

United Way Silicon Valley  
**A Narrative View -  
Stability - Through Supporting Families and  
Communities**

January 18, 2007

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**COMMUNITY OVERVIEW**

Santa Clara County is one of the most expensive places to live, with over 25% of the population living in households below the self-sufficiency level. In these households, individuals are often forced to choose between the most basic needs of life. At times, it is the choice of paying rent, or purchasing food for the family. There is little or no discretionary income after food and housing to pay for health care or unexpected emergencies. The high cost of living in this region is impacted by the high housing costs. In 2003, one-child and two-child families paid an average of \$1,821 in monthly housing costs, and three-child families paid an average of \$2,496. With the numerous factors that impact our daily lives, it is difficult for many individuals and families to attain the quality of stability resistant to sudden change and maintain emotion well-being and health.

Due to the continued poor economic conditions of the valley, the demand for basic services has increased over the past few years as job loss, incidents of serious illness, violence, and substance abuse disrupt the lives of families. As these families attempt to balance their everyday lives, the loss of benefits, a physical or mental health diagnosis, or the need to care for another in crisis can chip away at the foundation creating a need for short-term crisis intervention.

United Way has historically played a role in crisis resolution and will continue to support clients with the foundation of basic sustenance of housing, food, and clothing. It is far more cost effective, both in dollars and human lives, to stabilize people in permanent housing than it is to allow a family to be evicted and bear the cost of locating available shelter space and accumulating sufficient funds for relocation. That is why the Basic Human Needs program is the foundation of United Way Silicon Valley's Community Impact Strategy of Stability.

United Way will continue to provide support services for community members in need by devoting stabilizing resources and investing in three Focus Areas:

- I. Basic Human Needs**
- II. Access to Health Care**
- III. Counseling & Support**

## **I. Focus Area: Basic Human Needs**

### **HOUSING AND HOMELESSNESS**

Santa Clara County ranks among the highest in the country in the percentage of part-time and temporary employees in the workforce. Most of these jobs provide no benefits (primarily medical insurance and paid sick leave). One illness, doctor visit, or expensive prescription can wipe out a family's meager savings if, in fact, they have any at all.

The 2004 Santa Clara County Homeless Census resulted in a count of 7,646 homeless people on the streets, in emergency shelters, transitional housing, domestic violence shelters, hospitals, jails and rehabilitation facilities.

Retaining housing is also a crucial issue in our county. The economic downturn is still affecting individuals and families; the real median household income has fallen in the past three years, meaning that most families are earning significantly less money than they did in 2001. In comparison to the rest of the country, Santa Clara County incomes still appear quite high; our median household income is the tenth largest in the nation, even after three years of sharp declines.<sup>1</sup> However, the numbers don't reflect our area's high cost of living, also among the highest in the nation. Even though incomes have dropped, the costs of essential goods and services, particularly housing, health care, and transportation has remained high, therefore creating further hardships for Santa Clara County residents. The cost of rental units fell slightly from 2000 to 2004, but not at the same rate as incomes resulting in renters paying a larger percentage of their income for housing than they did in 2000.

Developing cost effective measures to prevent homelessness and assisting those who are homeless are needed. Programs should be holistic in approach and address the legal, economic, environmental and psycho-social factors that influence people and place them at risk.

### **FOOD INSECURITY**

In 2004, 327,000 people in Santa Clara County, or 20% of residents, were estimated to be living in food-insecure households. The Health Trust – Meals on Wheels program identified that from the 325 clients served daily, the average age of the client is 82 years old. An estimated 76,119 children in the County were considered eligible for a free/reduced price school breakfast, but it was estimated that 53,282 of these children were not receiving one.

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<sup>1</sup> Economic Policy Brief - Squeezing The Middle Class, Working Partnerships USA

One UWSV Emergency Assistance agency who surveyed their clients reported that 56% said that using the food pantry helped prevent hunger, and 40% use the food pantry on a weekly basis.

## **DEPENDENT CARE**

Affordable child care is essential for working parents, parents in job training, or job seekers, who need 0-5 care and after school care. Families with limited financial resources, who qualify for child care subsidies, are placed on extensive waiting lists for subsidies. Working families that earn minimum wage (\$14,000/year) will pay nearly two thirds of their income for child care in a licensed pre-school facility.

