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Changes in Description of Planning and Service Area Unique Resources and Constraints

San Mateo County continues to grow. The 2009-2011 Profile for San Mateo County states that the population is now 745,000 in the 20 cities and numerous unincorporated areas; 33,969 more people than stated in the original Area Plan. With this increase in population, the need for affordable housing continues to grow. Housing prices continued to fall in 2009. The median housing prices fell to \$506,000 in March 2009 compared to \$723,000 in March 2008, which is a 30% decrease. Even though the median family income in San Mateo County in 2007 increased to \$97,137, which is higher than the California median income of \$64,563, buying a home continues to be out of reach for many residents. According to the California Association of Realtors, in the third quarter of 2008, only 32% of San Mateo County residents could afford to purchase a first-time home. By the third quarter in 2009, this percentage had only grown to 40%.

Rental prices in San Mateo County fell in 2009 as compared to the previous year. According to the San Mateo County Housing Indicators, as of September 30, 2009, the market average rent for a one-bedroom apartment was \$1,464 (a 9.2% decrease from 2008). The market average rent for a two-bedroom apartment was \$1,677 (a 9.3% decrease from 2008). Even though the rent has decreased, Section 8 standard voucher payments are still not enough to cover the rent for a one-bedroom apartment. In addition, Section 8 lists currently have a three year waiting list. In July 2008, the list opened for one week and there were 23,000 applicants for 3,600 vouchers.

Despite an increase in the median income, San Mateo County residents are experiencing greater unemployment. In January 2008, the unemployment rate in San Mateo County was 7.2%, up from 3.8% in October 2008. The Employment Development Department report on Monthly Labor Force Data for Counties for October 2009 reports the unemployment rate at 9.1% in San Mateo County. The two cities in the County that historically have had the highest unemployment rates experienced even greater spikes in unemployment. East Palo Alto is now at 20.9% (up from 16.9% in January 2009) and North Fair Oaks is now at 17.7% (up from 14.3%). The applications for public assistance continue to increase. In October 2008, requests for public assistance (General Assistance, CalWorks, Food Stamps, and Medi-Cal) applications totaled 3,861.

The "Gateway to the Peninsula" (and to San Mateo County) is the city of Daly City, which is located on the northernmost edge of San Francisco and extends to the Pacific Ocean on the west. According to the Daly City profile on the city's web page (www.ci.daly-city.ca.us/about/city_profile.htm#1), there has been a steady increase in the population over the last four decades. The city has experienced a growth of over 10% in the past ten years. The current population is estimated to be 103,269, which makes it San Mateo County's largest city by population. Daly City is expected to remain in this position for the next 25 years. 50% of Daly City is of Asian descent, which makes it the second largest Asian population in the United States, second only to Honolulu.

To meet the needs of its multi-ethnic community, Daly City Adults Community Connecting, Education, Service, and Support (ACCESS) was formed more than 10 years ago. In response to the increasing number of monolingual, isolated, and hard to reach older adults and persons with disabilities, the ACCESS members started discussions about how to best meet their needs.

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In 2006, the concept of the Healthy Aging Response Team (HART) was discussed as a special committee of ACCESS. HART consists of many organizations serving the residents of Daly City, including AAS, which have been part of the planning team. By training volunteers, HART will work to strengthen the safety net of community-based care for older adults and persons with disabilities. HART is expected to provide crisis intervention through multilingual outreach and facilitated referrals to vital services. HART has received funding to implement a three-year pilot project in which peer volunteers will assess callers and provide follow-up for those needing services in Daly City. The HART phone line will go live on April 5, 2010. AAS will continue to work collaboratively with the HART team by having the Teamwork Ensuring Elder Support (TIES) Line staff refer Daly City callers, who are not needing an Adult Protective Services (APS) level of service, to the HART line for follow-up. HART volunteers in turn will refer callers to the TIES Line when it is determined that there might be a need for APS services. Discussions have begun in San Mateo County to implement 211/HELPLINK that will provide free, confidential, and multi-lingual information, advocacy, resources and support to connect people to community services. It seems likely that Aging and Adult Services (AAS) and other San Mateo County providers will become part of the 211 system. Discussions will need to take place to decide how the TIES Line, HART, and 211 would work together.

Changes within the Public Service Area (PSA) Meals on Wheels (MOW) and Supplemental Meals on Wheels (SMOW)

There are currently five providers of MOW/SMOW in San Mateo County that serve approximately 1,078 participants. For this fiscal year from July 09 through December 09, the Health System, through San Mateo Medical Center (SMMC), directly served a total of 259 MOW and 12 SMOW clients in Central and North County. For last fiscal year, July 08-June 09, 381 MOW and 28 SMOW clients were served through the Health System. Historically all of the MOW/SMOW providers had the capability of delivering either hot or frozen meals to each participant five days per week. In addition to the nutritious meal, this service provided a daily in-person interaction with the client. If the driver noticed a change in the client, such as a sudden decline in health or an immediate need for medical services, the driver notified the appropriate agency for follow-up.

Unfortunately, federal, state and county funds do not cover fully the cost of the MOW/SMOW programs. Due to recent increases in the cost of providing MOW/SMOW, (e.g., the cost of food, packaging, fuel), a number of providers are no longer able to continue the five-day a week delivery service. To sustain the programs, some MOW/SMOW providers have moved to providing frozen meals to participants who have the capacity to store and reheat the meals throughout the week. The change toward frozen meals is a statewide trend. Beginning in February 2010 SMMC will provide participants with frozen meals through one delivery per week using cook/chill equipment. It is acknowledged that this shift in service is not ideal; however, it is the only way to ensure that the program will be sustained.

Congregate Meals

Due to their decreasing budgets, some contracted congregate providers have had to make changes in their days of service. Providers in the cities of South San Francisco and Redwood City areas, where most residents are low-income, monolingual and of ethnic minorities, have had to make the difficult decision to cut services. One congregate site in South San Francisco has closed altogether. This provider has another site in the city that remains open. A Redwood

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City provider has had to decrease days of service from five days a week to four. This provider does serve a healthy breakfast five days a week, including on the day that they do not serve the congregate lunch. The healthy breakfast, which started five years ago, is sponsored by Kaiser, Sequoia Hospital, and Safeway.

San Mateo County (SMC) Helps

A resource now available to assist those facing difficult economic times, especially those faced with finding help for the first time, is SMC Helps. Numerous County departments, along with community partners, collaborated to create a one-stop website with information about food, emergency shelter, housing assistance, employment/unemployment, health, mortgage/rent and credit counseling. The site can be found at www.co.sanmateo.ca.us on the County's home page. Listed under the Health tab, there is a link to the Help at Home Directory, the In-Home Supportive Services (IHSS)/TIES Line phone number, and a link to AAS. On SMC Helps, there is a Community Services Locator, which provides information on over 2,600 non-profit organizations, government programs, clubs, and community organizations offering services in San Mateo County. The website also created a centralized location for individuals to learn about how to donate or sign-up for volunteer opportunities at the SMMC.

ACCESS San Mateo County

To improve the community's ability to ask questions and receive timely response from County staff, ACCESS San Mateo County was launched in FY 08-09. This system allows for a list of frequently asked questions by department or topic to be accessible 24-hours a day, 7 days per week on the San Mateo County website. If the consumer does not see an answer to his/her specific question, the question can be submitted online and it is then forwarded to the appropriate department for direct and immediate follow-up. ACCESS San Mateo can also be found at the www.co.sanmateo.ca.us.

Food Insecurity

According to Seniors & Hunger, from the San Mateo County Hunger Issues Forum on June 11, 2009, California is the only state in which seniors receiving Supplemental Security Income (SSI) are ineligible for Food Stamps. According to the 2009-2011 San Mateo County Profile, the Human Services Agency has seen a 28% increase in those receiving Food Stamps. The agency is expanding community partnerships to increase access into the Food Stamp program by conducting outreach to educate residents about the application process and Food Stamp benefits in culturally and linguistically appropriate formats. The outreach and education focus groups being conducted are geared for seniors, single individuals, immigrants, and families of under-represented ethnic backgrounds. The provider that formerly provided the Brown Bag Program through Older Americans Act (OAA) funding, Second Harvest Food Bank, is assisting in the outreach and education efforts.

Description of AAA Acquired Immunodeficiency Syndrome (AIDS) Case Management

In FY 08-09, due to the decrease in HIV Education and Prevention funding from the State, The Division of Public Health (PH) was no longer able to contribute to the AIDS Case Management

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and Waiver programs, which were housed in AAS. Without the PH contribution, AAS was not able to sustain the programs. These programs provided case management and home-health services by a Social Worker and Public Health Nurse to 36 clients. The programs were eliminated effective September 1, 2009.

Medical and social services provided to the HIV/AIDS clients through the SMMC and community clinics continued, but these clients now are left without the intensive case management services, and the ability to purchase services such as home health care, that allowed them to remain in a community setting.

ADCRC

The FY 09-10 State budget impacted San Mateo County's safety-net services by eliminating funding for CBSP funded programs including Alzheimer's Day Care Resource Center (ADCRC), Linkages, and Brown Bag services. ADCRCs served approximately 80 individuals annually who were 18 years and older with Alzheimer's disease, or other dementia-related disorders, particularly in the moderate to severe stages, whose care needs and behavioral problems may have made it difficult to participate in existing care programs. Services provided included adult day care, family counseling and training, professional service provider trainings and support groups. Without these services, many family members and providers to those who suffer from Alzheimer's disease do not have the resources or help they need to successfully care for this growing population. It is anticipated that as a result of State budget cuts to this program, these individuals will require more expensive levels of care in a less integrated setting.

