San Mateo County

Planning and Service Area 8

Area Agency on Aging

July 1, 2016 – June 30, 2020

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PSA 8 Area Plan Update FY 2017-2018

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AREA PLAN UPDATE (APU) CHECKLIST **PSA** 8

Check one: ☒ **FY 17-18** ☐ **FY 18-19** ☐ **FY 19-20**

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➢ *Update/Submit **A)** through **I)** ANNUALLY:*		
n/a	**A) Transmittal Letter-** *(requires hard copy with original ink signatures or official signature stamp-**no photocopies**)* (p.2)	☒	
n/a	**B) APU-** *(submit entire APU electronically only)*	☒	
2, 3, or 4	**C)** Estimate- of the number of lower income minority older individuals in the PSA for the coming year (p.13)	☒	
7	**D)** Public Hearings- that will be conducted (pp. 91-93)	☒	
n/a	**E)** Annual Budget	☐	
9	**F)** Title IIIB/VIIA Long-Term Care Ombudsman Objectives (pp. 100-101)	☒	
9	**G)** Title VIIA Elder Abuse Prevention Objectives (p. 99)	☒	
10	**H)** Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes (pp. 112-117)	☒	
18	**I)** Legal Assistance (pp. 140-144)	☒	
	➢ *Update/Submit the following only if there has been a CHANGE or the section was not included in the 2016-2020 Area Plan:*	Mark Changed/Not Changed (C or N/C) **C**	**N/C**
5	Minimum Percentage/Adequate Proportion	☐	☒
5	Needs Assessment	☐	☒
9	AP Narrative Objectives:	☐	☒
9	• System-Building and Administration	☐	☒
9	• Title IIIB-Funded Programs	☐	☒
9	• Title IIIB-Transportation	☐	☒
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	☐	☒
9	• Title IIIC-1	☐	☒
9	• Title IIIC-2	☐	☒
9	• Title IIID	☐	☒
20	• Title IIIE-Family Caregiver Support Program (p.146)	☒	☐
9	• Title V-SCSEP Program	☐	☒
9	• HICAP Program	☐	☒
12	Disaster Preparedness	☐	☒
14	Notice of Intent-to Provide Direct Services (p.134)	☒	☐
15	Request for Approval-to Provide Direct Services	☐	☒
16	Governing Board (p.137)	☒	☐
17	Advisory Council (p.138)	☒	☐
21	Organizational Chart(s)	☐	☒

TRANSMITTAL LETTER
2016-2020 Four Year Area Plan/ Annual Update
☐ FY 16-20 ☒ FY 17-18 ☐ FY 18-19 ☐ FY 19-20

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

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

1. Don Horsley

Signature: Governing Board President — Date

2. Christina Dimas-Kahn

Christina Dimas-Kahn — March 13, 2017

Signature: Advisory Council Chair — Date

3. Lisa Mancini

Lisa Mancini — 3-14-17

Signature: Area Agency on Aging Director — Date

Section 1: Mission Statement

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

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

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

The AAA in San Mateo has the following goals:

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

Section 2: Description of Planning and Service Area 8

Physical Characteristics of 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, 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.

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 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,

[1] San Mateo County Planning and Building Division

Colma, Daly City, South San Francisco (west of El Camino Real), Broadmoor, and County Club Park.

Figure 1 below provides a map of SMC.

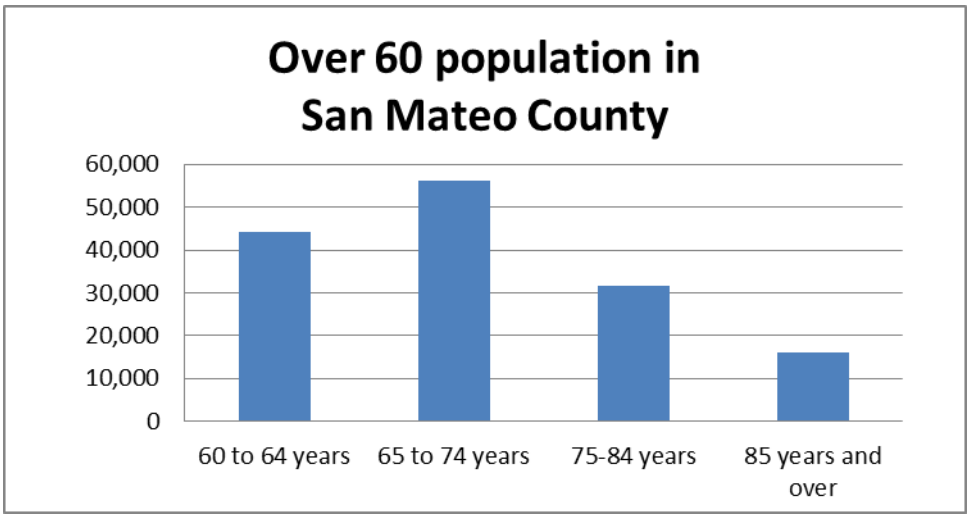
Demographic Characteristics of San Mateo County

Current Older Adult Population

SMC is among the most culturally and ethnically diverse counties. Asian and Latino residents, along with older adults are expected to continue to become increasingly greater proportions of the population. There are 739,837 residents (US Census Bureau, American Community Survey [ACS], 2010- 2014 5 Year Estimates) that live within 531 square miles along a peninsula with 54 miles of ocean coastline. According to the Department of Finance, the total population in SMC is 745,193 and is expected to grow by 14% to 850,112 by 2040.

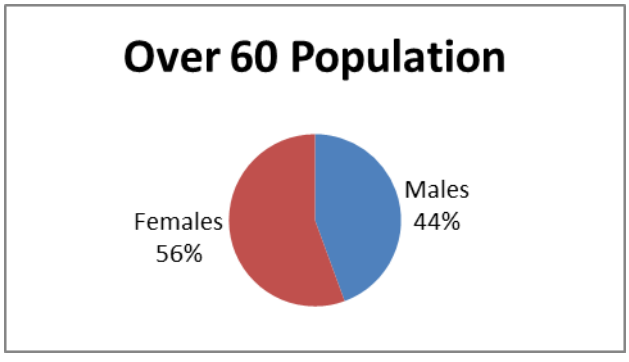
According to the US Census, the number of those ages 60 and over is 147,984, or 20% of the total population for SMC. The current age breakdown for older adults is the following: 60 to 64 years- 44,078; 65 to 74 years- 56,029; 75 to 84 years- 31,737; and 85 years and over-16,140 (See Figure 2). It is worth noting that although most of the large cities in the County have populations of those over the age of 60 at 20%, Foster City's percentage is higher at 23% (ACS 2010-2014 5 Year Estimates).

Figure 2



Consistent with national statistics, females 60 years and older outnumber older males 60 years and older. See Figure 3.

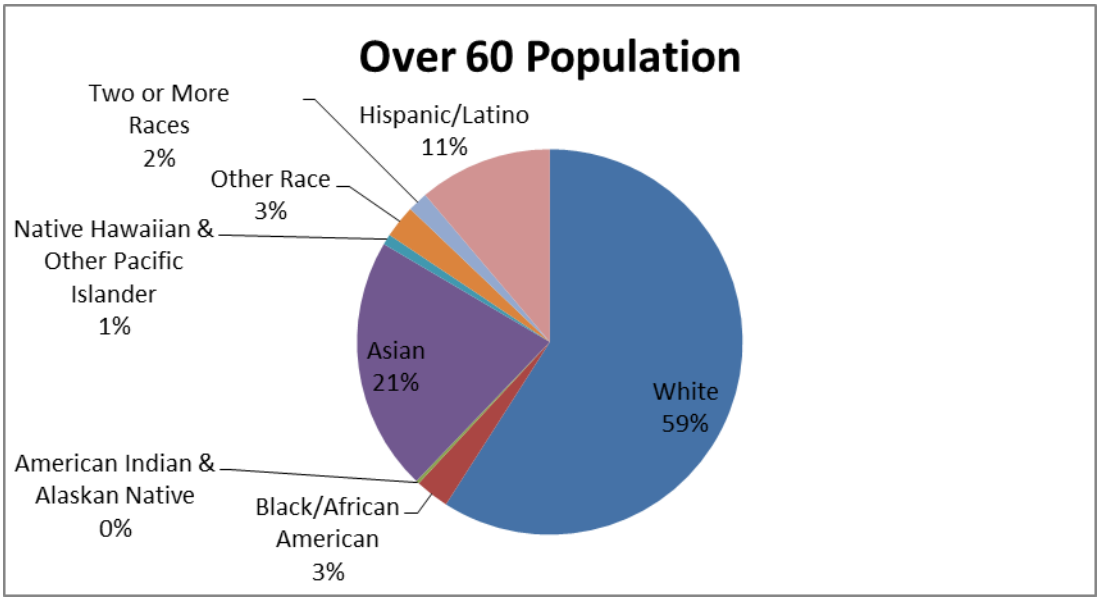
Figure 3



Minority Populations

The County's minority population continues to grow. According to the 2010-2014 American Community Survey (ACS) 5-Year Estimates, the total foreign-born population 60 years and over in the County is 40%. Due to the large influx of immigrants from Asia, the Philippines, Mexico, and Central America, the minority population 60 years and over now comprises 46% of the total population in SMC. Figure 4 provides a breakdown of race/ethnicity for those 60 years and over.

Figure 4



According to the 2010-2014 ACS 5-Year Estimates, the following cities have higher percentages of minorities 65 years and over when compared to the County's overall minority population (See Figure 5):

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

Note: The most current data for older adults that shows the race for older adults and where they reside is found in ACS estimates by those 65 years and over and not by those 60 and over.

Figure 5

Minority Population over 65 Years in San Mateo County				
	San Mateo County	**Daly City**	**Redwood City**	**South San Francisco**
White (not Hispanic/Latino)	68.2%	31.9%	81.7%	57.5%
African-American	3.2%	**6.0%**	1.7%	3.4%
American-Indian & Alaskan Native	0.3%	0.2%	0.3%	0.3%
Asian	23.1%	**56.4%**	10.5%	**31.5%**
Native Hawaiian and other PI	0.9%	0.5%	0.2%	**1.7%**
Some other Race	2.6%	**3.7%**	3.6%	3.8%
Two or More Races	1.8%	1.3%	2.1%	1.8%
Hispanic or Latino (of any race)	12.1%	**17.5%**	**19.1%**	**22.1%**

Although not found in the above ACS estimates, there is a significant number of minorities in other SMC cities as well. This would include the cities of East Palo Alto, Foster City, Half Moon Bay, Menlo Park, and San Bruno.

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. Figure 6 provides a breakdown of the population 65 years and over that speaks a language other than English. One fifth of older adults 65 and older speak an Asian or Pacific Islander language in SMC. The 2010-2014 ACS 5-Year Estimates indicate that in SMC, 17% of the population is foreign born. Forty percent of older adults ages 65 and older speak a language other than English. Furthermore, 23% speak English less than “very well”. Figure 6 also 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.

Figure 6

Population 65 Years and Over in San Mateo County who Speak a Language Other Than English				
TOTAL POPULATION 65 YEARS AND OVER	**103,906**	**14% of total population of County**		
Language	**Number**	**% of those 65 and over**	**Speak English "very well"**	**Speak English less than "very well"**
Spanish	10,470	10%	37.1%	62.9%
Other Indo-European Languages	8,138	8%	53.9%	46.1%
Asian/Pacific Island Languages	21,103	20%	37.2%	62.8%
Other Languages	1,467	1%	45.3%	54.7%
Source: 2010-2014 American Community Survey 5-Year Estimates				

Economic Status

SMC is considered an affluent county. SMC 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. Median household income continues to increase consistently from year to year despite the dotcom bust of the early 2000's, the housing crisis from 2006-2008, and the recession in recent years. (2013 Community Needs Assessment: Health and Quality of Life in San Mateo County).

According to the US Census, the median income is the amount which divides income distribution in two equal groups, half of the population having income above that amount and the other have having income below that amount. The 2010-2014 ACS 5-Year Estimates for median yearly income for households in SMC was $91,421. There are significant disparities between the ethnic/racial groups. Asians have the highest median income at $105,199 and Black/African-Americans the lowest at $55,785. For adults 65 years old and over, the median household income was $57,059 (see Figure 7).

According to the California Budget and Policy Center's Fact Sheet, dated February 2016, due to state cuts, Supplemental Security Income (SSI) and State Supplemental Payment (SSP) grants are not enough to cover rent. SSI and SSP are a critical source of basic income for older adults and adults with disabilities. During the recession, cuts were made and remain in place. In the state, the maximum SSI/SSP grant is $889 and in SMC, Fair Market Rate for a studio is $1,412, which is 159% of the FMR as a percentage of the grant, putting SMC at the

top of the list for being ranked the highest percentage of the grant over the FMR, tied with San Francisco and Marin Counties.

Figure 7

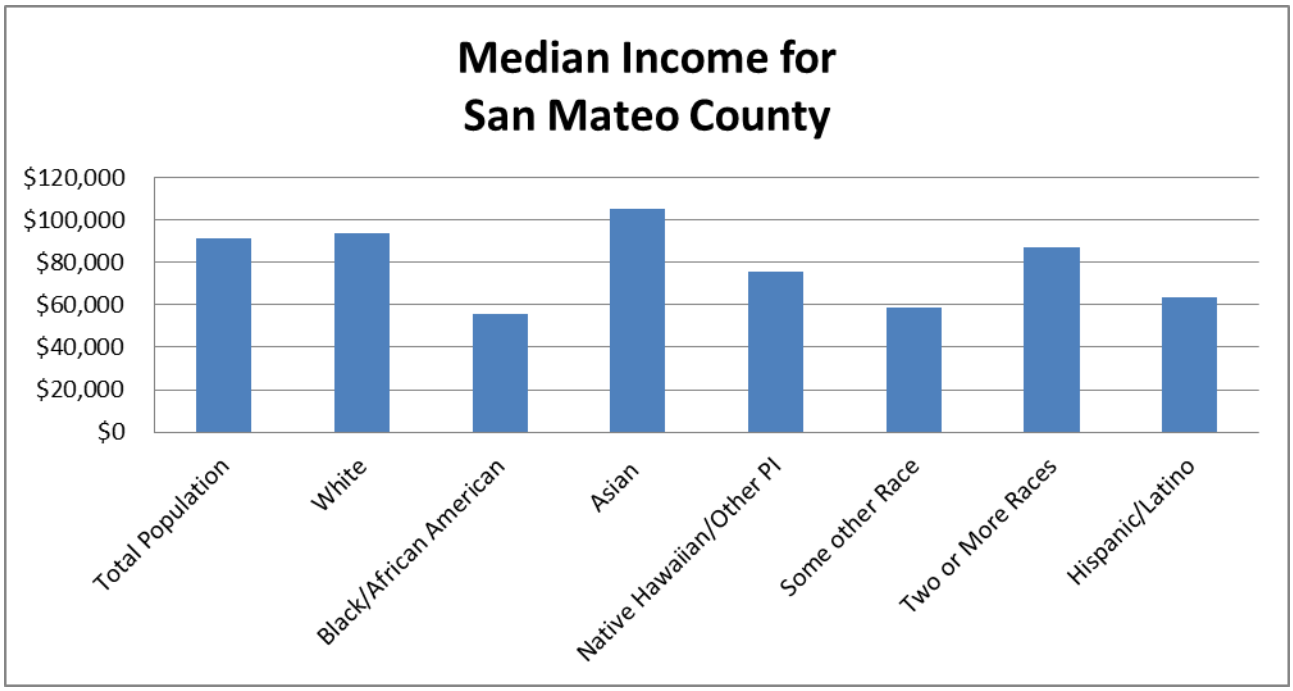


Figure 8 (Source: 2010-2014 American Community Survey 5-Year Estimates) indicates that although a majority of households in SMC earned between $75,000 to $124,999 a year (22.9%), at least 5.7% of households have incomes that are less than the 2016 Department of Health and Human Services Federal Poverty Level (FPL) of $16,020 for a family of two living in the contiguous states, including Washington D.C.

Figure 8

Household Income in San Mateo County	
Less than $10,000	3.2%
$10,000 to $14,999	2.5%
$15,000 to $24,999	5.6%
$25,000 to $34,999	6.1%
$35,000 to $44,999	6.4%
$50,000 to $74,999	15.0%
$75,000 to $124,999	22.9%
$125,000 to $199,999	18.1%
$100,000 to $199,999	18.1%
$200,000 or more	17.6%

The following data are according to 2010-2014 ACS 5-Year Estimates for households including someone 65 years and over. Eighty-six percent of households in SMC with someone over the age of 65 receive Social Security benefits, with the mean yearly Social Security benefit being $20,501. Four percent of households in SMC receive Supplemental Social Security Income (SSI), with the mean benefit from SSI being $9,348. One percent of households receive public assistance income, with the average income received from cash aid at $7,456. Forty-one percent of households receive retirement income, with the average income being $30,138. Two percent of households receive SNAP benefits.

As indicated earlier, despite the relatively high income levels in SMC, there are subgroups across the County who live in poverty. Figure 9 details the percentage of poverty based on the population that is 65 years and over in either the SMC as a whole or individually by city. According to the 2010-2014 ACS 5-Year Estimates, East Palo Alto has the highest percentage older adults (12.0%) who live below the poverty line. Conversely, San Carlos has the lowest percentage of older adults (3.3%) who are below the poverty line. The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.

Figure 9

Percentages of those 65 Years and over and Below Poverty Level	
By County or City	**Percentage**
San Mateo County	**6.5%**
Belmont	6.0%
Burlingame	4.5%
Daly City	**8.7%**
East Palo Alto	**12.0%**
Foster City	5.7%
Half Moon Bay	**8.5%**
Menlo Park	3.6%
Millbrae	**7.4%**
Pacifica	5.5%
Redwood City	**7.4%**
San Bruno	6.5%
San Carlos	3.3%
San Mateo	6.5%
South San Francisco	7.0%

A greater percentage of minority populations compared to non-minority populations are living in poverty (See Figure 10). Black/African-Americans, American Indian/Alaskan Natives, Native

Hawaiian/Other Pacific Islander groups, and Hispanic/Latinos have higher poverty rates than their White and Asian counterparts. This information was not found in the Census specific to older adults.

Figure 10

Poverty Rates by Race/Ethnicity	
Race/Ethnicity	**Percentage Below Poverty**
Total Population	7.6%
White Alone	7.0%
Black/African American	14.2%
American Indian and Alaskan Native	18.5%
Asian	5.9%
Native Hawaiian and Other Pacific Islander	9.8%
Hispanic/Latino	13.0%
Source: 2010-2014 American Community Survey 5-Year Estimates	

Estimate of Lower Income Minority Older Adults in PSA 8

According to the American Community Services of the US Census Bureau, for FY15-16, the estimated number of low income minority individuals in SMC constitutes 58% of the population that is 65 year 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. More recent one year estimates for 2016 will not be released until September 2017 and five year estimates covering 2012-2016 will not be released until December 2017.

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

The cost of living is higher in SMC than almost anywhere else in the nation therefore, the FPL is not an adequate measure of the income needed to meet basic needs. The FPL is not a good measure for California and especially for SMC because it is the same amount for all states. Historically, the FPL has been used to determine eligibility for public assistance programs and in allocating resources to communities. Efforts have been made to create new self-sufficiency indices to account for the high cost of living.

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. As stated previously, for 2015, the FPL for a family size of two is $15,930. However, according to the 2013 Elder Index that calculates on county-specific information, the basic income for a single retired older adult with good health, that is renting a one-bedroom in SMC, would be

approximately $30,696. To meet basic needs, annually, a single owner without a mortgage would need $18,708 and a single owner with a mortgage would need $41,100. For an older couple residing in SMC, the Elder Index calculates the cost of living to be $39,492 for renters of a one-bedroom place, $27,504 for those without a mortgage and $49,896 for those with a mortgage. These estimates for SMC are significantly higher than the guidelines based on the FPL that is not county or 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 between 162% to 267% for a single older adult and between 177% to 255% for an elderly couple in SMC.

The Elder Index demonstrates that older adults require an income of close to 200% of the FPL to age in place with dignity and autonomy without relying on public programs. Researchers at UCLA recommend that programs that do not use the Elder Index should consider using a minimum of 200% of the FPL to determine income eligibility.

Education

According to the 2010-2014 ACS 5-Year Estimates, 45% of the population in SMC has a bachelor's degree. Of those 65 years and over, 36% have a college degree. For those over 65, variations exist by city in educational attainment (See Figure 11).

Figure 11

Educational Attainment by Cities for Population over the Age of 25										
	San Mateo County Total Population	San Mateo County 65 Years and Over	Daly City Total Population	Daly City 60 Years and Over	Redwood City Total Population	Redwood City 65 Years and Over	San Mateo City Total Population	San Mateo 65 Years and Over	South San Francisco Total Population	South San Francisco 65 Years and Over
Less than high school graduate	12%	15%	15%	23%	15%	16%	11%	15%	16%	24%
High school graduate, GED, or alternative	17%	23%	21%	25%	18%	23%	17%	23%	22%	35%
Some college or associate's degree	27%	25%	31%	23%	26%	28%	27%	27%	31%	22%
College degree or higher	45%	36%	33%	30%	41%	33%	45%	36%	31%	20%

Housing and Living Situation

Housing

According to the 2010 Census, 98% of SMC's total population lives in urban areas and 1% in rural settings. The 2010-2014 ACS Survey 5-Year Estimates state that in SMC, 59.3% of all housing units are owner occupied and 40.7% are renter-occupied. For the population 60 years of age and over, 77.5% are home owners and 22.5% are renters. Based on data from 2010-2014, homeownership is slightly higher in SMC (59.3%) than the state average (54.8%).

In SMC, single family home prices have been increasing since the housing crisis. ACS 5-Year Estimates show single family homes had a median price of 736,800. According to the SMC Association of Realtors 2015 sales report, homes in the cities of Atherton, Hillsborough, Woodside, and Portola Valley continue to be the highest priced homes in the County, selling for an average sales price of $3,029,258 to $7,227,000. The three areas with the lowest average sales prices were East Palo Alto ($643,489), Colma ($696,666) and San Gregorio ($732,500). For common interest developments, such as condos and townhomes, the average price was $761,341.

