

families headed by women show a steady decline in economic status.

To summarize the situation, a National Advisory Council on Economic Opportunity prediction states, "All other things being equal, if the proportion of the poor in female-headed households were to continue to increase at the same rate as it did from 1967 to 1978, the poverty population would be composed solely of women and their children before the year 2000."

A. County and Local Picture

Following, and sometimes leading State and National trends, patterns of family life dramatically changed in Santa Clara Valley during the 1970 to 1980 decade. The number of single-parent families has nearly doubled and women now head more than one in every ten households. Over 46% of the Santa Clara County's work force are women; the County has a higher ratio of two working adult families than any other region in the country. AFDC rolls continue to increase, despite welfare reforms that periodically cull their numbers.

While men, women and children alike feel the burden of these changes, social workers and academics generally agree that women as a group are faced with an increasing proportion of critical problems brought about by the changing economic, political and social conditions affecting the family.

County-wide, though only 14% of households are headed by single women, 51% of households below poverty level are headed by a female. Fourteen percent of Sunnyvale's families are headed by females, yet 43% below poverty level families are headed by females.

According to the United Way of Santa Clara in their 1984 "Analysis of Needs and Emphases," problems faced by single-parent and working-parent families are 1) childcare, 2) parent/child relationships, 3) role models for children, and 4) after school activities.

Childcare is not only a problem for single parents. With more working families, and greater demand for childcare, available slots in existing programs are few. The extra burden on single parents is an economic strain in meeting the high cost of childcare on one income (and a usually lower income than a childless

single person). On occasions when a child is ill, single parents seldom have a person with whom to share time off from work in order to care for the child. Loss of work time due to childcare is a further drain on a single parent's budget. The need for more childcare facilities and programs is so important to the economic structure of this area that those most affected, businesses and industries, will have to become more involved with childcare issues. Providing such services for employees could come to be regarded in the same light as providing for health care and medical benefits.

Children left alone after school with infrequent contact with parents must search for role models outside their home. Often these models are not the best influences on a young person's developing values. Childcare facilities and after school programs can provide resources for the child. Much of the effectiveness of these programs is tied to how they are articulated and the attitude of society to the importance of providing quality childcare. Events in recent years have brought a focus on childcare in the United States and its failure as a safe, wholesome institution for the care of children. Abuse and neglect have been prominent in the news in regard to childcare. Some of this is the fault of licensing boards and evaluation and certification programs. More stringent standards, though, are not the answer, when additional regulations may drive many childcare providers out of business, creating a worse shortage. State regulations need to be evaluated as to their criteria for quality childcare and questioned as to whether their intent matches their result.

Childcare is generally given less importance in the United States in comparison to such countries as Israel and Sweden where many social programs are especially designed for children and children are considered the greatest national resource. Childcare programs are administered at a national level. Such programs not only provide for infant and young childcare (i.e., nutrition, supervision), but also provide, through a developmental curriculum, for academic readiness, and social and emotional development. If single-parent and working families are a continuing trend for the future, childcare will likely emerge as a central issue in family and social life in this country as well, if it isn't already received that way.

Research has shown that single-parent mothers experience a level of stress significantly higher than that experienced by other groups. Single-parent mothers experience a variety of stresses including violence and emotional exhaustion, but lack of money takes the greatest toll on their mental health. Having a job is often not the answer to alleviating this stress. Occupational segregation confines women to job "ghettos" where pay is low and mobility is limited. Almost all the "new" jobs for women that have emerged in the 70's and 80's have been in traditionally female-dominated areas. This trend does not appear to be declining. Women who manage to avoid gender-restricted jobs may encounter sex discrimination in salary, promotions, benefits and sometimes sexual harassment. These employment difficulties are increased if women are members of ethnic minorities also.

Often a job does not alleviate poverty for single-parent women, or even enable them to do without welfare. What has been the response of the welfare system? It has responded by continuing its stress on the "work incentive" and developing programs that deal with barriers to employment experienced by men: lack of job search skills, experience in the labor force or job training.

To respond to the needs of the single-parent families, social institutions that offer welfare and employment opportunities will have to be examined as to their value in an altered social setting. If not changed legislatively, programs now in existence to serve single-parent families may really hinder their financial stability.

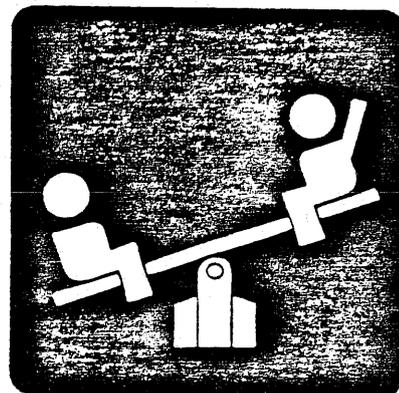
Single-parent families have become a way of life for a significant number of families in the United States. This brings a change in the total social structure. Accommodations must be made to meet the challenge of this change. Childcare and its availability and quality is a central issue that must be attacked by private and public institutions. Providing programs is only one step. The scope and quality of childcare programs needs to be addressed at a legislative level. Programs that have as their intent to help single-parent families and in particular, female-headed households, need to be re-evaluated and future guidelines established that take into account a change in social values.

B. Childcare

Santa Clara County has one of the highest female labor force participation rates in the nation. Seventy percent of Santa Clara County mothers with children under the age of 18 are employed and these numbers will likely continue to increase even if the percentages remain stable. The County has experienced a mini-babyboom. In 1980 there were 294,838 children under the age of 14. The figure is projected to grow to 331,544 by 1990 and to 360,948 by the year 2000, an increase of 22%. Most of these children will be in daycare during some portion of their childhood. Unfortunately, there is a shortage of childcare for the current number of children needing care and the numbers of slots are not keeping up with the population growth. Childcare is not an issue that is confined by geographical residence, but as with most issues in a metropolitan area, is regional in nature. This is especially true for Sunnyvale which is a major employer in the valley. In addition to its 117,000 residents, there are estimated to be 136,000-plus people employed here. Childcare providers in the City care for both children of Sunnyvale residents and its companies' employees.

Although we know that there is a shortage of childcare in the City, it is difficult to estimate the exact numbers. This is largely because of the high percentage of unlicensed care givers. The number of unlicensed slots ranges anywhere from 25% to 50% of the number of licensed slots. One of the barometers of need is the length of time it takes an individual to find day care and how much must be compromised in terms of situation and location. Choices for Children, a Sunnyvale based resource and referral program, reports that the searches to obtain childcare for their clients are becoming longer and more complex and that people are having to be much more flexible in terms of accepting what is available.

Concern about childcare has become national in scope. Legislators are attempting to address the issue at both the State and National level through numerous bills, although there has been no comprehensive legislation passed to date. In fact, in 1988 there is much less public money available for childcare at the State and National level than in the early eighties. In Santa Clara County, numerous studies have been conducted and task forces have been convened to address childcare issues and work toward developing a



comprehensive strategy. Task forces have been sponsored by the City of Palo Alto, City of San Jose, County of Santa Clara and the United Way. These studies have largely been to identify what the problems are in the area and to develop alternative solutions. These studies and their outcomes are reviewed later in this chapter.

One of the things we do know from studies which have been conducted is that lack of childcare and poor quality childcare have social costs. These include unsupervised children, parents who remain on the welfare rolls due to lack of subsidized childcare and absenteeism and turnover in the workplace due to childcare problems. Some studies have found that it is less expensive to provide quality child care now than to correct future problems caused by the lack of such care. For example, a 20-year study in Ypsilante, Michigan found that low-income children placed in a high quality preschool program were less likely to need remedial education, to drop out of school or to experience delinquency problems in their teens.

Of the studies reviewed which identified the major problems facing the community in relation to childcare, a number of issues consistently surfaced. These were availability, affordability, accessibility, quality and for sick children.

City Involvement in Childcare

The City has been involved in a number of childcare programs since 1980. They include: 1) Raynor Childcare Center; 2) City employee resource and referrals; 3) seed funding for marketing of employer-customized services and resource development; 4) City-provided after school recreation program for school age children; and 5) providing childcare resources to participate in job training programs. The programs are discussed in more detail in this section.

Raynor Child Care Center

The City purchased the Raynor School site from Santa Clara Unified School District when the school closed in 1978. The Patent Library was moved from the main library to the Raynor School site, but there was additional vacant space that was planned to be rented out for other purposes. Concurrently, the Human Development Advisory Planning Council (the advisory

group responsible for the CETA Program) was charged with looking into the childcare needs of local industry since lack of childcare availability was viewed even at that time as a significant need. The study, which began in 1979, resulted in a childcare needs assessment sponsored with local industry that identified the need to involve employers in providing childcare for their employees in order to maintain their workforce.

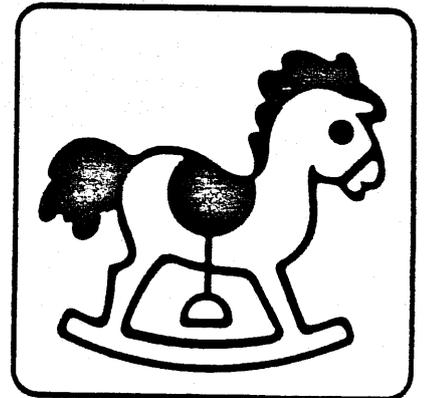
The idea was generated that the City could establish a model childcare site housed at the Raynor site. The intention was to establish a quality childcare facility that would be able to attract significant employer contributions to support its operations and lower the costs to its clients.

In response to a request for proposal, the City selected Child Development Incorporated (CDI) as the service provider at the Raynor facility, with CDI funding the cost of the capital improvements to accommodate childcare activities. CDI has leased the site from the City since its inception and favorable lease arrangements are provided to encourage the childcare usage. Similar arrangements are made with other desired lessees in City facilities. There is no direct City subsidy of this program.

CDI's childcare program now serves about 220 children and provides a range of services, including infant/toddler care, pre-school care and school age after school care. Evaluations of the childcare program have shown this program to be of consistently high quality and parents who use the facility are very satisfied with its services.

Unfortunately, employer involvement in funding never really materialized. Several companies participated by providing grants to the Center and subsidizing the cost of having their employees enroll their children; total annual contributions were \$12,000 in the first year, but have never exceeded \$6,000 since. The reasons included changing workforce needs, corporate reluctance to fund programs directly benefitting only some of their employees, IRS rulings limiting cafeteria-type benefits and perhaps, location.

