   (I) provide assurances that the area agency on aging will -

   (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

   (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

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

3. OAA 306(a)(4)(A)(ii)

   Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

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

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

4. OAA 306(a)(4)(A)(iii)

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

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on-

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

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

7. OAA 306(a)(5)

   Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

   Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

   Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ‘‘older Native Americans’’), including—

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

   (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

   (C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

    (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

    (B) disclose to the Assistant Secretary and the State agency—

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

        (ii) the nature of such contract or such relationship;

    (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

    (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

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

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)
In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

Requirement: OAA 307(a)(15)

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

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)
Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -

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

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

CFR [1321.53(a)(b)]

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

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

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

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

CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

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

CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]
No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

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

Attachments

San Mateo County Area Plan 2012-2016

Attachments

1. Ability to Speak English for Population 18 Years and Older
2. San Mateo County, CA 2009 Elder Economic Security Standard Index
3. New Beginning Coalition Organization
4. Stakeholder Forum Results
5. TIES Calls by Issue FY 11-12
6. TIES Calls by Location and Age Group FY 11-12

Attachment 1

Ability to Speak English for Population 18 Years and Older		
	Number of Individuals	**Percent of Population Group**
18 to 64 years:	**459,401**	**100%**
Speak only English	239,688	52.2%
Speak Spanish	95,139	20.7%
Speak English "very well"	38,848	8.5%
Speak English "well"	21,794	4.7%
Speak English "not well"	22,507	4.9%
Speak English "not at all"	11,990	2.6%
Speak other Indo-European languages:	28,229	6.1%
Speak English "very well"	21,627	4.7%
Speak English "well"	5,117	1.1%
Speak English "not well"	1,186	0.3%
Speak English "not at all"	299	0.1%
Speak Asian and Pacific Island languages	89,004	19.4%
Speak English "very well"	53,363	11.6%
Speak English "well"	25,002	5.4%
Speak English "not well"	8,778	1.9%
Speak English "not at all"	1,861	0.4%
Speak other languages	7,361	1.6%
Speak English "very well"	4,895	1.1%
Speak English "well"	1,678	0.4%
Speak English "not well"	632	0.1%
Speak English "not at all"	156	0.0%
65 years and over:	**94,702**	**100%**
Speak only English	59,250	62.6%
Speak Spanish	9,552	10.1%
Speak English "very well"	3,470	3.7%
Speak English "well"	1,949	2.0%
Speak English "not well"	2,255	2.4%
Speak English "not at all"	1,878	2.0%
Speak other Indo-European languages:	8,086	8.6%
Speak English "very well"	4,431	4.7%
Speak English "well"	2,318	2.4%
Speak English "not well"	883	0.1%
Speak English "not at all"	454	0.0%
Speak Asian and Pacific Island languages	16,789	17.7%
Speak English "very well"	5,482	5.8%
Speak English "well"	5,247	5.5%
Speak English "not well"	4,140	4.4%
Speak English "not at all"	1,920	2.0%
Speak other languages	1,025	1.1%
Speak English "very well"	461	0.5%
Speak English "well"	342	0.4%
Speak English "not well"	181	0.2%
Speak English "not at all"	41	0.0%

Attachment 2

San Mateo County, CA 2010
Elder Economic Security Standard Index
Elder Person

Income Needed to Meet Basic Needs	**Owner w/o mortgage**	**Owner w/mortgage**	**Renter, one bedroom**
	$17,475	$40,774	$27,985
Annual Comparison Amounts			
Federal Poverty Guidelines (FPG) (2010 DHHS)	**Owner w/o mortgage**	**Owner w/mortgage**	**Renter, one bedroom**
	$10,830	$10,830	$10,830
% of Federal Poverty Elder Index divided by FPG	161%	376%	258%
	Owner w/o mortgage	**Owner w/mortgage**	**Renter, one bedroom**
SSI Payment Maximum CA 2010	$10,140	$10,140	$10,140
SSI Income Gap (SSI Payment Maximum minus Elder Index)	($7,335)	($30,634)	($17,845)
Median Social Security (SS) Payment 2009	$12,708	$12,708	$12,708
SS Income Gap (Average SS Payment minus Elder Index	($4,767)	($28,066)	($15,277)

