San Luis Obispo County Master Plan for Aging

2025 to 2030

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Message from SLO MPA Advisory Committee

San Luis Obispo County's Master Plan for Aging (SLOMPA) is the result of over two years of work by dedicated individuals representing non-profit organizations and public agencies, elected officials, and community members. It is a declaration of the County's commitment to becoming a community where older adults, people with disabilities and caregivers have the services and support they need to thrive.

Work toward the SLOMPA started with a handful of people who saw the need for a coordinated plan to meet the needs of SLO County's older adults and individuals with disabilities. That small group became the core of the Advisory Committee and grew to include more than forty people representing dozens of elements of our community. A grant from the California Department of Aging added resources, including County staff support and funding for a consultant that did outreach, analyzed data and shaped the plan document. It also expanded the group's explicit focus to include people with disabilities and caregivers.

Two years is a long time for busy people to remain engaged in a project, but participation in the Advisory Committee did not dwindle. This dedication is a promising foundation for the County's commitment to become an age and disability-friendly community.

SLOMPA is just a first step toward that goal. It is organized around four Pillars - Housing, Healthcare, Caregiving and Emotional Wellbeing – that encompass the community's principal concerns. Each Pillar identifies goals along with suggestions for pursuing them. Specific actions will follow as the community identifies or creates opportunities to move toward those goals.

SLOMPA has already produced new collaborations among Advisory Committee members. For example, there is a "Brain Trust" working toward establishing a new Adult Day program in SLO County, and committee members are forming agile "tiger teams" to scout and pursue grant opportunities that will advance SLOMPA goals.

The Advisory Committee will continue to meet as part of the County's Adult Services Policy Council (ASPC) and will lead efforts to turn SLOMPA goals into reality. However, it is up to the entire community to build on this momentum.

Final notes

Many Advisory Committee members refer to one of the group's original organizers, Tauria Linala, as an inspiration to their work on SLOMPA. Sadly, Tauria died just as the Advisory Committee and County consultant started working together. SLOMPA reflects her lifelong commitment to building a diverse, inclusive community for all people.

Special thanks to the County staff Robert Diaz and Danielle Raiss at Adult Protective Services/Public Authority. Their consistent support and guidance helped keep the Advisory Committee and our consultant, Health Management Associate (HMA), moving forward together.

Executive Summary

San Luis Obispo County is home to approximately 280,000 people. As noted in the demographic section of this report, SLO County's senior population represents 24.3% of that total, which is 6.7% higher than the California average of 17.6%. Additionally, 8.3% of the population under the age of 65 live with a disability. Over the next 10 years, the population of older adults is projected to increase by 15%, while the population of adults with disabilities is expected to rise by 10%. Considering these demographics, there is a need to ensure a robust continuum of services and support for seniors and individuals living with a disability. This population faces unique and complex factors that can complicate living independently such as access to transportation, affordable housing, access to medical care, and access to a supportive and engaging network of activities to promote health and wellness.

The inaugural San Luis Obispo County Master Plan on Aging (SLOMPA) was created to serve as a foundation of data, recommendations, and strategies to address these needs. It lays out a framework of opportunities and strategies so that San Luis Obispo County positions itself as an age and disability friendly community.

Purpose

This document is an overview of how the SLOMPA was developed, the data sources utilized, and the challenges faced statewide and locally by the subject populations. It also explains the four key pillars identified during the development process as priority areas: Housing, Healthcare, Caregiving, and Emotional Well-Being.

Each pillar includes specific goals, strategies, and metrics, focusing on the needs of older adults and adults living with disabilities while minimizing overlap with existing community improvement efforts. This ensures that considerations important to these populations, such as social participation and inclusion, transportation, and mobility, are prioritized for improvement and development. These issues are viewed as essential rather than as mere conveniences, which can often be the case in plans that do not focus on the needs of older adults and adults living with disabilities.

Strategic Evaluation

The strategies and goals outlined in this initial plan will be continuously evaluated, discussed, and refined by the SLOMPA Committee. Many of the recommendations and strategies are meant for implementation by service agencies—both public and private—as well as local government agencies, advocacy organizations, private businesses and philanthropic efforts. The SLOMPA committee's role is to support these entities and aid their endeavors in enhancing community accessibility and livability so that older adults and adults with disabilities living in San Luis Obispo County are able to live in a dignified, independent manner with access to an array of services that support mental, emotional and physical wellness.

San Luis Obispo County *Master Plan for Aging*

Introduction

In January 2021, California released the *Master Plan for Aging (MPA)*, a statewide blueprint for aging across the lifespan. The MPA brings together state and local governments, the private sector, and philanthropy to prepare California for its shifting demographics. The plan envisions a "California for All Ages & Abilities," addressing the needs of older adults, younger generations with longer life expectancies, caregivers, and people with disabilities.

The MPA is extensive, setting forth "Five Bold Goals for 2030:" Housing for All Ages & Stages; Health Reimagined; Inclusion & Equity, Not Isolation; Caregiving that Works; and Affordable Aging, along with 23 action areas. The MPA also features tools like the *Local Playbook* and a data dashboard to support communities in tackling local challenges.

Recognizing the need for localized efforts, the California Department of Aging provided over $4 million in discretionary Local Aging and Disability Action Plan (LADAP) grants to 20 organizations. These grants enable communities to create action plans that align with the MPA's focus on diversity, equity, inclusion, and accessibility.

In July 2023, San Luis Obispo (SLO) County received a LADAP grant to develop an age- and disability-friendly action plan tailored to the county's particular needs. SLO County contracted Health Management Associates (HMA) to assist in data collection, community engagement, facilitation, and development of a SLO County Master Plan for Aging (hereafter SLOMPA)

The resulting plan reflects data-driven strategic thinking on the needs of older adults (ages 60+), individuals with disabilities, and their caregivers. The SLOMPA will help the County focus and prioritize key services, support, and collaboration in the service of a county that already has an older adult population that is proportionately larger than statewide averages.

Overview of the Planning Process

Data Collection and Methodology

Key Informant Interviews

HMA conducted 12 key informant interviews with a diverse group of stakeholders, including elected officials, civic leaders, representatives from community-based organizations, and leaders from adjacent counties. These structured, hour-long interviews provided an essential platform for understanding the current context within SLO County, as well as learning from the experiences of other counties further along in developing an MPA. The key informant interviews were used to identify strengths, assets, areas for improvement and other insights critical to advancing health equity and enhancing caregiving services for older adults, individuals with disabilities, and their caregivers in SLO County.

Participants in the key informant interviews were selected for their expertise and their ability to provide nuanced perspectives on the county's challenges and opportunities. Elected officials and civic leaders contributed valuable insights on community strengths, areas for improvement, and the role of local government in addressing systemic issues. Equally important were the voices of community-based organizations, whose representatives shared firsthand knowledge of the lived experiences of marginalized and underserved populations, addressing foundational issues such as affordable housing, economic stability, and healthcare access that shape health outcomes for county residents. Their input was instrumental in identifying ways to foster collaboration, reduce disparities, and build a more accessible community.

Through these in-depth discussions, participants proposed innovative, forward-thinking solutions for including:

- Strengthening public-private partnerships to expand resources and services.
- Implementing culturally responsive programs to better serve diverse populations.
- Fostering greater collaboration among local government agencies, healthcare providers, and community organizations to address complex, multifaceted needs.

Surveys

HMA developed and conducted two surveys to gather insights on strategic opportunities from residents of SLO County. One survey was tailored for older adults (60+ years of age) and individuals with disabilities, while the other was designed specifically for their caregivers. The surveys were available in both English and Spanish, with larger text options to better accommodate individuals with visual impairments.

The surveys were distributed electronically through the Advisory Committee and other partner organizations who agreed to encourage their clients or members to complete the survey online. In addition, HMA administered the surveys in-person during community meetings held throughout the County (see description below). To further encourage participation, a $35 incentive was offered to those who completed the survey in-person.

Each survey consisted of demographic questions and a series of Likert Scale items to assess respondents' experiences, needs, and priorities. This multi-faceted approach enabled SLOMPA to engage 780 respondents across both surveys, resulting in a robust dataset that provides a better understanding of the community's needs and informs actionable strategies for improvement. Key findings and more detail on these surveys can be found in an appendix to this plan.

Community Meetings

In July and August, HMA hosted a series of in-person community meetings, branded as town halls, to engage residents across SLO County and gather input from older adults, individuals with disabilities, and their caregivers. The outreach strategy included a marketing campaign utilizing traditional media channels such as local television and radio stations, alongside digital platforms like WhatsApp, Facebook and Instagram.

A total of 16 community meetings were held, involving more than 300 county residents, at locations representing the diverse geography and needs of SLO County. These community town hall meetings were held over three days in July and August 2024, offering a variety of time slots—morning, afternoon, and evening—to accommodate different schedules. To ensure accessibility and comfort, the town halls were held in a range of community-oriented venues, including county libraries, senior centers, community centers, independent senior living facilities, municipal recreation centers, and event/conference centers strategically located throughout the county.