The senior population in Santa Clara County, like most urban communities, is getting older. Dwindling health and resources make the simplest of needs difficult to meet. Affordable housing for those with very low income is almost non-existent. If a senior living on SSI should need a board-and-care home they would not be able to find one anywhere in Santa Clara County. The Council on Aging estimates they meet less than 5% of seniors needs for in-home support. Seniors' pensions and social security benefits do not cover basic costs of living. Medical co-payments and annual fees have increased substantially. More medications are sold over the counter and are not covered by any insurance, including Medicare. The cost of prescription drugs has many seniors making decisions between buying nutritional food and needed medications. One major factor associated with risk of illness, injury and premature institutionalization is living arrangement, particularly living alone. The family trying to carry the responsibility for their parent will also experience many of these burdens, not only the senior. Due to a lack of resources, more seniors will become homeless, suicide rates are likely to increase and various forms of abuse, most abundantly financial and emotional, will increase. Shelters specifically designed for seniors are needed. In-home visits and group housing designs that encourage social interaction will help manage depression while a national program for prescription drugs will allow precious resources to be used for food, clothing and shelter.

Nursing home care in Santa Clara County ranges from \$3300 to \$7000 per month (*Willow Glen Resident*, March 6, 2002). Persons aged 60 and over account for 13.8% of the County's total population (*Santa Clara County /Planning, Demographic Characteristics Profile, 2000*). The average caregiver spends about eight years providing care, with about one-third of caregivers providing care for 10 or more years (AARP and Nat'l Alliance for Care giving). A person in need without a primary caregiver is almost five times more likely to be recommended for nursing home placement than is a person with a caregiver (Univ. of Michigan study, cited by National Council on the Aging). According to a MetLife study, the average cost of care giving in lost productivity to U.S. business may exceed \$29 billion per year, due to 18% caregiver employees having to quit, 42% reducing work hours, and 58% clinically depressed (Family Caregiver Alliance survey).

UWSV Stability strategy will focus on crisis stabilization, which refers to immediate response to a crisis situation to ensure safety of the individual(s) involved, or may refer to crisis involving housing, health, victims of violence or severe family management problems. UWSV will support basic human needs that will include shelter, food, clothing and dependant care:

**Shelter**

- Temporary or emergency shelter for individuals and families: emergency shelters usually provide housing for a maximum of 90 days and may include case management.
- Transitional shelter or housing: longer-term housing for individuals and families with multiple issues, such as chemical dependency, mental illness, and physical abuse. Transitional housing usually continues for up to two years and includes intensive case management.
- Eviction prevention providing resources and services to allow families and individuals to maintain current housing so they do not become homeless.

**Food**

- Community pantries that provide dry goods in a brown bag type program, holiday gift basket programs to supplement food stamps or offset family budgeting.
- Food Banks that warehouse and collect food for distribution, low cost purchasing by pantries and coordinating food distribution referral for the community.

**Clothing**

- Clothes closets, donation, and voucher programs available for residents to receive clothing for free or at a low cost rate.

**Dependent Care**

- Care for children, elder infirm and the disabled. Respite care which offers time away and relief for unpaid caregivers of individuals (children as well as adults) with disabling conditions that require full-time care.

**II. Focus Area: Access to Health Care**

**PHYSICAL HEALTH CARE**

Providing physical health, including primary care and health insurance, is a critical service area that United Way seeks to strengthen. There are an estimated 210,000 uninsured residents in our County, including 18,824 children. The uninsured population is more likely to put off seeking medical treatment or be able to pay out of pocket.

The dramatic downturn in the Santa Clara County economy, coupled with unemployment, means that many families can no longer afford health care insurance or have lost their jobs and health coverage. Due to the lack of health insurance, the services of community clinics are essential. Without health insurance to cover preventive care, many residents are delaying treatment until they become acutely ill. The county medical system is struggling to keep up with these changes. Meanwhile, community clinics are seeing a greater volume of patients and more seriously ill patients than ever. In addition, Santa Clara County is the most populous county in the Bay Area: having twice as many immigrants as any other county. Many residents speak English as a second language and need health care providers who are culturally and linguistically competent to provide appropriate care.

Prenatal and well-baby care is important for Santa Clara County ethnic populations, since statistics demonstrate that minority populations have increasing birth rates, often receiving little pre- or post-natal care. Asian/Pacific Islanders represented only 26% of the population of Santa Clara County in 2000, but accounted for 32.5% of all the births, an increase of 45% from 1993. While only 13.4% of all births in Santa Clara County were born with late or no prenatal care, 13.5% of Asian/Pacific Islander women received late or no prenatal care in 2000 placing them third among all ethnic groups for late or no prenatal care.

