TRANSMITTAL LETTER

Four-Year Area Plan Update

2012-2016

FY 2014-2015

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

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

1. Dave Pine

_____ _____

Signature: Governing Board President Date

2. Mary Larenas

Mary Larenas 2/27/2014

Signature: Advisory Council Chair Date

3. Lisa Mancini

Lisa Mancini 2/27/14

Signature: Area Agency Director Date

2013-2014 AREA PLAN UPDATE (APU) CHECKLIST

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	Update ALL of the following ANNUALLY:		
n/a	APU-*(submit electronically only)* (See page numbers for changes)	☒	
n/a	Transmittal Letter	☒	
2, 3, or 4	Estimate of the number of lower income minority older individuals in the PSA for the coming year (p. 18)	☒	
7	Public Hearings that will be conducted (pp. 89- 90)	☒	
n/a	Annual Budget	☐	
10	Service Unit Plan (SUP) Objectives (pp.109-154)	☒	
	If there has been a CHANGE from the 2012/16 Area Plan, or if the section was not included in the 2012/16 Area Plan, update the following:	Mark Changed/Not Changed (C or N/C) C	N/C
5	Minimum Percentage/Adequate Proportion	☐	☒
5	Needs Assessment	☐	☒
8	Identification of Priorities (p.95)	☒	☐
9	AP Narrative Objectives:	☒	☐
9	• System-Building and Administration	☐	☒
9	• Title III B-Funded Programs	☐	☒
9	• Title III B-Transportation	☐	☒
9	• Title III B-Funded Program Development/Coordination (PD or C) (p. 98-102, 104-105)	☒	☐
9	• Title III B/VIIA- Long-Term Care Ombudsman/Elder Abuse Prevention Program	☐	☒
9	• Title III C-1	☐	☒
9	• Title III C-2	☐	☒
9	• Title III D	☐	☒
20	• Title III E-Family Caregiver Support Program (pp. 172-173)	☒	☐
9	• HICAP Program (pp. 137- 141)	☒	☐
13	Priority Services (pp. 150-151)	☒	☐
14	Notice of Intent-to Provide Direct Services (p. 153- 154)	☒	☐
15	Request for Approval-to Provide Direct Services	☐	☒
16	Governing Board (p. 159)	☒	☐
17	Advisory Council (pp. 161-163)	☒	☐
18	Legal Assistance (pp. 165-167)	☒	☐

Section 2. Description of Planning and Service Area 8

Physical Characteristics of San Mateo County

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

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

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

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

[1] San Mateo County Planning and Building Division

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

Figure 1 below provides a map of SMC.

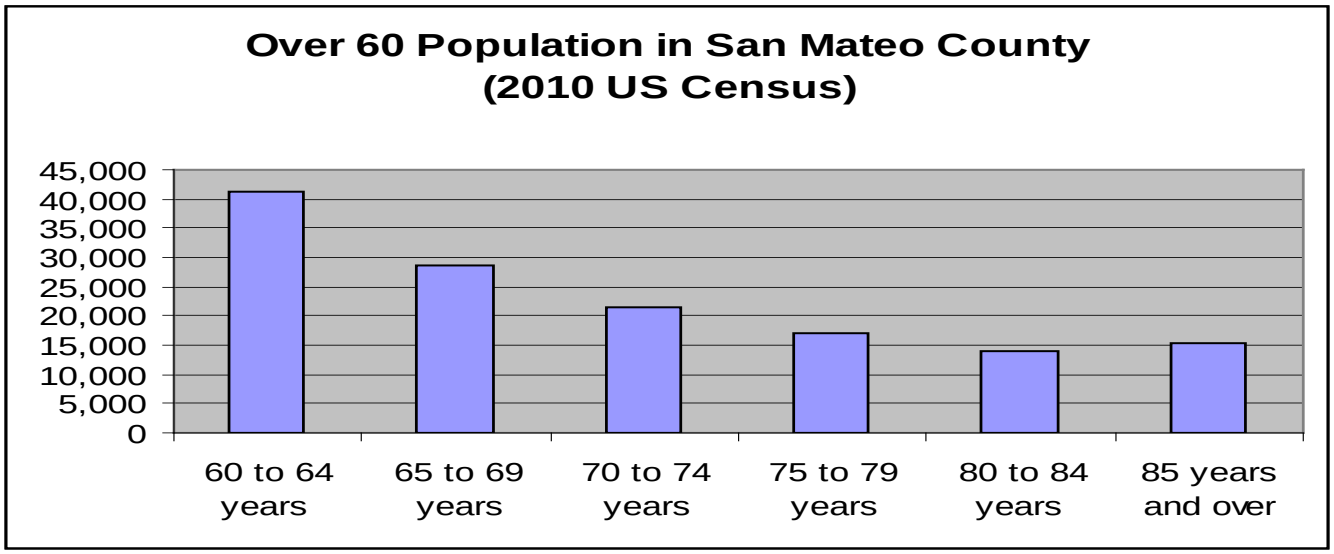
Demographic Characteristics of San Mateo County

