

**County of Santa Cruz  
Commission on Disabilities**

**Report on Services to County Residents  
with Disabilities**

**Presented to the  
Board of Supervisors  
Santa Cruz County**

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Commission on Disabilities  
701 Ocean Street, Rm 30, Santa Cruz, CA 95060  
Commissions@co.santa-cruz.ca.us

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Peter Heylin, Chair

Compiled by Doug Patrick, Commissioner



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***Table of Contents***

EXECUTIVE SUMMARY .....	1
INTRODUCTION.....	3
INCOME .....	8
ACCESS TO SERVICES .....	10
HOUSING.....	12
HEALTH CARE .....	16
COMMUNITY- BASED HOME CARE .....	19
PROTECTIVE SERVICES.....	22
MEALS.....	27
TRANSPORTATION.....	28
EDUCATION.....	32
EMPLOYMENT .....	34
PARTICIPATION IN COMMUNITY LIFE .....	36
SERVICE PROVIDER RESOURCES.....	37
COMMISSION RECOMMENDATIONS.....	39
ATTACHMENTS.....	40
ACKNOWLEDGMENTS .....	41
LIST OF ORGANIZATIONS CONSULTED.....	42

# **Executive Summary**

## ***The Commission's Role***

The Commission on Disabilities is an advisory body to the Board of Supervisors on matters of concern to county residents with disabilities. A provision of the Commission's charter directs it *to evaluate the services provided to persons with disabilities in the county and make recommendations to the Board of Supervisors based on findings*. Its intent is for the Board to be aware of current and emerging issues so that it may direct attention and resources to areas of need.

## ***Report Content***

This report describes the characteristics of county residents with disabilities, the categories of service that address their needs, and indications of whether services are effective. The Commission makes recommendations for Board action based on its findings.

## ***Methodology***

The study focuses on categories of service offered across sectors of disability. Interviews were conducted with representatives of organizations serving significant populations in the service categories. Contacts were asked to describe the extent to which services are accessible, reach those needing assistance, and are effective in addressing consumer needs. Inquiries focused on areas of greatest concern to consumers. Information gathered in the United Way Community Assessment Project and Seniors Council surveys has been included in the study.

## ***The Current Funding Environment***

Major cuts in public and private funding threaten to significantly reduce, or eliminate, programs that address the needs of county residents with disabilities. Significant cuts will make it difficult for many individuals to sustain care plans that support community living.

## ***Board Challenges***

The Board will be asked to make difficult decisions regarding reduction and elimination of services. An analysis of information gathered suggests guidelines to be used in determining the importance of a service and the impact of its reduction or elimination. The Commission's intent is to direct attention to program areas that are critical elements of an infrastructure that sustains county residents with disabilities.

## ***Context for Commission Recommendations***

Human needs are not fully scalable. Service reductions reach a point where recipients can no longer adapt. If a critical component of a service plan reaches this point, the plan may not be sustainable. Individuals may then be required to transition to more expensive and less independent settings. If resources are available, the new environments may be sufficient to address their basic needs. If not, it may be necessary to rely on service safety nets that are, themselves, underfunded.

## ***Commission Recommendations to the Board***

- Maintain outreach programs that identify, address and monitor those not able to manage their own care.
- Ensure that there is effective intervention when people with significant disabilities are facing homelessness.
- Ensure that complaints of neglect and abuse are monitored at adequate levels.
- Sustain support services that allow people with disabilities to retain independence, live safely and avoid the higher cost of out-of-home care facilities.
- Continue efforts to increase Medicare reimbursement rates.
- Increase the supply of affordable, accessible housing.
- Increase focus on the disability component of homelessness and the difficulty of maintaining care plans in unstable environments.
- For essential services, maintain funding at levels required to seed the participation of other funders.
- Sponsor a collaborative effort to establish processes for the on-going assessment of the coverage and effectiveness of services provided to elderly and disabled county residents

# Introduction

## ***Commission Charter***

A provision of the Commission on Disabilities' charter directs it to:

*Evaluate services provided to persons with disabilities in the county and make recommendations to the Board of Supervisors based on findings.*

The intent is for the Board to be aware of current and emerging issues so it may direct attention and resources to areas of need.

## ***Census Data***

The U.S. Census Bureau, *Disability Characteristics 2008* report includes the following data for Santa Cruz County:

- 12.5 percent of county residents reported having a disability. (29,159)
- 36.7 percent of county residents 65 and over had a disability. (9,505)

## ***Focus of this year's report***

The Commission's annual report to the Board normally focuses on advancing policies and programs that enhance fuller participation of persons with disabilities in community life. This year, due to anticipated reductions in funding, the focus is on sustaining services that allow people to retain independence, live safely and avoid the higher cost of out-of-home care facilities. Significant reductions in these services will raise serious concerns regarding the safety and wellbeing of those impacted

## ***The need for support services***

Many county residents with significant disabilities are challenged in meeting their basic needs for safety, security, health, mobility, social interaction, and self-expression. Significant disabilities may reduce self-sufficiency in personal care and management of life activities. Personal networks and paid service providers may be needed to help address challenges of reduced stamina and mobility, pain, cognitive and/or psychological conditions.

In instances of significant disability, family caregivers are often physically and emotionally challenged by the requirements of providing sustained care and

supervision. The support services provided by government, for profit, and not-for-profit organizations are often essential to maintaining care plans and community living.

Community-based care organizations help elderly, blind and disabled people remain in their own homes when they are not able to fully care for themselves or handle routine household tasks.

## ***Report approach and methodology***

There is limited information available to quantify the effectiveness of services to county residents with disabilities. There is no centralized resource that collects information regarding needs, coverage and effectiveness of services across all disabilities. It is unusual for organizations within individual sectors of disability to collect information of this type.

U.S. Census Bureau data reports the number of county residents who self-identify as having a disability, and the percentage of those who are seniors. The Census does not collect data for all of the generally recognized categories of disability.

The United Way sponsored 2008 Community Assessment Project contains descriptions of the populations served by County Mental Health Services, San Andreas Regional Center, North County SELPA and the Pajaro Valley Unified School District SELPA. The SELPA (Special Education Local Plan Area) data profiles the instance of specific disabilities in the county's school age population. There is a significant gap in available information describing the county's adult population with hearing, vision, orthopedic, learning, autism, speech and language disabilities. The United Way CAP Report data is included as *Attachments C1-8*.

The types of disability, and the nature and extent of impairments within those types, were determined to be too numerous to be a realistic focus of this study. Other studies of multi-sector populations of people with disabilities indicate that there is considerable commonality in the types of services offered across sectors of disability. Measurements of coverage and effectiveness, within categories of service, were also found to be relevant across sectors of disability. For these reasons, it was decided to use generic categories of service as a framework for the Commission's assessment.

Information from previous Seniors Council and Community Assessment Project surveys, on related topics, provided guidance in structuring the Commission's study.

The Commission determined that interviews with representatives of organizations in each of the service categories would be the best approach to obtaining an overview of service coverage and effectiveness. Those contacted would be asked to describe and discuss the aspects of services that most concerned their consumers. Interviews would provide opportunities to explore questions that arose and establish context for any issues.

Over 30 organizations were contacted to obtain information for this report. A list of contributing organizations is included as *Attachment B*.

The Commission greatly appreciates the willingness of those contacted to share their knowledge.

## ***Report Content***

The report is divided into sections that address categories of service. Each section begins with bulleted comments obtained either from interviews with organization contacts, or from results of consumer surveys conducted by their organizations. The comments are included as indicators of program access, coverage and effectiveness. Only comments thought to reflect the experiences of a significant number of individuals have been included.

## ***Service program categories***

- Access to services
- Housing
- Health care
- Community-based home care
- Protective services
- Meals
- Transportation
- Education
- Employment
- Participation in community life

In some sections background information is included for clarification. Where services or eligibility requirements are complex, they are described in some detail.

In addition to the report sections that address categories of service, others deal with the type and incidence of disability, factors impacting consumer income, and challenges faced by providers of services as a result of reductions in funding.

## ***Explanation of Consumer Service Concerns***

Each of the following sections begins with bulleted items that indicate consumer concern with aspects of service availability, coverage or effectiveness. Only comments thought to reflect the experience of a significant number of consumers have been included.

Service concern comments were obtained from the following sources:

- This study's interviews with providers of service to elderly and disabled residents that focused on unmet needs, and anticipated impacts, of reductions in funding.
- The *Community Assessment Project 2007 phone survey* of county residents with disabilities
- Seniors Council surveys of service populations and providers in preparation of the *2007-2008 Area Plan*.

### ***County Residents with Disabilities***

County residents with disabilities are profiled in the U.S. Census Bureau, *Disability Characteristics 2008* report that is included as *Attachment B*.

