# Table of Contents

- Executive Summary .....................................................................................................................................................2
- Introduction ..................................................................................................................................................................4
- The Mapping Process ..................................................................................................................................................5
- Population Maps ..........................................................................................................................................................6
  - Age Maps ................................................................................................................................................................6
  - Ethnicity Maps ......................................................................................................................................................16
  - Federal Poverty Guideline Maps .........................................................................................................................22
- Service Distribution Maps ........................................................................................................................................32
  - Housing .................................................................................................................................................................33
  - Transportation ......................................................................................................................................................40
  - Case Management ...............................................................................................................................................47
  - Health Care ..........................................................................................................................................................56
  - Disease Prevention/Health Promotion ...............................................................................................................68
  - Behavioral Health Services .................................................................................................................................74
  - Long Term Care ....................................................................................................................................................77
  - Nutrition ................................................................................................................................................................79
  - In-Home Services .................................................................................................................................................87
  - General Assistance .................................................................................................................................................93
- Closing Comments ....................................................................................................................................................96
- Acknowledgements ...................................................................................................................................................98
The purpose of this report is to identify county-operated resources and services available to Orange County’s older adults, and identify gaps in those services. Agency data, in general, reflect the distribution of services on June 30, 2002.

Because publicly funded services form a foundation for the broader spectrum of older adult services in Orange County, for the purposes of this report only those programs and services offered by county agencies and their contractors are included. The following agencies provided data for this report: CalOptima, the Community Services Agency/Office on Aging, the Health Care Agency, the Housing and Community Development Department, the Orange County Transportation Authority (OCTA) and the Social Services Agency.

The process began with collection of data from the participating agencies relative to the number and location of those older adults using their services. The data was mapped along with current population data to produce the geo-mapped distributions which provided the basis for this analysis.

In keeping with recent county-wide analyses, the county was divided into four regions (Central, South, West, North), using the same divisions employed for the 1999 and subsequent Orange County Health Needs Assessment (OCHNA) research and also used for the 2002 System of Care Needs Assessment Project for the Coalition of Orange County Community Clinics.

There are two categories of map presented in this report: population maps and service distribution maps.

The population is mapped by age, ethnicity and federal poverty guidelines.

- The 55+ population is represented only on the population maps. All remaining maps are reflective of the 65+ population.
- The race/ethnicity designations employed for the purposes of this analysis are Census 2000 categories: White (non-Hispanic), Hispanic, Asian/Pacific Islander, Other.
- Poverty guidelines issued annually by the Department of Health and Human Services provide guidance about the definition of "greatest economic need" as used in the Older Americans Act. The population 65 and older is mapped according to the federal poverty guideline (FPG).

Services are mapped in ten categories. The service distribution maps provide a snapshot of the scope of available services in comparison to the need. Distribution of county-administered services is mapped against the general population of 65 and older in some categories and against poverty level of those 65 and older in other categories.

In some cases data were available regarding the number of individuals served in an area by zip code; in others only the address of the service provider was available.
The fundamental difficulty of identifying unmet need must be recognized. Use of multiple services in multiple areas is common, and unduplicated counts can be difficult to obtain. Often the only data is the anecdotal perceptions of field staff, rather than hard data. More targeted research is needed to determine the extent of true unmet need.

Many variables impact the use of services. Even when assets are not at issue and resources are available, they are not always used; nor does non-use always indicate a "gap." Research consistently indicates that ethnic/cultural background, literacy, language skills, level of assimilation, and even a preference for informal resources (family, friends and neighbors) rather than "official" government programs, all impact usage.

The most often cited reason seniors and their caregivers fail to access available services is lack of awareness that such services exist. Families and individuals tend not to be concerned about such programs until confronted with an immediate or imminent need.

When addressing usage of "official" government programs, consideration must also be given to the fact that one reason why some older adults and caregivers fail to access services is ineligibility due to lack of legal immigrant status. In other instances, some older adults may be sponsored immigrants whose families have a legal responsibility to provide for them, rendering them ineligible for some publicly funded programs. Finally, this analysis is by its very nature incomplete, because it does not include the myriad of private agencies, both nonprofit and for-profit, which are providing services to older adults. This is a starting place.

The findings from this analysis are intended only to identify those communities with obvious need so that service providers and planners can set service expansion priorities. Achieving a successful result will depend on the collaboration and dedication of all the key stakeholders vital to the delivery of services to the older adults of Orange County.
**Introduction**

The information presented in this report will identify county-operated resources and services currently available to Orange County's older adults, and identify gaps in those services.

Such an inventory and gap analysis is particularly critical at this time because the population of older adults is among the fastest growing in the state and the county. In order to plan effectively for the needs of this growing segment of the population, it will be useful to create a meaningful inventory of services and document gaps in those services.

Because publicly funded services form a foundation for the broader spectrum of older adult services in Orange County, for the purposes of this report only those programs and services offered by county agencies and their contractors are included.

The process of this gap analysis began with collection of data from the participating agencies relative to the number and location of those older adults using their services. The data was mapped along with current population data to produce the geo-mapped distributions which provided the basis for this analysis.

Population statistics are based on the most recent estimates from the 2000 U.S. Census. Agency data, in general, reflect the distribution of services on June 30, 2002. Housing distributions reflect the end of year summary on December 31, 2002.

In keeping with recent county-wide analyses, the county has been divided into four regions, using the same divisions employed for the 1999 and subsequent Orange County Health Needs Assessment (OCHNA) research and also used for the 2002 System of Care Needs Assessment Project for the Coalition of Orange County Community Clinics.

Central Region: Orange, Santa Ana, Tustin, Santa Ana Heights and Villa Park

South Region: Irvine, Costa Mesa, Newport Beach, Laguna Beach, Lake Forest, Mission Viejo, Laguna Woods, Laguna Hills, Laguna Niguel, Dana Point, San Juan Capistrano and San Clemente

West Region: Los Alamitos, Seal Beach, Huntington Beach, Cypress, Fountain Valley, Westminster, Garden Grove and Stanton

North Region: Anaheim, La Habra, Brea, Yorba Linda, Placentia, Fullerton, Buena Park, and LaPalma
**THE MAPPING PROCESS**

There are two categories of map presented in this report: population maps and service distribution maps.

**POPULATION MAPS**

The population is mapped by age, ethnicity and federal poverty guidelines.

**Age:** 55 and older, and 65 and older. The 55+ population is represented only on the population maps. All remaining maps are reflective of the 65+ population.

**Ethnicity:** The ethnicity designations employed for the purposes of this analysis are Census 2000 categories: White (non-Hispanic), Hispanic, Asian/Pacific Islander, Other. In Orange County there were too few of the other racial/ethnic categories cited by the census to list independently of one another; all those were grouped into the "Other" category. This includes Black/African American.

**Poverty level:** Poverty guidelines issued annually by the Department of Health and Human Services provide guidance about the definition of "greatest economic need" as used in the Older Americans Act. The population 65 and older is mapped according to the federal poverty guideline (FPG). Two income levels are mapped:

- Very Low Income (up to 150% FPG)
- Low Income (up to 250% FPG)

Some programs and services have income eligibility standards; others do not. Those services with income eligibility requirements are plotted against the FPG maps.

**SERVICE DISTRIBUTION MAPS**

The purpose of these exhibits is to provide a snapshot of the scope of available services in comparison to the need. Distribution of county-administered services is mapped against the general population of 65 and older in some categories and against poverty level of those 65 and older in other categories.

In some cases data were available regarding the number of individuals served in an area by zip code; in others only the address of the service provider was available.
Analysis of Population Maps

Age Maps

There are two sets of age maps: 55+ and 65+.

The 55+ maps in particular show where the next wave of older adults is distributed throughout the county. This is especially important since this group includes the leading edge of the post World War II population bulge known as the "baby boomers."

Central Region

The Central Region has the lowest population of the four regions and is the youngest in terms of age distribution, with only 7.3% of the population at 65 and older, compared to the countywide 9.7%. The 55-64 population is 6.8% of the total, for an overall 14.1% age 55 and older.

- The 55-64 population is close in numbers to the 65+ population, which means that the 65+ population will almost double in 2011 when the baby boomers begin turning 65.
- There are two Santa Ana zip codes with more than 10,500 individuals over the age of 55.

The population numbers are relatively low in this region, given the distributions in the other areas. The number of older adults in this area who will be potential consumers of services will almost double in 2011 when the baby boomers begin turning 65.

South Region

In the South Region 10.6% of the population is 65 or older, compared to the countywide 9.7%. Another 8.7% are 55-64, for a combined 19.2% of persons 55 and older.

- The 65+ age group is primarily located in the Laguna Woods/ Laguna Hills area. The population in that zip code includes over 17,000 people over the age of 65.
- Twelve zip codes have more than 6,000 individuals age 55+. Three of those tracts have more than 10,000 individuals age 55+.
- The central strip of the South County, including Silverado, Irvine, and Newport Beach, remains younger than the rest of the region.

Planners can anticipate increasing older adult service need in Costa Mesa, Lake Forest, Mission Viejo, Laguna Niguel, Laguna Beach, Dana Point, San Juan Capistrano and San Clemente.
**West Region**

In the West Region 11.5% of the total population is 65 or older, compared to the countywide 9.7%. Another 9.9% are 55-64, for a total of 21.4% age 55+.

