



# Seniors Agenda: Phase II

## An Action Plan for Santa Clara County

October 2012



A Report prepared by:

**Mary Anne Mendall, M.S.W.**  
**Strategic Planning Consultant**

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# Executive Summary

*The art of growing old is the art of being regarded by the oncoming generations as a support and not as a stumbling-block. André Maurois, An Art of Living*

By 2030, one in four Santa Clara County residents will be over age 60. This dramatic increase presents both challenges and opportunities.

One challenge is that with increasing age comes increasing health issues and decreasing ability to remain safe and independent in the community. This will put increasing pressure on government, community-based service organizations, informal networks and families. This pressure is especially significant given the current recession and resulting decrease in funding for social programs.

With great challenge comes great opportunity. The County Board of Supervisors (BOS) provided a welcome opportunity when it authorized the Seniors' Agenda process and the community rose to the challenge. Phase I of the Seniors' Agenda explored the existing senior service network, and identified demographics, issues, service gaps and possible solutions. These are summarized in the document called the *Quality of Life Assessment*. Phase II of the Seniors' Agenda utilized that information along with the experience and collaboration of key stakeholders, including many seniors themselves, to create a specific, measureable, achievable, realistic and timely *Plan of Action* to prepare this community for a positive future. What began as a plan for the county has become a plan for the *community*. The resulting Action Plan is, by design, ***more than a county plan***. Thus the County has become a facilitating force multiplier that set in motion an effective collaboration that has the capacity to prepare for its aging population.



This document contains that plan and describes the collaborative efforts of the more than 150 individuals from 68 organizations that collectively dedicated more than 1100 hours of their time over a four month period to create a vision and a plan for how best to prepare for this dramatic shift.

Phase II was launched at a Stakeholder Meeting on July 12, 2012, attended by 87 community stakeholders. Participants prioritized the issues identified in Phase I, added their own experience and knowledge, and reached consensus on five major action areas. They also created five working teams to focus on those areas.

Each team came together in 3-4 workshops over a 6-week period in July and August. Using well established techniques from a method called the *Technology of Participation (ToP)*, this consultant guided the groups through an action planning process whereby the teams identified the current reality, 3-year goals, 1 year objectives, quarterly milestones, and detailed 1<sup>st</sup> year action plans complete with timelines and commitments by individuals and organizations.

In addition, the Mental Health Department added their own in-house action plan to the Seniors' Agenda, creating a sixth area of focus. The Department of Aging and Adult Services adopted some of the individual team goals as its own and created a seventh area focused on leadership and support of Seniors' Agenda implementation.

The resulting Action Plan, therefore, contains 7 action areas.

1. Transportation/Mobility Management
2. Senior Volunteerism/Civic Engagement
3. Information and Assistance
4. Education/Outreach
5. Policy/Funding
6. Mental Health
7. Leadership and Support



The 3-year goal of the **Transportation/Mobility Management Team** is to improve senior access to affordable transportation and pedestrian safety.

1<sup>st</sup> year objectives are:

1. Improve taxi services with more accessible vehicles, trained drivers, and lower cost;
2. Improve pedestrian safety by identifying unsafe areas and working to improve street and sidewalk safety in those areas;
3. Increase affordable transportation to underserved geographic areas;
4. Expand travel training through a *train the trainer* approach;
5. Share best practices & close gaps across transit providers;
6. Advocate for the sustainability and expansion of funding for senior transportation.

The partners who have committed to implementation of these objectives include: OUTREACH, VTA, PACT, AGENTS for Change, the Aging Services Collaborative, City of San Jose, and the Centennial Community Senior Center.

The 3-year goal of the **Volunteer/Civic Engagement Team** is to provide opportunities for adults age 50+ to engage in volunteering, advocacy, training and leadership development with an emphasis on seniors helping seniors. In year one, they chose to focus on seven objectives.

1. Train organizations on the recruitment, training, recognition and retention of senior volunteers;

2. Train seniors, especially bilingual seniors, to assist their peers in identifying resources and navigating the service system;
3. Support and grow grassroots senior advocacy;
4. Promote collaboration and effectiveness of agencies that utilize volunteers;
5. Coordinate and enhance volunteer driver programs;
6. Improve ability of neighborhoods to care for frail adults in the event of disaster;
7. Increase the ability of seniors employed by the Senior Employment Program to provide information and assistance at senior centers.

Among the community partners collaborating in achieving this goal are: The Health Trust, The Aging Service Collaborative, Catholic Charities, AGENTS for Change, Community Volunteer Network (CVN), RSVP of San Mateo and Northern Santa Clara County, DAAS, PACT, Peninsula Family Service, and OUTREACH.

The 3-year goal of the **Information and Assistance Team** is to improve knowledge about and access to senior services. Objectives are to:

1. Increase the number of volunteers and case managers to assist in system navigation;
2. Share up-to-date resource information across providers;
3. Insure that every Santa Clara County (SCC) senior has full and equal access to information about resources;
4. Develop and pilot I&A training for volunteers and providers.

Major partners in achieving this goal are the local information and assistance providers: 211, Outreach, COASV and DAAS.

The 3-year goal of the **Education/Outreach Team** is to identify and reach diverse population subgroups through a variety of venues appropriate to their specific age, language and cultural needs. First year objectives are:

1. Identify and describe population subgroups that need information;
2. Develop distribution strategies that target specific subgroups;
3. Develop a mechanism for assessing distribution strategies;
4. Make recommendations to service providers about the content and distribution of materials.

Core members of this team have committed to staying together as a team to achieve these first year objectives. They include representatives from

Alzheimers Respite Research, Asian American Recovery Services, Catholic Charities, County Mental Health, OnLok and PACT. They plan to work in close collaboration with the Information and Assistance Team.

The 3-year goal of the **Policy/Funding Team** is to increase funding for senior services by influencing policy creation and funding decisions. The team adopted two objectives. Four additional objectives await clarification and commitments.

Adopted objectives are:

1. To define and advocate for the funding of safety-net programs which are essential to maintaining the safety and independence of seniors in community settings
2. To improve the quality of non-medical home care workers and the availability to seniors who do not qualify for In-Home Supportive Services but who cannot afford to pay private service rates.

The Community Service Agency of Mountain View, the Health Trust, OUTREACH and SALA will lead the first initiative. Catholic Charities, Silicon Valley Independent Living Center and Union SEIU521 will work on the second initiative.

The **Mental Health** Department added its goal and objectives to the Seniors' Agenda. The 3-year goal of the **Mental Health** Department is "to improve the quality of life and well being of seniors and their caregivers by implementing the recommendations of mental health summit participants *with community involvement throughout.*" Their objectives cover the following areas:

1. Community education and advocacy;
2. Improved service access and engagement of all seniors served in any county system;
3. Service integration and quality improvements;
4. Training and professional development;
5. Family, caregiver, and peer support;
6. Policy development – champion and implement policies that improve benefits and resources impacting the well being of older adults.

Implementation will involve senior advisors, their families and caregivers and community partners over three years in these yearlong approaches: year 1- better collaboration of existing services; year 2- modifying and changing existing services, and year 3-growing services with new funding.

The consensus of the Decision Teams was that **Leadership and Staff Support** from the County was essential to successful implementation of the Seniors' Agenda Action Plan. Therefore, input from all of the teams as well as DAAS staff resulted in the creation of a separate and distinct section of the plan. The 3-year **Leadership** goal is to provide leadership, policies and support to achieve Seniors' Agenda goals. Its first year plan includes three objectives and eight policy recommendations to the Board of Supervisors. Objectives are:

1. Provide county leadership and support in the implementation and promotion of the Seniors' Agenda Action Plan;
2. Develop and Promote a Seniors' Agenda Multi-Year Marketing Campaign;
3. Interact with the County Board of Supervisors to give visibility to funding needs for senior services.

In response to a request from the Board of Supervisors, the action planning teams and DAAS staff developed the following **Policy Recommendations** for their consideration. These actions will support the successful implementation of the Seniors' Agenda Phase II Plan. There are eight specific policy recommendations:

#### **Policy Recommendations**

- Endorse and promote the Seniors' Agenda Action Plan
- Provide leadership, funding and staff support, including appointment of a Policy Council
- Give funding priority to safety net programs
- Support the use of volunteers and professional case managers to assist seniors and families in navigating the complex service system
- Ensure collaboration among county departments and agencies
- Host semi-annual public forums for accountability
- Develop and promote a Seniors' Agenda marketing campaign
- Promote age-friendly communities
- Supports legislative efforts to increase funding for senior services and to promote the general well being of older adults.

The County BOS, and DAAS will provide this leadership, along with a *potential* Senior Policy Council of high level officials appointed to serve as champions of policies and funding decisions that support implementation of the Seniors' Agenda Action Plan.



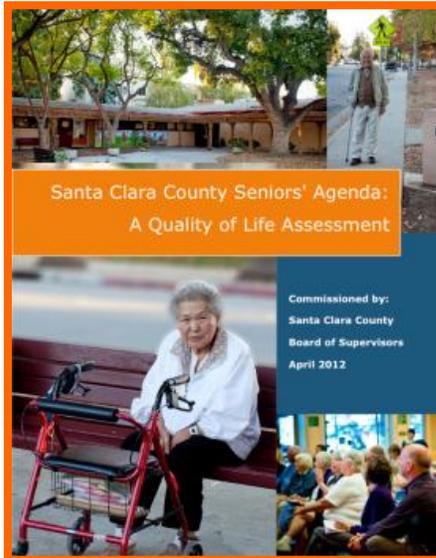
The current plan reflects the present capacity of both government and the community-at-large to address the challenge of serving an increasing number of seniors with significant physical, social, and emotional needs during a time of declining funding for social programs. It is a first step in a journey that begins with action. Here are some recommendations for successful implementation.

1. **Plan Evolution:** The Seniors' Agenda Action Plan is a roadmap finalized at a single point in time. It should be regularly evaluated and modified as objectives are achieved, as new challenges and opportunities arise, and as environmental conditions change.
2. **Leadership:** With so many pieces of the plan divided among so many community players, it is critical for the County of Santa Clara to provide leadership and oversight of the plan as well as staff support to keep the process moving and to promote strong communication among the teams.
3. **Effective Use of Time:** In this hectic world of competing demands on people's time, it is critical to plan agendas carefully, to set clear outcomes for meetings, and to make good use of e-mail and phone communications.
4. **Collaboration:** Aside from the plan itself, a huge accomplishment of this process has been the collaborative relationships that formed as service providers, advocates, consumers, and community leaders worked together to reach consensus about problems and solutions. Careful nurturing and recognition of these bonds will lead to a more seamless service delivery system.
5. **Accountability to the Community:** Ultimately, government and service providers are accountable to the community they serve. This is why it is so important to provide semi-annual public forums where the public has an opportunity to have input into each phase of the plan.
6. **Prepare to respond to challenges and opportunities:** Some upcoming events will likely impact the content of the Seniors' Agenda Plan. It is important to be aware of these and to consider how best to minimize the challenges they may present and optimize the opportunities they create.

Margaret Meade once said: *“Never doubt that a small group of thoughtful, committed citizens can change the world, indeed it's the only thing that ever has.”*

With continued commitment and action, those individuals who dedicated their leadership, time, ideas, and passion to this process will change Santa Clara County and improve the lives of its seniors for many years to come.

# Background



The Seniors' Agenda began in 2011 when the Board of Supervisors, initiated by Supervisors George Shirakawa and Liz Kniss, directed the County Department of Aging and Adult Services to research the needs of older adults and their families in Santa Clara County and to make recommendations to the Board about programs, services and policies to address those needs.

The timing of their request coincided with a number of environmental factors, which escalated the need to focus on the senior population. These factors include:

- The increasing size of the senior population. There are currently around 200,000 individuals age 65+ living in Santa Clara County. That represents 11% of the population. In the next 10 years, it is anticipated that this number will double to nearly 450,000 or 22% of the population. Furthermore, the population over the age of 75 will triple by 2030. This trend is primarily due to the aging of baby boomers along with an increase in longevity.
- The fastest growing segment of the senior population is over the age of 85, or more accurately, over the age of 100. As seniors age, health and loss issues increase, resulting in a greater need for more assistance to enable older adults to remain in the community.
- Another demographic trend is the increasing number and size of immigrant and minority populations who often face barriers to service access due to language and cultural differences.

- Without strong community support, older adults are at risk of premature institutionalization as they age. Many studies have proven that institutional care is vastly more expensive than caring for a person in the community, where seniors overwhelmingly choose to remain.
- Due to the economic downturn and the recent recession, funding for social programs is decreasing dramatically.
- Given the challenge of an increasing need for services and decreasing funding, it has become imperative that available funds are utilized as effectively and efficiently as possible, and that an appropriate share of overall county funds are allocated to older adult services.

Thus it made sense for the Board of Supervisors to “reach out to their constituents for information, ideas and collaboration “ (*Quality of Life Assessment*, pg. 2). Therefore, between October 2011 and March 2012, the Department of Aging and Adult Services and its consultant, Dr. Amy Flowers, engaged the community through:

- Nine community forums attended by several hundred seniors and service providers in a variety of settings in each of the Supervisorial Districts;
- Focus groups, with the help of several community partners. These focused on special populations, such as monolingual seniors, family caregivers, long-term care ombudsman staff and field based social workers.
- A survey of agencies to collect vital data about senior demographics, needs and services. Agencies that provided data included local Public Health, UCLA Health Policy, Older Adult Mental Health and the Council on Aging’s census collection and telephone survey research.

The preceding information was compiled in the document *A Quality of Life Assessment*, which was released in draft to the public at the end of March. The document identified the following 10 areas of need:

1. Coordinated, Comprehensive Information Services
2. Transportation
3. Affordable housing
4. Home-based services
5. Caregiver services
6. Senior centers
7. Food and nutrition services
8. Mental health Services
9. Isolated seniors
10. Elder abuse prevention

Comments on the *Quality of Life Assessment* were sought through three public events, numerous e-mails, and one-to-one conversations, which contributed to the evaluation of the findings. The feedback showed that more needed to be done to refine the key areas and recommendations, set priorities and create a plan of action. In April 2012, the Board of Supervisors extended this project to achieve those objectives with a report back scheduled for the fall of 2012. This extended process became the “Seniors’ Agenda Phase II.”

# Phase II

The purpose of Phase II was to develop a plan of action for addressing the issues identified in Phase I. The Action Plan would contain specific, measurable, achievable, realistic and timely milestones, goals and objectives along with accountability for achieving identified outcomes. It would further result in recommendations for action by the Board of Supervisors.

## Process Timeline



**The Phase II** planning process took place from June-September 2012. There were five major processes involved.

1. Creation of a **Design Team** of stakeholders to work with a consultant on the format of public meetings;
2. A half-day **Stakeholder Workshop** to launch the Phase II process and to reach consensus on areas of focus;
3. A series of **Decision Team Workshops** to develop detailed action plans for each of the major need areas.
4. An **All-Decision Team Workshop** to refine a master plan;
5. A **Public Forum** to inform the community at large of the plan and to collect public comment, answer questions and recruit additional volunteers for individual projects.



More than 150 individuals representing 68 agencies and the public at large participated in one or more of the five processes, dedicating **more than 1100 hours** to the Seniors' Agenda Planning Process. As a result, the plan has become more than a set of County recommendations. Most of the participants have committed to some aspect of plan implementation. The Phase II Plan is truly a **community-owned plan** to improve the lives of Santa Clara County Seniors.

## Methods

**Technology of Participation (ToP) methods**, developed by the Institute of Cultural Affairs (ICA), were utilized to achieve these goals. ToP methods have evolved over more than 35 years, and have been practiced in over 35 countries around the world. They were designed to engage community members in the process of planning their own futures. The methods involve engaging community members in every phase of the planning process from design to implementation. Thus the result is a plan developed, owned and implemented by the community itself. (For more information about these methods, go to [www.ica-usa.org/?page=whatistop](http://www.ica-usa.org/?page=whatistop) ) Specific ToP methods and tools used were:



- Utilization of a **Design Team** of key stakeholders to guide and own the process;
- **Focused Conversations** were embedded in most of the workshops. These conversations have 4 primary parts, which explore 4 different types of questions: Objective, Relational (subjective), Interpretive, and Decisional. Hence the method is called ORID. It is an effective method for guiding decision-making.
- **A Consensus Building Workshop** to help stakeholders prioritize and agree upon the key areas of a plan's focus;
- **1<sup>st</sup> Year Accomplishments Workshop** to identify a) the current reality, b) the desired reality in 3 years, and c) 1<sup>st</sup> year accomplishments that will move in the direction of three year goals;

- ▶ **Quarterly Milestones Workshop** to identify specific milestones for every objective to be achieved during the first year;
- ▶ **Action Planning Workshop** to develop an action plan that contains goals, objectives, a timeline, and accountability for each action step.
- ▶ **Sticky Walls:** A key tool utilized in all ToP methods is a sticky wall, which is a piece of fabric sprayed with glue that allows participants to post pieces of paper with ideas on them and to move those ideas around on the sticky wall to form categories. This method allows participants to see similarities between ideas and to reorganize them into patterns that inform action. The group as a whole weighs in on how best to categorize their ideas until participants reach consensus.



Supplementing these methods were interviews and conversations with key stakeholders throughout the process, along with a public forum to collect community feedback on the resulting action plan. The public forum had the added benefit of recruiting additional members of the public in plan implementation.

# Design Team

*“Organizing is what you do before you do something, so that when you do it, it is not all mixed up.” .....A. Milne*

Phase II began in June 2012 with the hiring of a new consultant, Mary Anne Mendall, and the creation of a “Design Team” of key stakeholders. Determined to make the entire Phase II process as open as possible, DAAS sent an invitation to its entire Seniors’ Agenda mailing list, inviting stakeholders to serve on the Design Team. More than 20 people offered to do so, and of those



volunteers, 15 were able to agree on a time and date for the first meeting. The resulting team of 15 members had representation from the Department of Aging and Adult Services (DAAS), the Aging Services Collaborative, the Health Trust, OUTREACH, PACT, the County Senior Commission, AGENTS for Change, United Way 211, and CareMavens. The purpose of the Design team was to work with the consultant to plan public events and to help guide the Phase II process. They met a total of 3 times during the summer to plan the Stakeholder Workshop, identify key partner organizations, and guide next steps.

