PSA 10, Sourcewise
2024 – 2028 Area Plan on Aging,
2026-2027 Update

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We would like to thank the agencies that partnered with Sourcewise and EVALCORP during the interview and focus group processes by sharing their time and feedback on issues facing older adults countywide, and assisting with the coordination of and space to facilitate data collection through the focus groups: Avenidas Rainbow Collective, Asian Americans for Community Involvement, Billy DeFrank LGBTQ+ Community Center, Catholic Charities of Santa Clara County, City of Morgan Hill, San Jose African American Community Services Agency, San Jose State University, Santa Clara County Behavioral Health Services, Santa Clara County Fire Department, Santa Clara County Public Health Department, The Pride Study at Stanford University, Timpany Center of Santa Clara County, and Vietnamese American Service Center. These data collection efforts would not have been possible without their assistance.

We would like to take the opportunity to thank Continental Interpreting for their continued efforts in translating data collection tools, transcribing focus group sessions, and translating the focus group sessions.

Tremendous thanks also are extended to the many agencies and Sourcewise programs for providing data and trend information regarding mental health, elder abuse, transportation, and information and referral assistance: Santa Clara County Mental Health, Older Adult Division; County of Santa Clara Adult Protective Services, Department of Aging and Adult Services; Sourcewise South County Services; and Sourcewise Information and Awareness program.

Finally, we would also like to thank the organizations who provided their time and valuable feedback on the current needs of older adults they serve:

- Asian Americans for Community Involvement
- African American Community Service Agency
- Avenidas
- Berryessa Community Center
- Billy DeFrank LGBTQ+ Community Center
- Catholic Charities of Santa Clara County
- California Emerging Technology Fund
- Camden Community Center
- The California In-Home Supportive Services Consumer Alliance
- The Center for Age-Friendly Excellence
- City of Gilroy
- City of Los Altos
- City of Morgan Hill
- City of San Jose
- City of Santa Clara Senior Center
- City of Sunnyvale
- Cupertino Senior Center
- Community Services Agency of Mountain View and Los Altos

- Eastside Neighborhood Center
- Eden Housing
- Elder Abuse Task Force
- Gilroy Senior Center
- The Health Trust
- Heart of the Valley Services for Seniors, Inc.
- Hearts and Minds Activity Center
- John XXIII Multi-Services Center
- Kaiser Permanente
- Live Oak Adult Day Services
- Loaves and Fishes Family Kitchen
- Martha's Kitchen
- Mayfair Community Center
- Morgan Hill Centennial Recreation Center
- Mountain View Community Center
- Peninsula Volunteers, Inc.
- Rebuilding Together
- Salvation Army
- Santa Clara County, Behavioral Health
- Santa Clara County Fire Department
- Santa Clara County, In-Home Supportive Services
- Santa Clara Family Health Plan
- Santa Clara Valley Healthcare
- Second harvest of Silicon Valley
- Senior Adults Legal Assistance (SALA)
- Silicon Valley Independent Living Center
- Successful Aging Solutions and Community Consulting
- Southside Community Center
- Trio Community Meals
- Vista Center for the Blind and Visually Impaired
- Vietnamese American Community Center
- WeHOPE
- West Valley Community Services

SECTION 1. MISSION STATEMENT

The core mission of an Area Agency on Aging is:

To provide leadership addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which 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:

Sourcewise advocates, plans, and delivers equitable services for older adults, adults with disabilities, and caregivers using a person-centered approach to enhance independence and quality of life.

Sourcewise values at its core:

- We focus on person-centered practices and processes. .
- We believe that individuals are integral assets to our communities.
- We respect individual rights, responsibilities, and diversity.
- We are committed to providing just and equitable services and support.
- We believe that collaborative partnerships with stakeholders are essential.
- We cultivate innovative thinking and an entrepreneurial spirit.
- We are thoughtful stewards of all resources.
- We are transparent.
- We respect the talent and contributions of our diverse workforce.

Sourcewise is committed to helping individuals learn about the resources available within the community. Community Resource Specialist are available by phone at (408) 350-3200, option 1, and email community@mysourcewise.com Monday through Friday, 8 a.m. to 5 p.m., excluding national holidays. Professional interpreters are available Monday through Friday, 8 a.m. to 5 p.m.

SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

Physical Characteristics of Santa Clara County

Santa Clara County (SCC) is a single county Planning and Service Area (PSA) that borders the counties of San Mateo and Alameda in the north, the Pajaro River and San Benito County in the west, and Stanislaus and Merced Counties in the east. A sizable 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 95% of SCC residents living in cities.[1]

[1] https://santaclaralafco.org/cities-and-special-districts/cities-

The Santa Clara Valley runs the entire length of the county (i.e., 60 miles from north to south) with salt marshes and wetlands located in the northwestern part of the county, adjacent to the waters of San Francisco Bay. SCC is the largest county in the San Francisco Bay area encompassing 1,316 square miles. It is comprised of 15 incorporated cities and is home to Silicon Valley—known for its technological innovation, "startups", and technological businesses. [2] Additionally, the area is home to several universities—including San Jose State University (10,298 degrees awarded in 2021)[3], Stanford University (4,821 degrees awarded in 2021)[4], and Santa Clara University (2,849 degrees awarded in 2021).[5]

Demographic Characteristics of Santa Clara County

Population. Overall, SCC ranks as the sixth most populous county in California.[6] Based on data from the United States Census Bureau, the population estimate of SCC as of July 2022 is 1,870,945.[7] The county population projection by 2025 is 2,030,957, and by 2030 the population is expected to grow to 2,105,166.[8] The region known as the North Valley has 13 cities (Campbell, Cupertino, Los Altos, Los Altos Hills, Los Gatos, Milpitas, Monte Sereno, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, and Sunnyvale) and there are three additional cities in the South Valley (Morgan Hill, San Martin, and Gilroy). The largest city in the county is San Jose, with 971,233 residents (July 1, 2022), accounting for over half of the county's total population.[9]

The cities within Santa Clara County with populations over 50,000 include San Jose (1,013,221), Sunnyvale (155,629), Santa Clara (127,861), Mountain View (82,534), Milpitas (80,271), Palo Alto (68,586), Cupertino (60,363), and Gilroy (59,532).[10] The map (**Figure 2.1**) shows the population density within SCC zip codes based on 2020 decennial census data.

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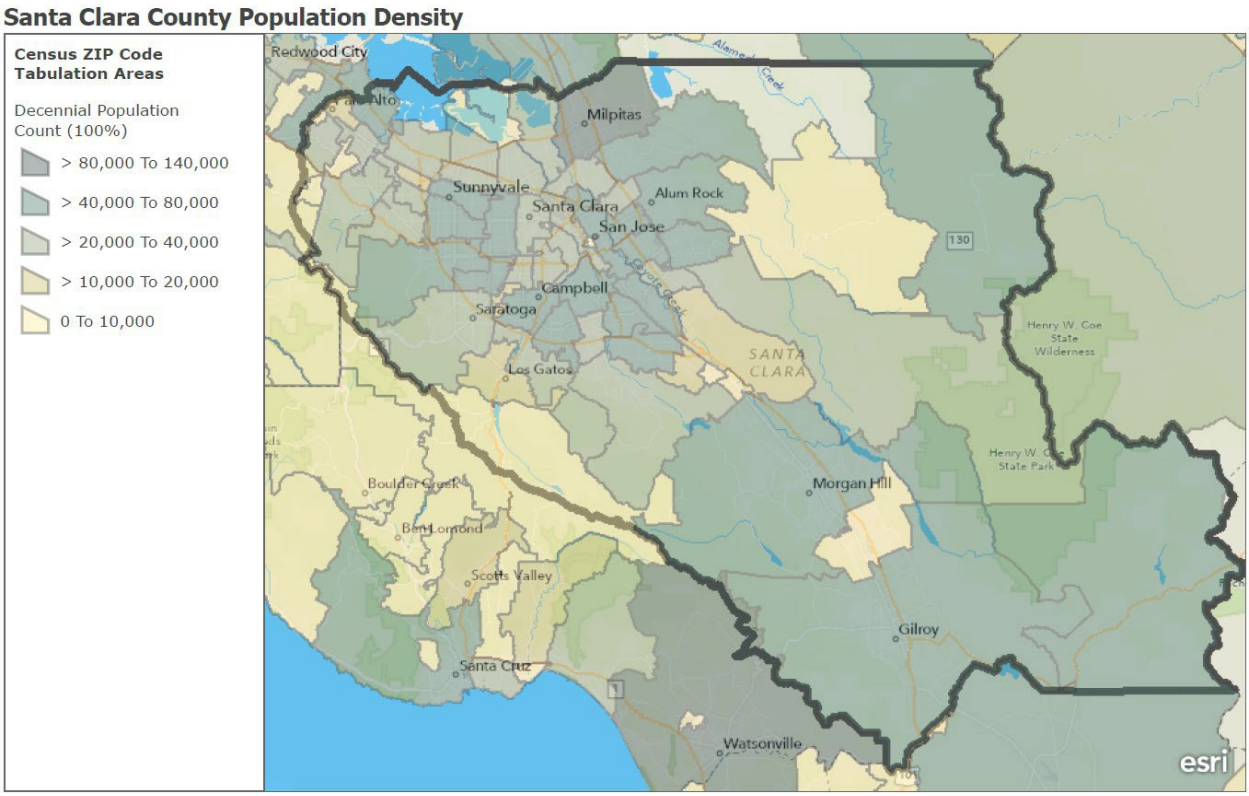
information#:~:text=95%25%20of%20Santa%20Clara%20County's%20population%20lives%20in%20cities

https://santaclaralafco.org/cities-and-special-districts/cities-information#:~:text=95%25%20of%20Santa%20Clara%20County's%20population%20lives%20in%20cities

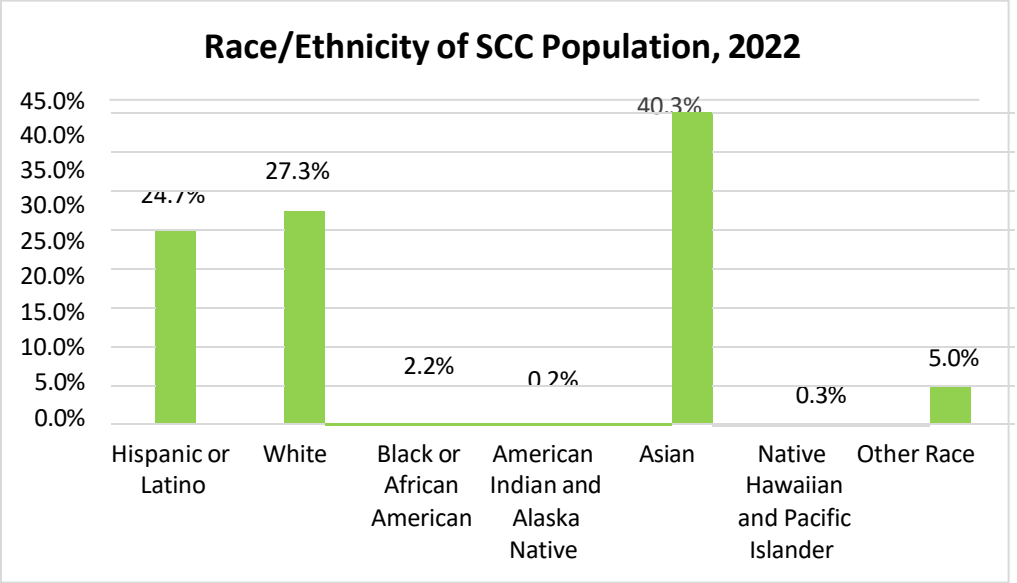
[2] https://www.santaclaracounty.gov/about-county
[3] https://datausa.io/profile/university/san-jose-state-university
[4] https://datausa.io/profile/university/stanford-university
[5] https://datausa.io/profile/university/santa-clara-university
[6] https://www.california-demographics.com/counties_by_population
[7] https://www.census.gov/quickfacts/santaclaracountycalifornia
8 California Department of Finance. Demographic Research Unit. Report P-2A: Total Population Projections, California Counties, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release). Sacramento: California. July 2021.
[9] https://www.census.gov/quickfacts/sanjosecitycalifornia
[10] United States Census Bureau Quick Facts | https://www.census.gov/quickfacts/fact/table/US/PST045222?

Figure 2.1. Population Density Map of Santa Clara County



Race/Ethnicity. Over one-third of SCC's population identify as Asian (40%), followed by 27% who identify as White or Caucasian (See **Figure 2.2**).[11]

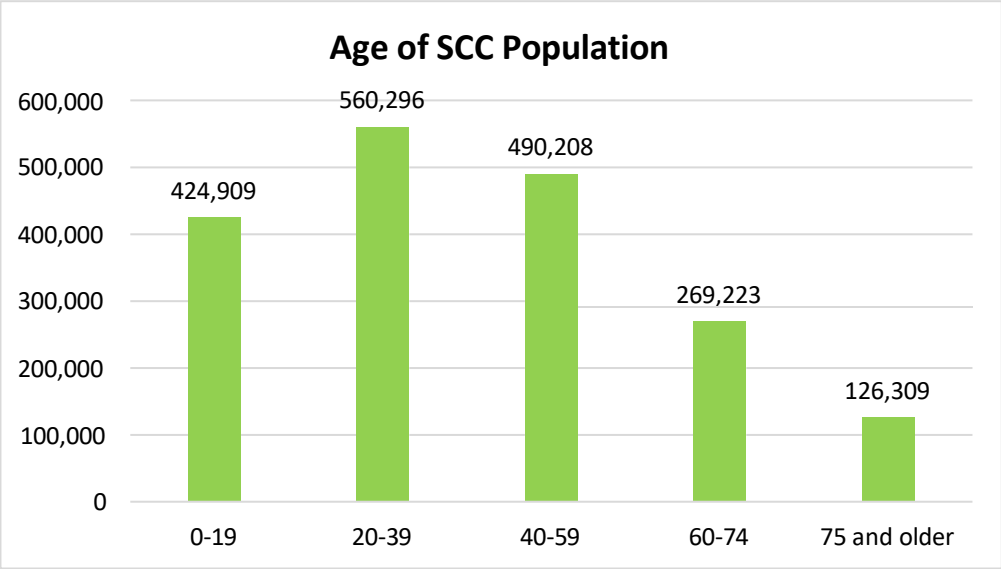
Figure 2.2. Race/Ethnicity of SCC Population, 2022



*Other includes what respondents selected as "Other" and "Two or more races."

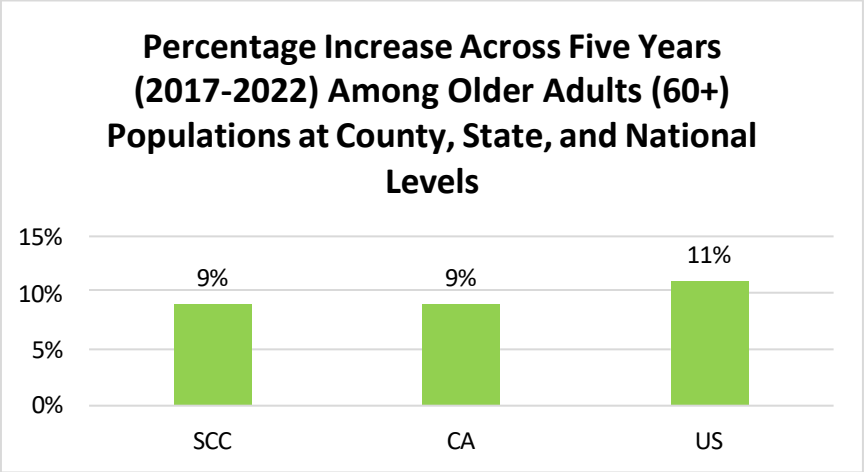
[11] American Community Survey (ACS) Data, 2021 1-year estimates

Figure 2.3. Age of SCC Population



When looking at age group breakouts, those ages between 20-39 make up the largest proportion of individuals within SCC, as shown in **Figure 2.3**.[12] Older adults are typically defined as 55, 60, or 65 years and older throughout the Area Plan because the classification of "older adults" varies by the data source. Age cutoffs of older adults within the findings presented throughout the Area Plan are therefore based on the data source reported. SCC's older adult population has increased by 9% between 2017 and 2022, which is lower than the percentage increase at the national level (11%).[13] As of 2024, there were 382,014 older adults (60+) in SCC.

Figure 2.4. Percentage Increase Across 5 Years (2017 – 2022) Among Older Adults (60+) Population at County, State, and National Levels



[12] American Community Survey (ACS) Data, 2022 1-year estimates
[13] American Community Survey, 1-year Estimates (2021, 2022)

The older adult population will continue to increase as Baby Boomers age (1946 – 1964). Gen X (1965 – 1980) is another emerging generation that will contribute to an increased older adult population in the coming decades. By 2060, individuals 65 and older will account for 26% of the total county population, 27% of California's population,[14] and 23% of the United States' population.[15]

Unique Resources and Constraints

The largest industries in SCC are (1) professional, scientific, and technical services, (2) manufacturing, and (3) health care and social assistance.[16] Furthermore, SCC has been remarkably successful in the business and employment sectors. The county has one of the highest household incomes in the country, as the median household income in 2020 was $130,890.[17] As of May 2023, the unemployment rate in SCC was 3.2%, reflecting a progressive decrease since April 2020 when the rate was 12.4%. [18]

Local Service System

Across the county, there are a variety of programs and services designed to assist older adults with basic needs and to promote a healthy quality of life. Given the vast array of programming and services available to older adults in SCC, there continues to be a priority to refine, improve, and align efforts to coordinate services to reduce barriers and increase access to information of services based on recent data collected from the SCC older adult service provider network. Specifically, when providers were asked, "which of the following systemic changes, has your program agency considered or implemented recently?" 48% indicated that "improved coordination among existing programs or agencies" had been considered or implemented recently by their program/agency. See **Table 2.1** for a summary of findings of additional response options.

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[14] Department of Finance, State Population Projections | https://dof.ca.gov/Forecasting/Demographics/projections/

[15] Demographic Turning Points for the United States: Population Projections for 2020-2060 | https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf

[16] https://datausa.io/profile/geo/santa-clara-county-ca

[17] https://datausa.io/profile/geo/santa-clara-county-ca

[18] Federal Reserve Economic Data (FRED). Data retrieved from https://fred.stlouisfed.org/series/CASANT5URN

Table 2.1. Systematic Changes Implemented by Provider Agencies/Programs to Address Needs of Older Adults, Provider Survey

Systematic Changes	Percentage* (N=52)
Improved coordination among existing programs or agencies	48%
Expanded or improved use of technology and social media	44%
Expanded use of volunteers	29%
More "universal" tools to minimize duplication (intake forms, assessments, databases)	29%
More resources dedicated to outreach	23%
More resources dedicated to advocacy	19%
N/A – My agency/program has not considered or implemented any systemic changes	17%
Other**	15%
Consolidation of services, programs, or agencies to better utilize resources	13%
Separation of services, programs, or agencies to better cater to unique needs	10%

* Percentage exceeds more than 100% as respondents can select more than one option for this question.
**Other responses include expanded collaboration with other organizations, home-delivered grocery, supportive housing services, meeting mandates with limited staff, have diverse programs to meet needs for gender diverse individuals and the local Chinese community.

Data from a 2023 Santa Clara County Community survey conducted among older adults (i.e., those ages 60 years and older) who live in SCC show that survey respondents have some familiarity with local agencies and programs. When asked about specific programs, residents were most likely to be familiar with Meals on Wheels service (53%). **Table 2.2** below provides an overview of the percentage of older adults who were familiar with each type of service/program.

Table 2.2. Familiarity with SCC Services/Programs

Program	Overall	Asian/ Asian American	Hispanic or Latino/a	African American	White or Caucasian	Ages 60-74	Age 75 and older
Meals on Wheels	53%	33%	58%	73%	63%	57%	45%
VTA Paratransit Services	42%	28%	51%	45%	45%	47%	32%
Sourcewise	41%	28%	62%	60%	39%	44%	33%
Senior Center Daily meals	38%	33%	47%	49%	46%	37%	40%
In-Home Support Services	35%	28%	49%	45%	27%	39%	26%
Department of Aging	31%	17%	52%	49%	29%	37%	18%
Adult Protective Services	26%	15%	45%	46%	34%	30%	17%

The needs assessment Section 5.2 Identification of Need in the Area Plan provides additional information for the primary data collection points noted above, in addition to detailed information summarizing the data collected from several additional primary sources—including focus groups and key stakeholder interviews. The data provides insight into the perceived availability of current programs and services, identified areas of need, modes of obtaining information, demographic information, and various other topics.

Sourcewise is committed to providing quality leadership and coordination among older adult service providers in the PSA. Below is a list of older adult and caregiver services/programs provided in whole or in part by Sourcewise.

- Information & Assistance
- Operate Resource Database and manage the online Resource Connection Module at mysourcewise.com.
- Informational outreach presentations on Sourcewise and available community services in the local area
- Fraud, scam, and security alerts published on the Protection & Security webpage at mysourcewise.com.
- Access to an online event calendar for updates on upcoming community-based events in the local community at mysourcewise.com
- Sourcewise South County has provided short term service coordination of services to Gilroy residents in partnership with the Senior Center, and currently do, while also providing short term service coordination services out of the South County office to all residents in the 3 cities.
- Under OAA Title II B there is a grantee (CSA) providing CM (CSA).
- The Multipurpose Senior Services Program provides case management to older adult Medi-Cal recipients who disabled through community-based care managers. The program allows older adults to remain in their homes safely.

- Health Insurance Counseling and Advocacy Program
- Senior employment training and placement
- Public Authority Services by Sourcewise
- IHSS enrollment processing (for individuals to become eligible to work as an IHSS provider)
- Registry of screened independent providers for IHSS recipients (Urgent care registry and care coaching are expansion of services under the registry)
- Urgent care registry for IHSS recipients
- Educational and skill training for IHSS independent providers
- Care coaching for IHSS recipients
- Consumer Connection newsletter as a training tool for IHSS recipients
- Department of Justice criminal background checks for IHSS independent providers
- IHSS Independent Provider Benefits administration: Health, dental, vision, smart pass, transportation
- Adult day care/adult day health care
- Senior legal assistance
- Nutrition programs, including senior center meals, home-delivered meals, and nutrition education
- Transportation services
- Long-Term Care Ombudsman Services
- Older Adult Relative Caregiver in-home respite
- Older Adult Relative Caregiver out-of-home respite
- Older Adult Relative Caregiver education and training
- Older Adult Relative Caregiver support groups for grandparent caregivers
- Older Adult Relative Caregiver case management services for grandparent caregivers
- Enhanced Case Management
- Community Supports
- CalFresh Enrollment Assistance
- Home Modifications Services & Fall Prevention
- Ambassador Program (friendly calls to homebound older adults)
- Digital Literacy & Training
- Evidence based programing
- Intergenerational Activities for Older Adults and Younger generation
- Benefits Enrollment Assistance as the Benefits Enrollment Centered, recognized by National Council on Aging (NCOA)

SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

Since incorporation in 1973, 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 comprised of a nine-member governing body 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 40 volunteer seats available and is currently comprised of 27 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 throughout Santa Clara County. The Advisory Council has designated membership seats representing each of the five Santa Clara County supervisorial districts to promote partnership and communication.

To function at its fullest potential, the Advisory Council has five committees:

- The Health Committee identifies and supports activities within Santa Clara County to promote quality health care for older persons and individuals with disabilities.
- The Legislative Committee reviews legislative and advocacy group recommendations, including the California Senior Legislature proposals.
- The Planning Committee which actively engages in the Area Plan process; advocates on behalf of programs funded by the Older Americans Act; coordinates information sessions on behalf of the Advisory Council to educate the members on services and needs of older persons with particular attention to services provided under the Older Americans Act.
- The Transportation Committee identifies and analyzes older adult transportation options available in the county and advocates for affordable and accessible transportation for older adults and individuals with disabilities.
- The Membership Committee maintains and supports Advisory Council membership for optimal representation of Santa Clara County's Older adult and disabilities communities, as defined by federal and state statutes and regulations and the Advisory Council By-Laws.

To improve outcomes for individuals with complex needs, Sourcewise has partnered with two health plans in 2020 to provide Enhanced Case Management and Community Supports through the State's CalAIM initiative to provide two programs: Enhanced Case Management (ECM) and Community Supports. Enhanced Case Management connects individuals to an ECM Lead Care Manager to provide comprehensive care management and coordination of health-related care and services. Community Supports Programs, Nursing Home Diversion/Transition Program supports transitioning individuals from skilled nursing facilities into a community setting, enhancing overall health outcomes. Additionally in 2025, Sourcewise expanded its service delivery via Community Supports to include Respite (non-medical) provides temporary relief to caregivers by offering supervised support and engagement for older adults, therein helping maintain caregiver well-being while also ensuring continuity of care for older adults to remain living within their community setting. Environmental Accessibility Adaptations (EAA) helps older adults remain safely and independently in their homes by providing modifications that address mobility, safety, and accessibility needs.

Sourcewise coordinates with Santa Clara County programs through various methods, including monthly meetings with leadership from the Social Services Agency and Sourcewise to discuss initiatives and partnerships that elevate service delivery for older adults, adults with disabilities, and caregivers in the County. On a program level, Sourcewise partners with the Department of Aging and Adult Services to deliver Public Authority Services for In-Home Supportive Services providers and Meals on Wheels countywide. All Sourcewise employees are well versed and often coordinate with support Adult Protective Service and Public Guardian to ensure the safety and care of individuals receiving these services. To ensure a

smooth referral process, Sourcewise maintains a directory that includes eligibility information on all County programs and provides a curated list of resources to callers based on need. Finally, to support a cohesive, no-wrong-door system, the County is an extended partner of the Silicon Valley Aging and Disability Resource Connection (ADRC) developed by Sourcewise and its core partner, Silicon Valley Independent Living Center.

As a focal point of contact for information and assistance on senior services for over the past 50 years, Sourcewise provides leadership in many capacities at a county and state level. In the last four years and presently:

Leadership:

- Sourcewise partners with Nonprofit Leads & San Jose City Council Partners on Food Distribution in response to the Pandemic (March 2020 – present)
- Chief Executive Officer, Aneliza Del Pinal, serves as the President of the California Association of Area Agencies on Aging. (July 2024-Present)
- Chief Executive Officer, Aneliza Del Pinal, served on the California Department of Aging's CA 2030 Project Steering Committee (October 2022-December 2023)
- Chief Executive Officer, Aneliza Del Pinal and Elizabeth Rodriguez, Senior Director of Operations were advisors to CHCF project on Multipurpose Senior Services Program and Community Supports (March 2025)
- Director of Meals on Wheels, Senior Employment Services and SNAP Education Classic Cauley serves as a member of the Cal Fresh Healthy Living (CFHL) Advisory Council. (September 2024-2026)
- Director of Meals on Wheels, Senior Employment Services and SNAP Education Classic Cauley serves as a member of the California Workforce Association (CWA). (September 2024-Present)
- Director of Meals on Wheels, Senior Employment Services and SNAP Education Classic Cauley serves as a member Meals on Wheels California (MOWCA). (September 2024-Present)
- Director of Meals on Wheels, Senior Employment Services and SNAP Education, Classic Cauley, serves as a member of the Cadre's Food Community Support Network (CSN) (October 2025-present)
- Director of Meals on Wheels, Senior Employment Services and SNAP Education, Classic Cauley, serves as an Advisory Board Member at West Valley College's Senior Guided Pathways for the Community Caregiver Certificate Program (July 2025-present)
- Director of Public Authority, Edith Gong serves as the California Association of Public Authorities for IHSS CAPA-Board President. (January 2024- December 2025)
- Director of Public Authority, Edith Gong serves as a member of the Santa Clara County Caregiving Information & Referral Workgroup.
- Director of Public Authority, Edith Gong, serves as Board Member of the Chinese Historical Cultural Project (CHCP), a non-profit, all volunteer organization (2018-present)
- Director of Public Authority, Edith Gong, is a member of the Building Partnerships for Aged Unhoused Residents Workgroup. (2022-present)
- Sourcewise participates in the California State Digital Inclusion workgroup in response to the pandemic. (April 2020 – present)
- Health Insurance Counseling and Advocacy Program Director, Marcelo Espiritu serves as a Santa Clara Senior Care Commissioner (May 2024–present)
- Director of Integrated Health Services, Kristine Schaan, is a member of Age Friendly Silicon Valley's Digital Inclusion Workgroup, Senior's Agenda of Santa Clara County, Department of Aging and Adult Services (November 2023-present)
- Director of Integrated Health Services, Kristine Schaan, is a member of Bay Area Digital Inclusion Coalition (January 2025-present)

Awareness:

- Sourcewise participated 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. (2016 – present)
- Sourcewise participates with City of San Jose & Senior's Agenda to respond to the digital divide initiatives. (June 2020 - present)
- Chief Executive Officer, Aneliza Del Pinal, participates as a member of the Santa Clara County Adult Caregiver Study Workgroup (October 2022-present)
- Chief Executive Officer, Aneliza Del Pinal, serves on the Communications committee of the California Association of Area Agencies on Aging (October 2022-2024)
- Chief Executive Officer, Aneliza Del Pinal, presenter, Area Agencies on Aging, and their role in Multidisciplinary Teams (November 2023)
- Sourcewise commits to distributing 7,500 at-home rapid test kits (February 2022 – March 2022)
- Sourcewise participates as a member of the Annual International Alzheimer's Latino Conference - Advisory Council for 3rd International Alzheimer's Caregivers Conference. (February 2022 – May 2022)
- Senior Director of Operations, Elizabeth Rodriguez, co-presents at 'The CalAim Information & Referral Highway to ECM Enrollment' in partnership with Archstone Foundation, Department of Health Care Services, California Department of Aging, and Family Caregiver Alliance (June 2024)
- Chief Executive Officer, Aneliza Del Pinal & Senior Director of Operations, Elizabeth Rodriguez,co-present at the Senior Care Commission (September 2025)
- Chief Executive Officer, Aneliza Del Pinal, & Senior Director of Operations, Elizabeth Rodriguez, co-presents at the Kaiser Aging Summit (October 2025)
- Senior Director of Operations, Elizabeth Rodriguez, presents as a panelist at the 2025 Bay Area Digital Inclusion Summit, in San Francisco in partnership with the SF Tech Council (October 2025)
- Chief Executive Officer, Aneliza Del Pinal, interviewed for The Balancing Act (November 2025)
- Senior Director of Operations, Elizabeth Rodriguez, interviewed for The Balancing Act (November 2025)
- Senior Director of Operations, Elizabeth Rodriguez, presents as a panelist at session 'Leveraging CalAIM to Strengthen Aging Services: Lessons from the Anthem ECM & Community Supports Pilot' at the California Association of Area Agency on Aging Annual Conference (November 2025)
- Senior Director of Operations, Elizabeth Rodriguez, co-presents at session 'How to Leverage Technology to Build Meaningful Connections with Caregivers with an Award-Winning Program' at the California Association of Area Agency on Aging Annual Conference (November 2025)
- Chief Executive Officer, Aneliza Del Pinal, presenter, Santa Clara County Skilled Nursing Facility Summit (December 2025)

Policy:

- Chief Executive Officer, Aneliza Del Pinal, serves as a Board Member of the California Association of Area Agencies on Aging. (2019 – 2023)
- Chief Executive Officer, Aneliza Del Pinal, serves as the President of the California Association of Area Agencies on Aging. (July 2024-Present)
- Chief Executive Officer, Aneliza Del Pinal, serves as a member of the Legislative committee for the California Association of Area Agencies on Aging (November 2022-present)
- Chief Executive Officer, Aneliza Del Pinal, serves as Executive Committee Treasurer for California Association of Area Agency on Aging (C4A). (November 2020 – 2023)
- Chief Executive Officer, Aneliza Del Pinal, serves on the California CBO Medi-Cal Coalition (December 2024-present)
- Chief Executive Officer, Aneliza Del Pinal, participates in the CCLTSS Advocacy Day

(May 2025)

- Sourcewise hosted two Latino Consumer Engagement Sessions for the California Department of Aging Long Term Services and Supports Financing & Affordability Initiative (August, October 2025)
- Director of Public Authority, Edith Gong, is a member of the Liberty Dental Public Policy Committee. (2020- present)
- Director of Public Authority, Edith Gong, is a member of the In-Home Supportive Services Regional Task Force. (2020-present)
- Director of Public Authority, Edith Gong, is the lead for Emergency & Disaster Preparedness at CADRE (2023-present)
- Director of Supportive Services, Kassandra Flores, serves as a Santa Cruz Latino Affairs Chair Commissioner (April 2026- Present)

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:

I. 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.
II. Identify and evaluate the needs of older persons, with special attention to the needs of low income, ethnic minority, and vulnerable populations including cultural, social, and geographical isolated seniors.
III. Identify and evaluate existing resources.
IV. Plan, develop, improve, and advocate for the improvement of health and social services and their respective delivery systems to meet identified needs of the elderly.
V. Coordinate and pool programs and services to either strengthen or expand services to the elderly.
VI. 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.
VII. Conduct public hearings and disseminate information to the public regarding needs, resources, plans, programs, and services for older persons
VIII. Provide information and technical assistance to public and private agencies to assist them in meeting the service delivery needs of older people in the Planning and Service Area.
IX. Enter into contracts and cooperative agreements with appropriate public and private agencies to implement action plans and to oversee the implementation of other program activities necessary to conduct the approved Area Plan, including periodic program and fiscal monitoring and evaluation.
X. Enter into an agreement with the California Department of Aging to function as the Area Agency on Aging, pursuant to the Older Americans Act of 1965 as amended.

The AAA's Funding:
Sourcewise receives funding from California Department of Aging, County, City, Health Plans, and local grants.

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 can support seniors, persons with disabilities, and their caregivers.

Service Delivery System:
Sourcewise, collaborates 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 older adults, their caregivers, and adults with disabilities. Sourcewise offers 7 direct service categories including Nutrition, Caregiving, Health & Evidence Based Programing, Supportive Services, Workforce Development, Advocacy, and Isolation & Inclusion. Within the 7 categories of services we offer more than 19 direct programs and services: Information & Assistance, Community Outreach & Education, Health Insurance Counseling & Advocacy Program, Meals on Wheels, Cal Fresh Outreach & Application Assistance, Benefits Enrollment Assistance as Benefits Enrollment Center (BEC), Senior Employment Services, Multipurpose Senior Service Program, Enhanced Case Management,, Community Supports Services including Assisted Living Transition Services, Respite and Environmental Accessibility Adaptation (EAA), Caregivers Network by Sourcewise, Public Authority Services by Sourcewise, , Digital Link, Transportation Services, Intergenerational Activities, Ambassadors Program (Wellness Calls for isolated seniors) and Veterans Directed Care Program. Sourcewise continues to offer access to these programs under one umbrella which allows for seamless referrals and client services.

Network of Services in the Local Area:
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 Services
- Home Health Care, and 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
- LGBTQ+ Community Center
- LGBTQ+ Avenidas Rainbow
- Personal Emergency Response
- 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, 2024-2025, Sourcewise maintains a directory that includes 745 providers.

SECTION 4. PLANNING PROCESS/ESTABLISHING PRIORITIES

In order to execute the current Area Plan, Sourcewise contracted with EVALCORP Research and Consulting (EVALCORP)—an evaluation and research firm with extensive experience in developing needs assessments across California. EVALCORP designed and carried out a robust and comprehensive needs assessment to obtain information specific to the needs of older adults 60 years and older living in SCC. Data collection efforts included both primary and secondary data sources—including both qualitative and quantitative data. The Area Plan was a

collaborative process between Sourcewise and EVALCORP, with each agency responsible for completing specified sections of the Area Plan based on their respective subject matter expertise.

Planning Process Methodology

Secondary data sources include extant available sources of information (e.g., census data, other available statistics, and resources) that provide an overview of the current landscape of older adults in SCC. Over 100 data indicators were gathered and synthesized to provide an overview of issues affecting older adults. Data were categorized into the following sections: county population, economic indicators, older adults of different races and ethnicities, vulnerable older adult populations, health and wellness, and caregiving.

In addition to the secondary data, four primary data collection efforts were employed to collect comprehensive and inclusive information from SCC older adults and the individuals and agencies serving older adults. The data collection strategies are outlined below:

- Community survey of older adults living in SCC
- Provider survey
- Focus groups
- Key stakeholder interviews

EVALCORP's primary role was to lead all activities related to the development of the needs assessment portion of the Area Plan (Section 5). This process included data collection tool design and development, data collection, data analysis, and reporting. Additionally, EVALCORP worked closely with Sourcewise to develop primary data collection tools to ensure all data elements were relevant and reflect the informational needs of the county. The Advisory Council was also included in the planning and coordination of the data collection process. Furthermore, EVALCORP gathered and synthesized over 100 indicators specific to the county's population, economy, racial and ethnic composition, vulnerable older adult populations, health and wellness, and caregiving to provide a comprehensive overview of the current status of older adults, their needs and the issues affecting them both now and in the coming years.

A description of each of the primary data collection efforts, along with descriptive/demographic information about the respondents/participants, are outlined below. It should also be noted that the community survey of older adults included the three state-mandated sexual orientation and gender identity questions. Primary data collection efforts can have a number of limitations and often are difficult to implement while ensuring responses are both diverse and reflective of the population. EVALCORP worked diligently with Sourcewise to conduct a mixed methods data collection strategy and made a conscious effort to collect detailed information on older adult needs within SCC from a variety of sources with diverse perspectives.

SCC Community Survey of Older Adults

A countywide survey of older adults was conducted in Summer 2023. The survey was comprised of 44 questions that addressed topics such as employment, housing, caregiving, health and wellness, transportation, local issues, and services. The survey was made available in five languages: English, Mandarin, Spanish, Tagalog, and Vietnamese. Several approaches were taken to disseminate the survey in the community. An online link to the survey was posted

on Sourcewise's website and social media platforms and emailed to a distribution list of more than 10,000 older adults living in SCC. 144,000 postcards in the five different languages were mailed to older adults in SCC to promote the survey and invite those interested to complete the survey online. Individuals who did not have access to a computer or device to complete the survey online were encouraged to call Sourcewise for assistance to complete the survey by phone. Hard copies of the survey were sent to thousands of respondents via mail and delivered by meal delivery services to homebound older adults (e.g., Meals on Wheels), additionally through the Public Authority (e.g., IHSS) 4,202 Vietnamese and Mandarin hard copy surveys were made available. Eighteen community-based organizations across the county were provided with hard copy surveys to assist in distribution and gaining community input. A total of 3,355 surveys were completed by older adults in SCC.

Table 4.1 provides an overview of the sample. To ensure survey findings are reflective of the older adult population in SCC, the survey responses were weighted by age, gender, and ethnicity. Weighting data helps adjust the proportion of individuals within specific age, gender, and/or ethnicity groups that may be underrepresented within a survey sample to ensure that their survey responses more accurately reflect the population. All findings from the SCC community survey of older adults are reported in a weighted fashion to provide equal representation of individuals similar to the estimated SCC older adult population reported by the American Community Survey collected by the US Census Bureau in 2022.

Table 4.1 Demographic Characteristics

Characteristic	Weighted Population %
Gender	
Male	51.1%
Female	48.9%
Another gender identity	0%
Race	
Caucasian	44.3%
Asian	36.5%
Two or more races	9.8%
Other	6.5%
African American	2%
American Indian or Alaska Native	0.7%
Native Hawaiian or Pacific Islander	0.2%
Ethnicity	
Non-Hispanic/Latino	84%
Hispanic/Latino	16%
Age Groups	
60-64	28.7%
65-69	22.5%
70-74	16.9%
75-79	13.3%
80-84	9.1%
85 and older	9.5%

Provider Survey

As part of the needs assessment process, SCC professional service providers serving older adults and caregivers were sent an email invitation to participate in a custom online survey (Provider Survey) to inform the 2024-2028 Area Plan. The online survey consisted of 27 questions designed to assess the unmet needs of older adults and caregivers, illuminating the most effective modes of communication for older adults, and the barriers to accessing information. A total of 87 SCC providers completed the survey (response rate 58%). Descriptive/demographic information for respondents of the provider survey is provided in **Table 4.2**.

4.2. Provider Descriptive Information/Demographics

Characteristic	Percent
Job Role (N = 62)	
Other	28%
Executive	21%
Program Manager	16%
Administrative	11%
Program Director	10%
Program Supervisor	8%
Social Worker/Counselor	6%
Area or Field of Aging Service (N = 60) *	
Other	40%
Educational classes	37%
Recreational or social activities	37%
Counseling or care management	28%
Access to transportation	28%
Assistance finding housing	25%
Congregate meals	22%
Applying for government benefits	18%
Home-delivered meals	18%
Health services	17%
Help with health insurance	13%
Help with medical supplies	12%
Legal services	12%
Ombudsmen services	12%
Respite care (out of home)	7%
Disaster/Emergency preparedness	7%
Respite care (in-home)	3%
Length of Service with Current Agency/Org. (N = 62)	
Less than one year	6%
1-2 years	6%
3-6 years	29%
7-10 years	23%
More than 10 years	36%
Age group of Provider Services (N = 61) *	
60-64 years old	97%
65-74 years old	98%

75-79 years old	93%
80-84 years old	93%
85 years or older	92%

Table ^Example responses include program coordinator, outreach coordinator, community worker, ombudsperson
*Percentage may exceed 100 as respondents were able to select more than one response option.

Focus Groups

In addition to the surveys conducted in support of a robust and inclusive needs assessment, a series of focus groups were conducted to provide insight into specific populations of older adults who are often overlooked within the general population and considered especially vulnerable to receiving inadequate services and resources. As such, EVALCORP worked in collaboration with Sourcewise to identify eight subpopulations of older adults to assess their needs.

A total of 8 focus groups were scheduled and facilitated by EVALCORP. Four were facilitated with individuals from specific racial or ethnic backgrounds (i.e., Mandarin, Spanish, Vietnamese, and African American) and three were conducted with underserved populations: LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer expansive communities), older adults living with HIV, and older adults with disabilities. Finally, one focus group session was conducted with ombudspersons to obtain their perspectives on older adults' needs and available resources. When appropriate, focus groups were conducted in the respective languages of participants or translators were available to facilitate the discussion.

Participant demographic forms were collected from all individuals in attendance at each focus group. The form asked participants to provide information regarding age, gender, race, primary language, city of residence, length of time in SCC, and caregiver status. A total of 64 forms were completed (one from each participant in the series of focus groups). Findings from these forms are presented in **Table 4.3**.

Table 4.3. Focus Group Participant Descriptive Information/Demographics

Characteristic	Percent
Gender (N = 60)	
Female	66%
Male	28%
Transgender, male to female	2%
Genderqueer/gender non-binary	2%
Decline to state	2%
Race/Ethnicity (N = 60)	
Asian or Asian American	33%
White/Caucasian	27%
Hispanic/Latino	22%
Black/African American	8%
Decline to state	5%
Other	3%
Native Hawaiian or Pacific Islander	2%
Age (N = 59)	
Under 60	7%
60 – 64 years	14%
65 – 69 years	24%
70 – 74 years	24%
75 years or older	31%
Primary Language (N = 61)	
English	56%
Vietnamese	16%
Chinese (Mandarin)	13%
Spanish	11%
Chinese (Cantonese)	2%
Other	2%
City of Residence (N = 60)	
San Jose	63%
Morgan Hill	12%
Campbell	5%
Santa Clara	5%
Cupertino	3%
Gilroy	3%
Sunnyvale	3%
Milpitas	2%
Mountain View	2%
Palo Alto	2%

* One participant attended the focus groups as a caregiver.

Key Stakeholder Interviews

Seven key stakeholder interviews were conducted virtually with a diverse group of individuals to learn of their experience working with older adults in SCC. Interviewees were considered subject-matter experts in the following areas: public health, nutrition, LGBTQ+, persons living with HIV, behavioral health, and emergency preparedness. The interviews lasted approximately 45 minutes, and each interviewee was asked their perspective about the unique needs' specific to their area of expertise and the general needs of older adults, resources currently available, and barriers to accessing services in SCC.

Inclusion of the Public in the Planning Process/Public Forums

The Sourcewise Area Plan includes feedback from other internal sources. Sourcewise's Information and Awareness program provided data on the most frequent referral requests and follow-ups. This information shows what referrals are most common and provides insight on the reasons for an "unmet need" in the event a follow-up was unsatisfactory. Additionally, the Area Plan is reviewed, and input is provided by the Sourcewise Advisory Council. The Council is composed of members representing the cities and supervisor districts, the diverse racial and ethnic communities, and the communities of greatest need in the county. Council members' experience and expertise include professional backgrounds in science and research; medical and mental health care, and law; service in public and nonprofit sectors; and advocacy for the needs and rights of older adults and individuals with disabilities.

Establishment of Priorities

Findings from the needs assessment are summarized in Section 5. Sourcewise staff reviews and assesses the results to be able to identify primary target populations (Section 5.3), highest priority needs, and then set priorities based on these target populations and needs. These target populations and priorities are reviewed by the Sourcewise Advisory Council, Sourcewise Board of Directors, and the public via the public hearing process. The Area Plan was presented at two public hearing events that took place on March 12, 2024, and March 13, 2024.

Title III-III B adequate proportion

Based on the needs assessment detailed in Section 5, Sourcewise identified Title III-B Goals which are outlined in Section 10, including Goals 1, In Home Care Services, Goal 3, Case Management Services, Goal 4- Transportation services, Goal 5, Legal Services, Goal 6, Information & Assistance, Outreach and Community Education details.

Respondents for the Santa Clara County (SCC) Older Adult Community Survey, shared their interest for receiving Tittle III-B services overall: Legal 49%; Information on Aging 57%; Care Management 44%; Education classes 57% (see details for breakdown of ethnicity and age in graph 5.2.3) Moreover, Graph 5.2.2 demonstrates services identified as lacking in the SCC Older Adult Community Survey which include many Title III-B services: Legal 31%; In-Home 30%; Care Management 30%; Information on Aging 30%; Transportation 27%. Unmet needs observed by providers in graph 5.2.22 further identified Access to transportation 61%; In -Home Health Care 54% and Care management 46% as needed services in the County.

Of the Title III-B funding available, a minimum of 15% is required for legal and adult day health. However, our needs assessment found that these are high need services. The need for Legal services has been substantial with service requests amplified during COVID-19 and during the recovery period. Individuals continue to express urgent needs in safety, as in situations with Elder Abuse or housing relating issues such as tenant disputes. The priority for legal support includes elder abuse, tenant cases, fair housing, advance planning, and simple wills/probate. Access to Adult Day Health, as detailed in Section 5, including services with an emphasis on Alzheimer's Disease and dementia.

SECTION 5. NEEDS ASSESSMENT AND TARGETING

5.1 An Overview of Santa Clara County's Older Adults

Presented within this section are findings focused on older adults in Santa Clara County, classification of "older adults" varies by data source, therefore age ranges for older adults in the following sections are based on the data source discussed.

Reported in the 2024 American Community Survey, Santa Clara County is home to approximately 382,014 older adults aged 60 years and up (see **Table 5.1.1**), roughly equal to the proportion of older adults ages 60-74 in the state of California and minimally lower than the national level. The proportion of older adults aged 75 years and older in SCC is roughly equal to state and national levels.[19]

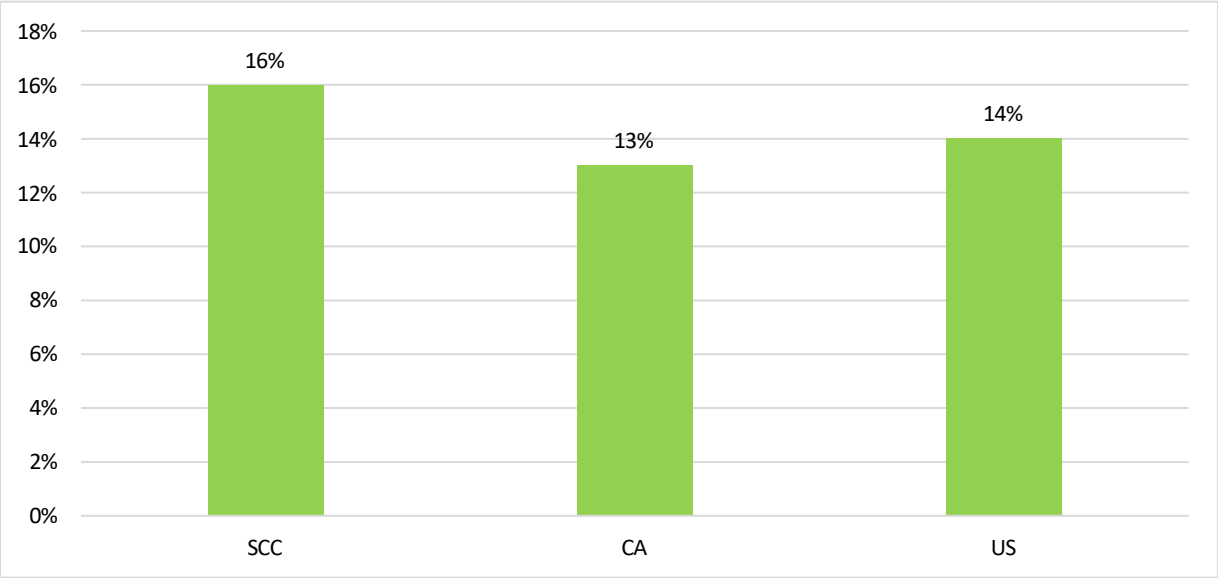
Table 5.1.1. Percentages of Population by Age Group at County, State, and National Levels (2024)

	Santa Clara County	California	United States
0-19 years old	24%	25%	25%
20-39 years old	30%	28%	27%
40-59 years old	22%	25%	25%
60-74 years old	16%	15%	16%
75 years and older	8%	7%	7%

[19] 2024 American Community Survey, 2022 1-Year Estimates

In the past five years, SCC's older adult population has increased by 3%, which is moderately higher than the percentage increase at the state and national levels, as shown in **Figure 5.1.1**. This growth is further evidenced by the 2026 estimates reported by the California Department of Aging,[20] which suggest there are 450,880 older adults aged 60 years and older in SCC.

