

San Mateo County  
**Planning and Service Area 8**  
Area Agency on Aging



Area Plan Update  
July 1, 2023 – June 30, 2024

# San Mateo County PSA 8 Area Agency on Aging Area Plan FY 2023-2024

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# AREA PLAN UPDATE (APU) CHECKLIST

PSA 8

**Check one:**  FY21-22  FY 22-23  FY 23-24

*Use for APUs only*

| AP Guidance Section | APU Components (To be attached to the APU)  | Check if Included                   |                                     |
|---------------------|---|-------------------------------------|-------------------------------------|
|                     | ➤ <i>Update/Submit A) through I) <u>ANNUALLY</u>:</i>   |                                     |                                     |
| n/a                 | <b>A) Transmittal Letter-</b> (submit by email with electronic or scanned original signatures)                        | <input checked="" type="checkbox"/> |                                     |
| n/a                 | <b>B) APU-</b> (submit entire APU electronically only)  | <input checked="" type="checkbox"/> |                                     |
| 2, 3, or 4          | <b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year p.13      | <input checked="" type="checkbox"/> |                                     |
| 7                   | <b>D) Public Hearings-</b> that will be conducted p. 92   | <input checked="" type="checkbox"/> |                                     |
| n/a                 | <b>E) Annual Budget</b>   | <input type="checkbox"/>            |                                     |
| 10                  | <b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b> p. 104                                | <input checked="" type="checkbox"/> |                                     |
| 18                  | <b>G) Legal Assistance</b> p 132  | <input checked="" type="checkbox"/> |                                     |
|                     | ➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i> | Mark Changed/Not Changed (C or N/C) |                                     |
|                     |   | <b>C</b>                            | <b>N/C</b>                          |
| 5                   | Minimum Percentage/Adequate Proportion  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5                   | Needs Assessment  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | AP Narrative Objectives: p. 99  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | • System-Building and Administration  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | • Title IIIB-Funded Programs  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | • Title IIIB-Transportation   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | • Title IIIB-Funded Program Development/Coordination (PD or C)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | • Title IIIC-1  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | • Title IIIC-2  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | • Title IIID  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20                  | • Title IIIE-Family Caregiver Support Program   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9                   | • HICAP Program   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12                  | Disaster Preparedness   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14                  | Notice of Intent-to Provide Direct Services   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15                  | Request for Approval-to Provide Direct Services   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16                  | Governing Board p. 128  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17                  | Advisory Council p. 129   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 21                  | Organizational Chart(s) p.139   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

# TRANSMITTAL LETTER

2020-2024 Four Year Area Plan/ Annual Update

FY 20-24  FY 21-22  FY 22-23  FY 23-24

AAA Name: San Mateo County PSA 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. David Pine

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

\_\_\_\_\_  
Date

2. Karen Coppock

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

\_\_\_\_\_  
Date

3. Nina Rhee

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

\_\_\_\_\_  
Date

# Section 1: Mission Statement

Area Agencies on Aging (AAA), created as a result of the Older Americans Act (OAA) of 1965, are 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.

Our Mission: San Mateo County (SMC) government protects and enhances the health, safety, welfare and natural resources of the community, and provides quality services that benefit and enrich the lives of the people of this community. We are committed to:

- The highest standards of public service;
- A common vision of responsiveness;
- The highest standards of ethical conduct;
- Treating people with respect and dignity.

SMC's 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 SMC, 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 02: Description of Service Area (PSA) 8

## Physical Characteristics of San Mateo County

San Mateo County (SMC) is in the Bay Area and is bordered by the Pacific Ocean to the west and San Francisco Bay to the east. The County was formed in April 1856 out of the southern portion of then-San Francisco County.

Within its 455 square miles SMC is home to some of the most spectacular and varied geography in the United States. It includes redwood forests, rolling hills, farmland, tidal marshes, creeks, and beaches.

The county is known for its mild climate and scenic vistas. No matter the starting point, a 20-minute drive can take a visitor to a vista point with a commanding view of the bay or Pacific Ocean, a mossy forest or a shady park or preserve.

SMC has long been a center for innovation. It is home to numerous colleges and research parks and is within the “golden triangle” of three of the top research institutions in the world: Stanford University, the University of California San Francisco, and the University of California Berkeley. Today, SMC’s bioscience, computer software, green technology, hospitality, financial management, health care, and transportation companies are industry leaders. Over the past decade companies that are transforming how we communicate and share information through social media have moved in, stretching the boundary of Silicon Valley ever northward.

As in all counties in California, SMC government plays a dual role that differs from cities. Cities generally provide basic services such as police and fire protection, sanitation, recreation programs, planning, street repair, and building inspection. There are 20 cities within SMC, each governed by its own city council.

As subdivisions of the state, counties provide a vast array of services for all residents. These include social services, public health protection, housing programs, property tax assessments, tax collection, elections, and public safety. Counties also provide basic city-style services for residents who live in an unincorporated area, not a city.

San Mateo County voters elect five supervisors to oversee County government operations. SMC is governed by a five-member Board of Supervisors.

**District One (David Pine):** Cities of Burlingame, Hillsborough, Millbrae, San Bruno (everything east of Interstate 280 and areas west of 280 and south of Sneath Lane), and South San Francisco (east of Junipero Serra Boulevard and south of Hickey and Hillside Boulevards), unincorporated Burlingame Hills, San Mateo Highlands, and San Francisco International Airport.

**District Two (Noelia Corzo):** Cities of San Mateo, Foster City, and most of Belmont (excluding the southeast portion).

**District Three (Ray Mueller):** Cities of Atherton, southeast Belmont, Half Moon Bay, part of Menlo Park (west of El Camino Real), Pacifica, Portola Valley, San Carlos, and Woodside. Unincorporated Devonshire Canyon, El Granada, Emerald Lake Hills, Harbor Industrial Park, La Honda, Ladera, Loma Mar, Los Trancos Woods, Menlo Oaks, Miramar, Montara, Moss Beach, Palomar Park, Pescadero,

Princeton By-The-Sea, San Gregorio, Skyline, Sequoia Tract, Skylonda, Stanford Lands, Vista Verde, and West Menlo Park.

**District Four (Warren Slocum):** Cities of East Palo Alto, part of Menlo Park (east of El Camino Real), Redwood City, and unincorporated North Fair Oaks.

**District Five (David Canepa):** Cities of Brisbane, Colma, Daly City, San Bruno (north of Sneath Lane and west of Interstate 280), South San Francisco (east of Junipero Serra Boulevard and north of Hickey and Hillside boulevards), and unincorporated Broadmoor Village.





## Demographic Characteristics of San Mateo County

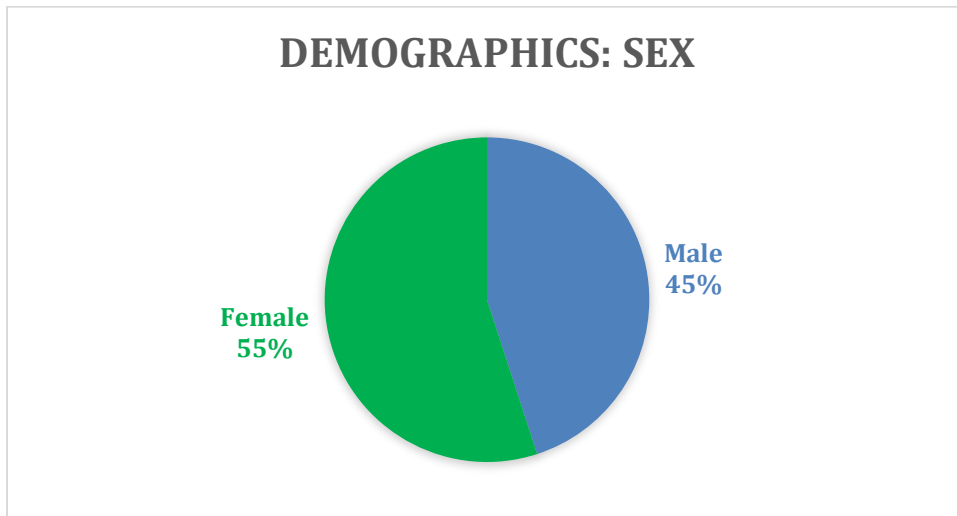
### Current Older Adult Population

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. SMC's population is 769,545 residents (US Census Bureau, American Community Survey [ACS], 2018 1-Year Estimates). According to the Department of Finance, the total population in SMC is expected to grow over 8% to 836,061 by 2060.

The following demographics are from the US Census Bureau, 2018 American Community Survey 5-year Estimates for those 60 years and over in San Mateo County.

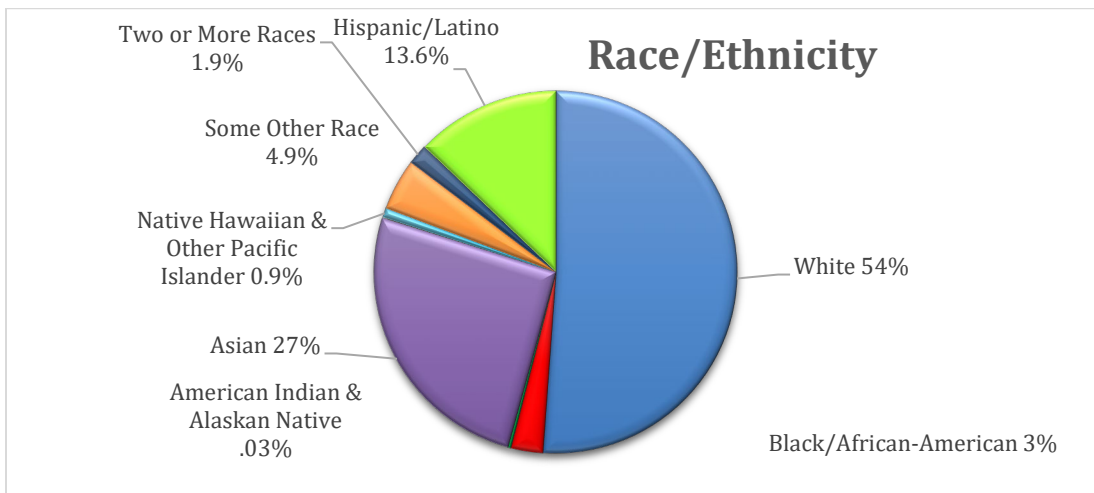
### Population Demographics

There continues to be more females than males that are over 60 in San Mateo County.



### Minority Populations

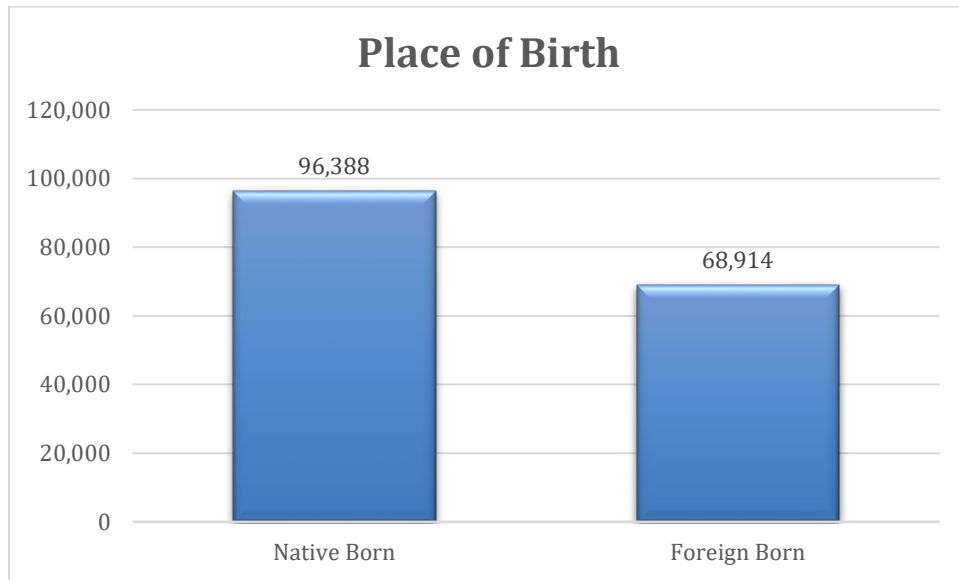
The County's minority population continues to grow. Figure 4 shows the breakdown of the population age 60 years and over by ethnicity.





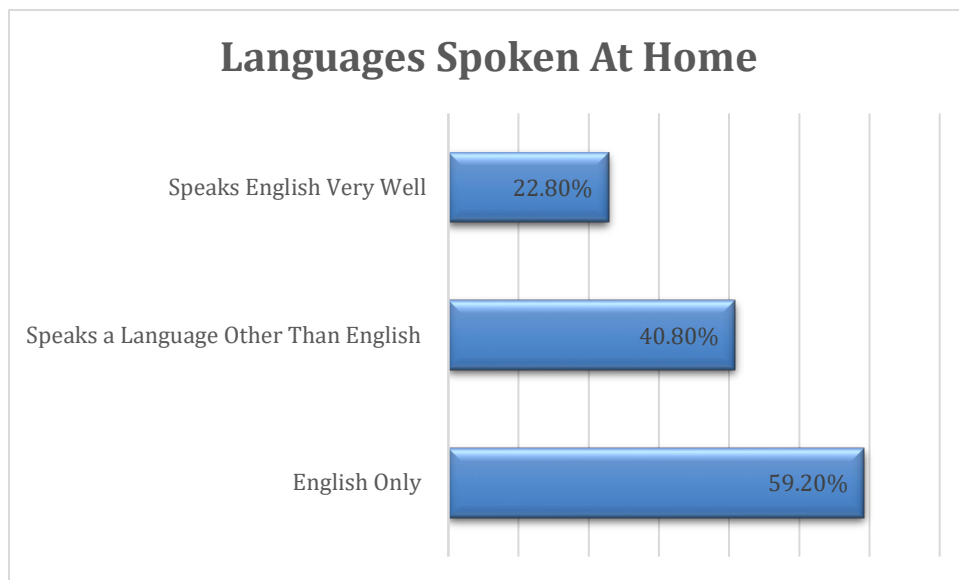
### ***Place of Birth***

Forty-two percent of those 60 years of age and over are foreign born. Eighty-seven percent entered the United States before 2000. Seventy-eight percent are naturalized citizens.



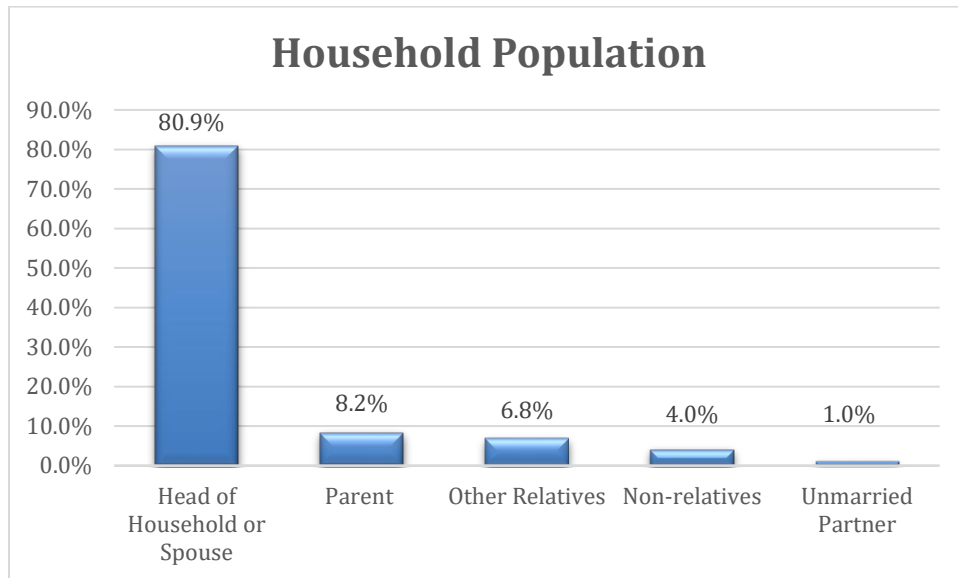
### ***Linguistic Isolation***

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. Forty-one percent of those 60 and over speak a language other than English.



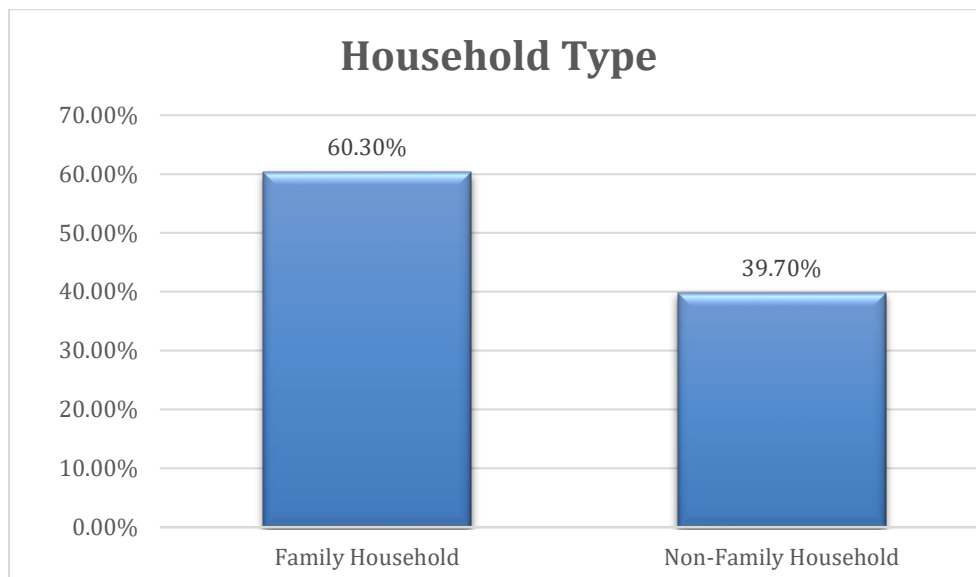
## Population in Households

Eighty-one percent of those 60 and over are either a household of one or live with their spouse.



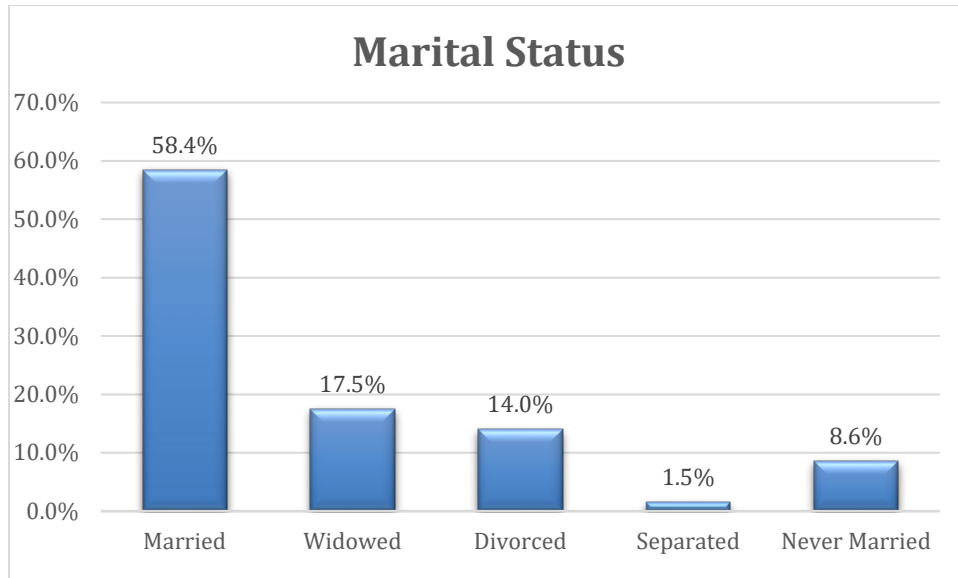
## Household Type

Sixty percent of households are a family household. Forty-percent of households are non-family head of households. Forty-eight percent of the family households are married couples. Another nine percent are a female head of household that lives with family. Of the non-family households, 89% are older adults that live alone.



## ***Marital Status***

The majority of older adults are married.

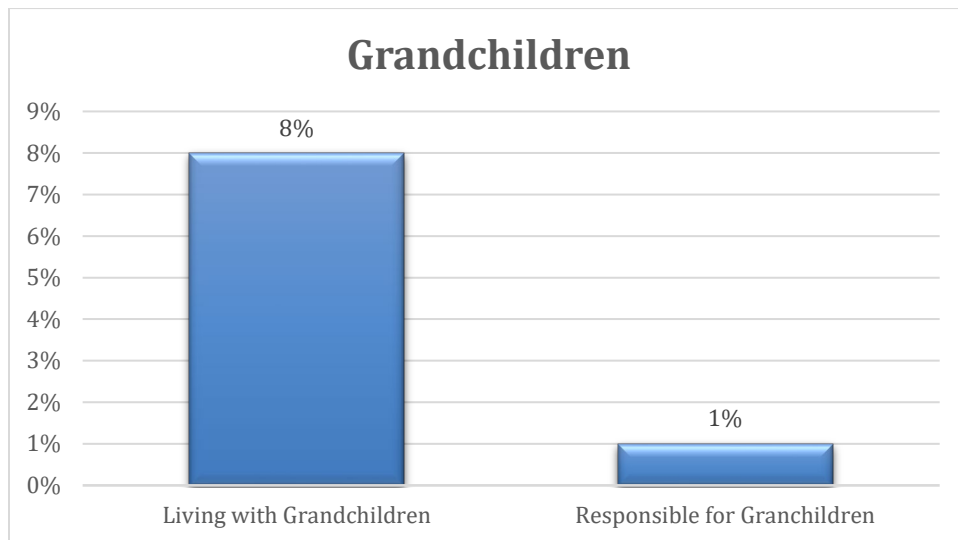


## ***Targeted Population: Lesbian, Gay and Bisexual and Transgender Questioning Queer (LBTQQ) Population***

According to the 2018 ACS 5-Year Estimates, the total number of households in SMC is 261,969. Of these households, 106,998 are households with one or more people 60 years of age or older. Of the total number of households, .04% are unmarried-partner same-sex couples. This would mean that there are about 428 same-sex unmarried older adult couples over 60 years of age in San Mateo County.

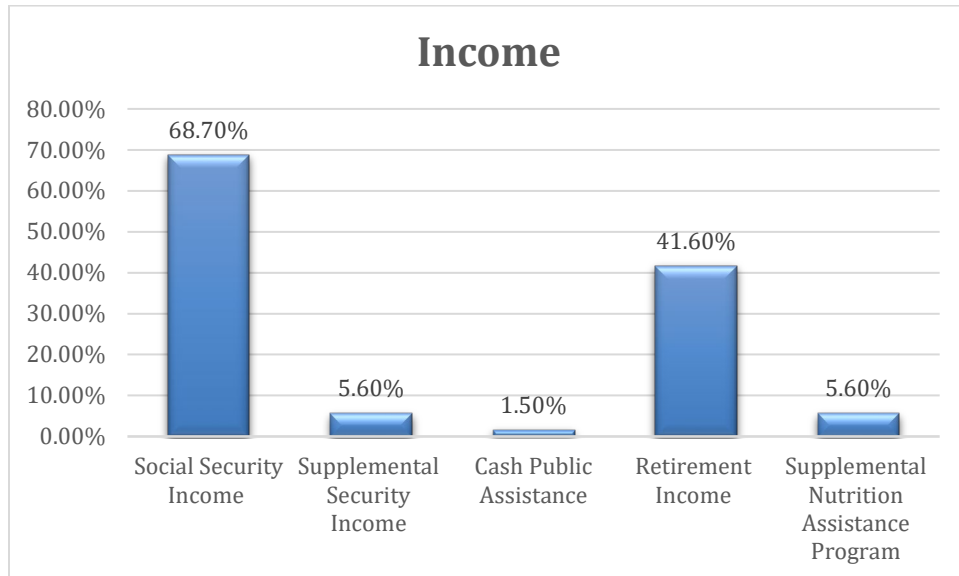
## ***Responsibility for Grandchildren***

Most of the older adults over 60 that are living with their grandchildren are not responsible for them.

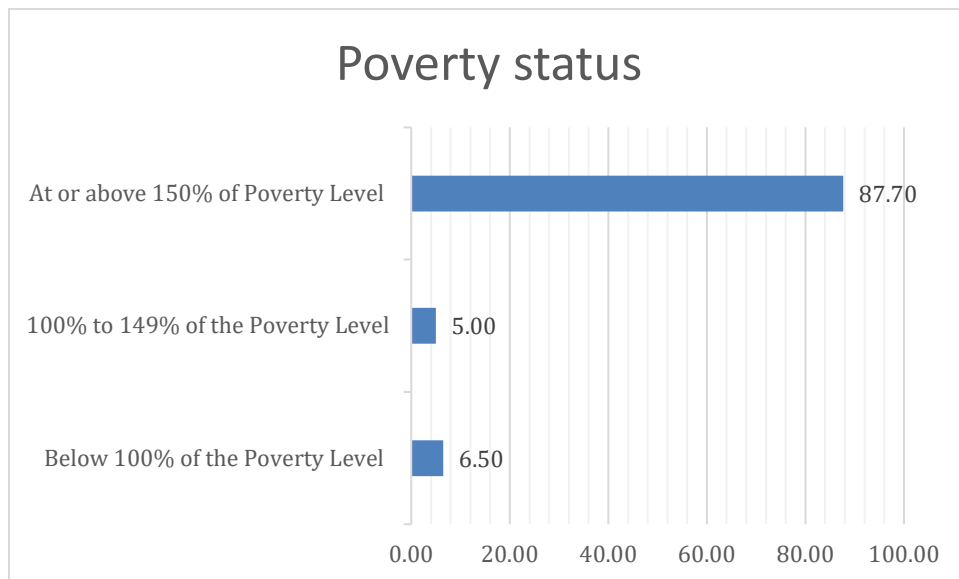


## Economic Status

Sixty-nine percent of older adults receive Social Security. Only 2% receive cash public assistance.

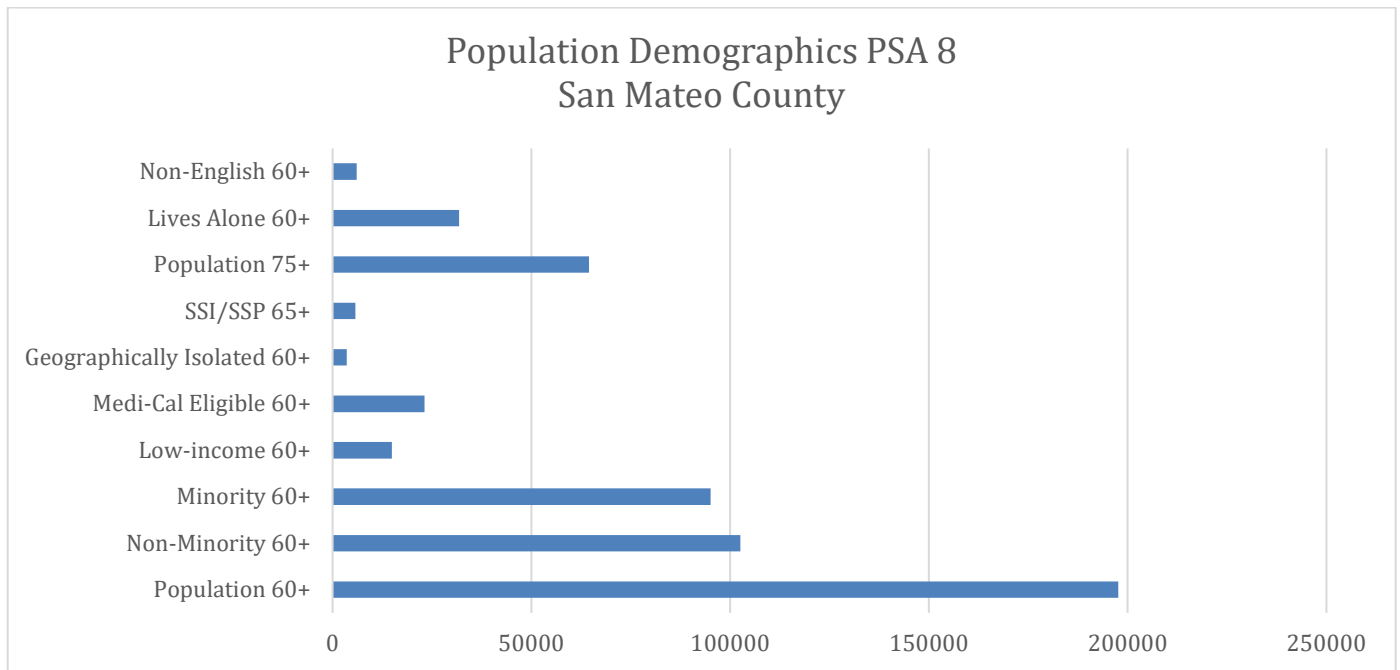


The population totals are 10,606 for those below 100% of the poverty level, 9,301 for those 100% to 149% of the poverty level, and 143,103 for those at or above 150% of the poverty level.

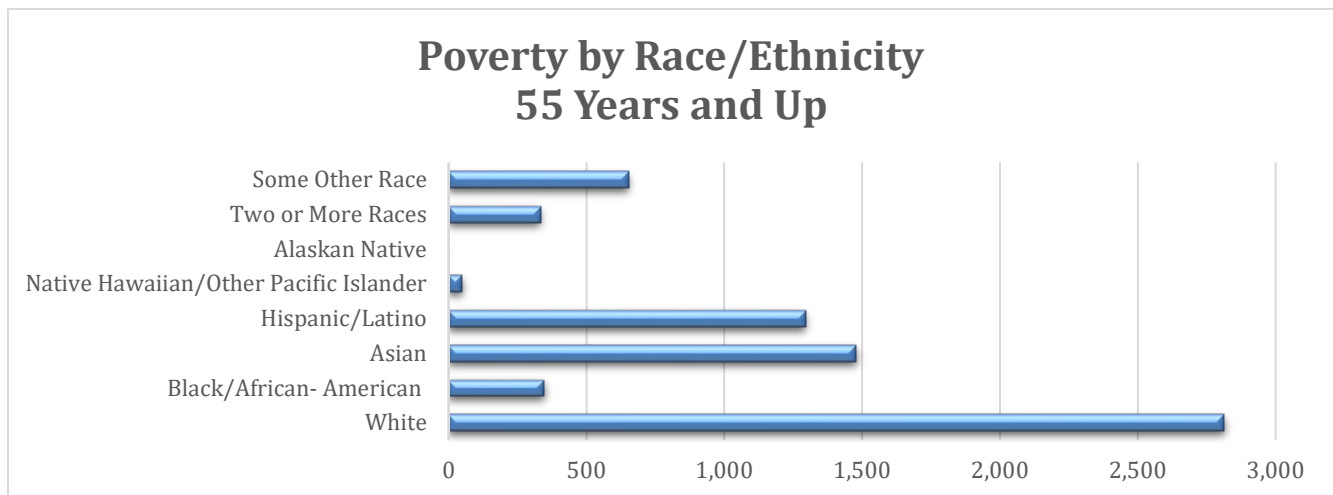


**Estimate of Lower Income Minority Older Adults in PSA 8**

According to the 2022 California Department of Aging Population Demographics by County and PSA for Intrastate Funding Formula, the number of those ages 60 and over is 212,553. The figure below shows the total number of older adults in the following areas: non-English speakers, live alone, population 75 and over, are on Supplemental Security Income/State Supplementary Payment (SSI/SSP) non-minority, geographically isolated, Medi-Cal eligible, low-income, minority, non-minority, and the total population over 60.



Following an Office of Management and Budget's Statistical Policy Directive, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. The following is a breakdown of those in poverty by race/ethnicity. The age groups for poverty in the census table starts at 55 years and up.



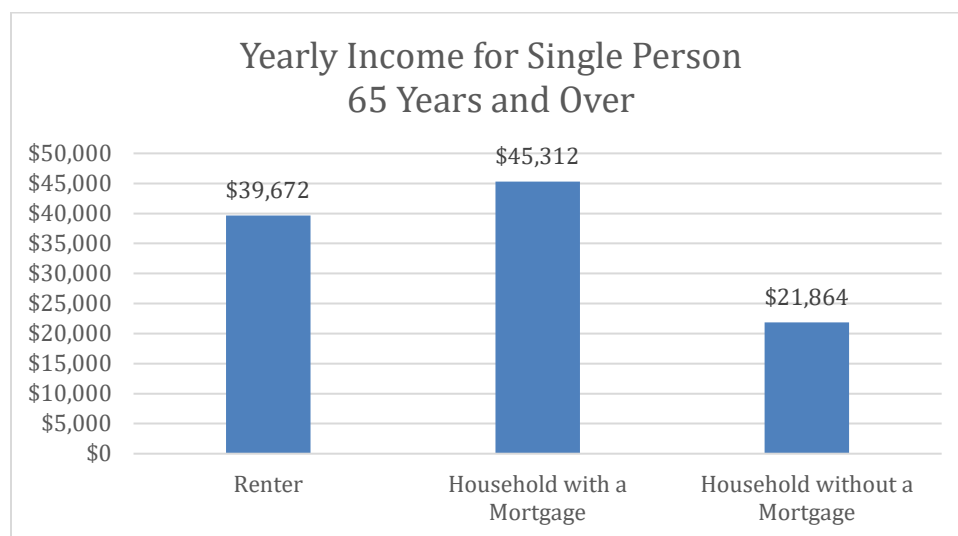
**Elder Index as a Means to Distinguish San Mateo County's Cost of Living**

In 2020, the Federal Poverty Level (FPL) for a family size of two is \$17,240. 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 a good measure 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.

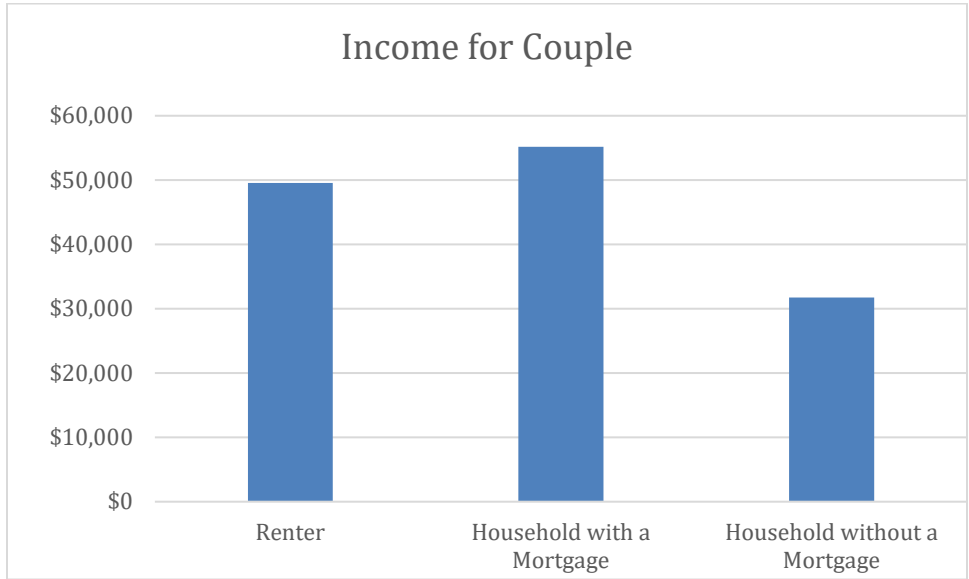
The Elder Economic Security Standard Index (Elder Index) provides a calculation of the basic income needed to “make ends meet” for retired adults age 65 and older for every county. The Elder Index demonstrates that older adults require an income of close to 200% of the FPL to age in place with dignity 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. Research has found that even if the FPL guideline was doubled, it would still not be enough in most counties. Specific to older adults, the 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 shows that seniors making twice the FPL still need public benefits in California to make ends meet. Researchers determined that nearly half a million older adults living alone in California could not make ends meet. They lacked sufficient income to pay for a minimum level of housing, food, healthcare, transportation and other basic expenses. The impact was particularly severe among minority older adults.

Data from the Elder Index was also used to examine the cost of in-home supportive services relative to seniors' income. For older adults who have disabilities and need help to remain safely at home, Elder Index calculations that include long-term care costs show that the basic cost of living for elders with disabilities is 20-100% higher than for those without disabilities. Essential health services such as in-home care was unaffordable for many seniors. When paired with rent and food, long-term care costs exceed median income in 100 percent of California counties.

According to the Elder Index, this graph shows the income that a single person would need to live in SMC.

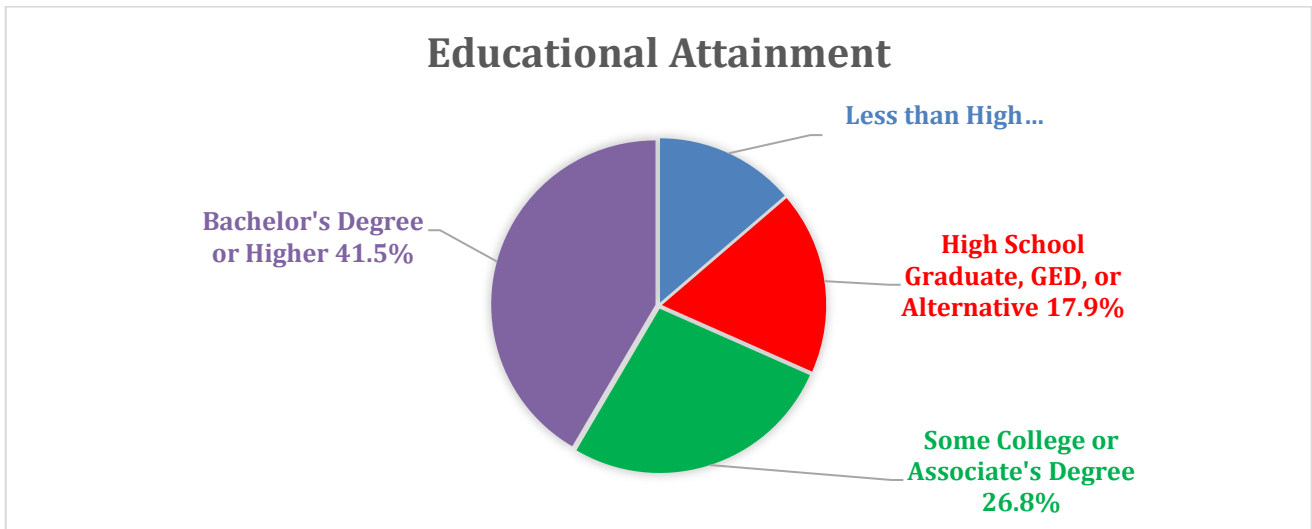


This graph shows the income that a couple would need to live in SMC based on the Elder Index.



**Education**

In SMC, 41% of those 60 and over have a Bachelor's degree or higher.

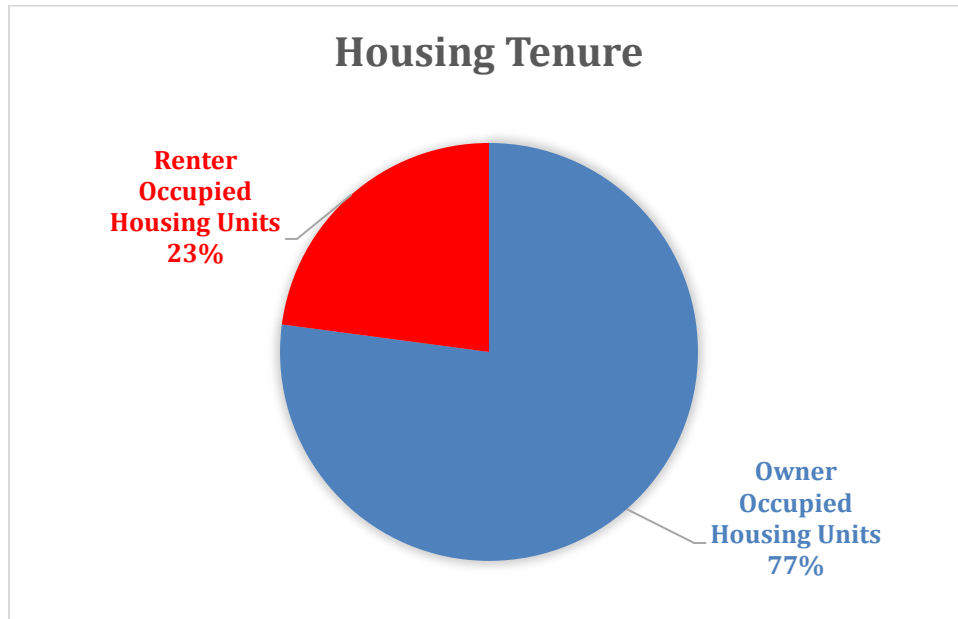




## Housing and Living Situation

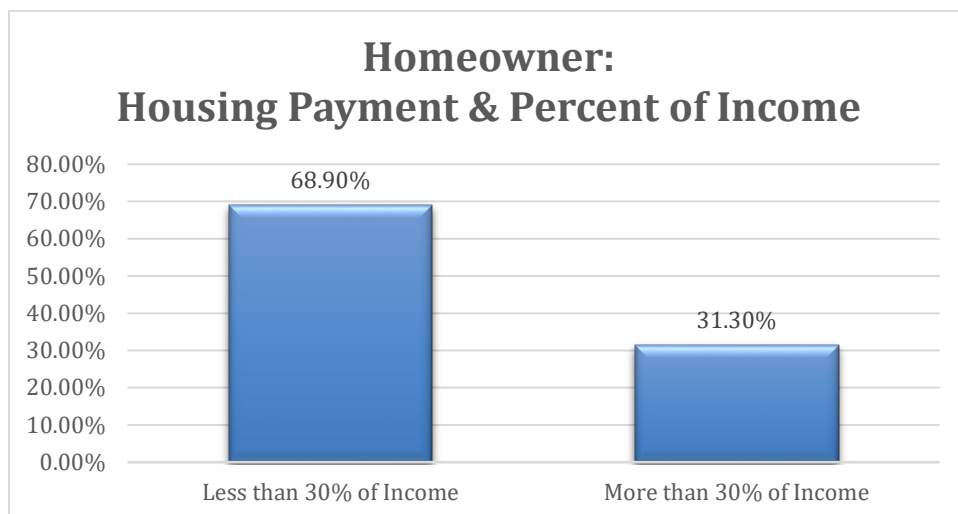
### Housing

The median home value in SMC for those 60 and over is \$969,400. Rental rates continue to push SMC to record highs. The median rent cost in SMC is \$1,763. Seventy-seven percent of those 60 and over own their home. The average size household of both renters and home owners is two.

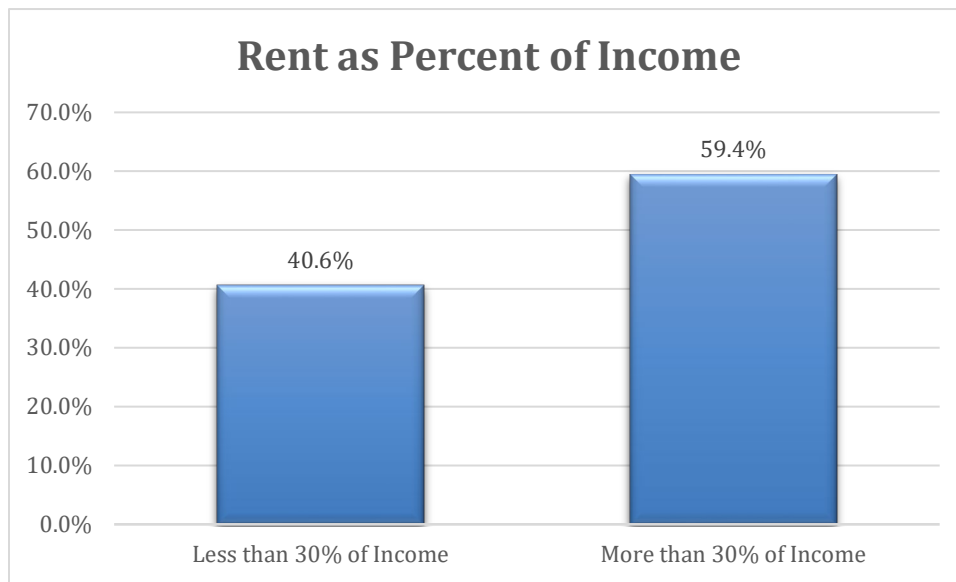


The Brooke Amendment is the common name for section 213 (a) of the Housing and Urban Development Act of 1969. The Brooke Amendment became the first instance of the benchmark to measure housing affordability, which became known as the 30% rule of thumb.