Linkages

In FY 09-10 State funding for the Linkages program was eliminated, effective October 2009. State funds from the first quarter of FY 09-10 were allocated, and San Mateo County decided to extend the Linkages program through June 2010 to a reduced number of clients. One social worker is continuing to provide case management, care coordination, information and assistance, and purchase of service such as in-home care and transportation for the most vulnerable clients. AAS is supplementing the State funds with county generated and Federal Targeted Case Management funds. The Linkages program will be eliminated June 30, 2010.

An organizational chart for San Mateo County Health System and AAS is attached.

Healthier Outcomes through Multidisciplinary Engagement (HOME) Team Update

Due to limitations in County funds and the conclusion of grant funds from the Silicon Valley Community Foundation, the HOME Team will terminate on June 30, 2010. Despite evidence of the success of HOME Team interventions to reduce Emergency Department visits and increase connections to primary care clinics, efforts to secure external funding to sustain the program have been unsuccessful.

In FY 08-09 the HOME Team received a County of San Mateo STARS award for Program Performance. To date, the HOME Team has successfully engaged 144 clients and has 63 active clients.

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Organizational Changes within AAA and AAS

Since 2007, the County has implemented a hiring freeze and reduced 179 positions and \$23.5 million in operating costs. Local and State revenues continue to decline. In April 2009, the projected deficit in San Mateo County grew to \$100 million mainly due to reduced revenues and significantly higher retirement costs. Revenue projections over the next 5 years continue to show minimal growth in major General Fund revenue sources. The County cannot rely solely on revenue growth and new revenues to close the \$100 million deficit. The County has adopted a balanced approach to close the deficit, which includes: (1) managed use of reserves, (2) program reductions and multi-departmental savings, (3) labor cost savings, and (4) new revenues.

Planning Process

In order to avoid duplication of efforts, decrease the frequency of meetings, increase participation among county providers, and increase collaboration, a new structure of the steering body for the Area Plan has been implemented. It is expected that this will bring about a better collaboration of providers by creating meaningful work that would ultimately improve the satisfaction of the providers involved in the Area Plan.

The observations from reviewing each of the committees included:

- There was overlap in the purpose and projects of the committees.
- The New Beginning Coalition (NBC) and Older Adults Multi-Cultural Committee (OAMC), which was formally the Minority Elders Committee, had similar attendees and focused on similar areas of cultural competence.
- The Implementation and Coordination Committee (ICC) and NBC shared similarities in developing, writing, and monitoring the Area Plan.
- ICC and OAMC had decreased participation and, although they continued to meet, neither committee currently had a project they were working on.

A meeting was held on June 5, 2009 with representatives that were chosen from the NBC steering committee, ICC, OAMC, the Community-Based Continuum of Care (CBCC), and Adult Abuse Prevention Collaborative (AAPC). The committees each discussed their history, how effective they currently perceived themselves to be, their membership, their subcommittees, how many people usually attended the meetings and most importantly, what was the purpose of each group. There was also a discussion of future project ideas and these were cross-referenced to see if the proposed projects were in line with the Area Plan goals. This group suggested that the new structure be more flexible and fluid. The representatives went back to their respective committees, including the Commission on Aging (CoA) and the Commission on Disabilities (CoD), to discuss the suggested change in meeting structure. The response from each of the committees to this new proposed structure was overwhelmingly positive.

The initial group of representatives from all the committees continued to meet through September 30, 2009 to plan the new structure, which was unveiled to the larger membership of the NBC at the October 13, 2009 meeting. To accomplish our mission, AAS will continue to convene a broad-based group of consumers, caregivers, service providers, and Commissioners from the CoA and CoD, which will continue with the name NBC. Currently, there are over 75 NBC members. Over 60 members attended the October 13th meeting. The purpose of this coalition will be to implement our goal-based strategic planning approach across the system of

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services in San Mateo County. The AAA will use a cooperative and participatory process in setting and accomplishing goals. All participants should feel a sense of ownership over the final plan. Projects will be determined by the Area Plan. As projects are completed on plan goals, the Area Plan will be informed, and new projects will be created to fill gaps in service. The Area Plan will be a central document that describes the current situation of the AAA, the future direction it is moving toward, and how we will get there. The Plan will be used as a benchmark for success.

Select members of the NBC will have the responsibility of oversight of the NBC and the Area Plan implementation, including analyzing data to assist in the setting of goals and monitoring and evaluating activities of the workgroups that will inform the Plan. These NBC Steering Committee members will share the responsibility of planning the NBC meetings with AAS. Currently there is a Transitional Steering Committee in place that will continue to assist in the development of this new NBC, including developing criteria for membership of the future Steering Committee and deciding on the number of members that will compose this committee in the future. At present, the Transitional Steering Committee members will be responsible for at least one goal of the Area Plan.

AAS staff will continue to assist the Steering Committee in the coordination of the NBC meetings. The CoA and CoD will continue in their advisory role to the Board of Supervisors on aging and disability issues in our County. Through their participation, all NBC members have the opportunity to stay informed about issues and resources, collaborate, and work toward closing gaps in the service-delivery system. NBC members may also participate in planning projects, convening workgroups, providing services and/or assessing community needs.

Smaller committees (workgroups) will meet to complete objectives that will be based on projects generated from the Plan's goals. These projects will be agreed upon by the entire NBC. The workgroups will continue to meet until the projects are completed and then disband. This will make a difference in that committees will now only be expected to meet until projects are completed. Once the objective has been completed, committees will no longer need to meet and committee members can then choose to join other workgroups to assist in completing that objective.

In this new meeting structure, the NBC meetings are expected to occur minimally on a quarterly basis and will be structured with the first hour dedicated to committee reports, agency reports, and other presentations, and the second hour dedicated for the goal-specific workgroups to meet.

See attached document of a visual of the new meeting structure and an explanation of how the structure will function.

The Area Plan goals for San Mateo County for 2009-2012 continue to be the following:

1. Increase volunteerism and involvement of consumers in advocacy, service planning and delivery.
2. Ensure cultural competence throughout the service planning and delivery system.
3. Create a coordinated seamless system of care for older adults and people with disabilities.

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4. Sustain critical services in a tight economic and budgetary environment.
5. Improve physical and programmatic access to services and supports for adults with disabilities.
6. Support options for adults to live as independently and safely as possible.
7. Collaborate to promote and/or provide physical and mental health services for older adults, people with disabilities and caregivers.
8. Educate and increase awareness to prevent violence, abuse and neglect.

Currently, there are workgroups that are meeting for Goal 2, Goal 3, Goal 4, and Goal 8. Goal 2 includes a merging of the former NBC Steering Committee, former OAMC members, and new members that have joined since the October 13th meeting. Goal 3 is being led by the Community-Based Continuum of Care Committee, Goal 4 is being led by a newly formed Economic Workgroup, and Goal 8 is being led by the Adult Abuse Prevention Collaborative. Workgroups for Goals 1, 5, 6, 7 will be established in the future.

Needs Assessments/Ties Line Reports

Through the second quarter of FY 09-10, 6,524 calls were received by the TIES Line. Calls received from those ages 60 and over totaled 3,666 (65%). The top three issues people called for in FY 08-09 were (in descending order) protective services, conservator/guardianship, and IHSS. Through the second quarter of this year, the top issues are similar with one change. MOW calls have replaced conservator/guardianship as the third ranking issue. The top issues through the second quarter in descending order are protective services/APS, IHSS, MOW, and conservator/guardianship. For the callers that state the cities in which they reside, most calls continue to be received from the same cities in the county. This is consistent with FY 08-09 data where the top three cities continue to be, in descending order, San Mateo, Redwood City, and Daly City.

See attached documents of TIES Line calls.

Need Assessments/Housing/Transportation

San Mateo County has the highest cost of living for homeowners and renters over the age of 65 in California. According to the California Association of Realtors, in order to purchase an entry-level house that is \$603,500, the monthly payment (including taxes and insurance) is \$3,540. The minimum qualifying yearly income for a home at this price is \$106,109, which is \$8,972 less than the median family income in San Mateo County. The Elder Index for San Mateo County in 2007 states that an older adult homeowner (a retired person 65 years of age or older and in good or median health status) without a mortgage would need a yearly income of \$18,272. A single owner with a mortgage would need a yearly income of \$42,987 and a renter of a one-bedroom apartment would need an income of \$27,550. An elder couple that is a homeowner without a mortgage would need a yearly income of \$27,985 and \$52,700 if they are owners with a mortgage. Federal Poverty Guidelines would need to be increased by 179% (\$10,210) for a single older adult and 272% (\$13,690) for an older couple renting an apartment in order to accurately identify those without adequate income in San Mateo County. The SSI payment maximum for California is the maximum income provided by the state's Supplemental Security

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Income program for low-income older adults with no assets. The yearly maximum SSI payment for a single older adult that is renting a one-bedroom apartment in San Mateo County is \$17,278 less than the amount needed to cover basic living costs. The yearly average Social Security payments (the average amount provided to older adults in this County) for a single older adult that is renting a one-bedroom apartment is \$13,815 less than the amount needed to cover their basic costs. The yearly maximum SSI payment for an older couple that is renting a one-bedroom apartment is \$19,239 less than the amount needed to cover basic living costs. The yearly average Social Security payments for an older couple that is renting a one-bedroom apartment in San Mateo County is \$14,189 less than the amount needed to cover their basic costs.

