



AREA AGENCY ON AGING

San Benito & Santa Cruz Counties

FOSTER GRANDPARENT/SENIOR COMPANION PROGRAM

Monterey, San Benito, Santa Clara & Santa Cruz Counties

PROJECT SCOUT

Tax Counseling Assistance

AGING & DISABILITY RESOURCE CONNECTION

Navigating the San Benito County Senior & Disability Services Network

AREA AGENCY ON AGING ADVISORY COUNCIL

Wednesday August 20, 2025

10 a.m. – 12 Noon

**Hybrid in-person - Zoom Meeting
175 Westridge Dr., Watsonville, CA**

**Guests can also join via Zoom
<https://us02web.zoom.us/j/86490817703>**

**Meeting ID: 864 9081 7703
One tap mobile
+16699006833,,86490817703# US (San Jose)**

**Dial by your location
+1 669 900 6833 US (San Jose)
Find your local number: <https://us02web.zoom.us/j/86490817703>**

AGENDA

- 10 a.m. 1. Welcome, Call to Order and Introductions
2. Additions & Deletions to the Agenda
3. Receive Announcements from Advisory Council Members
4. Comments from Members of the Public on Items Not on the Agenda
- 10:10 5. Approve minutes of the July 2025 Advisory Council Meeting
6. Advocacy Committee
1. Refocusing of Committee Work & Structure

175 Westridge Drive, Watsonville, California 95076 www.seniorscouncil.org
PHONE: AAA – (831) 688-0400 • FG/SCP – (831) 475-0816 • SCOUT – 1-877-373-8297 • FAX: (831) 688-1225

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2. Adopted Committee Description

- | | | |
|---------|-----|--|
| 10:50 | 7. | Presentation Master Plan for Aging & Local Playbooks |
| 11:15 | 8. | Program Reports <ul style="list-style-type: none">1. Foster Grandparent/Senior Companion Program2. Aging & Disability Resource Connection (ADRC)3. Project SCOUT4. Area Agency on Aging (AAA) |
| 11:35 | 9. | Executive Director's Report <ul style="list-style-type: none">1. Update on Jovenes de Antaño's Lawsuit2. Master Plan for Aging & Solutions Summits3. State & Community Activities |
| 11:50 | 10. | Miscellaneous Correspondence & Other Items |
| 12 Noon | 11. | Adjourn |

Next Meeting:

*Wednesday, September 17, 2025
175 Westridge Dr., Watsonville, CA*

Questions, Clarifications or Additional Information:

If you have a question or wish clarification or additional information about any agenda item or attached materials, please telephone Seniors Council Executive Director Clay Kempf at 688-0400 ext. 115 before the meeting. If you get voicemail, please leave a detailed message so that a response can be made.

Distribution of Materials:

If you have information to share with members of the Board, a table or other suitable space will be provided on which you may make it available. It is the wish of the Executive Committee that meetings not be disrupted by distribution of paperwork or other items.

Accessibility:

This organization attempts to make meeting content understandable in languages other than English. All Meeting rooms are accessible for people with disabilities. If you wish to discuss reasonable modifications or accommodations for language or disability, please contact the Seniors Council office at 688-0400 at least 48 hours before the meeting.

Seniors Council Mission Statement

It is the mission of the Seniors Council to enable older persons to function with independence and dignity in their homes and in the community to their fullest capacity.

Area Agency on Aging Mission

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



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AREA AGENCY ON AGING ADVISORY COUNCIL
(Held in person at Watsonville office with hybrid Zoom broadcast)

July 16, 2025

MINUTES

ADVISORY COUNCIL MEMBERS PRESENT:

Gabriela Trigueiro (City of Santa Cruz)
Steve Clark (City of Scotts Valley)
Angela Curro (San Benito County Board of Supervisors)
Mindy Sotelo (San Benito County Board of Supervisors)
Mark Johannessen (At-large, Seniors Commission)
Stephanie Auld (Representative of Persons with Disabilities)
Kimberly De Serpa (Santa Cruz County Board of Supervisors)

ALTERNATES PRESENT:

Sandy Brown (alternate J. Cummings)

ADVISORY COUNCIL MEMBERS EXCUSED:

Justin Cummings (Santa Cruz County Board of Supervisors)
Gerry Jensen (City of Capitola)
Jimmy Dutra (City of Watsonville)
Roxanne Stephens (Mayor, City of Hollister)
Scott Freels (City of San Juan Bautista)

VACANCIES: Representative of Persons with Low Income; CSL Rep.; At Large Rep.

STAFF PRESENT:

Clay Kempf, Seniors Council Executive Director; Patty Talbott, AAA Administrator; Zach Johnson, Seniors Council Administrative Services Officer; Corey Shaffer (Community Coordinator); Britt Bassoni, (Director of Special Projects)

1. Welcome, Call to Order and Introductions

Chair Gabriela Trigueiro called the meeting to order at 10:03AM. Introductions were made.

2. Additions and Deletions to the Agenda

None.

3. Receive Announcements from Advisory Council Members

Senior town hall in San Benito County upcoming; information to follow.

4. Comments from Members of the Public on Items Not on the Agenda

None.

5. Closed Session

No actions taken.

6. Consent Agenda

Advisory Council members were referred to Pages 5-1 to 5-3, minutes of the May AAA Advisory Council meeting.

MOTION, Brown/Curro, to approve the minutes of the May 2025 AAA Advisory Council meeting.

PASSED. June 2025 unofficial meeting notes included for review.

7. Advocacy Committee

No meeting this month. Discussion about focus and participants of committee advised for Board/Executive Committee.

8. Master Plan for Aging & Local Playbooks

Recap of the LADAP grant program, Solutions Summits, Workgroups, and announcement of final drafts of Local Playbooks. More info to come on future workgroup meetings. Several projects already in motion in each county. Discussed plans for distributing the playbooks, including hardcopy printing.

9. Program Reports

1. Foster Grandparent/Senior Companion Program – AmeriCorps targeted for elimination in new budget. Existing grants, including ours, will receive funding for 25-26 fiscal year (concludes Oct. 2026). 5 staff plus 160 volunteers will be impacted; exploring alternative funding sources but difficult to make up gap.
2. Aging & Disability Resource Connection (ADRC) – Recap of ADRC funding sources and costs; flat amount being split more ways. Also exploring new and alternative funding sources. Discussion of challenges in staffing, need for bilingual services, office locations and hours, service interests, and limits of budget. Discussion of how to approach responding to need for senior services and avenues for development e.g., with Parks & Rec. Pam Arnsberger has joined the statewide ADRC Advisory Committee.
3. Project SCOUT – Included in packet. Focused on CalFresh applications currently.

10. Executive Director's Report

1. *Master Plan for Aging & Solutions Summits* – discussed previously
2. State & Community Activities – State funding mostly secure behind MPA.

11. Miscellaneous Correspondence & Other Items

New CAO, Esperanza Colio-Warren, in San Benito County; promising so far and very open to meetings.

Request for info on regulations on independent congregate senior housing units.

12. Adjournment

The meeting was adjourned at 11:59 AM

Next meeting: August 20th, 10 AM

Minutes prepared by: Zachary Johnson

Seniors Council Advocacy Committee Roles and Responsibility

Overview

The Advocacy Committee identifies emerging issues affecting seniors and develops action plans to respond to them. These issues can be at any level, from local to national, depending on the ability of the committee to respond. Recent experience has been that the committee is most effective addressing local issues; past examples include representing the Seniors Council at County Budget hearings, starting a campaign to refund the Older Californians Act, thanking local cities and counties for supporting Seniors Council programs, etc.

The Evolving Role of the Advocacy Committee

The Committee has been evolving in recent years with the goal of maximizing its effectiveness and clarifying its role in the agency; with the committee members themselves, and with other related partners and coalitions. Some of these partners include the Aging & Disability Service Providers Coalition, the Monterey Bay Regional Aging & Disability Collaboration, the Area Agency on Aging Advisory Council and its service provider representative, local governmental elected bodies and commissions, the California Senior Legislature, and the organizations and individuals making up the committee.

Recent discussions have encouraged the committee to perform the following tasks:

- Provide leadership and recommendations to community partners regarding legislation, policy, and funding that impact seniors and/or people with disabilities
- Adopt 1-4 annual goals to champion and provide active leadership on those issues
- Adopt a larger legislative platform to inform the public and other organizations about items that affect older adults, people with disabilities, and/or their families and caregivers
- Identify current issues of importance
- Develop tools to educate and train other advocates, and to engage the general public in senior/disabled advocacy
- Support our partners in their efforts to improve the lives of our targeted populations

Meeting Dates & Location

Monthly, on the 2nd Monday, from 10:30 a.m. to 12:30, at arranged locations. The meeting is convened by the Seniors Council of Santa Cruz & San Benito Counties.

Membership

Interested Board & AAA Advisory Council members, representatives of the Aging & Disability Service Provider Coalition, and any individual or organization committed to improving the lives of older adults and people with a disability may apply. Any member of the committee can invite a qualified potential member to attend an initial meeting. Official membership is approved by the Seniors Council Board of Directors.

Approved 9/20/18

Mission: To enable seniors and people with disabilities to function with independence and dignity in their homes and in the community to their fullest capacity.

Advocacy Committee Role: To advocate for effective policies, appropriate services and adequate funding to achieve the defined mission, and to provide leadership & support to allies in the advocacy effort.

Advocacy Committee Building Blocks:

Data & Info, Targeted Communications, Policy & Strategy, Training, Leveraging Partners & Participation, etc.

