Aging Services Collaborative of Santa Clara County

Participating Organizations

- Council On Aging Silicon Valley, San Jose, CA
- Santa Clara County Department of Aging and Adult Services, San Jose, CA
- The Health Trust, Campbell, CA
- City of San Jose Department of Parks, Recreation and Neighborhood Services, San Jose, CA
- Catholic Charities of Santa Clara County, San Jose, CA
- San Jose State University Center for Healthy Aging & Multicultural Populations, San Jose, CA
- Family Caregiver Alliance, San Francisco, CA
- Sage Eldercare Solutions, Millbrae, CA

Please note that all data below was derived from the collaboration's nomination for the Collaboration Prize. None of the submitted data were independently verified for accuracy.

Formation
**Type of Collaboration:** An alliance or similar collaborative structure through which members retain structural autonomy and have defined roles and responsibilities to achieve specific social goals or purposes

**Geographic Scope:** County

**Collaboration Focus Area:** Other

**Population Served:** Aging and Elderly

**Year Collaboration was Established:** 2007

**Goals Sought Through Collaboration:**
- Develop a stronger / more effective "voice"
- Improve the quality of services / programs
- Address unmet and/or escalating community need

**Reasons Prompting Collaboration:**
- Advancement of a shared goal
- Response to a community need

**Who Initiated Collaboration:**
- Executive Director(s) / CEO(s) / President(s)
- Community leader(s) / organization(s)

**Number of Participating Organizations:** >10

**Nature of Funder Involvement:** Provided endorsement of the project

**Were Partners Added or Dropped?** No

**Consultant Role:**
- To facilitate negotiations or discussions that led to the formation of the collaboration
- To develop a business plan or strategic plan for the collaboration
- To assist in identifying or assessing partners

Originally formed in July 2007, the Aging Services Collaborative of Santa Clara County (ASC) is a consortium of organizations and individuals working together to provide leadership and build community-wide capacity to support, maintain, and promote the well-being of older adults and their caregivers in Santa Clara County.

The vision of the ASC is that older adults of all ages and diverse cultures are valued members of their community, are actively engaged, and have a range of options that meet their diverse needs as they age in place. The ASC is guided by a 10-year master plan for enhancing the well-being of seniors that was developed by the County of Santa Clara and the City of San Jose in December 2004.

During the past three years the collaborative has served as means for community organizations to network, exchange information, and move forward with objectives and strategies designed to provide leadership and address goals for improving the lives of Santa Clara County seniors.

The core member agencies of the ASC are standing members of the Executive Committee and include: the Council On Aging Silicon Valley (Area Agency on Aging), The Health Trust, Santa Clara County Department of Aging and Adult Services and the City of San Jose Office on Aging. Membership in the ASC is open to all individuals and agencies that support the mission and vision of the ASC and desire to participate in ASC activities. Thus far, the ASC’s core member agencies have remained intact.

The collaborative now consists of more than 50 organizations and 75 active individuals, including city and county agencies, faith-based and non-profit organizations, and other community advocates.

**Management**

**Management Structure:** Management team / oversight committee with representatives from each partner
Leaders at the four core member agencies initially developed the ASC structure along with representatives from local elected officials, United Way and other key stakeholders. The Health Trust has served as the fiscal sponsorship providing staff support for the ASC with management and oversight provided by the Executive Committee. One year after its formation, the Executive Committee modified its structure in an effort to clarify roles among groups and expand participation on the Executive Committee.

The management and oversight role of the Health Trust staff is crucial to the success of the collaborative. The Executive Committee meets monthly and makes decisions on the budget, strategic direction and operations of the ASC, but the staff carries out or oversees all of these decisions and the implementation of the strategic plan. The Executive Committee currently consists of 15 members, with four core member agencies plus a co-chair representative from each of the three ASC Teams and 3-5 at-large members.

The full ASC meets five times per year to support the work of the Collaborative; to promote learning and professional development via educational and best-practices presentations; and to facilitate networking opportunities. The ASC has three Teams whose activities have included: an annual Caregiver Conference, regular professional development trainings with an emphasis on showcasing best practices, collaborative website development, promotion of key entry points for older adults and their caregivers, and advocacy to maintain or expand the level and quality of programs for older adults. The ASC structure also includes a Consulting Council whose primary role is providing ad hoc consultation to the ASC and its Teams on selected priority areas, such as policy, legislation, and advocacy.