Aside from the high cost to own and rent in the County, according to "Building for the Boom: Creating Communities that Work for All Generations, Spring 2009" (San Mateo County Department of Housing), most communities are not equipped to meet the growing housing needs of the aging population. Many older adults live on incomes that require them to find subsidized affordable housing. Homeowners may find it too demanding and costly to maintain a single-family home later in life. It has been estimated that these older adults hold billions of dollars in equity that could be invested in new developments to make downtown areas more livable. As the Baby Boom generation grows older, many aspects of neighborhoods and the housing market will need to adapt. Fortunately, these changes will also benefit others besides the older adults that live in San Mateo County. As the percentage of those over 65 is expected to increase in the northern and middle portions of the County, it is especially important for these communities to make the adaptations needed for the future. Housing types and models that have evolved to meet the needs of a diverse aging population include:

- Housing that accommodates multi-generational families under one roof or within the same development.
- Compact housing units, such as condominiums and town homes.
- Co-housing arrangements where each resident has private quarters but share common areas and amenities.
- Assisted Living for older adults who require assistance with activities of daily living.
- Supportive housing for older adults with mental health or other disabilities.
- Continuing care communities that offer graduated levels of care as needs change.

According to the San Mateo County Aging Model: Better Planning for Tomorrow Policy Brief Issue 3: Housing (www.smhealth.org/hpp), there are six key elements that are critical to promoting housing that will meet the needs of today's and tomorrow's older adults. The elements include housing affordability, walkable communities, access to public transportation, mix of housing and other uses, multigenerational housing and design features to meet the needs of current and future adults. Affordable housing is particularly important for older adults, especially those on fixed incomes. In order to be considered affordable, households should use no more than 30% of their income on housing costs. Many older adults may be living on fixed incomes that limit housing options. Seventy percent of the older adults surveyed by the Projection Model expect to live off pensions or retirement income; however there were distinct differences by race. For example, only 44% of African-Americans reported they were expecting a pension or retirement income. A key consideration in affordable places to live is the burden of having to pay for property taxes on a new property. For this reason, Baby Boomers may chose to stay in their homes even though the house now longer meets their needs.

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Walking and accessibility to services help promote health and create an environment of social connection. The infrastructure of developing homes should take into account mobility issues, such as people that use walkers or wheelchairs. Pedestrian accessibility includes increasing sidewalk widths, improving crosswalks, and allowing parking to be situated so pedestrians can safely access stores. Places within easy walking distance of everyday goods and services can assist in reducing the reliance on driving, particularly for older adults. Currently only 2% of the Projection Model respondents said they walk as their primary source of transportation when not working. Baby Boomers have indicated that walking and taking public transportation will become more important as they age.

As people age and may not be able to drive on their own anymore, public transportation close to housing becomes increasingly important. Public transportation includes Caltrain, BART, SamTrans, senior vans/shuttles, Redi-Wheels, and taxis. According to a February 2008 study from the Center for Health Policy Research at the University of California, Los Angeles, an older individual in San Mateo County can expect to pay \$202 per month for transportation and a couple could expect to pay \$323.

Multi-generational housing is increasingly important for Baby Boomers, many of whom find themselves raising children as well as caring for older parents. The Projection Model shows that currently, one out of every four Baby Boomers in San Mateo County is already caring for an older adult. Multi-generational housing would have young families living in developments that are integrated with smaller, more affordable units for older adults.

Lastly, design features that accommodate for mobility conditions assist to not only foster social connections but also maximize independence for older adults. The Projection Model showed that very few respondents had made home modifications to accommodate for potential changes in mobility. Housing locations that require the use of a car or require the ability to climb steps can put older adults at risk for isolation or injury. Aside from home modifications that older adults can implement, building design features should take into account potential increases in cognitive impairment of older adults. Examples of design features include memory markers along paths, non-circular building designs, use of high-contrasting colors, easily identifiable switches/handles, and avoiding bright lighting at night that may disrupt sleep patterns.

According to the "Building for the Boom", San Mateo County has four housing developments that can be used as models for other communities to replicate. The housing developments are:

- The Crossing in San Bruno links high density residential and commercial uses, with transit access to the San Bruno BART station as well as bus routes on El Camino and is in close proximity to the Caltrains station. The Crossing is across the street from the Shops at Tanforan, the regional mall. Housing options include apartments, condominiums, and multi-generational living; and there are pet-friendly policies and a range of unit sizes and amenities. There are 228 below-market rate one- and two-bedroom apartments for low and very-low income seniors.
- San Mateo Rotary Floritas includes 50 units of affordable housing for seniors, community facilities, and includes recreation space.
- Hillcrest Gardens is a housing development in Daly City that offers 39 units of affordable senior housing. It has a library, a computer lab, an atrium, and a wheelchair accessible van for use of the residents. Hillcrest Gardens is available for those that are at 50% below the area median income.

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- Lesley Gardens is an existing senior housing complex in Half Moon Bay. A proposed senior housing campus that would link with Lesley Gardens is in progress. It will include social, recreational, medical, and therapeutic services, along with living accommodations. When completed, it will provide 263 units of affordable housing on a 10-acre site, expanded facilities for the Community Center, Adult Day Health Center, and possibly space for other services. It will include extensive green areas, walkways, and other open spaces.

In addition, the CoA Chair for 2010 and another Commissioner are active members of the Housing Leadership Council of San Mateo County, which promotes the creation and preservation of adequate, accessible, and affordable housing. They support the building of sufficient, well-designed, sensibly located homes so that anyone that works, lives, or grows up in the County can live here in housing that meets their needs. The Chair has also been recently appointed to San Mateo County's Housing and Community Development Commission and is a former board member of Human Investment Project (HIP) Housing, a non-profit that assists the community in finding creative, affordable solutions to a variety of housing needs.

Needs Assessment/Oral Health

In California, starting July 1, 2009, with most Denti-Cal benefits having been eliminated for Medi-Cal beneficiaries that do not live in a licensed Skilled Nursing Facility or a licensed Intermediate Care Facility, there is a great need for older adults to receive needed dental services, especially preventative services. According to the Denti-Cal FAQs: Elimination of Most Adult Dental Services Beneficiary document (www.rcocdd.com/news/2009/AdultDentalFAQs.pdf) services, such as tooth removal for the relief of pain and infection will remain available. Most services such as cleanings, exams, fillings, gum treatments, crowns, root canals, and dentures have been eliminated. Those older adults that qualify for the Health Plan of San Mateo's (HPSM) CareAdvantage Program continue to receive comprehensive dental coverage such as diagnostic and preventative dentistry, restorative dentistry, oral surgery, endodontics/periodontics, crown and bridge work, and dentures. CareAdvantage is a program that combines Medicare and Medi-Cal benefits into one plan.

Needs Assessment/Falls

According to the California Department of Public Health, EPIC Branch, there were 1,698 senior fall injuries that resulted in death of California residents in 2007; this includes a total of 893 males and 805 females. Fatal injuries increase with age. Those ages 50-54 had 73 fatal injuries whereas those ages 90 and over had 333 fatal injuries. The most deaths (365) occurred in those ages 85-89.

In March 2008, the Fall Prevention Task Force of San Mateo County completed a county-wide assessment to better understand how to increase their collaborative effort in reducing falls in San Mateo County. The assessments included focus groups, and written and web-based surveys. Older adults (including homebound and isolated seniors), medical providers, and older adult non medical providers were surveyed. Significant findings included:

- The majority of physicians that responded estimated that 25-75% of their older adult clients fall yearly.

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- A discrepancy exists between the perception of falls as a problem and the reality of the experience of falling among the homebound/isolated older adult. Only 11% thought falling was a problem for older adults even though 45% of the respondents had fallen in the past year.
- Over 50% of homebound/isolated older adults were aware that muscle weakness, poor balance, and dizziness can lead to falls and 44% agreed that medications can cause falling. There was less awareness that their physical environment can also contribute to falls.
- Focus group participants stated that almost all of them had fallen outside of their home. After falling, many became fearful about falling again and avoided going outdoors, walking on the streets, and limited their activities outside their home.
- 85% of focus group participants stated that they would seek fall prevention information from their physicians.
- Most older adults are unaware of any local programs that specifically deal with falling.

A strategic plan for 2008-2011 was completed after reviewing the assessment results. The Task Force three-year goals include:

- To increase community awareness of fall prevention strategies and resources across a broad spectrum of stakeholders.
- To increase active Task Force membership and committed partners.
- To incorporate fall prevention into local public policy.
- To increase physician awareness of fall-risk factors and appropriate preventative interventions and best practices.
- To develop an evaluation system that measures the Task Force's effectiveness.
- To obtain reliable funding to assure Task Force sustainability.
- To assure that the Task Force is recognized as the number one resource for fall prevention in San Mateo County.

Workgroups have been established to complete these goals. Existing workgroup topics include: Medical Providers, Public Policy, Public Awareness/Fall Prevention Week, Membership, Data/Evaluation, Fundraising/Sustainability, and the Website Committee. All Task Force members are asked to join workgroups. AAS is a collaborative partner with the Fall Prevention Task Force, and AAS staff participate in the Task Force meetings where their strategic plan is monitored. Task Force Steering Committee members are also NBC members and participate in workgroup meetings focused on fall prevention and physical activity.

Needs Assessment/Employment

Many adults with disabilities have difficulty securing and maintaining jobs in mainstream employment. In addition, there are disincentives for many individuals with disabilities who would like to work, but need to maintain eligibility for social services and financial assistance programs such as SSI, Medi-Cal, IHSS, State Disability Insurance, and Section 8 in order to secure services and assistance that help them maintain their independence.

It has always been true that many seniors choose to work solely because they want to remain active, while others are forced to work in order to meet their basic needs. The ever increasing cost of housing, medical coverage, medications, food, and the loss of savings, keep many

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mature adults working long past their personal target for retirement or force them to return to work after they have retired.