The West Region resembles the South Region in that the 65+ age group is largely in two pockets, Fountain Valley/Huntington Beach and an area between Seal Beach and Westminster. Seal Beach 90740 is where Leisure World is located; one-third of the population of Seal Beach lives in Leisure World 90740.

- Two zip codes in the Fountain Valley/Huntington Beach area with the greatest population of 65+ have more than 6,000 individuals each.
- The tracts comprising the strip between Seal Beach and Westminster where Leisure World is located have 9,000 or more individuals over the age of 65.
- The distribution of individuals age 55+ in the West Region shows the probability of drastic changes within the next ten years. Eleven zip codes have at least 6,000 or more individuals age 55 and over.
- Some Fountain Valley and Westminster zip codes have 13,000 or more individuals over age 55.
- In Huntington Beach, every zip code has either 8,000 or more individuals or 10,000 or more individuals over the age of 55.
- Cypress has over 10,000 individuals 55 and older.
- Garden Grove has at least 4,000 individuals over the age of 55 in its zip codes, with one tract showing more than 9,000 age 55+.

**North Region**

In the North Region 9.2% of the population is age 65+, compared to the countywide 9.7%. Another 8.1% are 55-64, for a total of 17.3% age 55 and older.

- The highest 65+ population is in La Habra and the western section of Anaheim, each having more than 13,000 individuals over the age of 55.
- Zip codes in Buena Park, Placentia, Yorba Linda, Fullerton and Anaheim have 8,000 or more individuals over 55.
- Brea, Fullerton and Anaheim all have zip codes with age 55+ populations at 6,000 or more.

Planners will find some steep increases in need for older adult services in all areas, since the overall 65+ distribution is very different from the age 55+ distribution. The baby boomer effect has the potential to greatly increase the need for services.

Although most services are generated from the Central Region of the county, in the coming years satellite services in the North, West and South Regions will be increasingly important. Community based organizations providing older adult services should look to these areas to expand their operations. Cities with older adult services in these areas should be looking toward partnering with existing county and community based services to meet the rapidly increasing need.
Central Region Population Distribution (Aged 65+)
South Region Population Distribution (Aged 55+)

Population Distribution:
- 10,000 +
- 8,000 to 9,999
- 6,000 to 7,999
- 4,000 to 5,999
- 2,000 to 3,999
- 0 to 1,999

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South Region Population Distribution (Aged 65+)
West Region Population Distribution (Aged 55+)

West Region Population Distribution (Aged 55+)

Population Distribution
- 10,000+
- 8,000 to 9,999
- 6,000 to 7,999
- 4,000 to 5,999
- 2,000 to 3,999
- 0 to 1,999

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West Region Population Distribution (Aged 65+)
North Region Population Distribution (Aged 65+)
IDENTIFICATION OF RESOURCES & GAPS IN SERVICE

ANALYSIS OF POPULATION MAPS

ETHNICITY MAPS

Age shown on maps: 65 and older.

Demographic data generated by Claritas based on the 2000 Census updated to the 2002 population has been used to illustrate ethnicity/race distribution at the zip code level. Claritas is a marketing information resources company; the Claritas data is comparable to the basic population data used in the rest of the report.

Older Orange County residents live in areas of ethnic concentration, but they are not exclusive, although in some areas, as in the Central Region, they may appear to be ghettoized. For example, the western Anaheim area is an area with a high concentration of Hispanics. It also has a high concentration of Asian/Pacific Islander older adults and a fairly high concentration of older Whites. It also has one of the highest concentrations of those in "Other" ethnic categories. Looking at any of the four ethnic group maps for each region, pockets of saturation are evident. The most distinctly separate population is older Whites.

CENTRAL REGION

In the Central Region, the highest concentrations of minority residents at age 65 or older are in the western part of Santa Ana, west of the Costa Mesa Freeway and South of the Garden Grove Freeway. The majority of older residents in the remaining area of the Central Region are predominately White.

SOUTH REGION

The South Region has very little ethnic diversity among the older residents. Pockets of minority older adults include Hispanics in Laguna Woods/Laguna Hills 92653 and Costa Mesa 92626 (between 400 and 600 each), and Asian/Pacific Islanders in Irvine 92620, Laguna Hills/Laguna Woods 92653, and Lake Forest 92630 (between 400 and 600 each). "Other" ethnic groups are found in Costa Mesa 92626 (between 200 and 400 people). Other than those small pockets, every other zip code has 1,000 or more Whites 65+ years old.
**West Region**

The West Region is much more diverse. There are large concentrations (over 1,000 per zip code) of Asian/Pacific Islanders in Garden Grove, Westminster, and Fountain Valley. Cypress and western Garden Grove have between 800 and 1,000 per zip code. There is also a concentration of 600 to 800 older Asian/Pacific Islanders in Huntington Beach. These areas are adjoining zip codes that abut zip codes in Santa Ana with similar populations.

Also in the West Region, older Hispanic adults are most densely located in Westminster (800 to 1,000 individuals) and eastern Garden Grove (600 to 800 individuals), as well as smaller numbers in Huntington Beach and Fountain Valley.

"Other" ethnic groups are located in zip codes where they make up 200 to 400 of the residents (Westminster 92683, Garden Grove 92840, and Stanton 90680). Older Whites make up 1,000 or more of the residents in all of the Western Region zip codes except Huntington Beach 92649, where the general population is very young, and Garden Grove 92843 where the older population is almost completely Asian/Pacific Islander and Hispanic.

**North Region**

The North Region is, like the Central Region, very compartmentalized, although older Whites have concentrations of over 1,000 in almost all of the zip codes. Notable exceptions are western Anaheim South of Lincoln Avenue and Fullerton 92732, which is predominately Hispanic, Asian/Pacific Islander and Other.

Western Anaheim south of Lincoln Avenue has zip codes with 1,000 or more older Asian/Pacific Islanders and Hispanics. Older Hispanics are clustered in western and central Anaheim, La Habra and Placentia. Older Asian/Pacific Islanders have their greatest concentration in western Anaheim, but are also in respectable numbers in zip codes in La Palma and Buena Park.

Although not large in numbers, "Other" ethnic groups are clustered throughout Anaheim and La Habra, with additional population clusters in Placentia, Fullerton and La Palma.

**Blacks**

Blacks are located in large concentrations throughout the county. There are few zip codes that do not include 1,000 or more older Whites.

**Asian/Pacific Islanders**

Asian/Pacific Islanders are located in large numbers in a strip that includes southwest Anaheim, Garden Grove, Westminster, west Santa Ana, Fountain Valley and north Huntington Beach.

**Hispanics**

The Hispanic population is younger than the other populations and that is reflected in the distribution of older Hispanics. Hispanics make up 1,000 or more residents in zip codes with long established Hispanic communities: La Habra, Anaheim, Santa Ana and Westminster.

The "Other" ethnic groups are scattered over the county, but have notable concentrations in Anaheim and Costa Mesa.
Ethnicity Maps

Orange County Density of Hispanics (Aged 65+)
Orange County Density of Asian/Pacific Islander (Aged 65+)
Ethnicity Maps

Orange County Density of Other Ethnicities (Aged 65+)
ANALYSIS OF POPULATION MAPS

FEDERAL POVERTY GUIDELINE MAPS

These maps show countywide distribution of very low income and low income in households at ages 55+ and 65+ by 150% and 250% of the federal poverty guidelines (FPG).

The federal poverty guidelines provide guidance about the definition of "greatest economic need" as used in the Older Americans Act. Guidelines are based on the definition of poverty maintained by the Office of Management and Budget (OMB) and the Bureau of the Census. For a single person in 2002, 100% FPG meant an annual income of $8,860, 150% was $13,290, and 250% was $22,150. For a couple this meant $11,940 at 100%, $17,910 at 150%, and $29,850 at 250%.

Since Orange County is one of the most expensive areas of the United States in which to live, income that would be adequate in many other areas has become inadequate in Orange County. Income however is only one aspect of wealth, especially for older adults.

Using assets other than income to pay for essential and lifestyle needs may enable some older adults to access services through private means. Therefore, gaps in services may not necessarily exist where income is low but other available assets may enable access to private services.

Many older residents have had their homes in Orange County for many years, have "aged in place," and have fixed incomes that have reduced in purchasing power over the span of their retirement. Older adults also face increasing age-related disability and medical issues, with the cost of medical care and prescription drugs a continual drain on their fixed incomes. Even Orange County residents living at 250% FPG may not be able to afford to live without substantial assistance.

Historically, women have longer life expectancy than men. Although White males are closing that gap, for the most part the trend continues. Women who outlive their husbands can find themselves thrust into poverty because retirement and Social Security benefits decrease or disappear upon the husband's death. This trend is known by social scientists as the "feminization of poverty" in older adults.

The most striking general observation about the income level maps is the broad distribution of poverty among the older residents of Orange County, whether at 150% or 250% of the federal poverty guideline.

CENTRAL REGION

In the Central Region, areas without significant poverty stand out: Central Orange, Villa Park and the eastern edge of Tustin.

