

TRANSMITTAL LETTER
Four-Year Area Plan Update
2012-2016
FY 2015-2016

AAA Name: San Mateo County Aging and Adult Services

PSA Number: 8

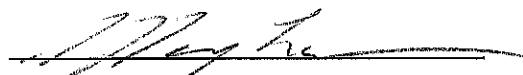
This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director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

1. Carole Groom

Signature: Governing Board President

Date

2. Mary Larenas


Signature: Advisory Council Chair

March 9, 2015
Date

3. Lisa Mancini


Signature: Area Agency on Aging Director

3/10/15
Date

FY 2015-2016 AREA PLAN UPDATE (APU) CHECKLIST
(Revised October 2014)

| AP Guidance Section | APU Components (To be attached to the APU) | Check if Included |
|---------------------|---|---|
| | ➤ <i>Update/Submit A) through F) ANNUALLY:</i> | |
| n/a | A) Transmittal Letter —(requires <u>hard copy</u> with original ink signatures or official signature stamp- <u>no photocopies</u>) | <input checked="" type="checkbox"/> |
| n/a | B) APU —(submit entire APU electronically only) | <input checked="" type="checkbox"/> |
| 2, 3, or 4 | C) Estimate of the number of lower income minority older individuals in the PSA for the coming year (pp. 18, 46) | <input checked="" type="checkbox"/> |
| 7 | D) Public Hearings that will be conducted (pp. 89- 90) | <input checked="" type="checkbox"/> |
| n/a | E) Annual Budget | <input type="checkbox"/> |
| 10 | F) Service Unit Plan (SUP) Objectives and Long Term Care Ombudsman Program Measures and Targets (pp.109-154) | <input checked="" type="checkbox"/> |
| | ➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2012/16 Area Plan:</i> | <div>Mark Changed/Not Changed (C or N/C)</div> <div>C N/C</div> |
| 5 | Minimum Percentage/Adequate Proportion | <input type="checkbox"/> <input type="checkbox"/> |
| 5 | Needs Assessment ¹ | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9 | AP Narrative Objectives: | |
| 9 | System-Building and Administration | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9 | Title III B-Funded Programs | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9 | Title III B-Transportation | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9 | Title III B-Funded Program Development/Coordination (PD or C) (p. 105) | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 9 | • Title III B/VIIA-Long-Term Care Ombudsman/Elder Abuse Prevention Program | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9 | Title III C-1 | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9 | Title III C-2 | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9 | Title III D | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 20 | Title III E-Family Caregiver Support Program (pp. 172-173) | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 9 | Title V-SCSEP Program | <input type="checkbox"/> <input type="checkbox"/> |
| 9 | HICAP Program (pp. 137- 141) | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 13 | Priority Services (pp. 150-151) | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 14 | Notice of Intent-to Provide Direct Services (p. 153- 154) | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 15 | Request for Approval-to Provide Direct Services | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 16 | Governing Board (p. 159) | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 17 | Advisory Council (pp. 161-163) | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 18 | Legal Assistance (pp. 165-167) | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 21 | Organizational Chart(s) | <input type="checkbox"/> <input checked="" type="checkbox"/> |

¹ Prior to the development of the 2016/2020 Area Plan, at least one Needs Assessment must be conducted.

Section 2. Description of Planning and Service Area 8



Physical Characteristics of San Mateo County

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

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

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

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

¹ San Mateo County Planning and Building Division

San Mateo County

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

Figure 1 below provides a map of SMC.



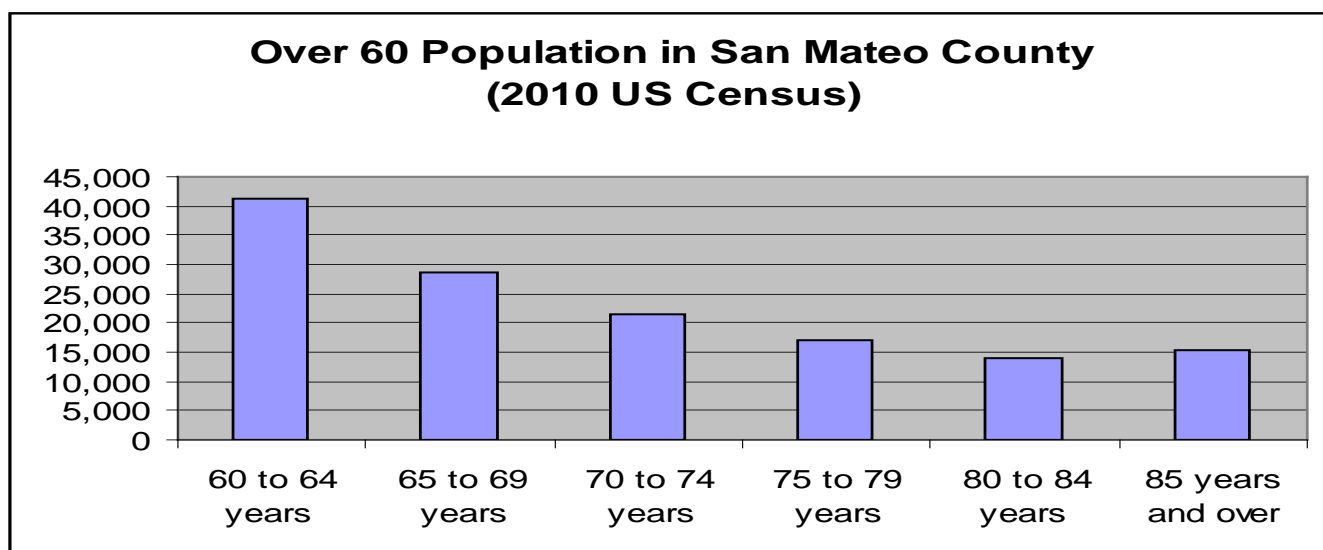
Demographic Characteristics of San Mateo County

Current Older Adult Population

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

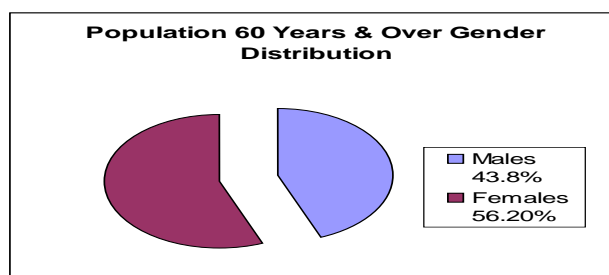
According to the 2010 Census, the number of those ages 60 and over is 137,584, or 19% of the total population for SMC. The current age breakdown for older adults is the following: 60 to 64 years-41,322; 65 to 69 years-28,485; 70 to 74 years-21,500; 75 to 79 years-16,888; 80 to 84 years-14,085; and 85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

Figure 2



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

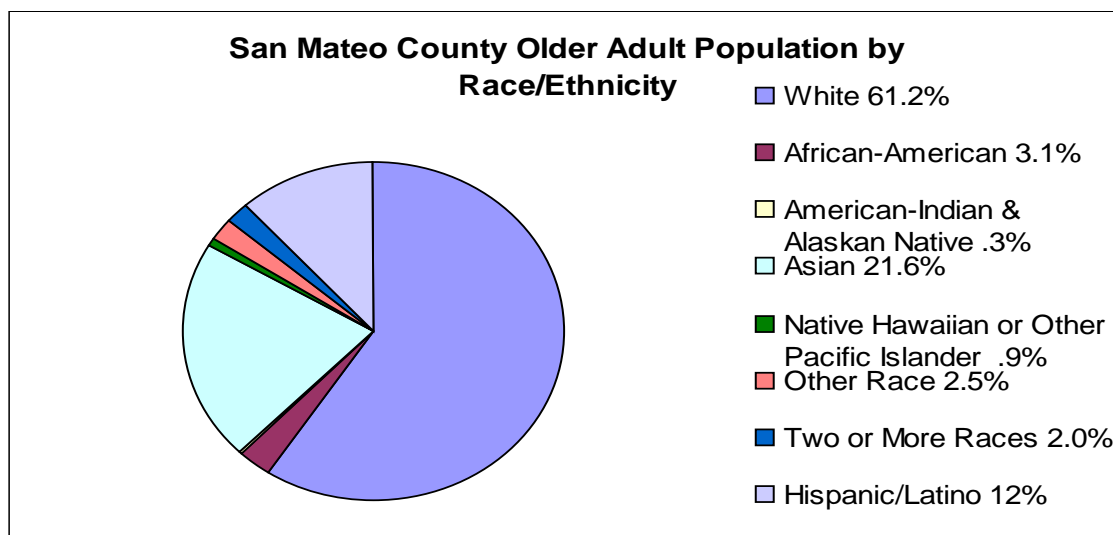
Figure 3



Minority Populations

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

Figure 4



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

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

Figure 5

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

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

Figure 6

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

Linguistic Isolation

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

Figure 7

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

The 2006-2010 ACS 5-Year Estimates indicate that in SMC, 37% of older adults ages 60 and older speak a language other than English. Furthermore, 21% speak English less than “very well”. Figure 8 provides details of the population ages 65 years and over who speak English “very well” and “less than very well”. The population is separated by the language spoken at home. (See Attachment 1 for details on English proficiency in adults 18 years and over.)

Figure 8

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

Economic Status

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

Figure 10 indicates that although a slight majority of households in SMC earned between \$100,000 to \$149,000 a year (18.6%), about 6.1% of households earn less than the 2011 Department of Health and Human Services Federal Poverty Level (FPL) of \$14,710 for a family of two living in the contiguous states, including Washington D.C. The following data is according to 2010 ACS 1-Year Estimate for households including someone 60 years and over. Seventy percent of households in SMC with someone

over the age of 60 receive Social Security benefits, with the average yearly Social Security benefit being \$18,257. Six percent of households in SMC receive Supplemental Social Security Income (SSI), with the average benefit from SSI being \$9,402. One percent of households receive public assistance income, with the average income received from cash aid at \$9,454. Forty-one percent of households receive retirement income with the average income being \$30,138.