The Senior Community Services Employment Program (SCSEP) is a job-training and placement program, sponsored by the U.S. Department of Labor, for people with limited financial resources who are age 55 or older. After receiving orientation, SCSEP participants are first placed in part-time job training positions with a non-profit agency. The salary of the participant is paid for by SCSEP. Some participants are later hired by the non-profit agency they worked for, while others may move to another non-profit agency after several months to a year in order to acquire new skills. The ultimate goal is to find a good job in the public or private sector. The January 2009 unemployment rate for San Mateo County was for everyone, including seniors, was 7.2%, representing an 89% increase from October 2008. The transition to paid work from the SCSEP has become progressively challenging due to the more limited availability of jobs.

Needs Assessment/MOW

AAS nursing interns recently completed MOW assessments for current clients of the SMMC receiving MOW. Two important findings were made. First of all, 25% and maybe as high as 40% of those assessed are taking 7 or more medications daily. It is not known if these clients currently have case managers outside of AAS that might be able to assist the clients with managing their medications. Secondly, many of the clients are in financial need, and the meals they receive make a significant difference in their lives. Other nursing interns will be working with AAS and will be assigned to complete more MOW assessments. It will be important to see if the findings remain the same after a period of several months from the first assessments. Currently AAS does not have the resources to address this concern but this issue will need to be revisited in the future. Possible directions for the future would include assessing what data is being collected by other MOW providers in the County to see if they are observing the same two trends of clients in more financial need than in the past and also having to manage taking multiple medications daily. Possibilities of how to address these issues and what trends are being seen can be discussed at MOW Coalition meetings.

Needs Assessments/City of San Mateo

In September 2009, the city of San Mateo released a report titled "Aging Well, San Mateo" (www.cityofsanmateo.org) that studied the projected needs of their population 50 years and over in the coming decade. The research is to be used to help guide the development of strategies, policies, and programs for the city government and the larger community to enable San Mateo to be an "aging-friendly" community. The research included a mailed survey, focus groups of older adults, and interviews with key community stakeholders who either had interest in or was currently providing services for older adults in the city. The report found that the rate of growth in the population of those ages 50 and over will vary by neighborhood, with the Mariner's Island/Lakeshore/Los Prados area aging at the greatest rate (68%).

The following eight issues were found that need to be addressed in the city of San Mateo:

- Access to affordable and appropriate housing (top issue).
- Maintaining mobility, especially for those who don't drive.
- Ability to continue working and remain productive in later life.
- Access to opportunities for meaningful civic engagement.

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- Increasing health problems with age.
- Meeting the needs of the less affluent and minority older adults.
- Access to information on available services.
- Making senior services relevant to the next generation.

The report stated opportunities to address these issues as:

- New options for senior housing and independent living.
- Volunteer-based transportation programs.
- Retirement planning/educational programs for Baby Boomers/older adults.
- Forging new pathways for civic engagement (especially for Baby Boomers).
- Senior-oriented health promotion (Fall Prevention Task Force was highlighted).
- Programs targeted to specific sub-groups of seniors (Self Help for the Elderly, an AAS contracted provider was highlighted).
- Initiatives to improve access to information and resources for seniors.
- Repositioning and reinventing senior programs for wider appeal (i.e. drop the word "senior" in favor of a more encompassing term).

Members of the Advisory Committee included several AAS contracted providers and AAS and other Health System staff. Members of city of San Mateo Senior Commission, including a CoA Commissioner, supported this project from beginning to end. The city of San Mateo is deciding what the next steps are for their second stage of their strategic planning and implementation. Many contracted AAS providers and others serving older adults in the County attended the meeting where the report was released. AAS will continue to work with the city of San Mateo as well as other providers that will be working on addressing the issues of the aging population in the County.

What San Mateo County is Doing to Address Issues Long-Term Supportive Services Project

San Mateo County's Long-Term Supportive Services Project (LTSSP) is an ongoing effort of the HPSM and the County Health System to address the current fragmentation of services by building a consumer-centered continuum of care that links acute, skilled nursing, and home- and community-based care into a single system. In addition, it seeks to be proactive in an environment in which the Federal and State governments are promoting changes to Medicaid, Medicare and other programs. These changes are likely to place greater fiscal liability and accountability at the local level.

On February 1, 2010, the State Medi-Cal program transferred the nursing home services benefit to the HPSM Medi-Cal program. Services covered under this benefit will not change with the transfer of administration to HPSM. With the management of this new benefit, HPSM will manage the majority of health and long-term care services for the Medi-Cal only population, with the exception of mental health benefits.

Data indicate that the number of nursing home beds available in San Mateo County is decreasing. In San Mateo County, two nursing facilities closed between 2001 and 2005 due to financial pressures. Similarly, in 2009 an intermediate care facility that specialized in care for individuals with difficult behaviors closed for financial reasons. Another trend that has impacted

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the number of nursing home beds is the shift in nursing facilities focusing on short-term rehabilitation stays instead of long-term custodial care which have lower reimbursement rates.

In a continued effort to integrate and work collaboratively as a county Health System, representatives from AAS, Behavioral Health and Recovery Services (BHRS), SMMC, HPSM, and Burlingame Long Term Care (a county-operated skilled nursing facility) continue to meet to address care coordination and progress towards greater integrated care. In FY 2008-2009, representatives met regularly to discuss difficult to place patients, explore models of integrated care that have been successful in other counties, and design creative approaches to address limited resources in housing. These discussions and problem-solving sessions will continue through FY 2010-2011.

Uniform Assessment Tool (UAT)

After several years in development, AAS launched its first comprehensive UAT. The UAT integrates similar assessment data elements across clients enrolled in AAS programs. It provides a common language for assessment across a number of demographic, social, cognitive, behavioral, functional and clinical measures that reflect the various needs of the population served by AAS. In 2003, the California State Legislature passed AB 786, which designated San Mateo County as the first pilot site for the UAT. The legislation paved the way for AAS to finalize the UAT and test the tool's efficacy with clients.

The UAT was launched as a pilot in APS, HOME Team, IHSS, Linkages, MOW, Multipurpose Senior Services Program (MSSP), and the Public Guardian program. The RAND Corporation was asked to develop and conduct an evaluation of the UAT pilot in an effort to provide feedback to AAS about the prospects of the UAT to support service integration and planning.

The implementation of the UAT, and the successful completion of the pilot, has allowed San Mateo County to take a significant step towards making LTSSP a reality. The need to continue use of the UAT is clear. Based on what was learned from the implementation of the UAT and the evaluation conducted by RAND, the UAT has demonstrated great potential in being able to provide comprehensive information that is pivotal as efforts are made to further build the seamless, integrated system of care outlined in LTSSP. Therefore, AAS will continue to use the UAT in MSSP. Attention will focus on: 1) quality assurance in completing the UAT and 2) learning how to interpret and apply critical thinking to the scales and Clinical Assessment Protocols (CAPS) analysis for the purpose of developing person-centered care plans. In addition, AAS will continue nurturing partnerships with the Ron Robinson Senior Care Clinic, the Burlingame Long-Term Care facility and the SMMC Acute Care Unit to further understand how the UAT can be an effective tool across the continuum.

Related to the San Mateo County's vision of integrated care for older adults and people with disabilities are current discussions at the State level regarding a comprehensive federal Medicaid waiver. The waiver will offer California an opportunity to reorganize and finance care for vulnerable populations as well as improve access to care, quality of services, cost effectiveness of care, and outcomes. The proposed federal waiver will offer financial support to states that enact comprehensive system reforms through its ability to waive federal rules to support innovation and bring San Mateo County one step closer to fully integrated care.

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Language and Culture

In order to continue to effectively serve our diverse community, there is a need for a system of services that is sensitive to both language and culture. AAS will continue to work with the Health System on the Bilingual Employee Project. The goal of the project is to formalize the role of the bilingual employees who provide language interpretation assistance by providing adequate time, training, and assessment to provide these duties successfully. As the Health System increases implementation of the policies adopted in 2008 that aimed at improving linguistic access to services and notification of interpretation rights for clients, it is expected that the cost of interpretation services will increase. Formalizing the role of the bilingual employee allows for the maximizing of this internal resource and possibly a reduction on the reliance on external interpretation services, which may be costly. Three AAS staff participated in the training and one AAS staff member is part of the Advisory Group for the project. A proposal of the systemwide interpretation standards of this project will continue through January 2010. Recommendations for systemwide implementation will be developed by March 2010. Lessons learned will be reported and shared with internal and external partners by April 2010.

Lesbian Gay Bisexual Transgender Community (LGBT)

In order to meet the needs of the LGBT community, NBC has designated a member to be a liaison to the County's existing Pride Initiative. The liaison collaborated with the County's BHRS division to provide a workshop on LGBT issues at a national mental health conference held in San Mateo County this past fall. This type of collaborative work will continue in 2010 and 2011.

Currently, Family Service Agency of San Mateo (FSA) is one of our contracted providers offering congregate meals, case management, senior employment services, and senior peer counseling in Spanish. Their senior peer counseling services have most recently expanded to include services in Mandarin, Tagalog, and for the LGBT community. A support group is being offered for lesbians of all backgrounds that are near, at, or post retirement in San Mateo. Another group is planned for East Palo Alto. AAS will continue to work with FSA in the cultural competency workgroup of the NBC.

Safety Net Grants

Providers have noticed an increase in the amount of requests for food from low-income families and seniors. On June 30, 2009, a press release stated that Silicon Valley and San Mateo County were awarding \$1.5 million dollars in safety net grants to 32 nonprofit organizations as part of a collaboration to help residents through the recession. The grants will run from June 2009 through July 2010. A majority of the grants (27) went to organizations that provide food and shelter to residents of the County. The remaining \$234,000 was awarded from San Mateo County's Economic Urgency Assistance Program to five organizations that provide health and dental care, services for domestic violence victims, and employment counseling. Nearly 50 nonprofits applied for funding.