# Stakeholder Meeting

*“The key to any successful plan is buy-in from the public, and what this process has demonstrated is the importance of including citizens in formulating a consensus plan.”*

Ron Kind

On July 12, 2012, DAAS held a half-day stakeholder consensus-building workshop attended by 87 community leaders, professional staff, senior advocates and older adults who all have had, and continue to have, a stake in a successful outcome. Building on the information provided in the Quality of Life Assessment from Phase 1, participants met in 10 small groups, each of which focused on one of the 10 need areas identified in the *Quality of Life Assessment*. Each team was facilitated by a community leader with expertise in the specific topic of conversation and guided by the following set of questions:



- What element of this topic interests you most?
- What is already being done in this area that you want to preserve, improve or expand?
- What best practices or evidence-based models might be considered for new and improved services?
- **Key Question:** What long-term outcome do we want to achieve in this area?

A *recorder* from each group was asked to write their strongest responses to the Key Question on a piece of paper and a *reporter* from each group was asked to present those responses to the whole group by posting them on the sticky wall. After each small group report, the audience had a chance to ask questions or make comments. Once all of the groups posted their ideas, the group engaged in a consensus-building exercise, identifying and categorizing similar ideas until they reached consensus on 5 major areas on which to focus an action plan. The five areas are:

1. Transportation
2. Information and assistance
3. Education and outreach
4. Policy and funding
5. Senior opportunities for volunteering, civic engagement, employment and leadership development.

They decided to create 5 major workgroups to address those service issues. Participants then signed up to participate in workgroups of interest to them. These work groups came to be called “Decision Teams.” Furthermore, participants determined that this was an opportunity to create more than a set of recommendations to the Board of Supervisors. Equally important was the opportunity to create a *community-wide plan* in which service organizations, advocates, community leaders and older adults could work collaboratively to address the issues facing Santa Clara County seniors and their families.

# Action Planning Decision Teams

*“A Call to Action”*

In July and August, at the peak of vacation season, over 100 individuals met in an exhaustive series of **Decision Team Meetings** where they spelled out 3-year strategic directions, 1-year goals and objectives, quarterly milestones, and a detailed action plan for year one. The 3-year timeframe was selected as the most realistic time frame in which to establish goals, given the unpredictability of environmental factors beyond three years. The teams did a fabulous job of *“forming, storming, norming and performing”* to develop a future path to improving services for older adults and their families in SCC. Eighty-four people participated in one or more of the decision teams. Each team met 3-4 times over a 6-week period. Collectively, participants donated nearly 500 hours to the action planning process.

Workshops were disjointed at times as participants missed meetings because of vacations and competing interests, resulting in a different set of players at each meeting. This often led to reconsideration and modification of the work accomplished at a previous meeting as new players entered the scene. On the positive side, this drew more input into the process. In spite of the challenge, each team worked diligently through the action planning process both in meetings and through on-line communications to complete detailed action plans.

After all of the groups completed their plans, they came together on September 6<sup>th</sup> for one last workshop where they evaluated the collective results, finalized their individual and collective plans and confirmed personal and agency commitments.

## Transportation/Mobility Management

**3-Year Transportation/ Mobility Management Goal:**  
To improve senior access to affordable transportation and pedestrian safety.



The **Transportation Team** was the best attended with 31 participants present at one or more of the three action planning

workshops. Individual workshop attendance ranged from 20-23. Participants included representatives from the following transit and advocacy organizations: Avenidas, City of San Jose, Council on Aging Silicon Valley (COASV), Heart of the Valley, OUTREACH, PACT, Sacred Heart Community Services, Valley Transportation Authority (VTA), and 3 senior centers (Gardner, Sherman Oaks and Centennial Community Senior Center).

The team identified a number of issues and service gaps. Most notable were:

- The county encompasses a large geographic area with significant service gaps in South County, Milpitas and several unincorporated areas;
- Lack of transportation funding dedicated specifically to *senior* transit;
- Difficulty recruiting volunteer drivers in spite of the availability of gas cards to reimburse them for mileage. Part of their reluctance to volunteer is the issue of liability in the event of an accident;
- Diverse transit rules and requirements for different transit providers are confusing to seniors;
- High cost of taxi service and lack of enforcement of lower rates for seniors which have been authorized by some cities;
- Lack of taxi driver training on how to best serve senior riders;
- Insufficient wheel chair accessible taxis;
- Missing bus stops at key locations frequented by seniors;
- Lack of knowledge about available transit options and how to use fixed route transit;
- Limited transit options on weekends and evenings
- The cost of paratransit is too high for many seniors living on a fixed income;
- Concern about pedestrian safety in some areas of the county.

Based on these issues and service gaps, the team decided to expand the concept of transportation to Mobility Management, which includes Pedestrian Safety. Their 3-year goal is to improve senior access to affordable transportation and pedestrian safety. 1<sup>st</sup>-year objectives are:

- 1. Improve taxi services:** The team focused on three areas of improvement. The first is to lower the cost of taxi rides for seniors. While many cities have ordinances authorizing discounted rates for seniors, taxi drivers are not always aware of this and seniors generally do not know that they can ask for the discounts. Remedying this will involve finding out which cities offer senior discounts, and educating both taxi

drivers and seniors to use those discounts. Secondly, taxi drivers will benefit from training on the special needs of senior riders. Finally, there is a need to advocate for an increase in the number of wheel chair accessible vehicles. OUTREACH is preparing a “white paper” to advocate for these goals.

2. **Improve pedestrian safety** by identifying unsafe areas and working to improve street and sidewalk safety in those areas. Advocacy groups have successfully advocated for improvements in some areas of the county. The plan is to identify other areas that need improvement and to expand advocacy efforts into those areas.
3. **Increase affordable transportation to underserved geographic areas.** Some areas of Santa Clara County that have limited access to public transportation require creative solutions to fill those gaps. This objective will focus on collaboration with fixed route providers, cities, taxi services, charities and service clubs to identify and advocate for solutions to fill those gaps.
4. **Expand travel training through a *train the trainer* approach.** Older adults who have been driving most of their lives often do not know how to utilize fixed route public transit. This is an even greater challenge for seniors who do not speak English. With additional funding, transit providers could train service providers on how best to utilize public transit so that those providers can train seniors who attend their centers.
5. **Share best practices & close gaps across transit providers.** OUTREACH has offered to take the lead in hosting a Workshop to share best practices in senior mobility management and, with additional funding, could conduct a survey of all transit providers, including those who utilize volunteers. Results would be used to enhance the content of their database.
6. **Advocate for the sustainability and expansion of funding for senior transportation.** The team proposed to collaborate with other advocacy efforts to increase the amount of funding available for senior transportation.

The partners who have committed to implementation of objectives include: OUTREACH, VTA, PACT, AGEnts for Change, the Aging Services

Collaborative, City of San Jose, and the Centennial Community Senior Center. OUTREACH, VTA and AGENTS for Change will provide leadership in achieving these goals.

For specific action steps, timeline and accountability for all teams, see the *Seniors' Agenda Action Plan* in the Appendix.

## Volunteer/Civic Engagement

The 3-Year Goal of the **Volunteer/Civic Engagement Team** is to provide opportunities for adults age 50+ to engage in volunteering, advocacy, training and leadership development with an emphasis on seniors helping seniors.



The **Volunteer/Civic Engagement Team** was the smallest group with 17 participants at the first meeting and only 8 and 9 at the next two meetings. However, their dedication and enthusiasm more than made up for their small size. Participants included representatives of the following

agencies: Agape LTC, AGENTS for Change, Alzheimers Association, Avenidas Volunteer Corp, the Community Volunteer Network, The Health Trust, Heart of the Valley, Love, Inc, OUTREACH, RSVP of San Mateo and Northern Santa Clara County, Santa Clara County Volunteer Program, Senior Companions, and the Senior Peer Advocate Program. The team is aware that while seniors have many needs for services, they are also a valuable asset to their communities. Older adults have the willingness, time, expertise and experience to give back to their communities through volunteerism, advocacy, and the sharing of expertise.

The Volunteer/Civic Engagement Team, at their first meeting, identified a plethora of volunteer opportunities from volunteer driver programs to advocacy efforts, and resource finding. The issues and gaps they identified were also numerous and included the following:

- No county-wide one-stop shop for seniors interested in volunteer opportunities;

- Limited knowledge of how to use OUTREACH’s Tripnet program for matching seniors in need of a driver with an available volunteer driver;
- Need for agency training on how to recruit, utilize, train and retain volunteers with multiple and often sophisticated skill sets;
- No concrete data on how many agencies want volunteers;
- Need for expansion of volunteerism to provide the following services: check-in calls to homebound seniors, assistance in filling out applications for benefits, culturally appropriate in-home meal preparation, light housekeeping and yard work, rides and escorts to accompany seniors to appointments, friendly visiting, peer counseling and in-home hairdresser services.
- Need for same day service for a variety of needs which arise too late to schedule appointments with most existing agencies (e.g. same day rides or escorts, and last minute shopping needs or errands).

Although also concerned with Senior Employment, the team did not have the expertise to address this issue beyond Title V Senior Employment, a federally funded program that pays low-income seniors to work in the community in order to develop job skills. Working with the Title V coordinator, the team decided to include this program in its 3-year vision by placing more of these seniors at local senior centers.

Its 3-year goal is to provide opportunities for adults age 50+ to engage in volunteering, advocacy, training and leadership development with an emphasis on *seniors helping seniors*. Their three-year vision focuses on growing volunteer and employment opportunities through seven existing and emerging programs.

In year one, they chose to focus on developing and expanding the following:

1. **Train organizations on the recruitment, training, recognition and retention of senior volunteers:** According a study cited by a 2003 MetLife document called *“Reinventing Aging: Baby Boomers and Civic Engagement,”* 45% of older adults provide an average of 6 hours a week of volunteer work. The study further states that:

*“Existing voluntary or charitable institutions may need to be revamped to absorb boomer volunteers and take account of their interests and preferences. Many local agencies will not have the resources for professional volunteer management, so new mediating institutions, or third parties, may be needed to handle recruitment, training, and referral of boomers.”*

One such third party is the Retired-Senior Volunteer Program (RSVP). RSVP is America's largest volunteer network for people age 55 and over with nearly 500,000 volunteers across the country who are tackling tough issues in their communities. Until recently, there were two RSVP programs serving Santa Clara County, one covering San Mateo and North Santa Clara County, and another covering San Jose and its surrounding areas. There is now only one program, leaving the San Jose area without coverage. Therefore, there remains a need for a centralized infrastructure for recruiting, training and supporting volunteers. Most nonprofit agencies no longer have volunteer coordinators or capacity to give the kind of support that particularly boomer volunteers need. That is what RSVP does as well as helping to engage and place volunteers where they best fit. It is, therefore, essential to seek alternate funding for this program.

2. **Train seniors, especially bilingual seniors, to assist their peers in identifying resources and navigating the service system:** The Senior Peer Advocate Program (SPA) is designed to train seniors, many of them bilingual, to assist their peers with information and assistance. The SPA program was brought up repeatedly during the planning process as a mechanism to assist seniors with system navigation. The program was launched in 2011 under the auspices of the Health Trust with Older Americans Act funding from the Council on Aging Silicon Valley. SPA is modeled after the Community Ambassador Program (CAPS), developed by the City of Fremont Human Services Department in 2006 with funding from the Robert Wood Johnson Foundation. The CAPS and SPA programs address the following service gaps:
  - Lack of senior awareness of available services and how to access them;
  - Language barriers that prevent monolingual seniors from seeking services;
  - Cultural barriers that discourage seniors from seeking services;
  - Need for knowledgeable workers able to provide information and assistance at senior centers.

The Health Trust, in partnership with San Jose State's CHAMP program and Aging Services Collaborative members, provides an initial 20 hour training and ongoing monthly training and support to SPA volunteers. In the first year, 13 active SPA volunteers provided 942 hours of service to 363 seniors (unduplicated), in 615 sessions at 7 community and senior centers. Having recently acquired additional funding from a City of San Jose Health and Wellness Grant, the program will conduct a second training in January 2012 for

an additional 20+volunteers with the goal of expanding SPA coverage to additional senior centers and additional languages.

- 3. Support and grow grassroots senior advocacy;** AGEnts for Change is a grassroots senior advocacy organization funded by the SCAN foundation to recruit and train senior volunteer advocates. It is administered through collaboration between Catholic Charities and the Health Trust. This two-year old program has around 100 volunteers. AGEnts for Change trains and empowers seniors, caregivers, and other stakeholders to advocate for issues and programs that improve the quality of life for older adults in Santa Clara County. SCAN Foundation funding ends in December 2012. The goal of this initiative is to secure funding and collaborations that will sustain and grow this grassroots advocacy program beyond that date.
- 4. Promote collaboration and effectiveness of agencies that utilize volunteers.** This goal is being addressed by the Community Volunteer Network of Silicon Valley (CVN-SV). CVN-SV is a recently developed collaboration of nine non-profit agencies and faith-based communities, all of which provide volunteers to assist older adults living in Santa Clara County. Its goal is to share information and best practices in order to improve their ability to recruit, train, supervise, match and retain volunteers. Provider organizations include: Catholic Charities of Santa Clara County, Community Service Agency of Mountain View, Family Caregiver Alliance, Heart of the Valley Services for Seniors Inc, Love Inc. of Santa Clara County, RSVP of San Mateo and Northern Santa Clara County, The Health Trust, Live Oak Adult Day Services, and OUTREACH. One of the goals of the network is to develop a new program called Seniors On-Call Services. Seniors On-Call Services (S.O.S.), funded through a grant from the Health Trust, will provide same-day service to seniors in need of immediate assistance with rides, shopping, errands, and chores. Most service organizations require several days advance notice to address these needs. S.O.S. is designed to fill a gap in service by providing volunteers who can respond immediately to the unanticipated needs of homebound seniors.
- 5. Coordinate and enhance volunteer driver programs:** Transportation is one of the most significant needs of homebound seniors and volunteer drivers are critical to filling service gaps in this area. There is, therefore, a need to sustain and expand volunteer driver programs. OUTREACH

has a pool of volunteer drivers, as do many community-based organizations. CVN has identified this resource as one that would benefit from interagency collaboration and the S.O.S. program. Its intent is to assess, enhance and expand existing volunteer driver programs so that there are more seniors helping seniors through volunteer driving.

- 6. Improve ability of neighborhoods to care for frail adults in the event of disaster:** Since formal services are often impeded from reaching neighborhoods during a disaster, it is imperative to prepare neighborhoods to care for its residents until formal assistance can arrive. Homebound seniors are often the most vulnerable residents in disaster situations. This goal assigns to the County Office of Emergency Services a set of objectives that includes outreach to neighborhood hubs like neighborhood associations and senior centers to educate residents in how to reach out to frail, isolated seniors and how best to care for them in the event of a disaster.
  
- 7. Increase the ability of seniors employed by the Senior Employment Program (Title V) to provide information and assistance at senior centers.** This program *“strives to assist mature workers (55+) in their search for employment by providing guidance, direction and resources to help them in their endeavors. Employment programs offer classroom training, on-the-job training, job match up, placement and follow up to eligible older workers”* (Description from a Peninsula Family Service Publication). Seniors employed by this program must meet low-income requirements. In its desire to include senior employment in its planning process, the Volunteer/Civic Engagement Team decided to include a goal for this program.

Aware of the need to increase the proficiency of senior centers to provide information and assistance to seniors, the plan promotes collaboration between Peninsula Family Services, which administers the Title V program, and the newly hired San Jose Volunteer Coordinator to identify placements at San Jose senior centers. This will enhance the use of senior centers as information and service hubs.

## Information and Assistance

3-year goal of the **Information and Assistance Team** is to improve knowledge about and access to senior services.

The **Information and Assistance (I&A)** team had 23 participants who met 4 times. Because of summer vacations and conflicting commitments, representation at each meeting varied from 7-17 participants. The primary information and assistance providers were well represented throughout. These were the Council on Aging Silicon Valley, United Way 211, Department of Aging and Adult Services and OUTREACH. Other participants included AGENTS for Change, the Aging Services Collaborative, Care Mavens, The Health Trust, Portuguese Organization for Social Services and Opportunities (POSSO), Senior Peer Advocates, State Senior Commission, Second Harvest Food Bank and Right at Home. Along with transportation, I&A was identified as a top priority at the Stakeholder Meeting. Concerns revolved around the following issues:

- Lack of knowledge regarding services & terminology;
- No clear continuum of assistance levels;
- Reaching home bound seniors;
- Multi-lingual/multi-cultural needs;
- Increasing # of seniors / decreasing services;
- Lack of interagency collaboration among I&A providers;
- Time commitments make collaboration difficult;
- Disconnect of information from multiple sources;
- Lack of a service roadmap to educate the public;
- No road map to show services to the public;
- Reduction in case management due to cost;
- Caregivers need education about available tools;
- Need for more outreach & marketing of I&A.



The 3-year goal of the **Information and Assistance Team** is to improve knowledge about and access to senior services. 1<sup>st</sup> year objectives are:

**1. System Navigators:** After much dialogue, the team came to the conclusion that a core issue around I&A was the reduction in

the number of case managers to assist seniors in system navigation. While lack of awareness of services is also a core issue, even when seniors and families are aware of services, they often have difficulty identifying what they most need, which services are most appropriate to address those needs, and how to navigate the system to acquire those services. This is especially true in Santa Clara County given the different mix of service options in the 15 incorporated cities and towns that encompass this large county. While the number of older adults is rising dramatically, the number of case managers provided through Council on Aging Silicon Valley (COASV) has dropped to the point where the only case managers available through COASV are those funded through the Multipurpose Senior Services Program, which only serves Medi-Cal clients. Thus seniors whose income does not fall below the federal poverty line, but who cannot afford to pay for private case management are left un-served. Therefore, the group made the promotion of both volunteers (SPA program) and professional case managers its top priority.