Most homeowners are spending less than 30% of their income on home costs. Of concern are the 31% that are spending above the 30%. The median (middle) monthly owner costs with a mortgage is \$2,682 and \$658 for those without a mortgage.



Most renters are spending more than 30% of their income on rent. The median monthly rent is \$1,763.



### ***Homelessness***

The 2019 SMC Homeless Census and Survey is based on the point-in-time homeless census and indicates the number of homeless people count on the night of January 30, 2019. It was determined that there were 1,512 people experiencing homelessness in San Mateo County comprised of:

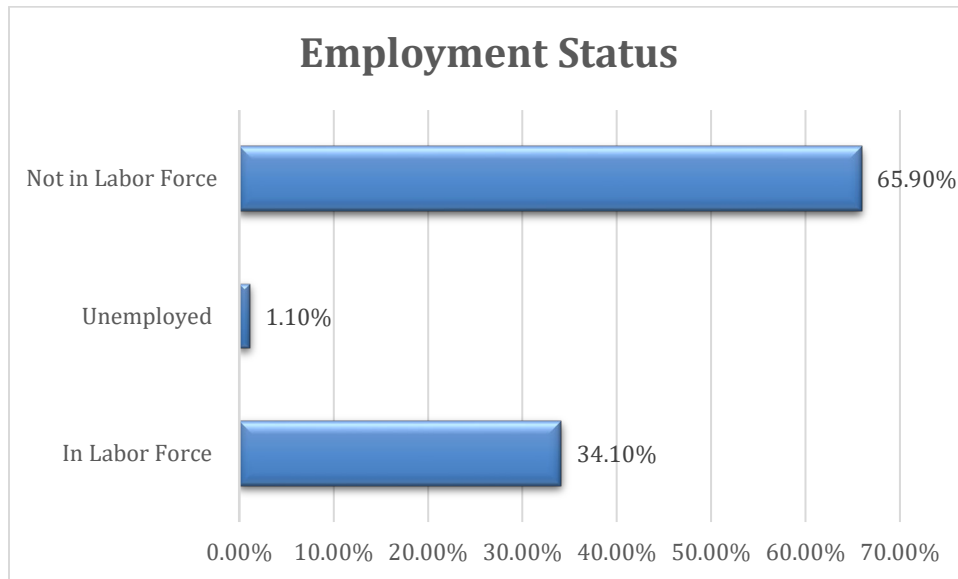
- 901 unsheltered homeless people (living on streets, in cars, in recreational vehicles (RVs), in tents/encampments), and
- 611 sheltered homeless people (in emergency shelters and transitional housing programs).

The cities with the highest homeless counts, in descending order, were Redwood City, Pacifica, and East Palo Alto. The overall finding from the count is that the number of people experiencing homelessness on the day of the count increased by 21% from 2017 to 2019, although the overall number of people experiencing homelessness is less than the numbers found in 2011 and 2013. The increase from 2017 was primarily driven by an increase in the number of people living in RVs. Human Services Agency (HSA) and its community partners have noted this trend and have been working to ensure that the population of unsheltered people living in RVs is connected to available safety net and homeless services. HSA is also exploring strategies to create new services specifically tailored for this population. While overall homelessness has increased, the 2019 count found that there were decreases in some populations, including families with children, people sleeping in tents/encampments, and people sleeping in cars. HSA and its partners will continue implementation of strategies for these populations. The count does not include ages of those counted in the survey, so it is not known how many were older adults.

### **Employment Status**

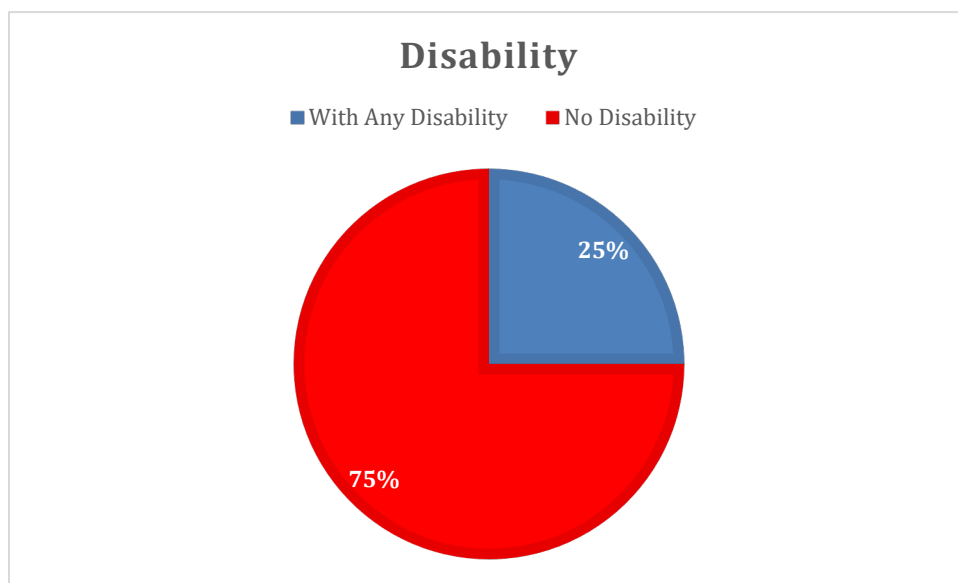
While many older adults choose to work because they want to, others are forced to work in order to meet their basic living needs. The high cost of housing and medical costs, and the loss of savings due to the economy, forces many older adults to work long past their personal target for retirement or

pushes older adults to return to work after they have retired. Thirty-four percent of older adults in SMC are working.



### Disability Status

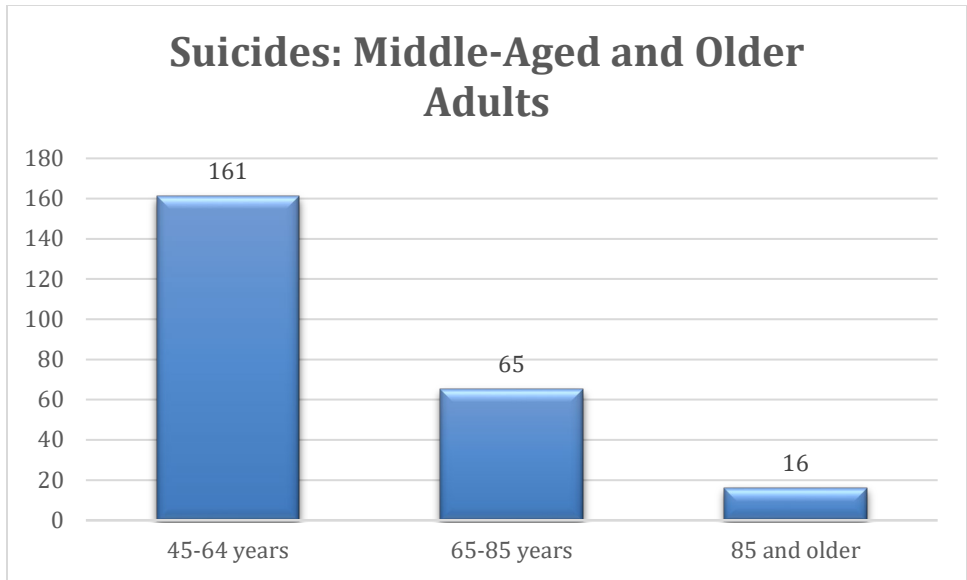
The estimated non-institutionalized population 60 and older with a disability is 40,793 or 25% of the total in this age group.



### Suicides

The SMC Suicide Prevention Roadmap states the largest age group of reported completed suicides was 45-64 years old (43.5%) followed by 20-44 years old (29.5%) and then 65-84 years old (17.6%). However, the highest rates are in individuals over the age of 85 (15.7 per 100,000) followed by persons in the 45-64-year-old age group (13.0 per 100,000).

Source: San Mateo County Health System Epidemiology Unit, Death files, 2010-2015.

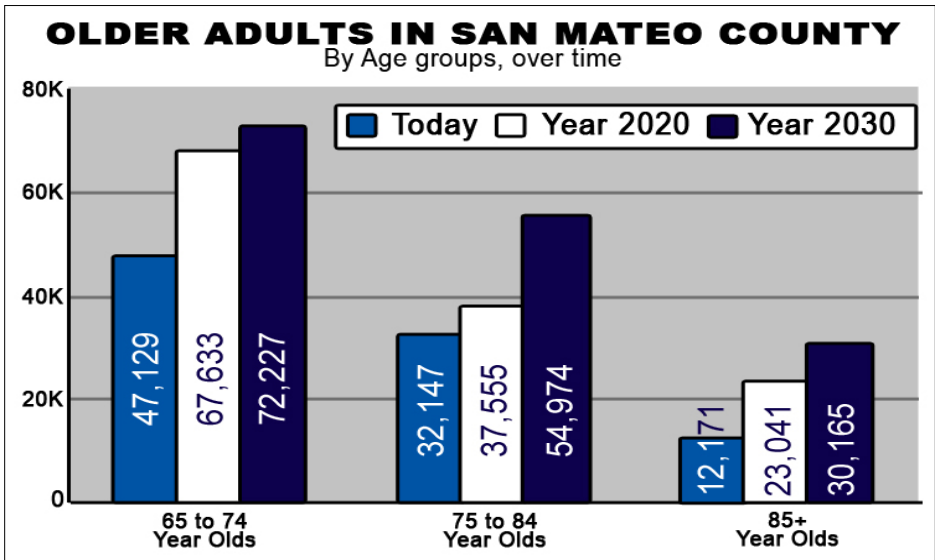


***Planning for Future Demographic Changes***

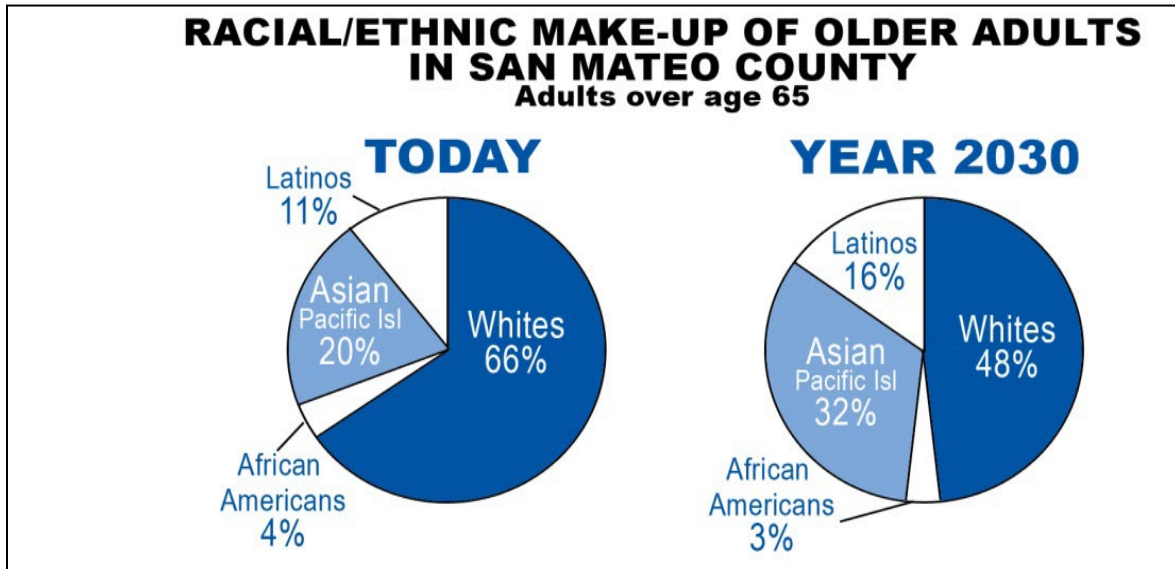
As this area plan for SMC is dedicated to examining and addressing the future needs of older adults, it is imperative to include discussion of key shifts that are anticipated within the County.

Information from the SMC Aging Model: Better Planning for Tomorrow makes projections through 2030. The SMC Aging Model depicts the expected changes in population by age from 1970 through 2030. The trend over this time period indicates that the population is aging. 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.

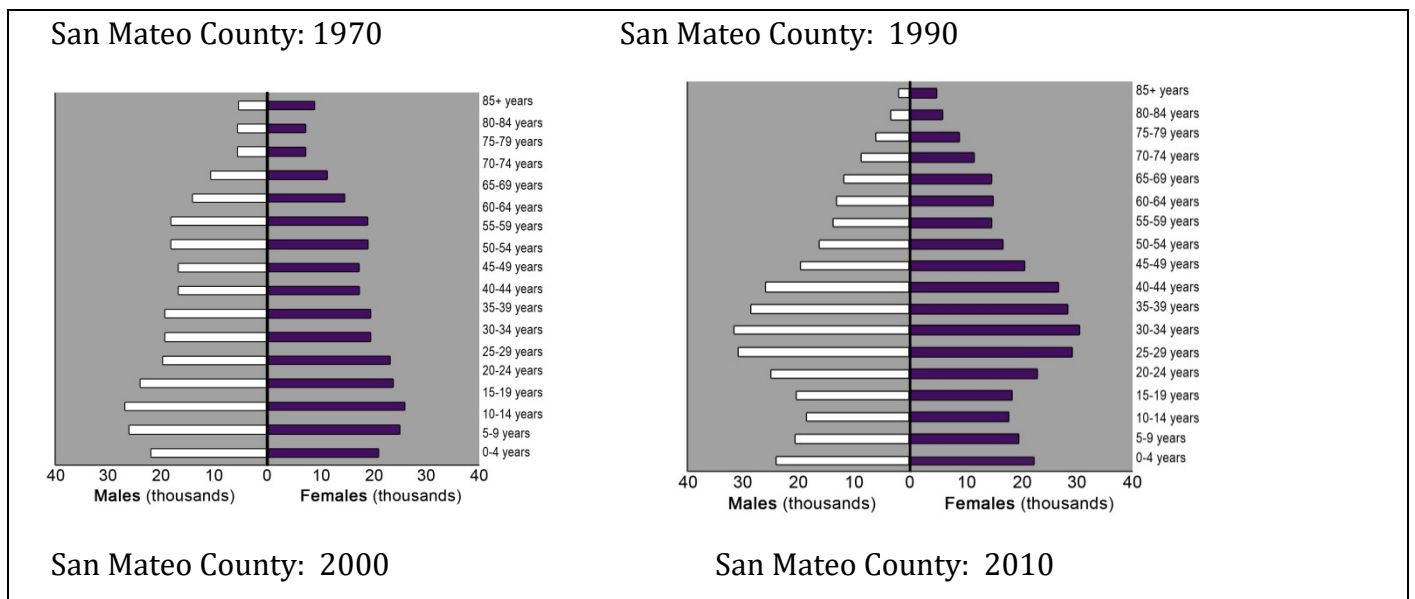
Data indicates that SMC will have 53% more adults between the ages of 65 and 74 by the year 2030 than there are today. The 75 to 84-year-old age group will experience a 71% increase by the year 2030. The largest increase will occur in adults over the age of 85 as the number is projected to increase 148%.

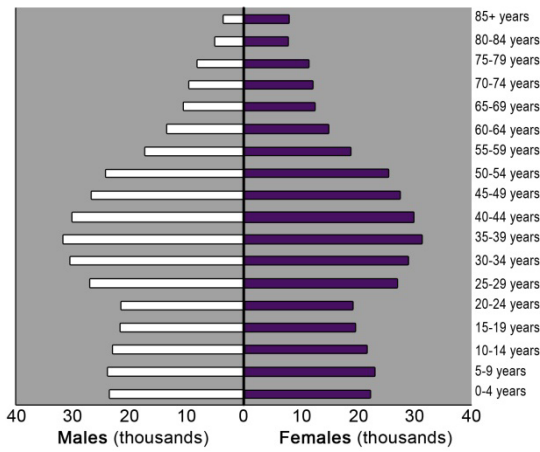


As noted with the population as a whole, the ethnic make-up of older adults in the County will also be different in 2020 and 2030 than it is today. According to the Aging Model, by 2030, minority older adults will outnumber White adults in the County. The largest increases will be in the Latino and Asian 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.

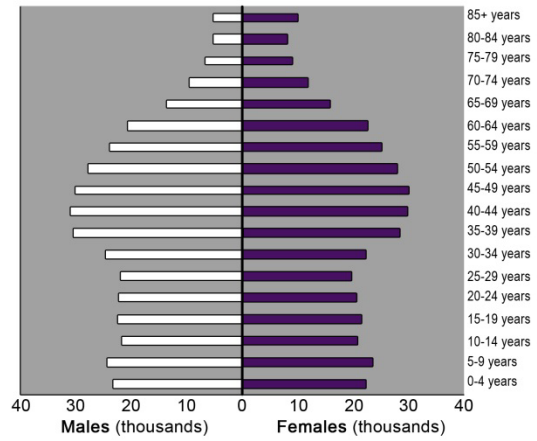


*San Mateo County Aging Pyramids*

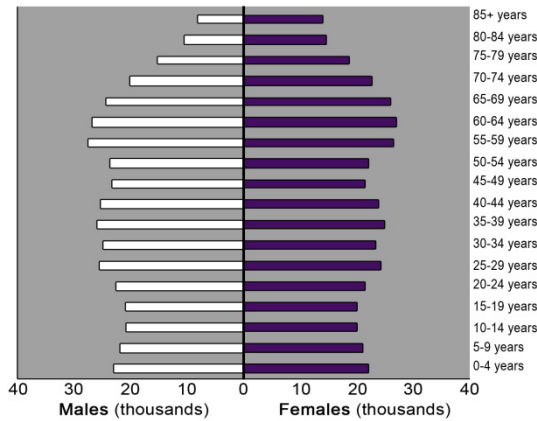
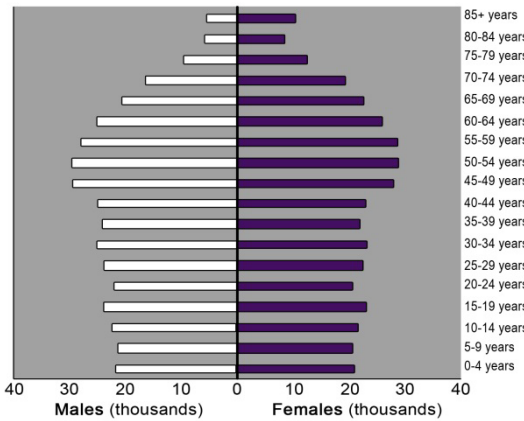




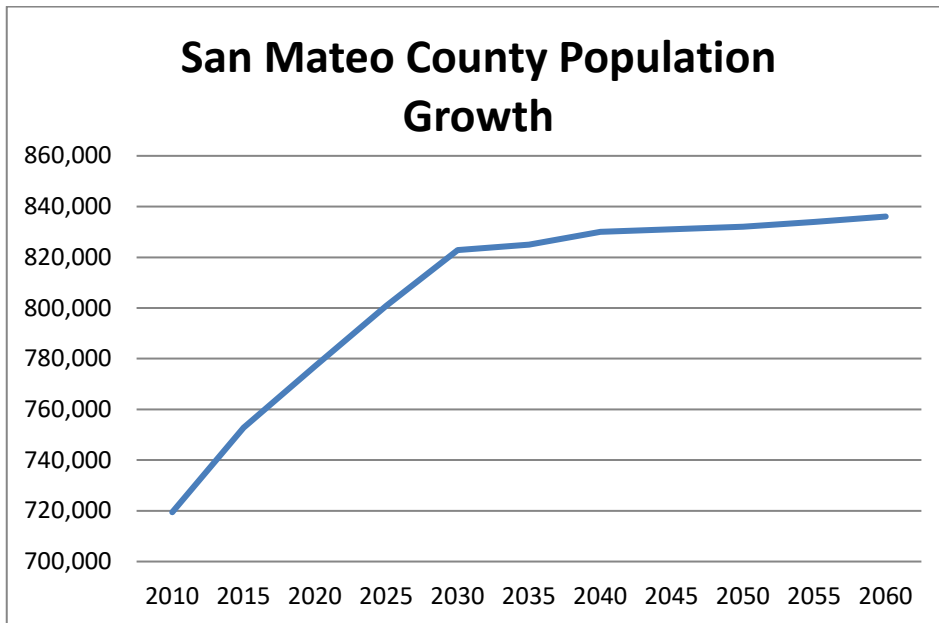
San Mateo County: 2020



San Mateo County: 2030



According to the State Department of Finance, the population of SMC is expected to grow to 836,061 by 2060. The expected population growth in SMC over time through 2060 is noted below.



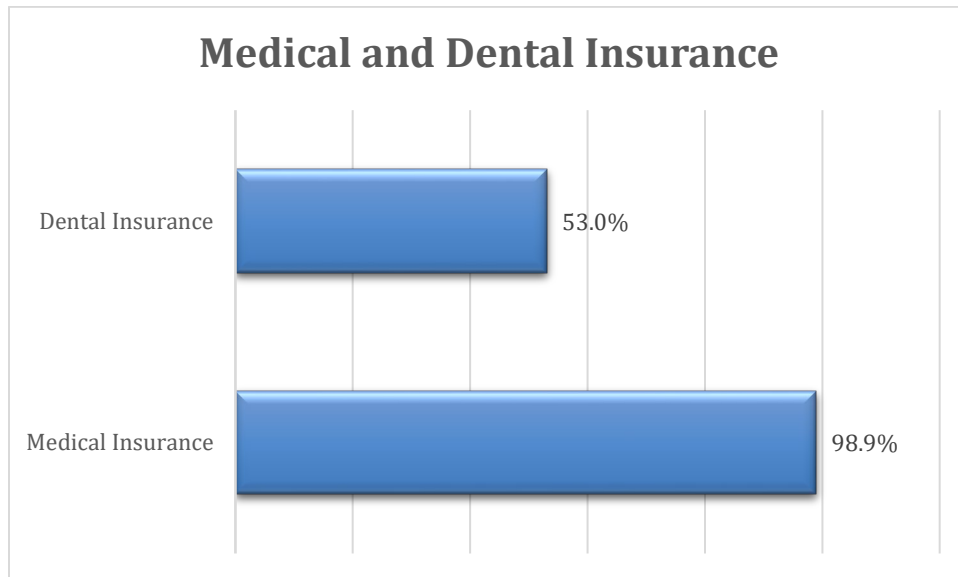
## ***Healthy Community Collaborative of San Mateo County***

SMC is a partner in The Healthy Community Collaborative of SMC, which performed a comprehensive and random sample survey about health and quality of life issues in SMC.

The following data is based on responses from adults 60 years and over that were surveyed in the 2017 Community Assessment, Health and Quality of Life in SMC County.

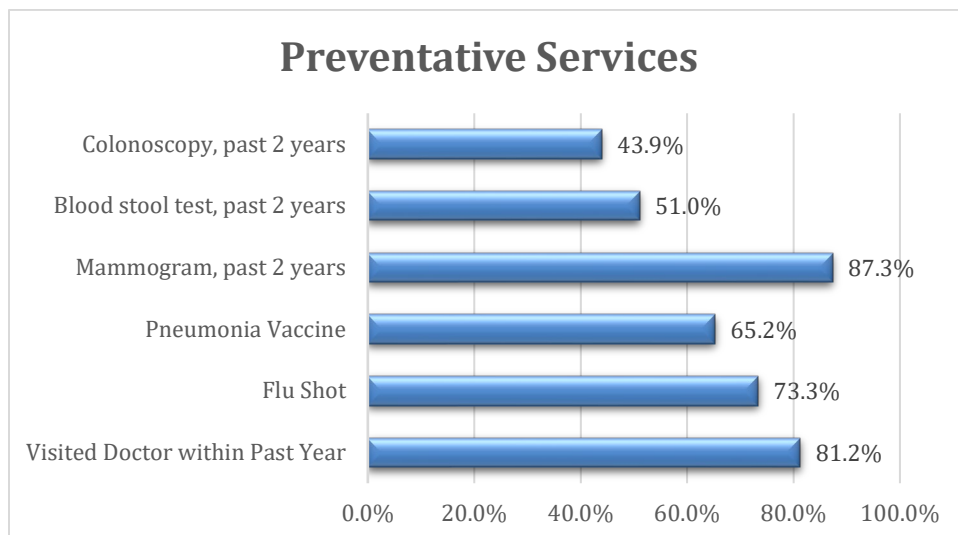
### ***Insurance***

Almost 100% of the survey respondents have medical insurance.



### ***Preventative Services***

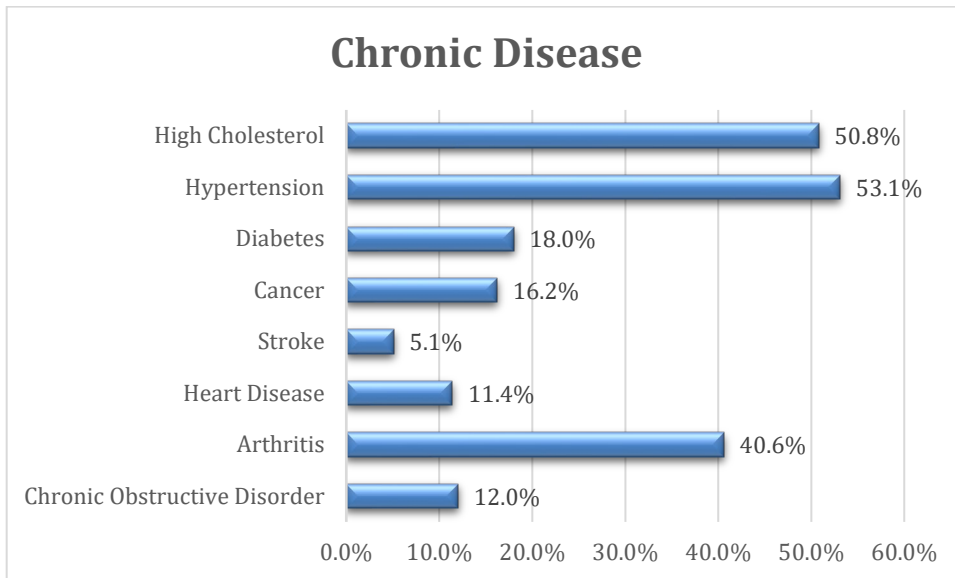
Eighty-one percent of survey respondents have visited their doctor in the last year.





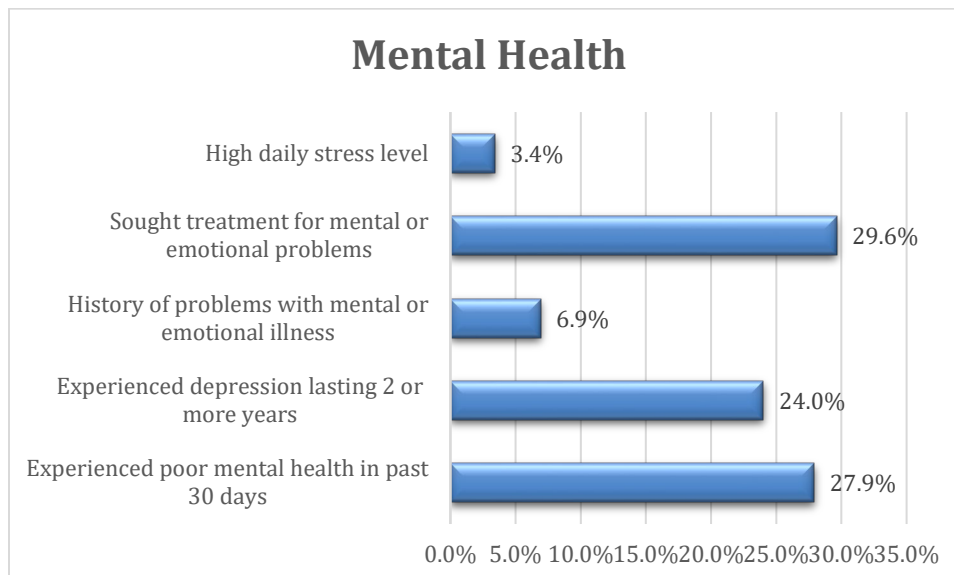
## ***Chronic Disease***

The chronic diseases that most respondents said they had were hypertension, high cholesterol, and arthritis.



## ***Mental Health***

Thirty percent of respondents have sought treatment for mental or emotional problems.



## Neighborhood

Ninety-three percent of respondents said that tolerance for different races or cultural backgrounds was excellent/very good.

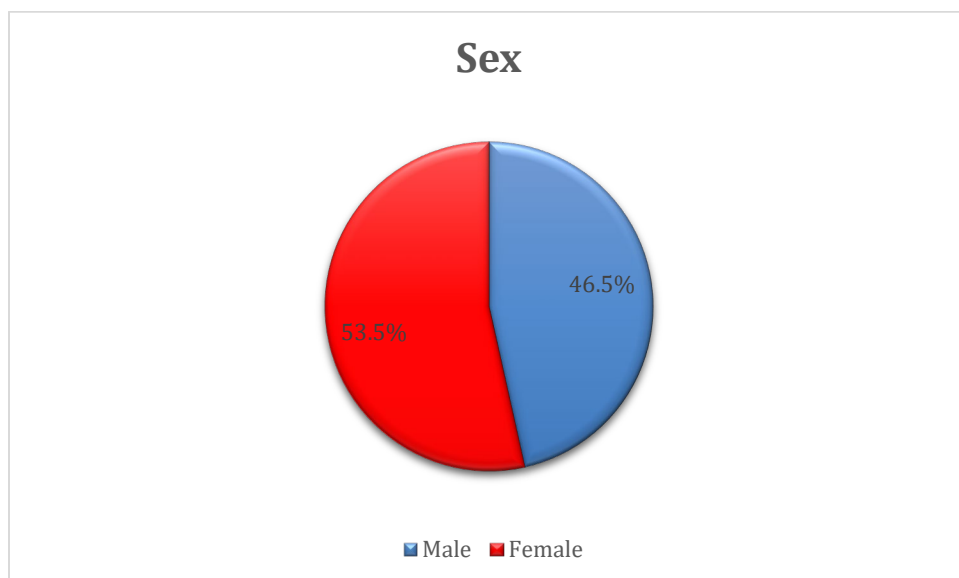


## Demographics

The following are demographics of the survey respondents that are 60 years of age and older.

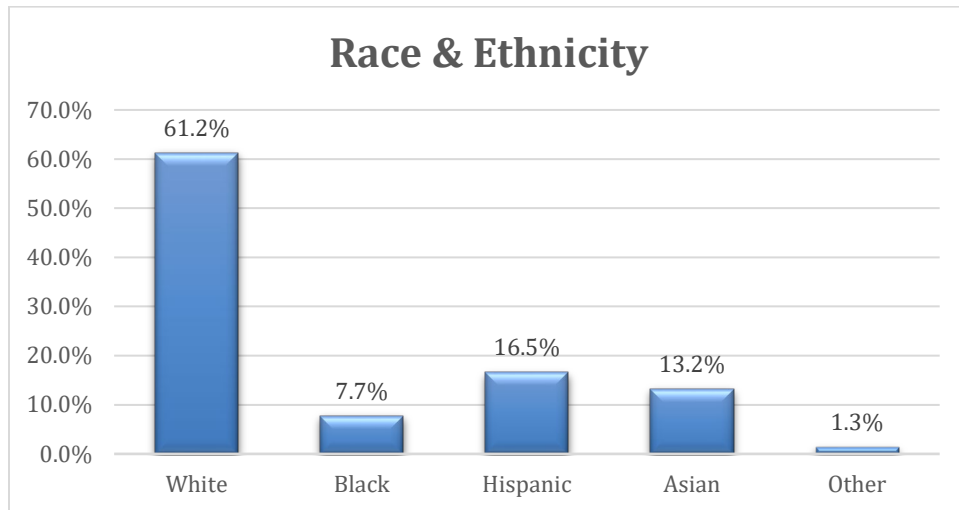
### Sex

The survey respondents were mostly female.



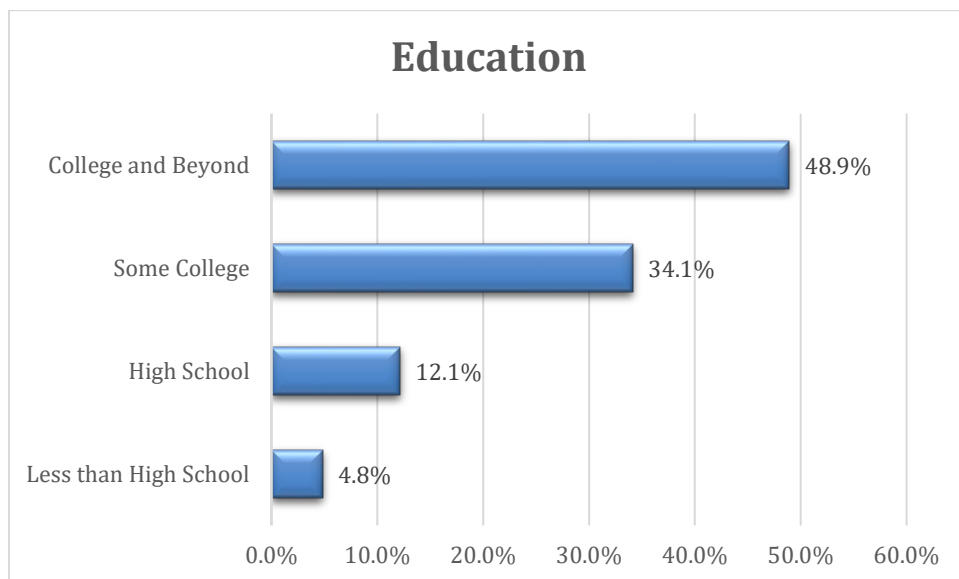
## ***Race/ethnicity***

The survey respondents are close to the race/ethnicity of the 60 and over population but the White and Black categories are overrepresented, and Asians are underrepresented.



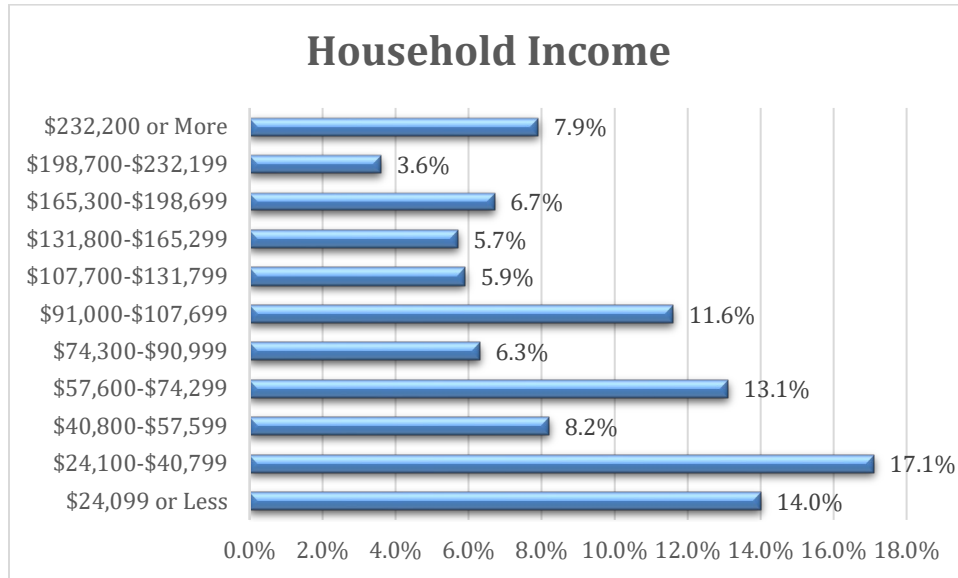
## ***Education***

The education attainment of the survey respondents' mirrors what the rates are for SMC older adults overall.



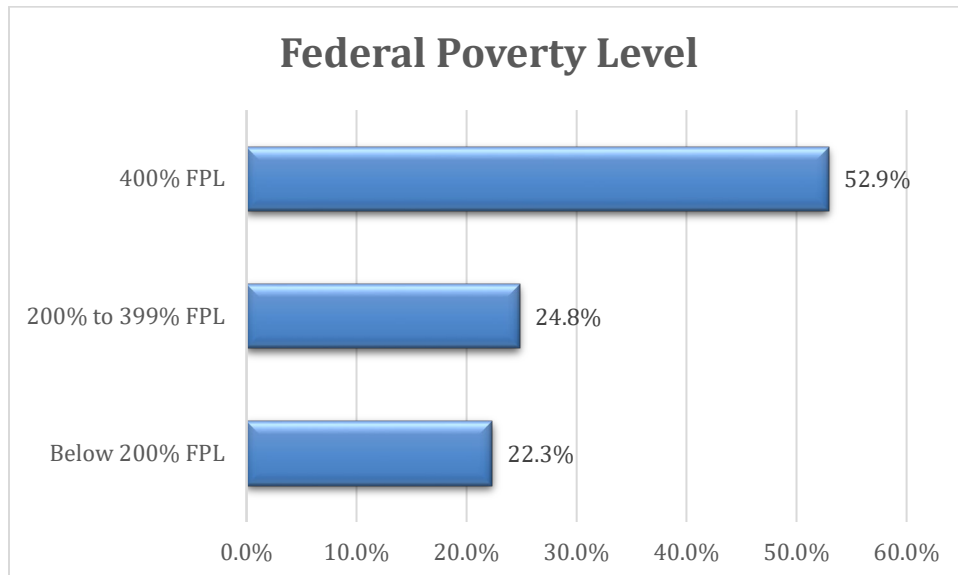
### ***Household Income***

Most of the survey respondents had yearly incomes of less than \$40,999. This is a low income to live in SMC.



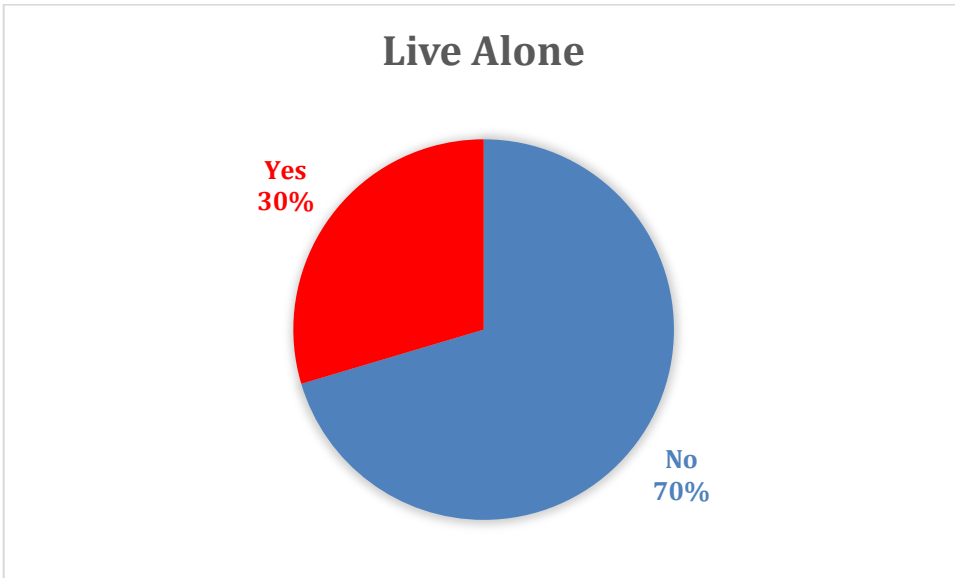
### ***Federal Poverty Level Status***

Most survey respondents have incomes that are 400% over the Federal Poverty Level.



**Live Alone**

Thirty percent of the survey respondents live alone. This is higher than the 16% of the older adult population that lives in SMC.



## Unique Resources and Constraints

### Unique Resources

#### Measure K

In November 2012, SMC voters approved Measure A, a 10-year half-cent general sales tax as a means of raising local funds for local needs. Deciding to build on the progress being made with these local funds, the Board of Supervisors placed a 20-year extension of the sales tax on the November 2016 ballot, designated as Measure K in a randomized alphabet drawing. Measure K was overwhelmingly approved with 70.37 percent of the vote. Measure K provides limited-term funding to meet critical service needs, addresses service gaps and seeks to save money by improving performance. In the resolution placed before voters and in public statements, the Board of Supervisors listed priorities for Measure K funds. These priorities are now divided into these categories:

- Community Services
- Health and Mental Health
- Housing and Homelessness
- Older Adults and Veterans Services
- Parks and Environment
- Public Safety
- Youth and Education

Measure K funds are allocated in three ways: 1) through the County's two-year budget cycle, 2) through mid-year adjustments to address emerging needs not anticipated at the time the budget was adopted, and 3) for one-time loans or grants to fill specific needs as recommended by a member of the Board of Supervisors.

The Board of Supervisors also sets aside Measure K funds at the beginning of the two-year budget cycle to fill unanticipated needs and service gaps. The amount totals \$7 million, or \$1.4 million for each district.

Older Adult Services receiving Measure K support are listed below:

Daly City Partnership's Friendly Visiting and Meals Express program receives support to provide services that alleviate the isolation felt by older adults and persons with disabilities, while maximizing their ability to age in place. A Care Coordinator receives referrals of older adults residing in Northern San Mateo County from SMC Core Agencies, Seton Medical Center, churches, religious institutions and community partners. Staff and trained volunteers conduct assessments, provide regular home visits and assist clients in applying for various government and County programs with an emphasis on addressing their nutritional needs with home delivered meals and

groceries through the food bank's brown bag program. Staff connect these isolated clients to appropriate agencies by bridging cultural divides and, where needed, work with bilingual volunteers who provide translation and interpretation assistance.

Measure K also supports the food needs of adults 18 – 59 years of age who are assessed as needing home delivered meals. They are homebound due to an incapacitating disability and/or illness, lack the needed caregiver assistance from family or other resources that can aid in the provision of meals and have the capacity to live at home if meals are provided but are unable to prepare or obtain meals. Nutrition programs are provided funding to prepare, pack and deliver meals to these County residents.

EDAPT (Elder Dependent Adults Protection Team) was formed in November 2015 and was made possible through Measure A funds and continues receiving support from Measure K. EDAPT is a multidisciplinary partnership between SMC Health System's AAS, the District Attorney's Office, and the County Counsel's Office. The team's goal is to identify, prevent and protect dependent and older adults from abuse in San Mateo County, with a special emphasis on preventing financial abuse.

Institute on Aging's Friendship Line (FL) is an accredited crisis line for people aged 60 years and older, and adults living with disabilities and a Measure K funded program. The FL is a toll-free hotline with staff and volunteers answering calls from adults who may be experiencing distress due to chronic, progressive mental health problems, including loneliness and depression, and/or physical health concerns. Callers in distress can receive emotional support and counseling as well as information and referrals via the FL. By calling the FL, they will receive a friendly, kind, and caring response to their stressful situations. Calls can be made 365/24/7.

The Friendship Line also offers a Call-Out Emotional Support Program. Outreach calls are made to those assessed as high risk to provide the support needed to help them remain in their own home. These callers are identified as frail, isolated, depressed, abused, and/or homebound. The calls also assist in providing for phone health monitoring and assessment. Past surveys have indicated that FL call-outs are often the callers only daily social contact. These call-outs are made from 8:00 a.m. to 8:00 p.m. Monday through Sunday, holidays included.

### **SCAN Foundation**

The SCAN Foundation is an independent charitable organization whose mission is to advance a coordinated and easily navigable system of high-quality services for older adults that preserve dignity and independence. The Community of Constituents is a Scan Foundation initiative that is a statewide movement involving nearly 1,000 organizations who serve more than 95 percent of California. Members include community-based organizations, aging and disability service and advocacy groups, and consumer and provider organizations—all of which work to transform care for older adults and people with disabilities so that it is easier to access and understand, more coordinated, and more responsive to people's unique needs.