Five contracted providers with AAS received funding. Coastsides Adult Day Health Center received \$15,000 to provide support for daily hot nutritious meals for frail, elderly, and disabled clients to decrease risk factors that lead to poor nutrition and more significant health problems. FSA received \$54,000 to expand and support the Second Careers Program, providing

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employment development such as job training, placement, and job search assistance to meet the demand for older workers. Peninsula Volunteers Rosner House Adult Day Services received \$20,000 to support the MOW and SMOW programs. Senior Coastsiders received \$15,000 to support meals in the congregate program since the demand increased by 25% between 2007 and 2008. Coastside Rotacare Clinic, not a contracted provider, received \$40,000 for additional clinic staff and supplies due to the closure of the Coastsides Family Medical Clinic in Half Moon Bay.

Mental Health

BHRS's Mental Health Board has a yearly public forum. The group that takes the lead on the forum rotates between the existing committees. This year the Older Adult Mental Health Committee will host the forum, which will focus on medication and substance abuse use issues for older adults as it pertains to mental/physical health and overall well-being. AAS has representation on this committee and will assist in the planning of the conference.


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graph TD; A[COUNTY BOARD OF SUPERVISORS] --> B[HEALTH SYSTEM CHIEF]; A --> C[AGING AND ADULT SERVICES DIRECTOR];
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COUNTY BOARD OF SUPERVISORS

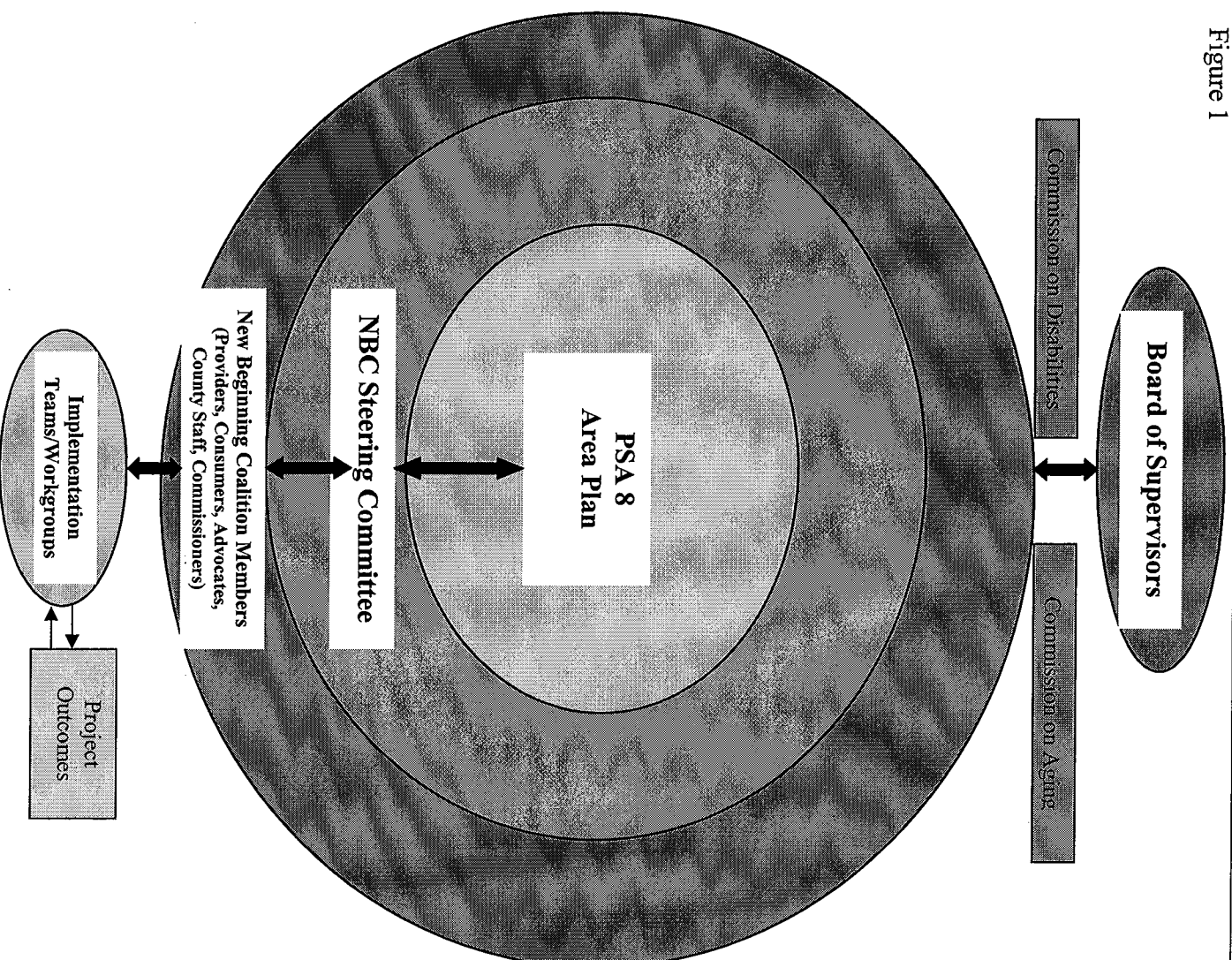
HEALTH SYSTEM CHIEF

AGING AND ADULT SERVICES DIRECTOR



Mission: To improve the quality of life of San Mateo County's diverse population of older adults and people with disabilities.

Figure 1



Background: To accomplish our mission, SMC AAS will convene a broad-based group of consumers, caregivers, service providers, and Commissioners from the CoA and CoD known as the New Beginning Coalition (The Coalition). All members of the Coalition are viewed as equals whether they are participating as a consumer, provider, and/or advocate and regardless of the agency or organization they represent, or other affiliation(s).

Purpose: To implement our Goal-based strategic planning approach across the system of services in San Mateo County, San Mateo County's AAA will use a cooperative and participatory process in setting and accomplishing goals. All participants should feel a sense of ownership over the final plan. We will integrate tools for feedback and evaluation into our processes to ensure that our efforts are most effective.

Structure: Figure 1 shows the structure needed for plan implementation. The double arrows indicate the procedure for plan implementation is a bidirectional process. Projects are determined by the Area Plan. As projects are completed on plan goals, the Area Plan is informed, and new projects are created to fill gaps in service.

Area Plan: Central document that describes the current situation of the AAA, what future direction it is moving toward, and how it will get there. It is the benchmark for success.

NBC Steering Committee: Select members from the Coalition with the responsibility of plan implementation; will analyze data to assist in the setting of Area Plan Goals and monitor and evaluate activities of the Implementation Teams to inform the Area Plan. These members share the responsibility of planning the Coalition meetings with AAS.

AAS: Agency designated by California Department on Aging (CDA) as the Area Agency on Aging. Responsible for interacting with CDA. Staff will assist the Steering Committee in the coordination of the Coalition's meetings. Responsible for maintaining the Area Plan document. Disburses funding received through the Older Americans Act.

CoA/CoD: The CoA and CoD are designated as the advisory boards to the Board of Supervisors on aging and disability issues in our county. Responsible for participating on at least two goal initiatives per year.

Coalition Members: Through their participation, ALL members have the opportunity to stay informed of issues and resources, collaborate, and work toward closing gaps in the service delivery system. May participate in planning projects, convening workgroups, providing services and/or assessing community needs.

TIES Calls by Issue - FY 2009 - 2010

			Calls by Age Category							
Issues (In frequency order)			Regular Hours				24-Hours On-Call			
			18-59	60+	75+	Unk.	18-59	60+	75+	Unk.
36	Other	399 6.12%	51	17	40	174	33	17	24	43
37	Veterans	5 0.08%	0	1	3	1	0	0	0	0
38	Advocacy	41 0.63%	11	5	10	13	0	0	0	2
39	Education/Recreation	29 0.44%	7	6	9	7	0	0	0	0
40	Employment	12 0.18%	3	8	0	1	0	0	0	0
41	Volunteer Opportunity	11 0.17%	4	1	5	1	0	0	0	0
42	SSI / SSP / Social Security	27 0.41%	9	9	7	2	0	0	0	0
43	Congregate Housing	0 0.00%	0	0	0	0	0	0	0	0
44	AIDS	16 0.25%	7	1	1	6	0	0	0	1
45	Mental Health	152 2.33%	69	36	17	7	17	5	0	1
46	Dental	6 0.09%	0	1	1	4	0	0	0	0
47	Home Repair / Modification	11 0.17%	1	1	7	2	0	0	0	0
48	Shopping / Errands	10 1.00%	1	2	5	2	0	0	0	0
49	Alcohol Abuse	18 0.28%	4	4	8	1	0	1	0	0
50	Drug Abuse	11 0.17%	3	6	1	0	0	0	1	0
51	Repatriate	20 0.31%	14	3	2	1	0	0	0	0
52	Homeless / Core Svc Issues	55 0.84%	26	14	6	5	4	0	0	0
53	Financial Problems / Crisis	56 0.86%	21	11	17	6	0	0	1	0
54	Hospital Discharge Planning	38 0.58%	4	4	17	1	5	3	4	0
55	Developmental Disabilities	23 0.35%	18	4	0	1	0	0	0	0
56	5150	9 0.14%	0	1	1	0	4	2	1	0
57	OWAL	35 0.54%	0	1	1	0	32	0	0	1
58	Death	15 0.23%	0	0	1	3	1	3	7	0
59	Physical Abuse / Neglect	124 1.90%	19	21	69	0	2	2	10	1
60	Fiduciary Abuse	60 0.92%	3	16	30	2	0	1	7	1
61	Self Abuse / Neglect	134 2.05%	13	34	71	0	1	4	10	1
62	Hospitalization	120 1.84%	1	0	1	0	62	23	28	5
TOTAL CALLS			1,064	917	2,331	1,206	482	172	246	106
Shift Totals			Regular Hrs. 5,518				24-Hr. 1,006			