Figure 9

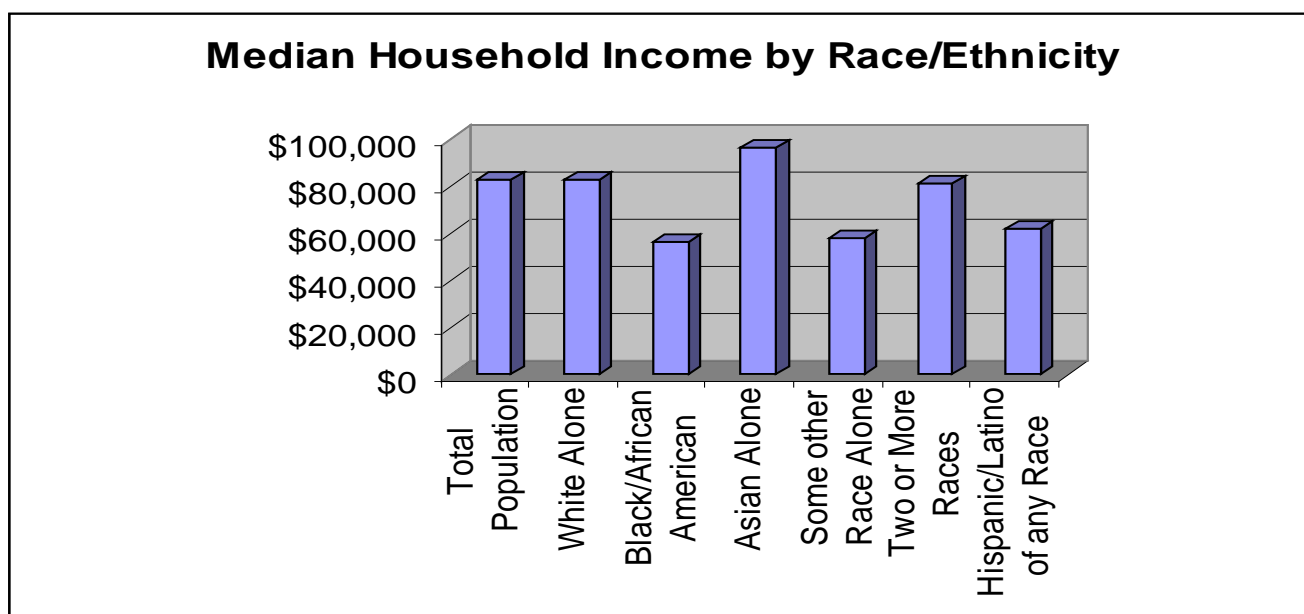


Figure 10

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

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

Figure 11

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

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

Figure 12

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

Estimate of Lower Income Minority Older Adults in PSA 8

For FY 15-16, the estimated number of low income minority older individuals constitutes 58% of the population that is 65 years and over and below the poverty level, or 3,642 people. The minority populations included in this estimate are: Asian, American Indian and Alaskan Native, Black/African American, Hispanic/Latino, Native Hawaiian and other Pacific Islanders, the population that is two or more races, and populations that are some other race (excluding White and the aforementioned races). According to the U.S. Census Bureau, poverty thresholds for 2014 were set at \$11,354 for one person 65 years and over and \$14,309 for two people over 65 years old.

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

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

Specific to older adults, an Elder Economic Security Standard Index (Elder Index) for California demonstrates that the federal poverty guideline covers less than half of the basic costs for adults age 65 and older in California. The Elder Index provides a calculation of a basic income needed to "make ends meet" for retired adults age 65 and older for every county. According to U.S. Department of Health and Human Services, the 2014 FPL is \$11,670 for a single person living in the 48 contiguous states and the District of Columbia. However, according to the Elder Index that calculates on county-specific information, the basic income needed to meet basic needs is \$29,442 for a single older adult with good health that is renting a one-bedroom unit in SMC. To meet

basic needs, annually, a single home owner without a mortgage would need \$18,180 and a single owner with a mortgage would need \$42,096. For an older couple residing in SMC, the Elder Index calculates the cost of living to be \$38,870 for renters of a one-bedroom place, \$27,608 for those without a mortgage and \$51,524 for those with a mortgage. These estimates for SMC are significantly higher than the guidelines based on the FPL that is not county nor state specific.

According to the Elder Index, in order to accurately identify those without adequate incomes in SMC, the FPL would need to be raised 167% to 270% for a single older adult and 188% to 264% for an older couple.

The Elder Index demonstrates that older adults require an income of at least 200% of the FPL to age in place with dignity and autonomy without relying on public programs. Researchers at UCLA recommend that programs that do not use the Elder Index should consider using a minimum of 200% of the FPL to determine income eligibility (See Attachment 2 for the San Mateo County, CA 2011 Elder Economic Security Standard Index).

Education

According to the 2008-2010 ACS 3-Year Estimates, a majority (44%) of the population in SMC has a bachelor's degree, including those 60 years and over (37%). For those

over 60, variations exist by city in educational attainment with Redwood City having the highest average education and San Mateo having the lowest (See Figure 13).

Figure 13

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

Housing and Living Situation

Housing

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

A lack of affordable housing units limits people's ability to live in SMC. In September, 2008, the SMC Housing Authority developed a lottery to establish a new waiting list for Section 8 housing vouchers for 3,600 applications. This was implemented after the application period was open for one week from 7/7-7/12/08 and 23,000 applications were received. As of 9/30/11, there were 1,106 Section 8 waiting list applicants remaining on the wait list after all available spots were taken. In addition, 4,439 families were on alternate project-based waiting lists outside of Section 8 housing.

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

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

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

Home Foreclosures

For the 2009-2010 tax year, property values in SMC decreased over 4 million dollars. The cities that sustained the most significant loss in property value were San Mateo, Daly City, and South San Francisco. In 2010, there were 3,859 pre-foreclosures

(payment default), 3,758 foreclosures (the start of the legal process for foreclosure) and 1,369 completed foreclosures (home is owned by the lender). From January to July 2011, East Palo Alto, Brisbane, South San Francisco and Daly City had the highest pre-foreclosure rates in the County. The foreclosure rate per 1,000 homes was the lowest in Hillsborough (5.4) and the highest in East Palo Alto (23). Mid-priced homes between \$500,000 and \$600,000 are most likely to end up bank owned.

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

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

Living Situation

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

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

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

grandchildren, 69% are 60 years and over.

Homelessness

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

Employment

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

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

Figure 14

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

Targeted Populations: Adults with Disabilities

18-64 Years

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

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

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

65 Years and Over

The estimated non-institutionalized population 65 and older with a disability is 28,876 or 31% of the total in this age group (See Figure 15). Males 65 to 74 years old have a higher percentage of disabilities as compared to females. Once over the age of 75,

females with disabilities outnumber the males (See Figure 16). When broken down by race, the percentage for those ages 65 and older with a disability are: White 31%, Black or African-American 36%, Asian 31%, Hispanic/Latino 34%, and some other race 46%. Nine percent of the older adult population with a disability had an income in the past twelve months that was below the poverty level.

Figure 15

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

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

Figure 16

| Sex by Age Disability Characteristics for San Mateo County | | |
|---|--------------------------|--------------------------------|
| Age | Males | Females |
| 18 to 34 Years | 2,517 | 1,821 |
| Total Male Pop: 78, 573 Total Female Pop: 74,100 | 3.2% of male population | 2.5% of the female population |
| 35 to 64 years | 10,603 | 8,564 |
| Total Male Pop: 149,137 Total Female Pop: 155,008 | 7.1% of male population | 5.5% of the female population |
| 65 to 74 years | 3,984 | 4,708 |
| Total Male Pop: 21,773 Total Female Pop: 26,447 | 18.3% of male population | 17.8% of the female population |
| 75 years and over | 7,123 | 13,061 |
| Total Male Pop: 17,440 Total Female Pop: 26,792 | 41.1% of male population | 48.7% of the female population |
| Source: 2008-2010 American Community Survey 3-Year Estimates | | |

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

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

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

Figure 17

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

Source: 2006-2010 American Community Survey 5-Year Estimates (Households and Families)

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

- The largest group of respondents resided in Pacifica (36=12%), Redwood City (32=10%) and San Mateo (31=10%).