The AAS' New Beginning Coalition (NBC) was chosen to participate in the Foundation's Community of Constituents initiative in January 2014 and has been continually funded through December 2020.



More information about NBC is included in the Development of the Service Delivery System of Goals for the AAA section of this Area Plan.

### **The Age Forward Coalition**

Acknowledging the increasing challenges being faced by NBC Coalition members in providing services with limited resources, providers identified a need to organize a new advocacy centered body that could develop a platform to support the program and service needs of older adults and adults with disabilities in the County. In 2019, the Age Forward Coalition was formed. The Age Forward Coalition is a broad consortium of San Mateo County nonprofit and community organizations and advocates who have come together to address the growing need for services and support for people aged 60 years and older, adults with disabilities, and their caregivers.

The Coalition is committed to maintaining, protecting, promoting and enhancing services to the target population in San Mateo County to ensure the highest possible attainment of independence, health and well-being, and to making San Mateo County a more aging- and disability-friendly community.

The Coalition provides a means for community organizations to network, exchange information, provide leadership, build community-wide capacity and address goals for improving the lives of San Mateo County older adults, adults with disabilities, and their caregivers. The Coalition engages in advocacy and acts as a catalyst for community partnerships to work together to find funding for the target population.

### **Constraints**

Federal revenues to the State and ultimately the County have not been keeping pace with the costs required to operate safety net programs. There is an increased need to allocate discretionary spending by the County as the State shifts responsibility for programs to its counties. These ongoing increased 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 only have the resources to fund its pension obligations and services mandated by the State and federal government.

The State and Federal funds for the Older American's Act funded programs are not been keeping pace with the costs required to operate them. 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.

Looking to the future, the County is facing significant challenges in order to address numerous issues that have financial impacts. Issues include healthcare 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 adults 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 adults 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.

### **Other Service Delivery Systems: Services within San Mateo County**

#### ***Human Services Agency***

The County's Human Services Agency provides services to the adult population that complements the continuum of adult services provided by the County's AAS Division. Its mission is to enhance the well-being of children, adults, and families by providing professional, responsive, caring, and supportive service. Values include: client experience, employee excellence, community engagement, continuous improvement, results-focused, innovation, responsive, and fiscal stewardship.

#### ***Behavioral Health and Recovery Services***

SMC's Behavioral Health and Recovery Services (BHRS) provides services for children, youth, families, adults and older adults for the prevention, early intervention, and treatment of mental illness and/or substance use conditions. They are committed to supporting treatment of the whole person to achieve wellness and recovery, and promoting the physical and behavioral health of individuals, families and communities we serve. offer outpatient, inpatient, residential, rehabilitation, detoxification, medicated assisted treatment and other services for individuals who are eligible for Medi-Cal, Medicare, members of the Health Plan of San Mateo (HPSM) and in some instances, individuals with private insurance. They also assist uninsured and undocumented residents of SMC and people of any age in a major crisis.

Over-arching BHRS Strategies are:

- Prevention and Early Intervention
- Reducing Cultural and Linguistic Disparities
- Welcoming and Engagement
- Empowering Clients and Families
- System of Care Enhancements and Supports

- Total Wellness.

### **Older Adult System of Integrated Services (OASIS)**

OASIS is a program available to SMC residents, age 60 and over, dealing with mental health issues that impact their day-to-day functioning. Clients come into the program with multiple co-occurring conditions related to physical health, cognitive impairment, substance use, functional limitations and social isolation, in addition to their serious mental health conditions. This requires more hands-on case management, and greater collaboration between psychiatrists and primary care providers to ensure proper medication management and preventative medicine to enable and support the clients to remain in a community-based setting.

### **Collaborate Care Team (CCT)**

The Collaborate Care Team (CCT) is a new multidisciplinary team that supports clients throughout their recovery process. The team is comprised of healthcare professionals from the following Health Department divisions: BHRS, AAS, and the San Mateo Medical Center. The team is led by a supervisor and a program specialist. It includes two social workers, a nurse practitioner, a public guardian, a management analyst and a consulting psychiatrist. CCT will serve as a liaison between clients, their families, healthcare facilities, community agencies and the SMC Health System by providing regular visits and case management support. CCT will monitor client progress in out-of-county facilities, recommend appropriate and timely interventions, and assess and transition clients to the least restrictive level of care. CCT also serves to place and assist complex cases out of the hospital and into a healthcare facility that best addresses the clients' needs.

### **Medication Assisted Treatment (MAT) Services**

In early 2015, HPSM partnered with BHRS to enhance Medication Assisted Treatment services (MAT) in SMC. MAT is a progressive approach to treating substance use disorders that combines behavioral therapies and medications. The target population is individuals with chronic alcohol-related issues who frequent SMMC Emergency services, jail/probation, and Primary Care. These individuals are often disconnected from traditional county behavioral health services and sometimes known as "high utilizers" of emergency services. This collaborative effort recognizes that enhancing outreach and offering MAT is a strong, effective approach towards not only reducing high cost emergency services and incarceration, but in helping this population link to better health, wellness and recovery.

The partnership has brought new programming to BHRS Alcohol & Other Drug Services, Primary Care Interface, Voices of Recovery, Palm Ave Detox and HealthRight 360 to help outreach, engage and link this population. Services include: outreach, education, adjunct case management, benefits enrollment, peer coaching and linkage to MAT with a goal to reduce alcohol cravings and consumption, connect with treatment resources, and increase outpatient utilization.

Parts of this new collaboration began in June 2015 in Primary Care clinics, the SMMC Emergency Department (ED) and Psychiatric Emergency Services (PES), and with criminal justice-involved individuals. The final piece of this effort opened in January 2016. The new HealthRight 360 SMMC is offering Medication Assisted Treatment and basic Primary Care to HPSM members. This new HR360

MAT clinic is designed to provide MAT services to those not already connected to behavioral health or primary care services.

The HR360 MAT clinic accepts referrals directly from IMAT (Integrated MAT) Case Managers, who encounter clients through SMMC Emergency, jail, probation, AOD Treatment Providers, and other community referrals. Individuals already connected to Primary Care in Redwood City, South San Francisco and Daly City in need of MAT benefit from the embedded IMAT Case Managers at those clinics; and clients connected to BHRS regional care can receive MAT from their regional team providers.

This new HealthRight360 MAT clinic, serving those not already connected to primary care or other behavioral health services offers basic Primary Care and Case Management with a focus on MAT: medications to support reduction of alcohol cravings. Though very new, the HealthRight 360 MAT clinic has already served over 30 individuals and given about a dozen Vivitrol injections.

### ***Other Service Delivery Systems Providing Services within PSA 8***

#### ***Health Plan of San Mateo***

The Community Care Settings Pilot (CCSP) is a program introduced by the HPSM in 2014 to serve many of its most vulnerable members either living in skilled nursing facilities or at risk of migrating to them. Within the first three years of the program being launched, more than 70 HPSM members have been moved successfully from skilled nursing facilities into their own apartments or assisted living communities where the quality of life has improved significantly. Another 90 members have received services and supports from CCSP that allowed them to retain their residential setting and continue to thrive in community settings.

The pilot was also designed to test new and innovative methods for supporting vulnerable populations within HPSM's membership, such as integrating housing with healthcare. This testing continues to evolve with the project.

#### ***Human Investment Project (HIP)***

The Home Sharing program matches Home Providers with extra space available with Home Seekers who currently live, work, or attend school in San Mateo County or have a housing voucher to live in the County. Two types of Home sharing arrangements are facilitated: (1) Match arrangement in which a home provider is matched with a home seeker who pays rent, and (2) A Reduced Rent exchange (often involving older adults) that entails a home seeker who agrees to provide extra household chores for reduced rent.

The Self-Sufficiency Program for families with children provides a housing scholarship and support services for 1-5 years to low-income parents who are in school or doing job training. The participant may be raising a child of their own, raising their grandchildren, or may be a dependent of an adult participating in the program. The goal of the program is to enable families to have stable housing while enhancing skills to increase their earning power and become financially self-sufficient.

HIP Housing's Property Development and Management services allows the preservation and expansion of available affordable rental housing in San Mateo County. HIP Housing's property portfolio includes over 400 units of affordable housing in San Mateo County.

### **Sequoia Community Care Program (SCC)**

A hospital to home transitional care service is provided through Dignity Health/Sequoia Hospital and a collaboration of nonprofit organizations working together that serves older adults age 50 and over identified by Sequoia Hospital as needing additional support to ensure a safe transition home. SCC is offered regardless of income; however, referred clients are typically isolated, living alone and have insufficient resources to manage a successful transition.

### **Local Service Delivery System**

The Health System's Aging and Adult Services serves as the local AAA. The AAA in SMC contracts services with other County agencies, cities and community-based organization for the service delivery of OAA programs. Contracted programs include:

- Adult Day Care/ Adult Day Health Care
- Congregate Nutrition
- Family Caregiver Support Program
- Health Promotion
- Home Delivered Meals
- Information & Assistance
- Legal Assistance
- Ombudsman
- Transportation

A contracted program funded outside of OAA that is authorized under the Older Californians Act as a community-based service program is:

- HICAP of San Mateo County

OAA services that are provided in-house by the AAA include:

- Elder Abuse Prevention

### ***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. 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.

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

## **Challenges and Successes**

### **SMC Leadership Challenges**

SMC Leadership has identified that the housing crisis in SMC is magnified for older adult and persons with disabilities because it affects the population at different levels of care. At the community level, the lack of affordable housing is forcing older adults to make difficult choices to meet basic needs like food, shelter, and medical care costs. As stated earlier, Section 8 vouchers are not being accepted by landlords and since vouchers have an expiration date this can create increased anxiety for section 8 voucher holders. For homeowners, older adults are being evicted for not being able to afford the

increased hike in their housing costs. Few options of affordable housing are available in SMC. For example, mobile home parks are being closed and replaced by the construction of apartment or office buildings. For those requiring higher levels of care provided by Residential Care Facilities (RCFs) and Skilled Nursing Facilities (SNFs), similar trends are being experienced. This trend has created a shortage of beds in SMC.

## **OAA 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.

Challenges for providers include balancing priorities in services. OAA programs are experiencing cost increases without additional funding to provide the services. Examples of affected providers are those that provide congregate and home-delivered meals. The costs of food and staffing continue to increase. Wages, insurance, and supply costs increase yearly. It is also difficult to recruit and retain volunteers in part because unemployment is low. With limited resources recruiting new staff is difficult. Non-profits cannot compete with wages in other industries. Increases in the cost of daily operations as well as some sites seeing an increase in clients have resulted in the need to closely examine the reduction of meals being provided to clients or explore different ways of delivering the service.

Transportation is also a challenge to provide because it is a costly service for programs to offer for their clients. Although fuel costs are currently at an all-time low, there has not been a roll back of prices in other areas and the dip in fuel prices is expected to be temporary. As the population is aging, there is an increased need for the service, but funding has not increased to meet the need. Ways to alleviate the transportation issue continue to be explored by many stakeholders interested in finding new and creative solutions.

### ***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. Providing linguistic and culturally competent services for targeted populations, including Spanish, Chinese, Tagalog and Russian speaking communities continues to be a challenge. As the population changes, providers are challenged with meeting the needs of diverse communities. CBOs 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 CBOs.

## **AAS Leadership Successes**

- As one of 8 counties in the State, AAS has created an In-Home Supportive Services unit (IHSS) that specializes in care coordination services to high risk Medi-Cal clients. The Unit, named PFI, Partners for Independence, in partnership with the Health Plan of San Mateo (HPSM) aims to enhance AAS' ability to help people strengthen the relationship with the medical team in order

to avoid unnecessary hospital and nursing home admissions. The care coordination team ensures that case management integrates clinical resources and Home and Community Based Services (HCBS) available to the person.

- EDAPT (Elder Dependent Adults Protection Team) was formed in November 2015 and was made possible through Measure A funds. EDAPT is a multidisciplinary partnership between SMC Health System's AAS, the District Attorney's Office, and the County Counsel's Office that is focused on identifying, preventing and protecting dependent and older adults from abuse in San Mateo County, with a special emphasis on preventing financial abuse. EDAPT staff conduct case investigations, develop care plans for older and dependent adults who are at risk for abuse, will collaborate with the District Attorney's Office to ensure efficient criminal case review and prosecution, including obtaining full restitution for victims; refer appropriate cases to the Public Guardian for investigation of possible conservatorship when appropriate; facilitate connections to supportive/case management services and provides training and outreach services to county residents, law enforcement and local/community agencies.

### **OAA Program Successes**

In the recent past, it has become increasingly difficult to recruit volunteers for the Ombudsman's extremely difficult work. However, with additional money received through Measure A that was granted to the program, OSSMC has hired a full-time Volunteer Coordinator and in just 6 months the volunteer base has increased by more than 30%. The extensive training program for new volunteers based on a state-provided curriculum has resulted in an extremely competent and very dedicated core of volunteers, which has enabled the program to provide the highest quality of service possible.

Many of the Ombudsman programs throughout the State are not able to maintain a regular presence in all 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% for nursing homes and 87% for the 325 residential care facilities covered, based on a comprehensive facility coverage plan (more stringent than that required by the State) that identifies facility rankings and identifies priority facilities that are problematic and require multiple monthly or even weekly visits.

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, the programs continue to serve the population in highest 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 03: Description of Area Agency on Aging (AAA)

## Aging and Adult Services (AAS) of San Mateo County

### **Developing Community-Based Systems to Support Independence and Protect the Quality of Life of Older Individuals, Adults with Disabilities, and their Caregivers/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 unincorporated areas.



The AAS Division of the SMC serves as this County's AAA. AAS, plans, coordinates, develops programs, and advocates for older adults and adults with disabilities in SMC. AAS, located within County Health, was developed thirty-five 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. AAS 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 older adults and adults with disabilities. The goal of AAS 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 vision. This is accomplished by offering services that provide a combination of protection, support, prevention, and advocacy. The Divisions services are listed below:

- Area Agency on Aging (AAA)
- Commission on Aging (CoA)
- Commission on Disabilities (CoD)
- Community-Based Services
- Public Authority Advisory Committee

- Centralized Intake/AAS Hotline (toll-free Information and Assistance)
- Multidisciplinary 24-hour Response Team
- Adult Protective Services
- Elder and Dependent Adults Protection Team
- Representative Payee
- In-Home Supportive Services (IHSS) /Public Authority
- Partners for Independence-IHSS
- Process Improvement Planning Squad
- Public Guardian/Conservator
- Public Administrator

The AAS Centralized Intake Unit serves as a single point of entry for adults into the SMC 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 hotline, 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.

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.

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

***Advisory Bodies***

***CoA & CoD***

AAS has three formal advisory bodies, the CoA, CoD, and the Public Authority Advisory Committee. Membership consists of 17 members for CoA and 21 for CoD. Both Commissions advise 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.

### ***Public Authority Advisory Committee***

The Public Authority Advisory Committee provides public input in the operation of the In-Home Supportive Services (IHSS) homecare provider Registry, training for IHSS providers and consumers, and ongoing advice and assistance about Public Authority policy and program development. The Committee meets 6 times per year and consists of 5 members. Most members are current or past users of IHSS. The committee participated in the launching of the Essential Caregiving training program and is now working towards introducing a second level of training for those providers who have completed the core competencies.

These three advisory groups provide an ongoing opportunity for consumers and interested community advocates to influence and participate in the development of public policy.

### **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 has decided to focus on resources and access to services, opportunities for middle-income older adults, and transportation as priority areas since 2018. Committees exist for each of these areas.
- The CoA and CoD continue to solicit community input regarding problems with accessible transportation.
- The Legislation, Advocacy and Outreach Committee of CoD solicits input from consumers and providers regarding needs and issues, analyze proposed legislation and make recommendations to the CoD and the Board of Supervisors.
- The CoD ADA Compliance Committee provides a forum for the discussion of the Americans with Disabilities Act (ADA) accessibility and programmatic issues related to County programs and services provided at County-owned and leased facilities.
- The CoD Youth and Family Committee provides a forum for the discussion of issues related to access to programs and services for children and youth with disabilities.

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

### ***New Beginning Coalition***

The New Beginning Coalition (NBC), convened by the AAA, is a broad-based group of 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 six 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. 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 may 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 is 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 inform the Plan.

Currently, the Steering Committee has six members, including two AAS staff, which includes the Program Services Manager and the AAS Planner. The rest of the membership is made up of three providers with contracts with the AAA, one also being a CoA Commissioner, and one community service provider involved with older adult volunteers.

Through their participation, all NBC members can stay informed about issues and resources, and collaborate, to close gaps in the service-delivery system. NBC members may also participate in planning projects, providing services, and/or assessing community needs.

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 program participants 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 participates in collaborative groups to implement aspects of Area Plan goals including:

- BHRS Older Adult Committee
- CoA Committees
- CoD, including the ADA Compliance Committee
- Health Equity Initiatives Initiative (led by BHRS staff and consists of individuals who are concerned about the mental health needs of the OAA population in SMC)
- Fall Prevention Coalition of SMC
- SMC Oral Health Coalition.

It is expected that some of the members of these collaboratives will continue to work on implementing the new Area Plan. Workgroups will be formed as needed to implement the FY 2020-2024 Area Plan goals.

AAS staff worked with the NBC Steering Committee to oversee the implementation of the current strategic plan. The governance structure of the Steering Committee identifies the following:

- 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 are selected, member commitment, member requirements and evaluation.



# Section 04: Planning Process/Establishing Priorities

## Steps involved in 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 are periodically held to provide opportunities for addressing specific issues or concerns.



The long-range planning for the Area Plan is guided by NBC. The NBC meetings were scheduled every three months in January, April, July, and October. Starting in FY 2019-2020, it was decided that the important work of NBC needed to happen more than on a quarterly basis so, starting in July 2019, meetings began being held every other month. Based on what was covered at the quarterly meetings, the Steering Committee assisted in the development and implementation of the Area Plan needs assessment from FY 18-19 until present.

The focus of the meetings for the past year has been on planning for the FY 2020-2024 Area Plan.

- January 15, 2019- Presentation on Open San Mateo County, the place to find data published by SMC.
- April 16, 2019- Presentation on SMC County data from Stanford University's WELL for Life Study, a unique longitudinal study that uses novel methods to define, assess, and promote the multiple dimensions of well-being in the U.S. and globally.
- July 19, 2019- Presentation on San Francisco' Dignity Fund, passed by voters in 2016, it guaranteed funding to enhance supportive services to help older adults (60+ years old) and adults with disabilities (18 – 59 years old) age with dignity in their own homes and communities.
- September 16, 2019- Discussion with NBC members about what they saw as need for older adults, adults with disabilities, and their caregivers.
- November 19, 2019- Presentation from an epidemiologist from SMC Public Health Policy and Planning on data in SMC on older adults.
- January 21, 2020- Discussion about the proposed goals and objectives for the new Area Plan.
- March 17, 2020- Presentation on the Census as well as Area Plan needs assessment data and updated goals and objectives.

## Inclusion of Public, Public Agencies, Government, and Other Organizations in the Planning Process

Currently, the NBC membership consists of about 50 active 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 SMC. 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.

### **Stakeholder Forums**

Stakeholder forums were held that included the NBC Coalition members. Stakeholders were given the list of issues on the community assessment. Stakeholders were asked to vote for the issues that they believed were affecting their community and/or their clients. Once the votes were tallied, discussion groups were identified to address issues that received the most votes. Discussion of results is found in Section 5: Needs Assessment.

### **Inclusion of Other Organizations that Serve Target Population: Committees/Task Forces**

Other groups convened by AAS or where AAS or CoA participate also help to identify information about the needs of older adults and adults with disabilities. Groups such as CoA's Transportation Committee; BHRS's Older Adult Committee, Chinese Health Initiative, Latino Collaborative, PRIDE Initiative, Spirituality Initiative, and Suicide Prevention Committee; (DOVIA); Daly City ACCESS; Daly City Peninsula Partnership; the Paratransit Coordinating Council; San Mateo County Fall Prevention Coalition; and San Mateo County Oral Health Coalition's Adult Committee.





# Section 05: Needs Assessment

## **Processes and Methods**

### ***Needs Assessment Survey Development***

In collaboration with an ad hoc subcommittee of key stakeholders as well as the New Beginning Coalition (NBC) Steering Committee, the development of the survey for older adults and adults with disabilities started in February 2018. The NBC Steering Committee assisted in making final decisions about the survey tool questions. The survey tool that was used to inform the FY 2020-2024 Area Plan was updated from the tool used for FY 2016-2020.

### ***Needs Assessment Survey Format***

In order to address SMC's diversity, the community needs assessment survey was translated into Chinese and Spanish. The survey was available in hard copy and on-line through Survey Monkey, on the AAS website, and on social media through NextDoor, a private social network for communities in San Mateo County.

### ***Inclusion of LGBTQ Older Adults as a Vulnerable Population***

As in the Area Plan for FY 16-20, questions were included that would elicit responses from targeted communities such as the LGBTQ population, Baby Boomers not yet 60 years old and low-income individuals. In order to be inclusive of the LGBTQ community, the needs assessment, included Sexual Orientation and Gender Identity questions that are in line with the Older Americans Act intake forms.

### ***Needs Assessment Survey Implementation***

Once ready for implementation, the survey was distributed through existing connections, such as the NBC membership, OAA service providers, senior housing sites, and other programs in the community 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 is not English, those who were homebound and/or isolated, those who are low-income and members of the LGBTQ community. Other targeted groups were older adult caregivers and adults with disabilities.

### ***Needs Assessment 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. Outreach for survey distribution included almost 3,000 hard copies delivered to organizations that serve the target populations.

As mentioned earlier, the survey link was distributed on social media through NextDoor. There are 243,560 county residents on NextDoor.



## Needs Assessment Results

### *Area Plan Survey of Older Adults and Adults with Disabilities*

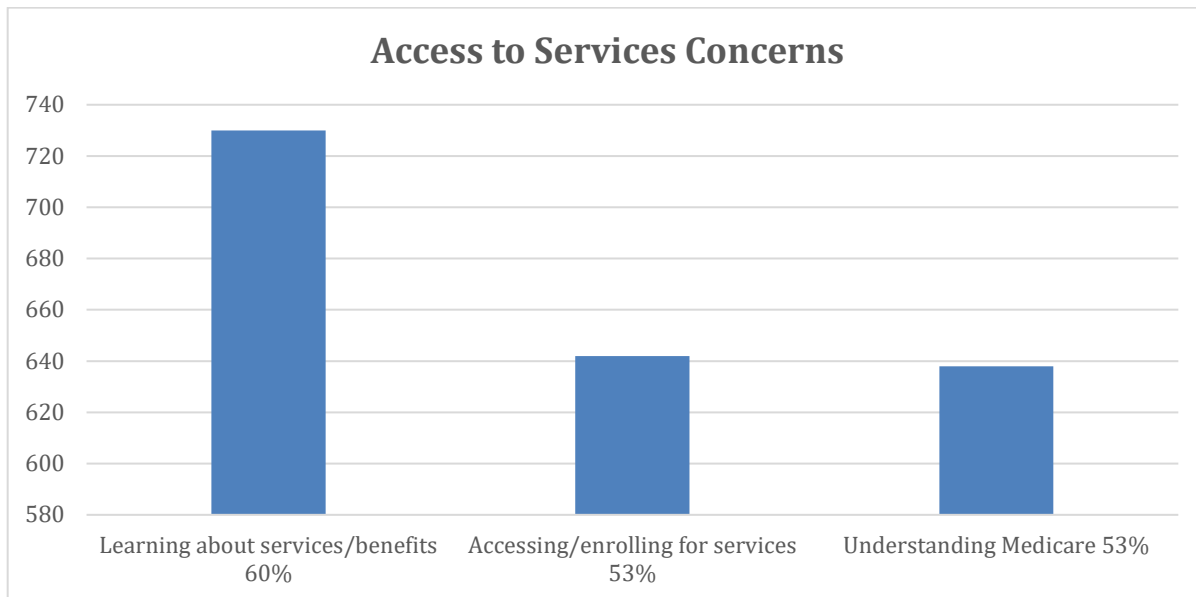
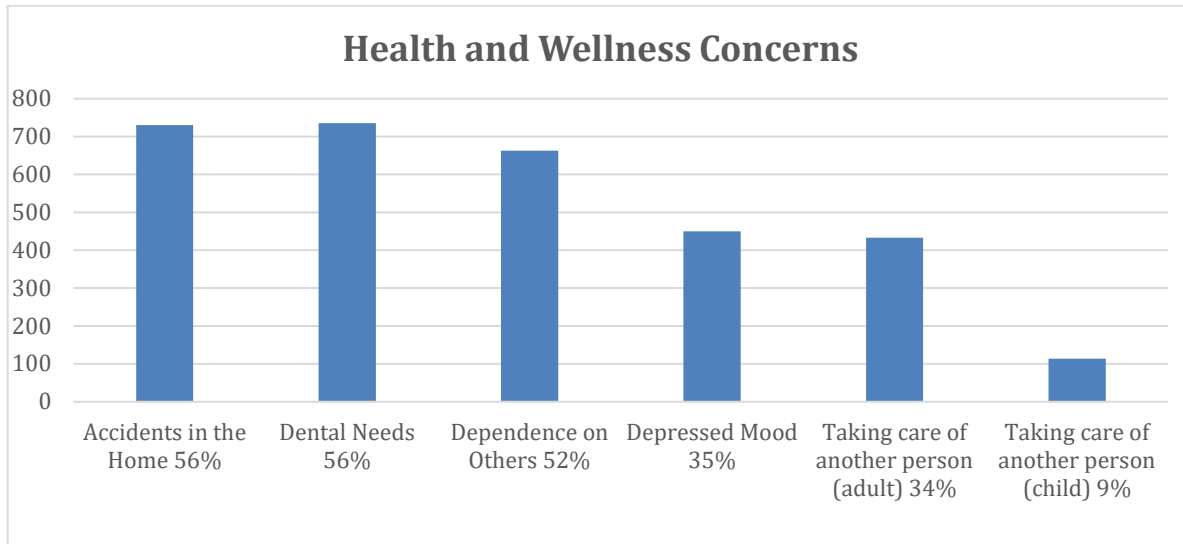
A total of 1,333 surveys were received, Fifty-four percent of the total surveys received were hard copies that were then entered into Survey Monkey by the AAA Planner, which indicates that 46% of respondents went on-line to complete the survey. Six hundred and eight people completed the assessment in Survey Monkey. The number of hard copies of the survey that were returned in the different languages were: Chinese-39 and Spanish-19.

Completed surveys were received from the following:

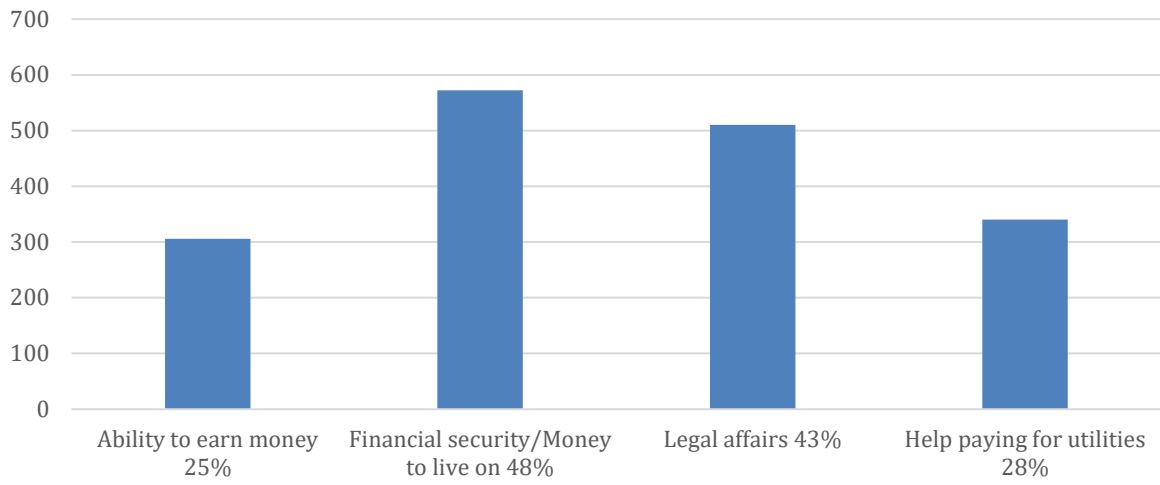
- Beacon Communities
- Casa de Redwood
- Coastside Adult Day Health Center
- Foster City Daily Journal Senior Fair
- Legal Aid Society of San Mateo County
- Millbrae Daily Journal Senior Fair
- Millbrae Park and Recreation
- On the Move: Reframing Aging- Congresswoman Jackie Speier's Event
- Pacifica Senior Center
- Pacific Islander Initiative
- Peninsula Volunteers, Inc.
- Puente de la Costa Sur
- San Carlos Adult Community Center
- San Mateo Adult Resources Technology (SMART) Center
- Self Help for the Elderly Millbrae Site
- Self Help for the Elderly San Mateo Site
- Senior Coastsiders
- South San Francisco Senior Center
- Villages of San Mateo County

## Concerns

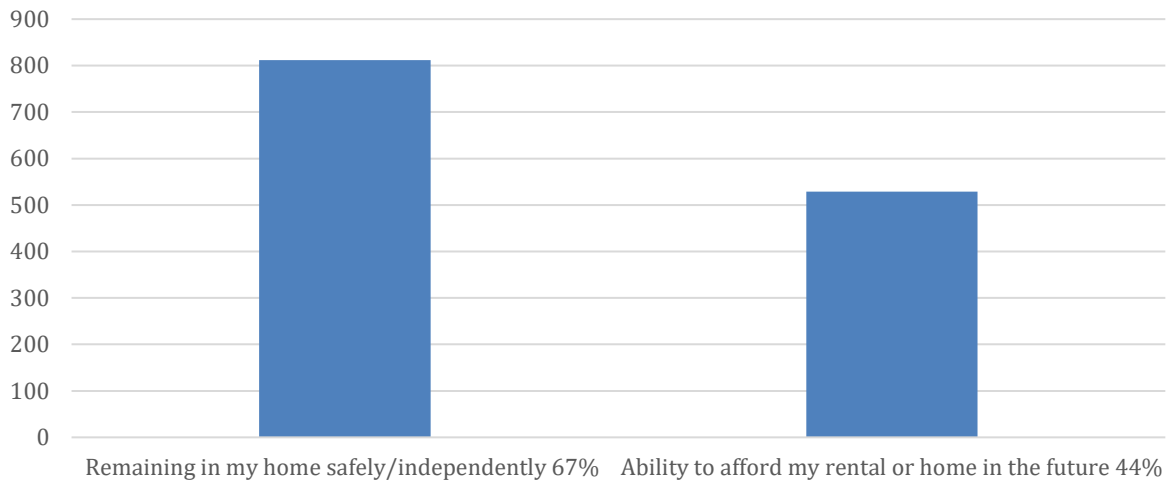
Respondents were asked if areas of Health and Wellness, Access to Services, Financial Services, Housing, Public/Personal Safety, Social Support, and Self-Care were a concern or not a concern. The areas of concern responses are included in the following graphs:



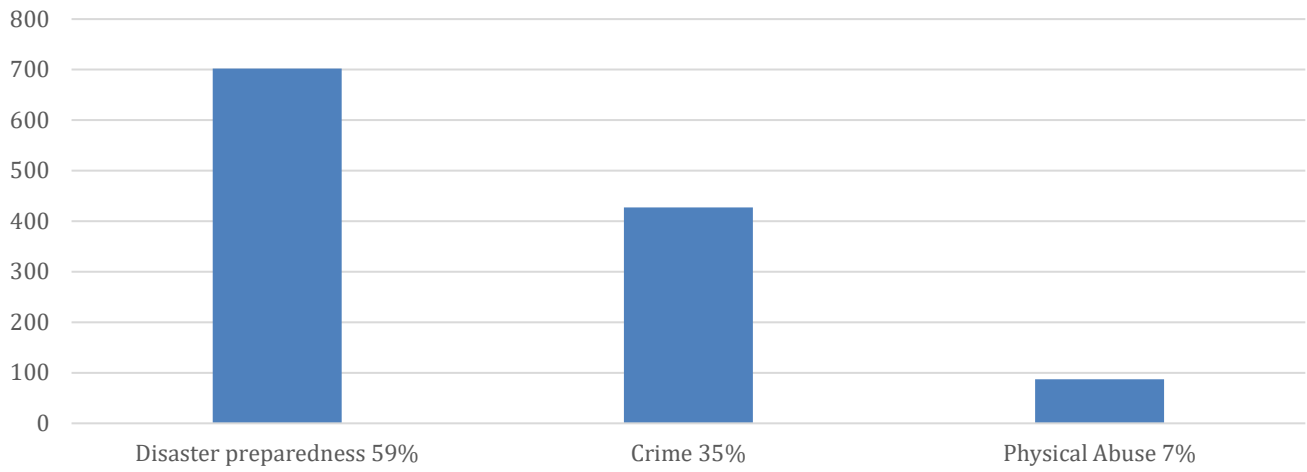
### Financial Concerns



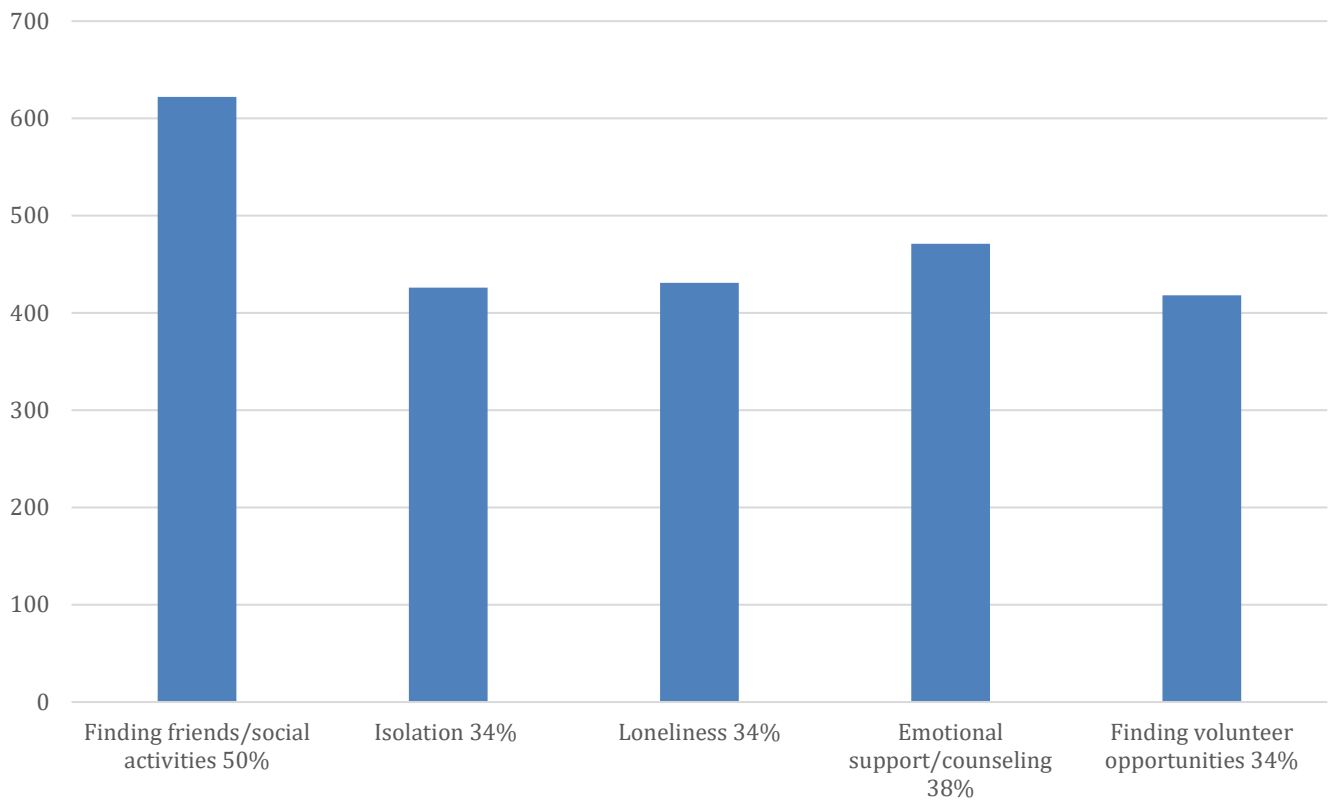
### Housing Concerns



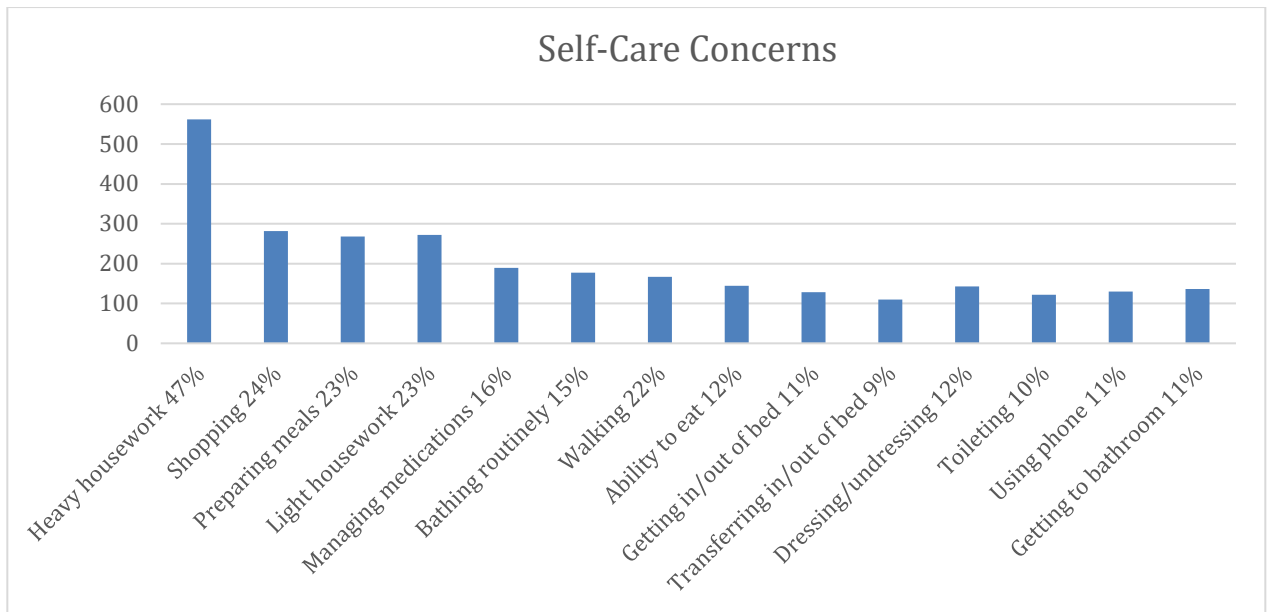
### Public/Personal Safety Concerns



### Social Support Concerns

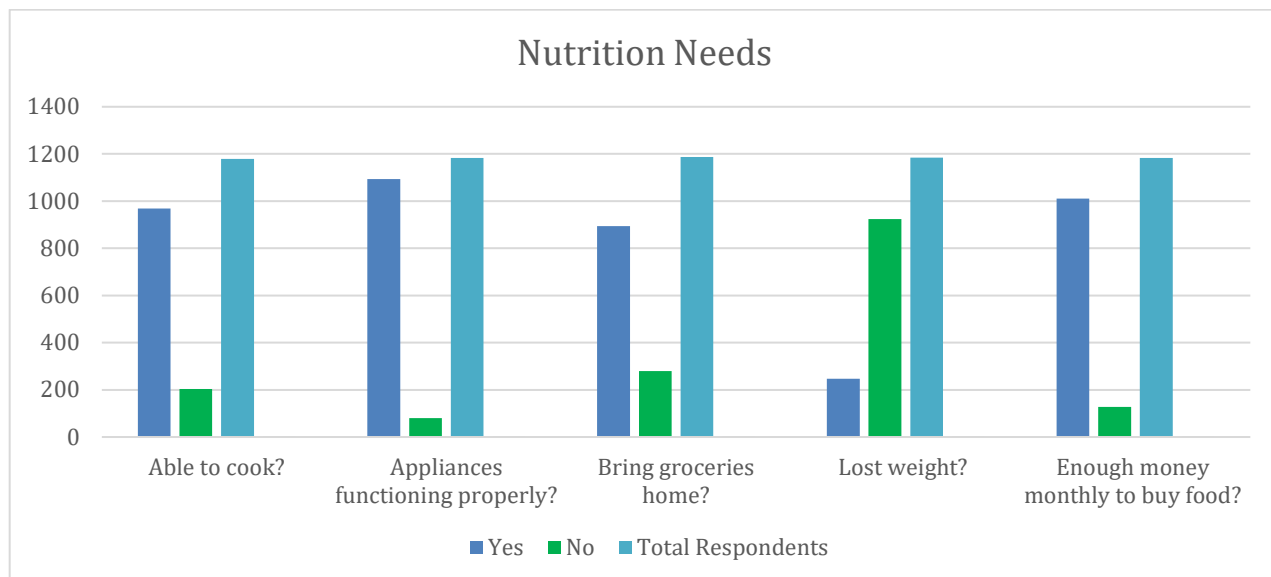


## Self-Care Concerns (Activities of Daily Living/Instrumental Activities of Daily Living)



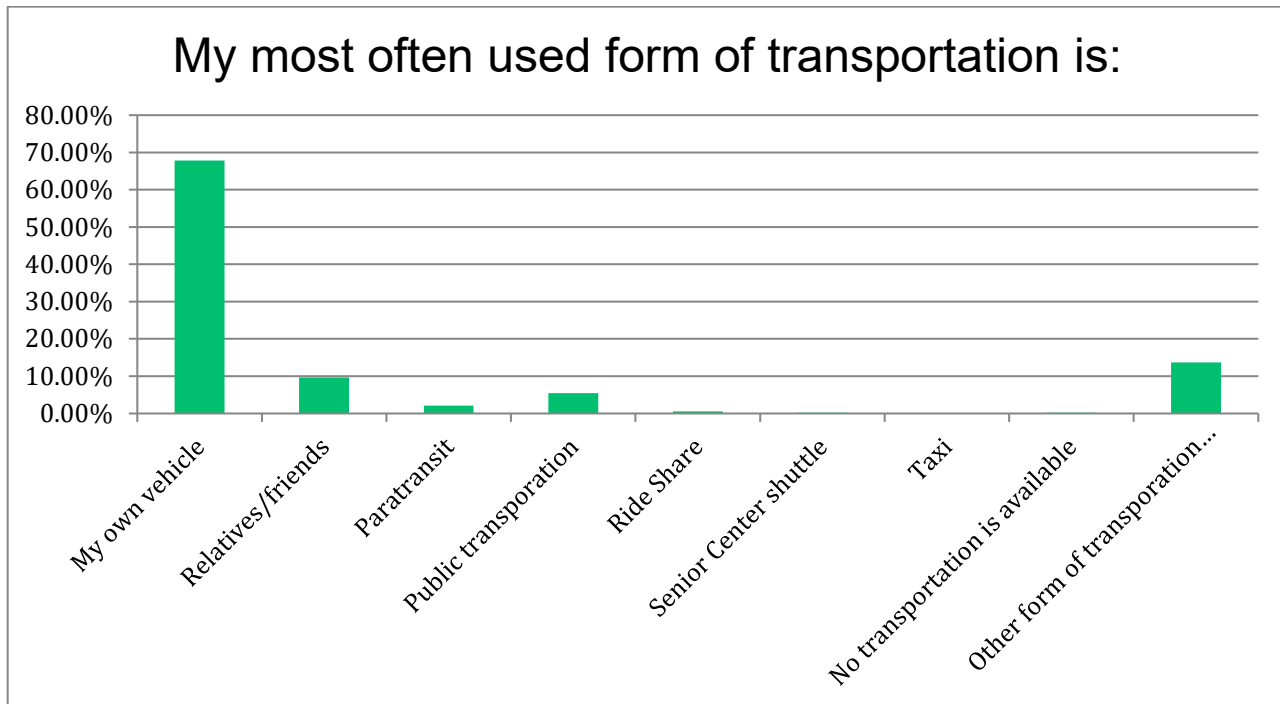
## Nutrition

Based on the survey results, the top three needs identified follow: 28% need help in bringing groceries home, 21% have lost weight, and 18% are not able to cook.