According to a presentation from the former Director of SMC's Department of Housing to the San Mateo County Board of Supervisors for a study session on affordable housing on March 17, 2015, the demand for housing has risen rapidly after the recovery from the recession. This continues a trend that started in the 1990's and was only off-set temporarily by the recession. The supply of new housing units has failed to increase to meet the demand made by new jobs and households added to SMC. Demand for units without an increase in supply has put pressure on prices. The number of housing units added over the last generation is only a fraction of the thousands of additional jobs created, in great part by the tech industry, and the addition of millions of square feet of developed office space.

As rents have increased, the percentage of income spent on housing has increased to levels that negatively impact the ability of families to afford other necessities, such as food, healthcare, and transportation. If national trends are similar to what could be seen in SMC, this would be especially true for low-income families whose incomes have not increased and for middle income families whose incomes may have actually decreased. Households that are paying more than 50% of their income on rent would be regarded as "severely cost burdened". Families may be forced to make trade-offs or compromises that may have broader societal and economic impacts.

SMC is especially concerned with families that receive safety net services because of age, health status, or income. Subsidy programs exist for older adults and adults with disabilities but there is a zero rental vacancy in SMC and severe competition for any unit that becomes available on the market. Since the beginning of 2013, SMC has 4,300 housing vouchers (Section 8) available but even with vouchers that could secure housing, families find they are unable to use these vouchers. Vouchers expire because families are unable to locate a place to rent. The SMC voucher program is in a crisis of decline. The same is seen with other rental subsidy programs, such as the Permanent Supportive Housing Program for homeless adults with disabilities.

The National Low Income Housing Coalition's Out of Reach 2015 report indicates that SMC, along with Marin and San Francisco, are tied at the top of the list of most expensive counties to live in, not only in the state of California but for the entire United States. This is based on a Housing Wage needed to afford a Fair Market Rate (FMR) place to live in. FMR for a two-bedroom apartment is $1,368 a month across California, but is increased to $2,062 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 $39.65 an hour or $82,480 annually. The actual monthly rent that would be affordable at 30% of AMI is $764. In SMC, a minimum wage worker earns an hourly wage of $9.00. In order to afford the FMR for a two-bedroom apartment, a minimum wage earner would need 4.4 full-time jobs.

According to the SMC Department of Housing, in April 2013, the SMC Board of Supervisors approved the allocation of approximately $13.4 million of unrestricted General Funds for affordable housing purposes. These funds were derived from a one-time distribution of Housing Trust Funds held by former redevelopment agencies in San Mateo County. These unrestricted general funds – which initiated the County's Affordable Housing Fund (AHF) – were set aside to provide financial assistance for the development of multifamily affordable rental housing and provision of emergency and transitional shelter in the County. In October 2014, the Board directed staff to come back with recommendations at a March 17, 2015 study

session on promoting new units and preventing displacement of existing tenants. The Board is currently forming an affordable housing task force with cities and will consider other recommendations during its June budget process. The County is also working on forming a task force with cities, housing organizations and other key stakeholders.

According to the "Affordable Housing White Paper: Preventing Displacement and Promoting Affordable Housing Development in San Mateo County", prepared for the Board for January 22, 2015, SMC is experiencing an affordable housing crisis. Finding and keeping affordable housing in SMC is a challenge not just for lower income residents but for those that are higher income as well. Over the years, the Board has taken steps to promote the development of affordable housing. While steps have been taken, more can be done. The paper identified measures the Board could take to address the housing crisis. The measures include options to assist current tenants and recommended options for creating more affordable housing. Some of the measures could be implemented soon, while others require more research, community input, or a resolution of a State Supreme Court case.

AHF 1.0 was awarded in FY 2013-2014 ($8 million) and AFH 2.0 was awarded in FY 2014-2015 ($4.5 million). The AHF 3.0 for FY 2015-2016 is $6 million, with $3 million in Measure A funds and $3 million in Housing Authority funds. Measure A funds will be explained in the Unique Resources and Constraints section of this plan (p. 31). AHF 4.0 for FY 2016-2017 is proposed to be $6 million in Measure A funds, for a total of $24.5 million in funds to be awarded from FY 2013-2017, with 655 units expected to be constructed. Some of these units in development are senior housing sites, including Foster Square (Foster City- 66 units), with construction due to finish the spring of 2016, and development to start for University Avenue Senior Housing (East Palo Alto- 41 units), Sequoia Belle Haven Senior Housing (Menlo Park- 90 units), and Rotary Miller Avenue (South San Francisco). The Department of Housing is collaborating with Mid-Pen Housing on the housing developments. Mid-Pen Housing's mission is to provide safe, affordable housing of high quality to those in need; establish stability and opportunity in the lives of residents; and foster diverse communities that allow people from all ethnic, social and economic backgrounds to live in dignity, harmony and mutual respect.

Living Situation

According to the 2010-2014 ACS 5-Year Estimates, there are a total of 258,683 households, with 98,131 of these households with one or more person 60 years or over in the home. Family households are 63% of the total. Of the family households, 78% are a married couple family and 22% live with other family. The average household size is three. For households headed by those ages 60 and over, the average household size is two. Of the population that is 60 and over, 46% of these households are a married couple family. Forty-three percent of those in non-family households are 60 years and over. Thirty-eight percent are householders living alone. Eight percent of older adults over the age of 60 are living with their grandchildren. Of these, 2% are responsible for grandchildren that are under the age of 18.

Homelessness

The 2015 SMC Homeless Census and Survey is based on the point-in-time homeless census and indicates the number of homeless people on January 22, 2015 in SMC was 1,772 and compromised 1,387 households. Of the 1,772 homeless individuals there were 775 unsheltered homeless people (e.g. living on streets, in vehicles and in homeless encampments) and 997 sheltered homeless people (e.g. living in emergency shelters,

transitional housing, motel voucher programs, residential treatment, jails and hospitals). Seventy percent (1,240) of the households were without dependent children. African-Americans and Latinos are over represented among the homeless population in SMC, meaning the percentages of those that are homeless are higher than the overall population in SMC. Redwood City had the highest number of homeless individuals (537), followed by San Mateo (268), East Palo Alto (178), and followed closely by Menlo Park (173).

The typical unsheltered homeless person in SMC is a single man (75%) with at least one disability. The most commonly cited disabilities were alcohol or drug problems (26%), mental illness (24%), chronic health conditions (15%), and physical disability (13%). Levels of disability are somewhat lower for the sheltered population with 22% reporting mental illness and 23% reporting chronic substance abuse reporting physical disabilities.

Of all the unsheltered homeless people, 13% were veterans having served in either the U.S. Armed Forces and/or the National Guard or as Reservists. Nineteen percent of the sheltered homeless people were veterans.

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 2010-2014 ACS Survey 5-Year Estimates, 36.2% of older adults 65 years and over worked in the past 12 months. The unemployment rate for those 65 years and over was 12%.

Targeted Populations: Adults with Disabilities

18-64 Years

According to the 2010-2014 ACS Survey 5-Year Estimates for SMC, there is a total of 472,648 18-64 year olds in SMC and approximately 25,038 (5.3% of the total of 472,648) of these non-institutionalized adults have a disability (See Figure 12). The most common type of disability is an ambulatory difficulty (10,818) with cognitive difficulties (10,646) reported as a close second. Eighteen percent of those in this age group had an income below the poverty level. Within each category of race, the percentages of those with a disability are: White 9%; Black/African-American 16%; American-Indian/Alaskan Native 12%; Asian, Native Hawaiian/other Pacific Islander, and Hispanic/ Latino all at 6%, some other race and two or more races are both 5%.

Figure 12

Adults with Disabilities in San Mateo County		
Population 18-64 years 472,648	**Population With a Disability 23,038**	**Percentage of Population with a Disability 5.3%**
With a hearing difficulty	5,197	1.0%
With a vision difficulty	4,191	0.9%
With a cognitive difficulty	10,646	2.3%
With an ambulatory difficulty	10,818	2.3%
With a self-care difficulty	4,450	0.9%
With an independent living difficulty	9,002	1.9%
Population 65 years and over 101,520	**Population With a Disability 29,668**	**Percentage of Population with a Disability 29.2%**
With a hearing difficulty	11,617	11.4%
With a vision difficulty	4,543	4.5%
With a cognitive difficulty	8,232	8.1%
With an ambulatory difficulty	18,912	18.6%
With a self-care difficulty	8,602	8.5%
With an independent living difficulty	15,432	15.2%
Source: 2010-2014 American Community Survey 5-Year Estimates		

65 Years and Over

The estimated non-institutionalized population 65 and older with a disability is 29,668 or 29% of the total in this age group (See Figure 12). Figure 13 indicates that among 18-64 year olds, more males than females have a disability. Females 65 years old and above have a higher percentage of disabilities as compared to males (See figure 13). When broken down by race, the percentage for those ages 65 and older within each racial category with a disability are: White 29%, Black or African-American 34%, American Indian/Alaskan Native 18%, Asian 30%, Native Hawaiian and other Pacific Islander 38%, Hispanic/Latino 31%, and some other race 34%. Eight percent of the older adult population with a disability had an income in the past twelve months that was below the poverty level.

Figure 13

Sex by Age Disability Characteristics for San Mateo County		
Age	**Males with a Disability**	**Females with a Disability**
18 to 64 Years	12,777	12,261
Total Male Pop: 235, 400 Total Female Pop: 237,248	5.4% of male population	5.2% of the female population
65 years and over	11,647	18,021
Total Male Pop: 43,635 Total Female Pop: 57,885	26.7% of male population	31.1% of the female population
Source: 2010-2014 American Community Survey 5-Year Estimates		

Suicides

According to the SMC Health System's Epidemiology Unit's summary of the 2009-2013 suicide data, the largest age group of reported completed suicides was 45-64 years old (46%) followed by age group 20-44 years old (28%) and then 65-85+ years old (22%). This data should not be considered inclusive of all the individuals who completed suicide because not every suicide is reported as such.

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

According to the 2010-2014 ACS 5-Year Estimates, 1% of the households in SMC are unmarried-partner same-sex couples. This would amount to 1,552 households. When comparing the percentage of unmarried-partner same-sex households by the total number of households by each city, the top three cities/areas with the highest percentages of same sex households are Brisbane, Colma, and West Menlo Park all tied at 2%. These cities/areas are followed by those that are at 1%: Belmont, Burlingame, Daly City, Foster City, Half Moon Bay, Highlands-Baywood Park, North Fair Oaks, Pacifica, Portola Valley, San Bruno, San Carlos, San Mateo, and Woodside. See Figure 14.

Figure 14

Percentage of Unmarried-Partner Households (Same-Sex) by Households by City (Includes Unincorporated Areas)		
City/Unincorporated Area	**Total Households**	**Percentage of Households**
Atherton	2,373	0.3%
Belmont	10,493	1.2%
Brisbane	1,743	1.9%
Broadmoor	1,496	0.0%
Burlingame	12,186	0.9%
Colma	479	1.9%
Daly City	31,008	0.6%
East Palo Alto	6,940	0.3%
El Granada	2,026	0.0%
Emerald Lake Hills	1,585	0.0%
Foster City	12,188	0.9%
Half Moon Bay	4,464	0.7%
Highlands-Baywood Park	1,498	0.7%
Hillsborough	3,598	0.4%
Ladera	513	0.0%
La Honda	295	0.0%
Loma Mar	86	0.0%
Menlo Park	12,398	0.0%
Millbrae	8,023	0.4%
Moss Beach	1,138	0.0%
North Fair Oaks	4,113	1.1%
Pacifica	14,168	1.0%
Pescadero	266	0.0%
Portola Valley	1,844	0.9%
Redwood City	28,129	0.2%
San Bruno	14,669	1.1%
San Carlos	11,570	0.8%
San Mateo	38,011	0.5%
South San Francisco	21,470	0.4%
West Menlo Park	1,251	2.0%
Woodside	1,918	1.1%
Total	**258,683**	**(Estimate) 1,552**
Source: 2010-2014 American Community Survey 5-Year Estimates (Households and Families		

On June 3, 2014 the SMC Board of Supervisors unanimously approved a resolution to establish California's first county or city commission focused on the needs of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. In February of 2014, members of the SMC LGBTQ community came together to request that the Board of Supervisors establish a SMC LGBTQ Commission in order to improve the quality of life and well-being of LGBTQ County residents. The purpose of the Commission is to:

- Bring greater recognition and visibility to the LGBTQ community in SMC by supporting such events as the County's Pride celebration.
- Reduce harassment and bullying of LGBTQ youth in local middle schools and high schools.
- Develop policy recommendations to improve outcomes for underserved and at-risk segments of the LGBTQ population, including youth, communities of color, non-English speakers, seniors and immigrants.
- Promote transgender inclusion among private and public entities in SMC including access to health care and to gendered spaces such as bathrooms and shelters.
- Recommend initiatives to support LGBTQ families with children.
- Take positions pertaining to federal, state and local policies, programs and procedures, and any legislation affecting LGBTQ individuals.

The LGBTQ Commission's Data Work Group is developing a comprehensive needs assessment that will shed light on the needs of LGBTQ people who live and work in SMC and will inform future policy recommendations of the commission. The needs assessment will be implemented in June 2016.

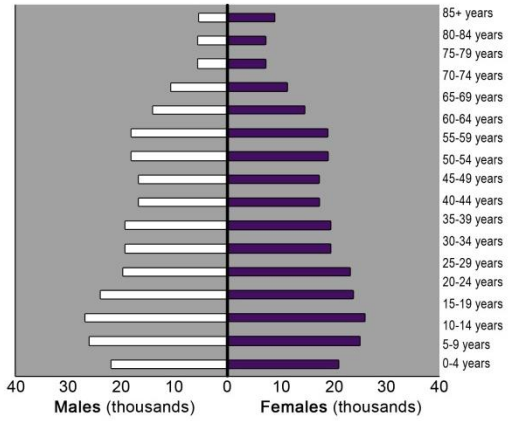
Planning for Future Demographic Changes

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. Figures 15-17 are based on data from the SMC Aging Model.

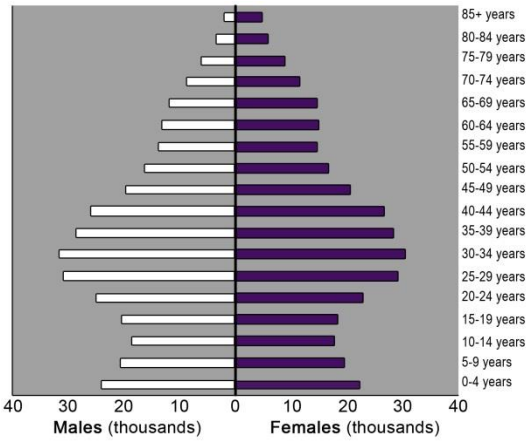
Figure 15 depicts the expected changes in age from 1970 through 2030. The trend over this time period indicates that the population is aging. The aging "pyramids" emphasize the need for the County to prepare for the aging boom in 2020 and 2030 where there are increased numbers of individuals over 50 and 55 years old respectively

Figure 15 **San Mateo County Aging Pyramids**

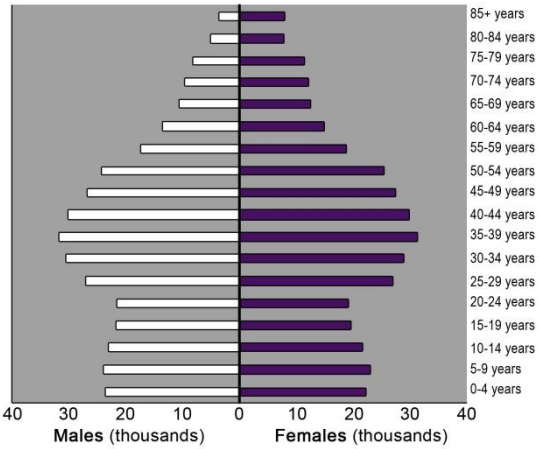
San Mateo County: 1970



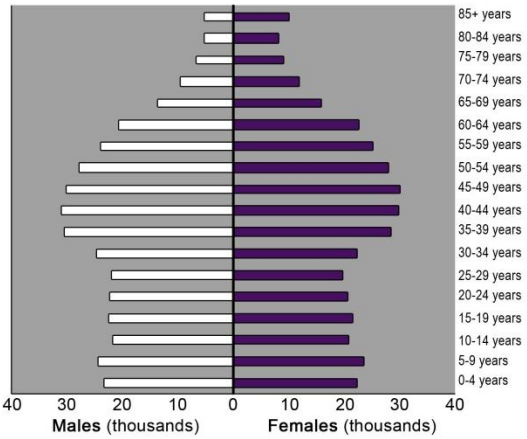
San Mateo County: 1990



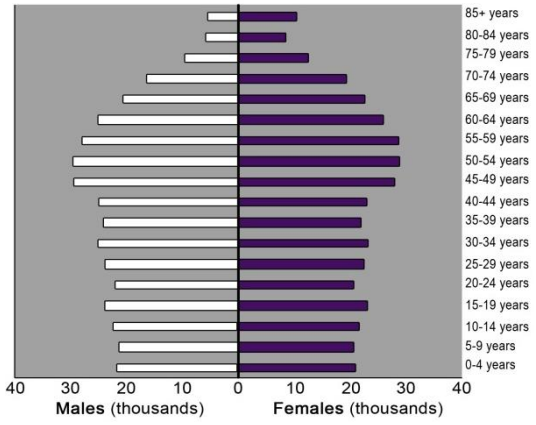
San Mateo County: 2000



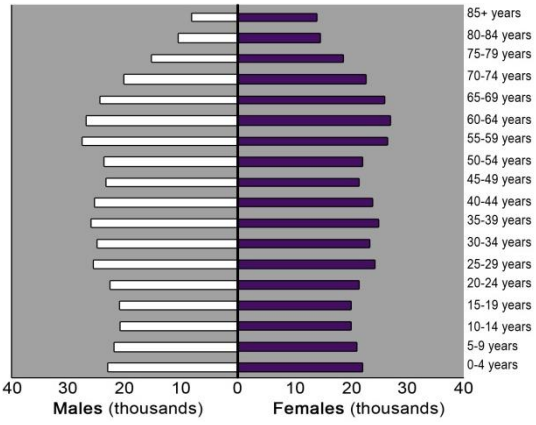
San Mateo County: 2010



San Mateo County: 2020



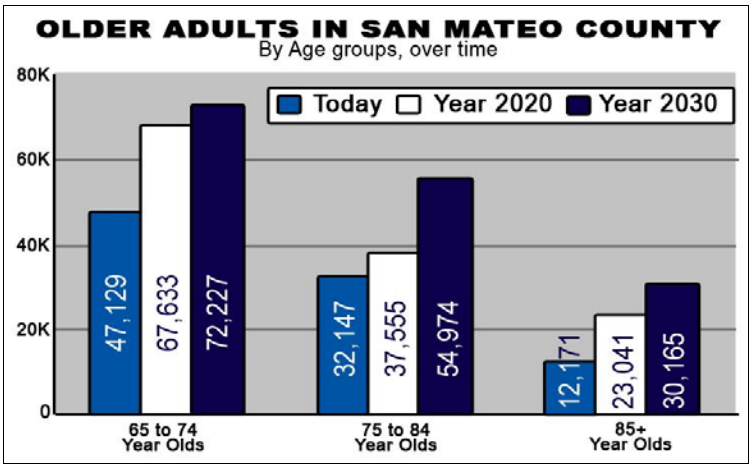
San Mateo County: 2030



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

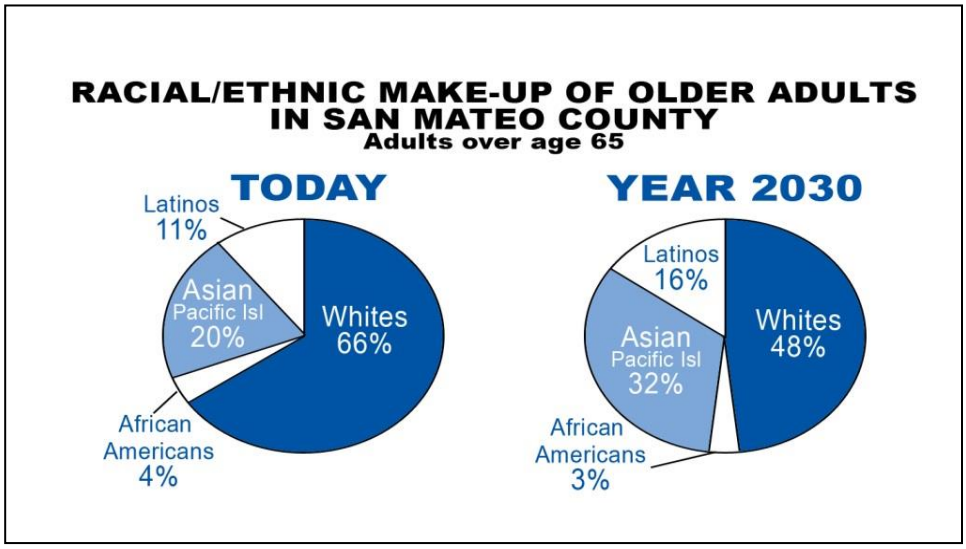
the year 2030. The largest increase will occur in adults over the age of 85 as the number is projected to increase 148% (See Figure 16).

Figure 16



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 17). 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 17



According to the State Department of Finance, the population of SMC is expected to grow to 936,151 by 2060. Figure 18 shows the expected population growth in SMC over time through 2060.