- 12.5 percent of county residents 5 years and older have a disability (29,159)
- 36.7 percent of county residents, 65 years and older have a disability (9,505)

### ***Definition of a Disability***

*The Americans with Disabilities Act of 1990 describes a disability as a condition which limits a person's ability to function in major life activities, that include communication, walking, and self-care, and which is likely to continue indefinitely, resulting in the need for supportive services.*

The following describes the general categories of disability:

A *cognitive* disability affects a person's ability to reason, understand, and learn. Cognitive impairments include learning disabilities, developmental disabilities and traumatic brain injury.

A *hearing* disability may range from a mild hearing loss to total deafness.

A *mental health* disability is a psychological condition that affects a person's thinking, mood or behavior. Some common mental health impairments are depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, obsessive-compulsive disorder and panic disorders.

*Other Health disabilities* are those that limit strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, leukemia, or diabetes.



A *physical* disability is a dysfunction of the musculoskeletal and/or neurological body systems, which affects the functional ability to move or coordinate movement.

A *speech* disability may range from problems with articulation, voice strength to complete loss of voice.

A *visual* disability affects a person's ability to see, and includes: inability to see images clearly and distinctly; loss of visual field; inability to detect small changes in brightness; color blindness; and sensitivity to light.

# Income

## ***Consumer Service Concerns***

- Loss of jobs, investment income and savings has challenged the ability of many people with disabilities to sustain needed support services and remain in their residences.
- Family members of persons with significant disabilities may be unable to work fulltime due to the need to provide care and supervision.
- Income is not sufficient to meet expenses.
- Many are not eligible for Social Security benefits.
- Housing is not affordable.
- Healthcare co-payments are not affordable.
- Required hours of community-based home care are not affordable.

A high percentage of people with significant disabilities have limited financial resources. Limited hours of employment and modest government benefits provide income only for basics. Those without housing vouchers or health care may be unable to meet basic needs.

*The American Community Survey, Disability Characteristics 2008* reported the following rates of employment for county residents, ages 16 to 64, with and without disabilities:

- Percentage of persons with disabilities who are employed: 37.8%
- Percentage of persons without disabilities who are employed: 75.2%

Individuals with disabilities may experience mobility, energy, pain, sensory, cognitive or psychological challenges that restrict their ability to engage in full-time employment.

Social Security pays benefits to people who cannot work because they have a medical condition that is expected to last at least one year or may result in death. There are two Social Security disability benefit programs:

- Social Security Disability (SSD)
- Supplemental Security Income (SSI).

The *Social Security Disability* program is available to those who have worked a required number of annual quarters and have paid Social Security taxes during those quarters. The SSD benefit is based on the Social Security Administration's calculation of average lifetime earnings.

The *Supplemental Security Income* program is available to people with low incomes that are age 65 or older or have a disability. Many county residents with disabilities qualify for the SSI program. As of January 2009, California pays a maximum monthly SSI benefit of \$907 for individuals and \$1,579 for a couple living independently who are both disabled.

# Access to Services

## ***Consumer Service Concerns***

Categories of reported need for information, referral and support

- Need for outreach to identify persons with significant unmet needs
- Determining service needs
- Selecting appropriate services
- Establishing a service plan.
- Securing services.
- Securing resources to pay for services.
- Managing the service plan
- Assessing the service plan's on-going effectiveness
- Reducing effort and travel needed to secure services

Many individuals are seeking help in identifying and securing services. They want information, guidance and support in navigating a complex maze of service descriptions, program requirements and application processes. They would like guidance and support until needed services have been obtained.

Individuals with disabilities may find it challenging to assemble resources needed to address their specific needs. Disabilities that impact energy level, mobility, communication or cognitive level, may limit their ability to initiate and sustain effective self-advocacy.

There are organizations that provide information, guidance, referral and support for those seeking services. Senior Network Services, Central Coast Center for Independent Living, San Andreas Regional Center and Special Parents Information Network are among them.

An important resource in securing services is a directory that provides current, relevant information. Directories that address the needs of people with disabilities need to include a description of services provided, geographic areas served, eligibility requirements, cost of services, transportation links, and information regarding wheelchair access and parking accommodations.

The Santa Cruz Public Libraries *Community Information Database* is a resource devoted to gathering and reporting information describing a comprehensive range of services available to the community. Organizations serving persons with disabilities are

a major component. A number of organizations produce directories for more specific populations. The Senior Network Services' *Senior Resource Directory* and the Special Parents Information Network's *Resource Guide* are two examples.

The ability to access and secure services, without having to visit a provider location, is a significant benefit for people with mobility and certain sensory challenges. The ability to complete transactions by phone, on-line, or by fax is also a major convenience. To facilitate remote access, web pages should be audited to ensure that ADA accessibility standards are met so that sight and other impairments are accommodated.

# Housing

## ***Consumer Service Concerns***

- Most housing in Santa Cruz County is not accessible to people with significant mobility challenges.
- Housing is not affordable for the high percentage of people with disabilities who have limited incomes.
- HUD housing voucher programs are an essential source of affordable housing for a substantial percentage of county residents with disabilities
- There is a currently a four to five year wait for HUD housing vouchers.
- Assisted living and nursing home availability is limited and difficult to afford for those not meeting requirements for skilled nursing care.
- There is concern that an increased numbers of people with disabilities will be forced from their residences due to financial and job losses.
- The lack of affordable housing is a major exposure in efforts to provide a safety net to those with disabilities.
- Foreclosures on landlords of rental housing are displacing tenants with disabilities.
- The Santa Cruz County homeless population includes a substantial number of people with cognitive and mental health impairments.

## ***Accessibility***

Residences may be designed or modified to accommodate the requirements of individuals with mobility and other challenges. Structural design elements such as stepless entries, wide doorways and halls and accessible baths and kitchens can be incorporated in new construction and remodels. Existing residences may be modified to meet a range of needs with adaptive features such as entry ramps, handrails and grab-bars.

A very small percentage of homes and apartments in Santa Cruz county are accessible to individuals who rely on wheelchairs for mobility.

Landlords are required to allow modifications to rental units but are not required to pay for them. The cost of significant modification is often beyond the means of people with limited income.

The Housing Authority Low Income Public Housing Program has 234 low income units. Approximately 6 percent of the units (14) have wide doorways and halls, and accessible kitchens and baths.

## ***Availability***

People with disabilities are often competing for low income housing.

The limited number of accessible units, and low vacancy rates, compound the difficulty of persons with significant mobility challenges.

Although there is a four to five year wait list, HUD voucher programs are the solution sought by a substantial percentage of county residents with disabilities.

Santa Cruz County *Measure J* and City of Santa Cruz *Measure O* have affordable housing components which designate a percentage of all developments for sale or rent to be available for individuals who earn at, or below, the average income in those jurisdictions. Often developers pay in-lieu fees that are applied to jurisdiction sponsored developments with significant low-income components.

The Housing Authority of the County of Santa Cruz serves 11,002 Section 8 occupants in 4,067 households. 1,910, or 18 percent, of these occupants self-identify as having a disability.

## ***Affordability***

Across all housing unit sizes, local average rents have increased 10% from 2007 to 2008.

The generally accepted definition of affordable housing is for a household to pay no more than 30% of its annual income on housing.

In each of six United Way, Community Assessment Project surveys, from 1999 through 2005, between 40 and 50 percent of respondents indicated that more than 50% of their total household income goes to rent / housing costs.

Fair Market Rents are determined by the United States Department of Housing and Urban Development and establish the maximum amount that the Housing Authority will pay for rental units.

The Department of Housing and Urban Development establishes a fiscal year median income which serves as a base for calculation of housing eligibility income categories. Income limits are established based on an applicant's gross income as a percentage of the median income and the number of persons in the household. The following income categories are used in determining eligibility for low income housing:

Low Income	80% of income limits
Very Low Income	50% of income limits
Extremely Low Income	30% of income limits

### ***The Section 8 Housing Choice Voucher Program***

The Housing Choice Voucher (HCV) program provides rental assistance to low income individuals and families, who select their own rentals from homes and apartments on the private market. The family pays about a third of their income in rent to the landlord, and the Housing Authority pays the rest, up to a certain limit, directly to the landlord.

### ***The Low Income Public Housing Program (LIPH)***

Participants in the Low Income Public Housing Program (LIPH) rent a townhouse style apartment owned and managed by the Housing Authority of the County of Santa Cruz. Tenants pay rent directly to the Housing Authority. Tenants have a choice of paying either an income based rent, which is equal to approximately 30% of their household income, or a fixed flat rent which is similar to market rent. The housing assistance is tied to the public housing unit, so families in Low Income Public Housing must remain in one of the Housing Authority's public housing units to continue to participate in the program and receive housing assistance.