Current Older Adult Population

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

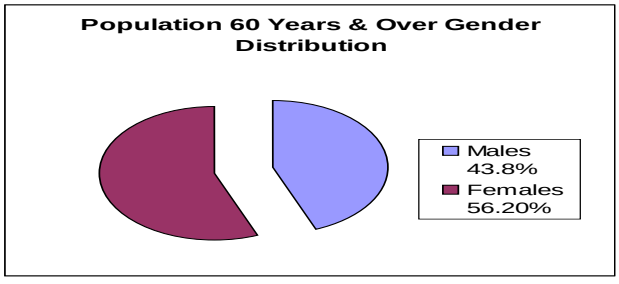
According to the 2010 Census, the number of those ages 60 and over is 137,584, or 19% of the total population for SMC. The current age breakdown for older adults is the following: 60 to 64 years-41,322; 65 to 69 years-28,485; 70 to 74 years-21,500; 75 to 79 years-16,888; 80 to 84 years-14,085; and 85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

Figure 2



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

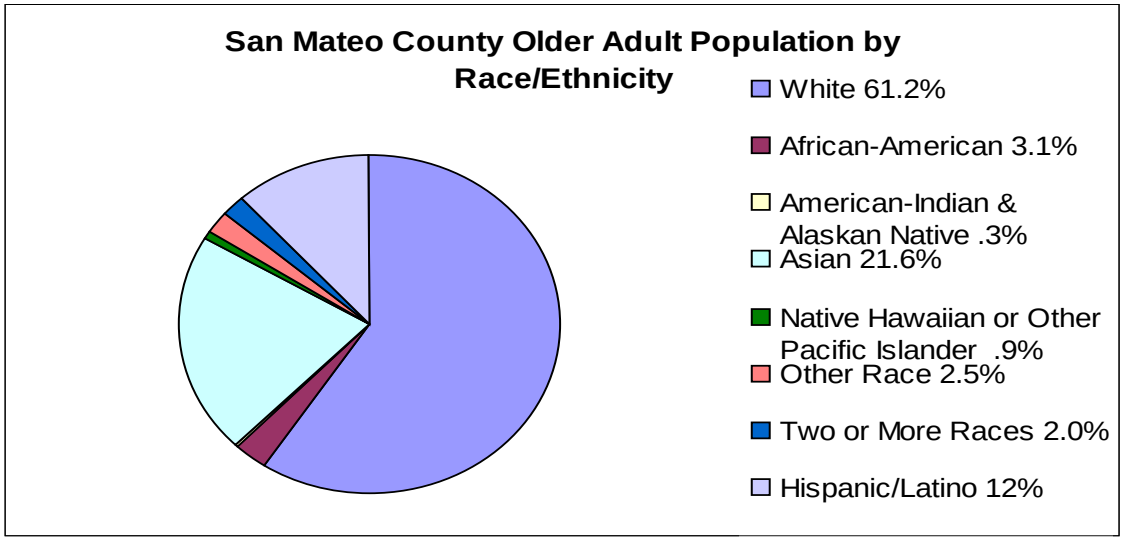
Figure 3



Minority Populations

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

Figure 4



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

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

Figure 5

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

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

Figure 6

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

Linguistic Isolation

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

Figure 7

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

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

Figure 8

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

Economic Status

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

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

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

Figure 9

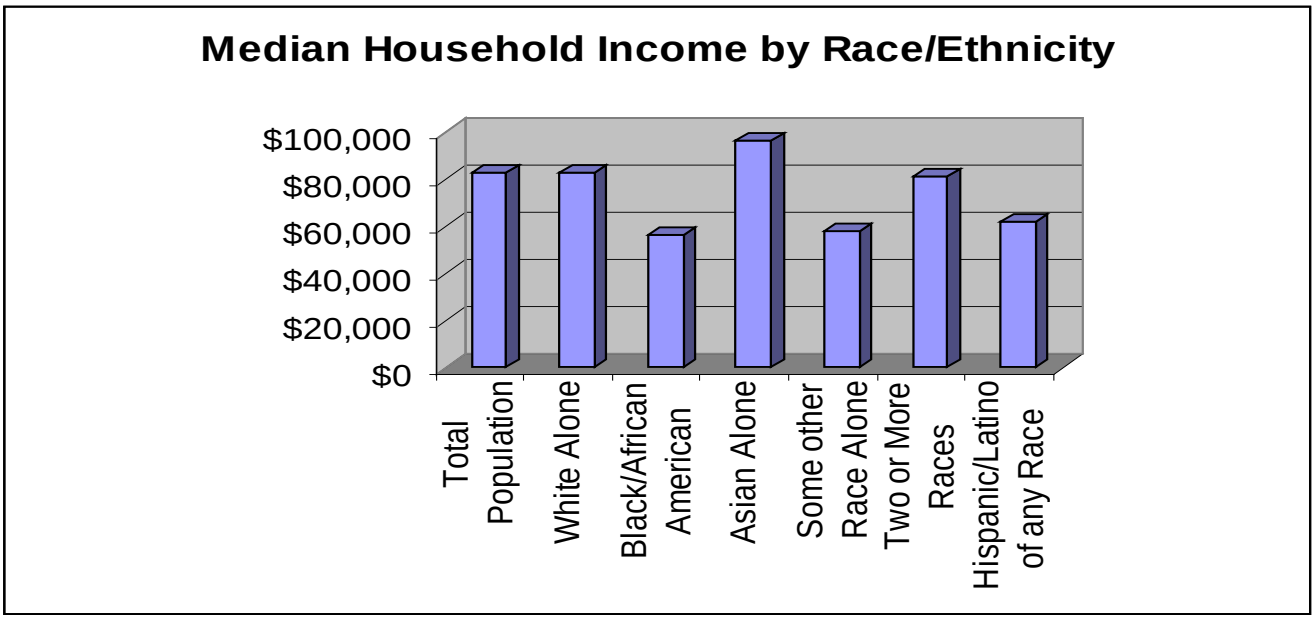


Figure 10

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

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

Figure 11

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

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

Figure 12

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

Estimate of Lower Income Minority Older Adults in PSA 8

According to the 2008-2012 American Community Survey (ACS) 5-Year Estimates, the total population is 6,091 for those that live in San Mateo County, are 65 years and over, and are below the poverty level. This is 6.4% of the population of those ages 65 years and over. For FY 14-15, the estimated number of low income minority older individuals 65 years and over and below the poverty level is 56% or 3,402 people. The minority populations included in this estimate are: Asian, American Indian and Alaskan Native, Black/African American, Hispanic/Latino, Native Hawaiian and other Pacific Islanders, the population that is two or more races and populations that are some other race (excluding White and the aforementioned races). According to the U.S. Census Bureau, poverty thresholds for 2011 were set at $10,788 for one person 65 years and over and $13,609 for two people.

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

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

Specific to older adults, an Elder Economic Security Standard Index (Elder Index) for California demonstrates that the federal poverty guideline covers less than half of the basic costs for adults age 65 and older in California. The Elder Index provides a calculation of a basic income needed to "make ends meet" for retired adults age 65 and older for every county. According to U.S. Department of Health and Human Services, the 2014 FPL is $11,670 for a single person living in the 48 contiguous states and the

District of Columbia. However, according to the Elder Index that calculates on county-specific information, the basic income needed to meet basic needs is $29,442 for a single older adult with good health that is renting a one-bedroom unit in SMC. To meet basic needs, annually, a single home owner without a mortgage would need $18,180 and a single owner with a mortgage would need $42,096. For an older couple residing in SMC, the Elder Index calculates the cost of living to be $38,870 for renters of a one-bedroom place, $27,608 for those without a mortgage and $51,524 for those with a mortgage. These estimates for SMC are significantly higher than the guidelines based on the FPL that is not county nor state specific.

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