Facilitation was provided in both English and Spanish to promote inclusive participation and ensure that language barriers did not prevent individuals from contributing their perspectives. Each 90-minute session encouraged open dialogue and active engagement, focusing on residents' experiences, challenges, and ideas for improving services and fostering age-friendly, equitable communities. By offering flexible scheduling, familiar venues, and bilingual facilitation, these meetings successfully created a welcoming space for meaningful community input.

Review of Existing Plans

A comprehensive review of existing data and plans in SLO County provided critical context for understanding the county's current health landscape and priorities. This process involved analyzing key reports, assessments, and strategic plans from local government agencies, healthcare organizations, and community-based entities. By examining data on demographics, health outcomes, social determinants of health, and service utilization, trends, gaps, and opportunities to inform future planning were identified. This review also highlighted alignment with ongoing initiatives and revealed areas requiring deeper community engagement and targeted interventions to address emerging and persistent needs. The section on MPA goals and strategies references supportive and aligned efforts in these pre-existing plans (i.e., how SLOMPA can reinforce and support existing efforts).

Data Limitations

The data collected during this process highlights both strengths and limitations, offering critical insights while identifying areas for improvement. A notable strength was HMA's ability to engage a broad range of stakeholders, capturing perspectives from most of the key population centers and regions in SLO County.

However, significant limitations emerged in the efforts to engage the county's more rural and geographically isolated communities (many of which are in unincorporated parts of SLO County) with limited transportation infrastructure and digital connectivity. As a result, it is likely that the voices of rural county residents, as well as home-bound and disabled populations of older adults are underrepresented. Additionally, despite offering surveys and materials in Spanish and multiple attempts to enlist the cooperation of community-based organizations serving monolingual Spanish-speaking populations in SLO County, HMA faced difficulties in engaging substantial numbers of Spanish speakers in either in-person community meetings and in completing the surveys online. Long-standing barriers such as mistrust of institutional processes, cultural disconnects, and the lack of a history of targeted outreach to these communities likely contributed to these gaps.

These limitations highlight the need for more intentional and culturally tailored engagement strategies moving forward. Expanding outreach through trusted community-based organizations, increasing on-the-ground efforts in rural areas, and broadening linguistic accessibility to include culturally relevant approaches will be crucial. Addressing these gaps will ensure that future data collection more fully reflects the voices of historically underserved populations, including (but not limited to) rural residents and monolingual Spanish speakers.

Role and Input of the Advisory Committee

The San Luis Obispo County Master Plan for Aging (SLOMPA) Advisory Committee played a pivotal role in guiding the development of strategic initiatives and representing key sectors and perspectives relevant to older adults, individuals with disabilities, and caregivers throughout the planning process. The Acknowledgements section at the end of this plan lists the membership and organizational affiliations of our Advisory Committee.

Over the course of seven meetings, the committee engaged in thoughtful discussions, offering diverse perspectives from public agencies, community-based organizations (CBOs), healthcare providers, civic leaders, and other key partners. The collaborative efforts of the Advisory Committee helped make the plan as well-rounded, inclusive, and responsive to the needs of SLO County's aging population as possible.

Understanding the Complexities

Addressing Demographic Change

California is experiencing a significant demographic shift as the older adult population continues to grow. Currently, more than 9 million Californians are aged 60 and older, a number that continues to rise swiftly. By 2030, for the first time in state history, the older adult population will surpass the number of individuals under the age of 18. Projections indicate that by 2040, the older adult population will reach 11.4 million, accounting for approximately 28% of the total state population, with many regions seeing their older adult populations more than double.

Figure 1 illustrates the projected growth of the 60+ and 80+ age groups in California from 2000 to 2040. In 2000, one in seven Californians were older adults. By 2040, that ratio will rise to one in four, representing a 142% increase in the overall older adult population. Concurrently, the "oldest old" population—those aged 80 and older—will grow by an astounding 238%.

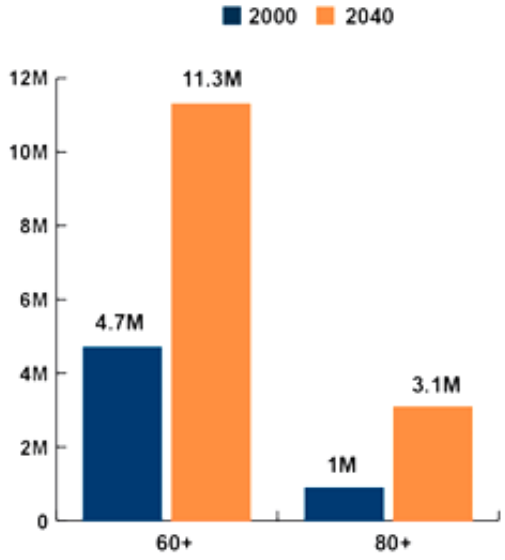
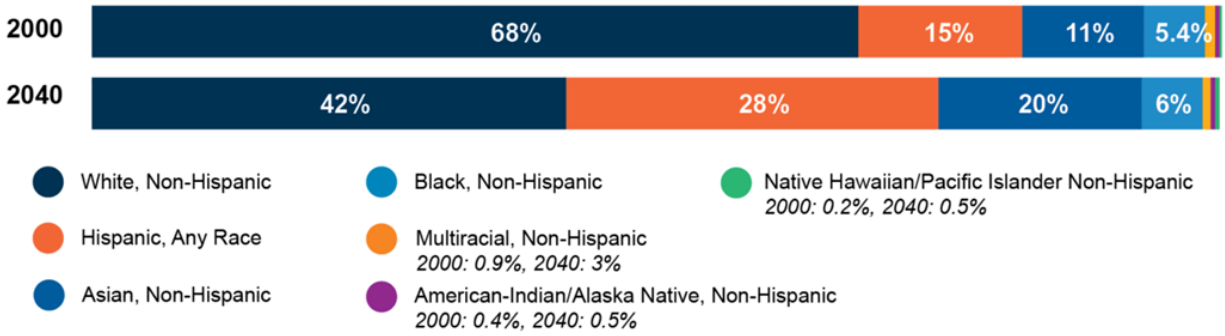


Figure 1. Projected Growth of the 60+ and 80+ Age Groups in California from 2000 to 2040[1]

U.S. Census data show that, SLO County's older adult (60+) population grew from 45,594 (18.4%) in 2000 to 82,802 (29.4%) in 2023. The same figures for California are 14.0% in 2000 to 22.2% in 2023.

In addition, California's population is becoming increasingly racially and ethnically diverse. By 2030, projections show that White, non-Hispanic adults will no longer be the majority. As shown in Figure 2 below, California's Non-White older adult population is expected to nearly double for Hispanic and Asian populations, with the White older adult population expected to decline by more than one-third.

Figure 2. Older Adult Population by Race/Ethnicity for Older Adults, 2000-2040[2]



Indeed, the U.S. Census data shows this trend is evident in SLO County already. Since 2000, SLO County's Latino population has increased from 16% in 2000 to 25% in 2023, while the White (Non-Latino) population has decreased from 85% in 2000 to 66% in 2023.

These demographic changes carry profound implications as the older adult population becomes more diverse, lives longer, tends toward more single-person households (largely female), and becomes less economically secure.[3] The COVID-19 pandemic showed how older adults and individuals with disabilities were disproportionately affected, particularly in accessing essential services such as healthcare, direct care workers, mental health support, and adequate care in congregate settings[4]. For example, while only 2% of the state's population resides in skilled nursing facilities (SNFs), these facilities accounted for over a third of the pandemic-related deaths.[5] Following the end of the public health emergency in May 2023, special federally funded COVID programs ended and supplemental funding for aging and disability services ceased, underscoring the ongoing need for robust support systems for vulnerable populations.[6]

Coordinating Access to Aging and Disability Services

The SLOMPA Advisory Committee has identified four critical issues to prioritize for older adults, people with disabilities, and caregivers:

1. **Housing**: There is a significant shortage of safe, affordable, and accessible housing in SLO County, which is essential for residents across all stages of life. An increasing number of adults and people with disabilities face housing insecurity. Statewide, the percentage of Californians aged 55 and older experiencing homelessness has risen by 104% between 2017 and 2022.[7]

2. **Healthcare**: SLO County faces a shortage of all types of healthcare professionals and lacks sufficient individuals with expertise in caring for older adults and people with disabilities. Only 5% of healthcare providers in California have been trained in geriatric care.[8]

3. **Caregiving**: Nearly five million family caregivers in California assist their loved ones with daily activities, including 1.7 million caring for individuals with Alzheimer's disease or dementia. The burden of caregiving often falls on women, particularly Black, Indigenous, Latino, and Asian American women, who also care for their children. Family caregivers may have to forgo paid employment, compromising their financial stability. While paid caregiving helps SLO residents remain at home and in community-based settings, the county, like the state, faces a shortage of paid direct care workers.[9]

4. **Emotional Well-being and Social Connectivity**: Older adults are at higher risk for depression and mental health issues. The highest suicide rate in SLO County is among adults aged 65-84.[10] Access to mental health services is limited, especially in-network options, and social isolation can worsen mental health conditions.