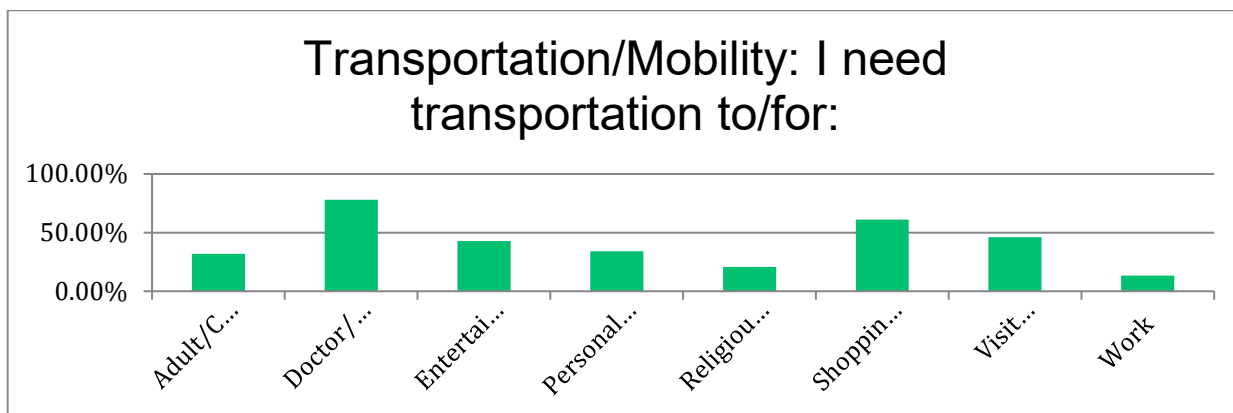
## Transportation

Even though most of the people that answered the survey still drive themselves, transportation is an issue for those that don't have a car, can't drive anymore, don't have public transportation close by, or are not eligible for paratransit but can't use public transportation. Those that drive and have their own cars worry about what will happen when they can't drive anymore. The three most often used forms of transportation are their own vehicle (68%), relatives and friends (10%), and public transportation (5%).



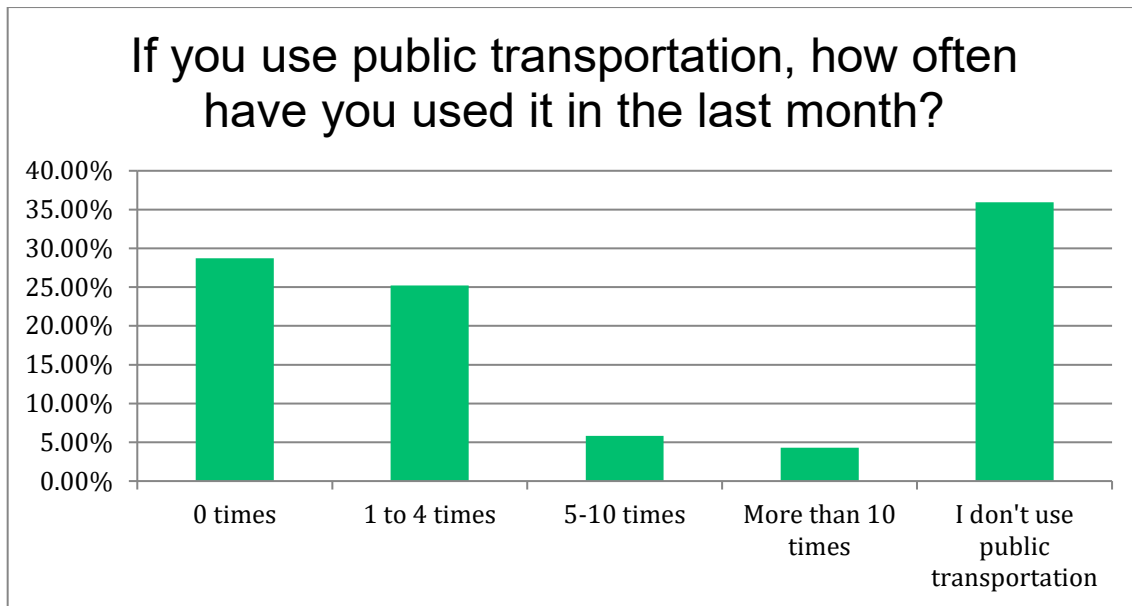
## Transportation Destinations

Of those that need transportation, the vast majority need transportation to their doctor/medical appointments (78%), for shopping/groceries (61%), and to visit family and friends (46%).



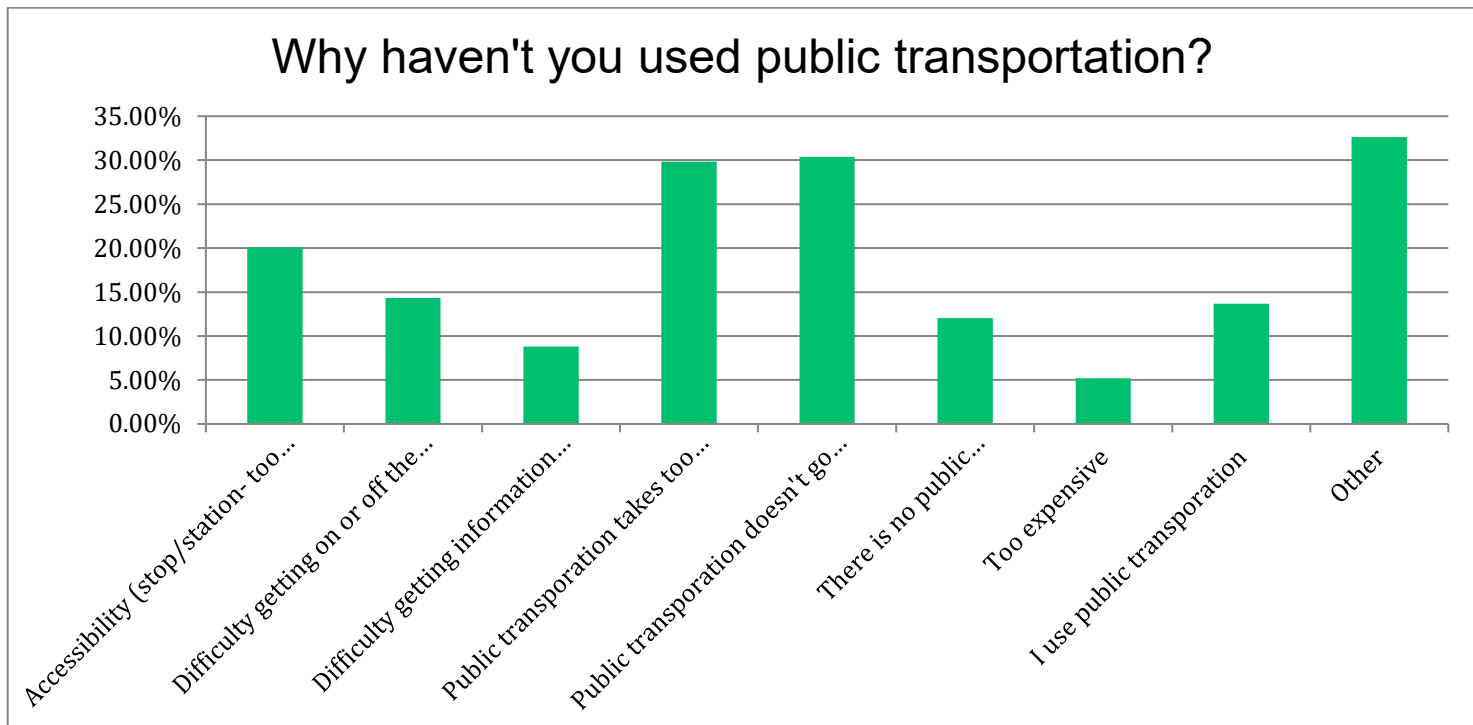
## Public Transportation

Most respondents do not use public transportation (36%).



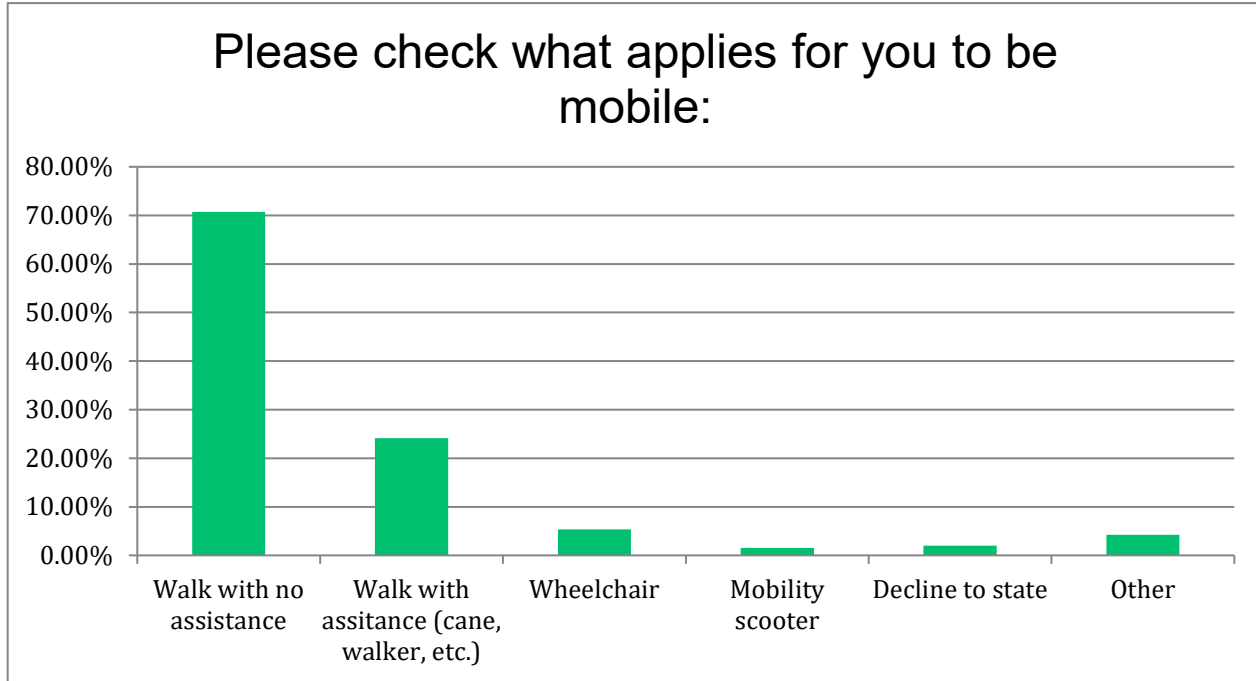
## Do Not Use Public Transportation

When asked why they did not use public transportation, most of the respondents noted the "Other" category, citing reasons such as they still drive (33%). The next highest public transportation does not go where I want to go (30%) and public transportation takes too long (30%).



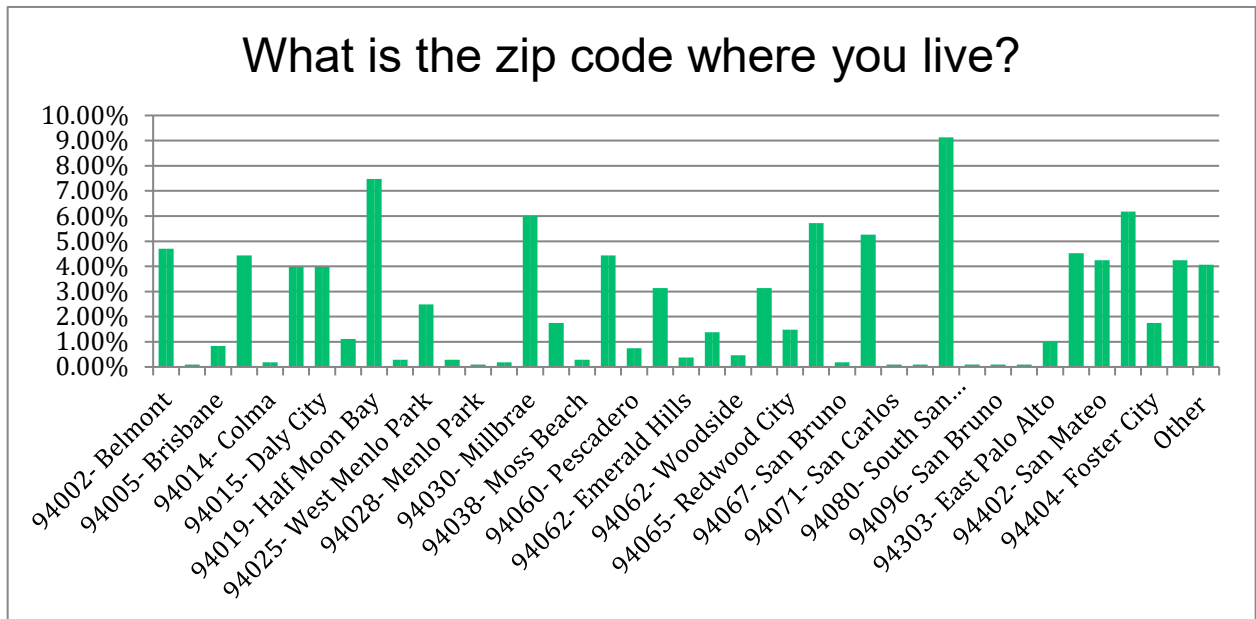
## Mobility

When asked what applies for them to be mobile, most participants responded not needing assistance to walk (71%); followed by those that walk with assistance of a mobility device. such as cane, walker, etc. (24%).



## Zip Codes/Cities of Residence

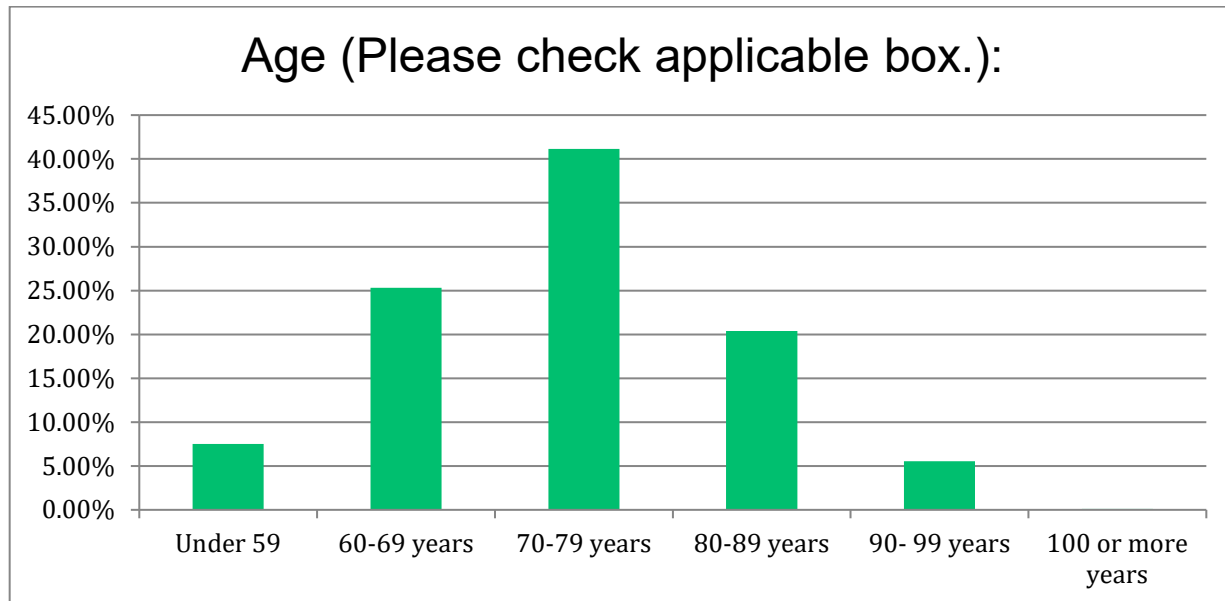
Surveys were received from most of the 20 cities in SMC and from unincorporated areas as well.





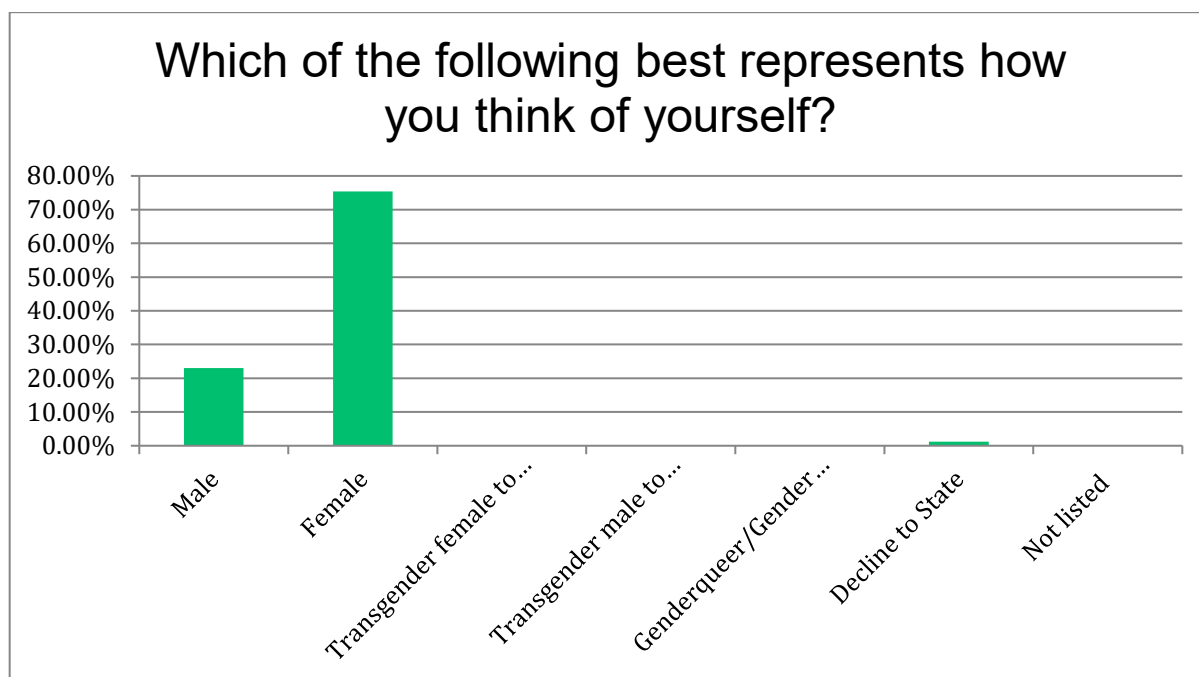
## Age

The majority (33%) of respondents were 70-79 years old (41%). It is assumed that the 8% of respondents that are under the age of 55 are adults with disabilities.



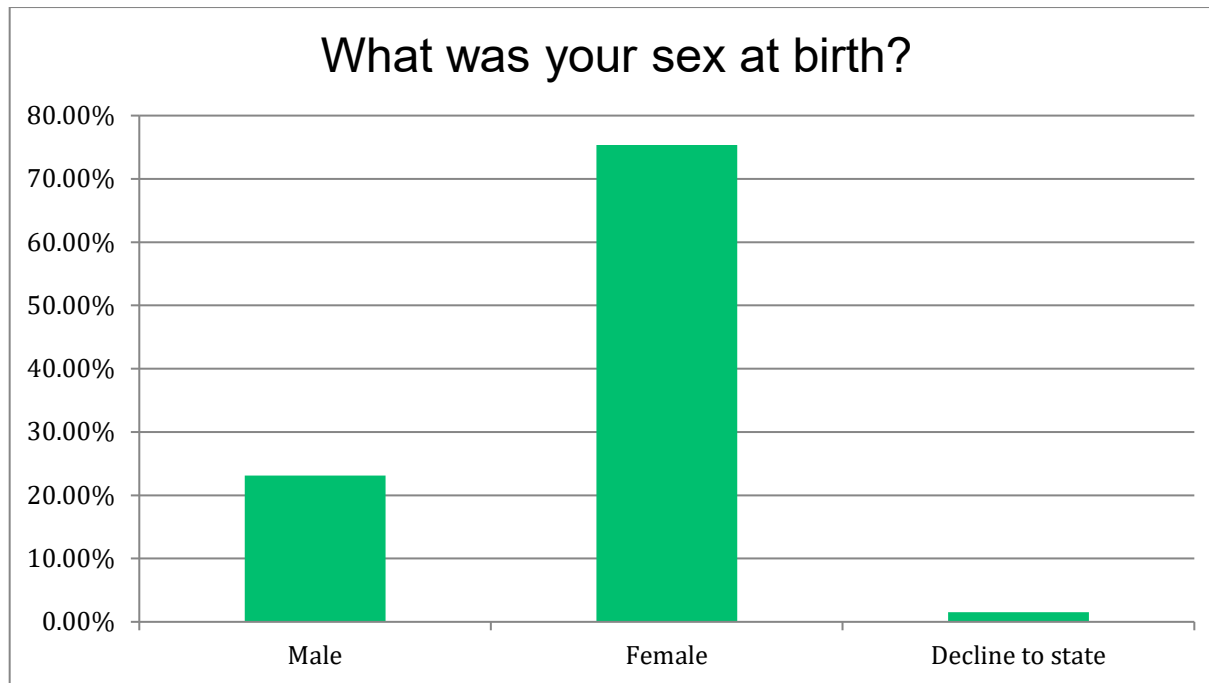
## Gender Identity

More women (75%) than men (23%) answered the survey. Survey choices included the expanded gender categories of transgender female to male, transgender male to female, and gender queer/same and gender-loving.



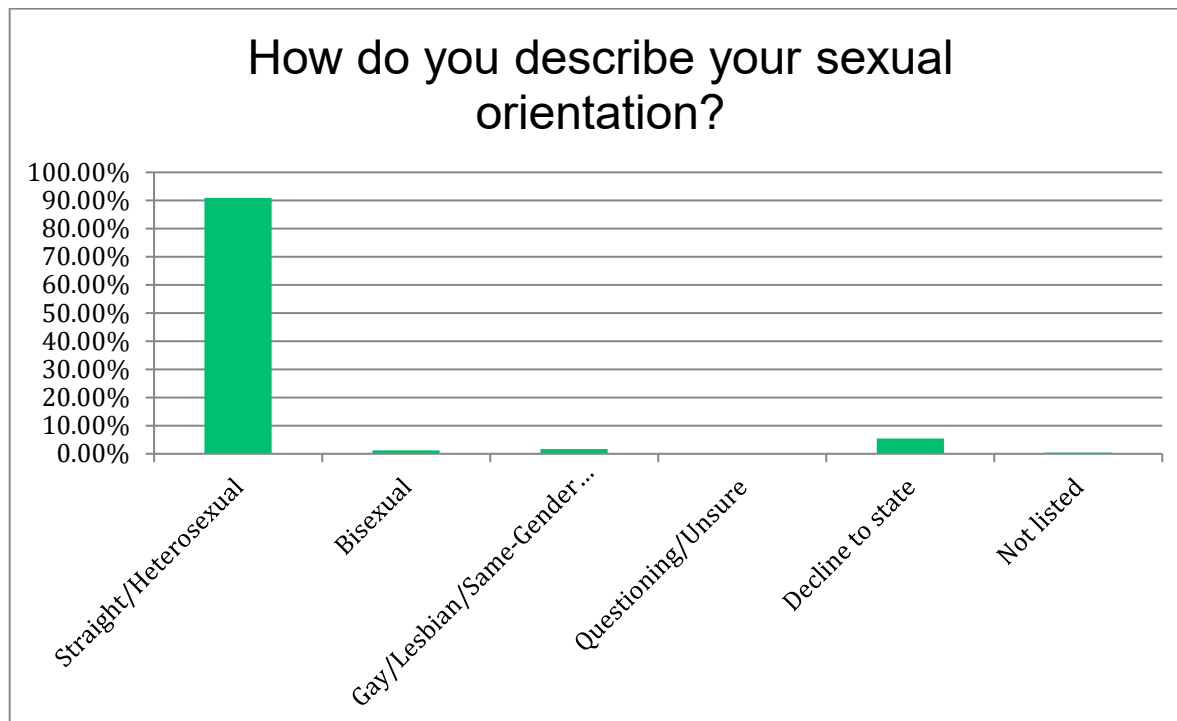
## Sex at Birth

The sex at birth question mirrored the answers for gender identify.



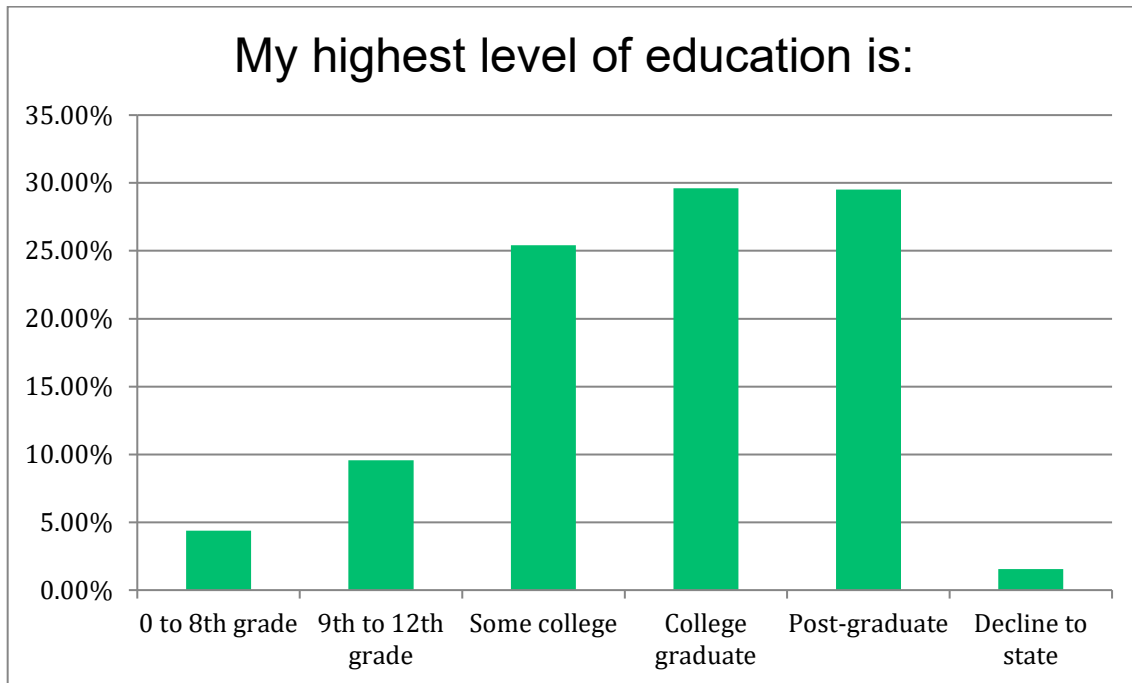
## Sexual Orientation

Most respondents identified as straight/heterosexual.



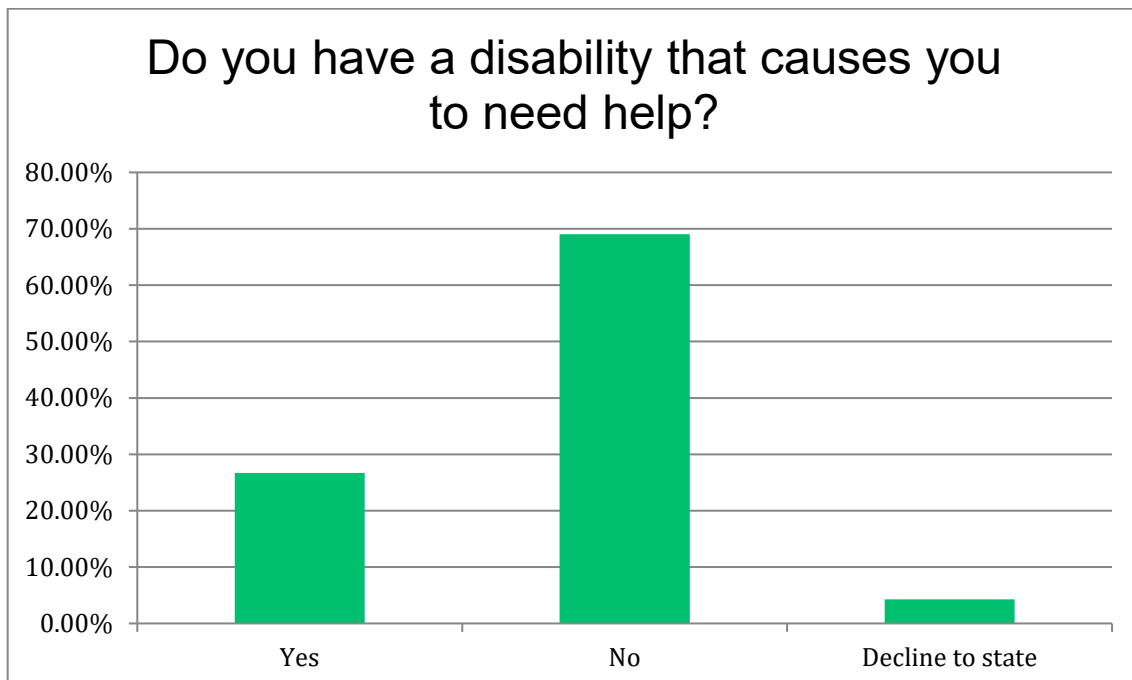
## Education

Most of the survey respondents have a post graduate or college degree (30%). Twenty-five percent of the respondents have some college education.



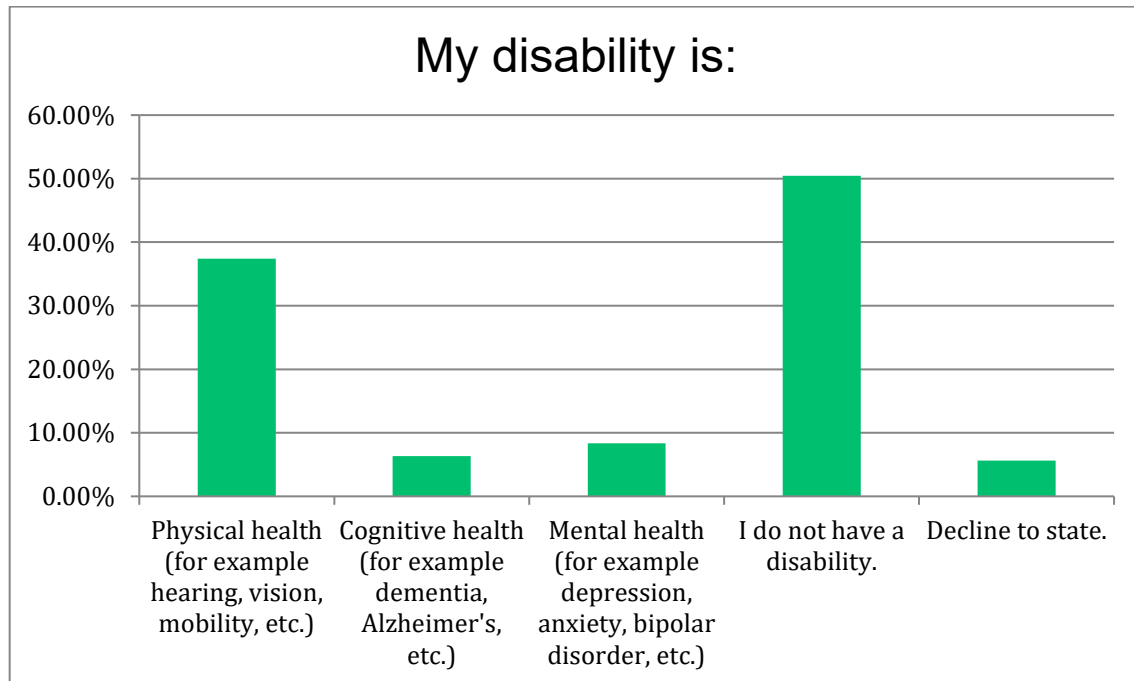
## Disability

When asked if they had a disability that causes them to need help, 69% of the respondents said no and 27% said yes.



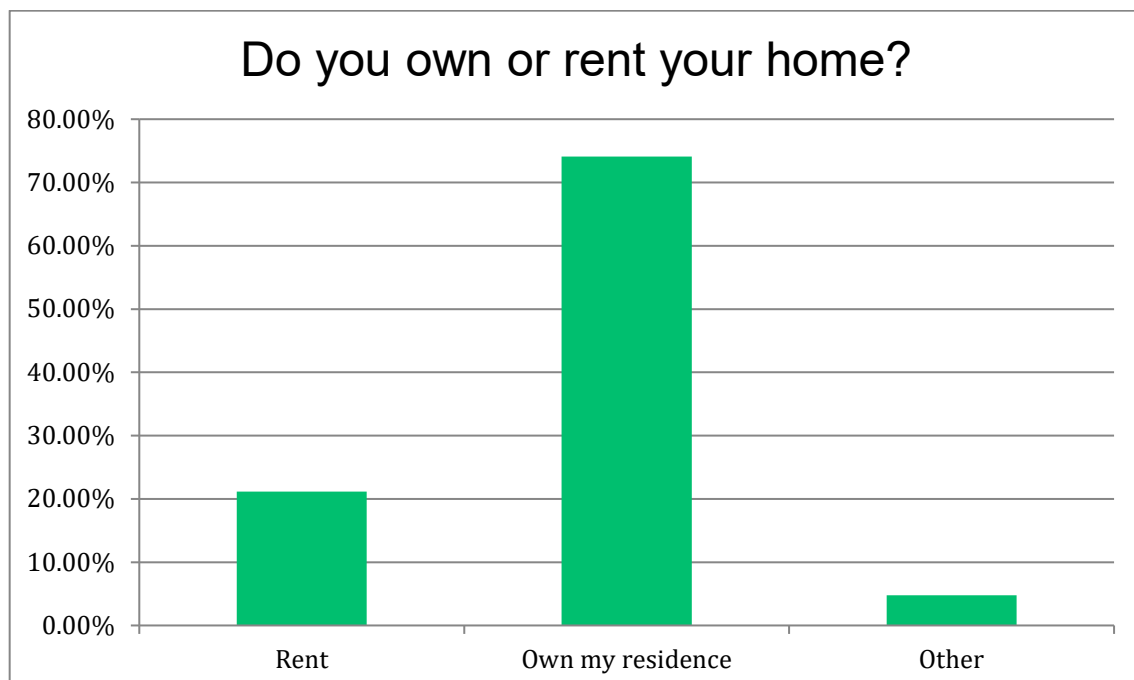
## Type of Disability

Most respondents stated they don't have a disability (51%). Those that responded that they have a disability stated that it is physical (37%).



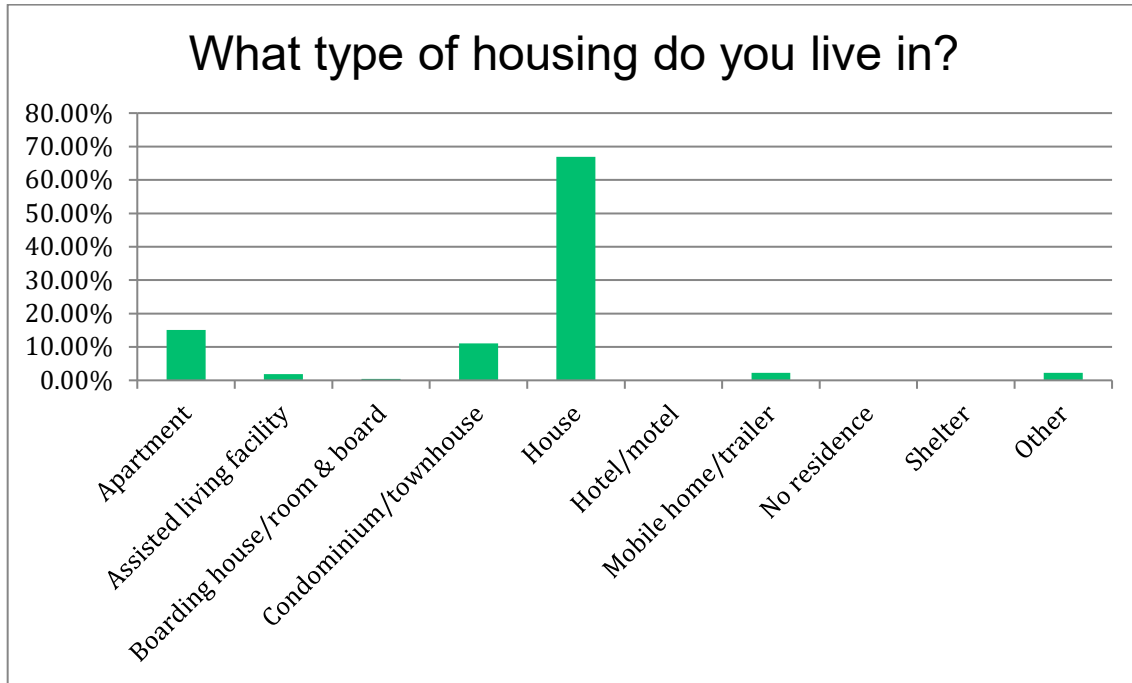
## Housing: Home Ownership/Renting

Seventy-four percent of survey respondents own their residence and 21% are renters. An example of "Other" are those that live with family.



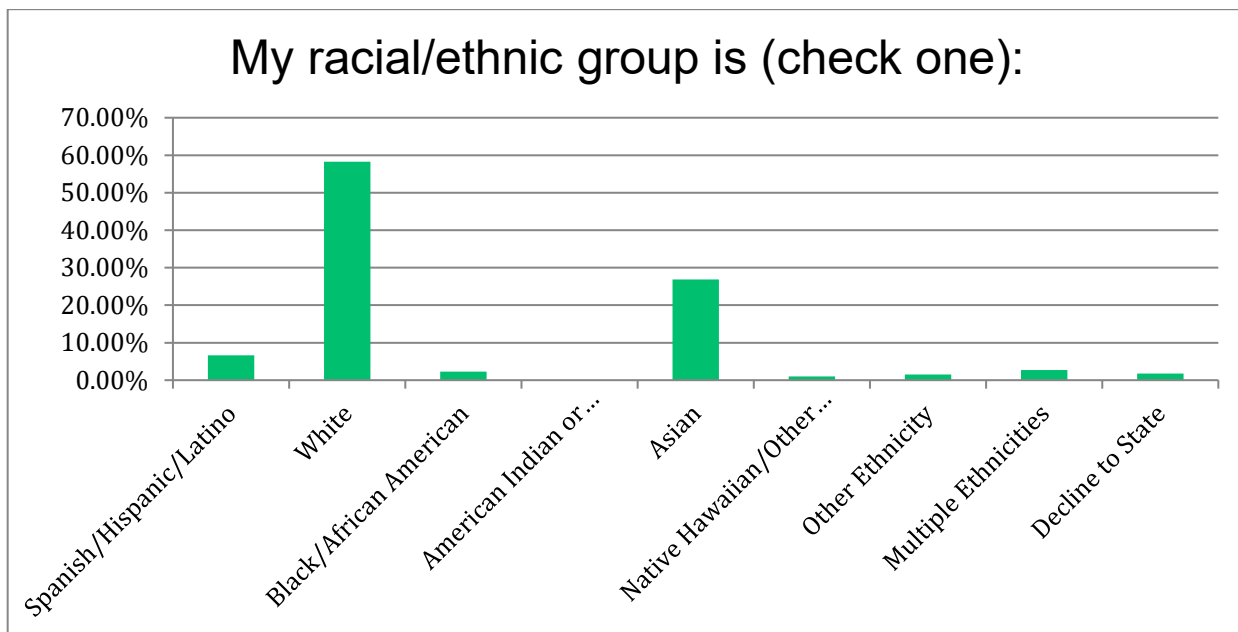
## Type of Housing

Sixty-seven percent of the survey respondents live in a house, 15% live in an apartment, and 11% live in a condo or townhouse.



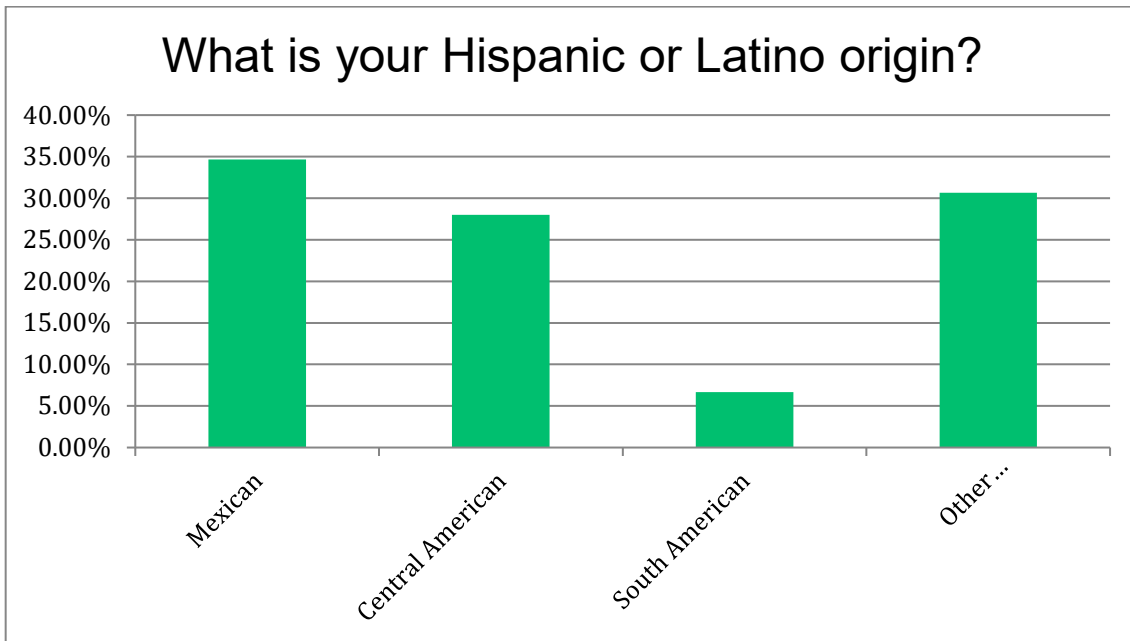
## Race/Ethnicity

Fifty-eight percent of the respondents stated that they are White. Other ethnicities reported follow: Asian- 27%, Hispanic/Latino- 7%, multiple ethnicities- 3%, African American-2%, other ethnicities-2%, Native Hawaiians/Other Pacific Islanders-1%, American Indian/Alaskan Native- less than 1.0%.



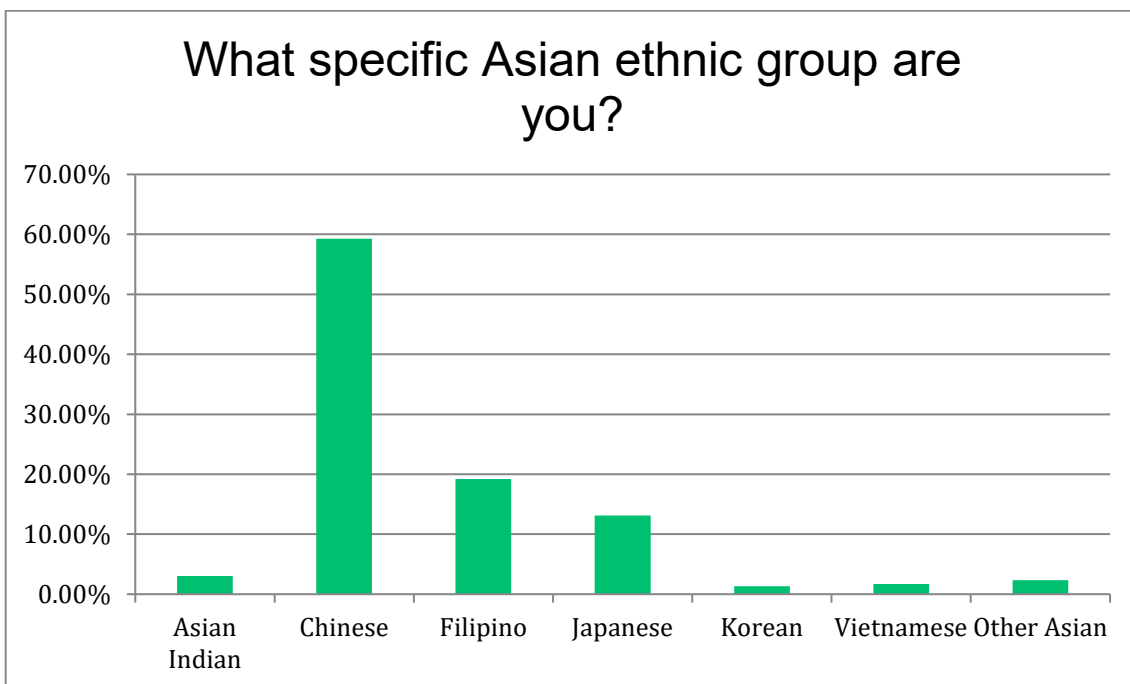
## Hispanic/Latino Origin

Thirty-five percent of the Hispanic/Latino respondents stated they are Mexican, 31% stated other, and 28% stated Central American.