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

Education

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

Figure 13

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

Housing and Living Situation

Housing

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

Based on data from 2005-2009, homeownership is slightly higher in SMC (61.7%) than the state average (57.9%)

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

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

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

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

Home Foreclosures

For the 2009-2010 tax year, property values in SMC decreased over 4 million dollars. The cities that sustained the most significant loss in property value were San Mateo, Daly City, and South San Francisco. In 2010, there were 3,859 pre-foreclosures (payment default), 3,758 foreclosures (the start of the legal process for foreclosure) and 1,369 completed foreclosures (home is owned by the lender). From January to July 2011, East Palo Alto, Brisbane, South San Francisco and Daly City had the highest pre-foreclosure rates in the County. The foreclosure rate per 1,000 homes was the lowest in Hillsborough (5.4) and the highest in East Palo Alto (23). Mid-priced homes between $500,000 and $600,000 are most likely to end up bank owned.

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

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

Living Situation

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

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

There are 9,506 older adults over the age of 60 that are living with their grandchildren. Of these, 1,302 older adults over 60 are responsible for grandchildren that are under the age of 18. Fifty-four percent of the responsible grandparents are female and 45% of responsible grandparents are married. When looking at all grandparents (including

those under 60), most have been responsible for their grandchildren five or more years. Twenty percent of grandparents living with their grandchildren under 18 years of age have a disability. Of the grandparents with a disability that are living with their grandchildren, 69% are 60 years and over.

Homelessness

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

Employment

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

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

Figure 14

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

Targeted Populations: Adults with Disabilities

18-64 Years

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

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

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

65 Years and Over

The estimated non-institutionalized population 65 and older with a disability is 28,876 or

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

Figure 15

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

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

with ADLs than older adults who were least poor (300% above the poverty level). Older adults were more likely to have 3 to 6 ADLs as opposed to 1-2 ADLs.

Figure 16

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

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

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

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

Figure 17

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

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

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

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

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

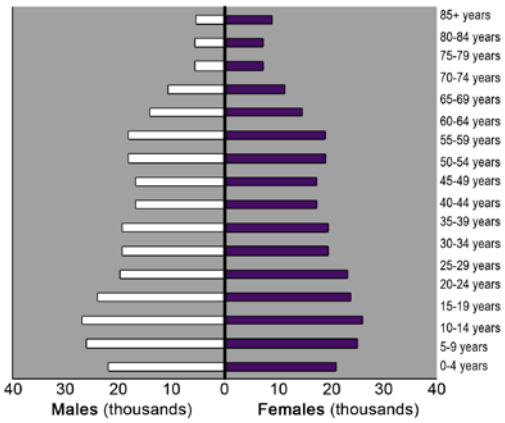
Nearly 1 out of 4 individuals in same-sex couples, or 52,192 are Latino/Latina. Just over 12% of Latino/Latinas in same-sex couples live in California, a greater percentage than any other state. Over 81% of Latinos/Latinas are of Mexican descent. There are an estimated 55,000 African-American LGBs, with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

