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THANK YOU TO THE MANY INDIVIDUALS AND ORGANIZATIONS WHOSE SUPPORT AND HARD WORK MADE THE DEVELOPMENT OF THIS PLAN POSSIBLE:

To San Mateo County Aging and Adult Services

To the diverse group of consumers who volunteered their time to participate in Coalition-sponsored meetings and community forums

To the organizations that are a part of San Mateo County's coordinated system of services and supports for older adults and adults with disabilities

Executive Summary

STRATEGIC PLAN 2000 EXECUTIVE SUMMARY

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Demographics of San Mateo County

San Mateo County is aging. According to projections from the California Department of Finance, 126,104 individuals 60 years of age and above live in San Mateo County. The senior population, representing 16.88% of the county's total population of 747,061, was projected to have grown at a rate of 16.8% in the last decade, as compared to the 15% growth of the total county population.

While the county's growth rate was only moderate, the percentage of the total that the minority population (as projected by the Department of Finance) comprises rose substantially in the last ten years. Minority individuals now comprise 49.6% of the county's total population, with minority elders comprising 31.2% of the senior population.

It was estimated that as of 2000, 144,930 individuals residing in San Mateo have some form of disability. This figure was arrived at by applying prevalence rates established by the U.S. Bureau of the Census to population projections from the California Department of Finance.

Studies show that as individuals age, they are more likely to experience from chronic conditions and need assistance with activities of daily living. The growing number of older persons and persons with disabilities in San Mateo County are indicators of an increasing need for services that will assist at-risk individuals in maintaining their quality of life and independence.

New Beginning Coalition-History and Accomplishments

In July 1992, the San Mateo County Aging and Adult Services Division convened a broad-based group of persons with disabilities, seniors, caregivers, and service providers to form the New Beginning Coalition. The mission of the Coalition was to improve the quality of life of San Mateo County's diverse population of older persons and adults with disabilities.

The Coalition set out to meet this goal through long-range planning, coordination, and advocacy efforts that would include the ongoing participation of a wide range of organizations and diverse community representatives. Its focus was on systems development, with a pro-active orientation. The primary

vehicle for achieving this goal was the development of a long-range plan for a continuum of services that would be responsive to the needs of its consumers and would acknowledge and incorporate the diversity that exists in San Mateo County.

In 1995, after a lengthy planning process involving more than 500 individuals and organizations, the first Strategic Plan for Services to Older Adults and Adults with Disabilities was officially adopted by the San Mateo County Board of Supervisors, the Commission on Aging, the Commission on Disabilities, as well as by community organizations throughout San Mateo County. The Strategic Plan serves as a blueprint for all other plans regarding older adults and adults with disabilities.

Following the adoption of the Strategic Plan, the Implementation Coordination Committee (ICC) was established to serve as a central clearinghouse on Strategic Plan implementation activities. It has been responsible for ensuring that information flowed among the represented groups, coordinated plan-related activities, and monitored the implementation of the Plan. The ICC consists of two members each from the New Beginning Coalition, the Commission on Aging, and Commission on Disabilities. Members from the community-at-large with particular expertise are invited to assist the ICC as needed. To keep the community informed about how the Plan is being implemented, the Implementation Coordination Committee produces a quarterly newsletter, which contains information about activities taking place throughout San Mateo County.

In June 1999, the New Beginning Coalition, in collaboration with the San Mateo County Commission on Aging and Commission on Disabilities began the development of an updated Strategic Plan to replace the first Strategic Plan, which would expire on June 30, 2000. Organizations throughout San Mateo County were invited to submit copies of needs assessments, reports, and studies that impact seniors and adults with disabilities in San Mateo County. Resource material from the Department of Finance and a variety of organizations addressing the target populations was reviewed and presented at the New Beginning Coalition's Baseline Conference in October 1999. The baseline material formed the foundation upon which the new plan was constructed. It included projections regarding senior population, numbers of adults with disabilities, information on key indicators, such as poverty, housing, and health issues.

From October 1999 through January 2000, representatives from the New Beginning Coalition, Commission on Aging, Commission on Disabilities, and Aging and Adult Services, facilitated a series of 31 community forums to provide consumers with an opportunity to give input in the planning process. Community forums targeted seniors and adults with disabilities with a broad variety of perspectives, including those with visual impairments, physical and developmental disabilities, minority and low-income individuals, caregivers, and grandparents raising grandchildren. Where appropriate, forums were conducted in languages other than English that were prominent in the community, including Chinese dialects, Tagalog, and Spanish. Each forum was designed to address issues of interest to forum participants, with topics ranging from the major issues identified at the Fine-tuning Conference in 1998 to those raised by forum participants themselves.

On January 25, 2000, a group of eighty providers and consumers participated in the Strategic Planning Conference, reviewing the input from the thirty-one community forums and recommending strategies for addressing the issues raised. Issues covered included Health, Transportation, Affordable/Accessible Housing, Emergency Preparedness, Elder and Dependent Adult Abuse, Access to Information, and Services and Supports. The Services and Support category covered a variety of subjects, including Grandparents Raising Grandchildren, Nutrition, Caregiver Support, and the need for materials and services in other languages. Conference participants were asked to recommend strategies that would help us achieve the ideal state for each of the issue areas.

In the months following the Strategic Planning Conference, representatives from the New Beginning Coalition, Commission on Aging, and Commission on Disabilities reviewed the recommendations from the conference and developed the goals and objectives that formed the working portion of Strategic Plan 2000. Commission on Aging and Commission on Disabilities committee workplans developed at their respective annual retreats, are a part of the Strategic Plan. Individual providers in the aging and disabilities networks were contacted and asked about activities they would be undertaking. Activities that corresponded to Strategic Plan goals were then included in the Strategic Plan, making the plan into a countywide plan for services for seniors and adults with disabilities.

The completed plan has been reviewed and approved by the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities before submission to the San Mateo County Board of Supervisors for adoption.

The following trends have been identified through this planning process:

- San Mateo County is expected to become even more culturally diverse.
- The number of senior citizens living in San Mateo County will continue to increase, with significant growth in the number who are 75+.
- Baby boomers will become seniors in the year 2006.
- The number of persons with disabilities will also continue to increase.
- Elderly women will continue to outnumber elderly men.
- The health care system is changing from categorical definitions to more functional/generic definitions and is moving towards a managed care system.
- More people with disabilities are living in independent settings.
- San Mateo County is becoming more affluent and the cost of living is increasing rapidly beyond the reach of the average middle class family.

The impact of those trends will be felt in the following ways:

- The growth in the aging population (especially in the 75+ category), coupled with the trend towards de-institutionalization, will result in a greater demand for in-home and community support for individuals at all income levels and greater competition for limited resources.
- The growth in the minority population will impact the way that services are designed and delivered.
- Because of the high cost of living in the Bay Area, many younger families and senior citizens will be locating elsewhere.
- Changes in the health care system will have an impact on the health and supportive services provided by counties and community-based organizations.
- A greater number of individuals will become caregivers for older adults and adults with disabilities. Working either full or part-time, caring for their own children, and/or providing long distance care will additionally challenge many of them. We will also be seeing more seniors caring for their own parents and children who are seniors.
- Agencies from the aging and disabilities networks will need to collaborate in order to serve the needs of the frail seniors and adults more effectively.
- The aging and disabilities networks will need greater collaboration with ethnic and community organizations (e.g. churches) to improve outreach to isolated seniors and adults with disabilities.

Acknowledgements

A word of appreciation is due to the many individuals and organizations without whose assistance, coordination, and cooperation this plan would not have been possible:

- to agency representatives who gave their valuable time and shared their professional expertise through this planning process;
- to the diverse group of consumers—seniors, adults with disabilities, and caregivers—who volunteered their time to participate in meetings and forums, shared with us their personal experience and perspectives, and kept us focused on the needs of the people we are here to serve; and
- to the San Mateo County Aging and Adult Services Division for the incalculable hours of professional and clerical support it provided to the Coalition

STRATEGIC PLAN 2000 FOR SERVICES FOR OLDER ADULTS AND ADULTS WITH DISABILITIES

GOALS AND OBJECTIVES

Goal 1: CONSUMER INVOLVEMENT IN ADVOCACY, SERVICE PLANNING AND DELIVERY

To involve seniors and adults with disabilities in all aspects of the advocacy, planning, delivery, and evaluation of programs which serve them

- Obj. .1 Promote and expand the participation of seniors and adults with disabilities in providing volunteer support to individuals and organizations that serve them
 - 1. Provide support to volunteers that enables them to function effectively
 - 2. Provide support to agencies that enhances their ability to recruit and maintain volunteers
 - 3. Provide meaningful opportunities for seniors and adults with disabilities to work as volunteers
- Obj. .2 Encourage the participation of consumers in leadership roles
 - 1. Involve seniors and adults with disabilities in advocacy activities
 - 2. Provide an ongoing opportunity for seniors to influence and participate in the development of public policy
 - 3. To provide an ongoing opportunity for persons with disabilities to influence and participate in the development of public policy

Goal 2: RESPONDING TO LOCAL COMMUNITY NEEDS

To provide a coordinated network of services and supports that responds to local community needs

- Obj. .1 Provide services that assist individuals in their role as caregivers for adults or children
 - 1. Provide educational forums at places of business for employed caregivers
 - 2. Provide relief for caregivers
 - 3. Facilitate support groups for individuals caring for adults
 - 4. Provide support to grandparents raising grandchildren
 - 5. Provide resource material and training that enhances the skills of formal and informal caregivers
- Obj. .2 Provide services that promote the nutritional health of seniors and adults with disabilities
 - 1. Improve knowledge of nutrition issues
 - 2. Provide affordable well-balanced meals for seniors and adults with disabilities
 - 3. Provide access to food for seniors and adults with disabilities who are low income and/or have difficulty shopping
 - 4. Improve and expand nutrition-related services and programs
- Obj. .3 Promote the positive interaction between individuals from different generations
 - 1. Provide work and/or recreational opportunities for individuals of different generations to develop positive relationships
- Obj. .4 Provide a continuum of community-based supportive services that enables seniors and adults with disabilities to maximize their independence and/or quality of life
 - 1. Improve coordination among providers in the senior and disabilities networks
 - 2. Provide services and supports that keep at-risk young adults and seniors independent and safe
 - 3. Provide assistance that will enable persons with disabilities to integrate into mainstream programs and independent living
 - 4. Provide assistance to individuals who are unable to provide for their own personal needs (health, food, clothing, or shelter) and/or are unable to manage financial resources or resist fraud or undue influence
 - 5. Ensure that the needs of individuals who reside in skilled nursing facilities, residential care facilities, and are participants in adult day health care programs are met
 - 6. Provide legal assistance and benefits counseling

Goal 3: PROMOTING ACCESSIBILITY AND INDEPENDENT LIVING

To maximize the independence of seniors and adults with disabilities by promoting affordable/accessible housing and transportation in safe environments and ensuring physical and programmatic access to community-based services and supports

- Obj. .1 Improve the ability of seniors and adults with disabilities to obtain affordable/ accessible housing for seniors and adult with disabilities
 - 1. Provide legal assistance and benefits counseling
 - 2. Promote the dissemination of information about affordable/ accessible housing
 - 3. Provide/promote affordable/accessible housing for seniors and adults with disabilities
 - 4. Improve the safety and maintenance of exiting housing for seniors and adults with disabilities
- Obj. .2 Provide an accessible transportation system that is client-centered, sensitive to disability and culture, reliable, safe, recognizes access to services as crucial, recognizes transportation as an integral component of the service delivery system, and includes new and innovative transportation services for seniors and adults with disabilities
 - 1. Provide/promote transportation services for seniors and adults with disabilities
 - 2. Improve access to transportation and paratransit services
 - 3. Provide input regarding the transportation/ paratransit needs of seniors and adults with disabilities
- Obj. .3 Improve physical access to community services and supports that enable individuals to live and work independently in the community
 - 1. Provide guidance that will enable organizations to become more accessible
 - 2. Provide information and advocacy about accessibility and reasonable accommodations
 - 3. Provide reasonable accommodations and/or training that will improve accessibility to programs and services
 - 4. Make modifications to public facilities to enhance accessibility by those with disabilities
 - 5. Promote technology as a means of enhancing accessibility
- Obj. .4 Improve the safety of seniors and adults with disabilities
 - 1. Improve safety in the home
 - 2. Improve the safety of seniors who drive
- Obj. .5 Improve the ability of agencies and individuals to respond to emergencies and disasters
 - 1. Improve the preparedness of seniors and adults with disabilities and the organizations serving them

Goal 4: CONNECTING PEOPLE, RESOURCES, AND INFORMATION

To provide information, education, training, and consultation that enable individuals and organizations to understand issues facing seniors and adults with disabilities, to be informed about resources, and to connect with services and supports

- Obj. .1 Promote the provision of Information and Assistance by trained individuals within the senior and disabilities networks
 - 1. Assist seniors and/or adults with disabilities in accessing information
- Obj. .2 Develop and implement community education activities that provide information about issues of concern to seniors and adults with disabilities in understandable formats
 - 1. Provide visual information in the form of flyers, brochures, newsletters, etc.
 - 2. Provide oral presentations/training to consumers
 - 3. Provide information via other media
- Obj. .3 Improve the ability of agency staff to respond to issues of concern to seniors and adults with disabilities through training and resource development
 - 1. Provide training to staff and volunteers of agencies serving seniors and adults with disabilities
 - 2. Provide resource material for staff and volunteers of agencies serving seniors and adults with disabilities
- Obj. 4 Improve the ability of seniors and adults with disabilities to utilize technology as a means to accessing information
 - 1. Teach seniors and adults with disabilities how to utilize computers
 - 2. Promote the use of the Internet as a valuable means to access information

Goal 5: RESPECTING AND RESPONDING TO OUR DIVERSITY

To ensure that the network of services and supports for seniors and adults with disabilities reflects an understanding of and respect for this county's cultural and racial diversity and is free of ethnic, cultural, sexual orientation, and/or language barriers to utilization of services

- Obj. .1 Improve the ability of existing programs to provide services to specific cultural and racial groups
 - 1. Target outreach efforts to minority individuals who are underutilizing services to encourage their participation
 - 2. Provide training that will enable organizations to better serve targeted groups within their community
- Obj. .2 Develop and implement programs/services for the purpose of attracting the participation of targeted populations
 - 1. Improve participation of the minority community by having programs that are culturally sensitive and that respond to the interests/needs of the target community(ies)
 - 2. Provide activities that highlight the diversity that exists in San Mateo County
 - 3 Enhance the ability of program participants to communicate with other seniors and with program staff
- Obj. .3 Provide support that enhances the participation of diverse groups of seniors and adults with disabilities in programs and services
 - 1. Make staffing assignments that enhance the ability of programs to serve the diverse community

Goal 6: IMPROVING PHYSICAL AND MENTAL HEALTH

To promote wellness and to improve access to a variety of prevention and intervention services

- Obj. .1 Ensure access to a continuum of health services that maintains the health and well-being of seniors and adults with disability
 - 1. Provide a variety of county and community-based health programs that target seniors and adults with disabilities
 - 2. Advocate on behalf of individuals and groups to ensure their access to health services
- Obj. .2 Improve access to health-related information and activities
 - 1. Increase public awareness about health-related issues
 - 2. Provide emotional support and health information to people who are suffering from chronic and acute illnesses and conditions
- Obj. .3 Develop and implement a variety of community-based health promotion activities
 - 1. Provide health screening and prevention activities at community-based organizations
 - 2. Conduct studies that focus on healthy aging and interventions that positively affect well-being
 - 3. Provide a variety of exercise/activity programs for seniors and/or adults with disabilities
- Obj. 4 Develop and implement a model program (Long-Term Supportive Services Program, known as LTSSP) that has the discretion to utilize a variety of funding sources in a way that provides the specific services needed by individual seniors and adults with disabilities without regard to diagnosis, disability, age or source of funding
 - 1. Develop programmatic infrastructure
 - 2. Complete financial component of LTSSP planning
 - 3. Convene groups to review programmatic issues.
 - 4. Meet with LOG (Local Organizing Group) to review progress of model project

Goal 7: PREVENTING VIOLENCE, ABUSE, AND NEGLECT

To improve the security and well being of seniors and adults with disabilities by responding to and reducing the incidence of violence, abuse, and neglect in San Mateo County

- Obj. .1 Increase public awareness and promote reporting of elder and dependent adult abuse and neglect
 - 1. Educate the community regarding the various types of abuse, how to avoid being a victim, and how to report abuse
- Obj. .2 Increase professional awareness and promote reporting of elder and dependent adult abuse and neglect
 - 1. Provide training on the various types of abuse, how to avoid being a victim, and how to report abuse for staff and volunteers at programs serving seniors and adults with disabilities
 - 2. Provide written material that will assist staff and volunteers at agencies serving seniors and adults with disabilities in identifying and reporting suspected cases of abuse and neglect
- Obj. .3 Provide forums in which the County, the District Attorney's Office, law enforcement, legal service providers, other community-based organizations, and community members can cooperatively address issues relating to elder and dependent adult abuse and neglect
 - 1. Develop and convene Adult Abuse Prevention Collaborative
- Obj. .4 Enhance the ability of agencies working with seniors and adults with disabilities to identify, report, and respond to incidents of suspected abuse/neglect
 - 1. Improve the communication, coordination, and working relationships within and among organizations serving seniors and adults with disabilities
- Obj. .5 Provide support to seniors and adults with disabilities who are vulnerable to abuse and neglect
 - 1. Link at-risk individuals
- Obj. 6 Improve our ability to prosecute perpetrators of elder and dependent adult abuse
 - 1. Create a vehicle for enhancing coordination in the prosecution of elder and dependent adult abuse cases
 - 2. Improve evidence collection
 - 3. Advocate for legislation which improves protection of seniors and dependent adults

PART I.A. SETTING THE STAGE

What is the Strategic Plan?

Description of the Planning and Service Area

Description of San Mateo County's System of Services for Seniors and Adults with Disabilities

Community Service Areas

Unique Resources and Constraints

Mission Statement

Organizational Chart

WHAT IS THE STRATEGIC PLAN?

The Strategic Plan is a detailed view of how we want our future communities to function for seniors and adults with disabilities. It provides a blueprint for a comprehensive system of services and supports that will promote their independence and maximize their quality of life. The plan is a living document, able to respond to the changing needs of the community, as well as the political, social, and economic environment in which we find ourselves.

The needs of seniors and adults with disabilities are the foundation upon which this plan is constructed. While integrating the needs of these two groups into one strategic plan is somewhat unusual, there are many similarities that support addressing them in a single comprehensive and coordinated delivery system. Both seniors and adults with disabilities face comparable challenges and often need the same services and supports to assist them in maintaining their quality of life and maximizing their independence. Additionally, they share many of the same social stigma and negative stereotyping. We believe that, ideally, the best place for seniors and adults with disabilities to live is in the community, and that it is our responsibility to build upon the strengths of individuals and to reduce the barriers that impede their ability to live there comfortably and safely.

This plan addresses the needs of a broad range of seniors and adults with disabilities. Specific target populations for the plan include:

- seniors and adults with disabilities who are relatively healthy and maintain an independent lifestyle;
- seniors and adults with disabilities who need assistance with one or more activities of daily living;
- seniors and adults with disabilities who are isolated, abused, disenfranchised or discriminated against; and
- adults who provide care/support for seniors and adults with disabilities.

Because of the broad scope of this plan, some of the needs and issues identified within are also addressed in other local planning documents. The role of organizations in those issue areas may be limited in this plan to activities such as advocacy or coordination. Additional activity related to those issues may be contained in other plans and addressed in venues other than the aging and disabilities networks. Where appropriate and feasible, organizations are encouraged to participate in the development and implementation of other plans addressing issues that impact seniors and adults with disabilities.

DESCRIPTION OF THE PLANNING AND SERVICE AREA

San Mateo County is situated on a 30-mile long peninsula, south of the City and County of San Francisco. 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 450 square mile area is 25.7% urban and 74.3% non-urban. San Mateo County 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.

Because of its relatively small geographic area, the majority of the peninsula is accessible by public transportation. In contrast, the Coastside, a geographically isolated and sparsely populated area from Montara south to the Santa Clara County line, experiences greater access problems. Though the county is

served by public transportation, reliance on private automobile is still prevalent. Because the big cities in California did not develop around mass transit systems as they did the east, they tend to have a lower reliance on public transportation. The principal highways in San Mateo County are the Coastal Highway (State Route 1), El Camino Real (State Route 82), the Bayshore Freeway (U.S. 101), and Junipero Serra Freeway (Interstate 280). A fourth road, Skyline Boulevard (State Route 35) follows the ridgeline extending roughly north to south throughout the county. The land space in the region west of Skyline Boulevard is considerable, but except for the northern portion, it is mostly mountainous, wooded, and agricultural/floricultural.

According to July 2000 population projections from the Department of Finance, in the 10-year period since the 1990 Census, the total population of San Mateo County increased from 649,623 to 747,061, an increase of 15%. Over the same period, the senior population grew at a rate of 16.7% from 108,032 in 1990 to the projected 126,104 in July 2000. Seniors now comprise 16.88% of the county's population.

While the county's growth rate from the last Census was only moderate, the growth rate in the minority community was substantial. Minority individuals are now projected to comprise 49.6% of the county's total population and 32.2% of the senior population. The number of individuals with disabilities residing in San Mateo County is estimated at 144,930.

San Mateo County is considered an affluent county. Calculations of average income are highly skewed by the county's proximity to the Silicon Valley and its own position in the booming software industry. Despite the great affluence that exists for many, there are still individuals, especially seniors and adults with disabilities, who are living in poverty conditions. Because of a variety of actors, minority individuals are more likely to be poor than their Caucasian counterparts. By applying the American Association of Retired Persons' prevalence rates for poverty among older minority persons, we estimate that 19.4% of the minority elder population, 7,633 minority elders, are in greatest economic need.

A more detailed analysis of the county's population demographics is included in the Part I. B. Establishing Priorities section of this plan.

DESCRIPTION OF SAN MATEO COUNTY'S SYSTEM OF SERVICES FOR SENIORS AND ADULTS WITH DISABILITIES

San Mateo County is perceived as a service-rich county because it houses a broad continuum of services for its residents. In addition to its highly coordinated county-based services, a variety of private non-profit and proprietary agencies respond to all levels of consumer needs.

The Aging and Adult Services Division of San Mateo County serves as this county's Area Agency on Aging. This division, located within the Health Services Agency, was developed 20 years ago to provide comprehensive health and social services to San Mateo County's adults with chronic health care problems. This unique division was created by bringing together individual adult services from the Social Services, Mental Health, and Coroner/Public Guardian programs in the County to create a single, uniform countywide continuum of care for the chronically ill.

Since that time, the Division has changed its name from "Long Term Care" to "Aging and Adult Services" to reflect the expanded continuum of services it provides for seniors and adults with disabilities. Aging and Adult Services now houses the following services and programs:

Area Agency on Aging

- Commission on Aging
- Commission on Disabilities
- Veterans Service Office (relocated to Human Services Agency 1/2000)
- Centralized Intake/TIES Line (toll-free Information and Assistance)
- Multi-disciplinary 24-hour Response Team
- In-Home Supportive Services/Public Authority
- Adult Protective Services
- Public Guardian/Conservator
- Representative Payee
- Case Management Programs

AIDS
AIDS Waiver
Multipurpose Senior Services Program
Linkages

The Aging and Adult Services Centralized Intake Unit serves as a single point of entry for adults into the system of publicly provided services. A single point of intake (1-800-675-8437) makes the County's adult services system more accessible, promotes more comprehensive, holistic assessments of elderly and dependent adults, and strengthens the coordination among existing programs. The Centralized Intake Unit consists of a 24-hour telephone line and emergency response capability and a multi-disciplinary team comprised of professionals with expertise in public health, mental health, adult protective services, issues resulting from drug and alcohol use/misuse, and other related services. Staff has expertise in the areas of intake, assessment, and short-term case planning. In addition to its in-house programs, the Division also contracts with community-based organizations that work in partnership with the County to provide a coordinated system of care for seniors and adults with disabilities.

Aging and Adult Services has three formal advisory bodies--- the Commission on Aging, Commission on Disabilities, and the In-Home Supportive Services Advisory Committee. The Commission on Aging and Commission on Disabilities each consist of 21 members and advise Aging and Adult Services on a wide variety of issues relating to their constituent groups. The In-Home Supportive Services Advisory Committee is an 11-member body that meets and confers with the Public Authority in the administration of the In-Home Supportive Services Program. The three groups provide an ongoing opportunity for consumers and interested community advocates to influence and participate in the development of public policy.

In addition to the continuum of adult services provided by the County's Aging and Adult Services Division, the County's Human Services Agency provides services to the adult population. Its mission, to meet the needs of children, homeless, unemployed, working poor and others who are in danger of becoming poor or who are victims of abuse or neglect, is achieved by consolidating services though a multi-disciplinary approach involving early identification and intervention.

The partnership between the County and community-based organizations provides an array of community and institutionally-based long term care services available to at-risk individuals residing in San Mateo County. These include Meals on Wheels, Long-Term Care Ombudsman, Adult Day Care, Adult Day Health Care, Alzheimer's Day Care Resource Center, Adult Protective Services, a variety of Case Management programs (Multipurpose Senior Services Program, Linkages, Mental Health, AIDS, and AIDS Waiver), Representative Payee, Home Health Care, In-Home Services, Paratransit Services (both door-to-door and curb-to-curb), Peer Counseling (in English and Spanish), and Public Guardianship/ Conservatorship.

Other services targeted to a more generalized adult population include Information and Assistance, Subsidized and Unsubsidized Employment, Mental Health, Congregate Nutrition, a variety of Health programs—Preventive Health services, Mental Health services, Housing (including Subsidized Housing), Home Repair and Modification programs, Legal Assistance and Advocacy, Transportation, Recreation, Education, Volunteer programs (including programs with stipends), and HICAP (Health Insurance Counseling and Advocacy Program).

COMMUNITY SERVICE AREAS

The County's system of care targets three levels of consumers—those who are independent, those needing assistance to remain independent, and those who are unable to live independently and are in long-term care facilities. In an effort to ensure that individuals throughout San Mateo County have access to a variety of services at the appropriate level of care, the county has been divided into four community services areas. Each community service area has a unique geography and demographic composition, as well as unique needs requiring a specific mix of services. With the exception of the south coastside area from Montara through Pescadero, there is a fairly even distribution of the senior population among the designated community service areas.

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

- geographic boundaries and identified barriers;
- ethnic and cultural areas;
- population density;
- transportation accessibility; and
- identified areas where the community looks for services
 - commerce centers
 - professional service centers
 - existing focal points for services

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

COMMUNITY SERVICE AREA I (NORTH COUNTY)

Daly City Pacifica South San Francisco
Colma Brisbane San Bruno

COMMUNITY SERVICE AREA II (CENTRAL COUNTY)

Millbrae Burlingame Hillsborough

San Mateo Foster City

COMMUNITY SERVICE AREA III (SOUTH COUNTY)

BelmontSan CarlosRedwood CityWoodsideAthertonMenlo parkPortola ValleyEast Palo Alto

COMMUNITY SERVICE AREA IV (COASTSIDE)

MontaraMoss BeachEl GranadaHalf Moon BaySan GregorioLoma MarPescaderoLa HondaPrinceton-by-the-Sea

UNIQUE RESOURCES AND CONSTRAINTS

The economy in California has seen great prosperity in the last decade. While the State of California is experiencing a surplus, the picture at the county level is quite different. Trends within the public health care system have resulted in shortfalls in the Health Services Agency budget. These include cuts in Medicare reimbursement, reductions in the number of people on Medi-Cal due to welfare reform, and decreasing state revenue for health care for the poor and uninsured. The budget shortfall was further exacerbated by additional costs incurred in the construction and furnishing of the county's new Health Center, negotiated salary increases, updating of the department's computer system and development of the Health Services data network, and lower than anticipated revenue from tobacco settlement funds and Proposition 99 funds for indigent health care. Additional costs may be incurred as the county considers supplementing the Title XX funds it receives from the state in order to augment wages and to offer health benefits to providers in the In-Home Supportive Services Program.

Not-for-profit organizations are having a difficult time in this prospering economy. Economic prosperity has resulted in heavy growth in the business sector and rising rental costs for commercial property. Organizations are experiencing great difficulty locating affordable quality space in desirable locations. In addition, the low unemployment rate and high wages and attractive benefit packages offered by companies in the private sector have made it difficult for not-for-profit agencies serving seniors and adults with disabilities to recruit and maintain qualified staff. Increases in their operating expenses are not accompanied by automatic increases from their funding sources, highlighting their need to raise additional funding.

Fundraising is a major focus of most community-based organizations serving seniors and adults with disabilities. 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 as important at the local level. A prime example is the need to raise funds on an ongoing basis to support the Supplemental Meals on Wheels Program, which provides meals for adults who need and would qualify for the Older Americans Actfunded Program, except for the fact that they are not seniors. While foundations are willing to provide funding to community-based organizations, many will provide seed money, but will not fund programs on a continuous basis.

It has been a difficult financial picture for agencies serving seniors and adults with disabilities. During the last few years, we have seen consolidation of agencies, the termination of a long-standing community-based organization, and dramatic decreases in the size of size of several organizations in the network.

Our challenge in the decades to come is to meet the evolving needs of a new and larger generation of older adults and adults with disabilities who are very independent, while at the same time developing and maintaining a system of services and supports those who are most at-risk.

MISSION STATEMENT

Area Agencies on Aging, created as a result of the Older Americans Act of 1965, were designed to help older Americans continue to live independently in their own homes and communities. The Act created a multi-level aging network, consisting of the federal Administration on Aging, state units on aging, and Area Agencies on Aging. These agencies function as focal points for planning and advocacy on senior issues. In addition, the Act provides a limited amount of funding for an array of nutritional and

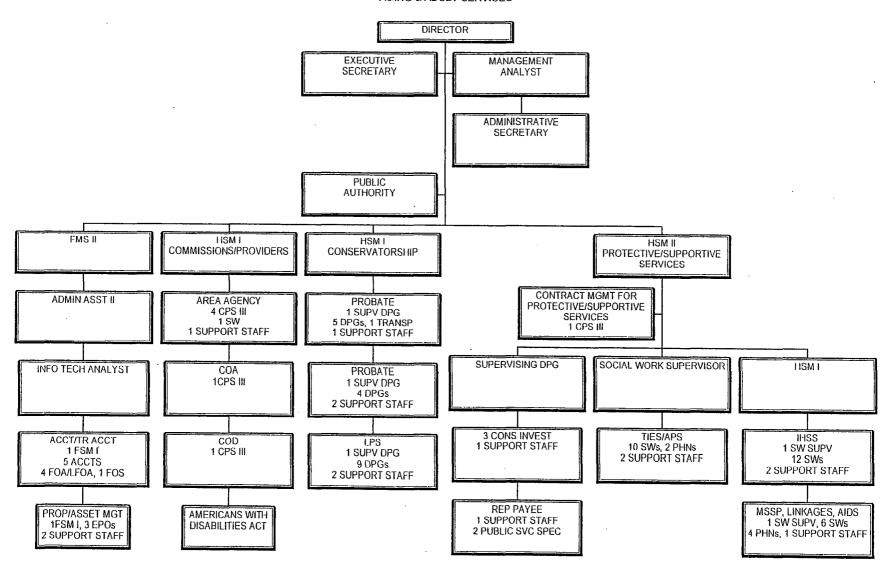
supportive services at the local level. San Mateo County's Aging and Adult Services Division serves as the Area Agency on Aging for Planning and Service Area 8, San Mateo County.

The core mission of all California-based Area Agencies on Aging is to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services. In San Mateo County, that goal has been expanded 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.

Additionally, the New Beginning Coalition is committed to its mission, which is to improve the quality of life of San Mateo County's diverse population of older persons and adults with disabilities. The mission of the New Beginning Coalition will be achieved through the seven goals that form the philosophical platform on which the Plan rests.

Fig. 1 Organizational Chart

SAN MATEO COUNTY HEALTH SERVICES AGENCY AGING & ADULT SERVICES



PART I.B. ESTABLISHING PRIORITIES

The Planning Process

Discussion of the Findings

Targeting

Identification of Priorities

THE PLANNING PROCESS

Planning is an ongoing process in San Mateo County. Numerous meetings with providers and consumers serve as vehicles for input regarding the issues facing seniors and adults with disabilities in San Mateo County. In addition, special events are undertaken periodically to provide opportunities for addressing issues or concerns.

Formation of the New Beginning Coalition

In July 1992, San Mateo County Aging and Adult Services, a Division of the county's Health Services Agency, convened a broad-based group of persons with disabilities, seniors, caregivers, and service providers to form the New Beginning Coalition. The mission of the Coalition was to improve the quality of life of San Mateo County's diverse population of older persons and adult with disabilities. The formation of the Coalition also fulfilled a grant requirement of the Bay Area Independent Elders Foundation, which provided support for community outreach and training activities associated with the county's 24-hour centralized Information and Assistance line (TIES Line).

The Development of the Strategic Plan

The Coalition set out to meet this goal through long-range planning, coordination, and advocacy efforts that would include the ongoing participation of a wide range of organizations and diverse community representatives. Its focus was on systems development, with a proactive orientation. The primary vehicle for achieving this end was the development of a long-range plan for a continuum of services that would be responsive to the needs of its consumers and would acknowledge and incorporate the diversity that exists in San Mateo County. The ideal service delivery system would be integrated and flexible, based on the functional needs of individual consumers, without artificial constraints posed by funding sources. It would be consumer-driven, incorporating consumer participation and choice.

In 1995, after a lengthy planning process, involving more than 500 individuals, the Strategic Plan for Services to Older Adults and Adults with Disabilities was officially adopted by the San Mateo County Board of Supervisors, the Commission on Aging, the Commission on Disabilities, as well as by community organizations throughout San Mateo County. The Strategic Plan serves as a blueprint for all other plans regarding older adults and adults with disabilities.

In the years since its inception, the New Beginning Coalition has involved more than 1000 individuals in a variety of Coalition activities. Participation has included representatives from key private non-profit and governmental agencies, which provide services to senior citizens and adults with disabilities, consumers, representatives from minority communities, and the ongoing involvement of the Commission on Aging and Commission on Disabilities. When the Coalition is not involved in the development or updating of the Plan, its focus changes to educating the community about the issues contained in the Plan and providing an ongoing vehicle for consumer and provider input.

Creation of the Implementation Coordination Committee

Following the adoption of the Strategic Plan, the Implementation Coordination Committee (ICC) was established to serve as a central clearinghouse on Strategic Plan implementation activities. It is responsible for ensuring that information flows among the represented groups, coordinating plan-related activities, and monitoring the implementation of the Plan. The ICC consists of two members each from

the New Beginning Coalition, the Commission on Aging, and Commission on Disabilities. Members from the community-at-large with particular expertise are invited to assist the ICC as needed.

The ICC meets monthly to review progress in implementing Plan activities. To keep the community informed about how the Plan is being implemented, it produces a quarterly newsletter, which contains information about implementation activities taking place throughout San Mateo County. Newsletters are mailed to an extensive mailing list of individuals and organizations and distributed in bulk to programs serving seniors and adults with disabilities. A special large-print edition is produced and distributed to individuals with visual impairment.

Updating the Plan

In 1997-98, a variety of activities took place, which served as a review of the Plan, ensuring that it continued to reflect and meet the needs of the community. During the first part of the fiscal year, community-based organizations facilitated a series of community forums in which consumers discussed their needs at the local level. The November 1997 meetings of the Commission on Aging and Commission on Disabilities served as public hearings, providing additional opportunities for community input regarding the fine-tuning of the Plan. Information from the public hearings and the community forums was compiled for discussion at the "Fine-tuning the Strategic Plan Conference," which was held on February 27, 1998. The purpose of the conference was to celebrate those parts of the plan that had been implemented, to review the information gathered, and to rewrite any portions of the Plan that needed updating or revision.

While major portions of the Plan remained unchanged, the "fine-tuning," which was based on the input from the community forums and the conference, was reflected in revisions to the objectives and actions steps contained in the Workplan attachment to the Plan. Obsolete objectives and action steps were deleted and new ones added to reflect the six major areas of concentration resulting from the fine-tuning process: (1) Affordable/ Accessible Housing, (2) Transportation, (3) Access to Information, (4) Senior and Dependent Adult Abuse, (5) Emergency Preparedness, and (6) Health.

Development of Strategic Plan 2000

In June 1999, the New Beginning Coalition, in collaboration with the San Mateo County Commission on Aging and Commission on Disabilities began the development of an updated Strategic Plan to replace the current Plan, which would expire on June 30, 2000. Organizations throughout San Mateo County were invited to submit copies of needs assessments, reports, and studies that impact seniors and adults with disabilities in San Mateo County. A summary of the resources reviewed and highlights appears in the appendix of the Plan. In addition to information submitted, resource material from the Department of Finance and a variety of organizations addressing the target populations was reviewed and presented at the New Beginning Coalition's Baseline Conference in October 1999. The baseline material formed the foundation upon which the new plan was constructed. It included projections regarding senior population, numbers of adults with disabilities, information on key indicators, such as poverty, housing, and health issues.

From October 1999 through January 2000, representatives from the New Beginning Coalition, Commission on Aging, Commission on Disabilities, and Aging and Adult Services, facilitated a series of 31 community forums to provide consumers with an opportunity to give input in the planning process. Community forums targeted seniors and adults with disabilities with a broad variety of perspectives, including those with visual impairments, physical and developmental disabilities, minority and low-income individuals, caregivers, and grandparents raising grandchildren. Where appropriate, forums were

conducted in languages other than English that were prominent in the community, including Chinese dialects, Tagalog, and Spanish. Each forum was designed to address issues of interest to forum participants, with topics ranging from the major issues identified at the Fine-tuning Conference in 1998 to those raised by forum participants themselves. A list of community forum sites and a summary of the input from each forum is included in Appendix C.

In addition to the above activities, a review of research materials, administrative data, and input from a variety of resources was conducted to assist us in determining the needs of San Mateo County's seniors and adults with disabilities.

Examination of Administrative Data

The combined experience of Aging and Adult Services and the San Mateo County-based network of aging and disability agencies enables us to assess the characteristics of the clients we serve as well as trends regarding program demand and utilization. This has been particularly true with regard to In-Home Services, Meals on Wheels, Information and Assistance, Case Management, and other programs targeting clients with functional impairments. Not only have we experienced an increase in requests for programs currently operated by the Division and by community-based organizations, but we have also documented the need for services that are not currently available. This is particularly true for at-risk individuals who do not meet the eligibility criteria of subsidized programs, but who do not have the financial means to secure the services with their own resources.

TIES Reports

Aging and Adult Services maintains a database regarding the 1100-1400 calls per month coming into the centralized Information and Assistance program, the TIES Line. The highest numbers of calls are generated on the following issues:

- Housing-- Can't make effective referrals for subsidized housing for people needing immediate solution
- Abuse/Protective services highest for 75+ age group
- Money management for adults with disabilities under 60
- Mental Health
- Home Health/In-Home Services/Attendant Care
- Conservatorship

Not only is it important to track the number of calls on a given issue, but also the availability of appropriate resources. For issues relating to housing and home care, TIES workers respond to large numbers of calls, but are often frustrated by the lack of immediate solutions for the callers they have spoken to. We are able to track issues and callers by whether they come in during regular hours or afterhours; the demographics of the callers on each issue--- age, location, income, disability, etc.; and the number of callers referred to be opened as cases in one of the programs at Aging and Adult Services. In addition to the tracking of ongoing issues, the database enables us to identify emerging issues.

NAPIS (Management Information System)

Aging and Adult Services utilizes the performance data submitted by subcontractors to assist in analyzing progress in meeting program objectives and success in targeting. Additionally, it assists in assessing which programs are experiencing problems or changes in demand/utilization.

Over the years we have been able to document changes in participation in the Congregate Nutrition program and the Commission on Aging has responded by establishing a task force to study the issue and develop a workplan for addressing it. We have also looked at the attendance at Day Care programs and its relationship to the availability of transportation.

Customer Surveys

The County of San Mateo has developed and implemented a project to ensure excellent and courteous public service. Client satisfaction surveys were distributed to clients of Aging and Adult Services and many of its subcontracted programs. Survey results were compiled and reports were made available to the appropriate organizations. People were generally very satisfied with the services they received through the network of services for seniors and adults with disabilities.

Additional surveys are disseminated from time to time to participants in the nutrition programs to help the Central Kitchen assess the satisfaction with the menu and meal service. This is in addition to the forms that Congregate Nutrition sites utilizing the Central Kitchen use on a daily basis, informing the kitchen of the consumer response to the food and other key information related to the number of meals served, temperature, etc.

Input From Public Authority Advisory Committee

The Public Authority Advisory Committee has expressed concern about the difficulty in attracting and maintaining independent providers due to low provider wages and lack of benefits. San Mateo County has attempted to address this issue by negotiating an increase in the provider wage and is currently investigating the feasibility of offering benefits.

Input From Commission on Aging/Commission on Disabilities Committees

The ongoing and ad hoc committees of the Commission on Aging and Commission on Disabilities serve as forums for the discussion of key issues and concerns.

- The Commission on Aging's Community-Based Continuum of Care Committee continues to work on the development of a north county Adult Day Health Care program while maintaining adequate participation in existing Day Care/Adult Day Health Care programs.
- The Commission on Aging's Nutrition Task Force addressed the problem of waning participation at Congregate Nutrition programs. They embarked on several activities to explore the issue and completed a report containing recommendations for addressing the issue, including the development and implementation of several pilot projects.
- The Commission on Aging and Commission on Disabilities continue to collect community input regarding problems with accessible transportation, proposed legislation, etc.
- The Commission on Aging/Commission on Disabilities Joint Housing Committee has served as a venue for the discussion of housing issues.
- The Commission on Aging's Minority Elders Committee continues to be a successful vehicle for receiving input from the minority community and for communicating information about

senior issues and services back to the community. Individual members of the Committee serve as ambassadors to their respective communities.

Provider Input

Aging and Adult Services scheduled quarterly meetings with providers as a way of enhancing communication on key aging and disabilities issues. Providers also participate on Commission on Aging and Commission on Disabilities committees/task forces and have an opportunity to address issues that are of concern to them. Other meetings were scheduled, as needed, to enable providers to address emerging issues. Providers regularly attend the quarterly New Beginning Coalition meetings and participate on its Steering Committee.