Figure 18

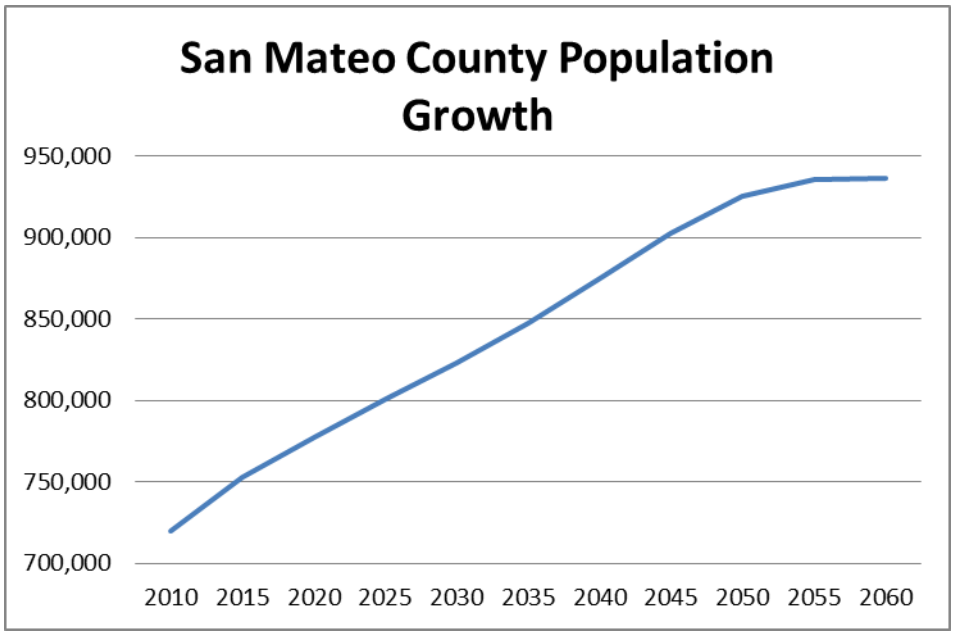


Figure 19 details the estimated population increase by age group for older adults 65 years and older from the years of 2010 to 2060.

Year	Population 65-74 years	Population 75-84 years	Population 85 or more years
2010	50,496	31,028	15,545
2020	83,090	40,140	17,918
2030	99,525	99,525	99,525
2040	99,394	79,800	39,008
2050	99,278	81,094	50,091
2060	90,673	81,690	54,259
Source: CA Dept. of Finance Report P-1 Summary Population Projections by Race/Ethnicity and by Major Age Groups			

Figure 20 shows the estimated population increase from 2010 to 2060 by age groups as well as the percentage of growth. The population that is expected to grow the fastest is those ages 85 years and over. At a 249% increase, this is even higher than the SMC Aging 2020 estimate of an increase of 148% in Figure 16.

Figure 20

Year 2060	Population 65-74 years	Population 75-84 years	Population 85 or more years
Estimated Population Increase from 2010	40,177	50,662	38,714
Estimate of Percentage Population increase	80%	163%	249%
Source: CA Dept. of Finance Report P-1 Summary Population Projections by Race/Ethnicity and by Major Age Groups			

The California State Department of Finance has total population projections changes by race and ethnicity for SMC from 2010 through 2060. The projection breakdown is as follows: White- decrease of 12%, Black/African-American- decrease of 20%; American Indian- decrease of 15%; Hispanic/Latino- increase of 65%; Asian- increase of 52%, Native Hawaiian/Pacific Islander- increase of 69%; and Multi-race- increase of 169%. 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.

Healthy Community Collaborative of San Mateo County

SMC is a partner in The Healthy Community Collaborative of SMC, which performed its seventh comprehensive and random sample survey about health and quality of life issues in SMC. Detailed survey findings are found in the Collaborative's "2013 Community Assessment: Health/Quality of Life in San Mateo County." Five hundred and forty-seven interviews were conducted with those ages 65 years and older.

The following data is based on projections from the 2013 Community Assessment Health and Quality of Life in SMC County.

Caring for Grandchildren

- 4% of survey respondents report they are the primary caregivers for a grandchild or great-grandchild
- The percentage is highest among those without an education beyond high school, those living below 200% of the poverty threshold, and Black/African American and Latino respondents.

Older Dependents

- 9% of adults have an older dependent living in their household because he/she is unable to live alone
- Higher responses are found among young adults, respondents living below 400% of the poverty threshold, and non-White
- The percentage is higher in North County
- 7% of adults ages 65 years and older reported living in the home of a relative.

Dental Care

- 57% of older adults are without full or partial dental insurance

Health Care

- 12% of those between the ages of 18 and 64 lack health insurance.
- 13% have a government-sponsored plan (e.g. Medi-Cal, Medicare, Health Plan of San Mateo

Low-Income

- 16% of older adults reported household incomes below 200% of the federal poverty level

Living Alone

- 37% of older adults live alone

Preventative Services

- 90% of older adults have visited a doctor for a check-up in the last year
- 76% have had a flu shot
- 68% have had a pneumonia vaccine
- 40% of older adults report that they have full or partial dental insurance

Chronic Conditions

- 58% of older adults have been diagnosed high blood pressure
- 48% have high blood cholesterol
- 38% have arthritis or rheumatism
- 23% have diabetes
- 17% have cancer
- 13% have chronic heart disease
- 13% have chronic lung disease
- 45 have had a stroke

- 76% have had a flu shot
- 68% have had a pneumonia vaccine

Mental Health

The following data is based on older adults 65 years and over:

- 4% report they have a history of mental illness
- 24% have experienced periods of depression lasting two or more years
- 21% have sought help for a mental or emotional problem in the past
- 12% have someone for emotional support "little" or "none" of the time
- 48% have high blood cholesterol
- 38% have arthritis or rheumatism
- 23% have diabetes

Activity Limitations

- 5% of older adults report some type of impairment which requires help with their personal needs
- 9% report an activity limitation requiring help with their routine needs
- 26% report an average of 3 days in the past month on which pain has made it difficult for them do to their usual activities (self-care, work, or recreation)

Diabetes

- Prevalence is greatest among those ages 65 years and above and earning less than $28,000 a year
- 9% report an activity limitation requiring help with their routine needs

Avoidable Hospitalizations

- The majority of these occurred with those 65 years and over
- Rates were highest among those ages 85 years and over

Mortality

Cancer and Heart Disease are the leading causes of death in SMC. These are followed by respiratory disease, cerebrovascular disease, Alzheimer's, and pneumonia/influenza. Since 1990, the number of deaths attributed to heart disease, stroke, liver disease, AIDS, homicide, and atherosclerosis has declined.

Falls

Falls are a major cause of hospitalization and death, especially for older adults. From 1990-2010, in looking at mortality due to unintentional falls, the vast majority of deaths occurred among those 65 years and older, with an increasing rate in those 75 years, and above 85 years respectively (Figure 22).

Figure 22

Mortality Due to Unintentional Falls by Age San Mateo County 1990-2010		
Age Group	**Total Deaths**	**Rate Per 100,000 Population**
65-74	87	8.9
75-84	155	23
85+	222	73

Quality of Life

- Crime rates (per 100,000) were 287 for a violent crime and 1139 for crimes against property.
- When asked how safe they feel walking in their neighborhoods, 11% expressed "Fair/poor" comments. This is found predominately in South County.
- Thirteen percent of SMC residents viewed their lifestyle tolerance to be "fair" or "poor", with the other choices being "excellent", "very good" and "good".
- "Fair/poor" health ratings increase to more than 20% among respondents age 65 and over.
- Thirty-five percent of SMC residents use their doctor as the primary source of health information, while 32% mentioned the internet.

SMC residents have significant health risk factors including:

- 54% of residents do not participate in regular vigorous activities.
- 86% exhibit one of more cardiovascular risk factors (physical inactivity, high blood pressure, high cholesterol, lack of physical activity, smoking or being overweight).
- 27% of residents had been informed more than once that their blood pressure was high. High blood pressure is most prevalent among those ages 65 years and over, adults living below the 200% federal poverty threshold, White respondents, Black/African American respondents, and North County residents.
- 34% of residents had been told by a doctor or other health professional that their blood cholesterol level was high.
- 22% of SMC residents are obese. Prevalence increases with age and decreases with those that have higher educations and income levels.
- A total of 10% of SMC residents have diabetes. Prevalence increases with age (23% among those 65 years and over), in Black/African American residents, among those

living under 200% of the FPL, and for residents in North County. Lower reporting in Latino residents may indicate a higher degree of under-diagnosis in this population.

Unique Resources and Constraints for San Mateo County

Unique Resources

Measure A

In November 2012, SMC voters approved Measure A, a 10-year half-cent general sales tax, to maintain the quality of life for all County residents by providing essential services and maintaining and/or replacing critical facilities. On March 17, the Board adopted the final priority areas for Measure A funding for FY 2015-16 and FY 2016-17. These priority areas are: Homelessness and Housing support, Foster Youth/At-Risk Youth, Older Adults, and Early Learning. The following are some of the agreements that are expected to impact older adults and adults with disabilities:

The Board of Supervisors accepted a report from the County Managers' Office, "Affordable Housing White Paper: Preventing Displacement and Promoting Affordable Housing Development in San Mateo County". The report provides direction on the allocation of $11.5 million in Measure A funding for Affordable Housing programs and projects, which includes $9 million for the Affordable Housing Fund and $2.5 million for additional affordable housing programs. The Affordable Housing report is a follow-up on a Board request during the March 17, 2015 Board meeting for more information on 29 proposed Affordable Housing items, including 11 actions outlined in the white paper.

The Board authorized agreements with the following organizations on June 16, 2015: Court Appointed Special Advocates (CASA) ($208,060); InnVision Shelter Network ($454,500); Samaritan House; StarVista Child and Adolescent Abuse Hotline Prevention Program ($1,230,092); Daly City Peninsula Partnership Collaborative ($285,250); Edgewood Center for Children and Families ($150,000); Institute on Aging ($400,000); Alzheimer's Association of Northern California and Northern Nevada ($750,000; Focus Strategies ($78,875); and the Ombudsman Services of San Mateo County ($223,139).

On June 23, 2015, the Board of Supervisors approved Measure A funding for projects including: Grand Avenue Library Improvements ($500,000); Countywide Dental Assessment ($30,000); and matching funding for a Mobile Hygiene Unit ($50,000).

The Board of Supervisors on Dec. 15, 2015 approved five agreements with key local agencies that will help individuals with disabilities and low incomes, veterans, the homeless and other residents.

- The San Mateo County Transit District to subsidize services to youth, older adults, and disabled residents. The total is $5 million annually in Fiscal Years 2015-16 and 2016-17. SamTrans' paratransit services (Redi-Wheels and Redi-Coast) provides more than 290,000 rides each year.

- Adobe Services to provide housing opportunities for chronically homeless individuals and homeless families. The agreement is for $1.39 million through June 30, 2017.

- InnVision Shelter Network to add funding for the continuation of the Motel Voucher Program, which provides emergency shelter for homeless families. The agreement increases funding by $1.25 million.

- The St. Francis Center of Redwood City to purchase and install furnishings for its community room and two study centers. This is a $30,000 grant.

- InnVision Shelter Network to repair three existing facilities:

    1. The Veteran's Hotel in East Palo Alto, which serves homeless veterans; $13,715 for a new roof

    2. Haven Family House in Menlo Park, which shelters homeless families; $32,000 for five hot-water heaters and roof repairs

    3. Redwood Family House in Redwood City, which shelters homeless families; $8,500 for asphalt repairs.

SCAN Foundation

The SCAN Foundation is an independent charitable organization whose mission is to advance a coordinated and easily navigable system of high-quality services for older adults that preserve dignity and independence. The AAS' New Beginning Coalition (NBC) was chosen to participate in the Foundation's Community of Constituents initiative. This initiative is a statewide movement of over 500 member organizations with an additional 700 affiliated members, to transform the system of care, so that all Californians can age with dignity, choice and independence. NBC received a grant for January 2014 through December 2015 and was awarded a second grant for January 2016 through December 2017. More information about NBC is included in the Developing the Service Delivery System of Goals for the AAA section of this Area Plan.

Constraints

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.

Looking to the future, 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

North County and Central: 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. ACS Estimates are not found for all cities. The information below is for some of the cities in SMC with a higher percentage of racial populations that reside there.

- **Daly City:** Bordering San Francisco, Daly City's population is now 103,897 (Source: 2010-2014 ACS 5 Year Estimates US Census). Over 56% of the city's residents 65 years and over are Asian. Of the total population, the largest racial group (33%) is Filipino. Nineteen percent of foreign-born population is 65 years and older with the majority coming from Asia. Sixty-nine percent speak a language other than English, with most speaking Asian and Pacific Islander languages.

- **South San Francisco:** South San Francisco is an ethnically diverse city with a population of 65,537, 9456 of them being people 65 years or over. Of the older population, 32% are Asian and 22% are Latino. Of the total population, 37% are Asian, with most being Filipino (20%). Nineteen percent of the population over the age of 65 is foreign-born. Fifty-six percent of older adults speak a language other than English.

- **City of San Mateo**: Nineteen percent of the population over the age of 65 is Asian and 11% is Hispanic/Latino. The North Central and North Shoreview portions, considered more low-income than other parts of San Mateo, are majority Latino. Sixteen percent of the population is foreign-born, with most being born in Asia, followed by those that were born Latin America. Thirty-seven percent speak a language other than English, including

Spanish, Asian, and Pacific Islander languages. Of this older population, 15% are at 100 to 149% of poverty level or below.

- **Foster City:** The population of the city is 30,567**.** The percentage of Asians in the city that is 60 years and over is 35%. Of this older population, 12% are at 100 to 149% of poverty level or below. Thirty-six percent of the households in Foster City are householders over the age of 60 who live alone.

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.

- **Redwood City:** According to the 2010-2014 ACS 5-Year Estimates 19% of Redwood City's residents are Latinos over the age of 65. Twelve percent of this population is foreign-born and 30% speak a language other than English, mostly Spanish. Many Latinos live in the east-side neighborhoods bordering North Fair Oaks.

- **North Fair Oaks:** This entry community is largely populated by immigrants from rural Mexico. According to the 2010-2014 ACS 5-Year Survey Estimates, this area's population was 15,181, Twenty-eight percent of the households have one or more persons over the age of 60 that reside there. Seventy-two of the population is Mexican. Of the households that received SNAP benefits in the past twelve months, 13% has someone in the household that was 60 years or over.

- **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 28,920 (2010-2014 ACS 5-Year Survey Estimates) and includes a racial mix that is 62% Latino, 14% African-American and 12% Pacific Islander. Twenty-five percent of the households have one or more persons over the age of 60 that reside in the home. Of the households that received SNAP benefits in the past twelve months, 22% has someone in the household that was 60 years or over.

- **Belle Haven**: A Menlo Park neighborhood bordering East Palo Alto, Belle Haven has a high percentage of racial minorities that reside there.

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 Cruz County line, experiences greater transportation challenges than the rest of the county.

Service System

Service Delivery for Programs: Older American Act Providers

In addition to its in-house programs, AAS currently contracts with community-based organizations (CBOs) that work in partnership with the County to provide a coordinated system

of service 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 Adult Day Care (ADC), Adult Day Health Care (ADHC), Information and Assistance, Congregate Nutrition, Family Caregiver Support, Health Promotion, the Home-Delivered Meal Program, Long-Term Care Ombudsman, Employment, Legal Assistance, and Transportation. An AAS contracted services not funded by OAA is the Health Insurance Counseling and Advocacy Program (HICAP), which is supported by the California Department of Aging with financial assistance through a grant from the Administration for Community Living and is authorized under the Older Californians Act as a community-based services program. Other AAS contracted services not funded by OAA include occupational therapy evaluation, home health, infusion services, Lifeline (medical alert system), and taxi services for medical and other appointments.

Other Service Delivery Systems: Services within San Mateo County

Human Services Agency

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

Behavioral Health and Recovery Services

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

The Division is responsible for providing needed mental health services to all individuals who are eligible for Medi-Cal under a managed care plan called the Mental Health Plan (MHP). The Division serves over 10,000 clients through outpatient service centers in Daly City, San Mateo, the Coastside, Redwood City and East Palo Alto, in school-based locations, and through a network of community agencies and independent providers. These County and community resources provide outpatient services, residential treatment, rehabilitation and other services for adults and children. The Division operates the Cordilleras Mental Health Center, in Redwood City, a licensed 68-bed mental health rehabilitation center (MHRC) and a licensed 49-bed adult residential facility (ARF) through a contract with Telecare Corporation. All BHRS 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.

For calendar year 2015, BHRS had 2,789 unduplicated clients that were 60 years and over. Fifty-eight percent of the clients were female and 42% were male. Thirty-seven percent of the clients served were White; with the next highest percentage being unknown/not reported (30%) followed by those that state being Hispanic or Latino (15%). The primary language of the clients were 63% in English, the next highest percentage was unknown/not reported 23%, followed by Spanish at 8%.

Older Adult System of Integrated Services (OASIS)

OASIS is a BHRS program which provides mental health services to older adults primarily at their place of residence. Services include medication evaluation and monitoring, case management, counseling, and collaboration with primary care as needed. Services are available to SMC residents age 60 and over who require field-based mental health services due to complex medical conditions, cognitive impairment and or limitations to their day-to-day functioning. The team is staffed with language capacity in Spanish, Mandarin, and Cantonese. Recipients are primarily individuals with Medi-Cal, Care Advantage, or Cal Medi-Connect insurance.

Collaborate Care Team (CCT)

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

Medication Assisted Treatment (MAT) Services

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

The partnership has brought new programming to BHRS Alcohol & Other Drug Services,

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

Parts of this new collaboration began in June 2015 in Primary Care clinics, the SMMC Emergency Department (ED) and Psychiatric Emergency Services (PES), and with criminal justice-involved individuals. The final piece of this effort opened in January 2016. The new HealthRight 360 SMMC is offering Medication Assisted Treatment and basic Primary Care to HPSM members. This new HR360 MAT clinic is designed to provide MAT services to those not already connected to behavioral health or primary care services.

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

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

Other Service Delivery Systems Providing Services within PSA 8

Human Investment Project (HIP)

HIP provides affordable solutions for a variety of housing needs. HIP offers the Home Sharing project, which is a living arrangement in which two or more unrelated people share a home or apartment. HIP facilitates two types of arrangements: (1) Match arrangement in which a home provider is matched with a home seeker who pays rent and (2) A service exchange (often involving older adults) that entails a home seeker who agrees to provide services in lieu of paying rent.

Institute on Aging

The Community Care Settings Pilot program (CCSP) assists HPSM members to transition out of nursing facilities back to living independently in the community. CCSP also provides intensive case management and housing services and supports to individuals in the community, or those who are in acute care settings, that are at imminent risk of institutionalization. CCSP is a collaboration between Institute on Aging and Brilliant Corners and is funded by HPSM, a local non-profit healthcare plan. CCSP care management staff work to ensure that individuals are connected to all available community resources, stable housing, and appropriate healthcare services to support their ability to live at home safely.

Peninsula Circle of Care Program

The Peninsula Circle of Care (PCOC) Program provides a creative and innovative solution to support older adults with complex medical and social needs to remain safe and secure at home while avoiding unnecessary returns to the hospital. Launched in March of 2012, PCOC is offered through a unique collaborative partnership between Mills-Peninsula Health Services, a 241-bed acute care hospital and a member of the Sutter Health hospital system; the Palo Alto Medical Foundation, a nonprofit health care organization with medical clinics throughout the San Francisco Bay Area; and Peninsula Family Service, a nonprofit organization that provides services to families and older adults in the community. The PCOC program leverages the expertise of a hospital, a medical group and a community organization to provide continuity of care to a patient from the hospital to their home and community environment.

Utilizing three evidence-based models for continuum of care, PCOC support patients as they move across different settings of care. Recognizing that medical care is an important but relatively small contributor to one's overall health, PCOC also addresses other prominent determinants of health including socioeconomic and social factors.

This program enrolls Mills Peninsula Hospital patients who are considered to be at a high risk for returning to the hospital. A network of support, including registered nurses, master's level social workers (MSW) and wellness coaches, is provided at no cost to patients to aid them in achieving their personal health goals and avoiding an unnecessary return to the hospital. Registered Nurse addresses medical issues such as ensuring patients knowing how to take their medications and preparing for an upcoming physician's visit; MSW addresses social issues critical to maintaining health and safety. For example, PCOC MSWs ensure services set up by the hospital are in place, link patients to appropriate resources in the community, and facilitate conversations on advanced care planning and goals of care. Wellness Coaches step in after the first 30 days with the goal of optimizing patients' longer-term wellness at home for another six months.

For many patients, the home visits and phone calls decrease their isolation and loneliness. Realizing that one-third of older adults live alone and may not have sufficient support when they go home, PCOC offers complementary services during the first 30 days after discharge, such as home-delivered hot meals, caregiver support and transportation to health care appointments. The program is centered on the goals expressed by patients and their caregivers and other needs identified by the health care team.

Patients and caregivers describe PCOC's services as a seamless system of support. Patients reported in the PCOC Qualitative Evaluation that they are feeling more confident and empowered, demonstrating greater self-efficacy for managing their health/health care; Becoming more "activated," taking greater personal responsibility for their own health care, and improving their mindset and behaviors to achieve greater health and wellness. For families and caregivers, this program is increasing their capability, confidence, and engagement in caring for their loved ones while knowing that they are doing the right thing.

The PCOC program's greatest strength is the ability to "fill the gap" between intense hospital care and routine self-care for vulnerable older adults whose post-hospitalization health would likely falter or decline because of errors or poor support. It is crucial that collaboration and

ongoing dialogue occurs with all providers to ensure that needed services are well coordinated, not duplicated, and to communicate patients' goals and plans for follow up care. www.mills-peninsula.org/pcoc/

Local Service Delivery System

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

- ADC/ ADHC
- Congregate Nutrition
- Employment
- Family Caregiver Support Program
- Health Promotion
- Home Delivered Meals
- Information & Assistance
- Legal Assistance
- Ombudsman
- Transportation

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

- HICAP of San Mateo County

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

- Elder Abuse Prevention

Community Service Areas within San Mateo County

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

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

1. Geographic boundaries and identified barriers
2. Ethnic and cultural areas
3. Population density
4. Transportation accessibility
5. Identified areas where the community looks for services

a. Commerce centers

b. Professional service centers

c. Existing focal points for services

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

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

Challenges and Successes

AAS Leadership Challenges

AAS Leadership has identified that the housing crisis in SMC is magnified for older adult and persons with disabilities because it affects the population at different levels of care. At the community level, the lack of affordable housing is forcing older adults to make difficult choices to meet basic needs like food, shelter, and medical care costs. As mentioned prior, Section 8 vouchers are not being accepted by landlords and since vouchers have an expiration date this can create increased anxiety for section 8 voucher holders. On another end, older adults are being evicted for not being able to afford the increased hike in their housing costs. Few options of affordable housing are available in SMC. For example, mobile home parks are being closed and replaced by the construction of apartment or office building. For those in higher levels of care, like Residential Care Facilities (RCFs) and Skilled Nursing Facilities (SNFs), similar trends are being experienced. This trend has created a shortage of beds in SMC.