Data & Information

- Senior & Disabled Demographics
- Needs Assessment
- Area Plan
- Cost Effectiveness
- Economic Impact
- Cost of Care
- Poverty & EESI

Target Audiences

- Elected Officials
- Press
- Voters
- Political Candidates
- Foundations
- Health Organizations
- Hospitals
- DONORS/funders
- Local Consumers

Policy & Strategic Plan

- Position Papers
- Legislative Agenda
- Legislative Watchdog
- Calls to Action
- Messaging

Advocacy Training Tools

- Website
- Classes
- Regional Partners
- Films & Videos (ID 'champion')?

Leveraging Impact

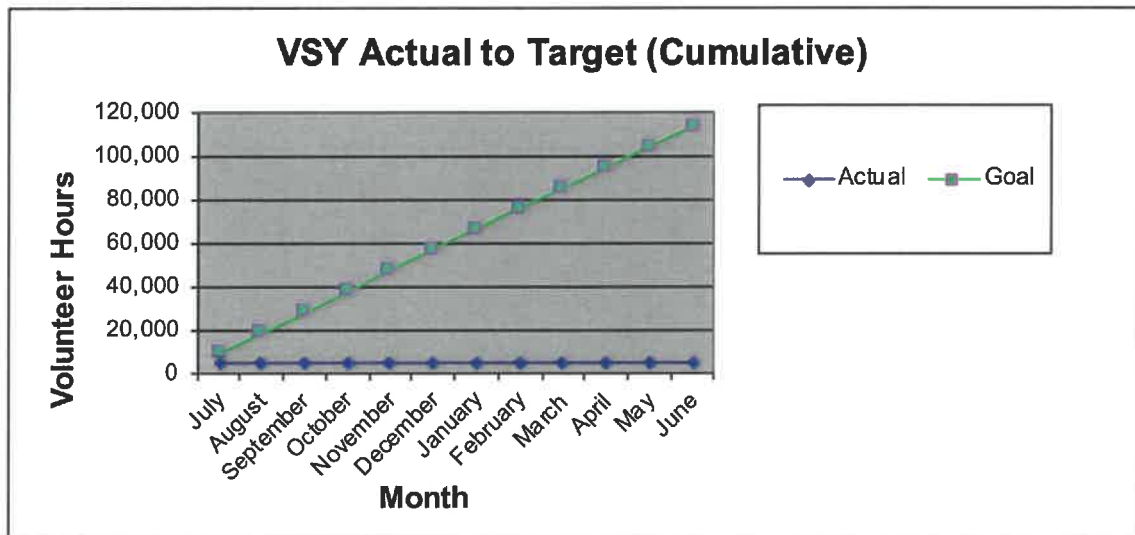
- Grassroots engagement
- Service Providers
- ADRC
- Monterey County
- Formal Presentations
- DONORS/funders
- Faith-based Organizations
- Local Consumers

Project Name: Seniors Council Foster Grandparent Program

Grant Year: 7/1/25- 6/30/26

Month	Cumulative Hours Actual	Cumulative Hours Goal	Monthly VSYS Actual	Monthly VSYS Goal	Monthly Hours Actual	Monthly Vols. Active	FY 24-25 Actuals	Annual VSYS Goal
July	5,143	9,483	4.93	9.08	5,143	123	5,316	109
August	5,143	18,966	0.00	9.08			6,996	109
September	5,143	28,449	0.00	9.08			8,793	109
October	5,143	37,932	0.00	9.08			9,446	109
November	5,143	47,415	0.00	9.08			10,945	109
December	5,143	56,898	0.00	9.08			12,266	109
January	5,143	66,381	0.00	9.08			10,779	109
February	5,143	75,864	0.00	9.08			8,020	109
March	5,143	85,347	0.00	9.08			11,392	109
April	5,143	94,830	0.00	9.08			11,665	109
May	5,143	104,313	0.00	9.08			9,246	109
June	5,143	113,796	0.00	9.08			5,055	109
TOTAL			4.93		5,143		109,918	

Total VSYS
Achieved

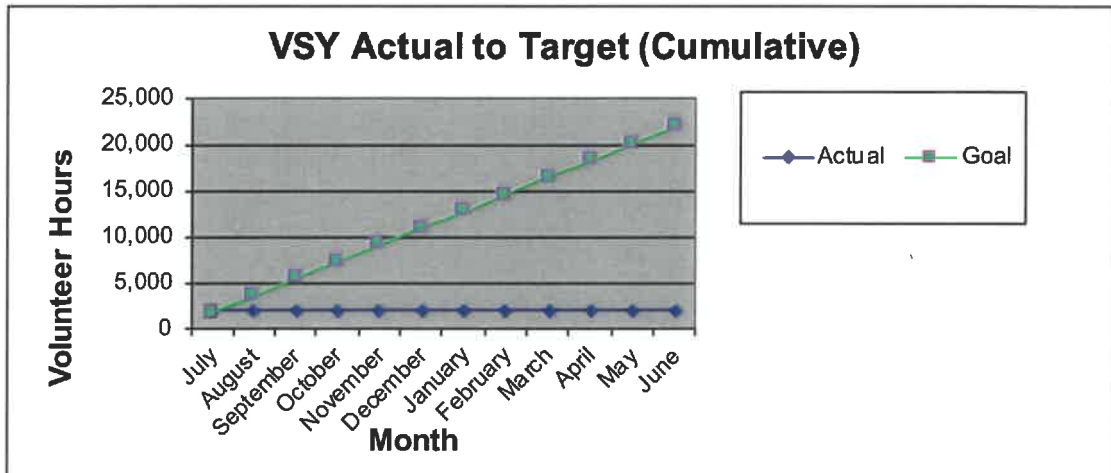


Project Name: **Seniors Council Senior Companion Program**

Grant Year: **7/1/25- 6/30/26**

Month	Cumulative Hours Actual	Cumulative Hours Goal	Monthly VSY Actual	Monthly VSY Goal	Monthly Hours Actual	Monthly Vols. Active	FY 24-25 Actuals	Annual VSY Goal
July	2,080	1,827	1.99	1.75	2,080	30	1,837	21
August	2,080	3,654	0.00	1.75			1,608	21
September	2,080	5,481	0.00	1.75			1,909	21
October	2,080	7,308	0.00	1.75			2,055	21
November	2,080	9,135	0.00	1.75			2,504	21
December	2,080	10,962	0.00	1.75			2,614	21
January	2,080	12,789	0.00	1.75			2,159	21
February	2,080	14,616	0.00	1.75			1,643	21
March	2,080	16,443	0.00	1.75			1,989	21
April	2,080	18,270	0.00	1.75			1,585	21
May	2,080	20,097	0.00	1.75			1,959	21
June	2,080	21,924	0.00	1.75			1,688	21
TOTAL			1.99		2,080		23,547	

Total VSYs
Achieved



8.1-2



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FALLS PREVENTION PROGRAM
Emergency Response Systems, Assessments & Training

PROJECT SCOUT

Free tax preparation options in JULY:

1. Project SCOUT Facilitated Self Assistance ALL Online: <http://tinyurl.com/SCOUTFSA>
2. Project SCOUT TCE ALL (Remote and ad-hoc for at-risk seniors and disabled)
3. Aptos Public Library (one Thursday per month)
4. La Manzana Community Center Watsonville (one Wednesday per month)
5. Watsonville Public Library (one Wednesday per month)
6. Watsonville Senior Center (Walk-ins and by appointment 60 and over and disabled)

Project SCOUT JULY Tax Production Totals:

Due to the retirement of the just appointed IRS SPEC representative that had supported our VITA / TCE programs out of San Jose, California, we are currently without a contact and without information regarding production totals. This are the totals as best as we could gather going from the last report provided to us in May plus current production totals:

Project SCOUT Volunteer Income Tax Assistance Tax Preparation Totals:

- Number of Federal returns prepared: At least 1939
- Dollar Amount of Federal refunds: At least \$1,443,742.00
- Dollar Amount of State refunds: At least \$346,795.00
- Dollar Amount of EITC Claimed: At least \$462,704.00

Dollar Amount of TOTAL refunds: At least **\$1,790,537.00**

Total money back in the wallets of our clients, including average return cost of \$250.00: At least **\$2,275,287.00.**

8.3-1

Project SCOUT JULY CALFRESH Services

Project SCOUT continues investing resources assessing senior and disabled clients from tax season 2025 who are low-income and qualify for CalFresh services. For the month of JULY, one of our staff is fully tasked with assessing, contacting, and setting up services for those interested, with the help of another for all those who are Spanish speaking. Project SCOUT's JULY results:

- **Number of Senior/disabled clients assessed for services TOTAL – 553**
- Number of Senior/disabled clients assessed for services (Santa Cruz County)– 506
- Number of Senior/disabled clients assessed for services (Santa Benito County) – 47
- **Number of clients who completed CalFresh application TOTAL – 21**
- Number of clients who completed CalFresh application (Santa Cruz County) – 19
- Number of clients who completed CalFresh application (San Benito County) – 2

Project SCOUT JULY Services Highlights:

Project SCOUT assisted a disabled woman with two disabled children who as an In-Home Supported Services provider for her two kids, qualifies for the EITC and should be receiving over \$14,000.00 in tax refunds! Outside of this tremendous assistance to the family, Project SCOUT was able to complete a CalFresh application for the client and her two children. This example encompasses Project SCOUT's ability to assist our communities with poverty-fighting measures through our programs, many a time with life-changing results for those we serve.

Project SCOUT assisted a client who was getting the CalFresh minimum of \$23. After Project SCOUT resubmitted an application for her including all of her expenses, the county increased her monthly amount to over \$70! The client is very happy that we have been able to get her more funds to not only purchase food, but to free up money for other expenses and needs.

