AGING IN PLACE AND COMMUNITY: HOUSING ASSISTANCE AND OTHER SERVICES FOR SENIORS IN SAN FRANCISCO

Prepared for the

Board of Supervisors
of the City and County of San Francisco

by the

Budget and Legislative Analyst

Updated February 2011

CITY AND COUNTY OF SAN FRANCISCO

BOARD OF SUPERVISORS

BUDGET AND LEGISLATIVE ANALYST

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February 22, 2011

Honorable Eric Mar
and Members of the Board of Supervisors
City and County of San Francisco
Room 244, City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Dear Supervisor Mar and Members of the Board of Supervisors:

The Budget and Legislative Analyst is pleased to submit this ***updated*** review of *Aging in Place: Housing Assistance and Other Services to Enable Seniors to Remain in their Communities and Homes.* In response to a motion adopted by the Board of Supervisors on August 3, 2010 (Motion No. 10-124), the Budget and Legislative Analyst conducted this review of practices and resources that can result in enabling aging adults in the City and County of San Francisco to live in their homes and communities independently. In anticipation of a hearing on this report scheduled for February 28, 2011, this report updates our initial report on this topic dated October 27, 2010.

Specific areas of our review included: (1) determining the approximate number of seniors on affordable housing and public housing waitlists in San Francisco; (2) collecting and summarizing demographic information about seniors in San Francisco; (3) reviewing independent living programs and models including shared housing programs, cross-generational aging in place programs, volunteer health advocacy programs, and the non-profit retirement villages model; and (4) providing legislative recommendations for incentives that encourage property owners to make residential upgrades or that otherwise result in increased accessibility and safety of seniors' homes.

An Executive Summary, which follows this transmittal letter, provides a summary of the Budget and Legislative Analyst's review.

We would like to thank City Departments, senior advocates, housing experts, and others whose information was invaluable to our study.

Respectfully submitted,

Harvey M. Rose
Budget and Legislative Analyst

cc: Supervisor Avalos
Supervisor Campos
President Chiu
Supervisor Chu
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EXECUTIVE SUMMARY

AGING IN PLACE AND COMMUNITY: HOUSING ASSISTANCE AND OTHER SERVICES FOR SENIORS IN SAN FRANCISCO

Overview

San Francisco's high concentration of seniors, defined by the US Census as adults ages 60 and older, represents a culturally and economically diverse population that is anticipated to increase in coming years. In contrast with many California communities where most residences are newer single family homes, in San Francisco, the majority of seniors reside in older, multi-level apartments and houses that are not likely to meet their safety and accessibility needs, according to the San Francisco Human Services Agency's Department of Aging and Adult Services (DAAS). Senior advocates suggest that subsidizing independent living for many seniors in their existing residences could be less costly than alternatives such as subsidizing new residential development or residency in assisted living facilities, which typically provide 24-hour supervision. Senior advocates also point out that increasing safety in existing residences can help prevent avoidable falls that result in insurance and medical costs.

The Board of Supervisors directed the Budget and Legislative Analyst, by motion, to conduct a review of practices and resources that might enable aging adults in the City and County of San Francisco to age in place or community (i.e., remain living in their homes or communities independently). Furthermore, the Board of Supervisors requested that the Budget and Legislative Analyst provide: (a) demographic information about seniors in San Francisco, (b) the number of seniors on affordable housing and public housing waitlists, (c) a review of independent senior living programs and models, and (d) legislative recommendations for incentives to encourage property owners to make residential upgrades that increase accessibility and safety for seniors.

Demographics of Seniors in San Francisco

As of 2008, the most recent year for which data is available, approximately 160,169 seniors, or approximately 20 percent of the City's 798,196 residents aged 60 and over, lived in San Francisco. Of this population, an estimated 153,150 lived in owned or rented residences, with the balance living in institutions such as skilled nursing facilities. The average household income for San Francisco seniors residing in owned or rented residences is $61,161, with a greater concentration of incomes under $50,000 than is the case for adults between the ages of 25 and 64, the majority of whom live in households where the income level is over $50,000.

Census data shows the highest concentrations of seniors live in Chinatown, Russian Hill/Polk Gulch, West Portal/St. Francis Woods, South of Market, Western Addition, Sea Cliff, and Lakeside.

The impact of San Francisco's high housing costs on seniors is mixed. Sixty eight percent of seniors that own their own homes spend less than 30 percent of their income on housing,

whereas 57 percent of seniors who rent spend over 30 percent of their income on housing. The most commonly spoken languages among seniors are English (42 percent), followed by Chinese dialects (27 percent), and Spanish (9.6 percent). Seniors made up a higher proportion of the City's population (19 percent) than seniors did Statewide (14 percent) or nationally (16.5 percent). The California Department of Finance projects that the number of seniors in San Francisco will increase to 250,720 by 2030, an increase of 56.5 percent over the 2008 estimate.

In-Home Provision of Services

According to researchers from universities and senior advocacy organizations, many seniors want to live in their own home. However, some seniors' needs change over time: seniors may need to alter their physical space; home delivery of services may become preferable or necessary; and, they may need assistance with household chores. The City offers some home modification assistance for seniors (i.e. major or minor changes to the home environment to make it safer and easier to carry out daily living tasks and maintain independence) via interest-free loans to homeowners and free modification services for renters. The Department of Aging and Adult Services (DAAS) helps match seniors to in-home supportive services including non-medical personal care and other types of personal care. However, due to limited budgets and/or program eligibility criteria, most services have the capacity to serve a relatively small number of senior homeowners and tenants.

The senior village model, now found in communities across the county, is a popular model of senior services programming that promotes independent living. Not a physical location, villages are membership organizations in which paid staff and volunteers coordinate the provision of an array of services to seniors and access to social programming for senior members, who remain in their homes or communities and pay regular fees for such services. SF Village, a privately operated and funded senior village program that currently serves 115 seniors, began operations in San Francisco in 2009. North East Exchange Team San Francisco (NEXT SF) began informally in 2006 and incorporated as a nonprofit senior village organization in 2009. It offers transportation, home maintenance, in-home support, a network of social service providers and referral services to assist residents of the northeast section of San Francisco age in place. Our review of village programs in California and other states disclosed funding, outreach and program development opportunities for San Francisco to assist in making such programs in San Francisco more sustainable and available to a broader cross-section of seniors.

For individuals being discharged from a clinical setting such as a long-term hospital stay, some clinical services may need to be replicated at home. While the City administers and supports an array of programs geared at supporting seniors and others transitioning from institutions to a home of their own, these programs are not well-coordinated. Marin County's Project Independence, which serves approximately 250 to 300 seniors per year, is an example of a successful transitional care program supported by the County's General Fund, which has gained the attention of San Francisco advocates. Discharge planners at county hospitals may refer patients, who they perceive to be potentially frail or isolated, to Project Independence. Project Independence screens every patient referred to them, a subset of which enter the program and receive transitional assistance services. About two-thirds of program participants are seniors.

Housing Options for San Francisco's Seniors

Affordable housing, homesharing, multigenerational housing (i.e. when residents deliberately choose to live in a housing environment with older and younger residents), secondary units (i.e. standalone living units that are added to an existing home), and assisted living facilities are options available to seniors who seek a home in which to age in place or community, through the desire to move to a smaller or more accessible home. Some moves can occur out of necessity due to changes in income or health, eviction, or housing status; or, because the seniors are being discharged from or attempting to avoid institutionalization. Our review of housing options for San Francisco seniors shows a variety of options and approaches exist, and no one approach is appropriate for all seniors.

Although the City and County of San Francisco is working to develop affordable housing for seniors, demand greatly outstrips supply. Homesharing is a possible approach to matching individuals who can't afford market rents to people who have an extra room, but it might not be right for all San Francisco seniors. Multigenerational housing offers a number of intangible benefits, but constructing or rehabilitating housing units for this purpose can be a difficult prospect in San Francisco's built-out environment. Secondary units offer an excellent opportunity for homeowners, particularly seniors, but efforts to encourage secondary units in San Francisco have met with negative reaction by neighborhood groups. Lastly, for seniors requiring assisted-living facility, present capacity is limited and is not expected to increase.

Legislative Options Available to the Board of Supervisors

Based on issues discussed in the report, the Budget and Legislative Analyst developed a list of related legislative options. We consider these legislative efforts to be options for facilitating aging in community. Estimated cost impacts of each legislative option are provided in Section 5 of this report.

Issue: *Publically funded home-modification programs in San Francisco are not commensurate with the potential level of demand.*

- **Legislative Option 1:** Expand the Community and Home Injury Prevention Project for Seniors (CHIPPS), a program operated by the Department of Public Health that increases safety awareness and facilitates residential modifications for seniors.
- **Legislative Option 2:** Implement a City-sponsored residential safety and accessibility modifications rebate program for senior residences.
- **Legislative Option 3:** Implement a City-sponsored voluntary senior tenant relocation rebate program for landlords who demonstrate proof that they facilitated accessible first floor or ground-level housing for seniors by relocating a tenant over 65 years of age from an upper floor to a ground floor unit, while maintaining the existing rent amount.

Issue: *San Francisco seniors would benefit from increased access to personal support and home modification services that enable independence.*

- **Legislative Option 1:** Subsidize membership fees and service fees for low-income seniors in a San Francisco-based senior village program(s).
- **Legislative Option 2:** Provide a San Francisco-based senior village organization(s) with a General Fund subsidy to pay for member outreach to targeted demographics such as low-income and immigrant seniors.

Issue: *Some senior home providers may be hesitant to rent spare bedrooms due to potentially difficult roommates and complicated eviction laws.*

- **Legislative Option:** Amend Section 37.2 of the City's Administrative Code to exempt in-home bedrooms rented by seniors from being subject to rent control provisions that apply to "Rental Units".

Issue: *Homesharing is an inefficient approach to providing companionship and light housekeeping for seniors needing such services.*

- **Legislative Option:** As an alternative to the City and County funding or subsidizing homesharing programs, increase participation in San Francisco-based village program(s), as discussed above.

Issue: *Homesharing is an inefficient approach to providing extra income for senior homeowners.*

- **Legislative Option:** Explore options for the City and County to support a reverse mortgage consumer counseling program for seniors.

Issue: *The City's Planning Code inhibits legal development of secondary units (e.g. standalone living units that are added to an existing home) that could aid seniors wishing to age in place or community.*

- **Legislative Option:** Ease restrictions on the allowance of secondary units.

Issue: *Some San Francisco residents oppose the construction of secondary units in their neighborhoods.*

- **Legislative Option:** Require that homeowners that install secondary units must either occupy them or live in the main home.

Issue: *San Francisco's various transitional care programs are confusing and uncoordinated, which results in service gaps, overlaps, and efficiency opportunities.*

- **Legislative Option:** Analyze San Francisco's transitional care problem to improve service delivery to seniors.

Issue: *San Francisco lacks a transitional care program, like Marin County's Project Independence, that matches volunteers to isolated and frail patients that are set to be discharged from skilled care facilities – regardless of age and income.*

- **Legislative Option:** Direct the Department of Aging and Adult Services staff to conduct a feasibility study for implementing a Project Independence-like program in San Francisco.

1. INTRODUCTION

PURPOSE OF STUDY

On July 22, 2010, the Board of Supervisors directed the Budget and Legislative Analyst, by motion[1], to conduct a review of practices and resources that might enable aging adults in the City and County of San Francisco to live in their homes and communities independently. Furthermore, the Board requested the Budget and Legislative Analyst to provide: (a) demographic information about seniors in San Francisco, (b) the number of seniors on affordable housing and public housing waitlist, (c) a review of independent senior living programs and model, and (d) legislative recommendations for incentives to encourage property owners to make residential upgrades that increase accessibility and safety.

This study is a follow-up to a Legislative Analysis Report provided to the Board of Supervisors on May 24, 2010. That report provided an overview of senior housing assistance programs in San Francisco and investigated practices that might enable aging adults to live in their homes and communities independently.

Aging in place, also referred to as aging in home, refers to senior adults remaining in their residences as they age. Aging in community refers to seniors remaining in their community, but not necessarily in their same home. More details on these definitions are provided below.

STUDY SCALE AND SCOPE

The topics addressed in this report were determined through the initial motion of the Board of Supervisors authorizing this study and subsequent discussions with Board of Supervisors staff, City departments, senior advocates in San Francisco, and national issue experts. Specific areas of review listed in the motion included:

1. Collecting and summarizing demographic information about seniors in San Francisco.

2. Determining the approximate number of seniors on affordable housing and public housing waitlists in San Francisco.

3. Reviewing independent living programs and models including shared housing programs, cross-generational aging in place programs, volunteer health advocacy programs, and the non-profit retirement villages model.

4. Providing legislative recommendations for incentives that encourage property owners to make residential upgrades that increase accessibility and safety.

[1] Motion No. 100939

This report is organized around four main areas related to aging in place and community: 1) demographics, 2) in-home services, 3) housing, and 4) legislative options available to the Board of Supervisors.

1. **A Demographic Description of Seniors in San Francisco.** This section discusses senior population trends in San Francisco, describes the current senior population, and compares San Francisco's senior population to other California cities and the state as a whole.

2. **In-Home Provision of Services.** This section discusses select programs that provide services directly to seniors in their homes that facilitate aging in place. We were asked to focus on home modification programs, the senior villages model, in-home support services provided by the San Francisco Department of Aging and Adult Services, and transitional care for seniors discharged from hospital care. This section also includes a discussion of the Marin County Project Independence, which we were specifically asked to examine.

3. **Housing Options for San Francisco's Seniors.** This section discusses five elements of senior housing in San Francisco: affordable housing, homesharing, multigenerational housing, secondary units, and assisted living facilities.

4. **Legislative Options Available to the Board of Supervisors.** This section includes a list of issues discussed in the report, as well as related legislative options that would facilitate aging seniors remaining in their homes or communities. Because the thrust of this report is more explanatory than analytic, we consider these legislative efforts to be options rather than recommendations.

None of the sections in this report are meant to be considered an exhaustive discussion of their respective topics; rather, they are tailored toward the expressed interests of the Board and senior advocates. Furthermore, there are several topics impacting aging in place and community that were beyond the scope of this report. Should the Board of Supervisors consider future study of solutions to obstacles to aging in place and community, we have included suggestions for further study below.

Definitions of "Seniors"

There is not a consistent definition for what constitutes a senior or elderly individual. Different city, state, federal, and private programs vary in their definition, which may include individuals at or older than 55, 60, 62, 65, or another age. This report does not attempt to standardize a defined age across the programs and efforts we reviewed, but we highlight age designations in instances where we found a specific age definition to be important or otherwise significant.

BACKGROUND: AGING IN COMMUNITY

"Aging in Community" versus "Aging in Place or Home"

The movement to facilitate seniors living at home rather than in a nursing home has largely taken the label "aging in place." Efforts to facilitate aging in place have worked to make it more feasible for seniors to be independent and remain in their homes. Some senior advocates believe that a focus on remaining in the same home for years, or aging in place, may overlook quality of life issues, or can have unintended consequences. Some homes may not be appropriate for frail individuals, for example, due to the scale, design, or location of the home. Furthermore, efforts to foster independence have inadvertently resulted in isolating some seniors.

"Aging in community" is an idea that takes the core beliefs of aging in place – the desire to foster independent seniors who live in the home of their choice – and adds values that reflect community, including social relationships, personal and professional fulfillment, mobility, nutrition, and more. One author described the aging in community movement as "wanting more and better ways to be connected to the things that matter. It means being able to walk to some key destinations and access public transit to get to others, for example."[2] This definition creates a wider array of housing options for seniors, while raising the bar for what is required to secure a positive outcome.

The idea of "aging in community" may mean different things to different individuals and regions. However, one researcher, having reviewed efforts around the country, concluded that there are basic common values driving the aging in community movement: "The vast majority of seniors do want to stay put, no matter where they live; the built environment provides major challenges; grass roots creativity may be the road to the future."

Defining the "community" in "aging in community" is subjective. However, the Visiting Nurse Service of New York's Center for Home Care Policy and Research identified four domains of a senior-friendly community.

1. Address Basic Needs (shelter, safety, nutrition, education)

2. Optimize Physical and Mental Health and Well Being (healthy behavior, community activities, access to medical and preventative health services)

3. Promote Social and Civic Engagement (meaningful relationships, active engagement in community life, meaningful paid and voluntary work, community priority for senior issues)

4. Maximize Independence for Frail and Disabled

[2] Arthur C. Nelson. "The Next Wave" *Generations*. Winter 2009-2010.

This report is predominantly concerned with efforts to address basic needs, with an emphasis on shelter, and maximizing independence and on services that make existing homes safe and livable. Other components of these four domains may provide guidance for additional areas for study beyond the scope of this report. Some suggestions are discussed at the end of this section.

Efforts to Facilitate Aging in Community

San Francisco has a number of oft-overlapping programs aimed at different populations of seniors in the City. These programs are administered by both public and private entities, as well as public-private partnerships. The Center for Advanced Study of Aging Services at the University of California, Berkeley surveyed 121 aging in community programs to identify commonalities. Their findings, which are summarized in Figure 1.1 below, are helpful in understanding different types of programs in San Francisco.

Figure 1.1

Five Distinct Types of Aging in Community Initiatives

1. **Community planning models**, which strive to create a data-based approach to program development and are typically sponsored by local governmental agencies and nonprofit organizations, with limited consumer involvement;

2. **System change models**, which strive to raise public awareness and create innovative collaborations, and typically are sponsored by local government agencies with support from private philanthropies, with somewhat greater consumer involvement;

3. **Residence-based services**, which strive to enhance services for older adults living in senior housing and other concentrated geographic locations, and typically are sponsored by non-profit organizations with federal and state support, with consumers involved primarily as service users;

4. **Consumer networks**, which strive to promote neighborhood-based peer support, and typically are sponsored by grassroots membership associations with limited external support, involving consumers in every aspect of initiative development, governance, and service provision;

5. **Individually-based services**, which strive to meet specific needs of individual elders, and typically are supported with private philanthropic grants, with limited consumer involvement.

Source: "Center for Advanced Study of Aging Services Compiles Critical Information on Aging Initiatives." School of Social Welfare, University of California, Berkeley.

This report considers examples of each of these five initiative types: community planning models (e.g., demographics discussion), system change models (e.g., cohousing, homesharing), residence-based services (e.g., affordable housing efforts), consumer networks (e.g., senior villages), and individually-based services (e.g., in-home support services).

Challenges to Aging in Community San Francisco

As is noted in Section 2: *A Demographic Description of Seniors in San Francisco*, the real and relative number of seniors in San Francisco is expected to grow rapidly in the coming decades. The 2009 report, *Living with Dignity in San Francisco,* prepared by the Long Term Care Coordinating Council, Department of Aging and Adult Services, and the City and County of San Francisco, noted,

> San Francisco has some of the most creative and effective community-based long term care programs in the country. But the City does not yet have: (1) a well coordinated network of home, community-based and institutional long term care services; and (2) fully-developed mechanisms to expand the needed home and community-based services as the consumer population grows.
>
> San Francisco's long term care programs and services do not consistently operate as a well-coordinated network. There continue to be service gaps, duplication of services, and fragmentation of providers. Service providers often deliver uncoordinated health, medical, social, and support services that are not organized from a consumer perspective.
>
> […] San Francisco also has a significant population of older adults and adults with disabilities who have moderate incomes and/or assets that can entirely prevent access to certain community-based services when those incomes or assets are above the limits allowable under publicly-funded programs. These people have very few options for services and support to remain living in the community.[3]

Although this report is not meant to be a critique of the City's existing efforts, we believe these reported shortcomings are important to consider at the onset of the report.

AREAS FOR FURTHER STUDY

As is noted above, there are several topics affecting San Francisco residents' ability to age in community that are beyond the scope of this report. Should the Board of Supervisors consider future study of solutions to obstacles to aging in place and community, we have included recommendations for further study below.

Mobility and Accessibility

Efforts to facilitate seniors' independence can result in unintended isolation. Critical to aging in community is seniors' ability to travel beyond their home to meet their physical, social, and spiritual needs. The City's 2009 *Living with Dignity Strategic Plan*, noted "Safe, accessible, and reliable transportation services are … essential to help them to remain active and mobile." The built environment where a senior lives can help or hinder that person's mobility. The design of a neighborhood's sidewalks, curbs, and cross walks can help or hinder senior mobility. Furthermore, transportation services, including public transit and paratransit services, play a role

[3] *Living with Dignity in San Francisco.* Long Term Care Coordinating Council, San Francisco Department of Aging and Adult Services. December 2009, page 7.

in preventing isolation and ensuring continuity of care. Transportation needs to be safe, reliable, and affordable in order to be practical.

Although the scope of this study does not include mobility and accessibility issues related to Francisco's aging in community efforts, they are important considerations for future study. Experts outside of San Francisco noted the advantage that seniors living in cities like San Francisco that have robust transit options have over less-developed cities, as well as suburban and rural areas. Further study could consider seniors' mobility and satisfaction with transit, paratransit, and other transportation options.

Access to Shopping and Nutrition

Some San Francisco seniors have limited access to shopping for groceries, pharmaceuticals, and other necessities by virtue of their neighborhood, transit access, or home design. Furthermore, access to groceries or eateries does not guarantee that seniors are receiving proper nutrition; affordability and cooking ability may impact the nutrition and health outcomes of some seniors. Further study would be needed to identify the degree to which San Francisco seniors are isolated from shopping opportunities, and the impact on their social and physical well-being. Such study might also evaluate the successes and challenges of nutrition programs such as Meals on Wheels.

Social Outlets, Volunteering, and Work Opportunities

Several of the proposals discussed in this report involve the co-benefits of housing designs that create and foster social interactions and companionship. Access to and availability of social opportunities can have a profound impact on the social and physical well-being of seniors, and is directly related to aging in community. Additional research might consider social and companionship programs and opportunities.

For many seniors, aging in community includes devoting time to professional or volunteer pursuits. The availability of work and volunteer opportunities to seniors can greatly impact their social, spiritual, and economic well-being. Additional research might consider the opportunities and programs available to seniors in San Francisco, and the satisfaction San Francisco seniors have with these opportunities.

Reverse Mortgage Programs, Education, and Monitoring

For seniors who own their own homes, some aging in community leaders consider reverse mortgages to be a good source of income and revenue for home improvements. From the handbook, *Forming Home Modification Coalitions,* "A reverse mortgage is a special type of home loan that enables homeowners 62 years of age or older to withdraw some of the equity in their homes. Unlike a traditional home equity loan or second mortgage, no repayment is required until the homeowners no longer use the house as their primary residence. HUD's Federal Housing Administration (FHA) created one of the first reverse mortgages, the Home Equity

Conversion Mortgage (HECM). Many seniors use it to make home repairs and modifications, to supplement social security income, to pay for medical expenses and more."[4]

At least one senior housing advocacy organization noted that while a reverse mortgage may be preferred by some seniors over, for example, homesharing, reverse mortgages may be actively opposed by the seniors' heirs, who are opposed to the drawing down of the seniors' home equity.

Unintended Impacts of Rent Control and Proposition 13 on Seniors

San Francisco's rent control regulations and California's Property Tax limits enacted by Proposition 13 can greatly color the options faced by San Franciscans planning to age in community. Each set of regulations may dissuade individuals from moving into a home that may be more suitable to their physical and social needs or limitations. Individuals in rent-controlled homes may be afraid to request improvements from their landlords. Alternatively, they may find themselves unable to afford the transition to a more suitable home that is market rate.

Similarly, elderly homeowners may find that there is a significant cost of living increase in moving out of a home that has a baseline property tax assessment from years or decades ago and into a new home or facility that may be more suitable to their physical or social needs and preferences but, as a new purchase, is subject to a property tax assessment based on the current market value of the property.

Additional research into the negative impacts of Rent Control and Proposition 13 on seniors wanting to age in community would be needed to adequately identify the extent of the problem, as well as identify possible solutions.

Technologies Facilitating Aging in Place

Some housing experts believe that technology has an increasingly important and valuable role in assisting seniors wishing to age in place. Existing technologies can dramatically increase the ability for people with disabilities to live with considerably less human assistance. In San Francisco, with its large percentage of people living alone, making it easier for people to care for themselves or each other could be preferable to some seniors compared to other options such as creating shared housing experiences.[5]

Examples of technologies that can make seniors' lives easier or safer include stoves with automatic gas/burner turnoff, shoes that show how and where people lose their balance, blood pressure sensors and special sensors, pill monitors, and more. Future study could consider these existing technologies as well as the City's potential role in facilitating the dissemination and use of the technologies.[6]

[4]Deborah McCarty and Philip B. Stafford. *How to Develop a Home Modification Initiative: A Community Guidebook.* Indiana University, 2010, page 13.
[5]Discussion with Andrew Scharlach, University of California, Berkeley. August 31, 2010.
[6]*Ibid.*

ACKNOWLEDGMENT

This report would not have been possible without the time and assistance of a number of individuals. In particular, we express our sincere gratitude to all the City employees, senior advocates and thought leaders, housing experts, and others whose information and ideas were invaluable to our study.

