



MONDAY, APRIL 2, 2012

4:30 P.M. –REGULAR SENIOR COMMISSION MEETING

Hillview Community Center, Los Altos Senior Center Room 11
97 Hillview Avenue, Los Altos, California 94022

ROLL CALL

PLEDGE OF ALLEGIANCE

SPECIAL PRESENTATIONS

PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

Members of the audience may bring to the Commission's attention any item that is not on the agenda. Please complete a "Request to Speak" form and submit it to the Staff Liaison. Speakers are generally given two or three minutes, at the discretion of the Chair. Please be advised that, by law, the Commission is unable to discuss or take action on issues presented during the Public Comment Period. According to State Law (also known as "the Brown Act") items must first be noticed on the agenda before any discussion or action.

DISCUSSION ITEMS

1. Commission Minutes
Recommendation to approve the minutes of the March 5, 2012 regular meeting.
2. City Council Reports: Revised 2012-2013 Senior Commission Work Plan
Review City of Los Altos City Council proceedings of March 27, 2012 regarding the revised 2012-2013 Senior Commission Work Plan.
3. Annual Joint Meeting of the Los Altos City Council and Senior Commission
Staff report on purpose of Annual Joint Meeting with Council.
 - a. Discussion of purpose of Annual Joint Los Altos City Council and Senior Commission meeting scheduled for May 1, 2012.
 - b. Senior Commission will present 2012 Accomplishments and 2012/2013 Work Plan.
 - c. Discuss any further agenda items to discuss with Council at the Joint Meeting.
4. 2012 Accomplishments
Prepare 2012 Senior Commission Accomplishments for the Annual Joint Meeting of the Los Altos City Council and Senior Commission.

5. Senior Scholarship

Verbal Staff report regarding Senior Scholarship recipients. Review and discussion of recommendation to the Los Altos and Los Altos Hills City Council regarding the future of the Senior Scholarship program.

Items for Information

- a. Senior Commission Publicity
Articles to be written and received pertinent to senior issues.
- b. Santa Clara Council on Aging Advisory Board Report
Written report by Commissioner Tiemann.
- c. City of Los Altos Volunteer Recognition
The Annual City of Los Altos Volunteer Recognition Event will be held on Thursday, April 19, 2012 at 5:30 p.m. at the Los Altos Youth Center.

COMMISSION REPORTS AND DIRECTIONS ON FUTURE AGENDA ITEMS

ADJOURNMENT

SPECIAL NOTICES TO PUBLIC

In compliance with the Americans with Disabilities Act, the City of Los Altos will make reasonable arrangements to ensure accessibility to this meeting. If you need special assistance to participate in this meeting, please contact the Recreation Department 72 hours prior to the meeting at (650) 947-2894.

Agendas, Staff Reports and some associated documents for Senior Commission items may be viewed on the Internet at <http://www.ci.los-altos.ca.us/committees-commissions/senior/meetings.html>.

On occasion the Senior Commission may consider agenda items out of order.

All public records relating to an open session item on this agenda, which are not exempt from disclosure pursuant to the California Public Records Act, and that are distributed to a majority of the legislative body, will be available for public inspection at the Los Altos Senior Center Coordinator's Office, City of Los Altos, located at 97 Hillview Avenue, Los Altos, California at the same time that the public records are distributed or made available to the legislative body. Any draft contracts, ordinances and resolutions posted on the Internet site or distributed in advance of the Council meeting may not be the final documents approved by the City Council. Contact the Senior Commission Liaison for the final document.

If you wish to provide written materials, please provide the Senior Commission Liaison with **10 copies** of any document that you would like to submit to the Senior Commission for the public record.

For other questions regarding the meeting proceedings, please contact the Senior Commission Liaison at 650-947-2894.

**MINUTES OF A REGULAR MEETING OF THE SENIOR COMMISSION OF THE
CITY OF LOS ALTOS/ TOWN OF LOS ALTOS HILLS, HELD ON
MONDAY, MARCH 5, 2012 AT 4:30 P.M. AT HILLVIEW COMMUNITY CENTER,
97 HILLVIEW AVENUE, LOS ALTOS, CALIFORNIA, 94022**

ROLL CALL

PRESENT: Commission Members Jenney, Popell, Tiemann, Pelham, Seddiqui, Traficanti,
De Mare, Brauch

ABSENT: Palmer

PLEDGE OF ALLEGIANCE

Chair Jenney led the pledge of allegiance to the flag.

SPECIAL PRESENTATIONS

Mayor Valorie Cook Carpenter, City of Los Altos Mayor presented a Community Center Update.

PUBLIC COMMENT

None.

DISCUSSION ITEMS

1. Committee Minutes
Motion by Tiemann seconded by Popell to approve the February 6, 2012 minutes as written. Motion passed unanimously.
2. Nomination and Election of Senior Commission Chair and Vice Chair
Unanimous vote to re-elect Commissioner Jenney as Chair and Commissioner Tiemann as Vice-Chair through March 2013.
3. Annual Joint Meeting of the Los Altos City Council and Senior Commission
Verbal Staff report on purpose of Annual Joint Meeting with Council.
 - a. Discussion of purpose of Annual Joint Los Altos City Council and Senior Commission meeting scheduled for May 1, 2012.
 - b. Senior Commission will present 2012 Accomplishments and 2012/2013 Work Plan and other agenda items.

4. Preparation of 2012 Accomplishments and Preparation of 2012/2013 Work Plan
 - a. Discuss and prepare report to Council regarding 2012 accomplishments.
 - b. Review and Update Senior Commission 2012/2013 Work Plan based upon subcommittees recommendations and Senior Commission discussion.
 - c. Revised 2012/2013 Work Plan to be submitted for approval by the City of Los Altos City Council at the March 27, 2012 Meeting with follow-up discussion at the May 1, 2012 Joint Meeting of the Los Altos City Council and Senior Commission.
 - d. Commissioners brainstorming the addition of any further agenda items to be discussed with Council at the Joint Meeting.
5. Encore

Discussion of Senior Commission representation at the interactive event for adults 50+ featuring more than 25 non-profit exhibits, lunch and a panel discussion on encore careers on Saturday, March 24, 2012, 9:30 a.m. – 1:00 p.m. at the Los Altos Youth Center.
6. Items for Information
 - a. Senior Commission Publicity

Tiemann reported on Articles to be written and received pertinent to senior issues
 - b. Santa Clara Council on Aging Advisory Board Report

Report by Commissioner Tiemann.
 - c. Town of Los Altos Hills, Community Relations Committee

Verbal report by Commissioner Popell.

COMMITTEE REPORTS AND FUTURE AGENDA ITEMS

- a. Review accomplishments
- b. Senior Scholarship
- a. City of Los Altos Volunteer Recognition
The Annual City of Los Altos Volunteer Recognition Event will be held on Thursday, April 19, 2012 at 5:30 p.m. at the Los Altos Youth Center.

ADJOURNMENT

Chair Jenney adjourned the meeting at 6:30p.m.

Candace Bates
Senior Center Recreation Coordinator
Liaison to the Senior Commission

Los Altos Senior Commission – 2012-2013 Work Plan
2012-2013 Council Approved Goals and Projects

Goals	Projects
1	<p>GOAL 1. Transportation – Study issues involving bus transportation for seniors. (Tanya DeMare and K. Gabrielle Tiemann)</p> <p>a. Benches at Bus Stops (DeMare/Tiemann to follow up with staff)</p> <p>By July 1, 2012 - work with staff to:</p> <ol style="list-style-type: none"> 1) Validate the need for benches for seniors – Pelham created research binder 2) Identify the location of Los Altos/Los Altos Hills bus stops and which ones have (and don't have) benches 3) Research the Feasibility/Cost/Process of installing benches and use of grant funds (DeMare/Tiemann)
2	<p>GOAL 2. Provide resources for age-friendly home/condo construction. (Tanya DeMare and K. Gabrielle Tiemann)</p> <p>a. Compile a listing of resources identifying age-friendly design elements (DeMare/Tiemann)</p> <p>By July 1, 2012: Discuss with staff to determine how and to whom to disseminate list of resources (DeMare/Tiemann)</p>

3	<p>GOAL 3. Refresh/modernize Senior Center. (Dianne Brauch and Kathy Seddiqui)</p> <p>a. Meet with staff to assess needs of Senior Center</p> <p>b. Contact local designers for possible donation of design plans for center</p> <p>c. Contact furniture stores for possible donations of new furniture and/or accessories (Brauch/Seddiqui)</p>	<p>By June 2012:</p> <ol style="list-style-type: none"> 1) Create a list of possible local designers to ask for design plans for the Senior Center 2) Contact designers for design plans for the Senior Center <p>By December 2012:</p> <ol style="list-style-type: none"> 1) Create a list of furniture stores that may donate furniture to implement design plans for the Senior Center 2) Contact furniture stores for the donations of furniture (Brauch/Seddiqui)
4	<p>GOAL 4. Collaborate with the Senior Center on a variety of educational programs. (Anabel Pelham and Catherine Popell)</p> <p>a. Meet with Senior Center staff to assess the needs and scheduling for a senior lecture series</p> <p>b. Explore the no-cost Stanford University Falls Prevention Program (Pelham)</p> <p>c. Explore a Senior lecture series (Pelham/Popell)</p>	<p>By June 2012:</p> <p>Explore options for cost recovery venues for senior lecture series (Library, Town of Los Altos Hills, Main Street Café, State Street Bike Shop, etc.)</p> <p>Invite a representative of the Stanford University Falls Prevention Program to make a presentation to the Commission in order to review its feasibility as an educational program for the Senior Center (Pelham/Popell)</p> <p>By August 2012:</p> <p>Contact local speakers with topic expertise, about presenting a lecture in the series (Example: reverse mortgages, health issues, etc.) (Pelham/Popell/staff)</p>

5	<p>GOAL 5. Determine if there are gaps in the Emergency Preparedness Programs as they relate to seniors; for example Red Cross, first responders, etc. (Anabel Pelham and Catherine Popell)</p> <p>a. Explore how LA/LAH presently encourage seniors to participate in Emergency Preparedness classes</p> <p>b. Investigate the Intergenerational Emergency Preparedness Project developed by SFSU Gerontology Graduate students (Pelham/Popell)</p>	<p>By June 2012: Contact Mike Sanders and George Hurst for a presentation to the Senior Commission for Emergency Preparedness status report and recommendations</p> <p>Contact the SFSU Gerontology Program Graduate Student team that developed the Intergenerational Emergency Preparedness Project for Los Altos and invite them for a presentation to the Senior Commission (Pelham/Popell/staff)</p>
6	<p>GOAL 6. Continue to update Senior Resource Manual. (Dianne Brauch and Kathy Seddiqui)</p> <p>a. Update senior resource manual annually or as needed</p> <p>b. Solicit feedback from users</p> <p>c. Update the Chamber of Commerce annual brochure (Brauch/Seddiqui)</p>	<p>By December 2012:</p> <ol style="list-style-type: none"> 1) Review and update all service provider information 2) Add or subtract service providers as necessary 3) Print any updates to the Senior Resource Manuals 4) Update resource books in all locations (Senior Center, Los Altos City Hall, Town of Los Altos Hills Recreation and Chamber of Commerce) 5) Review and add or subtract Senior Resource Manual locations 6) Insert a feedback page in Senior Resource Manuals and City and Town websites 7) Update City and Town websites to reflect updates <p>(Brauch/Seddiqui/staff)</p>

7	<p>GOAL 7. Explore research and program development grants and contracts aimed at helping older individuals. (Anabel Pelham)</p>	<p>a. Research grant opportunities (Pelham)</p> <p>By August 2012:</p> <ol style="list-style-type: none"> 1) Study the Foundation Center’s offerings of potential grants and contracts that would serve older persons. Place the emphasis on the eight Age-Friendly Cities criteria 2) Share findings with the Commission and staff (Pelham/ staff)
8	<p>GOAL 8. Share with appropriate city officials the results of our after-dark downtown grid lighting surveys. (Karen Jenney and Anabel Pelham)</p> <p>a. Walking Survey project (Jenney, Pelham)</p>	<p>By May 1, 2012 and November 1, 2012: Share with staff any after-dark lighting safety issues found during next walking surveys in the downtown grid</p> <p>December 5, 2011: Senior Commission meeting with Jim Gustafson and reported on the follow-up progress being made on the Walking Survey results</p> <p>Oct. 29, 2011: Walking Survey done and given to Jim Gustafson, Engineering Services Manager for the City of Los Altos</p>
9	<p>GOAL 9. Identify and/or coordinate common senior initiatives with other agencies that involve senior initiatives (that come within the scope of duties or purposes of Senior Commission). (Senior Commissioners)</p> <p>a. Senior Commissioners will attend any meeting of organizations/commissions/committees as invited and/or appropriate and bring that information back to the Senior Commission (Traficanti)</p>	<p>By June 1, 2012:</p> <p>Review Agendas and Minutes of those organizations that meet Goal 9. If a Senior issue is on the Agenda or Minutes, the assigned Commissioner(s) will attend relevant meetings and report back to the Commission</p> <p>Review organizations that support Seniors in the City of Los Altos/Town of Los Altos Hills and assign Commissioners to other organizations that may have come up</p> <p>Annually review and assign or reassign commissioners to various groups as deemed necessary (Traficanti)</p>



AGENDA REPORT

MEETING DATE: August 23, 2011

TO: City Council

FROM: Senior Commission

SUBJECT: Senior Scholarship Fund

RECOMMENDATION:

- A. Authorize implementation of a Scholarship Program for Senior Center membership and activities;
 - B. Direct the Finance Department to vet applications under the current North County Library Authority tax exemption process; and
 - C. Authorize the Senior Commission to seek scholarship funding through local Los Altos philanthropic and charitable organizations.
-

SUMMARY:

Estimated Fiscal Impact:

Amount: No direct expense; indirect staff expense approximately \$1,000 per year
Budgeted: No

Previous Council Consideration: March 22, 2011

CEQA Status (If Required): N/A

Attachments:

- 1. North County Library Authority Application for Exemption From Library Tax
- 2. Draft Application for Senior Scholarship

Beverly Tucker, Recreation Director

Date

Russell J. Morreale, Finance Director

Date

Douglas J. Schmitz, City Manager

Date

BACKGROUND:

At the March 22, 2011 meeting, the City Council directed the Senior Committee to investigate how a scholarship fund for seniors would function in detail. The need for such a fund was found when Committee members interviewed seniors at three different luncheons held at the Senior Center. There was much concern expressed about the increased cost of the luncheons, the cost of classes and even the membership fee for some financially strapped individuals. The Committee felt that there needed to be some way to keep those individuals socially and mentally stimulated through activities at the Senior Center.

DISCUSSION:

Neighboring cities were asked if and how they had such programs. Several neighboring cities replied. They all had a fee assistance program and used similar application forms. The Senior Commission looked at the application forms that the Los Altos Finance and Technology Department uses for exemptions from the Utility Users Tax and from the North County Library Authority Library Tax. We believe the process and the application form (with a few minor changes) used for the exemption from the Library Tax (Attachment 1) would be suitable for use in verifying appropriate candidates who will use the Senior Scholarship program (Attachment 2). The application interview would be handled at City Hall and the fees would be “paid” via computer, eliminating any discomfort at the Senior Center itself. Limiting the amount of \$200 per household per year is suggested because it would cover membership, participation at all luncheons during the year and some funds for classes. This funding would be available on a first-come, first-served basis. Each participant would need to reapply each year. If all of the funds were not used in any given year, then only the amount needed to keep the Scholarship Fund whole would be requested from donors.

FISCAL IMPACT:

The Commission has set an initial yearly donation goal of \$1,600, however this amount may vary based on the number of qualified applicants.

There is no direct expense to the City through implementing the Scholarship Program. There will be an indirect staffing cost of approximately \$1,000 per year for the Finance and Technology Department to process the applications.

ALTERNATIVES:

1. The City Council could allocate \$1,600 per year from the General Fund in lieu of seeking donations.
2. Do not authorize a Senior Scholarship Fund.
3. Create a sliding payment scale for seniors based on income levels

FINANCE AND TECHNOLOGY DEPARTMENT
One North San Antonio Road
Los Altos, California 94022-3088
(650) 947-2760
Fax (650) 947-2735

Enclosed is the application for exemption from the Library Tax.

After you have completed this form, please call (650) 947-2615 to set up an appointment so we can process your application.

Please bring the following items with you to your appointment:

PROOF OF AGE

(Drivers License or Passport or Birth Certificate)

VERIFICATION OF INCOME

(Income tax return(s), bank statements, rental income, etc. of all persons residing at your residence)

PROPERTY TAX BILL

(Current Secured Property Tax bill from the County of Santa Clara)

Thank you.

Sincerely,

Yuka Arai
Accounting Office Assistant II

NORTH COUNTY LIBRARY AUTHORITY

APPLICATION FOR EXEMPTION FROM LIBRARY TAX

Exemption to be administered by the
Finance Department of the City of Los Altos
One North San Antonio Road, Los Altos, CA. 94022 (650) 947-2760

This application must be presented in person to the Finance Department located in City Hall at the above address. **Please call (650) 947-2615 to make an appointment.**

Name (Please Print): _____

Address: _____

Date of Birth: _____ Drivers License #: _____

Telephone #: _____

Property parcel number (APN): _____
(Shown on property tax bill)

I hereby certify under penalty of perjury that I am 65 years of age (or older) and responsible for the payment of the parcel tax for the above address. *I further declare that the aggregate income, from all sources, of all persons who share this residence does not exceed \$38,500 per year.*

I will immediately notify the City, if I no longer live at the above address, or if the property is sold, or of any changes in my financial status that may affect my exemption eligibility.

SIGNATURE

DATE

Note: A copy of your property tax bill will be needed to verify the parcel number of the property. You will be asked to present your driver's license or other proof of age and will be required to show proof of household income.

Do not write below this line

Certification granted by:

DATE: _____

Yuka Arai
Accounting Office Assistant II

APPLICATION FOR SENIOR SCHOLARSHIP

Scholarship to be administered by the Finance Department of the City of Los Altos

One North San Antonio Road, Los Altos, CA. 94022 (650)947-2760

This application must be presented in person to the Finance Department located in City Hall at the above address. **Please call (650)947-2615 to make an appointment.**

Name (Please Print): _____

Address: _____

Date of Birth: _____ Drivers License or ID Card #: _____

Telephone#: _____

I hereby certify under penalty of perjury that I am 65 years of age (or older). I further declare that the aggregate income, from all sources, of all persons who share this residence does not exceed **\$37,800** per year.

I will immediately notify the city, if I no longer live at the about address, or of any changes in my financial status that my affect my scholarship eligibility.

SIGNATURE

DATE

NOTE: A copy of your most recent tax statement, proof of age and residence will be required to show proof of eligibility.

Do not write below this line

Certification granted by:

DATE: _____

Yuka Arai

Accounting Office Assistant II

**Advisory Council Minutes
Santa Clara Senior Center
March 5, 2012**

Attendance:

Present: Rosemary Bacy, Boo Bullis, Barbara Cardillo, Angelica Causor, Dwight Collins, Judy Hsieh, Bob Jaffee, Connie Langford, Bob Lindley, Austin Lucero, Vernon Medicine Cloud, Barbara Moss Keller, Wes Mukoyama, Nancy Murish, Aimee Reedy, Lynn Robinson, Larry Saltman, Gabrielle Tiemann, Betty Walton, Denny Weisgerber, Brad Youngman, Skip Frenzel, Kathy Schuda, Ken Hengst, Anita Mukherjee

Absent: Virginia Benche, Lessie James, Eve Orton, Veronika Phillips,

Excused:

Staff: Mike Torres

Call to Order

The meeting was called to order by Chairperson Bob Lindley at 12:30 PM. A quorum was present.

Approval of Agenda and Minutes

The previous month's minutes should show that a brief Board of Directors meeting took place and focused on financial information. With this change, the agenda and minutes were approved as amended.

Legislative Committee

The legislative committee is looking for a place to meet going forward. Dwight Collins is looking into booking the a room at the Santa Clara Senior Center. Connie gave the report for the committee. Jim Beall's CalFresh/food stamps proposal is currently written such that SSI/SSP individuals cannot qualify for the program, but staff is looking into changing that. The City of San Jose hired IBM's efficiency expert to analyze city spending. The report recommended cuts to fire and safety, and proposed eliminating the Senior Nutrition Program. The report was initiated by Mayor Reed. 5 city council members are trying to rescind the report due to questionable use of data. San Jose has gone from a projected deficit to a projected surplus in 2012.

Health Committee

Aimee noted the committee is meeting after the Advisory meeting to compile feedback for the Area Plan health sections, as well as to discuss health programs available in the county.

Planning Committee

The planning committee is waiting on Mike to schedule a visit with a community program.

Transportation Committee

No report.

Program – Sunnyvale Computer Services Group

Don & Norine, volunteers with the Sunnyvale Senior Center, came to talk about the Sunnyvale Computer Services Group. Prior to 2003 there were no PCs in the Senior Center. Eventually 5 computers were donated, and the Sunnyvale Senior Center donated space, internet access, and electricity to create a computer lab. Volunteers set up the lab, maintained the computers, and provided classes. Over time, volunteers have upgraded the computers to help keep them up to date.

The center provides 3 services – a PC Tech group, a Computer Club, and the computer lab. The PC Tech group has the challenge of servicing older computers while also learning newer technology. Volunteers provide 4 hours of staff time daily to provide free computer repair. If an issue persists beyond what one person is able to do, they can pass work and progress along to another volunteer. Seniors must bring their computer in to be serviced. The program is free to members of the senior center.

The center's computer club has monthly meetings of about 25-50 attendees. Topics presented include browsers, security, e-books, facebook, and others. The volunteers are interested in starting an absolute beginner class, teaching the very basics of computer use. The 3rd service, the computer lab, offers computers with Windows XP and Windows 7.

A question was raised about computer services for the blind. The Peninsula Center for the Blind and the Veterans Affairs office were recommended. Brad Youngman noted the need for in-home computer repair services. Barbara Moss Keller noted that Avenidas and Heart of the Valley may provide in-home services.

CSL Legislative Session

8 CSL proposals were assigned bill numbers. Donate to code 402 to support the CSL.

New Business

A discussion was held on opposing the IBM report discussed in the legislative committee section. Advisory membership voted to send a letter to the Mayor and City Council opposing the recommendations of the report and to continue support of the Senior Nutrition Program.

Anita Mukherjee was introduced as a new member to the Advisory Council, representing the Asian community. She distributed the Santa Clara County suicide prevention hotline flyer and noted that QPR training is now available for anyone who wants to learn how to help someone who may be considering attempting suicide. Contact Anita for more details.

Angelica discussed the upcoming Caregivers Count conference on March 17th. Outreach on this event, particularly to hard-to-reach communities, is greatly appreciated

Old Business

Betty distributed articles on foreclosures in California, on behalf of Lessie James.

Boo and Wes discussed money follows the person, which helps transition seniors from nursing homes to the community. SVILC runs a program like this which has helped 11 individuals return home.

Boo also noted that funding for ADHC will end on April 1st, however an alternative program will be starting up (CBAS).

Santa Clara County is moving towards using land use/zoning laws to limit payday lenders, as was discussed at the previous meeting.

Member's Report

No report

Chair's Report

Bob Lindley discussed a meeting of the Alliance for Retired Americans. Federal legislation affecting seniors was the main topic of discussion. Much work needs to be done on educating seniors about the true effects of voucher-based Medicare and privatizing Social Security. The Affordable Care Act provides many benefits to seniors, including closing the donut hole in Medicare and eliminating some co-pays.

Advisory Council Liaison to the Board

No Board meeting this month

Staff Report

Mike discussed the continuing work on the Area Plan. The Public Hearing on the Area Plan will be held after the April 2nd Advisory Council meeting in the same room. Advisory members are not required to attend but are encouraged to attend and give their feedback. A member of COASV's Board of Directors will attend the April Advisory Council meeting. Wes inquired as to the sudden suspension of COASV's AEP program, which Mike did not have much information on. Boo requested a copy of the Advisory Council roster. The roster has been distributed and available to members since October, however, an up-to-the-minute roster will be e-mailed to members.

Announcements

- Rosemary noted the AWESome film festival is coming up on April 28th. The festival features films on aging well and is put on by the Health Trust.
- Skip distributed information on his upcoming seminars.
- Wes noted the Senior Commission is looking for seats to be filled. Call 408-299-5001.

Open Appointments

AARP

At-Large 1

At-Large 3

At-Large 6

City of Cupertino

City of Gilroy

City of Los Altos

City of Mountain View

District 1 Supervisor (Wasserman)

District 2 Supervisor (Shirakawa)

Hispanic Community Rep. 2

Hispanic Community Rep. 3

Nutrition Program

Retired Public Employees Assoc.

For next meeting – April 2nd, 2012

Refreshments – Dwight Collins, Eve Orton, Bob Jaffee

Board of Directors Date & Time – April 23rd, 4 pm

Member's Report – Connie Langford

If you are interest in attending a one hour training on the Advisory Council, please contact Mike Torres at mtorres@coasiliconvalley.com or 408-350-3271.

Section 2

Description of the Area Agency on Aging

Type, History and Structure of Agency

The Council on Aging Silicon Valley (COASV), incorporated in 1974, is a non-profit agency, located at 2115 The Alameda, in San Jose, within a mile of the County government center. Being an independent non-profit agency enables COASV to respond quickly to needs, to play an independent advocacy role not requiring Board of Supervisors approval, to be accessible to the community, to understand service provider concerns (because COASV itself is a service provider) and to have direct contact with clients and their needs. At the same time proximity to County offices and a long-standing, strong relationship with the Board of Supervisors afford COASV opportunities to strengthen the system of services for seniors, which is generally unusual for a freestanding agency and certainly unique in California where COASV is the only non-profit AAA serving a single county Planning and Service Area.

The Council's beginnings can be traced to February 1971, when the Social Planning Council of Santa Clara County developed a countywide planning and coordinating body, known as the Committee on Aging. The Santa Clara County Board of Supervisors formally recognized the Committee on Aging on September 17, 1971, and the Department of Aging soon awarded the Committee a two-year planning grant under Title III of the Older Americans Act. The Committee received a second planning grant in 1973. In May 1974, a few months after the State had designated Santa Clara County as a priority Planning and Service Area, the county Board of Supervisors recommended that the Committee be designated as the Area Agency on Aging. A week later the Committee on Aging was incorporated as the Council on Aging of Santa Clara County, Inc. Years later, the Council on Aging's name was changed to Council on Aging Silicon Valley

COASV is a California Public Benefit Corporation, governed by a nine member Board of Directors, which meets quarterly and sets overall agency priorities and goals for developing and improving services to older county residents. The Board also develops resources to expand the system of community-based services.

COASV's Advisory Council has four committees. Its Health Committee identifies needed health and mental health services for older persons and advocates for services. Its Legislative Advocacy Committee supports recommendations from the California Senior Legislature, AARP, and other advocacy groups. Its Planning Committee serves a program evaluation function, visiting and monitoring Older Americans Act funded agencies regularly. Its Transportation Committee evaluates the state of senior transportation in the county and makes recommendations to local transit authorities.

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Policy Setting Process

The COASV By-Laws delineate the policy setting process. The purpose of these policies is to engage older individuals, adults with disabilities, and caregivers in delivery of service:

- Encourage effective citizen participation in planning, coordinating and implementing a comprehensive Area Plan designed to improve the total system of services for older persons and their caregivers;
- Identify and evaluate the needs of older persons, with special attention to the needs of low income and ethnic minority seniors;
- Identify and evaluate existing resources;
- Plan, develop, improve and advocate for the improvement of health and social services and their respective delivery systems in order to meet identified needs of the elderly;
- Coordinate and pool programs and services to either strengthen or expand services to the elderly;
- Advocate for awareness among the general population on aspects of aging and increased commitments by public or private organizations with resources that could be used to service older persons;
- Conduct public hearings and disseminate information to the public regarding needs, resources, plans, programs and services for older persons;
- Provide information and technical assistance to public and private agencies in order to assist them in meeting the service delivery needs of older persons in the Planning and Service Area;
- Enter into contracts and cooperative agreements with appropriate public and private agencies in order to implement action plans and to oversee the implementation of other program activities necessary to carry out the approved Area Plan, including periodic program and fiscal monitoring and evaluation;
- Enter into an agreement with the California Department of Aging to act as the Area Agency on Aging, pursuant to the Older Americans Act of 1965 as amended.

**AAA Leadership Role in Development of
Community-Based Systems of Care**

Council on Aging Silicon Valley is the focal point of contact for information and help on senior services in Santa Clara County for several reasons: a 40-year history, deep and growing relationships with local government and nonprofit service providers, and an active Board and Advisory Council. To enhance access, COA promotes the 1-800-510-2020 toll free line in its marketing material.

COASV's roles in information and assistance and case management enable clients to be linked to public, community-based, and private sector services throughout the county, regardless of their income or level of dependency. Many successful activities and outcomes stem from COA's leadership in local systems and program development. Among them are:

- **Successfully administering a range of case management programs.** All COASV care management programs work together under one administrative umbrella to provide comprehensive case management services to older persons and their caregivers in Santa Clara County.
- **Transforming the information and assistance program into a bridge for meeting needs.** COASV's in-house program is both a countywide source for information and the gateway to Council on Aging Silicon Valley's many other services.
- **Converting the home-delivered meal program to increase value and better meet needs.** COASV's home-delivered meals program provides fourteen meals weekly. By providing the intake and assessment

DRAFT

function, as well as information and assistance and case management, COASV staff can link meals clients to the additional services they may need. In recognition that some seniors still need a daily hot meal, COASV funds a secondary provider for this purpose.