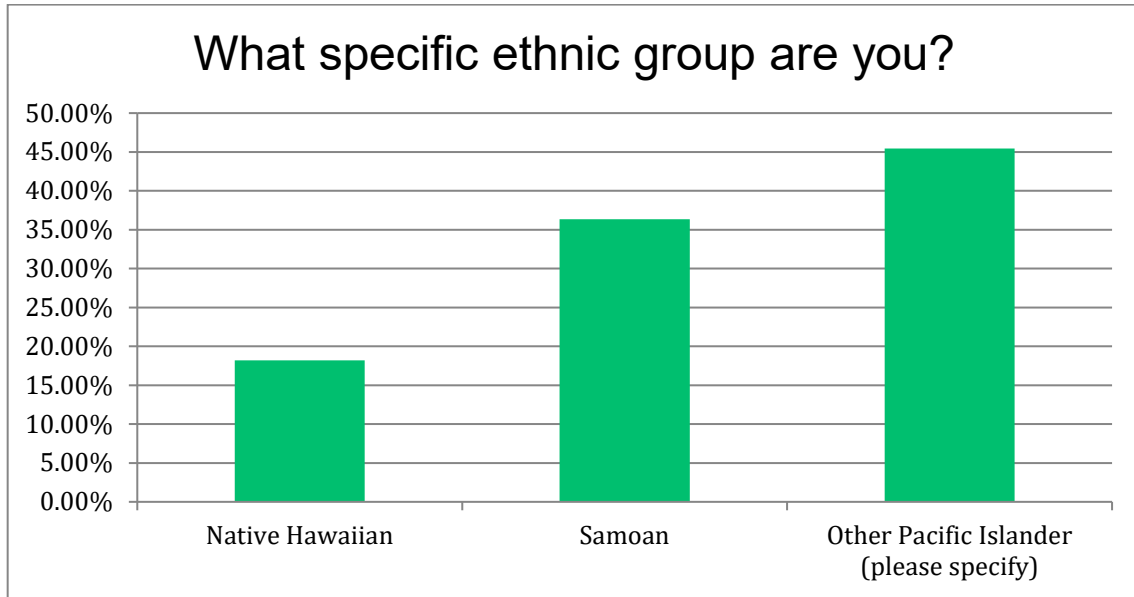
## Asian

Thirty-five percent of the Asian respondents that stated they were Chinese, 19% stated Filipino, and 13% stated Japanese.



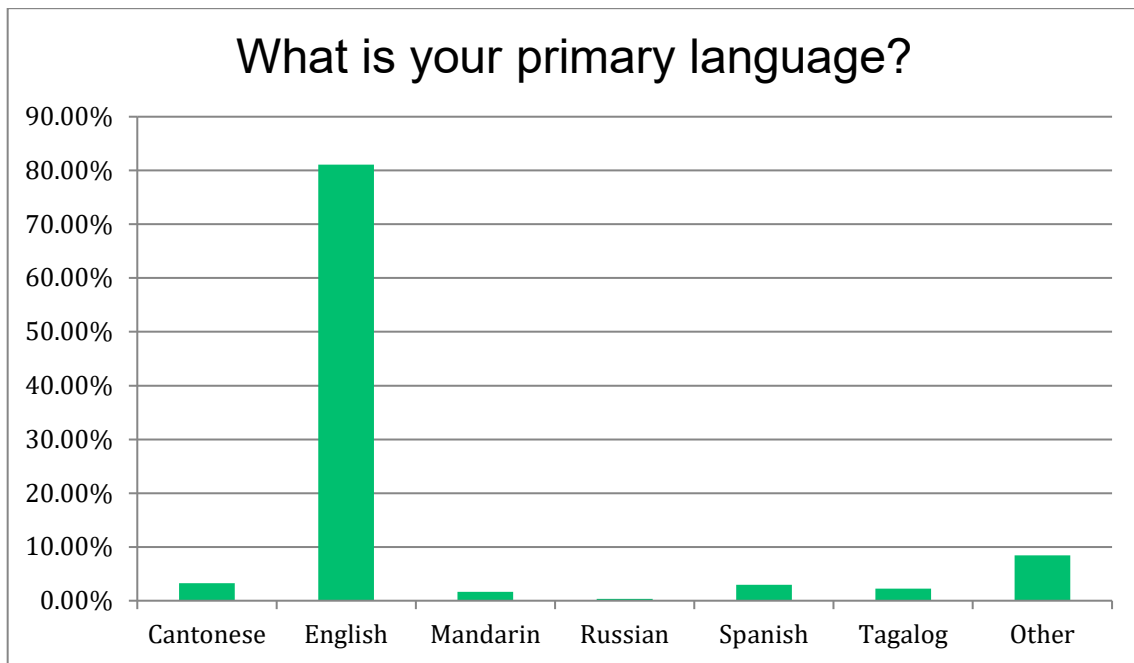
### Native Hawaiian/Pacific Islander

Forty-six percent of the Native Hawaiian/Pacific Islander respondents stated they are Other (not Guamanian, Chamorro, or Tongan), 36% stated Samoan, and 18% stated Native Hawaiian.



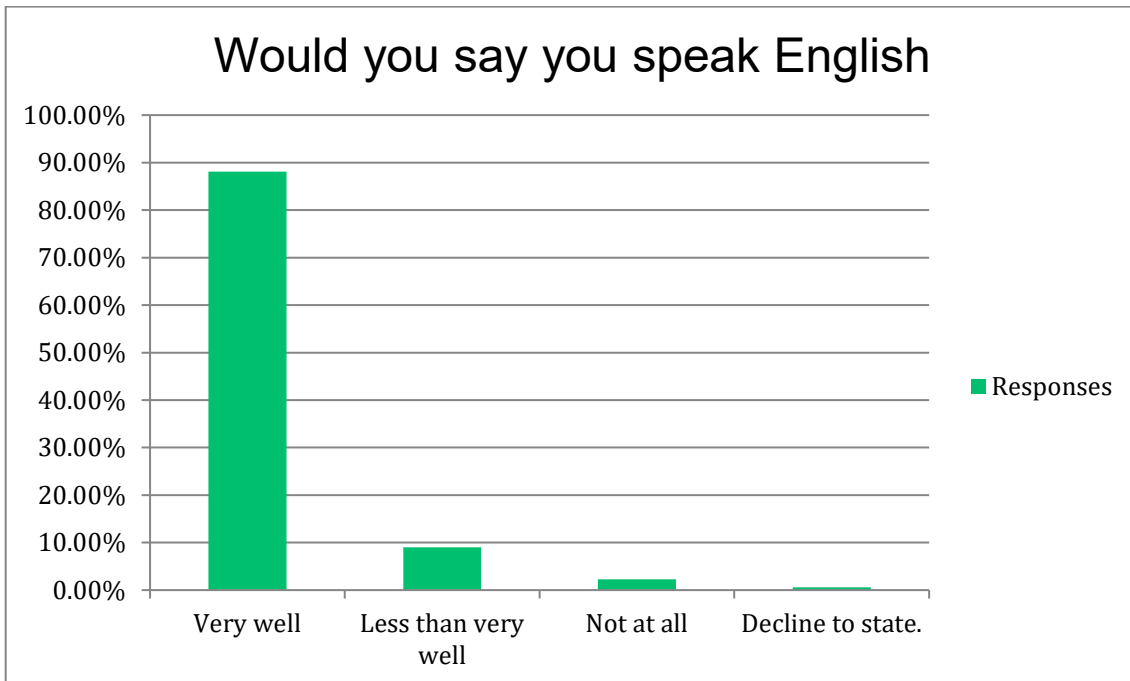
### Primary Language

Eighty-one percent of the respondents stated that their primary language was English., 9% stated Other, 3% stated Spanish, 3% stated Cantonese, 2% stated Tagalog, and 2% Mandarin.



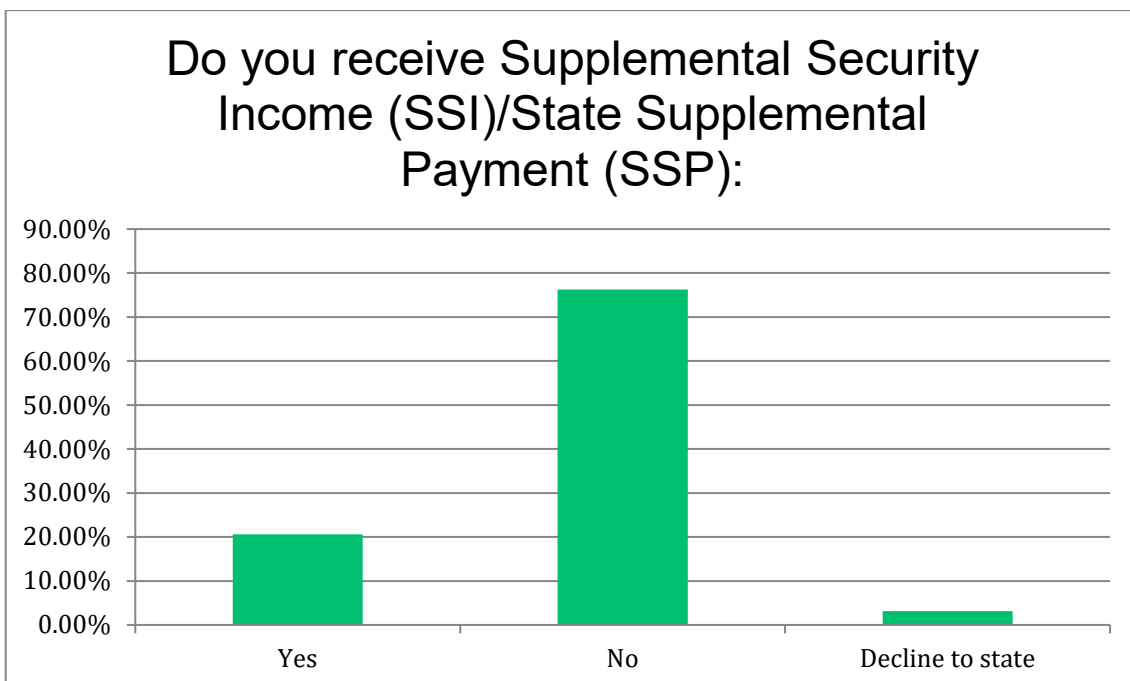
### Ability to Speak English

Eighty-eight percent of survey respondents stated they speak English very well, 8% percent speak English less than very well and 2% don't speak English at all.



### Supplemental Security Income/State Supplemental Payment

Twenty-one percent of the respondents receive SSI/SSP.





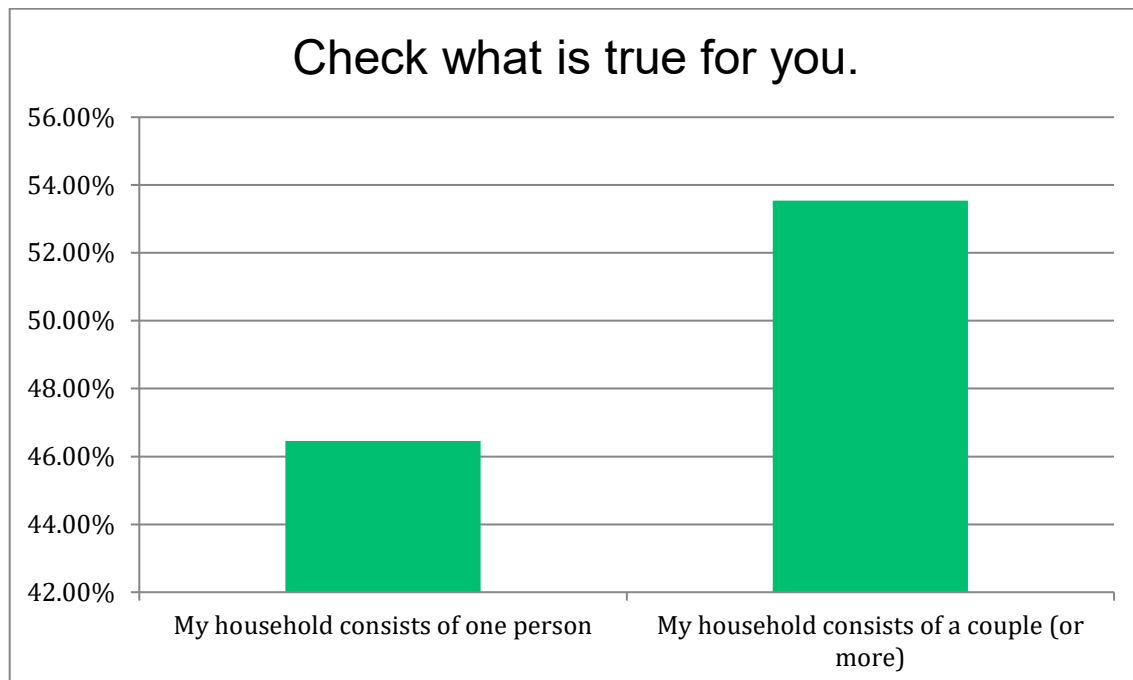
## Employment

Eighty-four percent of the respondents are not employed for wages. Sixteen percent are working.



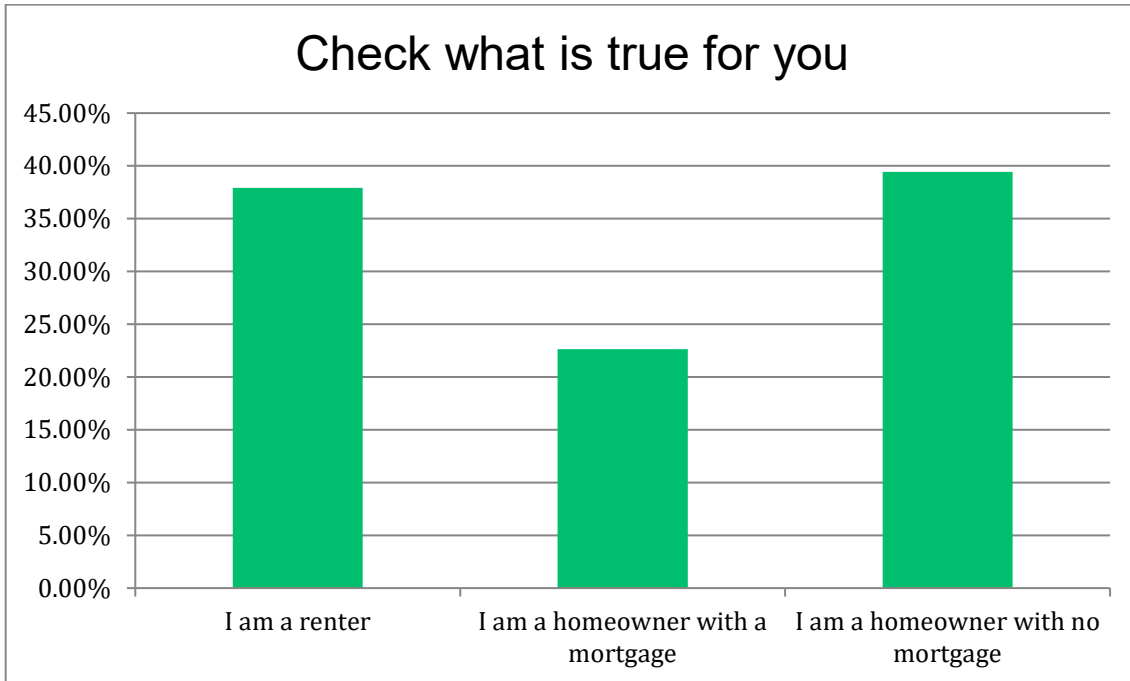
## Living Situation

Fifty-three percent of survey respondents are a household of a couple or more. Forty-seven percent are a household of one. The following housing and income questions were developed based on the Elder Index.



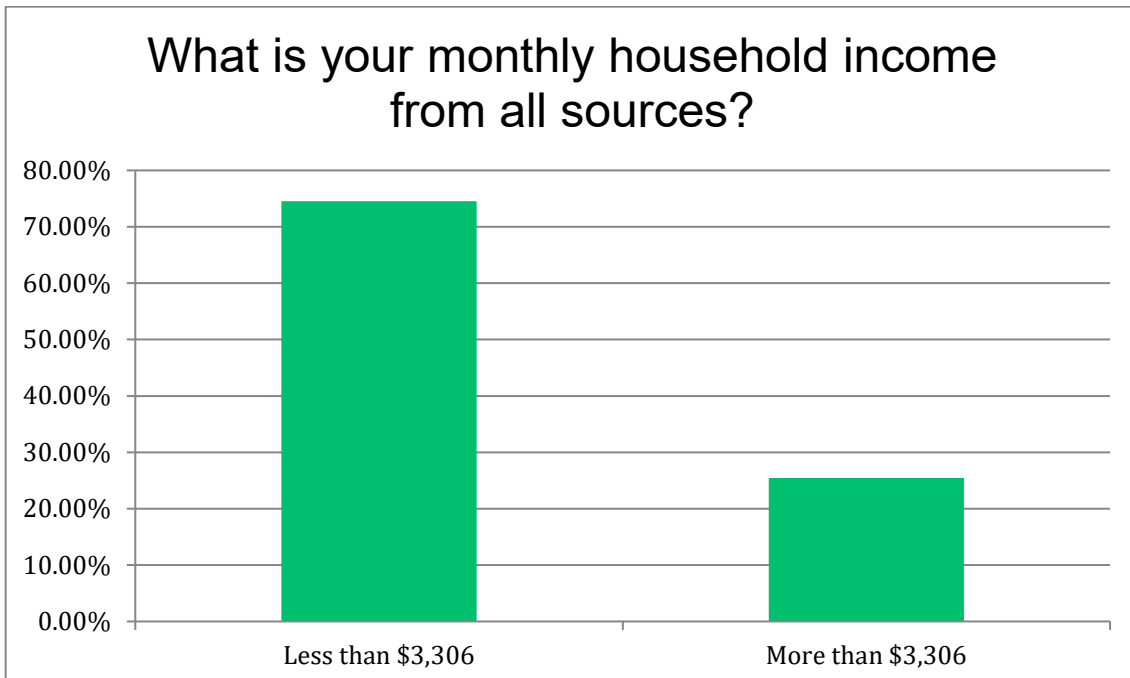
### Household of One- Housing Situation

For respondents that are a household of one, 39% are homeowners with no mortgage, 38% are renters, and 23% are homeowners with a mortgage.



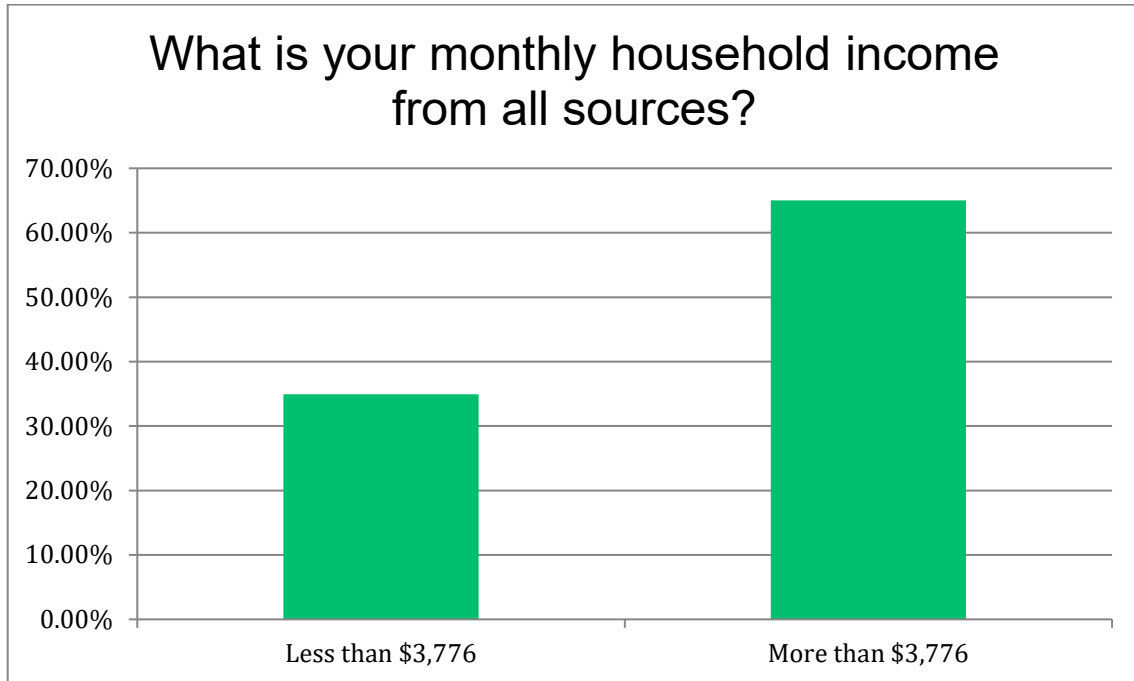
### Household of One Renters- Income

Based on the Elder Index, 75% of renters have a monthly income that is lower than what is needed to live in San Mateo County.



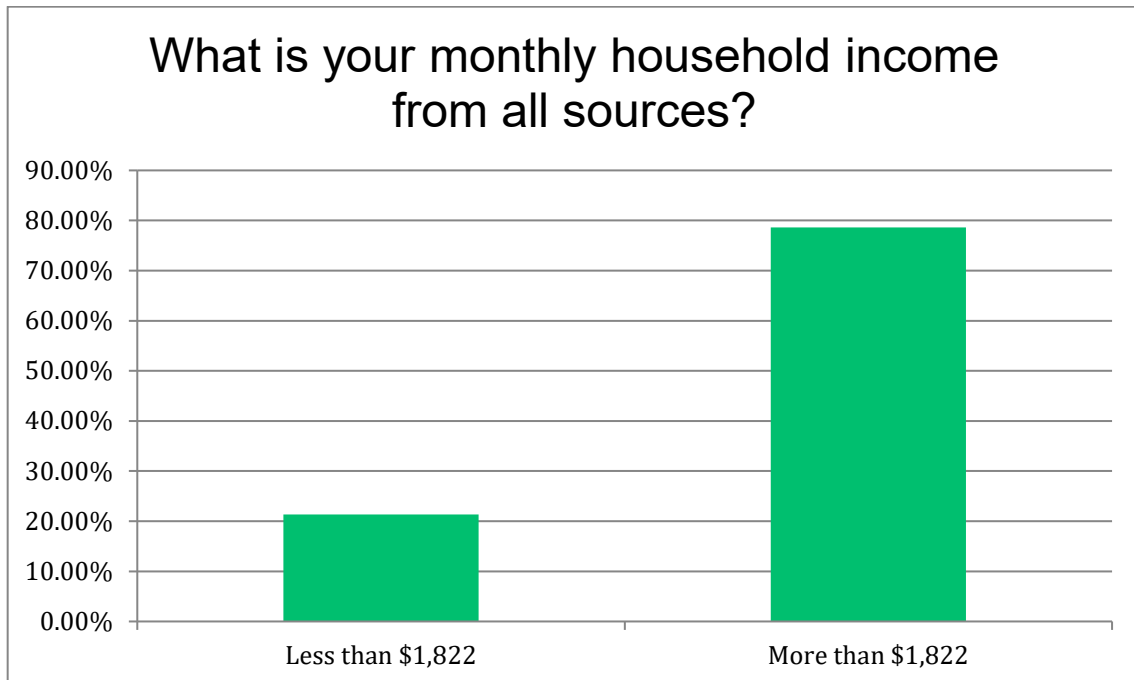
### Household of One without a Mortgage- Income

Based on the Elder Index, 35% of homeowners without a mortgage have a monthly income that is lower than what is needed to live in San Mateo County.



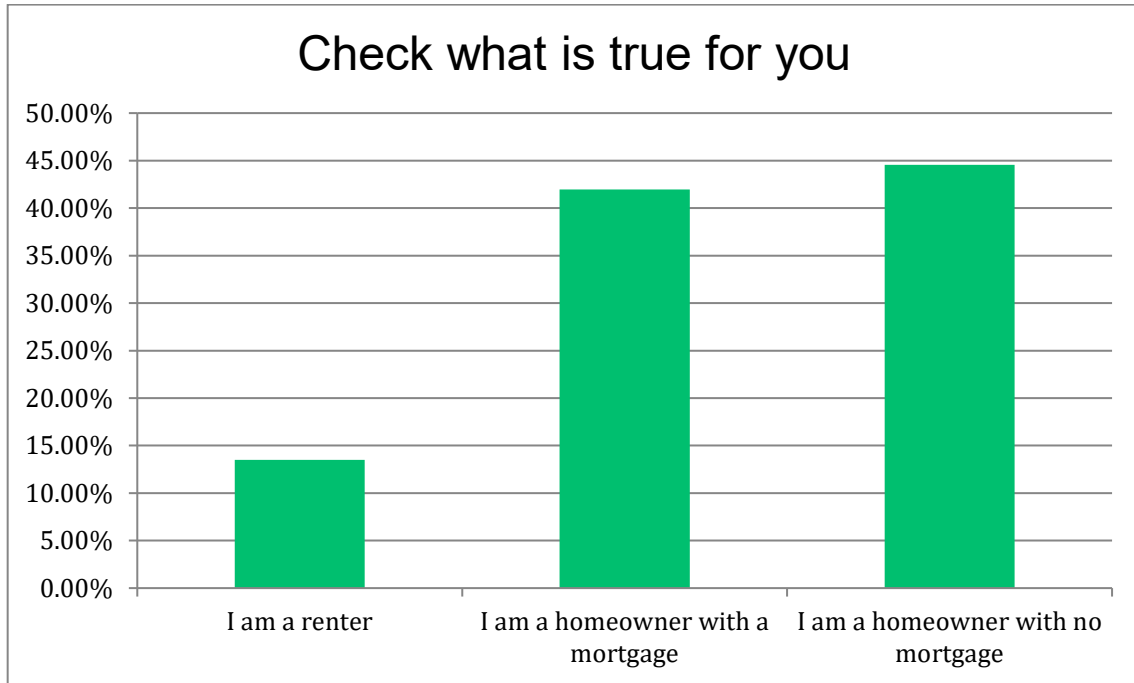
### Household of One with a Mortgage- Income

Based on the Elder Index, 21% of homeowners with a mortgage have a monthly income that is lower than what is needed to live in San Mateo County.



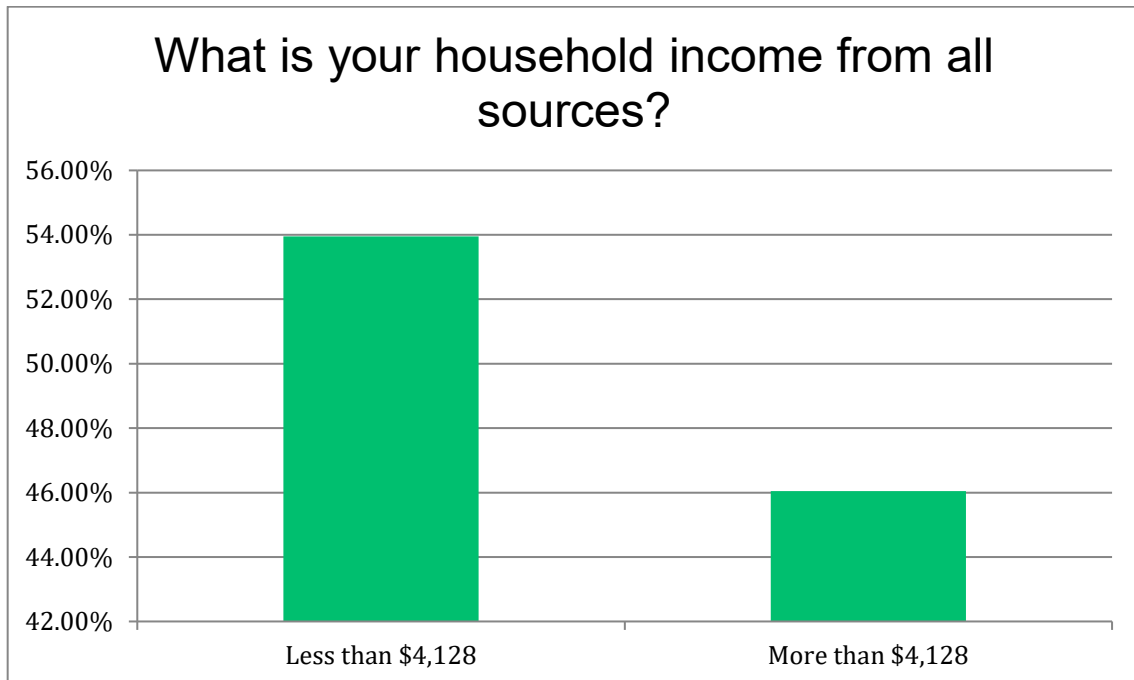
### Household of Two or More- Housing Situation

For respondents that are a household of two or more, 45% are homeowners with no mortgage, 42% are renters, and 14% are homeowners with a mortgage.



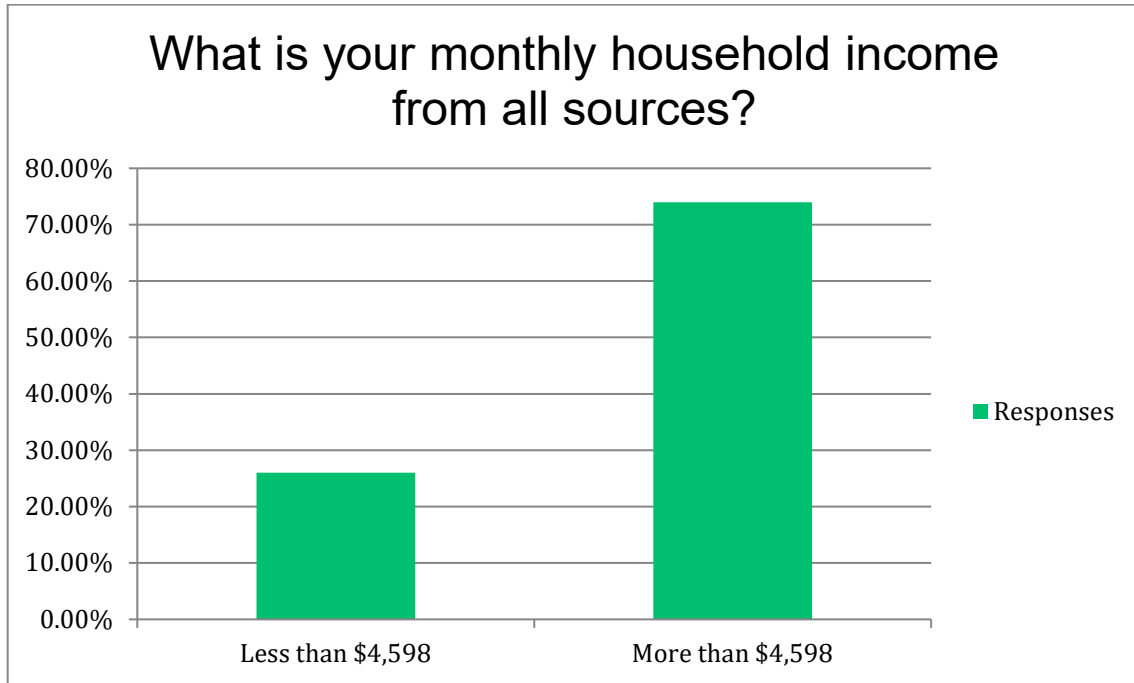
### Household of Two (or More) Renters- Income

Based on the Elder Index, 52% of renters, in a household of two, have a monthly income that is lower than what is needed to live in San Mateo County.



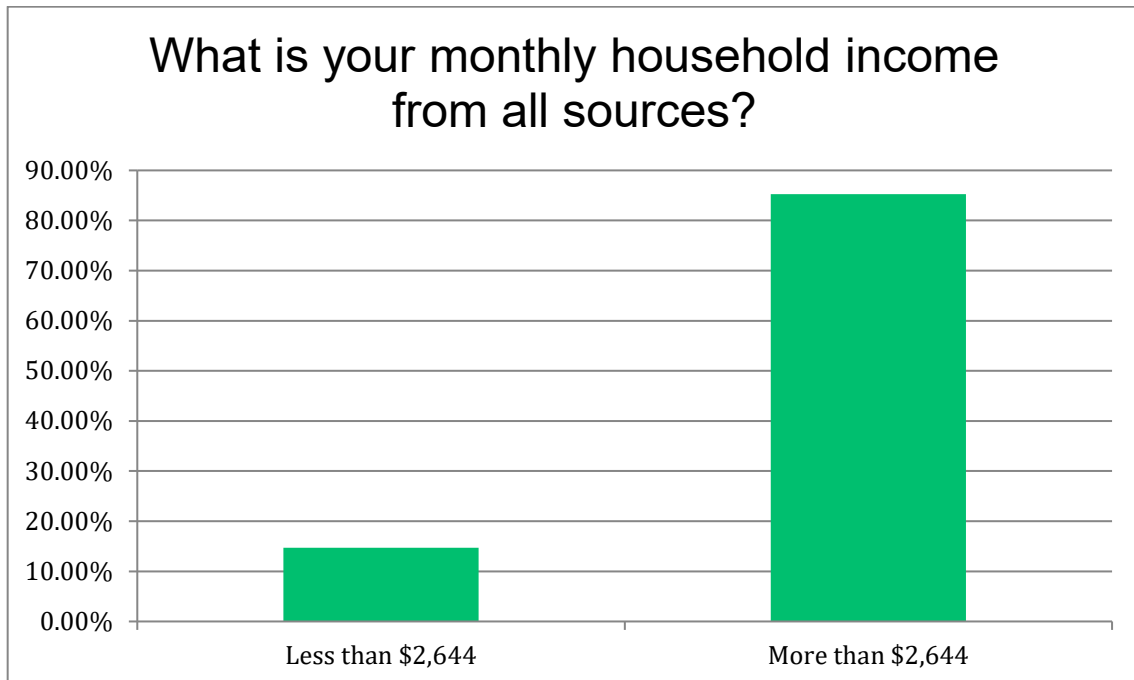
### Household of Two (or More) Homeowners with a Mortgage- Income

Based on the Elder Index, 26% of homeowners, in a household of two, without a mortgage have a monthly income that is lower than what is needed to live in San Mateo County.



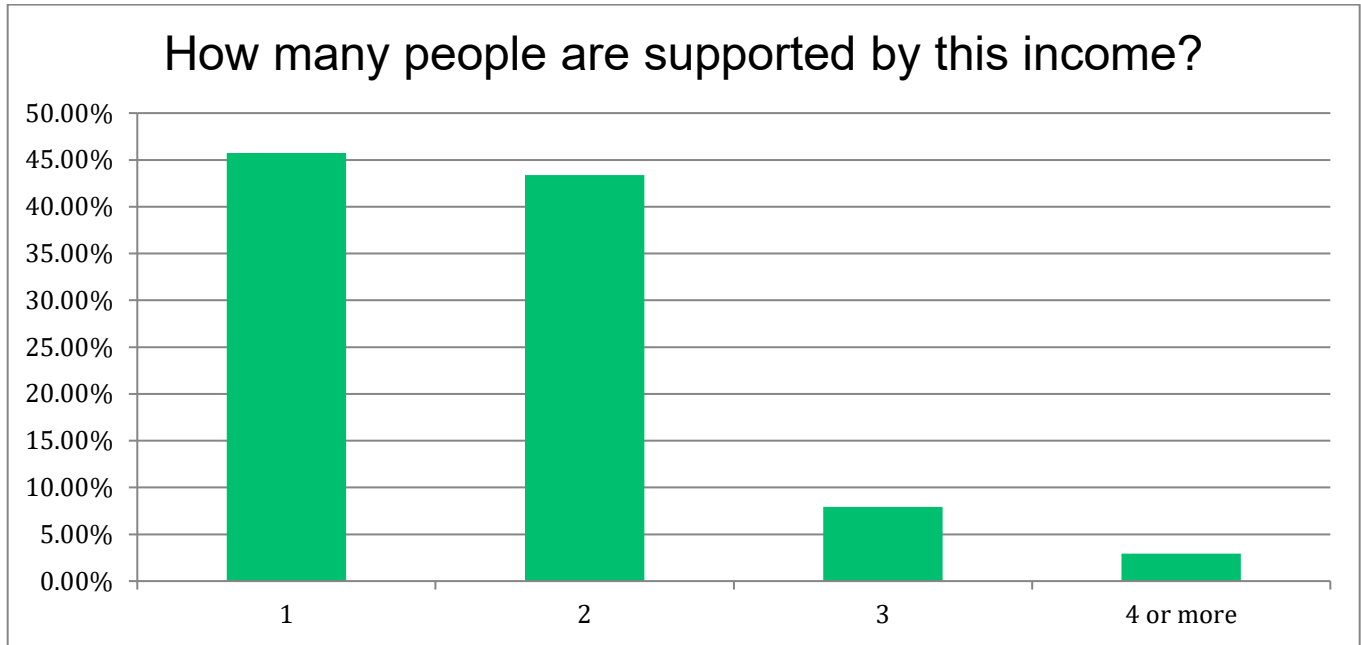
### Household of Two (or More) Homeowners without a Mortgage- Income

Based on the Elder Index, 15% of homeowners, in a household of two, with a mortgage have a monthly income that is lower than what is needed to live in San Mateo County.



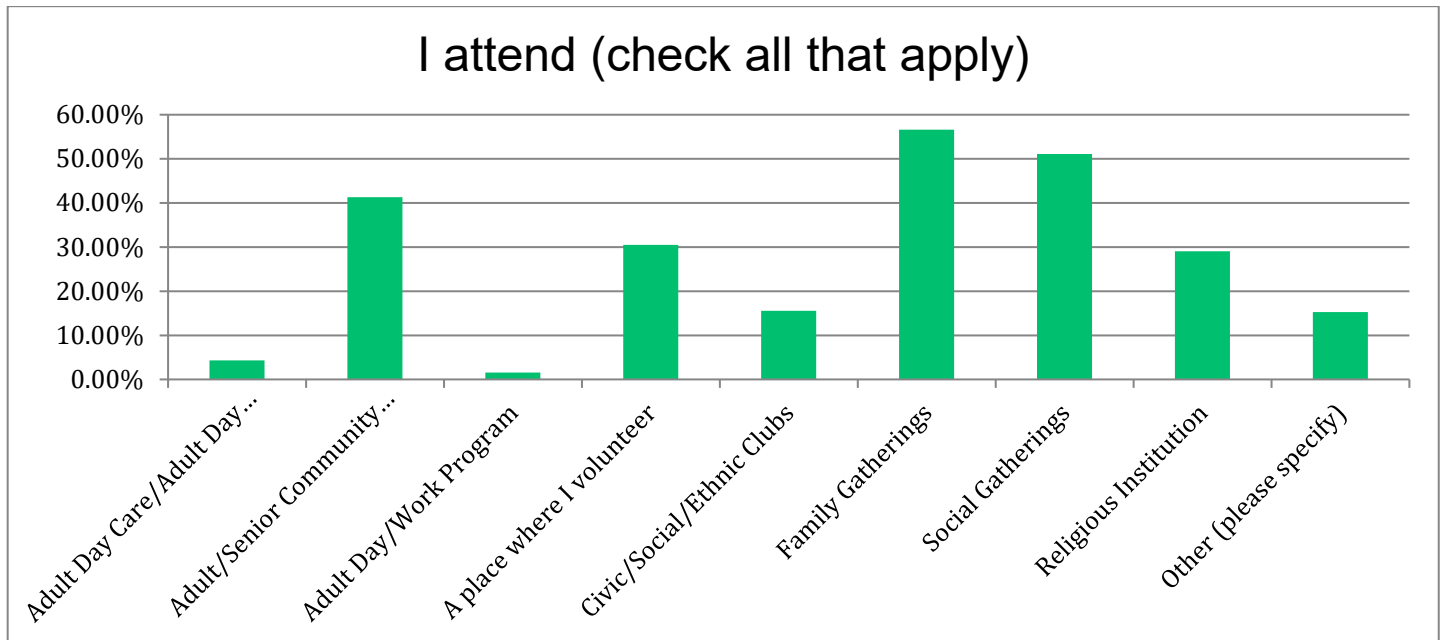
## Income and Numbers of People in the Household

Forty-six percent of respondents say their income supports one person, 43% said two, 8% said three, and 3% said four or more.



## Socialization

When asked what socialization activities they participate in, most respondents stated they attend family gatherings (57%), followed by social gatherings (51%), and adult/senior centers (41%). Note: Respondents checked as many as applicable.



## **Stakeholder Discussion Results**

Stakeholder discussions about identification of community needs took place with the New Beginning Coalition in September 2019. The issues that resulted as the top five concerns for the communities they serve were:

- Housing
- Transportation
- Social Support
- Financial/Legal
- Access to Services

The discussion groups focused on the following questions:

- Who is your community?
- Why is this an issue in your community?
- What services already exist to address this need?
- Are there some services for this issue that are being underutilized? What barriers exist to prevent access to the available services?
- Who's missing at NBC meetings that we should reach out to with respect to this issue?

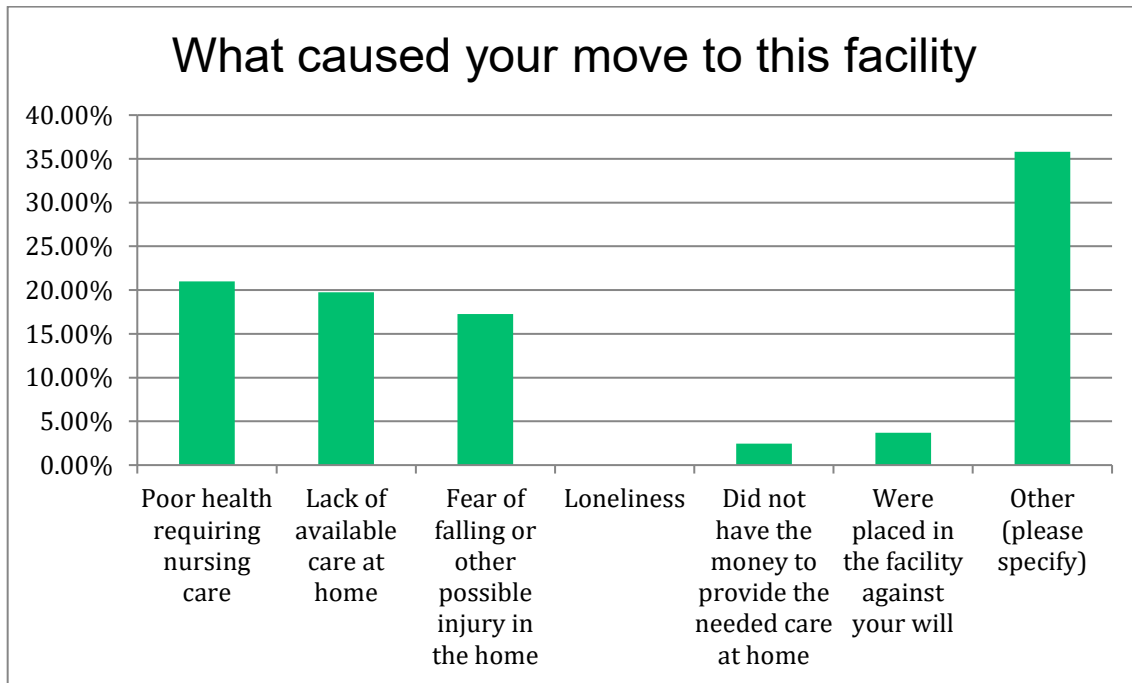
## **Long-Term Care (LTC) Community Survey**

The LTC survey was implemented in February 2020 with the assistance of the Ombudsman Services program. One thousand surveys were given to the Ombudsman Services of San Mateo County for distribution by the volunteers to residents of LTC facilities, including Residential Care Facilities for the Elderly (RCFE) and Skilled Nursing Facilities. Eighty-three surveys were received.

