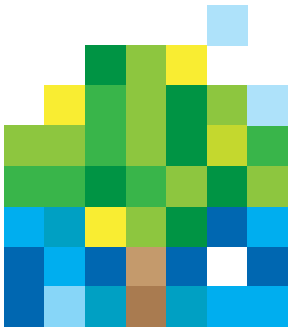

SOURCEWISE

COMMUNITY RESOURCE SOLUTIONS

Area Plan on Aging 2016 – 2020

Sourcewise Area Plan on Aging 2016 – 2020
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California State University, Fullerton was also an integral partner during data collection of the random digit dial telephone survey, providing accurate information for analysis during the needs assessment, and to whom we are very grateful for their diligent efforts to obtain a large, diverse sample of older adults.

Data collection and analysis would be severely limited without the continued efforts of the organizations who partnered with EVALCORP and Sourcewise to translate data collection tools, assist in conducting focus groups, and provide translations and transcriptions of focus group sessions. We would like to take the opportunity to thank Language Door for their continued efforts in translating tools, transcribing focus group sessions, and translation of focus group sessions as well as Bilingva, which provided focus group translators at non-English focus group sessions to assist in facilitation of the focus groups.

Alongside the primary data collection efforts, two agencies and organizations took part in providing relevant data to inform secondary trend data observed at county level, and we would like to thank the following agencies and organizations for their help in obtaining these findings: the Santa Clara County Mental Health Department, Older Adult Division; and the County of Santa Clara Adult Protective Services, Department of Aging and Adult Services.

Section 1: Mission Statement

The core mission of all Area Agencies on Aging is:

To provide leadership addressing issues that relate to older Californian's; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protects the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

The Sourcewise Mission is:

To provide adults and their caregivers the tools and services they need to effectively navigate their health and life options. Through a comprehensive network of resources, Sourcewise strives to educate, prepare, support, and advocate for all adults, their families, and their caregivers within Santa Clara County.

Section 2: Description of the Planning and Service Area

Physical Characteristics of Santa Clara County

Santa Clara County (SCC) is a single county Planning and Service Area (PSA), and its physical and geographic characteristics have important planning implications. Located at the southern end of San Francisco Bay, SCC encompasses 1,316 square miles and is the largest county in the San Francisco Bay Area. The fertile Santa Clara Valley runs the entire length of the county, 60 miles from north to south, surrounded by the rolling hills of the Diablo Range on the east and the Santa Cruz Mountains on the west. Salt marshes and wetlands lie in the northwestern part of the county, adjacent to the waters of San Francisco Bay. SCC borders the counties of San Mateo and Alameda in the north, the Pajaro River and San Benito County in the west, and the Diablo Range and Stanislaus and Merced Counties in the east. There are 15 cities in the county, ranging from Palo Alto in the north to Gilroy in the south, with San Jose as the largest city. Overall, SCC ranks as the sixth most populous county in California. A significant portion of the land area is unincorporated ranch and forestlands, primarily located in the Santa Cruz and Diablo Mountains. The population in SCC is dense in urban areas, with almost all (99%) of occupied housing units classified as "urban," as opposed to "rural."

The Bay Area has always attracted new waves of people. In the past, SCC became home to Dust Bowl migrants of the 1930s, postwar veterans who received their discharge papers in California and chose to stay, and émigrés fleeing war or hardship in their native lands. Gradually, ideas came to be the area's lifeblood, as aerospace and electronics manufacturing replaced orchards and packing plants. The Bay Area now attracts business entrepreneurs, technical experts, and many more professionals as universities and businesses continue to grow. Today, SCC is known as "Silicon Valley," the birthplace of the high technology revolution and is one of the state's busiest urban areas.

Demographic Characteristics of Santa Clara County

The 2014 American Community Survey data estimate SCC has a population of 1,841,569[1]. The California Department of Finance projects the county population in 2030 to be approximately 2,151,165[2].

This represents a 17% increase within the next 15 years. The region known as the North Valley has 11 cities and two large towns (Campbell, Cupertino, Los Altos, Los Altos Hills, Los Gatos, Milpitas, Monte Sereno, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, and Sunnyvale) where the majority of the county's population resides. The largest city in the county is San Jose, home to 986,320 residents or 53% of the county's total population. Two other North Valley cities, Sunnyvale and Santa Clara, have populations of 110,000 or more.

1 2014 American Community Survey, 5-Year Estimates

2 Department of Finance, Demographic Research Unit, 2014

The South Valley cities of Morgan Hill and Gilroy are separated from the North Valley by an undeveloped stretch of land of approximately 35 miles. Compared to the populous and developed North Valley, the South Valley is considered to be service poor. Transportation within the South Valley is limited to services within the general area, which may have fewer resources than the more plentiful services in the North Valley.

The map (**Figure 1**) shows population distribution across multiple zip codes within SCC. As indicated on the map, the zip codes encompassing the cities of San Jose, Milpitas, and Gilroy all have high numbers of residents. The zip codes that comprise north, east, and south San Jose are also densely populated because these zip codes account for a much smaller land area. On the other hand, the zip code surrounding the city of Gilroy is very large and the population density is low, even though it has a population over 55,000.

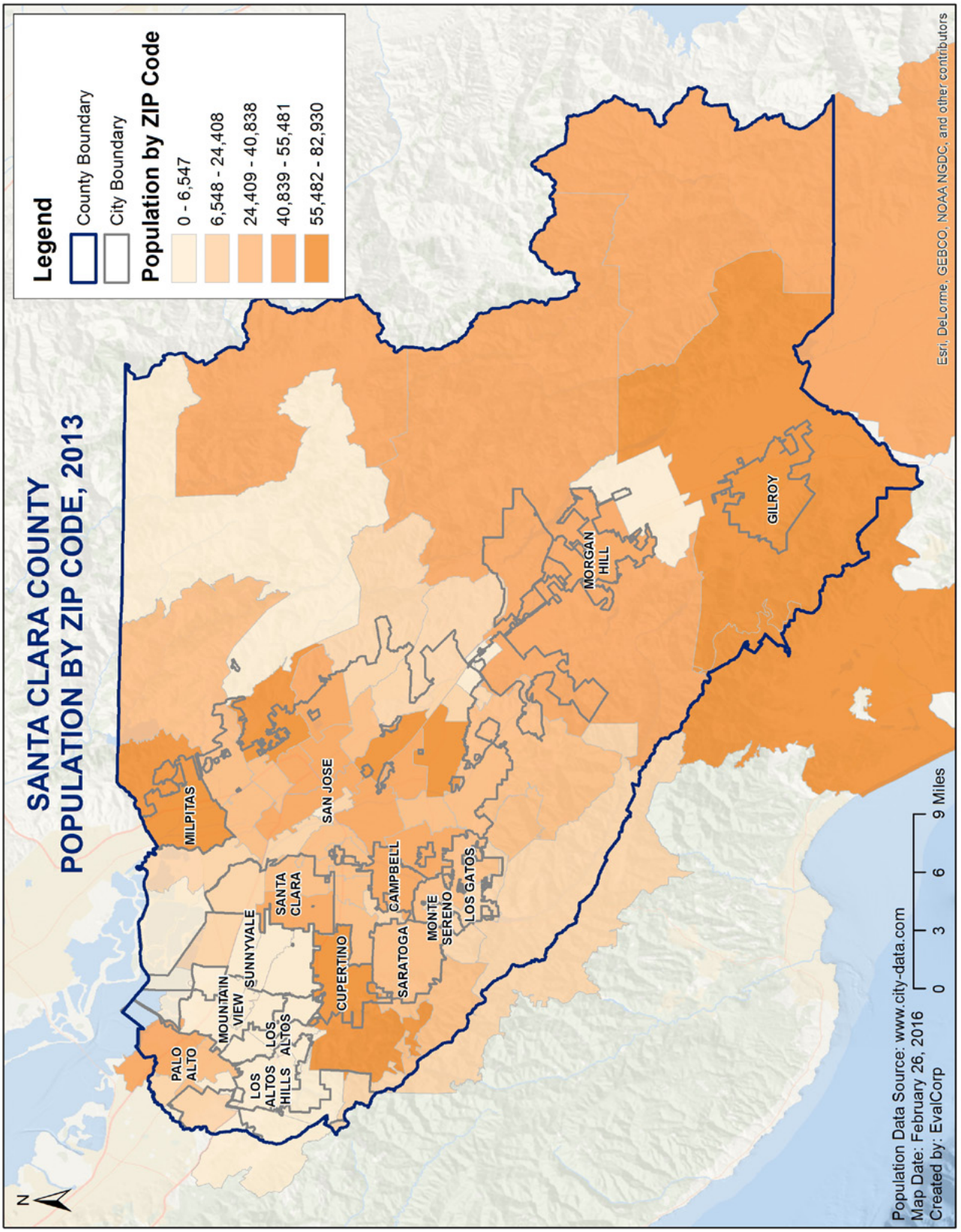
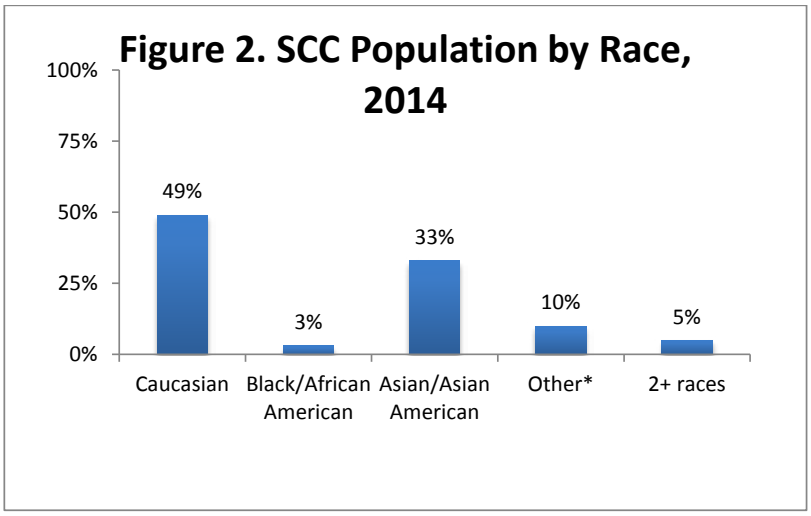
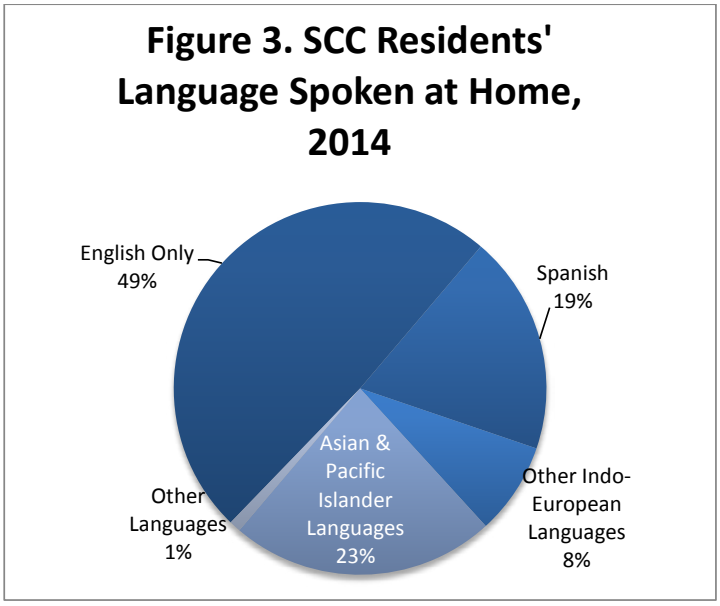


Figure 1. Map of SCC Population by Zip Code, 2013

SCC has a large number of individuals who identify their race as Caucasian (49%), followed by one-third (33%) of the population that identifies as Asian or Asian American (See **Figure 2**)[3]. Additionally, the local population is made up of many foreign-born individuals (37%), which far exceeds the national average of 13%. Not surprisingly, more than half (51%) of county residents speak a language other than English at home (See **Figure 3**)[4].



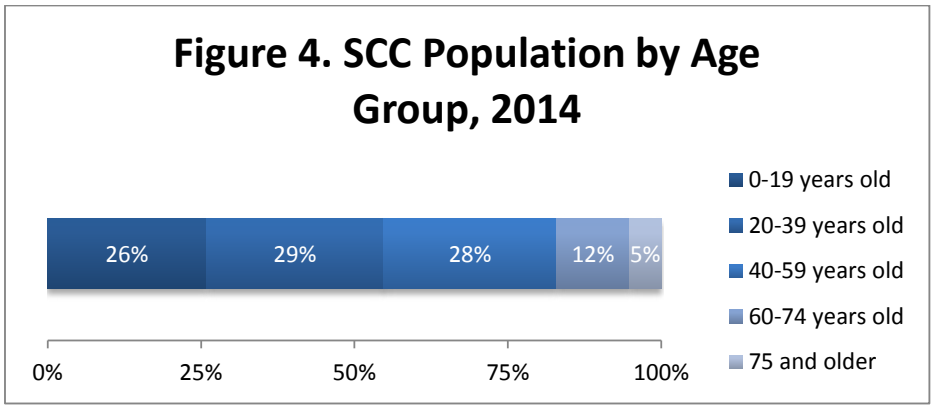
*Other included what American Community Survey (ACS) selected as "Other" and an additional two categories that had too small of percentages to be presented separately: American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander.



3 2014 American Community Survey, 5-Year Estimate

4 2014 American Community Survey, 5-Year Estimate

Not only are SCC residents diverse in racial backgrounds and language, data also show a unique growth of senior citizens within the county in the last five years. As of 2016, the California Department of Aging projects approximately 361,566 adults age 60 and older resided in SCC,[5] and 2014 American Community Survey findings show that this estimate accounts for nearly 17% of the county population (See **Figure 4**).[6]



As individuals in the Baby Boomer generation grow older, a significant shift in demographics toward an older population occurs. This older adult population increase is expected to grow at a faster rate in SCC than in both state and national rates, surpassing the estimated percentage of older adults within the state and nation by 2060. The U.S. Census Bureau projects that by 2060, individuals 65 and older will account for 25% of total county population, as compared to 24% in California and the United States.[7]

Unique Resources and Constraints

The county is a major employment center for the Bay Area region, providing more than a quarter of all Bay Area jobs and attracting people from all over the world. Furthermore, SCC has been very successful in the business and employment sectors. The county has one of the highest median family incomes in the country, with over 57% of county household residents earning a salary of $75,000 or more.[8] Recent Bureau of Labor Statistics estimate unemployment at 5% as of December 2014, down from a high of 12% in January 2010. Software, computer, and communications industries remain the primary employment sectors.

The County's 2015-16 fiscal year (FY) general fund budget of $2.5 billion supports most county services. The revenue of the general fund is supported by several different types of aid, such as state aid (5%), federal aid (4%), and property taxes (8%).[9] FY budgets shift from year to year, but funding toward services for seniors and other individuals in the 2015-16 FY is promising.

5 2016 California Department of Aging Demographic Projects by County and PSA

6 2014 American Community Survey, 5-Year Estimates

7 U.S. Census Bureau, Population Division, 2014

8 U.S. Conference of Mayors, HIS Global Insight, 2013, as reported in the San Jose Mercury News, http://www.mercurynews.com/ business/ ci_26312024/santa-clara-county-has-highest-median-household-income

9 Santa Clara County Fiscal Year 2015-2016 Adopted Budget

General fund expenditures for the 2015-2016 budget were approved and, of services with budget increases, the Children, Seniors, and Family Services received a 9% increase (approved net expenditures totaling $757,072,712 for FY 2015-16; approximately $60,712,801 more than FY 2014-15). Better yet, funding for the Department of Aging and Adult Services received a 19% increase in net expenditure appropriations, with the amount of $38,428,076 approved for the FY.

Specific increases were observed for the senior nutrition program (18% increase; $8,488,740 approved net expenditure for FY 15-16) and in-home supportive services (29% increase; $134,751,954 approved net expenditure for FY 15-16).[10]

While most of the aid comes from government agencies at state (30% increase; $10,426,388 approved revenue for FY 15-16) and federal (22% increase; $20,578,895 approved revenue for FY 15-16) levels, these budget increases are integral to providing unique resources for older adults in SCC.

Local Service System

Within the county, there are a variety of programs and services designed to assist older adults with basic needs and to promote quality of life. Although there are multiple services available for older adults, local data collection efforts have consistently reported that seniors tend to lack information about how to access these resources.[11] These findings, detailed more in the Needs Assessment Section, attest that the current array of programs and services, and lack of communication between agencies, do not fully address the range of needs for this rapidly-growing segment of the population.

Although SCC has attempted to increase older adult services and resources by effectively creating some coordination amongst senior service providers, the need for coordination efforts to remain a top priority is evidenced by responses collected from a 2015 Provider Survey to gather perceptions about high priority senior needs and valued services. Senior service providers were asked, "Which of the following systematic changes, if any, has your program or agency considered or implemented recently?" and 37% indicated that "Improved coordination among existing programs or agencies" had been considered or implemented recently by their program/agency.[12] **Table 1** shows the percentage of respondents who selected each systematic change.

10 Santa Clara County Fiscal Year 2015-2016 Adopted Budget

11 EVALCORP Focus Group and Survey data, collected Fall 2015

12 EVALCORP Provider Survey data, collected Fall 2015

Table 1. Implemented Systematic Changes of Provider Agencies/Programs to Address Senior Needs*	
	Percentage N=27
Expanded or improved use of technology and social media (n=13)	48%
Expanded use of volunteers (n=10)	37%
Improved coordination among existing programs or agencies (n=10)	37%
Consolidation of services, programs, or agencies to better utilize resources (n=9)	33%
More resources dedicated to outreach (n=8)	30%
More "universal" tools to minimize duplication (n=7)	26%
More resources dedicated to advocacy (n=3)	11%
Separation of services, programs, or agencies to better cater to unique needs (n=0)	0%
Other (n=3)*	11%
N/A – My agency/program has not considered or implemented any systematic changes (n=2)	7%
* Each individual percentage is out of 100%, as participants had the option to either select or not select each response option as a systematic change their program/agency implemented, separate from other changes they may have selected. **Other suggested systematic changes included the following: More services dedicated to a specific segment of our population – persons with dementia who live alone; Hired a FT health educator dedicated to older adult health promotion; and Increased partnerships/collaborations with other community-based organizations.	

The most frequently selected systematic change providers indicated implementing or considering implementing was "expanded or improved use of technology and social media," selected by 48% of respondents; on the other hand, "separation of services, programs, or agencies to better cater to unique needs" was selected by none (0%) of the providers.

Findings from a random digit dial telephone survey of seniors age 60 and older living in SCC collected in Fall 2015 indicate that seniors have mixed awareness of the services available to them in the community. When respondents were asked about their familiarity with local agencies and programs, slightly over one-third (36%) responded they are familiar with Sourcewise. However, respondents stated familiarity more frequently with nutrition programs like Meals on Wheels (MOW) (78%); the primary senior and paratransit provider, Outreach (71%); and senior center daily meals (55%). A number of seniors reported that information on senior services is "easy to find" (37%) or "very easy to find" (17%). Just 3% of respondents indicated information was "very difficult to find," while almost one-third (30%) of respondents said they "didn't know or hadn't looked."[13]

13 Santa Clara County Random Digit Dial Survey, Fall 2015

Overall, Sourcewise continues to provide excellent leadership and coordination among senior service providers in the Planning & Service Area. Senior & caregiver services provided in whole or in part by Sourcewise include:

- Information & Assistance call center and referral (408-350-3200)
- Resource and service connections at mysourcewise.com
- Outreach presentations on Sourcewise and community services
- Case management, provided both for Medi-Cal recipients and through community-based care managers
- Health Insurance Counseling & Advocacy
- Senior employment training & placement
- Public Authority Services
- Adult day care/adult day health care
- Alzheimer's Day Care Resource Center
- Senior legal services
- Nutrition programs, including senior center meals, home-delivered meals, and nutrition education
- Transportation services
- Long-term care ombudsman services
- Disease prevention and health promotion
- Caregiver respite
- Caregiver training & information
- Caregiver support groups
- Caregiver support for grandparent caregivers

Section 3: Description of Area Agency on Aging

Since incorporation in 1974, Sourcewise has taken a leadership role in addressing issues important to seniors in Santa Clara County. As an independent 501(c)(3) nonprofit, Sourcewise is not a county based agency, which affords greater flexibility in responding to the needs of clients, preserves the ability to take an independent role in advocacy efforts, and remains accessible to community members. Additionally, the programs offered by Sourcewise allow the agency to interact daily with clients and their needs.

Sourcewise leadership is comprised of a Board of Directors, an Advisory Council, and an Executive team. The Board of Directors is a nine member governing body of Sourcewise and is responsible for ensuring Sourcewise fulfills the mandates of the Older Americans Act. The Board of Directors meets monthly to set overall agency priorities, policy, and goals for developing and implementing support services for seniors and those with disabilities within Santa Clara County.

The Sourcewise Advisory Council has 44 volunteer seats available and is currently comprised of 28 volunteers serving as advisors to the Board of Directors regarding matters relating to seniors and persons with disabilities. The Advisory Council is an independent, non-partisan group of advocates for seniors residing in Santa Clara County.

In order to function at its fullest potential, the Advisory Council has five committees; The Health Committee which identifies needed health and mental health services for older persons; The Legislative Advocacy Committee which supports recommendations from the California Senior Legislator, AARP, and other advocacy groups; The Planning Committee which evaluates programs funded by the Older Americans Act; The Transportation Committee which evaluates senior transportation options available in the county and makes recommendations to local transit authorities; and The Membership Committee which recruits and reviews applications of prospective members.

Members of the Board of Directors and the Advisory Council have a long standing commitment to seniors and persons with disabilities. Their experience, expertise, and affiliations have enhanced the agency's ability to serve the needs of the senior residents of Santa Clara County.

As a focal point of contact for information and assistance on senior services for the past 42 years, Sourcewise provides leadership in many capacities. Most currently:

Leadership:

- Sourcewise pilots the Coordinated Care Initiative in Santa Clara County. (2014)
- Sourcewise, in partnership with the California Department of Food and Agriculture, distributes 500 Senior Farmers Market Nutrition Vouchers to low-income seniors. (2015)
- Chief Executive Officer of Sourcewise, Stephen Schmoll, serves on the Santa Clara County Valley Transportation Authority, providing guidance and leadership on the impact of transportation services for seniors. (2015)
- Sourcewise opens and continues to operate a satellite office in Morgan Hill, increasing access to services for South County residents. (2015)

Awareness:

- Sourcewise hosts SCC Duals training series to educate clients on Coordinated Care Initiative. (2014)
- Sourcewise co-sponsors the United Nations World Elder Abuse Awareness Conference in Santa Clara County. (2015)
- Sourcewise participates in the Bi-National Health Week, an international mobilization effort aimed at providing resources, education, and insurance information to underserved immigrants from Latin America in Santa Clara County. (2014, 2015)
- The Sourcewise Public Authority Services begins and continues to operate Care Coaching. (2015)

Policy:

- Sourcewise hosts the Congress of California Seniors, Aging Policy Conference. (2014)
- Chief Executive Officer, Stephen Schmoll, facilitates "Transitions in Health Care Delivery for Seniors" at the Congress of California Seniors, Aging Policy Conference. (2014)
- Chief Executive Officer, Stephen Schmoll, participates in Long Term Services Support integration committee for Santa Clara County. (2014)
- Chief Executive Officer, Stephen Schmoll, serves in the Seniors Policy Council of the Santa Clara County's Seniors Agenda. (2014)
- Chief Executive Officer, Stephen Schmoll, participates in the Phoenix Regional Forum for the 2015 White House Conference on Aging. (2015)
- Director of Sourcewise Public Authority Services, Mary Tinker, serves as the president of the California Association of Public Authorities for In Home Supportive Services. (2012-2016)

Sourcewise promotes the involvement of older individuals, adults with disabilities, and their caregivers through the Sourcewise bylaws. The Sourcewise bylaws delineate the strategy on how to promote the involvement of older adults, adults with disabilities, and their caregivers in delivery of community-based programs and services. These are established to:

- Encourage effective citizen participation in planning, coordinating and implementing a comprehensive Area Plan designed to improve the total system of services for older persons and their caregivers.
- Identify and evaluate the needs of older persons, with special attention to the needs of low income and ethnic minority seniors.
- Identify and evaluate existing resources.
- Plan, develop, improve, and advocate for the improvement of health and social services and their respective delivery systems in order to meet identified needs of the elderly.
- Coordinate and pool programs and services to either strengthen or expand services to the elderly.
- Advocate for awareness among the general population on aspects of aging and increased commitments by public or private organizations with resources that could be used to service older persons.

- Conduct public hearings and disseminate information to the public regarding needs, resources, plans, programs and services for older persons.
- Provide information and technical assistance to public and private agencies in order to assist them in meeting the service delivery needs of older persons in the Planning and Service Area.
- Enter into contracts and cooperative agreements with appropriate public and private agencies in order to implement action plans and to oversee the implementation of other program activities necessary to carry out the approved Area Plan, including periodic program and fiscal monitoring and evaluation.
- Enter into an agreement with the California Department of Aging to act as the Area Agency on Aging, pursuant to the Older Americans Act of 1965 as amended.

The AAA Delivery system:

Development of a comprehensive, community-based system of services in Santa Clara County is an ongoing commitment for Sourcewise. By facilitating coordination and collaboration with key stakeholders, Sourcewise is able to support seniors, persons with disabilities, and their caregivers.

Service Delivery System:

At Sourcewise, we collaborate with Santa Clara County, state, and local networks to provide a streamlined approach to service and support systems. We empower individuals by providing access to information, allowing for personal choices, and continued independence. We strive to create a community-based system of care that crosses city boundaries, income levels, geography, and special interests.

Direct Services:

Sourcewise serves as a central access point for seniors, offering seven direct programs and services: Information & Awareness, Health Insurance Counseling & Advocacy Program, Meals on Wheels, Senior Employment Services, Multipurpose Senior Service Program, Family Caregiver Support Program, and Public Authority Services. The offering of programs under one umbrella allows for a seamless referral and client service.

As the initial contact point for clients, the Sourcewise Information & Awareness program connects clients with in-house programs as well as external services according to the client's individual needs. This includes providing information on and linking clients to public, community-based, and private sector services; based upon the client's unique situation, regardless of income or level of dependency. A subsequent follow-up call from a Community Resource Specialist of Sourcewise ensures the client's needs have been met. In the past four years, annual calls have increased by 29.3%.

The Health Insurance Counseling & Advocacy Program (HICAP) offers unbiased, individualized counseling to assist clients in selecting Medicare plan options. State-certified counselors provide guidance and information about Medicare plans and supplemental options, as well as long term care and prescription coverage. Counselors educate clients with presentations at various locations in Santa Clara County.

In 2014, Sourcewise re-designed a Medicare Consumer Guide, providing improved and updated information to help clients choose the best option for them. Furthermore, a Guide to Combining Medicare and Medi-Cal is updated often to reflect new information. These documents are used as a tool for comparison, enabling clients to make informed decisions about their health options.

Sourcewise administers the Meals on Wheels (MOW) Program for Santa Clara County in partnership with Santa Clara County's Senior Nutrition Program department.

The Sourcewise MOW department coordinates the functions of this vital program, which includes: receiving applicant calls and performing eligibility assessments, on-going eligibility home-visits, program enrollment, continuing eligibility telephone assessments, maintaining the MOW database, and reconciling weekly food deliveries with subcontractors ensuring that the nutritious, well-balanced meals are delivered to the clients throughout Santa Clara County. Year to date through December 2015 there were 346,366 meals delivered with an average of 1,015 clients serviced per week. This is an increase of 16% from last fiscal year.

Senior Employment Services of Sourcewise implements the Senior Community Services Employment Program (SCSEP) which assists qualified, low income, seniors aged 55 or older. Sourcewise understands that aging doesn't equal retirement and over 40 percent of seniors over 60 years of age plan on continuing to work, whether due to necessity or not being ready to quit working. This program offers personalized career counseling that includes gaining new skills or transitioning previous skills to new occupational opportunities.

SCSEP offers personalized career counseling, supervised on-the job training, and classroom training, helping candidates to develop experience and skills to transition from this subsidized program into regular employment. In fiscal year 2014-2015, the Senior Employment Services Program assisted 120 individuals, 60 individuals became participants, 30 found unsubsidized jobs, 30 continue to gain contemporary job skills and experience to obtain unsubsidized employment positions.

The Sourcewise Care Management program houses two distinct programs. The Multipurpose Senior Services Program is designed to support individuals 65 years and older, who need additional support systems in order to remain safely at home. Care managers assess each client's unique situation and create a customized care plan for each person's physical, social, and economic needs.

The Family Caregiver Support Program focuses on supporting caregivers who assist clients 60 years and older, (or any age if suffering from a neurological disorder–such as Parkinson's or Alzheimer's disease). This program is vital for caregivers who are seeking support and relief when

dealing with caring for a loved one. To qualify, the caregiver must not be paid for their work. This program offers information, assistance, respite care, and supplemental services based on each client's specific needs.

Public Authority Services of Sourcewise enhances the In-Home Supportive Services Program (IHSS) of Santa Clara County, providing access to qualified, trained in-home care providers. The program offers prescreening of applicants, continuous training for in-home care providers, and (through a customized software program) matches attributes of care providers to the needs of the client.

The goal of Public Authority is to improve the quality of care offered by IHSS in-home care providers; providing seniors and people with disabilities access to in-home assistance that meets their unique needs, while allowing for increased independence.

Sourcewise is able to enhance its reach to the community by funding organizations throughout Santa Clara County whose services are critical to the lives of seniors, their families, and their caregivers. The Nutrition Services delivery system in Santa Clara County is one important example of how Sourcewise supports vital services.

Since 1974, Sourcewise has partnered with Santa Clara County to provide access to two important nutrition services:

Congregate Meals:

The Congregate Nutrition program is available to seniors, 60 or older, who are interested in receiving access to healthy, nutritious meals. All meals are cooked on site, catered, or prepared by local food vendors. Moreover, there are roughly 18 ethnically diverse menus offered that are palatable to the diverse ethnic and cultural communities that reside in the county.

Other benefits of the program include providing opportunities for socialization, nutrition education, health and well-being programs, and access to other senior services.

Home Delivered Meals:

The home delivered meal program, otherwise known as Meals on Wheels (MOW), is a safety net program to support homebound seniors who have difficulty or are unable to purchase food or cook for themselves. Any senior who is 60 years or older, regardless of income, may qualify for this support.

The program delivers 14 frozen meals along with a bag of groceries that includes milk, juice, fruits and vegetables. The two daily meals are well-balanced and meet two-thirds of the daily nutritional requirements for seniors.

In 2014-2015 the MOW program delivered 674,932 home-delivered meals and served 1,595 individuals.

In addition, Sourcewise partners with a local community-based organization, The Health Trust, to partially fund MOW hot home delivered lunches. This program serves physically challenged, homebound individuals, whether they are elderly, are recuperating after a recent hospitalization, or have disabilities confining them to a wheelchair. Nutritious meals are delivered five days a week along with frozen meals for preparation over the weekend. In fiscal year 2014-2015, there were 45,516 home-delivered meals through this program.

Other service delivery systems providing services to older adults in Santa Clara County through 2016 include the following categories: Caregiver Resources, Education & Training; Adult Day Programs; Elder Protection; Health & Nutrition; Home Care; and Transportation.

There are a vast majority of both for profit and not-for profit programs and services available in Santa Clara County. These include but are not limited to:

- Adult Protective Services
- Adult Day Programs
- Adult Literacy Programs
- Adult Residential Care Homes
- Adult ethnic residential facilities
- Alcohol and Drug Abuse Programs
- Alzheimer's Support Groups
- Bank services and assistance
- Case Management (private)
- Conflict Resolution Services
- Crisis Intervention Hotlines
- Department of Aging and Adult Services
- Dental Clinics
- Disability Services
- Ethnic Oriented social clubs
- Education and Counseling Programs
- Employment Services
- Energy Assistance
- Exercise classes and other opportunities for physical activity
- Financial Planning Management
- Food Banks
- Guardianship Services
- Health Fairs/Health Screening
- Tribal Services
- Utility Bill Assistance
- Homeless Programs
- Home Health Care
- Home Repair
- Hospitals/Medical Clinics
- Housing Services
- Information and Assistance/Referral Programs
- Insurance Counseling
- Legal Assistance
- Medical and Health Services
- Medical Equipment
- Mental Health Services
- Nurse Consultation
- Nutrition Programs
- Lesbian and Gay Community Center
- Personal Emergency Response Systems
- Senior Centers
- Senior Companion Program
- Senior-focused Newspapers
- Support/Issue Groups
- Telephone Reassurance Program
- Tax Aide Programs
- Transportation
- Veterans Services
- Volunteer Chore Services
- Volunteer Opportunities

As of Fiscal Year 2014-15, Sourcewise maintains a directory that includes 948 providers.

Section 4: Planning Process/Establishing Priorities

In order to develop the Area Plan, a comprehensive Needs Assessment was carried out to obtain information specific to the identified needs of adults 60 years or older living in SCC. A series of data collection efforts were engaged to ensure cross-sectional, representative, and comprehensive countywide information could be reviewed to inform planning decisions and establish priorities. During 2015, Sourcewise conducted the Needs Assessment in collaboration with EVALCORP Research and Consulting (EVALCORP), an evaluation and research firm with extensive experience in developing needs assessments across California. Sourcewise and EVALCORP reviewed and discussed findings from the Needs Assessment to identify areas of existing needs among the older adult population. Each agency was responsible for completing specified sections of the Area Plan based on their respective subject matter expertise.

Planning Process Methodology

In addition to obtaining census data and other relevant government information/resources that portray the current landscape of older adults in SCC, four primary data collection efforts were engaged to best identify the needs of older adults. Data sources/methods used in the needs assessment process are presented below.

- Random Digit Dial Survey representative of older adults living in SCC
- Provider Survey
- Caregiver Survey
- Focus Groups with seven diverse groups, including lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) elders and other vulnerable populations (e.g., non-English language groups: Chinese Mandarin, Indian, Spanish, Vietnamese; seniors with disability; and ombudsmen)
- Census data and other government resources and reports to inform the current landscape of older adults in SCC

EVALCORP led all activities specific to the Needs Assessment (i.e., Section 5 of the Area Plan) and collaborated with Sourcewise and the Advisory Council in the planning and coordination of the data collection processes. EVALCORP was responsible for data collection design and development, data collection, data analysis, and reporting. Furthermore, EVALCORP gathered and synthesized data from the American Community Survey, government sources (e.g., California Bureau of Labor Statistics; California Department of Finance; California Department of Public Health; Adult Protective Services; and SCC Mental Health Department), and relevant local countywide reports (e.g., *How SCC's Housing Market is Failing to Meet the Needs of Low-Income Families*; *SCC African/African Ancestry Research Project & Demographic Study*; and *VTP2040 The Long-Range Transportation Plan for SCC*).