2. **Sharing of up-to-date information across service providers** is another area of need. Stakeholders expressed a desire for a one-stop I&A database with increased accuracy and user-friendly interfaces. However, the reality is that there are many on-line resource databases available to consumers. The 4 major databases are provided by COASV, United Way 211, OUTREACH and DAAS (Network of Care). These providers also offer call-in services. The team determined that to integrate these databases was impractical given the differences in their purpose, funding, and funder requirements. However, they strongly agreed on the need to collaborate among themselves to keep their databases up-to-date, to reference each other's databases, and to work to improve their content and ease of use. They committed to regular ongoing meetings to accomplish these objectives.
3. **Senior awareness of basic senior services** is another area they agreed to improve. AGents for Change offered to take on the role of creating and keeping up-to-date a single-page list of key senior service agencies and phone numbers for mass distribution. This list will be used to inform elected officials, first responders, volunteers, service staff, seniors and families of up-to-date core service options.

- 4. Improved training for I&A volunteers and staff:** The intent of this goal is to develop and pilot place-based, scalable I&A training for staff and volunteers, especially those at senior centers. The team was concerned about the lack of accurate knowledge about I&A among staff and volunteers at senior centers. To support the concept of senior centers as hubs for senior services, the team decided to develop a curriculum and pilot basic I&A training for volunteers and staff. Since there is already a fully developed curriculum for training SPA volunteers, there may be an opportunity to utilize this curriculum as the basis of the training.
  
- 5. Use of a video to inform the public of how to navigate the service system:** OUTREACH has offered to provide a \$1,000 prize for the best I&A navigation video developed by college film students. They will promote a film contest challenging film students to compete in developing the best video. The winning video would then be posted on their website and shown on cable TV.

## Education/Outreach

The 3 Year Goal of the **Education Outreach Team** :  
Identify and reach diverse population subgroups through a variety of venues appropriate to their specific age, language and cultural needs.

**The Education/Outreach Team** had 21 participants representing the Asian American Recovery Services, Alzheimer's Respite Research, Catholic Charities, DAAS, Eastside Neighborhood Center, Food Bank, Health Trust, Hospice of the Valley, Mental Health Department, OnLok, OUTREACH, Senior Care Commission, Santa Clara County Library, and Valley Transportation Authority (VTA).

This team tackled the following issues:

- Lack of coordinated outreach;
- Senior center staff not always knowledgeable about resources;
- Not all seniors get to senior centers;
- Not all seniors are online;
- Many users of information are family members;
- Not enough one on one face-to-face outreach;
- Hard to target isolated seniors;
- Understanding cultural norms and difficulty of reaching monolingual seniors;
- Lack of service information at pharmacies, grocery stores, and parks;
- Underuse of free media and ethnic media.

The 3 Year Goal of the **Education/Outreach Team** is to identify and reach diverse population subgroups through a variety of venues appropriate to their specific age, language and cultural needs.

### 1. Identification of Population Subgroups:

The team determined that a key to informing the public about resources is to factor in the specific needs of diverse populations. For example, seniors who do not speak or read English will require materials translated into their languages. Homebound seniors will not have access to the assistance provided at senior centers. Caregiver needs differ from senior needs. They determined that to truly reach all of those in need of information, it was



important to first identify the specific population subgroups, especially those that do not have access to traditional forms of outreach.

- 2. Development and Implementation of Diverse Distribution Strategies** are the next step for reaching diverse populations. For example, homebound seniors might best receive information through radio, TV and direct mail. Caregivers would benefit from information access at pharmacies and grocery stores as well as on line. Non-English speaking seniors would need access through ethnic and faith-based organizations and translated materials.
- 3. Assessment of Distribution Strategies:** Once materials are distributed, the team would like to develop a mechanism for evaluating the effectiveness of content and distribution methods so they might adjust their approach to further improve communications.
- 4. Recommendations to Service Providers:** As specific population needs are identified, the team will make recommendations to information providers on how to improve the content and distribution methods of those providers to more effectively reach these diverse populations.

Core members of this team have committed to staying together as a team to achieve these first year objectives. They include representatives from Alzheimers Respite Research, Asian American Recovery Services, Catholic Charities, County Mental Health, OnLok and PACT. They plan to work in close collaboration with the Information and Assistance Team.

## Policy/Funding

**3-year goal of the Policy/Funding Team is to increase funding for senior services by influencing policy creation and funding decisions.**

At the Stakeholder Meeting, participants decided that policy and funding were so intertwined that they assigned them to a single team. Twenty-five people from 23 different agencies participated in this group. They included city and county staff,



community service providers, advocacy groups, and seniors from an assisted living facility.

Some of the issues identified by the team included:

- Two decades of declining funding for senior programs;
- Dramatic increase in the size of the senior population;
- Limited interagency collaboration;
- Lack of transparency in funding;
- Increased cost of service delivery;
- Challenge of meeting the needs of poorest seniors without ignoring the needs of low income seniors;
- Senior concerns about how the move towards managed care will impact eligibility and freedom of choice;
- Move to managed care requires more home and community based services;
- Cost of institutional care is 4X cost of in-home care;
- Measures are not always culturally competent;
- Decreased funding increases competition for funds and makes collaboration more difficult;
- Fragmentation between organizations (city, county, foundations,) on what to fund;
- Public reluctance to raise taxes;
- 2/3 vote requirement to raise taxes in CA legislature;
- Limited in-home support to keep people at home;
- 3-4 month wait for In-Home Supportive Services (IHSS);
- Lack of awareness about existing services.

The 3-year goal of the **Policy/Funding Team** is to increase funding for senior services by influencing policy creation and funding decisions. The primary challenge for this team was figuring out which agencies would take the lead in implementation of the resulting goals. Ultimately, several of those goals were assigned to the County in its leadership capacity, four goals were postponed pending further investigation and commitment, and two goals were adopted by community partners.

1. **Identification and promotion of safety-net programs:** Given the scarcity of funding, the team decided that funding decisions need to focus primarily on those safety net programs that are essential to supporting the ability of seniors to live in the community environment of their choice

and to avoid premature institutionalization. However, it is no small task to identify programs that fall into the safety-net category. Therefore, a priority of the team is to define and advocate for those programs. Representatives from four organizations agreed to lead the effort to accomplish this goal. They are the Health Trust, OUTREACH, Senior and Adult Legal Assistance (SALA) and the Community Service Agency of Mountain View. This group will engage other representatives in the effort of defining the critical programs.

2. **Improving and expanding non-medical home-care services**, which are a key component in helping disabled older adults remain safe and independent. These are workers that perform chores and errands of a non-medical nature to assist seniors in their homes. Examples of their work include light housekeeping, shopping, and meal preparation. The County In-Home Supportive Services Division maintains a registry of providers that serve very low-income seniors.

The team identified several issues that need to be addressed. One is the need to improve the certification requirements and training of non-medical home care workers. One of their objectives is to study national models in search of best practices in screening, training, and certifying home care workers and to promote best practices that improve the quality of care they provide.

A second concern is the availability and cost of these services to individuals that do not qualify for IHSS services but who cannot afford to hire anyone to provide them. Qualifications for IHSS services are based on the federal poverty guidelines, which cover 7.9% of Santa Clara County Seniors. Given the high cost of living in California, the CA legislature recently adopted another poverty scale called the Elder Economic Security Index. Measured against this index, 49% of seniors living in Santa Clara County fall below the poverty level. The result is a large group of seniors that need in-home services but cannot afford them. The objective of the team is to research methods for creating affordable, subsidized homecare registries that serve older adults who fall through the cracks.

Staff from Catholic Charities and the Silicon Valley Independent Living Center agreed to coordinate an effort to achieve this second objective in partnership with representatives from Union SEIU 521.

**This ends the summary of the work completed by the five Decision Teams.**

**However, two other action plans have been added to the plan:**

- The goals and objectives established by the **Mental Health Department**, and
- A **Leadership** goal that would insure adequate support in achieving the overall goals of the Seniors' Agenda.

## Mental Health

**3-Year Goal of the County Mental Health Department**  
is to improve the quality of life and well being of seniors and their caregivers by implementing the recommendations of Mental Health Summit participants.

The Older Adult Summit, assembled in June 2011, engaged seniors, families and caregivers, advocates, and providers of senior services in discussing the mental health issues faced by seniors and their caregivers to develop an action plan that addresses these issues. The Older Adult Summit Report presents the findings and recommendations from the summit, along with strategies that respond to the input received. The Older Adult Summit Implementation Plan describes the approaches to be followed by the Mental Health Department, which incorporates advice from seniors and the involvement of system partners. Both documents have been presented to the Santa Clara County Board of Supervisors, the sponsors of the summit.

“The 3- year goal of the Mental Health Department is to improve the quality of life and well being of seniors and their caregivers by implementing the recommendations of the summit participants *with community involvement throughout*. The implementation includes senior advisors, their families and caregivers and community partners over three years in these yearlong approaches: (year 1) better collaboration of existing services (year 2) modifying and changing existing services, and (year 3) growing services with new funding.

The Partners Implementation Task Force includes: key system and community partners and members of the OA Committee of the Mental Health Board. The proposed goals of the task force are to:

- Support the vision of the OA Summit recommendations
- Align the missions of their organizations toward the implementation of the Summit Recommendations
- Making changes that improve mental health services for seniors.

The Seniors’ Advisory Council will include persons 60 years and above who want to assist in the implementation of the summit report.

In addition, the Mental Health Department will participate in the Santa Clara County's Senior Agenda initiative to help integrate the Older Adult Summit implementation into the Senior Agenda." (*Previous section Taken from the Summit Implementation Plan*)

The mental Health Action Plan focuses on 6 major areas:

1. **Community Education and Advocacy** – community education to increase public awareness regarding older adult mental health needs and concerns.
2. **Access and Engagement** – outreach, engagement and access strategies to connect older adults served through all county systems to needed mental health services and supports.
3. **Service Integration and Quality** – Increase mental health funded services and implement service delivery strategies that improve mental health outcomes through integration with health, social services and Community-Based Organizations.
4. **Training and Professional Development** – Implement training to help health, mental health and social service providers address the holistic social, cultural, emotional, physical and spiritual needs of seniors.
5. **Family, Caregiver, and Peer Support** – Implement strategies that empower and enhance natural support systems to care and provide for the elderly, their loved ones and caregivers.
6. **Policy Development** – Champion and implement policies that improve benefits and resources impacting the well being of older adults.

# Leadership

The County's 3-year **Leadership** is to provide leadership, policies and support to achieve Seniors' Agenda goals

The consensus of all of the Decision Teams was that leadership and staff support from the County was essential to successful implementation of the Seniors' Agenda Action Plan. Therefore, input from all of the teams as well as DAAS staff resulted in the creation of a separate and distinct section of the plan that spells out the essential leadership goals and objectives.

The County's three-year goal is to provide leadership, policies and support to achieve Seniors' Agenda goals. The County BOS, and DAAS will provide this leadership, along with a *potential* Senior Policy Council of high level officials appointed to serve as champions of policies needed to support full implementation of the Seniors' Agenda Action Plan.

They will do so through the following objectives:

1. Provide leadership and support in the implementation and promotion of the Seniors' Agenda Action Plan;
2. Develop and Promote a Seniors' Agenda Multi-Year Marketing Campaign;
3. Interact with the County Board of Supervisors to give visibility to funding needs for senior services.

## 1. **Leadership and Support** involves:

- Keeping the Board of Supervisors informed of the goals, objectives and progress made in the implementation of the Action Plan
- Assembling a Senior Policy Council of high level officials with the authority to promote policies essential to achieving plan goals;
- Providing staff and consultants as needed to guide plan implementation, to support community-wide efforts, and to overcome obstacles to achieving plan goals.
- Collaborating with partner agencies involved in achieving plan goals;
- Hosting a semi-annual public forum to inform citizens of plan progress and to engage their input and participation in plan implementation.

The idea of a Senior Policy Council was met with mixed review by plan participants. The intent is to insure that there would be a group with sufficient

authority to champion policies and funding decisions that would promote Seniors' Agenda Goals and advance the cause of seniors. The Council could include elected officials from different levels of government, agency executive directors, board chairs and senior commissioners. Advocacy group representatives liked this idea because it would create a centralized body of officials with whom to collaborate.

Concerns about the Council centered on the value of adding another administrative body, when there are already groups in the county that fill elements of this role, like the County Senior Care Commission, the Aging Services Collaborative, and a number of senior specific task forces.

However, none of these groups has the authority to move city, council, state, and organizational policies in the same way as the proposed group could. If a Senior Policy Council is assembled, its rationale, role and value must be clearly defined and presented to the public.

**2. A Multi-Year Marketing Campaign** to promote the Seniors' Agenda Action Plan was originally developed by the Education/Outreach team as a way of creating public awareness and a dialogue about the aging process, informing the public of senior service options, and shifting the image of older adults to a more positive one. Realizing that this effort would require marketing expertise and a countywide focus, the team recommended moving this goal into the leadership arena. However, several of the teams have objectives that would contribute to the overall campaign. For example, the Education/Outreach Team is willing to provide stories to highlight senior issues. The I&A team is working on written materials and a video that can be encompassed in a marketing campaign and VTA is considering the possibility of a senior promotional poster for their buses. However, special expertise is required to conduct an effective marketing campaign that can pull together the efforts of multiple partners.

**3. Increased funding for senior programs:** Of special concern in this area are seniors whose income is above the federal poverty guidelines but below the Elder Economic Security Index. These seniors often fall through the cracks because they are unable to secure many of the services they need to live safely and independently in the community. It would be useful to research models for addressing the needs of these seniors and to consider reallocating County funds to represent the real number of seniors needing safety net services.

These leadership goals will require additional funding if they are to be achieved.

Specifically, funds are needed for county staff dedicated to the Implementation of the Seniors' Agenda, for the purchase of marketing expertise and the publication of marketing materials. Funding for the first would need to come from the County. Foundations and corporate sponsors are likely targets to cover marketing and the publication of materials.

*The goals and objectives of all five Decision Teams, the Mental Health Department and County are all contained a single Seniors' Agenda Action Plan included in the Appendix.*

# Policy Recommendations



In response to a request from the Board of Supervisors, the action planning teams and DAAS staff developed the following **Policy Recommendations** for action by the Board of Supervisors. These actions are needed to support the successful implementation of the Seniors' Agenda Phase II Plan. There are eight specific policy recommendations:

1. That the full Board of Supervisors endorse and support implementation of the Phase II Seniors' Agenda Plan.
2. That the Board of Supervisors take responsibility for providing leadership, funding and staff in support of Seniors' Agenda Implementation. This responsibility will include assembling a Senior Policy Council of county agency executive staff, municipal council representatives and executives from other county-wide organizations serving seniors and residents to help achieve these goals.
3. That priority consideration in funding be given to safety net programs including: 1) affordable transportation; 2) senior nutrition; 3) coordinated information and assistance including system navigators and professional case managers; 4) elder abuse prevention, including affordable legal services and ombudsmen; and 5) affordable, non-medical in-home care and caregiver respite services; and 6) affordable housing.
4. That the County support a full range of services that assist seniors and families in navigating the complex service system. This includes a range of services from Information and Assistance (I&A) volunteers and staff through professional case managers, and that special attention be given to:
  - a) Increasing the number of case managers throughout the county; and
  - b) Reaching underserved populations, especially those hampered by language, cultural and economic barriers.
5. That the Board of Supervisors insure that the County of Santa Clara departments and agencies work in a collaborative fashion to optimize the quality and quantity of services available to seniors.

6. That the Board of Supervisors hosts semi-annual community forums where providers can inform the public of progress made in implementing the Seniors' Agenda Plan, and where the community has the opportunity to become engaged in and make recommendations concerning the subsequent stages of implementation.
7. That the Board of Supervisors fund the creation and implementation of a marketing campaign to
  - a) Promote the goals of the Seniors' Agenda,
  - b) Raise community awareness of senior needs and what is being done to address those needs, and
  - c) Foster a positive image of aging. This includes the inclusion of regular updates on senior issues in the Board's e-mail blasts and mailings that inform residents of senior resources and opportunities.
8. That the Board of Supervisors encourages the concept of Age-Friendly communities and publically acknowledges progress in this area. A publication by the World Health Organization entitled *Global Age-Friendly Cities: A Guide* identifies eight elements of age-friendly communities.
  - a) Housing
  - b) Transportation
  - c) Outdoor spaces and buildings
  - d) Social participation
  - e) Respect and social inclusion
  - f) Community support and health services
  - g) Communication and information
  - h) Civic participation and employment
9. That the BOS supports legislative efforts to increase funding for senior services and to promote the general well being of older adults.

# Public Forum



On September 20, 2012, DAAS assembled a widely publicized public forum. The purpose of the forum was to inform the public of the plan's goals and objectives, to receive input on the plan, and to recruit additional participation in plan implementation. The forum was attended by 79 people, many of whom were new to the Seniors' Agenda. Reporters from Epoch Times, KCBS radio, KGO and

KLIV reported on the event.

After a powerpoint overview of the Senior' Agenda Process and resulting Goals and Objectives of the Action Plan, a panel of Decision Team Chairs talked about the work of their respective teams and entertained comments and questions from the public.

# Summary and Next Steps

The development of the Seniors' Agenda Action Plan is a huge step in achieving the overall goal of helping seniors to live safely and independently for as long as they are able in the environment of their choice. The current plan reflects the present capacity of both government and the community-at-large to address the challenge of serving an increasing number of seniors with significant physical, social, and emotional needs during a time of declining funding for social programs. However, it is a first step in a journey that begins with action. Here are some recommendations for turning this plan into results.

**Evolution of the Plan:** The Seniors' Agenda Action Plan is not intended to be a static document. It is a roadmap finalized at a single point in time. The Plan should be regularly evaluated and modified as objectives are achieved, as new challenges and opportunities arise, and as environmental conditions evolve. It is essential that individual teams review and update their plans at frequent intervals so that they can see the progress they are achieving and make changes in a timely fashion.

**Leadership:** With so many pieces of the plan divided among so many community players, it is critical for the County of Santa Clara to provide leadership and oversight of the plan as well as staff support to keep the process moving and to promote strong communication among the teams.

**Effective Use of Time:** The Plan will only succeed if people follow through on the commitments that they made. Too many plans become bookends that never see the light of day. Finding time to follow up on these commitments will not be easy, given that most organizations have been so impacted by budget cuts and staffing reductions that remaining staff has overwhelming and competing demands on their time. It is incredible that, in spite of this challenge, people donated more than 1100 hours of their time over the summer months to this process. This speaks highly of the level of commitment and enthusiasm that people have for improving the lives of older adults. Strong leadership and ample staff support will greatly mitigate this challenge. It is critical to make meetings and communications as effective and efficient as possible to avoid wasting valuable time. Finally, since nothing succeeds like success, it is important that groups focus early on goals that are achievable and that they take the time to acknowledge and celebrate successes large and small.