**Challenges**

**Challenges to Making the Collaboration Work:**

- Achieving shared vision
- Raising funds or integrating fund development to support the collaboration
- Internal and external communication

Challenges encountered include: time restrictions of ASC members, members primarily interested in promoting their program or services, and balancing the role of staff with ASC members. To engage members who have restricted time and are often unable to attend meetings, we offer regular and concise email communications, meetings held at different locations in the county, conference call capacity, and access to presentation materials online.

To discourage unsolicited ‘selling’ of member services, policies have been developed around presentation content and the sharing of members’ email addresses. In addition, the value of working together toward a larger goal; ‘what can the collaborative do that we cannot do individually’ is emphasized frequently and promoted by ASC leadership. ASC staff uses a variety of communication and project management tools to foster member-ownership and leadership development and to facilitate members in leading and managing team meetings and activities more efficiently.

**Impact**

**Internal Efficiencies and Effectiveness:**

- Fund development - Access to new / more sources of funding
- Human resources - Shared and / or improved training and professional development
- Improved marketing and communications, public relations and outreach - Improved marketing and communications, public relations and outreach

**Community Impact:**

- Increased collaboration with / among other community organizations (beyond the scope of the original collaboration)
- Stronger / more effective "voice"
The ASC in partnership with the Health Trust selected an empowerment evaluation approach to guide the work of the collaborative that is designed to help the program accomplish its objectives and to improve program performance. The evaluation incorporates elements of the Center for Effective Philanthropy’s performance measurement model into its framework and includes both process and outcome evaluation, measuring five distinct outcomes: collaboration, implementation, reach, short term impact and long-term impact.

The ASC’s five-year outcome is that a coordinated and strong leadership is in place that changes attitude and assumptions about aging and builds an effective, seamless service delivery system in Santa Clara County. Annual objective, outputs and outcomes are developed, and progress year-to-date is tracked as part of The Health Trust’s overall evaluation framework.

Over the past three years, we have benefited greatly from our evaluation efforts. Information gathered from this process has regularly informed and shaped both the structure of the ASC and its focus. An annual survey of all members provides data on topics desired for future presentations and learning, feedback on advocacy priorities, leadership, and the effectiveness of our communication. In addition, the evaluation creates an accurate picture of the ASC’s accomplishments that enables an annual sharing of these achievements and raises awareness of our goals and mission in the broader community.

**Model**

The ASC is a model collaboration with broad community participation that has the potential to sustain long term impact in our region. We have envisioned a community in which the work of our collaborative has achieved four distinct impacts:

1. The ASC will be seen as a leader in building an aging friendly community and as a source of leading edge information and positive systems change throughout Santa Clara County.
2. Fragmented system of care will be replaced by an effective, seamless and accessible system of care for seniors, caregivers and families in Santa Clara County.
3. Seniors, caregivers and the public at large will understand what is needed for healthy aging and will know about and access services that support healthy aging.
4. Santa Clara County will become an aging friendly community that knows about and utilizes best practices in service delivery to seniors and families.

**Efficiencies Achieved**
The Aging Services Collaborative of Silicon Valley (ASC) is a consortium of organizations and individuals working together to provide leadership and build community-wide capacity to support, maintain, and promote the well-being of older adults and their caregivers in Santa Clara County. While cost efficiencies and savings were not a primary goal in the formation of the collaborative, there is substantial evidence after three years that the ASC has provided cost savings to its members, raised and leveraged significant increased revenue for services to older adults and created a forum for continued work in this area. Since its inception, theASC has responded to the needs identified by individual members and organizations for information, coordinated planning, professional development and shared resources. This has included exploring innovative solutions to alleviate the financial constraints facing many organizations serving older adults. The ASC’s 2011 Strategic Plan focuses on continued work in professional development, sharing of best practices, leadership, advocacy for older adult issues, outreach and collaborative planning to raise awareness of existing resources and to fill service gaps.