Source: http://www.healthpolicy.ucla.edu/eess1012_pdf/San-Mateo.pdf

Attachment 2

San Mateo County, CA 2010
Elder Economic Security Standard Index
Elder Couple

Income Needed to Meet Basic Needs	**Owner w/o mortgage**	**Owner w/mortgage**	**Renter, one bedroom**
	$24,149	$49,448	$36,659
Annual Comparison Amounts			
Federal Poverty Guidelines (FPG) (2010 DHHS)	**Owner w/o mortgage**	**Owner w/mortgage**	**Renter, one bedroom**
	$14,570	$14,570	$14,570
% of Federal Poverty Elder Index divided by FPG	179%	339%	252%
	Owner w/o mortgage	**Owner w/mortgage**	**Renter, one bedroom**
SSI Payment Maximum CA 2010	$16,886	$16,886	$16,886
SSI Income Gap (SSI Payment Maximum minus Elder Index)	($9,263)	($32,562)	($19,772)
Median Social Security (SS) Payment 2009	$22,000	$22,000	$22,000
SS Income Gap (Average SS Payment minus Elder Index	($4,149)	($27,448)	($14,659)

Source: http://www.healthpolicy.ucla.edu/eess1012_pdf/San-Mateo.pdf

Attachment 2

San Mateo County, CA 2010
Elder Economic Security Standard Index

Elder Person

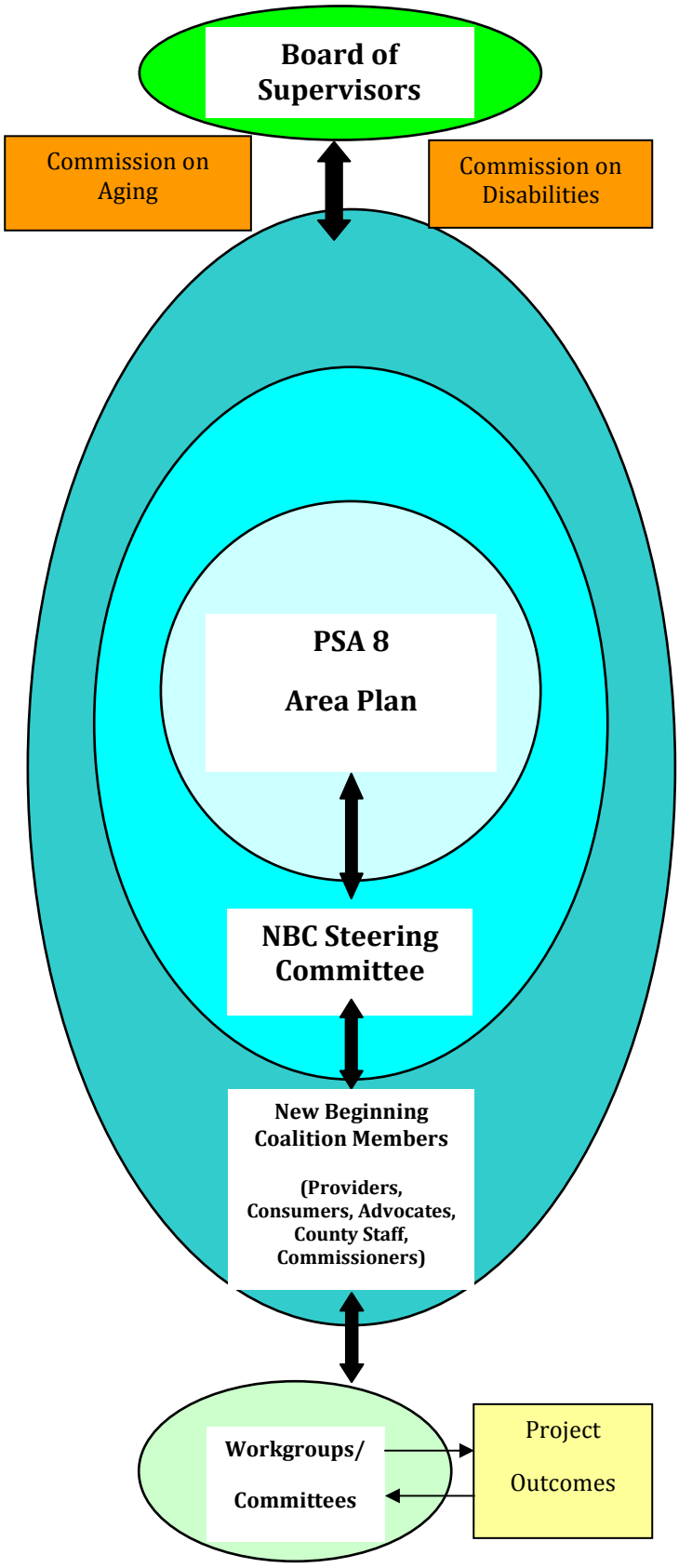
Monthly Expenses	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Housing	$447	$2,338	$1,322
Food	$273	$273	$273
Transportation	$214	$214	$214
Health Care (Good Health)	$281	$281	$281
Miscellaneous @ 20%	$243	$243	$243
Elder Index Per Month	$1,456	$3,398	$2,332