A detailed description of each of the primary data collection efforts along with descriptive/demographic information about the respondents/participants is outlined below.

SCC Older Adult Random Digit Dial Survey, 2015

EVALCORP contracted with the Social Science Research Center (SSRC) at California State University, Fullerton to administer the survey among SCC residents. A total of 504 telephone surveys were conducted with seniors, aged 60 and older living in SCC. The survey contained 35 questions regarding employment, volunteer, and residency status; experience as a caregiver; health and wellness; transportation and local issues; and service utilization and need, as well as methods of gaining information about these services. The survey was made available in four languages: English, Spanish, Mandarin, and Vietnamese.

Inferential statistics used in RDD Survey administration involved obtaining information from a sample or proportion of a larger group in order to be able to infer findings across the entire group. The sample size required to be able to generalize to the larger population is determined using a sampling formula, inclusive of the desired confidence interval. The confidence interval indicates the certainty that the sample is representative of the population. (Standard Confidence Interval is generally 95%). The overall[14] margin of error for RDD survey sample is plus or minus 4.36 percentage points and the confidence interval is 95%. Thus, it was determined that a sample size of 504 older adult Santa Clara County residents would be representatives of the older adult population in Santa Clara County.

Data were weighted by gender and ethnicity to ensure each respondent was equally represented in the data file to address any planned and unexpected disproportionate effects. That is, weights are often used in population research to ensure the data is most reflective of the population that the sample data was collected from. This helps ensure that survey respondents who might be underrepresented are assigned a larger weight to better reflect the most current population estimates. Specifically, the data collected from Santa Clara County residents, via the Santa Clara County Random Digit Dial Survey, were weighted by gender and ethnicity to reflect the true population estimates of Santa Clara County residents. **Table 1** shows the percentages of the survey sample when weighted by gender and ethnicity to reflect the true population estimates of SCC residents.

14 Margin of error calculated based on population 60 years and over in Santa Clara cOunty from the 2014 American Community Survey (ACS) 1-year estimate (329,266 individuals).

Table 1. Demographic Characteristics of the Sample When Weighted to Reflect Percentages of Population	
Characteristic	Weighted Population %
Gender	**N=480**
Female	55%
Male	45%
Total	100%
Race	**N=480**
Caucasian	49%
Asian	30%
Hispanic or Latino/a	14%
Other	5%
African American	2%
American Indian or Alaska Native	<1%
Native Hawaiian or Pacific Islander	<1%
Total	100%
Age Groups	**N=477**
60 to 64	30%
65 to 69	22%
70 to 74	17%
75 to 79	13%
80 to 84	9%
85 and over	9%
Total	100%

Provider Survey, 2015

Data were also collected from local SCC service providers who provide services to seniors. The online survey consisted of 22 questions assessing the unmet needs of seniors, the needs of caregivers, most effective modes of communication for seniors, and barriers to accessing information. A total of 28 providers participated in the survey, yielding a 74% response rate for the initiative. Provider survey respondent descriptive information/demographics are delineated in **Table 2**. As shown, respondents were predominantly in a management role, as either a Program Director (36%), Executive (32%), or Program Manager (18%) for their job role. Slightly under 10% indicated being either Social Workers/Counselors (7%) or selected another job role category (7%). All (100%) respondents indicated working in some type of area or field of aging service, with exactly half (50%) of respondents stating they provide educational classes or counseling and care management for seniors/caregivers. On average, respondents had worked at their current agency or organization for more than 10 years, and all providers indicated serving older adults 60 years or older at their agency or organization.

Table 2. Provider Descriptive Information/Demographics	
Characteristic	**Percent**
Job Role	**N=28**
Program Director (n=10)	36%
Executive (n=9)	32%
Program Manager (n=5)	18%
Social Worker/Counselor (n=2)	7%
Other (n=2)*	7%
Area or Field of Aging Service**	
Educational classes (n=14)	50%
Counseling or care management (n=14)	50%
Recreational or social activities (n=11)	39%
Health services (n=9)	32%
Help with health insurance (n=8)	29%
Assistance finding housing (n=7)	25%
Access to transportation (n=7)	25%
Applying for government benefits (n=6)	21%
Congregate meals (n=6)	21%
Legal services (n=4)	14%
Respite care (out of home) (n=4)	14%
Home-delivered meals (n=3)	11%
Help with medical supplies (n=3)	11%
Respite care (in home) (n=3)	11%
Ombudsmen services (n=1)	4%
Other (n=7)***	25%
Length of Service with Current Agency/Organization	
Average Length of Service	More than 10 years
1 to 2 years (n=8)	28%
3 to 6 years (n=0)	0%
7 to 10 years (n=3)	11%
More than 10 years (n=17)	61%
Age Group Provider Services	
60-64 years old (n=27)	96%
65-74 years old (n=26)	93%
75-79 years old (n=25)	89%
80-84 years old (n=25)	89%
85 or more years old (n=25)	89%

*Other job roles included the following: Department Manager (1); Directing Attorney (1); Research and Psychological Services (1); and Executive Director (1). Two participants selected a job role within the response set and also added a second job role in the 'other' category.
**Participants were able to select more than one area or field of aging, so percentages will not equal 100.
***Other areas or fields of aging listed by participants included: Referral to all dementia related services in the county (1); Case management (1); Financial assistance for low-income seniors (1); Research with caregivers and patients to evaluate ways to reduce their distress and help them adapt better to their situation (1); Job search and employment prep for seniors (2); Social policy and community organizing (1); Food distribution to low-income residents (1); LGBTQI Senior needs/issues (1); and Volunteer recruitment & referral for older adults (1).

Caregiver Survey, 2015

The Caregiver Survey assessed for the perceptions of local caregivers in regard to the needs for the aging population to ensure that the needs of seniors are met countywide (i.e., individuals who provide unpaid care to a relative or friend). The survey also assessed for resources available for caregivers, needs of caregivers, and experiences specific to their function as a caregiver. The survey was made available online and was disseminated via the Family Caregiver Alliance, National Center on Caregiving.

A caregiver was defined as someone who: (1) cares for a family member or another individual; (2) is an informal (unpaid) provider of in-home or community care to a care receiver; and (3) is 18 years old or older. Participants were first screened to verify that they were all at or above 18 years of age and identified that they have provided unpaid care to an adult family member or friend in the last 12 months. All respondents met the qualifications.

Table 3 below presents respondents' descriptive information. As shown, respondents were mostly female (75%). The most frequent age range of caregivers was between 45-54 years old, with approximately two in five respondents (43%) selecting that age range. Participants most often identified their race/ethnicity as White/Caucasian (56%), followed by Asian or Asian American (22%). The primary language of 89% of the caregivers was English, and the remaining percentage of participants spoke Hindi (7%) or Assyrian (4%). A majority (48%) of participants either lived alone or with one other individual. Participants were representative of caregivers who work full-time (33%) and part-time (33%), but about one in five (19%) of the participants were retired. Last, when asked to provide their five-digit zip code of residency, 93% of providers responded with a zip code within SCC. Two (7%) of the respondents indicated a zip code outside of SCC (i.e., Alameda County, CA; Washington County, OR), but still indicated they provided care to an adult in SCC; therefore, no respondents were excluded from the analyses because of resident zip codes being outside of SCC.

Table 3. Caregiver Descriptive Information/Demographics	
Characteristics	**Percentage N=28**
Gender	
Female	75%
Male	25%
Age	**N=28**
35-44 years old	14%
45-54 years old	43%
55-64 years old	29%
65-74 years old	14%
Race/Ethnicity	**N=27**
White or Caucasian	56%
Asian or Asian American	22%
Hispanic or Latino/Latina	11%
American Indian or Alaska Native	7%
Black or African American	4%
Primary Language	**N=28**
English	89%
Hindi	7%
Assyrian	4%
Number in Household, including self	N=25
1-2 people	48%
3-4 people	36%
5-6 people	16%
Employment Status	**N=27**
Full-time	33%
Part-time	33%
Retired	19%
Unemployed, looking	4%
Unemployed, not looking	11%
Resident of SCC	**N=27**
Yes	93%
No	7%

Focus Groups

Focus group data provided insight on target populations of older adults who are often overlooked within the general population and considered especially vulnerable to receiving fewer resources and/or inadequate services.

A total of seven focus group sessions (77 participants) was conducted in Fall 2015 with varying populations of SCC to assess certain unmet older adult needs of target populations. Specifically, the focus groups consisted of individuals identified as part of particular non-English language groups (i.e., Chinese, Indian, Spanish, and Vietnamese), as well as underserved populations such as LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex) and individuals with disabilities. Additionally, one focus group session was conducted with ombudsmen to obtain their perspectives on older adults' needs and resources. When appropriate, focus groups were conducted in the respective preferred languages of participants or translators were available to relay the discussion to certain individuals.

At each focus group, a participant demographic information form was provided and all but one participant completed the form. The form asked participants to provide information regarding age, gender, race, primary language, city of residency, length of time in SCC, caregiver status, and Internet access. As shown in **Table 4**, slightly over three-quarters (78%) of participants were female, and 72% were 65 years or older. A high percentage of participants identified their race/ethnicity as Asian or Asian American (38%), as expected because three of the seven focus groups were conducted with Asian populations (i.e., Chinese, Vietnamese, and Indian). Furthermore, roughly one-quarter (26%) identified as Hispanic/Latino, and an additional 23% identified as White/Caucasian race or ethnicity. Almost two-thirds (63%) of the participants resided in San Jose and on average participants had lived in SCC for at least 25 years, although the length of time living in SCC ranged from eight months to 66 years. Nearly all (85%) of the participants stated they currently do not provide care nor assistance to an older adult in SCC. Additionally, just over half (54%) of participants indicated having regular access to the Internet.

Table 4. Focus Group Participant Descriptive Information/Demographics	
Characteristic	Percent
Gender	**N=76**
Female	78%
Male	22%
Age	**N=76**
45-54 years old	11%
55-64 years old	17%
65-74 years old	42%
75 or older	30%
Race/Ethnicity	**N=74**
American Indian or Alaska Native	3%
Asian or Asian American	38%
Black/African American	4%
Hispanic/Latino	26%
White/Caucasian	23%
Multi-racial	1%
Other	5%
Primary Language	**N=75**
English	49%
Spanish	19%
Vietnamese	11%
Chinese (Mandarin)	9%
Chinese (Cantonese)	4%
Hindi	3%
Punjabi	1%
Other	4%
City of Residence	**N=75**
San Jose	63%
Cupertino	7%
Campbell	5%
Mountain View	5%
Los Altos	4%
Milpitas	4%
Other	12%

Census Data & Government Sources

Finally, EVALCORP compiled and categorized numerous data resources into a "Senior Data & Research Database." This database contains a number of statistics on seniors within SCC.

Inclusion of the Public in the Planning Process/Public Forums

The Sourcewise Area Plan also relies on feedback from other internal sources. The Sourcewise Information & Assistance program has provided data on referral requests and follow-up. This information shows which referrals are most commonly made and the underlying causes of an "unmet need," in the case of an unsatisfactory referral follow-up or if the individual was unable to obtain a service for a specific reason. Additionally, the Area Plan is reviewed and evaluated by the current 28-member Advisory Council, made up of members of the community, many of whom are political appointees. These individuals share a deep concern for the needs of seniors and can lend a variety of expertise.

Establishment of Priorities

Establishment of priorities is a challenging task with a group as large and diverse as the seniors in SCC. The results of the Needs Assessment are summarized in the next section (Section 5). Sourcewise staff have evaluated the results, identified the primary target populations (Section 6), and set priorities based on these target populations and their highest priority needs (Section 8). These target populations and priorities are reviewed by the Advisory Council, Sourcewise's Board of Directors, and the public via the public hearing process. The Area Plan was presented at two public hearings that took place on March 7, 2016 and March 15, 2016. All comments were recorded and received a response.

Section 5: Needs Assessment

5.1 An Overview of Santa Clara County Older Adults

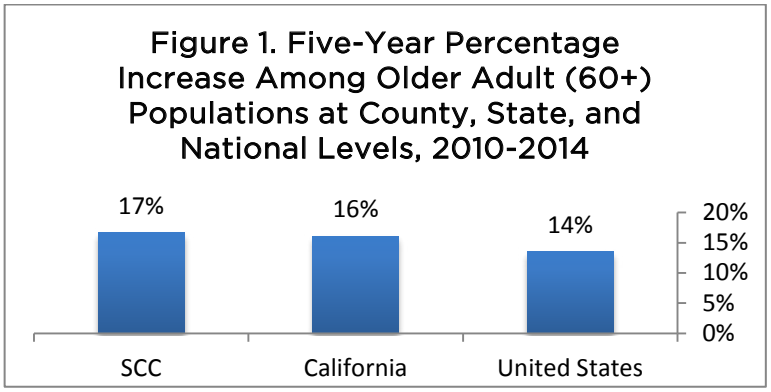
Detailed below are relevant data indicators from census and other government sources or associated organizations. These data were used to inform the current landscape of older adults at county, state, and national levels, with particular focus given to the local data. It should be noted that the classification of "older adults" generally varies by data source; therefore, age cutoffs of older adults within the findings are based on the data source being reported.

According to the 2016 California Department of Aging, SCC is home to approximately 361,566 older adults age 60 and over;[15] however, throughout the Needs Assessment section, data estimates for SCC seniors aged 60 and older are primarily taken from the 2014 American Community Survey 5-Year Estimates as this source provides a description of the senior population respective to the total county population. Of the 1.8 million adults living in SCC, 2014 American Community Survey findings estimate the more than 300,000 seniors age 60 and older to make up nearly 17% of the SCC population (See **Table 1**).[16]

Table 1. Percentages of Population by Age Group at County, State, and National Levels, 2014

	SCC	California	United States
0 – 19 years old	26%	27%	26%
20 – 39 years old	29%	29%	27%
40 – 59 years old	28%	27%	28%
60 – 74 years old	12%	12%	13%
75 and older	5%	5%	6%

Although SCC has a slightly smaller senior population than the national level (17% compared to 19% for the U.S.), its senior population matches that of the state level (17% for California)[17] and SCC's senior population has increased and continues to increase at a faster rate in the past fiveyears than the state and national levels, as shown in **Figure 1**.[18]



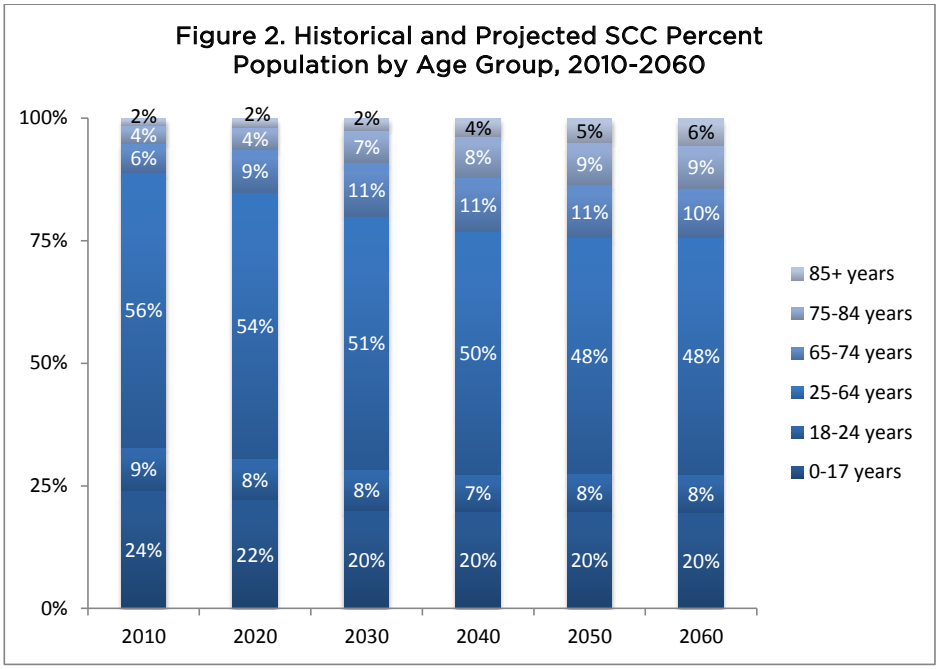
15 2016 California Department of Aging Demographic Projects by County and PSA

16 2014 American Community Survey, 5-Year Estimates

17 2014 American Community Survey, 5-Year Estimates

18 The Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties: April 1, 2010 to July 1, 2014 retrieved from the 2014 Population Estimates, U.S. Census Bureau

At the current rate of increase among the older adult local population, seniors will comprise a greater portion of the population. As shown in **Figure 2**, just five years ago in 2010, individuals 65 and older consisted of only 12% of the local SCC population, but by 2060, projections indicate that one in four county residents will be over age 65 (25%).[19]



Furthermore, the projected older adult population at county, state, and national level is expected to increase steadily each decade, especially within SCC. By 2060, individuals that make up the older adult age group (65+) will account for 25% of the total population in SCC; 24% in California;[20] and 24% in the United States.[21]

5.1.1 Economic Indicators

Federal Poverty Line

The federal poverty line (FPL) is determined by calculating a threshold of three times the minimum food diet necessary for individuals to live as determined by the expenses of food within the country in the current market. The FPL is a fixed number for the 48 contiguous states and does not factor in cost of living.[22] The 2015 FPL was defined as having less than $980.83 monthly income for a single-person residency and less than $1327.50 monthly income for a couple.[23]

The number of older adults (65+) living at, near, or below poverty in SCC has increased slightly in the last 15 years. In 2000, approximately 9,800 older adults age 65 or older were living below poverty, which was 6% of the local senior population at the time. Since then, 2014 American Community Survey statistics indicate that approximately 8% of older adults in SCC are living below

19 California Department of Finance, Demographic Research Unit, 2014

20 California Department of Finance, Demographic Research Unit, 2014

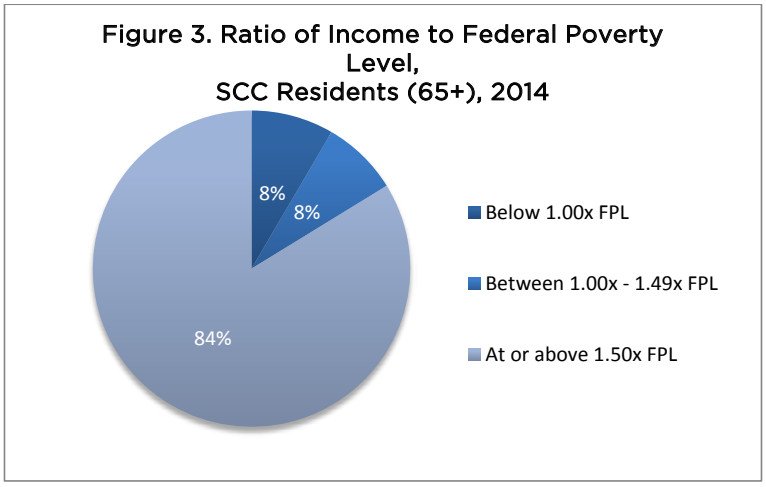
21 U.S. Census Bureau, Population Division, 2014

22 U.S. Census Bureau, 2013

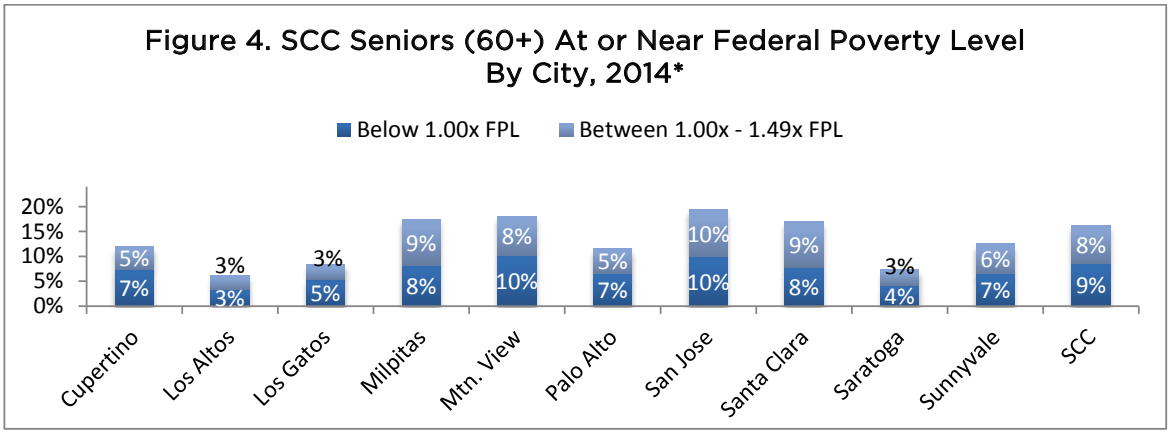
23 2015 HHS Poverty Guidelines

poverty. Yet, because the older adult population has grown substantially as baby boomers age, the number of estimated county seniors age 65 or older living below FPL has almost doubled in 15 years, with an estimated 18,058 living below poverty.[24]

As shown in **Figure 3**, one in six (16%) SCC seniors live near or below poverty, earning or receiving an income at less than one and a half times (1.50x) the FPL.[25]



Additionally, the California Department of Aging estimates that nearly 33,000 adults aged 60 and older living in SCC are considered low income residents, earning or receiving an income at or below one and a quarter (1.25x) the FPL.[26] Older adults may have a higher risk of becoming impoverished depending on their location of residence in SCC. For example, data show that San Jose, the most highly populated and densely populated city in SCC, has the highest percentages of older adults age 60 and older living near or below the FPL. The city of Mountain View also has 10% of those age 60 and older living below the FPL, but has a lower percentage living near the poverty line than that of San Jose (See **Figure 4**).[27]



*City data were not available for all cities within SCC; therefore, data presented are of cities that had data from the 2014 American Community Survey 5-Year Estimates data

24 2014 American Community Survey, 5-Year Estimates

25 2014 American Community Survey, 5-Year Estimates

26 2016 California Department of Aging Population Projects by County and PSA

27 2014 American Community Survey, 5-Year Estimates

Interestingly, compared with the rest of California, SCC has fewer seniors falling below the poverty line (8% for SCC, compared with 10% for California); however, the number of impoverished seniors in the county nears that of the older adult impoverished population nationwide (9%).[28] Indeed, local seniors earning less income than 1.50 times the FPL may struggle to meet their basic daily needs given the high cost of living within the county. In fact, the U.S. Census Bureau has indicated that the FPL does not factor in cost of housing, medical care, or transportation, which are all relevant needs of the older adult community. To get a better understanding of the number of older adults in SCC affected by the high cost of living, we turn to two additional measures of poverty: the Elder Economic Security Standard Index and the Supplemental Poverty Measure. Following these supplemental measures of poverty, the 2014 Housing Disparity Report[29] is presented to provide more evidence of the increasing affects the high cost of living within SCC has on seniors who are at or near poverty level.

Elder Economic Security Standard Index

The Elder Economic Security Standard Index, or Elder Index, provides a detailed, county-specific measure of senior poverty. The Elder Index determines poverty based on true costs of housing, food, transportation, and health care.[30] Different thresholds are provided based on marital status, and whether an individual rents or owns a residence. **Table 2** shows Elder Index thresholds identified in 2013 for individuals and couples age 65 and older in SCC.[31]

Table 2. SCC Elder Economic Security Index Monthly Income Threshold, 2013

	Individual (65+)	Couple (65+)
Owner w/o mortgage	$ 1,514	$ 2,207
Owner w/mortgage	$ 3,201	$ 3,894
Renter, one bedroom	$ 2,385	$ 3,078

As evidenced by the Elder Index, seniors in every living situation need to have incomes well in excess of the federal poverty level in order to stave off poverty within the county. In 2013, an older adult aged 65 who is renting a one-bedroom housing unit in SCC would need a monthly income nearly 2.50 times the federal poverty level to meet basic housing, medical, transportation, and nutritional needs. Similarly, an elderly couple paying off a mortgage would need a monthly income almost three times the FPL to meet their basic needs.

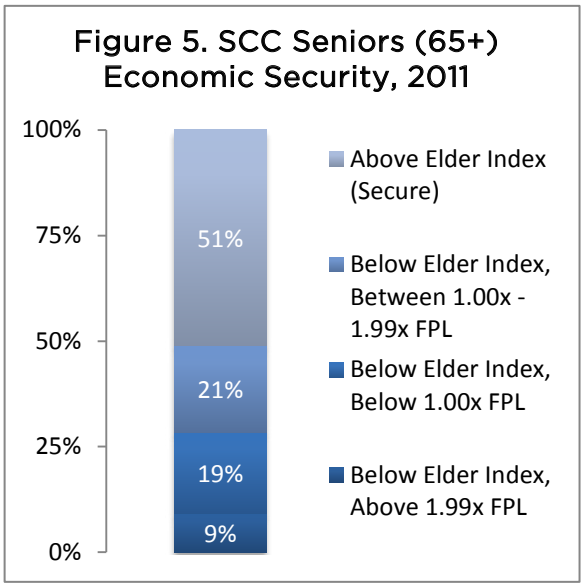
28 2014 American Community Survey, 5-Year Estimates

29 2014 Housing Disparity Report, reported by California Housing Partnership Corporation and Housing Trust Silicon Valley

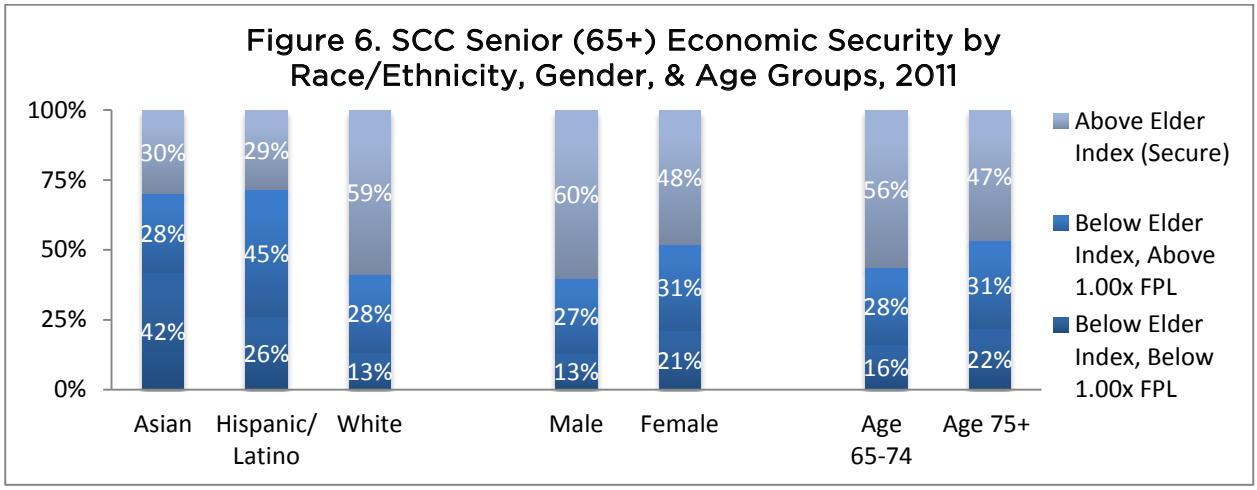
30 http://www.healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/elder-index-2011.aspx

31 http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/Cost-Of-Living.aspx?View={E1B915B2-7AC2-465B-9232-592F5046CF37}&FilterField1= LinkTitle&FilterValue1=Santa%20Clara&FilterField2=Elder_x0020_Index_x0020_Year&FilterValue2=2013

Not only are these income disparities striking, additional data from the 2011 Elder Index report that nearly half (49%) of SCC seniors age 65 and older are living at or below the means necessarily to live adequately, as compared to only 17% identified at less than 1.50 times the FPL (See **Figure 5**).[32]



Furthermore, as shown in **Figure 6**, those falling below the Elder Index in 2011 were disproportionately of a racial/ethnic minority, female, or age 75 or older.[33] Specifically, 71% of Hispanic/Latino seniors and 70% of Asian seniors fall below the Elder Index in SCC as compared to just 41% of White seniors age 65 and older. Additionally, 52% of female seniors fall below the Elder Index, yet just two in five senior males (40%) are below the Elder Index. As compared to seniors between the ages of 65 and 74 years old, seniors age 75 and older are disproportionally below the Elder Index (44% age 65 and 74 as compared to 53% age 75 and older).



32 http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/FPL-Comparison.aspx

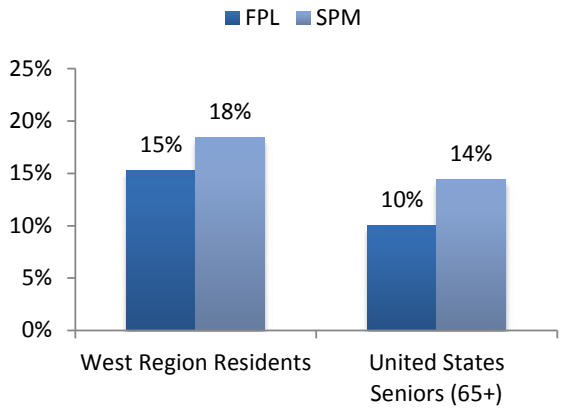
33 http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/The-Hidden-Poor.aspx

Supplemental Poverty Measure

In September 2015, the U.S. Census Bureau released its fifth report[34] describing the Supplemental Poverty Measure (SPM), an additional tool used to extend the official poverty threshold to include basic necessities beyond food. For the SPM, cost of living is determined by food, clothing, shelter, and utilities, as well as additional needs based on type of family unit and geographic location.

SPM also factors in benefits like food stamps and tax credits. The report shows a substantially larger number of seniors living in poverty that were not identified as impoverished when reviewing just the FPL, as well as a significantly larger number of west coast residents living in poverty than the official poverty measure (See **Figure 7**). Details at the state and local level are currently unavailable.

Figure 7. Comparison of FPL and SPM for West Region Residents and U.S. Seniors (65+), 2014



Supplemental Housing Report

In large part associated with the increasing number of seniors approaching poverty among SCC and the state of California, housing prices and affordability of housing has become a more prevalent issue within the SCC senior population. In recent years, the availability of affordable housing units for the very low-income and extremely low-income households has increased substantially; however, the rising demand for affordable housing has exceeded any increase, making finding affordable housing a great concern among many seniors. As of 2014, almost 60% of very low-income households in SCC pay more than 50% of their income in rent.[35] Of these extremely low-income households that have difficulties paying for housing costs, 50% are elderly or disabled.[36] According to a 2014 National Low Income Housing Coalition report, SCC is among the top five most expensive metro rental markets in California and data show that since 2005, median rent prices have increased by 10%, while median income has increased by merely 1%. On top of these findings, SCC has seen an incredibly large percentage decrease in the amount of funding sources for major affordable housing developments from fiscal years 2007-08 to 2012-13 (-81%).[37] These changes have detrimental consequences among the SCC senior segment of the population, who face increasing rent and mortgage prices, yet remain on a fixed and stagnant income and are not able to live comfortably or within their means to survive.

34 https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-254.pdf

35 2014 Housing Disparity Report, reported by the California Housing Partnership Corporation and Housing Trust Silicon Valley

36 2014 Housing Disparity Report, reported by the California Housing Partnership Corporation and Housing Trust Silicon Valley

37 2014 Housing Disparity Report, reported by the California Housing Partnership Corporation and Housing Trust Silicon Valley

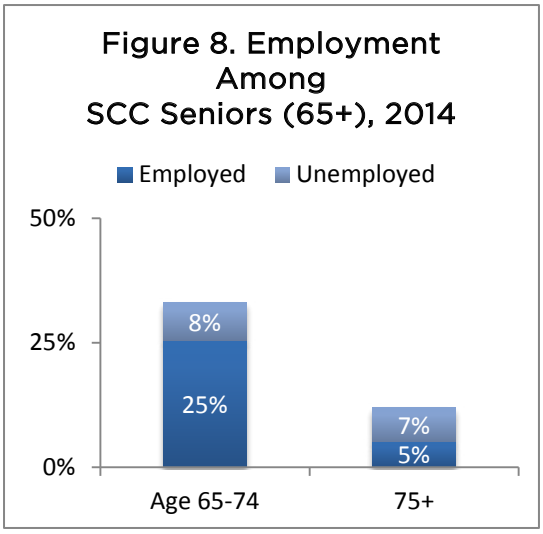
Food Assistance and Reduced Transportation Fare Program Enrollments

As of May 2015, participation in Supplemental Nutrition Assistance Program (SNAP, or more commonly known as food stamps and recently referred to as CalFresh) was up to 109,174 county residents.[38] Of the SCC senior population age 60 and older, almost 4% of households in 2014 received some type of SNAP/CalFresh/food stamp assistance.[39] Therefore, approximately 10,671 seniors age 60 and older received food assistance in 2014, which is nearly 10% of the total number of county individuals participating in food assistance programs. Data from the California Food Policy Advocates indicate that in 2014, just 57% of those who are eligible to receive food assistance within the state of California are enrolled in CalFresh;[40] thus, it surmises that many more seniors may be eligible to receive this benefit but have not been enrolled.

In regard to local transportation services, the Valley Transportation Authority (VTA) has acknowledged the difficulties that seniors may face who are at or below poverty levels by offering transit fares at a discounted price. VTA currently offers seniors age 65 and older transit fare discounts on VTA buses and light rail trains in addition to the San Francisco Bay Area other transit services. Seniors can receive these discounts through the use of the senior fare payment Clipper Card, which offers discounts mandated by the state and federal law for eligible seniors.[41]

Employment

Local senior employment rates very closely match state and national rates and have also varied little over the past five years.



One-quarter (25%) of seniors between the ages of 65 and 74 were employed in 2014, along with 5% of seniors age 75 or older. Unemployment for seniors between the ages 65 and 74 was 8% and was near 7% for seniors 75 and older (See **Figure 8**). The remainder of seniors did not participate in the labor force.