TIES Calls by Location - FY 2009 - 2010

			Calls by Age Category							
Location	No. of Calls	% of Total	Regular Hours				24-Hours On-Call			
			18-59	60+	75+	Unk.	18-59	60+	75+	Unk.
Atherton	28	0.43%	6	8	12	1	1	0	0	0
Brisbane	24	0.37%	5	3	12	3	0	0	1	0
Belmont	150	2.30%	29	21	74	15	1	2	7	1
Burlingame	290	4.45%	44	48	124	9	23	6	32	4
Colma	7	0.11%	1	0	5	0	0	0	1	0
Daly City	620	9.50%	102	116	309	27	34	8	23	1
East Palo Alto	138	2.12%	41	37	42	5	4	5	1	3
El Granada	2	0.03%	0	0	2	0	0	0	0	0
Foster City	102	1.56%	19	12	69	0	0	0	1	1
Half Moon Bay	56	0.86%	5	6	37	5	0	0	3	0
Hillsborough	28	0.43%	3	3	21	0	0	0	1	0
Homeless	9	0.14%	1	3	4	1	0	0	0	0
La Honda	0	0.00%	0	0	0	0	0	0	0	0
Lamar	0	0.00%	0	0	0	0	0	0	0	0
Menlo Park	232	3.56%	20	56	121	7	19	2	6	1
Millbrae	101	1.55%	4	21	62	3	0	3	7	1
Montara	1	0.02%	0	0	0	0	1	0	0	0
Moss Beach	16	0.25%	1	7	2	0	3	1	2	0
Out of County	345	5.29%	39	34	88	29	55	58	32	10
Pacifica	221	3.39%	50	34	107	8	9	6	4	3
Pescadero	6	0.09%	0	1	5	0	0	0	0	0
Portola Valley	8	0.12%	0	0	6	0	0	0	2	0
Prince by the Sea	0	0.00%	0	0	0	0	0	0	0	0
Redwood City	680	10.42%	85	97	227	29	158	25	39	20
San Bruno	155	2.38%	29	47	67	6	1	2	3	0
San Carlos	136	2.08%	19	18	68	7	1	3	19	1
San Geronimo	1	0.02%	0	0	1	0	0	0	0	0
San Mateo	883	13.53%	174	120	317	47	136	39	26	24
So. San Francisco	499	7.65%	52	88	254	34	27	9	31	4
Unknown	1770	27.13%	334	137	287	969	8	2	2	31
Woodside	16	0.25%	1	0	8	1	1	1	3	1
TOTAL CALLS	6,524	100.00%	1064	917	2331	1206	482	172	246	106
Shift Totals			Regular Hrs. 5,518				24-Hrs. 1,006			

Targeting



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

- Low income minority older individuals;
- Older individuals with greatest economic need (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 daily 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 caregiver 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), caregivers, and geographically isolated seniors and adults with disabilities residing in the rural Coastside area.

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

At-risk 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 exceed the federal poverty guidelines are living "in poverty" due to the extremely high cost of living in the Bay Area. The largest number of low-income individuals is in East Palo Alto, where 16.2% of the population lives below the poverty level. The North Fair Oaks section of Redwood City follows closely, with 15.4% of its population living below poverty. The City of San Mateo has the greatest number of seniors (60+) living below the poverty level. While the number of seniors living below the poverty level in East Palo Alto is much lower, they comprise a higher percentage of the senior population than they do in other areas.

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.

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. AAS works in partnership with the New Beginning Coalition, the COA, the COD, and other local advocacy groups to ensure that the needs of the target populations are taken into account in program planning, funding, implementation, and evaluation. Throughout its planning process, AAS works with the community to identify target populations, where they reside, their demographic characteristics, and their needs. Once programs are implemented, the Division works with providers to ensure that individuals 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 44 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.

Figure 44

Aging and Adult Services Targeting Activities

Targeted Group	AAS Targets Specific Group By:
Low-income minority older individuals	<ul style="list-style-type: none"> allocating funds to programs located within communities 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 economic need	<ul style="list-style-type: none"> providing financial support to day care programs to partially 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 IHSS Program to individuals who are unable to remain safely in their homes or who are risk of institutionalization developing the LTSSP, 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 requiring applicants for funding from AAS to submit workplans that specify how their programs will be targeted to individuals in greatest social and economic need
<p>Older individuals with greatest social need</p> <ol style="list-style-type: none"> Physical and mental barriers Language barriers Cultural, social, or geographic isolation, including isolation caused by racial or ethnic status that: <ul style="list-style-type: none"> Restricts the ability of an individual to perform normal daily tasks; or Threatens the capacity of the 	<ul style="list-style-type: none"> providing county funding for the Clients Rights Advocate Program, which provide legal services regarding disability issues providing financial support for transportation 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 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

individual to live independently	<p>minority organizations</p> <ul style="list-style-type: none"> • encouraging the provision of ethnic meals through its competitive bidding process for Congregate Nutrition and Meals on Wheels • providing staff support to the CoA's Minority Elders Committee NBC's Cultural Competence workgroup, which can serve 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 AAS/COA/COD/New Beginning Coalition sponsored meetings and events • requiring applicants for funding from AAS to identify how their programs will be targeted to individuals in greatest social and economic need • providing direct services (a centralized Information and Referral line—the TIES line, Adult Protective Services, Conservatorship Program, Representative Payee, Linkages (through June 2010), Multipurpose Senior Services Program, AIDS Case Management/AIDS Waiver Program, IHSS/Public Authority) that specifically target at-risk seniors and adults with disabilities
Older Native Americans	<ul style="list-style-type: none"> • Included in targeting to ethnic/racial minorities
Isolated, abused, neglected, and/or exploited older individuals	<ul style="list-style-type: none"> • 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 • 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 caretakers	<ul style="list-style-type: none"> • providing financial support to day care programs to partially underwrite fees of clients who are on a sliding scale • providing ongoing training for providers of IHSS

	<ul style="list-style-type: none"> • publishing and distributing updates of the Help at Home Directory • publishing and distributing a newsletter for recipients of IHSS • 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 • providing funding for a registry of independent providers to improve the ability of IHSS recipients to locate independent providers • providing benefits (training, health insurance, tuition reimbursement, and bus pass reimbursement) that will improve the ability to attract and retain independent providers in IHSS • providing staff support to the COA's CBCC, which is a planning/advocacy/information sharing body regarding long-term care needs and services • providing community education for consumers through presentations at meetings sponsored by the New Beginning Coalition, COA, COD, and their committees • providing personal care assistance and domestic services through the IHSS 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, IHSS/Public Authority) that specifically target at-risk seniors and adults with disabilities
Older individuals who are of limited English-speaking ability	<ul style="list-style-type: none"> • providing funding for targeted case management (Chinese and Spanish) for non English-speaking seniors • providing translation/interpretation through a contracted service • providing access to the AT&T Language Bank so that staff can communicate with non English-speaking clients • providing bilingual staff for the programs AAS operates directly

	<ul style="list-style-type: none"> • providing translation equipment at meetings of the New Beginning Coalition, COA, COD • providing funding for a peer counseling program targeting non-English-speaking seniors with emotional difficulties • providing funding for a countywide fall prevention program that will provide community education in Spanish and Chinese • providing funding for a community collaborative that will provide health promotion activities to low-income minority seniors in Daly City
Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caretakers	<ul style="list-style-type: none"> • providing funding for an Alzheimer's Day Care Resource Center and other Alzheimer's programs that target individuals with Alzheimer's and related dementias
Older individuals with caretaker responsibilities for developmentally disabled children	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • providing Older Americans Act Title V funding for the Senior Community Services Employment 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 and ready for unsubsidized employment

We face numerous barriers when trying to reach people in targeted groups who would benefit from our services:

- One of the most significant barriers is the lack of knowledge about services and supports. This issue is compounded for people who are linguistically isolated, for whom there is a scarcity of written material in their own language.
- Many individuals who would benefit from our services do not perceive themselves as having unmet needs. They tend to see their issues (e.g., lack of transportation) as facts of life that one has to cope with, rather than as needs for which there may be some resolution or assistance.
- Pride is often a barrier to accepting assistance. It is especially an issue for many of our older seniors who still think of services for seniors as "handouts."
- Individuals who are being abused are often in denial because they are afraid or because they are dependent in some way on their abuser.

- Accessibility is an issue for many people with disabilities. Individuals with hearing impairment have great difficulty participating in many programs that are in group settings. Lack of mobility or the need for assistance are issues for many other individuals with physical disabilities.
- It often costs money to participate in free programs. Public transportation costs are additional expenses that many low-income individuals cannot afford. Even though donations for many programs are voluntary, many individuals feel that they must donate, even if they cannot afford it.
- Geographically isolated individuals live long distances from many of the services that are available. While many do drive, the distance to many services may be too far and the roads too challenging. For those living in remote areas who don't drive and don't have access to someone who can drive them, the lack of adequate public transportation can be a barrier.
- It is especially difficult to reach caregivers, who, by the nature of their role, are often not available during traditional work week hours. Many are still working, and those who are not are often unavailable because they are unable to leave the person for whom they are caring.
- The scarcity of bilingual/bicultural staff is a barrier to providing services to ethnic/racial minority individuals. The fact that many programs do not take cultural values and norms of minority communities into consideration is an additional barrier.