The results from the LTC survey follow:

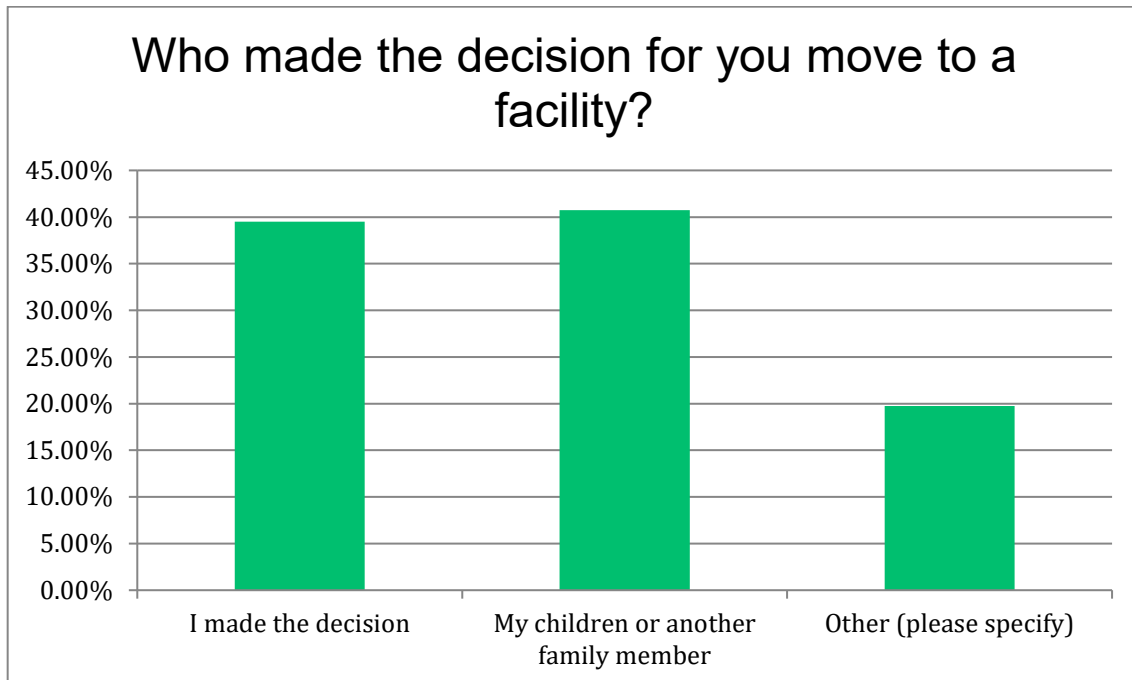
### What Caused Move to Facility

Most respondents (36%) stated “Other” as what caused their move to the LTC facility. The answers were mostly a combination of the choices listed in the survey.



### Decision to Move to Facility

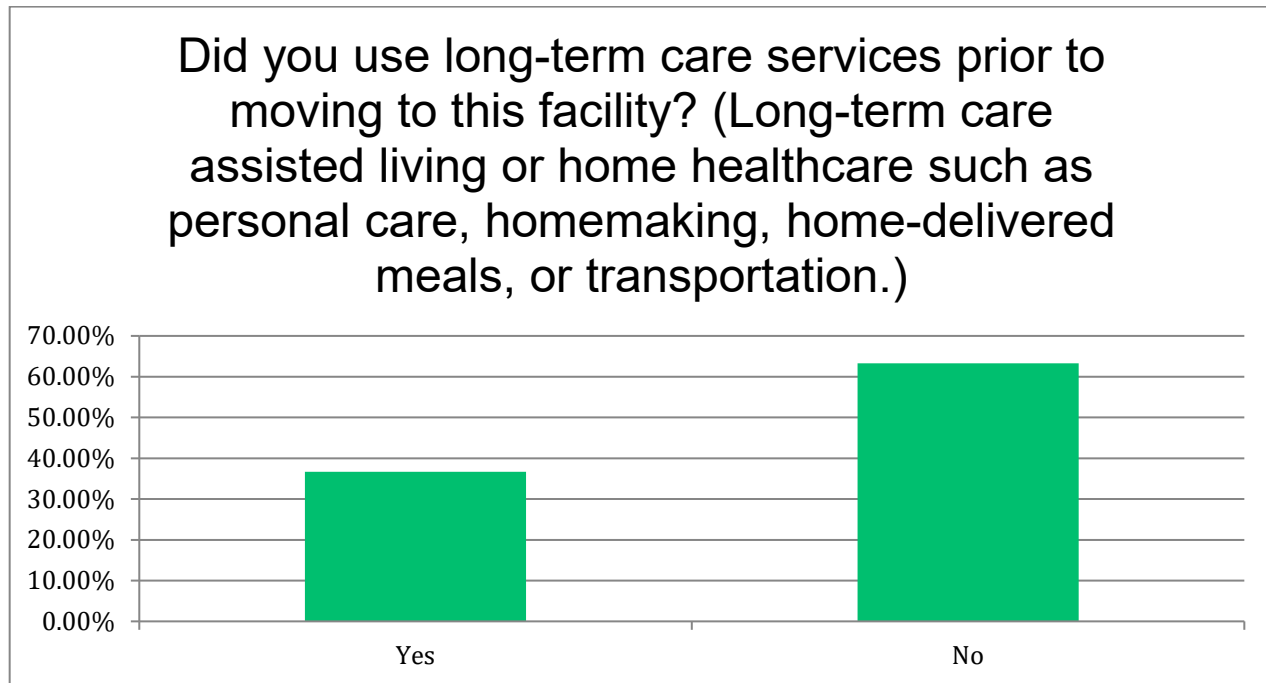
Most of the respondents stated the decision was made by their children or other family members (41%) followed closely by making the decision themselves (40%).





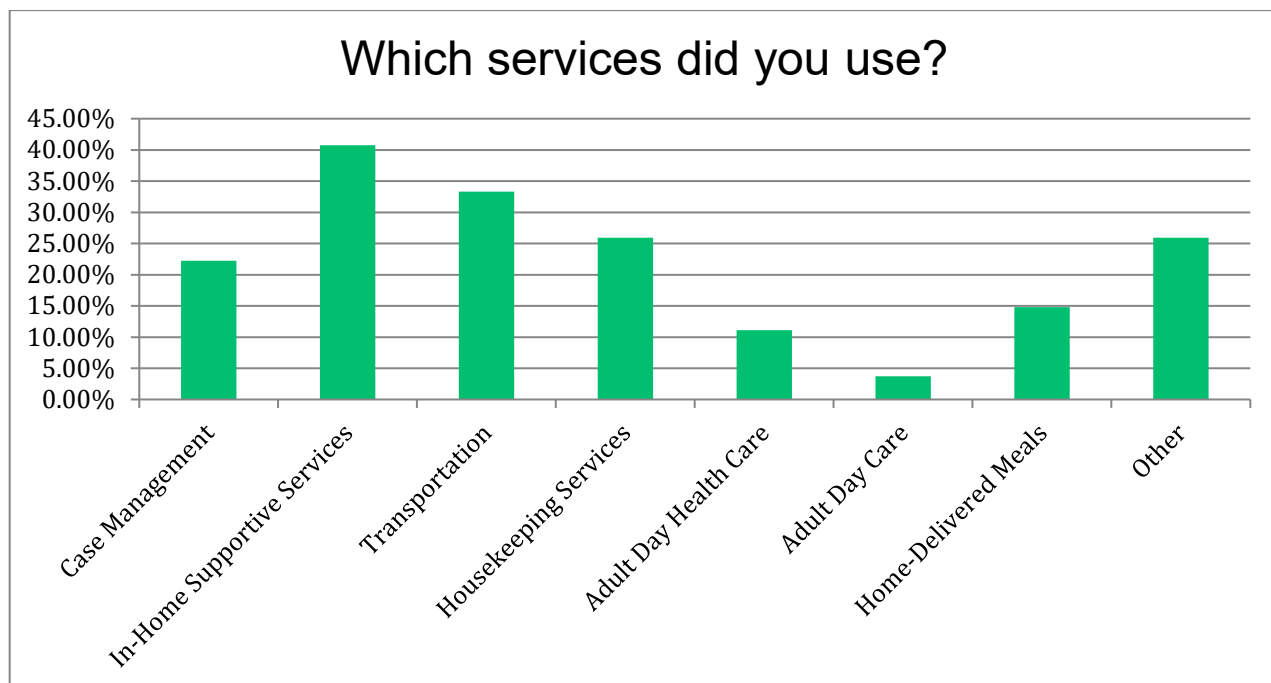
### Use of Long-Term Service Before Moving to Facility

Most respondents had not used long-term care services prior to moving to the facility (63%)



### Which Services Where Used Prior to Move to the Facility

Most respondents had used In-Home Supportive Services (41%).



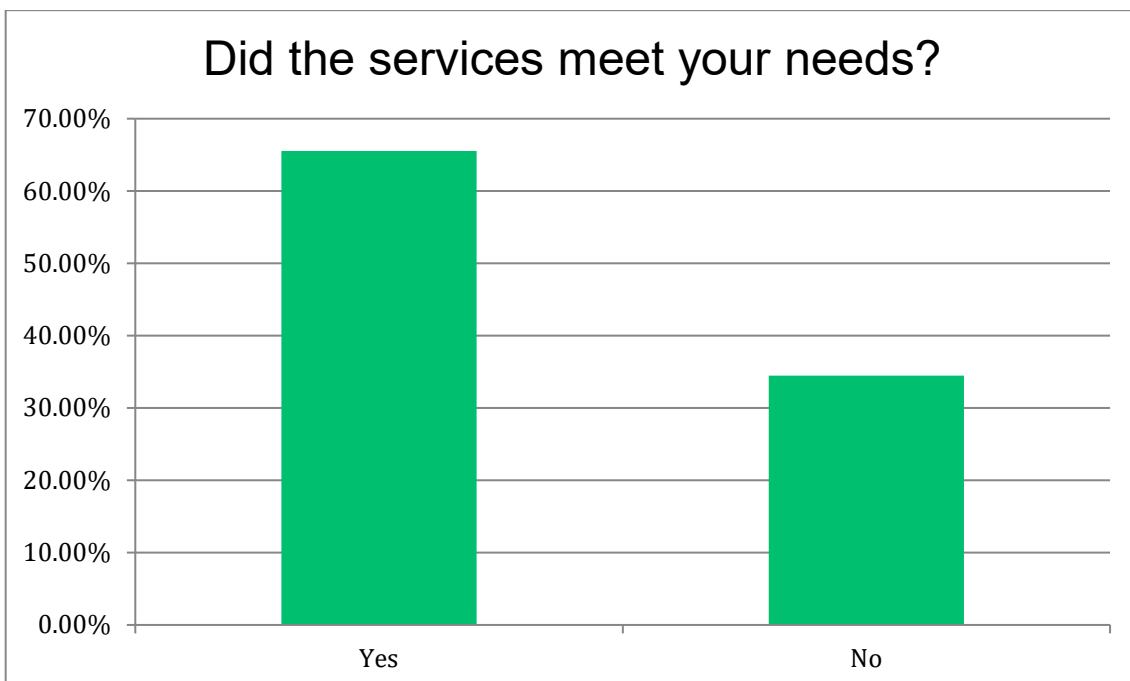
### Satisfaction with Quality of LTC Services Prior to Move to Facility

Of those that had used LTC services before moving to the facility, 82% were satisfied with those services.



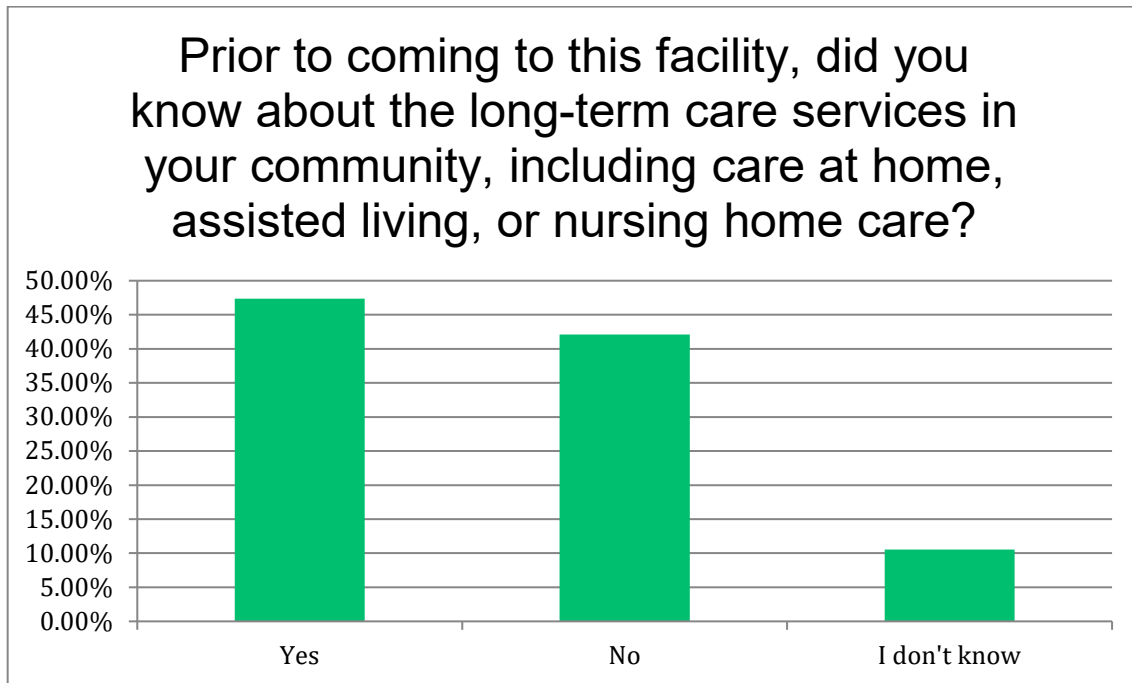
### Did the LTC Services Prior to the Move to Facility Meet Needs

Sixty-six percent of those using LTC services prior to moving to the facility said those services met their needs.



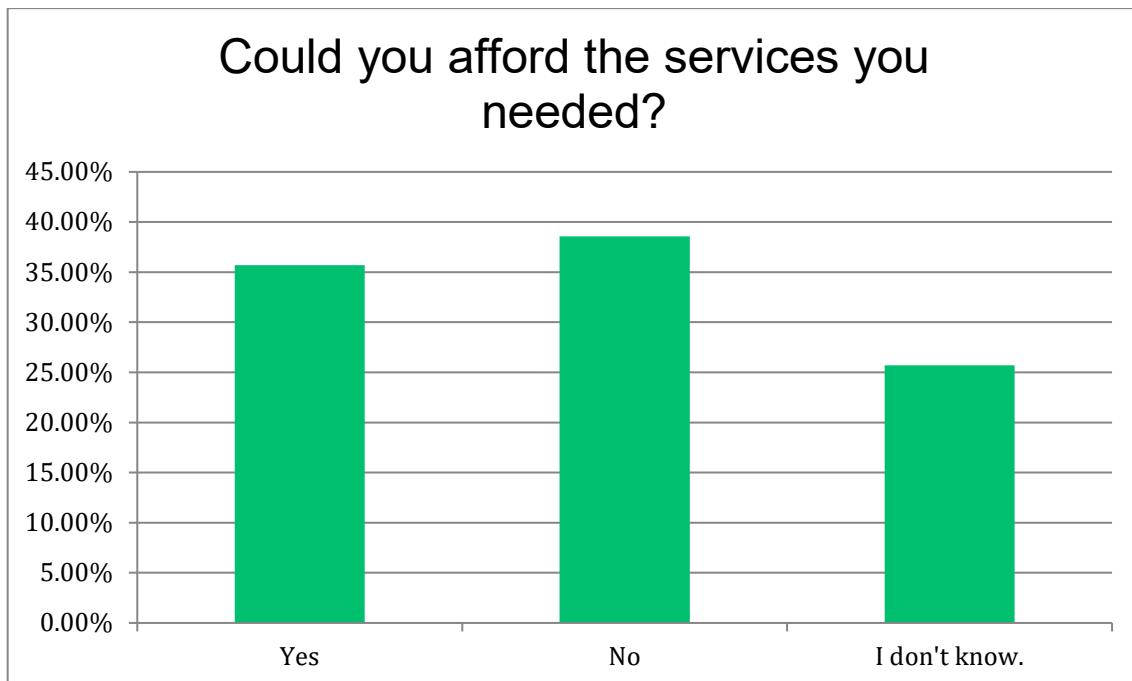
### Knowledge about Community Services

Prior to moving to the facility, 42% of respondents did not know about services in the community that might have helped them stay at home.



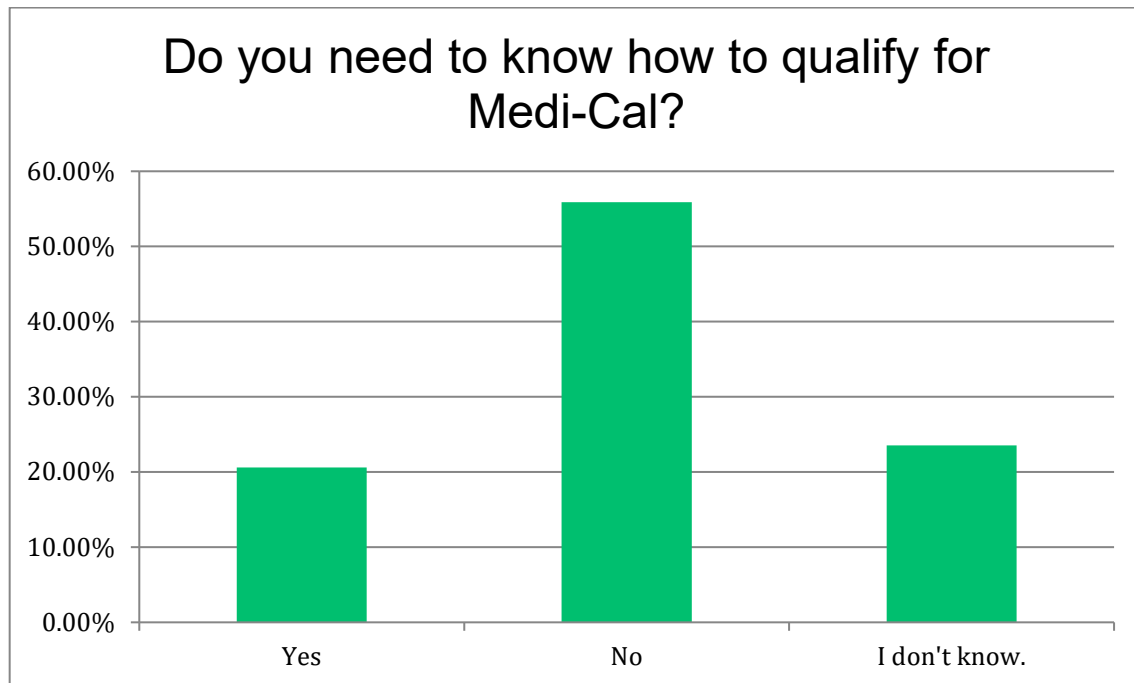
### Ability to Afford LTC Services Prior to Facility

Most respondents (38%) said they could not afford the long-term care services they needed prior to moving to the facility.



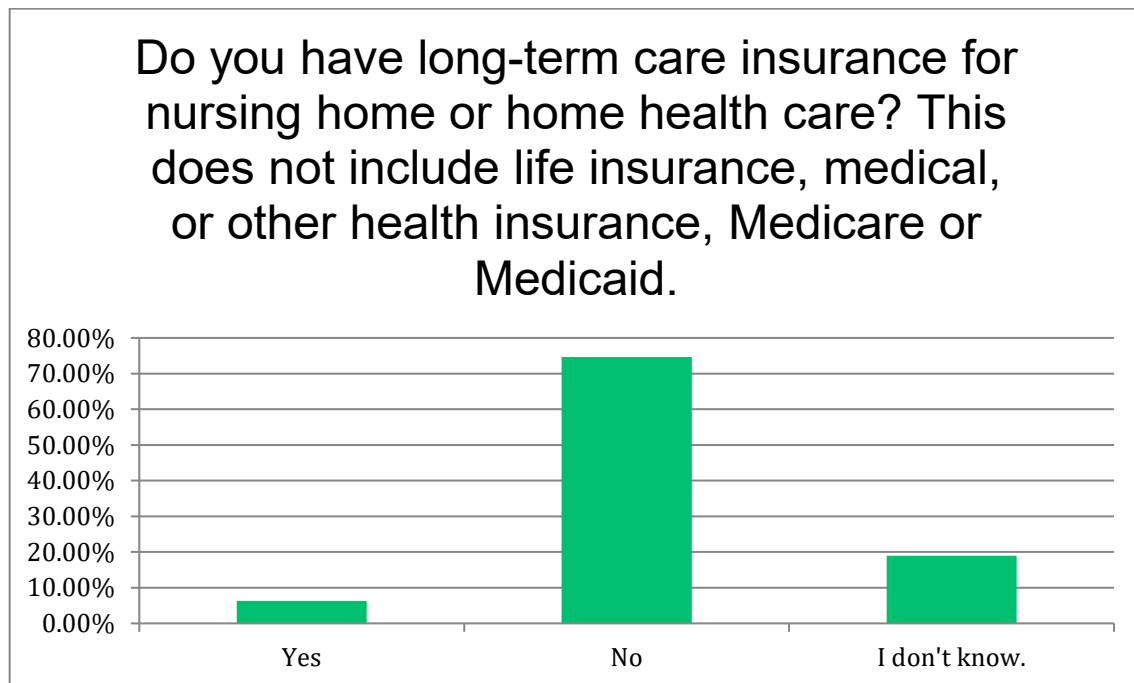
### Knowledge about Qualifying for Medi-Cal

Fifty-six percent of the respondents know how to qualify for Medi-Cal.



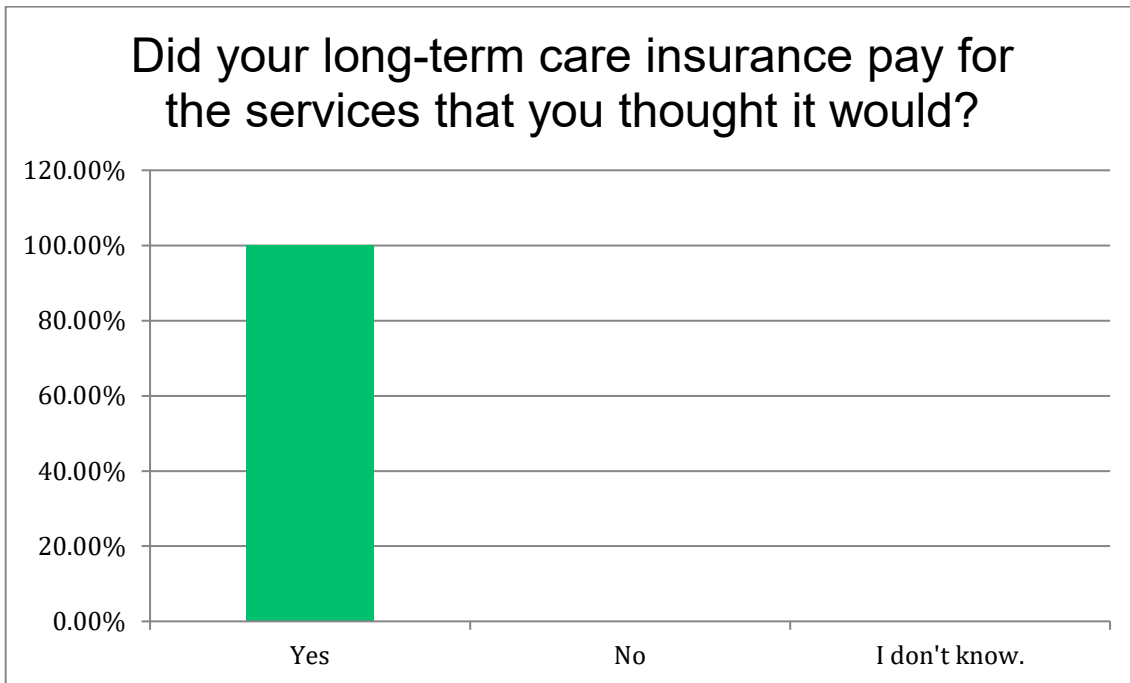
### Long-Term Care Insurance for Nursing Home or Home Health Care

Seventy-five percent of respondents do not have LTC insurance.



### LTC Insurance Paying for Services

One hundred percent of those with LTC insurance stated that the insurance paid for the services they thought it would cover.



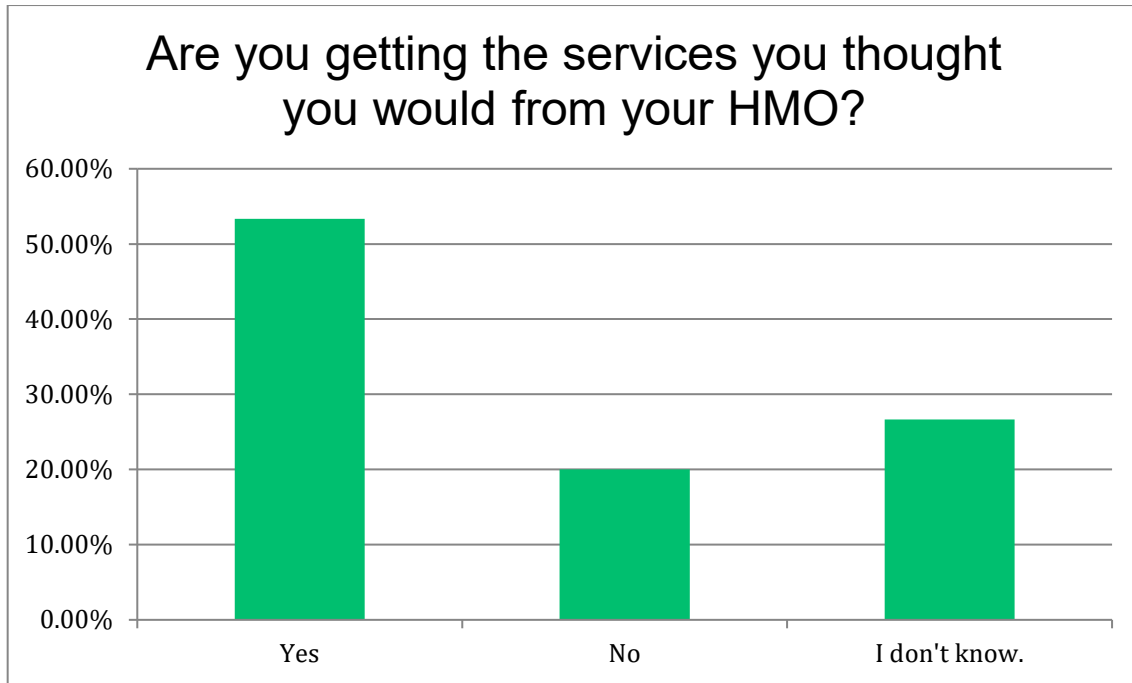
### Belonging to a Health Maintenance Organization (HMO)

Forty-four percent of respondents belong to an HMO.



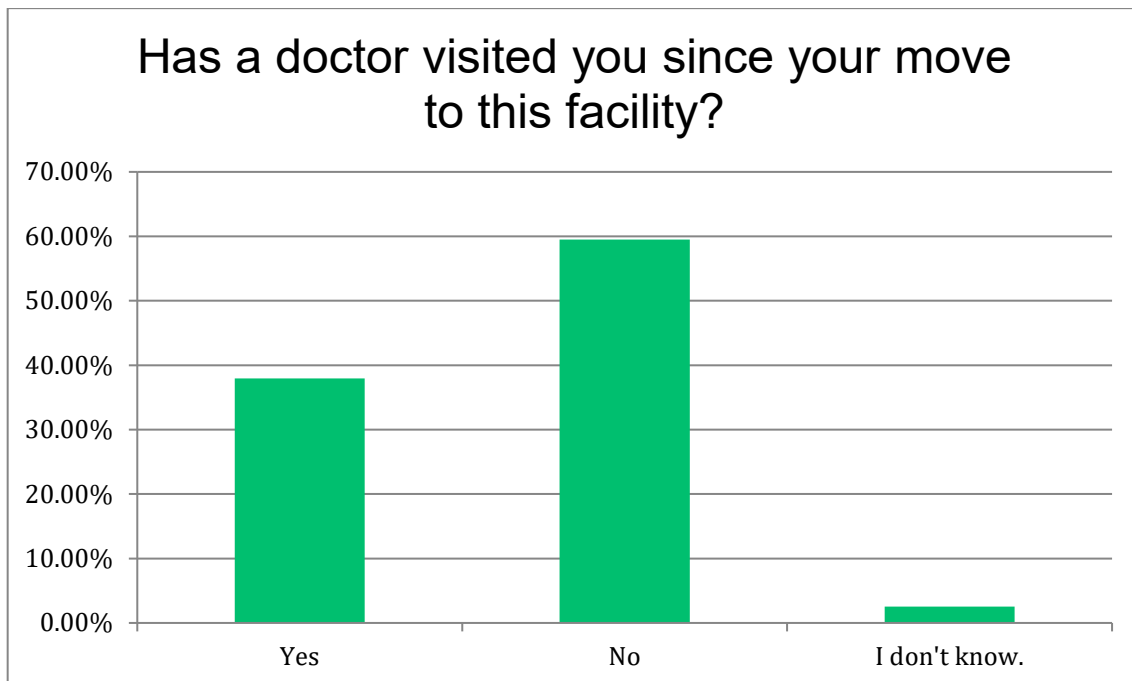
### Getting Services from HMO

Fifty-three percent of respondents are receiving the services they thought they would from their HMO.



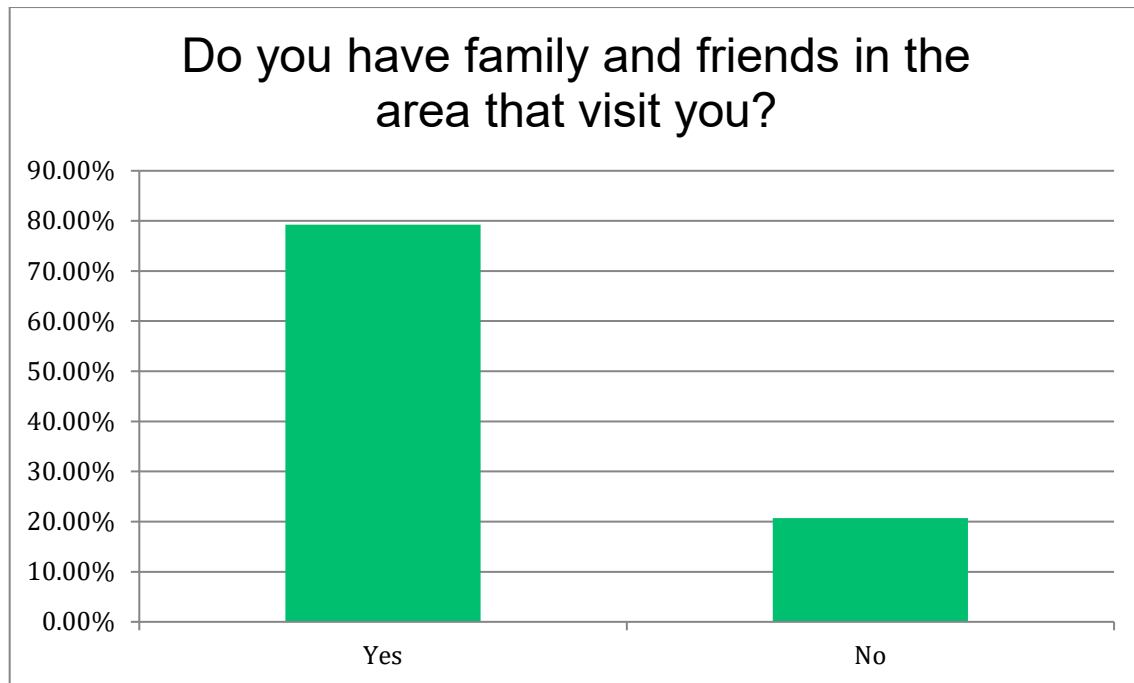
### How Often Doctor Has Visited

Forty-one percent of respondents stated that a doctor makes monthly visits to the facility,



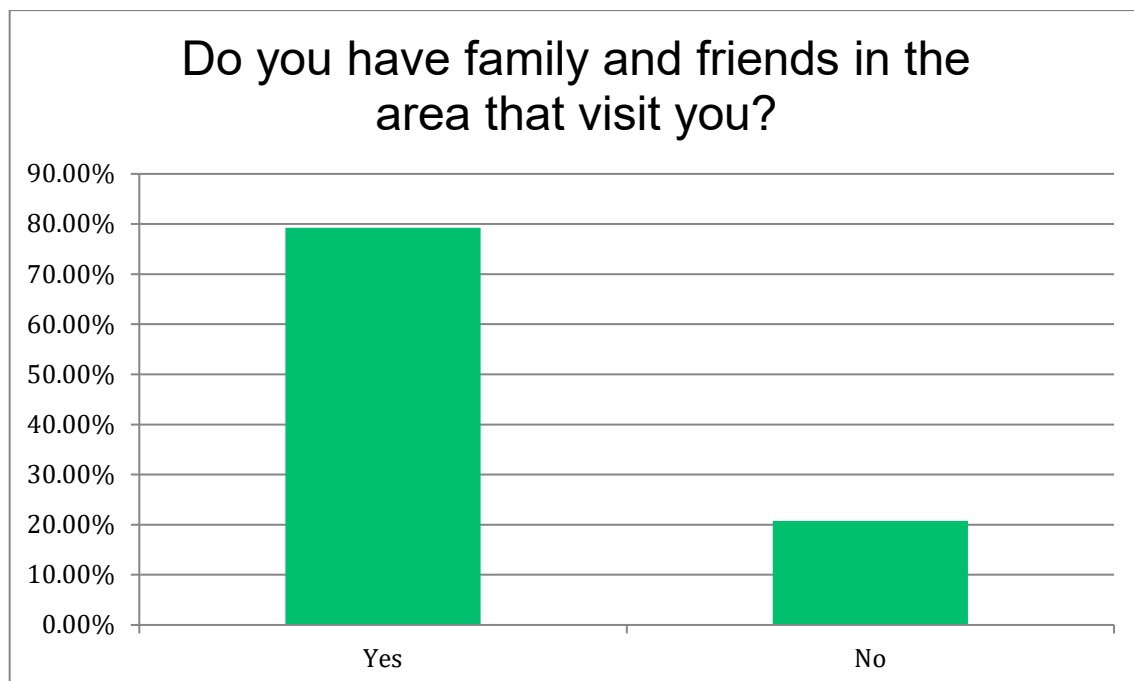
## Family and Friends Visiting

Seventy-nine percent of survey respondents stated that family and friends visit them.



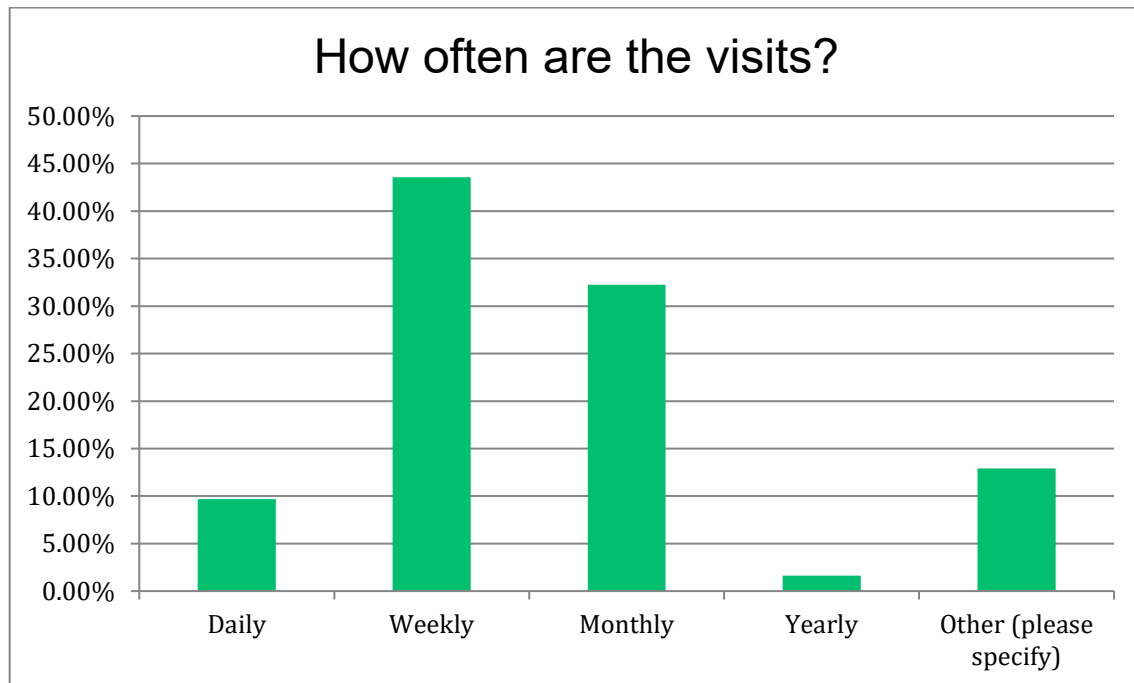
## Frequency of Family/Friend Visits

Seventy-nine respondents have family and/or friends that visit them weekly (77%) followed by those that have visits daily (18%).



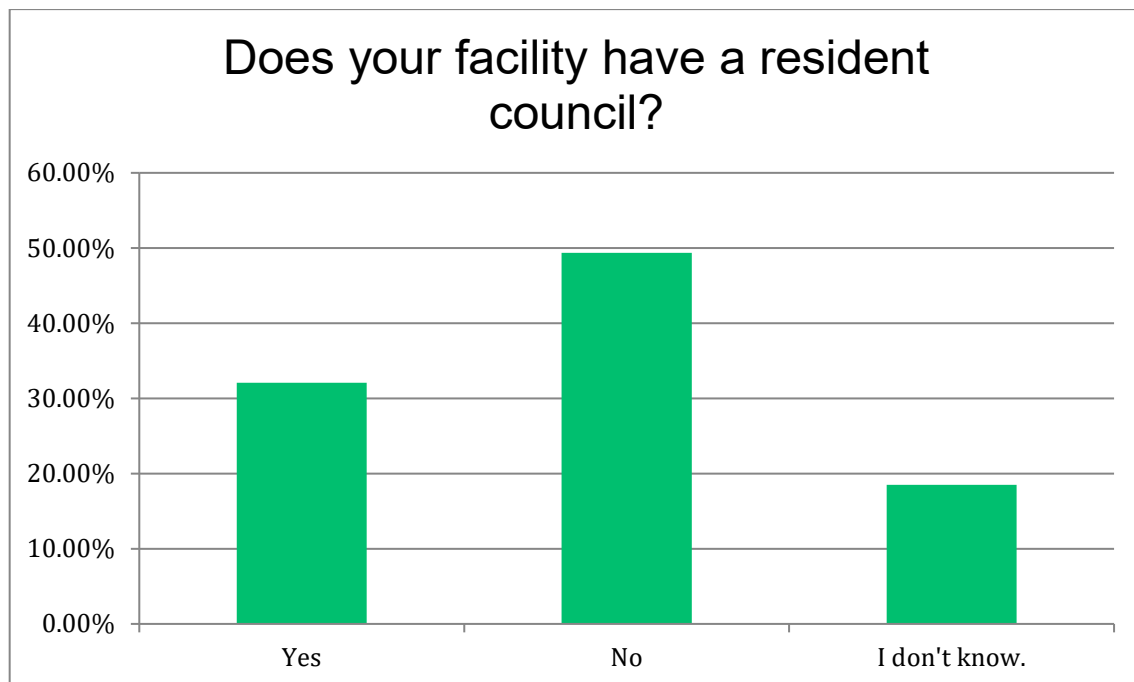
### Frequency of Visits from Family and Friends

Forty-four percent of respondents receive weekly visits from family or friends.



### Resident Councils

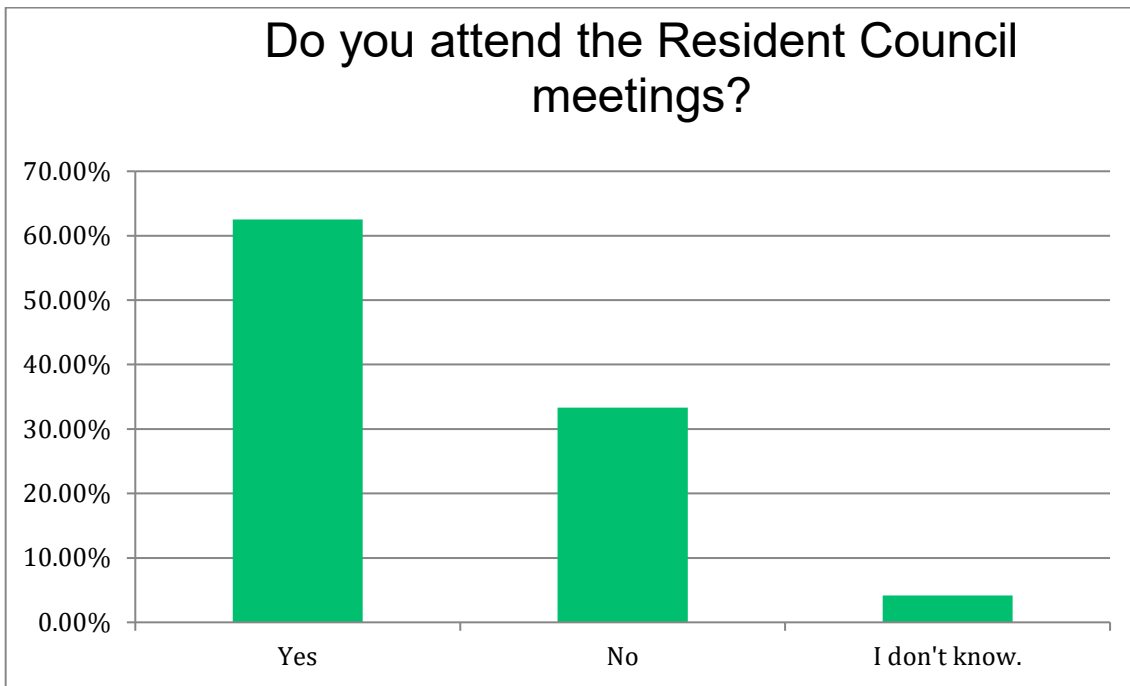
Thirty-two percent of respondents stated that their facility has a resident council.