2. A DEMOGRAPHIC DESCRIPTION OF SENIORS IN SAN FRANCISCO

Summary

As of 2008, an estimated 160,169 seniors, defined as those 60 and over, lived in San Francisco, or approximately 20 percent of the City's population of 798,196. Of this senior population, an estimated 153,150 lived in owned or rented residences, with the balance living in institutions such as skilled nursing facilities.

The average household income for San Francisco seniors residing in owned or rented residences is $61,162. Census data shoes the highest concentrations of seniors live in Chinatown, Russian Hill and Polk Gulch, West Portal/St. Francis Woods, South of Market, Western Addition, Sea Cliff, and Lakeside. The most commonly spoken languages among seniors are English (42 percent), followed by Chinese dialects (27 percent), and Spanish (9.6 percent), which is a similar breakdown as for all other age groups of the City.

San Francisco has a higher concentration of seniors than the state or country, and their population is anticipated to increase in coming years. As of the last measure, San Francisco's seniors made up a higher proportion of the City's population (19 percent) than seniors did statewide or nationally (14 percent and 16.5 percent, respectively). Furthermore, the California Department of Finance anticipates the number of seniors in San Francisco will increase to 250,720 by 2030, an increase of 56.5 percent over the 2008 estimate.

CURRENT SENIOR POPULATION

U.S. Census data indicated that in 2000, San Francisco's 136,369 seniors made up a higher proportion of the City's population (18 percent) than seniors did statewide or nationally (14 percent and 16.5 percent, respectively).[1] The 2008 U.S. Mid-Census, which is the most recent estimate, reported that San Francisco's senior population had grown to 160,169, or approximately 20 percent of the city's population.[2] Of this population, the Budget and Legislative Analyst estimates 153,319 were living in owned or rented residences.[3] Figures 2.1 and 2.2 below show the estimated total and percent change in senior population in San Francisco between 2000 and 2008. The data reveals that the senior population has steadily grown in recent years.

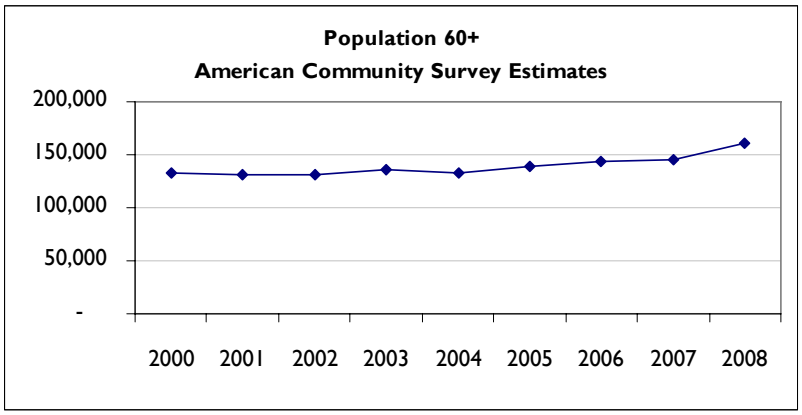
[1] *Community Needs Assessment, September 2006*, San Francisco Department of Aging and Adult Services, page 7.

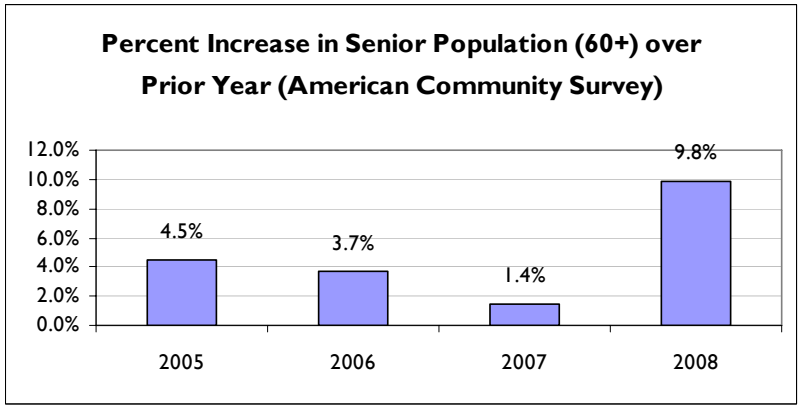
[2] American Community Survey (ACS) estimates provided by the San Francisco Human Services Agency. The Census defines "senior" as adults age 60 and over, and ACS figures are based on a sample, and are therefore estimates.

[3] This number is an approximation based on the number of seniors living in San Francisco in 2008 (approximately 160,169) minus the number of seniors living in assisted living facilities in 2006 (approximately 6,850 according to data provided in the 2006 Needs Assessment issued by the San Francisco Department of Aging and Adult Services) = 153,319.

Figures 2.1 and 2.2

Population 60+ in San Francisco: 2000-2008
Percent Increase in Population 60+: 2005-2008





Source: American Community Survey Estimates published by the U.S. Census Bureau [4]

FUTURE SENIOR POPULATION

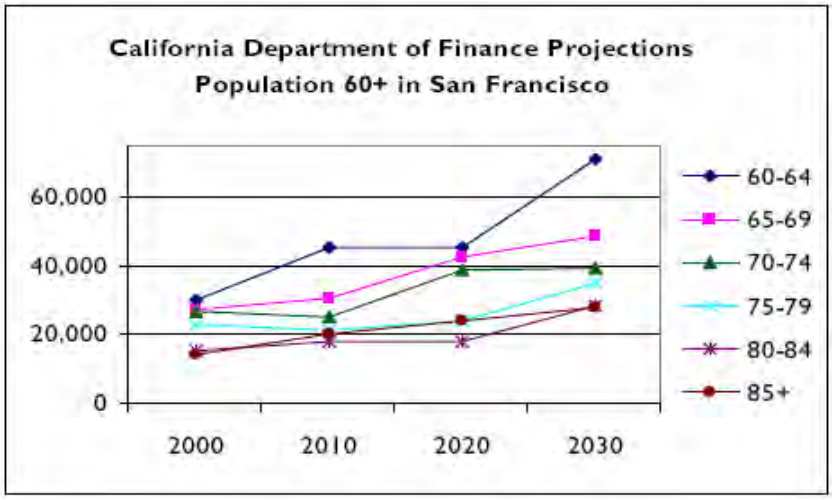
The aging of the Baby Boom generation (adults born between 1946 and 1964) is likely to cause an increase in the future senior population in San Francisco. As previously noted, according to California Department of Finance projections reported by the California Department of Aging and Adults, the number of seniors in San Francisco is projected to increase to 250,720 by 2030, an increase of 56.5 percent from the U.S. Census 2008 estimate of 160,169 seniors.[5] Figure 2.3 illustrates this growth, by age group.

[4]ACS issued by the US Census collects demographic, social, economic and housing information every year. ACS publishes estimates for geographic areas with a population of 65,000 or more. Source: US Census Bureau website, Reviewed 5/17/10: http://www.census.gov/acs/www/SBasics/What/What1.htm

[5] State of California, Department of Finance, Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity, Sacramento, California, July 2007.

Figure 2.3

Projected Population 60+ in San Francisco, by Age Segment: 2000-2030



Source*:* San Francisco Department of Aging and Adult Services

DESCRIBING SAN FRANCISCO'S SENIOR POPULATION

Senior Income Level

Based on data from the 2008 U.S. Mid-Census estimate, average household income for San Francisco households where the householder[6] is age 65 or older is $61,162.[7] Table 2.4, below, shows the average household income of different householder age groups.

Table 2.4

Average San Francisco Household Income by Age: 2006-2008 Average

Household Age	Annual Income
Householder under 25 years	$50,335
Householder 25 to 44 years	$125,177
Householder 45 to 64 years	$108,705
Householder 65 years and over	$61,161

Source: San Francisco Human Services Agency using 2006-2008 American Community Survey data

[6] According to the U.S. Census, householder refers to the person (or one of the people) in whose name the housing unit is owned or rented (maintained) or, if there is no such person, any adult member, excluding roomers, boarders, or paid employees. If the house is owned or rented jointly by a married couple, the householder may be either the husband or the wife. The person designated as the householder is the "reference person" to whom the relationship of all other household members, if any, is recorded.

[7] American Community Survey (ACS) estimates provided by the San Francisco Human Services Agency. ACS figures are based on a sample that includes both home owners and renters.

Households where the householders are seniors have significantly lower incomes than do the majority of other households in San Francisco in which the age of householder is between 25 and 64. Table 2.5 and Figure 2.6 below, which show the range of incomes reported by people of different ages in San Francisco, illustrate that over 50 percent of households with a householder 65 years old or older reported incomes below $35,000. In comparison, only 25 percent of households with a householder age 45 to 64 reported incomes below $35,000.

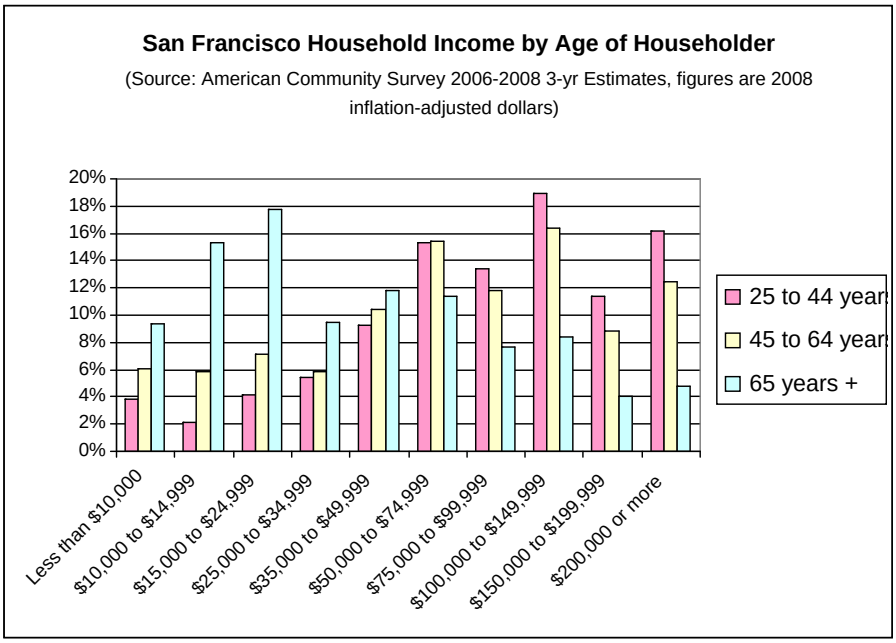
Table 2.5

San Francisco Household Income by Age: 2006-2008 Average

	Age of Householder (#)				Age of Householder (%)				
Annual Income	**Under 25 years**	**25 to 44 years**	**45 to 64 years**	**65 years +**	**Under 25 years**	**25 to 44 years**	**45 to 64 years**	**65 years +**	
Less than $10,000	2,208	5,321	6,768	6,098	23%	4%	6%	9%	
$10,000 to $14,999	417	2,869	6,453	9,973	4	2	6	15	51%
$15,000 to $24,999	962	5,697	7,888	11,551	10	4	7	18	
$25,000 to $34,999	904	7,424	6,485	6,167	9	5	6	9	
$35,000 to $49,999	1,170	12,703	11,543	7,677	12	9	10	12	
$50,000 to $74,999	1,566	20,997	17,104	7,403	16	15	15	11	24%
$75,000 to $99,999	799	18,454	13,087	4,966	8	13	12	8	
$100,000 to $149,999	1,054	25,963	18,245	5,438	11	19	16	8	
$150,000 to $199,999	256	15,552	9,858	2,649	3	11	9	4	25%
$200,000 or more	186	22,256	13,819	3,098	2	16	12	5	
TOTAL	**9,522**	**137,236**	**111,250**	**65,020**					

Source: San Francisco Human Services Agency using 2006-2008 American Community Survey data

Figure 2.6
San Francisco Household Income by Age of Householder



Source: San Francisco Human Services Agency using 2006-2008 American Community Survey data

According to the Mayor's Office of Housing (MOH), San Francisco is among the highest-cost housing markets in the nation, and a large proportion of residents pay over 30 percent of their income on rent. MOH also reports that market rents in San Francisco impose a severe cost burden on low-income renters, including the many seniors classified as low income as presented in Table 2.5 .[8]

Table 2.7, below, shows the percentage of income spent on housing costs for homeowners and renters in San Francisco as a percentage of income, by age group. Similar numbers of seniors report being the head of a homeowner household (33,064) as a rented household (31,956). Renter households headed by seniors are significantly more likely than all other groups, except 15 to 24 year-olds, to spend 30 percent or more of their income on rent. The reverse appears to be true for homeowners.[9] Figures 2.8 and 2.9 present this information graphically.

[8] *City and County of San Francisco Consolidated Plan: 2010-2014*, page 2.
[9] San Francisco Human Services Agency using ACS estimates. Figures are based on a sample, and are therefore estimates.

Table 2.7

Age of Householder by Monthly Housing Costs as a Percentage of Household Income in San Francisco

	Age of Householder (#)				Age of Householder (%)			
Percent of monthly income expended on housing	**15 to 24 years**	**25 to 34 years**	**35 to 64 years**	**65 years +**	**Under 25 years**	**25 to 44 years**	**45 to 64 years**	**65 years +**
Homeowners								
Less than 30%	154	4,537	47,316	22,321	35%	53%	57%	68%
30% or more	248	3,949	36,014	10,555	56%	46%	43%	32%
Not computed	40	12	399	188	9%	0%	0%	1%
Total	**442**	**8,498**	**83,729**	**33,064**				
Renters								
Less than 30%	2,919	29,046	64,209	12,431	32%	65%	58%	39%
30% or more	5,040	14,471	42,435	18,268	56%	32%	38%	57%
Not computed	1,121	1,411	4,687	1,257	12%	3%	4%	4%
Total	**9,080**	**44,928**	**111,331**	**31,956**				

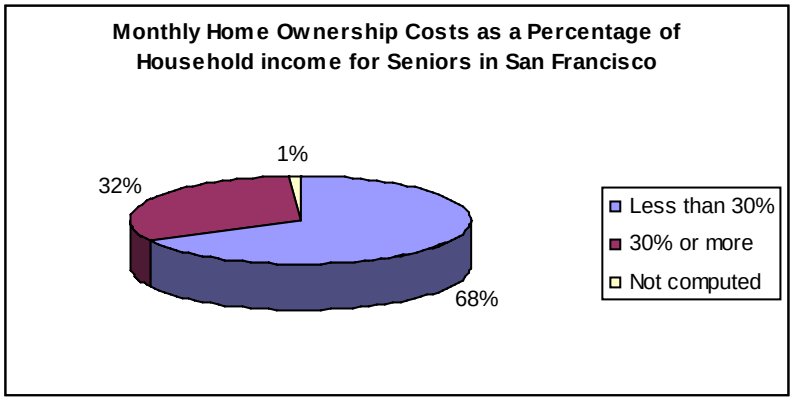
Data Source: 2006-2008 American Community Survey 3-Year Estimates

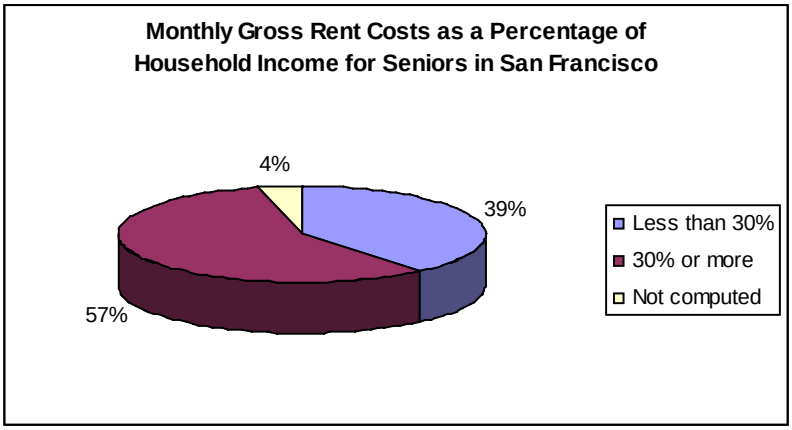
According to MOH, as of 2009, over half (52 percent) of the City's seniors were homeowners. Many of these homeowners bought their home decades ago, and now own them outright. As a result, senior homeowners are somewhat shielded from high housing costs. However, the MOH reports that, (a) San Francisco baby boomers (adults born between 1946 and 1964) are less likely to own their homes than are baby boomers nationally or statewide; (b) younger baby boomers are less likely than older baby boomers to own their homes, and; (c) both groups are less likely to own their homes than seniors age 65 or older.[10]

[10] *City and County of San Francisco Consolidated Plan: 2010-2014*, page 115.

Figures 2.8 and 2.9

Senior Home Ownership Costs as a Percentage of Household Income



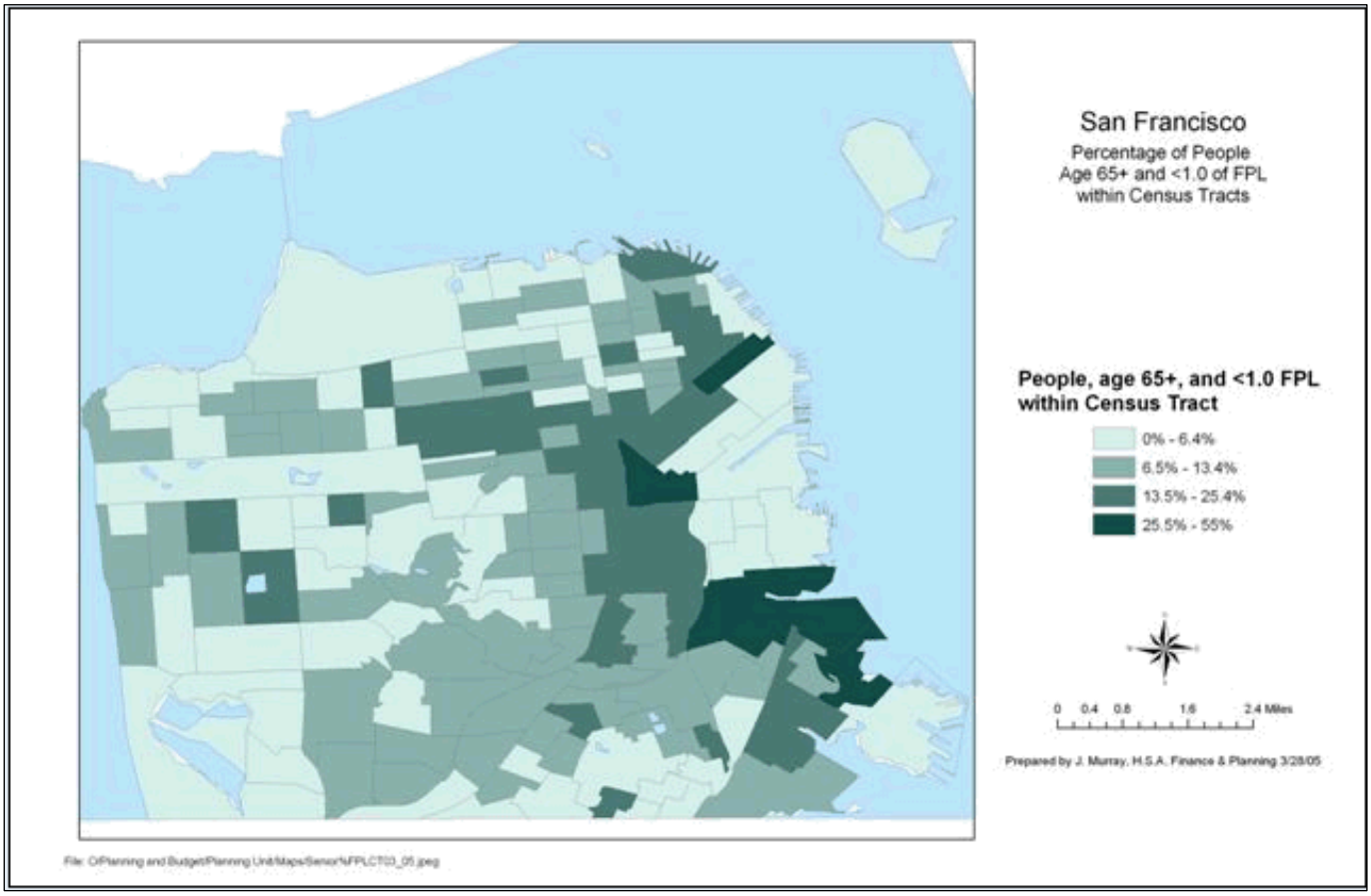


Data Source: 2006-2008 American Community Survey 3-Year Estimates

Seniors and Residential Neighborhood

The Figure 2.10 map shows that the highest concentrations of seniors live in Chinatown, Russian Hill and Polk Gulch, West Portal/St. Francis Woods, South of Market, Western Addition, Seacliff, and Lakeside. Because the American Community Survey does not report demographic data by neighborhood, the most recent data on senior population by neighborhood comes from the 2000 Census. New data will become available when the 2010 Census results are released.

Figure 2.10
San Francisco Senior Population by Neighborhood



Source: San Francisco Department of Aging and Adult Services, 2006.

Senior Languages

Mid-Census data published in 2008 shows the range of languages reported spoken by seniors in San Francisco. Table 2.11 illustrates that the most commonly spoken languages among seniors in San Francisco are English (42 percent), followed by Chinese dialects (27 percent). As shown in Figure 2.12 below, estimates indicate that approximately 30,000, or 28 percent, of San Francisco seniors speak English "not well" or "not at all".

Table 2.11

Languages Spoken by San Francisco Seniors (Age 65+)

Language	Number	Percent
English	51,252	42.3
Chinese	33,374	27.5
Spanish	11,681	9.6
Filipino, Tagalog	6,350	5.2
Russian	5,812	4.8
Italian	1,958	1.6
Vietnamese	1,721	1.4
Burmese, Lisu, Lolo	1,644	1.4
Japanese	985	0.8
Arabic	792	0.7
Korean	770	0.6
Miconesian, Polynesian	747	0.6
Hindi and Related	513	0.4
German	407	0.3
French	417	0.3
Polish	357	0.3
Other East/Southeast Asian	350	0.3
Greek	301	0.3
Celtic	249	0.2
Lithuanian	245	0.2
Other Malayan	245	0.2
Dutch	232	0.2
Yiddish, Jewish	123	0.1
Serbo-Croatian, Yugoslavian, Slovenian	116	0.1
Other specified American Indian language	121	0.1
Swedish	104	0.1
Hebrew, Israeli	104	0.1
Armenian	97	0.1
Magyar, Hungarian	96	0.1
TOTAL	**121,163***	**100.0**

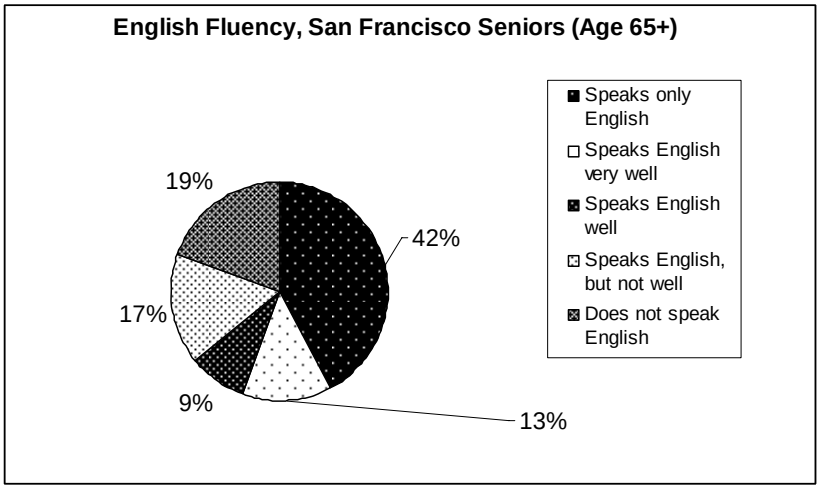
* Because the information on languages spoken by San Francisco seniors was obtained in mid-Census surveys, the total does not match the total number of seniors that currently reside in San Francisco.
Source: 2006-2008 American Community Survey 3-Year Estimates

Senior Race and Ethnicity

The majority of San Francisco seniors (57 percent) are non-White, followed by 27 percent of seniors characterized as Asian/ Pacific Islander. As shown in Figure 2.13, below, White and Asian/ Pacific Islanders together constitute 81 percent of seniors in San Francisco.