OAA Program Challenges

Funding

As detailed earlier in this document, funding is a major challenge for community-based programs. The OAA contractors have uncertain futures because the staff at city-based programs is being reduced due to budget cutbacks. Non-profit providers are facing similar staffing reductions and staff turnover. SMC has seen the loss of an OAA funded Congregate site in South County for FY 14-15. The site decided to still have a lunch program but wanted the flexibility that they felt was not possible under OAA guidelines.

Challenges for providers include balancing priorities in services. OAA programs are experiencing cost increases without additional funding to provide the services. Examples of affected providers are those that provide congregate and home-delivered meals. The costs of food and staffing continue to increase. Wages, insurance, and supply costs increase yearly. It is also difficult to recruit and retain volunteers in part because unemployment is low. It also makes it hard to recruit new staff. Non-profits cannot compete with wages in other industries. Increases in the cost of daily operations as well as some sites seeing an increase in clients have resulted in the need to closely examine the reduction of meals being provided to clients or explore different ways of delivering the service. Although fuel costs are at an all-time low currently, there has not been a roll back of prices in other areas and the dip in fuel prices is expected to be temporary.

Transportation is also a challenge to provide because it is a costly service for programs to offer for their clients. As the population is aging, there is an increased need for the service but funding has not increased to meet the need. Ways to alleviate the transportation issue continue to need be explored by the many stakeholders interested in finding new and creative solutions.

Serving a Multicultural Community

SMC is a very multicultural community. While it is an asset to have so many different communities in our County, this may pose a challenge as well. Providing linguistic and culturally competent services in targeted populations, including Spanish, Chinese, Tagalog and Russian speaking communities continues to be a challenge. As the population changes, providers are challenged with meeting the needs of diverse communities. CBOs may not have the capacity to provide services or materials in the language(s) of the communities needing assistance. Translation services may be needed but the cost is prohibitive for some CBOs.

AAS Leadership Successes

- AAS is in the second year of the Coordinated Care Initiative (CCI) Pilot. As one of 8 counties in the State, AAS has created an In Home Supportive Services unit (IHSS) that specializes in care coordination services to high risk Medi-Cal clients. The Unit, named CCCI-IHSS, in partnership with the Health Plan of San Mateo (HPSM) aims to enhance AAS' ability to help people strengthen the relationship with the medical team in order to avoid unnecessary hospital and nursing home admissions. The care coordination team ensures that case management integrates clinical resources and Home and Community Based Services (HCBS) available to the person.

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

OAA Program Successes

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

Many of the Ombudsman programs throughout the State are not able to maintain a regular presence in all 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% for

nursing homes and 87% for the 325 residential care facilities covered, based on a comprehensive facility coverage plan (more stringent than that required by the State) that identifies facility rankings and identifies priority facilities that are problematic and require multiple monthly or even weekly visits.

The biggest success for the community-based programs is that despite the financial challenges, changes in funding streams, challenges in serving a multicultural community and changes of priorities in service 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 (AAA)

Aging and Adult Services of San Mateo County

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

SMC is perceived as a service-rich County because it houses a broad continuum of services for its residents. In addition to its highly coordinated county-based services, a variety of private non-profit and proprietary agencies respond to all levels of consumer needs. The County, as a subdivision of the State, provides a vast array of services for all its residents. Services include social services, public health protection, housing programs, property tax assessments, tax collection, elections and public safety. The County also provides basic city services for those residents that live in unincorporated areas.

The AAS Division of the SMC serves as this County's AAA. AAS, plans, coordinates, develops programs, and advocates for older adults and adults with disabilities in 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. AAS provides a wide range of services to keep older adults, people with disabilities and dependent adults living safely and as independently as possible in the community.

Since that time, the Division has changed its name from "Long Term Care" to "Aging and Adult Services" to reflect the expanded continuum of services it provides for seniors and adults with disabilities. The goal of AAS is to ensure the delivery of client-centered, compassionate, and fiscally responsible services that foster self-determination, meet professional standards and ethics, and reflect the County's vision. This is accomplished by offering services that provide a combination of protection, support, prevention, and advocacy. These include:

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

- Community-Based Services
- Public Authority Advisory Committee
- Centralized Intake/TIES Line (toll-free Information and Assistance)
- Multidisciplinary 24-hour Response Team
- Adult Protective Services
- Elder and Dependent Adults Protection Team
- Representative Payee
- In-Home Supportive Services (IHSS) /Public Authority
- CCI-IHSS
- Public Guardian/Conservator
- Public Administrator

The AAS Centralized Intake Unit serves as a single point of entry for adults into the SMC system of publicly provided services. A single point of intake (1-800-675-8437) makes the County's adult services system more accessible, promotes more comprehensive, holistic assessments of older adults and adults with disabilities, and strengthens the coordination among existing programs. The Centralized Intake Unit consists of a 24-hour 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.

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

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

Advisory Bodies

CoA & CoD

AAS has three formal advisory bodies, the CoA, CoD, and the Public Authority Advisory Committee. 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.

Public Authority Advisory Committee

As of January, the IHSS Advisory Committee no longer exists. In its place, the Public Authority Advisory Committee is charged with looking at issues that impact the Public Authority, most notably the Registry and the training of providers. The committee has 5 members, with no COA or COD representation required. The committee will meet 6 times a year and is in the preliminary stages of identifying their mission and goals. The committee is in the midst of implementing a voluntary core competencies training program for providers. It will be launched in next fiscal year.

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

CoA and CoD Committees

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

- The CoA has decided to focus on access to services, elder abuse, and transporation as priority areas for 2016. Committees exist for each of these areas.
- The CoA and CoD continue to solicit community input regarding problems with accessible transportation.
- The Legislative/Advocacy Committees of the CoA and CoD each solicit input from consumers and providers regarding needs and issues, analyze proposed legislation and make recommendations to the CoA, CoD and the Board of Supervisors.
- The CoD ADA Committee provides a forum for the discussion of Americans with Disabilities Act accessibility issues.
- The CoD Youth and Family Committee provide a forum for the discussion of issues related to raising children and youth with disabilities.

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

New Beginning Coalition

The New Beginning Coalition (NBC), convened by the AAA, is a broad-based group of 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 four times a year. The group is responsible for the long-range planning of a continuum of services, community education and advocacy efforts that include the participation of a wide range of individuals and

organizations. The purpose of this coalition is to implement the goal-based strategic planning approach across the system of services in SMC.

The AAA uses a cooperative and participatory process in setting and accomplishing goals. Projects will be determined by the Area Plan. As projects are completed for the plan goals, the Area Plan will be informed, and new projects 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.

Currently, the Steering Committee has five members, including two AAS staff, which includes the Program Services Manager and the AAS Planner. The rest of the membership is made up of two providers with contracts with the AAA and one community service provider involved with older adult volunteers. This Committee's first task was to work on the development of the Area Plan for FY 2012-2016, starting with the development of the needs assessment.

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.

The NBC conducts the planning process, establishes priorities, and provides opportunities for public involvement through long-range planning, coordination, and advocacy efforts that include the ongoing participation of a wide range of organizations and diverse community representatives. In planning, it is important to remember that the ideal service delivery system is integrated and flexible, based on the functional needs of individual consumers, without artificial constraints posed by funding sources. It is consumer-driven, incorporating consumer participation and choice. The focus of NBC continues to be on systems development with a proactive orientation. The primary vehicle for achieving this end is the development of a long-range plan for a continuum of services that is responsive to the needs of its consumers and acknowledges and incorporates the diversity that exists in SMC. This Strategic Plan serves as a blueprint for all other plans regarding older adults and adults with disabilities.

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

- Active Access Initiative Collaborative
- Adult Abuse Prevention Collaborative
- BHRS Older Adult Committee
- CoA Committees

- CoD, including the ADA Compliance Committee
- Fall Prevention Task Force of SMC
- PRIDE Initiative (led by BHRS staff and consists of individuals who are concerned about the well-being of the LGBTQQ communities in SMC).

It is expected that some of these workgroups, collaboratives, or its members will continue to work to implement the new Area Plan. New workgroups may form as needed to implement the FY 2016-2020 Area Plan goals.

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

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

Section 4: Planning Process/Establishing Priorities

The Planning Process

Steps involved in Planning Process

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

The long-range planning for the Area Plan is guided by NBC. The NBC meetings were scheduled every three months in January, April, July, and October. Based on what was covered at the quarterly meetings, the Steering Committee assisted in the development and implementation of the Area Plan needs assessment from FY 14-15 and 15-16. More intense planning for the Area Plan occurred in FY 15-16.

The focus of the meeting on January 27, 2015 was on the regional coalitions. The purpose of the meeting was to help guide the decision-making for the future of the NBC. A panel presentation included Community of Constituents members Amy Andonian, Aging Services Coalition of Santa Clara County; Katherine Kelly, Bay Area Senior Health Policy Coalition; and Wendy Peterson, Senior Services Coalition of Alameda County. The panelists addressed the following questions:

- What is the mission of your coalition? What is the work around which your coalition formed?
- What makes your group a coalition?
- Who are the members? How do you engage them in the coalition's work?
- What are you currently working on?
- What have been successes? How do you measure success?
- What are your future projects?

A group discussion followed the presentation. The Steering Committee wanted to know what piqued the interest of NBC members. The group responses included the following:

- There is a need to focus on advocacy/policy.
- More involvement is needed with the Senior Health Policy Coalition to work on regionalization of issues.

- There is a lack of consumers, adults with disabilities, elected officials, and mental health and faith-based organizations at the table.
- What is the communication with other coalitions?
- How much authority does NBC have?
- How does NBC reach out to outlying targeted/isolated areas?

NBC held a meeting on July 21, 2015. With the objective of reviewing the FY 12-16 Area Plan goals and objectives in order to plan for meeting topics for FY 2015-2016. Topics of interest were housing, transportation, and a presentation on the AAA OAA contracted Information and Assistance (I & A) providers.

NBC held a meeting on November 3rd, 2015. The objective of this meeting was to assess what were the needs the coalition members saw in the communities they serve. Housing, transportation, and access to services were the tops needs decided upon by the members.

The first meeting of 2016 was conducted in January to review the results of the Area Plan needs assessment and to review and offer feedback on the proposed goals developed by the Steering Committee. It is expected that the April 2016 meeting will include the presentation of the goals in this plan and that the July 2016 meeting will focus on steps to implement the Area Plan for FY 16-17 and beyond.

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

Currently, the NBC membership consists of about 40 active members that include AAS staff, staff from other County programs (including the San Mateo Medical Center's Senior Care Center), community-service providers for older adults and adults with disabilities, (those that have contracts with the AAA and those that do not), Commissioners from CoA and CoD, members of Boards/Commission outside of the AAA, staff from local government that provide services for older adults, for-profit home care providers and other interested community members from the public.

The NBC, along with the Area Plan, is part of the SMC Healthy Communities Initiatives of the Shared Vision 2025 for San Mateo County, which is the Board of Supervisors' visioning process for the future of SMC. The NBC falls under one of the broad outcomes expressed by the community visioning process. The outcome of "Healthy" is a vision that our neighborhoods are safe and provide residents with access to quality healthcare and seamless services.

Stakeholder Forums

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

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

Other groups convened by AAS or in which AAS participates are also a source of information about the needs of seniors and adults with disabilities. Groups such as Active Access Initiative Collaborative; CoA's Adult Abuse Prevention Committee; BHRS's Older Adult Committee, Chinese Health Initiative, Latino Collaborative, PRIDE Initiative, Spirituality Initiative, and Suicide Prevention Committee; Directors of Volunteers in Agencies (DOVIA); Daly City ACCESS; Daly City Peninsula Partnership; the Paratransit Coordinating Council; San Mateo County Fall Prevention Task Force; and San Mateo County Oral Health Coalition.

Section 5: Needs Assessment

Processes and Methods

Needs Assessment Survey Development

In collaboration with a subcommittee from the NBC Coalition as well as the NBC Steering Committee, the development of the survey for older adults and adults with disabilities started in February 2015. The subcommittee included key stakeholders that provide services for targeted communities to serve as an advisory group in order to assist in the development and implementation of the survey. The NBC Steering Committee assisted in making final decisions about the survey tool questions. The survey tool that was used to inform the FY 2012-2016 Area Plan was updated to include survey questions that the subcommittee wanted to include to gather more data about community needs. The survey tool also included the questions on nutrition and transportation that were recommended by the California Department of Aging in the fall of 2015.

Needs Assessment Survey Format

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

Inclusion of LGBTQQ Older Adults as a Vulnerable Population

As in the Area Plan for FY 12-16, questions were changed that would elicit responses from targeted communities such as the LGBT population, Baby Boomers not yet 60 years old and low-come individuals. In order to be inclusive of the LGBTQ community, the needs assessment, included questions with expanded choices for gender and sexuality. The SMC Behavioral Health and Recovery Services' PRIDE Initiative was asked to review the survey and was kept informed about the progress of the needs assessment. Peninsula Family Service continues to be one of the AAA's contracted providers. Their senior peer counseling program includes services for the LGBT community. The LGBT senior peer counseling coordinator is a member of PRIDE.

SMC's newly formed LGBTQ Commission has a Data Work Group that is developing a comprehensive needs assessment that will shed light on the needs of LGBTQ people who live and work in SMC and will inform future policy recommendations of the commission. The needs assessment will be implemented in June 2016. Needs assessment findings will be reported in future Area Plan Updates.

Needs Assessment Survey Implementation

Once ready for implementation, the survey was distributed through existing connections, such as the NBC membership, OAA service providers, senior housing sites, and other programs in the community that serve older adults, adults with disabilities, and their caregivers. Target groups for the needs assessment included: older adults that belong to ethnic/racial minorities, those whose first language was not English, those who were homebound and/or isolated, those who are low-income and members of the LGBT community. Other targeted groups were older adult caregivers and adults with disabilities.

Needs Assessment Survey Distribution

In order to reach low-income older adults, areas in the County that have a higher percentage of low-income residents (such as the city of East Palo Alto, the northern area of the city of San Mateo, and the North Fair Oaks area of Redwood City) were targeted for survey distribution. Organizations that serve a low-income community were sought out to assist in distributing surveys to their clients. For older adults that are limited English-speaking, organizations that serve these communities were targeted for survey distribution. SMC's most rural area is on the Coast. Outreach for survey distribution included hard copies delivered to organizations that serve the target populations. The list below is not an exhaustive list because some organizations received the survey through an e-mail and they made their own copies.

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

Community Events

- Foster City Senior Health Fair
- Fog Fest- City of Pacific fair
- Half Moon Bay Senior Fair
- San Mateo Senior Center Fair
- Seniors on the Move
- San Mateo County Housing Expo

Organizations/Programs

- Adaptive P.E. Veterans Memorial Senior Center
- AAS
- Alliance for Community Empowerment
- Foster Grandparent Program
- HIP Housing
- Kimochi

- Legal Aid
- Lincoln Community Center (Congregate Meal Program)
- Peninsula Volunteers (Home-Delivered Meal Program)
- San Bruno Senior Center
- San Mateo County Alcohol and Other Drug Services
- Second Harvest Food Bank (Brown Bag)
- Self Help for the Elderly
- South San Francisco Magnolia Senior Center

Coalitions, Committees, Collaboratives, and Associations

- African-American Community Health Advisory Committee
- Family Caregiver Collaborative
- New Beginning Coaltion
- Organization of Chinese Americans Peninsula Chapter of San Mateo County
- OAA AAA Contracted Providers
- San Mateo County Active Access Collaborative
- San Mateo County Behavioral Health and Recovery Services Chinese Health Initiative

Senior Housing

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

As mentioned prior, the survey link was distributed by social media through NextDoor. It is estimated that over 90,000 people received the link through NextDoor. It is not known how many survey respondents completed the survey because they received the link through NextDoor, but it is estimated that at least 500 people completed the survey due to having received the link via this avenue because of the spike in survey responses in Survey Monkey the day after the information was sent via Next Door.

Needs Assessment Results

Area Plan Survey of Older Adults and Adults with Disabilities

There were approximately 3,000 hard copies of the survey that were distributed. Fifty-four percent of the total surveys received were hard copies that were then entered into Survey Monkey by AAS staff, which indicates that 46% of respondents went on-line to complete the survey. This is a great increase from the last needs assessment. For the Area Plan for FY 12-16, only 5% of the surveys were completed by individuals entering the data themselves through Survey Monkey. Copies of the surveys were received from at least six community events; fourteen organizations; and seven coalitions, committees, collaboratives. The number of hard copies of the survey that were returned in the different languages were: Chinese-38, Russian-2, Spanish-52, and Tagalog-7.

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

Health and Wellness Concerns

Respondents were asked to note if the health concerns below were: not a concern, a small concern, or a big concern. The top three health and wellness concerns that received the highest percentage of those respondents noting that the concern was "a big concern" were: dental (37%), accidents in the home/falls (36%), dependence on others (36%), and getting enough exercise (35%).

Percentage of Total	Response Count for "A Big Concern"	Total Respondents
Dental Needs 37%	485	1299
Accidents in the Home 36%	470	1313
Dependence on Others 36%	457	1282
Getting Enough Exercise 35%	448	1290
Alzheimer's Dementia 32%	416	1282
Vision 32%	403	1263
Hearing Loss 26%	332	1277
Taking care of another person (adult) 26%	327	1266
Depressed Mood 23%	293	1278
Learning about assistive devices 18%	223	1274
Taking care of another person (child) 10%	116	1219

Access to Services Concerns

Respondents were asked to note if the access to service concerns below were: not a concern, a small concern, or a big concern. The top three access to service concerns that received the highest percentage of those respondents noting that the concern was "a big concern" were: learning about services/benefits available for older adults (44%), understanding Medicare (40%), and accessing and enrolling for services (38%).

Percentage of Total	Response Count for "A Big Concern"	Total Respondents
Learning about services/benefits 44%	559	1273
Understanding Medicare 40%	511	1270
Accessing/enrolling for services 38%	474	1258
Understanding Social Security 36%	453	1259
Understanding Medi-Cal 31%	388	1261

Financial Concerns

Respondents were asked to note if the financial concerns below were: not a concern, a small concern, or a big concern. The top three financial concerns that received the highest percentage of those respondents noting that the concern was “a big concern” were: financial security/money to live on (40%); financial abuse/identify theft (29%); and legal affairs such as wills, trusts, durable power of attorney, etc. (28%).

Percentage of Total	Response Count for "A Big Concern"	Total Respondents
Financial security/Money to Live On 40%	512	1276
Financial abuse/Identity Theft 29%	361	1260
Legal affairs 28%	353	1272
Ability to earn money 26%	327	1272
Help paying for utilities 23%	294	1271
Managing money 20%	252	1245
Filing Taxes 16%	201	1268

Housing Concerns

Respondents were asked to note if the housing concerns below were: not a concern, a small concern, or a big concern. The top three housing concerns that received the highest percentage of those respondents noting that the concern was “a big concern” were: remaining in your home (43%), affordable housing (36%), and home and yard maintenance (24%).

Percentage of Total	Response Count for "A Big Concern"	Total Respondents
Remaining in home 43%	545	1280
Affordable Housing 36%	459	1277
Home & yard maintenance 24%	301	1278
Home modifications 22%	281	1283

Public/Personal Safety Concerns

Respondents were asked to note if the public/personal safety concerns below were: not a concern, a small concern, or a big concern. The possible public/personal safety concerns

were only three. The percentages of those respondents noting that the concern was “a big concern” were: disaster preparedness (37%), crime in my neighborhood (28%), and physical abuse (12%).

Percentage of Total	Response Count for "A Big Concern"	Total Respondents
Disaster preparedness 37%	471	1282
Crime 28%	357	1290
Physical abuse 12%	152	1279

Social Support Concerns

Respondents were asked to note if the social support concerns below were: not a concern, a small concern, or a big concern. The top three social support concerns that received the highest percentage of those respondents noting that the concern was “a big concern” were: finding friends/social activities (24%), isolation (23%), loneliness (23%), and emotional support/counseling (21%).

Percentage of Total	Response Count for "A Big Concern"	Total Respondents
Finding friends/social activities 24%	311	1279
Isolation 23%	294	1273
Loneliness 23%	288	1277
Emotional support/Counseling 21%	269	1277
Finding volunteer opportunities 15%	190	1268

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

Respondents were asked to note if the social concerns (ADLs/IADs) below were: not a concern, a small concern, or a big concern. The top three social support concerns that received the highest percentage of those respondents noting that the concern was “a big concern” were: doing heavy housework (29%), walking (16%), and shopping (15%).

Percentage of Total	Response Count for "A Big Concern"	Total Respondents
Doing heavy housework 29%	372	1273
Walking 16%	203	1263
Shopping 15%	190	1263
Preparing meals 15%	189	1271
Doing light housework 12%	154	1264
Managing medications 12%	146	1266
Bathing routinely 11%	137	1271
Ability to eat 9%	115	1271
Getting in/out of bed 9%	111	1269
Tranfering in/out of bed 9%	111	1260
Dressing/undressing 9%	109	1260
Toileting 9%	109	1261
Using phone 8%	105	1261
Getting to bathroom 8%	104	1265

Nutrition

Although based on the survey results, most of the respondents appear to not have nutrition needs, it is important to note the numbers of those that do have needs, such as not having enough money to buy food for nutritious meals in the month; they are not able to drive to the grocery store, shop for food, and carry the groceries back home; and are not physically able to cook nutritionally balanced food. Also concerning is almost 30% of the respondents stated having unintentionally lost or gained 10 pounds in the last six month.