- In western Santa Ana, zip codes 92701, 92703, 92704 and 92706 stand out as the poorest of the Central Region tracts. The largest ethnic group is Asian/ Pacific Islander, the next largest Hispanic.
- At 250% FPG, Tustin 92780 joins western Santa Ana as one of the poorest areas.
- Orange also has pockets of 500 and more people 65 and older who are at or below 150% FPG.
**South Region**

In the South Region, Laguna Woods/Laguna Hills has not only the largest concentration of individuals over the age of 65, but also the largest concentration of low and very low income older adults in the area.

- The area with the highest concentration of residents over the age of 65 with incomes up to 150% FPG is Laguna Woods/Laguna Hills 92653, with over 2,300 residents at 150% FPG, which swells to over 4,700 when looking at 250% FPG.
- Costa Mesa has more than 1,500 residents at 150% FPG.
- Significant numbers (500-600 people) with incomes up to 150% FPG can also be found in San Juan Capistrano, Laguna Niguel and San Clemente.

**West Region**

The largest concentrations of older adults at 150% FPG in the West Region are in Seal Beach and Westminster, 2,100 and 1,500 respectively.

- At 250% FPG most zip codes in Huntington Beach have at least 1,300 residents.
- Substantial numbers in Cypress, Stanton, Garden Grove and Fountain Valley live at 150% FPG.

**North Region**

The North Region resembles the Central Region.

- The areas with the highest concentrations (1,100-1,500) of older adults at or below 150% or 250% FPG are in La Habra and the western area of Anaheim.
- Only one zip code in the North Region has fewer than 100 residents at 150% FPG; most have 300-600.

Poverty and very low income levels among older adult residents of Orange County are more widespread than might be assumed, given the affluence of the general community. Several demographic realities may be revealed by these data, although a definitive reason for these concentrations needs to be more thoroughly researched.

- Some poverty and near-poverty among seniors may be an outcome of the "aging in place" of individuals who retired to Orange County when it was more affordable, and now live on fixed incomes that have lost value over time.
- Middle-aged Orange County residents may have relocated their less affluent parents, whose retirement income is insufficient for Orange County.
- Some poverty may be due to the effects of immigration of older adults with their families as refugees.

For these and a variety of other reasons there is poverty and near-poverty throughout Orange County, even in areas of apparent affluence where it would be least expected.
Central Region Population Distribution (Aged 65+, 150% FPG)
Central Region Population Distribution (Aged 65+, 250% FPG)
South Region Population Distribution (Aged 65+, 150% FPG)
South Region Population Distribution (Aged 65+, 250% FPG)
West Region Population Distribution (Aged 65+, 150% FPG)
West Region Population Distribution (Aged 65+, 250% FPG)
North Region Population Distribution (Aged 65+, 150% FPG)
North Region Population Distribution (Aged 65+, 250% FPG)
Orange County agencies are multilevel and offer many types of services to maintain continuity of care and to meet the service needs of older adults. The following 10 categories represent the range of services provided.

1. Housing
2. Transportation
3. Case Management
4. Health Care
5. Disease Prevention/Health Promotion
6. Behavioral Health Services
7. Long-Term Care
8. Nutrition
9. In-Home Care
10. General Assistance

Maps detailing service distribution include only those services provided by agencies of the County of Orange and/or service providers who have contracted with the County of Orange through the various agencies. No other community based services are shown.
Housing services are provided by two County of Orange agencies: the Housing & Community Services Department and the Health Care Agency.

Affordable housing for older adults reviewed in this section includes those programs administered by the Housing and Community Services Department (HCS) of the County of Orange. Very low and low-income housing is available as tenant-based housing or project-based housing.

The Health Care Agency provides temporary and transitional housing for mentally disabled homeless older adults through two programs: Multi-Service Center Services for the Mentally Disabled Homeless and Intensive Recovery Services for the Mentally Disabled Homeless. Due to the transient nature of the client population, this service is not mapped.

There are five housing maps. The first map is tenant-based housing showing countywide distribution of housing vouchers. This map shows the distribution of individuals with vouchers, as well as the locations of project-based housing in the county. The other four maps are regional maps that show tenant and project-based housing.

Tenant-based housing is provided through vouchers which allow residents to live in a rental unit house, apartment or mobile home anywhere within the county at a reduced rate, as long as the landlord accepts the voucher. This program is commonly known as Section 8. The Section 8 Housing/Voucher Program is a federal program that provides monthly rent assistance for very low and low-income families, disabled and elderly persons. The renter pays approximately 30% of their income toward the rent, with the balance paid by the Section 8 assistance. HCS provides monthly rental assistance for more than 9,700 households, which includes over 3,560 households headed by seniors age 62 and older.

The cities of Garden Grove, Santa Ana and Anaheim have their own housing voucher programs through the U.S. Department of Housing and Urban Development (HUD). Because vouchers are portable, residents who receive vouchers in other parts of Orange County and then move to one of the three cities cited above may take their vouchers with them. For this reason there are several hundred individuals with vouchers issued by the Orange County Housing Authority in those cities, and others who are using their voucher in other counties or states.

Project-based housing is available for very low income (300% or below FPG) or low income (450% or below FPG). Everyone in the assisted housing project receives rental assistance.
Viewing the countywide map highlights those areas of highest voucher distribution. It should also be noted that the expansive blue area indicates the majority of county zip codes having zero to 50 senior households assisted with vouchers.

Orange County Affordable Housing Projects & Voucher Distribution
**Central Region**

In the Central Region, Santa Ana has its own housing program; therefore the area of greatest housing need in this area is not covered by County of Orange HCS-administered funds. The majority of the HCS vouchers in the Central Region are used by seniors in Orange (over 200 in zip code 92865), an area with a fairly low density of very low income seniors (approximately 800). Two project-based housing locations for low income residents are located in the area; the other three are for very low income residents.

**South Region**

The South Region has fewer than 700 vouchers used by seniors in the whole area. Two sites offer the only very low income housing (not counting several HUD facilities) in the area; three sites offer low-income housing. Irvine 92602, Costa Mesa 92627 and Mission Viejo 92688 each have over 130 vouchers, substantially more than any other zip code in the region.

**West Region**

Three sites in the West Region accept low income residents. Of those, one also accepts very low income residents. The West Region has the highest number of vouchers used by older adults; none of the cities in this area has their own housing voucher programs. The heaviest concentration is in Westminster 92683, with over 700 senior households assisted with vouchers. Fountain Valley has approximately 160 households with vouchers. Stanton and Huntington Beach 92646 each have over 200 households with vouchers. Two zip codes have 51 to 100; the remaining areas have fewer than 50.

**North Region**

There are two low income housing sites in the North Region and five that accept very low income residents. The largest number of vouchers in this region are used by seniors in Fullerton, with over 200. Buena Park and Brea have more than 100 voucher households each. Other than between 50 and 100 vouchers in La Habra and Yorba Linda, there are few other seniors assisted in the area.

Housing vouchers are available countywide; the heaviest use is in Westminster.

The greatest need for affordable housing for older adults is in South Orange County, especially in the southern-most part of the county. Even when the full range of housing subsidy is assessed (HCS-administered as well as other HUD housing), South Orange County stands out as the area most lacking affordable housing.

In spite of the fact that there are additional housing authorities in Anaheim, Garden Grove and Santa Ana, assisting 11,000 households (approximately 3,300 seniors), available funding for the Section 8 program remains insufficient to meet the demand for affordable housing in Orange County.

The housing picture cannot be completely clear without plotting the HUD-subsidized facilities.
Central Region Affordable Housing / Voucher Distribution (300% FPG)
South Region Affordable Housing / Voucher Distribution (300% FPG)
West Region Affordable Housing / Voucher Distribution (300% FPG)
North Region Affordable Housing / Voucher Distribution (300% FPG)
Transportation is one of the most common needs identified by older people. Senior transportation programs make it possible for individuals who do not drive or whose physical condition prevents them from using public transportation to obtain rides for essential trips, such as medical appointments, business errands, shopping and senior activities. Within transportation, the availability of door to door and door through door transportation is a growing need.

Publicly funded senior transportation in Orange County is provided through collaboration between the Orange County Transportation Authority (OCTA), the Health Care Agency (HCA), the Office on Aging (OoA), cities, and a network of contracted service providers. OCTA provides transportation services and a variety of resources, including technical assistance to city-operated programs. HCA administers tobacco settlement revenue funds which are implemented by OoA for certain programs. OoA also administers federal Older Americans Act Title III funds for transportation to nutrition sites for older adults.

OCTA is an independent agency and is the primary provider of public transportation services in Orange County, operating in an area of 797 square miles, serving 34 cities, unincorporated areas, and 2.8 million residents. Public transportation provided by OCTA includes fixed route bus service, rail feeder, express bus and paratransit services.

OCTA fixed-route buses transport 15,087 seniors monthly. ACCESS is the OCTA shared-ride service for people who are unable to use the regular fixed route bus service because of functional limitations caused by a disability. ACCESS passengers must be certified by OCTA to use the system by meeting Americans with Disabilities Act (ADA) eligibility criteria.