**Collaboration:** The strength of the plan comes from the strong commitments made by both government and the community to work on shared goals. Aside from the plan itself, a huge accomplishment of this process has been the collaborative relationships that formed as service providers, advocates, consumers, and community leaders worked together to reach consensus about problems and solutions. The conversations that took place when 87 people came together at the Stakeholder Meeting to share information and prioritize needs created relationships that grew as individuals worked closely in action planning sessions. These relationships will continue to grow as people collaborate on implementation. Their bonds will likely foster the creation of interagency links that will result in a more seamless service delivery system.

Nothing will negatively impact this spirit of collaboration more than a focus on protecting individual organizational silos at the expense of the larger effort. It is important that organizations maintain a spirit of collaboration and avoid the temptation of reverting to their individual silos. This pull can be hard to resist in an environment of competition for limited dollars. It is essential that all organizations look first to solutions that best serve the senior population wherever those solutions arise and that they work collectively to create a seamless system of service.

**Accountability to the Community:** Ultimately, government and service providers are accountable to the community they serve. It should be no different with this plan. This is why it is so important to provide semi-annual public forums where collaborators report to the public at large on what they have achieved, and where the public has an opportunity to have input into the next phase of the plan.

**Upcoming Challenges and Opportunities:** Some upcoming events will likely impact the content of the Seniors' Agenda Plan. It is important to be aware of these and to consider how best to minimize the challenges they may present and optimize the opportunities they create. Among those events are:

- Development of an Adult and Disability Resource Center (ADRC);
- Impact of the Affordable Care Act;
- Changes to services for seniors covered by both Medicare and Medicaid;
- State and County Tax Measures that may impact the availability of funding for services;
- Political and economic shifts; and

- The availability of an increasing number of healthy, active seniors willing to donate their time, energy and expertise to making their community more age-friendly.

**Additional Issues that Require Further Exploration:** Time restrictions and limited expertise on the part of participants left some issues needing further exploration. Among those are:

- Affordable housing options for seniors: there is clearly a need to look at both affordability of housing and the availability of services within easy access of housing;
- Finding ways to expand eligibility for services by utilizing the Elder Economic Security Index as the definitive measure of poverty when applying for service eligibility;
- Steps are currently underway by the Council on Aging Silicon Valley and the Independent Living Centers to lay the groundwork for the development of an ADRC, which is widely perceived as the long-term solution for the disjointedness of the current system of services. It is essential that many community and governmental service organizations work together to deliver a comprehensive system of care;
- Collaboration among county departments in streamlining services, reducing waiting lists and wait times for service initiation, cross referring of clients, and developing universal intake and assessment protocols;
- Revisiting additional elements listed under the 3-year vision for each of the workgroups as they move beyond the 1<sup>st</sup> year of implementation.

These are suggestions worth considering as the action plan evolves over time.

Finally, here is some inspiration for moving forward from two successful icons.

**“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”  
- Margaret Meade**

**“Coming Together is a beginning; keeping together is progress; working together is success.”**  
**Henry Ford**

# Description of Appendices

<b>Appendix A: Sticky Wall Summary from Stakeholder Meeting:</b> This document shows the 6 best actions identified by each of the 10 discussion groups. It also identifies the desired outcomes of those actions. The numbers on the grid represent the number of people who identified each item as one of their top five priorities. .....	1
<b>Appendix B: Stakeholder Priorities by Group Assignment:</b> This is how the Stakeholder Meeting participants reorganized priorities from 10 areas into 5 areas for assignment to 5 working teams. .....	2-3
<b>Appendix C: Stakeholder Meeting Table Discussion Notes:</b> This is a summary of the responses to questions posed during the table discussions at the Stakeholder Meeting. .....	4-6
<b>Appendix D: 1st Year Accomplishments:</b> This is a summary of the work done by each team during their first meeting. It includes identification of the current reality, 3-year goals, and 1 <sup>st</sup> year objectives (accomplishments). .....	7- 15
<b>Appendix E: Quarterly Milestones for each of the 4 Teams that completed this step:</b> This is the work done by teams during their second meeting. .....	16-23
<b>Appendix F: Seniors' Agenda Action Plan:</b> This contains the complete action plan, including Mental Health and Leadership .....	24-46

Please note that team documents are color-coded as follows:

- Transportation
- Volunteer/Civic Engagement
- Information and Assistance
- Education/Outreach
- Policy/Funding
- Mental Health
- Leadership

SENIORS' AGENDA STAKEHOLDER MEETING-JULY 12, 2012

SENIORS' AGENDA STAKEHOLDER MEETING-JULY 12, 2012						ISSUES	OUTCOMES	
Increase funding	Collaborative group of decision makers implement transportation recommendations (5)		Expand travel training (18)	Increase public education of available resources (22)	Increase mobility management options- rider's choice (35)		TRANSPORTATION	Mobility is essential for independent living
Research National Best Practices (all issues)	Establish warm phone transfer system (2)	Install information kiosks at strategic locations and train key staff or volunteers as navigators (4)	Launch a sustained, multi-year marketing/awareness campaign (13)	Expand the Senior Peer Advocate Program and provide appropriate tools (20)	Integrate and/or create a coordinated, accessible online database & call center (35)		INFORMATION AND REFERRAL	Information and referral is essential to independent living
Trained and supervised volunteers to do counseling	Continuing education of legislators that is culturally based (4)		More collaboration among APS, EPS, VMC, PG & MH for placement (5)	Make elder abuse and legal assistance a funding priority (6)	Elder Abuse & legal assistance : enforcement, follow-up & placement (12)	Restore funding for existing services – APS, Ombudsman, legal services like SALA ( 15)	ELDER ABUSE AND LEGAL SERVICES	Seniors living free of neglect, abuse & exploitation, safe and valued by the community
Create a list of available funding partners (3)	Advocate to sustain/expand funds for senior centers (7)		Image makeover: change the perception of senior centers (8)	County Facilitated partnerships (9)	Adopt "Project Cornerstone" as a model of assets for senior centers (13)		SENIOR CENTERS	Establish senior centers as the most relevant one-stop shop
Find a permanent source of funding for affordable housing (7)			Have a comprehensive regional strategy that includes: Benchmarks, Fair Share, Direct Access, Prioritization, and ELI Continuum (10)				HOUSING	All seniors will be permanently housed in affordable housing with a continuum of care
Increase senior-driven mental health services (1)	Establish system for seniors & families to navigate services (3)		Pursue CMS innovation funding: e.g. for hospital to home (3)	County-wide falls prevention program (6)	Multilingual & cultural competency education (17)	Blended funding & agency collaboration for aging (17)	HEALTH & MENTAL HEALTH	Seniors will be empowered to make meaningful choices to maintain well-being
Flowchart of senior & caregiver support services (1)	Outreach to corporations to raise awareness of caregiver issues (3)		Central countywide resource database (3)	Outreach to multi-generations (6)	Outreach to foundations (10)	More funding and resources (23)	CAREGIVERS	Empower caregivers to access culturally competent services, info, technologies and tools to improve quality of life for themselves & their seniors
Implementation & enforcement of Olmstead (3)	Access to a caregiver registry (4)		Greater Utilization of existing aging in place resources(5)	Outreach & education for aging in place resources (7)	Affordable home support services (19)	Establish neighborhood-based services (22)	AGING IN PLACE I	Seniors & families of all incomes have access to choice of setting and coordinated continuum
Coordinated cross-agency grant procurement + Expand nutrition	Expand entitlement qualifications according to elder index (2)		Outreach to corporations for funding (3)	Centralized information & referral (10)	Establish minimum qualifications for homecare workers (11)	Foster partnerships with health care industry (14)	AGING IN PLACE II	All seniors live safely & securely in their own home for as long as they choose
Time Banking rewards engagement	Community College Education opportunities		Break stereotypes & connect seniors to employment	Identify & expand senior awareness & engagement (4)	R.S.V.P. Centralized, easy to find volunteer opportunities (7)	Seniors Helping Seniors: SPA (9)	CIVIC ENGAGEMENT	Empower seniors through meaningful employment, volunteerism, advocacy & education

# Appendix B

## Stakeholder Priorities by Group Assignment

### Transportation

- Increase mobility management options – rider choice – 35
- Expand affordable and accessible taxi services – 19
- Collaborative group of decision makers to implement transportation recommendations – 5
- Group shuttles for ADC clients – 1
- Facilitate transportation to engagement opportunities

### Information and Referral

- Integrate and/or create a coordinated, accessible online database and call center – 35
- Centralized information and referral – 10
- Centralized, easy to find volunteer opportunities – 7
- Access to caregiver registry – 4
- Establish systems to enable seniors and families to navigate services – 3
- Central countywide resource database – 3
- Establish warm phone transfers – 2
- Flowchart of Senior and Caregiver Support Services – 1

### Education and Outreach

- Increase public education of available resources – 22
- Expand Travel Training - 18
- Multilingual & Multicultural Competency Education – 18
- Launch a sustained, multi-year marketing/awareness campaign - 13
- Outreach and Education for Aging in Place Resources – 7
- Image makeover to change the perception of senior centers – 8
- Outreach to multi-generations – 6
- Countywide falls prevention – 6
- Greater utilization of existing aging in place resources (i.e. CA Comm Transition) – 5
- Continued education of community legislators (culturally based) – 4
- Install info kiosks at strategic locations and train key staff or volunteers as navigators - 4
- Outreach to corporations to make them aware of caregiver issues -3
- Education opportunities (i.e. community colleges)
- Advance Health care directives education
- Create standardized, culturally informed outreach and education templates
- Continued education about A.C.A.
- Increase translation and evaluation of E.B.P.

### Volunteer Empowerment

- Establish neighborhood-based services – 22
- Expand the Senior Peer Advocate navigator program & provide appropriate tools – 20
- Seniors helping seniors (for example, SPA) – 9
- Identify & Expand senior awareness and engagement – 4
- Trained, supervised peer volunteers to do counseling – 2

- Time Banking rewards program
- Friendly Visitor Program

## Policy and Funding

- More funding and resources – 24
- Affordable home support services - 19
- Blended funding and agency collaboration for aging – 17
- Restore fund for existing core services including APS, Ombudsman & legal assistance (SALA) - 15
- Foster partnerships with health care industry to promote health and wellness – 14
- Adopt a “Project Cornerstone” model of assets for senior centers – 13
- Elder Abuse & Legal Assistance: Enforcement, follow-up and placement – 12
- Establish Minimum Qualifications for homecare workers – 11
- Outreach to foundations – 10
- Comprehensive regional housing strategy (Benchmarks: fair share, direct access, prioritization, ELI continuum) – 10
- County-facilitated partnerships - 9
- Advocate to sustain/expand funds – 7
- Permanent funding source for affordable housing – 7
- Make elder abuse and legal assistance a funding priority - 6
- More collaboration among Adult Protective Services, Valley Medical, Mental Health, EPS and Public Guardian, especially for placement – 5
- Implementation and enforcement of the Olmstead Decision – 3
- Develop a list of available funding partners – 3
- Pursue CMS Innovation Funding (e.g. for hospital to home) – 3
- Outreach to corporations for funding- 3
- Expand entitlement qualifications to include the elder index – 2
- Increase in senior driven mental health services (Older Adult Summit) – 1
- Break stereotypes and connect older adults to employment opportunities
- Coordinated cross-agency grant procurement
- Expand nutrition opportunities

# Appendix C

## Table Discussion Notes

### What is already being done that you most want to preserve, improve or expand?

- √ Broaden qualifications for IHSS
- √ IHSS works
- √ Expand in home services
- √ Expand training to in-home caregivers
- √ Expand and improve caregiver support groups
- √ Access to a caregiver registry for those who can afford to pay
- √ Protect Adult Day Care (2 groups listed this)
- √ Adult Day Health Care
- √ Caregiver Respite/Support Programs
- √ Physical Activities/Exercise Programs
- √ Home Delivered Meals
- √ Improved Information and Referral: Centralized database that is updated and maintained
- √ Access to information by seniors and caregivers
- √ Improve efficiency in information dissemination
- √ Serve seniors other than dual-eligibles (medicare/medi-caid)
- √ Sliding scale for services in order to serve higher income seniors
- √ CA Community Transitions (CA State)
- √ Low cost senior taxi rides
- √ Increased accessibility of mobility devices and vehicles
- √ Increase senior transportation discounts to 30%
- √ Mobility/Travel Training for buses
- √ Education about available transportation services
- √ Setting up a pool of fund for ideas like bus passes
- √ Mobility Management Center (OUTREACH)
- √ Expand and improve transportation (2 groups)
- √ More integration between service providers
- √ Integration of mental health and primary care
- √ Multi-lingual education
- √ Cultural competency
- √ Use private sector resources to fund healthy aging
- √ Expand Ombudsman Program
- √ ELI Housing for seniors
- √ County Rental Assistance Program
- √ Continue building affordable housing
- √ Need to improve the connection between housing development and service providers
- √ Develop goals, policies and benchmarks for measuring rental subsidies for seniors
- √ Support a continuum of housing options for seniors
- √ RSVP: Retired Senior Volunteer Program – no wrong door to engage
- √ Volunteer Match.com
- √ Improved culturally-sensitive outreach to get seniors involved in volunteerism
- √ Need a central, local, up to date listing of volunteer options
- √ Expand Senior Peer Advocate Program

**What best practices or evidence-based programs are you aware of that might be considered by a working committee as a possible model for new or improved services?**

- √ Falls Prevention Programs
- √ Hospital to Home Transition Programs (2 groups listed this)
- √ Affordable Senior Housing located with PACE program
- √ In-Home Senior Health Vocational Training Programs and collaborations with community-based organizations for externships
- √ Private and Public Solutions
- √ ADRC (Aging and Disabled Resource Center) (2 groups identified this)
- √ The Beacon Hill Village Model (2 teams listed this)
- √ Coordinated Community Care
- √ Mobility Management (Centralized, updated information)
- √ Rideshare Networks
- √ Travel Training
- √ Sensitivity Training for Taxi Programs
- √ Adult Day Facilities
- √ Transportation Shuttle Services
- √ In-Home Services
- √ Gardner & Asian American Community (AACI) integrates health and mental health services
- √ Wrap around service models
- √ Translation and evaluation of evidence-based practices to meet particular community needs
- √ CDC Falls Prevention Model
- √ Standardized templates
- √ Comprehensive approaches to include education and support
- √ End of Life Advanced Planning
- √ Project Unite: Multilingual, culturally competent education
- √ Senior Peer Advocate Program
- √ RSVP: Retired Senior Volunteer Program – no wrong door to engage
- √ One stop location for information in a variety of forms (online, print, personal)
- √ Help retirees with community engagement and employment options

**What is the long-term outcome we hope to achieve for seniors?**

- √ Centralization of and access to information (2 groups)
- √ Adequate resources to meet the needs of the growing aging population
- √ Improved linkage of existing resources and coordination of services
- √ All seniors and their families of all incomes in Santa Clara County have the human and civil right to age in settings of their choice and equal access to a coordinated continuum of supportive care that is senior driven. (“nothing about us without us”)
- √ A coordinated continuum of services & easily accessible care for seniors and their families of all incomes.
- √ Maintaining elder independence
- √ Affordable, reliable accessible services
- √ Education about resources
- √ Equity of service availability
- √ Culturally and linguistically appropriate services
- √ Coordination of services
- √ Improved access to services = an improved quality of life

- √ More people execute advanced directives
- √ Blended funding
- √ Empowerment and ability to exercise choice
- √ Erase the stigma of mental health and aging
- √ Seniors expressed a measurable improvement in quality of life
- √ Earlier prevention of problems
- √ Increased delivery of senior-driven mental health services
- √ Friendly visitors
- √ Create standardized, culturally informed templates for outreach and education, like the Senior Peer Advocate Program

**What can be done in the next 1-3 years to address senior issues?**

- √ Centralized, maintained, and updated information and referral: One-Stop shop
- √ Coordinated efforts toward securing funding across agencies
- √ Improved and expanded nutrition services (ethnic food options, disabled populations)
- √ Expansion of eligibility options based on the CA Elder Index
- √ Promote health and wellness programs
- √ Establish minimum qualifications for home care workforce
- √ Implementation and enforcement of Olmstead Decision
- √ Outreach and Education for Aging in Place Resources (2 groups listed this)
- √ Affordable home support services
- √ Access to caregiver registry for all
- √ Greater utilization of existing aging in place resources (e.g. CA Community Transitions)
- √ Establish Neighborhood-Based Services
- √ Expand affordable, accessible taxi services
- √ Increased funding
- √ Collaborative group of decision-makers to implement recommendations
- √ Increase mobility management options (rider's choice)
- √ Expand travel training
- √ Use centralized technology
- √ Have uniform process of coordination/referrals between service
- √ County planning and implementation of Falls Prevention
- √ Increased senior participation in planning processes
- √ Increased education concerning advanced directives
- √ Increased blended funding for health/mental health
- √ Establish an RSVP Program through the Health Trust
- √ Expand the Senior Peer Advocate Program
- √ Approach seniors respectfully and ask them to share their expertise

**Other Comments:**

- √ Our community must be the source of our own strength
- √ Community is home and it is power (Malcolm X)
- √ Mobility is essential to independent living
- √ Easy to find volunteer opportunities
- √ Seniors Helping Seniors
- √ RSVP
- √ SPA

## Appendix D 1<sup>st</sup> Year Objectives for 5 Teams

### TRANSPORTATION/MOBILITY MANAGEMENT

**Strategic Direction (Outcome): Improve the mobility of seniors and caregivers to know about and to access transportation services needed to support seniors as they age in the community.**