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

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

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

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

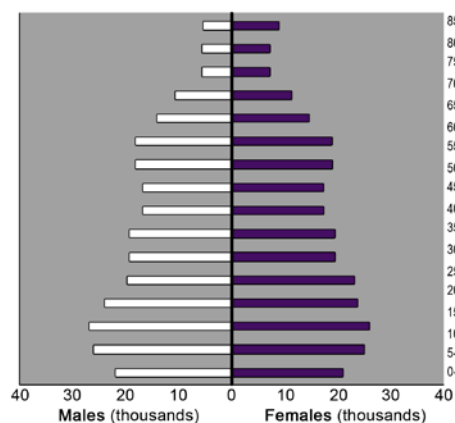
Planning for Future Demographic Changes

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

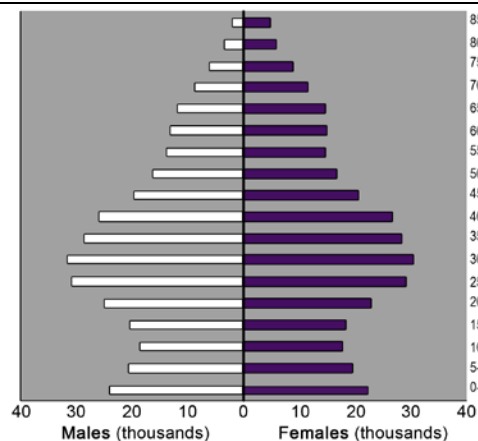
Figure 18 **San Mateo County Aging Pyramids**

| | |
|------------------------|------------------------|
| San Mateo County: 1970 | San Mateo County: 1990 |
|------------------------|------------------------|

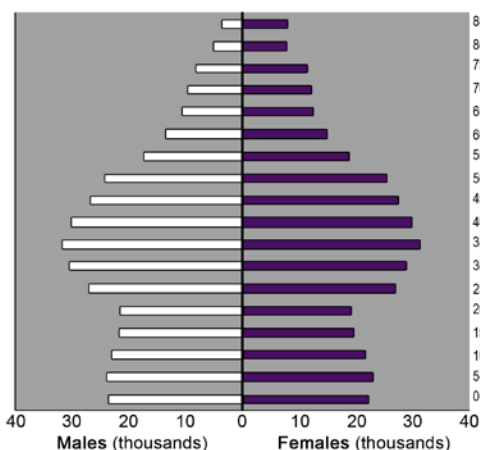
San Mateo County



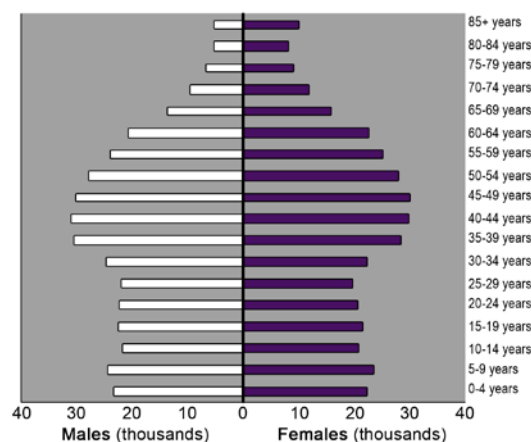
San Mateo County: 2000



San Mateo County: 2010



San Mateo County: 2020

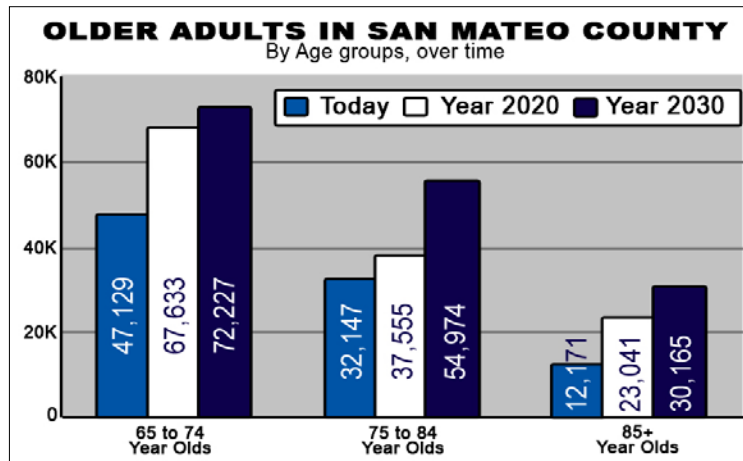


San Mateo County: 2030

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

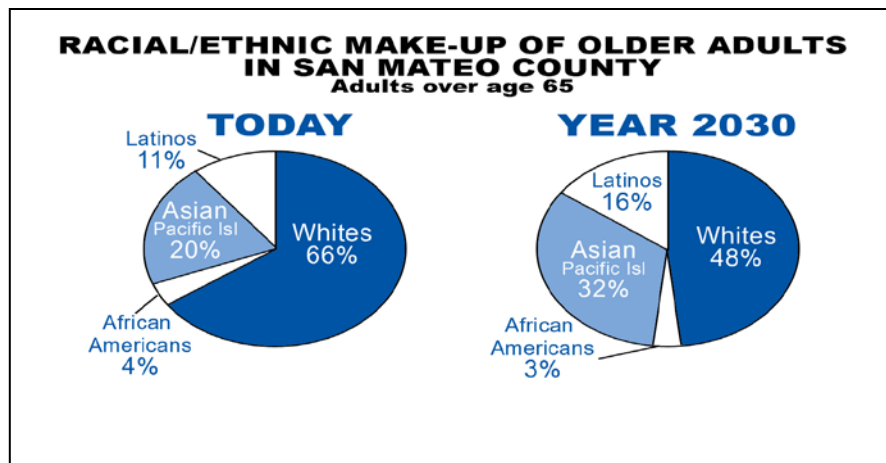
Data indicates that SMC will have 53% more adults between the ages of 65 and 74 by the year 2030 than there are today. The 75 to 84 year old age group will experience a 71% increase by the year 2030. The largest increase will occur in adults over the age of 85 as the number is projected to increase 148%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

Figure 19



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

Figure 20



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

Figure 21

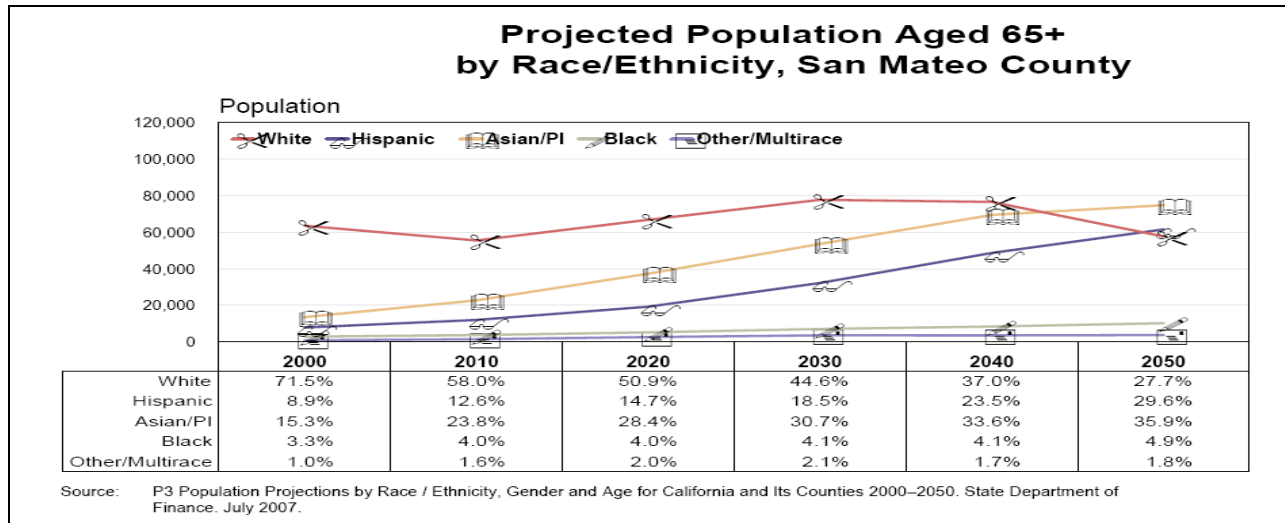
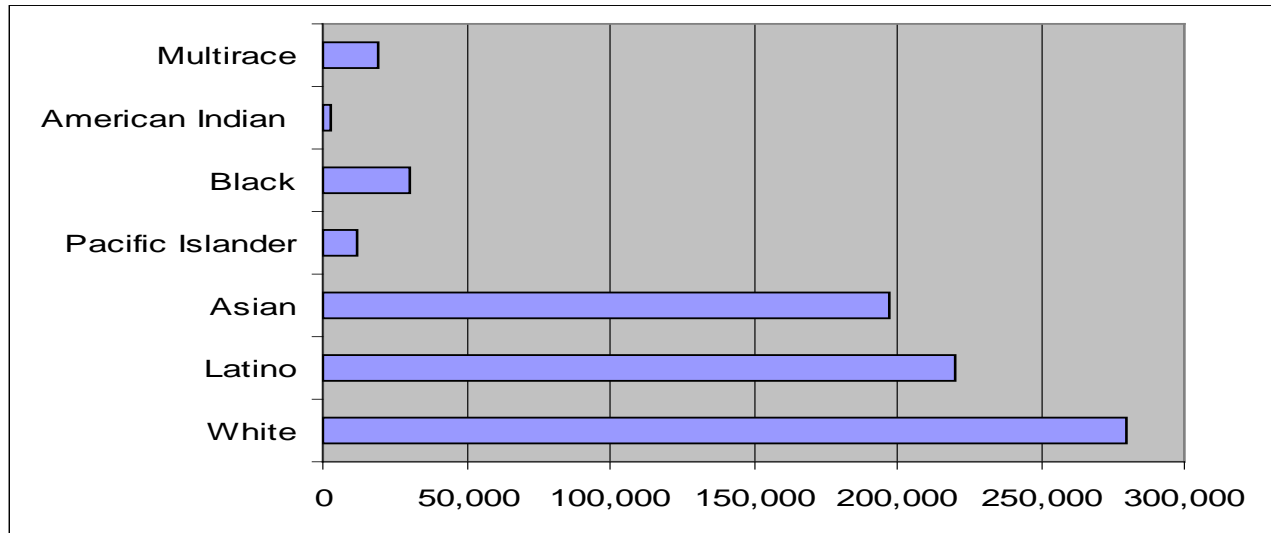


Figure 22 details the California State Department of Finance population projections by race and ethnicity for SMC for 2020. The total population is expected to be 761,455. The breakdown is as follows: White-280,023 (37%); Hispanic/Latino-220,258 (29%); Asian-197,659 (26%), Pacific Islander-11,642 (2%);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