Goal 1**Increase Volunteerism and Involvement of Consumers in Advocacy,
Service Planning and Delivery****Rationale:**

San Mateo County's network of aging and disabilities providers is committed to the ongoing involvement of consumers and volunteers in advocacy, planning and delivery of services.

Objective 1:	Projected Start and End Dates	Title III B Funded PD or C	Status
Increase the number of effective volunteers.	July 2009 through June 2012	No	Cont.
(1) Promote best practices regarding recruitment and retention of volunteers through supporting efforts by DOVIA	July 2009 through June 2012	No	Cont.
(2) Provide an opportunity for OAA providers to learn more about available volunteer resources (e.g. Senior Corps Programs)	July 2009 through June 2010	C	Cont.
(3) Explore successful models for increasing participation of individuals from ethnic/racial groups reflected in the local community	July 2009 through June 2010	No	Cont.
Objective 2:	Projected Start and End Dates	Title III B Funded PD or C	Status
Increase the participation of consumers in leadership roles.	July 2009 through June 1012	No	Cont.
(1) Evaluate current levels of consumer participation in leadership roles to establish a baseline	July 2009 through June 2012	No	Cont.
(2) Seek funding for leadership development activities	July 2009 through June 2012	No	Cont.
(3) Provide 2 – 3 leadership development/training opportunities per year	July 2009 through June 2012	No	Cont.

Objective 3:	Projected Start and End Dates	Title III B Funded PD or C	Status
Increase opportunities for consumers to have an active role in the development of services for older adults and adults with disabilities.	July 2009 through June 2012	No	New
(1) Explore models/best practices for the involvement of consumers in service delivery	July 2009 through June 2012	No	Cont.
(2) Implement 1 – 2 best practices within the network	July 2009 through June 2012	No	Cont.

Goal 2

Ensure Cultural Competence Throughout the Service Planning and Delivery System

Rationale:

In order to effectively serve our increasingly diverse community, San Mateo County is in need of a system of services that is both sensitive to language and culture. While many agencies have made progress towards this goal, it is important that this issue be addressed from a system perspective. The network must ensure that our service-delivery system is capable of meeting the needs of our future generations of older adults and adults with disabilities by ensuring its evolution towards one that is culturally competent at all levels of the system.

Objective 1:	Projected Start and End Dates	Title III B Funded PD or C	Status
The Network will assess the level of cultural competence among aging and disabilities network providers at the individual, organizational and community levels.	July 2009 through June 2012	C	Cont.
Objective 2:	Projected Start and End Dates	Title III B Funded PD or C	Status
Educate five key committees and groups on concepts related to cultural competence that includes issues related to the LGBT population.	July 2009 through June 2012	C	Cont.
Objective 3:	Projected Start and End Dates	Title III B Funded PD or C	Status
Develop and/or adapt best practice models and policies for culturally competent service delivery.	July 2009 through June 2012	No	Cont.
(1) The Health System will conduct a 16-hour training on Basic Interpretation Skills for bilingual staff involved in the Bilingual Employee Pilot Project.	July 2009 through June 2010	No	Completed
(2) Utilize the Health System report of the findings and lessons learned from the Bilingual Employee Pilot Project.	July 2009 through June 2012	No	Cont.
(3) The Health System will produce signs printed in multiple languages notifying the public of their right to an interpreter and post them at all Health System sites.	July 2009 through June 2012	No	Completed

(4) The Health System will incorporate standardized linguistic access requirements into RFP and contract language for external contractors.	July 2009 through June 2012	No	Cont.
(5) The Cultural Competence workgroup will explore ways to further the inclusion of LGBT seniors into programs provided by the Network.	July 2009 through June 2012	No	Cont.
Objective 4:	Projected Start and End Dates	Title III B Funded PD or C	Status
Support agency efforts to integrate best practice models and policies into their program(s).	July 2009 through June 2012	No	Cont.
(1) The Health System will conduct the Bilingual Employee Pilot Project, which will make trained bilingual staff available to address immediate interpretation, translation, and written document review.	July 2009 through June 2010	No	Cont.

Goal 3

Create a Coordinated Seamless System of Care for Older Adults and People with Disabilities

Rationale:

Our ability to maintain seniors and people with disabilities safely in the community is predicated on the availability of a comprehensive and coordinated system of supportive services that meets the needs of our changing community of seniors and people with disabilities. Changes in County demographics will result in a greater demand for services, as well as changes in the way programs are designed and delivered.

Objective 1:	Projected Start and End Dates	Title III B Funded PD or C	Status
Utilize a variety of communication tools (e.g., email, internet postings and conference calling) to increase communication among community-based providers and improve the coordination of services.	July 2009 through June 2012	C	Cont.
Objective 2:	Projected Start and End Dates	Title III B Funded PD or C	Status
Support and further best practice models across the service-delivery system with an emphasis on evaluation, sustainability and coordination.	July 2009 through June 2012	No	Cont.
Objective 3:	Projected Start and End Dates	Title III B Funded PD or C	Status
Inform consumers regarding the network of services available taking into account literacy, linguistic access, and access to technology.	July 2009 through June 2012	No	Cont.
(1) Begin outreach to the senior Spanish-speaking community at North Fair Oaks to educate about Adult Protective Services and Elder Abuse.	July 2009 through June 2012	No	Cont.
(2) Provide presentations about the Network of Care to consumers in order to increase their utilization of the site.	July 2009 through June 2012	No	New
(3) Explore innovative ways to increase participation at senior centers.	July 2010 through June 2012	No	New

Objective 4:	Projected Start and End Dates	Title III B Funded PD or C	Status
Create programs/projects to support the development of a continuum of care for Long-Term Services.	July 2009 through June 2012	PD	Cont.
(1) The Community-Based Continuum of Care Committee will develop a tutorial on in-home care services to be available on the Network of Care website.	July 2009 through June 2012	PD	Cont.
(2) Continue collaboration with Behavioral Health and Recovery Services, Health Plan of San Mateo, Aging and Adult Services, and Burlingame Long-Term Care to create improved efficiency in placement and eventual return to the community.	July 2009 through June 2012	No	Cont.

Goal 4

Sustain Critical Services in a Tight Economic and Budgetary Environment

Rationale:

San Mateo County is projected to experience increases in the aging population similar to the rest of the State. The current downturn of the economy has created increased unemployment, home loss due to foreclosure and overall economic insecurity throughout San Mateo County. By increasing collaboration and communication county-wide efforts will be made to sustain critical services as well as ensure the availability of services directed towards target populations.

	Projected Start and End Dates	Title III B Funded PD or C	Status
Objective 1:			
Collaborate as a network to identify core services and to anticipate future needs.	July 2009 through June 2012	C	Cont.
Objective 2:	Projected Start and End Dates	Title III B Funded PD or C	Status
Collaborate as a network to identify and recommend clear and transparent criteria for allocating limited funding.	July 2009 through December 2011	C	Cont.
(1) Coordinate with the County Manager's Office in their efforts to plan for and implement emergency services such as food and shelter to ensure the needs of seniors and people with disabilities are included.	July 2009 through December 2011	No	Completed
(2) Review current contract language and relevant regulations, policies and procedures to determine possible contract changes for increasing the flexibility of contractors to provide services for older adults and adults with disabilities.	Nov 2009 through July 2012	No	New
Objective 3:	Projected Start and End Dates	Title III B Funded PD or C	Status
Support collaboration in seeking funding for services and sharing resources.	July 2009 through June 2012	C	Cont.

Objective 4:	Projected Start and End Dates	Title III B Funded PD or C	Status
Advocate for program and policy changes to ensure that seniors and people with disabilities are able to live/remain in San Mateo County.	July 2009 through June 2012	No	Cont.
(1) Participate in Silicon Valley Community Foundation's collaborative efforts to address the availability of food and shelter in San Mateo County.	July 2009 through June 2012	No	Cont.

Goal 5

Improve Physical and Programmatic Access to Service and Supports for Adults with Disabilities

Rationale:

Despite San Mateo County's wide array of services and supports, many San Mateo County residents have difficulty accessing the services they need. A significant portion of San Mateo County's population has physical impairments that can make it difficult to prevent them from using services. The inability to access programs and services could result in reduced quality of life, premature institutionalization or death.

Objective 1:	Projected Start and End Dates	Title III B Funded PD or C	Status
Investigate programmatic barriers for people with mental and physical disabilities and improve access to community services and supports.	July 2009 through June 2012	C	Cont.
(1) ADA Compliance Committee to collaborate with the County's Web Advocate to improve the ADA accessibility of the County's website, including captioning of Board of Supervisors meetings and videos.	July 2009 through June 2012	C	Cont.
Objective 2:	Projected Start and End Dates	Title III B Funded PD or C	Status
Advocate for the reduction of physical barriers for people with mental and physical disabilities and improve access to community services and supports.	July 2009 through June 2012	No	Cont.
(1) ADA Compliance Committee to work with the Department of Public Works to review and update the County's ADA transition Plan of county-owned or leased facilities.	July 2009 through June 2012	No	Cont.
(2) ADA Compliance Committee to oversee the collaboration of the Commission on Disabilities Youth and Family Committee and the County Parks Department on and accessible playground project.	July 2009 through June 2012	No	New

Objective 3:	Projected Start and End Dates	Title III B Funded PD or C	Status
Promote disability awareness and advocate for rights to full participation in the community and employment.	July 2009 through June 2012	No	Cont.
(1) Organize and facilitate an annual Art Showcase of Artists with Disabilities as part of Disabilities Awareness Month.	July 2009 through June 2012	No	Cont.
(2) Family Service Agency will provide access to employment through the Senior Employment Program for seniors and adults with disabilities.	July 2009 through June 2012	No	Cont.
(3) Plan and hold an event to celebrate the ADA's 20 th Anniversary.	Jan 2010 through August 2010	No	New

Goal 6

Support Options for Adults to Live as Independently and Safely as Possible

Rationale:

The high cost of housing in San Mateo County has created a demand for affordable and accessible housing that far exceeds the supply. Limitations in the County's current transportation system inhibit seniors and adults with disabilities who live independently in the community from accessing a wide variety of resources. Housing and transportation are two of the major issues that are consistently identified in needs assessments and will become increasingly problematic as the number of seniors (especially those who are older) increases. Essential to supporting adults living independently is to provide support for emergency and disaster aid. In addition, fall prevention education and resources are instrumental to maintaining the health, safety and independence of older adults.