On, July 3, 2025, the United States Congress passed House Resolution (H.R.) 1, changing rules for General Fund match for the federal reimbursement in the CalFresh Outreach program, meaning that programs like Project SCOUT may be required to have local funds to match funds received from for CalFresh services. Luckily, Project SCOUT foresees having enough local funds to be able to match such funding, but other partners may not, meaning that poverty fighting programs like CalFresh will be reduced throughout the state, meaning more work demands on those who continue doing the work, with same or less resources. There will be limitations to services to those receiving CalFresh as per (H.R.) 1 such as the need for those who receive CalFresh and are of abled-bodied and of working age to participate in job-training programs or the like to receive funds. We hope to have more information on those in the next few weeks. Project SCOUT will provide additional guidance and updates as more information becomes available. Per meeting with county partners and officials, the county foresees about 200 current CalFresh recipients to be disqualified from services with new mandates. Project SCOUT is hopeful that those we currently service (seniors an disabled) continue receiving CalFresh without limitations or red tape.



DATE: August 15, 2025

TO: AAA Advisory Council
Board of Directors

FROM:  Patty Talbott, AAA Administrator

RE: 2025-26 Contracted Service Providers

AAA contracted service provider contracts have just about been fully executed, so it seemed a good time to offer you a current summary of the contracts for AAA services for this program year, as well as the small amount of AAA direct services provided with AAA funding. The chart lists the provider, service program, counties served, funding and source.

We look forward to a good year ahead with our existing and new providers, Health Projects Center and Martha's Kitchen.

8.4-1



8.4.2

**SENIORS COUNCIL/AREA AGENCY ON AGING
2025-26 AAA PROVIDER FUNDING CONTRACTS and AAA DIRECT SERVICES**

PROVIDER	SERVICES TO BE PROVIDED	COUNTIES SERVED	FUNDING	SOURCE
SANTA CRUZ AND SAN BENITO COUNTIES				
Health Projects Center	Family Caregiver Support Program (IIIE)	Santa Cruz & San Benito	\$147,240	Area Plan
Senior Network Services	Ombudsman and Elder Abuse Prevention	Santa Cruz & San Benito	\$173,037	Area Plan
Senior Network Services	HICAP (Health Insurance Counseling & Advocacy)	Santa Cruz & San Benito	\$301,250	HICAP
Senior Network Services	MIPPA (Medicare Outreach)	Santa Cruz & San Benito	\$41,144	MIPPA
Senior Legal Services	Legal Services (IIIB)	Santa Cruz & San Benito	\$92,000	Area Plan
Volunteer Center	Health Promotion (IIID) Matter of Balance	Santa Cruz & San Benito	\$22,798	Area Plan
SANTA CRUZ COUNTY ONLY				
Comm. Bridges/Meals on Wheels	Home Delivered and Congregate Meals (IIIC)	Santa Cruz	\$907,246	Area Plan
Comm. Bridges/Meals on Wheels	State Nutrition Modernization Funding - HDM only	Santa Cruz	\$166,884	Older CA Act
Community Bridges/Lift Line	Transportation to Contracted Meal Sites (IIIB)	Santa Cruz	\$20,000	Area Plan
Family Service Agency	Peer Counseling and Visiting (IIIB)	Santa Cruz	\$15,000	Area Plan
Senior Network Services	Info and Assistance, Case Mgmt, In Home Visits (IIIB)	Santa Cruz	\$104,750	Area Plan
Volunteer Center	Helping Hands - Home Safety/Minor Repairs (IIIB)	Santa Cruz	\$25,000	Area Plan
SAN BENITO COUNTY ONLY				
Martha's Kitchen	Home-Delivered and Congregate Meals (IIIC)	San Benito	\$298,065	Area Plan
Martha's Kitchen	State Nutrition Modernization (NM) Funding - HDM	San Benito	\$55,628	Older CA Act
San Benito County ADRC	CDA ADRC Funding	San Benito	\$199,008	ADRC
San Benito County ADRC	Information & Assistance, Case Management (IIIB)	San Benito	\$38,457	Area Plan
AREA AGENCY ON AGING AREA PLAN DIRECT SERVICES				
Coordination (IIIB)	Approved Coordination Objectives in Area Plan	Santa Cruz & San Benito	\$4,300	Area Plan
Direct Service Nutrition (IIIC)	Provider RD and Nutrition Education Services	Santa Cruz & San Benito	\$13,000	Area Plan
Outreach (IIIB)	Senior Farmers Market Voucher Distributions	Santa Cruz & San Benito	\$2,000	Area Plan
Personal Affairs Assistance (IIIB)	Project SCOUT Tax Assistance	Santa Cruz	\$17,700	Area Plan
Area Plan Funding: IIIB=Supportive Services, IIIC=Nutrition Services, IIID=Health Promotion, IIIE=Family Caregiver Support Older Californians Act: NM=Nutrition Modernization (Additional Funding for Meals), OM Supportive Services (Volunteerism) MIPPA: Medicare Improvement for Patients and Providers Act ADRC=Aging and Disability Resource Connection, HDM: Home delivered meals				



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Date: 8-15-25

To: Seniors Council Board of Directors, AAA Advisory Council

From: Clay Kempf, Executive Director

RE: Executive Director's August Report

AGENCY OPERATIONS & FUNDING

Extreme demands on much of our staff including myself continues. All the things listed last month - federal threats of defunding our Foster Grandparent & Senior Companion Programs; the changing status of the Administration for Community Living and related funding; provider transitions; local funding; CDA's upcoming changes to AAA structure; are all in addition to our routine tasks of performing our daily activities, operating our programs, and interacting with other organizations, including community-based and governmental.

Included in your packets is a summary report from Justice in Aging highlighting (lowlighting?) the impacts of key changes on older adults in the 2025 Budget Reconciliation Act. I won't repeat them here, but be aware that as excellent as that report is, it's not comprehensive. It doesn't include the elimination of Americorps, for example, or how critically impactful senior programs like Foster Grandparent, Senior Companion, and Retired Senior Volunteer Programs are. Older Americans Act Programs, however, fared fairly well, as shown in the attached USAging chart.

Some hopeful news on the Americorps front as well. USAging reports that the Senate's Labor/HHS Appropriations bill restores funding to AmeriCorps Seniors to its previous levels; very exciting news if the House follows suit! We're extremely happy to see this news, and encourage everyone to keep messaging Congress about the value and importance of these funds.

We've also received notice and a budget amendment from the California Department of Aging (CDA) that Nutrition Services Incentive Program (NSIP) funding is indeed still in place, and that our local allocation will be approximately \$117,000. We'll also be receiving an increase in funding for our local Long Term Care Ombudsman program of \$21,838, thanks to statewide advocacy efforts led by Jason Sullivan-Halpern, of the California Long-Term Care Ombudsman Association

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9.1-1

JOVENES DE ANTÑO

Jovenes de Antaño's lawsuit against the Seniors Council around Jovenes' reporting and operational challenges is probably being continued into September. Details will be discussed during a closed session of the Seniors Council Board of Directors, but we won't take time away from the AAA Advisory Council about it. Needless to say, Jovenes' suit and operational problems continue to consume much of our staff's time. We're happy to report that this time is shrinking now that we have new agencies replacing Jovenes in the delivery of services.

One irony of Jovenes' restraining order prohibiting us from releasing \$381,000+ of state & federal funds is that also prohibits us from releasing the funds to make payments to Jovenes for the services they did provide.

FEDERAL, STATE & COMMUNITY ACTIVITIES

CDA will be presenting an overview of their next steps in their implementation of SB 1249 and their Aging 2030 plans on Monday, August 18. As reported last month, and following various webinars regarding these items, including revising the Intrastate Funding Formula, Designation and de-Designation of AAAs, and the creation of additional AAA Services and Performance Measures, CDA has asked AAA's to provide input via surveys. We're very concerned about some of the directions indicated in those surveys, including descriptions of service that don't match CDA's own definitions.

SB 1249 amends the Mello-Grunland act introduces three major policy shifts that will directly affect how AAAs operate, including:

- Designation of Service Areas – redefining how California's AAAs are geographically structured.
- Establishment of Statewide Services – aiming to create more consistency in services across all regions.
- Revisions to the Funding Formula – altering how limited resources are distributed among AAAs.

Among the major risks of these changes are undermining local voices and advocacy, and minimizing local control of state & federal funds - long considered the greatest strength of both the Older Americans Act and the Older Californians Act. Also under discussion is consideration of increasing reporting requirements as part of homogenizing statewide services; all in a time of growing demand and population growth with mostly shrinking resources.

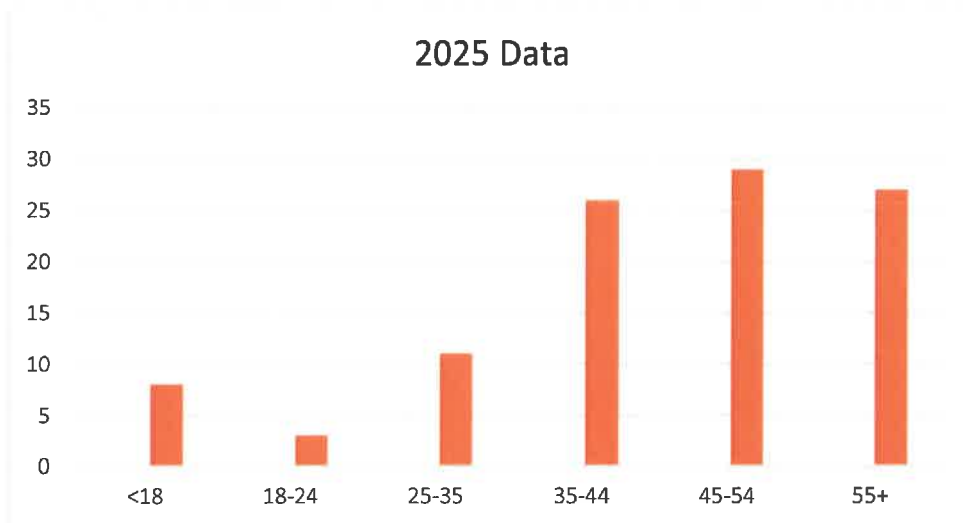
C4A (California Association of Area Agencies on Aging) has shared their list of recommendations, which are also included here.