Question	Yes	No	Total Respondents	Percentage of Area of Concern
Able to cook?	1029	236	**1265**	18.7%
Appliances function properly?	1172	91	**1263**	7.2%
Bring groceries home?	902	360	**1262**	28.5%
Lost weight?	364	890	**1254**	29.0%
Enough money monthly to buy food?	1000	223	**1223**	18.2%

Transportation

The vast majority of survey respondents use their own car for transportation (73%). The second highest percentage is those that have relatives or friends that transport them (23%). This is followed by those that use public transportation (16%). The population that is using public transportation more tends to be lower income, minority populations. Many Latinos, also low income and limited English speakers, had family/friends that would transport them or they would walk as their mode of transportation. This community tended to be more in South County. Even though most of the people that answered the survey still drive themselves, transportation is an issue for those that don't have a car, can't drive anymore, don't have public transportation close by, or are not eligible for paratransit but can't use public transportation.

Response	Total number of respondents
Own vehicle 73%	895
Relatives/friends 23%	283
Public transportation 16%	198
Paratransit 7%	82
Senior Center Shuttle 5%	57
Taxi 3%	33
Ride Share 2%	21
No transportation is available 1%	17
	N=1,235

Transportation Destinations

Of those that need transportation, the vast majority need transportation to their doctor/medical appointments (85%). This is followed by needing transportation for shopping/groceries (63%), and to visit family and friends (47%).

Response	Total number of respondents
Doctor/Medical Appointments 84%	516
Shopping/groceries 63%	389
Visit family/friends 47%	290
Entertainment 35%	214
Personal care 35%	214
Adult/Community Centers 32%	198
Religious activities 25%	154
Work 19%	114
	N=616

Public Transportation

Thirty percent of the respondents use public transportation. The greater usage of public transportation by those that are lower income points to the importance of public transportation.

Response	Total number of respondents
No 70%	856
Yes 30%	369
	N=1,225

Use of Public Transportation

Of those that use public transportation, 52% of them have used public transportation 1-4 times in the last month. This is followed by those that have used public transportation for than 10 times (24%) and 5-10 times (19%). Older adults predominately in North County, Chinese, and speaking little or no English tend to use public transportation more with the majority of them using public transportation 5-10 times and more than ten times in the last month.

Response	Total number of respondents
1-4 Times 52%	192
More than 10 Times 24%	87
5-10 Times 19%	72
0 Times 6%	20
	N=371

Do Not Use Public Transportation

When asked why they did not use public transportation, most of the respondents noted the "Other" category, citing reasons such as they still drive, they walk as their form of transportation, or they have someone that transports them (26%). The next highest percentage was public transportation takes too long (19%) followed by accessibility and public transportation does not go where I want to go which tied at 16%.

Ease of Using Public Transportation

Most survey respondents, 40%, find public transportation easy to use. The next highest percentage (29%) was for those that found public transportation difficult to use followed by those that stated that public transportation is not available in their area (14%).

Response	Total number of respondents
Easy to use 40%	404
Difficult to use 29%	298
Not available in my area 14%	146
Other 13%	134
Too expensive 4%	40
	N=1,022

Mobility

When asked what applies for them to be mobile, most participants responded not needing assistance to walk (67%); followed by those that walk with assistance of a mobility device such as cane, walker, etc. (23%); and those that responded "other". The "other" responses included holding on to chair/poles, getting tired/lethargic, and needing a guide dog.

Response	Total number of respondents
Walk with no assistance 67%	750
Walk with assistance 23%	262
Other 4%	50
Wheelchair 3%	29
Decline to state 2%	25
Mobility scooter 1%	12
	N=1,128

Disability

When asked if they had a disability that causes them to need help, 65% of the respondents said no and 30% said yes.

Response	Total number of respondents
No 65%	762
Yes 30%	355
Decline to State 5%	55
	N=1,172

When asked why type of assistance do they need, respondents stated a variety of answers, including transportation/mobility needs, vision needs, and assistance with a IADLs (such as housecleaning and cooking).

Type of Disability

Most of those that stated having a disability, responded that the disability is physical (69%), followed by those that declined to state what their disability was (16%), and those that stated mental health as the disability (10%).

Response	Total number of respondents
Physical 69%	363
Decline to state 16%	85
Mental health 10%	53
Cognitive 5%	29
	N=530

Veteran Status

Ninety percent of the survey respondents stated that they were not veterans (90%). Only 10% percent of the respondents stated being a veteran.

Response	Total number of respondents
No 90%	1072
Yes 10%	121
	N=1,193

Zip Codes/Cities of Residence

Survey respondents were asked what their zip codes were. Surveys were received from most of the 20 cities in SMC and from unincorporated areas as well. Surveys received from the different areas of SMC are as follows: North County- 396, Mid County- 365, South County- 249, and Coastside- 69. Zip codes received were also from San Francisco- 40, Santa Clara County- 9, Los Angeles- 1, and zip codes that were unknown (meaning the zip code given is not a correct zip code were 6.

Living Alone

Thirty-five percent of the survey respondents live alone. This survey data is close to census data population for SMC for those over 60 that live alone (38%).

Response	Total number of respondents
No 64.5%	755
Yes 35.5%	415
	N=1,170

Housing

Sixty-five percent of the survey respondents live in a house, 18% live in an apartment, and 10% live in a condo or townhouse.

Response	Total number of respondents
House 65%	788
Apartment 18%	219
Condo/Townhouse 10%	117
Other 3%	37
Assisted Living Facility 2%	21
Mobile home/trailer 2%	19
Boarding house/Room & Board 1%	15
No residence .25%	3
Shelter .25%	3
Hotel/motel 0%	0
	N=1,222

Home Ownership/Renting

Sixty-five percent of survey respondents own their residence and 29% rent. According to the ACS Census 5-Year Estimates for 2010-2014, for the population 60 years of age and over, 77.5% are home owners and 22.5% are renters.

Response	Total number of respondents
Rent 29%	346
Own my residence 65%	775
Other 6%	72
	N=1,193

Socialization

When asked what socialization activities they participate in, most respondents stated they attend family gatherings (54%), followed by social gatherings (50%), and adult/senior centers (41%).

Response	Total number of respondents
Family Gatherings 54%	572
Social Gatherings 50%	527
ADC/ADHC 41%	436
Religious Institutions 34%	359
Volunteer 33%	344
Civic/Social/Ethnic Clubs 16%	169
Other 11%	110
ADC/ADHC 6%	60
Adult Day/Work Program 2%	22
	N=1,060

Age

Most respondents (92%) answered what their age was, the majority (33%) being between the ages of 75-84 years old. Since there was not a question pertaining to disabilities and the survey intent was to also serve adults with disabilities (under the age of 60), it is assumed that the 11% of respondents that are under the age of 55 are adults with disabilities

Response	Total number of respondents
70-79 Yrs. 33%	402
60-69 Yrs. 31%	384
80-89 Yrs. 20%	246
Under 59 11%	135
90+ 5%	64
	N=1,123

Language

Eighty percent of the respondents stated that their primary language was English. The next highest primary language was Spanish (8%), followed by Cantonese at 4% and Mandarin at 3%. Twenty-one percent of the respondents have a primary language other than English.

Response	Total number of respondents
English 80%	954
Spanish 8%	95
Tagalog 5%	63
Cantonese 4%	51
Mandarin 3%	31
Russian .42%	5
Tongan .42%	5
	N=1,204

Ability to Speak English

Most of the survey respondents (83%) speak English very well. Twelve percent of the respondents speak English less than very well and 5% don't speak English at all.

Response	Total number of respondents
Very Well 83%	997
Less than very well 12%	148
Not at all 5%	67
Decline to State	10
	N=1,222

Education

Most of the survey respondents (76%) have attended college, have graduated college, or have a post-graduate degree. Thirty-two percent of the survey respondents are a college graduate. Twenty percent of the survey respondents have either a high school education or less. According to the 2010-2014 ACS 5-Year Estimates, a majority (45%) of the population in SMC has a bachelor's degree, including those 65 years and over (36%).

Response	Total number of respondents
College Graduate 32%	378
Some College 24%	287
Post Graduate 21%	243
9th - 12th Grade 16%	193
0-8th Grade 8%	90
	N=1,191

Race/Ethnicity

Fifty-eight percent of the respondents stated that they were White. Some respondents answered more than one race/ethnicity. The race/ethnicity of survey respondents is very close to SMC statistics for older adults. Survey respondents in comparison to those 60 and over in the total population in the County are: Hispanic/Latino-12% (11% in the County), White-58% (59% in the County), African-American-5% (3% the County), American Indian/Alaskan Native-1.0% (less than 1% in the County), Asian/Filipinos-26% (21% in the County), Native Hawaiians/Other Pacific Islanders-1% (1% in the County). Of the respondents that stated they were Spanish/Hispanic/Latino and answered the question as to what ethnic group they were, 54% stated Mexican, 27% Central American, 11% South American, and 7% other. Of the seven responders that entered another race, most were Middle Eastern.

Response	Total number of respondents
White 58%	704
Asian 26%	322
Spanish/Hispanic/Latino 12%	150
Black/African American 5%	60
Other Ethnicity 1%	13
Multiple Ethnicities 1%	11
Polynesian 1%	10
American Indian/Alaskan Native .7%	8
	N=1,231

Gender

More women (75%) than men (25%) answered the survey. This is a higher percentage than the SMC population of 56% for females and 44% for men over the age of 60. Survey choices included the expanded gender categories of intersex, transsexual, and transgender. Those three that responded "other" stated being a husband and wife.

Response	Total number of respondents
Female 75%	917
Male 25%	298
Other .25%	3
	N=1,218

Sexual Orientation

Ninety-eight percent of the survey respondents stated they were straight/heterosexual. Twenty-eight people answered they were either questioning, gay, bisexual or lesbian, with most of the respondents stating they were lesbian.

Response	Total number of respondents
Straight/Heterosexual 97%	1041
Lesbian 1%	14
Bisexual 1%	9
Gay .3%	3
Questioning .2%	2
	N=1,069

Supplemental Security Income (SSI) and State Supplemental Payment (SSP)

Seventy-five percent of survey respondents do not receive SSI or SSP.

Response	Total number of respondents
No 75%	850
Yes 21%	241
Declined to State 4%	47
	N=1,138

Employment

Sixty-nine percent of the survey respondents are retired but, 11% stated being unemployed, 9% are working full-time, and 9% are also working part-time.

Response	Total number of respondents
Retired 69%	811
Unemployed 11%	127
Full-Time 9%	105
Part-Time 9%	104
Decline to State 3%	29
	N=1,176

Number in Household

Most of the survey respondents, 40%, are a household of two, 38% live alone, and 12% are a household of three.

Response	Total number of respondents
2 people 40%	475
1 person 38%	445
3 people 12%	136
4 people 6%	71
5 people 2%	27
6 people 1%	14
7 people 1%	9
8 people 1%	6
9 people .09%	1
	N=1,184

Income

The income answer choices in the survey were based on FPG for 2015. Since most of the survey respondents are households of between 1-3 people, in comparing their income to new FGP for 2016 for a household of three, 34% of the survey respondents are below the poverty guidelines. The yearly FPG for 2016 for a household of one are $11,880, $16,020 for a household of two, and $20,160 for a household of three. Thirty-four percent of the survey respondents have incomes of $19,776 and below. Although the majority of respondents, 27%, had incomes above $56,844, it is important to take note of those 34% that fall below the FPG.

Yearly Income up to:		Total number of respondents
$11,676	13%	136
$15,720	11%	111
$19,776	10%	96
$23,884	6%	61
$27,900	5%	55
$31,956	5%	55
$36,024	5%	48
$40,080	6%	58
$44,676	1%	12
$48, 732	5%	48
$52,788	3%	28
$56,844	3%	30
Above $56,844	27%	272
		N=1,010

Stakeholder Discussion Results

As stated in Section 4, stakeholder discussions about identification of community needs took place with the CoA and NBC. The top issues (in descending order) that were discussed in the stakeholder groups were the same for both groups:

- Housing
- Transportation
- Access to Services

The discussion groups focused on the following questions:

- Who was their community/clients?
- What they saw as issues for their community/clients?
- What services exist to address the needs for their community/clients?
- What barriers exist to prevent access to services?

- Was there an unmet need and were there under-utilized services with respect to the issue their discussion group was focusing on?

The discussion groups at CoA had the following responses:

Transportation

Who is your community?

- Older adults 60 years and over
- Adults with disabilities
- Municipalities

Why is transportation an issue for your community?

- East-West transit more difficult
- Local transportation options limited (Pacifica, hillside communities, rural areas-coastside)

What services already exist to address transportation needs? Are there some services for transportation being underutilized? SamTrans

- Redi-Wheels
- Senior Mobility Ambassador Program
- Local shuttles
- Hospital shuttles
- Volunteer drivers

What barriers exist to prevent access to the available transportation services?

- Liability
- Language
- Reliability
- Communication of available resources

Housing

Who is your community?

- Older adults & adults with disabilities, including people who need a change in their living environment

Why is housing an issue for your community?

- Rent increases
- Evictions
- New property owners
- Fixed incomes
- Number of aging people increasing

- Airbnb & vacation rentals, VRBO
- Too much house, can't afford repairs
- Accessibility
- Changing needs
- Greedy landlords
- Limited financial resources (income, refinancing not available, etc.)

What services already exist to address housing needs? Are there some services for access to housing services that are being underutilized? What barriers exist to prevent access to the available housing services?

- Non-profits: HIP Housing, Mercy, Mid-Pen, Lesley
- Section 8
- Villages

Are there some services for access to housing services that are being underutilized? What barriers exist to prevent access to the available housing services?

- None known
- Barriers to access
    - Not enough services
    - People want independence- don't want a roommate or shared living
    - Income limits to qualify

Who's missing at CoA meetings that we should reach out to with respect to this issue?

- San Mateo Department of Housing
- Housing Leadership Council
- Blue Ribbon Task Force- Board of Supervisors

Access to Services

Who is your community?

- Older adults & adults with disabilities

Why is access an issue for your community?

- Lack of information and education
- Too many silos
- Community doesn't know about services
- Providers don't know about services
- Lack of coordination and collaboration of what is available
- Accessing services can be overwhelming
- Lack of promotion of Information and Assistance

What services already exist to address access needs? Are there some services for access to services that are being underutilized? What barriers exist to prevent access to the available services?

- Four Information and Assistance providers contracted through Aging and Adult Services (AAS)
- AAS TIES Line
- Help at Home booklet
- Network of Care website
- Social workers
- Discharge planners
- Community providers

Are there some services for access to services that are being underutilized? What barriers exist to prevent access to the available services?

- All services are underutilized

The discussion groups at NBC had the following responses:

Transportation

Who is your community?

- Older adults
- Adults with disabilities
- Non-English speakers
- Diverse racial/ethnic groups
- Caregivers

Why is transportation an issue for your community?

- Insufficient public transportation
- People want to travel independently
- Lack of knowledge of how to use public transportation
- No public transportation
- Personal health
- Physical distance
- Need smart phone for Uber and Lyft
- Cross county lines

What services already exist to address transportation needs? Are there some services for transportation being underutilized? What barriers exist to prevent access to the available transportation services?

- Redi-Wheels- only curb to curb, oversubscribed, eligibility, drivers

- Get Up and Go- complicated, not on demand
- Public transportation- doesn't go everywhere, drivers
- Local shuttles- area specific, irregular schedule
- Mobility Ambassador Program- lack of marketing
- FISH- small geographic area and population
- Uber, Lyft, and Ride- smart phone needed, trust, cost
- Villages- only serves village members
- Silver Ride- too expensive
- Program-specific transportation services- members only
- Need-a-Ride- cost
- Redcap- cost
- Taxi- cost and trust

Is there an unmet need?

- Lack of transportation impacts everything (health & wellness, access to services, self-care, public and personal safety, social support, housing, nutrition, overall quality of life)
- A 211 number is needed for transportation
- Need coordination of services

Who's missing at NBC meetings that we should reach out to with respect to this issue?

- SamTrans representative
- Tina Duboce/John Sanderson- Redi-Wheels
- Uber & Lyft representatives
- Outreach (Santa Clara's paratransit)
- Representatives from other services

Housing

Who is your community?

- Older adults & adults with disabilities

Why is housing an issue for your community?

- High cost
- Lack of rent stabilization
- Evictions
- Lack of accessible housing
- Section 8 closed housing lists
- Failure to meet housing element requirements
- NIMBY
- Not eligible for senior housing

- High cost of assisted living

What services already exist to address housing needs? Are there some services for access to housing services that are being underutilized? What barriers exist to prevent access to the available housing services?

- HIP Housing
- Section 8
- Mid-Peninsula
- Mercy Housing
- Institute on Aging- 10A Community Care Settings
- CID for home modifications

Are there some services for access to housing services that are being underutilized? What barriers exist to prevent access to the available housing services?

- Difficult process
- Lack of resources
- High housing prices
- Retaining housing

Is there an unmet need?

- Yes

Who's missing at NBC meetings that we should reach out to with respect to this issue?

- Elected Officials
- Landlord/property owners
- Tech companies
- Housing Authority
- Housing Department
- Consumers

Access to Services

Who is your community?

- Older adults & adults with disabilities
- Japanese-Americans
- Latinos
- Pacific Islanders
- Older adults with mental illness
- Caregivers

Why is access an issue for your community?

- Lack of awareness- silos of information
- Isolation
- Cost of services
- Stigmas
- Provider education needed
- Not qualifying for services because of higher incomes

What services already exist to address access needs? Are there some services for access to services that are being underutilized? What barriers exist to prevent access to the available services?

- Google
- Help at Home resource booklet
- Network of Care website
- Aging and Adult Services TIES Line
- Senior Focus
- Senior Centers
- Information and Referral/Information and Assistance Lines
- Peninsula Family Services
- Villages
- Alzheimer's Association
- Churches
- Hospitals (social workers, case managers)
- Cultural organizations
- Veterans Administration
- Daly City HART

Are there some services for access to services that are being underutilized? What barriers exist to prevent access to the available services?

- Providers do not talk to each other
- Silos
- Lack of information and education to community
- Discharge planners need information
- Primary Care Providers have no information
- Cost/fees for services
- Adequate funding for non-profit positions

Is there an unmet need?

- Lack of leadership
- Too many gaps
- No promotion/marketing of existing services

Who's missing at NBC meetings that we should reach out to with respect to this issue?

- Hospital social workers
- Political representatives
- Insurance companies: Kaiser, Health Plan
- Caregivers

COA	NBC	Community
Housing	Housing	1. Learning about services/benefits for older adults
Transportation	Transportation	2. Remaining in your home
Access to services	Access to services	3. Financial security/money to live on
		4. Understanding Medicare
		5. Dental needs
		6. Accessing and enrolling for services
		7. Disaster preparedness
		8. Accidents in the home (falls)
		9. Dependence on others
		9. Affordable housing
		10. Getting enough exercise

Long-Term Care (LTC) Community Survey

The LTC survey was implemented in the fall of 2015 with the assistance of the Ombudsman Services program. Three hundred and fifty surveys were distributed through Ombudsman volunteers to residents of LTC facilities, including Residential Care Facilities for the Elderly (RCFE) and Skilled Nursing Facilities. Twenty-two surveys were received. Some members of the NBC Steering Committee reviewed the survey responses and stated that the survey respondents appear to be higher income, have family involvement (which is not the case for some residents of LTC facilities), and may be higher functioning that some LTC residents. They also noted that survey respondents said community based services met their needs but they still made the decision to move to a facility.

The following information is the results from the LTC survey:

Reason for Moving to Facility

The majority of respondents (86%) moved to the LTC facility due to lack of care at home, followed by being in poor health (77%), and fear of falling or another injury at home.

Decision to Move to Facility	Percent	Total Responses
Lack of Care at Home	86.36%	19
Poor Health	77.27%	17
Fear of falling or other injury at home	63.64%	14
Activities	36.36%	8
Rehab after hospital stay	18.19%	4
Housing	9.09%	2
Did not have money to provide the needed care at home	9.09%	2
Loneliness/need for socialization	4.55%	1
Other	0.00%	0

Decision to Move to Facility

The majority of respondents made the decision on their own (68%) or with the aid of their children or another family member (73%). The respondents could choose more than one choice for the question.

Decision to Move	**Percentage**	**Total Responses**
My children or another family member	72.73%	16
I made the decision	68.18%	15
My doctor or other medical professional	31.82%	7
Other	0.00%	0

Knowledge about Community Services

Prior to moving to the facility, the majority of respondents (86%) knew about services in the community that might have helped them stay at home.

Knowledge about Services	**Percentage**	**Total Responses**
Yes	85.71%	18
No	14.29%	3
I don't know	0.00%	0

Use of Community Services

The majority of the respondents utilized home care (59%), followed by transportation services, and senior centers tied at 27%, and housekeeping services (23%).

Services Used	Percentage	Total Respondents
Home Care	59.09%	13
Transportation	27.27%	6
Senior Centers	27.27%	6
Housekeeping Services	22.73%	5
Cases Management	9.09%	2
I didn't use any services	9.09%	2
Other	9.09%	2
Adult Day Services	4.55%	1
Home-Delivered Meals	4.55%	1

Community Services Meeting Needs

The majority of respondents (81%) said that the above mentioned services met their needs.

Services Meeting Needs	Percentage	Total Responses
Yes	80.95%	17
No	14.29%	3
Not applicable/I didn't use any of these services	4.76%	1

Service Not Meeting Needs

Those that stated the services did not meet their needs responded with the following reasons: didn’t know about the services, poor meal planning, inconsistent caregivers, and stated not knowing about them.

Cost Prevented Using Services

Seventy-three percent of the respondents said cost did not prevent them from utilizing the above mentioned services.

Cost Prevented From Using Services	Percentage	Total Responses
No	72.73%	16
Yes	27.27%	6

Assistance for Paying Cost of Facility

The majority of survey respondents (86%) do not receive assistance to pay towards the cost of their facility.