Elder Couple

Monthly Expenses	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Housing	$447	$2,338	$1,322
Food	$509	$509	$509
Transportation	$299	$299	$299
Health Care (Good Health)	$561	$561	$561
Miscellaneous @ 20%	$363	$363	$363
Elder Index Per Month	$2,179	$4,121	$3,055

Source: http://www.healthpolicy.ucla.edu/eess1012_pdf/San-Mateo.pdf

Attachment 3



Background: To accomplish our mission, San Mateo County (SMC) Aging and Adult Services (AAS) convenes a broad-based group of consumers, caregivers, service providers, and Commissioners from the Commission on Aging (CoA) and Commission on Disabilities (CoD) known as the New Beginning Coalition (NBC). All members of NBC are viewed as equals whether they are participating as a consumer, provider, and/or advocate and regardless of the agency or organization they represent, or other affiliation(s).

Purpose: To implement our Goal-based strategic planning approach across the system of services in SMC. SMC's Area Agency on Aging (AAA) uses a cooperative and participatory process in setting and accomplishing goals. All participants should feel a sense of ownership over the final plan. Feedback and evaluation are integrated in the process to ensure that our efforts are most effective.

Attachment 3 is the structure for plan implementation. The double arrows indicate the procedure for plan implementation is a bidirectional process. Projects are determined by the Area Plan. As projects are completed on plan goals, the Area Plan is informed, and new projects are created to fill gaps in service.

Area Plan: Central document that describes the current situation of the AAA, what future direction it is moving toward and how it will get there. It is the benchmark for success.

NBC Steering Committee: Select members from NBC with the responsibility of plan implementation; analyzing data to assist in the setting of Area Plan Goals and monitor and evaluate activities of the workgroups to inform the Area Plan. These members share the responsibility of planning the NBC meetings with AAS.

AAS: Agency designated by California Department on Aging (CDA) as the AAA. Responsible for interacting with CDA. Staff assists the Steering Committee in the coordination of the NBC meeting. Responsible for maintaining the Area Plan document. Disburses funding received through the Older Americans Act.

CoA/CoD: The CoA and CoD are designated as the advisory boards to the Board of Supervisors on aging and disability issues in our county. Responsible for participating on at least two goal initiatives per year.

NBC Coalition Members: Through their participation, ALL members have the opportunity to stay informed of issues and resources, collaborate, and work toward closing gaps in the service delivery system. Participate in planning projects, convening workgroups, providing services and/or assessing

community needs.