Nonetheless, the Raynor Center remains a model childcare center, featuring excellent facilities, diverse programs and responsible staff. Council renewed the



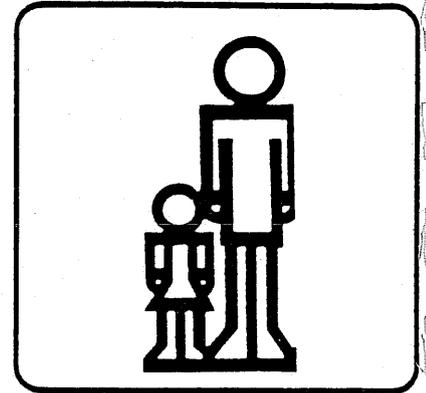
original 5-year lease in 85/86, to continue for another 5 years.

City Support of Childcare for Its Employees

In 1981, the City entered into a contract with a consortium of private childcare vendors to provide customized information and referral services to all City employees who need childcare assistance. This program evolved out of an employee association negotiating position requesting that the City add childcare assistance as a benefit. The purpose of this program was to provide individual assistance to employees in need of childcare. The assistance took the form of counseling, providing information and referring employees to appropriate childcare services. The providers also promoted their services to City employees and sponsored workshops on related issues such as "parenting."

The initial contract was established in the amount of \$10,000 for one year. The service level and funding for that year was based upon an estimate of the needs and potential usage of the services by the employees. Data for the projections was compiled from extensive employee surveys on the subject. However, the needs originally projected never materialized and the program funding was reduced in subsequent years to better match the need.¹⁷

In 1988 the City contracted with Child Development, Inc. (CDI) in the amount of \$4,000 for resource and referral services for City employees. The program purpose is similar to the initial concept, except that CDI now offers a computerized referral service that can better match needs with slots. About 20 employees and their families use the service each year. As this is an employee benefit subject to collective bargaining, changes in these services will be subject to the collective bargaining process.



17. It should be mentioned that this is often the case. Apparently, when surveyed, employees usually indicate a higher level of interest in participation than will actually occur. This could be because childcare services are so personal, and employees are very particular and creative about finding satisfactory services.

Seed Program for Marketing Employer-Customized Childcare

In 1982, Umbrella House, a local non-profit agency specializing in services for divorced and separated women, requested seed funding for the purposes of marketing childcare services with Sunnyvale employers and developing additional childcare slots. The initial grant amount was \$20,000, with \$12,000 allocated to the second year and \$8,000 to the third year. The concept of marketing the program to employers was to develop customized services for each employer, for which employers would directly contract with Umbrella House. These customized services generally involved information and referral services, matching and other services as needed.

By the end of the first year of the contract, Umbrella House ceased operations and arrangements were made with CDI to pick up the remainder of the commitment. By the end of the three-year cycle, CDI had developed some industry contracts, most notably with Lockheed Corporation, to provide customized childcare services. The employer-customized program continues to be operated by CDI and it now has customized contracts with many different companies (including the City).

Registered After-School Recreation Program

One of the identified needs in child care is for programs that provide for activities for "latch-key" children. The term latch-key children refers to school aged children (5-12 years) who are on their own before and after school because their parents are working.

In response to the need, a study by the Department of Parks and Recreation determined the feasibility of an officially registered, after school recreation program. The study recommended a program that would be centered at elementary school sites throughout the community where there was no current childcare and the greatest need. In 1984, the City Council authorized resources for three program locations, with the cost of programs being offset by revenue from participant fees. The programs were established at Nimitz, Bishop and Ellis schools. Twenty-five to 30 children were enrolled at each site.

Participant fees are set below market rate. For families unable to pay the rate, fee subsidies are

available through State latch-key funding. Arrangements between the City and the School District enable the City to sponsor, operate and administer the program while the School District provides the facilities. The City's annual direct allocation of \$50,000 is recovered through the fees, and fee subsidies provided by the State. There is no City subsidy for this program.

The program serves grades 1 through 6, and operates Monday through Friday from 2:00 p.m. to 6:00 p.m., offering the children active recreation. Participants must register for the program. Each site is licensed by the State Department of Social Services and, therefore, follows the guidelines and recommendations set by the State. Council approval of the program concept was based on providing services as long as they are needed. It was anticipated that at a future time, private vendors would take over the program from the City. In 1986, a private vendor assumed operation at the Nimitz site, and staff will add another site in a need area if suitable arrangements can be made.

Child Care for Job Training Participants

The City has operated Federally funded job training programs since 1974. An important component of the program design has included childcare assistance to participants in the training programs, and for a short period of time as they transition to a new job.

The childcare assistance and funding of childcare assistance for program participants has changed frequently, based upon program emphasis, funding availability and changing regulations. Most recently, the State appropriated funds available to each SDA on a pro-rata basis, requiring SDAs to match the funds. NOVA spent a total of \$151,266 on childcare 85/86 and 86/87, serving 86 families, 119 children. Of that, \$75,628 was spent from NOVA JTPA funds with the balance covered by State matching funds. (JTPA funds are restricted by Federal regulations, but could be spent directly on job training programs.) CDI has been the program administrator for NOVA.

The NOVA program also coordinates its services with the GAIN Program, the State-legislated effort to reduce welfare dependency by requiring certain categories of recipients to enroll in job training programs. Childcare

assistance through GAIN is provide during training and up to three months on the job for GAIN participants. (GAIN participants may be enrolled in NOVA programs.) County-wide, a \$2.2 million budget is allocated annually for direct childcare assistance for GAIN participants. It is estimated that NOVA participants will receive about 10% of the assistance.

The provision of childcare is an important resource for job training participants, as it allows many to continue to participate in the program and obtain subsidized employment. Though the funding is now adequate to meet the most immediate needs, the State funding for the programs is subject to change and NOVA can ill-afford to use its valuable training dollars for more childcare to make up the difference.

City Role and Policies on Childcare

The City became involved in working with the private sector in the early eighties to increase employer involvement in child care. Although the concept looked promising at the start, employer support virtually vanished. Industry involvement is slow and painstaking. Studies have shown that government is much more likely to receive a positive response from industry in terms of adding employee benefits if it can show that 1) it is also committed to providing the same benefits, and 2) that the concept works.

The City's role in childcare has increased over time although, since its first involvement in 1980, its role has been more evolutionary than planned by a comprehensive analysis of the issue. The Recreation Division has become involved in response to community needs for schedules which fit those of working parents. Resource and Referral has been provided to City employees. A significant activity undertaken was the City's decision to support employer supported childcare in the early eighties through both the Model childcare center and funding for the resource and referral program marketed to industry. The former program has not been successful in attracting private sector support, whereas the latter program has been moderately successful in developing contracts and continues to grow.

In addition to specifying the City's support for employer-sponsored childcare initiatives, the City's existing childcare policy (Appendix D) deals with

encouraging employer support in supporting certain childcare legislation. Generally, the childcare policy contemplates that the City is serving in an advocacy and coordinating role for childcare. It also recognizes that state and federal governments, as well as employers, have a major role to play in addressing childcare issues.

Childcare Services Available in Sunnyvale

Licensed Day Care

According to staff at Choices for Children, a division of Child Development Inc., in 1988, 3,300 licensed childcare slots were available in the City of Sunnyvale. These slots are in 39 day care centers, 12 school age centers and 133 family day care homes in which there are potentially 400 infant care slots. As noted earlier, it is impossible to gauge the total care offered since the percentage of unlicensed care is so high.

School Districts

There are four elementary/high school districts which operate within the City limits: Sunnyvale, Cupertino Union, Santa Clara Unified and Fremont Union. Following is a summary of each district's role in childcare.

Sunnyvale School District

The District operates two subsidized childcare programs serving a total of 135 children. Funding is provided for each program from the State of California. The Child Development and Pre-school program serves 110 children. This program is operating at San Miguel School and services only income eligible and at-risk youth. This is the only major subsidized daycare program in Sunnyvale. The State has not provided cost of living increases over the past several years, consequently this program will operate at a deficit in the current fiscal year. Unless this program can regain its financial self-sufficiency, it may be dropped by the District. The other childcare program operated by the district is the State pre-school program which services 25 children and operates on a program model similar to that of Head Start which focuses on making up for some of the

disadvantages that characterize low-income families. The program operates for three hours daily, with most of the participants in this program from AFDC families. In addition to these programs, the District provides the City space to operate after-school care at three sites within the district. These are Ellis (30 served), Bishop (16 served) and Lakewood (20 served) Schools. The sites combined have the potential to serve 85 children when they are operating at full capacity. In addition, its Board has given preference to child care providers to rent out unused school space. Many of these sites provide after-school care to children from the District.

Cupertino School District

The Cupertino School Board has taken a proactive role in providing before and after school care for its students. The Board has committed the equivalent of two classrooms at each school site for care. This childcare is offered through private providers who contract with the District. These providers receive below-market rent as an incentive. There are also subsidized slots available through the state funded Latchkey legislation for children at Nimitz School.

Santa Clara Unified School District

Santa Clara also operates before and after school care at four sites through the latchkey legislation. None of these sites are located in Sunnyvale, although the District has indicated an interest in expanding the program which may include Sunnyvale sites. In addition, child care services are available through Adult Education for students attending that program.

Fremont Union High School District

Childcare is provided for students at the Adult Education Division at the Carson site, however, parents must participate in the childcare services. Other childcare services are available through the District.

Child Development, Inc.

CDI is the third largest provider of child care services in the County and has one of its major divisions located in the Sunnyvale Child Development Center, located at Raynor and rented from the City. Review of this private provider is warranted because the availability of its services to Sunnyvale residents.

There are two divisions of CDI operating at the Sunnyvale site. These include the child care center which provides services for all youth from infants through school age and, Choices for Children (CFC). CFC provides three major services: 1) Income Eligible Programs - which operates a state funded vendor voucher program whereby low-income individuals are provided subsidized care and welfare recipients enrolled in the GAIN program are provided child care; 2) Resource and Referral Program - aspects of this program include resource and referral services for private contractors, a vendor-voucher program in which a private contractor can arrange to pay for child care for its employees and CFC will administer the services and finally CFC administers a toy and equipment loan program for family day care providers and conducts recruitment for the training of new family care providers; and 3) The Child Care Food Program, a federally funded program which provides funds for meals for children in family day care homes. Although CFC is in the business of conducting child care searches and referrals to openings, these services are only available for contracting agencies and not the general public.

County Information and Referral

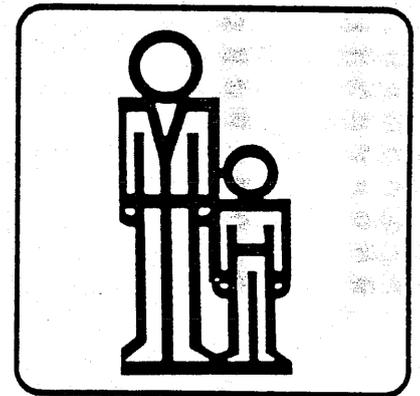
Community Coordinated Child Care (4C's). This agency, located in East San Jose, is the State mandated provider of child care information and referral services for all of Santa Clara County. In 1987 calendar year, 4C's provided services for 1,079 Sunnyvale residents, or about 10% of their total calls. There is no way of measuring the adequacy of their service in comparison to need although they have about 30% fewer Sunnyvale day care sites noted than CDI. They have recently opened a satellite office in Palo Alto at the request of that City through a grant from Varian Corporation.