- **Sustaining service system levels in spite of state fund reductions.** As previously mentioned, COASV has partnered to create the Aging Services Collaborative. One of the goals of this program is to increase available financial resources for the expansion of senior services and lesson reliance upon governmental funding at all levels.
- **Leadership of Senior Nutrition Task Force.** COASV took a leadership position in helping save senior center meals in San Jose by forming the Senior Nutrition Task Force (SNTF). The City of San Jose threatened to eliminate over \$1M in funding for senior congregate meals. COASV helped form the SNTF to research the effects of eliminating 1,000 meals daily and advocate for continued support of the program. The SNTF successfully convinced policymakers to continue supporting the program, while simultaneously keeping all meal sites open and saving the City of San Jose over \$400,000 in cost efficiencies. For this effort, the SNTF and COASV received a 2011 Pride of San Jose Award.
- **Communicating with non-English speaking seniors.** COASV's Health Insurance Counseling program provides multi-lingual fact sheets on senior services and health insurance. HICAP volunteer counselors are bilingual in Spanish, Mandarin, Cantonese, Vietnamese and Japanese and regularly make presentations in these languages to groups of seniors and their caregivers on weekends and evenings on Medicare and the prescription drug plan.
- **Challenges remain for adequate funding to meet a population that continues to grow older.** The Board of Directors continues to look for new ways to support the service needs. The Advisory Council informs, educates, and advocates for city and county based safety net services. The leadership of the COASV struggles to address what seem to be never ending challenges presented by a fragmented service system.
- **Paratransit eligibility redesign.** In recognition of the fact that the current paratransit provider is prevented from providing transit services to non low-income persons, COASV has provided limited funding to address this "near poor" population group that may not qualify for safety net services

Section 2

Description of the Planning & Service Area

Physical Characteristics of Santa Clara County

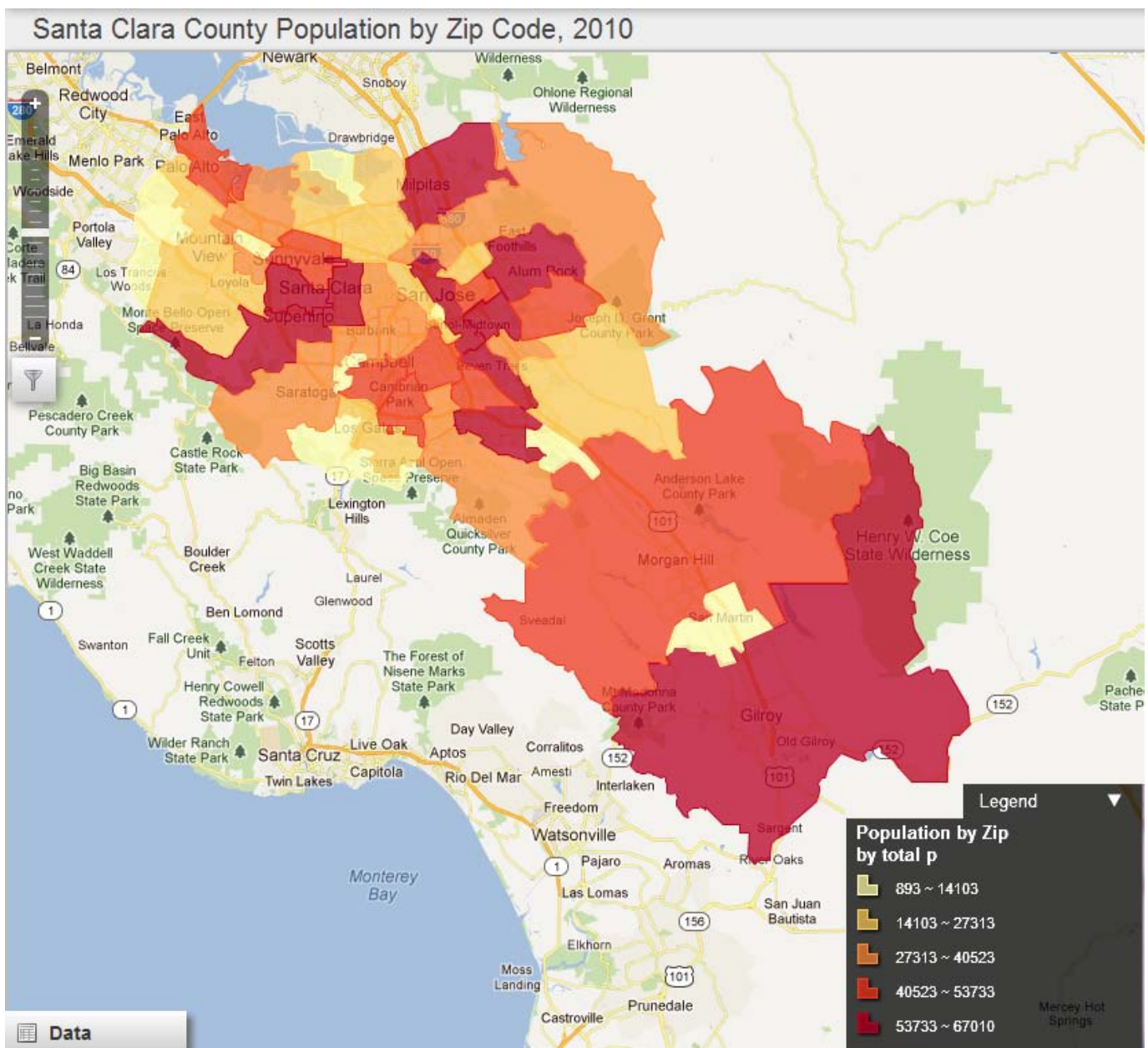
Santa Clara County is a single county Planning and Service Area. Its physical and geographic characteristics have important planning implications. Santa Clara County, located at the southern end of San Francisco Bay, encompasses 1,316 square miles, the largest in the San Francisco Bay Area. The fertile Santa Clara Valley runs the entire length of the county, 60 miles from north to south, ringed by the rolling hills of Diablo Range on the east and the Santa Cruz Mountains on the west. Salt marshes and wetlands lie in the northwestern part of the county, adjacent to the waters of San Francisco Bay. Santa Clara County borders the counties of San Mateo and Alameda in the north, the Pajaro River and San Benito County in the west and the Diablo Range and Stanislaus and Merced Counties in the east. There are 15 cities in the county, ranging from Palo Alto in the north to Gilroy in the south with San Jose as the largest city. Overall, Santa Clara ranks as the sixth most populous county in California. A significant portion of the land area is unincorporated ranch and forestlands, primarily located in the Santa Cruz and Diablo Mountains. 98.8% of occupied housing units are classified as “urban”, as opposed to “rural”.

The Bay Area has always attracted new waves of people – Dust Bowl migrants of the 1930’s, postwar veterans who received their discharge papers in California and chose to stay, émigrés fleeing war or hardship in their native lands, sophisticated traders, business entrepreneurs, technical experts, and many more. Gradually, ideas came to be the area’s lifeblood, as aerospace and electronics manufacturing replaced orchards and packing plants. Universities and businesses grew. Today, Santa Clara County is known as “Silicon Valley”, the birthplace of the high technology revolution. It is one of the state’s busiest urban areas.

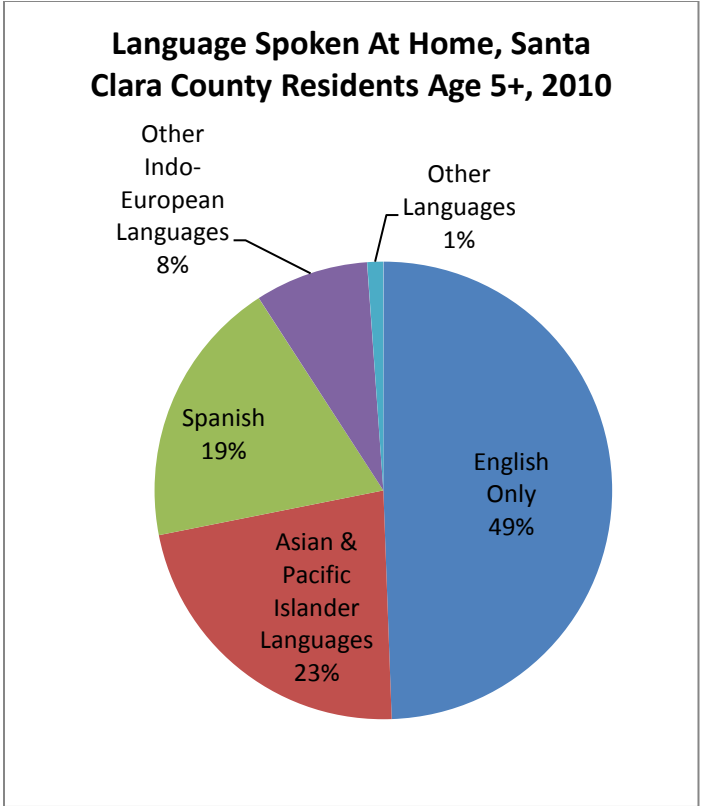
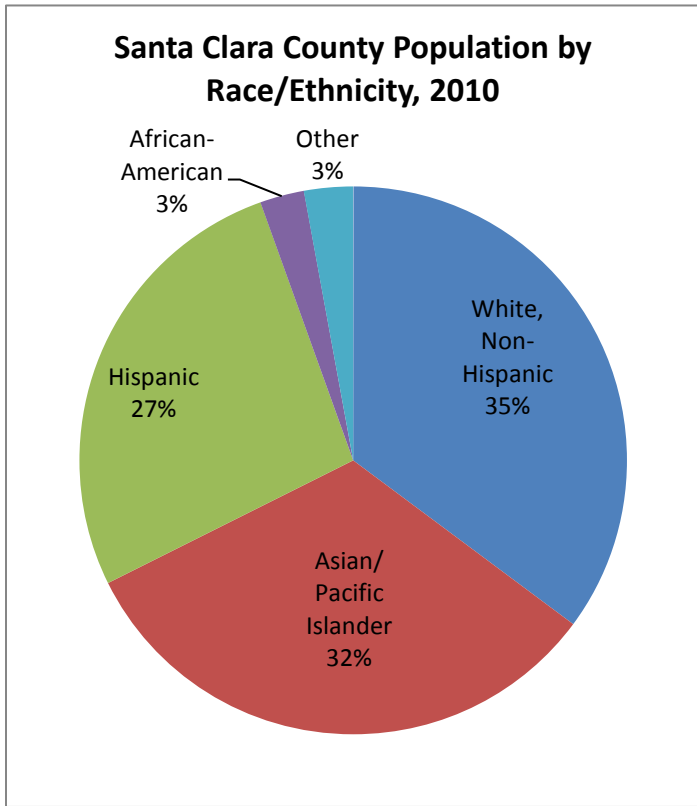
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Demographic Characteristics of Santa Clara County

The 2010 Census shows Santa Clara County has a population of 1,781,642. The California Department of Finance projects the county population in 2020 to be near 1,993,000. This represents a 12% increase over the decade. The great majority of the population, over 95%, lives in the North Valley that has 13 cities. The largest city in the county is San Jose, home to 945,942 residents, 53% of the county's total population. Two other cities, Sunnyvale and Santa Clara, have populations of 100,000 or more. The South Valley cities of Morgan Hill and Gilroy are separated from the North Valley by an undeveloped stretch of land of approximately 35 miles. Compared to the populous and developed North Valley, the South Valley is considered to be service poor. Transportation is limited to services within the general area, as well as to the more plentiful services in the North Valley.

The map below shows population clusters throughout Santa Clara County. Santa Clara, Cupertino, and Milpitas all have large clusters of residents. North, east, and south San Jose are also densely populated. Morgan Hill and Gilroy have populations over 53,000, albeit spread over a much larger area.



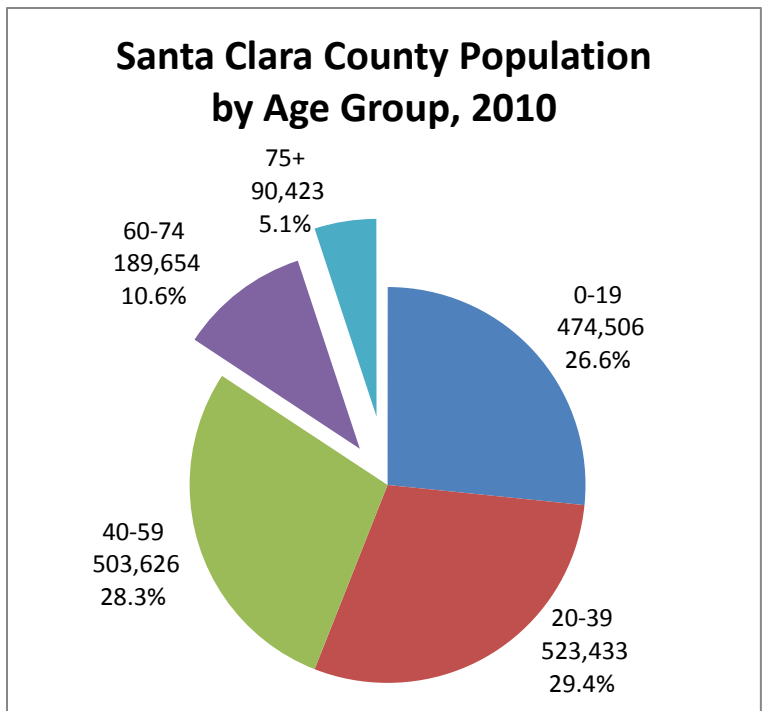
Santa Clara County remains one of the most ethnically diverse counties in the United States. The ratio of minority residents to white residents among the general population is nearly 2-to-1. 37% of the population is foreign-born, far outpacing the national average of 13%. Over half of residents speak a language other than English at home.



As of the 2010 census, Santa Clara County is home to 280,077 residents age 60 and over. These seniors constitute 15.7% of residents.

As the Baby Boomers grow older, there will be a significant shift in demographics towards an older population. In 1990, 1 in 8 county residents was over age 60. By 2010, that ratio has grown to 1 in 6. By 2030, over 1 in 4 county residents will be over age 60.

Senior and aging statistics are discussed at length in Section 5 – Needs Assessment.



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Unique Resources and Constraints

Santa Clara County, a major employment center for the region, provides more than a quarter of all jobs in the Bay Area and attracts people from all over the world. It has one of the highest median family incomes in the country and a wide diversity of cultures, backgrounds and talents. The economic downturn of late 2008 has hit Santa Clara County as much as the rest of the country. Recent Bureau of Labor Statistics estimates peg unemployment at 8.7% as of December 2011, down from a high of 11.8% in January 2010. Software, computer, and communications sectors remain the primary employment sectors.

The County's annual general fund budget of \$2.1 billion supports most county services and is under increasing pressure. State aid (19%), federal aid (11%), property taxes (20%) and miscellaneous sources (27%) account for the County's revenue.

Declining state and federal revenues, accompanied by substantial increases in service cost and demand, have created a serious fiscal problem for the County. As local discretionary revenue declines, so do services. General fund expenditures on Children, Seniors, and Family have declined from \$716 million in 2011 to \$640 million in 2012, a decline of 10.6%. This trend has serious repercussions for senior programs, to be discussed in the subsequent section.

Local Service System

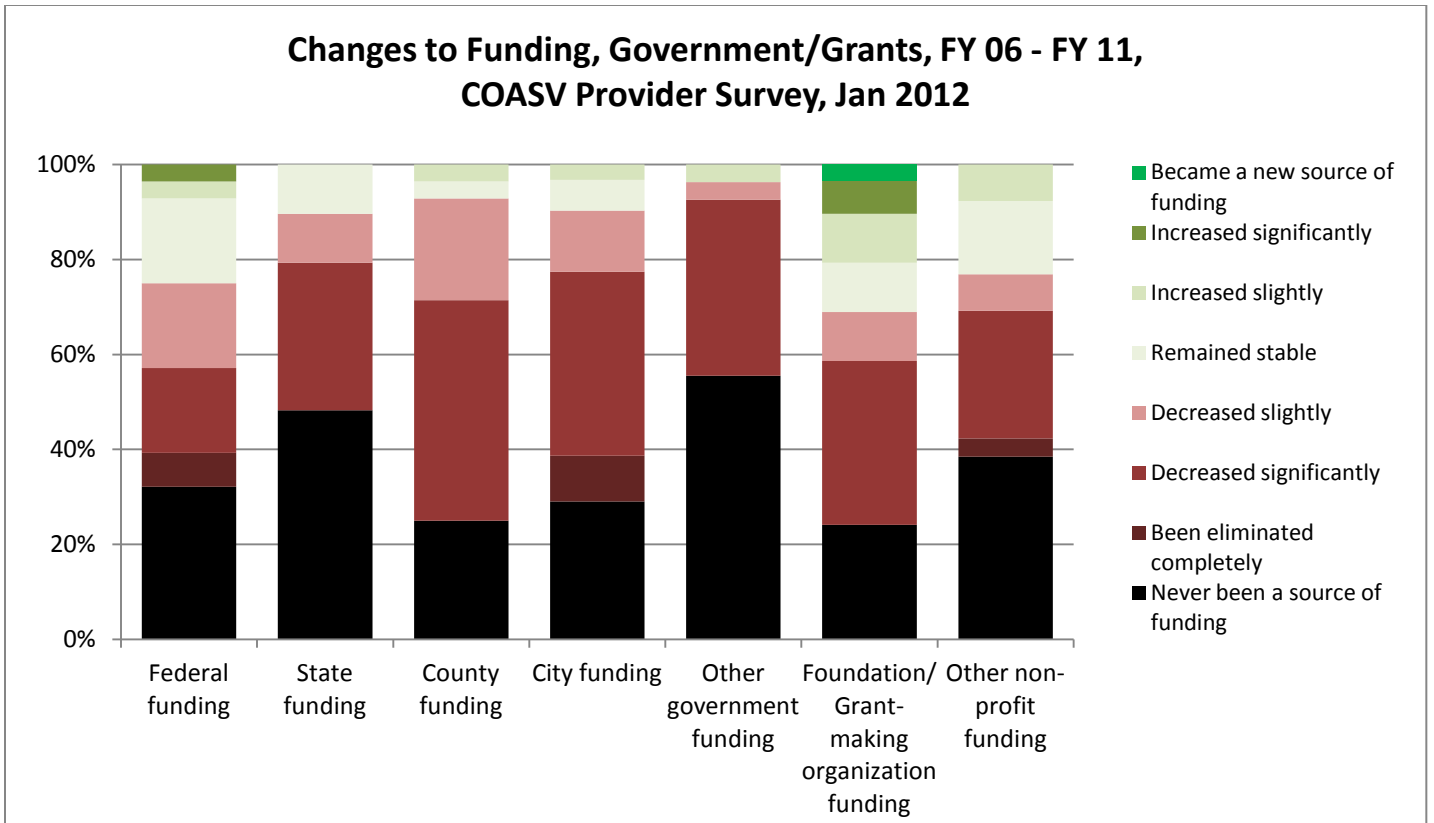
Santa Clara County enjoys a rich array of programs and services designed to assist older adults with basic needs and to contribute positively to their quality of life. Consistently, surveys have shown a high level of community concern for the well-being of elders in Santa Clara County and the level and diversity of formal and informal sources of assistance bear this out. Yet despite this seemingly positive scenario, the current array of programs and services cannot fully address the range of needs for this rapidly growing segment of the population.

Maintaining services amidst drastic budget cuts has become the top concern of senior service providers. As government budgets have contracted since the 2008 financial crisis, more and more services have been slashed or eliminated from county and city governments. For example, the City of San Jose considered completely eliminating \$1.1M in funding for the Senior Nutrition Program. This action would have placed 1,000 daily meals to at-risk seniors in jeopardy. Only after a 9-month advocacy and research effort was the program able to be saved, albeit after undergoing significant changes to the delivery model. Nonetheless, a recent report has again recommended the city eliminate this vital program. Stories like this are not unique and continually threaten the livelihood of county seniors.

A poll of 34 senior service providers indicated 74% have experienced funding cuts in the past 5 years. Of the 23 providers who provided financial data:

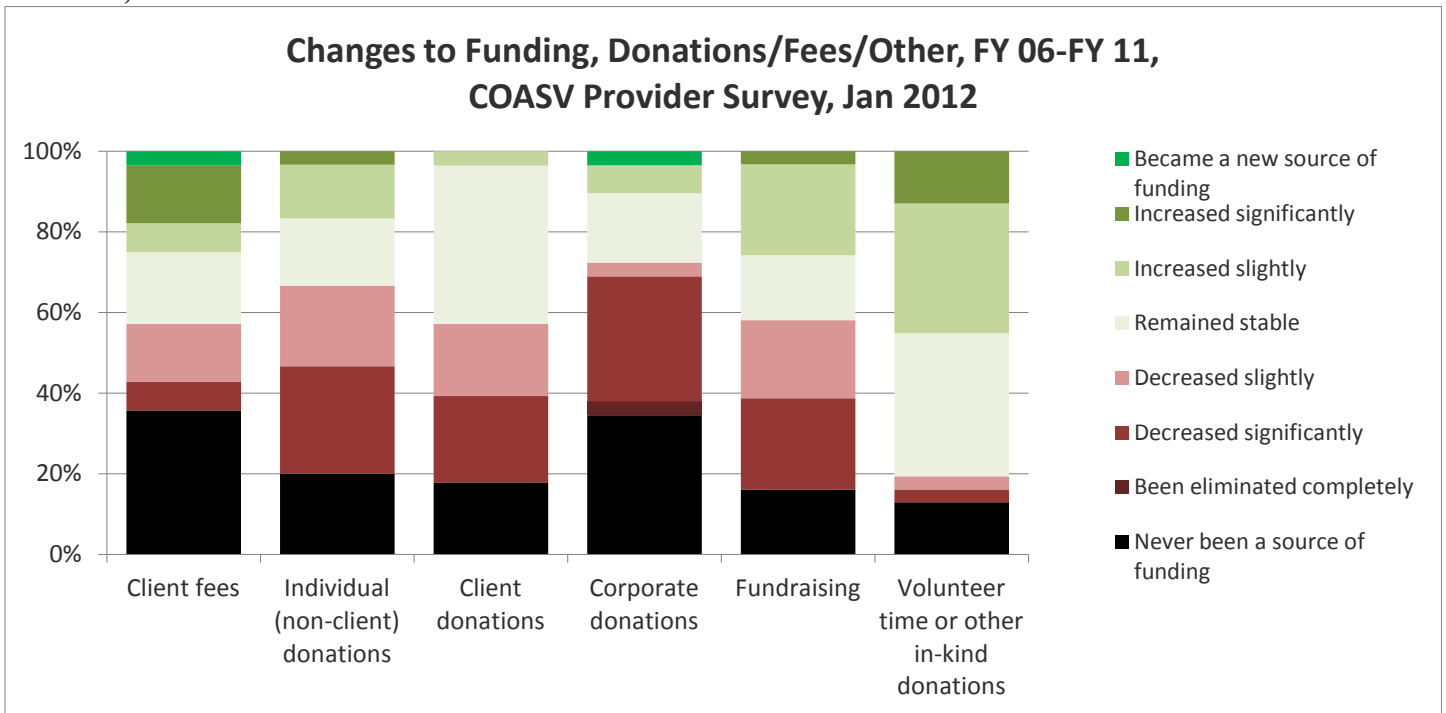
- Just 6 have increased their budgets from five years ago, while 17 have had their budgets reduced.
- \$2.2 million has been collectively reduced from their budgets.
- Overall, these providers reported a 13% decrease in budgets from 5 years to today.

Senior service providers have seen significant cuts in their government and grant funding. Providers were asked to state if a source of funding had increased or decreased over the previous 5 years:



Most providers report declining revenue from government and grant-making sources.

Meanwhile, providers have become increasingly reliant on other sources of support such as client fees, client donations, and volunteer time.



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Effective coordination amongst senior service providers is simultaneously one of Santa Clara County’s biggest successes as well as continuing challenges.



The Aging Services Collaborative was formed in July 2007 to foster networking, communication, and sharing of best practices amongst senior serving agencies. Council on Aging Silicon Valley is one of four founding agencies, along with the Health Trust, the Santa Clara County Department of Aging and Adult Services, and the City of San Jose. COASV continues to take a lead role as a core agency. More than 87 agencies and 122 active individuals take part in this collaboration.

Still, seamless coordination in such a large and diverse county remains a challenge and a top priority to address going forward. In the aforementioned survey of senior service providers, respondents were asked, “Which of the following systemic changes, if any, should be considered or implemented overall in Santa Clara County”:

"Which of the following systemic changes, if any, should be considered or implemented overall in Santa Clara County" COASV Provider Survey, Jan 2012		
Proposed change	# of Responses	% of all Respondents
Improved coordination among existing programs or agencies	34	81%
Use of "universal" tools to minimize duplication - intake forms, assessments, databases	28	67%
Centralized planning/funding among government, non-profit, and foundation organizations	22	52%
Consolidation of services, programs, or agencies to better utilize resources	21	50%
Expanded use of volunteers	16	38%
More resources dedicated to outreach, marketing, and promotion	14	33%
Expanded or improved use of technology and social media	12	29%
More resources dedicated to advocacy	9	21%
Other	7	17%
Separation of services, programs, or agencies to better cater to unique needs	3	7%
Decentralized planning/funding among government, non-profit, and foundation organizations	1	2%

The top 4 priorities of providers involve improving coordination among agencies and funders. When prompted to identify the most important systemic change, improving coordination was frequently cited, especially given the system-wide reduction in resources.

Individual agencies have undergone internal systemic change to better meet the needs of their clients. 65% of respondents have expanded their use of volunteers, 49% have expanded or improved their use of technology and social media, and 41% have improved coordination amongst existing agencies. Over and over, we see agencies and programs leverage low-cost, abundant resources like volunteers and social media to augment traditional funding, which has continually dwindled in recent years.

Seniors generally have a high awareness of the services available to them in the community. A COASV phone survey of county residents age 55 and older asked respondents about their familiarity with local agencies and programs. Nearly half (48%) responded they are familiar with Council on Aging Silicon Valley. Respondents are also very familiar with the primary senior and para-transit provider, Outreach (73%), and with nutrition programs like Meals on Wheels (68%) and senior center daily meals (47%). Most seniors also indicated that information on senior services is “easy to find” (70%) or “somewhat easy to find” (19%). Just 3.5% of respondents indicated information was “very hard to find”.

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

- Information & assistance call center & referral (408-350-3200)
- Outreach presentations on COASV and community services
- Case management, provided both for Medi-Cal recipients and through community-based care managers
- Health insurance counseling & advocacy
- Home emergency response systems
- Senior employment training & placement
- In-home health services, provided in coordination with the County's In-Home Supportive Services program, and through community programs
- Adult day care/adult day health care
- Alzheimer's day care resource center
- Senior legal services
- Nutrition programs, including senior center meals, home-delivered meals, and nutrition education
- Transportation services
- Long-term care ombudsman services
- Peer counseling provided for a variety of cultures, ages, and needs
- Health and medication management services
- Caregiver respite
- Caregiver training & information
- Caregiver support groups
- Caregiver support for grandparent caregivers

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Section 1

Mission Statement

The goals and objectives set forth in this Area Plan address the core mission of the AAA, which is:

To provide leadership in 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 protect 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 Council on Aging Silicon Valley's mission is:

The Council on Aging Silicon Valley'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, the Council on Aging Silicon Valley strives to educate, prepare, support and advocate for seniors, their families, and their caregivers throughout Santa Clara County.

Section 4

Planning Process & Establishment of Priorities

The Council on Aging Silicon Valley conducted a comprehensive needs assessment process throughout 2011 and 2012 in coordination with government agencies, other non-profit agencies, and the public at large.

In August 2011, four local government and public agencies including COASV acknowledged the unique opportunity to work together in assessing the needs of Santa Clara County's senior population. These agencies share a commitment to serving seniors most in need and in funding other agencies which share the same mission. Each agency assisted in completing a segment of research for their respective planning needs, but also for the benefit of the other collaborating agencies, and for public knowledge in general. The 4 coordinating agencies are:

- Council on Aging Silicon Valley
- Santa Clara County's Department of Aging and Adult Services (DAAS)
- The Health Trust, a local direct service and grant-making organization
- The Aging Services Collaborative (ASC), a consortium of local senior-serving agencies.

COASV primarily reviewed and conducted statistical research. Data from the 2010 U.S. Census, the California Department of Finance, the California Health Interview Survey, and others was gathered and analyzed.

COASV also conducted a survey of over 500 Santa Clara County residents age 55 and older. The survey was conducted in four languages (English, Spanish, Vietnamese, and Mandarin) and reached a diverse cross-section of the older adult population.

Council on Aging Silicon Valley also drafted and conducted a survey of local senior service providers. The survey, designed for local professionals who work with at-risk seniors, evaluated the unmet needs of seniors, the best methods of providing information and outreach, and the effects of recent budget cuts on the "safety net" for seniors.

Finally, COASV gathered and categorized a number of data resources into a "Senior Data & Research Database". Designed as a living document to be regularly updated, the document provides a single location to find statistical data on seniors.

Santa Clara County's DAAS conducted a number of public forums. The County Board of Supervisors tasked DAAS with the creation of a "Senior's Agenda" to set the priorities for the department going forward. The primary request of the Board of Supervisors was to conduct public forums throughout the county. Public feedback was gathered at senior and community centers via a lead discussion from a professional consultant, Dr. Amy Flowers.

The Health Trust and Aging Services Collaborative gathered focus groups of communities & populations that may be difficult to reach through other means. These focus groups were held with groups of Hispanic seniors, Vietnamese seniors, LGBT seniors, and informal caregivers. These groups provided valuable feedback on their respective needs.

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All of this information was made available for the 4 coordinating agencies for use in their respective planning needs; for COASV, this information is shown in the Needs Assessment and throughout the Area Plan.

COASV's Area Plan also relies in feedback from other internal sources. Council on Aging Silicon Valley's Information & Assistance program has provided data on 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 evaluated by our 43-member Advisory Council, made up of members of the community. These individuals share a deep concern for the needs of seniors and can lend a variety of expertise.

Establishment of priorities is a challenging task with a group as large and diverse as the seniors in Santa Clara County. The results of the Needs Assessment are summarized in the next section. COASV staff has evaluated the results, identified the primary target populations (Section 6), and set priorities based on these target populations and their highest priority needs (Section 8). These target populations and priorities are reviewed by the Advisory Council, COASV's Board of Directors, and the public via the public hearing process.

The Area Plan was presented at public hearing on April 2nd, 2012. All comments are recorded and receive a response.