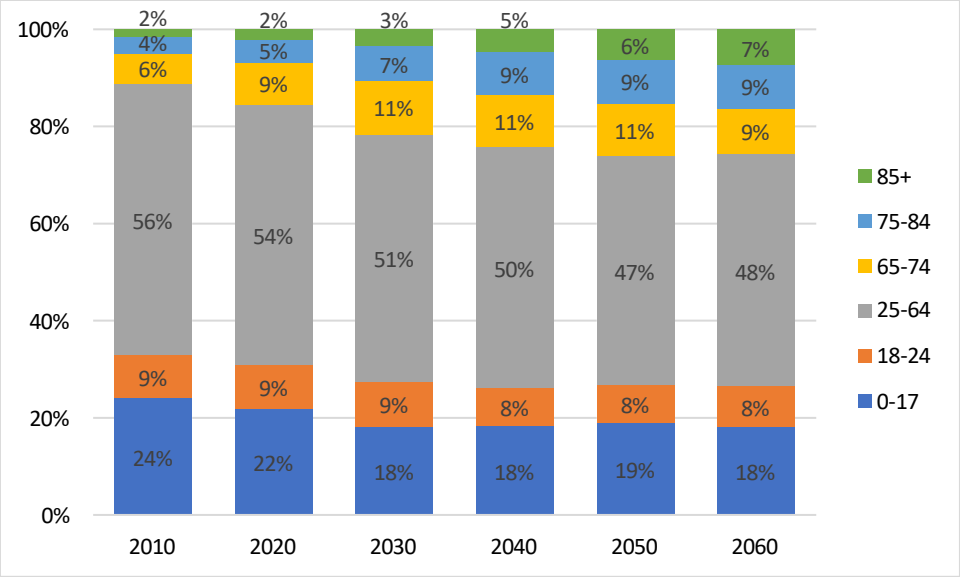
Figure 5.1.1. 5-Year Percentage Increase among Older Adult (60+) Population at County, State, and National Levels



The projected older adult population at the county, state, and national levels is expected to increase steadily each decade. As shown in **Figure 5.1.2**, by 2060, individuals who make up the older adult age group (65+) will account for 25% of the total population in SCC.[21] This estimate is the same as the 65 years and older estimate for California[22] and slightly less than the national estimate (24%).[23]

[20] 2026 California Department of Aging (CDA) Population Demographic Projections by County and PSA
[21] California Department of Finance, Projections | https://dof.ca.gov/Forecasting/Demographics/projections/
[22] California Department of Finance, Projections | https://dof.ca.gov/Forecasting/Demographics/projections/
[23] Projections of the Size and Composition of the U.S. Population: 2014 to 2060 | https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf

Figure 5.1.2. Historical and Projected SCC Population by Age Group (2010 – 2060)



5.1.1 Economic Indicators

There are several different indicators used to determine the level of economic security for older adults. The indicators of older adults' economic security status are as follows:

- Federal Poverty Level (FPL)
- Supplemental Poverty Measure (SPM)
- Elder Economic Security Standard Index (Elder Index)

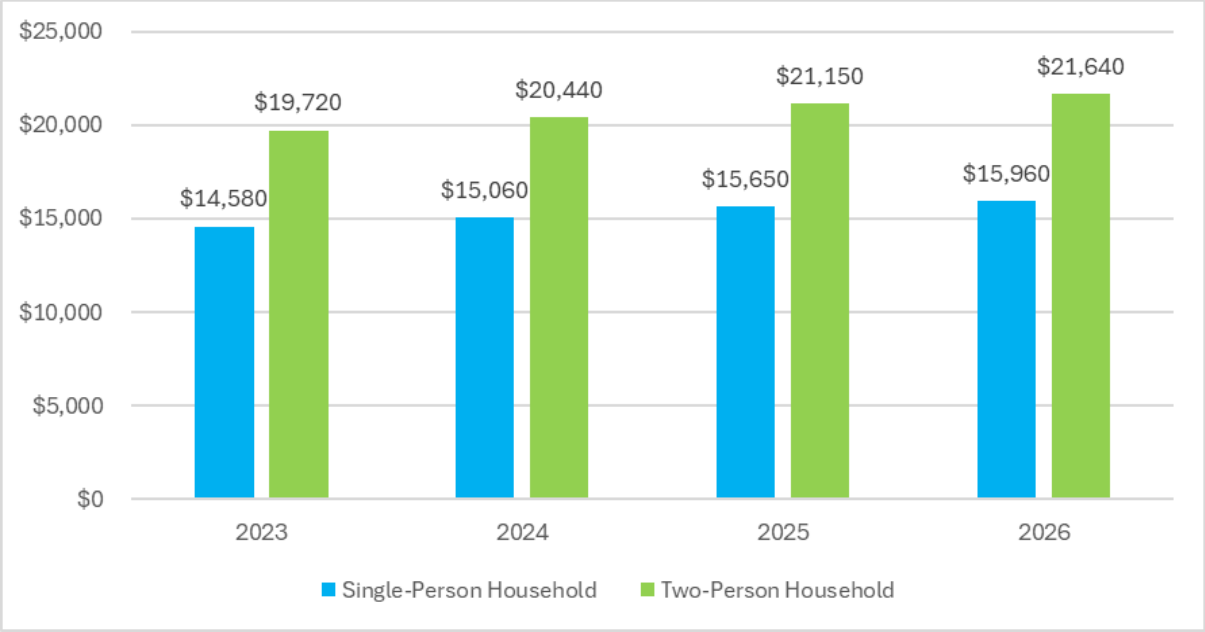
This section also highlights concerns regarding housing and food security associated with economic insecurities that older adults may face.

Federal Poverty Level (FPL)

The American Community Survey provides estimates for older adults who are 65 years or older in SCC who are considered low-income, and the most recent data suggest that approximately 24,346 older adults, or 8.8% of the older adult population in SCC, are living below the Federal Poverty Line.[24] The FPL represents the lowest threshold of yearly income for an individual to be considered economically secure. Figure 5.1.3 below shows the FPL for a single person and two person family/household between 2023 and 2026.[25,26,27,28] This threshold has increased by 10% since 2023.

[24] American Community Survey, 2022 1-year estimates

Figure 5.1.3 Federal Poverty Guidelines, 2023 - 2026



Older adults may have a higher risk of falling below the FPL depending on their location of residence in SCC. Data show that San Jose, the most highly and densely populated city in SCC, has the highest proportion of older adults aged 60 and older living near or below the FPL (10%). Milpitas (9%), Mountain View (8%) and Santa Clara (8%) are other cities with higher rates of older adults who are living at or below the FPL.[29]

U.S. Department of Health and Human Services, 2022 Poverty Guidelines | https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf

[25] U.S. Department of Health and Human Services, 2023 Poverty Guidelines | https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf

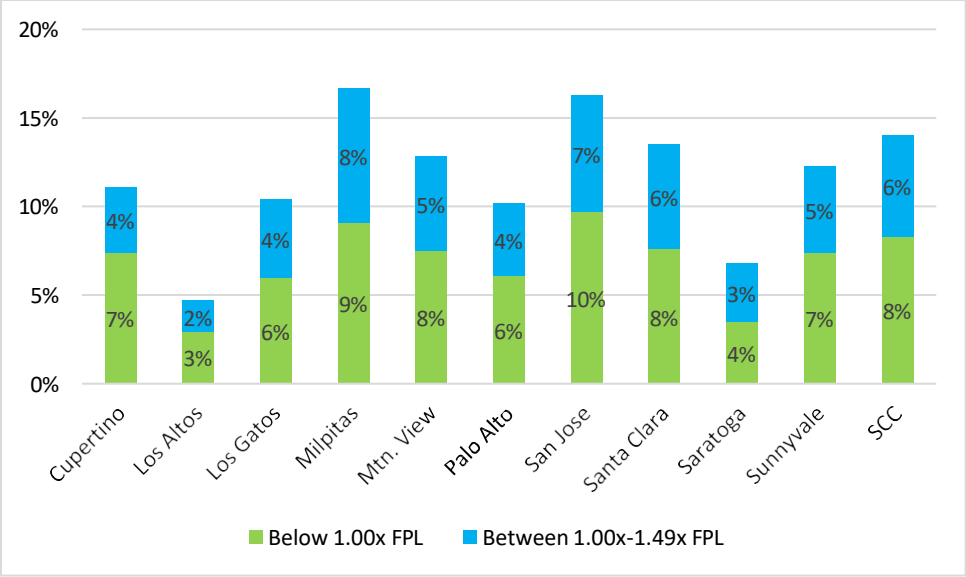
[26] U.S. Department of Health and Human Services, 2024 Poverty Guidelines | https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

[27] U.S. Department of Health and Human Services, 2025 Poverty Guidelines | https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

[28] U.S. Department of Health and Human Services, 2025 Poverty Guidelines | https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf

[24] American Community Survey, 2022 1-year estimates

Figure 5.1.4. SCC Older Adults (60+) at or Near the Federal Poverty Level by City, 2022



Given the high cost of living within the county, older adults earning less than 1.5 times the FPL face great economic hardships and insecurities. The FPL does not factor in the cost of housing, medical care, or transportation, all relevant needs within the older adult community.

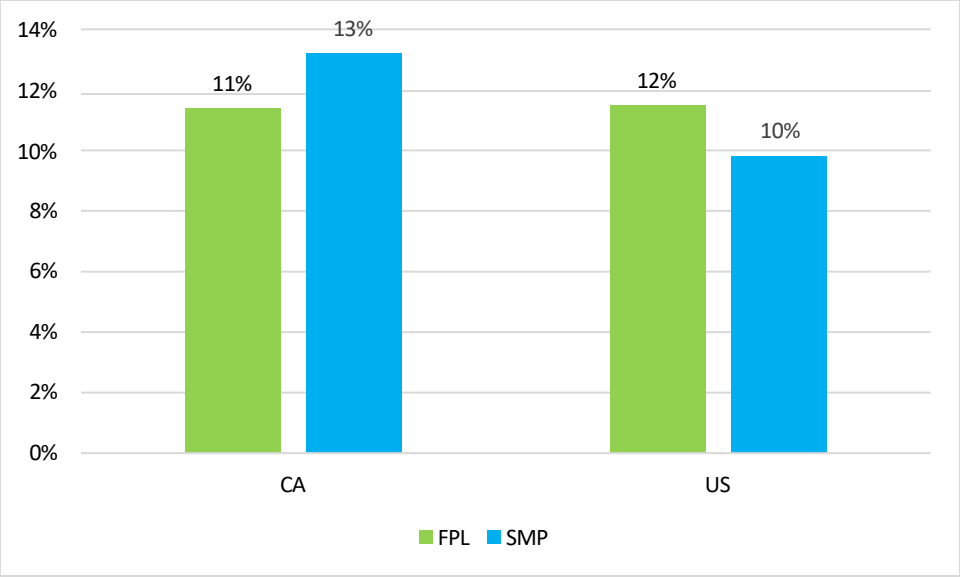
Supplemental Poverty Measure (SPM)

SMP is another measure of poverty that accounts for cash and non-cash benefits, minus the cost of necessary expenses (e.g., taxes, medical expenses).[30] When the SPM is used as an indicator of economic security, the U.S. Census Bureau's most recent 2022 report showed a substantially larger number of Californians living in poverty that were not identified as impoverished based on the FPL. See **Figure 5.1.5** for comparisons of FPL and SPM at the state and national levels.[31]

[30] United State Census Bureau, What's the difference between the supplemental and official poverty measures? | https://www.census.gov/newsroom/blogs/random-samplings/2021/09/difference-between-supplemental-and-official-poverty-measures.html

[31] United States Census Bureau, Poverty in the United States: 2022 | https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-280.pdf

Figure 5.1.5. Comparison of FPL and SMP Levels at State and National Levels, 2022



Elder Economic Security Standard Index (Elder Index)

The Elder Economic Security Standard Index (Elder Index) provides a detailed, county-specific measure of older adult poverty based on several factors.[32] Different thresholds are provided based on household size (e.g., individuals or couples) and whether a person rents or owns a property.

Living expenses are higher in SCC than in California by 12-27%. **Tables 5.1.2** and **5.1.3** show the average cost of basic living expenses in SCC and California for residents aged 65 and older in 2025.[33]

Table 5.1.2. Cost of Basic Living Expenses for Older adults in SCC and California by Individual, 2025*

Expense	Average cost in California, Individual	Average cost in SCC, Individual
Housing**	$805 - $2,614	$963- $3400
Food	$328	$328
Health Costs	$328	$489
Transportation	$271	$273
Miscellaneous	$367	$411
Total Monthly Expense	$2,202 - $4.011	$2,464 - $4,901

*This table reflects living expense data for older adults in good health.

**This expense category includes a range to account for renters, homeowners with a mortgage, and homeowners without a mortgage.

[32] https://scholarworks.umb.edu/demographyofaging/16/
[33] https://elderindex.org/explore

Table 5.1.3. Cost of Basic Living Expenses for Older adults in SCC and California by and Couple, 2025*

Expense	Average cost in California, Couple	Average cost in SCC, Couple
Housing**	$805 - $2,641	$963 - $3,400
Food	$601	$601
Health Costs	$862	$978
Transportation	$418	$420
Miscellaneous	$537	$592
Total Monthly Expense	$3,223 - $4,901	$3,554 - $5,991

*This table reflects living expense data for older adults in good health.
**This expense category includes a range to account for renters, homeowners with a mortgage, and homeowners without a mortgage.

When comparing total monthly expenses identified by the most recent Elder Index thresholds (2025) to the FPL thresholds from the same year, an older adult aged 65 who is renting a housing unit in SCC would need a monthly income 3.3 times the federal poverty level to meet basic housing, medical, transportation, and nutritional needs (see **Figure 5.1.6**). Similarly, an elderly couple paying off a mortgage would need a monthly income over three times the FPL to meet their basic needs (see **Figure 5.1.7**).

Figure 5.1.6. Elder Index Thresholds (2025) for SCC Individuals (65+) Compared to FPL, 2026

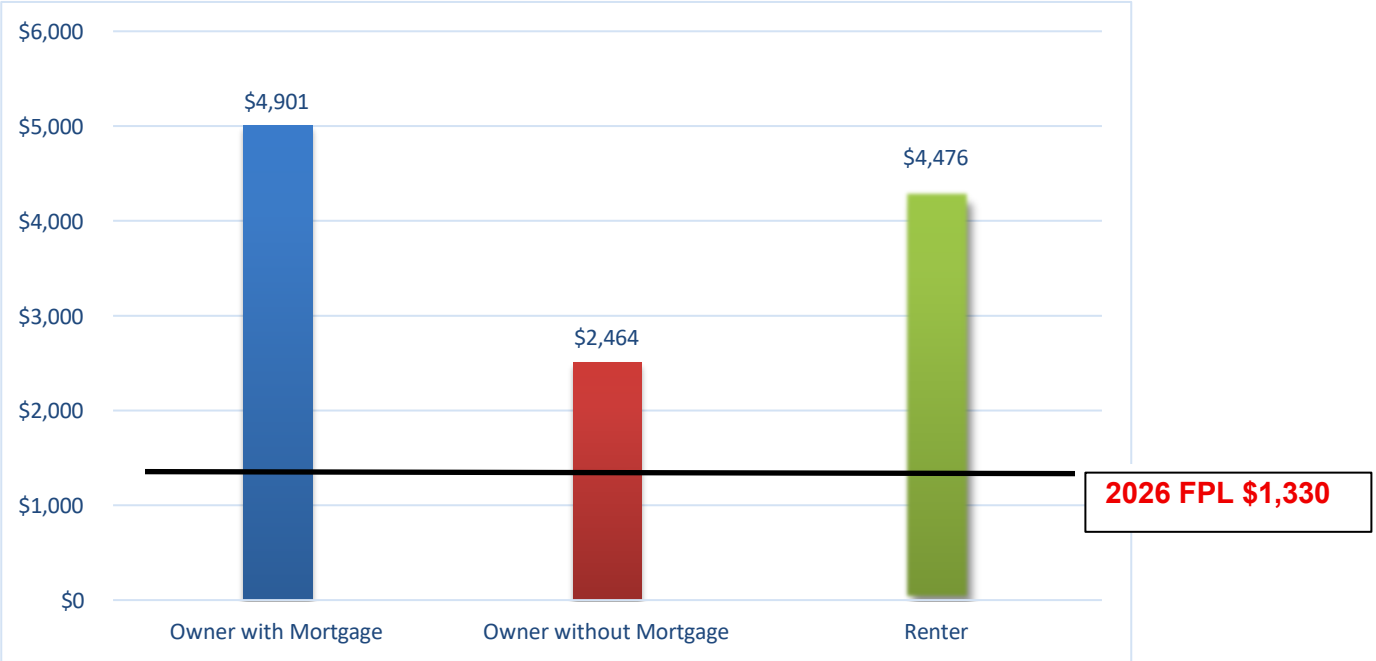
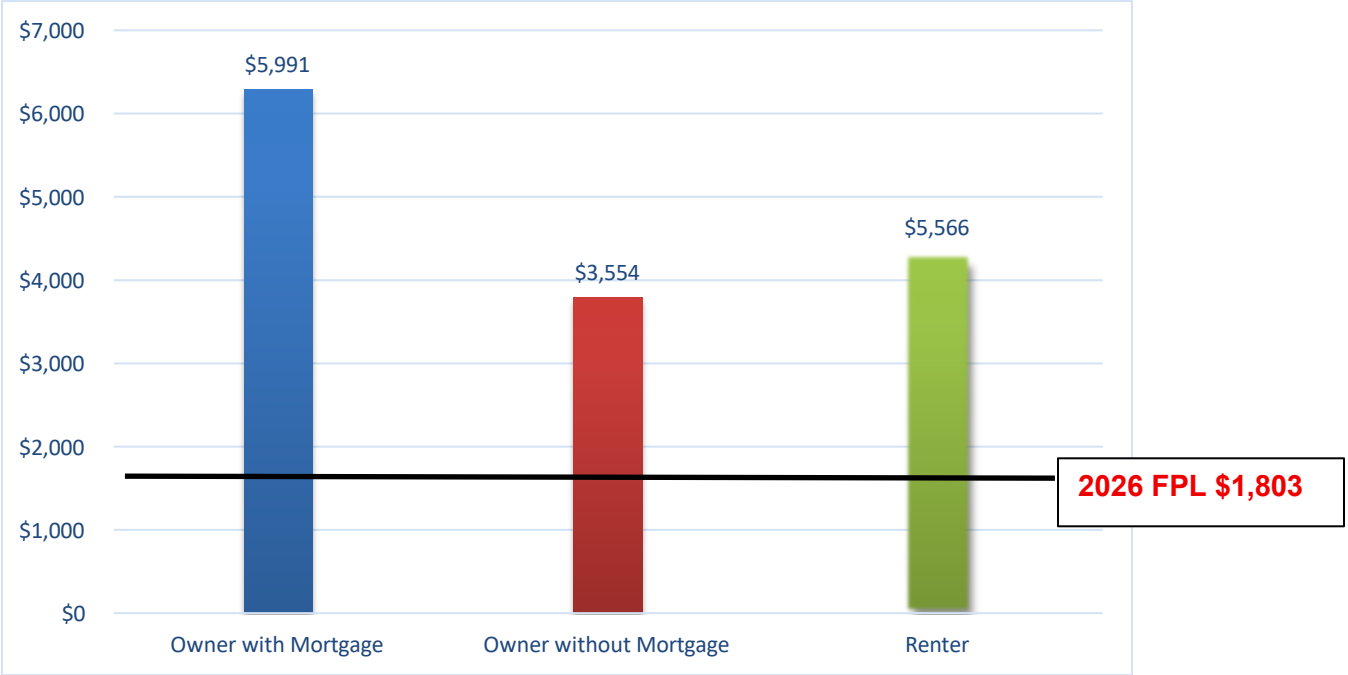


Figure 5.1.7. Elder Index Thresholds for SCC Couples (65+) Compared to FPL, 2026



As evidenced by the Elder Index, older adults in every living situation would require incomes well in excess of the federal poverty level to afford the average living cost in SCC.

Housing Security

Housing prices and affordability of housing continue to be a prevalent issue for older adults in SCC. There are insufficient affordable housing options in the Bay Area.[34] Reports suggest that nearly 250,000 housing units are needed to accommodate very low and extremely low-income households. Therefore, efforts are needed not only to prevent people from becoming unhoused but also to increase accommodation for current unhoused individuals.[35]

According to the 2023 Out of Reach Report,[36] San Jose, Sunnyvale, Santa Clara metropolitan areas were among the top five least affordable metro areas nationwide. According to Santa Clara County's Housing Emergency and Proposed Solutions Report, SCC renters need to earn close to four times the local minimum wage to afford the median asking price of rent. Lowest income renters spend 62% of their earnings on the cost of rent.[37]

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[34] https://housingimpactbayarea.org/who-is-homeless-in-the-bay-area/
[35] http://www.bayareaeconomy.org/report/bay-area-homelessness/
[36] https://nlihc.org/sites/default/files/2023_OOR.pdf
[37] https://chpc.net/wp-content/uploads/2018/04/Santa-Clara-2018-HNR.pdf

Homelessness in Santa Clara County has decreased by 1.2% between 2022 and 2023.[38] Respondents to the 2023 SCC Homeless Census and Survey report job loss as the most common reason for their experience of homelessness and believed factors such as employment and rent/mortgage assistance may have prevented homelessness.[39]

The rate of homelessness tends to be higher among individuals who identify as African American and Native American/Pacific Islander compared to those who identify as White.[40] The 2023 Homeless Census and Survey Report also found that 41% of the homeless population SCC were Hispanic or Latino/a. Furthermore, veterans are more vulnerable to homelessness than the general population.[41] The SCC Homeless Census and Survey Report indicated there are 508 homeless veterans, 74% of whom were unsheltered.[42] Sixteen percent of respondents also identified as LGBTQIA+.[43]

Homelessness can cause new health issues or worsen existing conditions.[44] Respondents who completed the Homeless Census and Survey reported experiences with psychiatric or emotional conditions (31%), post-traumatic stress disorder (29%), drug or alcohol abuse (26%), chronic health problems (25%), and physical disability (21%).[45]

Food Security

Food insecurity is defined as having uncertainty or inability to acquire enough food at some point during the year because of insufficient money or other resources.[46]

Research has shown a link between food insecurity and increased likelihood of several health conditions including diabetes, heart disease, obesity, mental illness, and other chronic diseases.[47] Nationwide, there are approximately 5.5 million older adults who experience food insecurity and 2.1 million older adults who have very low food security.[48] Nationally, populations most affected by food insecurity are African American and Hispanic or Latino/a older adults (see **Figure 5.1.8**),

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[38] https://news.sccgov.org/news-release/county-santa-clara-and-city-san-jose-release-preliminary-results-2023-point-time
[39] https://osh.sccgov.org/continuum-care/reports-and-publications/santa-clara-county-homeless-census-and-survey-reports
[40] State of Homelessness: 2023 Edition | https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/#key-facts
[41] Aging and life expectancy in homeless veterans: Nine questions | https://open.bu.edu/handle/2144/37729
[42] https://osh.sccgov.org/continuum-care/reports-and-publications/santa-clara-county-homeless-census-and-survey-reports
[43] https://osh.sccgov.org/continuum-care/reports-and-publications/santa-clara-county-homeless-census-and-survey-reports
[44] Homelessness & Health: What's the Connection? | https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf
[45] Santa Clara County 2023 PIT Report | https://osh.sccgov.org/continuum-care/reports-and-publications/santa-clara-county-homeless-census-and-survey-reports
[46] United States Department of Agriculture, Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/interactive-charts-and-highlights/
[47] National Institute on Minority Health and Health Disparities | https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html
[48] The State of Senior Hunger in 2023: An Annual Report

those between the ages of 60-69 years, older adults with lower income, those who have someone with a disability in their household, and those who are renters.[49] In 2021, 11% of older adults in the San Jose-Sunnyvale-Santa Clara area were food insecure.[50] This proportion is slightly lower than state and national levels (see **Figure 5.1.9**).

Figure 5.1.8. Rates of US Older Adults Affected by Food Insecurity by Race, 2023

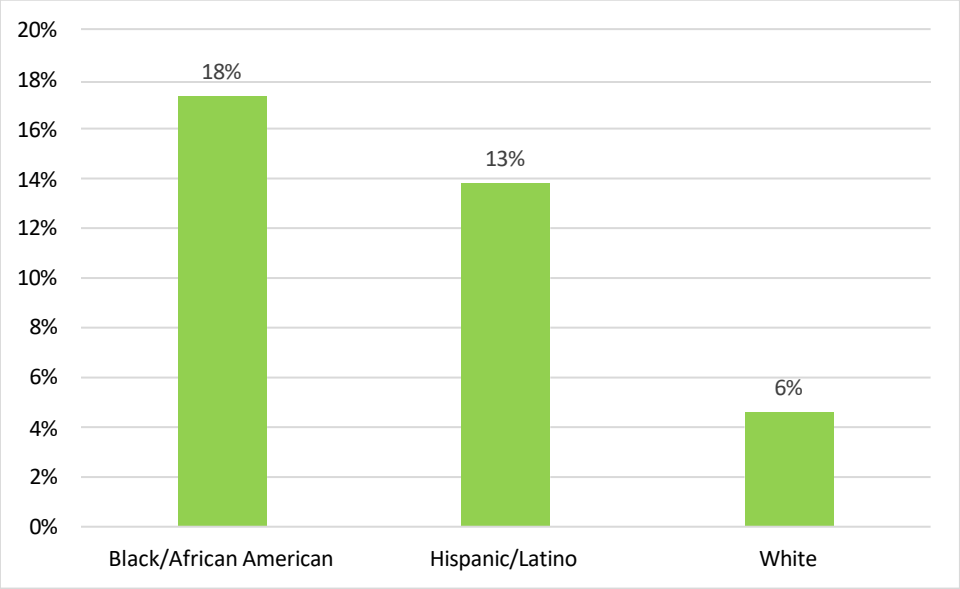


Figure 5.1.9. Older Adult Food Insecurity at County, State, and National Levels, 2021

[49] The State of Senior Hunger in 2023: An Annual Report
[50] The State of Senior Hunger in 2021: An Annual Report

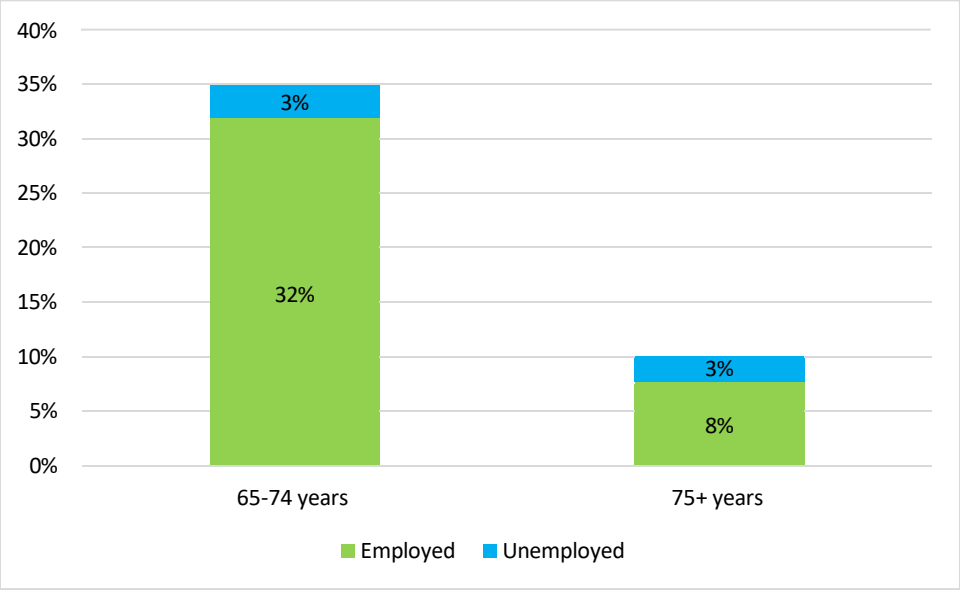
As of 2022, approximately 45,062 households in SCC were receiving food stamps or supplemental nutrition assistance program (SNAP) benefits, and more than half of those households (56.4%) had one or more people aged 60 years and older.[51]

In June 2019, the CalFresh program became available for recipients of Supplement Security Income (SSI)/State Supplementary Payment (SSP) benefits.[52] As of August 2023, there were 123,092 participants in the CalFresh program.[53] More than half of the program participants are children and older adults (65+).[54] The program also has a disproportionate number of African American, Hispanic or Latino/a, and Vietnamese communities.[55]

Employment

The overall employment rate for older adults between the ages of 65 and 74 years in SCC (31.1%) is slightly higher than those at the state (26.8%) and national (26.6%) levels. For older adults aged 75 and older, the employment rate is similar across county (7.6%), state (7.5%), and national (7.3%) levels. A larger proportion of older adults between the ages of 65 and 74 are employed relative to those 75 years and older, though the unemployment rate is the same for individuals in both age groups (see **Figure 5.1.10**).[56]

Figure 5.1.10. Employment Status Among SCC Older Adults, 2022

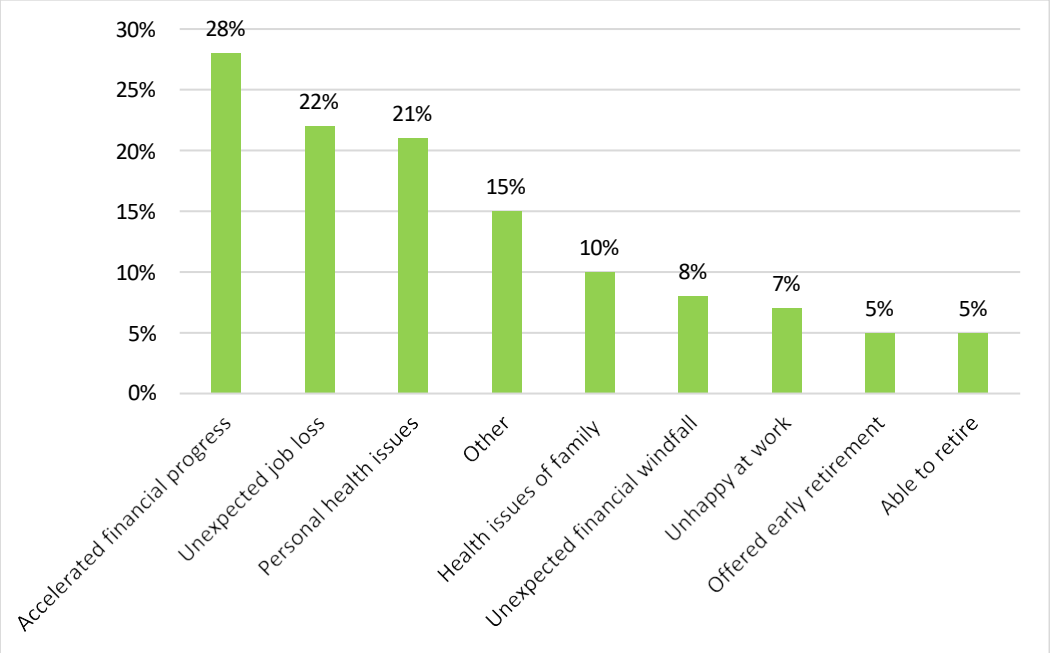


[51] American Community Survey, 2022 1-year estimates
[52] California Department of Social Services | https://www.cdss.ca.gov/food-nutrition/calfresh
[53] CalFresh Data Dashboard | https://www.cdss.ca.gov/inforesources/data-portal/research-and-data/calfresh-data-dashboard
[54] County of Santa Clara News Release | https://news.santaclaracounty.gov/news-release/calfresh-benefits-increase-first-time-nearly-50-years
[55] County of Santa Clara News Release | https://news.santaclaracounty.gov/news-release/calfresh-benefits-increase-first-time-nearly-50-years
[56] American Community Survey, 2022 1-year estimates

Older adults who seek employment face age discrimination and skill-based barriers, [57] which create a challenge for finding work. The average length of unemployment is longer for job seekers aged 55 years and older compared to younger workers between the ages of 25 to 34 years, which has both psychological and financial consequences.[58] Approximately 20% of older adults who are unemployed long-term report they stopped their job search. [59]

Job insecurity is also a concern among older adults in the workforce. Many older workers have experienced a disruption in employment within the last five years and worry about the possibility of job loss in the upcoming year.[60] A retirement study found that 45% of workers unexpectedly left the workforce.[61] One of the top reasons cited for early retirement was unexpected job loss. Other reasons include accelerated financial progress, personal health issues, and health issues of family members (see **Figure 5.1.11**).

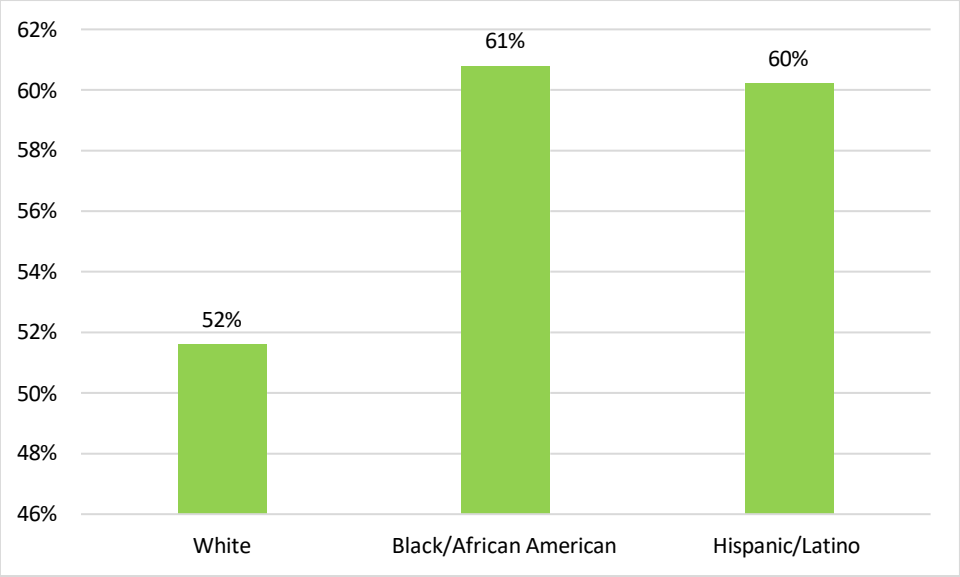
Figure 5.1.11. Reasons for Early Retirement



[57] AARP, Unemployed Older Adults Encounter Age Discrimination | https://www.aarp.org/pri/topics/work-finances-retirement/employers-workforce/long-term-unemployment-survey.html
[58] Forbes, Unemployed Older Workers Often Face Discrimination, Making A Bad Situation Much Worse | https://www.forbes.com/sites/christianweller/2020/12/19/unemployed-older-workers-often-face-discrimination-making-a-bad-situation-much-worse/?sh=8be86d02598d
[59] AARP, Unemployed Older Adults Encounter Age Discrimination | https://www.aarp.org/pri/topics/work-finances-retirement/employers-workforce/long-term-unemployment-survey.html
[60] AARP Research, High on Priority List for Older Workers: Meaningful Employment and Flexibility | https://www.aarp.org/pri/topics/work-finances-retirement/employers-workforce/multicultural-work-jobs-study-2023.html#:~:text=Meanwhile%2C%20many%20older%20workers%20worry%20about%20their%20job,discrimination%20based%20on%20age%20and%20on%20being%20unemployed.
[61] Miles, N. (2023). One of the top reasons for retiring early: Unexpected job loss. https://blogs.allspringglobal.com/2023/05/job-loss/

Involuntary job loss due to personal health issues disproportionately affects some racial/ethnic groups. Older workers who are African American and Hispanic/Latino are more likely to leave the workforce early because of health reasons than White workers (**see Figure 5.1.12**).[62] Physical demands of the job has been found to be a significant predictor of early retirement, and a large percentage of older workers in physically demanding jobs are African American and Hispanic/Latino.

Figure 5.1.12. Involuntary Early Retirement by Race/Ethnicity



5.1.2 Older Adults of Different Races and Ethnicities

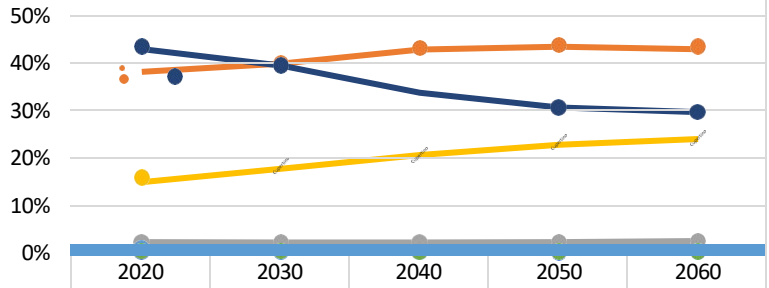
This section details the changes observed in the older adult population and defines issues that racial and ethnic subpopulations face.

SCC Older Adult Population Changes

Figure **5.1.13** shows the projected population across different races/ethnicities based on data from the California Department of Finance.[63]

[62] Schwartz Center for Economic Policy Analysis, Status of Older Workers Report
[63] California Department of Finance, Demographic Research Unit

Figure 5.1.13. Projected Composition of SCC Older Adults (60+) by Race/Ethnicity, 2020 – 2060



	2020	2030	2040	2050	2060
American Indian/Alaska Native	0.2%	0.2%	0.2%	0.1%	0.2%
Asian	38.2%	39.9%	42.9%	43.5%	43.0%
Black	2.3%	2.2%	2.2%	2.3%	2.5%
Hispanic	14.9%	17.7%	20.6%	22.8%	24.0%
2+ Race	0.9%	0.2%	0.2%	0.2%	0.4%
Native Hawaiian/Pacific Islander	0.4%	0.4%	0.2%	0.3%	0.3%
White	43.0%	39.5%	33.8%	30.7%	29.7%

Asian and Asian American Older Adults

As of 2022, approximately 103,622 Asian older adults aged 65 years and older live in SCC.[64] The nationalities that make up the largest percentage the Asian population in SCC are Asian Indian and Chinese. **Figure 5.1.14** shows the demographic break down of the Asian population in SCC by all reported nationalities.

[64] American Community Survey, 2022 1-year estimates

Figure 5.1.14. SCC Asian Population by Nationality, 2022

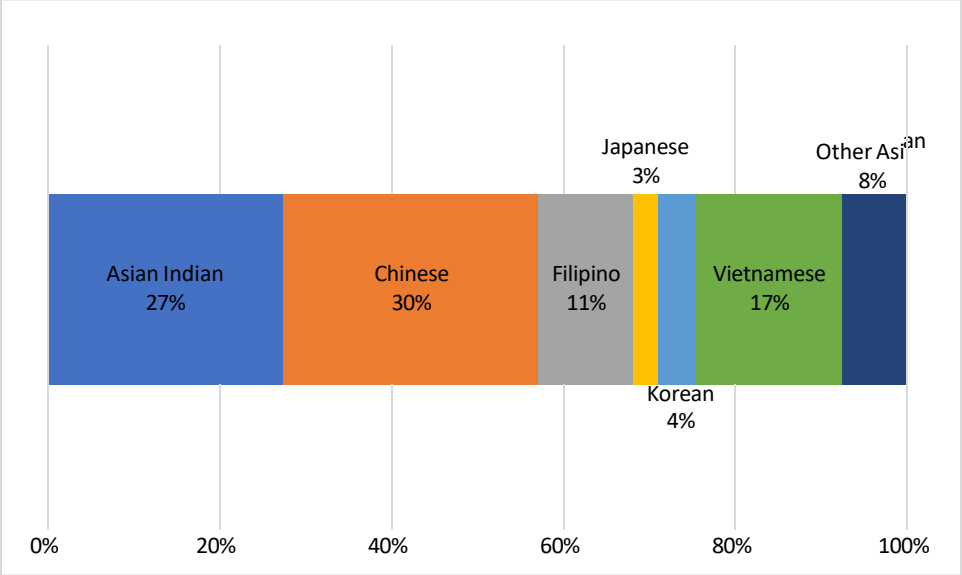
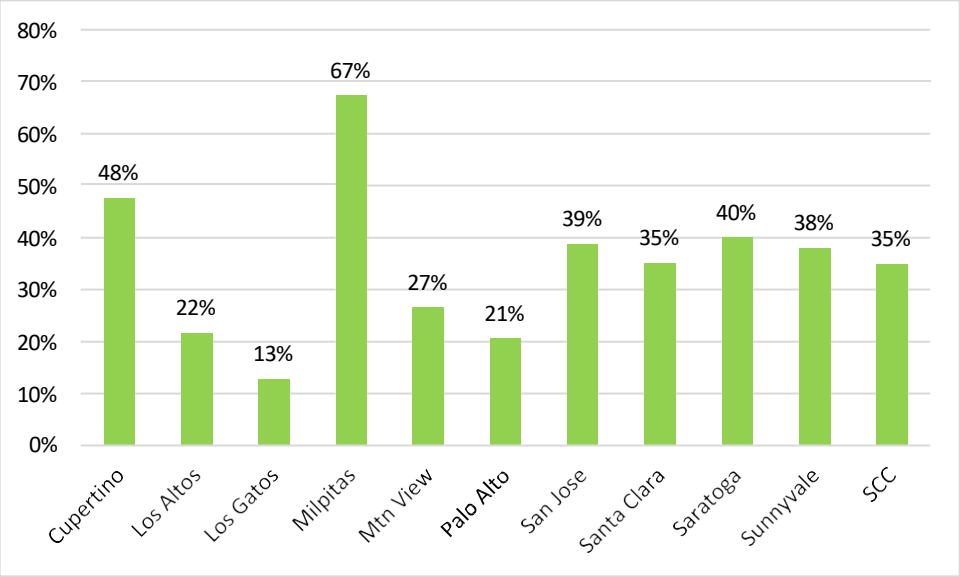


Figure 5.1.15 displays the estimated percentage of residents aged 60 years or older who identify as Asian across each city in SCC.[65] Over half of the population of the city of Milpitas aged 60 years and older identifies as Asian. Although Milpitas has the highest percentage of Asian older adults, San Jose is the most densely populated city in SCC with approximately 73,573 Asian older adults, which represents more than half of the total Asian older adult population in the entire county.

Figure 5.1.15. Asian Older Adults (60+) in SCC by City*



**City data were not available for all cities in SCC. Only data available from the 2021 American Community Survey 5-year estimates are presented.*

[65] American Community Survey, 2021 5-year estimates

English proficiency may pose a barrier to accessing and understanding services among Asian older adults. Asian Americans and Native Hawaiian/Pacific Islanders are less likely to receive routine and timely medical care compared to Whites. [66] Those with limited English proficiency tend to prefer hospitals and community clinics over regular doctors' offices, possibly because of the limited availability of culturally and linguistically competent staff at doctors' offices. Asian Americans and Native Hawaiian/Pacific Islanders also were less likely to receive needed help for mental, emotional, or addiction problems within the past year compared to Whites.[67] Language barriers to accessing and understanding services is the primary concerns among Asian older adults.

Reports suggest an underutilization of government resources in this subpopulation.[68] Asian older adults are less likely to be enrolled in CalFresh compared to other racial/ethnic groups despite meeting eligibility requirements. The enrollment rate in Medicare and Medi-Cal also is lower among Asian Americans and Native Hawaiian/Pacific Islanders compared to Whites.

Hispanic/Latino Older Adults

As of 2022, there were 55,289 Hispanic/Latino older adults aged 60 years and older living in SCC.[69] The Hispanic/Latino older adult population is projected to increase in the next several decades.[70] Most Hispanic/Latino older adults reside in the city of San Jose, which is more than half of the total number of Hispanic/Latino older adults in SCC. No other city in the county has more than 3,000 Hispanic/Latino older adult residents (see **Figure 5.1.16**).[71]

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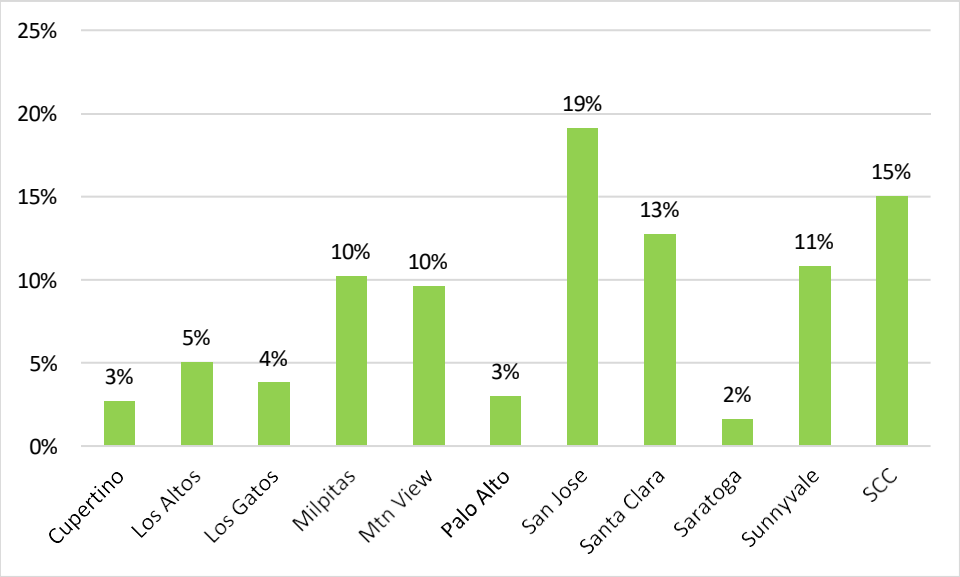
[66] California Health Interview Survey, 2022 Making an Impact Report
[67] The Health, Mental Health, and Social Service Needs of Asian American and Pacific Islanders in California, 2022
[68] The Health, Mental Health, and Social Service Needs of Asian American and Pacific Islanders in California, 2022

[69] American Community Survey, 2021 5-year estimates

Figure 5.1.16. Hispanic/Latino Older Adults (60+) in SCC by City



**City data were not available for all cities in SCC. Only data available from the 2021 American Community Survey 5-year estimates are presented.*

Hispanic/Latino residents have the second highest level of poverty in SCC (10.2%), based on the FPL, among all other racial/ethnic groups,[72] which can further contribute to other social, economic, and health disparities. The 2023 Latino Report Card found that the rates of Hispanic/Latinos who reported having to go without food, housing, or healthcare is double that of non-Hispanic/Latinos.[73] Furthermore, Hispanic/Latinos tend to spend more than 30% of their household income on housing. Over 25% of the respondents surveyed for the 2023 Latino Report Card reported having to move further away from their place of employment because of housing costs. Hispanic/Latinos also experience longer work commutes than their non-Hispanic/Latino counterparts.[74]

Nationwide, Hispanic/Latinos are less likely than other Americans to have insurance coverage and receive preventative care.[75] This population is disproportionally affected by conditions such

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[70] California Department of Finance, Demographic Research Unit
[71] American Community Survey, 2021 5-year estimates
[72] American Community Survey, 2022 1-year estimates
[73] 2023 Silicon Valley Latino Report Card
[74] 2023 Silicon Valley Latino Report Card
[75] Pew Research Center, Hispanic Americans' Experiences with Health Care | https://www.pewresearch.org/science/2022/06/14/hispanic-americans-experiences-with-health-care/

as obesity and diabetes.[76] Hispanic/Latinos also have reported having to speak up for themselves to receive proper care from a healthcare provider, many of whom felt they were rushed, or their concerns were not taken seriously.[77]

African American Older Adults

There are an estimated 7,911 African American older adults aged 60 years and older living in SCC. Although this estimate is a smaller proportion of the SCC older adult population (2%),[78] individuals who identify as African American have historically been shown to face more economic and health disparities compared to other racial/ethnic groups.[79] African Americans make up the highest percentage of individuals living below the FPL in SCC (19%).[80] In 2021, African Americans also experienced a decline in average annual income.[81]

Statewide, the average life expectancy of African American individuals is approximately 6 years shorter than the overall average in California.[82] The rate of conditions such as obesity and hypertension are higher among African Americans compared to non-Hispanic Whites.[83] Conditions such as heart disease, stroke, and cancer are more fatal in African American communities than for Whites.[84]

Native American Older Adults

Based on data from the American Community Survey, there are approximately 2,769 older adults (60+) who identify as American Indian/Alaska Native in SCC.[85] In the United States, there are over 300 federally recognized American Indian reservations, and 87% of individuals who identify as American Indian/Alaska Native live in urban areas outside of tribal lands.[86] Although American Indian/Alaska Natives make up a smaller proportion of the population, they experience social, economic, and health disparities at disproportional rates.[87]

Individuals from the American Indian/Alaska Native community are more likely to be unemployed and earn less than non-Hispanic Whites.[88] Fewer American Indian/Alaska Natives hold management or professional positions.[89] In California, Native American/American Indian workers earn $0.70 for every $1.00 White workers earn.[90] An estimated 1,159 American Indian/Alaska Natives in SCC live below the federal poverty level.[91] American Indian/Alaska Native make up less than 1% of the general population but 7.5% of the homeless population in SCC.[92]

Cultural barriers and geographic isolation are among some of the factors that prevent American Indian/Alaska Natives from accessing quality healthcare.[93] Results from the National Health Interview Survey revealed that nearly 30% of American Indian/Alaska Natives rated their health as fair or poor.[94] The survey data also indicated that American Indian/Alaska Natives were more likely than other racial/ethnic groups to delay accessing treatment or did not access treatment due to concerns with cost. They also tend to receive poorer quality care[95] and have a shorter life expectancy (78.4 years) than Whites (80.6 years). The leading causes of death among American Indian/Alaska Native communities include heart disease, cancer, diabetes, and stroke.[96]

[76] Santa Clara County Public Health, Speak Up for Latino Health | https://publichealth.sccgov.org/health-information/health-data/latino-health
[77] Pew Research Center, Hispanic Americans' Experiences with Health Care | https://www.pewresearch.org/science/2022/06/14/hispanic-americans-experiences-with-health-care/
[78] American Community Survey, 2022 1-year estimates
[79] California Healthcare Almanac, Health Disparities by Race and Ethnicity in California (October 2021)
[80] American Community Survey, 2022 1-year estimates
[81] San Jose State University Human Rights Institute, 2022 Silicon Valley Pain Index
[82] California Healthcare Almanac, Health Disparities by Race and Ethnicity in California (October 2021)
[83] Center for American Progress, Fact Sheet: Health Disparities by Race and Ethnicity
[84] US Department of Health and Human Services, Office of Minority Health, Black/African American Health | https://www.minorityhealth.hhs.gov/blackafrican-american-health
[85] American Community Survey, 2022 1-year estimates
[86] U.S. Department of Health and Human Services, Office of Minority Health, America Indian/Alaska Native Health | https://www.minorityhealth.hhs.gov/american-indianalaska-native-health
[87] National Council on Aging, American Indians, and Alaska Natives: Key Demographics and Characteristics
[88] National American Communities Continue to Face Barriers to Opportunity that Stifle Economic Mobility

Foreign-Born Older Adults

The proportion of foreign-born older adults aged 65 and older in SCC is similar to the national level (see Figure 5.1.16). Based on the American Community Survey, approximately 134,889 older adults in SCC were born outside of the United States.[97] **Figure 5.1.17** displays the breakdown of foreign-born older adults in SCC by birth region.[98] Foreign-born older adults have been found to experience challenges such as language barrier, limited financial resources, and lack of familiarity with the healthcare system.[99] Lack of social support and stress related to the immigration process also can lead to higher prevalence of mental health challenges among this subpopulation.[100]

Figure 5.1.17. Foreign-Born Older Adults (65+) at County, State, and National Levels, 2022

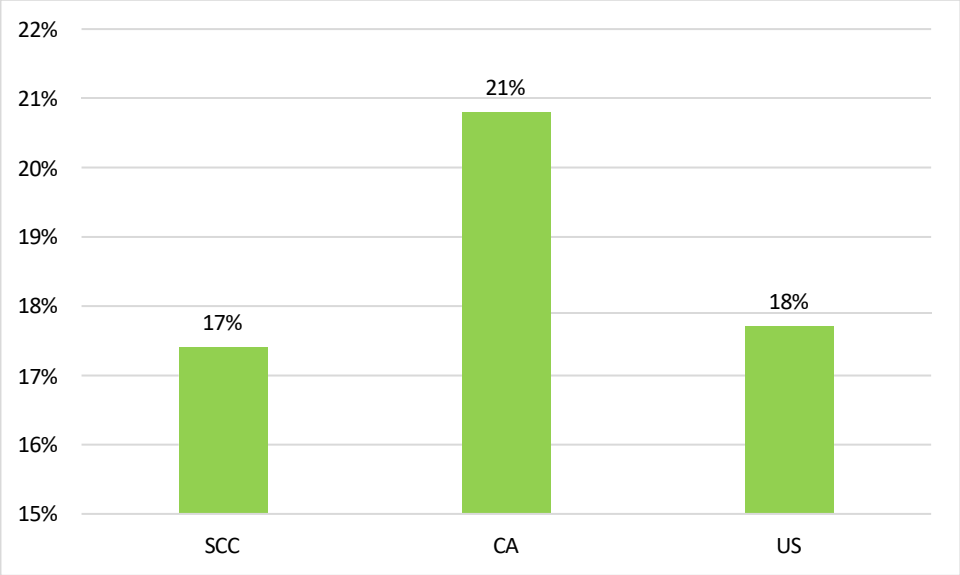
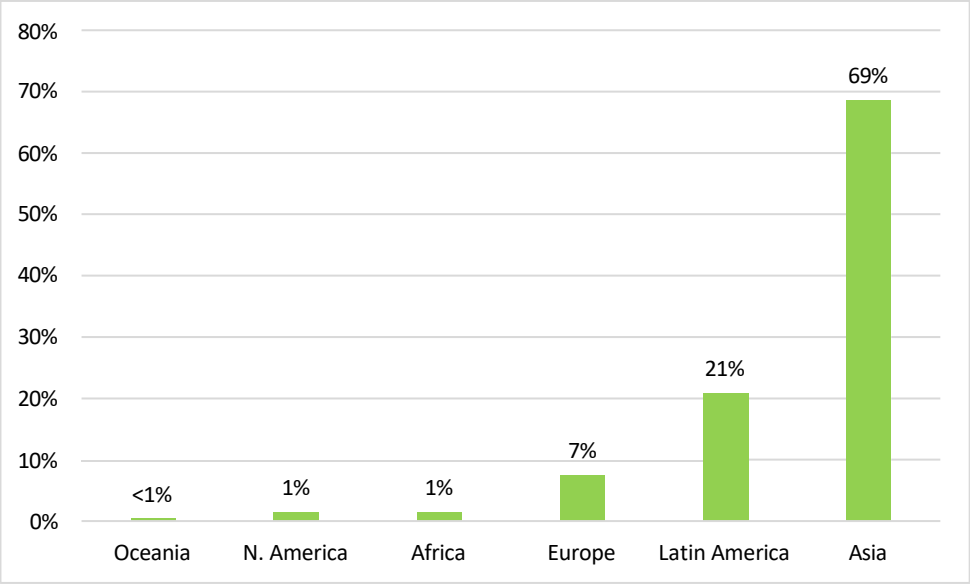


Figure 5.1.18. Foreign-Born SCC Older Adults by Birth Region, 2022



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[89] U.S. Department of Health and Human Services, Office of Minority Health, America Indian/Alaska Native Health | https://www.minorityhealth.hhs.gov/american-indianalaska-native-health
[90] U.S. Department of Labor, Earnings Disparities by Race and Ethnicity | https://www.dol.gov/agencies/ofccp/about/data/earnings/race-and-ethnicity
[91] American Community Survey, 2022 1-year estimates
[92] San Jose Spotlight, Report: Minorities in Santa Clara County are Overrepresented in Homeless Population | https://sanjosespotlight.com/report-minorities-in-santa-clara-county-are-overrepresented-in-homeless-population/#:~:text=American%20Indian%20and%20Alaskan%20natives%20are%20also%20overrepresented,of%20economic%20opportunities%2C%20as%20reasons%20for%20the%20disparity
[93] Health and Human Services, Office of Minority Health, American Indian/Alaska Native Health
[94] National Center for Health Statistics, National Health Interview Survey
[95] 2021 National healthcare Quality and Disparities Report | https://www.ncbi.nlm.nih.gov/books/NBK578532/
[96] U.S. Department of Health and Human Services, Office of Minority Health, America Indian/Alaska Native Health | https://www.minorityhealth.hhs.gov/american-indianalaska-native-health
[97] American Community Survey, 2022 1-year estimates
[98] American Community Survey, 2022 1-year estimates
[99] American Society on Aging, New Older Immigrants in the U.S.: Challenges, Coping, and Intervention Strategies, https://generations.asaging.org/new-older-immigrants-us
[100] American Society on Aging, New Older Immigrants in the U.S.: Challenges, Coping, and Intervention Strategies, https://generations.asaging.org/new-older-immigrants-us

5.1.3 Vulnerable Older Adult Populations

Detailed below are six sub-populations within the older adult community that are vulnerable to experiencing additional barriers to resources and services.