Attachment 4

Stakeholder group: Aging and Adult Services Staff	Healthcare
Who is your community	Adults 65 years and over Medi-Cal/Medicare recipients Those at risk of health decline Those at risk for placement Caregivers Children with disabilities at risk of abuse/neglect Those that need assistance with Medicare and other benefits
Why an issue	Clients need help with navigating system A definition in needed for healthy living Accessibility Rural areas Emergency Room services are over-utilized Clients' Physical/cognitive ability Effect of life Money for co-payment needed Lack of trust with medical field No primary care provider relationship
Existing Services	SM Medical Center's Ron Robinson Senior Care Center Home Health Care/Case Management HICAP Counseling Insurance to caregivers Doctor home visits
Barriers	Transportation Lack of knowledge Denial Medi-Cal issues (aid codes) Fear Cognitive deficits
Unmet Need	Denial Vision coverage Transportation ADHC More community services

Attachment 4

Stakeholder group: Aging and Adult Services Staff	Housing
Who is your community	Adults/children with disabilites Elderly People who live alone with limited social support Those on limited incomes Families with limited incomes County-wide
Why an issue	Affordabilty Accessibility Clients level of functioning Homeless
Existing Services	Section 8 HIP Housing Board & Care Samaritan House
Barriers	Limited resources Disappearing resources Physical design of house
Unmet Need	Availability of adapted housing Application procedure Complication of qualifications Sustaining housing benefits Finances

Attachment 4

Stakeholder group: Aging and Adult Services Staff	Money to Live On
Who is your Community	AAS Clients- aged, disabled, low-income Community of San Mateo County Children
Why an issue	Money is needed to remain independent at home Economy is affecting health systems There is less money to allocate to client needs (i.e. transportation, food, bills, etc.)
Existing Services	Medi-Cal In-Home Suppportive Services Social Security Legal Aid Center for Independence of Individuals with Disabilites Rep Payee Program General Assistance LEAP/utilities assistance HICAP
Barriers	Budget-cut backs Lack of knowledge of resources Physically getting to resources/transportation Complexity of benefits Health of the individual
Unmet Need	Benefits are not sufficient High cost of living Quality of life affected More community services

Attachment 4

Stakeholder group: Aging and Adult Services Staff	Receiving Services and Benefits
Who is your community	Those that are conserved Rep Payee Clients
Why an issue	Clients need more benefits Concerns: Clients don't have enough money to pay Clients have a lot of bills but don't have money to pay Deputy Public Guardians tasked with figuring out how to fund needs
Existing Services	Rep Payee programs (help to manage and stablize situation) Case Managers help with budget
Barriers	Knowledge and understanding Eligibility Application process/timeline Language Denials due to lack of knowledge to fill out forms
Unmet Need	Assistance with process
	Interpretation Staff who work with clients don't have enough time Change in eligibility in different counties

Attachment 4

Stakeholder group: **Aging and Adult Services Staff**	**Transportation**
Who is your community	IHSS Those that are conserved Probate Clients
Why an issue	Clients are bed-ridden Clients miss appointments Isolation
Existing Services	Redi-Wheels (Paratransit services) Fish Program- volunteer drivers Taxi vouchers if qualified
Barriers	All comments refer to Redi-Wheels: Clients can't afford to pay ($3.50 one way or $1.75 if on SSI) System is unreliable There is no physical assistance for those that need it Most people are ineligle Clients way be too sick to use Redi-Wheels Long waits for pick-ups If client misses the pick-up, Redi-Wheels won't come back
Unmet Need	There is an unmet need

Attachment 4

Stakeholder group: Commission on Aging	Healthcare
Why an issue	Older adults are needing to work to receive healthcare benefits Lack of coordination with Supplemental Social Security Income (SSI) Confusion with Medicare choices Communication from Medicare is confusing Lack of knowledge about how the different healthcare programs affect each other Long-term care needs Healthcare for middle-income individuals needed- there are no programs for the middle-income Healthcare for those that are not citizens Can't pay for insurance after retirement