Figure 22



Healthy Community Collaborative of San Mateo County

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

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

Health Care

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

Risk Factors

SMC residents have significant health risk factors including:

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

Health Conditions and Diseases

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

Cancer

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

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

Heart Disease

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

AIDS

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

Mental Health

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

Falls

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

Figure 23

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

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

Figure 24

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

Quality of Life

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

Unique Resources and Constraints for San Mateo County

Resources

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

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

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

Constraints

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

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

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

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

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

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

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

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

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

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

Description of Challenges by City or Area within the PSA

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

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

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

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

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

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

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

Service System: Challenges and Successes

AAS Leadership Challenges

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

Community-based Program Challenges

Funding

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

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

Adult Day Care (ADC)

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

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

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

Serving a Multicultural Community

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

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

Priorities in Services

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

AAS Leadership Successes

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

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

Community-Based Program Successes

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

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

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

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

Section 3. Description of the Area Agency on Aging



Aging and Adult Services of San Mateo County

Providing Leadership

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

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

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

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

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

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

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

Organizational Changes within the AAA and AAS

ADHC/CBAS

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

Housing-Nursing Facility

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

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

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

Public Administrator

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

The Public Administrator's primary duties are to:

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

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

Long-Term Care Integration (LTCI)

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

The core concepts of LTCI are to:

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

Health Promotion (Title III D) Evidence-Based Program Requirements

In Federal FY 2012, the Congressional Appropriations Law included an evidence-based requirement for health promotion programs. In response to the requirement, The Administration on Aging developed an evidence-based definition to support the transition that included three tiers (minimal criteria, intermediate criteria, and highest level criteria) for a program to qualify as evidence based. In California, beginning on July 1, 2016, Title IIID funds will only be able to be used for health promotion programs that meet the highest-level criteria.

The AAA currently contracts with Mills-Peninsula Senior Focus for IIID services to operate "Wise and Well" (W & W), to provide health education services at five senior centers that focus on serving low income, culturally diverse, and medically underserved populations. In order to meet the minimum evidence-based requirements, the current program focuses on blood pressure management and control. W & W will continue to be funded accordingly through June 30, 2016. Beginning in in fiscal year 2016-2017, the Request for Proposal for community-based contracts for health promotion programs will be based on the Area Plan needs assessment and will meet the highest level of criteria for evidence-based programs.

Community Service Areas within San Mateo County

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

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

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

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

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

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

Advisory Bodies

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

Developing the Service Delivery System of Goals for the AAA and

Other Service Delivery Systems

New Beginning Coalition

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

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

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

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

Other Service Deliver Systems: Services within San Mateo County

Human Services Agency

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

Behavioral Health and Recovery Services

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

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

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

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

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

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

Community-Based Organizations (CBOs)

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

SECTION 7. PUBLIC HEARINGS**PSA #8**

At least one public hearing must be held each year of the four-year planning cycle.

CCR Title 22, Article 3, Section 7302(a) (10) and Section 7308, OAA 2006 306(a)

| Fiscal Year | Date | Location | Number of Attendees | Presented in languages other than English? Yes or No | Was hearing held at a Long-Term Care Facility? Yes or No |
|--------------------|-------------|-------------------------------|----------------------------|---|---|
| 2012-13 | 03/12/12 | 225 37th Avenue, San Mateo | 30 | No | No |
| 2013-14 | 03/11/13 | 225 37th Avenue, San Mateo | 25 | No | No |
| 2014-15 | 3/10/14 | 225 37th Avenue, San Mateo | 21 | No | No |
| 2015-16 | 3/9/15 | 225 37th Avenue, San Mateo | 30 | 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 Francisco Examiner, the local newspaper with the highest circulation in San Mateo County, 30 days prior to the hearing. In order to reach the homebound, the notice was delivered to the Home-Delivered Meal participants with their meal 30 days prior to the hearing. The notice was also sent to all contracted Older Americans Act (OAA) providers and the units of local government (city councils) in the service area for PSA 8. In order to reach non-contracted providers and the community at large, the notice was e-mailed to the New Beginning Coalition membership (a group of consumers and providers) and the Commissioners on the Commission on Aging (CoA) and Commission on Disabilities. CoA Commissioners distributed the public hearing notice through their networks. In order to reach older adults that may not be connected to OAA programs, especially those that are institutionalized, 500 copies of the notice were given to the Ombudsman program for delivery to senior housing sites, skilled nursing facilities, and residential care facilities for the elderly. The public hearing was announced and the notice

was distributed by the Planner at community meetings throughout the months of January, February, and the first week of March.

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

☒ Yes. Go to question #3

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

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

No comments were received for PD and C.

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

☒ Yes. Go to question #5

☐ No, Explain:

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

Comments centered on how the needs assessment process is used to set adequate proportion funding for priority services.

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

Related to the FY 2012-2016 Area Plan needs assessment findings, an issue that arose was the need for flexibility in funding in order to address community needs that may not be funded through the Older Americans Act. Most of the comments received related to the needs assessment conducted for this current Area Plan and the needs assessment process that will be implemented for the FY 2016-2020 Area Plan. Comments included how to increase awareness about the Area Plan, how Commission on Aging Commissioners can get involved in the process, how to engage community groups that have not been involved in past Area Plan needs assessment efforts, including the for-profit business community.

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

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

Goal #1

| Promote a Holistic Approach to Health, Well-being, and Safety | | | |
|--|--------------------------------------|-----------------------------------|---------------|
| Rationale: As was noted through the Area Plan needs assessment, physical and behavioral health issues disproportionately affect older adults, adults with disabilities, and caregivers. In order to maximize this community's ability to live independently, PSA 8 will promote a holistic approach to healthy aging in San Mateo County. | | | |
| Objective 1.1: The AAA will provide leadership on physical and behavioral health and wellness by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Supporting the community's capacity to assist older adults, adults with disabilities, and caregivers in maintaining health by supporting programs serving targeted communities. | July 2012 through June 2016 | | Cont. |
| (b) Working with the Health Plan of San Mateo on Long-Term Care Integration to improve the health of members, particularly members that are dual eligible (Medi-Cal and Medicare). | July 2012 through June 2016 | PD | Cont. |
| Objective 1.2: The AAA will improve access to behavioral health services through prevention/early detection of disease by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Providing information about community based services, such as the Senior Peer Counseling Program, Adult Day services, and other community-based programs. | July 2012 through June 2016 | | Cont. |
| (b) Collaborating with Behavioral Health and Recovery's (BHRS) Older Adult Committee and the Suicide Prevention Initiative on researching tools for screening depression. | July 2013 through June 2016 | C | Cont. |

| Objective 1.3: The AAA will continue partnerships and collaborations to improve health, well-being and safety by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
|---|--------------------------------------|-----------------------------------|---------------|
| (a) Collaborating with BHRS' Older Adult Committee on the planning and implementation of the forum for older adult service providers in 2013. | July 2012 through June 2013 | C | Completed |
| (b) Collaborating with BHRS' Older Adult Committee on the implementation of a training for older adult service providers on recognizing depression. | July 2014 through June 2016 | C | Cont. |
| (c) Collaborating with BHRS' Health Equity Initiatives in order to ensure that the needs of older adults are included. | July 2012 through June 2016 | | Cont. |
| (d) Collaborating with BHRS' Older Adult Committee and the Suicide Prevention Workgroup to integrate with existing work on suicide prevention. | July 2012 through June 2016 | PD | Cont. |
| (e) Collaborating with BHRS and the Public Authority to train IHSS providers on working with clients with mental health conditions and substance abuse issues. | July 2012 through June 2016 | C | Cont. |
| (f) Collaborating with the Active Access Collaborative to ensure the physical activity needs of older adults are included. | July 2012 through June 2016 | | Cont. |
| (g) Collaborating with the Fall Prevention Task Force (FPTF) in order to address the fall prevention needs of older adults through the implementation of the FPTF Strategic Plan. | July 2012 through June 2016 | | Cont. |
| (h) Collaborating with the FPTF on community awareness activities about fall prevention, such as during Fall Prevention Week. | July 2013 through June 2016 | C | Cont. |
| (i) Coordinating with the County Nutrition Action Plan providers (collaborative of providers in San Mateo County that receive funds from USDA) on issues such as the development of a consistent nutrition education message among partners/initiatives and the promotion of wellness policies. | January 2014 through June 2016 | C | New |
| (j) Continually seeking new partners/collaborators that are working on this issue. | July 2012 through June 2016 | | Cont. |

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

Goal #2

| Support Options for Increased Mobility | | | |
|--|--------------------------------------|-----------------------------------|---------------|
| Rationale: In San Mateo County, getting around without a car is challenging. Lack of transportation options can lead to poor health outcomes and may lead to isolation. Needs assessment findings show that transportation is a concern for older adults, adults with disabilities and caregivers. Fifty-three percent of the AAA needs assessment respondents do not use public transportation and 28% find public transportation difficult to use. Other community needs assessments of San Mateo County have also found that transportation is an issue for older adults and adults with disabilities. | | | |
| Objective 2.1: AAA will promote transportation options for older adults and adults with disabilities by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Participating in transportation planning efforts in the community. | July 2012 through June 2016 | | Cont. |
| Objective 2.2: AAA will explore partnerships and collaborations to improve transportation options by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Collaborating with New Beginning Coalition (NBC) to engage the local community (including transportation providers) in conceiving new mobility options. | July 2012 through June 2016 | C | Cont. |
| (b) Hosting a meeting with NBC and transportation/mobility stakeholders to discuss addressing the needs/issues of older adults, adults with disabilities, and their caregivers. | January 2013 through April 2013 | | Completed |
| (c) Collaborating with SamTrans and Peninsula Jewish Community Center's Get Up and Go program in a coordinated, cooperative effort to promote mobility for older adults who have difficulty using existing transportation. | January 2014 through April 2016 | C | New |
| (d) Participating in the Senior Mobility Initiative to improve transportation services, resolve service delivery problems, and address the transportation service needs of older adults, adults with disabilities, and their caregivers. | July 2012 through June 2016 | C | Cont. |
| (e) Exploring additional partners/collaborators that are working on this issue and involve them with NBC. | July 2012 through June 2016 | | Cont. |