Data are unavailable at the local level for those who are underemployed or have stopped searching for work; however, at the national level, underemployment rates for seniors (55+) is at 4%. Additionally, 20% of individuals age 55 and older who stopped searching for work in the past year have done so because they were: discouraged by the lack of work available; not able to find work; lacked education or training; felt employers thought they were too old; or discouraged by other types of discrimination.[42]

Recent steps have been taken by many of the leading high technology corporations in the valley to begin to address the gender workforce disparity; however, this needs to be expanded to include

38 2014 Santa Clara County Nutrition and Food Insecurity Profile, CA Food Policy Advocates (http://cfpa.net/county-profiles)

39 2014 American Community Survey, 5-Year Estimates

40 Lost Dollars, Empty Plates; California Food Policy Advocates, 2014

41 Chapter 2: Investing in Our Future, Valley Transportation Plan 2040, published 2014

42 2014 Bureau of Labor Statistics

assessments of the age distribution within these companies as well. Increased focus needs to be placed on training and retraining older workers whose skills may have become obsolete in a rapidly changing high tech environment.[43]

The overall employment rate for seniors between the ages of 65 and 74 in California and nationwide is 24%; likewise, SCC employment of seniors ages 75 and older mirrors state and national levels (5% in SCC as compared to 5% in California and 6% nationally).[44]

Currently, there are several senior employment programs available to SCC senior residents and these programs help provide seniors looking for employment with the skills and education necessary to obtain meaningful jobs. For example, Senior Employment Services of Sourcewise implements the Senior Community Services Employment Program (SCSEP), which assists qualified, low income, seniors age 55 or older. Candidates in this program hone their skills and build confidence so that they may transition from this subsidized training program into permanent employment.[45]

This program offers personalized career counseling, supervised on-the job training, and classroom training, helping candidates to develop experience and skills to transition from this subsidized program into regular employment. In fiscal year 2014-15, the SCSEP assisted over 120 clients to become skilled homecare aides as well as to enter into unsubsidized employment opportunities.[46]

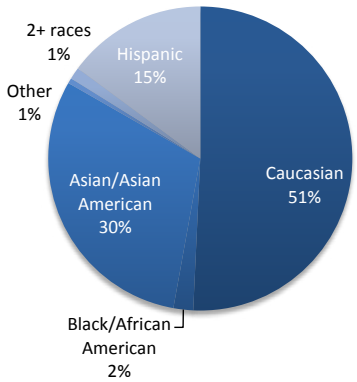
5.1.2 Seniors Among Different Races and Ethnicities

Older adults of varying races and ethnicities face many unique challenges in receiving senior services and learning about resources. This section details particular changes observed in the older adult population, such as the increasing number of Asian older adults in SCC, as well as defines particular issues that these sub-populations face.

Santa Clara County Older Adult Population Changes

As of 2016 California Department of Aging projections, the race and ethnicity of SCC older adults aged 60 and older is split fairly evenly among groups, with just over half (51%) identifying their race as Caucasian and 30% as Asian or Asian American, 15% Hispanic, 2% Black or African American, 1% identifying as two or more races/ethnicities, and 1% as some other race.[47] **Figure 9** details the break down by race and ethnicity of the older adult population age 60 and older within SCC.[48]

Figure 9. Race/Ethnicity of SCC Seniors (60+), 2016



43 Data provided by Sourcewise Executive, 2016

44 2014 American Community Survey, 5-Year Estimates

45 Sourcewise Webpage: http://www.mysourcewise.com/senior-employment-services

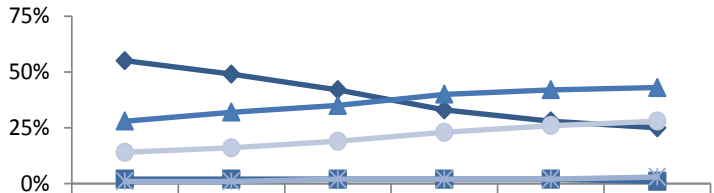
46 Sourcewise Webpage: http://www.mysourcewise.com/senior-employment-services

47 2016 California Department of Aging Population Projects by County and PSA

48 California Department of Finance, Demographic Research Unit, 2014

Furthermore, the proportions depicted in **Figure 9** are expected to shift drastically in the next few decades, so that by 2060, Caucasian SCC seniors age 60 and older are expected to account for just 25% of the older adult county population, and Asian or Asian American seniors will consist of 43% of the county senior population while Hispanic seniors will almost double in percentage increasing from 15% of the older adult population to 28% (See **Figure 10**).[49]

Figure 10. Projected Composition of SCC Seniors (60+) by Race/Ethnicity, 2010-2060

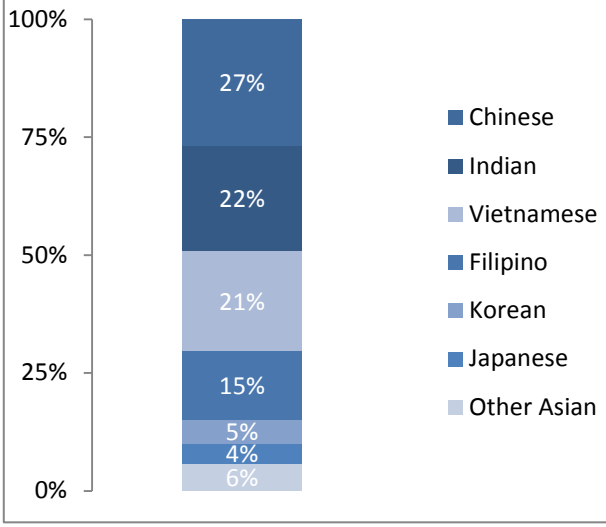


	2010	2020	2030	2040	2050	2060
Caucasan	55%	49%	42%	33%	28%	25%
Asian/Asian American	28%	32%	35%	40%	42%	43%
Hispanic	14%	16%	19%	23%	26%	28%
Black/African American	2%	2%	2%	2%	2%	1%
2+ races	1%	1%	2%	2%	2%	3%

Asian and Asian American Seniors

Bearing in mind that the SCC Asian and Asian American senior population is projected to alter so considerably in the coming decades, it is important to understand the specific needs of Asian seniors living in the county. As of 2014, approximately 99,310 Asian seniors age 60 and older live in SCC according to the California Department of Finance.[50] Among those who are Asian seniors, a large number identify themselves as Chinese, Indian, and Vietnamese. Specific percentages of these sub-groups within the Asian county population are not available for the older adult age group, but as **Figure 11** shows, a large segment of the total Asian county population is Chinese, Indian, and Vietnamese and Asian older adults are proportioned similarly. [51]

Figure 11. SCC Asian Population by Nationality, 2014

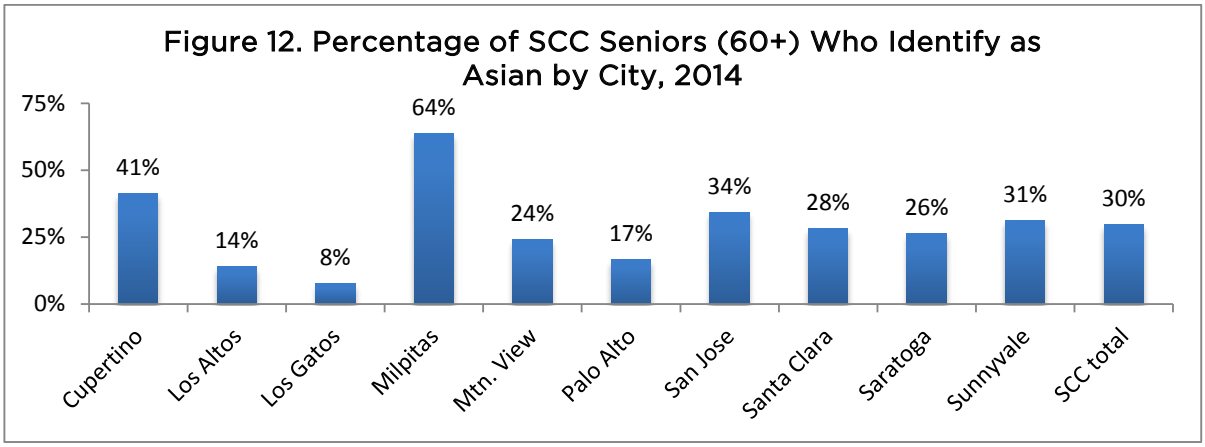


49 California Department of Finance, Demographic Research Unit, 2014

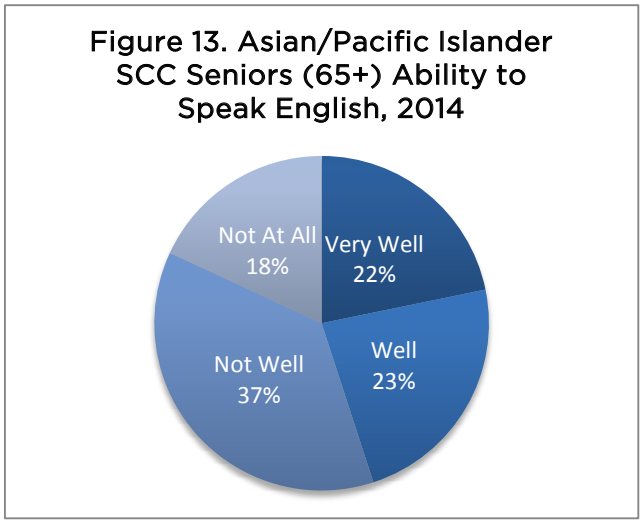
50 California Department of Finance, Demographic Research Unit, 2014

51 2014 American Community Survey, 5-Year Estimates

The Asian older adult population is dispersed throughout the county, but a large percentage of Milpitas city population age 60 and older identify themselves as Asian (64%). **Figure 12** identifies other city's percentages of residents 60 years or older who identify as Asian.[52] Although Milpitas has the highest percentage of Asian older adult seniors, 34% of San Jose's older adult population identify as Asian[53] and this estimates close to 53,000 Asian seniors, or more than half of the SCC Asian older adult population.[54]



Common issues that SCC Asian older adults and other groups of older adults face when searching for resources are language barriers to accessing and understanding services. Data show that of the estimated 51,234 Asian or Pacific Islanders age 65 or older who speak English and another language in the county, a large percentage indicate they do not speak English well (37%) and an additional 18% state they do not speak English at all (See **Figure 13**).[55] The language barriers that may follow from the limited English-speaking levels of Asian older adults can be unfavorable to these seniors' health and impact the services they are able to access.



52 2014 American Community Survey, 5-Year Estimates

53 2014 American Community Survey, 5-Year Estimates

54 California Department of Finance, Demographic Research Unit, 2014

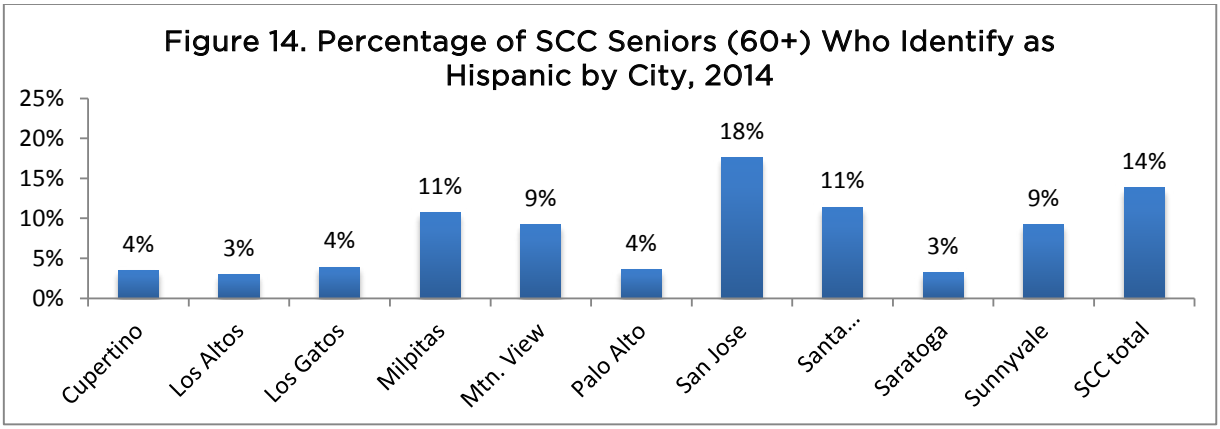
55 2014 American Community Survey, 5-Year Estimates

As indicated previously, Asian seniors also struggle immensely to afford basic needs such as housing, medical care, and transportation, with nearly 42% of Asian seniors age 65 and older at or below the federal poverty level and another 28% of SCC Asian older adults with income below the Elder Economic Security Index threshold (accounting for 70% of SCC Asian older adults total).[56] With an ever-increasing Asian older adult population, the 70% of Asian seniors struggling with daily cost of living in SCC should be taken into consideration when allotting resources and services among the county older adult residents.

Hispanic/Latino Seniors

The Hispanic/Latino older adult population in SCC will also increase heavily in the next few decades, echoing the increases projected for the Asian older adult population. Likewise, the Hispanic population has many of the same concerns to accessing services and obtaining resources within the older adult community of SCC.

As of 2014, the California Department of Finance estimates there are 48,102 Hispanic seniors age 60 and older living in SCC.[57] Currently, the percentage of Hispanic/Latino seniors by city varies; however, data show that the larger cities of San Jose, Milpitas, and Santa Clara have high percentages of individuals in their senior populations (60+) who identify as Hispanic/Latino (See **Figure 14**).[58]



Most Hispanic seniors age 60 and over reside in San Jose, consisting of nearly 28,000 of the 155,260 estimated senior population (60+) in the San Jose city limits. No other city has more than 3,000 Hispanic senior residents.

Common issues SCC Hispanic/Latino older adults face when searching for resources are similar to the concerns among Asian older adults—particularly language barriers to accessing and understanding services.

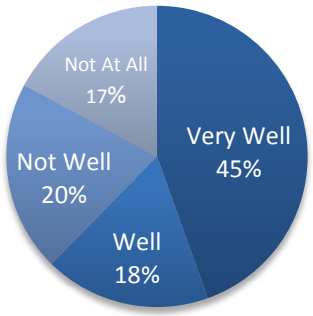
56 http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/The-Hidden-Poor.aspx

57 California Department of Finance, Demographic Research Unit, 2014

58 2014 American Community Survey, 5-Year Estimates

Data show that of the estimated 23,359 Hispanic residents age 65 or older who speak English and another language, a large percentage indicate they do not speak English well (20%) and an additional 17% state they do not speak English at all (See **Figure 15**).[59] Parallel to Asian older adult concerns, the language barriers that may follow from the limited English-speaking levels of Hispanic/Latino older adults can be unfavorable to these seniors' health and impact the services they are able to access.

Figure 15. Spanish-Speaking SCC Seniors (65+) Ability to Speak English, 2014



Furthermore, Hispanic seniors face similar barriers to accessing services as Asian seniors due to a high percentage of Hispanic seniors at or below the federal poverty level. As discussed previously, 26% of SCC Hispanic older adults age 65 and older are at or below the federal poverty level. Even more concerning is the larger percentage (45%) of SCC Hispanic older adults who struggle to meet their daily basic needs when factoring in cost of medical care, transportation, and housing as defined by the Elder Economic Security Index.[60] In sum, approximately 71% of Hispanic older adults age 65 and older in SCC lack the necessary financial security to live adequately.

Black or African American Seniors

While individuals who identify as Black or African American make up a much smaller proportion of the SCC senior population (2%), recent research projects and demographic studies indicate that the Black/African American population faces far more barriers to services and have lower health quality than other cohorts of the county population.[61] Research shows that Black or African American individuals experience inequities in health care and these disparities are often increased for those that are at lower levels of social advantage.[62]

Data are not provided for the Black or African American older adult age group in SCC due to the small number of Black/African American residents; however, information on the Black/African American population as a whole among SCC residents provides insight to the disparities older adults in this racial group may face. For example, data show that the Black/African American community has a lower life expectancy than other racial/ethnic groups and the county as a whole.[63] Additionally, recent reports find that the Black/African American community has higher percentages of those diagnosed with high blood pressure, diabetes, cancer, or HIV than any other racial or ethnic group within the county.[64]

59 2014 American Community Survey, 5-Year Estimates

60 http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/The-Hidden-Poor.aspx

61 Status of African/African Ancestry Health: Santa Clara County 2014

62 Status of African/African Ancestry Health: Santa Clara County 2014

63 Status of African/African Ancestry Health: Santa Clara County 2014

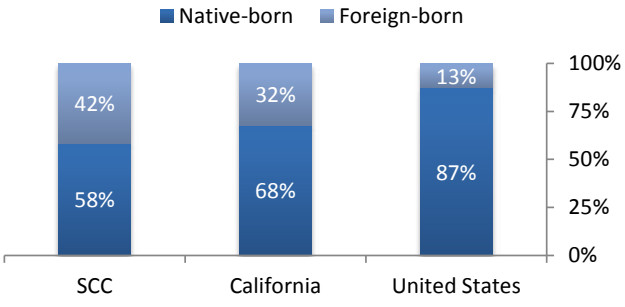
64 Status of African/African Ancestry Health: Santa Clara County 2014

Although many strides have been made to reduce disparities among the Black/African American population in SCC, continued efforts are beneficial to increasing the quality and longevity of life among older adults who identify themselves as Black or African American.

Foreign-Born Seniors

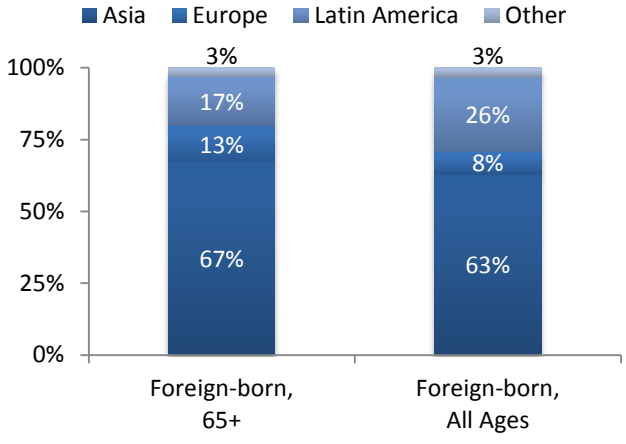
Interestingly, SCC has a large proportion of seniors age 65 and older who are foreign-born (42%), as compared to state and national level percentages of foreign-born residents (32% in California and 13% in the United States) (See **Figure 16**). This equates to approximately 89,492 county residents age 65 and older who were born outside of the United States.[65]

Figure 16. Foreign-born Status for Seniors (65+) at County, State, and National Levels, 2014



Furthermore, additional data show that a higher percentage of foreign-born SCC seniors age 65 and older are born in regions of Asia compared to the total foreign-born county population (See **Figure 17**).[66]

Figure 17. Foreign-born SCC Residents Regions of Birth by Age, 2014



It is essential that SCC consider the additional needs that foreign-born older adults may require to ensure an environment in the county that is conducive to aging well for all individuals, regardless of citizenship status. Foreign-born residents often struggle with language barriers, similar to issues that various racial and ethnic groups face to receive resources. These data are further evidenced by the concern exhibited by the focus groups conducted during the needs assessment among various non-English languages focus group sessions, which had foreign-born individuals. A few participants voiced their frustration with completing complicated medical and insurance forms that were hard to understand because of their status as a non-citizen.[67]

65 2014 American Community Survey, 5-Year Estimates

66 2014 American Community Survey, 5-Year Estimates

67 EVALCORP Fall 2015 Focus Group Data

5.1.3 Vulnerable Older Adult Populations

Additionally, certain sub-populations (e.g., veterans; lesbian, gay, bisexual, transgender, queer, and intersex; and persons with disabilities) are more vulnerable to other barriers and constraints when accessing resources or getting services than those of the general older adult population. Detailed below are six sub-populations within the older adult community that have been identified as vulnerable to experiencing added barriers when accessing resources and services for older adults.

Lesbian Gay BisexualTransgender Queer Intersex Seniors

Information on Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) older adults can be difficult to obtain locally, but lack of information should not deter planning to provide resources unique to LGBTQI senior needs. As of 2012, LGBTQI individuals make up nearly 4% of the entire county population.[68] Recent findings indicate that within the lesbian and gay county population, individuals between the ages of 65 and 79 make up 4%.[69]

Older adults are at higher risks than the general population to suffer from chronic conditions, health concerns, and mild obesity. Among older adults age 55 and older who identify as LGBTQI, these risks are just as high. For example, a 2013 LGBTQI Adult Survey administered by the SCC Public Health Department (N=211 LGBTQI seniors age 55 and older) showed that among LGBTQI seniors (55+) in SCC:

- 33% are overweight and 33% are obese
- 60% have been diagnosed with one or more physical chronic conditions
- 8% seriously considered attempting suicide or self-harm[70]

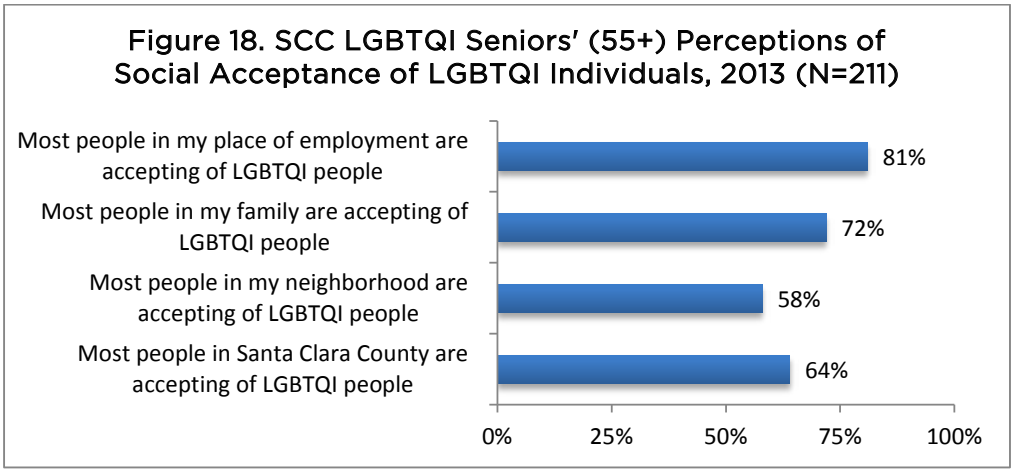
These findings need not be overlooked, as data show that LGBTQI seniors also struggle with acceptance and discrimination that can impede one's sense of quality of life, likely increasing health issues and mental health concerns. In fact, when older adults (55+) were asked how accepting the county as a whole, their neighborhoods, their families, and their work places are of LGBTQI individuals, results indicate LGBTQI seniors agree that others are relatively accepting, but work could be done to further improve the perceptions within the county (See **Figure 18**).[71]

68 Santa Clara County LGBTQI Health Assessment, 2013

69 2011-12 California Health Interview Survey, reported in the Santa Clara County LGBTQI Health Assessment, 2013

70 2013 LGBTQI Adult Survey, Santa Clara County Public Health Department

71 2013 LGBTQI Adult Survey, Santa Clara County Public Health Department



Along with facing higher levels of discrimination and lower social acceptance within their community, LGBTQI seniors (55+) indicate that senior services are difficult to access. On the 2013 LGBTQI Adult Survey, findings indicate that among LGBTQI seniors age 55 and older:

- 13% needed affordable housing
- 12% needed transportation services
- 11% needed nutrition services
- 9% needed disability and special needs services
- 9% needed job training and placement[72]

Data also indicates that nationally, LGBTQI individuals struggle financially to live above the federal poverty level and many are below the Elder Economic Security Index. In fact, national data indicate that while the percentage of individuals in poverty among non-LGBTQI married couples decreases after 65 years old, the rate actually rises for same sex couples when they reach 65 years of age.[73]

Seniors with Disability

Persons with disabilities can often experience threats to health and wellbeing often overlooked by the general public, such as difficulties finding appropriate home accommodations or adequate health care. As individuals become part of the older adult population, many report experiencing some sort of disability. In SCC, just over 140,000 individuals have some type of disability. Of those with one or more disability in SCC, nearly 70,200 are 65 years old or older (50%).[74] In fact, approximately 33% of older adults (65+) in SCC report having one or more disability, nearing rates of older adults with disability at state and national levels (both 36%).[75]

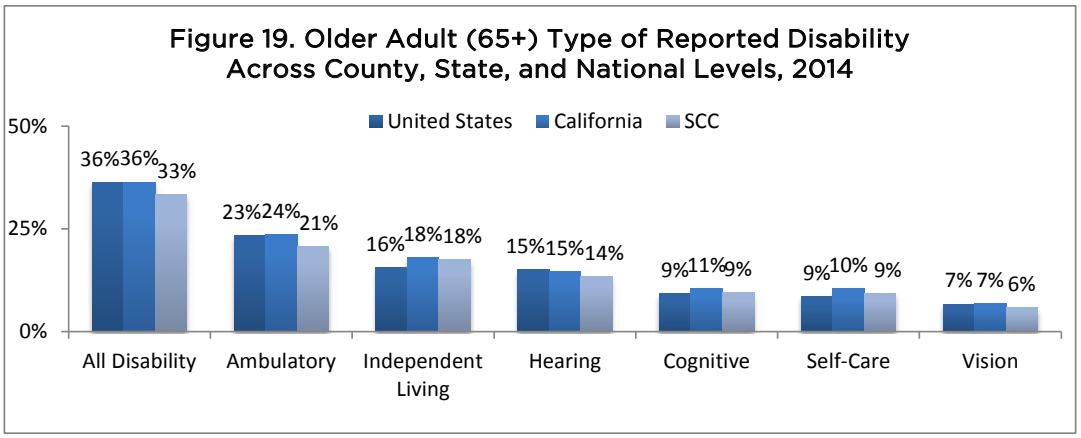
72 2013 LGBTQI Adult Survey, Santa Clara County Public Health Department

73 Albeda, R., et al. (2009) Poverty in the Lesbian, Gay, and Bisexual Community, as reported in the 2013 "No Golden Years at the End of the Rainbow Report, from The National Gay and Lesbian Task Force

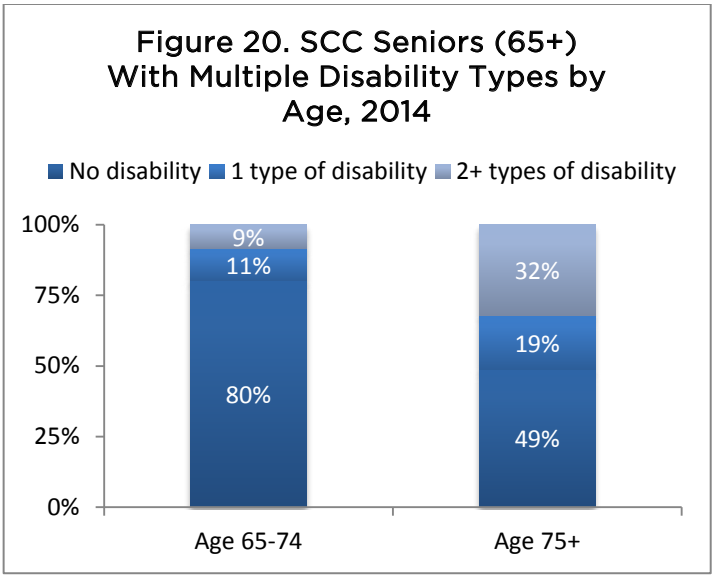
74 2014 American Community Survey, 5-Year Estimates

75 2014 American Community Survey, 5-Year Estimates

As shown in **Figure 19**, the most common disability reported by seniors with disability in SCC is ambulatory (21%), followed by independent living disability (18%). The types of disability older adults (65+) report having are consistent across the county, state, and national levels.[76]



Not only are older adults more likely to report living with a disability as compared to the population as a whole, the number of disabilities individuals report experiencing increase as they age, with older adults age 75 and older more frequently reporting having more than one disability (See **Figure 20**).[77] Indeed, approximately 32% of seniors age 75 and older report experiencing two or more disabilities, compared to just 9% of older adults age 65 to 74 who report experiencing multiple disabilities.



Along with facing numerous difficulties as persons with disabilities, older adults with disability also face a higher risk of being in poverty than other older adults. There are just over 9,000 seniors with disabilities below the federal poverty level, which is approximately 11% of the seniors with disability population.[78] This is concerning, as just 7% of the non-disabled population are below the federal poverty level, suggesting that persons with disabilities are more likely to encounter poverty.

To accommodate persons with disabilities within the county, Valley Transportation Authority (VTA) has ensured that all VTA buses, light rail vehicles, and transit facilities are completely accessible. Furthermore, VTA has worked with the local disabled advisory committee, Committee for Transit Accessibility (CTA) to adhere to Americans with Disabilities Act compliance guidelines

76 2014 American Community Survey, 5-Year Estimates

77 2014 American Community Survey, 5-Year Estimates

78 2014 American Community Survey, 5-Year Estimates

when developing transit facilities and safe operating areas for buses in an attempt to make transportation routes easier to access for persons with disabilities and older adults throughout SCC.[79] In addition to these efforts, a Sourcewise executive board member sits on the CTA and is able to provide unique oversight for use of Measure A funds for transportation.[80]

Along with providing transit facilities that are easier to access, persons with disabilities currently can apply for a Regional Transit Connection (RTC) Discount Clipper Card. An RTC Discount Clipper Card provides seniors with disabilities the opportunity to ride fixed-route bus, rail, and ferry systems at a reduced fare all throughout the San Francisco Bay Area.[81]

Long-Term Care Residents

Residential care facilities for the elderly (RCFE) or skilled nursing facilities (SNF) are available throughout each state for elderly individuals who may no longer be able to take care of themselves. Among the estimated 1.5 million individuals receiving long-term care at these facilities nationally, data indicate that approximately 84% of all residents among nursing facilities/skilled-nursing facilities are age 65 or older. This equates to nearly 1,260,000 older adults in long-term care throughout the United States. Of those within the older adult population receiving long-term care, nearly half (49%) are age 85 or older.[82]

Findings at the state level are similar to the national rates, with 79% of SNF or intermediate-care facility (ICF) residents age 65 or older. The California Association of Health Facilities estimates there are 1,260 licensed nursing facilities in California as of 2015 (i.e., SNF and ICF, including long-term care units of acute hospitals, also known as distinct parts).[83] Additional data from the California Department of Social Services and California Department of Public Health reports approximately 304 RCFEs with nearly 9,000 beds available and 54 SNFs with close to 5,300 beds available.[84] The California Association of Health Facilities reports that occupancy rates in California for SNFs and ICFs are at 87% as of 2015 which is concerning, because affordable facilities are not being built at a rate that satisfies the need of older adults.[85] Although data are not available at the local level, with a large percentage of state and national long-term care residential population being age 65 and older and the high occupancy level within the state, elderly long-term care residents within the county should remain a priority.

79 Chapter 2: Investing in Our Future, Valley Transportation Plan 2040, published 2014

80 Data provided by Sourcewise Executive

81 Chapter 2: Investing in Our Future, Valley Transportation Plan 2040, published 2014

82 2014 American Community Survey, 5-Year Estimates

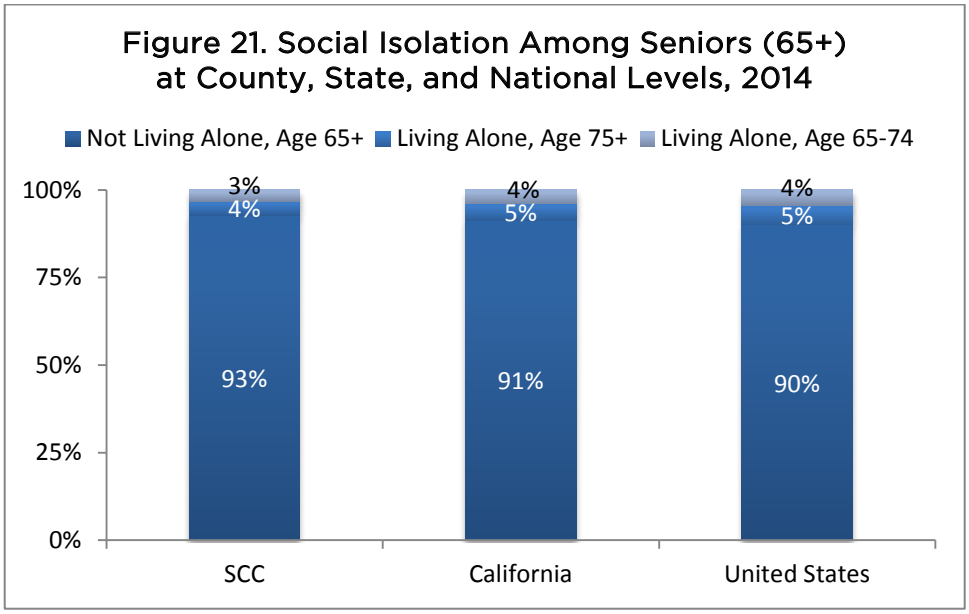
83 California Long-Term Care Residents Brief, Updated January 2015 from CMS CASPER data, reported by California Association of Health Facilities

84 Data from California Department of Social Services, Community Care Licensing Division and California Department of Public Health, Licensing and Certification Division, Updated 07/19/2015

85 California Long-Term Care Residents Brief, Updated January 2015 from CMS CASPER data, reported by California Association of Health Facilities

Socially and Geographically Isolated County Residents

Another population that may be more vulnerable to reduced older adult services and resources are those who are socially or geographically isolated within the county. Individuals that live alone in SCC are at increased risk of higher mortality, morbidity, psychological distress, and lower health and well-being.[86] Roughly 7% of older adults age 65 and older live alone in SCC, which is a lower percentage than the state and national rates (9% each). Although this percentage is smaller than at state and national levels, the rough estimate of individuals aged 60 and older living alone in SCC is 54,090, which is not a small figure that should go unconsidered due to the higher risks associated with living alone.[87] **Figure 21** indicates the percentage living alone at various geographic levels among those 65 to 74 and those 75 and older.[88]



Older seniors (age 75 and older) are at a higher risk of living alone and experiencing social isolation than younger seniors. In fact, of seniors living alone within SCC, more than half (55%) are 75 years or older.[89]

Additionally, there are seniors who are geographically isolated, making it difficult for them to receive older adult services offered within the county. SCC consists primarily of urban areas, where almost all (99%) of the population is located.[90] Indeed, the 2016 Department of Aging projections report approximately 4,347 seniors age 60 and older living in geographically isolated areas among SCC.[91] Older adults in more rural areas, such as the southern cities of Gilroy and Morgan Hill, may face difficulties accessing transportation services like the Metro and bus stations that are nearby and/or Outreach transportation services that are affordable.