### ***HUD Definition of a Person with Disabilities***

The Department of Housing and Urban Development (HUD) definition of a person with disabilities:

- A person who is determined to have a physical, mental, or emotional impairment or developmental disability that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and
- The impairment or disability is of such a nature that the ability to live independently could be improved by more suitable housing conditions.



## ***Homeless with Disabilities***

Becoming homeless compounds the difficulty for those with significant disabilities in obtaining services that accommodate their conditions. Programs that identify persons at risk of being displaced from housing, and help them address their short-term rental or mortgage needs, avoid the personal trauma and cost that accompany homelessness. The cost to the community of services, needed to address the challenges of homelessness and return individuals and families to stable housing, far exceeds that of helping those at risk remain in their residences.

For those most severely troubled and long-term homeless people, life on the street is not simply a housing problem or a problem of physical, mental or behavioral health. The two are inextricably linked: Behavioral problems lead to loss of housing and life without a home often leads to deepening physical and psychological disorders.

Programs that combine housing and support services have helped people in this category remain living in the community and have reduced reliance on emergency rooms and residential mental health care.

## ***Community Action Board Pre-Eviction Rent / Mortgage Program***

The program provides one time per year rent / mortgage assistance to single disabled or elderly people. The County of Santa Cruz funds 30 allocations for people living in unincorporated areas of the county.

As of early March, 29 households had been served and there were 12 on the wait list for the remaining unit with four months left on the County contract.

# Health Care

## ***Consumer Service Concerns***

- Not qualifying for Medi-Cal / Medicare
- Shortage of doctors that accept Medicare and Medi-Cal patients
- Cost of co-payments
- Cost of medications
- Not eligible for care facilities if skilled nursing care is not required
- Dental and vision, optional benefits under Medi-Cal, may be cut if federal stimulus funding does not reach targeted levels

## ***Medi-Cal***

Medi-Cal is California's Medicaid program. This is a public health insurance program which provides health care services for low-income individuals including seniors and persons with disabilities.

*Medicaid* is the United States health program for eligible individuals and families with low incomes and resources. It is a means-tested program that is jointly funded by the states and federal government, and is managed by the states.

Because of the aging population, the fastest growing aspect of Medicaid is nursing home coverage.

## ***The Central Coast Alliance for Health***

The Central Coast Alliance for Health serves 6,113 individuals who qualify for Medi-Cal under disability aid codes and 2,445 who qualify under “aged” codes. Many other individuals they serve are living with chronic conditions such as diabetes, asthma, hypertension, and chronic pain.

Covered services include all basic health care services, including physician, hospital, pharmacy, long-term care services, and allied services, including durable medical equipment.

While the Alliance is responsible for ensuring provision of physical health care services to eligible Medi-Cal beneficiaries, it works in coordination with many community partners to meet the varied physical and psycho-social needs of its members.

## ***Medi-Cruz***

Medi-Cruz is a county operated health care program that helps low-income residents of Santa Cruz County, who are without health insurance, get the health care services they need.

It covers primary and specialist doctor visits, ancillary services like laboratory and x-rays, pharmaceuticals, home health, medical equipment and supplies, and hospital inpatient and outpatient services including emergency care.

Among the services not covered are routine physicals, preventive services, dental care, psychiatry, optometry (glasses), nontraditional or alternative medical services.

Primary care services must be obtained through the two county health centers. All non-emergency care outside the county clinics must be authorized by Medi-Cruz before services are received or they will not be covered.

Emergency care will only be covered if provided by the Dominican or Watsonville hospitals. Local trauma patients transported to trauma hospitals for emergency care may be eligible for coverage.

## ***The County Veterans Service Office***

There is an estimated 17,000 to 20,000 veterans in Santa Cruz County. The County Veterans Service Office serves as a link between the VA and veterans and their survivors.

The Veterans Administration handles claims for disability benefits, educational benefits, retraining, healthcare and pension. VA Healthcare includes regular, emergency and long term care at skilled nursing facilities. Poly Trauma Units provide services for the recently returning vet including assistance with medical services, returning to civilian life, prosthetics, rehabilitation services and claims. There is a unit in Palo Alto.

Services available to eligible veterans and their families through at he County Veteran Services Office include transportation to Palo Alto VA Medical Center, benefit claims assistance, survivors assistance, client advocacy, claims filing, case management, information and referral, outreach to hard to contact elements of the veterans community and the processing appeals.

The County Veteran Services Office works with the following organizations in pursuit of solutions for veterans and their families: VA Health Services, VA Veterans Centers, Veterans Administration, Veterans Services Organizations, Employment Development Department and Cal Vet Home Loan Assistance

## ***Santa Cruz County Vet Center***

The Vet Center Program was established by Congress out of recognition that a significant number of veterans were experiencing readjustment problems.

The goal of the program is to provide a broad range of counseling, outreach and referral services to eligible veterans in order to help them make a satisfactory, post-war readjustment to civilian life.

Services include individual counseling, group counseling, marital and family counseling, bereavement counseling, medical referrals, assistance in applying for VA benefits, employment counseling, guidance and referral, alcohol / drug assessments, information and referral to community resources, military sexual trauma counseling and referral, outreach, and community education.

# Community- Based Home Care

## ***Consumer Service Concerns***

- Out-of-home care options are more costly and reduce independence
- Low consumer incomes make it difficult to afford necessary hours of care.
- Family members and friends are often overwhelmed by care requirements
- Help is needed in obtaining and managing home care resources.
- County In-Home Support Services (IHSS) caregivers are currently paid \$11.50 per hour. If State funding is reduced the rate may need to be renegotiated.
- Paid caregivers are challenged to work the number of hours needed to meet their personal financial needs. Many work for multiple consumers. Travel time and expense are not billable.
- Reduced funding for the County In-Home Supportive Services Program has increased to wait period for in-home service needs assessments to one month.

## ***The Need for Support Services***

Community-based home service organizations help elderly, blind and disabled people remain in their own homes when they are not able to fully care for themselves or handle routine household tasks. The support services allow persons to retain independence, live safely and avoid the higher cost of out-of-home care facilities.

Many county residents with significant disabilities are challenged to manage their unique arrays of symptoms in meeting basic needs for safety, security, health, mobility, social interaction, and self-expression. Disabilities may reduce the capacity for self-sufficiency in personal care and management of the life activities. The impacts of stamina, mobility, pain, cognitive, or psychological challenges may require them to rely on personal networks and service providers for assistance in meeting many of their needs.

In instances of significant disability, family caregivers are often physically and emotionally challenged by the requirements of providing sustained care and supervision. The support services provided by government, not-for-profit and for-profit organizations are often essential to maintaining care plans.

Individual plans to secure and maintain required services are often made up of interdependent components. Funding cuts that impact one component of a plan may render the entire plan inoperable.

## ***County of Santa Cruz In-Home Supportive Services***

IHSS staff conduct individual assessments, using California Department of Social Services guidelines, to determine authorized hours of caregiver services. The IHSS Program pays for a wide variety of services - household chores and personal care - enabling the person to live safely in her or his own home, while encouraging independence and self-reliance where possible. IHSS is a key resource to prevent or delay out-of-home care in institutions for very low income individuals.

The IHSS Public Authority provides contracts for a registry of available IHSS independent home care providers and that refers screened providers to consumers for interviews. A Public Authority social worker helps IHSS consumers conduct interviews to choose a provider and provides orientation sessions for new IHSS providers. Information and consultation is offered to IHSS consumers on how to hire and supervise providers. IHSS providers receive information on local training programs in home care. IHSS assists both consumers and providers in resolving conflicts and acts as employer of record of all independent IHSS providers for collective bargaining purposes.

## ***Senior Network Services***

Senior Network Services is a private non-profit agency providing senior citizens and persons with disabilities with information, guidance and assistance in coordinating existing resources to promote independent living.

The Network provides information and referral to link seniors with community services. Seniors are interviewed to assess their needs. Staff explores alternatives and coordinates resources.

Social workers coordinate care services for at risk elderly and functionally impaired adults. They complete assessments, arrange and monitor services, and advocate to ensure maximum delivery of services.

Staff assists persons seeking employment in home care and home maintenance and match seniors needing services with workers who provide home care and home maintenance. Applicants are screened and references checked.

Staff informs caregivers about support services and arranges for relief of care-givers with dependable, qualified home care workers.

## ***Veterans Administration***

The VA has recently ramped up home and community based non-institutional care and is currently looking for a contractor for home hospice care, adult daycare and respite services. A Home Health Aide can provide up to 3-4 hours per day, 3-5 days a week (max 40 hours) for at-home services. A referral from a VA Clinician is required. Physician referral is required for home-based nursing services.