**Date:** 8/8/2012

Current Reality	First Year Accomplishments	Success Indicators in 1-3 Years
<p><b>Programs/Services:</b> City of San Jose mobility manager (new); OUTREACH; VTA Transit; Avenidas Rides; Daybreak Volunteer Transport for homebound seniors; Heart of the Valley Volunteer Driver &amp; In-Home assistance program; Hospice of the Valley Patient transport; Stanford Free Marguerite Shuttle; Palo Alto Shuttle; POSSO Escort Service; Road Runners Volunteer Medical Transport for Patients; Veterans Rides for vets; San Mateo County Mobility Guide; Love Inc. rides to medical appointments; UBF Transport door-to-door medical transport; Other nonprofits and residential facility transport services.</p> <p><b>Issues/gaps:</b> Each transportation source has different rules and requirements; Large gaps in some areas of county (eg Milpitas, So County); Difficult to recruit and coordinate reliable volunteer drivers (esp for senior centers); Large geographic area; Lack of knowledge about where to start and what is available; Lack of immediate same day non-emergency transportation; Missing bus stops at many senior useful locations; Limited transportation evenings and weekend; Security issue when waiting long time for bus; Liability/expense of volunteer drivers; Cost of gas for volunteers difficult for retired seniors; Underuse of TripNet program;</p>	<ol style="list-style-type: none"> <li>1. Improve and lower taxi service cost for seniors               <ul style="list-style-type: none"> <li>- Research individual city taxi policies &amp; eligibility requirements</li> <li>- Develop a model/white paper on how to improve taxi service for seniors</li> <li>- Use white paper to recruit cities to enforce 15% discount</li> <li>- Identify who will publish discount</li> <li>- Publicize senior discount</li> </ul> </li> <li>2. Share mobility resources and best practices across agencies and identify service gaps so we have a baseline               <ul style="list-style-type: none"> <li>- survey existing transit providers concerning # of vans, funding, # served</li> <li>- Expand the Consolidated Transportation Service Agency (CTSA) to include other transit providers across SCC cities</li> <li>- Make service information available in multiple venues (print, online, phone, etc)</li> </ul> </li> <li>3. Research the feasibility of a ballot measure to increase funding for senior transit (or all senior services) and</li> </ol>	<ul style="list-style-type: none"> <li>√ City policy changes to require taxi drivers to a) provide senior discounts, b) learn more about seniors and 3) offer more accessible vans coordinated across cities</li> <li>√ Enhanced sensitivity training for taxi drivers to better serve seniors and persons with disabilities</li> <li>√ Collaboration among all travel providers to spot &amp; fill service gaps</li> <li>√ Increase membership in CTSA to include public transportation</li> <li>√ Have someone at each senior center who can help with transit issues (liaison/mobility manager)</li> <li>√ Public education at senior centers</li> <li>√ Policy/Funding issue-need more \$ and coordination of how it is spent</li> <li>√ A potential ballot measure at general election for transit and/or senior service funding</li> <li>√ Transit info available in multiple venues (online, print, by phone, etc)</li> <li>√ Heart of valley 18 month goal-to have SOS same day volunteers</li> </ul>

<p>Language/cultural challenges; Need to monitor impact of health reform on costs;          Difficulty for seniors with ongoing transit needs (work, volunteering, classes); VTA doesn't run on weekends → limited ability to attend community events; Limited access to transit in pm, weekends, &amp; in concurrence with bus schedule; No specific funding for senior transportation in SCC; Many seniors can't manage buses;          Seniors need a full range of transit options;          Seniors not online are at a disadvantage;          Limited access via vans at SNFs &amp; assisted living facilities; Taxi services are too expensive; Taxi drivers need training; Taxis do not have enough wheel chair access; Many seniors unable to coordinate their own rides; Challenge of getting transit information to both seniors &amp; caregivers.</p>	<p>advocate for sustainability and expansion of funding for transportation services</p> <ul style="list-style-type: none"> <li>- Decide who will spearhead effort</li> <li>- Find out current funding situation</li> </ul> <ol style="list-style-type: none"> <li>4. Provide affordable, accessible transportation services to underserved areas</li> <li>5. Advocate for making streets and sidewalks safe and accessible for seniors</li> <li>6. Expand Travel Training to increase senior usage of fixed route services</li> <li>7. Share mobility resources and Best Practices across agencies and identify service and information gaps</li> <li>8. Sustain and expand volunteer driver programs</li> </ol>	<p>positioned at senior service agencies</p> <ul style="list-style-type: none"> <li>✓ ADRC as center for info &amp; rides</li> <li>✓ Sharing of data on met &amp; unmet needs</li> <li>✓ Increase escorted transportation services</li> </ul>
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## VOLUNTEERISM/CIVIC ENGAGEMENT

**Strategic Direction (Outcome):** To provide meaningful opportunities for adults 50+ to engage in volunteering, advocacy, training and leadership development with an emphasis on seniors helping seniors.

**Date:** 7/23/2012

**Date:** September 2012 – August 2013

Current Reality	First Year Accomplishments	Success Indicators in 1-3 Years
<p><b>Existing programs:</b> Volunteer Match database; Senior Companions; RSVP in Northern Santa Clara County; Grant proposal for 2<sup>nd</sup> RSVP in San Jose and 7 surrounding cities.; Silicon Valley Village; 1-800 Volunteers; Foster Grandparents; Organization for Directors of Volunteer Agencies (DOVIA); Friendly Rides to senior centers; grocery shopping and medical appts; Trip Net to match seniors in need with volunteers; Gas Cards (44-55 cents/mile) for seniors who drive other seniors; CAVolunteers database; Senior Peer Advocates; AGents for Change; PACT Advocacy Group; Meals on Wheels Volunteer Drivers; India Community Center Program to fill volunteer requests from organizations; Title V Senior employment; Avenidas engages many volunteers, including through their transportation program; Community Volunteer Network (CVN) is a collaborative of agencies that engage volunteers in meeting the needs of older adults, CVN just received a grant to test and launch a new program to meet immediate needs of older adults called Senior On-call Services (SOS); City of San Jose has a half-time volunteer coordinator/ half-time mobility manager to engage volunteers for SNPs and transportation.</p> <p><b>Issues &amp; Gaps:</b> No one-stop shop for senior volunteer opportunities; No one to operate TripNet Program; Need a database to match seniors in need with volunteers; community does not know what volunteer opportunities are available; Agencies need training in how to recruit, support and grow volunteers with multiple skill sets; loss of volunteer managers due to budget cuts; loss of RSVP program in part of SCC; No measurement of how many agencies want volunteers. There is a need for the initiation or expansion of programs that engage</p>	<ol style="list-style-type: none"> <li>1. Launch a 2<sup>nd</sup> RSVP program in San Jose and surrounding cities and offer training of agency staff on utilization of community volunteers, including time banking</li> <li>2. Expand Senior Peer Advocate Program to 25 active volunteers serving 10 locations frequented by seniors</li> <li>3. Solidify funding and sustainability for AGents for Change, an informed senior volunteer advocacy network</li> <li>4. Solidify the Community Volunteer Network and launch the ‘Senior On-call Services’ (S.O.S.) program to engage volunteers in meeting immediate needs of older adults</li> <li>5. Expand utilization of</li> </ol>	<ul style="list-style-type: none"> <li>√ Secure ongoing funding for SPA Program and expand the program to increase number of active volunteers to 30 and number of sites to 20.</li> <li>√ 2<sup>nd</sup> RSVP agency in San Jose and surrounding cities engages 400 adults 55+ in volunteering at partner sites, with an emphasis on health promotion and food access. RSVP also offers ‘Explore your Future’ workshops to seniors to encourage a culture of civic engagement.</li> <li>√ Collaboration between 2 RSVP programs to provide a training to enhance the capacity of non-profits in engaging volunteers</li> <li>√ Trained volunteers at neighborhood hubs who help match seniors to volunteer opportunities (ie. senior centers, community centers, faith communities)</li> <li>√ Post current volunteer opportunities at library and senior center kiosks and bulletin boards (distributed by volunteers)</li> <li>√ Neighborhood-based volunteers</li> <li>√ Recruit volunteers to utilize Tripnet to encourage carpooling and volunteer drivers</li> <li>√ The Community Volunteer Network continues to improve communication</li> </ul>

<p>volunteers in:</p> <ul style="list-style-type: none"> <li>● Friendly Visiting, Check-in Phone Calls</li> <li>● Helping to fill out applications for benefits/ other forms</li> <li>● Hairsylists In-house</li> <li>● Senior Peer Counseling- social support for life transitions</li> <li>● Meal preparation- Culturally appropriate</li> <li>● Light housekeeping</li> <li>● Transportation <ul style="list-style-type: none"> <li>○ On short notice/ same day</li> <li>○ To medical appointments</li> <li>○ Escorts/ companions on rides, ie. If they are going in for a medical procedure</li> <li>○ Wheelchair Transport</li> <li>○ To faith communities</li> <li>○ To senior centers</li> </ul> </li> </ul>	<p>TripNet On-Line System which matches seniors with volunteer drivers</p> <p>6. Promote volunteer opportunities at the neighborhood level (ie. senior centers, faith communities) &amp; train volunteers to promote volunteer opportunities within their neighborhood</p> <p>7. Support full utilization of Title V employment opportunities</p>	<p>amongst agencies that engage volunteers in helping older adults</p> <ul style="list-style-type: none"> <li>√ Senior On-call Services (SOS) is sustained and incorporated into an existing agency that engages volunteers in helping older adults.</li> <li>√ AGEnts for Change continues to engage and train informed Senior advocates</li> <li>√ Centralized, easily accessible database of volunteer opportunities on county website with links from other locations (?) – needs further discussion</li> <li>√ Develop volunteers who can perform basic chores like mowing the lawn &amp; shopping for low to middle income seniors</li> <li>√ Research senior center accreditation process (e.g Redwood City) \$180Million available nationally</li> <li>√ Outreach to non-affiliated seniors about volunteer activities (e.g. flyers at library)</li> <li>√ Educate sites about time banking (barter) approach</li> </ul>
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## INFORMATION AND ASSISTANCE

**Strategic Direction (Outcome): Seniors and Caregivers will know about and be able to access the services needed to support them as they age in the community.**

**Date: 7/25/12** **1<sup>st</sup> Year accomplishments revised to reflect final team decisions**

Current Reality	1st Year Accomplishments	Success Indicators in 1-3 Yrs
<p><b>Sources of telephone and online information:</b> 211; COA database &amp; Call Center; DAAS-Network of Care; OUTREACH One Call/One Click Center; Family Caregiver Alliance; Elder Locator; Alzheimers Assoc Hotline; SCC Disaster Alert System; CareMavens and other private online databases; National Association of States United; Alliance for Information &amp; Referral standards and best practices.</p> <p><b>Sources of Personal Assistance:</b> Case Managers; Private Elder Care Providers (fee-based); Senior Centers; Senior Peer Advocates; Realtor advisors; health care providers; In-Home Caregivers; Villages (Avenidas &amp; Silicon Valley)</p> <p><b>Issues/Gaps:</b></p> <ul style="list-style-type: none"> <li>• Lack of knowledge re services &amp; terminology</li> <li>• Reaching home bound seniors</li> <li>• Multi-lingual/multi-cultural needs</li> <li>• Increasing # of seniors / decreasing services</li> <li>• Lack of interagency collaboration</li> <li>• Time commitments make collaboration difficult</li> <li>• Disconnect of information from multiple sources</li> <li>• Lack of a service roadmap to educate public</li> <li>• No road map to show services to public</li> <li>• Reduction in Case management due to cost</li> <li>• Caregivers need education about available tools</li> <li>• No clear continuum of assistance levels</li> <li>• Need more outreach &amp; Marketing of I&amp;A</li> </ul>	<ol style="list-style-type: none"> <li>1. Provide a range of human assistance from trained volunteers to professional case managers trained to assist seniors and families in navigating the complex system of services</li> <li>2. Share updates service information among I&amp;A providers to insure that resource is accurate and up-to-date.</li> <li>3. Insure that every senior in Santa Clara County has full and equal access to a broad range of information about available services.</li> <li>4. Improve knowledge of I&amp;A providers through place-based scalable training.</li> <li>5. Create a web video that educates the public about how best to access services.</li> </ol>	<ul style="list-style-type: none"> <li>√ ADRC in place and operational</li> <li>√ Agreed upon best practices &amp; standards for all I&amp;A providers</li> <li>√ Semi annual I&amp;A training for all I&amp;A providers</li> <li>√ 95% of all database entries yield up to date info &amp; appropriate content</li> <li>√ Shared info between COA, 211, OUTREACH, DAAS, ADRC based on mutual HIPPA agreements, policies and processes.</li> <li>√ Existence of a publication listing all points of entry into the system from volunteer assistance through professional case management</li> <li>√ Distribution of above publication to 90% of senior centers and libraries</li> <li>√ PDF of above document to all agencies and elected officials</li> <li>√ No wrong door for service entry</li> <li>√ Ongoing Evaluation of how well we are serving our customers</li> <li>√ Track gap analysis (what services missing or have limited capacity (i.e. wait lists, wait times, or no service</li> <li>√ Reinstate a community service section of the phone book</li> </ul> <p><b>Ideas for other workgroups</b></p> <ul style="list-style-type: none"> <li>√ VTA publication of 211 &amp; COA phone #s on all buses and paratransit vehicles</li> <li>√ Develop and show a film about I&amp;A on local cable network using DeAnza or SJS film dept students</li> </ul>

## EDUCATION / OUTREACH

**Strategic Direction (Outcome): Santa Clara County older adults and caregivers will know about, and be able to access, services needed to help them age in the setting of their choice.**

**Date:** 8/9/12

Current Reality	1st Year Accomplishments	Success Indicators in 2-3 Years
<p><b>Programs/Services:</b></p> <ul style="list-style-type: none"> <li>-senior centers</li> <li>-senior peer advocates</li> <li>-hospitals</li> <li>-211 and COA</li> <li>-libraries</li> <li>-churches</li> <li>-disease specific orgs</li> <li>-organizational outreach</li> <li>-senior fairs and health fairs</li> <li>-home care providers</li> <li>-meals on wheels</li> <li>-word of mouth</li> </ul> <p><b>Issues/gaps:</b></p> <ul style="list-style-type: none"> <li>-missing pharmacies, grocery stores, ethnic media, parks, free media</li> <li>-lack of coordinated outreach</li> <li>-senior center staff not always knowledgeable</li> <li>-not all seniors get to senior centers</li> <li>-not all seniors are online</li> <li>-much of the users of info are family members</li> <li>-not enough 1-1 personal outreach</li> <li>-hard to target isolated seniors</li> <li>-understanding cultural norms</li> </ul>	<ol style="list-style-type: none"> <li>1. Identify and describe population subgroups that need to be reached</li> <li>2. Identify and implement appropriate distribution strategies for each subgroup</li> <li>3. Collaborate with I&amp;A group and make recommendations concerning the information needs of specific subgroups</li> <li>4. Develop an evaluation feedback loop to assess effectiveness of distribution methods and content of materials</li> </ol>	<ul style="list-style-type: none"> <li>√ Distribution of basic resource information via mail (thru PG&amp;E, elected officials, utility bills)</li> <li>√ Post information on kiosks at malls, hospitals, city halls in every city funded by corporations</li> <li>√ County-based senior newspaper?</li> <li>√ Add senior resource information to Board of Supervisor e-mail blasts</li> <li>√ Pamphlet to distribute at hospitals and doctor offices</li> <li>√ Comprehensive transportation guide in multiple languages (e.g. Metro DC, Beverly Center, Easter Seals)</li> <li>√ Research funding for Senior Resource Guide</li> <li>√ Use train the trainer model to educate volunteers and key staff in senior service availability</li> <li>√ Add I&amp;A to homecare worker curriculum</li> <li>√ Standardize I&amp;A training (include cultural competency)</li> <li>√ TV &amp; Radio Commercials</li> <li>√ Develop a film for showing on local cable (Cupertino Video Production)</li> <li>√ Volunteer Call Line to check in 1-2x/week with seniors</li> <li>√ Strengthened collaborations re training &amp; senior services</li> <li>√ Friendly visitors trained &amp; utilized to check in on seniors</li> <li>√ Promotion of travel training</li> <li>√ Increased use of ethnic media</li> <li>√ Annual cultural training</li> <li>√ Educating the community about the value of senior population-campaign to change image of aging (EG county campaign re: diversity)</li> <li>√ Media campaign to include radio and online</li> <li>√ Disaster preparedness education</li> </ul>

		<ul style="list-style-type: none"><li>√ Falls prevention-(Stanford falls prev/Silicon Valley Healthy Aging Partnership)</li><li>√ Education on Advanced health care directives</li><li>√ Regular letters to the editor-meet with</li><li>√ Translation of materials</li><li>√ Technology collaboration (EG w/ Google)</li><li>√ Campaign to reach seniors in person</li><li>√ Presentations at mobile home parks, independent living facilities, neighborhood associations</li><li>√ Target frail seniors with illustrations vs. just text</li><li>√ Different populations-target appropriately</li><li>√ Identify population subgroups and appropriate approaches for each (EG age differences, ethnic pops, LGBT, cultural groups, frail, disabled)</li><li>√ Focus groups with each sector</li><li>√ Collaborates with service agencies-get buy in</li><li>√ Develop a campaign budget</li><li>√ Determine appropriate education and distribution strategies to reach the diversity of seniors in SCC</li><li>√ Develop recommendations about what materials are most needed for each subgroup (Collaborate with I and A group)</li><li>√ Develop an evaluation or feedback loop to see what is working</li><li>√ Improve cultural competency</li></ul>
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## POLICY/FUNDING

**Strategic Direction (Outcome): Policy and funding decisions will support services that enable older adults to age in the environment of their choice.**