One former staffer to Senator Henry Mello responded to SB 1249 by saying "It's a good thing Henry isn't alive anymore, because if he saw these changes it would kill him".

SANTA CRUZ COUNTY HOMELESS POINT-IN-TIME COUNT REPORT

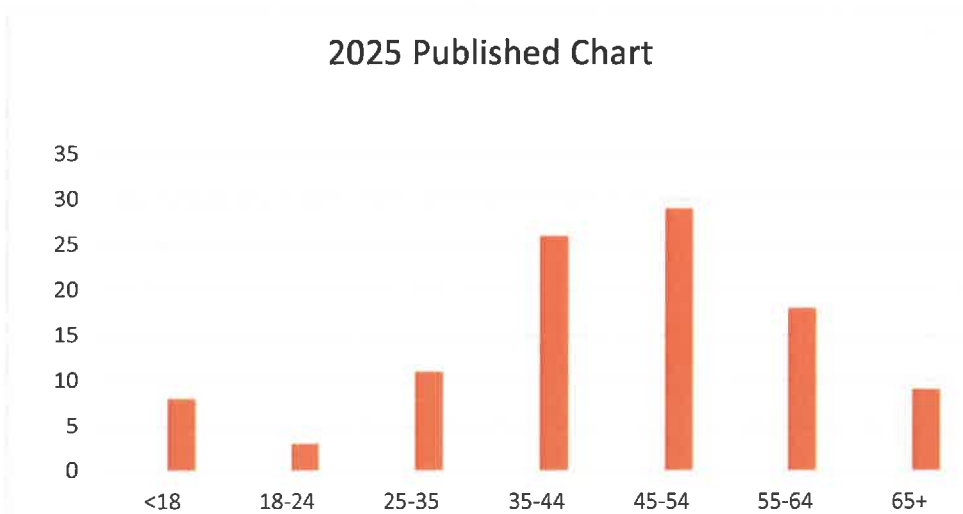
We're including the Executive Summary of Santa Cruz County's 2025 Homeless Point-in-Time Count/Survey. It's a great report, but once again we're disappointed at the lack of attention addressing older adult homelessness. We've been raising this issue as far back as after our 2017 Solutions Summit, and after several years of no results, gave up. But with the County committing to being an Age-Friendly Community, and the County AAA Partnership around creating a Local Playbook for California's Master Plan for Aging, we expected increased attention to the housing needs of older adults, and especially for those who are unhoused.

One simple suggestion that we think would draw more attention to the issue of unhoused older adults is just in how the data is presented. For example, compare these two charts; each of which uses the exact same data:



This chart communicates the existence of a large number of unhoused older adults, and highlights that age is a factor and a challenge in our community.

However, the chart included in the report released to the public isn't the chart shown above. Instead, it is the following:



The Budget Reconciliation Act of 2025 Means Harmful Cuts for Older Adults

On July 4, the President signed into law the 2025 Budget Reconciliation Act (H.R. 1), previously known as the “One Big Beautiful Bill Act.” The law includes the largest cuts in history to Medicaid and the Supplemental Nutrition Assistance Program (SNAP), all to expand tax cuts for the wealthy. The law endangers the health and financial security of millions of older adults across America by cutting these programs by well over \$1 trillion and taking health coverage from 15 million people. These cuts break a promise to everyone in America that we can depend on assistance as we age. They weaken the foundation of our health and long-term care system and will impact us all, but the worst impacts will fall on those who can least afford them and who already face the greatest barriers to staying healthy and meeting their needs.

Justice in Aging is committed to providing advocates with the tools they need to minimize harm as the law is implemented and help older adults maintain access to essential services and supports. This resource provides a high-level outline of the impact of H.R. 1 on health care, long-term care, economic security, and civil rights of low-income older adults. Over the coming weeks and months, we will be releasing additional analysis, educational resources, and tools. For more detailed information on the health and long-term care impacts, please see Justice in Aging’s chart, Budget Reconciliation Act of 2025: Medicaid and Medicare Provisions Impacting Low-Income Older Adults.

REDUCES ACCESS TO QUALITY LONG-TERM CARE

The law makes it harder for older adults and people with disabilities to obtain quality long-term care—whether at home or in a nursing facility—by limiting eligibility for long-term care and cutting back on staffing protections.

Places Access to At-Home Care and Other Optional Benefits at Significant Risk for Cuts¹

The law restricts funding mechanisms that states use to fund their Medicaid programs, such as provider taxes and state-directed payments (SDPs) in managed care. Facing significant reductions in federal funding, states will be forced to cut benefits or eligibility categories that are “optional” under federal law, enrollment, or provider rates. Since Home- and Community-Based Services (HCBS) account for the majority of optional Medicaid spending, these services are likely to be cut first, leading to longer waiting lists and more institutionalization. While the law does include a new limited option for states to cover HCBS for people with lower care needs, states are unlikely to take this up in light of the significant loss of funding. During the Great Recession, for example, every state cut HCBS to fill budget shortfalls. With reduced Medicaid

funding, states are also likely to cut optional services like adult dental, vision, and hearing that Medicare does not cover.

Pauses Minimum Staffing Requirements for Nursing Facilities²

For the next ten years, the law blocks the federal government from moving forward with new rules that would have increased staffing in nursing facilities—including requiring a registered nurse on-site 24/7. Chronic understaffing puts both residents and workers at risk, leading to preventable injuries, illnesses, and deaths. Experts estimate that 13,000 lives will be lost each year as a result of understaffing.

Limits Medicaid Eligibility for Long-Term Care³

The law caps the amount of home equity an individual can have to qualify for Medicaid coverage of long-term care at \$1 million – and does not adjust this amount for inflation. Today, twelve states allow higher than the \$1 million limit—so people in those states will lose eligibility upon this provision becoming effective in 2028. Over time, as home values rise, fewer people will qualify for long-term care across the country. This change will force many older homeowners to delay needed long-term care or sell their homes to get Medicaid.

The law also shortens retroactive Medicaid coverage from three months to two months for older adults, people with disabilities, and most other Medicaid populations (see below). This change jeopardizes access to care for those in medical crisis who often are unable to immediately complete burdensome enrollment paperwork, especially for those seeking long-term care, and will lead to increased medical debt.

TAKES AWAY HEALTH CARE COVERAGE

The Congressional Budget Office estimates that 15 million people will lose their health insurance because of cuts to Medicaid in H.R. 1 and the expiration of the Affordable Care Act Marketplace subsidies. Older adults will lose health care coverage in multiple ways.

Pauses Rules that Simplify Medicaid Enrollment for Older Adults and Disabled People⁴

The law halts the Streamlining Medicaid Eligibility & Enrollment Rules for ten years. This will make it harder for older adults to get and maintain Medicaid coverage by allowing states to maintain bureaucratic requirements, such as complex income verification paperwork and frequent renewals that currently prevent eligible people from gaining and maintaining coverage. Older adults who rely on Medicaid to help pay their Medicare premiums and cost-sharing through Medicare Savings Programs will also continue to face this red tape, putting millions at risk of losing critical financial help that makes Medicare affordable.

Puts in Place New Work Requirements and Cost Sharing for Medicaid Expansion Population⁵

The law requires adults ages 19 to 64 eligible for Medicaid expansion to work or volunteer at least 80 hours a month to enroll in and maintain their coverage. Those who cannot document that they meet these requirements will have their coverage terminated. While there are exemptions for parents of minor children

up to age 13, some family caregivers, and some people with disabilities, these are narrowly defined and will require verification. As a result, many people who cannot work due health issues or who provide caregiving will still have their coverage terminated.

Older adults ages 50 to 64 are especially at risk of becoming uninsured. Many are retired or face difficulties securing work. They are more likely to qualify for an exemption, but less likely to be able to prove it or navigate the red tape to report their work. An estimated 1.8 million people in this age group are expected to have their Medicaid terminated.

The law also makes it harder to stay covered by requiring states to recheck eligibility for the Medicaid expansion population at least every six months. It also requires states to charge people with expansion coverage out-of-pocket costs for some services and limits retroactive coverage to just one month before someone applies—making it more likely people will face gaps in care and increased medical debt.

Undermines Medicare

In addition to cutting Medicaid assistance, thereby making it more difficult for low-income older adults to utilize their Medicare benefits, the law also puts Medicare's future at risk. Because the law increases the deficit, the law triggers future massive cuts to Medicare due to the Statutory Pay-As-You-Go Act of 2010 (S-PAYGO). This law kicks in when legislation increases the deficit, and Medicare cuts are set to begin in fiscal year 2026 unless Congress acts.

REDUCES FOOD ASSISTANCE FOR SENIORS AND FAMILIES

The law slashes billions of dollars from the Supplemental Nutrition Assistance Program (SNAP), and will force states, whose budgets are already stretched thin, to make tradeoffs that will leave older adults and families hungry. Individuals and households who receive SNAP will receive less money because of across-the-board cuts—all at a time when food prices are increasing. The law also introduces work requirements and other measures that will prevent people from applying for, qualifying for, and keeping their benefits, including many older adults between the ages of 55-64 who would otherwise be eligible.