## **MENTAL HEALTH CARE**

Without quality community based services that provide mental health care services, the community will bear the increasing health care costs through increased emergency room visits, homelessness, and an overburdened criminal justice system. The recent Santa Clara County homeless count identified that on any given night over 7,500 people are homeless and at least one third of that population have a mental health diagnosis. As with other health care issues, minorities are greatly impacted. Misdiagnosis and inadequate treatment often occur in minority communities. Contributing factors include a general mistrust of medical health professionals, cultural barriers, co-occurring disorders, socioeconomic factors, and primary reliance on family and the religious community during times of distress.<sup>2</sup>

Hispanic/Latino children (52.2%) age 17 and younger make up the majority of child psychiatric patients in Santa Clara County followed by Caucasian children (23.1%), Asian/Pacific Islander children (12.2%) and African American children (10.7%). In addition, 90% of adolescent suicide victims have at least one diagnosable, active psychiatric illness at the time death — most often depression, substance abuse, and conduct disorders. According to one study, approximately 50% of these had a psychiatric diagnosis for two years or more.<sup>3</sup> A study done by psychology researchers at Teachers College of Columbia University focused on sophomores in high school and was published in the Fall of 2002 in the journal “Child Development.” It found more anxiety,

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<sup>2</sup> Did you know? Statistics - National Mental Health Association

<sup>3</sup> American Foundation for Suicide Prevention

somewhat more depression and higher levels of alcohol and drug abuse in an unnamed affluent suburb compared with the inner city and the nation as a whole.

In our community, Caucasian adults aged 18 to 59 make up the largest racial/ethnic group among adult psychiatric patients (47.5%). However, services should be culturally appropriate since other minority populations have a high percentage of need: Latino/Hispanic adults (22.0%); Asian/Pacific Islander adults (21.6%); and African American adults (7.6%).

The fear of stigma associated with having a mental illness continues to deter people who need treatment from seeking it. The community must be educated so that people with early signs of mental illness can get treatment when it will do the most good. Research is showing that early intervention helps minimize serious brain damage from psychotic episodes. Further research needs to be done to determine how to make these evidence-based practices available to the community.

UWSV Stability strategy will support health care needs, stabilizing families and individuals to avoid additional crisis. Providing access to health care will include:

**Physical Health Care**

- Focusing on primary care, community clinics and programs for those without health insurance.

**Mental Health Care**

- Providing services that address both adult and family mental health issues.

**III. Focus Area: Counseling and Support**

**VIOLENCE IN OUR COMMUNITY**

On average, everyday, three women are murdered by their husbands or boyfriends in this country, and nearly one in every three American women report being physically, sexually, or verbally/emotionally abused by their husbands or boyfriends at some point in their lives. It is estimated that 40% of these types of crimes in Santa Clara County involve children ages 6 and under, and 30% to 70% of children in our community are exposed to violence.

The rate of domestic violence is 357 per 100,000 residents, with highs of 541 in Campbell, 512 in Gilroy, and 428 in San Jose; the aggravated assault rate is 344 per 100,000, with highs of 544 in Gilroy and 500 in San Jose.

Domestic violence and or domestic abuse cases are complex, as are client needs. While there is an increase in access to services, there is not enough information getting to immigrant populations. Over 2002-2003 there was an increase of 3% in the number of

Asian domestic violence clients. Community organizations have noted increasing requests for services to battered immigrant women and their children. Immigrant women, fearing deportation, remain in severely abusive relationships because their status in this country is dependent on their abusive spouse. For women with American-born children, leaving their children behind means they may never see them again.

Domestic abuse among the senior population is also on the rise. Due to the rise of housing costs, many seniors give up their independence and are forced into shared housing arrangements with family members or persons that rent rooms from them. A case study by Senior Adult Legal Services (SALA) indicates that this scenario continues to be a factor contributing to the significant number of elder abuse (primarily domestic abuse) cases seen by SALA. For 2004-2005, elder abuse cases comprised approximately 40% of SALA's open caseload. Six years prior to 2004-2005, these matters were 9% of their caseload. Cases involving abuse by adult children or grandchildren living in the household of an elderly relative comprise a vast majority of SALA's current elder abuse cases. SALA also notes that seniors are at risk when a tenant or lodger becomes abusive, even threatening to kill the elder if he/she attempts to evict the tenant.<sup>4</sup>

Violence in adolescent or juvenile populations is on the rise as well. Violence in dating relationships is an increasing problem and can result in long-term trauma for the victims. Violence in dating relationships among youth could be the precursor to violence in adult relationships. Statistics indicate that there may be a progression from hurtful teasing and gossiping to serious forms of violence, such as pushing, smashing, and punching a boyfriend or girlfriend. Relationship violence has been associated with other serious behaviors such as alcohol and drug abuse, depression and more.<sup>5</sup>