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Section 9
Goals & Objectives

Goal 1
In-Home Care Services

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

Objective 1.1			
COASV will support Personal Care services in the community through contracts with local service providers. These services will enable Santa Clara County seniors to remain in their homes by providing assistance with their activities of daily living.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 1.2			
The Public Authority Registry will provide up to two independent provider orientation sessions with 40 to 50 individuals in attendance. Additional sessions will be provided in Spanish, Vietnamese and Mandarin as needed. Sessions are three and a half hours and provide information on how IHSS works, how to be active on the registry, roles and responsibilities of independent providers, disease prevention, elder abuse and mandated reporter, confidentiality, completing paperwork and timesheets, benefits and who to contact for different aspects of the program. Success will be measured by attendance and end of session evaluations.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 1.3			
The Public Authority will provide Department of Justice background checks on all IHSS home care providers in Santa Clara County. This began November 2009 and will continue. Since inception, the Public Authority has provided background checks on over 20,000 home care providers.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 1.4			
To provide a series of training classes for home care providers. A series of 9 classes will be provided. Topics include the following:	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	<ul style="list-style-type: none"> • CPR • First Aid • Mental Health and the Aging Process (includes information on Depression and Suicide) • Nutrition • Diabetes • Personal Care Services Level 1 • Pre-Paramedical Level 2 • Tips for Transfers & Range of Motion • Last Phase of Our Lives (Death & Dying) <p>These classes will be provided in English, Spanish, Vietnamese and Mandarin. The average number of students per class is 20 and classes will be offered four times for a total of 36 classes. Funding for this training is budgeted as part of the Public Authority contract with the county. IHSS home care providers who complete the series of nine classes will receive a certificate of completion from the Sunnyvale/Cupertino Adult Education Center. The list of sessions completed will appear with their name if/when they are referred to IHSS consumers through the Public Authority Registry. Success will be measured by the attendance and end of session evaluations.</p>	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

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Goal 2
Out-of-Home Care Services

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

Objective 2.1			
COASV will support Adult Day Care and Adult Day Care Health services in the community through contracts with Live Oak Adult Day Services and Yu Ai Kai. These services will enable Santa Clara County seniors to remain in their homes with assistance from their loved ones and day care programs.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 2.2			
COASV will support Long Term Care Ombudsman services in area nursing homes and residential care facilities under Title III B and Title VII A of the Older Americans Act. The LTC Ombudsman Program will establish a baseline visitation schedule to visit LTC facilities based on an evaluation of licensing survey results, deficiencies and citations, the number of complaints called into the program office or crisis line, and the observations of Ombudsmen. The program will provide community education to LTC providers and the community on elder abuse and resident rights issues based on the type of complaints investigated and problem areas identified by licensing agencies. The program will actively participate in the City of San Jose Family/Domestic Violence Task Force, Next Door: Solutions to Domestic Violence, CANHR, the County Senior Care Commission, and Senior Adults Legal Assistance. Staff and volunteers will attend Family Council meetings to offer mediation, problem resolution support and information. The program will provide information to consumers about LTC facilities acquired from licensing agencies. The program will investigate complainants and selected residents for an evaluation of community education presentations.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

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Goal 3
Care Management Services

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

Objective 3.1			
COASV will support case management programs in the community where MSSP services are not available, viable, or better targeting can be achieved. Examples of these case management contracts with outside service providers include programs specifically targeted at monolingual isolated seniors, older adults with mental health diagnoses, and older adults in distant parts of the county. These programs are provided through Avenidas, the City of Cupertino, Community Services Agency, Gardner Health Center, the City of Santa Clara, Yu-Ai Kai and the City of Sunnyvale.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 3.2			
COASV Case Management has two targeted populations under the supervision of one individual, using appropriately designated funding sources; the Multipurpose Senior Services Program (MSSP) and Family Caregiver Support Program IIIIE programs. All programs continue to work collaboratively in their efforts to provide case management services seamlessly, efficiently, and appropriately to clients and families. An enhanced component of case management operates as telephone triage through the COASV phone queue. Case Managers assist call-in clients with their individual situations referring either to agency programs if appropriate or providing referrals to community services. We continue with coordinated care planning meetings referred to as Small Groups (July 2007 to the present). Small groups are supported and overseen by a supervisor, nurse and care managers.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

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Goal 4
Transportation Services

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

Objective 4.1			
COASV will support the OUTREACH Senior Transportation and Resources program, or STAR. STAR provides various senior transportation options for older adults. STAR program benefits include door-to-door transportation, rider’s fare subsidies for public transit and paratransit service users, volunteer driver services and employment-related transportation for older adults. OUTREACH has a unique role in the community, coordinating mobility and transportation resources as the county’s designated Consolidated Service Transportation Agency and Caltrans-designated Mobility Management Center. In its capacity as the CTSA under California State Statute, OUTREACH’s function is to coordinate a wide range of resources that address the transportation needs of older adults, including coordination with other transportation providers to ensure an efficient and effective transportation system for older adults is maintained. There are no restrictions on what the rides can be used for but priority is given to rides to health care appointments, senior centers, and congregate meal programs.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

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Goal 5
Legal Services

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

Objective 5.1			
COASV will support Senior Adults Legal Assistance (SALA) as a provider of legal services for older adults in Santa Clara County. SALA provides services including securing public benefits, litigating against elder abuse, resolving landlord-tenant issues, long-term care planning, probate alternatives, and simple wills. All services are provided free of cost to county seniors.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Goal 6

Information, Assistance, and Outreach

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

Objective 6.1			
COASV plans to continue its extensive Outreach efforts, including promoting education of all the services COASV offers to the public through a specific presentation of materials, information, and a closing question-and-answer session.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
COASV provides a comprehensive overview of its services to the community through small group presentations, large audiences, and one-on-one interactions at resource fairs. Information and Assistance specialists interact with the community at all presentations and resource fairs. Comprehensive materials inclusive of each of COASV's services are supplied to all participants at presentations and are offered at all resource fairs.	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 6.2			
COASV will enhance public awareness of the agency's services and issues concerning seniors and caregivers with a quarterly newsletter, a digital service directory, as well as distribution of updated COASV brochures and magnet.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
The quarterly newsletter will be distributed in print form as well as digital format by email in each of the four quarters of FY 12/13. The digital service directory is an online tool that allows the public free access to all community-based organizations that have either reached out to COASV to be included or was identified as a necessary service to include by a COASV employee. The digital service directory is accessed from anywhere using the internet, as well as from within COASV's lobby kiosk. The updated COASV brochure and magnet will be distributed to the public via the agency's lobby and all Outreach efforts.	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 6.3			
COASV operates a Generational Resource Center, which is a mobile services unit that provides flexibility and mobility to reach the greatest number of individuals in the community. This one-stop center on wheels brings information, assistance, health insurance counseling, care management services, education, and materials to any location in Santa Clara County. Visitors are able to come on board and review resource materials as well as get assistance from staff with internet searches, care planning, and aging-in-place technology. The computer lab and flat screen TV also offer the ability to train small groups and provide in-service education to staff from other organizations such as hospitals, clinics, libraries, senior centers, and senior housing staff. The GRC also visits corporations to assist working caregivers on-site with comprehensive needs related to elder care.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Goal 7

Health Insurance Counseling and Advocacy Programs

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

Objective 7.1			
The Health Insurance Counseling and Advocacy Program will increase outreach to Hispanic seniors and their families by offering a half-day workshop in East San Jose. The workshop will offer bilingual presentations by the Centers for Medicare and Medicaid Services and Social Security. Participants will receive information about Medicare Part D; the Low Income Subsidy (LIS); and the Medicare Savings Programs (MSP). These programs target individuals who are low-income Medicare beneficiaries not eligible for Medi-Cal... The workshop will be promoted on Spanish radio stations, area churches and local senior centers. The purpose of the workshop is to provide information that will spark interest in the HICAP program and generate counseling referrals to the Eastside Senior Center. The workshop will attract approximately 150 persons.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 7.2			
HICAP will continue to identify current and projected language service needs and promote community awareness of them. HICAP will increase outreach to seniors and their families by partnering with churches and senior retirement communities that provide housing and services for Santa Clara County’s diverse population. The workshops will offer six bilingual presentations in English, Chinese, Japanese, Russian, Spanish and Vietnamese. In addition HICAP will continuously offer workshops at COASV on all relevant Medicare issues in various languages. The workshops will reach approximately 150 persons.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 7.3			
HICAP will build on our partnership with the Mental Health Department and emphasize education by providing educational presentations to their staff of and subcontractors (such as Centro De Bienestar, Asian American for Community Involvement, Community Solutions, Vietnamese Voluntary Foundation, India Community Center on Medicare benefits). HICAP will make beneficiaries aware of the changes that the Affordable Care Act is bringing to their lives by providing information on new benefits i.e. Annual Wellness, improved cost sharing and savings in Part D with ACA.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 7.4			
	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
<p>HICAP will utilize our bilingual counselors throughout the county thereby enabling HICAP to continuously build partnerships in the community; focusing efforts on reaching the limited English speaking, disabled and low income and target the hard-to-reach populations of South County, i.e. migrant Farm Labor Camps. HICAP will coordinate with agencies that manage low income housing adult day health programs, food banks and senior centers to disseminate information on the provisions of the ACA. HICAP will increase our presence in clinics were the population served is primarily low income and mental health.</p>	Start: 7/1/12	FY 13/14:	No <input checked="" type="checkbox"/>
	End: 6/30/16	FY 14/15: FY 15/16:	PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 7.5			
	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
<p>HICAP will recruit and train new volunteers and increase counseling sites to meet the demand of the ACA New Enrollment periods and changes. Increase the number of presentations to Medicare beneficiaries by attending culturally and ethnic diverse events where families gather i.e. the Christmas Posadas, Dia de los Muertos, Harvest Festivals, TET (the Vietnamese New Year). Utilize HICAP's increasing number of counselors to increase our presence in clinics where the population served is primarily low income and mental health patients. Strengthen relationships with all agencies that work with different ethnicities. Also HICAP will enlist legislative members to reach beneficiaries and their families in the community. Each legislator has a newsletter that is circulated monthly or quarterly. By enlisting their assistance HICAP will get critical Medicare information to their constituents. The outreach will be conducted throughout the year and aim to increase counseling and contact services.</p>	Start: 7/1/12	FY 13/14:	No <input checked="" type="checkbox"/>
	End: 6/30/16	FY 14/15: FY 15/16:	PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 7.6			
	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
<p>COASV HICAP will contract with seven pharmacies to distribute information on 84,000 prescription drug bags regarding the Low Income Subsidy and HICAP services. To maximize outcome drug stores will be selected to reach the zip codes where low income beneficiaries reside. The anticipated outcome is to generate over 800 contacts.</p>	Start: 7/1/12	FY 13/14:	No <input checked="" type="checkbox"/>
	End: 6/30/16	FY 14/15: FY 15/16:	PD <input type="checkbox"/> C <input type="checkbox"/>

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Goal 8
Meals and Nutrition Services

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

Objective 8.1			
Together with the County of Santa Clara, COASV will provide congregate meals at over thirty locations throughout Santa Clara County. Nutrition Education will be provided at all sites.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 8.2			
COASV will provide, in coordination with the County of Santa Clara and the Health Trust, two nutritious home delivered meals a day which meet two-thirds of the recommended daily allowance (USDRI - Daily Reference Intake) to eligible senior citizens that are at least 60 years in age and homebound individuals. Home delivered meals enable older persons who are not capable of leaving home to purchase and/or prepare two healthy meals a day, seven days a week to restore health and delay institutional placement.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

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Goal 9
Health & Wellness Services

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

Objective 9.1			
COASV will partner with The Health Trust to provide Health Promotion services via the Silicon Valley Health Aging Partnership and the delivery of Chronic Disease Self Management workshops. The SVHAP is a partnership whose goal is to ensure successful health promotion programs are widely available for older adults in Santa Clara County. The initial program utilizes the evidence-based CDSM materials to help participants manage diabetes and other chronic conditions. The program will provide 240 contacts of Health Promotion annually.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 9.2			
COASV will partner with the Indian Health Center to provide health promotion, medication management, and nutrition education with the goal of diabetes prevention. The Indian Health Center provides exercise classes, nutrition education, and health screenings primarily targeted at Native Americans living in Santa Clara County. The Native American population has an extremely high incidence of diabetes. The program seeks to alter lifestyle choices and encourage healthy habits.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

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Goal 10
Family Caregiver Services

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

Objective 10.1			
COASV will fund one full time Care Manager positions supervised by the Director of Care Management Services to provide caregiver assessments, service arrangement and supportive counseling for caregivers.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 10.2			
COASV's information & assistance (I&A) staff will provide in-person and over-the-phone care consulting services for seniors and family caregivers needing help. The services will include an assessment of the personal or caregiving situation and provide the family members with referrals, oftentimes sent via postal mail in print form as well as digital format by email specific to each person's needs. Family members are provided with more in-depth and tailored service linkage than that which is offered by traditional I&A programs. I&A staff complete follow-up calls to all visitors and phone calls based on determined criteria always within 3 weeks after the first contact.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 10.3			
COASV will support the caregiver support programs of Alzheimer's Association, Catholic Charities, Gardner Family Care, and Yu Ai Kai. These agencies provide case management, support groups, and respite for caregivers of older adults. Caregiver services intend to educate caregivers, alleviate stress, and allow the caregiver to re-enter or stay in the workforce.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 10.4			
COASV will support the Kinship Resource Center, a support program for older individuals caring for youths up to age 18. The Kinship Resource Center provides case management, respite, and legal guardianship assistance for many older adults entrusted with the care of their grandchildren.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

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Objective 10.5			
COASV will support the Alzheimer’s Day Care Resource Center program in its mission of providing extensive support to their caregivers. Caregiver support in the form of respite, support groups, and other means are designed to reduce caregiver stress levels, provide education about Alzheimer’s, and allow the caregiver to conduct daily activities including participating in the workforce.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

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Goal 11
Enrichment Services

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

Objective 11.1			
COASV will provide employment assistance opportunities for eligible low-income unemployed senior workers 55+ years of age that reside in Santa Clara County. The Senior Community Services Employment Program (SCSEP) provides on-the-job training assignments at local community based organizations (CBOs) and classroom employment training programs. This training will qualify seniors for unsubsidized job placement opportunities. The COASV needs assessment indicates that over 40% of those still in the workforce who are 55 years of age and older expect to have to work after their planned retirement in order to generate sufficient income	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 11.2			
COASV will partner with the Alzheimer’s Association, the Health Trust, and the Silicon Valley Independent Living Center to provide Peer Counseling services. These programs will utilize senior volunteers in the community to expand services to a large audience. Counseling will be provided on early stage Alzheimer’s disease, multilingual information & assistance, and living independently in the community, respectively.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 11.3			
COASV will partner with Project Sentinel to provide Housing Assistance and counseling. Project Sentinel provides referral and placement services to help seniors find and successfully live in affordable housing rental communities, education on housing alternatives for seniors who cannot continue to live in their current housing due to financial or lifestyle issues, and education on landlord-tenant and fair housing issues.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 11.4			
COASV will provide funding for the Friendly Visiting program provided by Korean American Community Services (KACS). The Friendly Visiting program recruits and trains students active in the community, then matches them with socially isolated seniors. The program increases socialization amongst isolated seniors and provides volunteers with a positive outlet for their time.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

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Objective 11.5			
COASV will support English as a Second Language classes for older adults through Korean American Community Services. The classes offer older adults an opportunity to learn English later in life.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Goal 12: Information Systems

To implement changes in technology that can improve The Council on Aging’s ability to provide and support high quality services for older adults.

Objective 12.1			
Projected Start & End Dates	Update Status	Title III B Funded PD or C?	
COASV will implement processes to improve the quality of data gathered by various senior service agencies. COASV will dedicate the agency programs to server specific use, therefore improving both the use and backup routines that are required for HIPPA compliance. The use of data storage will improve virtual access for on and off site program entries. COASV will incorporate virtual secure technologies that allow management staff to access their computer desktops for critical after hours off site work. COASV will incorporate cutting-edge internet access technologies. Service providers offering 3G and “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.	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 12.2			
Projected Start & End Dates	Update Status	Title III B Funded PD or C?	
COASV will improve the quality of telephone communications through the deployment of VOICE OVER INTERNET PROTOCOL (VOIP) technology. COASV 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, the COASV 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.	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 12.3			
Projected Start & End Dates	Update Status	Title III B Funded PD or C?	
COASV will utilize video for conferences and meetings of 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.	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

Objective 12.4			
Projected Start & End Dates	Update Status	Title III B Funded PD or C?	
COASV will redesign its agency website to enhance the public awareness of the agency and make navigation and understanding of COASV services more user-friendly. The web 2.0 site will include a media relations page that will increase the exposure to various media outlets on important senior and caregiver issues as well as promote the services COASV provides to the community. The website will be enhanced with more detail on caregiver needs and services.	Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:	No <input checked="" type="checkbox"/> PD <input type="checkbox"/> C <input type="checkbox"/>

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Goal 13

Development of Innovative Programming

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

Objective 13.1			
COASV will continue to provide leadership and funding for the Aging Services Collaborative of Santa Clara County (ASC). ASC is a consortium of local individuals and organizations with an interest in improving community-wide support of older adults and their caregivers. ASC provides programs, coordinated advocacy, and professional training on senior-related issues. COASV is one of four core agencies that helped launch the organization and has provided seed money for its operations. COASV will gradually reduce its funding commitment as other agencies contribute to ASC's continuing mission.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 13.2			
COASV will explore the implementation of an Aging Disability Resource Connection (ADRC) in Santa Clara County. ADRC core partners are the Area Agency on Aging and Independent Living Center, who collaborate to create a “no-wrong-door” approach. Californians of any age, any disability, and any income source can contact the ADRC and access the full range of information, supports, and services available in the community. ADRC implementation in Santa Clara County is pending guidance from the Department of Health and Human Services and the Centers for Medicare and Medicaid Services.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Objective 13.3			
COASV will explore the implementation of a veteran self-directed program in collaboration with the Department of Veterans Affairs. This program would provide veterans with a qualifying disability of any age the opportunity for veteran-directed options counseling, in-home care, and other services as necessary. Such a program would be the first of its kind in California. This program is early in the exploratory phase and is connected to ADRC implementation as described in Objective 13.2.	Projected Start & End Dates	Update Status	Title III B Funded PD or C?
		Start: 7/1/12 End: 6/30/16	FY 13/14: FY 14/15: FY 15/16:

Section 8

Identification of Priorities

Adequate Proportion Considerations

The Older Americans Act and the California Code of Regulations state that the area agency must 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:

- Service associated with **access to service**, such as transportation, outreach, information and assistance and case management
- **In-home services** including homemaker and home health aides, visiting and telephone reassurance, chore maintenance and supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders and neurological and organic brain dysfunction; and
- **Legal services**

The determination of expenditures for adequate proportion of funds for Priority Services was determined by a variety of factors, including the comprehensive needs assessment, the random telephone survey, the demand for services by seniors and their caregivers, and the previous years expenditures and the ability of the service agency to secure other funding as well as input by the Advisory Council and from the public hearings.

Identification of Priorities for the Planning Cycle

- The needs of older adults in Santa Clara County are many and diverse, as are the seniors themselves. Therefore, the top planning priority in Santa Clara County is providing a comprehensive, diverse array of services.

Priority services that are crucial in helping keep seniors in their homes, such as transportation or legal services, may be requested by a smaller portion of the population but are absolutely vital to those that need them. For example, in COASV's telephone survey, 88% of respondents drive themselves and 85% believe they have adequate access to transportation. The 12-15% of residents with inadequate transportation may seem like a relatively small number, but that translates to as many as 57,000 county seniors who have difficulty getting to doctor appointments or the grocery store.

Alternatively, ancillary services like educational classes or recreational activities may provide less of an essential impact than something like housing assistance. Nonetheless, these types of services are often the most requested by the older adult population at large, serve as a natural point of entry for seniors into the service system, and provide an important benefit for senior participants.

COASV strives to provide and support a wide array of services in Santa Clara County, always focusing on the intent and targeting guidelines set forth in the Older Americans Act.

- As discussed in Section 6, the top targeting priorities within Santa Clara County are low-income seniors, ethnic minority and immigrant seniors, frail or isolated seniors, informal caregivers, residents of certain geographic areas, and seniors experiencing abuse. COASV is mindful of the needs of these populations and targets these groups in the design and delivery of service.

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- Access to information and services is a top priority. COASV's needs assessment indicated the strong desire of seniors to learn more about the services available to them in the community, along with a current lack of knowledge of the senior service system. This issue is especially relevant to the target population.
- COASV has begun exploration on becoming a core partner in an Aging & Disability Resource Connection (ADRC). An ADRC creates a "no-wrong-door" approach to services and information. County residents of any age, disability, or income source can contact the ADRC and access the full range of information, support, and services available in the community. ADRC implementation will address numerous targeting and prioritization goals, primarily improving access to target populations.
- A strong information and assistance program, with resources provided in multiple languages, a strong internet presence, and an integrated data collection system can help to bridge the access barrier. COASV's information & assistance call center provides these services.
- Case management services are provided and targeted to low-income, minority, and frail or isolated seniors. Case management provides access to the service system, information in the client's language of choice whenever possible, and helps keep older adults independent and in their own homes as long as possible.
- Most seniors receive help from informal means, usually provided by a family member. Informal family caregivers require support and assistance which can be provided by the network of aging service providers. COASV supports respite, information, and support services for caregivers in Santa Clara County.
- Health care issues are addressed through the HICAP program that assists individuals with insurance decisions, Medicare questions, and private prescription medication plans. Additionally COASV provides personal care services provided through the IHSS Registry and COA contracts that allow individuals to remain in their own homes.
- Older individuals were willing to report having experienced abuse, neglect or exploitation. Careful use of legal services, Title VII funded services, and the Long-Term Care Ombudsman program can help address this issue.
- Employment is a growing concern of seniors given the recent turmoil in the labor market and the difficulty of job placement for older workers. 56% of phone survey respondents currently in the labor force will need to continue working after retirement. COASV addresses this issue with the Title V SCSEP Senior Employment program.
- A significant proportion of older adults contribute in varied ways to organizations and institutions. These contributions need to be recognized and celebrated as key ingredients for a healthy and vital community.

Other Factors Influencing Prioritization

Funding and capacity influence prioritization. For example, although housing registered as a high need in Santa Clara County at public forums and among service providers, COASV is limited by funding and capacity to advocating for increased low-income housing. An increasing variety of targeted funding allows COASV to better meet specific needs in the community. The Health Insurance Counseling and Advocacy Program is one means of addressing concerns with rising health care costs. Family Caregiving Support Program funding helps address the needs of caregivers through a variety of options. Title VII and Ombudsman funding helps address the problem of senior abuse and neglect.

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Section 6

Targeting

Targeting Priorities in 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 include individuals with the characteristics listed below, whether these persons are in the community or in long-term care facilities. The Older Americans Act priorities are:

- 1) Older individuals with greatest economic need, with particular attention to low-income minority individuals. The term “greatest economic need” means the need resulting from an income level at or below the poverty line.
- 2) Older individuals with greatest social need. The term “greatest social need” means the need caused by non-economic factors, which include:
 - a. Physical and mental disabilities
 - b. Language barriers and
 - c. Cultural, social or geographic isolation, including isolation caused by racial or ethnic status that:
 - i. Restricts the ability of an individual to perform normal daily tasks
 - ii. Threatens the capacity of the individual to live independently.
- 3) Older Native Americans
- 4) Isolated, abused, neglected and/or exploited older individuals
- 5) Frail older individuals and their caretakers
- 6) Older individuals residing in rural areas
- 7) Older individuals who are of limited English-speaking ability
- 8) Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and their caregivers
- 9) Older individuals with disabilities, with particular attention paid to individuals with severe disabilities
- 10) Unemployed low-income persons who are 55 years old or older
- 11) Caregivers as defined in Title III E, which include older caregivers providing care and support to persons with developmental disabilities

The targeting priorities established in Title 22 of the California Code of Regulations are:

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

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Identification of the Targeted Populations within Santa Clara County

Through the extensive research process, six target groups 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 Santa Clara County 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. Ethnic minority seniors, particularly monolingual and/or immigrant seniors
- C. Frail or isolated older adults
- D. Informal caregivers for older adults
- E. Residents of certain geographical areas of the county
- F. 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 COASV programs address the target populations, and how this targeting relates to the priorities established in the Older Americans Act (OAA) and the California Code of Regulations (CCR).

A. Low-income Seniors

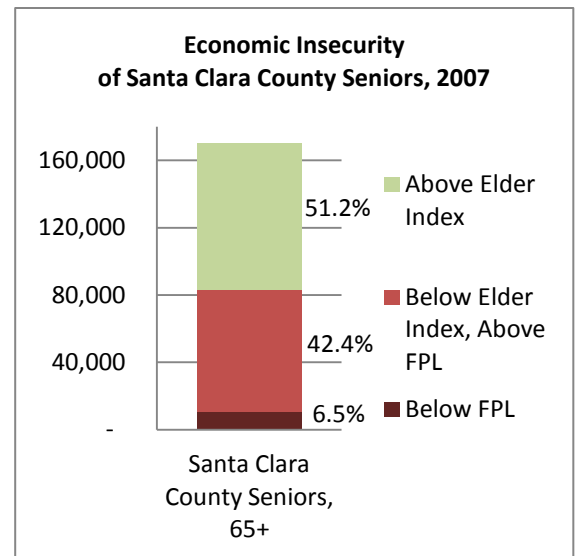
COASV's needs assessment has shown the most significant risk factor for seniors is our county is their income. Over 15,000 county seniors fall below the federal poverty line, and one in four county seniors lives near poverty, at less than two times the federal poverty line.

These statistics still do not capture the true difficulties seniors face in meeting their daily needs. Nearly half of all Santa Clara County seniors have difficulty meeting their daily housing, transportation, and medical costs, as defined by the Elder Economic Security Standard Index. Furthermore, these seniors may not qualify for many programs whose eligibility is based on the federal poverty line. As of 2007, 72,000 county seniors fell below the Elder Index but had incomes above the federal poverty line.

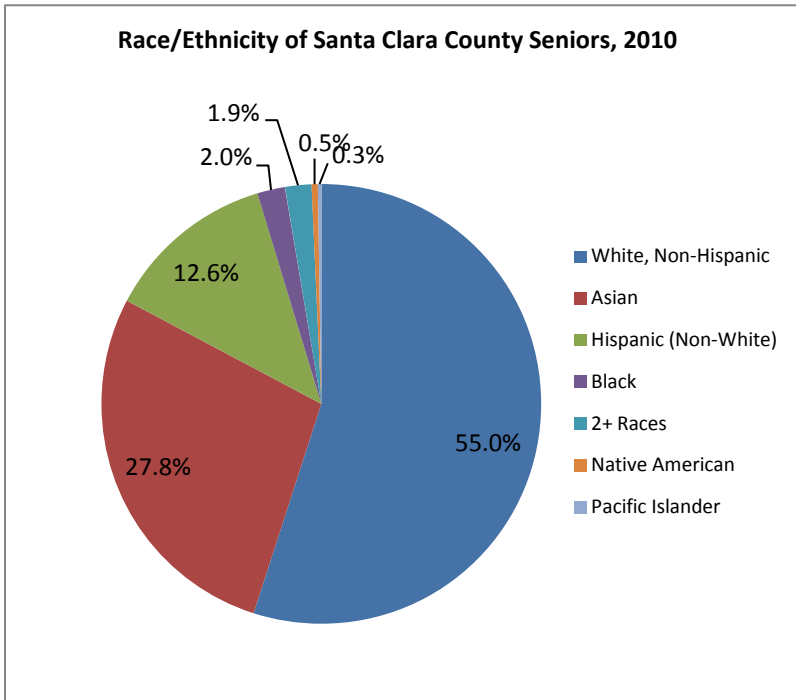
Low-income seniors may also face difficulties in accessing much-needed services. Phone survey respondents falling below the Elder Index were twice as likely to state information on senior services is "somewhat hard" or "very hard" to access compared with their counterparts above the Index (20% vs. 10%). These seniors are also more than 4 times as likely to never use the internet (27% vs. 6%).

Seniors below EESI use senior services like help finding housing or care management about as often as those above EESI, however many lower income seniors show greater interest in accessing services than their higher income counterparts. 27% of survey respondents below EESI are interested in help applying for government benefits, compared with 17% of those above the index. Help finding employment is requested much more often by seniors falling below EESI than those above it (24% vs. 7%).

COASV provides an array of services to low-income seniors, including MSSP care management to seniors falling below the poverty line, as well as targeting all Title III services to those falling below the Elder Index.



B. Ethnic Minority Seniors



Santa Clara County is home to a rich diversity of cultures; this is evident particularly in our county’s senior population. More than one in four county seniors is Asian; one in eight is Hispanic. This diversity presents unique opportunities and challenges to effectively serve Santa Clara County’s population.

Language capability may present barriers to service. Over half of Asian seniors and one in three Hispanic seniors report they speak English “not at all” or “not well”.

Minority seniors tend to be less well-off economically compared to their White, non-Hispanic counterparts. For example, 67% of Hispanic seniors fell below the Elder Index in 2007, compared to just 32% of White, non-Hispanic seniors.

Santa Clara County is also home to a large immigrant population. 40% of county seniors were foreign-born, compared to 12% nationally. Foreign-born seniors hail primarily from Asian countries (66%), but significant numbers also emigrate from Latin America and Europe (15% respectively).

Minority and foreign-born seniors report difficulty accessing services, similar to their low-income counterparts. Minority seniors have difficulty accessing services due to a language barrier at more than 3 times the rate of White seniors. Internet use among Hispanic seniors is significantly lower than among White seniors (34% daily use among Hispanic seniors, compared to 68% among White seniors).

Service use among Minority seniors is significantly less than among White seniors, particularly among Hispanic seniors. Asian seniors reported a higher interest in receiving services than their White counterparts.

C. Frail or Isolated Seniors

Considerable concern exists about the needs of the frail and isolated elderly who live throughout the County. Persons at all income levels and of all ethnicities can become isolated from their communities.

Providers indicated that the problem appears to grow more common in older age and older seniors themselves perceive the problem. The data reflected a sharp rise in the proportion old-old of individuals living alone. More than 1 in 4 persons aged 75 or older live alone, compared to 1 in 5 of those between ages 65-74.

Lesbian, gay, bisexual, and transgender seniors may also be at high risk for isolation. Studies have shown LGBT seniors may be 33-100% more likely to live alone than their heterosexual counterparts.

Research has consistently shown that self-assessment of health is a broad but generally accurate indicator of overall health status. More than two-thirds of the 60+ population in Santa Clara County consider their health status to be either ‘excellent’, ‘very good’, or ‘good’ according to the 2009 California Health Interview Survey (CHIS). However,

fully 61% of those with incomes below 2.0 times the Federal Poverty considered their health status a problem, rating it ‘fair’ or ‘poor’.

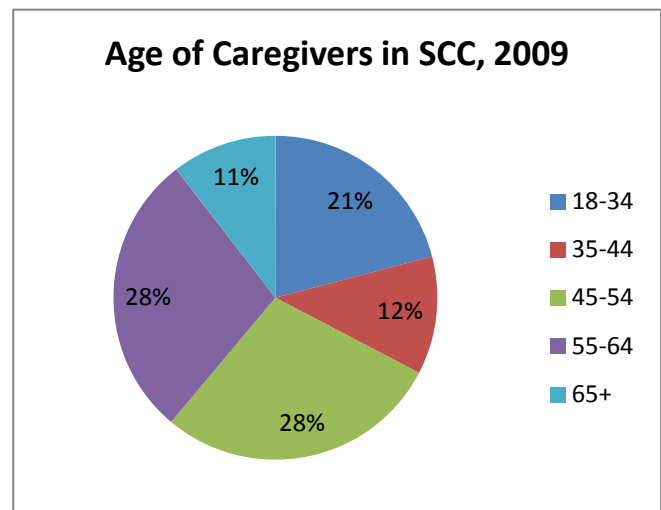
Mobility among older adults is tied to various risk factors: social isolation, adequacy of diet, falls and other injuries. Experiencing difficulty in going outside the home provides some indication of need for in-home assistance, supported transportation and, for some, rehabilitation services. In the 2009 CHIS, 40.7% of respondents age 60+ reported disability due to physical, mental, or emotional condition. This suggests that well over 112,000 older Santa Clara County residents may be at risk of isolation, injury, and institutional placement.

The type of services COASV provides, particularly in-home services, case management, transportation, and adult day/health/Alzheimer’s care, target these persons in greatest social need. The measures of function documented in the referenced health surveys indicate the need for in-home assistance, transportation and rehabilitation services.

C. Informal Caregivers

Informal caregiving is an increasingly common occurrence, in which an adult family member provides regular care to a family member or friend with an illness or disability. Nearly 1 in 4 Santa Clara County adults age 18 or older self-identified as a caregiver in the 2009 California Health Interview Survey. This translates to over 300,000 county residents.

Caregivers come from all age groups, ethnicities, and backgrounds. The chart at right shows the diversity in age amongst caregivers. The ethnic diversity of caregivers in the counties matches that of the county as a whole, with large numbers of Asian, Latino, and White caregivers, in addition to substantial numbers of African-American, American Indian, and other caregivers. Almost 2 of 3 caregivers is currently a full- or part-time employee.



Caregiving can be a source of stress and detrimental to physical and mental health for some caregivers. Caregivers delay their own access to medical care, experience social and family life impairment, and report mental health problems more often than their non-caregiving counterparts.

COASV’s phone survey asked respondents which caregiving services they had used recently and their interest in receiving caregiver services. General caregiving information (15%), educational classes (13%), and short-term respite (13%) are the most frequently used services. These were also the most desired services by caregivers who had not accessed them; general information (36%), short-term respite (29%), and education on caregiving (21%) were popular among respondents. Most respondents had not experienced difficulty or barriers in accessing these services, just 1-2% in all cases.

D. Residents of Certain Geographic Areas

Discussions with service providers and seniors in diverse communities throughout the county identified parts of Santa Clara County where seniors remain underserved. Underserved areas are of concern because of the unique needs of individual communities, the barriers to service represented by problems with transportation, and the need for community-based services as a base for outreach to isolated older residents. Several parts of Santa Clara County

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remain underserved because of the level of need in the community or the absence of providers, or both, but the two areas most often mentioned as underserved are East San Jose, Downtown San Jose, and the South County area.

East San Jose is home to several ethnic minority communities, both Asian and Hispanic. Providing services within these communities is one way to reduce access barriers created by language and culture, but the area remains largely underserved.

The Downtown area of San Jose has undergone a startling evolution in the last few years. Needs in the Downtown area are diverse and growing and the service system has been slow to respond. While many of the low-income residential facilities for seniors are located here, displacement of some seniors has created difficulty in servicing this needy group. Ethnic communities, especially Chinese and Vietnamese communities, have multiplied in this area.

The South County's geographic remoteness and semi-rural environment isolates it physically and culturally from other parts of the County. Few providers are able to deliver services to South County seniors. As a result, senior service providers located in South County respond to a much broader range of needs than is true in more resource-rich areas of the County. Unmet needs due to the lack of services are a major concern among South County seniors and service providers.

Providers offered two solutions to the problems of unequal distribution of services. The first is to expand program development efforts in these communities by creating new services and expanding existing ones. The second solution concerns transportation. Expanded public and assisted transportation would enable the richness of senior services in the County to be better tapped countywide.

E. Seniors Experiencing Abuse

Elder abuse, neglect, and exploitation are sensitive and troubling issues. Research suggests strongly that the problem is underreported due to older persons' fear of reprisal and concerns about losing fragile but needed informal support systems. Any incident of abuse, neglect or exploitation is worrisome, but the magnitude of reported elder abuse combined with unreported incidents is cause for considerable concern.