Figure 2.12

English Language Fluency Among San Francisco Seniors

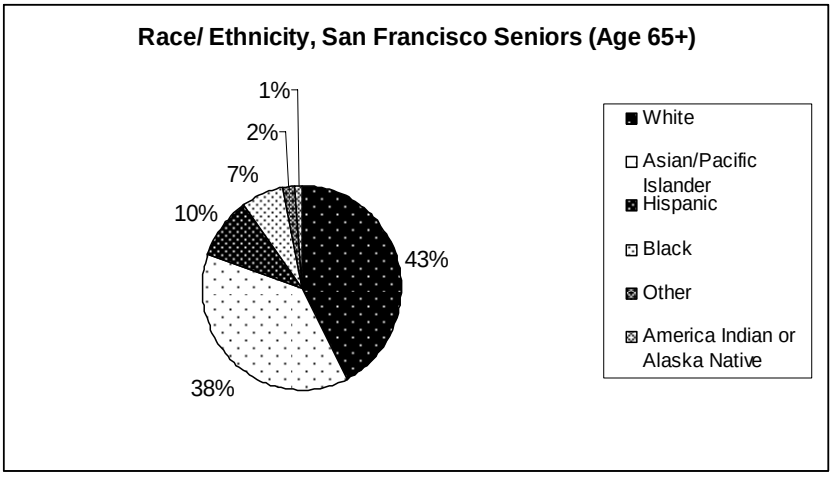


Data Source: 2006-2008 American Community Survey 3-Year Estimates

The 2008 mid-Census data shows a consistency between languages spoken by seniors in San Francisco and race/ethnicity. Specifically, 38 percent of seniors are characterized as Asian/ Pacific Islander, and over one quarter of seniors speak an Asian dialect. Ten percent of seniors are characterized as Hispanic, and 9.6 percent of senior speak Spanish.

Figure 2.13

Race/Ethnicity of San Francisco Seniors



Data Source: 2006-2008 American Community Survey 3-Year Estimates.

COMPARING SAN FRANCISCO'S SENIOR POPULATION

According to 2000 U.S. Census Bureau data, seniors, defined as adults at least 60 years of age, made up a slightly higher proportion of San Francisco's population (17.6%) than they did statewide or nationally (14% and 16.5%). San Francisco's senior population is also tremendously more diverse. As discussed above, the majority (57%) of San Francisco's seniors are non-White, compared to only 30 percent statewide.[11]

Mid-Census estimates illustrated in Table 2.14, below, correspond with data trends reported in the 2000 Census. San Francisco continues to have a significantly higher percentage of seniors, as compared to neighboring counties of Alameda, Contra Costa, and San Mateo, and as compared to California cities including Los Angeles, Oakland, Sacramento, San Diego and San Jose. As shown in Table 2.14, San Francisco's percentage of residents over 60 comprises 19 percent of the population, compared to a median of 15 percent for all of the other jurisdictions. Residents over 65 in San Francisco comprise 15 percent of the population versus a median of 11 percent in the comparison jurisdictions.

Table 2.14

2006-2008 Average Senior Population in Major California Cities and Bay Area Counties

		Age 60+	Age 65+	Total	% 60+	% 65+
Counties	**Alameda**	225,324	157,212	1,457,169	15	11
	Contra Costa	173,261	120,658	1,016,696	17	12
	San Mateo	130,106	93,154	703,730	18	13
Cities	**Los Angeles**	531,963	385,014	3,749,058	14	10
	Oakland	57,078	39,905	362,342	16	11
	Sacramento	66,297	48,776	446,530	15	11
	San Diego	180,056	131,817	1,251,184	14	11
	San Jose	125,002	86,787	905,180	14	10
Median: other jurisdictions					**15%**	**11%**
	San Francisco	155,211	116,777	798,176	19%	15%

Source: American Community Survey 2006-2008 3-Year Estimates

[11] *City and County of San Francisco Consolidated Plan: 2010-2014*, page 56.

3. IN-HOME PROVISION OF SERVICES

Summary

According to researchers and senior organizations, many seniors want to live in their own homes. For individuals who own or rent a home, their needs will change over time: seniors may need to alter their physical space; home delivery of services may become preferable or necessary; assistance may be needed with household chores. For individuals being discharged from a clinical setting – or hoping to avoid temporary or permanent institutionalization – some clinical services may need to be replicated at home.

San Francisco seniors have access to a number of public and private programs to facilitate living at home, including a number of programs that provide or otherwise facilitate home modifications that help prevent falls and other accidents. The City's Department of Aging and Adult Services (DAAS) helps match seniors to in-home supportive services. SF Village and North East Exchange Team of San Francisco (NEXT SF) are two senior village programs in San Francisco based on the model of privately provided services that provides participant choice. Lastly, transitional care programs help seniors exiting a clinical facility that need help readjusting to a community setting. Each of these programs aims to help seniors live at home and in their community, while also helping to avoid or forestall living in a clinical setting.

HOME MODIFICATION EFFORTS

According to the Department of Aging and Adult Services of the City and County of San Francisco (DAAS), ninety-six percent of San Francisco seniors live in their own residences, as either renters or owners. Given that most City residences were built more than 40 years ago, some senior advocates believe that many of the City's senior housing units do not meet safety standards required of newer developments and most likely have not been modified to address the most common senior mobility and safety issues. While some homeowners and landlords have undoubtedly installed equipment designed to allow seniors to remain independent, the cost of doing so may be a barrier for other property owners. Seniors living in rental units may be hesitant to ask their landlords to make safety or mobility modifications for fear of losing their apartment or rent control.

The City currently funds home modification assistance in two forms: 1) interest-free loans to home owners for home modifications; and 2) no-cost building modification services such as installing grab-bars and improving lighting for homeowners and renters. However, due to funding and other constraints, these programs only serve a small number of San Francisco seniors.

Key Housing Safety and Mobility Issues

According to the California Department of Aging, three areas in older homes typically present barriers to safety and independence for seniors: (1) steps and doors in and out of the home, (2) stairs inside the home, and (3) the bathroom. Modifications that improve accessibility can be as

simple as installing grab bars, hand-held showerheads, lever door handles, or improving lighting. More complex modifications may include widening doorways to accommodate wheelchairs and other assistive devices, lowering counter tops, or installing ramps or elevators.[1] The California Department of Aging publishes a Home Modification Fact Sheet, which offers an overview of home modifications and suggestions for increasing accessibility (see Appendix I of this report).

San Francisco's DAAS reports that safety and accessibility issues are a concern for San Francisco seniors, most of whom have resided in older apartments and housing units for many years. Some of the key findings in the DAAS Community Needs Assessment were:

- Approximately 96 percent of seniors live in a home that they rent or won.
- Approximately 44 percent of San Francisco seniors are homeowners, and the majority purchased and moved into their homes before 1970.
- Over 90 percent of senior renters are long-term residents in buildings subject to rent control.
- 75 percent of the housing units in San Francisco were built prior to 1960, and the first federal accessibility requirements for publicly funded buildings were not passed until the 1968 Architectural Barriers Act.[2]

The impact of aged housing infrastructure for seniors may be most pronounced in Chinatown, where most housing was built in the early 1900s for single laborers. This housing has since become Single Room Occupancy hotels (SROs) inhabited by seniors and families. According to the DAAS Needs Assessment, SRO buildings have largely not been modified over the past century. Only nine of the 297 SROs in Chinatown (3 percent) have elevators and many reportedly have narrow, uneven staircases.[3]

Some landlords may not have the ability or willingness to make modifications to their rental properties for purposes of enabling seniors to remain in their homes, given the costs associated with the modifications. Senior advocates advised that many seniors living in apartments subject to rent control are fearful of losing their apartments and inexpensive rents and therefore may be unwilling to contact landlords with accessibility complaints or modification requests.

[1]The California Department of Aging, Office of External Affairs, "Home Modification Fact Sheet" (see Appendix I).
[2] *2006 Community Needs Assessment*, page 21.
[3]*Ibid*, page 21.

Existing Home Modification Programs

Table 3.1 describes public assistance programs that offer home modification services in San Francisco. As summarized in the table and as detailed in the descriptions below, these programs serve a small number of seniors relative to the total senior population.

Table 3.1

Home Modification Programs in San Francisco

Program	Funding	Goal	Type of Assistance	Target Population	Income Requirement	Seniors Served
CalHome Program	State grant	Help homeowners address costly maintenance and accessibility issues.	Loans with 3% interest, for up to $50,000.	Low-Income homeowners request services through the MOH. Services available on a first come first serve basis,	Less than 80% of the State's area median income.	Estimated 2-3 seniors request services per year.
Rebuilding Together Home (Safety and Independence Program)	Public and private grants and contracts, including a contract with SFDPH paid for through the General Fund.	Increase home safety and accessibility.	Performs small repairs and modifications including secure handrails, bathroom equipment, smoke detectors.	Low-Income elderly and disabled homeowners and renters are referred through senior services programs that include CHIPPS.	Less than 100% of median income.	Approx 135-157 senior residences annually.
Community and Home Injury Prevention Project for Seniors (CHIPPS)	General Fund	Prevent injuries in the home.	Workshops to increase awareness, small repairs, modifications, completed through contracts with Rebuilding Together.	Owners and renters 65 years and older. CHIPPS conducts outreach to locate seniors in need of modification services.	None.	100 home assessments annually, all seniors.
Community Living Fund (CLF): Institute on Aging	General Fund	Increase in-home safety for adults with functional impairments or medical conditions at risk of institutionalization.	Funding may support the purchase of equipment and modifications completed by private contractors.	Seniors and adults with functional impairments or medical conditions who need assistance to avoid institutionalization, typically referred by CLF case managers.	Annual income up to 300% of federal poverty level.	77 requests for home modifications per year; program does not track age of clients.

Sources: San Francisco Department of Aging and Adult Services, San Francisco Mayor's Office of Housing, ReBuilding Together San Francisco

CalHome

The CalHome Program assists low-income homeowners in San Francisco by offering low interest loans to: 1) address code deficiencies, health and safety hazards, and deferred maintenance; 2) meet housing standards; 3) remediate lead based paint hazards; and 4) provide accessibility modifications.[4] CalHome is operated by the Mayor's Office of Housing (MOH) with State funding last awarded approximately three years ago by the California Department of Housing and Community Development.[5,6] Assessment, repair, and modification services are provided by MOH staff. According to the MOH, a typical CalHome service request involves a range of maintenance issues not limited to home modifications, and only two or three seniors per year call MOH solely requesting home modification services that address safety or accessibility.

Rebuilding Together San Francisco

Rebuilding Together San Francisco is a non-profit organization that, through its Rebuilding Together Home-Safety and Independence Program operates the most comprehensive local program to offer assistance to seniors with in-home modifications such as installation of bathroom safety equipment, smoke detectors, handrails and other safety items. This non-profit organization accepts applications both directly from seniors and through its contracts with the Community and Home Injury Prevention Project for Seniors program (CHIPPS) described below, community based organizations, and local hospitals and clinics. Rebuilding Together staff, including Certified Aging in Place Specialists,[7] perform modifications for approximately 150 to 175 housing units per year, of which an estimated 135 to 157, or 90 percent, are occupied by seniors. Rebuilding Together San Francisco maintains a waitlist of seniors for its services. Program management advises that Rebuilding Together San Francisco does not have sufficient funding to complete more home modifications than specified in current contracts.

Community and Home Injury Prevention Project for Seniors (CHIPPS)

Since 2005 CHIPPS has received funding from the Department of Public Health (DPH) to pay for staff and a service contract with Rebuilding Together San Francisco.[8] CHIPPS' goal is to "create awareness that many injuries to older people can be prevented; develop simple ways to recognize and correct injury hazards; and provide resources and information to public health professionals and the public."[9] Due to Department budget cuts, over the past two years, CHIPPS has experienced program reductions that have resulted in a decrease in funding for staffing.

[4]San Francisco Mayor's Office of Housing, "CalHome Program." Reviewed May 5, 2010: http://www.sfgov.org/site/moh_page.asp?id=67270

[5]According to the San Francisco Mayor's Office of Housing, the State recently announced the availability of new CalHome funding and San Francisco is in the process of applying for these funds.

[6] San Francisco Mayor's Office of Housing, "Community Housing Rehabilitation Program CHRP." Reviewed April 23, 2010: http://www.sfgov.org/site/moh_page.asp?id=67266

[7] Certified Aging in Place Specialists receive training in technical, business management, and customer service skills associated with home modifications for the aging in place: Source National Association of Home Builders, "Certified Aging in Place Specialist" Reviewed May 7, 2010: http://www.nahb.org/category.aspx?sectionID=686.

[8] *Community Needs Assessment*, page 23.

[9] San Francisco Department of Public Health, "Community and Home Injury Prevention Project for Seniors CHIPPS." Reviewed May 5, 2010: http://www.sfdph.org/dph/comupg/oprograms/CHPP/Injury/CHIPPS.asp.

Currently CHIPPS funding pays for one 0.80 full-time equivalent (FTE) DPH staff person to conduct outreach and education to seniors regarding increasing in-home safety and accessibility, and to perform in-home assessments of safety for seniors. According to the DPH, CHIPPS funding also pays for an annual service contract in the amount of $45,000 to Rebuilding Together San Francisco to perform minor home modifications to prevent falls at home. DPH funding for CHIPPS staff and the contract with Rebuilding Together San Francisco comes from the General Fund. On average, modifications performed at a single residence typically range from $400 to $550 and most frequently include installation of grab bars and anti-skid bath floor mats in the bathrooms and installation of smoke detectors. CHIPPS staff does not provide direct home modification services.

Community Living Fund (CLF)

The Community Living Fund (CLF) aims to increase safety in the home for any San Francisco adults, including seniors, with a functional impairment or medical condition that requires care and needs assistance in order to either avoid moving to an institution or to leave one, and whose annual income is up to 300 percent of the federal poverty level (the current cap is $31,200).[10] DAAS appropriated $3 million dollars from their Fiscal Year 2009-10 budget for this initiative, which was used to fund a partnership with the Institute on Aging for this program. The Institute, which provides direct services to seniors, received most of the allocation and a smaller portion was retained by DAAS to pay for DAAS positions and services dedicated to Institute on Aging services. Approximately 77 individuals, or 17 percent of the 453 referred to CLF in 2009, requested home repairs or home modifications. CLF does not track the age of individuals referred for services, so it does not know how many of its referrals are related to services for seniors.

Recently Discontinued In-Home Modification Programs

Until early 2010, the Code Enforcement Rehabilitation Fund (CERF) and Community Housing Rehabilitation Program (CHRP) were available to assist low-income homeowners in San Francisco. Both programs offered low-interest loans to assist homeowners with a number of residential issues, including improving accessibility with home modification. CERF was funded by an annual allocation from the San Francisco Department of Building Inspection.[11] CHRP was operated by the Mayor's Office of Housing (MOH) and funded through an annual federal grant from the United States Department of Housing and Urban Development (HUD).[12] CERF was eliminated due to lack of funding available from the Department of Building Inspection, and CHRP was discontinued and is currently under evaluation by MOH. According to the MOH, CHRP provided services very similar to the CalHome Program, and MOH is reviewing how CHRP might expand its former service to accommodate renters.

[10]San Francisco Human Services Agency, "Community Living Fund". Reviewed May 5, 2010: http://www.sfhsa.org/388.htm.

[11]San Francisco Mayor's Office of Housing, "Code Enforcement Rehabilitation Fund- CERF." Reviewed April 23, 2010: http://www.ci.sf.ca.us/site/moh_page.asp?id=67273.

[12]San Francisco Mayor's Office of Housing, "Community Housing Rehabilitation Program CHRP." Reviewed April 23, 2010: http://www.sfgov.org/site/moh_page.asp?id=67266 .

Continuing Challenges

To the extent that the City funds senior housing, interviewed senior advocates advise that facilitating independent living in existing dwellings through home modifications can represent major cost savings for the City when compared to alternatives such as building new units or subsidizing residency in assisted care facilities. Increasing safety also prevents avoidable falls that incur insurance and medical costs.

IN-HOME SUPPORTIVE SERVICES OFFERED THROUGH SF DAAS

In FY 2009-10, the San Francisco In-Home Supportive Services (IHSS) budget, a component of the Human Services Agency budget, was $350,033,535, of which $57,205,405, or 16.3 percent, came from the San Francisco General Fund. IHSS provided personal and non-medical home care services to an estimated 17,250 San Francisco seniors in their homes in 2009.[13] The program's purpose is to help seniors remain in their homes, though its services do not include home modifications.

Functions of and Demand for In-Home Supportive Services

In-Home Supportive Services (IHSS) is a Federal (63 percent), State (21 percent), and locally funded program (16 percent) administered by the City and County under the direction of the California Department of Social Services. IHSS provides eligible low-income seniors and disabled adults of all ages non-medical personal care and other household assistance in their homes. IHSS care allows seniors and disabled persons to remain safely in their own residences and thereby avoid unnecessary and expensive hospitalization or institutionalization.

Each eligible IHSS client is allocated a specified number of monthly IHSS service hours based on a comprehensive annual needs assessment conducted by the Human Services Agency (HSA).

In 2009 in-home support services offered to an estimated 17,250 seniors included bathing, grooming, feeding, dressing or toilet assistance, cleaning, laundry, shopping, cooking, and washing dishes.[14] In addition to IHSS services, many San Francisco-based private non profits and for-profit agencies offer similar types of supportive care services. The DAAS also funds additional emergency and transitional in-home care through two community based organizations: Self Help for the Elderly and Catholic Charities.

THE SENIOR VILLAGES MODEL

The Senior Villages' Approach to Enabling Aging in Place

The retirement village model, now found in many communities across the country, is a popular model of senior services programming that can help seniors live independently in their own homes and communities. Not a physical location, senior villages are membership organizations

[13]This estimate is based on information provided by DAAS. IHSS serves approximately 23,000 individuals each year, an estimated 75 percent of whom (or 17,250) are seniors.
[14]*Community Needs Assessment*, page 60.

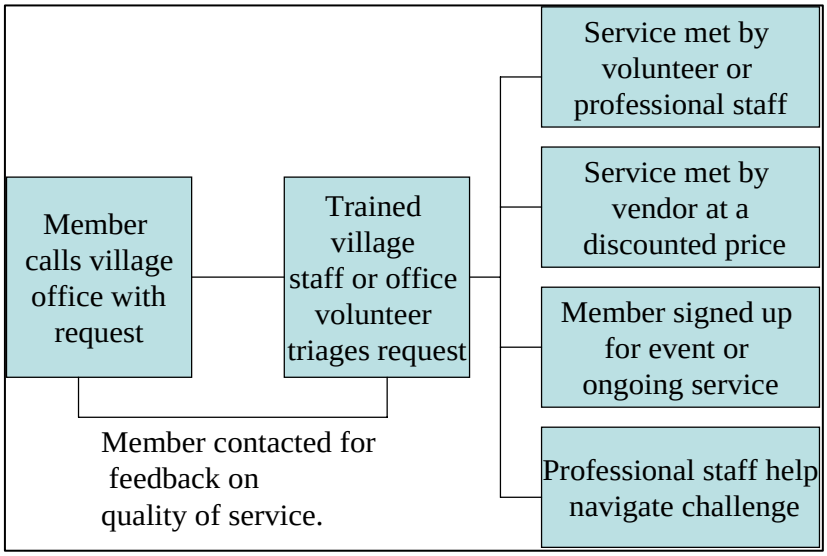
in which paid staff and volunteers coordinate the provision of a comprehensive array of services[15] and access to social programming for the members, who remain in their home or community and are required to pay regular fees for such services. Some villages also include a home modification component. Villages reflect their communities' needs and preferences through variations in design, capacity, and operation. Many older adults join these villages because of a desire to remain in their homes and live independent of family members and friends.[16]

Senior retirement village programs are typically operated by non-profit organizations that rely on membership fees, private donations and grants, and, in some cases, public funding. The village concept is not a provider model and does not have license requirements. Villages are operated either by a mix of paid staff and volunteers or solely by volunteers. Staff may provide administrative oversight, coordination, and delivery of services. Volunteers are typically a critical component of the village concept and may assist with daily operations or deliver services such as taking a member to the doctor's office or helping with groceries.[17]

Neighborhood residents shape villages such that services and supports are provided via a consumer-driven approach. Requests for services and programming from village members determine which resources are made available through the village office. The diagram in Figure 3.2 below demonstrates how village members typically access services and resources.

Figure 3.2

Flow Chart: Village Response to Member Requests



Source: California Healthcare Foundation. *There's No Place Like Home: Models of Supportive Communities for Elders*, December 2009.

[15] Some village programs informally refer to the service provision component of membership as "concierge" services.

[16] Jean Accius. *The Village: A Growing Option for Aging in Place*. American Association for Retired Persons and Public Policy Institute, March 2010.

[17] *Ibid*.

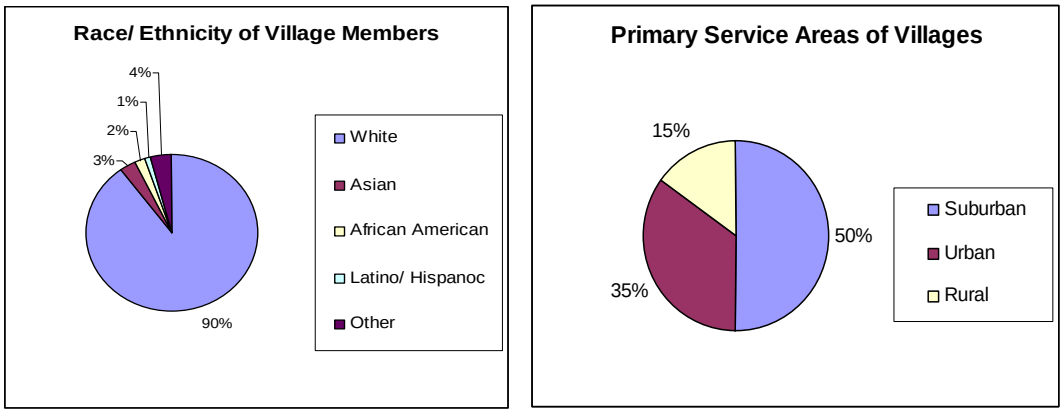
Senior Villages in the United States

Approximately 50 village models currently operate in the United States.[18] The village model is in place in several California cities and neighborhoods, including village organizations serving neighborhoods in San Francisco, Berkeley, North Oakland, Palo Alto, Marin (opening in Fall 2010), Los Angeles (opening in Fall 2010), and San Diego.

In June 2010, the Center for the Advanced Study of Aging Services at the University of California, Berkeley published a descriptive study of village programs based on input from 28 villages located throughout the United States. According to the report, villages' memberships range from less than a dozen to approximately 500 members. Most members were mentally and physically able and did not need assistance on a regular basis to perform personal care or hygiene. Approximately 80 percent of village members resided in residences which they owned. As shown in Figure 3.3, the majority of villages serve seniors who live in suburban and urban locations and identify as white. Tables 3.4 and 3.5 shows membership types and costs, as well as the percentages of villages that offer discounted membership fees for low-income seniors.[19]

Figure 3.3

National Villages Demographics



Source: *Demographic Profile of Village Members*, University of California, Berkeley, 2010.

[18] Moeller, Phillip, "How to Build Your Own Retirement Village," *US News and World Report*, February 8, 2010.

[19] Andrew Scharlach et al A Demographic Profile of Village Members, Center for the Advanced Study of Aging Services, University of California, Berkeley, June 2010.

Tables 3.4 and 3.5

Village Membership Cost by Type

Annual Membership Cost (in dollars)	Mean	Lowest	Highest
Individual	$427.70	$50	$900
Household	603.5	100	1,200
Discounted	89.2	0	150

Source: *Demographic Profile of Village Members*, University of California, Berkeley, 2010.

Village Membership Income Demographics

Discounted Membership Income Cut-Off	Number of Villages (%)
Less than $30,000	4 (23.5)
$30,000 - $40,000	4 (23.5)
Greater than $40,000	3 (17.7)
Other (e.g., case-by-case basis)	6 (35.3)

Source: *Demographic Profile of Village Members*, University of California, Berkeley, 2010.

The senior village model has only recently begun to receive national attention, and few reports have evaluated the impact of villages on factors such as senior well-being and ability to remain living independently. However, we identified ten senior village programs in California and other states whose practices and structures offer some ideas for possible modifications and opportunities to possibly make the San Francisco program more sustainable and available to a broader cross-section of San Francisco seniors, if the City and County chooses to develop a funding or other type of partnership with a San Francisco-based senior village program.

The programs selected for review, as detailed in the matrix below (Table 3.6) were selected because they met one or more of the following criteria (1) located in an urban area or in California, or both, (2) demonstrated sustainable practices in the areas of funding and volunteerism, (3) use of public funding, (4) serves low-income and immigrant populations, and (5) innovative home modification programs. The information in Table 3.6 is not meant to be a comprehensive list of all village programs in San Francisco or elsewhere.

Table 3.6
Qualities of Model Senior Village Programs

Village Name	Location: Urban Area and/or California	Sustainability: Stable Funding in place	Sustainability: Strong Volunteer Core	Public Funding Secured for one or more years	Successful Outreach Hard-to-Reach Populations	Discounted Membership: Low-Income Seniors or Immigrants	Innovative Home Safety and Accessibility Programming
SF Village, San Francisco	√					√	
Avenitas Village, Palo Alto	√	√	√	√			√
Marin Village, Marin County	√				√	√	
Novato Independent Elders Program	√		√	√	√	√	√
Concierge Club, San Diego	√				√	√	
WISE Connections, Los Angeles	√			√		√	√
Beacon Hill Village, Boston	√	√				√	
Capitol Hill Village, Washington DC	√	√	√	√	√		
Community Without Walls, Princeton, NJ		√	√				√
One Call Club, Knoxville, TN			√			√	

Sources: Interviews with staff at all 10 Village programs, review of programmatic materials and websites.