Goal #3

| Support Opportunities to Remain Socially Connected to Friends, Family, and the Community | | | |
|--|--------------------------------------|-----------------------------------|---------------|
| Rationale: The policy brief titled “Maintaining the Health of an Aging San Mateo County” states that older adults experience social isolation and have feelings of loneliness as a result of reduced interactions with family and friends and withdraw from social contact. The AAA needs assessment findings indicate 12% of respondents state isolation is a serious problem. Eleven percent state loneliness is a serious problem. In stakeholder forums, isolation/lack of relationships was in the top 5 list of issues/concerns for the clients they serve. | | | |
| Objective 3.1: The AAA will advocate for reinventing the traditional senior center by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Utilizing New Beginning Coalition (NBC) meetings to begin discussion about the future needs of senior centers. | July 2012 through June 2013 | | Completed |
| (b) Collaborating with the Commission on Aging’s (CoA) Adopt-a-Senior Center Committee to share best practices, innovative ideas, and provide technical assistance to senior centers. | July 2012 through June 2016 | C | Completed |
| (c) Collaborating with NBC to identify naturally occurring public gathering spaces where information and socialization for older adults can occur. | July 2012 through June 2016 | C | Completed |
| Objective 3.2: The AAA will explore partnerships and collaborations to increase volunteer opportunities for older adults and adult with disabilities by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Participating and promoting Directors of Volunteers In Agencies (DOVIA). | July 2012 through June 2016 | | Cont. |
| (b) Collaborating with Project Search to provide employment training opportunities for young adults with disabilities. | July 2012 through June 2016 | | Cont. |

| Objective 3.3: The AAA will support older adults, adults with disabilities, and their caregivers/care partners to remain socially connected by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
|---|--------------------------------------|-----------------------------------|---------------|
| (a) Assessing and engaging partners/collaborators that are working on this issue that are not currently involved with Aging and Adult Services and/or the NBC. | July 2012 through June 2016 | | Cont. |
| (b) Collaborating with NBC and CoA's Adopt a Senior Center Committee to identify ways to reach out to isolated older adults (i.e. the home-bound, Brown Bag participants, homeless older adults and members of the Lesbian Gay Bisexual Transgender community). | July 2012 through December 2013 | C | Completed |
| (c) Collaborating with NBC and CoA's Outreach to Isolated Seniors Committee, formerly the Adopt a Senior Center Committee, to identify ways to reach out to isolated older adults (i.e. the home-bound, Brown Bag participants, homeless older adults and members of the Lesbian Gay Bisexual Transgender community). | January 2014 through June 2016 | C | New |
| (d) Promote existing programs and assessing new programs that provide support for caregivers/care partners. | July 2012 through June 2016 | | Cont. |
| (e) Researching urban agriculture and community garden opportunities available through the San Mateo County Food System Alliance. | July 2012 through June 2014 | | Completed |
| (f) Increasing and promoting community gardens through the County Nutrition Action Plan partners. | January 2014 through June 2014 | C | New |

Goal #4

| Promote a Community-based System of Care that Supports Independence | | | |
|---|--------------------------------------|-----------------------------------|---------------|
| <p>Rationale: The policy brief titled “Maintaining the Health of an Aging San Mateo County” states that unless we make significant changes, tomorrow’s older adults will need healthcare and community-based services far beyond what our public and private systems can provide. PSA 8 will promote healthy aging for older adults in San Mateo County, in order to maximize the older adults’ ability to live independently. Consistent with other local needs assessment findings, San Mateo County stakeholder forum findings indicate that service providers and Commission on Aging Commissioners see “Receiving services and benefits” as an issue/concern for the clients they serve or the people they interact with in the community. Thirteen percent of community respondents rated “Obtaining information about services/benefits” as a serious problem and twelve percent of respondents rated “Receiving services/benefits” as a serious problem that affected their quality of life.</p> | | | |
| Objective 4.1: The AAA will improve access to services by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Coordinating with the New Beginning Coalition (NBC), the Commission on Aging (CoA) the Commission on Disabilities (CoD), and providers to evaluate current methods of disseminating information to clients and providers. | July 2012 through June 2016 | | Cont. |
| (b) Coordinating with the NBC, the CoA, the CoD, and providers to implement strategies to increase awareness about available services in the community for older adults, adults with disabilities, and their caregivers. | July 2012 through June 2016 | | Cont. |
| (c) Collaborating with the Spirituality Initiative to identify faith or spiritually-based communities to increase outreach to targeted populations. | July 2012 through June 2016 | C | Cont. |
| (d) Collaborating with the NBC in order to Identify outreach methods that are effective in engaging private businesses (such as grocery stores) to promote services available in the community. | July 2013 through June 2016 | C | Cont. |

| | | | |
|---|--------------------------------------|-----------------------------------|---------------|
| (e) Creating avenues to enhance communication among service providers to create an integrated network of services by avoiding duplication of services, resolving service delivery problems, and addressing the service needs of older adults, adults with disabilities, and their caregivers. | July 2012 through June 2016 | C | Cont. |
| (f) Collaborating with the CoA's Community-based Continuum of Care Committee to improve the Network of Care site and usage by providers, older adults, adults with disabilities, and their caregivers. | July 2012 through June 2016 | C | Deleted |
| (g) Collaborating with the Health Plan of San Mateo for an integrated system of care by participation in the Steering Committee. | July 2012 through June 2016 | PD | Cont. |
| (h) Coordinating with the NBC, the CoA, the CoD and providers to improve access, utilization, and delivery of services for older adults, adults with disabilities and their caregivers/care partner. | July 2012 through June 2016 | C | Cont. |
| (i) Collaborating with the Community-based Continuum of Care Committee to identify sites for distribution of the Help at Home information to maximize use in the community. | July 2013 through June 2016 | C | Deleted |
| (j) Developing and implementing a regionally-based Information & Assistance program within each of the four community service areas. | July 2013 through June 2016 | C | Completed |
| Objective 4.2: The AAA will explore the financial needs of older adults and adults with disabilities by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Collaborating with the CoA to provide information to the community on financial wellness. | July 2013 through June 2016 | C | Cont. |
| Objective 4.3: The AAA will explore the needs of the community in long-term care facilities by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Developing and implementing a survey in collaboration with the Ombudsman Program and NBC. | July 2012 through June 2013 | C | Cont. |
| (b) Collaborating with the NBC on identifying objectives and activities based on the long-term care needs assessment. | July 2014 through June 2016 | | Cont. |

| Objective 4.4: The AAA will educate and increase awareness about elder abuse prevention by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
|--|--------------------------------------|-----------------------------------|---------------|
| (a) Collaborating with the CoA Adult Abuse Prevention Committee on an elder abuse prevention project (i.e. presentations, participation in community events, etc.). | July 2012 through June 2016 | C | Cont. |
| (b) Collaborating with the CoA Adult Abuse Prevention Committee, Behavioral Health and Recovery Services' Older Adult Committee, and the Hoarding Task Force to determine ways to address hoarding in the community. | July 2013 through June 2016 | C | Cont. |
| (c) Increasing the membership of the CoA Adult Abuse Prevention Committee. | July 2012 through June 2016 | | Cont. |
| Objective 4.5: The AAA will promote a community-based system of care that supports independence by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Engaging partners/collaborators that are interested in the development of the system and are not currently involved with Aging and Adult Services and/or the NBC. | July 2012 through June 2016 | | Cont. |
| (b) Holding a networking meeting with organizations working with older adults to expand and integrate the older adult system of care. | July 2012 through June 2016 | | Cont. |
| (c) Participating in the SCAN Foundation's Community of Constituents Initiative that seeks to improve systems change/integrations of services for older adults and adults with disabilities. | January 2014 through June 2016 | C | Cont. |

Goal #5

| Promote Cultural Competence throughout the Service Planning and Delivery System | | | |
|---|--------------------------------------|-----------------------------------|---------------|
| Rationale: In order to effectively serve our increasingly diverse community, San Mateo County is in need of a system of services that is sensitive to language, culture, gender, and sexual orientation and the needs of adults with disabilities. While many agencies have made progress towards this goal, it is important that this issue be addressed from a system perspective. The network must ensure that our service-delivery system is capable of meeting the needs of our future generations of older adults and adults with disabilities by ensuring its evolution towards one that is culturally competent at all levels of the system. | | | |
| Objective 5.1: The AAA will promote cultural competence in the service delivery system by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Developing a cultural competency toolkit for service providers in collaboration with New Beginning Coalition's (NBC) Cultural Competence Committee. | July 2012 through June 2016 | C | Cont. |
| (b) Offering cultural competence support to other Area Plan workgroups in collaboration with NBC's Cultural Competence Committee. | July 2012 through June 2016 | | Cont. |
| (c) Continuing discussion with Behavioral Health and Recovery Services (BHRS) about implementing a training for Aging and Health Services staff and/or contractors in order to increase awareness of specific needs about Lesbian, Gay, Bisexual, Transgender (LGBT) older adults. | July 2013 through June 2016 | | Cont. |
| (d) Identifying partners/collaborators that are working on this issue that are not currently involved with Aging and Adult Services and/or the NBC. | July 2012 through June 2016 | | Cont. |
| (e) Identifying cultural competence trainings being provided in the community by providers that were not included in the Cultural Competence Committee survey. | July 2012 through June 2016 | | Cont. |

| Objective 5.1: The AAA will promote cultural competence in the service delivery system by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
|--|--------------------------------------|-----------------------------------|---------------|
| (f) Exploring including language about cultural competence in the Older Americans Act contracts. | July 2012 through June 2016 | | Cont. |
| Objective 5.2: The AAA will seek to increase the visibility of underrepresented communities by: | Projected Start and End Dates | Title III B Funded PD or C | Status |
| (a) Collaborating with PRIDE on assessing how the community at large can become knowledgeable about the history of the LGBT community (i.e. through a panel discussion, placement of a Rainbow table and/or posters at senior centers, and activities during Pride Month). | July 2012 through June 2016 | C | Cont. |