Consumer Input

Because of its experience in providing a wide variety of services to seniors and adults with disabilities, Aging and Adult Services is able to identify the major concerns of the individuals that it serves. Programs such as the TIES Line provide a venue for receiving input from client. It receives the highest number of concerns/complaints from consumers regarding the following issues:

- Lack of affordable/accessible Housing
- Lack of reliable and accessible Transportation
- Changes in Health Insurance
- Lack of affordable Home Care for individuals who are middle income

Strategic Planning Conference

On January 25, a group of eighty providers and consumers participated in the Strategic Planning Conference, reviewing the input from the thirty-one community forums and recommending strategies for addressing the issues raised. Issues covered included Health, Transportation, Affordable/Accessible Housing, Emergency Preparedness, Elder and Dependent Adult Abuse, Access to Information, and Services and Supports. The Services and Support category covered a variety of subjects, including Grandparents Raising Grandchildren, Nutrition, Caregiver Support, and the need for materials and services in other languages.

Conference participants were asked to recommend strategies that would help us achieve the ideal state for each of the issue areas. They were asked to consider the following types of strategies:

Advocacy: To speak, write, or make a public appearance in support of something. You can advocate for a variety of things, including legislation, funding, the way a program is designed and delivered, etc.

Coordination: To bring into proper order or relation, to cause to function harmoniously (e.g. coalitions, networks)

Program Development: To develop new programs, expand or improve existing programs

Professional Training: To provide guidance that will improve the skills/knowledge of boards, staffs and volunteers of organizations/agencies

Community Education- To provide information that will improve the community's knowledge of an issue or program and/or the resources available to them

Research/Investigation- To discover or establish facts or principles

Technology- To utilize technical advances in the use of machinery and automation

Development of Strategic Plan Document

In the months following the Strategic Planning Conference, representatives from the New Beginning Coalition, Commission on Aging, and Commission on Disabilities reviewed the recommendations from the conference and developed the goals and objectives that formed the working portion of Strategic Plan 2000. Commission on Aging and Commission on Disabilities committee workplans developed at their respective annual retreats, are a part of the Strategic Plan workplan. Individual providers in the aging and disabilities networks were contacted and asked about activities they would be undertaking. Activities that corresponded to Strategic Plan goals were then included in the Strategic Plan, making the plan into a countywide plan for services for seniors and adults with disabilities.

The completed plan was then reviewed and approved by the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities before submission to the San Mateo County Board of Supervisors for adoption.

Future Planning Activities

During FY 2000-01, Aging and Adult Services will conduct additional needs assessment activities. Staff has developed a survey that will be distributed to administrators of skilled nursing facilities in San Mateo County. The purpose of the survey is to identify the demographics of the residents of the facilities, what activities and services the facilities offer, and the needs that are currently unmet.

In addition, in FY 2000-01, Aging and Adult Services will administer the core questionnaire that was developed by the California Department of Aging. Due to the costs associated with a survey of this type, we will be unable to perform a scientific random sampling, but plan to implement the survey on a more limited basis. We will be working with the New Beginning Coalition, the Commission on Aging, and Commission on Disabilities, as appropriate, on the development and implementation of that portion of the needs assessment.

Financing Strategic Plan Implementation

Because the Strategic Plan for Services for Older Adults and Adults with Disabilities is a countywide plan, the financial burden of implementation will be shared by a variety of public and private agencies. The adoption of the Strategic Plan may result in a change in priorities and a subsequent reallocation of existing resources by the Plan's stakeholders to newly established priorities. A majority of the cost associated with implementation will involve a restructuring of current programs, including a more flexible use of existing resources and a greater role for consumers in planning and program implementation. Where additional resources are needed, the Coalition will work in partnership with the County and community-based organizations to identify potential resources and to support requests for funding.

DISCUSSION OF THE FINDINGS

The following trends have been identified through this planning process:

- San Mateo County is expected to become even more culturally diverse.
- The number of senior citizens living in San Mateo County will continue to increase, with significant growth in 75+ population.
- Baby boomers will become seniors in the year 2006.
- Elderly women continue to outnumber elderly men.
- The number of persons with disabilities continues to increase.
- More people with disabilities are living in independent settings.
- San Mateo County is becoming more affluent and the cost of living is increasing rapidly beyond the reach of the average middle class family.
- The health care system is changing from categorical definitions to more functional/generic definitions and is moving towards a managed care system.

The impact of those trends will be felt in the following ways:

- The growth in the aging population (especially in the 75+ category), coupled with the trend towards de-institutionalization, will result in a greater demand for in-home and community-based support for individuals at all income levels and greater competition for limited resources.
- The growth in the minority population will impact the way that services are designed and delivered.
- Because of the high cost of living in the Bay Area, many younger families and senior citizens have and will continue to relocate to more affordable areas.
- Changes in the health care system will have an impact on the health and supportive services provided by counties and community-based organizations.
- A greater number of individuals will become caregivers for older adults and adults with disabilities. Working either full or part-time, caring for their own children, and/or providing long distance care will additionally challenge many of them. We will also be seeing more seniors caring for their own parents and children who are seniors.
- Organizations in the aging and disabilities networks will need to collaborate with ethnic and community organizations (e.g., churches) to improve outreach to isolated frail seniors and adults with disabilities.

Growth in Senior Population

San Mateo County is aging. The California Department of Finance projects that the total population of San Mateo County will have increased 15% between July 1990 and July 2000, while the senior population will have increased 16.88% (see Figure 4). The median age in San Mateo County will have risen from 34 to 37 years of age in the ten years since the last census and is anticipated to increase to 39 years of age by 2010 (see Figure 3). Even the senior population itself is aging, with a larger proportion of seniors in the 85+ age group than in any other time period (see Figure 5). The California Department of Finance projects that in the year 2010, seniors over the age of 85 will comprise 9.835 per cent of the senior population. This is an important factor, as studies show that as people age they are more likely to need assistance with activities of daily living because of chronic medical conditions such as diabetes, high blood pressure, arthritis, etc.

Information from the Census is a valuable source of data about characteristics that predispose individuals to need and utilize services. Combinations of factors such as age, income, whether people live alone, their ethnicity, etc., are often reliable indicators of vulnerability and assist us in identifying current needs and projecting future ones. Because much of the information from the 1990 Census is outdated and input from the 2000 Census is still being processed, we have had to identify alternative data sources that were more current and develop data of our own to use as needs indicators for San Mateo County seniors and adults with disabilities.

It's hard to imagine, but the first group of baby boomers will become seniors in the year 2006. Changes in lifestyle from previous generations of seniors will add some interesting variations to our future generation of seniors. The fact that baby boomers tended to have children later in life, have smaller families, have households with two working adults, divorced and remarried more frequently, and were single parents more often will add some interesting variables to planning for the upcoming senior generation. These factors will have an impact on issues such as retirement income and caregiving.

Today's seniors are different from previous generations of seniors. Many don't think of themselves as "old" or "seniors," although though they chronologically are. Even those with chronic illnesses and disabilities don't necessarily lead a sedentary lifestyle. We have only to go out to a shopping mall or to a restaurant to see people with walkers, wheelchairs, and canes participating in the same activities as everyone else. The latest generation of seniors is not flocking to traditional senior centers and senior lunch programs. Many are too busy--- they're out power walking at 6:30 in the morning or at the local gym lifting weights or doing aerobics, playing golf and tennis or taking classes. Many continue to work far past the traditional retirement age —some because of economic necessity, but many because they want to. Many seniors are volunteering at schools, delivering meals on wheels, and providing assistance in hospitals and nursing homes. Instead of reading about countries in Europe, Asia, and Africa, today's seniors are traveling there to experience them firsthand. Organizations in the senior network are challenged to continue to serve those seniors for whom the traditional approach to providing services is working, while at the same time outreaching a new generation with different interests and needs.

Figure 3: Median Age in San Mateo County

	·
1980	32
1990	34
2000 (Projected)	37
2010 (Projected)	39
2020 (Projected)	39

Source: California State Department of Finance

Figure 4: Projected Growth of Senior Population in San Mateo County

	No. of Seniors (60+) in County	Total County Population	% of Total Population Seniors (60+) Comprise
July 1, 1990	108,032	651,401	16.58
July 1, 2000	126,104	747,061	16.88
July 1, 2010	160,633	815,532	19.70
July 1, 2020	207,765	855,506	24.29

Source: California State Department of Finance

Figure 5: Growth of the 85+ Population in San Mateo County

	No. of persons 85+	% of total population that is 85+	% of senior population that is 85+
July 1, 1990	7,358	1.13	6.81
July 1, 2000	11,491	1.54	9.11
July 1, 2010	15,791	1.94	9.83
July 1, 2020	17,431	2.04	8.39

Source: California Department of Finance

Fig. 6: Senior (60+) Population (2000) by Sex

	Male	Female
Caucasian	37,883	48,993
Hispanic	6,244	8,168
Asian/Pacific Islander	8,726	10,961
African-American	2,068	2,596
Native American	229	296
TOTAL	55,150	70,954

Source: California Department of Finance

Growth in Population of People with Disabilities

According to the U.S. Bureau of the Census, about one in five Americans has some kind of disability and one in ten has a severe disability. While age is the main factor related to predicting the likelihood of having a disability (See Figure 7), there are other factors that also contribute to the likelihood of having a disability. Race is also a factor (See Figure 8), with African Americans, Native Americans, and Hispanics more likely than Caucasians to have a disability and Asian/Pacific Islanders the least likely group to have a disability. Disability rates are inversely related to education and income levels. By applying the prevalence rates identified by the U.S. Bureau of the Census to State Department of Finance projections, we have projected that there are 144,930 individuals with disabilities in San Mateo (See Figure 12).

Major sources of disability include arthritis or rheumatism, back or spine problems, heart trouble, lung or respiratory trouble, high blood pressure, stiffness or deformity of extremity, diabetes, hearing impairment, blindness or vision problems. Studies show that as individuals age, they are more likely to need assistance with activities of daily living because of these types of chronic medical conditions. While more than 40% of people with a chronic health condition experience more than one condition, the prevalence of multiple conditions increases with age (See Figure 10), making them even a greater risk for disability.

Studies show that one-third of women in their late 70's to early 80's will experience a hip fracture (Brockman, 1997). With the current rate of growth among the older senior population, the number of hip fractures due to osteoporosis per year will triple by the year 2040 (Brockman, 1997). Studies of younger women with disabilities by the National Study of Women with Physical Disabilities, the Center for Research on Women with Disabilities, indicate that younger women with disabilities had a rate of osteoporosis that was seven times the rate experienced by women without disabilities. The disparity may be due to the differences in weight-bearing exercise or other factors (Nosek, Howland, & Rintal, et al., 1997).

Many individuals experience invisible disabilities, such as hearing loss, visual problems, and depression. The impact of their disabilities is often misunderstood and they do not receive the same level of empathy and accommodation as those whose disabilities are more visible. Even among individuals with disabilities, there is an unstated hierarchy of disabilities, with greater acceptance given to some and greater levels of stigma associated with others. While we have made significant progress in the ten years since the enactment of the Americans with Disabilities Act, we still have a long way to go to removing the physical and psychological barriers to truly integrating people with disabilities into the mainstream.

The large number of people with disabilities who are living independently will help determine the types of services that are needed within our communities. The impact will be felt in a wide variety of issues---medical care, therapeutic services, public transportation (trains, regular buses and paratransit), housing, and supportive services--- all of which are important elements in helping our senior population maintain its independence and quality of life.

Studies of younger women with disabilities by the National Study of Women with Physical Disabilities, the Center for Research on Women with Disabilities, indicate that younger women with disabilities had a rate of osteoporosis that was seven times the rate experienced by women without disabilities. The disparity may be due to the differences in weight-bearing exercise or other factors (Nosek, Howland, & Rintal, et al., 1997).

Figure 7: Disability Prevalence by Age

Age Cohort	% with a Disability
45-64	29.2%
65+	53.9%
65-74	45%
75-84	65%
85+	84%

Source: U.S. Bureau of the Census

Figure 8: Disability Prevalence by Race/Ethnicity

Race/Ethnicity	Prevalence Rate
Native Americans	26.9%
African Americans	20.8%
White	17.7%
Hispanic	16.9%
Asian/Pacific Islanders	9.6%

Source: U.S. Bureau of the Census

Figure 9: Percentage of Women over 50 with Osteoporosis of Spine, Hip or Arm, by Age Group

Age group	% with osteoporosis of spine, hip, or arm
50's	14.8%
60's	21.6%
70's	38.5%
80+	70.0%

Sources: Brockman (1997); Melton (1997).

Survey: Rochester Epidemiology Project, multiple years

Figure 10: Percentage of those with chronic conditions who suffer from more than one condition, by age group

Age Cohort	% of those with chronic conditions having more than one condition
0-17	17%
18-44	29%
45-64	51%
65+	69%

Source: Hoffman & Rice (1996)

Survey: Estimates based on the 1987 National Medical

Expenditures Survey

Figure 11: Percentage of people with more than one chronic condition, by gender				
Women	Men			
45%	35%			
61%	47%			
70%	53%			
	Women 45% 61%			

Sources: Brockman (1997); Melton (1997)

Survey: Rochester Epidemiology Project, multiple years

Figure 12: *Projected Disability by Age for July 2000

Projecto	ed Populat	ion by Age	II (8.0 s.)	Projected to Severe Disa	The Part of the Control of the Contr		Projected to H on-Severe Dis		IN COLUMN TO A SECOND	cted to Have S on-Severe Disa	
Age Group	Number	% of Population	Age Group	Number	% of Age Group	Age Group	Nümber	% of Age	Age Group	Numbar	% of Age
0-19	201,080	26.9%	Under 18	+	4.5%	Under 18	+	1.3%	Under 18	38,841	5.8%
20-44	269,972	36.1%	18-44	+	5.2%	18-44	+	8.4%	18-44		13.6%
45-64	181,362	24.3%	45-64	27,748	15.3%	45-64	25,209	13.9%	45-64	52,958	29.2%
65-74	49,813	6.7%	65-74	12,603	25.3%	65-74	9,614	19.3%	65-74	22,217	44.6%
75-84	33,343	4.5%	75-84	13,837	41.5%	75-84	7,402	22.2%	75-84	21,239	63.7%
85+	11,491	1.5%	85+	7,860	68.4%	85+	1,816	15.8%	85+	9,675	84.2%
ALL AGES	747,061	100%							ALL AGES	144,930 (19.4% of total pop.)	

^{*} Based on prevalence figures from the U.S. Bureau of the Census and population projections by the California Department of Finance

⁺ Unable to calculate because prevalence age groups do not match age groupings in population projections

Cultural and Racial Diversity

San Mateo County is becoming increasingly diverse. Because of the large influx of immigrants from China, the Philippines, Mexico, and Central America in the decade since the 1990 Census, it is anticipated that the 2000 Census will document continued growth in the Latino and Asian/Pacific Island populations, with the largest growth in the Filipino and Chinese communities. In 1990, 25.4% of the county's population was foreign born.

Until the data from the 2000 Census are released, San Mateo County is relying on race/ethnicity projections from the California Department of Finance (See Figure 13). While non-Caucasians comprise almost half of the county's total population projection (49.6%), minority seniors comprise only 31.2% of the projected senior population. The greatest disparity appears in the Asian/Pacific Island and Latino populations, where there are greater concentrations in the younger age groups.

Figure 13: *Projected Population for San Mateo County by Race/Ethnic Group

Senior	Caucasian	Asian/ Pacific Islander	Latino	African American	Native American	Total
Population	<u> </u>		<u> </u> 			
2000	86,816	19,687	14,412	4,664	525	126,104
	(68.8%)	(15.6%)	(11.4%)	(3.7%)	(.4%)	(100%)
2010	98,920	33,775	21,265	5,806	867	160,633
	(61.6%)	(21.0%)	(13.2%)	(3.6%)	(.5%)	(100%)
County Population						
2000	376,912	160,827	172,495	33,582	3,245	747,061
	(50.4%)	(21.5%)	(23.1%)	(4.5%)	(.4%)	(100%)
2010	344,032	216,053	219,834	32,057	3,558	815,532
	(42.2%)	(26.5%)	(27.0%)	(3.9%)	(.4%)	(100%)

^{*}Due to rounding off, percentages may not total 100% Source: California State Department of Finance

Figure 14: Primary Languages Spoken at Home other than English of San Mateo County School Children (1998)

			i ji langa sa	Sc)		en Santa							
	Spanish	Pilipno	Mandarin	Cantonese	Japanese	Korean	Samoain	Tongan	Hindi	Farsi	Russian	Arabic	Portuguese	Other
	, , , , , , , , , , , , , , , , , , ,		Σe milionaria	J , , , , , , , , , , , , , , , , , , ,	la l			<u> </u>			2	18 30	_	
SAN MATEO COUNTY	26%	5%	3'	%			2	<u>%</u>	1%	<u> </u>				6%
Atherton	7	 		<u> </u>	 		 			 	 	<u> </u>	<u> </u>	- 0,70
Las Lomitas	5%			1%	3%	}	1			1%	}]	Ì
Menlo Park City	6%			1%				1%		170		}		j
Belmont	4%	 		2%	 					1%	1%	1%		
Brisbane	12%	4%		11%	 	 	 			170	170	4%		
Burlingame	10%	 	3%	2%	3%	2%				 	2%	7/0		
Coastside/Central	31%				 -	<u> </u>				 -	- 270		3%	
(El Granada, Half Moon				}						1	}	}	370	1
Bay, Moss Beach)	[ļ		ļ		ļ	}	1		i	}		}	Ì
Daly City/Colma		f			 	 		 -		ļ	 			
Bayshore	22%			10%	ł		4%		1%				ļ	
Jefferson	30%	20%		6%	}]					2%	Į	Į.
East Palo Alto	59%						2%	1%	1%		 			
Foster City	23%			4%	2%			2%	2%	 		 		
Half Moon Bay	31%												3%	
Hillsborough	1%		7%	5%	1%						1%			
Menlo Park											 			
Menlo Park City	6%			1%				1%						
Las Lomitas	5%			_ 1%	3%			1		1%				
Millbrae	15%	3%	4%	7%		4%							 	
Pacifica	7%	5%					1%					1%		
Portola Valley	1%				<1%			<1%						
Redwood City	53%	1%						1%	1%		t	 	<u> </u>	
San Bruno	21%	3%						3%	5%			2%		
San Carlos	3%	<1%		<1%							<1%	 		-
San Mateo	23%			4%	2%			2%	2%					
South Coast	32%													
(La Honda, Loma Mar,								(
Pescadero, San Gregorio)										1		ļ	ļ	
South San Francisco	38%	20%		4%			1%		3%			3%		
Woodside	7%			<1%	1							<1%		<1%
G 7		L	L	0.67		L	<u> </u>							(Greck)

Source: Language Census R30, Spring 1998, San Mateo County Office of Education

The 1990 Census identified the largest concentrations of minority individuals as residing in the following locations:

- Latinos: Daly City, South San Francisco, San Mateo, and Redwood City
- Asian/Pacific Islanders: Daly City, South San Francisco, San Mateo
- African Americans: East Palo Alto, Menlo Park, and San Mateo
- Native Americans: San Mateo, Daly City, South San Francisco, and Pacifica

The projected number of minority individuals by city for 2000 is not available at this time. We anticipate that the 2000 Census will show the following changes to the concentration of minority populations:

- Latinos: will comprise a significantly greater percentage of the population in East Palo Alto and Menlo Park.
- Asian/Pacific Islanders: there will be significant increases in the Chinese and Filipino populations, especially in the cities in the northern and central part of the county.
- African Americans: will comprise a decreased percentage of the populations in Menlo Park and East Palo Alto.

A survey conducted by the San Mateo County Office of Education in 1998 identified the primary languages other than English spoken in the homes of school children in each of this county's cities. The results demonstrate that this county is truly diverse, including families who speak Spanish, Filipino dialects, Japanese, Chinese dialects, Tongan, Samoan, Korean, Hindi, Farsi, Russian, Arabic, and Portuguese. (see Figure 14).

To successfully embrace our increasing diversity, we must address the language and cultural barriers that limit access to a wide variety of resources for many of this county's older adults and adults with disabilities. We must seek out and employ bilingual/bicultural workers, produce written materials in languages prominent in the community, and develop and support programs that are culturally acceptable to the diverse communities that they are serving.

Economic Status

According to the U.S. Bureau of the Census' report, "Poverty in the United States: 1999," 9.7% of America's older persons over the age of 65 live in poverty, with another 6.1% identified as "near-poor" (between poverty level and 125% of the poverty level). The report also cites differences in poverty rates by race, ethnicity, and sex, with 8.3% of older Whites, 22.7% of older African-Americans, and 20.4% of older Hispanics being poor. Older men in poverty represented 6.9% of the population in 1999, while the rate for older women was 11.8%.

While San Mateo County is considered quite affluent, there are wide variations in income experienced by the county's diverse population of older adults and adults with disabilities. It is difficult, if not impossible, for seniors whose retirement income consists solely of Supplemental Security Income (SSI) or Social Security Retirement Benefits or adults with disabilities who are unable to work full-time to meet the extremely high cost of living in the Bay Area. As a result, many are relocating to other parts of the state or other areas of the country where the cost of living is more favorable to people with limited resources.

In 1990, the largest concentrations of low-income elderly were in the communities of East Palo Alto, the North Fair Oaks section of Redwood City, Daly City, and South San Francisco. An update of that list is

dependent on data from the 2000 Census. Using senior population projections from the California Department of Finance, we estimate that in July 2000, there were 7,633 minority seniors in greatest economic need residing in San Mateo County.

In addition to Census and population projections, there are a variety of other factors that are used as indicators of economic need in San Mateo County.

- A report by the General Accounting Office, "Elderly American: Health, Housing, and Nutrition Gaps Between the Poor and Non-Poor," identified the relationship between poverty and other demographic characteristics. It stated that:
 - o Elderly women were twice as likely to be poor/near poor as elderly men;
 - o Elderly Hispanics were twice as likely and elderly African-Americans three times as likely to be poor/near poor as elderly Whites;
 - o Individuals 75+ were twice as likely as those 65-74 to be poor/near poor.
- According to the County of San Mateo and the Association of Bay Area Governments, in 1998, the yearly income at which a family of four was considered to be at poverty level in San Mateo County was \$16,452 or less. This figure is about 30% of the median income for San Mateo County.
- According to the State of California, Department of Health Services, in October 1998, 44,352 persons of all ages were certified eligible for Medi-Cal in San Mateo County. 24,270 persons (54.7%) were over the age of 21
- The Social Security Administration reported that as of December 1998, there were 12,994 individuals receiving SSI in San Mateo County: 5,848 qualified as aged; 7,146 qualified as blind or disabled. Of that number 562 were under 18; 5,058 were 18-64 years of age; and 7,374 were 65 years of age or older. An aged or disabled individual in an independent living arrangement on SSI receives a maximum of \$692 per month.

The majority of seniors in San Mateo County are not employed. Most see themselves as retired, but some identify themselves as "disabled," indicating that if were they able to, they would still be working. Because of the escalating cost of living in the Bay Area, many seniors are returning to the work force and are working either full or part-time just to meet expenses. For many, the maximum Social Security Retirement Benefit of about \$1300 per month for an individual is insufficient as a sole source of income in the highly priced Bay Area.

Eligibility for many publicly funded programs is based on the federal poverty guideline, which in 2000 was an annual income of \$10,380 for one person. With the astronomically high cost of living in the Bay Area, identifying the number of people who are below the federal poverty level is a less than meaningful indicator of financial need in San Mateo County. Our cost of living is so much higher than in other parts of the country, that the federal poverty guideline fails to identify a large number of San Mateo County residents whose income is inadequate to meet life's necessities and comforts and who do not qualify for many health and human service programs.

Housing

People are not only living longer, but most are doing it outside of nursing homes. About 89% of current nursing home residents have a severe disability and about 11% are there on a temporary basis after discharge from an acute hospital. According to the National Nursing Home Survey, the percentage of individuals over the age of 65 residing in nursing homes fell from 4.6% in 1985 to 4.2% in 1995. The decline is partly attributable to the availability of community-based services targeting the frail elderly and adults with disabilities. In-home Care, Assisted Living, Meals on Wheels, Adult Day Care, and other support services now enable many individuals, who in the past would have been in nursing homes, to continue living at home (See Figure 15). To support the goal of "aging in place," it is important to unite the concepts of affordability and accessibility. The inability to leave one's homes or apartment because of architectural barriers (e.g., stairs) results in many seniors and adults with disabilities becoming "homebound" and unable to take advantage of community-based services and supports.

Housing is a major concern in San Mateo County. Many seniors are "house-rich," owning property that has appreciated dramatically over the years, but are "cash poor." The National Association of Homebuilders found that in 1999 only 16% of the homes in San Mateo County were affordable to median income families. According to the San Mateo County Board of Realtors, the median home price in San Mateo County in January 2000 was \$538,000. Most seniors in San Mateo County own their own homes, but because a significant portion of this county's housing stock is more than 40 years old, many have homes that are mortgage-free or that have low mortgage payments, but are still are faced with the cost of expensive upkeep, repairs, and renovation. Seniors are often the victims of unscrupulous contractors, who scare them into doing unnecessary repairs, charge them exorbitant prices on the work that is done, or do shoddy workmanship.

For those who do not own their own homes, the escalating cost of rental housing is becoming an insurmountable problem. Rents are accelerating at a rate that far exceeds the growth of most senior incomes. Many seniors are leaving the Bay Area in order to find rental housing that they can afford. It's not unusual to hear stories from people well into their 80's and 90's who have lived in a rental unit for many years, only to find themselves faced with a sudden dramatic increase in rent that they cannot afford. The amount of time they are given to find other living arrangements before the rental increases are effective is not sufficient to locate alternative affordable living arrangements.

According to the County Office of Housing, rents in the county have gone up 38% over the last three years. A study of rental costs within large apartment buildings showed that as of December 1999, a studio apartment went for \$924, while a one-bedroom apartment went for \$1,268. In the last year, Aging and Adult Services' TIES Line has received numerous calls from seniors and adults with disabilities who have lived in their current apartment for many years and are suddenly faced with enormous increases in their rent. Between 1991 and 1998, the countywide average monthly rent for a vacant apartment increased 48% for a 1-bedroom apartment to \$1,181, and 60% for a two-bedroom apartment to \$1,587 (Sources: County of San Mateo; ABAG; California Association of Realtors; HUD, SAMCEDA).

As of Fall 1997, there were 58 affordable rental projects in San Mateo County, with a total of 3,434 units—1,288 were designated for seniors, 956 for seniors or disabled individuals. Twenty of the 58 developments, containing a total of 1,465 subsidized affordable units were at risk of conversion to market rate. The potential loss of affordable housing units could drastically reduce the stock of affordable housing and have a disastrous impact on low-income seniors.

Rental units in the remaining affordable housing projects are in great demand. Most facilities have long waiting lists and some have even closed their waiting lists to additional names. The Aging and Adult

Services Information and Assistance line, the TIES Line, regularly receives calls from frantic seniors and adults with disabilities who have an immediate need for affordable housing. Seniors who rent are faced with rapidly escalating rental costs that often exceed their fixed incomes. The best advice we can give renters is to plan ahead for their housing needs and to put their names on several waiting lists for affordable/accessible housing.

Figure 15: Living Arrangement Status of Women and Men 65 Years and Older, by Age Group

Sex/age cohort	% living at home, independent	% living at home, needs assistance	% in nursing home
Women		w	
65+ (total)	81.2	13.5	5.3
65-74	91.7	6.9	1.4
75-84	77.5	. 16	6.5
85+	45.2	37.5	17.4
Men			
65+ (total)	88.1	9.4	2.5
65-74	92.8	6.1	1.1
75-84	84.4	12.3	3.3
85+	63.1	26.6	10.3

Source: Guralnik (1997)

Surveys: National Nursing Home Survey, 1995: NHIS-D, 1994

The number of seniors needing and qualifying for subsidized housing far exceeds the diminishing inventory of subsidized housing units in this county. The long waiting list and low turnover for Section 8 certificates virtually eliminates that as a resource for most seniors.

Very low-income seniors may qualify for public housing assistance through the County Housing Authority. Those who qualify, but do not currently have housing certificates or vouchers, go on the waiting list, when it is open. As of February 2000, there were 10,757 names on the waiting list, 1,137 (about 11%) of which were seniors. The average turnover on the waiting list is about 410 names per year.

The 1990 Census showed the first signs of seniors leaving San Mateo County because of the high cost of living. It is anticipated that the current surge in housing costs will cause even larger numbers of seniors to move to less expensive areas.

Health

Access to affordable health care (physical health, mental health, and dental care) —both prevention and intervention—is a critical key to maintaining health. A combination of factors, including escalating health care costs, limitations posed by Medicare, and ongoing changes within the Health Care system,

present formidable obstacles to accessing health care for San Mateo County seniors and adults with disabilities. In the last several years, there has been a rapid exodus of Senior Health Maintenance Organizations (HMO's) from San Mateo County. Remaining HMO's are raising their rates to a level beyond the financial means of many of our seniors. Because of these changes in our medical system of care, many seniors and adults with disabilities are unable to use physicians whom they have gone to for years and have to switch to new physicians in the middle of treatment for serious medical conditions. According to the Consumer Expenditure Survey, in 1998, the average senior-headed household spent between 9% and 16% of its total household income on health care. The impact of those costs is higher in lower income households, representing 13% of the income of those in the bottom fifth of the income distribution, 16% of those in the middle fifth, and 9% of those in the top fifth. For those who lack or have inadequate medical/dental insurance, the cost of medical care, dental care, and prescription medication is spiraling beyond the reach of many seniors and adults with disabilities.

Figure 16: Percentage of People with More than One Chronic Condition, by Gender

Age Group	Women	Men
60-69	45%	35%
70-79	61%	47%
80+	70%	53%

Sources: Hoffman & Rice (1996); Guralnik (1989)

Survey: Estimates based on the 1987 National Medical Expenditures

Survey

Figure 17: Percentage of Those with Chronic Conditions Who Have More than One Condition, by Age Group

Age Cohort	% of Those With Chronic Conditions Having More Than One Condition
0-17	17%
18-44	29%
45-64	51%
65+	69%

Source: Hoffman & Rice (1996)

Survey: Estimates based on the 1987 National Medical

Expenditures Survey

Despite the high level medical expertise that exists in the United States, we rank only 24th in life expectancy, due to a high incidence of coronary heart disease and tobacco-related cancers. While

average life expectancy in the United States was less than 48 years of age in 1900, life expectancy at birth was 76 years of age in 1996—79 for women and 73 for men. A woman born in 1997 can expect to live 79 years, a man 74 years. Women who survive until the age of 65 years can expect to live until age 84, men until age 81. Women who survive to age 85 can expect to live 92 years; men who survive until the same age can expect to live 91 years.

While life expectancy of different races varies, the differences decrease as we age. As of 1997, at birth, White individuals could expect to live 6 years longer than their Black counterparts; at age 65, White individuals can expect to live 2 years longer. The situation reverses, however, as we pass the age of 85, when the life expectancy of Black individuals slightly exceeds those of White persons.

Studies show that as we age, we are more likely to encounter a variety of chronic medical conditions. About half of seniors nationwide over the age of 65 report having arthritis; 36% high blood pressure, and 30% heart disease. Nationally, 10% of seniors over 65 and almost 50% of those over 85 have Alzheimer's disease. The incidence of chronic conditions varies by sex, race, and ethnicity in the older population. The good news is, that despite the existence of those conditions, more than 70% of those individuals are cared for at home.

In the 17-year period between 1980 and 1997, we saw decreases of about one-third in age-adjusted death rates for heart disease and stroke. During that same period, we saw slight increases in the death rates for pneumonia, cancer, and influenza. Age-adjusted death rates for diabetes were up by 32%, while those for chronic obstructive pulmonary diseases increased by 57%. Death rates for diseases vary by sex, race, and Hispanic origin.

Many seniors and adults with disabilities are living longer and more independently and finding they are taking a myriad of prescription medications to help manage a variety of medical conditions. Primary care physicians, who are charged with managing the patients' health care, may be unaware that their patients are seeing other physicians and taking additional medications to the ones they are prescribing. On the other end, we have seniors who don't take their medications at all or take them only occasionally —either because of the drugs' side effects or because they can't afford the medications. Between 1994 and 1995, the most common cause of hospitalizations in San Mateo County was adverse reactions to medication.

San Mateo County Health/Disease-Related Data

The two most common causes of death in San Mateo County 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 senior years, can have a dramatic impact on promoting health and reducing disease.

In a San Mateo County-based behavioral risk study (San Mateo County Behavioral Risk Factor Survey, Healthy Community Collaborative of San Mateo County, September 1998) almost half (49.8%) of San Mateo County's seniors reported that they do not have any limitations in their activities due to impairments or health problems. The most common impairment reported was arthritis (31.6%), followed by neck or back problems (10.5%), and fractures/bone/joint injuries (9.2%)

Heart Disease

- African Americans are twice as likely to die from a stroke than any other ethnic group.
- For individuals 75 years of age and older, the major cause of death is heart disease.

Substance Abuse

• Chronic drinking problems are greater in the senior population than in any other age group.

Cancer

- Lung cancer is the cause of almost three times as many deaths as the next leading cause of cancer death.
- Between 1994 and 1996, the leading cause of death in individuals 35-74 years of age was cancer.

Falls

- Falls continue to be a major cause of hospitalization and death for seniors. The hospitalization rate from falls is more than 50 times higher for people over 85 than for those who are young adults.
- The report also indicated that the death rate from falls increases radically for those over the age of 65.
- From 1994-95, the second most common cause of hospitalizations in San Mateo County was falls.

Suicide

- Males 75+ have a higher suicide rate than any other group.
- Females 75+ have the highest suicide rate among females of any age.

Mental Health

It's virtually impossible to live in today's complex world without facing emotional issues. Whether it's the stress of job, dealing with the health care system, getting married or divorced--- we are all at-risk of having emotional problems.

We know that as people age, they experience a series of changes and losses—loss of youth, loss of role as a parent, loss of role in the workplace, the loss of a spouse, family, and friends, loss of health-- that can seem overpowering. These losses can result in feelings of depression, isolation, and fear.

Individuals with disabilities may experience emotional difficulties adjusting to their disabilities and may have issues about their self-image or their performance on the job or in relationships. According to the National Comorbidity Survey [National Center for Health Statistics (1996); Kessler, McGonagle, et al. (1994)], 63.8% of people with mental disorders also have a disability and 30% have a work limitation. Language and cultural issues can be the cause of emotional problems or can exacerbate other existing emotional problems.

Depression is more common in the elderly than in the younger population, occurring in about 15% of those over 65 years of age. Married adults experience a lower rate of depression than do their unmarried counterparts, and women are more likely to suffer from depression than men. Caregivers, especially those caring for individuals with Alzheimer's disease, experience especially high rates of depression. Some diseases (e.g., heart attack, cancer, etc.), and medications are also linked with depression.

While emotional issues may be common, many individuals are reluctant to admit to having emotional problems or to seek professional help. Non-traditional programs, such as peer counseling, offer an alternative means of emotional support and counseling.

Transportation

Despite the existence of a comprehensive transportation system in San Mateo County, transportation is still a problem for many of this county's seniors and functionally impaired adults. According to the Metropolitan Transportation Commission, for 13% of Bay Area seniors, walking in the primary mode of transportation; about 6% of seniors use transit. Bay Area-wide, 76% of male seniors drive, with 54% of female seniors driving and 24% passengers in someone else's vehicle.

On March 30, 2000, the Metropolitan Transportation Commission hosted a conference on improving transportation for older adults. Conference participants identified the following as the three most important issues for improving transportation for seniors:

- Fixed-route transit services do not meet the needs of older adults. New services need to be developed, and existing services need to be coordinated.
- Security, safety, and comfort are concerns for older adults who use public transportation services.
- Older adults need assistance in understanding the public transportation resources available to them so they can better plan for when they will no longer be able to drive. Information must be accessible and understandable, and older adults may need assistance when using public transportation for the first time.

Conference participants made the following recommendations:

- New transit modes are critical to improving the mobility of seniors.
- Better information about available services is needed. "Transit buddy" programs should be developed to assist seniors as they begin using new services.
- Better coordination is required to get the most from the Bay Area's transportation systems. Occasional riders have difficulty understanding what services are available and how to access them.
- Sidewalks and crosswalks must be maintained and designed to maximize accessibility and safety.

As the number of seniors and adults with disabilities in San Mateo County grows, the number of people who rely on public transportation will increase. Transportation is a lifeline for seniors and adults with disabilities—it takes them to their medical appointments, personal business and shopping, places of employment, and to social/recreational activities. Consumers are concerned about the reliability, availability, safety, and cost of public transportation. Many continue to drive longer than they should because of the fear that they will not to get around the community if they have to rely on public transportation. For those who are unable to use the regular bus system and must rely on paratransit or specialized transportation services, the issue is even more critical. Those services are not available in all geographic locations and are limited in supply.

Emergency Preparedness

Recent experiences with El Nino and La Nina, have highlighted the need for our emergency preparedness and emergency response efforts to ensure the safety and security of our most vulnerable citizens.

It's no wonder that after suffering through El Nino and La Nina that people are concerned about emergency preparedness. It's no longer just concern about major disasters like earthquakes, but our experience with power outages, landslides, and flooding that prompt us to be prepared for any type of emergency that might occur. We are especially concerned that whatever systems are developed that the safety and security of our most vulnerable citizens be ensured.

Access to Information

The existence of a network rich in services and supports for seniors and adults with disabilities does not ensure that individuals in the community will receive the services they need. Despite ongoing efforts to disseminate information to the community about issues and resources, no matter where we went during our planning process, we heard that people didn't know enough about the programs that were available to them.

There are a variety of factors that impact the community's knowledge about programs and services.

- The number of agencies providing services for seniors and adults with disabilities is staggering. It's impossible to know about all the services that exist and it can be equally confusing identifying where to call when you need information.
- While we are constantly bombarded with information, we tend not to pay attention to the information until it has personal relevance for us.
- If people don't know that their problems are resolvable, they may not seek resources to address them and may just accept them as "facts of life."
- Some people are in denial about their need for assistance. It's especially difficult for those people for whom self-sufficiency is not only a virtue, but also a necessity.
- In some cultures there is a taboo about sharing family secrets with outsiders, even if it means getting needed help. It's just not okay to talk about personal issues outside the family.
- People fear that their independence will be jeopardized if they admit they need some form of help.
- Inability to read and/or understand English.

We need to continue to publicize the phone number for the 24-hour TIES Line as a resource for information about seniors and adults with disabilities and to publish annual updates of the Help at Home Directory. We need to encourage people to call when they have problems, not just when they have questions. In addition, agencies need to provide a constant stream of information to the public about the issues impacting seniors and adults with disabilities and the services that are available to them. Information needs to be targeted to an expanded audience, including family members, caregivers, and the community-at-large and needs to appear in a variety of media formats, be easy to understand and in languages that are prominent in the community. Special emphasis needs to be placed on improving access for the growing number of monolingual consumers in San Mateo County.

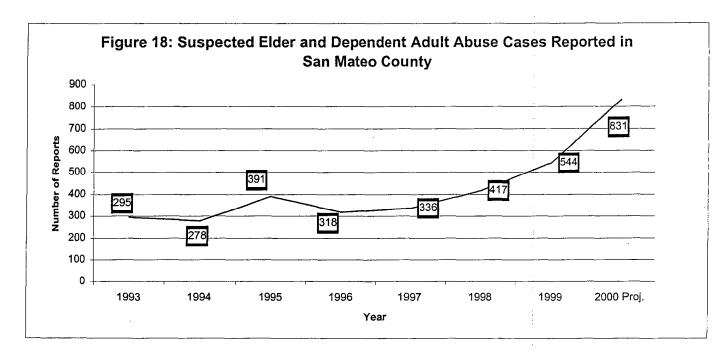
Abuse and Neglect

The number of cases of elder and dependent adult abuse and neglect reported to Aging and Adult Services, San Mateo County's designated Adult Protective Services, has more than doubled in less than a decade (See Figure 18). Experts estimate that only one in six cases is actually reported, making the incidence of abuse substantially greater than the figures reported.

According to a study conducted by the Center for Research on Women with Physical Disabilities, women with disabilities may be more vulnerable to abuse than those without a disability (Nosek, Howland, Rintal, 1997). It found that "women with physical disabilities experienced abuse for longer periods, were subject to withholding of needed equipment, medication or transportation, and were more likely to be abused by health care providers, attendants or strangers."

In spite of the fact that elder and dependent adult abuse has received increased visibility, the community reports that people still don't seem to know what constitutes abuse and that those who do are fearful of

reporting it. They are concerned about abuse of all types—physical, financial, psychological, and neglect. Many are concerned about the recent rise in telemarketing scams targeting seniors in San Mateo County or that the meteoric rise in property values makes senior homeowners an attractive target for abuse. More community education is needed, including the types of abuse, cultural barriers to recognizing and reporting abuse, and what to do when you suspect abuse.



Source: San Mateo County Aging and Adult Services

Services and Supports

Consumers in San Mateo County feel strongly about the need to maintain the variety of existing services and supports, as well as the need to expand existing programs to fill gaps and/or eliminate barriers to the utilization of services. The network needs to provide affordable services that will enable older adults and people with disabilities of all income levels to remain safe in the community.

While there is a comprehensive array of programs in San Mateo County, eligibility criteria often restrict access for otherwise qualified and needy consumers. For example, a 59-year-old person, who is no longer working because of a severe disability, would benefit from attending the local Congregate Nutrition program, but is unable to because he/she is not 60 years of age and cannot afford to pay the unsubsidized cost of the meal. San Mateo County is committed to providing services that respond to the needs of its consumers and eliminating the program-imposed barriers that prevent the community from accessing needed services.

Because of the increasing number of monolingual non-English-speaking individuals in San Mateo County, it is increasingly important that organizations have the linguistic and cultural capability to provide services to the diverse communities within their service area. Providers need to employ bilingual workers who can communicate orally with clients and have written materials translated into appropriate languages. Many monolingual clients are especially at-risk because they are culturally isolated from the mainstream. They lack information about programs and services and often find difficulty in understanding and negotiating the complex system of services and supports.

Many adults with disabilities have difficulty in securing and maintaining jobs in mainstream employment. There are disincentives for many individuals (e.g., those with developmental disabilities) who would like to work but need to maintain eligibility for social programs such as SSI (Supplemental Security Income), State Disability Insurance, and Section 8 (a housing subsidy program) in order to secure services that help them maintain their independence. While many seniors choose to work solely because they want to, others are forced to work in order to meet their basic needs. The meteoric increase in housing and medical costs keeps many seniors working long past their personal target for retirement.

Caregiving

As the number of seniors in San Mateo County (especially the number of seniors who are 85+) and the number of people with disabilities in general increases, we can anticipate an upsurge in people who are providing care for spouses, family members, and friends. Fifteen percent of adults in the United States provide care for a relative who is seriously ill or has a disability. According the U.S. Dept. of Labor, the typical caregiver is a 46-year-old woman who is employed. She spends 18 hours per week over a period of 4.5 years caring for her 77- year-old mother, who lives alone, yet nearby, and suffers from a chronic illness. While an average of seventy-two percent of caregivers are women, the proportion varies by culture: 52% of Asian caregivers, 67% of Hispanic caregivers, 74% of Caucasian caregivers, and 77% of African American caregivers are women.