Attachment 4

Stakeholder group: Commission on Disabilities	Transportation
Who is your community	Adults with disabilities
Why an issue	Many don't drive Rely on Redi-Wheels Sudden or short-term transportation needs (i.e. getting ride to doctor) Without transporation, can't get to other services, shopping, socialization Transportation is an Activity of Daily Living (ADL) Public transportation (buses)- although some drivers are diligent to announce to other riders the need to accommodate, some still may not give away seats for those with wheelchairs Public transportation (buses)- may continue on route because they do not have the space of time to accommodate someone on wheelchair Redi-Wheels drivers not responsive to riders' requests Redi-Wheels: Drop-off is on the street- don't help rider to the curb Riders not aware of travel training program availability Public transportation staff disregard discount card Redi-Wheels will not pick up rider if not safe Fixed route doesn't cover all of county (Coast)- if there is no fixed route within a mile of the house, the person may not be able to qualify for Redi-Wheels Resources are not known by people that need services Available resources may not have have wheelchair access Redi-Wheels: cost/fare assistance may be difficult to aquire Drivers of fixed routes may not be aware when person stays on the bus because they've fallen asleep
Existing Services	Public Transportation (buses) and Redi-Wheels were the only options discussed
Needs	Redi-Wheels drivers: Diversity Training regarding people with disabilties Same day affordable service for Redi-Wheels (fare is not equal between fixed route and Redi-Wheels) Ability to travel in a group- a transportation vehicle or a bus to accommodate 3 wheelchairs

Attachment 4

Stakeholder group: New Beginning Coalition	Housing
Who is your community	South San Francisco Senior Center: Low-income, primarily Latino, isolated because the group want to remain homogeneous San Bruno Senior Center- San Bruno residents 50 years and over
Why an issue	Funding gets in way of creation of safe housing for aging & disabled Lack of affordable housing Limited Section 8
Existing Services	Center for Independence of Individuals with Disabilties (CID) HIP Housing (shared housing) Project Sentinel Cities- specific housing lists Core Service Agencies Avenida's "Where to Live" guide Help at Home 211 Home Care services Rebuilding Together Peninsual Retired Service Volunteer Program (RSVP) Other home modification services
Unmet Need, Underutilized Services, & Barriers	All services are being underutilized because: Crisis services are needed Poor planning for future Lack of awareness about what is available Fear and denial of change in lifestyle and living abilities Not wanting preventative services for that their independence will be compromised Different cultural implications around asking for help

Stakeholder group: NBC	Housing
Who's missing at NBC regarding this issue	Compare list of all service providers for senior services or services for those with disabilities to the NBC member list Subsidized housing representatives Housing Coalition Other senior centers Social Workers Discharge Planners City Council/City Representatives
Suggestions for Future/Moving Forward	Service providers need to do more to educate families abot utilizing their services More access to affordable housing Subsidized and affordable housing- downtown San Mateo as a model of a diverse community As the population ages, the need for these services will increase How can Adult Day Care services be an alternative to the housing shortage

Attachment 4

Stakeholder group: NBC	Isolation/Lack of Relationships
Who is your community	San Mateo County residents that are isolated or at risk due to: Being homebound Being LGBT older adults who are experiencing difficulties (i.e. substance abuse, and depression) Being fearful of change Being in a hoarding/elder abuse environment Not receiving services due to cultural/linguistic barriers Being caregivers
Why an issue	Services are not responsive to different cultures, values, beliefs Lack of resources Indentification of individuals is difficult
Existing Services	Adult Day Health Care (ADHC) Adult Day Care (ADC) Home-Delivered Meal Program Faith-based Senior Peer Counseling Legal Aid Senior Center without Walls Senior Centers (i.e. Self Help for the Elderly) Adult Protective Services In-Home Supportive Services Phone support (TIES, HART, 211) Caregiver Collaborative