86 Active Aging: A Policy Framework, World Health Organization, 2002

87 2016 California Department of Aging Population Projects by County and PSA

88 2014 American Community Survey, 5-Year Estimates

89 2014 American Community Survey, 5-Year Estimates

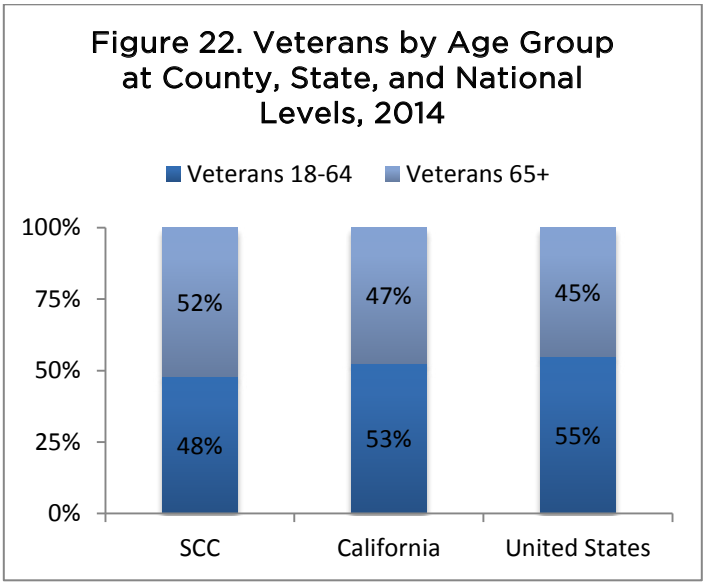
90 http://www.city-data.com/county/Santa_Clara_County-CA.html

91 2016 California Department of Aging Population Projects by County and PSA

Additionally, medical services may lack quality in rural areas of SCC, as many seniors in recent focus groups stated. Stanford Medical Center provides many older adult medical needs, and it is located in a heavily urban area.[92] For those not able to access high-quality medical centers due to their geographic location, their health can suffer greatly as they get older.

Veteran Seniors

A smaller senior population among SCC residents but still one of noteworthy mention is seniors who are veterans. Veteran seniors account for nearly 5% of the county senior population age 65 and older. This proportion is actually lower than the veteran proportions among older adult populations at the state and national levels (6% at the state level and 8% nationally).[93] However, SCC's veteran population consists of older individuals as compared to the state and national veteran populations. As shown in **Figure 22**, veterans age 65 and older make up more than half (52%) of the veteran county population, whereas at state and national levels veterans age 65 and older make up just under half (47% and 45% respectively) of the total veteran population.



Among veteran seniors, a large segment are older than 75 years old, accounting for approximately 29% of the total veteran population within the county and just over half (54%) of the county veteran population age 65 and older.[94]

Veteran seniors are an important population to consider when planning where to devote resources, because just over 12,000 veterans age 65 and older report having some type of disability, which is more than one-third (36%) of the older adult veteran population.

Many (96%) of the veteran older adult population in SCC have income levels above the federal poverty level;[95] however, as discussed previously, given the high cost of living within SCC many veteran seniors with fixed incomes may be at a higher risk of going into poverty.

Seniors Experiencing Abuse

Another group of seniors classified as vulnerable are those who experience or have experienced some type of abuse. Elder abuse can take many different forms and these abusive situations can have negative impacts on a senior's wellbeing and overall quality of life.

According to the Welfare and Institution Code of California, elder abuse includes self-neglect;

92 EVALCORP Fall 2015 Focus Group Data

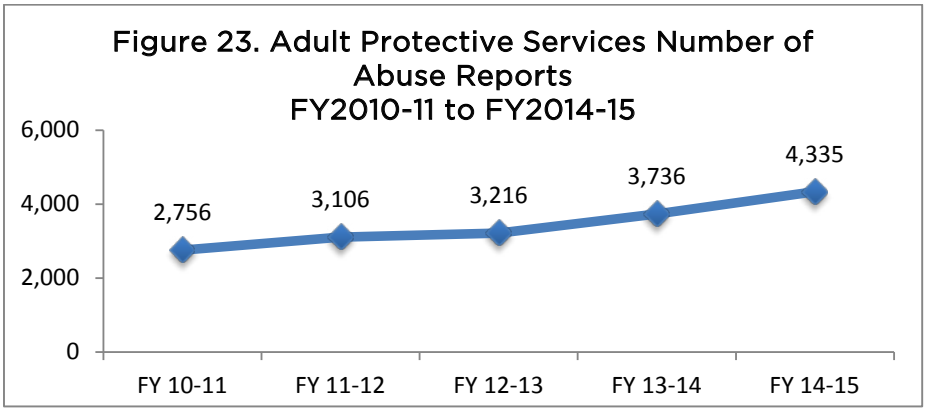
93 2014 American Community Survey, 5-Year Estimates

94 2014 American Community Survey, 5-Year Estimates

95 2014 American Community Survey, 5-Year Estimates

physical abuse; neglect; financial abuse; abandonment; isolation; abduction; and mental suffering caused by a caregiver, relative or any person trusted by an elder or dependent adult.[96]

Seniors experiencing abuse may be less inclined to utilize resources and can have increased health risks from suffering abuse. The County of Santa Clara Adult Protective Services (APS) serves clients age 65 and older as well as dependent adults (age 18 to 64 who cannot protect or advocate for themselves due to a disability). In the last five fiscal years (FY), the number of abuse reports recorded by APS for those above age 65 has steadily increased (See **Figure 23**). In fact, APS has seen a consistent 16% increase in the number of elder abuse reports in the last two FYs (i.e., 16% increase from FY 2012-13 to FY 2013-14 and an additional 16% increase from FY 2013-14 to FY 2014-15).[97]



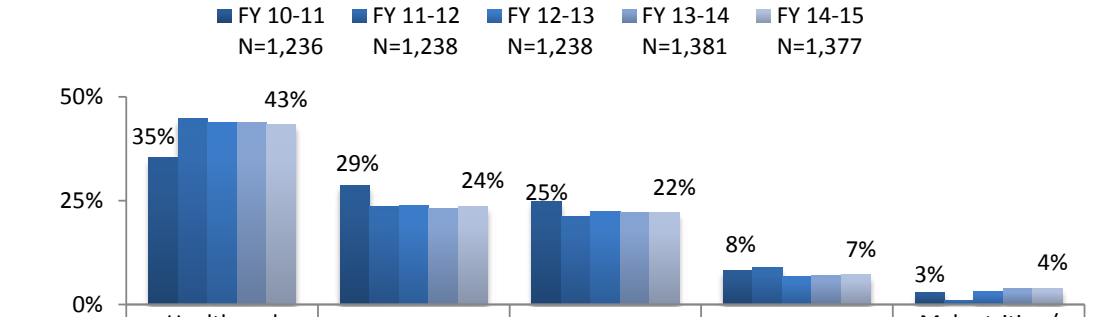
The steady increase in abuse reports could indicate two situations: (1) elder abuse is being reported more frequently than before but the number of incidents of elder abuse has remained relatively the same, or (2) the number of elder abuse incidents has increased so the number of reports has also increased. In either situation, elder abuse should remain a relevant issue for devoting resources and services within SCC.

96 The Welfare and Institution Code of California

97 County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2015

Interestingly, the most frequent type of elder abuse reported is self-neglect, making up an average of 57% of elder abuse reports in the past five FYs.[98] The most commonly observed self-neglect type of elder abuse falls within the category of Health and Safety Hazards (42% of self-neglect abuse types on average). **Figure 24** shows breakdowns of self-neglect elder abuse types through FY 2010-11 to FY 2014-15.[99]

Figure 24. Elder (65+) Abuse Types from Self-Neglect, FY2010-11 to FY2014-15



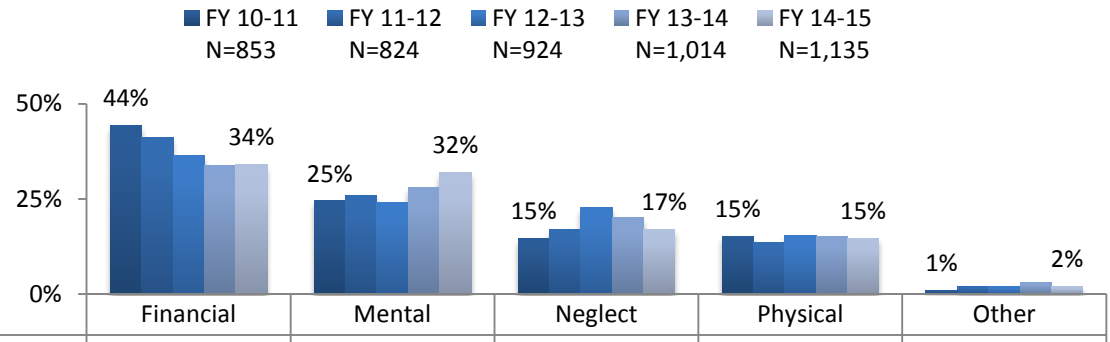
	Health and Safety Hazards	Physical Care	Medical Care	Financial	Malnutrition/ Dehydration
FY 10-11 N=1,236	35%	29%	25%	8%	3%
FY 11-12 N=1,238	45%	24%	21%	9%	1%
FY 12-13 N=1,238	44%	24%	22%	7%	3%
FY 13-14 N=1,381	44%	23%	22%	7%	4%
FY 14-15 N=1,377	43%	24%	22%	7%	4%

98 County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2015

99 County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2015

When elder abuse is perpetrated by others, the most common abuse type reported is financial abuse (38% of other-perpetrated abuse types on average). **Figure 25** details the percentages of each other-perpetrated abuse type across FY2010-11 to FY2014-15.[100]

Figure 25. Elder (65+) Abuse Types Perpetrated by Others, FY2010-11 to FY2014-15



	Financial	Mental	Neglect	Physical	Other
FY 10-11 N=853	44%	25%	15%	15%	1%
FY 11-12 N=824	41%	26%	17%	14%	2%
FY 12-13 N=924	36%	24%	23%	15%	2%
FY 13-14 N=1,014	34%	28%	20%	15%	3%
FY 14-15 N=1,135	34%	32%	17%	15%	2%

100 County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2015

5.1.3 Health and Wellness

Access to Affordable Health Care

Affordable and available health care becomes a greater concern as individuals age and experience decreased physical and/or mental functioning. Although the United States does not have universal health care, health care among older adults in SCC is quite good. As shown in **Table 3**, the percentage of seniors (65+) at county level enrolled in Medi-Cal/Medicare mirror the percentage of seniors (65+) at state level. Furthermore, there is a lower percentage of seniors age 65 and older in SCC who are not enrolled in any type of medical insurance coverage (1%) compared to the state (2%), which is promising.[101, 102]

Table 3. Medi-Cal/Medicare Enrollment at County and State Levels, Age 65+, 2012

Geographic Level	65+ Total Population	Medi-Cal Only	Medicare Only	Dual Eligibles	Neither
Santa Clara	194,757	5%	73%	21%	1%
California	4,204,623	3%	75%	20%	2%

The percentages of those enrolled in either only Medi-Cal or Medicare equate to approximately 9,000 county seniors age 65 and older who receive Medi-Cal benefits only and nearly 143,000 county seniors age 65 and older who receive Medicare.

Recent findings from the Santa Clara County Public Health Department show that a low percentage of older adults age 65 and older in SCC "could not take prescribed medicine in the past 12 months because of cost" (3%) and "could not see a doctor in the past 12 months because of cost" (3%),[103] which is likely associated with the low percentage of those 65 and older who are not enrolled in a health care plan.

Even given these positive findings, access to affordable health care frequently concerns many older adults among SCC, and these concerns are not unwarranted. For example, in focus groups conducted during Fall 2015 for the Needs Assessment, participants indicated confusion and frustration with understanding eligibility requirements of Medi-Cal and Medicare and requested that more educational classes or presentations be available to provide individuals learning opportunities on health care options.[104] Additionally, although data show that a majority of senior county residents can benefit from either Medi-Cal or Medicare enrollment, the SCC Public Health Department recently reported that just under three-fifths (57%) of individuals age 65 and older in SCC do not have dental insurance.[105]

Sourcewise provides the Health Insurance Counseling & Advocacy Program (HICAP) to help older adults within the county understand the resources available to them for health care insurance

101 Medi-Cal/Medicare Dual Eligibility by Age by County, January and July 2012; California Department of Health Care Services, Research and Analytical Studies Branch

102 2012 American Community Survey, 5-Year Estimates

103 2013-14 Behavioral Risk Factor Survey, Santa Clara County Public Health Department

104 EVALCORP Fall 2015 Focus Group Data

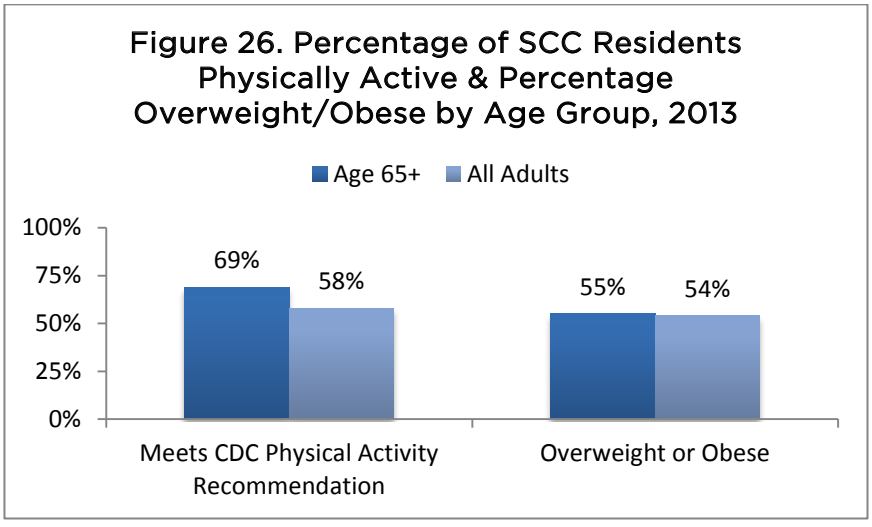
105 2013-14 Behavioral Risk Factor Survey, Santa Clara County Public Health Department

coverage options. Furthermore, the HICAP of Sourcewise offers educational presentations to seniors on a variety of health care insurance coverage topics and related health care benefits, claims, and billing questions.[106]

Physical Health and Wellness

The most current data available on SCC senior residents' physical health and wellness are limited. However, a 2014 SCC Public Health report titled "Obesity, Physical Activity, and Nutrition in Santa Clara County" shared unique information on elder residents age 65 and older regarding nutritional self-care. Data show that a higher percentage of older adults in SCC (65+) "eat at least five servings of fruit and vegetables daily" (22%) as compared to all adult residents (17%).[107] This may be in part because findings indicate that 89% of older adults (65+) surveyed state they "often or always could easily find a variety of good quality, affordable, fresh fruits and vegetables that they want," while only 80% of the entire SCC adult respondents indicated being able to do so.[108]

Additionally, data from the SCC Public Health Department 2013-14 Behavioral Risk Factor Survey show that 7 in 10 (69%) seniors age 65 and older met the Centers for Disease Control and Prevention (CDC) recommendations for aerobic physical activity in the past month,[109] which is a considerably higher percentage than the overall adult county population. However, the percentage of seniors age 65 and older who are considered obese or overweight appears to match that of the percentage among all SCC adults obese and overweight (See **Figure 26**), suggesting that older adults have just as much or slightly more of a likelihood of contracting chronic conditions harmful to one's physical health.



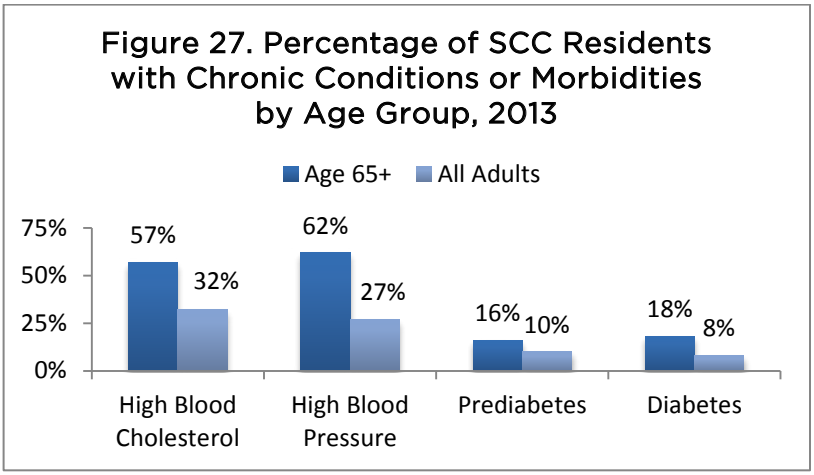
106 Sourcewise Webpage: http://www.mysourcewise.com/medicare-medi-cal

107 2010 Behavioral Risk Factor Survey, reported in the "2014 Obesity, Physical Activity, and Nutrition in Santa Clara County" Report, as produced by the Santa Clara County Public Health Department

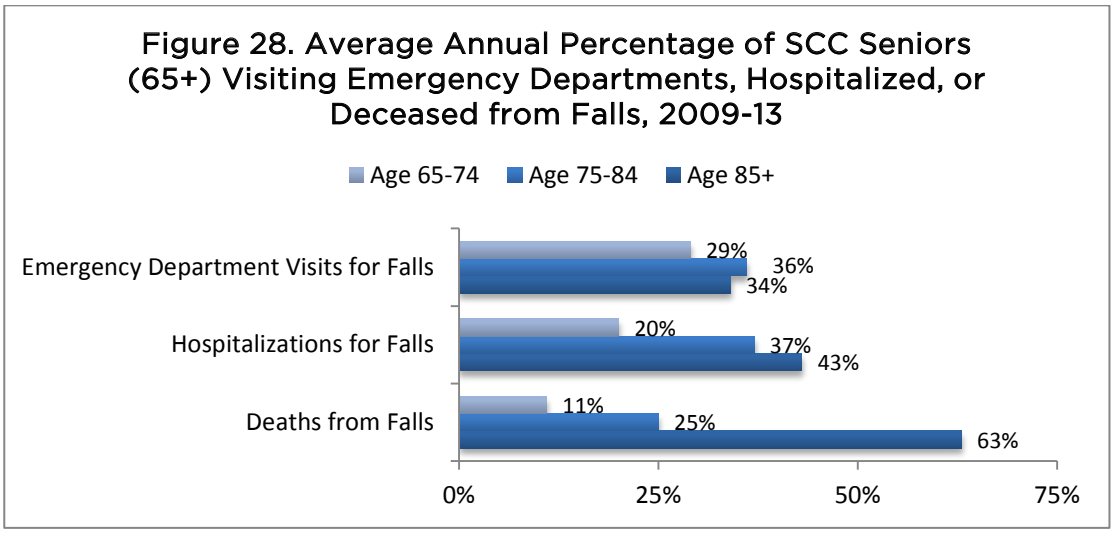
108 2011 California Dietary Practices Survey, Santa Clara County sample, reported in the "2014 Obesity, Physical Activity, and Nutrition in Santa Clara County" Report, as produced by the Santa Clara County Public Health Department

109 2013-14 Behavioral Risk Factor Survey, Santa Clara County Public Health Department

The percentage of seniors in SCC with chronic conditions or other morbidities is much higher than the adult SCC resident population as a whole (See **Figure 27**). It would appear that older adults are more at risk of contracting chronic conditions such as diabetes (18%) than younger individuals (8%) and tend to be diagnosed with high blood pressure and cholesterol more frequently than younger individuals.[110]



Not surprisingly, older adults are more frail than their younger counterparts and thus are more susceptible to unintentional falls that can potentially cause severe injury and hospitalize them, or sometimes even result in fatalities. In 2013, the rate of hospitalizations for falls among individuals ages 65 and older was at approximately 1,400 hospitalizations per 100,000 people. Among the oldest seniors (85+), this rate increases exponentially, with over 4,500 hospitalizations per 100,000 people.[111] Likewise, data indicate that individuals in SCC who are age 85 and older are at a higher risk of dying due to unintentional falls than that of individuals 65 to 84 years old.[112] **Figure 28** shows the percentage of emergency department visits, hospitalizations, and deaths from falling for each age group among SCC residents age 65 and older.



Among the older adults who reside in long-term facilities due to physical ailments or other types of disabilities, a higher number are remaining in long-term care facilities even after they have recovered and no longer need such extensive nursing care. This is likely because there is

110 2013-14 Behavioral Risk Factor Survey, Santa Clara County Public Health Department

111 Office of Statewide Planning and Development, 2009-2013 Emergency Department Data and 2009-2013 Patient Discharge Data, as reported in the 2015 Santa Clara County Public Health Older Adult Falls Quick Facts publication

112 Santa Clara County Public Health Department, 2009-2013 Death Statistical Master File, as reported in the 2015 Santa Clara County Public Health Older Adult Falls Quick Facts publication

an increasing lack of available step-down facilities in which seniors could transfer into from their current long-term care facilities. With a larger number of individuals remaining in long-term care, there are fewer beds available to individuals who may actually need extensive skilled-nursing care for physical ailments as they age.[113]

Mental Health and Wellness

Findings from the 2014 California Health Interview Survey (CHIS) indicate that a lower percentage of SCC residents age 60 and older indicated needing help for emotional/mental health problems or use of alcohol/drugs compared to seniors age 60 and older at state level (8% at county and 9% at state level).[114] However, CHIS data also show that of SCC seniors (60+) who indicated needing help for emotional/mental health issues, a lower percentage indicated visiting a health care provider for emotional/mental or alcohol/drug issues in the past year compared to seniors age 60 and older across the state who stated needing help (67% at county and 72% at state).[115]

Furthermore, CHIS data show that a smaller percentage of older adults age 60 and older from SCC who need help for emotional/mental health issues have taken medicine for at least two weeks in the past year for emotional/mental health issues compared to seniors (60+) across the state who need help for emotional/mental issues (41% at county and 54% at state).[116]

These findings indicate that even though a lower percentage of adults age 60 and older indicate needing emotional/mental health care in SCC as compared to the state averages, for seniors in the county who need help for emotional/mental issues, a smaller proportion among the county are utilizing health care providers and/or prescription medicine to combat mental issues than those who need help with emotional/mental issues across the state.

On the other hand, the Santa Clara County Mental Health Department has striven to offer quality care consistently to a large number of older adult (60+) individuals in the past five years. **Table 4** shows the number of individuals age 60 to 74 years old and 75 and older who have been serviced by the SCC Mental Health Department each fiscal year (FY) from 2010 to 2015.[117]

Table 4. Number of Senior (60+) Clients at the Mental Health Department by Fiscal Year

	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Age 60-74	1,483	1,409	1,327	1,474	1,572
Age 75+	246	205	187	183	224
Total	**1,729**	**1,614**	**1,514**	**1,657**	**1,796**

113 Data provided by Sourcewise Executive, 2016

114 2014 California Health Interview Survey

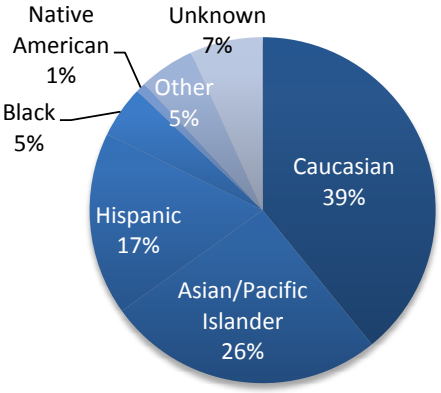
115 2014 California Health Interview Survey

116 2014 California Health Interview Survey

117 Data request of FY 2010-11 to 2014-15 from Santa Clara County Mental Health Department, Older Adult Division

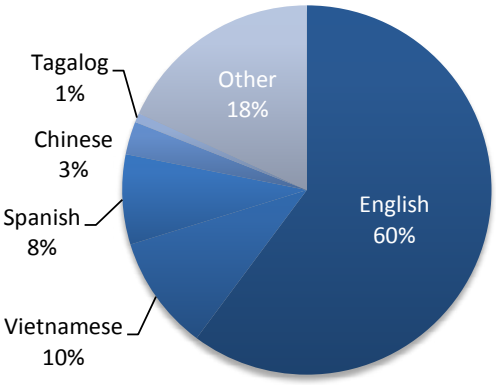
Overall, the race and ethnicity of clients age 60 and older served at the SCC Mental Health Department matches that of the senior population as a whole; each FY on average, just above one-quarter (26%) of Mental Health Department senior clients identify themselves as Asian or Pacific Islander, and the majority (39%) identify as Caucasian (See **Figure 29**).[118]

Figure 29. Race/Ethnicity of SCC Mental Health Department Clients Age 60+, FYs 2010-15



As shown in **Figure 30**, a majority of mental health services for SCC seniors age 60 and older are provided in English (60%). Given these findings and knowing of the larger proportion of foreign-born older adults that make up SCC, older adults in SCC may feel that mental health services are lacking because there are a limited array of services available in other languages besides English.[119] Additionally, with the expected increase of Asian/Asian American and Hispanic seniors in the next few decades projected by the California Department of Finance, mental health services may need to adjust the variety of languages in which their services are provided to keep up with these shifts in population.

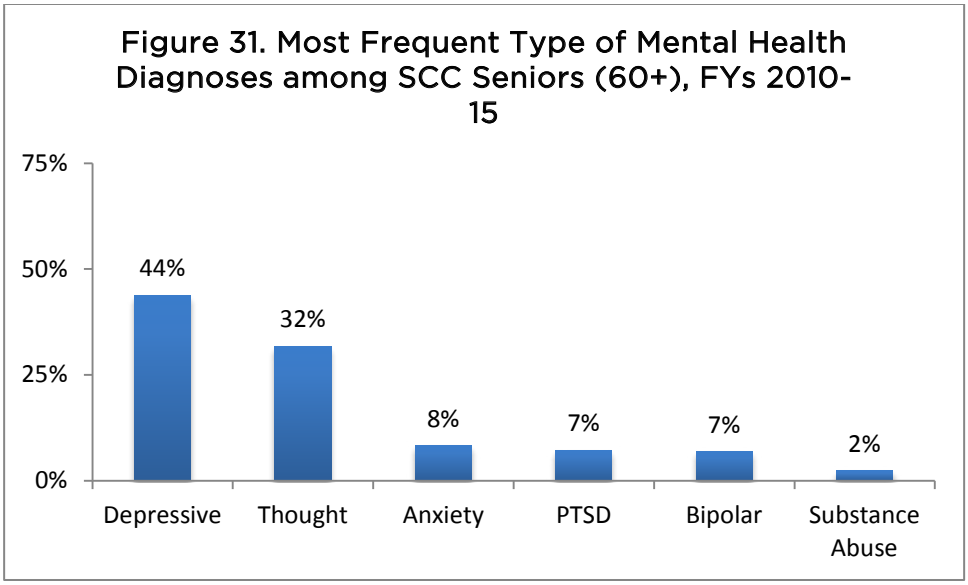
Figure 30. Language of Mental Health Services Provided to SCC Seniors (60+), FYs 2010-15



118 Data request of FY 2010-11 to 2014-15 from Santa Clara County Mental Health Department, Older Adult Division

119 Data request of FY 2010-11 to 2014-15 from Santa Clara County Mental Health Department, Older Adult Division

From FY 2010-11 to FY 2014-15, the Mental Health Department most frequently serviced individuals 60 years and older that were diagnosed with depressive disorders (44% of clients diagnosed), followed by individuals diagnosed with thought disorders (32%) (See **Figure 31**).[120]



Although the SCC Mental Health Department provides services to older adults given the resources and funding available, 2014 CHIS data show that many seniors age 60 and older still do not get the services they need for quality emotional/mental wellbeing. CHIS data find that approximately 44% of SCC seniors 60 years and older who sought treatment for self-reported emotional/mental or alcohol/drug issues did not receive treatment. However, CHIS data did not emphasize an explanation as to why these individuals did not receive care for emotional/mental or alcohol/drug issues, but lack of funding for mental health services or the difficultly of navigating the mental health service systems may be contributing factors.[121]

For many individuals and seniors in particular, seeking mental health counseling or support continues to carry a negative stereotype which prevents many from seeking such care. Added to this is the confusing design of current mental health service delivery systems, categorical funding, and an overall lack of emphasis on the mental health needs of older persons. This is particularly worrisome because of the high rate of suicide among older people living alone. Unless the mental health care system becomes more user friendly and accessible, rates of suicide among the growing senior population will likely increase.[122]

Alzheimer's Disease and Dementia

Dementia is a clinical syndrome of loss or decline in memory and other cognitive abilities. It is caused by various diseases and conditions that result in damaged brain cells. Alzheimer's disease is the most common form of dementia, accounting for 60% to 80% of cases. Victims have difficulty

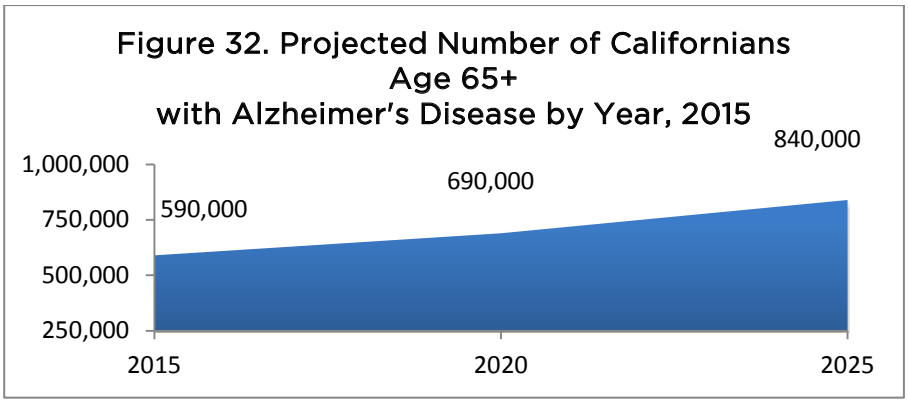
120 Data request of FY 2010-11 to 2014-15 from Santa Clara County Mental Health Department, Older Adult Division

121 2014 California Health Interview Survey

122 Data provided by Sourcewise Executive, 2016

remembering names and recent events in early stages; later symptoms may include impaired judgment, disorientation, confusion, and trouble speaking, swallowing, and walking. No treatment is available to delay or stop the deterioration of brain cells in Alzheimer's disease, and it is ultimately fatal.[123]

The number of California residents age 65 and older with Alzheimer's is expected to grow dramatically in the coming decade with more than a 40% increase—affecting more than 800,000 seniors in California by 2025 (see **Figure 32**).[124] Data at the county level show that as of 2015, an estimated 31,000 individuals are affected by Alzheimer's disease and that the number of diagnoses is expected to increase similar to increases at the state level; such that, by 2030 the estimated number of Alzheimer's diagnoses in SCC is expected to be approximately 56,000.[125]



Data from the 2015 Alzheimer's Facts and Figures Report found that approximately 11% of the state senior population (65+) suffers from Alzheimer's disease, which is higher than the average national percentage of seniors with Alzheimer's (5%).[126]

Furthermore, the number of deaths reported at the state level regarding individuals diagnosed with Alzheimer's is close to 12,000, making Alzheimer's disease the fifth leading cause of death in California. On a national scale, the Alzheimer's Association reports that 1 in 3 seniors diagnosed with Alzheimer's will die in a given year and that Alzheimer's is the fifth leading cause of death for seniors nationally.[127] Compared to other leading causes of death across the state, Alzheimer's disease showed the greatest increase (169% increase in Alzheimer's deaths since 2000).[128]

As expected, with such large increases in Alzheimer's disease diagnoses at state and national levels, the cost of Alzheimer's disease is significant. In fact, in 2014, the estimated number of

123 "Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Association, California Council, February 2009

124 2015 California Alzheimer's Statistics Fact Sheet, Alzheimer's Association

125 "Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Association, California Council, February 2009

126 2015 California Alzheimer's Statistics Fact Sheet, Alzheimer's Association; 2015 Alzheimer's Facts and Figures Report, Alzheimer's Association

127 2015 California Alzheimer's Statistics Fact Sheet, Alzheimer's Association; 2015 Alzheimer's Facts and Figures Report, Alzheimer's Association

128 2015 California Alzheimer's Statistics Fact Sheet, Alzheimer's Association

caregivers for Alzheimer's disease and dementia patients was slightly over 1.5 million individuals and the number of hours of unpaid care was above 1.7 billion hours. The value of these unpaid hours of care would approximate to roughly $21,795,000,000 if paid.[129]

5.1.4 Caregiving

There are no current data available regarding caregivers within SCC, but 2014 data from the Family Caregiver Alliance estimate there are approximately 3,419,000 unpaid caregivers throughout the state and 28,828,000 unpaid caregivers nationwide. This is equivalent to 9% of the total population at both state and national levels, and SCC rates are likely similar.[130] The majority of caregiving continues to be provided by "informal support" systems, primarily women. This has long term and broad implications for today's workforce, economic stability of caregivers, and uncalculated financial losses to the economy.[131]

Caregivers provide an estimated 3,663,000 hours of care annually across the state, but may lack support from organizations and agencies to provide the highest quality care possible. In fact, across California when caregivers were asked where they would call to arrange help in the home for elderly relatives or friends, almost one-third (32%) selected options that could lower their health, indicating they would either "rely on themselves" (17%) or "did not know who to call" (15%).[132]

Although only 9% of the total state and national populations are categorized as caregivers, these individuals often have lower health and decreased wellbeing than the overall population. Studies show that caregivers have higher rates of depression and stress and tend to have increased frustration levels.[133] Across the nation, a number of caregivers (11%) indicate their health has decreased since they began caring for another individual, and studies find that caregivers have higher levels of obesity, increased risk for heart disease, and a lower immune response to illnesses and infections.[134]

5.2 Identification of Need

The information presented in this section depicts currently used resources/perceptions of available resources, identified needs, and barriers to accessing older adult services in SCC. As described in Section 4: Planning Process/Establishing Priorities, four data collection initiatives were carried out to inform planning and resource allocation needs within SCC. Findings from the four data collection initiatives are interwoven throughout the following sections to help enhance and paint a more comprehensive picture of local needs.

Data collection efforts were not without limitations and it should be noted that among the SCC Older Adult Survey findings, data are broken down by race/ethnicity and age when appropriate,

129 2015 California Alzheimer's Statistics Fact Sheet, Alzheimer's Association

130 Family Caregiver Alliance, 2014 California Profile, as reported in the 50 State Profiles

131 Data provided by Sourcewise Executive, 2016

132 Family Caregiver Alliance, 2014 California Profile, as reported in the 50 State Profiles

133 https://www.caregiver.org/caregiver-health

134 https://www.caregiver.org/caregiver-health

but racial/ethnic groups are only reported for Asian/Asian Americans, Hispanic or Latinos, and White/Caucasians, as the other group sample sizes were too small to make meaningful comparisons. Furthermore, SCC Older Adult Survey data collection was limited to those with telephone services and individuals of the community not institutionalized, thus the findings may not represent the entire local older adult population. Nonetheless, efforts to ensure data findings are reflective of the true county older adult population were made through weighting the data by gender and ethnicity. All findings from the SCC Older Adult Survey reports information after being weighted to present equal representation of individuals similar to the estimated SCC older adult population totals.

Similarly, among other data collection efforts (Focus Group data, Provider Survey, and Caregiver Survey data), findings may not be generalizable to the county older adult population as a whole due to small sample sizes. However, these data sources provide valuable and rich information regarding specific older adult sub-groups and can point to particular needs of individuals more vulnerable to unmet needs.

Information provided by the Sourcewise Call Center identifying the most commonly requested services and services associated with unmet need is provided at the conclusion of this section. Data within these sub-sections are reflective of individuals age 60 and older unless otherwise noted.