Forty-one percent of caregivers for elders are also caring for children under the age of 18. Sixty-four percent of all caregivers work either full or part-time. Half of all employed caregivers reported taking time off from work, coming in late, working fewer hours. Six percent gave up work entirely due to caregiving, and 3.6% took early retirement.

According to an article in the December 15, 1999 issue of the Journal of the American Medical Association, "the psychological stress associated with care for a disabled elderly spouse has been shown to significantly increase the risk of mortality for the caregiver."

Based on data from a national survey on caregiving, MetLife estimated that it loses \$11.1 billion per year in lost productivity. The cost would be over \$29 billion per year if caregivers providing care at lesser levels, part-time workers, and long-distance caregiving were included in the calculation.

In the nineties we have seen increased visibility of another group of caregivers—grandparents raising grandchildren. The lack of parents, whether due to medical problems, substance abuse, incarceration, death, or economic factors, is highlighting what seems to be an increasingly large group of seniors.

Some of those seniors continue to work in order to be able to afford to raise their grandchildren, juggling their wakening hours between earning a living and the multiple responsibilities associated with being a parent. Others, who are no longer working because they went out on disability or retired, find themselves taking on the full-time task of raising another generation's children.

We are struck by the strength of this group of seniors and their conviction to meeting the emotional, spiritual and material needs of their grandchildren. They put aside their own health care and material needs so that their grandchildren will not lack for anything. Most grandparents raising grandchildren do so with little or no financial assistance and feel that the system provides greater support for foster parents than for grandparents raising grandchildren. Regardless of the financial strain, the grandparents were committed to raising their grandchildren, even if it meant that they personally would do without.

The concern for the education of their grandchildren was obvious, but their personal involvement in the issue was a difficult one. Many of the grandparents did not feel comfortable going to the schools. There was unanimity in the feeling that the schools needed to do more outreach and provide more services and support in the home setting.

Many grandparents raising grandchildren feel that there is a scarcity of understandable information about services and supports. While financial support is available in theory, in actuality it is difficult for grandparents raising grandchildren to qualify for existing programs.

It is clear that caregivers make a lot of sacrifices, putting the well being of the persons they are caring for ahead of their own. They accept the lack of quiet, the physical and emotional stress associated with caregiving and do it all out of love. Caregivers play a pivotal role in maintaining the independence and quality of life of at-risk adults and children. We need to look at expanding the support that is available to them-- counseling, training and respite-- that would enable them to continue in their role as caregivers.

Figure 19: Characteristics of San Mateo County's Homeless Population

% of Total Homeless Population	Characteristics	
61%	men	
39%	women	
32%	children	
37%	31-40 years of age	-
26%	18-30 years of age	
25%	41-50 years of age	
12%	51+ years of age	
30%	were mentally ill	Re I
40%	were substance abusers	
10%	were HIV positive	

Source: Tom Roberts, Homeless Coordinator, Housing Division, San Mateo County Human Services Department; California State Department of Finance, Demographic Research Unit.

Safety, Access, Americans with Disabilities Act

Physical access is an ongoing concern for many people with disabilities. As the number of individuals with disabilities living in independent settings increases, we need to ensure that people using a broad

spectrum of assistive devices--- canes, walkers, wheelchairs, etc.— are able to access the wide variety of services that exist in their community. There needs to be adequate handicapped parking and strategically placed curb cuts. Doorways and aisles need to be wide enough for wheelchairs to pass through. Bathrooms need to be accessible. There need to be ramps and elevators in places where there are stairs. Assistive listening devices need to be available for those with hearing impairments. The concept of Universal Design for Accessibility needs to be promoted in plans for new housing to ensure the ability of San Mateo County residents to "age in place."

Homelessness

In 1996, a report produced by the County's Homeless Coordinator indicated that there were 4,663 documented homeless individuals in San Mateo County. Figure 19 identifies the demographic characteristics of San Mateo County's homeless population.

Telephone Survey

In 1998, San Mateo County Aging & Adult Services participated in a Bay Area-wide needs assessment, conducted by a consulting group. Part of the needs assessment included random sample telephone surveys of individuals 55 years of age and older residing in the Bay Area.

The following is a listing of the most serious concerns identified by participants in the telephone survey:

- 1. planning for retirement
- 2. taking care of a loved one
- 3. getting sufficient food
- 4. affordable legal services
- 5. safe alternatives to driving
- 6. getting long term care
- 7. continuing to drive
- 8. money for non-insured health expenses
- 9. remaining in own home
- 10. money to meet expenses
- 11. health insurance
- 12. avoiding fraud
- 13. coping with disability or illness
- 14. preventing crime
- 15. being physically fit.

Due to the large and diverse geographic area covered by this needs assessment, the prioritization of concerns may or may not accurately reflect life in San Mateo County. For example, affordable housing and accessible transportation are issues that might possibly top the list in this county, yet the most closely-related concerns appear lower on the priority list. Similarly, while crime is an issue in a limited number of communities in this county, it is generally not seen as a countywide issue.

TARGETING ...

The Older Americans Act requires that services be targeted to individuals with the following characteristics who live either in the community or in long term care facilities

- Low income minority older individuals;
- Older individuals with greatest economic need (individuals with an income level at or below the poverty line);
- Older individuals with greatest social need (those needs caused by non-economic factors)
 - Physical and mental barriers
 - Language barriers
 - Cultural, social, or geographic isolation, including isolation caused by racial or ethnic status that:
 - > Restricts the ability of an individual to perform normal dial tasks; or
 - > Threatens the capacity of the individual to live independently;
- Older Native Americans;
- Isolated, abused, neglected, and/or exploited older individuals;
- At-risk older persons and their caretakers;
- Older individuals residing in rural areas;
- Older individuals who have limited English-speaking ability;
- Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caretakers;
- Older individuals with caretaker responsibilities for developmentally disabled children or spouses;
- Older individuals who provide uncompensated care to their adult children with disabilities; and
- Unemployed low income persons who are 55 years of age or older (Title V).

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

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

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

While San Mateo County is considered a generally prosperous area, there are still many individuals who are living below the poverty level. Even those whose incomes do not meet the federal poverty guidelines are living "in poverty" due to the extremely high cost of living in the Bay Area. The largest concentrations of low-income individuals are in the communities of East Palo Alto, the North Fair Oaks section of Redwood City, Daly City, and South San Francisco, the same areas that have had the highest concentrations of minority individuals. In addition to the wide variety of problems experienced by seniors and adults with disabilities in general, those who are low-income often lack the financial resources to meet basic needs and to utilize the services that are available to them.

Many low-income residents of San Mateo County are faced not only with problems resulting from their low-income status, but are also challenged by cultural and linguistic barriers. They are frequently outside of the mainstream, lack knowledge about existing services, and prefer not to participate in what they perceive as welfare programs. Because of these factors, many minority individuals do not utilize existing services that would meet their individual needs. The high concentrations of low-income minority seniors and adults with disabilities coincide with low-income areas mentioned above.

Our primary way of identifying targeted populations is through analysis of census data. That information, coupled with the input we receive through our ongoing planning process, assists us in determining how best to address the needs of specific target populations. Aging and Adult Services works in partnership with the New Beginning Coalition, the Commission on Aging, the Commission on Disabilities, and other local advocacy groups to ensure that the needs of the target populations are taken into account in program planning, funding, implementation, and evaluation. Throughout its planning process, Aging and Adult Services works with the community to identify target populations, where they reside, their demographic characteristics, and their needs. Once programs are implemented, the division works with providers to ensure that individuals to whom we are targeting are aware of and utilizing the available services and that their needs are being met.

A variety of methodologies are used to target services to the groups identified above. Figure 20 identifies the activities that will be undertaken to ensure that those individuals who are at-risk will be a major focus in the planning and implementation of programs.

Fig. 20: Aging and Adult Services Targeting Activities

Targeted Group	Aging and Adult Services Targets Specific Group By:
Low-income minority older	 allocating funds to programs located within communities
individuals	where there are high concentrations of low-income minority
	individuals—East Palo Alto, East Menlo Park, Fair Oaks area
	of Redwood City, the King Center in San Mateo, Daly City,
	and South San Francisco.
Older individuals with greatest	• providing financial support to day care programs to partially
economic need	underwrite fees of low income clients who are on a sliding
	scale.
	 providing subsidized home-delivered meals to low-income adults through the Meals on Wheels Program
	• providing case management and purchasing services for low income clients in the Multipurpose Senior Services Program
	 providing personal care assistance and domestic services
	through the In-Home Supportive Services Program to
	individuals who are unable to remain safely in their homes or
	who are risk of institutionalization
	• developing the Long Term Supportive Services Project,
·	which will improve service delivery through the
	consolidation of existing categorical home and community-
	based programs into a seamless continuum that integrates acute and institutional care
	• providing staff support to the Joint Housing Task Force,
	which advocates for the maintenance of existing and creation
	of new affordable/accessible housing for seniors and adults with disabilities
	• requiring applicants for funding from Aging and Adult
	Services to submit workplans that specify how their programs
	will be targeted to individuals in greatest social and economic need

Older individuals with greatest social need

- Physical and mental barriers
- Language barriers
- Cultural, social, or geographic isolation, including isolation caused by racial or ethnic status that:
 - □ Restricts the ability of an individual to perform normal daily tasks; or
 - ☐ Threatens the capacity of the individual to live independently;

- providing county funding for the Clients Rights Advocate
 Program, which providing legal services regarding disability issues
- providing financial support to transportation programs for individuals unable to use the SamTrans bus system
- providing funding for targeted case management to isolated at-risk seniors residing on the rural San Mateo Coastside
- providing funding for targeted case management to at-risk non-English-speaking seniors and adults with disabilities
- funding Supplemental Meals on Wheels Program, which provides home-delivered meals to eligible individuals over the age of 18
- providing funding for a peer counseling program serving non-English-speaking individuals who are experiencing emotional difficulties
- encouraging minority organizations to compete for Older Americans Act funding by sending notices regarding the availability of funds to a list of local minority organizations
- providing funding for disability-related advocacy through the local independent living center
- encouraging the provision of ethnic meals through its competitive bidding process for Congregate Nutrition and Meals on Wheels
- providing higher reimbursement rates in Congregate Nutrition for those programs serving higher percentages of targeted seniors
- funding an annual conference designed to educate minority seniors about elder and dependent adult abuse
- providing staff support to the Commission on Aging's Minority Elders Committee, which serves as a vehicle for receiving input from and disseminating information to the community about services and issues impacting minority seniors
- providing special accommodations (e.g., assistive listening devices, translations (e.g., American Sign Language), etc.) that assist individuals with disabilities in participating in Aging and Adult Services/Commission on Aging/ Commission on Disabilities/New Beginning Coalitionsponsored meetings and events
- providing staff support to the Joint Housing Task Force, which advocates for the maintenance of existing and creation of new affordable/accessible housing for seniors and adults with disabilities
- requiring applicants for funding from Aging and Adult Services to submit workplans that specify how their programs will be targeted to individuals in greatest social and economic need

Older Native Americans

Included in targeting to ethnic/racial minorities

Isolated, abused, neglected, and/or exploited older individuals	 convening the Multi-Disciplinary Team to promote the prosecution of elder and dependent abuse cases convening the Adult Abuse Prevention Collaborative to promote community education about Elder and Dependent Adult Abuse providing training to law enforcement and fire departments on elder and dependent adult abuse providing community education regarding elder and dependent adult abuse at community and senior programs funding an annual conference designed to educate minority seniors about elder and dependent adult abuse providing LPS and probate Conservatorship services for individuals who are at-risk for abuse by others or self-abuse/neglect
	 providing funding for the Long Term Care Ombudsman Program, which advocates on behalf of individuals in long-term care facilities providing 24-hour response capability to reports of suspected abuse/neglect (Adult Protective Services)
At-risk older persons and their	 providing financial support to day care programs to partially
caretakers	underwrite fees of clients who are on a sliding scale
	• providing Eldercare workshops for county employees
	providing ongoing training for providers of In-Home
	Supportive Services
	publishing and distributing annual updates of the Help at Home Directory
	• publishing and distributing a newsletter for recipients of In- Home Supportive Services
	publishing and distributing a Strategic Plan newsletter highlighting current concerns and new programs
	staffing a 24-hour toll-free Information and Assistance hotline
	developing the Long Term Supportive Services Project, which will improve service delivery through the
	consolidation of existing categorical home and community-
	based programs into a seamless continuum that integrates acute and institutional care
	advocating for the paratransit needs of mobility-impaired adults
	exploring the feasibility of developing a North County Adult Day Health Care site
	providing funding for a registry of independent providers to improve the ability of IHSS recipients to locate independent providers
	restructuring the In-Home Supportive Services Program to
,	provide benefits (training, health insurance, tuition reimbursement, and bus pass reimbursement) that will
	improve the ability to attract and retain independent providers
	1 The state of the

	 providing staff support to the Adult Day Health Care Planning Council, which reviews and evaluates plans for new sites and proposals for funding providing staff support to the Commission on Aging's Community-based Continuum of Care Committee, which is a planning/advocacy/information sharing body regarding long term care needs and services providing a community liaison, who consults with community-based providers regarding their at-risk clients providing community education for consumers through
	 presentations at meetings of the New Beginning Coalition, Commission on Aging, Commission on Disabilities, and their committees providing personal care assistance and domestic services
	through the In-Home Supportive Services Program to individuals who are unable to remain safely in their homes or who are risk of institutionalization
	 providing direct services (a centralized Information and Referral line—the TIES Line, Adult Protective Services, Conservatorship Program, Representative Payee, Linkages, Multipurpose Senior Services Program, AIDS Case Management/AIDS Waiver Program, In-Home Supportive Services/Public Authority) that specifically target at-risk seniors and adults with disabilities
Older individuals who are of limited	providing funding for targeted case management for non- English angeling against
English-speaking ability;	 English-speaking seniors providing access to the AT&T Language Bank so that staff
	can communicate with non-English-speaking clients
	• providing bilingual staff for the programs it operates directly
	providing translation equipment at meetings of the New Beginning Coalition, Commission on Aging, Commission on Disabilities
	• providing funding for a peer counseling program targeting non-English-speaking seniors with emotional difficulties
Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caretakers	providing funding for an Alzheimer's Day Care Resource Center, which targets individuals with Alzheimer's and related dementias.
Older individuals with caretaker responsibilities for developmentally disabled children	providing educational activities that assist parents in their role as caregivers to their children
Older individuals who provide uncompensated care to their adults children with disabilities	providing educational activities to assist parents in their role as caregivers to their children
Unemployed low income persons who are 55 years of age or older (Title V)	• providing Older Americans Act Title V funding for the Senior Community Services Program (SCSEP), which serves unemployed low-income persons 55 years of age or older and Older Americans Act Title IIIB funding for a complementary

program to assist individuals who do not qualify for SCSEP
 or are looking for full-time employment.

IDENTIFICATION OF PRIORITIES

A variety of factors underlie the establishment of priorities and the way these priorities are addressed in San Mateo County. While some high priority issues are best addressed by funding, the optimum strategy for others may involve coordination, advocacy or program development activities.

Adequate Proportion/National Priority Services

Regulations require that each Area Agency on Aging establish a minimum percentages of applicable Title IIIB funding targeted for expenditure during the four-year period for each of the following service areas:

- 1. access, which includes information and assistance, transportation, outreach, and case management;
- 2. in-home services; and
- 3. legal assistance

Aging and Adult Services continues to maintain the same percentage allocations to each of the National Priority Services. These percentages were arrived at by examining a variety of factors, including the availability of services, assessment of current needs, and available resources.

Targeting

Area Agencies are required to target services to older individuals within the planning and service area with the following characteristics:

- 1. older individuals with the greatest economic need, with particular attention to low-income, minority individuals;
- 2. older individuals with the greatest social needs, with particular attention to low-income minority individuals:
- 3. older Native Americans.

AAA's are also required to use outreach to identify individuals eligible for assistance, with special emphasis on older individuals who reside in rural areas; who have greatest economic need, with particular attention to low-income minority individuals; who have greatest social need, with particular attention to 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 its decisions regarding program funding.

Local Needs Assessment

While San Mateo County does not establish a numerical ranking of needs, priority areas were identified through the comprehensive planning process that was undertaken by the New Beginning Coalition, in conjunction with the Commission on Aging and Commission on Disabilities. Only those items identified as priorities appear in the Strategic Plan workplan. Major priorities are:

- Involving seniors and adults with disabilities in all aspects of the advocacy, planning, delivery, and evaluation of programs which serve them;
- Providing a coordinated network of services and supports that responds to local community needs;
- Maximizing the independence of seniors and adults with disabilities by promoting affordable/ accessible housing and transportation in safe environments and ensuring physical and programmatic access to community-based services and supports
- Providing information, education, training, and consultation that enable individuals and organizations to understand issues facing seniors and adults with disabilities, to be informed about resources, and to connect with services and supports;
- Ensuring that the network of services and supports for seniors and adults with disabilities reflects an understanding of and respect for this county's cultural and racial diversity and is free of ethnic, cultural, sexual orientation, and/or language barriers to utilization of services
- Promoting wellness and to improve access to a variety of prevention and intervention services
- Improving the security and well being of seniors and adults with disabilities by responding to and reducing the incidence of violence, abuse, and neglect in San Mateo County.

PART II. GOALS, OBJECTIVES, AND ACTION STEPS



The following workplan describes the activities undertaken by organizations in the senior and disabilities networks to carry out the goals and objectives identified in the Strategic Plan for Services for Older Adults and Adults with Disabilities. Strategic Plan goals and objectives were developed based on input received during a lengthy planning process involving numerous organizations in the senior and disabilities networks and members of the community-at-large-- seniors, adults with disabilities, caregivers, and other concerned individuals. "PD" or "C" identifies activities that qualify under the California Department of Aging's definition of Program Development and Coordination in the second column of the workplan.

Because of the comprehensiveness of the Strategic Plan, the resulting complexity of the Workplan, and the large number of stakeholders (both providers and consumers), the development of implementation activities will take place over an extended period of time. The Implementation Coordination Committee (ICC) meets monthly and monitors the implementation of the Plan, working closely with the New Beginning Coalition, Commission on Aging, Commission on Disabilities, and Aging and Adult Services. The community is kept abreast of implementation activities through the ICC's quarterly newsletter, which is distributed to individuals and programs serving seniors and adults with disabilities.

The Consolidated Workplan is a multi-functional document that consolidates information previously contained in different formats into one document. It continues to serve a variety of purposes--- as a consolidated planning document (which includes the Area Agency on Aging Area Plan), quarterly progress reports, and the Area Agency on Aging Year End Report. Because it is a living document it will be revised from time to time to include new activities and delete those that are no longer appropriate in order to reflect the changing needs of the community it was designed to serve.

Goal 1: CONSUMER INVOLVEMENT IN ADVOCACY, SERVICE PLANNING AND DELIVERY

To involve seniors and adults with disabilities in all aspects of the advocacy, planning, delivery, and evaluation of programs which serve them

Rationale: San Mateo County's network of aging and disabilities providers is committed to the ongoing involvement of consumers in ad vocacy, planning and delivery of services. Consumers have had an active role in the development of this plan for services for seniors and adults with disabilities and will continue to be involved in its implementation.

Action	PD & C	How	Who	Timeline	Progress
1. Provide support to volunteers that enables them to function effectively		Provide mileage reimbursement, insurance, annual recognition and other support that encourages individuals to pursue volunteer opportunities	Retired and Senior Volunteer Program (RSVP)	FY 2000-05	
		Recruit, support and refer 150 new RSVP volunteers to non-profit agencies	Retired and Senior Volunteer Program (RSVP)	FY 2000-01	
		Provide BoardNet, a training that prepares community members for becoming members of boards and assists boards in recruiting and retaining good board members	Volunteer Center	FY 2000-01	
2. Provide support to agencies that enhances their ability to recruit and maintain volunteers		Place volunteers in agencies serving seniors and adults with disabilities	Volunteer Center	FY 2000-05	
		Match adults age 55 and older with volunteer jobs	Retired and Senior Volunteer Program	FY 2000-05	
		Implement recruitment campaign for volunteers to assist the Brown Bag Program	Retired and Senior Volunteer Program	FY 2000-01	

		Sponsor volunteer exposition, bringing agencies needing volunteers face-to-face with potential volunteers at the Doelger Senior Center Schedule 5-sessions of the Volunteer Management Course Assess interest in 2 nd (higher) level of volunteer management	City of Daly City Volunteer Center Volunteer Center	FY 2000-01 FY 2000-01	
3. Provide meaningful opportunities for seniors and adults with disabilities to work as volunteers	PD	Develop a Memorandum of Understanding with schools and/or childcare centers in East Palo Alto and Pacifica for vol- unteer positions in the Foster Grandparent Program	Mills-Peninsula Senior Focus	FY 2000-01	
	PD	Develop host agency sites within senior housing facilities for volunteers in Senior Companion Program	Mills-Peninsula Senior Focus	FY 2000-01	
		Explore new and different vol- unteer activities to attract the new generation of seniors	City of San Mateo	FY 2000-01	
		Expand program efforts in tutoring and mentoring in elementary schools (low income, English-as-a-Second- Language and minority are high priorities) for volunteers in the Retired and Senior Volunteer Program	Mills-Peninsula Senior Focus	FY 2000-01	
		Seniors in Action will recruit senior volunteers to work with childcare programs in Pacifica	City of Pacifica	FY 2000-01	

	Veterans Memorial Senior	City of Redwood	FY 2000-01		- · · · · · · · · · · · · · · · · · · ·
		•	F1 2000-01		
	Center will operate a friendly	City			
	visitor program				
	In coordination with RSVP,	City of San Bruno	FY 2000-05		
	the San Bruno Senior Center				
	will operate a volunteer-based				
	shopping program in which				
	volunteers will take seniors				
	shopping (drive them and ac-			·	
	company them)				
	Senior Coastsiders Senior Cen-	Senior Coastsiders	FY 2000-05		
	ter will provide one-on-one				•
	support to seniors and adults				
	with disabilities by matching				
	them with volunteers who will				
	assist them with their personal		·		
	needs				
	Recruit volunteers who will	Senior Coastsiders	FY 2000-05		
	teach classes at the Senior	Schol Coasisiders	F 1 2000-03		
	Coastsiders Senior Center and				
	to deliver Meals on Wheels				
		C'4 CD 1 1	777.0000.00		
	Utilize over 350 volunteers to	City of Redwood	FY 2000-05		
	work with staff to support,	City			
	classes, programs, and events		•		
	at Veterans Memorial Senior				
	Center				
	Senior Mental Health will re-	Mental Health	FY 2000-05		
	cruit, train, and place volunteer	Division			
	senior peer counselors to pro-				
	vide emotional support to sen-				
	iors				

	G : M 4 1 II - 141 2 - I - F -	Mental Health	FY 2000-05	
	Senior Mental Health's La Es-	Division	F1 2000-03	1
}	peranza Vive program will re-	Division		
	cruit, train, and place volunteer			
	Spanish-speaking peer coun-			
	selors to provide emotional			
	support to Latino seniors		77.0000.05	
	Center for Independence of the	Center for Independ-	FY 2000-05	1
	Disabled (CID) will offer help	ence of the Disabled		-
	in overcoming emotional bar-			
	riers to independence by pro-			
}	viding peer counseling services			
Obj2 Encourage the parti	cipation of consumers in leadershi	p roles		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Action PD	How	Who	Timeline	Progress
1. Involve seniors and	Advocate for passage of Mi-	Commission on Dis-	FY 2000-01	
adults with disabilities	CASA, national attendant care	abilities Legislation		
in advocacy activities	legislation that allocates equal	and Advocacy Com-	-	
	funding to maintain people in	mittee		
	their homes as it would cost to			
	institutionalize them			
	Advocate from the consumer	Commission on Dis-	FY 2000-01	
	perspective on proposed men-	abilities Legislation		
	tal health legislation (AB 1800	and Advocacy Com-		
	and other)	mittee		
	Advocate for nursing home	Commission on Ag-	FY 2000-01	
	reform	ing and Commission		
		on Disabilities Legis-		
	•	lation and Advocacy		
		Committees		
	Advocate for an increase in	Commission on Dis-	FY 2000-01	
	wages for direct care providers	abilities Legislation		
	for people with developmental	and Advocacy Com-		
	disabilities	mittee		
	Advocate for the	Commission on Dis-	FY 2000-01	
	reauthorization of the National	abilities Legislation		
	Developmental Disabilities	and Advocacy Com-		
	Act	mittee		
		XX 7		

	Advocate for legislation supporting the expansion of the Multipurpose Senior Services Program Advocate for the utility needs (e.g., gas, electric, and phone) of people with disabilities	Commission on Aging Commission on Disabilities Legislation and Advocacy Com-	FY 2000-01	
2. Provide an ongoing opportunity for seniors to influence and participate in the development of public policy	Convene meetings of the Commission on Aging and its committees/task forces to discuss issues relating to the independence and well-being of seniors	mittee Aging and Adult Services	FY 2000-05	
	Appoint liaisons to key organizations addressing the needs of older adults	Commission on Aging	FY 2000-05	
	Establish liaison relationship with senior centers	Commission on Ag- ing Community- based Continuum of Care Committee	FY 2000-01	
3. Provide an ongoing opportunity for persons with disabilities to influence and participate in the development of public policy	Convene meetings of the Commission on Disabilities and its committees/task forces to discuss issues relating to the independence and well-being of persons with disabilities	Aging and Adult Services	FY 2000-05	
	Appoint liaisons to key organizations addressing the needs of people with disabilities	Commission on Disabilities	FY 2000-05	

Goal 2 SPONDING TO LOCAL COMMUNITY NEEDS

To provide a coordinated network of services and supports that responds to local community needs

Rationale: A coordinated continuum of services and supports is necessary to maximize the independence and maintain quality of life of seniors and adults with disabilities and prevent their premature or inappropriate institutionalization. It must respond to the needs of the diverse population in San Mateo County--- people who are both rural and suburban, of all income levels, speaking a wide range of languages, and reflecting a variety of cultures.

Obj.: 1 Provide service	s that	assist individuals in their role as	caregivers for adults o	r children	
Action	PD &C	How	Who	Timeline	Progress
1. Provide educational	PD	Provide a series of seminars for	San Mateo County	FY 2000-01	
forums at places of		County employees	Aging and Adult		
business for employed caregivers			Services and Employee Health and		
Carogivors			Fitness		·
2. Provide relief for		Utilize funds from the Respite	Aging and Adult	FY 2000-05	
caregivers		Purchase of Service program to contract with agency to provide respite services	Services		
		Provide assistance with care	Family Caregiver	FY 2000-5	
		planning through individual	Alliance		
		counseling, group counseling, and respite			
		Provide in-home respite (in-	Community Associa-	FY 2000-5	
		cluding 24-hour emergency services) for those who live at	tion for Rehabilita- tion		
		home with families	tion		
3. Facilitate support		Facilitate caregiver support	Coastside Adult Day	FY 2000-05	
groups for individuals		group at Coastside Adult Day	Health Center		·
caring for adults		Health Center			
		Sponsor monthly caregivers support group	Peninsula Volunteers Rosener House	FY 2000-05	
		Start caregiver support groups	Jewish Family and	FY 2000-01	
		State parabitor pubboit Broatha	Children's Services	1 1 2000-01	
		Facilitate caregiver support	Mills Peninsula	FY 2000-05	
		group	Senior Focus		

4. Provide support to		Hold weekly support group	East Palo Alto	FY 2000-01	<u> </u>	
grandparents raising		meetings for grandparents rais-	Senior Center/	r i 2000-01		
, , , , ,		ing grandchildren at the East		•		
grandchildren		Palo Alto Senior Center	Grandparents Raising			
			Grandchildren Group	EV 2000 01		
	1	Explore the feasibility of start-	Family Service	FY 2000-01		
		ing a state-funded pre-school at Fair Oaks Senior Center to	Agency			
		1				
		provide respite for grandpar-			1	
		ents raising grandchildren	T 11 G .			
		Explore feasibility of moving	Family Service	FY 2000-01		
		its Grandparents Raising	Agency			
		Grandchildren Group to the				
		Fair Oaks Senior Center				
	PD	Develop and disseminate bro-	San Mateo Kinship	FY 2000-01		
	1	chure to educate grandparents	Support Services			
		raising grandchildren about re-	Program/Aging and			
		sources that are available	Adult Services			
		Facilitate kinship support	San Mateo Kinship	FY 2000-01		
		groups in Daly City and South	Support Services			
		San Francisco that provide peer	Program		;	
		mentoring, support services,				
		parenting help, and youth serv-				
		ices for grandparents and other				
		relatives raising their relatives'				
		children as an alternative to				
		foster care				
5. Provide resource ma-		Provide a 56-hour home atten-	Alliance for Aging	FY 2000-01		
terial and training that		dant training course (thru adult	Independently			
enhances the skills of		schools in San Mateo, Daly				
formal and informal		City, and through OICW) that				
caregivers		trains people who are taking				
		English-as-a Second-Language				
		to do non-medical homecare				

	PD	Provide 6 sessions of training (Nutrition, Multi-cultural cook-	Public Authority	FY 2000-01	
		ing, transferring, stress reduc-			
		tion, emergency preparedness			
		and safety, and community re-			
		sources) for caregiver providers			
		Train qualified staff to go into	Community Associa-	FY 2000-5	
		family home and be a compan-	tion for Rehabilita-		İ
		ion to the adult and give the	tion		,
		family members respite			
		Provide workshops and confer-	Family Caregiver	FY 2000-5	
		ences related to brain impair-	Alliance		
		ment			
		Teach 10-hour course, "Elders	Alliance for Aging	FY 2000-01	
		Caring for Elders," for family	Independently		
		members and friends at Re-			
		deemer Lutheran and Messiah			
		Lutheran churches			
	PD	Produce and disseminate quar-	Public Authority	FY 2000-01	
		terly newsletter to enhance			
		communication and offer sup-			
		port to caregivers			
Obj. 2 Provide service		promote the nutritional health of	seniors and adults wit	h disabilities	
Action	PD &C	How	Who	Timeline	Progress
1. Improve knowledge		Provide nutrition counseling to	Aging and Adult	FY 2000-05	
of nutrition issues		Meals on Wheels recipients	Services Nutritionist		
		who have been identified as at-			
		risk by their responses to the			
		Nutrition Initiative Survey			,
 -		Provide four educational pro-	Aging and Adult	FY 2000-05	
		gram at each Older Americans	Services Nutritionist		
		Act-funded Congregate Nutri-			
		tion site per year			

	Include nutrition information	Aging and Adult	FY 2000-05	
			1 1 2000-05	
1	on the back of monthly menu	Services Nutritionist		
]	that is distributed to partici-			•
	pants at the Congregate Nutri-		,	
	tion sites receiving meals from		,	
	San Mateo County General			
	Hospital's central kitchen			
	Hold class for consumers on	City of Daly City	FY 2000-05	
	making ethnic cuisine healthier			
	at the Doelger Senior Center			
	Implement newly developed	Family Housing and	FY 2000-01	
	nutritional health program in	Adult Resources		
	residential programs evaluat-			
	ing the way food is purchased,			
	developing new menus (health-			
	ier, better balanced), and hav-			
	ing clients participate in menu			
	planning and in nutritional			
	classes			
2. Provide affordable	Operate Older Americans Act-	Twin Pines Senior	EV 2000 01	
well-balanced meals	funded Congregate meal sites		FY 2000-01	
for seniors and adults		Center, Lincoln Park		
with disabilities	that provide mid-day meals for	Nutrition Site, Self-		
with disabilities	seniors at sites throughout San	Help for the Elderly,	· ·	
	Mateo County	East Palo Alto Senior		
			ì	
		Millbrae Senior Cen-		
		ter, Pacifica Senior		
	·	Services, Fair Oaks		
		Senior Center, San		
		Bruno Senior Center,		
		San Carlos Senior		
		Center, City of San		
		Mateo Senior Center,	in in	
		Martin Family Serv-		
		Services, Fair Oaks Senior Center, San Bruno Senior Center, San Carlos Senior		

		hee AgencyLuther		
		King Center and Fair		
		Oaks Senior Center,		
		South San Fran-		
		cisco—El Camino		
		Senior Center and		
		Magnolia Center		
	Operate Older Americans Act-	Peninsula Volunteers,	FY 2000-01	
	funded Meals on Wheels pro-	Catholic Charities,		
}	grams, providing mid-day	City of Pacifica, and		
	meals to seniors throughout	Senior Coastsiders		
	San Mateo County			
	Collaborate with St. Andrew	Self-Help for the	FY 2000-01	
	Church in Daly City to develop	Elderly		·
	a 5-day a week lunch program			
	Operate a lunch program at San	City of San Carlos	FY 2000-05	
	Carlos Senior Center			
	Provide home-delivered meals	Peninsula Volunteers,	FY 2000-01	
	to adults with disabilities	Catholic Charities,		
	through the Supplemental	City of Pacifica, and		
	Meals on Wheels Program	Senior Coastsiders		
	Provide subsidies to the Sup-	Health Plan of	FY 2000-01	
	plemental Meals on Wheels	San Mateo		
	Program that will enhance the			
	access of adults with disabili-			
	ties under 60 years of age who			
	are Medi-Cal recipients to			
	home-delivered meals	· ·		
	Introduce a breakfast club for	Millbrae Senior	FY 2000-01	
	seniors that will meet two days	Center		
	per week at the Millbrae Senior			
	Center			

Provide alternative nutrition program at Doelger Senior Center in which senior volunteers prepare and serve nutritionally sound lunches for seniors	City of Daly City	FY 2000-05	
The Doelger Senior Center's Express Program will deliver frozen entrees once a week to homebound seniors	City of Daly City	FY 2000-05	
Operate privately-funded lunch program at Veterans Memorial Senior Center	City of Redwood City	FY 2000-05	
Operate lunch program two days per week at Burlingame Recreation Center	City of Burlingame	FY 2000-05	
Sponsor volunteer-operated "No Strings Breakfast" (no eligibility requirements) on Saturdays at the Senior Center/ Community Center and provides home-delivered meals on Saturdays	Senior Coastsiders	FY 2000-05	
Provide daily mid-day meals for seniors at Little House. Also provide evening meal for seniors on Thursday evenings at Little House	Peninsula Volunteers	FY 2000-05	
Once a month, Senior Coastsiders will schedule din- ner outing for seniors partici- pants	Senior Coastsiders	FY 2000-01	

3. Provide access to food for seniors and adults with disabilities who are low income and/or have difficulty shopping County. Arrange for delivery of food to individuals unable to come to site of the Disabled shopping assistance program, doing grocery shopping and delivery for those who are homebound Volunteers will provide transportation for grocery shopping for San Mateo residents The Caring Cupboard Food Program at the San Carlos Senior Center will provide free groceries twice a month to San Carlos seniors who are eligible					
sites throughout San Mateo County. Arrange for delivery of food to individuals unable to come to site Operate specialized countywing shopping assistance program, doing grocery shopping and delivery for those who are homebound Volunteers will provide transportation for grocery shopping for San Mateo or San Mateo The Caring Cupboard Food Program at the San Carlos Senior who are Home- bound) programs throughout SASH (Shopping Assistance for Seniors who are Home- bound) programs throughout San Mateo County match seniors with volunteers who will grocery shop for them 4. Improve and expand nutrition-related services and programs sites throughout San Mateo Center for Independ- ence of the Disabled City of San Carlos San Mateo City of San Carlos FY 2000-05 City of San Carlos PY 2000-05 City of San Carlos Burlingame, Foster City, Millbrac, Pacifica, Redwood City, San Bruno, San Mateo, South San Francisco City of San Bruno Services/Meals on Wheels Coalition Wheels Coalition	3. Provide access to food	Provide food to low income	Second Harvest	FY 2000-01	
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South San Francisco Provide volunteer assistance for frail seniors while on shopping trips 4. Improve and expand nutrition-related services and programs Ensure acceptability of menus by clients in Meals on Wheels program by developing and administering a customer satisfaction survey that addresses South San Francisco City of San Bruno FY 2000-01 FY 2000-01 Services/Meals on Wheels Coalition		1			
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administering a customer satis- faction survey that addresses	1	1 -			
faction survey that addresses	ices and programs		Wheels Coalition		
meal quality					
		meal quality			

	Investigate the need for food services for adults with disabilities and implement what is needed	Second Harvest Food Bank, Commission on Disabilities, and Center for Independence of the Disabled Second Harvest Food	FY 2000-01	
	Meet with community-based organizations to discuss their need and interest in reducing the cost of their food programs by utilizing food from the Food Bank.	Bank		
PD	Provide more ethnically appropriate foods that are geared to the participants at each Brown Bag location	Second Harvest Food Bank	FY 2000-01	·
PD	Explore the feasibility of estab- lishing a new Brown Bag site in Menlo Park	Second Harvest Food Bank	FY 2000-01	
PD	Investigate the need for establishing an additional Brown Bag site in mid-county and implement, if needed	Second Harvest Food Bank	FY 2000-01	
С	Using Congregate Nutrition Task Force Report, design tool to assess ambience at Congregate Nutrition sites	Commission on Aging Nutrition Committee	FY 2000-01	
 C	Using Congregate Nutrition Task Force Report, develop countywide outreach plan for	Commission on Ag- ing Nutrition Com- mittee	FY 2000-01	
	the Congregate Nutrition Program			
С	Continue to develop products that will support Congregate Nutrition sites (volunteer hand- books, supervisors handbook)	Commission on Aging Nutrition Committee	FY 2000-01	

				·	,
	C	Continue to research and	Commission on	FY 2000-01	
		evaluate emergency meal op-	Aging Nutrition		
		tions and procedures	Committee		
	C	Explore the feasibility of using	Commission on Ag-	FY 2000-01	
1		a universal senior card that also	ing Nutrition Com-	1	
1		serves as a meal card	mittee		
Obj. 3 Promote the pos	itive i	nteraction between individuals fo	om different generation	ns	
Action	PD & C	How	Whó	Timeline	Progress
1. Provide work and/or		Invite preschoolers from city-	City of South San	FY 2000-01	
recreational		operated childcare center to	Francisco		
opportunities for		participate in art and music ac-			
individuals of		tivities four times a year at the			
different generations		South San Francisco Adult Day			
to develop positive		Care Center			
relationships		Senior Coastsiders will sponsor	Senior Coastsiders	FY 2000-01	
		an intergenerational Calendar	Scarca Cousts/de/s	11 2000-01	·
\ ·		Contest that highlights the posi-			
		tive interaction between gen-			
		erations and market the			
		intergenerational calendars that			
}					
			Comion Constaidons	EV 2000 01	
}			Semor Coasisiders	FY 2000-01	
1					
				FY 2000-01	
1			Senior Center		
		1			
1	İ	, ,	City of Daly City	FY 2000-01	
		who will participate in food			
		service program at Doelger			
		Senior Center			
		service program at Doelger	San Bruno Senior Center City of Daly City	FY 2000-01 FY 2000-01 FY 2000-01	

Invite children from local	East Palo Alto Senior	FY 2000-01				
schools to participate in spec	cial Center	,				
events at East Palo Alto Sen						
Center						
Group of children with disal	bili- East Palo Alto Senior	FY 2000-01				
ties will volunteer once a we	eek Center					
to assist East Palo Alto Seni	ior					
Center's Congregate Meal P	Pro-					
gram						
Obj. 4 Provide a continuum of community-based supportive services that enables seniors and adults with disabilities to maximize						

Obj. 4 Provide a continuum of community-based supportive services that enables seniors and adults with disabilities to maximize their independence and/or quality of life

Action	₹ <i>PD</i> . & <i>C</i> .	How	Who	Timeline	Progress
1. Improve coordination		Schedule quarterly meetings of	Aging and Adult	FY 2000-05	
among providers in		agencies serving seniors and	Services		
the senior and disabili-		adults with disabilities			
ties networks					
	C	Explore the feasibility of con-	Senior Coastsiders/	FY 2000-01	
		solidating all senior services on	Coastside Adult Day		·
		Coastside into one location	Health Care		
	C	Develop and implement plans	Aging and Adult	FY 2000-01	
		to bring In-Home Supportive	Services		·
	ļ	Services and Conservatorship			
		program staff together with			
		staff from Mental Health and			
	i	Golden Gate Regional Center			
	1	to discuss issues of their mutual	,		
		clients			
	C	Host open houses to enhance	Public	FY 2000-01	
	" '	communication between In-	Authority		
		Home Supportive Service pro-			
·	ļ	vider, social workers, union,			
		and Public Authority staff			

	C	Schedule meetings involving Aging and Adult Services and	Aging and Adult Services/	FY 2000-01	
		Mental Health staff to improve referrals from TIES and Case Management programs to sen-	Mental Health Division		
		ior peer counseling program			
	С	Meet with hospital discharge planners to increase referrals to the Multipurpose Senior Serv- ices Program	Aging and Adult Services	FY 2000-01	
	С	The AIDS Case Management programs will meet monthly with the AIDS Program, the Mental Health Association, Health Outreach Team, Public Health Nurses and social workers from Aging and Adult Services to discuss treatment strategies and client issues	Aging and Adult Services/Mental Health Association, and the Health Out- reach Team	FY 2000-01	
		Provide regular updates to each of the programs within Aging and Adult Services on the availability of funding for the purchase of respite services	Aging and Adult Services	FY 2000-01	
2. Provide services and supports that keep atrisk young adults and seniors independent and safe		Operate a variety of case management programs -Centralized Intake (shortterm case management) -Multipurpose Senior Services Program -Linkages -AIDS/AIDS Waiver Programs	Aging and Adult Services	FY 2000-05	
		Monitor people who are on the Linkages waiting list by phone to ensure their safety	Aging and Adult Services	FY 2000-05	