Industry and Childcare

Employers have a number of direct interests in the child care issue. A variety of studies have shown that the availability and accessibility of affordable, quality child care directly affect: employers attraction, retention and turnover, worker productivity and levels of absenteeism and tardiness. Furthermore, most middle and lower-income employees find child care to be costly in the Bay Area, and many employees are not fully aware of the services available to them or how to choose intelligently among available services. It is projected that the pool of workers is shrinking throughout the nation and employers will be forced to become involved in such issues as childcare to recruit and retain a qualified workforce. The following presents some of the ways in which industry has become involved in the daycare issue.

There are few comprehensive industry sponsored care programs at either the local level or elsewhere. Two local corporations have opted to operate child care centers for their employees. Syntex has established a private non-profit corporation to operate its child care center housed at a vacant high school in Palo Alto, and Apple will operate a center at a vacant elementary school in Cupertino. It may not be possible for a company to operate a first-rate, high quality center in which center staff are paid competitive salaries and the company's employees are charged affordable childcare rates and break even. This issue has been noted at both the Apple Center and a daycare center operating at the Hacienda Business Park in Pleasanton. The Hacienda Park Center has raised fees three times in its short history to keep up with costs and Apple will be subsidizing the operation of its center. Employers would seem to prefer to contract with private day care centers to buy "slots" for their employees, but even these efforts have met with limited success partially since on-going employer participation cannot be guaranteed. Such was the case with the Raynor Center, where employer interest waned over time.

Other features that companies have provided which require much less in the way of company commitment are resource and referral and the Dependent Care Assistance Program (DCAP). DCAP allows employees to designate a limited portion of their salary to pay



for the care of a dependent (who may be a child, an elderly parent or a handicapped dependent). The IRS does not count this income as taxable. In addition, it lowers the employers payroll taxes. Also, other employers contract with private agencies to provide resource and referral services for employees and their families. At least 12 area companies have contracted with CDI to provide resource and referral services including Lockheed, IBM, Digital Equipment, NCR, Regis McKenna, Inc., Rolm, Tandem and Pitney Bowes. In limited instances, companies pay some of the costs for childcare for their employees, generally through some kind of cafeteria benefits plan.

Industry has been reluctant to become involved in the provision of childcare for its employees for a variety of reasons. Obviously, financial concerns are a strong consideration, since childcare benefits can be expensive. In addition, employers may be reluctant to differentiate benefits among different groups of employees, and not all employees would use child care benefits. Also, employers who deal with labor groups face collective bargaining issues. The trend to become involved in childcare is likely one which will evolve slowly but most certainly continue to grow as the needs become more apparent and these needs have a significant effect on the workforce.

Summary of Needs

In reviewing the data presented, as well as some of the proposed solutions both by industry and government, two overriding concerns regarding childcare surface. These are availability and subsidized care. The population of children with working mothers is growing much faster than the supply of childcare. Infant care is the most severely impacted area followed by school-age care as these are the least lucrative for providers. Subsidies are also a critical need. There are so few subsidized slots available for the children of the working poor, that many are forced to remain on welfare, or leave children unattended or in less than ideal circumstances. Both of these situations are so critical that they require the cooperation of both the public and private sectors on both a national and local level. This cooperation is beginning to occur on many fronts in the Bay Area with entities approaching the issue in a variety of ways.

The childcare dilemma will likely exist for years to come. The demand for child care exceeds the supply, in large part due to the fact that many of those who seek childcare are unable or unwilling to pay enough to stimulate the supply. Federal and state subsidies through various programs have been helpful in assisting economically disadvantaged families with childcare, but subsidies do not reach many who need them. Regardless of whether childcare advocates are successful in boosting expenditures for subsidized care, there will never be enough subsidized care to meet the needs, given the fiscal constraints. But the gap can be closed. Additional grants for subsidized programs for the economically disadvantaged are possible. In addition, a "tax expenditure" solution, whereby tax credits would be given for childcare expenses, would benefit the middle class and would also go toward increasing the supply of childcare by allowing middle class families to afford to pay more for childcare.

Public schools, by providing subsidized care through State funded programs, have increased the supply while offering a quality childcare alternative. Some schools, like the Cupertino School District, have gone beyond that role by providing economic incentives for private providers to operate from their facilities and service their students' families. Public schools are in a unique position to address childcare needs, since they are equipped with facilities and have the expertise. However, since they are in a difficult financial position to fund even their traditional educational programs, the childcare opportunities are limited.

Employers have been asked by child care advocates and pressured by some of their employees to provide childcare benefits to employees. Some employers, such as Apple and Syntex, are providing facilities for their employees and keeping the cost down by partially subsidizing them. Others, like Lockheed and the City, have chosen to contract for resource and referral services. Others have limited cafeteria benefits-type plans that provide employees with benefit tradeoffs, with a childcare option. However, the actual number of employers who provide some type of childcare benefits is probably small. The best opportunity of increasing employee benefits would include legislative mandates, liberalization of cafeteria benefit plan rules

and marketing of childcare services customized for employees.

The vast majority of childcare is provided through the private marketplace, not government-run or company-run operations. This includes licensed day care centers (both for profit and non-profit), licensed home care and unlicensed home care. This marketplace is very sensitive to economic factors. Large day care centers are often costly to operate, in part due to licensing requirements and the cost of space, so relatively few exist. In fact, a large percentage of the day care slots are provided through home care operations many which are unlicensed. With its sensitivity to economic factors, coupled with the fact that home care providers tend to be independent, the private marketplace tends to be somewhat unstable, and quality is at times difficult to find and slots difficult to locate.

C. Conclusion

Sunnyvale, and Santa Clara County in general, has a very high proportion of women in the labor force. Two-wage earning couples are the norm, not the exception. In addition, there are a high number of single-parent families, headed predominantly by women who must work in order to support their families. For these groups, childcare is an important commodity.

As early as 1974 the City provided childcare assistance to its clients through its job training program. However, it wasn't until the Raynor Center was planned in 1980 that the City became actively involved in childcare issues. Though actively interested, the City has never defined its role as a funder of childcare services. The childcare assistance for City employees is an employee benefit, not a community-wide program. The seed program for employer-customized services was not a client service, but an attempt to encourage a long range solution to childcare availability. The JTPA childcare is an integral component of program services and intergovernmental funds support the services.

In the overall scheme of childcare issues, the City's role has been minor. There are numerous private and non-profit groups in the community that represent childcare interests and provide services. The City has been involved in specific cases where Council

expressed interest and felt that City involvement would encourage long term solutions to childcare issues.

Childcare continues to be an on-going concern in Santa Clara County. Well-to-do families have many options, but those with limited financial resources face a dilemma when it comes to finding affordable, quality childcare services. In many cases, childcare for working single parents with young children may not be financially feasible, so welfare and job training programs must find ways to provide childcare for their clients so they can succeed, and solve the childcare problem that occurs when clients leave their programs.

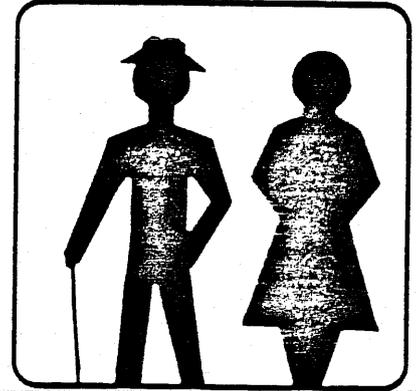
The limited availability of childcare resources to care for sick children is particularly critical, according to United Way studies, and there is a need to develop more such resources. The lack of affordable, available childcare continues to be of concern to local industry, inasmuch as much of their workforce is composed of working parents.

In 1988, responding to its concern with many of the childcare issues, the City undertook a comprehensive childcare study. The study recommends an expanded scope of City involvement in childcare issues oriented to encouraging City resources to increase the supply and availability of childcare in the community. The Council established a Childcare Coordinator position and adopted a work program to direct staff efforts on childcare priorities. The policy and the work program are included in Appendix D.

Ref: Policy 5.1H.1

V. SENIOR SERVICES¹⁸

In general, we are living in an aging society. Due to decreases in the birth rate over the last twenty-five years, improved health conditions for seniors and longer life spans, a shift in the age of the population has occurred. At the beginning of this century, persons aged 60 or over represented one of every 16 persons. Currently, they represent one of every six persons. By the year 2030, they will represent over one-fourth of the total population. Not only has there been a shift toward an older population base, but that population itself is shifting toward greater age. The population 75 years or older is projected to increase by more than one third by the year 2030, and the 85 years or older population will also expand. Currently, women in the senior age group outnumber men and the proportion of minority elderly is rising. The vast majority of older persons live in a community setting, with only 5% of those aged 65 and over living in institutions. An increasing number of older persons are living alone.



Sunnyvale's population reflects all of these trends. Projected from the 1980 census, Sunnyvale's 1985 population included 21,239 senior citizens (55+), or about 20% of the general population. The figure is expected to increase to 25,396 senior citizens in 1995.

Realizing the need for social recreation for seniors, coordination of services for seniors, and counseling for independent living, the City of Sunnyvale Parks and Recreation Department developed and manages a Multi-Purpose Senior Center. Located in a neighborhood that has a high concentration of older adults (Washington), it provides City-sponsored programs such as health and physical fitness programs, a community garden, a variety of recreational and educational classes, social and leisure activities, a daily nutrition program, information and referral services, and employment assistance. Health and

18. Senior services, particularly as they pertain to recreational issues, are addressed in the Recreation Sub-Element

social service programs that serve older adults are also encouraged to co-locate or provide regularly scheduled services at the Center. The general concept behind the Center is that the recreation services are provided as the primary focus and purpose of the Center. The additional availability of services at the Center help to expose older adults to the availability and benefits of other activities at the Center and helps assure that their other needs can be effectively and conveniently met as well.