Tables provided in the following sections include highlighted cells reflecting either (1) the most frequently selected response options (across respondents and within the groups listed) or (2) the response options in the positive direction of the response scale. The highlights are meant to help the reader more easily identify the greatest concerns, needs, and methods of accessing services identified.

5.2.1 Current Use of Services

Ease of Access to Specified Services

To better understand the use of existing older adult resources across SCC, respondents who completed the SCC Older Adult Survey were asked to indicate the extent to which they were able to access services. As the highlights in **Table 5** show, across older adults living in SCC, respondents most often indicated that (1) health services; (2) physical activities; and (3) recreational or social activities were easiest to access.

Table 5. Ease of Access to Specified Services, Source: SCC Older Adult Survey

Service	Easy to Access	Hard to Access	Have Not Used
Health services (n=471)	55%	5%	40%
Physical activities (n=478)	46%	4%	50%
Recreational or social activities (n=478)	43%	3%	54%
Help with health insurance (n=254)	37%	9%	54%
Educational classes (n=478)	34%	4%	62%
Legal services (n=477)	23%	8%	69%
General information on aging (n=476)	22%	4%	74%
Applying for government benefits (n=470)	20%	10%	70%
Help finding transportation (n=473)	19%	8%	73%
Fraud & financial abuse education (n=472)	18%	6%	76%
Home modification (n=477)	18%	5%	77%
Counseling or care management (n=474)	16%	5%	79%
Home-delivered meals (n=478)	9%	3%	88%
Congregate meals (n=471)	14%	3%	83%
In-home health care (n=473)	14%	4%	82%
Help finding housing (n=477)	12%	7%	81%
Help finding employment (n=498)	10%	5%	85%

While the percentage of respondents who indicated services were hard to access may seem relatively small, when these percentages are appropriated to the total SCC older adult population as a whole, one can see that the estimated number of individuals who may be likely to have trouble accessing services should not be overlooked (See **Table 6**).

Table 6. Ease of Access to Specified Services, Estimated Number of SCC Seniors (60+)

Service Estimated 60+ Population=361,566[1]	Easy to Access	Hard to Access	Have Not Used
Health services	198,861	18,078	144,627
Physical activities	166,320	14,463	180,783
Recreational or social activities	155,473	10,847	195,246
Help with health insurance	133,779	32,541	195,246
Educational classes	122,932	14,463	224,171
Legal services	83,160	28,925	249,481
General information on aging	79,545	14,462	267,559
Applying for government benefits	72,313	36,157	253,096
Help finding transportation	68,698	28,925	263,943
Fraud & financial abuse education	65,082	21,694	274,790
Home modification	65,082	18,078	278,406
Counseling or care management	57,851	18,078	285,637
Home-delivered meals	32,541	10,847	318,178
Congregate meals	50,619	10,847	300,100
In-home health care	50,619	14,463	296,484
Help finding housing	43,388	25,310	292,868
Help finding employment	36,157	18,078	307,331

Note: This table is an extension of the information presented in Table 5; therefore, no highlights are included.

1 Population estimate taken from the 2016 California Department of Aging Demographic Projects by County and PSA

Similarly, focus group respondents were asked to identify which resources were currently available in SCC to address their needs. At each focus group, seniors most frequently responded that the (senior) community center where the focus group was held helped them address their needs. Although each focus group was conducted in a separate location to best accommodate the participants, each group highlighted their particular center, affirming that the agencies/ organizations that run these centers are sources of information about most, if not all, of the

resources they receive. Furthermore, participants often stated that the center where they actively participate in events and activities is the only resource they use frequently. Participants most frequently discussed the variety of programs that each of the centers offered, from dance classes and computer classes to providing congregate meals and housing lists. Across most of the focus groups, the participants praised the community centers' work and gave positive reasons for why they continue to use the center as a resource. They also advocated for the centers to receive more funding.

Transportation

To better assess gaps in transportation needs among the older adult population, participants of the SCC Older Adult Survey were asked a series of questions about their transportation use. As shown in **Table 7**, nearly three-quarters (73%) of older adults reported driving themselves using a motorized vehicle as the most frequently identified mode of transportation, followed by "get rides from others" (16%), and "public transit" (5%). This trend is consistent across the various racial/ethnic and age groups.

Table 7. Primary Mode of Transportation by Race/Ethnicity and Age, Source: SCC Older Adult Survey

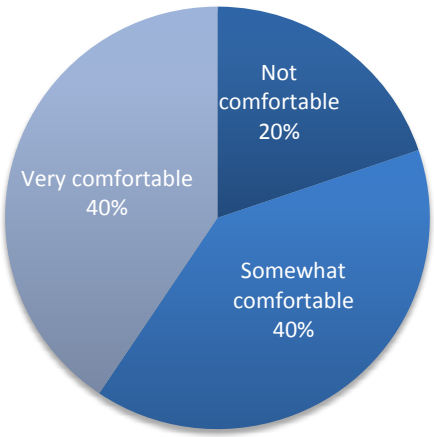
Mode of Transportation	Overall	Asian/Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 - 74	Age 75 and Older
N	480	143	64	235	255	221
Drive yourself using a motorized vehicle (e.g., car or motorcycle)	73%	57%	72%	83%	82%	61%
Walk	3%	5%	3%	1%	2%	4%
Ride a bicycle	1%	2%	0%	1%	2%	1%
Get rides from others	16%	24%	11%	12%	8%	25%
Public transit	5%	8%	8%	2%	6%	4%
Paratransit (outreach program)	1%	2%	3%	0%	0%	2%
Traditional taxi service	<1%	0%	0%	0%	0%	1%
Application-based taxi service (e.g., Uber or Lyft)	0%	0%	0%	0%	0%	0%
Other	1%	2%	3%	1%	<1%	2%

Respondents were then asked to indicate whether they "feel they have adequate access to transportation." Across respondents, 83% believed they had adequate access to transportation. This trend is mirrored across racial/ethnic and age groups.

Table 8. Adequate Access to Transportation, Source: SCC Older Adult Survey						
	Overall	**Asian/Asian American**	**Hispanic or Latino/a**	**White or Caucasian**	**Age 60 - 74**	**Age 75 and Older**
N	**480**	**141**	**65**	**234**	**255**	**221**
Yes	83%	75%	92%	84%	86%	78%
No	12%	16%	5%	13%	10%	16%
Not sure	5%	9%	3%	3%	4%	6%

Lastly, older adults were asked how "comfortable they feel using public transportation." Across respondents, 80% reported feeling comfortable using public transportation (See **Figure 33**).

Figure 33. Comfort Level with Public Transportation
Source: SCC Older Adult Survey, N=391



Among the 20% of respondents who indicated they did not feel comfortable using public transportation, the reasons provided were:

- 38% - Does not stop near residence
- 34% - Does not know how to use public transportation
- 33% - Does not go where needed
- 33% - It's unsafe
- 30% - It's difficult to plan a trip
- 22% - It's too slow
- 9% - It's too expensive

5.2.2 Access to Information, Current Sources of Information, and Preferred Methods to Accessing Information

Ease of Access to Services

Participants across the data collection initiatives were also asked to identify how and where older adults access information. Specifically, respondents of the SCC Older Adult Survey were asked, "In general, how easy or difficult is it to find information about senior services?" Across respondents, 49% indicated services are "very easy" or "easy" to find. Hispanic or Latino/a, and White or Caucasian respondents indicated services were easier to find (56% and 60%, respectively), compared to Asian/Asian Americans (27%). Within age groups, 46% of older adults aged 60 to 74, and 53% of older adults aged 75 and older, believed services were "very easy" or "easy" to access. Interestingly, nearly one-third of respondents stated they didn't know or haven't looked for information on senior services (See **Table 9**).

Table 9. Ease of Accessing Services by Race/Ethnicity and Age, Source: SCC Older Adult Survey

	Overall	Asian/Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 - 74	Age 75 and Older
N	**479**	**141**	**65**	**234**	**255**	**222**
Very easy	14%	0%	15%	21%	15%	14%
Easy	35%	28%	42%	39%	31%	39%
Difficult	15%	26%	6%	10%	16%	13%
Very difficult	4%	11%	0%	2%	4%	5%
Don't know/ haven't looked for information on senior services	32%	35%	37%	28%	34%	29%

SCC Older Adult Survey respondents were also asked if they have experienced difficulty getting information because of a language barrier. Across all respondents, nearly four in five (78%) have NOT experienced difficulty accessing information due to a language barrier. However, within race/ethnicity, 61% of Asian/Asian Americans reported having experienced language barriers in accessing information; whereas, very few Hispanics (15%) or Whites (4%) reported difficulty. (See **Table 10**).

Table 10. Experienced Language Barriers in Accessing Information by Race/Ethnicity, Source: SCC Older Adult Survey						
	Overall	**Asian/Asian American**	**Hispanic or Latino/a**	**White or Caucasian**	**Age 60 - 74**	**Age 75 and Older**
N	**480**	**141**	**65**	**234**	**255**	**221**
Yes	22%	61%	15%	4%	18%	25%
No	78%	39%	85%	96%	82%	75%

It is not surprising that many of the respondents indicated NOT encountering language barriers when accessing information, as a majority (72%) indicated their primary language spoken at home is English. However, as shown in **Table 11**, 12% of respondents indicated speaking Vietnamese at home and 6% Chinese Mandarin. Given that 61% of the Asian/Asian American respondents had difficulties accessing information due to a language barrier, we can infer that the individuals who speak an Asian language (e.g., Vietnamese, Chinese) as their primary language at home may be the same individuals encountering language barriers.

Table 11. Respondents' Primary Language Spoken at Home, Source: SCC Older Adult Survey	
	Percentage N=480
English (n=347)	72%
Vietnamese (n=59)	12%
Chinese Mandarin (n=30)	6%
Spanish (n=18)	4%
Chinese Cantonese (n=9)	2%
Tagalog (n=5)	1%
Korean (n=3)	<1%
Punjabi (n=2)	<1%
Other (n=7)	2%

The preferred language of providers' clients was primarily identified as English by 89% of respondents. Other commonly preferred languages of provider clientele, as identified by providers, were Spanish (77%), Chinese Mandarin (77%), and Vietnamese (65%). **Table 12** shows all language options and respective percentages of respondents who indicated the language as a preferred language of their clients.

Table 12. Percentage of Respondents Who Have Clients with Selected Preferred Languages, Source: Provider Survey

	Percentage* N=26
English (n=23)	89%
Spanish (n=20)	77%
Chinese Mandarin (n=20)	77%
Vietnamese (n=17)	65%
Chinese Cantonese (n=9)	35%
Tagalog (n=7)	27%
Hindi (n=7)	27%
Korean (n=6)	23%
Japanese (n=5)	19%
Punjabi (n=5)	19%
Other (n=4)**	15%

*Each individual percentage is out of 100%, as participants had the option to either select or not select each response option as a preferred language of their clients for accessing information, separate from other languages they may have selected.

**Other languages providers indicated their clients using as a preferred language included: American Sign Language (1); Russian (3); Farsi (1); and Greek (1).

Although 89% of respondents indicated that English is a preferred language of some of their clients, there were also high percentages of respondents who selected other languages that were also preferred by clients, This is likely associated with the high percentage of respondents (62%) who indicated that either they or their clients have difficulty accessing information or services due to a language barrier.

When respondents were asked to describe why language barriers exist for their clients, many of them reiterated the lack of staff with an ability to communicate and address clients who speak languages other than English. Illustrative quotes are provided below:

- "We have Mandarin-speaking clients come here, and we do not have staffs who speak the language. I have had a lot of difficulty being able to connect them with information - or have a person they can speak with."
- "Staff are bi-lingual in Spanish, Tagalog, and English; however, we have to reach out to volunteers to help us with interpretation services in Mandarin and Russian, which can be challenging to secure volunteers in a timely manner."
- "There are not sufficient resources for many of the non-profit agencies services seniors to offer services in every language spoken by our target clientele."

- "Some organizations have very minimal, or no, staffing in some of the most basic languages. Based on the demographic of the area that they serve, these organizations should be requested to hire bilingual staffing if they are receiving city, county, state, fed, funds. To not be able to communicate with the most common language(s) in their demographic geographic area, just to even communicate a referral to somewhere else is very obstructive to the process of providing ease of service."

Other respondents indicated the lack of printed resources for clients in a preferred language and likewise, materials that are easily understandable as well as culturally appropriate for older adults. Respondents' comments are provided below.

- "Not enough interpreters or linguistically appropriate printed materials. This is a real problem needing to be addressed at the senior centers and support offered to CBO's to get printed materials translated and have periodic access to interpreters (perhaps via telephone, such as used for the deaf) as well."
- "There's not enough information available in simplified form that people can understand and that is linguistically & culturally appropriate. That is a huge undertaking that the county must lead. Individual agencies and programs cannot afford to do this, but it surely is a gap that needs to be filled."

Sources of Information

It was also important to assess how older adults currently obtain information to inform the planning process and outreach efforts. Respondents of the SCC Older Adult Survey reported obtaining information across various sources. Respondents most often reported receiving information about services from: newspapers or magazines (52%); spouse/partner, family member, or friends (51%); television or radio (50%); Internet (48%); and/or physician, hospital, or health center (46%). These trends were fairly consistent within race/ethnicity and age groups, with the notable exception that White/Caucasians were more likely to report accessing information from the Internet (61%); compared to Asian/Asian Americans or Hispanic/Latinos (34% and 29%, respectively). Similarly, adults between the ages of 60 and 74 were more likely to report using the Internet as a source for information (56%); compared to adults aged 75 years and older (39%). **Table 13** highlights the top three most frequently selected sources of information overall and among each race/ethnicity and age group.

Table 13. Current Sources of Information Regarding Senior Services, Source: SCC Older Adult Survey

Source	Overall	Asian/Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 - 74	Age 75 and older
N	480	142	65	235	256	222
Spouse/partner, family members, or friends	51%	48%	57%	52%	52%	50%
Senior information call center	13%	11%	29%	10%	11%	14%
Printed senior resource guide/ brochure	32%	25%	40%	33%	29%	37%
Phone book	23%	16%	29%	26%	19%	28%
Physician, hospital, or health center	46%	31%	60%	50%	43%	49%
Senior center	34%	25%	26%	40%	35%	33%
Faith-based organization	18%	9%	15%	23%	18%	18%
Newspapers or magazines	52%	48%	39%	56%	48%	56%
Television or radio	50%	55%	46%	48%	46%	54%
Direct mail	40%	30%	39%	44%	36%	46%
Internet	48%	34%	29%	61%	56%	39%

Focus group participants were also asked about their most common sources of information. The most frequent sources for obtaining information mirrored responses indicated by SCC Adult Survey respondents. The most common methods focus group participants reported obtaining information (from beyond contacting their community centers) through word of mouth (i.e., face-to-face or phone interactions with friends, family, medical personnel, community/neighborhood individuals), and local print media/publications. Participants in six of seven focus groups indicated that discussions with other individuals, or local publications posted at common public areas (such as libraries and family resource centers or senior centers) were the most useful methods of accessing information about older adult resources.

Following these methods, participants in three of the seven focus groups commented on using other media such as Internet websites, television (e.g., advertisements and documentaries), and radio to gather information about resources. But, these were less often utilized; as participants discussed the difficulties associated with these methods, as detailed below.

Trouble Accessing Information

Focus group participants discussed difficulties related to accessing information. The most frequent issues mentioned by participants (which made it difficult to get information or obtain accurate information) were language barriers, outdated lists, and limited printed resources. Participants indicated that many of the current lists available are infrequently updated, provided in unfamiliar languages, or not disseminated to convenient locations. These issues continue to affect older adults' level of understanding about available resources; as one of their most frequently accessed sources (i.e., printed resources) is not adequately providing necessary information. Many participants indicated the most troubling issue in learning about resources and services is a lack of knowledge about who to contact, or where to go for information; which further supports the lack of dissemination of necessary, accurate, printed materials.

- "Word of mouth, that's why we're missing so many other things, because we rely on word of mouth."
- "Well, I use [print media], but I find it very thin. There's not a lot of choices in the categories you're looking for…So that's why I think we need a list of competent reliable people that are willing to service our needs and are known to be honest and above the board."

Suggestions for Improving Access to Information

Participants offered several suggestions for improvement on access information to older adult resources and services. Suggestions included providing seniors: more informational websites, more printed publications, marketing printed resources and web addresses in additional public locations (e.g., community centers, medical centers, churches, libraries, post offices), as well as, offering information via: phone, printed materials, and translators in additional languages, and providing more up-to-date vetted lists of organizations and agencies that can provide services.

- "Having a physical list is great, but for folks who are blind or have a vision problem, have a phone outreach. And I understand not everyone has access to the web—I get that, but have it available online as well because you can hand out physical lists all you want, but tomorrow it could change like that."

Preferred Methods of Receiving Information

To further inform the planning process, SCC Older Adult Survey respondents were asked to identify manners in which they prefer to obtain information. As shown in **Table 14**, older adults identified various preferences for receiving information. Across all respondents, over half prefer to receive information via newspaper articles or ads (58%); direct mail (57%); printed senior resource guide (55%); health center (55%); websites for government or non-profit services (51%); and television features or ads (51%).

Table 14. Preferred Ways to Receive Information about Senior Services, Source: SCC Adult Survey

Source	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 - 74	Age 75 and older
N	480	142	65	235	256	222
Websites for government or non-profit services	51%	34%	40%	61%	57%	44%
Social media (e.g., Facebook, Instagram, etc.)	17%	9%	25%	18%	18%	16%
Senior information center	32%	19%	39%	36%	33%	31%
Printed senior resource guide	55%	56%	52%	55%	57%	54%
Newspaper articles or ads	58%	71%	40%	53%	55%	62%
Television features or ads	51%	76%	40%	39%	49%	53%
Direct mail	57%	60%	62%	52%	62%	54%
Health center (Physician's office, Hospital)	55%	46%	57%	59%	56%	56%
Senior Center	45%	39%	39%	50%	44%	48%

The Provider Survey also contained an item assessing seniors' preferred method of accessing information. Providers who completed the survey were given a list of different ways that older adults most commonly receive information and were asked to select which of the options their clients prefer to receive information about older adult services and care. From the list of options to access information, 89% of respondents selected their agency as the preferred method of getting information by their clients; see **Table 15** for further descriptions of other preferred information methods by seniors, as identified by providers.

Table 15. Preferred Methods of Accessing Information by Seniors as Identified by Providers, Source: Provider Survey

	Percentage* N=26
Your agency (n=23)	89%
Other non-profit or government agencies (n=14)	54%
Printed senior resource guide/brochure (n=12)	46%
Physician or nurse (n=10)	39%
Senior information call center (n=9)	35%
Newspaper articles or ads (n=8)	31%
Websites for government or non-profit services (n=8)	31%
Direct mail (n=7)	27%
Electronic mail (E-mail) (n=7)	27%
Facebook (n=3)	12%
Television features or ads (n=2)	8%
Other (n=6)**	23%

* Percentages do not total 100, as respondents could select more than one option.

**Other preferred methods of clients to accessing information about older adult services and care included the following: word of mouth/in-person interactions with peers (3); agency newsletter (1); care providers (1); and focal senior centers throughout the County (1).

Internet Use

To further assess for frequency of Internet use, SCC survey respondents were asked about the amount of time they spend using the Internet on a weekly basis. As reflected in **Table 16**, 51% of all respondents indicated using the Internet on a daily basis. When looking within race/ethnicity groups and age groups, White/Caucasians were more likely to report using the Internet on daily basis (68%), compared to Asian/Asian Americans (34%), and Hispanic/Latinos (25%). Similarly, younger respondents ages 60 to 74 reported using the Internet more often than those aged 75 and older.

Table 16. Frequency of Internet Use by Race/Ethnicity and Age, Source: SCC Older Adult Survey

	Overall	Asian/Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 – 74	Age 75 and Older
N	**479**	**142**	**64**	**233**	**254**	**221**
Never	28%	42%	42%	15%	15%	43%
Less than one day a week	11%	16%	25%	5%	13%	8%
1 – 3 days a week	5%	3%	3%	7%	7%	3%
4 – 6 days a week	5%	5%	5%	5%	5%	5%
Daily	51%	34%	25%	68%	60%	41%

Providers were also asked a question assessing for Internet use among the older adults they serve. When respondents were asked, "About how many of your clients are comfortable using the Internet," the majority of participants indicated that "most clients are not very comfortable, but some are very comfortable" (50%), (See **Table 17**).

Table 17. Provider's Perceptions of Client Comfort Level with Using the Internet, Source: Provider Survey

	Percentage N=26
Almost all are comfortable (n=0)	0%
Most are very comfortable, but some are not very comfortable (n=8)	31%
Most are not very comfortable, but some are very comfortable (n=13)	50%
Almost all are not very comfortable (n=5)	19%
Total	**100%**

The low percentage of providers (31%) who indicated that most of their clients are very comfortable using the Internet may be associated with providers' perceptions of their clients and that their clients' most frequent methods to obtain information about services and resources are via an agency, printed resources, or word of mouth.

5.2.3 Familiarity with Resources

SCC Older Adult Survey respondents were asked to indicate their level of familiarity with a series of SCC programs. Respondents were generally aware of the resources listed, with some slight variations within the race/ethnicity groups. For example, more White/Caucasians reported being familiar with Meals on Wheels, Outreach Transportation, and Senior Center Daily Meals, compared to Asian/Asian Americans or Hispanics/Latinos. There were some slight differences in program awareness between the two distinct age groups, as more respondents between the ages of 60 and 74 were aware of Adult Protective Services (See **Table 18**).

Table 18. Familiarity with Programs or Services, Source: SCC Older Adult Survey

Program	Overall	Asian/Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 - 74	Age 75 and Older
N	**480**	**142**	**65**	**235**	**255**	**222**
Meals on Wheels	67%	31%	71%	86%	68%	67%
Outreach Transportation	65%	44%	66%	75%	64%	65%
Senior Center Daily Meals	49%	37%	37%	58%	46%	53%
Adult Protective Services	38%	20%	48%	43%	43%	32%
In-Home Supportive Services	27%	22%	26%	27%	26%	29%
None	16%	34%	11%	7%	19%	12%

5.2.4 Interest in Receiving Services

Interest in health services was also assessed among respondents of the SCC Adult Survey. As presented in **Table 19,** in aggregate, respondents expressed interest in nearly all the services listed. At least one in five residents indicated they were interested in the service presented to them.

Table 19. Interest in Health Services, Source: SCC Older Adult Survey

Service	Overall	Asian/Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 – 74	Age 75 and Older
N	**480**	**142**	**65**	**235**	**255**	**222**
Screening for health conditions	24%	45%	15%	15%	29%	18%
Classes on managing health conditions	18%	27%	17%	12%	24%	12%
Information on health diets	30%	55%	22%	19%	37%	23%
Information on maintaining balance and preventing falls	30%	39%	28%	26%	33%	27%
Exercise classes	33%	51%	20%	27%	36%	29%
Information on volunteering opportunities	27%	34%	15%	26%	34%	19%

SCC residents were also asked about their interest in receiving a series of additional services. As reflected in **Table 20,** respondents were generally interested in receiving nearly all of the services listed. There were some variations among interest within race/ethnicity and age demographics. The services of least interest across respondents were: help finding housing; home modifications; help finding employment; home delivered meals; and congregate meals.

Table 20. Interest in Receiving Services by Race/Ethnicity and Age, Source: SCC Older Adult Survey

Service	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 – 74	Age 75 and Older
	480	**142**	**65**	**235**	**255**	**222**
General information on aging	38%	62%	34%	25%	41%	35%
Recreational or social activities	37%	51%	26%	30%	42%	31%
Physical activities	35%	45%	34%	29%	42%	29%
Educational classes	35%	48%	26%	30%	43%	27%
Health services	39%	66%	23%	28%	43%	35%
Help with health insurance	28%	57%	11%	15%	29%	27%
Legal services	30%	52%	22%	19%	33%	26%
Fraud & financial abuse education	33%	55%	23%	24%	35%	31%
Help finding housing	17%	32%	11%	8%	15%	19%
Home modifications	16%	27%	11%	9%	18%	15%
Applying for government benefits	33%	56%	28%	19%	34%	31%
Counseling or care management	24%	49%	15%	11%	23%	25%
Help finding employment	11%	17%	6%	5%	13%	7%
Help finding transportation	22%	45%	11%	10%	20%	24%
Home-delivered meals	18%	34%	5%	11%	15%	22%
Congregate meals	15%	28%	8%	7%	16%	14%
In-home health care	25%	48%	15%	14%	23%	27%

Interestingly, it should be noted that while "help finding housing" was one of the least identified areas of interest for receiving services; it was one of the most commonly identified services lacking for older adults (See **Table 21**). One possible reason for the inconclusive response could be the manner in which the survey items were asked. When respondents were asked to identify services that were lacking, they were asked, "Do you believe any of the following services are lacking for older adults?" However, when asked about interest in services, they were asked, "For each of the following, please tell me if you are interested in receiving the following services."

Thus, when answering the question about identifying lacking services, the respondents may have been prompted to think about older adults in general. However, while answering the question about interest in services, respondents were speaking for themselves. While housing is identified as a concern for older adults in SCC, individual respondents might not wish to receive help finding housing, since respondents participating in the survey had a residence at the time of their participation. Alternatively, "help finding housing" may have been interpreted differently by respondents, as some may have been prompted to think of "affordable housing." Given the increasing prices of mortgages and rents in SCC, respondents may have been thinking that affordable housing was a concern; which would align with data collected during focus groups.

5.2.5 Identified Unmet/Lacking Needs of Older Adults

SCC residents were asked to identify, from a list of services, which services were lacking for older adults. Across all respondents, the services most often identified by respondents as missing were: fraud & financial abuse education (27%); help finding housing (25%); legal services (23%); and general information on aging (22%) (See **Table 21**).

Table 21. Services Perceived to be Lacking Among Older Adults by Race/Ethnicity and Age, Source: SCC Older Adult Survey

Service	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 - 74	Age 75 and Older
N	480	141	62	234	253	222
General information on aging	22%	26%	24%	19%	21%	24%
Recreational or social activities	21%	31%	22%	14%	20%	23%
Physical activities	18%	26%	18%	14%	18%	19%
Educational classes	18%	28%	7%	13%	18%	19%
Health services	18%	26%	3%	17%	17%	20%
Help with health insurance	20%	27%	11%	19%	23%	16%
Legal services	23%	33%	16%	17%	27%	19%
Fraud & financial abuse education	27%	30%	18%	28%	31%	23%
Help finding housing	25%	31%	12%	50%	24%	26%
Home modifications	20%	30%	15%	16%	22%	20%
Counseling or care management	19%	27%	16%	16%	23%	15%
Applying for government benefits	24%	33%	18%	21%	31%	16%
Help finding employment	21%	28%	7%	20%	23%	20%
Help finding transportation	20%	28%	0%	20%	19%	21%
Home-delivered meals	15%	26%	5%	10%	14%	16%
Congregate meals	13%	23%	0%	10%	11%	15%
In-home health care	21%	29%	15%	19%	23%	19%
Other	7%	5%	8%	8%	5%	8%

Questions about the lack of services available among older adults within SCC were also included in the Caregiver and Provider Survey initiatives. As presented in **Table 22**, in home assistance (45%), health insurance (38%), senior housing information and referrals (38%), transportation (34%), and home delivered meals (24%) were the top five most frequently identified areas in which services are lacking for older adults, as identified by caregivers.

Table 22. Services Lacking for Older Adults, Source: Caregiver Survey

	Percentage* **N=29**
In home assistance	45%
Health insurance information/counseling	38%
Senior housing information and referrals	38%
Transportation	34%
Home delivered meals	24%
Personal emergency response systems	21%
Senior community service employment programs	17%
Congregate meals	10%
Other**	31%
*Percentages exceed 100, as respondents were able to select more than response.	
**Other responses indicated that services may be lacking because they are not affordable (i.e., senior housing, in home services).	

Among providers, (**Table 23**) the top five most identified unmet needs of older adults were: help finding housing (74%); access to transportation (67%); counseling or care management (56%); health services (44%); and help with health insurance (37%).

Table 23. Unmet Needs of Older Adults as Identified by Providers, Source: Provider Survey

	Percentage* **N=27**
Help finding housing (n=20)	74%
Access to transportation (n=18)	67%
Counseling or care management (n=15)	56%
Health services (n=12)	44%
Help with health insurance (n=10)	37%
Legal services (n=10)	37%
*Percentages exceed 100, as respondents were able to select more than response.	

Additional responses included: providing emergency services for a caregiver when needed (1); providing services that reach out to mentally ill individuals besides adult daycare (1); and providing outdoor activities. Two respondents noted that they did not know of any services lacking for older adults, and two respondents indicated that they are more familiar with caring for individuals who are not considered older adults.

Providers were then asked to select the most important unmet needs of seniors in SCC. Across respondents, the following three needs were most often identified as unmet:

- Help finding housing – 33%
- Access to transportation – 11%
- Other – 15%
    - Home delivered goods
    - Focus on keeping people healthy at home
    - Access to information
    - Affordable housing

Unmet Needs of Specific Populations – Focus Group Findings

Focus group participants were also asked to identify the most important service needs of older adults in SCC. Across each group, transportation, in-home supportive services, health care, and housing were the most frequently identified areas of need among older adults. After participants had identified the needs they perceived as most important to older adults, the facilitator prompted participants to rank three needs of highest priority. As shown in **Table 24**, while transportation was identified as a need of older adults in every focus group; housing was ranked as a top priority need in five out of the seven focus groups. Following the table, themes regarding specific unmet needs identified in focus group responses are described to provide additional rich data on these vulnerable populations.

Table 24. Older Adults Needs Identified by Focus Group Participants, Source: Focus Group Findings											
	Type of Need										
Focus Group Type	Transportation	In-Home Supportive Services	Health Care	Housing	Food	indepenance/ Accomodations	Legal or Financial Advice/ Assistance	Dissemination of Resources	Socialization and/or Eduction	Language Accomodations and/or ESL Education	Saftey in Community
Chineses	2		3	1							
Indian	3			2	1						
Spanish	3		1							2	
Vietnamese	2	3	1								
Persons with Disability	3			1		2					
LGBTQI				1	3		2				
Ombudsman	2		3	1							
Note: Needs identified here are broad categories of issues or concerns frequently reported by older adults. When mentioned by a group as an important need, the category is highlighted in orange. When a category is ranked as one of the top three priorities by a group, the respective rank is listed.											

Housing

Most participants in five of the seven focus groups stressed that a large issue with housing is the increasing struggle to afford housing in SCC. For this reason, housing was marked as the number one priority.

- "There's this gap. There's senior housing where you can only have so much income or so much savings…it's not going to last very long if you're paying 2-3,000 dollars a month on rent."
- "I think it is a big burden for us, but we need a place to live. We cannot afford it."

Although housing was the number one priority for many of the groups, the rationale for housing as a top priority differed between the seniors with disability group and LGBTQI seniors. These two groups described additional hardships and concerns with discrimination in regards to finding available housing, which spanned beyond the need for more affordable housing, detailed below.

LGBTQI individuals stressed the importance of feeling safe and connected to others among housing units, and underlying problems with discrimination toward them for their sexual orientation.

Persons with Disability mentioned having experienced some discrimination against them for their disabilities when seeking housing. The discussion around housing issues focused on the lack of housing with appropriate accommodations (e.g., elevators, wheelchair-accessible hallways) for persons with disabilities; as well as the violations of city code compliance among housing units, making areas unsafe.

Transportation

- Another highly prioritized need identified across all seven focus groups was transportation. Many individuals explained in detail that the transit services and Outreach programs lack accessibility and affordability for older adults. Some participants mentioned they feel concerned about their safety when using city transit services; while others indicated the need for more ride availability via Outreach or transit than are currently provided.
- "The new BART cars in San Francisco were not handicap accessible! There was a bar in the middle of the doors. I think it took, like, 8 months to get them to buy a different type of BART car that we could use!"
- "[Outreach] provides in a year, 80 rides—single rides. But this is not enough for the year."
- "We need more transportation services, like buses, so we have more opportunities to go out."
- "There is not public transportation coming here. It is not convenient."

Unique Priorities Among Non-English Language Groups

As evidenced in **Table 24**, the most important needs for older adult varied across the specific populations. Interestingly, there are similarities and differences among the non-English language groups. While the Chinese and Indian groups mentioned major concerns for affordable housing and healthy food assistance programs; the Spanish and Vietnamese groups were more concerned with issues related to clear information on health care, language accommodation/ESL education, and safety within their community.

Dissemination of Resources & Information

Although dissemination of resources and information was not specifically identified by focus group participants when discussing high priority needs, it was clear that this was an overarching theme associated with much tension, confusion, and misperception about other needs and available resources for older adults.

- "Well, I think a wider dissemination of resources easily [is needed]. If somebody's not feeling well, it's not a good time to go and have to look for a place to live or in most cases; we don't even know where they are."
- "I don't know if we know all what is available to us."
- "I have heard also that there are many resources, what happens is that one doesn't—I don't know where one can get them."
- "We went to the city council, but they don't have any information."

Ombudsmen reiterated the important needs of older adults, But, they also called attention to the pressure they feel as ombudsmen to provide and/or disseminate useful information to the populations they serve. Particular focus was given to their understanding that there is a large gap in the amount of information shared with all seniors regarding qualifications for services, such as health care insurance and in-home support services.

Service Needs and Concerns Among Specific Populations – Focus Group Findings

The focus groups served as a way to hone in on more information specific to service needs by group (i.e., Chinese, Indian, Spanish-speaking, persons with disabilities, ombudsmen, and LGBTQI). Unique service needs identified by each focus group are detailed below.

By and large the most identified concerns among non-English speakers were related to language issues and information accessibility. Although there were similarities among the language groups regarding these barriers, unique concerns regarding older adult needs and services varied between groups. Summarized below are brief highlights of the top priority issues that emerged among the non-English language groups and the ombudsmen.

- ***Chinese*** focus group participants were highly concerned with language issues, particularly in the medical field. When they visited medical professionals, medical terminology was difficult to understand and accommodations (i.e., translators) were often inadequate. Participants were also adamant that housing, transportation, and caregiving services were difficult issues that older adults face, and need more focused resources to combat barriers.
- ***Indian*** focus group participants had fewer issues due to language barriers, but did stress the importance of having telephone operators on call center lines who were easy to understand and who could easily understand them with their Indian accents. However, many of the participants indicated English was their primary language, so their concerns stemmed from cultural differences rather than language. Participants spent time focusing on concerns regarding the need for services to provide nutritional information for congregate meals and/or home-delivered meals, as they indicated having special dietary needs.
- ***Spanish*** focus group individuals primarily indicated that language barriers exist in the materials of information provided, as much of the printed media distributed is in English. Further, similar to the concerns of the Chinese focus group, participants wished to see more information on services provided in their primary language within the medical field, and showed worry about transportation needs.
- ***Vietnamese*** focus group participants indicated the most frustration with lack of understanding about medical insurance policies and coverage, often stating that their limited knowledge stemmed from the limited amount of English they know, paired with resources and guidelines for medical insurance qualifications which are provided in English

Among the focus groups with English-speaking populations, other major needs and issues of concern arose, primarily as a result of their specific needs as unique populations. Highlights of the major concerns for each sub-population are described below.