Stakeholder group: NBC	Isolation/Lack of Relationships
Underutilized Services & Barriers	ADC/ADHC: Is a foreign concept One step away from institution Feeling "dumped" into the program Having a stranger take care of the person attending Wanting to fight for independence Cost/lack of money Older adult believing they're "not that bad yet" Lack of trust Fear Lack of knowledge
Unmet Need	Yes
Who's missing at NBC regarding this issue:	Individuals (community Caregivers Family-members

Attachment 4

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Unmet Need	Yes
Who's missing at NBC regarding this issue:	Individuals (community) Caregivers Family-members

Attachment 4

Stakeholder group: NBC	Money to Live On
Who is your community	Older adults Adults with disabilities
Why an issue	Underlying issue to most of the other challnges- housing, medications, food, transportation, dental care, in-home care, financial abuse prevention Money is a way to obtain resources- a gateway to access
Existing Services	Government benefits (Section 8, SSI, IHSS) Adult Day Care Core Service Centers Legal Services Food Bank
Underutilized	Government benefits Home-Delivered Meal Program
Barriers	Transportation Awareness of available services Limited staffing at programs Limited availability of resources (i.e. housing) NIMBY-ism (with respect to low-income housing) Staff not reflecting the community/language/prejudice- need for cultural competence Social stigma
Unmet Need	Yes based on the other issue topics that are also a concern
Who's missing at NBC regarding this issue:	Consumers Legislative/elected officials Disability community agencies Funders (i.e. Silicon Valley Community Foundation
	Subsidized housing representatives Housing Coalition Other senior centers Social Workers Discharge Planners City Council/City Representatives

Attachment 4

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	Subsidized housing representatives Housing Coalition Other senior centers Social Workers Discharge Planners City Council/City Representatives

Attachment 4

Stakeholder group: NBC	Nutrition/Food
Who is your community	Clinic patients Older adults People with disabilities
Why an issue	Lack of sufficient income to obtain healthy food Can't receive Food Stamps if receiving SSI Basic need to stay well When ill, even more important to have good nutrition to get well Ability to prepare meals- energy, willingness, cooking for one, if alone why prepare a big meal Lack of adequate facilties for cooking Planning-basic nutrients needed to get what they need (a balance) Can't afford good food (need ingredients to follow a recipe) Convenience-cheaper to eat at fast food establishment Lack transporation to get food Have special diets Need support post-surgery
Existing Services	Home-Delivered Meal programs Congregate meals/senior lunches Food Stamps/CalFresh Produce Mobile (Second Harvest) Shopping services
Underutilized Services	Home-Delivered Meal programs Congregate meals/senior lunches Brown Bag Food Stamps/CalFresh Produce Mobile (Second Harvest)

Stakeholder group: NBC	Nutrition/Food
Unmet Need & Barriers	Home-Delivered Meal programs only provide one meal a day and a microwave is needed for frozen meals Congregate meals/senior lunches only provide one meal a day, perception of "requested donation" is considered a charge and consumers can't afford it. Brown Bag- transportation needed to site, unfamiliar with new foods provided, carrying food home, pride, limited home-delivery, cooking the food (cutting, peeling), chewing, language, how participants are treated, feel like “begging”, forms
Unmet Need & Barriers	Food Stamps/Calfresh- Confusing, language/literacy, pride/stigma, SSI, forms, restrictions Produce Mobile (Second Harvest)- language, transportation to site, knowledge about program, carrying food home Redi-Wheels (for transportation)- need money to ride, qualifications, language/literacy, forms Shopping service/Safeway online- fee based/charged service, technology—especially for online services, money to buy food, language/literacy
	Clients that do not meet the criteria for programs Transportation Programs do not address special diets No group cooking opportunities—people not wanting to cook alone and no support for collaborating Mental health barries- people unable to manage cooking or getting to services Clients sometimes do not like the food that is provided Food that is provided through agencies is not culturally appropriate Physical limitations for preparing and cooking food that is provided Preference or requirements for special foods
Who's missing at NBC regarding this issue	Redi-Wheels SamTrans For-profit organizations Community transportation and van-share organizations Receivers/consumers of services