A number of programs exist within Santa Clara County that serve seniors. Below is a list, provided by United Way that shows the agencies and associations within the area that offer specialized services to seniors:

- Albert L. Schultz Jewish Community Center
- Assistance League of Santa Clara County
- Hospitality House
- Black Senior Center
- Bridge Counseling Center
- Psychogeriatrics
- Catholic Social Service of Santa Clara County
- Community Living Experiences
- Senior Residential Service
- Council On Aging of Santa Clara County
- Family Service Association of Santa Clara Valley
- Family Service Association of the Mid-Peninsula
- Filipino Community of Santa Clara County, Inc.
- Filipino-American Seniors Opportunity Development Council, Inc.
- Food Bank, Inc. of Santa Clara County, The Information and Referral, Inc.
- Senior Services
- Japanese-American Community Senior Service
- Mexican-American Community Services Agency
- Mid-Peninsula Young Womens' Christian Association
- Miramonte Mental Health Services
- Proven People Program (NOVA)
- Outreach and Escort, Inc.
- Salvation Army
- Santa Clara, County of Health Department
Public Health Bureau Geriatric Assessment, Information Needs
- Santa Clara County Senior Adult Forum, Inc.
- Santa Clara Valley Dental Health Foundation

Santa Clara Valley Youth Village Senior
Citizens' Program
Senior Adults Legal Assistance
Sunnyvale Community Services
Transit ASSIST

Council on Aging (COA) is the State-designated area agency on aging serving Santa Clara County. It provides the following services:

- information and referral
- outreach
- case management
- transportation
- in-home support
- legal
- long-term care ombudsman
- adult day care
- nutrition
- senior community services

Research and discussion with representatives of agencies that serve older adults identified several needs and services that are insufficiently addressed. These are summarized as follows:

A. Transportation

Escorted transportation is needed as seniors have less access to private transportation. Public transportation, unless equipped with wheelchair facilities and access from the seniors homes to the transportation unit, is not always a viable option.

Sunnyvale subsidizes a taxi program whereby seniors may buy reduced rate tickets for taxi use throughout the County. In 1987-88, the program is funded through the Transportation Development Act (TDA) 4.5 monies, in the amount of \$133,285. The City contributes \$139,915 in general fund money for this service. Low income seniors are eligible for this program, with up to 1800 per year taking advantage of the services. A senior escort service is provided through Sunnyvale Community Services. The escort service provides more than transportation, since it sends a volunteer with the senior to negotiate, communicate or otherwise help the senior through situations in which some intervention may be needed.



B. In-Home Care

As the senior population grows older, more frail seniors require, in-home care. At-home care is not provided for through MediCare. It is, however, provided for through MediCal, but only 15% of all seniors qualify for MediCal. In the long run in-home care is less expensive privately and publicly than institutionalized care. It also helps seniors to maintain dignity and independence longer. Personnel for these programs are often scarce. Volunteers are another alternative, and cooperative care is yet another option.

In cooperative care, groups of seniors organize into care units. Within these units seniors become friends and helpmates to one another, checking in with each other through regular phone calls and visits, some seniors offering transportation, others doing part-time cleaning and cooking. The Cities of Palo Alto and Mountain View have programs that enlist volunteers (of all ages) in help for seniors. Presently, in Sunnyvale the Case Management Program that is part of Sunnyvale's Community Services Center provides a similar program through referral sources for seniors at risk of going to a nursing home. A group of volunteers specifically oriented and trained in services to seniors does not exist in the Sunnyvale area.

C. Crime Against Seniors

Assault on older women is an issue that was raised by many seniors interviewed in a United Way survey. Fears that seniors harbor of being taken advantage of, beaten and otherwise harmed restricts them from social participation. It also contributes to stress and a sense of general distrust.

The Public Safety Department currently provides presentations and training to seniors on crime prevention and traffic/pedestrian safety. The crime prevention presentations are designed to meet the unique needs of Sunnyvale's senior citizens. The topics covered are prevention of purse snatch robberies, swindles, con games, burglaries, and Social Security check theft. The presentations are tailored to actual problems occurring in Sunnyvale at the time and also topics of particular interest or concern to the seniors. Presentations are given at the Senior Center, retirement homes, and mobile home parks.

A program on safe driving and pedestrian safety for seniors was developed by the Public Safety Department with the assistance of the California State Office of Traffic Safety.

Another area of crime against the elderly is abuse from their care-givers (in isolated cases). According to a task force on aging operating out of Family Services Association in San Jose, elderly abuse is a major problem due mainly to the inability of some care-givers to cope with the necessary constant care of frail elderly. The task force's findings as well as the findings of other social research on seniors points to the need for more respite care services. Respite care relieves fulltime care-givers (often family members) and allows them to have time away from the strenuous care of a frail person.

Although Catholic Social Services provide respite care, demand exceeds what this organization is able to provide. It is their experience that a shortage of trained volunteers is a major factor in not being able to deliver sufficient services. In addition to respite care, families and care-givers are in need of counseling to deal with the special problems encountered in caring for the elderly. Such programs are rare and, as the Director of COA explained, most existing mental health facilities are not staffed with counselors trained in geriatric care or counseling for care-givers.

D. Adult Day Care

Some seniors live with relatives or care-givers who are unable, due to work schedules, to provide care for a frail, elderly person during the daytime. There are also many more relatives who would care for a senior family member if daycare facilities were available.

Adult daycare centers are designed to provide care in much the same way that childcare centers do. Adult care centers are not a substitute for nursing homes and their services are not for seniors who are invalids. They are able to provide supervision, recreation activities and nutrition programs for frail or at-risk elderly who would not get these services at their home. In this way, daycare centers keep many seniors from having to be placed in nursing homes and provide a respite for the care-givers.

For several years, the City contracted with a adult daycare program located in Cupertino to serve Sunnyvale residents. In 1987, the City Council decided to expand the availability of Senior Day Care by joining in a cooperative venture with a local non-profit organization to provide the Senior Day Care program. In response to a request for proposal, Cupertino Senior Day Services, Inc. entered into an agreement to develop a program in Sunnyvale to better meet the needs of Sunnyvale residents, which the City provides an annual subsidy of about \$30,000/year. The success of the program is undetermined, as the program will be fully operational in FY 88/89.

E. Health and Nutrition

Seniors present special health problems for doctors, care-givers and counselors many of whom are not trained to deal with these specialized needs. Alcoholism, poor nutrition and prescription drug abuse form a configuration of problems that often result in institutionalization that would be otherwise unnecessary. There is a lack of information and education available to seniors on the effects of mixing certain perscription drugs and alcohol. Along with these common practices, seniors often neglect proper nutrition. Programs like Meals-on-Wheels and Operation Brown Bag help in this area.¹⁹

Lack of mental health services and facilities at a County level for seniors is seen by the Director of COA as one of the largest deficiencies in the area. Again, lack of trained personnel coupled with insufficient budgets, is again blamed. More significant is the pervasive attitude held by most people that seniors who are mentally disturbed become that way as an inevitable consequence of growing old. This has many times been proven by research to be a false assumption. As the Director of COA explained, seniors experience great stress during years when many of their friends and family die, when they, themselves, may be displaced from their homes, or may be the victim of assault, or at the very least, when they are the victim of a general lack of understanding about seniors, their needs and dilemmas.

19. Meals-on-Wheels delivers hot meals to shut-in elderly and disabled. Brown Bag provides fresh fruits and vegetables (in a "brown bag") to low income seniors and disabled.

The City now funds the Senior Nutrition Program provided by the County and Brown Bag Program operated by Food Bank, Inc. of Santa Clara County. The nutrition program provides free hot meals daily, while the brown bag program provides weekly bags of fresh groceries to its low-income clients. The City also provides a low-cost hot meal program daily (except weekends) at the Senior Multipurpose Center providing meals for 75 people per day.

F. Housing²⁰

Housing is a problem for almost anyone living in the Santa Clara County where rent is expensive and housing availability low. For seniors who do not own their own homes or do not live with family, the problem is severe. Many seniors live on small fixed incomes, and as rents rise, they are forced to move. Each time they move, the difficulty of finding a new residence and paying the deposit becomes compounded. Government subsidies under Section 8 housing funds are nearly depleted. In addition, some landlords do not like to take renters who are eligible under Section 8 as it does not allow for rent hikes.²¹

By leveraging funds through Sunnyvale CDBG and in participation with a private developer, a senior housing complex was built in downtown Sunnyvale in 1981. Plaza de los Flores has 101 units, all of which are rentals.

The City provides funding for Project Match, a program that matches seniors seeking rental units with others needing roommates in order to provide for housing needs at an affordable cost.

G. Multi-purpose Senior Center

The City has long had programs aimed at addressing the unique needs of its senior population. In 1973, the City opened its Community Center on Remington. The Center was oriented toward meeting the

20. Housing issues are discussed at length in the Housing and Community Development Sub-Element.

21. Section 8 funds are provided to counties under federal housing programs. Section 8 certificates are available to low-income families. These certificates are in the form of vouchers that are used to offset rental costs.

recreational needs of the Sunnyvale - community. Demand for programs to address the unique recreational and social needs of the senior population ultimately resulted in a Council decision to establish a special facility oriented to serving seniors.

The Multi-Purpose Senior Center was opened in 1984. It was established as a facility where a comprehensive activities of senior services could be provided, with incentives for agencies that serve seniors to co-locate their services there. Though primarily oriented to meeting the recreational and social needs of Sunnyvale's seniors, it also offers a substantial set of human services and programs. Among its 1988 services are the following:

SERVICES

- Daily Nutrition Program
- Senior Adult Legal Assistance
- Health Insurance Counseling
- Senior Case Management
- Income Tax Assistance
- Renters Rebate Assistance
- Blood Pressure Screening
- Low-cost Mammography Exams
- BART Tickets
- Information & Referral
- Operation Sentinel
- Proven People (Senior Employment)
- Free Immunization Program
- Volunteer Program

PROGRAMS

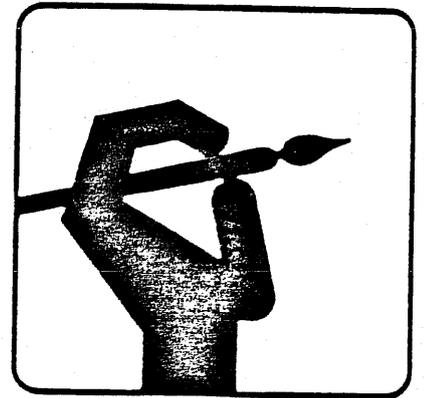
A wide variety of programs are offered such as the following:

Fitness/exercise

- General conditioning
- Stretching & relaxing
- Tai Chi
- Walking & conditioning
- Tennis tournaments

Arts & Crafts

Calligraphy
Ceramics
Drawing
Flower Arranging
Photography
Painting (oil, watercolor, tole, oriental brush)



Recreational/social

Dance (ballroom, tap, folk)
Bridge
Community Garden
Ping-pong
Billiards
Monthly Social Mixer
Tea Dances
Special events

Educational

Lecture/demonstration series
Travelogues
Book reviews & discussions
Meditation
Spanish
Job Search skills

CO-LOCATED AGENCIES

Santa Clara County Transit-Senior Advisor
Project Match (housing referral)
Sunnyvale Community Services
De Anza Senior Workshop
Unique Boutique (senior consignment store)
Friendly Visiting Services
Proven People

ADVOCACY, EDUCATIONAL, SOCIAL AND
SELF-HELP ORGANIZATIONS

American Association of Retired Persons
Golda Meir Club
Grandmothers Club
National Association of Retired
Federal Employees
Sunnyvale Senior Coordinating Council

In addition to offering the above services, staff at the Center coordinate its activities with other senior groups such as the Council on Aging. The 9-member Senior Center Advisory Committee also makes recommendations to City staff regarding programs and facility operations. Refer to the Recreation Sub-element for further information about the Multi-Purpose Senior Center.