Reduces Funding for SNAP⁶

The law's changes in Supplemental Nutrition Assistance Program (SNAP) funding for states means that states will lose \$186 billion in federal SNAP funding through 2034—a 20 percent reduction. Further, the law eliminates the standard utility allowances and other measures that simplify eligibility determinations for SNAP and utility assistance. More than 40 million people, including 8 million seniors, will be impacted. Food benefits will be cut by an average of \$100 per month for about 600,000 low-income households.

Expands Work Requirements for SNAP⁷

The law also expands the categories of people who must prove, through additional paperwork and reporting, that they meet certain “work requirements” in order to remain eligible for SNAP. Specifically, work requirements are expanded to families with children ages 15 and above, older adults ages 55-64, former foster youth, veterans, and people experiencing homelessness. Because of this additional red tape,

9.2-3

more than two million people, many of whom would otherwise be eligible, will be cut off from SNAP benefits, including 900,000 adults between the ages of 55 and 64.

PROVIDES A TAX DEDUCTION FOR SOME AND INCREASES THE INSOLVENCY OF THE SOCIAL SECURITY TRUST FUND FOR ALL

The changes in the tax code in the law provide a modest deduction for some seniors while creating a huge cost in the long term. This temporary deduction will overwhelmingly go to higher income older adults and will not benefit lower income people over 65 or people with disabilities. The change will hurt the solvency of the Social Security Trust Fund for everyone.

Puts in Place a Temporary Tax Deduction⁸

The law provides a temporary tax deduction of up to \$6,000 for certain people age 65 and over for the years 2025 through 2028. Because it is a deduction and not a credit, it does not provide any financial benefit for the majority of older adults, whose income is too low to pay income tax. However, the money lost from the Social Security Trust Fund will affect its solvency for everyone. The law is estimated to move up the date of Social Security insolvency to 2032, a year sooner. At that point there would be insufficient funds to cover all benefit payments and without congressional action, *all benefits would be cut by 20%*.

CUTS IMMIGRANT ACCESS TO HEALTH CARE AND FOOD

Over eight million immigrants over 65 live in the United States. Over 1.6 million noncitizens are enrolled in Medicare. This law cuts health care and food assistance for those who are lawfully present, authorized to work, and have lived in the U.S. and paid taxes for many years. These cuts will leave all immigrants, including older immigrants, poorer and sicker.

Restricts Medicaid Eligibility for Lawfully Present Immigrants⁹

The law eliminates Medicaid eligibility for lawfully present immigrants who are not Lawful Permanent Residents (LPR) (after a five-year or longer waiting period); certain Cuban and Haitian immigrants; individuals living in the U.S. under a Compact of Free Association; or lawfully residing children and pregnant people. It also removes Medicaid eligibility for most humanitarian immigrants, including refugees and asylees.

Restricts Medicare Eligibility for Lawfully Present Immigrants¹⁰

The law limits Medicare eligibility for lawfully present immigrants to three categories: Legal Permanent Residents, Cubans and Haitians who entered under a family reunification program, and People residing under the Compacts of Free Association (citizens of Micronesia, the Marshall Islands, and Palau). This change in the law breaks a longstanding promise by taking away Medicare coverage from many lawfully present immigrants who have lived, worked, and paid Medicare and other taxes in the U.S. for decades. Together with the Medicaid restrictions and comparable restrictions that limit enrollment and financial assistance to purchase Affordable Care Act Marketplace coverage, these new changes mean that many older immigrants who are not Legal Permanent Residents are likely to become uninsured.

Restricts SNAP Eligibility for Lawfully Present Immigrants¹¹

The law limits Supplemental Nutrition Assistance Program (SNAP) eligibility for lawfully present immigrants to three categories: Legal Permanent Residents, Cubans and Haitians who entered under a family reunification program, and People residing under the Compacts of Free Association (citizens of Micronesia, the Marshall Islands, and Palau). This means it takes away food assistance from refugees and asylees who fled persecution and are trying to rebuild their lives.

CONCLUSION

In sum, the law rips away health care and food assistance from the people who most need them, including caregivers and immigrants who have lived and worked legally here for decades. Putting nursing home residents' lives at risk while jeopardizing the ability of older adults to age at home leaves families with few options for long-term care—just as the population is aging. Justice in Aging will continue to provide tools for advocates to understand the law, mitigate the harm, and identify openings to repeal and rebuild, so that we can all age with dignity and justice.

ENDNOTES

- 1 An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14, Pub. L. No. 119-21, §§71115, 71116, 71121 (2025) ["H.R. 1"].
- 2 H.R. 1, §71111
- 3 H.R. 1, §§71108, 71112
- 4 H.R. 1, §§71101, 71102, 44101
- 5 H.R. 1, §§71119, 71107, 71112, 71120
- 6 H.R. 1, §§10101 - 10108
- 7 H.R. 1, §10102
- 8 H.R. 1, §70103
- 9 H.R. 1, §71109
- 10 H.R. 1, §71201
- 11 H.R. 1, §10108



FY 2023-2026 Labor/HHS Appropriations

As of July 31, 2025 (Dollars in thousands)

Increases over prior year final funding are noted in **BOLD**. Decreases are noted in *italics*.

Older Americans Act and Other Key Aging Programs	FY 2023 Enacted Dec. 2022	FY 2024 Enacted 3.23.24	FY 2025 House Comm. 7.9.24	FY 2025 Senate Comm. 8.1.24	FY 2025 Continuing Resolution Enacted 3.14.25	FY 2026 President's Budget 6.11.25	FY 2026 Senate Comm. 7.31.25
Title III							
B: Supportive Services & Centers	410,000	410,000	415,000	410,000	410,000	410,000	410,000
C1: Congregate Meals	540,342	565,342	<i>543,342</i>	565,342	565,342	565,342	565,342
C2: Home-Delivered Meals	366,342	381,342	<i>366,342</i>	381,342	381,342	381,342	381,342
NSIP	160,069	<i>112,000</i>	132,000	112,000	112,000	112,000	112,000
D: Preventive Health	26,339	26,339	26,339	26,339	26,339	26,339	26,339
E: Family Caregivers Support	205,000	207,000	210,000	209,000	207,000	207,000	209,000
Title V SCSEP (DOL)	405,000	405,000	0	405,000	405,000	0	<i>395,000</i>
Title VI							
A: Grants to Indians	38,264	38,264	42,264	38,264	38,264	38,264	38,264
C: Native American Caregivers	12,000	12,000	16,000	12,000	12,000	12,000	12,000
Title VII							
Ombudsman/Elder Abuse	26,658	26,658	26,658	26,658	26,658	26,885	26,658
Elder Rights Support + APS	33,874	33,874	<i>18,874</i> [no APS]	33,874	33,874	34,005	33,874
Title II							
Aging Network Support Activities	30,461	30,461	<i>21,796</i>	30,461	30,461	30,461	30,461
ADRCs	8,619	8,619	8,619	8,619	8,619	8,619	8,619
Program Admin.	47,063	48,063	49,063	48,063	48,063	<i>37,500</i>	<i>41,000</i>
RDE Center	5,000	5,000	5,000	Unclear	5,000	Unclear	Unclear
Other AoA/ACL Programs							
State Health Insurance Asst. Program	55,242	55,242	55,242	55,242	55,242	55,242	55,542
Community Care Corps	5,500	TBD	0	Unclear	Unclear	Unclear	Unclear
CDSMP	8,000	8,000	8,000	8,000	8,000	0	8,000
Alzheimer's Disease Program Initiative		31,500	31,500	31,500	31,500	<i>16,800</i>	<i>16,800</i>
Elder Falls Prevention	7,500	7,500	7,500	7,500	7,500	<i>2,500</i>	7,500
Lifespan Respite Care	10,000	10,000	10,000	11,500	10,000	10,000	11,000
Senior Medicare Patrol		35,000	35,000	35,000	35,000	35,000	35,000
Other HHS							
Social Services Block Grant	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
Community Services Block Grant	804,383	804,383	<i>780,000</i>	<i>770,000</i>	804,383	0	<i>770,000</i>
LIHEAP: Low-Income Home Energy Assist.	4,000,000	4,025,000	4,040,000	4,125,000	4,025,000	0	4,045,000
CNCS: AmeriCorps Seniors	236,917	TBD	Likely level funded	236,917	Unclear	0	236,917



CALIFORNIA ASSOCIATION OF AREA AGENCIES ON AGING

July 30, 2025

Director Susan DeMarois
California Department of Aging
1300 National Drive, Suite 200
Sacramento, CA 95834

Dear Director DeMarois,

On behalf of the California Association of Area Agencies on Aging (C4A), I am pleased to share our SB 1249 Implementation Recommendations, formally approved by our membership.

These recommendations represent the culmination of seven months of discussion, analysis, and collaboration among Area Agencies on Aging (AAAs) across California. C4A members have carefully considered each provision, drawing on the deep experience of our network to ensure that the recommendations are practical, equitable, and responsive to the diverse needs of older adults, people with disabilities, and caregivers throughout the state.

The enclosed recommendation document reflects consensus positions developed through a deliberate process that included review of SB 1249 requirements, consideration of federal regulations, and extensive input from our members. We believe these recommendations provide a clear and constructive roadmap for SB 1249 implementation, one that strengthens California's aging services infrastructure, ensures continuity, and promotes equity across all Planning and Service Areas (PSAs).

We look forward to seeing how CDA incorporates these recommendations as implementation moves forward. Should CDA seek additional clarification or discussion, C4A is available to provide further input.

Sincerely,

A handwritten signature in dark ink, appearing to read "Christina N. Mills".