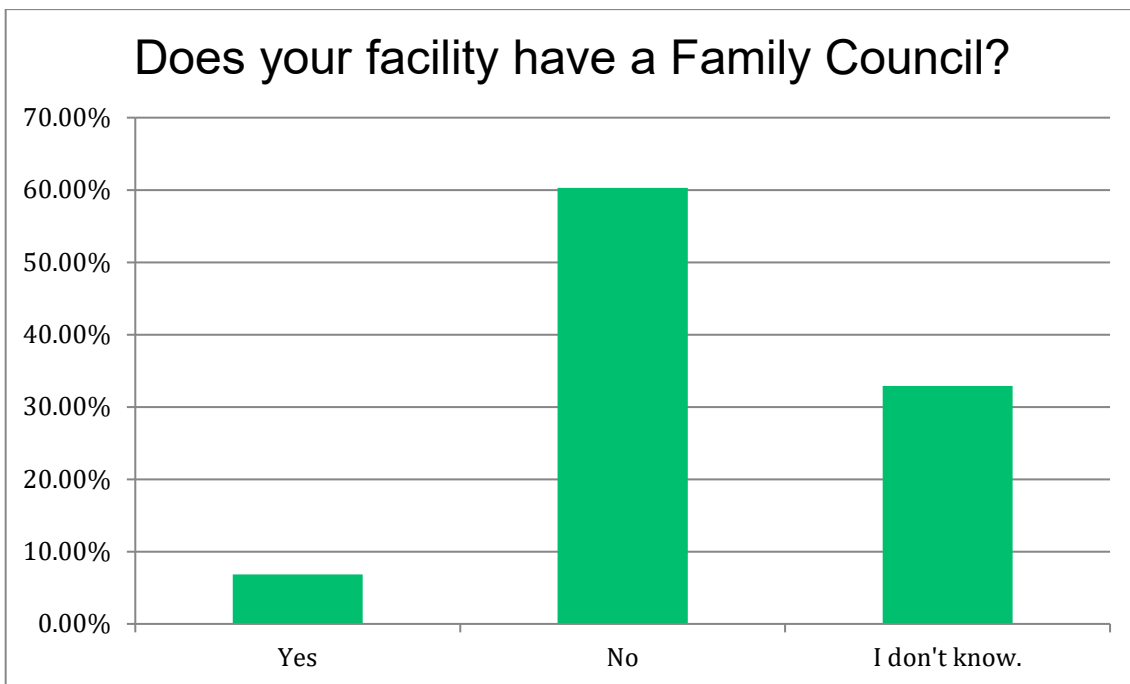
### Attendance at Resident Councils

Sixty-three percent of those that reside in a facility with a resident council attend their meetings.



### Family Councils

Sixty percent of the respondents stated that their facility does not have a Family Council.



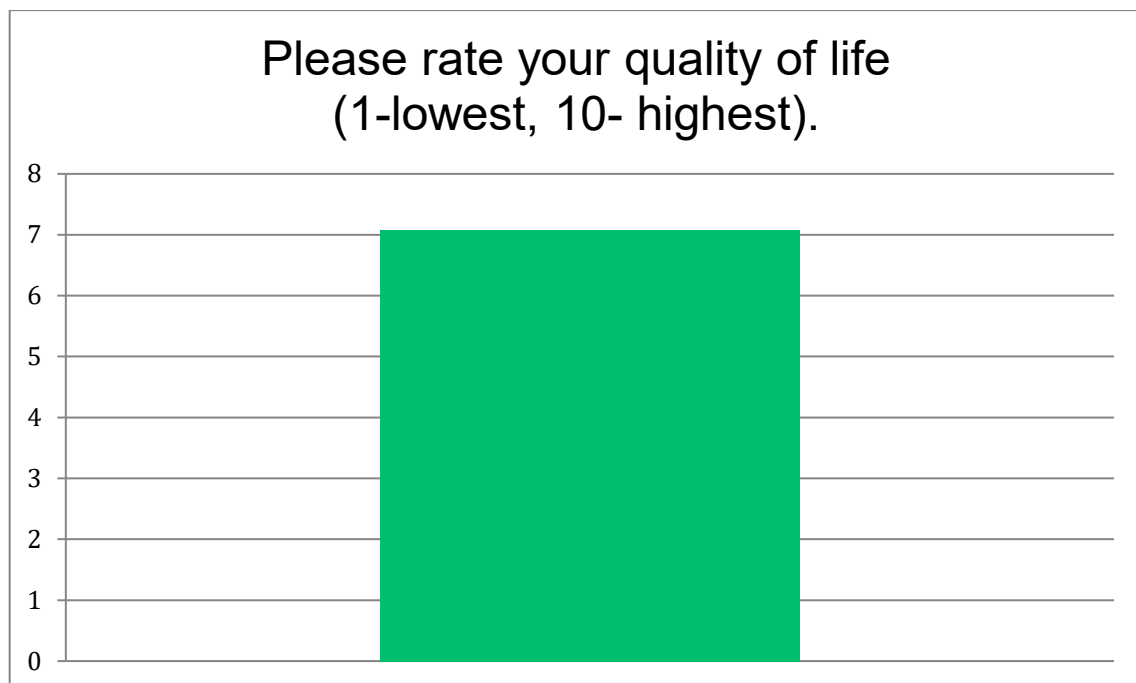
### Attendance at Family Council Meetings

Fifty-seven percent of respondents said their family does not attend the Family Council meetings.



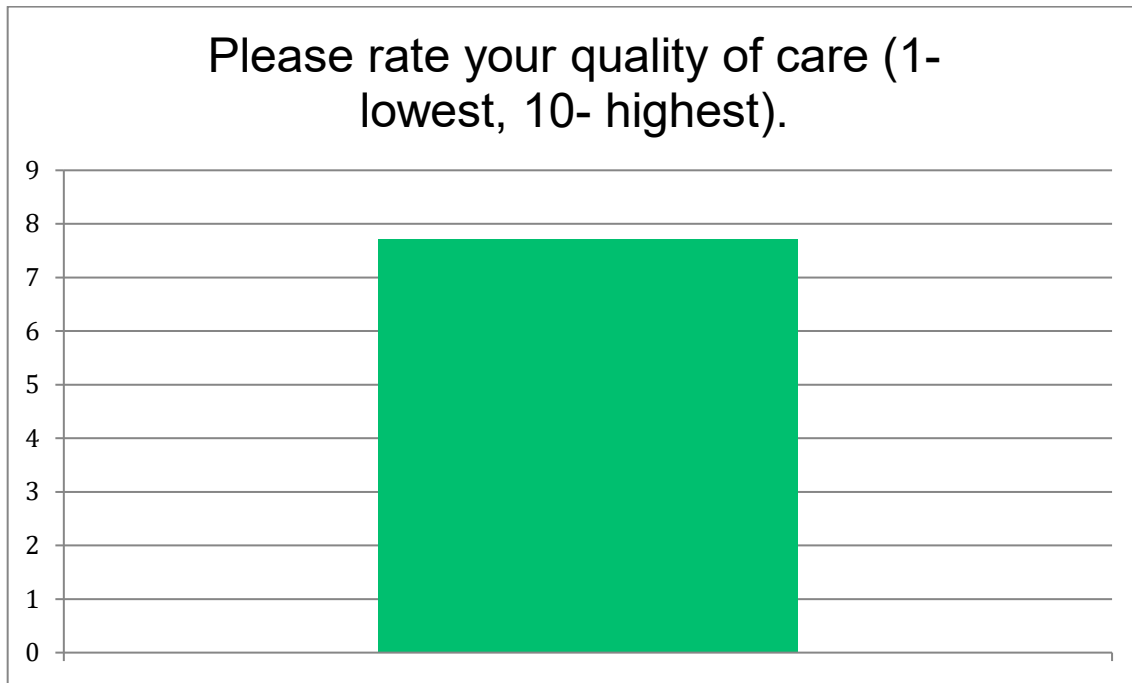
### Quality of Life

On a scale of 1 to 10, with 1 being the lowest and 10 being the highest, the weighted average of survey respondents was 7.3.



## Quality of Care

On a scale of 1 to 10, with 1 being the lowest and 10 being the highest, the weighted average of survey respondents was 7.7.



## Community Needs Assessments: Secondary Data

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

### County of San Mateo Shared Vision 2025

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

SMC'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.

### **San Mateo County Aging Model: Better Planning for Tomorrow**

In order to systematically plan for the demographic changes in SMC, representatives from the San Mateo Health Department, Department of Housing, San Mateo Transit District, HPSM, SMMC and the CoA (Commission on Aging) 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 SMC 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 Age-Friendly Initiative**

The San Mateo County Age-Friendly Initiative began in 2018. The Center for Age Friendly Excellence (CAFÉ) worked with AAS staff to help cities identify projects and initiatives to include in an application for submission to the World Health Organization (WHO) so they could receive designation as an “age friendly” city. This began as a pilot program. The three cities who participated to launch this effort were the cities of Daly City, Pacifica, and Redwood City. Focus groups of older adults and one with providers were held to present and discuss WHO’s eight domains and which domains the cities would like to address as part of their application. Highlights of the discussion points raised follow:

#### **Daly City Focus Groups (Lincoln Community Center, Pilipino Bayanihan Resource Center, and St. Martins Church)**

- **Transportation-** cost is a factor, there are significant problems with Redi-Wheels, fear with utilizing Uber and Lyft, driving issues, old cars, and don’t know how to get a Clipper Card (all in one transit card for the Bay Area).
- **Housing-** not enough senior or affordable housing, high rent, older adults living in garages and cars, and long waiting lists for shared med through Housing Investment Project (HIP).
- **Social Participation-** transportation is barrier to getting to senior centers for activities and for field trips that have been canceled due to lack of funds also grandparent caregivers need “a break”.
- **Respect and Social Inclusion-** financial abuse and isolation and loneliness of older adults, that are community-dwelling, those in long-term care facilities, and those that are LGBT.
- **Civic Participation and Employment-** would like to see stipends and transportation offered to volunteers, need for a one-stop for employment, difficulty finding employment and do not know about listing for volunteer opportunities.
- **Communication and Information-** scam calls and the digital divide with older adults not knowing how to use computers and smart phones or not having internet access.

- **Community & Health Services-** not being able to afford dental care, Health Plan of San Mateo members not being able to get appointments, the need for medical gap or supplemental insurance, and mental and counseling concerns.
- **Outdoor Spaces & Buildings-** broken sidewalks, fear of pit bulls, dirty walkways, no bus shelters or benches at some stops, and dirty bus stops at some shelter.

### **Pacifica Focus Group (compilation of three focus groups)**

- **Transportation-** public transportation (SamTrans bus schedules, first mile concerns- need transportation to the bus station, elimination of bus lines, need weekend and evening service, need benches at bus stops, and ), hesitation of Uber and Lyft drivers to serve Pacifica, accessibility for those with mobility issues, driving concerns during day and night, concerns about when they cannot drive anymore, need same day service, need door-to-door transport (versus curb to curb), need transport for those on dialysis, need for transportation to senior center, and lack of walkability in areas.
- **Housing-** not enough housing complexes for older adults, affordable housing, need more Accessory Dwelling Units (in-laws), vetted home repair services, need more assisted living facilities, long wait lists for senior housing, need a program to age in place, and look at housing alternatives like foster care models for elders.
- **Social Participation-** transportation is barrier to getting to senior center, need for expansion of the center in the northern part of the city, cost of classes, and digital divide.
- **Respect and Social Inclusion-** more collaboration with schools (such as for Grandparents Day), isolation of older adults that live in the hills, and wanting “intellectual” offerings at the senior center.
- **Civic Participation and Employment-** jobs in Pacifica do not pay a living wage, clearinghouses for employment for older adults, intergeneration programs, and need to find volunteer opportunities.
- **Communication and Information-** community calendar, hands on help to teach computer skills and use of the internet, also want expansion of senior center newsletter.
- **Community & Health Services-** no local urgent care center in Pacifica, lacking long-term care services, assisted living facilities not available, would like a stand along geriatric clinic, would like social workers and geriatric case managers at senior center, a lack of paid caregivers, need for medication management assistance
- **Outdoor Spaces & Buildings-** city not accessible for those needing a wheelchair or walker, add or expand bike lanes, better directions on how to walk or bike in city, lack of benches/bus shelters, pedestrian safety (including fear of falling due to dogs off of leashes) and lack of access to some places that should be public.

### **Pacifica Focus Group (service providers)**

- **Transportation-** lack of on call services and problems with paratransit provider (Redi-Wheels).
- **Housing-** affordable housing, older adults moving out of the area because it’s not affordable, affordable residential care, and older adults being evicted, older adults living in cars, recreational vehicles serving as long-term housing, need assistance with filling out housing applications (including digital divide), long wait lists for housing, and affordable housing managers do not attend service provider meetings.

- **Social Participation**- lack of transportation, need for expansion of services the northern part of the city, isolated and home-bound adults, and want more communication with senior housing managers.
- **Respect and Social Inclusion**- internalized ageism and educating the public about the positive and negatives of aging.
- **Civic Participation and Employment**- need better way to access find volunteer opportunities and few job opportunities in Pacifica.
- **Communication and Information**- no central space to receive and seek information, how to get information to home-bound older adults, need to bridge digital divide, and faith communities need to do more to reach older adults to connect them to the community.
- **Community & Health Services**- lack of transportation to medical appointments.
- **Outdoor Spaces & Buildings**- no spaces to congregate and need green space around new buildings.

### **Redwood City Focus Groups (compilation of three focus groups of older adults)**

- **Transportation**- need for accessible free shuttle, worried about when they cannot drive anymore, maintenance of bus and shuttle stops, walkability, concerns about public transportation including Redi-Wheels, pedestrian hazards, need for driver education, traffic, fearful of Uber and Lyft,
- **Housing**- age-friendly contractors and landscapers, affordable accessible vetting home repair and maintenance providers, lack of knowledge about HIP for shared housing and affordable housing, low-income older adults moving out of area because it is too expensive, need for more affordable housing (long wait lists) including co-op options, and needs assistance to complete low-income housing applications.
- **Social Participation**- need to reach out to older adults that are lonely, need more opportunities for entertainment opportunities at night and on the weekends, need a monthly coordinated community calendar of events, multi-generational activities, lack of knowledge about technology, lack of public spaces that are accessible for those with disabilities, scholarships for those that can't afford the membership fee of a Village, social opportunities outside of senior centers and libraries, no time for social activities, and not feeling welcome at places where activities are offered, more programming for Spanish speakers, and another senior center east of 101.
- **Respect and Social Inclusion**- concern of ageism due to COVID-19, need for intergenerational activities, more caregiver and grief support groups, and assistance for those that work part-time.
- **Civic Participation and Employment**- age discrimination when seeking employment, lack of a local volunteer center, and stipends for volunteering.
- **Communication and Information**- lack of knowledge about programs and classes, digital divide, fear of immigrant population using the internet for lack of being tracked, lack of knowledge about Aging and Adult Services' Help at Home resource guide, and lack of information about home care,
- **Community & Health Services**- concern about lower- and middle-income older adults and healthcare costs, want older adults as part of planning for emergency preparedness, want mobile health services, transportation to health care, expense of home care, need for vetting and hiring of home care workers, and lack of information about medic alert systems.

- **Outdoor Spaces & Buildings-** poor conditions of sidewalks, poor street lighting, pedestrian safety, need for more open space, need for free space for meetings, age-friendly lens when developing parks, more free or low-cost community gardens, narrow parking spaces, parking meters difficult to understand, Martin Luther King Center needs improvements.

### **Redwood City Focus Group (Older Adult Service Provider)**

- **Transportation-** public transportation concerns (fixed routes): need for transportation outside of 9:00 am -5:00 pm, need transportation on weekends and evenings, need to bring caregivers/family on rides, unaffordable, safety, and Redi-Wheels cost for those on fixed incomes and long wait times.
- **Housing-** affordable housing, rent control, more accessible units, coordination between service agencies about housing information, assistance with filling out housing applications, applications needed in more languages, being “house rich and income poor”, need for additional funding for organizations providing home repair, and need to engage landlords to do repairs.
- **Social Participation-** people not being able to attend events due to traffic, virtual opportunities for socialization, and long-term initiative combating isolation
- **Respect and Social Inclusion-** multigenerational programs to combat ageism.
- **Civic Participation and Employment-** outreach for volunteer opportunities, collaborating with organizations that offer volunteer opportunities with those that offer employment, provide information about services through utility bills and churches, and information is needed for non-English speakers,
- **Community & Health Services-** assistance in filling out applications, dental care for those that don’t have Denti-Cal or private insurance, end of life planning, information about palliative care, and the need for another Adult Day Health Care Center
- **Outdoor Spaces & Buildings-** poor conditions of sidewalks, poor street lighting, pedestrian safety, need for more open space, need for free space for meetings, age-friendly lens when developing parks, more free or low-cost community gardens, narrow parking spaces, parking meters difficult to understand, Martin Luther King Center needs improvements.

### **Redwood City Focus Group of Older Adults**

- **Transportation-** a better link between the East/West area of cities needed, cutting of bus lines, expensive (Uber, Lyft, and Yellow Taxi), road signage is a challenge, pedestrian safety, traffic congestion, need traffic calming signs,
- **Housing-** vetting list of service providers (contractors, electricians, plumbers, and handymen), difficult to afford and remain in the home, rent subsidy program, difficulty buying a home if they are not employed, lack information about below market rate programs, and lack of parking spaces.
- **Social Participation-** social programs at churches needed, there’s nowhere to go and nothing to do, and no programing for older adults at YMCA.
- **Respect and Social Inclusion-** no needs stated.
- **Civic Participation and Employment-** would like an updated volunteer listing at Veteran’s Memorial Senior Center.
- **Communication and Information-** suggestions for places that could distribute information (Veterans Memorial Senior Center, Veterans Magazine, and Climate Magazine) and classes to learn computers and utilizing the internet.

- **Community & Health Services**- transportation to medical services and Medicare does not cover many services.
- **Outdoor Spaces & Buildings**- need for more benches broken sidewalks, sidewalks are a hazard, and truncated domes are a hazard.

CAFÉ completed work with each city in 2019 and assisted each in completing their application to WHO. With support from the Board of Supervisors, three additional cities are currently working on becoming “age friendly.” The County’s goal is to have all cities become “age friendly.”

### **San Mateo County LGBTQ Commission**

In collaboration with San Mateo County Health’s Public Health, Policy and Planning, the LGBTQ Commission conducted the first wellness assessment in 15 years of LGBTQ community members of San Mateo County entitled *Measuring and Improving LGBTQ Wellness in San Mateo County 2017-2018*.

Commission members designed and deployed an online needs assessment survey in 2017 for adults and for youth. The adult survey asked questions in the following areas: demographics of respondents; personal economy; housing; discrimination; safety; welcoming environment; social isolation; mental health; and health care. In addition to the actual survey results, the report includes findings from an analysis of comments submitted from two open-ended questions in both surveys. The report was presented to the Board of Supervisors which emphasized five themes for policy recommendations in 2019.

Key findings of the survey results are:

- 20% of survey respondents were over the age of 59.
- 75% stated that public parks or recreational areas were important to them.
- 55% find LGBTQ groups/resources difficult to access.
- 86% are worried about having a reliable place to live for themselves and family.
- Older adults (65 and over) are more socially isolated than younger adults.

### **San Mateo County Pride Center Survey**

LGBT Senior Peer Counseling participants were surveyed. Key findings of the results for those that are 50 years of age or older are:

- 41% would like to find out about LGBTQ events and resources through social media.
- 53% would be very likely to use LGBTQ services and resources if offered in the community.
- 56% would like to see services and resources at the library.
- 62% would like to see social groups offered.

### **SamTrans Mobility Plan for Older Adults and Adults with Disabilities- October 2018**

The purpose of the Mobility Plan is to develop effective mobility programs for older adults and people with disabilities in San Mateo County. The planning process included input from many key



stakeholders that work with the target populations. They identified the top transportation issues, needed improvements, and new services that would most improve the mobility of their clients.

Transportation issues identified were:

- Intercountry trips on paratransit that require a transfer
- The cost of the paratransit fare
- The length of time spent on vehicles for shared-ride trips
- Access to bus stops
- Shortage of wheelchair accessible taxis

### **Stanford Prevention Research Center's WELL for Life Program**

The report described data collected for 306 San Mateo County participants ages 55 and up. The information includes data in 10 domains of well-being, population demographics, and other factors that could impact well-being. Each domain contributes 10 points to the overall score that can be from 0-100. The overall score for respondents was 70.63/100. The goal is to optimize the score in the domains of importance to the community of survey respondents. The top domains listed by survey respondents are in bold below.

- **Social Connectedness-7.2**
- **Lifestyle and Daily Practices- 7.50**
- **Physical Strength-7.40**
- Stress and Resilience- 6.82
- Emotional and Mental Health- 6.42
- **Purpose and Meaning- 7.21**
- Sense of Self- 7.79
- **Finance- 8.64**
- Spiritual and Religiosity- 4.74
- Exploration and Creativity- 6.90

### **AAA Needs Assessment Findings: Priorities, Goals, and Objectives**

At the February 2019 NBC Steering Committee meeting, there was discussion about the goals and objectives that were proposed after the January NBC bimonthly meeting at which the goals were chosen by the members. A preliminary report on needs assessment data was presented at the May NBC bimonthly meeting. Proposed goals, objectives, and activities developed by the NBC Steering Committee were reviewed and suggested changes were made.

The January 2020 NBC Coalition bimonthly member meeting included: a review of the current Area Plan FY 16-20 goals, Area Plan timeline, survey findings to date, and the continued development of the goals/objectives/activities. The group was divided into discussion groups and were asked about the needs of the community they serve.

The February NBC Steering Committee meeting included a review of the survey data and input from the January 2020 NBC member meeting. A presentation on survey data was provided at the March

bimonthly meeting. Based on the needs assessment data that was reviewed, the Steering Committee helped to update the AAA's priorities, goals and objectives. Throughout FY 2020-2024, updates to the Area plan will continue in collaboration with NBC Steering

## Section 06: 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.

California Department of Aging Program Memo 21-29 added HIV status to the Welfare and Institutions Code section 9015. The new factor, human immunodeficiency virus (HIV) status, was added to the code by Senate Bill 258 (Laird, Chapter 132, Statutes of 2021) and became effective on January 1, 2022. The new requirement seeks to address cultural and social isolation caused by HIV status and ensures that older people with HIV have the resources they need to age in place with dignity. This requirement is consistent with "Objective D: Equitable Access for All" contained in the 2021- 2025 Older Americans Act State Plan, which emphasizes the importance of advancing equity by working to ensure that those individuals living with HIV have the services and supports they need, and with guidance released by the Administration for Community Living in August 2021.

PSA 8 will seek to address concerns for this new targeted population on our next needs assessment.

### **Targeted Population in the PSA**

In SMC, 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, geographically isolated seniors and adults with disabilities residing in the rural Coastside area, and LGBT older adults.

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 SMC 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. Many low-income residents of SMC 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 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. Due to 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
- East Palo Alto, San Mateo, South San Francisco and Daly City- Pacific Islanders.

The primary method 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 concerns of the targeted populations. The overall determination is that there is a segment of the older adult population in SMC that is struggling to meet basic needs of food, shelter, and medical care. Specific populations that were included in the assessment process were those that are low-income, those needing assistance in a language other than English, those that are isolated or homebound, and the LGBTQ 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 under 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 will 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 continue 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 at past NBC meetings.

## **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 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.
- Many individuals who would benefit from our services may not perceive themselves as having unmet needs.
- 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.
- 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.
- CBOs continue to be 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 client services depleting their budgets. These budgetary issues are experienced across the board at the County, cities, and non-profit organizations.
- 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.
- There are many services that are available to assist low-income older adults but fear of losing independence may prevent older adults from seeking services resulting in services being underutilized.

## Section 07: Public Hearings

| Fiscal Year | Date      | Location  | Number of Attendees           | Presented in languages other than English? <sup>1</sup><br>Yes or No | Was hearing held at a Long-Term Care Facility? <sup>2</sup><br>Yes or No |
|-------------|-----------|---|-------------------------------|--|--|
| 2020-21     | 3/09/2020 | 225 37 <sup>th</sup> Avenue<br>San Mateo, CA        | 33                            | No   | No   |
| 2021-22     | 3/08/2021 | Remote  | 36                            | No   | No   |
| 2022-23     | 3/14/2022 | Remote  | 48                            | No   | No   |
| 2023-24     | 3/13/2023 | 455 County Center<br>Redwood City, CA<br>and Remote | 21 in person<br><br>17 remote | No   | No   |

**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.

A public hearing notice was posted in the San Mateo Daily Journal, the local newspaper with the highest circulation in San Mateo County, 30 days prior to the hearing. The notice was also e-mailed to all contracted Older Americans Act (OAA) providers in the service area for PSA 8, including providers that serve those in long-term care, those that are homebound and adults that have disabilities. Providers are encouraged to distribute copies to home-delivered meal participants, post-in their newsletters, and post the notice on bulletin boards for their program participants. To reach non-contracted providers and the community at large, the notice was e-mailed to the New Beginning Coalition membership (a group of 215 contracted and non-contracted providers and community members). The public hearing notice was also posted on the County Health website for 30 days prior to the meeting. Lastly, the public hearing was announced by the Planner at community meetings throughout the months of February and March.

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

---

Yes. Go to question #3

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

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

There was a comment advocating for a funded position for working on long-term care counseling for those that are middle-income.

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

Yes. Go to question #5

No, Explain:

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

No comments were received about IIIB adequate proportions.

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

Other issues raised at the public hearing included:

- Related to the Ombudsman Systems Change Advocacy Effort for FY 23-24 (p. 112), a question was posed asking how many residents 85 years and older have run out of money to be able to stay in their facility.
- Where can the service units in the Service Unit plan be found for FY 22-23.
- Based on the Intrastate Funding Formula from the California Department of Aging for 2022, there appears to be a low number in the County of those that are low income.
- Questions about the next needs assessment were asked.
- Concerns were raised about CDA's proposal to implement a statewide needs assessment because local data may not be captured.
- What collaboration is there with the Area Agency on Aging needs assessment and hospitals for the implementation of their community health needs assessment.
- The needs assessment should include questions about mental health.
- Concern raised about the need for mental health services in Half Moon Bay .

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

No changes were made to the Area Plan as a result of the input by public hearing attendees.



## Section 08: Identification of Priorities



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### **Priorities Based on Needs Assessment**

A top 10 list of needs was developed based on the community survey responses. These needs affecting older adults and adults with disabilities will be used to guide AAS in choosing priorities and developing 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. Remaining in home
2. Dental Needs
3. Accidents in the home (falls)
4. Learning about services/benefits for older adults
5. Disaster preparedness
6. Dependence on others

7. Accessing and enrolling for services
8. Understanding Medicare
9. Finding friends/social activities
10. Financial security/Money to live on

### **Meeting Targeted Mandates**

AAA's are required to target services for 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 attention focused on low-income minority individuals;
- Who have greatest social need, with 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.

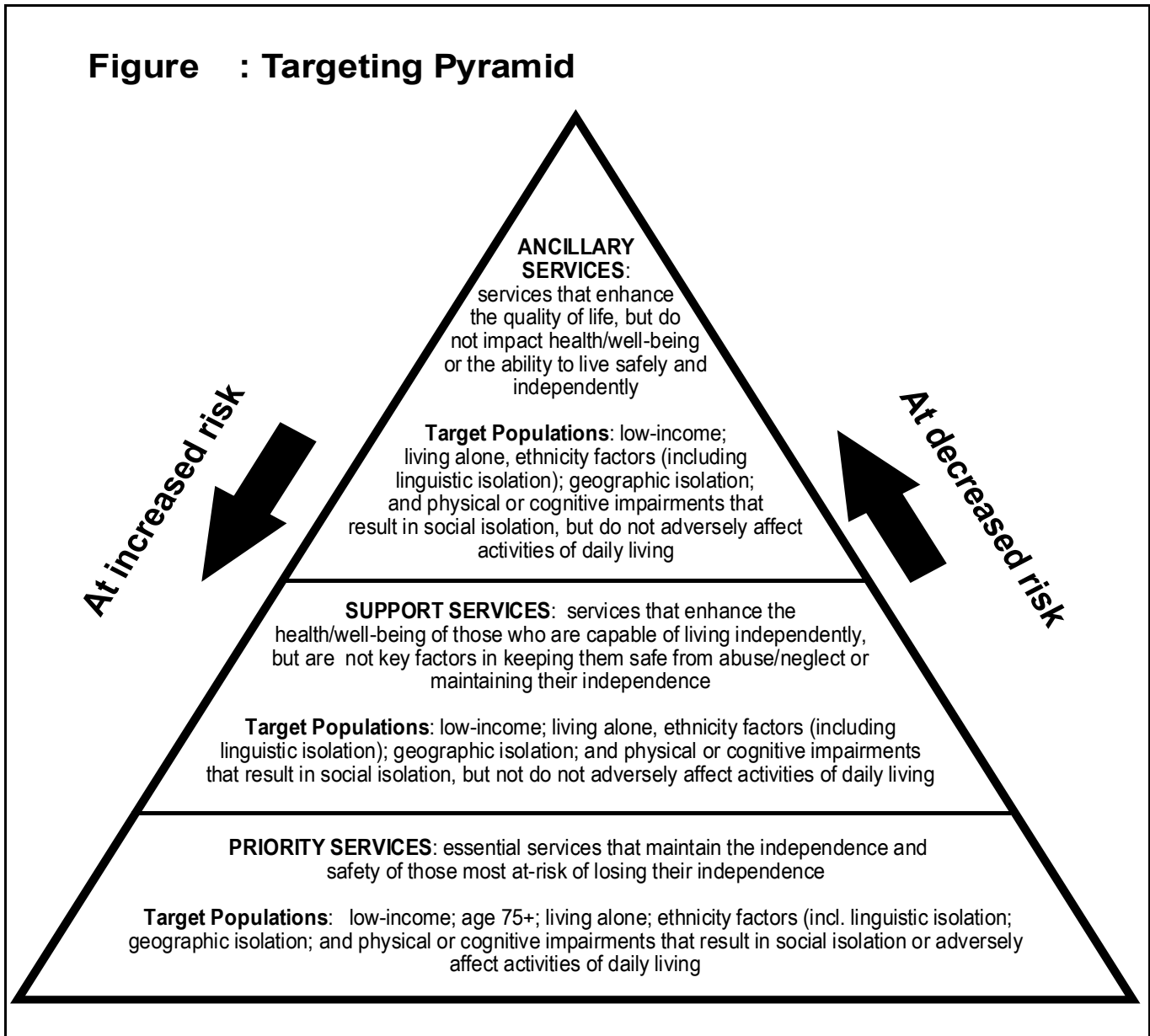
SMC continues to incorporate these targeting mandates in its planning, program development, and coordination activities, as well as in its decisions regarding program funding.

### **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. 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 on the next page, 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. These services may enhance the quality of life, but do not directly impact the health, well-being or the ability of people to live safely and independently.



AAS examined 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 in the OAA (Older Americans Act) ?
- 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 four-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 learning about services/benefits for older adults. This issue can be addressed 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 and Transportation. The adequate proportion for Access is 20.0%.

**In-Home Services**—includes 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 proportion 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. Only those issues identified as priorities appear in the goals for the FY 2020-2024 SMC Area Plan. Major priorities are:

1. Promote community-based services that support independence, socialization, and safety for older adults, adults with disabilities, and their caregivers.
2. Support options for increased transportation.
3. SMC will be an Age Friendly community where older adults will be able to age in place.

## Section 09: Area Plan Narrative Goals and Objectives

| <b>Goal 1: Promote community-based services that support independence, socialization, and safety for older adults, adults with disabilities, and their caregivers.</b>  |                                      |                                 |                      |
|---|--------------------------------------|---------------------------------|----------------------|
| <b>Rationale:</b> PSA 8 will promote healthy aging for older adults in San Mateo County (SMC), in order to maximize the older adults’ ability to live independently, have socialization opportunities, and to live safely in the community. The San Mateo County Health System 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. The policy brief also 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. |                                      |                                 |                      |
| <b>Objectives</b>   | <b>Projected Start and End Dates</b> | <b>Title IIB Funded PD or C</b> | <b>Update Status</b> |
| 1c. New Beginning Coalition (NBC) bimonthly meetings will focus on topics related to the top ten concerns from the Area Plan community assessment including mental health, transportation, and housing.   | July 1, 2021-<br>June 30, 2022       | C                               | Continuing           |
| 1e. AAS will collaborate with Behavioral Health Recovery Services’ (BHRS) to address the behavioral health needs of older adults through assisting with planning and implementation of events hosted by the Health Equity Initiatives, Help at Hand, and the Mental Health Services Act Older Adult Subcommittee.   | July 1, 2021-<br>June 30, 2022       | C                               | Continuing           |
| 1g. AAS, through the Planner, will support the work of the San Mateo County Oral Health Coalition by chairing the Adult Workgroup that assists in the implementation of the strategic plan for oral health needs of older adults and adults with disabilities.  | July 1, 2021-<br>June 30, 2022       | C                               | Continuing           |
| 1k. The AAA will support Age Forward in their efforts to become the lead for the SCAN Foundation’s Community of Constituents initiative efforts to transform the system of care so that San Mateo County residents can age with dignity, choice, and independence.  | July 1, 2021-<br>June 30, 2022       | C                               | New                  |

|   |  |          |            |
|---|--|----------|------------|
| <p>1l. The AAA will serve as a liaison to San Mateo County non OAA-funded Measure K grantees who are serving older adults and adults with disabilities in addressing the service needs of OAA eligible populations.</p> | <p>July 1, 2021-<br/>June 30, 2022</p> | <p>C</p> | <p>New</p> |
|---|--|----------|------------|

**Goal 2: Support options for increased transportation.**

**Rationale:** In SMC, getting around without a car is challenging. Lack of transportation options can lead to poor outcomes and may lead to isolation. AAS needs assessment findings show that transportation is a concern for older adults, adults with disabilities and caregivers. Other community needs assessments of SMC have shown that transportation is an issue for older adults and adults with disabilities and impacts their independence.

| <b>Objectives</b>  | <b>Projected Start and End Dates</b> | <b>Title IIB Funded PD or C</b> | <b>Update Status</b> |
|--|--------------------------------------|---------------------------------|----------------------|
| 2b. AAS, through the Commission and Provider Services Unit staff, will support the Commission on Aging and Commission on Disabilities Transportation Committees' efforts to review transportation options and related preparedness during emergencies. | July 1, 2021- June 30, 2022          |                                 | Continuing           |



**Goal 3: SMC will be an Age Friendly community where older adults will be able to age in place.**

**Rationale:** AAS needs assessment findings as well as other community assessments of SMC older adults show that they want to age in place. PSA 8 will seek ways to assist older adults to age in place so older adults can remain in their communities and maintain the connections they already have in place.

| <b>Objectives</b>  | <b>Projected Start and End Dates</b> | <b>Title IIB Funded PD or C</b> | <b>Update Status</b> |
|--|--------------------------------------|---------------------------------|----------------------|
| 3a. AAS, CoA, and NBC will explore options to assist Age-Friendly cities in obtaining their goals. | July 1, 2020- June 30, 2024          | C                               | Continuing           |

# Section 10: Service Unit (SUP) Objectives

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

**Home-Delivered Meal**

**Unit of Service = 1 meal**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2020-2021   | 171,258                   | 1            |                                   |
| 2021-2022   | 171,258                   | 1            |                                   |
| 2022-2023   | 183,050                   | 1            |                                   |
| 2023-2024   | 209,009                   | 1            |                                   |

**Adult Day/ Health Care (In-Home)**

**Unit of Service = 4 hours**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2020-2021   | 2,761                     | 1            |                                   |
| 2021-2022   | 2,761                     | 1            |                                   |
| 2022-2023   | 3,688                     | 1            |                                   |
| 2023-2024   | 3,170                     | 1            |                                   |

**Congregate Meals**

**Unit of Service = 1 meal**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2020-2021   | 123,149                   | 1            |                                   |
| 2021-2022   | 123,149                   | 1            |                                   |
| 2022-2023   | 106,881                   | 1            |                                   |
| 2023-2024   | 110,992                   | 1            |                                   |

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

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2020-2021   | 12                        | 1            |                                   |
| 2021-2022   | 12                        | 1            |                                   |
| 2022-2023   | 12                        | 1            |                                   |
| 2023-2024   | 12                        | 1            |                                   |

**Transportation (Access)****Unit of Service = 1 one-way trip**

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2020-2021   | 34,933                    | 1            |                                   |
| 2021-2022   | 34,933                    | 1            |                                   |
| 2022-2023   | 34,933                    | 1            |                                   |
| 2023-2024   | 24,434                    | 1            |                                   |

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

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2020-2021   | 3,100                     | 1            |                                   |
| 2021-2022   | 3,100                     | 1            |                                   |
| 2022-2023   | 4,030                     | 1            |                                   |
| 2023-2024   | 3,766                     | 1            |                                   |

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

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2020-2021   | 4,907                     | 1            |                                   |
| 2021-2022   | 4,907                     | 1            |                                   |
| 2022-2023   | 2,406                     | 1            |                                   |
| 2023-2024   | 6,420                     | 1            |                                   |

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

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2020-2021   | 3,755                     | 1            |                                   |
| 2021-2022   | 3,755                     | 1            |                                   |
| 2022-2023   | 4,255                     | 1            |                                   |
| 2023-2024   | 5,400                     | 1            |                                   |

## Title IIID/ Disease Prevention and Health Promotion

Unit of Service = 1 contact

**Service Activities: To be determined.**

San Mateo County AAS issued a RFP for Older Americans Act programs on 2/23/2022 including Health Promotion for contracts that would start 7/1/2022-6/30/2026. Unfortunately, no organization applied for Health Promotion. It is believed that the reason providers didn't apply for Health Promotion are that the requirements to implement a new program that is evidence-based were too much for them to consider at this time due to staffing and apprehensions about the requirements needed to implement an evidence-based program.

We are re-releasing the Health Promotion RFP in 2023 for a contract that would be from 7/1/2026.

As part of the County Health System process, RFPs need to be released to contract with organizations to fund them for OAA programs. We currently do not have evidence-based health promotion programs that are being implemented within the County Health System to develop a MOU with another county division.

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (Required) |
|-------------|---------------------------|--------------|------------------------------|
| 2020-2021   | 199                       | 1            |                              |
| 2021-2022   | 0                         | 1            |                              |
| 2022-2023   | 50                        | 1            |                              |
| 2023-2024   | 50                        | 1            |                              |

TITLE IIIB and Title VIIA:  
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

**2020-2024 Four-Year Planning Cycle**

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

**Measures and Targets:**

**A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).** The average California complaint resolution rate for FY 2017-2018 was 73%.

|  |
|--|
| <p>1. FY 2018-2019 Baseline Resolution Rate:<br/>Number of complaints resolved <u>499</u>+ number of partially resolved complaints <u>432</u> divided by the total number of complaints received <u>1,543</u> = Baseline Resolution Rate <u>60.3%</u> FY 2020-2021 Target Resolution Rate 80 %</p> |
|--|

|  |
|--|
| <p>2. FY 2019-2020 Baseline Resolution Rate:<br/>Number of complaints partially or fully resolved <u>775</u> divided by the total number of complaints received <u>1013</u> = Baseline Resolution Rate 77%<br/>FY 2021-2022 Target Resolution Rate <u>80</u> %</p> |
|--|

|   |
|---|
| <p>3. FY 2020 - 2021 Baseline Resolution Rate:<br/>Number of complaints partially or fully resolved <u>802</u> divided by the total number of complaints received <u>918</u> = Baseline Resolution Rate <u>87</u> %<br/>FY 2022-2023 Target Resolution Rate <u>85</u> %</p> |
|---|

|   |
|---|
| <p>4. FY 2021-2022 Baseline Resolution Rate:<br/>Number of complaints partially or fully resolved <u>766</u> divided by the total number of complaints received <u>966</u> = Baseline Resolution Rate <u>79</u> %<br/>FY 2023-2024 Target Resolution Rate <u>80</u> %</p> |
|---|

|  |
|--|
| <p>Program Goals and Objective Numbers: <u>1</u></p> |
|--|

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

|  |
|--|
| 1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>31</u><br>FY 2020-2021 Target: <u>32</u> |
| 2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>28</u><br>FY 2021-2022 Target: <u>20</u> |
| 3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>11</u><br>FY 2022-2023 Target: <u>15</u> |
| 4. FY 2021-2022 Baseline: Number of Resident Council meetings attended <u>17</u><br>FY 2023-2024 Target: <u>20</u> |
| Program Goals and Objective Numbers: <u>1</u>  |

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

|  |
|--|
| 1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>21</u><br>FY 2020-2021 Target: <u>21</u> |
| 2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>16</u><br>FY 2021-2022 Target: <u>12</u> |
| 3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>6</u><br>FY 2022-2023 Target: <u>10</u>  |
| 4. FY 2021-2022 Baseline: Number of Family Council meetings attended <u>19</u><br>FY 2023-2024 Target: <u>20</u> |
| Program Goals and Objective Numbers: <u>1</u>  |

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

|  |
|--|
| 1. FY 2018-2019 Baseline: Number of Instances <u>222</u><br>FY 2020-2021 Target: <u>250</u>  |
| 2. FY 2019-2020 Baseline: Number of Instances <u>639</u><br>FY 2021-2022 Target: <u>250</u>  |
| 3. FY 2020-2021 Baseline: Number of Instances <u>1904</u><br>FY 2022-2023 Target: <u>300</u> |
| 4. FY 2021-2022 Baseline: Number of Instances <u>332</u><br>FY 2023-2024 Target: <u>335</u>  |
| Program Goals and Objective Numbers: <u>1</u>  |

**E. Information and Assistance to Individuals** (NORS Element S-55) Count of instances of Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.

|  |
|--|
| 1. FY 2018-2019 Baseline: Number of Instances <u>469</u><br>FY 2020-2021 Target: <u>500</u>  |
| 2. FY 2019-2020 Baseline: Number of Instances <u>406</u><br>FY 2021-2022 Target: <u>400</u>  |
| 3. FY 2020-2021 Baseline: Number of Instances <u>1794</u><br>FY 2022-2023 Target: <u>500</u> |
| 4. FY 2021-2022 Baseline: Number of Instances <u>1604</u><br>FY 2023-2024 Target: <u>600</u> |
| Program Goals and Objective Numbers: <u>1</u>  |

**F. Community Education** (NORS Element S-68) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.

|   |
|---|
| 1. FY 2018-2019 Baseline: Number of Sessions <u>89</u><br>FY 2020-2021 Target: <u>50</u>  |
| 2. FY 2019-2020 Baseline: Number of Sessions <u>44</u><br>FY 2021-2022 Target: <u>40</u>  |
| 3. FY 2020-2021 Baseline: Number of Sessions <u>88</u><br>FY 2022-2023 Target: <u>80</u>  |
| 4. FY 2021-2022 Baseline: Number of Sessions <u>100</u><br>FY 2023-2024 Target: <u>70</u> |
| Program Goals and Objective Numbers: <u>1</u>   |

**G. Systems Advocacy** (NORS Elements S-07, S-07.1)

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve

response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.

Enter information in the relevant box below.

**FY 2020-2021**

**FY 2020-2021 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

A target is to explore funding a gap fund for those that are living in long term care facilities and are running out of money or do not have enough money to meet the monthly "rent". At some places they can switch to Medi-Cal but still need the waiver to stay at their facility. Some facilities will take both and keep resident because they know they can count on these funds monthly and meet their operation's budget. The first step was for the Ombudsman Director to meet with Assemblyman Kevin Mullin during the month of April.

In order to develop guidelines for visiting of residents to increase isolation, meetings are taking place with AAS Director and County Health Officer in order to develop a letter that will be sent to sites so visits can resume since the sites were closed due to COVID restrictions.

**FY 2021-2022**

**Outcome of FY 2020-2021 Efforts:**

**FY 2021-2022 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

Political Advocacy for long term care residents. Engage with Master Plan for Aging.

A target was to explore funding a gap fund for those that are living in long term care facilities and are running out of money or do not have enough money to meet the monthly "rent."

Outcome: The Ombudsman Executive Director contacted San Mateo County Supervisor David Canepa regarding the evictions. After much decision, Supervisor Canepa and the other 4 Supervisors voted to give \$500,00 to secure the payment for back rent of the 14 residents facing evictions. After the money was secured, the ED had a meeting with the District Attorney's office and together they selected IOU to distribute the funds and maintain accountability of the funds. The funds brought the residents facing eviction up to date on their "rent" and that was through December 31, 2021. They are still working on this project since it is ongoing. Presently the ED is in discussions with San Mateo County staff, including Mike Callagy, San Mateo County Manager; Louise Rogers, Health System Chief; Lisa Mancini, Behavioral Health Interim Director; Nina Rhee, Aging and Adult Interim Director; Ken Cole, Director of Human Services; and others.