	Maintain a computerized regis-	IHSS Public	FY 2000-05	
	try of In-Home Supportive	Authority	1 2000-03	
· .	Services providers	Audionty		
	Operate Lifeline, a 24-hour	Mills-Peninsula Hos-	FY 2000-05	
	telephone emergency response	pital, Catholic	1.1.2000-03	
	system that links at-risk indi-	Healthcare West, and		
	viduals with central response	Stanford University		
	center	Hospital		
	The Heart-to-Heart Line will	Assistance League of	FY 2000-05	
		San Mateo County—	1 1 2000-03	
	provide daily or frequent calls to homebound individuals			
	to nomebound individuals	Friendly Visiting Service	•	
	On anota Tala Cara Talanhana	Service Seton Medical Center	FY 2000-05	
	Operate Tele-Care Telephone Service	Seton Medical Center	F Y 2000-05	
		<u> </u>	EX 2000 01	
	Provide pro-active case man-	Senior Coastsiders	FY 2000-01	
	agement by a locally-based so- cial worker to facilitate access			
	to social work services for frail			
	and isolated individuals			
	Contract with consultant to do	A ging and A dult	FY 2000-01	
	needs assessment regarding day	Aging and Adult Services	FY 2000-01	
	care expansion and improve-	Services		
	ment and brain injured indi-			
	viduals			
	Outreach and recruit potential	Public Authority	FY 2000-05	
	In-Home Supportive Services	ruone Aumonty	F 1 2000-05	
	,			
	providers by attending community meetings and events and			
	working with senior housing			
	facilities and senior centers			
		D.4.11 - A-41 - 14	EX 2000 05	
C		Public Authority	FY 2000-05	
	(ROP, OICW, and Alliance for			
	Aging Independently) to im-			
	prove recruitment and offer ca-			
	reer ladder to providers of in-			
	home services			

PD	Explore feasibility of reestab- lishing supplementary In-Home Supportive Services for indi- viduals waiting for In-Home Supportive Services Program eligibility determination and for others who fall between the	Public Authority	FY 2000-01	
	cracks. Construct a new facility to house the Adult Day Care Center so that it can increase enrollment and can accommodate more people with dementia	Peninsula Volunteers Rosener House	FY 2000- 2002	
PD	Expand adult day health care program to include Adult Day Support and Alzheimer's unit	Coastside Adult Day Health Center	FY 2000-02	
	Through the Personal Assistance Program provide a registry of attendants and caregivers and mediation services to help maintain harmony between the individual and his/her personal assistant	Center for Independence of the Disabled	FY 2000-05	·
	Provide licensed day care programs for frail/at-risk older adults	City of South San Francisco, Peninsula Volunteers Rosener House, Catholic Charities, Poplar Re- Care	FY 2000-01	
	Provide day care services for adults with mental health issues and/or chemical dependency	Mills-Peninsula Menninger Senior Day Program	FY 2000-05	
	Operate licensed Alzheimer's Day Care Resource Center for adults with dementia	Mills-Peninsula Sen- ior Focus	FY 2000-01	

	Provide household and per-	Aging and Adult	FY 2000-05	
	sonal care assistance to SSI or	Services	11200005	
	Medi-Cal eligible elderly,	50171005		
	blind, and disabled individuals			
	through the In-Home Suppor-			
	tive Services Program			
	Operate loan closet of medical	City of Redwood	FY 2000-05	
	home equipment at Veterans	City	1 2 2000 05	
	Memorial Senior Center			
	San Carlos Senior Center's	City of	FY 2000-05	
	Loan Closet will provide walk-	San Carlos		
	ers, wheelchairs, canes and			
	crutches that can be borrowed			
	by those in need			
3. Provide assistance	Examine existing program	Parca	FY 2000-01	
that will enable per-	models and determine their			
sons with disabilities	ability to accommodate the			
to integrate into main-	premature aging of adults with			
stream programs and	developmental disabilities			
independent living		· ·		
	Provide independent living	Community Associa-	FY 2000-05	
	skills training to adults with	tion for Rehabilita-		
	developmental disabilities	tion		
	Work with retirement centers	City of South San	FY 2000-05	
	(Residential Care Facilities)	Francisco		
	and special programs serving			
}	the elderly (e.g., Poplar) to			
	bring their folks to events and	and the second second second second second		and the second of the second o
	to lunch program at the South			·
	San Francisco Senior Center			
	Occupational therapist will	Mental Health Asso-	FY 2000-05	
	provide skills assessments and	ciation		
	supports mentally ill people in			
	living independently			

The Independent Living Skills First Step program will teach basic household skills, financial management, safety, social skills, and effective communi- cation to help individuals work towards independence	Center for Independence of the Disabled	FY 2000-05	
The Independent Living Skills Program will provide evaluations and/or training by a registered Occupational Therapist to disabled/frail elderly individuals to increase or maintain independence.	Center for Independ- ence of the Disabled	FY 2000-05	
Explore the feasibility of estab- lishing a buddy system that would provide emotional sup- port and mentoring for those residents of its groups homes that do not have families	Social Vocational Services	FY 2000-01	
Work with senior service providers to include older adults with disabilities in their services	Kainos	FY 2000-05	
Work with aging service providers on integrating seniors into mainstream senior programs	Poplar ReCare	FY 2000-05	
Advocate for the integration of adults with developmental disabilities into senior programs	Commission on Dis- abilities	FY 2000-01	

<u></u>				
	Hold a workshop that will fo-	Commission on Dis-	FY 2000-01	
	cus on planning for the transi-	abilities/		
	tion from school to adulthood	California Children's		
	for children with disabilities	Services, and		
	and preparing for the future of	San Mateo County		
	dependent adults	Office of Education		
	Teach residents of a group	Social Vocational	FY 2000-01	
	home for adults with develop-	Services		
	mental disabilities and behav-			
	ioral problems the living skills			
	that will enable them to inte-	•		
	grate back into the community			
	Operate LEARN, and adult day	Community Associa-	FY 2000-05	
	care and community integration	tion for Rehabilita-		
·	program in which participants	tion		
	go out into the community for a			
	variety of activities			
	Operate Young Adult Program	Mental Health Asso-	FY 2000-01	
	(Support and Advocacy For	ciation	1 1 2000 01	
	Young Adults in Transition),	Old HOLL		
	which provides case manage-			
	ment (help finding housing and	,		
	jobs and personal counseling			
	regarding relationships) for			
	young adults with substance			
	abuse problems, learning dis-			
	abilities, and/or low IQ			
<u> </u>	Occupational therapist will	Mental Health	FY 2000-05	
	provide skills assessments and	Association	1.1 7000-03	
	support mentally ill people in	Association		
	living independently.			
L	nying independently.	L		

}		Provide supported education	College of San	FY 2000-01	
	}	classes (with weekly support	Mateo, Skyline and		
	ļ	groups and study labs) to help	Canada College		
}		mental health clients get			
		through college.			·
4. Provide assistance to		Under the authority and direc-	Aging and Adult	FY 2000-05	
individuals who are	}	tion of the Superior Court,	Services	112000 05	
unable to provide for	ļ	serve as Conservator for clients	501 11003		
their own personal		who have been determined to			
needs (health, food,		need a conservator and for			
` '					
clothing, or shelter)		whom there is no other feasible			
and/or are unable to		individual to serve in that ca-			
manage financial re-	ļ 	pacity			
sources or resist fraud					
or undue influence					
	ļ	Serve as Representative Payee	Aging and Adult	FY 2000-05	
		for individuals who are not	Services		
		conserved, but who need assis-			
		tance with their money man-			
		agement			
		Volunteers in Money Manage-	Center for Independ-	FY 2000-05	
		ment will recruit, train, and su-	ence of the Disabled		
		pervise volunteers who help			·
		individuals with basic money			
		management			
5. Ensure that the needs	 	Develop and administer needs	Aging and Adult	FY 2000-01	
of individuals who re-		assessment survey to skilled	Services/	1 1 2000-01	
side in skilled nursing		nursing facility administrators	Ombudsman		
facilities, residential		regarding the needs of their	Omoudsman		·
care facilities, and are		residents			
7		residents			
participants in adult					
day health care pro-					
grams are met					
	PD	Develop alternative placement	Aging and Adult	FY 2000-01	
		resources for Aging and Adult	Services	}	
		Service's conserved clients		;	
			' 	'	

The Senior Advocates program	Legal Aid	FY 2000-01	
	_	1 1 2000 01	
	Boolety		
	La Paga Contro Lagal	EV 2000 01	
, ,	La Raza Centro Legar	1 1 2000-01	
	T -1 Ald Contato	EV 2000 01	
1	Legal And Society	F Y 2000-01	
		TIT 0000 05	
	· · · · · · · · · · · · · · · · · · ·	FY 2000-05	
,	, –		
·			
	*	FY 2000-01	
1 2 2	Little House		
month at Little House			
The Client Assistance Program		FY 2000-05	
will work with disabled clients,	ence of the Disabled		
applicants, or former clients of			
the Dept. of Rehabilitation or			
other agencies funded under the			
Federal Rehabilitation Act to			
investigate complaints, negoti-			
ate settlements, represents con-			
sumers at administrative hear-			
ings and appeals, and inform			
consumers of their rights under			
the law			
Explore employment opportu-	San Mateo	FY 2000-01	
nities for seniors, especially the	Senior Center		
new generation of seniors who			
have marketable skills			
Advocate for supportive em-	Commission on	FY 2000-01	
ployment	Disabilities		
	will work with disabled clients, applicants, or former clients of the Dept. of Rehabilitation or other agencies funded under the Federal Rehabilitation Act to investigate complaints, negotiate settlements, represents consumers at administrative hearings and appeals, and inform consumers of their rights under the law Explore employment opportunities for seniors, especially the new generation of seniors who have marketable skills Advocate for supportive em-	will provide free legal counsel and assistance to seniors Provide bilingual legal services for Spanish-speaking persons Clients Rights program will provide legal representation, assistance and advocacy to persons with disabilities Provide legal consultation to individuals/families of individuals with brain impairment Offer estate planning services by an attorney two times per month at Little House The Client Assistance Program will work with disabled clients, applicants, or former clients of the Dept. of Rehabilitation or other agencies funded under the Federal Rehabilitation Act to investigate complaints, negotiate settlements, represents consumers at administrative hearings and appeals, and inform consumers of their rights under the law Explore employment opportunities for seniors, especially the new generation of seniors who have marketable skills Advocate for supportive em-	will provide free legal counsel and assistance to seniors Provide bilingual legal services for Spanish-speaking persons Clients Rights program will provide legal representation, assistance and advocacy to persons with disabilities Provide legal consultation to individuals/families of individuals with brain impairment Offer estate planning services by an attorney two times per month at Little House The Client Assistance Program will work with disabled clients, applicants, or former clients of the Dept. of Rehabilitation or other agencies funded under the Federal Rehabilitation Act to investigate complaints, negotiate settlements, represents consumers at administrative hearings and appeals, and inform consumers of their rights under the law Explore employment opportunities for seniors, especially the new generation of seniors who have marketable skills Advocate for supportive em- La Raza Centro Legal FY 2000-01 FY 2000-01 FY 2000-05 FY 2000-01 FY 2000-01

					
		Provide supportive employ-	Community Associa-	FY 2000-05	
}		ment for adults with develop-	tion for Rehabilita-	}	
		mental disabilities and physical	tion	{	
}		disabilities by helping people			
·		identify, get, and retain jobs in		1	
†		mainstream workforce			
	PD	Provide training to employment	Family Service	FY 2000-01	
		and training providers on how	Agency		
		to work with people with spe-		{	
1		cial needs (older workers and		ľ	
		workers with disabilities)	·		
		Implement newly developed	Poplar ReCare	FY 2000-01	
		classroom curricula for career			
†		development for their voca-			
		tional program			
		Explore the feasibility of de-	Poplar ReCare	FY 2000-01	
		veloping businesses (e.g.,	1		
1		greeting cards, bags) in which		}	
		clients-made products would be			
		sold			
		Operate Employment Support	Family Housing and	FY 2000-05	
]		Services Program, a pre-	Adult Resources		
		vocational training program			
		that integrates clients as volun-			
		teers into community-based			
		human service programs com-			
		munity programs.			
		Out-station staff of their senior	Family Service	FY 2000-01	
		employment programs at the	Agency	2 2 2000 01	
		three One-Stop Centers to en-			
{		sure that older workers are			
Ċ		served			
	L		L		

	Provide subsidized employ- ment opportunities for income	Family Service Agency	FY 2000-01	,
	eligible older adults 55 years of	Agency		
	age and older through the Older			
	Americans Act Title V Senior			
	Community Services Employ-			
	ment Program, which recruits,			
	trains, and places individuals in			,
	positions at private non-profit			
	organizations			
	Provide employment assistance	Family Service	FY 2000-01	
	to older adults who do not qual-	Agency		·
	ify for or are not interested in			
	subsidized employment	ŀ		· ·
	through the Older Americans			
	Act Title III-funded employment program			
	Contract with the Dept. of Re-	Poplar ReCare	FY 2000-01	
	habilitation of San Mateo	i opiai itoeaie	1 1 2000 01	
	County to provide vocational			
	services to adults with mental			
	health disabilities			
	Conduct computer classes thru	Poplar ReCare	FY 2000-01	
	adult school at Poplar ReCare			
	worksite for adults with dis-			•
·	abilities			
	Perform job placement for	Poplar ReCare	FY 2000-05	·
	small groups of people with			$(x_{ij}, x_{ij}, x_{$
	disabilities through 16 small	•		
	group contracts with various			
	businesses Advocate for local Workforce	Family Service	FY 2000-01	
	Investment Board to set aside a	Agency/Commission	FY 2000-01	
	percentage of funding for older	on Aging		
	workers	On Asing		

for consumers in its employment support program. Provide vocational rehabilitation services that enable countymental health clients to return to work. Work with clients to help them find employment by providing intensive case management – assistance in job development, placement, and retention. Conduct a 5-year research/demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services FY 2000-01					
ment support program. Provide vocational rehabilitation services that enable county mental health clients to return to work. Work with clients to help them find employment by providing intensive case management — assistance in job development, placement, and retention. Conduct a 5-year research/ demonstration grant that provides assistance to Social Secunity recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services FY 2000-05 FY 2000-05 Rehabilitation FY 2000-05 FY 2000-05 Rehabilitation FY 2000-05		Develop a computer program	Family Housing and	FY 2000-01	
Provide vocational rehabilitation services that enable county mental health clients to return to work. Work with clients to help them find employment by providing intensive case management — assistance in job development, placement, and retention. Conduct a 5-year research/ demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Pry 2000-05 Rehabilitation Fy 2000-05 Rehabilitation		for consumers in its employ-	Adult Resources		
tion services that enable county mental health clients to return to work. Work with clients to help them find employment by providing intensive case management — assistance in job development, placement, and retention. Conduct a 5-year research/ demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Rehabilitation Vocational FY 2000-05 Rehabilitation FY 2000-05 Rehabilitation		ment support program.			
mental health clients to return to work. Work with clients to help them find employment by providing intensive case management — assistance in job development, placement, and retention. Conduct a 5-year research/demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services FY 2000-01		Provide vocational rehabilita-	Vocational	FY 2000-05	
to work. Work with clients to help them find employment by providing intensive case management — assistance in job development, placement, and retention. Conduct a 5-year research/demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services		tion services that enable county	Rehabilitation		
help them find employment by providing intensive case management — assistance in job development, placement, and retention. Conduct a 5-year research/ demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services		mental health clients to return			
providing intensive case management — assistance in job development, placement, and retention. Conduct a 5-year research/ demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services FY 2000-01	İ	to work. Work with clients to			
agement – assistance in job development, placement, and retention. Conduct a 5-year research/ demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services FY 2000-01		help them find employment by			
velopment, placement, and retention. Conduct a 5-year research/ demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Vocational FY 2000-05 Rehabilitation FY 2000-05 Rehabilitation FY 2000-05 Rehabilitation		providing intensive case man-			
retention. Conduct a 5-year research/ demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Vocational FY 2000-05 Rehabilitation FY 2000-05 Rehabilitation FY 2000-05 Rehabilitation FY 2000-05 Rehabilitation FY 2000-05 Rehabilitation FY 2000-05 Rehabilitation		agement – assistance in job de-			
Conduct a 5-year research/ demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Vocational FY 2000-05 Rehabilitation FY 2000-05 Human Services FY 2000-01		velopment, placement, and			
demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Rehabilitation Rehabilitation Rehabilitation FY 2000-01		retention.			
demonstration grant that provides assistance to Social Security recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Rehabilitation Rehabilitation Rehabilitation FY 2000-01		Conduct a 5-year research/	Vocational	FY 2000-05	
rity recipients who are on disability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services FY 2000-01	}	demonstration grant that pro-	Rehabilitation		
ability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services Human Services Human Services Human Services Human Services Human Services Human Services		vides assistance to Social Secu-			
ability with mental health diagnosis and who want to return to work. Human Services Agency will Human Services Human Services Human Services Human Services Human Services Human Services Human Services		rity recipients who are on dis-			
turn to work. Human Services Agency will Human Services FY 2000-01	ļ.				
Human Services Agency will Human Services FY 2000-01		diagnosis and who want to re-			
		turn to work.			
explore the feasibility of join.		Human Services Agency will	Human Services	FY 2000-01	
captore the reasonity of join-		explore the feasibility of join-	Agency		
ing with neighboring counties	ļ	ing with neighboring counties			
in applying for a grant to fund	1	in applying for a grant to fund			
benefit planners who will help	j	benefit planners who will help			
people with disabilities return		people with disabilities return			
to work		to work			
Educate employers regarding Commission on Dis- FY 2000-01		Educate employers regarding	Commission on Dis-	FY 2000-01	·—
the employment of people with abilities		the employment of people with	abilities		
disabilities					

Goal 3: PROMOTING ACCESSIBILITY AND INDEPENDENT LIVING

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To maximize the independence of seniors and adults with disabilities by promoting affordable/accessible housing and transportation in safe environments and ensuring physical and programmatic access to community-based services and supports

Rationale: The ability to live independently is influenced by a variety of factors. Without a home, it is nearly impossible for most people to feel safe and secure. Even within the safety of our homes we are subject to both man-made and natural disasters that threaten our in dependence. If the home is the hub of the wheel, transportation is the spoke that enables us to get to the wide array of community re sources that are an integral part of our lives. Physical and programmatic barriers can prevent us from even the most vital community resources.

The high cost of housing in San Mateo County has created a demand for affordable/accessible housing that far exceeds the supply. Even those who are safely ensconced in their homes are vulnerable to earthquakes, floods, and other disasters that we experience in the Bay Area. Limitations in the county's current transportation system inhibit or prevent seniors and adults with disabilities who live independently in the community from accessing a wide variety of resources. Because a significant portion of the adult population has from disabilities, it is important that accommodations be made that allow them to utilize services and supports that promote their independence in the community. Weaknesses or inadequacies in any of these areas can result in the unnecessary institutionalization of seniors and adults with disabilities. These issues were all major concerns expressed in the series of community forums held during the planning process.

Improve the ability of seniors and adults with disabilities to obtain affordable/accessible housing for seniors and adult with dis-

abilities					
Action	PD &C	How	Who -	Timeline	Progress
Advocate for the development of new housing and/or the maintenance and/or renovation of existing housing	PD	Develop and adopt universal design recommendations for accessibility	Commission on Aging/Commission on Disabilities Joint Housing Task Force	FY 2000-01	
	PD	Develop and implement plan for the dissemination universal design recommendations for accessibility	Commission on Aging/Commission on Disabilities Joint Housing Task Force	FY 2000-01	
		Advocate for the development of affordable units that meet accessibility and needs of seniors and people with disabilities	Commission on Ag- ing/Commission on Disabilities Joint Housing Task Force	FY 2000-01	

Advocate for the development of a special housing fund for the elderly supported by escheated funds (from estates without heirs) Participate on Housing Leadership Council Through the Senior Advocates Program, provide legal representation of tenants in the sale/purchase of senior housing Advocate for the development on Aging Legislative Advocacy Committee FY 2000-01 FY 2000-01 FY 2000-01 FY 2000-01	
the elderly supported by escheated funds (from estates without heirs) Participate on Housing Leader-ship Council Through the Senior Advocates Program, provide legal representation of tenants in the sale/purchase of senior housing Advocacy Committee Legal Aid Society FY 2000-01 FY 2000-01	
cheated funds (from estates without heirs) Participate on Housing Leader- ship Council Through the Senior Advocates Program, provide legal representation of tenants in the sale/purchase of senior housing	
without heirs) Participate on Housing Leader-ship Council Through the Senior Advocates Program, provide legal representation of tenants in the sale/purchase of senior housing	
without heirs) Participate on Housing Leader-ship Council Through the Senior Advocates Program, provide legal representation of tenants in the sale/purchase of senior housing	
ship Council Through the Senior Advocates Program, provide legal representation of tenants in the sale/purchase of senior housing	
ship Council Through the Senior Advocates Program, provide legal representation of tenants in the sale/purchase of senior housing	,
Program, provide legal representation of tenants in the sale/purchase of senior housing	
sentation of tenants in the sale/purchase of senior housing	
sale/purchase of senior housing	
complex by the City of Pacifica	
Develop housing policy as it City of Redwood FY 2000-01	
relates to efficiency units and City	
provide a density bonus com-	
ponent that would allow city to	
negotiate with private develop-	
ers for set- asides.	
Advocate that a percentage of Commission on FY 2000-01	
units in new housing projects Disabilities	
be set aside for people with	
disabilities	
Advocate that new afford- Commission on FY 2000-01	
able/accessible housing be built Disabilities/	
along major transit corridors Commission on	
Aging	
Advocate for the development Commission on FY 2000-01	
of affordable/ accessible hous- Disabilities	
ing for people with mental	
health disabilities (supportive	
housing)	
Explore the housing issue for Parca FY 2000-01	
seniors with developmental	
disabilities and advocate for	
what is needed	
Advocate for visitability of new Kainos FY 2000-01	
residential construction	

		Advocate for giving non-profits and opportunity to be the first bidders on Section 8 property converting to market rate Advocate for the use of "Tobacco Funds" for affordable/accessible housing	Commission on Aging/Commission on Disabilities Joint Housing Task Force Commission on Aging Commission on Disabilities Joint Housing Task Force	FY 2000-01	
2. Promote the dissemination of information about affordable/ accessible housing	PD	Promote the listing of accessible apartments on the national Accessible Apartment Clearinghouse website	Commission on Ag- ing/Commission on Disabilities Joint Housing Task Force	FY 2000-01	
	С	Coordinate with Housing Leadership Council regarding the Accessible Apartment Clearinghouse website and universal design standards	Commission on Aging/Commission on Disabilities Joint Housing Task Force	FY 2000-01	
		Implement outreach program targeting seniors who are living in their own homes to educate them about benefit of sharing	(Human Investment Project) HIP Hous- ing/Center for Inde- pendence of the Dis- abled	FY 2000-01	
3. Provide/promote affordable/ accessible housing for seniors and adults with disabilities		Explore feasibility of develop- ing supportive housing for peo- ple with disabilities	Kainos	FY 2000-05	
		Develop plans for 30-room facility (permanent housing) for mentally ill adults	Mental Health Association	FY 2000-01	
		After completion of fundraising for facility for mentally ill adults, begin rehabilitation of building	Mental Health Association	FY 2001- 2003	

	Start Rollison Road Project, a	City of Redwood	FY 2000-01	
	36-unit occupant-owned facil-	City/		
	ity, which will have 2 units that	Habitat for Humanity		
	will be designed for wheelchair			
	use and one unit that will be	}		
	adaptable for a person(s) with			
	hearing and/or vision impair-			
	ment.	,		
	If offer on property is accepted,	City of Redwood	FY 2000-01	
	begin plans for an affordable	City		
ĺ	housing facility of 30-units of			
	mixed unit sizes (no specific			
	age group)			·
	Develop two new independent	Family Housing and	FY 2000-01	
·	group residences (IGR's),	Adult Resources		
	which will be shared housing			
	arrangement for adults who can			
	live semi-independent with fol-			
	low-up support services.			
	Explore the feasibility of de-	City of Redwood	FY 2000-01	
	veloping a rental deposit pro-	City		
	gram			
	Operate affordable independent	Leslie Foundation,	FY 2000-05	
	housing programs for seniors	Mid-Peninsula Hous-		
		ing Coalition, Penin-		
		sula Volunteers, Hu-		
		man Investment		
		Project, Mercy Chari-		
		ties, Housing Author-		
		ity, Peninsula Habitat		
		for Humanity,		
L	<u> </u>			<u> </u>

C	Work on the development of	Commission on Ag-	FY 2000-01	
	affordable supportive housing	ing/Commission on		•
		Disabilities Joint		
		Housing Task		
		Force/Mental		
		Health/Mental Health		
		Association/Aging		
		and Adult Serv-		
		ices/Drug and Alco-		
		hol/Mid-Peninsula		
		Housing Coalition,		
		Corporation for Sup-		
		portive Housing		
	Investigate the possibility of	Kainos	FY 2000-01	
	opening a board and care for			
	seniors with developmental dis-			
	abilities			
	Operate Shared Housing Proj-	Human Investment	FY 2000-05	
	ect, screening and matching	Project		
	individuals who have housing			
	to share with those looking for			
	housing			
	Provide counseling and presen-	Human Investment	FY 2000-05	
	tations on home equity conver-	Project		
	sion to seniors			
	Operate 4 group homes for de-	Social Vocational	FY 2000-05	
	velopmentally disabled adults	Services		
	with behavioral problems			
	Operate group home in Menlo	Community Associa-	FY 2000-05	
	Park for 6 adults with devel-	tion for Rehabilita-		
	opmental disabilities who need	tion		
	24-hour staff support			

				
4. Improve the safety and maintenance of exiting housing for	Administer housing benefit programs (Section 8 and public housing)	Housing Authority	FY 2000-05	
seniors and adults with disabilities				
	Operate housing rehabilitation	Cities of Daly City,	FY 2000-05	
	programs	Menlo Park, Red-		
		wood City, San Mateo		
	Operate single family rehabilitation loan program	County of San Mateo	FY 2000-05	
	Operate senior minor home repair program	City of Daly City	check on this???	
	Operate ongoing home rehabilitation program for Coastside homes	Senior Coastsiders	FY 2000-05	
	Operate home repair program through the Veterans Memorial Senior Center	City of Redwood City	FY 2000-05	
	Operate emergency grant program that loans up to \$5000 for income eligible homeowners	City of Redwood City	FY 2000-05	
·	Operate countywide minor home repair program for low income homeowners who reside in the house	North Peninsula Neighborhood Serv- ices Center	FY 2000-05	
	Operate home modification program that installs ramps, grab bars, handrails, etc.	Center for Independence of the Disabled	FY 2000-05	·
	Perform home and non-profit facility renovation	Christmas in April	FY 2000-05	
	Provide low-interest loans to low and moderate income property owners to rehabilitate	San Mateo Co. Hu- man Services Agency Housing and Com-	FY 2000-05	
	their property	munity Development		

Provide low-interest loans to low and moderate income property owners in their respective cities to rehabilitate their property	Cities of Daly City, San Mateo and Red- wood City	FY 2000-05	
Provide weatherization and home repair services	Community Action Agency	FY 2000-05	
Provide minor home repair and neighborhood beautification	Peninsula Commu- nity Services	FY 2000-05	
Provide home renovation and repair for low-income elderly or homeowners with disabilities (serves all locations except Coastside)	Christmas in April	FY 2000-05	

Obj. .2 Provide an accessible transportation system that is client-centered, sensitive to disability and culture, reliable, safe, recognizes access to services as crucial, recognizes transportation as an integral component of the service delivery system, and includes new and innovative transportation services for seniors and adults with disabilities

Action	PD &C	How	Who	Timeline Progress
1. Provide/promote		Operate publicly-funded trans-	SamTrans	FY 2000-05
transportation services		portation and paratransit serv-		
for seniors and adults		ices	!	
with disabilities	:			
		Purchase and operate two new	Family Housing and	FY 2000-05
		vehicles to transport residents	Adult Resources	,
		in their residential homes		
		Explore the feasibility of pro-	Family Housing and	FY 2000-01
		viding own in-house transpor-	Adult Resources	
		tation for residential consumers		
		participating in day programs		
		Provide transportation (shuttle)	Coastside Opportu-	FY 2000-05
		and paratransit services for	nity Center	
		Coastside residents	•	

	Ta			
	Provide senior center-based	Aging and Adult	FY 2000-01	
	transportation	Services (for East		
}		Palo Alto), Senior		
		Coastsiders, and the		
		Cities of Belmont,		
		Menlo Park, Pacifica,		
		San Bruno, San		
		Mateo and South San		
		Francisco		
	Provide transportation services	Coastside Adult Day	FY 2000-01	
	for participants in its day	Health Care Center,		
	care/day health care program	Mills-Peninsula Sen-		
		ior Focus, Peninsula		
		Volunteers, City of		
		South San Francisco		
	Provide transportation for trips	City of South San	FY 2000-01	
	and outings 6 times a year us-	Francisco		
	ing their van	(South San Francisco		
	}	Senior Center)		
	Provide medical transportation	City of Pacifica	FY 2000-01	
	every other week to Kaiser and	(Pacifica Senior Cen-		
	Seton	ter)		
	Provide shopping trips for par-	City of South San	FY 2000-01	
	ticipants of senior center	Francisco, Senior		
		Coastsiders, City of		
	1	San Mateo		
	Volunteers will provide trans-	Friends in Service to	FY 2000-05	
	portation to individuals resid-	Humanity (FISH)		
	ing in Millbrae, Burlingame,			
	San Mateo, Foster City, San			
	Carlos, Hillsborough, Belmont,			
	Redwood City			
	Provide transportation to and	American Cancer	FY 2000-05	
	from treatment centers for am-	Society		
	bulatory cancer patients	,		
		<u> </u>	L	

Improve access to transportation and	PD	Provide curb-to-curb transportation for medical appointments/trips to the pharmacy for clients who are unable to utilize other transportation resources Provide senior group trips by special arrangement Expand Consumer Corps	Health Plan of San Mateo City of San Mateo Paratransit Coordinating Council	FY 2000-05 FY 2000-05 FY 2000-01	•	
paratransit services	C	Educate consumers on how to	Paratransit	FY 2000-01		
		use the transportation system Eliminate paratransit denials by purchasing new vehicles and expanding the reservation schedule time	Coordinating Council SamTrans	FY 2000-01	·	
,	С	Work with SamTrans to develop its 10-year strategic plan -Look at all kinds of transportation resources—buses, trains, shuttles, etc.—and facilities needing transportation -Develop workplan -Take workplan to stakeholders	Aging and Adult Services	FY 2001- 2002 FY 2000-01 Sept. 2000 Fall 2000-	•	
		for input and approval Continue to meet with Sam- Trans to establish a Memoran- dum of Understanding regard- ing the rate for subscription trips	Association of Day Care Providers	August 2001 FY 2000-01		
		Clients Rights Program will assist people who are denied paratransit services through the appeal process	Legal Aid Society	FY 2000-01		

		SamTrans advisor will be available at senior center to answer questions about the bus system, RediWheels and Cal-	City of San Carlos (San Carlos Senior Center)	Fall 2000-01	
		Train			
	PD	Expand transportation to include more people from Pescadero and southcoast area	Coastside Adult Day Health Center	FY 2000-01	
	PD	Explore the feasibility of using Senior Companions as paratransit escorts	Mills-Peninsula Senior Focus	FY 2000-01	
		New van will increase the number of people in wheel chairs served by the Pacifica Senior Center's transportation program	City of Pacifica	FY 2000-05	
	Ċ	Coordinate with Paratransit Coordinating Council by scheduling presentations at their general meetings	Commission on Aging and Commission on Disabilities	FY 2000-01	,
3. Provide input regard- ing the transportation/ paratransit needs of seniors and adults with disabilities		Advocate for the availability of accessible transportation in all areas of the county	COD Legislative Advocacy Committee	FY 2000-01	
		Advocate for the availability of regional transportation (intercounty paratransit service)	Commission on Dis- abilities	FY 2000-01	
	С	Review and make recommendations to the Commission on Aging regarding reports from the Paratransit Coordinating Council, guidelines and other transportation-related issues	Commission on Ag- ing Community- based Continuum of Care Committee	FY 2000-01	

- 1822 본 1921년 12월22 - J. 특원 12월22 특조 급통(1.17)	cal acce	ss to community services and su	pports that enable indi	viduals to live a	nd work independently in the
community	PD				
Action	&C	How	Who	Timeline	Progress
1. Provide guidance that	C	Develop county policies and	Commission on Dis-	FY 2000-01	98.3
will enable organiza-		procedures relating to the	abilities ADA Sub-		·
tions to become more		(ADA) Americans with Dis-	committee/Aging and		
accessible		abilities Act	Adult Services		
	C	Develop Americans with Dis-	Commission on Dis-	FY 2000-01	
	ļ.	abilities Act (ADA) Resource	abilities ADA		
		Guide for county departments	Subcommittee/Aging		
			and Adult Services		
	C	Review county facilities for	Commission on Dis-	FY 2000-01	
		physical accessibility polling	abilities ADA Com-		
		places, county parks and build-	pliance Commit-		
		ings	tee/Aging and Adult		
			Services		
	C	Work with American Red	Commission on Dis-	FY 2000-01	
		Cross to review the accessibil-	abilities ADA Com-		
		ity of emergency shelters	pliance Committee		
		Provide ADA (Americans With	Center for Independ-	FY 2000-05	
	ļ	Disabilities Act) consultation	ence of the Disabled		
		and training regarding building			
		access assessments, public ac-		*	
		commodations, employment,			
		state and local government Develop consultation arrange-	D1 D-C	TIV 2000 05	
	ļ	ments with business commu-	Poplar ReCare	FY 2000-05	
			·		
		nity—offering consultation on how to work effectively with			
		persons who are in wheelchairs			
2. Provide information		Staff respond to inquiries re-	Aging and Adult	FY 2000-05	
and advocacy about		garding accessibility and the	Services/Commission	F1 2000-03	
accessibility and rea-		Americans with Disabilities	on Disabilities		
sonable accommoda-		Act and are available for pres-	OII DISABIIIIICS		
tions		entations			
	1		l	L	

	Serve as a resource regarding the Americans with Disabilities Act	Legal Aid Society	FY 2000-01	
	Provide consultation to individuals and groups regarding Americans with Disabilities Act	Center for Independence of the Disabled	FY 2000-05	
3. Provide reasonable accommodations and/or training that will improve accessibility to programs and services	Produce and disseminate special large print copies of the Strategic Plan Newsletters to individuals with visual impairment	Implementation Coordination Committee/ Aging and Adult Services	FY 2000-05	
	Hold speech reading class for people with hearing impairment	Senior Coastsiders	FY 2000-01	
	Hold all public meetings at accessible locations, with auxiliary aids (assistive listening device) and services available, upon request	Aging and Adult Services/ Commission on Aging/ Commission on Disabilities	FY 2000-05	
4. Make modifications to public facilities to enhance accessibility by those with disabilities	Install electric doors leading to bathrooms and lower front desk to wheel chair height	City of San Bruno	FY 2000-01	
	Decrease the size of doors to make them easier to open	City of Pacifica	FY 2000-01	
5. Promote technology as a means of enhancing accessibility	Work with legislature on proposal that would fund programs to provide counseling and training regarding assistive technology	Center for Independence of the Disabled	FY 2000-01	

C Facilitate meetings of city Americans with Disabilities Act (ADA) coordinators and building inspectors Commission on Dis-FY 2000-01 Abilities ADA Compliance Committee	
Act (ADA) coordinators and Compliance Commit-building inspectors tee	
building inspectors tee	
Identify accessible meeting Commission on Dis- FY 2000-01	
places and hotels for commu- abilities ADA Com-	
nity meetings and events pliance Committee	
Obj. 4 Improve the safety of seniors and adults with disabilities	
Action PD How Who Timeline Progres	S
1. Improve safety in the Provide emergency response Aging and Adult FY 2000-05	
home systems, as needed, for clients Services	
enrolled in the Multipurpose	
Senior Services Program	
Pilot home safety program to Emergency Medical FY 2000-01	
reduce incidents of falls and Services/Community-	
other accidents in the home, Oriented Health Serv-	
which would include a self- ices Program	·
assessment home safety survey	
and the option of a home as-	
sessment by paramedics	
Provide low-cost modifications Center for Independ- FY 2000-05	
(handrails, grab bars, wheel- ence of the Disabled	
1 (
chair ramps) to seniors and	
adults with disabilities	
Provide home safety evalua- City of Redwood City FY 2000-01	
tions through the Veterans (Veterans Memorial	
Memorial Senior Center Senior Center)	<u> </u>
Plan and implement a lecture East Palo Alto Senior FY 2000-01	· ·
on safety for senior center par-	
ticipants	
2. Improve the safety of Offer AARP's 55 and Alive Senior Centers FY 2000-05	
seniors who drive program at a variety of loca- throughout San	
tions Mateo County	

NO P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PD	agencies and individuals to respo		1100	D
Action	& C	How	Who	Timeline	Progress
1. Improve the preparedness of seniors and adults with disabilities and the organizations serving them	C	Coordinate with other key agencies regarding emergency-related projects	Aging and Adult Services/Health Services/Office of Emergency Services/ and Collaborating Agencies Responding to Disasters	FY 2000-01	
	С	Provide training for community-based organizations on use of volunteers in emergencies	Bay Area Coalition and Collaborating Agencies Responding to Disasters	Fall 2000-01	
	С	Train agencies and seniors and adults with disabilities on resources related to emergency preparedness	Bay Area Coalition and Collaborating Agencies Responding to Disasters	FY 2000-01	
	C	Promote the development of Memoranda or Understanding between community-based organizations and the County Office of Emergency Services and other associated organizations to ensure access to disaster resources	Bay Area Coalition and Collaborating Agencies Responding to Disasters	FY 2000-01	
	C	Assist providers in establishing Memoranda of Understanding with other community-based organizations related to disaster response and how they can ensure that people receive needed services	Bay Area Coalition and Collaborating Agencies Responding to Disasters	FY 2000-01	

	Advocate for state funding for	Commission on Ag-	FY 2000-01	
	1		1 1 2000-01	
	Area Agencies on Aging to do	ing and Commission		
	disaster preparedness planning	on Disabilities Legis-		
		lation and Advocacy		
		Committees		
	Advocate for voluntary regis-	Commission on	FY 2000-01	
	tration of people with disabili-	Disabilities		·
	ties with emergency response			
	agencies			
C	Coordinate with Brown Bag	Aging and Adult	FY 2000-01	
	Program regarding the provi-	Services		
	sion of emergency food kits			
PD	Establish a menu of hot/cold	City of Pacifica	FY 2000-01	
	food items to prepare for Meals			
	on Wheels clients, families,			
	staff, volunteers, and the fami-			
	lies of staff and volunteers in			
	an emergency and purchase			
	emergency food to back it up			

Goal 4: SNNECTING PEOPLE, RESOURCES, AND INFORMATION

To provide information, education, training, and consultation that enable individuals and organizations to understand issues facing seniors and adults with disabilities, to be informed about resources, and to connect with services and supports

Rationale: The existence of a network of services and supports is meaningless unless consumers and the organizations that they are working with are knowledgeable about them. In spite of the ongoing community and professional education that has taken place in San Mateo County, both consumers and providers who participated in the planning process indicated lack of knowledge about issues and services.