In addressing these priorities, SLO County is fortunate to be able to draw upon a robust network of local agencies, social services, community organizations, advocacy groups, and dedicated individuals. Currently, libraries, senior and community centers, and frontline providers serve as the primary sources of information. Nonetheless, many SLO County residents remain unaware of the resources available to them, or face challenges in navigating the systems that do exist to provided necessary services and support. Much of the data we received from County residents pointed toward the need for better access to information, referrals, and service navigation.

Aging and Disability Resource Connection

In SLO County, Access Central Coast (ACC) in partnership with the Central Coast Commission for Senior Citizens (CCCSC) operates the Aging and Disability Resource Center (ADRC), helping individuals make informed decisions about long-term services and supports to maintain their independence and stay connected to their communities. The ADRC follows a "No Wrong Door" approach, enabling eligible individuals to access long-term services and support (LTSS) through a streamlined, reliable system. These services include enhanced information and referrals, Options Counseling, short term service coordination, and transition services. This model minimizes confusion by offering a single point of access and connecting individuals with an integrated network of community organizations and partners.

The SLOMPA recognizes the ADRC as a promising point of entry that connects agencies and organizations to community members while continuing to provide its crucial services. The SLOMPA believes it is vital for all County residents to have access to accurate and consistent information and services. The SLOMPA envisions the ADRC becoming a key partner in an enhanced support system, given the support of both the community and its service agencies.

Going Forward

SLOMPA is just the initial stage in mapping the path toward becoming a more age- and disability – friendly community. It is the result of SLO County's first-ever concerted effort to look at the big picture of these groups' needs now and in the future.

Next steps along the path depend on the community because no organization has stepped forward to manage SLOMPA and there is no funding for specific programs currently. However, activities that are already underway will continue:

- A comprehensive survey of existing services, their current workload, budget and capacity for expansion
- A "brain trust" to develop additional Adult Day programs
- Expanded communication and collaboration with established programs like SLO Health Counts, SLO Healthy Aging, Access Central Coast and SLO Healthcare Workforce Partnership as well as the Commission on Aging and Adult Services Policy Council (ASPC)

Members of SLOMPA's Advisory Committee will continue efforts to:

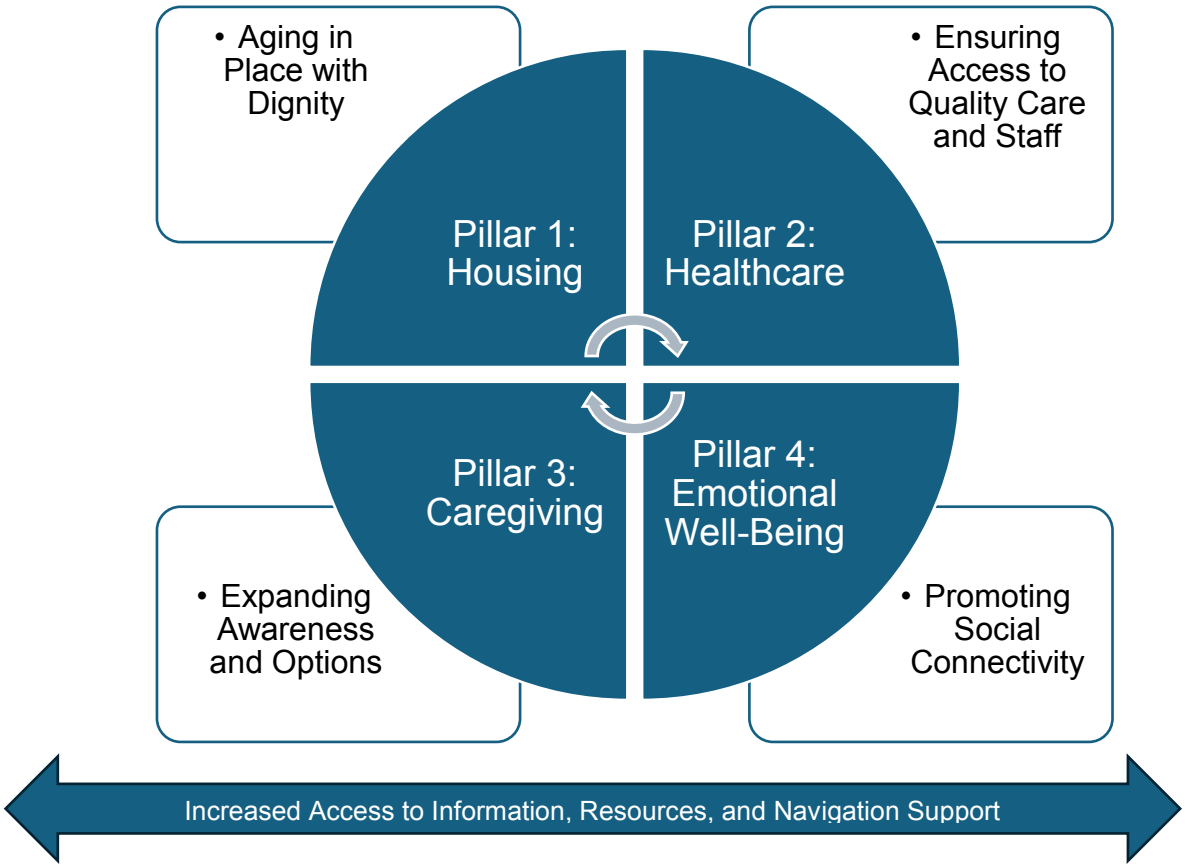
- Identify and solicit funding through grants or donations to implement SLOMPA activities
- Draw attention to issues affecting older adults, people with disabilities and caregivers
- Focus policy makers and others on SLOMPA goals
- Expand efforts to educate the public on available services

The SLOMPA Advisory Committee will continue to meet as part of the ASPC to foster collaboration and information sharing among members and with the public. It will review SLOMPA strategies and goals to keep the plan in sync with the community's needs, report on progress to community groups and present updates to the SLO County Board of Supervisors. The committee will adapt strategies and initiatives as needed to support those working towards the goals included in SLOMPA.

As a key consideration, the SLOMPA Committee recognizes and supports the growing emphasis on healthy lifestyle initiatives as preventative measures – such as AARP Age-Friendly Communities Initiatives, and Blue Zone lifestyle programs. While this plan prioritizes local, data-driven, and immediate needs across our four pillars, future iterations will likely integrate these broader initiatives, creating a more comprehensive approach to healthy aging and living with disabilities in SLO County.

How the SLOMPA is Organizing Around Solutions

The SLOMPA is organized around a framework of four prioritized pillars for ensuring county-wide coherence and alignment across multiple programs, services, and partnerships in the areas most relevant and responsive to the needs of older adults, individuals with disabilities, and their caregivers. These pillars represent areas that can and should be prioritized in SLO County. As mentioned above, there is one cross-cutting issue that affects all four pillars: the need to increase public awareness of existing information, resources, and supports that are available in the community now.



As this is a multi-year plan, the SLOMPA codes goals and strategies to reflect different time horizons for implementation as follows:

- Short-term means actions that could reasonably occur in Years 1-2
- Medium-term reflects actions that will take more time and planning to develop, with implementation occurring in Years 3-4
- Long-term includes more complex actions that will likely need coordination across multiple sectors and an extended funding commitment. These would be implemented in Years 5 and beyond.

The pillars are discussed in more detail below. At the conclusion of each pillar, a set of metrics and indicators are set forth that are associated with successful implementation. These are categorized as quantitative improvements (i.e., outcomes that can be counted or quantified), qualitative improvements (measures of satisfaction and attitudinal or behavioral change), and milestones (accomplishments in establishing or completing a significant activity).

Goals, Strategies, and Metrics by Pillar

Pillar 1: Housing

Pillar 1 aims to improve access to safe, affordable, and accessible housing for older adults and individuals with disabilities. Data collected as part of community engagement in developing the SLOMPA indicate dissatisfaction with access to housing that is affordable, safe, and supports independence. Community participants also provided feedback about the need for better support in navigating the systems for publicly subsidized housing. The plan strategies below center on expanding affordable housing, improving housing navigation, and addressing homelessness prevention for vulnerable groups.