H. Summary

The demographic trends are evident; the senior population, both in sheer numbers and as a percentage of the overall population, will continue to increase. This increase is coupled with the fact that extended families, who traditionally provided support for seniors, have all but vanished in today's society. As a result, the need for special services for this population will remain high, and the demand will probably increase as large numbers join the groups.

The City has responded to this need/demand by establishing a Multi-Purpose Senior Center, sponsoring a 101 unit senior housing complex and funding a number of non-profit agencies that provide special services to seniors. A strong orientation for assisting seniors exists in Sunnyvale. The challenge for the City is to build upon the services that have been established through the Multi-Purpose Senior Center in an era of limited resources.

Coordination with other agencies and City programs is essential to assure that the special needs of the senior population are effectively addressed. Special areas that should be considered include housing, adult day care, in-home care and nutrition.

VI. SUBSTANCE ABUSE / COUNSELING SERVICES

The Business Journal Magazine (September 3, 1984) reported that an estimated 15% of the Santa Clara County workforce is addicted to drugs and/or alcohol. This is significantly higher than the 5% national average. Poly-drug abuse, or the mixing of different drugs, is the most prevalent form of workforce drug addiction. The most frequent combinations are alcohol, marijuana and cocaine. The high percentage of abuse in this area is often attributed to a combination of work place and environmental stress, and the social acceptability of particular drugs.

United Way of Santa Clara County plots current trends in drug abuse. Over the last five years, an increase in new cases has been noted. Heroin, cocaine and alcohol are cited as the primary drugs of abuse with an increase in abuse of cocaine, and a continued high level of PCP abuse, and alcohol abuse. Increase in new cases has paralleled an increase in the severity of the cases reported. Increases in the intakes into residential programs has brought such programs in the County to capacity level.

Many of the industrial health centers in this area provide substance abuse counseling, hospitalization for detoxification and referral services. Some directors of private drug abuse clinics feel industries need to do more internally to prevent drug abuse through organized support systems. Those who counsel workforce drug addicts also see a need for rehabilitation programs to take into account the dignity of the user and to design programs that express an attitude that drug abuse is, in some instances, an occupational hazard.

County-wide programs for drug and alcohol abuse stress counseling, crisis intervention and treatment. Listed below are the names of various agencies and associations that offer various substance abuse programs in Santa Clara County:

Alcoholics Anonymous
Catholic Social Service of Santa Clara County
Central Counties Safety Council

Community Health Abuse Council
Family Health Foundation of Alviso, Inc.
Family Service Association of Santa Clara
Valley
Indian Center of San Jose, Inc.
Mexican-American Community Association
National Council on Alcoholism,
Santa Clara County Affiliate
Pathway Society, Inc.
Project Pegasus
Santa Clara, County of Health,
Department of Alcoholism
Services Bureau
Drug Abuse Bureau
Santa Clara Valley Medical Center
South County Alternatives, Inc.
United States Government
Veteran's Administration



The Santa Clara County Health Department's Bureau of Drug Abuse Services defines a prevention and intervention plan for the County in three levels. Primary prevention focuses on the underlying cause of substance abuse. This includes social, economic, technological, political and other areas of influence. Primary prevention is mainly concerned with youth and adolescents and the social factors that may lead to a drug problem. The Bureau suggests that the most rational approach is to carry out a program of positive developmental prevention in concert with a broad-based campaign to deal with such societal factors as drug and alcohol advertising, ease of availability, the fragmentation of the family unit, etc.

Secondary prevention deals with early identification of an abuse problem and stresses early intervention. The intervention should occur before a person develops a lifestyle centered around drugs and alcohol. The third phase is residential treatment for severe cases in which the victim has lost the coping and judgmental skills to live and work effectively and safely on his, or her, own being under the influence of drugs or alcohol most of the time.

A. The Local Picture

Sunnyvale's Public Safety Department cites cocaine and alcohol as the most frequently abused single drugs in the Sunnyvale area. The Department profiles cocaine abuse as being most prevalent among workers

in the electronics industry, not the assembly-line workers as much as the management and executive class. Alcohol abuse encompasses all ages and social backgrounds:

Use of cocaine during work has some startling effects on the industries and economy of this area. The frequency of workforce abuse of the drug has contributed to industries within the area setting up support programs, contracting out for medical care for drug addiction and abuse.

Some of the social repercussions of drug abuse are violence, burglaries, and robberies in attempts to gain money to buy the drugs. The effects of cocaine alone can put one in a situation where reaction time and judgement are blurred, thus contributing to automobile accidents and other safety risks.

In FY86/87, a total of 343 drug arrests were made in Sunnyvale. The majority of these were felony charges, with the incidence of hard drugs being higher than other drugs. In FY86/87, a total of 792 arrests for drunk driving were made in Sunnyvale. This figure increased from the previous year by nearly one hundred arrests. Public Safety Officers stress that the arrest figures for drug abuse and alcohol abuse do not completely represent the severity of the actual problem.

B. The Victims

Essentially we are all victims of drug and alcohol abuse. We may be directly affected if we or our family members or co-workers are users, or we may be indirectly affected by drugs through crime, consumer low product quality, and costly rehabilitation programs paid for in part by taxpayers.

Workforce drug abuse remains the prevalent problem in this area. Two other populations that present a more difficult problem for referral services and rehabilitation are youth (24 year olds and younger) and the elderly. Programs treating youth addiction attest to the difficulty encountered in rehabilitating this group. Some agencies have extended their programs to give more structure and time for rehabilitating youth than what is usually allotted for other groups.

Drug abuse prevention has become a major concern for education in this area. The Emergency Treatment Center, which includes a hot line for drug abuse and other crisis situations, established a liaison program with local schools in an attempt to broaden the scope and effectiveness of their drug abuse programs for youth.

Most elderly people who experience drug abuse problems are users of prescription drugs. In some instances a lack of education about combination effects of medication is the root of the problem. Seniors with drug abuse problems are often hesitant to seek help. Some drug abuse masquerades as senility in people of this age group.

Within Santa Clara County there are a number of agencies and associations listed by United Way as maintaining residential treatment centers for treating substance abuse:

Alcoholic Recovery Homes of Santa Clara
Valley
Benny McKeown Center
Fortune's Inn
Millar House
New Fortune's Recovery Home for Women
Bay Area Hotline
Drug and Alcohol Residential Rehabilitation
Indian Center of San Jose, Inc.
Residential Treatment Program
Pate House, Inc.
Pathway Society, Inc., Pathway House
Rancho Laguna Seca, Inc.
Renaissance Center, Inc.
Salvation Army Adult Rehabilitation Center
San Jose GI Forum Community Services
Vida Nueva
Santa Clara, County of Health,
Department of Alcoholism Services Bureau
Sepia II



Residential treatment for substance abuse is useful in severe dependency cases; however, most cases do not require residential care. The majority of substance abuse is treated after problems occur. In recent years this approach has been seen as ineffective in assessing the root problems involved in abuse. Therefore, a number of educational programs have been established to bring awareness and

understanding of substance abuse before an individual actually develops a problem in the area. Following is United Way's list of educational, informational substance abuse services for Santa Clara County:

Almaden Valley Youth Counseling Service
Community Health Abuse Council
Indian Center of San Jose, Inc.
Institute for Creative Therapy
Mexican-American Community Association
National Council on Alcoholism, Santa Clara
County
Parents Who Care, Inc.
Pathway Society, Inc.
Project Pegasus
San Jose Police Activities League
Santa Clara, County of
Health, Department of Alcoholism Services
Bureau

All of the school districts serving Sunnyvale students sponsor drug and alcohol education programs. Some programs are internally developed and others are designed and delivered by outside sources. Still, as local law enforcement and school officials point out, more needs to be done, or a new approach needs to be tried. Traditional education approaches to drug and alcohol abuse have shown no effect in decreasing the incidence of reported usage among local youth.

C. Summary

Substance abuse is high in the Sunnyvale area, as well as in Santa Clara County. Numerous programs provide treatment, crisis hot-lines, counseling, referral and education. Solutions to primary and secondary problems of substance abuse are not simple nor easily articulated. Continuation of hot-lines, treatment programs and education are the best measures currently employed. Further involvement of industry in taking leadership for substance abuse programs among the workforce is seen by directors of abuse programs as a future necessity.

Schools currently provide programs, but are looking for ways in which to be more effective. Co-ordination of program services and education among industry, educational institutions and treatment/counseling centers would augment the effectiveness of the overall delivery system. More research nation-wide into the

physiological and psychological attributes of substance abuse is also needed to understand why current programs fail in many instances.

In 1986/87, the City increased funding to add 3 vice squad detectives to its Public Safety programs. The additional resources are targeted to deal with drug dealing and drug abuse with youth, where it is believed that the greatest impact can be made. However, simply adding investigative resources to the police force does not address the cause of the problem, it only deals with the symptoms of it. Additional intervention is required.

Through its Public Safety Department, the City is also a cosponsor with Fremont Union High School District of the "SUSAN" program (Sunnyvale United Student Achievement Network). The purpose of this program is to intervene with high school youth before they develop serious problems. Often, drug use is one manifestation of, and perhaps a cause of, youth adjustment problems. The basic purpose of this program is to train faculty, parents and students to recognize symptoms of developing problems so that intervention strategies may be employed. Referrals are made to a core group of parents, faculty and students who evaluate the cases and refer them to appropriate agencies/programs as necessary.

In FY 87/88, the Public Safety Department coordinated with the Cupertino, Sunnyvale, and Santa Clara School Districts to implement early intervention programs, similar to the pilot SUSAN program at Fremont High School, at all junior high school and elementary school campuses in Sunnyvale. By FY 88/89, all Junior High schools will have programs underway and training of school personnel and parents at the elementary schools will begin. The Public Safety Department has played the role of facilitator and coordinator to get the programs started. Once underway, the Department is available as a participator and support resource.