Obj. 1 Promote the provision	n of Information and Assistance	y trained individuals y	vithin the senior	and disabilities networks
Action PD &C	→ I will be a first the second of the first term of the second of the first term of the second o	Who	Timeline	Progress
1. Assist seniors and/or	Trained professional social	Aging and Adult	FY 2000-05	
adults with disabilities	workers and deputy public	Services		
in accessing informa-	guardians will respond to calls			
tion	on the TIES Line, a 24-hour			
	information and assistance line			
	Provide part-time or full-time	City of San Mateo	FY 2000-05	
	Information and Assistance at	(San Mateo Senior		
	senior centers	Center), City of San		
		Bruno (San Bruno		
		Senior Center), City		
·		of Redwood City		
		(Veterans Memorial		
		Senior Center), City		
		of Menlo Park		
		(Menlo Park Senior		
		Center), City of San	ļ	
		Carlos (San Carlos		
		Senior Center, City of		
		Belmont (Twin Pines		
		Senior Center),		
	Serve as a clearinghouse on	Family Caregiver	FY 2000-5	
	brain impairments and care-	Alliance		
	giver assistance			

				
	Provide Information and Assis-	Center for Independ-	FY 2000-05	
	tance regarding disability and	ence of the Disabled		
	non-disability-related issues			
	Provide information, guidance,	California Registry	FY 2000-05	
	and referrals regarding retire-			
1	ment homes, residential care			
	homes, and skilled nursing			
	facilities			
	Use grant funds to develop a	Poplar ReCare	FY 2000-05	
	resource center for families,			
	clients, or persons with			
	disabilities			
	Senior Resource Coordinator	Seton Medical Center	FY 2000-05	
	will link Seton patients with			
	community resources and will		•	
	provide follow-up with patients			
	who are in the community			
C	Coordinate regarding publicity	Mills-Peninsula Sen-	FY 2000-01	
	about services and trainings	ior Focus and Com-		
	offered by the Alzheimer's Day	mission on Aging		
	Care Resource Center	Continuum of Care		
		Committee		
	Full-time staff person will pro-	Parca	FY 2000-05	
	vide information and advocacy			
	1			1

Obj. .2 Develop and implement community education activities that provide information about issues of concern to seniors and adults with disabilities in understandable formats

Action	PD &C	How	Who	Timeline	Progress
1. Provide visual		Provide annual update for	Commission	FY 2000-05	
information in the		"Help at Home," a resource	on Aging		
form of flyers,	Ì	directory for seniors			
brochures,					
newsletters, etc.		Advocate for a directory that highlights resources for people with disabilities	Commission on Disabilities	FY 2000-01	

	Develop new materials, bro-	Commission on	FY 2000-01	
	chures, etc. that enhance the	Disabilities		
	visibility of and knowledge			
	about the Commission on Dis-			
	abilities			
	Produce Directory of Human	Community Informa-	FY 2000-05	
	Services for San Mateo County	tion Program		
	Produce "Guide to Community	Community Informa-	FY 2000-05	
	Resources"	tion Program		
	Produce flyer on core services	Community Informa-	FY 2000-05	
	and the agencies that provide	tion Program		
	them			
	Produce food resource flyer	Community Informa-	FY 2000-05	
		tion Program		
	Produce flyer on health educa-	Community Informa-	FY 2000-05	
	tion and promotion activities of	tion Program]	
	various agencies	_		
	Produce flyer on support	Community Informa-	FY 2000-05	
	groups offered by various or-	tion Program		
	ganizations			
	Produce flyer containing in-	Community Informa-	FY 2000-05	
	formation about senior centers	tion Program		
	Pacifica Senior Center will	City of Pacifica	FY 2000-05	
	write monthly senior page for	-		
	the Pacifica Tribune			·
	Senior Coastsiders will write	Senior Coastsiders	FY 2000-05	
	senior page for the Half Moon			
	Bay Review			
C	Develop and disseminate quar-	New Beginning	FY 2000-05	
	terly newsletter on activities	Coalition		•
	that implement the Strategic			
	Plan for Services for Seniors			
	and Adults with Disabilities			
		L.,,		

	PD	Develop Linkages brochure to be used in outreach activities	Aging and Adult Services	FY 2000-01	
		Provide information about the services provided by San Mateo County Health Services Agency in Health Tracks, the departmental newsletter	Health Services Agency	FY 2000-05	•
	C	Develop and implement outreach plan to inform the community about Medi-Cal	Aging and Adult Services/Health Insurance Counseling and Advocacy Program/Health Plan of San Mateo	FY 2000-01	
		Provide information on Doel- ger Senior Center's healthy ethnic cuisine program in Fili- pino newspaper, independent paper, and on back of bro- chures	City of Daly City	FY 2000-01	
		Project READ will conduct weekly literacy classes at the East Palo Alto Senior Center	East Palo Alto Senior Center	FY 2000-01	
		Send catalogs/newsletters to local residents listing classes, programs, and services at the senior center	City of Belmont, City of Pacifica, Senior Coastsiders	FY 2000-05	
	i	Disseminate information to physicians about the services offered by Rosener House	Rosener House	FY 2000-01	
		Disseminate information about the program to the South Coast (Pescadero) area	Coastside Adult Day Health Center	FY 2000-01	
2. Provide oral presentations/training to consumers	PD	Schedule Older Worker Week presentation that highlights contributions of older workers	Family Service Agency	October 2000	

PD	Present information about senior services at community forums and events	Commission on Aging Minority Elders Committee and Community-based Continuum of Care Committee	FY 2000-01	
	Sponsor workshop on transi- tioning from adolescence to adulthood for people with dis- abilities and preparing for the future of dependent adult chil- dren	Commission on Disabilities, California Children's Services, County Office of Education	FY 2000-01	
С	Community liaison will provide training and education for consumers at community-based organizations regarding services provided by Aging and Adult Services, social work issues, Adult Protective Services, etc.	Aging and Adult Services	FY 2000-05	
С	In order to involve greater numbers of consumers, the New Beginning Coalition will conduct this year's general meetings/educational forums at the Fair Oaks Community Cen- ter, Lincoln Park Nutrition Site, and Self-Help for the Elderly's Senior Center	New Beginning Coalition	FY 2000-01	
	Conduct educational activities (public speaking, workshops, sensitivity training, etc.) to promote an understanding of persons with disabilities and independent living	Center for Independence of the Disabled	FY 2000-05	

Schedule presentation by outside speakers once each quarter at the senior center	East Palo Alto Senior Center	FY 2000-05	
Start hospitality committee to welcome new people and tell them about programs and services	City of Belmont (Twin Pines Senior Center)	FY 2000-01	
Sponsor "Aging and Vitality Fair," featuring speakers and exhibits, at Oracle Conference Center	Alliance for Aging Independently	FY 2000-01	
Schedule guest speakers for community education forums 4 times per month at senior center	Peninsula Volunteers Little House	FY 2000-05	
Schedule at least one public presentation for consumers per month regarding key senior issues (e.g., Social Security changes)	Legal Aid Society	FY 2000-05	
Schedule two educational presentation per month on senior issues and resources	City of Pacifica (Pacifica Senior Center)	FY 2000-05	
Provide speakers 3-4 times per year at the center	Japanese American Citizens League	FY 2000-05	
 Schedule monthly lecture series at Veterans Memorial Senior Center offering informative lectures on topics of interest to seniors	City of Redwood City	FY 2000-05	
Parca Speakers Series offers presentations six times a year by experts in the field who talk about important issues for people with disabilities	Parca	FY 2000-05	

3. Provide information]	Provide information on Doel-	City of Daly City	FY 2000-01	
via other media	Ì	ger Senior Center's healthy			
]	ethnic cuisine program on local			
1)	cable and on website			
		Maintain website on commu-	Community Informa-	FY 2000-05	
1		nity resources that is accessible	tion Program		
ę.		through all public libraries and			
		private computers			
		Provide website that contains	Alliance for Aging	FY 2000-05	
		information on a variety of sen-	Independently		
)	ior issues (e.g., hiring help at			
	}	home)			
		Provide website for families,	Poplar ReCare	FY 2000-05	
		clients, and persons with dis-	1		
		abilities			
		Develop a website	Family Housing and	FY 2000-01	
	}		Adult Resources,		
ļ. 			Commission on Dis-		
			abilities		
		Purchase two computers and	City of Belmont	FY 2000-05	
		provide public internet access			
		at Twin Pines Senior Center			
Obj3 Improve the ab	ility of	agency staff to respond to issues	of concern to seniors a	ind adults with	disabilities through training and
resource develo	pment				The second of the second
Action	PD &C	How	Who	Timeline	Progress
1. Provide training to		Hold monthly senior Informa-	Community Informa-	FY 2000-05	
staff and volunteers of		tion & Referral Forums for	tion Program		
agencies serving sen-		providers			
iors and adults with					
disabilities					
					I .

	C	Community liaison will pro-	Aging and Adult	FY 2000-05	
		vide training and education to	Services		
		staff of community-based or-			
		ganizations regarding services			
		provided by Aging and Adult			
		Services, social work issues,			
·		Adult Protective Services, etc.			
<u> </u>		· · · · · · · · · · · · · · · · · · ·	Commission on Dis-	EX 2000 01	
		Schedule a presentation about the TIES Lines for members of		FY 2000-01	
			abilities/Aging and		
		the Commission on Disabilities	Adult Services		·
		Provide monthly "Orientation	Community	FY 2000-05	
		to Community Resources" ses-	Information Program		
		sions to ensure that new em-			
		ployees of human service agen-			
		cies are knowledgeable about			
		resources in San Mateo County			
2. Provide resource ma-		Maintain data base on vacan-	Community	FY 2000-05	
terial for staff and		cies in residential care facilities	Information Program		
volunteers of agencies		for seniors and adults with dis-			
serving seniors and		abilities			
adults with disabilities					
Obi4 Improve the abi	lity of	seniors and adults with disabilit	ies to utilize technology	 Vas a means to s	accessing information
	PD.	** - 15g 1 1 1 1 1 1 1 1 1	The second secon	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-ccssing miorimation
Action	&C	How	Who	Timeline	Progress
Teach seniors and		Hold classes at the San Mateo	City of San Mateo	FY 2000-01	
adults with disabilities		Senior Center on how to buy	City of San Mateo	F 1 2000-01	
how to utilize com-		and operate computers, how to			
1		use the Internet, and how to use			
puters		the state of the s	· ·•		
		hand-held computers			
		Schedule class on computer	Senior Coastsiders	FY 2000-01	
		basics			
		Provide computer classes (be-	City of Daly City	FY 2000-01	
		ginning, intermediate, specific			
		programs, and internet) target-			
		ing younger and more diverse			
·		seniors			
		L		<u> </u>	L

	Sponsor computer club and provide access to 9 computers with Internet connection. Provide variety of classes at all levels, as well as one-on-one coaching at the San Bruno Senior Center Provide expanded variety of	City of Millbrae	FY 2000-01	
	computer classes at the Millbrae Senior Center- Introductory, Publisher and Print Shop			
	Offer a variety of Computer classes at Veterans Memorial Senior Center- Works, desktop publishing, internet, etc.	City of Redwood City	FY 2000-01	
	Provide computer classes on keyboarding, genealogy, word, excel, JAVA, digital nature workshops- photography, photo memories- photo enhancing, essential Macintosh.	Peninsula Volunteers	FY 2000-01	
	Develop and implement computer classes for seniors	Messiah Lutheran Church	FY 2000-01	
	Explore feasibility of using volunteer instructors for computers classes at Twin Pines Senior Center	City of Belmont	FY 2000-01	
,	Develop computer literacy by purchasing 12 new computers (funded by Lions Club) for the Pacifica Senior Center and utilizing students from high school and college as teachers. Seniors will be able to take some computers home on loan.	City of Pacifica	FY 2000-01	

	Teach staff of senior congre-	Alliance for Aging	FY 2000-01	
1	gate housing facilities how to	Independently		
	teach residents to use e-mail			
}	and internet via WebTV			
	Acquire additional computers	East Palo Alto Senior	FY 2000-01	
	and implement plan for com-	Center		
	puter classes at the East Palo			
ŧ l	Alto Senior Center			
2. Promote the use of the	Advocate for affordable Inter-	Commission on Dis-	FY 2000-01	
Internet as a valuable	net access	abilities		
means to access in-				
formation				
	Advocate for the use of acces-	Commission on Dis-	FY 2000-01	
	sible and accurate on-line in-	abilities		}
	formation			

Goal 5: RESPECTING AND RESPONDING TO OUR DIVERSIT

To ensure that the network of services and supports for seniors and adults with disabilities reflects an understanding of and respect for this county's cultural and racial diversity and is free of ethnic, cultural, sexual orientation, and/or language barriers to utilization of services

Rationale: The rich diversity of San Mateo County has dramatically increased since the last Census and will continue to do so during the next decade. Accordingly, the services and supports that are provided must be physically accessible and culturally acceptable to this county's diverse population of seniors and adults with disabilities. This was one of the key issues identified during the community fo rums held during the planning process.

Obj. 1 Improve the ability of existing programs to provide services to specific cultural and racial groups						
PD &C	How	Whô	Timeline	Progress		
PD		Family Service	FY 2000-01			
	, ,	Agency				
	1 -					
	1 - 1					
	, , ,	Legal Aid Society	FY 2000-05			
	target minority populations to					
	ensure that their legal issues are		i	<u>.</u> .		
	Outreach minority communities	Retired and Senior	FY 2000-01			
	in order to increase participa-	Volunteer Program				
	tion in the Retired and Senior	(RSVP)				
	Volunteer Program					
C	Increase distribution of Help at	Commission on Ag-	FY 2000-01			
	Home Directory in minority	ing Minority Elders				
	communities through churches,	Committee				
	ethnic organizations					
PD	Implement outreach campaign	Self-Help for the	FY 2000-01			
	to recruit, train and place bilin-	Elderly				
	gual and minority volunteers	-				
	for the Health Insurance Coun-					
	seling and Advocacy Program					
	PD &C PD	PD Recruit, train, and station bilingual volunteer at King Center to implement special outreach program targeting the minority community surrounding the King Center Congregate Nutrition site Collaborate with groups that target minority populations to ensure that their legal issues are addressed Outreach minority communities in order to increase participation in the Retired and Senior Volunteer Program C Increase distribution of Help at Home Directory in minority communities through churches, ethnic organizations PD Implement outreach campaign to recruit, train and place bilingual and minority volunteers for the Health Insurance Coun-	PD Recruit, train, and station bilingual volunteer at King Center to implement special outreach program targeting the minority community surrounding the King Center Congregate Nutrition site Collaborate with groups that target minority populations to ensure that their legal issues are addressed Outreach minority communities in order to increase participation in the Retired and Senior Volunteer Program C Increase distribution of Help at Home Directory in minority communities through churches, ethnic organizations PD Implement outreach campaign to recruit, train and place bilingual and minority volunteers for the Health Insurance Coun-	PD Recruit, train, and station bilingual volunteer at King Center to implement special outreach program targeting the minority community surrounding the King Center Congregate Nutrition site Collaborate with groups that target minority populations to ensure that their legal issues are addressed Outreach minority communities in order to increase participation in the Retired and Senior Volunteer Program Collaborate with groups that target minority communities in order to increase participation in the Retired and Senior Volunteer Program Collaborate with groups that target minority communities in order to increase participation in the Retired and Senior Volunteer Program Collaborate with groups that target minority communities in order to increase participation in the Retired and Senior Volunteer Program (RSVP) Commission on Aging Minority Elders Committee Committee Trimeline FY 2000-01 FY 2000-05 FY 2000-05 Self-Help for the Elderly Elderly		

		Contract with consultant to help them develop and imple-	Center for Independence of the Disabled	FY 2000-01		
		ment outreach to Hispanic and				
		Asian populations to increase				j
,		number of ethnic clients and to				
		recruit more diverse staff and				
		board members				
	PD	The Alzheimer's Day Care Re-	Mills-Peninsula	FY 2000-01		
		source Center will develop and	Senior Focus			
		implement outreach program				
		targeting the minority commu-				ļ
	PD	nity Work with East Palo Alto com-	NA'11 D 1	FIX 0000 01		
	PD		Mills-Peninsula	FY 2000-01		
		munity leaders to improve par- ticipation in the Wise and Well	Senior Focus	_		
		Program by the multicultural				
}		community in EPA.	·			
2. Provide training that	PD	Provide culturally sensitive	La Esperanza Vive	FY 2000-01		
will enable organiza-	יו	training on identifying and re-	La Esperanza VIVE	F 1 2000-01		
tions to better serve		porting of elder abuse for Span-				
targeted groups within		ish-speaking volunteers in La				
their community		Esperanza Vive				
	pleme	nt programs/services for the pur	L bose of attracting the n	i participation of t	argeted nonulations	
Action	PD & C	100 mg 1 100 mg 1 100 mg 1 100 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,		and the second s
Y × 22	& C		Who	* 1 imeline	Progress	
1. Improve participation		Hold weekly support group at	City of San Mateo	FY 2000-05		
of the minority com-		San Mateo Senior Center for				
munity by having pro-	j	Latino seniors				
grams that are cultur-		· · · · · · · · · · · · · · · · · · ·			e e	
ally sensitive and that						
respond to the inter- ests/needs of the target						
· · · · · · · · · · · · · · · · · · ·						,
community(ics)		Descride many compality of T	T. D. Y.	FIX 0000 61		
		Provide peer counseling to Latino elders by their cultural	La Esperanza Vive	FY 2000-01		
		-				
		peers			L	

		,		
C	Collaborate with the senior housing project and neighbor-	Self-Help for the Elderly	FY 2000-01	
·	hood community in Daly City			
	to start an ethnic home-			
	delivered meal program to			
	serve homebound seniors in the			
	area			
PD	Explore the feasibility of estab-	Family Service	FY 2000-01	
	lishing and co-facilitating a	Agency/La Esperanza		
	peer support group for Latino	Vive		
	seniors at the Fair Oaks Senior			
	Center			
}	Implement new Hispanic edu-	Canada College	FY 2000-01	
	cation project involving at-risk		·	
	Latinos in supported education			·
	in order to make the transition			
	into young adulthood easier			
	A variety of ethnic clubs will	City of South San	FY 2000-05	
	meet regularly at the South San	Francisco		
	Francisco Senior Center—		1	ţ
	Chinese American Club, Fili-			
	pino American Club, Black			
n n	Heritage Club, Hispanic Club	G 1077 1 6 4	777	
PD	Develop multicultural Congre-	Self-Help for the	FY 2000-01	·
	gate Nutrition Program and	Elderly		
	senior center activities at Cen-			
	tral Park in San Mateo	G 1CTX 1 C 1	777	
	Implement case management	Self-Help for the	FY 2000-01	
	program targeting the Chinese	Elderly		
	community in central county	G. M. G.	EV 2000 61	
	Start weekly support group at senior center for Asian seniors	San Mateo Senior	FY 2000-01	
		Center	D77 0000 01	
	Drop-in mah jong class at Twin Pines Senior Center to attract	City of Belmont	FY 2000-01	
	1			
	Pacific Asian seniors			

		Schedule African American Line Dance classes at Doegler Senior Center	City of Daly City	FY 2000-01	
		Once a month, offer cooking class in Spanish, on healthy cooking at Lincoln Park Senior Nutrition Program	City of Daly City	FY 2000-01	
		Schedule mah jong class at Millbrae Senior Center	City of Millbrae	FY 2000-01	
		Offering free Spanish English as a second-language class at Lincoln Park Senior Nutrition Program	City of Daly City	FY 2000-01	
		Schedule ballroom dancing instruction class at the Millbrae Senior Center to outreach Asian community	City of Millbrae	FY 2000-01	
	PD	Expand Foster Grandparent Program by developing host agency sites and placing senior volunteers in schools/ child care centers in multicultural community of East Palo Alto	Mills-Peninsula Senior Focus	FY 2000-01	,
2. Provide activities that highlight the diversity that exists in San Mateo County		Schedule special events at senior center highlighting holidays and traditions	City of South San Francisco (South San Francisco Senior Center)	FY 2000-05	
		Recognize Filipino cultural by holding annual event at Doelger Senior Center	City of Daly City	FY 2000-05	
		Include a variety of ethnic meals on the Congregate and Meals on Wheels menu	Central Kitchen	FY 2000-05	

	, , , , , , ,	FY 2000-05	
	ı · •		
meals and entertainment at the	ter and Lincoln Park)		
nutrition programs			
	East Palo Alto Senior	FY 2000-05	
based and community-based	Center		
diversity celebrations, includ-			
ing Juneteenth and Island Fes-			
tival			
Hold computer-based geneal-	City of Belmont	FY 2000-01	
ogy class at Twin Pines Senior	-		
Center			
Provide English as a second	City of Daly City'	FY 2000-01	
language classes at senior cen-	(Doelger Senior		
ter	Center), City of	į	
	Menlo Park (Menlo		
	Park Senior Center)		
Provide Spanish classes at sen-	City of Daly City	FY 2000-01	
ior center	(Doelger Senior		
	Center), City of		
	Menlo Park (Menlo		
	Park Senior Center),		·
	Peninsula Volunteers		
	Little House		·
1	Peninsula Volunteers	FY 2000-01	
class at senior	Little House		
	City of Belmont	FY 2000-01	
class at senior center	(Belmont Senior		
	Center)		
· •	City of Belmont	FY 2000-01	
-	(Twin Pines Senior		
senior center	Center)		
	Participate in senior center-based and community-based diversity celebrations, including Juneteenth and Island Festival Hold computer-based geneal-ogy class at Twin Pines Senior Center Provide English as a second language classes at senior center Provide Spanish classes at senior center Provide conversational Italian class at senior Schedule conversational French class at senior center Explore feasibility of staring conversational Spanish class at	cultures by having special meals and entertainment at the nutrition programs Participate in senior center- based and community-based diversity celebrations, includ- ing Juneteenth and Island Fes- tival Hold computer-based geneal- ogy class at Twin Pines Senior Center Provide English as a second language classes at senior center Provide Spanish classes at senior center Provide Spanish classes at senior center Provide Conversational Italian class at senior centers Provide conversational French class at senior center Explore feasibility of staring conversational Spanish class at (Doelger Senior Center City of Belmont City of Daly City' (Doelger Senior Center) City of Daly City (Doelger Senior Center) City of Daly City (Doelger Senior Center) City of Daly City (Doelger Senior Center) City of Daly City (Doelger Senior Center) City of Daly City (Doelger Senior Center) City of Daly City (Doelger Senior Center) City of Belmont (Belmont Senior Center) City of Belmont (Twin Pines Senior	cultures by having special meals and entertainment at the nutrition programs Participate in senior center-based and community-based diversity celebrations, including Juneteenth and Island Festival Hold computer-based genealogy class at Twin Pines Senior Center Provide English as a second language classes at senior center Provide Spanish classes at senior center Provide Spanish classes at senior center Provide Center Provide Conversational Italian class at senior center class at senior center Provide conversational French class at senior center Explore feasibility of staring conversational Spanish class at at the nutrition programs East Palo Alto Senior Center Center City of Belmont City of Daly City (Doelger Senior Center), City of Menlo Park (Menlo Park Senior Center) City of Daly City (Doelger Senior Center) FY 2000-01 FY 2000-01 City of Daly City (Doelger Senior Center) FY 2000-01 City of Daly City (Doelger Senior Center) FY 2000-01 City of Belmont (Belmont Senior Center) City of Belmont (Twin Pines Senior FY 2000-01 (Twin Pines Senior Center)

Provide translation equipment	Aging and Adult	FY 2000-05	
and translations at all agency	Services/		
and commission-sponsored	Commission on Ag-		
meetings (upon request)	ing/Commission on		
	Disabilities		
Provide translations for minor-	Commission on Ag-	FY 2000-05	
ity elders at community meet-	ing Minority Elders		
ings and events	Committee		
Assist in the translation of writ-	Commission on Ag-	FY 2000-05	
ten materials in languages that	ing Minority Elders		
are prominent in the commu-	Committee		
nity (Spanish, Chinese, and			
 Tagalog)			

Obj. .3 Provide support that enhances the participation of diverse groups of seniors and adults with disabilities in programs and services

Action	PD & C	How	Who	Timeline	Progress
Make staffing assignments that enhance the ability of programs to serve the diverse community		Recruit bilingual workers to staff its newly acquired Fair Oaks Senior Center	Family Service Agency	FY 2000-01	
		Provide staff who can translate for non-English-speaking cli- ents at medical appointments, social service agencies, etc.	Japanese American Citizens League	FY 2000-05	

Goal 6: AAPROVING PHYSICAL AND MENTAL HEALTH

To promote wellness and to improve access to a variety of prevention and intervention services

Rationale: The ability to utilize a variety of health and mental health services is key to maintaining independence and quality of life. During the planning process, we repeatedly received input from seniors and adults with disabilities in San Mateo County regarding problems associated with managed care, health insurance, the cost of medical care, and a variety of other health issues.

Obj1 Ensure access to a	Obj. 1 Ensure access to a continuum of health services that maintains the health and well-being of seniors and adults with disabilities.						
Action	PD &C	How	Who	Timeline.	Progress		
1. Provide a variety of		Provide licensed Adult Day	Mills-Peninsula Sen-	FY 2000-05			
county and commu-		Health Care services	ior Focus/Coastside				
nity-based health pro-			Adult Day Health				
grams that target sen-		,	Center				
iors and adults with		i					
disabilities							
P	PD	Work on the development of a	Aging and Adult	FY 2000-02			
	į	North County adult day health	Services/				
		care site	Commission on Ag-				
			ing Community-				
	ļ		Based Continuum of				
			Care Committee		}		
	i		(serving as coordina-				
			tor)				
			Adult Day Health				
	Į		Care Planning Coun-				
		D 11 11	cil				
	Ì	Provide podiatry services every	City of San Mateo	FY 2000-01			
		other week at the senior center	(San Mateo Senior Center)				
		Hold weekly massage group at	City of San Mateo	FY 2000-01			
·	ļ	the senior center	(San Mateo Senior				
	·		Center)		}		
	į	Provide podiatrist services and	Peninsula Volunteers	FY 2000-01			
		chiropractic consultation once a	Little House				
		month at the senior center					

T		TTT 0000 0	
Provide mental health services	San Mateo County	FY 2000-05	
for older adults (60+) who are	Mental Health		
seriously mentally ill and	Division		
homebound or unable to use			·
services at county clinic			
Provide individual, family, and	Center for Independ-	FY 2000-05	
group counseling to help indi-	ence of the Disabled		
viduals overcome emotional			
barriers to independence			
Provide psychiatric assessment,	San Mateo County	FY 2000-05	
including medication evalua-	Mental Health		
tion and ongoing medication	Division		
monitoring by psychiatrist, as	21,121011		
well as case management and			
education for caregivers		+ - + - +	
Provide hospice care for the	Department of Veter-	FY 2000-05	
terminally ill	ans Affairs/ Home	1 1 2000-03	
,	Health Plus Hos-		
	pice/Hospice by the		
	Bay, Kaiser Perma-		
	nente/Mid-Peninsula		
·	Home Care and Hos-		
	pice/Mission Hos-		
	pice/Self-Help		
	HomeCare and Hos-		
	t		
	pice/Stanford Home-		
	Care and Hos-		
 e en en en en en en en en en en en en en	pice/Visiting Nurse		
	Association and Hos-		
	pice	 	
Provide Reiki treatments and	City of Redwood	FY 2000-01	
acupressure at the senior center	City (Veterans Me-		
	morial Senior Center)		

2. Advocate on behalf of individuals and groups to ensure their access to health services		Advocate for Patients Bill of Rights	Commission on Disabilities Legislation and Advocacy Committee	FY 2000-01	
		Advocate for prescription drug coverage under Medicare	Commission on Disabilities Legislation and Advocacy Committee	FY 2000-01	-
		The Health Insurance Counseling and Advocacy Program (HICAP) will provide free counseling and legal assistance on Medicare and health insurance issues at a variety of sites (Senior Centers, Social Security, medical facilities, etc.)	Self-Help for the Elderly	FY 2000-01	
	PD	Develop additional outpost site for Health Insurance Counsel- ing and Advocacy Program (HICAP)	Self-Help for the Elderly	FY 2000-01	
		Advocate for more comprehensive dental coverage under Denti-Cal	Commission on Disabilities Legisla- tive Advocacy Com- mittee	FY 2000-01	·
		Health Consumer Center will assist seniors and adults with disabilities in responding to denials by managed care programs	Legal Aid Society	FY 2000-05	
		Advocate for the development and funding of a medication monitoring program	Commission on Disabilities	FY 2000-01	
	PD	Explore the feasibility of estab- lishing a geriatric mental health clinic, which will focus on de- pression in the elderly	San Mateo County Mental Health Division	FY 2000-01	·

Obj2 Improve access to health-related information and activities						
Action	PD &C	How	Who	Timeline	Progress	
1. Increase public aware-		Provide health-related pro-	Family Service	FY 2000-01		
ness about health-		grams at the senior center	Agency (Fair Oaks			
related issues			Senior Center)			
!		Through individual counseling	Self-Help for the	FY 2000-01		
		sessions and group meetings,	Elderly		;	
:		the Health Insurance Counsel-				
		ing and Advocacy Program				
		(HICAP) will present up-to-			·	
		date information about health				
		and long-term care insurance				
		options				
		Plan and implement training on	Health Services	FY 2000-01		
		Older Persons' Health issues	Agency		•	
		within the Health Services				
		Agency.				
		Explore feasibility of holding a	Commission on	FY 2000-01		
,		health care fair targeting people	Disabilities			
		with disabilities				
		Conduct adult ed class, "Vir-	City of Daly City	FY 2000-01		
		tual Doelger," in which stu-	(Doelger Senior Cen-			
		dents are on the Net looking at	ter)			
		health sites and tracking their				
		own health issues				
		Provide health information	Mills Peninsula	FY 2000-05		
		through toll-free Health Re-	Senior Focus			
		source Line				
		Provide public access to com-	Mills Peninsula	FY 2000-05		
		puters in library for people to	Senior Focus			
		do health-related research				

Provide a series of educational classes and programs through the Wellness Center, focusing on mental health, physical health, spiritual, social, and emotional health, prevention, disease management, and health promotion	Mills-Peninsula Senior Focus	FY 2000-05	
Provide a variety of educational classes as a part of the Wise and Well Program	Mills-Peninsula Senior Focus	FY 2000-01	
In conjunction with Doelger Senior Center's walking pro- gram, provide a once-a-month talk on a health-related issue	City of Daly City/Serramonte Shopping Center/ Commission on Aging	FY 2000-01	
Schedule a monthly presenta- tion on a health-related issue at the senior center	City of San Bruno (San Bruno Senior Center)	FY 2000-05	
Provide monthly health presentations at the South San Francisco Senior Center	City of South San Francisco (South San Francisco Senior Center)	FY 2000-05	
Provide regularly-scheduled health classes and lectures at the senior center	City of San Carlos (San Carlos Senior Center)	FY 2000-05	
Schedule quarterly lectures on health-related issues at the senior center	City of Belmont (Twin Pines Senior Center)	FY 2000-05	
Schedule a workshop on dealing with holiday blues at the senior center	City of Belmont (Twin Pines Senior Center)	Fall 2000	
Hold health forums once a quarter at the senior center	East Palo Alto Senior Center	FY 2000-05	

	Provide 5 health presentations at the senior center	City of Foster City (Foster City Senior Center)	FY 2000-01	
	Hold class on creative aging in which participants have discussions on the aging process	Senior Coastsiders	FY 2000-01	
	Schedule a series of health education seminars at the senior center	City of Redwood City (Veterans Memorial Senior Center_	FY 2000-05	
2. Provide emotional support and health information to people who are suffering from chronic and acute illnesses and conditions	Hold weekly support group for individuals with brain injury—community resource information, strategies to ease functional community living skills, and peer support	Poplar ReCare	FY 2000-05	
	Provide class on arthritis man- agement at the Foster City Sen- ior Center	City of Foster City and Arthritis Founda- tion	FY 2000-01	
	Hold Cancer support group at the senior center	Senior Coastsiders	FY 2000-05	
	Host Arthritis Club, which has guest speakers and provides information about arthritis-related issues, at the senior center	Senior Coastsiders	FY 2000-05	
	Convene support group for people with visual impairment	Peninsula Council for the Blind and Visu- ally Impaired	FY 2000-05	
	Hold class on how to reduce pain with equipment or hard exercise at the senior center	City of Redwood City (Veterans Me- morial Senior Center)	FY 2000-01	
	Hold class on stress manage- ment at the senior center	City of Belmont (Twin Pines Senior Center)	Fall 2000	

				····	
		Hold meetings of the Coping	y of San Mateo	FY 2000-01	
		with Change support group at	(San Mateo Senior	,	
)	the senior center	Center)		
		Host low vision self-help group	City of Redwood	FY 2000-05	
	[(sponsored by Kaiser Hospital)	City		
		at the Redwood City Library			
		Hold monthly meetings of Self-	City of Redwood	FY 2000-05	
<u> </u>		Help for Hard of Hearing at the	City (Veterans Me-		
		senior center	morial Senior Center)		
		Facilitate the following support	Mills Peninsula	FY 2000-05	
]	groups: Parkinsons, arthritis,	Senior Focus		
		fibromyalgia, osteoporosis,			
		Hepatitis C, post-polio, caring			
		for elders, grief, and meno-			
		pause			
Obj. 3 Develop and in	plemer	nt a variety of community-based	health promotion activ	ities	
	PD	A CASE OF A TOP OF THE STATE OF THE STATE OF	T 800 300 300 300 300 300 300 300 300 300	the state of the s	
Action	& C	How	Who	Timeline	Progress
1. Provide health screen-		Provide both comprehensive	Mills-Peninsula Sen-	FY 2000-01	
ing and prevention ac-		screening (weight, cholesterol,	ior Focus		
tivities at community-		health history, blood pressure			
based organizations		and blood sugar) and monitor-			
		ing for medically underserved			
		older adults at designated Wise			
	!	and Well Program sites			
		Schedule monthly blood pres-	Japanese American	FY 2000-05	
	İ	sure checks, using volunteer	Citizens League		
,		nurses			
	PD	Explore the feasibility of de-	Coastside Adult Day	FY 2000-01	
		veloping an office in the Pes-	Health Center		
		cadero area to do screening			·
		Implement program (pending	Public Health Nurs-	FY 2000-01	
		funding of grant) in which Pub-	ing and		
	()	lic Health Nurses would visit	Long Term Care		
	}	skilled nursing facilities to do	Ombudsman Program		
		communicable disease control			
			L	<u> </u>	L

	Duranido o vionista afla altha	City of Cara Caralan	EV 2000 05	
}	Provide a variety of health	City of San Carlos	FY 2000-05	
	screenings—blood pressure,	(San Carlos Senior		
	dental screening, chiropractic—	Center)		
	at the senior center			
	Provide regular screenings	Mills Peninsula	FY 2000-05	
1	(foot, diabetes, blood pressure,	Senior Focus		
	blood glucose, cholesterol, os-			
	teoporosis, etc.)- at the Well-			
	ness Center			
	Provide blood pressure checks,	Senior Coastsiders	FY 2000-05	
	blood glucose tests, and one-		11 2000 00	
	on-one health education once a			
	month at the senior center			
	Schedule blood pressure	Peninsula Volunteers	FY 2000-05	
	screening at the senior center	Little House	11 2000-05	
	Provide blood pressure screen-	City of Redwood	FY 2000-05	
	·	,	F1 2000-05	
	ing once a month at the senior	City (Veterans Me-		
	center	morial Senior Center		
	Provide blood pressure screen-	City of Belmont	FY 2000-05	
	ing every other month at the	(Twin Pines Senior		
	senior center	Center)		
·	Hold annual health fair at sen-	City of Daly City	FY 2000-05	
	ior center, providing health	(Doelger Senior Cen-		
	screening and an opportunity to	ter)/		
	meet with agencies and serv-	Seton Medical Center		
	ices (acupuncture, audio, po-			
	diatry, massage, etc.)			
	Hold wellness fair at the senior	City of Foster City	October 2000	
	center	(Foster City Senior		
		Center)	ļ	
	Provide month podiatry serv-	Senior Coastsiders	FY 2000-05	
	ices at senior center	Summer Commissions	112000-03	
	Provide flu shot clinics at sen-	San Mateo County	FY 2000-05	
	ior centers throughout San	Public Health	F 1 2000-03	
	<u> </u>			
	Mateo County	Nursing		

	Schedule podiatric services at	City - CDool Coo 1	EV 2000 05 1	
1 1.	the senior center	City of Pacifica (Pacifica Senior Cen-	FY 2000-05	
	the senior center	ter)		
	Offer manicures and pedicures	City of Redwood	FY 2000-05	
1 1	by appointment at the senior	City (Veterans Me-		ļ
	center	morial Senior Center)		
Y I I	Implement the Round the	Stanford Center for	FY 2000-01	
	Clock Wellness Program, a 12-	Research in Disease		ļ
	month project looking at strate-	Prevention at Stan-		
1 1	gies for improving both day-	ford University		
, ,	time and nighttime quality of	School of Medicine		
	life	G. C. 1 G C	EX 2000 02	
	Implement Community Health	Stanford Center for	FY 2000-02	
1	Advice Telephone (CHAT), an	Research in Disease		
1	18-month program, which will	Prevention at Stan-		i
1 1	compare the use of different	ford University		
	telephone-based counseling	School of Medicine		
1 1	strategies in motivating partici-			
1 1	pants to start and maintain a regular moderate exercise pro-			
1 1	gram			
	Implement Wellness Interven-	Stanford Center for	FY 2000-01	
	tions for Self Enrichment	Research in Disease	1 1 2000 01	
	(WISE), which will evaluate a	Prevention at Stan-		
	one-year program of Tai Chi	ford University		
	exercise, Western exercise, and	School of Medicine		
1 1	health education.			
1 - 1	Sponsor Active Aging Program	Sequoia Senior	FY 2000-05	
,	for Seniors	Services		
grams for seniors				
and/or adults with dis-	•			
abilities				
	Provide daily exercise program,	Peninsula Volunteers	FY 2000-01	
I I	highlighting outdoor activities,	Rosener House		
	at the day care center			

PD	Develop and implement pilot	Health Services	FY 2000-01	
15	exercise promotion program	Agency, UCSF,	1 1 2000-01	
	(CHAMPS) for seniors	Commission		
	(CHAMES) for selliors	- "		
	E 1 C 1111 C1 1	on Aging	EV 2000 01	
	Explore feasibility of develop-	City of San Mateo	FY 2000-01	
	ing recreational activities and	(San Mateo Senior		
	events (e.g., skydiving, bike	Center)		·
	riding, mounting climbing) that			
	will attract the new generation			
	of seniors to become partici-			
·	pants of the senior center			
	Provide walking program at the	East Palo Alto Senior	FY 2000-01	
	senior center	Center		
	Provide a variety of swimming	Community Associa-	FY 2000-01	
	programs (through the Betty	tion for Rehabilita-		:
	Wright Swim Center): adaptive	tion		
	aquatics for people with devel-			
	opmental disabilities; therapeu-			
	tic and physical therapy for	·		
	people with problems associ-			
	ated with arthritis, post-stroke,			
	and hip replacement; learn-to-			
	swim program for everyone,			
	and water massage (stress re-			
	ducer)			
	Investigate the feasibility of	City of San Bruno	FY 2000-01	
	having the senior center spon-	(San Bruno Senior		
	sor a walk-run in San Bruno	Center)		
	Schedule a fitness week in	City of San Bruno	FY 2000-01	
	August to introduce seniors at	(San Bruno Senior		
	the senior center to different	Center)		
	kinds of athletic events (e.g.,			
	bocce ball, par course, tennis			
	round robin, badminton, water			
	aerobics, ping pong, etc.)			

	T	3.6'11 D : 1	TTV 0000 01	
	Provide exercise program, in-	Mills-Peninsula	FY 2000-01	
1	cluding two ongoing classes	Senior Focus	1	
. }	(ease into exercise and get			
}	moving) designed for people			
	with some physical limitations,			
	adaptive physical education for		ŀ	
1	people with physical disabili-		ł	
	ties, and one-time only special		İ	
	classes (e.g., using weights)			
	Offer general exercise and	City of Menlo Park	FY 2000-01	
	walking classes three days a	(Menlo Park Senior		*
	week through the senior center	Center)		i
	Offer several exercise classes at	City of Foster City	FY 2000-01	
	the senior center, including ex-	(Foster City Senior		
}	panded senior fitness program	Center)		
	and new senior yoga class	,	ł	
	Sponsor two-day per week	City of Daly City	FY 2000-01	
	walking program through the	(Doelger Senior Cen-		·
	senior center	ter)		
	Conduct exercise classes in col-	City of Daly City	FY 2000-01	
	laboration with adult education,	(Doelger Senior Cen-	Î	
	including exercise for physi-	ter)	j	
	cally challenged, yoga, stretch-	,		
	ing, weights, and special exer-		ĺ	
	cise class for arthritis sufferers		ļ	•
	Provide volunteer-based exer-	Physically Chal-	FY 2000-01	
	cise program for people with	lenged Exercise		
	disabilities	Center		
	Schedule Thursday evening	Peninsula Volunteers	FY 2000-01	
	line dancing and ballroom	Little House		
	dancing programs at senior			
	center			
	Conduct a variety of daytime	Peninsula Volunteers	FY 2000-01	
	sports and exercise programs at	Little House		
	senior center—bowling, golf,			
	fitness, hiking, hula, low im-			
	1			

		pact aerobics, move with music, Taji/Qi Gong, Healthy			
		Moves, Tai Chi, Feldenkrais			
		Method, and Yoga			
		Schedule a variety of programs	City of Pacifica	FY 2000-01	
	1	at the senior centerchair exer-	(Pacifica Senior Cen-	1 1 2000-01	
]	cise class (targeting seniors and	ter)		
		people with mobility impair-			
		ment), a breathing class, Fel-			
	j	denkrais (stretching and relaxa-			
		tion), Yoga, physical fitness,			
		ballroom line dancing for peo-		:	
		ple without partners, and stan-			
		dard line dancing			
		Provide a variety of classes at	Senior Coastsiders	FY 2000-01	
	1	the senior center tai chi, yoga,	•		
		exercise class, and western			
		dancing			
,		Provide a variety of exercise	City of San Bruno	FY 2000-01	
		programs at the senior center	(San Bruno Senior		
		walking for people with differ-	Center)		
		ent levels of ability, aerobics,			
		ballroom line dancing, western	<u>.</u>		
•		line dancing, ballroom dancing,	·		
		tap dancing (3 levels), tai chi,			
		Feldenkrais, tai bo, and week- end ballroom dancing			
		Schedule Senior Swim Party	City of South San	FY 2000-01	
		two times per year through the	Francisco (South	F Y 2000-01	
		senior center	San Francisco Senior		
		Somo Somo	Center		
	L		Conto		- ·

		C'4 - CD - 1 1	FY 2000-01		
1	Provide a variety of activities at	City of Redwood	FY 2000-01		
j	the senior center morning fit-	City (Veterans Me-	ļ		}
	ness class- stretching, condi-	morial Senior Center)			
	tioning, and low-impact aero-		ļ		1
}	bics; Tai chi chuan; chair		į		1
{	dancing; chair exercise, exer-		ļ		}
1	cise equipment and free				}
	weights at the drop-in fitness		ļ		1
	room; positive posture class;				
	adaptive physical education				1
	(through Canada College) for				
	individuals with health im-				
	pairments or other disabilities;				
	bike club; morning walks (two				
	levels beginning for three				}
	times per week, advanced five				}
	days per week); country west-				}
	ern line dancing; dance and ex-				ł
	ercise class—Latin, swing, and			·	Ì
	Broadway music				İ
	Schedule classes at the senior	City of Belmont	FY 2000-01		
	centertai chi, senior strength	(Twin Pines Senior			
	(resistance bands), ballroom	Center)			Ì
	dance, light aerobics, and video				1
	exercise				
	Schedule summer walking	Belmont Senior	through		
	group	Center (Twin Pines	August 31,		
		Senior Center)	2000		
	Provide exercise programs for	Family Housing and	FY 2000-01		
	clients in residential group	Adult Resources			
1	homes—aerobics, walking,		}		
	jogging, stationary bikes		e.		
	13 00 0,	L			

		Provide ongoing recreation program, which includes square dancing for people with developmental disabilities (including	Parca	FY 2000-01	
to utilize a vari	ety of f	nt a model program (Long-Term	ovides the specific servi		as LTSSP) that has the discretion dividual seniors and adults with
Action	PD &C	How	Who	Timeline	Progress
Develop program-	PD	Contract with consultants to	Aging and Adult	Through Sep-	
matic infrastructure		develop menu of services, pre-	Services	tember 2000	
		admission screening, protocols,			
to utilize a vari disabilities with Action 1. Develop program-	ety of f iout re PD &C	unding sources in a way that progard to diagnosis, disability, age How Contract with consultants to develop menu of services, pre-	ovides the specific servi or source of funding Who Aging and Adult	ces needed by in Timeline Through Sep-	

	PD	Review and make recommen-	Commission on Ag-	FY 2000-01	
		dations to Commission on Ag-	ing and its Commu-		
		ing regarding protocols and	nity-based Contin-		
		other recommendations by con-	uum of Care		
		sultants	Committee		
4. Meet with LOG (Lo-	C	Schedule discussion of LTSSP	Aging and Adult	FY 2000-01	
cal Organizing Group)		as part of the monthly agenda	Services/ Implemen-		{
to review progress of		of the Implementation Coordi-	tation Coordination		}
model project		nating Committee, which	Committee		
		serves as the LOG	ii		

Goal 7: PREVENTING VIOLENCE, ABUSE, AND NEGLECT

To improve the security and well being of seniors and adults with disabilities by responding to and reducing the incidence of violence, abuse, and neglect in San Mateo County

Rationale: San Mateo County has received an increased number of reports of suspected elder and dependent adult abuse/neglect in the last several years. Despite the increase, it is estimated that only one in six cases of abuse/neglect is actually reported. Both agencies and consumers participating in the planning process indicated that this is a priority concern and needs to be addressed through prevention, intervention, and prosecution.