Assistance for Payment	Percentage	Total Responses
No Assistance	86.36%	19
Long-Term Insurance	13.64%	3
Medicare	13.64%	3
Medi-Cal	4.55%	1
Social Security	13.64%	3
Veterans Aid	0.00%	0
Other Health Insurance	0.00%	0
Other	0.00%	0

Doctor Visiting Facility

Ninety-one percent of the survey respondents stated that doctor has visited them since the moved to the facility.

Doctor Visit Since Moving to Facility	Percentage	Total Responses
Yes	90.91%	20
No	9.09%	0
Other	0.00%	0

How Often Doctor Has Visited

Most survey respondents (48%) stated that a doctor makes monthly visits to the facility, this is followed by those that state the doctor visits yearly (29%).

How Often Has Doctor Visited	Percentage	Total Responses
Monthly	47.62%	10
Yearly	28.57%	6
I have not received a doctor visit	9.52%	2
Other	9.52%	2
Weekly	4.76%	1
I don't know	0.00%	0

Family and Friends Visit

One hundred percent of survey respondents stated that family and friends visit them.

Have Family/Friends That Visit	Percentage	Total Responses
Yes	100.00%	22
No		0
I don't know		0

Frequency of Family/Friend Visits

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

Frequency of Family/Friend Visits	Percentage	Total Responses
Weekly	77.27%	17
Daily	18.18%	4
Monthly	4.55%	1
I don't know	0.00%	0
I don't have friends and family that visit me	0.00%	0

Resident and Family Councils

One hundred percent of respondents stated that their facility provides an opportunity to give input or talk about their concerns through a resident, family council, or another format.

Input/Concerns through Resident or Family Councils	Percentage	Total Responses
Yes	100.00%	21
No		0
I don't know		0

Quality of Life

On a scale of 1 to 10, with 1 being the lowest and 10 being the highest, most survey respondents stated their quality of life is a 10 (36%), this is followed by those that stated 9 (32%), and 8 (23%).

Rate Quality of Life	Percentage	Total Responses
1	0.00%	0
2	0.00%	0
3	0.00%	0
4	0.00%	1
5	4.55%	0
6	0.00%	1
7	0.00%	0
8	22.73%	5
9	31.82%	7
10	36.36%	8

Community Needs Assessments: Secondary Data

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

San Mateo County Aging Model: Better Planning for Tomorrow
In order to systematically plan for the demographic changes in SMC, representatives from the San Mateo Health Department, Department of Housing, San Mateo Transit District, HPSM, SMMC and the COA collaborated to create the San Mateo County Aging Model: Better

Planning for Tomorrow that projects the characteristics of adults over the age of 65 in SMC for the years 2020 and 2030. The data collected is used to inform planning on the community's racial/ethnic characteristics, income distribution, housing preferences and plans for post-retirement. Data was collected by a county-wide household survey with over sampling of vulnerable populations, focus groups with monolingual Cantonese and Mandarin speakers, and key informant interviews.

County of San Mateo Shared Vision 2025

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

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

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

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

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

San Mateo County TIES Line Reports

AAS maintains a database of the 800 – 1,200 calls per month coming into the centralized Information and Assistance Program, the TIES Line. From July 2014 through June 2015, the TIES Line received a total of 13,104 calls. TIES is used as the main line by In-Home/IHSS, the Public Guardian program, and the Home-Delivered Meal program out of the SMMC. The highest percentage of calls was for IHSS (29%). Since TIES is the emergency response line, it is not surprising that the second highest percentage of calls (26%) were for Protective Services (Adult Protective Services). This is followed by calls about conservatorship issues. Outside of these calls, the highest percentages of callers are inquiring about other issues not listed on the tracking sheet followed by calls about Home Delivered Meals.

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

Calls to the TIES line come from locations throughout San Mateo County—from the wealthiest to the poorest communities. The city of residence of most of the callers is unknown (42%) as it is not mandatory for this information to be provided. For callers that identified as being from a specific city, the highest percentages are from San Mateo (10%), Redwood City (9%), and Daly City (9%).

Eldercare Dental Needs Assessment Report – April 2012

In 2011, the Peninsula Health Care District (PHCD) awarded a grant to Apple Tree Dental to conduct a needs assessment in their service area to examine the changing demographics in the area; the expected needs for dental care, particularly for the frail elderly; and whether or not current gaps exist in available dental services. The needs assessment was designed to identify the target populations of elderly nursing facility residents and individuals with special dental access needs living in the PHCD service area and to survey long-term care facilities and dental providers to identify service gaps for this population.

The conclusions of the needs assessment were that there is a growing need for geriatric and special care dental services in the area. There is a need for conveniently located dental clinic with geriatric and specials needs expertise in the PHCD service area because the majority of older adults are community-dwelling and not living in a nursing facility. The service area lacks an integrated program that offers services to older adults, both through clinics and on-site care delivery. For residents in nursing facilities, the gaps in availability of comprehensive on-site dental care services demonstrate a need for an on-site program targeting this population *-that is designed to address the range of dental access problems in a financially sustainable way.

Healthy Aging Response Team (HART)

HART is a group of trained peer volunteers (numbering between 12-15) that connects older adults 50 and over and adults with disabilities to services in the community. HARTs Information and Referral phone line is open weekdays from 8 am to 5 pm, and drop in consultations at the Doelger Senior Center in Daly City are welcome. Assistance is provided in English, Mandarin, Spanish, and Tagalog. Volunteers also make friendly check-in calls. Volunteers spend 27% of their time on these calls.

According to a presentation by HART's coordinator on December 31, 2015, the percentage of first time callers to the line is 81%. Repeat callers make up the other 19%. Sixty-four percent of callers live in the city of Daly City. Eleven percent of the callers reside in San Francisco. The remainder of the other callers is from a variety of cities in SMC.

Of the information requests, the highest percentages are for housing/shelter (27%), followed by transportation (13%), and food 10%). Since 2014, there has been a 10-11% increase in the requests for housing services. HART assists with housing requests by mailing out copies of housing information when requested, wait list information for housing is provided, information on HIP is provided for those open to home sharing, and when needed helps to advocate for clients when they encounter difficulties with services.

Peninsula Family Services (PFS)

Senior Peer Counseling Program: Filipino and LGBT Underrepresentation Study

In January 2015, Applied Survey Research held key informant interviews and four focus group of older adults in SMC on behalf of PFS in order to:

- Understand the social and emotional needs of Filipino and LGBT older adults.
- Understand why each of these groups is underrepresented in the population that participates in PFS' Senior Peer Counseling (SPC) program.
- Hear strategies from the two groups about how to improve social and emotional well-being of older Filipino and LGBT adults.

Both groups stated that their peers have the same issues of older other adults but also have other concerns/issues. Stress, anxiety, and depression were mentioned often. Causes of these include: grief over losing loved ones, boredom/isolation, chronic illness or disability, financial concerns, and stress about living situations. Fear and stigma are barriers for both groups. They also mentioned that PFS and the SPC program are not well-known in their communities.

Recommendations included:

- Rebranding program to be more culturally appropriate for Filipinos.
- Provide a culturally appropriate setting and increase marketing in culturally relevant ways through known social groups, on-line social media, and places of worship.
- Engage places of worship that are open congregations to LGBT communities.
- Research and adopt an evidence-based practice that is effective in decreasing the isolation of LGBT older adults.
- Organize discussion groups around specific topics related to older adults.
- Provide culturally appropriate education about mental health topics.

- Provide a follow-up discussion with the two focus groups that here held.
- Provide transportation to/from the SCP sessions.
- Provide incentives.

PFS 2014 Senior Villages Survey

Applied Survey Research held focus groups to assess the interest/need of older adults in the senior villages concept. Villages are defined as membership-driven, grass roots organizations that, through volunteers and paid staff, coordinate access to affordable services including transportation, health and wellness programs, home repairs, social and educational activities, and other day to day needs enabling individuals to remain connected to their community throughout the aging process. The impact of the village model on health, well-being, services, and social engagement is well documented.

Four focus groups were held with 49 participants in north, central, and south SMC as well as a group on the coast. On scale of 1-5, with 1 being not interested and five being very interested, there was a mean interest score of 3.77. When asked how soon they would be interested in joining a village, most participants said five or more years. Some participants stated not being interested while they are still independent, mobile, and driving. The mean cost for the desired monthly cost per individual was $65.14 for a single person and $64.57 for a couple. Cost varied by cities, with San Bruno and Coastside expressing a higher desired price than residents in San Mateo and Redwood City.

When asked what services and supports are important to aging in place the following were listed by out of the four groups:

- Transportation
- Resource List/Directory of reliable vetted services
- Household tasks (i.e.light household tasks, minor repairs, housecleaning, and assistance with bringing in or buying groceries)
- Meal preparation
- Billl-paying/secretarial tasks
- Legal services (i.e. living trusts, power of attorney or conservatorships, and guardians for pets)
- Pet care
- Wellness checks (i.e. phone calls or visits especially for those that are ill or rehabilitating)

The following were listed as services and supports by three out of the four groups:

- Technical assistance (i.e. computer issues, advice on purchasing equipment, and help with ensuring security of computer)
- Socialization (i.e. activities, field trips, and communication with reminders)

Other services mentioned by one or two groups included:

- Advocacy (for reducing traffic)
- Cultural resources

- Home security and safety
- Fraud prevention education (avoiding scams)
- Emergency response units (i.e. Lifeline)
- Help with getting exercise for those with mobility issues (i.e. taking a walk)
- Arranging medical appointments
- Home modification consultations
- Assistance with finding roommates
- Support groups

Other comments included that some older adults are apathetic or others are too proud to ask for help. A common theme was that they did not want to impose on their adult children that are too busy. Adult children have suggested that their parents move to be near them but the older adults do not want to leave their friends and community in SMC because they are important to them. There was an expressed interest in having a designated person to talk to when seeking services or referrals.

Suggestions and recommendations included that there not be a duplication of services. Participants were concerned about services being a duplication of senior centers but acknowledged that many older adults do not live in close proximity to a senior center. The suggestion was the expansion of senior centers that were accessible via public transportation.

Prior to the focus groups, Godbe Research conducted phone surveys in December 2014 for the same purpose. Calls were made to registered voters 65 years and over in cities in north, central, and south county. Approximately 85% of the respondents had not seen, heard, or read anything about local senior villages. When asked questions about needs/interests, the majority of respondents stated that either the need was very important or not at all important to them for transportation, daily phone checks, assistance with medical appointments, and scheduled exercise programs. The categories that the majority of respondents said were somewhat important to them were having a walking companion or walking group, book clubs/organized discussion groups, field trips, wellness classes/programs, seminars/classes on academic subjects, and access to a listing of prescreened vendor for services such as legal advice, tax preparation, other technical series, home care, home repair, and professional services. The majority of respondents stated that assistance at home after a hospital stay was very important. The majority of respondents stated that assistance with bill paying, balancing check books, and secretarial assistance was not at all important. The same was true for assistance with health insurance and claim forms.

The majority of respondents stated definitely not being interested in senior villages. The stated definitely not being interested at the highest level of cost per membership of $105 per couple/$76 per individual down to the lowest category of $42 per couple/$31 for an individual. When asked how soon they would consider joining a village, most respondents stated 5 years or longer.

Most respondents lived with a spouse or partner. Approximately eighty-eight of respondents plan to stay in the area upon retirement, with 84% stating they plan to stay in their current home. The majority of respondents live in a home they own and 96% do not plan to downsize to a smaller home. Those that will downsize plan to move to a condo or townhome they already own. The majority of respondents were retired (79%), their primary language spoken at home was English (93%), refused to state their household income (34%), described their

health status as very good (52%), and were not interested in more information about senior villages (75%). Ethnicity was not asked but ethnic surnames of respondents were noted in the survey results as Italian, Jewish, Hispanic, Chinese, and Japanese.

PFS Villages of San Mateo County Feasibility Study (April 21, 2015)

A study was initiated by PFS in September 2014 to study the feasibility to develop villages in SMC. Two advisory groups composed of local residents (The Villages of SMC Advisory Group and the Villages of SMC Operations Group) provided input to the study. Two active villages serve SMC, Palo Alto (established in 2007) and Foster City (operating since 2013). Other communities in north, central, and south county, and the coastside are exploring forming villages. Most villages are responsible for all aspects of village management and service delivery as separate 501C.3 organizations. Some are "hub and spoke" models, meaning they have one common 501C.3 organization (hub) and each village is and independent spoke. This model allows villages to form without the need to incorporate as separate non-profits and allows the spokes to take advantage of the economies of scale of the hub. This study explored the feasibility of establishing a hub and spoke village in SMC. Four different scenarios were evaluated for SMC.

- Start Up model with low initial membership
- 300 member model
- 425 member model
- Self-supporting model based on the number of members needed for a village to be 100% supported by member revenue.

Potential funders for the start-up model were identified as:

- The County of San Mateo
- Peninsula Healthcare District
- Sequoia Healthcare District
- Mill-Peninsula Health Services/Sutter Health affiliate
- Dignity Health Sequoia Hospital
- Foundations (i.e. Archstone and SCAN Foundations)
- SamTrans/Metropolitan Transportation Commission (transportation)
- Individual contributions
- Large commercial retailers and potential service vendors.

For the study, the above mentioned telephone survey was conducted with 319 SMC residents, a total of eight focus groups were held throughout SMC, and a survey was completed by 116 attendees of the Seniors on the Move conference in October 2014.

An environmental scan for PFS identified:

- Baby boomers differ from WWII older adults by: having a longer life expectancy; expect more choices from services/programs; act more like consumers; have increased interest in living in community and keeping older adults in their homes rather than in assisted living facilities.

Based in the results of the research conducted for the study (noted above), there is a very low level of awareness of the village concept among the population that is 65 years and over.

Respondents supported a membership average cost of $81.00 a month. The most interested in joining villages are:

- Women- in general
- Women without spouses
- Those this annual household incomes less than $50,000 living with a spouse/partner

The most desired services were:

- Assistance at home after a hospital stay
- Transportation
- Scheduled exercise programs
- General handymen
- Wellness classes
- Assistance with medical appointments
- Access to prescreened vendors
- Assistance with health insurance and claim forms
- Access to referral services
- Meal prep/food availability
- Light home maintenance
- High-tech assistance
- Wellness checks/visits
- Legal services
- Pet services
- Secretarial services

The conclusion of the study demonstrated the potential for significant village membership in SMC, once those 65 years and older are aware of the concept about how it could benefit their ability to remain in their homes. The most significant barrier is lack of awareness of the concept. The level of marketing needed is unlikely to occur without external funding. The hub and spoke model could be developed in SMC to support the formation of villages. At some point in time, there may be a critical mass of village membership to revisit the development of a hub and spoke model but would be more difficult by then because several organizations would have been formed.

Three recommendations were put forth for policy makers and potential funders:

- Funding can be pursued to launch villages from the above mentioned sources.
- In the absence of a hub, the healthcare districts and hospital partners could consider working with residents in their respective services areas to support village formation.
- The County, through AAS, establishes a program to provide village services to older adults in their service system.

PFS Wellness Initiative: December 2014

Peninsula Family Service (PFS) implements a Wellness Initiative, which is a set of programs and services offered to older adults at Fair Oaks Intergenerational Center. There have been ten waves of data collection for the Initiative, starting in December 2008 and most recently in

October 2014. The data collection method is paper surveys that are given to program participants and entered into Survey Monkey by PFS staff. The current report examines changes over time among 87 program participants who have completed a Wave 10 survey plus one or more surveys from a previous data collection wave. Participant success is evidences by the participants' improvement in areas of health, connectedness, independence, emotional well-being, self-determination, and productivity. A more realistic measure of program success can be described as helping to ensure that participants are able to maintain a certain level of functioning across the above mentioned outcomes.

Survey results indicate that 78% of the participants are women with an average age of 74.6 years. Forty-four percent are Hispanic/Latino. Of those that disclosed their income, 41% have a monthly income of under $1,000. The sources of income are mostly Social Security and pensions. Sixty-eight percent of the participants live in Redwood City. Forty-three percent of the respondents have been participating at the center for five years or more. The majority of respondents attends two or more days a week and participates in the lunch or healthy breakfast programs or yoga classes.

Categories of the survey questions included eating and nutrition; activities, autonomy, and exercise; physical health; social resources and connectedness; and emotional well-being/depression. Overall, many of participants reported that they are not eating a healthy diet (i.e. eating 3 or more servings each of fruits and vegetables), have access to and afford food, have good cooking/eating habits (i.e. almost never eat that is easy to fix or microwave). The majority of participants are able to engage in physical activities, except more strenuous activities (like gardening, hiking, and swimming). Ninety-one percent had been to the doctor in the last 12 months. Sixty-eight percent of the respondents had their blood sugar tested (in the past three months) and 75% had their blood pressure tested (in the past three months). Seventy-eight percent rated their health as "excellent" or "good" and 93% had a "medium" blood pressure level. Between sixty-nine to 93% knew where to get help for housing and legal issues, healthcare, food/nutrition, and transportation. Seventy-nine percent are active, going outside their home at least three times a week. Forty-six percent of the respondents are going out every day and another 17% felt limited because of transportation. Eighty-five percent had at least one person "they can talk to". Based on a geriatric depression scale, the great majority (between 96-93%)are satisfied with their life, do not feel their life is empty, are in good spirits most of the time, and do not feel hopeless, think it is wonderful to be alive now, and not think that most people are better off than they are. Four percent did have a score that was "suggestive" of depression and 1% had a score that likely indicated depression.

When comparing those participants in fitness classes with those in other classes and programs, self-perceived health status was basically the same. There is a slight increase in those that attend fitness classes when asked if they have walked one or more blocks in the past two days. Those not in fitness classes are slightly more worried about falling. Thirty-one percent of those that attend fitness classes report having left their home every day of the last week as opposed to 17% of those do not attend a fitness class. Also those that do not attend a fitness class are almost twice as likely to have possible or likely depression.

SamTrans Paratransit Survey June 2015

A telephone survey was conducted of Redi-Wheels and RediCoast customers using a list of SamTrans paratransit customers that had used the service in the last year. Four hundred Redi-

Wheels and 30 RediCoast customers were interviewed. Eighty-nine percent of those that were interviewed were customers and the rest were caregivers or family members of customers. Surveys were administered in English (93%), Spanish (5%), Cantonese (1%), and Tagalog (1%).

Key findings were:

- Most paratransit customers (82%) are very pleased with the service for recent trips and their overall experience.
- Customers that require mobility aids are among the most satisfied customers.
- Ninety-three percent of customers are aware of the pick-up window but only 50% were able to correctly identify the length of the window (20 minutes).
- Perceptions of timeliness of trips are highly related to customers' overall ratings of the service.
- There is some interest in ride notifications when the driver is near, especially by phone (versus text messages), which would increase the perception of timeliness and overall satisfacation.

AAA Needs Assessment Findings: Priorities, Goals, and Objectives

At the January NBC Steering Committee meeting, there was a preliminary report on current survey data. Proposed goals, objectives, and activities developed by the NBC Steering Committee were reviewed. Suggested changes were made. It has been decided that it was preferable to have less goals (e.g., the current Area Plan has 5).

The January 2012 NBC Coalition member meeting included: a review of the current Area Plan FY 12-16 goals, Area Plan timeline, survey findings to date, comparison of needs (by NBC, CoA, and the Community), and the continued development of the goals/objectives/activities. The group was divided into discussion groups and were asked 1) decide if they agree on the goals, 2) determine if there was an any community concern that was missing, and 4) what priority would they give to the objectives their group developed. This meant when should NBC work on these: FY 16-17, FY 17-18, FY18-19, or FY 19-20.

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

Section 6: Targeting

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

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

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

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

Targeted Population in the PSA

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

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

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

While SMC is considered a generally prosperous area, there are still many individuals who are living below the poverty level. Even those whose incomes exceed the federal poverty guidelines are living "in poverty" due to the extremely high cost of living in the Bay Area. Many low-income residents of SMC are faced not only with problems resulting from their low-income status, but are also challenged by cultural and linguistic barriers. Older individuals with limited English proficiency would include those that speak Spanish, Asian and other Pacific Islander languages. This community is frequently outside of the mainstream, lacks knowledge about existing services, and prefers not to participate in what they perceive as welfare programs. Because of these factors, many minority individuals do not utilize existing services that would meet their individual needs. These different ethnic communities would be found mostly in:

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

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

Needs of Targeted Population

The results of the Area Plan needs assessment assisted in identifying the needs of the targeted populations. The overall determination is that there is a segment of the older adult population in SMC that is struggling to meet basic needs of food, shelter, and medical care.

Specific populations that were included in the assessment process were those that are low-income, those needing assistance in a language other than English, those that are isolated or homebound, and the LGBT community.

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

Targeted Population: Barriers to Accessing Existing Services

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

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

- The organization needs to be knowledgeable about the community they serve; including having staff that speak the language of the community they serve and have materials in languages other than English. In addition, when food is a service that is provided, the food needs to be familiar, or culturally appropriate for the community served.

- Many individuals who would benefit from our services may not perceive themselves as having unmet needs.

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

- Accessibility is an issue for many people with disabilities. Lack of mobility, the need for assistance, cognitive deficits, and transportation are issues for many individuals with physical disabilities.

- Often, some money is required to participate in free programs because of transportation costs and requests for donations. Public transportation costs are additional expenses that many low-income individuals cannot afford. Even though donations for many programs are voluntary, many individuals consider them as fees and feel that they must donate, even if they cannot afford it.

- Geographically isolated individuals must travel long distances for many of the available services. While some of these older adults drive, the distance to certain services may be too far and the roads overwhelmingly challenging. For those living in remote areas who do not drive or do not have access to someone who can drive them, the lack of adequate public transportation can be a barrier to receiving much needed services.

- CBOs continue to be concerned about reductions in available resources. While community needs are increasing, organizations are cutting back on programs or program staff to address their shrinking budgets. Some agencies are seeing transportation costs for client services depleting their budgets. These budgetary issues are experienced across the board at the County, cities, and non-profit organizations.