As of July 1, 2003, there were 12,076 seniors in Orange County certified to use the ACCESS program. ACCESS provides approximately 28,000 one-way trips to seniors each month.

The OCTA Senior Mobility Program (SMP) is designed to fill the gap between local fixed-route service and ADA paratransit service (ACCESS), by providing up to an 80 percent operating subsidy to cities and social service agencies participating in the program. Under the SMP, these local agencies provide transportation services to seniors either directly or using a contractor. In addition to an operating subsidy, OCTA also provides retired and refurbished paratransit vehicles to these agencies, assists with the design and implementation of the local senior transportation programs, and provides on-going technical assistance. The cities and social service agencies select the local transportation option that best fits the needs of older adults in their communities. Participating cities include Costa Mesa, Irvine, Laguna Woods, Lake Forest, Newport Beach, Santa Ana and Yorba Linda. The Korean American Senior Association and the Vietnamese Community of Orange County (VCOC) also participate in the SMP. The SMP is funded through the year 2011.

The Office on Aging allows Older Americans Act Title III B funds used to provide nutrition-related transportation, to be passed through OCTA to cities which provide senior nutrition transportation as part of their SMP. These cities include Anaheim, Brea, Buena Park, Huntington Beach, Laguna Niguel, La Habra, San Clemente, Seal Beach and Westminster, as well as the Vietnamese Community of
Orange County.

Several cities receive funds through OoA under Title IIIB to provide transportation to nutrition sites. They include Cypress, Dana Point, Fullerton, Garden Grove, Los Alamitos, Mission Viejo, Orange, San Juan Capistrano, Stanton and Tustin. Under a contract with the OoA, OCTA continues to provide nutrition transportation to seniors in these cities. While these cities have not elected to participate in the SMP, they continue to evaluate SMP as an option for the future since participation would mean an increase in the funding available to provide local senior transportation in return for operating responsibility for their city’s nutrition transportation program.

Cypress and Laguna Beach provide city-operated senior transit services outside of the SMP and the Title IIIB program, which are not shown on the maps.

The Senior Medical Assistance Reimbursement Transportation (SMART) will be available county-wide and expects to provide volunteer non-emergency medical transportation for 280 seniors monthly. Funded by Tobacco Settlement Revenue (jointly funded by OCTA up to $250,000 annually) and administered by Office on Aging, this program is too new to map.

Senior non-emergency medical transportation pilot programs, also funded by Tobacco Settlement Revenue (TSR) and administered by Office on Aging, are mapped under the names of the contracted service providers, North County Senior Connections and South County Senior Transportation. Each provider projects 1000 rides per month for their service to seniors who do not qualify for ACCESS services. St. Anselm’s Senior Transportation and Fountain Valley Regional Hospital also provide non-emergency medical transportation under the TSR pilot programs managed by Office on Aging; however their services are too new to map.

Orange County senior transportation services are shown on the 65+ population maps. Existing transportation funded through county agencies is indicated by the use of van icons. OCTA ACCESS activity is designated by the use of pushpins denoting numbers served in an area. In zip codes of close proximity, text boxes are used to indicate rider volume for ACCESS and/or the presence of other transportation programs in the area.

Central Region

The Central Region has the lowest senior population and the lowest number of riders. ACCESS has approximately 1,600 registered riders in this region. In this region, Santa Ana has a Senior Mobility Program; Orange and Tustin receive transportation to nutrition sites under the OoA contract with OCTA.

South Region

The South has the highest senior population (more than twice that of the Central Region) and the highest number of riders registered with ACCESS. In the South, Costa Mesa, Irvine, Laguna Woods, Lake Forest and Newport Beach all have Senior Mobility Programs (SMP). Laguna Niguel and San Clemente do nutrition transportation as part of their SMPs. Dana Point, Mission Viejo and San Juan Capistrano receive transportation to nutrition sites under the OoA contract with OCTA. The South County is also served by South County Senior Services for non-emergency medical transportation service under the TSR pilot programs managed by the OoA.

West Region

There are more than 2,400 ACCESS riders in the West, with the largest number in Westminster 92683. The West Region has nutrition transportation with the Senior Mobility Programs in Huntington Beach, Seal Beach and Westminster. Transportation to nutrition sites is also provided by OCTA under contract to OoA in Cypress, Garden Grove, Los Alamitos and Stanton.
The North has only a slightly lower population than the West; however the North has some 2,700 ACCESS riders, 300 more than the West. The North Region has a Senior Mobility Program in Yorba Linda, and nutrition transportation along with the SMP in Anaheim, Brea, Buena Park and La Habra. Fullerton receives nutrition transportation under the OoA contract with OCTA.

The North Region has transportation services for seniors to medical-related appointments, operated by St. Jude’s North Orange County Senior Connections under the TSR pilot programs managed by the OoA.

Transportation services appear in general to mirror the population; the greatest numbers of riders are in the most densely populated areas.

Some Central and West regions, where many of the poorest and highly concentrated minorities reside, are in need of special senior transportation services that provide non-emergency medical trips as well as access to nutrition sites and social services.

For planning, these maps must be used in conjunction with forums, focus groups and surveys to determine the need for a variety of transportation models.

Planners in cities, county agencies and non-profit ethnic organizations that serve seniors should be preparing for the increased demand for services as baby-boomers, who will begin turning 65 in 2011, require alternatives to driving. It will be necessary to develop a range of alternatives to meet the future needs of this group with the goal of minimizing traffic accidents involving older adults, preventing isolation or premature institutionalization, and preserving mobility through access to healthcare, social services, and other life-enriching activities. Unless a variety of transportation services are developed, implemented and marketed to seniors and soon-to-be seniors, the demand for transportation services will outpace the supply of transportation services available.

A similar observation was made in the Senior Transportation Analysis, prepared for OCTA in 2000. The recommendations outlined in this study address coordination between public agencies and community groups and suggest a variety of strategies to achieve a better balance between senior mobility needs and services available.

These strategies are diverse and include such elements as:
- considering land use planning and municipal permit approvals as opportunities to require senior-friendly transit oriented development or require the provision of transportation to residents of proposed senior residential facilities;
- developing additional local transportation and non-emergency medical transportation options for seniors who cannot use fixed route or paratransit services provided by OCTA for their particular trip need;
- working cooperatively within the community to identify existing resources, evaluate need versus demand, and coordinate the provision of services to maximize the impact that limited resources may have on the target population; and
- working with local, state and federal legislators to develop a long term funding strategy for future unmet needs.

 Appropriately, the OCTA, Office on Aging, Health Care Agency, and other public agencies have begun to prepare for this demand on the operation and direct service side, while social service agencies must focus on public education regarding available services.
Central Region Transportation Services (Aged 65+)

Legend:
- Sr. Mobility and/or Nutrition Transport (OCTA SM / OoA NT)
South Region Transportation Services (Aged 65+)

South Region

Identification of Resources & Gaps in Service
West Region Transportation Services (Aged 65+)

Legend:
- Sr. Mobility and/or Nutrition Transport (OCTA SM / OoA NT)

Population Distribution:
- 10,000 +
- 8,000 to 9,999
- 6,000 to 7,999
- 4,000 to 5,999
- 2,000 to 3,999
- 0 to 1,999

Pushpins:
- A: 1-39 OCTA Access Riders
- B: 40-79 OCTA Access Riders
- C: 80-119 OCTA Access Riders
- D: 120-159 OCTA Access Riders
- E: 160-199 OCTA Access Riders
- F: 200-239 OCTA Access Riders
- G: 280+ OCTA Access Riders
- OCTA SM / OoA NT

Location:
- "D" Location - OCTA SM / OoA NT
- "H" Location - OCTA SM / OoA NT

West Region
North Region Transportation Services (Aged 65+)

Legend:
- North Orange Co. Sr. Connections (NOC SC)
- Sr. Mobility and/or Nutrition Transport (OCTA SM / OoA NT)
Case Management is a concept that has many definitions and practical applications. For the purpose of identifying services to be included on these maps, the following definition has been employed.

Case Management is a multi-disciplinary, collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's health, psychosocial and environmental need; using communication, including follow-up and reassessment, and available resources to promote quality of life and cost-effective outcomes.

Several County of Orange agencies provide case management. Office on Aging, Social Services Agency and CalOptima are included on the maps; the distributions of service from each of the providers have been totaled for each zip code area.

The Health Care Agency also provides case management for disease prevention in the public health nursing programs: Preventive Health Care for the Aging (PHCA) and Senior Health Outreach & Prevention Program (SHOPP), and mental health case management in the behavioral health programs: Older Adult Services (OAS) and Substance Abuse Response Team (START). More information on these HCA programs can be found in the Disease Prevention/Health Promotion and Behavioral Health sections.

The Orange County Office on Aging contracts with community-based service providers for case management services funded by Title III of the Older Americans Act, and for Linkages Program case management services funded through the Older Californians Act.

In FY 2002-03 there were five providers of Title III B case management services and one Linkages provider. Some providers of Title III case management services also provide In-Home Services, discussed later in this analysis. Both Title III and Linkages program funding are insufficient to meet the demand for services given the population density of older adults in the county.