- ***Persons with Disability*** spoke largely of the discrimination they feel as members of the disability community and also spoke about not feeling that their needs are heard by others in their community. Many struggled with lack of housing, or proper accommodations in housing for individuals with a disability, and highlighted the stress and frustration caused by these issues.
- ***LGBTQI*** individuals showed concern with issues similar to all the other groups, detailing housing, transportation, and other needs as high priorities. However, unique to their population, LGBTQI individuals spoke about discrimination they sometimes feel and the lack of safety within existing/traditional senior housing for individuals such as themselves.
- ***Ombudsmen*** focused on issues specific to their occupation. Many focus group participants stressed that they often feel ombudsmen are the only source of information for the seniors they serve, and perceive that they have limited funding to provide capacity and resources necessary to disseminate up-to-date information. They also mentioned a greater need for training case management workers and social workers, who handle older adults' affairs, as well as a wider dissemination of information to the older adult lay audience.

Serious Concerns of SCC Older Adults

To supplement information specific to unmet needs, respondents from the SCC Older Adult Survey were also asked to indicate the extent to which they believed a series of issues/situations were of concern to them. Delineated in **Table 25** is the percentage of older adults who believe the listed issues/situations are of "serious concern." Across respondents, crime (42%); health care (31%); financial fraud (26%); information about services/benefits (24%); and information about services/benefits (24%) were most often identified as areas for serious concern.

Table 25. Potential "Serious" Concerns of Respondents, Source: SCC Older Adult Survey

Issue/Situation	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 - 74	Age 75 and Older
N	479	141	65	234	255	220
Crime	42%	51%	60%	29%	48%	34%
Employment	11%	9%	11%	8%	15%	6%
Energy/utilities	23%	30%	36%	14%	27%	19%
Information about services/ benefits	24%	53%	19%	9%	27%	21%
Health Care	31%	58%	19%	18%	36%	26%
Legal affairs	18%	38%	16%	7%	19%	16%
Loneliness	12%	24%	12%	6%	12%	12%
Money to live on	21%	40%	15%	9%	23%	18%
Nutrition/food	19%	43%	11%	8%	20%	19%
Taking care of another person	18%	33%	11%	11%	20%	16%
Transportation	14%	28%	5%	7%	13%	15%
Household chores	15%	34%	8%	5%	14%	16%
Isolation	11%	24%	5%	6%	9%	13%
Abuse/neglect	10%	23%	8%	4%	10%	11%
Financial fraud	26%	41%	22%	15%	29%	21%
Accidents in the home (e.g. falling)	21%	41%	15%	12%	19%	23%

5.2.6 Call Center Services and Services Associated with Unmet Need

Information regarding needs requested and unmet needs was also provided by Sourcewise's Information & Assistance Call Center. Between January 1, 2014 and November 30, 2015, the call center received a total of 17,890 calls. **Table 26** provides a breakdown of the types of services requested; with housing options/resources being the most commonly requested type of service call (20%).

Table 26. Services Most Commonly Requested
Sourcewise Call Center Information; January 1, 2014 – November 30, 2015

Service	Number of Calls	Percent of Calls
Housing Options/Resources	3,494	20%
Insurance	3,023	17%
In-Home Services	1,922	11%
PA/Independent Provider	860	5%
Legal Services	840	5%
Community/Organizational/International Services	799	4%
Meals/Food	769	4%
Financial Assistance	762	4%
Health/Medical	759	4%
Transportation	712	4%
Employment/Education/Volunteerism	603	3%
Case/Care Management	453	3%
Disability Services and Products	384	2%
Safety	382	2%
Caregiver Support	256	1%
Recreational/Sports/Leisure	111	1%
Support Groups	65	<1%
Bereavement and Burial Assistance/End of Life	25	<1%
Other	1,671	9%
Total	**17,890**	**100%**

Of the 17,890 calls received between January 1, 2014 and November 15, 2015, 153 callers indicated some sort of dissatisfaction with the services sought. The services that were most often perceived to be lacking (i.e., four or more callers indicated dissatisfaction) are presented in **Table 27**. As shown, the two services that were most frequently perceived as unmet needs were: (1) senior housing information and referral and (2) dental care referrals.

Table 27. Services Associated with Unmet Needs

Sourcewise Information & Assistance, January 1, 2014 – November 15, 2015	Number of Clients who Stated Need was Unmet	Most Common Reason for Unmet Need
Senior Housing Information and Referral	18	Service does not exist (10)
Dental Care Referrals	14	Service does not exist (12)
Shared Housing Facilities	7	Service does not exist (3)
Household Related Public Assistance Programs	7	Client unsatisfied with service (3)
Emergency Shelter Clearinghouses	6	Service does not exist (2)
Household Related Public Assistance Program	5	Client unsatisfied with service (3)
Housing	4	Client unsatisfied with service (3)
Grocery Delivery	4	Service does not exist (2)
Gas Money	4	Service does not exist (4)
Adult Residential Care Homes	4	Service does not exist (3)

5.2.7 Caregiver Findings

Service Needs for Caregivers

Another important group to focus efforts on are caregivers. A caregiver is defined as anyone who provides care to an older adult. To best assess for the unique needs of caregivers, and the impact caregiving has on their lives, a Caregiver Survey was administered. Additionally, respondents from the SCC Older Adult Survey who identified as caregivers were asked unique questions regarding their interest in receiving services for caregivers. Findings from these surveys are presented below. For each of these data collection initiatives, the definition of a caregiver was as follows:

- "A caregiver is someone who cares for a family member or another individual (e.g., friend or neighbor); is an informal (unpaid) provider of in-home or community care to a care receiver; is 18 years old or older."

The 14% of SCC Older Adult Survey respondents who identified as caregivers were asked to indicate which type of caregiving services they would be interested in receiving. As reflected in **Table 28**, nearly all services were of interest.

Table 28. interest in health Services by Race/Ethnicity and Age, Caregivers.

Sources: SCC Older Adult Survey

Service	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60 – 74	Age 75 and Older
N	**67**	**13**	**15**	**36**	**40**	**27**
General information on caring for a loved one	29%	62%	14%	24%	32%	24%
Education or classes on caregiving	20%	36%	13%	17%	28%	8%
Support groups with other caregivers	13%	15%	0%	19%	15%	11%
Counseling or help managing care	34%	58%	53%	19%	29%	39%
A short-term break from caregiving duties	28%	39%	13%	32%	35%	15%
Self-care for yourself as a caregiver	31%	82%	13%	17%	40%	19%
Information on managing difficult behaviors	21%	39%	13%	19%	28%	11%

Reflected in **Table 29** are the services identified as lacking for caregivers and older adults. Over half of caregivers (52%) noted that help providing care is lacking, followed by a short break from providing services (48%), counseling (48%), educational classes on caregiving (45%), and self-care classes and services (31%).

Table 29. Services Lacking for Caregivers and Older Adults as Identified by Caregivers, Source: Caregiver Survey

	Percentage* N=29
Help providing care	52%
A short break from providing services (i.e., respite care)	48%
Counseling	48%
Educational classes on caregiving	45%
Self-care classes and services	31%
Resources to help you care for loved ones (e.g., information about assisted living facilities, nursing homes, etc.)	28%
Support groups for caregivers	28%
General information about caring for a loved one	17%
Other**	21%

**Percentages exceed 100, as respondents were able to select more than response.

** Other responses regarding which services participants identified as lacking for caregivers included: finding a physician who is able to prescribe care and equipment for severely disabled patients and funding resources for those patients (1); ease of getting the information needed as a caregiver (1); help with someone who is emotionally dependent and mentally ill (1); and nursing agencies that provide services (1). Another participant stated they had not looked for services yet so did not know what was lacking.

Similar to what was asked regarding older adult needs, providers were also asked to identify unmet needs of caregivers of older adults in SCC; each of the needs were identified as unmet by over one-third of respondents, with "a short-term break from caregiving duties" selected by the largest percentage of providers (85%). **Table 30** documents the unmet needs of caregivers in SCC as identified by providers.

Table 30. Unmet Needs of Caregivers of Older Adults as Identified by Providers, Source: Provider Survey

	Percentage* N=27
A short-term break from caregiving duties (n=23)	85%
Counseling or help managing care (n=19)	70%
One-time or short-term cash assistance to help with financial matters (n=14)	52%
General information about caring for a loved one (n=13)	48%
Support groups with other caregivers (n=12)	44%
Education or classes on caregiving (n=10)	37%
Self-care classes and services (n=9)	33%
*Each individual percentage is out of 100%, as participants had the option to either select or not select each response option as an unmet need, separate from other needs they may have selected.	

Nearly one in six individuals (15%) stated there were "other" unmet needs of caregivers which were not provided on the list. When asked to specify, respondents listed the following areas: affordable in-home care; ongoing out-of-home respite care (to reduce the burden of providing care 24-hours a day, seven days a week); being able to step in and legally manage a loved ones affairs when they can no longer do so (by making sure legal planning is done when the loved one has capacity to do so); help navigating benefits, housing, end of life issues; information/access to low cost home care assistance and/or assisted living centers; payment for services; and LGBTQI-focused caregiver resources.

As expected from the large percentage of respondents on the Caregiver Survey who stated short-term breaks from caregiving was a high priority unmet need, almost half (48%) of the respondents selected "a short-term break from caregiving duties" as THE MOST IMPORTANT unmet need of caregivers of older adults in SCC. Following that, respondents indicated "counseling or help managing care" (15%) and "support groups with other caregivers" (11%) as the most important unmet needs of caregivers in SCC. A very small percentage (7%) selected "other" and wrote in specific items such as affordable in-home care; help navigating benefits, housing, and end of life issues; and LGBTQI issues and needs as part of caregiver training.

Sources of Information and Awareness of Where to Find Information

When participants were asked where they would likely look for information if they were searching for information about how to care for a family member or friend, many reported they would seek out information on the Internet (74%), with medical or health professionals (68%), or with family, friends, colleagues, or word of mouth (61%) to find answers about caregiving. In fact, 100% indicated they have regular access to the Internet and a majority (37%) reported that they had gone to an Internet website an average of one time a month to find information about caregiving. Of those who used the Internet, the information most commonly searched for was within the topic,

"Services available for people like you and your family member or friend" and 81% of participants indicated searching within that topic on the Internet. **Table 31** shows details regarding these data.

Table 31. Sources to Find Caregiving Information; Source: Caregiver Survey

Where Participants Would Look for Information on Caregiving Services*	**Percentage N=31**
Internet	74%
Medical or health professional	68%
Family, friends, colleagues, or word of mouth	61%
Caregiving provider (nursing home, assisted living facility, home care, senior day care)	52%
Disease-specific group or organization	29%
Senior citizen's center, aging organization	26%
Hospital or clinic	23%
Books, magazines, library	23%
Government websites	16%
Faith-based organization	13%
Other**	7%
Frequency of Using Internet to Learn about Services in an Average Month	**N=30**
Never	13%
Once a month	37%
Twice a month	20%
3 to 4 times a month	10%
5 to 6 times a month	7%
More than 6 times a month	13%
Services Searched For Online*	**N=26**
Services available for people like you and your family member or friend	81%
Your family member or friend's condition or treatment	77%
Care facilities	46%
Support for you personally as a caregiver	42%
How to do specific caregiving tasks	35%
Doctors or other health professionals	27%

* Percentages do not equal 100, as participants were able to select multiple responses for these items.

** Other responses regarding where participants would go to learn about services included the Family Caregiver Alliance (2).

According to participants from the Caregiver Survey, caregiving can often have negative effects on one's health and work-life. However, there are services in SCC available for caregivers and older adults to circumvent these undesirable consequences. Participants were asked to identify which services they were aware of, if any. Remarkably, approximately one-quarter (26%) had not heard of any services for caregivers. Of those who had heard of at least one service, most (38%) indicated hearing about services from their friends, family, or word of mouth, or through a referral from a social service agency (See **Table 32**).

Table 32. Awareness of Services and Sources of Information, Source: Caregiver Survey

Caregiver Services of Which Participants are Aware	**Percentage* N=31**
Family caregiver support services	41%
Family caregiver respite care	29%
Family caregiver information services	26%
In-home supportive services (IHSS)	23%
Legal services	7%
Family caregiver access assistance	3%
Grandparent support services	3%
Other**	7%
I have not heard of any services for caregivers in Santa Clara County	26%
Source of Information to Hear about Services	**N=23**
Friend, family, or word of mouth	38%
Referral from another social service agency	38%
Referral from a medical provider	17%
Pamphlets from service agencies	17%
Internet/Government website	13%
Senior/Community center	9%
Referral from an Area Agency on Aging (AAA)	4%
Department of Aging and Adult Services	4%
Other***	13%

* Percentages do not equal 100, as participants were able to select multiple responses for these items.

** Most of the other responses were either duplicative of options already in the list (e.g., IHSS) or part of *sources of information* (e.g., library, web research) rather than an available service; however, one respondent indicated Veterans as a service.

***Other responses regarding where participants heard about services included searching at the library or on the web (1); receiving direct or electronic mail (1); or hearing from UCSF Memory and Aging Clinic (1).

Impacts of Caregiving

With the amount of care and diverse types of care provided by caregivers, it is not surprising that participants indicated some adverse effects to providing care. As shown in **Table 33**, participants most frequently responded that their current state of health is fair or poor (71%); and since becoming a caregiver, a majority of participants (71%) report that their health has deteriorated.

Table 33. Caregiver Ratings of Personal Health, Source: Caregiver Survey

	Excellent	Very good	Fair	Poor
How would you describe your own health? (N=31)	13%	16%	39%	32%
	Made it better	**Not affected it**	**Made it worse**	**I don't know**
How would you say providing care or assistance to your family member or friend has affected your health? (N=31)	0%	16%	71%	13%

Moreover, participants also indicated negative effects regarding their work lives, with many reporting at some point during the time that they have been providing care, they had to go in late, leave early, or take time off during the day, to provide care (79%). **Table 34** details the negative aspects of working while providing care that participants selected.

Table 34. Work-Related Effects of Caregiving, Source: Caregiver Survey

Type of Work-Related Effects of Caregiving	Percentage* N=28
Go in late, leave early, or take some time off during the day to provide care	79%
Take a leave of absence	50%
Go from working full-time to part-time, or taken a less demanding job	43%
Give up working entirely	36%
Choose early retirement	29%
Turn down a promotion	21%
Lose any of your job benefits	18%

*Percentages do not equal 100, as participants were able to select multiple responses for these items.

Section 6: Targeting

The following section provides information on targeting priorities per the Older Americans Act and the California Code of Regulations.

The target populations established in the Older Americans Act (OAA), the Older Californians Act, and the California Code of Regulations (CCC) Title 22 include individuals with the characteristics listed below, whether these persons are in the community or in long-term care facilities.

The Older Americans Act priorities are:

1) Older individuals with greatest economic need, with particular attention to low-income minority individuals. The term "greatest economic need" means the need resulting from an income level at or below the poverty line.

2) Older individuals with greatest social need. The term "greatest social need" means the need caused by non-economic factors, which include:

    a. Physical and mental disabilities

    b. Language barriers and

    c. Cultural, social or geographic isolation, including isolation caused by racial or ethnic status that:

        i. Restricts the ability of an individual to perform normal daily tasks.

        ii. Threatens the capacity of the individual to live independently.

3) Older Native Americans

4) Isolated, abused, neglected and/or exploited older individuals.

5) Frail older individuals and their caretakers.

6) Older individuals residing in rural areas..

7) Older individuals with limited English-speaking ability.

8) Older individuals with Alzheimer's disease, or related disorders with neurological and organic brain dysfunction, and their caregivers.

9) Older individuals with disabilities, with particular attention paid to individuals with severe disabilities.

10) Unemployed, low-income persons who are 55 years old or older.

11) Caregivers as defined in Title III E, which include older caregivers providing care and support to persons with developmental disabilities.

The California Code of Regulations Title 22 are:

1) Older individuals with the greatest economic need, with particular attention to low-income.
2) Older Native Americans.
3) Older individuals who reside in rural areas.
4) Older individuals with severe disabilities.
5) Older individuals with limited English-speaking abilities.
6) Older individuals with Alzheimer's disease or related disorders and the care taken of these individuals.

The following section identifies targeted populations within Santa Clara County.

Through the extensive research process, five target groups in SCC emerged. These groups are not mutually exclusive, and seniors who fall into more than one group have increased risk of having serious unmet service needs. These target groups matched those of the Older Americans Act and Title 22 of the California Code of Regulations. The target groups within SCC are:

A. Low-income seniors, including those falling below the federal poverty line, as well as those above the federal poverty line but below the Elder Economic Security Standard Index.
B. Older individuals with limited English-speaking abilities.
C. Frail or isolated older adults (i.e., vulnerable older adults).
D. Informal caregivers for older adults.
E. Seniors experiencing abuse.

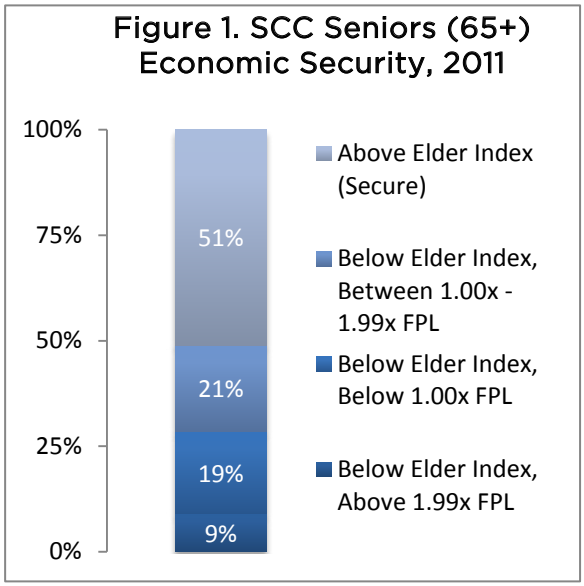
A summary description of each targeted population follows. Full descriptions are available in the previous section: Needs Assessment. Within each summary is a discussion of need, how Sourcewise programs address the target populations, and how this targeting relates to the priorities established in the Older Americans Act and the California Code of Regulations.

A. Low-Income Seniors

The needs assessment identified low-income seniors as a population at significant risk within SCC. The number of older adults (65+) living at, near, or below poverty in SCC has increased in the last 15 years. In 2000, approximately 9,800 older adults age 65 or older were living below poverty, 6% of the local senior population. Since then, 2014 American Community Survey data indicate that number has almost doubled, with an estimated 18,058 county seniors age 65 or older living below Federal Poverty Level (FPL), nearly 9% of the SCC older adult population.[135] Furthermore, almost 1 in 5 (17%) SCC seniors live near or below poverty, earning or receiving an income at less than 1.50

135 2014 American Community Survey, 5-Year Estimates

times the FPL.[136] Additionally, data from the 2011 Elder Economic Security Standard Index, or Elder Index, report that nearly half (49%) of SCC seniors age 65 and older are living at or below means necessary to live adequately, as compared to only 17% identified at less than 1.50 times the FPL (See **Figure 1**).[137]



In addition to the increasing number of seniors approaching poverty among SCC and the state of California, housing prices and affordability of housing have become a more prevalent issue within the SCC senior population. In recent years, the availability of affordable housing units for the very low-income and extremely low-income households has increased substantially, yet the increase has not been able to keep up with the increasing demand for affordable housing units. 2014 data reveals that nearly 60% of very low-income households in SCC pay more than 50% of their income in rent.[138] Of these extremely low-income households that have difficulties paying for housing costs, 50% of the residents are elderly or disabled.[139] According to a 2014 National Low Income Housing Coalition report, SCC is among the top five most expensive metro rental markets in California and data show that since 2005, median rent prices have increased by 10% while median income has increased by merely 1%.

Further adding to the vulnerability of low-income seniors is that they may face difficulties in accessing services. Respondents of the SCC Older Adult Survey falling below the Elder Index were slightly more likely to indicate they believed finding information on senior services was "very difficult" or "difficult" when compared to respondents that fell above the Elder Index (28% vs. 17%). Seniors falling below the Elder Index were also more likely to "never" use the Internet, compared to seniors above (47% vs. 23%, respectively).

While ease of access to specific services was fairly similar among seniors below and above the Elder Index, seniors falling below were more likely to indicate interest in receiving services when compared to seniors above. Specifically, seniors below the Elder Index were significantly more interested in receiving help with health services (59% vs. 35%); health insurance (43% vs. 24%); fraud and financial abuse education (44% vs. 31%); help finding housing (24% vs. 15%); applying for government benefits (42% vs. 31%); counseling or care management (32% vs. 22%); help finding transportation (35% vs. 19%); and in-home health care (35% vs. 23%).

136 2014 American Community Survey, 5-Year Estimates

137 http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/FPL-Comparison.aspx

138 The California Housing Partnership Corporation and Housing Trust Silicon Valley 2014 Housing Disparity Report

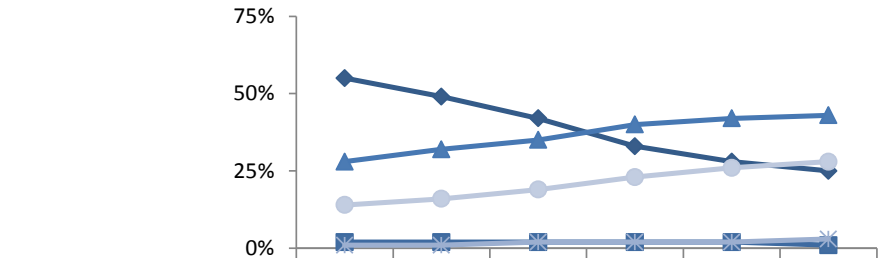
139 The California Housing Partnership Corporation and Housing Trust Silicon Valley 2014 Housing Disparity Report

Sourcewise offers various services to low-income seniors ranging from Senior Employment Services (aimed at enhancing seniors' skillsets in order to get them into the workforce) to targeting all OAA Title III services for those falling below the Elder Index.

B. Older Individuals with Limited English-Speaking Abilities

SCC is rich in diversity and home to people of various cultural backgrounds, which is mirrored within the county's senior population. This diversity presents unique opportunities and challenges to effectively serve SCC's population. Data from the California Department of Finance from 2010 indicates that the older adult population is primarily comprised of Caucasians (55%); Asian/ Asian Americans (28%), and Hispanics (14%). However, the California Department of Finance has provided estimates showing that the proportions of older demographics will shift drastically over the next few decades. By 2060, Caucasian SCC seniors age 60 and older are expected to account for just 25% of the older adult county population and Asian/Asian American seniors will consist of 43% of the SCC senior population. Thus, language capability may present barriers to service. (See **Figure 2**).

Figure 2. Projected Composition of SCC Seniors (60+) by Race/Ethnicity 2010-2060



	2010	2020	2030	2040	2050	2060
Caucasan	55%	49%	42%	33%	28%	25%
Asian/Asian American	28%	32%	35%	40%	42%	43%
Hispanic	14%	16%	19%	23%	26%	28%
Black/African American	2%	2%	2%	2%	2%	1%
2+ races	1%	1%	2%	2%	2%	3%

Data show that of the estimated 51,234 Asian or Pacific Islanders age 65 or older who speak English and another language in the county, a large percentage indicated they do not speak English well (37%) and an additional 19% stated they do not speak English at all. Among Hispanic individuals age 65 and older residing in the county, 37% indicated not speaking English well or not speaking English at all. The California Department of Aging estimates that approximately 16,930 county seniors (60+) are non-English speaking individuals[140] and the language barriers that may follow from the limited English-speaking levels of older adults can be unfavorable to these seniors' health, and impact the services they are able to access.

140 2016 California Department of Aging Demographic Projects by County and PSA

Both Asian and Hispanic seniors face challenges in accessing services, as 26% of SCC Hispanic older adults age 65 and older are at or below the federal poverty level. Even more concerning is the larger percentage of SCC Hispanic older adults (45%) who struggle to meet their daily basic needs when factoring in cost of medical care, transportation, and housing as defined by the Elder Economic Security Index.[141]

Additionally, SCC has a large proportion of seniors age 65 and older who are foreign-born (42%), as compared to state and national percentages of foreign-born residents (32% in California and 13% in the United States). This equates to approximately 89,492 county residents age 65 and older who were born outside of the United States.[142]

A common issue faced by older individuals with limited English-speaking abilities is difficulty accessing resources; language barriers may impact understanding of resources available, the information presented, and knowledge about where to access information.

Data from the SCC Older Adult Survey indicate that Asian and Hispanic older adults experience language barriers to accessing information more than White/Caucasian older adults, as 61% of Asian/Asian American and 15% of Hispanics/Latinos reported experiencing language barriers in accessing information, compared to just 4% of White/Caucasian older adults.

Data from the SCC Older Adult Survey also showed that, with the exception of a few agencies/programs, White/Caucasian older adults were generally more familiar with programs or services within SCC in comparison to other Asian/Asian Americans or Hispanics/Latinos.

Furthermore, lack of access to information due to language barriers and information accessibility were identified as the greatest concerns among non-English speaking focus groups. Specifically, Chinese, Spanish, and Vietnamese focus group participants described having trouble understanding certain printed media resources, as much of the available information is provided in English. Participants also expressed a desire to see more resource materials translated into their respective language. Focus group participants in the Chinese, Spanish, and Vietnamese focus groups identified a great need for more translated materials specific to health/medical documents (e.g., medical insurance policies and coverage, medical terminology, etc.) and translations services during medical visits. Another area of concern identified by Hispanic and Chinese focus group participants were issues related to transportation.

C. Frail or Isolated Seniors

Seniors categorized as frail or isolated within SCC are another group at considerable risk for experiencing hardships. Significant concern exists about the needs of the frail and isolated elderly who live throughout the County. Persons at all income levels and of all ethnicities can be impacted by isolation or frailty.

Certain sub-populations, such as LGBTQI, Black or African American individuals, and persons with disability, are more vulnerable to other barriers and constraints when accessing resources or services than those of the general older adult population.

141 http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/The-Hidden-Poor.aspx

142 2014 American Community Survey, 5-Year Estimates

Black or African American Older Adults

While individuals who identify as Black or African American make up a much smaller proportion of the SCC senior population (2%), recent research projects and demographic studies indicate that the Black/African American population face more barriers to services and have lower health quality than other cohorts of the county population.[143] Research shows that Black/African disability. Of

American individuals experience inequities in health and healthcare, and these disparities are often increased for those at lower levels of social advantage.[144]

LGBTQI Older Adults

Information specific to LGBTQI older adults can be difficult to obtain locally, but lack of information should not deter planning to provide resources unique to LGBTQI senior needs.

Recent findings indicate that within the lesbian and gay county population, 4% of individuals are between the ages of 65 and 79.[145] Older adults are at higher risks than the general population to suffer from chronic conditions, health concerns, and mild obesity. Among older adults aged 55 and older that identify as LGBTQI, these risks are equally as high. For instance, a 2013 LGBTQI Adult Survey administered by the SCC Public Health Department showed that among LGBTQI seniors (55+) in SCC:

- 33% are overweight and 33% are obese.
- 60% have been diagnosed with one or more physical chronic conditions.
- 8% seriously considered attempting suicide or self-harm.[146]

Additionally, findings from the focus group conducted with LGBTQI older adults found that this group showed concern with issues similar to all the other groups, detailing housing, transportation, and other needs as high priorities. However, unique to their population, LGBTQI individuals spoke about discrimination they sometimes feel and the lack of safety within regular senior housing for individuals such as themselves. Several focus group participants stressed the importance for safe places to stay and noted that feeling safe and connected to others—especially in their housing environment—was a major concern.

Persons with Disabilities

Persons with disabilities can often experience threats to health and well-being that can be overlooked by the general public; for instance, finding appropriate home accommodations or adequate healthcare. As individuals become part of the older adult segment of the population, many report some sort of disability, and in SCC, just over 140,000 individuals have some type of those with one or more disabilities, nearly 70,200 are 65 years or older.[147] In fact, approximately

143 Status of African/African Ancestry Health: Santa Clara County 2014

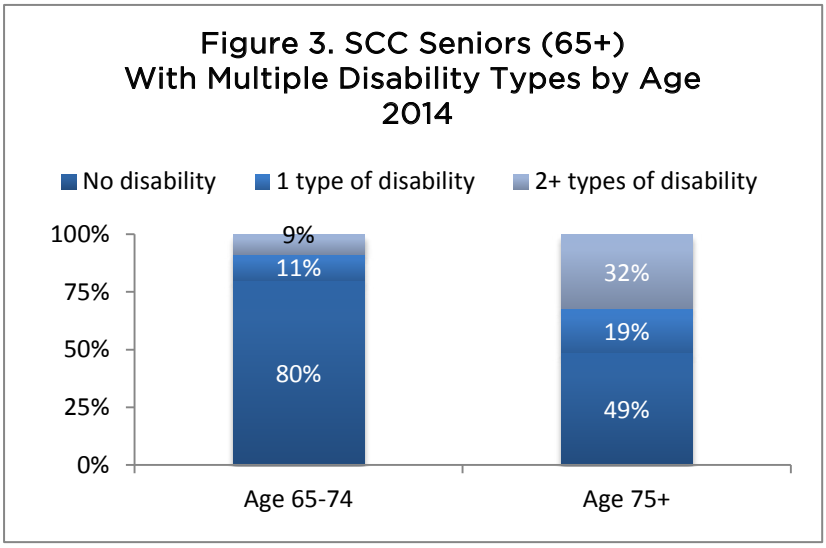
144 Status of African/African Ancestry Health: Santa Clara County 2014

145 2011-12 California Health Interview Survey, reported in the Santa Clara County LGBTQ Health Assessment, 2013

146 2013 LGBTQI Adult Survey, Santa Clara County Public Health Department

147 2014 American Community Survey, 5-Year Estimates

34% of older adults in SCC report having a disability.[148] Furthermore, adults age 75 or older report having one or more types of disabilities (see **Figure 3**).

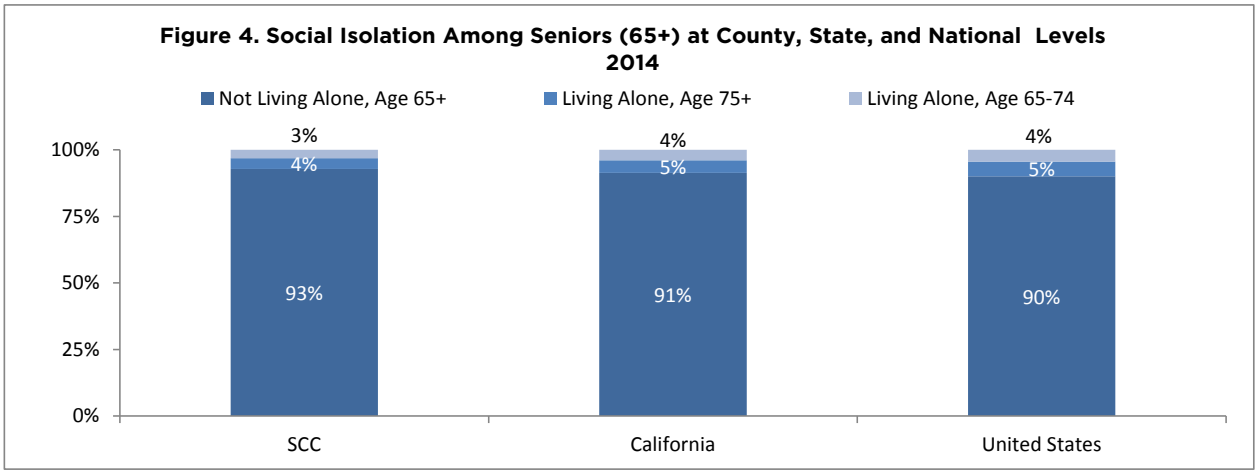


In addition to facing numerous difficulties as persons with disabilities, older adults with disabilities also face a higher risk of poverty than other older adults. There are just over 9,000 older adults with disabilities who are below the federal poverty level (approximately 11% of the older adults with disability population).

Disabled older adults who participated in the focus group spoke at great lengths about the discrimination they feel as members of the disabled community and frequently mentioned how they do not feel that others hear their needs, which could lead to isolation. Many reported struggling with the lack of suitable and affordable housing options, identifying a lack of proper accommodations in housing for disabled individuals, and highlighted the stress and frustration that these issues cause. Lack of accessible transportation was also identified as key concern among this group.

Older Adults Socially and Geographically Isolated

Another population that may be more vulnerable to reduced older adult services and resources are thoe who are socially or geographically isolated. **Figure 4** indicates the percentage at various geographic levels among 65 to 74 year olds and those 75 and older that live alone.[149]



148 2014 American Community Survey, 5-Year Estimates

149 2014 American Community Survey, 5-Year Estimates

Individuals who live alone in SCC are at increased risk of higher mortality, morbidity, psychological distress, and reduced health and well-being.[150] Roughly 7% of older adults age 65 and older live alone in SCC, which is a lower percentage compared to state and national rates (9% each). Seniors age 75 and older are at a higher risk of living alone and experiencing social isolation as compared to younger seniors. In fact, of seniors living alone within SCC, more than half (55%) are older than 75 years old.[151]

D. Informal Caregivers for Older Adults

Informal caregiving is a common occurrence, in which an adult family member provides regular care to a family member or friend with an illness or disability. Based on the most current data available, nearly one in four SCC adults age 18 or older self-identified as a caregiver in the 2009 California Health Interview Survey. This translated to over 300,000 county residents. The majority of caregiving continues to be provided by "informal support" systems, primarily women. This has long term and broad implications for today's workforce, the economic stability of caregivers, and uncalculated financial losses to the economy.

Caregivers are diverse and can range in age group, ethnicity, and background. Caregiving can be a source of stress and can lead to negative impacts on their wellbeing, as much time and energy is often expended in activities related to caregiving.

The recent survey initiative among SCC Caregivers revealed that caregivers often experience negative effects as a result of their caregiving. For instance, nearly three-quarters (71%) described their own health as "fair" or "poor." Additionally, when asked to describe how providing care or assistance to their family member or friend has affected their health, 71% indicated it has "made it worse." Moreover, participants reported negative impacts on their work lives, with many reporting at some point during the time that they have been providing care, they had to go in late, leave early, or take time off during the work day to provide care (79%); take a leave of absence (50%); or had to go from working full-time to part-time, or change to a less demanding job (43%). Furthermore, nearly half (47%) of caregivers reported providing care more than 40 hours a week, reflecting the large time commitment involved in providing care. When caregivers were asked which areas of service they would like more help or information on regarding caring for a loved one, 70% identified managing their emotional and physical stress.