Location: Urban Areas

SF Village is a community-based non-profit membership organization that began in 2009 and currently serves approximately 115 seniors. The program initially served seniors residing in the Richmond neighborhood, but members living in other San Francisco neighborhoods joined shortly after the program began.[20] North East Exchange Team of San Francisco (NEXT SF) is a village program that started informally in 2006 and incorporated as a nonprofit organization in 2009. NEXT SF offers transportation, home maintenance, in-home support, and referral services as well as a network of social service providers to assist residents of the northeast section of San Francisco age in place[21]. A number of other village programs in urban areas throughout the country have been successfully operating for years, including the following.

Beacon Hill and Capitol Hill Villages are located in densely populated neighborhoods in Boston and Washington, DC. Founded in 2001 and launched in 2002, Beacon Hill Village is one of the oldest and largest village programs. Beacon Hill Village now has 460 members, who live throughout central Boston.[22] Currently Capitol Hill Village has one of the most impressive membership rates. According to the director, approximately 6,000 Capitol Hill residents are seniors, which suggests that given the total membership of 350, 5.8 percent of the 6,000 seniors in the area are members.[23]

WISE Connections was conceived in 2009, when the City of Santa Monica approached WISE and Healthy Aging[24] staff with the idea of developing a village program in Santa Monica. During preliminary meetings, the idea developed to create a hub-and-spoke model whereby WISE and Healthy Aging would act as central administrators of the village program (a.k.a. the hub) and local neighborhoods, including Santa Monica, would facilitate local meetings, support programs, and events that directly address the demands of each neighborhood (a.k.a. the spokes).[25]

ElderHelp of San Diego was founded in 1973 as a community-based volunteer organization in the inner city neighborhood of North Park, San Diego and has since become a regional community resource center for seniors and their families. ElderHelp began a village program in 2009 called the Concierge Club. Of all of the villages located in an urban center, San Diego's Concierge Club is most dedicated to serving low-income seniors, as reflected in the main office location in downtown San Diego, close to where many low-income seniors reside.[26]

[20] Discussion with Christabel Cheung, Executive Director, SF Village, August 9, 2010.
[21] Discussion with Jonee Levy and Arthur Chang, President and Vice-president, respectively of Board of Directors, NEXT SF, February, 2011
[22] Discussion with Judy Willet, Director, Beacon Hill Village, August 16, 2010.
[23] Discussion with Gail Kohn, Executive Director, Capitol Hill Village, August 19, 2010.
[24] WISE and Healthy Aging is a nonprofit, social services organization that provides programs, services, information and support for seniors, caregivers, and professionals in the aging field, with emphasis on low-income and/or underserved individuals in Los Angeles.
[25] Discussion with Caroline Koskinas, WISE and Healthy Aging, August 13, 2010.
[26] Discussion with Leanne Marchese, Director, ElderHelp of San Diego, August 17, 2010.

Sustainability: Funding/Strong Volunteer Core

Programs that report sustainable funding typically shared one of two characteristics: high membership levels or low cost of operations resulting from few staff and a strong core of volunteer service providers.

Currently Avenitas Village in Palo Alto is funded almost entirely by member fees, which are used primarily to pay for two full time staff positions. Avenitas relies on volunteers to perform administrative work in the office and offer field services such as transportation and home visits. In terms of public funding, in 2009 Avenitas received a one-year grant from the City of Los Altos Hills in the amount of $49,400 to pay for one part-time employee to conduct marketing and outreach in Los Altos Hills. According to the Director, Avenitas does not plan to pursue new public funding, but instead hopes to increase revenues by expanding membership and collecting new membership fees.[27]

At Beacon Hill Village, 60 percent of operating costs are covered by membership fees. The Beacon Hill Village Director advised that the organization's goal is to cover 75 percent of costs through fee revenues. Subsidized memberships are covered by foundation grants. Beacon Hill Village does not receive any public funding, nor do any Beacon Hill Village Board members work in public social services. According to the Director, Beacon Hill Village decided not to pursue public funding because the program is founded on the ideal of operating as a "flexible, independent" organization that is "100 percent consumer- driven".[28]

As a cost-savings measure, eighty percent of Washington, D.C.'s Capitol Hill Village's service referrals are filled by volunteers. Twenty percent are filled by vetted service providers. According to the Executive Director, who is one of the only two staff at Capitol Hill Village, the volunteer-first model is the foundation of Capitol Hill Village. Because of low administrative overhead, the majority of Capitol Hill Village's operations are covered by program fees.[29]

Community Without Walls (CWW) represents one of the first village-like programs. CWW opened in 1992 in Princeton, New Jersey with the mission of enhancing the ability of its members to age well and "in place." CWW does not classify itself as a formal village, although its membership structure and program offerings include the types of social network activities and service referrals that characterize most villages. Because of the low overhead associated with operating the program using services provided by members, as opposed to paid staff, CWW fees are minimal as compared to other village programs. Average annual dues are $30 for single members. Fee revenues are used to pay for special events, an annual meeting, website development and maintenance, insurance coverage for events, and other purposes such as new program development [30]

[27] Discussion with Vickie Epstein, Director, Avenitas Village, August 10, 2010.
[28] Discussion with Judy Willet, Director, Beacon Hill Village, August 16, 2010.
[29] Discussion with Gail Kohn, Executive Director, Capitol Hill Village, August 19, 2010.
[30] Discussion with Vicky Bergman, Community Without Walls, August 11, 2010.

Knoxville, Tennessee's One Call Club assists Knox County and residents living in surrounding counties ages 50 and older, in maintaining their health and independence by having one phone call access to referrals for services that include household and computer repairs, landscaping, housekeeping, personal and medical care, and transportation; and free grocery shopping transportation or delivery. While a major portion of the services listed above are performed by professional service referrals, volunteers assist with home safety assessments and administrative functions.[31]

Success Securing Public Funding

The approach to and use of public funding by the senior villages programs reviewed varies, with few using public funds as an ongoing revenue source. Capitol Hill Village, WISE Connections, and Avenitas Village have all successfully obtained one-time publically funded grants to increase membership among a targeted demographic. In 2009 Capitol Hill Village received a one-time payment of $50,000 from the City of Washington DC to be used to recruit low-income members. The Director advised that Capitol Hill Village did not seek new public funding in FY 2010-11 because the City is struggling with budget issues, but the Director plans to approach the City when funding becomes available again.[32] Santa Monica Village, part of the WISE Connections village network in Los Angeles, received funding from the City of Santa Monica to pay for start-up costs such as member recruitment, as well as to offer 15 fully subsidized memberships to low-income seniors.[33] In 2009 Avenitas Village received a one-year grant from the City of Los Altos Hills in the amount of $49,000 to pay for one part-time employee to conduct marketing and outreach in Los Altos Hills. According to the Director, Avenitas does not plan to pursue new public funding, but instead hopes to increase revenues by expanding membership and collecting more membership fees.[34]

Novato Independent Elders Program (NIEP) began in 1990 and does not classify itself as a village but rather "a coalition of stakeholders- concerned older adults, community representatives, and service providers- who are interested in supporting the independence of Novato's older citizens." Because NIEP offers services comparable to self-characterized village programs, however, NIEP is included in this review of model village programs. NIEP receives the majority of its funding from the City of Novato and the Marin Community Foundation. In the past, one Supervisor position was funded by the City of Novato Parks and Recreation Community Services Office. In FY 2009-10, due to budget cuts the City was forced to find outside funding to cover the expense of staff and operating expenses. Since that time, funding from the Marin Community Foundation and a Community Development Block Grant (CDGB) have been used for the Supervisor position, two part-time assistants, as well as operating expenses. According to NIEP's Director, program support from Novato's City Council has been integral to increasing the program's visibility, attracting new members and receiving public funding. However, the City of Novato may discontinue funding for NIEP in FY 2011-12 due to

[31] One Call Club. Reviewed September 12, 2010: http://onecallclub.blogspot.com/
[32] Discussion with Gail Kohn, Executive Director, Capitol Hill Village, August 19, 2010.
[33] Discussion with Caroline Koskinas, WISE and Healthy Aging, August 13, 2010.
[34] Discussion with Vickie Epstein, Director, Avenitas Village, August 10, 2010.

the decrease in City revenues, so the Director is currently investigating alternative funding sources.[35]

Discounted Membership and Successful Outreach to Low-Income Seniors

Seven of the ten villages profiled, including SF Village, offer discounted membership based on income level or demonstrated financial need. As discussed above, WISE Connections and Capitol Hill Village, received one-time grants to conduct concerted outreach efforts aimed at increasing membership among low-income seniors. According to the Director of ElderHelp, the Concierge Club currently serves 180 members, the majority of which qualify for free or discounted membership, because most members have been referred to the Concierge Club through the Case Management division of ElderHelp. Currently the annual income of 80 percent of members falls below $13,000, 12 percent report incomes between $13,000 and $35,000, and eight percent report incomes of over $35,000. A bi-lingual Member Care Manager performs outreach to increase membership among the older Latino population in the San Diego area.[36] In terms of sustained outreach, Novato Independent Elders Program (NIEP) has made the most concerted effort to ensure programs and services reach low-income, non-English speaking minority populations.[37] The Multi-Cultural Specialist, which is one of the only two staff positions in the organization, conducts outreach at churches, and in locations such as housing complexes with high concentrations of Hispanic and Filipino residents.[38]

Model Safety and Accessibility Programming

All of the programs discussed make referrals for often discounted home safety and accessibility assessments and modifications. A handful of programs offer home modification programming that differs from standard referral services.

In terms of recognizing unsafe residential conditions, NIEP has established a program whereby postal workers trained by NIEP staff are able to recognize signs indicating a senior may be in need of help (e.g. not picking up mail). Novato Police and Fire Departments also notify NIEP staff if they discover a senior is living in hazardous environments. With regard to home safety and accessibility, NIEP receives referrals from hospital discharge workers and volunteers who alert NIEP staff to the names of members that require home safety and accessibility services.[39]

WISE Connections aims to connect members with a range of free services by referring seniors to existing free and reduced cost home modification programs funded by the City of Los Angeles and maintaining a list of volunteers trained in providing home safety assessments and modifications that will be available to WISE Connections members.[40]

[35] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.
[36] Discussion with Leanne Marchese, Director, ElderHelp of San Diego, August 17, 2010.
[37] Novato Independent Elders Program. Reviewed August 29, 2010:
http://www.ci.novato.ca.us/Index.aspx?page=560
[38] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.
[39] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.
[40] Discussion with Caroline Koskinas, WISE and Healthy Aging, August 13, 2010.

At Avenitas Village, not only are handyman services available to help members maintain a safe and accessible home via discounted services, but Avenitas maintains a partnership with a research organization based at Stanford University called Farewell to Falls. Researchers from the organization perform free evaluations of members' medical needs and medications, physical routines, and the safety of their homes. After completing the evaluation, researchers provide free health and exercise recommendations and make small home modifications such as installing safety grab bars.[41]

For additional in-depth discussion of programming, membership, funding, and other distinctive aspects of these ten village programs, refer to Appendix II.

TRANSITIONAL CARE AND MARIN'S PROJECT INDEPENDENCE

A number of questions can arise when seniors are discharged home from a hospital, skilled-nursing facility, or other clinical institution: Are seniors transitioning to a safe and supportive environment? Are they able to understand, acquire, and administer their prescriptions? Will they be able to travel to follow-up medical appointments? Will they be isolated or will they have companionship and social interactions? Are they aware of and able to access the different support services to them outside of the institution?

The answers to these questions are critical to a successful transition back into the community. When seniors receive adequate help in their transition out of institutional settings, they should be more likely to heal and remain healthy and less likely to require re-admittance into a clinical setting.

The City and County of San Francisco administers and supports an array of programs geared at supporting seniors and others who are transitioning from institutions into a home of their own. However, by their own assessment, these programs are not well-coordinated. Although Marin County's Project Independence is not a panacea, transitional care program has gained the attention of some of San Francisco's senior advocates.

San Francisco Transitional Care Efforts

San Francisco administers several federal, State, and locally supported transitional care efforts. The primary overseeing agencies are DAAS and DPH. A brief summary of these programs is included in Table 3.7.

In San Francisco, many programs are aimed at low-income individuals or those with chronic skilled-nursing needs. Of the seven transitional care programs and four related programs listed in Table 3.7, eight of the programs are means tested, and seven of the programs are targeted at those with chronic skilled-nursing needs. Individuals with lesser financial or physical may find themselves in need but not qualifying for care.

[41] Discussion with Vickie Epstein, Director, Avenitas Village, August 10, 2010.

Despite the variety of programs noted in 3.7 and by the City's own estimate, improvements are needed in the services and coordination of care available to San Francisco seniors. The 2009 report and strategic plan, *Living with Dignity in San Francisco,* prepared by the Long Term Care Coordinating Council, DAAS, and the City and County of San Francisco, noted three main goals on its cover:

- Facilitating the coordination of home, community-based, and institutional services
- Expanding the capacity of home and community-based services
- Preparing for the increasing needs of older adults and adults of all ages with disabilities[42]

However, the report's authors were critical of the state of senior services offered and administered by the City. The authors advised that insufficient communication takes place between home, community-based, and institutional service providers, both in the public and non-profit sectors. Adults with disabilities, older adults, and caregivers express difficulty in learning about and accessing long term care and supportive services. Also, San Francisco has a significant population of older adults and adults with disabilities who have moderate incomes and/or assets that can prevent access to certain community-based services when those incomes or assets are above the limits allowable under publicly-funded programs. These people have very few options for services and support to remain living in the community.[43]

The point that those who are seeking assistance "express difficulty in learning about long term care and supportive services" is echoed by the authors of this report. Discovering and understanding the array of available programs, administering agencies, qualifications for patients, navigating the terminology and program information was at times difficult and confusing. Certainly the challenge to those who are in actual need but may have fatigue, difficulty with reading or reading comprehension, limited access to the Internet, difficulty understanding English, or other limitations could only be more difficult.

Difficulties faced by those "who have moderate incomes and/or assets that can entirely prevent access to certain community-based services," are illustrated in Table 3.7, below. All of the transitional care programs described in the table are means tested, meaning that participants must be below a certain income level or meet other program-specific criteria. Of the related programs presented in Table 3.7, three do not require means testing, of which only one program does require participants to have skilled nursing needs. Part of the appeal of Marin County's Project Independence, described below, may be that it is open to everyone, regardless of their physical or financial status.

[42] *Living with Dignity in San Francisco*. February 2009. Cover.
[43] *Ibid*. pages 7-8.

Table 3.7

City and County of San Francisco Operated and Administered Transitional Care and Related Programs

Program	Purpose	Administering Agency	Funding Source	Population Served	Seniors Served (%)	Program Participation Means Tested? (y/n)	Program Accommodates Skilled-Nursing Needs?
Transitional Care Programs							
California Community Transitions	Pays for housing for seniors and others who want to move out of skilled nursing facilities. Good for one year.	DAAS, DPH	Federal Grant	48 program-to-date (since June 2009)	10 (21%)**	Y	Y
Community Living Fund (CLF)	Allowing people at risk of being institutionalized to live at home (see full description, Section 3A)	DAAS	General Fund	209	115 (55%)* 86 (41%)**	Y	Y
Diversion and Community Integration Program (DCIP)	Provides community housing and supportive services primarily for seniors and other individuals who are diverted or discharged from Laguna Honda Hospital.	DAAS, DPH	General Fund	Approx. 1,200 eligible, 483 participating	242 (50%)* 179 (37%)**	Y	Y
Homecoming Services Program	Develops four-to-six week post-discharge plans and provides some money for food, services, and medications. Serving all San Francisco hospitals. Administered by select DAAS case management contractors.	DAAS	General Fund	88 (calendar year 2009)	59 (67%)*	Y	N
IHSS Public Authority On-Call Program	Provides In-Home Supportive Services to people who can't manage arranging for their own services	DAAS	General Fund Medicaid	994	N/A***	Y	N
Nursing Facility/Acute Hospital Waiver	Discretionary money to help people with skilled nursing needs as they are discharged out of institutions and into independent housing	DPH	Medicaid	12	2 (17%)**	Y	Y

Program	Purpose	Administering Agency	Funding Source	Population Served	Seniors Served (%)	Means Tested? (y/n)	Skilled-Nursing Needs?
Related Programs							
Case Management Connect Pilot Project (CMCPP)	Wraparound case management services for assessing senior patient health care needs and facilitating self-advocacy.	DPH DAAS	General Fund	2,348 total	Approx. 1,760 (75%)	N	Y
Long Term Care Intake and Screening Unit	Comprehensive help line for consumers or caregivers needing information on Home-Delivered Meals, Adult Protective Services, In-Home Supportive Services, and the Community Living Fund	DAAS	General Fund ,	12,423 total calls (Mar.-Aug. 2010)	Unavailable	N	N
Medical Data Systems (MDS)	Federal mandate that nursing homes query and meet patient requests for discharge, and link that patient with community. What is DAAS and DPH role in this program? Monitoring nursing homes?	DAAS, DPH	Unfunded	Unknown	Unknown	N	Y
Services Connection Program (SCP)	Program places service coordinators in select senior/disabled buildings operated by the SFHA.	DAAS HSA	General Fund (2/3),, HUD	830 in FY 09-10	830 in FY 09-10	Y	N
Targeted Case Management (TCM) Program	Coordinated case management among the nurses and social workers who serve seniors and others and report to the Placement Division of Community Programs in DPH, including Behavioral Health Services, Primary Care, Housing, and Preventive Health Care.	DPH	General Fund , Medicaid	530 clients serviced, 136 of whom were cased managed in FY 09-10	Unavailable	Y	Y

Sources: Interviews with DAAS staff; *Living With Dignity*
* Seniors defined as age 60 and above
** Seniors defined as age 65 and above
*** DAAS does not regularly segregate the senior population of this program.

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Marin County's Project Independence

Marin County's Project Independence is a County General Fund-supported program that provides transitional assistance for patients being discharged from the hospital into environments where they may be considered frail or isolated. The program matches volunteers to individuals who are being discharged from the hospital but who are isolated or otherwise lack assistance at home. The program creates an eight week discharge plan for individuals, and helps them transition back to home life. The volunteers help ensure that patients understand and secure their prescriptions, receive any needed home health care, home-delivered meals, and other social and financial benefits. According to the project manager, the most-needed services that are provided by Project Independence are companionship and transportation to follow-up medical appointments.

Project Independence was created after an acknowledgment that patients were underserved upon discharge from medical care:

> After hearing from local hospital and skilled nursing facility case managers and discharge planners as well as community residents recently discharged from a hospital stay, it became apparent that significant service gaps existed between hospital and home for a specific population of frail, isolated, health-challenged individuals. Days passed before home health care was in place, medications were not readily available and these most vulnerable patients were unable to comprehend, much less manage, their discharge plans. This group had an exceedingly high 'bounce-back' rate where on average 15% or more were re-admitted to the hospital within 30 days for complications and/or failure to thrive.[1]

Now, hospital discharge planners may refer patients who they perceive to be potentially frail or isolated to Project Independence. Project Independence then conducts a phone or in-person screening for every patient referred to them, approximately 1,050 to 1,100 patients per year, of which approximately 250 to 300 patients enter the program, approximately two-thirds of whom are seniors. Of the approximately 750 to 850 referrals who do not enter the program, most are found to have hospice or other support at home or are not remaining in the County. There is no age restriction or means test for participation.

In addition to its work for individuals with homes, Project Independence is in the second year of operating a pilot program to provide beds and resources for patients who are ready to be discharged from the hospital but who are homeless. They estimate this program has saved the four participating hospitals approximately $1.5 million.

Project Independence is paid for by the County's General Fund. The annual budget is approximately $250,000, or less than $1,000 per patient.

[1] "Division of Aging – Project Independence." County of Marin. Reviewed August 24, 2010: http://www.co.marin.ca.us/depts/hh/main/ag/pi.cfm.

According to the Project Independence director, since the program was implemented, they have been able to reduce the County's 30-day hospital recidivism rate from 15 percent to 6 percent. She credits a number of the program's characteristics with this success rate:

- Empowering volunteers to meet patients needs;
- Working collaboratively with other organizations with a similar mission;
- Matching volunteers to patients according to neighborhood, or to special skills and sensitivities;
- Emphasizing the emotional as well as the logistical adjustment for people facing any new physical limitations; and
- Identifying home needs and having the time to plug patients into services or help them develop long-term plans if necessary.

4. HOUSING OPTIONS FOR SAN FRANCISCO'S SENIORS

Summary

The previous section of this report discussed options for seniors aging in their rented or owned homes. This section discusses options available to individuals who seek a new home in which to age in their community, either through the desire to move into a smaller or more accessible home; through necessity due to changes in income or health, eviction, or housing status changes; or, because they are being discharged from or attempting to avoid institutionalization. Our review of housing options for San Francisco seniors shows that there are a variety of options and approaches, and that no one approach will be appropriate for all seniors. Each approach has advantages and disadvantages.

Although the City is working to develop affordable housing for seniors, demand greatly outstrips supply. Homesharing is a possible approach to matching individuals who can't afford market rents to people who have an extra room, but it might not be right for all San Francisco seniors. Multigenerational housing offers a number of intangible benefits, but constructing or rehabilitating housing units for this purpose can be a difficult prospect in San Francisco's built-out environment. Secondary units offer an excellent opportunity for homeowners, particularly seniors, but efforts to encourage secondary units in San Francisco have met with negative reaction by some neighborhood groups. Lastly, for seniors requiring an assisted-living facility, there is limited capacity at present and no new capacity on the horizon.

THE CHALLENGE OF AFFORDING HOUSING IN SAN FRANCISCO

San Francisco is a challenging place to address senior housing issues because:

- The environment is largely built-out;
- Housing and land are expensive;
- Senior renters may be afraid to report safety and accessibility problems with their rental units for fear of losing rent control or of being evicted;
- Owners are afraid to upgrade or report upgrades for fear of having their home reassessed;
- The profile of older homeowners ranges from wealthy homeowners whose families live far away to financially vulnerable homeowners with family living nearby, or in the same home;
- Much of the owned and rental housing stock is outdated;
- Many (if not most) San Francisco homes require navigating at least a half-flight of stairs.

While San Francisco's rent control policies have undoubtedly aided numerous seniors over the years, senior housing experts note that the existence of rent control incentivizes landlords and

developers to turn homes over. This puts seniors in a situation where they are reluctant to consider a change, even when a change would be best for them.[1]

In February 2009, the Long Term Care Coordinating Council (LTCCC), Department of Aging and Adult Services (DAAS), and the City and County of San Francisco developed a five-year strategic plan and report to address housing and care of the City's seniors. The report, entitled *Living with Dignity in San Francisco*, includes a discussion of new policy trends and critique of the City's efforts with regard to housing, pointing out the following problems:

- Limited availability of affordable and accessible housing in San Francisco's community-based long-term care environment.
- Federal housing development policies target new housing development for certain populations while neglecting others.
- Options for affordable residential care continue to disappear in San Francisco
- Medi-Cal does not cover residential care, and payments from SSI/SSP are below operating cost, resulting in a drastic loss of assisted living options for low-income individuals
- Residential care slots for non-ambulatory individuals are scarce.

Acknowledging the challenge of finding affordable housing in San Francisco, this section of the report addresses affordable, market, and non-traditional approaches for housing San Francisco's seniors.

Living Arrangement Attitudes Shape Housing Options and Preferences

The options that are available and appropriate to a senior (or a family member considering incorporating a senior into their home) are shaped by attitudes toward entering into a shared living environment. A 2009 American Association of Retired Persons (AARP) study found an array of attitudes toward living with additional friends or family members. Twenty eight percent of respondents said they would be extremely comfortable or very comfortable living with additional friends or family members, while 43 percent reported they would be not very comfortable or not at all comfortable with that situation. Table 4.1 includes the responses to the question as to how comfortable Americans of all ages would feel living with additional friends or family members, if a change of housing became necessary.

[1] Discussion with Philip Stafford, Ph.D., Director of the Center on Aging and Community, Indiana University, August 24, 2010.

Table 4.1

Comfort with the Prospect of Living with an Additional Friend or Family Member

% All Respondents	Degree of Comfort
14%	extremely comfortable
14%	very comfortable
28%	somewhat comfortable
14%	not very comfortable
29%	not at all comfortable
2%	don't know/no response

Source: American Association of Retired Persons American Association of Retired Persons[2]

This study shows that Americans' preferences for living alone or with another person vary considerably. These preferences ought to be factored into the housing options available to seniors.

AFFORDABLE HOUSING OPTIONS

Different housing organizations and programs have different definitions of affordable housing vary. The U.S. Department of Housing and Urban Development defines affordable housing as,

> Housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities… Some jurisdictions may define affordable housing based on other, locally determined criteria, and this definition is intended solely as an approximate guideline or general rule of thumb.[3]

The San Francisco Mayor's Office of Housing (MOH) uses the following, more specific definition of affordable housing,

> Affordable housing has a sales price or rent that allows an occupant with a moderate or lower income to pay no more than 30 percent of gross income for housing costs, including utilities. According to the US Department of Housing and Urban Development, moderate-income households have 80% to 120% of the area median income (AMI).[4] A low-income household generally brings in 80% of AMI, while very-low-income has an income at or below 50% of AMI.[5]

[2] Multi-Generational Housing Patterns. American Association of Retired Person. February 2009, page 7.
[3] "U.S. Department of Housing and Urban Development Glossary of Terms." Reviewed July 26, 2010: http://www.huduser.org/portal/glossary/glossary_a.html
[4] Median means that half of all households have more than this amount of income and half of all households have less than this amount of income. (A household is one or more people occupying a housing unit.)
[5] Hope SF, "Glossary of Terms" Reviewed August 2, 2010: http://hope-sf.org/glossary.php

As of 2008, when the U.S. Census Bureau's American Community Survey last published mid-Census demographic data, the median household income in San Francisco was $71,957.[6] Fifty percent of the AMI, or the maximum amount that qualifies as low income by MOH standards would thus equal $35,979 and, at 30 percent of household income, affordable annual housing expenditures for a household with that income would thus be $10,974, or $915 per month.