- Organizations that are moving to more web-based technology risk losing the older population that is not yet comfortable with computers or may not have access to one in their home.

- Limited availability of resources, such as affordable housing, is a significant barrier to the low-income community.

- There are many services that are available to assist low-income older adults but fear of losing independence may prevent older adults from seeking services resulting in services being underutilized.

Section 7: Public Hearings

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?[2] Yes or No	Was hearing held at a Long-Term Care Facility?[3] Yes or No
2016-17	**3/14/16**	**225 37th Avenue San Mateo, CA**	**21**	**No**	**No**
2017-18	**3/14/17**	**264 Harbor Blvd. Belmont, CA**	**27**	**No**	**No**
2018-19					
2019-20					

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 e-mailed to all contracted Older Americans Act (OAA) providers 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. The public hearing was announced by the Planner at community meetings throughout the months of January, February, and March.

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

   ☒ Yes. Go to question #3

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

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

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

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

   ☒Yes. Go to question #5

   ☐No, Explain:

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

   Comments included will the the adequate proportion funding for priority services for FY 17-18 the same as FY 16-17.

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

   Comments received included clarification on the difference between county, state, and federal funding. Questions were asked about the implementation and data results of needs assessment conducted for the FY 2016-2020 Area Plan and how priorities were determined. There was a discussion about how the current needs assessment differed to the Area Plan for FY 12-16. There was also a question about what are evidence-based programs for Health Promotion.

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

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

Section 8: Identification of Priorities

Priorities Based on Needs Assessment

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

1. Learning about services/benefits for older adults
2. Remaining in home
3. Financial security/Money to live on
4. Understanding Medicare
5. Dental Needs
6. Accessing and enrolling for services
7. Disaster preparedness
8. Accidents in the home (falls)

9. Affordable housing
10. Dependence on others

Meeting Targeted Mandates

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

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

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

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

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

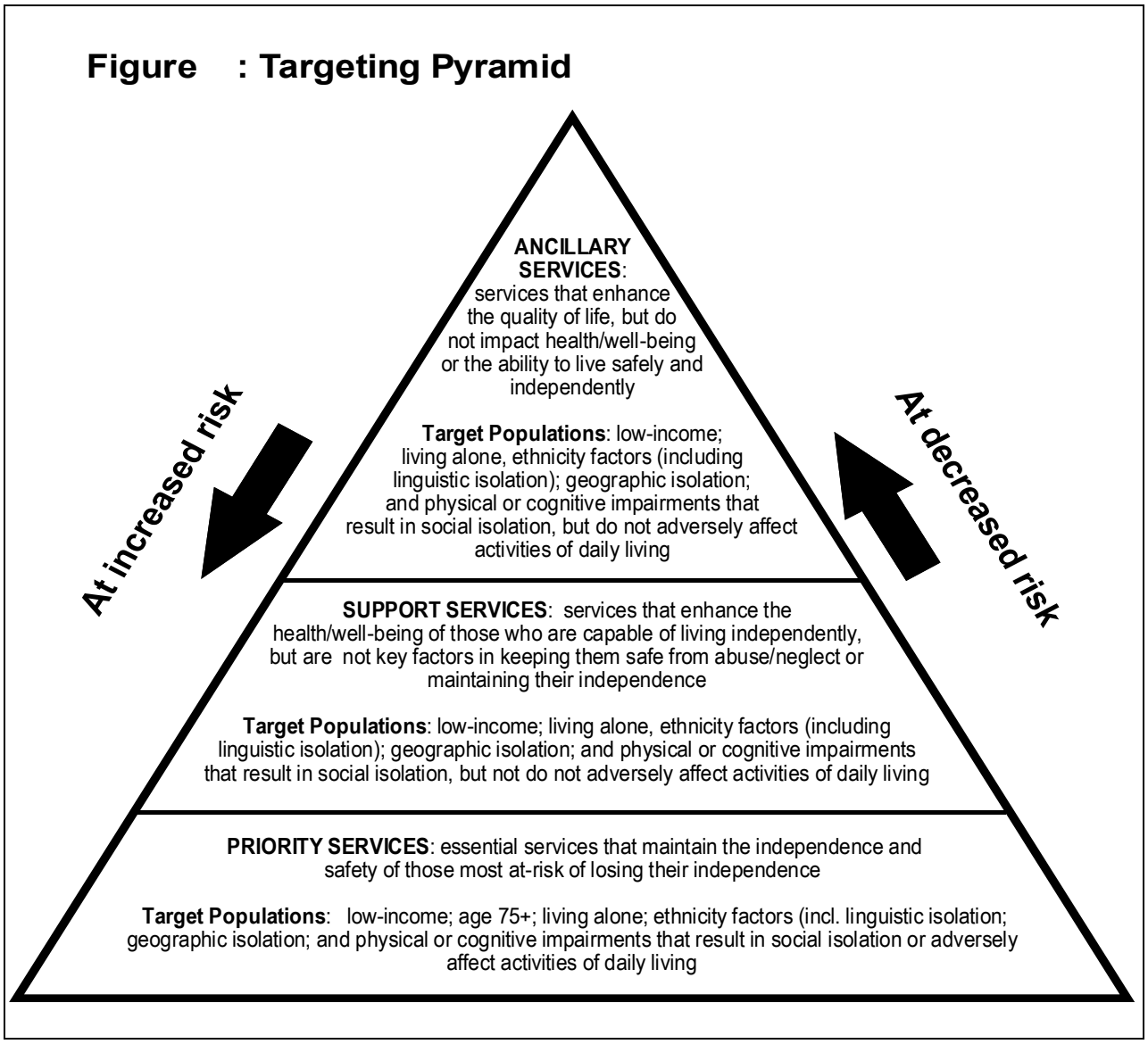
Factors Influencing Prioritization

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

In the priority pyramid in Figure 23, programs are divided into three categories—Priority, Support, and Ancillary services. Priority services form the base of the pyramid. What characterizes these services as priority is that without them the individuals they serve would be at-risk of losing their independence. Support services, which form the mid-section of the

pyramid, enhance health and well-being of those capable of living independently, but are not seen as key elements to keeping those individuals safe from abuse/neglect or maintaining their independence. Ancillary services are at the apex of the pyramid. Those service may enhance the quality of life, but do not directly impact the health, well-being or the ability of to live safely and independently.

Figure 23



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

- What is the nature of the program and where does it fall in the priority pyramid?
- Does the program predominantly serve the target populations that are identified by in the OAA?
- What is the impact of the program on community needs?

- How many people does it serve?
- How effective is it in achieving the programmatic goal?
- What is the impact of OAA funding?
- Is it the only funding source or are there other funding sources?
- Is the program dependent on OAA funding for its existence?
- How cost-effective is the program?

Adequate Proportion/National Priority Services

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

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

To determine adequate proportion, needs assessment data, information received at the Public Hearing, and current proportions were reviewed. Program utilization and expenditures in programs that have under-expended and/or not met their objectives were analyzed. Assessment results included the learning about services/benefits for older adults. This issue can be addressed in programs offered under Access and In-Home Services. Possible programs included under each category are:

Access

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

In-Home Services

- Personal Care
- Homemaker
- Chore
- Visiting
- Respite Care
- Alzheimer's Day Care
- Residential Repairs/Modification
- Adult Day/Health Care
- Telephone Reassurance

Access—includes Information and Assistance and Transportation.
The adequate proportion for Access is 22.0%.

In-Home Services—includes Day Care, and Alzheimer's Day Care.
The adequate proportion for In-Home Services is 19.0%.

Legal Assistance
The adequate proportion for legal assistance is 9.0%.

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

AAA Goals

While SMC does not establish a numerical ranking of needs, priority areas were identified through the planning process that was undertaken by the NBC in conjunction with the CoA and CoD. Only those issues identified as priorities appear in the goals for the FY 2016-2020 SMC Area Plan. Major priorities are:

1. Promote community-based services that support independence, socialization, and safety for older adults, adults with disabilities, and their caregivers.

2. Support options for increased mobility.

3. Promote/support affordable and accessible housing options in San Mateo County.

4. SMC will be an Age Friendly community where older adults will be able to age in place.

Section 9: Area Plan Narrative Goals and Objectives

Goal 1: Promote community-based services that support independence, socialization, and safety for older adults, adults with disabilities, and their caregivers.			
Rationale: PSA 8 will promote healthy aging for older adults in San Mateo County (SMC), in order to maximize the older adults' ability to live independently, have socialization opportunities, and to live safely in the community. The San Mateo County Health System policy brief titled "Maintaining the Health of an Aging San Mateo County" states that unless we make significant changes, tomorrow's older adults will need healthcare and community-based services far beyond what our public and private systems can provide. The policy brief also states that older adults experience social isolation and have feelings of loneliness as a result of reduced interactions with family and friends and withdraw from social contact.			
Objectives	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
1a. Collaborate with the Commission on Aging's (CoA) Resource Access Committee to develop an outreach plan to provide education to providers, older adults, adults with disabilities about services, and concerned community members.	July 1, 2016-June 30, 2018	C	Contin-uing
1b. Collaborate with the CoA's Resource Access Committee to implement an outreach plan to provide education to providers, older adults, and adults with disabilities about services, and concerned community members.	July 1, 2016-June 30, 2018	C	Contin-uing
1c. Promote/distribute information at New Beginning Coalition (NBC) meetings on on-going trainings and materials about disaster preparedness in April and October.	October 1, 2017-June 30, 2018		Contin-uing
1d. Aging and Adult Services' (AAS) Elder and Dependent Abuse Prevention Team will provide 50 public education sessions on elder abuse.	July 1, 2017-June 30, 2018		Contin-uing

1e. The AAA will educate and increase awareness about elder abuse prevention by collaborating with CoA's Adult Abuse Prevention Collaborative on elder abuse prevention projects (i.e. presentations, participation in community events, etc.)	July 1, 2016-June 30, 2018	C	Contin-uing
1f. Mills-Peninsula Health Services will implement the Diabetes Empowerment Education Program (DEEP) and provide 180 units of service. DEEP meets the highest-level criteria for the Title IIID Funding as defined by the Centers for Medicare & Medicaid Services, an operating division of the U.S. Department of Health and Human Services.	July 1, 2016-June 30, 2018		Contin-uing
1g. The Long Term Care (LTC) Ombudsman program will collaborate with the Institute on Aging on the Community Care Settings Pilot program to assist appropriately identified members of Health Plan of San Mateo to transition out of nursing facilities back to living independently back in the community or to other LTC facilities offering lower levels of care.	July 1, 2016-June 30, 2018		Contin-uing
1h. The LTC Ombudsman program will provide 10 trainings (20 HOURS) a year for staff/volunteers in order to (1) improve their skills for monitoring and investigations and (2) increase knowledge of aging issues.	July 1, 2016-June 30, 2018		Contin-uing
1i. The LTC Ombudsman program will provide 12 in-service trainings for staff at LTC facilities on topics related to elder abuse, residents rights issues, or other pertinent topics.	July 1, 2016-June 30, 2018		Contin-uing
1j. The LTC Ombudsman program will provide 12 community education sessions on elder abuse prevention.	July 1, 2016-June 30, 2018		Contin-uing

1k. The LTC Ombudsman Program will assist in planning two community education events hosted by the Alzheimer's Association. The Circle of Care Conference focuses on providing caregivers (either family caregivers or caregivers working in the facility environment) practical skill-building techniques and to provide information on the latest research and community resources on caring for a person with Alzheimer's disease or a related dementia. Updates on Dementia Care is tailored for health care professionals, researchers and clinicians to provide research in the biological, social, psychological, and cultural aspects of aging and dementia with particular emphasis on practical applications to clinical practice.	July 1, 2016-June 30, 2018		Continuing
1l. AAS will collaborate with Behavioral Health Recovery Services' (BHRS) Older Adult Services Committee and the SMC Hoarding Task Force on two presentations to inform the community and service providers about hoarding.	July 1, 2016-June 30, 2018	C	Continuing
1m. AAS, members of the NBC, and BHRS' Older Adult Committee will support the work of BHRS' Suicide Prevention Committee by helping to distribute their geriatric depression screening tool to agencies in the network of those providing services to older adults and adults with disabilities.	July 1, 2016-June 30, 2018	C	Continuing
1n. AAS and members of the NBC (i.e. Center for the Independence of Individuals with Disabilities and Ron Robinson Senior Care Center) will support the work of the San Mateo County Oral Health Coalition by assisting in the development of a strategic plan for oral health needs of older adults and adults with disabilities.	July 1, 2016-August 31, 2016	C	Completed
1o. AAS and Members of the NBC (i.e. Center for the Independence of Individuals with Disabilities and Ron Robinson Senior Care Center) will support the work of the San Mateo County Oral Health Coalition by assisting in the implementation of a strategic plan for oral health needs of older adults and adults with disabilities.	July 1, 2016-June 30, 2020	C	Continuing

1p. AAS and the NBC members (i.e. Center for the Independence of Individuals with Disabilities and the Hospital Consortium of San Mateo County) will support the SMC's Fall Prevention Coalition and assist in the development of the Task Force's Strategic Plan.	July 1, 2016-June 30, 2017	C	Com-pleted
1q. AAS and the NBC members (i.e. Center for the Independence of Individuals with Disabilities and the Hospital Consortium of San Mateo County) will support the SMC's Fall Prevention Coalition and assist in the implementation of the Task Force's Strategic Plan.	July 1, 2016-June 30, 2018	C	Contin-uing
1r. In partnership with the SMC's Active Access Collaborative, AAS and NBC members will assist in the implementation of the coalition's initiative to increase physical activity among inactive older adults.	July 1, 2016-June 30, 2018	C	Contin-uing
1s. The AAA, through the participation in the Adult Services Oversight Team, will improve access to services by collaborating with Health Plan of San Mateo and the San Mateo County Health System in order to continue to develop an integrated system of services.	July 1, 2016-June 30, 2018	C	Contin-uing
1t. The AAA will participate in the SCAN Foundation's Community of Constituents initiative efforts, in order to transform the system of care so that San Mateo County residents can age with dignity, choice, and independence.	July 1, 2016-June 30, 2018	C	Contin-uing
1u. The AAA will serve as a liaison to San Mateo County non OAA-funded Measure A grantees that are serving older adults and adults with disabilities that are funded to address the service needs for OAA eligible populations.	July 1, 2016-June 30, 2018	C	Contin-uing
1v. The AAA, through collaboration with San Mateo County Nutrition Action Plan partners, will improve access to nutrition services, resolve problems related to service delivery for nutrition programs, and address the nutritional service needs of OAA eligible service populations.	July 1, 2016-June 30, 2018	C	Contin-uing
1w. The AAA will collaborate with Sequoia Health Care Foundation on their 70 Strong project to connect OAA eligible service populations to health and community services.	July 1, 2016-June 30, 2017	C	

1x. The AAA will serve as the San Mateo County Health System's liaison for Mission Hospice's Compassionate Community project in order to improve planning for end of life services, resolve problems with end of life service delivery, and address the end of life service needs of eligible OAA service populations.	July 1, 2016-June 30, 2018	C	Contin-uing
1y. The AAA will serve as a liaison to the Mental Health Services Act funded Behavioral Health and Recovery Services Initiatives in order to improve planning for services, resolve problems with service delivery, and address the health and mental health service needs of eligible OAA service populations.	July 1, 2016-June 30, 2018	C	Contin-uing

Goal 2: Support options for increased mobility.			
Rationale: In SMC, getting around without a car is challenging. Lack of transportation options can lead to poor health outcomes and may lead to isolation. AAS needs assessment findings show that transportation is a concern for providers, older adults, adults with disabilities and caregivers. Other community needs assessments of SMC have also found that transportation is an issue for older adults and adults with disabilities.			
Objectives	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
2a. Through NBC, inform providers, older adults, adults with disabilities and caregivers about mobility efforts in SMC.	July 1, 2016-June 30, 2018		Continuing
2b. Provide CoA Transportation Committee with AAS needs assessment results to identify gaps in transportation services.	July 1, 2016-December 31, 2016		Completed
2c. AAS will share information about funding sources with NBC members that may assist with existing transportation gaps.	July 1, 2016-June 2017		Continuing
2c. CoA's Transportation Committee will provide a presentation at NBC about the work they are doing in order to inform coalition members about how to get involved.	July 1, 2017-June 2018		Continuing

Goal 3: Promote/support affordable and accessible housing options in San Mateo County.			
Rationale: According to the "Affordable Housing White Paper: Preventing Displacement and Promoting Affordable Housing Development in San Mateo County", prepared for the SMC Board, SMC is experiencing an affordable housing crisis. Finding and keeping affordable housing in SMC is a challenge not just for lower income residents but for those that are higher income as well. AAS needs assessment results show that the Commission on Aging, NBC members, and the community are concerned about housing.			
Objectives	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
3a. Through NBC, promote the activities of those working on housing issues, such as the SMC Housing Leadership Council (HLC).	July 1, 2016-June 30, 2018		Contin-uing
3b. Inform those working on housing issues, such as HLC, about AAS needs assessment results.	July 1, 2016-June 30, 2018		Contin-uing
3c. Invite those working on housing issues, such as HLC, to present at an NBC meeting about how coalition members can get involved in housing efforts.	July 1, 2017-June 30, 2018		Contin-uing

Goal 4: SMC will be an Age Friendly community where older adults will be able to age in place.			
Rationale: AAS needs assessment findings as well as other community assessments of SMC older adults show that the majority of the population wants to age in place. PSA 8 will seek ways to assist older adults to age in place so older adults can remain in their communities and maintain the connections they already have in place.			
Objectives	**Projected Start and End Dates**	**Title IIIB Funded PD or C**	**Update Status**
4a. NBC will explore options to become an Age Friendly Community as outlined by the World Health Organization.	July 1, 2016-June 30, 2018		Contin-uing

Section 10: Service Unit Plan (SUP) Objectives Guidelines

TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A	N/A	
2017-2018	N/A	N/A	
2018-2019			
2019-2020			

2. Homemaker (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A	N/A	
2017-2018	N/A	N/A	
2018-2019			
2019-2020			

3. Chore (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A	N/A	
2017-2018	N/A	N/A	
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	141,700	1	
2017-2018	141,700	1	
2018-2019			
2019-2020			

5. Adult Day/ Health Care (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,272	1	
2017-2018	3,272	1	
2018-2019			
2019-2020			

6. Case Management (Access) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A	N/A	
2017-2018	N/A	N/A	
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A	N/A	
2017-2018	N/A	N/A	
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	108,663	1	
2017-2018	108,663	1	
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	60	1	
2017-2018	60	1	
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	54,866	2	
2017-2018	54,866	2	
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,561	1	
2017-2018	3,561	1	
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,945	1	
2017-2018	3,945	1	
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	5,020	1	
2017-2018	5,020	1	
2018-2019			
2019-2020			

14. Outreach (Access) **Unit of Service = 1 contact**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A	N/A	
2017-2018	N/A	N/A	
2018-2019			
2019-2020			

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

Other Supportive Service Category: Senior Employment **Unit of Service = 1 activity**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2016-2017	22,000	1	
2017-2018	N/A	N/A	
2018-2019			
2019-2020			

16. Title IIID/ Disease Prevention and Health Promotion

Unit of Service = 1 contact

Service Activities: Diabetes Empowerment Education Program (DEEP) classes

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	180	1	1.f
2017-2018	180	1	1.f
2018-2019			
2019-2020			

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

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I.E, Actions on Complaints)
The average California complaint resolution rate for FY 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved **770** + Number of partially resolved complaints **718** divided by the Total Number of Complaints Received **1,606** = Baseline Resolution Rate **93**% FY 2016-17 Target Resolution Rate **90**%
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved **770** + Number of partially resolved complaints **718** divided by the Total Number of Complaints Received **1,606** = Baseline Resolution Rate **93**% FY 2017-18 Target Resolution Rate **90**%
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints_____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%
Program Goals and Objective Numbers: **1**

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended **23** FY 2016-2017 Target: **25**
2. FY 2015-2016 Baseline: number of Resident Council meetings attended **23** FY 2017-2018 Target: **25**
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **1**

C. Work with Family Councils

1. FY 2014-2015 Baseline number of Family Council meetings attended **5** FY 2016-2017 Target: **5**
2. FY 2015-2016 Baseline number of Family Council meetings attended **5** FY 2017-2018 Target: **5**
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **1**

D. Consultation to Facilities

1. FY 2014-2015 Baseline: number of consultations **240** FY 2016-2017 Target: **150**
2. FY 2015-2016 Baseline: number of consultations **240** FY 2017-2018 Target: **150**
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **1**

E. Information and Consultation to Individuals

1. FY 2014-2015 Baseline: number of consultations **488** FY 2016-2017 Target: **350**
2. FY 2015-2016 Baseline: number of consultations **488** FY 2017-2018 Target: **350**
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **1**

F. Community Education

1. FY 2014-2015 Baseline: number of sessions **62** FY 2016-2017 Target: **30**
2. FY 2015-2016 Baseline: number of sessions **62** FY 2017-2018 Target: **30**
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **1.i**

G. Systems Advocacy

Systemic Advocacy Effort(s) for the current fiscal year FY 16-17

OSSMC will continue to work with Health Plan San Mateo and Institute on Aging as they work to identify individuals in nursing homes who either (a) do not qualify for nursing home care, or (b) wish to live at a lower level of care. Ombudsman will provide advocacy services to those individuals being transitioned out, participating in the discharge planning leading to the ultimate transfer and will then follow the resident to the new facility (if being transferred to a lower level of care at another facility) to ensure a smooth transition.

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Outcome 2.