Over the past two years, the ASC has conducted 18-20 professional development workshops with an average attendance of 18 member participants. The topics are selected with member input and the knowledge gained enhances their ability to effectively serve older adults. Topics have included: grant writing, serving diverse populations, housing options, best practices in older adult programs, elder abuse and media-advocacy. These trainings are considered invaluable by participants as reflected in ongoing evaluations and member satisfaction surveys. The estimated costs for purchasing equivalent trainings range from $100 for a single workshop to a $700 conference registration fee where best practices are typically showcased. In addition, the ASC has allocated new revenue to provide $3,000 in scholarships for 8-10 members to attend conferences in aging this year. Without this support, none of the providers would be able to participate in professional conferences as their budgets do not allow for this.

The ASC has also garnered new funding revenue from its four ASC core partners to support the management and work of the ASC. Over four years, this totals $569,026 including the current fiscal year. An additional $16,000 in event sponsorships has been secured over two years to support the ASC’s “Caregivers Count Conference”: an education, resource and support event for family and informal caregivers. At least two new programs were funded as a result of the ASC’s work including an ASC grant of $25,000 for the creation of an affordable housing locator on-line tool and a leveraged $100,000 grant from one of its member agencies to pilot a hospital-to-home transition program. Finally, the Collaborative has received in-kind staff support at an estimated value of $28,500 through the use of volunteer and intern resources for engagement and promotion of the ASC work.

The Collaborative has also facilitated partnerships with other community organizations resulting in synergy and joint planning that improves the effectiveness of existing services for older adults and expansion of programs. Some examples include centralized information and assistance on-line resource system, expanded caregiver training programs, caregiver resource tools and outreach, and advocacy around older adult issues. The Collaborative is perceived as an authoritative voice and resource for older adult issues in Santa Clara County. As a lead advocate in the creation of a Senior Nutrition Task Force charged with identifying solutions for future program viability, the ASC successfully leveraged a $75,000 grant to support the task force work and report.

Evaluation of the ASC’s work and measurement of the value to members is ongoing. Data is collected in a variety of ways including workshop evaluations, targeted interviews with ASC leadership, an annual member survey and focus groups. Additional data on advocacy activities, grants and ASC expenses, stakeholder engagement and outreach is tracked by ASC staff throughout the year. Feedback from members is consistently positive and is used to inform the future direction and work of the ASC. Evaluation data indicates that networking opportunities have proved invaluable to members who report that outreach and client referrals have increased through their information sharing and agency promotion process.

Evolution
The ASC was formed in response to the lack of leadership present around issues of importance to older adults in our community. This void of leadership and coordination was identified as the number one issue in a comprehensive needs assessment and ten year plan for older adults released in 2005 – Community for a Lifetime. One year later, this lack of leadership was evident in the fact that very little had been done to implement the plan and a group of individuals including funders, city and county officials, seniors and providers came together to explore next steps. A group of four core agencies agreed to form the collaborative, jointly fund its work and develop shared leadership to implement key objectives in the plan.

The ASC structure was designed to maximize engagement of individuals and providers at all levels by offering multiple opportunities for participation including executive leadership, project work groups, consultation and/or attendance at our All-ASC Meetings held five times per year. An Executive Committee was initially formed with the four core agencies represented but such a small group proved limiting and was expanded in year two to include additional co-chair representatives from ASC Teams, and at-large members representing diverse populations, community-based organizations, older adult advocates, and geographically underrepresented communities.

A ‘Policy Team’ later changed to ‘Consulting Council’ included elected officials and their aides, key stakeholders and others leaders or officials unable to engage at a committee level or to attend regular meetings but who have a keen interest and commitment to the well-being of older adults. Their role is to provide ad hoc consultation to the ASC and its teams on selected priority areas such as policy and advocacy. An initial challenge with the collaborative’s structure was aligning and focusing goals and managing communication between groups but this was addressed over the first two years with expansion of executive committee membership, incorporating committee reports at the All-ASC meetings and formalizing an annual inclusive strategic planning process. In addition, communication has been streamlined using an ASC website, newsletter and weekly e-blasts as needed.

Annual surveys and periodic focus groups collect feedback from ASC members on the benefits of their participation. These consistently reflect very positive input on the value of the collaborative including the importance of a central place or “resource hub” for: information about the aging network, new resources and best practices, coordinated advocacy, professional development and networking. The ASC is also valued for its influence and leadership with policymakers, as a forum to collaboratively resolve problems, improve the delivery of services and inform the broader community about aging issues.

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