Objective 1:	Projected Start and End Dates	Title III B Funded PD or C	Status
<p>Advocate for increased availability of affordable, accessible and safe housing.</p> <p>(1) COA and COD liaisons will participate in city housing meetings within the county.</p> <p>(2) The Health System will work on the creation of affordable assisted living in San Mateo County.</p>	<p>July 2009 through June 2012</p> <p>July 2009 through June 2012</p> <p>July 2009 through June 2012</p>	<p>C</p> <p>C</p> <p>No</p>	<p>Cont.</p> <p>Cont.</p> <p>Cont.</p>
Objective 2:	Projected Start and End Dates	Title III B Funded PD or C	Status
<p>Collaborate within the aging and disabilities networks to improve the availability and awareness of safe, accessible transportation options.</p> <p>(1) Collaborate with SamTrans to coordinate a vehicle sharing demonstration program to better serve the transportation needs of the clients of the public, private, and non-profit partners, resulting in possible cost savings or revenue generation for partners.</p> <p>(2) Collaborate with SamTrans to create a Mobility Ambassador Program to assist seniors and people with disabilities with public transportation.</p>	<p>July 2009 through June 2012</p> <p>July 2009 through June 2012</p> <p>July 2009 through June 2012</p>	<p>C</p> <p>C</p> <p>C</p>	<p>Cont.</p> <p>Cont.</p> <p>Cont.</p>

Objective 3:	Projected Start and End Dates	Title III B Funded PD or C	Status
Improve the ability of agencies and individuals to respond to emergencies and disasters.	July 2009 through June 2012	C	Cont.
(1) Coordinate with the San Mateo Get Ready Network (County Office of Emergency Services, the COD's Ad-Hoc Committee on Emergency Preparedness and Response, and THRIVE/The Alliance of Non-profits for San Mateo County).	July 2009 through June 2012	C	Cont.
Objective 4:	Projected Start and End Dates	Title III B Funded PD or C	Status
Protect vulnerable older adults and adults with disabilities who may wander and place themselves in unsafe situations.	July 2009 through June 2012	C	Cont.
(1) Coordinate activities to incorporate the "Silver Alert" program into the County's SMC Alert System (similar to the "Amber Alert" program for missing children).	July 2009 through June 2012	C	Cont.
Objective 5:	Projected Start and End Dates	Title III B Funded PD or C	Status
Reduce fall risk by providing fall prevention information and resources to maintain the health and independence of older adults.	July 2009 through June 2012	No	New
(1) The Fall Prevention Task Force will provide San Mateo County residents, who are over the age of 60, community education and advocacy related to fall prevention in a manner that is sensitive to the diverse cultural and ethnic needs of the entire County (formerly #6 under Objective 7 in Area Plan).	July 2009 through June 2012	No	Cont.

Goal 7

Promote Physical and Mental Health among Older Adults, People with Disabilities and Caregivers

Rationale:

Physical and mental health issues disproportionately affect older adults, people with disabilities, and caregivers. Promoting physical and mental health requires a system of promoting wellness (e.g., environmental and behavioral change through policies, programs, and education), early detection of disease (e.g., self/provider/community-based health screening), and accessible health services.

Objective 1: (formerly Objective #3)	Projected Start and End Dates	Title III B Funded PD or C	Status
Promote wellness by implementing environmental and behavioral change through policies, programs, and education.	July 2009 through June 2012	No	New
(1) Support policies and programs that promote healthy environments for older adults, people with disabilities, and caregivers.	July 2009 through June 2012	No	New
(2) Promote Aging and Adult Services and other Health System programs at health fairs through the county (formerly #1 under Objective 2 in Area Plan).	July 2009 through June 2012	No	Cont.
(3) Participate in planning of "Active Communities Together" to promote physical activities and social connection among older adults throughout the county (formerly #1 under Objective 3 in Area Plan).	July 2009 through June 2012	PD	Cont.
(4) The City of Daly City will conduct monthly health education programs for monolingual older adults (formerly #3 under Objective 3 in Area Plan).	July 2009 through June 2012	No	Cont.
(5) Participate in the (BHRS) Spirituality Initiative and other related activities.	July 2009 through June 2012	No	New
(6) The Older Adult Mental Health Committee will hold a public forum that will focus on medication and substance use issues for older adults as it pertains to mental/physical health and overall well-being for this population.	December 2009 through June 2010	PD	New

Objective 2: (formerly Objective #1)	Projected Start and End Dates	Title III B Funded PD or C	Status
Increase early detection of disease through health screenings to identify physical and mental illnesses to improve the likelihood of successful treatment	July 2009 through June 2012	No	Cont.
(1) The City of Daly City will provide health screenings at community sites for hard to reach and underserved seniors residing in Daly City (formerly #2 under Objective 3 in Area Plan).	July 2009 through June 2012	No	Cont.
(2) Mills-Peninsula Wise and Well will provide unduplicated clients with counseling and health screenings at sites serving targeted populations in San Mateo County (formerly #4 under Objective 3 in Area Plan).	July 2009 through June 2012	No	Cont.
Objective 3: (formerly Objective #2)	Projected Start and End Dates	Title III B Funded PD or C	Status
To improve access to appropriate physical and mental health care services for evaluation and treatment which can be accomplished by connecting community members to healthcare centers and, vice versa, by facilitating health services within the community.	July 2009 through June 2012	No	New
(1) Mills-Peninsula Medication Management will provide clients with medication management information at sites serving targeted populations in San Mateo County (formerly #3 under Objective 1 in Area Plan).	July 2009 through June 2012	No	Cont.
(2) La Esperanza Vive will provide peer counseling for Spanish-speaking older adults (formerly #5 under Objective 3 in Area Plan).	July 2009 through June 2012	No	Cont.
(3) Collaborate with Behavioral Health and Recovery Services to train IHSS providers on working with clients with behavioral and mental issues (formerly #1 under Objective 1 in Area Plan).	July 2009 through June 2012	No	Cont.
(4) Participate in Mental Health Services Act meetings and Behavioral Health's Older Adults Committee to promote and	July 2009 through June 2012	No	New

collaborate on effective strategies and services for older adults, people with disabilities, and their caregivers – with a focus on unserved and underserved populations.			
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Goal 8

Educate and Increase Awareness to Prevent Violence, Abuse and Neglect

Rationale:

In FY 2007- 08, San Mateo County AAS, the County's Adult Protective Services Agency, received 1,022 reports of suspected abuse of seniors 65 years of age and older and dependent adults. Ombudsman Services of San Mateo County, Inc., which receives reports of abuse in long-term care facilities, received 297 reports of suspected abuse. Experts estimate that only one in six cases are actually reported, making the incidence of abuse substantially greater than the figures reported. For the safety of older adults and those with disabilities, our network of providers are committed to responding to and reducing the incidence of violence, abuse, and neglect in San Mateo County.

Objective 1:	Projected Start and End Dates	Title III B Funded PD or C	Status
Improve access to supportive and protective services, including legal assistance. (1) In order to maintain a solid volunteer base of the Ombudsman Program, the Ombudsman Program will conduct two trainings annually for new volunteer ombudsman recruits. Efforts will be made to recruit and train 10 new ombudsman each time a training is held.	September 2009 through March 2012 September 2009 through March 2012	No No	Cont. Cont.
Objective 2:	Projected Start and End Dates	Title III B Funded PD or C	Status
Increase education, public and professional awareness and promote reporting of elder and dependent adult abuse. (1) The Adult Abuse Prevention Collaborative (AAPC) will coordinate with the San Mateo County Events Center staff to increase the number of community exhibitors, plan comprehensive programs and workshops and to distribute information about elder and dependent adult abuse to all older adults who attend this year's Senior Day at the County Fair.	July 2009 through June 2012 July 2009 through August 2009	C C	Cont. Completed

<p>(2) AAPC, in collaboration with the Health Plan of San Mateo, will continue to coordinate with the San Mateo Events Center staff on the planning of Senior Day at the County Fair.</p> <p>(3) Explore the possibility of forming a Triad (a partnership with law enforcement, older adults, and community groups) or Senior and Law Enforcement Together (SALT) to promote better understanding between older adults and law enforcement.</p>	<p>August 2009 through June 2012</p> <p>October 2009 through June 2012</p>	<p>C</p> <p>No</p>	<p>New</p> <p>New</p>
<p>Objective 3:</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Status</p>
<p>Target interventions to educate on abuse and neglect prevention.</p> <p>(1) AAPC will coordinate with local community affairs television and radio programs to feature programming on elder and dependent abuse.</p> <p>(2) AAPC will explore options to improve an existing video and venues of distribution to educate on abuse and neglect.</p>	<p>July 2009 through June 2012</p> <p>July 2009 through June 2012</p> <p>July 2009 through June 2012</p>	<p>PD</p> <p>PD</p> <p>PD</p>	<p>Cont.</p> <p>Cont.</p> <p>New</p>