Goals and Strategies

Housing Goal 1.1: Expand countywide access to affordable housing that is age and disability appropriate.		**Short-Term**	**Medium-Term**	**Long-Term**
a.	Centralize and streamline access to information and assist older adults and people with disabilities in navigating the process of obtaining affordable housing, including coordinated entry systems and navigation centers.[11]	•		
b.	Coordinate with the County affordable housing task force to advocate for changes to local zoning laws to increase affordable housing/living arrangements for older adults and people with disabilities.[12]	•	•	
c.	Monitor the enforcement of existing regulations that contribute to the provision of affordable housing, including Section 8/Housing Choice Voucher and Fair Housing laws.	•	•	
d.	Identify methods and pathways to expand the number of assisted living facilities in the County that are affordable for aging working- and middle-class seniors and individuals with disabilities (e.g., Assisted Living Waiver Program or ADWP).[13]			•
e.	Identify methods and pathways to support the creation of accessory dwelling units that take advantage of existing utilities and backyard infrastructure to create small, affordable, multi-generational friendly homes.			•
f.	Identify methods and pathways to build and develop more independent living communities that provide peer interaction and facilitate strong social networks and community connections[14]			•

Housing Goal 1.2: Implement homelessness prevention services at scale to allow older adults and individuals with disabilities to age in place with dignity.		**Short-Term**	**Medium-Term**	**Long-Term**
a.	Explore the scalability of home sharing support services that match older adults and people with people living with disabilities with shared housing and co-housing options, while also supporting shared multi-generational housing.	•	•	
b.	Promote and enhance programs and services that enable people to age in place, including programs providing home improvements and modifications to make housing safer and age/disability appropriate.	•		

c.	Identify strategies and pathways to fund existing agencies with funds to expand and/or develop homelessness prevention services targeting the unique needs of older adults and individuals living with disabilities. For example: Explore the possibility of directing financial resources toward payment of back rent and other eviction protections, including the development of partnerships that provide community-based legal support services for older and disabled renters.[15]		•	

Pillar 1: Key Indicators and Metrics of Success

Quantitative Improvements	Qualitative Improvements	Other Key Milestones
• Decreased homelessness count among older adults and individuals with disabilities. • Decreased ER visits resulting from accidents at home among older adults and individuals with disabilities. • Increased inventory and capacity of affordable housing options, especially independent living facilities. • Increase utilization of Section 8 vouchers within SLO County. • Reduced evictions affecting older adults and individuals with disabilities.	• Increased access and use of housing navigation and case management services (e.g., utility assistance) • Development and expansion of county and municipal ordinances and zoning regulations that allow flexibility in how older adults and individuals with disabilities secure housing.	• Establishment of homelessness prevention policies and resources within SLO County; expansion of community-based organizations as partners incorporating homelessness prevention and housing insecurity as part of their mission/services.

Note: Year 1 will involve setting of baselines for these key indicators and metrics of success.

Pillar 2: Healthcare

Many older adults and individuals with disabilities in SLO County face significant barriers to accessing quality, affordable healthcare, nutrition, and wellness services. These challenges are primarily due to a shortage of primary and specialty healthcare professionals in the county. Issues such as long wait times for appointments, limited access to specialized care, and a lack of understanding of health insurance benefits further exacerbate the problem. Additionally, there is often insufficient access to proper nutrition support, which is essential for maintaining overall health and wellness. To address these challenges, this pillar focuses on expanding access to healthcare and nutrition services, tackling workforce shortages, improving health literacy, and ensuring that nutrition and wellness programs are available and accessible. It also emphasizes the importance of promoting supportive services tailored to the unique needs of older adults and individuals with disabilities. By addressing these barriers, SLO County can improve the overall health, nutrition, and well-being of its aging and disabled populations.

Goals and Strategies

Healthcare Goal 2.1: Increase access to quality, trauma informed primary and specialty healthcare within SLO County that addresses the needs of older adults and individuals with disabilities, including health-related social needs.		**Short-Term**	**Medium-Term**	**Long-Term**
a.	Promote training and education that will increase the number of healthcare professionals who are up to date on best practices in geriatric care and gerontology, as well as the needs of individuals with disabilities. Leverage the Centers for Medicare and Medicaid Services' (CMS) incorporation of Age Friendly Health principles into the hospital evaluation system.[16]	•		
b.	Identify methods and pathways to enhance community efforts around training, outreach, and education about health insurance and benefits, targeting the nearly one-in-four older adults and individuals with disabilities who need additional information and resources to find and use covered benefits.[17]	•		
c.	Identify methods and pathways to expand access to health-related social needs programs throughout the County such as physical activity and fitness offerings, as well as expanded access to healthy food and meals for older adults and individuals with disabilities.[18]		•	
d.	Identify methods and pathways to expand availability and awareness of transportation for getting to and from healthcare appointments. Ensure any expansion of transportation options includes service for individuals living with dementia and disabilities, including limited mobility.		•	
e.	Identify methods and pathways to develop a "patient advocate" pilot program to assist older adults and people living with disabilities during healthcare appointments to ensure notetaking, follow up, etc.			•
f.	Identify methods and pathways to expand the availability of navigation and technological support to older adults and individuals living with disabilities, their friends, families, and caregivers, to increase willingness and capacity to use telehealth options.			•

Healthcare Goal 2.2: Expand recruitment and retention of local healthcare professionals.	Short-Term	Medium-Term	Long-Term
a. Inventory and assess the healthcare workforce focused on provision of specialty care most relevant to the needs of older adults and individuals with disabilities.	•		
b. Identify methods and pathways to establish a residency program(s) to make it more likely that doctors and other healthcare professionals experience life in SLO County and want to stay post-residency.[19]		•	
c. Develop strategies and identify pathways to support the pursuit of changing San Luis Obispo County's Medicare designation to increase provider reimbursement rates and enhance the recruitment and retention of healthcare professionals.[20]		•	
d. Identify strategies and opportunities within local higher education institutions such as Cal Poly and Cuesta College to develop or enhance programs that encourage students to pursue careers in health professions locality with an emphasis on improving the quality of services for older adults and individuals with disabilities.			•

Pillar 2: Key Indicators and Metrics of Success

Quantitative Improvements	Qualitative Improvements	Other Key Milestones
• Better access to primary and specialist care, as shown by shorter wait times for initial and follow-up healthcare appointments. • Increased enrollment in and utilization of health-related social needs programs and services such as physical activity/fitness and health meals/nutrition programs. • Increased utilization of telehealth options among older adults and individuals with disabilities. • Improved workforce retention rates in the healthcare sector.	• Improved satisfaction with the quality and responsiveness of care among older adults and people with disabilities (Survey). • Improved satisfaction with access to healthcare services among older adults and people with disabilities (Survey).	• Increased healthcare workforce, particularly in key specialty areas most relevant to older adults and individuals with disabilities. • Data suggesting that Age Friendly Healthcare principles have been implemented.

Note: Year 1 will involve setting of baselines for these key indicators and metrics of success.

Pillar 3: Caregiving

Caregivers help people with daily tasks, such as dressing, bathing, meal preparation, and access to congregate meals. They often also help with transportation, shopping, and managing medications. Caregivers can be family members or friends (unpaid) or paid professionals. Caregivers need support to maintain their health, well-being, and financial security while caring for a loved one. Caregivers need assistance navigating services to improve both their own lives and the lives of those they serve. Affordable, quality paid respite and full-time caregiving services are equally important to supporting caregivers and ensuring older adults and people living with disabilities can age with dignity in their homes and in the community. Many older adults are concerned about future access to quality, affordable caregiving, and generally lack knowledge and awareness about caregiving resources. This pillar focuses on expanding access to caregiving services, programs, and support.

Goals and Strategies

Caregiving Goal 3.1: Expand "no wrong door" countywide access to information and resources on the range and availability of affordable caregiving services, programs, and support.		**Short-Term**	**Medium-Term**	**Long-Term**
a.	Identify methods and pathways to centralize community access to information and resources tied to existing caregiving services (e.g., IHSS and Adult Day Care services).	•		
b.	Identify methods and pathways to support the development of a version of the AAA's countywide Senior Resource Guide, focused on caregiving and incorporating strategies to best serve caregivers. For example, local phone numbers instead of 1-800 numbers.	•		
c.	Identify methods and pathways to provide training on available resources and dissemination of information to providers and other service and support providers including senior centers, County libraries, and Parks and Recreation (County and municipal).		•	
d.	Identify and support local organizations, through funding and collaborative work, to lead efforts on information sharing, development of local quality assurance standards for the caregiving workforce, as well as ongoing training for paid and unpaid caregivers (family members, friends, etc.).		•	
e.	Identify methods and pathways to support agencies in acquiring technological tools to inform and train caregivers (e.g., telehealth and online geriatric care navigators, remote home monitoring, etc.) that may serve as innovations in care navigation, coordination, and transition services to meet the needs of a growing aging population. For example, connecting caregivers to national and state trainings through agency subsidies.			•

Caregiving Goal 3.2: Increase geographic availability and expand existing programs of high quality, affordable adult day programs and facilities, senior centers, and other respite and supportive caregiving services throughout the County.		**Short-Term**	**Medium-Term**	**Long-Term**
a.	Identify methods and pathways to connect community-based organizations with resources to conduct county-wide community-based training and outreach on programs and services offered through local adult day programs, respite care, and caregiver support services.	•		

b.	Identify methods and pathways to strengthen and expand peer support groups and networks for caregivers to combat social isolation.		•	
c.	Identify methods and pathways to provide additional incentives to recruit and retain a quality caregiving workforce (including IHSS) capable of serving a larger number of older adults and individuals living with disabilities.[21]		•	
d.	Identify methods and pathways to upgrade the funding, quality, and oversight of adult day centers, adult day health centers, senior centers, and respite facilities throughout the County so they are a more attractive option for the growing older population and a resource for caregivers.			•

Pillar 3: Key Indicators and Metrics of Succes

Quantitative Improvements	Qualitative Improvements	Other Key Milestones
• Increased capacity and utilization of Adult Day centers, senior centers, and other respite facilities • Increased participation in caregiving training and workshops (e.g., medication administration, managing behavioral disturbances, basic living activities, brain science, self-care, etc.) • Increased number of caregiver support groups and networks regularly meeting for peer support, training, etc. • Increased caregiving (including IHSS) workforce recruited and retained	• Increased public awareness of and satisfaction with caregiving resources and support services based on biennial survey of older adults and individuals with disabilities.	