**Date:** 7-30-2012

**First Year Accomplishments revised to reflect later decisions**

Current Reality	First Year Accomplishments	Success Indicators in 2-3 Years
<ul style="list-style-type: none"> <li>• Two decades of declining funding, especially in the last 5 years</li> <li>• Dramatic increase in senior population</li> <li>• Limited collaboration among agencies</li> <li>• Lack of transparency in funding</li> <li>• Increase cost of service delivery</li> <li>• Challenge in meeting the need of poorest seniors w/o leaving out low income seniors</li> <li>• Age discrimination by banks</li> <li>• Current move toward a managed care model and senior concerns that this will impact eligibility</li> <li>• Move to managed care requires home and community based services</li> <li>• Cost of institutional care is 4X cost of in- home care</li> <li>• Seniors fear of loss of control in selecting care</li> <li>• Measures are not always culturally competent</li>   <li>• Lots of fragmented advocacy groups</li> <li>• Decreased funding increases competition for funds and makes collaboration more difficult</li> <li>• Fragmentation between agencies (city, county, foundations, United Way) on what to fund</li> <li>• Lack of community support for seniors (silent epidemic)</li> <li>• Negativity in county towards Medicare</li> <li>• Distinction between “mandated” and non-mandated services</li> <li>• Public reluctance to raise taxes</li> <li>• 2/3 vote requirement to raise taxes in CA legislature</li> <li>• Limited in home support to keep people at home</li> </ul>	<ol style="list-style-type: none"> <li>1. Identify and advocate for priority funding of safety-net programs</li>   <li>2. Improve quality and affordability of non-medical home care services.</li>   <li>5.</li> </ol>	<ul style="list-style-type: none"> <li>√ Transparency of funding</li> <li>√ Increased funding to broaden service eligibility based on elder security index</li> <li>√ Change agency philosophy to "we are all in this together"</li> <li>√ Expanded corporate financial support</li> <li>√ County white paper report on where money is going &amp; % of total funding that supports senior programs (county senior index)</li> <li>√ City funding report (e.g. Fort Lauderdale model)</li> <li>√ Research Fort Lauderdale model that promotes city contributing fair share based on senior population</li> <li>√</li> <li>√ Consider "Blended Funding" Model: (e.g. San Mateo combines Public Health and Area Agency on Aging collaboration around joint goals)</li> <li>√ Apply for state waiver to expand home care services and allow more flexibility in funding use</li> <li>√ Strengthen &amp; enhance collaboration among current advocacy groups</li> <li>√ 2-3 year campaign to educate the community about older adults</li> <li>√ Enforce Olmstead Act policy of moving people out of nursing homes</li> </ul>

<p>(beyond IHSS)</p> <ul style="list-style-type: none"> <li>● 3-4 month wait for IHSS</li> <li>● Lack of awareness about existing services</li> <li>● IHSS+ for middle income seniors @ low cost needs enhancement</li> <li>● Research ballot measure for “General Purpose Funding” which requires a simple majority</li> <li>● County is advocating for the Governor’s proposed tax increase</li> <li>● ASC engaged in some of this adocacy work</li> <li>● Seniors Academy</li> </ul>		<ul style="list-style-type: none"> <li>√ Better trained senior center staff and volunteers re: senior issues and resources</li> <li>√ Use media for senior education</li> <li>√ Promotion of a positive view of aging &amp; disability to change public perception</li> </ul>
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## Appendix E

### Quarterly Milestones for 4 Teams

#### Transportation/Mobility Management

**OUTCOME: Older adults and their caregivers will know about and be able to access affordable transportation services as they age.**

#### September 2012 – September 2013

Milestones-----→ Goals	Quarter 1 Sept – Dec 2012	Quarter 2 Jan – March 2013	Quarter 3 April – June 2013	Quarter 4 July – Sept
Goal 1: Improve and lower cost for taxi services	Find out cities' taxi ordinances, enforcement of services and fares	Find a way to get ongoing, quarterly feedback from users concerning taxi service		
	Prepare “white paper” on taxis and use it to advocate for senior discounts, accessible vehicles and trained drivers	Collect quarterly feedback from taxi companies and users as part of a larger survey -----→		
		Learn best practices for voucher process -----→		
Goal 2: Advocate for making streets and sidewalks safe and accessible for seniors	Collaborate with other groups to assess what is provided and planned	Collaborate with other groups to advocate for street and sidewalk safety -----→		
	Identify gaps			
	Identify best practices			
Goal 3: Provide affordable, accessible transportation services to underserved areas	Work with VTA and County to discuss route extensions	Explore ways to expand funding for free rides as needed so that no senior is without transportation because of cost.	Apply for increased funding	
	Identify underserved areas and alternative transportation options			
	Identify and engage existing neighborhood groups and build community involvement			
Goal 4: Expand Travel Training	Recruit senior and volunteer	Pilot travel training with new	Expand travel training to other centers	

to increase senior usage of fixed route services	groups to participate in Training	volunteer coordinator at 7 senior centers	-----→	
	Train staff to serve as travel trainers			
Goal 5: Share mobility resources and Best Practices across agencies and identify service and information gaps	Host SCC forum to study and get commitment to implement best practices	Work to leverage all available resources and best practices to address service gaps -----→		
	Identify funding for and process for conducting comprehensive survey of service providers			
	Conduct Outreach to insure outreach database in complete			
Goal 6: Advocate for sustainability and expansion of funding for senior transportation.	County tax measure-form advocacy group and talking points	Decide on what's the “ask”?	Monitor funding processes	Follow through with plan
	Meet with Board of Supervisors	Meet elected officials to promote the “ask.”	Create a timeline for response from elected officials timeline for response	Follow through with timeline
	Form an advocacy group to promote city funding to address senior needs	Advocate for increased city funding and tax measures to support senior transportation	Follow through with elected officials according to timeline	Assess results and next steps
	Create talking points (ask)	Create and implement a part 2 advocacy plan-----→		
	Stay aware of new transportation models and funding opportunities and act when appropriate ----- >			
Goal 7: Expand use of Tripnet Program	Expand Tripnet use by two agencies each quarter -----→			
	Quarterly service provision reporting from Tripnet -----→			

## Volunteerism & Civic Engagement

**OUTCOME: Older adults age 50+ will have meaningful opportunities to engage in volunteering, advocacy, training and leadership development with an emphasis on seniors helping seniors.**

**September 2012 – September 2013**

Milestones-----→ Goals	Quarter 1 Sept – Dec 2012	Quarter 2 Jan – March 2013	Quarter 3 April – June 2013	Quarter 4 July – Sept 2013
Goal 1. Launch 2 <sup>nd</sup> R.S.V.P. Program and offer training of agency staff on utilization of community volunteers	Recruit and develop Memoranda of Understanding with 12 partner programs or agencies	Develop Coming of Age and Explore Your Future Workshops	Offer Coming of Age Agency Trainings	Report outcomes and measurables
	Develop impactful job descriptions for volunteers			
	Recruit 100 volunteers	Recruit 100 volunteers	Recruit 100 volunteers	Recruit 100 volunteers
Goal 2: Expand Senior Peer Advocate Program (SPA) which utilizes volunteers from diverse ethnic communities to assist seniors with I & A.	Recruit and develop MOU's with at least 5 more partner sites	Utilize SPA volunteers in libraries, senior housing and mobile home parks	Recruit new volunteers and new sites	Recruit and develop MOU's with at least 5 more partner sites
	Train additional 10-15 volunteers (20 hour training)	(If funded) Hire full time staff to support program	Offer pre-training orientation for new volunteers who commit to full training in fall	
	Hire part-time supervisor to work with volunteers outside of community centers			
	Expand SPA to India Community Center and nearby venues in need of supervision			
	Recognize existing volunteers			
	Analyze 1 <sup>st</sup> year data & report results			
	Apply for \$50,000-\$60,000 in additional funding			
	Offer monthly trainings for all SPA volunteers -----→			

Goal 3. Solidify funding and sustainability for AGENTS for Change Program, a senior advocacy network	Research and apply for funding to continue program beyond December 2012	Recruit and train additional advocates		
	Collaborate with Aging Services Collaborative (ASC) Advocacy Team			
Goal 4. Solidify Community Volunteers Network, a collaboration of agencies that utilize volunteers, and Launch Seniors On-Call Services Program (S.O.S.) which provides same day service to seniors in need of assistance with rides and chores	Hire a program manager	Assess current network agencies and volunteer opportunities	Recruit and train S.O.S. volunteers	Identify sustainability plan for S.O.S.
	Attend National Volunteer Caregiving Network Conference	Develop a CVN brochure for recruiting volunteers to help older adults (“no wrong door”)	Beta-Test S.O.S. on-call services at Love, Inc	Develop website/flyer/brochure for S.O.S.
		Identify and share best practices for recruiting, training, managing, matching and recognizing volunteers	Community Publicity – market program	
		Explore existing database software and develop a database for S.O.S. on-call volunteers	Continue to share best practices for volunteer management	
		Research and prepare to launch beta-test of S.O.S. program		
Goal 5. Sustain existing volunteer driver programs and expand volunteer driver programs as feasible	Examine Best Practices & Tools for Volunteer Driver Prg			
	Use Survey Monkey (or similar tool) to ask existing volunteer driver programs what their needs are to be sustained and expanded	Conduct a focus group to discuss challenges and opportunities secondary to the survey results and to document current initiatives being implemented by various parties	Seniors Helping Seniors; Mobility Management - Promote trained senior volunteers to help other seniors select the best transportation options (i.e. walking programs, bus buddies, volunteer drivers)	
	Partner with Outreach & Education Team to make sure all resource guides are	Partner with other Senior Agenda Teams to provide training on liability and allowable reimbursement/compensation		Coordinate with S.O.S. Program to enhance volunteer driver opportunities

	comprehensive			
Goal 6. Promote Volunteer Opportunities at the Neighborhood Level	Identify neighborhood hubs, senior centers, faith-based organizations and other locations	Identify volunteer needs, gaps, and barriers as well as neighborhood demographics	Locate, research and incorporate best practices	Match volunteers with seniors in need
Goal 7. Support utilization of Title V @ senior centers				

## Education/Outreach

**OUTCOME: Older adults and their families will know about available services and opportunities and how to access them.**

**September 2012 – September 2013**

Milestones-----→ Goals	Quarter 1 Sept – Dec 2012	Quarter 2 Jan – March 2013	Quarter 3 April – June 2013	Quarter 4 July – Sept 2013
Goal 1: Identify and describe population subgroups	Reach out and engage diverse organizations and agencies to collaborate with us on goal of identifying and describing subgroups	Conduct focus groups for each subgroup. Ask: how do we reach and educate your group?	Identify and describe cultural norms-include nuances, needs of each group	Share all findings with all seniors' agenda committees
	Study demographic data on all 60 and up populations in county (by age group, ethnicity, etc)			
	List all subgroups to be reached			
	Continue collaborative relationships with diverse organizations -----→			
Goal 2: Determine appropriate education and distribution strategies to reach the diversity of seniors in SCC	Research what is happening now	Identify distribution stake holders	Look for best practices nationwide (esp. affordable options)	Establish list of distribution methods (what, where, when)
		Study how established subgroups currently receive information & determine what we can build on	Review new census information re: where are the seniors?	
Goal 3: Develop recommendations about what materials are most needed for each subgroup		Identify existing available materials	Determine if current materials have gaps in market segments	Set up collaborations with appropriate organizations as needed
		Identify which organizations distribute materials and how?		Recommend appropriate modification and/or creation of materials
Goal 4: Develop an	Develop (qualitative and	Send survey to seniors,	Collect and analyze data	Disseminate survey results

evaluation or feedback loop to see what is working	quantitative analysis) survey to determine effectiveness of distribution methods and content of materials	caregivers, etc. with materials		
	Identify agencies we want survey			

## Information & Assistance

**OUTCOME: Seniors and Caregivers will know about and be able to access the services need to support them as they age.**

**September 2012 – September 2013**

Milestones-----> Goals	Quarter 1 Sept – Dec 2012	Quarter 2 Jan – March 2013	Quarter 3 April – June 2013	Quarter 4 July – Sept 2013
Goal 1: Provide a range of human assistance from volunteers to professional case managers who can help seniors navigate the complex system of services	Develop a rationale for increasing the number of case managers	Advocate for increase in number of case managers ----->		
	Recommend county policy to support an increase in number of professional case managers			
Goal 2: Improve knowledge base of volunteers and providers regarding Information and Assistance	Determine training content and providers for I&A Training (e.g faith-based, community-based, case managers, etc.	Access 211 standardized training	Find location and method for providing initial training	Hold pilot training in Year 2----->
	Determine attendees for initial training	Evaluate current level of knowledge/gaps of informal I&A providers		Evaluate effectiveness of pilot and plan future trainings Year 2--->
Goal 3: Insure that every senior in Santa Clara County has full and equal access to a broad range of information about available services	Determine what information will be promoted (top tier, 2 <sup>nd</sup> tier, etc)	Conduct mini-focus group among older adults and disability community to review information that will be promoted	Promote information to county list of residential care homes & other licensed care providers	
Goal 4: Share updated service information across I&A database providers	I&A group will research, compile and evaluate best practices	Identify tracking methodologies	Apply best practices to I&A system----->	
	Find coordinator of best practices			

## Appendix F Transportation Team

### 3-year Goal: Improve Senior Access to Affordable Transportation and Pedestrian Safety

<b>Objective 1: Improve taxi services (with accessible vehicles and drivers trained to serve seniors) and lower costs for taxi services</b>		<b>Outcome: White paper summarizing resources and gaps and how to proceed</b>		<b>Intended Impact: Make taxi services more effective, affordable, and available to seniors.</b>			
<b>What (Steps)</b>		<b>WHO</b>	<b>WHEN</b>	done	on target	revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Research current taxi ordinances for all cities in county</li> <li>2. Prepare “white paper” on taxis</li> <li>3. Use “white paper” to advocate for senior discounts, more accessible vehicles and training drivers</li> <li>4. Publicize senior discount and new taxi policies</li> <li>5. Collect feedback from taxi companies and users (part of larger survey)</li> </ol>		OUTREACH OUTREACH Advocacy groups  E/O Team OUTREACH	Q1 Q1 Year 1 Year 1				
<b>Coordinator:</b> OUTREACH  <b>Team Members:</b> Harriet Wolf, PACT	<b>Collaborators/Partners:</b> <b>Committed:</b> OUTREACH, PACT <b>Suggested:</b> Advocacy group Outreach and Education Team City representation	<b>Quarterly Benchmarks:</b>  <b>Q1:</b> Publication of White Paper		<b>Budget:</b>  -0-		<b>Launch:</b>  Release of White Paper on taxis	
<b>Objective 2: Improve pedestrian safety</b>		<b>Outcome: Unsafe areas are identified and improved.</b>		<b>Impact: Improved street and sidewalk safety</b>			
<b>WHAT</b>		<b>WHO</b>	<b>WHEN</b>	done	on target	revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Collaborate with existing groups to assess what is provided and being planned</li> <li>2. Identify gaps</li> <li>3. Determine advocacy best practices</li> </ol>		Transportation Team “ “	Year 1  “ “				
<b>Coordinator:</b> Bev de	<b>Collaborators/Partners:</b> <b>Committed:</b>	<b>Quarterly Benchmarks:</b>		<b>Budget:</b>		<b>Launch:</b>	

## Seniors' Agenda Year 1 Implementation Plan

Koven, AGENTS for Change	OUTREACH <b>Suggested:</b> San Jose STEPS	Q1: AGENTS for Change Recommendation				Meeting to determine roles and assignments	
<b>Objective 3:</b> Provide affordable transportation services to underserved areas of the county.		<b>Outcome:</b> All areas of the county will have access to affordable transportation services.	<b>Intended Impact:</b> Seniors in underserved areas of the county will have access to affordable and accessible transportation.				
<b>WHAT</b>		<b>WHO</b>	<b>WHEN</b>	done	On target	revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Meet with VTA and county to discuss agency's policies regarding the extension of routes</li> <li>2. Where there is limited fixed route due to low ridership demands, encourage local cities, charities ad service clubs (e.g. faith-based and civic groups) to assist residents and neighbors through subsidized taxi rides, volunteer trips and other care options as older adults gravitate towards car solutions.</li> <li>3. Encourage volunteer rides in one's community, discounted taxi rides and other best practices.</li> <li>4. Identify existing neighborhood groups to build community involvement</li> <li>5.</li> </ol>		Susan Fent and Tracey Gott	Year 1  "  "  "				
<b>Coordinator:</b> Susan Fent/Tracey Gott <b>Team Members:</b> OUTREACH, VTA	<b>Collaborators/Partners:</b> <b>Committed:</b> Centennial Community Senior Center, City of San Jose, ASC, VTA		<b>Quarterly Benchmarks:</b>		<b>Budget:</b>	<b>Launch:</b> Identify stakeholders and convene meeting	

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 4:</b> Expand travel training for fixed route		<b>Outcome:</b> Consistent training available to seniors on how to use fixed route public transportation		<b>Intended Impact:</b> More seniors utilize fixed route transit			
<b>WHAT</b>	<b>WHO</b>	<b>WHEN</b>	done	on target	revised	<b>Comments (Location)</b>	
1. Obtain commitment from senior and volunteer groups to participate in training	VTA	Year 1				@ VTA	
2. Expand outreach availability of travel training through additional funding	VTA	“				@VTA	
3. VTA trains county staff and social workers in “train the trainer” models	County SSA	“				@SSA	
4. Connect with volunteer coordinators and networks	Cities	“				@VTA	
5. Target travel training to nutrition riders and other senior center participants	VTA	“					
6. Include San Mateo County route in travel training	VTA	“					
<b>Coordinator:</b> Jolene Bratford, VTA, OUTREACH <b>Team members:</b>	<b>Collaborators/Partners:</b> <b>Committed:</b> OUTREACH, VTA <b>Suggested:</b> SAM Trans, City of San Jose Volunteer Coordinator		<b>Quarterly Benchmarks:</b>	<b>Budget:</b>	<b>Launch:</b> 1 <sup>st</sup> partner meeting		

# Seniors' Agenda Year 1 Implementation Plan

## Volunteer/Civic Engagement Team

**3 Year Goal: Older Adults age 50+ will have meaningful opportunities to engage in volunteering, advocacy, training and leadership development with an emphasis on seniors helping seniors**