MOH provided a list of 322 facilities in San Francisco that offer subsidized rental housing and that receive funding from the MOH. These facilities are located throughout the City and vary in terms of number of rooms and demographic profile. While the MOH has collected data on the waitlists and demographics (including whether facilities have units dedicated to seniors) at these facilities, the data was collected in FY 2007-08 and does not include all affordable housing units in the City. This list only includes those facilities that receive funding from the MOH. As a result, contacting property management staff at each facility would be necessary in order to obtain current, accurate occupancy and waitlist information at all affordable housing facilities in San Francisco.

Publically funded or subsidized affordable housing units receive funding from and are operated by different agencies and organizations with different methods of handling housing applications and maintaining waitlists. Currently no agency or organization tracks the total number of available affordable housing units available in San Francisco or the total number of individuals or families on waitlists for affordable housing.

The MOH, the San Francisco Redevelopment Agency (SFRA), the U.S. Department of Housing and Urban Development (HUD), and numerous non-profit organizations fund and manage publically funded or subsidized affordable housing in San Francisco that fall into the category of affordable housing. The San Francisco Housing Authority (SFHA) contributes to San Francisco's public affordable housing stock by providing subsidized housing in residential housing projects and through the Section 8 Voucher program.

Public Housing: Housing Projects

The SFHA is one of the largest public housing agencies in the nation, managing 6,156 units of public housing stock (i.e. apartment units) in 50 housing developments located throughout the city.[7] SFHA's mission is to provide safe, sanitary, affordable and decent housing to very low-income families, senior citizens and persons with disabilities. [8]

Many apartments in SFHA subsidized housing developments are dedicated to seniors and adults with disabilities. Two-thirds, or approximately 4,104 of the approximately 6,156 Housing Authority apartments in San Francisco are intended for low-income families, which can include seniors, while the other one-third, or approximately 2,052 apartments, are located in public

[6]"Bay Area Census: San Francisco City and County." Reviewed July 26, 2010: http://www.bayareacensus.ca.gov/counties/SanFranciscoCounty.htm. Note that this median income applies to residents of all ages, not solely seniors.
[7]*City and County of San Francisco Consolidated Plan: 2010-2014*, page 118.
[8]*Ibid*, page 118.

housing buildings dedicated to seniors and disabled adults. As of September 2006, when DAAS published their most recent Needs Assessment, an additional 702 seniors were residing in SFHA family housing, in addition to those residing in units designated for seniors.[9] As of July 2010, 4,422 seniors were residing in Section 8 housing in San Francisco, and 4,286 seniors were on the Section 8 waitlist.

The demand for public housing in San Francisco far exceeds the supply. As of January 14, 2009, the date when the SFHA last accepted applications to rent units in public housing developments, the public housing wait list had 29,977 names. The table below includes a breakdown of the bedroom size requested and the numbers of family versus elderly households currently on the wait list. According to the MOH, however, the waitlist number is an approximate indicator of public housing demand because the list is never updated in its entirety. When an apartment becomes available, staff at the SFHA attempt to contact the first person on the waitlist. If the first person is no longer interested in or available to rent the apartment, that person is removed from the list, and SFHA staff contact the next person on the wait list.

Table 4.2

San Francisco Public Housing Wait List, 2009

Bedroom Size	Number of Families	Number of Seniors
0 (studios)	92	6,973
1	7,118	7,291
2	4,049	1,552
3	2,230	476
4	116	52
5	13	13
6	2	0
Total	**13,620**	**16,357**

Source: San Francisco Housing Authority, 2009

Public Housing: Section 8 Vouchers

The HUD Section 8 rental assistance program is operated locally by SFHA and provides rental assistance to low-income families who are unable to afford market rents. [10] The Section 8 Program issues vouchers for discounted rent based on the availability of funding. San Francisco has 7,490 Section 8 vouchers, and 20,868 people reside in Section 8 residences. The Section 8 voucher program in San Francisco is full. The Section 8 wait list has over 20,000 people and is currently closed. Thus the only ways to obtain a new Section 8 voucher are (a) to be on the existing wait list or (b) to move to San Francisco with a voucher from another area.[11]

[9] *Community Needs Assessment, September 2006,* page 19.
[10] "U.S. Department of Housing and Urban Development Glossary of Terms." Reviewed July 26, 2010: http://www.huduser.org/portal/glossary/glossary_a.html
[11] "Housing Rights Committee of San Francisco." Reviewed July 26, 2010, http://www.hrcsf.org/SubHousing/finding_housing_hud.html

According to the SFHA, 4,422 seniors currently reside in Section 8 housing in San Francisco and 4,286 seniors are on the Section 8 housing wait list. The Section 8 waitlist closed September 30, 2001, and there is no indication of when the Section 8 waitlist might reopen.

Single-Room Occupancy Hotels (SROs)

Single-Room Occupancy hotels (SROs) are multiple-tenant buildings that house one or two tenants in each room, who share kitchen and bath facilities. According to statistics published by the MOH *The City and County of San Francisco Consolidated Plan: 2010-2014*, over 500 SROs are located in San Francisco, many of which receive funding and assistance from the MOH, SFRA, and non-profit organizations. Over 18,000 low-income San Franciscans live in SROs, according to MOH statistics. Over two-thirds of these hotels have monthly rents below $601 per month, as compared to the average rent for a Studio/Loft apartment of $1,520 per month. For this reason, many of the city's lowest income citizens live in residential hotels, including 8,000 seniors and younger adults with disabilities. SROs are concentrated in the Tenderloin and Chinatown neighborhoods, with some also located in SOMA and the Mission.[12]

Other Affordable Housing Issues

In addition to the issues noted above, the following issues also affect affordable housing for seniors.

Adaptable Units and Accessible Units

The City's current approach to building affordable senior units, according to MOH representatives, is to make some units ADA accessible, and the remainder adaptable. "Accessible" units are those which meet the Uniform Federal Accessibility defined in the Architectural Barriers Act. "Adaptable" housing units are those designed to be augmented to serve residents with special needs at low cost. For example, doorways are designed at a standard width, but can be widened at relatively low cost to accommodate a wheelchair.

"In the City's new Coronet senior housing development, the MOH notes that 100 percent of the 150 units will comply with California Building Code and Fair Housing Act accessibility requirements, which means they will be adaptable. Five percent of the unit (eight units) will comply with Uniform Federal Accessibility Standards (UFAS, "accessible"), and two percent (three units) will comply with UFAS hearing impaired requirements.

[12] *City and County of San Francisco Consolidated Plan: 2010-2014*, page 120.

Demand Prohibits Neighborhood Preference

According to some housing experts, in an ideal city, seniors would have the option of aging in the home they already live in, or moving into a more suitable home in the neighborhood where they already live. Being able to stay in the same neighborhood allows seniors to maintain friendships and other social connections. However, according to MOH, the demand for affordable housing is so great that neighborhood preference or consideration is not possible for many seniors.

The concern is somewhat moot because affordable senior housing options are extremely limited in many neighborhoods. Currently, affordable senior housing is concentrated in the Tenderloin, SOMA, and Mission neighborhoods. MOH is consciously working to expand affordable senior housing options in neighborhoods throughout the City. Some neighborhoods may resist this housing, however, due to concerns about scale. MOH notes that funding effectively requires that senior projects be 45 units or above, which may be opposed by some neighborhood groups.

Considerations when Siting New Senior Housing Projects

While the MOH currently works to ensure that new senior housing projects can connect to transit, there is less consideration for the walkability of the immediate neighborhood. Temple University developed a "Site Plan Checklist for Specialized Adult Housing" to help site selection for housing "relatively independent older people who are well enough to move around the site or neighborhood on their own. The location of residential care facilities or nursing homes should be suitable for residents to walk or be wheeled, accompanied by others." The checklist notes various elements, including crime, hills, curbs and pedestrian routes, lighting, parking, and recreation.[13] A copy of the checklist can be found in Appendix IV of this report.

HOMESHARING

Homesharing has a limited role in providing housing for seniors in other California communities. However, as is discussed below, San Francisco may not be well-suited for homesharing.

Defining Homesharing

Homesharing, or shared housing, is similar to a roommate arrangement. Project Home, a non-profit organization in Vermont that facilitates homesharing and care giving, defines homesharing as

> an arrangement where two or more unrelated people share a house or apartment to their mutual advantage. Each person has a private bedroom. The common living areas, such as the kitchen and living room, are shared. Household responsibilities can be shared, or services can be exchanged for reduced or free rent[14]

[13] Debra Howe, Ph.D. "Site Plan Checklist for Specialized Adult Housing." Temple University. Undated.
[14] Helen Head and Stacey Symanowicz. *A Vermonter's Guide to Homesharing.* Project Home. 1997. page 5.

A homeshare consists of two parties:

- The **home provider**, who has an extra bedroom in their rented or owned home, and who may need or want additional rental income, companionship, or light household work and chores.

- The **home seeker**, who is looking for housing, and may not be interested in living alone or may not be able to afford to do so.

Unlike traditional roommate arrangements, homeshares are typically facilitated by a third party who helps introduce the home provider and home seeker, and who may provide assistance screening individuals, creating a mutual agreement, and mediating any conflicts.

Opportunities and Challenges of Homesharing

Homesharing can be potentially beneficial to seniors wishing to age in community. For aging homeowners or leaseholders, it offers the opportunity for extra income, companionship, or help with chores. For aging homeseekers, it offers the opportunity for more affordable housing and for companionship. For families of seniors, it can offer peace of mind that there is someone else around in their senior family member's day to day life. For senior advocates and public administrators, investing in homesharing may be considered preferable or more affordable than creating new housing.

Actual homeshare experience shows that successes are achievable. One program cited a match that has continued for 17 years.[15] Programs report the average duration of a homeshare as being between two to three years. The additional income for home providers and reduced rent for home seekers has created a net benefit for both parties, without consideration for any additional services or companionship benefits. Program directors report that when homeshare matches do end, they tend to end because of reasons other than personal conflict, but instead end when another living situation either becomes necessary, such as when a frail individual's needs require skilled nursing services, or desirable, such as when an individual becomes more financially stable and can afford their own home.

Experience shows that creating homeshare matches can be difficult and labor intensive. Homeshare professionals in California discussed with us the challenges of creating matches among home seekers and home providers. Senior housing professionals have experienced numerous obstacles to creating homeshare matches: home providers requesting or requiring more rent than seekers can afford; home providers living in locations that are undesirable to home seekers; home providers requiring more services than are appropriate for a homeshare; home providers' or home seekers' criminal histories; home seekers whose special needs or mental health makes them ill-suited for a homesharing relationship. As one senior housing professional noted, it takes a special disposition to share a home with someone, and it is not for everyone.

[15] Discussion with Laura Fanucchi, HIP Housing, September 10, 2010.

Furthermore, in recent years technology and circumstance have impacted homeshare initiatives. With Craigslist and other classified-type websites, individuals have made roommate connections directly without the use of a matching service. Furthermore, some have found that the economic downturn has led to younger individuals offering rooms, thereby creating competition for senior home providers. Both of these trends are likely to impact the number of matches made by publically funded homesharing service providers.

Homesharing Efforts in California

Several communities in California have organized homeshare efforts. Several communities in California have organized homeshare efforts. Table 4.3 summarizes metrics of homesharing efforts in the counties of San Mateo, Santa Clara, Santa Cruz, and San Diego. Each program receives a mix of public and private funding. For a longer discussion on these homesharing efforts, see Appendix V to this report.

In addition, Table 4.3 also includes metrics from San Francisco's homesharing program that was discontinued more than five years ago. For a discussion of that program, see "Homesharing in San Francisco," below.

Table 4.3

Summary Table of Select California Homesharing Programs

County	Program Administrator	Annual Budget (Approximate)	Funding Sources	Contacts/Year	New Matches/ Year	Cost/Match (Approximate)	Notes
San Diego	ElderHelp	$170,000	City of San Diego Housing Commission and the City of Poway	1,200-1,500	45-50	$3,400-$3,778	Serves Cities of Poway and San Diego
San Mateo	Human Investment Project (HIP) Housing	$500,000	59% City and County grants; 41% fundraising, foundation support, and individual donations	2,500-3,000 calls; 1,350 applications	250 households; 300 individuals	$2,000	Program not restricted to seniors, though most participants are seniors. 70% of clients at poverty level.
Santa Clara	Catholic Charities of San Jose	$100,000-$200,000	Cities of San Jose, Campbell, Milpitas, and other sources.	Unavailable as of the writing of this report	50	$2,000-$4,000	Open to all residents 18 and over. 25-year program.
Santa Cruz	Senior Network Services	$40,000-$42,000	County, Cities of Santa Cruz and Watsonville, some donations.	Unavailable as of the writing of this report	18-24	$1,750-$2,333	Restricted to 55 and older. Staff shared with other housing efforts.
San Francisco (discontinued)	Northern California Presbyterian Homes & Services, Inc.	$75,000-$100,000	100% fundraising	Unavailable as of the writing of this report	25	$3,000 (2004 dollars)	Operated for five years before closing. Modeled after San Mateo program but focused on seniors

Sources: Interviews with Program representatives.

Homesharing in San Francisco

Although the City and County of San Francisco has had a homesharing program in the past, there is not currently one in operation. The former program was operated by Northern California Presbyterian Homes & Services, Inc. (NCPHS), a nonprofit organization providing senior housing and community services in and around San Francisco. In addition to their various senior housing projects, the organization commenced the homesharing program in 1999 or 2000, believing that homesharing was an intuitive alternative to investing in new housing stock. The program was focused on seniors, in line with the organization's mission, and was staffed with one full time exempt employee (FTE). NCPHS' homesharing program was funded exclusively through donations.

The Challenge of Homesharing in San Francisco

NCPHS discontinued its San Francisco homesharing program between 2004 and 2005. The program cost NCPHS $3,000 per homeshare match, and they concluded after five years that the program was not sufficiently cost-effective to continue. Like other programs, NCPHS found that it was not easy to facilitate matches, but they believe San Francisco was particularly challenging in that:

- Senior home providers they worked with were reluctant to pursue homesharing, unless they needed services.
- Home providers with service needs tended to understate their needs or living preferences in the screening process, creating conflicts once a match was made.
- Some San Francisco seniors were being persuaded to participate in homesharing by family members, but were not particularly interested themselves.
- NCPHS found grant funding for homesharing to be difficult to come by.
- A significant number of home seekers had special needs, behavioral health issues, or personality disorders. These individuals were not well-suited for homesharing.
- San Francisco homes are smaller than in other California cities and counties operating a homesharing program, making homesharing less appealing to some home providers and home seekers.
- Home providers were cautious about participating due to concerns that San Francisco's tenants' rights laws would make it difficult to immediately end a homeshare relationship for any reason.

It is worth noting that NCPHS' homesharing program offered participants a lower level of services than some other California programs, such as HIP Housing in San Mateo. For example, NCPHS did not fingerprint or otherwise provide criminal background checks on participants and they did not check home seekers' references. Given limited funding and staffing, it may not have been possible to conduct security checks, but this may have potentially diminished program

appeal to some potential participants. Limiting the program to seniors was likely to have further constrained the number of annual matches. Furthermore, the organization was concerned about liability in the event of a problematic match, and therefore they made introductions but did not endorse home providers or home seekers.

Advice for Future San Francisco Homesharing Efforts

Based on their experience, the NCPHS Director of Community Services advises against pursuing a publically funded homesharing program in San Francisco. Instead, they recommend senior advocates directly target the co-benefits of homesharing. For example, senior homeowners in need of extra income may be better served with a reverse mortgage as opposed to taking on a tenant. For senior homeowners in need of companionship or light homemaking assistance, programs providing those services directly might be a more efficient use of money.

If a homesharing program was to move forward in San Francisco, NCPHS recommends advocating for protections for home providers in San Francisco's tenancy laws. Furthermore, NCPHS does believe that a homesharing effort may be an appropriate safety net for individuals who find themselves evicted through no fault of their own.

Although NCPHS was never drawn into a lawsuit during its management of San Francisco's homesharing program, it remained cautious throughout. If the City were to support a homesharing program, potential City liability issues should be investigated to ensure safeguards are in place to protect the City, as well as homeshare program participants, against liability issues such as violent actions committed by a room-mate participating in the homeshare program.

Homesharing Best Practices

The following best practices in homesharing are based on the experiences of homesharing programs in San Diego, San Mateo, Santa Clara, Santa Cruz, and the former program in San Francisco:

- Program design should consider the number of staff; if staffing is limited, avoid including labor intensive characteristics in the program plan. Screening in particular can be labor intensive. While home visits for housing providers and background checks can increase security, they also increase the cost and time involved in administering the program.

- Maximize efficiency by having program staff work on various housing initiatives, not solely on tasks associated with the homesharing program.

- Limit the number of hours of service to be provided by the home seeker to 10 or 20 hours per week, unless the home provider is providing free rent and additional compensation to the home seeker.

- Ensure tenants rights laws allow for a speedy termination of an unsuccessful homeshare.

- Do not restrict age or income of seekers or providers gives you more flexibility.

- For government entities or foundations interested in facilitating homesharing, either fund or partner with an organization that is already working on housing issues. There are co-benefits to having a shared housing initiative as part of a set of housing programs.

- Home providers or seekers with special needs, behavioral health issues, or personality disorders are generally not well suited for a home share relationship.
- Requiring that matched home providers and seekers create a written agreement can help avoid conflicts later in the match.

MULTIGENERATIONAL HOUSING

Besides multigenerational members of a family who have no choice but to live together for economic reasons, multigenerational, or cross-generational, housing arrangements can also occur when residents deliberately choose to live in a housing environment with older and younger residents. Multigenerational housing often attracts multigenerational residents who are not related but who are interested in the social benefits of living in a mixed-age environment.

Single-Family Multigenerational Housing

Historically, there are two reasons people live together across generations: culture and tradition. In both cases, the driving factor is often a lack of other opportunities. When adults have the option of not living under the same roof with their aged parents – or aged parents have the option of not living with their adult children – at least one researcher reports that they prefer that.[1]

In cases of necessity, researchers have found that there are tremendous costs involved in caring for someone in-home. The savings that may be gained by caring for a senior in-home rather than paying for assisted-care can be nearly completely offset by lost wages and other considerations.[2]

In some situations, senior housing experts would strongly advocate against seniors moving in with their children. For example, San Francisco's Chinatown has a high concentration of seniors; many of those seniors' children have moved to the suburbs. Were many of those seniors in Chinatown to move in with their adult, suburban children, they would be losing their community and would likely be losing their independence. Said one housing expert, "the future is not adults moving in with their children who live in San Francisco."[3]

Cohousing

The handbook *Senior Cohousing: A Community Approach to Independent Living* defines cohousing as "a living arrangement where multiple houses (usually 20 to 30) are oriented around a common open area and a common building. These communities are custom-designed neighborhoods for residents who do not want to live in … neighborhoods where neighbors don't

[1] Discussion with Andrew Scharlach, Ph.D. University of California, Berkeley. August 31, 2010.
[2] *Ibid.*
[3] *Ibid.*

know each other."[4] Residents of cohousing communities commit to a degree of community participation and decision-making, with specifics determined by the community. Cohousing communities of between 15 to 35 families, with between 40 to 100 people, are found to offer the optimal balance between privacy and familiarity.[5] Housing units in cohousing communities are generally market rate and owned outright by residents, though some cohousing communities also feature affordable housing units.[6]

Most cohousing developments are multigenerational by nature. There are now approximately 50 cohousing developments nation-wide, including communities in Berkeley, Oakland, and elsewhere throughout California. In addition, there are three seniors-only cohousing projects, nationwide,[7] and a fourth community is under development in Grass Valley, California.[8]

Cohousing can be an alternative to senior living facilities. One cohousing expert explained that when residents move in, they are already close with their neighbors, almost like an extended family. Cohousing projects in Europe have demonstrated that seniors in cohousing communities can take care of themselves with higher satisfaction and lower cost than most other models.[9]

For seniors weighing the benefits of a traditional multigenerational cohousing community versus a senior only cohousing community, the choice can be one of preference, economics, or logistics.

> Regular cohousing communities focus their energies in places where seniors have already been – building careers, raising families, and the like. As well, concerns of younger cohousers do not usually hinge on health issues. While some seniors will find the youthful vigor of a regular cohousing to be refreshing, others feel it's a case of 'been there, done that.'[10]

Senior cohousing developments will factor a number of senior-specific issues into their community agreement: co-care and its limits; senior-appropriate design considerations; community size limitations; and senior-specific methods for creating community (e.g., decisions about shared facilities, gardens).[11]

Because San Francisco is largely built-out, co-housing is not the easiest approach to enabling aging in community. However, projects such as the Swan Marketplace in Oakland (see below) demonstrate that cohousing projects can dovetail with urban redevelopment efforts. If the City

[4] Charles Durrett. *Senior Cohousing: A Community Approach to Independent Living*. Berkeley, California. 2005, page 15.
[5] *Ibid*, pages 24-25.
[6] Of two cohousing communities in Boulder, Colorado, the multigenerational cohousing community is 40% deeded affordable housing, and the senior cohousing community is 60% deeded affordable housing. Discussion with Jim Leach, Wonderland Hills Development Company. August 27, 2010
[7] The three existing seniors-only cohousing projects are located in Davis, California; Boulder, Colorado; and Abingdon, Virginia, just outside of Washington, DC.
[8] "Wolf Creek Commons, Grass Valley, CA." *The Cohousing Company*. Reviewed August 17, 2010. http://www.cohousingco.com/project-details.cfm?select=wolf-creek-commons-cohousing&cat=cohousing-communitiesu
[9] Discussion with Jim Leach.
[10] *Senior Cohousing*, page 27.
[11] *Senior Cohousing*, page 34.

was interested in supporting cohousing in San Francisco, the first step would be to help self-identified groups of families or seniors find sites.[12] Additionally, the City could aid a cohousing development project through "accommodations for zoning regulations, public service availability, financial considerations, and more."[13] The Cohousing Association of the United States lists two cohousing communities that are seeking sites for development in San Francisco.[14]

City-Facilitated Multi-Family Developments

As noted in the Affordable Housing section above, the Mayor's Office of Housing (MOH) reports that funding sources constrain the flexibility, size, and creativity of senior and affordable housing projects. The result is that traditional funding streams prohibit mixed-use or mixed-generation buildings for seniors; buildings must be all seniors or all low-income, rather than having a mix of ages or incomes. Furthermore, as noted above, projects with less than 45 units are reportedly not cost-effective.

Therefore, mixed-income or mixed-generation developments must be larger projects with more of a village or small campus feel. For example, larger projects, such as Valencia Gardens in the City's Mission District include both a senior building and a mixed-generation building. Shared parking and courtyards and a harmonizing design create the feel of a single, multigenerational community. Whether the resulting development gives residents the experience of a single multigenerational development is a matter of tenants' opinion.

Examples of Multigenerational Housing Projects

Multigenerational Market-Rate Cohousing in the Bay Area

Swan Marketplace in downtown Oakland is one example of an urban infill cohousing project. The site was a vacant department store and prepared food market for 20 years. One-fourth of the multi-use redevelopment project was set aside for cohousing by the local non-profit developer. The multigenerational cohousing project was completed in 2000, and includes 20 condominiums. The families in the development share ownership of a 3,500 square-foot common house, walkway, and garden. Two of the units have been resold, and the project is currently fully occupied.[15]

[12] Discussion with Jim Leach.
[13] *Senior Cohousing*, page 39.
[14] "Cohousing Director." *Cohousing Association of the United States*. Reviewed August 19, 2010: https://www.cohousing.org/directory.
[15] Time Capsule. Reviewed October 22, 2010: http://www.swansway.com/timecapsule/

Multigenerational Low-Income Senior Housing in Chicago

Housing Opportunities and Maintenance for the Elderly (HOME) is a nonprofit organization dedicated to providing housing and services to Chicago's low-income elderly. Their mission is to help seniors remain independent and connected to their community by offering opportunities for intergenerational living and providing other services that help seniors.

HOME operates three multigenerational low-income senior housing facilities that blend elements of senior co-housing, multigenerational co-housing and more traditional senior housing. Their projects are guided by the philosophy that "Intergenerational living is an innovative concept based upon the idea that the blending of families, students, and seniors in social living activities builds a community that enhances our understanding of one another." One of the buildings is exclusively senior apartments, one of the buildings offer a shared, supportive living environment, and one of the buildings has a mix of independent and shared living. Benefits of the shared living environment include two meals cooked on-site per day, assistance with housekeeping and laundry, and 24-hour case management. Senior residents also have access to transportation, and other assistance. All of the buildings have an intergenerational component, where at least one resident facility manager is a younger person.