Sections 10: Service Unit Plan (SUP) Objectives

San Mateo County Area Plan 2012-2016



SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 8

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

1. Personal Care (In-Home)

Unit of Service = 1 hour

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

2. Homemaker

Unit of Service = 1 hour

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

3. Chore

Unit of Service = 1 hour

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

4. Home-Delivered Meal

Unit of Service = 1 meal

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 138,308 | 1, 4 | |
| 2013-2014 | 135,810 | 1, 4 | |
| 2014-2015 | 125,032 | 1, 4 | |
| 2015-2016 | 125,032 | 1.4 | |

5. Adult Day Care/Adult Day Health

Unit of Service = 1 hour

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 2,747 | 1, 3, 4 | |
| 2013-2014 | 2,747 | 1, 3, 4 | |
| 2014-2015 | 3,398 | 1, 3, 4 | |
| 2015-2016 | 3,272 | 1, 3, 4 | |

6. Case Management

Unit of Service = 1 hour

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

7. Assisted Transportation

Unit of Service = 1 one-way trip

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

8. Congregate Meals

Unit of Service = 1 meal

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 117,000 | 1, 2, 4 | |
| 2013-2014 | 119,200 | 1, 2, 4 | |
| 2014-2015 | 120,569 | 1, 2, 4 | |
| 2015-2016 | 120,569 | 1, 2, 4 | |

9. Nutrition Counseling

Unit of Service = 1 session per participant

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 50 | 1, 4 | |
| 2013-2014 | 50 | 1, 4 | |
| 2014-2015 | 67 | 1, 4 | |
| 2015-2016 | 60 | 1, 4 | |

10. Transportation

Unit of Service = 1 one-way trip

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 56,511 | 2 | |
| 2013-2014 | 80,956 | 2 | |
| 2014-2015 | 57,293 | 2 | |
| 2015-2016 | 55,000 | 2 | |

11. Legal Assistance

Unit of Service = 1 hour

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 7,000 | 4 | |
| 2013-2014 | 3,749 | 4 | |
| 2014-2015 | 4,762 | 4 | |
| 2015-2016 | 4,646 | 4 | |

12. Nutrition Education

Unit of Service = 1 session per participant

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 36,061 | 1, 4 | |
| 2013-2014 | 9,353 | 1, 4 | |
| 2014-2015 | 4,202 | 1, 4 | |
| 2015-2016 | 4,202 | 1, 4 | |

13. Information and Assistance

Unit of Service = 1 contact

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|-------------|-------------------------------------|--------------|----------------------------------|
| 2012-2013 | N/A | | |
| 2013-2014 | 24,203 | 1,4 | |
| 2014-2015 | 20,076 | 1,4 | |
| 2015-2016 | 24,204 | 1,4 | |

14. Outreach

Unit of Service = 1 contact

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

15. NAPIS Service Category – “Other” Title III Services

Title III B, Other Supportive Services

Service Category: Peer Counseling (in-home)

Unit of Service = One hour

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 1,500 | 1, 3 | |
| 2013-2014 | 0 | 0 | |
| 2014-2015 | N/A | 0 | |
| 2015-2016 | N/A | 0 | |

Service Category: Employment

Unit of Service = One Activity

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2012-2013 | 1,800 | 4 | |
| 2013-2014 | 4,368 | 4 | |
| 2014-2015 | 8,942 | 4 | |
| 2015-2016 | 26,406 | 4 | |

Service Category: Public Information

Unit of Service = One Activity

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

16. Title III D Health Promotion

Unit of Service = 1 contact

Service Activities: health screenings and education on preventative health services

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|-------------|-------------------------------------|--------------|----------------------------------|
| 2012-2013 | 1,960 | 1 | 1.5 |
| 2013-2014 | 1,960 | 1 | 1.5 |
| 2014-2015 | 1,685 | 1 | |
| 2015-2016 | 1,685 | 1 | |

Title III D Medication Management

Units of Service = 1 Contact

| Fiscal Year | Proposed Units of Service | Program Goal Number | Objective Numbers (required) |
|-------------|-------------------------------------|------------------------|------------------------------|
| 2012-2013 | N/A | | |
| 2013-2014 | N/A | | |
| 2014-2015 | N/A | | |
| 2015-2016 | N/A | | |

TITLE III B and Title VII A:**LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**
2012–2016 Four-Year Planning Cycle

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

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

Measures and Targets:**A. Complaint Resolution Rate** (AoA Report, Part I-E, Actions on Complaints)

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

| |
|---|
| 1. FY 2010-2011 Baseline Resolution Rate: <u>88%</u> Number of complaints resolved 1148 + Number of partially resolved complaints 657 divided by the Total Number of Complaints Received 2048 = Baseline Resolution Rate 88% |
| 2. FY 2012-2013 Target: Resolution Rate <u>80%</u> |
| 3. FY 2011-2012 AoA Resolution Rate <u>80%</u> FY 2013-2014 Target: Resolution Rate <u>80%</u> Number of complaints resolved 572 + Number of partially resolved complaints 343 divided by the Total Number of Complaints Received 1,146 = Resolution Rate 80% |
| 4. FY 2012-2013 AoA Resolution Rate <u>88%</u> FY 2014-2015 Target: Resolution Rate <u>80%</u> Number of complaints resolved <u>649</u> + Number of partially resolved complaints <u>467</u> divided by the Total Number of Complaints Received 1271 = Resolution Rate 88% |
| 5. FY 2013-2014 AoA Resolution Rate 97% FY 2015-2016 Target: Resolution Rate 91%* Number of complaints resolved <u>760</u> + Number of partially resolved complaints <u>671</u> divided by the Total Number of Complaints Received <u>1566</u> = Resolution Rate 91% |
| Program Goals and Objective Numbers: 4 |

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

| |
|--|
| FY 2010-2011 Baseline: number of meetings attended <u>60</u> |
| 2. FY 2012-2013 Target: <u>50</u> |
| 3. FY 2011-2012 AoA Data: <u>53</u> FY 2013-2014 Target: <u>50</u> |
| 4. FY 2012-2013 AoA Data: <u>39</u> FY 2014-2015 Target: <u>38</u> |
| 5. FY 2013-2014 AoA Data: <u>35</u> FY 2015-2016 Target: <u>31</u> |
| Program Goals and Objective Numbers: 4 |

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

| |
|---|
| 1. FY 2010-2011 Baseline: number of meetings attended <u>5</u> |
| 2. FY 2012-2013 Target: number <u>5</u> |
| 3. FY 2011-2012 AoA Data: <u>8</u> FY 2013-2014 Target: <u>5</u> |
| 4. FY 2012-2013 AoA Data: <u>0</u> FY 2014-2015 Target: <u>0</u> |
| 5. FY 2013-2014 AoA Data: <u>0</u> FY 2015-2016 Target: <u>0*</u> |
| Program Goals and Objective Numbers: 4 |

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

| |
|---|
| 1. FY 2010-2011 Baseline: number of consultations <u>561</u> |
| 2. FY 2012-2013 Target: <u>350</u> |
| 3. FY 2011-2012 AoA Data: <u>138</u> FY 2013-2014 Target: <u>140</u> |
| 4. FY 2012-2013 AoA Data: <u>451</u> FY 2014-2015 Target: <u>400</u> |
| 5. FY 2013-2014 AoA Data: <u>319</u> FY 2015-2016 Target: <u>319*</u> |
| Program Goals and Objective Numbers: 4 |

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

| |
|---|
| 1. FY 2010-2011 Baseline: number of consultations <u>567</u> |
| 2. FY 2012-2013 Target: <u>450</u> |
| 3. FY 2011-2012 AoA Data: <u>382</u> FY 2013-2014 Target: <u>400</u> |
| 4. FY 2012-2013 AoA Data: <u>556</u> FY 2014-2015 Target: <u>450</u> |
| 5. FY 2013-2014 AoA Data: <u>339</u> FY 2015-2016 Target: <u>339*</u> |
| Program Goals and Objective Numbers: 4 |

F. Community Education (AoA Report, Part III-D, #10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

| |
|---|
| 1. FY 2010-2011 Baseline: number of sessions <u>36</u> |
| 2. FY 2012-2013 Target: <u>35</u> |
| 3. FY 2011-2012 AoA Data: <u>19</u> FY 2013-2014 Target: <u>15</u> |
| 4. FY 2012-2013 AoA Data: <u>22</u> FY 2014-2015 Target: <u>15</u> |
| 5. FY 2013-2014 AoA Data: <u>40</u> FY 2015-2016 Target: <u>40*</u> |
| Program Goals and Objective Numbers: 4 |

G. Systems Advocacy

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.)