Title III B case management is intended to be short-term and focused on assisting seniors in accessing community services when they are unable to access them on their own. The program serves approximately 500 older adults annually.

Linkages case management is designed to connect frail older persons and disabled adults 18 and over with established services in the community to help them stay in their own homes. Linkages also connects primary caregivers with respite assistance to help prevent burnout. The program serves approximately 225 clients per year; the average duration of a case is six months. Linkages is a countywide program; however the heaviest concentration of services is in Santa Ana, Anaheim and Huntington Beach.
CalOptima and the County of Orange Social Services Agency provide intensive case management through the Multipurpose Senior Service Program (MSSP). In FY 2002-03, MSSP was funded for 528 cases. MSSP case management teams consist of nurses and social workers. The goal of the program is to delay or prevent costly institutionalization of frail elderly clients. MSSP clients must be 65 or older, Medi-Cal and Medicare eligible, and certifiable for placement in a care facility.

While CalOptima and the other agencies provide a variety of case management services as part of numerous programs, for the purposes of this analysis those services have not been mapped.

Adult Protective Services (APS), from the Social Services Agency, provides assistance to elderly and dependent adults who are functionally impaired, unable to meet their own needs, and victims of abuse, neglect, or exploitation. In addition to investigating and evaluating reports of abuse, APS staff provides or coordinates support services such as counseling, money management, conservatorship and advocacy. APS case management is designed to be short-term. APS served 5,266 clients in 2002; 71.2% of those were 65 or older.

The first two maps are county-wide distributions. The map titled "Orange County Case Management - Office on Aging, Social Services Agency, CalOptima" shows the number of case management clients from zero to 81+. The second map reflects zip codes where specific contracted service providers are located, as well as showing the population distribution of persons aged 65 and above. The four regional maps show the locations of the service providers plotted against the number of cases per zip code.

The highest concentration of case management services is for the most part in the West and South regions.

Although service providers do market their programs as part of their outreach into the community, case management services are often demand responsive - that is, not solicited by the providers. Clients may be referred by other agencies or through a provider's other programs. For this reason, the maps may in some instances show distribution reflective of expressed need rather than the population density of individuals age 65+.

It is worthy of note that Adult Protective Services caseloads are distributed in a manner that reflects the population density of persons 65 and older within the county. In the case of the Office on Aging programs, services are most often heavily located in a radius around the provider's office, which raises a question of how to identify unmet need in areas where providers are not located.

Population distributions of ages 65+ and older adults in the greatest economic need are not reflected in the distribution of case management services, since not all case management programs are means tested. CalOptima case management programs are Medi-Cal programs and therefore income-based, whereas the other case management programs (with the exception of MSSP) are not income-based.
Central Region
The Central Region has the lowest population of older adults age 65 and above, and the fewest case management clients overall. There are three contracted service providers located in this region.

South Region
The South Region has the largest 65+ population mirrored by the highest number of case management clients. One contracted service provider is located in the South region. Given the population density of the corridor that includes Lake Forest, Laguna Hills and Laguna Niguel, it is interesting to note that the heaviest case management population is in the San Clemente area, which has a somewhat smaller population.

West Region
In the West Region, the resulting map shows mixed distribution. The corridor between Seal Beach and Westminster has a case management client base that mirrors the population. In Garden Grove there is a concentration of case management clients in a zip code area that does not have as high a concentration of adults of 65+ years. In a significant section of Fountain Valley/Huntington Beach where need might be expected, there are relatively few case management clients. There is one contracted service provider located in the West Region.

North Region
In the North Region there are four zip code areas with 21-40 case management recipients, but most zip codes have fewer than 20. Concentrations of older adults age 65+ are located in La Habra and West Anaheim. Significant numbers of seniors who would be considered in the greatest economic and social need are among those who reside in these areas. West Anaheim has the highest concentration of case management clients in the region. There is one contracted service provider located in this region.

The fact that there appears to be an increased volume of case management clients in zip codes where service providers are located, hints at the probability of unmet need in areas where there are no contracted service providers.

The incongruence of the service distribution to population density is reflective of the demand-driven nature of many case management services. Most often the distribution of cases tends to center around the community based organization’s office location.

Finally, it should be stated that in the case of these and all publicly funded services level of unmet need cannot be assumed only by population or even poverty. The high percentage of elderly who are well and independent would not need or want services of any type.
Case Management

Orange County Case Management - Office on Aging, Social Services Agency, CalOptima
CASE MANAGEMENT

Orange County Case Management - Provider Locations Without Recipient Volume (Aged 65+)

Population Distribution
- 10,000 +
- 8,000 to 9,999
- 6,000 to 7,999
- 4,000 to 5,999
- 2,000 to 3,999
- 0 to 1,999

Pushpins
- Senior Meals and Services
- Feedback Foundation
- South County Senior Services
- Council on Aging
- Vietnamese Comm. of Orange Co.
- Easter Seals

-Council on Aging
-Easter Seals
Central Region Case Management - Provider Locations Without Recipient Volume (Aged 65+)
South Region Case Management - Provider Locations Without Recipient Volume (Aged 65+)
West Region Case Management - Provider Locations Without Recipient Volume (Aged 65+)
North Region Case Management - Provider Locations Without Recipient Volume (Aged 65+)
CalOptima and the County of Orange Health Care Agency provide a range of health related services to older adults.

CalOptima is a public healthcare agency providing health care to residents of Orange County that are Medi-Cal beneficiaries.

Medi-Cal is California's Medicaid health care program which pays for a variety of medical services for children and adults with limited income and resources. Persons who receive SSI/SSP receive no-cost Medi-Cal as part of their benefits. Others may be eligible but may need to pay a share of the cost of services.

In Orange County, persons apply for Medi-Cal through the County of Orange Social Services Agency (SSA). SSA determines eligibility and the State Department of Health Services directs Medi-Cal eligible persons from Orange County into CalOptima.

CalOptima provides preventative, primary, acute and long term care health care services through a countywide contracted network of health care providers including physicians, hospitals, pharmacies, community clinics and skilled nursing facilities. CalOptima manages the health care for approximately 275,000 Medi-Cal beneficiaries in Orange County, of which approximately 40,000 are 65 or older. CalOptima provides several Medi-Cal programs serving older adults.

Federal poverty guidelines (up to 150% FPG), which the Older Americans Act uses as a standard for greatest economic need, do not always accurately reflect eligibility for Medi-Cal. The County of Orange, Social Services Agency determines eligibility for Medi-Cal based on federal and state criteria. Medi-Cal participation and subsequent CalOptima membership are shown together on maps of the aged population at up to 150% FPG.

The Central Region has the fewest people up to 150% FPG of all the regions. There are a number of zip codes that do not appear to have any residents at 150% FPG, but of those that do there appears to be strong CalOptima membership in general. Orange 92866 shows the lowest membership; Santa Ana 92701, with the highest density of 150% FPG population, has approximately 58% of that FPG population receiving Medi-Cal services. Overall, it appears that approximately 96% of persons up to 150% FPG are members.
The South has the lowest overall percentage of the 150% FPG population receiving Medi-Cal services through CalOptima. Several zip codes in Laguna Beach, Newport Beach, Dana Point, Corona Del Mar, San Clemente and San Juan Capistrano show significant numbers of people who appear to be income eligible, but are not on Medi-Cal. Overall CalOptima membership was 47% of the 150% FPG population. It is possible that many of these individuals have assets that preclude their participation in Medi-Cal.

The West has the most CalOptima members. While there appears to be a high volume of CalOptima membership in some areas of Fountain Valley and Garden Grove, Huntington Beach 92649 has relatively low participation. Of particular note is the extremely low 9.6% membership in Seal Beach 90740, which has the greatest density of people up to 150% FPG in the region.

The North has a strong CalOptima population, at approximately 73% of persons up to 150% FPG. The highest overall membership is in Anaheim, Buena Park 90620, and La Palma; the lowest is 26% in Brea 92821.

It should be noted that not all eligible residents need Medi-Cal; some older residents with very low incomes may still be eligible for insurance through retirement programs at previous employment. In addition, not all Medi-Cal beneficiaries are at the 150% FPG level, nor are all those with very low income necessarily eligible for the program. Although Medi-Cal is an entitlement, means-tested program, there are a number of other factors determining eligibility for public assistance.

It is also possible that in some cases the perception of "welfare" deters people from applying for Medi-Cal. And of course some people are simply unaware of the program as an option for themselves.
West Region - CalOPTIMA Members
North Region - CalOPTIMA Members

North Region - CalOPTIMA Members
**Low Cost/No Cost Health Care**

The second set of maps show the distribution of low and no-cost health care.

The Coalition of Orange County Community Clinics are located in areas of communities where residents can walk and receive care at little or no cost. The 2002 Orange County Health Needs Assessment reports that 12% of the older adult population is uninsured. Community clinics provide services to fewer than 2,600 patients age 65 and older, representing only 1.8% of their total patient base. (Coalition of Orange County Community Clinics System of Care Needs Assessment. pmpm Consulting Group, Inc. February 2002)

Mobile clinics have revolutionized the delivery of health care to populations without access to transportation. There are several mobile clinic stops located throughout Orange County.