Planning for Future Demographic Changes

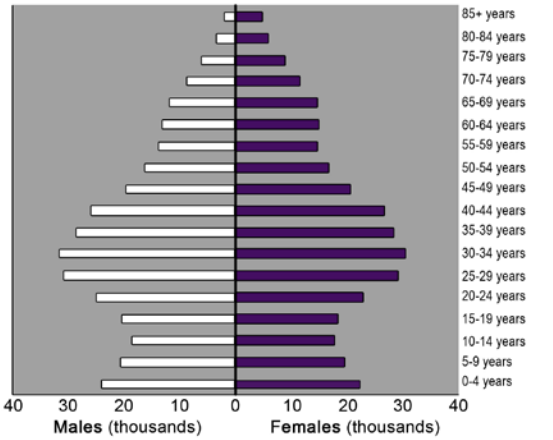
As this area plan for SMC is dedicated to examining and addressing the future needs of older adults, it is imperative to include discussion of key shifts that are anticipated within the County. Information from the SMC Aging Model: Better Planning for Tomorrow makes projections through 2030. Figure 18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

Figure 18 **San Mateo County Aging Pyramids**

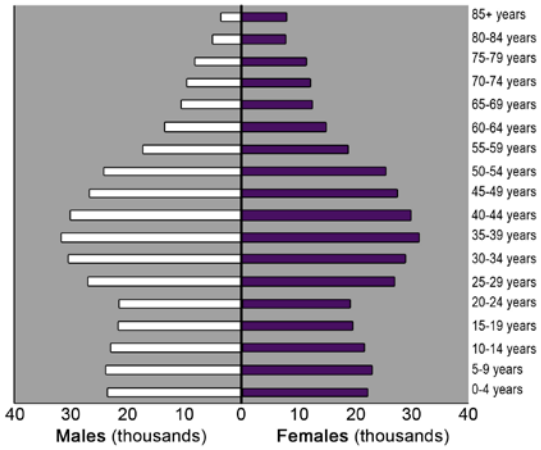
San Mateo County: 1970	San Mateo County: 1990



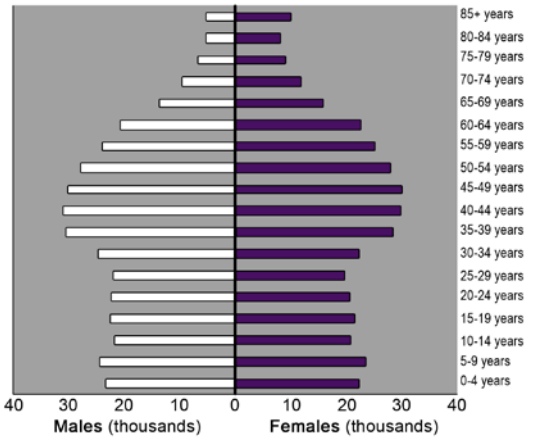
San Mateo County: 2000



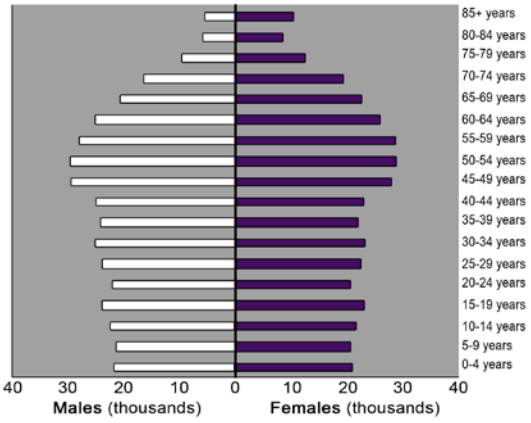
San Mateo County: 2010

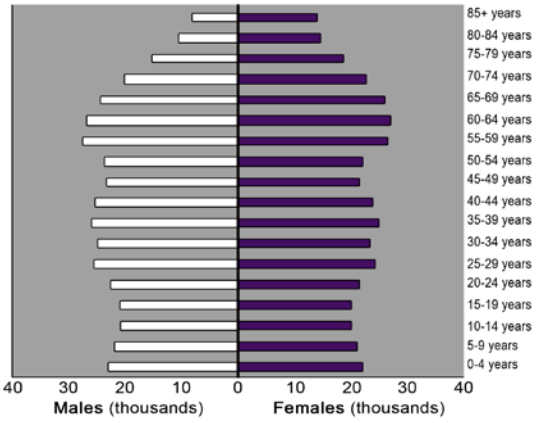


San Mateo County: 2020



San Mateo County: 2030

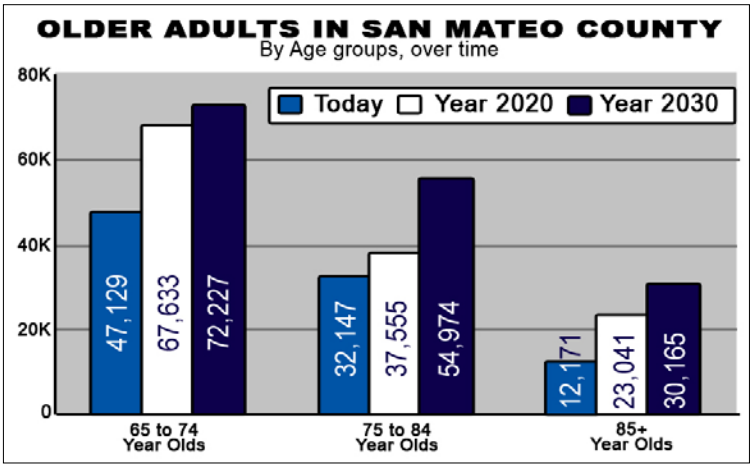




The aging “pyramids” emphasize the need for the County to prepare for the aging boom in 2020 and 2030 where there are increased numbers of individuals over 50 and 55 years old respectively.