LGBTQIA+ Older Adults

In 2021, approximately 58,000 adults in metropolitan cities of San Jose, Sunnyvale, and Santa Clara identified as lesbian, gay, bisexual, or transgender.[101] More people between the ages of 50-64 identified as LGBTQIA+ compared to those who are 65 years and older,[102] although the number of American adults who self-identify as LGBTQIA+ has doubled since 2012 and is expected to exceed 10% in the near future.[103]

The LBGTQIA+ community experiences unique economic and health challenges that can affect health and well-being over the course of aging. The poverty rate is higher among LGBTQIA+ older adults than straight/cisgender older adults,[104] and household income tends to be less among LGBTQIA+ than the general population (see **Figure 5.1.19**).[105] LGBTQIA+ couples are less likely to be legally married, as same-sex marriage was not legalized in the U.S. until 2015,which could limit financial resources or other spousal benefits.[106] The Household Pulse Survey found that nationwide, a higher proportion of LGBTQIA+ adults reported living in a household that had difficulty paying for necessary expenses and did not have enough food to eat.[107] LGBTQIA+ older adults more frequently have to supplement their income with loans, retirement account funds, or rely on credit cards.[108] More LGBTQIA+ than straight/cisgender older adults rent instead of own[109] and are less confident they could make their upcoming housing paying on time.[110]

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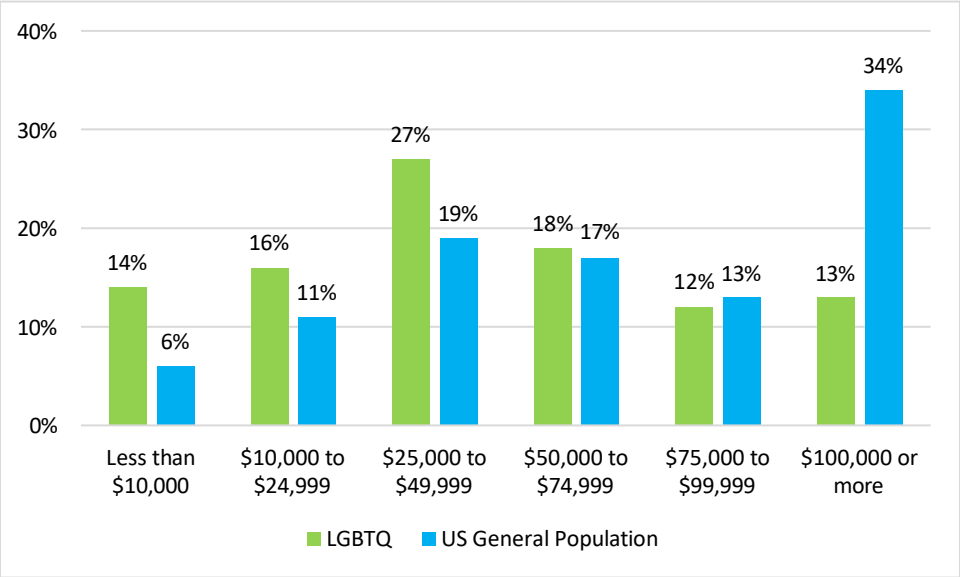
[101] The William Institute, UCLA, LGBT Adults in large US Metropolitan Areas | https://williamsinstitute.law.ucla.edu/wp-content/uploads/MSA-LGBT-Ranking-Mar-2021.pdf
[102] The William Institute, UCLA, LGBT Adults Aged 50 and Older in the US During the COVID-19 Pandemic | https://williamsinstitute.law.ucla.edu/publications/older-lgbt-adults-us/
[103] Gallup News, LGBT Identification Ticks Up to 7.1% | https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx
[104] The William Institute, UCLA, LGBT Adults Aged 50 and Older in the US During the COVID-19 Pandemic | https://williamsinstitute.law.ucla.edu/publications/older-lgbt-adults-us/
[105] Center for LGBTQ Economic Advancement & Research, The LGBTQI+ Economic and Financial (LEAF) Survey | https://lgbtq-economics.org/wp-content/uploads/2023/03/LEAF-Survey-Report-March-2023.pdf
[106] Psychology Today, What Does the Future Hold for LGBTQ+ Seniors? | https://www.psychologytoday.com/us/blog/inclusive-insight/202106/what-does-the-future-hold-lgbtq-seniors
[107] United States Census Bureau, Household Pulse Survey Shows LGBT Adults More Likely to Report Living in Households with Food and Economic Insecurity than Non-LGBT Respondents | https://www.census.gov/library/stories/2021/08/lgbt-community-harder-hit-by-economic-impact-of-pandemic.html
[108] The William Institute, UCLA, LGBT Adults Aged 50 and Older in the US During the COVID-19 Pandemic | https://williamsinstitute.law.ucla.edu/publications/older-lgbt-adults-us/
[109] The William Institute, UCLA, LGBT Adults Aged 50 and Older in the US During the COVID-19 Pandemic | https://williamsinstitute.law.ucla.edu/publications/older-lgbt-adults-us/
[110] United States Census Bureau, Household Pulse Survey Shows LGBT Adults More Likely to Report Living in Households with Food and Economic Insecurity than Non-LGBT Respondents |

Employment discrimination further contributes to economic insecurity within the LGBTQIA+ community. Many LGBTQIA+ older adults have reported being fired or denied promotions because of their gender identity or sexual orientation.[111] A recent workplace discrimination survey found that 46% of LGBTQIA+ employees have experienced unfair treatment at work, which was most often motivated by employers' religious beliefs.[112] Many respondents indicated they had to conceal their LGBTQIA+ identity, half of the survey respondents reported that they were not out to their supervisor and 26% reported that they were not out to their colleagues, other respondents stated they changed their physical appearance, or left their jobs because of poor treatment by their employer.[113]

Figure 5.1.19. Household Income Comparisons Between LGBTQIA+ and General US Population



LGBTQIA+ individuals are less likely to have a regular healthcare provider and more likely to report having poor health.[114] This community has been found to be at greater risk for certain physical and mental conditions. For example, LGBTQIA+ older adults are more likely to have sleep problems, low back pain, and weakened immune systems compared to straight/cisgender older adults.[115] They also experience strokes, heart attacks, asthma, and arthritis at higher

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https://www.census.gov/library/stories/2021/08/lgbt-community-harder-hit-by-economic-impact-of-pandemic.html

[111] Movement Advancement Project & SAGE, Understanding Issues Facing LGBT Older Adults | https://www.lgbtmap.org/file/understanding-issues-facing-lgbt-older-adults.pdf

[112] Williams Institute, UCLA, LGBT People's Experiences of Workplace Discrimination and Harassment | https://williamsinstitute.law.ucla.edu/publications/lgbt-workplace-discrimination/

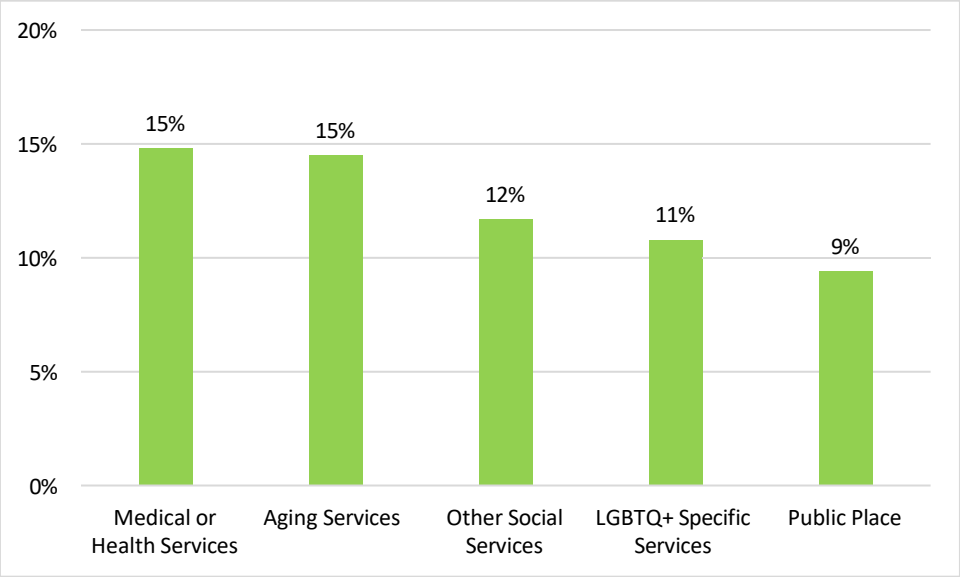
[113] Williams Institute, UCLA, LGBT People's Experience of Workplace Discrimination and Harassment | https://williamsinstitute.law.ucla.edu/publications/lgbt-workplace-discrimination/

[114] Cigna Healthcare, LGBTQ+ Health Disparities | https://www.cigna.com/knowledge-center/lgbt-disparities

[115] National Institute on Aging, Improving the Health and Well-Being of Sexual and Gender Minority Older

rates.[116] Social isolation, loneliness, and disenfranchised grief are several mental health concerns among the LGBTQIA+ community.[117] Nationwide, approximately 5.8 million people who identify as LGBTQIA+ reported having a mental illness in the past year.[118] Experiences with stigma and discrimination have been linked to substance use and suicide among persons in the LGBTQIA+ community.[119] Furthermore, stigma and discrimination can lead LGBTQIA+ persons to avoid seeking care due to fears of being unwelcomed or mistreated.[120] **Figure 5.1.20** below shows the top five settings where SCC LGBTQIA+ older adults experienced discrimination.[121]

Figure 5.1.20. Top 5 Settings SCC LGBTQIA+ Older Adults Experience Discrimination



Adult children often are the primary source of care and support for their aging parents; however, LGBTQIA+ persons are less likely to have children than their straight/cisgender counterparts.[122] With less support from adult children, LGBTQIA+ older adults are more likely to require some type of assisted living as they age. However, concerns about discrimination at these facilities contribute

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Adults | https://www.nia.nih.gov/news/improving-health-and-well-being-sexual-and-gender-minority-older-adults#:~:text=Findings%20showed%20that%20lesbian%2C%20gay%2C%20and%20bisexual%20older,low%20back%20pain%20and%20a%20weakened%20immune%20system

[116] National Institute on Aging, Improving the Health and Well-Being of Sexual and Gender Minority Older Adults | https://www.nia.nih.gov/news/improving-health-and-well-being-sexual-and-gender-minority-older-adults#:~:text=Findings%20showed%20that%20lesbian%2C%20gay%2C%20and%20bisexual%20older,low%20back%20pain%20and%20a%20weakened%20immune%20system

[117] Inventor, B., Paun, O., & Macintosh, E. (2022). Mental Health of LGBTQ Older Adults

[118] Mental Health American, LGBTQ+ Communities and Mental Health | https://mhanational.org/issues/lgbtq-communities-and-mental-health

[119] Mental Health American, LGBTQ+ Communities and Mental Health | https://mhanational.org/issues/lgbtq-communities-and-mental-health

[120] SAGE & The National Resource Center on LGBT Aging, Facts on LBGT Aging | https://www.sageusa.org/wp-content/uploads/2021/03/sage-lgbt-aging-facts-final.pdf

[121] LGBTQ+ Older Adults in Santa Clara County | https://www.avenidas.org/wp-content/uploads/2021/11/LGBTQ_Older_Adults_in_Santa_Clara_County_2021_Final-Report.pdf

[122] Psychology Today, What Does the Future Hold for LGBTQ+ Seniors?

to additional stress for the aging LBGTQIA+ community. Some have shared worries about having to deny their sexual or gender identity to be accepted to an assisted living facility.[123] Research has documented incidents of anti-LGBTQIA+ harassment at long-term care facilitates, with staff refusing to provide care to LGBTQIA+ older adults.[124]

Older Adults Living with HIV/AIDS

In 2020, 3% of newly diagnosed HIV cases in Santa Clara County were among older adults (65+) and 39% of late diagnosis (i.e., AIDS diagnosis within 3 months following HIV infection diagnosis) were among individuals 40 years or older.[125] Most people living with HIV do not develop AIDS because of available treatments to stop progression of the disease.[126] However, older adults are less likely to test for HIV and nearly 44% of LGBTQIA+ older adults with HIV/AIDS are uninsured. Another reason for reduced testing in older adults is that HIV-related symptoms could be mistaken for other age-related conditions [127] In Santa Clara County, there are approximately 3,590 individuals living with HIV, 12% of whom are older adults aged 65 years or older.[128] The north central and rural southern regions of the county are geographic areas with high rates of persons living with HIV.[129] Furthermore, these areas tend to be associated with higher levels of poverty. Findings from the LGBTQ+ Older Adults in Santa Clara County Project[130] revealed that LGBTQIA+ individuals living in poverty were four times more likely to have HIV/AIDS than those who were not living in poverty. Compared to LGBTQIA+ older adults without HIV/AIDS, those living with HIV/AIDS were more likely to rent and experience housing insecurity. Older adults living with HIV/AIDS also reported having fewer financial resources since the pandemic compared to those without HIV/AIDS, as well as increased loneliness and substance use.

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[123] Psychology Today, What Does the Future Hold for LGBTQ+ Seniors? | https://www.psychologytoday.com/us/blog/inclusive-insight/202106/what-does-the-future-hold-lgbtq-seniors

[124] Psychology Today, What Does the Future Hold for LGBTQ+ Seniors? | https://www.psychologytoday.com/us/blog/inclusive-insight/202106/what-does-the-future-hold-lgbtq-seniors

[125] Sexually Transmitted Infections and HIV Epidemiology Annual Report, 2019 and 2020 | https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/documents/STIHIV_AnnualReport_2019_2020.pdf?mc_cid=debacdbf9f&mc_eid=08f2929d7c

[126] Minority HIV/AIDS Fund, HIV Treatment Overview | https://www.hiv.gov/hiv-basics/staying-in-hiv-care/hiv-treatment/hiv-treatment-overview/

[127] National Institute of Health, HIV and Older People | https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-older-people

[128] Getting to Zero Final Strategic Plan | https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/documents/Getting_to_Zero_Strategic_Plan_2021-2025.pdf

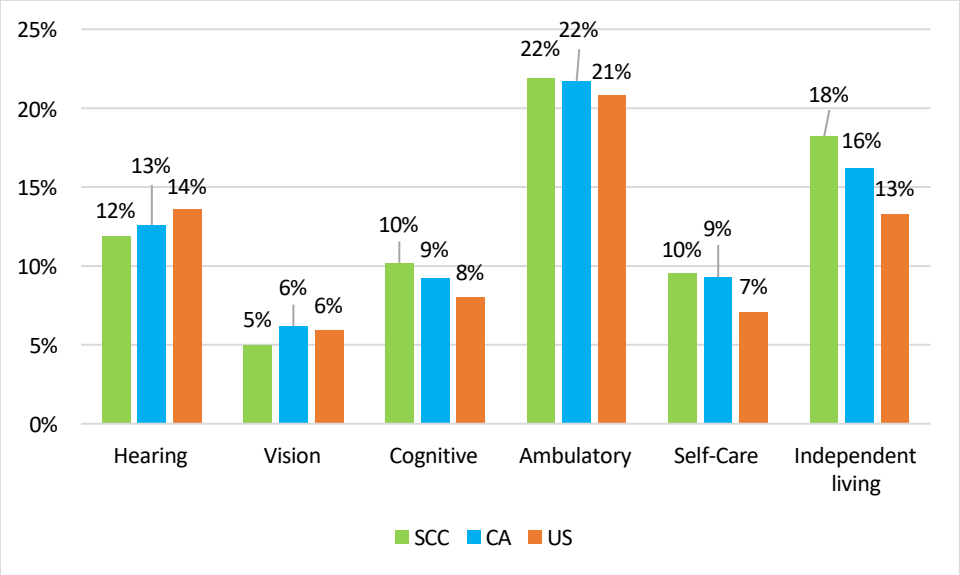
[129] Sexually Transmitted Infections and HIV Epidemiology Annual Report, 2019 and 2020 | https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/documents/STIHIV_AnnualReport_2019_2020.pdf?mc_cid=debacdbf9f&mc_eid=08f2929d7c

[130] LGBTQ+ Older Adults in Santa Clara County, 2021 | https://desj.sccgov.org/sites/g/files/exjcpb661/files/report/LGBTQ%2B_Older_Adults_in_Santa_Clara_County_2021_Final-Report%20%281%29.pdf

Older Adults with Disabilities

Individuals with a disability can often experience threats to health and wellbeing. For example, people with disabilities are more likely to report having poor health and less access to adequate healthcare.[131] Individuals with disabilities also are more likely than non-disabled persons to have conditions such as obesity, heart disease, and diabetes.[132] There are approximately 172,411 residents in Santa Clara County with one or more disability, 70.1% of whom are older adults aged 65 and older.[133] This rate is similar to state (71%) and national (70.2%) levels.[134] **Figure 5.1.21** displays the different types of disabilities reported by older adults (65+), which are consistent across county, state, and national levels.

Figure 5.1.21. Types of disabilities Reported by Older Adults (65+) at County, State, and National Levels, 2022



The reported number of disabilities individuals experience tends to increase with age. In SCC, 31% of older adults aged 75 years and older reported having two or more types of disability, compared with 10% of those between the ages of 65-74 years (see **Figure 5.1.22**).[135]

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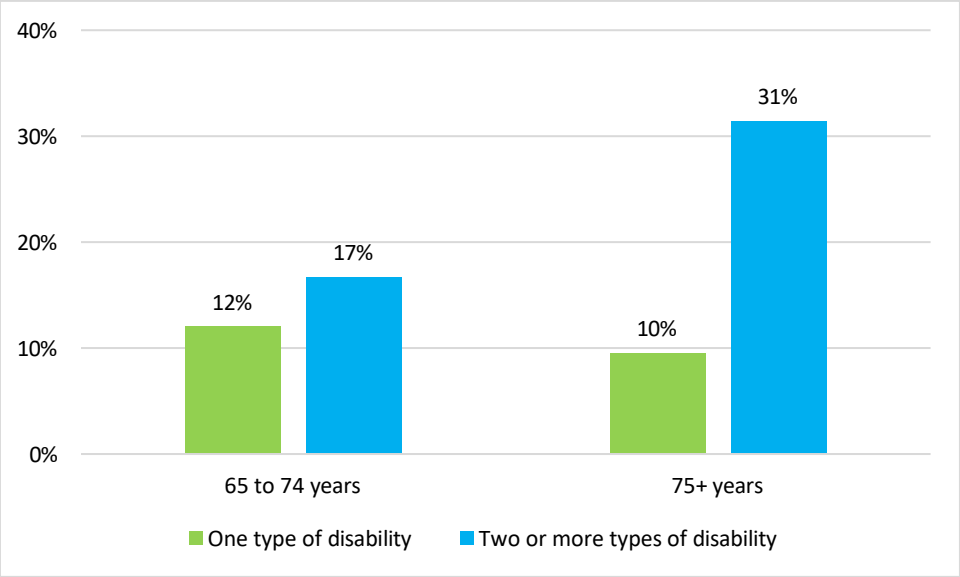
[131] Centers for Disease Control, Disability and Health Related Conditions
[132] Centers for Disease Control and Prevention, Disability Impacts All of Us | https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html
[133] American Community Survey, 2022 1-year estimates
[134] American Community Survey, 2022 1-year estimates
[135] American Community Survey, 2022 1-year estimates

Figure 5.1.22. Comparison of SCC Older Adults with One and Two or More Types of Disabilities by Age Group, 2022



Disability and poverty are interrelated, people with disabilities are more likely to live in poverty and poverty can cause or exacerbate disabilities.[136] People with disabilities have a higher risk of falling below the federal poverty level than non-disabled older adults. There are approximately 12,204 disabled older adults aged 65 and older in SCC whose income within the past year fell below the poverty level.[137]

Long-Term Care Residents and Residents Needing Additional In-Home Supportive Services

There are over 1,200 long-term nursing facilities statewide that provide care to more than 400,000 Californians annually.[138] More than half of the residents (57%) in Skilled Nursing Facilities (SNFs) are 75 years of age or older.[139] The occupancy rate at California nursing facilities is approximately 87%. Staff shortage further limits the capacity of skilled nursing and long-term care facilities.[140] The needs of elderly long-term care residents within the county should remain a priority given the growing population of older adults and high occupancy rates at care facilities.

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[136] Friedman, C. (2022). Financial Hardship Experienced by People with Disabilities During the COVID-19 Pandemic.
[137] American Community Survey, 2022 1-year estimates
[138] California Association of Health Facilities, Facts and Statistics: Long-Term Care Providers | https://www.cahf.org/About/Consumer-Help/Facts-and-Statistics
[139] California Association of Health Facilities, Facts and Statistics: Long-Term Care Providers | https://www.cahf.org/About/Consumer-Help/Facts-and-Statistics
[140] Fierce Healthcare, Hospitals forced to delay patient discharges as nursing homes and rehab centers face major staff shortages | https://www.fiercehealthcare.com/hospitals/nursing-homes-snfs-facing-pandemic-labor-challenges-force-hospitals-to-delay-discharges

In SCC specifically, there are 10,744 beds available across SNFs, assisted living/board and care facilities, and Residential Care Facilities for the Elderly (RCFE).[141] Approximately 44% of the available beds are in San Jose, the most populated city in the county.[142] Combined, the other 33% of available beds are in Sunnyvale, Santa Clara, Campbell, Palo Alto, and Morgan Hill.[143] More than half of all available beds (53%) are provided to residents at RCFE while 47% are provided through SNFs.[144]

According to a recent In-Home Support Services (IHSS) Annual report, 28,237 SCC residents received in-home services in fiscal year 2020-2021.[145] Recipients of IHSS services may be authorized to receive up to 283 service hours per month, and those receiving more than 195 hours are considered severely impaired.[146] More than 8,000 recipients of IHSS hours were between 65 and 79 years old and close to 12,000 recipients were 80 years or older.[147] **Figure 5.1.23** shows the percentage of individuals receiving IHSS in SCC by primary language spoken.[148] The need for IHSS is expected to grow each year along with the aging community.

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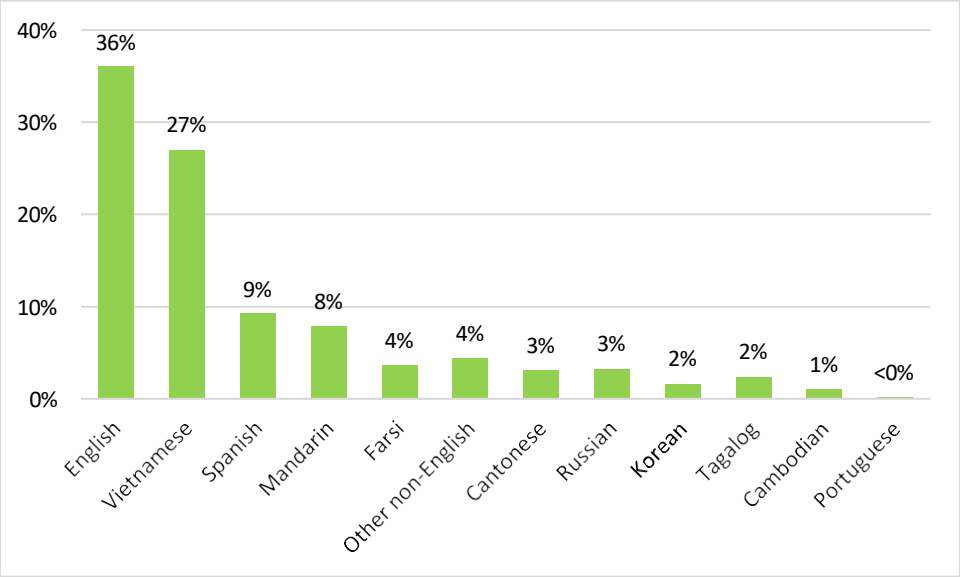
[141] Data request from long-term ombudsperson, Catholic Charities of Santa Clara County
[142] Data request from long-term ombudsperson, Catholic Charities of Santa Clara County
[143] Data request from long-term ombudsperson, Catholic Charities of Santa Clara County
[144] Data request from long-term ombudsperson, Catholic Charities of Santa Clara County
[145] County of Santa Clara Social Services Agency, Department of Aging and Adult Services, IHSS 2021 Annual Report | https://socialservices.sccgov.org/sites/g/files/exjcpb701/files/documents/IHSS-Annual-Report-2021.pdf
[146] County of Santa Clara Social Services Agency, Department of Aging and Adult Services, IHSS 2021 Annual Report | https://socialservices.sccgov.org/sites/g/files/exjcpb701/files/documents/IHSS-Annual-Report-2021.pdf
[147] County of Santa Clara Social Services Agency, Department of Aging and Adult Services, IHSS 2021 Annual Report | https://socialservices.sccgov.org/sites/g/files/exjcpb701/files/documents/IHSS-Annual-Report-2021.pdf
[148] County of Santa Clara Social Services Agency, Department of Aging and Adult Services, IHSS 2021 Annual Report | https://socialservices.sccgov.org/sites/g/files/exjcpb701/files/documents/IHSS-Annual-Report-2021.pdf

Figure 5.1.23. Primary Language Spoken Among Recipients of IHSS in SCC



Social and Geographically Isolated County Residents

The National Institute on Aging acknowledges there are unique needs among older adults who are socially isolated or those who live alone.[149] Social isolation is related to a range of health problems including depression, cognitive decline, and heart disease.[150] These health risks are concerning as approximately 125,779 older adults (60+) live alone in SCC.[151] The percentage of older adults who live alone in SCC is slightly smaller than at the state and national levels (see **Figure 5.1.24**).[152]

[149] National Institute on Aging, Social Isolation, Loneliness, in Older People Pose Health Risks | https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
[150] National Institute on Aging, Social Isolation, Loneliness, in Older People Pose Health Risks | https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
[151] American Community Survey, 2022 1-year estimates
[152] American Community Survey, 2022 1-year estimates

Figure 5.1.24. Percentage of Older Adults who Live Alone at County, State, and National Levels

In addition to concerns about the impact of social isolation on health and wellness, older adults who are geographically isolated may have greater difficulty receiving services offered within the county. The California Department of Aging estimates that more than 7,191 older adults aged 60 years and older live in geographically isolated areas in SCC.[153]

SCC consists primarily of urban areas; however, many older adults reside in more geographically isolated areas of South County. Approximately 15% of the population in Morgan hill, 24% in San Martin, and 12% in Gilroy are older adults aged 65 years and older. [154] Older adults in these southern SCC cities may face added difficulties accessing transportation services such as metro and bus stations, as well as Santa Clara Valley Transportation Authority's (VTA) Paratransit services.

VTA ACCESS Paratransit is a service offered to individuals with physical, visual, or cognitive disabilities who are unable to use conventional bus or rail systems.[155] Paratransit services operate within the same service areas, hours, and days as traditional light rail routes. However, these services have accessible vehicles in their fleet that can be sent to locations within a ¾ mile radius of VTA bus routes and light rail stations.[156] VTA ACCESS Paratransit also provides additional services for those located in more remote areas, including Morgan Hill, Gilroy, and unincorporated

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[153] 2026 CDA Population Demographic Projects by County and PSA Data & Reports | California Department of Aging - –tate of California
[154] United States Census Quick Facts | https://www.census.gov/quicambs/fact/table/sanmartincdpcalifornia,gilroycitycalifornia,morganhillcitycalifornia/PST045222
[155] Valley Transportation Authority | https://www.vta.org/go/paratransit#accordion-applying-for-vta-access-paratransit-service
[156] Valley Transportation Authority | https://www.vta.org/go/paratransit#accordion-applying-for-vta-access-paratransit-service

areas of the county. VTA ACCESS Paratransit also provides rides outside of the service area throughout SCC, which allows riders to travel up to one mile beyond the ¾ mile paratransit service area for a fare of $16.[157] However, this price point creates a barrier, as eligible customers may find it financially challenging to take multiple trips to and from appointments or social events.

Transportation poses a significant barrier to accessing services within the community,[158] as a person's ability to drive tends to decline with age. Older adults who no longer drive must rely on alternative means of transportation to travel around their community. Limited services for transportation currently exist in southern cities of SCC.

Older Adult Veterans

There are approximately 38,559 veterans in SCC, 25% of whom are between the ages of 65 and 75 and 37% of whom are 75 years of age or older.[159]Veterans face unique health challenges as a result from their service. For example, older adult veterans are more likely to have chronic pain compared to non-veterans. In SCC, approximately 28% of veterans reported having one or more disabilities. Other research has shown the rate of depression is more than twice the rate that is found among the general population of older adults. [160]

More than 7% of all veterans in SCC have household incomes below the federal poverty level,[161] and the inflated cost of living may place veteran older adults with fixed incomes at higher risk for poverty. Given the unique health and financial challenges, older adult veterans are an important part of the population to consider when planning where to devote resources.

Older Adults Experiencing Abuse

Older adults who experience abuse may be less inclined to utilize resources in SCC and can have increased health risks. The County of Santa Clara Adult Protective Services (APS) serves individuals aged 65 years and older as well as dependent adults (aged 18 to 64 years) who cannot protect or advocate for themselves due to a disability. APS records two general categories of alleged abuse: self-neglect and abuse perpetrated by others. In the last five fiscal years, the number of abuse reports recorded by APS for those above the age of 65 has increased steadily.[162]

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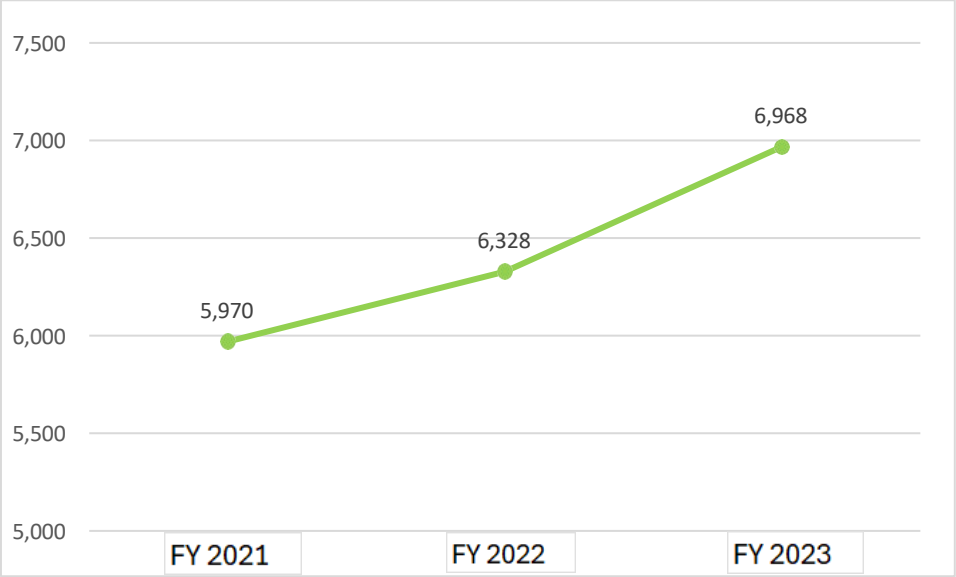
[157] Valley Transportation Authority | https://www.vta.org/go/paratransit#accordion-applying-for-vta-access-paratransit-service
[158] National Council on Aging, Improving Access to Transportation for Older Adults & People with Disabilities | https://www.ncoa.org/article/improving-access-to-transportation-for-older-adults-and-people-with-disabilities
[159] American Community Survey, 2022 1-year estimates
[160] American Community Survey, 2022 1-year estimates
[161] American Community Survey, 2022 1-year estimates
[162] Santa Clara County, Adult Protective Services 2023 Annual Report 2023 APS Annual Report

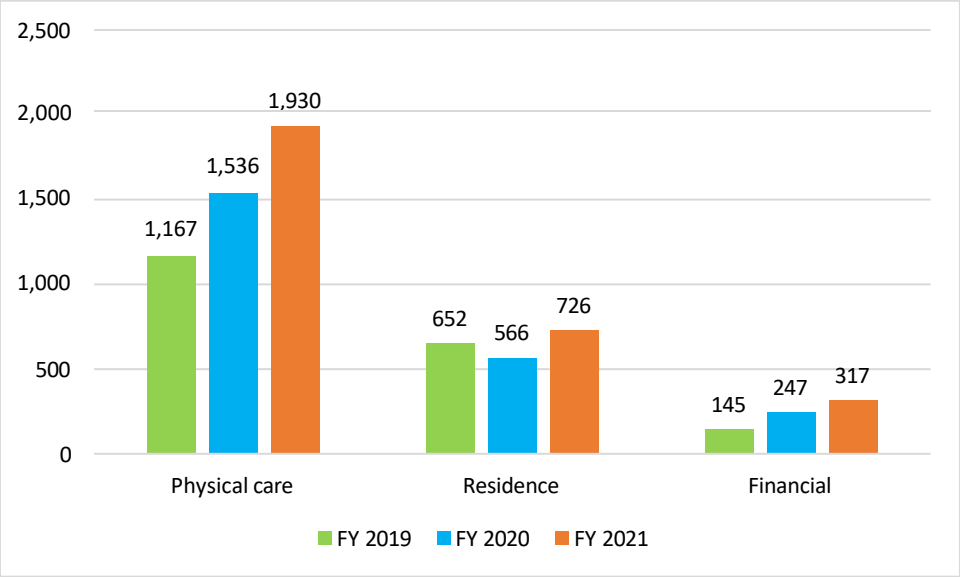
Figure 5.1.25. Total Number of Abuse Reports from SCC Adult Protective Services, FY 2021 – 2023



The most frequent type of older adult abuse reported is self-neglect (e.g., inability to provide oneself with food, clothing, shelter, or healthcare[163]), which makes up an average of 31% of all abuse allegations investigated in FY 2021.[164] Physical care was the most commonly reported type of self-neglect abuse cases (65%), followed by residence (25%) and finances (10%).[165] **Figure 5.1.26** displays the number of each type of self-neglect cases from FY 2019 to FY 2021.[166]

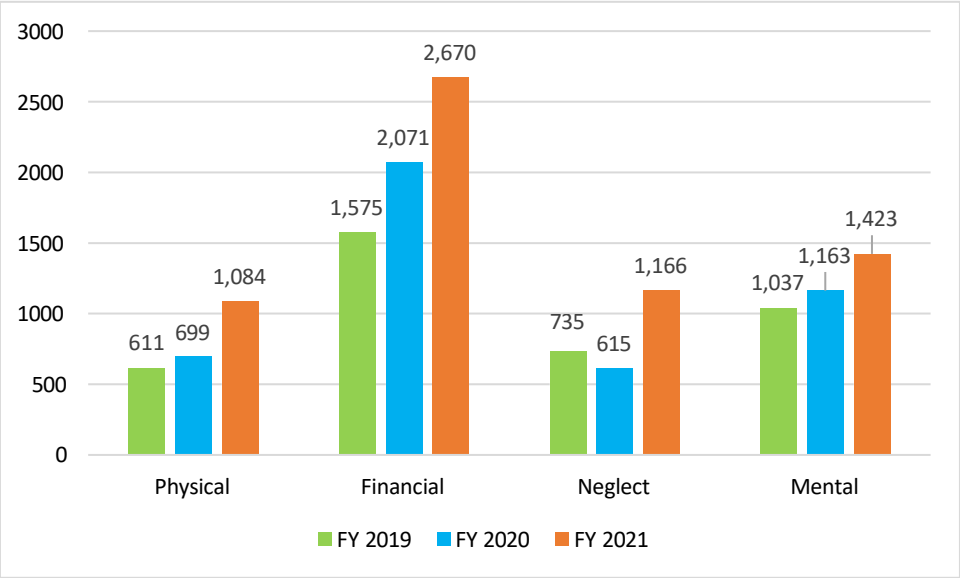
[163] California Department of Social Services, Adult Protective Services (APS) | https://www.cdss.ca.gov/inforesources/adult-protective-services
[164] Santa Clara County, Adult Protective Services 2021 Annual Report
[165] Santa Clara County, Adult Protective Services 2021 Annual Report
[166] Santa Clara County, Adult Protective Services 2021 Annual Report

Figure 5.1.26. Types of Self-Neglect Cases between FY 2019 - –021



The most common type of abuse perpetrated by others in FY 2021 is financial exploitation (42%), followed by mental suffering (22%), neglect (18%), and physical abuse (17%).[167] **Figure 5.1.27** shows the number of cases of abuse perpetrated by others by type from FY 2019 to FY 2021.[168]

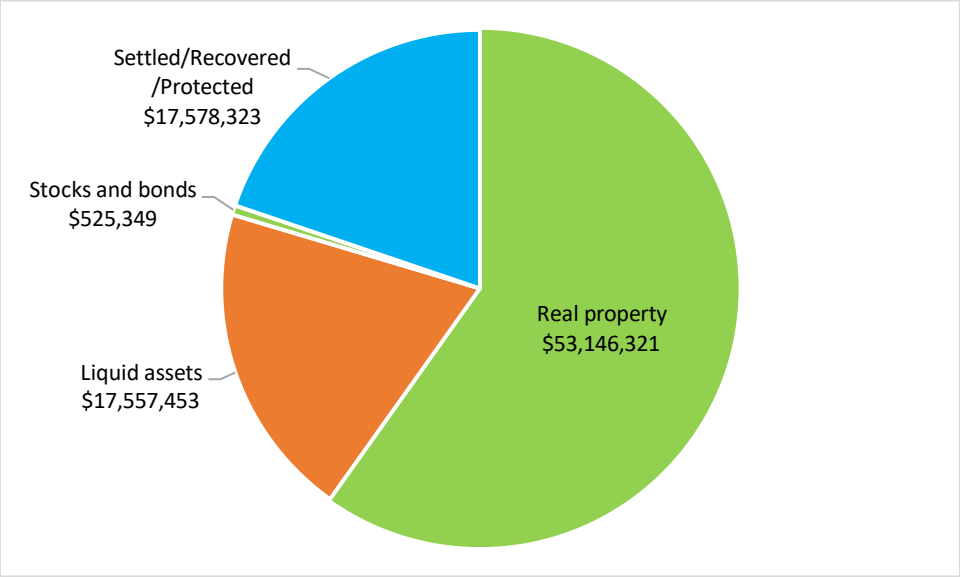
Figure 5.1.27. Types of Abuse Perpetrated by Other between FY 2019 - –021



[167] Santa Clara County, Adult Protective Services 2021 Annual Report
[168] Santa Clara County, Adult Protective Services 2021 Annual Report

The Office of the Public Administrator, Guardian, Conservator (PAGC) assists in addressing older adult abuse cases. In FY 2021, Santa Clara County PAGC prevented the loss of, recovered, and/or protected a total of $88,807,466 in assets comprised of real property, liquid assets, stocks/bonds, and restitution, recovery, and settlements (see **Figure 5.1.28**).[169]

Figure 5.1.28. Asset Loss, Prevention, and Recovery in SCC, 2021



Most abuse victims (64%) were older adults between the ages of 64 and 84 years old, and 20% of victims were 85 years or older. Most victims were female, (57%), spoke English (84%), and identified as Caucasian (39%).

5.1.4 Health and Wellness

There are several different indicators used to determine the level of health and wellness among older adults. This section shares information about older adults' health and wellness indicators related to:

1. Access to affordable healthcare
2. Oral health
3. Physical health and wellness:
    a. Nutrition
    b. Physical activity
    c. Obesity and excess weight
    d. Chronic conditions and related health problems
    e. Falls
    f. Opioid prescription
    g. Opioid use
4. Mental health and wellness

[169] The Office of the Public Administrator, Guardian, Conservator (PAGC), 2021 Annual Report Public Administrator, Guardian, Conservator | Social Services Agency | County of Santa Clara

5. Alzheimer's disease and other dementia

The following section details current data trends and annual updates across the five categories listed above regarding older adult health and wellness.

Access to Affordable Healthcare

As individuals age and experience decreased physical or mental functioning, the need for affordable healthcare remains an increasing concern.

Older adults can enroll in Medi-Cal, Medicare, or private insurance options. Insurance options vary depending on whether an individual is eligible for certain benefits.

Some services, such as the Health Insurance Counseling & Advocacy Program (HICAP), exist to aid older adults with free, objective counseling on Medicare.[170] According to a report published by the Department of Health Care Services (DHCS) in 2023, roughly 1.43 million older adult Californians are eligible for both Medi-Cal and Medicare and these individuals are known as "dual beneficiaries."[171]

At the county level, an estimated 88,433 (20%) older adults aged 60 and over were eligible for Medi-Cal in 2023.[172] Additionally, roughly 1,485,961 older adults aged 65 and older within SCC in 2022 were only enrolled in Medi-Cal.

Oral Health

Oral health is a concern for older adults in California, especially among those living in nursing facilities. According to the Justice in Aging Advocacy Guide (2023), within California, an estimated 9% of older adults (65+) have complete tooth loss, one in three community-dwelling older adults have untreated tooth decay; and only 60% of those adults have dentures.[173] Approximately 68% of older adults have gum disease.[174] In nursing facilities throughout California, 35% residents have lost all of their natural teeth, but more than one third of these individuals do not have dentures.[175] Further, 65% of residents need treatment for tooth decay and/or gum treatment, and nearly 1/3 of residents need immediate gum treatment.[176]

Poor oral health can impact overall health and exacerbate existing chronic conditions, such as high blood pressure or diabetes.[177] It can also lead to an increased risk of Alzheimer's Disease and other dementias, infections, higher risk for heart and lung disease, strokes, changes in weight, poor nutrition, and lower quality of sleep. Furthermore, racial, and ethnic minorities, and individuals living in poverty, are twice as likely to report that poor oral health negatively impacts

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[170] California Health Advocates https://cahealthadvocates.org/hicap/
[171] MediCal Almanac 2023 Department of Health Care Services, Medical Certified Eligibles, Beneficiary Enrollment Characteristics.
[172] 2023 CDA Population Projections by County and PSA, California Department of Aging
[173] Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. July 2023
[174] Centers for Disease Control and Prevention, Older Adult Oral Health, https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm
[175] Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. July 2023
[176] Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. July 2023
[177] Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. July 2023

their life satisfaction. These negative impacts include respondents reporting higher levels of pain, food avoidance, and self-consciousness.[178]

Many older adults do not have dental insurance due to loss of coverage upon retirement. Further, routine dental care is not covered by Medicare.[179] An estimated 65% of older adults in SCC have dental coverage, while 35% do not have dental insurance.[180] The county of Santa Clara is currently working to expand access to oral health care with funding from the State Oral Health Program. The recommended plans target specific age groups and are expected to have a positive impact on older adults.[181] In 2019, stakeholders and experts in the field of older adult public health gathered at the Oral Health for Older Adults subcommittee to discuss the scarcity of dental health services and barriers to dental health services for older adults in SCC.[182] Their recommendations were compiled and presented later that year with the aim of improving access to oral health services for all older adults in SCC.[183] As of 2023, SCC partnered with the Oral Health Collaborative and is in the process of developing programming to provide free dental care at older adult centers. [184] The Local Oral Health Program (LOHP) in SCC increases access to oral health resources in the county through partnerships with dental providers, community-based organizations, and local professionals.[185] LOHP also provides education and training materials to improve oral health knowledge.