Findings from the SCC Older Adult Survey indicated that 14% of older adults reported providing regular care to an adult family member or friend, and 13% of older adults reported receiving daily care from a family member or friend. Among caregivers, the following services were identified as being of most interest: counseling or help managing care (34%); self-care for yourself as a caregiver (31%); general information on caring for a loved one (29%); a short-term break from caregiving duties (28%); and education or classes on caregiving (20%).

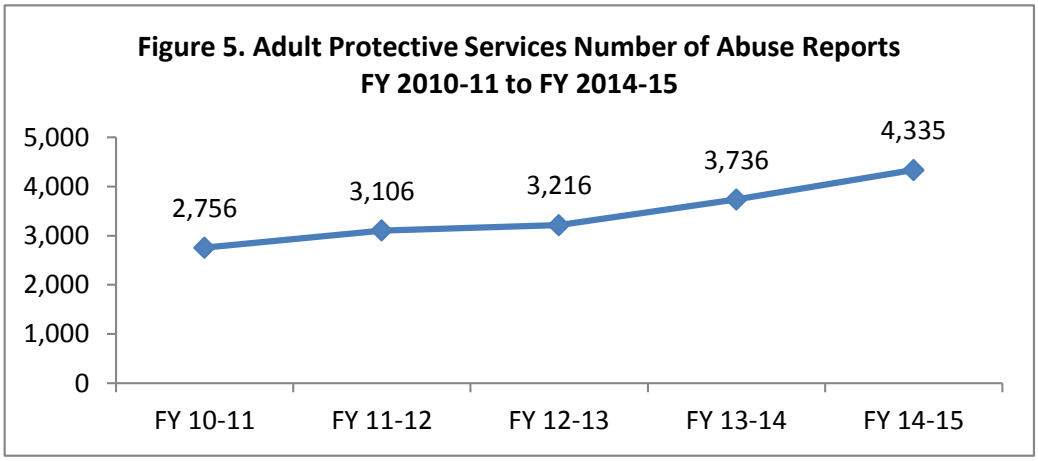
150 Active Aging: A Policy Framework, World Health Organization, 2002

151 2014 American Community Survey, 5-Year Estimates

E. Seniors Experiencing Abuse

Another vulnerable group of seniors are those who experience or have experienced some type of abuse. Elder abuse can take many different forms, and these abusive situations can have negative impacts on a senior's well-being and overall quality of life. According to the Welfare and Institution Code of California, elder abuse includes: self-neglect, physical abuse, neglect, financial abuse, abandonment, isolation, abduction, and mental suffering caused by a caregiver, relative, or any person trusted by an elder or dependent adult.[152]

Seniors experiencing abuse may be less inclined to utilize resources in SCC and can have increased health risks due to suffering from abuse. The County of Santa Clara Adult Protective Services (APS) serves clients age 65 and older as well as dependent adults (adults age 18-64 who cannot protect or advocate for themselves due to a disability). In the last five fiscal years, the number of abuse reports recorded by APS for those above age 65 has steadily increased (See **Figure 5**). In fact, APS has seen a consistent 16% increase each FY in the number of elder abuse reports in the last two years (i.e., 16% increase from FY 2012-13 to FY 2013-14 and an additional 16% increase from FY 2013-14 to FY 2014-15).[153]



The steady increase in abuse reports could indicate two situations: 1) Elder abuse is being reported more frequently than before, but, the number of incidents of elder abuse has remained relatively the same, or 2) the number of elder abuse incidents has increased so the numbers of reports have also increased. Furthermore, whether this rise in reports is tied to the increased number of seniors in SCC is unclear. Despite the reason, elder abuse should remain a relevant issue for devoting resources and services within SCC.

152 The Welfare and Institution Code of California

153 County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2015

Section 7: Public Hearings

At least one public hearing must be held each year of the four-year cycle. CCR Title 22, Article 3, Section 7302 (a)(10) and Section 7308, OAA 2006 306 (a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? Yes or No	Was hearing held at a Long-Term Care Facility? Yes or No
2016 – 2017	3/7/2016	Santa Clara Senior Center	42	N	N
	3/15/2016	Gilroy City Chambers	53	Y	N
2017 - 2018					
2018 - 2019					
2019 - 2020					

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

   Primarily, two collection efforts were used to seek input from institutionalized, homebound, and/or disabled older individuals during the needs assessment: 1) Focus groups, and 2) Random Digital Dial survey.

   In fall 2015, a senior focus group was conducted in partnership with Silicon Valley Independent Living center, a nonprofit organization that serves persons with all types of disabilities and which advocates for interdependent living. Additionally, a focus group was conducted in partnership with the LTC Ombudsman program to assess needs of institutionalized seniors.

   The random digital dial survey was used to seek input from seniors 60 and older; this method aided in reaching isolated and homebound seniors.

   During the public hearing, there were several individuals present that either self- advocated or advocated on behalf of a homebound or disabled adults.

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

❑ Yes. Go to question #3

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

❑ N/A, PD and C funds are not used.

1) A translator is not required unless the AAA determines a significant number of attendees require translation services.

2) AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

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

× Yes. Go to question #5

❑ No, Explain:

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

Legal service provider stated that the 10% allocation for legal services is the same percentage that has been allocated in the past. The funding is very much appreciated, but it's not sufficient to meet the need.

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

1) The manner in which Non-English speakers contributed to the Area Plan.

2) The increase of Alzheimer's disease and other Dementia in older adults.

3) The need for continuing support of Day care respite.

4) The need and importance of Elder Abuse Prevention programs.

5) Prioritization of older adult's food needs. Increase seen by public hearing participants in nutrition needs, particularly in San Jose.

6) The mportance of outreach to faith based communities.

7) The needs and data of homeless population in Santa Clara County.

8) Technology that aides seniors.

9) In-Home Services are important to seniors.

10) The needs for data that represents the African American senior community.

11) The importance of providing outreach to ethnic communities.

12) The need for more transportation services in South County

13) The importance of differentiating South County from South San Jose when describing areas.

14) Housing needs in Santa Clara County.

15) The manner in which needs are prioritized,

16) The strategies used to reach the lowest socio-economic indidividuals.

All comments and/or questions were answered via the individuals preferred method of communication.

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

The Area Plan was updated to refer to the South County area as that which incorporates Morgan Hill, Gilroy, and San Martin. All other topics raised above were addressed in the Area Plan prior to the public hearings.

Section 8: Identification of Priorities

The Older Americans Act and the California Code of Regulations state the Area Agency on Aging, Sourcewise, provide assurance that an adequate proportion of funding allotted under Part B of Title III to the planning and service area be expended on the delivery of:

1) Services associated with access to services (transportation, health services, case management)

a. Transportation services are currently funded through grantees that support older adults, persons with disabilities, and low income families and offer ADA paratransit services,

b. Educational classes or recreational activities that support health services are crucial to seniors' well-being and are offered both through partnerships with community based organizations and directly through Sourcewise programs depending on a client's need.

   Sourcewise addresses health care issues through the Health Insurance Counseling & Advocacy Program which assists individuals in understanding their specific rights and health care insurance coverage options.

c. The Sourcewise Information & Awareness Program supports consumers through education of availability of services under part B, including guidance on how to receive benefits of which the consumer may be eligible. These include:

   1. Providing educational presentations to the community on Sourcewise programs and services
   2. Participating in Resource Fairs
   3. Creating and providing brochures and collateral in multiple languages (including threshold languages)
   4. Ensuring a strong web presence with relevant and current information.
   5. Generating and maintaining a comprehensive resource directory (available in-person and online)

d. Case Management services are provided and targeted to low-income, minority, and frail or isolated seniors. Case management provides access to needed services and, whenever possible, provides information in the client's language of choice.

2) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction.

   a. Sourcewise recognizes the high percentage of informal (unpaid) caregivers in Santa Clara County and the need for supporting these individuals. Consequently, Sourcewise supports respite, information, and support services through partnerships with local service providers. These collaborations include grants made to the Alzheimer's Association to support in- and out–of-home care, caregiver training, and an Alzheimer's adult day center.

3) Legal assistance

   a. Sourcewise prioritizes legal assistance for older individuals with the greatest social and economic needs. Legal services are supported through local service providers that can provided legal assistance related to income, health care, long-term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and age discrimination.

Additionally, there were 5 other targets that will be prioritized as a result of the comprehensive Needs Assessment (as detailed in Section 6).

4) Primarily low income seniors, including those falling below the federal poverty line, as well as those above the federal poverty line but below the Elder Economic Security Standard Index.

5) Older, primarily minority individuals with limited English-speaking abilities

6) Frail or Isolated older adults

7) Informal (unpaid) caregivers for older adults

8) Seniors experiencing abuse

Section 9: Area Plan Narrative Goals and Objectives

Section 9: Area Plan Narrative Goals and Objectives **PSA** 10

Goal # 1 Out-of-Home Care Services

To provide in-home care services enabling older adults and disabled persons to continue living in their own homes happily and safely.

Objective 1.1			
The Public Authority Registry will provide up to two independent provider orientation sessions with 40 to 50 individuals in attendance. Additional sessions will be provided in Spanish, Vietnamese and Mandarin as needed. Sessions are three and a half hours and provide information on how IHSS works; how to be active on the registry, roles and responsibilities of independent providers; disease prevention; elder abuse and mandated reporter confidentiality; completing paperwork and timesheets; benefits and who to contact for different aspects of the program. Success will be measured by attendance, and end of session evaluations. (Refer Section 8-2, 4, 5, 6)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 1.2			
Public Authority Services will provide Department of Justice background checks on all IHSS home care providers in Santa Clara County. This began November, 2009, and will continue. Since inception, Public Authority Services has provided background checks on over 20,000 home care providers. (Refer Section 8-2, 4, 5, 6, 8)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 2 Out-of-Home Care Services

To provide out-of-home care services for older adults, persons with disability, and those with dementia, while not currently in their own homes.

Objective 2.1			
Sourcewise will support Adult Day Care and Adult Day Care Health in the community. These services will enable Santa Clara County seniors to remain in their homes, with assistance from their loved ones and day care programs. (Refer Section 8- 2, 2a, 6, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start:07/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 2.2			
Sourcewise will support Long Term Care Ombudsman services in the area of nursing homes and residential care facilities under Title III B and Title VII A of the Older Americans Act. The LTC Ombudsman Program will establish a baseline visitation schedule to visit LTC facilities based on an evaluation of licensing survey results, deficiencies and citations, the number of complaints called into the program office or crisis line, and the observations of Ombudsmen. The program will provide community education to LTC providers and the community on elder abuse and resident rights issues based on the type of complaints investigated and problem areas identified by licensing agencies. The program will actively participate in the City of San Jose Family/Domestic Violence Task Force, Next Door: Solutions to Domestic Violence, CANHR, the County Senior Care Commission, and Senior Adults Legal Assistance. Staff and volunteers will attend Family Council meetings to offer mediation, problem resolution, support, and information. The program will provide information to consumers about LTC facilities acquired from licensing agencies. The program will investigate complaints and selected residents for an evaluation of community education presentations. (Refer Section 8- 6 & 8)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD C☐ ☐

Goal # 3 Case Management Services

To provide case management services for older adults to ensure access to vital services in the community and to enable more seniors to live in their own homes.

Objective 3.1			
Sourcewise will provide case management in the South County communities of Morgan Hill, Gilroy, and San Martin; where services are not available, viable, or better targeting can be achieved. Services will be targeted towards monolingual, isolated seniors, and older adults with mental diagnoses. (Refer Section 8- 1 d, 4, 6, 5)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 3.2			
Sourcewise Case Management has two targeted populations under the supervision of one individual, using appropriately designated funding sources; the Multipurpose Senior Services Program (MSSP) and Family Caregiver Support Program IIIE programs. All programs continue to work collaboratively in their efforts to provide case management services seamlessly, efficiently, and appropriately to clients and families. An enhanced component of case management operates as telephone triage through the Sourcewise phone queue. Case Managers assist call-in clients with their individual situations, referring either to agency programs-if appropriate- or providing referrals to community services. Coordinated care planning meetings continue, referred to as Small Groups (July 2007 to the present). Small groups are supported and overseen by a supervisor, nurse, and care managers. (Refer Section 8- 1d, 4, 6)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 4 Transportation Services

To provide transportations services for older adults, allowing them to continue independent living in the community.

Objective 4.1			
Sourcewise will support a senior transportation program to provide various senior transportation options for older adults. Program benefits should include door-to-door transportation, rider's fare subsidies for public transit and paratransit service users, volunteer driver services and employment-related transportation for older adults. Programs coordinating a wide range of resources addressing the transportation needs of older adults, including coordination with other transportation providers to ensure an efficient and effective transportation system for older adults. There are no restrictions on what the rides can be used for, but priority is given for rides to health care appointments, senior centers, and congregate meal programs. (Refer Section 8- 1a, 4, 6)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 5 Legal Services

To provide legal services for older adults in need of consultation, planning, and representation.

Objective 5.1			
Sourcewise will support an agency that provides legal services for older adults in Santa Clara County including: securing public benefits, litigating against elder abuse, resolving landlord-tenant issues, long-term care planning, probate alternatives, and simple wills. All services are provided free of cost to eligible county seniors. (Refer Section 8-3)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 5.2			
Sourcewise will support an agency such as Catholic Charities, as a provider of elder abuse prevention with Title VII B funding. Catholic Charities' Long Term Care Ombudsmen Program, Day Break Adult Day Care, and Day Break In-Home Care staff will conduct educational presentations and trainings for residents, long term care facility staff, families, community organizations, and others. The focus of these presentations will be to promote the understanding of, the identification of, and the legal requirements of elder abuse reporting. Ombudsmen will train long term care facility staff. Day Break Home Care will provide bi-annual trainings for the home care providers regarding identifying signs of elder abuse (real and potential) and mandated reporting. The Holy Spirit Parish will host a dedicated session on Elder Abuse in a caregiver information series, for residents of Almaden Valley, Los Gatos, and Blossom Valley neighborhoods. In addition, Elder Justice educational materials will be provided to all current and new Home Care clients and their families. Day Break Adult Day Care will also provide bi-annual trainings for the adult day care staff and volunteers, identifying signs of elder abuse (real and potential) and mandated reporting. Presentations to the community will include two dedicated caregiver support group meetings on Elder Abuse, held at adult day care centers in San Jose and Sunnyvale. In addition, Elder Justice educational materials will be provided to all current and new Adult Day Care clients and their families. (Refer Section 8- 1, 6, 8)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 6 Information, Assistance, Outreach and Community Education

To provide information on resources and services available to older adults and their families, as well as proactively promoting those services in the community.

Objective 6.1			
Sourcewise's Information & Assistance (I&A) staff will provide in-person and over-the-phone care consulting services for seniors and family caregivers needing help. The services will include an assessment of the personal or caregiving situation, and will provide the family members with personalized referrals. Oftentimes referrals are sent via postal mail in print form, as well as digital format by e-mail. Family members are provided with more in-depth and tailored service linkages than what is offered by traditional I&A programs. I&A staff complete follow-up calls to all visitors and phone callers, based on determined criteria, within 3 weeks of the initial contact. (Refer Section 8-1c)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 6.2			
Sourcewise will continue its extensive Outreach efforts, including promoting education of services and benefits available via interventions to individuals through a specific presentation of materials, information, and a closing question-and-answer session. Sourcewise provides this comprehensive overview of services to through one-on-one interactions at resource fairs and other community outreach events. Information and Assistance specialists interact with the community at all presentations and resource fairs. Comprehensive materials are supplied to all participants at presentations and are offered at all resource fairs. (Refer Section 8 1c)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 6.3			
Sourcewise will enhance public awareness of the agency's services and issues concerning seniors and caregivers with a quarterly newsletter, a digital service directory, as well as the distribution of updated Sourcewise brochures and magnets. The quarterly newsletter will be distributed in print form, as well as electronically via e-mail. Additionally, the digital service directory is an on-line tool that allows free access to all community-based organizations that have either reached out to Sourcewise to be included, or were identified by a Sourcewise employee as a necessary service to include. The digital service directory is accessible via Internet connection; as well as within Sourcewise's lobby kiosk. The updated Sourcewise brochure and magnet will be distributed to the public via the agency's lobby and at all Outreach efforts. (Refer Section 8 1 c- 4,5)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 6.4			
Sourcewise operates a Mobile Resource Center (MRC), a mobile services unit that provides flexibility and mobility to reach the greatest number of individuals in the community. This one-stop center on wheels brings information, assistance, health insurance counseling, care management services, education, and materials to any location in Santa Clara County. Visitors are able to come on board and review resource materials as well as get assistance from staff with Internet searches, care planning, and aging-in-place technology. The computer lab and flat screen TV also offer the ability to train small groups and provide in-service education to staff from other organizations such as hospitals, clinics, libraries, senior centers, and senior housing staff. The MRC also visits corporations to assist working caregivers on-site with comprehensive needs related to elder care. (Refer Section 8- 1 b, 1c, 1d, 2, 4, 5, 6, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 7 Health Insurance Counseling and Advocacy Programs

To train volunteers to educate and counsel individuals about Medicare, long term care, and managed care insurance policies.

Objective 7.1			
The Health Insurance Counseling & Advocacy Program (HICAP) will increase outreach to Latino seniors and their families by offering workshops in east San Jose. The workshops will be offered in Spanish and English. Participants will receive information about Cal MediConnect (the demonstration project for dual beneficiaries with Medicare and Medi-Cal); Medicare Part D; the Low Income Subsidy; and Medicare Savings Programs. These programs target Medicare beneficiaries with lower incomes who are eligible for Medi-Cal or slightly above Medi-Cal eligibility. The workshop will be promoted on Spanish radio stations, area faith-based organizations, and local senior centers. The purpose of the workshops is to provide information that will spark interest in the HICAP program and generate counseling referrals to the Eastside Senior Center and Mayfair Community Center, targeting the Hispanic population in the area. The workshop will attract approximately 150 persons. (Refer Section 8- 5, 1b, 4)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 7.2			
HICAP will continue to identify current and projected language service needs and promote community awareness. HICAP will increase outreach to seniors and their families, by partnering with faith-based organizations and senior retirement communities that provide housing and services for Santa Clara County's diverse population. Six bilingual presentations will be conducted in English, Chinese, Japanese, Russian, Spanish and Vietnamese. In addition, HICAP will continuously offer workshops at Sourcewise on all relevant Medicare issues in various languages. The workshops will reach approximately 150 persons. Education for the Cal MediConnect (demonstration project dual-eligible individuals) will be provided to the above populations as well as to those seniors who speak Tagalog, Hindi, Bosnian, Korean, Farsi, Portuguese, and Amharic. Ten educational workshops provided by HICAP will focus on a range of health insurance topics to support the beneficiary in making informed choices that best fit them and their family. Workshops will be offered in Santa Clara County. HICAP will increase outreach efforts to Medicare beneficiaries by attending culturally and ethnically diverse events where families gather (e.g. the Christmas Posadas, Dia de Los Muertos, Harvest Festivals, TET, Juneteenth, Kwanzaa, Chinese New Year, Mexican Independence, and Cinco de Mayo. (Refer Section 8-4, 1b, 5, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 7.3			
HICAP will build on a partnership with the Mental Health Department, by providing educational presentations about Medicare benefits to their staff and subcontractors (such as Centro De Bienestar, Asian Americans for Community Involvement, Catholic Charities, Jewish Family Services, Korean Community Services, African American Services, Eastern European Service Agency, Billy DeFrank Community Center, Community Solutions, India Community Center), HICAP will increase awareness of the changes brought by the Affordable Care Act, (ACA),by providing information on new benefits (e.g. the Annual Wellness Visit), preventive services, improved cost sharing, and savings in the Part D Donut Hole. Sourcewise HICAP will provide education, counseling, and enrollment services related to dual options in Santa Clara county including Cal MediConnect (dual project) to all clients referred by our partners. (Refer Section 8- 1b, 5, 4, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 7.4			
HICAP will utilize bilingual counselors throughout the county thereby enabling HICAP to continuously build partnerships in the community; focusing efforts on reaching those with limited English proficiency, as well as persons with disabilities, and those with lower incomes. HICAP will target the hard-to-reach populations of South County (e.g. migrant farm labor camps.) HICAP will coordinate with agencies managing low income housing, food banks, and senior centers to disseminate information on the provisions of the ACA. HICAP will increase visibility in community clinics; where the population served is primarily those of lower income, and those with mental health issues and other disabilities. HICAP will partner with City of San Jose to address the homeless community and provide information in regards to Medicare and Medi-Cal. (Refer Section 8-1b, 4, 5, 6, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 7.5			
HICAP will recruit and train fifteen new volunteers, and increase counseling sites to meet the demands of the ACA's new enrollment periods and changes. By utilizing more counselors, HICAP will better reach underserved populations, such as bilingual, mental health clients, and those with lower incomes. HICAP will provide counseling in Spanish in community clinics to reach underserved populations. HICAP has a very involved partnership with the Santa Clara Mental/Behavioral Health Department. We will place HICAP counselors in their offices to provide counseling and enrollment services. (Refer Section 8- 1b, 5, 6, 4, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 7.6			
HICAP will enlist legislative members to reach beneficiaries and their families in the community. Each legislator has a newsletter that is circulated monthly or quarterly. By enlisting their assistance, HICAP provides critical Medicare information to their constituents. Outreach will be conducted throughout the year, with the aim of increasing counseling and contact services. In addition, HICAP will continue to partner with elected officials and provide educational forums on Medicare. (Refer Section 8- 1b, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 8 Meals and Nutrition Services

To provide nutritious meals and information about healthy eating in both a congregate setting and at home.

Objective 8.1			
Together with the County of Santa Clara, Sourcewise will provide congregate meals at over thirty locations throughout Santa Clara County. Nutrition Education will be provided at all sites. (Refer Section 8 -4, 6)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 8.2			
Sourcewise will provide, in coordination with a home delivered meals agency which meets one third of the recommended daily allowance (USDRI - Daily Reference Intake) to eligible senior citizens that are at least 60 years in age and homebound. Depending upon individual need, either one hot meal will be delivered daily or 14 frozen meals delivered weekly. (Refer Section 8- 4, 6)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 9 Health and Wellness Services

To provide programs encouraging and assisting older adults in their pursuit of a healthy lifestyle.

Objective 9.1			
Sourcewise will—under contract—provide Health Promotion and Disease Prevention Services using an evidenced based system to measure outcomes both positive and negative. In accordance with service targeting outlined in the California Code of Regulations Title 22. These services will include but not be limited to helping older individuals with Alzheimer's disease or related disorders and the care taken of these individuals. Using the 2016 requirements, evidence-based programs are defined as programs approved by the Department of Health and Human Services and/or programs that: Have demonstrated through evaluation that they are effective for improving the health and well-being or reducing the disability and/or injury among older adults; Have been proven effective with the older adult population, having used an Experimental or Quasi-Experimental Design; Have research/evaluation results that have been published in a peer-reviewed journal; Have been implemented previously at the community level (with fidelity to the published research) and have been shown to be effective outside a research setting and; Includes program manuals, guides and/or handouts that are available to the public. (Refer Section 8- 1, 2a, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 10 Family Caregiver Services

To support the tradition of family care giving through both formal and informal sources of care that provides respite to caregivers through information, access, caregiver support, respite and supplemental services.

Objective 10.1			
Sourcewise will fund one full-time Care Manager position, supervised by the Director of Care Management Services to provide caregiver assessments, service arrangement, and supportive counseling for caregivers. (Refer Section 8- 2, 2a, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 10.2			
Sourcewise will support the caregiver support programs of various community based organizations. These agencies provide case management, support groups, and respite for caregivers of older adults. Caregiver services intend to educate caregivers, alleviate stress, and allow the caregiver to re-enter or stay in the workforce. An emphasis will be placed on providing support to caregivers of Alzheimer's Disease patients. (Refer Section 8- 2, 2a,7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 10.3			
Sourcewise will support the Kinship Resource Center, a support program for older individuals caring for youths up to age 18. The Kinship Resource Center provides case management, respite, and legal guardianship assistance for many older adults entrusted with the care of their grandchildren. (Refer Section 8- 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 10.4			
Sourcewise will support an organization such as the Alzheimer's Day Care Resource Center program in its mission to provide extensive support to caregivers. Caregiver receive support in the form of respite, support groups, and other means designed to reduce caregiver stress levels, provide education about Alzheimer's, and allow the caregiver to conduct daily activities including participating in the workforce. (Refer Section 8- 2, 2a, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 11 Enrichment Services

To provide services that enrich the lives of Older Adults in Santa Clara County.

Objective 11.1			
Sourcewise will provide employment assistance opportunities for eligible low-income unemployed senior workers 55+ years of age that reside in Santa Clara County. The Senior Community Services Employment Program (SCSEP) provides on-the-job training assignments at local community-based organizations (CBOs) and classroom employment training programs. This training will qualify seniors for unsubsidized job placement opportunities. (Refer Section 8-4)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 12 Information Systems

To implement changes in technology that can improve the ability of Sourcewise to provide and support high quality services for older adults.

Objective 12.1			
Sourcewise will implement processes to improve the quality of data gathered by various senior service agencies. Sourcewise will dedicate the agency programs to server-specific use, therefore improving both the use and backup routines that are required for HIPPA compliance. The use of data storage will improve virtual access for on-and off-site program entries. Sourcewise will incorporate virtual secure technologies that allow management staff to access their computer desktops for critical after hours off-site work. Sourcewise will incorporate cutting-edge Internet access technologies. Service providers offering "Hotspot" technologies will be used as emergency broadband access to the Internet for the purpose of remote communication and file management in times of disaster. (Refer Section 8-all)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 12.2			
Sourcewise will improve the quality of telephone communications through the deployment of Voice Over Internet Protocol (VOIP) technology. Sourcewise staff will utilize state–of-the-art phone technologies that offer features such as instant messaging, electronic voice mail, electronic conference calling, voice mail logs, and playbacks on computers. Additionally, Sourcewise will create a consumer friendly Automated Call Distribution (ACD) network for all incoming consumer calls. The goal is to offer virtual direction to the correct person through a clear phone greeting navigational system. (Refer Section 8-all)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 12.3			
Sourcewise will utilize video for conferences and meetings with off-site workers in order to improve work processes, save money on travel, and garner instant collaboration on critical projects. This will result in increased staff productivity and decrease reliance upon more traditional means of communications. (Refer Section 8-all)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Objective 12.4			
Sourcewise will continue to update its agency website to enhance public awareness of the agency and make navigation and understanding of Sourcewise services more user-friendly. The web 2.0 site will include a media relations page that will increase the exposure to various media outlets on important senior and caregiver issues as well as promote the services Sourcewise provides to the community. The website will be enhanced with more detail on caregiver needs and services. (Refer Section 8- 1c, 4, 7)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Goal # 13 Development of Innovative Programming

To create partnerships where there is a natural fit for collaboration and an opportunity for improved services to our community.

Objective 13.1			
Sourcewise will collaborate with strategic community-based organizations to provide a broad network of service referral and service support structure for adults and persons with disabilities of Santa Clara County. The collaboration will define the path for consumers' experience with Sourcewise as the single source of service reference and the "entry" to the network of social services, welfare, aging, and health. (Refer Section 8- all)	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/01/16 End: 6/30/20	FY 17/18 FY 18/19: FY 19/20:	No ☒ PD ☐ C ☐

Section 10: Service Unity Plan Objectives

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES CCR

Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the NAPIS State Program Report.

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary.

Report the units of service to be provided with **all funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b).

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	587, 399	8	8.2
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	11,250	2	2.1
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	5,700	3	3
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	561,280	8	8.2
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	50,000	4	4.1
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	4,000	5	5.1
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	10,400	8	8.1
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	12,000	6	6.1
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	5,000	6	6.2
2017-2018			
2018-2019			
2019-2020			

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

- Each **Title III B** "Other" service must be an approved NAPIS Program 15 service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title III D**/Medication Management services (required) and all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Service Category on the "Units of Service" line when applicable.)
- **Title III D/**Health Promotion and Medication Management requires a narrative goal and objective**.** The objective should clearly explain the service activity being provided to fulfill the service unit requirement.

Title III B, Other Supportive Services [1]

For all Title IIIB "Other" Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary. All "Other" services must be listed separately. Duplicate the table below as needed.

Service Category Senior Employment Services **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Service Category Community Education **Unit of Service = 1 activity**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	240	6	6.3
2017-2018			
2018-2019			
2019-2020			

Instructions for Title III D /Health Promotion and Medication Management: List number of contacts for unit of service being performed to fulfill the service unit requirement. If Title III D Health Promotion funds are designated to support Title III C Nutrition Education and/or Nutrition Counseling services, report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education. Add an objective under Title III D Nutrition Education to identify if Title III D funds are used to pay for Title III C Nutrition Education service units.

- **Service Activity:** List all the specific allowable service activities provided in the definition of Title III D/Health Promotion in the CDA Service Categories and Data Dictionary, i.e., health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventive health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.

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

Service Activities: Evidence-based health promotion

- **Title III D/Health Promotion:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	2,200	9	9.1
2017-2018			
2018-2019			
2019-2020			

TITLE IIIB and Title VIIA:

LONG-TERM CARE OMBUDSMAN PROGRAM OUTCOMES

2016–2020 Four-Year Planning Cycle

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

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

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

The average California complaint resolution rate for FY 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved 617 + Number of partially resolved complaints 175 divided by the Total Number of Complaints Received 1,357 = Baseline Resolution Rate 58% FY 2016-17 Target Resolution Rate 65%
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved 617 + Number of partially resolved complaints 175 divided by the Total Number of Complaints Received 1,357 = Baseline Resolution Rate 58% FY 2017-18 Target Resolution Rate 65%
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved 617 + Number of partially resolved complaints 175 divided by the Total Number of Complaints Received 1,357 = Baseline Resolution Rate 58% FY 2018-19 Target Resolution Rate 65%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved 617 + Number of partially resolved complaints175 divided by the Total Number of Complaints Received 1,357 = Baseline Resolution Rate 58% FY 2019-20 Target Resolution Rate 65%
Program Goals and Objective Numbers: 1,357

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended 2 FY 2016-2017 Target: 4
2. FY 2015-2016 Baseline: number of Resident Council meetings attended 2 FY 2017-2018 Target: 4
3. FY 2016-2017 Baseline: number of Resident Council meetings attended 2 FY 2018-2019 Target: 4
4. FY 2017-2018 Baseline: number of Resident Council meetings attended 2 FY 2019-2020 Target: 4
Program Goals and Objective Numbers: 4

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

1. FY 2014-2015 Baseline number of Family Council meetings attended 0 FY 2016-2017 Target: 0
2. FY 2015-2016 Baseline number of Family Council meetings attended 0 FY 2017-2018 Target: 0
3. FY 2016-2017 Baseline number of Family Council meetings attended 0 FY 2018-2019 Target: 0
4. FY 2017-2018 Baseline number of Family Council meetings attended 0 FY 2019-2020 Target: 0
Program Goals and Objective Numbers: 0

D. Consultation to Facilities (AoA Report, Part III.D.4)

Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations 0 FY 2016-2017 Target: 0
2. FY 2015-2016 Baseline: number of consultations 4 FY 2017-2018 Target: 4
3. FY 2016-2017 Baseline: number of consultations 4 FY 2018-2019 Target: 4
4. FY 2017-2018 Baseline: number of consultations 4 FY 2019-2020 Target: 4
Program Goals and Objective Numbers: 4

E. Information and Consultation to Individuals (AoA Report, Part III.D.5)

Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations 222 FY 2016-2017 Target: 222
2. FY 2015-2016 Baseline: number of consultations 200 FY 2017-2018 Target: 200
3. FY 2016-2017 Baseline: number of consultations 200 FY 2018-2019 Target: 200
4. FY 2017-2018 Baseline: number of consultations 200 FY 2019-2020 Target: 200
Program Goals and Objective Numbers: 200

F. Community Education (AoA Report, Part III.D.10)

LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

1. FY 2014-2015 Baseline: number of sessions 1 FY 2016-2017 Target: 1
2. FY 2015-2016 Baseline: number of sessions 4 FY 2017-2018 Target: 4
3. FY 2016-2017 Baseline: number of sessions 4 FY 2018-2019 Target: 4
4. FY 2017-2018 Baseline: number of sessions 4 FY 2019-2020 Target: 4
Program Goals and Objective Numbers: 4

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. Examples include: work with LTC facilities to promote person-centered care and reduce the use of anti-psychotics; work with law enforcement entities to improve response and investigation of abuse complaints; collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.)

Enter information in the box below.

Systemic Advocacy Effort(s) for the current fiscal year to partner with the National Consumer Voice and Health Research and Education Trust (HRET) concerning catheter-associated urinary tract infections (CAUTIs) and healthcare-associated infections (HAIs) in the nursing home setting. The purpose of this collaboration is to increase the knowledge of CAUTIs and HAIs among nursing home residents and their families as well as their involvement in reducing these types of infections in nursing homes. It is estimated that 765,000 to 2.8 million HAIs occur in U.S. nursing homes every year. These types of infections are among the most frequent causes of transfers from nursing homes to acute care hospitals and may result in as many as 380,000 deaths a year.

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

Measures and Targets:

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

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter not in response to a complaint.

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

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 46 divided by the total number of Nursing Facilities 54 = Baseline 85% FY 2016-2017 Target: 85%
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 46 divided by the total number of Nursing Facilities 51 = Baseline 85% FY 2017-2018 Target: 90%
3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 46 divided by the total number of Nursing Facilities 51 = Baseline 85% FY 2018-2019 Target: 90%
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 46 divided by the total number of Nursing Facilities 51 = Baseline 85% FY 2019-2020 Target: 90%
Program Goals and Objective Numbers: 46

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

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year not in response to a complaint.

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

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 89 divided by the total number of RCFEs 304 = Baseline 29% FY 2016-2017 Target: 29%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 100 divided by the total number of RCFEs 304 = Baseline 33% FY 2017-2018 Target: 33%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 100 divided by the total number of RCFEs 304 = Baseline 33% FY 2018-2019 Target: 33%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 100 divided by the total number of RCFEs 304 = Baseline 33% FY 2019-2020 Target: 33 %
Program Goals and Objective Numbers: 100

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

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the Full-Time Equivalent (FTE) for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: 3.5 FTEs FY 2016-2017 Target: 3.5 FTEs
2. FY 2015-2016 Baseline: 3.5 FTEs FY 2017-2018 Target: 4.5 FTEs
3. FY 2010-2011 Baseline: 4.5 FTEs FY 2013-2014 Target: 4.5 FTEs
4. FY 2010-2011 Baseline: 4.5 FTEs FY 2014-2015 Target: 4.5 FTEs
Program Goals and Objective Numbers: 4.5

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers 45 FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers 45
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers 45 FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers 45
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers 45 FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers 45
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers 45 FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers 45
Program Goals and Objective Numbers: 45

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

Measures and Targets:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Some examples may include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manne

The Ombudsman Program has purchased tablets to be used in the field by Staff Ombudsmen as they exit the facilities. This data can then be transferred to the new laptops to populate reports.