Christina N. Mills
Executive Director
California Association of Area Agencies on Aging (C4A)
christina@c4a.info
Tel: 800.965.1532 ext. 701

C4A SB 1249 Implementation Recommendations

7/29/2025

STATEWIDE SERVICES

Alignment with ADRC Model

We recommend aligning Information & Assistance (I&A) services with the Aging and Disability Resource Connection (ADRC) model where applicable. Recognizing that not all AAAs currently operate as ADRCs, we encourage CDA to provide funding so that all AAAs can participate in the program.

Optional Statewide Services Approach

Suggest allowing AAAs flexibility or an opt-out option if they cannot feasibly provide a particular statewide service due to lack of provider capacity or failed RFPs.

Service Definitions and Integration

We request that CDA update and modernize service definitions to reflect current best practices and delivery models. This includes clarifying how care management is distinct from or integrated with enhanced I&A. Updated definitions will help ensure consistency and relevance across all PSAs.

Funding Considerations for Statewide Services

We recommend that CDA ensure statewide services identified under SB 1249 are adequately resourced and not implemented as unfunded mandates. PSAs should be supported with sufficient funding and implementation flexibility to account for local capacity, existing contracts, and provider availability.

Performance Measurement Approach

We encourage the use of data-driven performance measurement strategies. When such practices are not available, an age-appropriate and automated performance measurement strategy should be implemented. Simpler, meaningful metrics—such as community impact—should be prioritized over those that are burdensome to track or slow to reflect change (e.g., chronic disease outcomes).

PSA DESIGNATION

Consistency with Federal Regulations

We ask CDA to clarify how SB 1249 implementation aligns with the ACL Final Rule, including regulations related to designation/designation and rural expenditure provisions.

Transition Planning Involvement

We recommend involvement of current AAAs in any designation transitions to promote service continuity and minimize client disruption.

Support During Transitions

We encourage CDA to allow adequate transition time—no less than six months—for impacted AAAs to notify staff, plan financially, and prepare for organizational shifts.

Transition Committee Participation

If AAA transitions are to occur, we would like to see current advisory council members, directors, and consumers represented on a transition committee. Rather than creating a new oversight structure, we recommend the establishment of a general transition committee to provide guidance during designation changes while preserving sustainability and local voice.

Boundary Changes

We recommend that CDA approach boundary changes with intentionality, ensuring alignment with service needs and funding structures. Current AAAs should be given an opportunity to review and provide input before any boundary changes are finalized.

Clarification of Federal Review Requirements

We request clarification from CDA regarding which elements of SB 1249 implementation—such as designation changes, IFF modifications, or statewide services—require review or approval by the federal government. This transparency will support accurate planning and compliance.

Right of First Refusal without Boundary Change

We recommend that CDA clarify how the right of first refusal provision will be applied in cases where an entity seeks AAA designation without requesting a boundary change. This clarity is essential to ensure consistent and equitable implementation of SB 1249 across all PSAs.

Clarity on Local Governance and Structural Realities

Additionally, when boundary changes or transitions affect a Joint Powers Authority (JPA), it is critical that CDA maintain a clear documentation record of being informed about the operational, legal, and financial consequences of dissolving a JPA. The dissolution of a JPA requires full renegotiation among the remaining counties and can lead to significant service and structural disruption. CDA should ensure these scenarios are well understood and planned for, and not treated as incidental or administrative.

INTRASTATE FUNDING FORMULA (IFF)

Key Factors for Consideration

We support CDA's use of factors such as age 60+, age 75+, 200% of the Federal Poverty Level (FPL), rural geography, general disability, and geographic isolation. We recommend using 200% FPL rather than Medi-Cal eligibility, as it is more inclusive and reflective of actual need.

Hold Harmless Provision

Suggest including a hold harmless clause to prevent PSAs from experiencing dramatic funding reductions. This could help maintain service stability while adjustments are made over time.

Three-Year Rolling Allocation

We support a three-year rolling allocation model (rather than a three-year expenditure average) to improve predictability and support long-term planning. We understand this may require alignment with CDA's existing fiscal practices.

Per-County Administrative Allocations

We encourage CDA to provide additional administrative funding for multi-county AAAs that manage services across multiple counties. This would account for operational complexity and promote equity without prioritizing structural form over function.

Baseline Funding

We support CDA's proposal to establish a \$250,000 per-PSA baseline allocation and appreciate its efforts to ensure minimum operational capacity for all regions.

Transparency in Category Selection

We ask that CDA clearly communicate how IFF categories are selected and how those selections support statewide equity.

Funding Flexibility

We emphasize the need for flexible funding across all PSAs, especially in geographically large or partially covered areas. This flexibility should not be limited to large counties but should apply universally.

Local Flexibility to Meet Area Plan Needs

We recommend that CDA support maximum local flexibility to respond to the unique needs identified in each PSA's Area Plan, rather than setting rigid minimum allocations that may not reflect local priorities or service availability.

Transparency on Methodology

We recommend that CDA provide timely and accessible guidance on how service expectations are determined and how PSAs can meet them. Clear and proactive communication will ensure PSAs are prepared to comply with changing standards.

SANTA CRUZ COUNTY

2025 POINT-IN-TIME COUNT & SURVEY

Every year, typically during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2025 Santa Cruz County Point-in-Time Count was a community-wide effort conducted on January 30, 2025. In the weeks following the street count, a survey was administered to 426 unsheltered and sheltered individuals experiencing homelessness in order to profile their experience and characteristics.



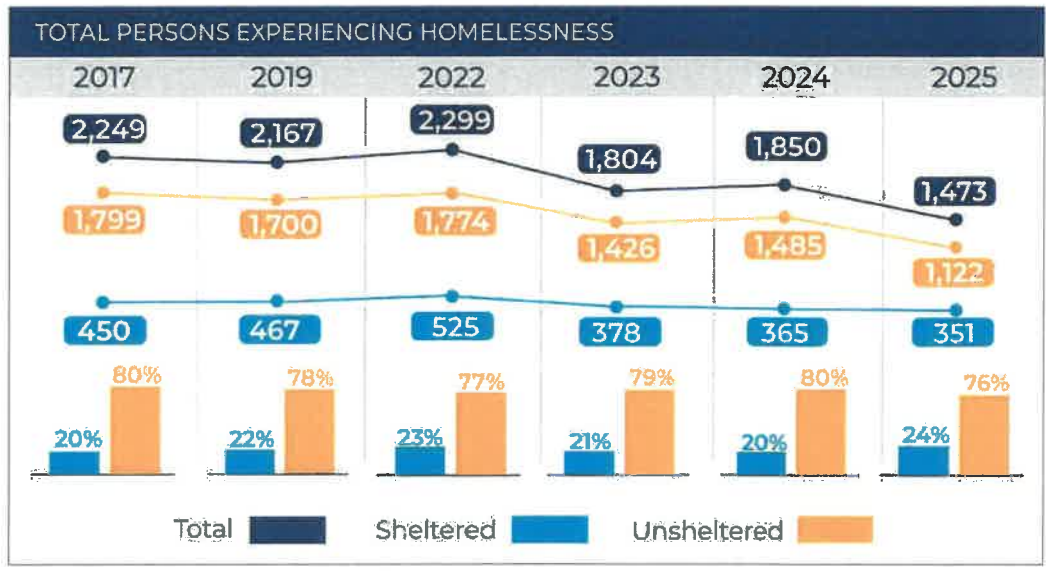
TOTAL PERSONS EXPERIENCING HOMELESSNESS

1,473

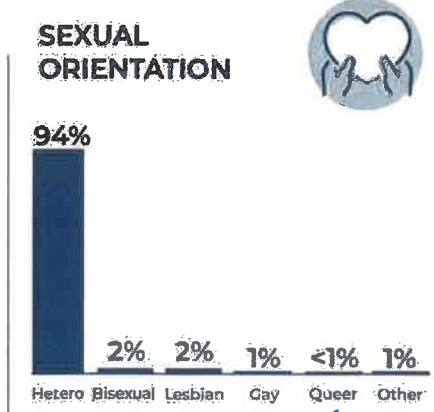
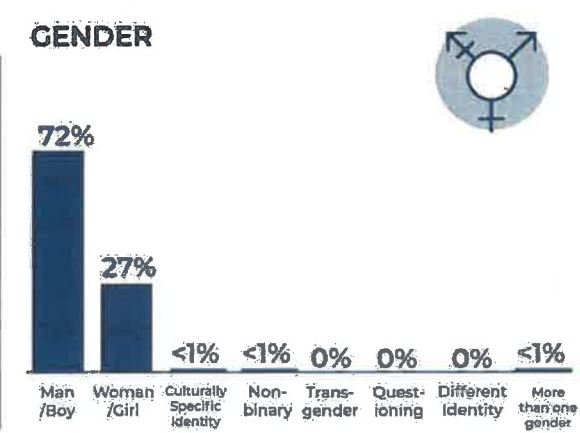
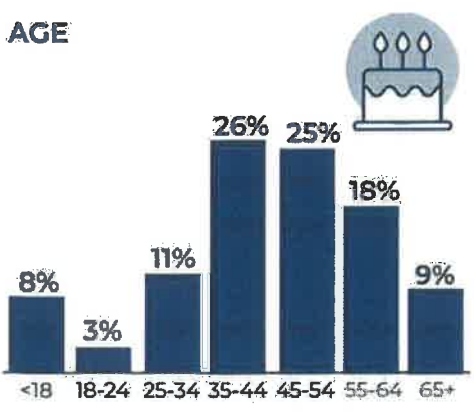