Systemic Advocacy Effort(s)

The provider will continue to work with the Alzheimer's Association of Northern California in order to change the way facilities provide dementia care, continue advocating for the reduction in the use of anti-psychotic medications, and focus on what triggers the behaviors that lead facilities to use these types of medications.

Also, facilities are being trained in the Music and Memory program in order to assist older adults in long-term care facilities suffering from a wide range of cognitive and physical challenges to find renewed meaning and connection in their lives through personalized music.

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

Measures and Targets:

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

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

| |
|---|
| 1. FY 2010-2011 Baseline: <u>84%</u> Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>16</u> divided by the number of Nursing Facilities <u>17</u> . |
| 2. FY 2012-2013 Target: 100% |
| 3. FY 2011-2012 AoA Data: <u>100%</u> FY 2013-2014 Target: <u>100%</u> Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>18</u> divided by the number of Nursing Facilities <u>18</u> . |
| 4. FY 2012-2013 AoA Data: <u>94%</u> FY 2014-2015 Target: <u>100%</u> Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>16</u> divided by the number of Nursing Facilities <u>17</u> . |
| 5. FY 2013-2014 AoA Data: <u>82%</u> FY 2015-2016 Target: <u>100%</u> Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>14</u> divided by the number of Nursing Facilities <u>17</u> .* |
| Program Goals and Objective Numbers: 4 |

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

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

| |
|--|
| 1. FY 2010-2011 Baseline: <u>91%</u> Number of RCFEs visited at least once a quarter not in response to a complaint <u>295</u> divided by the number of RCFEs <u>322</u> . |
| 2. FY 2012-2013 Target: <u>100%</u> |
| 3. FY 2011-2012 AoA Data: <u>100</u> % FY 2013-2014 Target: <u>100%</u> Number of RCFEs visited at least once a quarter not in response to a complaint <u>260</u> divided by the number of RCFEs <u>260</u> . |
| 4. FY 2012-2013 AoA Data: <u>71</u> % FY 2014-2015 Target: <u>80%</u> Number of RCFEs visited at least once a quarter not in response to a complaint <u>219</u> divided by the number of RCFEs <u>309</u> .*= |
| 5. FY 2013-2014 AoA Data: 57 % FY 2015-2016 Target: 100% Number of RCFEs visited at least once a quarter not in response to a complaint 175 divided by the number of RCFEs 304* |
| Program Goals and Objective Numbers: 4 |

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

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

Verify number of staff FTEs with Ombudsman Program Coordinator.

| |
|---|
| 1. FY 2010-2011 Baseline: FTEs <u>5.6</u> |
| 2. FY 2012-2013 Target: <u>5</u> FTEs |
| 3. FY 2011-2012 AoA Data: <u>5</u> FTEs FY 2013-2014 Target: <u>5</u> FTEs |
| 4. FY 2012-2013 AoA Data: <u>5.8</u> FTEs FY 2014-2015 Target: <u>5.8</u> FTEs |
| 5. FY 2013-2014 AoA Data: <u>5.6</u> FTEs FY 2015-2016 Target: <u>5.6</u> FTEs* |
| Program Goals and Objective Numbers: 4 |

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

| |
|--|
| 1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010: <u>45</u> |
| 2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u>54</u> . |
| 3. FY 2011-2012 AoA Data: <u>48</u> certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 <u>45</u> |
| 4. FY 2012-2013 AoA Data: <u>38</u> certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 <u>38</u> .* |
| 5. FY 2013-2014 AoA Data: <u>39</u> certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 <u>38</u> * |
| Program Goals and Objective Numbers: 4 |

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

Measures and Targets:

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

| |
|---|
| 1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV: 45 ombudsmen attended 1 two hour training session on part of the NORS training. We did not complete all training parts. |
| 2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV: 54 |
| 3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV <u>50</u> FY 2013-2014 Target <u>50</u> |
| 4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2014-2015 Target <u>0 (No longer a requirement from State LTC Ombudsman)</u> |
| 5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2015-2016 Target: <u>0 (No longer a requirement from State LTC Ombudsman)</u> |
| Program Goals and Objective Numbers: 4 |

* Service units for Ombudsman will change depending on data that will be received from the California State Annual Ombudsman Report for Federal FY 2014. At the time of the submission of the FY 15-16 Area Plan Update, the data had not been received.

TITLE VII B ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

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

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

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

AAAs must provide one or more of the service categories below. NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** – Please indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** – Please indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** – Please indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local

law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** – Please indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** – Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

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

| Fiscal Year | Total # of Public Education Sessions |
|--------------------|---|
| 2012-13 | 10 |
| 2013-14 | N/A |
| 2014-15 | 4 |
| 2015-16 | 6 |

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

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

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

| Fiscal Year | Total # of Copies of Educational Materials to be Distributed | Description of Educational Materials |
|--------------------|---|---|
| 2012-2013 | 600 | Help at Home booklet, Aging and Adult Services Booklet, TIES Line material, hoarding educational material, elder abuse booklets, and crime prevention booklets. |
| | | |
| 2013-2014 | 800 | Help at Home booklet, Aging and Adult Services Booklet, TIES Line material, hoarding educational material, elder abuse booklets, and crime prevention booklets. |
| | | |
| 2014-2015 | 800 | Help at Home booklet, Aging and Adult Services Booklet, TIES Line material, hoarding educational material, elder abuse booklets, and crime prevention booklets. |
| | | |
| | | |
| 2015-2016 | 400 | TIES Line material (including magnets and pens), elder abuse booklets, crime prevention booklets. |
| | | |
| | | |

| Fiscal Year | Total Number of Individuals Served |
|--------------------|---|
| 2012-2013 | 750 |
| 2013-2014 | 750 |
| 2014-2015 | 800 |
| 2015-2016 | 800 |

TITLE III E SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2012–2016 Four-Year Planning Period**

This Service Unit Plan (SUP) utilizes the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted III E Services

| CATEGORIES | 1 | 2 | 3 |
|---|--|--|---|
| Family Caregiver Services Caring for Elderly | <i>Proposed</i> Units of Service | <i>Required</i> Goal #(s) | <i>Optional</i> Objective #(s) |
| Information Services | # of activities and Total est. audience for above | | |
| 2012-2013 | # of activities: 62 Total est. audience for above: 6,200 | 1 | |
| 2013-2014 | # of activities: 62 Total est. audience for above: 8,623 | 1 | |
| 2014-2015 | # of activities: 101 Total est. audience for above: 10,000 | 1 | |
| 2015-2016 | # of activities: 114 Total est. audience for above: 11,400 | 1 | |

| | | | |
|------------------------------|--------------------------|---|--|
| Access Assistance | Total contacts | | |
| 2012-2013 | 738 | 1 | |
| 2013-2014 | 738 | 1 | |
| 2014-2015 | 898 | 1 | |
| 2015-2016 | 1,200 | | |
| Support Services | Total hours | | |
| 2012-2013 | 841 | 1 | |
| 2013-2014 | 841 | 1 | |
| 2014-2015 | 1,964 | 1 | |
| 2015-2016 | 1338 | 1 | |
| Respite Care | Total hours | | |
| 2012-2013 | 880 | 1 | |
| 2013-2014 | 880 | 1 | |
| 2014-2015 | 2,803 | 1 | |
| 2015-2016 | 880 | 1 | |
| Supplemental Services | Total occurrences | | |
| 2012-2013 | 53 | 1 | |
| 2013-2014 | 83 | 1 | |
| 2014-2015 | 10 | 1 | |
| 2015-2016 | 30 | 1 | |

Direct and/or Contracted III E Services

| Grandparent Services Caring for Children | <i>Proposed</i> Units of Service | <i>Required</i> Goal #(s) | <i>Optional</i> Objective #(s) |
|---|--|--|---|
| Information Services | # of activities and Total est. audience for above | | |
| 2012-2013 | # of activities: 57 Total est. audience for above: 5,700 | 1 | |
| 2013-2014 | # of activities: 57 Total est. audience for above: 2,352 | 1 | |
| 2014-2015 | # of activities: 26 Total est. audience for above: 628 | 1 | |
| 2015-2016 | # of activities: 30 Total est. audience for above: 900 | 1 | |
| Access Assistance | Total contacts | | |
| 2012-2013 | 1,550 | 1 | |
| 2013-2014 | 1,550 | 1 | |
| 2014-2015 | 898 | 1 | |
| 2015-2016 | 1,000 | 1 | |
| Support Services | Total hours | | |
| 2012-2013 | 1,000 | 1 | |
| 2013-2014 | 1,000 | 1 | |
| 2014-2015 | 643 | 1 | |
| 2015-2016 | 646 | 1 | |

| Respite Care | Total hours | | |
|------------------------------|--------------------------|---|--|
| 2012-2013 | 550 | 1 | |
| 2013-2014 | 531 | 1 | |
| 2014-2015 | 194 | 1 | |
| 2015-2016 | 130 | 1 | |
| Supplemental Services | Total occurrences | | |
| 2012-2013 | 100 | 1 | |
| 2013-2014 | 119 | 1 | |
| 2014-2015 | 31 | 1 | |
| 2015-2016 | 40 | 1 | |

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)**SERVICE UNIT PLAN****CCR Article 3, Section 7300(d)**

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

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

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

Section 1. Primary HICAP Units of Service

| Fiscal Year (FY) | 1.1 Estimated Number of Unduplicated Clients Counseled | Goal Numbers |
|-----------------------------|---|---------------------|
| 2012-2013 | 1,293 | 1 |
| 2013-2014 | 1,369 | 1 |
| 2014-2015 | 1,537 | 1 |
| 2015-2016 | 1,537 | 1 |