Attachment 4

Stakeholder group: NBC	Receiving Services/Benefits
Who is your community	Disabled adults Older adults (on Medi-Cal, Medicare, or isolated) Families Social Workers Caregivers Case Managers Commmunity Services (i.e. Adult Protective Services, emergency) Physicians
Why an issue	Language barriers Confusion around services and what is available Many changes Unclear understanding Not knowing what is out there and how to access it
Existing Services	TIES Line HART (for Daly City) 211
	Community Information Program (CIP) Help at Home guide
	Senior Centers Golden Gate Regional Center (for adults with disabilities)
Underutilized Services & Barriers	Most/all programs are underutilized Barriers: Fear/not trusting the system People don't know what they don't know Worries about money Don't think about services/needs until there is a crisis Stigma from various communities (i.e. LGBT) Transportation

Stakeholder group: NBC	Receiving Services/Benefits
Unmet Need & Barriers	Yes
Who's missing at NBC regarding this issue:	Representatives from the disabled community (i.e PARCA, Kainos, and Community Gatepath)

Attachment 4

Stakeholder group: NBC	Transportation
Who is your community	Older people who can't drive and the disabled community Whole county and local areas
Why an issue	More people are not driving Limitiations in getting to doctors, appointments, engagements, etc.
Existing Services	Redi-Wheels Private companies that provide transportation Friends who provide transporation Social agencies who provide transportation
Unmet Need, Underutilized Services, & Barriers	Redi-Wheels demand is growing but they won't be able to accommodate the growing number of people who will need individualized transportation Transportation depleting budgets of the agencies that provide the service Friends that won't provide transportation due to liability concerns
Who's missing at NBC regarding this issue	The agencies that provide transportation
Suggestions for Future/Moving Forward	Demystifying mass transit Non-profit transportaton provider Volunteer drivers (Portland, Oregon modedl) Contracted drivers (trust in the program and training would be needed Fleet cars More walkable communites for the lower-middle class Regional programs Finding people that would be willing to drive if they had assistance with liability coverage

Attachment 5

TIES Calls by Issue – FY 2010-2011						
			Calls by Age Category			
Issues	No. of Calls	% of Total	18-59	60+	75+	Unk.
Adult Day Care	36	.25%	1	5	21	9
Alzheimer's & Related Disorders	37	.25%	3	7	22	5
Assistive Devices	48	.33%	8	6	12	22
Attendant Care	185	1.27%	18	19	108	40
Case Management	48	.33%	18	7	15	8
Conservatorship	1,239	8.49%	607	200	236	196
Consumer Issues	10	.07%	3	3	1	3
Counseling	42	.29%	9	6	18	9
Escort	2	.01%	0	1	1	0
Health Care	51	.35%	17	12	10	12
Home Health	28	.19%	8	5	12	3
Hospice	22	.15%	2	3	15	2
Housing	306	2.10%	86	87	60	73
In-Home, IHSS	3,585	24.58%	660	591	1,074	1,260
Independent Living Center	16	.11%	3	1	7	5
Insurance	50	.34%	12	23	9	6
Legal	201	1.38%	37	31	57	76
Linkages	33	.23%	10	6	4	13
LTC Ombudsman	178	1.22%	28	13	73	64
Meals-Congregate	14	.10%	2	6	4	2
Meals on Wheels	921	6.31%	121	186	382	232
Medi-Cal	340	2.33%	40	55	134	111
Medicare	21	0.14%	6	6	3	6
Medications	144	0.99%	80	22	17	25
Money Management	130	0.89%	45	12	23	50
MSSP	55	0.38%	3	10	32	10
Physicians	16	0.11%	3	2	7	4
Protective Services- APS	3,935	26.98%	544	725	1,614	1,052
Residential Care	67	0.46%	9	12	27	19
Respite	18	0.12%	2	2	12	2