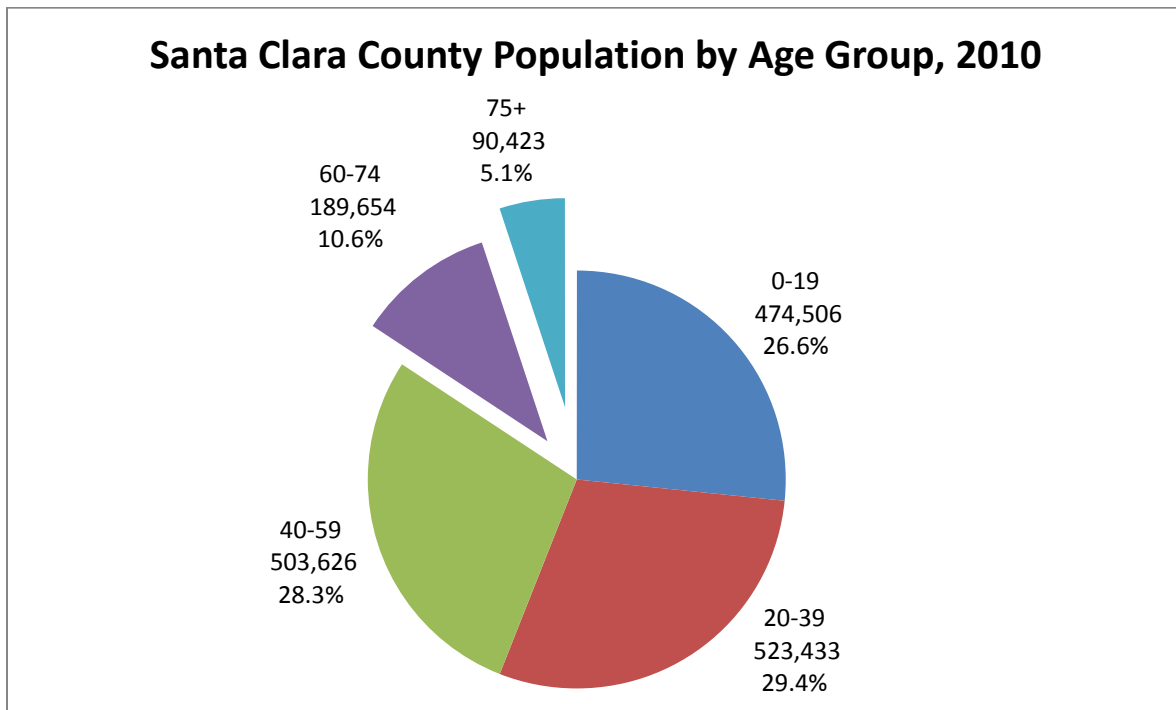
The COASV care management program has constant communications with Adult Protective Services to coordinate on abuse cases.

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Section 5
Needs Assessment

This section summarizes the needs assessment process described in Section 4, Planning Process & Establishing Priorities in 2 parts:

- 5.1 – Santa Clara County Seniors & Their Caregivers - An overview of Santa Clara County seniors and caregivers, focusing on target populations such as low-income and minority seniors.
- 5.2 – Identification of Need – A review of needs assessment results indicating the highest priority needs, both overall and of target populations.

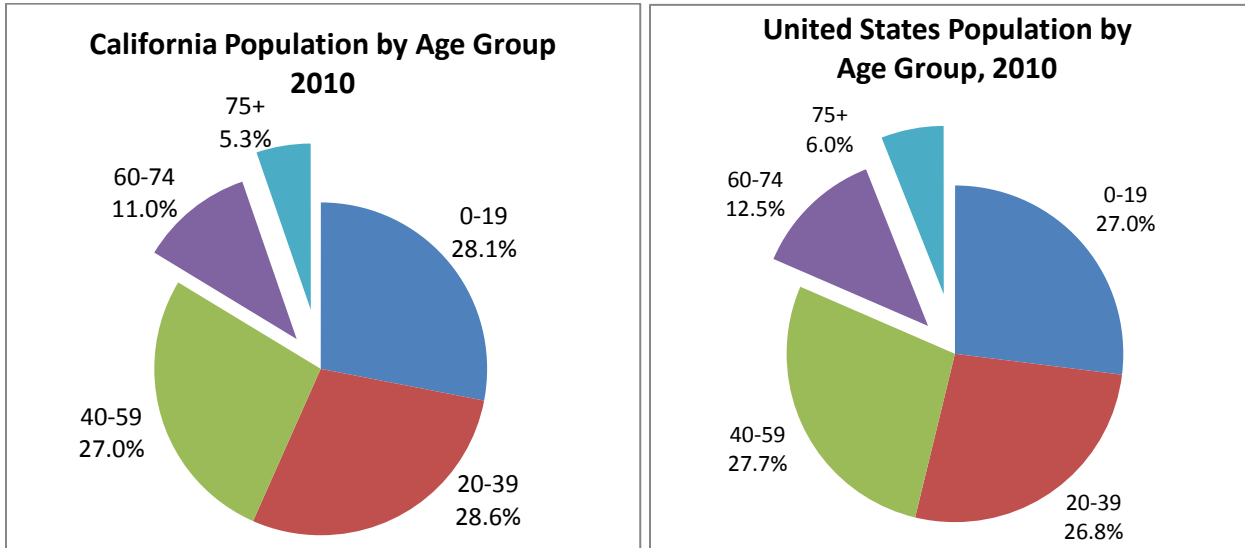
5.1 - Santa Clara County Seniors & Their Caregivers



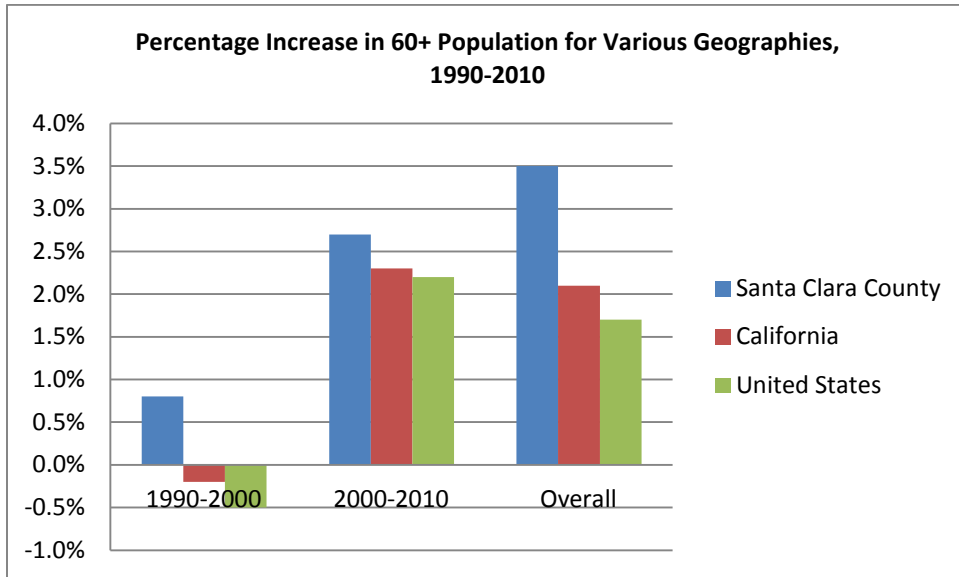
As of the 2010 census, Santa Clara County is home to 280,077 seniors age 60 and over, consisting of 15.7% of the population.¹

¹ 2010 US Census

Compared to California and nationally, Santa Clara County has a slightly smaller senior population (15.7% compared to 16.3% for California and 18.5% for the U.S.)²



However, Santa Clara County's senior population has grown faster in the past 20 years than the state and national rates:³

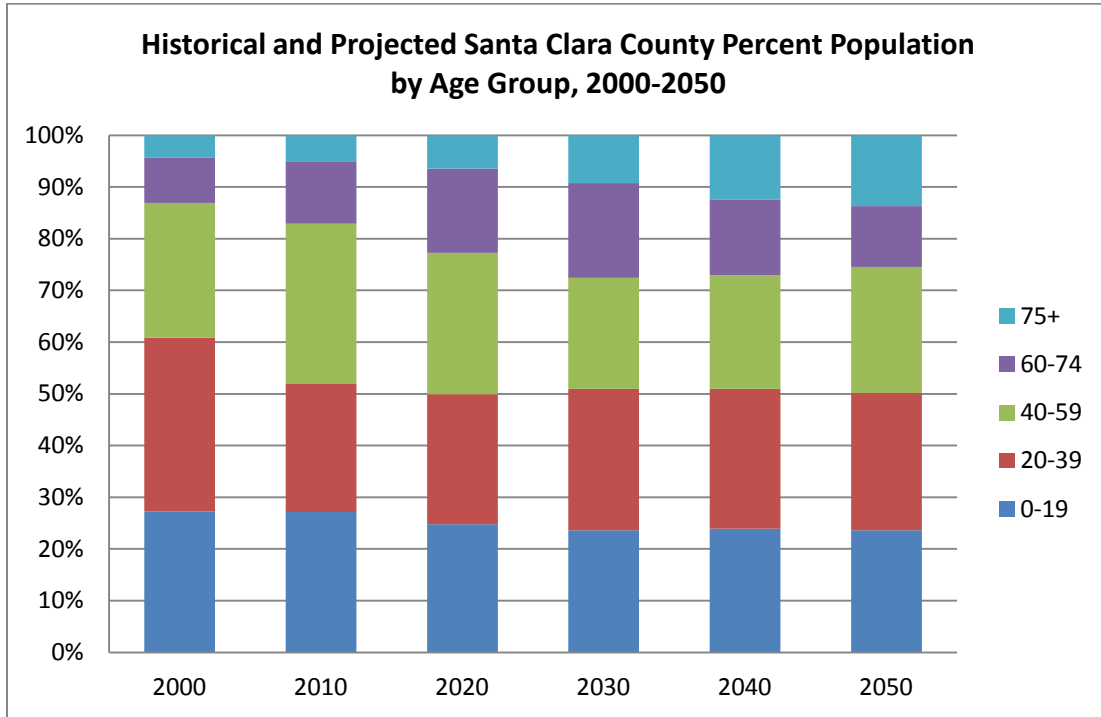


² 2010 US Census

³ 1990, 2000, 2010 US Census

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In the coming years, seniors will comprise a larger and larger share of the local population. In 1990, fewer than 1 in 8 county residents was age 60 or older. By 2010, that ratio has grown to 1 in 6. By 2030, over 1 in 4 county residents will be over age 60 (27.6%).⁴



Steady growth of the senior population is projected in California and nationally, as well. The older adult population is expected to plateau around 2030. In 2030⁵:

- 27.6% of the population will be over age 60 in Santa Clara County,
- 23.3% in California,
- 24.7% in the United States

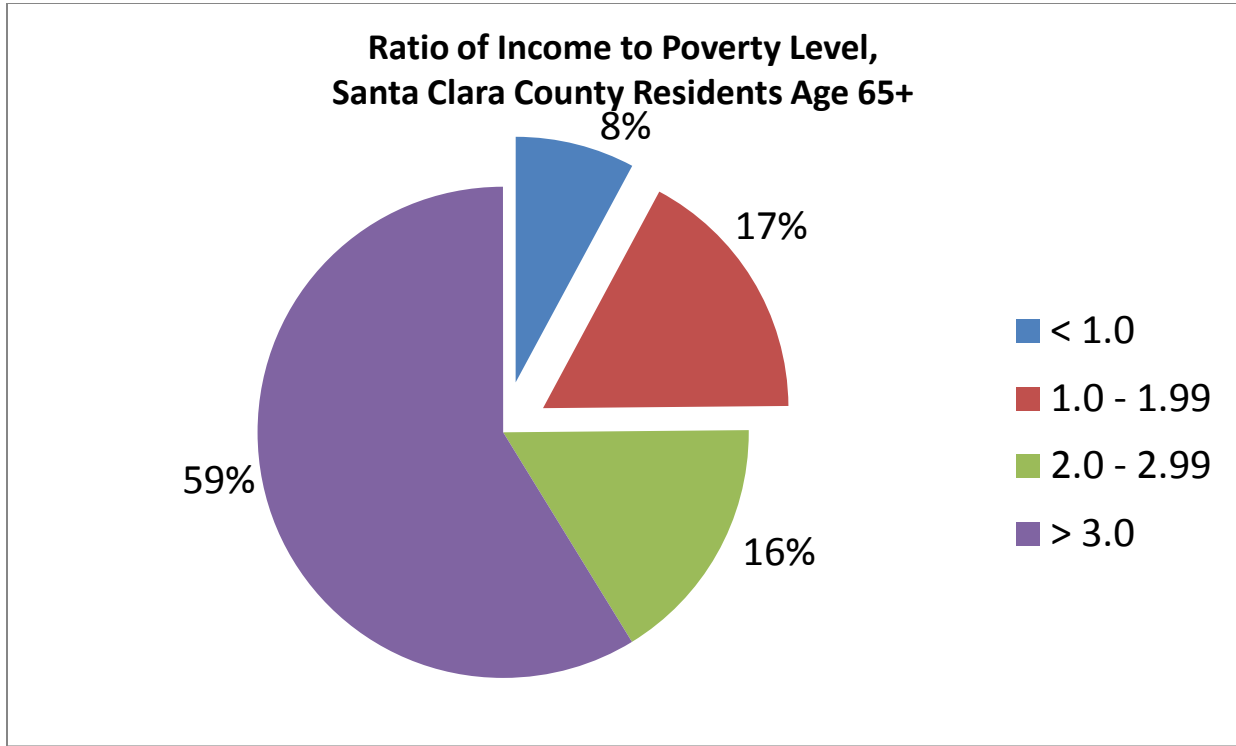
⁴ Association of Bay Area Governments

⁵ Association of Bay Area Governments

5.1.1 - Economic Indicators

An estimated 15,300 county seniors live below the federal poverty line⁶, defined as having less than \$907.50 monthly income for a single-person residency; \$1,225 monthly income for a couple.⁷ The federal poverty line is a fixed number for the 48 contiguous states and does not factor in cost of living.

One in four Santa Clara County seniors lives near poverty, at less than two times the federal poverty line.⁸



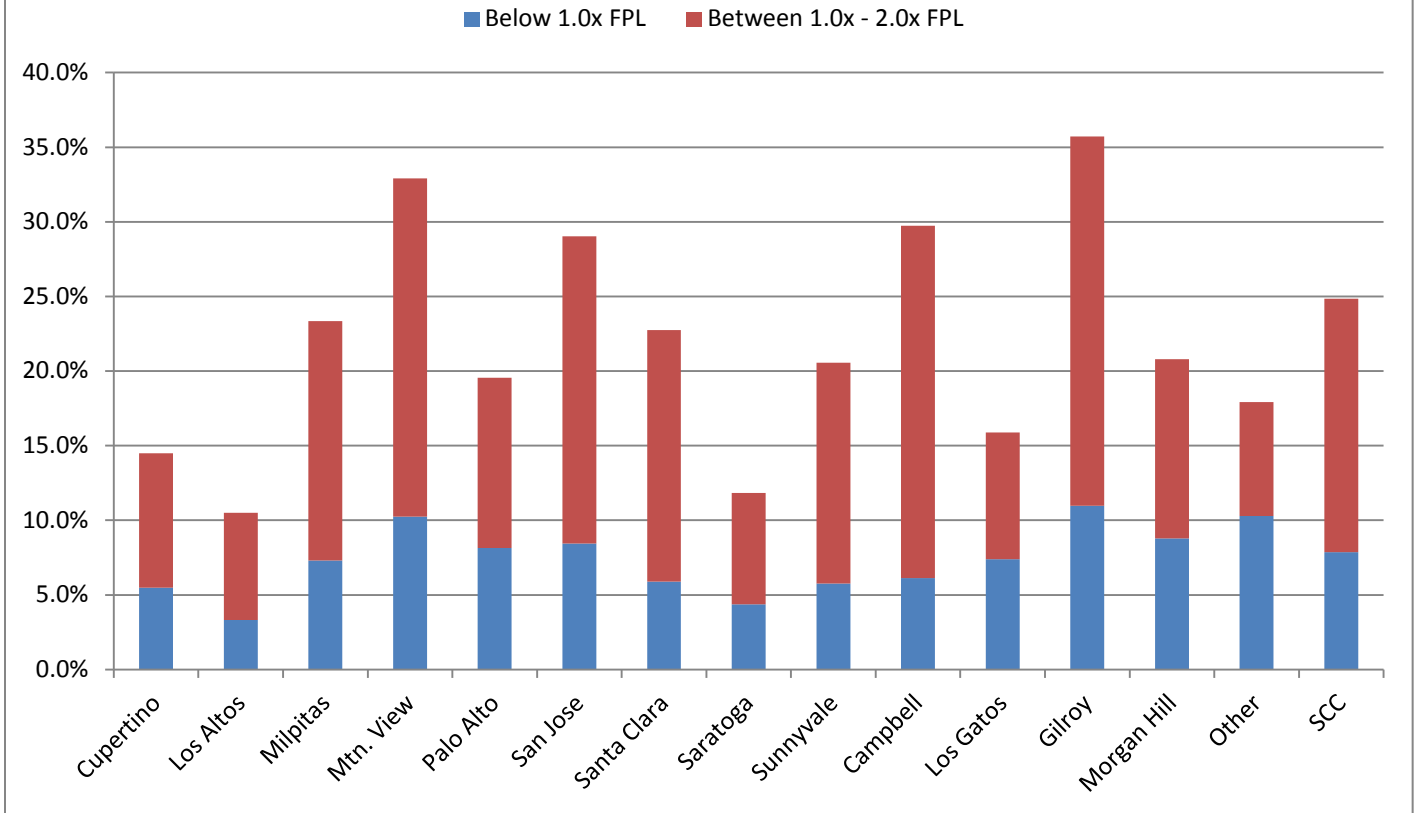
These 49,000 seniors have trouble meeting their basic daily needs given the high cost of living county. See the following sections on the Elder Economic Security Standard Index and Supplemental Poverty Measure for more detail.

⁶ 2008-2010 American Community Survey Estimates

⁷ 2011 HHS Poverty Guidelines

⁸ 2008-2010 American Community Survey Estimates

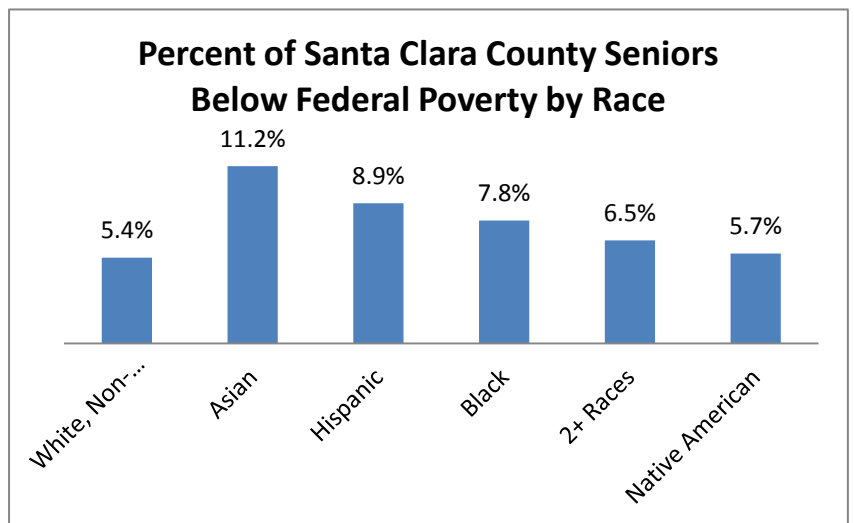
Santa Clara County Seniors At or Near Poverty by City



Gilroy (11.0%), Mountain View (10.3%), and Other/Unincorporated (10.3%) have the highest percentages of seniors living below the federal poverty line (shown in blue above).

Gilroy (35.7%), Mountain View (32.9%), Campbell (29.7%), and San Jose (29.0%) have the highest percentages of seniors living near or below the poverty line (two times the federal poverty line or below, shown in red and blue above).⁹

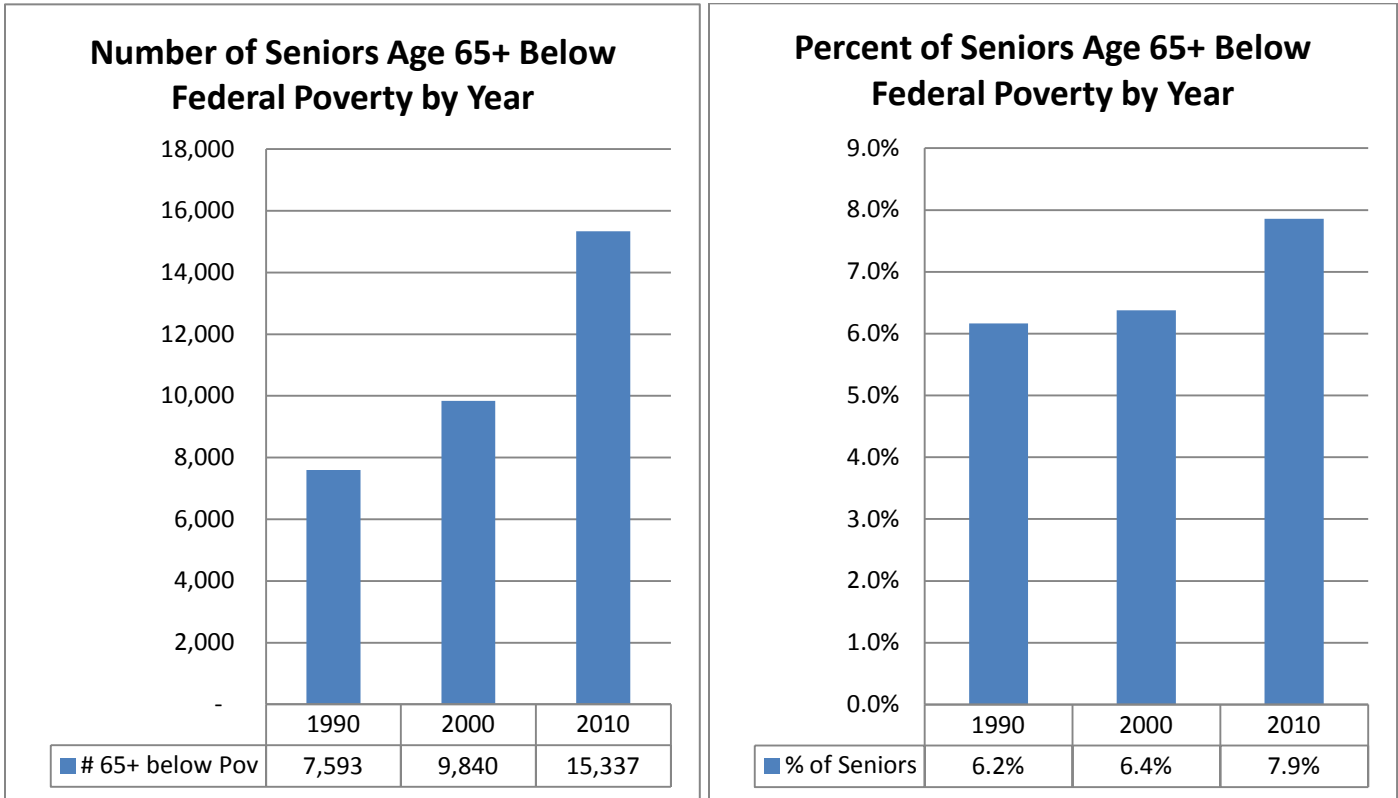
Minority seniors are significantly more likely to be living in poverty than their White, non-Hispanic counterparts¹⁰. See the later sections on minority seniors for more detail.



⁹ 2008-2010 American Community Survey Estimates

¹⁰ 2008-2010 American Community Survey Estimates

The number of seniors living in poverty, as well as the percentage of seniors living in poverty, has grown over the last 20 years¹¹. Between 2000 and 2010, the population of impoverished seniors grew by 55%, from 9,800 to 15,300.



Compared with the rest of California and the United States, Santa Clara County has fewer seniors falling below the poverty line (7.9% for Santa Clara County, compared with 9.7% for California and 9.0% nationwide).

This statistic, however, far underestimates the true number of struggling seniors in our county. The Federal Poverty Line was developed in 1969 and does not truly measure the cost of living. The Elder Economic Security Index and Supplemental Poverty Measure are two recently-developed measures that attempt to measure the true number of individuals living in poverty.

Shortcomings of the Federal Poverty Line:

- Based on 1963 cost of food, then revised annually for inflation¹².
- Does not factor in cost of housing, medical care, transportation, etc.
- Is not adjusted for regional cost of living. FPL is uniform for 48 contiguous states.
- Is “not a complete description of what people and families need to live” – U.S. Census Bureau¹³

¹¹ 1990 Census, 2000 Census, 2010 American Community Survey Estimates

¹² <http://aspe.hhs.gov/poverty/faq.shtml#developed>

¹³ <http://www.census.gov/hhes/www/poverty/about/overview/measure.html>

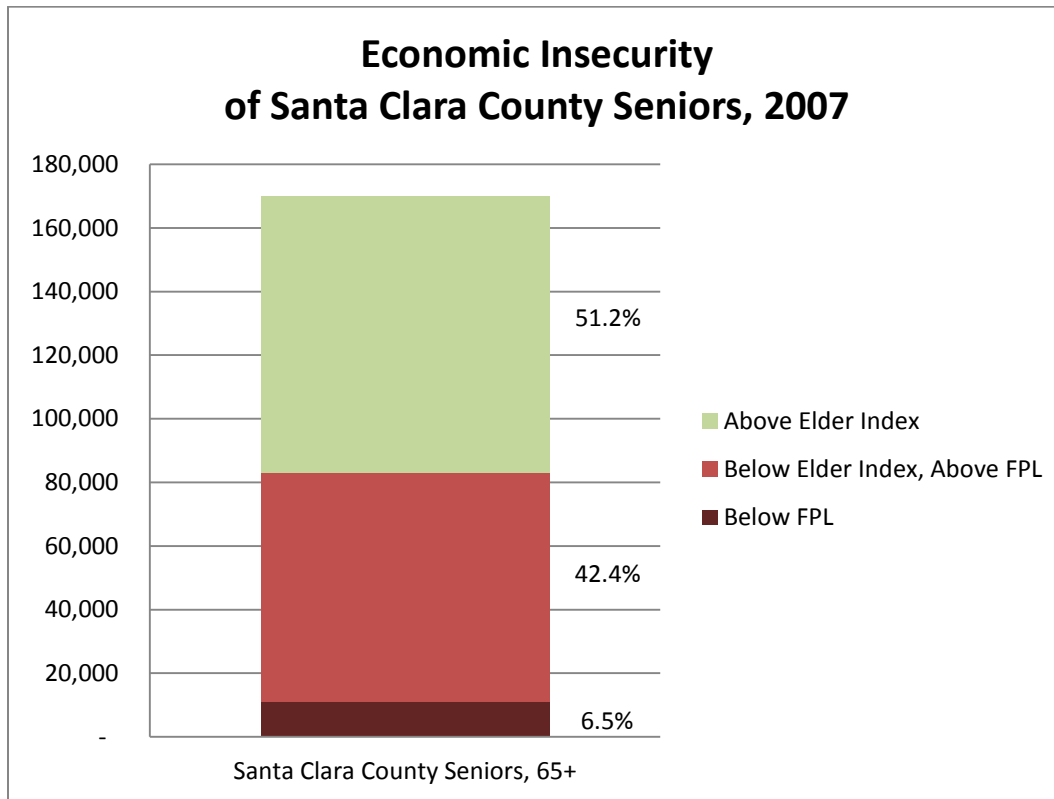
Elder Economic Security Standard Index

The Elder Economic Security Standard Index, or Elder Index, provides a detailed, county-specific measure of senior poverty. The Elder Index determines poverty based on true costs of housing, food, transportation, and health care.¹⁴ Different thresholds are provided based on individuals or couples, and renting or owning. The table of Elder Index thresholds for 2011 is provided at right.¹⁵

Elder Economic Security Index, Santa Clara County, 2011		
	Elder Person	Elder Couple
Owner w/o mortgage	\$ 17,455	\$ 27,345
Owner w/ mortgage	\$ 39,259	\$ 47,836
Renter, one bedroom	\$ 25,485	\$ 34,062

Seniors in every living situation need to have incomes well in excess of the Federal Poverty Line in order to stave off poverty in Santa Clara County. An elderly single renter would need an income of 2.5 times FPL to meet her basic housing, medical, and nutritional needs. An elderly couple paying off a mortgage would need nearly 3.5 times FPL to meet their basic needs.