The LTC Ombudsman program will promote one field Ombudsman to part-time Volunteer Coordinator to work with Volunteer Ombudsmen to assist in completing all paperwork. Each month during the recertification meeting, time will be devoted to review various aspects of data collection.

LTC Ombudsman program will train volunteers to input their cases into the Ombudsman Data Integration Network (ODIN), a data collection system created by the California Long-Term Care Ombudsman Program (LTCOP), rather than in a Word or a handwritten document.

TITLE VIIA ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

Units of Service: The Area Agency on Aging must complete at least one category from the Units of Service below.

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. A single activity cannot be reported for both programs.

AAAs must provide one or more of the service categories below.

NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- Public Education Sessions – Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Training Sessions for Professionals – Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Training Sessions for Caregivers Served by Title IIIE – Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- Hours Spent Developing a Coordinated System to Respond to Elder Abuse – Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal service providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

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TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: Catholic Charities

Fiscal Year	Total # of Public Education Sessions
2016-2017	2
2017-2018	2
2018-2019	2
2019-2020	2

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	12
2017-2018	12
2018-2019	12
2019-2020	12

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2016-2017	1
2017-2018	1
2018-2019	1
2019-2020	1

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	12
2017-2018	12
2018-2019	12
2019-2020	12

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	200	
2017-2018	200	
2018-2019	200	
Fiscal Year	**Total # of Copies of Educational Materials to be Distributed**	**Description of Educational Materials**
2019-2020	200	Mandated reporting flow charts, description of types of abuse, SOC 341 will be distributed at each training session

Fiscal Year	Total Number of Individuals Served
2016-2017	**200**
2017-2018	**200**
2018-2019	**200**
2019-2020	**200**

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2016–2020 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 150 Total est. audience for above: 5,000	10	
2017-2018	# of activities: 150 Total est. audience for above: 5,000	10	
2018-2019	# of activities: 150 Total est. audience for above: 5,000	10	
2019-2020	# of activities: 150 Total est. audience for above:5,000	10	
Access Assistance	Total contacts		
2016-2017	2,000	10	6.1
2017-2018	2,000	10	6.1
2018-2019	2,000	10	6.1
2019-2020	2,000	10	6.1

Access Assistance	**Total contacts**		
Support Services	**Total hours**		
2016-2017	2,900	10	10.1, 10.2
2017-2018	2,900	10	10.1, 10.2
2018-2019	2,900	10	10.1, 10.2
2019-2020	2,900	10	10.1, 10.2
Respite Care	Total hours		
2016-2017	45,000	10	10.2, 10.4
2017-2018	45,000	10	10.2, 10.4
2018-2019	45,000	10	10.2, 10.4
2019-2020	45,000	10	10.2, 10.4
Supplemental Services	Total occurrences		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: Total est. audience for above:		
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

Grandparent Services Caring for Children	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Access Assistance	**Total contacts**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Support Services	**Total hours**		
2016-2017	600	10	10.3
2017-2018	600	10	10.3
2018-2019	600	10	10.3
2019-2020	600	10	10.3
Respite Care	**Total hours**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	**Total occurrences**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Senior Community Service Employment Program

List all SCSEP monitor sites (contract or direct) where the AAA provides SCSEP enrollment services within the PSA (do not list host agencies).

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): Sourcewise
Street Address: 2115 The Alameda, San Jose CA 95126
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): N/A
Number of paid staff – one Number of participant staff - three slots (participant positions)
How many participants are served at this site? 30 modified slots (3 staff, 27 host positions)

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM

SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

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

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

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

Section 1: Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2016-2017	2,119	7
2017-2018		
2018-2019		
2019-2020		

Note: Clients counseled equals the number of intakes closed and finalized by the program

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2016-2017	150	7
2017-2018		
2018-2019		
2019-2020		

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

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2016-2017	11,479	7
2017-2018		
2018-2019		
2019-2020		

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

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2016-2017	102,271	7
2017-2018		
2018-2019		
2019-2020		

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

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2016-2017	761	7
2017-2018		
2018-2019		
2019-2020		

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

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2016-2017	6,119	7
2017-2018		
2018-2019		
2019-2020		

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

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2016-2017	9,719	7
2017-2018		
2018-2019		
2019-2020		

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

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2016-2017	4,135	7
2017-2018		
2018-2019		
2019-2020		

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

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2016-2017	5,211	7
2017-2018		
2018-2019		
2019-2020		

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

Section 3: HICAP Legal Services Units of Service (if applicable) 2

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2016-2017	40	7
2017-2018		
2018-2019		
2019-2020		
State Fiscal Year (SFY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2016-2017	47	7
2017-2018		
2018-2019		
2019-2020		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

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

Section 11: Focal Point

Community Focal Points List: CCR Title 22, Article 3, Section 7302 (a) (14), 45 CFR Section 1321.53 (c), OAA 2006 306 (a).

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e. the California Aging Reporting System, NAPIS Care, Section IIID.

Designated Community Focal Point	Address
Avenidas	450 Bryan Street Palo Alto, CA 94301
Mountain View Senior Center	266 Escuela Avenue Mountain View, CA 9404
Santa Clara Senior Center	1303 Fremont Street Santa Clara, CA 95050
Milpitas Senior Center	160 North Main Street Milpitas, CA 95035
Cupertino Senior Center	21251 Stevens Creek Boulevard Cupertino, CA 95014
John XXIII Senior Center	195 East San Fernando Street San Jose, CA 95110
Alma Community Center	136 West Alma Avenue San Jose, CA 95110
Eastside Senior Center	2150 Alum Rock Avenue San Jose, CA 95116

Campbell Adult Center	1 West Campbell Avenue Campbell, CA 95008
Willow Glen Community and Senior Center	2175 Lincoln Avenue San Jose, CA 95125
Southside Senior Center	5585 Cottle Road San Jose, CA 95123
Morgan Hill Centennial Recreation Center	171 West Edmundson Avenue Morgan Hill, CA 95037
Gilroy Senior Center	7371 Hanna Street Gilroy, CA 95014

Section 12: Disaster Preparedness

Disaster Preparation Planning conducted for the 2016-2020 Planning Cycle OAA Title III, Sec 306 (a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29 (P)

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:

2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA with which the AAA will coordinate in the event of disaster (add additional information as needed for each OES within the PSA):

Name	Title	Telephone	email
Cindy Stewart	Santa Clara County OES	Office: (408) 808-7808	Cindy.Stewart@oes.sccgov.org
Geneve Everhart	CADRE (Collaborating Agencies' Disaster Relieve Effort) Admin Coordinator	Office: (408) 577- 2175	cadre.scco@gmail.com

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Henri Villalovoz	Disaster/Safety Director	Office: (408) 350-3224 Cell: (408) 375- 8339	hvillalovoz@mysourcewise.com

4. List critical services that the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Services	How delivered
a. Information & Assistance **b.** Meals on Wheels **c.** Care Management: MSSP &FCSP programs	**a.** I&A staff with other employees **b.** Through an MOU with Bateman **c.** Sourcewise Case Managers & SCC Social Services

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

Business 1

Santa Clara County -

Senior Nutrition Program

333 W. Julian Street, 4th Floor

San Jose, CA 95110

Contact Name:

Jan Pfiffer,

Social Services Program Manager

(408) 755-7682

Jan.pfiffer@ssa.sccgov.org

*contracts for Meals on Wheels w/Bateman

Business 2

Bateman Community Living

1675 Walsh Street, Suite 1

Santa Clara, CA 95050

Contact Name:

Lisa Jackson,

General Manager

(408) 970-9557

lisa.jackson2@compass-usa.com

*contract for MOW food and delivery

6. Describe how the AAA will:

- Identify vulnerable populations:

  Sourcewise will identify vulnerable populations using current program lists through software, which is hosted by CareAccess (Q Continuum; ReferNET), and Bateman "MOW Client Route List."

- Follow-up with these vulnerable populations after a disaster event.

  Sourcewise will have direct contact with its clients or formal contact person through phone or an in-home visit as possible by each program to identify status and needs.

  As possible, Sourcewise will have direct contact with its clients or formal contact person through phone or in-home visit by each program to identify status and needs.

Section 13: Priority Services

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2016 - 2020 Four Year Planning Cycle

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

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

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2016-17 through FY 2019-20

Access:

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

2016-17 _60_% 17-18 _60_% 18-19 _60_% 19-20 _60_%

In-Home Services:

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

2016-17 _5_% 17-18 _5_% 18-19_5_% 19-20_5_%

Legal Assistance Required Activities:

2016-17_10_% 17-18_10_% 18-19_10_% 19-20_10_%

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

Allocations were based on the findings of the needs assessment and supplemental research. These will be presented at the public hearings and comments by participants will be considered in setting the percentages.

Section 14: Notice of Intent to Provide Direct Services

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

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

Check applicable direct services	Check each applicable Fiscal Year			
Title III B	**16-17**	**17-18**	**18-19**	**19-20**
☒ Information & Assistance	☒	☒	☒	☒
☒ Case Management	☒	☒	☒	☒
☒ Outreach	☒	☒	☒	☒
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☐ Long- Term Care Ombudsman	☐	☐	☐	☐
Title III D	**16-17**	**17-18**	**18-19**	**19-20**
☐ Disease Prevention and Health Promotion	☐	☐	☐	☐
Title III E	**16-17**	**17-18**	**18-19**	**19-20**
☐ Information Services	☐	☐	☐	☐
☒ Access Assistance	☒	☒	☒	☒
☒ Support Services	☒	☒	☒	☒
Title VII A	**16-17**	**17-18**	**18-19**	**19-20**
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title VII	**16-17**	**17-18**	**18-19**	**19-20**
☐ Prevention of Elder Abuse, Neglect and Exploitation	☐	☐	☐	☐

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

1. Continue the practice of hiring qualified, bilingual staff to communicate with our multilingual clients.
2. Continue to invest in a professional interpretation phone service that assists bilingual or limited English clients for those languages not spoken by program staff.
3. Continue to develop outreach material in multiple languages.
4. Continue to provide Case Management services to underserved residents.

Section 15: Request for Approval to Provide Direct Services

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533 (f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

15.1 – Health Insurance Counseling & Advocacy Program

Identify Service Category: Health Insurance Counseling & Advocacy Program

Check applicable funding source:*

☐ III B ☐ III C-1 ☐ III C-2 ☐ III E ☐ VII A ☒ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

☒ 2016-17 ☒ 2017-18 ☒ 2018-19 ☒ 2019-20

1. Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service**

* Section 15 does not apply to Title V (SCSEP)

**For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement

Sourcewise has administered the HICAP program since its inception. It is an integral part of the broad spectrum of services provided by Sourcewise. HICAP capabilities are enhanced and expanded as a part of Sourcewise. HICAP benefits from the combined public information efforts of Sourcewise's Outreach programs. Its presence within the structure of Sourcewise enhances the single point of entry delivery model for services.

15.2 – Home-Delivered Meals

Identify Service Category: Home-Delivered Meals

Check applicable funding source:*

☐ III B ☐ III C-1 ☒ III C-2 ☐ III E ☐ VII A ☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

☒ 2016-17 ☒ 2017-18 ☒ 2018-19 ☒ 2019-20

1. Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service**

* Section 15 does not apply to Title V (SCSEP)

**For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement

Sourcewise delivers home-delivered meals in conjunction with the County of Santa Clara's nutrition program. The coordination between the two agencies will allow for the maximum leveraging of funds from federal, state, and local funding. Additionally, the combined resources of the agencies will allow for increased outreach and publicity. Finally, the frozen meals provided by Sourcewise and the County program will provide an alternative to the hot, daily meal delivery program, also funded in part by Sourcewise.

15.3 – Community Education

Identify Service Category: Community Education

Check applicable funding source:*

☒ III B ☐ III C-1 ☐ III C-2 ☐ III E ☐ VII A ☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

☒ 2016-17 ☒ 2017-18 ☒ 2018-19 ☒ 2019-20

1. Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service**

* Section 15 does not apply to Title V (SCSEP)

**For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement

Community Education activities will be performed by Sourcewise staff to educate groups on topics including Cal MediConnect, Medicare, Medicare Part D, the Low Income Subsidy, and Medicare Savings Programs, among other topics. Direct delivery of this service is cost-effective due to the existing knowledge and procedures established by our direct delivery HICAP service. Because Santa Clara County is one of the pilot sites for the Duals demonstration, current resources are not sufficient to meet the demand. Approximately 38,000 dual-eligibles reside within Santa Clara County. Limited HICAP resources are restricted as to their use and in general inadequate to meet the volume of calls anticipated once actual implementation begins.

Section 16: Governing Board

GOVERNING BOARD MEMBERSHIP

2016-2020 Four-Year Plan Cycle

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

Total Number of Board Members:

Name and Title of Officers:	Office Term Expires:
Michele Mendoza, President	06/2018
Jeff Tepper, First Vice President	06/2018
Bea Robinson-Mendez, Second Vice President	06/2016
Allan Hikoyeda, Secretary	06/2016
Mitsu Kumagai, Treasurer	06/2017

Names and Titles of All Members:	
Robert MacLaughlin	06/2016

Section 17: Advisory Council

ADVISORY COUNCIL MEMBERSHIP

2016-2020 Four - Year Planning Cycle

Total Council Membership (include vacancies) _44__

Number of Council Members over age 60 _19_

	% of PSAs 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	_51%_	_72%_
Hispanic	_15%_	_8%__
Black	__2%_	_4%_
Asian/Pacific Islander	_30%_	_16%_
Native American/Alaskan Native	__1%__	_0%_
Other	__1%_	_0%_

Name and Title of Officers:	**Office Term Expires:**
Kathy Schuda, Chair	6/2017
MarySue DiTulillo, Secretary	6/2018

Name and Title of other members:	Office Term Expires:
Wes Mukoyama, Asian Community Rep. 1	6/2016
Phyllis Tempo, Asian Community Rep. 2	6/2016
Dr. Anita Jhunjhunwala Mukherjee, Asian Community Rep. 3	6/2018
Pat Martinez, Member at large	6/2018
Danice Picraux, Member at large	6/2018
Eve Orton, Member at large	6/2016
Janet Motha, California State Legislature	6/2018
Skip Frenzel, City of Campbell	6/2017
Tom Picraux, City of Los Gatos	6/2018
Vanessa Merlano, Health Department	6/2017
Bella Shapero, City of Los Altos	6/2018
Pamela conlon-Sandhu, City of Mountain View	6/2018
Frank Kadlecek, City of Santa Clara	6/2017
Marty Rawson, City of Sunnyvale	6/2017
Nancy Murrish, Congress of California Seniors	6/2017
Robert Gesinske, District 2 Supervisor Representative	6/2018
Kenneth Hengst, District 3 Supervisor	6/2016
Kathy Wilder, District 4 Supervisor	6/2016
Elna R. Tymes, District 5 Supervisor	6/2018
Jan Pfiffner, Nutrition Program	Permanent
Cricket Rubino, SCC Cities Association	6/2018
Queen Ann Canon, African American Rep 1	6/2016
Jose Malvido, American Indian Community Rep.	6/2016
Sam M Saiu, Federation of Retired Union Members	6/2017

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

	Yes	No	
Low Income Representative	☒	☐	Eve Orton
Disabled Representative	☒	☐	Marysue DiTullio
Supportive Services Provider Representative	☒	☐	Unknown
Health Care Provider Representative	☒	☐	Dr. Anita Jhunjhunwala Mukherjee
Family Caregiver Representative	☐	☒	
Local Elected Officials	☒	☐	Multiple
Individuals with Leadership Experience in Private and Voluntary Sectors	☒	☐	Multiple

Explain any **"No"** answer(s): The Advisory bylaws have been revised to include a Family Caregiver Representative. At the time this document was published, the Advisory Council is in the process of recruiting and voting for the Family Caregiver Representative.

Briefly describe the local governing board's process to appoint Advisory Council members: The Advisory Council bylaws stipulate how members are to be appointed. Article V – Composition states: The Advisory Council shall be composed of forty-three members as follows (summarized): Five members are appointed by the Board of Supervisors, 12 by the mayors of each city, one by each of the following: Nutrition Program, Health Department, Cities Association, Disabled Community, Hispanic Community (3), Asian/Pacific Islander Community (3), Native American Community, African-American Community (2), Retired Public Employees Association, FORUM, AARP, OWL, Congress of California Seniors, and the California Senior Legislature. Six at-large members are elected by the membership.

Section 18: Legal Assistance

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

   Sourcewise's mission is to provide the aging community and their caregivers the tools and services they need to age well at home. Through a comprehensive network of resources, Sourcewise strives to educate, prepare, support, and advocate for seniors, their families and caregivers throughout Santa Clara County.

2. Based on your local needs assessment, what percentage of Title III funding is allocated to Legal Services?
   10%

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

   There has not been a significant change in the legal needs of seniors.

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

   The target population is low-income seniors, ethnic minority seniors, seniors at risk of abuse or nursing home placement, and seniors at risk of financial abuse. The primary legal services program outstations at senior focal points and senior centers in the county.

   This agency receives 90% of its referrals from these sources. Centers in low-income and ethnic minority areas are visited regularly. Legal representatives meet with clients who have prearranged appointments made by senior center staff.

   The legal staff and volunteers are bilingual in Spanish and Chinese and are able to communicate directly with the target population.

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

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	1
2017-2018	1
2018-2019	1
2019-2020	1

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

   Yes, seniors can call the Sourcewise main line at (408) 350-3200 or (800) 510-2020 and reach Information & Awareness to receive a senior legal service referral.

7. What methods of outreach are providers using?

   Historically, our providers conduct outreach and provide community-based services through regularly-based services and scheduled appointments at a number of locations throughout Santa Clara County.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	a. Senior Adult Legal Assistance b. c.	a. PSA-wide b. c.
2017-2018	a. b. c.	a. b. c.
2018-2019	a. b. c.	a. b. c.
2019-2020	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA 10:

Older adults access legal services through staff, volunteer paralegals and attorneys located at 23 focal points, senior centers, and community centers located throughout the county. Homebound elders are served by telephone and home visits.

10. Identify the major types of legal issues in your PSA. Include new trends of legal problems in your area:

Elder abuse, problems with public benefits, Medicare HMO's, housing, and planning for healthcare decisions are all major trends in Santa Clara County.

11. What are the barriers to accessing legal assistance that are handled by the TIII-B legal provider (s) in your PSA?

Making a concerted effort to recruit bilingual staff and volunteers as well as being located in senior centers and focal points where seniors gather are strategies that avoid major access problems. Office visits and telephone calls allow for emergency situations. The primary legal services provider, in addition to handling cases, makes room for approximately 20 presentations annually at senior centers on topics of interest to older persons and distributes information in multiple languages to help seniors advocate for themselves.

Adequate funding remains an issue in the effort to retain and strengthen these lofty standards. Additionally, clients do not know where to find information which is why information, assistance, and outreach are important.

12. In the past four years, has there been a change in the types of legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss:

No. The primary provider has continued to see similar trends in needs.

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

Historically, our legal service provider has coordinated services with the following organizations:

- Asian Law Alliance
- Public Interest Law Firm
- Local Bar Association
- Legal Aide Society
- The network of senior focal points and senior centers in Santa Clara County
- Adult Protective Services
- Public Guardian
- Social Security Administration
- OAA-funded case management programs and nutrition sites
- The county court system
- Local police departments

Section 19: Multipurpose Senior Center Acquisition or Construction Compliance Reviews[154]

PSA #10

CCR Title 22, Article 3, Section 7302(a)(15)

20-year tracking requirement

× No, Title III B funds have not been used for MPSC Acquisition or Construction.

❑ Yes, Title III B funds have been used for MPSC Acquisition or Construction.

Complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/ Const	III B Funds Awarded	% of Total Cost	Recapture Period MM/DD/YY Begin	Ends	Compliance Verification (State Use Only)
Name: Address:						
Name: Address:						
Name: Address:						

154 [16] Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

Section 20: Family Caregiver Support Program

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

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

2016–2020 Four-Year Planning Cycle

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

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact.

If the AAA will **not** provide a service, a justification for each service is required in the space below.

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Access Assistance	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract
Family Caregiver Support Services	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Family Caregiver Respite Care	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Family Caregiver Supplemental Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract

*Refer to PM 11-11 for definitions for the above Title III E categories

Grandparent Services:

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Access Assistance	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Support Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Grandparent Respite Care	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Supplemental Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract

*Refer to PM 11-11 for definitions for the above Title III E categories

Section 20.1:

Justification: For each service category checked "no", explain how it is being addressed within the PSA. The justification must include the following:

- × Provider name and address of agency
- × Description of the service
- × Where the service is provided (entire PSA, certain counties, etc…)
- × Information that influenced the decision not to provide the service (research, feedback from the Needs Assessment, survey of senior population in PSA, etc.)
- × How the AAA ensures the service continues to be provided in the PSA without the use of Title IIIE funds

Family Caregiver Supplemental Services:

Supplemental services include assistive devices for caregiving, home adaptations for caregiving, caregiving services registry, and caregiving emergency cash/material aid. The Sourcewise Needs Assessment found that most caregivers requested services provided in other categories – educational classes on caregiver resources and techniques, information on available programs, brief respite from caregiving, etc. These were identified to be priority areas for Sourcewise use of Title III E funding. Examples of supplemental services available throughout Santa Clara County are shown below:

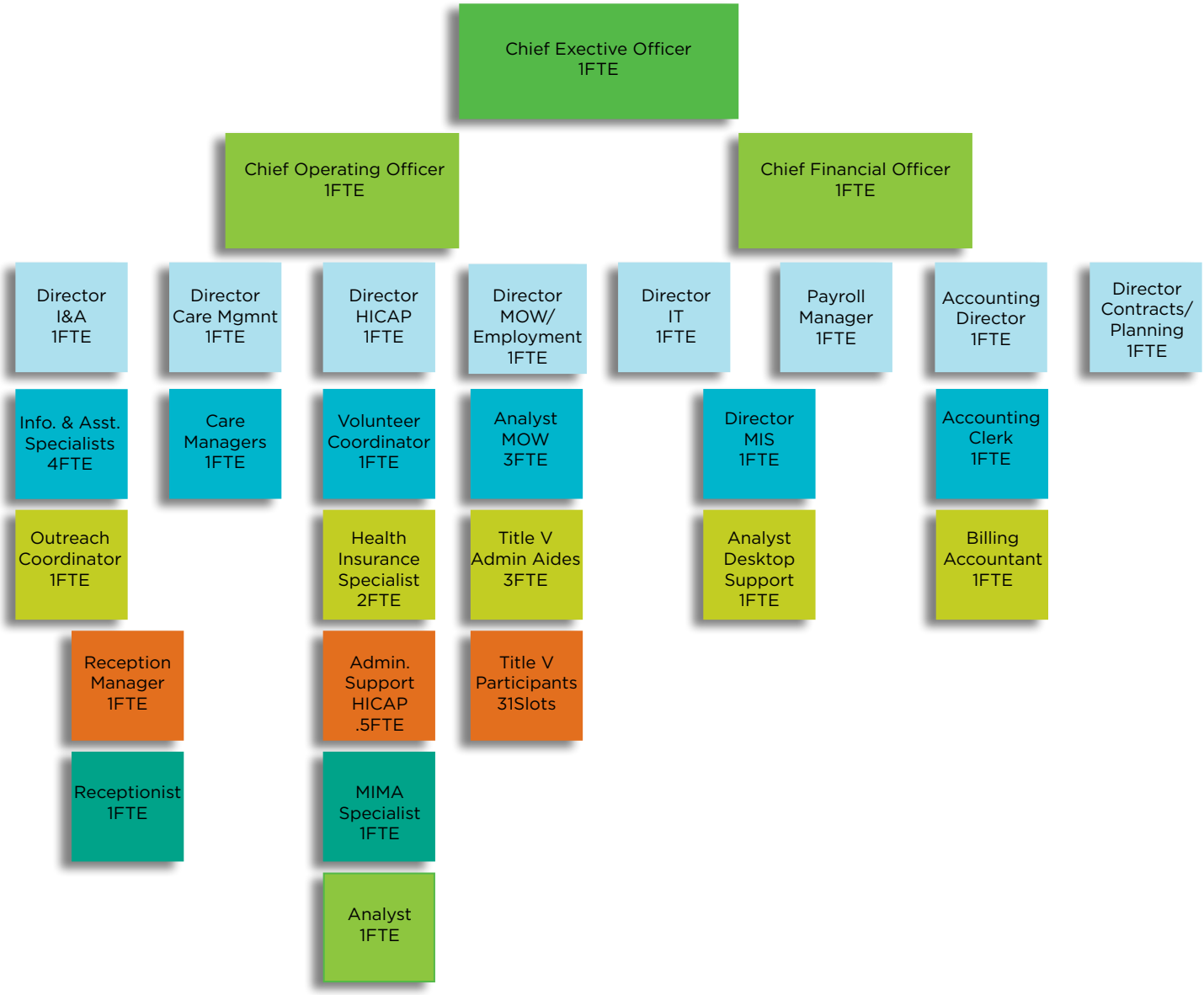
Caregiving emergency cash/material aid – Alzheimer's Association (2290 N First St., Suite 101, San Jose, CA 95131) provides short-term/emergency funding for caregiver respite, while the caregiver arranges for a more permanent respite situation.

Grandparent Information Services, Access Assistance, Respite Care, and Supplemental Services

Sourcewise contracts with the Kinship Resource Center (KRC) located at 1908 Senter Rd Suite 50, San Jose, CA 95112, to provide a wide array of grandparent caregiver services. The program's sole focus is providing comprehensive services to grandparent and relative caregivers throughout Santa Clara County who are solely responsible for a relative child when neither parent is present in the home. The KRC provides case management, support groups, educational seminars, recreation, respite, health management, information and referrals, and short-term counseling for caregivers.

In order to simplify the reporting process and ease any unnecessary administrative burden, Sourcewise asks the KRC to report only on their primary service, grandparent supportive services. Other services the KRC provides such as grandparent access assistance and respite care are considered to be integrated and crucial for the operation and success of the program.

Section 21: Organization Chart



Section 22: Assurance

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

   Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

   (A) services associated with access to services (transportation, **health services -including mental health services-** outreach, information and assistance—**which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible—**and case management services);

   (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

   (C) legal assistance; and assurances that the Area Agency on Aging will report annually to the State agency, in detail, the amount of funds expended for each such category during the fiscal year most recently concluded;

2. OAA 306(a)(4)(A)(i)(I-II)

   (I) provide assurances that the Area Agency on Aging will -

      (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

      (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

   (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

3. OAA 306(a)(4)(A)(ii)

   Include in each agreement made with a provider of any service under this title, a requirement that such provider will:

   (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, **older individuals with limited English proficiency,** and older individuals residing in rural areas in the area served by the provider;

   (II) to the maximum extent feasible, provide services to low-income minority individuals, **older individuals with limited English proficiency,** and older individuals residing in rural areas in accordance with their need for such services; and

   (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, **older individuals with limited English proficiency,** and older individuals residing in rural areas within the planning and service area;

4. OAA 306(a)(4)(A)(iii)

   With respect to the fiscal year preceding the fiscal year for which such plan is prepared:

   (I) identify the number of low-income minority older individuals in the planning and service area;

   (II) describe the methods used to satisfy the service needs of such minority older individuals; and

   (III) provide information on the extent to which the Area Agency on Aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

   Use outreach efforts that:

   (i) identify individuals eligible for assistance under this Act, with special emphasis on:

      (I) older individuals residing in rural areas;

      (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

      (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

      (IV) older individuals with severe disabilities;

      (V) older individuals **with limited English proficiency;**

      (VI) older individuals with Alzheimer's disease **and related** disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and **(VII) older individuals at risk for institutional placement; and**

   (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

   Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

   Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, **and individuals at risk for institutional placement** with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

   Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

   Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ''older Native Americans''), including:

   (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

   (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

   (C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

    (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

    (B) disclose to the Assistant Secretary and the State agency—

        (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

        (ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used:

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provideassurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the Planning and Service Area.

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the Area Agency on Aging for each such planning and service area:

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the Area Agency on Aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

(i) Taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) Providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who:

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an Area Agency on Aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

C. Code of Federal Regulations (CFR), Title 45 Requirements:

CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the Area Agency on Aging shall be the leader relative to all aging issues on behalf of all older persons in the Planning and Service Area. This means that the AAA shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

(1) Have a visible focal point of contact where anyone can go or call for help, information, or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semidependent, and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary, and personal resources committed to supporting the system;

(5) Involve collaborative decisionmaking among public, private, voluntary, religious, and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons— those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future.

CFR [1321.53(c)]

The resources made available to the Area Agency on Aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]

Work with elected community officials in the Planning and Service Area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]

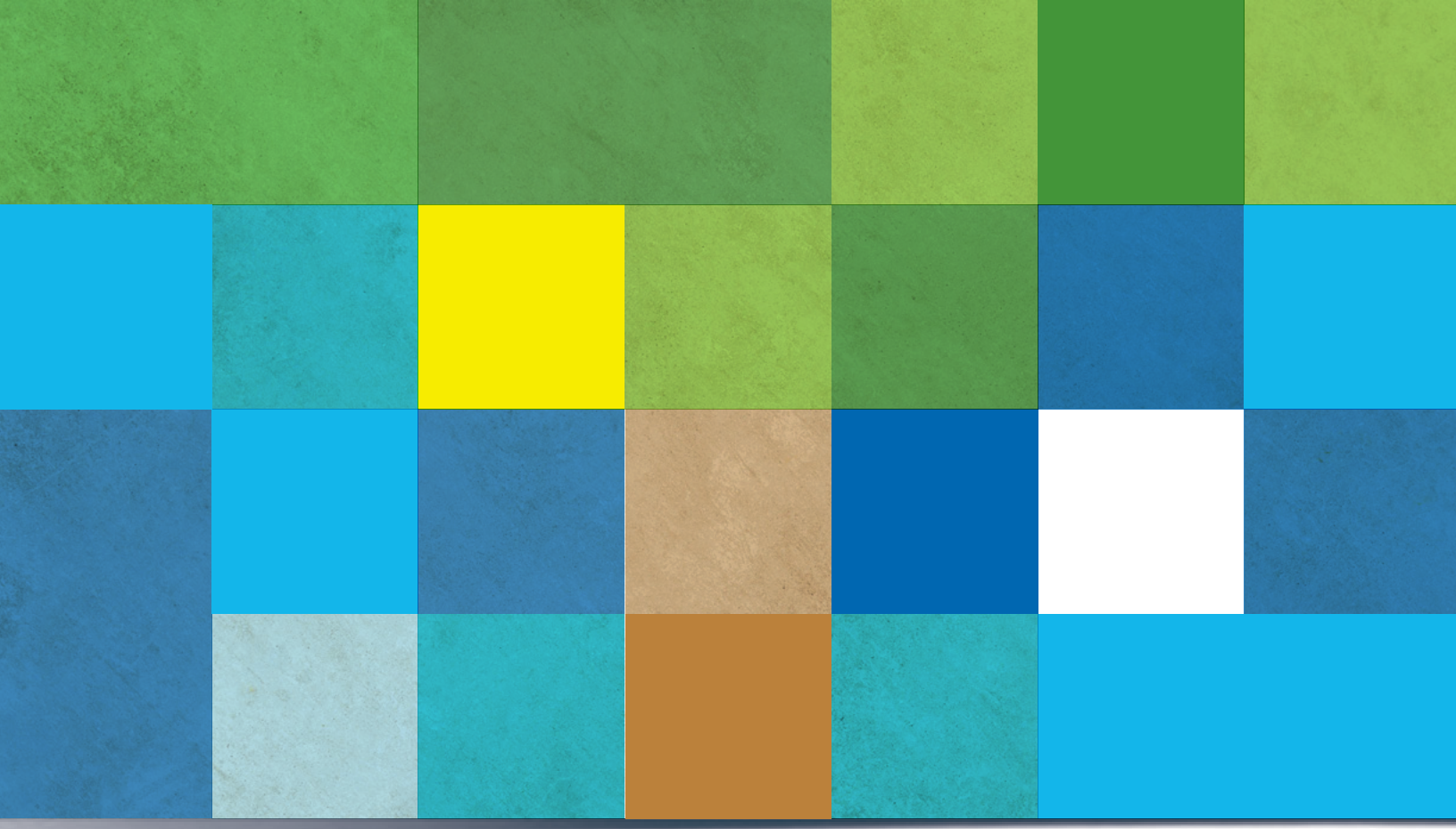
No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A122.

CFR [1321.69(a)]

Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

Addendum

Acronym	Term/Organization	Acronym	Term/Organization
AAA	Area Agency on Aging	SCSEP	Senior Community Services Employment Program
ACA	Affordable Care Act	SFY	State Fiscal Year
ACD	Automated Call Distribution	SHIP	State Health Insurance Assistance Programs
AoA	Administration on Aging	SNAP	Supplemental Nutrition Assistance Program
APS	Adult Protective Services	SNF	Skilled Nursing Facilities
C	Coordination	SPM	Supplemental Poverty Measure
CADRE	Collaborating Agencies' Disaster Relieve Effort	SPR	State Program Report
CBO	Community Based Organization	SSRC	Social Science Research Center
CDC	Centers for Disease Control and Prevention	SUP	Service Unit Plan
CDSM	Chronic Disease Self-Management	SVHAP	Silicon Valley Health Aging Partnership
CFR	Code of Federal Regulations	VOIP	Voice over Internet Protocol
CHIS	California Health Interview Survey	VTA	Valley Transportation Authority
CMS	Centers for Medicare and Medicaid Services		
CCR	California Code of Regulations		
CTA	Committee for Transit Accessibility		
FPL	Federal Poverty Line		
FY	Fiscal Year		
HICAP	Health Insurance Counseling and Advocacy Program		
I&A	Information & Assistance		
ICF	Intermediate-Care Facility		
IHSS	In Home Supportive Services Program		
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex		
LIS	Low Income Subsidy		
LTC	Long-Term Care		
MOW	The Meals on Wheels Program		
MSP	Medicare Savings Programs		
MSSP	Multipurpose Senior Services Program		
NAPIS	National Aging Program Information System		
NORS	National Ombudsman Reporting System		
OAA	Older Americans Act		
OES	Office of Emergency Services		
PD	Program Development		
P&SA	Planning and Service Area		
PSAs	Public Service Announcement		
RCFE	Residential Care Facilities for the Elderly		
RTC	Regional Transit Connection		
SALA	Senior Adults Legal Assistance		
SCC	Santa Clara County		



SOURCEWISE
COMMUNITY RESOURCE SOLUTIONS

Area Plan on Aging 2016 – 2020