The Health Care Agency (HCA) provides services to populations that are otherwise excluded from entitlement programs. HCA enhances the dental and mental health services to community clinics. HIV services to older adults and the Medical Services for the Indigent (MSI) programs serve specific health needs. Finally, inmates aged 60 and older receive health care through Adult Custody Medical and Radiology Services (contracted by HCA).

**Central Region**

The Central Region has five stationary community clinics: Asian Health Center, CASA de Salud, La Amistad, Lestonnac Free Clinic and UCI Family Health Center (Santa Ana). Mobile services are provided by Puente Mobile Clinics, Rescue Mission Mobile Clinics, and UCI Geriatric Medicine Mobile Clinics (not shown on the map).

**South Region**

The South Region is served by three community clinics: Camino Health Center, Laguna Beach Community Clinic, and Share Our Selves Free Clinic. Other health services are provided by Camino Health Center Mobile Clinics, Puente Mobile Clinics, Rescue Mission Mobile Clinics and UCI Geriatric Medicine Mobile Clinic (not shown on the map, but at Lakeview Senior Center in Irvine). Laguna Shanti and AIDS Services Foundation provide health care and other services for individuals, including older adults, who are infected with HIV/AIDS.
West Region

In the West Region, there are two community clinics: Huntington Beach Community Clinic and Nhan Hoa Health Care Clinic. The Rescue Mission provides mobile health care services in Garden Grove and Stanton. The Center provides HIV services. There is a large area west of Fountain Valley that is not served by any low cost clinical service. There are no accessible services available in Los Alamitos or Seal Beach.

North Region

There are three community clinics in the North Region: the Gary Center, Sierra Health Center, and UCI Family Health Center (Anaheim). Western Medical Center, Anaheim provides services to older adults in custody facilities. The area is further served by Rescue Mission Mobile Clinic stops and St. Jude Mobile Clinic stops. There are services available in most areas of need except Placentia and Yorba Linda.

A gap in low cost clinics for older adults exists in the far western area of Orange County. Mobile clinics do not have routes in Los Alamitos or Seal Beach; nor are there community clinics in those communities. Additionally, the South Region near Leisure World is underserved, having no stationary or mobile clinics.

Mobile clinics and community clinics provide low and no-cost health care to residents who cannot afford to pay for their own care and are not eligible for government sponsored programs such as Medicare and Medi-Cal. Ideally, health care for older adults would be provided at stationary sites that are easily accessible, given that mobile clinics are not at their sites every day.
Central Region Health Care Services (250% FPG)
South Region

South Region Health Care Services (250% FPG)
West Region Health Care Services (250% FPG)
North Region Health Care Services (250% FPG)
The Health Care Agency provides direct disease prevention and health promotion programs for older adults, as well as through contracts with local community based organizations. Approximately 3,380 seniors per month are served through these programs, with duplications.

The HCA public health nursing programs which provide direct disease prevention services include: Preventive Health Care for the Aging (PHCA) and Senior Health Outreach and Prevention Program (SHOPP). PHCA conducts health assessments, counseling, education, referral to medical and community resources, follow-up, outreach to high risk and underserved older adults, group health education, health fairs, and special health screenings at 36 designated PHCA sites in the community. PHCA serves approximately 10,000 clients per year in case management and community outreach efforts.

SHOPP provides in-home public health nursing services to older adults and disabled individuals with unmet health care needs, with priority given to frail elderly. SHOPP conducts health and nutrition screening, health counseling and education, referral to medical and community resources, and outreach to at-risk, underserved older adults. SHOPP public health nurses collaborate, as determined by client need, with behavioral health specialists for mental health assessment and intervention. See the Behavioral Health section for more information. The SHOPP program began providing services to the frail elderly in FY 2001-2002, serving approximately 570 clients, and surpassing all projected program outcome criteria. To a lesser extent, the Behavioral Health programs discussed later also provide disease prevention/health promotion services.

HCA-contracted programs include: The Community Action Partnership (Asian Pacific Islander Healthy Elders Project), Breast Cancer Early Detection Outreach and Education Services, Tobacco-Free Communities, and Targeted Health Education Campaign for Older Adults.

The regional maps show the distribution of site-based disease prevention services provided by all of the above programs.

Central Region

In the Central Region, there are seven PHCA sites. Three of the programs are located in Santa Ana, two are located in Orange, one is in Tustin and another is in El Modena.
**South Region**

In the South Region, PHCA provides most of the disease prevention service through 11 sites. These sites are located in Corona del Mar, Costa Mesa, Irvine, Laguna Beach, Laguna Hills, Laguna Niguel, Mission Viejo, San Juan Capistrano, and San Clemente. The only additional preventive service in the southern region of the county is the Breast Cancer Early Detection Outreach and Education service, run by the New Millennium Community Coalition. It is located in Costa Mesa.

**West Region**

In the West Region, there are six PHCA sites, located in Cypress, Fountain Valley, Garden Grove, Huntington Beach, and Westminster. Asian/Pacific Islander older adults have targeted prevention projects, including the Orange County Korean American Health Information & Education Center and OCAPICA. This important because PHCA is often able to reach Hispanics older adults, but not Asian/Pacific Islanders.

**North Region**

In the North Region, there are 11 PHCA sites, with most located in Anaheim and Fullerton. Other sites are located in Brea, La Habra, Buena Park, Placentia, and Yorba Linda. Additional disease prevention services are offered by St. Jude Medical Center, which is located in Fullerton, but provides services throughout Orange County.

Although the county has a network of disease prevention programs for older adults, resources are insufficient to provide services to all who need them, especially those between the ages of 55 and 64.

It may appear that there is a large gap in services for Hispanic older adults, but all PHCA sites have Spanish language services and culturally competent staffing. The large number of PHCA sites makes these services available to many Hispanic older adults.
Central Region Disease Prevention Services (Aged 65+)
South Region Disease Prevention Services (Aged 65+)
West Region Disease Prevention Services (Aged 65+)

Population Distribution
- 10,000 +
- 8,000 to 9,999
- 6,000 to 7,999
- 4,000 to 5,999
- 2,000 to 3,999
- 0 to 1,999

Pushpins
- PHCA Sites
- OCAPICA
- OC Korean American Hlth Info Ed. Cntr

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The County of Orange Health Care Agency (HCA) provides behavioral health services directly and through contracted agencies to approximately 4,500 persons each month, with duplications. Approximately 11% are older adults age 55 and above.

The American Association of Geriatric Psychiatry reports that older adults with behavioral health problems are underserved nationwide. There are many reasons for this, including access issues as well as stigma and the very nature of the behavioral health problems. Behavioral health problems that older adults can experience, such as anxiety, depression, paranoia and memory loss, can render the sufferer incapable of acknowledging, understanding and seeking help for these problems.

Though the Health Care Agency operates six regional adult mental health clinics which serve the seriously and persistently mentally ill adult, HCA’s older adult-specific behavioral health services are centralized and provide behavioral health services to seniors in the home, as most seniors cannot or will not access these services in the community.

There are three HCA direct programs and two contracted programs providing direct services specifically to older adults with behavioral health problems. The HCA programs are Older Adult Services (OAS), the Senior Health Outreach Prevention Program (SHOPP), and the Substance Abuse Resource Team (START). The contracted programs are the Senior Outreach Program at Latino Psychological & Social Services (LPSS) and the Vietnamese Assistance for the Loving Understanding of the Elderly (VALUE) program operated through a contractual agreement with College Community Services.

OAS has provided outreach and home based services to older adults since 1990. Clinicians provide in-home evaluations and assessments, crisis intervention, education, problem solution counseling, linkages to community and health services and programs, and consultation concerning older adults who are experiencing health and behavioral health problems. These problems include mental illness and cognitive disorders which interfere with day to day functioning and place the person at risk of loss of independence or even hospitalization. In addition, OAS provides outreach to those older adults experiencing behavioral health problems who are unable or unwilling to seek treatment from traditional service providers. SHOPP behavioral health staff provide mental health assessments in concert with public health nursing evaluations for older adults who are experiencing unmet health care needs. START provides services in the home to older adults experiencing problems with substance misuse or abuse, including alcohol, prescription and over the counter medications and illicit drugs.

The two contracted senior programs at LPSS and VALUE provide mental health outreach and direct services to seniors who speak Spanish or Vietnamese, respectively. Due to cultural norms, these seniors are often sheltered by the families and services are not sought to improve functioning for these individuals. These services include assessment, case management, medication services, counseling and linkage to other community services.
Other HCA direct and contracted programs that provide behavioral health services to mental health consumers (which would include older adults) are Adult Mental Health Services community clinics, homeless mentally ill outreach program and dual diagnosis programs, Alcohol and Drug Abuse Services, HIV Services through the county Public Health department, Pacificare Behavioral Health, Pacific Clinics, College Community Services, Mental Health Association, and other service providers.

The countywide map shows where older adults received behavioral health services in their homes during FY 2002-03, as well as the locations of the six regional adult mental health clinics and two contracted programs.

**Central Region**

The Central Region Shows the fewest behavioral health clients, with Tustin 92780 having the greatest number of referrals, at 26. Most Santa Ana zips had referrals in the low twenties. Orange had 10 or less in each zip, except 92867 with 14 referrals. Two adult mental health service sites are located in Santa Ana 92701, which may account for the relatively higher number of services delivered in Santa Ana.