24%
Sheltered
n=351

76%
Unsheltered
n=1,122

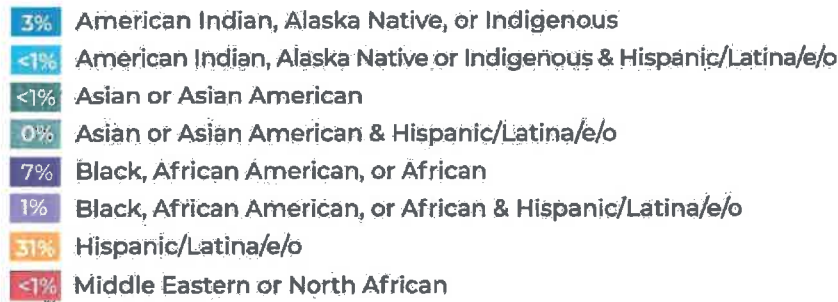


DEMOGRAPHICS



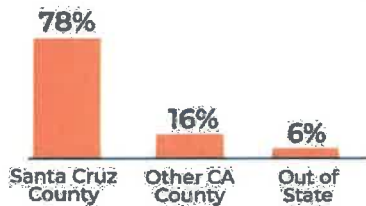
9.6-1

RACE/ ETHNICITY

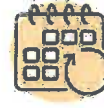


DATA PORTRAITS

RESIDENCE AT THE TIME THEY BECAME HOMELESS



DURATION OF CURRENT EPISODE OF HOMELESSNESS



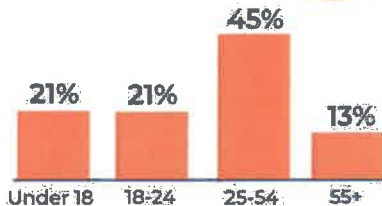
FIRST EPISODE OF HOMELESSNESS



40%

of survey respondents reported their current episode of homelessness as being their first

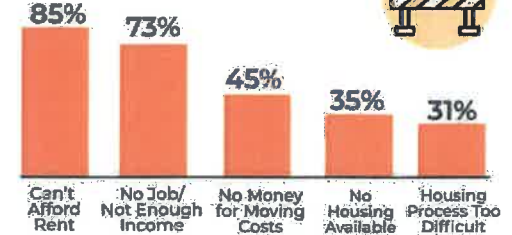
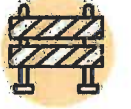
AGE AT FIRST EPISODE OF HOMELESSNESS



PRIMARY CONDITION THAT LEAD TO HOMELESSNESS* (Top 5 Responses)



RESTRAINTS TO OBTAINING PERMANENT HOUSING* (Top 5 Responses)



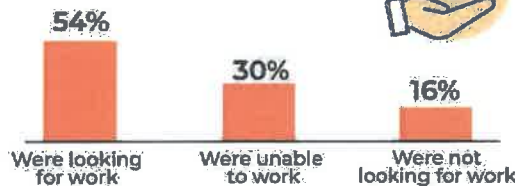
EMPLOYMENT STATUS



12%

of survey respondents had some form of employment

AMONG UNEMPLOYED RESPONDENTS



FOSTER CARE



21%

of survey respondents have foster care involvement

JUSTICE SYSTEM INVOLVED



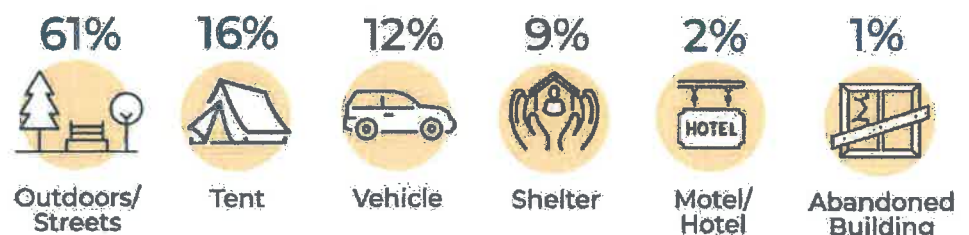
31%

of survey respondents spent one or more nights in jail/prison/ juvenile hall in the past year.

13%

of survey respondents reported being on probation/parole at the start of their most recent episode of homelessness

SURVEY RESPONDENTS BY SLEEPING ACCOMMODATION



SELF-REPORTED HEALTH^o

Current health conditions that may affect the housing stability or employment of those experiencing homelessness.

PSYCHIATRIC
OR EMOTIONAL
CONDITIONS



54%

Report having a psychiatric or emotional condition

SUBSTANCE
USE
DISORDER



50%

Report having a substance use disorder

PHYSICAL
DISABILITY



43%

Report having a physical disability

PTSD



42%

Report having Post Traumatic Stress Disorder

CHRONIC
HEALTH
CONDITION



25%

Report having a chronic health condition

TRAUMATIC
BRAIN
INJURY



24%

Report having had a TBI

HIV/AIDS
RELATED
ILLNESS



1%

Report having an HIV/AIDS related illness

DISABLING CONDITION

A disabling condition is defined by HUD as a developmental disability, HIV/AIDS, or a long-term physical or mental impairment that impacts a person's ability to live independently but could be improved with stable housing.

75%



of survey respondents report having at least one disabling condition.

GOVERNMENT ASSISTANCE^o



83%

of survey respondents reported receiving government benefits.

SERVICES CURRENTLY ACCESSING* (TOP 6 RESPONSES)

67%



Medi-Cal/
Medicare

55%



Food
Stamps

11%



Social
Security

10%



General
Assistance

10%



SSI/SSDI/
Disability

17%



None

REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE* (TOP 4 RESPONSES)

23%



Immigration
issues

15%



Don't know
where to go

11%



Don't think
I'm eligible

11%



Paperwork
too difficult

9.6-3

SPECIAL POPULATIONS

Total Sheltered Unsheltered

CHRONIC HOMELESSNESS



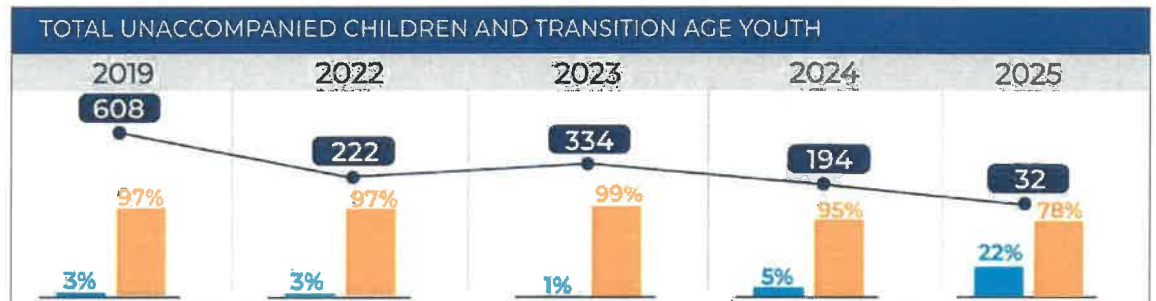
VETERANS



FAMILIES



UNACCOMPANIED CHILDREN + TAY



SUBPOPULATION DEFINITIONS

CHRONIC HOMELESSNESS

An individual with one or more disabling conditions, or a family with a head of household with a disabling condition, who:

- Has been continuously homeless for one year or more and/or;
- Has experienced four or more episodes totaling 12 months or more of homelessness within the past three years

9.6-4

VETERANS

Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

FAMILIES

A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).

UNACCOMPANIED YOUTH YOUNG ADULTS

Youth under the age of 18 and young adults from the ages of 18 to 24 years old (TAY) who are experiencing homelessness and living without a parent or legal guardian.

□ Source: 2025 Santa Cruz County Homeless Survey, N=426

* Multiple response question, percentages may not add up to 100%

Note: Some percentages have been rounded so total percentage will equal 100%.

The complete comprehensive report includes a more detailed profile of the characteristics of those experiencing homelessness in Santa Cruz County. It will be available July, 2025. Source: Applied Survey Research, 2025, Santa Cruz County Homeless Census & Survey, Watsonville, CA.





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We hear a great deal these days about diversity, equity and inclusion, but we may forget that this phrase includes older people — the one minority group we will someday all be a part of. By now, most people know that the senior population in Santa Cruz County is growing rapidly, especially as compared to the rest of the population.

What you may not know is that since 2010 the 65-84 population here has grown at a faster rate (80.9 percent) than anywhere else in California. Currently it is estimated that there are 73,000 folks over 60 in Santa Cruz County with about a quarter of that amount living in the mid-county area.



Pamela Arnsberger

In many ways, aging here is a positive experience. Compared to the rest of the state, Santa Cruz County seniors are quite well-educated with over 80 percent having some college or being college graduates and most are healthy, with over 60 percent identifying as being well and active. We are also pretty tech savvy with almost 80 percent of us owning cell phones and 82 percent having either a computer or tablet or both.

On the other hand, there are some surprising issues. We forget, perhaps, that we are essentially a rural area and a much higher percentage of seniors in Santa Cruz County live alone as compared to the rest of the state. This probably contributes to the high levels of isolation, loneliness and depression that have been identified in multiple surveys here. In fact we have higher levels of depression (23 percent) than other Medicare recipients (18 percent) throughout the country. This particular issue was poignantly explored in a recent exhibition by The Santa Cruz County Museum of Art and History (SCMAH) which attracted thousands of people.

Other areas of concern are the growing numbers of Medi-Cal eligible (low-income) seniors. These numbers increase at an alarming rate, and if you are in this category, it is still extraordinarily difficult to locate a provider who will accept Medi-Cal. Recently it has even become difficult to find a provider who will take new Medicare patients. There are now reports that providers who have had patients for many years have been dis-



issue comes as a surprise to nobody, and it affects seniors as well as the rest of the population. In the probability sample of seniors conducted by the California Department of Aging last year, Santa Cruz County was highlighted as a county where seniors could not afford to live. In addition, the actual cost of housing seems to leave little extra room for minor home repairs and maintenance. These two items were ranked first and second in the list of unmet needs in our own local needs assessment. But even this problem looks good when compared to the 2.2 percent of the over 50 population who identify as homeless.