Viewed with this more accurate measure, the number of seniors in poverty is striking. Nearly half of all Santa Clara County seniors age 65+, approximately 82,000 out of 170,000, fell below the Elder Economic Security Standard Index in 2007.¹⁶

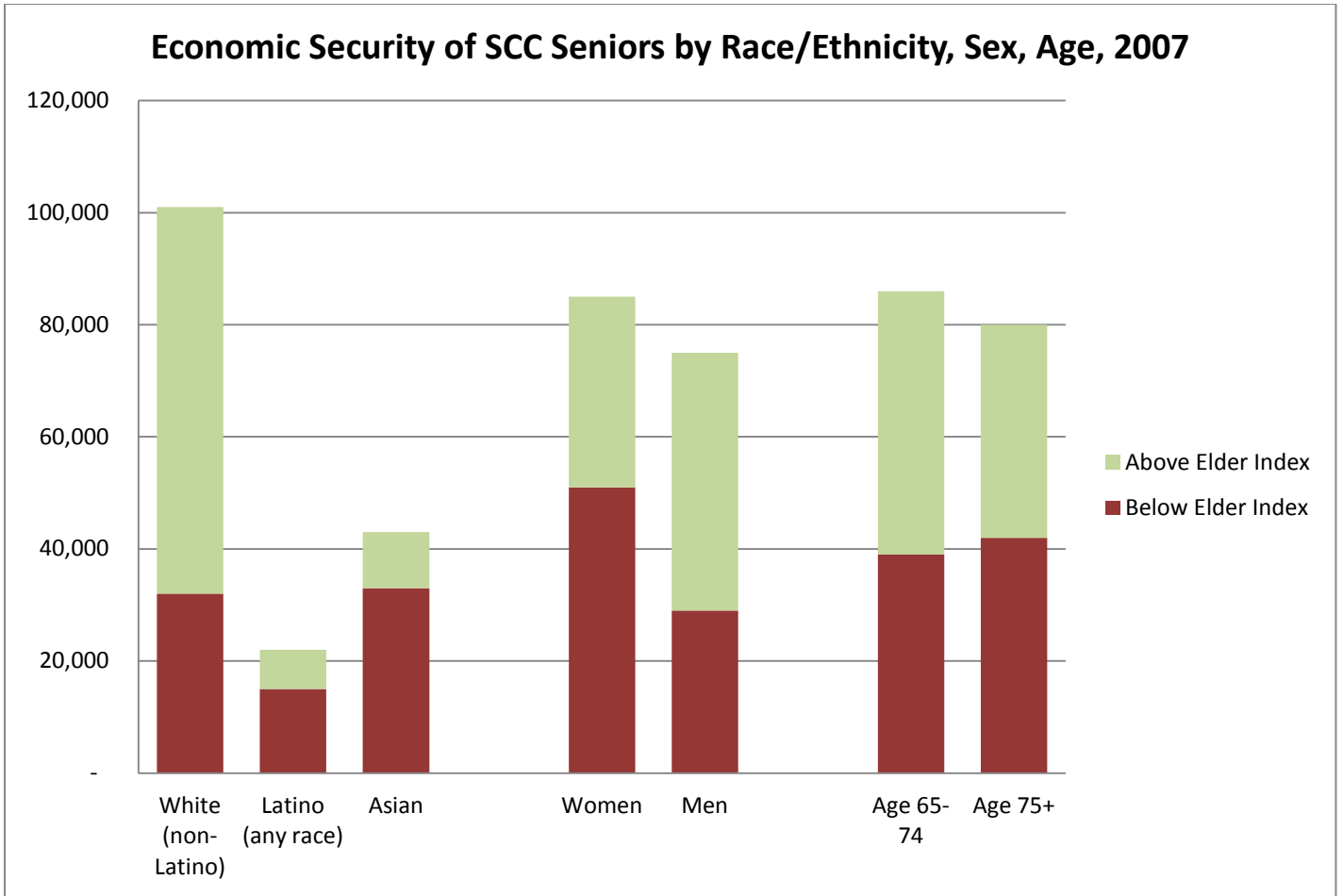


Furthermore, those falling below the Elder Index are disproportionately of a racial/ethnic minority, female, or age 75 or older.¹⁷

¹⁴ http://www.healthpolicy.ucla.edu/elder_index08feb.aspx

¹⁵ http://www.healthpolicy.ucla.edu/eess0208_pdf/santa-clara.pdf

¹⁶ http://www.healthpolicy.ucla.edu/eess0209_pdf/santa-clara_A.pdf and [/santa-clara_B.pdf](http://www.healthpolicy.ucla.edu/eess0209_pdf/santa-clara_B.pdf)



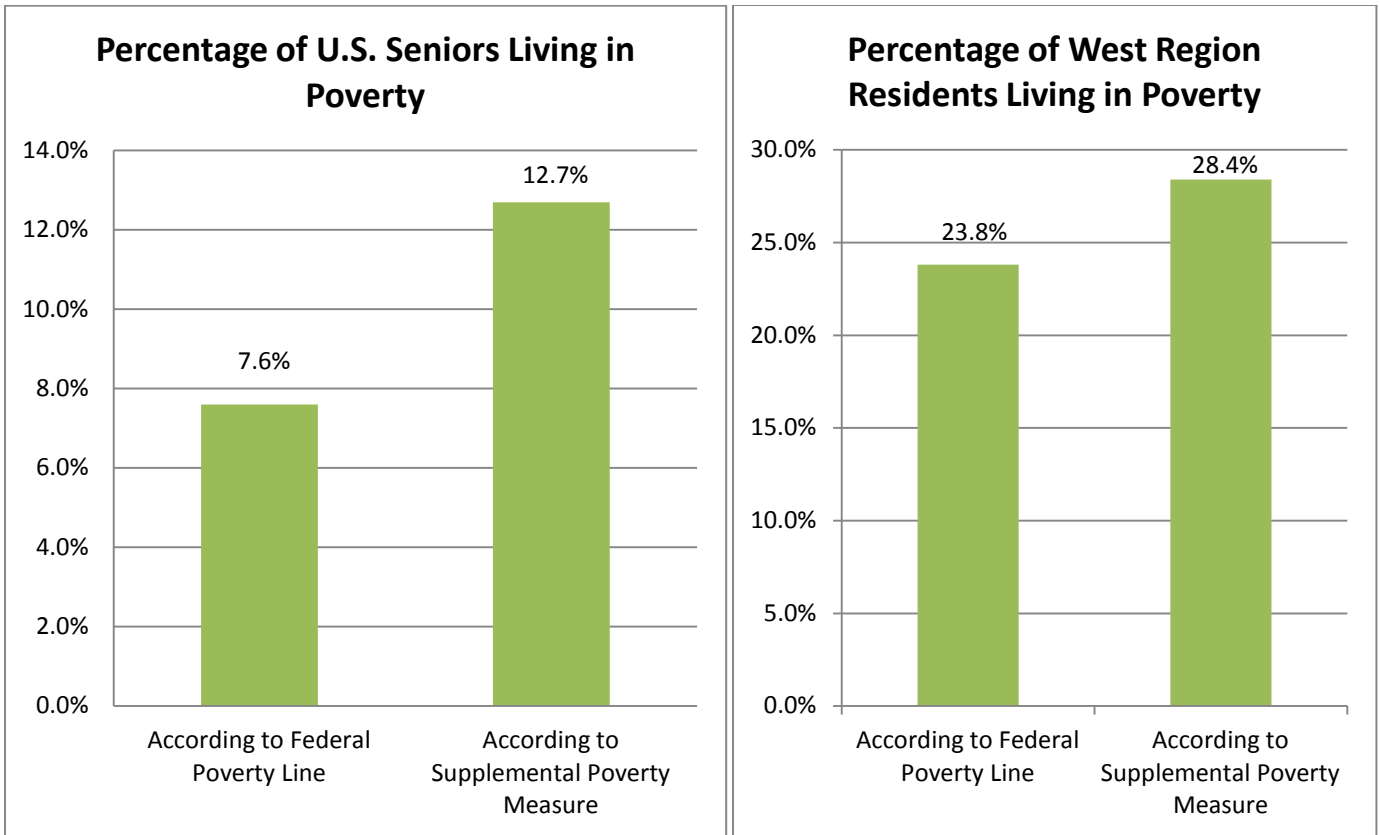
- 67% of Latino seniors and 76% of Asian seniors fall below the Elder Index, compared with just 32% of White, non-Latino seniors.
- 60% of female seniors fall below the index, compared to 39% of male.
- 53% of seniors age 75 or older fall below the index, compared with 46% of those age 65-74.

¹⁷ http://www.healthpolicy.ucla.edu/eess0209_pdf/santa-clara_A.pdf and [/santa-clara_B.pdf](http://www.healthpolicy.ucla.edu/eess0209_pdf/santa-clara_B.pdf)

Supplemental Poverty Measure

In November 2011, the U.S. Census Bureau released a report¹⁸ introducing the Supplemental Poverty Measure (SPM), a new tool to more accurately count the number of Americans living in poverty. While still “a work in progress”, the measure does a significantly better job of realistically capturing cost of living than the FPL. SPM factors in costs such as housing, out-of-pocket medical care, child care, and transportation, as well as benefits like food stamps and tax credits. Geographic differences, including cost of living, are factored in as well.

The report shows a substantially larger number of seniors living in poverty, as well as a significantly larger number of west coast residents living in poverty, than the official poverty measure. Details at the state and local level are currently unavailable.



¹⁸ http://www.census.gov/hhes/povmeas/methodology/supplemental/research/Short_ResearchSPM2010.pdf

Benefit Enrollment

The table below shows enrollment rates for various public benefits for Santa Clara County residents age 65+, as well as for selected neighboring and comparable counties, and for the state as a whole¹⁹. The “Dual Eligibles” column shows the percentage of seniors age 65+ enrolled both in Medi-Cal and Medicare.

Medi-Cal/Medicare Enrollment by County/State, Age 65+, 2010					
County/Area	65+ Total Population	Medi-Cal Only	Medicare Only	Dual Eligibles	Neither
Santa Clara	196,944	4.6%	72.7%	19.8%	2.9%
Alameda	167,746	4.0%	70.7%	19.5%	5.8%
San Mateo	96,262	2.6%	82.3%	12.2%	2.9%
San Francisco	109,842	3.1%	64.8%	31.6%	0.5%
Los Angeles	1,065,699	4.0%	65.6%	27.0%	3.3%
Orange	349,677	2.1%	77.6%	15.6%	4.7%
San Diego	351,425	1.6%	80.6%	14.3%	3.5%
CALIFORNIA	4,246,514	2.6%	69.9%	18.5%	9.1%

Over 48,000 county seniors receive Medi-Cal benefits. Over 182,000 county seniors receive Medicare benefits.

Santa Clara County has a higher percentage of seniors who are Medi-Cal only, Medicare Only, and Dual Eligibles than the statewide-rate. Of the selected counties shown, Santa Clara has the highest rate of Medi-Cal only seniors.

Exact statistics for Supplemental Nutrition Assistance Program (SNAP, or more commonly known as food stamps) enrollment for seniors are unavailable, however we can make some inferences from available data. In 2010, 63,741 county residents participated in SNAP²⁰. Of households receiving SNAP, about 1/4th had a resident age 60+²¹. Therefore, we can roughly estimate 16,000 seniors received SNAP in 2010. California ranked 49th of 50 states in 2007 in SNAP enrollment rate²², so we can infer many more seniors are eligible to receive this benefit but have not been enrolled.

¹⁹ 2010 U.S. Census, 2009 Center for Medicare & Medicaid Services County Enrollment, 2010 California Department of Health Care Services Medi-Cal/Medicare Dual Eligibles by County

²⁰ 2010 Santa Clara County Nutrition and Food Insecurity Profile, California Food Policy Advocates

²¹ 2010 American Community Survey 3-year estimates

²² Lost Dollars, Empty Plates; California Food Policy Advocates, 2010

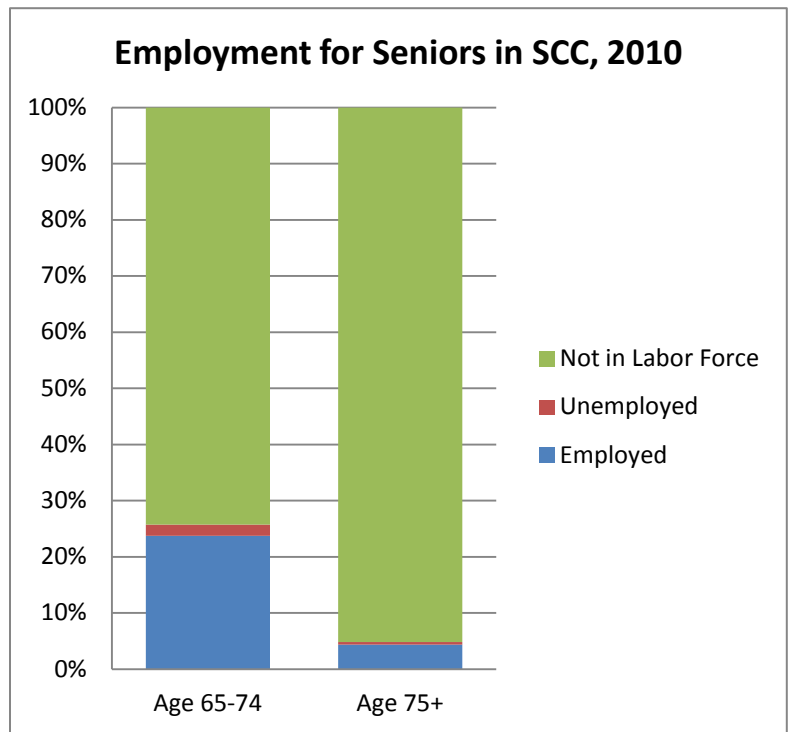
Employment

Local senior employment rates very closely match state and national rates²³, and have also varied little over the past 5 years, although unemployment has risen.

23.8% of seniors age 65-74 were employed in 2010, along with 4.4% of seniors age 75+. Unemployment for seniors age 65-74 was 2%, and near 0% for seniors 75+. The remainder of seniors did not participate in the labor force. The traditional unemployment rate (unemployment compared to labor force participation) is 7.9%.

State and national rates are extremely similar. The overall employment rate for seniors in California is 14.7% and nationwide is 15.0%; in Santa Clara County it is 14.8%.

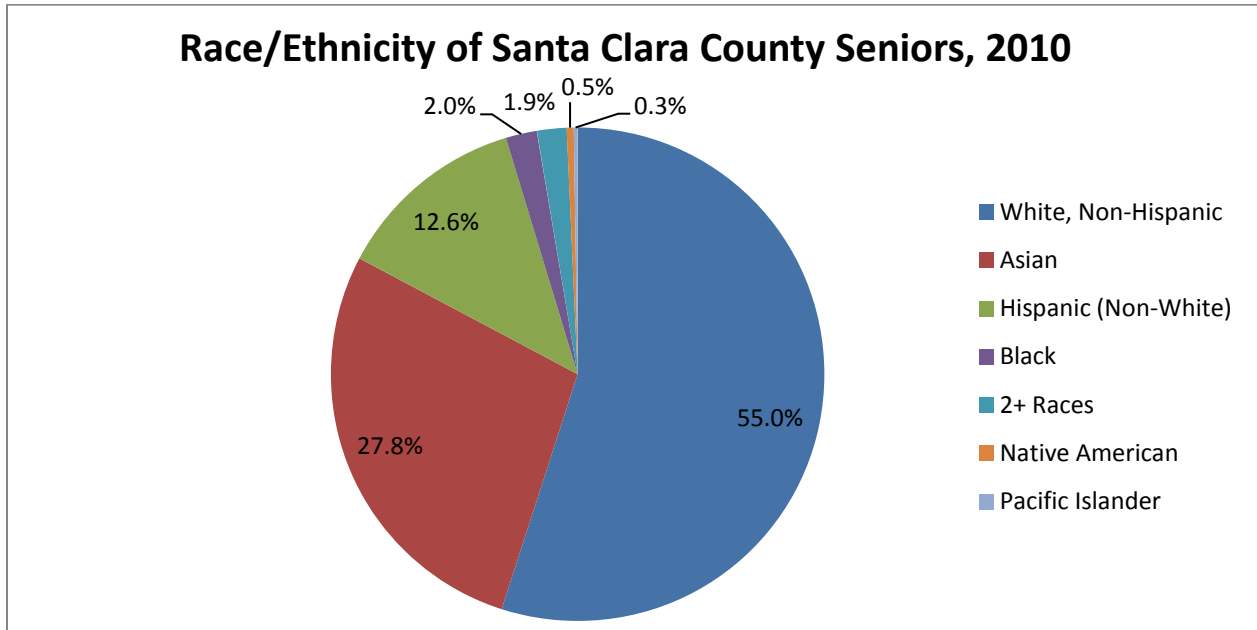
Over time these rates have stayed remarkably constant. In 2005, 22.7% of seniors age 65-74 were employed, along with 5.8% of seniors age 75+. Traditional unemployment was 5.1%.



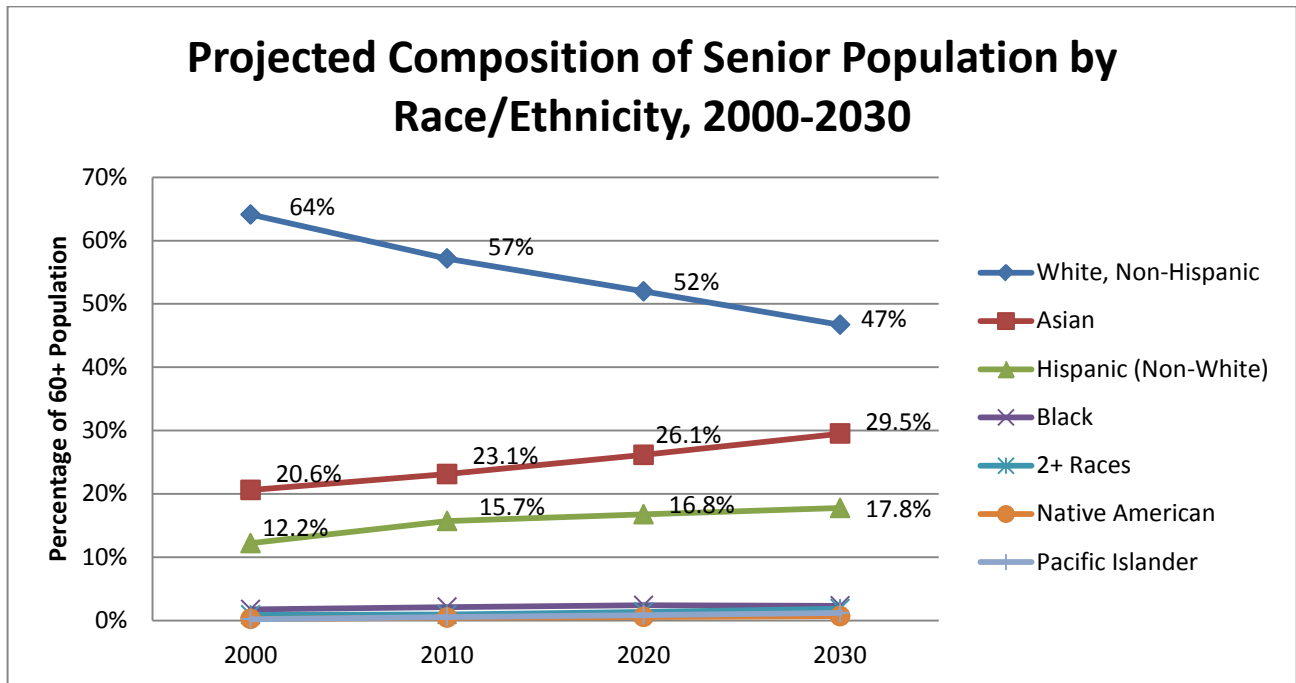
The constant level of employment from 2005 to 2010, combined with rising unemployment may imply more older workers have stopped looking for work and have dropped out of the labor force. However, the rise in unemployment is within the American Community Survey’s margin of error and may not be significant.

²³ All data in this section is from the 2010 American Community Survey 3-year estimates, or the 2005 ACS estimates where noted.

5.1.2 - Minority Seniors



White, non-Hispanic seniors currently make up the majority of the 60+ population in Santa Clara County²⁴. That, however, is projected to change significantly in the coming years.



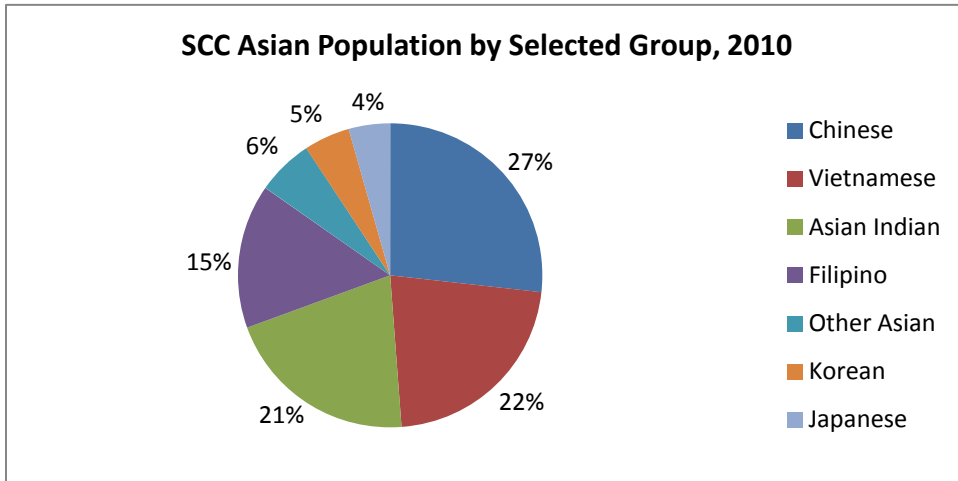
According to the California Department of Finance’s projections, White, non-Hispanic seniors will make up less of the age 60+ population from 2000 to 2030. Asian and Hispanic seniors are projected to make up a much larger percentage of the senior population in the coming years.

²⁴ 2010 US Census

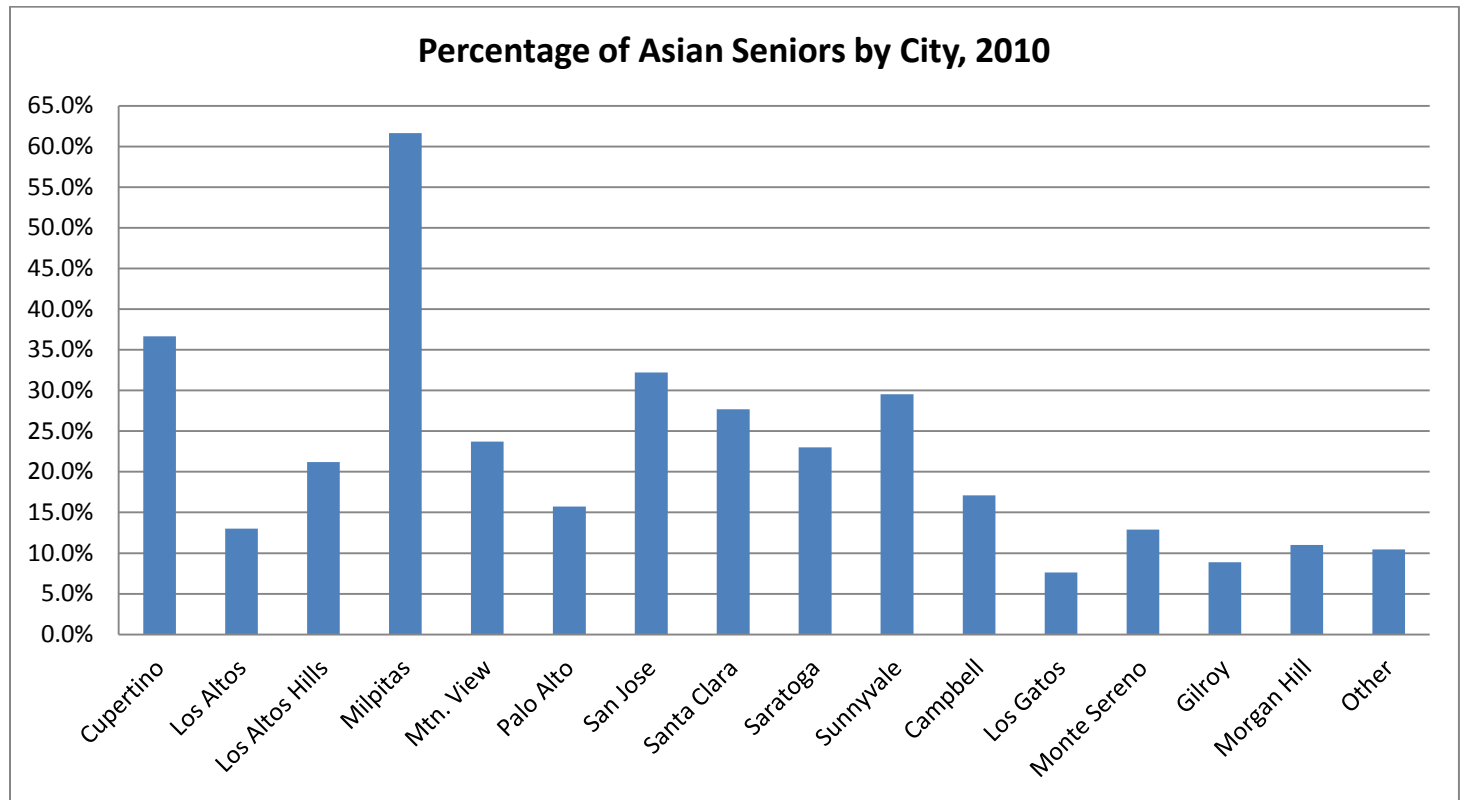
²⁵ California Department of Finance, 2000 projections

Asian Seniors

There are over 77,000 Asian seniors living in Santa Clara County.



Selected Group breakdown by age is not available from the 2010 Census. However, in the overall Asian population in the county, Chinese, Vietnamese, Asian Indian, and Filipino are the predominantly reported sub-groups.



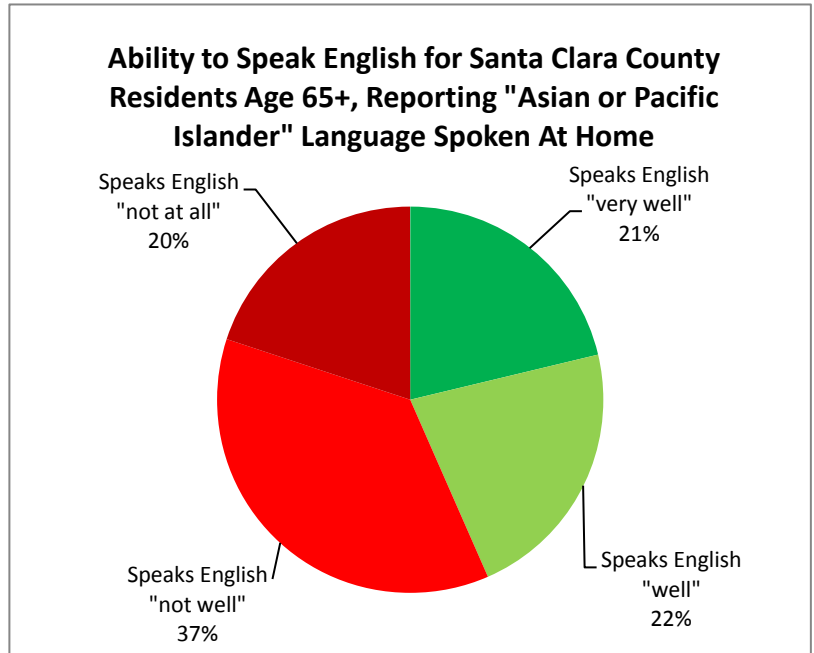
The above chart shows the percentage of each city’s 60+ residents who are Asian²⁶. Milpitas has the largest percentage of Asian seniors at 61.6%. Cupertino (36.7%), San Jose (32.2%), Sunnyvale (29.5%), and Santa Clara (27.7%) also have large Asian senior populations.

In terms of raw data, San Jose by far has the largest Asian senior population, with over 44,000 of the county’s 77,000 Asian seniors residing there. No other city has more than 7,000 Asian senior residents.

²⁶ 2010 US Census

Data on language is available for seniors age 65 and over²⁷. There are over 53,000 Asian seniors age 65+ residing within Santa Clara County. An estimated 40,400 seniors reported speaking an “Asian or Pacific Islander” language at home. The chart at right shows reported ability to speak English for those speaking an “Asian or Pacific Islander language at home.

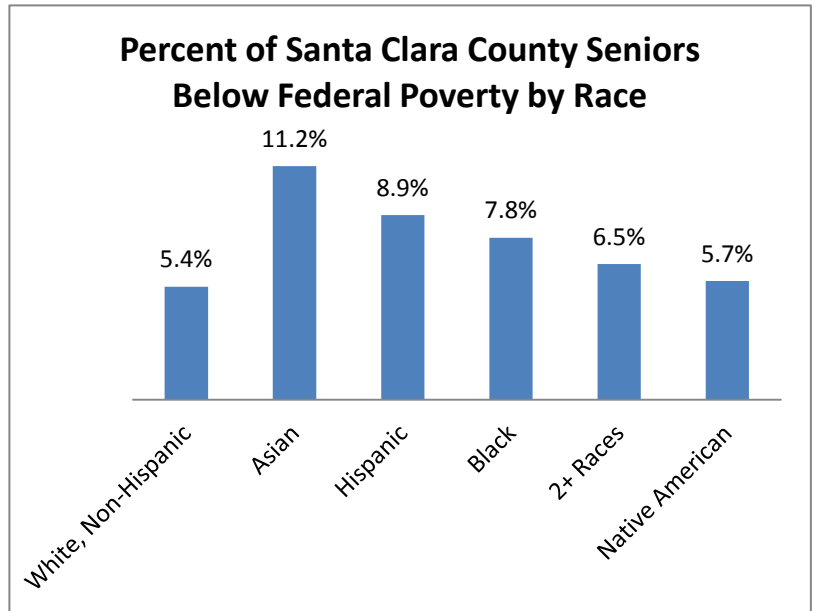
Over half of seniors who primarily speak an Asian or Pacific Islander language at home have some difficulty speaking English (57%). These 23,000 seniors may experience difficulty accessing services due to a language barrier.



Data on Asian seniors living in poverty was discussed in the previous section, however it bears repeating here.

Asian seniors have the highest poverty rates compared to their cohorts of other races. There are approximately as many Asian seniors living in poverty as White, non-Hispanic seniors (~5,700), despite the significantly larger White, non-Hispanic senior population.

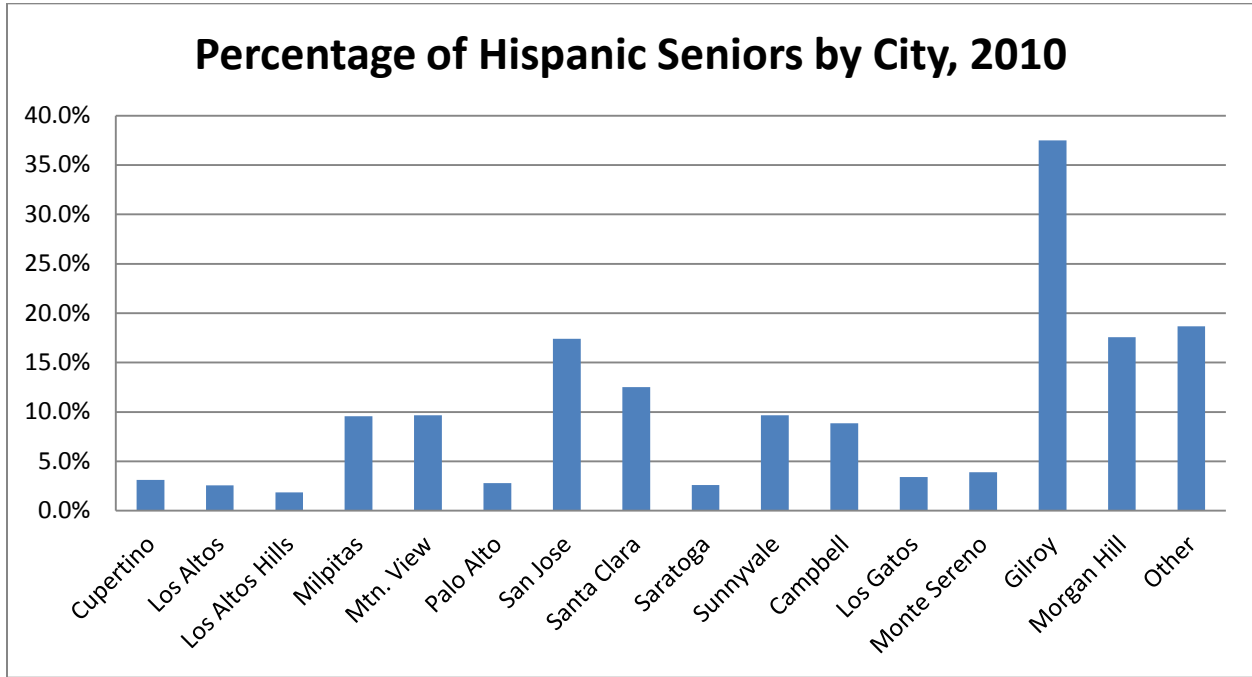
The Elder Economic Security Index provides an even grimmer picture. 76% of Asian seniors in Santa Clara County struggle to meet their basic housing, medical, and transportation needs.



²⁷ 2010 ACS 3-year estimates

Hispanic Seniors

There are over 38,000 Hispanic seniors living in Santa Clara County as of the 2010 Census.

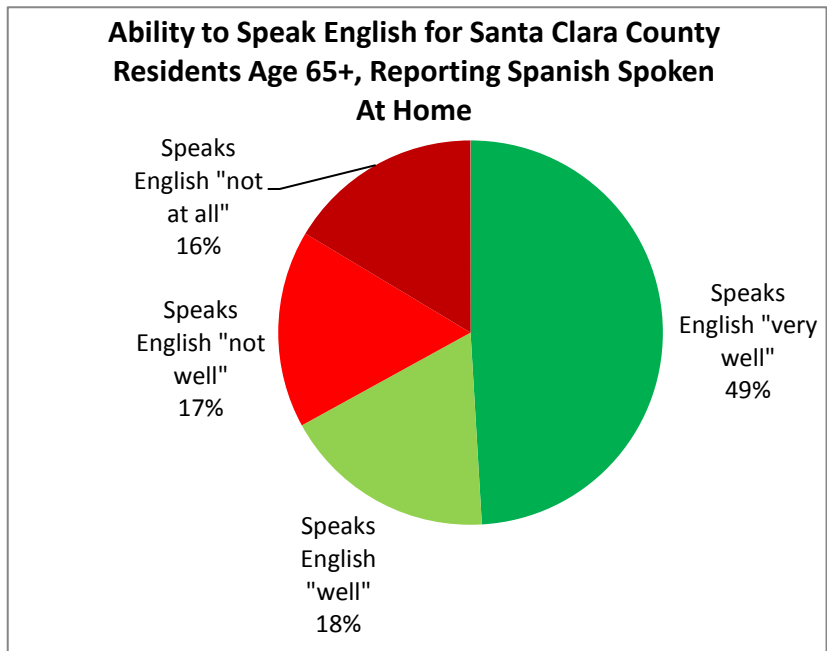


The above chart shows the percentage of each city’s 60+ residents who are Hispanic²⁸. Gilroy has the largest percentage of Hispanic seniors at 37.5%. Morgan Hill (17.6%), San Jose (17.4%), and Other/Unincorporated (18.7%) also have large Hispanic senior populations.