Physical Health and Wellness

Nutrition

91% of SCC older adults who participated in the 2022 California Health Interview Survey reported that fresh fruits and vegetables were always or generally available in their neighborhoods and 68% reported that fresh fruits and vegetables were affordable (see **Figure 5.1.28**).[186]

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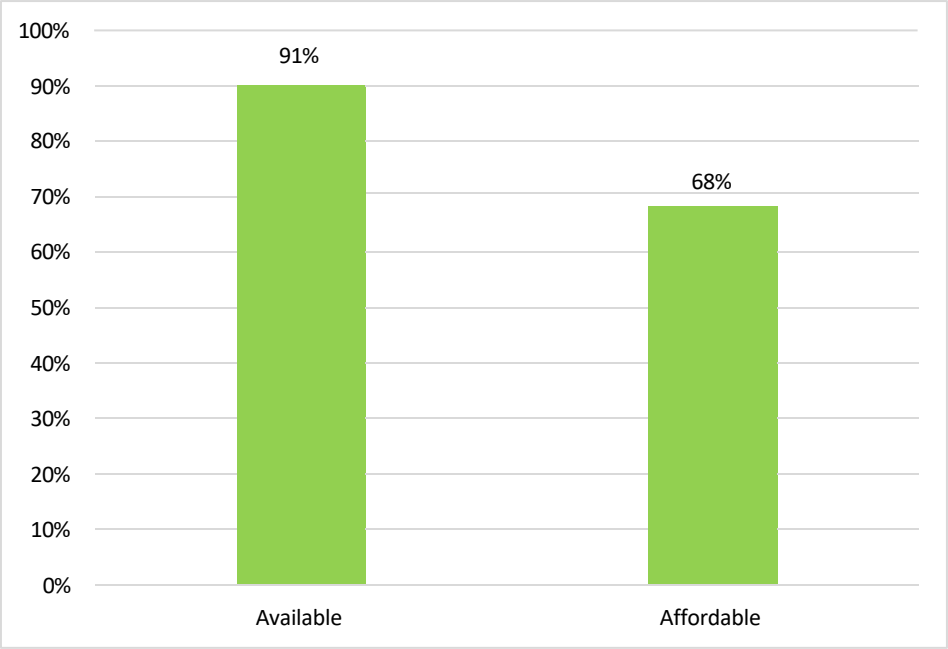
[178] Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. July 2023
[179] Centers for Disease Control and Prevention, Older Adult Oral Health, https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm
[180] California Health Interview Survey (CHIS), 2022
[181] County of Santa Clara Public Health Department; Santa Clara Valley Health & Hospital System
[182] Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. July 2023
[183] Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. July 2023
[184] https://socialservices.sccgov.org/sites/g/files/exjcpb701/files/documents/Seniors-Agenda-Annual-Report-2023_0.pdf
[185] Santa Clara County Public Health, Oral Health, https://publichealthproviders.sccgov.org/programs/oral-health
[186] 2022 CHIS

Figure 5.1.28 Fresh Produce Usually or Always Available & Affordable to SCC Seniors in their Neighborhoods, 2022



Nutrition is an important part of older adult physical health and well-being[187] and can be affected by circumstances or lifestyle change such as loss of spouse or change in income.[188] Older adults encountering unexpected life challenges may be additionally vulnerable to poor health outcomes due to changes in nutrition.[189]

Physical Activity

Physical activity is important for older adults to prevent or reduce chronic health conditions, build strength and stamina to protect against falls, improve mental health, decrease cognitive decline, and reduce rates of mortality.[190,191,192]

According to the California Health Interview Survey (2022), older adults in California have higher rates of physical activity than older adults nationwide.[193] As shown in **Figure 5.1.29**, when SCC older adults were asked to report how many days in a typical week they engaged in at least 20 minutes of physical activity, about 1 in 3 (35%) reported being active 7 days a week.[194]

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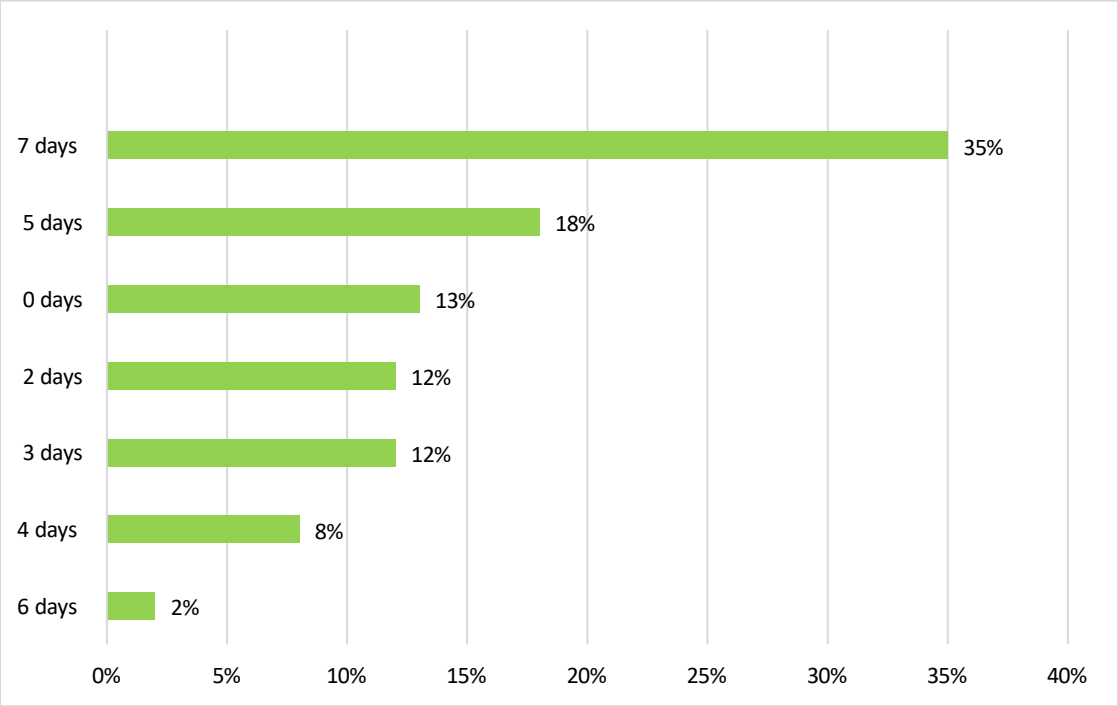
[187] Key Stakeholder Interview
[188] Key Stakeholder Interview
[189] Key Stakeholder Interview
[190] https://www.cdc.gov/nccdphp/sgr/index.htm
[191] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6304477/
[192] https://www.nia.nih.gov/about/budget/reducing-chronic-disease-and-disability-0
[193] 2022 CHIS
[194] 2022 CHIS

Figure 5.1.29 Days of Physical Activity among SCC Seniors in a Typical Week, 2022



In a 2016 survey distributed by Santa Clara County Age Friendly Initiative, all older adults said it was important to provide fitness activities designed to meet the needs of older adults.[195] When asked to rate how important it is to have a service that helps elders find and access health services, African American, Asian/Asian American, and Hispanic or Latino/a older adults were more likely (90%) than White older adults (82%) to provide a rating of extremely important or very important.[196]

Obesity and Excessive Weight

Rates of obesity are lower for older adults in SCC compared to state and national levels. Nevertheless, about 1 in 5 (21%) SCC older adults are medically obese (**see Figure 5.1.30**).[197,198]

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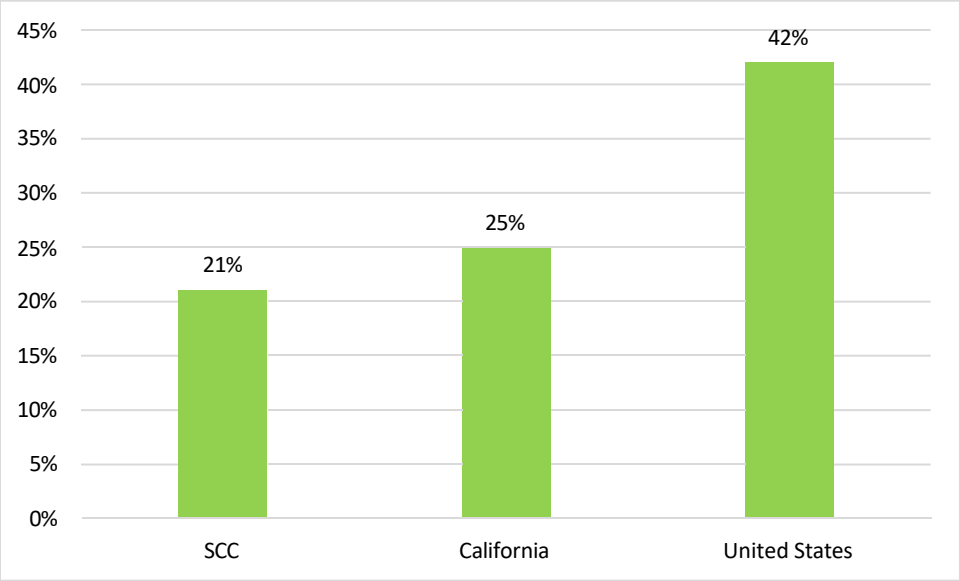
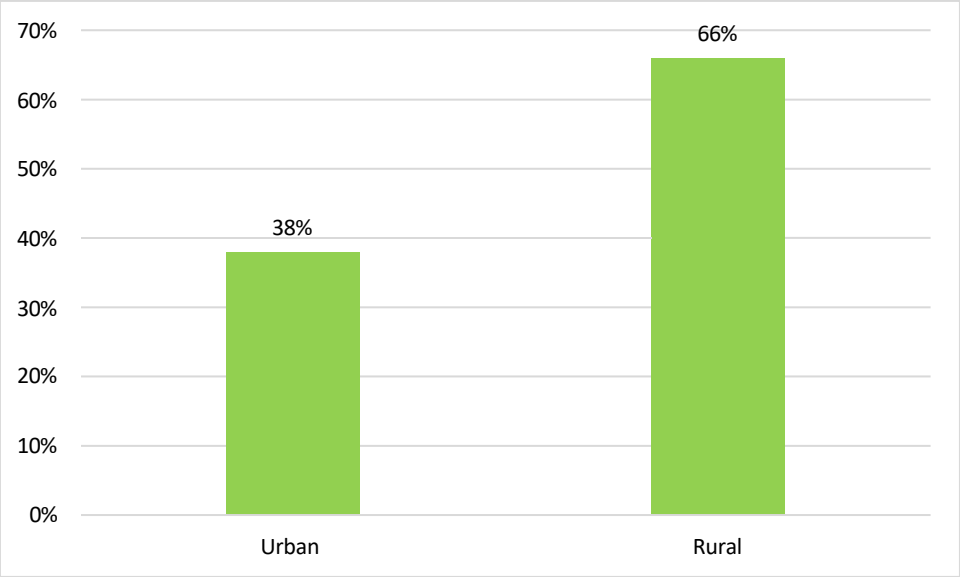
[195] 2016 Age Friendly Survey Findings Conducted by Department of Public Health & Social Services Agency (Oct. 4, 2017)
[196] 2016 Age Friendly Survey Findings Conducted by Department of Public Health & Social Services Agency (Oct. 4, 2017)
[197] 2022 CHIS
[198] https://stacks.cdc.gov/view/cdc/106273

Figure 5.1.30 Obesity Rates of Older Adults (65+), 2022



According to the California Health Interview Survey (2022), obesity rates within California vary; Hispanic older adults (55%) are more likely to be obese than Caucasian older adults (17%).[199] Additionally, older adults living in rural settings are more likely to be overweight than older adults living in suburban or urban areas.[200]

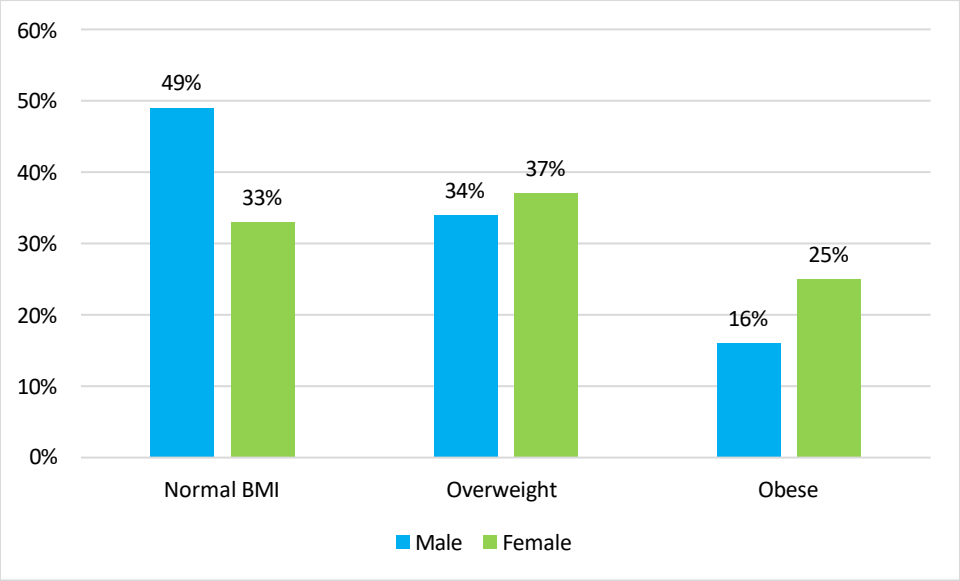
Figure 5.1.31 Obesity Rates of SCC Older Adults by Setting, 2020



[199] 2022 CHIS
[200] 2020 CHIS

Differences in obesity exist between income levels at the state level, with older adults who earn between $30,000–$59,999 annually being more likely to be obese than older adults earning either over $60,000 or less than $30,000.[201]

Figure 5.1.32 Obesity Rates among SCC Older Adults by Gender, 2022



As of 2022, about 1 in 5 (21%) older adults aged 65 and up in SCC were overweight or obese (see **Figures 5.1.31 and 5.1.32**).[202] Obesity and high body mass index (BMI) are associated with several comorbidities, including cancers, Type 2 Diabetes, hypertension, stroke, coronary artery disease, congestive heart failure, asthma, chronic back pain, osteoarthritis, pulmonary embolism, gallbladder disease, and an increased risk of disability. Obesity has a strong association with chronic medical problems, health-related quality of life impairment, and health care costs for obesity-related problems, including medication spending.[203]

Chronic Conditions and Related Health Problems

Chronic diseases are long-term medical conditions that, if left untreated, can lead to disability and death.[204] Chronic conditions generally get worse with time but can be managed with lifestyle changes. Diabetes, heart disease, and high blood pressure are common chronic conditions that affect older adults ages 65 and older at up to five times the rate of SCC adults ages 18–64 years old (see **Figure 5.1.33**).[205]

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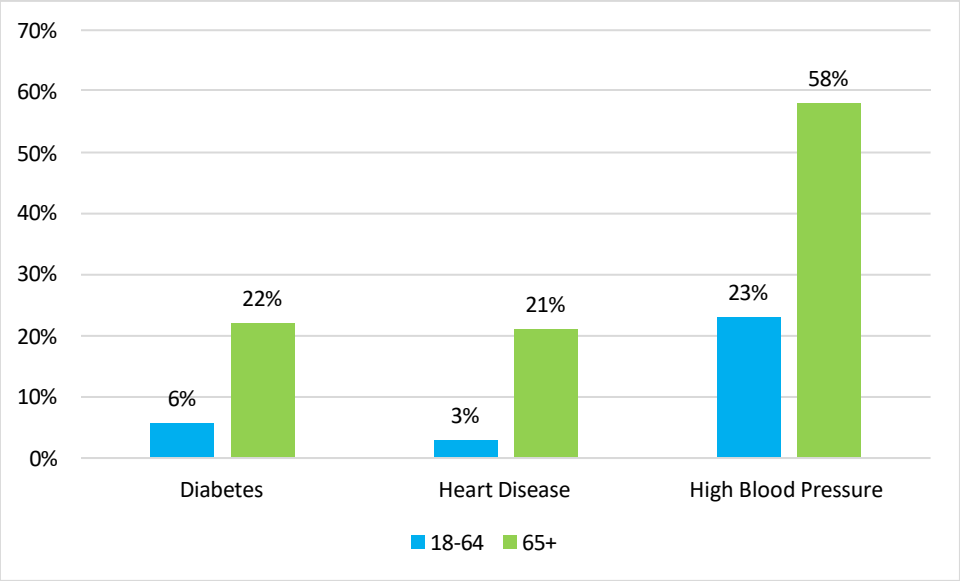
[201] 2022 CHIS
[202] 2022 CHIS
[203] https://www.cdc.gov/healthyweight/effects/index.html
[204] https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States.
[205] 2022 CHIS

Figure 5.1.33 Prevalence of Chronic Conditions among SCC Adults and Older Adults, 2022



Of SCC older adults with diabetes, Type 2 is more common than Type 1 (90% as compared to 10%). This difference is important because Type 1 diabetes requires closer management of care, including lifelong insulin therapy.[206]

Additionally, over 1 in 2 (57%) SCC older adults have high blood pressure. High blood pressure often does not cause obvious signs of illness, but can lead to stroke, heart disease, eye problems, kidney failure, and other health issues.[207]

Heart disease is the leading cause of death among older adults nationwide.[208] Data from the 2022 California Health Interview Survey estimate that approximately 1 in 5 older adults in SCC have been diagnosed with heart disease, and 78% of those reported receiving a heart disease management plan from a healthcare professional.[209]

Falls

The chance of falling for older adults is approximately 1 in 3 and increases to 50% for older adults aged 80 years or older.[210] Many factors contribute to impaired balance or risk of falling, including not lifting feet properly due to poor endurance, vision, distractions, slower reaction time, medications that cause dizziness or lightheadedness, physical fatigue, cognitive impairment,

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[206] 2022 CHIS
[207] https://www.nia.nih.gov/health/high-blood-pressure-and-older-adults
[208] https://www.cdc.gov/nchs/fastats/older-american-health.htm
[209] 2022 CHIS
[210] https://stanfordhealthcare.org/medical-clinics/aging-adult-services.html

depression, dehydration, and balance disorders.[211] With appropriate training and education, falls are preventable.

According to the California Department of Public Health, most emergency room visits within the older adult population ages 65 years and older are the result of injury caused by falling. Data indicate that individuals in SCC who are ages 85 years and older are three times more likely to die from accidental falls than individuals between 65 and 84 years old.[212] In 2022, a total of 134 older adults died as a result of falls in SCC.[213]

Opioid Prescriptions

Opioids are typically prescribed to older adults for managing pain after surgical procedures or as a long-term pain management solution for chronic conditions, such as arthritis.[214] Long-term opioid therapy is defined as use of opioids on most days for more than three months.[215]

In SCC, the rates of opioid prescription for older adults ages 60 and older range from 458 to 721 per 100,000 residents. This statistic could mean up to 3,188 of older adults ages 60 and up in SCC, or 18%, were prescribed opioids in 2022.[216,217,218] Older adults feel the effects of opioid medications much more strongly than younger adults, and it takes longer for the drug to leave their systems. In 2022, rates of opioid prescriptions in SCC were higher for older adults than other age groups, and rates of prescriptions increased by age within older adults 65 years of age and up (see **Figure 5.1.34**).[219] The eldest older adults (85+) have the highest rates of opioid prescription (721 per 100,000).[220]

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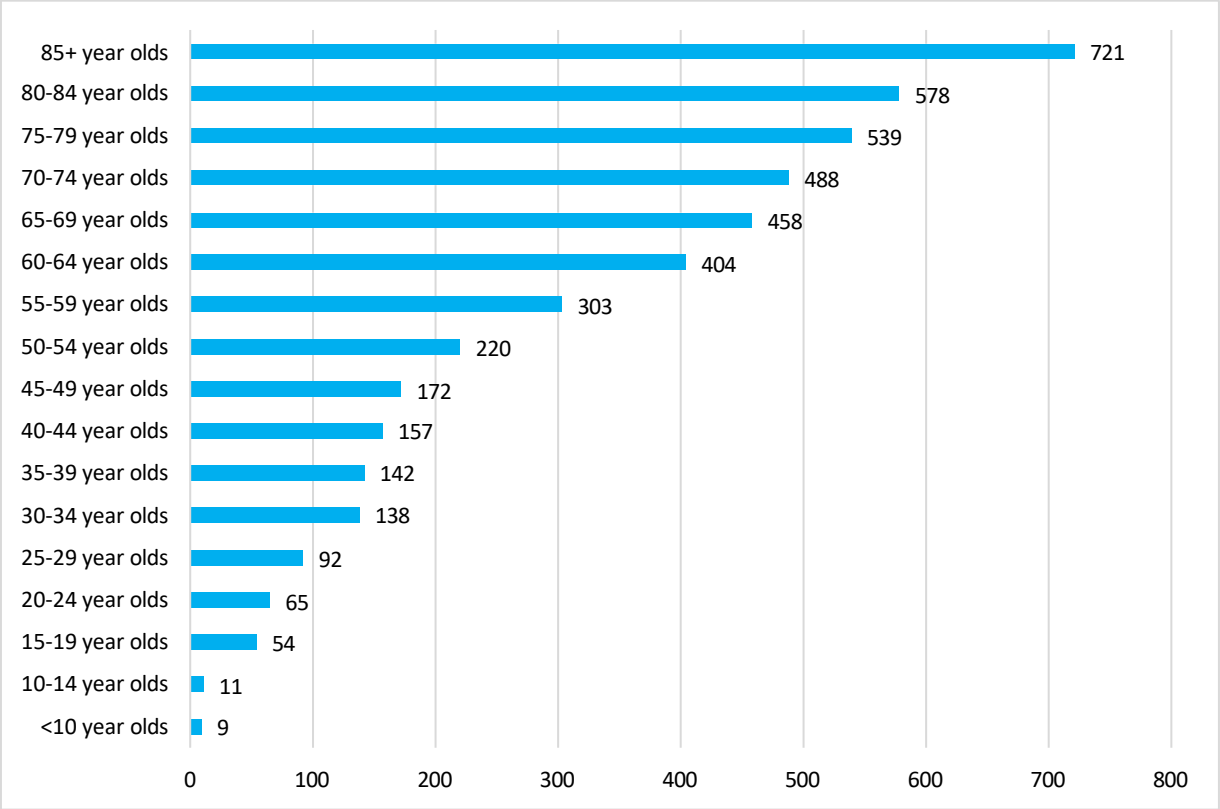
[211] https://stanfordhealthcare.org/medical-clinics/aging-adult-services.html
[212] Santa Clara County Public Health Department
[213] Santa Clara County Public Health Department
[214] Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December 2017
[215] Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December 2017
[216] American Community Survey, 2022 1-year estimates
[217] CA Department of Finance Population Projections
[218] California Opioid Overdose Surveillance Dashboard
[219] California Overdose Surveillance Dashboard. Prepared by California Department of Public Health (CDPH - Substance and Addiction Prevention Branch (SAPB) | https://skylab.cdph.ca.gov/ODdash/
[220] California Overdose Surveillance Dashboard. Prepared by California Department of Public Health (CDPH - Substance and Addiction Prevention Branch (SAPB) | https://skylab.cdph.ca.gov/ODdash/

Figure 5.1.34 Rate of Opioid Prescription per 100,000 Residents in SCC, 2022



Opioid Use

At the national level, 1 in 4 long-term opioid users are older adults ages 65 years and up.[221] Among older adults 60 years and up, women (18%) were slightly more likely than men (13%) to have at least one opioid prescription.[222] In a national analysis, older adults ages 65 and up with Medicare and other public insurance (18%) were more likely to fill opioid prescriptions frequently (five or more times per year) than older adults with Medicare only or Medicare and private insurance (16%).[223] Older adults with low income (6.8%) or those facing poverty (7.2%) were more likely than older adults with middle (5.1%) or high income (3.4%) to fill opioid prescriptions frequently.[224] Older adults whose perceived health was fair or poor were more likely to fill opioid prescriptions frequently (23.4% and 26.1%, respectively) compared to those who report better- perceived health (2.6%).[225]

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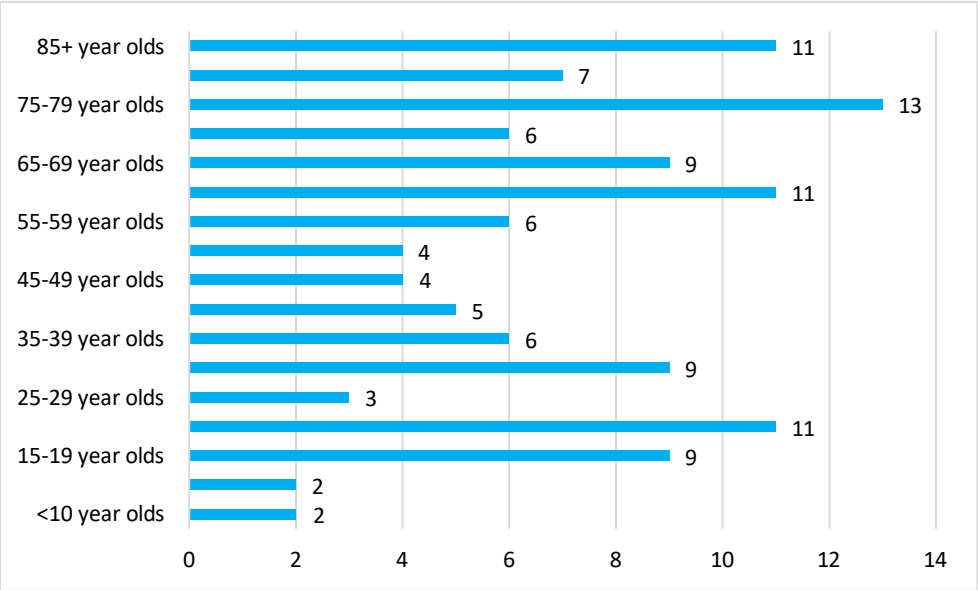
[221] Tilly, J, Sofronski's, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December 2017.
[222] https://meps.ahrq.gov/data_files/publications/st541/stat541.shtml
[223] https://meps.ahrq.gov/data_files/publications/st541/stat541.shtml
[224] https://meps.ahrq.gov/data_files/publications/st541/stat541.shtml
[225] https://meps.ahrq.gov/data_files/publications/st541/stat541.shtml

Older adults are more vulnerable to medical complications due to slower metabolism, reduced physical ability to handle bodily stressors, and more frequent use of additional medications which can have negative interactions with opioids.[226] These complications or side effects can lead to increased rates of hospitalizations for older adults relative to younger adults who use opioids (see **Figure 5.1.35**).[227,228]

Figure 5.1.35 Rate of Opioid-Related Hospitalizations per 100,000 SCC Residents, 2022



As many as 96% of older adults (65+) who were hospitalized due to opioid use had multiple chronic conditions.[229] Opioids are sometimes used for the management of chronic pain.[230] Long-term use of prescribed opioids can lead to opioid use disorder.[231] Older adults with opioid use disorder have a higher risk of death than younger adults.[232]

There is also a financial cost with hospitalization due to opioid use. When older adults are hospitalized for opioid use, the in-patient and emergency room costs are higher than visits not related to opioid use ($14,900 vs. $13,200).[233]

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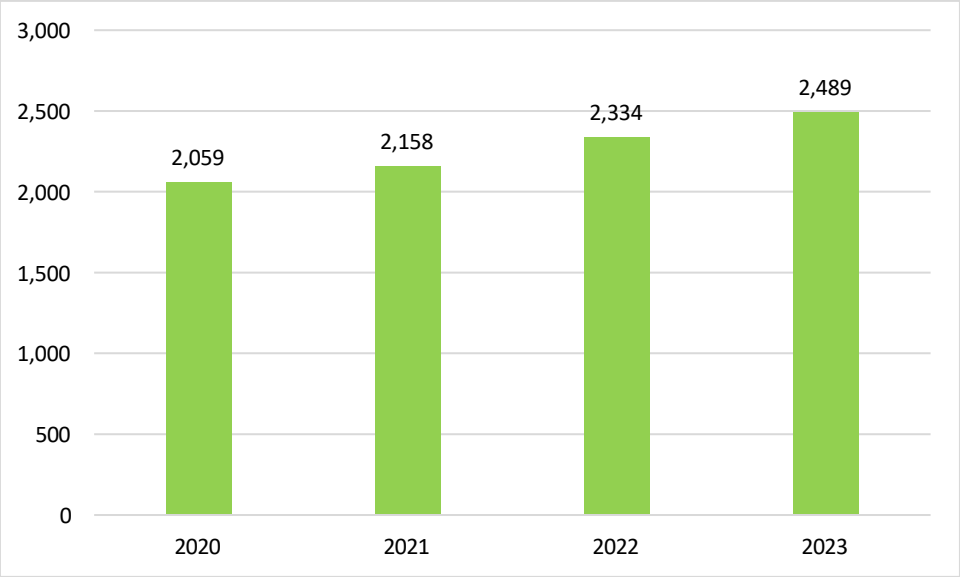
[226] Illy, J, Skowronski,S, & Ruiz, S. Administration for Community Living
[227] Illy, J, Skowronski,S, & Ruiz, S. Administration for Community Living
[228] The Opioid Public Health Emergency and Older Adults. December 2017
[229] https://www.cdc.gov/pcd/issues/2019/19_0169.htm#:~:text=The%20prevalence%20of%20opioid%2Drelated%20hospitalization%20was%20highest%20(94%25),2%20or%20more%20comorbid%20conditions.
[230] https://meps.ahrq.gov/data_files/publications/st541/stat541.shtml
[231] https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/OSI_docs/10-791-Safe_and_Responsible_Use_508.pdf
[232] https://www.cdc.gov/nchs/products/databriefs/db455.htm
[233] https://www.cdc.gov/pcd/issues/2019/19_0169.htm#:~:text=The%20prevalence%20of%20opioid%2Drelated%20hospitalization%20was%20highest%20(94%25),2%20or%20more%20comorbid%20conditions.

Mental Health and Wellness

Findings from the 2022 California Health Interview Survey indicate that a higher percentage of SCC residents ages 65 and older reported needing help for emotional/mental health problems or use of alcohol/drugs compared to the state level.[234] The 2022 California Health Interview Survey data also show that of SCC older adults ages 65 and up who indicated needing help for emotional/mental health issues, a higher percentage indicated visiting a healthcare provider for emotional/mental or alcohol/drug issues in the past year compared to the state level.[235] Only 11% of adults aged 65 years and older in SCC who reported needing help for emotional/mental health issues also reported taking psychiatric medications for at least two weeks in the past year as compared to the state level (12%).[236] **Figure 5.1.36** shows the number of individuals aged 60 years and older who have received services from the County of Santa Clara Behavioral health Services (SCC BHS) each year from 2020 – 2023.[237]

Figure 5.1.36. Number of Clients (60+) Served by SCC BHS, 2020 – 2023



SCC BHS offers services and care to many older adults ages 60 and up.[238] The Adult and Older Adult Division serves adults who are unable to complete basic self-care skills. Services address social isolation as well as complex stressors, behaviors, and special needs unique to older adults.[239] Services are offered free or at low cost to SCC residents who have Medi-Cal or Medicare, and some services are available to those with no coverage.[240] Through Mental Health

[234] 2022 CHIS
[235] 2022 CHIS
[236] 2022 CHIS
[237] Data request from SCC Behavioral Health Services
[238] 2022 CHIS
[239] https://bhsd.sccgov.org/information-resources/adult-and-older-adult
[240] https://bhsd.sccgov.org/information-resources/adult-and-older-adult

Services Act (MHSA) funding, Prevention and Early Intervention programs specifically designed for older adults have been increased and expanded since 2021.[241,242]

The five most common diagnoses among older adults served by the Behavioral Health Services are displayed in **Table 5.1.4**.[243] The most prevalent conditions in recent years include schizophrenia, major depressive disorder, and schizoaffective disorder (bipolar type).

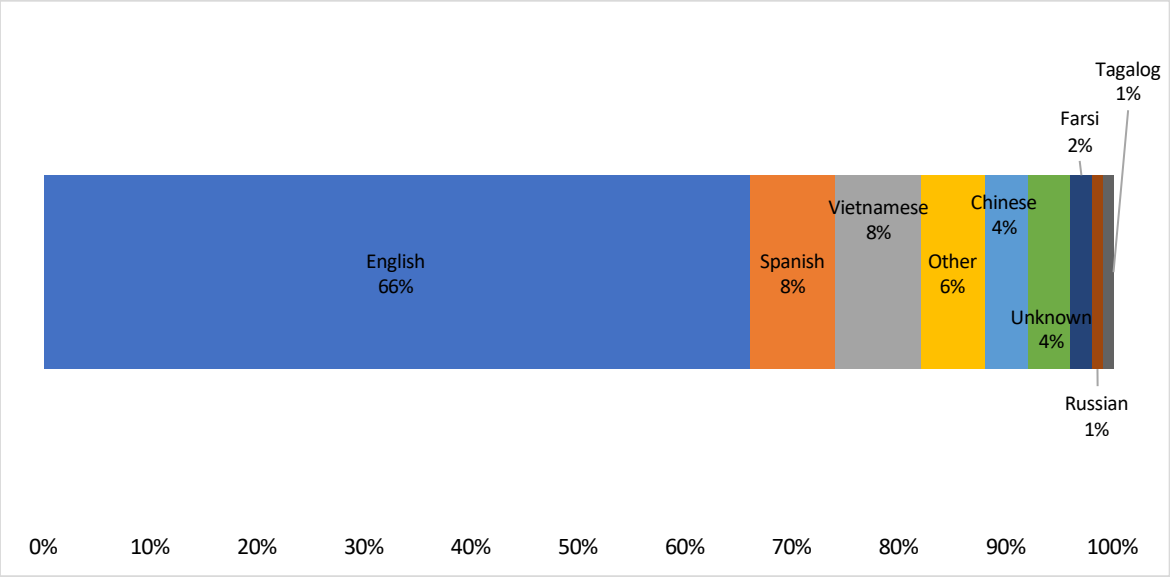
Table 5.1.4. Top 5 Diagnoses Among Older Adults Served by SCC BHS, 2020 – 2023

Diagnoses	2020	2021	2022	2023
Schizophrenia, Unspecified	27%	31%	26%	26%
Major Depressive Disorder, Recurrent, Moderate	23%	21%	26%	18%
Schizoaffective Disorder, Bipolar Type	13%	18%	15%	16%
Ruled out other suspected diseases/conditions	-	-	18%	25%
Bipolar Disorder	-	-	14%	15%
Paranoid Schizophrenia	22%	-	-	-
Schizoaffective Disorder, Unspecified	16%	-		
Major Depressive Disorder, Single Episode	-	15%	-	-
Major Depressive Disorder, Recurrent, Unspecified	-	15%	-	-

English is the most common language among older adults who received services from SCC BHS (see **Figure 5.1.37**),[244] which may suggest that mental health services are more difficult for non-English speakers to access due to language or cultural barriers.

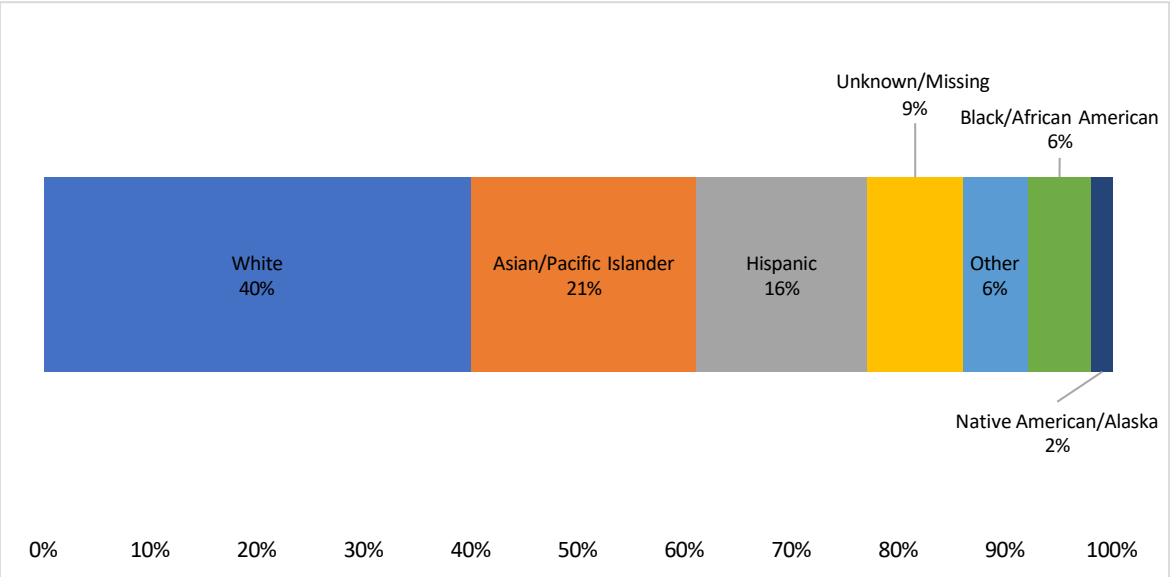
[241] 2022 Seniors Agenda
[242] SCC Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan
[243] Data request from SCC Behavioral Health Services
[244] Data request from SCC Behavioral Health Services

Figure 5.1.37. Language of Older Adults Served by SCC BHS



Overall, the race/ethnicity of SCC BHS older adult clients reflect that of the general SCC older adult population (see **Figure 5.1.38**) with approximately one in five clients identified as Asian/Pacific Islander or Hispanic and the largest proportion of clients served identified as White.[245]

Figure 5.1.38. Race/Ethnicity of SCC Older Adult Clients Served by SCC BHS



Approximately 19% of SCC older adults ages 65 years and older who sought treatment for self-reported emotional/mental or alcohol/drug issues did not receive treatment.[246] The SCC BHS

[245] Data request form SCC Behavioral Health Services
[246] 2022 CHIS

provides several emergency and ongoing mental and behavioral health programs designed to meet the needs of community members. Mental health programs specifically designed to serve older adult needs were introduced for the 2024 – 2026 funding cycle.[247] Some programs serve only older adults, while other programs serve other age groups as well. These programs are reported in the SCC Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan and are outlined in **Table 5.1.5**.[248]

Table 5.1.5. Programs Offered to SCC Older Adults for Mental Health Needs

Program Name	Need Addressed
Older Adult Full-Service Partnership	Provides intensive, wraparound services to individuals with serious mental illness through a "whatever it takes" approach to increase quality of life.
Outpatient Services for Older Adults	Provides mental services such as assessment, treatment planning, brief crisis intervention, short and longer-term counseling, case management, self-help, and peer support, outreach and engagement activities.
Clinical Case Management Team for Older Adults	Provides services that engage older adults who may be reluctant or unable to access needed mental health services due to geographic barriers, health issues, or stigma associated with receiving mental health services.
Elder's Story Telling Program	Serves culturally isolated older adults with mild to moderate depression using culturally proficient techniques of life review and reminiscence therapy.
Older Adult In-Home Peer Respite Program	Mobilizes peers from the community to provide free supportive counseling, visitation, and respite services for older adults aged 60 and up with a full-time, live-in caregiver.
Connections Program	Provides case management and linkage services to older adults who are at risk of abuse or neglect through collaboration with Adult Protective Services.

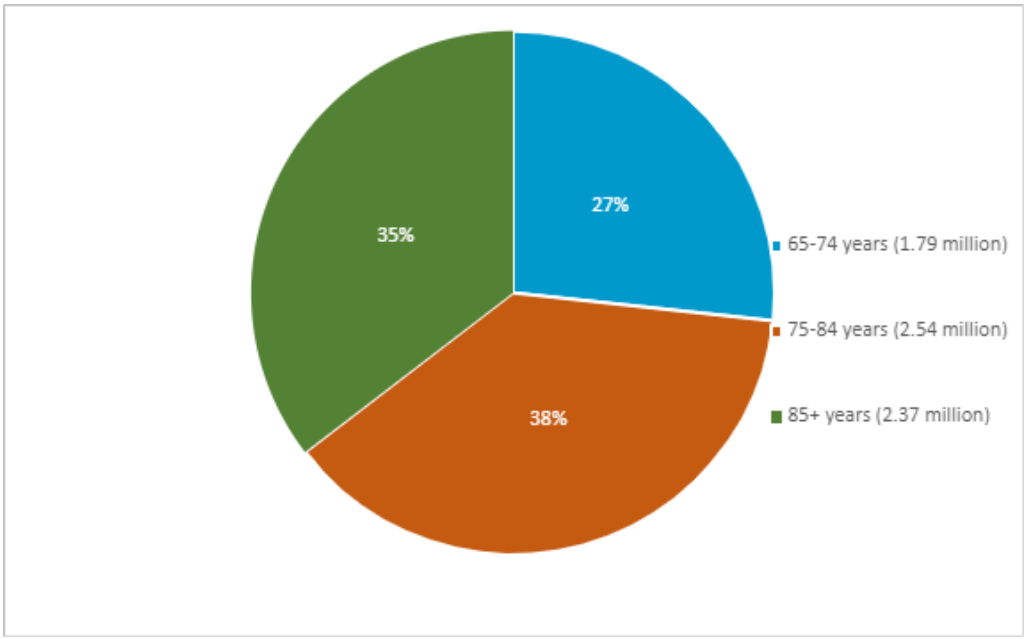
[247] SCC Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan
[248] SCC Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan

Alzheimer's Disease and Dementia

According to the California Department of Public Health, Alzheimer's disease is the most common form of dementia, accounting for 60 to 80% of cases and is ultimately fatal as there is no treatment currently available to delay or stop the deterioration of the brain cells.[249,250]

Data from the 2023 Alzheimer's Facts and Figures Report found that approximately 690,000 older adults in California who are 65 years and older suffer from Alzheimer's disease.[251] The number of California residents ages 65 and older with Alzheimer's disease is expected to grow by 22% between 2020 and 2025, affecting approximately 840,000 older adults in California by 2025.[252] Although Alzheimer's disease is most commonly diagnosed among older adults aged 75–84 years old (45%), Alzheimer's can affect people across all adult age groups (see **Figure 5.1.39**).[253] In SCC, approximately 35,300 residents are living with Alzheimer's disease or a related form of dementia. By 2040, this number is expected to increase to 82,300.[254]

Figure 5.1.39 Ages of People with Alzheimer's Disease in the US, 2023



[249] https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/AlzheimersDisease.aspx
[250] https://www.nia.nih.gov/health/what-happens-brain-alzheimers-disease#:~:text=Eventually%2C%20many%20other%20areas%20of,Ultimately%2C%20the%20disease%20is%20fatal
[251] https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf
[252] https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf
[253] 2023 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
[254] Alzheimer's Association, Healthy Habits for Your Brain, https://www.alz.org/norcal/helping_you/know-where-alz-hides-santa-clara

In 2022, a total of 16,859 Californians' cause of death was due to Alzheimer's disease.[255] On a national scale, the Alzheimer's Association reports that among older adult deaths each year, 1 in 3 older adults died with Alzheimer's or another type of dementia.[256] By 2050, the number of individuals diagnosed with Alzheimer's disease is expected to double nationwide.[257] Nationwide, deaths from Alzheimer's disease increased 145% from 2000 to 2010. In California, deaths from Alzheimer's disease increased 282% from 2000 to 2019.

Alzheimer's is the 6th leading cause of death in the United States and the third leading cause of death in California (see **Table 5.1.6**).[258,259]

Table 5.1.6 State and National Prevalence of Alzheimer's Mortality

	Number of cases of Alzheimer's in 2020	Number of deaths from Alzheimer's in 2019	Increase in deaths from Alzheimer's since 2000	Case of death ranking
California	690,000	16,859	282%	3
National	6.7 million	121,499	145%	6

In SCC, the average number of deaths from Alzheimer's is 39 per 100,000 people, or 0.039%.[260] Locations with the highest rates of Alzheimer's deaths are North Valley neighborhood in San Jose (0.078%) and Gilroy (0.065%); the lowest rates were in Calabazas (0.023%) and Cupertino Eastside region (0.025%).[261] California has developed two state plans to address the epidemic of Alzheimer's and to prepare for an increase in prevalence as the older adult population continues to grow.[262,263]

According to the Alzheimer's Association, approximately 1.4 million caregivers supported family members with the disease in California, providing 1.9 billion hours of unpaid care, which is valued at $44 billion.[264] In SCC, the average cost of memory care was $7,698/month, which was 40% higher than the national median.[265] In 2018, there were 1,496 emergency department visits for

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[255] 2023 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
[256] 2023 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
[257] 2023 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
[258] 2023 California Alzheimer's Statistics
[259] 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
[260] Santa Clara Public health department | https://data-sccphd.opendata.arcgis.com/datasets/sccphd::health-status-statistics-cities/explore
[261] Santa Clara Public health department accessed 10/28/2023 https://data-sccphd.opendata.arcgis.com/datasets/sccphd::health-status-statistics-cities/explore
[262] Recommendations for Alzheimer's Prevention, Preparedness
[263] Path Forward (2020) | https://caalztaskforce.org/wp-content/uploads/2020/11/2020-Alzheimers-Report_201118.pdf
[264] 2023 CA Alzheimer's Statistics, 2018 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
[265] https://www.caring.com/senior-living/memory-care-facilities/california/santa-clara-county

every 1,000 people with dementia.[266] Alzheimer's disease cost Medi-Cal $4.2 billion in 2020, with an estimate of $37,196 spending per capita on individuals with dementia in 2022.[267] Medi-Cal costs in caring for people with dementia is expected to increase by 25% from 2020 to 2025.[268]

The 2016 Age-Friendly Survey respondents identified four most important resources for caring for someone with dementia: access to specialty medical services, 24/7 access to dementia specialists, respite care, and legal and advance planning advice.[269]

5.1.5 Caregiving

At the national level, there are an estimated 38 million unpaid caregivers of adults aged 50 years or older. Within California alone, there are an estimated 4.4 million unpaid caregivers of adults aged 50 years and older as of 2023.[270] The average length of time as a caregiver is four and a half years.[271] These estimates are equivalent to roughly 1 in 10 individuals who are considered unpaid caregivers at both the national and state levels. [272]

While only 1 in 10 individuals are caregivers to adults aged 50 years or older, across the nation, 11% of caregivers indicated their health has decreased since they began caring for another individual. In 2021, the California Caregiver Resource Centers reported that over 30% of California caregivers surveyed reported fair or poor health and 35% reported worsening of health over the past year. Furthermore, about 20% of caregivers surveyed reported moderate to severe depressive symptoms and 35% reported feeling lonely as caregivers may feel isolated and unsupported in their caregiving role.[273] Informal family caregivers have higher levels of obesity, increased risk for heart disease, and a lower immune response to illnesses and infections.[274]

Although informal caregivers are more at risk of neglecting their own physical and mental health, paid formal in-home care can add additional stressors as the cost of care is high and creates a financial burden for the loved one. The median cost of in-home health aid is $32 per hour and respite care can cost up to $500 per day.[275] On average, caregivers spend $7,242 per year on out of-pocket costs to provide care to others and this out-of-pocket spending is highest among Hispanic/Latino caregivers.[276] Caregiving can result in a high financial cost for those providing

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[266] CA Alzheimer's Association
[267] CA Alzheimer's Association
[268] CA Alzheimer's Association
[269] 2016 Age Friendly Survey
[270] https://www.caregiver.org/uploads/2023/08/California-2023-1-1.pdf
[271] https://www.aplaceformom.com/senior-living-data/articles/caregiver-statistics
[272] https://health.ucdavis.edu/media-resources/family-caregiving/documents/pdfs/CCRC%20Evaluation-2021-Report-Exec-Summary.pdf
[273] https://health.ucdavis.edu/media-resources/family-caregiving/documents/pdfs/CCRC%20Evaluation-2021-Report-Exec-Summary.pdf
[274] https://www.caregiver.org/resource/caregiver-health/
[275] https://www.payingforseniorcare.com/california#:~:text=In%202021%2C%20per%20Genworth's'202021,as%20much%20as%20%2437.50%20%2F%20hour.
[276] https://www.aarp.org/research/topics/care/info-2016/family-caregivers-cost-survey.html

care. Nearly 1 in 3 caregivers took money from their own savings and 16% reduced their retirement contributions.[277]

Providing care to another individual can also have impacts beyond health and financial well-being. Approximately 62% of family caregivers are employed, and of those employed, 70% reported that caregiving had impacted their work.[278] Furthermore, an estimated 6% of family caregivers leave the workforce prematurely to provide care, leading to a reduction in both salary and Social Security benefits for affected family caregivers.[279]

In more recent years, individuals from the millennial generation have stepped into the role of family caregiving for an adult age 50 years or older. Furthermore, about 1 in 4 (24%) family caregivers is considered part of the millennial generation, suggesting that millennials play an important part in the caregiving process for the older population.[280,281]

According to a survey conducted by AARP, caregivers from the millennial generation are the most diverse, with more than half (56%) identifying as either African American/Black, Hispanic/Latino, or Asian American or Pacific Islander.[282] More than 2 in 5 (43%) millennial caregivers provide care for a parent and about 1 in 5 (22%) provides care for a grandparent. Additionally, 15% of millennial respondents report caring for an individual with dementia.[283]

Millennial family caregivers provide an average of approximately 21 hours of care per week to help with complex functional and medical/nursing tasks.[284] Millennial family caregivers are most likely to be employed compared to other generations of family caregivers. Moreover, more than half of millennial caregivers (61%) have reportedly experienced at least one negative impact on their paid work as a result of family caregiving and many do not feel their caregiving is supported by their workplace.[285] With the older adult population growing and more millennials fulfilling family caregiver roles, additional support may be needed for the millennial generation of family caregivers.

5.2 Identification of Need

Findings from the primary data collection initiatives and secondary sources are shared in this section to provide a more comprehensive picture of SCC older adult needs. The information is organized into the following subsections:

- 5.2.1 Knowledge of Resources and Services
- 5.2.2 Accessing Information and Resources for Older Adult Services
- 5.2.3 Ease of Access to Specified Services

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[277] https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2016/family-caregiving-costs.doi.10.26419-2Fres.00138.001.pdf
[278] https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2016/family-caregiving-costs.doi.10.26419-2Fres.00138.001.pdf
[279] https://www.caregiver.org/resource/caregiver-statistics-work-and-caregiving/
[280] https://www.aarp.org/content/dam/aarp/ppi/2018/05/millennial-family-caregivers.pdf
[281] https://www.thescanfoundation.org/media/2019/10/giveacare-10things_updated_0926_19.pdf
[282] https://www.aarp.org/content/dam/aarp/ppi/2018/05/millennial-family-caregivers.pdf
[283] https://www.usagainstalzheimers.org/sites/default/files/Dementia%20Caregiver%20Report_Final.pdf
[284] https://www.aarp.org/pri/topics/ltss/family-caregiving/millennial-family-caregiving/
[285] https://www.aarp.org/pri/topics/ltss/family-caregiving/millennial-family-caregiving/

- 5.2.4 Needs of Local Older Adults
- 5.2.5 Unmet Needs of Older Adults
- 5.2.6 Needs of Older Adult Caregivers & Impact of Caregiving
- 5.2.7 The Impacts of COVID-19 on Older Adults and Their Caregivers

A series of data collection efforts (i.e., SCC Community Survey of Older Adults, Focus Groups, Provider Survey, and Key Stakeholder Interviews) were conducted to obtain information from diverse perspectives in support of the 2024-28 Area Plan. Through these activities, older adults and older adult service providers were asked to share their perspectives on the service needs and gaps in services for older adults across SCC. The Focus Groups and Key Stakeholder Interviews provided insights into specific populations of older adults often overlooked within the general population and considered especially vulnerable to receiving inadequate services and resources. Thousands of older adults residing in SCC participated in the Community Survey, and numerous others participated in Focus Groups. Professional service providers engaged in a series of interviews and surveys designed to reach a broad range of individuals familiar with the current and emerging needs of SCC older adults.

To ensure that the Community Survey findings reflect the older adult population in SCC, the survey responses were weighted by age, gender, and ethnicity. Weighting data helps adjust the proportion of individuals within specific age, gender, and/or ethnicity groups that may be underrepresented within a survey sample to ensure that their survey responses more accurately reflect the population. All findings from the SCC Community Survey of Older Adults are reported in a weighted fashion to provide equal representation of individuals similar to the estimated SCC older adult population reported by the American Community Survey collected by the US Census Bureau in 2022.

Data from seven distinct secondary sources are also reported on to identify the needs of SCC older adults further and reaffirm the findings of the primary data collection efforts. These sources include the 2021 LGBTQIA+ Older Adults in Santa Clara County Report, the Family Caregiver Community-Based Organization Survey, the Direct Care Worker Organization Survey, the 2023 Santa Clara County Adult Caregiver Study Focus Groups, the Sourcewise 2020 COVID-19 Shelter in Place Impact Survey, the Sourcewise 2021 COVID-19 Impact Survey, and the 2023 Community Assessment Survey for Older Adults for Palo Alto and six adjacent communities (CASOA). The CASOA survey gathers insights from older adults in California on six key topics: community design, employment and finances, equity and inclusivity, health and wellness, information and assistance, and productive activities.[286] Section 5.2 uses data from these secondary sources to supplement the analysis of the primary data and contextualize the needs and perceptions of services for SCC older adults.

5.2.1 Knowledge of Resources and Services

Familiarity with Available Resources

Respondents to the SCC Community Survey of Older Adults were asked to indicate their level of familiarity with a series of Santa Clara County programs. There were differences in program

[286] California Department of Aging, Community Assessment Survey for Older Adults | https://aging.ca.gov/Community_Assessment_Survey_For_Older_Adults/

awareness between the two distinct age groups. Respondents between the ages of 60 and 74 were more aware of Meals on Wheels, Valley Transportation Authority's (VTA) ACCESS Paratransit services, and Sourcewise. In contrast, adults ages 75 and older were more aware of Senior Center Daily Meals (see **Table 5.2.1**). Additionally, there is a notable gap in awareness of resources within the Asian and Asian American communities of SCC older adults, in comparison to, African American, Hispanic or Latino/a, and White or Caucasian SCC older adults who were generally more aware of Meals on Wheels, VTA ACCESS Paratransit services, and Sourcewise.

Table 5.2.1. Familiarity with Programs or Services, SCC Community Survey of Older Adults [a] [b]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Meals on Wheels	53%	33%	58%	73%	63%	57%	45%
VTA ACCESS Paratransit services	42%	28%	51%	45%	45%	47%	32%
Sourcewise	41%	28%	62%	60%	39%	44%	33%
Senior Center Daily Meals	38%	33%	47%	49%	46%	37%	40%
In-Home Supportive Services	35%	28%	49%	45%	27%	39%	26%
Department of Aging	31%	17%	52%	49%	29%	37%	18%
Adult Protective Services	26%	15%	45%	46%	34%	30%	17%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Percentages are based on 2022 American Community Survey weighted estimates.

Findings from the CASOA survey corroborate the abovementioned findings. Although nearly half (49%) of respondents were somewhat or very informed about available services and activities, 73% identified a lack of knowledge about services available to older adults as a problem in the community.

Perception of Available Services and Resources

Focus Group data is an additional source of information that supplements the SCC Community Survey of Older Adults data and provides insights into the perceptions of specific populations of older adults who are especially vulnerable to receiving inadequate services and resources. Regarding perceptions of services, Focus Group participants were asked to share what types of resources and services they thought were currently available in SCC to address the needs of older adults. These perceived services and resources fit under two broad themes: 1) Services that Support Connectedness and 2) Services that Support Health and Wellbeing. Across these

themes, five examples stood out as the most widely mentioned because they were each discussed by more than half of the Focus Groups.

Services that Support Connectedness. For this theme, two examples were notable. A total of 7 out of 8 Focus Groups mentioned Transportation and 6 out of 8 mentioned Services for individuals with Limited Mobility.

Services that Support Health and Wellbeing. For this theme, there were three prominent examples. A total of 6 out of 8 Focus Groups discussed Food Security and Assistance, while 5 out of 8 mentioned Financial Services and lastly, Healthcare.

Table 5.2.2 shows that two main themes emerged regarding the types of services and recourses that were perceived as available to older adults in Santa Clara County by the eight different Focus Groups: 1) Services that Empower Connectivity and 2) Services that advance Health and Wellbeing. The table also provides examples that participants mentioned, which are characterized by each theme. Some Focus Groups listed more services and resources than others. For example, participants from the African American, Older Adults with Disabilities, Vietnamese Speaking, and Mandarin speaking Focus Groups mentioned the most resources and services. Conversely, the Spanish Speaking Focus Group participants mentioned the fewest resources and services. Note that a blue cell indicates that this example was discussed by the corresponding Focus Group at least once while a blank (white) cell means that the corresponding Focus Group did not discuss this example, Table 5.2.2 does not indicate a lack of resources or services for any one group.