Obj. ,1 Increase public	aware	ness and promote reporting of el	der and dependent adı	ılt abuse and ne	glect
Action	PD &C	How	Who	Timeline	Progress
1. Educate the commu-	PD	Hold annual conference target-	Commission on	FY 2000-01	
nity regarding the		ing consumers	Aging Minority		
various types of			Elders Committee		
abuse, how to avoid			,		
being a victim, and					
how to report abuse					·
	PD	Convene Adult Abuse Preven-	Aging and Adult	FY 2000-01	
		tion Collaborative to involve	Services		
	' 	agency representatives and			
	l	community members in the de-			
	ı	velopment of a comprehensive			
	 	community education program			
	PD	Develop and disseminate mate-	Aging and Adult	FY 2000-05	
		rials on elder abuse for con-	Services		
		sumers at educational forums			
		and community events			
	PD	As part of "Pacifica Connect	City of Pacifica/	FY 2000-01	
		and Protect Elder Abuse	Retired and Senior		
		Awareness Week," implement	Volunteer Pro-		
		elder abuse awareness cam-	gram/Aging and		
		paign in Pacifica, utilizing vol-	Adult Services		
		unteers who will pass out mate-			
		rial to merchants			

*Oh: 2 In American	C	Members of the committee will serve as ambassadors, educating their own communities about the issue of elder/dependent adult abuse	Commission on Aging Minority Elders Committee	FY 2000-01	
1		awareness and promote reportin	g.or eider and depende	nt adult aduse a	na neglect
Action	PD &C	How		Timeline	Progress
1. Provide training on the various types of abuse, how to avoid being a victim, and how to report abuse for staff and volunteers at programs serving seniors and adults with disabilities	PD	Develop and implement training program for employees of fire departments and banks	Aging and Adult Services	FY 2000-01	
	PD	Work with Sheriff's Department on the development and implementation of abuse training for law enforcement	Aging and Adult Services/Sheriff's Department	FY 2000-01	
	PD	Develop and implement plans to train mandated reporters about the new Elder and De- pendent Abuse laws	Aging and Adult Services	FY 2000-01	
2. Provide written material that will assist staff and volunteers at agencies serving seniors and adults with disabilities in identifying and reporting suspected cases of abuse and neglect	PD	Develop written material on the identification and reporting of elder and dependent adult abuse and disseminate it to mandated reporters and individuals in key agencies serving seniors and adults with disabilities	Aging and Adult Services	FY 2000-05	

Obj. :3 Provide forums	in wh	ich the County, the District Atto	rney's Office, law enfor	cement, legal se	rvice providers, other commu-
abuse and negl		ons, and community members ca	n cooperatively addres	s issues relating	to elder and dependent adult
Action	PD &	How	Who	Timeline	Progress
1. Develop and convene	C	Meet regularly to discuss cur-	Aging and Adult	FY 2000-01	The second secon
Adult Abuse Preven-	1	rent issues and plan abuse pre-	Services		
tion Collaborative	į	vention activities			
Obj4 Enhance the ab	ility of	agencies working with seniors a	nd adults with disabili	ties to identify, r	eport, and respond to incidents of
suspected abus	e/negle	ct			
Action	PD &C	How	Who	Timeline	Progress
1. Improve the commu-	C	Develop Memoranda of Under-	Aging and Adult	FY 2000-01	
nication, coordination,		standing with the Ombudsman	Services/		·
and working relation-		Program, Golden Gate Re-	Golden Gate		
ships within and		gional Center, and Aging and	Regional Center/		
among organizations		Adult Services regarding the	Ombudsman		
serving seniors and		provision of services for people			
adults with disabilities	{	with developmental disabilities			
	}	residing in residential care fa-			
		cilities			
	T	Deputy Public Guardians will	Aging and Adult	FY 2000-01	
		be available to consult on fi-	Services		
		nancial abuse cases assigned to			
		Adult Protective Services case			
	1	1		1	1

Aging and Adult

Services

Aging and Adult

Services

FY 2000-01

starting 3rd

quarter FY

2000-01

managers

Designate a portion of the

meetings to a discussion of

abuse regulations

regulations

weekly Centralized Intake staff

Designate a portion of other unit meetings within Aging and

Adult Services to discuss abuse

C	Convene Trauma and Abuse Committee to better enable all divisions in Health Services Agency to identify, assess, and refer victims of abuse Define agency's role in the community around the issue of	Health Services Agency Health Services	FY 2000-01	
	family violence prevention (including elder and dependent adult abuse)	Agency		
Obj5 Provide support to sen		THE STATE OF THE S	#47	
Action &C	How	Who	Timeline :	Progress
1. Link at-risk individu-	Centralized Intake Unit will	Aging and Adult	FY 2000-05	
als with needed serv-	provide short-term case man-	Services		
ices to minimize the	agement			
potential for abuse/				
neglect	Centralized Intake Unit will	Aging and Adult	FY 2000-05	
	refer individuals needing ongo-	Services		
	ing case management to appro-			
	priate Aging and Adult Serv-			
	ices (e.g., MSSP, AIDS/AIDS			
	Waiver, Linkages) and outside case management programs			
	Provide 24-hour response capability to reports of abuse and neglect	Aging and Adult Services	FY 2000-05	
	Establish conservatorships for individuals who are unable to handle their basic needs	Aging and Adult Services	FY 2000-05	
	Reduce the time between the receipt of an abuse report and the assignment of the case to the case manager	Aging and Adult Services	FY 2000-01	

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2. Improve evidence col-	PD	Implement new protocol of	Aging and Adult	FY 2000-05	·
lection		providing a face-to-face contact	Services		
		within 48 hours for all cases of			
		physical and sexual abuse in			
	1	order to collect evidence			
3. Advocate for legisla-		Support the passage of the Sen-	Commission	FY 2000-01	
tion which improves		ior Fraud Protection Act of	on Aging		
protection of seniors		2000, which prohibits attorneys			
and dependent adults		from engaging in specified			
		practices with their clients			
		Support the expansion of the	Commission	FY 2000-01	
		definition of elder and depend-	on Aging		
		ent adult abuse to include acts			
		which cause severe depression			
		and serious emotional distress			
	<u> </u>	Support legislation promoting	Commission	FY 2000-01	
		unannounced inspections of	on Aging		
		long term care facilities by			
		state licensing agencies			

III. APPENDICES

- A. Review of Needs Assessment, Reports, Studies
- **B.** Summaries of Community Forums- by Subject
- C. Summaries of Community Forums- by Location

Appendix A: REVIEW OF NEEDS ASSESSMENTS, REPORTS, STUDIES

DOCUMENT	HIGHLIGHTS
Commission on Aging Nutrition Task Force (1999)	 The decline in participation in the Congregate Nutrition Program is complicated and cannot be attributed to one singe cause.
	• A combination of factors—a change in participant characteristics from the early days of the program, environmental influences (e.g., housing, transportation, etc.), economic influences, program and contract-related issues (e.g., funding and participant requirements)—all influence participation in the Congregate Nutrition Program.
Women's Health Initiative (1999)	 Suggested the formation of a cross-generational committee to address violence and abuse.
	 Need to address violence prevention and intervention as a multidisciplinary issue from the start.
	Need to reduce fragmentation within Health Services.
California's Caregiver Resource Center System Annual Report	 There is a need to strengthen respite programs and other vital caregiver support services.
	 Increased assistance is needed to under-served caregiver population, particularly minority and rural.
	 Support research to prevent, diagnose, treat, and cure/rehabilitate brain-impairing conditions and measure and analyze the impact of brain disorders on family and caregiver well being.
	 Need to collaborate with private sector to reach and serve family caregivers that are also working adults.
looking, listening, and dreaming: A report of the findings of the South	No dental of medical care is available on the south coastside except for a mobile County clinic, which visits Pescadero twice a month.
Coast Collaborative Community Profile (July 1999)	 Public transportation is limited—four bus trips per day (weekdays only) by SamTrans. Current plans indicate it will be more limited in the future. Two coastside-based programs (Coastside Opportunity Center and Coastside Adult Day Health Center) provide some additional transportation.
	• Area is even more isolated during winter, storms, landslides, floods, & power outages.
Consolidated Housing and Community Development Plan (1999-2003)	The majority of senior households are homeowners. Financial assistance may be needed by both low-income renters and owners to keep up with escalating rents, home

- repairs, and utility bills. Frail seniors may need modifications to assist them with mobility.
- While 87% of the Mental Health Division's clients are low income, only 5% have access to supportive, subsidized housing.
- Twenty-seven percent of all renters are very low income.
- Thirty-eight percent of all Hispanic renters and 39% of all Black renters are very low income.
- A housing shortfall is anticipated in San Mateo County. From 1995-2010, the housing deficit is expected to range from 15,600 to 24,600 units. It is anticipated that deficits for rental units will be significantly higher than for ownership units, with the highest deficits in rental units for lower income families.
- Rent levels are not likely to be reduced because of the low number of rental units being built and the demand for rental housing by new immigrants.
- Vacancy rates are below 4%.
- A household that pays more than 30% of its income on all housing costs (including utilities) is said to have a cost burden. When more than 50% is spent on housing, the burden is considered severe.
- The unmet housing need is considerable for individuals with disabilities.
- In 1997, average household size was estimated at 2.84 persons., as compared to 2.58 in 1980. It is anticipated to reach 2.89 by 2005.
- According to the San Mateo County Homeless Needs Assessment, there were 4,663 homeless persons (3,521 adults and 1,142 children.) documented in 1997. 37% had been homeless for at least one year. Approximately 61.2% were male and 38.8% female. About 12% of household heads were over age 50 and about one-quarter were under 30.
- San Mateo County has 58 affordable rental projects, 18 assisted projects (e.g., group homes or assisted housing for the elderly) none assisted ownership projects, and three affordable projects under development. Within the next 15 years, twenty of the 58 assisted developments are at risk of conversion to market rate.
- Individuals on the Housing Authority's waiting list may wait from 7-10 years before receiving housing assistance.
- Individuals on waiting lists for the 51 other publicly assisted housing projects may wait anywhere from less than one year to more than five years. Half of those projects with waiting lists have a waiting period of more than three years; eleven have closed their waiting lists.

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Senior Housing in San Mateo County: A Project of the San Mateo/ Hillsborough/Burlingame/Foster City Leadership Program 1997-98	 The need for affordable housing for independent seniors and assisted living facilities for seniors who need some assistance, but are not appropriate for skilled nursing home placement, ranks as the highest unmet senior housing need. Seniors are receiving substantial rent increases, eviction notices, and are being forced to leave long-term residences. The lack of affordable housing may force seniors to move out of county. Forty-two percent of low-income households are senior households. Between 1996 and 2011 more than 1,450 project-based Section 8 units will be at-risk of converting to market-rate rents. Seventy-five percent of seniors are homeowners. Thirty-seven percent of senior homeowners have incomes below \$25,000. There are no affordable assisted living facilities and only 17 units of affordable assisted living in this county. Assisted living is not reimbursable by either Medicare
health community collaborative of san mateo county Community Assessment- Health & Quality of Life in San Mateo County Community Report	 Most county residents experience a very high quality of life, enjoy relative prosperity. San Mateo County has a rich mix of racial and ethnic diversity. Low-income families seem disenfranchised from much of what is good about San Mateo County. In the survey findings, availability of affordable housing was the lowest-rated quality of life indicator. In the survey findings, traffic was second-lowest rated quality of life indicator. Almost 90% of survey respondents rated their neighborhoods highly for crime control and safety. Approximately 5,000 adults experienced a period of homelessness during the past two years. Health status in this county is very good. Local health care received high marks. County utilization of preventive medical care compared favorably with national figures. Equity and access to health care services are concerns in this county. It is particularly a problem for those who are low income, those without insurance, and minority individuals. Residents are critical or ambiguous regarding access to specialized services such as mental health care and substance abuse services. Approximately one-half of all deaths are attributable to non-genetic factors, including

	health risk behaviors.
	 Nearly three out of four adults in this county exhibit at least one risk factor for cardiovascular disease.
	Tuberculosis rates in San Mateo county continue to increase. A very high percentage of TB cases are foreign-born.
Y	Because seniors will be the fastest growing segment of the population, there will be greater demand for in-home supportive services, long-term care, and respite services for informal caregivers.
Indicators for a Sustainable San Mateo County	• In 1998, poverty level for a family of four in San Mateo County was an annual income of \$16,452 or less. This figure is about 30% of the county's median income.
A Yearly Report Card on Our County's	• There is a decline in the number or individuals receiving benefits from CalWORKS,
Quality of Life (May 1999)	Food Stamps, and General Relief. This is attributable to a combination of Welfare
Sustainable San Mateo County	Reform and the booming economy.
	The number of individuals receiving MediCal continues to fluctuate.
	(Sources: John Baarts, CalWORKS, San Mateo County
	• In 1998, the median-income family of four could afford to purchase the median-priced condominium, but not the median-priced single-family home.
	Between 1991 and 1998, the countywide average monthly rent for a vacant one-
	bedroom apartment increased 48%, while a two-bedroom apartment increased 60%.
	San Mateo County lags behind the nation, state, and Bay Area in affordable single-
	family homes.
	(sources: County of San Mateo; ABAG, California Association of Realtors; San Mateo County Association of Realtors, HUD; SAMCEDA)
	• In 1996, there were 4,663 documented homeless persons in San Mateo County.
	Included in the count were 539 families.
	♦ 61% were men, 39% women, and 32 % children.
	♦ 39% were White, 29% African-Americans, 26% Hispanics, and 65% a mixture
	of Asian/Pacific Islanders, mixed ethnicity/other, and Native Americans.
	♦ Among adult homeless, 37% were 31-40 years of age, 26% were 18-30, 25%
	were 41-50, and 12% were 51 years of age and older.
	♦ For 72% of them, that was their first homeless experience.
	♦ 42% had been homeless for a year or more.
	♦ 30% were mentally ill, 40% were substance abusers, and 10% were HIV
	positive. Individuals were often included in more than one group.

	Sources: Tom Roberts, Homeless Coordinator, Housing Division, San Mateo County
	Human Services Dept.; CA State Department of Finance, Demographic Research Unit
1999 Coming of Age in the Bay Area	Highlights of Survey Findings:
Telephone Survey of Seniors (55+) Consultant: Alan Pardini	• 39% were involved in formal volunteer activity. While volunteerism declined with advancing age, 35.1% of those age 75 and older were still volunteering.
	• 13.6% had daily caregiving responsibilities.
	• 26.4% of caregivers experienced physical stress as a result of their caregiving responsibilities, while 26.4% indicated that they found it stressful or very stressful emotionally.
	• 26.5% of caregivers wanted more help with their daily caregiving responsibilities.
	• 19.2% were impacted in some way by crime and/or other violence in their communities.
	• 74.2% felt that their homes were very safe.
	• 84.9% planned to continue living in their current community.
	• 44.4% perceived their health as good, 26.6% as excellent, 21.4% as fair, and 7.1% as poor.
	• 88.0% were satisfied with their social contact with family, friends, neighbors, etc.
	• 89.4% participated in regular physical activity (mostly walking). Of those who participated in physical activity, 47.9% participated in it every day, 38.8% a few times a week, 7.5% occasionally, and 5.8% once a week.
	• 88.8% had no difficulty going outside of the home. When they needed assistance in going outside the home, it was most often provided by a child.
	• 94.0% had no difficulty meeting their daily personal needs (bathing, cooking, cleaning).
	• 86.6% rated their transportation arrangements as adequate; 13.4% rated them inadequate.
	• 8.2% indicated that they had experienced abuse, exploitation, or neglect.
	• 18.0% experienced age discrimination.
	• When help was needed, children were cited as the most primary source of assistance. It was followed by spouse/partner.
	• 5.6% indicated a problem getting information because of language difficulty.
	• 26.0% were aware of special phone numbers providing info for older adults.
	• 37.0% indicated they had to work after retirement to earn enough income.
	• 80.0% of those still in the workforce chose to work on a part-time basis after

	retirement.
	Types of preparations undertaken to prepare for retirement
	♦ Financial 64.6%
	♦ Healthcare 55.8%
	♦ Housing 44.6%
	◆ Adult Education Program to develop new skills 17.6%
	♦ Develop awareness of community resources 13.2%
	• The most serious concerns (in descending order) were planning for retirement, taking care of a loved one, getting sufficient food, getting affordable legal services, safe alternatives to driving, getting long term care, continuing to drive, money for non-insured health expenses, remaining in own home, having money to meet expenses, health insurance, avoiding fraud, coping with disability or illness, preventing crime, being physically fit.
Survey of Local Senior's Attitudes and	87% of Coastside residents surveyed were aware of Senior Coastsiders.
Opinions Regarding Available Services	• 62% learned about the center by word of mouth.
and Activities Prepared for: Senior Coastsiders	• 34% learned about the center through newspaper articles, 12% through newspaper advertisements.
	• Flyers (6%) and television (3%) are not a major source for promoting the center.
	Leading concerns are health, transportation, and aging.
Correspondence from Colma City	Transportation needed for those who do not qualify for RediWheels or find it
Manager	inconvenient to use.

San Mateo County Health Services	Mission
Strategic Plan	Everyone has the right to quality health care.
	• Everyone has the right to live in a healthy, disease-free community.
	Positive health outcomes must be maximized within the resources available.
	• Consumer choice and independence must be maximized and integrated in the delivery of health services.
	Beliefs
	• To protect the public health of all citizens and the environment within the framework of county government.
	• To provide a safety net of medical care, mental health, and protective services for vulnerable people.
	To ensure emergency medical response to all people in San Mateo County.
	To cooperate with other community health providers, concerned citizens, and
	committed volunteers who help Health Services achieve its mission.
	<u>Strategies</u>
	Focus on services that protect and enhance the community's health.
	 Integrate services across the existing divisions in Health Services.
	Build a community-oriented health system.
	• Integrate Case Management with the Community-oriented Primary Care Clinics and specialty services.
	Organize physicians for community-oriented health services and for managed care.
	Build an information infrastructure to support system changes.
	 Monitor and respond to changes in Federal and state funding and formulas for all programs.
	Respond to and develop enhanced revenue opportunities.
Correspondence from PoplarReCare	Age range of persons served:
regarding services provided	• 16.0 % are 0-3
(1999)	• 19.9% are 18-30
	• 41.9% are 31-49
	• 10.0% are 50-59
	• 12.3% are 60+
	Living arrangements of persons served:
	• 66% live with family member

	200/1:
	• 22% live in a group home
	• 9% live independently
	• 2% live in board and care
0000	• 1% live in supported housing
Healthy San Mateo 2000	The death rate from falls dramatically increases after age 65.
Health Status Indicators	• The rate of hospitalization resulting from falls is more than 50 times higher for those over 85 years of age than for young adult age groups.
	• The most common cause of hospitalizations from 1994-95 was adverse reactions to medication. The second most common cause was falls.
	• The two most common causes of death are heart disease and cancer. Between 70% and 80% are "lifestyle-related and potentially preventable."
	Smoking is the cause of over 85% of lung cancer deaths.
	• Males 75+ have the highest suicide rate of any other group.
	• Females 75+ have the highest suicide rate among females of any age.
	Blacks have the highest death rates for all major causes except suicide.
	Whites have the second highest rate of heart disease and cancer deaths.
Community Assessment Health & Quality of Life in San Mateo County Medical Association of San Mateo Co. (1999)	• Individuals surveyed ranked health care in San Mateo County as significantly better than in California as a whole.
	• Individuals in the lower income brackets rated their health status as poorer than health in San Mateo County as a whole.
	Top health concerns for San Mateo County as a whole are addictions/substance use, violence/injuries, chronic disease, and communicable disease
	• 16.6% of people in San Mateo County are smokers
	• Chronic drinking problems are greater in the senior population than in any other age
	group.
	• Falls account for 9% of the injury deaths in San Mateo County
	 Males over 85 rank second to females age 15-24 in the number of self-inflicted injuries.
	• 25.2% of county residents are overweight.
	• Lung cancer is the cause of almost three times as many deaths as the next leading cause of cancer death (colon cancer).

	• Death rates for African Americans are much higher for most causes—heart disease, cancer, stroke, AIDS, homicide, and injury.
•	• The % of individuals experiencing depression is higher in lower income groups.
	• 80.2% rated the availability of affordable housing as fair/poor.
	• A family of three in San Mateo County needs an income of \$41,343 to be self-sufficient.
Community Based Capacity Building for	Compared to elders from other ethnic groups, Asian Pacific Island seniors are more
Asian Pacific Islander Elders	likely to have a Bachelor's degree (or higher).
U.S. Administration on Aging Grant No.	• According to the 1990 Census,, 36% had less than a 12 th grade education.
90-AM-2078 National Asian Pacific Center on Aging	• As of 1990, 1,450 Asian Pacific Island elders were linguistically isolated. Chinese elders comprised the largest group, with Filipino elders second.
March 1999	 According to the 1990 Census, 30% of Asian Pacific Island elders were living in poverty.
	• At a town hall meeting (October 1998), the following needs were highly ranked: assistance with naturalization, In-Home Supportive Services, affordable/subsidized housing, financial issues (including Veterans' Benefits), transportation, dental care, alternatives to family care, and access to information in Asian Pacific Island languages.
1998 San Mateo County Annual Report	• The 1998 Unemployment Rate was 2.7%.
	The median family income was \$64,400.
	• The median home price was \$356,500.
California's Caregiver Resource Center System	• The four top services provided were family consultation, follow-up information & referral, in-home respite, and support groups.
Annual Report (7/1/97 through 6/30/98)	 The typical caregiver served by their system is 60 years old and most likely female. 34% of their caregivers of all ages are employed. 53% of their caregivers under 65 are employed.
	• About 10.5 hours of care are provided each day by caregivers of a brain-impaired relative in the CRC system.
	Depression is a problem for 58 of their family caregivers.
	• Most caregivers of brain-impaired adults need more assistance than they are receiving.
Review of Needs Assessments, etc.	

Appendix B: SUMMARY OF COMMUNITY FORUM INPUT BY SUBJECT October 1999-January 2000

THE IDEAL

The following statements from the 1995-2000 Strategic Plan describe an ideal that we are striving for in each area.

Transportation- an accessible transportation system which is client-centered, sensitive to disability and culture, reliable, safe, recognizes access to services as crucial, recognizes transportation as an integral component of the delivery system, and includes new and innovative transportation services for seniors and adults with disabilities

Housing- availability of affordable and accessible housing

Health- improved access to health care and supportive services

Abuse- seniors and adults with disabilities whose well-being and security has been protected y reducing the incidents of violence, abuse, and neglect

Emergency Preparedness- a coordinated and comprehensive system of emergency services that is accessible, sensitive to language/cultural diversity, and meets the needs of seniors and adults with disabilities

Access to Information- community education that provides information about issues of concern to seniors and adults with disabilities and the resources that are available to them in their community

HOUSING

Barriers to Achieving the Goal:

- Lack of affordable/accessible housing
 - ♦ Limited Section 8 housing and limited timeframe for locating available units that will accept Section 8 certificates
 - ♦ Section 8 contracts are expiring
 - Long waiting lists for subsidized housing
 - ♦ Demand will increase as population ages
 - ♦ Lack of information regarding existing affordable/accessible housing
 - ♦ Every year, rent increases
 - ♦ Apartment owners lack knowledge about Section 8 Program and are fearful that if they accept certificates that they will be dealing with governmental red tape and will be renting to undesirable people
 - Many existing senior housing facilities have accessibility problems (e.g., very high or very low cupboards)
 - ♦ Lack of land and money for building new housing
 - ♦ Lack of incentives to create new and maintain existing affordable/accessible housing
 - ♦ NIMBYism (Not in My Backyard)
 - Seniors are being evicted from Section 202 and Section 8 housing as contracts for those facilities expire. They are provided with no housing options
 - ♦ Lack of rent control
 - ♦ HUD contracts are easily broken
 - ♦ Cities/counties are not increasing their quotas for low income senior housing
 - ♦ Local zoning controls can be prohibitive
 - People with high incomes competing for housing, driving the prices up
 - ♦ Indifference of elected officials to housing problem
 - National Council of Churches and other non-profits are not addressing this issue
 - ♦ HUD housing is converting to market rate
 - ♦ Lack of coordination between housing groups
 - ♦ Lack of legislation to support affordable/accessible housing
 - ♦ Lack of information about shared housing
 - ♦ Lack of information about affordable housing maintenance programs
 - ♦ Lack of information in Washington, D.C. about how San Mateo Co. is doing
 - ♦ New housing is not affordable
 - ♦ Landlords, developers, and cities are not interested in low cost housing. They want market rate
 - Seniors are living with children and grandchildren in very crowded conditions
 - ♦ New commercial building is gentrifying some areas
 - Few seniors actually reside in affordable senior housing
 - ♦ Waiting period for Section 8 Housing Program is too long
 - 50% of a person's income from SSI benefits goes to pay for housing
 - Not enough homesharing programs. Screening for home-sharing not always good
 - Renters are being priced out of the area because rents are beyond their ability to pay. Older citizens have had to relocate to areas with "cheaper housing"
 - Existing housing is not being put to good use (could be converted to house more people)
 - Seniors don't know whom to contact to advocate for senior housing
 - Lack of safe and affordable housing for adults with developmental disabilities

- ♦ Lack of knowledge about the need for affordable housing for adults with developmental disabilities
- ♦ Applicants frequently do not get responses to their applications for affordable housing. They don't know where they are in the process.
- Housing information isn't translated into languages that are prominent in the community
- ♦ Not everyone owns a home
- ♦ Lack of information on how to apply for subsidized and regular housing
- ♦ People are living in crowded conditions
- ♦ There is discrimination against senior renters in the community
- Other Housing Barriers
 - Difficulty coming up with the three months rent needed to move in
 - Most new construction is commercial, not residential
 - ♦ Lack of attention to anything but physical barriers
 - ♦ Lack of attention to infrastructure considerations (e.g., transportation)
 - Poor treatment in some existing senior housing
 - ♦ In some facilities rest rooms are kept locked
 - Residents of existing housing facilities are given rules of conduct that apply to them, but not to the staff of the facilities
 - The housing bureaucracy is hard to deal with when filing a complaint
 - Need for assisted living facilities designed for the frail elderly will increase as senior population increases
 - ♦ Lack of tax or mortgage rate incentives to develop assisted living facilities
 - Not everyone knows about services that help them stay in their homes
 - Parents of adults with disabilities feel that it is dangerous for their adult children to live alone
 - ♦ Communication problems
 - ♦ Access to transportation impacts the selection of housing
 - Construction of senior housing facilities is restricted by R1 zoning

- Section 8 vouchers should be usable for one year
- Government should encourage or legislate a tax benefit program in which developers would build or contribute toward the construction of some public facility (e.g., low income housing, community center, etc.) as part of their proposed development
- More landlord incentives for creating affordable/accessible housing
- Tax incentives to subsidize units of affordable/accessible housing
 - Tax reduction for builders who set aside a percentage of space for affordable units
- Advocacy services for housing issues
- Identify how many people are leaving this county because of escalating housing costs
- Adopt universal accessibility standards for all new housing
- Coordinated countywide strategic planning around the housing issue
- Coordinate state and local legislation to preserve affordable/accessible
- Train staff of housing facilities
- Lower taxes
- Clarify definition of "affordable"
- Low interest rate loans and special income criteria for 1st time home buyers
- Build low income housing over single story businesses
- Make new industry partly responsible for creating housing
- Cities should have affordable housing plan

- Lower rent of individuals on Social Security. Landlords would have to accept a reduced rent for a certain percentage of units, just as doctors must accept a reduced fee from insurance companies
- A County department should organize and supervise shared housing
- Give permits for "granny units" that would be for family or rental at fixed rent to low income seniors
- Mandatory education and training (covering community resources, communication skills, needs of seniors and people with disabilities) should be provided to those working in senior housing
- Treat residents of senior housing with dignity
- Housing projects should update their waiting lists
- Better use of existing space, land, buildings
- Staff of senior housing should be diverse ages
- Link housing facilities more closely with community resources (e.g., TIES Line)
- Create support groups within housing facilities for residents who are depressed or have a disability
- Create a housing ombudsman to hear complaints/conflicts
- Obtain feedback from residents regarding how they are treated (e.g., survey)
- Unlock restrooms in housing facilities
- Ask foundations to finance new projects
- Ask government to finance new affordable/accessible housing projects
- Establish rent control
- Live with adult children and share costs
- Build more affordable housing
- Match more seniors in home-sharing arrangements
- Provide affordable support/help at home that enables seniors and adults with disabilities to live safely in their homes
- Provide adequate redress for persons ousted from subsidized housing because of conversion to market rate
- Provide incentives to encourage the development of assisted living facilities
- Contact National League of Churches and local churches to find out how they can help this housing problem
- Contact city councils to determine cities' quotas for affordable housing
- Contact Mid-Peninsula Housing to find out their plans for affordable housing
- Contact city councils, news media, and legislators to let them know affordable/accessible housing is an issue
- Educate the public about the need for affordable housing for adults with developmental disabilities
- Create better and lower cost housing for adults with developmental disabilities
- Raise the allowable income level for individuals receiving SSI, disability income, and Section 8
- Create more safe places for adults with developmental disabilities to live
- Designate some public lands and offer them at lower than market rate to developers who would build affordable housing and a senior community
- Improve transportation near senior housing
- Build self-contained communities that include housing and supportive services
- Create more studio and one-bedroom apartments
- Change permit requirements to allow for more in-law apartments
- Screening for homesharing to be performed by professionals
- Provide cultural options for families
- More affordable and accessible housing should be built
- Part of the lottery proceeds should be allocated to fund senior housing

EMERGENCY PREPAREDNESS

Barriers to Achieving the Goal:

- Attitude (People put it off or think that someone will help them)
- More education needed
- Isolated individuals may not have a plan
- Language and cultural attitudes
 - ♦ Cultural attitudes prevented people in some communities from seeking help
 - ♦ Information needed in other languages
- Denial
- Poverty (homeless have limited access to information)
- Emergency personnel do not know where people with disabilities live
- More information needed about the issue

- Outreach (not just superficial)
- Improved sensitivity to needs of at-risk individuals
- Get children to talk about emergency planning with their families
- Implement a coordinated countywide system for the identification of persons with special needs
- Develop decals that can be posted on doors to indicate to emergency personnel that a person with special needs resides/is inside

ACCESS TO INFORMATION

Barriers to Achieving the Goal:

- County is large and centralization of information is difficult
- Politicians don't consider information to be important
- Culture values ability and stigmatizes disability
- Fragmentation
- Many people don't read information, especially if it is posted. They don't carry their glasses with them.
- Citizens, politicians, and providers are not knowledgeable about marketing
- People don't pay attention to information until it impacts them personally or until there is a crisis arises
- Lack of money
- Insufficient outreach
- Have a person located at the senior center who is knowledgeable about resource, including those for grandparents raising grandchildren.
- People don't know how to access information
- People don't know about resources (e.g., health, assistance with activities of daily living, etc.)
- Homebound people have limited access to information
- Mental health and cognitive problems can be a barrier
- Adult children are not educated about senior resources
- Families have a resistance to seeking help due to shame and other factors
- It's impossible to know everything
- People fear losing independence/control over their lives
- Many seniors won't use the telephone to seek out information
- People are turned off by automated telephone systems
- Hearing and visual problems
- There are too many choices/things are too complicated
- Lack of information leads to scams or spending high amounts of money on needed services and supplies
- Lack of information about home maintenance and repair resources
- Cultural and language barriers
- Some Spanish-speaking people cannot read or write in their own language and cannot understand written material in Spanish either
- Intimidation when one has to provide evidence of immigration status to access services
- Family members are a source of information, but many of them do not live near
- Sometimes the services in the community intimidate us
- In some cultures, people do not keep written information, making it more difficult to get help because they are not organized
- Written information is secondary to oral information.
- Doctors are rushed, leaving patients no time to ask questions
- Complicated forms should be written in user-friendly languages/simple English
- People don't want to impose or look foolish
- Lack of assertiveness/can't ask for help
- Thinking that nobody else has the same problem
- Being discouraged from seeking additional information
- Fear of being taken advantage of

- Poor attitude/lack of respect that agencies demonstrate toward older people
- Ulterior motives of information sources (e.g., trying to sell a product)
- Geographic isolation, particularly for those who live alone, are homebound or live in the rural Coastside area
- Need greater distribution of Help at Home directory
- Lack of information about the various types of abuse
- It's complicated to find the phone number for the services you are looking for. Need one phone number where a person can be directed for all kinds of help
- Need for benefit counseling
- People need help filling out forms
- People need miscellaneous legal advice for which they are frequently charged
- Social workers in hospitals are too rushed and too money-oriented
- Many health professionals lack information about the resources available to their clients (e.g., nurses, doctors, ophthalmologists)
- Help at Home need to be available in large print and on tape
- Information isn't getting to the consumer
- Some people are less aggressive about seeking out information

- Information should be available in more public places. Information and referral should be provided once again at community/senior centers
- Community education using all types of media (e.g., Independent newspapers, local cable stations, Spanish-language TV and radio stations, KCSM Bulletin Board and on the non-profit radio station)
- Education to increase awareness of the needs of others
- Coordinate and disseminate senior information during census process
- Use Census data to help target services
- Disseminate more Help at Home booklets to people who don't participate in senior programs. Include a section of services for people with disabilities.
- Do more outreach through doctors' offices, churches, supermarkets, hospitals, housing facilities, and Meals on Wheels
- Translate information into languages that are prominent in the community
- Use peer counselors as ambassadors to disseminate information
- Educate people who care for the elderly (especially paid caregivers). Centralize and develop standards for their training
- Consumers need to save important papers, statements, etc. and be alert to all mail that they receive
- When visiting the doctor, be prepared with a list of questions to ask the doctor or leave list of questions with a self-addressed/stamped envelope
- Aging and Adult Services should keep managers of housing facilities informed about services
- People can help one another by sharing information
- People should prepare themselves before actually needing help
- Schedule speakers and distribute Help at Home booklets at church lunches for seniors
- Make presentations at meetings involving physicians/medical staff. Have Help at Home directory in every medical office. Train doctors and staff on how to use them.
- Help at Home directory should be given to all people discharged from a hospital, with an explanation of what it contains
- Be a role model. Each person must become an educator and advocate for their own disability
- Educate the community about the use of guide dogs

- Have seminars at high schools. Make sensitivity training on all disabilities a graduation requirement
- Agencies should share resource material with one another

TRANSPORTATION

Barriers to Achieving the Goal:

Paratransit issues

- Routing of paratransit passengers does not make sense
- Paratransit scheduling is a problem—users often have to schedule up to 14 days in advance
- ♦ The denial rate for paratransit is problematic and ultimately impacts the availability of subscription trips
- ♦ Inaccurate reporting of paratransit data doesn't indicate full scope of problems (e.g., Vehicles that don't show up sometimes appear as cancellations on records)
- Paratransit riders aren't picked up for return ride and are left stranded
- ♦ Drivers arrive too early or too late
- It is difficult booking paratransit rides both to and from destination point
- Eligibility criteria for paratransit are unclear
- It's unfair to expect riders to accept tradeoffs
- Taxi service has problems regarding accessibility and quality of service
- SamTrans is unsympathetic to riders' needs-physical and scheduling needs
- Need for paratransit will continue to increase as population ages.
- Current demand for paratransit already exceeds supply
- Eligibility for and initial access to paratransit service are difficult and delayed
- ♦ Redi-Wheels buses don't go everywhere
- ♦ Redi-Wheels users are often unable to attend classes because they can't get subscription trips and short-term transportation alternatives are not available
- Due to long waiting times for pick-up and long periods of travel, riders sometimes need but do not have access to bathroom facilities
- Accessible transportation not available countywide
- It is difficult to coordinate doctors' appointments with transportation
- ◆ Lack of accessible transportation is a barrier for those who have sight impairment but are able to work
- People who do not have disabilities need Redi-Wheels-type service, but are not eligible
- Inter-county transportation is difficult for paratransit users is
- Complaint resolution process does not resolve service issues

• Issues regarding fixed-route bus service

- ♦ People have to walk long distances or uphill/downhill to bus stops
- The drivers pass up people waiting at bus stops
- ♦ People miss buses; buses are often late
- Certain bus routes are not accessible to people who live in some communities
- Recent bus schedule/route changes have adversely impacted riders. Buses do not go to important destinations where people need to go (e.g., hospital, senior centers, community centers, doctors, dentists)
- ◆ Information about fixed route changes was not well publicized. Even the drivers were not well-informed about the changes
- ♦ Drivers are not helpful when asked questions
- Drivers are sometimes unfamiliar with their routes
- Passengers are unable to identify upcoming stops
- Information about routes and bus stops is not readily available

- New bus routes are not accessible, resulting in some people having to use Redi-Wheels to get to some locations
- ♦ Need accessible shuttle services from CalTrain
- ♦ Using the regular bus system is difficult for people with visual impairments
- ♦ Limited access to transportation anywhere but on El Camino
- Designated seating for seniors and people with disabilities is often used by others
- Buses arrive late, especially on weekends and holidays
- ♦ Having to pay for transfers
- ♦ Difficulties for wheelchair users to use fixed route buses
 - ♦ Difficulty getting to bus stop
 - ♦ Wheel chair lifts are not always operable
- New routes are not safe. Safety is an issue in some urban areas
- ♦ There is no direct bus route to San Francisco. There are problems with connection to San Francisco transportation
- Some buses can't kneel for older persons or people using mobility aids
- ♦ Schedules are not available in alternative formats, such as large print or tape, and are not readable by persons with visual impairment. None of the information on route changes was in accessible format

• General transportation issues

- ♦ Access to public transportation is not easy or convenient
- Many seniors are unable to drive and need transportation services
- Seniors do not want to give up driving their own cars because they will have to depend on the public transportation system to get them where they need to go
- ♦ Lack of education/information for the general public on how to use public transportation
- Cost to individual riders
- ♦ Inconvenience
- Reliability/consistency of service is a problem
- Credibility of consumer is impacted because of transportation problems
- Timeliness of public transportation
- There is competition, rather than cooperation between transportation systems
- ♦ System is not flexible in addressing transportation issues
- ♦ Vehicles don't always go where people need to go
- With restricted hours on weekends and evenings, consumer needs are not being met
- The need for exact change is problematic for some riders
- ♦ Vehicles don't always pick up people at curbside
- ♦ Improved sensitivity training needed for taxi, SamTrans, and RediWheels drivers
- ♦ Taxi drivers need ADA training about guide dogs
- Seniors are not aware of cab vouchers
- Lack of bus shelters at bus stops at senior centers and senior housing
- Frail seniors have difficulty with transportation
- ♦ Passenger safety (e.g., passengers are sometimes thrown around when a bus is in a hurry and makes a sudden lurch)
- Difficulty getting to medical appointments, especially in San Francisco
- ◆ Lack of transportation limits the freedom that people have. They have to ask other people to drive them
- ♦ Sometimes it's easier to stay home than to find a ride
- Bus fares are higher in San Mateo County than in San Francisco

- ♦ Insufficient transportation to and from the Coastside
- While volunteer services like FISH are good, the services they offer are limited
- Curbs not cut down sufficiently throughout the community
- ♦ Hard to understand the system
- ♦ Airplanes do not have enough room for service dogs
- Lack of funding for senior centers to operate their own transportation
- Seniors can't afford the bus fares
- Greater flexibility is needed for those who could use either the fixed route or paratransit systems, depending on their current state of health. Consumer should determine his/her capability of using fixed-route service
- ♦ Cost of taxi transportation (even discounted) to medical destinations is high
- ♦ Large vehicles/empty buses are a waste
- ♦ There are no consequences for providing poor service

- Free passes for seniors to use fixed-route buses
- Lower cost of transportation for seniors
- Let consumers use both Redi-Wheels and fixed route. Approve conditional eligibility for Redi-Wheels, where individual can use fixed route when able, and on days with medical problems, individual can use Redi-Wheels
- Provide sensitivity training for drivers (especially Redi-Wheels drivers) about different types of disabilities, including those that cannot be seen.
- Provide common sense training
- Use state surplus to fund transportation
- Use taxi scrip instead of van service
- Increase taxes to pay for needed transportation
- Increase awareness that seniors have financial and mobility limitations
- Free shuttle to bring seniors to senior center, shopping or medical appointments
- Improve public transportation for areas off El Camino
- Involve city councils in transportation issue
- Install shelters at bus stops at senior housing facilities
- Use local cab company to get people to a major bus stop
- Ask cities to develop shuttle services
- Continue to advocate for transportation needs of seniors and adults with disabilities
- Improve information regarding resources
- Improve staffing (both quality and quantity) of transportation providers
- Survey people with disabilities to identify their transportation needs
- Foster cooperative plans for different transportation systems
- Formulate reasonable laws for all drivers to ensure driving safety
- County should support volunteer organizations that provide rides
- Improved feeder service to main transportation routes
- Have people who make transportation decisions ride the buses and Redi-Wheels so they can see what the systems are like
- Get rid of big expensive buses and use minivans for less frequented routes
- Put more money into transportation to ensure availability
- Provide more training for Redi-Wheels route planners and dispatchers so they routes will make better sense and drivers can provide service in a more timely manner
- Provide safe, reliable inter- and intra-county paratransit services that are well-coordinated and linked

- Better wages for paratransit drivers
- Educate the public regarding paratransit
- Provide shuttle to mainline fixed route buses
- Provide same day paratransit service
- Provide accurate paratransit reporting
- Make paratransit complaint process accessible
- Simplify language on transportation brochures and schedules to increase understandability
- Provide sensitivity training for staff of transportation agencies
- Change attitude within SamTrans
- Scrip for taxi service
- Provide taxi services on a sliding scale by subsidizing the operation
- Provide adequate resources for paratransit (sufficient buses so there will be no denials)
- Administration must be sympathetic and responsive to consumers
- Improve administration, especially accuracy and time involved in securing paratransit service
- Do not consider tradeoffs to fund paratransit
- Consider all paratransit rides as "necessary" to the individual
- Educate voters that funding is insufficient to support paratransit
- Consider rides to medical appointments as critical
- Accept the fact that Redi-Wheels users use the service because they don't have other options
- Provide better travel training to encourage use of fixed route service.
- Don't allow lack of resources to impact quality of paratransit services. Money is not a quick fix.
- Service providers need to be responsive to consumer needs
- Improve routing of vehicles
- Drivers should receive sensitivity training
- SamTrans should drive up to the curb
- Install seat belts to increase passenger safety
- Have drivers announce upcoming bus stops
- Familiarize drivers with their routes before assigning them
- Train drivers to respond in a positive manner to questions from passengers
- Extend hours to include evenings and weekends
- Encourage more cities to offer shuttle services
- Ask hospitals to provide transportation to seniors and people with disabilities
- Contact cab companies regarding vouchers
- Volunteer agency should coordinate volunteers who provide transportation assistance
- Educate pubic and seniors regarding the difficulty that a senior encounters when trying to coordinate transportation to appointments
- Ask grocery stores to deliver groceries
- Ask pharmacies to deliver medication
- Expand Menlo Park shuttle services
- Monitor travelling time between bus stops to ensure that buses are on schedule
- Review and improve bus schedules
- Build bus shelters for designated bus stops
- Educate drivers on customer relations
- Adopt a uniform fare for both San Mateo and San Francisco counties
- Enforce the policy of reserving designated seats for the elderly and persons with disabilities
- Maintain a central clearinghouse for all citizens for all levels of transportation
- Have more bus stops and lines