A final concern for many of us is paying for long-term care when we are ill. Current nursing home costs in California now approach \$120,000 a year and Medicare does not generally pay for care past the first 20 days and ends whenever a patient only requires "custodial care." Past that, many patients "spend down" to Medi-Cal and often a skilled nursing home will not accept Medi-Cal patients. And if you have recently tried to find and pay for home care, you know how difficult (and expensive!) that can be.

These are only a few of the issues that we confront in our older years, but there are some benefits and services that can help to meet these challenges. Luckily for us, Santa Cruz County has always been a leader in the development and implementation of services for older adults. There are many programs and services available to seniors that can be accessed by a call to Senior Network Services at 831-462-1433 where dedicated professionals can help to guide you through the system. Or if you just want information, you can stop in at 3333 Soquel Dr Suite A and pick up a Senior Resource Directory. It could be the first step in getting the help you (or someone you care for) might need. ■

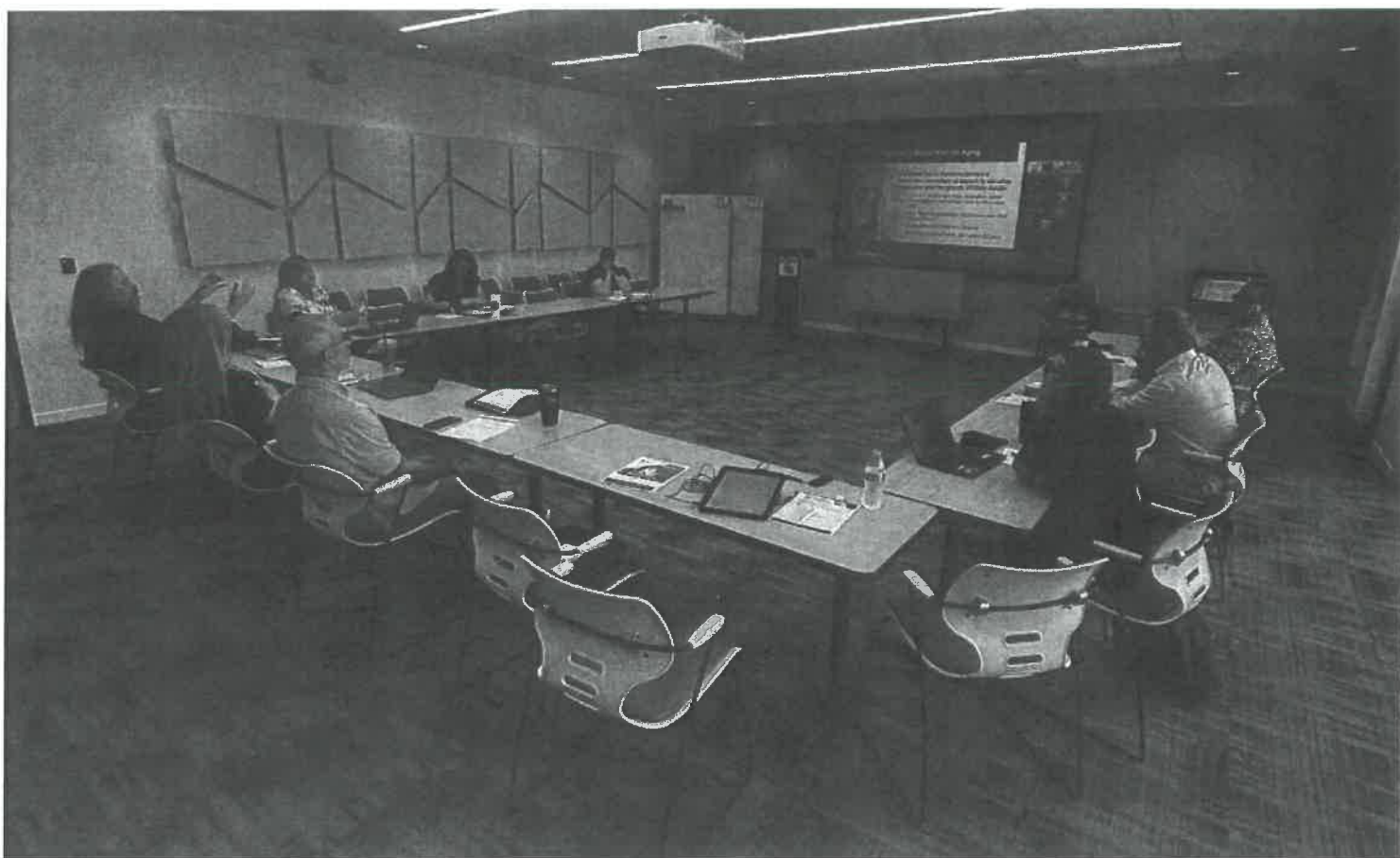
Pamela Arnsberger, Ph.D., MSW, LCSW, received her PhD with distinction from UC Berkeley in 1991. She served as a researcher and professor at the Institute of Health and Aging at the UCSF, the University of New England and the University of Hawaii. She is also a published author and has authored almost

HEALTH

Seniors Council shares 'Master Plan for Aging'

The San Benito/Santa Cruz County organization aims to address 'an ongoing public health crisis' through volunteerism.

by **Robert Eliason**
August 14, 2025



Seniors Council meeting on Aug 8. Photo by Robert Eliason.

Lea este artículo en español [aquí](#).

California has shown explosive growth in its senior population since 2010, an increase across the state of more than 40% according to the 2020 U.S. Census. San Benito County has seen an even greater increase—67%—the third-highest growth rate in the state.

Established by Gov. Gavin Newsom’s 2019 executive order to create a “**Master Plan for Aging**,” the just-issued **Local Playbook**, developed by the **Seniors Council** of Santa Cruz and San Benito Counties, seeks to address what Newsom termed “an ongoing public health crisis.”

According to Seniors Council Executive Director Clay Kemp, the order is the result of a commitment made in 2018 by then-gubernatorial candidates Newsom and John H. Cox before the election. The **framework** of the state’s plan is based on five goals:

- Housing for all ages and stages: Housing in communities that are age-, disability- and dementia-friendly and climate- and disaster-ready.
- Health reimaged: Access to the services needed to live at home and to optimize health and quality of life.
- Inclusion and Equity, not isolation: Lifelong opportunities for work, volunteering, engagement, and leadership.
- Caregiving that works: Preparation and support for the challenges of caring for aging loved ones.
- Affording aging: Assuring economic security for the life of a senior.

Kemp said the Seniors Council held a series of solutions summits and workgroups to “take the bull by the horns” and coordinate local efforts to meet the state’s goals, drawing on dozens of local service organizations, including the Community Foundation of San Benito County.

“The idea was to make the state plan real to this community,” he said. “The only way the state is going to succeed is if there’s local action to make things happen. So we pulled as many community movers and shakers as we could together to brainstorm.”

Kemp said the county’s playbook was intentionally kept to around 30 pages—in contrast to some that range up to 170 pages—to keep the document “usable and action-focused.” Broken into the state’s five main objectives, listed above, each section outlines goals and challenges, local strategic ideas, existing community projects and strategic ideas for the future.

Some of the goals that came out of the consensus include:

- Launching a public awareness campaign around age-friendly housing.
- Advocating for the creation of an official Senior Housing Coordinator position within the County.
- Exploring zoning reforms to incentivize intergenerational and senior-specific housing models.
- Developing a toolkit for cities and developers focused on inclusive design and senior housing best practices.
- Creating a Technology Ambassador Program pairing students with older adults.

Kemp said the idea of the local plan was to recognize that all parts of the state have different service gaps, different projects underway, and different resources, and that the needs of San Benito County are “not the same as those in Los Angeles County.”

“Size is a huge factor,” he said. “I think our local officials are very engaged, but they don’t have the money to throw around that other communities have. And that’s why our players in this must be other nonprofits like us.”

Seniors Council Director of Special Projects Britt Bassoni said that the focus was on identifying local issues and what barriers exist in providing services to those who need it the most.

“What can we all do to address those needs in a way that makes sense?” he said. “Who do we need to have as a partner? What can we do that would result in some measurable progress to get more older adults utilizing these services?”

Most of those nonprofit service organizations, according to Bassoni, are staffed by volunteers and, without them, he said, “we have nowhere near the bandwidth we need to meet individual needs in a community.”

Seniors Council Community Coordinator Corey Shaffer recently launched **San Benito Connect**, a website devoted to matching service organizations to people who may want to volunteer or share their skills with the community.

“Sometimes people don’t know how to get involved,” she said, “Or they just think there’s just nothing they can do to help. But when they see the opportunities, they think, ‘Yeah, I could do that. I could go and help somebody do a tax return.’”

Shaffer said that since the focus of the plan is inclusion, equity and reducing isolation, encouraging seniors to volunteer has a dual purpose: to increase outreach and services as well as provide meaningful activities for seniors.

“It gives seniors something to do to get out of the house,” Shaffer said, “and a chance to be with other people. It’s a feel-good solution. You’re helping people, and people are helping you.”

To volunteer, visit the [San Benito County Volunteers](#) website, call 831-975-2596 (ext 204) or email coreys@sbcvolunteers.org

Master Plan for Aging Playbook. Courtesy of the Seniors Council of San Benito and Santa Cruz Counties.