Table 5.2.2: Most Widely Perceived Services Available to Older Adult Focus Group Participants

Number of Focus Groups Identifying Need	What types of services and/or resources do you think are currently available for older adults in Santa Clara County?	*Mandarin*	*Spanish*	*Vietnamese*	*African American*	*Older Adults with Disabilities*	*LGBTQIA+*	*Older Adults Living with HIV*	*Ombudspersons*
Services that Support Connectedness									
7	Transportation	■	■	■	■		■	■	■
6	Services for Those with Limited Mobility	■			■	■	■	■	■
4	Information Dissemination	■				■		■	■
3	Phone Access				■	■		■	
2	Translation Services	■	■						
1	Employment Services					■			
1	Legal Services			■					
Services that Support Health and Wellbeing									
6	Food Security and Assistance	■		■	■	■	■	■	
5	Financial Services		■	■	■	■		■	
5	Healthcare	■		■	■	■			■
4	Other Free Services	■		■	■				■
3	Fitness	■				■			■
3	Housing		■	■			■		
1	Hospice					■			
1	Security						■		
1	Entertainment						■		
1	Mental Health			■					
1	Caregivers			■					
1	Home Modification				■				

Key Stakeholder's Perceptions of Available Services

Seven Key Stakeholder Interviews were conducted to provide insights into specific populations of older adults who are considered especially vulnerable to receiving inadequate services and resources.

Interviewees listed resources and services that are currently available yet often mentioned that the services are insufficient to meet the current needs of the older adult population. In addition to stating there are not enough resources, interviewees also spoke about the need for greater messaging to inform older adults and their families about the resources/services that do exist (i.e., to increase awareness). Following is several of the services that the interviewees discussed:

***Ambassador Program at Sourcewise*:** The program engages community members by providing in-person or virtual, one-on-one interactions to address isolation and strengthen community connection.

***Transportation*:** Key Stakeholder respondents described excellent access to local transportation programs, including Para Transit, gas cards, bus passes and volunteers who provide transportation.

***Socializing*:** There is an abundance of resources through the County Department of Aging and Adult Services including public congregate meals and additional community-based organizations, such as Avenidas, providing a range of activities for socializing.

Elder Abuse and Reporting: Santa Clara County operates the local elder abuse reporting hotline; however, an interviewee reported the discrimination faced by LGBTQIA+ individuals when utilizing current reporting services and advocated for additional information and support be provided to all communities with a unique focus on empowering LGBTQIA+ adults in voicing abuse.

***Education*:** An interviewee featured their worksite as an educational hub that offers annual trainings to education professionals in the aging field, focusing on lessons in adult health and safety. Annual trainings on hoarding, adult protection services reporting, older adult mental health, brief assessments, and prescription medication substance use.

***Outreach Services*:** There are wellness centers open to anyone in the community, in-home outreach support, suicide prevention and crisis training (symptoms and risk assessment), and a suicide hotline.

***Caregiving*:** The interview data identified home care respite programs and peer support groups as resources that are currently available.

Interest in Receiving Services

In addition to perceptions of available services, data were collected by the SCC Community Survey of Older Adults on interest in receiving services. As reflected in **Table 5.2.3**, respondents for the SCC Community Survey of Older Adults were generally interested in receiving nearly all of the services listed in the survey. The services of least interest, or those services in which less than 1 in 4 respondents were interested, were help finding employment and help finding housing.

Table 5.2.3. Interest in Receiving Services, SCC Community Survey of Older Adults [a b]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Recreational or social activities	68%	63%	71%	70%	66%	75%	52%
Physical activities	61%	61%	66%	71%	54%	68%	47%
Health services	59%	77%	61%	49%	52%	59%	60%
General information on aging	57%	68%	80%	69%	53%	57%	58%
Educational classes	57%	55%	62%	50%	51%	65%	41%
Disaster and emergency preparedness	57%	57%	67%	65%	49%	60%	49%
Legal services	49%	51%	51%	44%	39%	53%	41%
Applying for government benefits	47%	60%	58%	69%	39%	47%	46%
Help with health insurance	45%	62%	57%	53%	36%	45%	44%
Fraud and financial abuse education	45%	43%	44%	43%	36%	51%	33%
Counseling or care management	44%	45%	67%	55%	32%	48%	36%
Congregate meals	43%	44%	61%	52%	30%	47%	36%
Home delivered meals	41%	44%	45%	59%	28%	41%	41%
In-home healthcare	40%	51%	60%	51%	33%	36%	48%
Home modification	35%	35%	34%	40%	23%	40%	23%
Help finding transportation	31%	39%	43%	32%	24%	29%	35%
Help finding housing	21%	24%	35%	32%	17%	23%	15%
Help finding employment	15%	16%	30%	30%	12%	19%	7%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Percentages are based on 2022 American Community Survey weighted estimates.

An estimated 1 in 5 respondents (21%) self-identified in the survey as a caregiver. **Table 5.2.4** indicates the types of caregiving services that SCC older adult caregivers would be interested in receiving. Respondents were most interested in receiving "General Information on Caregiving" with 55% of older adult caregiver respondents indicating that they would be interested in this service. The results also suggest that "Education or Classes on Caregiving" is the service in highest demand among respondents who are African American older adult caregivers with over 9 out of 10 expressing interest in this service.

Table 5.2.4. Interest in Caregiving Support Services, Older Adult Caregiver Respondents, SCC Community Survey of Older Adults [a b]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
General information on caregiving	55%	53%	70%	75%	56%	61%	44%
Self-care for yourself as a caregiver	49%	43%	55%	42%	52%	57%	30%
Counseling or help managing caregivers	48%	37%	63%	66%	55%	55%	34%
Education or classes on caregiving	46%	37%	69%	93%	49%	54%	28%
Information on managing difficult behaviors	45%	38%	59%	43%	47%	51%	33%
Support groups with other caregivers	42%	37%	59%	58%	45%	48%	29%
A short-term break from caregiving duties	42%	40%	49%	48%	42%	48%	29%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Percentages are based on 2022 American Community Survey weighted estimates.

Table 5.2.5 shows SCC Community Survey of Older Adults respondents who were interested in the listed health services on the survey. Almost half of the survey respondents were interested

in mobility and ambulation information specifically on maintaining balance and preventing falls, and exercise classes. These services may be particularly relevant among older adults as 27% of respondents from the CASOA survey had one or more accidental falls within the past 12 months.

Table 5.2.5. Interest in Health Services, SCC Community Survey of Older Adults [a b]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Information on maintaining balance and preventing falls	49%	52%	45%	37%	38%	48%	50%
Exercise classes	48%	50%	39%	51%	38%	53%	36%
Screenings for health conditions	40%	45%	59%	47%	36%	43%	34%
Information on healthy diets	38%	45%	50%	51%	33%	39%	36%
Classes on managing health conditions	37%	34%	38%	51%	28%	42%	25%
Information on volunteering opportunities	35%	25%	35%	46%	31%	43%	17%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Percentages are based on 2022 American Community Survey weighted estimates.

Accessing Information and Resources for Older Adult Services

Sources of Information

SCC Older Adult Survey respondents were asked to indicate their means of accessing information regarding older adult services available in SCC. **Table 5.2.6** outlines the primary ways respondents report accessing information about older adult services. Two sources were most popular, with almost 6 out of 10 using the internet and more than half of respondents relying on word of mouth.

Table 5.2.6. Current Sources of Information Regarding Older Adult Services, SCC Community Survey of Older Adults [a b]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and older
Internet	57%	47%	54%	49%	61%	64%	43%
Word of Mouth (Spouse/partner, family members, or friends)	52%	43%	64%	57%	51%	55%	46%
Television or radio	44%	35%	55%	52%	39%	45%	39%
Direct mail	42%	37%	42%	60%	39%	45%	37%
Physician, hospital, or health center	41%	37%	63%	55%	48%	39%	45%
Newspapers or magazines	40%	35%	57%	41%	46%	39%	40%
Senior center	36%	33%	54%	62%	38%	36%	35%
Printed senior resource guide/brochure	35%	28%	49%	46%	29%	38%	27%
Social Media	27%	25%	45%	48%	30%	30%	22%
Faith-based organization	18%	15%	40%	45%	17%	19%	14%
Senior information call center	17%	14%	41%	42%	17%	18%	12%
Phone book	16%	14%	44%	27%	16%	18%	14%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Percentages are based on 2022 American Community Survey weighted estimates.

The responses gathered from the SCC Older Adult Survey were echoed by 7 out of the 8 Focus Groups, as they named word of mouth as the primary source of information dissemination for older adult services.

Table 5.2.7 describes the information sources listed by Focus Group participants and how many Focus Groups discussed each source of information. Two themes emerged that characterize participants' discussion. More specifically, where information is found (i.e., Information Sources) and how information is accessed (i.e., Information Channels). Non-governmental organizations (NGOs) were mentioned most by Focus Group participants (5 out of 8). For the Information Channels theme, Word of Mouth (7 out of 8) and TV, Radio, and social media (5 out of 8) were mentioned most frequently. Overall, Word of Mouth was the most widely mentioned way through which Focus Group participants found out about the resources and services they thought were available to older adults in SCC.

Table 5.2.7. Older Adult Focus Group Participants' Perceptions of Sources of Information for Available Services

Number of Groups Identifying Source of Information	How do you know about or how did you hear about the services currently available to older adults in SCC?	*Mandarin*	*Spanish*	*Vietnamese*	*African American*	*Older Adults with Disabilities*	*LGBTQIA+*	*Older Adults Living with HIV*	*Ombudspersons*
Sources of Information									
5	NGOs	■		■	■			■	■
3	Churches/places of worship		■		■				■
3	County					■	■	■	
2	Staff at senior/community centers		■				■		
2	Libraries					■			■
1	Specific agencies that share information (e.g., Sourcewise)						■		
1	Employer						■		
1	City							■	
1	Doctors, nurses, social workers, and/or medical staff				■				
Information Channels									
7	Word of Mouth	■	■	■	■	■		■	■
5	TV, Radio, and social media			■	■	■	■	■	
2	Senior Groups			■				■	
2	Events and/or program activities			■					■
1	Print Media							■	
1	Online newsletters/listserv notifications					■			
1	Webinar								■

Key Stakeholder Interview Insights on Information Sharing Among Older Adults

Key Stakeholder Interviews also partially confirm these findings. Interviewees identified resources for information dissemination among older adults in Santa Clara County. A theme here was identifying the most common sources of information for older adults in Santa Clara County. Stakeholders described the information channels about services for older adults that are used most frequently, such as websites, outreach events (festivals, corporate events), bus campaigns, presentations, newsletters, word of mouth, senior centers, medical facilities, the internet, and radio. While these resources were effective, interviewees noted that the

information available has limits and needs to be available in more languages. Interviewees also identified barriers for older adults accessing information. These barriers include a lack of access to technology, computer literacy, and affordable internet service.

Subsequently, interviewees offered suggestions for improving access to information. For example, the interview data suggests that more education is needed to teach older adults how to use technology safely. In addition, interviewees described how many older adults do not have the technology at home and/or cannot afford internet access. Interviewees also discussed that classes on how to use technology are a key resource; including provided information on where older adults in Santa Clara County can get access to devices; and spoke about helpful websites for older adults in need.

Internet Use to Access Information

The SCC Community Survey of Older Adults asked about the amount of time older adults spend using the internet on a weekly basis. When looking across race/ethnicity and age groups among the respondents, White/Caucasian older adults were more likely to use the internet daily compared to Hispanic or Latino/a, African American, and Asian/Asian American respondents (see **Table 5.2.8**). Similarly, younger respondents (ages 60-74) were, on average, more likely to use the internet every day of the week than those ages 75 and older.

Table 5.2.8. Frequency of Internet Use, SCC Community Survey of Older Adults [a]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Never	9%	15%	7%	13%	6%	4%	20%
Less than one day a week	8%	4%	26%	14%	8%	8%	7%
1 – 3 days a week	12%	12%	35%	15%	11%	13%	10%
4 – 6 days a week	9%	10%	9%	26%	8%	9%	9%
Daily (7 days a week)	60%	56%	21%	30%	64%	64%	50%
Decline to answer	2%	3%	2%	2%	3%	2%	4%

a. Percentages are based on 2022 American Community Survey weighted estimates.

Provider Survey respondents were also asked a question about internet use among the older adults they serve. When respondents were asked “about how many of your clients are comfortable using the internet,” providers had a mix of clients who were comfortable and who were not comfortable (see **Table 5.2.9**). Of note, most respondents selected “Most are not very comfortable, but some are very comfortable.”

Table 5.2.9. Provider's Perceptions of Client Comfort Level with Using the Internet, Provider Survey

	Percentage
Almost all are very comfortable	4%
Most are very comfortable, but some are not very comfortable	31%
Most are not very comfortable, but some are very comfortable	54%
Almost all are not very comfortable	11%

Regarding technology use, findings from the CASOA revealed that a majority of respondents (90%) have high-speed internet at home and access the internet using devices such as computers, laptops, or tablets (91%) and cell phones (90%).

Ease of Access to Information

The SCC Community Survey of Older Adults asked: "In general, how easy or difficult is it to find information about senior services?" (see **Table 5.2.10**). Of note, 1 in 4 respondents found it "Difficult" or "Very Difficult" to find information about older adult services.

Table 5.2.10. Ease of Accessing Information about Services, SCC Community Survey of Older Adults [a]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Very easy	4%	3%	9%	19%	5%	5%	3%
Easy	29%	23%	56%	35%	36%	31%	25%
Difficult	21%	29%	16%	6%	16%	17%	28%
Very difficult	4%	5%	2%	3%	2%	3%	6%
Never looked for information about senior services	37%	32%	14%	25%	37%	41%	31%
Decline to answer	5%	8%	3%	12%	4%	3%	7%

a. Percentages are based on 2022 American Community Survey weighted estimates.

Preferred Methods to Access to Information

SCC older adults were asked about their preferred way to receive information about older adult services. As shown in **Table 5.2.11**, more than 7 out of 10 respondents preferred to receive information via government or non-profit websites (71%) and almost 7 out of 10 respondents (69%) preferred to receive information through a health center, such as their physician's office or a hospital.

Table 5.2.11. Preferred Ways to Receive Information about Older Adult Services, SCC Community Survey of Older Adults [a b]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and older
Websites for government or non-profit services	71%	61%	69%	69%	74%	77%	57%
Health center (Physician's office, Hospital)	69%	61%	66%	79%	69%	71%	64%
Printed senior resource guide	66%	59%	61%	49%	68%	67%	65%
Senior Center	64%	60%	66%	66%	61%	68%	55%
Direct mail	56%	60%	59%	71%	59%	53%	61%
Senior Information Call Center	50%	39%	59%	46%	49%	53%	43%
Television features or ads	43%	39%	55%	69%	36%	45%	39%
Newspaper articles or ads	40%	37%	52%	51%	43%	40%	38%
Social media (e.g., Facebook, Instagram)	29%	31%	46%	53%	30%	32%	23%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Percentages are based on 2022 American Community Survey weighted estimates.

Table 5.2.12 lists the preferred information methods of older adults, as identified by providers. Confirming the SCC Community Survey of Older Adults findings, government, or non-profit agencies (54%) were listed by Provider Survey respondents as a preferred source of information.

Table 5.2.12. Providers' Perceptions of Preferred Methods of Accessing Information by Older Adults, Provider Survey [a]

	Percentage
Your agency	54%
Other non-profit or government agencies	54%
Direct mail	46%
Printed senior resource guide/brochure	46%
Physician, hospital, or health center	41%
Electronic mail (E-mail)	33%
Senior information call center	26%
Websites for government or non-profit services	24%
Newspaper articles or ads	24%
Television features or ads	17%
Social media	15%
Other[b]	13%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.

b. Other preferred methods of clients accessing information about older adult services and care included the following: senior centers, word of mouth/in-person interactions with peers, and client-dependent.

5.2.2 Ease of Access to Specified Services

The SCC Community Survey of Older Adults asked about ease of access for several specified services offered throughout the county to address older adult needs. As shown in **Table 5.2.13**, (1) health services; (2) recreational or social activities; and (3) help with health insurance were the easiest to access for respondents. Of note, a substantial percentage of respondents indicated that they "have not used" numerous available services (i.e., 47% to 78% depending on the service).

Table 5.2.13. Ease of Access to Specified Services, SCC Community Survey of Older Adults [a] [b]

	Easy to Access	Hard to Access	Have Not Used
Health services	38%	10%	47%
Recreational or social activities	30%	13%	52%
Help with health insurance	28%	10%	56%
Physical activities	27%	9%	59%
General information on aging	25%	6%	65%
Educational classes	21%	8%	66%
Congregate meals	19%	8%	68%
Applying for government benefits	17%	13%	64%
Help finding transportation	16%	8%	70%
Disaster emergency preparedness	16%	9%	69%
In-home health care	15%	10%	68%
Home-delivered meals	15%	9%	71%
Legal services	14%	11%	69%
Fraud & financial abuse education	14%	9%	70%
Counseling or care management	14%	10%	71%
Home modification	11%	10%	73%
Help finding housing	9%	8%	77%
Help finding employment	8%	7%	78%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Percentages are based on 2022 American Community Survey weighted estimates

Access to and Perceptions of Safety Using Transportation Methods

The SCC Community Survey of Older Adults also asked about access to, and perception of, safety while using different transportation methods. As shown in **Table 5.2.14**, respondents were asked to indicate how safe they felt using different modes of transportation. Overall, respondents indicated that they felt **least safe** riding a bicycle, driving themselves, using public transit, and walking. Note that Hispanic or Latino/a (22%) and African American (19%) respondents felt least safe getting rides from others.

Table 5.2.14. Respondents who feel "Unsafe" with Modes of Transportation, SCC Community Survey of Older Adults [a]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Ride a bicycle	12%	13%	9%	7%	13%	13%	11%
Drive yourself using a motorized vehicle (e.g., car or motorcycle)	7%	4%	9%	13%	9%	8%	4%
Public transit	7%	8%	5%	1%	8%	8%	5%
Walk	7%	10%	9%	1%	7%	4%	13%
Get rides from others	5%	3%	22%	19%	5%	7%	2%
Traditional taxi service	4%	3%	10%	10%	3%	4%	3%
VTA ACCESS Paratransit services	3%	3%	6%	0%	3%	3%	3%
Application-based taxi service (e.g., Uber or Lyft)	3%	2%	11%	7%	4%	4%	3%
Local community senior transportation service	1%	0%	9%	0%	2%	2%	0%

a. Percentages are based on 2022 American Community Survey weighted estimates.

As shown in **Table 5.2.15**, the SCC Community Survey of Older Adults asked respondents to indicate whether they "Feel they have adequate access to transportation." Just over three-quarters of respondents felt they had adequate access to transportation. However, Asian, and Asian American respondents and those over age 75 were less likely to report having sufficient transportation access.

Table 5.2.15. Adequate Access to Transportation, SCC Community Survey of Older Adults [a]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Has adequate access to transportation	77%	63%	83%	87%	83%	83%	63%
Does not have adequate access to transportation	19%	30%	15%	13%	15%	14%	31%
Not sure	4%	7%	2%	0%	2%	3%	6%

a. Percentages are based on 2022 American Community Survey weighted estimates.

Findings from the CASOA survey also revealed concerns with transportation, with 41% of respondents reporting that the availability of safe and affordable transportation poses a problem in the community. Furthermore, the ease of traveling by walking (65%), biking (54%), and public transit (32%) were rated less positively than traveling by car (78%)

5.2.3 Needs of Local Older Adults

Focus Group participants were asked to share their perceptions of the service needs of older adults living in SCC that were most important. Of all the examples of service needs that were mentioned, four themes emerged: 1) Connectedness, 2) Health and Wellbeing, 3) Advocates and Protection, and 4) Programs.

The two most important themes, as indicated by nearly all the eight Focus Groups, included:

(1) Connectedness

(2) Health and Wellbeing

Connectedness. All eight Focus Groups identified service needs that dealt with Connectedness as being most important. For example, 6 out of 8 Focus Groups discussed the importance of Computer Literacy, making it not only the most widely mentioned example of Connectedness, but also the most widely mentioned example of an important need across all four themes. Companionship and/or Opportunities to Socialize (four Focus Groups), Transportation (four Focus Groups), In-Home Aid Workers (three Focus Groups), and Service Workers (two Focus Groups) were also examples of Connectedness mentioned by Focus Group participants. Some Connectedness examples were discussed by individual Focus Groups. For example, the Spanish Speaking Focus Group discussed the need for a Service Directory and a Native Language Support Group. Similarly, the Vietnamese Speaking Focus Group mentioned the need for

Translation Services and Paperwork Simplification. Overall, Focus Group participants emphasized the importance of SCC older adults staying socially connected.

Health and Wellbeing. Almost all (7 out of 8) Focus Groups spoke about the importance of examples of Health and Wellbeing for SCC older adults. Overall, Healthcare was the most widely mentioned example of Health and Wellbeing, as it was discussed in 5 out of the 8 Focus Groups. The Healthcare theme includes examples of affordable healthcare and access to affordable dental coverage. Food Security and Assistance, as well as Fitness, such as exercise programs, were discussed by a quarter of the Focus Groups. Similarly, Financial Assistance and Housing were each mentioned by half of the Focus Groups. Examples provided by Focus Group participants were discounts and housing subsidies. Finally, there were several Health and Wellbeing service needs that were discussed by individual Focus Groups. For example, Emergency On-Call Services was mentioned by the Mandarin Speaking Focus Group, while the Older Adults Living with HIV Focus Group discussed the need for a Spiritual Community. Similarly, the LGBTQIA+ Focus Group discussed Public Safety while the Ombudspersons Focus Group discussed Miscellaneous Support, Services, such as assistance with ambulatory device maintenance and assistance in navigating to accessible medical equipment.

Two additional themes, as mentioned by four or fewer Focus Groups, included:

(1) Advocates and Protection

(2) Programs

Advocates and Protection. While not as common, examples of the theme of Advocates and Protection were mentioned across 4 out of the 8 Focus Groups. Here, four Focus Groups discussed the need for Senior Advocates, such as people to help with paperwork and gaining access to aid programs. Two Focus Groups also mentioned Protection from Scammers. Finally, examples of the Healthcare Advocates theme were discussed by the Older Adults with Disabilities Focus Group. For Focus Group participants, examples of Healthcare Advocates were qualitatively different from examples of Senior Advocates. Focus Group participants spoke of Senior Advocates as those who can provide advocacy across a broad range of services, while the Older Adults with Disabilities Focus Group spoke of Healthcare Advocates as those who could help with medical issues, such as being present during doctors' appointments.

Programs. Examples of the theme of Programs were discussed by the fewest number of Focus Groups relative to the other themes. However, examples of Programs were still discussed as important needs of SCC older adults. A total of 3 out of 8 Focus Groups discussed the need for Outreach programs to spread information to SCC older adults. Furthermore, two Focus Groups discussed the need for government-funded Social Programs. Finally, the African American Focus Group specifically mentioned Adult Daycare, while the Ombudspersons Focus Group specifically mentioned the need for Residential Care Facilities for the Elderly.

Table 5.2.16 shows the four different themes that emerged from the Focus Groups regarding the most important needs as perceived by participants, as well as individual examples of these needs.

Table 5.2.16. Service Needs Identified by Focus Group Participants as Important for Older Adults in SCC

Number of Groups Identifying Service Needs as One of the Most Important	What do you think are the most important service needs of older adults in Santa Clara County?	*Mandarin*	*Spanish*	*Vietnamese*	*African American*	*Older Adults with Disabilities*	*LGBTQIA+*	*Older Adults Living with HIV*	*Ombudspersons*
Total: 8	Connectedness								
6	Computer Literacy		■	■	■	■	■		■
4	Companionship and/or Opportunities to Socialize				■	■	■	■	
4	Transportation	■		■			■	■	
3	In-Home Aid Workers		■	■	■				
2	Service Workers					■			■
1	Service Directory		■						
1	Native Language Support Group		■						
1	Translation services			■					
1	Paperwork Simplification			■					
Total: 7	Health and Wellbeing								
5	Healthcare	■		■	■		■		■
4	Financial Assistance	■	■		■			■	
4	Housing		■		■		■		■
3	Mental Healthcare Services				■		■		■
2	Food Security and Assistance	■						■	
2	Fitness				■			■	
1	Emergency On-Call Services	■							
1	Spiritual Community							■	
1	Public Safety						■		
1	Miscellaneous Support Services								■
Total: 4	Advocates and Protection								
4	Senior Advocates		■	■	■	■			
2	Protection from Scammers			■		■			
1	Healthcare Advocate					■			
Total: 3	Programs								
3	Outreach	■						■	■
2	Social Programs							■	■
1	Residential Care Facilities for the Elderly								■
1	Adult Daycare				■				

Within these themes, Focus Group participants discussed what they thought were the top three most important needs of SCC older adults. These needs are listed in **Table 5.2.17**.

Examples of Health and Wellbeing emerged as one of the most widely discussed needs for SCC older adults, with 6 out of 8 Focus Groups naming an example of this theme in their list of top

three most important needs. Two Focus Groups identified Mental Healthcare Services and Housing in their list of top three needs.

Connectedness theme was the second most widely discussed of the top three needs, five out of the eight total Focus Groups gave examples of this need on their top three lists. One top example discussed by two focus groups was Computer Literacy programs.

Finally, examples of Programs, as well as examples of Advocates and Protection, were the least widely discussed as being the ‘top three’ most important needs. Nevertheless, two Focus Groups listed government funded Social Programs in their list of ‘top three’ most important needs for SCC older adults.

Table 5.2.17. Top Three Most Important SCC Older Adult Service Needs Identified by Focus Group Participants

Number of Groups Identifying Service Needs as One of the Top Three Most Important	Which of the needs mentioned do you think are the top three most important and why?	*Mandarin*	*Spanish*	*Vietnamese*	*African American*	*Older Adults with Disabilities*	*LGBTQIA+*	*Older Adults Living with HIV*	*Ombudspersons*
Total: 6	Health and Wellbeing								
2	Mental Healthcare Services								
2	Housing								
1	Healthcare								
1	Emergency On-Call Services								
1	Financial Aid								
1	Food Security and Assistance								
1	Public Safety								
1	Miscellaneous support services								
0	Spiritual Community								
Total: 5	Connectedness								
2	Computer Literacy								
1	Companionship and/or Opportunities to Socialize								
1	Transportation								
1	Service Workers								
1	Service Directory								
1	Native Language Support Group								
1	Translation Services								
1	Paperwork Simplification								
0	In-Home Aid Workers								
0	Fitness								
Total: 3	Programs								
2	Social Programs								
1	Outreach								
1	Adult Daycare								
0	Old Age Homes								
Total: 1	Advocates and Protection								
1	Senior Advocates								
0	Healthcare Advocate								
0	Protection from Scammers								

Key Stakeholder Interviewees' Top Priority Needs

All seven interviewees were asked to indicate the most important needs of older adults living in Santa Clara County. The interview data suggests that the following were most important to address social isolation; transportation; mental health and substance abuse services; technology access, education, and utilization; and housing.

Social Isolation. According to interviewees, social isolation is caused by families relocating or dysfunctional family dynamics, a lack of transportation, physical challenges, and limited finances. For example, one participant said "*Many people are moving out of California and grandma may not be able to go with them. It may be hard for the older adults to move with them*." Interviewees noted that those most affected are often the white/Caucasian population, as they have the highest tendency to not have intact families when compared to other cultures. In the words of an interviewee, "*A group that tends to leave [older adults] on their own is the white population, so a lot of homebound tend to be white. They have less family connection*." Many of the interviewees also pointed out that older adults continue to need more opportunities for intergenerational connectedness.

Transportation. Another highly prioritized need was transportation. Here, the interview data indicates that transportation accessibility and affordability for older adults is lacking in Santa Clara County. Interviewees also reported that the schedule of public transportation posed a problem for older adults. One interviewee summarized the need by explaining that "S*ome older adults do not have cars. Public transportation is not convenient*." Another explained that "*Not having transportation increases isolation.*"

Mental Health and Substance Abuse Treatment. Another critical area of need, according to interviewees, is mental health and substance abuse treatment. For this area, interviewees explained that mental health and substance use concerns often go undetected, as they are viewed as a normal part of aging. Interviewees stated that providers need training on how to tell the difference between age-related concerns and mental health concerns, and that substance abuse treatment catered specifically for older adults is needed. As one interviewee stated, "*We do not have anything really designated for [older] individuals with substance use issues. Something more resolute that addresses older adults with substance use or severe mental health issues would be great.*" Another interviewee identified mental health and substance abuse treatment as particularly tricky because "*if cognitive issues come up before mental health issues, we are not able to enroll individuals into our system so there is a gap in terms of what other kind of care they can fit into.*"

Technology Access and Utilization. Technology access and utilization was another theme that emerged among interviewees. This theme was often related to issues of social isolation. Interviewees explained that technology barriers are problematic because many older adults may not use phones. Some interviewees offered a concrete solution, arguing that more technology classes should be offered through senior centers. However, an issue here that interviewees raised is that older adults who do not leave their homes to attend these classes are excluded from these services. An additional resource that interviewees identified is senior living communities, which are also a place to educate older adults on technology use. While improving access to technology and increasing digital literacy may improve technology access and utilization, not all older adults want to use technology. This issue was identified as particularly challenging by interviewees, as technology can help address loneliness and social isolation, but most interviewees recommended in-person activities to address concerns about loneliness over technological solutions. In the words of one interviewee: "*Folks are appreciative*

of ways to connect digitally, but most prefer in-person interaction." Another explained: "*Increasing and improving ways to connect older adults to resources is needed*."

Housing. Finally, housing was an issue that was discussed by interviewees. Housing safety, such as fall hazards and emergency preparedness was also a concern. Interviewees reported that the need for more assistance in helping older adults find safe and affordable housing will likely only continue to grow in the coming years. It was also shared that LGBTQIA+ individuals encounter problems with discrimination when seeking housing. One interviewee offered: "*There should be housing units specific for the LGBTQIA+ community. This would help counteract discrimination against this subgroup of older adults."*

Language Service Needs of Older Adults

The SCC Community Survey of Older Adults respondents were asked about their primary language spoken at home and whether they had experienced any language barriers when trying to access information. **Table 5.2.18** shows that 1 out of 5 respondents overall experienced difficulty accessing information due to a language barrier, with Hispanic or Latino/a respondents reporting this most frequently (43%).

Table 5.2.18. Experienced Language Barriers in Accessing Information, SCC Community Survey of Older Adults [a]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Experienced language barrier in accessing information	20%	30%	43%	27%	11%	18%	24%

a. Percentages are based on 2022 American Community Survey weighted estimates.

As shown in **Table 5.2.19**, findings from the SCC Community Survey of Older Adults show that 12% of respondents primarily speak Mandarin at home, while this number is at 8% for Vietnamese, 3% for Cantonese, 1% for Spanish, and 1% for Tagalog.

Table 5.2.19. Respondents' Primary Language Spoken at Home, SCC Community Survey of Older Adults [a]

	Percentage
English	69%
Chinese Mandarin	12%
Vietnamese	8%
Chinese Cantonese	3%
Spanish	1%
Tagalog	1%
Other	4%
Decline to answer	2%

a. Percentages are based on 2022 American Community Survey weighted estimates.

From the perspective of providers, over 60% reported that their clients' preferred languages are Chinese Mandarin, Vietnamese, Spanish, and/or English. Additional information regarding clients' preferred languages is available in **Table 5.2.20**.

Table 5.2.20. Percentage of Providers who have Clients with Selected Preferred Languages, Provider Survey [a]

	Percentage
English	97%
Spanish	80%
Vietnamese	67%
Chinese Mandarin	63%
Chinese Cantonese	41%
Tagalog	28%
Hindi	26%
Korean	22%
Punjabi	22%
Japanese	20%
Other[b]	13%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Other languages providers indicated their clients preferred included: Russian, Farsi, and Cambodian.

A total of 72% of respondents from the Provider Survey indicated that their clients have difficulty accessing information or services due to a language barrier. When asked to describe why different language barriers exist for their clients, providers most often stated that clients do not speak English at all or do not speak it well enough to navigate the complex systems of care on their own.

Respondents on the Provider Survey reiterated the difficulty of finding staff or volunteers who can communicate and address clients who speak languages other than English. Providers also mentioned a lack of printed resources for clients in their preferred language as a challenge for older adults trying to access information or services.

Needs of Older Adults Identified by Call Center Referrals

Across fiscal years 2019–2020, 2020–2021, 2021–2022, and 2022–2023, the Sourcewise Information & Awareness program recorded receipt of 114,657 calls wherein referrals for older adults and caregivers were made. In FY 2022–2023, the top 10 types of service referrals Sourcewise Information & Awareness provided to older adults were:

- Meals/Food
- Transportation
- Community/Organizational/International Services
- In-Home Services
- Housing Options/Resources
- Insurance
- Financial Assistance

- Case/Care Management
- Employee/Education/Volunteerism
- Caregiver Support

5.2.4 Unmet Needs of Older Adults

Services Perceived to be Lacking for Older Adults

The SCC Community Survey of Older Adults asked respondents about the services in SCC for older adults that they perceive to be lacking. **Table 5.2.21** shows that overall, about 1 in 3 SCC Community Survey of Older Adults respondents thought that there were services lacking for 1) recreational and social activities and 2) physical activities. Additionally, approximately 3 in 10 thought that there were services lacking for 1) legal services, 2) in-home healthcare, 3) counseling or care management, and 4) general information on aging. The following table shows services perceived as lacking by race/ethnicity and age. Services perceived to be most lacking among African American and Hispanic/Latino respondents were applying for government benefits. One of the services perceived as most lacking among respondents aged 75 years and older is in-home healthcare.

Table 5.2.21. Services Perceived to be Lacking among Older Adults, SCC Community Survey of Older Adults [a] [b]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Recreational or social activities	35%	29%	42%	16%	28%	40%	23%
Physical activities	33%	30%	41%	29%	23%	38%	20%
Legal services	31%	26%	40%	28%	24%	35%	23%
In-home healthcare	30%	27%	29%	31%	23%	34%	23%
Counseling or care management	30%	22%	33%	31%	24%	35%	18%
General information on aging	30%	24%	37%	34%	22%	33%	22%
Health services	29%	24%	33%	20%	23%	34%	20%
Educational classes	28%	22%	39%	22%	20%	33%	16%
Help finding transportation	27%	20%	41%	27%	19%	31%	19%
Disaster and emergency preparedness	27%	22%	34%	31%	20%	31%	18%
Home-delivered meals	26%	22%	33%	31%	17%	29%	18%
Applying for government benefits	25%	26%	42%	44%	24%	26%	23%
Fraud and financial abuse education	23%	25%	37%	21%	22%	24%	20%
Help with health insurance	23%	24%	33%	19%	23%	24%	19%
Help finding housing	22%	21%	35%	26%	23%	24%	18%
Home modifications	20%	22%	37%	21%	18%	22%	16%
Congregate meals	17%	17%	25%	22%	17%	19%	11%
Help finding employment	15%	14%	24%	29%	14%	18%	9%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Percentages are based on 2022 American Community Survey weighted estimates.

Among Provider Survey respondents, the most frequently identified unmet needs of older adults are shown in **Table 5.2.22.**

Table 5.2.22. Most Important Unmet Needs of Older Adults as Identified by Providers, Provider Survey [a]

	Percentage
Help finding housing	78%
Access to transportation	61%
Caregiver support	54%
In-home health care	54%
Counseling or care management	46%
Recreational or social activities	44%
Physical activities	43%
Fraud and financial abuse education	43%
Health services	41%
Home modification	41%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.

Providers were specifically asked to select the most important unmet needs of older adults in Santa Clara County. **"Help finding housing," (12%) was selected by more respondents than any other options.** Other needs identified were:

- Caregiver support (10%)
- In-home health care (10%)
- Home-delivered meals (8%)
- Access to transportation (6%)
- Counseling or care management (6%)
- Educational classes (6%)
- Health services (6%)
- Fraud and financial abuse education (4%)
- General information on aging (4%)
- Legal services (4%)
- Recreational or social activities (4%)

Additional open-ended suggestions included: vetted and updated resource lists that are shared with both older adults and providers; technology/digital literacy education; and mental health and dementia care.

The unmet needs identified in the primary data collection strategies also overlap with those from the CASOA survey. Having interesting social events or activities to attend (47%), finding affordable health insurance (41%), getting the health care needed (39%), and being able to perform regular activities (e.g., walking, eating, preparing meals) were some of the most problematic concerns among survey respondents.

The SCC Community Survey of Older Adults asked about serious community concerns. **Table 5.2.23** shows issues that SCC Community Survey of Older Adults respondents thought were of "serious concern." Approximately half of the respondents thought that crime was an issue of critical concern. Additionally, approximately 1 in 3 respondents thought healthcare was a sincere concern and at least 1 in 4 respondents thought energy/utilities, money to live on, and financial fraud were serious concerns.

Table 5.2.23. "Serious" Community Concerns among Respondents, SCC Community Survey of Older Adults [a b]

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Crime	53%	56%	46%	53%	46%	56%	48%
COVID-19	37%	48%	38%	25%	34%	33%	46%
Healthcare	33%	46%	34%	30%	28%	30%	40%
Energy/utilities	31%	38%	32%	30%	28%	30%	33%
Money to live on	27%	36%	31%	27%	20%	26%	29%
Financial fraud	25%	37%	26%	19%	19%	24%	28%
Information about services/benefits	25%	35%	36%	31%	18%	22%	32%
Safety and Mobility	24%	39%	31%	23%	16%	19%	35%
Nutrition/food	21%	28%	24%	32%	14%	19%	24%
Legal affairs	20%	27%	23%	20%	15%	20%	20%
Loneliness	19%	25%	24%	24%	13%	18%	21%
Transportation	18%	30%	16%	17%	10%	14%	27%
Isolation	16%	21%	24%	19%	12%	16%	18%
Taking care of another person	15%	18%	16%	16%	14%	15%	16%
Household chores	15%	23%	17%	18%	9%	12%	20%
Abuse/neglect	14%	20%	27%	21%	9%	14%	13%
Employment	9%	9%	10%	24%	8%	10%	6%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.

b. Percentages are based on 2022 American Community Survey weighted estimates.

Several of these listed concerns also emerged in the CASOA survey findings where respondents disclosed of problems with the following issues: doing household work (58%), having adequate information about available public programs (54%), having enough money to meet their daily expenses (43%), feeling lonely or isolated (34%), and being a victim of a crime (24%).

Secondary data provide insight into the unmet needs of specific populations in SCC. For example, **Table 5.2.24** shows findings from the *2021 LGBTQ+ Older Adults in Santa Clara County Report* regarding the unmet needs of older LGBTQIA+ SCC adults. These data are based on a survey question that asks about respondents' Top 5 potential activities, programs, and services of most

interest.[287] Respondents listed safe walking spaces and social activities as the needs in highest demand.

Table 5.2.24 Unmet Needs of LGBTQIA+ Older Adults, 2021 LGBTQ+ Older Adults in Santa Clara County Report [a]

	Percentage of Respondents[288]
Access to free movies or other entertainment	25%
Safe walking spaces	25%
Social and group activities	23%
LGBTQIA+ specific activities, services, and programs	21%
Support with technology	17%

a. Numbers replicated as provided in the report.

Barriers/Gaps in Services & Solutions to Address Gaps

Focus Group participants were also asked about barriers to accessing services and gaps in services for SCC older adults. **Table 5.2.25** shows the barriers to accessing or obtaining information about services that SCC older adults face based on the Focus Group data.

Table 5.2.25. Barriers to Information about Services Identified by Focus Group Participants

Number of Groups Identifying a Barrier	Have you or others you know ever had trouble accessing or finding information on any of the services you mentioned earlier? Why did you have trouble accessing or finding information?	*Mandarin*	*Spanish*	*Vietnamese*	*African American*	*Older Adults with Disabilities*	*LGBTQIA+*	*Older Adults Living with HIV*	*Ombudspersons*
Total=8	Barriers to Access								
6	Difficult application Process	■			■	■	■	■	■
2	Lack of translated materials		■	■					
1	Lack of knowledge about services				■				
Total=6	Lack of Connectedness								
4	Problems with technology		■				■	■	■
1	Problems with transportation					■			
1	Physical isolation	■							
Total=4	Problems with Services								
2	Poorly trained employees						■		■
2	Services not tailored to older adults						■		■
2	Lack of services for those with limited mobility	■				■			

[287] *2021 LGBTQ+ Older Adults in Santa Clara County Report*, Page 5
[288] *2021 LGBTQ+ Older Adults in Santa Clara County Report*, Page 44.

Three themes emerged from the Focus Groups for types of barriers to accessing or obtaining information on services.

All eight Focus Groups discussed examples of:

(1) Barriers to Access

Furthermore, six of the eight Focus Groups discussed examples of:

(2) Lack of Connectedness

Finally, half of the Focus Groups discussed examples of:

(3) Problems with Services

Barriers to Access. Examples of this theme were discussed across all eight Focus Groups. The most prominent example (mentioned by six Focus Groups) of this theme was that participants could not access resources and services because of difficulties with the application process (Difficult application process). Numerous participants across a variety of different Focus Groups expressed frustration with difficult, confusing, and/or cumbersome application processes. Other examples of Barriers to Access to resources and services included a Lack of Translated Materials (mentioned by two Focus Groups), as well as a Lack of Knowledge about Services (mentioned by the African American Focus Group).

Lack of Connectedness. Examples of this theme were discussed across 6 out of the 8 Focus Groups. Half of the Focus Groups discussed Problems with Technology as a barrier they faced. Furthermore, Older Adults with Disabilities mentioned Problems with Transportation as a barrier, while the Mandarin Speaking Focus Group discussed Physical Isolation as a barrier.

Problems with Services. Examples of this theme were discussed across half of the Focus Groups. A quarter of the Focus Groups discussed Poorly Trained Employees as a barrier. A quarter also discussed having difficulties with Services Not Tailored to Older Adults. Finally, a quarter of Focus Groups discussed a Lack of Services for Those with Limited Mobility as three unique barriers.

Findings on Unique Service Needs from the Older Adults Living with HIV Focus Group

The focus groups also provide data on unique service needs. Participants in the Older Adults Living with HIV focus group discussed examples of three main themes that they perceived were specific to Older Adults Living with HIV: 1) problems with the medical system, 2) the need for resources, and 3) lack of societal awareness. First, for problems with the medical system, Older Adults Living with HIV highlighted an array of issues that they face with the medical system. These problems range from lack of mental health treatment and insurance coverage to issues with medication side effects and poorly trained doctors. Participants also discussed how there were various barriers to essential information within the healthcare system. Second, participants stressed the need for resources. They discussed the importance of case managers and emphasized the need for financial aid and lower medication costs. Third, Older Adults Living with HIV focus group participants discussed the lack of societal awareness about HIV. Here, they

emphasized not only the lack of social education and awareness about HIV, but also the discrimination they have faced.

Barriers to Services

Respondents from the Provider Survey provided additional insight and shared barriers that their clients face in receiving services and gaps in service provision, as well as their thoughts on how to reach older adults more effectively. Some suggested that older adults prefer learning about community resources through in-person interactions in one-on-one or small group settings. Many respondents also emphasized the importance of communicating with older adults in their preferred language. Provider Survey respondents also suggested offering free educational classes on computer, internet, and email usage to help older adults, especially those with mobility concerns, feel connected to each other and their communities.

Provider Survey respondents were also asked in an open-ended format to describe the most common barriers to accessing services that their clients face. In addition to Language (n=9) and Technology (n=9) barriers, several apparent themes emerged and are detailed as follows:

- Financial Difficulty (n=14)
- Lack of Knowledge about Systems and Programs (n=11)
- Transportation and Mobility (n=10)

The seven Key Stakeholder Interviews also offered insight into the barriers to services faced by SCC older adults. These barriers include not knowing how to use technology or having access to it, not having all the information in one place, language, transportation, and geography. Regarding the barrier of geography, it was mentioned that many services were difficult for older SCC adults to access because they were only offered in San Jose.

For the LGBTQIA+ community, a barrier is not knowing what places are welcoming for that population. An interviewee explained that "*A barrier is that the symbol that the place will be LGBTQ-affirming is not always there showing that they'd be welcome*."

According to interviewees, ways to overcome these barriers include having printed materials; getting the word out via community/senior centers, billboards, webinars, media campaigns, and newsletters; having a service directory; and increasing in-home services. In addition, increased training for healthcare professionals working with older adults was discussed as an important strategy for overcoming service barriers. Training can be done at grand rounds, to reach a wider audience of health care professionals according to the interview data, nurses, nurse practitioners, social workers, physician assistants, public health nurses, and others need training for working with older adults.

Finally, according to the interview data, more education is needed on digital literacy and how to use technology to overcome technology-related barriers. This recommendation shows the role of technology in helping older adults access services is wide-ranging and includes telehealth with closed captioning and identifying available services. The interview data also indicated that information to increase awareness of frauds should be included and could occur by working with community partners such as libraries and senior centers.

5.2.5 Needs of Older Adult Caregivers & Impact of Caregiving

The following provides insight into the needs of older adult caregivers in Santa Clara County and the factors that impact their status as caregivers. There is a distinction between two types of caregivers: Family Caregivers and Direct Care Workers. According to the Family Caregiver Alliance, Family Caregivers are those who have a "significant personal relationship" with an older adult and in the context of this relationship provide informal care.[289] Conversely, Direct Care Workers are formal caregivers who provide paid caregiving services.

The data for this section stems from three secondary sources and one primary source. Most of the data for this section come from two surveys. First, the Family Caregiver Community-Based Organization Survey, which consists of "primary data collected from organizations working with or on behalf of family caregivers that completed an online survey."[290] These data help provide a window into the needs of family caregivers. The second survey, The Direct Care Worker Organization Survey, "presents primary data collected from organizations working with or on behalf of direct care workers that completed an online survey."[291] These data shed light on the needs of direct care workers.

Additional data relative to caregivers and caregiving come from Focus Groups that were conducted as part of the 2023 *Santa Clara County Adult Caregiver Study*. Two Focus Groups were conducted with family caregivers and two Focus Groups were conducted with direct care workers. Lastly, additional primary data are reported from the 2023 Provider Survey conducted for the 2024-28 Area Plan needs assessment. Of note, the 2023 Provider Survey did not differentiate between family caregivers and direct care workers.

The next section focuses on family caregivers, as this group is a target population of Sourcewise. Common issues faced by both family caregivers and direct care workers will also be discussed.

Family Caregivers

The Family Caregiver Community-Based Survey asked community-based organizations to identify the unmet needs of SCC family caregivers.

Table 5.2.26 shows that the need for "more respite care, financial support, and respite options" was identified as the largest gap in services and supports for family caregivers (77%).

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[289] https://www.caregiver.org/resource/definitions-0/
[290] *Santa Clara County Adult Caregiver Study Data Chartbook*
[291] *Santa Clara County Adult Caregiver Study Data Chartbook*

Table 5.2.26 Biggest Gaps in Family Caregiver Services and Supports, Family Caregiver Community-Based Organization Survey[292] [a]

	Percentage of Organizations
Need more respite care, financial support, and respite Options	77%
Not enough financial assistance for family caregivers	77%
Unaffordable services, supports, and programs	61%
Inadequate service structure to meet needs	55%
Need more education/training for family caregivers	52%
No single centralized caregiver information & assistance and referral organization	35%
Lack of coordination and collaboration among agencies serving caregivers	32%
Not enough or absence of programs serving LGBTQ family caregivers	29%
Digital divide	26%
Need more education/training for staff serving family Caregivers	26%
Not enough or absence of programs serving family caregivers who speak languages other than English	23%
Not enough or absence of programs serving family caregivers representing racial/ethnic groups	19%
Other	10%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.

These findings are confirmed by Focus Groups that were conducted with family caregivers for the 2023 *Santa Clara County Adult Caregiver Study*. Participants from these Focus Groups reported that there was a need for more "respite services," as access to these services was often greatly limited by financial constraints. A problem that family caregivers faced was that often respite services were financed through one-time grants. Family caregivers also faced numerous administrative barriers in accessing these grants, such as strict eligibility requirements.[293] Furthermore, family caregivers discussed inequalities in engagement, outreach, and inclusion. For example, participants reported that African American family caregivers are not accurately represented by healthcare providers and social service providers. Focus Group participants also discussed the lack of Spanish language family caregiver resources.[294]

Community-based organizations help connect family caregivers, and therefore potentially help to fill some of the unmet needs that family caregivers face. **Figure 5.2.1** illustrates family caregivers' awareness of referral resources by showing what percentage of family caregivers are referred to community-based organizations through a given referral source. Each of the following categories made up 76% to 100% of referrals: 1) family, 2) friends/neighbors, 3) health plans, and 4) senior centers/community-based organizations.

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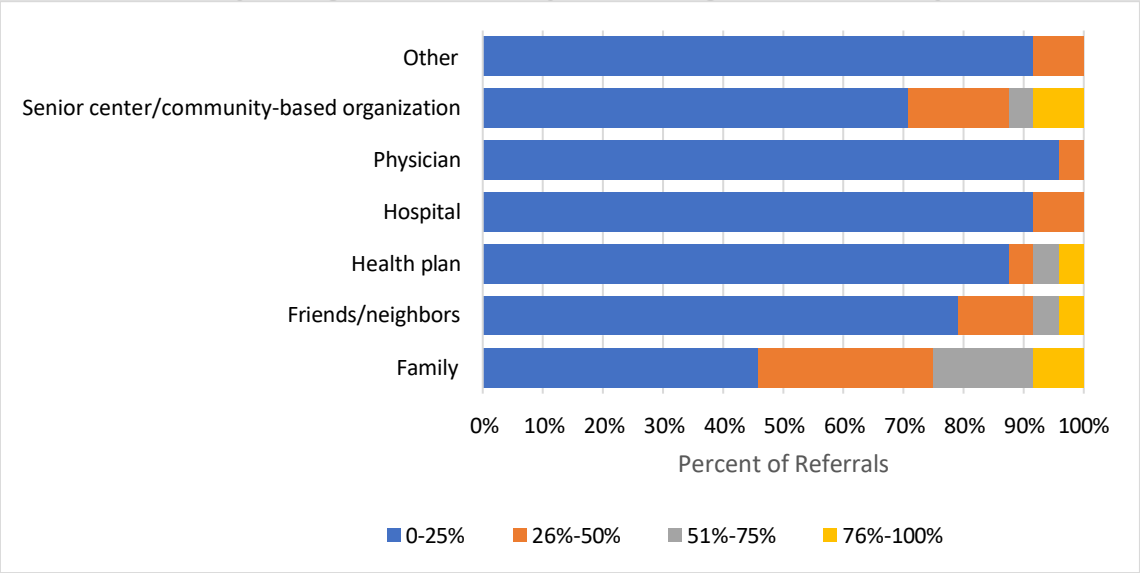
[292] Reproduced from *Santa Clara County Adult Caregiver Study Data Chartbook* (Table 29 on Page 23)
[293] *Santa Clara County Adult Caregiver Study.* 2023. Page 27.
[294] *Santa Clara County Adult Caregiver Study.* 2023. Page 28.

Figure 5.2.1. Percentage of Family Caregivers Referred to Community-Based Organizations by Source,
Family Caregiver Community-Based Organization Survey[295]



Caregiving often takes a toll on family caregivers. In some cases, family caregivers may burn out which could cause caregivers to stop care despite the resources they receive from community-based organizations. **Table 5.2.27** lists the most important reasons that family caregivers leave a community-based organization. These reasons highlight the factors that impact family caregivers and changes in the care they provide, along with changes in their involvement in community-based organizations.

Table 5.2.27. Top Reasons that Family Caregivers Leave Community-Based Organizations,
Family Caregiver Community-Based Organization Survey[296] a

	Percentage of Organizations
Care recipient death	79%
Moved out of the area	52%
No longer needs services	52%
The care recipient was admitted to a skilled nursing facility,	48%
Assisted living facility	28%
Family can no longer care for participants	3%
Financial status change	17%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.

[295] Reproduced from the *Santa Clara County Adult Caregiver Study Data Chartbook* (Table 25 on Page 22)
[296] Reproduced from the *Santa Clara County Adult Caregiver Study Data Chartbook* (Table 42 on Page 27)

Findings from the CASOA survey further support the prevalence of caregivers and the toll that caregiving may take. Nearly 70% of survey respondents reported assisting friends, relatives, or neighbors during a typical week. Many respondents shared that they felt emotionally (35%), financially (32%), and physically (29%) burdened by providing care to another person.