<b>Objective 1:</b> Launch and Implement a 2 <sup>nd</sup> RSVP program and offer training of agency staff on utilization of volunteers age 55+		<b>Outcome:</b> 100 volunteers engaged from 12 partner programs and/or agencies.	<b>Intended Impact:</b> To provide opportunities for older adults to engage in volunteering, advocacy, training and leadership development with an emphasis on seniors helping seniors.				
WHAT		WHO	WHEN	done	on target	revised	Comments
1. Recruit and hire staff		Health Trust	9/2012				THT
2. Sign memoranda of understanding with 12 partner programs or agencies		RSVP & Partners	10/2012				San Jose and Surrounding cities
3. Develop impactful job descriptions for volunteers		“	11/2012				“
4. Market and promote both Santa Clara County RSVP programs so that the community knows that both programs serve as recruitment and referral resources for older adult volunteers		RSVP, CVN Neighborhood, Outreach, SPA Senior Nutrition Programs, Other Community partners	Ongoing from 10/1012				“
5. Recruit 100 volunteers		RSVP & Partners	11/2012 – 12/2012				“
<b>Coordinator:</b> The Health Trust/ RSVP hire	<b>Collaborators/Partners:</b> <b>Committed:</b> RSVP or San Mateo& N. SCC, 2nd Harvest Food Bank, Kaiser Santa Clara, Kaiser San Jose, Catholic Charities, O’Connor Hospital, SVHAP, Alzheimers Association, Heart of the Valley, SPA Volunteers, Love INC., Hospice of the Valley, Meals on Wheels, Food Basket, Better Choices Better Health @ the Health Trust		<b>Quarterly Benchmarks:</b> 100 volunteers and 12 partners		<b>Budget:</b> CNCS Grant and Health Trust Match		<b>Launch:</b> October 1 <sup>st</sup> – funding start date for 2 <sup>nd</sup> RSVP program

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 2:</b> Expand Senior Peer Advocate Program (SPA) which utilizes volunteers from diverse ethnic communities to assist seniors with I & A.		<b>Outcome:</b> An additional 10 volunteers will complete a 20 hour training course, and will be added to the existing pool of 15 SPA volunteers, thus resulting in 25 active SPA volunteers serving 10 sites in Santa Clara County.			<b>Intended Impact:</b> To increase senior knowledge about & access to services & to provide meaningful opportunities for seniors to help seniors		
WHAT		WHO	WHEN	done	on target	revised	Comments (location)
1. Recruit and provide orientation to new partners		Team	8/10/2012				THT
2. Recruit 10+ new volunteers		Partner sites	8/30/2012				Partner sites
3. Formalize MOUs with partner agencies		Lori, Amy	9/10/2012				THT
4. Analyze data from year 1		Team	10/31				THT
5. Apply for an additional \$20,000 in funding		Team	12/31				THT
6. Hire a part time temporary supervisor		Lori, Amy	12/31				THT
7. Pilot the utilization of volunteers in community settings outside of partner sites		Team	12/31				Library, Senior housing
8. Host partner meeting to evaluate progress		Team	12/31				THT
9. Conduct monthly training of volunteers		Team, Community	monthly				THT
10. Conduct 20 hour training		trainers	Q2				THT & Partner Agencies
11. Recognize experienced volunteers		Team	Q2				THT
<b>Coordinator:</b> Lori Anderson		<b>Collaborators/Partners:</b> <b>Confirmed:</b> Eastside Neighborhood Center, John XXIII, Seven Trees, Sunnyvale Senior Center, CSA of Mountainview, Mayfair, Self-Help for the Elderly, Centennial Recreation Center, new partners TBD		<b>Quarterly Benchmarks:</b> 25 active volunteers		<b>Budget:</b> Additional \$40,000	<b>Launch:</b> Already launched

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 3:</b> Secure funding and partnerships for the continuation of AGENTS for Change beyond 12/31/2012		<b>Outcome:</b> AGENTS will continue beyond 1/1/2013		<b>Intended Impact:</b> A growing, grassroots group of trained seniors will actively advocate for issues and programs related to improving the quality of life for older adults in Santa Clara County.					
<b>WHAT</b>		<b>WHO</b>		<b>WHEN</b>		done	on target	revised	<b>Comments (location)</b>
1. Assess and Evaluate the Program so far. What are the successes, lessons learned and needs going forward? Design New Model		Bev DeCoven Karen Storey		8/31/2012					Health Trust “
2. Identify a viable and logical partner (e.g. ASC, PACT, COA, Other)		Bev DeCoven Karen Storey Lori Andersen Marilou Cristina		8/31/2012					“
3. Develop a case statement, budget and funding proposal to sustain AGENTS for Change for 2-3 more years		Bev DeCoven Karen Storey		9/30/2012					Health Trust Catholic Charities “
4. Recruit current AGENTS members in recruiting and identifying funders		Bev DeCoven Karen Storey		9/25/2012					“
5. Identify potential funders and partners		Bev DeKoven Lori Andersen		9/30/2012					“
6. Outreach to potential funders		Lori Andersen Marilou Cristina		10/2012- 11/2012					
7. Secure funding				12/1/2012					
<b>Coordinator:</b> Bev DeKoven, Lori Andersen, Marilou Cristina, Karen Storey		<b>Collaborators/Partners:</b> <b>Confirmed:</b> Health Trust Catholic Charities Aging Services Collaborative		<b>Quarterly Benchmarks:</b>  Funding secured		<b>Budget:</b>  \$100,000/year for 2-3 years		<b>Launch:</b>  January 2013 for secured funding	

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 4:</b> Solidify the Community Volunteers Network (CVN), a collaboration of agencies that utilize volunteers and develop a model for Senior On-Call services (SOS) which provides same day service to seniors in need of assistance with rides and chores.		<b>Outcome:</b> Identify and share with member agencies best practices for recruiting, training, managing, matching and recognizing volunteerism.		<b>Intended Impact:</b> To improve collaboration among agencies that utilize volunteers.			
WHAT		WHO	WHEN	done	on target	revised	Comments (location)
<ol style="list-style-type: none"> <li>1. Identify detailed operating structure</li> <li>2. Assess current network agencies and volunteer opportunities</li> <li>3. Identify and share best practices for volunteer management</li> <li>4. Develop a CVN brochure for recruiting volunteers to help older adults</li> <li>5. Explore options for volunteer/client matching databases for SOS</li> </ol>		CVN Partners CVN Program Manager CVN Partners and Manager  Program Manager	8/2012 9/2012 9/2012 10/2012  10/2102				THT, Heart of the Valley Partner sites CVN Meetings  “
<b>Coordinator:</b> Tom Peterson, Program Manager, CVN <b>Team Members:</b> Partner Agencies	<b>Collaborators/Partners:</b> The Health Trust, CSA Mountainview, RSVP San Mateo & North SCC, Alzheimers Association, Avenidas, Heart of the Valley, Love Inc	<b>Quarterly Benchmarks:</b>  Health Trust Report	<b>Budget:</b>  Health Trust Grant				<b>Launch:</b> 1 <sup>st</sup> CVN meeting with new program manager

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 5:</b> Sustain and expand existing volunteer driver programs		<b>Outcome:</b> Coordinated and enhanced volunteer driver programs		<b>Intended Impact:</b> More seniors helping seniors through volunteer driving.			
<b>WHAT</b>		<b>WHO</b>	<b>WHEN</b>	done	on target	revised	<b>Comments (location)</b>
1. Assess volunteer driver programs within the Community Volunteer Network		CVN?	9/2012 – 11/2012				Santa Clara County “
2. Conduct focus groups to discuss challenges and opportunities secondary to survey results→document current initiatives		Transportation Decision Team	12/31/2012				“
3. Provide training on liability and allowable reimbursement/compensation options		OUTREACH staff	11/2012				“
4. Coordinate with S.O.S. Program to enhance volunteer driver opportunities		Existing volunteer programs	ongoing				
5. Research and assess proven, successful model for health care escorts							
<b>Coordinator:</b> Deborah Odhom, CVN  <b>Members:</b> See partners	<b>Collaborators/Partners:</b> <b>Committed:</b> Love Inc, Avenidas, Alzheimers Association, Health Trust, CSA-Mt View <b>Suggested:</b> OUTREACH, Heart of the Valley	<b>Quarterly Benchmarks:</b>  Q1: Focus Groups	<b>Budget:</b>	<b>Launch Event:</b>  Survey of existing volunteer driver programs			

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 6:</b> Neighborhood emergency preparedness through volunteerism		<b>Outcome:</b> Neighborhoods will independently recruit volunteers to check in on seniors in disaster preparedness		<b>Intended Impact:</b> Neighborhoods will be better prepared to care for its seniors in the event of a disaster.			
WHAT		WHO	WHEN	done	on target	revised	Comments (location)
1. Develop standardized disaster preparedness materials		County Office of Emergency Services County	1/2013				
2. Reach out to suggested partners to do outreach, recruitment and training in neighborhoods		“	1/2012				
3. Identify neighborhood hubs (e.g. senior centers, neighborhood associations) through local police and fire depts.		“	1/2013- 2/2013				
4. Designate a regional supervisor & neighborhood ambassadors		“	3/2013				
5. Host neighborhood meetings to educate the community about how to reach out to frail and isolated seniors		Neighborhood ambassadors	4/2013				
6. Create a senior recruitment program via internet, newsletter, and door to door campaign		County and neighborhoods	4/2013				
7. Develop feedback method between county supervisors and neighborhood ambassadors concerning utilization of practices		“	6/2013				
<b>Coordinator:</b> County Office of Emergency Services	<b>Collaborators/Partners: Committed:</b>		<b>Quarterly Benchmarks:</b>	<b>Budget:</b>		<b>Launch:</b>	
<b>Team Members:</b>	<b>Suggested:</b> City, County, Neighborhood Associations {Ken Kelley} Silicon Valley Village, PACT, Catholic Charities		10% of neighborhoods involved	\$ for printing of materials \$ to hire regional supervisor		Creation of standardized materials; detailing of best practices; preparation for volunteer recruitment	

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 7:</b> Increase utilization of seniors funded through Title V Senior Employment at senior centers		<b>Outcome:</b> Commitments from at least 3 centers to train and utilize Title 5 volunteers		<b>Impact:</b> Title V workers will be trained and capable of assisting seniors with service information at senior centers.			
WHAT		WHO	WHEN	done	on target	revised	Comments (location)
<ol style="list-style-type: none"> <li>1. Engage City of San Jose Volunteer Coordinator in helping to recruit senior centers willing to utilize Title V funded seniors</li> <li>2. Recruit seniors willing to serve at senior centers</li> <li>3. Develop MOUs with interested senior centers</li> <li>4. Place seniors at senior centers</li> <li>5. Train Title V seniors placed at senior centers in local resources</li> </ol>		Marie Slater	Oct 31				
		San Jose Volunteer Coordinator					
		“	Dec 31				
		Marie Slater	Dec 31				
		Marie Slater	Dec 31				
	See Information and Assistance Workplan for training I&A providers	Q2					
<b>Coordinator:</b> Marie Slater, Title V	<b>Collaborators/Partners:</b> <b>Confirmed:</b> Title V Program  <b>Suggested:</b> Information and Assistance Team, City of SJ Volunteer coordinator Senior Center managers	<b>Quarterly Benchmarks:</b>  Placement of at least 3 Title V funded seniors at senior centers	<b>Budget:</b>				<b>Launch:</b>  MOUs between Title V and Senior Centers

# Seniors' Agenda Year 1 Implementation Plan

## Information and Assistance Team

### 3-Year Goal: Improve knowledge about and access to senior services

<b>Objective 1:</b> Provide a range of human assistance from volunteers to professional case managers who can help seniors navigate the complex system of services		<b>Outcome:</b> Increased number of case managers serving Santa Clara County Seniors		<b>Intended Impact:</b> Seniors have someone to help them navigate complex service system					
What (Steps)		WHO	WHEN	done	on target	revised	Comments		
1. Develop rationale concept (continuum) for professional case managers		Steve Schmoll, Katie Heatley, Maya Esparza	9/31/2012						
2. Policy Recommendation: Increase number of case manager- main goal for this group		“	10/15/2012						
<b>Coordinator:</b> Colleen Hudgen, Live Oak (to be confirmed by Amy Andonian), COASV, OUTREACH  <b>Team Members:</b> Steve Schmoll (COA), Katie Heatley (OUTREACH), Maya Esparza (211), DAAS		<b>Collaborators/Partners:</b> <b>Confirmed:</b> OUTREACH, 211, COASV, DAAS  <b>Suggested:</b> Professional case managers, Advocates		<b>Quarterly Benchmarks:</b>		<b>Budget:</b> Null		<b>Launch step:</b>  1 <sup>st</sup> Team Meeting  BOS policy recommendation	
<b>Objective 2:</b> Share updated service information across I&A database providers			<b>Outcome:</b> Streamlined process for sharing updated information		<b>Intended Impact:</b> Seniors will have access for more accurate and up-to-date information about available services				
What (Steps)			WHO	WHEN	done	on target	revised	Comments (location)	
1. Create links to other major databases 2. Develop a plan to improve coordination across I&A providers to keep database information up-to-date			COA, 211, DAAS, OUTREACH	ongoing					
<b>Coordinator:</b> OUTREACH, COASV, 211, DAAS  <b>Team Members:</b> Jeanne Wun, Darcie Kiyon Hospice of the Valley			<b>Collaborators/Partners:</b> <b>Confirmed:</b> OUTREACH, 211, COASV, DAAS, Hospice of the Valley		<b>Quarterly Benchmarks:</b>  Q1: Process for data sharing		<b>Budget:</b>  0		<b>Launch:</b>  1 <sup>st</sup> Team Meeting

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 3:</b> Insure that every senior in Santa Clara County has full and equal access to a broad range of information about available services		<b>Outcome:</b> A simple one-page Reference Guide of major service providers for older adults in SCC produced and distributed		<b>Intended Impact:</b> 1) Respond to request from seniors for something on paper 2) Additional marketing tool for I and		
What (Steps)	WHO	WHEN	done	on target	revised	Comments (location)
<ol style="list-style-type: none"> <li>1. Gather input for senior service headings</li> <li>2. Research providers for each heading including phone and web addresses and create first draft</li> <li>3. Distribute to SPA volunteers and education committee for feedback</li> <li>4. Create distribution list and solicit volunteer distribution</li> <li>5. Send info to elected officials</li> <li>6. Solicit agency providers to print copies for distribution</li> </ol>	AGents for Change “ SPA volunteers Education/Outreach committee AGents AGents AGents coordinator AGents and other senior Agency partners	8/28/2012 9/25/2012 10/23/2012 1/2013 1/2013 1/2013				Catholic Charities Health Trust
<b>Coordinator:</b> Marietta Borgel Donna Holt  <b>Team Members:</b> AGents for Change Jeanne Wun, Darcie Kiyan Hospice of the Valley	<b>Collaborators/Partners:</b> <b>Confirmed:</b> Education/Outreach Committee AGents for Change Senior Peer Advocates Aging Services Collaboration  <b>Suggested:</b> Senior Centers	<b>Quarterly Benchmarks:</b> Quarterly spot check distribution locations for needed refills	<b>Budget:</b> Paper and printing costs	<b>Launch:</b> Convene a meeting with Education and Outreach group to find best ways to work together.		

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 4:</b> Improve knowledge base of volunteers and providers regarding Information and Assistance		<b>Outcome:</b> Develop and Pilot an I and A training for providers-focus on planning in year 1 and with launch in year 2			<b>Intended Impact:</b> Place-based scalable training (front desk volunteers and geriatric care managers)		
<b>What (Steps)</b>		<b>WHO</b>	<b>WHEN</b>	done	On target	Revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Develop training content</li> <li>2. Train existing overview (basics)-Host broad-based provider meeting to educate providers</li> <li>3. Augment training depending upon the audience-adapt to different languages and environments</li> <li>4. Pilot at a center</li> <li>5. Analyze and evaluate</li> <li>6. Improve</li> <li>7. Incorporate into mobility management effort county-wide-maybe train the trainer</li> <li>8. Research and develop long term budget estimate</li> </ol>		Transportation Team “ “ “ “ “	Year 1  Year 2  “  “  “  “				
<b>Coordinator:</b> COA, 211, OUTREACH, DAAS  <b>Team Members:</b> Jeanne Wun, Darcie Kiyan Hospice of the Valley	<b>Collaborators/Partners:</b> <b>Committed:</b> COASV, 211, OUTREACH  <b>Suggested:</b> Senior centers, seniors, CBOs, the more the better	<b>Quarterly Benchmarks:</b> Q1: Training Content Outline		<b>Budget:</b> TBD	<b>Launch:</b> 1 <sup>st</sup> Team Meeting with ED/Outreach Team		
<b>Objective 5:</b> Create a web video that educates the public about how to access services			<b>Outcome:</b> I&A Video		<b>Intended Impact:</b> Public understands how to access services		
<b>What (Steps)</b>		<b>WHO</b>	<b>WHEN</b>	done	On target	Revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Create a video contest and publicize the contest to film schools</li> <li>2. Review films and select best one</li> <li>3. Award \$1,000 prize for best film</li> <li>4. Put film on web and on Cable</li> </ol>		OUTREACH, I&A Team “ OUTREACH “	Year 1				
<b>Coordinator:</b> OUTREACH <b>Team Members:</b> Jeanne Wun, Darcie Kiyan Hospice of the Valley	<b>Collaborators/Partners:</b> <b>Committed:</b> OUTREACH  <b>Suggested:</b> Film School	<b>Quarterly Benchmarks:</b> Q2: Film Contest	<b>Budget:</b> \$1,000 prize committed by OUTREACH	<b>Launch:</b> Film Contest Publication			

# Seniors' Agenda Year 1 Implementation Plan

## Education/Outreach Team

3-Year Goal: **Identify and reach diverse population subgroups through a variety of venues appropriate to their specific age, language, and cultural needs**

<b>Objective 1:</b> Identify and describe population subgroups that need to be informed about senior resources		<b>Outcome:</b> Providers will be aware of the distinct needs of specific senior and family populations		<b>Intended Impact:</b> Providers will acknowledge and understand the diverse population of seniors and families in Santa Clara County			
<b>What (Steps)</b>		<b>WHO</b>	<b>WHEN</b>	done	On target	Revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Study demographic data on 60+ population in county</li> <li>2. Identify subgroups and “hot spots” location</li> <li>3. Study COA and county data on aging trends</li> <li>4. Repeat step 2</li> <li>5. Identify diverse organizations/agencies that work w/ targeted sub groups</li> <li>6. Formalize collaborative relationship (via MOU) w/ groups</li> <li>7. Prioritize primary outreach targets/populations</li> <li>8. Host kick off meeting of groups</li> <li>9. Write up all findings in a sub report</li> </ol>		Chair’s and members “ “ “ “ Chairs and members and collaborators Chairs/members Chairs/members Chairs/Members	Month 1 Month 1 Month 1 Month 1 Month 2 Month 3 Month 2 Month 3 Month 2				
<b>Coordinators:</b> Maria Fuentes, County Mental Health Dept  <b>ED/Outreach Team Members:</b> Cassandra Chan, Amy Andonian, Anne Ferguson, Kathy Wilder, Michelle Knapik, Tita Das, Bernadette Cooper	<b>Collaborators/Partners:</b> <b>Confirmed:</b> County Mental Health Ed/Outreach Team  <b>Suggested:</b> COASV, On Lok Catholic Charities County Mental Health, ASC, Library Rep (Gayathri Kanth)	<b>Quarterly Benchmarks:</b>  # of organizations/collaboratives recruited Sub report		<b>Budget:</b>  TBD		<b>Launch:</b> Initial meetings between chairs and members	