Note: Year 1 will involve setting of baselines for these key indicators and metrics of success.

Pillar 4: Emotional Well-Being and Social Connectivity

Pillar 4 focuses on improving emotional well-being and social connectivity for older adults and individuals with disabilities by addressing gaps in mental health awareness, social engagement, and transportation access. Mental health services are limited, particularly for caregivers and those in underserved regions. Social isolation is another concern, especially for individuals with disabilities. Indeed, congregate senior meals often offer a key opportunity for social connectivity. In addition, survey responses and community meeting input indicated that there is a clear demand for increased physical activity, cultural programming, and community learning opportunities. Meeting these needs will likely require better transportation, especially for evening and weekend activities. This pillar aims to integrate mental health, substance use disorder (SUD), social engagement, and transportation efforts to create a more connected and supportive environment for all.

Goals and Strategies

Emotional Well-being and Social Connectivity Goal 4.1: Expand countywide access to information and resources on the range and availability of behavioral (mental health and SUD) health services, programs, and support for older adults, individuals living with disabilities, and their caregivers.	**Short-Term**	**Medium-Term**	**Long-Term**
a. Identify methods and pathways to expand access to information and resources tied to the continuum of mental health and SUD services (prevention, outpatient, and crisis) focused on older adults, individuals with disabilities, and their caregivers[22].	•		
b. Identify methods and pathways to deliver destigmatization campaigns[23] and community-based workshops tailored to the unique behavioral health needs of older adults, individuals with disabilities, and their caregivers.[24]		•	
c. Identify methods and pathways to develop a "train the trainers" model of service training that empowers localized peer support services to use evidence-based models of care within community-based support groups, networks, and peer support mechanisms focused on behavioral health among the population of older adults, individuals with disabilities, and their caregivers.			•

Well-being and Social Connectivity Goal 4.2: Reduce social isolation and loneliness through expanded access to affordable meals, as well as social, physical, and cultural programming tailored to the needs and desires of older adults, individuals with disabilities, and their caregivers.	**Short-Term**	**Medium-Term**	**Long-Term**
a. Inventory, publish, and distribute a resource directory of existing programming and services for older adults and individuals with disabilities including physical activity and recreation, extracurricular enrichment and learning, volunteer opportunities, etc.	•		
b. Identify methods and pathways to increase the capacity of senior centers, County libraries, and other CBOs to provide additional programs, services, and opportunities for social interaction focused on the needs and interests of older adults and individuals with disabilities.		•	
c. Work with the ADRC and other partners to enhance access to referral and support services such as legal assistance, public benefits, technology access and navigation, and understanding financial and insurance planning.		•	

d. Investigate improvement and expansion of transportation options for older adults, particular people with mobility and behavioral issues. These center on route expansion, increased evening and weekend hours, affordability, and door-to-door services. Identify potential funding sources and opportunities for partnerships with municipal, private, and nonprofit organizations to overcome transportation barriers most frequently faced by seniors and individuals with disabilities.

-

Pillar 4: Key Metrics and Success Indicators

Quantitative Improvements	Qualitative Improvements	Other Key Milestones
• Increased participation in behavioral health training and workshops tied to countywide campaigns on early identification and referral services. • Increased utilization of referral and support services brokered by the ADRC and partner CBOs and public agencies. • Increased peer support networks focused on minimizing social isolation and improving emotional well-being among older adults and individuals with disabilities. • Increased use of public and nonprofit transportation providers by older adults and individuals with disabilities.	• Increased public awareness of and satisfaction with transportation services and options based on a biennial survey of older adults and individuals with disabilities. • Increased public awareness of and satisfaction with physical activity, enrichment, and other social programs and services based on biennial survey of older adults and individuals with disabilities.	• Documentation of interagency collaborations across County departments - Social Services, Behavioral Health, Public Health, Parks and Recreation, and contracted CBOs.

Note: Year 1 will involve setting of baselines for these key indicators and metrics of success.

Acknowledgements

Thank you to the LADAP advisory committee, civic leaders, community-based organizations, stakeholders, and residents for your invaluable insights and expertise in developing San Luis Obispo County's Master Plan for Aging. Your commitment to addressing the needs of older adults, individuals with disabilities, and their caregivers has shaped a plan rooted in equity, dignity, and accessibility. Together, we are building a community where every resident can age with grace, security, and support.

This plan honors the late Tauria Linala, whose dedication and vision were instrumental in its creation. May her contributions continue to inspire and guide us.

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Community Partners

Access Central Coast
Area Agency on Aging
Arroyo Grande Library
Atascadero Public Library
Avila Beach Civic Association
CAPSLO
Central Coast Seniors
Center for Strengthening Families
Corazon Latino
Echo Shelter
HASLO
Healthy Brain Initiative
Hospice SLO
Jewish Family Services of San Luis Obispo
Latino Outreach Council
Meals that Connect
Morro Bay Community Center
Nipomo Library
Oceano Senior Center
Oceano Community Center
Paso Robles Senior Center
People Serving People Senior Housing
San Luis Obispo Library
San Miguel Library
SLO County Public Health Department
SLO County Public Libraries
SLO County Department of Social Services
SLO Village
South Bay Community Center
St. Rose of Lima Church
Tri-County Regional Center

Glossary of Terms

Access Central Coast (ACC)
A community-based organization that provides services and supports to older adults and individuals with disabilities, helping them increase or maintain independence through advocacy, skills training, peer support, and access to community resources.

Aging and Disability Resource Center (ADRC)
A statewide initiative designed to streamline access to long-term services and supports (LTSS) for older adults, individuals with disabilities, caregivers, and families. While it operates under a unified vision, it relies on local partnerships to implement and strengthen its philosophy. The primary goal of an ADRC is to establish a coordinated entry point for accessing services, thereby reducing gaps in care and improving overall accessibility.

Area Agency on Aging (AAA)
A local agency that provides resources, services, and support for older adults and caregivers in counties or regions across the state.

Centers for Medicare & Medicaid Services (CMS)
A federal agency within the U.S. Department of Health and Human Services that administers programs like Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

Diversity, Equity, Inclusion, and Accessibility (DEIA)
A framework aimed at ensuring fairness, representation, and access to opportunities for individuals of all backgrounds, particularly marginalized and underserved populations.

Healthcare
Services and interventions aimed at improving, maintaining, or managing individuals' physical and mental health, including medical, preventive, and supportive care.

Housing Choice Voucher Program (Section 8)
A federal program providing rental assistance to low-income families, the elderly, and individuals with disabilities, helping them afford safe and stable housing.

In-Home Supportive Services (IHSS)
A California program that provides personal care and domestic services to low-income older adults, people with disabilities, and individuals who need support to live safely at home.

Key Informant Interviews (KIIs)
A qualitative research method involving in-depth interviews with individuals who have specialized knowledge or perspectives on a particular topic.

Long-Term Services and Supports (LTSS)
A range of services designed to assist older adults and individuals with disabilities with activities of daily living (ADLs), including personal care, transportation, and assisted living.

Managed Care Plan (MCP)
A managed care plan is a health insurance plan that coordinates and manages healthcare through a network of providers.

Master Plan for Aging (MPA)

A strategic framework developed to address the needs of California's aging population, focusing on housing, health, equity, caregiving, and economic security.

Options Counseling

A person-centered, interactive decision-support process designed to assist individuals, their families, or caregivers in making informed choices about long-term care options. It involves providing comprehensive, unbiased information and support to help individuals deliberate and decide on the most suitable long-term care solutions based on their unique needs, preferences, values, and circumstances.

Quantitative Data

Data that is measurable and expressed numerically, often used for statistical analysis (e.g., surveys, census data, or healthcare utilization rates).

Qualitative Data

Non-numerical data that provides insights into people's experiences, perceptions, and behaviors, typically collected through interviews, focus groups, or observations.

Social Connectivity

The relationships and interactions that individuals have within their communities, which contribute to emotional well-being, resilience, and overall health. Social networks and community supports are classified as a Health-Related Social Need.

Substance Use Disorder (SUD)

A medical condition characterized by the problematic use of drugs or alcohol, impacting an individual's physical health, mental health, and daily functioning.