- Increase programs like Redi-Wheels and FISH
- Improve advocacy for people who depend on public transportation
- Shuttles that go up hill to get people to and from bus stops
- Free or sliding scale cab rides for seniors
- Ride-sharing—connecting people with cars to those who need rides
- A formal way to connect people who want to help with people who need help. This would eliminate the feeling that the recipient is bothering the other person
- A shopping shuttle
- Lower cost transportation for consumers
- More and flexible subscription rides for paratransit
- Discounted or subsidized transportation for people needing accessible transportation to places of employment
- Make provisions for Redi-Wheels to take consumers all the way to destinations outside of county at least twice a month (e.g., downtown San Francisco)
- Have bus schedules in large print or on tape. Remove shading on schedules
- Drivers should have copies of large print schedules on bus
- Revise fixed routes
- Improve transportation near senior housing

HEALTH

Barriers to Achieving the Current Goal:

- Financial barriers (especially with regard to prescription drugs)
 - ♦ Cost of medication, hearing aids, glasses, and assistive devices
 - ♦ Share of cost
 - ♦ Cost of long term care
 - ♦ Cost of emergency care
 - ♦ Cost of supplementary health insurance
 - ♦ Doctor fees are too high.
 - ♦ Cost of health care too high for the average citizen
 - People with middle incomes cannot access some low cost/free health programs
- HMO's are pulling out of San Mateo County
- Language and cultural barriers
- Lack of access to quality health services in the community
- Doctors without special training in gerontology
- Better care needed as one dies
- Grandparents raising grandchildren could use counseling about their own issues and needs
- It is physically taxing to be a grandparent raising a grandchild, especially if the grandparent has health problems
- Doctors are arrogant and medical community doesn't take seniors seriously
- Profit motive and greed
- Concern over the future of local health facility (Coastside)
- Services on Coastside are limited.
 - ♦ Coastside is isolated and lacks specialists
 - Need facility that treats people with Alzheimer's Disease on the Coastside
 - ♦ In-home care help is hard to find on Coastside
 - ♦ Highway 92 is a concern. Coastside needs better access to medical services in an emergency
- Transportation to medical appointments is a concern. There is a concern for the cost of gas
- Inability to choose the doctor I want/ HMO changing primary care physicians
- Cost of food
- Health plan restrictions
- Caregivers often suffer from depression
- Medication problems—doctors don't know what other drugs are prescribed for their patients by other doctors
- Medication names are confusing
- Accountability of doctors
- Pharmacists are not being used enough to monitor medication
- Doctors don't give clear information
- Health facility may charge emergency room fees if you go there for an "inappropriate" use
- Profit motive of managed care is not working
- There are medical eligibility issues due to managed care
- Variable coverage by HMO's and insurance companies
- Lack of Dental coverage
- There is a lack of access to mental health services
- Physicians are going broke
- Use of multiple medications is a leading cause of hospitalizations

- Information sent to seniors to clarify Medicare and health plans does not increase understanding
- Doctors and providers are not advocating
- Lack of socialization for isolated seniors is a mental health issue
- Excessive cost of medications
- Cost of supportive services (e.g., Day Care, Respite Care, etc.)
- Health coverage is declining (e.g., dental and vision coverage)
- There are new charges and co-payment has increased
- Prices are increasing and our incomes are not
- Insurance coverage is inadequate, it doesn't cover the things that are needed (e.g., limit on number of glasses covered)
- Problems getting insurance (if available, it is exorbitant) for U.S. citizens who have spent years working abroad

- Promote the Vial of Life Program (vial contains emergency and medication information)
- Improve access to health information for consumers
- Decentralize and outpost Information and Referral at senior centers
- Establish universal health plan
- Medical providers should provide bilingual services and resource guides that are available n languages prominent in their communities
- Knowing in advance what we have to pay
- Lower the cost of health care
- Remaining HMO's are charging high premiums and even Kaiser's share of cost has risen
- Medi-Gap insurance is becoming unaffordable
- Disseminate information in a timely manner
- Simplify/clarify information on health care, especially long term care
- Outpost staff
- More political involvement
- Lobby legislators for health care reform
- Vote
- Strategize on how to impact pharmaceutical companies to make medication more affordable
- National AARP should address issue and pass it on to local chapters--Use AARP newsletter to advocate for changes in Health Care
- Advocate for higher wages for in-home care through state legislature
- Create a speakers bureau to educate the community on prevention
- Consumers should be prepared with questions for their doctors and pharmacists regarding new medication
- Educate patients regarding Vial of Life Program and require that they complete the Vial of Life information sheets when leaving the hospital
- Strengthen the role of the pharmacist as a clearinghouse regarding medication. Pharmacist should employ a centralized computer system to monitor drugs
- Consumers must be responsible for educating themselves
- Develop more Adult Day Care/Adult Day Health Care and Alzheimer's programs
- Provide respite for caregivers
- Promote share of cost for prescriptions
- Cover dementia-related services under Mental Health

ABUSE/NEGLECT

Barriers to Achieving the Goal:

- Linguistic, cultural, and cognitive isolation
- Fear of consequences of reporting
- Failure of legal system to follow-up on abuse
- Lack of resources for individual consumers
- Lack of resources for agencies who respond
- Lack of resources for data collection
- Lack of knowledge about the different types of abuse
- Community does not have a clear definition of elder/dependent adult abuse. Need more community education on types of abuse.
- Cost of background checks for caregivers
- Fingerprinting of caregivers could present privacy problem
- Problems with telecommunications fraud

- Educate the community regarding resources
- Provide ongoing community education about abuse, including a clear definition, including all types of abuse
- Provide information to family/caregivers on recognizing signs of abuse in individuals living in residential care

SERVICES AND SUPPORTS

Grandparents Raising Grandchildren

Barriers to Achieving the Goal:

Education

- Grandparents feel the schools don't respect them and are embarrassed by the way they are treated
- Grandparents are often intimidated about going to schools
- It is inconvenient for grandparents to get to the schools
- Emphasis on working with Hispanic families to learn English, but no similar type of assistance for other groups

Health

- There is a lack of access to quality health services in the community
- Grandparents lack the ability to keep grandchildren from going astray
- There is a lack of information about services and supports
- The information that does get out is not easily understood

Public Benefits

- Grandparents lack sufficient income to support grandchildren
- Grandparents have to "do without" in order to support their grandchildren
- There is a disparity between the financial support that foster homes receive and the level of support for which grandparents raising grandchildren are eligible
- Most grandparents do not receive financial support for raising their grandchildren. Whatever support they do receive doesn't go far enough

Services and Supports

- Lack of affordable home repair services
- Grandparents could use counseling about their own issues and needs
- Grandparents are too busy taking care of grandchildren to take care of themselves
- It is physically taxing to take care of grandchildren, especially for grandparents with health problems
- Grandparents raising grandchildren accept a lack of quiet in their lives
- There is inadequate respite for most grandparents taking care of grandchildren
- When you are the caregiver for your grandchildren, you are no longer retired

Suggestions for Overcoming the Barriers:

Education

- Schools should provide more services in the home, rather than at the school site
- Grandparents should receive assistance in helping grandchildren with their homework
- Schools should do more home visits to families

Socialization/Recreation

Provide outings for grandchildren cared for by their grandparents

Public Benefits

- Increase income available to grandparents; provide additional financial assistance around the holidays
- Educate the community about the financial support that is available for grandparents raising grandchildren

Services and Supports

- Provide adequate resources to operate a community-based senior center than can act as a focal point for grandparents raising grandchildren
- Have a person located at the senior center who is knowledgeable about resources, including those for grandparents raising grandchildren
- Have an outreach person at the senior center who can go out to the homes
- Work together
- Increase availability of affordable home repair services

Caregiving

Barriers to Achieving the Goal:

- Many caregivers suffer from depression
- Caregivers need respite

Nutrition

Barriers to Achieving the Goal:

- Participants in Brown Bag Program sometimes receive items they don't use (e.g., may be unfamiliar to their culture)
- Participation at Senior Nutrition Sites is decreasing. Some seniors stay away because they don't have money. The suggested donation at the local senior center is not volunteer; it is treated as a charge for the meal
- Some nutrition sites also charge for coffee
- If seniors had money to pay for lunch, they wouldn't go to the nutrition site
- Lack of transportation prevents some seniors from going to Senior Nutrition Site
- Open new Senior Nutrition Site at Teglia Center
- Include different foods in the bags distributed by the Brown Bag Program
- Lack of transportation to senior nutrition sites

Employment for Adults with Developmental Disabilities

Barriers to Achieving the Goal:

- Lack of access to jobs in mainstream employment
- Limitations on the amount of money individuals can earn and still qualify for SSI, SDI, and Section 8
- Employers are not aware that adults with developmental disabilities are available for and want to work

Suggestions for Overcoming the Barriers:

- Improve public transportation for those who don't live near El Camino
- Raise income limits for eligibility for public benefits for adults with developmental disabilities
- Educate employers that adults with developmental disabilities are available for and want to work

Safety/Access/ADA

Barriers to Achieving the Goal:

- Construction areas are not safe
- Disabled placards are being abused
- Lack of disabled parking places in private lots, especially malls
- No central clearinghouse for reporting misuse of disabled parking

- No way to enforce the number of disabled parking places in a private lot. Ratio needs to be increased
- Handicap parking not enforced in public areas
- Traffic lights do not allow enough time for senior pedestrians to cross

Suggestions for Overcoming the Barriers:

- All traffic signals should be audio, with a single standard for all (same audio/voice explanation of audio when button is pressed)
- Coordinate all city Americans with Disabilities Act (ADA) coordinators so that if there is a complaint, people know where to go
- Educate developers, city planners, constructions companies that individuals with disabilities have special needs in construction areas
- Develop standards for construction areas so that individuals with visual impairment are alerted to changes and hazards
- Educate doctors about abuser of handicap placard and who really needs them. Have photo ID on placard and have them renewable on an annual basis with a prescription
- Advocate for increase in percentage of spaces designated as disabled parking in San Mateo County, especially in high use areas
- Ask cities to adjust traffic light timing to ensure the pedestrians can cross safely
- Educate restaurants about ADA/provide sensitivity training regarding guide dogs

Recreation for Adults with Developmental Disabilities

Barriers to Achieving the Goal:

- Recreation is too expensive
- People don't know recreation is needed for adults with developmental disabilities
- Not enough recreation programs exist for adults with developmental disabilities
- The few programs that do exist are not available throughout the county

Suggestions for Overcoming the Barriers:

- Educate community about the recreational needs of adults with developmental disabilities
- Publicize the need for recreational activities for adults with disabilities
- Contact legislators to advocate for governmental funding for recreational programs
- Golden Gate Regional Center should help design and fund recreation programs
- City councils and city parks and recreation departments should run programs for adults with disabilities that are modeled after the one in Redwood City
- Talk to influential people about the need
- Local access, including transportation to a countywide network of standardized recreation programs for adults with developmental disabilities

Information and Service Accessibility for Non-English-speaking Individuals

Barriers to Achieving the Goal:

- Need Chinese-speaking social worker in County Social Services Department and in Self-Help for the Elderly
- Language and cultural isolation/barriers are the main reasons that many seniors need help getting through the system
- The complexity of various programs makes it difficult for the consumer to understand and utilize them

• Self-Help for the Elderly provides assistance in Chinese, yet the agency does not receive funding to support a bilingual social worker

Suggestions for Overcoming the Barriers:

- Provide bilingual services in all major public service facilities
- Provide medical services and written materials in other languages

Miscellaneous Services and Supports

Barriers to Achieving the Goal:

- Need help applying for disability
- Need help with citizenship papers. Many can't afford to pay for help and can't afford the filing fees
- Need resources for people in early stages of Alzheimer's
- Low reimbursement rate for agencies providing services to people with developmental disabilities. There is a direct impact on their ability to hire and maintain qualified staff. Fund received are insufficient to operate most of the programs

- Parents and families of people with developmental disabilities should use political process to get the state to increase the reimbursement rate to agencies serving people with developmental disabilities. A strong parent advocate group is needed
- Provide recognition (both official and unofficial) of staff serving adults with developmental disabilities by peers and management for the importance and value of the services they provide
- Ask grocery stores to deliver groceries
- Ask pharmacies to deliver medication
- Salary increase for In-Home Supportive Services workers

Appendix C: SUMMARY OF COMMUNITY FORUM INPUT BY LOCATION
October 1999-January 2000

SUMMARY OF COMMUNITY FORUM INPUT NEW BEGINNING COALITION OCTOBER 1999

HOUSING

Have we achieved the current goal? Do we need to keep working on this issue?

No, we haven't reached the current goal and need to keep working on this issue.

Barriers to Achieving the Goal:

- Lack of affordable/accessible housing due to competition with Silicon Valley employees
- Limited Section 8 housing and limited timeframe for locating available units that will accept Section
- People with high incomes competing for housing
- NIMBYism (Not in My Backyard)
- Difficulty coming up with the three months rent needed to move in
- Lack of information in Washington, D.C. about how San Mateo Co. is doing
- New housing is not affordable
- Most new construction is commercial, not residential
- Section 8 contracts are expiring
- · Lack of land
- Lack of attention to anything but physical barriers
- Lack of attention to infrastructure considerations (e.g., transportation)
- Lack of incentives to create new and maintain existing affordable/accessible housing
- Lack of coordination between housing groups
- Lack of information regarding existing affordable/accessible housing

- Section 8 vouchers should be usable for one year
- More landlord incentives for creating affordable/accessible housing
- Tax incentives to subsidize units of affordable/accessible housing
- Rent control
- Advocacy services for housing issues
- Identify how many people are leaving this county because of escalating housing costs
- Universal accessibility for all new housing
- Coordinated countywide strategic planning around the housing issue
- Coordinate state and local legislation to preserve affordable/accessible
- Train staff of housing facilities
- Lower taxes
- Clarify definition of "affordable"

EMERGENCY PREPAREDNESS

Have we achieved the current goal? Do we need to keep working on this issue? No, we have not achieved the goal and need to keep working on this issue.

Barriers to Achieving the Goal:

- Attitude (People put it off or think that someone will help them)
- More education needed
- Isolated individuals may not have a plan
- Language and cultural attitudes
 - Cultural attitudes prevented people in Asian communities from seeking help
 - ♦ Information needed in other languages
- Denial
- Poverty (homeless have limited access to information)

Suggestions for Overcoming Barriers:

- Outreach (not just superficial)
- Improved sensitivity to needs of at-risk individuals
- Get children to talk about emergency planning with their families

HEALTH

Have we achieved the current goal: Do we need to keep working on this issue? No, we have not achieved the goal and need to keep working on this issue.

Barriers to Achieving the Current Goal:

- Financial barriers (especially with regard to prescription drugs)
- Language and cultural barriers
- Managed care organizations leaving San Mateo County
- Doctors without special training in gerontology
- Better care needed as one dies
- Suggestions for Overcoming Barriers:
- Promote the Vial of Life Program (vial contains emergency and medication information)
- Improved access to health information for consumers
- Decentralize and outpost Information and Referral at senior centers

ACCESS TO INFORMATION

Have we achieved the goal? Do we need to keep working on this issue? No, we have not achieved the goal and need to keep working on this issue.

Barriers to Achieving the Goal:

- County is large and centralization of information is difficult)
- Politicians don't consider information to be important
- Culture values ability and stigmatizes disability
- Fragmentation
- Language
- Citizens, politicians, and providers are not knowledgeable about marketing
- People don't pay attention to resources until a crisis arises
- Lack of money
- Insufficient outreach

Suggestions for Overcoming Barriers:

- Community education using all types of media
- Voting power—identify what we want
- Information in other languages
- Education to increase awareness of the needs of others

TRANSPORTATION

Have we achieved the current goal? Do we need to keep working on this issue? No, we have not achieved the goal and need to keep working on this issue.

Barriers to Achieving the Goal:

- Insufficient transportation on coastside
- Lack of education/information for the general public on how to use public transportation
- Attitude (suburbia, where everyone uses a car)
- Cost
- Inconvenience
- Difficulties for wheelchair users to use fixed route buses
 - ♦ Difficulty getting to bus stop
 - Wheel chair lifts are not always operable
- Inter-county transportation is difficult for paratransit users
- System is not flexible
 - Vehicles don't always go where people need to go
- Complaint resolution is inadequate for paratransit users
- Sensitivity training needed

Suggestions for Overcoming Barriers:

- Free passes for seniors to use fixed-route buses
- Improved information regarding resources
- Improve staffing (both quality and quantity)
- Survey people with disabilities to identify their transportation needs

ABUSE/NEGLECT

Have we achieved the current goal? Do we need to keep working on this issue? No, we have not achieved the goal and need to keep working on this issue.

Barriers to Achieving the Goal:

- Linguistic, cultural, and cognitive isolation
- Fear of consequences of reporting
- Failure of legal system to follow-up on abuse
- Lack of resources for individual consumers
- Lack of resources for agencies who respond
- Lack of resources for data collection
- Problems with telecommunications fraud

Suggestions for Overcoming Barriers:

• Education the community regarding resources

OTHER ISSUES RAISED

Caregiving

- Grandparents are raising grandchildren
- Depression among caregivers
- Need for respite

Socialization/Recreation

• Lack of activities for people with disabilities

Advocacy

• Increase salary of In-Home Supportive Services workers

SENIOR PEER COUNSELORS October 1999

ACCESS TO INFORMATION

Have we achieved the current goal? Do we need to keep working on this issue? No, we need to keep working on this issue.

Barriers to Achieving the Goal:

- Lack of information about health resources
- People don't know how to access information
- People don't know about resources
- · Homebound people have limited access to information
- Language can be a barrier
- Mental health and cognitive problems can be a barrier
- Adult children are not educated about senior resources
- Families have resistance to seeking help due to shame and other factors
- Fear of institutionalization and loss of independence
- It's impossible to know everything
- People fear losing control over their lives
- People lack information about assistance with activities of daily living
- Many seniors won't call
- People are turned off by automated systems
- Hearing and visual problems
- There are too many choices/things are too complicated
- Lack of information leads to scams or spending unnecessarily high amounts of money on needed services and supplies
- Lack of resources regarding home maintenance and repairs

- Coordinate and disseminate senior information during census process
- Use Census data to help target services
- Disseminate more Help at Home booklets to people who don't participate in senior programs
- Do more outreach through doctors' offices, churches, supermarkets, hospitals, housing facilities, and Meals on Wheels
- Translate information into languages that are prominent in the community
- Use peer counselors as ambassadors to disseminate information
- Educate people who care for the elderly (especially paid caregivers). Centralize and develop standards for their training

A.A.R.P. HALF MOON BAY October 1999

HEALTH

Have we achieved the current goal? Do we need to keep working on this issue? No and we need to continue working on this issue.

Barriers to Achieving the Goal:

- HMO's are pulling out (in general)
- Greed
- HMO's are leaving small communities like the Coastside
- Concern over future of Stanford Clinic
- Coastside is isolated and lacks specialists
- Hospitals
- Services are limited
- Coastside has a small population/small patient base
- Additional space
- Transportation
- Highway 92-- better access to medical services is needed in an emergency
- Inability to choose any doctor I want/HMO changing primary care physician
- Share of cost
- Health plan restrictions
- Cost of long term care
- Cost of emergency care
- Cost of supplementary health insurance
- In-home care help is hard to find on Coastside
- Cost of drugs, hearing aids, glasses, and assistive devices
- Cost of food
- Cost of gasoline
- Lack of a facility that treats people with Alzheimer's Disease
- People with middle income cannot access some low cost/free health programs

- Use AARP Newsletter to advocate for changes in health care
- Disseminate information in a timely manner
- Simplify/clarify information (especially on long term care)
- Outpost
- More political involvement
- Lobby legislators (by phone and handwritten letters) for health care reform
- Vote
- Strategize how to impact pharmaceutical companies (investigate/advertise profits) to make medication more affordable
- National AARP should address issue and pass it on to local chapters
- Encourage higher wages for in-home care through state legislature
- Create a speakers bureau to educate the community on prevention

ST. CATHERINE OF SIENA CATHOLIC PARISH October 1999

AFFORDABLE/ACCESSIBLE HOUSING

Have we achieved the current goal? Do we need to keep working on this issue? No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Seniors on a fixed income can't afford to rent in Burlingame; young professional families can't afford to buy here
- Prices of condos and single-family homes have skyrocketed
- Economics of Burlingame is influenced by the affluence of neighboring Hillsborough
- When rental property is inherited, heirs immediately raise rent
- People don't like to change

Suggestions for Overcoming Barriers:

- Tax reduction for builders who set aside a percentage of space for affordable units
- Low interest rate loans and special income criteria for 1st time buyers
- Build low income housing (e.g., Habitat for Humanity) over single story businesses
- Make new industry partly responsible for creating housing
- City of Burlingame should have affordable housing plan
- Lower rent of individuals on Social Security. Landlords would have to accept a reduced rent for a certain percentage of units, just as doctors must accept a reduced fee from insurance companies
- A County department should organize and supervise shared housing
- Burlingame should give permits for "granny units" that would be for family or rental at fixed rent to low income seniors

TRANSPORTATION

Have we achieved the current goal? Do we need to keep working on this issue? No, we need to keep working on this issue.

Barriers to Achieving the Goal:

- Access to public transportation is not easy or convenient
- Competition, rather than cooperation between the systems
- Bus schedule/route changes adversely impact seniors (e.g., less access to doctors and dentists along San Mateo Drive)
- Combination of threats to ban older drivers and an inaccessible transportation system
- Unreliability of Redi-Wheels

- Foster cooperative plans for different transportation systems
- Formulate reasonable laws for all drivers to ensure driving safety
- Provide taxi services on a sliding scale by subsidizing the operation
- County should support volunteer organizations that provide rides
- Better administration of public transportation (e.g., Redi-Wheels)
- Improved feeder service to main transportation routes

FAIR OAKS SENIOR CENTER November 1999

(forum conducted in Spanish)

ACCESS TO INFORMATION

Have we achieved the current goal? Do we need to keep working on this issue? No and we need to keep working on this issue.

Barriers to Achieving the Goal:

- People who don't speak and understand English know less information because they can't understand the information they have received
- Some Spanish-speaking people cannot read or write in their own language and cannot understand written material in Spanish either
- Intimidation when they have to show papers proving their immigration status to access services
- For many Spanish-speaking persons, their access to information is through Spanish TV news programs or Spanish radio
- Information in the newspaper is in English
- Family members are a source of information, but many of them do not live near
- Sometimes the services in the community intimidate us
- In our culture, many people do not keep written information (e.g., receipts, policies, check stubs, bank statements), making it more difficult to get help if we are not organized

Suggestions for Overcoming Barriers:

- The best way to get information to the Hispanic population is through news programs on Spanish language TV and radio channels
- Written information is secondary to oral information. When it has to be distributed, make sure it is in English/Spanish
- We need to educate ourselves to save important papers, statements, etc. and to be alert to all mail we receive

OTHER ISSUES RAISED

We are extremely concerned about the cost of medications

SENIOR COMMUNITY SERVICES PROGRAM (TITLE V) October 1999

AFFORDABLE/ACCESSIBLE HOUSING

Have we achieved the current goal? Do we need to keep working on this issue? No and we need to keep working on this issue

Barriers to Achieving the Goal:

- There's not enough affordable/accessible housing to serve increasing senior population
- Long waiting lists for subsidized housing
- Many existing senior housing facilities have accessibility problems (e.g., very high or very low cupboards)
- Apartment owners lack knowledge about Section 8 Program and are fearful that if they accept certificates that they will be dealing with governmental red tape and will be renting to undesirable people
- Lack of land and money for building new housing
- High rents in this area
- Existing housing is not being put to good use (could be converted to house more people)
- High demand for housing because this economy causes higher rents
- Poor treatment in some existing senior housing (e,g., in some facilities, rest rooms are kept locked)
- Residents of existing housing facilities are given rules of conduct that apply to them, but not to the staff of the facilities
- The housing bureaucracy is hard to deal with when filing a complaint

- Mandatory education and training (covering community resources, communication skills, needs of seniors and people with disabilities) should be provided to those working in senior housing
- Residents is senior housing should be treated with dignity
- Housing projects should update their waiting lists
- Better use of existing space, land, buildings
- Staff of senior housing should be diverse ages
- Link housing facilities more closely with community resources (e.g., TIES Line)
- Create support groups within housing facilities for residents who are depressed or have a disability
- Create a housing ombudsman to hear complaints/conflicts
- Obtain feedback from residents regarding how they are treated (e.g., survey)
- Unlock restrooms in housing facilities
- Ask foundations to finance new projects
- Ask government to finance new projects

MARTIN LUTHER KING SITE COUNCIL October 1999

TRANSPORTATION

Have we achieved the current goal? Do we need to keep working on this issue? No, we need to keep working on this issue.

Barriers to Achieving the Goal:

- Paratransit is undependable
- The way paratransit passengers are routed does not make sense
- Paratransit scheduling is a problem—users have to schedule in advance, yet drivers are either too early or too late
- Lots of complaints are heard about the regular bus system
 - "I have to walk ½ mile to the bus stop"
 - "The driver passes up people waiting at bus stops"
 - People complain about missing buses, late buses
- Bus routes are not accessible to people who live in some communities

Suggestions for Overcoming Barriers:

- Have the people who make the decisions (e.g., SamTrans board, council members, Board of Supervisors) ride the buses (e.g., depend on Redi-Wheels to get to work) so that they can see what the systems are like
- Get rid of big expensive buses and use minivans for less frequented routes
- Put more money into transportation to ensure availability
- Provide more training for Redi-Wheels route planners and dispatchers so that routes can make better sense and drivers can provide service in a more timely manner

OTHER ISSUES RAISED

- Health care costs and variable coverage by HMO's and insurance companies are a concern
- Dental care and insurance are needed

COMMISSION ON DISABILITIES October 1999

TRANSPORTATION- FOCUS ON PARATRANSIT SERVICES

Have we reached the goal? Do we need to keep working on this issue?

No, we need to keep working on this issue.

Barriers to Achieving the Goal:

- The denial rate for paratransit is problematic and ultimately impacts the availability of subscription trips
- Reliability/consistency of service is a problem
- Credibility of consumer is impacted (e.g., showing up for work late or not at all)
- Vehicles that don't show up and appear as cancellations on records
- Riders are sometimes stranded
- It is difficult booking rides both ways
- Timeliness is a problem
- There are problems with large vehicles/empty buses are a waste
- There are no consequences for poor service
- Eligibility criteria are unclear
- Taxi service has problems regarding accessibility and quality of service
- It's unfair to expect riders to accept tradeoffs
- Initial access to paratransit service is difficult/delayed

- Provide safe, reliable inter-county service
- Better wages for drivers
- Educate the public
- Educate the drivers regarding issues
- Provide shuttle to mainline fixed route buses
- Provide same day service
- Provide accurate reporting
- Make complaint process accessible
- Simplify language to increase understandability
- Provide sensitivity training for staff
- Change attitude within the organization (from the top down)
- Provide adequate resources (sufficient buses, no denials)
- Coordinate and link with other transit services in this and other counties
- Administration must be sympathetic and responsive to consumers
- Improve administration, including accuracy and time involved in securing service
- Do not consider tradeoffs
- Consider all rides as "necessary" to the individual
- Educate voters that funding is insufficient to support the service
- Consider rides to medical appointments as critical
- Operate on the understanding that Redi-Wheels users use the service because they don't have other options
- Provide better travel training to encourage use of fixed route service. (Cost is not an issue)
- Don't allow lack of resources to impact quality--- Money is not a quick fix

TEGLIA CENTER (DALY CITY) BROWN BAG PROGRAM October 1999

HOUSING

Have we reached the goal? Do we need to keep working on this issue? No, we need to keep working on this issue.

Barriers to Achieving the Goal:

• Every year, rent increases

Suggestions for Overcoming Barriers:

- Rent control needed
- Live with adult children and share costs
- Government should provide more funding for affordable housing

HEALTH

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- There are medication problems because doctors don't know what other drugs are prescribed for their patients by other doctors
- Names of medication are confusing
- Accountability of doctors
- Pharmacists are not being used enough to monitor medication
- Profit is an issue
- Diversity (including language)
- Doctors don't give clear information (Health facility may charge emergency room fees if you go there for an "inappropriate" reason)
- What a person does with health care when they have access to it

- Consumers should be prepared with questions for their doctors and pharmacists regarding new medication (e.g., side effects, whether it should it be eaten with food, time of day it should be taken)
- Educate patients regarding Vial of Life Program and require that they complete the Vial of Life information sheets when leaving the hospital
- Have Information and Assistance at senior centers
- Strengthen the role of the pharmacist as a clearing house regarding medication. Pharmacist should employ a centralized computer system to monitor the whole person
- Consumers must be responsible for educating themselves

October 1999

HEALTH

Have we reached the goal? Do we need to keep working on this issue?

No, we need to keep working on this issue

Barriers to Achieving the Goal:

- Respondents to survey indicated concern about health issues
- Profit motive of managed care is not working
- Managed care providers is moving out of county
- There are medical eligibility issues due to Managed Care
- There is a lack of access to mental health services
- Physicians are going broke
- Use of multiple medications is the cause of hospitalizations (e.g., falls)
- Economic issues
- Information sent to seniors to clarify Medicare and health plans does not increase understanding
- Doctors and providers are not advocating

Suggestions for Overcoming Barriers:

None

ROTARY HACIENDAS (San Mateo) November 1999

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Redi-Wheels is unreliable—can give you one-way trip, but can't return you home
- Recent changes in SamTrans routes result in less access to services (e.g., doctors offices on San Mateo Drive)
- Recent changes in SamTrans routes near their facility have eliminated shelter in inclement weather
- Restricted hours (weekends and evenings) limit access
- Neighborhood services are unavailable
- SamTrans is unsympathetic to riders' needs—physical and scheduling needs
- Vehicles don't always pick up people at curbside
- Using the regular bus system is difficult for people with visual impairments
- While volunteer services like FISH are good, the service they offer is limited
- Redi-Wheels routing is inefficient
- The need for exact change
- Passengers are sometimes thrown around when a vehicle is in a hurry and makes a sudden lurch
- Passengers are unable to identify upcoming stops
- Drivers are not helpful when asked questions
- Drivers are sometimes unfamiliar with their routes
- Some buses won't kneel for older persons or people with canes

Suggestions for Overcoming Barriers:

- Service providers need to be responsive to consumer needs
- Improve routing of vehicles
- Drivers should receive sensitivity training (e.g., travelers with walkers or canes needing extra time to board and dismount and needing the vehicle to kneel)
- SamTrans should drive up to the curb
- Install seat belts to increase passenger safety
- Have drivers announce upcoming bus stops
- Familiarize drivers with their routes before assigning them
- Train drivers to respond in a positive manner to questions from passengers
- Extend hours to include evenings and weekends
- Encourage more cities to offer shuttle services

ACCESS TO INFORMATION

Have we reached the goal? Do we need to keep working on this issue?

Everyone is doing a good job getting the info, but there'll always be people who don't have the information they need. We need to keep working on this issue for that reason.

Barriers to Achieving the Goal:

- Doctors are rushed, leaving patients no time to ask questions
- Automated phone systems
- Complicated forms should be written in user-friendly language/simple English
- People don't pay attention until something impacts them personally
- Cultural and language barriers
- People don't want to impose
- Lack of assertiveness
- Fear of looking foolish
- Thinking that nobody else has the same problem
- Being discouraged from seeking additional assistance
- Fear of being taken advantage of
- Fear of losing their independence
- Can't ask for help
- Poor attitude that agencies demonstrate toward older people
- Lack of respect shown seniors
- Ulterior motives of information source (e.g., trying to sell a product)

- When visiting the doctor, be prepared with a list of questions to ask the doctor or leave list of questions with a self-addressed/stamped envelope
- Aging and Adult Services should keep managers of housing facilities informed about services
- People can help one another by sharing information (it's especially effective because people trust their friend more than an agency)
- People should prepare themselves before actually needing help

COMMISSION ON AGING November 1999

ACCESS TO INFORMATION

Have we reached the goal? Do we need to keep working on this issue? No and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Information and referral is not (but should) be provided once again at community senior centers
- Geographic isolation to information, particularly in the rural Coastside
- Seniors living alone cannot readily access information

Suggestions for Overcoming Barriers:

Provide education on available resources

HOUSING

Have we reached the goal? Do we need to keep working on this issue? No and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Need for assisted living facilities designed for the frail elderly will increase as senior population ages
- Seniors are being evicted from Section 202 and Section 8 housing as contracts for those facilities expire. They are provided with no housing options.
- Local zoning controls can be prohibitive
- Lack of tax or mortgage rate incentives to develop assisted living facilities
- Indifference of elected officials
- Lack of rent control

Suggestions for Overcoming Barriers:

- Advocate for rent control
- Provide adequate redress for persons ousted from subsidized housing because of conversion to market rate
- Provide incentives to encourage the development of assisted living facilities

HEALTH

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Lack of socialization for isolated seniors is a Mental Health issue
- Excessive cost of medications
- Cost of supportive services (e.g., Day Care/Day Health Care, Alzheimer's/ Dementia programs, Respite Care, Socialization)

Suggestions for Overcoming Barriers:

- Develop more Adult Day Care/Adult Day Health Care and Alzheimer's programs
- Provide respite for caregivers
- Promote share of cost for prescriptions
- Cover dementia- related (including Alzheimer's Disease) services under Mental Health

ELDER/DEPENDENT ADULT ABUSE

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Community does not have a clear definition of elder/dependent adult abuse
- Inadequate community education on abuse, including types

Suggestions for Overcoming Barriers:

- Provide clear definition, which includes all types (financial, physical, emotional, and isolation) of abuse
- Increase penalties for nursing homes committing abuse
- Provide ongoing community education about abuse

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

• As population ages, the need for Paratransit services will increase. Paratransit services are They are currently inadequate

Suggestions for Overcoming Barriers:

• Continue to advocate for transportation needs of seniors and adults with disabilities

PACIFICA SENIOR CENTER SENIOR ADVISORY COUNCIL November 1999

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Area is densely populated, yet public transportation not available on weekends, limited service in the evening
- Lack of bus shelters at bus stops at senior center and senior housing
- SamTrans "does their own thing"

Suggestions for Overcoming Barriers:

- City Council needs to get involved
- City/SamTrans should put a shelter at bus stop at senior housing facilities
- Contact local cab company to get people to a major bus stop
- Ask City Council to develop a jitney service

HOUSING

Have we reached the goal? Do we need to keep working on this issue?

No and we need to keep working on this issue

Barriers to Achieving the Goal:

- · Housing prices and rental costs are going up in Pacifica
- Older citizens have had to relocate to areas with "cheaper housing"
- Lack of senior housing facilities
- National League of Churches and other non-profits are not addressing this issue
- HUD contract are easily broken
- Cities/counties are not increasing their quotas for low income senior housing
- Lack of rent control
- Lack of information about house sharing
- Lack of information about senior housing maintenance

- Contact National League of Churches and local churches to find out how they can help this housing problem
- Contact Pacifica City Council to determine city's quota for affordable housing
- If possible, avoid HUD programs

EL CAMINO SENIOR CENTER (South San Francisco) November 1999

HOUSING

Have we reached the goal? Do we need to keep working on this issue?

No and we need to keep working on this issue

Barriers to Achieving the Goal:

- Housing in Bay Area is costly--prices and rents have increased 60% in the last 10 years
- HUD housing is converting to market rate
- Not enough senior housing
- Seniors don't know whom to contact to advocate for senior housing
- Landlords, developers, and cities are not interested in low cost housing. They want market rate
- Lack of legislation

Suggestions for Overcoming Barriers:

- Contact Mid-Peninsula Housing to find out their plans for affordable housing in South Sand Francisco
- Contact churches regarding senior housing
- Contact city council to let them know affordable/accessible housing is an issue
- Contact news media to let them know affordable/accessible housing is an issue
- Contact legislators to let them know affordable/accessible housing is an issue

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No and we need to keep working on this issue

Barriers to Achieving the Goal:

- Even though there is good bus service in South San Francisco, it is difficult to coordinate doctor appointments with transportation
- Changes in SamTrans bus routes make it hard for seniors to access the senior center
- Frail seniors have difficulty with transportation
- Transportation to the hospital and doctors is not reliable
- Traffic lights do not allow enough time for senior pedestrians
- Seniors are not aware of cab vouchers
- Seniors don't know how to get to medical appointments in San Francisco

- Ask hospitals to provide transportation to seniors and people with disabilities
- Ask City to adjust traffic light timing to ensure that pedestrians can cross safely
- Contact cab companies regarding vouchers
- Volunteer agency (e.g. R.S.V.P.) may coordinate volunteers who provide transportation assistance
- Educate public and seniors regarding the difficulty that a senior encounters when trying to coordinate transportation to appointments
- Ask grocery stores to deliver groceries
- Ask pharmacies to deliver medication

GRANDPARENTS RAISING GRANDCHILDREN GROUP

(East Palo Alto Senior Center)
December 1999

GRANDPARENTS RAISING GRANDCHILDREN

The ideal, as defined by the Grandparents Raising Grandparents Group in East Palo Alto:

- The educational system would be supportive of grandparents raising grandchildren, providing more outreach and services in the home. It would address problems, such as learning disabilities in a more positive way.
- Quality health services for both grandparents and grandchildren would be accessible in the community.
- Grandchildren would receive a strong religious foundation.
- Financial support would be accessible. Eligibility requirements would support, rather than penalize, grandparents for raising grandchildren.
- There would be acknowledgement of the caregiving performed by grandparents and others for grandchildren.
- Respite would be available, when needed.
- Information about services and support would be more understandable and accessible and would be available in person in their community.

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

Education

- Grandparents are often shown a lack of respect by the schools and are embarrassed by the way they are treated.
- Grandparents are often intimidated about going to the schools.
- It is inconvenient for grandparents to get to the schools.
- In East Palo Alto, there is emphasis on working with Hispanic families to learn English, but no similar type of assistance with other groups.

Health

- There is a lack of access to quality health services in the community.
- Grandparents lack the ability to keep grandchildren from going astray.
- There is a lack of information about services and supports.
- The information that does get out is not easily understood.

Public Benefits

- Grandparents lack sufficient income to support grandchildren.
- Grandparents have to "do without" in order to support their grandchildren.
- There is a disparity between the financial support that foster homes receive and the level of support for which grandparents raising grandchildren are eligible.
- Most grandparents do not receive financial support for raising their grandchildren. Whatever support they do receive doesn't go far enough.

Services and Supports

- Grandparents could use counseling about their own issues and needs.
- Grandparents are too busy taking care of grandchildren to take care of themselves.
- It is physically taxing to take care of grandchildren, especially for grandparents with health problems.

- Grandparents raising grandchildren accept a lack of quiet in their lives.
- There is inadequate respite for most grandparents taking care of grandchildren.
- When you are the caregiver for your grandchildren, you are no longer retired.
- Handyperson services are needed

Suggestions for Overcoming Barriers:

Education

- Schools should provide more services in the home, rather than at the school site.
- Grandparents should receive assistance in helping grandchildren with their homework.
- Schools would do more home visits to families.

Socialization/Recreation

• Provide outings for grandchildren cared for by their grandparents.

Public Benefits

- Increase the income available to grandparents; provide additional financial assistance around the holidays.
- Educate the community about the financial support that is available for grandparents raising grandchildren.

Information and Support Systems

- Provide adequate resources to operate a community-based senior center that can act as a focal point for grandparents raising grandchildren.
 - ♦ Have a person located at the senior center who is knowledgeable about resources, including those for grandparents raising grandchildren.
 - Have an outreach person at the senior center who can go out to the homes.
- We need to work together.

MENLO PARK SENIOR CENTER November 1999

HOUSING

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- New commercial building in the area is gentrifying this community.
- Seniors are living with children and grandchildren in very crowded conditions because of the scarcity of affordable housing.
- There is a lack of privacy when grandparents move in, resulting in stress
- Renters are being priced out of the area because the rents for what were affordable units are now being raised beyond their ability to pay.

Suggestions for Overcoming Barriers:

Rent control is needed in this area.

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Redi-Wheels is very unreliable, and it is not always available when needed.
- The location of the fixed-route bus stops makes them difficult to use.

Suggestions for Overcoming Barriers:

• Expand the Menlo Park shuttle service.

SAINT ANDREW'S SENIOR NUTRITION SITE (Daly City) October 1999

(Forum was conducted in English and Tagalog)

HOUSING

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Housing in San Mateo County and elsewhere in the Bay Area is not only scarce, but also expensive.
- Waiting period for Section 8 Housing Program is too long.
- Few seniors actually reside in affordable senior housing (only one of the 15 forum participants)
- 50% or more of a person's income from SSI benefits goes to pay for housing.

Suggestions for Overcoming Barriers:

- County supervisors should legislate rent control for San Mateo County.
- County or cities should build more affordable and accessible housing.
- Part of the lottery proceeds should be allocated to fund senior housing.

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- People wait a long time for the bus to arrive because of poor scheduling.
- Many bus stops do not have a shelter.
- San Mateo County residents using buses operated by Muni in San Francisco indicate that drivers are sometimes verbally abusive and careless with elderly passengers; SamTrans drivers are more considerate and courteous.
- Bus fares in San Mateo County are higher than in San Francisco.
- Seniors and people with disabilities are left standing on the bus, while the seats designated for them are occupied by non-seniors or people who do not have a disability.

- The actual traveling time between bus stops should be monitored to ensure that buses are on schedule.
- Review and improve bus schedules.
- Build bus shelters for designated bus stops.
- Educate drivers on customer relations.
- Adopt a uniform fare for both San Mateo and San Francisco Counties.
- Enforce the policy of reserving designated seats for the elderly and persons with disabilities on the bus or train by announcing that these particular seats are or seniors or adults with disabilities.

WELLNESS CENTER Mills-Peninsula Senior Focus October 1999

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Bus stops are being eliminated, instead of added
- Transportation accessibility is complicated. When a change is made, you don't know until after the fact.
- Sometimes it's easier to stay home than to find a ride.

Suggestions for Overcoming Barriers:

- Maintain a central clearinghouse for all citizens on for all levels of transportation—public, Redi-Wheels, volunteer drivers.
- Have more bus stops and lines.
- Increase programs like Redi-Wheels and Fish
- Improve advocacy for seniors who depend on public transportation

HOUSING

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Not everyone owns a home.
- Not everyone knows about services that help them stay in their homes.
- Not enough affordable housing
- Not enough home-sharing programs
- Screening for home-sharing is not always good.

- Build more affordable housing
- Match more seniors in home-sharing arrangements.
- Get the world out about housing opportunities for all in need.
- Provide affordable support/help at home that enables seniors and adults with disabilities to live safely in their homes.

POPLAR RECARE PEER ADVISORY COMMITTEE November 1999

RECREATION

IDEAL

Local access, including transportation, to a countywide network of standardized recreation programs (arts and crafts, painting, ceramics, dancing, sports, exercise, and cooking) for adults with developmental disabilities.