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 2:</b> Create and make recommendations to information providers for appropriate content and distribution venues that meet the needs of diverse populations		<b>Outcome:</b> Senior and family members with diverse demographic backgrounds have full and equal access to broad range of information about services			<b>Intended Impact:</b> Seniors and families have access to information that is appropriate for their		
What (Steps)		WHO	WHEN	done	On target	Revised	Comments
<ol style="list-style-type: none"> <li>1. Collect demographic and psychographic information</li> <li>2. Identify appropriateness of information according to seniors' classified age brackets</li> <li>3. Research best practices applied by different agencies</li> <li>4. Present materials to identified pilot senior groups, caregivers and families for appropriateness</li> <li>5. Revise materials as needed for each population</li> <li>6. Set time frame to assess effectiveness of materials (every 3 months) a time line for the effectiveness of the content.</li> <li>7. Distribute specific materials to population groups according to their demographic and psychographic needs</li> </ol>		<p>Chair/members I and A I and A I and A I and A  I and A Chair</p> <p>Chair/members</p>	<p>Month 1 Month 2 Month 2 Month 2 Month 2 Month 3 Month 3 Month 3-ongoing</p>				
<p><b>Coordinator:</b> Tita Das, Bernadette Cooper</p> <p><b>ED/OutreachTeam Members:</b> Cassandra Chan, Amy Andonian, Anne Ferguson, Kathy Wilder, Michelle Knapik,</p>	<p><b>Collaborators/Partners: Committed:</b></p> <p><b>Suggested:</b> Catholic Charities, Asian American Recovery Center High tech companies Health facilities Ethnic organizations Ethnic media</p>	<p><b>Quarterly Benchmarks:</b></p> <p>Feedback Rubrics Expectations stat</p>			<p><b>Budget:</b></p>		<p><b>Launch:</b> 1<sup>st</sup> meeting, distribution of documents pertaining to tasks assigned</p>

## Seniors' Agenda Year 1 Implementation Plan

<b>Strategic Direction 3:</b> Develop an evaluation feedback loop to assess effectiveness of distribution methods, content of materials, and effectiveness of services				<b>Outcome:</b> Instrument for evaluation			
<b>What (Steps)</b>		<b>WHO</b>	<b>WHEN</b>	done	On target	Revised	<b>Comments</b>
<b>Implementation Steps</b> Design a multilingual survey encompassing access and content of senior services		Ed/Outreach Team	Q3				
<b>Coordinator:</b> TBD by Team  <b>ED/Outreach Team Members:</b> Cassandra Chan, Amy Andonian, Anne Ferguson, Kathy Wilder, Michelle Knapik, Tita Das, Bernadette Cooper		<b>Collaborators/Partners:</b> <b>Committed:</b> Ed/Outreach Team  <b>Suggested:</b> ASC	<b>Quarterly Benchmarks:</b>  Q1- Q2 Evaluation Tool developed and launched	<b>Budget:</b>  TBD		<b>Launch:</b>  1 <sup>st</sup> team meeting	
<b>Objective 4:</b> Develop distribution strategies appropriate for each population sub group		<b>Outcome:</b> Create comprehensive list of current distribution strategies		<b>Intended Impact:</b> For seniors, their families and care givers to receive key informatio			
<b>What (Steps)</b>		<b>WHO</b>	<b>WHEN</b>	done	On target	Revised	<b>COMMENTS</b>
1. Create survey monkey asking what, how, how many, etc. 2. Create list of who to send survey to (non profit, private, government) 3. Compile survey results, evaluate gaps		ED/Outreach Team					
<b>Suggested Coordinators:</b> TBD by Team  <b>ED/Outreach Team Members:</b> Cassandra Chan, Amy Andonian, Anne Ferguson, Kathy Wilder, Michelle Knapik, Tita Das, Bernadette Cooper		<b>Collaborators/Partners:</b> <b>Committed:</b> Ed/Outreach Team  <b>Suggested:</b> COASV, ASC	<b>Quarterly Benchmarks:</b>  Q1: Identify leadership	<b>Budget:</b>  TBD		<b>Launch:</b>  1 <sup>st</sup> team meeting with I&A Team	

# Seniors' Agenda Year 1 Implementation Plan

## Policy Funding Team

### 3-Year Goal: Increase funding for senior services

<b>Objective 1:</b> Policy and funding decisions will support services that enable older adults to age in the environment of their choice		<b>Outcome:</b> Identify core safety-net services for older adults			<b>Intended Impact:</b> Coordinated, viable infrastructure for Safety-Net Services		
<b>Implementation Steps</b>		<b>WHO</b>	<b>WHEN</b>	done	on target	revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Define target populations for safety-net services</li> <li>2. Define safety-net services and needs addressed by community-based organizations that enable target population to live safely and independently in the community</li> <li>3. Consider services such as: case management, elder abuse legal assistance, ombudsman program, transportation, access to food, affordable non-medical home care, caregiver respite, etc.</li> <li>4. Inventory existing safety-net services</li> <li>5. Make recommendations and prioritize services to strengthen the safety-net infrastructure to ensure the equitable distribution of resources and services</li> <li>6. Advocate for the Area Agency on Aging, County and other funders to use these priorities to inform their funding decisions.</li> </ol>		<p>Ad hoc Safety-Net Work Group</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p>	<p>1<sup>st</sup> week of October</p> <p>“</p> <p>“</p> <p>“</p> <p>Q2-Q4</p>				
<p><b>Coordinator:</b> Lori Andersen</p> <p><b>Team Members:</b> Maureen Wadiak, Georgia Bacil, Paul Tatsuta</p>	<p><b>Collaborators/Partners:</b> COA, Mike Torres, Susan Fent, SCVN, PACT, City of San Jose, County DAAS</p>	<p><b>Quarterly Benchmarks:</b> Definition of Safety Net Services</p>		<p><b>Budget:</b> Staff analyst/planner support</p>		<p><b>Launch:</b> 1<sup>st</sup> week of October</p>	

## Seniors' Agenda Year 1 Implementation Plan

Objective 2: Improve quality and affordability of non-medical home care services		Outcome: Non-medical home care is of higher quality and more affordable		Intended Impact: Seniors and individuals with disabilities can remain safely and independently at home for as long as possible.			
<u>Implementation Steps</u>		WHO	WHEN	done	on target	revised	Comments
<ol style="list-style-type: none"> <li>1. Identify and track legislation and other efforts that establish minimum qualifications and licensure for non-medical home care                             <ol style="list-style-type: none"> <li>a. SB 411</li> <li>b. Caring Across Generations</li> <li>c. Local SEIU # ? Home Care Worker Training</li> </ol> </li> <li>2. Research other national models of training and non-medical home care worker certification</li> <li>3. Explore models for affordable home care registry and identify policy changes and resources needed.                             <ol style="list-style-type: none"> <li>a. Research expansion of subsidized home care models</li> <li>b. Identify policy changes needed for affordable home care registry</li> <li>c. Contact COA about non-IHSS registry pilot</li> </ol> </li> </ol>		<p style="text-align: center;">Marilou Sarah/Ellen Sarah/Ellen Team</p> <p style="text-align: center;">Marilou Jim Sarah/Ellen</p>	<p style="text-align: center;">12/2013 12/2013 12/2013 12/2013 12/2013 12/2013 12/2013</p>				
<p><b>Co-Coordinator:</b> Sarah Triano &amp; Marilou Cristina</p> <p><b>Team Members:</b> Jim Ramoni, Ellen Rollins, Mary Tinker, other</p>	<p><b>Collaborators/Partners:</b> <b>Committed:</b> SVILC Catholic Charities of SCC <b>Suggested:</b> Council on Aging SV Local SEIU #? Community Colleges Continuing Education IHSS Advisory</p>	<p><b>Benchmarks:</b> Q1-Legislation researched Q2- Info on non-IHSS registry procured Q2- Training models researched; minimum standards identified Q2-Subsidized home care expansion opportunities researched Q3-Registry policy changes identified Q3-Advocacy position</p>	<p><b>Budget:</b> Cost of registry  Home care fee subsidy  Cost of training program and licensure</p>	<p><b>Launch:</b> September 2012</p>			

# Seniors' Agenda Year 1 Implementation Plan

The remaining policy objectives are on hold pending clarification of objectives and the acquisition of commitments.

Objective 3: Determine proportionate share of money currently allocated to various agencies providing senior services.	Outcome: Transparency in decisions on allocating funding for senior services			Impact: More efficient funding of services		
What (Steps)	WHO	WHEN	done	on target	revised	Comments
<ol style="list-style-type: none"> <li>1. Determine how much money is currently <i>provided</i> for senior services in Santa Clara County by the County, cities within the County, the state, and the federal government.</li> <li>2. Determine how much money is currently <i>spent</i> for senior services in Santa Clara County by the County, cities within the County, the state, and the federal government for senior               <ol style="list-style-type: none"> <li>a. Transportation</li> <li>b. Nutrition</li> <li>c. Mental Health</li> <li>d. In-home care</li> <li>e. Housing</li> <li>f. Case Managers</li> <li>g. Information and Referral</li> <li>h. Senior Centers</li> <li>i. Safety (including abuse prevention)</li> </ol> </li> <li>3. Establish a pilot project for blended funding</li> <li>4. Hire consultant to perform above funding research</li> </ol>						
Coordinator: Wes Mukoyama  <b>Team Members:</b> Policy/Funding Team (members TBD)	<b>Collaborators/Partners</b> <b>Confirmed:</b> DAAS  <b>Suggested:</b> ASC, SVCN, COASV	<b>Quarterly Benchmarks:</b> Q2: Outline of Current Funding	<b>Budget:</b> Consultant or DAAS staff to conduct funding research		<b>Launch:</b> Formation of Policy/Funding Team	

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 4:</b> Educate foundations and business community about senior issues and needs		<b>Outcome:</b> Revenue generation and support for senior services			<b>Impact:</b> More seniors receive services		
<b>What (Steps)</b>		<b>WHO</b>	<b>WHEN</b>	done	on target	revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Research foundations and other nongovernmental groups currently funding senior services.</li> <li>2. Meet with funders to determine what they need in order to fund programs for seniors.</li> <li>3. Identify programs to be proposed for funding</li> <li>4. Prepare proposals (Solicit Foundation Funding)</li> </ol>			Q3				
<b>Coordinator:</b>  <b>Team Members:</b> Policy/Funding Team (TBD)	<b>Collaborators/Partners Committed:</b> <b>Suggested:</b> ASC, SVCN, Aging Services Collaborative, Silicon Valley Leadership Group	<b>Quarterly Benchmarks</b> <b>Q1:</b> Team formation & identification of potential funders	<b>Budget:</b>  0			<b>Launch:</b>  Formation of Policy/Funding Team	
<b>Objective 5:</b> Coordinate funding requests with other groups providing senior services		<b>Outcome:</b> Service providers work together to coordinate funding requests and to support one another's funding efforts			<b>Impact:</b> Collaborative planning for equitable county and local governmental funding		
<b>What (Steps)</b>		<b>WHO</b>	<b>WHEN</b>	done	on target	revised	<b>Comments</b>
<ol style="list-style-type: none"> <li>1. Meet with County Supervisors and other governmental funders to seek more transparent budgets, to request equitable allocation of funds for seniors and to encourage use of elder economic security index when determining need.</li> </ol>							
<b>Coordinator:</b> DAAS  <b>Team Members:</b> Policy/Funding Team	<b>Collaborators/Partners Committed:</b> <b>Suggested:</b> ASC, PACT, SVCN, AGents for Change, County Senior Care Commission	<b>Quarterly Benchmarks:</b>  Policy Team Formation	<b>Budget:</b>  0			<b>Launch:</b>  Formation of Policy/Funding Team	

## Seniors' Agenda Year 1 Implementation Plan

Objective 6: Support County Ballot Sales Tax Measure		Outcome: Ballot Measure will pass			Impact: More funding for seniors	
What (Steps)	WHO	WHEN	done	on target	revised	Comments
<ol style="list-style-type: none"> <li>1. Determine key organizations and agencies promoting measure for partnership efforts (including South Bay Labor Council)</li> <li>2. Contact CBOs to provide volunteers for community action</li> <li>3. Phone bank in support of measure by collaboration with existing political action groups</li> <li>4. Obtain endorsements for the measure</li> </ol>						
<b>Coordinator:</b>  <b>Team Members:</b> Policy/Funding Team (TBD)	<b>Collaborators/Partners:</b> <b>Committed:</b> SEIU 521  <b>Suggested:</b> South Bay Labor Council, Bob Broronstein, Working Partnerships, South Bay Partnership (SVILC)	<b>Quarterly Benchmarks:</b>	<b>Budget:</b>	<b>Launch:</b>  Formation of Policy/Funding Team		

Note: Additional Policy Goal Recommendations include: 1) Affordable Housing for Seniors and 2) Hospital Discharge Planning

# Seniors' Agenda Year 1 Implementation Plan

## County Commitments

### 3 Year Goal: To provide leadership and support for the Seniors Agenda Phase II Plan

<b>Objective 1:</b> To Provide leadership and support in the implementation and promotion of the Seniors' Agenda		<b>Outcome:</b> Successful Implementation of the Seniors Agenda Plan			<b>Impact:</b> Seniors in Santa Clara County will see an improvement in senior services		
<b>WHAT</b>	<b>WHO</b>	<b>WHEN</b>	done	on target	revised	<b>Comments</b>	
1. Present Senior Agenda Phase II Plan and Policy Recommendations to Board of Supervisors Committee on Children, Seniors and Families for approval	Lee Pullen, Mary Anne Mendall	10/15/2012					
2. Present Senior Agenda Phase II Plan and Policy Recommendations to full Board of Supervisors for approval	“	11/2012					
3. Assemble Senior Policy Council to develop and promote policies that support Seniors' Agenda Implementation	Lee Pullen, Policy Team Senior Agenda Stakeholders	1/2013					
4. Hire staff as approved by Board of Supervisors	Lee Pullen	1/2013					
5. Carry out the work of the Board of Supervisors with regard to the Seniors' Agenda	County Supervisors' Staff, DAAS staff, SSA	ongoing					
6. Provide leadership and support in overcoming any obstacles faced by Seniors' Agenda partners in achieving the goals approved in the Seniors Agenda Phase II plan	Policy Council Policy Team Stakeholders	ongoing					
7. Collaborate with other county agencies as needed to support the goals of the Seniors' Agenda Plan	Board of Supervisors	ongoing					
8. Host annual community forum to engage community participation	BOS, Community Partners	9/2013					
<b>Coordinator:</b> Lee Pullen, DAAS <b>Team:</b> Policy Council, PACT	<b>Collaborators/Partners:</b> Confirmed: DAAS PACT Suggested: ASC, Senior Comm., Policy Team	<b>Quarterly Benchmarks:</b> Q1: BOS Plan Approval	<b>Budget:</b> TBD	<b>Launch:</b> BOS Approval of Plan			

## Seniors' Agenda Year 1 Implementation Plan

<b>Objective 2:</b> Develop and Promote a Seniors' Agenda Multi-Year Marketing Campaign		<b>Outcome:</b> Increased community awareness and support for funding of senior services			<b>Impact:</b> More community support for senior services		
What (Steps)	WHO	WHEN	done	on target	revised	Comments	
<ol style="list-style-type: none"> <li>1. Develop a strategic marketing plan</li> <li>2. Find funding for publicity materials</li> <li>3. Collect personal stories</li> <li>4. Develop PSA (public service announcement) to provide on going community awareness and support for senior services funding, using personal stories</li> </ol>	DAAS DAAS PACT, Senior Centers, IHSS, Catholic Charity Ombudsman DAAS, Outreach/ Education Team	1/2013 3/2013 3/2013 3/2013					
<b>Coordinator:</b> County staff  <b>Team Members:</b> Outreach/Education Team	<b>Collaborators/Partners</b> <b>Committed:</b> Outreach and Education Team <b>Suggested:</b> ASC, Policy Team	<b>Quarterly Benchmarks:</b> Q2: Marketing plan	<b>Budget:</b> TBD		<b>Launch:</b> 1st meeting of combined teams		
<b>Objective 3:</b> Interact with County Board Supervisors to give visibility to funding needs for senior services		<b>Outcome:</b> County Supervisors become champions for seniors			<b>Impact:</b> Supervisors receive compelling information that motivates them to make changes in revenue allocation for senior services		
What (Steps)	WHO	WHEN	done	on target	revised	Comments	
<ol style="list-style-type: none"> <li>1. Research funding for services to seniors in other CA counties</li> <li>2. Develop a consistent message to be delivered to supervisors that includes an ask to focus on needs of individuals based on the Elder Economic Security Index and to allocate funds based on percentage of seniors in the county, and that emphasizes the time invested and collaborative spirit of the decision teams working on Phase II of the Seniors' Agenda.</li> <li>3. Small groups, that include at least one member of each decision team, meet with each county supervisor to present the above.</li> </ol>							
<b>Coordinator:</b> DAAS <b>Team Members:</b> Policy Council, Policy/Funding Team, PACT	<b>Collaborators/Partners:</b> <b>Committed:</b> PACT as advocates <b>Suggested:</b> AGENTS for Change	<b>Quarterly Benchmarks:</b> Board of Supervisors approval of Seniors' Agenda		<b>Budget:</b> TBD		<b>Launch:</b> Oct 18 <sup>th</sup> meeting with BOS Committee on Children, Seniors and Families	