Ref: Policy 5.1H.5

The City funds two programs oriented to counseling youth and their families. Social Advocates for Youth (SAY) and Bill Wilson Center often deal with problems of substance abuse, and receive referrals from Public Safety as well as schools.

The City, as an employer, has policies that discourage substance abuse. The City also contracts with an employee assistance service to provide free counseling services to employees who experience problems, including substance abuse issues.

VII. THE HOMELESS / EMERGENCY HOUSING²²

The housing shortage in the County is by now well documented. The combination of high housing costs and shortages has created a housing crisis, and low income families and fixed income persons are those most affected. In Santa Clara County 76,537 households, or 16.7% of all County households earned less than \$10,900 annually according to the 1980 census. In Sunnyvale 6,072, or 14.2% of all households earned less than \$10,000 per year.

The average price of single-family homes in Sunnyvale for the year 1987 was \$217,788 and for multi-family dwellings it was \$146,108. The County, and Sunnyvale in particular, have had a very low rental vacancy rate, at times below 1%. This has led to relatively high rental costs. A 1987 survey found that the average rent for a two bedroom apartment in Sunnyvale was \$750 per month. First and last month's rent is often required, so, the typical cost of moving into an apartment would be \$1500 cash or more.

In short, housing in Santa Clara County, particularly North County, is expensive by any standard. This only exacerbates what is now identified as a significant social problem: the homeless.

It is difficult to determine how many homeless live in the area. Studies indicate that as many as 5,000 people in Santa Clara County have no place to live on any given day. Public Safety estimates that there are perhaps 100 to 200 homeless within Sunnyvale on a given day.

Circumstances such as economic difficulties, and a severe shortage of low income housing have focused attention on the homeless at a national level; more and more Americans who once felt comparatively secure now find themselves homeless.

22. Housing issues are dealt with at length in the Housing and Community Revitalization Subelement

In Santa Clara County the problem of homeless families is particularly acute. Barry Del Buono, Executive Director of the Emergency Housing Consortium of Santa Clara County, spoke to the plight of homeless families:

"For a lot of homeless families here, it's been a repeat of the Grapes of Wrath. Like the Joads leaving Oklahoma in Depression times to find work in California, families have loaded up their cars and driven out here only to be disappointed. The computer jobs are mainly aimed at the highly skilled. The few who do find jobs, have no place to live because rents have gone sky high. Most of the computer employees make big salaries. . . and so landlords have boosted rents across the board."

The high cost of housing is a problem not only for those migrating from out of state in search of jobs, but also for those who have lived here for a number of years. Heads of households who lose their jobs face the prospect of losing their houses or apartments as well. As the population grows older and more seniors are on fixed incomes, increases in rent cause severe problems for the elderly.

In speaking with directors of centers providing services for the homeless, a pattern emerged as to the profile of newly homeless people in the area. New requests for assistance come from out-of-work mothers with only one child. As one program director explained, the unskilled and unmarried or divorced woman with a single dependent does not collect enough government aid money to afford even a small apartment in this area. Surprisingly, a number of referrals for assistance came from employed business and professional people and their families who are unable to find housing due to shortages of housing in the area, large initial deposits for rentals, and flaws in the applicant's credit history.

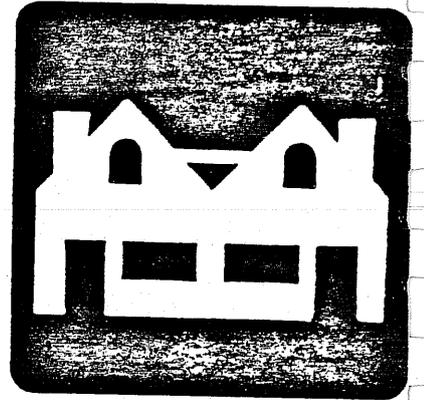
Another group of people with a housing problem is composed of those on fixed incomes. Many of these people are retired and live on social security or a pension. As rents escalate, they find themselves unable to afford the increase. Making rent payments may be a problem for all these groups of people, but it is compounded if they have to move from their current residence. Required deposits and credit checks may make it very difficult, if not impossible, to find another place to live.

The figures for low income households do not include the homeless in the County. The homeless don't register for the Census and are not eligible for many social service programs because they do not have a permanent address.

In Santa Clara County a network of shelters, community based organizations, churches, and social service agencies provide over 500 emergency housing beds per night. The Emergency Housing Consortium of Santa Clara County (EHC) is the largest provider of shelter in the County. EHC is a non-profit organization that is funded through a combination of Federal, State and local funds. EHC has five shelters - 2 apartment buildings consisting of 10 units in San Jose, a motel complex of 12 units in San Martin, a house in San Jose capable of sheltering 14 single men, a building on the grounds of Agnew State Hospital in Santa Clara which houses 38 families, and migrant housing in Gilroy for 5 months of the year capable of serving 40 families. It is the Agnew shelter that primarily serves the Sunnyvale area.

The City has funded EHC for several years to provide services to Sunnyvale clients. Prior to that, the City funded Sunnyvale's Community Services to offer temporary shelter to homeless families through the use of motel rooms. While the City no longer funds this service in the form of EHS, the program is still offered.

EHC has two stated goals: to shelter people in need of emergency housing and to assist those sheltered to help themselves toward the goal of permanent housing. Individuals and families are provided shelter for up to 30 days at EHC shelters. EHC operates a number of programs to assist shelter residents in obtaining permanent housing, including, but not limited to, the following:



One time rental deposit grants
A computer network on housing availability
with daily rental listings
Free bus passes to enable residents to look for
jobs and housing
Financial counseling and education in the area
of tenant responsibilities and rights
Referral to job placement and training agencies

In addition to the above services, EHC provides supportive services in the form of hot meals, childcare, a K-6 school within the Agnew shelter, and health and mental health assessments overall, not just Sunnyvale. In 1986/87, EHC served 152 individuals and provided 2,750 bednights. However, there are many homeless individuals who choose not to use the existing facilities and there are those who cannot because EHC's capacity is exceeded.

There is a need for additional homeless shelters, particularly in North Santa Clara County. According to those involved with the homeless, the response to the problem needs to be "three-tiered": The first tier is basic emergency shelter for all who seek it. The second would be transitional accommodation, allowing for the start of a stabilization process. Finally, at the third tier, is permanent affordable housing for the poor.

In Santa Clara County more emergency shelter is needed to meet the first tier - shelter for all who seek it. Due to the demand for shelter, programs currently impose time limits on the length of stay in the shelter. This means that some families and individuals are forced to leave the shelter when they have no other place to go; others are turned away because shelters are full.

In December 1987 the Governor decreed that National Guard Armories would be made available on particularly cold nights to anyone needing shelter. The County of Santa Clara elected to participate in the program, and opened two shelters on a temporary basis in the County, and EHC was contracted to operate them. One shelter was located at the Armory in Sunnyvale and on the nights when it was opened, 20-100 people took advantage of the service. Some

additional services, such as mental health screening, were also available. This was a temporary solution to addressing the need of those comprising the "first tier" of the homeless. This pilot project demonstrated the need for the service and also demonstrated that agencies could work together co-operatively to address the needs of the homeless. A task force to find a more permanent solution is a likely outcome of this experience.

To address the second tier, programs in the County such as those at Agnew run by the Emergency Housing Consortium are providing transitional accommodation by allowing up to 30 days of shelter and providing programs to help shelter residents re-establish themselves and obtain permanent housing. In this respect Santa Clara County's shelter programs are models for other metropolitan areas, most of which only provide emergency shelter with few transition services.

The third tier - permanent low income housing for the poor - is an extremely scarce commodity in Santa Clara County. The high cost of renting an apartment has been discussed previously. In addition, there is a 2 year waiting list for Federally subsidized housing in the County.

The existence of shelter programs like those operated by EHC show that progress is being made to provide the homeless with emergency shelter and transition to permanent housing. Additional shelter facilities are still needed, particularly in the North County area. The final step toward meeting the needs of the homeless, and other low income residents in danger of becoming homeless, is the provision of permanent affordable housing.

Summary

Despite a healthy economy and low unemployment, there is a severe problem in Santa Clara County involving homeless people. Community organizations have addressed this concern and have sought to provide adequate shelter for emergency and short-term situations. Still, there exists a shortage of such shelters.

Continued increases of the Santa Clara County homeless population are predicted as the area

continues to attract people who cannot afford to live here, at least temporarily, due to the high housing costs. Federal and State resources to address this problem have been inadequate, therefore local governments have been asked to share the funding burden. It is likely that local governments will be asked to do more by homeless advocates. The City should continue to participate as a partner in efforts to address the need of the homeless, and assure that all agencies with a stake in the issue contribute their fair share toward a solution.

Ref: Policy 5.1H.6

VIII. REFUGEE SERVICES

With its temperate climate and abundant employment opportunities, the San Francisco Bay Area is a magnet for refugee immigration. According to the United Nation's definition, a refugee is "any person owing to a well founded fear of being persecuted for reasons of race, nationality or membership of a particular social group or political opinion, who is outside the country of his nationality and being outside the country of his nationality, is unable or owing to such fear, is unwilling to return to it."

The majority of refugees in Santa Clara County are Southeast Asians, and the largest single category within this group are refugees from Vietnam. Altogether, refugees, other than Vietnamese in Santa Clara County, represent only 30% of the total refugee population. Less than 20% of the refugee population are not Asians. There are many refugees in Santa Clara County who have fled Central and South American countries, Poland, Iran, Iraq, and other countries that have undergone recent political turmoil. However, the U.S. State Department does not recognize Latin Americans fleeing their countries as refugees.

A. Background

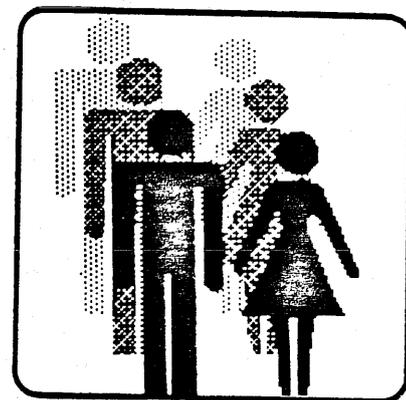
Between 1975 and 1983, approximately 600,000 Southeast Asia refugees immigrated to the United States. Their places of origin were Cambodia, Laos and Vietnam; their destinations were spread throughout the United States. Once within the country, many of these people moved to common areas where they could form communities with other refugees. Most of these refugees brought with them strong family, and in some cases, tribal ties. A desire to be together in communities with fellow refugees resulted in concentration of the population in certain areas. Areas of California such as the San Joaquin and Santa Clara Valley became sites of vast resettlements due to availability of employment opportunities, climate, culture and support services. Secondary relocation to the Santa Clara Valley has

resulted in a constant increase in the Asian population, even though initial immigration to the United States has been considerably reduced from earlier years.