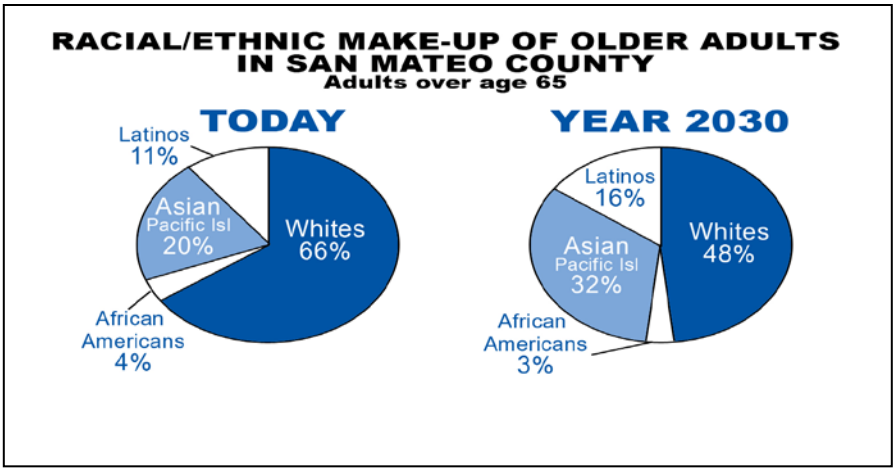
Data indicates that SMC will have 53% more adults between the ages of 65 and 74 by the year 2030 than there are today. The 75 to 84 year old age group will experience a 71% increase by the year 2030. The largest increase will occur in adults over the age of 85 as the number is projected to increase 148%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

Figure 19



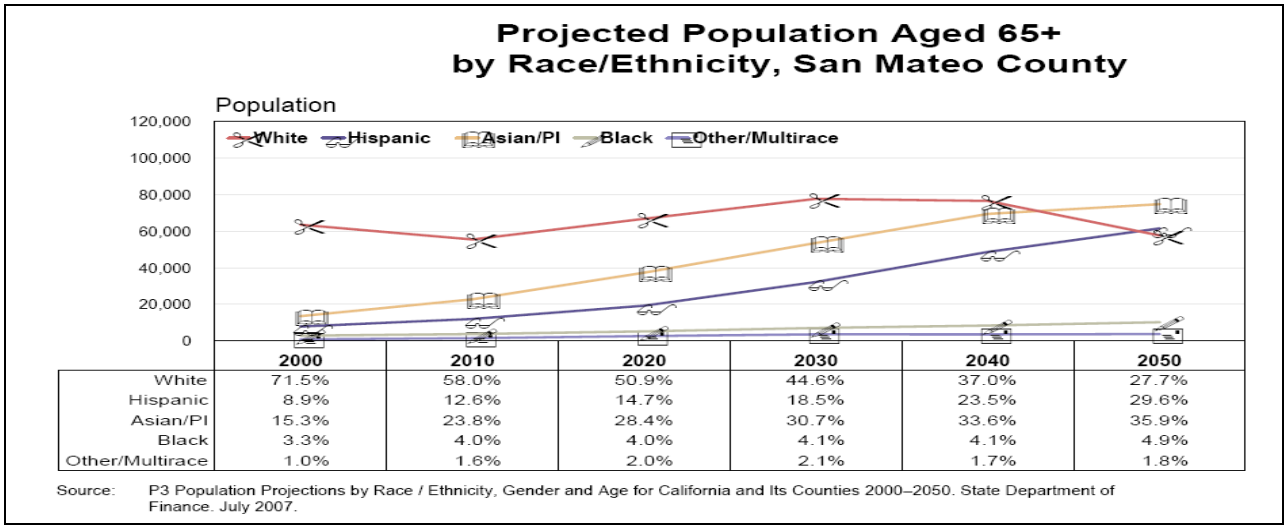
As noted with the population as a whole, the ethnic make up of older adults in the County will also be different in 2020 and 2030 than it is today (See Figure 20). According to the Aging Model, by 2030, minority older adults will outnumber White adults in the County. The largest increases will be in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