Commonalities between Family Caregivers and Direct Care Workers

While family caregivers are different from direct care workers because family caregivers provide informal care, the two types of caregivers encounter some common issues that come with caregiving.

The Direct Care Worker Organization Survey asked direct care worker organizations to identify the unmet needs of SCC direct care workers. **Table 5.2.28** shows that "Inflation/Cost of Living" was identified as the biggest gap in services and support for direct care works (92%).

Table 5.2.28 Biggest Gaps in Direct Care Worker Services and Supports, Direct Care Worker Organization Survey[297] [a]

	Percentage of Organizations
Inflation/cost of living	92%
Housing costs	75%
Low salary	75%
Transportation	67%
Better work schedules	42%
Recruitment of direct care workers	42%
Retention of direct care workers	33%
Not enough training	17%
Other	8%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.

Financial limitations are a gap in support that both family caregivers and direct care workers face, as some form of financial limitations or problems comprise the top three gaps in services and supports for both family caregivers (see **Table 5.2.26**) and direct care workers (see **Table 5.2.28**). For family caregivers, these gaps in support and services are 1) Need more respite care, financial support, and respite (77%), 2) Not enough financial assistance for family caregivers (77%), and 3) Unaffordable services, supports, and programs (61%). Similarly, for direct care workers, the top three gaps in services and supports are 1) Inflation/cost of living (92%), 2) Housing costs (75%), and 3) Low salary (75%).

From the 2023 *Santa Clara County Adult Caregiver Study* Focus Group data, themes emerged from both the family caregiver and direct care worker Focus Groups. Below are the recommendations that emerged from these Focus Groups:[298]

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[297] Reproduced from the *Santa Clara County Adult Caregiver Study Data Chartbook* (Table 81 on Page 39)

[298] *Santa Clara County Adult Caregiver Study*. 2023. Page 29.

- Create a seamless caregiver navigation system to assist family caregivers whenever they are in their caregiver journey.
- Increase direct care worker wages and provide oversight and support.
- Increase access to and affordability of respite care services for low and middle-income caregivers.
- Educate family members and direct care workers about the availability and importance of caregiver trainings.
- Reach out to and engage family caregivers representing communities of color to ensure their caregiver needs are known and addressed and that they are included as decision-makers in the development of county adult day services programs.

The 2023 Provider Survey also asked respondents to identify the unmet needs of caregivers who care for older adults in Santa Clara County. The need for "a short-term break from caregiving duties" was selected by the largest percentage of provider respondents (69%). **Table 5.2.29** shows unmet needs of caregivers in Santa Clara County as identified by Provider Survey respondents.

Table 5.2.29 Unmet Needs of Caregivers of Older Adults as Identified by Providers, Provider Survey [a]

	Percentage of Organizations
A short-term break from caregiving duties	69%
One-time or short-term cash assistance to help with financial matters	60%
Counseling or help managing care	52%
General information about caring for a loved one	44%
Education or classes on caregiving	40%
Support groups with other caregivers	38%
Self-care classes and services	31%
Other [b]	4%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.
b. Other unmet needs of caregivers that providers identified included having additional caregiver staff to assist with caregiving duties (2).

While these data do not distinguish between family caregivers and direct care workers, they articulate common themes that reinforce what the secondary data reveal. For example, the second most common unmet need from the Provider Survey is "One-time or short-term cash assistance to help with financial matters" (60%). This finding confirms the theme from the secondary data regarding the financial difficulties of both family caregivers and direct care workers.

5.2.6 The Impacts of COVID-19 on Older Adults and Their Caregivers

The needs and barriers to services identified in the previous sections of the current Area Plan are based on information collected from older adults and their caregivers after the COVID-19 pandemic and associated lockdowns ended. However, the COVID-19 pandemic was a world-changing event that deeply impacted both older adults and their caregivers.

To assess the needs and availability of services to older adults and their caregivers during the COVID-19 pandemic and lockdowns, Sourcewise administered two surveys to older adults and

their caregivers in Santa Clara County: one in 2020[299] and one in 2021[300]. There was a total of 1,700 respondents for the 2020 survey[301] and 2,592 respondents for the 2021 survey.[302] Caregivers were a substantial part of these surveys, with 23.5% of respondents in 2020[303] and about 50% of respondents in 2021 identifying as a caregiver.[304]

These 2020 and 2021 surveys help convey the needs of and barriers to services for older adults and their caregivers in Santa Clara County during the COVID-19 pandemic and lockdowns. For example, during the lockdown in 2020, Sourcewise found that 35% of survey respondents faced barriers to accessing medicine, food, and other essential items. Similarly, 30% faced difficulty accessing caregiving resources for older adults, such as adult day centers, in-home care services, and senior centers.[305]

Access to these services is relevant because in 2020, 44% of respondents were limited financially, with a monthly household income of $2,500 or less per month. Additionally, 24% of 2020 survey respondents reported losing some form of income because of the COVID-19 pandemic.[306]

Table 5.2.30 outlines how these challenges extended from 2020 to 2021. In 2021, while respondents identified social isolation as the biggest challenge, which can most immediately be tied to COVID-19 restrictions, other challenges emerged. Almost one-third of respondents (32%) reported that one of their Top 3 challenges in the past three months during 2021 was obtaining essential items such as food and medicine.[307] This finding highlights issues such as hunger and healthcare as major concerns for older SCC adults.

Table 5.2.30 Biggest 2021 Challenges, 2021 Sourcewise COVID-19 Impact Survey [308]

Challenges Experienced in the last 3 months (asked in 2021)	Number of People Who Experienced Impact	Percentage
Isolation from friends, family, or social	1266	55%
Getting food, medicine and other	705	32%
Income loss	639	29%
Illness or death of a friend or family	637	29%
Getting supportive services like in-home	599	27%

a. Respondents could select more than one response; thus, percentages do not sum to 100%.

The prevalence of hunger as a major challenge in the lives of SCC older adults is confirmed by the post-pandemic Focus Group data, in which a quarter of the Focus Groups identified Food

[299] *2020 Sourcewise COVID-19 Shelter in Place Impact Survey Report*
[300] *2021 Sourcewise COVID-19 Impact Survey Report*
[301] *2020 Sourcewise COVID-19 Shelter in Place Impact Survey Report*
[302] *2021 Sourcewise COVID-19 Impact Survey Report*
[303] *2020 Sourcewise COVID-19 Shelter in Place Impact Survey Report*
[304] *2021 Sourcewise COVID-19 Impact Survey Report*
[305] *2020 Sourcewise COVID-19 Shelter in Place Impact Survey Report*
[306] *2020 Sourcewise COVID-19 Shelter in Place Impact Survey Report*
[307] *2021 Sourcewise COVID-19 Impact Survey Report*
[308] *2021 Sourcewise COVID-19 Impact Survey Report*. Page 9: Table 2.1 Number of People Experiencing Challenges in the last 3 months

Security and Assistance as an important service need for SCC older adults (Section 5.2.4: **Table 5.2.16**). Furthermore, one Focus Group identified Food Security and Assistance as a 'Top 3 Most Important Service Need' for SCC older adults (Section 5.2.4: **Table 5.2.17**).

Barriers to accessing transportation, which is a strong theme in the SCC Community Survey of Older Adults (Section 5.2.3: **Table 5.2.15**), were also present during the COVID-19 pandemic for older adults and their caregivers in Santa Clara County. For example, in 2021, "almost 24%" of survey respondents said that they faced barriers to reliable transportation to shop, purchase groceries or food items, and attend religious or spiritual services.[309]

Barriers to accessing services is another theme into which the 2023 Provider Survey and Key Stakeholder Interviews provide insight (see Section 5.2.5) and confirmed by the Sourcewise COVID-19 survey data. For example, the 2020 Sourcewise COVID-19 Shelter in Place Impact Survey data highlights that older adult and their caregivers in Santa Clara County faced significant barriers to accessing services. Survey respondents in 2020 "found it very or somewhat difficult" to access fundamental services, such as health and medical services (54%) and daily meals and nutrition (33%). 2020 survey respondents also found accessing physical and recreational activities (72%) and assistance with household chores (35%) to be "difficult or somewhat difficult."[310]

Social isolation and loneliness are another theme that was brought up in the Focus Groups, Key Stakeholder Interviews, and Provider Survey (see Section 5.2.4), and was also confirmed by the 2020 and 2021 Sourcewise COVID-19 survey data. For example, in the 2020 Sourcewise COVID-19 Shelter in Place Impact Survey, 92% of respondents primarily stayed in touch with friends and family via phone calls, as opposed to face-to-face interaction, which speaks to the enormous number of older adults and caregivers in Santa Clara County who have dealt with some form of physical isolation. An additional 3% were not able to connect with friends or family at all. The result showed that 67% of 2020 survey respondents felt lonely or "easily saddened."[311] There was not much improvement in 2021, as over 50% of survey respondents reported that isolation from family, friends, and loved ones continued to be a challenge.[312]

Technological barriers and difficulty accessing technology were additional themes raised in the SCC Community Survey of Older Adults (See Section 5.2.2: **Table 5.2.8**) that were confirmed by the Sourcewise COVID-19 surveys. For example, 11% of 2020 Sourcewise COVID-19 Shelter in Place Impact Survey respondents did not have access to a technological device.[313] Furthermore, in 2021, more than 300 survey respondents said they did not have access to the internet in their homes.[314]

Finally, the 2021 Sourcewise COVID-19 Impact Survey placed special emphasis on understanding the caregivers of older adults with about half of the respondents in the 2021 survey identifying as caregivers. On average, caregivers in the 2021 survey reported experiencing a higher degree of isolation in comparison to respondents who were not caregivers. Of surveyed

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[309] *2021 Sourcewise COVID-19 Impact Survey Report.* Page 5.
[310] *2020 Sourcewise COVID-19 Shelter in Place Impact Survey Report*
[311] *2020 Sourcewise COVID-19 Shelter in Place Impact Survey Report*
[312] *2021 Sourcewise COVID-19 Impact Survey Report*
[313] *2020 Sourcewise COVID-19 Shelter in Place Impact Survey Report*

caregiver respondents in 2021, unpaid caregivers were, on average, both less satisfied with daily social interactions and more stressed than paid caregivers. Both unpaid and paid caregivers rated needs as either moderate or high (combined 92%) for issues such as caregiver supportive services, training, and rest with needs typically more acute for unpaid caregivers as compared to paid caregivers.[315]

Major themes raised in the Focus Groups, Key Stakeholder Interviews, Provider Survey, and SCC Community Survey of Older Adults were also factors that were present in the lives of older adults and their caregivers in 2020 and 2021 during the COVID-19 pandemic and resulting lockdowns. The 2020 and 2021 Sourcewise COVID-19 survey findings reinforce recent primary data sources findings revealed about the needs of older adults and barriers to their access to services as needs exacerbated by COVID-19 remain prevalent within Santa Clara County and continue to increase.

Section 5.3: 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, the Older Californians Act, and the California Code of Regulations (CCR) Title 22, Division 1.8 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:

I. Older individuals with greatest economic and social need, with particular attention to low-income minority individuals. Greatest economic need" means the need resulting from an income level at or below the Federal poverty threshold and as further defined by State and area plans based on local and individual factors, including geography and expenses. The term "greatest economic need" means the need caused by non-economic factors, which include:
    a. Physical and mental disabilities
    b. Language barriers and
    c. Cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, or gender expression that does either of the following:
        i. Restricts the ability of an individual to perform normal daily tasks
        ii. Threatens the capacity of the individual to live independently

II. Older Native Americans
III. Isolated, abused, neglected and/or exploited older individuals
IV. Frail older individuals and their caregivers
V. Older individuals residing in rural areas
VI. Older individuals with limited English-speaking ability
VII. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, and their caregivers
VIII. Older individuals with disabilities with particular attention to individuals with severe disabilities
IX. Unemployed, low-income persons who are 55 years old or older

X. Caregiver as defined in Title III E, which includes older caregivers providing care and support to persons with developmental disabilities

Described below are the Targeting Services outlined in 22 CCR §7310:

XI. Older individuals with the greatest economic need with particular attention to low-income minority individuals
XII. Older individuals with the "Greatest social need" includes any of the following noneconomic factors: physical or mental disability, language barriers, and cultural, social, or geographical isolation due to, among other things, racial or ethnic status, Native American identity, religious affiliation, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, gender expression, chronic conditions, housing instability, food insecurity, lack of access to water, lack of transportation, and interpersonal safety concerns. Including any other status that restricts the ability of an individual to perform normal or routine daily tasks, threatens the capacity of the individual to live independently, or any other needs as further defined by area plans based on local factors.

Special emphasis shall be given to the following group of older individuals:

XIII. Who reside in rural areas
XIV. With severe disabilities
XV. With limited English-speaking abilities
XVI. With Alzheimer's disease or related disorders and those taking care of these individuals

Target Populations within Santa Clara County

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

A. Low-income older adults, 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. Vulnerable populations including frail and/or isolated older adults
D. Informal caregivers for older adults
E. Older adults experiencing abuse

An individual comprehensive summary for each of the five identified target populations follows, including a discussion of need, how the Sourcewise program addresses the target populations, and how this targeting is informed by the priorities established in the Older Americans Act and the California Code of Regulations.

A. Low-Income Older Adults

The needs assessment indicated that low-income older adults are at risk in SCC. Section 5.1.1 Economic Indicators describes the economic security of the older adult population in full detail.

The California Department of Aging provides estimates for older adults who are 60 years or older in SCC who are considered low-income, and data suggest that currently, 442,860 older adults or 10.5% of the older adult population in SCC are considered low-income.[316] Based on data from the community, the number of older adults (60+) living below poverty has increased in the past five years. In 2017, approximately 7% of local older adults were living below the poverty line.[317] More recent data suggest that there are approximately 8% of low-income older adults living in SCC.[318]

The high cost of living subsequently affects the growing demographic of the older adult population. Prices in SCC are higher than the average cost of basic living expenses in California by 13-23%.[319] Older adults in SCC earning less than 1.5 times the federal poverty line face great economic hardships and insecurities. **Table 5.3.1** shows the average cost of basic living expenses in SCC and California for residents aged 65 and older as of 2023.

Table 5.3.1. Monthly Cost of Basic Living Expenses for Older Adults in SCC and California by Individual and Couple, 2025*

Expense	California Cost per Individual	California Cost per Couple	SCC Cost per Individual	SCC Cost per Couple
Housing**	$723 - $2,599	$723 - $2,599	$852 - $3,353	$852 - $3,353
Food	$324	$595	$324	$595
Health Costs	$437	$874	$532	$1,064
Transportation	$235	$361	$235	$363
Miscellaneous	$344	$511	$389	$575
Total Monthly Expense	$2,063- $4,002	$3,190 - $5,066	$2,332 - $4,901	$3,585 - $6,086

**This table reflects living expense data for older adults in good health.*
***This expense category includes a range to account for renters, homeowners with a mortgage, and homeowners without a mortgage.*

[316] 2026 CDA Population Demographic Projections by County and PSA
[317] American Community Survey, 2017 1-year estimates
[318] American Community Survey, 2022 5-year estimates
[319] https://elderindex.org/explore

Housing prices and affordability of housing continues to be a prevalent issue for residents in SCC, especially as the number of older adults approaching poverty continues to increase in both SCC and California. Between 2020 and 2021, the average cost of rent increased by 6.3%; therefore, renters in SCC need to earn 3.2 times the minimum wage ($54.77/hour) to afford the average rent ($2,848).[320] In recent years, the demand for affordable housing units for the very low-income and extremely low-income has increased substantially; in conjunction, older adult specific affordable housing is essential as many older adults are on a fixed income. Additionally, older adults have varying mobility abilities, which require age-friendly designed housing to empower the ability to age in place in affordable living environments.

In recent years, the increased availability of affordable housing units has not met the increased demand, making affordable housing a great concern among many older adults.[321] Results from the 2022 Homeless Census and Survey revealed that there were 9,903 individuals in SCC experiencing homelessness, nearly 10% of whom were older adults, and 75% were unsheltered.[322] Respondents indicated job loss as one of the primary reasons that led to homelessness.[323] Employment assistance, rent or mortgage assistance, mental health services, and help accessing benefits were cited as the top four reasons that could have prevented homelessness.[324] As described in Section 5.2.5 Unmet Needs of Older Adults, interviewees identified the lack of affordable housing as one of the top priority needs in the county, which was echoed by 78% of the Provider Survey respondents. Across all primary data collection methods, respondents highlighted housing need concerns, with 22% of the SCC Community Survey of Older Adults respondents perceiving services that facilitate older SCC adults finding housing to be lacking. Additionally, in Section 5.2.4 Needs of Local Older Adults, housing needs were also mentioned as one of the most important needs of SCC adults by participants in half of the eight focus groups, with two focus groups listing it as one of the top three most important needs of older SCC adults.

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[320] Santa Clara County Affordable Housing Needs Report, 2022 | https://chpc.net/wp-content/uploads/2022/05/Santa-Clara_Housing_Report_2022-AHNR.pdf
[321] https://housingimpactbayarea.org/who-is-homeless-in-the-bay-area/
[322] Santa Clara County 2023 PIT Report | https://osh.sccgov.org/continuum-care/reports-and-publications/santa-clara-county-homeless-census-and-survey-reports
[323] Santa Clara County 2023 PIT Report | https://osh.sccgov.org/continuum-care/reports-and-publications/santa-clara-county-homeless-census-and-survey-reports
[324] Santa Clara County 2023 PIT Report | https://osh.sccgov.org/continuum-care/reports-and-publications/santa-clara-county-homeless-census-and-survey-reports

Research and data describing the challenges SCC older adults face relevant to employment is described in Section 5.1.1 Economic Indicators.

As described in Section 5.1.4 Health and Wellness, an older adult's economic status not only has negative implications on one's financial stability but may negatively affect their physical and emotional well-being. Obesity has a strong association with chronic medical problems, health-related quality of life impairment, and the health care costs for obesity-related problems, including medication spending.[325] Research has demonstrated a relationship between income and obesity, and the rate of obesity among American older adults is higher for those with less education and lower income.[326] Respondents on the Provider Survey noted financial difficulties as a common barrier to accessing services among their clients (Section 5.2.5).

Sourcewise provides older adults facing economic hardship access to several programs, including Information & Awareness, Family Caregiver Support Program, the Health Insurance Counseling & Advocacy Program, Senior Employment Services, and Meals on Wheels. Additionally, Sourcewise provides CalFresh Application assistance to adults through the Information & Awareness program. These services aim to enable older adults, caregivers, and individuals with disabilities to locate local community-based services to supplement and support their basic needs, such as caregiver support, insurance advocacy and assistance, and employment.

The needs assessment outlined in Section 5.1.1. Economic Indicators identifies challenges low-income older adults may face in greater detail and supports the summary outlined above identifying low-income older adults as an at-risk population.

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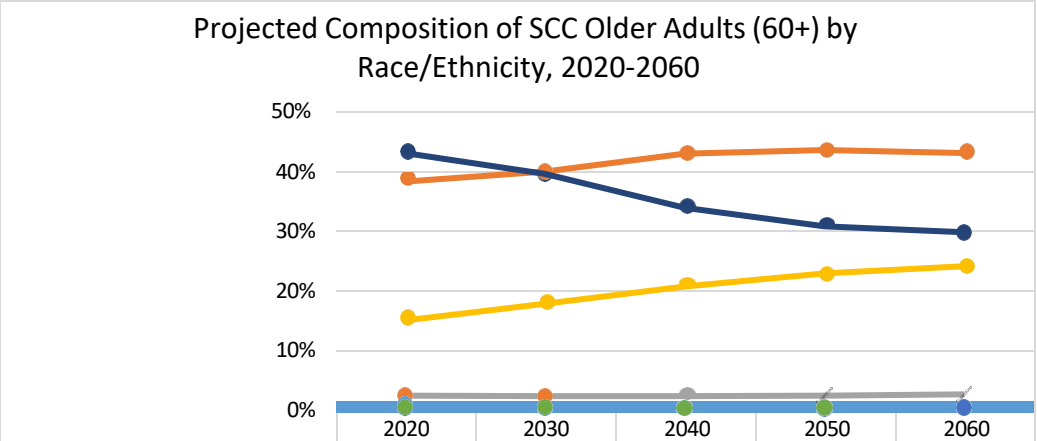
[325] Center of Disease Control and Prevention: Adult Obesity Facts | https://www.cdc.gov/obesity/data/adult.html

[326] Georgetown University Health Policy Institute | https://hpi.georgetown.edu/obesity2/#:~:text=Some%20groups%20are%20more%20likely%20to%20be%20obese&text=Rates%20are%20also%20higher%20for,high%20school%20degree%20or%20more

B. Older Individuals with Limited English-Speaking Abilities

The needs assessment identified older individuals with limited English-speaking abilities as an at-risk population in SCC. Section 5.1.2 Older adults of Different Races and Ethnicities describes the issues that racial and ethnic sub-populations in SCC face in full detail. Population projections across different races/ethnicities from the California Department of Finance are displayed in **Figure 5.3.1**.[327]

Figure 5.3.1. Projected Composition of SCC Older Adults (60+) by Race/Ethnicity, 2020-2060



	2020	2030	2040	2050	2060
American Indian/Alaska Native	0.2%	0.2%	0.2%	0.1%	0.2%
Asian	38.2%	39.9%	42.9%	43.5%	43.0%
Black	2.3%	2.2%	2.2%	2.3%	2.5%
Hispanic	14.9%	17.7%	20.6%	22.8%	24.0%
2+ Race	0.9%	0.2%	0.2%	0.2%	0.4%
Native Hawaiian/Pacific Islander	0.4%	0.4%	0.2%	0.3%	0.3%
White	43.0%	39.5%	33.8%	30.7%	29.7%

As of 2022, approximately 40% of older adults (60+) identify as Asian and nearly 15% identify as Hispanic/Latino.[328] Fifty-five percent of older adults (60+) in SCC speak a language other than English, 20% of whom indicate they speak English less than "very well."[329] By 2040, more than one-third of the 60+ older adult population will identify as Asian and about 20% will identify as

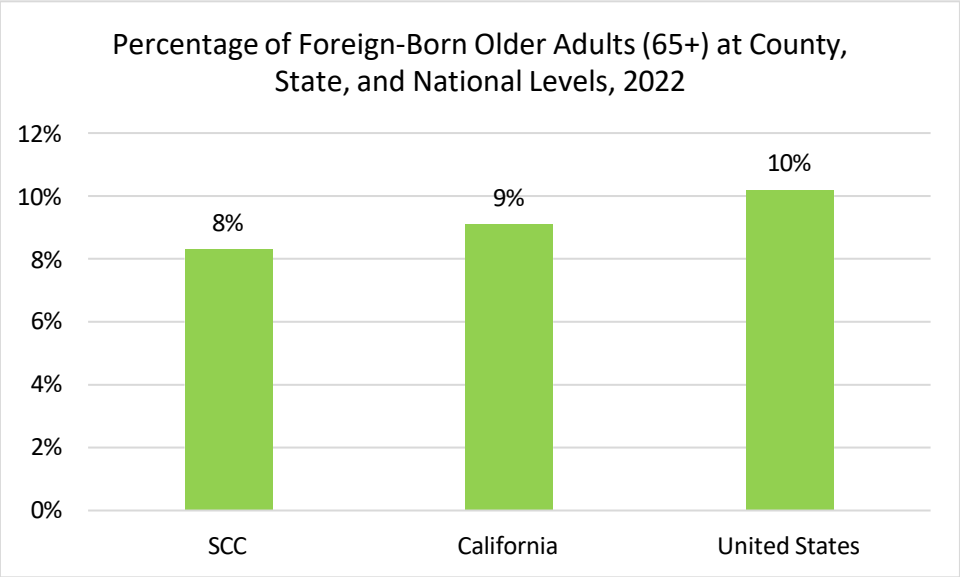
[327] California Department of Finance
[328] American Community Survey, 2022 1-year estimates

[329] American Community Survey, 2022 1-year estimates

Hispanic/Latino.[330] Data from the SCC Community Survey of Older Adults show that 30% of respondents who identified as Asian/Asian American and 43% of respondents who identified as Hispanic/Latino have experienced difficulty accessing information due to a language barrier (Section 5.2.4). Respondents from the Provider Survey also indicated that clients either do not speak English at all, or do not speak English well enough to navigate the care system independently (Section 5.2.4).

The percentage of foreign-born older adults, who likely speak a non-English language, in SCC is comparable to state and national levels (see **Figure 5.3.2**).[331]

Figure 5.3.2. Percentage of Foreign-Born Older Adults (65+) at County, State, and National Levels, 2022



Different ethnic subpopulations of older individuals with limited English-speaking abilities struggle to afford basic needs such as housing, medical care, and transportation (Section 5.1.2). A full description of SCC ethnic subpopulations including Asian/Asian American and Hispanic/Latino older adults is provided in Section 5.1.2 Older Adults of Different Races and Ethnicities.

The needs assessment primary data collection findings identified varying factors and barriers which result in inadequate services and resources that negatively impact ethnic communities in Santa Clara County. Section 5.2 presents insights that were gained from the primary data collection, which include data on the needs of specific ethnic populations of older adults who are often overlooked within the general population and considered especially vulnerable to receiving inadequate services and resources. For example, in Section 5.2.4, respondents from the Provider Survey expressed difficulty offering staff and volunteers who could speak with clients in their preferred (non-English) language. Lack of printed materials in other languages creates another challenge for non-English speaking older adults.

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[330] California Department of Finance, Demographic Research Unit
[331] American Community Survey, 2022 1-year estimates

Table 5.3.2. Percentage of Older Adults who Experienced Language Barriers while Accessing Information, SCC Older Adult Survey

	Overall	Asian/Asian American	Hispanic or Latino/a	African American	White or Caucasian	Age 60-74	Age 75 and Older
Yes	20%	30%	43%	27%	11%	18%	24%
No	80%	70%	57%	73%	89%	82%	76%

Additional findings on the language needs of older adults in SCC are located in Section 5.2.4 Identification of Needs, Language Service Needs of Older Adults. These findings support the summary outlined above, identifying older adults with limited English abilities as an at-risk subpopulation.

In response to the known gap in access, Sourcewise offers service materials in languages other than English, including Spanish, Vietnamese, Chinese, and Russian, to ensure comprehension and knowledge of services. In addition, Sourcewise offers professional interpretation services for all languages by phone and in-person for all direct services.

C. Vulnerable Older Adults

Vulnerable groups of older adults are identified in the needs assessment throughout Section 5, and specifically in Sections 5.1.2 Older Adults of Different Races and Ethnicities, 5.1.3 Vulnerable Older Adult Population, and 5.2.4 Needs of Local Older Adults. It is important to note that any person can experience isolation or frailty regardless of socioeconomic status. Through a multicultural analysis, the needs assessment identified vulnerable older adult subgroups who may be isolated based on their racial or ethnic status, sexual orientation, gender identity, or gender expression. The vulnerable subgroups of older adults identified in the needs assessment face challenges and barriers to accessing services, which threatens an individual's capacity to live healthfully and independently.

LGBTQIA+ Older Adults

LGBTQIA+ older adults are more vulnerable to social isolation.[332] Secondary data from the *2021 LGBTQ+ Older Adults in Santa Clara County Report*, which are discussed in Section 5.2.5 Unmet Needs of Older Adults, revealed that 21% of respondents surveyed feel LGBTQIA+ specific activities, services, and programs are lacking.

Participants in the LGBTQIA+ focus group also mentioned concerns with discrimination when searching for housing. Similarly, an interviewee from the LGBTQIA+ community expressed difficulty knowing whether they would be welcomed at certain places because of their gender identity or sexual orientation.

Furthermore, participants in the LGBTQIA+ older adults focus group identified connectedness, as well as health and well-being, as key areas of need. Participants expressed a need for computer

[332] American Psychological Association: Lesbian, Gay, Bisexual, and Transgender Aging | https://www.apa.org/pi/lgbt/resources/aging

literacy, opportunities to socialize, and transportation to improve connectedness. Healthcare, housing, mental health services, and public safety were all discussed by focus group participants as needed to promote health and well-being within the LBGTQIA+ community.

The full narrative describing the challenges LGBTQIA+ communities may face is available in Section 5.1.3 Vulnerable Older Adult Population and Section 5.2.4 Needs of Local Older Adults of the current Area Plan. These sections support the summary outlined above and identify LGBTQIA+ older adults as a vulnerable population.

Older Adults Living with HIV/AIDS

More than half of the individuals living with HIV nationwide are 50 years of age or older.[333] In Santa Clara County, there are approximately 3,590 individuals with HIV, 12% of whom are older adults aged 65 years or older.[334] Older adults living with HIV encounter health and economic challenges at disproportional rates compared to their counterparts who are HIV negative. Older adults with HIV may be more susceptible to developing other illnesses such as heart disease and osteoporosis as HIV compromises the immune system.[335] The LGBTQ+ Older Adults in Santa Clara Project findings revealed that older adults with HIV were more likely to have COVID-19 than those without HIV.[336] They were also more likely to be uninsured, live in poverty, and have fewer financial resources than their HIV negative counterparts.[337]

Older adults with HIV experience stigma and discrimination, which put them at greater risk for social isolation.[338] LGBTQIA+ older adults living with HIV in Santa Clara County have reported experiencing greater discrimination and unfair treatment because of their perceived sexual orientation.[339] They also were more likely to report feelings of loneliness following the COVID-19 pandemic than LGBTQIA+ older adults without HIV. Findings from the needs assessment focus group data with older adults living with HIV provide further evidence of these challenges. The older adults living with HIV focus group participants identified problems with the medical system, need for resources, and lack of societal awareness as unmet needs. These issues include lack of insurance coverage, poorly trained doctors, and low societal awareness about HIV.

Section 5.1.3 Vulnerable Older Adult Populations and Section 5.2.5 Unmet Needs of Older Adults provide additional details about the experiences of older adults living with HIV. Findings

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[333] National Council on Aging, Aging with HIV: Recognizing Unique Needs and Challenges | https://www.ncoa.org/article/aging-with-hiv-recognizing-unique-needs-and-challenges
[334] Getting to Zero Final Strategic Plan | https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/documents/Getting_to_Zero_Strategic_Plan_2021-2025.pdf
[335] National Council on Aging, Aging with HIV: Recognizing Unique Needs and Challenges | https://www.ncoa.org/article/aging-with-hiv-recognizing-unique-needs-and-challenges
[336] LGBTQ+ Older Adults in Santa Clara County, 2021 | https://www.avenidas.org/wp-content/uploads/2021/11/LGBTQ_Older_Adults_in_Santa_Clara_County_2021_Final-Report.pdf
[337] LGBTQ+ Older Adults in Santa Clara County, 2021| https://www.avenidas.org/wp-content/uploads/2021/11/LGBTQ_Older_Adults_in_Santa_Clara_County_2021_Final-Report.pdf
[338] American Psychological Association, Older Adults with HIV: An Overlooked Population? | https://www.apa.org/news/press/releases/2017/08/older-adults-hiv
[339] LGBTQ+ Older Adults in Santa Clara County, 2021 | https://www.avenidas.org/wp-content/uploads/2021/11/LGBTQ_Older_Adults_in_Santa_Clara_County_2021_Final-Report.pdf

summarized in these sections offer further support of the information outlined above and identify older adults living with HIV as a vulnerable population.

African American Older Adults

Individuals who identify as African American make up a much smaller proportion of the SCC older adult population (2.3%).[340] However, the African American community has been shown, on average, to face more barriers to services and experience inequities in both medical care and financial health in comparison to other racial or ethnic groups. Involuntary job loss can have a significant financial impact on older adults, by reduction of Social Security benefits and savings earned.[341] Some research has shown that the unemployment crisis tends to affect African American older adults and business owners more than white workers.[342] African American older adults also are more likely to work physically demanding jobs and therefore, are more likely to retire involuntarily early compared to older white counterparts who continue to work in age-friendly jobs past retirement age.[343]

Involuntary retirement is more common for those in physically demanding jobs due to health-related issues (see **Figure 5.3.3** below).[344] Older African American workers who retire early for health reasons also face financial hardship and are at increased risk for poverty as they age.[345] Of the older adults who face income loss coupled with the high cost of living in SCC, African American communities are more likely to face unexpected challenges related to securing affordable housing options than other ethnic groups. African Americans represent 16.9% of the unhoused population but only 2.3% of the general population in SCC.[346]

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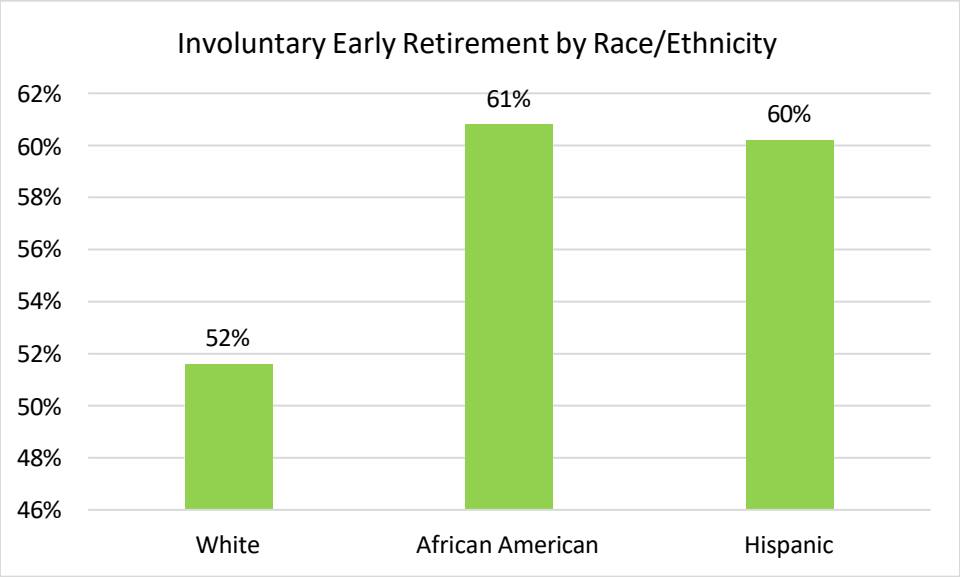
[340] American Community Survey, 2022 1-year estimates
[341] CNBC: This job challenge should scare older workers | https://www.cnbc.com/2019/01/04/how-to-navigate-a-late-career-job-loss.html
[342] Kenneth Terrell (2021). Unemployment Crisis Hits Black Older Workers Hard
[343] Schwartz Center for Economic Policy Analysis (2022). Status of Older Workers
[344] Schwartz Center for Economic Policy Analysis (2022). Status of Older Workers
[345] Schwartz Center for Economic Policy Analysis (2022). Status of Older Workers
[346] Race and Homelessness in Santa Clara County Report, 2020

Figure 5.3.3. Involuntary Early Retirement by Race/Ethnicity



Participants from the African American Older Adult focus group identified affordable housing as one of the top three unmet needs. Furthermore, participants expressed the desire for high-quality affordable housing (i.e., that is not built in undesirable parts of town). Mental health services were another area of unmet needs identified in the African American Older Adult focus group. According to focus group participants, the lack of knowledge of available services and resources is an additional significant barrier to accessing services. The County of Santa Clara Behavioral Health Services identified that 6% of consumers who utilized mental or behavioral health services in FY2020 were African American older adults,[347] which infers that either there is an absence of knowledge about available services or older adults within this community are cautious due to fear of experiencing inequitable care.

Additional information describing the challenges African American communities face is available in Section 5.1.1 Economic Indicators, Section 5.1.2 Older Adults of Different Races and Ethnicities, and Section 5.2.4 Needs of Local Older Adults. These sections support the summary outlined above, identifying African American older adults as a vulnerable population.

Adults with Disabilities

Data show older adults with one or more disabilities are at higher risk of being in poverty than other older adults. There are approximately 172,411 individuals with a disability in SCC, 70% of whom are older adults (65+).[348] The median household income in SCC for those with a disability is $39,523 compared to $74,830 for non-disabled individuals.[349] Furthermore, 16.5% of people with a disability are considered below 100 percent of the poverty level compared to 6.6% of non-

[347] County of Santa Clara Behavioral Health Services, FY23 Annual Update
[348] American Community Survey, 2022 1-year Estimates
[349] American Community Survey, 2022 1-year Estimates

disabled individuals.[350] Individuals with a disability can often experience threats to health and well-being overlooked by the general public, such as difficulties finding appropriate home accommodations or adequate healthcare.

Participants in the Older Adults with Disabilities focus group identified advocacy and transportation services as two areas of unmet needs. Participants shared the additional presence of an advocate at doctors' appointments could assist in ensuring all questions, concerns, and individual's needs are addressed. Transportation was a significant barrier to accessing services. For example, focus group participants claimed that the Santa Clara Valley Transportation Authority (VTA) access is not dependable, and riders may wait an hour or longer to be picked up or dropped off; and while there are private transportation care services, they are very costly. Participants from the Older Adults with Disabilities focus group shared that many services are catered to able-bodied persons, and sensitivity training is needed to help others understand the experience of those with disabilities.

The full narrative illuminating the challenges of the SCC older adults with disabilities community are described in Sections 5.1.1 Economic Indicators, 5.1.3 Vulnerable Older Adult Population, and 5.2.4 Needs of Local Older Adults. These sections support the summary outlined above, identifying adults with disabilities as a vulnerable population.

Older Adults Socially and Geographically Isolated

Any person can experience isolation or frailty regardless of socioeconomic status. The National Institute on Aging acknowledges that there are unique needs between older adults who are socially isolated and those who live alone; however, individuals in both life circumstances may face loneliness and other hardships that have an impact on their health and longevity.[351] Beyond the difficulties socially or geographically isolated older adults face in receiving services or being prepared for an emergency, social isolation can have an impact on mental health and wellness. As described in Section 5.1.3 Vulnerable Older Adult Populations, older adults in more rural areas, such as the southern SCC cities of Gilroy, Morgan Hill, and San Martin may face added difficulties accessing transportation services and services aimed to reduce social isolation. This finding is supported by data from the key stakeholder interviews (see Section 5.2.5 Unmet Needs of Older Adults).

Findings from the American Community Survey show that a significant percentage of older adults who are aged 65 and older are living alone. This rate is relatively similar across county, state, and national levels (see **Figure 5.3.4** below).[352]

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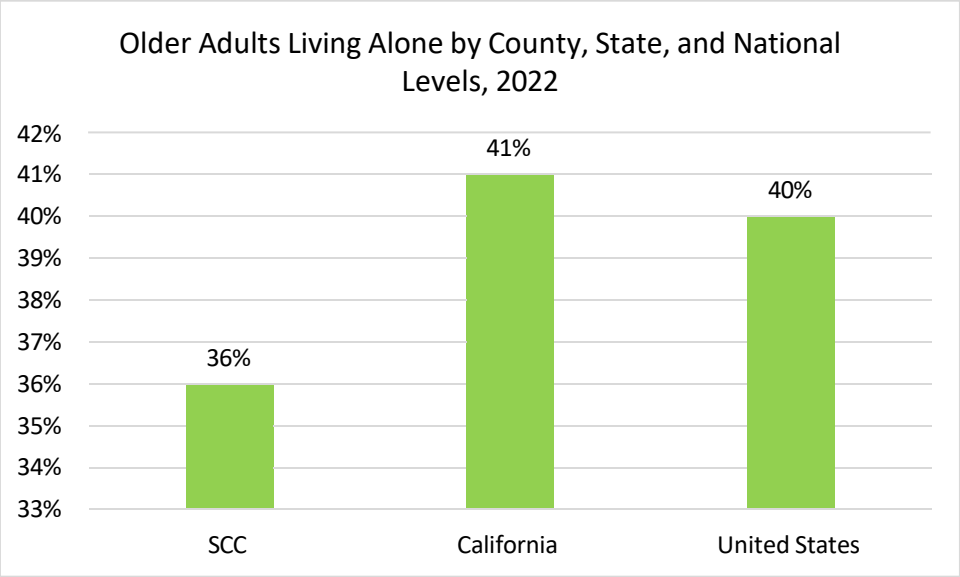
[350] American Community Survey, 2022 1-year Estimates
[351] https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
[352] American Community Survey, 2022 1-year estimates

Figure 5.3.4. Older Adults Living Alone by County, State, and National Levels, 2022



Additional data and information are available pertaining to the challenges that socially or geographically isolated older adults may face in the needs assessment (see Sections 5.1.3 Vulnerable Older Adult Population and 5.1.4 Health and Wellness). These sections support the summary outlined above identifying older adults who are socially and geographically isolated as a vulnerable population.

Sourcewise aims to support the most vulnerable communities through all programs and services provided directly and through our network of grantees. Sourcewise provides culturally sensitive programs and conducts outreach to target hard to reach populations. All direct services and grantees participate in trainings to build cultural competency and inclusivity to ensure everyone can receive what they need through their unique situation. Information is available in English, Spanish, Chinese, Vietnamese, and Russian. All Sourcewise programs have professional interpreting services available in person and through telephone conversation. Sourcewise has a satellite office in Santa Clara that is more accessible for isolated individuals. Sourcewise and its grantees also aim to reach LGBTQIA+ populations through targeted outreach efforts and providing a welcoming environment. Sourcewise will continue to increase the use of images on our website and in all promotional material to highlight the diverse communities in Santa Clara County. Sourcewise recognizes that participating in continuous educational opportunities and connecting with our diverse communities allows us to continue to serve the most vulnerable individuals in SCC. We also have a workforce that is representative of the county we serve and continue to learn from these communities about how to better serve them.

D. Informal Caregivers for Older Adults

The growing number of informal caregivers continues to rise in the same manner as the number of older adults in Santa Clara County and across the nation. Data available at the national level

suggest that there are more than 53 million informal caregivers as of 2020.[353] Approximately one in five respondents (21%) of the SCC Community Survey of Older Adults conducted as part of the needs assessment reported caring for another person. Caregiving individuals who provide regular care to family members or friends are at increased risk for having chronic conditions as they may put off caring for their own needs to care for others.[354]

In more recent years, individuals from the millennial generation have stepped into the role of caregiver. Data from the Behavioral Risk Factor Surveillance System revealed that nearly one in five millennials provide informal care.

According to a report from the National Alliance for Caregiving, millennial caregivers are the most diverse generation of caregivers in terms of race/ethnicity, gender, and sexual orientation. Caregiving responsibilities for this generation pose a unique challenge as millennials are also likely to have to care for their own children in addition to their parents and/or grandparents.[355] In comparison to older generations of caregivers, millennial caregivers are less likely to have paid help, and must work while providing informal care. Millennial caregivers can often feel they did not have a choice in becoming caregivers, experience great financial strain as a result of caregiving, and report lower levels of health and well-being.[356]

Sourcewise provides support services for caregivers including the Family Caregiver Support Program through our extensive network of grantees, and internally through Caregivers Network. The Caregivers Network serves unpaid caregivers through innovative ways, addressing their unique needs. Family and friend caregivers have access to resources and referrals, caregiver case management, and respite services. Recently added services include caregiver training and support groups. As the age group of those who identify as caregivers continues to widen, Sourcewise continues to participate in an array of caregiver-specific community events aimed to assist caregivers with the skills to locate resources and support services readily available in their local area. Challenges caregivers face is further outlined in Section 5.1.5 Caregiving and Section 5.2.6 Needs of Older Adult Caregivers & Impact of Caregiving.

E. Older Adults Experience Abuse

Older adults who experience or have experienced some forms of elder abuse are another vulnerable subgroup outlined in the needs assessment. Elder abuse can take many different forms, and these abusive situations can have negative impacts on an older adult's well-being and overall quality of life.[357] An older adult who experiences abuse may be less inclined to use resources in SCC and can have increased health risks due to suffering from the abuse.

The most frequent type of elder abuse reported is self-neglect, or the inability to perform essential self-care tasks, which is likely to result in injury, illness, or in severe cases death. Self-neglect made up an average of 34% of reports in the past four fiscal years.[358] In 2021, the most common

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[353] United States of Care, Listening to Informal Care Givers
[354] Center for Disease Control and Prevention, Caregiving for Family and Friends – A Public Health Issue
[355] Millennials as Caregivers: Results from the BRFSS, 44 states, DC, and Puerto Rico, 2015-2018
[356] AARP Fact Sheet: The "Typical" Millennial Caregiver
[357] Centers for Disease Control and Prevention, Fast Facts: Preventing Elder Abuse | https://www.cdc.gov/violenceprevention/elderabuse/fastfact.html
[358] Adult Protective Services, Annual Report 2021

category of self-neglect was physical care (65%) followed by residence (25%) and finances (10%). **Table 5.3.3** shows the three-year breakdown for each category of self-neglect.[359]

Table 5.3.3. Percentage of Self-Neglect Abuse Cases by Type in SCC, FY 2019-2021

	FY 2019 N = 1,964	FY 2020 N = 2,349	FY 2021 N = 2,973
Physical Care	59%	65%	65%
Residence	33%	24%	24%
Financial	7%	11%	11%

Elder abuse will remain a relevant issue and an area where resources and services within SCC are continually devoted. Sourcewise program staff are mandated reporters and provide confidential assistance to those in need. Sourcewise also offers Protection & Security alerts on our website, which provides the community with access to information about trending frauds and how to avoid financial abuse.

Additional information on the challenges faced by older adults who experience abuse is contained in Sections 5.1.3 Vulnerable Older Adult Population, 5.1.4 Health and Wellness, and 5.2.4 Needs of Local Older Adults, which identified needs and concerns through primary data collection methods.

[359] Adult Protective Services, Annual Report, 2021

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 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 findings, 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 2024-25 through FY 2027-2028

Access:

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

2024-25 60% 25-26 60% 26-27 60% 27-28

In-Home Services:

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

2024-25 5% 25-26 5% 26-27 5% 27-28

Legal Assistance Required Activities:

Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

2024-25 10% 25-26 10% 26-27 10% 27-28

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.

PUBLIC HEARING: At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?	Was hearing held at a Long-Term Care Facility?
2024-2025	03/12/2024, 9:30AM	Virtual, via Zoom	46	ASL Translator	No
2024-2025	03/13/2024 1:00PM	Virtual, via Zoom	28	ASL Translator	No
2025-2026	03/27/2025, 1:00pm	Virtual, via Zoom	26	ASL Translator	No
2025-2026	04/10/2025, 10:30am	Virtual, via Zoom	13	ASL Translator	No
2026-2027	3/16/2026, 10AM	Virtual, via Zoom	44	ASL Translator	No
	3/17/2026, 1:30PM	Virtual, via Zoom	25	ASL Translator	No
	3/24/2026, 1:30PM	In-person, Gilroy Senior Center, Gilroy CA 95020	14	ASL Translator & Spanish Interpreter	No
2027-2028					

The following must be discussed at each Public Hearing conducted during the planning cycle:

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

   As apart of the four-year Area Plan on Aging Needs Assessment, Sourcewise conducted outreach and engagement strategies to obtain input from institutionalized, homebound and/or disabled older adults and caregivers via strategies including:

   - *Focus Groups prioritizing LTCOMB Advocates. Sourcewise partnered with the local Long-Term Care Ombudsman Provider, Catholic Charities to host a focus group within the community comprised of staff and volunteer Ombudspeople to inform the challenges of those who may be 60*

years and older and institutionalized.

- *Circulation of the Santa Clara County Older Adult Survey was disseminated in print and email format and translated into 4 languages other than English including Spanish, Chinese, Vietnamese and Tagalog*

As apart of the Annual Area Plan on Aging Update for 2026-2027, Sourcewise leveraged the focus group qualitative findings and planning activities with the LTCOMB to capture institutionalized older adult voices are informing the Area Plan on Aging Update. Also, partnering with the Multipurpose Senior Services Program and our CalAim Assisted Living Transitions Program to disseminate the Mid-Term Needs Assessment to professional contacts within the LTC Institutions to promote responses. By developing and administering the Mid-Term Needs Assessment it sought to capture feedback on service needs for homebound and/or disabled older adults and caregivers via the Planning Service Area.

Additionally, public hearing notifications were disseminated far and wide in compliance with regulatory statutes and beyond to include:

- *General Circulating Newspaper Notificatio (posted at least 30 calendar days prior to the first scheduled public hearing).*
- *Email Annoucement and notification*
- *Social Media Posts and Engagement*
- *Website via Event Calendar at: https://mysourcewise.com/calendar/*
- *Collaboration with Advisory Council members to promote through PSA within respective communities*
- *Flyers placed in lobbies and disseminated during outreach events*

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

   ☐ Yes. Go to question #3

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

3. Summarize the comments received concerning proposed expenditures for PD and/or C.
   N/A

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

   ✓ Yes. Go to question #5

   ☐ No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

   During each of the three scheduled public hearings for 2026-2027, the adequate proportions for Title III B were defined and shared with those in attendance. Sourcewise did not receive comments related to the proposed 2026-2027 Title III B Minimum Percentages. A comments was received during the 2026-2027 public hearing requesting additional information for current year year allocations for Title III B Supportive Services. Sourcewise will direct the community member to the approved Area Plan on Aging 2025-2026.

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

- Emphasis on the growing number of unhoused older adults and lack of resources and supports accessible
- Lack of shelters in South County of the PSA that support unhoused older adults with disabilities
- Lack of resources and supports for unhoused older adults who speak Spanish and are not familiar with technology.
- Questions related to whether funding was awarded to the Area Agency on Aging to provide veteran services.
- Questions related to proposed budget to accomplish Goals & Objectives outlined in the proposed Area Plan on Aging Update.
- Questions related to the cost to conduct the mid-term needs assessment to support Area Plan on Aging Update 2026-2027.
- Inquiries related to accessible resources related to housing, in-home assistance, legal assistance, placement and programming.

6. Note any changes to the Area Plan that were a result of input by attendees.

Based on comments received during the public hearings for the 2026–2027 Area Plan on Aging Update, there were consistent questions and concerns regarding the Area Agency on Aging's (AAA) response to the growing number of unhoused older adults and the planned activities to address this issue. In response, Sourcewise, as the Area Agency on Aging, further refined the Goals and Objectives in Section 7 to emphasize programs, services, and advocacy efforts, including a more focused approach to building partnerships with local Rapid Response Teams and shelters throughout the Planning and Service Area (PSA).

Sourcewise added new tasks under Objectives 6.2 and 6.3 to develop an outreach strategy and collateral materials to strengthen partnerships with shelters and rapid response groups across the PSA. These efforts aim to increase visibility and awareness of accessible programs and supports available through the Area Agency on Aging and its network of grantees, particularly for individuals at risk of homelessness or who are unhoused. For ease of reference, Objectives 6.2 and 6.3 are included below and highlight the expanded focus on outreach and awareness.

Goal 6, Objective 6.2 – Community Outreach: Sourcewise will continue to build awareness of programs and services through a strategic outreach plan that promotes education on community resources related to health and wellness, safety, and elder abuse prevention. Outreach efforts will prioritize historically underserved communities, including individuals with the greatest economic and social needs, and will include building partnerships with local Rapid Response Teams that support unhoused older adults.

Outreach will be conducted both virtually and in person. Community Resource Specialists will engage with older adults, adults with disabilities, and caregivers through group settings and one-on-one interactions, providing presentations and educational materials at community events and resource fairs. Materials will be available in multiple languages based on community needs.

Goal 6, Objective 6.3 – Outreach and Awareness Campaign: Sourcewise will increase organizational visibility and inform the community about the Area Agency on Aging by providing information on aging services and eligibility. During the first quarter of the fiscal year, Sourcewise will launch an Information on Aging campaign to educate community members about available resources and supports.

Education efforts will include publication of an annual report highlighting program impact, services provided by Sourcewise and its grantees, and alignment with AAA goals and objectives. Sourcewise will also publish at least four print and electronic newsletters annually, covering issues of interest to older adults, caregivers, and individuals with disabilities across the PSA.

Additionally, in response to public hearing feedback, Sourcewise will develop collateral materials for community partners and service providers that highlight programs and services available to individuals who are unhoused or at risk of homelessness to improve access to supports.