# Protective Services

## ***Consumer Service Concerns***

- In CY 2008 there were 652 cases of elder and dependent abuse reported to the County Adult Protective Services (1 in 20?)
- Rates of reported elder and dependent abuse in the County have increased by 20% since 2006
- Studies indicate that incidents of elder and dependent adult abuse are significantly under-reported.
- County Adult Protective Services staff has been reduced.
- The California Nursing Home Ombudsman Program's budget was cut by half causing the Advocacy Inc. volunteer training program to end
- Local agencies ability to investigate reports of neglect and abuse is much compromised.
- Staffs cannot investigate all cases that require attention and are not able to sustain monitoring of cases that are of continuing concern.

Abuse by another may be emotional, physical or financial. A mobile society separates family from aging relatives and reduces opportunities to monitor activities. The victim may be dependent on the abuser for care and be reluctant to file a complaint or participant in an investigation. . This population is more subject to scams and identity theft. The capacity to investigate complaints is the primary means of halting abuse.

## ***Adult Protective Services***

Adult Protective Services provides intervention services to protect elderly or dependent adults, in private homes and acute hospital settings, who may be victims of physical, emotional or financial abuse or neglect, including self-neglect. Self-neglect may be secondary to cognitive loss, serious decline in physical health, substance abuse or any combination of these. Services provided include investigation, assessment, crisis intervention, arrangement of out-of-home care and referral for money management, conservatorship or other community resources.

The overall goal of Adult Protective Services, (APS), is to alleviate danger to the life, health or safety, and preserve the assets of elderly or dependent adults.



To accomplish this, the program:

- Assesses all reports or referrals of serious abuse, neglect or exploitation within 10 calendar days
- Immediately investigates all reports of physical abuse and / or likelihood of great bodily harm or death and responds to emergencies that involve caregiver coverage.
- Provides short-term crisis intervention, or information and referral, to alleviate danger and help access appropriate resources.

The Community Assessment Project reports that cases of elder and dependent abuse in private homes and acute hospital settings have increased more than 20% since 2006 and have reached a rate of 12 cases per 1000 people 65 and older.

A Santa Cruz County Human Services Department tracks two categories of elder and dependent abuse to report to the California Department of Social Services: abuse by another and self-neglect. During 2008 there were 301 cases of elder abuse by another and 351 cases of elder self-neglect.

### ***Ombudsman Program***

Each county has a Long Term Care Ombudsman program, with a goal to advocate for the rights of all residents of long-term care facilities and adult day health-care centers in the state. The primary responsibility of the program is to investigate and attempt to resolve complaints made by, or on behalf of, individual residents in long-term care facilities.

Ombudsmen are also available to the family members or friends of the resident, interested members of community groups, senior citizen groups and consumer advocacy groups and staff, administrators and operators of long-term care facilities.

When the 2008-2009 California budget was signed in September of 2008, about half of the California Nursing Home Ombudsman Program's funding was cut. The Governor's office believes that California's Department of Public Health inspectors, charged with monitoring and inspecting nursing homes, will be able to attend to patients' needs.

The volume of complaints received prior to the cuts raise concern that unreported and unresolved nursing home incidents will increase significantly. It is expected that inspectors will be able to make initial responses to complaints of significant abuse and neglect but will rely on local organization staff to follow-up and sustain focus.

## ***Advocacy Inc.***

The agency is an independent non-profit comprised of the Long-Term Care Ombudsman Program and the Patients' Rights Advocate Program.

Advocacy Inc. provides ombudsman and patients' rights advocate services for residents of assisted living, board and care and skilled nursing facilities. Most residents of these facilities have significant hearing, mobility, vision or memory disabilities

*The Ombudsman Program* is a federal and state mandated program charged with advocating for seniors and disabled individuals living in residential care facilities for the elderly and skilled nursing facilities.

*The Patients' Rights Advocate Program* is a state mandated program also charged with rights protection and advocacy for all mental health consumers residing in both counties.

The agency works with, and advocates for, residents living in over 44 residential care homes and 12 skilled nursing facilities and all mental health consumers living in residing in Santa Cruz and San Benito counties.

Staff inform clients of their rights; receive, investigate and act to resolve complaints of residents in skilled and residential facilities and all community based mental health clients; receive, investigate and cross-report all reported allegations of abuse occurring in facility settings; act as a voice for those patients/residents who are unable to speak for themselves because of fear and/or disability;

They represent involuntarily committed residents of the acute behavioral health unit in administrative due process hearings; monitor facilities to ensure that residents' rights are being respected, appropriate treatment is provided and that the facilities are in compliance with licensing regulation; and educate the public about patients'/residents' rights, long-term care and mental health issues.

Staff trains and consults with medical and mental health professionals on patients'/residents' rights, quality of care, treatment and quality of life issues

They provide information and assistance to families and community members who are embarking into the unfamiliar, and often frightening, worlds of long-term care or the mental health system.

During FY 2007-8, ombudsman staff responded to 117 reports of abuse or neglect within facility settings. This was in addition to 890 complaints regarding issues of poor medical care, rights violations, poor staffing and other issues affecting the quality of care and life of facility residents.

State funding cuts caused Advocacy Inc. to reduce its assigned staff hours by 30%, suspend services of its volunteer coordinator, and terminate training of new volunteers. The actions will result in significantly fewer volunteer visits to care facilities.

## ***Family and Children's Services***

The Human Services Department is required by State and Federal law to provide child welfare services to children who have been abused, neglected, or who are at risk of abuse or neglect. Child Welfare Services include emergency response, in-home family preservation services, family reunification services and permanent placement.

The first priority of Family and Children's Services is always to maintain children safely in their homes. If that is not possible, children are placed in foster or relative homes until they can safely be returned to their own homes or placed for adoption

The most recent data for child mistreatment referrals and substantiations in Santa Cruz is calendar year 2007. In that year, there were 3,441 children with referrals. The number of children with substantiations was 847.

## ***Public Guardian***

On behalf of the Santa Cruz County Health Services Agency, the Public Guardian manages the property, finances and personal care needs of county residents who are substantially unable to provide for themselves. This is accomplished through conservatorships.

Family members, physicians, friends or institutional staff may be concerned about the well-being of an individual who is:

- Elderly and unable to provide for or manage their personal needs (physical health, food, clothing, financial resources, fraudulent influence from others)
- Gravely disabled as a result of a mental disorder and unable to provide for their basic necessities (food, clothing, shelter).

A conservatorship is established when the Superior Court holds a hearing and a judge appoints a conservator to manage the financial and/or personal care needs of an individual who is either physically or mentally unable to properly provide for these needs alone.

The inability to provide for the personal needs of physical health, food, clothing or shelter may indicate the need for a conservatorship of the person.

A conservatorship of the estate may be initiated for an individual who is substantially unable to manage financial resources or resist fraud or undue influence. In California, there are two types of conservatorships:

A *probate conservatorship* provides a way to manage property and/or provide for the personal care needs of the adult disabled and the elderly. The Public Guardian has very limited resources for probate conservatorships. They are sought in cases where there is immanent threat to health or finances

A L.P.S. (Lanterman-Petris-Short) conservatorship is for a person who is gravely disabled (as the result of a mental disorder) and is unable to provide for his/her basic personal needs for food, clothing or shelter, and requires placement in a facility for psychiatric treatment.

# Meals

## ***Consumer Service Concerns***

- There are very limited home meal delivery services for people with disabilities under 60.
- Individuals receiving Supplemental Security Income (SSI) are not eligible for food stamps

Individuals, whose disabilities restrict their ability to go out in the community to purchase food, may require the assistance of their support networks to shop and prepare food. An alternative is to have prepared meals delivered to their residences.

Meals on Wheels for Santa Cruz County provides home delivered, nutritious meals to seniors, and a very limited number of non-seniors with disabilities, who are unable to take care of their own nutritional needs. One frozen, and ready to reheat, meal is delivered around midday. A small donation is requested for each meal.

People with disabilities may be eligible to receive meals or food distributions, from a number of community providers, at locations throughout the county.

# Transportation

## ***Consumer Service Concerns***

- Qualifying for transportation services for persons with disabilities may take weeks.
- Multiple transportation service providers do not coordinate planning and public information programs to ensure that programs meet the needs of consumers and are clearly understood.
- Transportation services stop at county lines and do not offer clear solutions for those who wish to connect with the transportation services in an adjacent county
- METRO ParaCruz service is limited to locations within 3/4 of a mile of any regular METRO bus route,
- Services have been decreased to major centers of senior housing. (La Posada and Independence Square)
- It is difficult for individuals with significant mobility, energy or pain challenges to get to bus stops if pick-up at their residence is not approved.
- Bus service is not available on major holidays for transportation to employment and needed services.
- Bus shelters are needed at stops that have significant passenger volume.