Figure 20



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

Figure 21

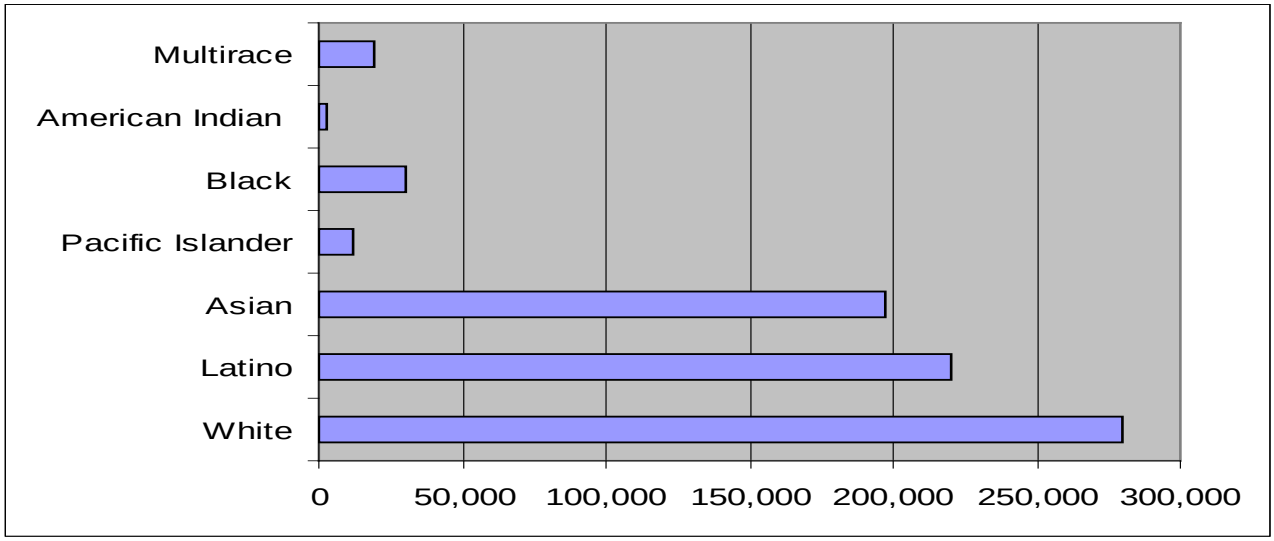


	2000	2010	2020	2030	2040	2050
White	71.5%	58.0%	50.9%	44.6%	37.0%	27.7%
Hispanic	8.9%	12.6%	14.7%	18.5%	23.5%	29.6%
Asian/PI	15.3%	23.8%	28.4%	30.7%	33.6%	35.9%
Black	3.3%	4.0%	4.0%	4.1%	4.1%	4.9%
Other/Multirace	1.0%	1.6%	2.0%	2.1%	1.7%	1.8%

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

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

Figure 22



Healthy Community Collaborative of San Mateo County

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

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

Health Care

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

Risk Factors

SMC residents have significant health risk factors including:

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

Health Conditions and Diseases

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

Cancer

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

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

Heart Disease

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

AIDS

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

Mental Health

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

Falls

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

Figure 23

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

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

Figure 24

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

Quality of Life

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

Unique Resources and Constraints for San Mateo County

Resources

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

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

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

Constraints

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

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

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

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

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

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

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

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

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

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

Description of Challenges by City or Area within the PSA

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

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

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

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

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

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

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

Service System: Challenges and Successes

AAS Leadership Challenges

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

Community-based Program Challenges

Funding

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

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

Adult Day Care (ADC)

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

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

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

Serving a Multicultural Community

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

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

Priorities in Services

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

AAS Leadership Successes

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

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

Community-Based Program Successes

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

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

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

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

SECTION 7. PUBLIC HEARINGS PSA #8

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? Yes or No	Was hearing held at a Long-Term Care Facility? Yes or No
2012-13	03/12/12	225 37th Avenue, San Mateo	30	No	No
2013-14	03/11/13	225 37th Avenue, San Mateo	25	No	No
2014-15	3/10/14	225 37th Avenue, San Mateo	21	No	No
2015-16					

The following must be discussed at each Public Hearing conducted during the planning cycle:

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

   A public hearing notice was posted in the San Francisco Examiner, the local newspaper with the highest circulation in San Mateo County, 30 days prior to the hearing. In order to reach the homebound, the notice was delivered to the Home-Delivered Meal participants with their meal 30 days prior to the hearing. The notice was also sent to all contracted Older Americans Act (OAA) providers and the units of local government (city councils) in the service area for PSA 8. In order to reach non-contracted providers and the community at large, the notice was e-mailed to the New Beginning Coalition membership (a group of consumers and providers) and the Commissioners on the Commission on Aging and Commission on Disabilities. In order to reach older adults that may not be connected to OAA programs, especially those that are institutionalized, 500 copies of the notice were given to the Ombudsman program for delivery to senior housing sites, skilled nursing facilities, and residential care facilities for the elderly. The public hearing was announced and the notice was distributed by the Planner at community meetings throughout the months of January, February, and the first week of March.

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

☒ Yes. Go to question #3

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

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

   No comments were received for PD and C.

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

   ☒Yes. Go to question #5

   ☐No, Explain:

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

   A Commission on Aging (CoA) Commissioner asked about the Legal Assistance percentage. In response to her question, there was a clarification that based on input from the CoA, the Legal Assistance minimum was raised from a proposed 5% stated at the FY 13-14 public hearing to a 9% minimum. FY 14-15 is being proposed at the same increased level of 9%.

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

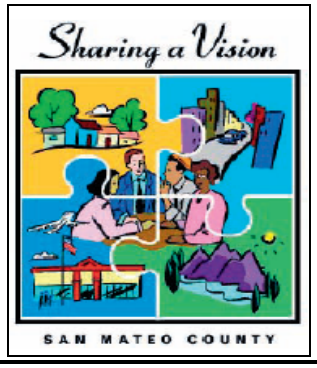
   A Commission on Aging Commissioner stated that Title VII Elder Abuse Funds had a large gap with respect to the funding in comparison to other Titles. Her question was whether Elder Abuse funds were part of the flexible spending that remained after the minimum percentages were set. A clarification was made that the flexible funding was for Title IIIB funds.