Two of their three buildings were conversions. One of their buildings was originally an eight-unit, three-story walk-up that had fallen into disrepair; HOME renovated the building into a 12-unit senior complex.

The rent paid for a HOME unit is a function of an individual's or couple's income, and all rents are subsidized. Chicago's local low-income housing trust fund subsidizes 19 of HOME's independent tenants, and they have some Section 8 tenants. Some additional tenants would probably qualify if they applied. The remainder of the rents are subsidized through HOME's operating budget.

HOME's program director reports that the shared housing can be a hard sell for some potential tenants, even those who are on a fixed or low income. Although there are relatively few younger people in each building, they have found that even one or two non-senior families living in a building can give a complex a feeling that it is multigenerational.[16]

SECONDARY UNITS

Secondary units, also known as add-on units, in-law apartments, guest houses, backyard cottages, "granny flats," accessory dwelling units, or caregiver units, are standalone living units that are added to an existing home. They may be included within the envelope of a home, such as a converted garage or basement, or as an attached or standalone unit in a backyard. While they

[16] Discussion with Janet Takehara, Program Director, HOME Chicago. September 3, 2010. Additional information from HOME Chicago. Reviewed October 22, 2010: www.homeseniors.org.

have been controversial for decades in San Francisco,[17] experts believe that they can help seniors age in community.

Benefits of Secondary Units

The benefits for seniors depend on whether the senior occupies the primary home or the secondary unit. If the senior occupies the primary home, the secondary unit can house a family member or caregiver that can help the senior meet their needs; or a renter to provide the senior with rental income. If the senior is living in the secondary unit, the senior has the benefits of an independent living situation in proximity to family or others. This independence can be especially valuable to single, older adults.[18]

The benefits of the secondary units to seniors can be gained at little cost to the City. The costs of developing secondary units are primarily borne by the homeowner adding the unit, and with minimal additional infrastructure or administrative costs to local government. According to the San Francisco Planning and Research Association (SPUR), "Secondary units require no additional land or governmental funding. Because they use existing structures with most infrastructure components in place (e.g., water, sewer, utilities, landscaping) and owners can often do some of the work themselves, they are cheaper to build than ordinary housing."[19]

Restrictions and Opposition

San Francisco regulations are extremely restrictive with regard to secondary units. Density and parking requirements in the Planning Code make adding a legal secondary unit difficult or impossible. Furthermore, there are various zoning restrictions, In addition, the Building Code standards for allowable "ground floor accessory rooms" force homeowners to trade privacy for amenities, and restrict kitchen features to a wet bar with a small counter that may not be suitable for seniors.[20]

At least three efforts to ease secondary unit restrictions were defeated between 2000 and 2009. "Shortage of off-street parking is one of the main sources of neighborhood opposition to in-laws, and it needs to be taken seriously," writes SPUR. In addition to concerns about parking, neighborhood groups cite concerns about increased neighborhood density and believe there could be a negative impact on surrounding home values.[21]

[17] The history and controversy surrounding secondary units is beyond the scope of this report. However, SPUR provides an excellent summary at http://spur.org/publications/library/report/secondaryunits_080101.
[18] Discussion with Andrew Scharlach, University of California, Berkeley. August 31, 2010.
[19] "Building More Secondary Units: A Painless Way to Increase the Supply of Housing." SPUR. April 18, 2001. http://spur.org/publications/library/report/secondaryunits_080101.
[20] *Ibid.* SPUR notes further that the unintended consequence of these restrictive regulations "will either lead to units that lack enforcement of health and safety standards or will deprive the city of much-needed housing."
[21] Bud Wilson. "The Argument Against / In-Law Trouble." *San Francisco Chronicle.* July 30, 2000.

Positive Experience in Santa Cruz

Some Bay Area cities encourage secondary unit development. The City of Santa Cruz, in particular, is considered to have one of the nation's best set of secondary unit laws, often cited in housing literature for its progressive endorsement of secondary units.[22]

> The (City of Santa Cruz) ADU (Accessory Dwelling Unit) Development Program is designed to encourage development of small-scale neighborhood compatible housing and to discourage the proliferation of poorly-constructed illegal ADUs. At the same time, construction of ADUs promotes infill development and sustainable land use patterns, resulting in transportation patterns which in turn reduce pollution.[23]

The City of Santa Cruz's goal is to increase the amount of affordable housing in the City, promote infill development to help preserve the surrounding natural greenbelt, provide additional rental housing, and foster the use of transportation. The City simplified its secondary unit permitting process in 2003 to encourage the development of secondary units and, in turn, "discourage the proliferation of poorly constructed illegal (secondary units)." The City also has a loan program for such units, offering loans up to $100,000 through the Santa Cruz Community Credit Union.[24]

Santa Cruz regulates units systematically; design pattern books [25]are provided to residents interested in developing accessory units; and there are a small number of basic designs and design guidelines that need to be followed. Because the City did not want to facilitate the building of university "party houses," the City requires that the owner of the property must occupy either the main house or the accessory unit; the City conducts inspections, and if they find that neither the home nor the secondary unit are owner-occupied, the owner must either tear down the secondary unit or disconnect the utilities.[26]

A representative from the Santa Cruz Planning Department noted that a key to that City's successful endorsement of secondary units was the acknowledgment of parking concerns. Additionally, they educated residents about the benefits of preserving neighborhoods by adding density; the benefits for neighbors, parents, and children; and the risk of individuals being forced to move who could no longer afford to remain in place. The shift toward encouraging secondary unit construction in Santa Cruz has resulted in a four-fold increase in permits and construction since the 2003 policy changes.[27]

Outside of the Bay Area, a study in Seattle suggested that second units serve a higher proportion of seniors over time and were more likely to be accessible to people with disabilities. The study

[22] Discussion with Philip Stafford, .
[23] "Accessory Dwelling Unit Development Program." *City of Santa Cruz.* Reviewed August 25, 2010. http://www.cityofsantacruz.com/index.aspx?page=1150.
[24] *Ibid*.
[25] A pattern book is design aid intended to assist with new construction and renovation of residential buildings.
[26] Discussion with Carol Berg, Housing and Community Development Manger, City of Santa Cruz Planning Division, September 24, 2010.
[27] Discussion with Carol Berg, September 24, 2010.

advised that zoning age restrictions for secondary units can be counterproductive to their development.[28]

Facilitating Secondary Units in San Francisco

In order to facilitate the development of secondary units to benefit seniors wishing to age in community, SPUR proposed four policy changes, two of which were amendments to the Planning Code, that would likely have the greatest benefit for seniors: (1) allow secondary units without parking in areas close to transit and shopping; and (2) promote the reclassification of single family neighborhoods which are supportive of secondary units to "RH-1 S" zoning, which allows secondary units with parking. SPUR also advocates building code changes to facilitate secondary unit development.

ASSISTED-LIVING CAPACITY IN SAN FRANCISCO

While most of San Francisco's seniors live in their own residences, some reside in assisted living facilities that provide meals, supervision, and assistance with daily living activities, and are generally constructed to address seniors' safety and mobility issues. However, such facilities can serve only a small proportion of the total estimated senior population of 160,169 as there are only an estimated 6,850 beds in assisted living facilities in the City. Further, the capacity of assisted living facilities has declined over the past decade and no major plans for new facilities are reported on the horizon by staff at the San Francisco In Home Services Consortium and the University of California at San Francisco National Center for Personal Assistance Services.

Assisted Living Facility Options

In 2006 the San Francisco Human Service Agency's Department of Aging and Adult Services (DAAS) published the results of their most recent comprehensive needs assessment. Although the data is approximately four years old, the assessment provides valuable information about the City's aging population and their living arrangements.

The Institute on Aging (IOA)[29] defines assisted living as, "Housing for an elderly or disabled person that provides room, meals, and varying levels of assisted care. This care could include assistance with personal needs, monitoring medication, laundry, housekeeping, recreational opportunities, transportation to medical appointments, and other supports"[30]. In the State of California, assisted living facilities are licensed by the California Department of Social Services through its Residential Care Facilities for the Elderly (RCFE) program. Many facilities that classify themselves as assisted living are retirement communities that offer separate apartments

[28] Chapman, Nancy. *Accessory Apartments: Are They A Realistic Alternative For Aging In Place? Housing Studies*, September 2001, Volume 16, Issue 5, Pages 637-650.

[29] The Institute on Aging (IOA) is a not-for-profit organization that helps elders in the San Francisco Bay Area maintain health, well-being, independence, and participation in the community through programs in health, social service, creative arts, spiritual support, education, and research. Source: Institute on Aging. Reviewed April 30, 2010: http://www.ioaging.org/aging/.

[30] IOA. Reviewed April 30, 2010: http://www.ioaging.org/aging/senior_care_glossary_terms.html.

and are licensed in whole or in part as RCFEs. San Francisco's assisted living facilities include different types of residential complexes that offer seniors meals, supervision, and assistance with daily living activities.

Over the past decade assisted living licensed care options for seniors, particularly those with low incomes, has decreased. For example, four privately owned nursing homes, which together provided care to about 300 seniors, closed between 2000 and 2006, leaving 19 facilities with 2,650 beds in 2006. In 1999, there were 427 beds at assisted living facilities designated for lower income seniors who paid for their care with Social Security Insurance (SSI). As of 2006, only 182 such beds were available.[31]

Future of Assisted Living Facilities for San Francisco Seniors

Interviewed City department representatives, senior services professionals, and senior advocates are not aware of any major assisted living facilities for seniors having been constructed in the past five years, nor are they aware of existing plans to build new assisted living facilities for seniors. Therefore, the number of residential care options in San Francisco are likely to remain at the current level in the near future.[32]

Table 4.4 below provides an overview of services at the primary types of licensed care assisted living facilities in San Francisco. As shown in the table, these facilities have the capacity to serve only approximately 6,850 seniors.

[31]*Community Needs Assessment*, page 19.
[32]Discussions with Charlene Harrington, Director, UCSF National Center for Personal Assistance Services, April 27, 2010 and Margaret Baran, San Francisco In-Home Supportive Services Consortium, April 27, 2010.

Table 4.4

2006 Senior Assisted Living Licensed Care Facilities in San Francisco

Residential Setting	Description	Population Served	Payment Type and Rates	Approx # of Beds
Residential Care Facilities for the Elderly*	Staff provides meals, supervision, assistance with activities of daily living, such as bathing and grooming.	Seniors unable to provide for daily needs, but do not need 24-hour medical supervision.	SSI/ Private pay.	3,100
Residential Care Facilities for the Chronically Ill	24-hour medical care and supervision.	People with disabling HIV and AIDS.	SSI/SSP	120
Continuing Care Retirement Communities/ Life Care Facilities	Continuum of care in one facility, including Homes, condominiums, assisted living, and skilled nursing.	Older adults with varying health needs	Private pay only, most expensive option	750
Community Based Skilled Nursing Facilities **	24 hour nursing care	People with long-term medical needs.	Medi-Cal/ Private Pay.	2,650
Day Health Housing	Continuum of care in single facility includes, case management, nursing, and behavioral health services.	Low-Income Seniors	Rent subsidized by HUD and other sources. Many residents only pay 30% of income.	230
TOTAL* **				**6,850**

Sources: 2006 DAAS Needs Assessment, California Association of Health Facilities, California Department of Social Services, Community Care Licensing Division

*Assisted Living Residential Care Facilities for the Elderly include licensed Board and Care Facilities,

**Community Based SNFs include Laguna Honda and all 19 nursing home facilities in San Francisco.

***Total excludes hospital-based Skilled Nursing Facilities as the number of available beds was unknown.

5. LEGISLATIVE OPTIONS

This section includes a list of issues discussed in the report and related legislative options. We consider these legislative efforts to be options for facilitating aging in place and community. Unless otherwise indicated, these legislative options have been found to be successful at facilitating aging in place and community efforts in other jurisdictions.

Advantages and disadvantages and costs and benefits for each option are presented in the discussions below. Estimated benefits are presented for illustrative purposes for each recommendation based on an assumed level of funding and/or program participation. The benefits would be more or less than the estimated amounts if the City chooses different funding levels than those presented or if higher or lower levels of program participation occur.

IN-HOME PROVISION OF SERVICES LEGISLATIVE OPTIONS

Increasing Home Modification Services

Issue: **Publically funded programs in San Francisco are not commensurate with the potential need based on the size and characteristics of the City's senior population.**

Legislative Option 1: *Expand the Community and Home Injury Prevention Project for Seniors (CHIPPS) by restoring staffing to its former levels and increasing the budget for home modifications.*

San Francisco could increase its effort to locate and assist senior tenants and homeowners with residential safety and accessibility needs by expanding the existing Community and Home Injury Prevention Project for Seniors (CHIPPS) program operated by the Department of Public Health. Currently in FY 2010-11, CHIPPS receives funding from the San Francisco Department of Public Health (DPH) to pay for one .80 full-time equivalent (FTE) DPH Health Worker to conduct outreach to seniors regarding increasing in-home safety and accessibility, and to perform in-home assessments of safety for seniors. DPH funding for CHIPPS staff and the contract with Rebuilding Together San Francisco, a non-profit agency, comes from the City's General Fund. The $45,000 annual service contract with Rebuilding Together is to perform minor home modifications. Grab bars and anti-skid bath floor mats in bathrooms, smoke detectors, hand and stair rails are some of the most commonly requested modifications.

Cost: $118,218. This annual cost estimate includes new funding for one .75 full-time equivalent (FTE) DPH Assistant Health Educator to perform dedicated outreach ($61,374)[1]; (2) one .10 full-time equivalent (FTE) DPH Health Educator to perform grant writing services ($11,844)[2]; and, (3) a 100 percent increase in the contract amount with Rebuilding Together San Francisco, restoring the existing contract amount of $45,000 to the FY 2008-09 amount of $90,000.

[1] This calculation is based on an annual DPH Assistant Health Educator Job Code 2819 salary of $72,618 at the top step, plus fringe and benefits at a rate of 40.86 percent of the salary= $102,290, at 60 percent time = $61,374.
[2] This calculation is based on an annual DPH Health Educator salary Job Code 2820 of $84,084 at the top step, plus fringe and benefits at a rate of 40.86 percent of the salary= $118,440, at 10 percent time = $11,844.

Benefits: An increase in annual funding in the amount of $118,218 would allow CHIPPS to pay for additional staff to conduct outreach efforts and grant writing, the latter of which would help CHIPPS obtain additional future program funding. Increasing the service contract amount would enable CHIPPS to facilitate additional modification services and expand service provision to under-served senior groups. The increase in the contract amount from $45,000 to $90,000 would provide sufficient funding to perform home modification services at an additional 94.[3] residences, or a total of 188 residences, per year A higher or lower level of funding would affect the number of residences benefitting from the program.

Legislative Option 2: *Implement a City-sponsored residential safety and accessibility modifications rebate program.*

San Francisco could focus modification incentives on property owners by sponsoring a rebate program that would subsidize the cost of residential safety and accessibility modifications, up to a maximum of $500 in repairs per residential unit per year. This maximum is set just higher than the average cost of modifications performed at a single residence under the CHIPPS program. In order to encourage landlord participation, the rebate should cover the full cost of parts and labor associated with basic modifications in a single unit, up to $500, and include an "incentive" component of $500, for a total rebate amount of $1,000. Landlords could claim multiple rebates if improvements on the exterior of units such as installing hand rails along hallways stairs or installing chair lifts benefited multiple tenants in multiple units.

Cost: Approximately $300,000 to $500,000 paid for though the City's General Fund or other sources such as the Redevelopment Agency, State or Federal funds, if available. The estimated cost range assumes between 300 and 500 rebates are issued in the full amount of $750.[4] If the level of participation in this program is higher or lower than assumed and results in a different number of rebates, the funding source would be affected accordingly.

Benefits: The safety and accessibility of an assumed 300 to 500 senior residences would be enhanced. If the Board of Supervisors adopted a higher or lower rebate amount, the number of program participants and resulting costs would be correspondingly higher or lower.

Legislative Option 3: *Implement a City-sponsored senior tenant relocation rebate program.*

San Francisco could encourage property owners to increase accessibility for seniors by offering a rebate to landlords who demonstrate proof that they facilitated accessible first floor or ground-level housing for seniors by relocating a tenant over 65 years of age from an upper floor to a ground floor unit, while maintaining the existing rent amount.

Cost: $20,000 to $50,000 for the first year of the program, paid for though the City's General Fund or other sources such as the Redevelopment Agency, State or Federal funds, if available.

[3] This calculation is based on the total contract amount of $45,000 divided by $475, which is the average cost of modifications performed at a single residence through the CHIPPS program.

[4] This estimate assumes existing City staff would perform the program administration, and therefore does not include additional administrative costs.

The cost estimate assumes a rebate amount of $1,000 per tenant relocation and assuming between 20 and 50 rebates are issued in the first year.[5] [6] If the Board of Supervisors adopted a higher or lower rebate amount for this program, the level of program participation and resulting costs would likely be correspondingly higher or lower.

Benefits: More accessible housing units in their current buildings for an assumed 20 to 50 senior tenants per year. If the Board of Supervisors adopted a higher or lower rebate amount for this program, the level of program participation and number of senior residences made more accessible would be correspondingly higher or lower.

Increasing Participation in Senior Villages

Issue: **San Francisco seniors would benefit from increased access to personal support and home modification services that enable aging in place and community.**

Legislative Option 1: *Subsidize membership fees and service fees for low-income seniors in a San Francisco-based senior village program(s).*

Senior village programs help enable seniors to live independently in their own homes by paying fees for access to an array of services, including personal support services and home safety and accessibility modifications. While Citywide interest in village programs is growing, currently members of at least one San Francisco based senior village program, SF Village, are primarily white, English speakers with middle to high incomes. The SF Village annual membership fees are set at $600 per senior, and a discounted fee of $100 is available for low-income seniors. Even with the discounted fees, however, low-income seniors may be hesitant to join SF Village or other village programs because of additional fees associated with various services provided such as transportation to and from appointments or attending cultural events. By subsidizing both discounted membership and service fees, San Francisco could foster diverse membership and increase membership among low-income seniors.

Cost: Assuming that the Board of Supervisors approves General Fund subsidies sufficient to cover: (1) membership fees for between 50 and 100 individual memberships per year, and (2) service vouchers with a value of $250 to be issued to between 50 and 100 low-income members per year, annual costs would be between $37,500 to $75,000 per year, based on SF Village's current membership fees.

Benefits: Increased participation in senior village programs for between 50 and 100 lower income seniors, providing them with access to an array of services and support. [7] If a higher or

[5] This estimate assumes existing City staff would perform the program administration, and therefore would absorb additional administrative costs for the first year of the program.

[6] This estimate assumes existing City staff would perform the program administration, and therefore would absorb additional administrative costs for the first year of the program.

[7] Assuming 50 subsidized memberships, a $500 subsidy per membership, and $250 in service fee subsidies per member, the cost is 50 members x $750 = $37,500 per year. Assuming 100 subsidized memberships, a $500 subsidy per membership, and $250 in service fee subsidies per member, the cost is 100 members x $750 = $75,000 per year.

lower level of funding is approved by the Board of Supervisors, the number of affected low income seniors would be affected accordingly.

Legislative Option 2: *Provide a San Francisco-based senior village organization(s) with a General Fund subsidy to pay for member outreach to targeted demographics such as low-income and immigrant seniors.*

Nationally only a few senior village programs have a full time staff member whose job is dedicated to member outreach. However, some Villages have obtained one-time monies to fund membership outreach to specific demographic groups. The average grant amount is $50,000, and typically the grant pays for a part time staff person or marketing consultant. San Francisco could provide a San Francisco-based village program with a General Fund subsidy to fund an outreach staff person for a one-year period in order to recruit membership among under-served populations.

Cost: $35,000 to $79,800. The annual cost range reflects funding for one half time employee or consultant with no benefits ($35,000), versus one full time employee with benefits ($60,000 x 28 percent for benefits and fringe= $76,800).

Benefits: Increased senior village program outreach to an unquantified number of low income and immigrant seniors. Higher or lower levels of funding would affect the level of program outreach.

HOUSING OPTIONS FOR SAN FRANCISCO'S SENIORS

Homesharing

Issue: **Some senior home providers may be hesitant to rent spare bedrooms due to potentially difficult roommates and complicated eviction laws.**

Legislative Option: *Amend Section 37.2 of the City's Administrative Code to exempt in-home bedrooms from consideration as "Rental Units".*

Some home providers are hesitant to participate in a homesharing program due to the concern that if such home providers have a conflict with their tenant, they will not be able to expeditiously end the homeshare relationship due to San Francisco's tenant protection regulations. By amending Section 37.2 of the Administrative Code to exempt homeshare rooms occupied by seniors from being considered "rental units" and thus subject to City and County of San Francisco rent control regulations– or otherwise exempting homeshare relationships from tenant protections – seniors with rooms to share may be more inclined to participate in a homesharing program.

Cost: This estimate assumes existing City staff would prepare and enact the Administrative Code amendment and therefore would absorb additional administrative costs.

Benefits: Some seniors with spare rooms or space in their homes may be more likely to make such room or space available to other seniors, thus providing a lower cost housing option to some seniors.

Issue: **Homesharing is an inefficient approach to providing companionship and light housekeeping for seniors needing such services.**

Legislative Option: *As an alternative to the City and County funding or subsidizing homesharing programs, increase participation in San Francisco-based village program(s), as discussed above.*

According to homesharing program administrators in other jurisdictions, the two greatest needs of homeshare home providers are companionship and light housekeeping or chores. These benefits can be derived more efficiently from participation in a senior village program.

Cost: *See "Increasing Participation in Senior Villages," above.*

Benefits: *See "Increasing Participation in Senior Villages," above*

Issue: **Homesharing is an inefficient approach to providing extra income for senior homeowners.**

Legislative Option: *Explore options for supporting a reverse mortgage consumer counseling program for seniors.*

One argument in favor of homesharing is that it provides home providers with a modest income. Some housing experts believe that reverse mortgages may be a more efficient approach to providing senior homeowners with supplemental cash income. In addition, reverse mortgages have been found to be a good solution for seniors struggling to afford long-term care.[8] However, impartial reverse mortgage counseling is not available to many San Francisco seniors to ensure that they understand this financial tool and to protect them from predatory lenders.[9] The City should explore opportunities to support a reverse mortgage consumer counseling effort.

Cost: By utilizing existing City resources, an analysis of reverse mortgage counseling program options to be funded or provided by the City could be completed at no direct cost to the City.

Benefits: Providing reverse mortgage consumer counseling to seniors could allow senior homeowners a way to afford living expenses as well as home modifications or programs such as the senior villages. Furthermore, a more educated senior population will be less vulnerable to predatory lenders.

[8] "New Study Shows Reverse Mortgages Can Help Pay for Long Term Care" *Seniors Right to Know.* September 17, 2009. http://www.seniorsrighttoknow.org/blog/?tag=retrofitting.

[9] "DA Extradites Man to Face Charges of Elder Abuse and Fraud in Annuity Scam." *San Francisco District Attorney: Press Release.* April 3, 2009. http://www.sfdistrictattorney.org/News.asp?id=507

Multigenerational Housing[10]

Issue: **The City's Planning Code inhibits legal development of secondary units[11] that could aid seniors wishing to age in place or community.**

Legislative Option: *Ease restrictions on secondary units.*

Construction of more secondary units to aid seniors could be achieved by amending the Planning Code to allow secondary units without parking in areas within ¼ mile of a major transit street or transit center, or shopping area. The reclassification of single family neighborhoods that are supportive of secondary units to the "RH-1 S" zoning, would allow secondary units with parking.

Depending on how a secondary garage unit connects to the main home, a secondary unit may not be permitted to have both a kitchen/bar sink and a full bathroom. This prohibition makes the unit impractical for use as a secondary home. By lifting the prohibition from the City's Building Code, homeowners will have fewer restrictions toward constructing a legal unit and less incentive to create an illegal and potentially unsafe unit.

Cost: Costs to the City and County of San Francisco would include staff time for outreach, education, and inspections and would depend on the amount of outreach, education and inspections associated with facilitating new secondary units. Department staff time would also be required to codify the change properly.

Benefits: Easing the restrictions on secondary units could increase the number of legal secondary units, benefitting senior homeowners in need of live-in assistance from a family member or other caregiver, or seniors who would benefit from additional income resulting from renting units in their home. Alternatively, secondary units may provide low-cost independent living space for seniors in a relative's home. This additional housing would be spread throughout the city.

Issue: **Some San Francisco residents oppose the construction of secondary units in their neighborhoods.**

Legislative Option: *Require that homeowners that install secondary units must either occupy them or live in the main home.*

Requiring that the homeowner occupy the main home or secondary unit was one approach employed by the City of Santa Cruz to win public support for their promotion of secondary units. This requirement would increase the likelihood that a senior was benefitting from the construction of a secondary unit—either as the homeowner receiving rental income or care and assistance, or as the tenant of the unit, living with children or relatives while maintaining an independent home. To ensure compliance with the intent of the proposed legislative change, the approach used by the City of Santa Cruz could be useful. In the City of Santa Cruz, in instances

[10] Multigenerational housing refers to situations when residents deliberately choose to live in a housing environment with older and younger residents.
[11] Secondary units are standalone living units that are added to an existing home.

where neither the home nor secondary unit are occupied by the homeowner, the homeowner must take the secondary unit out of use by deconstructing the unit or shutting off utilities.