Trauma-Informed Care

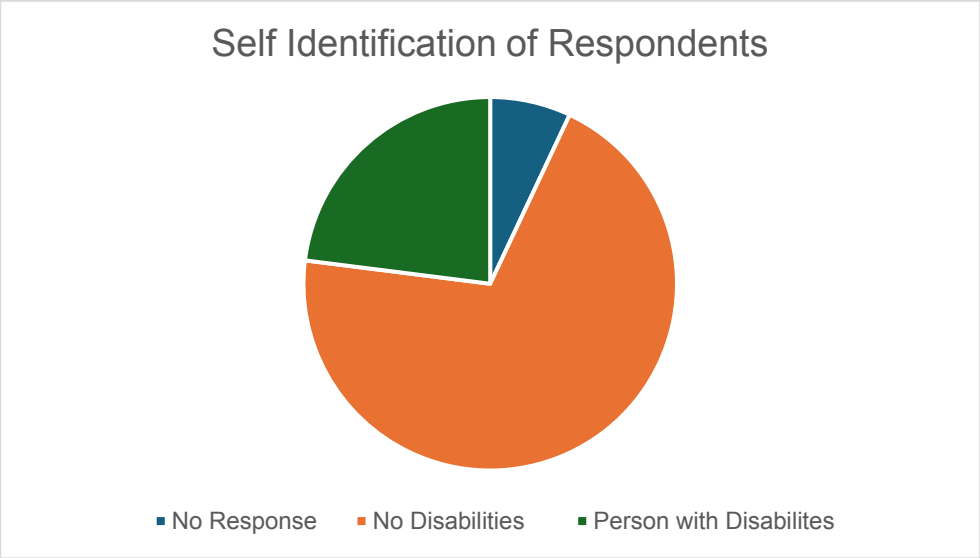
An approach to service delivery that recognizes the impact of trauma on individuals and incorporates practices that promote safety, empowerment, and healing.

Appendix: Summary Survey Findings

Summary of Older Adult and People with Disabilities Survey

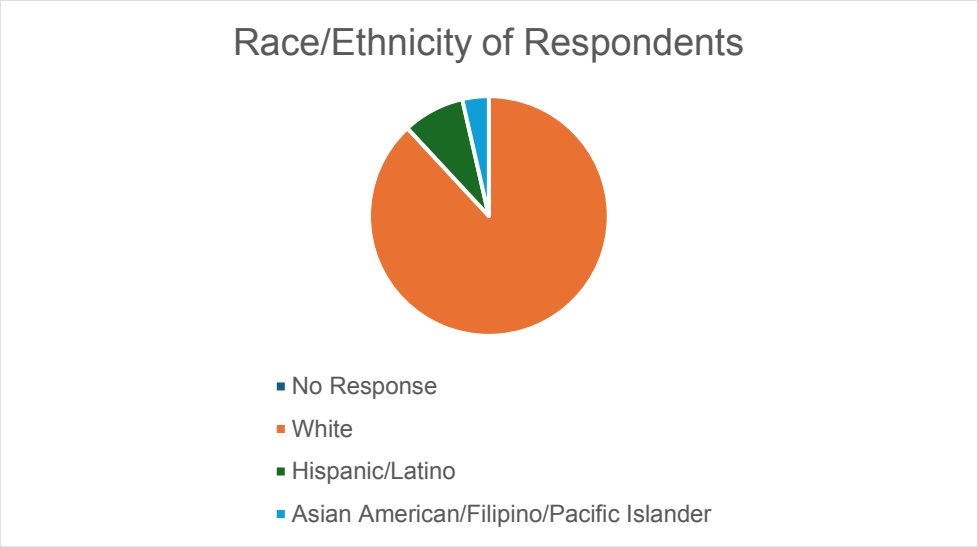
The survey successfully engaged 593 participants. Most respondents (70%) identified solely as older adults, while 23% identified as individuals with disabilities. Additionally, 16% identified as both older adults and individuals with disabilities, with 7% not responding to this question. Notably, males were overrepresented among respondents who identified as individuals with disabilities, comprising 7% more of this group than expected.

Figure 1. Self-Identification of Survey Respondents by Disability Status



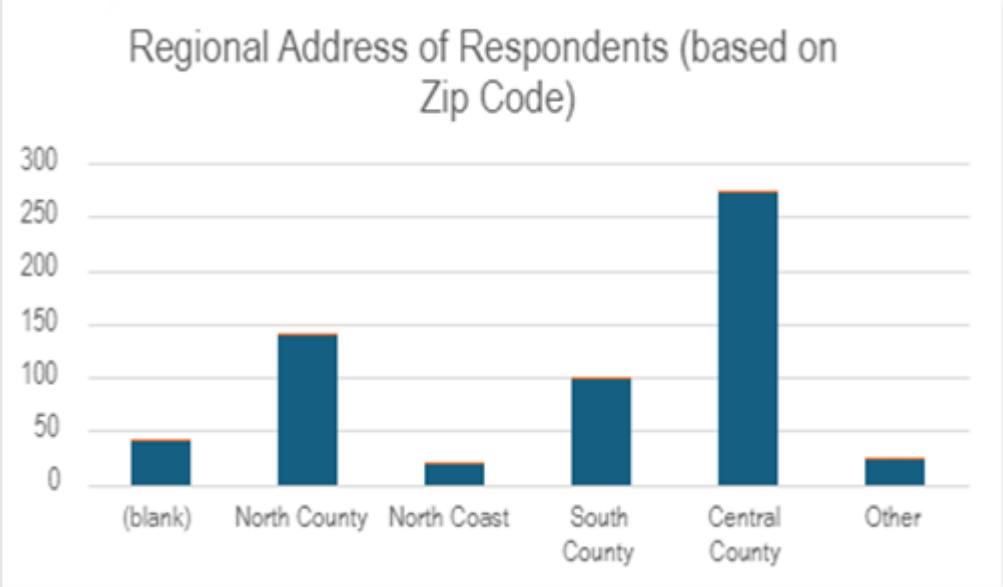
The vast majority (74%) respondents were White, followed by Hispanic/Latino (7%), Asian/Filipino/Pacific Islander (3%), and Black/African American (1%). Most (68%) were Female, with 23% identifying as Male.

Figure 2. Race and Ethnicity Distribution of Older Adults and Individuals with Disabilities Among Respondents



In terms of regional representation, respondents' zip codes indicated that they were most likely to live in the Central part of the County (46%), followed by North County (24%), South County (17%), and North Coast (3%). A small percentage (4%) checked "Other" and 7% left this item blank.

Figure 3. Regional Distribution of Survey Respondents by Zip Code



Physical Health

Respondents tended to be satisfied with access to healthcare. Older adults and people with disabilities were most positive and satisfied (% reporting “Agree” or “Strongly Agree”) with the care from primary health care (82%) and specialized healthcare (65%). Respondents were mostly satisfied (75%) with access to prescriptions and medications. The majority (71%) of respondents also said that they understood their healthcare insurance and benefits coverage.

Disabled respondents were more satisfied with access to specialized care, but more negative about access to prescriptions and understanding of health insurance coverage.

Respondents were less satisfied (59%) with the extent to which medical professionals understood the needs of older adults and people with disabilities. The lowest satisfaction was comfort meeting with these health professionals by phone or computer (i.e., telehealth). Interestingly, respondents from the Central region were the least comfortable with telehealth approaches.

Housing

Most respondents were satisfied with their current housing/living situation. Respondents were most satisfied with the safety (83%) and their degree of independence within their living situation (82%). Housing affordability also ranked high (76%) among respondents.

Overall, survey responses suggest a desire and readiness to age in place. Less than half (39%) of respondents said that they were considering moving to accommodate age and/or disability needs in the next five years. Similarly, only 36% said that they wanted to modify their residence to accommodate age and/or disability needs.

However, there were clear differences based on disability. Individuals with disabilities were less likely to be satisfied with housing affordability, safety, or independent living compared to older adults without disabilities. They were also more likely to express a need for moving to better accommodate their age and/or disability within the next five years.