In terms of raw data, San Jose by far has the largest Hispanic senior population, with over 24,000 of the county’s 38,000 Hispanic seniors residing there. No other city has more than 3,000 Hispanic senior residents.

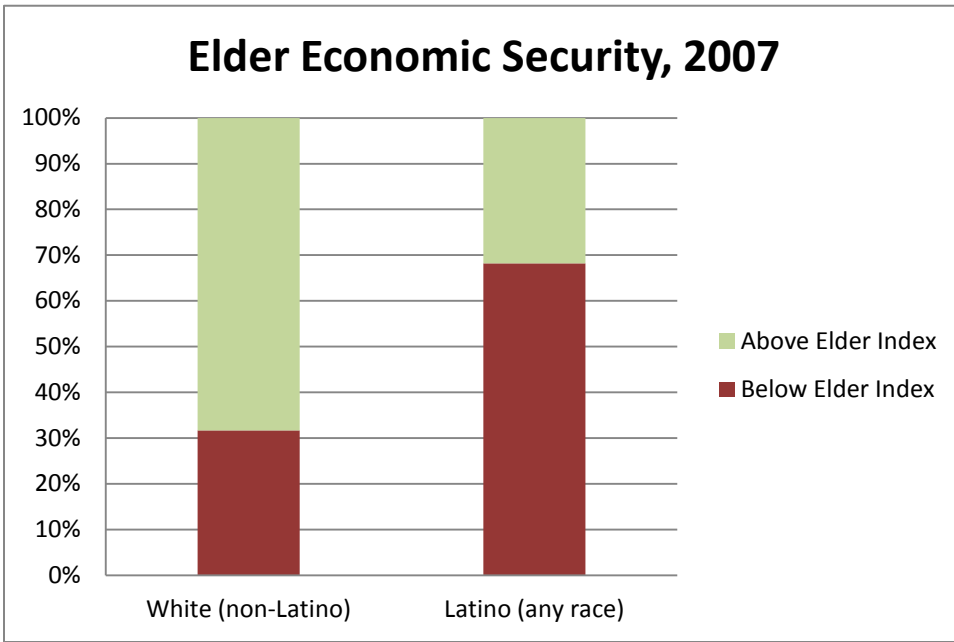
Data on language is available for seniors age 65 and over²⁹. There are over 23,000 Hispanic seniors age 65+ residing within Santa Clara County. An estimated 21,000 seniors reported speaking Spanish at home. The chart at right shows reported ability to speak English for those speaking Spanish at home.

Over one-third of seniors who primarily speak Spanish at home have some difficulty speaking English (34%). These 7,000 seniors may experience difficulty accessing services due to a language barrier.



²⁸ 2010 US Census

²⁹ 2010 ACS 3-year estimates



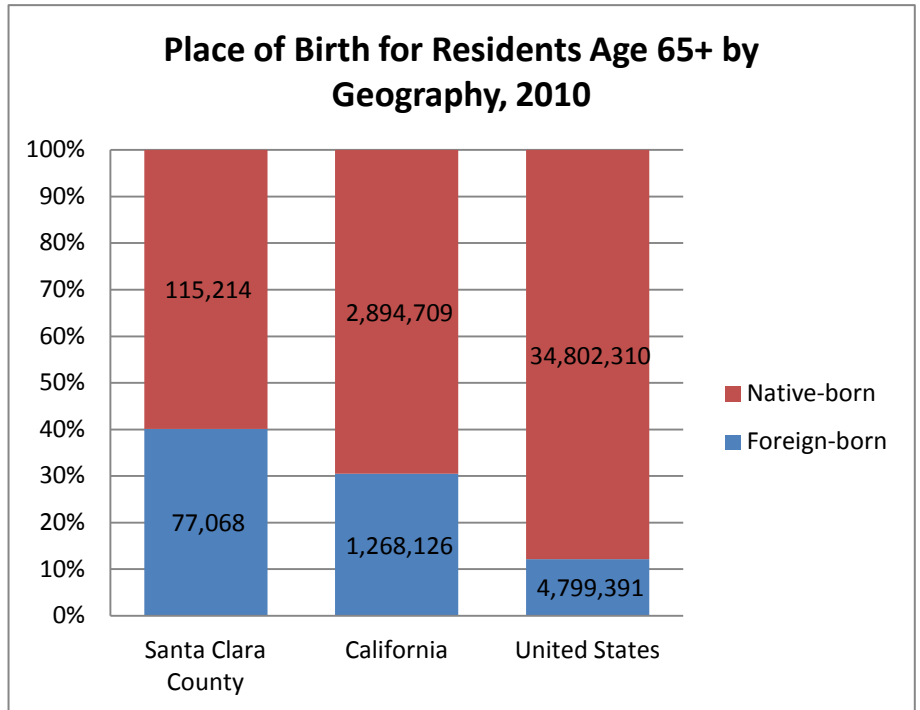
Data on Hispanic seniors living in poverty was discussed in a previous section, however it bears repeating here.

Hispanic seniors have higher poverty rates compared to their cohorts of any race other than Asian.

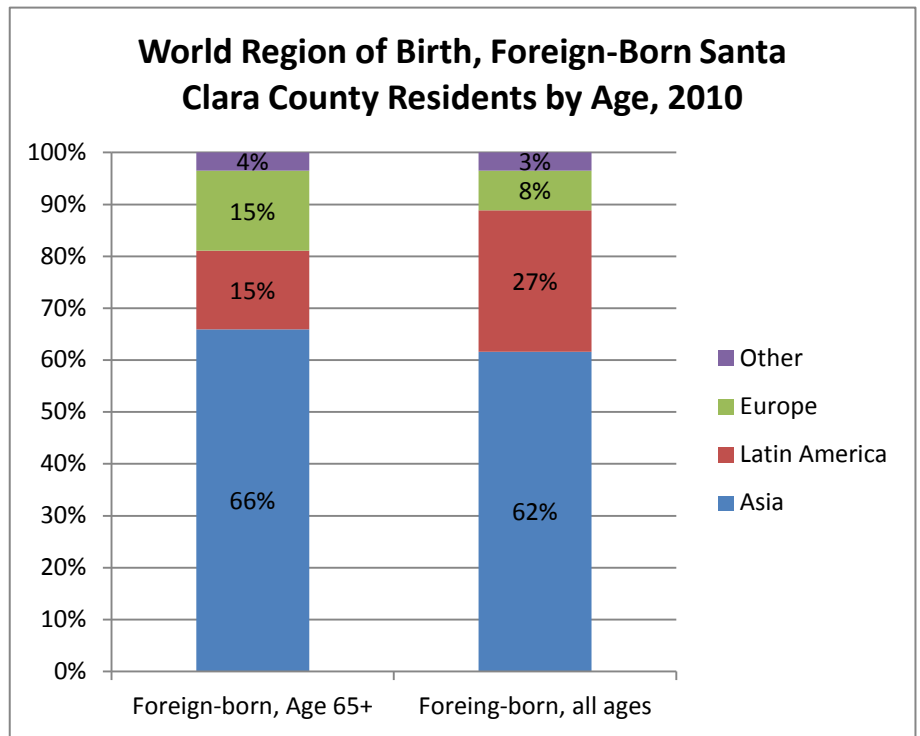
The Elder Economic Security Index provides an even grimmer picture. 67% of Hispanic seniors in Santa Clara County struggle to meet their basic housing, medical, and transportation needs. This is significantly higher than the 32% of White, non-Hispanic seniors who fall below the EESI.

Immigration

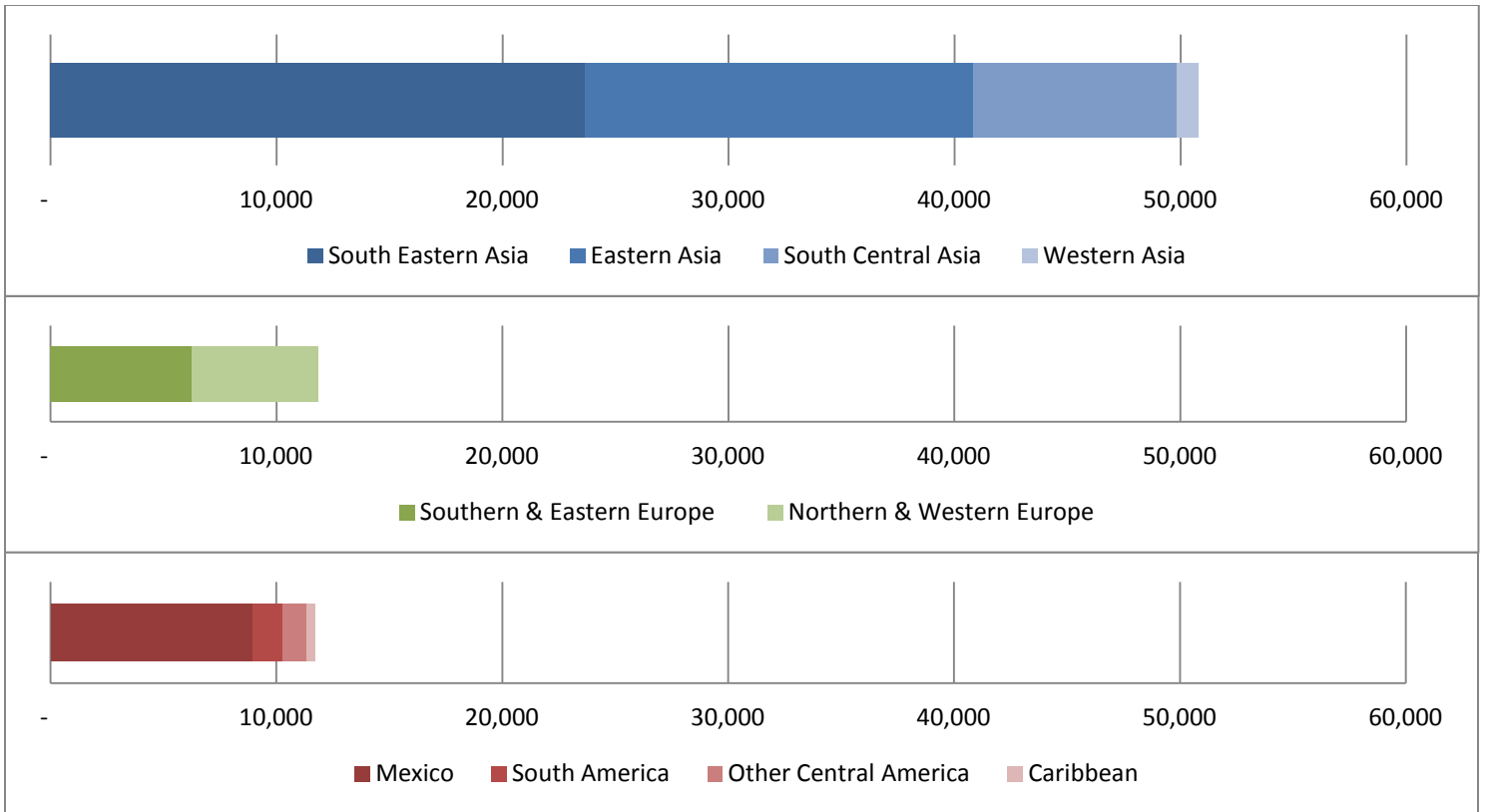
Approximately 77,000 of Santa Clara County’s residents age 65+ are foreign-born. This constitutes 40% of the senior population, a significantly higher percentage than state and national rates.



Region of birth for foreign-born seniors in Santa Clara County differs from the county population at large. There are approximately as many European-born senior residents as Latin American-born senior residents, about 12,000. In the county population as a whole, Latin American-born residents outnumber European-born residents by more than 3 to 1.



Census data also shows more specific regions of birth for Santa Clara County seniors born abroad. South Eastern Asia (23,600 residents), Eastern Asia (17,000), and South Central Asia (9,000) are the most prevalent regions of birth, followed by Mexico (8,900).

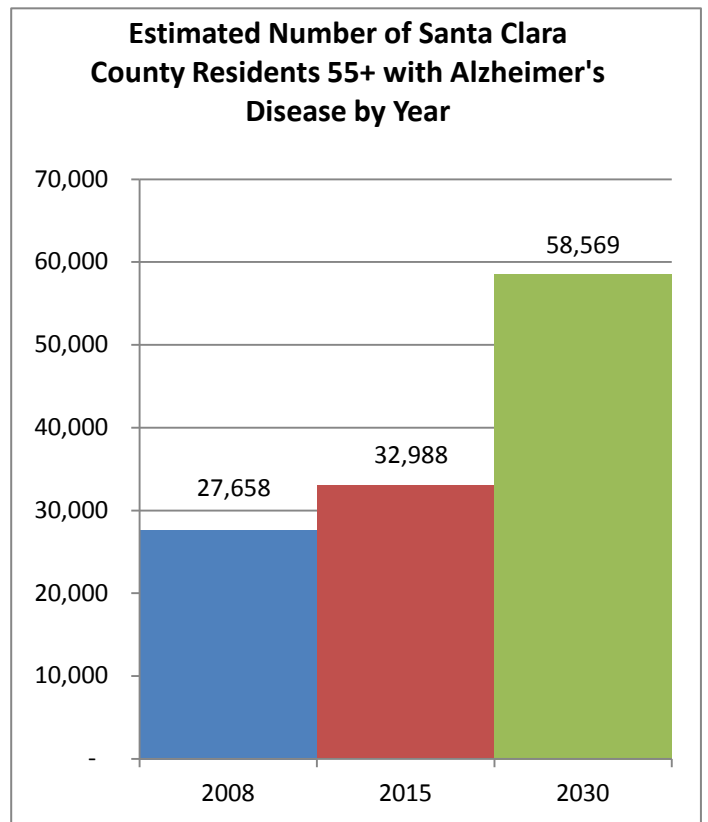
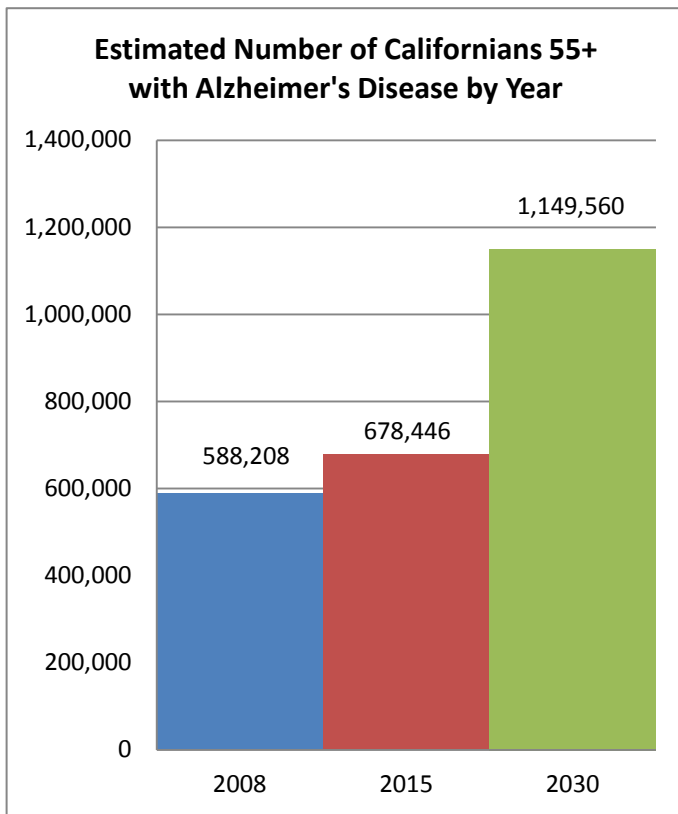


5.1.3 - Health & Wellness

Alzheimer's Disease & Dementia

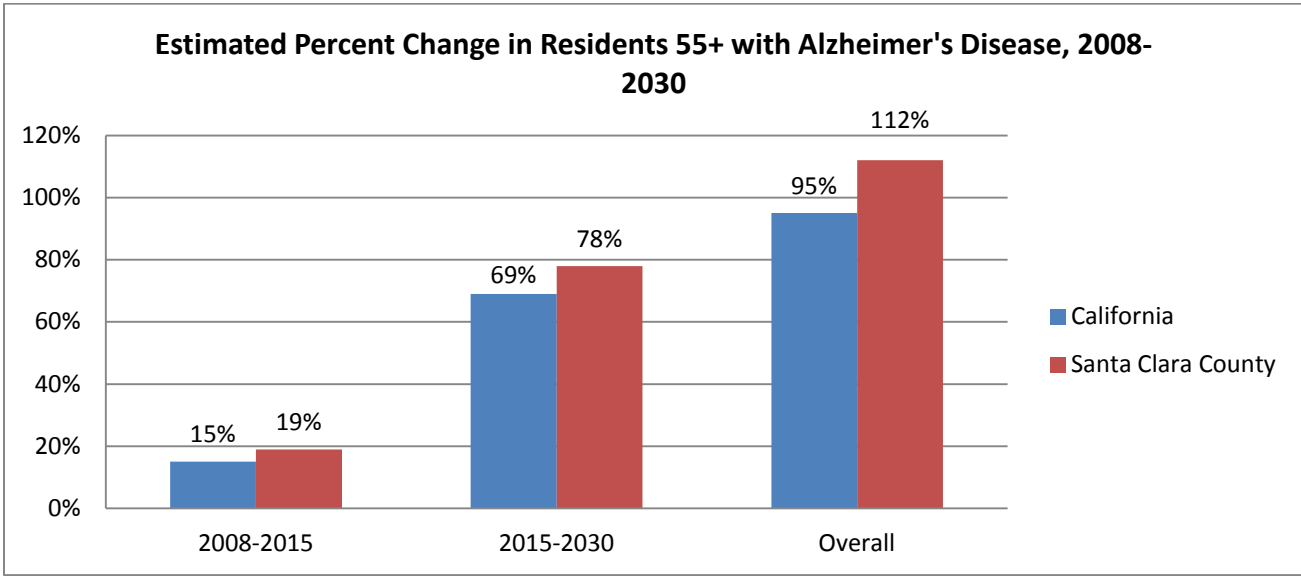
Dementia is a clinical syndrome of loss or decline in memory and other cognitive abilities. It is caused by various diseases and conditions that result in damaged brain cells. Alzheimer's disease is the most common form of dementia, accounting for 60-80% of cases. Victims have difficulty remembering names and recent events in early stages; later symptoms may include impaired judgment, disorientation, confusion, and trouble speaking, swallowing, and walking. No treatment is available to delay or stop the deterioration of brain cells in Alzheimer's disease. Alzheimer's disease is ultimately fatal.³⁰

The number of Californians with Alzheimer's disease is projected to grow rapidly in the coming years.



³⁰ This definition, and all references made in this section, are from "Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Association, California Council, February 2009; unless otherwise noted.

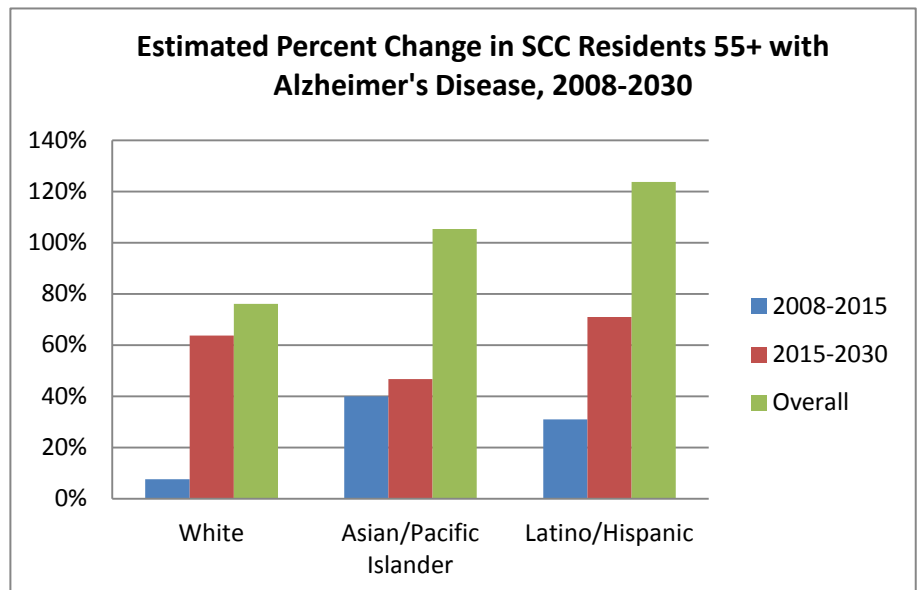
Within Santa Clara County, the number of residents with Alzheimer’s Disease will grow even more rapidly than the statewide rate.



The racial distribution of those with Alzheimer’s disease closely matches that of the county senior population as a whole, as of 2008.

Race	% of SCC Senior Pop. ³¹	% with Alzheimer's Disease
White, Non-Hispanic	56.5%	60.7%
Asian/Pacific Islander	22.3%	22.1%
Latino/Hispanic	14.4%	14.5%
Other	6.8%	2.8%

However, the rates of growth amongst different racial groups will vary significantly over the coming years. Asian/Pacific Islander and Latino/Hispanic seniors will experience faster growth in the incidence of Alzheimer’s disease than their White counterparts



³¹ 2008 3-year ACS

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Alzheimer's disease is now the sixth-leading cause of death in California. Furthermore, compared to other leading causes of death in California, Alzheimer's disease showed the greatest increase (58.3% from 2000-2004).

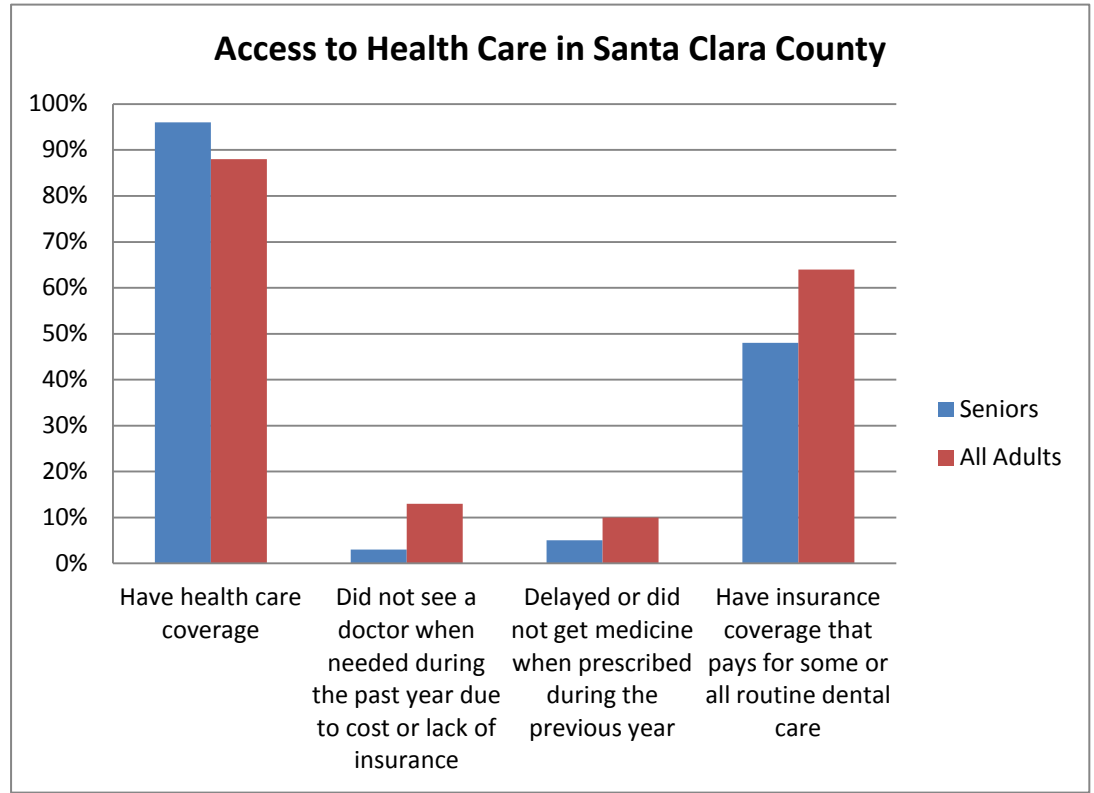
The costs of Alzheimer's disease are significant. The value of services per individual per year can range from \$80,000 to \$110,000 depending on the severity of the disease and the primary care setting. The vast majority of this value comes from informal family caregiving. Other costs include day care and institutionalization costs.

In Santa Clara County alone, the quantifiable cost of Alzheimer's disease in 2008 was over \$2.5 billion dollars. That is a cost of \$1,400 to every man, woman, and child residing within the county in 2008³².

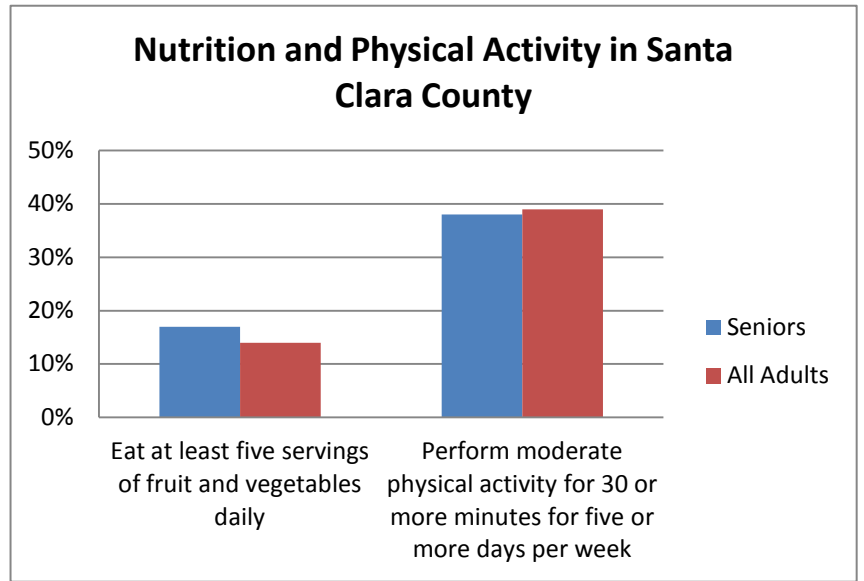
³² 2008 Census population estimates

Physical Health & Wellness

Access to health care coverage for seniors is, in general, quite good. This is likely due to the availability of Medicare. The chart³³ at right shows that seniors have better access to health care than other county adults. The exception is with dental care coverage. Less than 50% of county seniors have access to dental insurance.



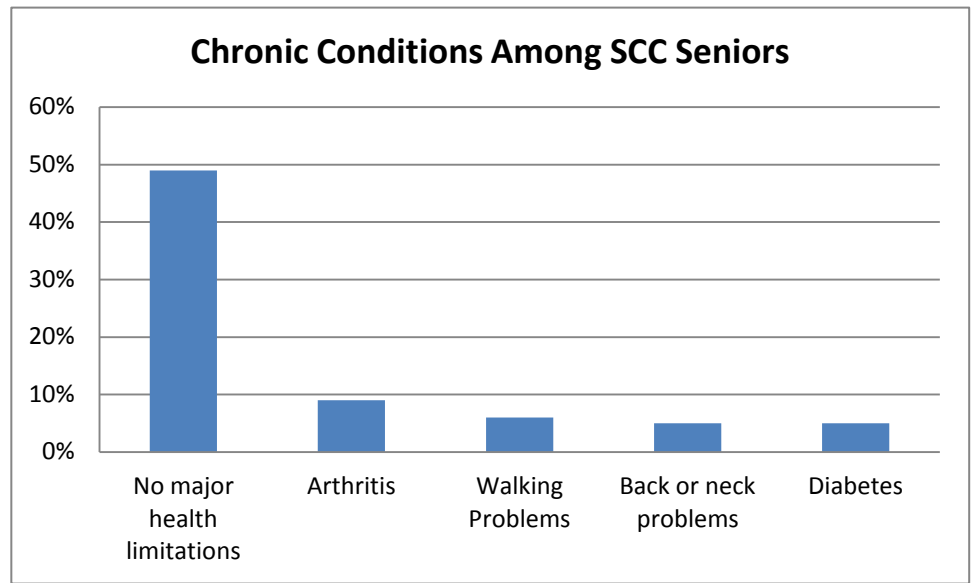
Nutrition and physical activity for seniors again compares very well with the county-wide adult population as a whole.



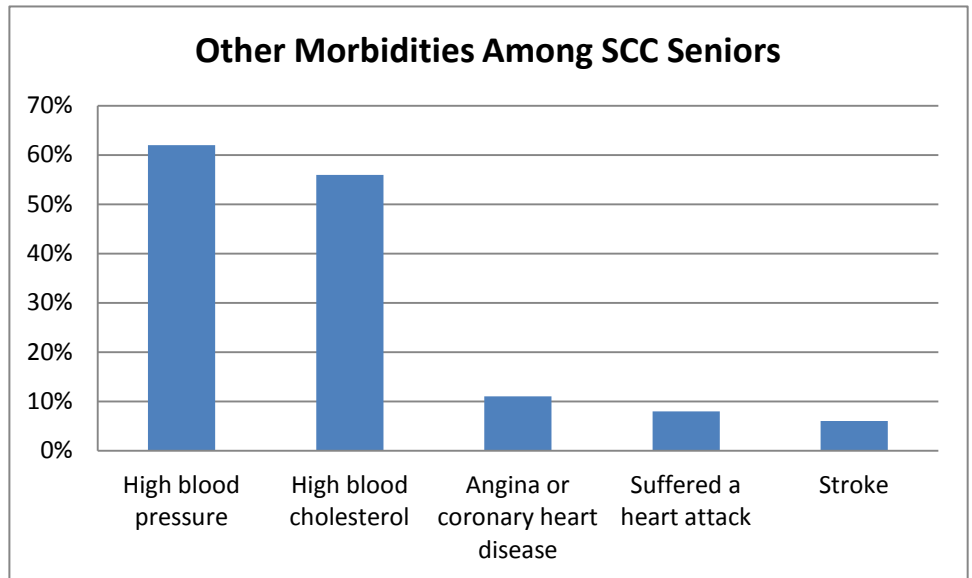
³³ Santa Clara County 2010 Health Profile Report, 2009 California Health Interview Survey. Except where otherwise noted, all statistics referenced in this section are from the Santa Clara County 2010 Health Profile Report.

Nearly half of all seniors reported no major chronic conditions. Arthritis, walking problems, back or neck problems, and diabetes were the most frequently reported health issue.

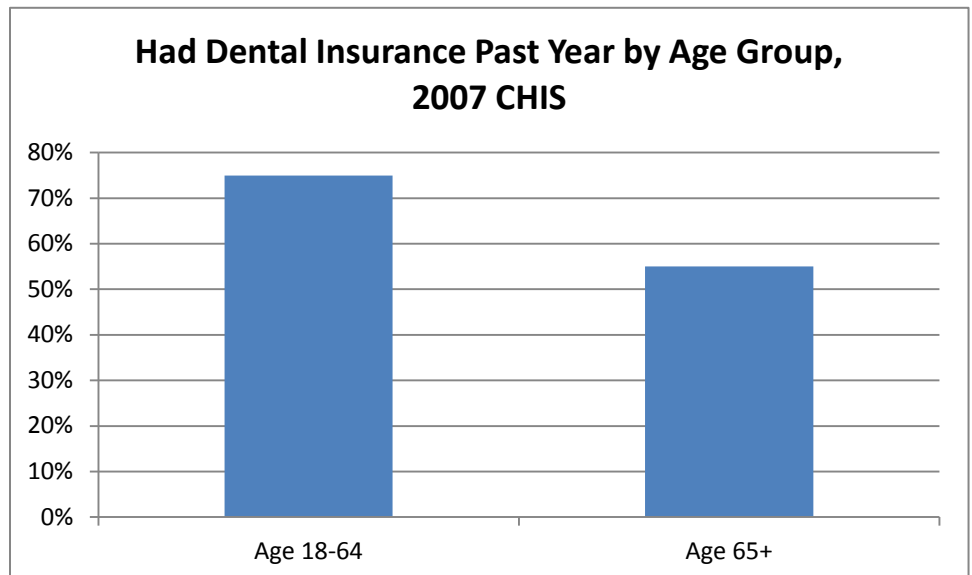
While just 5% of seniors report diabetes as a major problem, 20% of seniors report being told they have diabetes by a doctor.