## ***Santa Cruz METRO***

The Santa Cruz Metropolitan Transit District (METRO) provides mass public transit within Santa Cruz County. METRO operates a fleet of safe, modern and accessible buses connecting people with educational, business, medical, shopping and social destinations. Most people are able to use these buses for some or all of their transportation.

All METRO buses have lifts or ramps to better serve riders who use wheelchairs or scooters, or have difficulty getting up and down the bus steps.

All major stops, intersections, and connecting points are announced to help riders recognize their bus stop or points of transfer.

A limited number of seats near the front of the bus are designated as priority seating for seniors and people with disabilities.

Every bus is equipped with specialized equipment to securely transport customers using wheeled mobility devices. Drivers are trained to assist with securing wheeled mobility devices.

The METRO Mobility Training Program provides free instruction to seniors and people with disabilities who want to ride METRO buses. Training is offered on a one-to-one basis and includes a personal meeting with the mobility trainer to discuss the program, plan a training schedule tailored to individual needs, and train on-board METRO buses. If needed, training is offered on how to use passenger lifts, kneeling buses, and other special services.

### ***METRO ParaCruz***

The Santa Cruz Metropolitan Transit District offers shared ride, door-to-door paratransit service as a complement to its regular fixed route bus service, in accordance with provisions of the Americans with Disabilities Act.

METRO ParaCruz services are available to those certified as unable to use fixed-route service as a result of permanent or temporary physical, cognitive, or psychiatric disabilities.

The following circumstances qualify individuals for this service:

- Individuals who because of their disability cannot independently board, ride, or disembark from any accessible vehicle.
- Individuals with impairment-related conditions that prevent them from getting to or from a boarding or disembarking location.
- Visitors who have been certified by another transit system as ADA certified are eligible for 21 days of service per 365 day period.

METRO ParaCruz service is offered to any location within 3/4 of a mile of any regular METRO bus route, other than HWY 17 express commuter service.

The fare charged for this subsidized service is \$3.00 per one-way trip. Drivers may escort passengers from door-to-door and assist with a limited amount of groceries or other packages.

Drivers are not permitted to perform personal attendant duties such as transferring to or from a wheelchair, connecting or disconnecting oxygen tanks, or turning appliances off

## ***Lift Line***

Lift Line serves those in need of low-cost transportation who cannot take the bus due to a disability or frailty. Its fleet of vehicles provides trips for eligible riders who are ambulatory or use wheelchairs or other mobility aids. Drivers offer door-to-door assistance from origin to destination. Escorts, personal care attendants and a limited number of traveling companions are welcomed.

Lift Line operates several transportation programs for accessible travel throughout Santa Cruz County. All programs involve an application process and eligibility requirements.

**Taxi Scrip** Program offers discounted coupons or “scrip” to use for taxi fares. This program is a federally and locally subsidized program, funded by the Transportation Development Act. An eligible person buys scrip from Lift Line at a discounted rate, and then arranges his/her own taxi ride directly with the taxi company. The scrip is used in place of money to pay for or supplement the price of the taxi ride from one of our participating taxi companies.

**Medical Rides** Program is designed for the residents of Santa Cruz County who need essential Lift Line services. (More information) The program provides rides within the County.

**Senior Dining Center Transportation** is provided to those having meals at the Congregate Dining Centers.

**Cabrillo Stroke Center Transportation** is provided to participants in that program.

**Dominican Hospital/Non-Emergency Medical Transportation** is available for hospital discharge only. The service includes gurney transportation. Clients pay full transportation costs. Some may qualify for Medi-Cal reimbursement.

## ***Veterans Administration Hospital Shuttle***

A twice daily shuttle service is provided between the Veterans Administration Hospital in Palo Alto and Santa Cruz and Capitola.

## ***American Red Cross***

The Red Cross provides transportation for individuals in Santa Cruz County to scheduled appointments at the Veterans Administration Medical Centers in Palo Alto, Menlo Park, San Jose and Fort Ord, and to Stanford and Kaiser Hospitals, and other clinics and doctors in Santa Clara and Monterey Counties. It also offers wheelchair-



accessible transportation to those destinations. Upon request, it may be possible to obtain transportation to other out-of-county destinations.

### ***Volunteer Centers of Santa Cruz County***

Free transportation is provided to seniors and ambulatory disabled people for doctor's appointments and essential shopping. Must be elderly (55 or older) or disabled and have no other form of transportation available. Those with low incomes are given priority.

# Education

## ***Consumer Service Concerns***

- Special Education is extremely underfunded at both State and Federal levels.
- Notable increases in countywide enrollment between 2003 and 2007 have occurred among students with “other health impairments”, a 50 percent increase, and autism, a 92 percent increase.
- Expanded services are needed to address the needs of an increasing numbers of children with autism spectrum disorders as well as those with emotional disturbances.
- Increased coordination between secondary education programs and Cabrillo College is sought in preparing students for transition to adult roles.
- Students with developmental disabilities are interested in participating in an expanded range of courses at Cabrillo College.

Over 4,800 individuals ages 0 to 22 were enrolled in special education in Santa Cruz County in 2007.

Special Education is the only “entitlement” program for students. The individual education plan is a contract to provide a “free appropriate education” to students and families.

Congress promised to fund special education at 40% of average costs back in 1975. However the funding has never exceeded 18%. If special education funding is not sufficient to cover costs of services needed, then the local education agencies must allocate dollars from their general funds to make up the difference.

There are two Special Education Local Plan Areas (SELPAs) in Santa Cruz County; the North Santa Cruz County SELPA and the Pajaro Valley Unified School District SELPA. They are responsible for overall management and supervision of the special education programs in the local plan area.

In fiscal year 2007-08, the North Santa Cruz County SELPA received a total of \$17,923,624 local, state and federal dollars in revenue for special education purposes. The total special education expenditure for school districts within the North County SELPA was \$33,326,856. The school districts were required to spend a combined total of \$15,403,232, out of their general funds, to make up the difference. This total represents 46 percent of total cost for special education for the year.

## ***Cabrillo College***

In the 2006/07 academic year, Cabrillo College had over 1,600 students with disabilities enrolled in their Disabled Student Programs and Services.

The Disabled Students Program and Services (DSPS) offers a variety of services to enable students with disabilities to function independently in the educational environment. The objectives of our services are to integrate and mainstream students with disabilities into general campus programs and activities.

The following services are provided to students enrolled through the Disabled Student Services Office: counseling and advising, tutorials, academic support, referrals and coordination, readers, interpreters, note takers, special classes, special equipment, on-campus transportation, special parking, priority registration, test proctoring, liaison with local, state and federal agencies, specialized adaptive equipment, alternate media, and high tech center with computer adaptations.

## ***Cabrillo Stroke and Acquired Disability Center***

Cabrillo College Stroke Center offers a series of classes for adults with physical disabilities. These classes are specifically designed to assist the student to reach his or her highest level of independent living. Courses content include applied theories of disabilities, orientation to the community and independent living skills.

Individual and group counseling is designed to assist students, and members of their families understand disabilities, deal with them effectively, enhance their self-esteem and make maximum use of community resources.

# Employment

## Consumer Service Concerns

- More assessment, job development, training and placement programs are needed for adults and transition age youth with disabilities.
- There is a need for more coordination between schools, employment specialists, and employers in developing individual work plans for people with disabilities
- In client surveys conducted by County Mental Health Services, assistance with employment is one of three client priorities.
- Reductions in funding have significantly reduced employment support services available to people with disabilities.
- The Workability III program at Cabrillo College, that supports individuals with disabilities in becoming employment ready, has been discontinued.

The U.S. Census Bureau, *American Community Survey, Disabilities Characteristics 2008* reports following rates of employment, for county residents, ages 16 to 64, in six categories of disability. The first three categories address types of disability, the latter three the way in which disabilities restrict activities.

- Percentage of persons without disabilities who are employed: 75.2%
- Percentage of persons with disabilities who are employed: 37.8%
  - Sensory disability 55.0
  - Physical disability 31.5
  - Mental disability 32.1
  - Self-care disability 14.5
  - Go-outside-home disability 27.3
  - Employment disability 22.6

The categories of restricted activity are defined as follows:

- A *self-care disability* is a physical, mental or emotional condition that makes it difficult to bathe or get around inside the home.
- A *go-outside-home disability* is a physical, mental or emotional condition that makes it difficult to go outside the home alone to shop or visit a doctor's office.
- An *employment disability* is a physical, mental, or emotional condition that makes it difficult to work at a job or business.