In order to develop guidelines for visiting of residents to decrease isolation meetings are taking place with AAS Director and County Health Officer in order to develop a letter that will be sent to sites so visits can resume since the sites were closed due to COVID restrictions.



Outcome: A letter was prepared and sent out to all 442 of our facilities with the guidelines from the California Department of Public Health regarding visitations. The state required OSSMC to follow the guidance of San Mateo County Health. OSSMC was able to visit some facilities for others they came up with different ways to talk with the residents. Some of the other ways they visited were on patios, through windows, a table six feet apart with pocket talkers, on the phone, and with tablets. They opened communication with the residents and they were very happy to see and talk with them.

**FY 2022-2023**

**Outcome of FY 2021-2022 Efforts:**

**FY 2022-2023 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

OSSMC is presently working on oral health and how to be able to have the residents in long-term care have this service brought to their facility or have them go to an office. Transportation seems to be one of the problems.

**FY 2023-2024**

**Outcome of 2022-2023 Efforts:**

During 2022-2023, the Ombudsman Program’s ombudsmen have been able to connect with both the San Mateo County Medical Center’s Dental Department and Sonrisas Dental Health. They were able to connect with these 2 dental services for the residents that needed immediate dental needs. It is still difficult to access dental care for the residents of RCFEs. It is easier for the SNFs since they contract with dental groups to come to the facility and conduct dental exams and minor care. The Executive Director is hoping that working with the Oral Health Dental Coalition they can improve the dental care in all long-term care facilities in San Mateo County. Transportation is still an issue, but the facilities and the ombudsmen work together for the residents.

**FY 2023-2024 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

Since they have had too many cases left open in a three-month period, they will monitor the open cases in ODIN more closely and close them in a timelier manner. This will be an “all hands-on deck” operation which includes their field ombudsmen. Since the Ombudsman Training Classes indicates that most cases should be able to be closed in a month, the Executive Director is using that benchmark for all their ombudsmen and their cases. This was a problem in 2022-2023 and continues to be a problem that needs to be addressed.

They plan to continue to explore ways that residents 85 years and older that have run out of money to be able to stay in the facility they now call home. They try to find a bridge payment between the resident’s social security and the rent requirement. It is usually about \$1500 a month. Right now, residents are evicted from their facility, taken to the Emergency Room at the local hospital and then the social worker at the hospital is responsible for finding this person a new place to live. This effort will probably take more than a year to solve.

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

**Measures and Targets:**

**A. Routine Access: Nursing Facilities** (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

|   |
|---|
| <p>1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>17</u> divided by the total number of Nursing Facilities <u>17</u> = Baseline <u>100</u> %<br/> FY 2020-2021 Target: 100%</p> |
| <p>2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of Nursing Facilities <u>17</u> = Baseline <u>0</u> %<br/> FY 2021-2022 Target: 100 %</p>   |
| <p>3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>9</u> divided by the total number of Nursing Facilities 17 = Baseline <u>53</u> %<br/> FY 2022-2023 Target: <u>100</u> %</p>  |
| <p>4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>16</u> divided by the total number of Nursing Facilities 16 = Baseline <u>100</u> %<br/> FY 2023-2024 Target: <u>100</u>%</p> |
| <p>Program Goals and Objective Numbers: <u>1</u>_____</p>   |

**B. Routine access: Residential Care Communities** (NORS Element S-61) Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

|  |
|--|
| 1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>237</u> divided by the total number of RCFEs <u>60</u> = Baseline <u>100</u> %<br>FY 2020-2021 Target: 91%         |
| 2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>5</u> divided by the total number of RCFEs <u>243</u> = Baseline <u>2</u> %<br>FY 2021-2022 Target: 95%            |
| 3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>82</u> divided by the total number of RCFEs <u>238</u> = Baseline <u>34</u> %<br>FY 2022-2023 Target: 95%          |
| 4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>212</u> divided by the total number of RCFEs <u>232</u> = Baseline <u>91</u> %<br>FY 2023-2024 Target: <u>92</u> % |
| Program Goals and Objective Numbers: <u>1</u>  |

**C. Number of Full-Time Equivalent (FTE) Staff** (NORS Element S-23) This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

|   |
|---|
| 1. FY 2018-2019 Baseline: <u>7.43</u> FTEs<br>FY 2020-2021 Target: <u>9</u> FTEs    |
| 2. FY 2019-2020 Baseline: <u>7.03</u> FTEs<br>FY 2021-2022 Target: <u>7.90</u> FTEs |
| 3. FY 2020-2021 Baseline: <u>6.03</u> FTEs<br>FY 2022-2023 Target: <u>7.9</u> FTEs  |
| 3. FY 2021-2022 Baseline: <u>7.72</u> FTEs<br>FY 2023-2024 Target: <u>7.9</u> FTEs  |
| Program Goals and Objective Numbers: <u>1</u>                                       |

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

|   |
|---|
| 1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>41</u><br>FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>44</u> |
| 2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>30</u><br>FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>38</u> |
| 3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u>27</u><br>FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>35</u> |
| 4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers <u>30</u><br>FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers <u>35</u> |
| Program Goals and Objective Numbers: <u>1</u>   |

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

**Measures and Targets:**

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

Some examples could include:

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

OSSMC will continue to have their weekly case reviews. They started last year but it was not carried out weekly. Reviews will be weekly so they can maintain a more accurate data reporting in ODIN and NORS and consistency of every week is important. Their new Program Manager will oversee this project. They will measure this by not having 165 cases open within a three-month range. They should not have more than 25 cases open with special reasons that have been discussed at the weekly case review meetings.

**TITLE VIIA ELDER ABUSE PREVENTION**  
**SERVICE UNIT PLAN OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: PSA 8

| <b>Fiscal Year</b> | <b>Total # of Public Education Sessions</b> |
|--------------------|---|
| <b>2020-2021</b>   | 165   |
| <b>2021-2022</b>   | 100   |
| <b>2022-2023</b>   | 25  |
| <b>2023-2024</b>   | 48  |

| <b>Fiscal Year</b> | <b>Total # of Training Sessions for Professionals</b> |
|--------------------|---|
| <b>2020-2021</b>   |   |
| <b>2021-2022</b>   |   |
| <b>2022-2023</b>   | 25  |
| <b>2023-2024</b>   | 48  |

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

| <b>Fiscal Year</b> | <b>Total # of Hours Spent Developing a Coordinated System</b> |
|--------------------|---|
| <b>2020-2021</b>   | 20  |
| <b>2021-2022</b>   | 20  |
| <b>2022-2023</b>   | 30  |
| <b>2023-2024</b>   | 50  |

| <b>Fiscal Year</b> | <b>Total # of Copies of Educational Materials to be Distributed</b> | <b>Description of Educational Materials</b>   |
|--------------------|---|---|
| <b>2020-2021</b>   | 7,000   | Help at Home booklet, Aging and Adult Services Booklet, TIES Line material, hoarding educational material, elder abuse booklets, and crime prevention             |
| <b>2021-2022</b>   | 7,000   | Help at Home booklet, Aging and Adult Services Booklet, TIES Line material, hoarding educational material, elder abuse booklets, and crime prevention booklets.   |
| <b>2022-2023</b>   | 3,500   | Help at Home booklet, Aging and Adult Services Booklet, AAS Hotline material, hoarding educational material, elder abuse booklets, and crime prevention booklets. |

**TITLE VIIA ELDER ABUSE PREVENTION**  
**SERVICE UNIT PLAN OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: PSA 8

| <b>Fiscal Year</b> | <b>Total # of Copies of Educational Materials to be Distributed</b> | <b>Description of Educational Materials</b>                                |
|--------------------|---|--|
| <b>2023-2024</b>   | 4,000   | Help at Home booklet, elder abuse booklets, and crime prevention booklets. |

| <b>Fiscal Year</b> | <b>Total Number of Individuals Served</b> |
|--------------------|---|
| <b>2020-2021</b>   | 8,600                                     |
| <b>2021-2022</b>   | 8,600                                     |
| <b>2022-2023</b>   | 3,000                                     |
| <b>2023-2024</b>   | 4,000                                     |

**TITLE III E SERVICE UNIT PLAN OBJECTIVES**

**CCR Article 3, Section 7300(d)**

**2020-2024 Four-Year Planning Period**

Direct and/or Contracted III E Services

| <b>CATEGORIES</b>                                       | <b>1</b>   | <b>2</b>                      | <b>3</b>                           |
|---|--|-------------------------------|------------------------------------|
| <b>Family Caregiver Services<br/>Caring for Elderly</b> | <i>Proposed<br/>Units of Service</i>                             | <i>Required<br/>Goal #(s)</i> | <i>Optional<br/>Objective #(s)</i> |
| <b>Information Services</b>                             | <b># of activities and<br/>Total est. audience for above</b>     | 1                             |                                    |
| <b>2020-2021</b>  | # of activities: 185<br>Total est. audience for above:<br>29,000 | 1                             |                                    |
| <b>2021-2022</b>  | # of activities: 185<br>Total est. audience for above:<br>29,000 | 1                             |                                    |
| <b>2022-2023</b>  | # of activities: 154<br>Total est. audience for above:<br>11,200 | 1                             |                                    |
| <b>2023-2024</b>  | # of activities: 144<br>Total est. audience for above:           |                               |                                    |
| <b>Access Assistance</b>                                | <b>Total contacts</b>  |                               |                                    |
| <b>2020-2021</b>  | 2,498  | 1                             |                                    |
| <b>2021-2022</b>  | 2,498  | 1                             |                                    |
| <b>2022-2023</b>  | 1,328  |                               |                                    |
| <b>2023-2024</b>  | 1,097  | 1                             |                                    |

| <b>Access Assistance</b>     |                          | <b>Total contacts</b> |  |
|------------------------------|--------------------------|-----------------------|--|
| <b>Support Services</b>      | <b>Total hours</b>       |                       |  |
| 2020-2021                    | 1,146                    | 1                     |  |
| 2021-2022                    | 1,146                    | 1                     |  |
| 2022-2023                    | 755                      | 1                     |  |
| 2023-2024                    | 830                      | 1                     |  |
| <b>Respite Care</b>          | <b>Total hours</b>       |                       |  |
| 2020-2021                    | 2,036                    | 1                     |  |
| 2021-2022                    | 2,036                    | 1                     |  |
| 2022-2023                    | 2,356                    | 1                     |  |
| 2023-2024                    | 2,356                    | 1                     |  |
| <b>Supplemental Services</b> | <b>Total occurrences</b> |                       |  |
| 2020-2021                    | 140                      | 1                     |  |
| 2021-2022                    | 140                      | 1                     |  |
| 2022-2023                    | 0                        |                       |  |
| 2023-2024                    | 0                        |                       |  |

**Direct and/or Contracted III E Services**

| <b>Older Relative Caregivers</b> | <b><i>Proposed</i><br/>Units of Service</b>                  | <b><i>Required</i><br/>Goal #(s)</b> | <b><i>Optional</i><br/>Objective<br/>#(s)</b> |
|----------------------------------|--|--------------------------------------|---|
| <b>Information Services</b>      | <b># of activities and<br/>Total est. audience for above</b> |                                      |   |
| 2020-2021                        | # of activities: 36<br>Total est. audience for above:<br>500 | 1                                    |   |
| 2021-2022                        | # of activities: 36<br>Total est. audience for above:<br>500 | 1                                    |   |
| 2022-2023                        | # of activities: 36<br>Total est. audience for above:<br>500 | 1                                    |   |
| 2023-2024                        | # of activities: 36<br>Total est. audience for above:<br>500 | 1                                    |   |



| <b>Older Relative Caregivers</b> | <b><i>Proposed</i><br/>Units of Service</b> | <b><i>Required</i><br/>Goal #(s)</b> | <b><i>Optional</i><br/>Objective<br/>#(s)</b> |
|----------------------------------|---|--------------------------------------|---|
| <b>Access Assistance</b>         | <b>Total contacts</b>                       |                                      |   |
| 2020-2021                        | 1,200                                       | 1                                    |   |
| 2021-2022                        | 1,200                                       | 1                                    |   |
| 2022-2023                        | 1,200                                       |                                      |   |
| 2023-2024                        | 445   | 1                                    |   |
| <b>Support Services</b>          | <b>Total hours</b>                          |                                      |   |
| 2020-2021                        | 180   | 1                                    |   |
| 2021-2022                        | 180   | 1                                    |   |
| 2022-2023                        | 180   |                                      |   |
| 2023-2024                        | 500   | 1                                    |   |
| <b>Respite Care</b>              | <b>Total hours</b>                          |                                      |   |
| 2020-2021                        | 0   |                                      |   |
| 2021-2022                        | 0   |                                      |   |
| 2022-2023                        | 0   |                                      |   |
| 2023-2024                        | 0   |                                      |   |
| <b>Supplemental Services</b>     | <b>Total occurrences</b>                    |                                      |   |
| 2020-2021                        | 0   |                                      |   |
| 2021-2022                        | 0   |                                      |   |
| 2022-2023                        | 0   |                                      |   |
| 2023-2024                        | 0   |                                      |   |

**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 an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each 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 this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

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

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

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

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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: <https://www.aging.ca.gov/Providers and Partners/Area Agencies on Aging/#pp-planning>. (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

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

**HICAP Legal Services Units of Service (if applicable)**

| <b>Fiscal Year (FY)</b> | <b>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b> | <b>Goal Numbers</b> |
|-------------------------|---|---------------------|
| 2020-2021               | N/A   |                     |
| 2021-2022               | N/A   |                     |
| 2022-2023               | N/A   |                     |
| 2023-2024               |   |                     |

| <b>Fiscal Year (FY)</b> | <b>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b> | <b>Goal Numbers</b> |
|-------------------------|--|---------------------|
| 2020-2021               | N/A  |                     |
| 2021-2022               | N/A  |                     |
| 2022-2023               | N/A  |                     |
| 2023-2024               | N/A  |                     |

| <b>Fiscal Year (FY)</b> | <b>3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b> | <b>Goal Numbers</b> |
|-------------------------|--|---------------------|
| 2020-2021               | N/A  |                     |
| 2021-2022               | N/A  |                     |
| 2022-2023               | N/A  |                     |
| 2023-2024               | N/A  |                     |

# Section 11 Focal Points

## COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), (Older Americans Act Reauthorization Act of 2016, Section 306(a))

| Designated Community Focal Point                                    | Address  |
|---|--|
| 1. Alzheimer’s Association of Northern California & Northern Nevada | 1060 La Avenida St.<br>Mountain View, CA 94043           |
| 2. Catholic Charities CYO San Carlos Adult Day Services             | 787 Walnut Street<br>San Carlos, CA 94070                |
| 3. Center for the Independence of Individuals with Disabilities     | 1515 S. El Camino Real, Suite 400<br>San Mateo, CA 94402 |
| 4. City of Belmont Senior and Community Center                      | 20 Twin Pines Lane<br>Belmont, CA 94402                  |
| 5. City of Brisbane Senior Center                                   | 2 Visitacion Avenue<br>Brisbane, CA 94005                |
| 6. City of Burlingame Recreation Older Adult and Senior Programs    | 850 Burlingame Avenue<br>Burlingame, CA 94010            |
| 7. City of Daly City Senior/Adult Services Doelger Center           | 101 Lake Merced Blvd.<br>Daly City, CA 94015             |
| 8. City of Daly City Lincoln Community Center                       | 901 Brunswick Street<br>Daly City, CA 94014              |
| 9. City of East Palo Alto: East Palo Alto Senior Center Inc.        | 56 Bell Street<br>East Palo Alto, CA 94303               |
| 10. City of Menlo Park Senior Center                                | 110 Terminal Avenue<br>Menlo Park, CA 94015              |
| 11. City of Millbrae Recreation Department Senior Activities        | 623 Magnolia Avenue<br>Millbrae, CA 94030                |
| 12. City of Pacifica Senior Services Center                         | 540 Crespi Drive<br>Pacifica, CA 94044                   |
| 13. City of San Bruno Senior Center                                 | 1555 Crystal Springs Road<br>San Bruno, CA 94066         |
| 14. City of San Mateo Senior Center                                 | 2645 Alameda de las Pulgas<br>San Mateo, CA 94403        |
| 15. City of San Mateo Martin Luther King Community Center           | 725 Mount Diablo<br>San Mateo, CA 94401                  |

|  |   |
|--|---|
|  |   |
| 16. City of South San Francisco Adult Day Care               | 601 Grand Avenue<br>South San Francisco, CA 94080                 |
| 17. City of South San Francisco Magnolia Senior Center       | 601 Grand Avenue<br>South San Francisco, CA 94080                 |
| 18. Coastside Adult Day Health Center                        | 925 Main Street<br>Half Moon Bay, 94019                           |
| 19. Edgewood Center for Children and Families                | 957B Industrial Road<br>San Carlos, CA 94070                      |
| 20. Family Caregiver Alliance                                | 101 Montgomery, Suite #2150<br>San Francisco, CA 94103            |
| 21. Fair Oaks Community Center                               | 2600 Middlefield Road<br>Redwood City, CA 94063                   |
| 22. Foster City Senior Wing                                  | 650 Shell Blvd.<br>Foster City, CA 94014                          |
| 23. Hospital Consortium of San Mateo County                  | 222 W. 39 <sup>th</sup> Avenue<br>San Mateo, CA 94403             |
| 24. Kimochi, Inc.  | 1715 Buchanan St.<br>San Francisco, CA 94115                      |
| 25. Legal Aid Society of San Mateo County                    | 330 Twin Dolphin Drive, Suite 123<br>Redwood City, CA 94065       |
| <del>26. Mills Peninsula Senior Focus Adult Day/ADCRC</del>  | <del>1720 El Camino Real, Suite 10<br/>Burlingame, CA 94010</del> |
| 27. Ombudsman Services of San Mateo County, Inc.             | 711 Nevada Street<br>Redwood City, CA 94061                       |
| 28. Peninsula Family Service                                 | 24-2nd Avenue<br>San Mateo, CA 94401                              |
| 29. Peninsula Volunteers, Inc. Rosener House                 | 500 Arbor Road<br>Menlo Park, CA 94025                            |
| 30. Peninsula Volunteers, Inc. Little House                  | 800 Middle Avenue<br>Menlo Park, CA 94025                         |
| 31. Ron Robinson Senior Care Center San Mateo Medical Center | 222 39th Avenue<br>San Mateo, CA 94403                            |
| 32. San Carlos Adult Community Center                        | 601 Chestnut Street<br>San Carlos, CA 94070                       |

|   |   |
|---|---|
| 33. San Mateo County Aging and Adult Services   | 225 37th Avenue<br>San Mateo, CA 94403        |
| 34. Second Harvest Food Bank Brown Bag Program  | 1051 Bing Street<br>San Carlos, CA 94070      |
| 35. Self Help for the Elderly/HICAP             | 50 East 5th Avenue<br>San Mateo, CA 94401     |
| 36. Senior Coastsiders                          | 535 Kelly Avenue<br>Half Moon Bay, CA 94019   |
| 37. Sequoia Hospital Health and Wellness Center | 749 Brewster<br>Redwood City, CA 94063        |
| 38. Veterans Memorial Senior Center             | 1455 Madison Avenue<br>Redwood City, CA 94061 |



# Section 12: Disaster Preparedness

**Disaster Preparation Planning** Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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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 enroll to receive California Health Alert Network notifications to receive information on disasters throughout the County and 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 its response to emergencies. AAA staff participate in this exercise.

Licensed Facilities are required to have disaster plans required by Title 22. The County Health/AAS is responsible for providing the basic needs of food, clothing and shelter and health and safety of conserved clients. AAA currently has 675 conserved clients. In case of a disaster, the County Health/AAA is responsible for knowing where our conserved clients are and their condition as a result of the disaster. County Health/Emergency Medical Services (EMS) is responsible for hospital coordination, emergency transportation, and care during transport. A vulnerable populations data base was developed to automate the prioritization of AAA and Behavioral Health and Recovery Services clients during disasters by categorizing clients by need/vulnerability (i.e. a client is on oxygen, is bed bound, etc.) and to make the information available to OES and local fire agencies for welfare checks or direct assistance. County Health/AAS sends a list every quarter of all clients being served by AAS, which includes the program and emergency disaster codes.

The Prescription Medication Replacement Program was created in response to a shelter event where clients lost all medications in a fire and replacement was slowed by the "early refill block" in the pharmacy system. Protocol is now in place to remove the block and fill prescriptions more quickly with an MOU in place with Walgreens, Safeway and Ted's Village Pharmacy and the Health Plan of San Mateo.

LTCF/SNF evacuation plans that satisfy licensing requirements are insufficient for a re-location of clients to another facility during emergencies. A temporary position has been created to begin a project that links the Ombudsman, CDPH Licensing, local LTCF/SNF community, OES with a mechanism (Reddinet) to poll all facilities and quickly find bed space for displaced residents.

Throughout all of our emergency preparedness activities, we have learned the importance of coordinating with other County community-based organizations as well as state and local government. Not only does the AAA benefit from the expertise of colleagues, but the AAA also maximizes the impact of limited resources. We continue to partner with Red Cross and Human Services Agency at the County level.

For the Area Plan for FY 2020-2024, 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 County Health and OES in developing communication strategies. This will include AAA work on the Continuity of Operations Planning (COOP) and also Pacific Gas and Electric's Power Safety Power Shutoff (PSPS).

- 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                 |
|------------------|-----------------------------|-----------------------------------|-----------------------|
| Shruti Dhapodkar | Program Services Manager II | Office: 650-542-1418<br>Cell: N/A | sdhapodkar@smcgov.org |
| Rick Reed        | District Coordinator-OES    | Office: 650-363-4790              | rreed1@smcgov.org     |

- Identify the Disaster Response Coordinator within the AAA:

| Name       | Title                      | Telephone                     | email            |
|------------|----------------------------|-------------------------------|------------------|
| Moony Tong | Fiscal Services Manager II | Office: 650-573-2236<br>Cell: | mtong@smcgov.org |

- 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. |

- 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.

- Describe how the AAA will:
  - Identify vulnerable populations.
  - Follow-up with these vulnerable populations after a disaster event.

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

## 2020-2024 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 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 2020-21 through FY 2023-2024

#### Access:

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

|                     |                   |                   |                   |
|---------------------|-------------------|-------------------|-------------------|
| 2020-21 <u>20</u> % | 21-22 <u>20</u> % | 22-23 <u>20</u> % | 23-24 <u>43</u> % |
|---------------------|-------------------|-------------------|-------------------|

#### In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential

|                     |                   |                   |                   |
|---------------------|-------------------|-------------------|-------------------|
| 2020-21 <u>25</u> % | 21-22 <u>25</u> % | 22-23 <u>25</u> % | 23-24 <u>45</u> % |
|---------------------|-------------------|-------------------|-------------------|

#### Legal Assistance Required Activities:

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

|                    |                  |                  |                   |
|--------------------|------------------|------------------|-------------------|
| 2020-21 <u>5</u> % | 21-22 <u>5</u> % | 22-23 <u>5</u> % | 23-24 <u>12</u> % |
|--------------------|------------------|------------------|-------------------|

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: Remaining in my home and live independently, dental, accidents in the home, learning about services/benefits, dependence on others, disaster preparedness, accessing and enrolling for services/benefits, understanding Medicare, finding friends/social activities, financial security/money to live on. These can be addressed more readily in programs offered under Access and In-Home 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 to best address the needs of the community.

# Section 14: Notice of Intent to Provide Direct Services

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

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

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

| <u>Check applicable direct services</u>   | <u>Check each applicable Fiscal Year</u> |                                     |                                     |                                     |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|
|   | <b>20-21</b>                             | <b>21-22</b>                        | <b>22-23</b>                        | <b>23-24</b>                        |
| <b>Title IIIB</b>   |  |                                     |                                     |                                     |
| <input type="checkbox"/> Information and Assistance                               | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/> Case Management  | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/> Outreach   | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/> Program Development                                      | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/> Coordination   | <input checked="" type="checkbox"/>      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Long Term Care Ombudsman                                 | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Title IID</b>  | <b>20-21</b>                             | <b>21-22</b>                        | <b>22-23</b>                        | <b>23-24</b>                        |
| <input type="checkbox"/> Disease Prevention and Health Promo.                     | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Title IIIE<sup>9</sup></b>   | <b>20-21</b>                             | <b>21-22</b>                        | <b>22-23</b>                        | <b>23-24</b>                        |
| <input type="checkbox"/> Information Services                                     | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/> Access Assistance  | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/> Support Services   | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Title VIIA</b>   | <b>20-21</b>                             | <b>21-22</b>                        | <b>22-23</b>                        | <b>23-24</b>                        |
| <input type="checkbox"/> Long Term Care Ombudsman                                 | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Title VII</b>  | <b>20-21</b>                             | <b>21-22</b>                        | <b>22-23</b>                        | <b>23-24</b>                        |
| <input type="checkbox"/> Prevention of Elder Abuse, Neglect,<br>and Exploitation. | <input checked="" type="checkbox"/>      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

### **Program Development and Coordination**

Program development and coordination activities are organized 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 involve 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 VIIB Prevention of Elder Abuse, Neglect and Exploitation**

The AAA will ensure targeted populations will be served throughout the PSA by a Commission on Aging (CoA) committee and Aging and Adults Services' unit focused on elder abuse prevention. The AAA CoA Resource Access Committee will be partnering with the AAA's Elder Dependent Adult Protection Team to enhance community awareness and education regarding elder and dependent adult abuse by participating in community activities, and planning presentations and educational events.



# Section 15: Request for Approval of Direct Services

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Older Americans Act Reauthorization Act of 2016 Section  
307(a)(8)  
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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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:

IIIB

IIIC-1

IIIC-2

IIID

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

**FY 20-21**  **FY 21-22**  **FY 22-23**  **FY 23-24**

# Section 16: Governing Board

## GOVERNING BOARD MEMBERSHIP 2020-2024 Four-Year Area Plan Cycle

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

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**Total Number of Board Members:** 5

**Name and Title of Officers:**

**Office Term Expires:**

|  |              |
|--|--------------|
| The Honorable David Pine, Supervisor District 1<br>President         | January 2025 |
| The Honorable Warren Slocum, Supervisor District 4<br>Vice President | January 2025 |

**Names and Titles of All Members:**

**Board Term Expires:**

|  |              |
|--|--------------|
| The Honorable Dave Pine, Supervisor District 1     | January 2025 |
| The Honorable Noelia Corzo, Supervisor District 2  | January 2027 |
| The Honorable Ray Mueller, Supervisor District 3   | January 2027 |
| The Honorable Warren Slocum, Supervisor District 4 | January 2025 |
| The Honorable Dave Canepa, Supervisor District 5   | January 2025 |



# Section 17: Advisory Council

## ADVISORY COUNCIL MEMBERSHIP 2020-2024 Four-Year Planning Cycle

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

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Total Council Membership (include vacancies)      17

Number of Council Members over age 60              12

| <b>Race/Ethnic Composition</b> | <u>% of PSA's<br/>60+Population</u> | <u>% on<br/>Advisory Council</u> |
|--------------------------------|-------------------------------------|----------------------------------|
| White                          | <u>59%</u>                          | <u>68%</u>                       |
| Hispanic                       | <u>11%</u>                          | <u>13%</u>                       |
| Black                          | <u>3%</u>                           | <u>13%</u>                       |
| Asian/Pacific Islander         | <u>21%</u>                          | <u>6%</u>                        |
| Native American/Alaskan Native | <u>0%</u>                           | <u>0%</u>                        |
| Other                          | <u>6%</u>                           | <u>0%</u>                        |

**Name and Title of Officers:** **Office Term Expires:**

|  |          |
|--|----------|
| Karen Coppock, Chairperson                     | 06-30-24 |
| Monika Lee, 1 <sup>ST</sup> Vice Chairperson   | 06-30-24 |
| Joyce Porter, 2 <sup>nd</sup> Vice Chairperson | 06-30-25 |

**Name and Title of other members:** **Office Term Expires:**

|                      |          |
|----------------------|----------|
| JoAnne Arnos         | 06-30-25 |
| Jeffrey Austin       | 06-30-25 |
| Maria Elena Barr     | 06-30-25 |
| Eileen Barsi         | 06-30-25 |
| Patty Clement        | 06-30-25 |
| Christina Dimas-Kahn | 06-30-23 |
| Angela Giannini      | 06-30-25 |
| Marita Leth          | 06-30-23 |
| Irene Liana          | 06-30-25 |
| Cherie Querol Moreno | 06-30-23 |

|                       |          |
|-----------------------|----------|
| Erzsebet "Liz" Taylor | 06-30-22 |
| Kathy Uhl             | 06-30-23 |
| Ophelie Vico          | 06-30-24 |

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

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

Explain any "No" answer(s): N/A

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

A public notice is posted, including newspaper announcement of vacancies on the Commission. Applications are accepted, reviewed, and candidates are interviewed by two members of the County Board of Supervisors, Chair of the Commission, and County staff to the Commission. The County Board of Supervisors appoint all Commissioners.

# Section 18: Legal Assistance

## 2020-2024 Four-Year Area Planning Cycle

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

A minimum of 5%.

**2. 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). Yes/No, Discuss:**

No. 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: Remaining in my home and live independently, dental, accidents in the home, learning about services/benefits, dependence on others, disaster Preparedness, accessing and enrolling for services/benefits, understanding Medicare, finding friends/social activities, financial security/money to live on.

Specific to Legal Services, the COVID pandemic highlighted the needs for legal services in our county. The following local needs continued being addressed: government benefits issues, elder abuse, health care, housing, and consumer issues.

**3. Specific to Legal Services Provider(s) (does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? Yes/No, Discuss:**

Yes. PSA 8 affirmatively confirms the use of California Statewide Guidelines in the contracts with the OAA legal service provider.

**4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? If so, what are the top four (4) priority legal issues in your PSA? Yes/No, Discuss:**

Yes. The Legal Services Provider (Legal Aid SMC) collaborates with the AAA to establish legal services priorities as part of the County AAS needs assessment process and identify their priorities during the monitoring process. The top four legal service issues in PSA 8 are: health, income/nutrition benefits, elder abuse, and consumer issues.

**5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? Yes/No, Discuss:**

Yes. Legal Aid SMC participates in the AAA process that develops, distributes and reviews the community survey that is part of the Area Plan development. The community survey helps to identify target populations and areas of greatest legal need.



6. ,

While Legal Aid SMC’s Senior Advocates program serves older adults of all income levels, the LSP 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, limited English speakers, or members of ethnic/racial minorities. They reach out to residents who might have difficulty accessing the office by scheduling intake appointments and educational presentations at the coast-side senior center, other senior centers and at subsidized, senior housing complexes. During the COVID-19 pandemic most services are provided by telephone or online. Ethnic minority communities are also targeted through established community leaders or organizations, like Self-Help for the Elderly (Chinese) and El Concilio of San Mateo County. The Senior Advocates administrative assistant speaks Spanish and interprets for their monolingual Spanish speaking older adults. The Supervising Attorney is Hispanic, and the Senior Advocates staff attorney is African American. They use a telephone translation service (Voiance) 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 older adults.

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

| Fiscal Year      | # of Legal Assistance Services Providers |
|------------------|--|
| <b>2020-2021</b> | 1  |
| <b>2021-2022</b> | 1  |
| <b>2022-2023</b> | 1  |
| <b>2023-2024</b> | 1  |

**8. What methods of outreach are Legal Services Providers using? Discuss:**

Educational/ or outreach presentations at senior centers and senior housing complexes including at congregate meal sites, 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, emails to service providers and senior centers on financial scams, and occasionally PSAs on local TV channels. Legal Aid SMC also uses social media to post news and updates that concern target populations.

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

| Fiscal Year      | Name of Provider                      | Geographic Region covered |
|------------------|---------------------------------------|---------------------------|
| <b>2020-2021</b> | Legal Aid Society of San Mateo County | Entire County             |
| <b>2021-2022</b> | Legal Aid Society of San Mateo County | Entire County             |
| <b>2022-2023</b> | Legal Aid Society of San Mateo County | Entire County             |

|           |                                       |               |
|-----------|---------------------------------------|---------------|
| 2023-2024 | Legal Aid Society of San Mateo County | Entire County |
|-----------|---------------------------------------|---------------|

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

When pandemic restrictions are not in effect, most appointments and consultations are scheduled over the phone but can also be made in person at the Legal Aid office. When appropriate, a home visit may be scheduled. Older adults may also access legal services in person at community locations. Legal Aid provides appointments at Senior Coastsiders for those who live on the coast. Periodic clinics are scheduled at senior centers or senior housing complexes for some services, such as Advance Directives for Health Care. Legal Aid continues to work with Adult Protective Services (APS) and Aging and Adult Services' Elder Dependent Adult Protection Team (EDAPT) and has established a referral system for elder abuse cases. Currently, clients receive most assistance remotely through phone appointments with follow-up via mail or email. Video conferences are used for administrative hearings. Legal Aid SMC now offers in person appointments if the clients prefer.

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

Housing, health care access, Social Security, Supplemental Security Income (SSI) and CAPI (Cash Assistance Program for Immigrants) benefits, elder abuse, and debt collection/contract disputes are the major issues handled. Other issues that are serious challenges for older adults in PSA 8 include financial abuse (e.g., scams, identity theft, fraud, title transfers, and inappropriate use of Power of Attorney), CalFresh (formerly Food Stamps), eviction of people who move in the homes of older adults and take advantage of their resources, Medi-Cal spousal impoverishment, public charge immigration issues, and reasonable accommodations.

In the past four years, there has been an increase in SSI and Social Security cases involving errors in payments based on older individuals working to supplement SSI/Social Security benefits. As housing costs continue to rise, older adults are having to work, often despite having disabilities, in order to maintain housing and other basic needs. Because SSI benefits are reduced by other income, but the earnings are either reported too late or are not taken into account timely, SSA will reduce benefits retroactively and ask recipients to repay benefits. Social Security disability and some retirement benefits are also reduced if earnings are too high.

Elder abuse is a continuing trend. During the COVID-19 pandemic, many older adults allowed adult children or grandchildren to move into their homes. As these households struggled with loss of income and social isolation, some older adults faced harassment or intimidation by their relatives. Now that COVID-related tenant protections have ended, Legal Aid is seeing an increase in eviction lawsuits as older adults are expected to resume paying rents that have remained stable or increased during the pandemic while household incomes have not recovered to pre-pandemic levels.

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

The main barrier is that the need exceeds the LSP's current capacity. While the need grows, funding that does not keep pace with the relatively high cost of living in the area has made it difficult to recruit and retain staff including attorneys. Strategies for addressing this barrier have been to utilize pro bono (volunteer) attorneys, to emphasize preventative education, and to

identify new funding sources that can increase the provider's capacity.

Additionally, barriers exist for serving older adults who live alone or are isolated, immigrants or older adults who speak a language other than English, and those who are extremely low-income. These older adults contend with low literacy levels, few social support systems, limited access to technology, and a lack of understanding of how to navigate the service system. Strategies to overcome these barriers include: ensuring that the program outreach material is written at a level and in languages that clients can understand, using Legal Aid SMC's LIBRE project to outreach to this population to help older immigrants access legal services, and when appropriate, providing home visits and telephone appointments. The LIBRE (Linking Immigrants to Benefits, Resources, and Education) project outreaches to immigrant communities to help them access legal services and tries to hire bilingual/bicultural staff.

**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 in East Palo Alto and the Stanford Community Law Clinic. Legal Aid SMC works with APS, EDAPT, and local law enforcement to investigate potential liability and determine the best use of resources to address elder 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 Aid SMC 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. The Senior Advocates attorney collaborates with the Ombudsman program, CANHR, OneJustice, and multiple senior centers and housing complexes for presentations and information fairs.

# Section 19: Multipurpose Senior Center Acquisition of Construction Compliance Review

No. Title IIIB funds not used for Acquisition or Construction.

Yes. Title IIIB funds used for Acquisition or Construction.

**Complete the chart below.**

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

# Section 20: Family Caregiver Support Program

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support  
Services Older Americans Act Reauthorization Act of 2016,  
Section 373(a) and (b)**

**2020-2024 Four-Year Planning Cycle**

**Family Caregiver Services**

| <b>Category</b>                        | <b>2020-2021</b>  | <b>2021-2022</b>  | <b>2022-2023</b>  | <b>2023-2024</b>  |
|--|---|---|---|---|
| Family Caregiver Information Services  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Family Caregiver Access Assistance     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Family Caregiver Support Services      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Family Caregiver Respite Care          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Family Caregiver Supplemental Services | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |

## Grandparent Services

| Category                          | 2020-2021   | 2021-2022   | 2022-2023   | 2023-2024   |
|-----------------------------------|---|---|---|---|
| Grandparent Information Services  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract   |
| Grandparent Access Assistance     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract   |
| Grandparent Support Services      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract   |
| Grandparent Respite Care          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract   |
| Grandparent Supplemental Services | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Direct <input type="checkbox"/> Contract t |

### Provider name and address of agency

Edgewood Center for Children and Families  
170 S. Spruce Ave., Suite 200  
South San Francisco, CA 94080

### Description of service

Respite: The provider does not receive OAA funding for respite but they offer respite support through other funding sources. Edgewood Center for Children and Families Kinship Program (Edgewood Kinship) provides afterschool programming to children (ages 5-14) which includes recreation, homework support, and teaching social skills. The program is offered five days per week allowing caregiving “grandparents” respite when needed.

Supplemental Services: The provider does not receive OAA funding for Supplemental Services but provides assistance with in-kind donations. Edgewood Kinship Program has a partnership with Second Harvest Food Bank that allows them to distribute turkeys, chickens and other grocery items to needy families during major holidays like Thanksgiving and Christmas. They are also familiar with local food pantries throughout the county and can refer families to these resources as needed. They continue to provide supplemental support through in-kind donations from both individual and corporate

donors. Items can include personal care products, furniture, school supplies, and clothing. They also receive funding from community grants that they can use to purchase medical assistive devices.

**Where service is provided**

San Mateo County, PSA 8 (entire PSA)

**How the AAA ensures the service continues**

PSA 8 will maintain a contract with Edgewood Center for Children and Families for FCSPG Title IIIE Support, Access, and Information services. PSA 8 will maintain communication with this provider to ensure that both Respite and Supplemental services continue being provided in the PSA without the use of Title IIIE Funds. In addition, this provider makes referrals to other programs and services within the PSA to meet the on-going needs of participants.

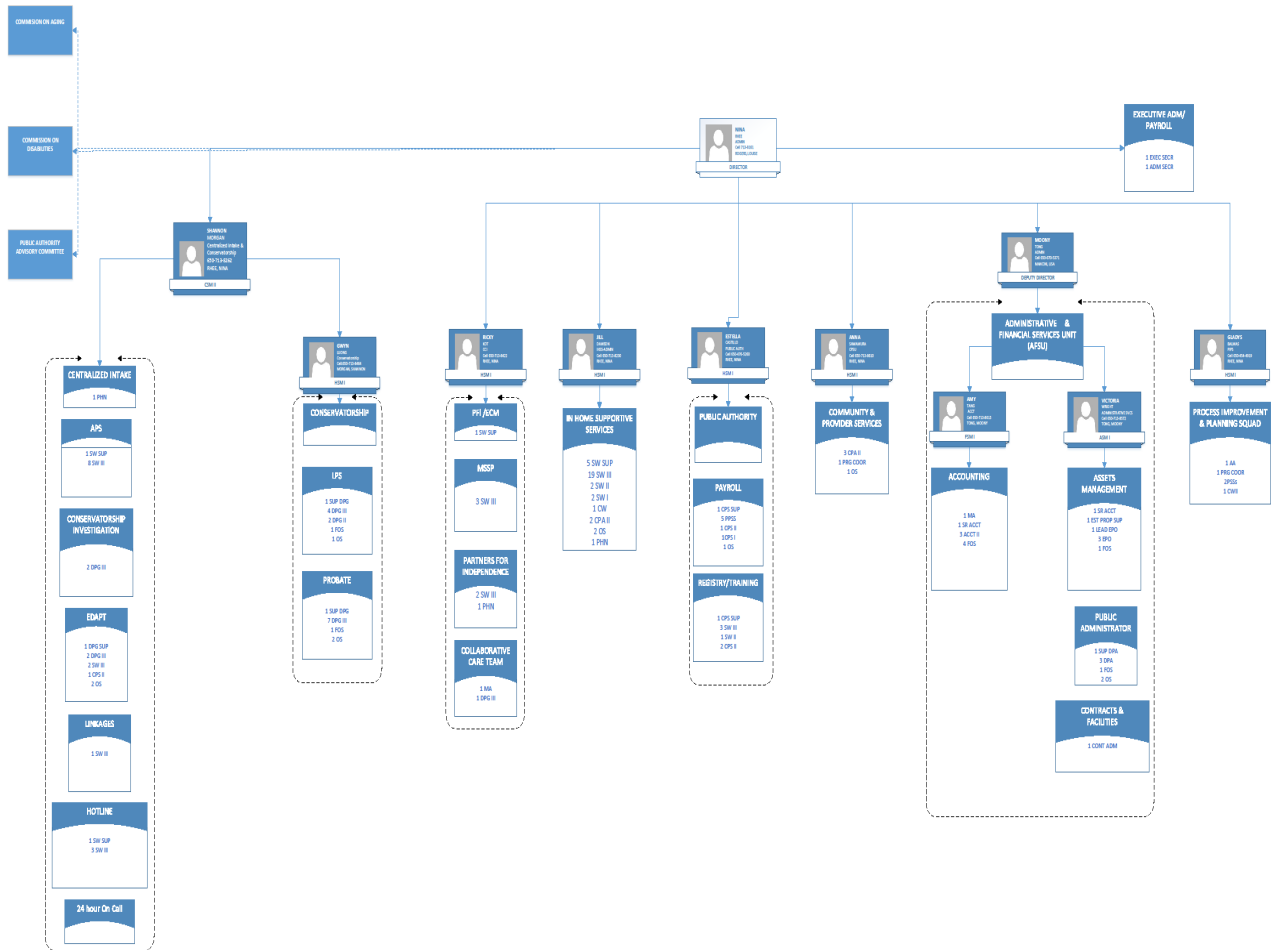


# Section 21: Organization Chart

## Aging and Adult Services Org Chart

### AAS Org Chart

02-2023





## PSA 8

# Area Agency on Aging Organization Chart 2023-2024

|  |  |
|--|--|
| Interim Director- NR   |  |
| Program Services Manager- AS<br>97.4% FTE Administration<br>1.2% HICAP<br>1.4% Direct Service B                                |  |
| Community Program Analyst II - AE<br>61.3% FTE Administration<br>25.0% Non OAA/OCA<br>12.0% HICAP<br>1.7% FTE Direct Service B | Community Program Analyst II – CU<br>93.0% FTE Administration<br>7.0% FTE Direct Service B |
| Community Program Analyst II – DM<br>90% FTE Administration<br>10% FTE Direct Services   |  |
| Program Coordinator- SH<br>100% FTE Administration   | Office Specialist – LJ<br>100% FTE Administration  |
| Senior Accountant – JL<br>45% Administration<br>2% HICAP<br>1% MIPPA<br>Accountant – YL<br>80% Administration<br>4% HICAP      |  |

## Section 22: Assurances

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

### A. Assurances

#### 1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

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

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older

individuals residing in rural areas in the area served by the provider;

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)(A)-(B)

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

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

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)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Provide assurances that funds received under this title will be used—

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

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

13: OAA 305(c)(5)

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

14. OAA

307(a)(7)(B)(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.

15. 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.

16. 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.

17. 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

18. 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.

19. OAA 307(a)(12)(A)

Any Area Agency on Aging, in carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

20. 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.

21. 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.

22. OAA 307(a)(26)

Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care. Code of Federal Regulations (CFR), Title 45 Requirements:

23. CFR [1321.53(a)(b)]

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

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

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

(2) Provide a range of options;

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

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

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

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

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

- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

24. 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.

25. 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.

26. CFR [1321.53(c)]

Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

27. 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.

28. CFR [1321.61(b)(4)]

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

29. 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.

30. 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.