While the details below are not new, the Goals and Objectives identified in Section 7 provide a high-level overview of programs that support prevention and assistance related to homelessness among older adults.

Programs Supporting Prevention of Homelessness

- Goal 3, Objective 3.1 – Short-Term Service Coordination
- Goal 3, Objective 3.3 – Multipurpose Senior Services Program
- Goal 6, Objective 6.1 – Information and Assistance
- Goal 6, Objective 6.2 – Community Outreach
- Goal 6, Objective 6.6 – Benefits Enrollment Center
- Goal 10, Objective 7 – Emergency Assistance Program (EAP)

Programs Supporting Older Adults Who Are Unhoused

- Goal 3, Objective 3.1 – Short-Term Service Coordination
- Goal 6, Objective 6.1 – Information and Assistance
- Goal 6, Objective 6.2 – Community Outreach
- Goal 6, Objective 6.6 – Benefits Enrollment Center
- Goal 7, Objective 4 – Health Insurance Counseling and Advocacy Program (Medicare Counseling)
- Goal 8, Objectives 8.1 and 8.5 – Congregate Meals and MOCA Nutrition Programs
- Goal 10, Objective 1 – Senior Community Service Employment Program (SCSEP)
- Goal 10, Objective 5 – Intergenerational Programming
- Goal 10, Objective 7 – Emergency Assistance Program

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goal #1 In-Home Care Services

Goal: To provide in-home care services enabling older adults and individuals with disabilities to continue living in their homes, content and safe.

Rationale: Equitable access to in-home services is imperative as these programs provide a wide arrangement of care, allowing older adults and individuals with disabilities the autonomy to continue to live independently.
(Reference Section 3,4,5)

Objective 1.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
The Public Authority Registry will provide at least two independent provider orientation session per month with 15 to 35 individuals in attendance. Additional sessions are provided in Spanish, Vietnamese and Mandarin as needed. Sessions will be two hours and provide information on how IHSS works; how to be active on the registry; roles and responsibilities of independent providers; universal precautions; elder abuse and mandated reporter confidentiality; completing paperwork and timesheets; benefits and who to contact for various aspects of the program. Success will be measured by attendance, and end of session evaluations.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	Revised

Objective 1.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Public Authority Services will complete Department of Justice background checks on all new IHSS, independent home care providers in Santa Clara County who provide in-home services to eligible IHSS recipients. Public Authority Services has been providing background checks since 2009. On average, the Public Authority processes 8,100 background checks per year. These are expected to grow each year.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	Revised

Objective 1.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Public Authority Services will administer health, dental, vision benefits and transportation pass for IHSS independent home care providers who choose to enroll, are paid for working at least 35 hours/month and agree to pay the $25 health care premium. Offering benefits will assist with recruitment and retention of IHSS independent home care providers in Santa Clara County to provide in- home services to eligible IHSS recipients. Public Authority Services currently has an enrollment of 14,697 in health benefits; 15,432 in dental/vision benefits. Public Authority Services issues transportation passes to all independent providers who request it. Currently there are 38,916 independent providers in Santa Clara County.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	Revised

Goal #2 Out-of-Home Care Services

Goal: To provide out-of-home care for older adults and individuals with disabilities of the greatest social and/or economic need, including those with Alzheimer's and other dementia.

Rationale: Access to care services outside of the home allows individuals an opportunity to engage in enriching activities while receiving needed care to enhance both the older adult and family caregivers' lives. *(Reference Section 4,5)*

Objective 2.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support the accessibility and administration of at least one Adult Day Care and/or Adult Day Care/Health service in Santa Clara County. Support of this service will allow older adults and individuals with disabilities access to care and supervision in a safe and secure setting outside of the home while also offering the opportunity to socialize. Access to Adult Day Health and/or Adult Day Care/Health services will reduce the likelihood of premature institutionalization.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Revised

Goal #3 Case Management Services

Goal: To provide case management services for older adults of the greatest economic and social need to ensure access to vital services in the community.

Rationale: To support older adults and individuals with disabilities, to prevent premature institutionalization and provide services that support individuals to continue to remain safely in their chosen living environment. *(Reference Section 1, 3, 4, 5)*

Objective 3.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will provide short term service coordination and case management services to those most vulnerable including older adults who are most likely to be isolated, and those with reduced access to resources due to disabilities.	☒ 2024-2025 ☒ 2025-2026 ☒ 2026-2027 ☐ 2027-2028	Non OAA	Continued

Objective 3.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support the administration of Case Management services in Santa Clara County through subcontractor's services with a concentration in geographic areas where there is a high number of older adults of the greatest social and economic need requiring case management service assistance	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B/	Continued

Objective 3.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise Multipurpose Senior Services Program (MSSP) staff will provide expert and timely care planning and follow through for older adults at risk of nursing home placement. Program staff will possess knowledge of interventions for chronic disease self-management and support, and care plans will be developed through multi-disciplinary nursing and social work assessments, conferencing, and supervision, following a rigorous schedule and standards all care managers will monitor monthly progress. MSSP care managers will maintain strategic partnerships with agency and community-based service providers and use care coordination technology that meets federal interoperability standards. MSSP care managers will provide information and advocacy to clients, their families, and caregivers to access services and benefits for which clients are eligible and will identify needs that are best addressed using purchased services. Assessments, care plans, and purchase proposals are reviewed by the MSSP supervisor. To ensure equitable access to MSSP the supervisor will administer a waiting list of eligible program candidates. The supervisor will balance a prospective client's time on the waiting list with urgency of need when contacting prospective clients for enrollment. An effort will be made within two weeks to contact referring parties when prospective clients do not meet eligibility criteria so that triage and additional resource recommendations may be provided to those individuals or referring parties.	☒ 2024-2025 ☒ 2025-2026 ☒ 2026-2027 ☐ 2027-2028	MSSP	Continued

Goal #4 Transportation Services

Goal: To provide transportation services for older adults, to help connect them with services in the community, reduce isolation, improve their social well-being, and support them to continue to live independently.

Rationale: Transportation services provide essential mobility services for individuals who depend on transportation to engage in the community and additional supportive services that allow them to age in place. Access to transportation reduces other barriers to care for older adults and individuals with disabilities face. *(Reference Section 2, 3, 5)*

Objective 4.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise Transit Services will provide one-way transportation services to older adult residents of Morgan Hill, San Martin, and Gilroy. This initiative aims to reduce social isolation and enable older individuals to access services that support their physical and mental well-being, such as recreation, music, creative arts, physical activity, education, and other supportive services not available during congregate mealtimes. Additionally, the transit service will offer one-way trips to libraries, county benefits appointments, pharmacies, grocery stores, and non-emergency medical appointments when available.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B/ Non OAA	Revised

Objective 4.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will advocate for transportation education, access, and enhanced coordination for low income, vulnerable older adults that have critical transportation needs in Santa Clara County at the local, state, and national level.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B/ Non OAA	Continued

Goal #5 Legal Services

Goal: To provide accessible legal representation and consultation for older adults of the greatest social and economic need with an emphasize on, although not limited to, legal issues related to aging, abuse, and neglect.

Rationale: Offering access to Santa Clara County's local legal services network supplies aging adults and individuals with disabilities essential supports to protect their individuals' rights and provide advocacy for those who face challenges to their autonomy and financial stability as they age in place.

(Reference Section 3, 4, 5,11)

Objective 5.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will provide support to an agency to administer legal services for older adults in Santa Clara County including: public benefits/entitlements (Social Security, SSI, Medicare, Medi-Cal, IHSS, etc.), elder abuse/exploitation/neglect (including restraining orders for elder abuse or domestic violence), housing (including landlord-tenant, public housing, and fair housing); long-term care and alternatives (including SNF's and Assisted Living Facilities), healthcare (including HICAP legal matters), consumer; advance planning for incapacity/autonomy (advance health care directives, powers of attorney for financial management, etc.), and simple wills/probate alternatives. All services are provided free of cost to eligible Santa Clara County older adult residents.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Continued

Goal #6 <u>Information & Assistance, Outreach and Community Education</u>

Goal: To provide information & referral for services and resources available to older adults, caregivers, and individuals with disabilities in Santa Clara County in the language and method of choice. To increase the community's knowledge and understanding of how to access services in the community.

Rationale: Promoting awareness and resources to educate the community is essential. Sourcewise actively seeks opportunities to engage in the community through local events and other organizations to promote awareness of the robust service offerings and coordination ability of the agency. Information and Assistance allows streamlined access to the entirety of Santa Clara County's community-based network of resources, allowing individuals to navigate their unique needs with the one-on-one support of trained Community Resource Specialists.
(Reference Section 2,3,4,5)

Objective 6.1	**Projected Start and End Dates**	**Type of Activity and Funding Source**	**Update Status**
Sourcewise's Information & Awareness (I&A) Community Resource Specialists will provide in-person and over-the- phone information and referral services for older adults, caregivers, and individuals with disabilities needing help. Translation services are available during business hours to help facilitate information and referrals over the phone to the community. In-person access to information & referral services is available at Sourcewise offices to "walk-in's" during operating hours. Information about resources & referrals is provided at resource fairs or community events offering immediate support to the older adults informal caregivers, and individuals with disabilities. Services will include an assessment of the personal or caregiving situation and will provide the individual or family members with an individualized list of resources based on their unique situation. The detailed list of referrals will be available to be shared via postal mail in print form, as well as digital format by e-mail. Each individual or informal caregiver who receives assistance will receive a follow-up phone call within 2 weeks to reassess their situation and to ensure the resources provided were able to successfully help.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Continued

Objective 6.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will continue to build awareness of programs and services through a strategic outreach plan to promote education on the availability of community resources and topics related to health/wellness, safety, and elder abuse protection with an emphasis to provide education to historically underserved communities including those defined as the greatest economic and social needs and build partnerships with local Rapid Response teams who support unhoused older adults. Community outreach will be performed virtually and in person. Sourcewise Community Resource Specialists interact with older adults, adults with disabilities, and caregivers in group settings and one-on-one. Community Resource Specialists will provide interactive informational presentations and share education about services and resources at resource fairs and community events. Informational material will be available in various languages based on needs and will be available to all participants at presentations and all resource fairs.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Continued

Objective 6.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will increase the organization's visibility and further inform the community about the local Area Agency on Aging by providing general information on aging and eligibility for services. During the first quarter of the fiscal year, Sourcewise will launch an Information on Aging Campaign to educate community members about available resources and supports. Service education efforts will be completed	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Revised

through the publication of an annual report that highlights: the impact of Sourcewise programs on the community, internal programming and services, services provided by the network of grantees, alignment with the goals and objectives of the Area Agency on Aging In addition, Sourcewise will publish at least four publications per year, including both print and electronic newsletters. These publications will: highlight topics of interest to older adults, caregivers, and individuals with disabilities and be shared with residents throughout the Planning and Service Area (PSA). Lastly, in response to the comments received during the 26/27 Public Hearings, Sourcewise will develop collateral to highlight for local service providers and community the services and programs available to support those who may become unhoused or who may experience homelessness to increase access to supports for services.			

Objective 6.4	**Projected Start and End Dates**	**Type of Activity and Funding Source**	**Update Status**
Sourcewise will continue its extensive Community Education effort by promoting educational information on rights, benefits, entitlements, and health and wellness information for older persons in public education settings in all threshold languages.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Continued

Objective 6.5	**Projected Start and End Dates**	**Type of Activity and Funding Source**	**Update Status**

Sourcewise will aim to ensure program information and promotional materials are identifiable and equitable amongst the diverse communities of Santa Clara County older adults, caregivers, and individuals with disabilities. To support the delivery of this goal, Sourcewise will provide reading materials in languages other than English including emerging threshold languages, Spanish, Vietnamese, Tagalog, and Mandarin Chinese. Additional languages may be included in printed or electronic material created to ensure equitable access to services as required. Sourcewise provides professional interpreting services for individuals when they call or have an appointment in-person. The list above is not inclusive of all language the professional interpretation services have available. Public-facing imagery describing programs and services will be inclusive of diverse communities in SCC to increase awareness of services available within the AAA and through the extensive network of senior service providers.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Continued

Objective 6.6	**Projected Start and End Dates**	**Type of Activity and Funding Source**	**Update Status**
Sourcewise provide one-on-one benefits enrolment assistance to older adults, their caregivers and their families in partnership with Silicon Valley Independent Living Center (SVILC) as the Benefits Enrollment Centered, recognized by National Council on Aging (NCOA). Through the Benefit Enrollment Center Sourcewise will help older adults with HICAP - Medicare Part D Extra Help, Medicare Savings Programs (MSPs), Medicaid (MediCal), and SNAP (CalFresh) applications.	☐ 2024-2025 ☐ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	New

Goal #7 Health Insurance Counseling & Advocacy Program

Goal: To increase accessibility of health insurance counseling related to Medicare, long-term care and managed care health insurance for older adults, their caregivers, and families by recruiting and training volunteers.

Rationale: Older adults are often confused by a barrage of disparate insurance information. HICAP Counselors provide objective Medicare information to assist them in making informed insurance decisions that are best for them and their family. To be successful, the Sourcewise Health Insurance Counseling & Advocacy Program relies on their dedicated and diverse network of volunteers to educate and advocate for all adults in SCC.
(Reference Section 3,4,5)

Objective 7.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
The Sourcewise Health Insurance Counseling & Advocacy Program (HICAP) will expand its network of volunteers to at least 40 volunteer HICAP Counselors. HICAP will maintain the equivalent of 1 FTE position dedicated to volunteer recruitment, training, and supervision. An outreach plan will be developed to attract and recruit new volunteers with a targeted approach tailored to retirees of various agencies and companies.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	HICAP	Revised

Objective 7.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
The Sourcewise Health Insurance Counseling & Advocacy Program will continue to identify the diverse community of older adults and caregivers who require language assistance to navigate their Medicare health insurance options. To ensure that the growing diverse and limited English proficient older adults and beneficiaries will receive assistance, HICAP will target and increase the number of bilingual HICAP Volunteer Counselors by recruiting, training, and retaining two Spanish and two Vietnamese speakers by - 2027. Enhancing the availability of bilingual counselors will allow HICAP to continue to build partnerships with additional community-based organizations to provide Medicare health insurance assistance.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	HICAP	Continued

Objective 7.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
The Sourcewise Health Insurance Counseling & Advocacy Program will ensure quality objective counseling by adding to the existing continuing education training program. Sourcewise HICAP will provide weekly small group learning sessions to introduce and reinforce topics such integrated care plans, drug coverage options, special enrollment periods, employer plans, and counseling for individuals with lower income and resources.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	HICAP	Continued

Objective 7.4	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
The Sourcewise Health Insurance Counseling & Advocacy Program will assist Santa Clara County Medicare beneficiaries in finding suitable Medicare prescription drug plans, Medicare Advantage plans, and Medicare Supplement policies. The Medicare Plan Finder (MPF), a tool for evaluating plans in Santa Clara County, continues to change, with new features added and others removed. To ensure HICAP Counselors can use and explain the updated MPF to the public, MPF training will be conducted each month. Additionally, pre-AEP MPF training will be conducted each year for all staff and volunteer HICAP counselors. Developing and administering these trainings will benefit Medicare Beneficiaries, by helping them identify which plans can save them the most money with the fewest drug restrictions before deciding.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	HICAP	Continued

Objective 7.5	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
HICAP will continue to ensure an effective and engaged group of volunteers to better serve the community. Improvements to the onboarding process will be made to the PeerPlace training component. Training videos will be developed that will include interactive responses to mock scenarios. The videos will be part of the Volunteer Management system and shift the one-on-one in-person training to a self-paced training approach accessible to more trainees. In addition, training will be more consistent and aims to reduce the onboarding registration waiting time.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	HICAP	Revised

Objective 7.6	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
HICAP will refine, print, and distribute its Medicare Consumer Guide. The guide will reflect the changes to program benefits, pricing, and enrollment periods. An online version will be made accessible to clients who book appointments. In addition, HICAP will improve outreach by creating educational videos in various Medicare topics, including COBRA coordination, low-income programs and service eligibility, and preventive services. Media campaigns will be used to promote the videos to help inform and increase HICAP Counseling for volunteers throughout the year.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	HICAP	Revised

Objective 7.7	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
HICAP will continue to develop and utilize a digital HICAP volunteer management system (VMS) to enhance volunteer recruitment and onboarding by providing efficient digital communications and training to HICAP volunteer trainees.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	HICAP	Continued

Objective 7.8	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
HICAP will provide seven legal referrals to Legal Service provider to navigate Medicare related challenges requiring legal expertise. These may include Medicare claim denials, inappropriate billing, late enrollment penalty resolution, and other Medicare appeal issues in Original Medicare A and B, Medicare Part C and Medicare Part D.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	HICAP	New

Goal #8 Nutrition Services & Meals

Goal: To provide nutritious meals and educational material about healthy eating in both the home and congregate meal settings.

Rationale: Meal services holistically support an individual's health and wellbeing by promoting community building through socialization, reducing food insecurity, financial stress, and educating aging adults and individuals with disabilities on healthy choices.
(Reference Section 3,4,5)

Objective 8.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support the administration of congregate meal sites within Santa Clara County.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III C/ Admin	Revised

Objective 8.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support the administration of and access to hot and frozen meals to eligible older adults, at least 60 years and older, who are homebound, frail and/or unable to prepare meals or shop on a consistent basis for themselves. The Sourcewise Meals on Wheels program will support older adults to remain independent in their chosen living environment, avoid hospitalization, and support the management of chronic health issues through meals. Sourcewise will provide Meals on Wheels in coordination with a qualified meal delivery service which complies with the Dietary Guidelines for Americans (while incorporating special needs of the older adult population) access to nutrition meals regardless of their ability to pay.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III C/ Admin	Continued

Objective 8.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support the administration of to-go meals throughout Santa Clara County. To-go meals will provide additional access to congregate sites, through providing meals that are carried out, grab, and go, or drive through. Individuals acquiring meals will have the opportunity to consume off site either in person or virtually congregate with the meal. Alternatively, to go meals will allow for older adults and individuals with disabilities to consume off site without in person or virtual congregating. Providing to-go meals is an initiative to promote choice in dining environments and tailor service delivery to the individual's needs.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III C	Continued

Objective 8.4	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will administer the Senior Farmers Market Nutrition Program (SFMNP) in partnership with the California Department of Food and Agriculture (CDFA) to provide low-income Santa Clara County older adults with a with Farmers' Market Cards that can be used to purchase fresh, nutritious, unprepared, locally grown fruits, vegetables, honey, and herbs from WIC Authorized Certified Farmers' Markets locally within the County. The program also dually supports local farmers.	☐ 2024-2025 ☐ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	New

Objective 8.5	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support the administration of programming available via the Modernization for Older Californian's Act to support Nutrition Services beyond home and community based setting meals via Intergenerational Programming, Brown Bag Programming, and Groceries to support the diverse nutritional needs of our older adult population. Brown Bag and Grocery programming may include support for unhoused and low-income populations.	☐ 2024-2025 ☐ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	New

Goal #9 Family Caregiver Support Services

Goal: To support informal caregiving through both formal and informal sources of care. Aim to provide respite to caregivers through information, and access to caregiver support, respite, and supplemental services.

Rationale: Family Caregivers are a growing demographic of informal caregivers, which require customized resources, education, and support networks differing from industry professional caregivers. *(Reference Section 3,4,5,10)*

Objective 9.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
The Caregivers Network, by Sourcewise provides unpaid caregivers access to a network of resources and services based on their unique situation by utilizing technology to enhance access to services and resources to improve interventions to support caregivers. Sourcewise will fund one full-time Care Manager position and a full-time Program Manager to administer the Caregivers Network by Sourcewise. The Care Manager completes an assessment; informs the caregiver of service availability, coordination of services, and supportive counseling. MyPlan provides informal caregivers with a variety of supportive services, and on demand training to address the changing needs of informal caregivers' additional languages and system development projects are ongoing.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III E/ Non OAA	Continued

Objective 9.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Caregivers Network by Sourcewise will administer in-home respite services, through a collaborative relationship between the Care Manager and the informal caregiver. The Care Manager's goal is to support the informal caregiver by reducing stress and improving their mental and emotional well-being. Outreach for caregiver respite will include vulnerable and underrepresented populations in Santa Clara County.	☒ 2024-2025 ☒ 2025-2026 ☐ ☒2026-2027 ☐ 2027-2028	Title III E/ Non OAA	Continued

Objective 9.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Caregivers Network by Sourcewise will administer a caregiver support groups in an in-person setting at local focal point to provide caregivers access to build a local network of support. The support groups will increase the caregivers' social and emotional well-being and aim to provide access to information to navigate various elements of caregiver for an older adult relative or adult with disabilities.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III E	Revised

Objective 9.4	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will provide Family Caregiver Support Program Information & Assistance to provide one-on- one options counseling and coordination of services for the unpaid caregiver. In coordination with the Information & Assistance program at Sourcewise, the FCSP-IA program will help caregivers navigate local resources and coordinate care options while maintaining a balance in their professional and personal life. Sourcewise will focus on vulnerable and hard to reach populations such as low income, the Hispanic/Latinx community, the LGBTQ+ community, the African American community, and others, to increase awareness for the program and resources available to unpaid caregivers including friends, family, and family of choice.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title E	Continued

Objective 9.5	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support the administration of community-based organizations that provide caregiver focused programs. Sourcewise will aim to support agencies providing access to caregiver services intended 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 individuals with Alzheimer's Disease or related dementia.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title E	Continued

Objective 9.6	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support an agency to provide caregiver support services to older individuals caring for youths up to eighteen years of age. Older Adult Relative Family Caregiver Support provides case management support, respite, and legal guardianship assistance for older adults entrusted with the care of their grandchildren.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III E	Continued

Objective 9.7	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will support an organization within Santa Clara County to provide extensive support services to family caregivers of individuals with Alzheimer's Disease or related dementia. All services are designed to reduce caregiver stress levels. An emphasis will be placed on caregiver support options in the form of respite services, support groups, and education sessions on unique cognitive diseases. These caregiver support options empower family caregivers with tools to reduce caregiver burn out, participate in the workforce, and thrive in day-to-day tasks.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III E	Continued

Goal #10 <u>Enrichment Services</u>

Goal: To provide services that enrich the lives of older adults in Santa Clara County.

Rationale: Through an array of enrichment services, older adults and individuals with disabilities are provided opportunities for cultivating community that deepens their connectivity to self and others. *(Reference Section 3,4,5)*

Objective 10.1	**Projected Start and End Dates**	**Type of Activity and Funding Source**	**Update Status**
Sourcewise will provide employment assistance opportunities for eligible low – income unemployed older adults 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.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title V	Continued

Objective 10.2	**Projected Start and End Dates**	**Type of Activity and Funding Source**	**Update Status**
The Senior Community Services Employment Program (SCSEP) developed online training videos to remove barriers of access to onsite training. Promoting SCSEP online training is a continuous area of opportunity and need in Santa Clara County to support older adults with the skills, experience, and confidence to facilitate permanent employment.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	Continued

Objective 10.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will provide individuals of all ages in Santa Clara County the opportunity to volunteer to support the administration and Area Plan programs. The volunteer program will include an orientation focused on who Sourcewise is and an assessment of the volunteer's abilities and interests. Sourcewise will explore internship partnerships with local universities and junior colleges, as well as high schools, corporate and community-based organizations in SCC to support and expand upon the delivery of services to all adults in SCC.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Admin/ Title III B, Title III C, Title III D, Title III E	Revised

Objective 10.4	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise Ambassadors are volunteers that aim to reduce social isolation and loneliness amongst homebound older adult population by conducting friendly phone calls. The program will improve the emotional and mental health of older adults, build relationships, and increase access to resources by sharing resources and connecting to direct services of Sourcewise.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Admin/ Non OAA	Revised

Objective 10.5	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise Intergenerational Activities program will utilize volunteers of all ages, especially high school and college students, with the goal of reducing social isolation among vulnerable older adults age 60 and older through three activities: home visits, and home beautifications for homebound older adults referred by Sourcewise care managers. Group social activities will be hosted at low-income housing or senior community centers in Santa Clara County. Activities will be interactive through activities such as arts & crafts, board games, and include friendly conversation.	☐ 2024-2025 ☐ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	New

Objective 10.6	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will administer a Fall Prevention Program for older adults at risk for falls or returning home after hospitalization due to fall-related injuries in partnership with local community-based organizations, Medi-Cal insurance carriers, and services. Through this program, we will provide fall risk assessment, short term service coordination, access to Occupational Therapist (evaluation), education on fall risks and prevention strategies. The Fall Prevention Program aims to minimize the probability of premature institutionalization and enhance an older adult's ability to remain safely in their home.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	Revised

Objective 10.7	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will an Emergency Assistance Program to support one-time financial assistance to vulnerable older adults who may have exhausted all other options available to them to support with basic needs including housing (rent), utilities, basic household needs, food and one-time expenses. Value of the EAP will be determined based on the award of funding but aspire to assist at least 15 – 30 individuals per year across all of Santa Clara County including older adults and caregivers.	2024-2025 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	New

Goal #11 <u>Information Technology</u>

Goal: To optimize technology to improve Sourcewise's ability to provide access and support high quality service for older adults.

Rationale: IT is a fundamental service to daily operations of Sourcewise. Efficient technology enhances the consumer experience and supports subcontractors through streamlined reporting through software.
(Reference Section 1,2,5)

Objective 11.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will continue to improve critical infrastructure. By updating current systems and their backup counterparts, we will improve data integrity. Additionally, Sourcewise will continue to be able to effectively access and manage data remotely allowing for business operations to be conducted virtually, when necessary. 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.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Admin	Continued

Objective 11.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will continue to improve the ability to provide support and access to services for the community by updating the call center. By leveraging the use of innovative technology, updates to the call center will enable scalable resources in unforeseen emergencies, health concerns and natural disasters. 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.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Admin/ Title III B	Continued

Objective 11.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will utilize video conferencing and online collaborative tools to better serve the community. The added flexibility of virtual conference calls, video conferences, and webinars allow one-to-one, or many-to-one sessions to reach a wider audience. This will result in increased staff productivity and decrease reliance on traditional means of communication.	☒ 2024-2025 ☒ 2025-2026 ☐ ☒2026-2027 ☐ 2027-2028	Admin/ Title III B, Title III C, Title III D, Title III E	Continued

Objective 11.4	Projected Start and End Dates	Type of Activity and Funding Source	Update Status

Sourcewise will continue to update its agency website to enhance public awareness of the agency by making navigation and finding services more user-friendly. The website will continue to be a platform to highlight the positive contributions of the diverse adult population aged 18+ and educating the public about the stigmas of ageism. Utilizing online webforms to enable users to complete online applications will provide clients with ease of access to services. The website will be enhanced with additional details on caregiver needs and support, through the Events and Newsletter webpages.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title B/ Admin	Continued

Objective 11.5	**Projected Start and End Dates**	**Type of Activity and Funding Source**	**Update Status**
Sourcewise will explore and further analyze DXF to assess our AAA database system, which will support interoperability between social and health care services provided within Sourcewise and across Santa Clara County.	☒ 2024-2025 ☒ 2025-2026 ☐ 2026-2027 ☐ 2027-2028	Non-OAA	Complete

Goal #12 Development of Innovative Programming

Goal: To create strategic and beneficial partnerships where there is a natural fit for collaboration to support services focused on older adult and caregiving service administration and delivery improvement in our community.

Rationale: The developing aging landscape requires innovative programming. Innovative services through partnerships of established resources provide the opportunity to create innovative programs that fit the unique needs of individuals that may be unmet in current service offerings while providing avenues to explore modern forms of assistance.

(Reference Section 3,4,5)

Objective 12.1	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will collaborate with local community-based organizations and health providers to deliver a network of service referral and service support structures for all adults and individuals with disabilities in Santa Clara County. Through this strategic partnership, Sourcewise will be recognized as the primary source of service reference to the local community's network of social services, welfare, aging, and health.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Continued

Objective 12.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will ensure all adults receive resources based on their unique needs, Sourcewise will use information systems to capture voluntary self-identified information from individuals on sexual orientation and gender identity (SOGI) with the goal to gather data that helps highlight and identify the needs of the Lesbian, Gay, Bisexual, Transgender, and Queer plus (LGBTQ+) communities in SCC.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Continued

Objective 12.3	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will actively engage and collaborate locally and at the State level to develop and contribute to the implementation of the Master Plan on Aging 5 Bold Goals & Strategies.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	Continued

Objective 12.4	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise will partner with the Palo Alto VA to offer a care management services and appropriate coordination of social, health and medical services through an innovative program named Veterans Directed Care.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	Continued

Objective 12.5	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Sourcewise Digital Link Program will provide Senior Center Activities to provide older adults with access to personalized and group training sessions to empower older adults to access virtual wellness resources, participate in online educational activities and stay engaged through social platforms to combat social isolation and loneliness via digital devices. Sourcewise Digital Ambassadors will assist older adults build their skillset with hands on interaction and training on how to navigate and utilize a tablet, laptop or other device. The Digital Link Program and Ambassadors aim to empower older adults and equip them with practical digital skills for meaningful participation in the digital world this includes the development and support to navigate Artificial Intelligence (AI). The program will be hosted at community focal points throughout the Santa Clara County area and prioritize adults 60 and older.	☐ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Title III B	Continued

Goal #13 Health & Wellness Services

Goal: To provide programs that encourage and assist older adults in their pursuit of a healthy aging pathway.

Rationale: Evidence-Based health programs provide credible support to an individual's physical, mental, and emotional health that produce better health outcomes and independence.
(Reference Section 3,4,5)

Objective 13.1	**Projected Start and End Dates**	**Type of Activity and Funding Source**	**Update Status**
Sourcewise, under contract, will provide Evidence-based Health Promotion Services approved by the Administration of Community Living evidence-based programs to measure positive and negative outcomes. In accordance with the service targeting outlined in the California Code of Regulation Title 22. Title III D services include but are not limited to: AEA Arthritis Foundation Aquatic Program (AFAP), Powerful Tools for Caregivers, Stay Active and Independent for Life (SAIL), Matter of Balance, Tai Ji Quan Moving Better for Balance.	☒ 2024-2025 ☒ 2025-2026 ☒ 2026-2027 ☐ 2027-2028	Title III D	Continued

Objective 13.2	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
To prioritize whole person care and optimized health and quality of life, Sourcewise will support CalAIM initiatives in Santa Clara County through Enhanced Case Management, Community Supports programs. Enhanced Case Management connects individuals to an ECM Lead Care Manager to provide comprehensive care management and coordination of health-related care and services. This is delivered using a person-centered approach to care coordination, integrating physical and behavioral health, emotional well-being, and social care needs, with an emphasis on prevention, chronic disease management, and social drivers of health. The Community Supports Assisted Living Facility – Transition Program ensures the successful transition of individuals from skilled nursing facilities or at risk of institutional placement into a community setting with the goal of enhancing overall health outcomes and quality of life. The Community Supports Environmental Accessibility Adaptations Program helps older adults remain safely and independently in their homes by providing modifications that address mobility, safety, and accessibility needs. The Community Supports Respite Program (non-medical) provides temporary relief to caregivers by offering supervised support and engagement for older adults, therein helping maintain caregiver well-being while also ensuring continuity of care for older adults to remain living within their community setting.	☒ 2024-2025 ☒ 2025-2026 ☒2026-2027 ☐ 2027-2028	Non OAA	Revised

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 10

TITLE III/VII SERVICE UNIT PLAN s
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).
For services not defined in OAAPS, refer to the Service Categories and Data Dictionary.

1. Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.
2. A written justification is required for service unit decrease greater than 10%: Citation: CDA Program Guide, Section 4.4.(1) Scope of Work

Adult Day Care/ Adult Day Health (In-Home) Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	11,250	2	2.1
2025-2026	11,250	2	2.1
2026-2027	11,250	2	2.1
2027-2028			

Case Management (Access) Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,200	3	3.2
2025-2026	3,200	3	3.2
2026-2027	3,200	3	3.2
2027-2028			

Transportation (Access) Unit of Service = 1 one-way trip

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,000	4	4.1, 4.2
2025-2026	6,300	4	4.1, 4.2
2026-2027	6,300	4	4.1, 4.2

2027-2028			

Information and Assistance (Access) Unit of Service = 1 contact

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	13,050	6	6.1, 6.3
2025-2026	13,736	6	6.1, 6.3
2026-2027	13,800	6	6.1, 6.3
2027-2028			

Outreach (Access) Unit of Service = 1 contact

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,000	6	6.1, 6.2
2025-2026	5,263	6	6.1, 6.2
2026-2027	7,000	6	6.1, 6.2
2027-2028			

Legal Assistance Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,000	5	5.1
2025-2026	4,000	5	5.1
2026-2027	4,000	5	5.1
2027-2028			

Congregate Meals Unit of Service = 1 meal

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	561,400	8	8.1,8.3
2025-2026	561,400	8	8.1,8.3
2026-2027	600,000	8	8.1
2027-2028			

Home-Delivered Meals Unit of Service = 1 meal

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	800,120	8	8.2, 8.3
2025-2026	800,120	8	8.2, 8.3
2026-2027	550,000	8	8.2
2027-2028			

Justification, Home Delivered Meals+10% Reduction: Sourcewise, PSA 10 is proposing an estimated 31% reduction of estimated total number of home delivered meals to be provided from July 01, 2026 – June 30, 2027. During the Fall of 2025, Sourcewise/AAA engaged in a Meal Rate Analysis at the request of our Title III C Nutrition Service Providers to assess OAA reimbursement rates per meal. From that assessment, new meal rates were determined for 3 types of home delivered meal (cultural, fresh, and frozen). Based on the meal rates for home delivered meals defined for the 2026-2027 period, we anticipate a reduction in the proposed number of meals to be served due to the increase in reimbursement defined by the meals rates.

Nutrition Education Unit of Service = 1 session

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	154	8	8.1, 8.2, 8.3
2025-2026	154	8	8.1, 8.2, 8.3
2026-2027	154	8	8.1, 8.2, 8.3
2027-2028			

3. OAAPS Service Category – "Other" Title III Services

- Each **Title IIIB** "Other" service must be an approved OAAPS Program 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 IIIB** services to be funded that were not reported in OAAPS categories. (Identify the specific activity under the Other Supportive Service Category on the "Units of Service" line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

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.

- Other **Priority Supportive Services include**: Alzheimer's Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

  Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Device, Registry, Senior Center Activities, and Senior Center Staffing.

All "Other" services must be listed separately. Duplicate the table below as needed.

Service Category: Community Education **Unit of Service:** 1 Activity

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	220	6	6.3
2025-2026	231	6	6.3
2026-2027	242	6	6.3
2027-2028			

Service Category: Senior Center Activities **Unit of Service:** 1 Hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	N/A	N/A	N/A
2025-2026	420	12	12.5
2026-2027	580	12	12.5
2027-2028			

- Provide the specific name of each proposed evidence-based program.

Evidence-Based Program Name(s):

1. AEA Arthritis Foundation Aquatic Program (AFAP)
2. Matter of Balance (MOB)
3. Powerful Tools for Caregivers
4. Stay Active and Independent for Life (SAIL),
5. Tai Ji Quan Moving Better for Balance
6. Better Choices Better Health
7. Bingocize
8. Diabetes Self-Management
9. Enhanced Fitness
10. Enhanced Wellness

Title IIID/Health Promotion—Evidence-Based **Unit of Service: 1 session**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	2,300	13	13.1
2025-2026	2,300	13	13.1
2026-2027	750	13	13.1
2027-2028			

Justification, Title IIID/Health Promotion +10% Reduction: Sourcewise, PSA10 implemented in 2026-2027 the required unit of service measurement definition change as defined by PM25-03 and the CDA Service Categories and Data Dictionary. The unit of service measurement changed from contacts to sessions which resulted in a 10% reduction based on the 'proposed unit of measure' for 2026 – 2027.

TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2024-2028 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2020, 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 ensuring their dignity, quality of life, and quality of care.

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. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).
The average California complaint resolution rate for FY 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	881	1272	69%	60 % 2024-2025
2023-2024	590	806	73%	65% 2025-2026
2024-2025	589	1325	44%	49 % 2026-2027
2025-2026				_____ % 2027-2028

B. Work with Resident Councils (NORS Elements S-64 and S-65)

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended 23 FY 2024-2025 Target: 27
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended 16 FY 2025-2026 Target: 27
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended 25 FY 2026-2027 Target: 25
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____

C. Work with Family Councils (NORS Elements S-66 and S-67)

1. FY 2022-2023 Baseline: Number of Family Council meetings attended 4 FY 2024-2025 Target: 5
2. FY 2023-2024 Baseline: Number of Family Council meetings attended 4 FY 2025-2026 Target: 6
3. FY 2024-2025 Baseline: Number of Family Council meetings attended 1 FY 2026-2027 Target: 1
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target:

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54) Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Telephone, letter, email, fax, or in-person may accomplish Information and Assistance.

1. FY 2022-2023 Baseline: Number of Instances: 550 FY 2024-2025 Target: 700
2. FY 2023-2024 Baseline: Number of Instances: 547 FY 2025-2026 Target: 700
3. FY 2024-2025 Baseline: Number of Instances 690 FY 2026-2027 Target: 780
4. FY 2025-2026 Baseline: Number of Instances_____ FY 2027-2028 Target: _____

E. Information and Assistance to Individuals (NORS Element S-55) 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. Information and Assistance may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2022-2023 Baseline: Number of Instances: 2,908 FY 2024-2025 Target: 1,650
2. FY 2023-2024 Baseline: Number of Instances: 1,921 FY 2025-2026 Target: 2,200
3. FY 2024-2025 Baseline: Number of Instances 1,434_____ FY 2026-2027 Target: 1,478___
4. FY 2025-2026 Baseline: Number of Instances_____ FY 2027-2028 Target: _____

F. Community Education (NORS Element S-68) 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. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.

1. FY 2022-2023 Baseline: Number of Sessions 4 FY 2024-2025 Target: 3
2. FY 2023-2024 Baseline: Number of Sessions 1 FY 2025-2026 Target: 4
3. FY 2024-2025 Baseline: Number of Sessions 5_____ FY 2026-2027 Target: 6_____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____

G. Systems Advocacy (NORS Elements S-07, S-07.1)

One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, **describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year**. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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: Work with LTC facilities to improve pain relief or increase access to oral health care, 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.) Be specific about the actions planned by the local LTC Ombudsman Program.

The staff and volunteers are being supported and trained on several different facets including an overall technology transformation which will help the staff and volunteers be able to engage and evaluate services more productively. This will equip the staff with the training and learning they need to adapt and succeed in their environment.

The provider will also be implementing a Footsteps Initiative is a new approach that provides families with a pathway to self-sufficiency. This community-change strategy adds a new service tier to the agency's offerings.

This Integrated Services Model will tie together their existing portfolio of services and programs with a "Seamless Welcome" and a robust referral service capability.

FY 2024-2025

Outcome of FY 2023-2024 Efforts:

In FY 23-24, the LTCOP goal was to increase the accuracy, timeliness, and consistency of data. The Ombudsman Program used tablets in the field by Staff Ombudspersons as they exit the facilities.
This data then was transferred to the staff laptops to populate reports. Each month during the recertification meeting time was devoted to reviewing various aspects of data collection to staff and volunteer Ombudsman. Additionally, another goal was for LTC Ombudsman Program Manager to train volunteers to input their cases into ODIN (Ombudsman Data Integration Network (ODIN) a data collection system created by the California Long-Term Care Ombudsman Program (LTCOP), rather than a Word document or handwritten intake form. In addition, the Ombudspersons Program staff and volunteers regularly attended NORS Consistency Training provided by the OSLTCO, to have additional staff able to enter data, update computer equipment to make data entry easier, and initiate a case review process to ensure case entry is completed in a timely manner. All three goals from FY23-24 have been partially achieved but not at a 100% success rate. The data collection by Staff Ombudspersons is reviewed during the recertification meeting and have been used as an ongoing training tool for all program staff and volunteers, ODIN volunteer training and NORS Ombudsperson code entry are ongoing efforts.

FY 2024-2025 Systems Advocacy Effort(s):

FY 2024-2025 Systems Advocacy Effort(s): Advocate for LTCO services by attending three (3) Public Hearings at planning city council meetings across Santa Clara County and directly speak on behalf of the program, presenting the community needs and advocacy results for their unique community.

FY 2025-2026

Outcome of FY 2024-2025 Efforts: The program is on target and has participated in 3-public hearings at city council meetings across Santa Clara County. The meetings occurred during the month of May 2025 at the City of Milpitas' City Council meeting, during the month of April 2025 at the City of Santa Clara's City Council meeting, and May of 2025 at the City of Campbell's City Counsel meeting.

FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) For the Fiscal Year 2025-2026 LTC Ombudsman will work to target the Family Council Program. The Ombudsman Program's goal for Fiscal Year 2025–2026 is to assist 6 Skilled Nursing Facilities within Santa Clara County in establishing or supporting active Family Councils through in-person, virtual, or hybrid formats. As part of this effort, we will utilize educational materials and guidance provided by the State Long-Term Care Ombudsman Program and California Advocates for Nursing Home Reform (CANHR). These sessions will help the facilities support the resident families in understanding the purpose and benefits of a Family Council.

The LTC Ombudsman program will emphasize and concentrate on two specific questions in supporting the programs that they oversee.

1) How to organize and sustain a Family Council
2) How to advocate effectively for quality care and resident rights.

FY 2026-2027
Outcome of FY 2025-2026 Efforts: Program staff works closely with the Office of the State Long-Term Care Ombudsman by reviewing open cases. Monthly team meetings are held to review case reports and collaborate on closing outstanding cases. This process has proven effective, as the program consistently meets its case resolution goals. Additionally, s S301 Quarterly Data Reporting Form is forwarded to the Analysts once per quarter to confirm that case closure targets have been achieved. **FY 2026-2027 Systems Advocacy Effort(s):** Program staff will strengthen the existing case resolution monitoring process by implementing a more proactive approach to tracking open cases. Monthly team meetings will continue to be used to review case reports, identify cases approaching resolution targets, and determine appropriate follow-up actions. Staff will monitor outstanding cases throughout the month and collaborate to address barriers to timely resolution. The program will continue to review S301 quality ombudsman data reporting quarterly to evaluate progress toward established case closure targets and identify opportunities for improvement. This enhanced workflow is expected to support timely case resolution and continued achievement of program case closure goals.
FY 2027-2028
Outcome of 2026-2027 Efforts: **FY 2027-2028 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

Outcome 2.

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) 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 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 17 divided by the total number of Nursing Facilities 52 = Baseline 33 % FY 2024-2025 Target: 40%
2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the total number of Nursing Facilities 52 = Baseline 31% FY 2025-2026 Target: 63%
3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 30 divided by the total number of Nursing Facilities 50 = Baseline 60 % FY 2026-2027 Target: 75%
4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint_____ divided by the total number of Nursing Facilities ____ = Baseline _____% FY 2027-2028 Target: _____

B. Routine access: Residential Care Communities (NORS Element S-61) 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 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 62 divided by the total number of RCFEs 247= Baseline 25% FY 2024-2025 Target: 25 %
2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 48 divided by the total number of RCFEs 246 = Baseline 20% FY 2025-2026 Target: 70%

3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 61_____ divided by the total number of RCFEs 250 = Baseline 24_____% FY 2026-2027 Target: 75%____
4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint__ divided by the total number of RCFEs____ = Baseline _____% FY 2027-2028 Target:_____

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) 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 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 2022-2023 Baseline:6 FTEs FY 2024-2025 Target: 4 FTEs
2. FY 2023-2024 Baseline: 3 FTEs FY 2025-2026 Target: 7 FTEs

3. FY 2024-2025 Baseline: 5.5 FTEs FY 2026-2027 Target: 5.5 FTEs

4. FY 2025-2026 Baseline: _____FTEs FY 2027-2028 Target: _____ FTEs

D. Number of Certified LTC Ombudsman Volunteers (NORS Element S-24)

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 7 FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 9
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 10 FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 11
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers 6_____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers 8_____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____

Outcome 3.
Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

Measures and Targets:
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 Reporting System (NORS) data reporting.

Some examples could include:

- 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 manner.

In the upcoming year PSA 10 Ombudsman will continue training in ODIN to fresh staff and volunteers. The Program will continue administrative support in assisting with reviewing and closing cases. In addition, reviewing and closing Activities I&As.

In the upcoming year PSA 10 Ombudsman will establish a monthly data review checkpoint for ODIN entries. With implementing a standardized monthly data review check in process with staff and volunteers to ensure Ombudsman reports and entered data is consistent and on time.

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The program conducting the Title VII Elder Abuse Prevention work is: Senior Adult Legal Assistance

☐	Ombudsman Program
☒	Legal Services Provider
☐	Adult Protective Services
☐	Other (explain/list)

Units of Service: AAA 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. No activity can 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 IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 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 services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

PSA 10

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is Senior Adult Legal Assistance

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	160	168	160	
Public Education Sessions	11	12	12	
Training Sessions for Professionals	4	4	4	
Training Sessions for Caregivers served by Title IIIE	0	0	0	
Hours Spent Developing a Coordinated System	0	0	0	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	130	Mandated reporting flow chart, descriptions of types of abuse, SOC 341.
2025-2026	137	Mandated reporting flow chart, descriptions of types of abuse, SOC 341.
2026-2027	130	Mandated reporting flow chart, descriptions of types of abuse, SOC 341, resources available for abuse prevention.
2027-2028		

TITLE IIIE SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)
2024-2028 Four-Year Planning Period

This Title IIIE Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the CDA Service Categories and Data Dictionary for eligible activities and service unit measures:

1. Access Services
2. Information Services
3. Respite Services
4. Supplemental Services
5. Support Services

At least one sub-service category should be provided for each of the five federally mandated service categories. The availability of services for Older Relative Caregivers (ORC) are dependent upon the AAAs individual needs assessment and public hearings.

Direct and/or Contracted IIIE Services – Caregivers of Older Adults (COA)
Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's diseases or a related disorder.

All service unit reductions of greater than ten percent (10%) from prior Fiscal Year require written justification and approval from CDA.

SUB-CATEGORIES (16 total)	**1**	**2**	**3**
Family Caregive–s - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.	***Proposed* Units of Service**	***Required* Goal #(s)**	***Required* Objective #(s)**
COA Caregiver Access Case Management	**Total hours**	**Goal #**	**Objective #**
2024-2025	450	9	9.1
2025-2026	450	9	9.1
2026-2027	450	9	9.1
2027-2028			

COA Caregiver Access Information & Assistance	Total Contacts	Goal #	Objective #
2024-2025	2,000	9	6.1, 9.2
2025-2026	2,000	9	6.1, 9.2
2026-2027	2,000	9	6.1, 9.2
2027-2028			
COA Caregiver Information Services	**# Of activities and Total est. audience (contacts) for above:**	**Goal #**	**Objective #**
2024-2025	**# Of activities 250 and Total est. audience 3,000 for above:**	9	6.1, 6.2, 9.2
2025-2026	**# Of activities 250 and Total est. audience 3,000 for above:**	9	6.1, 6.2, 9.2
2026-2027	**# Of activities 250 and Total est. audience 3,000 for above:**	9	6.1, 6.2, 9.2
2027-2028	**# Of activities and Total est. audience (contacts) for above:**		
COA Caregiver Respite In- Home	**Total hours**	**Goal #**	**Objective #**
2024-2025	3,000	9	9.2,9.3, 9.5
2025-2026	3,150	9	9.2,9.3, 9.5
2026-2027	1,240	9	9.2,9.3, 9.5
2027-2028			
COA Caregiver Respite Out-of-Home Day Care	**Total hours**	**Goal #**	**Objective #**
2024-2025	23,000	2	2.1
2025-2026	24,150	2	2.1
2026-2027	24,150	2	2.1
2027-2028			

COA Caregiver Support Training	Total hours	Goal #	Objective #
2024-2025	2,400	9	9.1, 9.3, 9.5
2025-2026	2,400	9	9.1, 9.3, 9.5
2026-2027	411	9	9.1, 9.3, 9.5
2027-2028			
COA Caregiver Support Groups	**Total sessions**	**Goal #**	**Objective #**
2024-2025	24	9	9.3, 9.4, 9.5
2025-2026	24	9	9.3, 9.4, 9.5
2026-2027	12	9	9.3, 9.4, 9.5
2027-2028			

Justification +10% Reduction:

- **COA Caregiver Respite In- Home:** Sourcewise, PSA 10 is proposing a 39% reduction of total hours of Respite In-home provided from July 01, 2026 – June 30, 2027 due to the rising hourly cost of in-home care. The projected total hours for the time period is based on the projections assessed by Sourcewise and contracted service provider.
- **COA Caregiver Support Training:** During the 2024-2025 Request for Proposal (RFP) the recommended agency for award proposed to provide 411 hour of Caregiver Training during a 12 month funding period. The recommendation was approved. Sourcewise failed to amend the Area Plan on Aging Update for the 2024-2026 period and are amending the projected total hours of service for the 2026-2027 period.
- **COA Caregiver Support Group:** Sourcewise, PSA 10 is proposing a 50% reduction of total number of sessions for Support Groups for Informal Caregivers of Older Adults provided from July 01, 2026 – June 30, 2027. Sourcewise has planned to host 12 in-person support group sessions and 12 virtual support group sessions through June 30, 2026. There is a lack of participation and interest to join the virtual support group and thus the decision to eliminate it until there is greater interest is declared leading to a reduction of 12 sessions.

Direct and/or Contracted IIIE Services- Older Relative Caregivers (ORC)

SUB-CATEGORIES (16 total)	1	2	3
Older Relative Caregivers (ORC)	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
ORC Caregiver Case Management	**Total hours**	**Goal #**	**Objective #**
2024-2025	600	9	9.4, 9.5
2025-2026	600	9	9.4, 9.5
2026-2027	600	9	9.4, 9.5
2027-2028			

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)
WIC § 9535(b)

MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP): Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their "Managing" AAA to complete their respective PSA's HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The "Managing" AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

HICAP PAID LEGAL SERVICES: Complete this section if HICAP Legal Services are included in the approved HICAP budget.

STATE & FEDERAL PERFORMANCE TARGETS: The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM.

HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:

- PM 1.1 Clients Counseled: Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM): Number of completed PAM forms categorized as "interactive" events
- PM 2.1 Client Contacts: Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts: Percentage of persons reached through events categorized as "interactive"
- PM 2.3 Medicare Beneficiaries Under 65: Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts: Percentage of one-on-one interactions with "hard-to- reach" Medicare beneficiaries designated as,
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts: Percentage of contacts with one or more qualifying enrollment topics discussed

HICAP service-level data are reported in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	1923	7
2025-2026	1,822	7
2026-2027	1,915	7
2027-2028		
HICAP Fiscal Year (FY)	**PM 1.2 Public and Media Events (PAM) (Estimated)**	**Goal Numbers**
2024-2025	100	7
2025-2026	105	7
2026-2027	110	7
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	4,361	7
2025-2026	4,058	7
2026-2027	4,429	7
2027-2028		
HICAP Fiscal Year (FY)	**PM 2.2 PAM Outreach (Interactive)**	**Goal Numbers**
2024-2025	2,791	7
2025-2026	2,847	7
2026-2027	2,903	7
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	1,051	7
2025-2026	879	7
2026-2027	324	7
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	1,691	1,051	N/A	640	7
2025-2026	1,446	932	N/A	514	7
2026-2027	1,648	1,035	N/A	613	7
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	4,325	7
2025-2026	4,044	7
2026-2027	4,500	7
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	9	7
2025-2026	7	7
2026-2027	7	7.8
2027-2028		
HICAP Fiscal Year (FY)	**PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)**	**Goal Numbers**
2024-2025	36	7
2025-2026	36	7
2026-2027	36	7.8
2027-2028		
HICAP Fiscal Year (FY)	**PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)**	**Goal Numbers**
2024-2025	6.5	7
2025-2026	6.5	7
2026-2027	6.5	7.8
2027-2028		

SECTION 9. SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

In the form below, provide the current list of designated community senior centers and focal points with addresses.

Designated Community Focal Point	Address
Avenidas	450 Bryan Street, Palo Alto, CA 94301
Alma Community Center	136 West Alma Avenue, San Jose, CA 95110
Campbell Adult Center	1 West Campbell Avenue, Campbell, CA 95008
Morgan Hill Centennial Recreation Center	171 West Edmundson Avenue, Morgan Hill, CA 95037

Senior Center	Address
Mountain View Senior Center	266 Escuela Avenue, Mountain View, CA 9404
Santa Clara Senior Center	1303 Fremont Street, Santa Clara, CA 95035
Cupertino Senior Center	21251 Stevens Creek Boulevard, Cupertino, CA 95014
Milpitas Senior Center	160 North Main Street, Milpitas, CA 95035
John XXIII Senior Center	195 East San Fernando Stret, San Jose, CA 95110
Eastside Senior Center	2150 Alum Rock Avenue, San Jose, CA 95116
Willow Glen Community and Senior Center	2175 Lincoln Avenue, San Jose, CA 95125
Southside Senior Center	5585 Cottle Road, San Jose, CA 95123
Gilroy Senior Center	7371 Hanna Street, Gilroy, CA 95014

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services
Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b)
2024-2028 Four-Year Planning Cycle

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title IIIE and/or matching FCSP funds for both. This must be completed and updated annually.

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. **If the AAA will not provide at least one service subcategory for each of the five main categories, a justification for services not provided is required in the space below.**

Family Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access ☒ Case Management ☒ Information and Assistance	☒ Yes Direct ☐ Yes Contract ☐ No	☒ Yes Direct ☐ Yes Contract ☐ No	☒ Yes Direct ☐ Yes Contract ☐ No	☒ Yes Direct ☐ Yes Contract ☐ No
Caregiver Information Services ☒ Information Services	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No
Caregiver Support ☒ Training ☒ Support Groups ☐ Counseling	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No
Caregiver Respite ☒ In Home ☒ Out of Home (Day) ☐ Out of Home (Overnight) ☐ Other:	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No
Caregiver Supplemental ☐ Legal Consultation ☐ Consumable Supplies ☐ Home Modifications ☐ Assistive Technology ☐ Other (Assessment) ☐ Other (Registry)	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No

Older Relative Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access ☒ Case Management ☐ Information and Assistance	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No
Caregiver Information Services ☐ Information Services	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No
Caregiver Support ☐ Training ☐ Support Groups ☐ Counseling	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No
Caregiver Respite ☐ In Home ☐ Out of Home (Day) ☐ Out of Home (Overnight)	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No
Caregiver Supplemental ☐ Legal Consultation ☐ Consumable Supplies ☐ Home Modifications ☐ Assistive Technology ☐ Other (Assessment) ☐ Other (Registry)	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No

Justification: If any of the five main categories are **NOT** being provided, please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

1. **Provider name and address**
2. **Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary**
3. **Where is the service provided (entire PSA, certain counties)?**
4. **How does the AAA ensure that the service continues to be provided in the PSA without the use of Title IIIE funds**

Note: The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

Family Caregiver Supplemental Services:

Alzheimer's Association

2290 N First St #212 San Jose, CA 95131

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 including more respite resources and options. This was identified to be priority area for Sourcewise use of Title III E funding. The Alzheimer's Association provides services to the entire PSA, including caregiving emergency cash/material aid for caregiver respite to allow for the family caregiver to navigate different resources for consistent supports for long term respite.

Older Relative Caregiver Information Services, Access Assistance, Respite Care, and Supplemental Services:

Catholic Charities of Santa Clara County

1399 Santee Drive, Bldg. #2, San Jose CA 95122

Sourcewise contracts with Catholic Charities of Santa Clara County, Kinship Resource Center (KRC), to provide a wide array of grandparent and relative caregiver services. The program's sole focus is providing comprehensive services to grandparents and older 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, information and referrals, short-term counseling for caregivers, and support with guardianships. 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 older relative caregiver access assistance and respite care are considered to be integrated and crucial for the operation and success of the program.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle, 2026-2027 Update

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)][12.] CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

1. **Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? Discuss:**

   Based on the local needs assessment 10% of Title IIIB funding is allocated to Legal Services.

2. **Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA.**

   Yes. Consistent with Older Americans Act regulations and the CDA Program guide, the provider uses a handout informing clients about the opportunity to voluntarily contribute to the cost of the service, which includes a schedule of suggested contributions based upon services. The handout clearly informs clients their contributions are voluntary and confidential and that they will receive the same service, now or in the future, whether or not they make a contribution. Handouts about voluntary client contributions are available at intake appointments and are also mailed to clients receiving legal representation or a substantial level service on completion of their casework.

   Client contributions are modest, generally totaling less than $2,500 annually. By applying these funds to operational expenses that support legal assistance services, the program is able to maximize the use of Older Americans Act funding for direct client services, increasing service capacity and extending legal assistance to more older adults throughout the community. Consistent with Older Americans Act requirements, client contributions are segregated in the provider's accounting system and client contributors are not publicly acknowledged to ensure confidentiality.

3. **Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines?**

   The AAA (hereinafter "Sourcewise") works in partnership with the Legal Service Provider (LSP) to ensure that all LSP updates, including access to the link to the California Statewide Guidelines for Legal Assistance, are available through the contract agreement and are updated annually.

   Likewise, Sourcewise collaborates with the California Department of Aging Title III-B Legal Assistance Analyst to address technical assistance questions developed either by Sourcewise or

by the LSP locally within PSA 10, ensuring there is clear direction and guidance accessible whenever updates occur.
Sourcewise monitors LSP implementation and ongoing compliance through the required Title III-B Program and Fiscal Monitoring procedures and locally upheld practices to ensure that, at minimum, a thorough programmatic and fiscal monitoring of the OAA Title III-B–funded program is conducted every two years and that compliance is achieved.

Additionally, Sourcewise monitors 120-Day Compliance annually as part of the annual contract renewal process.

Annually the provider checks the CDA website to see if there have been changes to the California Guidelines for Legal Assistance (hereinafter CDA Guidelines) issued in April 2015. As of the date of this Area Plan Update, those Guidelines have not been updated. The implementation of the CDA Guidelines is the responsibility of the provider, through the development of internal written Service Policies and Procedures for the delivery of legal assistance that align with the Guidelines, the California Aging Reporting System (CARS), and the requirements as a Qualified Legal Services Provider funded by the State Bar of California. The provider submits these procedures to the AAA for Title III legal assistance program monitoring every two years and for HICAP legal services program monitoring each year. During the monitoring and throughout the year, the AAA provides information or technical assistance to the provider with respect to changes or memos from CDA that might impact the provider's policies or procedures. Periodically the provider also contacts the AAA to request clarification of new or existing CDA policies or procedures.

4. **Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions.**

The AAA identifies the characteristics of the target population for Title III legal services, and their priority legal needs or issues, as part of the process for developing the Area Plan. Based upon the Area Plan, the current legal services provider aligns their service delivery methods to focus on this target population and their priority legal needs. To facilitate coordination with services for older adults, the provider must also deliver legal services and coordinate outreach at or through 13 AAA designated Focal Points (identified in the legal service provider's current Title III contract) where other Older Americans Act services are delivered. Base upon this guidance and partnership with the AAA, the provider delivers all legal services in a manner consistent with the Older Americans Act. The provider also engages in joint service delivery with the AAA, providing the Legal Services component for the AAA HICAP.

The AAA and the provider also enjoy open communications between each other. During AAA program monitoring and throughout the year, the AAA provides information or technical assistance to the provider and/or requests information about services or trends experienced by the provider. The provider also delivers at least one training annually to the AAA HICAP staff and volunteers to facilitate coordination of efforts. Periodically the provider also contacts the AAA to request clarification of new or existing CDA policies or procedures or to report on services or trends that might be significant for the AAA.

5. **What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas?**

The AAA identifies the priority issues for legal services as part of the process for developing the annual Area Plan, taking into consideration the Title III program standards for Legal Assistance and external reporting data from the current legal services provider as to the types of legal matters they handled for the target population. The legal service provider and the AAA utilize the California Statewide Guidelines for Legal Assistance, and the Older Americans Act as a guide to identify specific priority issues to concentrate upon in the designated service area. Based upon the foregoing, the current Area Plan for FY 2026-27 (in Goal 5.1) identifies the following as priority issues for legal assistance: Public Benefits/Entitlements; Elder Abuse/ Exploitation/Neglect; Housing; Long-Term Care and Alternatives; Healthcare (including HICAP legal matters); Consumer; Advance Planning for Incapacity/Autonomy; and Simple Wills/Probate Alternatives.

The current provider reports that all of these types of legal matters continue to be areas of importance for the target population of older adults in greatest economic and social need. That said, the current provider reports that these four areas represent higher priority "safety net" legal needs presented by a greater number of their target population: Housing (including Landlord-Tenant, Public Housing, and Fair Housing);; Elder Abuse/ Exploitation/Neglect (including restraining orders for Elder Abuse or Domestic Violence); Public Benefits/Entitlements (primarily Social Security, SSI, Medicare, Medi-Cal); and Advance Planning for Incapacity/Autonomy (including Advance Health Care Directives, Powers of Attorney for financial management, etc.).

6. **Please describe any trends or changes in your local needs over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends?**

During COVID many of the provider's clients experienced economic insecurity, isolation, and housing instability, which contributed (1) to an increase in their abuse (physical and financial), often by persons living in their homes, and/or (2) to an increase in their risk of or actual housing displacement or eviction. This trend has continued to the present day resulting in an increase in requests for the provider to address Elder Abuse or Domestic Violence with interventions such as Restraining Orders and/or to address housing instability/displacement early on such as Reasonable Accommodation requests to support Aging in Place or pre-eviction strategies to avoid Unlawful Detainer (eviction) actions in court. The provider reports the level of acuity of clients' needs in these cases has also increased, as has the amount of time involved to reach a resolution, but funding has not kept pace creating challenges for sustaining service levels to address these needs.

Also during COVID, and continuing to the present day, the provider reports their clientele has experienced an increased need for support to help with challenges related to service access and with technology (with Social Security and other essential services pivoting from in-person to on line platforms) and/or formal management of their personal, health care, and financial affairs. To address these needs, the provider offers assistance with navigating on-line systems for Social Security and the courts, as well as with basic legal planning documents (e.g. Powers of Attorney)

with the goal of guiding clients to appoint a trusted surrogate/agent to support their Aging in Place.

Adequate funding continues to be a concern to maintain the provider's efforts as the provider cannot charge fees for services or accept fee-generating cases to generate revenue. Their primary funding is from Title III and grants from the State Bar, local jurisdictions (general fund and CDBG grants), and private sources. The forecast trending for support from some of these funders in 2026-27 is a concern, with challenges in availability of funding at the federal level and de-prioritization of services for older adults (including legal services) at the local level. In 2026-27 federal CDBG funding for the provider's services and other services for older adults could be subject to new restrictions causing some programs to lose funding. The County of Santa Clara also notified all legal aid agencies including the provider that Unmet Civil Legal Needs (UCLN) funding will be discontinued in 2026-27 due to a shift in funding priorities. The City of San Jose also notified non-profit agencies (including the provider and the AAA) that it plans to phase out the Older Adults Health and Wellness program in 2026-27. In response to this trend of diminishing resources, the provider will focus efforts on community education related to prevention of elder abuse/exploitation and/or displacement/eviction of elders from their housing to inform and empower the target population to protect themselves early on before direct legal services would be needed. The AAA continues to support these efforts by contracting with the provider for Title VII Prevention of Elder Abuse public education and training activities.

7. **What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups?**

The AAA identifies the target population, and their demographic indicators based upon Census and population statistics as part of the process for developing the Area Plan. Based upon the Area Plan, the current legal services provider works jointly with and aligns their service delivery with the AAA to target older adults with these characteristics.

The current target population for legal assistance is persons 60 years and older who are in the greatest social need and the greatest economic need, with attention to low-income and geographically isolated individuals. The delivery of Legal Services by the current provider is primarily through in-person appointments at AAA designated Focal Points (identified in the legal service provider's current Title III contract) and at additional senior centers or community sites as the provider's other funding allows, with a priority emphasis on outreach and locating services in geographic areas with a higher concentration of ethnic minority, isolated, and low- income elderly. Follow up legal work after clients' initial appointment is conducted by attorneys and legal workers primarily at or though the provider's Central Office or at venues where hearings or appeals are held.

Historically (for the past 40+ years) the provider has used the breakdown of the 12 geographic areas in the PSA, designated as Community Service Areas (CSAs) #1 through #12 by the AAA, to tailor and target service delivery at sites located in each CSA and to review success based upon service statistics and client demographics seen at these sites. The provider continues to track service delivery monthly for clients in the 12 CSAs, reviewing numbers served and demographics for clients as compared to service targets and goals established by the provider annually.

8. **What methods of outreach is the LSP(s) using to reach the target groups?**

The current provider's mode of outreach and delivery of legal services is primarily through AAA designated Focal Points (identified in the legal service provider's Title III contract) and additional senior centers or community sites as the provider's other funding allows, with a priority emphasis on outreach and locating services in geographic areas with a higher concentration of ethnic minority, isolated, and low-income elderly. The provider relies on these sites for assistance with outreach, primarily to publicize and help recruit older adults for the provider's on-site in-person intake appointments. As noted previously, the provider has used the breakdown of the 12 geographic areas in the PSA, designated as Community Service Areas (CSAs) #1 through #12, to tailor and target service delivery at sites in each CSA and to review success monthly based upon service statistics and client demographics.

The provider's appointments at these community-based sites have been available monthly. However this frequency may be subject to change in 2026-27 due to the funding and staffing limitations. Representatives of the legal services provider, staff attorneys or volunteer legal workers, meet with clients who have prearranged appointments made by the intake site staff. The providers' legal representatives are bilingual in Spanish and can communicate directly with the target population. The provider also makes flyers available in English and Spanish to sites about the provider's legal assistance at their sites.

The current provider also conducts outreach at these intake sites, and for other groups in the community, by providing informational presentations in-person or virtually or by participating at tabled events or fairs to increase awareness.

9. **Discuss how older adults access legal services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.).**

Older adults access Legal Services through appointments with the current provider's representatives. The provider's in-person legal services are currently available through monthly in-person appointment sessions with staff attorneys/advocates or volunteer legal workers at these sites located throughout Santa Clara County: 13 AAA designated Focal Points, several other senior centers or community organizations, and the provider's Central Office in San Jose. Homebound elders or residents of skilled nursing or assisted living facilities are served by telephone and also by "home visits." Older adults with urgent or time sensitive matters are also initially served by telephone through the provider's Central Office in San Jose.

Older adults that cannot go to an in-person appointment at a senior center or to the provider's Central Office can receive legal assistance remotely by telephone appointments with a staff attorney/advocate or volunteer legal worker. Follow up legal work on client cases, as needed, is also provided remotely by telephone, email, web platforms, and/or U.S. Mail. When the courts or administrative agencies provide options for remote service, the provider's attorneys also facilitate virtual appearances for clients in court proceedings or telephonic participation for clients at administrative agency proceedings and appeals.

The current legal services provider also conducts outreach and community education activities for the target population at in-person activities at Focal Points and senior centers or virtually primarily via ZOOM.

10. What are the barriers to accessing legal services in your PSA? Include proposed strategies for overcoming such barriers.

The current legal service provider addresses the geographic and transportation barriers to accessing services, due the vast area that comprises Santa Clara County, by offering legal service appointments at AAA designated Focal Points (where the PSA's target population can be found) and at many additional sites (senior centers, senior nutrition programs, and community service agencies) where the target population congregates. All of these sites are also accessible to persons with physical disabilities. To accommodate older adults that are homebound or residing in skilled nursing or assisted living facilities, the provider's attorneys make home visits. Efforts to recruit and maintain a bilingual staff and a bilingual corps of volunteer legal workers, as well as concentrating services more heavily at sites that target and serve Limited English Proficient (LEP) and minority seniors, is another strategy to address service access barriers. The provider also uses a telephone interpretation service, as needed, to provide legal assistance to LEP clients.

Community education/outreach is also an important strategy to address barriers, as many older persons do not recognize their life problems as matters needing legal assistance. To address this barrier, the current provider also makes community education/outreach presentations annually to groups at Focal Points and other sites and distributes brochures or flyers in English and Spanish advertising the provider's services. Education/training presentations are also made to other providers that coordinate services and referrals with the legal services provider (such as the HICAP and Long-Term Care Ombudsman) on how to recognize legal problems and refer those matters to the legal services provider.

Lastly, adequate funding continues to be an issue to maintain the provider's efforts described above. Per the Older Americans Act the legal services provider cannot charge fees for services or accept fee-generating cases to generate revenue for their services. Therefore, the primary sources of funding for this service are from Title III and from grants from government and private sources. Funding from these grant sources for supportive services for the target population, including legal assistance, has not kept pace with the growth of the older adult population or the cost of operating expenses for the agencies providing these services.

11. How many legal assistance service providers are in your PSA? **Complete table below.**

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so, please explain
2024-2025	1	No change
2025-2026	1	No change
2026-2027	1	No change
2027-2028		

For guidance questions related to Legal Services, contact Legal Services Developer at LegalServices@aging.ca.gov

12. What geographic regions are covered by each provider? **Complete table below:**

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Senior Adults Legal Assistance	a. PSA 10, County-Wide
2025-2026	a. Senior Adults Legal Assistance	a. PSA 10, County-Wide
2026-2027	a. Senior Adults Legal Assistance	a. PSA 10, County-Wide
2027-2028		

13. What other organizations or groups does your legal service provider coordinate services with? Discuss:

The current legal services provider, Senior Adults Legal Assistance, coordinates service delivery through in-person appointments with a network of 13 AAA designated Focal Points and 7 other senior centers or community organizations (currently the Cypress, Camden, Los Gatos, Mayfair, Roosevelt, and Saratoga senior centers and Sunnyvale Community Services). Specifically, schedules for the provider's legal service appointments at each site are established, the sites schedule older adults for legal service appointments, and the sites provide a rent-free private room for legal service appointments.

When the provider's in-person services at these sites might not available due to COVID or other viruses, the provider coordinates services by requesting (1) that the centers refer older adults to the provider's Central Office phone number for remote service delivery and (2) that the centers publicize the provider's remote legal services in communications to their participants or with flyers for their nutrition program participants.

The legal services provider also currently coordinates services and referrals or collaborates with the following organizations (not an exhaustive list):

a. *Asian Law Alliance (ALA)*
b. *Bay Area Legal Aid (the Legal Services Corporation grantee)*
c. *CANHR (California Advocates for Nursing Home Reform)*
d. *Catholic Charities (Immigration and Older Adults Programs)*
e. *Cupertino Community Services*
f. *Elder Abuse Task Force of Santa Clara County*
g. *HICAP (SALA provides the legal component for HICAP)*

h. *Katherine and George Alexander Community Law Center (affiliated with Santa Clara University)*

i. *Institute on Aging*

j. *Law Foundation of Silicon Valley*

k. *Local Police Departments*

l. *Long Term Care Ombudsman Program*

m. *Mountain View Community Services Agency*

n. *Next Door Solutions to Domestic Violence*

o. *OAA Funded Case Management programs*

p. *Pro Bono Project of Silicon Valley*

q. *Project Sentinel (the Fair Housing provider)*

r. *Programs offered by Sourcewise*

s. *San Jose Fair Housing Consortium (comprised of ALA, Law Foundation, Project Sentinel and SALA)*

t. *Santa Clara County Adult Protective Services*

u. *Santa Clara County Bar Association and Silicon Valley Bar Association*

v. *Santa Clara County District Attorney's Office (Elder Fraud and Real Estate Fraud Units)*

w. *Santa Clara County Public Guardian's Office*

x. *Santa Clara County Sheriff's Office*

y. *Santa Cara County Superior Court – DV-CACP (Domestic Violence Court and Community Partnership group)*

z. *Santa Cara County Superior Court – General Civil/Elder Abuse and Family/Domestic Violence Divisions)*

aa. *Santa Cara County Superior Court Self Help Center – Restraining Order Help Center*

SECTION 12. DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 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, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:
    - local emergency response agencies,
    - relief organizations,
    - state and local governments, and other organizations responsible

Sourcewise recognizes emergency preparedness and protection of our Santa Clara County consumers is a priority given the recent increase in number of Northern California wildfires, flooding, and PG&E power shut- offs/outages and public health emergencies, such as COVID 19.

To support our clients, Sourcewise has partnered with State and local emergency response groups including local County Office of Emergency Services, City entities and is part of a Non-profit leadership council and Food Collective to address food insecurity in our community.

It is our organization's goal to ensure that older adults have access to timely and accurate information on disaster preparedness and protection. Our Information & Awareness specialists continue to serve individuals and update them through our newsletter and website. Furthermore, Sourcewise, through its Ambassador program, provides weekly wellness telephone check-ins for vulnerable, homebound older adults.

A member of the Sourcewise staff attends the local emergency response quarterly agency meetings, Collaborating Agencies Disaster Relief Effort (CADRE) at 2731 North First Street, San Jose, CA 95134 – 408-577-2175. One of the goals of Sourcewise and CADRE is to engage tribal organizations in Disaster Planning. In FY 25-26, the two organizations will continue to focus on engagement and coordination with local, including Muwekma Ohlone tribes with lineages in the Santa Clara valley.

A Sourcewise staff member is designated to attend ongoing meetings to maintain CADRE's awareness of the specific Vulnerable Population (VPOP) we service and to maintain our connection to all of the government, non-government, community-based organizations, and faith-based organizations.

At the state level, a member of the Sourcewise staff attends the quarterly meetings with the CDA Senior Emergency Services Coordinator, Sydney Schellinger.

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

needed for each OES within the PSA):

Name	Title	Telephone	Email
Sheri Burns	CADRE (Collaborating Agencies' Disaster Relief Effort) **Access & Functional Needs Lead**	Office: 408-577-2175	sherib@svilc.org
Name	**Title**	**Telephone**	**Email**
Maya Murthy	CADRE (Collaborating Agencies' Disaster Relief Effort) **Food/Feeding Lead**	Office: 408-722-1210	mmurthy@shfb.org
Name	**Title**	**Telephone**	**Email**
Sandi Woods,	Program Manager II	(408)808-7800	
Name	**Title**	**Telephone**	**Email**
Ray Riordan	Program Manager	(408) 794-7055	oem@sanjoseca.gov
Name	**Title**	**Telephone**	**Email**
Classic Cauley	Disaster & Safety Manager	Office: 408-350-3225	ccauley@mysourcewise.com

Critical Services	How Delivered?
A: Information & Awareness	**A:** I & A staff with support from other employees.
B: Meals on Wheels	**B:** Through MOU with Trio Community Meals.

C: Care Management	**C:** Care managers maintain contact within the Q Continuum database, client information can quickly be accessed. Client care communications will be triaged based on measures of vulnerability, including but not limited to, geographic proximity to a localized emergency.
D: Wellness Checks for Homebound Older Adults	**D:** Sourcewise Ambassador volunteers and staff provide warm phone calls to vulnerable homebound older adults at greater risk for being impacted from disasters.

Critical Services	How Delivered?
A: Facilities & IT	**A:** Two additional office sites are available if primary Sourcewise office is compromised. Incident Command can be set up at one of the alternate locations. In additional workspaces for real time collaboration, communication, and file sharing is available to all employees if all Sourcewise offices are not accessible.

B: Employee Communications, disaster response training.	**B:** In the event of an emergency or disaster the CEO will contact Program Directors, who are responsible for keeping in touch with employees and disseminating information. Employees are notified and trained via telephone, email, and text messaging. Staff will be self-sufficient and be able to educate clients to remain self-sufficient for up to 72 hours. Each program communicates with their vulnerable populations.
C: Sourcewise Vulnerable Population Main Client List	**C**: Following a disaster, monthly all programs will validate their unique vulnerable client list with all Sourcewise programs to avoid duplication, these lists will include individuals who are home bound, living alone, and a high level of frailty.
D: External Communications	**D:** Liaison officer communicates with local OES to receive the most recent updated information. The liaison will collaborate, as needed, for frail clients to receive external support services in response to a disaster by providing client information such as location.

3. List critical resources the AAA need to continue operations.

    a. Facilities and IT (Internet, Office365, Teams)
    b. CEO, Senior Director of Operations, Program Directors, Information & Awareness, Meals on Wheels, and Care Management staff

4. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

Santa Clara County Senior Nutrition Program	**Trio Community Meals, MOW Food Preparer and Delivery Vendor**
353 W. Julian Street San Jose, CA 95110	1675 Walsh Avenue Ste. #1 Santa Clara, CA 95050
Contact Name: Vandana Puri Program Manager (408) 755-9682 vandana.puri@ssa.sccgov.org	**Contact Name:** Lavell Renfro General Manager (408) 970-9557 Lavell.Renfro@triocommunitymeals.com

5. Describe how the AAA will:

   c. Identify vulnerable populations: *Sourcewise will identify vulnerable populations using current program lists through software, (Q Continuum; ReferNet), Visionlink, and Trio using the MOW Client Route List.*

   d. Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC): *Sourcewise will work closely with CADRE, local OES to continue to identify solutions and resources to various disaster events and communicate to vulnerable populations and our CBO partners.*

   e. Follow up with vulnerable populations after a disaster event: *Sourcewise will have direct contact with its clients or designated primary 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 primary contact person through phone or in-home visit by each program to identify status and needs. Sourcewise will also leverage the existing Continuity of Operations Plan (COOP) to execute services following a disaster/ emergency.*

6. How is disaster preparedness training provided?

   f. AAA to participants and caregivers: *Sourcewise delivers disaster preparedness training classes to IHSS caregivers twice annually in spring and fall semester class offerings. The Sourcewise website and newsletter includes articles and tips for disaster preparedness. Sourcewise has distributed disaster preparedness kits along with personal disaster preparedness guides in four languages (English, Chinese, Spanish and Vietnamese) and made the guides available to CDA.*

   g. To staff and subcontractors: *Sourcewise has a safety committee with participants from each department. The safety leads have been trained in basic first aid and CPR; leads are responsible for disseminating information to their teams and monitoring for hazards. Subcontractors provide their own disaster preparedness training to staff. On an annual basis, disaster drills, CDA Security, Privacy and Confidentiality training are completed and as needed new/updated trainings are completed by all staff (e.g., active shooter).*

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

Purpose

This section describes the AAA's intent to provide any of the following direct services pre-authorized by the CCR and the methods the AAA will use to reach target populations:

- III-B Information and Assistance
- III-B Case Management
- III-B Program Development and Coordination
- III-D Disease Prevention and Health Promotion

☐ Check if not providing any of the below-listed direct services.

Check applicable direct services	Check **each applicable Fiscal Year**			
Title IIIB	**24-25**	**25-26**	**26-27**	**27-28**
☒ Information and Assistance	☒	☒	☒	☒
☐ Case Management	☐	☐	☐	☐
☒ Outreach	☒	☒	☒	☒
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title IIID	**24-25**	**25-26**	**26-27**	**27-28**
☐ Health Promotion – Evidence-Based	☐	☐	☐	☐
Title IIIE[9]	**24-25**	**25-26**	**26-27**	**27-28**
☐ Information Services	☐	☐	☐	☐
☒ Access Assistance	☒	☒	☒	☒
☒ Support Services	☒	☒	☒	☒
☒ Respite Services	☒	☒	☒	☒
☐ Supplemental Services	☐	☐	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☐ Prevention of Elder Abuse, Neglect, and Exploitation.	☐	☐	☐	☐

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

1. Continue to hire qualified, bilingual staff to communicate with our multilingual clients when able.

2. Continue to invest in a professional interpretation phone service that assists bilingual or limited English proficient clients with languages not spoken by program staff.

3. Continue to provide Case Management services to individuals of the greatest social and economic needs with an emphasis on low-income minority individuals.

4. Continue to develop materials in multiple languages; ensure the materials are identifiable and equitable amongst the diverse communities we serve in SCC.

5. Continue to increase cultural competency amongst staff, volunteers, and older adult service providers of all communities inclusive of OAA identified vulnerable populations.

6. Sourcewise will continue to provide FCSP Information & Assistance program to help increase support in the central area of Santa Clara County as the number of caregivers continues to increase. Offering the FCSP Information & Awareness services in central Santa Clara County will bridge the gap between the southern and northern areas of the county which have resources available and specific to caregivers established.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

- The AAA's request to provide direct services in the required form provided in Part II: Format and Templates. A separate form for each direct service must be submitted to CDA.
- A description of AAA's plan to deliver services to target populations.
- Documentation to substantiate the benefit of providing each direct service.
  Or a check in the box titled "Check box if not requesting approval to provide any direct services" if the AAA is not requesting approval to provide direct services.

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Health Insurance Counseling & Advocacy Program

Check applicable funding source:

☐ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☒ 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.

☒ **FY 24-25** ☒ **FY 25-26** ☒ **FY 26-27** ☒ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service.

Sourcewise has administered HICAP since its inception. It is an integral part of the board spectrum of direct support 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 augments the single point of entry delivery model for services to older adults and caregivers within the local area.

Identify Service Category: Home Delivered Meals

Check applicable funding source:

☐ IIIIB

☐ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ 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.

☒ **FY 24-25** ☒ **FY 25-26** ☒ **FY 26-27** ☒ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service.

Sourcewise will continue to administer home delivered meals to eligible Santa Clara County residents. Sourcewise will work in partnership with a qualified home delivered meal service provider (s)to further maximize community engagement through promotion, outreach, and access to the Sourcewise home delivered meals program.

Through the expansive network of support services, Sourcewise is able to provide home delivered meals clients with seamless referral to our eighteen direct programs and services as well as other safety net programs in the County, helping older adults remain in their homes and avoid premature institutionalization. The availability of frozen entrée options is an equally healthy alternative to the hot, daily meals delivery program administered within Santa Clara County.

The Sourcewise home delivered meals program is publicized and a well- established service in the local community. All direct programs of Sourcewise proactively promote the program to ensure that all individuals who may benefit from the service are aware of the program. Individuals receive the assistance needed and access to other direct services like Information & Awareness.

Identify Service Category: Community Education

Check applicable funding source:

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ 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.

☒ **FY 24-25** ☒ **FY 25-26** ☒ **FY 26-27** ☒ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service.

Community Education activities will be performed by Sourcewise staff to educate groups on topics including the changing Medicare benefits in Advantage Plans, in Medigap Plans, Medicare Part D, and enrollment rights 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. Additionally, Santa Clara County is one of the pilot sites for the Duals demonstration and, as it is winding down, resources are insufficient to meet the demand of the resultant transition needs. Approximately 53,398 dual-eligible 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 wind down begins.

Identify Service Category: Transportation

Check applicable funding source:

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ 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.

☒ **FY 24-25** ☒ **FY 25-26** ☒ **FY 26-27** ☒ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service.

Available transportation options for low-income seniors who live in the southern cities of Santa Clara County are limited. Since the inception of the Sourcewise Transit Service it has provided more than 35,000 one-way free door-to-door transportation to older adults who are at risk for isolation. Access to transportation for these older adults has positively impacted their social well-being by providing transportation to their local senior centers for activities and congregate meals. Established transportation services within the northern county cities are limited in service area due to demand. In the northern area of Santa Clara County there continues to be several accessible transportation options for low-income seniors to use, including:

- *Avenidas Door to Door transportation Services, available to residents San Mateo County & Santa Clara County. Cities within Santa Clara County which are eligible to receive services including: Los Altos, Los Altos Hills, Mountain View, Palo Alto and Sunnyvale*
- *Reach Your Destination Easily (RYDE) offers curb-to-curb transportation for residences in Campbell, Cupertino, Los Gatos, Monte Sereno, and Saratoga.*
- *Heart of the Valley Services for Seniors provides transportation assistance to Santa Clara, Campbell, Los Gatos, Sunnyvale, Cupertino, Saratoga, Monte Sereno, and the West San Jose zip codes 95117, 95125, 95126, 95128, 95129, 95130.*
- *Santa Clara County Valley Transportation Authority ACCESS Paratransit services are available for eligible individuals with disabilities to provide door to door transportation.*
- *Santa Clara County offers free transportation to get individuals to and from Congregate Meal sites located at senior centers.*
- *Santa Clara Valley Transportation Authority offers individuals with disabilities and older adults reduced faire on fixed route bus, rail, and ferry systems throughout the bay area.*

Identify Service Category: Senior Center Activities

Check applicable funding source:

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ 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.

☒ **FY 25-26** ☒ **FY 26-27** ☒ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service.

The Sourcewise Digital Link Program enhances seniors' overall well-being by using digital literacy as a gateway to social connection, lifelong learning, and practical skill-building located throughout the planning service area (PSA) at community focal points identified in the Sourcewise Area Plan on Aging. Personalized and group training sessions empower seniors to access virtual wellness resources, participate in online educational activities, and stay engaged through social platforms. Additionally, Digital Ambassadors assist with essential tasks such as online job applications, enrolling in low-cost internet programs, and navigating digital platforms that improve both physical and mental well-being.

The program significantly impacts the well-being of older adults by equipping them with practical digital skills for meaningful participation in the digital world. It addresses the digital divide, empowering seniors with tools for accessing online services, social connections, and improving their quality of life. The program also enhances access to education, telehealth, social opportunities, and economic resources, particularly benefiting low-income seniors currently in the Roosevelt Community Center's service area.

Sourcewise, with its established relationship with the program site and over five years of experience in digital programming for older adults in Santa Clara County, is uniquely positioned to operate this program cost-effectively and expand access to ensure access to in-person group learning environment. Unlike other providers, Sourcewise specializes in working with older adults, ensuring services are tailored to their unique needs and learning styles in a digestible and hands-on environment.

SECTION 15. GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle

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

Total Number of Board Members: 7

Name and Title of Officers:	Office Term Expires:
Jeff Tepper, President	June 30, 2028
Sonya Casares, First Vice President	June 30, 2028
Matthew Woodruff, Treasurer	June 30, 2028

Names and Titles of All Members:	Board Term Expires:
Maureen Heath, General Member	June 30, 2027
Robert MacLaughlin, General Member	June 30, 2026
Michele Mendoza, General Member	June 30, 2028
Heather Severson-Tanez, General Member	June 30, 2028

Explain any expiring terms – have they been replaced, renewed, or other?

The Sourcewise Governing Board is currently recruiting potential members.

SECTION 16. ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle

Older Americans Act Reauthorization Act of 2020 Section 306(a)(6)(D)
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies): 40

Number and Percent of Council Members over age 60: 22 81% Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	44.3%	52%
Hispanic	16%	11%
Black	2%	15%
Asian/Pacific Islander	36.7%	7%
Native American/Alaskan Native	0.7%	4%
Other	6.5%	11%

Name and Title of Officers:	Office Term Expires:
Martha Artiles, City of Morgan Hill, Chair	06/30/2027
Liz Ayala, Hispanic/Latino(a) Community, Vice Chair	06/30/2028
Richard Adler, At Large 4, Secretary	06/30/2026

Name and Title of other members:	Office Term Expires:
Ellen Rollins, African American Community Rep. 1	06/30/ 2028
Amruta Hendre, Asian American Community Rep. 1	06/30/2026
Gail Anne Osmer, At Large 1	06/30/2027
Lydia Norcia, At Large 2	06/30/2027
Shirley Loffer, At Large 3	06/30/2026
Matthew Hudes, Cities Association of SCC	06/30/2027
Jean Bedord, City of Cupertino	06/30/2027

Dyanne Hofstad, City of Gilroy	06/30/2026
Dick Konrad, City of Los Gatos	06/30/2026
Dolores Gallagher-Thompson, City of Los Altos	06/30/2029
Michelle Maguire, City of Mountain View	06/30/2028
Arlene Rusche, City of Santa Clara	06/30/2028
Alex Tennant, City of Saratoga	06/30/2028
Carmen Brammer, District 1 Supervisor (Arenas)	06/30/ 2028
Sam M. Saiu, District 2 Supervisor (Duong)	06/30/ 2028
Van Lan Truong, District 3 Supervisor (Lee)	06/30/ 2028
Jane Locascio, District 4 Supervisor (Ellenberg)	06/30/ 2028
Marilyn Basham, District 5 Supervisor (Abe-Koga)	06/30/ 2028
Tom Picraux, Family Caregiver	06/30/2026
Patty Picard, Fed. Of Retired Union Members	06/30/2028
Gabrielle Antolovich, LGBTQ+ Community Rep.	06/30/2026
Renita Brien, Native American Community Rep.	06/30/2029
Erin Hyland, SCC Senior Nutrition Program	Permanent
Somayeh Bolourchi, SCC Public Health Department	Permanent

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

Yes No

☒ ☐ Low Income Representative *Multiple*
☒ ☐ Disabled Representative *Jane Locascio*
☒ ☐ Supportive Services Provider Representative *Liz Ayala*
☒ ☐ Health Care Provider Representative *Multiple*
☒ ☐ Local Elected Officials *Multiple*
☒ ☐ Individuals with Leadership Experience in Private and Voluntary Sectors *Multiple*
☒ ☐ Family Caregiver, including older relative caregiver *Tom Picraux*
☒ ☐ Tribal Representative *Pending Application Approval*
☒ ☐ LQBTQ Identification *Gabrielle Antolovich*
☒ ☐ Veteran Status *Sam M. Saiu*

Explain any "No" answer(s): N/A

Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other?

Current vacancies on the Advisory Council shall be posted in the monthly minutes. The term of individual membership on the Advisory Council shall be for three years, with a maximum of one renewal. One year is defined as beginning July 1 and ending June 30. At the end of two consecutive terms, one year must elapse before an individual can be appointed or re-elected to the Advisory Council unless appointed by another entity. In the event of a vacancy, the Advisory Council shall request the appointing body to appoint a replacement to serve the unexpired term of the replaced member. If the position is a community representative, the Committee will recruit a replacement to serve the unexpired term. Persons filling a vacancy shall be considered to have served a full term if the remaining time served is for more than one-half of the vacated member's term. If the individual term of the immediate past-Chairperson ends with the elected office, he/she may remain on the Council as an ex-officio non-voting member for one year as immediate past Chairperson.

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 a maximum of forty members as follows:

a) Each member of the Santa Clara County Board of Supervisors shall appoint one person who is sixty years or over.

b) Each city council or delegated official shall appoint one person who is 60 years or over.

c) Three agencies that have an interest in older adults and individuals with disabilities in the county shall each appoint one person. One person shall be from the Santa Clara County Nutrition Program, one from the Santa Clara County Health Department, and one from the Cities Association of Santa Clara County.

d) In addition to all members designated in Parts 'a' through 'c,' there shall be 12 members as follows:

    i) One member from the disabilities community;
    ii) Three members from the Hispanic/Latino(a) community;
    iii) Three members from the Asian American community;
    iv) Two members from the African American community;
    v) One member from the Native American community;
    vi) One member from the Family Caregiver community;
    vii) One member from the LGBTQ+ community.

e) Five members at large shall be elected.

f) Two members, each of whom represents one of the following organizations, shall be appointed by the organization:

i) Federation of Retired Union Members.
ii) California Senior Legislature.

PSA 10

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISTION OR CONSTRUCTION COMPLIANCE REVIEW

CCR Title 22, Article 3, Section 7302(a)(15)
20-year tracking requirement

☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction.

Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

SECTION 18. ORGANIZATION CHART

Sourcewise
Area Plan Organization Chart
Fiscal Year 2026-2027

- Chief Executive Officer, Anelisa Del Pinal, 1 FTE, 47% APA, 15% Title III B, 38% Other
  - Senior Director of Operations, Elizabeth Rodriguez, 1 FTE, 24% APA, 41% Title III B, 15% Title III C2, 10% Title III E, 10% Other
    - HICAP Director (Community Education), Marcelo Espiritu, 1 FTE, 3% Title III B, 31% Other
      - Community Outreach & Education Specialist, Steven Rubalcaba Jr., 1 FTE, 37% Title III B, 3% Other
        - HICAP Lead Counselor, Stephanie Thompson, 1 FTE, 30% Title III B, 70% Other
          - Volunteer Coordinator, Neeraja Sahay, 1 FTE, 35% Title III B, 65% Other
    - Director Employment/MOW, Classic Cauley, 1 FTE, 85% Title III C2, 15% SCSEP
      - Meals on Wheels Supervisor, Lawrence Pascual, 1 FTE, 100% Title III C2
        - Lead Nutrition Coordinator, Katherine Foard, 1FTE, 100% Title III C2
          - Nutrition Coordinator: Stacy Aguirre, 1 FTE, 71% Title III C2, 29% Other
            - Nutrition Coordinator: Adriana Lopez, Gabrielle Legaspi, 2 FTE, 100% Title III C2
    - Director of Supportive Services, Kassandra Flores, 1 FTE, 80% Title III B, 5% Title III E, 15% Other
      - Supportive Services Program Supervisor, John Schinkel, 1 FTE, 90% Title III B, 10% Title III E
        - Community Resource Specialist, Jose Benitez, 1 FTE, 80% Title III B, 10% Title III E, 10% Other
          - Community Resource Specialist, Kayla Chen, 1 FTE, 80% Title III B, 10% Title III E, 10% Other
            - Community Resource Specialist, Reyna Pina, 1 FTE, 70% Title III B, 20% Title III E, 10% Other
              - Community Resource Specialist, Gerald Marquez, 1 FTE, 75% Title III B, 15% Title III E, 10% Other
      - South County Supervisor, Monica Garcia, 1 FTE, 80% Title III B, 20% Other
        - Community Connections Advisor, Diana Benavides, 1 FTE, 72% Title III B, 28% Other
          - Community Resource Specialist, Celia Guerra, 1 FTE, 77% Title III B, 23% Other
            - Shuttle Driver, Patrick Read, 1 FTE, 100% Title III B
              - Transit Driver, Alfredo Soto, 1 FTE, 100% Title III B
    - Integrated Health Services Program Manager, TBH, 1 FTE, 67% Title III E, 33% Other
      - Care Manager (FCSP), Abbey Lin, 1 FTE, 100% Title III E
        - Digital Link Specialist, Eli Albarran, 1 FTE, 100% Title III B
    - Area Planner, Shirley Change Le, 1 FTE, 60% APA, 26% Title III B, 14% Other
      - Planner & Contract Analyst, TBH, 1 FTE, 15% APA, 77% Title III B, 8% Other
  - Director of Community Development, Linda Phillips, 1 FTE, 60% APA, 30% Title III B, 5% Title III E, 5% Other
    - Community Outreach Specialist I, Rachel Vo, 1 FTE, 100% APA
  - Director of Networks, Nolan Feliciano, 1 FTE, 10% APA, 4% Title III B, 1% Title III C2, 2% Title III E, 83% Allocated
  - Executive Assistant, Nilusha Gedara Dickwelle, 1 FTE, 100% APA
  - VP of Finance, Risk & Compliance, Judy Nguyen, 1 FTE, 30% APA, 5% Title III B, 65% Allocated
    - Director of Finance, An Mai, 1 FTE, 16% APA, 5% Title III B, 36% Allocated, 43% Other
      - Accounting/Payroll Manager, Juliet Chia, 1 FTE, 37% APA, 12% Allocated, 51% Other
        - Accounts Payable Specialist, Anna Yu, 1 FTE, 55% APA, 3% Title III E, 39% Allocated, 3% Other

SECTION 19. ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2020, (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

   Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2020 Section 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 and behavioral 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 with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

2. 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. 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, specifically including survivors of the Holocaust; 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)

Contain an assurance that the Area Agency on Aging will 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)

Provide assurances that the Area Agency on Aging will 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)(6)(I)

mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

9. OAA 306(a)(9)(A)-(B)

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term

Care Ombudsman program under 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 2019 in carrying out such a program under this title.

(B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

10. 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, an assurance that 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) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the Area Agency on Aging will 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.

11. 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.

12. 306(a)(14)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

13. 306(a)(15)

Provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212.

14. OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency shall provide assurance, 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.

15. 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 mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

16. 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.

17. 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.

18. 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

19. 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.

20. OAA 307(a)(12)(A)

Any Area Agency on Aging, in carrying out such services will 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.

21. 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.

22. 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.

23. OAA 307(a)(26)

Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

B. Code of Federal Regulations (CFR), Title 45 Requirements:

24. 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 area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to 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 people 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, semi-dependent 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 decision-making 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 persons, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future.

25. 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.

26. 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.

27. CFR [1321.53(c)]
Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to, or coordinated with the focal points designated.

28. CFR [1321.53(c)]
Assure access from designated focal points to services financed under the Older Americans Act.

29. 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.

30. CFR [1321.61(b)(4)]
Consult with and support the State's long-term care ombudsman program.

31. 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 A-122.

32. CFR [1321.69(a)]
Persons ages 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	**SALA**	Senior Adults Legal Assistance
ACD	Automated Call Distribution	**SCSEP**	Senior Community Services Employment Program
AoA	Administration on Aging	**SFY**	State Fiscal Year
APS	Adult Protective Services	**SHIP**	State Health Insurance Assistance Programs
C	Coordination	**SNAP**	Supplemental Nutrition Assistance Program
CADRE	Collaborating Agencies' Disaster	**SNF**	Skilled Nursing Facilities
CBO	Community Based Organization	**SPM**	Supplemental Poverty Measure
CDC	Centers for Disease Control and	**SPR**	State Program Report
CDSM	Chronic Disease Self-Management	**SSRC**	Social Science Research Center
CFR	Code of Federal Regulations	**SUP**	Service Unit Plan
CHIS	California Health Interview Survey	**VOIP**	Voice over Internet Protocol
CMS	Centers for Medicare and Medicaid	**VTA**	Valley Transportation Authority
CCR	California Code of Regulations	**ASC**	American Community Survey
CTA	Committee for Transit Accessibility	**VOIP**	Voice over Internet Protocol
DXF	Data Exchange Framework		
FPL	Federal Poverty Line		
FY	Fiscal Year		
HICAP	Health Insurance Counseling and Advocacy		
I&A	Information & Awareness		
ICF	Intermediate-Care Facility		
IHSS	In-Home Supportive Services		
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, and expansive		
LTC	Long-Term Care		
MOW	Meals on Wheels Program		
MSP	Medicare Savings Programs		
MSSP	Multipurpose Senior Services Program		
OAAPS	Older Americans Act Performance		
NORS	National Ombudsman Reporting		
OAA	Older Americans Act		
OES	Office of Emergency Services		
PD	Program Development		
PSA	Planning and Service Area		
PSAs	Public Service Announcement		
RCFE	Residential Care Facilities for the		
RTC	Regional Transit Connection		
SCC	Santa Clara County		

PSA Number: 10

AAA Name: Sourcewise

Area Plan Current Year: ☐FY 25-26 ☒FY 26-27 ☐ FY 27-28

ATTACHMENT B.

OLDER CALIFORNIANS ACT (OCA) MODERNIZATION SUPPLEMENTAL SUMMARY

Program Memo 23-13 outlines the funding intent, allowable activities, and distribution of general funds for modernizing the Mello-Granlund Older Californians Act. Funding for these efforts include State General Funds granted in response to the AAAs network's legislative proposal. If the AAA is using the modernization funding to expand the scope of the existing OCA programs and/or fund community-based service programs, the supplemental summary document of the actions being taken at the AAA should be completed. The narrative summary should include programmatic actions being funded and the services provided including Nutrition Modernization programs.

Description of program(s) being funded:

Brown Bag service via the OCA Modernization Supplemental funding will be offered in Planning Service Area (PSA) 10 in 2026–2027, beginning April 1, 2026. Sourcewise, the designated Area Agency on Aging (AAA), will contract with one community-based organization to provide the Brown Bag service in the PSA. The Brown Bag program will provide culturally relevant bags of food items to low-income adults aged 60 and older who reside in PSA 10, Santa Clara County. Food items will be prioritized for adults age 60 and older who are socially isolated, may live alone, have limited income, and may be limited English proficient. The service will provide up to 3,750 units of service for 375 unduplicated individuals. OCA funding will support staff time and occupancy costs to execute programmatic actions.

Grocery service via the OCA Modernization Supplemental funding will be offered in Planning Service Area (PSA) 10 in 2026–2027, beginning April 1, 2026. Sourcewise, the designated Area Agency on Aging (AAA), will contract with one community-based organization to provide grocery service in the PSA. Grocery services will be provided in the western region of the PSA, including Cupertino, Saratoga, Los Gatos, West San Jose, and surrounding areas. Grocery services will be prioritized to support adults age 60 and older to age in place in their community of choice and may include individuals who are homebound. The service will provide up to 5,830 units of service for 350

unduplicated individuals. OCA funding will support staff time, supplies, equipment, and utilities to execute programmatic actions.

Intergenerational Activities via the OCA Modernization Supplemental funding will be offered in Planning Service Area (PSA) 10 in 2026–2027, beginning April 1, 2026. Sourcewise, the designated Area Agency on Aging (AAA), will contract with two community-based organizations and will also provide intergenerational activities as a direct service of the AAA in the PSA. All three entities align with the goal of the Intergenerational Activities service definition to expand purpose and connection between older adults and children/adults during the nutrition program.

The first contract will provide programming for adults age 60 and older living with dementia in the PSA to increase social interaction through cooking, gardening, art, music, and socialization with youth from a licensed childcare facility that shares the site. The service will provide up to 598 units of service for 88 unduplicated individuals. OCA funding for Contract 1 will support staff time to execute the programmatic actions described above.

The second contract will provide intergenerational activities for adults age 60 and older, including those who are most vulnerable, such as individuals age 75 and older, low-income individuals, minorities, and members of underserved communities. As an intergenerational program, it will also serve younger individuals, including grandchildren of clients, high school and college students and volunteers, and community members ages 18–59, to promote socialization across generations. The service will provide up to 600 units of service for 90 unduplicated individuals. OCA funding will support staff time, supplies, and technology/systems to execute the programmatic actions described above.

As a direct service provider, the AAA's intergenerational activities program will serve isolated older adults age 60 and older through three activities utilizing volunteers who are high school–aged and older. The goal is to support adults age 60 and older who self-attest as socially isolated or who have the greatest social and economic needs, with a focus on diverse racial, ethnic, and linguistic populations in Santa Clara County. The service will provide up to 450 units of service for 104 unduplicated individuals. OCA funding will support staff time and supplies to execute the programmatic actions described above.

Title III C-1 (Congregate Nutrition Services) via the OCA Modernization Supplemental funding will be offered in Planning Service Area (PSA) 10 in 2026–2027, beginning April 1, 2026. Sourcewise, the designated Area Agency on Aging (AAA), will contract with one

community-based organization to provide Title III C-1 (Congregate Nutrition Services) in the PSA. The program will provide a culturally responsive focal point within the PSA, serving culturally specific meals on site for eligible adults age 60 and older. The service will provide up to 10,845 units of service for 1,084 unduplicated individuals. OCA funding will support staff time and subcontractor agreements with cultural sites for meals prepared and served to execute programmatic actions.

Title III C-2 (Home Delivered Nutrition Services) via the OCA Modernization Supplemental funding will be offered in Planning Service Area (PSA) 10 in 2026–2027, beginning April 1, 2026. Sourcewise, the designated Area Agency on Aging (AAA), will contract with two community-based organizations to provide Title III C-2 (Home Delivered Nutrition Services) in the PSA.

The first contract will provide hot home-delivered meals to eligible homebound older adults. The service will provide up to 10,845 units of service for 1,084 unduplicated individuals. OCA funding will support staff time, supplies, training, operating expenses, travel, food ingredients, and packaging supplies to execute programmatic actions.

The second contract will provide culturally responsive Asian cuisine home-delivered meals to eligible adults age 60 and older in the PSA who identify as having the greatest social need. The service will provide up to 10,845 units of service for 1,084 unduplicated individuals. OCA funding will support staff time, supplies, travel, and food ingredients to execute programmatic actions.

Services Provided:

- Brown Bag
- Groceries
- Intergenerational Activities
- Title III C-1 (Congregate Nutrition Services)
- Title III C-2 (Home Delivered Nutrition Services)