Instances where disabilities pose a challenge to employment often require dedicated resources to identify appropriate jobs, develop work environment accommodations and provide employee training.

### ***California State Department of Rehabilitation***

The Department assists people with disabilities to enter or return to work. It provides vocational counseling and guidance, career assessment, job training, job placement, tools, equipment, supplies and licenses necessary to become employed. It may offer ancillary services, such as transportation, and other services as needed to become employed.

Any person with a significant disability who needs help to become employed is eligible for services. People with severe disabilities are given first priority.

The Department of Rehabilitation's focus is primarily employment. It employs 7 Vocational Counselors who average 20-25 placements per year.

### ***Goodwill Industries of Santa Cruz***

Provides vocational evaluation, diagnostic testing, vocational training and job placement assistance.

Goodwill Industries has a vocational evaluation unit in Santa Cruz. It offers a full range of services, including psychometric tests, work samples, graduated evaluation and work assessment. These procedures help determine whether a person can perform in both general and specific job situations. During the evaluation, clients learn about their abilities, aptitudes and physical tolerances. They can also be assessed in real work situations.

People with barriers to employment, including disabilities, are eligible for services.

### ***Employment Service Providers***

Community Options, Hope Services, Imagine, SELPA and Workability II are among organizations providing employment services and support for county residents with disabilities.

## Participation in Community Life

One of the United Way, Community Assessment Project goals is that county residents with disabilities be able to participate in community life at the levels they desire.

A telephone survey of county residents was conducted as part 2007 CAP Project. The following questions were asked of households that included a person with a disability:

*Is the person(s) with a disability participating in community life at levels he or she desires?*

Yes: 63% No: 37%)

*If no, in what areas would you / they like to increase their involvement?*

Social events / activities	34%
Limited ability to get around / get out more.	28%
Work / donate time	15%
Other	11%
Continued education	5%
All aspects of life	5%

*What types of additional services are needed to allow you / them to increase involvement?*

Specialized transportation / mobility device	37%
Social / recreational services or supports	36%
Job development / employment training / coaching	35%
Personal attendants	34%
Financial planning / management	30%
Academic counseling / tutoring	28%

# **Service Provider Resources**

## ***Consumer Service Concerns***

- Savings and investments losses have significantly reduced the capacity of many consumers to retain independence, live safely and avoid the higher cost of out-of-home care facilities
- Investment losses have greatly reduced the capacity of private donors to sustain contributions at past levels.
- Reduced tax revenues have seriously impacted government programs and government support for not-for-profit, and for profit, service providers.
- Funding cuts have required providers to reduce or eliminate services.
- Consumers of discontinued services overload the providers that remain
- The cost of living challenges program staff and home care workers to earn sufficient income to remain in the area.
- A number of service providers are challenged to sustain operations as they cope with resource and staffing cuts.
- As services are discontinued, it is uncertain that there will be safety nets to address critical consumer needs.

## ***Impact of Reduced Funding***

The following are offered as specific illustrations of the program impacts of reduced funding, reduction and elimination of services, increased workloads, and salary and wage levels that make it difficult for staff and care workers to meet cost of living expenses.

## ***County Mental Health Services***

Due to reduction in funding from two statewide grants, they have had to eliminate the MOST team that served individuals with significant criminal involvement and serious mental illness.

They also lost funding from AB2034 which provided targeted services for persons who were homeless and had a serious mental illness.

Their County General Fund allocation has been reduced which has also contributed to loss of Access Services, residential treatment programs, as well as case management staff.

### ***Cabrillo Stroke Center***

Curtailed medical insurance coverage has prompted some clients to participate in Stroke Center programs in lieu of medical services.

There has been a 20% increase in Stroke Center clients in each of the last three years.

### ***Central Coast Center for Independent Living***

Continuing decrease in funding levels has caused many service providers to reduce their services and refer consumers to other agencies. This has increased demand on declining resources

The continued rise in the local cost of living, high cost of housing, and low wages in the area, have made it difficult to maintain an adequate level of trained, qualified staff to meet the needs of the community.



# Commission Recommendations

## ***Board Challenges***

The Board will be asked to make difficult decisions regarding reduction and elimination of services. An analysis of information gathered suggests guidelines to be used in determining the importance of a service and the impact of its reduction or elimination. The Commission's intent is to direct attention to program areas that are critical elements of an infrastructure that sustains county residents with disabilities.

## ***Context for Commission Recommendations:***

Human needs are not fully scalable. Service reductions reach a point where recipients can no longer adapt. If a critical component of a service plan reaches this point, the plan may not be sustainable. Individuals may then be required to transition to more expensive and less independent settings. If resources are available, the new environments may be sufficient to address their basic needs. If not, it may be necessary to rely on service safety nets that are, themselves, underfunded.

## ***Commission Recommendations to the Board***

- Maintain outreach programs that identify, address and monitor those not able to manage their own care.
- Ensure that there is effective intervention when people with significant disabilities are facing homelessness.
- Ensure that complaints of neglect and abuse are monitored at adequate levels.
- Sustain support services that allow people with disabilities to retain independence, live safely and avoid the higher cost of out-of-home care facilities.
- Continue efforts to increase Medicare reimbursement rates.
- Increase the supply of affordable, accessible housing.
- Increase focus on the disability component of homelessness and the difficulty of maintaining care plans in unstable environments.
- For essential services, maintain funding at levels required to seed the participation of other funders.
- Sponsor a collaborative effort to establish processes for the on-going assessment of the coverage and effectiveness of services provided to elderly and disabled county residents

# Attachments

***Attachment A: Acknowledgements***

***Attachment B: List of Organizations Consulted***

***Attachment C: United Way Community Assessment Project Data***

- C1 Disability Status of the Civilian Non-Institution Population
- C2 Mental Health – Unduplicated Client Services
- C3 San Andreas Regional Center
- C4 Special Education Select Disabilities – Mental Retardation/Hearing
- C5 Special Education Select Disabilities - Deaf/Orthopedic
- C6 Special Education Select Disabilities – Other Disabilities/ Learning
- C7 Special Education Select Disabilities – Autism/Speech-Language
- C8 Cabrillo College Enrollment

## **Acknowledgments**

The following groups played instrumental roles in preparation of this report and the presentation that accompanies it. The Commission greatly appreciates their contribution.

### ***United Way Community Assessment Project***

The Commission project had its origins in the United Way Community Assessment Project. CAP publishes an annual report documenting a wide range of community issues. Within the Social Environment section of the report, census data and phone survey results, pertaining to county residents with disabilities, have been documented.

United Way Executive Director, Mary Lou Goeke, encouraged the CAP disability project team to expand its inquiry to topics that the CAP Report does not address. United Way has offered advice and support throughout the project. Julie Rienhardt, Executive Director of Imagine Supported Living Services, as the lead member of the CAP disability project team, has been a key contributor to the design of this project.

This report includes, as attachments, a number of pages from the 2008 Community Assessment Project Report. Applied Survey Research is responsible for gathering, editing and publishing this information. ASR surveys consistently are of high quality and have made major contributions to the understanding of important issues in Santa Cruz County. The 2008 CAP Report may be accessed on the United Way of Santa Cruz County webpage.

### ***Report and Presentation Advisory Team***

An advisory committee was convened to broaden the Commission's knowledge of service categories, concerns within service categories, and resources that could increase its understanding. The committee reviewed drafts of this report and the presentation that would accompany it.

The Commission wishes to thank Debora Bone of the Cabrillo Stroke Center, Paul Brindel of the Community Action Board, Clay Kempf of the Seniors' Network, Brenda Moss of Senior Network Services, Jennifer Ramirez of the Central Coast Center for Independent Living, and Sam Storey of Community Bridges.

Peter Heylin, Chairperson of the Commission on Disabilities, and Mary Thuerwachter, Commission Coordinator, and Carol Walberg, a volunteer, made major contributions to the production of this report.