Measures and Targets:

A. Facility Coverage (other than in response to a complaint)

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **17** divided by the total number of Nursing Facilities **17** = Baseline **100**% FY 2016-2017 Target: **100**%
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **17** divided by the total number of Nursing Facilities **17** = Baseline **100**%% FY 2017-2018 Target: **100**%
3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: **1**

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

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint **241** divided by the total number of RCFEs **303** = Baseline **80**% FY 2016-2017 Target: **100**%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint **241** divided by the total number of RCFEs **303** = Baseline **80**%% FY 2017-2018 Target: **100**%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____ %
Program Goals and Objective Numbers: **1**

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

1. FY 2014-2015 Baseline: **6.93** FTEs FY 2016-2017 Target: **7.5** FTEs
2. FY 2015-2016 Baseline: **6.93** FTEs FY 2017-2018 Target: **7.5** FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: **1**

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

4. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers **35** FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers **45**
5. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers **35** FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers **45**
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers ____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: **1**

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner.

Measures and Targets:

Cases are entered into the database on receipt of a complaint and are tracked through closure by the Regional Coordinator (RC) who has jurisdiction of the facility whence the complaint emanates. The RC reviews the case on closure to ensure that: complaint categories are correct, that the required data on each client is complete, that cases meet program standards, to determine that all elements of the case are present, and that all attachments are indeed attached. Once the RC approves, the case is closed and filed. The LTC Ombudsman program believes the system of engagement by the RC together with ongoing technical support provided by the RC to the field ombudsman through the process of investigation and case write up promotes consistency of the data.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

Fiscal Year	Total # of Public Education Sessions
2016-2017	24
2017-2018	50
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2016-2017	
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	36
2017-2018	36
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	700	Help at Home booklet, Aging and Adult Services Booklet, TIES Line material, hoarding educational material, elder abuse booklets, and crime prevention booklets.
2017-2018	700	Help at Home booklet, Aging and Adult Services Booklet, TIES Line material, hoarding educational material, elder abuse booklets, and crime prevention booklets.
2018-2019		
2019-2020		

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Fiscal Year	Total Number of Individuals Served
2016-2017	360
2017-2018	360
2018-2019	
2019-2020	

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

2012–2016 Four-Year Planning Period

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Information Services	**# of activities and Total est. audience for above**		
2016-2017	# of activities: 61 Total est. audience for above: 61,000	1	
2017-2018	# of activities: 61 Total est. audience for above: 61,000	1	
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2016-2017	751	1	
2017-2018	751	1	
2018-2019			
2019-2020			

Access Assistance	**Total contacts**		
Support Services	**Total hours**		
2016-2017	941	1	
2017-2018	941	1	
2018-2019			
2019-2020			
Respite Care	**Total hours**		
2016-2017	1,222	1	
2017-2018	1,222	1	
2018-2019			
2019-2020			
Supplemental Services	**Total occurrences**		
2016-2017	30	1	
2017-2018	30	1	
2018-2019			
2019-2020			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Information Services	**# of activities and Total est. audience for above**		
2016-2017	# of activities: 30 Total est. audience for above: 900	1	
2017-2018	# of activities: 30 Total est. audience for above: 900	1	
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

Grandparent Services Caring for Children	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Access Assistance	**Total contacts**		
2016-2017	275	1	
2017-2018	275	1	
2018-2019			
2019-2020			
Support Services	**Total hours**		
2016-2017	254	1	
2017-2018	254	1	
2018-2019			
2019-2020			
Respite Care	**Total hours**		
2016-2017	130	1	
2017-2018	130	1	
2018-2019			
2019-2020			
Supplemental Services	**Total occurrences**		
2016-2017	25	1	
2017-2018	25	1	
2018-2019			
2019-2020			

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

Section 1. State Performance Measures

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	1,398	1
2017-2018	1,398	1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	85	1
2017-2018	85	1
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	5,280	1
2017-2018	5,280	1
2018-2019		
2019-2020		

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Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	5,658	1
2017-2018	5,658	1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	346	1
2017-2018	346	1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	3,102	1
2017-2018	3,102	1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	4,757	1
2017-2018	4,757	1
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	1,932	1
2017-2018	1,932	1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	2,532	1
2017-2018	2,532	1
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	
2017-2018	N/A	
2018-2019		
2019-2020		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	
2017-2018	N/A	
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	
2017-2018	N/A	
2018-2019		
2019-2020		

Section 11: Focal Points

COMMUNITY FOCAL POINTS LIST

Designated Community Focal Point	Address
1. Alzheimer's Association of Northern California & Northern Nevada	1060 La Avenida St. Mountain View, CA 94043
2. Catholic Charities CYO San Carlos Adult Day Services	787 Walnut Street San Carlos, CA 94070
3. Center for the Independence of Individuals with Disabilities	1515 S. El Camino Real, Suite 400 San Mateo, CA 94402
4. City of Belmont Senior Center	20 Twin Pines Lane Belmont, CA 94402
5. City of Brisbane Senior Sunrise Room	2 Visitacion Avenue Brisbane, CA 94005
6. City of Burlingame Recreation Center	850 Burlingame Avenue Burlingame, CA 94010
7. City of Daly City Senior/Adult Services Doelger Center	101 Lake Merced Blvd. Daly City, CA 94015
8. City of Daly City Lincoln Community Center	901 Brunswick Street Daly City, CA 94014
9. City of East Palo Alto East Palo Alto Senior Center Inc.	56 Bell Street East Palo Alto, CA 94303
10. City of Menlo Park Senior Center	110 Terminal Avenue Menlo Park, CA 94015
11. City of Millbrae Millbrae Senior Center	477 Lincoln Circle Millbrae, CA 94030
12. City of Pacifica Senior Services Community Center	540 Crespi Drive Pacifica, CA 94044
13. City of San Bruno Senior Center	1555 Crystal Springs Road San Bruno, CA 94066

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14. City of San Mateo Senior Center	2645 Alameda de las Pulgas San Mateo, CA 94403
15. City of San Mateo Martin Luther King Community Center	725 Mount Diablo San Mateo, CA 94401
16. City of South San Francisco Adult Day Care	601 Grand Avenue South San Francisco, CA 94080
17. City of South San Francisco Magnolia Senior Center	601 Grand Avenue South San Francisco, CA 94080
18. Coastside Adult Day Health Center	645 Correas Street Half Moon Bay, 94019
19. Edgewood Center for Children and Families	957B Industrial Road San Carlos, CA 94070
20. Family Caregiver Alliance	785 Market St., Suite 750 San Francisco, CA 94103
21. Fair Oaks Community Center	2600 Middlefield Road Redwood City, CA 94063
22. Foster City Senior Center	650 Shell Blvd. Foster City, CA 94014
23. Hospital Consortium of San Mateo County	222 W. 39th Avenue San Mateo, CA 94403
24. Kimochi, Inc.	1715 Buchanan St. San Francisco, CA 94115
25. Legal Aid Society of San Mateo County	330 Twin Dolphin Drive, Suite 123 Redwood City, CA 94065
26. Mills-Peninsula Senior Focus Adult Day/ADCRC	1720 El Camino Real, Suite 10 Burlingame, CA 94010
27. Ombudsman Services of San Mateo County, Inc.	711 Nevada Street Redwood City, CA 94061
28. Peninsula Family Service	24-2nd Avenue San Mateo, CA 94401
29. Peninsula Volunteers, Inc. Rosener House	500 Arbor Road Menlo Park, CA 94025
30. Peninsula Volunteers, Inc. Little House	800 Middle Avenue Menlo Park, CA 94025

31. Ron Robinson Senior Care Center San Mateo Medical Center	222 39th Avenue San Mateo, CA 94403
32. San Carlos Adult Community Center	601 Chestnut Street San Carlos, CA 94070
33. San Mateo County Aging and Adult Services	225 37th Avenue San Mateo, CA 94403
34. Second Harvest Food Bank Brown Bag Program	1051 Bing Street San Carlos, CA 94070
35. Self Help for the Elderly/HICAP	50 East 5th Avenue San Mateo, CA 94401
36. Senior Coastsiders	535 Kelly Avenue Half Moon Bay, CA 94019
37. Sequoia Hospital Health and Wellness Center	749 Brewster Redwood City, CA 94063
38. Veterans Memorial Senior Center	1455 Madison Avenue Redwood City, CA 94061

Section 12: Disaster Preparedness

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

   The AAA is involved in the disaster planning for the County of San Mateo. AAA staff enroll to receive California Health Alert Network notifications to receive information on disasters throughout the County and State. Staff are also required to complete the County's Incident Command System 100 and 700 trainings to be prepared to assist in the County's response to a disaster. San Mateo County also conducts a Silver Dragon exercise on an annual basis to practice it's response to emergencies. AAA staff participate in this exercise.

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

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

   LTCF/SNF evacuation plans that satisfy licensing requirements are insufficient for a re-location of clients to another facility during emergencies. A temporary position has been created to begin a project that links the Ombudsman, CDPH Licensing, local LTCF/SNF community, OES with a mechanism (EMSystems) to poll all facilities and quickly find bed space for displaced residents. A full scale exercise is tentatively planned for 2017 to replicate an incident at Burlingame Long Term Care in order to test the new system.

   Throughout all of our emergency preparedness activities, we have learned the importance of coordinating with other County community-based organizations as well as state and local government. Not only does the AAA benefit from the expertise of colleagues, but the AAA also maximizes the impact of limited resources.

For the Area Plan for FY 16-20, we will continue to participate in preparedness efforts focusing on our communication with community-based providers to ensure that the needs of vulnerable individuals are addressed. We will also continue to work with our Health System and OES in developing communication strategies.

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

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

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Moony Tong	Fiscal Services Manager II	Office: 650-573-2236 Cell: N/A	mtong@smcgov.org

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

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

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

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

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

Section 13: Priority Services

2016-2020 Four-Year Planning Cycle

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

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2016-17 through FY 2019-20

Access:

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

2016-17 22% 17-18 22% 18-19 _____% 19-20 _____%

In-Home Services:

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

2016-17 19% 17-18 19% 18-19 _____ 19-20 _____%

Legal Assistance Required Activities:

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

2016-17 9% 17-18 9% 18-19 _____% 19-20 _____%

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: Learning about services/benefits for older adults, remaining in home, financial security/money to live on, understanding Medicare, dental needs, accessing and enrolling for services, disaster preparedness, accidents in the home (falls), affordable housing, and dependence on others. These can be addressed more readily in programs offered under Access and In-Home Services. The adequate proportions percentages will allow for 50% of the funding to be set and allow for the other 50% of the funding to be used flexibly in order to best address the needs of the community.

Section 14: Notice of Intent to Provide Direct Services

Check applicable direct services	Check each applicable Fiscal Year			
Title IIIB	**16-17**	**17-18**	**18-19**	**19-20**
☐ Information and Assistance	☐	☐	☐	☐
☐ Case Management	☐	☐	☐	☐
☐ Outreach	☐	☐	☐	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☒	☒	☐	☐
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title IIID	**16-17**	**17-18**	**18-19**	**19-20**
☐ Disease Prevention and Health Promo.	☐	☐	☐	☐
Title IIIE [4]	**16-17**	**17-18**	**18-19**	**19-20**
☐ Information Services	☐	☐	☐	☐
☐ Access Assistance	☐	☐	☐	☐
☐ Support Services	☐	☐	☐	☐
Title VIIA	**16-17**	**17-18**	**18-19**	**19-20**
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title VII	**16-17**	**17-18**	**18-19**	**19-20**
☐ Prevention of Elder Abuse, Neglect and Exploitation	☒	☒	☐	☐

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

Program Development and Coordination

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

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

Section 15: Request for Approval to Provide Direct Services

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

Identify Service Category: _____

Check applicable funding source:

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

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

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

☐ 2016-17 ☐ 2017-18 ☐ 2018-19 ☐ 2019-20

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

Section 16: Governing Board

GOVERNING BOARD MEMBERSHIP
2016-2020 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 Don Horsley, Supervisor District 3 President	January 2019
The Honorable Dave Pine, Supervisor District 1 Vice President	January 2021

Names and Titles of All Members:	**Board Term Expires:**
The Honorable Dave Pine, Supervisor District 1	January 2021
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 2021
The Honorable Dave Canepa, Supervisor District 5	January 2021

Section 17: Advisory Council

ADVISORY COUNCIL MEMBERSHIP
2016-2020 Four-Year Planning Cycle

OAA 2006 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 17 (1 vacancy)

Number of Council Members over age 60 9

	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	59%	60%
Hispanic	11%	3%
Black	3%	6%
Asian/Pacific Islander	21%	31%
Native American/Alaskan Native	0%	0
Other	6%	0

Name and Title of Officers:	**Office Term Expires:**
Christina Dimas-Kahn, Chairperson	06-30-17
Scott McMullin, 1ST Co-Chairperson	06-30-17
Armetta Parker, 2nd Co-Chairperson	06-30-18

Name and Title of other members:	**Office Term Expires:**
Elsa Agasid	06-30-19
JoAnne Arnos	06-30-19
Walter Batara	06-30-17
Pamela Brandman	06-30-19
Patty Clement-Cihak	06-30-19
Aurea Cruz	06-30-17
Pamela Giannini	06-30-19
Bob Giusti	06-30-19
Joan Kilroe	06-30-19
Sandra Lang	06-30-18

Cherie Querol Moreno	06-30-17
Francine Serafin-Dickson	06-30-17
Carol Tabak	06-30-19

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

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

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

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

2016-2020 Four-Year Area Planning Cycle

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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 IIIB funding is allocated to Legal Services? 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: Learning about services/benefits for older adults, remaining in home, financial security/money to live on, understanding Medicare, dental needs, accessing and enrolling for services, disaster preparedness, accidents in the home (falls), affordable housing, and dependence on others. These can be addressed more readily in programs offered under Access and In-Home Services as opposed to legal services.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?

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

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?

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

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? Discussion:

   Legal Aid participates in the AAA process that develops, distributes and reviews the community survey that is part of the Area Plan development. The community survey helps to identify target populations and areas of need greatest legal need. The targets senior populations and mechanisms for reaching them are discussed below.

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

   While Senior Advocates serve 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.

Area Plan PSA 8

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

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	1
2017-2018	1
2018-2019	
2019-2020	

9. 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 Bay Area Legal Aid's Legal Advice Line. Bay Area Legal Aid, the local Legal Services Corporation-funded program, provides legal advice by phone.

10. What methods of outreach are Legal Services 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, monthly e-mail newsletter to service providers and senior centers on financial scams, and occasionally PSAs on local TV channels.

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

Fiscal Year	**Name of Provider**	**Geographic Region covered**
2016-2017	a. Legal Aid Society of San Mateo County	a. Entire County
2017-2018	a. Legal Aid Society of San Mateo County	a. Entire County
2018-2019	a. b. c.	a. b. c.
2019-2020	a. b. c.	a. b. c.

12. 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. Legal Aid has also been working with APS and the new Aging and Adult Services EDAPT program and has established a referral system for elder abuse cases.

13. Identify the major types of legal issues that are handled by the Title IIIB 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, elder abuse, and debt collection. Other issues that are serious challenges for older adults in PSA 8 include financial abuse (e.g., scams, identity theft, fraud, reverse annuity mortgages, title transfers, and inappropriate use of Power of Attorney), other benefits issues (CalFresh, Medi-Cal Share of Cost, CCI/Cal MediConnect), 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 and reasonable accommodations.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA?

    In the past four years, there has been an increase in elder abuse and SSI reduction issues. In particular, as housing costs have sky-rocketed, adult children and grandchildren are moving into their parent's/grandparent's home, leading to elder abuse situations. In other cases, older adults are forced to move in with their adult children because their income is too low to pay rent, leading to "in-kind support" income deductions from their already limited SSI benefits.

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

    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 older adults 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.

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

    In domestic violence cases, services are coordinated with Communities Overcoming Relationship Abuse (CORA) and Bay Area Legal Aid. Housing services are coordinated with Community Legal Services in East Palo Alto and the Stanford Community Law Clinic. Legal Aid works with Adult Protective Services (APS), the new County Elder Abuse and Dependent Adult Protection Team (EDAPT), 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. The Senior Advocates attorney collaborates with the Ombudsman program, Adult Protective Services, the Area Agency on Aging (Commission on Aging and Adult Abuse Prevention Collaborative), CANHR, One Justice, and multiple senior centers and housing complexes for presentations and information fairs.

Section 19: Multipurpose Senior Center Acquisition or Construction Compliance Review

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

☐ Yes. Title IIIB funds used for Acquisition or Construction.

Complete the chart below.

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

Section 20: Family Caregiver Support Program

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

2016–2020 Four-Year Planning Cycle

Based on the AAA's review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), 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. **If the AAA will not provide a service, a justification for each service is required in the space below.**

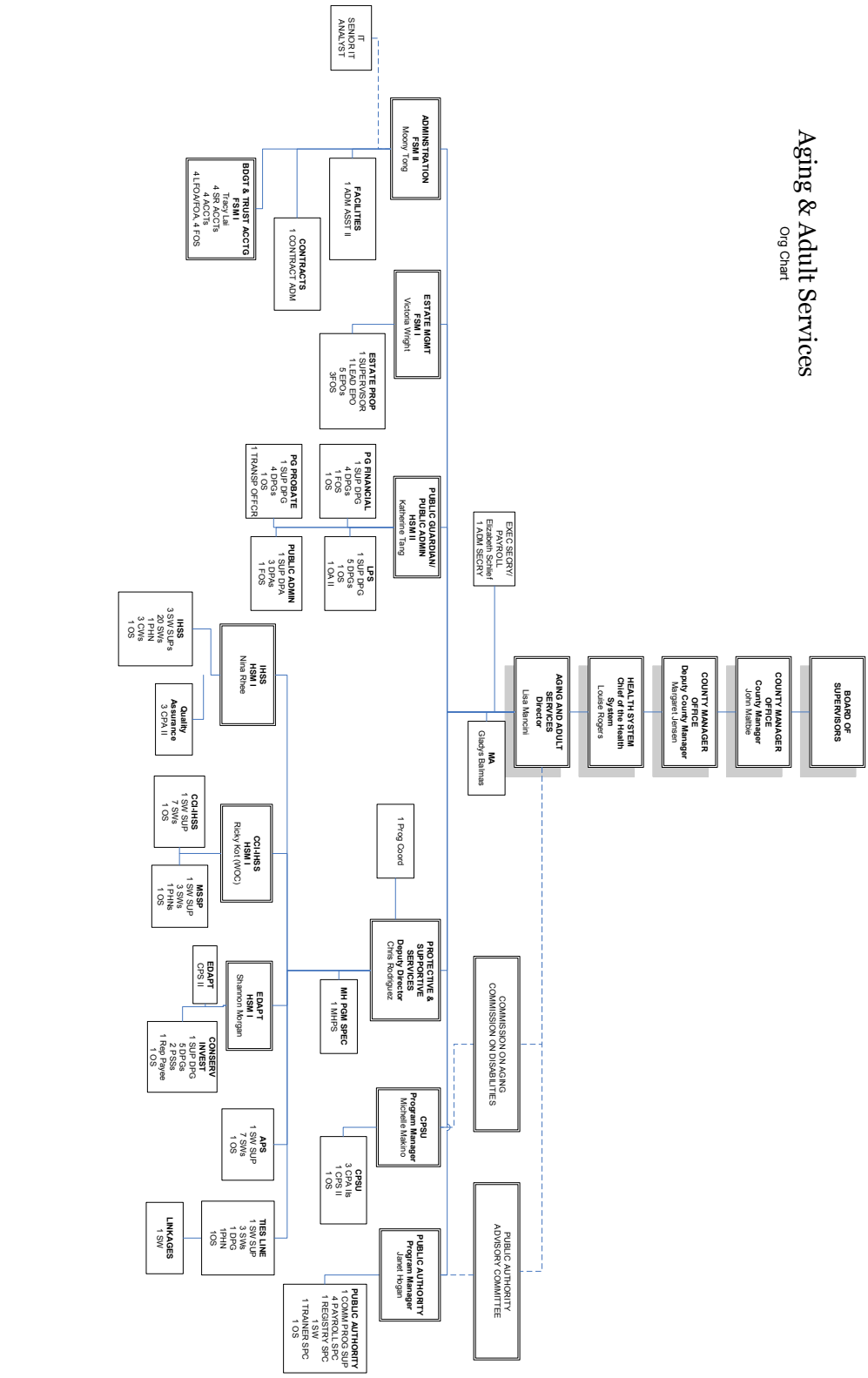
Family Caregiver Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Family Caregiver Access Assistance	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Family Caregiver Support Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Family Caregiver Respite Care	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Family Caregiver Supplemental Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Access Assistance	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Support Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Respite Care	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Supplemental Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract

Section 21:
AAS Organizational Chart



Updated
03/22/2016

Section 21: AAA Organizational Chart

<table>
<tr><th colspan="2">PSA 8
Area Agency on Aging
Organization Chart
2016-2017</th></tr>
<tr><td colspan="2">Program Services Manager- LM</td></tr>
<tr><td colspan="2">Program Services Manager- MM
94.0% FTE Administration
3.0% HICAP
3.0% Direct Service B</td></tr>
<tr><td>Community Program Analyst II – CM
54.3% FTE Administration
36.0% Non OAA/OCA
8.0% HICAP
1.7% FTE Direct Service B</td><td>Community Program Analyst II – CU
93.0% FTE Administration
7.0% FTE Direct Service B</td></tr>
<tr><td>Community Program Analyst II – LB
98.0% FTE Administration
2.0% FTE Direct Service B</td><td>Community Program Specialist II – AE
93.0% FTE Administration
7.0% HICAP</td></tr>
<tr><td colspan="2">Senior Accountant – CL
94% FTE Administration
6% HICAP</td></tr>
<tr><td colspan="2">Office Specialist – LJ
100% FTE Administration</td></tr>
</table>

Section 22: Assurances

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. OAA 306(a)(4)(C)
   Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)
   Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)
   Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ‘‘older Native Americans’’), including—

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

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

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

10. OAA 306(a)(13)(A-E)
    (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

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

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

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

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

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

    (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and

expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)
Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)
Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)
In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.
Requirement: OAA 307(a)(11)(A)
(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)
That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)
To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)
Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

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

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

Requirement: OAA 307(a)(15)
If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -
(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

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

Requirement: OAA 307(a)(18)
Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)
That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)
Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

CFR [1321.53(a)(b)]
(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:
(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
(9) Have a unique character which is tailored to the specific nature of the community;
(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

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

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

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

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

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

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

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