Estimates conducted in 1985 show the Southeast Asian refugee population to be between 65,000 and 70,000 in Santa Clara County. There are an estimated 3,000 or more Southeast Asian refugees in Sunnyvale. The influx of large numbers of refugees put serious strains on all areas of social services and education in communities in which they have settled. The refugees have at times had difficulty adjusting to a new culture and the traditions and values of a new country has strained their social and family life.

The arrival of a refugee in the United States is precipitated by a voluntary agency that sponsors them, or a family who receives them and acts as hosts. Although these initial sponsors are often very helpful to the refugee in the resettlement and acculturation process, many sponsors do not assume responsibility beyond receiving the refugee for his, or her, first week or so in the country. Many refugees would be left on their own, except for the assistance of organizations and agencies in the area. Below is a list compiled by United Way showing services available to refugees in Santa Clara County:

Adult and Child Guidance Clinic
Refugee Mental Health Project
Asian Law Alliance
American Council for Nationalities Service
Catholic Social Service of Santa Clara County
Refugee Resettlement
Indo-Chinese Resettlement and Cultural
Center, Inc.
International Rescue Committee, Inc.
Jewish Community Center of San Jose
Acculturation Program
Jewish Family Service of Santa Clara County
Refugee Jewish Resettlement
Jewish Federation of Greater San Jose
Korean-American Community Services, Inc.
Korean-American Community Service Center
Lutheran Social Services of Northern California
and Nevada
Refugee Resettlement Services
Mid-Peninsula Young Women's Christian
Association
Indo-Chinese Refugee Program



Portuguese Organization for Social Services
Opportunities
Santa Clara, County of Social Services,
Department of Income Maintenance Programs
Refugee Cash Assistance
Refugee Targeted Assistance Program Intake
Unit
Sunnyvale Community Services
Services to Monolingual Ethnic Minorities

Upon arrival to the United States, refugees are given Federal Government financial assistance. In our area this assistance is channeled through the Department of Social Services of Santa Clara County. Assistance continues for eighteen months, during which time the refugee also receives instruction in English and job training.

If employment is not secured during this initial funding period, the alternative is welfare. Most refugees feel that accepting welfare is a "loss of face." However, due to the employment restrictions of welfare, a wage earner with a large family to support often finds better support through welfare rather than being employed at low wages. This is even more the case where health benefits are a factor. It is estimated by County workers who deal specifically with refugees, that 10% of refugees have been continually on welfare since their initial government assistance ran out, and will stay on welfare. Another estimated 10% have low income jobs. An estimated 80% of the refugees in Santa Clara County are working in high technology fields, often starting on assembly lines and working up to management or technical positions. Most people who direct refugee programs or who work with refugees in training and resettlement capacities feel that in five to ten years 85% of the refugees will be self-sufficient.

B. Current Issues

As one Vietnamese social worker explained, survival is the main concern during the first year a refugee family is in the United States. However, after this initial period of radical adjustment, strain on the family unit by the challenge of new traditions in this new country leads to social and psychological trauma for the refugee. As described many times by refugee workers, there are sufficient services available for the refugees but many are not educated to making

use of public assistance programs. Seeking help from outside the family unit is often seen as disloyalty and/or an embarrassment.

Finding affordable housing is another problem faced by refugees, and one they have in common with several other groups living in Santa Clara County. In addition to the problem of high rent, low vacancy rates, and the large initial deposits that are obstacles faced by everyone trying to reside in this area, refugees may face discrimination. Due to the frequency of their extended family living arrangements, among other reasons, landlords often will not rent to them. Difficulty in finding housing is added to by translation problems between landlords and tenants or prospective tenants. Although some agencies and organizations offer services in translating for Southeast Asians, there is not a wealth of available and competent translators. Hesitancy on the part of refugees to seek outside help, once again, exacerbates the problem.

One issue raised by some who serve refugees is the apparent under-representation Southeast Asians have in such helping professions as police work, social work, education, psychology and medicine. They feel this has caused many of the problems the refugees face. As explained, there are few people available to the refugee who understand both worlds (the refugee's and the dominant culture's) and can mediate between the two. The high percentage of refugees in high technology jobs helps individual families to become economically independent, but does not provide direct assistance to the other members of the refugee community.

The Federal government has been slow to respond to the additional problem encountered by localities that are heavily affected by refugee settlements and especially secondary resettlement. Some special funds for employment and training services have been allocated to Santa Clara County since 1985 through the Refugee Targeted Assistance Program. However, localities have largely absorbed the additional costs of services to the population groups. Additional and continued Federal support is needed in Santa Clara County. The City's NOVA Job Training Program has and continues to serve a large number of individuals of refugee families. The Summer Youth Employment Program has, in many years, served nearly 400 Asian

clients, most believed to be from refugee families. The refugees continue to seek out employment and training opportunities in great numbers and the existing set of resources does not have the capacity to fully respond to the demands. Additional services for employment and training programs are needed, as these programs not only provide for economic needs but represent an important link with the American culture.

The influx of refugees has put a heavier demand upon the existing employment and training services in this County. As noted, a large proportion of NOVA's resources go toward servicing the families of refugees, and this is also the case in the balance of the County. State funding to refugees training was made available to the County in 1984, but even that assistance has proven to be too little to meet the demand. Federal and State funds should be provided in greater amounts to address this need.

Closely related to the employment and training issue is the need for more language training resources, especially in the area of vocational training. Before refugees can function in the workplace, they need to be conversant with the English language and the technical terms used. For several years, the demand for language training has outstripped its availability, despite the fact that it is a priority for adult education. Employers have taken to providing language training to their workforce so that they can function adequately. However, as skills required in the workplace become more complex and single-task assembly work disappears, employers are more often demanding better language proficiency before hiring people, unlike before.

As stated in Chapter Three in the discussion on education, there is a need to develop public services oriented to the needs of the refugee population. The need runs the gamut from language translation for critical services (i.e. Public Safety) to developing better access to existing services. This is complicated by the fact that although refugees may appear to be a relatively homogenous group, in fact they represent many different cultures and languages, as our schools can attest. This will present an on-going challenge for the many public and private agencies that provide services.

Another area of expressed concern is discrimination. Because they are different and easily identified as a group, many refugees become the victims of discrimination in many areas, most notably housing and employment. Many times this discrimination may be subtle and perhaps unintentional, but it nonetheless exists. The City should continue to support efforts to eliminate discriminatory practices that may be faced by refugees.

C. Summary

Santa Clara County and the City of Sunnyvale have seen their demographic mix affected by the influx of refugees to this community. Federal resources have not kept pace with the need, and it is extremely unlikely that they ever will. Local governments are finding themselves in the position of assuring that the basic needs of refugees are met. The City, primarily through the NOVA program but also by adapting its other services, has participated in the efforts to meet the needs of this new population. Additional efforts in the area of assuring multicultural sensitivity in providing services and discrimination protection should be pursued.

Ref: Policy 5.1H.7

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IX. AIDS DISEASE

Acquired Immune Deficiency Syndrome (AIDS) - described by many as our number one national health priority, is caused by Human T-Cell Lymphotropic Virus Type III (HTLV III), a virus which destroys the immune system, rendering the infected individual susceptible to a host of fatal illnesses. Persons with AIDS may contract major infections, including a rare form of pneumocystis carinii pneumonia, Kaposi's sarcoma, infections of the central nervous system and other infections that normal immune systems repel easily. A person who tests HIV positive may never exhibit symptoms of AIDS, but is capable of transmitting the virus to others.

Since AIDS was first recognized in a U.S. patient, the deadly virus has taken an enormous toll on the American population. As has been the case with other communicable diseases, approaching the prevention and control of AIDS will require a pluralistic approach from the health, education, government and private-sectors throughout the country.

As of October, 1987, 256 cases had been documented in Santa Clara County. By 1991, estimated AIDS cases may reach 3,400 in Santa Clara County; in addition, 22,100 cases of AIDS-related complex (ARC) are projected to be diagnosed by 1991. Using these figures as a base, the total estimated medical expenditures (hospital and non-hospital) for AIDS and ARC patients has been projected at \$144 million through 1991.

A myriad of government responses have developed over the past seven years, and a 1988 study conducted by Public Technology, Inc. cites five primary categories into which most local programs can be placed:

- o Policy - AIDS policies vary from local responses to state and federal legislation to administrative procedures for intergovernmental cooperation, employment and discrimination policies and in-house employee education programs.
- o Education - Many local governments are involved in general information sharing

throughout a community, education programs targeted for public schools or training programs for municipal employees (emergency medical personnel, police, etc.).

- o Risk Reduction - Local government programs developed in this area vary from voluntary testing to structured contact tracing mandated by state law.
- o Patient Care - Some local governments have developed programs which utilize volunteer assistance in assisting Persons with AIDS with special needs for housing, support networks and other human service needs.
- o Financing - Local governments vary as to their direct participation in funding AIDS-related research, education and facilities and many communities will be affected by the cost associated with inter-agency coordination of AIDS-related services.

The City has a policy to participate in educational activities for the general public. The City also provides anti-discrimination protection for its own workers under its adopted personnel policies.

The federal and state governments have the primary role in responding to the AIDS epidemic. However, it is likely that their resources will fall far short in the ability to fund the type of programs that are needed. It will take the combined efforts of government and the private sector to develop programs that can effectively educate the public about AIDS and how the disease can be prevented while avoiding the adverse affects of overreaction to the issue. If the epidemic becomes considerably worse, a prospect about which the experts have mixed opinions, this issue may replace transportation and toxics as the public's number one concern.²³ If so, it can be expected that there will be considerable pressure on local governments to become very active in addressing the problem. As we approach the 1990's, it will be important to focus the response on several fronts: continued awareness of the growth of the epidemic; continued attention to inter-agency coordination and cooperation; developing AIDS

Ref: Policy 5.1H.2

23. Since 1983, most polls have revealed that transportation and toxics are the largest concern of Santa Clara County residents.

education programs and policies in the workplace; and adherence to the guidelines provided from state and federal legislation.

X. AT-RISK YOUTH

According to the National League of Cities, more than one million students drop out of school each year. The number of these students who return to school is unknown. A shocking 27% of America's youth do not have the benefit of a high school education.

Though Sunnyvale is relatively affluent, educated community, Fremont Union High School District reports an average annual dropout rate of 3.6%, which is slightly below the California average.²⁴

The fact that large numbers of youth do not complete their high school education is a symptom of a problem that many societies have and will continue to face - that many youth are "disenfranchised" at an early stage of their development. They tend to be unsuccessful in the public school system and lead lives that are characterized by instability, low esteem and economic deprivation. Many, especially women with young children, depend upon Federal and State welfare for their economic support. Some become involved in drugs and crime.