## List of Organizations Consulted

- Advocacy Inc.
- Cabrillo College
- Cabrillo College Stroke and Disability Center
- California Department of Rehabilitation
- California Employment Development Department
- Central Coast Alliance for Health
- Central Coast Center for Independent Living
- Community Action Board
- Community Bridges
- County of Santa Cruz Adult Protective Services
- County of Santa Cruz Child Protective Services
- County of Santa Cruz In-Home Support Services
- County of Santa Cruz Mental Health Services
- County of Santa Cruz Office of Emergency Services
- County of Santa Cruz Veterans Service Office
- Dominican Rehabilitation Services
- Hope Rehabilitation Services
- Housing Authority of Santa Cruz County
- Housing Choices Coalition
- Imagine Supported Living Services
- Meals on Wheels
- North Santa Cruz County SELPA
- Pajaro Valley Unified School District SELPA
- San Andreas Regional Center
- Santa Cruz Public Libraries
- Santa Cruz Metro Paracruz
- Santa Cruz County Regional Transportation Commission
- Santa Cruz County Vet Center
- Senior Network Services
- Seniors Council
- Special Parents Information Network
- United Way of Santa Cruz County

Social Environment Issues: Santa Cruz County Community Assessment Project, Year 14, 2008

## QUALITY OF LIFE INDICATOR

# People with Disabilities

## Disability Status of the Civilian Non-Institutional Population

**Population by Age and Disability Type, 2007**

	Santa Cruz County	California
<b>Population 5 years and over</b>	<b>233,271</b>	<b>33,321,461</b>
Number with a disability	29,159	4,265,147
Percent of the population with a disability	12.5	12.8
<b>Population 5 to 15 years</b>	<b>31,141</b>	<b>5,611,263</b>
Number with a disability	1,339	252,507
Percent of the population with a disability	4.3	4.5
Sensory	1.5	0.9
Physical	1.1	1.0
Mental	3.3	3.5
Self-care	0.9	0.9
<b>Population 16 to 64 years</b>	<b>176,231</b>	<b>23,813,857</b>
Number with a disability	18,328	2,429,013
Percent of the population with a disability	10.4	10.2
Sensory	1.6	2.2
Physical	5.3	5.9
Mental	4.4	4.0
Self-care	2.0	1.8
Going outside the home	2.5	2.7
Employment disability	6.6	5.9
<b>Population 65 years and over</b>	<b>25,899</b>	<b>3,896,341</b>
Number with a disability	9,505	1,581,914
Percent of the population with a disability	36.7	40.6
Sensory	14.8	16.1
Physical	25.6	31.1
Mental	9.7	13.7
Self-care	9.2	11.7
Going outside the home	16.1	19.2

**Population by Age and Employment, 2007**

	Santa Cruz County	California
<b>Population 16 to 64 years</b>	<b>176,231</b>	<b>23,813,857</b>
With any disability	18,375	2,433,477
Percent Employed	37.8	35.6
With a sensory disability	2,749	516,541
Percent Employed	55.0	43.2
With a physical disability	9,416	1,406,063
Percent Employed	31.5	31.9
With a mental disability	7,790	962,122
Percent Employed	32.1	25.7
With a self-care disability	3,551	431,012
Percent Employed	14.5	16.3
With a go-outside-home disability	4,449	647,789
Percent Employed	27.3	15.8
With an employment disability	11,622	1,402,053
Percent Employed	22.6	17.4
No disability	157,856	21,380,380
Percent Employed	75.2	72.1

Source: U.S. Census Bureau, *American Community Survey*, Disability Characteristics, 2008.

## People with Disabilities - Mental Health Services

### Unduplicated Client Services by Primary Diagnosis, by Age Group, Santa Cruz County, FY 2006/07

<b>Diagnosis / Age Group</b>	<b>0-5</b>	<b>6-9</b>	<b>10-12</b>	<b>13-15</b>	<b>16-17</b>	<b>18-25</b>	<b>26-35</b>	<b>36-45</b>	<b>46-59</b>	<b>60+</b>	<b>Total</b>
Adjustment Disorders	97	172	143	126	71	91	95	69	55	10	<b>929</b>
Anxiety Disorders	34	62	50	82	73	84	88	77	76	19	<b>645</b>
Childhood and Adolescence	27	72	77	182	230	61	8	8	7	1	<b>673</b>
Delirium, Dementia	0	0	0	0	0	1	0	4	3	3	<b>11</b>
Dissociative Disorders	0	0	0	0	0	0	0	0	1	0	<b>1</b>
Eating Disorders	0	0	0	2	0	1	3	1	0	1	<b>8</b>
Impulse Control Disorders	0	1	2	3	4	3	2	0	0	0	<b>15</b>
Mental Disorders	0	0	0	0	0	0	0	0	1	0	<b>1</b>
Mood Disorders	2	12	19	52	57	174	245	334	406	122	<b>1,423</b>
Personality Disorder	0	0	0	0	0	3	1	5	3	2	<b>14</b>
Schizophrenia	0	1	0	1	6	99	181	254	403	83	<b>1,028</b>
Sexual and Gender Disorders	0	1	0	0	0	0	0	0	1	0	<b>2</b>
Sleep Disorders	0	0	0	1	0	0	0	0	0	0	<b>1</b>
Somatoform Disorders	0	0	0	0	1	0	0	0	0	0	<b>1</b>
Substance-Related Disorders	0	0	0	1	1	38	47	56	37	2	<b>182</b>
Other Disorders	8	6	10	6	12	67	82	123	191	45	<b>550</b>
<b>Total</b>	<b>168</b>	<b>327</b>	<b>301</b>	<b>456</b>	<b>455</b>	<b>622</b>	<b>752</b>	<b>931</b>	<b>1,184</b>	<b>288</b>	<b>5,484</b>

Source: Santa Cruz County Mental Health Services Agency, 2008.

# People with Disabilities - San Andreas Regional Center

Attachment C-3

*San Andreas Regional Center is a community-based, private nonprofit corporation that is funded by the State of California to serve people with developmental disabilities.*

## Client Count by Age, Santa Cruz County, 2008

Age	Client Count	Percentage
0-5	297	23.8
6-17	334	26.8
18-22	120	9.6
23-58	465	37.3
59+	32	2.6
<b>Total</b>	<b>1,248</b>	<b>100.0</b>

Source: San Andreas Regional Center, *Active Client Residence Summary Report, 2008.*

## Summary Counts by Disability, Santa Cruz County, 2008

Disability	Under Age 18	Age 18+
Autism	132	49
Chronic major medical condition	90	303
Cerebral Palsy	41	84
Epilepsy	41	156
Psychiatric disorders	18	153
Mental retardation	207	506
Other developmental disorder	49	71
<b>Total</b>	<b>578</b>	<b>1,322</b>

Source: San Andreas Regional Center, *Active Client Residence Summary Report, 2008.*

## Client Count by Gender, Santa Cruz County, 2008

Female	Client Count	Percentage
Male	775	62.1
Female	473	37.9
<b>Total</b>	<b>1,248</b>	<b>100.0</b>

Source: San Andreas Regional Center, *Active Client Residence Summary Report, 2008.*

## Client Count by Ethnicity, Santa Cruz County, 2008

Ethnicity	Client Count	Percentage
African-American	14	1.1
Asian Indian	2	0.2
Chinese	1	0.1
Filipino	6	0.5
Japanese	2	0.2
Mixed	20	1.6
Native American	2	0.2
Native Hawaiian	1	0.1
Other	19	1.5
Other Asian	12	1.0
Other Pacific Islander	1	0.1
Samoan	1	0.1
Spanish / Latin	485	38.9
White	679	54.4
Unknown	3	0.2
<b>Total</b>	<b>1,248</b>	<b>100.0</b>

Source: San Andreas Regional Center, *Active Client Residence Summary Report, 2008.*

## People with Disabilities - Special Education

*It is important for every society to provide the resources necessary to allow all individuals to participate fully in their community, regardless of their physical, mental, or developmental disability.*

### Special Education Enrollment, Selected Disabilities

<b>Mental Retardation</b>	<b>Dec. 2003</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Dec. 2006</b>	<b>Dec. 2007</b>	<b>03-07 % Change</b>
White (non Hispanic)	92	78	78	76	69	-25.0
Hispanic or Latino	150	145	142	132	135	-10.0
Native American	0	0	0	0	0	-
Asian	2	1	1	0	0	-100.0
Pacific Islander	1	1	1	1	1	0.0
Filipino	0	1	0	0	0	-
African American	4	4	4	3	3	-25.0

<b>Mental Retardation</b>	<b>Dec. 2003</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Dec. 2006</b>	<b>Dec. 2007</b>	<b>03-07 % Change</b>
0 – 5 years old	48	35	32	29	29	-39.6
6 – 12 years old	94	93	94	77	76	-19.1
13 – 22 years old	107	102	100	106	103	-3.7
<b>Santa Cruz County</b>	<b>249</b>	<b>230</b>	<b>226</b>	<b>212</b>	<b>208</b>	<b>-16.5</b>
California	44,017	44,263	43,739	43,522	43,113	-2.1

**Mental Retardation (MR):** Mental Retardation means significantly subaverage general intellectual function existing concurrently with deficits in adaptive behavior, and manifested during the developmental period, which adversely affects a child's educational performance.