The chart at right shows other reported morbidities among Santa Clara County Seniors.

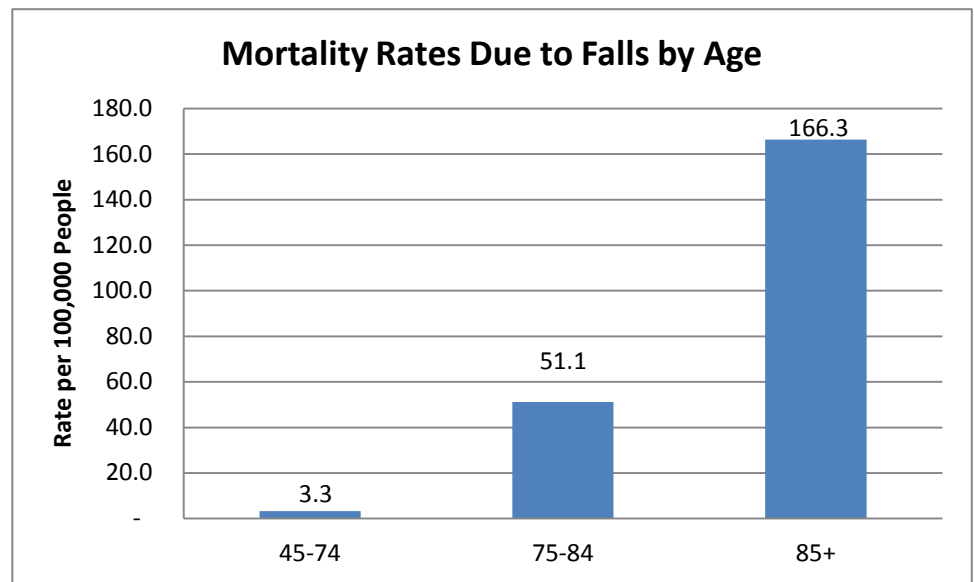


Access to dental care is a major concern for seniors. Whereas seniors have better access to health care coverage than the population at large due to Medicare, significantly fewer seniors have access to dental insurance. Just 55% of seniors age 65+ had access to dental care coverage, leaving 85,000 seniors without dental coverage.³⁴



³⁴ 2007 California Health Interview Survey

Falls are a major cause of death for seniors. In 2007, the mortality rate among individuals 85+ was 3 times higher than that of individuals age 75-84, and more than 50 times higher than that of individuals age 45-74.



In fact, falls were by far the leading cause of fatal and non-fatal hospitalization amongst seniors in 2009³⁵:

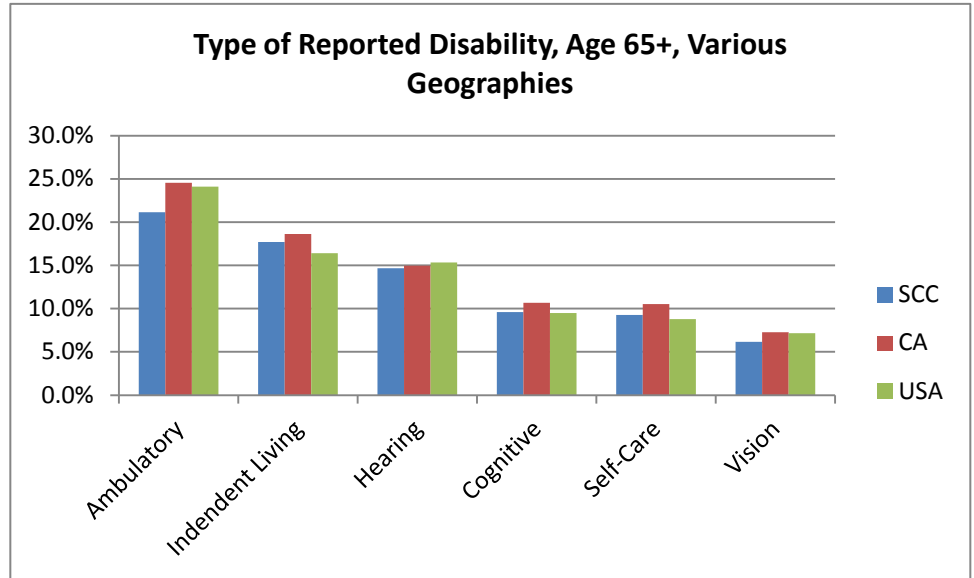
- 1 in 100 seniors age 65-84 suffered a non-fatal hospitalization due to an unintentional fall. The next leading cause of non-fatal hospitalization, unintentional poisoning, affected fewer than 1 in 1,000 seniors in this age group.
- 1 in 25 seniors age 85+ suffered a non-fatal hospitalization due to an unintentional fall. The next leading cause of non-fatal hospitalization, unintentional poisoning, affected just over 1 in 1,000 seniors in this age group.
- Unintentional falls were the cause of 102 senior deaths in 2009. This is more than double the total of all other causes of fatal, unintentional hospitalizations.

³⁵ CDPH Vital Statistics Death Statistical Master Files, prepared by California Department of Public Health
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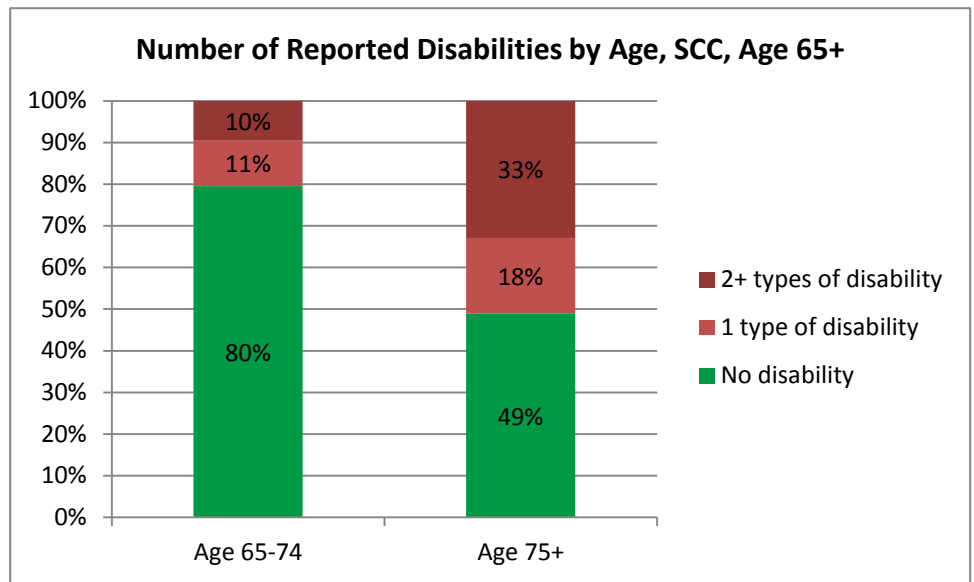
Disabled Seniors

Over 135,000 Santa Clara County residents report some sort of disability, and the many of those individuals (over 64,000) are over age 65. 34% of county residents over age 65 reports they encounter some type of disability. This is in line with the state and national rates (approximately 37% each).

Ambulatory disability is the most common disability amongst seniors, in Santa Clara County, California, and nationwide. Independent living and hearing disabilities are also widely reported by seniors.



The incidence and number of disabilities grows as seniors age. 51% of Santa Clara County seniors age 75+ have a disability, compared with 21% of seniors age 65-74. Furthermore, seniors in the 75+ age bracket are more than 3 times as likely to have multiple disabilities compared with seniors age 65-74.



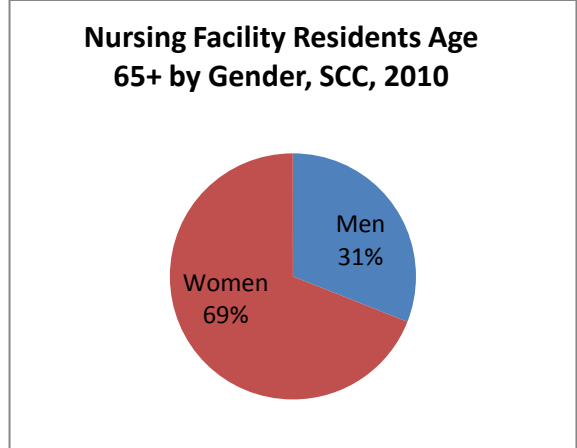
Seniors with disabilities are at a significantly higher risk for poverty than their non-disabled counterparts. There are over 6,000 disabled seniors in Santa Clara County with income below the federal poverty line. Seniors with a disability are 64% more likely to fall below the poverty line than their non-disabled counterparts. Nationally, that number is 83%³⁶.

³⁶ 2010 American Community Survey 3-year estimates

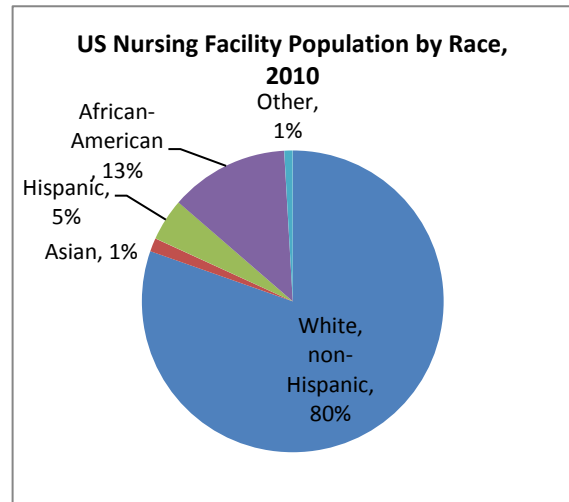
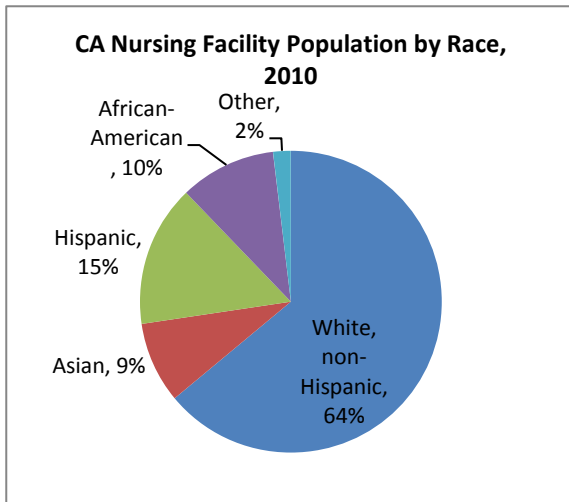
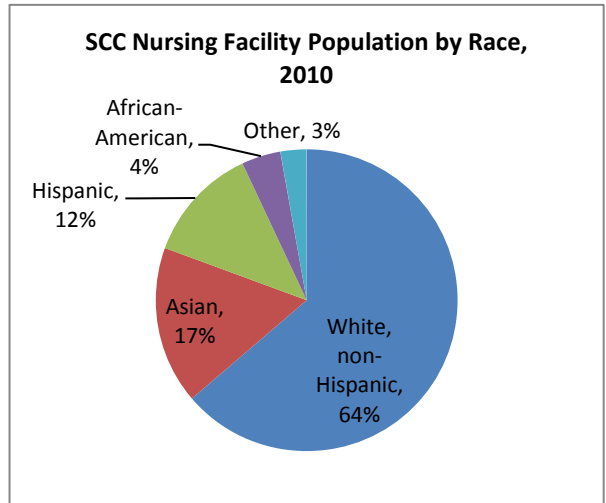
Long-Term Care Residents

As of the 2010 Census, Santa Clara County was home to 4,687 residents currently residing in a nursing or skilled nursing facility. The vast majority (82%) are age 65 or older. This is in-line with the state (78%) and national rates (83%). Overall, 1.9% of the county's 65+ population resides in a nursing or skilled nursing facility. This is slightly less than the statewide rate (2.1%) and significantly less than the national rate (3.1%).

Nearly 7 in 10 nursing or skilled nursing facility residents age 65+ in Santa Clara County are female. This trend mirrors that of the statewide (67%) and national (71%) rates.



The racial/ethnic composition of nursing home residents is close to that of the Santa Clara County senior population, albeit with more White, non-Hispanic residents and fewer Asian residents than the senior population at large. This composition is significantly different from the state and national rates.

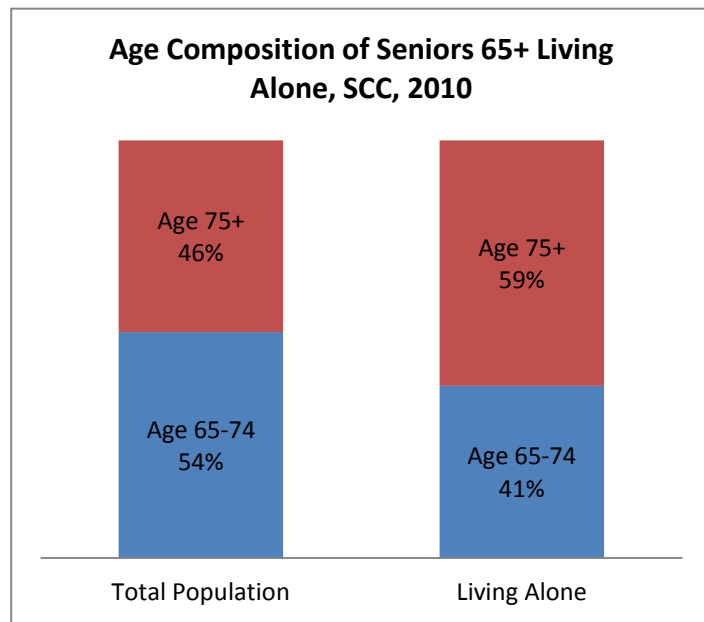
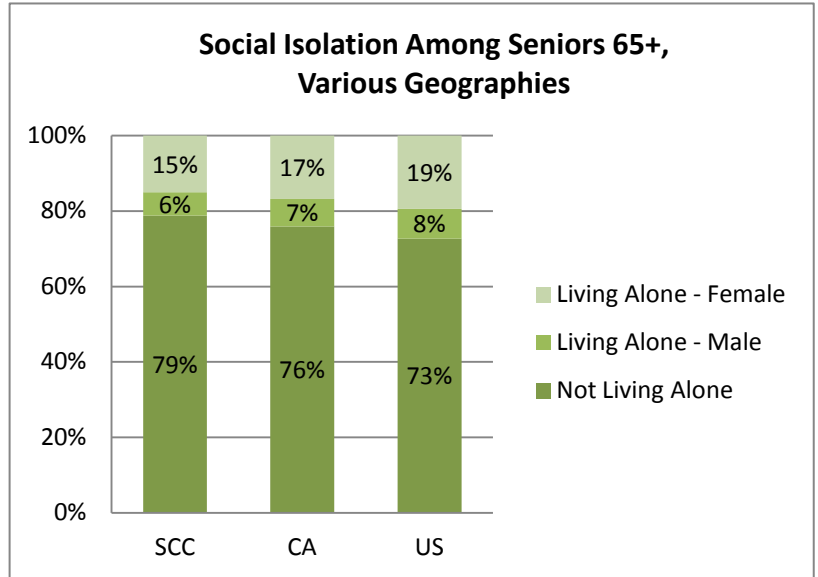


Social Isolation

Living alone is associated with inadequate social support, which can cause increased mortality, morbidity, psychological distress, and generally lowered health and well-being³⁷.

Approximately 21% of the county’s senior population lives alone³⁸. Women are 2.5 times more likely to live alone than their male counterparts.

This compares favorably with state and national rates, which show a higher percentage of seniors living alone.



Older seniors are at a higher risk of living alone and social isolation. Seniors age 75 and older are 46% of the county’s senior population, however, they constitute 59% of the county’s senior population that lives alone. More than 1 in 4 county seniors age 75+ lives alone.³⁹

Geographic Isolation

Geographic isolation can cause difficulty accessing services for seniors. Santa Clara County is almost entirely urban. As of the 2000 Census, 98.8% of household units were in an urban area. Of the remaining 7,187 households in rural areas, no city had more than 500 rural household units. The vast majority of those rural households are likely in unincorporated areas of the county.

³⁷ Active Aging: A Policy Framework, World Health Organization, 2002

³⁸ 2010 Demographic Profile Report, US Census

³⁹ 2010 US Census

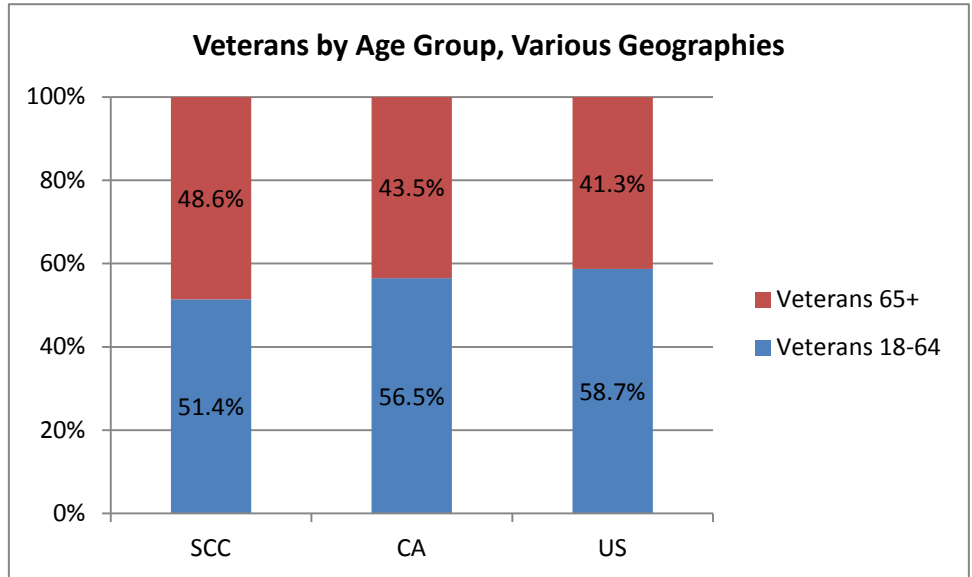
Veteran Seniors

Santa Clara County is home to a smaller veteran population compared to California or the United States. About 1 in 20 local residents age 18+ is a veteran, compared to about 1 in 14 in California and 1 in 10 in the United States⁴⁰.

However, Santa Clara County's veteran population is older than the veteran population at large. 48.6% of veterans in Santa Clara County are age 65+, compared with 41.3% of the United States veteran population.

Veterans age 75 and older are the largest group of seniors, comprising 28% of the total county veteran population, and 57% of the age 65+ veteran population.

Over 12,000 county senior veterans have a disability, more than 1 in 3. Most local veteran seniors have an income above the poverty level, 97%, however as previously discussed, they still may have a hard time meeting their daily needs due to Santa Clara County's high cost of living.

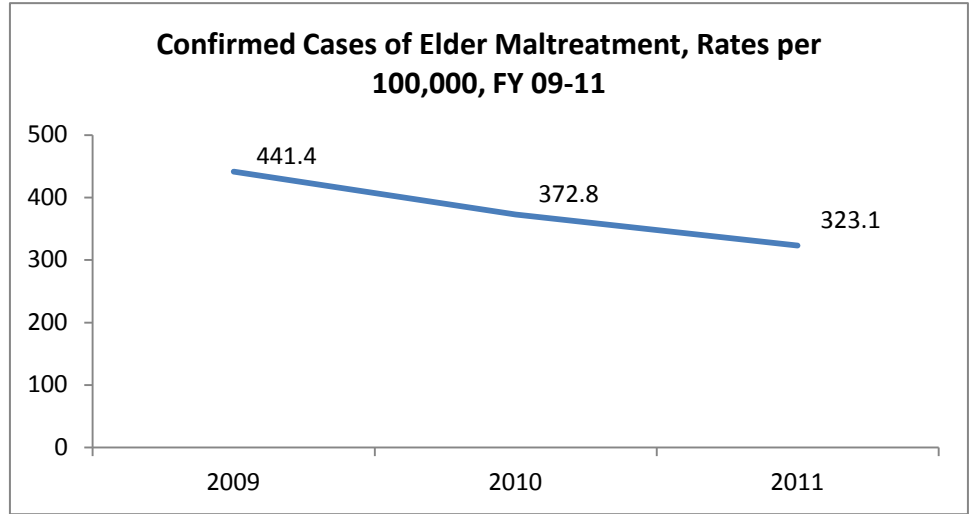


⁴⁰ 2010 American Community Survey 3-year estimates

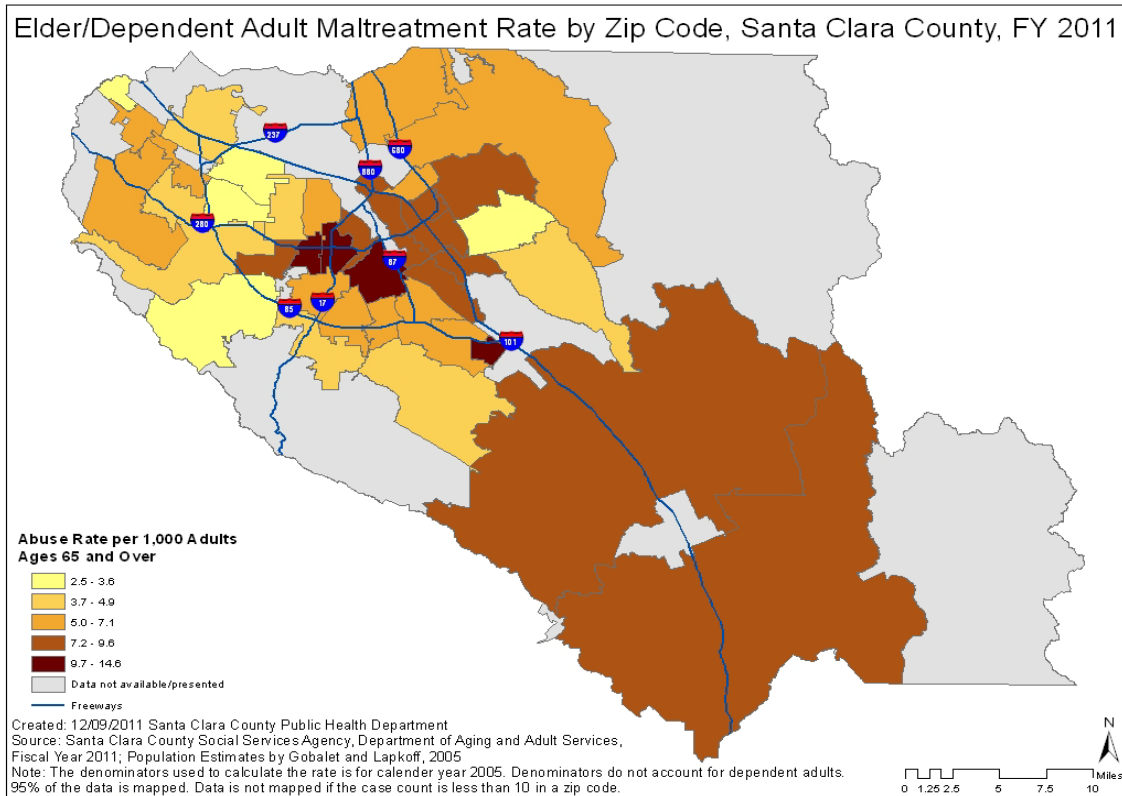
Elder Abuse

There were 692 confirmed incidents of older or dependent adult abuse in fiscal year 2010, excluding financial abuse. 81% of these incidents involved adults age 65+; the remaining incidents involved dependent adults.

The number of confirmed cases of elder abuse has fallen significantly from 2009 to 2011. The rate dropped from 441 cases per 100,000 in 2009 to 323 in 2011, a 20% drop.



The below map shows the geographic incidence of elder abuse in Santa Clara County. The areas of highest concentration, between 7.2 to 9.6 cases of elder abuse per 1,000 seniors are located in south county, downtown, and western San Jose.⁴¹



⁴¹ Data in this section provided by Santa Clara County Social Services Agency, Department of Aging and Adult Services, courtesy of County of Santa Clara’s Department of Public Health

5.1.4 - Lesbian, Gay, Bisexual, and Transgender Seniors

Statistically significant data on lesbian, gay, bisexual, and transgender (LGBT) seniors is difficult to find as only a few state and federal demographic surveys collect data. Therefore, much of the data in this section focuses on state and national level data.

A 2009 gathering of 34 LGBT researchers used the limited existing data to establish a demographic estimate of the LGBT community in the U.S. as ranging from 5%-10% of the population at large⁴².

A 2009 California Health Interview Survey asked for self-reported sexual orientation of Adults age 18-70. The results for Californians age 18-70 and 65-70, and for Santa Clara County Residents 18-70 are shown in the table at right. Data for Santa Clara County seniors is not statistically significant.

Source of Estimate	Est. LGBT Individuals
Researcher Estimates	5%-10%
2009 California Health Interview Survey, Californians 18-70	3.2%
2009 California Health Interview Survey, Santa Clara County 18-70	2.6%
2009 California Health Interview Survey, Californians 65-70	1.9%

Given these estimates, there are likely 5,000-28,000 LGBT seniors living in Santa Clara County.

LGBT seniors may be at higher risk for poverty than their heterosexual counterparts. A Williams Institute study analyzing census data on same-sex couples showed that for couples where either member was age 65 or older, poverty among opposite-sex married couples was 4.6%, 4.9% for male same-sex couples, and 9.1% for female same-sex couples. In 2008, the Transgender Law Center found that 13.6% of transgender survey respondents age 55+ fell below the federal poverty line⁴³, approximately 1.5x that of the California senior population as a whole (8.5%)⁴⁴.

LGBT elders may also be more likely to live alone. A New York City Department of Health survey in 2005-2007 found for adults over 50, gay and bisexual men are twice as likely to live alone as a heterosexual male; lesbian and bisexual women are about one-third more likely to live alone than heterosexual women.

⁴² This reference, as well as all others in this section unless otherwise noted, are from “Outing Age 2010: Public Policy Issues Affecting Lesbian, Gay, Bisexual, and Transgender Elders”, National Gay and Lesbian Task Force Policy Institute

⁴³ The State of Transgender California Report, The Transgender Law Center

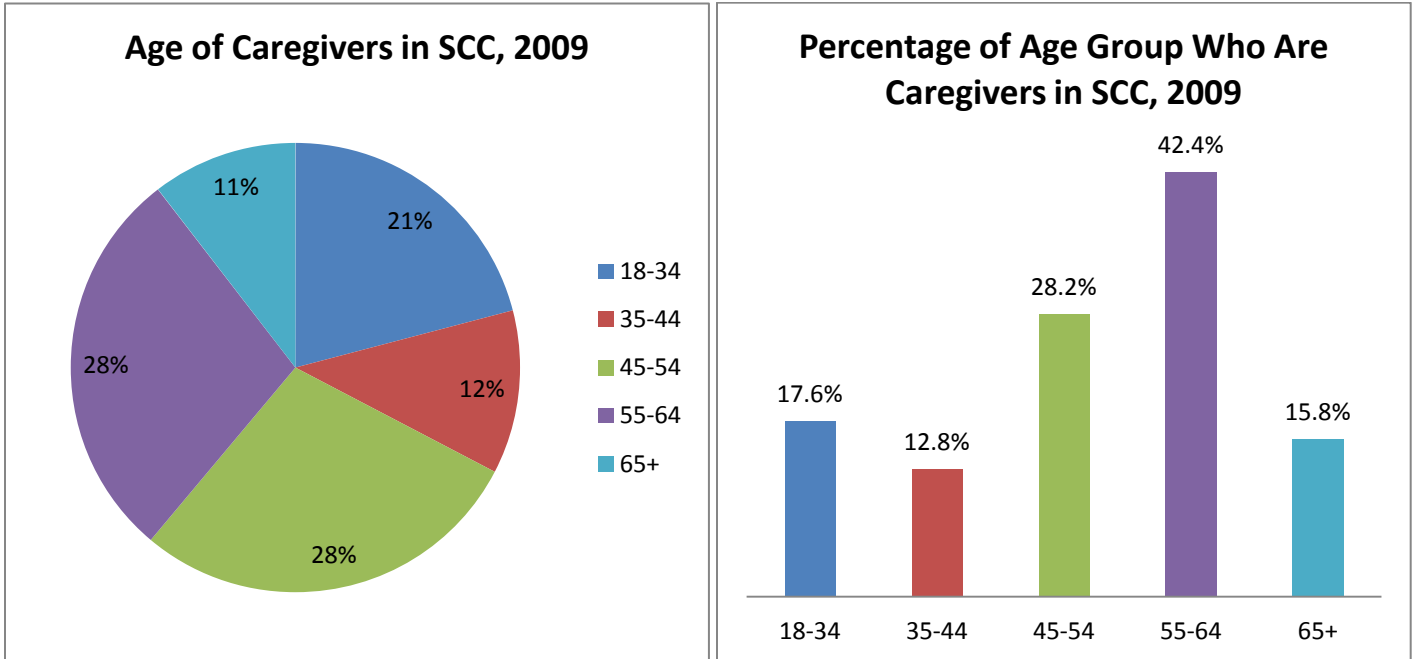
⁴⁴ 2008 American Community Survey 3-year estimates

5.1.5 - Caregiving

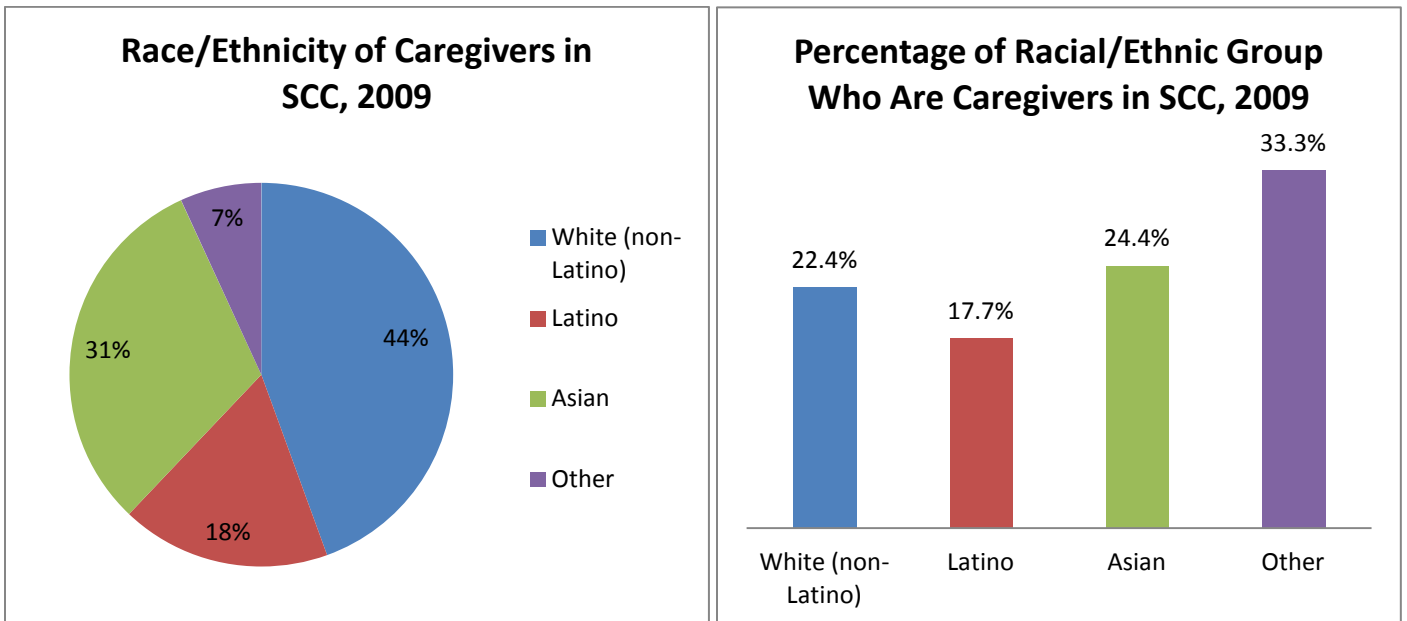
Nearly one in four Santa Clara County adults provides regular care to a family member or friend with an illness or disability, according to the 2009 California Health Interview Survey. This relationship is often called “caregiving”, and caregiver health and wellness is an important component of caring for local seniors.