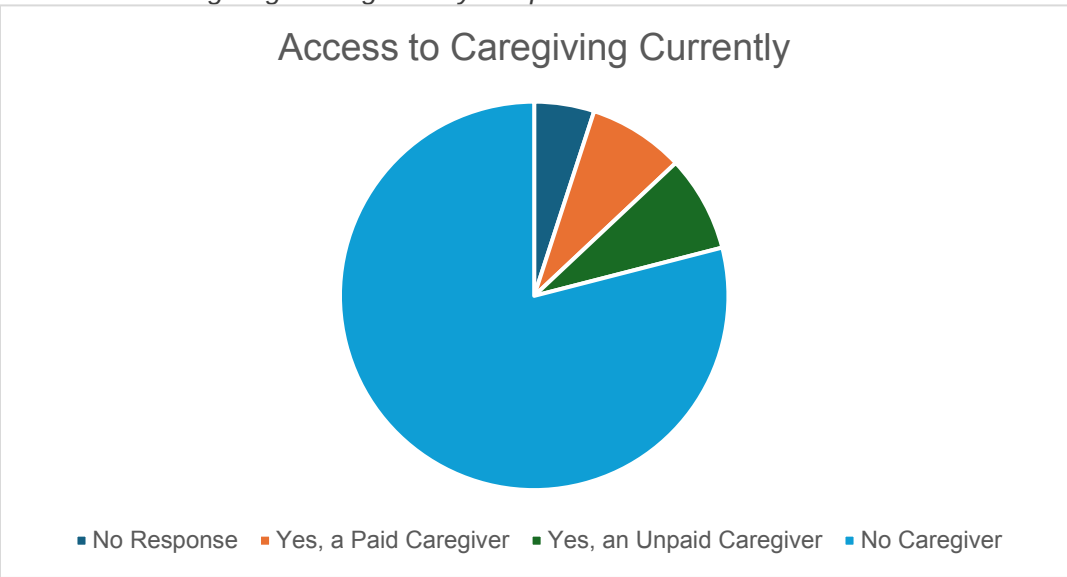
Non-White respondents were also less likely to express satisfaction with housing affordability, safety, or independent living compared to White survey respondents. In addition, North County respondents were the least satisfied with housing affordability, and the most likely to say that they contemplated a move in the next five years to better accommodate age and/or disability needs.

Caregiving

Survey data show relatively high levels of concern and anxiety about caregiving, along with a lack of knowledge and awareness about caregiving resources. Approximately two-thirds (67%) of respondents were worried about finding quality, affordable care as they grow older. At the same time, only 33% knew about program and organizations that link people to caregivers. Even fewer (21%) knew about the resources available for caregivers, whether paid or unpaid. Disabled and non-White respondents were more likely to know about these caregiving resources compared to non-Disabled and White respondents, respectively.

It is important to note that the vast majority (79%) of respondents did not have a caregiver currently. Of those with a caregiver, 8% had an unpaid (typically a spouse, family member, or friend) caregiver. Only 7% reported a paid caregiver, but this percentage rose to 18% among individuals with disabilities. Paid caregiving was also more likely in the Central region and among non-White respondents.

Figure 4. Access to Caregiving Among Survey Respondents



At present, the survey data suggest that respondents are most likely (61%) to express concern about home cleaning, repair, and maintenance as aspects of caregiving they want or need. More than half (52%) agreed that they worry about declining mental abilities (e.g., dementia, Alzheimer's, and memory loss). Nearly half (47%) agreed that they worry about meeting personal care (e.g., eating, bathing, dressing, etc.) needs as they age.

Disabled respondents expressed higher levels of concern about home cleaning, repair, and maintenance, as well as more concerns about meeting personal care needs.

Well-Being and Social Connectivity

Survey respondents were most likely (72% agreed or strongly agreed) to say that they had someone to call if they felt depressed, anxious, or overwhelmed. Among Disabled respondents, this percentage dipped to 61%.

Similarly, more than half (61%) reported that they regularly go to places that provide social interactions. Disabled respondents reported lower levels of social interactivity (50% compared to 67% among non-Disabled respondents).

Roughly 15% of respondents overall expressed low levels of Social Connection, manifest as lack of companionship (15%), feeling left out (13%), and feeling isolated from others (14%). Among Disabled respondents, these percentages were considerably higher -- 23%, 20%, and 19%.
It is interesting to note that most (78%) survey respondents said that they had transportation and typically drive themselves, with an additional 24% reliant on family or friends to drive them. A small (15%) reported walking or biking to social events and activities, and 16% relied on public transportation (inclusive of buses, vans, and shuttles). Users of public transportation were more likely to be Disabled, non-White, and live in the South region of the County.

Survey data suggest room for improvement on destigmatizing and publicizing behavioral health resources in the County. Approximately half (53%) said that they knew where to go for therapy or mental health support if they needed it (24% disagreed and 5% did not know). Respondents in the

South region were least likely to know where to get therapy or other mental health assistance. Similarly, less than half (46%) knew about wellness, self-care, or support groups in their community (18% disagreed and 8% did not know).

Awareness of resources and support was lowest for Substance Use, a rising issue among older adults. Only 39% said that they knew who/where to call about alcohol or drug misuse (26% disagreed and 12% did not know). Awareness was lowest among respondents residing in North County.

Most Important Services and Supports

When asked which services and supports were most important, survey respondents were most likely to cite:

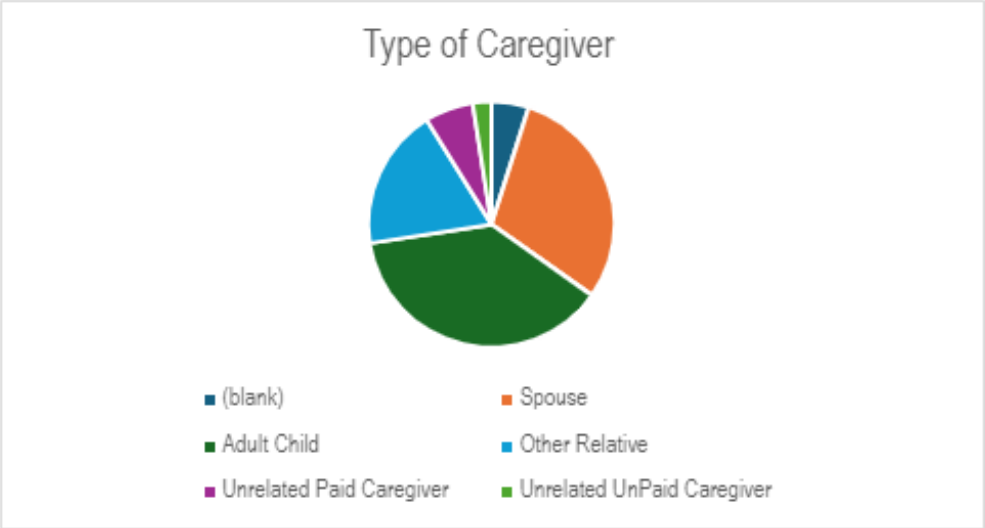
- Access to physical activity and fitness programs and classes (50%)
    - Highest in the South region at 56%
- Healthy meals and food (41%)
    - 52% among Disabled respondents
    - 51% among non-White respondents
- Help with legal issues (34%)
    - Highest in the North County region at 41%
- Help understanding health insurance and benefits (32%)
    - 41% among non-White respondents
    - Highest in the North County region at 39%
- Transportation - Help getting to and from appointment and activities (32%)
    - 45% among Disabled respondents
    - 45% among non-White respondents
- Technology - Help using a computer or phone (28%)
    - Highest in the Central Region at 34%
- Help getting financial assistance and benefits (26%)
    - 40%among Disabled respondents
- Help understanding and managing finances (18%)
    - 28% among non-White respondents

In sum, respondents were most interested in improving their physical health (food and physical activity), as well as assistance navigating the different systems (legal, health insurance, transportation) that provide information, resources and services to older adults and people with disabilities. More than one-in-four (28%) expressed a desire for help with using technology, presumably to access information and navigate these different services and systems.

Summary of Caregiving Survey

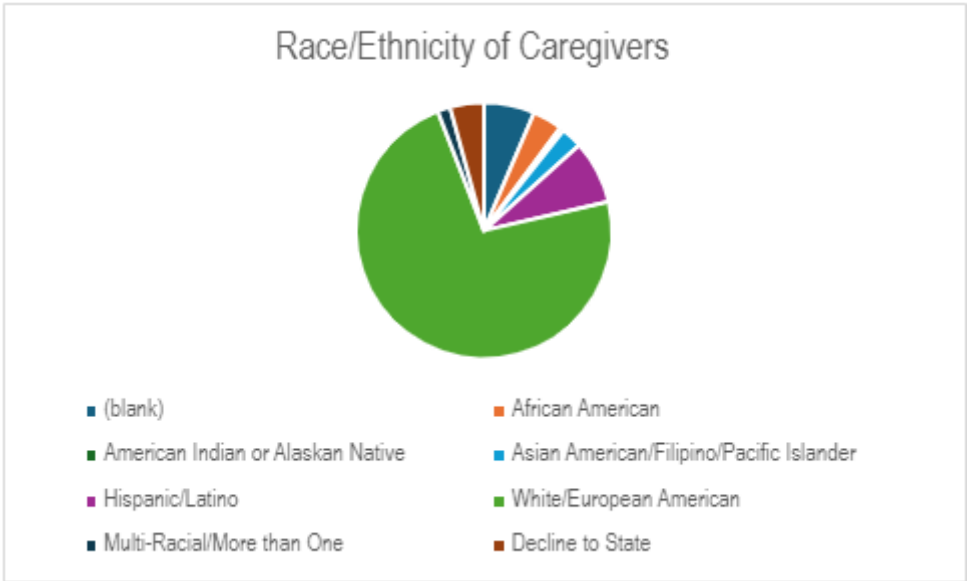
The San Luis Obispo County Master Plan for Aging survey successfully engaged 187 caregivers. Among caregivers, the most common roles identified were Adult Child (41%), Spouse (33%), and Other Relative (20%). Only 7% of respondents identified as unpaid, unrelated caregivers.