<b>Hard of Hearing</b>	<b>Dec. 2003</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Dec. 2006</b>	<b>Dec. 2007</b>	<b>03-07 % Change</b>
White (non Hispanic)	37	40	43	34	28	-24.3
Hispanic or Latino	57	65	71	75	81	42.1
Native American	0	0	0	0	0	-
Asian	1	3	4	4	4	300.0
Pacific Islander	0	0	0	1	1	-
Filipino	0	0	0	0	1	-
African American	2	0	0	0	1	-50.0

<b>Hard of Hearing</b>	<b>Dec. 2003</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Dec. 2006</b>	<b>Dec. 2007</b>	<b>03-07 % Change</b>
0 – 5 years old	8	19	31	31	28	250.0
6 – 12 years old	47	48	43	47	44	-6.4
13 – 22 years old	42	41	44	36	44	4.8
<b>Santa Cruz County</b>	<b>97</b>	<b>108</b>	<b>118</b>	<b>114</b>	<b>116</b>	<b>19.6</b>
California	7,200	7,608	8,150	8,241	8,481	17.8

**Hard of Hearing (HH):** Hard of Hearing means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

Source: California Department of Education, *California Basic Educational Data System (CBEDS)*, 2008.



## People with Disabilities - Special Education

### Special Education Enrollment, Selected Disabilities

Deaf	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	03-07 % Change
White	2	2	4	5	4	100.0
Hispanic	9	5	6	8	12	33.3
Native American	0	0	0	0	0	-
Asian	0	0	0	0	0	-
Pacific Islander	0	0	0	0	0	-
Filipino	0	0	0	0	0	-
African American	0	0	0	0	0	-

Deaf	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	03-07 % Change
0 – 5 years old	4	5	7	6	8	100.0
6 – 12 years old	2	0	1	5	5	150.0
13 – 22 years old	5	2	2	2	3	-40.0
<b>Santa Cruz County</b>	<b>11</b>	<b>7</b>	<b>10</b>	<b>13</b>	<b>16</b>	<b>45.5</b>
California	4,510	4,462	4,337	4,242	4,185	-7.2

**Speech or Language Impairment (SLI):** Speech or Language Impairment means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment, which adversely affects a child's educational performance.

Orthopedic Impairment	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	03-07 % Change
White	66	63	54	54	48	-27.3
Hispanic	74	73	71	61	60	-18.9
Native American	0	0	0	0	0	-
Asian	2	3	4	4	4	100.0
Pacific Islander	0	0	0	0	0	-
Filipino	1	1	1	1	1	0.0
African American	3	2	2	0	2	-33.3

Orthopedic Impairment	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	03-07 % Change
0 – 5 years old	33	19	16	15	17	-48.5
6 – 12 years old	61	64	61	56	53	-13.1
13 – 22 years old	52	59	55	49	45	-13.5
<b>Santa Cruz County</b>	<b>146</b>	<b>142</b>	<b>132</b>	<b>120</b>	<b>115</b>	<b>-21.2</b>
California	15,074	15,321	15,653	15,429	15,294	1.5

**Orthopedic Impairment (OI):** Orthopedic Impairment means a severe orthopedic impairment, which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

Source: California Department of Education, *California Basic Educational Data System (CBEDS)*, 2008.

# People with Disabilities - Special Education

## Special Education Enrollment, Selected Disabilities

Other Health Impairment	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	03-07 % Change
White	114	116	119	139	160	40.4
Hispanic	53	62	60	61	82	54.7
Native American	0	0	0	0	0	-
Asian	2	0	2	3	2	0.0
Pacific Islander	1	0	1	4	3	200.0
Filipino	0	0	0	1	1	-
African American	2	5	2	7	11	450.0

Other Health Impairment	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	03-07 % Change
0 – 5 years old	40	43	36	33	43	7.5
6 – 12 years old	57	62	63	89	97	70.2
13 – 22 years old	75	78	85	93	119	58.7
<b>Santa Cruz County</b>	<b>172</b>	<b>183</b>	<b>184</b>	<b>215</b>	<b>259</b>	<b>50.6</b>
California	32,083	35,650	40,081	43,498	47,232	47.2

**Other Health Impairment (OHI):** Other Health Impairment means having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

Specific Learning Disability	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	03-07 % Change
White	1,090	963	876	823	776	-28.8
Hispanic	1,158	1,210	1,210	1,238	1,247	7.7
Native American	7	7	9	9	11	57.1
Asian	18	12	9	9	9	-50.0
Pacific Islander	5	3	4	3	1	-80.0
Filipino	9	11	11	10	7	-22.2
African American	55	57	64	57	60	9.1

Specific Learning Disability	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	03-07 % Change
0 – 5 years old	24	14	12	7	2	-91.7
6 – 12 years old	1,038	972	948	932	899	-13.4
13 – 22 years old	1,280	1,277	1,223	1,210	1,210	-5.5
<b>Santa Cruz County</b>	<b>2,342</b>	<b>2,263</b>	<b>2,183</b>	<b>2,149</b>	<b>2,111</b>	<b>-9.9</b>
California	337,884	328,381	314,817	306,950	297,933	-11.8

**Specific Learning Disability (SLD):** Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems that are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance or of environmental, cultural, or economic disadvantage.

Source: California Department of Education, *California Basic Educational Data System (CBEDS)*, 2008.

## People with Disabilities - Special Education

### Special Education Enrollment, Selected Disabilities

<b>Autism</b>	<b>Dec. 2003</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Dec. 2006</b>	<b>Dec. 2007</b>	<b>03-07 % Change</b>
White	103	109	132	145	171	66.0
Hispanic	14	21	24	36	49	250.0
Native American	0	0	1	1	1	-
Asian	6	4	4	5	12	100.0
Pacific Islander	0	0	1	1	1	-
Fillpino	2	2	2	2	3	50.0
African American	3	4	8	7	9	200.0

<b>Autism</b>	<b>Dec. 2003</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Dec. 2006</b>	<b>Dec. 2007</b>	<b>03-07 % Change</b>
0 – 5 years old	28	31	34	31	38	35.7
6 – 12 years old	57	68	83	99	125	119.3
13 – 22 years old	43	41	55	67	83	93.0
<b>Santa Cruz County</b>	<b>128</b>	<b>140</b>	<b>172</b>	<b>197</b>	<b>246</b>	<b>92.2</b>
California	24,943	29,370	34,668	39,711	46,196	85.2

Autism (AUT): Autism means a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects educational performance.

Source: California Department of Education, *California Basic Educational Data System (CBEDS)*, 2008.

<b>Speech or Language Impairment</b>	<b>Dec. 2003</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Dec. 2006</b>	<b>Dec. 2007</b>	<b>03-07 % Change</b>
White	657	623	604	599	588	-10.5
Hispanic	763	750	813	825	891	16.8
Native American	1	1	1	1	4	300.0
Asian	26	28	19	19	20	-23.1
Pacific Islander	5	7	7	5	4	-20.0
Fillpino	5	7	10	9	10	100.0
African American	20	24	25	30	25	25.0

<b>Speech or Language Impairment</b>	<b>Dec. 2003</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Dec. 2006</b>	<b>Dec. 2007</b>	<b>03-07 % Change</b>
0 – 5 years old	318	307	318	339	382	20.1
6 – 12 years old	1,024	986	1,012	1,021	1,026	0.2
13 – 22 years old	135	147	149	128	134	-0.7
<b>Santa Cruz County</b>	<b>1,477</b>	<b>1,440</b>	<b>1,479</b>	<b>1,488</b>	<b>1,542</b>	<b>4.4</b>
California	175,927	176,265	181,319	178,599	176,256	0.2

## People with Disabilities - Cabrillo College Enrollment

### Cabrillo College's Disabled Student Programs and Services (DSPS) Enrollment

Type of Disability	2005-2006		2006-2007	
	Number	Percent	Number	Percent
Learning Disabilities (LD)	640	39.0	623	37.7
Acquired Brain Injuries (ABI)	204	12.4	210	12.7
Mobility Impaired	203	12.4	214	13.0
Psychological Disabilities	212	12.9	215	13.0
Developmentally Delayed Learners (DDL)	160	9.8	167	10.1
Blindness or other significant visual impairments	26	1.6	23	1.4
Deafness or other hearing impairments <sup>1</sup>	51	3.1	56	3.4
Speech and language programs	6	0.4	7	0.4
Other health impairments	139	8.5	136	8.2
<b>Total Students with Disabilities Served</b>	<b>1,641</b>	<b>100.0</b>	<b>1,651</b>	<b>100.0</b>

Source: Cabrillo College, 2008.

Note: Cabrillo College's DSPS Program currently ranks tenth among all California Community Colleges in the number of students with disabilities served. The above table shows the type of disabilities of the students served during the 2004-2005 academic year.

<sup>1</sup> Enrollment has increased from the previous year due to the new offering of a lip reading class through the Stroke and Acquired Disabilities Center.