Cost: Costs associated with inspections of secondary units could be recovered through existing Department of Building Inspection fees.

Benefits: Requiring that an owner occupy the main home or new secondary unit might ease potential neighborhood opposition to the creation of new legal secondary units and thus enable the creation of more secondary housing units for seniors.

Facilitating Transitional Care

Issue: San Francisco's various transitional care programs are confusing and uncoordinated, which results in service gaps, overlaps, and efficiency opportunities.

Legislative Option: *Analyze San Francisco's transitional care problem to improve service delivery to seniors.*

In order to better understand the nature of the problem, conduct a detailed analysis for the cause of the problem and its effects on San Francisco seniors. Identify populations that are not being served or are underserved by the current set of transitional care programs. Compare San Francisco's efforts to other cities and counties facing these problems.

Cost: The cost of this analysis could be done with existing City resources. Alternately, the cost of contracting with a private firm specializing in transitional care issues would vary depending on the firm's rates and the scope of the study.

Benefits: Further analysis could reveal steps to improve efficiency and close service gaps.

Issue: **San Francisco lacks a transitional care program, like Marin County's Project Independence, that matches volunteers to isolated and frail patients that are set to be discharged from skilled care facilities – regardless of age and income.**

Legislative Option: *Direct the Department of Aging and Adult Services staff to conduct a feasibility study for implementing a Project Independence-like program in San Francisco.*

A detailed feasibility analysis should address the details of Marin's Project Independence, including its costs and performance management practices, and then determine the costs and benefits of replicating such a program in San Francisco. In addition, the study would need to consider the City's ability to replicate Marin's volunteer effort, which is key to keeping program costs low, and is also a likely key to patient satisfaction with the program.

Potential Benefits: A feasibility analysis could assist the Board of Supervisors in making an informed decision about the feasibility, costs, and potential benefits of a Project Independence-like program in San Francisco.

Cost: The cost of this analysis could be done with existing City resources.

A NOTE ABOUT "NON-LEGISLATIVE SOLUTIONS"

Speaking with senior advocates, issue experts, and administrators, it is clear that some of the challenges to aging in community do not have legislative solutions. Senior housing expert Philip Stafford from the University of Indiana recently wrote about nationwide commonalities of the aging in community movement. "The vast majority of seniors do want to stay put, no matter where they live; the built environment provides major challenges; *grass roots creativity may be the road to the future*" (emphasis added).[12]

Some solutions may not be subject to legislative action. Homesharing has been considered to be difficult to implement, because both home sharers and home seekers have specific needs that may be difficult to match. Similarly, senior advocates suggest that a key solution to providing services is engaging younger or more able seniors to provide services to needier seniors. Although engaging seniors in these volunteer efforts is not subject to legislation, the City could facilitate such an effort.

[12]Aging in Indiana, "From Linton to LaGrange, and New York City Along the Way." Reviewed October 22, 2010: http://agingindiana.wordpress.com/category/norcs/

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Appendix I: Home Modification Fact Sheet

Adapted from the California Department of Aging's California Home Modifications Fact Sheet

Home Modifications

Home modifications are major or minor changes to the home environment to make it safer and easier to carry out tasks and maintain independence.

Home modifications are important

- Most Californians say they prefer to spend their senior years in their own homes, but they often live in older homes not built for aging in place.
- Typically, there are three areas in the home that present barriers to safety and independence: steps and doors in and out of the home, stairs inside the home, and the bathroom.
- Homes can be modified to make them safer, more comfortable, and easier to carry out such daily activities as cooking, bathing and climbing stairs.
- Modifications can be as simple as installing grab bars, hand-held showerheads, lever door handles, or improving lighting. More complex modifications may include widening doorways to accommodate wheelchairs and other assistive devices, or installing ramps or elevators.

Types of Home Modifications

There are many types of home modifications. Examples include:

Bathroom modifications:

- Install grab bars in the shower and around the toilet
- Install shower seats or transfer benches
- Place non-skid strips or decals in the tub or shower
- Install a hand-held showerhead
- Install a floor-to-ceiling safety pole

Access in and out of the home:

- Install permanent or portable ramps
- Widen doorways

- Install swing-clear hinges on doors

Getting up and down the stairs:

- Install handrails on both sides for support
- Install a stair glide—a track-mounted seat attached to one side of stairs
- Place reflective non-skid rubber strips on edge of steps

Other modifications:

- Install door grips on existing door knobs
- Replace door knobs with lever handles
- Place night-lights in hallways and other high-traffic areas
- Install a single-control extended faucet in the kitchen
- Possible Solutions, Potential Resources

Public agencies and non-profit organizations have dedicated significant recent attention to increasing awareness of senior safety and accessibility issues and facilitating home modifications. Building new fully accessible units and instituting major renovations of entire buildings is often financially infeasible. However, many seniors would benefit from the simple, small-scale enhancements to existing housing listed in the Fact Sheet.

CHIPPS Home Safety Checklist

YES	NO	?	Living Areas
❑	❑	❑	Can you turn on a light without having to walk into a dark room?
❑	❑	❑	Are lamp, extension or phone cords out of the flow of traffic?
❑	❑	❑	Are passageways free from objects and clutter?
❑	❑	❑	Are curtains and furniture at least 12 inches from baseboard or portable heaters?
❑	❑	❑	Do your carpets lie flat?
❑	❑	❑	Do your small rugs and runners stay put (don't slide or roll up) when you push them with your foot?

YES	NO	?	Kitchen
❑	❑	❑	Are the stove controls easy to use?
❑	❑	❑	Do you keep loose-fitting clothing, towels, and curtains that may catch fire away from the burners and oven?
❑	❑	❑	Can you reach regularly used items without climbing to reach them?
❑	❑	❑	Do you have a step stool that is sturdy and in good repair?

YES	NO	?	Bedroom
❑	❑	❑	Can you turn on a light without having to walk into a dark room?
❑	❑	❑	Do you have a lamp or light switch within easy reach of your bed?
❑	❑	❑	Do you have night-light for your path to the bathroom?
❑	❑	❑	Are the curtains and furniture at least 12 inches from your baseboard or portable heater?
❑	❑	❑	Do you have a rule never to smoke in bed?

YES	NO	?	Bathroom
❑	❑	❑	Does your shower or tub have a non-skid surface: mat, decals, or abrasive strips?
❑	❑	❑	Does your tub/shower have a sturdy grab-bar (not the towel rack)?
❑	❑	❑	To prevent scalds, is your hot water temperature 120 degrees or lower?
❑	❑	❑	Does your floor have a non-slip surface or does the rug have a non-skid backing?
❑	❑	❑	Are you able to get off and on the toilet easily?

YES	NO	?	**Halls and Stairs**
❑	❑	❑	Are there light switches at the top and bottom of stairs?
❑	❑	❑	With the light on, can you clearly see the outline of each step as you go down the stairs? (If not, improve lighting; avoid carpets with "busy" patterns; avoid deep or shag carpets).
❑	❑	❑	Do all stairways have securely fixed handrails, so that your hand wraps completely around them? Are handrails on both sides?
❑	❑	❑	Do handrails run the full length of the stairs, and slightly beyond the steps?
❑	❑	❑	Are all the steps in good repair (none loose, broken, missing or worn in places)?
❑	❑	❑	Are stair coverings (rugs, treads) in good repair, without holes and not loose, torn or worn?
❑	❑	❑	Are stairs free of clutter?

YES	NO	?	**Hallways and Passageways**
❑	❑	❑	Do all small rugs or runners stay put (don't slide or roll up) when you push them with your foot?
❑	❑	❑	Do your carpets lie flat?
❑	❑	❑	Are all lamp, extension and/or phone cords out of the flow of foot traffic?

YES	NO	?	**Front and Back Entrances**
❑	❑	❑	Do all entrances to your home have outdoor lights?
❑	❑	❑	Are walkways to your entry free from cracks and holes?

YES	NO	?	**Smoke Detectors**
❑	❑	❑	Do you have one smoke detector on each level of your home?
❑	❑	❑	Do you test smoke detectors monthly?
❑	❑	❑	Do you replace the batteries twice a year?

YES	NO	?	**Throughout Your Home**
❑	❑	❑	Do you have an emergency exit plan in case of fire?
❑	❑	❑	Do you have emergency phone numbers listed by your phone?

A "NO" answer for these questions indicates a need for change.

May 2009

Community & Home Injury Prevention Program for Seniors (CHIPPS)
San Francisco Department of Public Health – Community Health Education Section
30 Van Ness Avenue, Suite 2300, San Francisco, CA 94102 (415) 581-2415

Appendix III: Detailed Description of Senior Villages

Section 3 of this report includes a discussion of Senior Villages and their role in providing home health assistance to seniors. This appendix includes additional detailed descriptions of the Senior Villages we investigated.

Senior Villages Described in this Appendix

Village Name, Location	Page Number
SF Village, San Francisco, California	A-5
Avenitas Village, Palo Alto, California	A-6
Marin Village, Marin County, California	A-8
The City of Novato Independent Elders Program (NIEP), Novato, California	A-9
ElderHelp Concierge Club, San Diego, California	A-10
WISE Connections	A-11
Beacon Hill Village, Boston, Massachusetts	A-12
Capitol Hill Village, Washington	A-13
Community Without Walls, Princeton, New Jersey	A-15
One Call Club Knoxville, Tennessee	A-16

SF Village, San Francisco, California

History and Membership

SF Village is a community-based non-profit membership organization that began in 2009 and currently serves approximately 100 seniors. The program initially served seniors residing in the Richmond neighborhood, but not long after the program began, members living in other San Francisco neighborhoods joined. The typical SF Village member is single, female, in her early 70s, and falls into the middle to high income bracket. Currently almost all SF Village members are White, English language speakers. The program hopes to attract members with more varied backgrounds in terms of income, race, and sexual orientation. Currently SF Village staff conducts membership outreach through informational sessions that take place in member homes, at rotary club meetings, and at homeowners' association and neighborhood association meetings.[1]

[1] Discussion with Christabel Cheung, Executive Director, SF Village, August 9, 2010.

Programs and Services

According to its website, SF Village offers a network of "high-quality resources, services, programs, and activities that revolve around members' daily living needs, social, cultural and educational desires, ongoing health and wellness, and member-to-member volunteer support." Services available through the SF Village network fall into four broad categories: (1) social and cultural events, (2) practical and daily living services, (3) health and wellness, and (4) member-to-member connections. More specifically, services range from private museum tours, to computer assistance, to drives to doctor's appointments, to member get-togethers. [2] According to the SF Villages Director, the most frequently requested services are transportation assistance and help using personal computers. Although membership includes a free home safety and emergency preparedness review, the completion of home modifications are listed as a fee-based service on the SF Village website. [3,4]

Funding and Membership Fees

SF Village does not receive public funding and relies on membership fees, donations and foundation grants. Because membership fees make up approximately 20 to 25 percent of the program funding, establishing fiscal sustainability has been a challenge. Annual membership fees are $600 for a one-person household and $750 for a two-person household. A discounted fee of $100 is available for low-income applicants, although the SF Village Director pointed out that the even with the subsidized fees, seniors on a limited budget are hesitant to join because of the additional fees associated with many services. Currently few members have discounted membership.[5]

Avenidas Village, Palo Alto, California

History and Programming

Avenidas began in 1969 as the Senior Coordinating Council. Today, the non-profit organization is known as Avenidas, and operates a Senior Center in Palo Alto and an adult day health care center in Mountain View. It has a variety of programs, one of them being Avenidas Village, which was launched in October of 2007. Avenitas Village offers a membership component that includes access to health, transportation, counseling, handyman services, and a community of other senior members with whom members can regularly interact. [6]

Handyman services as well as other vetted vendors help members maintain a safe and accessible home via discounted services. Avenidas also maintains a partnership with a research organization based at Stanford University called Farewell to Falls. Researchers from the organization perform free evaluations of members' medical needs and medications, physical

[2]SF Village website. Reviewed April 26, 2010: http://www.sfvillage.org/
[3] Discussion with Christabel Cheung, Executive Director, SF Village, August 9, 2010.
[4]SF Village website. Reviewed April 26, 2010: http://www.sfvillage.org/
[5] Discussion with Christabel Cheung, Executive Director, SF Village, August 9, 2010.
[6] Discussion with Vickie Epstein, Director, Avenidas Village, August 10, 2010.

routines, and the safety of their homes. After completing the evaluation, researchers provide free health and exercise recommendations and make small home modifications such as installing safety grabs bars.[7]

Membership

Approximately two-thirds of Avenidas Village members reside in Palo Alto, and one-third reside in neighboring towns. The average age is 79 years old, and most members fall into the middle and upper income brackets. Slightly over half of members are single.[8]

Membership Fees

Annual membership dues for Avenidas Village are $825 for singles and $1,050 for couples. The membership fee includes the following benefits: one phone number to call for 24/7 service, access to discounted, pre-screened vendors, transportation to and from specialized medical appointments, an emergency preparedness review, a legal 411 assistance service, a medical advocacy program, daily telephone check-in, a members-only website, directory, list serve and social/cultural activities. Members also benefit from Village partnerships with local healthcare providers, a menu of volunteer opportunities, social connections and great peace of mind. [9]

Avenidas does not offer discounts for low-income applicants or conduct any type of membership outreach to attract low-income or immigrant members, although the Director advised that she hoped subsidized membership for low-income seniors would become fiscally feasible in the future. [10]

Funding and Staffing

Currently Avenidas Village is funded almost entirely by member fees, which are used to pay for two full time staff positions. Avenidas relies on volunteers to perform administrative work in the office and offer field services such as transportation and home visits. In terms of public funding, in 2009 Avenidas received a one-year grant from the City of Los Altos Hills in the amount of $49,400 to pay for one part-time employee to conduct marketing and outreach in Los Altos Hills. According to the Director, Avenidas does not plan to pursue new public funding, but instead hopes to increase revenues by expanding membership and collecting additional membership fees.[11]

[7] Discussion with Vickie Epstein, Director, Avenidas Village, August 10, 2010.
[8] Discussion with Vickie Epstein, Director, Avenidas Village, August 10, 2010.
[9] Discussion with Vickie Epstein, Director, Avenidas Village, August 10, 2010.
[10] Discussion with Vickie Epstein, Director, Avenidas Village, August 10, 2010.
[11] Discussion with Vickie Epstein, Director, Avenidas Village, August 10, 2010.

Marin Village, Marin County, California

History and Membership

In 2007, the Marin County Civil Grand Jury published a report that revealed Marin County to be the fastest aging county in California. The report projected that by 2030, one out of three Marin residents would be 65 years or older. Currently, 25 percent of Marin County's population is 65 or older. Loulie Sutro, a member of the Marin Grand Jury interested in creating programming to allow aging adults to remain living at home, had read about Boston's Beacon Hill Village and formed a task force to discuss creating a comparable new program for aging adults in Marin County. Marin Village was incorporated in the summer of 2009, and Sutro was elected as President of the Board of Directors.[12]

Programming

Marin Village is scheduled to open in October 2010 and will provide information about social and cultural programs, as well as referrals and discounts for services such as healthcare and home maintenance. Marin Village staff will negotiate member discounts and check referrals, insurance and licensing details of potential service providers. An online newsletter will keep members informed about events of interest. Community Village Organizations (CVOs) will be an integral component of the Marin Village plan and will open alongside or after the central Marin Village office operations begin. CVOs will be formed in towns throughout Marin, will offer a variety of programs to help seniors stay engaged locally, such as book groups, yoga classes and shopping trips. Currently seniors in Sausalito, Mill Valley, Homestead Valley, San Rafael, Ross, and Belvedere are working with the central Marin Village Office and plan to open local CVOs this year. [13]

In terms of home safety and accessibility, the Director of Marin Villages will establish relationships with local handymen and contractors that offer discounted modification services. The Director is also speaking with volunteer organizations about offering free safety and accessibility assessments for Marin Village members.[14]

Funding and Membership Fees

Marin Village is managed by a volunteer Board of Directors, will not initially hire paid staff, and will operate as a volunteer-run organization. Volunteers will assist with administrative and membership duties, as well as direct service provision including food and medication delivery, phone checks and transportation. The membership dues will be $200 per household, and each household will have access to resources provided by both the central Marin Village office and the local CVO in their neighborhood. In addition to the membership fee, Marin Villages has

[12] Marin Village website. Reviewed August 11, 2010: http://www.marinvillage.org/history.html
[13] Marin Village website. Reviewed August 11, 2010: http://www.marinvillage.org/history.html
[14] Discussion with Jo Burnett, Marin County Village, August 11, 2010.

received a start-up grant from the private Marin Community Foundation. The grant helped Marin Village to evaluate strategies about how to meet the needs of the county.[15]

To date, membership outreach efforts include informal sessions at senior homes and at larger venues including the Sausalito Women's Center and St. Stephen's Church in Belvedere. The Director of Marin Village advised that the smaller information sessions more effectively attract members because high attendance at the larger venues has not been conducive to addressing individual questions. Marin Village has not conducted outreach targeting specific demographics such as low-income or immigrant seniors. One of Marin Village's long term goals is to begin recruiting low-income seniors once the organization has secured stable funding.[16]

The City of Novato Independent Elders Program (NIEP), Novato, Calif.

History and Programming

NIEP began in 1990, and does not classify itself as a Village but rather "a coalition of stakeholders- concerned older adults, community representatives, and service providers- who are interested in supporting the independence of Novato's older citizens." However, because NIEP offers services comparable to self-characterized Village programs, NIEP is included as a model program. NIEP services include disaster preparedness information, community education workshops on aging issues for older people, caregivers, and their families, neighborhood outreach programs to prevent abuse through a postal carrier alert program, neighborhood yard and home maintenance programs, and information about senior housing.[17]

Membership

450 members are currently enrolled in NIEP and have access to both the membership referral services that characterize Villages programs and to the Margaret Todd Senior Center, where the NIEP offices are located and where seniors can meet to participate in various activities and special events. Ninety percent of NIEP members are Caucasian, 10 percent are Hispanic.[18]

Outreach and Services to Minority Populations

NIEP sponsored providers work to ensure programs and services are available and accessible to non-English speaking and minority populations.[19] The NIEP Multi-Cultural Specialist, who is one of the two staff persons, conducts outreach at churches, and in locations such as housing complexes with high concentrations of Hispanic and Filipino residents. ESL and Citizenship classes and workshops are popular among minority members.[20]

[15] Discussion with Jo Burnett, Marin County Village, August 11, 2010.
[16] Discussion with Jo Burnett, Marin County Village, August 11, 2010.
[17] Novato Independent Elders Program website. Reviewed August 29, 2010: http://www.ci.novato.ca.us/Index.aspx?page=560
[18] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.
[19] Novato Independent Elders Program website. Reviewed August 29, 2010: http://www.ci.novato.ca.us/Index.aspx?page=560
[20] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.

Funding, Staffing and Volunteer Support

NIEP receives the majority of its funding from the Marin Foundation and the Marin County Community Block Grant (CDBG), with the City providing –in-kind clerical and custodial support as well as office space. Marin Foundation grant funding covers a second full time staff person, as well as operating expenses. NIEP currently relies on 73 volunteers to assist with a range of services including home deliveries, yard maintenance, and transportation.[21]

According to NIEP's Director, program support from Novato's City Council has been integral in increasing the program's visibility, attracting new members and receiving public funding. However, the City of Novato intends to discontinue funding for NIEP in FY 2011-12 due to the decrease in revenues to the City, so the Director is currently investigating alternative funding sources.[22]

Financial Assistance for Low-Income Seniors

Senior Citizens Financial Assistance was established and is funded solely by donations. Funding covers 50 percent, or $50, of the $100 program fees. forty percent of members pay discounted rates,[23] and NIEP uses an "honor system" to determine which members pay lower rates because of the concern that seniors might not join if they were required to provide financial documentation.[24]

Partnerships with Local Agencies and Organizations

NIEP has established relationships with postal workers, trained by NIEP staff, to recognize signs that indicate a senior may be in need of help (e.g. not picking up mail). NIEP partners with the local Police and Fire Department as well as NIEP volunteers and other community members to report Novato seniors living in hazardous environments. With regard to home safety and accessibility, NIEP receives referrals from hospital discharge workers and volunteers alerting NIEP staff to the names of members that require home safety and accessibility services. In the past postal workers, policemen and firemen have also informed NIEP staff of residential hazards in member homes.[25]

ElderHelp Concierge Club, San Diego, California

History and Programming

Elderhelp was founded in 1973 as a community-based volunteer organization in the inner city neighborhood of North Park, San Diego and has since become a regional community resource center for seniors and their families. The main office is located in downtown San Diego, close to

[21] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.
[22] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.
[23] Novato Independent Elders Program website. Reviewed August 29, 2010: http://www.ci.novato.ca.us/Index.aspx?page=560
[24] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.
[25] Discussion with Carol Ann Moore, Director, NIEP August 17, 2010.

where many low-income seniors reside. Three satellite locations in Poway, Clairemont and Lemon Grove have allowed the expansion of services to residents outside of downtown San Diego. The Village model component of Elderhelp is the Concierge Club, which is a membership-based program that offers a package of services performed by a network of vetted providers, staff and volunteers that help members remain independent and in their homes. Service areas include personal care coordination, friendly visiting, shopping, daily check-in, escorted transportation, mail sorting and organization, gardening, and minor home repairs. [26]

Membership Fees

Concierge Club membership pricing is based on a sliding scale. Seniors with low incomes qualify for free services, while those with higher incomes pay membership fees based on their income.[27]

Membership and Funding

According to the Director of Elderhelp, the Concierge Club currently serves 180 members, the majority of which qualify for free or discounted membership. Thus far most members have been referred to the Concierge Club through the Case Management division of Elderhelp, although the Concierge Club recently hired a membership salesperson to help the Concierge Club meet its goal of 200 members paying full fees, and 200 members receiving subsidized membership by 2012. A bi-lingual Member Care Manager performs outreach to increase membership among the older Latino population in the San Diego area. Currently the annual income of 80 percent of members falls below $13,000, 12 percent report incomes between $13,000 and $35,000, and eight percent report incomes of over $35,000.[28] Elderhelp is funded through foundation grants, private and corporate donations, and membership fees.[29]

WISE Connections

History and Programming

WISE Connections is a membership-based program that supports aging in place for adults 50 and older in the greater Los Angeles area. WISE Connections is scheduled to begin operations in October 2010 under the direction of WISE and Healthy Aging, which is a nonprofit, social services organization that provides programs, services, information and support for seniors, caregivers, and professionals in the aging field, with emphasis on low-income and/or underserved individuals.[30]

WISE Connections was conceived in 2009, when the City of Santa Monica approached WISE and Healthy Aging staff with the idea of developing a Village program in Santa Monica. During

[26] Elderhelp website. Reviewed September 12, 2010: http://www.elderhelpofsandiego.org/about-us
[27] Discussion with Leanne Marchese, Director, Elderhelp of San Diego, August 17, 2010.
[28] Discussion with Leanne Marchese, Director, Elderhelp of San Diego, August 17, 2010.
[29] Discussion with Leanne Marchese, Director, Elderhelp of San Diego, August 17, 2010.
[30] Wise and Healthy Aging website. Reviewed September 14, 2010: http://www.wiseandhealthyaging.org/cms/1008.html.

preliminary meetings, the idea developed to create a hub-and-spoke model whereby WISE and Healthy Aging would act as central administrators of the program (a.k.a. the hub) and local neighborhoods, including Santa Monica, would facilitate local meetings, support programs and events that directly address the demands of each neighborhood (a.k.a. the spokes).[31] Santa Monica was particularly interested in creating a Village program because the City of Santa Monica had conducted a survey of senior needs and services, and found a deficit in the type of community-based programming characteristic of the Village model.

In terms of home safety and accessibility programs, WISE Connections plans to refer seniors to existing free and reduced cost home modification programs funded by the City of Los Angeles. Additionally, WISE and Healthy Aging maintains a list of volunteers trained in providing home safety assessments and modifications that will be available to WISE Connections members.[32]

Staffing

WISE Connections is scheduled to open with one full time membership Director and a few administrative staff that are currently working at WISE and Healthy Aging. The administrative staff will spend a portion of their time working on the WISE Connections initiative.[33]

Funding and Membership Fees

Santa Monica Village has received funding from the City of Santa Monica to pay for start-up costs such as member recruitment, as well as to offer 15 fully subsidized memberships to low-income seniors. The annual WISE Connection membership fee for all neighborhood groups will be $500 per individual $800 per couple.[34]

Beacon Hill Village, Boston, Massachusetts

History and Programming

Founded in 2001 and launched in 2002, Beacon Hill Village is one of the oldest and largest Village programs. Beacon Hill Village was founded because a few friends were interested in forming a membership-based organization that assisted seniors in aging in their homes, and has grown considerably over the past eight years. Currently the Beacon Hill Village Board of Directors, comprised of 11 founding members, oversees the organization and retains control over the Village's policies, programming and planning.