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

| Fiscal Year (FY) | 1.2 Estimated Number of Public and Media Events | Goal Numbers |
|-----------------------------|--|---------------------|
| 2012-2013 | 70 | 4 |
| 2013-2014 | 78 | 4 |
| 2014-2015 | 78 | 4 |
| 2015-2016 | 78 | 4 |

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

Section 2: Federal Performance Benchmark Measures

| Fiscal Year (FY) | 2.1 Estimated Number of Contacts for all Clients Counseled | Goal Numbers |
|-----------------------------|---|---------------------|
| 2012-2013 | 3,023 | 1 |
| 2013-2014 | 7,607 | 1 |
| 2014-2015 | 10,342 | 1 |
| 2015-2016 | 10,342 | 1 |

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

| Fiscal Year (FY) | 2.2 Estimated Number of Persons Reached at Public and Media Events | Goal Numbers |
|-----------------------------|---|---------------------|
| 2012-2013 | 3,771 | 4 |
| 2013-2014 | 6,500 | 4 |
| 2014-2015 | 21,546 | 4 |
| 2015-2016 | 21,546 | 4 |

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

| Fiscal Year (FY) | 2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts | Goal Numbers |
|-----------------------------|---|---------------------|
| 2012-2013 | 282 | 1 |
| 2013-2014 | 1,298 | 1 |
| 2014-2015 | 475 | 1 |
| 2015-2016 | 475 | 1 |

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

| Fiscal Year (FY) | 2.4 Estimated Number of contacts with Low Income Beneficiaries | Goal Numbers |
|-----------------------------|---|---------------------|
| 2012-2013 | 878 | 1 |
| 2013-2014 | 1,881 | 1 |
| 2014-2015 | 3,583 | 1 |
| 2015-2016 | 3,583 | 1 |

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

| Fiscal Year (FY) | 2.5 Estimated Number of Enrollment Assistance Contacts | Goal Numbers |
|-----------------------------|---|---------------------|
| 2012-2013 | 2,306 | 1 |
| 2013-2014 | 2,174 | 1 |
| 2014-2015 | 4,563 | 1 |
| 2015-2016 | 4,563 | 1 |

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

| Fiscal Year (FY) | 2.6 Estimated Part D and Enrollment Assistance Contacts | Goal Numbers |
|-----------------------------|--|---------------------|
| 2012-2013 | 1,322 | 1 |
| 2013-2014 | 2,066 | 1 |
| 2014-2015 | 4,193 | 1 |
| 2015-2016 | 4,193 | 1 |

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

| Fiscal Year (FY) | 2.7 Estimated Number of Counselor FTEs in PSA | Goal Numbers |
|-----------------------------|--|---------------------|
| 2012-2013 | 15.7 | 1 |
| 2013-2014 | 36 | 1 |
| 2014-2015 | 3,531* | 1 |
| 2015-2016 | 3,531* | 1 |

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

* Total Counseling Hours

Section 3: HICAP Legal Services Units of Service (if applicable) ¹

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

¹ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

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

SECTION 13 - PRIORITY SERVICES**PSA 8****2012-2016 Four-Year Planning Cycle**

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds¹ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

Access:

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

| | | | |
|------------------|------------------|------------------|------------------|
| 12-13 <u>20%</u> | 13-14 <u>20%</u> | 14-15 <u>20%</u> | 15-16 <u>20%</u> |
|------------------|------------------|------------------|------------------|

In-Home Services:

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

| | | | |
|------------------|------------------|------------------|------------------|
| 12-13 <u>25%</u> | 13-14 <u>25%</u> | 14-15 <u>25%</u> | 15-16 <u>25%</u> |
|------------------|------------------|------------------|------------------|

Legal Assistance Required Activities:

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

| | | | |
|-----------------|-----------------|-----------------|-----------------|
| 12-13 <u>5%</u> | 13-14 <u>5%</u> | 14-15 <u>9%</u> | 15-16 <u>9%</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: accidents in the home, transportation, taking care of another person (adult & child), obtaining information about services, and isolation. These can be addressed more readily in programs offered under Access and In-Home Services. In FY 13-14, due to recommendations from the Advisory Council, there was a change in adequate proportions percentages increasing Legal Assistance from the proposed 5% to 9%. This brought the set funding to 54% and the flexible funding, to be used to best address the needs of the community, to 46%.

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

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

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

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

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

| Title III B | 12-13 | 13-14 | 14-15 | 15-16 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <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 checked="" type="checkbox"/> Program Development | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" 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"/> |
| Title III D | 12-13 | 13-14 | 14-15 | 15-16 |
| <input type="checkbox"/> Health Promotion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Title III E | 12-13 | 13-14 | 14-15 | 15-16 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <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"/> |
| <input type="checkbox"/> Respite Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Supplemental Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title VII A | 12-13 | 13-14 | 14-15 | 15-16 |
| <input type="checkbox"/> Long-Term Care Ombudsman | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title VII B | 12-13 | 13-14 | 14-15 | 15-16 |
| <input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Program Development and Coordination

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

Title VII Prevention of Elder Abuse, Neglect and Exploitation

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

SECTION 16 - GOVERNING BOARD

PSA #8

GOVERNING BOARD MEMBERSHIP

2012-2016 Four-Year Area Plan Cycle

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

Total Number of Board Members: 5

Name and Title of Officers:

Office Term Expires:

| | |
|---|--------------|
| The Honorable Carole Groom, President | January 2019 |
| The Honorable Warren Slocum, Vice President | January 2017 |

**Names and Titles of All Members:
Expires:**

Board Term

| | |
|---|--------------|
| The Honorable Dave Pine, Supervisor District 1 | January 2017 |
| The Honorable Carole Groom, Supervisor District 2 | January 2019 |
| The Honorable Don Horsley, Supervisor District 3 | January 2019 |
| The Honorable Warren Slocum, Supervisor District 4 | January 2017 |
| The Honorable Adrienne Tissier, Supervisor District 5 | January 2017 |

SECTION 17 - ADVISORY COUNCIL**PSA 8****ADVISORY COUNCIL MEMBERSHIP****2012-2016 Four-Year Planning Cycle**

 45 CFR, Section 1321.57

 CCR Article 3, Section 7302(a)(12)
Total Council Membership (include vacancies) 21Number of Council Members over age 60 13

| Race/Ethnic Composition | <u>% of PSA's 65+Population</u> | <u>% on Advisory Council</u> |
|--------------------------------|--|---|
| White | <u>60.8%</u> | <u>54.7%</u> |
| Hispanic | <u>11.9%</u> | <u>7.0%</u> |
| Black | <u>3.2%</u> | <u>5.0%</u> |
| Asian/Pacific Islander | <u>22.0%</u> | <u>33.3%</u> |
| Native American/Alaskan Native | <u>0.3%</u> | <u>0%</u> |
| Other | <u>4.3%</u> | <u>0%</u> |

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

| | |
|--|---------|
| Sandra Cooperman/Executive Committee Member | 6-30-17 |
| Lisa Costello/Executive Committee Member | 6-30-17 |
| Patricia Erickson/Executive Committee Member | 6-30-16 |
| Christina Kahn/Vice Chair | 6-30-17 |
| Mary Larenas/Chair | 6-30-16 |
| Melodie Lew/Executive Committee Member | 6-30-16 |
| Scott McMullin/Second Vice Chair | 6-30-17 |

Name and Title of other members:

Office Term Expires:

| | |
|--------------------------|---------|
| Rita Alexander | 6-30-18 |
| JoAnne Arnos | 6-30-16 |
| Walter Bataran | 6-30-17 |
| Aurea Cruz | 6-30-17 |
| Johanna Dalton | 6-30-18 |
| Katie Eiseman | 6-30-16 |
| Sandra Lang | 6-13-15 |
| Pamela O'Leary | 6-30-18 |
| Alexander Melendrez | 6-30-17 |
| Cherie Querol Moreno | 6-30-17 |
| Armetta Parker | 6-30-18 |
| Mary Ratiu | 6-30-17 |
| Marisa Robles | 6-30-17 |
| Francine Serafin-Dickson | 6-30-17 |
| | |
| | |
| | |
| | |

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

San Mateo County

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

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

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

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

SECTION 18 - LEGAL ASSISTANCE

PSA 8

2012-2016 Four-Year Area Planning Cycle

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

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.¹

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

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

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

2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? A minimum of 9%
3. Specific to legal services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).

To determine Title III B funds (adequate proportion), needs assessment data, information received at the Public Hearing, and current proportions were reviewed. Program utilization and expenditures in programs that have under-expended and/or not met their objectives were analyzed. Needs assessment results included the following issues: accidents in the home, transportation, taking care of another person (adult & child), obtaining information about services, and isolation. These can be addressed more readily in programs offered under Access and In-Home Services as opposed to legal services. In FY 13-14, due to recommendations from the Advisory Council, there was a change in adequate proportions percentages increasing Legal Assistance from the proposed 5% to 9%. This brought the set funding to 54% and the flexible funding, to be used to best address the needs of the community, to 46%.

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM**PSA 8****Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services****Older Americans Act Section 373(a) and (b)****2012–2016 Four-Year Planning Cycle**

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

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact.

If the AAA will **not** provide a service, a justification for each service is required in the space below.

Family Caregiver Services

| Category | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 |
|--|---|---|---|---|
| Family Caregiver Information Services | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Family Caregiver Access Assistance | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Family Caregiver Support Services | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Family Caregiver Respite Care | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Family Caregiver Supplemental Services | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |

Grandparent Services

| Category | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 |
|---|---|---|---|---|
| Grandparent Information Services | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Grandparent Access Assistance | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Grandparent Support Services | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Grandparent Respite Care | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |
| Grandparent Supplemental Services | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract |