Area Plan on Aging 2020–2024

SOURCEWISE
COMMUNITY RESOURCE SOLUTIONS

What's Inside

Acknowledgements

Sourcewise would like to acknowledge and thank a number of individuals for contributing their time and effort to support the development of this Area Plan. To begin, we extend our sincere gratitude and appreciation to the Sourcewise Advisory Council, as its members provided valued perspective throughout the planning, execution, and report development phases.

We would like to thank the various agencies that partnered with Sourcewise and EVALCORP during the focus group process by granting us access to focus group participants and providing a space to conduct the focus groups: African American Community Service Agency; Asian Americans for Community Involvement; Billy DeFrank LGBTQ+ Community Center; Catholic Charities of Santa Clara County; Campbell Community Center; Indian Community Center; Mayfair Community Center; and Silicon Valley Independent Living Center. These data collection efforts would not have been possible without their help.

Our deepest gratitude is also extended to Alzheimer's Association, Avenidas, and Family Caregiver Alliance who provided assistance with community outreach efforts in support of data collection from community caregivers.

The California State University, Fullerton was also an integral partner during data collection of the random digit dial telephone survey, providing generalizable countywide information specific to the needs and perceptions of older adults.

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

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Finally, we would also like to thank these organizations who provided valuable feedback, through survey completion, on the current needs of seniors they serve:

- Alzheimer's Association
- Asian Americans for Community Involvement
- Aperto Property Management
- Avenidas
- Bateman Community Living
- Bridge Home Health
- Catholic Charities of Santa Clara County
- Charities Housing
- City of Campbell–Adult Center
- City of Cupertino–Senior Center
- City of Gilroy
- City of Morgan Hill
- City of Mountain View
- City of San Jose
- City of San Jose, Parks and Recreation & Neighborhood Services
- Community Services Agency of Mountain View and Los Altos
- County of Santa Clara, Department of Aging and Adult Services
- Elder Abuse Task Force
- Familiar Surroundings Home Care
- Fremont Union High School District Adult School, Sunnyvale–Cupertino
- Gardner Health Services
- Habitat for Humanity East Bay/ Silicon Valley
- Hearts & Minds Activity Center
- Heart of the Valley Services for Seniors, Inc.
- Hope Services
- Korean American Community Services of Silicon Valley
- Law Foundation of Silicon Valley
- Litherland, Kennedy & Associates, APC, Attorneys at Law
- Live Oak Adult Day Service
- Loving Hands Home Care
- Milpitas Senior Center
- National Alliance on Mental Illness, Santa Clara County
- Private Residential Care Facility for the Elderly
- Project WeHOPE
- Santa Clara County, Department of Aging and Adult Services
- Santa Clara County Fire Department
- Santa Clara County, Housing Authority
- Santa Clara County, In-Home Supportive Services
- Santa Clara County, Parks and Recreation
- Santa Clara Family Health Plan
- San Jose Job Corps
- Saratoga Area Senior Coordinating Council
- Senior Adults Legal Assistance
- Silicon Valley Independent Living Center
- Stanford Health Care
- State of California Employment Development Department
- Sunnyvale Community Services
- Vista Center for the Blind and Visually Impaired
- Yu-Ai Kai, Japanese American Community Senior

Aneliza Del Pinal,
Sourcewise Chief Executive Officer

Jeff Tepper,
Sourcewise Board of Directors, President

Section 1

Misson 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:

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

Section 2

Description of the Planning and Service Area (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 the Diablo Range and Stanislaus and Merced Counties in the east. A significant portion of the land area is unincorporated ranch and forestlands, primarily located in the Santa Cruz and Diablo Mountains. The population in SCC is dense in urban areas, with almost all (99%) of SCC residents living in cities.[1]

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 the 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 (9,219 degrees awarded in 2017)[3], Stanford University (5,326 degrees awarded in 2018–19)[4], and Santa Clara University (2,661 degrees awarded in 2017–18)[5]. Overall, SCC ranks as the sixth most populous county in California.

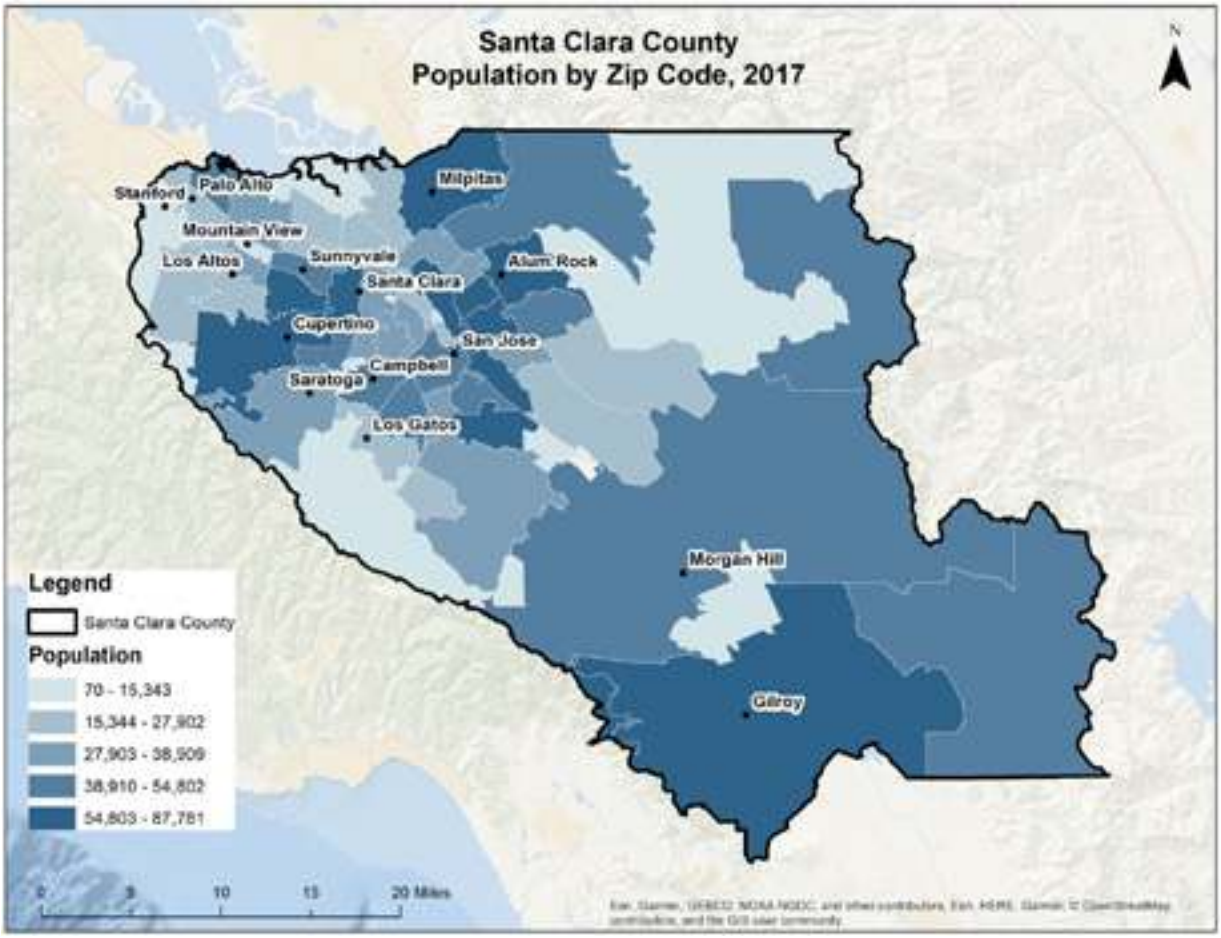
1 https://www.sccgov.org/sites/scc/Pages/About-the-County.aspx
2 https://www.sccgov.org/sites/scc/Pages/About-the-County.aspx
3 https://datausa.io/profile/university/san-jose-state-university#about
4 https://registrar.stanford.edu/everyone/degrees-conferred/degrees-conferred-2018-19
5 https://www.scu.edu/institutional-research/data/academic/awards-conferred/

Demographic Characteristics of Santa Clara County

Population. Based on data from the State of California Department of Finance, SCC's estimated population in 2020 is 1,996,394[6]. The county population projection by 2025 is 2,093,506; and by 2030 the population is expected to grow to 2,194,079[7]. 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 two additional cities in the South Valley (Morgan Hill and Gilroy). The largest city in the county is San Jose, with 1,043,058 residents accounting for over half of the county's total population.

The cities within Santa Clara County with populations over 50,000 include: San Jose (1,023,031), Sunnyvale (151,565), Santa Clara (124,635), Mountain View (80,076), Milpitas (75,498), Palo Alto (67,082), Cupertino (60,687) and Gilroy (54,159)[8]. The map (**Figure 2.1**) on Page 9 shows the population density within SCC zip codes.

Figure 2.1. Map of SCC Population by Zip Code, 2017



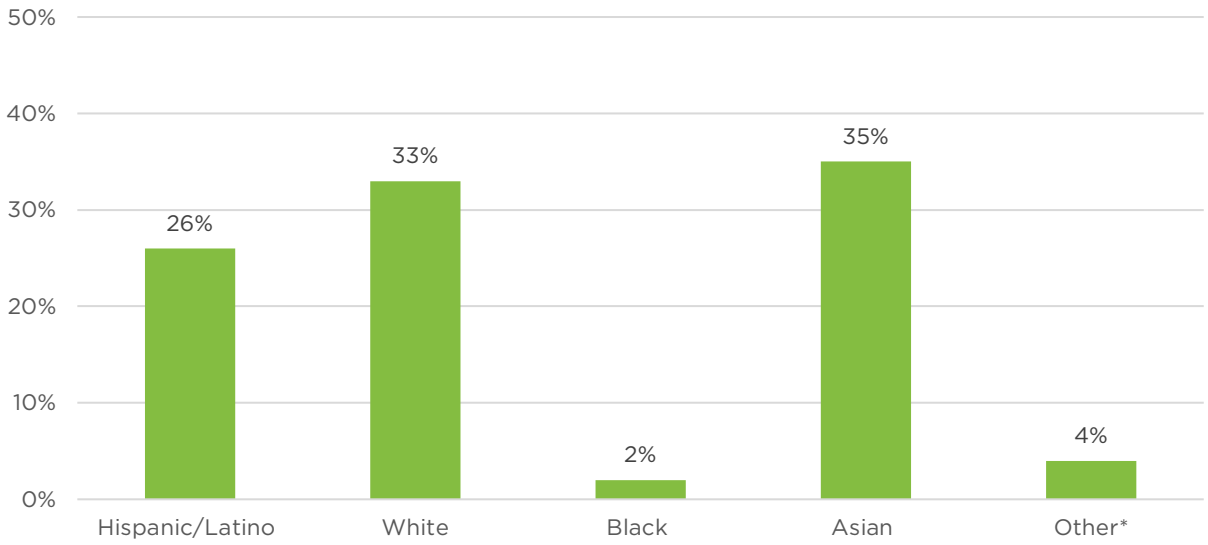
6 State of California, Department of Finance, Total Estimated and Projected Population for California and Counties: July 1, 2010–July 2060 in 1-year increments

7 State of California, Department of Finance, Total Estimated and Projected Population for California and Counties: July 1, 2010–July 2060 in 1-year increments

8 State of California, Department of Finance, Total Estimated and Projected Population for California and Counties: July 1, 2010–July 2060 in 1-year increments

Race/Ethnicity. Just over one-third of SCC's population identify as Asian (35%), followed by 33% who identify as Caucasian (**See Figure 2.2**)[9].

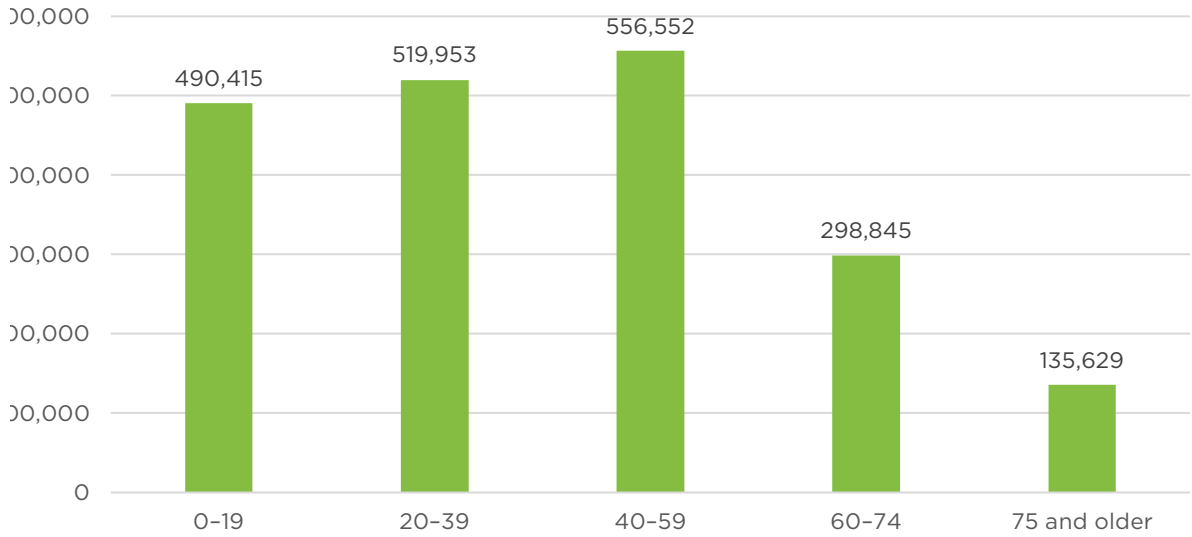
Figure 2.2. Race/Ethnicity of SCC Population



*Other includes what American Community Survey selected as "Other" and an additional three additional categories that had too small of percentages to be presented separately: American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander, and two or more races/ethnicities.

When looking at age group break outs, those ages between 40–59 make up the largest proportion of individuals within SCC, as shown in **Figure 2.3**[10]. Older adults are typically defined as either 55, 60, or 65 years and older throughout the Area Plan because the classification of "older adults" generally varies by data source; therefore, age cutoffs of older adults within the findings are based on the data source being reported.

Figure 2.3. 2020 Population Estimates within SCC, by Age

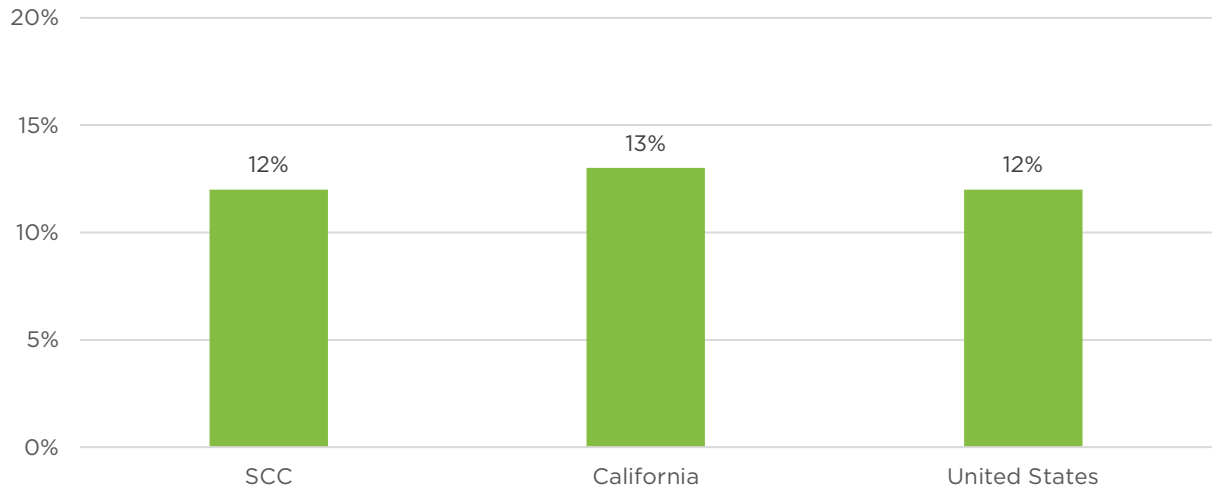


9 2013-2017 American Community Survey (ACS), 5-year estimates

10 State of California, Department of Finance, Age- Estimated and Projected Population for California and Counties: July 1, 2010–July 2060 in 1-year increments

In the past five years, SCC's senior population has increased by 12%, which mirrors the percentage increases at state and national levels, (**See Figure 2.4**)[11]. This is further evidenced by the recent 2020 estimates of 429,474 older adults age 60 and over in SCC reported by the California Department of Aging,[12] which is 37,690 more individuals since 2019.

Figure 2.4. Percentage Increase Across Five Years Among Older Adult (60+) Populations at County, State, and National Levels, 2014–2018



The older adult population will continue to increase as baby boomers age. By 2060, the U.S. Census Bureau projects that individuals 65 and older will account for 25% of the total county population and will make up 24% of the population across both California and the United States[13].

Unique Resources and Constraints

The largest industries in SCC are: professional, scientific, technical services and health care & social assistance[14]. Furthermore, SCC has been very successful in the business and employment sectors. The county has one of the highest median family incomes in the country, with residents earning a salary of $116,178[15]. As of November 2019, the unemployment rate in SCC was 2.2%, reflecting a progressive decrease since January 2010 when the rate was 12%[16].

11 The Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties: July 1, 2014 to July 1, 2018 retrieved from the 2018 Population Estimates, U.S. Census Bureau

12 2020 CDA Population Projections by County and PSA, California Department of Aging

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

14 Data USA. Santa Clara Count Profile. Data pulled from https://datausa.io/profile/geo/santa-clara-county-ca On December 30, 2019.

15 2014-2018 American Community Survey and U.S. Conference of Mayors, HIS Global Insight, 2013, as reported in the San Jose Mercury News, http://www.mercurynews.com/business/ci_26312024/santa-clara-county-has-highest-median-household-income

16 U.S. Bureau of Labor Statistics, Unemployment Rate in Santa Clara County, CA [CASANT5URN], retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/CASANT5URN, December 30, 2019.

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. While programs and services exist, older adults continue to express a need for more information about these services.[17]

Although SCC works to offer resources to its senior population through coordinated efforts among local partners, the need for coordination efforts remains a top priority, as evidenced by recent data collected from local SCC senior service provider network. Specifically, when providers were asked, "Which of the following systematic changes, if any, has your program or agency considered or implemented recently?" 53% indicated that "Improved coordination among existing programs or agencies" had been considered or implemented recently by their program/agency[18]. **See Table 2.1** for summary findings of additional responses.

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

	Percentage* N=43
Expanded or improved use of technology and social media (n=23)	53%
Improved coordination among existing programs or agencies (n=23)	53%
Expanded use of volunteers (n=16)	37%
More resources dedicated to outreach (n=14)	32%
Consolidation of services, programs, or agencies to better utilize resources (n=13)	30%
More "universal" tools to minimize duplication (n=13)	30%
More resources dedicated to advocacy (n=7)	16%
Separation of services, programs, or agencies to better cater to unique needs (n=4)	9%
Other (n=6)**	14%
N/A — My agency/program has not considered or implemented any systematic changes (n=6)	14%

* Each individual percentage is out of 100%, as participants had the option to either select or not select each response option as a systematic change their program/agency implemented, separate from other changes they may have selected.

**Other suggested systematic changes included the following: More services dedicated to a specific segment of our population–persons with dementia who live alone; Hired a FT health educator dedicated to older adult health promotion; and Increased partnerships/collaborations with other community-based organizations.

17 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

18 EVALCORP Provider Survey data, collected Fall 2019

Data gleaned through the random digit dial survey conducted among older adults (i.e., those ages 60 years and older) living within SCC showed that they have some familiarity with local agencies and programs. Specifically, when asked, residents were most likely to be familiar with the Meals on Wheels service (62%)[19]. **Table 2.2** below provides an overview of the percentage of older adults who were familiar with each type of service/program they were asked about.

Table 2.2. Familiarity with Programs or Services, SCC Older Adult Survey*

Program	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**427**	**149–150**	**61–62**	**199**	**293**	**133–134**
Meals on Wheels	62%	39%	51%	80%	59%	67%
VTA Paratransit Services	61%	57%	48%	67%	63%	55%
Senior Center Daily Meals	44%	36%	37%	50%	38%	56%
Adult Protective Services	36%	17%	41%	44%	38%	31%
In-Home Supportive Services	29%	29%	31%	26%	28%	30%

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

The needs assessment section of the Area Plan provides additional information for the two primary data collection points noted above, in addition to detailed information summarizing the data collected from several additional primary sources including the Caregiver Survey and nine focus groups. The data provides insight into the perceived availability of current programs/ services, identified areas of need, modes of obtaining information, demographic information, and various other elements.

19 Santa Clara County Random Digit Dial Survey, Fall 2019

Sourcewise continues its commitment to providing quality leadership and coordination among senior service providers in the PSA. Below is a list of senior and caregiver services/programs provided in whole or in part by Sourcewise:

- Information & Assistance
- Operate Resource Database and manage the 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 to give updates on upcoming community-based events in the local community at mysourcewise.com
- Case management for Gilroy City residents through Sourcewise South County Services
- Case Management is provided to Medi-Cal recipients and through community-based Care Managers
- Health Insurance Counseling & Advocacy Program
- Senior employment training & placement
- In-Home Supportive Services (IHSS), Public Authority Services by Sourcewise
- Registry of screened providers for IHSS Recipients
  (Urgent Care Registry and Care Coaching are expansion of services under the Registry)
- Urgent Care Registry for IHSS Recipients
- Care Coaching for IHSS Recipients
- IHSS Enrollment Processing
  (for individuals to become eligible to work as an IHSS Provider)
- Department of Justice Criminal Background Checks for IHSS Providers
  (they are not IHSS providers until we have cleared them through the entire process)
- Educational and Skill Training for IHSS Providers
- Consumer Connection Newsletter as a training tool for IHSS Recipients
- 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
- Disease Prevention & Health Promotion
- Caregiver in-home respite
- Caregiver out-of-home respite
- Caregiver Education & Training
- Caregiver support groups for grandparent caregivers
- Caregiver case management services for grandparent caregivers

Section 3

Description of the Area Agency on Aging (AAA)

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

Sourcewise leadership is comprised of a Board of Directors, an Advisory Council, and an Executive team. The Board of Directors is 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 41 volunteer seats available and is currently comprised of 34 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.

In order to function at its fullest potential, the Advisory Council has five committees:

- The Health Committee which identifies needed health and mental health services for older persons.
- The Legislative Advocacy Committee which supports recommendations from the California Senior Legislator, AARP, and other advocacy groups.
- The Planning Committee which 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 which identifies and analyzes older adult transportation options available in the county and makes recommendations to local transit authorities.
- The Membership Committee recruits and reviews applications of prospective members.

As a focal point of contact for information and assistance on senior services for the past 46 years, Sourcewise provides leadership in many capacities. In the last four years and presently:

Leadership:

- Director of Meals on Wheels and Senior Employment Services, Henri Villalovoz, actively participates as a Work2Future Board Member. (2015–present)
- Sourcewise in partnership with the California Department of Food and Agriculture, distributed 2,000 Senior Farmers Market Nutrition Vouchers to low-income seniors. (2016–present)
- Multipurpose Senior Services Program's Supervisor, Bonita Krasnopoler was Co-Chair of People Acting in Community Together (PACT). (2015–2017)
- Director of Public Authority Services by Sourcewise, Mary Tinker, served as the California Association of Public Authority (CAPA) President. (2013–2018)
- Sourcewise was a participating member of the citizen Watch Dog Committee of the Valley Transportation Authority. (2017–2018)
- Chief Executive Officer of Sourcewise, Aneliza Del Pinal, served as Vice Chair on the Santa Clara County Citizens Advisory and Citizens Watch Dog Committee Valley Transportation Authority, providing guidance and leadership on the impact of transportation services for seniors. (2019)
- Sourcewise participated in the Chronic Disease Strategic Plan of Santa Clara County by providing input on the impact on the aging community. (2019)
- Director of Public Authority Services by Sourcewise, Mary Tinker, serves as Central Region Vice President of CAPA. (2018–present)
- Director of the Multipurpose Senior Services Program, Lisa Whitmore, is Vice President of the MSSP Site Association. (2019–present)

Awareness:

- Sourcewise partnered with the Santa Clara County Public Health Department in the Diabetes Prevention Initiative. (2016–2017)
- Director of Meals on Wheels and Senior Employment Services, Henri Villalovoz, participated as a member of the Community Relations Council for San Jose Job Corps. (2017)
- Director of Public Relations & Planner, Aneliza Del Pinal, sat on the Alzheimer's Latino Caregiver Conference Planning Committee, helping to build awareness and education on Alzheimer's and other dementia in the Latino community. (2016–present)
- Sourcewise co-sponsored the United Nations World Elder Abuse Awareness Conference in Santa Clara County. (2016–2018)
- 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)
- Director of Public Authority Services by Sourcewise, Mary Tinker, actively participated in the California Collaborative for Long-term Services & Support. (2013–2018)

Policy:

- Chief Executive Officer, Aneliza Del Pinal, serves as a Board Member of the California Association of Area Agencies on Aging. (2019–present)
- Director of Public Authority Services by Sourcewise, Mary Tinker, is a member of the Liberty Dental Public Policy Committee. (2013–present)
- Director of Public Authority Services by Sourcewise, Mary Tinker, is a member of the In-Home Supportive Services Regional Task Force. (2014–present)
- Director of Public Authority Services by Sourcewise, Mary Tinker, is a member of the In-Home Supportive Services Coalition. (2013–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 geographically 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 in order 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 in order to assist them in meeting the service delivery needs of older persons in the Planning and Service Area.

IX. Enter into contracts and cooperative agreements with appropriate public and private agencies in order to implement action plans and to oversee the implementation of other program activities necessary to carry out the approved Area Plan, including periodic program and fiscal monitoring and evaluation.

X. Enter into an agreement with the California Department of Aging to act as the Area Agency on Aging, pursuant to the Older Americans Act of 1965 as amended.

The AAA Delivery system:

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

Service Delivery System:

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

Direct Services:

Sourcewise serves as a central access point for seniors, offering seven direct programs and three services: Information & Awareness, Health Insurance Counseling & Advocacy Program, Meals on Wheels, Senior Employment Services, Multipurpose Senior Service Program, Family Caregiver Support Program, Public Authority Services by Sourcewise, Family Caregiver Support Program–Information & Awareness, Senior Farmers Market Nutrition Program, and CalFresh Application Assistance. Sourcewise continues to offer access to these programs under one umbrella allows for a seamless referral and client service.

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 Programs
- 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
- Personal Emergency Response Systems
- Senior Centers
- Senior Companion Program
- Senior-focused Newspapers
- Support/Issue Groups
- Telephone Reassurance Program
- Tax Aide Programs
- Transportation
- Veterans Services
- Volunteer Chore Services
- Volunteer Opportunities

As of fiscal year, 2019–2020, Sourcewise maintains a directory that includes 918 providers.

Section 4

Planning Process / Establishing Priorities

In order to execute the current Area Plan, Sourcewise contracted with EVALCORP Research and Consulting (EVLACORP), 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 adults 60 years and older living in SCC. Data collection efforts included both primary and secondary data sources, inclusive of 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 such as census data and other government or available resources that provided a story of the current landscape of older adults in SCC. In addition to the secondary data, five primary data collection efforts were engaged in to ensure comprehensive older adult data was collected; outlined below:

- Random Digit Dial Survey representative of older adults living in SCC
- Provider Survey
- Caregiver Survey
- Focus Groups with nine diverse groups, including: Lesbian, Gay, Bisexual, Transgender, and Queer expansive (LGBTQ+) elders, Long-term Care Ombudsman, Hispanic/Latino, Chinese American (Mandarin), Vietnamese, Asian-American Indian, African American, Individuals with Disabilities, and Caregivers
- Interview with an older adult nutrition expert

EVALCORP's primary role was to lead all activities related to the development of the Needs Assessment portion of the Area Plan (i.e., Section 5). This included data collection 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 reflective of 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 indictors specific to the county's population, economic indicators, seniors of different races and ethnicities, vulnerable older adult populations, health and wellness, and caregiving to provide comprehensive overview of the current status of older adults and issues affecting them.

A description of each of the primary data collection efforts along with descriptive/demographic information about the respondents/participants is outlined below. It should also be noted that all data collection tools/surveys included the three-state mandated Sexual Orientation and Gender Identity questions. Primary data collection efforts can have a number of limitations and are often difficult to implement while ensuring responses are diverse and reflective of the population. EVALCORP worked diligently with Sourcewise to conduct a multi-method data collection strategy and through these multiple data collection activities, have made a conscious effort to hear from a variety of sources that can share detailed information about older adult needs within SCC from diverse perspectives. In addition, when analyzing the Older Adult Random Digit Dial Survey, EVALCORP used weighted data to ensure data findings reflect the local older adult population accurately.

SCC Older Adult Random Digit Dial Survey, 2019

A countywide survey of older adults was conducted in Fall 2019. EVALCORP contracted the Social Science Research Center (SSRC) at California State University, Fullerton to administer the survey. A total of 450 telephone surveys were completed with older adults, aged 60 and older living in SCC. The survey contained 37 questions addressing employment, volunteer, and residency status; experience as a caregiver; health and wellness; transportation and local issues; and service utilization and need, as well as, methods of gaining information about these services. The survey was made available in five languages: English, Spanish, Mandarin, Vietnamese, and Tagalog.

Table 4.1 on page 21 provides an overview of the sample. To ensure data findings are reflective of the older adult population in SCC, 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 might be underrepresented within our survey sample to ensure that their responses on our survey were more accurately reflective of the population, not just a sample of the population. All findings from the SCC Older Adult Random Digit Dial Survey reports information after being weighted to present equal representation of individuals similar to the estimated SCC older adult population reported by the American Community Survey collected by the U.S. Census Bureau in 2017.

Table 4.1. Demographic Characteristics

Characteristic	Weighted Population %
Gender	
Female	56%
Male	44%
Another gender identity*	0%
Total	**100%**
Race	
Caucasian	78%
Asian	9%
Hispanic or Latino/a	8%
Other	3%
African American	2%
American Indian or Alaska Native	<1%
Native Hawaiian or Pacific Islander	<1%
Total	**100%**
Age Groups	
60–64	11%
65–69	16%
70–74	21%
75–79	16%
80–84	16%
85 and over	20%
Total	**100%**

*The unweighted percentage of respondents who selected another gender response options was less than 2%; other response options available on the survey included: Transgender, female to male; Transgender, male to female; Genderqueer/Gender non-binary; and another gender identity, as well as, a “don’t know” and “refused” option.

Provider Survey, 2019

As part of the Sourcewise needs assessment process, Santa Clara County senior and caregiver service providers were asked to participate in a custom survey ("Provider Survey") used to inform the 2020–2024 Area Plan. The online survey consisted of 25 questions assessing the unmet needs of seniors, the needs of caregivers, most effective modes of communication for seniors, and barriers to accessing information. Of the total 126 surveys sent, a total of 55 Santa Clara County providers took the survey, yielding a 43% response rate. Of the 55 respondents, 52 indicated working in the field of aging and were included in the analyses. Provider survey respondent descriptive information/demographics are provided in **Table 4.2.**

Table 4.2. Provider Descriptive Information/Demographics

Characteristic	Percent
Job Role	**N=52**
Executive (n=11)	21%
Program Director (n=9)	18%
Program Manager (n=8)	15%
Program Supervisor (n=8)	15%
Administrative (n=6)	12%
Other (n=10)*	19%
Area or Field of Aging Service**	
Educational classes (n=19)	37%
Recreational or social activities (n=19)	37%
Counseling or care management (n=17)	33%
Access to transportation (n=14)	27%
Applying for government benefits (n=12)	23%
Assistance finding housing (n=10)	19%
Health services (n=10)	19%
Help with health services (n=10)	19%
Congregate meals (n=9)	17%
Legal services (n=9)	17%
Respite care (out of home) (n=7)	13%
Help with medical supplies (n=4)	8%
Home-delivered meals (n=4)	8%
Respite care (in home) (n=3)	6%
Ombudsmen services (n=1)	2%
Other (n=22)***	42%
Length of Service with Current Agency/Organization	
Less than one year (n=2)	4%
1–2 years (n=4)	8%
3–6 years (n=15)	31%
7–10 years (n=5)	10%
More than 10 years (n=23)	47%

Age Group Provider Services**	
60–64 years old (n=44)	90%
65–74 years old (n=49)	100%
75–79 years old (n=47)	96%
80–84 years old (n=46)	94%
85 or more years old (n=45)	92%

*Other job roles included the following: Social Worker/Counselor (1); Regional Manager (1); Volunteer (1); Psychologist & Researcher (1); Directing Attorney & Executive Director (1); Site Director (1); General Manager (1); School Vice Principal (1); Associate Director (1); Elder Law Attorney (1).

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

***Other areas or fields of aging listed by participants included: Program Specialist (1); Affordable Housing Provider (1); Mental health issues and IHSS (1); RCFE (1); Services for persons with Alzheimer's and their caregivers (1); Culturally competent/sensitive services (1); Connecting seniors with Health & Human Services (1); Rehabilitation training for the blind (1); Health & safety repairs for low-income homeowners (1); Residential employment training at risk youth (1); Supported living services (1); Managed care company (1); Re-employment services (1); Financial aid (rent, utilities, medically related bills), food distributions including food delivered to homebound clients (1); General referral and application assistance (1); Medi-Cal qualification (1); Providing In-Home Supportive Services assessments (1); Multimedia productions, age-friendly consulting, intergenerational programming (1); Facilitate multiple family caregiver support groups (1); Volunteer Services; Adult day health care; Handyman Services; Support for aging in place (Village Services); (1); Elder Abuse prevention (1); Abuse investigations (1); In-home services and escorted transportation, disaster prep, HHW and Pharma disposal (1).

Caregiver Survey, 2019

As part of the Needs Assessment, EVALCORP obtained the perspectives of caregivers within Santa Clara County. A caregiver is defined as someone who: (1) cares for a family member or another individual; (2) is an informal (unpaid) provider of an in-home service or community care program for a care recipient; and (3) is 18 years old or older. Participants were first screened to verify that they were all at or above 18 years of age and identified that they have provided unpaid care to an adult family member or friend in the last 12 months. All respondents met the qualifications.

Utilizing an online survey, a total of 1,525 individuals who identified as a caregiver were asked to share their experiences. The respondents list was generated from various sources including Family Caregiver Alliance, Avenidas, the Alzheimer's Association, and recommendations provided by the Sourcewise Advisory Council. Of the 1,525 individuals, 181 completed the survey yielding an overall response rate of 12%. Of note: when assessing the response rate among surveys completed from individuals who were directly emailed by EVALCORP, 22 of the 45 individuals responded (49% response rate); among individuals who were contacted by Avenidas, Alzheimer's Association, and Family Caregiver Alliance 159 of the 1,480 individuals responded (11% response rate). These response patterns will be used for future data collection needs to inform a data collection strategy that will yield the most efficient response rate.

Surveys gathered information about unmet needs and service recommendations for older adults and caregivers residing across Santa Clara County.

Table 4.3 presents respondents' descriptive information.

Table 4.3. Caregiver Descriptive Information/Demographics

Characteristics	Percentage
Gender	**N=137**
Female	78%
Male	19%
Prefer not to answer	2%
Genderqueer/Gender non-binary	<1%
Other gender	<1%
Age	**N=136**
18–34 years old	1%
35–44 years old	1%
45–54 years old	13%
55–64 years old	22%
65–74 years old	33%
75–84 years old	24%
85 or older	6%
Race/Ethnicity	**N=135**
White or Caucasian	68%
Asian or Asian American	17%
Hispanic or Latino/Latina	8%
Other	3%
African American/Black	2%
Native Hawaiian or Pacific Islander	2%
Primary Language	**N=132**
English	89%
Chinese (Mandarin)	5%
Chinese (Cantonese)	2%
Other	1%
Spanish	<1%
Japanese	<1%
Tagalog	<1%
Number in Household, including self	**N=113**
1 person; lives alone	12%
2–3	73%
4–5	15%
Employment Status	**N=133**
Retired	59%
Part-time	18%
Full-time	13%
Unemployed, not looking	7%
Unemployed, looking	3%
Resident of SCC	**N=132**
Yes	98%
No	2%

Focus Groups

Focus groups are a valuable tool that provide insight on specific populations of older adults who may be overlooked within the general population and who are considered especially vulnerable to receiving fewer resources and/or inadequate services; therefore, as part of the 2020–2024 Area Plan on Aging Needs Assessment process, EVALCORP conducted nine focus group sessions in August 2019 with varying populations of Santa Clara County to assess unmet older adult needs.

Of the nine focus groups, five were facilitated with individuals from specific racial or ethnic backgrounds (i.e., Chinese, Spanish, Vietnamese, Indian, and African American/Black) and two were conducted with underserved populations, such as Lesbian, Gay, Bisexual, Transgender, and Queer Expansive communities (LGBTQ+), and adults with disabilities. Additionally, two focus group sessions were conducted with ombudsmen and caregivers of older adults 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 relay the discussion to individuals.

At each focus group, a participant's demographic information form was collected from individuals in attendance. A total of 83 forms were completed. The form asked participants to provide information regarding age, gender, race, primary language, city of residency, length of time in SCC, caregiver status, and internet access. Findings from these forms are provided in **Table 4.4.**

Table 4.4. Focus Group Participant Descriptive Information/Demographics

Characteristic	Percent
Gender	**N=82**
Female	70%
Male	28%
Transgender, male to female	1%
Genderqueer/gender non-binary	1%
Another gender identity*	0%
Age	**N=81**
18–34	1%
35–44	1%
45–54 years old	9%
55–64 years old	21%
65–74 years old	31%
75 or older	37%
Race/Ethnicity	**N=81**
American Indian or Alaska Native	3%
Asian or Asian American	46%
Black/African American	11%
Hispanic/Latino	16%
White/Caucasian	21%
Multi-racial	2%
Other	1%
Primary Language **	**N=83**
English	47%
Spanish	9%
Vietnamese	11%
Chinese (Mandarin)	8%
Chinese (Cantonese)	8%
Hindi	43%
Tagalog	2%
Punjabi	0%
Other	114%
City of Residence	**N=81**
San Jose	70%
Cupertino	8%
Campbell	8%
Fremont	4%
Sunnyvale	4%
Another city***	6%

*Other gender responses options included: Transgender, female to male; Questioning or unsure; and another gender identity; however, 0% of the respondents selected these three options.

**Other languages specified by participants were to mainly acknowledge that they are bilingual; 3 participants reported English and Spanish were their primary languages, 2 individuals reported English and Hindi as their primary languages. Other specified languages included: English and Chinese Mandarin (1); English and Urdu (1); Hindi and Punjabi (1); and Gujarati (1).

***Other specified cities of residence included: Gilroy (1); Los Gatos (1); Milpitas (1); Monte Sereno (1); Mountain View (1); and Santa Clara (1).

Interview with Nutritionist

A key stakeholder interview was also conducted with a local nutritionist to obtain their experience working with older adults in Santa Clara County. The nutritionist was asked about their perspective regarding the needs of older adults, priority populations, and any current barriers to receiving services in Santa Clara County.

Census Data & Government Sources

Over 100 data indictors were gathered and synthesized to provide an overview of issues affecting older adults. Data was categorized into the following sections: county population, economic indicators, seniors of different races and ethnicities, vulnerable older adult populations, health and wellness, and caregiving.

Inclusion of the Public in the Planning Process/Public Forums

The Sourcewise Area Plan includes feedback from other internal sources. Sourcewise Information & Awareness program provided data on the most popular categorical referral requests and follow-up. This information shows what referrals are most commonly made and the underlying causes of an "unmet need," in the case of an unsatisfactory referral follow-up. Additionally, the Area Plan is reviewed, and input is provided throughout the execution of the process by the Sourcewise Advisory Council — made up of members of the community, many of whom are political appointees. These individuals share a deep concern for the needs of seniors and can lend a variety of expertise.

Establishment of Priorities

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 6), and set priorities based on these target populations and their highest priority needs (Section 8). These target populations and priorities are reviewed by the Sourcewise Advisory Council, Sourcewise Board of Directors, and the public via the public hearing process. Due to the Coronavirus Disease (COVID-19) pandemic, the Area Plan was presented virtually at two public hearing webinar events that took place on Thursday, June 25, 2020 at 10:00 a.m. and Thursday, June 25, 2020 at 2:00 p.m.

Section 5
Needs Assessment

5.1 An Overview of Santa Clara County's Older Adults

Presented within this section are data findings, with a particular focus on the local or county level, which represent individuals aged 55, 60, or 65 and older. The classification of "older adults" generally varies by data source; therefore, age cutoffs of older adults within the findings are based on the data source being reported.

According to the 2017 American Community Survey, Santa Clara County is home to approximately 338,720 older adults age 60 and over and consists of 18% of the SCC population (**See Table 5.1**). SCC has a slightly smaller proportion of seniors than the national and state level[20].

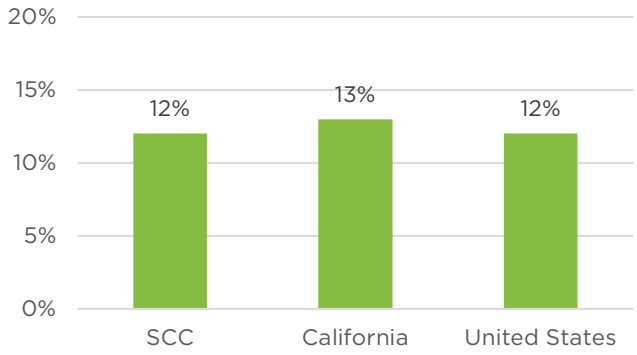
Table 5.1. Percentages of Population by Age Group at County, State, and National Levels, 2017

	Santa Clara County	California	United States
0–19 years old	25%	26%	26%
20–39 years old	29%	29%	27%
40–59 years old	28%	26%	26%
60–74 years old	12%	13%	15%
75 and older	6%	6%	6%

20 2017 American Community Survey, 5-Year Estimates

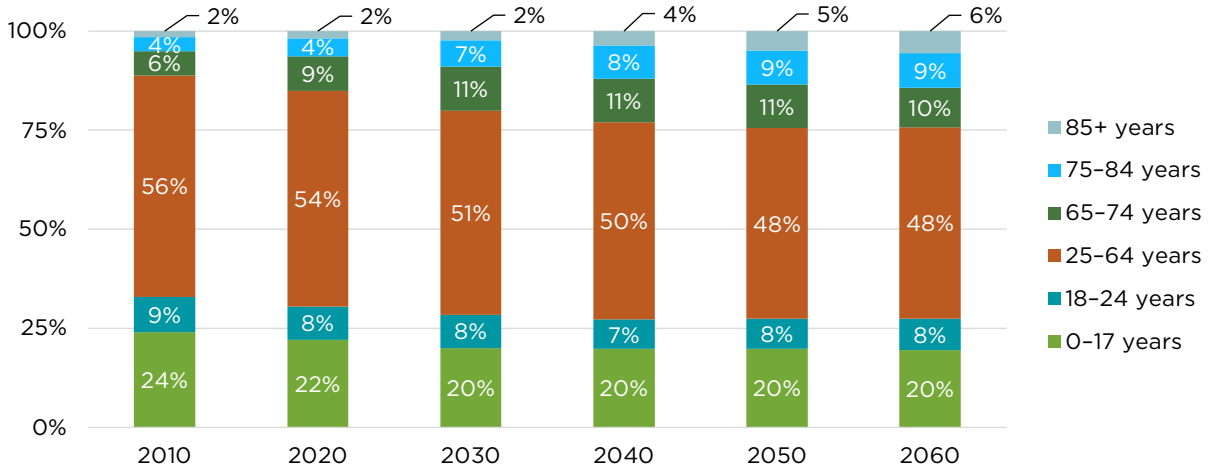
In the past five years, SCC's older adult population has increased by 12%, which mirrors the percentage increases at state and national levels, as shown in **Figure 5.1**[21]. This growth is further evidenced by the 2020 estimates reported by the California Department of Aging[22], which suggests that there are 429,474 older adults age 60 and over in SCC, which defines an increase of 37,690 individuals since 2019. According to the 2016 Santa Clara County Age-Friendly Survey, approximately two-thirds (65%) of older adults have lived in their city of residence for 25 years or more[23].

Figure 5.1. Percentage Increase Across Five Years Among Older Adult (60+) Populations at County, State, and National Levels, 2014–2018



At the current rate of increase among the local older adult population, older adults will continue to comprise a greater portion of the population. The projected older adult population at county, state, and national level is expected to increase steadily each decade. As shown in **Figure 5.2**, by 2060, individuals that make up the older adult age group (65+) will account for 26% of the total population in SCC; this is roughly the same as the 65 or older estimates for the state of California[24], and slightly more than the national estimate[25].

Figure 5.2. Historical and Projected SCC Percent Population by Age Group, 2010–2060



21 The Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties: July 1, 2014 to July 1, 2018 retrieved from the 2018 Population Estimates, U.S. Census Bureau

22 2020 CDA Population Projections by County and PSA, California Department of Aging

23 2017 Seniors' Agenda

24 California Department of Finance, Demographic Research Unit, 2016

25 Projected Age Groups and Sex Composition of the Population: Main Projections Series for the United States, 2017-2060. U.S. Census Bureau, Population Division: Washington, DC

5.1.1 Economic Indicators

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

- Federal Poverty Level (FPL)[26]
- Supplemental Poverty Measure (SPM)[27]
- Elder Economic Security Standard Index (Elder Index)[28]

This section also highlights concerns regarding housing and food security, associated with economic insecurities that older adults may face. An overview of the current employment and unemployment rates outline the job security and other opportunities available to older adults to remain economically stable.

Federal Poverty Level

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 suggests that, currently, 39,065 older adults or 19% of the older adult population in SCC are considered low-income (2020)[29].

The 2019 FPL has the lowest threshold of monthly income for an individual to be considered economically secure. A single person whose income is less than $1,040.83 per month or a couple with an income of less than $1,409.17 per month are considered below the FPL[30].

Based on data from the American Community Survey, it is estimated that the number of older adults (65+) living at, near, or below poverty in SCC has drastically increased from 2000 to 2017. In 2000, approximately 9,800 older adults age 65 or older were living below poverty, or 6% of the local senior population at that time[31].

Since then, the 2017 American Community Survey data indicated that the number of low-income older adults has more than doubled in the last seventeen years, with an estimated 8% of county seniors age 65 or older living below FPL, which equates to an increase of 19,987 SCC older adults who are low-income[32].

Since then, the 2017 American Community Survey data indicated that the number of low-income older adults has more than doubled in the last seventeen years, with an estimated 8% of county seniors age 65 or older living below FPL, which equates to an increase of 19,987 SCC older adults who are low-income Older adults may have a higher risk of becoming impoverished depending on their location of residence in SCC. Data shows that San Jose, the most highly and densely populated city in SCC, has the highest percentages of older adults age 65 and older living near or below the FPL (20%). Milpitas is another city with higher rates of impoverished older adults (65+).

26 U.S. Census Bureau, 2019

27 https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-265.pdf

28 UCLA Center for Health Policy Research. (Oct 2019). Retrieved from http://www.healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/elder-index-2011.aspx

29 20120 CDA Population Projects by County and PSA, California Department of Aging

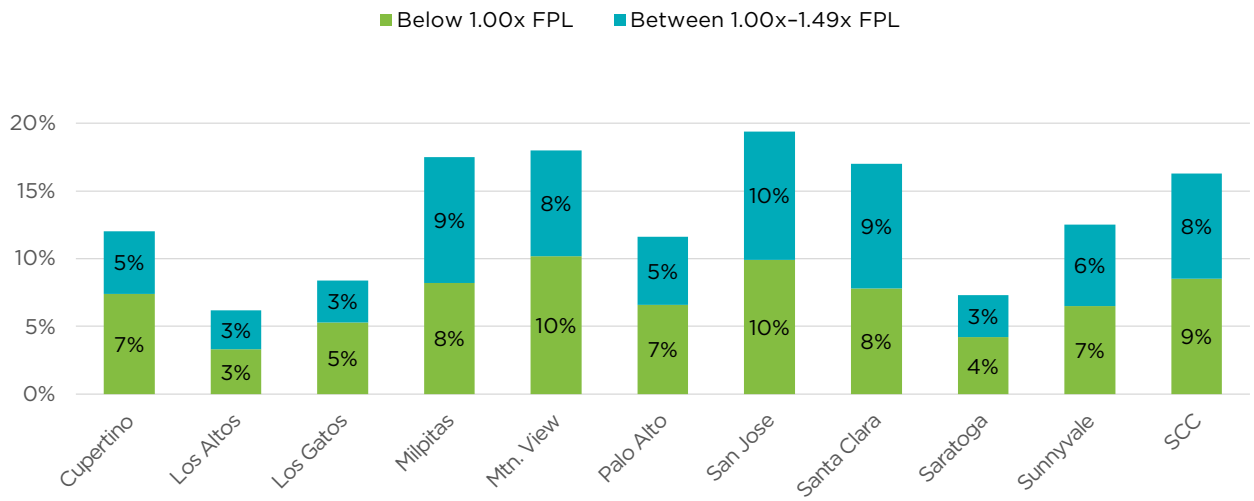
30 2019 HHS Poverty Guidelines

31 2000 American Community Survey, 2013-2017 5- Year Estimates

32 2017 American Community Survey, 2013-2017 5-Year Estimates

Compared to San Jose, Milpitas has slightly more people age 65 and older living below the FPL (11%), but has a lower percentage living near the FPL (**See Figure 5.1.1**)[33].

Figure 5.1.1. SCC Seniors (60+) At or Near Poverty By City, 2017*



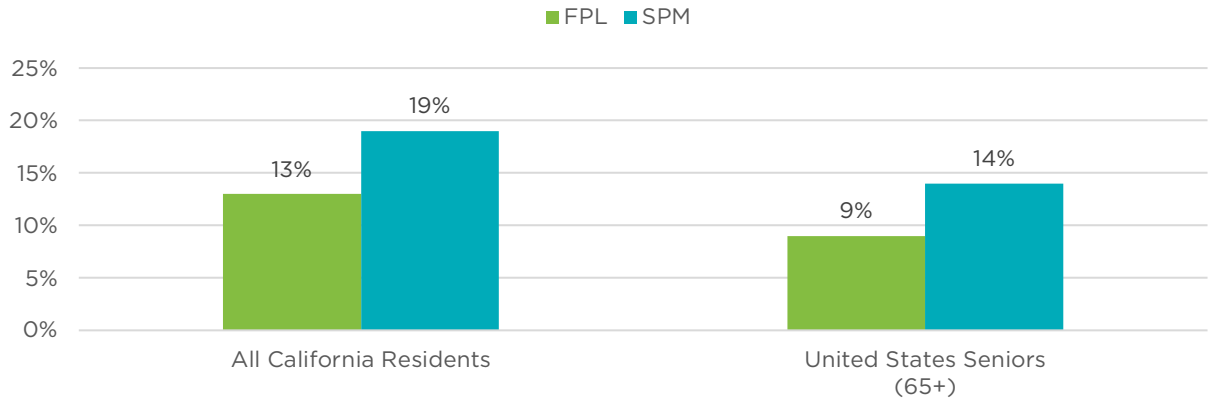
*City data was not available for all cities within SCC, therefore data presented is of cities that had data from the 2017 American Community Survey 5-Year Estimates data.

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

Supplemental Poverty Measure

When using the SPM as an indicator of economic security, the U.S. Census Bureau's most recent 2018 report showed a substantially larger number of seniors living in poverty that were not identified as impoverished when reviewing just the FPL, at both the state and national levels (**See Figure 5.1.2**)[34].

Figure 5.1.2. Comparison of FPL and SPM Poverty Levels for California Residents and U.S. Seniors (65+), 2018



33 2017 American Community Survey, 5-Year Estimates

34 https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-265.pdf

Elder Economic Security Standard Index

The Elder Economic Security Standard Index, or Elder Index, provides a detailed, county-specific measure of senior poverty based on several factors[35]. Different thresholds are provided based on individuals or couples, and whether a person rents or owns a property.

Table 5.1.1 shows the cost of basic living expenses in SCC and on average for California residents age 65 and older as of 2019, and provides the thresholds identified by the Elder Index for an individual or couple to be economically secure. Prices are more expensive in SCC than the average cost of basic living expenses in California by 12–20%[36].

Table 5.1.1. Cost of Basic Living Expenses for Seniors* in SCC and California by Individual and Couple, 2019

Expense	Average cost in SCC, Individual	Average cost in California, Individual	Average cost in SCC, Couple	Average cost in California, Couple
Housing**	$623–$2,475	$547–$2,009	$623–$2,475	$547–$2,009
Food	$257	$257	$471	$471
Health Costs	$499	$365	$898	$730
Transportation	$226	$225	$348	$348
Miscellaneous	$311	$279	$468	$419
Total Monthly Expense	$1,916–$3,768	$1,673–$3,135	$2,808–$4,660	$2,515–$3,997

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

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

35 UCLA Center for Health Policy Research. (Oct 2019). Retrieved from http://www.healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/elder-index-2011.aspx

36 Elder Index. (2019). The Elder Index™ [Public Dataset]. Boston, MA: Gerontology Institute, University of Massachusetts Boston. Retrieved from ElderIndex.org

When comparing total monthly expenses identified by the most recent Elder Index thresholds (2019) to the FPL thresholds from the same year, an older adult aged 65 who is renting a one-bedroom housing unit in SCC would need a monthly income of 3.4 times the federal poverty level to meet basic housing, medical, transportation, and nutritional needs (**See Figure 5.1.3**)[37, 38]. Similarly, an elderly couple paying off a mortgage would need a monthly income over three times FPL to meet their basic needs (**See Figure 5.1.4**)[39]

Figure 5.1.3. Elder Index Thresholds for SCC Individuals (65+) Compared to FPL, 2019

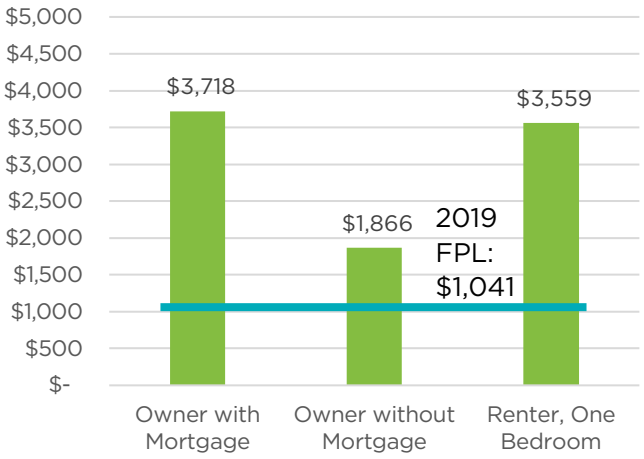
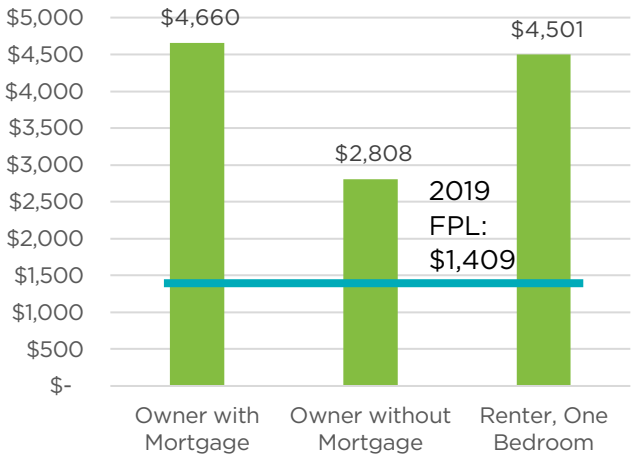


Figure 5.1.4. Elder Index Thresholds for SCC Couples (65+) Compared to FPL, 2019



As evidenced by the Elder Index, seniors in every living situation need to have incomes well in excess of the federal poverty level in order to stave off poverty within the county.

Housing Security

Housing prices and affordability of housing continues to be a prevalent issue for the SCC older adult population.

In the first three months of 2019, the San Jose–Sunnyvale–Santa Clara metropolitan area was among the top five least affordable metro areas nationwide; only 14% of homes were affordable for a household with median income[40]. According to Santa Clara County's Housing Emergency and Proposed Solutions Report, households earning half of median income or less pay 63% of their income on rent. An income of 3.7 times the minimum wage is necessary to afford the median rent price in SCC[41]. Among renters age 50 and over, 30% spend more than half their income paying rent[42].

37 https://aspe.hhs.gov/poverty-guidelines

38 Elder Index. (2019). The Elder Index™ [Public Dataset]. Boston, MA: Gerontology Institute, University of Massachusetts Boston. Retrieved from ElderIndex.org

39 https://aspe.hhs.gov/poverty-guidelines

40 NAHB/Wells Farge Housing Opportunity Index: Regional Listing by affordability rank https://www.nahb.org/research/housing-economics/housing-indexes/housing-opportunity-index.aspx

41 2018 Santa Clara County's Housing Emergency and Proposed Solutions Report

42 https://uccs.ucdavis.edu/events/event-files-and-images/UCCSKusheltalk10.16.191.pdf

Affordable homes are only available for about 40% of the very low and extremely low-income households needing them[43]. In recent years, the increased availability of affordable housing units has not met the increased demand, making affordable housing a great concern among many seniors[44,45,46,47,48].

Homelessness in SCC rose 13% from 2016 to 2017. Respondents to the 2019 SCC Homeless Census and Survey report job loss as the most common reason for their experience of homelessness and most often indicated that rent or mortgage assistance might have prevented their homelessness.

Homelessness in SCC rose 13% from 2016 2017[49]. Respondents to the 2019 SCC Homeless Census and Survey report job loss as the most common reason for their experience of homelessness and most often indicated that rent or mortgage assistance might have prevented their homelessness[50].

Certain populations experience conditions that increase their risk for homelessness. University of California, San Francisco (UCSF) reports that African Americans face a disproportionately higher risk for homelessness compared to other racial/ethnic groups and approximately 80% of Bay Area individuals who are homeless are African American[51]. The 2019 Homeless Census and Survey Report also found that in SCC, 41% of survey respondents within the homeless population were Hispanic/Latino[52]. Furthermore, veterans often experience higher risks for homelessness due to conditions such as Post-traumatic Stress Disorder (PTSD), Traumatic Brain Injury, sexual assault or substance abuse. In 2019, the SCC Homeless Census and Survey Report indicated that there are 653 homeless veterans in SCC, and 68% were unsheltered[53]. In 2019, 13% of homeless individuals who responded to the SCC Homeless Census and Survey identified as LGBTQ+ and 12% of respondents were 61 years or older[54].

43 2018 Santa Clara County's Housing Emergency and Proposed Solutions Report https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/Santa-Clara-2018-HNR.pdf

44 2018 Santa Clara County's Housing Emergency and Proposed Solutions Report https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/Santa-Clara-2018-HNR.pdf

45 2018 Santa Clara County's Housing Emergency and Proposed Solutions Report https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/Santa-Clara-2018-HNR.pdf

46 Community Plan to End Homelessness in Santa Clara County — May 2019 Progress Report

47 Homelessness and Food Security in the Valley

48 https://sanfrancisco.cbslocal.com/2019/08/13/santa-clara-co-plans-to-build-low-income-housing-on-empty-lots-near-hospitals/

49 2018 Santa Clara County's Housing Emergency and Proposed Solutions Report

50 2019 Santa Clara County Homeless Census and Survey Report. ASR. Retrieved from https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf

51 https://uccs.ucdavis.edu/events/event-files-and-images/UCCSKusheltalk10.16.191.pdf

52 2019 Santa Clara County Homeless Census and Survey Report. ASR. Retrieved from https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf

53 2019 Santa Clara County Homeless Census and Survey Report. ASR. Retrieved from https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf

54 2019 Santa Clara County Homeless Census and Survey Report. ASR. Retrieved from https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf

In the last several years, homelessness among adults 50+ in the Bay Area has increased and the median age of homeless individuals continues to rise; a recent study by the University of California San Francisco estimates that approximately 50% of the Bay Area homeless population is age 50 or older[55]. This same 2019 study reports that 26% of homeless individuals in the Bay Area are between the ages of 61–64 and 12% are 65 or older[56].

Homelessness can cause premature aging, accelerating poor health outcomes of individuals by up to 20 years[57]. Over half (56%) of homeless individuals in the Bay Area reported poor or fair health, and suffered numerous chronic conditions such as hypertension, arthritis, high cholesterol, hepatitis, asthma, and diabetes[58]. Over 35% suffered from moderate to severe depression and approximately 30% suffered PTSD[59]. From the 2019 SCC Homeless Census and Survey, nearly one in four respondents (24%) reported having a physical disability and 24% had chronic health problems[60].

Outreach efforts are required to increase knowledge amongst ethnically and racially diverse populations specific to understanding how to locate or navigate low-income and very low-income housing waitlists. According to the California Health Report, seniors with very low income can sometimes stay on waitlists for years before they are afforded low-income housing. Waitlists for low-income housing do not always reflect the demographic population who need it; there can be different disparities between racial or ethnic groups on the waitlist. Data suggests that this disparity exists due to low levels of awareness within certain communities[61].

55 https://uccs.ucdavis.edu/events/event-files-and-images/UCCSKusheltalk10.16.191.pdf
56 https://uccs.ucdavis.edu/events/event-files-and-images/UCCSKusheltalk10.16.191.pdf
57 https://uccs.ucdavis.edu/events/event-files-and-images/UCCSKusheltalk10.16.191.pdf
58 https://uccs.ucdavis.edu/events/event-files-and-images/UCCSKusheltalk10.16.191.pdf
59 https://uccs.ucdavis.edu/events/event-files-and-images/UCCSKusheltalk10.16.191.pdf
60 2019 Santa Clara County Homeless Census and Survey Report. ASR. Retrieved from https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf
61 https://www.calhealthreport.org/2017/10/16/californias-lowest-income-seniors-desperate-affordable-housing/

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 for food[62].

Research shows that food insecurities can have a negative impact on health, especially for those managing chronic illnesses or other health disorders[63]. Food insecurity can affect seniors living above or below the poverty line[64]. Nationwide, older adults in the African American and Hispanic racial/ethnic groups are most affected (**See Figure 5.1.5**)[65]. In 2017, in the San Jose–Sunnyvale–Santa Clara metro area, 12% of seniors were food insecure (**See Figure 5.1.6**)[66].

Figure 5.1.5. Rates of US Seniors Affected by Food Insecurity in 2017, by Race/Ethnicity

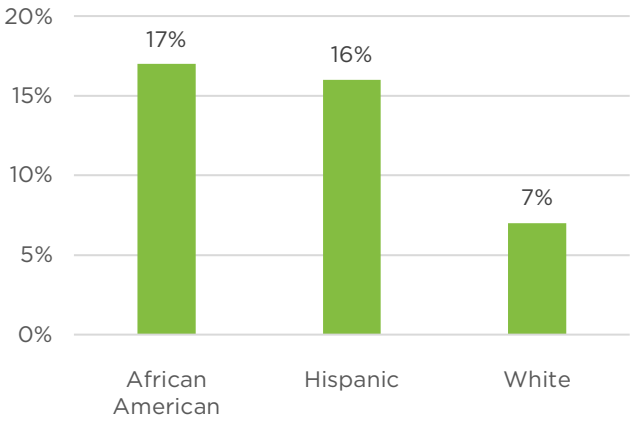
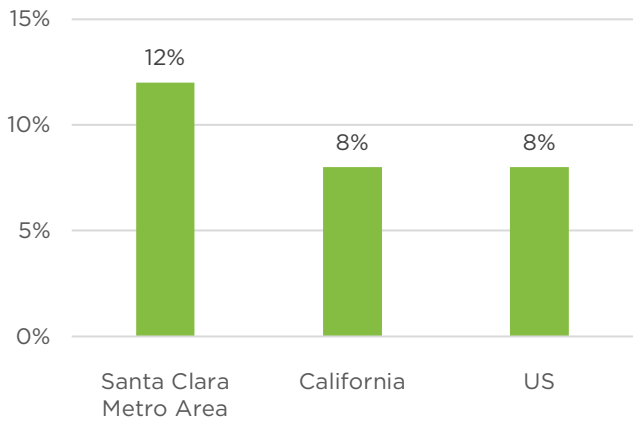


Figure 5.1.6. Senior Food Insecurity in 2017, by City in SCC



As of 2017, 22% of SCC seniors (65+) were eligible for Supplemental Nutrition Assistance Program (SNAP) benefits[67].

About 34% of households with one or more people who are 60 years and over received some type of SNAP/CalFresh/Food Stamp assistance in 2017[68]. CalFresh recently expanded eligibility to older Californians receiving Supplement Security Income (SSI)/State Supplementary Payment (SSP)[69]. Despite the expansion, it is estimated that, statewide, 81% of eligible older adults ages 60 and older are not reached by CalFresh[70].

62 United States Department of Agriculture, Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/

63 Homelessness and Food Security in the Valley.

64 https://californiahealthline.org/news/food-insecurity-senior-hunger-california/

65 The State of Senior Hunger in America Report, 2017 https://www.feedingamerica.org/sites/default/files/2019-06/The%20State%20of%20Senior%20Hunger%20in%202017_F2.pdf

66 The State of Senior Hunger in America Report, 2017 https://www.feedingamerica.org/sites/default/files/2019-06/The%20State%20of%20Senior%20Hunger%20in%202017_F2.pdf

67 2017 American Community Survey, 5-Year Estimates

68 2019 Lost Dollars, Empty Plates; California Food Policy Advocates

69 Aging Matters, California Department of Aging https://sway.office.com/s/baq5wvhHGwmc1atN/embed

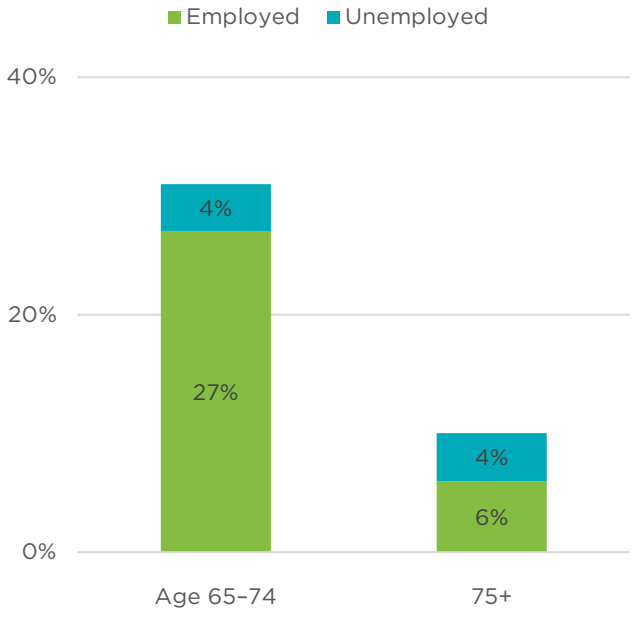
70 2019 Lost Dollars, Empty Plates; California Food Policy Advocates

Employment

Local senior employment rates vary closely match state and national rates. The overall employment rate for seniors between the ages of 65 and 74 in California and nationwide is 25%; likewise, SCC employment of seniors ages 75 and older mimics state and national levels (6% in SCC, 5% in California and 4% nationally; **See Figure 5.1.7**)[71].

The Bureau of Labor Statistics reported that common reasons why individuals age 55 and older stopped searching for work was because they were discouraged by the lack of work available, were not able to find work, lacked education or training, felt employers thought they were too old, or were discouraged by other types of discrimination. This can result in underemployment for seniors. At the national level, underemployment for seniors 65+ is 6%[72].

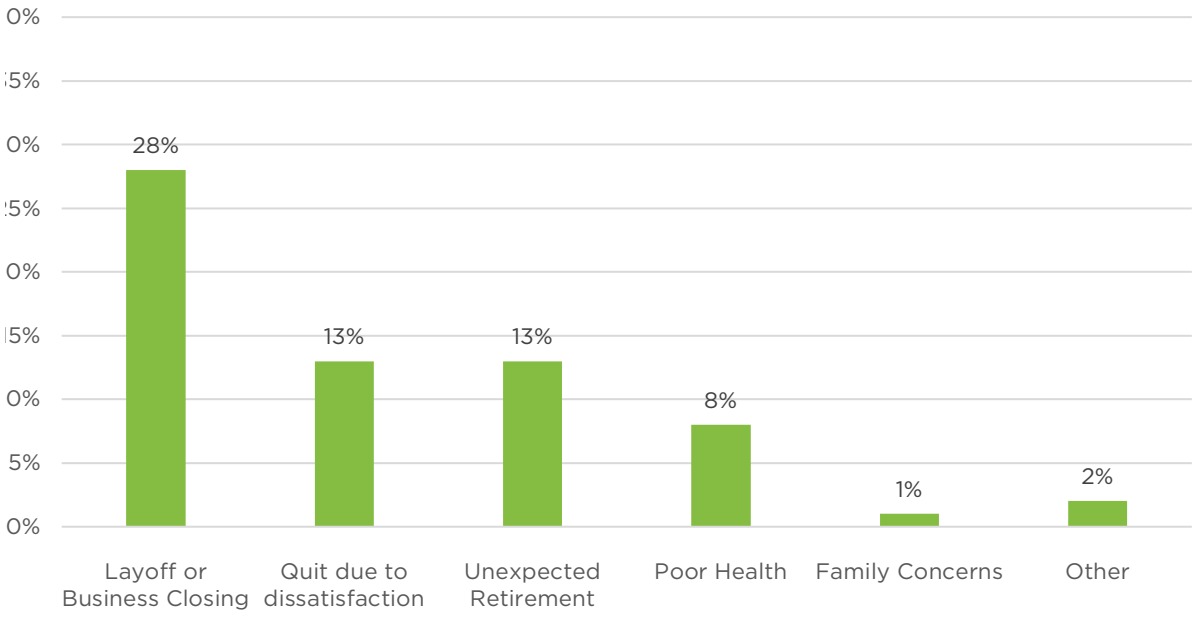
Figure 5.1.7. Employment Among SCC Seniors (65+), 2017



71 2017 American Community Survey, 5-Year Estimates
72 2018 Bureau of Labor Statistics

In addition to underemployment, older adults may face job insecurity in the years preceding retirement[73]. According to a national sample of adults aged 51–54 who were still working, up to two in every three (66%) reported unexpectedly leaving or losing their job (**See Figure 5.1.8**)[74]. Among adults aged 51–54 who worked full time with a long-term employer, 56% experienced an employer-related involuntary job separation such as layoff or business closing, unexpected retirement, or quitting due to job dissatisfaction[75]. Additionally, 9% of workers aged 50 and older left their job earlier than planned due to personal reasons such as poor health (8%) or family concerns (1%)[76]. Between 1998 and 2014, the percentage of retirees who said they were forced or partly forced to retire increased from 33% to 55%[77].

Figure 5.1.8. Percent of US Adults Aged 51–54 Leaving or Losing Job Earlier than Expected



73 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

74 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

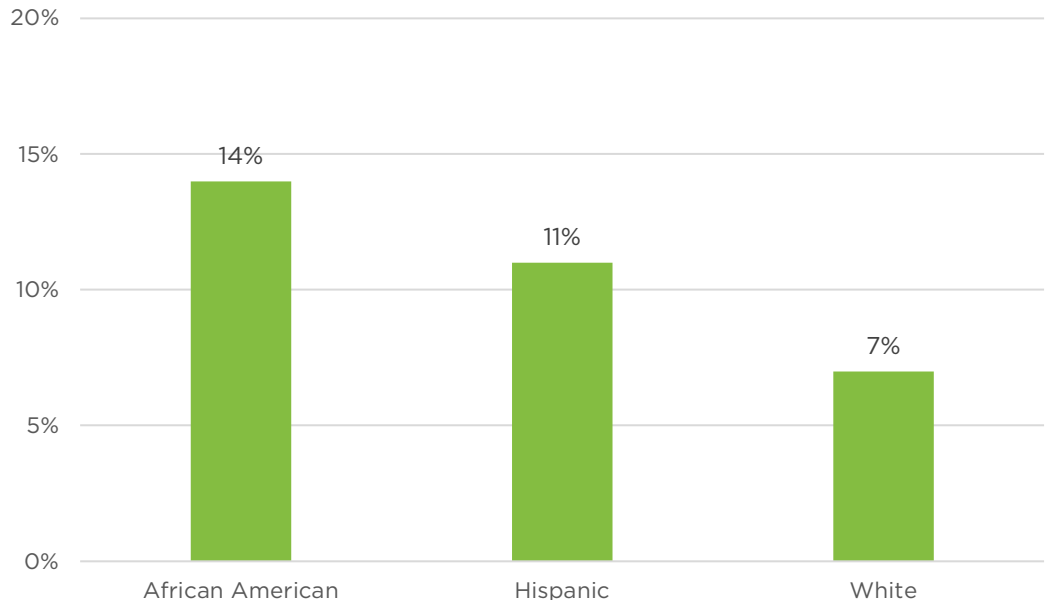
75 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

76 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

77 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

Employer-related involuntary job separations affected all racial and ethnic groups similarly. Of those who left jobs early for personal reasons, African Americans left more frequently due to poor health (14%) than Hispanic adults (11%) or non-Hispanic white adults (7%) (**See Figure 5.1.9**)[78].

Figure 5.1.9. Adults 51–54 Leaving Job before Planned Retirement Age due to Poor Health



Unexpected job separation can have significant financial impact on seniors due to a reduction in savings earned, reduction in Social Security benefits, and an increased duration in which the same amount of money must last[79]. Of those who experienced an involuntary job separation in the nationally representative sample, median household income fell 42% on average and the majority (90%) never earned the same amount of money again[80]. Among seniors aged 65 who left or lost their job earlier than expected, median household income was 14% lower than for those who did not[81].

78 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

79 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

80 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

81 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

African American adults were slightly more affected in median income loss (46%) because they were less likely than other groups to have income outside of job-related income[82]. African Americans were less likely, on average, to have as much money in savings as other racial or ethnic groups[83].

Additionally, while adults aged 40 and older are protected from discrimination by the Age Discrimination in Employment Act, seniors may face ageism when applying for a new job[84]. In one study, fictitious résumés portraying older women applying to help wanted ads are less likely to be contacted than fictitious résumés portraying younger women applying to the same ads. In a nationally representative survey, almost one in four (24%) workers between the ages 58 to 63 reported that younger workers are favored by their employer in promotion decisions[85]. In a national survey conducted by the AARP, 61% of older adults said they had seen or experienced age-related discrimination in the workplace[86].

To help SCC seniors through difficulties they may face in creating and maintaining financial stability before retirement, job training and employment services are offered by a few agencies including the Sourcewise Senior Community Services Employment Program and The Health Trust.

82 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

83 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

84 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

85 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

86 Perron, R. (2018). The Value of Experience: Age Discrimination Against Older Workers Persists. https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2018/value-of-experience-age-discrimination-highlights.doi.10.26419-2Fres.00177.002.pdf

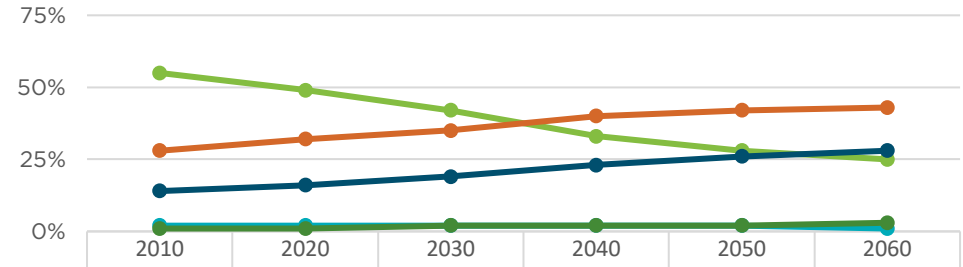
5.1.2 Seniors of Different Races and Ethnicities

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

SCC Older Adult Population Changes

Figure 5.1.10 shows the projected population across different races/ethnicities reported by the California Department of Finance[87].

Figure 5.1.10. Projected Composition of SCC Seniors (60+) by Race/Ethnicity, 2010–2060*

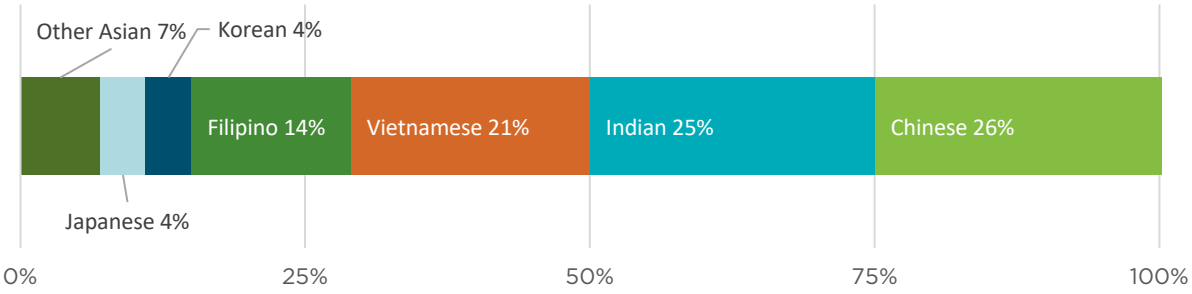


	2010	2020	2030	2040	2050	2060
Caucasian	55%	49%	42%	33%	28%	25%
Asian/Asian American	28%	32%	35%	40%	42%	43%
Hispanic	14%	16%	19%	23%	26%	28%
Black/African American	2%	2%	2%	2%	2%	1%
2+ races	1%	1%	2%	2%	2%	3%

Asian and Asian American Older Adults

As of 2017, approximately 108,729 Asian adults age 60 and older live in SCC, which is nearly one-third (32%) of the older adult population[88]. As **Figure 5.1.11** shows, a large segment of the total Asian county population is Chinese, Indian, and Vietnamese and it can be inferred that this breakdown is similar in the older adult population.

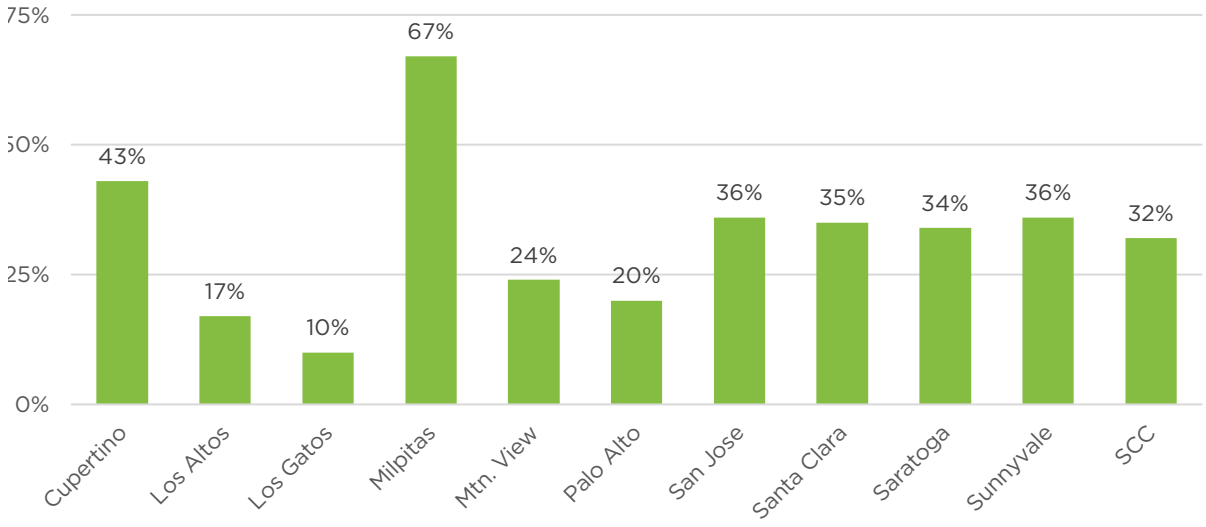
Figure 5.1.11. SCC Asian Population by Nationality, 2017



87 California Department of Finance, Demographic Research Unit, 2014
88 2017 American Community Survey, 5-Year Estimates

Figure 5.1.12 shows the estimated percentage of residents 60 years or older who identify as Asian across each city[89] with over half of the population of the city of Milpitas age 60 and older identifying as Asian. Although Milpitas has the highest percentage of Asian older adults, and with San Jose being the most densely populated city of SCC, this means that approximately 63,000 Asian seniors live in San Jose, which is more than half of the SCC Asian older adult population[90].

Figure 5.1.12. SCC Asian Senior (60+) Population by City, 2017*



*City data was not available for all cities within SCC, therefore data presented is of cities that had data from the 2017 American Community Survey 5-Year Estimates data.

Language barriers to accessing and understanding services is the primary concerns among Asian older adults. The 2017 American Community Survey collects data on multilingual Asian-Pacific Islander adults age 65 and older ability to speak English (**See Figure 5.1.13**)[91].

Figure 5.1.13. Asian-Pacific Islander SCC Seniors (65+) Ability to Speak English, 2017

89 2017 American Community Survey, 5-Year Estimates
90 2017 American Community Survey, 5-Year Estimates
91 2017 American Community Survey, 5-Year Estimates

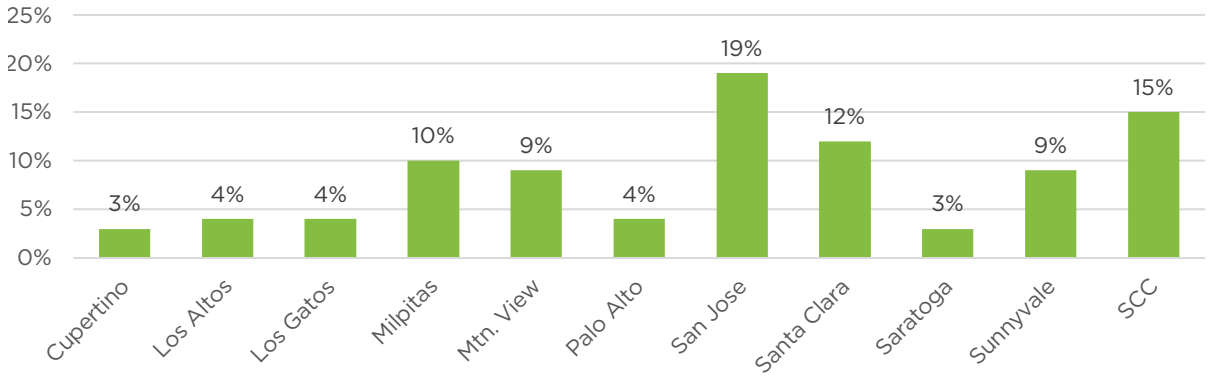
Asian older adults struggle to afford basic needs such as housing, medical needs, and transportation. Of SCC Asian older adults age 65 and older, 13% are below the federal poverty level and the Elder Index threshold and an additional 20% of SCC Asian older adults are above 1.00x the FPL, but still below the Elder Index threshold[92].

In addition to financial challenges, according to the 2016 Age-Friendly Survey conducted by the California Department of Public Health and the Social Services Agency of Santa Clara County, a greater percentage of Asian/Pacific Islander (56%) seniors have considered moving out of their city due to the need for better health care facilities compared to other race/ethnicity groups and the County overall (28%)[93]. However, the 2016 Age-Friendly Survey also found that seniors in the Asian/Pacific Islander community are slightly more likely to report that it is extremely or very important for them to remain in their city as they age, compared to other older adult racial groups[94].

Hispanic/Latino Seniors

As of 2017, the American Community Survey estimates there are 49,114 Hispanic seniors aged 60 and older living in SCC[95]. The Hispanic/Latino older adult population in SCC will increase heavily in the next few decades. Most Hispanic/Latino seniors age 60 and over reside in San Jose; this is more than 33,000 of the 175,013 estimated senior population (60+) in the San Jose city limits. No other city has more than 3,000 Hispanic/Latino senior residents (**See Figure 5.1.14**)[96].

Figure 5.1.14. SCC Hispanic Senior (60+) Population by City, 2017*



*City data was not available for all cities within SCC, therefore data presented is of cities that had data from the 2017 American Community Survey 5-Year Estimates data.

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

93 2016 Age-Friendly Survey Findings presented on October 4, 2017 by Roshni Shah from the Santa Clara County Social Services Agency, Office of Research and Evaluation.

94 2016 Age-Friendly Survey Findings presented on October 4, 2017 by Roshni Shah from the Santa Clara County Social Services Agency, Office of Research and Evaluation.

95 2017 American Community Survey, 5-Year Estimates

96 2017 American Community Survey, 5-Year Estimates

Of the Hispanic individuals age 65 and older residing in the county, 34% indicate not speaking English well or not speaking English at all (**See Figure 5.1.15**)[97].

Figure 5.1.15. Spanish-Speaking SCC Seniors (65+) Ability to Speak English, 2017

Nearly a quarter (22%) of SCC Hispanic/Latino older adults age 65 and older are at or below the FPL. Even more concerning is the 9% of SCC Hispanic/Latino older adults who struggle to meet their daily basic needs when factoring in cost of medical care, transportation, and housing as defined by the Elder Index[98]. Approximately one-third (31%) of Hispanic/Latino adults age 65 and older in SCC lack the necessary financial security to live adequately.

In addition to financial challenges, the 2016 Age-Friendly Survey findings report that a greater percentage of Latino (55%) seniors have considered moving out of their city due to the need for better health care facilities compared to seniors among other race/ethnicity groups and the County overall (28%)[99]. However, the 2016 Age-Friendly Survey also found that Hispanic/Latino seniors are slightly more likely to report that it is extremely or very important for them to remain in their city as they age, compared to other older adult racial groups[100].

97 2017 American Community Survey, 5-Year Estimates

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

99 2016 Age-Friendly Survey Findings presented on October 4, 2017 by Roshni Shah from the Santa Clara County Social Services Agency, Office of Research and Evaluation.

100 2016 Age-Friendly Survey Findings presented on October 4, 2017 by Roshni Shah from the Santa Clara County Social Services Agency, Office of Research and Evaluation.

Black or African American Seniors

As of 2017, the American Community Survey estimates there are 7,452 Black/African American seniors aged 60 and older living in SCC[101]. While individuals who identify as Black or African American make up a much smaller proportion of the SCC senior population (2%), the African American community has been shown, on average, to face more barriers to services and experience inequities in both medical and healthcare than any other racial or ethnic group[102]. This results in poorer health outcomes than in other cohorts of the county population; research shows that the Black/African American community has higher rates of those diagnosed with high blood pressure, diabetes, cancer, or HIV than any other racial or ethnic groups in the county[103]. This contributes to a lower life expectancy among the Black/African American Community than any other racial/ethnic group and the county as a whole[104]. In addition to health inequality, African American seniors are also disproportionately affected by the high cost of living in SCC; more African American older adults than older adults of other races/ethnicities have considered moving out of their city due to the cost of maintaining their current residence[105].

Native American Seniors

San Jose and its surrounding cities are considered an Urban Indian Health (UIH) service area,[106] and as of 2017, nearly 8,500 American Indians/Alaskan Natives were living in the metropolitan area and outside of tribal lands[107]. Furthermore, approximately 10% of the American Indian/Alaskan Native population are age 65 or older within the UIH service area[108].

Compared to the general population, American Indians/Alaskan Natives face a number of health disparities within their community that reduce quality of life, affect health, and impact life expectancies[109, 110, 111, 112]. Urban Indians are disproportionately affected by disease, both chronic and infectious, and unintended injury, which contribute to high co-morbidity and mortality rates[113].

101 2017 American Community Survey, 5-Year Estimates
102 Status of African/African Ancestry Health: Santa Clara County 2014
103 Status of African/African Ancestry Health: Santa Clara County 2014
104 Status of African/African Ancestry Health: Santa Clara County 2014
105 2016 Age Friendly Survey Findings Presentation
106 https://www.uihi.org/projects/urban-diabetes-care-and-outcomes-audit/
107 2017 American Community Survey, 5-Year Estimates
108 2017 American Community Survey, 5-Year Estimates
109 https://www.uihi.org/urban-indian-health/data-dashboard/
110 https://www.americanindiancancer.org/aicaf-project/reports/
111 https://www.cdc.gov/tobacco/disparities/american-indians/index.htm
112 The Story of American Indian [web page]. (Last updated October 17, 2017). Retrieved from https://tobaccofreeca.com/story-of-inequity/american-indian/
113 https://www.uihi.org/urban-indian-health/data-dashboard/

The Centers for Disease Control and Prevention (CDC) cite that cardiovascular disease is the foremost cause of death among American Indians/Alaskan Natives[114]. Both the CDC and the American Indian Cancer Foundation report that Native Americans with cancer diagnoses most commonly die as a result of lung cancer[115, 116]. Nicotine addiction from the use of tobacco products increases the likelihood of cancer diagnoses, and is the principal cause of cancer among American Indians/Alaskan Natives[117]. Furthermore, American Indians/Alaskan Natives are also more likely to use tobacco than the general population within California (21% compared to 15%); many Native Americans use tobacco for ceremonial or religious reasons; however, big tobacco companies target advertising of commercial tobacco use to Native Americans by promoting powwows and other ceremonial events[118]. Reducing high rates of cigarette/tobacco use must be addressed with careful consideration for the sacred traditional use of tobacco in these communities[119].

Tobacco use among Native Americans also increases the risk of other diseases and potential causes of death[120]. In fact, the prevalence of type 2 diabetes is more common among American Indians/Alaskan Natives than among any other racial or ethnic population[121] and the risk of developing diabetes is 30–40% higher for smokers than non-smokers[122].

The Urban Indian Health Institute reports that the number of American Indian/Alaskan Native seniors 55 years and older with diabetes has increase between 2014 and 2018[123]. Diabetes has been found to increase the rates of depression among American Indians/Alaskan Natives up to three times the rate among non-Hispanic whites, and depression can worsen health outcomes and decrease self-care[124]. Related health issues, such as heart disease and kidney failure, are more common among diabetic American Indians/Alaskan Natives than the general population[125].

Several systemic issues contribute to health disparities among the American Indian/Alaskan Native community, including: genocide, dissolution of tribal community structures, bans on cultural practices and languages, displacement from homelands, racism, lack of education, poverty, and limited economic opportunity[126]. In addition to health disparities, American Indians face higher levels of unemployment and poverty within the San Jose area; 7% of American Indians are living in poverty[127].

114 https://www.cdc.gov/tobacco/disparities/american-indians/index.htm
115 https://www.americanindiancancer.org/aicaf-project/reports/ Biennial Report 2016-2017
116 https://www.cdc.gov/tobacco/disparities/american-indians/index.htm
117 https://www.americanindiancancer.org/aicaf-project/reports/
118 The Story of American Indian [web page]. (Last updated October 17, 2017). Retrieved from https://tobaccofreeca.com/story-of-inequity/american-indian/
119 https://www.americanindiancancer.org/aicaf-project/reports/
120 https://www.cdc.gov/tobacco/disparities/american-indians/index.htm
121 https://www.uihi.org/projects/urban-diabetes-care-and-outcomes-audit/
122 https://www.cdc.gov/tobacco/disparities/american-indians/index.htm
123 https://www.uihi.org/urban-indian-health/data-dashboard/
124 https://www.uihi.org/projects/urban-diabetes-care-and-outcomes-audit/
125 https://www.uihi.org/projects/urban-diabetes-care-and-outcomes-audit/
126 https://www.uihi.org/urban-indian-health/data-dashboard/
127 2018 American Community Survey, 5-Year Estimates

Foreign-born Seniors

SCC has a large proportion of seniors age 65 and older who are foreign-born (**See Figure 5.1.16**). This equates to approximately 104,578 county residents age 65 and older who were born outside of the United States[128].

Additional data shows that a higher percentage of foreign-born SCC seniors age 65 and older are born in regions of Europe compared to the total foreign-born county population (**See Figure 5.1.17**)[129].

Figure 5.1.16. Percentage of Foreign-born Seniors (65+) at County, State, and National Levels, 2017

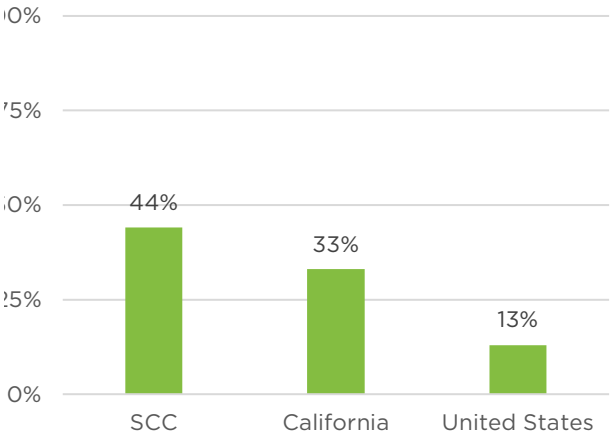
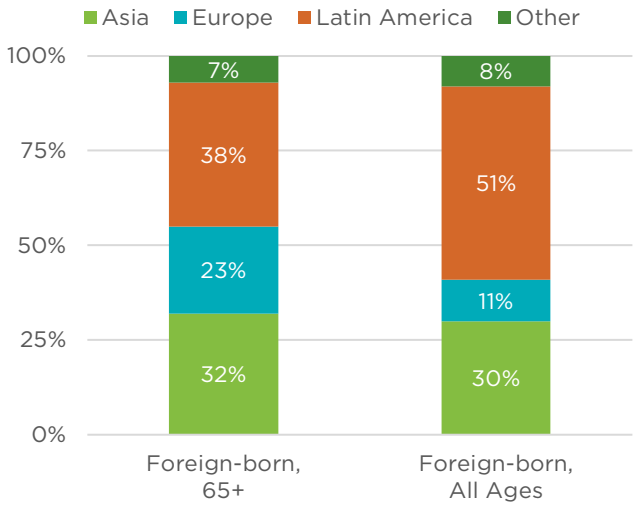


Figure 5.1.17. Foreign-born SCC Residents Regions of Birth by Age, 2017



Foreign-born residents often struggle with the same issues as other racial and ethnic older adult groups such as language barriers; for instance, in 2019, an estimated 18,060 older adults (60+) in SCC were Non-English speakers[130].

128 2017 American Community Survey, 5-Year Estimates

129 2017 American Community Survey, 5-Year Estimates

130 2019 CDA Population Projections by County and PSA, California Department of Aging. Retrieved from: https://www.aging.ca.gov/download.ashx?lE0rcNUV0za6g%2fiYXuBV%2bA%3d%3d

5.1.3 Vulnerable Older Adult Populations

Detailed below are six sub-populations within the older adult community who are identified as vulnerable to experiencing added barriers to resources and services.

LGBTQ+ Older Adults

In 2017, roughly 62,000 children and adults age 15–70 or approximately 4% of the SCC population identified as lesbian, gay, or bisexual[131]. In the entire Bay Area, the estimated number of Lesbian, Gay, Bisexual, Transgender, and Queer Expansive (LGBTQ+) older adults age 55 and older was over 60,000. The population of LGBTQ+ older adults in the Bay area is expected to increase by 40% in the next 10 years[132] and the number of LGBTQ+ older adults at the national level is expected to double by 2030[133].

Movement Advancement Project and SAGE published a report in May 2017 that focused on understanding issues facing LGBTQ+ older adults. Within this report, findings show that LGBTQ+ older adults experience higher disparities compared to non-LGBTQ+ elders in key areas related to successful aging, including: good health, competent healthcare, economic stability, and social and family support[134]. According to the National Gay and Lesbian Task Force (2013), LGBTQ+ older adults are a vulnerable population because they are more likely to experience complications affecting their access to healthcare and affordable housing and are less likely than heterosexual seniors to have a support network or children who can help care for them. LGBTQ+ older adults are also less likely to have the financial resources necessary for self-sufficiency in retirement and are more likely to report experiencing or fearing discrimination in employment, medical care, and nursing home facilities[135,136]. Additionally, LGBTQ+ older adults have a very high rates of elder abuse, including both physical and financial[137]. In fact, more than 55% of lesbian, gay, or bisexual adults and 70% of transgender individuals

131 ASK CHIS 2017 California Health Interview Survey

132 Robert Espinoza, "Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75" (New York, NY: SAGE, 2014)

133 2013 "No Golden Years at the End of the Rainbow" Report, from The National Gay and Lesbian Task Force

134 Movement Advancement Project and SAGE. May 2017. "Understanding Issues Facing LGBT Older Adults." http://www.lgbtmap.org/policy-and-issue-analysis/understanding-issues-facing-lgbt-older-adults

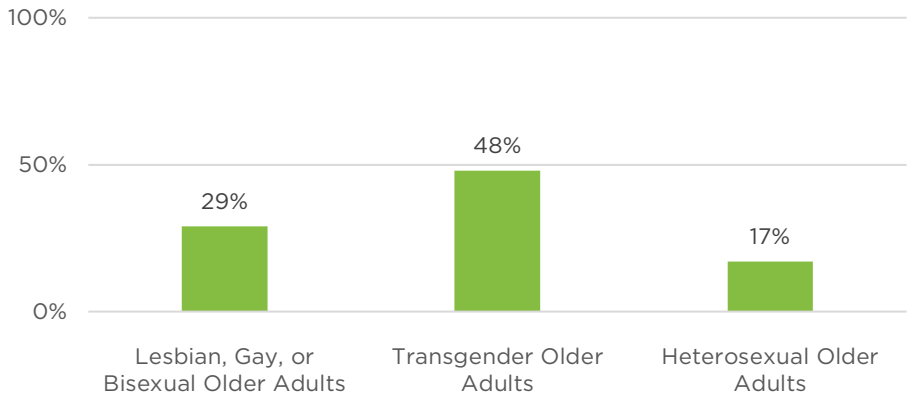
135 Robert Espinoza, "Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75" (New York, NY: SAGE, 2014)

136 2013 "No Golden Years at the End of the Rainbow Report, from The National Gay and Lesbian Task Force

137 Lori L. Jervis et al., "Elder Mistreatment in Underserved Populations: Opportunities and Challenges to Developing a Contemporary Program of Research," Journal of Elder Abuse & Neglect 28, no. 4 -5 (2016): 301 -19, doi:10.1080/0894656 6.2016.1245644.

have reported mistreatment in a medical setting, and nearly one in ten (8%) lesbian, gay, or bisexual older adults and 19% of transgender individuals have been refused service[138]. The fear or experience of medical discrimination is serious, leading to almost half of transgender older adults and almost one in three lesbian, gay, or bisexual older adults avoiding health care due to lack of cultural competency by medical providers (**See Figure 5.1.18**)[139].

Figure 5.1.18. Older Adults who Avoided Health Care due to Lack of Cultural Competency, 2014



An additional challenge facing many LGBTQ+ older adults includes they do not have children, grandchildren, or other family members who can care for them as they age. In 2013, 15% of LGBTQ+ older adults in the Bay Area said they had children, yet 60% reported that their children would not be available to assist them[140]. While LGBTQ+ older adults may have networks of friends who can provide informal care, friends near the same age are often less physically able to provide the same level of care as family members, and do not have the same legal rights, such as taking time off work to care for an elderly family member[141]. The lack of social networks and lack of immediate family systems can render older LGBTQ+ adults particularly vulnerable to social isolation and its consequences including physical, emotional and mental health decline compared with their heterosexual counterparts[142].

138 2013 "No Golden Years at the End of the Rainbow Report, from The National Gay and Lesbian Task Force

139 2013 "No Golden Years at the End of the Rainbow" Report, from The National Gay and Lesbian Task Force

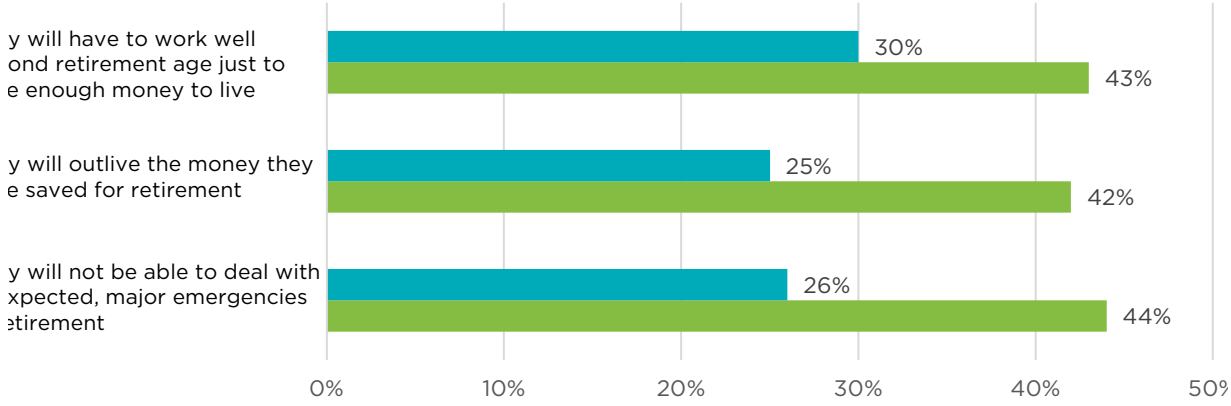
140 Karen Fredriksen-Goldsen, Hyun Kim, Charles P. Hoy-Ellis, Jayn Golden, Diana Jensen, Marcy Adelman, L. Michael Costa, Brian de Vries: Addressing the Needs of LGBT Older Adults in San Francisco: Recommendations for the Future (2013)

141 Movement Advancement Project and SAGE. May 2017. "Understanding Issues Facing LGBT Older Adults." http://www.lgbtmap.org/policy-and-issue-analysis/understanding-issues-facing-lgbt-older-adults

142 Jie Yang, Yoosun Chu, Mary Anne Salmon, Predicting Perceived Isolation Among Midlife and Older LGBT Adults: The Role of Welcoming Aging Service Providers, The Gerontologist, Volume 58, Issue 5, October 2018, Pages 904–912, https://doi.org/10.1093/geront/gnx092

Figure 5.1.19 shows the percentage of LGBTQ+ older adults compared to non-LGBTQ+ older adults who express high levels of concern regarding their financial health in retirement[143].

Figure 5.1.19. Comparison of Older Adults Very or Extremely Concerned About Financial Wellness in Retirement, 2014



Further compounding to this issue is employment discrimination. In 2013, more than two in three (68%) LGBTQ+ older adults reported experiencing employment discrimination[144]. According to a 2014 study, 27% of lesbian, gay, and bisexual older adults and 33% of transgender older adults fear that job or volunteer opportunities would not be available if others were aware of their sexual orientation[145].

In addition to employment discrimination, many LGBTQ+ older adults face discrimination in housing[146,147]. One in four (25%) transgender older adults reported having experienced housing discrimination[148], and almost half (48%) of older adult same-sex couples report having experienced profound discrimination when inquiring about housing in senior living facilities[149].

LGBTQ+ older adults in need of continuing care facilities, such as independent living or skilled nursing facilities may face additional challenges. Nationwide, most (80%) continuing care facilities are non-profit, and a large portion (85%) of non-profit continuing care retirement facilities are affiliated with religious agencies which can increase the likelihood of discrimination towards individuals among the LGBTQ+ community[150]. Additionally, most affordable housing

143 Robert Espinoza, "Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75" (New York, NY: SAGE, 2014)

144 2013 "No Golden Years at the End of the Rainbow" Report, from The National Gay and Lesbian Task Force

145 Robert Espinoza, "Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75" (New York, NY: SAGE, 2014)

146 "AGING WHILE TRANSGENDER: Unique Issues" Report (2018). SAGE https://www.sageusa.org/wp-content/uploads/2018/10/aging-while-transgender-unique-issues.pdf

147 https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-dignity-denied-religious-exemptions-discrimination-for-lgbt-elders.pdf

148 "AGING WHILE TRANSGENDER: Unique Issues" Report (2018). SAGE https://www.sageusa.org/wp-content/uploads/2018/10/aging-while-transgender-unique-issues.pdf

149 https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-national-lgbt-elder-housing-strategy-brief.pdf

150 https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-dignity-denied-religious-exemptions-discrimination-for-lgbt-elders.pdf

units serving low-income seniors are religiously affiliated[151]. In many states, religious institutions are advocating to pass religious exemption laws, which could allow further discrimination against LGBTQ+ older adults[152].

Many seniors fear entering a care facility due to the potential for abuse when receiving physical care[153]. In a recent study of LGBTQ+ older adults who had been in a long-term care facility or had a loved one in long-term care, over half (53%) reported experiencing mistreatment[154].

Taking the above facts into consideration, housing options for LGBTQ+ seniors can be severely limited[155].

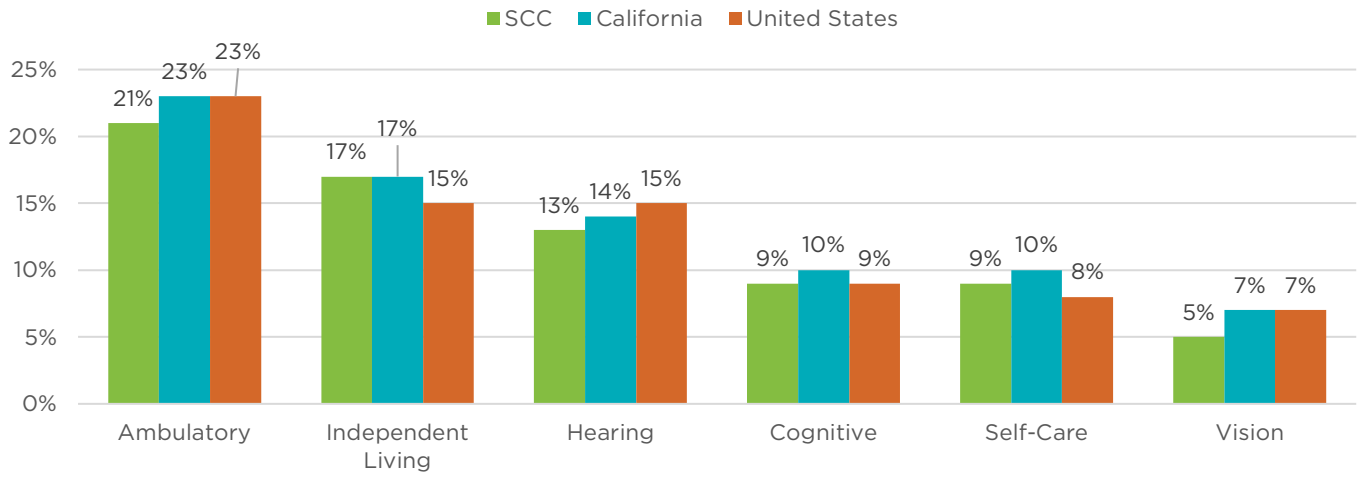
Seniors with Disability

Individuals with a disability can often experience threats to health and wellbeing overlooked by the general public, such as difficulties finding appropriate home accommodations or adequate healthcare. Of the 150,000 people in SCC with one or more disabilities, over 76,000 are 65 years or older (69%)[156]. As of 2017, nearly one in three (32%) older adults (65+) in SCC reported having one or more disabilities, falling slightly below the rates of older adults with disability at state (36%) and national levels (35%)[157]. According to the Age-Friendly Survey conducted in 2016, almost 30% of older adults in SCC report they and/or their spouse have a disability or health issue that limits their ability to work and perform other activities[158].

151 https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-dignity-denied-religious-exemptions-discrimination-for-lgbt-elders.pdf
152 https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-dignity-denied-religious-exemptions-discrimination-for-lgbt-elders.pdf
153 https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-sage-guide-challenges-facing-transgender-elders.pdf
154 https://www.lgbtagingcenter.org/resources/pdfs/NSCLC_LGBT_report.pdf
155 https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-dignity-denied-religious-exemptions-discrimination-for-lgbt-elders.pdf
156 2017 American Community Survey, 5-Year Estimates
157 2017 American Community Survey, 5-Year Estimates
158 2016 Age Friendly Survey Findings Conducted by Department of Public Health & Social Services Agency (Oct. 4, 2017)

The type of disabilities reported by seniors (65+) are shown in **Figure 5.1.20** and are consistent across county, state, and national levels.

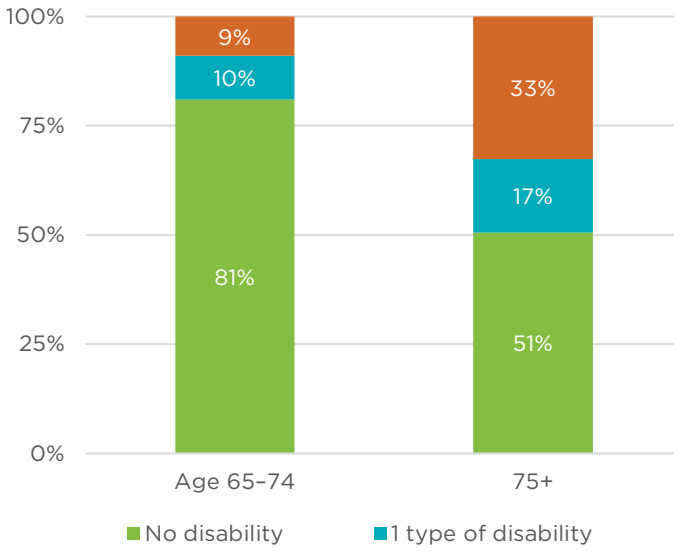
Figure 5.1.20. Older Adult (65+) Type of Reported Disability Across County, State, and National Levels, 2017*



The number of disabilities individuals report experiencing increase as they age, with older adults age 75 and older more frequently reporting having more than one disability (**See Figure 5.1.21**)[159].

Data shows that older adults with one or more disability are at higher risk of being in poverty than other older adults. There are over 9,000 older adults (65+) with disability that are below the FPL, which is approximately 11% of the population of older adults with disability. Compared to just 7% of the non-disabled senior population who are below the FPL, the higher percentage of older adults with disability suggests they are more likely to encounter poverty than their non-disabled counterparts[160].

Figure 5.1.21. SCC Seniors (65+) with Multiple Disability Types by Age, 2017



159 2017 American Community Survey, 5-Year Estimates
160 2017 American Community Survey, 5-Year Estimates

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

A number of different data sources show a high number of facilities[161] and available beds[162] for long-term care residents throughout California; however, in 2015, the California Association of Health Facilities reported that occupancy rates in California for Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF) was at 87% capacity[163]. With a large percentage of state and national long-term care residential population being age 65 and older and the alarmingly high occupancy level within the state, the needs of elderly long-term care resident within the county should remain a priority.

With a large percentage of state and national long-term care residential population being age 65 and older and the alarmingly high occupancy level within the state, the needs of elderly long-term care residents within the county should remain a priority.

Specifically, within SCC, 328 beds are available within SNF's, assisted living/board & care facilities, and Residential Care Facilities for the Elderly (RCFE)[164]. More than half (56%) of the beds available are located within San Jose, the most populated city in the county[165]. Beds located within the cities of Sunnyvale, Santa Clara, Campbell, Palo Alto, and Morgan Hill make up an additional 26% of the beds available within the county[166]. Over eight in ten beds (82%) are provided to residents at RCFE while 15% of beds are provided through SNF[167].

According to a recent IHSS Annual Report published by the Social Services Agency, 23,592 SCC residents received IHSS in fiscal year (FY) 2017[168]. In the same time period, an average of approximately 100 hours per consumer were authorized by the county[169]. Recipients were primarily located within San Jose (68%), while the cities of Cupertino, Morgan Hill, Saratoga, and Los Gatos served 2% or less of IHSS recipients.

161 Long-Term Care Providers Facts and Statistics, reported by California Association of Health Facilities

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

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

164 Data from the Long Term Care Ombudsman Program, Catholic Charities of Santa Clara County, provided to Sourcewise by data request February 2020.

165 Data from the Long Term Care Ombudsman Program, Catholic Charities of Santa Clara County, provided to Sourcewise by data request February 2020.

166 Data from the Long Term Care Ombudsman Program, Catholic Charities of Santa Clara County, provided to Sourcewise by data request February 2020.

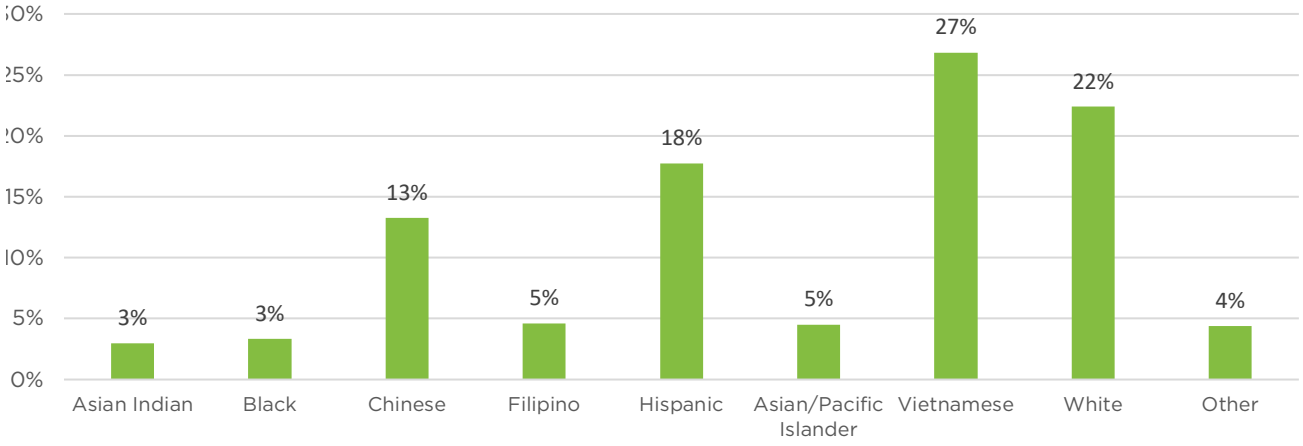
167 Data from the Long Term Care Ombudsman Program, Catholic Charities of Santa Clara County, provided to Sourcewise by data request February 2020.

168 2017 Social Services Agency in-home supportive services (IHSS) annual report FY 2017

169 2019 CA Dept of Social Services In-Home Supportive Services Consumer Characteristics Report: FY 2012-2018

Figure 5.1.22 shows the percentage of individuals receiving IHSS across each racial/ethnic background within SCC[170].

Figure 5.1.22. IHSS Recipient Ethnicities within SCC, FY2017



Most (88%) of older adults in SCC said that having well-trained certified home health care providers in their city is extremely or very important[171]. For those who are eligible, IHSS is offered within the county.

In addition to IHSS, the Santa Clara County IHSS Public Authority by Sourcewise offers services that assist IHSS recipients with greater access to providers, such as the creation of a provider registry (computerized database) and other relevant initiatives, such as training for consumers and providers of IHSS[172].

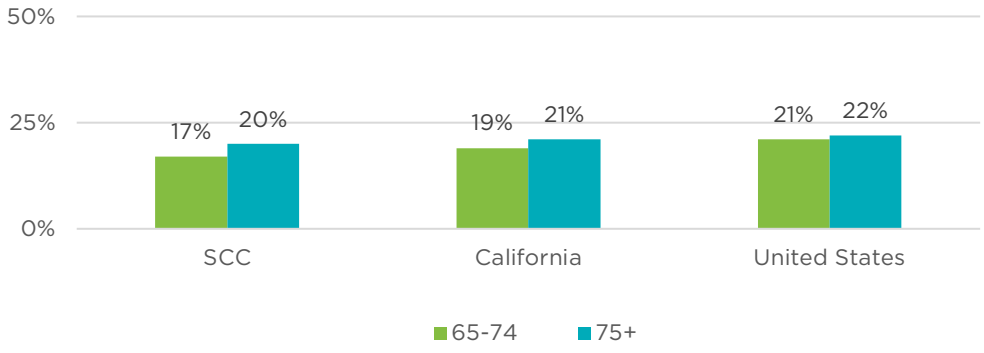
In FY 2017, SCC participated in a pilot called Coordinated Care Initiative (CCI), which allowed persons eligible for both Medicare and Medi-Cal (termed Dual Eligible beneficiaries) to receive medical and behavioral health care, long term services and supports, and home and community-based services coordinated through a single health plan[173].

170 2017 Social Services Agency in-home supportive services (IHSS) annual report FY 2017
171 2016 Age Friendly Survey Findings Presentation
172 2017 Social Services Agency in-home supportive services (IHSS) annual report FY 2017
173 2017 Social Services Agency in-home supportive services (IHSS) annual report FY 2017

Socially and Geographically Isolated County Residents

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 of these life circumstances may face loneliness and other hardships that have an impact on their health and longevity[174]. In 2020, the California Department of Aging estimates that 58,075 (14%) adults age 60 and older are living alone in SCC[175]. Findings from the 2017 American Community Survey shows that a greater percentage of older adults who are age 75 and older are living alone compared to older adults between the ages of 65 and 74 years old; this is also consistent across county, state, and national rates (**See Figure 5.1.23**)[176].

Figure 5.1.23. Seniors Living Alone by Age Group at County, State, and National Levels, 2017



174 https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
175 2017 American Community Survey, 5-Year Estimates
176 2020 CDA Population Projects by County and PSA, California Department of Aging

Additionally, there are seniors who are geographically isolated, making it difficult for them to receive older adult services offered within the county. Beyond difficulty receiving services or being prepared for an emergency, social isolation can have an impact on mental health and wellness. In 2020, the California Department of Aging estimates that close to 4,500 of adults age 60 and older are living in geographically isolated areas[177].

SCC consists primarily of urban areas, with an estimated 92–99% of the population located in urban areas[178,179]. However, more than 17,000 seniors call the geographically isolated area of South County their home[180,181,182]. The 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 like metro and bus stations that are nearby and/or Santa Clara Valley Transportation Authority's (VTA) paratransit services that are affordable.

VTA ACCESS Paratransit is a service offered to individuals with physical, visual, or cognitive disability who are not able to use the bus and light rail transit service conventionally offered. It operates within the same service area and along the same hours of day and days of the week as traditional light rail routes; however, individuals may book trips that take them to VTA stops through accessible vehicles that can be sent to locations that are within a 3/4-mile area around VTA bus routes and light rail stations, although still within the ADA paratransit service area.[183] The VTA does provide some additional services for those located in less urbanized areas, including communities like Morgan Hill, Gilroy, and unincorporated areas; for example, the VTA provides rides outside of the service area throughout SCC which allows customers to travel up to one mile beyond the 3/4-mile paratransit service area for a $16 fare[184]. Based on the fare, eligible individuals may find it challenging to produce sufficient fare for multiple trips to and from appointments or social events.

Since an individual's ability to drive tends to decline with age, seniors are disproportionately burdened by transportation barriers[185]. Seniors must rely on alternative means of transportation to get around their communities. Limited services for transportation currently exist in the southern cities of SCC, including the Sourcewise Transit Service. The need for reliable and affordable transportation for older adults to access services in their community and direct transportation to health care sites is necessary for socially and geographically isolated older adults. Feedback provided to Sourcewise through public hearings and testimonials include comments on having to choose between going to a doctor's appointment or the senior center due to the inability to afford gas and struggle to find transportation that meets the needs of seniors with physical health challenges[186].

177 2020 CDA Population Projects by County and PSA, California Department of Aging

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

179 https://www.sccgov.org/sites/scc/Pages/About-the-County.aspx

180 http://worldpopulationreview.com/us-cities/gilroy-ca-population

181 https://www.morgan-hill.ca.gov/DocumentCenter/View/2207/Demographic-Snapshot-PDF?bidId=

182 https://suburbanstats.org/population/california/how-many-people-live-in-san-martin

183 Review of Valley Transportation Authority websites. Retrieved from the VTA ACCESS Paratransit Riders Guide at http://vtaorgcontent.s3-us-west-1.amazonaws.com/Site_Content/paratransit_riders_guide.pdf and https://www.vta.org/go/paratransit on December 19, 2019.

184 Review of Valley Transportation Authority ACCESS Paratransit Riders Guide. Retrieved from http://vtaorgcontent.s3-us-west-1.amazonaws.com/Site_Content/paratransit_riders_guide.pdf

185 Data Request by Sourcewise from South County Services Director (interview questions)

186 Data Request (client testimonials) by Sourcewise from South County Services Director

Veteran Seniors

Veteran seniors account for nearly 13% of the county senior population age 65 and older, which is lower than the proportion of veterans among older adult populations at the state and national levels (16% and 19% respectively)[187]. Among veteran seniors, a large segment is older than 75 years old, accounting for just over half (54%) of the county veteran population age 65 and older[188].

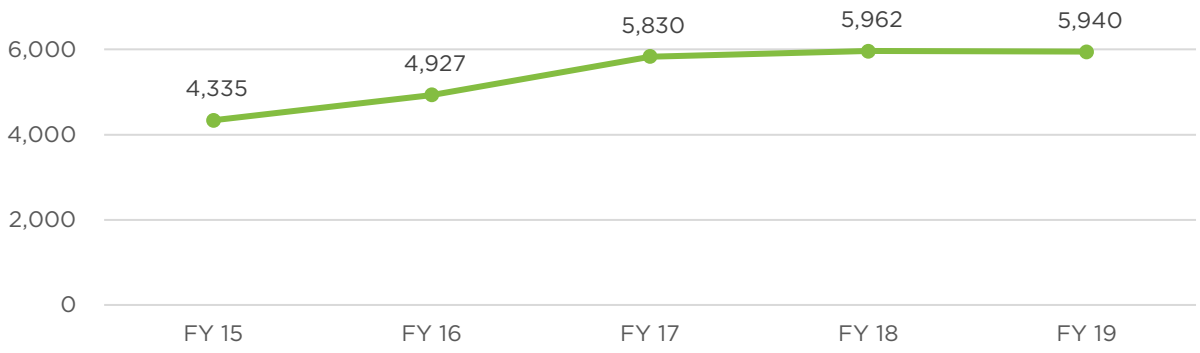
A majority (96%) of the veteran older adult population in SCC have income levels above the federal poverty level[189]; however, given the high cost of living in SCC, many veteran seniors with fixed incomes may be at a higher risk of poverty.

With nearly 12,000 senior veterans (65+), or 40% of the senior veteran population, reporting having one or more disability, senior veterans are an important population to consider when planning where to devote resources[190].

Seniors Experiencing Abuse

Seniors experiencing abuse may be less inclined to utilize resources in SCC and can have increased health risks as a result of abuse. The County of Santa Clara Adult Protective Services (APS) serves individuals age 65 and older as well as dependent adults (age 18 to 64 who cannot protect or advocate for themselves due to a disability). In the last five fiscal years, the number of abuse reports recorded by APS for those above age 65 has steadily increased (**See Figure 5.1.24**).

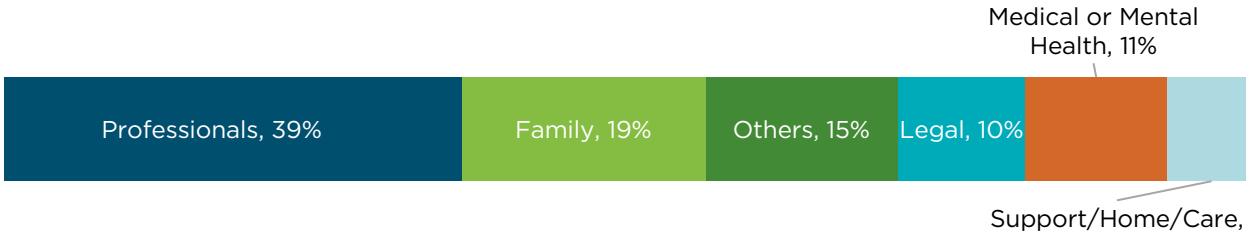
Figure 5.1.24. Adult Protective Services Number of Abuse Reports in SCC, FY 2015–2019



187 2017 American Community Survey, 5-Year Estimates
188 2017 American Community Survey, 5-Year Estimates
189 2017 American Community Survey, 5-Year Estimates
190 2017 American Community Survey, 5-Year Estimates

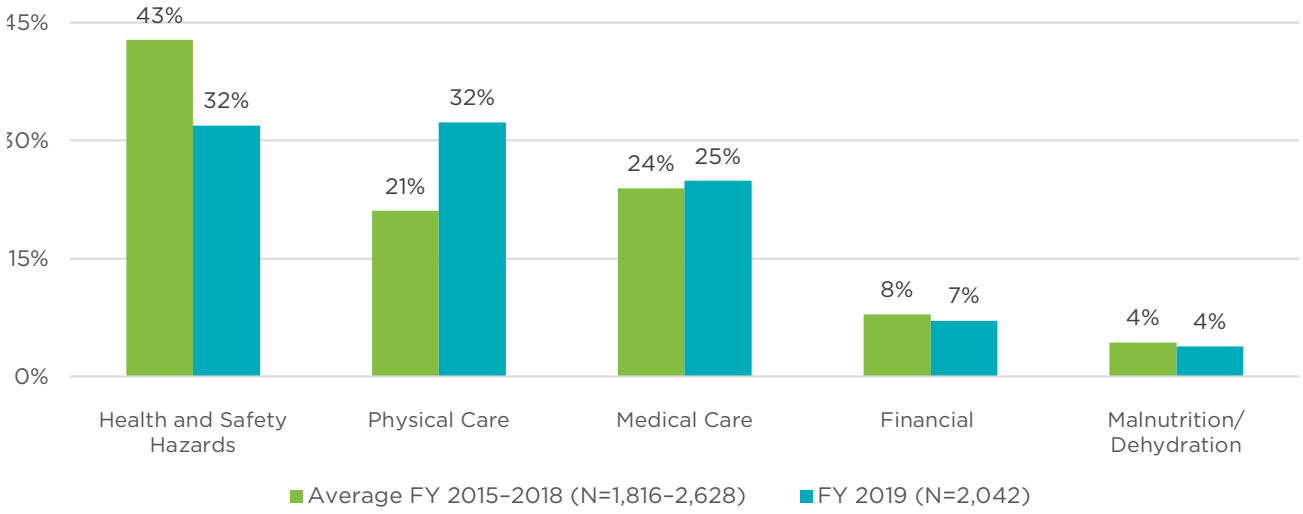
Professionals working with the elder population and family members are the most common individuals to report elder abuse (**See Figure 5.1.25**)[191].

Figure 5.1.25. Average Sources of Elder Abuse Reports in SCC, FY 2014–2019



The most frequent type of elder abuse reported is self-neglect, making up an average of 42% of elder abuse reports in the past five fiscal years[192]. Of the self-neglect elder abuse cases, the most commonly observed category over the last five years was health and safety hazards (41% of self-neglect abuse types on average)[193]. Health and safety hazard cases have recently fallen, while the number of physical care neglect has increased[194]. **Figure 5.1.26** shows breakdowns of self-neglect elder abuse types from FY 2015 through FY 2019, and **Table 5.1.2** shows the 5-year breakdown for each category of self-neglect[195].

Figure 5.1.26. Types of Self-Neglect Abuse Cases in SCC, Average Rates across FY 2015–2018 Compared to FY 2019



191 Adult Protective Services: Abuse Reports Received by Reporting Services

192 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

193 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

194 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

195 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

Table 5.1.2. Percentage of Self-Neglect Abuse Cases by Type in SCC, FY 2015–FY 2019

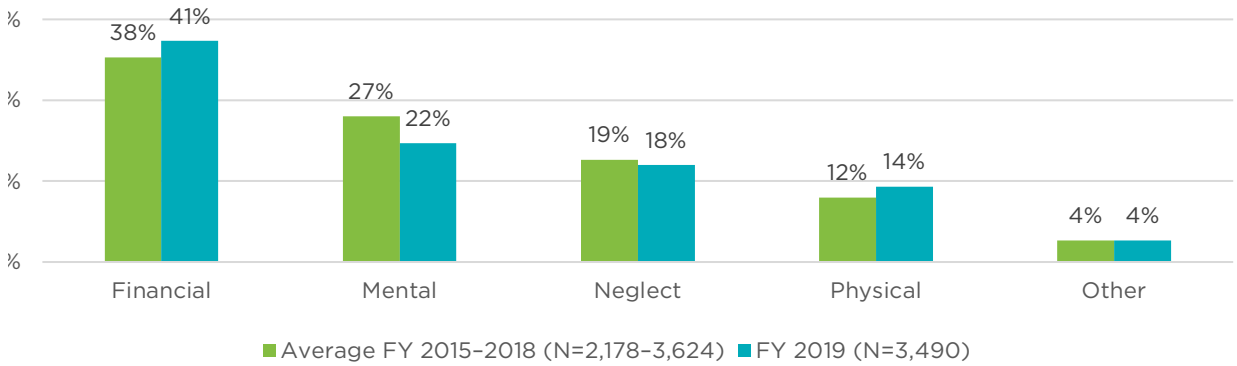
Self-Neglect Abuse Types	FY 2015 N=1,816	FY 2016 N=2,628	FY 2017 N=2,505	FY 2018 N=2,186	FY 2019 N=2,042
Health and Safety Hazards	44%	38%	42%	47%	32%
Physical Care	22%	23%	19%	20%	32%
Medical Care	22%	26%	25%	23%	25%
Financial	8%	8%	8%	7%	7%
Malnutrition/Dehydration	4%	5%	5%	3%	4%

When elder abuse is perpetrated by others, the most common reported abuse type is financial abuse. **Figure 5.1.27** details the percentages of each type of elder abuse committed by others across FY 2015 to FY 2019[196]. **Table 5.1.3** details the five-year breakdown for each category of abuse perpetuated by others. In **Figure 5.1.27** and **Table 5.1.3**, "Other" includes abandonment, abduction, isolation, and sexual abuse.

Table 5.1.3. Percentage of Abuse Cases Perpetrated by Others by Type in SCC, FY 2015–FY 2019

Abuse Types Perpetrated by Others	FY 2015 N=2,178	FY 2016 N=3,006	FY 2017 N=3,352	FY 2018 N=3,324	FY 2019 N=3,490
Financial	37%	34%	34%	48%	41%
Mental	26%	30%	31%	19%	22%
Neglect	21%	20%	19%	17%	18%
Physical	12%	12%	12%	12%	14%
Other	3%	5%	4%	3%	4%

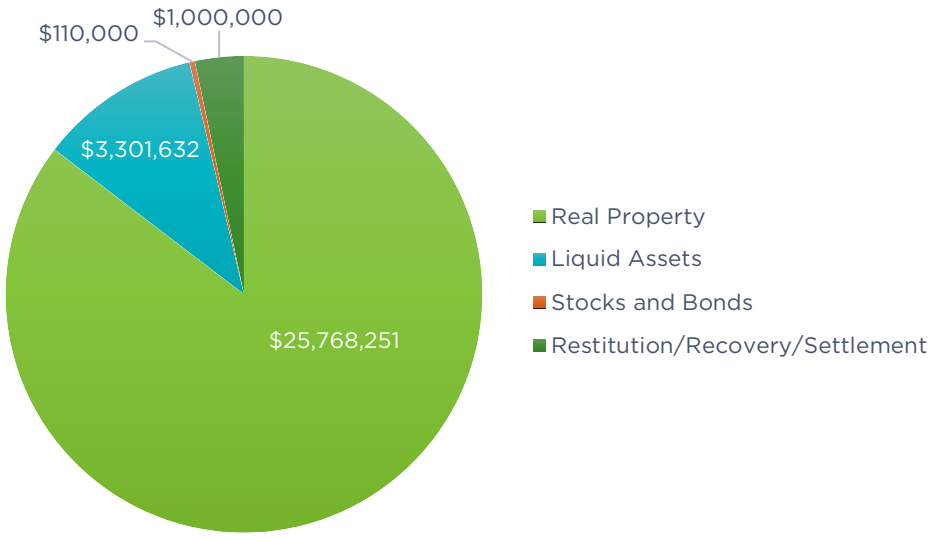
Figure 5.1.27. Types of Elder Abuse Cases Perpetrated by Others in SCC, Average Rates across FY 2015–2018 Compared to FY 2019



196 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

The Office of the Public Administrator, Guardian, Conservator (PAGC) assists in addressing elder abuse cases. In FY 2017, PAGC prevented the loss of and recovered a total of $30,179,883 in assets comprised of real property, liquid assets, stocks and bonds, and restitution, recovery and settlements (**See Figure 5.1.28**)[197].

Figure 5.1.28. Asset Loss Prevention and Recovery in SCC, FY 2017



Over half (60%) of elder abuse victims in SCC are female; 40% are male. In 2017, more than three in four elder abuse victims spoke English, and more than a third were Caucasian[198].

197 Public Administrator, Guardian, Conservator (PAGC) Annual Report, 2017; Dept of Aging and Adult Services, Santa Clara County Social Services Agency

198 Adult Protective Services Annual Report, 2017

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 reporting on indicators related to:

1. Access to affordable healthcare
2. Oral health
3. Physical health and wellness:
   - Nutrition
   - Physical activity
   - Obesity and excess weight
   - Chronic conditions and related health problems
   - Falls
   - Opioid prescription
   - Opioid use
4. Mental health and wellness
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[199].

According to a report published by the Department of Health Care Services (DHCS) in 2019, roughly 1.4 million older adult Californians are eligible for both Medi-Cal and Medicare, and these individuals are known as "dual beneficiaries[200]."

At the county level, an estimated 79,338 (20%) older adults age 60 and over were eligible for Medi-Cal in 2019[201]. Additionally, roughly 10,400 seniors age 65 and older within SCC in 2019 were singly enrolled in Medi-Cal and nearly 232,400 were enrolled in Medicare[202].

199 https://cahealthadvocates.org/hicap/

200 MediCal Almanac 2019 Department of Health Care Services, Medical Certified Eligibles. Beneficiary Enrollment Characteristics.

201 2019 CDA Population Projections by County and PSA, California Department of Aging

202 MediCal Almanac 2019 Department of Health Care Services, Medical Certified Eligibles. Beneficiary Enrollment Characteristics.

In 2018, it was estimated that one in five adults in SCC did not fill prescriptions due to out-of-pocket costs[203]. However, among older adults (65+) in SCC, this may be as low as 3%[204]. Even so, access to affordable healthcare frequently concerns many older adults in SCC, and these concerns are not unwarranted.

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 (2019), within California, an estimated one in three older adults (65+) have lost at least six permanent teeth; more than one in three residents of nursing facilities in California have complete tooth loss and only two-thirds of those adults have dentures[205]. In nursing facilities throughout California, 50% of residents have untreated tooth decay[206]. Research also shows that residents of nursing facilities are more likely to have untreated decay, worse ability to chew, and worse gum health than their older adult counterparts[207].

Poor oral health can impact overall health and exacerbate existing chronic conditions such as high blood pressure or diabetes[208]. It can also lead to increased infections, higher risk for heart and lung disease and stroke, changes in weight, poor nutrition, and lower quality of sleep, which increases risk for depression and insomnia. Racial and ethnic minorities, and individuals living in poverty, are twice as likely to report that poor oral health negatively impacts their life satisfaction, which includes reporting higher levels of pain, food avoidance, and self-consciousness[209].

The SCC Public Health Department recently reported that almost three-fifths (57%) of individuals age 65 and older in SCC do not have dental insurance[210]. In addition, dental coverage is also limited for individuals who are enrolled in either Medicre Advantage or Medi-Cal insurance coverage plan[211]. 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 plan has strategies to target specific age groups and is expected to have a positive impact on seniors[212]. In 2019, stakeholder 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 barrier to dental health services for elders in SCC[213]. Their recommendations were compiled and presented later that year with the aim of improving access to oral health services for all older adults on SCC[214].

203 https://www.sccgov.org/sites/d5/newsmedia/Pages/BetterHealthPharmacy.aspx
204 2013-14 Behavioral Risk Factor Survey, Santa Clara County Public Health Department
205 Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. September 2019
206 Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. September 2019
207 Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. September 2019
208 Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. September 2019
209 Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. September 2019
210 2013-14 Behavioral Risk Factor Survey, Santa Clara County Public Health Department
211 Justice in Aging Advocacy Guide: Oral Health for Older Adults in CA. September 2019
212 County of Santa Clara Public Health Department; Santa Clara Valley Health & Hospital System
213 2019 Seniors' Agenda
214 2019 Seniors' Agenda

Physical Health and Wellness

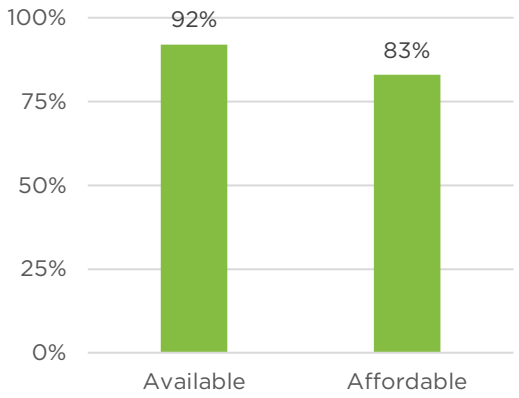
Nutrition

To build a complete understanding of senior nutrition, data in this section includes both information from published sources as well as an interview with a subject matter expert of SCC older adult nutrition.

SCC senior 65+ respondents on the 2017 California Health Interview Survey reported that fresh fruits and vegetables were always or usually available in their neighborhoods 92% of the time, and affordable 83% of the time (**See Figure 5.1.29**)[215].

Nutrition is an important part of senior physical health and well-being[216], and can be affected by circumstantial or lifestyle change such as loss of spouse or change in income[217]. Seniors encountering unexpected life challenges may be additionally vulnerable to poor health outcomes due to changes in nutrition.

Figure 5.1.29. Fresh Produce Usually or Always Available & Affordable to SCC Seniors in their Neighborhoods, 2017



A subject matter expert of local older adult nutrition believes that adequate services are provided in SCC; however lack of awareness of services is a significant barrier[218]. Other barriers to accessing services include language, transportation, and lack of familiarity with services provided[219]. There are mobile home-delivery services (e.g., Meals on Wheels) for seniors who do not have access to transportation[220]. Over the last five years, the number of unduplicated older adults served by Meals on Wheels has decreased by 5%[221].

SCC has a high degree of cultural diversity; thus, serving culturally specific foods can be difficult to plan and execute due to varying attendance of various groups at the same congregate meal sites each week[222].

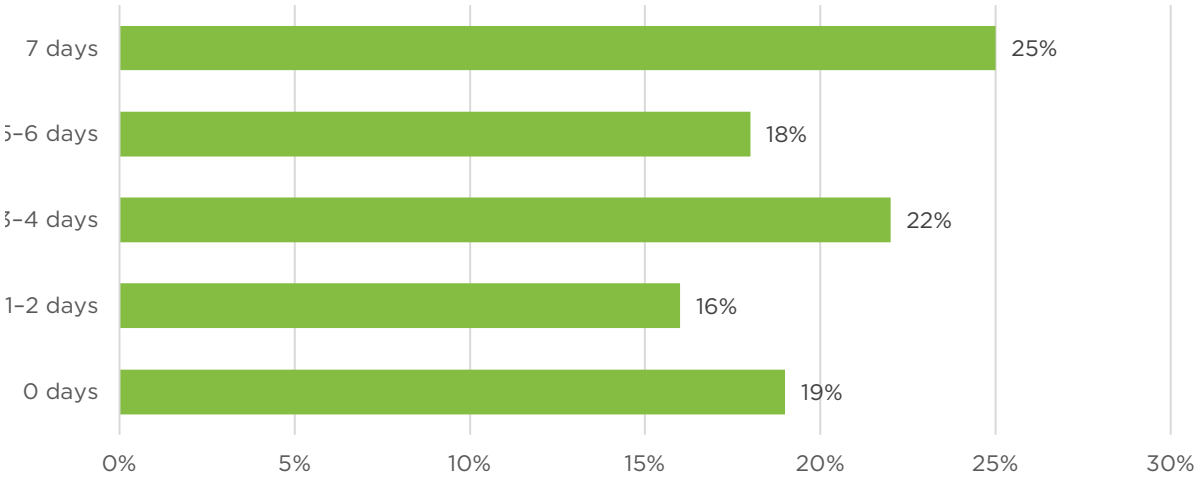
215 2017 California Health Interview Survey
216 National Council on Aging website– Senior Nutrition https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-nutrition/;
217 Key Stakeholder Interview with SCC senior nutrition expert
218 Key Stakeholder Interview with SCC senior nutrition expert
219 Key Stakeholder Interview with SCC senior nutrition expert
220 Key Stakeholder Interview with SCC senior nutrition expert
221 Senior Nutrition Program Annual Report FY 2017-18
222 Key Stakeholder Interview with SCC senior nutrition expert

Physical Activity

Physical activity is important for senior 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[223, 224, 225].

Seniors in California have higher rates of physical activity than seniors nationwide as shown in **Figure 5.1.30**, when seniors were asked to report how many days in a typical week, they engaged in at least 20 minutes of physical activity, one in four (25%) reported being active daily[226].

Figure 5.1.30. Days of Physical Activity Among SCC Seniors in a Typical Week, 2017



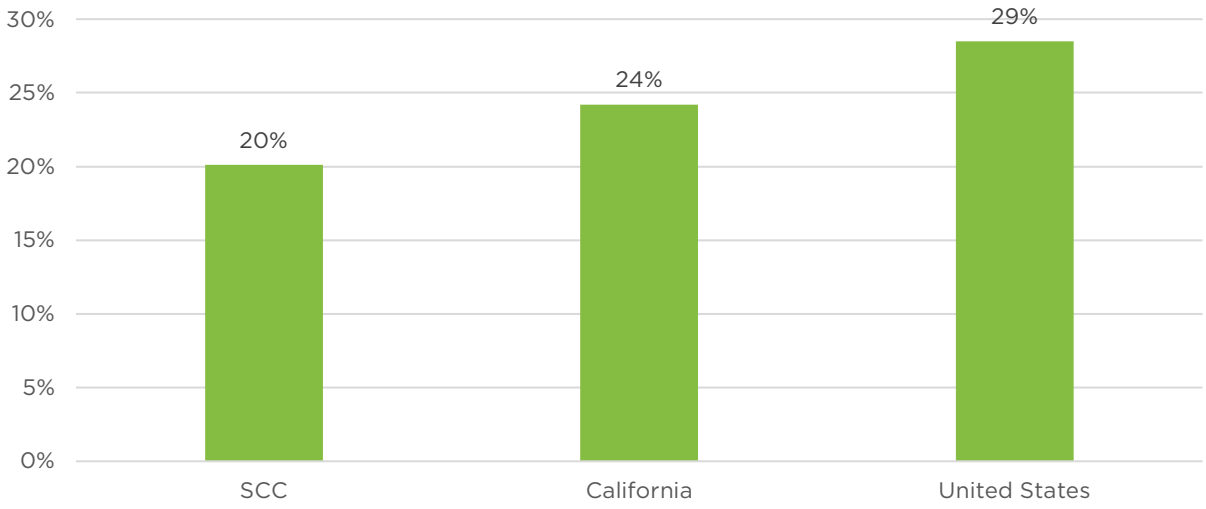
In a 2016 survey distributed by Santa Clara County Age Friendly Initiative, all older adults said it is important to provide fitness activities designed to meet the needs of older adults[227]. When asked to rate how important it is to have a service that helps elders find and access health services, African American, Asian, and Latino older adults were more likely (90%) than White older adults (82%) to provide a rating of extremely important or very important[228].

223 2014 Journal of Population Medicine https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5488312/
224 1999 Center for Disease Control Physical Activity and Health: A Report of the Surgeon General
225 https://www.nia.nih.gov/about/budget/reducing-chronic-disease-and-disability-0
226 2017 California Health Interview Survey
227 2016 Age Friendly Survey Findings Conducted by Department of Public Health & Social Services Agency (Oct. 4, 2017)
228 2016 Age Friendly Survey Findings Conducted by Department of Public Health & Social Services Agency (Oct. 4, 2017)

Obesity and Excessive Weight

Rates of obesity are lower for older adults in SCC compared to state and national levels; still, one in five (20%) SCC seniors are medically obese (**See Figure 5.1.31**)[229].

Figure 5.1.31. Obesity Rates of Seniors 65+, 2019



According to the California Health Interview Survey (2017), at the state level, obesity rates within California vary; Black/African American seniors (35%) are more likely to be obese than Hispanic (31%) or Caucasian seniors (23%)[230]. Additionally, seniors living in rural California are slightly more likely to be obese than seniors living in suburban or urban areas[231]. Differences among income levels also exist at the state level, with seniors who earn between $25,000–$49,999 annually more likely to be obese than seniors earning either over $50,000 or less than $25,000[232].

229 2019 Senior Obesity Report. CDC Surveillance Risk Factor Survey.
230 2017 California Health Interview Survey
231 2017 California Health Interview Survey
232 2017 California Health Interview Survey

As of 2017, an estimated 55% of seniors (65+) in SCC are overweight or obese (**See Figures 5.1.32** and **5.1.33**)[233]. Obesity and high body mass index 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 the health care costs for obesity-related problems, including medication spending[234].

Figure 5.1.32. Obesity Rates among SCC Seniors by Gender, 2017

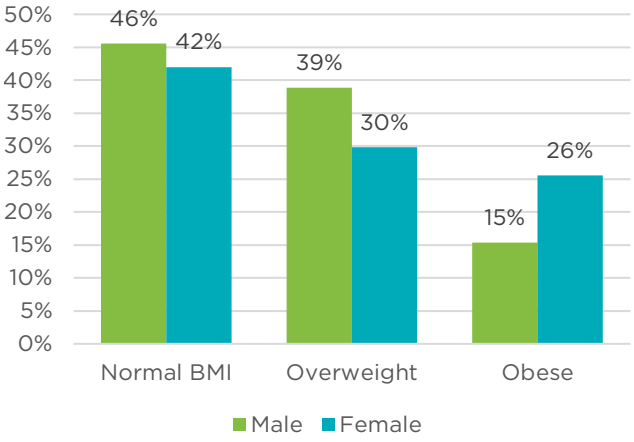
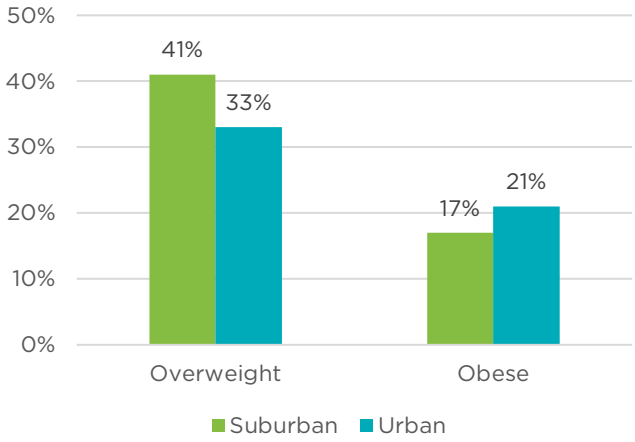


Figure 5.1.33. Obesity Rates of SCC Seniors by Setting, 2017



233 2017 California Health Interview Survey

234 2015 "Health Impacts of Obesity". Pakistan Journal of Medical Sciences. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386197/

Chronic Conditions and Related Health Problems

Chronic diseases are long-term medical conditions that, if left untreated, can lead to disability and death[235]. 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 seniors age 65 and older at up to four times the rate of SCC adults age 18–64 years old (**See Figure 5.1.34**)[236].

Of SCC seniors with diabetes, Type 2 is more common than Type 1 (87% as compared to 13%), which requires closer management of care including lifelong insulin therapy[237,238].

Additionally, over half of SCC seniors have high blood pressure. High blood pressure often does not cause obvious signs of illness, but it can lead to stroke, heart disease, eye problems, kidney failure, and other health issues[239].

Heart disease, in particular, is the leading cause of death among seniors nationwide[240]. Data from the 2017 California Health Interview Survey estimates that approximately one in five seniors in SCC have been diagnosed with heart disease, and 96% of those reported receiving a heart disease management plan from a health care professional[241]. In SCC, people 85+ are the most likely to die from heart disease compared to people of other age groups (**See Figure 5.1.35**)[242].

Figure 5.1.34. Prevalence of Chronic Conditions among SCC Adults and Seniors, 2017

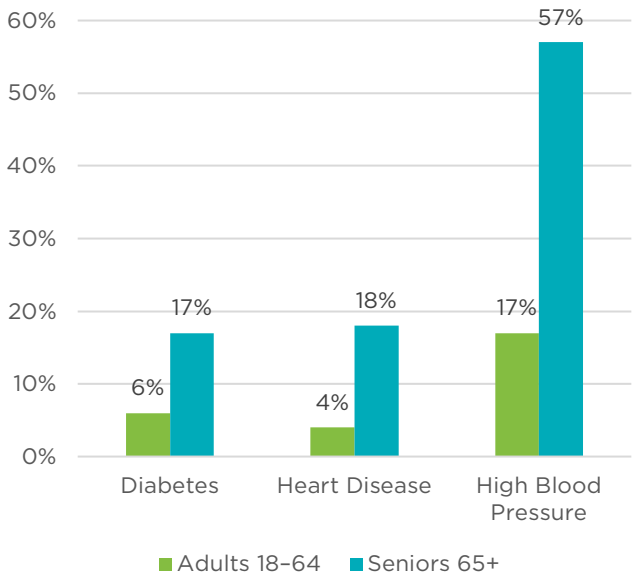
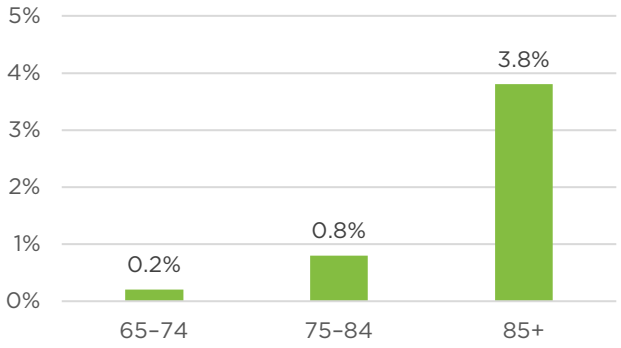


Figure 5.1.35. Percentage of SCC Seniors dying from Chronic Heart Disease, by Age Group, 2016



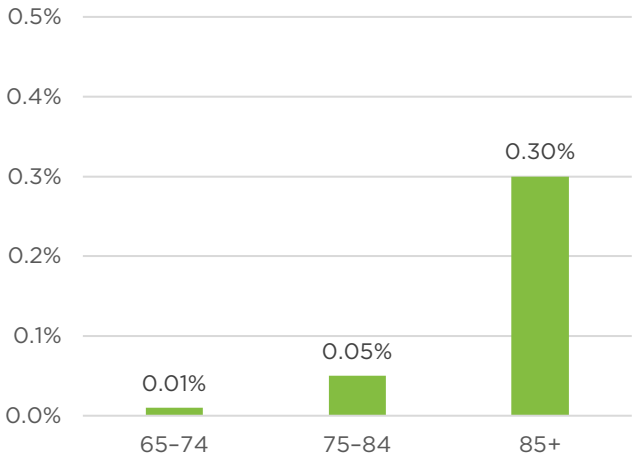
235 https://www.healthhub.sg/a-z/diseases-and-conditions/96/topics_chronic_diseases
236 2017 California Health Interview Survey
237 2017 California Health Interview Survey
238 https://www.mayoclinic.org/diseases-conditions/type-1-diabetes/diagnosis-treatment/drc-20353017
239 https://www.nia.nih.gov/health/high-blood-pressure
240 https://www.cdc.gov/nchs/fastats/older-american-health.htm
241 2017 California Health Interview Survey
242 Santa Clara County Department of Public Health

Falls

The chance of falling for seniors is approximately one in three and increases to 50% for seniors age 80 or older[243]. 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, depression, dehydration, and balance disorders[244]. 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 (65+) are the result of injury caused by falling. Data indicates that individuals in SCC who are 85 and older are at three times higher risk of dying due to accidental falls than that of individuals 65 to 84 years old (**See Figure 5.1.36**)[245]. In 2017, a total of 134 older adults died as a result of a fall in SCC[246].

Figure 5.1.36. Percentage of SCC Seniors Dying from Falls, by Age Group, 2012–2016



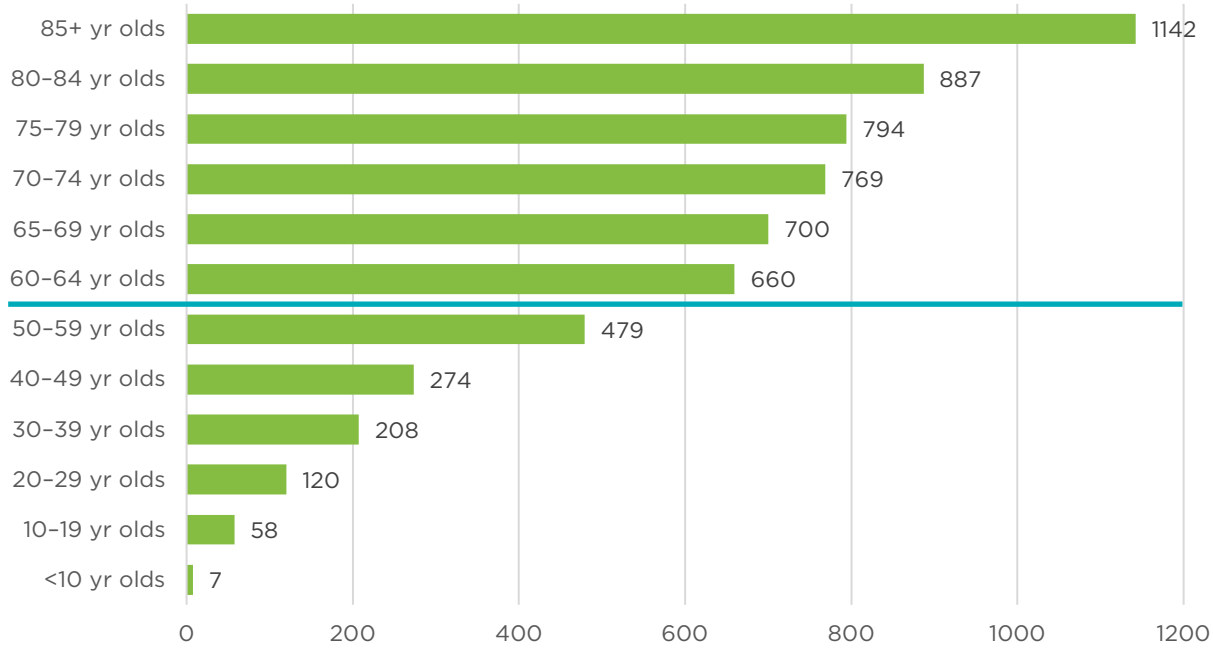
243 https://stanfordhealthcare.org/medical-clinics/aging-adult-services.html
244 https://stanfordhealthcare.org/medical-clinics/aging-adult-services.html
245 Santa Clara County Public Health Department
246 Santa Clara County Public Health Department

Opioid Prescriptions

Opioids are typically prescribed to seniors for managing pain after surgical procedures or prescribed as a long-term pain management solution for chronic conditions, such as arthritis[247]. Long-term opioid therapy is defined as use of opioids on most days for more than three months[248].

In SCC, the rates of opioid prescription for seniors 60 and older range from 660 to 1,142 per 100,000 residents. This could mean up to 95,953 of seniors 60 and older in SCC, or 24%, were prescribed opioids in 2018[249]. Older adults feel the effects of opioid medications much more strongly than younger adults and take longer to leave their systems[250]. In SCC in 2018, rates of opioid prescriptions were higher for seniors than other age groups, and rates of prescriptions increased by age within seniors 60 and older (**See Figure 5.1.37**)[251]. The oldest seniors (85+) have the highest rates of prescription (1,142 per 100,000)[252].

Figure 5.1.37. Rate of Opioid Prescription per 100,000 Residents, SCC 2018



247 Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December, 2017.

248 Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December, 2017.

249 Percentage calculated from 2018 American Community Survey population estimates, CA Department of Finance 2018 Population projections, California Opioid Overdose Surveillance Dashboard https://discovery.cdph.ca.gov/CDIC/ODdash/

250 Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December, 2017.

251 California Opioid Overdose Surveillance Dashboard https://discovery.cdph.ca.gov/CDIC/ODdash/

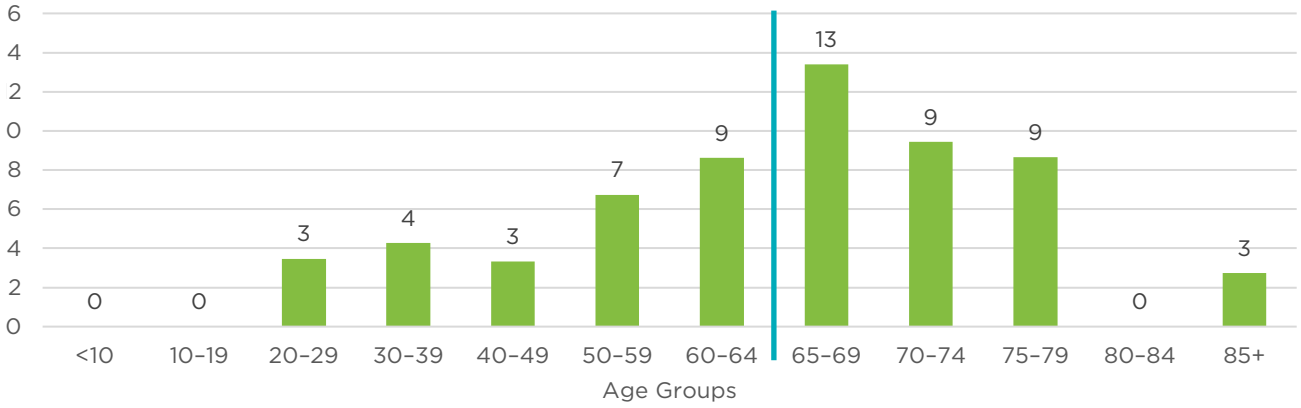
252 California Opioid Overdose Surveillance Dashboard https://discovery.cdph.ca.gov/CDIC/ODdash/

Opioid Use

At the national level, one in four of long-term users of opioids are seniors aged 65 and older[253]. Among seniors 60 years and older, women (9%) were slightly more likely than men (7%) to have used opioids in the last 30 days[254]. In a national analysis, seniors (65+) with Medicare and other public insurance were more likely to fill opioid prescriptions frequently (four or more times per year) than seniors with Medicare only or Medicare and private insurance[255]. Seniors with low income or those facing poverty were more likely than seniors with middle or high income to fill opioid prescriptions frequently[256]. Seniors living in rural areas were more likely to fill opioid prescriptions frequently than seniors living in urban areas[257].

Seniors are more vulnerable to medical complications due to a slower metabolism, reduced physical ability to handle bodily stressors, and more frequent use of additional medications, which can have negative interactions with opioids[258]. These complications or side effects can lead to increased rates of hospitalizations for seniors relative to younger adults using opioids (**See Figure 5.1.38**)[259,260].

Figure 5.1.38. Rate of Opioid-related Hospitalization per 100,000 SCC Residents, 2018



253 Tilly, J, Sofronski's, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December, 2017.

254 Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December, 2017.

255 Agency for Healthcare Research and Quality. Statistical brief #515: Any Use and Frequent Use of Opioids among Elderly Adults in 2015–2016, by Socioeconomic Characteristics. https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml

256 Agency for Healthcare Research and Quality. Statistical brief #515: Any Use and Frequent Use of Opioids among Elderly Adults in 2015–2016, by Socioeconomic Characteristics. https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml

257 Agency for Healthcare Research and Quality. Statistical brief #515: Any Use and Frequent Use of Opioids among Elderly Adults in 2015–2016, by Socioeconomic Characteristics. https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml

258 Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December, 2017.

259 Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December, 2017.

260 California Opioid Overdose Surveillance Dashboard https://discovery.cdph.ca.gov/CDIC/ODdash/

As many as 96% of seniors who were hospitalized due to opioid use had multiple chronic conditions[261]. Opioids are sometimes used for the management of chronic pain[262,263]. Long-term use of prescribed opioids can lead to opioid use disorder[264]. Seniors with opioid use disorder have a higher risk of death than younger adults[265].

There is also financial cost with hospitalization due to opioid use. When seniors are hospitalized for opioid use, the inpatient and emergency department costs are higher than visits not related to opioid use ($14,900 vs $13,200)[266].

Mental Health and Wellness

Findings from the 2017 California Health Interview Survey indicate that a higher percentage of SCC residents age 65 and older report needing help for emotional/mental health problems or use of alcohol/drugs compared to seniors age 65 and older at state level[267]. The 2017 California Health Interview Survey data also shows that of SCC seniors (65+) 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 seniors age 65 and older across the state who stated needing help[268].

Only 7% of adults age 65 and older in SCC who need help for emotional/mental health issues have taken medicine for at least two weeks in the past year for emotional/mental health issues compared to seniors (65+) across the state who need help for emotional/mental issues (10%)[269].

261 New AHRQ Reports Highlight Seniors' Struggles with Opioids. Content last reviewed September 2018. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/news/newsroom/press-releases/seniors-struggles-with-opioids.html

262 Agency for Healthcare Research and Quality. Statistical brief #515: Any Use and Frequent Use of Opioids among Elderly Adults in 2015–2016, by Socioeconomic Characteristics. https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml

263 Tilly, J, Skowronski,S, & Ruiz, S. Administration for Community Living. The Opioid Public Health Emergency and Older Adults. December, 2017.

264 Dowell et al 2016

265 cite the brief Agency for Healthcare Research and Quality. Statistical brief #515: Any Use and Frequent Use of Opioids among Elderly Adults in 2015–2016, by Socioeconomic Characteristics. https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml cite the brief

266 New AHRQ Reports Highlight Seniors' Struggles with Opioids. Content last reviewed September 2018. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/news/newsroom/press-releases/seniors-struggles-with-opioids.html

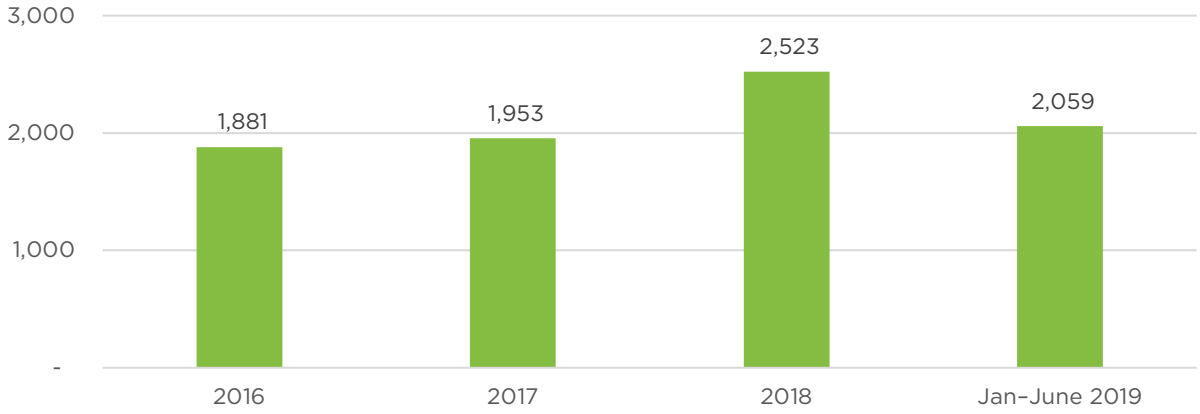
267 2017 California Health Interview Survey

268 2017 California Health Interview Survey

269 2017 California Health Interview Survey

Figure 5.1.39 shows the number of individuals age 60 and older who have received services from the County of Santa Clara Behavioral Health Services (SCC BHS) each year from 2016 through June 2019[270].

Figure 5.1.39. Number of SCC Seniors 60+ Served by SCC BHS, 2016–2019



SCC BHS offers services and care to many older adult (60+) individuals. The Adult and Older Adult Division serves adults who are unable to complete basic self-care skills.

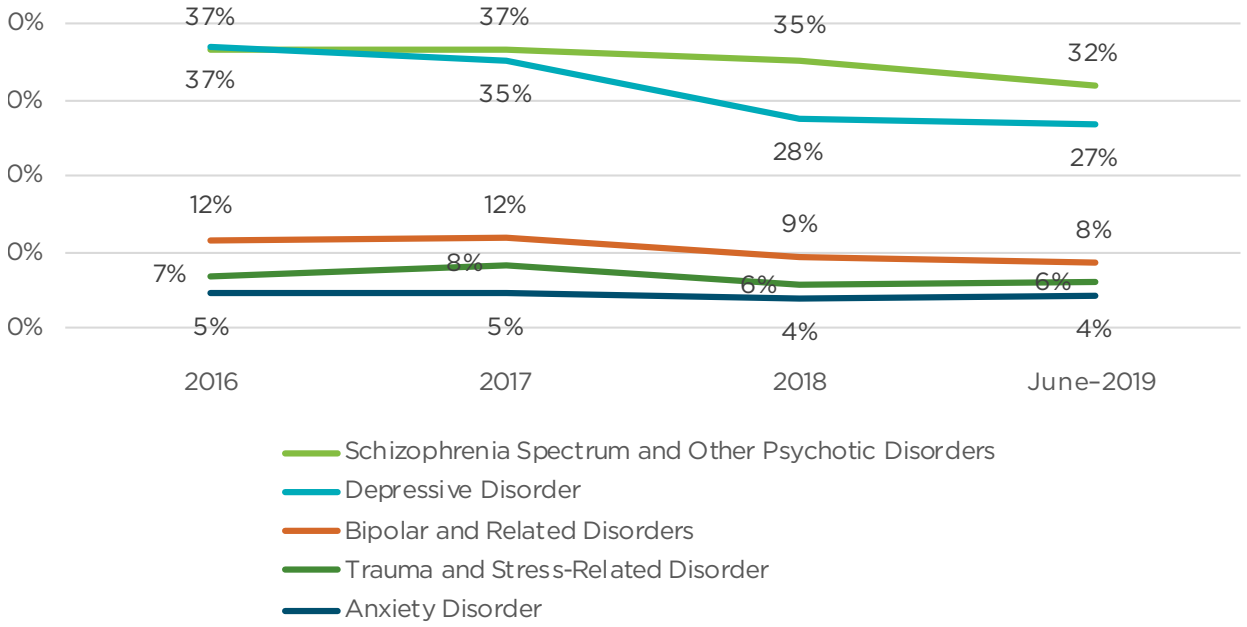
SCC BHS offers services and care to many older adult (60+) individuals. The Adult and Older Adult Division serves adults who are unable to complete basic self-care skills.

SCC BHS offers services and care to many older adult (60+) individuals[271]. 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[272]. 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[273]. Through Mental Health Services Act (MHSA) funding, Prevention and Early Intervention programs specifically designed for older adults have been increased and expanded since 2018[274,275].

270 Data requests for 2016 to FY 2018-2019 from County of Santa Clara, Behavioral Health Services
271 Data requests for 2016 to FY 2018-2019 from County of Santa Clara, Behavioral Health Services
272 https://www.sccgov.org/sites/bhd/info/aoa/Pages/home.aspx
273 https://www.sccgov.org/sites/bhd/info/aoa/Pages/home.aspx
274 2018 Seniors' Agenda
275 Santa Clara County Behavioral Health Department MHSA 3-Year Plan

The five most common diagnoses among seniors seen at the Behavioral Health Services are shown in **Figure 5.1.40**[276]. The most common disorders were Schizophrenia and Other Psychotic Disorders, and Depressive Disorder.

Figure 5.1.40. Top 5 Diagnoses Seen at SCC BHS, SCC Seniors 60+, 2016–2019



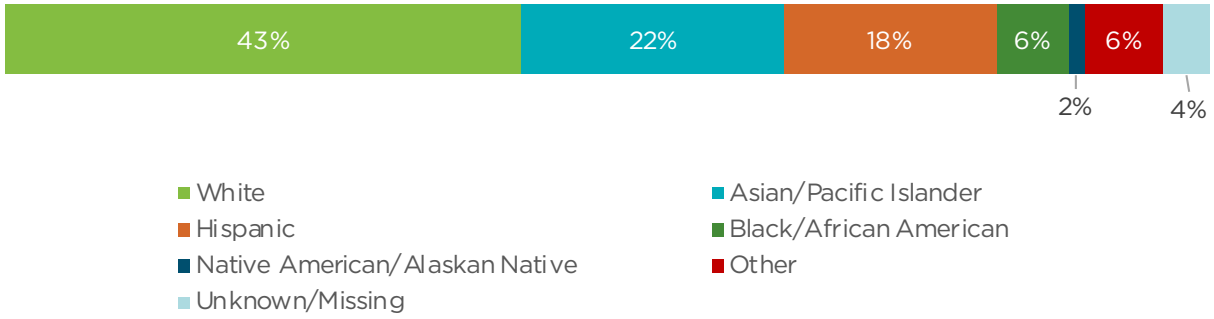
As shown in **Figure 5.1.41**, English is the most common language for seniors 60 and older served by the SCC BHS[277]. This may reflect primary data indicating that in non-English speaking cultures, mental health services can be more difficult for seniors to access due to cultural stigma and/or language barriers, such as difficulty receiving services in a second language or using a translator for therapy.

Figure 5.1.41. Language of SCC Seniors 60+ Served by SCC BHS, 2016–June 2019

276 Data requests for 2016 to FY 2018-2019 from County of Santa Clara, Behavioral Health Services
277 Data requests for 2016 to FY 2018-2019 from County of Santa Clara, Behavioral Health Services

Overall, the race and ethnicity of clients age 60 and older served at the SCC BHS reflects that of the senior population as a whole; each year on average, just below one in four of SCC BHS senior clients identified as Asian or Pacific Islander; one in five identified as Hispanic; and the largest group identified as Caucasian (**See Figure 5.1.42**)[278].

Figure 5.1.42. Race/Ethnicity of SCC Seniors 60+ Served by SCC BHS, 2016–2019



Data from the 2017 California Health Interview Survey report that approximately 45% of SCC seniors 65 years and older who sought treatment for self-reported emotional/mental or alcohol/drug issues did not receive treatment[279].

278 Data requests for 2016 to FY 2018-2019 from County of Santa Clara, Behavioral Health Services
279 2017 California Health Interview Survey

The SCC BHS provides a number of 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 2018–2020 funding cycle[280]. Some programs serve only seniors, while other programs serve other age groups as well. These programs are outlined in **Table 5.1.4** on the following page.

Table 5.1.4. 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 multicultural and responsive outpatient services to older adults, especially those who are reluctant or unable to access needed mental health services
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
Older Adult Collaboration with Senior Nutrition Centers	Provides mental health outreach, awareness, training to adults 60+ at Senior Nutrition Centers
Older Adult In-Home Peer Respite Program	Mobilizes peers from the community to provide free supportive counseling, visitation, and respite services, for older adults 60+ with a full-time, live-in caregiver
Room Match	Provides services that will link older adults to individuals and families within the community who have rooms available for rent. Includes short-term and long-term rentals. Case manager and concierge services ensure the success of the match for both renters and hosts.
Older Adult In-Home Outreach Team	Provides culturally responsive mental health services via multilingual phone line; Elder Peer staff to complete home visits and provide cell phones to homeless individuals
Elders' Storytelling Program	Serves culturally isolated older adults with mild to moderate depression through life review and storytelling

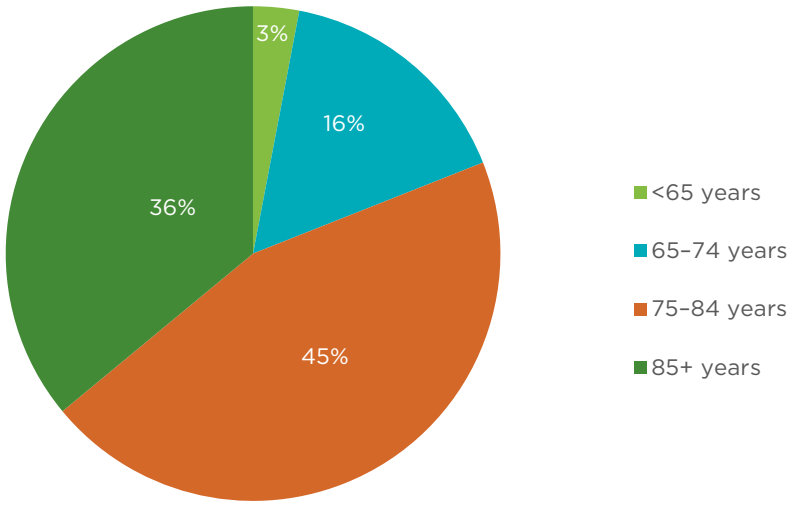
280 SCC Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan

Alzheimer's Disease and Dementia

Alzheimer's disease is the most common form of dementia, accounting for 60 to 80% of cases[281]. No treatment is available to delay or stop the deterioration of brain cells in Alzheimer's disease. Alzheimer's disease is ultimately fatal[282].

Data from the 2019 Alzheimer's Facts and Figures Report found that approximately 670,000 older adults in California who are 65 and older suffer from Alzheimer's disease[283]. The number of California residents age 65 and older with Alzheimer's is expected to grow by 25% between 2019 and 2025, affecting approximately 840,000 seniors in California by 2025[284,285]. Additionally, while Alzheimer's disease is most commonly diagnosed among older adults age 75–84 years old (45%), Alzheimer's can affect people across all adult age groups (**See Figure 5.1.43**)[286].

Figure 5.1.43. Ages of People with Alzheimer's Disease in the US, 2019



In 2017, a total of 16,238 Californians died due to Alzheimer's disease[287]. On a national scale, the Alzheimer's Association reports that among senior deaths each year, one in three older adults died with Alzheimer's or another dementia[288]. Between 2019 and 2025, the number of individuals diagnosed with Alzheimer's die from the disease. is expected to increase 27% nationwide and 25% in California[289]. Nationwide, deaths from Alzheimer's disease increased 145% from 2000 to 2017; in California, deaths from Alzheimer's disease increased 241% from 2000 to 2015.

281 https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/AlzheimersDisease.aspx
282 "Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Association, California Council, February 2009
283 2019 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
284 2019 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
285 2019 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Infographic, Alzheimer's Association
286 2019 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
287 2019 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
288 2019 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Infographic, Alzheimer's Association
289 2019 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association

Alzheimer's is the 6th leading cause of death in the United States and the third leading cause of death in California (**See Table 5.1.5**)[290,291].

Table 5.1.5. State and National Prevalence of Alzheimer's Mortality

	Number of cases of Alzheimer's in 2018	Number of deaths from Alzheimer's in 2015	Increase in deaths from Alzheimer's since 2000	Cause of death ranking
California	650,000	15,065	241%	3rd leading cause of death
National	5.7 million	110,561	145%	6th leading cause of death

In SCC, the average number of deaths from Alzheimer's is 40 per 100,000 people, or 0.04%[292]. The neighborhoods with the highest rates of Alzheimer's deaths is Gilroy (0.07%) and San Tomas (0.06%); the lowest rates were in Calabasas (0.02%) and San Jose–North Valley (0.02%)[293]. California has developed two state plans to address the epidemic of Alzheimer's and to prepare for an increase in prevalence as the senior population continues to grow[294,295].

According to Alzheimer's Association, approximately 1.6 million caregivers supported family members with the disease in California, providing 1.8 billion hours of unpaid care, which is valued at $23 billion[296]. In SCC, the average cost of memory care was $6,265/month, which was 31% higher than the national median[297]. In 2015, there were 1,428 emergency department visits for every 1,000 people with dementia[298]. Alzheimer's disease costs Medi-Cal $3.8 billion in 2018, with an estimate of $30,072 spending per capita on individuals with dementia in 2017[299]. Medi-Cal costs in caring for people with dementia is expected to increase by 36% from 2018 to 2025[300].

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[301].

290 2019 California Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
291 2018 California Alzheimer's Statistics, 2018 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
292 Santa Clara County Public Health Department. Accessed 2/7/2020. <https://data-sccphd.opendata.arcgis.com/datasets/health-status-statistics-small-area-neighborhood?geometry=-123.086%2C37.064%2C-120.473%2C37.447>
293 Santa Clara County Public Health Department. Accessed 2/7/2020. <https://data-sccphd.opendata.arcgis.com/datasets/health-status-statistics-small-area-neighborhood?geometry=-123.086%2C37.064%2C-120.473%2C37.447>
294 California's State Plan for Alzheimer's Disease: An Action Plan for 2011–2021
295 California State Plan on Aging, 2017-2021
296 https://www.alz.org/professionals/public-health/state-overview/california
297 https://www.caring.com/senior-living/memory-care-facilities/california/santa-clara-county
298 2018 CA Alzheimer's Statistics, 2018 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
299 2018 CA Alzheimer's Statistics, 2018 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
300 2018 CA Alzheimer's Statistics, 2018 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association
301 2016 Age Friendly Survey Findings Presentation (October 2017)

5.1.5 Caregiving

Current data at the local county level is unavailable, however, SCC rates are likely similar to state and national levels. At the national level, there are an estimated 34.2 million unpaid caregivers of adults age 50 or older; within California alone, there is an estimated 3.4 million unpaid caregivers of adults age 50 and older as of 2014[302]. The average length of time as a caregiver is four years[303]. These estimates are equivalent to roughly one in ten individuals who are considered unpaid caregivers, at both the national and state levels.

Caregivers may feel isolated or unsupported in their caregiving role. For example, when caregivers within California were asked where they would call to arrange help in the home for elderly relatives or friends, nearly one in three caregivers indicated they would rely on themselves (17%) or did not know who to call (15%)[304].

While only one in ten individuals are caregivers to adults age 50 or older, these individuals often have lower health and decreased wellbeing than the overall population. Studies show that caregivers have higher rates of depression and stress and tend to have increased frustration levels[305]. Across the nation, 11% of caregivers indicated their health has decreased since they began caring for another individual and studies find that caregivers have higher levels of obesity, increased risk for heart disease, and a lower immune response to illnesses and infections[306]. Even though caregivers are more vulnerable to neglecting their own physical and mental health, it can be challenging financially to afford supports such as home health aides. The median cost of a home health aide is $25 per hour and respite care can cost up to $500 per day[307]. While some public respite programs exist, only 15% of caregivers reported ever using respite services[308].

In fact, on average, caregivers spend $7,000 per year on out of pocket costs to provide care to others and out of pocket spending is highest among Hispanic/Latino caregivers ($9,022 per year or 44% of a person's income on average)[309]. Caregiving can result in a high financial cost for those providing care; nearly one in three caregivers took money from their own savings and 15% reduced their retirement contributions[310].

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

303 Picking up the Pace of Change in California; California Task Force 2018

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

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

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

307 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

308 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

309 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

310 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

Providing care to another individual can also have impacts beyond health and financial wellbeing. Just over half (up to 56%) of caregivers are employed, and of those employed, 61% reported that caregiving had impacted their work[311]. Furthermore, an estimated 10% of caregivers leave the workforce prematurely to provide care, leading to a reduction in both salary and Social Security benefits[312].

In more recent years, individuals from the millennial generation have stepped into the role of caregiving for an adult age 50 or older; one in four (24%) of family caregivers are considered part of the millennial generation, suggesting that millennials play an important part of the caregiving process for the older population[313,314].

Caregivers of the millennial generation are the most diverse, with more than half (53%) of millennial family caregivers identifying as either African American/ Black, Hispanic/Latino, or Asian American or Pacific Islander[315]. Three in four (76%) of millennial caregivers support an individual over 50 years old; parents or grandparents are the most common care recipients. More than two in five (43%) millennial caregivers provide care for a parent and 22% provide care for a grandparent[316]. Additionally, one in six report caring for an individual with dementia[317].

Millennial caregivers provide on average 21 hours of care per week, helping with complex functional and medical/nursing tasks[318]. Millennial caregivers are most likely to be employed compared to other generations of caregivers and more than half (61%) have reportedly experienced at least one negative impact on their paid work as a result of caregiving and many do not feel their caregiving is supported by their workplace[319]. With the elder population growing and more millennials fulfilling caregiver roles, additional supports may be needed for the millennial generation of caregivers.

311 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

312 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

313 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

314 American Association of Retired Persons (AARP) Valuing the Invaluable Report 2015 https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html

315 Finn, Brendan. (2018). Millennials: The Emerging Generation of Family Caregivers

316 Finn, Brendan. (2018). Millennials: The Emerging Generation of Family Caregivers

317 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

318 Finn, Brendan. (2018). Millennials: The Emerging Generation of Family Caregivers

319 Finn, Brendan. (2018). Millennials: The Emerging Generation of Family Caregivers

5.2 Identification of Need

Findings from the four data collection initiatives and data from the Sourcewise Information & Awareness program is shared within this section to provide a more comprehensive picture of local older adult needs; the information is organized within the following sub-sections:

- 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
- 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

To ensure data findings are reflective of the older adult population in SCC, 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 might be underrepresented within our survey sample to ensure that their responses on our survey more accurately reflect the population, not just a sample of the population. All findings from the SCC Older Adult Survey reports information after being weighted to present equal representation of individuals similar to the estimated SCC older adult population reported by the American Community Survey collected by the U.S. Census Bureau in 2017.

Additional primary data collection efforts (Focus Group data, Provider Survey, and Caregiver Survey data) provide valuable and rich information regarding specific populations of older adults or individuals supporting older adult needs. These supplemental data collection initiatives provide insight on needs of specific populations that are often overlooked and especially vulnerable to receiving fewer resources and/or inadequate services.

Data from the Sourcewise Information & Awareness program is also presented which identifies the most common services referred to local callers and shares the services associated with unmet needs. Data reflects information regarding individuals age 60 and older unless otherwise noted.

5.2.1 Knowledge of Resources and Services

Familiarity of Available Resources

SCC Older Adult Survey respondents were asked to indicate their level of familiarity with a series of Santa Clara County programs. There were some slight differences in program awareness among the two distinct age groups; as more respondents between the ages of 60 and 74 were aware of VTA ACCESS Paratransit and Adult Protective Services, while adults age 75 and older were more aware of Meals on Wheels (**See Table 5.2.1**).

Table 5.2.1. Familiarity with Programs or Services, SCC Older Adult Survey*

Program	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**427**	**149–150**	**61–62**	**199**	**293**	**133–134**
Meals on Wheels	62%	39%	51%	80%	59%	67%
VTA ACCESS Paratransit Services	61%	57%	48%	67%	63%	55%
Senior Center Daily Meals	44%	36%	37%	50%	38%	56%
Adult Protective Services	36%	17%	41%	44%	38%	31%
In-Home Supportive Services	29%	29%	31%	26%	28%	30%

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

Perception of Available Resources

Focus group participants were asked to share what types of resources are currently available in SCC to address their needs. First and foremost, participants shared that community centers, and particularly the centers where the focus groups were held, were of great benefit to addressing the needs of older adults.

All nine focus groups reported that community centers and the staff/volunteers from these centers that work to provide services and programming to older adults is often the only resource that they use frequently. Across most of the focus groups, the participants praised the work of their local community centers and gave positive reasons they continue to use community centers as a resource.

Table 5.2.2 shows additional resources available to address older adult needs that were mentioned by focus group participants as well as which groups reported each resource as available.

Table 5.2.2. Additional Resources Available to Address Older Adult Needs Identified by Six or Fewer Focus Groups

# of Focus Groups Identifying Resource	Resources identified here are broad categories of a large number of resources that were mentioned by focus group participants. When mentioned by a group as an available resource, the category is highlighted in green.	Chinese	Hispanic/Latino	Vietnamese	Indian	African American or Black	Adults with Disabilities	LGBTQ+	Caregivers	Ombudsman
6	Educational opportunities such as presentations, workshops, classes, fairs, conferences, or events	■			■	■	■		■	■
5	Agencies that share information via print (mailers or flyers), events, websites, phone calls or emails	■				■	■		■	■
5	Congregate or shared meals at local (senior) centers or through delivered meals (meals on wheels)	■		■		■	■		■	
5	Senior peer advocates or volunteers		■		■	■			■	■
5	Events for seniors or ongoing activities such as exercise or dance classes		■	■	■	■	■			
4	Care managers, social workers, personal care attendants						■	■	■	■
4	Transportation to local (senior) centers or field trips (outreach, center's vans, GoGo Grandparent)				■	■			■	■
3	In-home support services or home health aids				■			■		■
3	Assistance with insurance or medical appointments (e.g., reminders about appointments)	■		■					■	
1	Caregiver support (long-term respite care, support groups)								■	
1	Discounts/subsidies or subsidized services					■				

Some groups listed more resources than others; for example, **participants from the caregiver group and African American/Black community had the highest number of reported resources, while the Hispanic/Latino and LGBTQ+ focus group participants had the least number of resources listed.** Although participants across the focus groups did list different types of resources available to address older adult needs, **Table 5.2.2** above does not report a lack of resources for any one group. Rather, when a resource was not reported by a certain group as being available (was not highlighted in green), the resource simply was not mentioned in that particular group. Focus group participants generally reported that although these resources were available to them, they added that the resources do not fully address their needs, either lacking in quantity or quality.

Interest in Receiving Services

As reflected in **Table 5.2.3**, respondents were generally interested in receiving nearly all of the services listed. The services of least interest across respondents were: help finding employment, congregate meals, and help finding housing.

Table 5.2.3. Interest in Receiving Services, SCC Older Adult Survey*

Service	Overall	Asian/Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**427**	**149–150**	**61**	**199**	**293–294**	**133–134**
Recreational or social activities	48%	60%	46%	40%	54%	35%
Health services	45%	63%	54%	31%	47%	40%
General information on aging	40%	57%	43%	28%	42%	37%
Physical activities	44%	51%	56%	36%	49%	31%
Fraud & financial abuse education	37%	46%	46%	28%	41%	30%
Applying for government benefits	35%	46%	46%	25%	41%	24%
Educational classes	35%	20%	53%	40%	38%	27%
Help with health insurance	34%	51%	43%	19%	38%	24%
Legal services	33%	31%	57%	28%	37%	24%
Counseling or care management	29%	48%	25%	18%	30%	28%
In-home health care	28%	38%	26%	22%	26%	31%
Help finding transportation	21%	29%	20%	16%	21%	21%
Home modifications	20%	25%	21%	16%	22%	17%
Home-delivered meals	20%	21%	31%	15%	19%	22%
Help finding housing	16%	20%	26%	9%	20%	8%
Congregate meals	14%	19%	21%	9%	15%	12%
Help finding employment	12%	10%	28%	8%	15%	4%

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

About one in five SCC Older Adult Survey respondents (21%) reported caring for another person. Caregiver respondents were asked to indicate which type of caregiving services they would be interested in receiving (**See Table 5.2.4**).

Table 5.2.4. Interest in Caregiving Support Services, Caregiver Respondents, SCC Older Adult Survey*

Service	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**89**	**10–22**	**7**	**54–57**	**55–66**	**21–22**
General information on caring for a loved one	30%	55%	43%	21%	30%	29%
Counseling or help managing care	31%	14%	29%	39%	40%	10%
Information on managing difficult behaviors	31%	32%	40%	32%	27%	45%
Support groups with other caregivers	27%	70%	29%	21%	27%	29%
A short-term break from caregiving duties	29%	0%	50%	39%	33%	14%
Self-care for yourself as a caregiver	27%	0%	40%	36%	32%	10%
Education or classes on caregiving	20%	14%	29%	21%	22%	14%

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

Table 5.2.5 shows the percentage of respondents who reported interest in the listed health services.

Table 5.2.5. Interest in Health Services, SCC Older Adult Survey*

Service	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**427**	**149–150**	**61–62**	**197–198**	**292–293**	**133**
Information on maintaining balance and preventing falls	40%	49%	54%	28%	40%	41%
Exercise classes	38%	33%	64%	34%	42%	29%
Information on healthy diets	36%	45%	37%	28%	38%	30%
Screening for health conditions	27%	33%	33%	21%	30%	21%
Classes on managing health conditions	24%	26%	43%	16%	27%	17%
Information on volunteer opportunities	24%	24%	28%	23%	29%	15%

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

Sources of Information

Table 5.2.6. Current Sources of Information Regarding Senior Services, SCC Older Adult Survey*

Source	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and older
N	**427**	**149–150**	**61–62**	**199**	**293–294**	**134**
Internet	65%	63%	49%	70%	69%	55%
Television or radio	53%	52%	53%	51%	49%	58%
Direct mail	49%	49%	26%	53%	47%	49%
Spouse/partner, family members, or friends	48%	42%	52%	49%	50%	40%
Newspapers or magazines	48%	40%	39%	54%	42%	58%
Physician, hospital, or health center	45%	27%	46%	55%	42%	50%
Senior center	36%	27%	31%	42%	34%	37%
Printed senior resource guide/brochure	30%	16%	44%	34%	29%	31%
Faith-based organization	17%	10%	18%	21%	13%	26%
Phone book	14%	9%	10%	18%	12%	19%
Senior information call center	8%	8%	7%	8%	6%	13%

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

Survey respondents identified **internet**, **television or radio**, **direct mail**, **newspapers or magazines**, and **word of mouth** as the most popular sources of information for senior services. Participants in focus groups confirmed these sources. Across all 9 focus groups, participants named **word of mouth** and **internet searches** as the most popular sources of information.

Table 5.2.7 describes the additional types of actions listed by participants and how many focus groups had participants who reported engaging in each action to access information.

Table 5.2.7. Additional Methods Older Adult use to Access Information About Resources by Focus Groups

# of Focus Groups Identifying Source of Info	Sources of information for older adults identified by participants are reported here in broad categories. When mentioned by a group as an available source of information, the category is highlighted in green.	Chinese	Hispanic/Latino	Vietnamese	Indian	African American or Black	Adults with Disabilities	LGBTQ+	Caregivers	Ombudsman
8	Staff at senior/community centers									
6	Doctors, nurses, social workers, and/or medical staff									
6	Events and/or program activities									
6	Print media									
6	Specific agencies that share information (e.g., Sourcewise)									
4	Online newsletters/listserv notifications									
3	Call centers (e.g., 211, VTA: 511)									
2	Libraries									
2	Churches/places of worship									
2	TV, radio, and social media									

Internet Use to Access Information

SCC Older Adult Survey respondents were asked about the amount of time they spend using the internet on a weekly basis. When looking within race/ethnicity groups and age groups, White/Caucasians were more likely to report using the Internet on daily basis compared to Hispanic or Latino/a and Asian/Asian American respondents (**See Table 5.2.8**). Similarly, younger respondents ages 60–74 reported using the internet with more frequency than those aged 75 and older.

Table 5.2.8. Frequency of Internet use by Race/Ethnicity and Age, SCC Older Adult Survey

Frequency	Overall	Asian/Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
	445	**148**	**61**	**196**	**291**	**129**
Never	17%	20%	30%	10%	14%	23%
Less than one day a week	5%	7%	3%	3%	4%	5%
1–3 days a week	8%	14%	0%	7%	9%	6%
4–6 days a week	4%	0%	0%	9%	3%	7%
Daily	**66%**	**59%**	**67%**	**71%**	**70%**	**59%**

Additionally, after the focus groups, participants completed a demographic form which asked whether they had regular access to the internet. Of those who responded (n=77), nearly eight in ten (79%) of participants indicated having regular access to the internet.

Providers were also asked a question assessing 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, no respondents selected "Almost all are comfortable."

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

N=44	Percentage
Almost all are comfortable (n=0)	0%
Most are very comfortable, but some are not very comfortable (n=17)	39%
Most are not very comfortable, but some are very comfortable (n=21)	47%
Almost all are not very comfortable (n=6)	14%

Ease of Access to Information

SCC Older Adult Survey respondents were asked, "In general, how easy or difficult is it to find information about senior services?" (**See Table 5.2.10**).

Table 5.2.10. Ease of Accessing Information about Services by Race/Ethnicity and Age, SCC Older Adult Survey

	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**425**	**150**	**61**	**199**	**293**	**133**
Very easy	9%	7%	5%	10%	8%	11%
Easy	32%	29%	23%	36%	31%	34%
Difficult	11%	5%	21%	14%	14%	7%
Very difficult	4%	5%	3%	2%	2%	6%
Don't know/haven't looked for information on senior services	44%	54%	48%	38%	45%	42%

Preferred Methods to Access to Information

As shown in **Table 5.2.11**, more than three in five older adult respondents prefer to receive information via government or non-profit websites (63%) or through a health center, such as their physician's office or a hospital. More than half of the respondents reported that they prefer receiving information about senior services through a senior center, direct mail, or through a printed senior resource guide.

Table 5.2.11. Preferred Ways to Receive Information about Senior Services, SCC Older Adult Survey*

Source	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and older
N	**450**	**149–150**	**61–62**	**198–199**	**293–294**	**133–134**
Websites for government or non-profit services	63%	68%	46%	65%	67%	55%
Health center (Physician's office, Hospital)	61%	48%	77%	66%	58%	65%
Senior Center	58%	52%	66%	60%	57%	57%
Direct mail	57%	51%	64%	59%	52%	69%
Printed senior resource guide	54%	36%	59%	66%	52%	59%
Newspaper articles or ads	48%	44%	59%	48%	46%	51%
Television features or ads	48%	57%	63%	37%	45%	54%
Senior Information Call Center	33%	23%	26%	42%	28%	44%
Social media (e.g., Facebook, Instagram)	27%	27%	33%	26%	29%	21%
Other**	9%	5%	3%	13%	10%	8%

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

**Other specified responses included suggestions such as: friends, neighbors, or acquaintances (13); internet (9); email (5); faith-based organizations (4); library (3); family members (2); phone calls (1).

The Provider Survey also contained an item assessing seniors' preferred method of accessing information. **See Table 5.2.12** for further descriptions of other preferred information methods by seniors, as identified by providers.

Table 5.2.12. Preferred Methods of Accessing Information by Seniors, as Identified by Providers, Provider Survey*

N=43	Percentage
Your agency (i.e., Sourcewise) (n=30)	70%
Printed senior resource guide/brochure (n=24)	56%
Other non-profit or government agencies (n=15)	35%
Direct mail (n=15)	35%
Newspaper articles or ads (n=13)	30%
Physician or nurse (n=12)	28%
Websites for government or non-profit services (n=11)	26%
Senior information call center (n=9)	21%
Television features or ads (n=8)	19%
Electronic mail (E-mail) (n=7)	16%
Social Media (n=6)	14%
Other (n=10)**	23%

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

**Other preferred methods of clients to accessing information about older adult services and care included the following: senior centers (2), other public providers (1); radio (2); printed materials (3); word of mouth/in-person interactions with peers (3).

5.2.3 Ease of Access to Specified Services

SCC Older Adult Survey respondents were asked about their ease of access to a number of specified services offered throughout the county to address older adult needs. As shown in **Table 5.2.13**, across older adults living in Santa Clara County, respondents most often indicated that (1) physical activities; (2) recreational or social activities; and (3) educational classes were easiest to access.

Table 5.2.13. Ease of Access to Specified Services, SCC Older Adult Survey*

Service	Easy to Access	Hard to Access	Have Not Used
N=450			
Physical activities	44%	6%	50%
Recreational or social activities	38%	5%	57%
Educational classes	38%	6%	56%
Health services	55%	8%	37%
Help with health insurance	38%	12%	50%
Help finding transportation	26%	8%	66%
Home modification	27%	8%	65%
General information on aging	26%	5%	69%
Legal services	24%	10%	66%
Applying for government benefits	23%	10%	67%
Fraud & financial abuse education	19%	9%	72%
Counseling or care management	18%	6%	76%
In-home health care	15%	3%	82%
Home-delivered meals	14%	2%	84%
Help finding housing	13%	8%	79%
Congregate meals	11%	1%	88%
Help finding employment	10%	8%	82%

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

Access to and Comfort using Transportation Methods

Table 5.2.14. Primary Mode of Transportation, SCC Older Adult Survey*

Mode of Transportation	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**427**	**147**	**61**	**199**	**292**	**131**
Drive yourself using a motorized vehicle (e.g., car or motorcycle)	82%	76%	78%	87%	89%	65%
Get rides from others	9%	13%	13%	6%	3%	24%
Public transit	4%	8%	7%	1%	3%	7%
Walk	2%	3%	2%	2%	2%	2%
Ride a bicycle	1%	0%	0%	1%	1%	0%
Paratransit services	1%	1%	0%	1%	1%	2%
Traditional taxi service	0%	0%	0%	0%	0%	0%
Application-based taxi service (e.g., Uber or Lyft)	0%	0%	0%	0%	0%	0%
Other**	1%	0%	0%	2%	1%	1%

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

**Other responses specified included: rides from family members (3); rides from caregiver (1); IHSS services (1); car and bike (3).

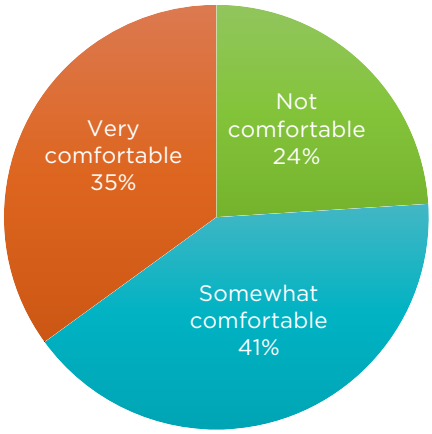
Shown in **Table 5.2.15**, respondents were asked to indicate whether they "Feel they have adequate access to transportation."

Table 5.2.15. Adequate Access to Transportation, SCC Older Adult Survey

	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**422**	**145**	**61**	**198**	**291**	**131**
Yes	77%	62%	93%	82%	76%	80%
No	19%	34%	7%	13%	20%	15%
Not sure	4%	4%	0%	5%	4%	5%

Older adults were asked how "Comfortable they feel using public transportation." Across respondents, 76% reported feeling comfortable using public transportation (**See Figure 5.2.1**).

Figure 5.2.1. Comfort Level with Public Transportation (N=360)



Among the 24% of respondents who indicated they did not feel comfortable using public transportation, the reasons provided were:

- 56% — Does not stop near residence
- 35% — Does not know how to use public transportation
- 46% — Does not go where needed
- 38% — It's unsafe
- 48% — It's difficult to plan a trip
- 36% — It's too slow
- 7% — It's too expensive

5.2.4 Needs of Local Older Adults

Focus group participants were asked to share what they thought the most important service needs of older adults living in SCC were.

Top Priority Needs Identified

Three service needs were mentioned across all nine focus groups as the most important:

(1) access to affordable healthcare/medical care,

(2) transportation services, and

(3) information dissemination of available services.

Three additional service needs listed as high priority needs by eight of the nine focus groups included:

(4) access to an all-inclusive and updated resource directory,

(5) financial assistance, and

(6) food security/assistance.

Furthermore, seven of the nine focus group sessions had participants that mentioned affordable housing as an important service need for older adults living in SCC.

Health Care. All nine groups reported a variety of concerns related to health care needs. Of particular concern across all groups was the **affordability of and ease of access to health care for older adults from culturally responsive providers.**

Transportation. Across all nine groups, participants shared that transportation is an essential need among older adult populations; specifically, participants stressed the importance of **knowing public transit options** and providing education on how to use ride-sharing apps or other **safe and reliable transportation options at affordable prices.** Among the Chinese and Vietnamese participants in particular, people discussed the issue of safety around public transportation options.

Other groups identified challenges to find public transportation options that had routes that covered their residential area sufficiently or were consistently reliable within their communities. Across multiple groups, individuals mentioned the high prices of transportation services deter them from using the service, even if it is reliable.

Dissemination of Resources & Information. Participants across all nine focus groups spoke about the importance of **knowing where to find information and resources** for older adult services. All participants mentioned hearing about resources and services through word of mouth; however, they were less sure of how to access information through other traditional routes, such as **print media or via educational opportunities** (like workshops, presentations, or seminars). Individuals from the Chinese, Hispanic/Latino, Vietnamese, and Indian groups shared that it can be difficult to access information in **appropriate languages**, while individuals from the African American/Black and LGBTQ+ communities shared the importance of **representation or inclusion** regarding messaging/imaging of informational materials. The adult with disabilities

participants also mentioned that they have faced challenges accessing information due to materials not being **available in appropriate formats** (such as audio or touch screen reading formats). Caregivers also spoke about challenges finding **local resources** for caregiver support and/or respite care options.

Resource Directory. In all but one of the focus groups (eight of the nine), participants discussed the benefit of a directory **including vetted resources, agencies, or services** offered in the **local area** for older adults. Individuals expressed their desire to see both a **printable booklet** and an **online platform or website** that is updated frequently. Ombudsmen and caregivers particularly noted the benefits that a directory could provide to them, as they navigate resources for others who are potentially older and less computer proficient.

Advocate Appointment. Participants in eight of the nine focus groups brought up the importance of providing or appointing an advocate for seniors on a number of different topics. Individuals spoke about the necessity to have a **knowledgeable person help interpret legal and medical terminology**, as navigating insurance claims, doctor's prescriptions, and other issues can become challenging as one gets older. Individuals from the Indian and Hispanic/Latino communities shared that an advocate could help provide clarity on **the benefits and/or requirements of immigration forms or citizenship processes** (green card holder benefits, for example).

People from the Hispanic/Latino, African American/Black, LGBTQ+ communities and adults with disabilities mentioned the importance of having an advocate when dealing with **issues of discrimination**. Ombudsmen, along with African American/Black participants, added that having an advocate for seniors needing **medical, mental, or in-home care** to ensure that they receive the right treatment is imperative.

Food Security. Focus group participants in eight of nine focus groups shared that access to **healthy food at affordable prices** in **local areas** is a high priority need within Santa Clara County for older adult residents. In particular, participants mentioned that having access to **diverse, culturally specific foods** through both delivered and congregate meals is important. All groups noted the continued challenge of finding affordable food for seniors who may be on fixed or low incomes and have limited transportation options to obtain food.

Housing. Among the nine focus groups, seven groups mentioned housing as a major concern for older adults living in Santa Clara County. The **ever-increasing cost of living** throughout the Silicon Valley puts many **older adults who are on fixed, low incomes** at higher risk of homelessness or other adverse outcomes; older adult focus group participants shared that they or others they know have had to make difficult decisions to choose between paying for prescription medications, buying adequate groceries, or paying their rent. A majority of the groups discussed the challenges of rising taxes and **limited supply of affordable senior housing**.

Focus group participants from the African American/Black and Individuals with Disabilities communities highlighted another concern with senior housing regarding clean, safe, and modified housing units for **easy access and mobility**. Lastly, participants from the Hispanic/Latino, LGBTQ+, and adults with disability focus groups shared that they have faced **discrimination when trying to apply for housing** or receive funding for housing.

Additional Older Adult Service Needs

The needs outlined in **Table 5.2.16** show the broad categories of concerns that were shared across at least five focus groups. A description of each need is provided based on examples provided from participants and the table also indicates which focus group session reported the need as a high priority.

Table 5.2.16. Additional Older Adult Needs Identified by More than Half of the Focus Groups

# of Focus Groups Identifying Need	Needs identified here are broad categories of issues or concerns frequently reported by focus group participants. The descriptions are general and not every example within a category is included. When mentioned by a group as an important need, the category is highlighted in green.	Chinese	Hispanic/Latino	Vietnamese	Indian	African American or Black	Adults with Disabilities	LGBTQ+	Caregivers	Ombudsman
5	**COMPUTER LITERACY** Providing computer/technology classes or workshops; sharing information about free or low-cost phones, WiFi services, or upgrades; teaching seniors about internet and common applications/software (Microsoft Suite)									
5	**COMPANIONSHIP and/or OPPORTUNITIES TO SOCIALIZE** Providing peer advocates/volunteers to spend time with isolated older adults; offering senior programming at community centers that engage across multiple generations									
5	**LANGUAGE ACCOMMODATION and/or SUPPORT** Translation services at low-cost for medical appointments, insurance and legal document reviews; available translators/interpreters for call centers or online resources									
5	**MENTAL HEALTH CARE SERVICES** Therapy/psychiatric care, grief support groups, affordable mental health appointments, accessible information about mental health care and coverage									
5	**AFFORDABLE PROGRAMMING and/or ACTIVITIES** Senior center programming, community center activities/programs specifically for senior citizens, low-cost senior citizen events, activities, field trips, and fairs									

Furthermore, there were specific needs identified by a small number of focus groups (four or fewer groups). These needs, along with descriptions of the needs and which focus groups identified them as a need are reported in **Table 5.2.17**.

Table 5.2.17. Additional Older Adult Needs Identified by Fewer than Half of the Focus Groups

# of Focus Groups Identifying Need	Needs identified here are broad categories of issues or concerns frequently reported by focus group participants. The descriptions are general and not every example within a category is included. When mentioned by a group as an important need, the category is highlighted in green.	Chinese	Hispanic/Latino	Vietnamese	Indian	African American or Black	Adults with Disabilities	LGBTQ+	Caregivers	Ombudsman
4	**NON-EMERGENCY MEDICAL TRANSPORTATION** Affordable non-emergency medical transport to doctor's appointments and physical check-ups			■	■			■		■
4	**PUBLIC SAFETY** Well-lit streets; designated bike lanes; wheel-chair accessible sidewalks; crosswalks; clean, debris-free areas	■		■		■	■			
4	**INDEPENDENCE/ACCOMMODATION** Mutual respect for the individual; appropriate amenities at senior centers and in-home; support for physically-demanding tasks; accessible areas for those with disabilities including sidewalks and transit; affordable home security systems			■		■	■	■		
3	**IN-HOME SUPPORT SERVICES** Access to affordable, trustworthy in-home care workers with flexible hours				■				■	■
1	**SUPPORT FOR CAREGIVERS** Short and long-term respite care; temporary financial assistance; educational workshops/seminars; support groups								■	

Language Service Needs of Older Adults

Five of the nine focus groups had participants who reported language accommodation and support as a high priority need for older adults seeking local services. The SCC Older Adult Survey respondents were also asked about their primary language spoken at home and whether they had experienced any language barriers when trying to access information.

Across all respondents, one in five had experienced difficulty accessing information due to a language barrier (**See Table 5.2.18**).

Table 5.2.18. Experienced Language Barriers in Accessing Information, SCC Older Adult Survey

	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**423**	**147**	**61**	**193**	**292**	**131**
Yes	17%	33%	25%	2%	16%	18%
No	83%	67%	75%	98%	84%	82%

Of the respondents who indicated not encountering language barriers when accessing information, shown in **Table 5.2.19**, 10% of respondents indicated speaking Vietnamese at home and 6% Chinese Mandarin. Given that 33% of the Asian/Asian American respondents had difficulties accessing information due to a language barrier, we can infer that the individuals who speak an Asian language (e.g., Vietnamese, Chinese) as their primary language at home may be the same individuals encountering language barriers.

Table 5.2.19. Respondents' Primary Language Spoken at Home, SCC Older Adult Survey**

N=450	Percentage
English	66%
Vietnamese	10%
Chinese Mandarin	6%
Spanish	6%
Chinese Cantonese	5%
Hindi	1%
Other*	7%

*Other types of languages that respondents specified speaking in their home included: Filipino (1); German (4); Oriya, Hindi, and English (1); Urdu (1); Sinhalese (1); Taiwanese (1); Icelandic (1); English & Spanish (2); Russian (3); Amharic (1); Portuguese (1)

**Note, the options of "Tagalog", "Korean", and "Punjabi" were provided, however no respondent selected them.

Table 5.2.20, shows all language options and respective percentages of respondents who indicated the language as a preferred language of their clients.

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

N=44	Percentage
English (n=43)	98%
Spanish (n=34)	77%
Chinese Mandarin (n=34)	77%
Vietnamese (n=26)	59%
Chinese Cantonese (n=17)	39%
Tagalog (n=16)	36%
Korean (n=12)	27%
Hindi (n=8)	18%
Punjabi (n=8)	18%
Japanese (n=3)	7%
Other (n=9)**	20%

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

**Other languages providers indicated their clients using as a preferred language included: Russian (6); Farsi (4); Assyrian (1); Cambodian (1); Greek (1); and Portuguese (1).

When asked to describe why different language barriers exist for their clients, providers stated that clients either do not speak English at all or do not speak it well enough to navigate complex systems of care on their own (n=3). Respondents reiterated the difficulty of finding staff or volunteers who have the ability to communicate and address clients who speak languages other than English (n=3), cost for translation services (n=1), and/or lack of available translation services (n=2).

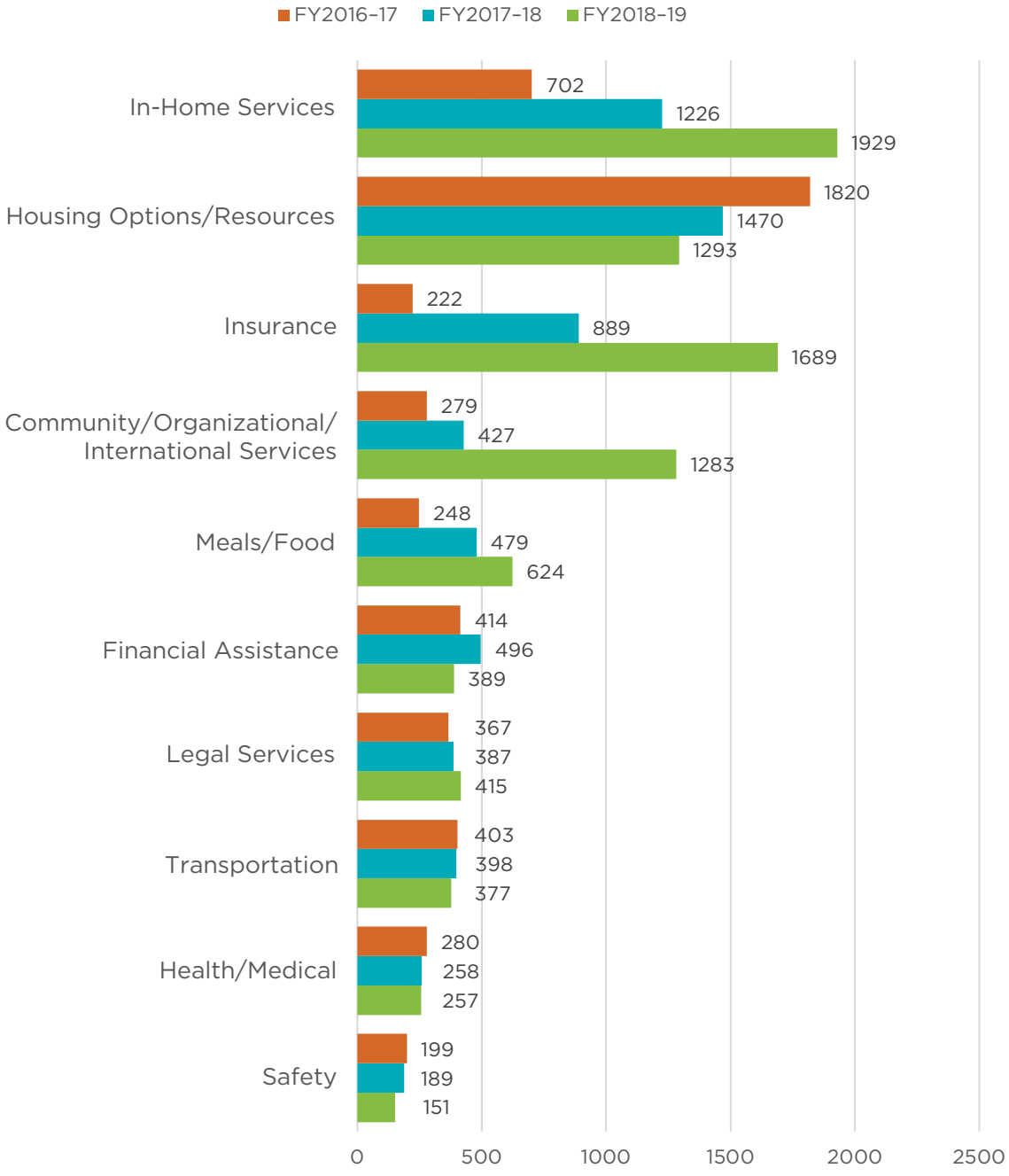
Respondents from the Provider Survey also mentioned challenges such as increase in languages with few speakers, such as Russian or Farsi (n=3); a lack of printed resources for clients in a preferred language (n=1); and likewise, materials that are easily understandable for older adults and culturally appropriate (n=1). Respondents stated that translators are not always appropriate; during therapy, a translator interrupts the bond between the therapist and the patient (n=2), and sometimes seniors hesitate to disclose information when family members serve as translators (n=1).

Focus group participant responses were parallel to the provider survey respondents regarding frequent issues that make it difficult to get information or obtain accurate information. Participants mentioned that they face language barriers and need updated lists of resources, along with more printed resources.

Needs of Older Adults Identified by Call Center Referrals

Across fiscal years 2016–17, 2017–18, and 2018–19, the Sourcewise Information & Awareness Program recorded receiving a total of 84,391 calls which referrals for older adults and caregivers were shared. Data from the Sourcewise Information & Assistance Program shareds the ten most common services referred to callers across the last three complete fiscal years. Of the total number of calls received 22,455 older adults or caregivers received information on one of the top ten services described in **Figure 5.2.2.**

Figure 5.2.2 Top 10 Types of Services Referred to Seniors from Sourcewise Call Center, by Fiscal Year



5.2.5 Unmet Needs of Older Adults

Services Perceived to be Lacking for Older Adults

Table 5.2.21 shows the percentage of respondents who indicated a service was lacking, broken out by race/ethnicity and age groups as well as across all respondents.

Table 5.2.21. Services Perceived to be Lacking Among Older Adults, SCC Older Adult Survey*

Service	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N		**147–150**	**59–62**	**197–198**	**292–293**	**132–134**
Fraud & financial abuse education	34%	43%	38%	28%	33%	38%
Help finding housing	33%	29%	57%	29%	32%	34%
Help with health insurance	32%	45%	30%	25%	37%	21%
Legal services	30%	31%	44%	25%	30%	29%
Applying for Government Benefits	30%	31%	39%	27%	33%	25%
Health services	30%	39%	34%	23%	32%	26%
Help finding transportation	26%	33%	23%	22%	23%	32%
In-home health care	25%	27%	28%	25%	23%	29%
Counseling or care management	23%	20%	26%	24%	23%	21%
General information on aging	22%	21%	27%	20%	18%	30%
Recreational or social activities	22%	23%	20%	21%	17%	32%
Home modifications	22%	22%	43%	17%	24%	19%
Help finding employment	22%	10%	52%	24%	25%	15%
Educational classes	17%	16%	25%	16%	16%	21%
Home-delivered meals	16%	22%	22%	12%	14%	23%
Physical activities	13%	22%	28%	19%	18%	31%
Congregate meals	12%	9%	23%	12%	9%	20%
Other**	11%	8%	13%	12%	10%	12%

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

**Other services perceived to be lacking were specified as the following: dental (2); insurance policy for Medicaid (1); affordable housing (3); transportation (5); affordable assisted living (1); assistance with home maintenance (2); assistance with gardening (3); social opportunities (2).

Table 5.2.22, illustrates the services most frequently identified by caregivers as lacking for older adults.

Table 5.2.22. Services Lacking for Older Adults, Caregiver Survey*

N=119	Percentage
In-home assistance	56%
Health insurance information/counseling	37%
Transportation	30%
Senior housing information and referrals	25%
Senior center daily meals	23%
Home delivered meals	23%
Personal emergency response systems	17%
Senior community service employment programs	13%
Other***	18%

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

**Other responses indicated that services could be more accessible and low-cost (i.e., in home services). One respondent stated that the available info is too broad and it can be difficult to pull the information together in a cohesive way. Additional responses included: providing engaging activities and companionship services (2); providing services for individuals with dementia, such as early diagnosis testing, respite day care, and support groups for early stage Alzheimer's patients (3); and providing help for adults who have lost executive functioning (1).

Among Providers, the most frequently identified unmet needs of older adults is shown in **Table 5.2.23**.

Table 5.2.23. Most Important Unmet Needs of Older Adults as Identified by Providers, Provider Survey*

N=47	Percentage
Access to transportation (n=33)	70%
Help finding housing (n=30)	64%
Caregiver support (n=28)	60%
Counseling or care management (n=27)	54%
Fraud and financial abuse education (n=25)	53%
In-home health care (n=25)	53%

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

Providers were then asked to select the most important unmet needs of seniors in SCC. **"Help finding housing," (29%) was selected twice as often as any other options.** Other options included:

- Health services (15%)
- Caregiver support (9%)
- Counseling or care management (7%)
- Legal services (2%)
- Fraud and financial abuse education (2%)
- In-home health care (9%)
- Access to transportation (9%)
- Recreational or social activities (4%)
- Help with health insurance (2%)

Additional open-ended suggestions included dementia care (n=1), affordable custodial care (n=1), home health teams (n=1), and health education (n=1).

Table 5.2.24 shows the percentage of respondents who believe the listed issues/situations are of "serious concern."

Table 5.2.24. Potential "Serious" Community Concerns of Respondents, SCC Older Adult Survey*

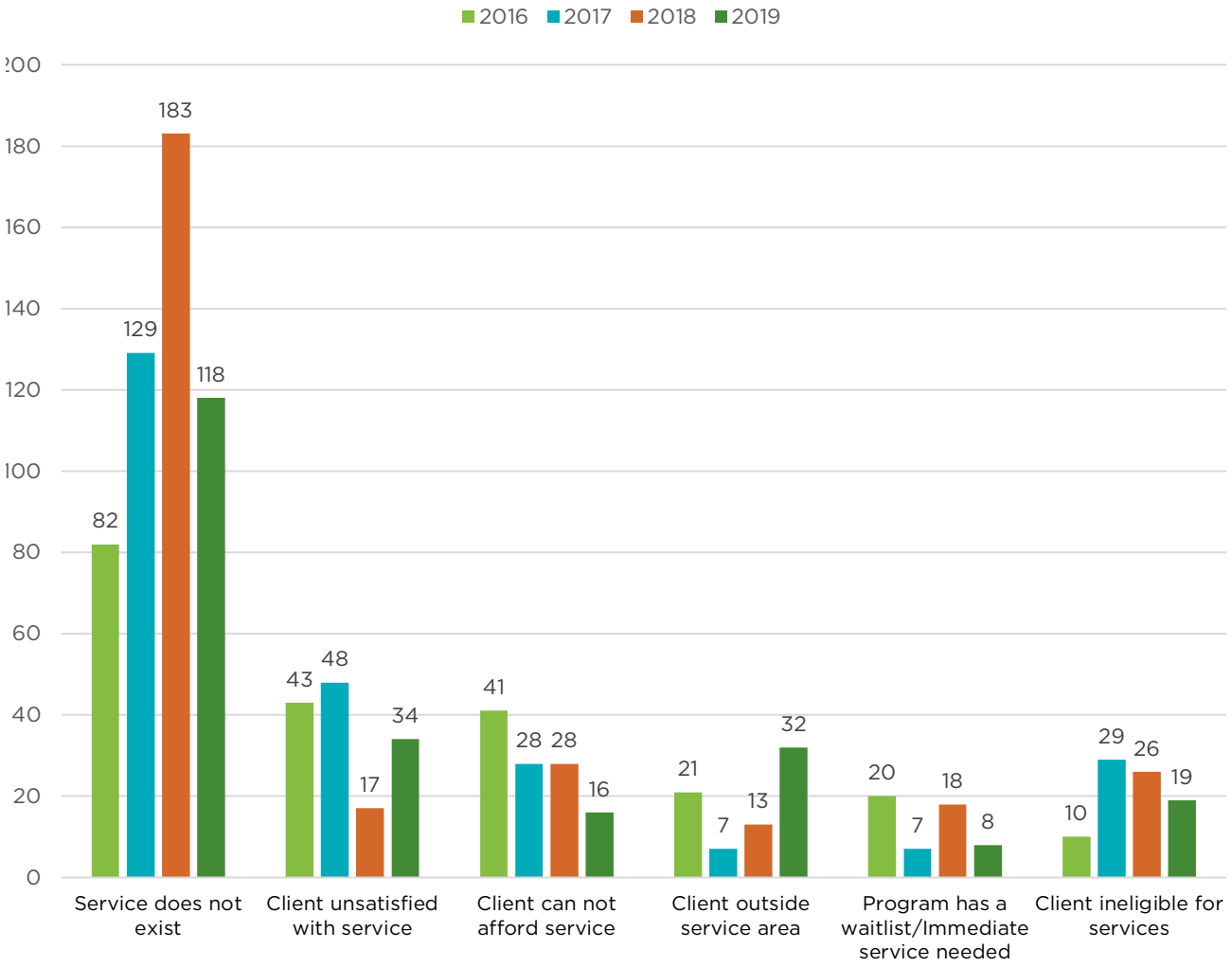
Issue/Situation	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**446**	**134–150**	**56–61**	**194–199**	**283–293**	**125–134**
Crime	45%	49%	60%	37%	45%	47%
Health care	37%	52%	48%	25%	38%	36%
Energy/utilities	36%	47%	37%	28%	39%	30%
Financial fraud	29%	36%	37%	21%	29%	27%
Accidents in the home (e.g. falling)	29%	53%	26%	14%	31%	25%
Information about services/benefits	21%	31%	39%	10%	23%	17%
Money to live on	25%	37%	30%	16%	28%	19%
Taking care of another person	22%	16%	33%	24%	23%	18%
Nutrition/food	19%	35%	18%	9%	21%	15%
Employment	19%	23%	30%	14%	24%	8%
Legal affairs	19%	19%	39%	14%	20%	18%
Transportation	18%	32%	13%	10%	18%	18%
Household chores	16%	28%	13%	9%	16%	14%
Loneliness	14%	24%	15%	6%	13%	15%
Isolation	13%	20%	22%	7%	16%	6%
Abuse/neglect	10%	16%	21%	4%	10%	11%

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

Unmet Needs of Older Adults Identified by Call Center Data

Data describing the unmet needs of individuals who utilized services available through the Sourcewise Information & Awareness Program were provided by Sourcewise. Between January 1, 2016 and November 27, 2019, the program recorded 1,207 reasons why a caller may have not received a referral or services provided upon contacting Information & Awareness. The top 6 most commonly recorded reasons for an unmet need between 2016 and 2019 are reported in **Figure 5.2.3**.

Figure 5.2.3. Top 6 Reasons for Unmet Needs of SCC Seniors using Sourcewise, 2016–2019



Barriers/Gaps in Services & Solutions to Address Gaps

Out of the nine focus groups, **all nine groups** reported that while there are resources in their communities allocated to address the needs of older adults, the **resources are not sufficient.**

Focus group participants within all nine groups reported that their greatest barriers to receiving services that address older adult needs were:

(1) cost of services, and

(2) knowledge of services/resources available.

Furthermore, eight of the nine focus groups had participants who mentioned that there is a gap in:

(3) the quality of care or services being provided, especially within the medical needs of older adults, and

(4) poor or inadequate transportation for seniors, either through public transport or via vehicles or ride-shares specifically meant for older adults.

Lastly, two of the nine focus groups had participants that shared that it has been challenging for them and others in their community to:

(5) overcome cultural norms or stigmas developed overtime that discourage older adults from using resources and services or outreach to agencies which provide programming able to address older adult needs.

Respondents from the Provider Survey also shared barriers that their clients face in receiving services and gaps in service provision and thoughts on how to reach seniors more effectively. Some suggested that older seniors (75+) prefer newsletter, TV, radio, and large print advertisements for learning about community resources. Younger seniors (those under 75) are easier to reach through email, websites, and social media, but are less likely to identify as seniors or understand the importance of the resources available to them.

Provider 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 barriers, several apparent themes emerged and are detailed as follows:

- Transportation and Mobility (n=23).
- Lack of Knowledge about Systems and Programs (n=18).
- Financial Difficulty (n=8).
- Perceptions of Older Adults and Cultural Barriers (n=6).

5.2.6 Needs of Older Adult Caregivers & Impact of Caregiving

Service Needs for Caregivers

Table 5.2.25 details the services that caregiver respondents identified as lacking for caregivers of older adults.

Table 5.2.25. Services Lacking for Caregivers and Older Adults as Identified by Caregivers, Caregiver Survey*

N=143	Percentage
A short-term break from caregiving (i.e., respite care)	52%
Financial assistance	41%
Help with providing care	38%
Counseling	31%
Self-care classes and services	30%
Support groups for caregivers	26%
Resources to help you care for loved ones (e.g., information about assisted living facilities, nursing homes, etc.)	25%
Educational classes on caregiving	24%
General information about caring for a loved one	22%
Other**	13%

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

**Other responses regarding which services participants identified as lacking for caregivers included: finding a facility that is able to provide respite services that accommodates the caregivers time need and/or a difficult/uncontrollable patient (4); information on navigating Medi-Cal and accessing medical supplies when financially in need (3); support groups for caregivers, particularly regarding problem-solving for issues with dementia (4); and general information about the services listed above (3). One other participant stated they found dealing with facility and hospital staff to be very unhelpful; instead, they [staff] were "defensive, deceptive, and opaque. The rest of respondents felt that services were not lacking or they did not have enough knowledge about the subject to make a judgment.

The Provider Survey also asked respondents to identify unmet needs of caregivers who care for older adults in SCC. The need for "A short-term break from caregiving duties" was selected by the largest percentage of providers (73%). **Table 5.2.26** shows unmet needs of caregivers in SCC as identified by providers.

Table 5.2.26. Unmet Needs of Caregivers of Older Adults as Identified by Providers, Provider Survey*

N=44	Percentage
A short-term break from caregiving duties (n=32)	73%
Counseling or help managing care (n=29)	66%
Education or classes on caregiving (n=27)	61%
One-time or short-term cash assistance to help with financial matters (n=24)	55%
Support groups with other caregivers (n=21)	47%
Self-care classes and services (n=21)	47%
General information about caring for a loved one (n=14)	32%
Other (n=5)	11%

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

Sources of Information and Awareness of where to Find Information

Table 5.2.27. Sources to Find Caregiving Information, Caregiver Survey

Where Participants Would Look for Information on Caregiving Services*	Percentage N=149
Family, friends, colleagues, or word of mouth	64%
Medical or health professional	62%
Internet	61%
Caregiving provider (nursing home, assisted living facility, home care, senior day care)	49%
Senior citizen's center, aging organization	46%
Disease-specific group or organization	42%
Hospital or clinic	19%
Books, magazines, library	19%
Government websites	15%
Faith-based organization	14%
Other	1%
Frequency of Using Internet to Learn about Services in an Average Month	**N=150**
Never	18%
Once a month	18%
Twice a month	31%
3 to 4 times a month	15%
5 to 6 times a month	13%
More than 6 times a month	5%
Services Searched For Online*	**N=123**
Your family member or friend's condition or treatment	78%
Services available for people like you and your family member or friend	61%
Care facilities	51%
Support for you personally as a caregiver	45%
How to do specific caregiving tasks	37%
Doctors or other health professionals	25%

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

Table 5.2.28 illustrates caregiver survey respondents' ability to identify services they were aware of, if any.

Table 5.2.28. Awareness of Services and Sources of Information, Caregiver Survey

Services that Caregiver Respondents are Aware of*	Percentage N=152
In-home supportive services (IHSS)	37%
Family caregiver support services	33%
Family caregiver respite care	26%
Family caregiver information services	24%
Legal services	10%
Family caregiver access assistance	7%
Grandparent support services	1%
Other**	8%
I have not heard of any services for caregivers in Santa Clara County	32%
Source of Information to Hear about Services*	**N=102**
Friend, family, or word of mouth	54%
Referral from a medical provider	25%
Pamphlets from service agencies	25%
Senior/Community center	22%
Referral from another social service agency	16%
Referral from Sourcewise (the Area Agency on Aging)	15%
Internet/Government website	14%
Santa Clara County Department of Aging and Adult Services	12%
Faith-based organization	3%
211 referral line	1%
Other***	18%

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

**Most of the other responses were either institutions that constitute sources of information (e.g., Alzheimer's Association and Avenidas) or specific classes or support groups.

***Other responses regarding where participants heard about services included various support groups (3), Alzheimer's Association (2), and the Veterans Administration (2).

Impacts of Caregiving

Table 5.2.29 describes caregiver survey respondents' perceptions of their personal health rating while providing care to a loved one.

Table 5.2.29. Caregiver Ratings of Personal Health, Caregiver Survey

N=155	Excellent	Very good	Good	Fair	Poor
How would you describe your own health?	12%	32%	39%	16%	1%

N=155	Made it better	Stayed the same	Made it worse	I don't know
How would you say providing care or assistance to your family member or friend has affected your health?	<1%	28%	59%	13%

Table 5.2.30 details the caregiver survey respondents view of the negative aspects while working and providing care.

Table 5.2.30. Percentage of Caregivers Experiencing Negative Work-Related Effects from Caregiving, Caregiver Survey*

N=91	Percentage
Go in late, leave early, or take some time off during the day to provide care	67%
Choose early retirement	35%
Give up working entirely	33%
Go from working full-time to part-time, or taken a less demanding job	32%
Take a leave of absence	31%
Lose any of your job benefits	10%
Turn down a promotion	9%

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

Section 6
Targeting

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

The target populations established in the Older Americans Act, 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 & social need, with particular attention to low-income minority individuals. The term "greatest economic need" means the need resulting from an income level at or below the poverty line. The term "greatest social need" means the need caused by non-economic factors, which include:
   - Physical and mental disabilities
   - Language barriers and
   - Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, sexual orientation, gender identity, or gender expression that does either of the following:
     - Restricts the ability of an individual to perform normal daily tasks
     - 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 caretakers.

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. Caregivers as defined in Title III E, which include 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, with particular attention to low-income minority individuals

XIII. Older Native Americans.

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

XIV. Who reside in rural areas.

XV. With severe disabilities.

XVI. With limited English-speaking abilities.

XVII. With Alzheimer's disease or related disorders and those taking care of these individuals.

Target Populations within Santa Clara County

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

A. Low-income seniors, including those falling below the federal poverty line, as well as those above the federal poverty line but below the Elder Economic Security Standard Index

B. Older individuals with limited English-speaking abilities

C. Vulnerable populations including, frail and/or isolated older adults

D. Informal caregivers for older adults

E. Seniors experiencing abuse

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

A. Low-Income Seniors

The needs assessment identified low-income 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, PAGE 30. 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 suggests that, currently, 39,065 older adults or 19% of the older adult population in SCC are considered low-income (2020)[320]. Based on data from the American Community Survey, the number of older adults (65+) living at, near, or below poverty in SCC drastically increased from 2000 to 2017.

In 2000, approximately 9,800 older adults age 65 or older were living below poverty, or 6% of the local senior population at that time[321].

320 20120 CDA Population Projects by County and PSA, California Department of Aging

321 2000 American Community Survey, 2013-2017 5-Year Estimates

Since then, the 2017 American Community Survey data indicated that the number of low-income older adults has more than doubled in the last seventeen years, which equates to 19,987 older adults[322].

The exorbitant cost of living in SCC, subsequentially affects the growing demographic of the older adult population. Older adults in SCC earning less than 1.5 times the FPL face great economic hardships and insecurities. Table 5.1.1 shows the cost of basic living expenses in SCC and on average for California residents age 65 and older as of 2019, and provides the thresholds identified by the Elder Index for an individual or couple to be economically secure. Prices are more expensive in SCC than the average cost of basic living expenses in California by 12–20%[323].

Table 5.1.1. Cost of Basic Living Expenses for Seniors* in SCC and California by Individual and Couple, 2019

Expense	Average cost in SCC, Individual	Average cost in California, Individual	Average cost in SCC, Couple	Average cost in California, Couple
Housing**	$623–$2,475	$547–$2,009	$623–$2,475	$547–$2,009
Food	$257	$257	$471	$471
Health Costs	$499	$365	$898	$730
Transportation	$226	$225	$348	$348
Miscellaneous	$311	$279	$468	$419
Total Monthly Expense	**$1,916–$3,768**	**$1,673–$3,135**	**$2,808–$4,660**	**$2,515–$3,997**

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

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

Housing prices and affordability of housing continues to be a prevalent issue for older adults in SCC as the number of older adults approaching poverty in SCC continues and California continues to increase. In recent years, the demand for affordable housing units for the very low-income and extremely low-income as increased substantially; however affordable housing is essential for older adults, many who are on a fixed income. Affordable homes are only available for about 40% of the very low and extremely low-income households needing them[324].

322 2017 American Community Survey, 2013-2017 5-Year Estimates

323 Elder Index. (2019). The Elder Index™ [Public Dataset]. Boston, MA: Gerontology Institute, University of Massachusetts Boston. Retrieved from ElderIndex.org

324 2018 Santa Clara County's Housing Emergency and Proposed Solutions Report https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/Santa-Clara-2018-HNR.pdf

In recent years, the increased availability of affordable housing units has not met the increased demand, making affordable housing a great concern among many seniors[325,326,327,328,329]. Homelessness in SCC rose 13% from 2016 to 2017[330]. Respondents to the 2019 SCC Homeless Census and Survey report job loss as the most common reason for their experience of homelessness and most often indicated that rent or mortgage assistance might have prevented their homelessness[331]. Across all primary data collection methods, respondents highlighted help finding housing as one of the unmet service needs. As described in Section 5.2.5 Unmet Needs of Older Adults, housing concerns were mentioned by **seven of the nine focus groups; 33% of the Older Adult Survey respondents; 25% of Caregiver Survey respondents and 64% of the Provider Survey** respondents (Page 82).

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 wellbeing. Older adults who earn between $25,000–$49,999 annually are more likely to be obese than older adults earning more than$50,000[332]. 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[333]. Some focus groups participants shared that they or others they know have had to make difficult decisions to choose between paying for prescription medications, buying adequate groceries, or paying their rent[334].

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 provide older adults, caregivers and individuals with disabilities access to locate local community-based services in the community to supplement and support their basic needs, caregiver support, insurance advocacy and assistance, 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.

325 2018 Santa Clara County's Housing Emergency and Proposed Solutions Report https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/Santa-Clara-2018-HNR.pdf

326 Community Plan to End Homelessness in Santa Clara County — May 2019 Progress Report

327 Homelessness and Food Security in the Valley.

328 https://sanfrancisco.cbslocal.com/2019/08/13/santa-clara-co-plans-to-build-low-income-housing-on-empty-lots-near-hospitals/

329 https://abc7news.com/society/santa-clara-county-tackles-regional-housing-crisis/5636588/

330 2018 Santa Clara County's Housing Emergency and Proposed Solutions Report

331 2019 Santa Clara County Homeless Census and Survey Report. ASR. Retrieved from https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf

332 2017 California Health Interview Survey

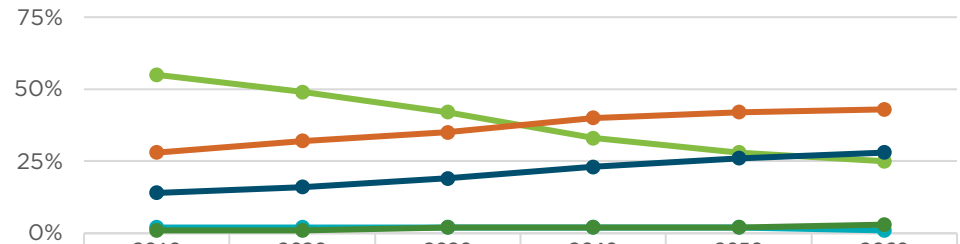
333 2015 "Health Impacts of Obesity". Pakistan Journal of Medical Sciences. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386197/

334 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

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 Seniors of Different Races and Ethnicities describes the issues that racial and ethnic sub-populations face in SCC in full detail, PAGE 41. Reported by the California Department of Finance, the projected population changes across different races/ethnicities is described in Figure 5.1.10[335].

Figure 5.1.10. Projected Composition of SCC Seniors (60+) by Race/Ethnicity, 2010–2060*



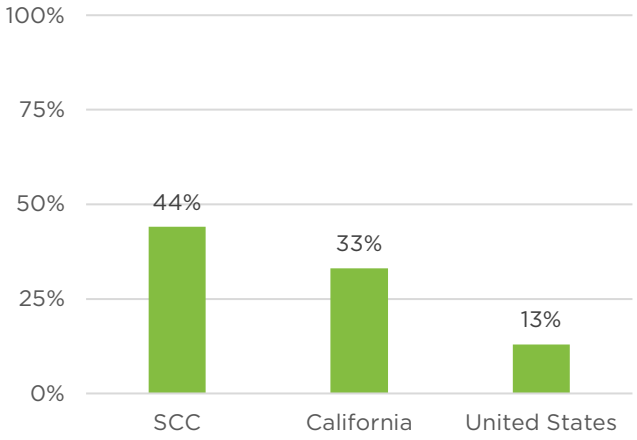
	2010	2020	2030	2040	2050	2060
Caucasian	55%	49%	42%	33%	28%	25%
Asian/Asian American	28%	32%	35%	40%	42%	43%
Hispanic	14%	16%	19%	23%	26%	28%
Black/African American	2%	2%	2%	2%	2%	1%
2+ races	1%	1%	2%	2%	2%	3%

By 2030 nearly half of the 60+ older adult population will identify as Asian/Asian American or Hispanic/Latino within SCC[336]. Among the focus group participants, language barriers were described as a primary concern among the Asian/Asian American and Hispanic/Latino older adult community when accessing and understanding services[337]. As of 2017, approximately 108,729 Asian older adults age 60 and older live in SCC, which is nearly one-third (32%) of the older adult population and more than half of this population indicated not speaking English well or at all[338]. Additionally in 2017, the American Community Survey estimated there were 49,114 Hispanic seniors aged 60 and older living in SCC and of these individuals, 34% indicated not speaking English well or not speaking English at all[339]. Of particular concern across all focus groups was the **affordability of and ease of access to health care for older adults from culturally responsive providers**[340].

335 California Department of Finance, Demographic Research Unit, 2014
336 California Department of Finance, Demographic Research Unit, 2014
337 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019
338 2017 American Community Survey, 5-Year Estimates
339 2017 American Community Survey, 5-Year Estimates
340 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

Additionally, SCC has a large proportion of older adults age 65 and older who are foreign-born as compared to state and national levels (**See Figure 5.1.16**)[341].

Figure 5.1.16. Percentage of Foreign-born Seniors (65+) at County, State, and National Levels, 2017



Similarly, different ethnic sub-populations of older individuals with limited English-speaking abilities struggle to afford basic needs such as housing, medical needs, and transportation. A full description of SCC ethnic sub-populations including Asian/Asian American and Hispanic/Latino older adults is in Section 5.1.2 Seniors of Different Races and Ethnicities.

The needs assessment data collection findings identified ethnic sub-populations throughout Section 5.2 Identification of Needs, which shares extensive insight gleaned from primary data collection activities about the needs of specific populations that are often overlooked and especially vulnerable to receiving fewer resources and/or inadequate services. Five of the nine focus groups participants reported language accommodation and support as a high priority need for older adults seeking local services[342]. Across all respondents, nearly one in five had trouble accessing information due to a language barrier (**See Table 5.2.18**)[343].

Table 5.2.18. Experienced Language Barriers in Accessing Information, SCC Older Adult Survey

	Overall	Asian/ Asian American	Hispanic or Latino/a	White or Caucasian	Age 60–74	Age 75 and Older
N	**423**	**147**	**61**	**193**	**292**	**131**
Yes	17%	33%	25%	2%	16%	18%
No	83%	67%	75%	98%	84%	82%

341 2017 American Community Survey, 5-Year Estimates
342 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019
343 Santa Clara County Random Digit Dial Survey, Fall 2019

Additional findings describing the language needs of older adults in SCC is located in Section 5.2.4 Identification of Needs, Language Service Needs of Older Adults and the findings support the summary outlined above, identifying older adults with limited English abilities as an at-risk sub-population.

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

C. Frail or Isolated Older Adults (i.e., Vulnerable Older Adults)

Vulnerable of groups of older adults are identified in the needs assessment throughout Section 5 Needs Assessment, and specifically in Sections 5.1.2 Seniors of Different Races and Ethnicities, 5.1.3 Vulnerable Older Adult Population, and 5.2.4 Needs of Local Older Adults. The needs assessment identified subgroups of vulnerable populations and is expansive across cultural, social and geographic distances, as well as, spans across different groups who might be isolated based on their racial or ethnic status, sexual orientation, gender identity, or gender expression. It is important to note that any person can experience isolation or frailty regardless of socioeconomic status. The vulnerable sub-groups of older adults identified in the needs assessment face challenges and barriers to accessing services which threatens an individual's capacity to live independently and healthy.

Sourcewise aims to support the most vulnerable communities through all programs and services provided directly and through our network of grantees. All direct services and grantees participate in trainings to build cultural competency and inclusivity to ensure each individual can receive 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. Through the Sourcewise website and in all promotional material, Sourcewise will continue to increase the use of images 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.

LGBTQ+ Older Adults

Identified through the needs assessment, LGBTQ+ older adults most often lack social networks or lack immediate family systems that can render older LGBTQ+ adults particularly vulnerable to social isolation and its consequences, including physical, emotional and mental health decline compared with their heterosexual counterparts[344]. Participants of the LGBTQ+ focus group, along with the Hispanic/Latino focus group, identified the least number of resources in SCC[345]. Identified amongst all nine focus groups was the importance of knowing where to find information and resources for older adult's services[346]. Specifically, the LGBTQ+ older adult population expressed the importance of representation or inclusion regarding the messaging/imaging of the informational materials[347]. Additionally, the LGBTQ+ focus group participants identified the need for advocacy and support when dealing with issues of discrimination generally, as well as in specific situations related to housing, financial assistance, employment, and medical care[348].

Furthermore, through the needs assessment, the LGBTQ+ older adult community expressed their concerns regarding highest priority of services needed, including: computer literacy, companionship and/or opportunities to socialize, and mental health care services[349].

Read the full narrative in the needs assessment describing the challenges LGBTQ+ communities may face in Section 5.1.3 Vulnerable Older Adult Population which includes credible reports and Section 5.2 4 Needs of Local Older Adults that describes the LGBTQ+ focus group findings. The sections support the summary outlined above, identifying LGBTQ+ older adults as a vulnerable population.

Black/African American Older Adults

Individuals who identify as Black or African American make up a much smaller proportion of the SCC senior population (2%)[350]; however, the African American community has been shown, on average, to face more barriers to services and experience inequities in both medical and healthcare than any other racial or ethnic group[351]. Unexpected job separation can have significant financial impact on seniors due to a reduction in savings earned, reduction in Social Security benefits, and an increased duration in which the same amount of money must last[352]. Employer-related involuntary job separations affected all racial and ethnic groups similarly.

344 Jie Yang, Yoosun Chu, Mary Anne Salmon, Predicting Perceived Isolation Among Midlife and Older LGBT Adults: The Role of Welcoming Aging Service Providers, The Gerontologist, Volume 58, Issue 5, October 2018, Pages 904–912, https://doi.org/10.1093/geront/gnx092

345 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

346 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

347 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

348 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

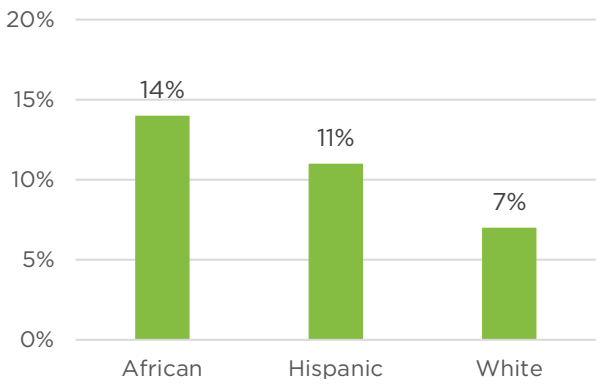
349 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

350 2017 American Community Survey, 5-Year Estimates

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

352 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

Figure 5.1.9. Adults 51–54 Leaving Job before Planned Retirement Ag due to Poor Health



Of those who left jobs early for personal reasons, African Americans left more frequently due to poor health (14%) than Hispanic adults (11%) or non-Hispanic white adults (7%) (**see Figure 5.1.9**)[353]. African American adults were slightly more affected in median income loss (46%) because they were less likely than other groups to have income outside of job-related income[354]. African Americans were less likely, on average, to have as much money in savings as other racial or ethnic groups[355]. Of older adults who face income loss coupled with the high cost of living in SCC, Black/African American communities are more likely to face unexpected challenges related to securing affordable housing options than other ethnic groups. The University of San Francisco reported that African Americans face a disproportionately higher risk for homelessness compared to other racial/ethnic groups and approximately 80% of Bay Area individuals who are homeless are African American[356]. Identified amongst all nine focus groups was the importance of knowing where to find information and resources for older adult's services; however, focus group participants from the Black/African American older adult community also expressed the importance of representation or inclusion regarding the messaging/imaging of the informational materials[357]. Additionally, community members within the focus group identified the importance for advocacy and support when dealing with issues of discrimination, medical care, mental health care, and in-home care to ensure that they are receiving equitable support[358]. The SCC BHS identified that on average, 6% of the Black/African American older adult community utilized mental or behavioral health services available from 2015–2019, which infers that either there is a lack of knowledge about available services or older adults within this community are cautious due to fear of experiencing inequitable care[359].

Read the full narrative in the needs assessment describing the challenges Black/African American communities may face in Section 5.1.1. Economic Indicators, Section 5.1.2 Seniors of Different Races and Ethnicities, which includes credible reports and Section 5.2 4 Needs of Local Older Adults that describes the Black/African American focus group findings. These sections support the summary outlined above, identifying Black/African American older adults as a vulnerable population.

353 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

354 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

355 Johnson, R., & Gosselin, P. (2018). How Secure is Employment at Older Ages? Urban Institute. https://www.urban.org/sites/default/files/publication/99570/how_secure_is_employment_at_older_ages_2.pdf

356 https://uccs.ucdavis.edu/events/event-files-and-images/UCCSKusheltalk10.16.191.pdf

357 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

358 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

359 Data request of 2016 to FY 2018-2019 from Santa Clara County Mental Health Department, Older Adult Division

Adults with Disabilities

Data shows that older adults with one or more disability are at higher risk of being in poverty than other older adults. There are over 9,000 older adults (65+) with disability that are below the FPL, which is approximately 11% of the population of older adults with disability[360]. Compared to just 7% of the non-disabled senior population who are below the FPL, the higher percentage of older adults with disability suggests they are more likely to encounter poverty than their non-disabled counterparts[361]. Individuals with a disability can often experience threats to health and wellbeing overlooked by the general public, such as difficulties finding appropriate home accommodations or adequate healthcare. Of the 150,000 people in SCC with one or more disabilities, over 76,000 are 65 years or older (69%)[362].

Across all nine focus groups, all groups mutually agreed that access to affordable healthcare/ medical care, transportation and information dissemination was the most important[363]. Additionally, focus group participants stressed the importance of advocacy and support when dealing with issues of discrimination generally and specifically related to housing, financial assistance, employment, and medical care[364]. As mentioned by individuals with a disability who participated in the focus groups, adults with disabilities may face challenges to accessing information and resources due to the materials not being available in the appropriate formats (such as audio or touch screen reading formats)[365].

Read the full narrative in the needs assessment describing the challenges adults with disabilities may face in Section 5.1.1. Economic Indicators, Section 5.1.3 Vulnerable Older Adult Population which includes credible reports and Section 5.2.4 Needs of Local Older Adults that describes the Adults with Disabilities focus group findings. The sections support the summary outlined above, identifying Adults with Disabilities as a vulnerable population.

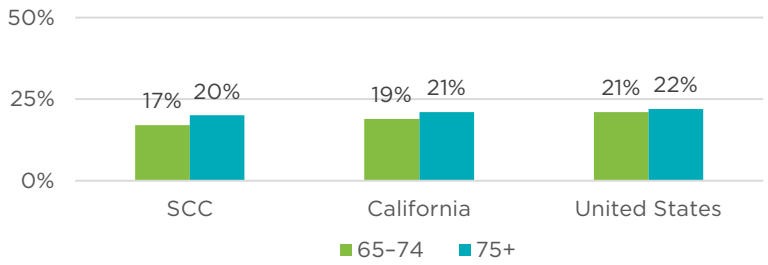
Older Adults Socially and Geographically Isolated

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[366]. 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. From 2016–2019, the SCC BHS identified that Depressive Disorder to be one of the top two diagnosis made for older adults 65 or older. 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.

360 2017 American Community Survey, 5-Year Estimates
361 2017 American Community Survey, 5-Year Estimates
362 2017 American Community Survey, 5-Year Estimates
363 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019
364 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019
365 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019
366 https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks

Findings from the 2017 American Community Survey shows that a greater percentage of seniors who are age 75 and older are living alone compared to seniors between the ages of 65 and 74 years old; this is also consistent across county, state, and national rates (**See Figure 5.1.23**)[367].

Figure 5.1.23. Seniors Living Alone by Age Group at County, State, and National Levels, 2017



Read the full narrative in the needs assessment describing the challenges adults who are socially or geographically isolated may face in Section 5.1.3 Vulnerable Older Adult Population, Section 5.1.4 Health and Wellness which includes credible reports. The sections support the summary outlined above identifying older adults who are socially and geographically isolated as a vulnerable population.

Informal Caregivers for Older Adults

The growing number of informal caregivers continues to rise parallel to the increasing number of older adults in Santa Clara County and across the nation. Data available at the national and state level identified that one in ten individuals are caregivers to adults age 50 or older and these individuals[368]. Subsequently, through the needs assessment conducted, about one in five SCC Older Adult Survey respondents reported caring for another person[369]. Individuals who identify as a caregiver often have lower health, decreased wellbeing, and face financial challenges to supplement care for their loved one. In SCC, the average cost of memory care is $6,265/month, which is 31% higher than the national median[370]. Consequentially, about 67% of the caregiver survey respondents revealed that they must either go in or leave earlier from work to provide care[371]. Through the needs assessment, a caregiver focus group was arranged for informal caregivers in SCC. The focus group participants identified the challenges with identifying local resources to support their journey as a care provider for their loved one[372]. Additionally, 52% of the caregiver survey respondents reported that they needed a short-term break from caregiving, but only about 30% of the survey respondents knew that family caregiver services existed[373]. To read the extended information discovered through the administration of the caregiver survey, read Section 5.2.6 Needs of Older Adults Caregivers & Impact Caregiving. To read the caregiver focus group findings, read Section 5.2.4 Needs of Local Adults.

367 2020 CDA Population Projects by County and PSA, California Department of Aging
368 https://www.caregiver.org/caregiver-health
369 Santa Clara County Random Digit Dial Survey, Fall 2019
370 https://www.caring.com/senior-living/memory-care-facilities/california/santa-clara-county
371 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019
372 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019
373 EVALCORP Focus Group, Provider, Caregiver, and Resident data, collected Fall 2019

Caregivers often do not self-identify as a "caregiver" due to ethnic and cultural norms. In more recent years, individuals from the millennial generation have stepped into the role of caregiving for an adult age 50 or older; one in four (24%) of family caregivers are considered part of the millennial generation, suggesting that millennials play an important part of the caregiving process for the older population[374,375].

Caregivers of the millennial generation are the most diverse, with more than half (53%) of millennial family caregivers identifying as either African American/Black, Hispanic/Latino, or Asian American or Pacific Islander[376]. Three in four (76%) of millennial caregivers support an individual over 50 years old; parents or grandparents are the most common care recipients[377].

Sourcewise provides support services for caregivers including the Family Caregiver Support Program and through our extensive network of grantees.

Sourcewise provides support services for caregivers including the Family Caregiver Support Program and through our extensive network of grantees. As the age group of who identifies as a caregiver 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. Read the full narrative in the needs assessment describing the challenges caregivers face Section 5.1.5 Caregiving.

374 Picking up the Pace of Change in California; California Task Force 2018 http://tffc.usc.edu/wp-content/uploads/2018/07/USC_CA_TFFC_Report_Digital-FINAL.pdf

375 American Association of Retired Persons (AARP) Valuing the Invaluable Report 2015 https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html

376 Finn, Brendan. (2018). Millennials: The Emerging Generation of Family Caregivers

377 Finn, Brendan. (2018). Millennials: The Emerging Generation of Family Caregivers

Seniors experiencing abuse

Another vulnerable group of seniors are those who experience or have experienced some type of abuse. Elder abuse can take many different forms, and these abusive situations can have negative impacts on a senior's well-being and overall quality of life. Also, seniors experiencing abuse may be less inclined to utilize resources in SCC and can have increased health risks due to suffering from abuse.

The most frequent type of elder abuse reported is self-neglect, making up an average of 42% of elder abuse reports in the past five fiscal years[378]. Of the self-neglect elder abuse cases, the most commonly observed category over the last five years was health and safety hazards (41% of self-neglect abuse types on average)[379]. Health and safety hazard cases have recently fallen as the number of physical care neglect has increased[380]. **Table 5.1.2** shows the 5-year breakdown for each category of self-neglect[381].

Table 5.1.2. Percentage of Self-Neglect Abuse Cases by Type in SCC, FY 2015–FY 2019

Self-Neglect Abuse Types	FY 2015 N=1,816	FY 2016 N=2,628	FY 2017 N=2,505	FY 2018 N=2,186	FY 2019 N=2,042
Health and Safety Hazards	44%	38%	42%	47%	32%
Physical Care	22%	23%	19%	20%	32%
Medical Care	22%	26%	25%	23%	25%
Financial	8%	8%	8%	7%	7%
Malnutrition/Dehydration	4%	5%	5%	3%	4%

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

Read the full narrative in the needs assessment describing the challenges older adults experiencing abuse may face in Section 5.1.3 Vulnerable Older Adult Population, Section 5.1.4 Health and Wellness which includes credible reports, and Section 5.2.4 Needs of Local Older Adults, which identifies needs and concerns through primary data collection methods.

378 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

379 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

380 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

381 Report provided by Sourcewise: County of Santa Clara, Adult Protective Services, Department of Aging and Adult Services, 2014-2019

Section 7
Public Hearings

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 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?[382] Yes or No	Was hearing held at a Long-Term Care Facility?[383] Yes or No
2020–2021	06/25/2020, 10a	Virtual, via Zoom	47	No	No
	06/25/2020, 2p	Virtual, via Zoom	32	No	No
2021–2022					
2022–2023					
2023–2024					

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.

   During the Area Plan on Aging data collection process, Sourcewise sought out input from institutionalized, homebound, and/or disabled older individuals by 1) focus groups, and 2) Random Digit Dial (RDD) survey (aka Santa Clara County Older Adult Survey).

   1) In Fall 2019, through partnerships with local community-based organizations Silicon Valley Independent Living Center, Sourcewise administered a focus group for individuals with disabilities. To obtain the views of at risk/institutionalized older adults in Santa Clara County, Sourcewise partnered with Catholic Charities of Santa Clara County, Long-term Care Ombudsman Program to administer an LTC Ombudsman Focus Group. The Santa Clara County Older Adult Survey was used to seek input from older adults 60 and older; this method aided in reaching isolated and homebound older adults.

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

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

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

   Not applicable

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.

   Pending receipt of all public comment through July 02, 2020 at 3:00 p.m. Comments received concerning minimum percentages of Title IIIB funding will be included, if any received.

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

   - *COVID-19 program/service response (during and post) regarding nutrition insecurity; social isolation; and nursing homes*
   - *The need for collaborative partnerships to respond to the pandemic*
   - *Use of pandemic federal relief funding and encouragement to support nutrition programming*
   - *Support for low vision functioning and counseling programs specific to the needs of older adults and vulnerable populations (LGBTQ+)*
   - *Budget cuts for adult day programs and plans to support individuals and families that rely on the services*

   All comments received during the Area Plan Public Hearings received an individualized response from Sourcewise to their preferred contact method.

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

   In response to the comments received by the community Sourcewise included the addition of two objectives. Objective 6.3 *and* *Objective 12.4* *in* *SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES*.

Section 8
Identification of Priorities

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

1. Services associated with access to services (transportation, health services, case management)
    A. Sourcewise administers transportation supportive services in the South Valley of Santa Clara County to older adults with a particular attention to low-income, previously homebound and at risk of isolation. The transportation services provide access to social engagements with others and access to nutrition meals.
    B. Recreational and educational activities are available to promote healthy lifestyles and remove obstacles to receiving information through strategic partnerships with community-based organizations and directly provided through Sourcewise depending on the client's needs.

        One-on-one counseling in-person or over the phone is made available by the Sourcewise Health Insurance Counseling & Advocacy Program which provides unbiased health insurance counseling at no cost to older adults, individuals with disabilities and caregivers. Health insurance counselors aim to provide individuals with all their available options and provide advocacy and guidance through health care rights and coverage.
    C. The Sourcewise Information & Awareness Program provides support to older adults, caregivers and individuals with disabilities throughout all of Santa Clara County. Through a comprehensive network of resources accessible by phone, online, e-mail and in-person, Sourcewise Community Resource Specialists provide knowledgeable options of available resources, eligibility, and guidance. In addition:
        i. Schedule and share information and educational materials to community members specific to accessing resources, Sourcewise programs and services.
        ii. Design quantitative goals to strategize how to reach vulnerable populations by participating in resource fairs and community events. Outline target population goals annually and execute by participating in outreach at faith-based organizations, libraries, and community-based organizations.
        iii. Provide brochures and develop materials in multiple languages. Aim to ensure the materials are identifiable and equitable amongst the diverse communities we serve in SCC .
        iv. Ensuring a strong web presence with relevant and current information. Including:

a. Provide timely access to updates on trending fraudulent activity and scams directly impacting older adults and caregivers available on Sourcewise protection & security web page.

b. Easy access to local events Sourcewise hosts or participates in on our website on the Sourcewise Event Calendar

c. Apply features to website to ensure information is in an accessible format for visually-impaired or hearing-impaired individuals

d. Generating and maintaining an up-to-date comprehensive resource directory (available over the phone, in-person and online)

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

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

   Sourcewise recognizes the increasing need for supportive services targeted specifically for informal (unpaid) caregivers in Santa Clara County. Therefore, Sourcewise supports in-home respite care, out-of-home respite care, caregiver education & training through partnerships with local service providers. These collaborations include grants made to the Alzheimer's Association to support respite care, caregiver training, and a multigenerational Alzheimer's adult day center.

3. Legal assistance

   Sourcewise prioritizes legal assistance for older individuals with the greatest social and economic needs. Legal services are supported through local service providers that can provide legal assistance related to public benefits, long-term care, housing, alternatives to institutionalization, and elder abuse/neglect.

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

4. Low-income seniors, including those falling below the federal poverty line, as well as those above the federal poverty line but below the Elder Economic Security Standard Index
5. Older individuals with limited English-speaking abilities
6. Vulnerable populations including, frail and/or isolated older adults
7. Informal caregivers for older adults
8. Seniors experiencing abuse

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Section 9
Area Plan Narrative Goals and 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 home content and safe.			
Rationale:			
Objective 1.1 The Public Authority Registry will provide at least one independent provider orientation session per month with 10 to 30 individuals in attendance. Additional sessions will be provided in Spanish, Vietnamese and Mandarin as needed. Sessions are three and a half hours and provide information on how IHSS works; how to be active on the registry, roles and responsibilities of independent providers; disease prevention; elder abuse and mandated reporter confidentiality; completing paperwork and timesheets; benefits and who to contact for different aspects of the program. Success will be measured by attendance, and end of session evaluations. **(Reference Section 8–2, 4, 5, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: To provide in-home care services enabling older adults and individuals with disabilities to continue living in their home content and safe.			
Rationale:			
Objective 1.2 Public Authority Services will complete Department of Justice background checks on all new IHSS, independent home care providers in Santa Clara County to provide in-home services to eligible IHSS recipients. Since inception in November 2009, Public Authority Services has provided background checks on over 43,175 home care providers, this service will continue. **(Reference Section 8–2, 4, 5, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

Goal: To provide in-home care services enabling older adults and individuals with disabilities to continue living in their home content and safe.			
Rationale:			
Objective 1.3 Public Authority Services will administer health, dental, vision benefits and transportation passes 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 12,210 in health benefits; 12,881 in dental/vision benefits. Public Authority Services has issued more than 26,000 transportation passes for independent home care providers. This service will continue. **(Reference Section 8–2, 4, 5, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

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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.			
Objective 2.1 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 with an emphasis on Alzheimer's Disease and dementia. Support of these services will allow older adults and individuals with disabilities access to specialized care 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. **(Reference Section 8–2, 6, 7)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

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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. Support older adults to ensure that they can continue to remain safely in their own home by avoiding premature institutionalization.			
Objective 3.1 Sourcewise will provide case management services available in Morgan Hill, San Martin and Gilroy to older adults with limited English proficiency, including older adults who are most likely to be isolated, and those with reduced access to resources due to disabilities. Through a strategic partnership with the Gilroy Senior Center, Sourcewise will increase accessibility of case management services by having a paid bilingual Case Manager on-site for 12–15 hours a week. In an effort to ensure the most vulnerable populations in the southern cities of Santa Clara County connect with services, Sourcewise will actively network with other community-based organizations and senior housing facilities to provide in-person case management services at those sites. **(Reference Section 8–1d, 4, 5, 6)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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. Support older adults to ensure that they can continue to remain safely in their own home by avoiding premature institutionalization.

Objective 3.2	Projected Start and End Dates	Title IIIB Funded PD or C[1]	Update Status[2]
Sourcewise Multipurpose Senior Services Program (MSSP) staff will provide expert and timely care planning for older adults at risk of nursing home placement. Care plans will be developed through multi-disciplinary nursing and social work assessments, conferencing, and supervision, following a rigorous schedule and standards. Care managers will monitor monthly for progress. MSSP care managers will coordinate care interventions through strategic partnerships with agency and community-based service providers. MSSP care managers will provide information and advocacy to clients, their families and caregivers to access services and benefits for which clients are eligible. During the assessment process, care managers will identify any client needs that are best addressed using purchased services covered by the Home and Community Based Services Budget. The MSSP supervisor and director will review all purchase recommendations. To ensure an equitable provision of services, the MSSP supervisor will record and track all referrals and administer a waiting list of all eligible program candidates. The supervisor will balance a prospective client's time on waiting list with urgency of need when contacting prospective clients for enrollment. An effort to contact referrals who are not eligible, will be made within two weeks so that triage and additional resource recommendations may be provided to those individuals or referring parties. **(Reference Section 8–1d, 4, 5, 6)**	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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. Support older adults to ensure that they can continue to remain safely in their own home by avoiding premature institutionalization.			
Objective 3.3 Sourcewise will support the administration of a Case Management service in Santa Clara County with a concentration in a geographic area where there is a high number of older adults of the greatest social and economic need requiring case management service assistance. **(Reference Section 8–1d, 4, 5, 6)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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Goal #4:Transportation

Goal: To provide transportation services for older adults, to help connect them with community-based organizations, reduce isolation, improve their social well-being and support them to continue to live independently in the community.			
Objective 4.1 The Sourcewise Transit Services will provide at least 6,000 one-way door-to-door transportation services to older adult residents of Morgan Hill, San Martin, and Gilroy to reduce social isolation and enable older individuals to attain and maintain access to services for their physical and mental well-being such as recreation, music, creative arts, physical activity, education and other supportive services not available during congregate meal times. **(Reference Section 8–1a, 4, 5, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

Goal: To provide transportation services for older adults, to help connect them with community-based organization, reduce isolation, improve their social well-being and support them to continue to live independently in the community.			
Objective 4.2 In an effort to ensure older adult residents of Gilroy, Morgan Hill, and San Martin can continue to age in their homes safely and to promote healthy living by having accessible transportation options for non-emergency medical appointments and transportation to pick-up or refill prescriptions at local pharmacies. The Sourcewise Transit Services will work towards expanding the existing transportation services to include one-way trips to pharmacies and non-emergency medical appointments. **(Reference Section 8–1a, 4, 5, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

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2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal #5: Legal Services

Goal: To provide accessible legal representation and consultation for older adults of the greatest social and economic need with an emphasis on but not limited to legal issues related to aging, abuse and neglect.			
Objective 5.1 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 residencts. **(Reference Section 8–3, 4, 6, 8)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

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Goal #6: Information & Assistance, Outreach and Community Education

Goal: To provide information & referral for services and resources available to older adults, caregivers, and individuals with disabilities in Santa Clara County. To increase the community's knowledge and understanding of how to access services in the community.			
Objective 6.1 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. In-person services are provided at resource fairs or community events and offer immediate access to resources and services for the older adult or family caregivers. 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 format, as well as digital format by e-mail. Each individual or family caregiver who receives assistance will receive a follow-up phone call within 3 weeks to reassess their situation and to ensure the resources provided were able to successfully help. **(Reference Section 8–1c,4, 5, 6, 7)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: To provide information & referral for services and resources available to older adults, caregivers, and individuals with disabilities in Santa Clara County. To increase the community's knowledge and understanding of how to access services in the community.			
Objective 6.2 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 and elder abuse protection. Community outreach will be performed in-person. Sourcewise Community Resource Specialists interact with older adults and caregiver in group settings and one-on-one. Community Resource Specialists will provide interactive informational presentations and provide education of services and resources at all presentations and resource fairs. Informational material will be available in various languages based on needs and will be supplied to all participants at presentations and at all resource fairs. **(Reference Section 8–1c,4, 5, 6, 7)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

Goal: To provide information & referral for services and resources available to older adults, caregivers, and individuals with disabilities in Santa Clara County. To increase the community's knowledge and understanding of how to access services in the community.			
Objective 6.3 Sourcewise will increase the organizations visibility and further inform the community about the local AAA through publication of an annual impact report highlighting internal programming impact on the community; our network of grantees; and goals & objectives of the AAA. **(Reference Section 8–1c, 4, 5, 6, 7)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: To provide information & referral for services and resources available to older adults, caregivers, and individuals with disabilities in Santa Clara County. To increase the community's knowledge and understanding of how to access services in the community.			
Objective 6.4 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. **(Reference Section 8–1c, 4, 5)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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.			
Objective 7.1 The Sourcewise Health Insurance Counseling & Advocacy Program will expand its network of volunteers to at least 50 volunteer HICAP Counselors. Strategic outreach initiatives will be used to attract and recruit new volunteers. The strategic outreach plan will use various forms of media to inform the public of available volunteer positions. **(Reference Section 8–1b)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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.			
Objective 7.2 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. In order 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 volunteer HICAP Counselors by recruiting, training and retaining four Spanish and four Vietnamese speakers by 2024. 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. **(Reference Section 8–1b,4, 5, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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.			
Objective 7.3 The Sourcewise Health Insurance Counseling & Advocacy Program will ensure quality objective counseling by adding to the existing continuing education training program. Sourcewise HICAP will add bi-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. **(Reference Section 8–1b,4, 5, 6)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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.

Objective 7.4	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
The Sourcewise Health Insurance Counseling & Advocacy Program will assist SCC Medicare beneficiaries in finding suitable Medicare prescription Drug Plans and Medicare Advantage plans. The Medicare Plan Finder (MPF), a tool for objectively analyzing over 60 different plans in Santa Clara County, has recently undergone changes in functionality and result presentation. To ensure HICAP Counselors can use and explain the updated MPF to the public, once per month a group training will be developed and will target a specific update to the MPF. Additionally, an extensive 8 hour training will be conducted once per year for all staff and volunteer health insurance 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 making a decision. **(Reference Section 8–1b)**	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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.			
Objective 7.5 HICAP will continue to ensure an effective and engaged group of volunteers to better serve the community. In recognition of and to accommodate the varying backgrounds, skill sets and opportunities for specialized activities, HICAP will create options to improve the volunteer experience and enhance client counseling. Subject matter expert groups led by volunteers will help leverage their expertise and interest. Areas may include employer plans, Medicare appeals, Medicare/Medi-Cal counseling, and prescription drug analysis. **(Reference Section 8–1b, 4, 5, 6, 8)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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.			
Objective 7.6 HICAP will expand upon the available material to thoroughly explain Medicare Advantage, including supplemental benefits and integrated care programs, along with updated Medicare Supplemental (Medigap) options with Original Medicare for clients to actively participate in their health care plan selection and improve their comprehension during each session. **(Reference Section 8–1b)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal #8: Meals and Nutrition Services

Goal: To provide nutritious meals and educational material about healthy eating in both the home and congregate meal settings.			
Objective 8.1 Sourcewise will support the administration of congregate meals and nutrition education to at least thirty unique sites throughout Santa Clara County. **(Reference Section 8–4, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

Goal: To provide nutritious meals and educational material about healthy eating in both the home and congregate meal settings.			
Objective 8.2 Sourcewise will support the administration of and access to hot/frozen nutritious meals to eligible older adults, at least 60 years and older, who are homebound and/or unable to prepare meals or shop on a consistent basis for themselves. The Sourcewise Meals on Wheels program will support older adults remain independent in their homes, avoid hospitalization, cater to their special dietary needs, and manage chronic health issues. Sourcewise will provide Meals on Wheels in coordination with a 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. **(Reference Section 8–4, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal #9: Family Caregiver Support Services

Goal: To support the tradition of family 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.			
Objective 9.1 Sourcewise will fund one full-time Care Manager position, supervised by the Director Information & Awareness to administer the Family Caregiver Support Program which focuses to provide unpaid family caregivers access to a network of resources and services based on their unique situation. The Care Manager completes an assessment; informs the caregiver of service availability, coordinates of services, and supportive counseling for caregivers. Through the administration of respite services the FCSP Care Manager's goal is to support the family caregiver by reducing stress and improving their mental and emotional well-being. **(Reference to Priorities 8–2, 2a, 7)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: To support the tradition of family 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.			
Objective 9.2 Sourcewise will continue to pilot the Family Caregiver Support Program Information & Awareness program to provide one-on-one options counseling and coordination of services for the unpaid caregiver. In coordination with the Information & Awareness 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. The pilot program will collaborate to administer a caregiver support group using a teleconference and in-person setting with the goal to provide caregivers access to and build a local network of support. The support group will increase their social and emotional well-being. **(Reference to Priorities 8–7)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

Goal: To support the tradition of family 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.			
Objective 9.3 Sourcewise will support an agency to provide caregiver support services to older individuals caring for youths up to age 18. Grandparent Family Caregiver Support provides case management support, respite, and legal guardianship assistance for older adults entrusted with the care of their grandchildren. **(Reference to Priorities 8–2, 2a, 7)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: To support the tradition of family 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.			
Objective 9.4 Sourcewise will support an organization within Santa Clara County to provide extensive support services to caregivers of Alzheimer's Disease or dementia. An emphasis will be placed on caregiver support options in the form of respite, support groups, and other means designed to reduce caregiver stress levels, provide education about Alzheimer's, and allow the caregiver to conduct daily activities including participating in the workforce. **(Reference to Priorities 8–2, 2a, 7)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal #10: Enrichment Services

Goal: To provide services that enrich the lives of older adults in Santa Clara County			
Objective 10.1 Sourcewise will provide employment assistance opportunities for eligibe low-income unemployee 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. **(Reference Section 8–4)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

Goal: To provide services that enrich the lives of older adults in Santa Clara County			
Objective 10.2 Sourcewise will provide individuals of all ages in Santa Clara County the opportunity to volunteer to support the administration and delivery of the Meals on Wheels and Information & Awareness prgrams. The volunteer program will include an orientation focused on who Sourcewise is; an assessment of the volunteer's abilities; and interests. Sourcewise will explore internship partnerships with local university and junior colleges in SCC to support and expand upon the delivery of services to all adults in SCC. **(Reference to Section 8–1c, 4, 5, 6)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[5]**

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: To provide services that enrich the lives of older adults in Santa Clara County			
Objective 10.3 Sourcewise will administer a Fall Prevention Program to Morgan Hill, Gilroy, and San Martin older adults at risk for falls or returning home after hospitalization due to falls in partnership with local healthcare service providers. The Fall Prevention Program will aim to minimize the probability of premature institutionalization and improve an older adults' ability to remain safely in their home. **(Reference Section 8–4, 5, 6)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

Goal: To provide services that enrich the lives of older adults in Santa Clara County			
Objective 10.4 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: Spanish, Vietnamese, Mandarin Chinese, and Russian. This is inclusive of professional interpreting services available for individuals when they call or have an appointment in-person. The list above is not inclusive of all professional language interpretation services 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. **(Reference Section 8–4, 5, 6, 7, 8)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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Goal: To provide services that enrich the lives of older adults in Santa Clara County			
Objective 10.5 Sourcewise Ambassadors are volunteers that aim to reduce social isolation and loneliness amongst the older adult population by conducting weekly 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. **(Reference Section 8–1c, 4, 5, 6)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal #11: Information Technology

Goal: To update technology to improve Sourcewise's ability to provide access and support high quality service for older adults.			
Objective 11.1 Sourcewise will implement processes to improve the quality of data gathered by various senior service agencies. Sourcewise will dedicate the agency programs to server-specific use, thereby improving both the use and backup routines that are required for HIPPA compliance. The use of data storage will improve virtual access for on-and off-site program entries. Sourcewise will incorporate virtual secure technologies that allow management staff to access their computer desktops for critical after-hours off-site work. Sourcewise will incorporate cutting-edge internet access technologies. Service providers offering "Hotspot" technologies will be used as emergency broadband access to the internet for the purpose of remote communication and file management in times of disaster. **(Refer Section 8–all)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: To update technology to improve Sourcewise's ability to provide access and support high quality service for older adults.			
Objective 11.2 Sourcewise will improve the quality of telephone communications through the deployment of Voice Over Internet Protocol (VOIP) technology. Sourcewise staff will utilize state–of-the-art phone technologies that offer features such as instant messaging, electronic voice mail, electronic conference calling, voice mail logs, and playbacks on computers. Additionally, Sourcewise will create a consumer-friendly Automated Call Distribution (ACD) network for all incoming consumer calls. The goal is to offer virtual direction to the correct person through a clear phone greeting navigational system. **(Refer Section 8–all)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

Goal: To update technology to improve Sourcewise's ability to provide access and support high quality service for older adults.			
Objective 11.3 Sourcewise will utilize video for conferences and meetings with off-site workers in order to improve work processes, save money on travel, and garner instant collaboration on critical projects. This will result in increased staff productivity and decrease reliance upon more traditional means of communications. **(Reference Section 8–all)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: To update technology to improve Sourcewise's ability to provide access and support high quality service for older adults.			
Objective 11.4: Sourcewise will continue to update its agency website to enhance public awareness of the agency and make navigation and understanding of Sourcewise services more user-friendly. The web 3.0 will include a redesign of the website, creating a platform to showcase the positive contributions of the diverse adult population aged 18+ and educating the public about the stigmas of ageism. The redesign of the website will also improve access to up-to-date resources or services by removing obstacles to access information. The website will be enhanced with more detail on caregiver needs and services. **(Reference Section 8–1c, 4, 6, 8)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

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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.			
Objective 12.1 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 single source of service reference to the local community's network of social services, welfare, aging, and health. **(Reference Section 8–all)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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.			
Objective 12.2 Sourcewise will endeavor to contribute in the implementation of the Master Plan on Aging goals and objectives outlined in October 2020. **(Reference Section 8–all)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

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.			
Objective 12.3 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. **(Reference to Section 8–all)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

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.			
Objective 12.4 Sourcewise will monitor the evolving needs of older adults and caregivers who have been impacted by the COVID-19 pandemic. Sourcewise will analyzing existing data reports specific to COVID-19 and will administer a supplement survey to further inform the AAA on access to supportive services and unmet needs during this time. Sourcewise will continue to partner on a State and local level with grantees to provide technical assistance to asses and address service modeling during the pandemic. **(Reference to Section 8–all)**	**Projected Start and End Dates** ☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	**Title IIIB Funded PD or C[1]** ☐Yes ☒No	**Update Status[2]**

Goal #13: Health & Wellness Services

Goal: To provide programs encouraging and assisting older adults in their pursuit of a healthy lifestyle.			
Objective 13.1 Sourcewise will—under contract—provide Health Promotion & Disease Prevention Services approved by the Administration of Community Living evidence-based programs to measure outcomes both positive and negative. In accordance with the service targeting outlined in the California Code of Regulation Title 22. These services will include: **Better Choice Better Health, AEA Arthritis Foundation Aquatic Program (AFAP), Diabetes Self-Management Program (DSMP), Matter of Balance (MOB), Powerful Tools for Caregivers, Stay Active and Independent for Life (SAIL)**. **(Reference Section 8–1b, 4–6)**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[1]**	**Update Status[2]**
	☒2020–2021 ☐2021-2022 ☐2022-2023 ☐2023-2024	☐Yes ☒No	

Section 10
Service Unit Plan (SUP) Objectives

TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)

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

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary and the National Ombudsman Reporting System (NORS) Instructions.

1. Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA. Only report services provided; others may be deleted.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	600,000	8	8
2021–2022			
2022–2023			
2023–2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	11,250	2	2.1
2021–2022			
2022–2023			
2023–2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	3,166	3	3
2021–2022			
2022–2023			
2023–2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	561,280	8	8.1
2021–2022			
2022–2023			
2023–2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	6,000	4	4.1
2021–2022			
2022–2023			
2023–2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	4,000	5	5.1
2021–2022			
2022–2023			
2023–2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	10,400	8	8.2
2021–2022			
2022–2023			
2023–2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	12,000	6	6.1
2021–2022			
2022–2023			
2023–2024			

Outreach (Access) **Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020–2021	5,000	6	6.2
2021–2022			
2022–2023			
2023–2024			

2. NAPIS Service Category — "Other" Title III Services
   - ❑ Each **Title IIIB** "Other" service must be an approved NAPIS Program service listed above 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 NAPIS 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 Security, 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
2020–2021	240	6	6.3
2021–2022			
2022–2023			
2023–2024			

3. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15–10 if not ACL approved.

Unit of Service = 1 contact

Service Activities: Evidenced-based health promotion

- ❑ **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020–2021	2,200	13	13.1
2021–2022			
2022–2023			
2023–2024			

TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2020–2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, 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 2016, 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 2017–2018 was 73%.

1. FY 2018–2019 Baseline Resolution Rate: Number of complaints resolved 629 + number of partially resolved complaints 221 divided by the total number of complaints received 1336 = Baseline Resolution Rate **63** % FY 2020–2021 Target Resolution Rate **65** %
2. FY 2019–2020 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2021–2022 Target Resolution Rate _____ %
3. FY 2020–2021 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____% FY 2022–2023 Target Resolution Rate _____%
4. FY 2021–2022 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____% FY 2023–2024 Target Resolution Rate _____%
Program Goals and Objective Numbers: **68**

B. Work with Resident Councils (NORS Elements S-64 and S-65)

1. FY 2018–2019 Baseline: Number of Resident Council meetings attended **7** FY 2020–2021 Target: **8**
2. FY 2019–2020 Baseline: Number of Resident Council meetings attended _____ FY 2021–2022 Target: _____
3. FY 2020–2021 Baseline: Number of Resident Council meetings attended _____ FY 2022–2023 Target: _____
4. FY 2021–2022 Baseline: Number of Resident Council meetings attended _____ FY 2023–2024 Target: _____
Program Goals and Objective Numbers: **10**

C. Work with Family Councils (NORS Elements S-66 and S-67)

1. FY 2018–2019 Baseline: Number of Family Council meetings attended **1** FY 2020–2021 Target: **1**
2. FY 2019–2020 Baseline: Number of Family Council meetings attended _____ FY 2021–2022 Target: _____
3. FY 2020–2021 Baseline: Number of Family Council meetings attended _____ FY 2022–2023 Target: _____
4. FY 2021–2022 Baseline: Number of Family Council meetings attended _____ FY 2023–2024 Target: _____
Program Goals and Objective Numbers: **1**

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. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

1. FY 2018–2019 Baseline: Number of Instances **24** FY 2020–2021 Target: **25**
2. FY 2019–2020 Baseline: Number of Instances _____ FY 2021–2022 Target: _____
3. FY 2020–2021 Baseline: Number of Instances _____ FY 2022–2023 Target: _____
4. FY 2021–2022 Baseline: Number of Instances _____ FY 2023–2024 Target: _____
Program Goals and Objective Numbers: **30**

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 2018–2019 Baseline: Number of Instances **100** FY 2020–2021 Target: **102**
2. FY 2019–2020 Baseline: Number of Instances_____ FY 2021–2022 Target: _____
3. FY 2020–2021 Baseline: Number of Instances _____ FY 2022–2023 Target: _____
4. FY 2021–2022 Baseline: Number of Instances _____ FY 2023–2024 Target: _____
Program Goals and Objective Numbers: **110**

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 2018–2019 Baseline: Number of Sessions **7** FY 2020–2021 Target: **4**
2. FY 2019–2020 Baseline: Number of Sessions _____ FY 2021–2022 Target: _____
3. FY 2020–2021 Baseline: Number of Sessions _____ FY 2022–2023 Target: _____
4. FY 2021–2022 Baseline: Number of Sessions _____ FY 2023–2024 Target: _____
Program Goals and Objective Numbers: **4**

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.

Enter information in the relevant box below.

FY 2020–2021 Systems Advocacy Effort(s):
Provide advocacy for residents in long term care facilities during the time of COVID19 – provide technical assistance to residents, families/friends and staff.
FY 2021–2022
FY 2022–2023
FY 2023–2024

Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Routinez 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 2018–2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **41** divided by the total number of Nursing Facilities 53 = Baseline **77.36** %   FY 2020–2021 Target: **80** %
2. FY 2019–2020 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 2021–2022 Target: _____%
3. FY 2020–2021 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 2022–2023 Target: _____%
4. FY 2021–2022 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 2023–2024 Target: _____%
Program Goals and Objective Numbers: **92**

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 2018–2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint **60** divided by the total number of RCFEs **260** = Baseline **23** %   FY 2020–2021 Target: **25** %
2. FY 2019–2020 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 2021–2022 Target: _____%
FY 2020–2021 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 2022–2023 Target: _____%
FY 2021–2022 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 2023–2024 Target: _____%
Program Goals and Objective Numbers: **40**

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 2018–2019 Baseline: **7.01** FTEs FY 2020–2021 Target: **9** FTEs
2. FY 2019–2020 Baseline: _____ FTEs FY 2021–2022 Target: _____ FTEs
3. FY 2020–2021 Baseline: _____ FTEs FY 2022–2023 Target: _____ FTEs
4. FY 2021–2022 Baseline: _____ FTEs FY 2023–2024 Target: _____ FTEs
Program Goals and Objective Numbers: **9**

D. Number of Certified LTC Ombudsman Volunteers (NORS Element S-24)

1. FY 2018–2019 Baseline: Number of certified LTC Ombudsman volunteers **39** FY 2020–2021 Projected Number of certified LTC Ombudsman volunteers **25**
2. FY 2019–2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021–2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020–2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022–2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021–2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023–2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: **35**

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 2016, Section 712(c)]

Measures and Targets:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman 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 will provide mini trainings each month prior to the monthly recertification meeting. Ombudsman staff and volunteers will receive basic training and tips for ODIN2020. In addition, volunteers will be encouraged use ODIN2020. This should help to increase the accuracy, consistency, and timeliness of our National Ombudsman Reporting System (NORS) data reporting.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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 2016, 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.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

Fiscal Year	Total # of Public Education Sessions
2020–2021	4

Fiscal Year	Total # of Training Sessions for Professionals
2020–2021	8

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2020–2021	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020–2021	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020–2021	130	Mandated reporting flow chart, description of types of abuse, SOC 341

Fiscal Year	Total Number of Individuals Served
2020–2021	160

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)
2020–2024 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	**Proposed Units of Service**	**Required Goal #(s)**	**Optional Objective #(s)**
Information Services	**# of activities and Total est. audience for above**		
2020–2021	# of activities: 150 Total est. audience for above: 5,000	9	6.1, 6.2, 9.1, 9.2
2021–2022	# of activities: Total est. audience for above:		
2022–2023	# of activities: Total est. audience for above:		
2023–2024	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2020–2021	2,000	9	6.1, 6.2, 9.2
2021–2022			
2022–2023			
2023–2024			
Support Services	**Total hours**		
2020–2021	2,900	9	9.1, 9.3, 9.5
2021–2022			
2022–2023			
2023–2024			
Respite Care	**Total hours**		
2020–2021	45,000	9	9.2, 9.3, 9.5
2021–2022			
2022–2023			
2023–2024			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Support Services	**Total hours**		
2020–2021	600	9	9.4
2021–2022			
2022–2023			
2023–2024			

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one "Managing AAA," to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

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

STATE & FEDERAL PERFORMANCE TARGETS: The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report.* As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL's approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA's Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- 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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-plannin (Reference CDA PM 17–11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

HICAP Legal Services Units of Service (if applicable)[1]

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020–2021	10	7
2021–2022		
2022–2023		
2023–2024		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020–2021	40	7
2021–2022		
2022–2023		
2023–2024		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020–2021	7	7
2021–2022		
2022–2023		
2023–2024		

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

Section 11
Focal Points

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), (Older Americans Act Reauthorization Act of 2016, Section 306(a)

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

Designated Community Focal Point	Address
Avenidas	450 Bryan Street Palo Alto, CA 94301
Mountain View Senior Center	266 Escuela Avenue Mountain View, CA 9404
Santa Clara Senior Center	1303 Fremont Street Santa Clara, CA 95050
Milpitas Senior Center	160 North Main Street Milpitas, CA 95035
Cupertino Senior Center	21251 Stevens Creek Boulevard Cupertino, CA 95014
John XXIII Senior Center	195 East San Fernando Street San Jose, CA 95110
Alma Community Center	136 West Alma Avenue San Jose, CA 95110
Eastside Senior Center	2150 Alum Rock Avenue San Jose, CA 95116
Campbell Adult Center	1 West Campbell Avenue Campbell, CA 95008
Willow Glen Community and Senior Center	2175 Lincoln Avenue San Jose, CA 95125
Southside Senior Center	5585 Cottle Road San Jose, CA 95123
Morgan Hill Centennial Recreation Center	171 West Edmundson Avenue Morgan Hill, CA 95037
Gilroy Senior Center	7371 Hanna Street Gilroy, CA 95014

Section 12
Disaster Preparedness

Disaster Preparation Planning Conducted for the 2020–2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, 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 and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:**

   Sourcewise recognizes emergency preparedness and protection of our Santa Clara County consumers is a priority given the recent increase in number of Northern California fires, flooding, and PG&E power shut- offs/outages. Most recently, the COVID-19 pandemic disproportionality affected older adults who were asked to shelter in place in mid-March. This affected their ability to obtain and access supportive programs and services, including the ability to purchase and obtain meals.

   To support our clients, Sourcewise has partnered with State and local emergency COVID-19 response groups and is part of a Non-profit leadership council to address food insecurity in our community. Our organization serves as main point of access for Meals on Wheels, Great Plates Delivered, and is highlighted as a resource for older adults in by the Silicon Valley Strong– an initiative to support individuals living in Santa Clara County.

   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 remotely and update them through our newsletter and website. Furthermore, Sourcewise began an Ambassador program to provide wellness check-ins for vulnerable, homebound older adults.

   A member of the Sourcewise staff attends the local emergency response bi-weekly agency meetings, Collaborating Agencies Disaster Relief Effort (CADRE) at 2731 North First Street, San Jose, CA 95134 – 408-577-2175.

   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

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 Relieve Effort) **Access & Functional Needs Lead**	Office: (408) 894-9041 CADRE: (408) 577-2175	SheriB@svilc.org
Bruno Pillet	CADRE (Collaborating Agencies' Disaster Relieve Effort) **Food Lead**	Office: (408) 577-2175	admin@cadresv.org

3. **Identify the Disaster Response Coordinator within the AAA:**

Name	Title	Telephone	email
Linda Phillips	Disaster/Safety Director	Office: (408) 350-3295 Cell: (408) 210-1588	lphillips@mysourcewise.com

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

Critical Services	How Delivered?
• Information & Awareness • Meals on Wheels • Care Management (MSSP & South County Services)	• I&A staff with other employees • Through MOU with Bateman Community Living/TRIO

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

Santa Clara County Senior Nutrition Program	Bateman Community Living MOW Food and Delivery Vendor
353 W. Julian Street, San Jose, Ca 95110 Contact Name: Vanessa Merlano Senior Nutrition Manager (408) 755-7682 vanessa.merlano@ssa.sccgov.org	1675 Walsh Avenue Ste. #1, Santa Clara, CA 95050 Contact Name: Laura Brown General Manager (408) 970-9557 Laura.brown@triocommunitymeals.com

6. **Describe how the AAA will:**

- Identify vulnerable populations.

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

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

  - Sourcewise will have direct contact with its clients or 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.

Section 13
Priority Services

2020–2024 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[1] 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 2020–2021 through FY 2023–2024

Access:

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

Fiscal Year (FY)	% of Title III B Funds expended in/or to be expended
2020–2021	60%
2021–2022	
2022–2023	
2023–2024	

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's, Residential

Fiscal Year (FY)	% of Title III B Funds expended in/or to be expended
2020–2021	5%
2021–2022	
2022–2023	
2023–2024	

1 Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each "Priority Service" category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

Legal Assistance Required Activities[1]:

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

Fiscal Year (FY)	% of Title III B Funds expended in/or to be expended
2020–2021	10%
2021–2022	
2022–2023	
2023–2024	

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 need's assessment and supplemental research. These will be presented at the public hearings and comments by participants will be considered in setting the percentages.

1 Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Section 14
Notice of Intent to Provide Direct Services

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

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

☐ Check if not providing any of the below-listed direct services.

Check applicable direct services	**Check each applicable Fiscal Year**			
Title IIIB	**20–21**	**21–22**	**22–23**	**23–24**
☒ Information and Assistance	☒	☒	☒	☒
☒ Case Management	☒	☒	☒	☒
☒ Outreach	☒	☒	☒	☒
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title IIID	**20–21**	**21–22**	**22–23**	**23–24**
☐ Disease Prevention and Health Promo.	☐	☐	☐	☐
Title IIIE[1]	**20–21**	**21–22**	**22–23**	**23–24**
☐ Information Services	☐	☐	☐	☐
☒ Access Assistance	☒	☒	☒	☒
☒ Support Services	☒	☒	☒	☒
☒ Respite Services	☒	☒	☒	☒
☐ Supplemental Services	☐	☐	☐	☐
Title VIIA	**20–21**	**21–22**	**22–23**	**23–24**
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title VII	**20–21**	**21–22**	**22–23**	**23–24**
☐ Prevention of Elder Abuse, Neglect, and Exploitation.	☐	☐	☐	☐

1 Refer to PM 11-11 for definitions of Title III E categories.

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

1. When able, continue to hire qualified, bilingual staff to communicate with our multilingual clients.
2. Continue to invest in a professional interpretation phone service that assists bilingual or limited English 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 emphasize 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 senior service providers of all communities inclusive of OAA identified vulnerable populations.
6. Sourcewise will continue to provide FCSP Information & Awareness 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 established resources available and specific to caregivers.

Section 15
Request for Approval to Provide Direct Services

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

Identify Service Category: Health Insurance Counseling & Advocacy Program

Check applicable funding source[10]:

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☒ 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 20–21** ☒ **FY 21–22** ☒ **FY 22–23** ☒ **FY 23–24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[3]

Sourcewise has administered HICAP since its inception. It is an integral part of the broad 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.

10 Section 15 does not apply to Title V (SCSEP).

3 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAA's agree.

Identify Service Category: Home Delivered Meals

Check applicable funding source[10]:

☐ IIIB

☐ IIIC-1

☒ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ 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 20–21** ☒ **FY 21–22** ☒ **FY 22–23** ☒ **FY 23–24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[3]

Sourcewise will continue to administer home delivered meals to eligible Santa Clara County residents. Sourcewise will work directly with the meal vendor to increase oversight and efficiency of the program operations.

Through the expansive network of support services, Sourcewise is able to provide home delivered meals clients with seamless referral to our 9 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 Sourcewise home delivered meals program is publicized and a wellestablished 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.

The availability of frozen entrée options is an equally healthy alternative to the hot, daily meals delivery program administered within Santa Clara County.

10 Section 15 does not apply to Title V (SCSEP).

3 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

Identify Service Category: Community Education

Check applicable funding source[10]:

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ 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 20–21** ☒ **FY 21–22** ☒ **FY 22–23** ☒ **FY 23–24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[3]

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 58,000 dual-eligibles reside within Santa Clara County. Limited HICAP resources are restricted as to their use and in general inadequate to meet the volume of calls anticipated once actual wind down begins.

10 Section 15 does not apply to Title V (SCSEP).

3 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAA's agree.

Identify Service Category: Transportation

Check applicable funding source[10]:

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ 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 20–21** ☒ **FY 21–22** ☒ **FY 22–23** ☒ **FY 23–24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[3]

Available transportation options for low-income seniors who live in the southern cities of Santa Clara County is limited. Since the inception of the Sourcewise Transit Service it has provided 24,000 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 is 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 in San Mateo County & Santa Clara County. Cities within Santa Clara County which are eligible to receive services includes: Los Altos, Los Altos Hills, Mountain View, Palo Alto and Sunnyvale.
- Reach Your Destination Easily (RYDE) offers curb-to-curb transportation for residents in Campbell, Cupertino, Los Gatos, Monte Sereno, and Saratoga.

10 Section 15 does not apply to Title V (SCSEP).

3 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

- 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 is 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.

10 Section 15 does not apply to Title V (SCSEP).
3 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAA's agree.

Section 16
Governing Board

GOVERNING BOARD MEMBERSHIP

22020–2024 Four-Year 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	06/2020
Sonya Casares, First Vice President	06/2021
Robert MacLaughlin, Second Vice President	06/2020
Matthew Woodruff, Treasurer	06/2023
Dr. Anita Mukherjee, Secretary	06/2022

Names and Titles of All Members:	Office Term Expires
Michal Mendoza	06/2022
Heather Severson-Tanez	06/2023

*The Sourcewise Governing Board is currently recruiting potential members.

Section 17
Advisory Council

ADVISORY COUNCIL MEMBERSHIP

2020–2024 Four-Year Planning Cycle

Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies): 41

Number of Council Members over age 60: 27

Race/Ethnic Composition	% of PSA's 60+ Population	% on Advisory Council
White	56%	48%
Hispanic	22%	19%
Black	2%	6%
Asian/Pacific Islander	7%	19%
Native American/Alaskan Native	3%	3%
Other	3%	3%

Name and Title of Officers:	Office Term Expires
Sam M Saiu, Chair	06/2020
Maureen Heath, Vice Chair	06/2022
Samuel Bruce Heister, City of Palo Alto, Secretary	06/2022

Names and Titles of Other Members:	Office Term Expires
Vijay Kumar Syal, Asian Community Rep.	6/2022
Priscilla Haynes, Af–Am Community	6/2021
Wes Mukoyama, Asian Community	6/2022
Janet Motha, California State Legislature	6/2021
Angelina Speltz-Quintana, American Indian Representative/Alaskan Native Community Representative	6/2021
Tom Picraux, Member at-Large	6/2021
Danice Picraux, Member at Large	6/2021
Richard Adler, City of Cupertino	6/2020
Claudia Shope, Fed. of Retired Union	6/2022
Judy Pipkin, Disabled Community Rep.	6/2022
Debbie Vasquez, City of Morgan Hill	6/2020
Lydia Norcia, City of Los Gatos	6/2021
Shirley Logger, City of Campbell	6/2020
May Miller, City of San Jose	6/2020
Marilyn Basham, City of Saratoga	6/2021
William Devereux, City of Milpitas	6/2020
Veena Raghavan, Health Department	6/2022
Marty Rawson, City of Sunnyvale	6/2020
Maureen Heath, At-Large	6/2022
Evangeline Sangalang, District 3, BOS Representative	6/2021
Ellen Rollins, District 4, BOS Rep.	6/2021
Elna R. Tymes, District 5, BOS Rep.	6/2021
Cricket Rubino, SCC Cities Association	6/2021
Trisha Lam, Senior Nutrition Program	Permanent
Skip Frenzel, Family Caregiver	6/2020
Louis Rocha, Hispanic Community Rep. 1	6/2022
Liz Ayala, Hispanic Community Rep. 2	6/2022
Shirley Loffer, City of Campbell	6/2020
Gabrielle Antolovich, LGBT Community Rep.	6/2023
Nancy Biagini, City of Santa Clara	6/2023

*The Sourcewise Advisory Council is currently recruiting potential members

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

	Yes	No	
Low Income Representative	☒	☐	Claudia Shope
Disabled Representative	☒	☐	Judy Pipkin
Supportive Services Provider Representative	☒	☐	Ellen Rollins
Health Care Provider Representative	☒	☐	Angelina Speltz-Quintana
Family Caregiver Representative	☒	☐	Skip Frenzel
Local Elected Officials	☒	☐	Multiple
Individuals with Leadership Experience in Private and Voluntary Sectors	☒	☐	Multiple

Explain any **"No"** answer(s): N/A

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-one 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 with a recognized senior citizen advisory body shall with the advice of such body, appoint one person who is sixty years or over.
c. Three agencies, which have an interest in the elderly citizens of Santa Clara, shall each appoint one person. One of these persons shall be from the Nutrition Program, one from the Health Department and one from the Santa Clara County Cities Association.
d. In addition to all members designated in parts 'a' through 'c', there shall be seven members as follows:
    i. One member who represents the interests of the disabled community;
    ii. Three members from the Hispanic community;
    iii. Three members from the Pacific/Asian community;
    iv. Two members from the Black community;
    v. One member from the Native American community;
    vi. One Family Caregiver Representative;
    vii. One Member from the Lesbian, Gay, Bisexual, Transgender and Queer Expansive Community (LGBTQ+)
e. Five members at large shall be elected.
f. Three members, each of whom represents one of the following senior organizations:
    i. Federation of Retired Union Members
    ii. Congress of California Seniors
    iii. California Senior Legislature

Section 18
Legal Assistance

2020–2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)][1] 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. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements:

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

2. Based on your local need's assessment, what percentage of Title IIIB funding is allocated to Legal Services?

   10%

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

   No, there has not been a significant change in the legal needs of seniors.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? Yes/No, Discuss:

   Yes

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? Discuss:

   Yes. The provider shall set case priorities for categories of cases for which legal representation will be given to ensure that those in greatest economic and social need are served. Legal representation shall emphasize the categories of public benefits, long-term care, housing, alternatives to institutionalization, and elder abuse/neglect.

1 For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population? Yes/No, Discuss:

   Yes, the AAA collaborates with the Legal Services Provider to identify the target population. The target population 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 is through Sourcewise designated focal points and additional senior centers or community sites as 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.

7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discuss:

   The primary legal services program is delivered through intake sites at Sourcewise designated focal points and additional senior centers or community sites as funding allows. This agency receives 90% of its referrals from these sources. Centers in low-income and ethnic minority areas are visited regularly. 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 staff and volunteers are bilingual in Spanish and Chinese and can communicate directly with the target population. Additional mechanisms for delivery are through other sites in the community, the legal service providers' Central Office in San Jose, home visits, and telephone intake (for urgent matters/homebound seniors), emphasizing outreach and in the service area with greater concentrations of elders that are in greatest social need, in greatest economic need, or minorities.

8. How many legal assistance service providers are in your PSA? Complete table below.

Fiscal Year	# of Legal Assistance Services Providers
2020–2021	1
2021–2022	
2022–2023	
2023–2024	

9. Does your PSA have a hotline for legal services? Yes/No, Discuss:

   Yes, seniors can call the Sourcewise main line at (408) 350–3200 or (800) 510–2020 and reach Information & Awareness to receive a senior legal service referral.

10. What methods of outreach are Legal Services providers using?

    Historically, our providers conduct outreach by providing informational presentations or hosting tabled events to increase awareness. Our provider also focuses on providing community-based services through regularly-based services and scheduled appointments at a number of locations throughout Santa Clara County.

11. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2020–2021	a. Senior Adults Legal Assistance	a. PSA 10, county-wide
2021–2022	a.	a.
2022–2023	a.	a.
2023–2024	a.	a.

12. Discuss how older adults' access Legal Services in your PSA:

    Older adults' access legal services through the legal service providers' staff attorneys or volunteer legal workers (pro bono attorneys or paralegals) located at 13 focal points, senior centers, and other community sites located throughout the county.

    Homebound elders are served by telephone and scheduled home visits. Older adults are also served through the provider's Central Office in San Jose.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

    The legal services provider in Santa Clara County provides assistance in a wide range of civil legal matters, specializing in legal issues of greatest concern to the PSA's target population(s) identified in the Area Plan. These areas include but are not limited to: 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.

    Legal assistance to promote older adults' Fair Housing choice and Aging in Place, including assistance with reasonable accommodation requests for their disabilities or enforcement of their civil rights, has become a growing area of need for clients in the PSA's tight housing market. The need for Elder Abuse Prevention/Protective Services, through Restraining Orders and preventive Advance Planning documents, also continues to be a legal problem area trending in the PSA, as is the need for Advance Planning for Incapacity/Personal Autonomy to support the target population to live safely, independently, and with dignity and choice.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA?

    While the legal services provider has continued to specialize in the legal issues of greatest concern to the PSA's target population noted above, a greater emphasis has been placed upon Elder Abuse Intervention/Protective Services (including Restraining Orders) and preventive Advance Planning for Incapacity to prevent Elder Abuse/Exploitation. The legal services provider has also expanded services to affirmatively further Fair Housing (particularly advocacy with reasonable accommodations for persons with disabilities) so older adults can Age in Place in the affordable, accessible, and supportive housing of their choice.

15. What are the barriers to accessing legal assistance 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 locating legal services appointments at Sourcewise designated focal points (where the PSA's target population can be found) and many additional sites (senior centers, senior nutrition programs, senior housing, and community service agencies) where the target population resides or congregates. All sites are also accessible to persons with physical disabilities. To accommodate older adults that are homebound or residing in skilled nursing 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 and minority seniors, is another strategy to address service access barriers.

    Community education/outreach is also important 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 in English, Spanish, Mandarin, and Vietnamese 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 Sourcewise Health Insurance Counseling & Advocacy Program 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 efforts above. Per the Older Americans Act the legal services provider cannot charge fees for services or accept fee-generating cases top generate revenue for its services. Therefore, the primary sources of funding for this service are grants from government and private sources. Funding from these grant sources for the continuum of supportive services for the target population, including legal assistance, has not kept pace with the growth of the older adult population.

16. What other organizations or groups does your legal service provider coordinate services with? Discuss:

The current legal services provider, Senior Adults Legal Assistance (SALA), currently coordinates service delivery with a network of 13 Sourcewise designated Focal Points, 5 other senior/community centers (Berryessa, Cypress, Los Gatos, Saratoga, and Sunnyvale Centers), Stevenson House (a senior housing/senior nutrition site in Palo Alto), and Sunnyvale Community Services where the provider's legal service appointment sessions are available. Each appointment location schedules the legal services provider's appointments at their site and provides a rent-free private room for the appointment sessions.

The legal services provider also currently coordinates services/referrals or collaborates with the following organizations (not an exhaustive list):

- Asian Law Alliance (ALA)
- Bay Area Legal Aid (the Legal Services Corporation grantee)
- CANHR (California Advocates for Nursing Home Reform)
- Catholic Charities (Immigration and Older Adults Programs)
- Elder Abuser Task Force of Santa Clara County
- HICAP (SALA provides the legal component for HICAP)
- Katherine and George Alexander Community Law Center (affiliated with Santa Clara University)
- Fenwick & West, LLP (to recruit volunteer attorneys for special projects)
- Law Foundation of Silicon Valley
- Local Police Departments
- Long -Term Care Ombudsman Program
- OAA Funded Case Management programs
- Pro Bono Project of Silicon Valley
- Project Sentinel (the Fair Housing provider)
- Programs offered by Sourcewise
- San Jose Fair Housing Consortium (comprised of ALA, Law Foundation, Project Sentinel and SALA)
- San Jose Housing Rights Consortium (comprised of ALA, Bay Area Legal Aid, Law Foundation, Project Sentinel and SALA)
- Santa Clara County Adult Protective Services
- Santa Clara County Bar Association and Silicon Valley Bar Association
- Santa Clara County District Attorney's Office (Elder Fraud and Real Estate Fraud Units)
- Santa Clara County Human Relations Dispute Resolution Program
- Santa Clara County Public Guardian's Office
- Santa Clara County Sheriff's Office
- Santa Cara County Superior Court – General Civil/Elder Abuse and Family/Domestic Violence Divisions)
- Santa Cara County Superior Court Self Help Center – Restraining Order Help Center
- Verizon's Legal Department (to recruit volunteer attorneys for special projects)

Section 19
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 20

Family Caregiver Support Program

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services

Older Americans Act Reauthorization Act of 2016, Section 373(a) and (b)

2020–2024 Four-Year Planning Cycle

Based on the AAA's review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. **If the AAA will not provide a service, a justification for each service is required in the space below.**

Family Caregiver Support Program

Category	2020–2021	2021–2022	2022–2023	2023–2024
Family Caregiver Information Services	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☒ Direct ☒ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract
Family Caregiver Access Assistance	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ no
	☒ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract
Family Caregiver Support Services	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☒ Direct ☒ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract
Family Caregiver Respite Care	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☒ Direct ☒ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract
Family Caregiver Supplemental Services	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract

*Refer to PM 11-11 for definitions for the above Title III E categories.

Grandparent Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Grandparent Information Services	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract
Grandparent Access Assistance	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract
Grandparent Support Services	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Direct ☒ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract
Grandparent Supplemental Services	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract
Family Caregiver Supplemental Services	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract	☐ Direct ☐ Contract

Justification: For each service category checked "no", explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service is provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title IIIE funds

Family Caregiver Supplemental Services:

Supplemental services include assistive devices for caregiving, home adaptations for caregiving, caregiving services registry, and caregiving emergency cash/material aid. The Sourcewise Needs Assessment found that most caregivers requested services provided in other categories — educational classes on caregiver resources and techniques, information on available programs, brief respite from caregiving, etc. These were identified to be priority areas for Sourcewise use of Title III E funding. Examples of supplemental services available throughout Santa Clara County are shown below:

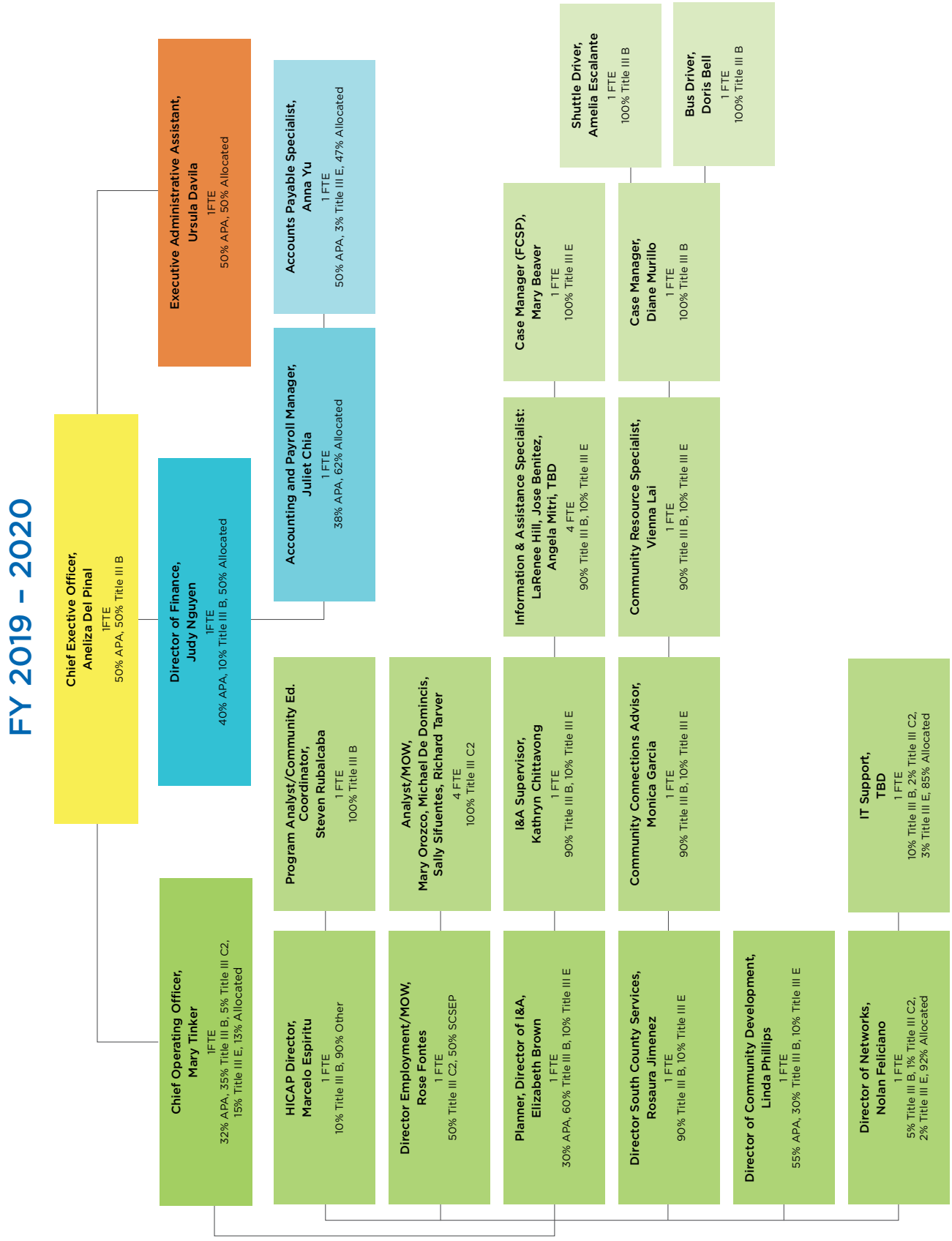
Caregiving emergency cash/material aid — Alzheimer's Association (2290 N First St., Suite 101, San Jose, CA 95131) provides short-term/emergency funding for caregiver respite, while the caregiver arranges for a more permanent respite situation.

Grandparent Information Services, Access Assistance, Respite Care, and Supplemental Services

Sourcewise contracts with the Kinship Resource Center (KRC) located at 1908 Senter Rd. Suite #50, San Jose, CA 95112 to provide a wide array of grandparent caregiver services. The program's sole focus is providing comprehensive services to grandparent and relative caregivers throughout Santa Clara County who are solely responsible for a relative child when neither parent is present in the home. The KRC provides case management, support groups, educational seminars, recreation, respite, health management, information and referrals, and short-term counseling for caregivers.

In order to simplify the reporting process and ease any unnecessary administrative burden, Sourcewise asks the KRC to report only on their primary service, grandparent supportive services. Other services the KRC provides such as grandparent access assistance and respite care are considered to be integrated and crucial for the operation and success of the program.

Section 21
Organization Chart



Section 22
Assurances

Pursuant to the Older Americans Act Reauthorization Act of 2016, (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 2016 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 health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

2. OAA 306(a)(4)(A)(i)(I-II)

(I) provide assurances that the area agency on aging will —

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

(II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

3. OAA 306(a)(4)(A)(ii)

Include in each agreement made with a provider of any service under this title, a requirement that such provider will —

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;

4. OAA 306(a)(4)(A)(iii)

With respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on —

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

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)(9)

Provide assurances that the Area Agency on Aging will carry 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 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ''older Native Americans''), including —

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) 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.

10. OAA 306(a)(13)(A-E)

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency —

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

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 Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13. OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and 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.

14. OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

15. 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.

16. 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.

17. 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

18. 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.

19. OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for —

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

20. 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.

21. 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.

22. OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

23. OAA 307(a)(27)

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, interagency 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 persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, 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 individuals, 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 access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

28. CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

29. 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.

30. CFR [1321.69(a)]

Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

Section 23
Addendum

Acronym	Term/Organization
AAA	Area Agency on Aging
ACD	Automated Call Distribution
AoA	Administration on Aging
APS	Adult Protective Services
ASC	American Community Survey
C	Coordination
CADRE	Collaborating Agencies' Disaster Relieve Effort
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CDSM	Chronic Disease Self-Management
CFR	Code of Federal Regulations
CHIS	California Health Interview Survey
CMS	Centers for Medicare and Medicaid Services
CCR	California Code of Regulations
CTA	Committee for Transit Accessibility
FPL	Federal Poverty Line
FY	Fiscal Year
HICAP	Health Insurance Counseling & Advocacy Program
I&A	Information & Awareness
ICF	Intermediate-Care Facility
IHSS	In-Home Supportive Services Program
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer expansive

Acronym	Term/Organization
LTC	Long-Term Care
MOW	Meals on Wheels
MSP	Medicare Savings Programs
MSSP	Multipurpose Senior Services Program
NAPIS	National Aging Program Information System
NORS	National Ombudsman Reporting System
OAA	Older Americans Act
OES	Office of Emergency Services
PD	Program Development
PSA	Planning and Service Area
PSAs	Public Service Announcement
RCFE	Residential Care Facilities for the Elderly
RTC	Regional Transit Connection
SCSEP	Senior Community Service Employment Program
SFY	State Fiscal Year
SHIP	State Health Insurance Assistance Programs
SNAP	Supplemental Nutrition Assistance Programs
SNF	Skilled Nursing Facilities
SPM	Supplemental Poverty Measure
SPR	State Program Report
SSRC	Social Science Research Center
SUP	Service Unit Plan
VOIP	Voice over Internet Protocol
VTA	Valley Transportation Authority

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