**South Region**

The South Region shows the highest density of behavioral health services overall at 380 cases, with Laguna Woods 92653 having 82 cases, by far the most of any other zip code. Costa Mesa 92627 had 56 cases, and Costa Mesa 92626 had 20. There is an adult mental health service site in Costa Mesa 92626 and one in Mission Viejo 92694. Services are widely distributed across this region, with most areas represented by fewer than 15 cases per zip code.

**West Region**

The West had 361 cases in 2002-03, with the greatest number (48) being in Westminster 92683, which is also the location of an adult mental health service site. While no zip code in Huntington Beach showed more than 37 cases, the total number of older adult behavioral health referrals in the city of Huntington Beach was 112. Garden Grove overall had 95. Services were widely distributed across the West Region; no zip code was without a few referrals.

**North Region**

Behavioral health services were provided to 324 individuals in the North Region in FY 2002-03, with 182 of those in Anaheim. There are adult mental health service sites in Anaheim and Fullerton. The VALUE program is also located in Anaheim.

The Health Care Agency has several small programs for older adults with mental health issues, and services are broadly distributed in homes across the county. Although the map appears to reflect gaps in behavioral health referrals in some geographical areas, such as Newport Coast 92657, Orange 92862, Trabuco Canyon 92679, Foothill Ranch 92610, and Brea 92823, in actuality all of those areas have relatively low to very low older adult populations.
2002-03 Behavioral Health Referrals: Older Adult Services, START, SHOPP

Behavioral Health Referrals:
- Anaheim Clinic
- VALUE
- Santa Ana Clinic
- Latino Psychological & Social Services

Pushpins:
- Anaheim Clinic
- Costa Mesa Clinic
- Fullerton Clinic
- Latino Psych and Social Services
- Mission Viejo Clinic
- Santa Ana Clinic
- VALUE
- Westminster Clinic

Mental Health Sites:
- Anaheim Clinic
- Costa Mesa Clinic
- Fullerton Clinic
- Mission Viejo Clinic
- Santa Ana Clinic
- Westminster Clinic

Contracted Program Sites:
- Latino Psych & Social Services
- VALUE

Identification of Resources & Gaps in Service
Long term care includes a wide range of medical and support services for people with a degenerative condition, prolonged illness or cognitive disorder. Long term care is not necessarily medical care but often "custodial care," which involves providing individual assistance to those for whom it has become impossible to perform activities of daily living without the assistance of another person. Long term care can be provided in many settings including nursing homes, private homes, assisted living facilities and adult day care centers. Because many long term care services are not covered by medical insurance or Medicare, long term care services are very expensive. (LongTermCare 101: What is Long Term Care? www.mrltc.com/ltc_info?ltc101.html)

There are a range of publicly funded long term care services. The Multipurpose Senior Services Program (MSSP) discussed in the Case Management section of this document is considered a long term care program, because its purpose is to make it possible for the client to remain in the home as an alternative to institutional placement.

In-Home Supportive Services (IHSS) is another long term care program. IHSS is discussed and mapped under the In-Home Services category. IHSS provides services to meet individual needs to assure that a person can live safely in his/her home. Services include housekeeping, shopping, cooking, laundry and personal care. The client must meet the eligibility requirements for disability, blindness and age and be unable to live safely at home without help. Adult Day Health Care (ADHC) is a day care program which provides health, therapeutic, and social services to serve the specialized needs of frail elderly as well as adults who are at risk of institutionalization because of functional impairments. ADHC services are considered long term care services, and are delivered through a network of state-licensed privately operated centers.

Long term care services for Medi-Cal eligible persons are provided by CalOptima. The Social Services Agency determines eligibility for Medi-Cal and CalOptima nursing staff certifies the need for care in skilled nursing facilities. CalOptima reimburses skilled nursing facilities for the room and board daily rate as well as covering the recipient's other health care needs while in the facility. Medi-Cal Long Term Care services must be delivered in a nursing or intermediate care facility that is certified and licensed by the state to provide those services. Non-institutional services such as MSSP, IHSS and ADHC are covered by special waivers.

The map showing Orange County Medi-Cal Long Term Care Aid Programs reflects those reimbursed facility-based services. In general, these services are most utilized in the North Region, with the South having the fewest persons receiving services, even though the highly populated Laguna Hills/ Laguna Woods area has a large number of older adults living at or below 150% FPG. It should be noted, however, that residents of Laguna Hills/Laguna Woods may have assets that enable them to purchase private services.
Orange County Medi-Cal Long Term Care Aid
Nutrition programs are provided by the Health Care Agency, Office on Aging and Social Services Agency. The Health Care Agency has provided capital equipment funds for the Elderly Nutrition Program (ENP), an Office on Aging program that contracts with community-based service agencies to provide congregate meals and home delivered meals.

There is no income guideline associated with the ENP. All persons 60 and older qualify to receive meals at no cost; there is a suggested donation which is collected confidentially. Congregate meals are served at senior centers; home delivered meals are provided for homebound seniors age 60 and older. The Elderly Nutrition Program is mandated by the federal Older Americans Act.

The Social Services Agency provides the Food Stamp Program and the California Food Assistance Program (for some legal non-citizens who are not eligible for federal food stamps).

There are two types of food stamp programs. The Non Assistance Food Stamp Program (NAFS) is a program to help low-income households get more and better food. Eligible recipients receive an electronic card to use for food purchases. The Public Assistance Food Stamp Program (PAFS) is for persons receiving both cash assistance (mostly under the CalWORKS program) and food stamp benefits. Only NAFS recipients are mapped for the purposes of this analysis. There are approximately 180 PAFS recipients in the county who are age 60 or over.

Many low-income adults aged 65 or over do not qualify to receive food stamps. In California, SSI/SSP recipients are ineligible for food stamp benefits as they receive additional cash assistance in lieu of food stamp benefits. Food stamp recipients must meet very strict income and resource guidelines. Those older adults (ages 55+) who are not SSI/SSP recipients, but are on a low fixed income, must meet resource limits to qualify for food stamps. Individuals over age 60 would be subject to the higher resource limit of $3,000 rather than the $2,000 limit; a number of such persons retain more than that amount in accumulated savings even though they have limited income.

There are two sets of maps. The first set shows the food stamp recipients; the second shows the congregate meal sites and distribution of home delivered meals.

Food Stamp Recipient Map

The Food Stamp Recipient map is plotted on the 150% FPG map. The scale on the left begins with "0" to show areas where there are no food stamp recipients. The maps reflect the approximately 645 adults age 65 and older who receive food stamps in Orange County through the Non Assistance Food Stamp Program.
**Central Region**

In the Central Region, the area with the largest number of food stamp recipients is the adjoining Santa Ana zip codes 92703 and 92704. The area is heavily Asian, Hispanic and Other. Fewer older Whites live in the area. The concentration is not as dense as in the West, having only 31 to 45 recipients per zip code. There are no recipients in the rather highly impacted zip code of 92867 in Orange. Other areas without food stamps are more affluent or have fewer older residents.

**South Region**

Overall, the South Region has the lowest number of food stamp recipients of the regions, with the exception of Irvine which has an average of 30 recipients per month.

**West Region**

The West Region has the greatest concentration of food stamp recipients; there is no zip code in the West Region without an older adult food stamp recipient. Westminster has the heaviest concentration. Zip code 92683 has over 60 recipients. This area is probably one of the poorest areas for people over the age of 65.

**North Region**

In the North Region, only the affluent northeastern corner of Yorba Linda has very few food stamp recipients. The area has no heavy concentration of recipients, but there are between 16 and 30 in La Habra and some Anaheim zip codes. La Habra has heavy concentrations of very low income Hispanics, Whites and Other ethnic groups. The western Anaheim area also has a very concentrated area of very low income older adult Asian/Pacific Islanders.
Orange County Food Stamps Recipients by Zip Code
**Elderly Nutrition Program**

The Elderly Nutrition Program (ENP) is provided through contracts administered by the Office on Aging and serves more than 2,200 meals per day, Monday through Friday.

There is also a pilot program making vouchers available at certain senior centers for meals in one of three Wendy's restaurants in Laguna Hills and Lake Forest. The vouchers are redeemable for specified nutritionist-approved menus. Although there is a recommended donation for the vouchers, as with any Older Americans Act nutrition services the senior is not required to pay; they may make a donation of any amount they choose. These sites are not mapped.

There are Elderly Nutrition Program services in most areas of Orange County; however because of the remoteness of some areas there is no home delivered meal service in such inland areas as Foothill Ranch, Silverado, Trabuco Canyon and parts of Laguna Beach at this time.

In addition to the Elderly Nutrition Program, some cities and other entities provide private home-delivered meals and/or other senior nutrition programs. These programs are not shown on the maps.

**Central Region**

Central Region meals are provided by Feedback Foundation. They provide home delivered meals, as well as congregate meals served at 7 sites in the Central Region, serving an average of 440 meals per day. The Central Region has the fewest congregate sites in the county, which is consistent with the age distribution: the Central Region is the youngest in terms of age distribution.