   A Commissioner asked whether the Older Americans Act Reauthorization of 2013 (S.1562) provided an opportunity to advocate for an increase in funding.

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

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

Section 8: Identification of Priorities



Priorities Based on Needs Assessment

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

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

7a. Transportation

7b. Obtaining information about services/benefits

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

Meeting Targeted Mandates

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

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

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

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

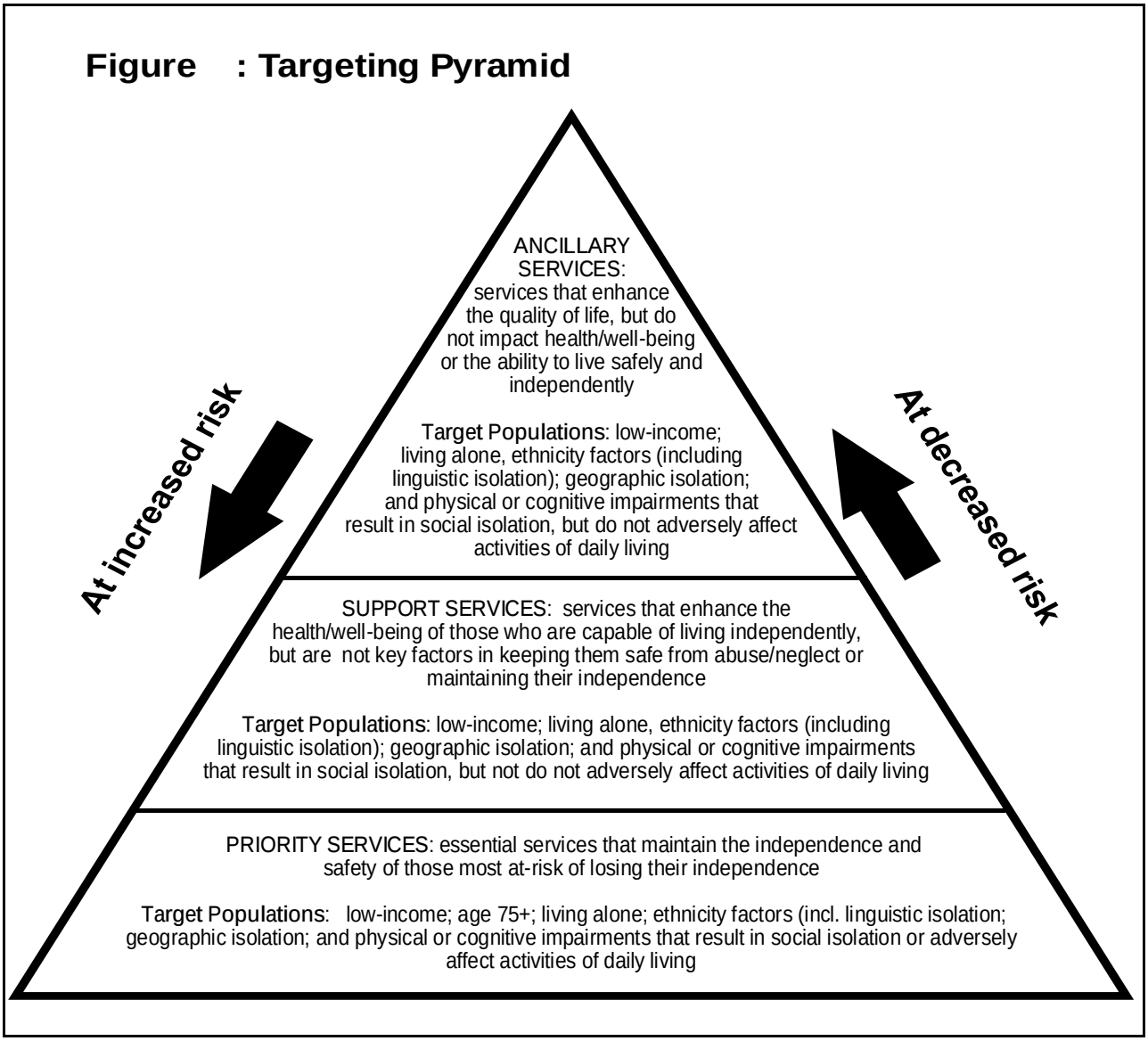
San Mateo County continues to incorporate the targeting mandate in its planning, program development, and coordination activities, as well as in its decisions regarding program funding.

Factors Influencing Prioritization

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

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

Figure 38



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

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

Adequate Proportion/National Priority Services

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

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

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

Access

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

In-Home Services

- Personal Care
- Homemaker
- Chore
- Visiting

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

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

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

Legal Assistance
The adequate proportion for legal assistance is 9%.

In FY 13-14, due to recommendations from the Advisory Council, there was a change in adequate proportions percentages increasing Legal Assistance from the proposed 5% to 9%. This brought the set funding to 54% and the flexible funding, to be used to best address the needs of the community, to 46%.