Safety Devices	4	0.03%	1	0	1	2
Nursing Facility	59	0.40%	16	9	23	11
Adult Day Care	10	0.07%	0	1	9	0
Therapies- OT, PT	2	0.01%	0	0	0	2
Transportation	104	0.71%	17	19	40	28
Other	981	6.73%	192	105	166	518
Veterans	5	0.03%	1	1	1	2
Advocacy	49	0.34%	6	12	20	11
Education/Recreation	57	0.39%	10	10	18	19
Employment	15	0.10%	7	5	1	2
Volunteer Opportunity	5	0.03%	1	1	1	2
SSI/SSP/Social Security	40	0.27%	13	7	8	12
Congregate Housing	3	0.02%	0	0	3	0
AIDS	1	0.01%	1	0	0	0
Mental Health	237	1.62%	127	36	40	34
Dental	9	0.06%	4	2	2	1
Home Repair/Modification	31	0.21%	4	6	10	11
Shopping/Errands	7	0.05%	0	1	3	3
Alcohol Abuse	15	0.10%	7	2	4	2
Drug Abuse	7	0.05%	6	0	0	1
Repatriate	9	0.06%	4	1	3	1
Homeless/Core Services Issues	80	0.55%	33	16	9	22
Financial Problems/Crisis	78	0.53%	32	30	8	8
Hospital Discharge Planning	25	0.17%	6	5	13	1
Development Disabilities	12	0.08%	9	2	0	1
5150	35	0.24%	17	8	9	1
OWAL	86	0.59%	80	1	0	5
Death	33	0.23%	3	12	17	1
Physical Abuse/Neglect	198	1.36%	35	32	119	12
Fiduciary Abuse	113	0.77%	8	16	86	3
Self Abuse/Neglect	202	1.38%	31	52	111	8
Hospitalization	296	2.03%	128	60	81	27
TOTAL CALLS	**14,586**	**100%**				

Attachment 6

TIES Calls by Location - July 2011 through June 2011						
			Calls by Age Category			
Location	No. of Calls	% of Total	18-59	60+	75+	Unk.
Atherton	70	0.48%	11	12	35	12
Brisbane	48	0.33%	2	2	16	7
Belmont	351	2.41%	54	76	191	30
Burlingame	516	3.54%	120	95	255	46
Colma	43	0.29%	11	15	17	0
Daly City	1391	9.54%	281	298	704	108
East Palo Alto	396	2.71%	9	3	5	1
El Granada	6	0.04%	2	2	1	1
Foster City	158	1.08%	25	33	89	11
Half Moon Bay	134	0.92%	17	59	41	8
Hillsborough	48	0.33%	7	7	30	4
Homeless	18	0.12%	9	5	3	1
La Honda	2	0.01%	1	0	1	0
Loma Mar	0	0.00%	0	0	0	0
Menlo Park	460	3.15%	95	90	231	44
Millbrae	201	1.38%	19	47	124	11
Montara	5	0.03%	0	3	2	0
Moss Beach	32	0.22%	1	12	18	1
Out of County	626	4.29%	133	198	192	103
Pacifica	430	2.95%	83	115	181	51
Pescadero	1	0.01%	0	1	0	0
Portola Valley	26	0.18%	2	2	15	7
Prince by the Sea	0	0.00%	0	0	0	0

Redwood City	1620	11.11%	654	310	502	154
San Bruno	433	2.97%	75	116	202	40
San Carlos	287	1.97%	40	63	159	25
San Geronimo	1	0.01%	0	0	1	0
San Mateo	1816	12.45%	547	359	690	220
South San Francisco	994	6.81%	207	209	472	106
Unknown	4438	30.43%	625	279	487	3047
Woodside	35	0.24%	2	3	24	6
TOTAL CALLS	14,586.00	100%				

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