**South Region**

In the South Region both the City of Irvine and South County Senior Services provide congregate and home delivered meals, serving approximately 560 seniors each day either at home or at one of 12 congregate sites. There is no congregate site in Lake Forest. While there is no congregate site in Rancho Santa Margarita, there is limited home delivery.

**West Region**

In the West Region, Senior Meals and Services and Feedback Foundation provide approximately 560 meals a day through home delivery and 11 congregate dining sites.

**North Region**

The North Region is served at 10 congregate sites and through home delivered meals by Feedback Foundation, providing approximately 650 meals per day. There are no congregate dining sites in La Palma, but the city of La Palma operates its own home delivered meals program. La Habra, Yorba Linda and Placentia also have home delivered meal service not associated with the Elderly Nutrition Program.

In some instances, apparent service gaps may be filled by meal programs not funded through Office on Aging.

Funding limitations for the Elderly Nutrition Program limit the service capacity of the contracted service providers. There is an immediate and ever-growing need for focused attention to be directed toward expanding the funding for the ENP. Cities, counties, service providers and stakeholders must plan strategically to address any and all avenues of augmentation of this critical program.
Central Region Elderly Nutrition Program: Congregate Sites and Home Delivery

Central Region

Identification of Resources & Gaps in Service
South Region Elderly Nutrition Program: Congregate Sites and Home Delivery

South County Seniors, Inc. 2 Congregate Meal Sites
West Region Elderly Nutrition Program: Congregate Sites and Home Delivery
In-Home Services

Office on Aging and the Social Services Agency provide funding for certain in-home services. The Health Care Agency provides health and behavioral health services to older adults in their own homes.

Social Services Agency In-Home Services

In Home Supportive Services (IHSS) is a statewide state-mandated program administered in Orange County by the Social Services Agency (SSA) and funded by federal, state and county funds. IHSS provides services to low-income aged (65 years or over), blind, or disabled individuals, including children, who are unable to remain safely in their own homes without assistance with activities of daily living. IHSS is an alternative to placement in out-of-home care, such as nursing homes or board and care facilities. IHSS is an entitlement program; all eligible applicants are served and there are no waiting lists. The active monthly caseload of IHSS clients in Orange County was over 9,200 persons in April 2003.

The Multipurpose Senior Services Program (MSSP) described in the Case Management section is also considered an in-home services program. While most MSSP clients should receive their in-home care through IHSS, under certain circumstances this may not be the case.

Office on Aging In-Home Services

Office on Aging in-home services are funded by Title III B of the Older Americans Act. The In-Home Services program consists of outreach and the provision of services such as personal care, homemaker services and chore services to homebound older adults, to maintain independent living or provide respite for the primary caregiver. In-home services funded through the Office on Aging are provided by some of the same contracted service providers who provide case management services and Elderly Nutrition Program services, all of which are Older Americans Act programs.

There is no income eligibility for Older Americans Act programs, although preference is to be given to those in the greatest social and economic need. Approximately 275 persons receive in-home services under this program each year. Individual clients are not mapped; the location of the service providers is indicated on the maps.

Health Care Agency In-Home Services

The Health Care Agency provides services to older adults in their own homes through the SHOPP, OAS and START programs described earlier under Case Management Services, Disease Prevention & Health Promotion, and Behavioral Health Services.

The maps show IHSS services by community. While the client base may span several zip codes, one aggregate number of clients is shown as a pushpin designating the number of participants for each city.
**Central Region**

In the Central Region Santa Ana has the highest density, with over 900 IHSS clients. The Orange area has much lower density, with fewer than 300 residents using IHSS. Tustin has under 200, and Villa Park has fewer than 75.

**South Region**

There is relatively little use of IHSS in most parts of the South Region except Irvine, (with more than 400 clients), Costa Mesa and Mission Viejo. Most of the region has very few IHSS clients.

**West Region**

The West Region, like the Central Region, has pockets of high use and other areas with lesser or no use at all. The Garden Grove area has more than 900 IHSS clients; Westminster has over 600, and Huntington Beach has over 350. Heavily senior Seal Beach has fewer than 40 clients, while Fountain Valley has more than 250.

**North Region**

In the North Region, the highest use area is Anaheim, with over 1000 clients. Buena Park and Fullerton have fewer than 300; La Habra has approximately 150; Placentia and Yorba Linda each have 50-100.

IHSS outreach and speaking engagements are focused at the service providers in the community. The majority of referrals come through hospital discharge planners and senior providers. Some older adults and their families may not become aware of the availability of IHSS until they need the services, such as after an acute hospitalization. SSA is currently experiencing unprecedented growth in IHSS.

Although it may appear that there are gaps in in-home services, as is the case of other services, the presence of older adults does not guarantee the need for assistance of this kind.
Central Region In Home Services - Clients Served by Community

Population Distribution
- 10,000 +
- 8,000 to 9,999
- 6,000 to 7,999
- 4,000 to 5,999
- 2,000 to 3,999
- 0 to 1,999

Pushpins
1. IHSS (51-100 Recipients)
2. IHSS (101-200 Recipients)
3. IHSS (201-300 Recipients)
4. IHSS (900+ Recipients)
South Region In Home Services - Clients Served by Community

Population Distribution:
- 10,000 +
- 8,000 to 9,999
- 6,000 to 7,999
- 4,000 to 5,999
- 2,000 to 3,999
- 0 to 1,999

Pushpins:
1. IHSS (0-50 Recipients)
2. IHSS (51-100 Recipients)
3. IHSS (101-200 Recipients)
4. IHSS (401-500 Recipients)
5. South County Senior Services

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**General Relief & Cash Assistance for Immigrants**

The Social Services Agency grants General Relief Aid Payments and accepts applications for Cash Assistance for Immigrants. Service recipients are heavily located in the Western and Central Regions. The majority are in the heavily Asian/Pacific Islander areas of western Santa Ana and Westminster. This large concentration may be a result of the refugee status of many of the older residents in the area. Others are scattered in the poorer areas of the county. Of the 571 recipients of the two programs, 535 are part of the Cash Assistance for Immigrants program. Thirty-six are on General Relief.

The first map shows the distribution of the 535 recipients of Cash Assistance for Immigrants. The second shows the monthly average of 36 age recipients of General Relief Aid who are 65 and older.
General Relief & Cash Assistance for Immigrants

Orange County Recipients of General Relief
GENERAL RELIEF & CASH ASSISTANCE FOR IMMIGRANTS

Orange County Recipients of Cash Assistance for Immigrants
**Closing Comments**

Many variables impact the use of services. Even when assets are not at issue and resources are available, they are not always used; nor does non-use always indicate a "gap." Research consistently indicates that ethnic/cultural background, literacy, language skills, level of assimilation, and even a preference for informal resources (family, friends and neighbors) rather than "official" government programs, all impact usage.

When addressing usage of "official" government programs, consideration should also be given to the fact that one reason why some older adults and caregivers fail to access services is ineligibility due to lack of legal immigrant status. In other instances, some older adults may be sponsored immigrants whose families have a legal responsibility to provide for them, rendering them ineligible for some publicly funded programs.

The most often cited reason seniors and their caregivers fail to access available services is lack of awareness that such services exist. Families and individuals tend not to be concerned about such programs until confronted with an immediate or imminent need. Marketing of services is an important component to the reduction of gaps in service delivery due to lack of knowledge about service availability, but frequently does not occur because under-funded providers are hard pressed to accommodate their current client base.

It would appear that community education is a factor in service utilization. Westminster 92683 is an area of high need and also a high utilization area in all available services, suggesting that the information network regarding service availability and how to access services is strong in that community.

Other areas such as La Habra, which show high need and eligibility, appear to have irregular and inconsistent service utilization. Anaheim, one of the county’s largest cities and one with areas of heavy need, has consistent service utilization only in the 92804 zip code area. The South Region in general shows service utilization that does not mirror the eligible population.

The fundamental difficulty of identifying unmet need must be recognized. Use of multiple services in multiple areas is common, and unduplicated counts can be difficult to obtain. Often the only data is the anecdotal perceptions of field staff, rather than hard data.

Some services more accurately mirror the need than others. Adult Protective Services has case loads reflective of the overall senior population, because abuse occurs in all socio-economic and ethnic groups, services are offered regardless of income and assets, and a concerted effort is made to educate mandated reporters throughout the county. Preventive Healthcare for the Aging (PHCA) and the Senior Health Outreach Prevention Program (SHOPP) are examples of well planned countywide service; all areas of Orange County are served by PHCA and SHOPP.

Looking at the areas with high concentrations of individuals 55
and older, service planners can begin to add outreach and recruiting in those areas to their long range plans. By utilizing population information about the baby boomer population, gaps in service delivery and utilization in the future can be minimized.

Finally, this analysis is by its very nature incomplete, because it does not include the myriad of private agencies, both nonprofit and for-profit, which are providing services to older adults. This is a starting place.

The findings from this analysis are intended only to identify those communities with obvious need so that service providers and planners can set service expansion priorities. Achieving a successful result will depend on the collaboration and dedication of all the key stakeholders vital to the delivery of services to the older adults of Orange County.
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