AAA Goals

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

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

Goal #1

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

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

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

Goal #2

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

Goal #3

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

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

Goal #4

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

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

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

Goal #5

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

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

Sections 10:

Service Unit Plan (SUP) Objectives

San Mateo County Area Plan 2012-2016

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Title III B, Other Supportive Services

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

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

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

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

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

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

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

Service Activities: health screenings and education on preventative health services

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

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

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

PSA 8

TITLE III B and Title VII A:

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

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

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

Measures and Targets:

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

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

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

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

FY 2010-2011 Baseline: number of meetings attended 60
2. FY 2012-2013 Target: 50
3. FY 2011-2012 AoA Data: 53 FY 2013-2014 Target: 50
4. FY 2012-2013 AoA Data: 39 FY 2014-2015 Target: 38*
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 4

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

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

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

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

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

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

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

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

G. Systems Advocacy

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.)

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

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

Measures and Targets:

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

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

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

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

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

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

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

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

Verify number of staff FTEs with Ombudsman Program Coordinator.

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

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

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

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

Measures and Targets:

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

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

* Service units for Ombudsman will change depending on data that will be received from the California State Annual Ombudsman Report for Federal FY 2013. At the time of the submission of the FY 14-15 Area Plan Update, the data had not been received.

PSA #8

TITLE VII B ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

- **Public Education Sessions** – Please indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

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

- **Training Sessions for Caregivers Served by Title III E** – Please indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local

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

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

- **Number of Individuals Served –** Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

PSA 8

TITLE VIIB ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

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

PSA #8

TITLE III E SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

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

Direct and/or Contracted III EServices

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

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

Direct and/or Contracted III E Services

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

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

PSA 8

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

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

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

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

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	1,293	1
2013-2014	1,369	1
2014-2015	1,237	1
2015-2016		

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

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

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

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2012-2013	3,023	1
2013-2014	7,607	1
2014-2015	3,864	1
2015-2016		

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

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2012-2013	3,771	4
2013-2014	6,500	4
2014-2015	4,852	4
2015-2016		

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

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	282	1
2013-2014	1,298	1
2014-2015	358	1
2015-2016		

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

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	878	1
2013-2014	1,881	1
2014-2015	2,122	1
2015-2016		

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

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013	2,306	1
2013-2014	2,174	1
2014-2015	2,968	1
2015-2016		

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

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2012-2013	1,322	1
2013-2014	2,066	1
2014-2015	1,708	1
2015-2016		

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

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2012-2013	15.7	1
2013-2014	36	1
2014-2015	14.9	1
2015-2016		

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

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

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

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

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

SECTION 13 - PRIORITY SERVICES **PSA 8**

2012-2016 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds[1] listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

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

In-Home Services:

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

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

Legal Assistance Required Activities:

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

12-13 5% 13-14 5% 14-15 9% 15-16 _____%

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

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

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

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

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

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

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

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

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

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

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

Program Development and Coordination

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

Title VII Prevention of Elder Abuse, Neglect and Exploitation

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

SECTION 16 - GOVERNING BOARD **PSA #8**

GOVERNING BOARD MEMBERSHIP

2012-2016 Four-Year Area Plan Cycle

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
The Honorable Dave Pine, President	January 2017
The Honorable Carole Groom, Vice President	January 2017

Names and Titles of All Members:	Board Term Expires:
The Honorable Dave Pine, Supervisor District 1	January 2017
The Honorable Carole Groom, Supervisor District 2	January 2015
The Honorable Don Horsley, Supervisor District 3	January 2015
The Honorable Warren Slocum, Supervisor District 4	January 2017
The Honorable Adrienne Tissier, Supervisor District 5	January 2017

SECTION 17 - ADVISORY COUNCIL **PSA 8**

ADVISORY COUNCIL MEMBERSHIP

2012-2016 Four-Year Planning Cycle

45 CFR, Section 1321.57

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

Total Council Membership (include vacancies) 21

Number of Council Members over age 60 11

	% of PSA's 65+Population	% on Advisory Council
Race/Ethnic Composition		
White	61.8%	56.7%
Hispanic	11.7%	10.0%
Black	3.2%	0%
Asian/Pacific Islander	22.2%	26.7%
Native American/Alaskan Native	0.4%	6.7%
Other	4.2%	0%

Name and Title of Officers:	**Office Term Expires:**
Patricia Erickson/Executive Committee Member	6-30-16
Mary Larenas/Chair	6-30-16
Melodie Lew/Executive Committee Member	6-30-16
Denis O'Sullivan/Vice Chair	6-30-16
Cherie Querol-Moreno/ Executive Committee Member	6-30-14

Name and Title of other members:	Office Term Expires:
JoAnne Arnos	6-30-16
Steven Cobb	6-30-15
Aurea Cruz	6-30-14
Katie Eiseman	6-30-16
Christina Kahn	6-30-14
Sandra Lang	6-13-15
Christine Maile	6-30-16
Lynn Nieberding	6-30-14
Francine Serafin-Dickson	6-30-14
Appollonia Dee Uhila	6-30-16

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

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

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

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

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

SECTION 18 - LEGAL ASSISTANCE **PSA 8**

2012-2016 Four-Year Area Planning Cycle

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

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

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

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

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

2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? A minimum of 9%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM PSA 8

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

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

2012–2016 Four-Year Planning Cycle

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

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

Family Caregiver Services

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

Grandparent Services

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