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Recreation is too expensive
- People don't know recreation is needed for adults with developmental disabilities
- Not enough recreation programs for adults with developmental disabilities exist
- The few programs that do exist are not located throughout the county

Suggestions for Overcoming Barriers:

- Educate the community about the recreational needs of adults with developmental disabilities
- Publicize the need for recreational activities for adults with developmental disabilities in newspapers, television, and on radio
- Contact legislatures to advocate for government funding for recreation programs for adults with developmental disabilities
- Golden Gate Regional Center should help design and fund recreation programs for adults with disabilities
- City councils and city parks and recreation departments should run recreation programs for adults with disabilities that are modeled after the one in Redwood City
- Talk to influential people about the need for recreation programs for adults with developmental disabilities
- Should be out in community and should have employment opportunities

HOUSING

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Parents of adults with developmental disabilities feel that it is dangerous for their children to live alone
- Lack of safe and affordable housing for adults with developmental disabilities
- Lack of knowledge about the need for affordable housing for adults with developmental disabilities

- Educate the public about the need for affordable housing for adults with developmental disabilities.
- Create better and lower cost housing (\$400 per month rent) for adults with developmental disabilities

- Raise the allowable income level for individuals receiving SSI, disability income, and Section 8.
- Create more safe places for adults with developmental disabilities to live.

EMPLOYMENT

Goal: Access to a range of employment opportunities that enable adults with developmental disabilities to work without the loss of benefits that assist them in maintaining their independence

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Lack of access to jobs in mainstream employment
- Limitations on the amount of money individuals with developmental disabilities can earn and still qualify for SSI. S.S.D.I., and Section 8
- Employers are not aware that adults with developmental disabilities are available for and want to work
- Lack of transportation

Suggestions for Overcoming Barriers:

- Improve public transportation for those who don't live near El Camino
- Raise income limits for eligibility for public benefits for adults with developmental disabilities
- Educate employers that adults with developmental disabilities are available for and want to work

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Lack of transportation limits the freedom that adults with developmental disabilities have. They have to ask their parents to drive them
- Limited access to transportation everywhere but on El Camino

Suggestions for Overcoming Barriers:

• Improve public transportation for areas off El Camino

AD HOC GROUP OF SENIORS (Burlingame) November 1999

TRANSPORATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

Suggestions for Overcoming Barriers:

- Have bus shuttle service
- Improve training for bus drivers

ACCESS TO INFORMATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Insufficient distribution of Help at Home booklets
- Lack of information about different types of elder abuse

Suggestions for Overcoming Barriers:

- Schedule speakers and distribute Help at Home booklets at church lunches for seniors
- Have Help at Home booklets in every medical office/Train doctors and staff on how to use them. Have a master copy for the doctor.
- Have a national essay contest for grammar school children (on what???)
- City mayors should sponsor a "Do you know" program (???)
- Disseminate information on local cable stations
- Be a role model (???)

EMERGENCY PREPAREDNESS

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

• Emergency personnel do not know where people with disabilities live

- Implement coordinated countywide system for the identification of persons with special needs.
 - Develop decals that can be posted on doors to indicate to emergency personnel that a person with special needs resides/is inside.

RESIDENTS OF OCEANA TERRACE (Senior Housing in Pacifica) BROWN BAG PROGRAM PARTICIPANTS October 1999

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Bus stop is inaccessible to those who live on hills
- Buses don't run after 5:00 P.M. on Sundays and after 6:00 P.M. on Saturdays.
- Advance reservations are required on Redi-Wheels
- Redi-Wheels buses don't go everywhere
- Not everyone is eligible for Redi-Wheels
- Hours of operation do not meet consumer needs
- Buses run late on weekends and holidays
- Connection to San Francisco transportation or to major hospitals (e.g. St. Mary's) is not easy
- Bus transfers are not available

Suggestions for Overcoming Barriers:

- Shuttles (van or golf carts) that go up hills--- could be operated on a limited basis
- Free or sliding scale cab rides for seniors
- Ride-sharing—connecting people with cars to those who need rides
- A formal way to connect people who want to help with people who need help. This would help eliminate the feeling that the recipient is bothering the other person.
- A shopping shuttle
- Lower cost of transportation for consumers

ACCESS TO INFORMATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- People are not aware of the services that are available
- Language is the main barrier
 - ♦ Many seniors can't read or do not understand English
 - People can't read the signs or informational flyers
- It's complicated to find the right phone number for the services you are looking for.

- Continue producing and disseminating the Help at Home booklet
- Need one phone number where a person can be directed for all kinds of help.

EMERGENCY PREPAREDNESS

Have we reached the goal? Do we need to keep working on this issue?

In this housing facility we're pretty close, but we need to keep working on this issue. (We have cords to pull right in our apartments and have the manager's phone number. Calling 911 works very well.)

Barriers to Achieving the Goal:

• We don't always have enough help

Suggestions for Overcoming Barriers:

• Residents or Oceana Terrace would like phone numbers of everyone else in the facility

OTHER ISSUES MENTIONED

- Doctors are arrogant, especially with older people. Seniors are not taken seriously by the medical profession.
- Participants in brown bag program sometimes receive items they don't use (e.g., soy sauce and vegetarian baked beans)

RESIDENTS OF ROTARY PLAZA (A Senior Housing Facility in South San Francisco) BROWN BAG PROGRAM PARTICIPANTS

November 1999

HEALTH

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to continue working on this issue.

Barriers to Achieving the Goal:

- Health coverage is declining (e.g. elimination of dental and vision coverage)
- There are new charges and our co-payment has increased.
- Prescriptions are very expensive and not usually covered.
- Prices are increasing and our incomes are not
- Insurance coverage is inadequate; it doesn't cover the things that are needed (e.g. limits on number of glasses covered)
- Doctor fees are too high

Suggestions for Overcoming Barriers:

- Know in advance what we have to pay
- Lower the cost of health care

HOUSING

Have we reached the goal? Do we need to keep working on this issue?

No, and we have to keep working on this issue.

(People at Rotary Plaza felt they "had it real good there," but that it wasn't true for a lot of people)

Barriers to Achieving the Goal:

• Long waiting lists (2 years) for low-income housing

Suggestions for Overcoming Barriers:

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue. ("They are trying.")

Barriers to Achieving the Goal:

- Changes in routes are less convenient for them
- Having to pay for transfers
- Reservations are required 2 days in advance for Redi-Wheels.
- Redi-Wheels user was stranded when she was not picked up. She didn't know how to get back.
- Hard to know enough about the system

Suggestions for Overcoming Barriers:

• "Get the right hand to know what the left is doing."

OTHER ISSUES RAISED

- Brown bag is okay
 More information is needed about emergency preparedness
- People don't read information, especially if it is posted. They don't carry their glasses, so they can't read the information.

TEGLIA CENTER (Daly City) BROWN BAG PROGRAM PARTICIPANTS December 1999

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Lack of transportation to the hospital (Seton) or senior nutrition site
- People who do not have disabilities also need Redi-Wheels-type service, but are not eligible.
- Information about routes and where the bus stops is not readily available.
- Transportation needed, but lacking, to and from the Teglia Center

Suggestions for Overcoming Barriers:

Lower cost of transportation for seniors

NUTRITION

The Ideal: No ideal stated

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Seniors stay away from senior nutrition sites because they don't have the money
 - The suggested donation at the local senior nutrition site is not voluntary; it is treated as a charge for the meal.
 - ♦ More nutrition sites in San Francisco are free
 - Some nutrition sites also charge for coffee.
 - If they had money to pay for lunch, they wouldn't go to the nutrition site
- There's no transportation from Teglia to Lincoln Park
- The food in the Brown Bag program is not appropriate for Filipinos.
 - People don't know how to prepare it.
 - The canned foods are unfamiliar to our culture.

Suggestions for Overcoming Barriers:

- Open senior nutrition site at Teglia
- Include different foods in the Brown Bag (e.g. rice, eggs, meat, noodles, milk, coffee, sugar, and fish sauce)

HOUSING

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Lack of affordable housing for seniors (there are more choices in San Francisco)
- People are crowded (4-6 people in one room.)
- Housing isn't affordable
- Lack of information on how to apply for subsidized and regular housing
- Long waiting lists for subsidized units—(years)
- Applicants frequently do not get responses to their applications for affordable housing. They don't know where they are in the process
- Housing information isn't translated into the languages of the seniors in the community
- Communication problems

Suggestions for Overcoming Barriers:

• The government should build more low income housing

ACCESS TO INFORMATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- Many people do not know about the services available
- Many people could be helped with benefit counseling—telling them what's available
- People need help filling out forms
- People need miscellaneous legal advice for which they are frequently charged.

Suggestions for Overcoming Barriers:

OTHER ISSUES RAISED

- Help needed to apply for disability. (veterans get different treatment—what does this mean???)
- Help needed with citizenship. People have to pay for help in filling out forms and processing the paperwork. Some people cannot afford the filing fee.

LINCOLN PARK SENIOR NUTRITION SITE (December 1999)

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Need free senior shuttle to bring seniors to the senior center, shopping or medical appointments
- Lack of funding for drivers and van
- Seniors need to go places, can't walk, and don't have cars. Bus stops are too far to walk
- Seniors can't afford the bus fares

- Increase taxes to pay for needed transportation
- Get the city involved in solving the transportation issue
- Increase awareness that seniors have financial and mobility limitations

DOELGER SENIOR CENTER (December 1999)

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Need free senior shuttle to bring seniors to the senior center, shopping or medical appointments
- Many seniors are unable to drive
- Bus stops are too far to walk to
- Cost of taxi transportation (even discounted) to medical destinations is high
- Transportation scheduling can't be last minute
- Cost (who will pay?)
- Deciding where bus stops should be

- Use state surplus to fund transportation
- Use taxi scrip instead of van service for
- For shuttle service, have mobile seniors walk to pick-up points; pick up seniors with disabilities at their door
- Establish reasonable fee (\$1) for shuttle transportation

ROSENER HOUSE CAREGIVER SUPPORT GROUP (Menlo Park) October 1999

ACCESS TO INFORMATION

Have we reached the goal? Do we need to keep working on this issue? No response

Barriers to Achieving the Goal:

• Social workers in hospitals are too rushed and too money-oriented.

Suggestions for Overcoming Barriers:

- Information about resources and services should be available from one person who listens to the needs of the client or caregiver and tailors referrals to those needs
- "Help at Home" should be given to all upon discharge from hospital, with an explanation of what it contains

ABUSE

Have we reached the goal? Do we need to keep working on this issue?

Barriers to Achieving the Goal:

Suggestions for Overcoming Barriers:

• Provide information to family/caregivers on recognizing signs of abuse in individuals (especially those with memory problems) living in residential care homes without causing the home operator to react negatively.

PENINSULA VOLUNTEERS LITTLE HOUSE (Menlo Park) December 1999

HEALTH CARE

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue.

Barriers to Achieving the Goal:

- HMO's no longer accepted at Palo Alto Clinic, Menlo Clinic, and Stanford Hospital
- The other HMO's (except Kaiser) are charging high premiums and even Kaiser's share of cost has risen
- Medi-gap insurance is becoming unaffordable

Suggestions for Overcoming Barriers:

• Establish a universal health plan

OTHER ISSUES RAISED

Housing:

• Increasing rents and lack of subsidized units are a problem for those who are not homeowners

Transportation:

- Seniors do not want to give up driving their own cars
- SamTrans is not reliable

SELF-HELP FOR THE ELDERLY

(Meeting conducted in Chinese dialects and English) January 2000

HOUSING

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

• Lack of affordable housing for seniors and adults with disabilities due to cost, and transportation

Suggestions for Overcoming Barriers:

- Government should encourage or legislate a tax benefit program in which developers in San Mateo County would build or contribute toward the construction of some public facility (e.g., low income housing, community center, etc.) as part of their proposed development.
- Designate some public lands (city or county) and offer them at lower than market rate to a developer who would build affordable housing and a senior community.
- In general, improve transportation services throughout San Mateo County, but in particular, near senior housing
- Build self-contained senior communities that include housing and supportive services (Senior Center/Activity Center, Adult Day Health Care, medical building, supermarket, bank, hair salon, nail care, etc.)

INFORMATION AND SERVICE ACCESSIBILITY FOR NON-ENGLISH-SPEAKING INDIVIDUALS

The Ideal:

To provide bilingual services in all major public services: social services, medical facilities, transportation services

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Need Chinese-speaking social worker in County social services department and in Self-Help for the Elderly Center
- Language and cultural deficiency (isolation/barriers) are the main reasons that many seniors need help getting through the system
- The complexity of various programs makes it difficult for the consumer to understand and utilize them
- Self-Help for the Elderly is listed as an agency providing assistance in Chinese, yet the agency does not receive county funding to support a bilingual social worker

- Provide bilingual services in all major public service facilities
- Provide bilingual medical services and provide resource guide in other languages

HEALTH

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- The cost of health care is to high for the average citizen
- U.S. citizens on Medicare, who have lived in a foreign country (for business reasons), are unable to secure insurance or have to pay exorbitant rates for insurance when they return to the United States upon retirement.
- Language barriers

Suggestions for Overcoming Barriers:

• Medical providers should provide bilingual services and resource guides that are available in languages prominent in their communities

SAN MATEO COUNCIL FOR THE BLIND January 2000

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

Barriers to Achieving the Goal:

- Airplanes do not have enough room for service dogs
- Redi-Wheels users are unable to attend classes because Redi-Wheels won't give subscriptions and short-term transportation alternatives are not available
- Fixed route change (43G) resulted in having to walk very far or take Redi-Wheels
- Information about fixed route changes were not well-publicized. Riders learned of changes from drivers and even they were not well-informed of the changes.
- Because schedules are not in large print or tape format, they are not readable by persons with visual impairment. None of the information on route changes was in accessible format
- New routes are not safe. Safety is an issue in urban areas (e.g., East Palo Alto)
- There is no direct bus route to San Francisco
- Taxi drivers and Redi-Wheels drivers need sensitivity training
- Taxi drivers need ADA training about guide dogs
- Lack of accessible transportation is a barrier for those who have sight impairment and are able to work
- Need shuttle services from CalTrain
- Flexibility is needed for those who would like to use fixed route sometimes and on days that they cannot take fixed route (for medical reasons) would like to take Redi-Wheels

Suggestions for Overcoming Barriers:

- Sensitivity and ADA training for drivers
- • More and flexible subscription rides for paratransit
 - Some sort of discounted or subsidized transportation for people needing accessible transportation to places of employment
 - Make provisions for Redi-Wheels to take consumers all the way to destinations outside of county at least twice a month (e.g., downtown San Francisco or San Jose)
 - SamTrans office in San Carlos should have large print and on tape schedule available. Take out the shading on the schedules
 - Drivers should have copies of large print schedules to give riders
 - Revise fixed routes

ACCESS TO INFORMATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Lack of knowledge about where to get information on Section 8 housing
- Lack of information about services for the blind
- Restaurants don't understand ADA and need sensitivity training (e.g., bringing guide dogs into restaurants

- Ophthalmologists lack information about resources for the blind
- "Help at Home" needs to be available in large print and on tape

Suggestions for Overcoming Barriers:

- Each person must become an educator and advocate for their own disability
- Educate doctors' office staff about the resources available (e.g., Make presentations at meetings involving physicians/medical staff)
- Public relations person needed regarding guide dogs
- Disseminate information/ articles through Independent Newspapers
- Have seminars at high schools. Make sensitivity training on all disabilities a graduation requirement

TRAFFIC SIGNALS, CONSTRUCTION AREAS, DISABLED PLACARD, AND DISABLED PARKING SPOTS IN PRIVATE AREAS

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Construction areas are not safe
- Disabled placards are being abused
- Lack of disabled parking places in private lots
- No central clearinghouse for reporting misuse of disabled parking.
- No way to enforce the number of disabled parking places a private lot has. Ratio needs to be increased.

- There should be a mandate that all traffic signals should be audio. There should be one standard (at least statewide) for all traffic signals (same audio/voice explanation of audio when the button is pressed)
- Educate developers, city planners, construction companies that individuals with disabilities have special needs in construction areas.
- Develop standards for construction areas so that individuals with visual impairment are alerted to changes and hazards (e.g., audio warning)
- Educate doctors about abuse of disabled placards and who really needs them. Have photo ID on placard, with placards renewed every year with a prescription
- Advocate for increase in percentage of spaces designated as disabled parking in San Mateo County, especially in high use areas (e.g., San Mateo Performing Arts Center)

CENTER FOR INDEPENDENCE OF THE DISABLED January 2000

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Accessible transportation not available countywide
- New bus routes are not accessible. Can't get to YMCA in San Mateo. Have to use Redi-Wheels more because of changes to regular bus routes.
- Redi-Wheels is not a reliable transportation resource. You can get a ride one way, but not the other

Suggestions for Overcoming Barriers:

- Let consumers use both Redi-Wheels and fixed route transportation. Approve more conditional eligibility for Redi-Wheels, where individual can use fixed route on sometimes, and on days when individual has medical problems, individual can use Redi-Wheels
- Provide sensitivity training for drivers, especially Redi-Wheels drivers, about the different types of disabilities, including those that cannot be seen. (Fixed route drivers get more training than Redi-Wheels drivers)

PUBLIC AREAS IN PRIVATE PLACES

Have we reached the goal? Do we need to keep working on this issue? Not applicable

Barriers to Achieving the Goal:

- Lack of enforcement of ADA regulations in public areas (e.g., parking lot).
- Lack of handicap parking places at mall

Suggestions for Overcoming Barriers:

• Coordinate all city ADA coordinators so that if there is a complaint, people know who to get to for the complaint and follow-up

ACCESS TO INFORMATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Information is not getting to the consumer (Found out about Redi-Wheels from another consumer. After finding out, had a hard time getting information from SamTrans)
- SamTrans doesn't know who or where their market is. They don't know how many disable are in the communities and what disabilities they have

Suggestions for Overcoming Barriers:

• CID agencies should be given to agencies serving seniors and adults with disabilities?????

- Share information about services with all agencies. They need to know about each other
- Add a section in the back of "Help at Home" to include services for people with disabilities
- Provide statistics on people with disabilities
- Put information about services on the KCSM Bulletin Board and on the non-profit radio station

SAN CARLOS SENIOR CENTER November 1999

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Problems with Redi-wheels, particularly with bathroom facilities during travel time and waiting period for pick-up
- Curbs not cut down sufficiently throughout the community

Suggestions for Overcoming Barriers:

• Provide scrip for taxi service

HOUSING

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Discrimination regarding senior renters in the community
- Senior housing is restricted by R1 zoning

Suggestions for Overcoming Barriers:

- Create more studio and one bedroom apartments
- More homesharing with other seniors in the community
- Change permit requirements to allow for more in-law apartments

SENIOR AND DEPENDENT ADULT ABUSE

Have we reached the goal? Do we need to keep working on this issue?

No, and we need to keep working on this issue

Barriers to Achieving the Goal:

- Fingerprinting of caregivers could present privacy problems
- Cost of background checks for caregivers

Suggestions for Overcoming Barriers:

None

OTHER

Need to know resources for people in early stages of Alzheimer's

SAN MATEO SENIOR CENTER December 2000

HOUSING

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue

Barriers to Achieving the Goal:

None identified

Suggestions for Overcoming Barriers:

- Rent control for seniors only
- Homesharing with other seniors. Screening should be done professionally
- Provide cultural options for family

TRANSPORTATION

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue

Barriers to Achieving the Goal:

• SamTrans not particularly sensitive to needs of people in community

Suggestions for Overcoming Barriers:

ACCESS TO INFORMATION'

Have we reached the goal? Do we need to keep working on this issue? No, and we need to keep working on this issue

Barriers to Achieving the Goal:

• Seniors are reaching out for information. Some are more aggressive than others

Suggestions for Overcoming Barriers:

• Information should be available in more public places

C.A.R. (Provider forum) December 1999

OTHER

Barriers

- It is difficult for providers of services to people with developmental disabilities to hire and retain qualified staff due to the low rate of pay and extremely low reimbursement rates by the State of California. Other factors are high cost of living, low unemployment rate, and the availability of higher wages in the for-profit sector.
- C.A.R.'s reimbursement from the State does not provide sufficient funds to operate most of the organization's programs.

Suggestions for Overcoming Barriers

- Parents and families of people with developmental disabilities should use the political process to get the state to increase the reimbursement rate to agencies serving persons with developmental disabilities. A strong parent advocate group, headed by parents, is needed.
- Recognition (both official and unofficial) of staff by peers and management for the importance and value of the services they provide

IV. ADMINISTRATIVE INFORMATION

Summary of Program-related Plan Activities

Organizational Charts

Governing Board

Advisory Council

Service Unit Plan 2000-2001

Summary of Program-related Plan Activities- FY 2000-01

Program/	Goal/Objective/Activity	Activity
Information & Assistance	4.2.1	Provide annual update for "Help at Home," a resource directory for seniors
	5.1.1	Increase distribution of Help at Home Directory in minority communities through churches, ethnic organizations, etc.
	4.1.1	Trained professional social workers and deputy public guardians will respond to calls on the TIES Line, a 24-hour information and assistance line
Case Management	5.2.1	Implement case management program targeting the Chinese community in central county
Transportation	3.2.2	Work with SamTrans to develop its 10-year strategic plan -Look at all kinds of transportation resources—buses, trains, shuttles, etc.—and facilities needing transportation -Develop workplan -Take workplan to stakeholders for input and approval
	3.2.1	Provide senior center-based transportation
	3.2.2	New van will increase the number of people in wheel chairs served by the Pacifica Senior Center's transportation program

Assisted Transportation	3.2.2	Continue to meet with SamTrans to establish a Memorandum of Understanding regarding the rate for subscription trips
·	3.2.1	Provide transportation services to participants in its day care/day health care program
	3.2.2	Expand transportation to include more people from Pescadero and southcoast area
	3.2.2	Explore the feasibility of using Senior Companions as paratransit escorts
	3.2.1	Provide shopping trips for participants of senior centers
Adult Day Care	6.1.1	Work on the development of a North County adult day health care site
	6.4.2	Develop reimbursement rate for day care
	2.4.2	Contract with consultant to do needs assessment regarding day care expansion and improvement and brain injured individuals
	2.4.2	Expand adult day health care program to include Adult Day Support and Alzheimer's Unit
	2.4.1	Explore the feasibility of consolidating all senior services on Coastside into one location
	2.4.2	Provide licensed day care programs for frail/at-risk older adults
	6.1.1	Provide licensed Adult Day Health Care services
	4.2.1	Disseminate information about the program to the south coast (Pescadero) area
	4.2.1	Disseminate information to physicians about the services offered by Rosener House
	6.3.1	Explore the feasibility of developing an office in the Pescadero area to do

	T	
	{	screening
	6.3.3	Provide daily exercise program, highlighting outdoor activities, at
	0.5.5	Rosener House
Ombudsman	6.3.1	Implement program (pending funding of grant) in which Public Health
		Nurses would visit skilled nursing facilities to do communicable disease
		control
	1	Control
	7.4.1	Develop Memoranda of Understanding with the Ombudsman Program,
		Golden Gate Regional Center, and Aging and Adult Services regarding
		the provision of services for people with developmental disabilities
		residing in residential care facilities
· ·	ļ	residing in residential care facilities
	ļ	
	2.4.5	Develop and administer needs assessment survey to skilled nursing
	Ì	facility administrators regarding the needs of their residents
	Ì	administrators regularing the needs of their residents
	7.5.1	Long Term Care Ombudsman Program will make regular visits to skilled
		nursing facilities, residential care facilities, and adult day health care
		programs in order to ensure that the care residents receive is adequate and
		to investigate and resolve complaints on their behalf
		to investigate and resorve complaints of their benati

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Legal Assistance	3.2.2	Clients Rights Program will assist people who are denied paratransit services through the appeal process
	4.2.2	Schedule at least one public presentation for consumers per month regarding key senior issues (e.g., Social Security changes)
	2.4.6	The Senior Advocates program will provide free legal counsel and assistance to seniors
	5.1.1	Collaborate with groups that target minority populations to ensure that their legal issues are addressed
	7.5.1	Provide legal representation to seniors and adults with disabilities who are victims of abuse
	3.1.1	Through the Senior Advocates Program, provide legal representation of tenants in the sale/purchase of senior housing complex by City of Pacifica
Visiting (Peer Counseling)	1.1.3	Senior Mental Health's La Esperanza Vive program will recruit, train, and place volunteer Spanish-speaking peer counselors to provide emotional support to Latino seniors.
	2.4.1	Schedule meetings involving Aging and Adult Services and Mental Health staff to improve referrals from TIES and Case Management programs to senior peer counseling program
	5.1.2	Provide culturally sensitive training on identifying and reporting of elder abuse for Spanish-speaking volunteers in La Esperanza Vive
	5.2.1	Provide peer counseling to Latino elders by their cultural peers
	5.2.1	Explore the feasibility of establishing and co-facilitating a peer support group for Latino seniors at the Fair Oaks Senior Center
Congregate Nutrition	2.2.4	Operate Older Americans Act-funded Congregate meal sites that provide mid-day meals for seniors at sites throughout San Mateo County
	2.2.4	Using Congregate Nutrition Task Force Report, design tool to assess

	ambience at Congregate Nutrition sites
2.2.4	Using Congregate Nutrition Task Force Report, develop countywide outreach plan for the Congregate Nutrition Program
2.2.4	Explore the feasibility of using a universal senior card that also serves as a meal card
2.2.4	Continue to research and evaluate emergency meal options and procedures
2.2.4	Continue to develop products that will support Congregate Nutrition sites (volunteer handbooks, supervisors handbook)
5.2.2	Include a variety of ethnic meals on the Congregate and Meals on Wheels menu
2.3.1	Group of children with disabilities will volunteer once a week to assist East Palo Alto Senior Center's Congregate Meal Program
2.4.3	Work with retirement centers (Residential Care Facilities) and special programs serving the elderly (e.g., Poplar ReCare) to bring their folks to events and to lunch program at the South San Francisco Senior Center
5.1.1	Recruit, train, and station bilingual volunteer at King Center to implement special outreach program targeting the minority community surrounding the King Center Congregate Nutrition site

Meals on Wheels	2.2.2	Operate Older Americans Act-funded Meals on Wheels programs, providing mid-day meals to seniors throughout San Mateo County
	2.2.4	Ensure acceptability of menus by clients in Meals on Wheels program by developing and administering a customer satisfaction survey that addresses meal quality
	2.2.4	Continue to research and evaluate emergency meal options and procedures
	3.51	Establish a menu of hot/cold food items to prepare for Meals on Wheels clients, families, staff, volunteers and the families of staff and volunteers in an emergency and purchase emergency food to back it up
	2.2.2	Include a variety of ethnic meals on the Congregate and Meals on Wheels menu
Nutrition Counseling	2.2.1	Provide nutrition counseling to Meals on Wheels recipients who have been identified as at-risk by their responses to the Nutrition Initiative Survey
Nutrition Education	2.2.1	Provide four educational programs at each Older Americans Act-funded Congregate Nutrition site per year
	2.2.1	Include nutrition information on the back of monthly menu that is distributed to participants at the Congregate Nutrition sites receiving meals from San Mateo County General Hospital's central kitchen
Title III Employment	2.4.7	Provide training to employment and training providers on how to work with people with special needs (older workers and workers with disabilities
	2.4.7	Out-station staff of their senior employment programs at the three One-Stop-Centers to ensure that older workers are served
Title V Senior Community Services Employment Program	2.4.7	Provide training to employment and training providers on how to work with people with special needs (older workers and workers with disabilities)

	4.2.2	Schedule Older Worker Week presentation that highlights contributions of older workers
	2.4.7	Provide subsidized employment opportunities for income eligible older adults 55 years of age and older through the Older Americans Act Title V Senior Community Services Employment Program, which recruits, trains, and places individuals in positions at private non-profit organizations
	2.4.7	Out-station staff of their senior employment programs at the three One-Stop-Centers to ensure that older workers are served
Wise and Well (Disease Prevention)	6.1.1	Work with EPA community leaders to improve participation in the Wise and Well Program by the multicultural community in EPA
	6.2.1	Provide a variety of educational classes as part of the Wise and Well Program
	6.3.1	Provide both comprehensive screening (weight, cholesterol, health
		history, blood pressure and blood sugar) and monitoring for medically underserved older adults at designated Wise and Well Program sites

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Alzheimer's Day Care Resource Center	4.1.1	Coordinate regarding publicity about services and trainings offered by the Alzheimer's Day Care Resource Center
	5.1.1	The Alzheimer's Day Care Resource Center will develop and implement outreach program targeting the minority community
	2.3.1	Invite pre-schoolers from city-operated childcare center to participate in art and music activities four times a year at the South San Francisco Adult Day Care Center
	5.1.1	The Alzheimer's Day Care Resource Center will develop and implement outreach program targeting the minority community
·	2.2.2	Operate licensed Alzheimer's Day Care Resource Center for adults with dementia
HICAP	6.1.2	Develop additional outpost site for Health Insurance Counseling and Advocacy Program (HICAP)
	5.1.1	Implement outreach campaign to recruit, train and place bilingual and minority volunteers for the Health Insurance Counseling and Advocacy Program
	6.2.1	Through individual counseling sessions and group meetings, the Health Insurance Counseling and Advocacy Progam (HICAP) will present up-to-date information about health and long-term care insurance options
	6.1.2	The Health Insurance Counseling and Advocacy Program (HICAP) will provide free counseling and legal assistance on Medicare and health insurance issues at a variety of sites (Senior Centers, Social Security, medical facilities, etc.)
Senior Companion Program	1.1.3	Develop host agency sites within senior housing facilities for volunteers in Senior Companion Program
	3.2.2	Explore the feasibility of using Senior Companions as paratransit escorts
Foster Grandparent Program	5.2.1	Expand Foster Grandparent Program by developing host agency sites and placing senior volunteers in schools/ child care centers in multicultural

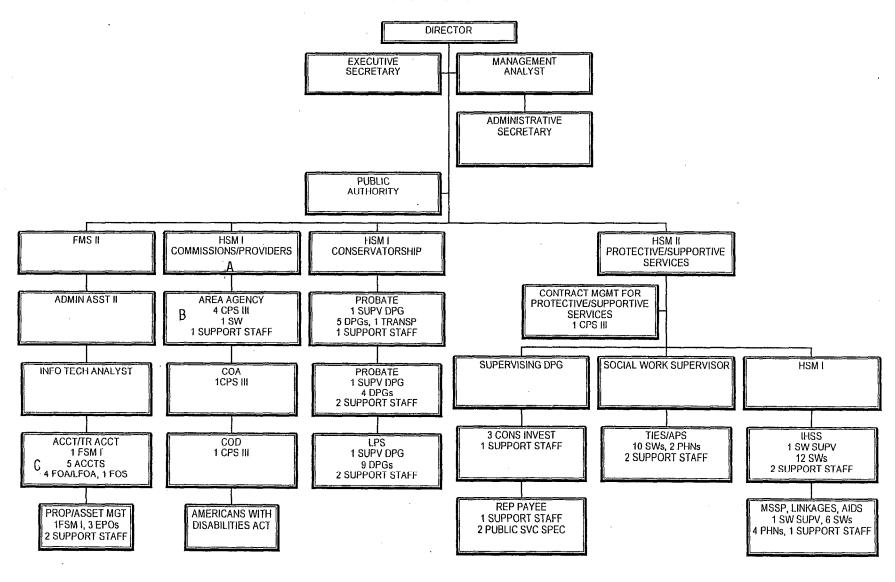
		community of East Palo Alto
	1.1.3	Develop a Memorandum of Understanding with schools and/or childcare centers in East Palo Alto and Pacifica for volunteer positions in the Foster Grandparent Program
Linkages	2.4.2	Monitor people who are on the Linkages waiting list by phone to ensure their safety
	4.2.1	Develop Linkages brochure to be used in outreach activities
	2.4.2	Operate a variety of case management programs - Centralized Intake (short-term case management) - Multipurpose Senior Services Program Linkages - AIDS/AIDS Waiver Programs
MSSP	1.2.1	Advocate for legislation supporting the expansion of the Multipurpose Senior Services Program
	2.4.1	Meet with hospital discharge planners to increase referrals to the Multipurpose Senior Services Program
	2.4.2	Operate a variety of case management programs - Centralized Intake (short-term case management) - Multipurpose Senior Services Program - Linkages - AIDS/AIDS Waiver Programs
	3.4.1	Provide emergency response systems, as needed, for clients enrolled in the Multipurpose Senior Services Program
Respite Purchase of Services	2.1.2	Utilize funds from the Respite Purchase of Service program to contract with agency to provide respite services
	2.4.1	Provide regular updates to each of the programs within Aging and Adult Services on the availability of funding for the purchase of respite services

Brown Bag Program	2.2.3	Provide food to low income seniors at Brown Bag Program sites throughout San Mateo County. Arrange for delivery of food to individuals unable to come to site
	3.5.1	Coordinate with Brown Bag Program regarding the provision of emergency food kits
	1.1.2	Implement recruitment campaign for volunteers to assist the Brown Bag Program
	2.2.4	Provide more ethnically appropriate foods that are geared to the participants at each Brown Bag location
	2.2.4	Explore the feasibility of establishing a new Brown Bag site in Menlo Park
	2.2.4	Investigate the need for establishing an additional Brown Bag site in mid- county and implement, if needed
	3.5.1	Coordinate with Brown Bag Program regarding the provision of emergency food kits
	2.2.4	Investigate the need for food services for adults with disabilities and implement what is needed
Case Management	2.4.2	Provide pro-active case management by a locally-based social worker to facilitate access to social work services for frail and isolated individuals
	5.2.1	Implement case management program targeting the Chinese community in central county

Elder Abuse Prevention	7.1.1	Develop and disseminate materials on elder abuse for consumers at
		educational forums and community events
	7.1.1	As part of "Pacifica Connect and Protect Elder Abuse Awareness Week, implement elder abuse awareness campaign in Pacifica, utilizing volunteers who will pass out material to merchants
	7.1.1	Members of the committee will serve as ambassadors, educating their own communities about the issue of elder/dependent adult abuse
	7.1.1	Hold annual conference targeting consumers
	7.1.1	Convene Adult Abuse Prevention Collaborative to involve agency representatives and community members in the development of a comprehensive community education program
	7.2.1	Develop and implement training program for employees of fire departments and banks
	7.2.1	Work with Sheriff's Department on the development and implementation of abuse training for law enforcement
	7.2.1	Develop and implement plans to train mandated reporters about the new Elder and Dependent Abuse laws
	7.2.2	Develop written material on the identification and reporting of elder and dependent adult abuse and disseminate it to mandated reporters and individuals in key agencies serving seniors and adults with disabilities
	7.4.1	Define agency's role in the community around the issue of family violence prevention (including elder and dependent adult abuse)
	7.1.1	As part of "Pacifica Connect and Protect Elder Abuse Awareness Week implement elder abuse awareness campaign in Pacifica, utilizing volunteers who will pass out material to merchants
	7.5.1	Centralized Intake Unit will provide short-term case management

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7.5.1	Centralized Intake Unit will refer individuals needing ongoing case management to appropriate Aging and Adult Services (e.g., MSSP, AIDS/AIDS Waiver, Linkages) and outside case management programs
7.5.1	Provide 24-hour response capability to reports of abuse and neglect
7.5.1	Establish conservatorships for individuals who are unable to handle their basic needs
7.5.1	Reduce the time between the receipt of an abuse report and the assignment of the case to the case manager
7.5.1	Implement new protocol of providing a face-to-face contact within 48 for all cases of physical and sexual abuse in order to arrange for protection
7.1.1	Convene Adult Abuse Collaborative to involve agency representatives and community members in the development of a comprehensive community education program
7.2.1	Develop and implement training program for employees of fire departments and banks
7.2.1.	Work with Sheriff's Department on the development and implementation of abuse training for law enforcement
7.2.1	Develop and implement plans to train mandated reporters about the new Elder and Dependent Abuse laws
7.2.2	Develop written material on the identification and reporting of elder and dependent adult abuse and disseminate it to mandated reporters and individuals in key agencies serving seniors and adults with disabilities

SAN MATEO COUNTY HEALTH SERVICES AGENCY AGING & ADULT SERVICES



Area Agency on Aging Detail

A Health Services Manager I 85%

B Community Program Specialists (CPSs)

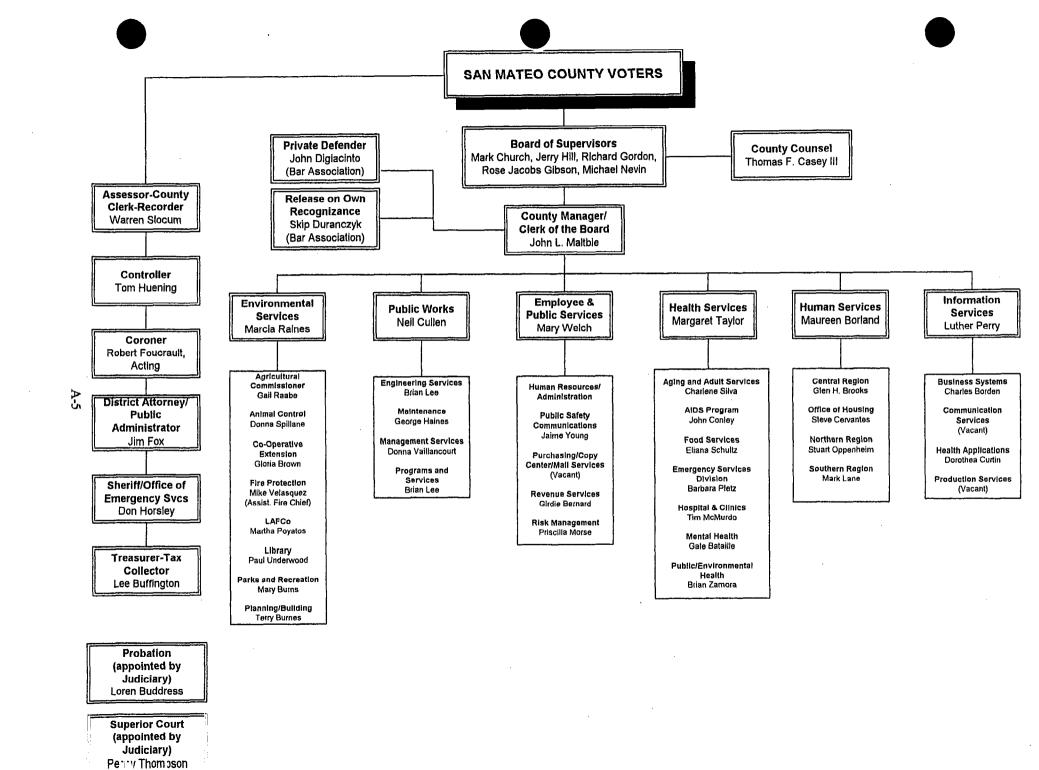
CPS III 77%

CPS III 100%

CPS IIII 75%

CPS III 100%

C. Accountant 80%



APPENDIX III

GOVERNING BOARD

Name/Title of Officers

Term Expires

Richard Gordon/President

January 2001

Michael Nevin/Vice President

January 2001

Number of Members on the Board __5

APPENDIX IV

ADVISORY COUNCIL Older Americans Act Regulation §1321.57

Name/Title of Officers Helen E. Karr, Esq./President Andre Belarmino/Vice President Arline Elliott/Secretary		Term Expires July 1, 2001 July 1, 2001 July 1, 2001	
General Membership Characteristics:	Number		
Council Members (Total, including vacancies) Members 60+	21 18		
	% of PSA's 60+ Population	% on Advisory Council	
Race/Ethnic Composition White Hispanic Black Asian/Pacific Islander Native American/Alaskan Native Other (There is currently one vacancy on the A	73.3 7.4 3.4 9.9 2 1.7 dvisory Council)	82 6 11 17 0	
Low Income Representative Disabled Representative Supportive Services Provider Representative Health Provider Representative Veteran Health Care Provider Representative (If appropriate)	XYes	No No No No	
Local Elected Officials Individuals With Leadership Experience In the Private and Voluntary Sectors	XYes	No No	
Explain any "No" answer:			

Briefly describe the process designated by the local governing bodies to appoint advisory council members. Ten members are appointed by the Board of Supervisors, 10 members by the Appointments Committee (consisting of one member-at-large appointed by the President of the Board of Supervisors, one member of the Commission on Aging, two members appointed from seniors organizations, and the Director of Aging and Adult Services or his/her designee), and one member by the Executive Committee of the Commission on Aging.

Service Unit Plan 2000-2001

Note: This Service Unit Plan utilizes the NAPIS (National Aging Program Information System) Categories.

Indicate the number of units of service to be provided with ALL funding sources, including federal funds, State funds, USDA, program income, and local funds. Other units of service cannot be added since only the units of service listed under each program are allowable. Only programs identified should be listed in the budget.

The right-hand column (Goals) provides the Area Agency with an opportunity to relate Title III funded services/programs to goal statements. Use of this column is optional.

TIT	TITLE III				
#	Program		Goals (Optional)		
1.	Personal Care* (In-Home) Units of Service		Goal #		
2.	Homemaker* (In-Home) Units of Service		Goal #		
3.	Chore* (In-Home) Units of Service		Goal #		
4.	Home Delivered Meals Units of Service	168,000 (Senior) 17,705 (Non-senior)	Goal #		
5.	Adult Day Care/Health Units of Service	28,850	Goal #		
6.	Case Management* (Access) Units of Service	1,484	Goal #		
7.	Congregate Meals Units of Service	<u>187,450</u>	Goal#		
8.	Nutrition Counseling Units of Service	<u>150</u>	Goal #		
9.	Assisted Transportation* (Access) Units of Service	<u>45,730</u>	Goal #		
10.	Transportation* (Access) Units of Service	<u>41,500</u>	Goal #		

11.		7,500 (Senior) ,240 (Non-senior)	Goal #
12.	Nutrition Education Units of Service	<u>76</u>	Goal #
13.	Information and Assistance* (Access) Units of Service	10,550	Goal #
14.	Outreach* (Access) Units of Service		Goal #
15.	Other Services (Specify which) Disease Prevention Employment Visiting Units of Service Units of Service	ce $1,\overline{350}$	Goal #
Title Prog			Goals (Optional)
Ombi	Total number of cases to be closed	1,000	Goal #
	Training for Ombudsman staff and volunte Number of sessions Number of hours Total number of trainees	eers $\frac{11}{\frac{22}{30}}$	
	Resident visitation (other than in response Number of SNF's to visit Number of RCFE's to visit	to complaints) 30 150	
Elder	Abuse Prevention Units of Service	<u>6</u>	Goal #

^{*} Indicates priority services