Beacon Hill Village services and programs include social and cultural events; references to transportation and concierge services; references to home maintenance and repair and adaptation services; and references for a menu of health and wellness services, including homecare. Some services, like weekly grocery transportation and social activities are covered by membership fees. Others are available on a fee-for-service basis, often at a pre-negotiated discount. Village

[31] Discussion with Caroline Koskinas, WISE and Healthy Aging, August 13, 2010.
[32] Discussion with Caroline Koskinas, WISE and Healthy Aging, August 13, 2010.
[33] Discussion with Caroline Koskinas, WISE and Healthy Aging, August 13, 2010.
[34] Discussion with Caroline Koskinas, WISE and Healthy Aging, August 13, 2010.

staff arrange for any services that members might request, drawing from a pool of vetted providers along with volunteer resources.[35]

Membership

Beacon Hill Village now has 460 members, who live throughout central Boston. Member ages ranges from 53 to 101, with an average membership age of 73 years. 35 percent of the members are part of couple. The majority of members are physically able, and only five percent of members require some type of home care.[36]

Membership Fees

Individual memberships are set at $640 per year, household memberships at $890 per year. Membership Plus discounted memberships cost $110 per person, $160 per couple, and are available to seniors who earn $45,000 or less per year. Eligible members also receive a credit of $250 toward all services obtained through Beacon Hill Village. Twenty-six percent of members pay discounted membership fees. [37]

Funding and Staffing

Sixty percent of operating costs are covered by membership fees. The Beacon Hill Village Director advised that the goal is to cover 75 percent of costs through fee revenues. Subsidized memberships are covered by foundation grants. Beacon Hill Village does not receive any public funding, nor do any Board members that work in public social services. According to the Director, Beacon Hill Village decided not to pursue public funding because the program is founded on the ideal of operating as a "flexible, independent" organization that is "100 percent consumer- driven".

Beacon Hill Village maintains the largest staff of all Villages. With the exception of one staff person that is funded by the non-profit organization NCB Capitol Impact to support the research and advisory partnership between Beacon Hill Village and NCB Capitol Impact, all staff dedicate all of their time to working on Beacon Hill Village issues.[38]

Capitol Hill Village, Washington DC

History and Programming

According to the Capitol Hill Village website, the impetus for Capitol Hill Village (CHV) came from a resident of Capitol Hill in Washington DC that had read about Beacon Hill Village. In March 2006, Lewis convened a group of neighbors interested in facilitating aging in place. The group eventually formed the first Capitol Hill Village Board of Director, collected necessary

[35] Beacon Hill Village website. Reviewed September 12, 2010:
http://www.beaconhillvillage.org/content.aspx?page_id=22&club_id=332658&module_id=75811
[36] Discussion with Judy Willet, Director, Beacon Hill Village, August 16, 2010.
[37] Discussion with Judy Willet, Director, Beacon Hill Village, August 16, 2010.
[38] Discussion with Judy Willet, Director, Beacon Hill Village, August 16, 2010.

startup funds, constructed a database, fashioned a business plan and budget. Board members held small meetings in their homes, inviting friends and neighbors to learn about the general concept of "aging in place," and identifying relevant services such as handyman and home-repair, transportation help, information on healthcare, tax and financial advice, "look-in" services, and "life-enrichment" activities providing social outlets. The organization became fully operational on October 1, 2007 with almost fifty members signed up.[39]

Since its inception Capitol Hill Village has facilitated safety and accessibility assessments at the request of its members. Members of churches and other local organizations have volunteered to provide home modifications. Capitol Hill Village has set aside foundation funds specifically to assist seniors with paying for more involved or costly household repairs that are conducted by vetted service handymen and contractors.[40]

Staff and Volunteers

Eighty percent of Capitol Hill Village's service referrals are filled by volunteers. Twenty percent are filled by vetted service providers. According to the Executive Director, who is one of the only two staff at Capitol Hill Village, the volunteer-first model is the foundation of Capitol Hill Village. All new members are offered the option to get involved in the volunteer program. Approximately half of all members volunteer in some way, with technological assistance and social experiences the two most common member volunteer activities. One third of volunteers are under 30 years old. These volunteers often provide physical services that require strength or technical support for home appliances and computers.[41]

Membership and Fees

Currently Capitol Hill Village has 350 memberships. The membership cost is $580 per individual, $800 per year. According to the director, 6,000 Capitol Hill residents are seniors, which suggests that 5.8 percent of all seniors in the area are Village members. Of these members, 20 percent, or 60 households, pay the Membership Pus discounted fees, which are either $100 or $200 per year, depending on need. Membership Plus eligibility is considered on a case-by-case basis and typically relates to whether a member is facing an economic crisis, such as medical dept, as opposed to annual income.[42]

Funding

The majority of Capitol Hill Village's funding is from program fees. The only public funding that Capitol Hill Village has risen to date was a one-time payment of $50,000 from the City of Washington DC to be used to recruit low-income members. The Director advised that Capitol Hill Village did not seek new public funding in FY 2010-11 because the City is struggling with budget issues, but the Director plans to approach the City when funding becomes available again. Capitol Hill Village has attempted to link members with City-sponsored services such as

[39] Capitol Hill Village website. Reviewed September 12, 2010: http://www.capitolhillvillage.org/?pg=40
[40] Discussion with Gail Kohn, Executive Director, Capitol Hill Village, August 19, 2010.
[41] Discussion with Gail Kohn, Executive Director, Capitol Hill Village, August 19, 2010.
[42] Discussion with Gail Kohn, Executive Director, Capitol Hill Village, August 19, 2010.

transportation and meal preparation, but did not continue to promote the services because the service quality was not consistent.[43]

Community Without Walls, Princeton, New Jersey

History and Programming

Community Without Walls (CWW) represents one of the first Village-like programs. CWW in 1992 opened in Princeton, New Jersey with the mission of enhancing the ability of its members to age well and "in place." CWW does not classify itself as a formal Village, although its membership structure and service offerings include the types of social network activities that characterize most Villages. For example, the bird-watching club and a theater group are two examples of social groups and, for seniors who need more assistance, CWW has a referral partnership with a local nonprofit that provides access to a 24-hour emergency hotline.[44] Because CWW does not have paid staff, members coordinate and provide all services.[45]

CWW maintains a list of preferred handymen and contractors, some of whom provide reduced fee services for members. CWW also has a strong relationship with the Secure At Home program, which offers a range of health and wellness services that include home safety assessments and access to other members who are available to perform light manual labor around the house.[46] At least ten percent of CWW members are members of the Secure at Home program.[47]

Membership and Membership Fees

CWW offers new memberships when space is available in CWW's six "houses". The houses are member groups that hold monthly meetings for the entire house and smaller social meetings for members with similar interests. Each house has a maximum membership of 125, a number selected to ensure that members get to know each other well. Prospective members contact the CWW President, who forwards the membership request to representatives from the individual Houses, who then determine availability. CWW performs no member outreach or targeted recruiting for low-income or other demographics. Eighty percent of members are married, and 60 percent are women. The ages of members ranges from 60 to 93 years, and many members are between 70 and 75 years old. Members primarily fall in the middle to upper income brackets. [48]

Because of the low overhead associated with operating the program without paid staff, CWW fees are minimal as compared to other Village program. Annual dues are set by the individual Houses and are on average $30 for a single membership. Fee revenues are used to pay for special

[43] Discussion with Gail Kohn, Executive Director, Capitol Hill Village, August 19, 2010.
[44] Gleckman, Howard, "'Village' groups help seniors remain in their homes as they grow older", Washington Post (February 10, 2010). Reviewed September 14, 2010: http://www.washingtonpost.com/wp-dyn/content/article/2010/02/08/AR2010020802459.html?sub=AR
[45] Discussion with Vicky Bergman, Community Without Walls, August 11, 2010.
[46] Secure at Home website. Reviewed September 14, 2010: http://www.jfcsonline.org/secure@home.html
[47] Discussion with Vicky Bergman, Community Without Walls, August 11, 2010.
[48] Discussion with Vickie Bergman, Community Without Walls, August 11, 2010.

events, the annual meeting, website development and maintenance, insurance coverage for events, and other purposes such as new program development. [49]

One Call Club, Knoxville, Tennessee

History and Programming

One Call Club is a membership program assisting Knox and residents of surrounding Counties, ages 50 and older, to maintain their health and independence by having one phone call access to reliable, reasonably priced services. One Call Club coordinates services that include household and computer repairs, landscaping, housekeeping, personal and medical care, and transportation; access to pre-screened service providers; discounts on services; free grocery shopping transportation or delivery; and free home safety recommendations.[50]

The One Call Club differs from other Villages programs in that it does not promote social connections. In terms of safety and accessibility home modifications, the One Call Club offers a no-interest revolving loan program. Members also have access to a list of vetted providers that offer members discounts on modifications. According to the One Call Club Director, the Club aims to serve, "the forgotten population" of seniors who do qualify as low-income but may be just above the poverty line and therefore experience difficulty accessing services.[51]

Membership and Fees

The One Call Club currently has 460 member households, representing 592 individuals, 14 percent of whom qualify as low-income but above the poverty line. Currently the membership fee is set at $75 per household, although the One Call Club Director advised that the goal is to transition to an income-based sliding scale with a maximum household fee of $100. One Call Club expects to be fully funded through membership fees by the fifth year of operation in 2012. [52]

Funding, Staff, and Volunteers

The One Call Club is funded primarily through a grant to the Knox County Office on Aging from the Robert Wood Johnson Foundation. Other local funding partners include health and medical centers, local churches, local foundations and individual donors.[53] According to the Director, the One Call Club has not pursued local public funding, which are typically reserved for the lowest income seniors.[54]

The funding pays for three staff members. Because the One Call Club office is located within the Institute on Aging, overhead costs are low. According to the Director, One Cal Club keeps costs

[49] Discussion with Vicky Bergman, Community Without Walls, August 11, 2010.
[50] One Call Club website. Reviewed September 12, 2010: http://onecallclub.blogspot.com/
[51] Discussion with Barbara Monty, Director, One Call Club, August 17, 2010
[52] Discussion with Barbara Monty, Director, One Call Club, August 17, 2010
[53] One Call Club website. Reviewed September 12, 2010: http://onecallclub.blogspot.com/
[54] Discussion with Barbara Monty, Director, One Call Club, August 17, 2010

low by taking advantage of marketing opportunities such as free advertisement space in local newspapers and interviews on local radio stations. Perhaps most importantly, according to the Director, is the strong volunteer base. Volunteers provide services such as rides to and from appointments or friendly home visits.[55]

[55] Discussion with Barbara Monty, Director of One Call Club, August 17, 2010.

SURROUNDING NEIGHBORHOOD, cont.

Neighborhood Characteristics

Yes	No	
_____	_____	Is the surrounding neighborhood safe, based on the rate of personal larceny (purse snatching)?
_____	_____	Is the surrounding neighborhood perceived to be free from problems of crime, blighted conditions, or undesirable elements?
_____	_____	If not, are there programs in place that address these conditions?
_____	_____	Is the neighborhood social environment one where neighbors watch activity and would notice strangers?
_____	_____	Is the zoning of the adjacent neighborhood compatible with mixed use?
_____	_____	Is the character of the adjacent neighborhood compatible with proposed use (e.g., density level, design)?
_____	_____	Is the surrounding area free from noise generators, such as industrial uses?

Site/Neighborhood Relationship

Yes	No	
_____	_____	Is the site designed to encourage interaction and participation with the community?
_____	_____	Does the site entrance provide a graceful transition to the street?
_____	_____	Is the site and building entry easily identified?
_____	_____	Does the site evoke a feeling of neighborhood spirit through the sharing of common facilities and spaces?
_____	_____	Are facilities intended for neighborhood use located in such a way that outsiders are not forced to walk through the site to get to them?

ACCESSIBILITY

Automobile

Yes	No	
_____	_____	is the site convenient to a freeway or an arterial street network?
_____	_____	Does the site entry/exit allow safe access and egress to the street?

Parking

Is the site's parking area:

Yes	No	
_____	_____	close to the entry?
_____	_____	well-lighted?
_____	_____	equipped with adequate curb cuts/ ramps?
_____	_____	Is there a safe wheelchair route that avoids movement behind parked cars?
_____	_____	Are vehicle and pedestrian movement clearly separated and marked?
_____	_____	Is there access and turning area for fire trucks or emergency vehicles?
_____	_____	Is a covered, convenient drop-off zone located out of the traffic flow?
_____	_____	Are there an appropriate number of parking spaces for residents and guests with disabilities?
_____	_____	Are the parking spaces large enough to accommodate wheelchair access?
_____	_____	Is the slope of the site's parking area five percent or less?

Public Transit

Yes	No	
_____	_____	Is there a bus stop within two blocks?
_____	_____	Does it provide shelter from the weather?
_____	_____	Is seating provided?
_____	_____	Is a special transportation program for older adults available to the site?
_____	_____	Is the bus route served by a bus with a lift?
_____	_____	Is the bus service frequent (at least hourly) during the off-peak hours?
_____	_____	Is bus service available on weekends as well as weekdays?
_____	_____	If not a main feeder line, does the bus line connect easily to downtown routes, to major shopping and service areas, to hospitals?

Pedestrian

Yes	No	
_____	_____	Is there a pathway unobstructed by protruding signs, lights, or barriers, connecting all elements of the site (e.g., parking, bus stops, housing, community center, open space)?
_____	_____	If the site grade is greater than five percent, are ramps provided?
_____	_____	Are pathways non-slip and non-glare with good drainage?
_____	_____	Are curb ramps provided at each intersection?
_____	_____	Are there safe, direct, and convenient pedestrian routes to neighborhood services?
_____	_____	Are there pedestrian street crossings to neighborhood services?
_____	_____	Are there auditory crossing signals to aid the visually impaired?
_____	_____	Are pedestrian routes and stairs well-lit?
_____	_____	Is building shading of pathways minimized to reduce the chance of icy paths?

Lighting

Yes	No	
_____	_____	Are sidewalks and entrances well-lit?
_____	_____	Is lighting increased at path intersections, rest areas, bus stops, and grade changes?
_____	_____	On walkways and in parking areas are lights spaced on a 1:4 or 1:5 ratio of height of lamp to distance between lamps to reduce glare or hotspots?
_____	_____	Is ground-level lighting used for pathways as a way to increase visibility of paths and steps?

OPEN SPACE

Defensible Space

Yes	No	
_____	_____	Are there symbolic barriers (e.g., low hedges and fences) to define spaces and provide transitions from public to private space?
_____	_____	Does the site promote visual surveillance of entry, outdoor areas, parking, and pathways by residents and staff?
_____	_____	Are outdoor spaces broken into sma intimate spaces, clearly defined and differentiated from each other?
_____	_____	Are outdoor spaces defined to "belo to a cluster or to individual units rath than being large undefined spaces?

Wayfinding

Yes	No	
_____	_____	Is there one major pathway to connect housing units with on-and off-site activities?
_____	_____	Are units or clusters designed so residents and visitors can easily orient themselves?
_____	_____	Are there distinctive natural and built landmarks to identify different areas of the site?
_____	_____	Is there adequate signage or color coding for site orientation?

Landscaping

Yes	No	
_____	_____	Is the landscaping designed to limit the possibility of loitering (e.g., low-growing, high branching, or widely spaced)?
_____	_____	Does it include raised flower beds for resident gardening?

Passive and Active Recreation

Yes	No	
_____	_____	Is there a variety of outdoor areas to provide options (e.g., sunny or shady spots, quiet or active)?
_____	_____	Are there resting spots such as benches or low retaining walls situated near a walkway?
_____	_____	Is level wheelchair space provided nea active and passive outdoor space?
_____	_____	If the facility will house mentally impaired older persons, has allowance been made for secure outdoor recreation?
_____	_____	Are fixed benches placed at right angles to facilitate conversation?

RECOMMENDED STANDARDS

Parking

Standard parking stalls should be a minimum of nine feet wide; handicapped stalls should be 14 feet wide to allow nine feet for parking and five feet for loading. Angled parking at 30, 45, or 60 degrees is easier to use than straight-in parking.

Recommended parking allowances vary depending on the level of care of the facility.

For relatively independent living facilities, one-half parking space per unit is adequate for urban sites; three-quarters of a parking space per unit for urban-suburban sites; and one parking space per unit for small town/rural sites.

As little as one space per 10 units may be adequate for institutional care facilities where less resident parking, but more staff parking, is required.

Walkways

Minimum width of 48 inches; non-slip and non-glare surface; no gratings in walk; continuous common surface without abrupt changes in level or interruption of steps. Suitable surface material includes concrete, asphalt, mortared level brick, or tile.

Street Crossings

Sidewalk extensions with parking bays decrease the distance to be crossed; walk-through islands at least four feet wide at the median of wide streets; longer “walk” signals timed for 215 feet per minute.

Ramps

Required for grades more than five percent; gradient not to exceed 1:12; dual handrail system at 26 inches and 32 inches and extending one foot beyond each end; level resting areas at regular intervals of no more than 30 feet; if no wall, two-inch-high curb on both sides of ramp.

Slopes

Limit slope of site to an average of five percent. Both ramps and stairs must be provided when grade changes exceed five percent. Major on-site routes should be limited to a five percent slope, building entries 2.5 percent with no steps, and other pedestrian routes to an average of six percent or 10 percent for a maximum of 75 feet.

Stairs

Non-slip and non-glare surface; stair runs should have no more than 10 risers between landings and no fewer than three risers (short stairs may not be noticed by visually impaired); handrails at 32 inches extending one foot beyond top and bottom; stair nosings of no more than one-half inch in contrast color; contrast in color or texture between grades or between level grade and top and bottom steps.

Curb Cuts/Ramps

Paired flared curb ramps offset to allow defined curb at corner; non-slip surface; gradient maximum of 1:12; raised marking to alert visually impaired.

Signage

Lettering styles and graphic symbols should be bold and simple such as Helvetica or Futura typeface; contrasting colors with light images on dark backgrounds are preferred, as well as raised lettering or Braille. Signs should not protrude into the pathways of the visually impaired.

Benches

Benches should have backrests and armrests to facilitate getting up. The leading edge of the armrest should extend to the leading edge of the seat and provide a firm, rounded gripping surface. Soft material is preferable to hard materials and materials that conduct heat and cold. Benches should be placed often enough to provide resting places along frequently used pathways.

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Available in alternative formats upon request.

SITE PLAN CHECKLIST FOR SPECIALIZED ADULT HOUSING

This checklist is most appropriate for housing for relatively independent older people who are well enough to move around the site or neighborhood on their own. The location of residential care facilities or nursing homes should be suitable for residents to walk or be wheeled, accompanied by others.

These criteria are based on the best research, practice, and professional judgment that could be located at this time, but there are gaps and disagreements in the literature in a number of areas. Many of them are more appropriate as guidelines to highlight areas of concern than as standards or regulations. The checklist is meant to be used in conjunction with the local development code as well as applicable Americans with Disabilities Act Accessibility Guidelines (ADAAGs). Title III of ADA requires owners of all commercial facilities or public accommodations to make “reasonable modifications” to their premises to assure access by all disabled individuals. Many modifications that are made for the disabled population also improve the ability of older people to use and enjoy services as well.

This checklist was developed by Debra Howe, Ph.D., Chair of the Department of Community and Regional Planning, Center for Sustainable Communities, Ambler Campus, Temple University. It originally appeared in a monograph published for the American Planning Association, entitled Planning for an Aging Society, (with N.J. Chapman, S. Baggett) 1994, APA, Planning Advisory Service.

SURROUNDING NEIGHBORHOOD

Proximity to Neighborhood Services

Are neighborhood services easily accessible on foot or by bus from the proposed site? Essential services are marked with an asterisk (*).

Yes	No	
_____	_____	*bus stop (2 block max. preferred)
_____	_____	*grocery store (3 block max. preferred)
_____	_____	*bank
_____	_____	medical emergency service
_____	_____	residential care facility, nursing home
_____	_____	hospital
_____	_____	dentist
_____	_____	*pharmacy
_____	_____	retail shops
_____	_____	barber/beauty shop
_____	_____	post office
_____	_____	*senior center
_____	_____	*churches
_____	_____	library
_____	_____	park
_____	_____	community center/swimming pool
_____	_____	cinema
_____	_____	restaurant/coffee shop
_____	_____	college or adult education facility
_____	_____	neighborhood delivery service within 15 minute radius

Appendix V: Select California Homesharing Programs

As noted in Section 4: *Housing Options for San Francisco's Seniors*, homesharing is seen as a relatively low-cost opportunity to match seniors with an extra bedroom to individuals who cannot afford to pay market rent or who are interested in a shared housing arrangement. Several communities in California have organized homeshare efforts. We contacted programs at San Mateo, Santa Clara, Santa Cruz, and San Diego to gauge their experiences.

San Mateo County

San Mateo County's homesharing program, administered by the nonprofit HIP Housing, may be the most robust homesharing effort in the state. HIP Housing's mission is to enable "people with special needs, either from income or circumstance, to live independent, self-sufficient lives in decent, safe, low-cost homes." In addition to homesharing, their efforts include property development and reverse-mortgage consumer counseling for seniors.[1]

HIP Housing's homeshare effort includes a full-time staff of five, including four counselors and one administrator. Their annual budget is approximately $500,000. City and County grants provide approximately 59 percent of their homesharing program budget, with the remainder consisting of fundraising, foundation support, and individual donations. There is no charge to clients for participating in the program.

In 2009, HIP Housing received approximately 1,350 applications for homesharing, and ultimately matched more than 300 individuals. HIP Housing has found that approximately 50 percent of its home providers and 23 percent of its home seekers are seniors. They do not restrict the age of participation in their homeshare program.[2]

Santa Clara County

Catholic Charities of Santa Clara County (CCSCC) administers Santa Clara's homesharing program. The organization offers an array of programs and services to help people cope with and rise out of poverty. The homesharing program is one component of the organization's efforts to help find housing for people who need housing, and help people with housing maintain that housing.[3]

Although the CCSCC homesharing program does not receive funds from the county, it is open to all county residents. The program receives $50,000 from San Jose, $5,000 from Campbell, and $5,000 from Milpitas, in addition to donations and grants. The annual budget for the program is between $100,000 and $200,000.

CCSCC matches approximately 50 pairs of home providers and home seekers each year. Participants make a minimum commitment of three months, and some matches formed by the

[1] "About HIP Housing." HIP Housing. http://www.hiphousing.org/about/index.html. Accessed September 17, 2010.
[2] Interview with Laura Fanucchi, HIP Housing, September 10, 2010.
[3] "Our Services," *Catholic Charities of Santa Clara County.* Accessed September 27, 2010. http://catholiccharitiesscc.org/main/services.htm

program have lasted five years or longer. Home seekers must be low-income to participate. CCSCC does not conduct a criminal background check, but they do ask applicants to self-report any prior felonies. They do not track the age of participants.

Santa Cruz County

Senior Network Services has operated a homesharing program in Santa Cruz County for approximately 20 years. The program is part of the organization's mission to provide "senior citizens and persons with disabilities with information, guidance, and assistance in coordinating existing resources to promote independence and the highest quality of life." In addition to its housing programs, Senior Network Services assists seniors and persons with disabilities with insurance, money, and health care issues.[4]

The homesharing program receives grant funding from the County, the cities of Santa Cruz and Watsonville, and donations, for a total budget of $40,000 to $42,000. Staff who work on homesharing work on other projects as well. Home seekers must pay a $56 fingerprinting charge to go through the California database.

Senior Network Services completes approximately 18 to 24 matches per year, primarily in the City of Santa Cruz. Because they offer a variety of programs and resources, Senior Network Services can direct home seekers and home providers into other home assistance programs as well – particularly when homesharing may not be appropriate or feasible for the individual. The homesharing program is restricted to individuals age 55 or older.

Cities of San Diego and Poway, San Diego County

ElderHelp operates their program called HomeShare in the cities of San Diego and Poway. ElderHelp's mission "is to provide personalized services and information that help seniors remain independent and live with dignity in their own homes."[5] In addition to homesharing, they offer companionship, transportation, and other support services.

ElderHelp's budget is approximately $94,000 per year. The HomeShare program is administered by one full-time coordinator and one part-time worker. Social workers help with home visits and in-home assessments.

HomeShare's goal is to create 40 matches annually, most of which are in San Diego, but a few of which are in Poway for which they receive funding to administer homesharing services. ElderHelp staff screen both home providers and home seekers for health, mental health, substance abuse, and other characteristics to ensure that participants are reasonably healthy and clean living. Although they do not conduct a criminal background check, they do check in candidates' doctors and personal references. On average, home seekers that find and accept a referral pay $500 for rent, which is approximately 60 percent below market for a one bedroom, one bath apartment.[6]

[4] "Homepage." *Senior Network Services*. Accessed September 17, 2010. http://www.seniornetworkservices.org/.
[5] "About Us." *ElderHelp.* Accessed September 27, 2010. http://www.elderhelpofsandiego.org/about-us.
[6] Interview with Cynthia Hanson, HomeShare Coordinator. August 27, 2010.