Figure 5. Distribution of Caregiver Types Among Respondents



In terms of regional representation, caregiver respondents were most likely to live in the Central part of the County (36%), followed by North County (19%), South County (18%), and North Coast (7%). Nearly one-in-ten (11%) noted “Other” (potentially out of County) and 9% left this item blank.

Figure 6. Race and Ethnicity Distribution of Caregivers Among Respondents



Caregiver Stressors and Social Connections

Survey results confirm that many caregivers are stressed. The largest stressors (% reporting “Quite frequently” and “Nearly Always”) for caregivers were balancing caregiving with family/work responsibilities (53%) and inability to have time for themselves (51%). Nearly half (49%) have stressed about the uncertainty about what to do for the person they care for, and 42% said that they were tense or strained when thinking about the person they provide caregiving to.

Approximately one-in-four caregivers reported a lack of social connections (% reporting “Frequently” or “Often”) in terms of feeling isolation (26%), lack of companionship (25%), and feeling left out (24%). Overall, respondents from South and Central regions of the County reported higher levels of stress and fewer social connections.

Caregiver Needs

When asked which services and supports were most important to them, respondents were most likely to cite:

- Arranging for temporary care to have time for themselves (36%)
    - 50% in South County
- Training on research and best practices on caregiving (36%)
    - 62% in North Coast
- Connecting to counseling or therapy for themselves (35%)
    - 46% in Central County
- Connecting with other caregivers in their community (32%)
    - 50% in South County

In sum, caregivers need time for themselves and opportunities for self-care. They are also interested in learning more about caregiving best practices and value peer connections.

Physical Health of the person they Care For

Caregivers were most positive and satisfied (% reporting “Agree” or “Strongly Agree”) with the care from primary (76%) and specialized healthcare (72%). Satisfaction dipped somewhat on access to prescriptions and medications (65%), and affordability of prescriptions and medications (63%). Overall, North County caregivers were most positive about access to physical healthcare. Areas ripe for improvement centered on helping older adults and people with disabilities with understanding health insurance and benefits (only 48% satisfied) and using telehealth (41%). Caregivers in the Central region were least satisfied on these survey items.

Housing for the person they Care For

Caregivers were most satisfied with the affordability (67%) and appropriateness (64%) of the living situation. About half (52%) said that they had protections in place to limit falls and support mobility at home. However, only 40% agreed that they were able to function somewhat independently in their current living situation. Similarly, more than half (57%) worry about needing to move to a different living situation as they age or deal with their disability.

Well-Being of the person they Care For

Most (68%) of caregivers did not answer the five questions about the emotional well-being needs of the person they care for. These results suggest either reluctance or inability to provide information on behavioral health and social interactions.

Needs of the Person they Care For

When asked which services and supports were most important to the person they care for, caregiver respondents were most likely to cite:

- Healthy meals and food (53%)
- Access to physical activity and fitness programs and classes (47%)
- Help understanding and managing finances (41%)
- Help understanding health insurance and benefits (36%)
    - 58% in North County
- Help with legal issues (34%)
    - 50% in North County
- Help getting financial assistance and benefits (33%)

In sum, caregivers are most concerned about helping those they care for in terms of physical health and navigating the different systems (health, insurance, legal, benefits) serving older adults and people with disabilities.

Endnotes

[1] CA Department of Finance (DOF), UCLA California Health Interview Survey (CHIS), CA Business, Consumer Services & Housing Agency (BCSH)
[2] https://aging.ca.gov/download.ashx?lE0rcNUV0zb4L9ijwWlmXw%3d%3d
[3]A Message from Governor Gavin Newsom," https://www.aging.ca.gov/download.ashx?lE0rcNUV0zYXf9JtT7jkAg%3d%3d.
[4] National Council on Disability, "The Impact of Covid-19 on People with Disabilities," pp. 1-5, October 29, 2021, https://www.ncd.gov/assets/uploads/reports/2021/ncd-2021-progress-report-covid-19.pdf.
[5] https://mpa.aging.ca.gov/Goals/2#goal-header.
[6] Administration for Community Living, Department of Health and Human Services, "Covid-19 Response," https://acl.gov/covid19/aging-and-disability-networks#:~:text=The%20Public%20Health%20Emergency%20%22Unwinding,programs%20returned%20to%20normal%20operations.
[7] California Department of Aging, "Older Adult Demographics," https://aging.ca.gov/download.ashx?lE0rcNUV0zb4L9ijwWlmXw%3d%3d.
[8] California MPA, https://mpa.aging.ca.gov/Goals/2#goal-header.
[9] In come coming years, California is going to face a labor shortage of up to 2.3 million paid direct care workers. California MPA, https://mpa.aging.ca.gov/Goals/4#goal-header.
[10] https://www.slohealthcounts.org/mental-health
[11] Reinforces the SLO Countywide Plan for Homelessness Line 2.B.1 which calls for SLO County to "Develop and implement community standards and best practices for each service area (including outreach, case management, coordinated entry) with a universal focus on housing navigation."
[12] Supports the SLO Countywide Plan for Homelessness Line 1.B which says that "Cities and County will adopt least restrictive interpretation of 'low barrier navigation centers' (based on state zoning requirements) into zoning codes."
[13] Note: This strategy is consistent with the County's Homelessness Plan which states "Develop Medi-Cal-accepting nursing homes, assisted living facilities, and Supplemental Security Income/Social Security Administration (SSI/SA) accepting licensed board and care homes across the aging spectrum." However, Medi-Cal generally pays for long term care only if a person qualifies for skilled nursing care in a nursing home. Some counties can participate in the Assisted Living Waiver Program (ALWP), a state program that provides funding for Medi-Cal eligible seniors and people with disabilities to live in assisted living facilities instead of nursing homes. This program provides an additional housing option for people who need skilled care that can be provided in an assisted living facility. The ALWP is not available in San Luis Obispo County currently. However, eligible residents of San Luis Obispo County can relocate to a facility in a participating county.
[14] Reinforces the SLO Countywide Plan for Homelessness Line 1.D.6 that calls on SLO County to "Prioritize production of a mix of project sizes to service different needs, including projects of fewer than 12 units, projects for persons with chronic mental illness, and larger projects using tax credit financing to accommodate families and seniors."
[15]In the SLO Countywide Plan for Homelessness Line 2.C it references "Target program services to address the specific needs of subpopulations, including people who are aging…" Similarly, Line 2.G is entitled, "Structure services based on medical need of aging population" and has four additional objectives covering home healthcare services, nursing homes and assisted living facilities, partnerships with Managed Care, and respite care.
[16] A good description of the Age Friendly Health principles can be found in: https://www.facs.org/media-center/press-releases/2024/acs-leads-development-of-new-cms-age-friendly-hospital-measure-to-improve-care-of-older-adult-patients/
[17] For ex: Partner with HICAP, a free, impartial service through the Area Agency on Aging, and MCPs like Cencal and Blue Shield Medicare Advantage to provide educational seminars in the community [Compare Medical Plans].

[18] Reinforces SLO Health Counts, Goal 1.3: Assess environments for physical activity and map opportunities….and Goal 1.2 Assess current food environments and map out food retailers/service providers, poverty status, ethnicity, and unhealthy food density.
[19] Note: There are two plan providers with five Managed Care Plans (MCPs). Blue Shield has the majority of lives covered.
[20] Supports existing SLO Counts, Access to Care Goal a, Objective 2.2 which says, "Advocate for changes to SLO County's rural designation for Medicare reimbursement rates and to increase Medi-Cal reimbursement rates in general." This effort will require collaboration among elected officials, Healthcare Delivery Systems (currently Adventist Health and Dignity Health/Common Spirit), healthcare providers, pharmacies, patients, and other community members.
[21] Existing efforts include SLO Healthcare Workforce Development (www.sloheathlcareworkforce.org) and the California Coalition on Family Caregiving (cacfc.org)
[22] This aligns well with the strategic plan developed for SLO County Behavioral Health Department under Community Services (strategy 2.1d) on assessment of needs among older adults and increased awareness and campaigns to share available behavioral health resources (strategy 2.3)
[23] This supports differentiated outreach for older adults and emphasis on destigmatization campaigns targeted to older adults in the SLO County Behavioral Health Department strategic plan under Prevention and Wellness (Strategies 1.1b and 1.3a).
[24] This would likely involve the training of key personnel and volunteers in the ADRC, senior centers, County libraries, etc. on Mental Health First Aid, harm reduction, and other key behavioral health preventative practices. In addition, there could be a role for educating primary care providers on how Integrated models (i.e., parity of physical and mental health) of healthcare delivery can be adapted to the needs of older adults and individuals with disabilities.