Caregiving crosses all age, race, gender, and poverty lines.

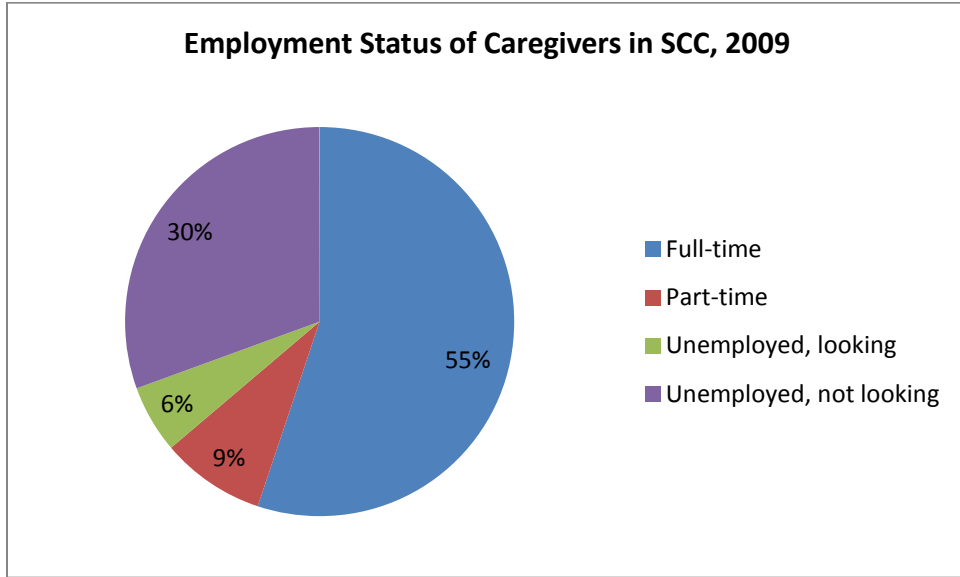
Of the approximately 306,000 caregivers locally, most (56%) are age 45-64, however there are significant numbers of caregivers in every age range. A large percentage of residents age 55-64 are caregivers (42.4%). This is significantly different from the statewide average, where just 29.3% of California residents age 55-64 are caregivers.



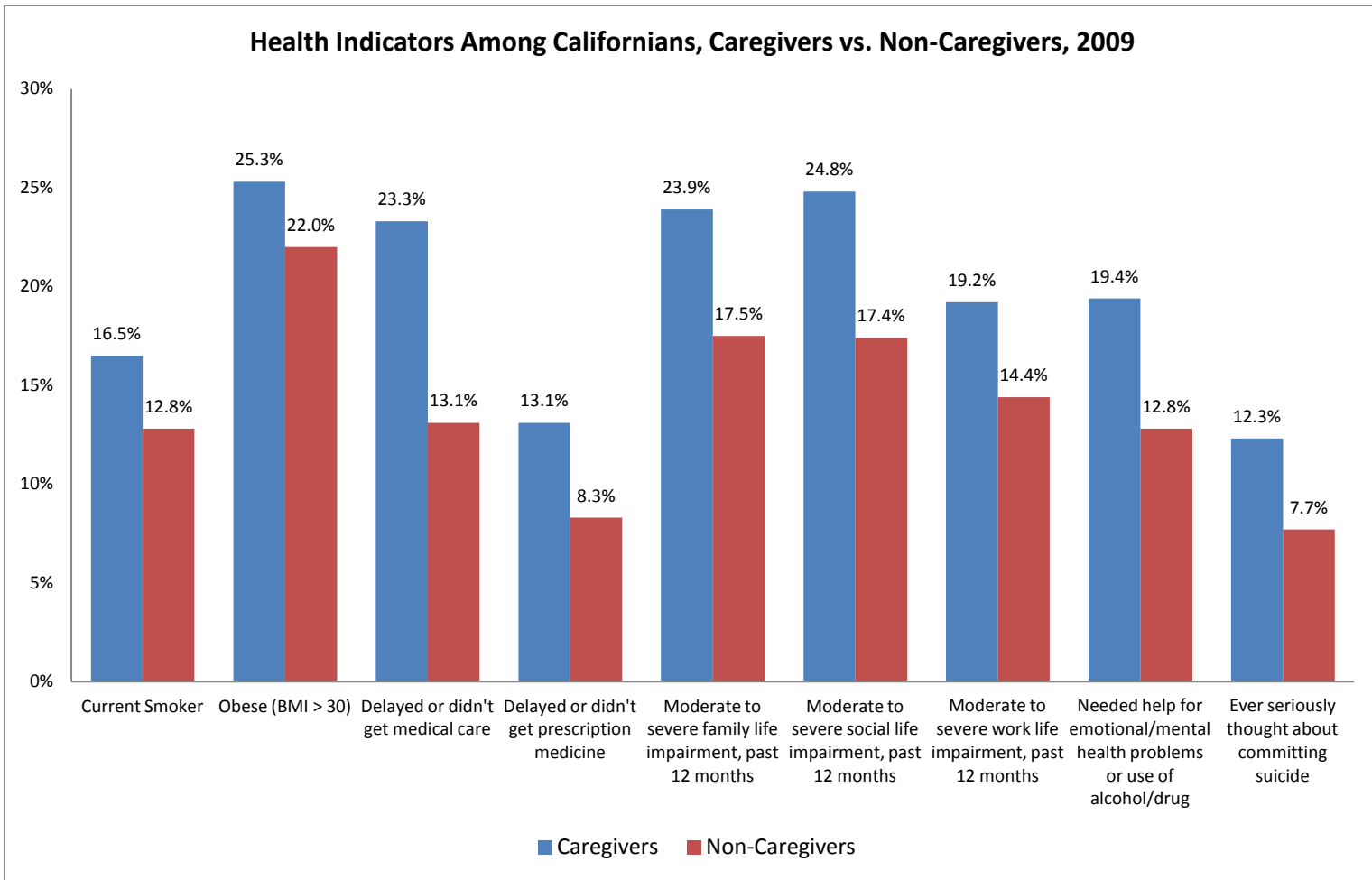
Caregivers generally match the racial diversity of Santa Clara County as a whole.



Most caregivers are full-time workers, although many are also unemployed and not seeking employment.

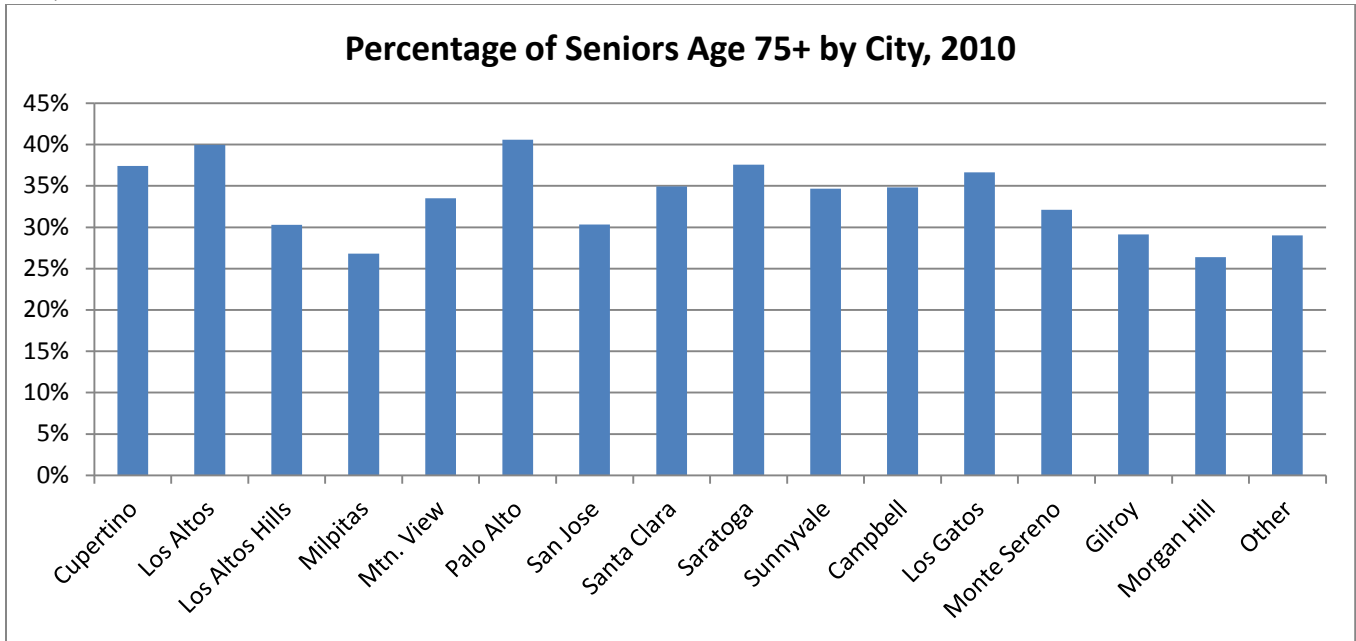


Most alarmingly, caregivers have significantly worse health indicators than their non-caregiver counterparts. Caregivers have higher rates of smoking and obesity, delay access to medical care, experience impairment to their family, social and work lives, and a higher rate of suicide ideation.



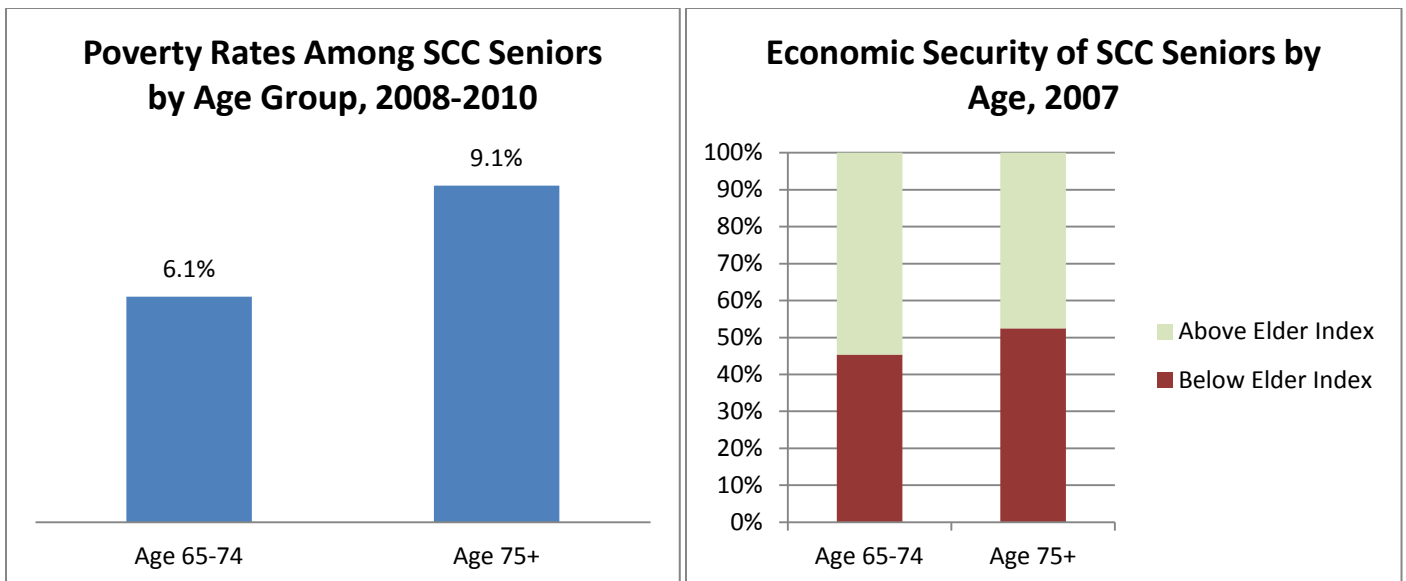
5.1.6 - Oldest Seniors

The term “older seniors” is traditionally defined as those age 75 and older. As of the 2010 U.S. Census, there are 90,423 seniors age 75 or older residing in Santa Clara County. About 1 in 3 senior residents is age 75 and older. According to the Association of Bay Area Governments projections, this population will grow by 14% from 2010 to 2015, and 35% overall from 2010 to 2020.



The above chart shows the percentage of each city’s senior population that is age or older. This population is fairly evenly distributed, with the largest percentages seen in Palo Alto, Los Altos, Cupertino, and Saratoga. In terms of raw population, San Jose houses by far the largest number of 75+ seniors, accounting for nearly 42,000 of the county’s 90,000 age 75+ seniors. Palo Alto (5,899) and Sunnyvale (7,551) also have large numbers of older seniors.

Poverty is a significant concern for those age 75+. The poverty rate among seniors age 75+ is 50% higher than the rate of those age 65-74. Furthermore, over half of seniors age 75+ have difficulty meeting their basic needs on a regular basis, as measured by the Elder Index. The Elder Index and other poverty-related issues are discussed in the following section, “Seniors in Poverty”.



5.2 – Identification of Need

5.2.1 – Access to Information

A primary concern of Council on Aging Silicon Valley is how seniors access information on senior services. We are interested in how available information is, how seniors prefer to access it, and how familiar seniors are with existing services in the community.

COASV’s telephone survey interviewed over 500 county seniors on a variety of topics. The sampling error for the total sample is +/- 4.4% at a 95% confidence interval. Further details are available in the appendices.

Many of the tables in this section include columns “Below EESI” or “Above EESI”. This refers to the Elder Economic Security Index, discussed in section 5.1.1. The Elder Index is a comprehensive measure of a senior’s ability to meet their basic living needs. Those under EESI do not have enough monthly income to meet these basic needs. COASV’s phone survey asked for respondent’s income and housing situation to assess whether they fell below the Elder Index threshold.

One question asked “How easy or hard is it to access information about senior services”:

"How easy or hard is it to access information about senior services" by Demographic, COASV Phone Survey, Dec 2011											
	OVERALL	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55- 74	Age 75+	Below EESI	Above EESI	
Ave. sample size	449	130	61	232	347	122	348	121	91	186	
Easy to find	68%	65%	67%	73%	72%	64%	70%	70%	60%	72%	
Somewhat easy	19%	18%	18%	19%	19%	19%	19%	18%	20%	19%	
Somewhat hard	8%	12%	11%	5%	7%	11%	9%	6%	14%	9%	
Very hard	4%	6%	3%	3%	3%	6%	3%	5%	6%	1%	

Overall, respondents believed information was generally easy to find. Asian/Pacific Islander, African-American, and Hispanic respondents found information “somewhat hard” or “very hard” more often than their White/Caucasian counterparts (18%, 26%, 14% respectively, compared to 8%). Respondents under the Elder Index threshold (20%) also found information more difficult to access than their above-EESI counterparts (10%).

Those surveyed were also asked to cite where they currently got information on senior services. The internet was the most popular response (54.5% of respondents), followed by newspapers or magazines (45.5%), Spouse, family members, or friends (44%), and television or radio (42%). These preferences did not vary much by demographics.

When asked where they preferred to get information on senior services from, respondents chose websites from government or non-profit services (59% of respondents), newspaper articles or ads (47%), and direct mail (44.5%) most frequently.

A similar question was posed to senior service providers: “How do your clients prefer to get information about senior services?” Of the 39 respondents, 24 cited their own agency, 23 cited a printed senior resource guide, and 15 noted direct mail and newspaper articles, respectively. Write-in answers included senior centers and word of mouth. One frequently mentioned idea involved increased use of community ambassador/volunteers to help distribute information to various communities. These programs can provide one-on-one, culturally competent information to seniors in hard-to-reach communities. Volunteers also address the issue of cost in efficiently reaching these populations.

Another phone survey question asked if the respondent had difficulty getting information due to a language barrier:

"Do you have difficulty getting information because of a language barrier"											
by Demographic, COASV Phone Survey, Dec 2011											
	OVERALL	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55- 74	Age 75+	Below EESI	Above EESI	
Ave. sample size	522	153	65	274	404	143	401	147	103	217	
Yes	5%	7%	8%	2%	4%	7%	3%	9%	4%	3%	
No	95%	93%	92%	98%	96%	93%	97%	91%	96%	97%	

Respondents did not generally report difficulty due to a language barrier. However, target populations noted more difficulty than their counterparts.

Senior service providers noted that the most commonly requested languages of clients are Spanish, Mandarin, and Vietnamese. Providers noted that language barriers can pose problems. The most frequently cited issue is providing services via telephone. Clients have difficulty hearing over the phone, translation services are expensive and do not address cultural competency, and phone trees rarely have information available in other languages. Others lauded the general availability of translated programs and materials, given the diversity of Santa Clara County.

Respondents to the phone survey were asked how often they used the internet:

"How often do you use the internet?" by Demographic											
COASV Phone Survey, Dec 2011											
	OVERALL	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55- 74	Age 75+	Below EESI	Above EESI	
Ave. sample size	523	153	65	275	405	143	401	147	103	217	
Daily	65%	73%	34%	68%	65%	67%	74%	43%	51%	76%	
Often	12%	12%	22%	11%	12%	11%	12%	14%	15%	9%	
Rarely	7%	3%	20%	6%	8%	7%	11%	6%	7%	9%	
Never	15%	12%	25%	15%	15%	15%	9%	32%	27%	6%	

Perhaps surprisingly, 77% of respondents replied they use the internet “daily” or “often”, with just 15% never using the internet. Again, though, a closer look at the target populations reveals significantly fewer internet-using seniors. Half as many Hispanic seniors use the internet daily, compared to their White counterparts. 32% of seniors age 75+ never use the internet. Once more though, the Elder Economic Security Index is the most significant factor in determining a senior’s use of the internet. A senior below the Elder Index is 4 times more likely to never use the internet than a higher income counterpart.

The data from the provider survey provides additional depth. Providers were asked how comfortable their clients are in using the internet. The results for the 39 respondents are provided at right. Providers, who generally provide services towards target populations, note that most of their clients not very comfortable using

"How comfortable are your clients with using the internet?",	
COASV Provider Survey, Jan 2012	
Almost all are very comfortable	3%
Most are very comfortable, but some are not very comfortable	18%
Most are not very comfortable, but some are very comfortable	54%
Almost all are not very comfortable	26%

the internet. Just 1 respondent believed almost all of their clients are very comfortable using the internet.

5.2.2 – Current Use of Service System

Telephone survey respondents were asked what services they had used recently. Results for general services, health services, and caregiver services are below:

General Services Used Recently by Demographic COASV Phone Survey, Dec 2011										
	OVERALL	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55-74	Age 75+	Below EESI	Above EESI
Ave. sample size	519	153	65	271	400	143	398	146	103	215
General information on aging	17%	19%	19%	16%	17%	16%	16%	19%	17%	16%
Recreational or social activities	19%	22%	9%	20%	19%	18%	19%	18%	16%	20%
Educational classes	15%	14%	6%	17%	15%	13%	14%	15%	16%	15%
Health services	24%	22%	16%	28%	25%	20%	24%	21%	27%	25%
Help with health insurance	16%	17%	11%	15%	16%	15%	16%	16%	18%	16%
Legal services	11%	14%	0%	11%	14%	4%	13%	7%	8%	17%
Fraud & financial abuse education	11%	15%	8%	9%	10%	11%	12%	7%	15%	11%
Help finding housing	5%	10%	3%	2%	5%	4%	5%	4%	6%	6%
Home modification	9%	13%	3%	9%	9%	10%	8%	10%	10%	12%
Applying for government benefits	13%	22%	3%	11%	13%	12%	15%	7%	16%	12%
Counseling or care management	7%	7%	3%	7%	6%	9%	9%	3%	7%	9%
Help finding employment	4%	7%	3%	3%	4%	4%	6%	0%	5%	5%
Help finding transportation	5%	10%	0%	3%	3%	9%	4%	5%	9%	4%
Home-delivered meals	3%	2%	3%	3%	3%	2%	2%	5%	1%	2%
In-home health care	5%	7%	0%	5%	5%	3%	4%	6%	3%	7%

Health Services Used Recently by Demographic COASV Phone Survey, Dec 2011										
	OVERALL	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55-74	Age 75+	Below EESI	Above EESI
Ave. sample size	517	149	65	272	403	140	396	146	103	215
Screenings for health conditions	34%	22%	27%	43%	53%	54%	34%	36%	31%	35%
Classes on managing health conditions	16%	15%	9%	17%	17%	13%	16%	14%	9%	19%
Information on healthy diets	25%	17%	11%	32%	27%	18%	24%	25%	27%	29%
Information on maintaining balance and preventing falls	17%	10%	8%	22%	18%	14%	15%	21%	16%	18%
Exercise classes	27%	31%	8%	31%	28%	26%	27%	29%	17%	34%
Information on volunteering opportunities	18%	21%	0%	20%	17%	18%	18%	14%	14%	20%

Caregiving Services Used Recently by Demographic COASV Phone Survey, Dec 2011										
	OVERALL	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55-74	Age 75+	Below EESI	Above EESI
Ave. sample size	87	26	14	36	70	24	86	9	10	43
General info on caring for a loved one	13%	14%	0%	16%	20%	3%	15%	20%	15%	6%
Education or classes on caregiving	14%	14%	25%	8%	14%	11%	13%	16%	24%	11%
Support groups with other caregivers	6%	0%	12%	4%	6%	3%	5%	8%	17%	4%
Counseling or help managing care	4%	0%	0%	4%	5%	0%	3%	8%	17%	4%
Short-term break from caregiving	14%	14%	12%	10%	16%	3%	13%	8%	41%	6%

Health services are the most used service, including screenings for health conditions, exercise classes, and information on healthy diets. Recreational and social activities and general information on aging are also frequently used.

Hispanic respondents are significantly less likely to use services than their Asian/Pacific Islander and White/Caucasian counterparts, particularly for recreational activities, educational activities, legal services, assistance applying for government benefits, and most health services.

5.2.3 – Interest in Receiving Services

The COASV telephone survey also asked how interested respondents are in receiving a particular service.

General Services Requested by Demographic COASV Phone Survey, Dec 2011										
	Overall	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55- 74	Age 75+	Below EESI	Above EESI
Ave. sample size	540	153	65	273	400	143	396	144	103	216
General information on aging	17%	27%	19%	11%	16%	18%	18%	14%	18%	21%
Recreational or social activities	18%	20%	27%	15%	16%	24%	19%	16%	21%	17%
Educational classes	24%	22%	36%	23%	24%	23%	25%	21%	30%	28%
Health services	18%	25%	22%	13%	16%	26%	18%	19%	23%	17%
Help with health insurance	16%	31%	11%	10%	13%	24%	19%	7%	21%	17%
Legal services	15%	22%	21%	10%	11%	26%	15%	14%	17%	15%
Fraud & financial abuse education	12%	18%	13%	10%	12%	13%	11%	16%	10%	15%
Help finding housing	7%	15%	8%	3%	3%	19%	10%	0%	16%	6%
Home modification	12%	23%	19%	5%	9%	20%	12%	11%	14%	14%
Applying for government benefits	18%	30%	20%	12%	14%	29%	18%	18%	27%	17%
Counseling or care management	11%	18%	14%	7%	8%	18%	11%	10%	15%	12%
Help finding employment	12%	20%	16%	6%	9%	21%	15%	4%	24%	7%
Help finding transportation	13%	25%	11%	7%	10%	22%	14%	12%	21%	16%
Home-delivered meals	10%	15%	6%	7%	9%	13%	10%	12%	15%	12%
In-home health care	13%	20%	19%	7%	10%	21%	12%	16%	23%	11%

The service seniors expressed the most interest in was educational classes on senior issues, followed by recreational activities, health services, and assistance applying for government benefits. The services most commonly used by respondents were health services, recreational activities, and general information on aging.

These results differed based on the respondent’s race, income, and other factors. Services requested by 20% or more of each subgroup have been highlighted. Asian/Pacific Islander, Foreign-born, and those falling below the Elder Index show the largest interest in receiving services. Educational classes are requested by nearly all subgroups.

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Respondents were also asked for their interest in specific health and caregiving services:

Health Services Requested by Demographic COASV Phone Survey, Dec 2011										
	Overall	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55- 74	Age 75+	Below EESI	Above EESI
Ave. sample size	542	153	65	272	400	143	396	145	103	215
Screenings for health conditions	12%	23%	5%	6%	10%	17%	14%	6%	17%	13%
Classes on managing health conditions	12%	23%	8%	7%	10%	16%	14%	5%	17%	12%
Information on healthy diets	22%	38%	31%	13%	17%	35%	25%	14%	35%	19%
Information on maintaining balance and preventing falls	19%	33%	19%	13%	14%	32%	19%	16%	24%	17%
Exercise classes	19%	22%	36%	15%	17%	24%	22%	12%	37%	14%
Information on volunteering opportunities	18%	21%	30%	15%	15%	26%	21%	9%	22%	21%

Caregiver Services Requested by Demographic COASV Phone Survey, Dec 2011										
	Overall	Asian/ Pacific Islander	Hispanic	White/ Caucasian	Born in US	Foreign- born	Age 55- 74	Age 75+	Below EESI	Above EESI
Ave. sample size	95	26	14	35	70	24	85	9	10	43
General information on caring for a loved one	36%	44%	75%	18%	26%	66%	38%	17%	55%	39%
Education or classes on caregiving	21%	29%	37%	11%	18%	31%	23%	0%	36%	20%
Support groups with other caregivers	12%	15%	12%	6%	10%	16%	13%	0%	9%	4%
Counseling or help managing care	15%	15%	12%	15%	15%	16%	16%	0%	9%	9%
Short-term break from caregiving	29%	58%	37%	6%	22%	51%	31%	8%	28%	36%

Information on healthy diets is the most commonly requested health service, while general caregiving information is the most requested caregiver service. Again, we see target populations generally requesting services at a higher level than the population at large, although smaller sample sizes may indicate more variance.

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COASV’s Information & Assistance call center provided referrals to over 13,000 callers in 2011. The most requested services are shown below:

Services Most Commonly Requested COASV Information & Assistance Call Center, 2011		
Service	# of calls	% of all calls
Health Insurance Information/Counseling	2343	22%
In Home Assistance Registries	1144	11%
Home Delivered Meals	643	6%
Housing Search and Information	624	6%
In Home Supportive Services	570	5%
State Units on Aging	488	5%
Senior Community Service Employment Programs	362	3%
In Home Assistance	353	3%
Personal Emergency Response Systems	274	3%
Senior Housing Information and Referral	265	3%
Other	6315	33%

Many of the above services are provided by COASV directly, including Health Insurance Information/Counseling, In Home Assistance Registries, Home Delivered Meals, and others.

COASV’s call center also tracks callers’ “unmet needs”. Every caller receiving an Information & Assistance referral gets a follow-up call one month later to gauge the success of the referral. In instances when the referral is unsuccessful, the service and reason are noted. This tracking of “unmet need” is new, so information shown below is for October 1st, 2011 to December 31st, 2011.

Of the 3,528 calls received during those 3 months, just 119 (3.3%) indicated a dissatisfaction with the services they attempted to receive. The services most commonly associated with unmet needs, and the most common reasons are shown below:

Services Associate With Unmet Need COASV Information & Assistance, Oct 2011 - Dec 2011		
Service	Number of clients who stated need was unmet	Most common reason for unmet need
Escort Programs	16	Client cannot afford service (9)
Rent Payment Assistance	8	Client ineligible for services (4)
General Legal Aid	7	Client ineligible for services (3)
Senior Ride Programs	7	Client unsatisfied with service (3)
Shared Housing Facilities	6	Program has waitlist/immediate service needed (5)
Family Caregiver Subsidies	5	Client unsatisfied with service (2)
Case/Care Management	4	Client cannot afford service (2) / Client does not meet eligibility criteria (2)
Home Delivered Meals	4	Client cannot afford service (2)
Household Related Public Assistance Programs	4	Various
Utility Bill Payment Assistance	4	Client ineligible for services (2)

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Overall, “Client cannot afford service” was the most commonly cited reason for an unmet need (35 clients), followed by “Client unsatisfied with service” (23) and “Program has a waitlist/immediate service needed” (17) and “Client ineligible for services” (17).

COASV posed a similar question to providers of senior services, asking what the most important unmet needs of seniors in our county are:

Most Important Unmet Needs of Seniors COASV Provider Survey, Jan 2012	
Service	Number of Responses
Availability of transportation	31
Health services	21
Help finding housing	20
In-home health care	20
Counseling or care management	19
Legal services	16
Fraud & financial abuse education	16
General information on aging	14
Recreational or social activities	13
Help with health insurance	12
Other	11
Educational classes	10
Adult protective services	10
Applying for government benefits	9
Home modification	8
Help with medical supplies	7
Home-delivered meals	6
Lesbian/gay/bisexual/transgender-focused services	4
Help finding employment	4

Providers were also asked if there are any “lower priority services” for seniors, meaning the service is overly abundant or simply not a high priority. Most respondents did not mark any service (33 of 51 respondents). Of those who did mark a service, the most commonly cited lower priority services were educational classes and help finding employment (7 each). Respondents generally noted that these services are already available through senior centers, or that many seniors are uninterested in employment, although the vast majority of respondents indicated that all are considered important services.

Finally, focus group participants provided feedback on needed services in the community. Focus groups of different populations had differing opinions on a number of subjects, but agreed in general on a few topics. Transportation, affordable housing, and affordable in-home care were frequently cited as important services in our community. Population-specific notes are shown below:

Spanish-language focus group – Eastside Community Center, 11 participants – Participants noted transportation, information on services, end-of-life services, and education are essential services not currently being

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addressed by the community. Health services, such as health screenings administered by a nurse, are frequently used by participants. Bilingual services are often available and are seen as being of great importance.

Vietnamese-language focus group – John XXIII Senior Center – Transportation, housing, and access to government benefits are seen as the most important services. Participants requested more information and access be available in their native language.

LGBT focus group – Billy de Frank LGBT Center, 16 participants – Housing, specifically discrimination-free housing, was cited as a top concern, as well as affordable food and dental care. Participants noted a general awareness of the service system but also requested more LGBT senior services provided at Billy de Frank and in the community in general.

Caregiver focus group – Health Trust, 7 participants – Participants discussed a number of caregiving services they now use and value, however, they noted the challenge of learning the ins-and-outs of the service system. Top priorities among this group included better caregiver education and training, better in-home care options, and affordable evening and overnight care.

Ombudsmen focus group – A final focus group was convened of long-term care ombudsmen. Ombudsmen noted the top concern of families and seniors is the high out-of-pocket cost of care to live in a long-term care facility, and wished Medi-Care helped pay for assisted living and board-and-care homes. Participants also noted the struggles of staff working in facilities, many of whom experience burnout and stress.

Section 13

Priority Services

PSA 10 2012-2016 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 funds¹ 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 2012-13 through FY 2015-16

Access:

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

12-13 60% 13-14 _____% 14-15 _____% 15-16 _____%

In-Home Services:

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

12-13 5% 13-14 _____% 14-15 _____% 15-16 _____%

Legal Assistance Required Activities:²

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

12-13 10% 13-14 _____% 14-15 _____% 15-16 _____%

¹0 Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B 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.

¹1 Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

Allocations are in conformity with the findings of the needs assessment. Allocations and percentages are presented at public hearings and comments by participants are considered in setting the percentages.