Of course, not all (or even most) high school dropouts fall into lifestyles that are negatively viewed by society. The lack of a basic high school education is a significant handicap - the research shows the single most important factor - in people's ability to secure gainful employment. Gainful employment is most often the path to establish societal connections, improve economic fortunes and enhance self-esteem.

There are as well often "successful" youth who turn to behaviors such as drug abuse that are considered destructive or antisocial. However, the experience of most school officials is that there is a strong correlation between negative behavior and success in school, and this correlation becomes stronger as the youth gets older. These youth, who are identified as

24. A dropout is defined as a person who disappears from a campus and, after a 45 day period, still has not been heard from (as a transferee to another school, etc.). These figures represent the FY 86/87 figures, and reflect computation through June 1988.



potential high school dropouts, are generally labeled "at-risk" youth.

Evident symptoms of "at-risk" behavior include family problems, drug abuse, criminal activity, poor grades, communication difficulty and poor attitude. Though the cause and effect relationship is dynamic, the youth generally suffer from low self-esteem, which creates barriers to success in all parts of life.

This issue has come to be recognized as a significant social problem as the numbers of high school dropouts remains very high in an American society that has vast educational resources devoted to a public school system and abundant educational opportunities available to all citizens. The lack of a high school education is also becoming recognized as a serious national economic issue in that the skills required of the workforce are becoming generally more complex and future labor shortages in critical skill areas are predicted. Therefore, the competitiveness of American industry in a worldwide economy is at stake.

Government and businesses all have a vested interest in addressing this problem. Resources available to schools alone are insufficient, so all sectors of society must take part in the solution.

Sunnyvale has been involved heavily in youth programming for many years. Among the programs offered by the City that make an important positive impact on the lives of youth include library services, recreation services, public safety services and NOVA youth employment services.

Specific services that deal with "at-risk" youth include the SUSAN program (discussed on pg. 121) jointly sponsored by Fremont Union High School District and Public Safety; the City's youth employment service offered by NOVA aimed at identifying "at-risk" youth and providing them with basic skills and other intervention strategies; the counselling program funded through Bill Wilson Center/Social Advocacy for Youth (described on pg. 122) that provides counselling intervention for youth and their families; and the Juvenile Diversion Program offered by Public Safety, focused on reducing the rate of recidivism by keeping first-time offenders out of the criminal justice system through education and family involvement.

There is yet a need for a stronger partnership among the different sectors to address the "at-risk" youth problem. The City should support efforts in that regard and focus its youth programming on providing positive

Ref: Policy 5.1H.8

experiences and intervention strategies to reduce the number of high school dropouts and related destructive and anti-social behavior.

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XI. DISABLED SERVICES

A. Background

In the last 20 years, there has been a major shift in public policies in regard to persons with disabilities. Between 1968 and 1980, Congress enacted several laws aimed at enhancing the overall quality of life for disabled Americans. These laws addressed the areas of architectural barrier removal, the improvements of educational opportunities for disabled children, the development of accessible mass transit systems and the establishment of "independent living" as a priority for state vocational rehabilitation programs.

The common theme in these laws is the principle of equal access, access to such things as education, transportation, employment, public services and buildings, and other resources which enable disabled people to live as independently as possible. Furthermore, PL 93-112 (the Rehabilitation Act) which was passed in 1973, prohibited discrimination against qualified disabled individuals in programs which are federally funded.

B. Description of population

According to the National Center for Health Statistics, approximately 15% of the American population, outside of institutional settings, are limited in some manner by a chronic health condition. The prevalence of disability, however, varies from region to region. In Santa Clara County, it is estimated that 11% of the citizens are disabled.

There are three major categories of disabilities: developmental, physical and mental. Developmental disabilities occur before the age of 18 years and in some way impede the normal growth and development of the individual. Many of these handicapping conditions are present at birth, and can be due to genetics, poor prenatal health care, personal behavior (i.e., excessive alcohol consumption, drug use) or circumstances

occurring during the birth process. These disabilities include cerebral palsy, Down's Syndrome, autism and mental retardation. Physical handicaps can be sensory in nature, such as hearing or visual impairments or nonsensory, such as spinal cord injuries, amputation, or cerebral vascular accidents (stroke). Mental disabilities include traumatic head injuries which impair a persons cognitive abilities (i.e., memory, judgement), schizophrenia and severe emotional/behaviorial disorders.



C. Service delivery systems

Key agencies which serve disabled persons in Santa Clara County include the following:

State Department of Rehabilitation

The nearest office is located in San Jose. The Department of Rehabilitation provides diagnostic and testing services, personal/vocational counseling, job training and placement, and various supplies and equipment necessary for employment to those persons vocationally disabled due to physical or mental impairments.

State Developmental Services Department

Agnew Developmental Center, located in Santa Clara, near Sunnyvale, provides a residential facility (Agnew Departmental Center) for the care, treatment, development and maintenance of the developmentally disabled.

Santa Clara Valley Medical Center
- Rehabilitation Center

Santa Clara Valley Medical Center (SCVMC), located in San Jose, specializes in comprehensive rehabilitation services for persons with spinal cord injuries and head injuries.

Community Association for the Retarded

This agency, located in Palo Alto, provides services such as independent living skills training, therapeutic recreation and swimming, after-school programs, infant stimulation, and overnight and short term respite care for children and adults with developmental disabilities.

Hope Rehabilitation Services

This non-profit agency, located in San Jose (with a branch in Sunnyvale), provides sheltered employment including trade training classes, work evaluation, adjustment and counseling, work sample evaluation and job placement for those persons 16 years and older with physical or developmental disabilities.

Adult Independence Development Center

Located in Santa Clara, this agency provides comprehensive services to disabled adults to develop their personal skills and abilities to function as independently as possible. Services include vocational/career development, counseling, attendant care, advocacy, and information and referral in numerous areas.

There are numerous smaller agencies throughout Santa Clara County that provide services to specific disability groups. Some of these are:

- Easter Seal Society of Santa Clara County
- Crippled Children's Society of Santa Clara County
- Diabetes Society of Santa Clara County
- Adult Development Center for Head Injured
- Creativity Unlimited (arts emphasis)
- Deaf Counseling, Advocacy and Referral
- Goodwill Industries of Santa Clara County
- Mountain View Center for Independent Living
- National Multiple Sclerosis Society
- Peninsula Children's Center
- Santa Clara County Special Olympics
- United Cerebral Palsy Association
- Zonta Children's Center

In addition, the local community colleges offer educational opportunities, special programs, and additional support services to persons with disabilities.

The City departments of Employment Development, Parks and Recreation and Community Development have established linkages with several of these agencies to provide reciprocal information and referral. In some cases, agencies receive direct funding from the City through the Outside Group Funding

process and/or have cooperative agreements with the City for implementing programs and services, such as job training programs and recreation services. These are summarized as follows:

1. Parks and Recreation

Programs provided by the City for the disabled are coordinated through the City's Parks and Recreation Program. The Assisted Recreation Unit of the Parks and Recreation Department provides a variety of ongoing year-round recreational, social and educational opportunities to both disabled youth and adults. In addition, City staff are available to community businesses and groups to speak and/or provide training in areas related to disability awareness and accessibility guidelines/issues.

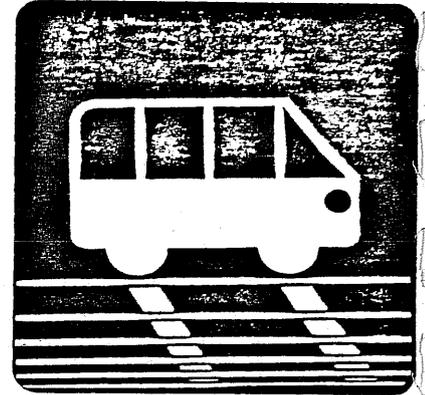
The Sunnyvale Elderly/Handicapped Supplemental Transportation Program is available to those persons who, due to a disabling condition, cannot readily access fixed-route mass transit systems. Those individuals who find it difficult to utilize the regular taxi service component are transported in accessible lift-equipped vehicles and receive an appropriate level of personal assistance as needed. Approximately 60 people use this program on an annual basis.

2. Department of Employment Development

The Department of Employment Development serves a number of disabled individuals through its regular employment and training programs, as "handicapped" individuals are eligible for all programs and services. In addition, the Department seeks out special funds to service special populations of disabled individuals. As an example, the Department of Employment Development and the Parks and Recreation Department participated in a cooperative agreement between 1984 and 1987 with DeAnza Community College in training developmentally disabled adults in food service work in the Senior Center nutrition program.

3. Community Development

The City provided project funds to help establish the Mountain View Center for Independent Living. The Center provides independent living skills training and shelter for developmentally disabled individuals transiting to independent living situations. City funds helped pay for the purchase of a building to provide the shelter and house the program.



D. Trends and Issues

The prevalence of disability among the general population/community is slowly, but steadily rising due to three significant factors.

1. "Aging" society

With age, the rate of physical and mental impairment rises and it is estimated that approximately 46% of those age 65 or older have a chronic heart condition which limits their mobility and activity level.

2. Advances in medical technology

People are now surviving traumatic injuries (i.e., spinal cord or head injuries) and children are being born prematurely with severe impairments and surviving as well. However, in the case of traumatic accidents or injuries, this circumstance is coupled with short maximum hospital "length-of-stay" regulations for rehabilitation services, which compounds the effect on outpatient facilities and other community service providers.

3. Independent living movement

Independent living is considered to be the ability to actively participate in one's community and in society in general in the least restrictive manner. During the last 10 years, a major emphasis on deinstitutionalization of both the moderately and severely disabled, their integration into educational and community-based systems and federally mandated regulations regarding accessibility-related issues have placed a

greater demand upon local government and social service agencies. It is also particularly significant that disabled persons are more than twice as likely to be poor than nondisabled persons and may find living independently a substantial financial struggle.

Issues related to a disabled individual's right, as well as opportunity, to access his/her community include such critical areas as housing, transportation, employment, and recreation and leisure services.

E. Summary

Persons with disabilities, although perhaps small in total numbers, are citizens who have the right to access their community and its services on a comparable basis to their nondisabled neighbors. As our society "ages" this segment of the population will certainly grow.

Their needs are unique and often times meeting those special needs can be financially costly. The City has established a limited role for itself including technical, financial and social support in the areas of recreation services, housing and employment. Additionally, the City has attempted to establish cooperative working relationships with other agencies where feasible and to develop policies which adequately accommodate the disabled citizen's special needs.

Continuing attention and efforts are needed to insure the availability of adult day care, accessible housing, employment opportunities, and accessible public buildings and open spaces.

Ref: Policy 5.1H.10