Gang membership intensifies delinquent behavior. Risk factors that may predict gang involvement include prior involvement in delinquency, especially violence and drug use.<sup>6</sup> Youth and adult violence are often related to mental illness and/or substance abuse: the Santa Clara County Department of Correction estimates that approximately 80% of the jail population has drug abuse or alcohol problems. This alone represents 48,000 individuals with a substance abuse problem. At 4.8 cases per 1,000, the rate of Santa Clara County juvenile misdemeanor drug arrests in 2003 was greater than the State rate of 3.7 per 1,000. The rate of felony drug arrests was also slightly greater than the State rate (1.5 and 1.3 per 1,000 respectively).<sup>7</sup>

## **SUBSTANCE ABUSE ISSUES**

Community organizations have reported that the use of methamphetamines among clients has increased from 34% in FY01 to 42% in FY03. Alcohol abuse is the second most

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<sup>4</sup> Senior Adults Legal Assistance, Trends Data , 2004 Year –End Report

<sup>5 6</sup> 2005 Santa Clara County Children's Report: Key Indicators of Well-being

<sup>7</sup> State of California Department of Justice, *California Criminal Justice Profile*, 2004

common primary substance of abuse among clients (22% in FY03), followed by marijuana/hashish (13% in FY03), cocaine (9% in FY03), heroin (8% in FY03) and PCP (2% in FY03).

Substance abuse is cyclical. In the 70s it was heroin, the 80s was crack cocaine, 90s and now it is methamphetamine. Methamphetamine (METH) is reaching epidemic proportions; sixty to seventy percent of the clients served by Pathway Society are for Methamphetamine addiction with clients ranging in age from 12 – 42.

Why is Methamphetamine the drug of choice today? It is not expensive; it is cooked in the rural areas surrounding the urban areas.

## **IMMIGRANT & REFUGEE POPULATIONS**

Immigrants or persons born outside the United States constitute over one-third of the population of Santa Clara County. With their US-born children, they comprise well over 60% of the county population, or 1.1 million persons out of 1.7 million.

Almost all immigrants arriving in Santa Clara County have special needs that US-born county residents do not. These include the need to adjust their legal status to become a lawful permanent resident (green card holder) or naturalized citizen; to become proficient in English and civics; to receive language proficient community education so that they understand the services, benefits, and educational/vocational opportunities available to them; and access to culturally proficient stability services (food housing, clothing, transportation, child care, and physical and mental health services).

Two special sets of immigrants in Santa Clara County are refugees and undocumented immigrants:

Refugees are of two types. Refugees admitted under the Refugee Act of 1980 are selected by the President of the United States, who decides how many can enter the United States from which countries. Historically they come from Communist nations (e.g. Vietnam, Cuba, and former Soviet Union) or nations torn apart by religious or ethnic strife (e.g. Iran, Somalia, and Ethiopia). The second type of refugees are those seeking asylum, who must meet the same legal standard inside the U.S. that refugees meet in refugee camps: a well founded fear of persecution based upon political opinion, religion, race, ethnicity, or membership in a particular social group.

Individuals seeking asylum historically have come from countries not necessarily favored by US foreign and refugee policy: El Salvador, Guatemala, the Philippines, Peru, and Punjab Indians are examples. Once granted refugee or asylum status, the recipient becomes eligible for work authorization, state and federal benefits, a social security card, and a path to U.S. citizenship. There are thousands of refugees in Santa Clara County.

Undocumented immigrants are also of two types. There are those who crossed a border without inspection and those who entered with inspection but overstayed their visa. The largest groups of the former are Mexican and Central American, as they undergo convulsive dislocation of their labor force due to the forces of globalization. This is especially so in rural areas, where local farmers cannot compete with subsidized US corn and wheat under free trade, and in multinational industry, that increasingly abandons Mexico and Central America and moves to China, India, and Indonesia, where the cost of doing business is one-fourth of Mexico (Mexico's costs are about one-tenth of costs in the United States).

The largest group of the latter in Silicon Valley are Asian, who enter on temporary work visas and do not return to their home country once they have an expired visa, they are unable to obtain a labor certification (leading to a green card), and they fall out of status.

Both groups of undocumented immigrants—together comprising tens of thousands of immigrants (as many as 100,000 persons) in Santa Clara County—have critical needs. However, the former group typically has greater needs due to the lack of ever having received work authorization, a social security number, or a driver's license; due to their much lower educational level (typically a 6<sup>th</sup> to 8<sup>th</sup> grade education versus a college education); and due to their lack of English (English is required of those entering on a temporary work visa).

The large number of refugees and undocumented immigrants in Santa Clara County pose special issues of economic, social, and civic integration as well as huge problems of family stability. The latter is particularly true because a large percentage of families are mixed status families (parents born abroad with US-born children) and another large percentage suffer from the mental and social anguish of family separation (leaving family behind in Mexico or Central America, for example).

## **GRIEF COUNSELING AND CONCERN**

Grief counseling and the need for chronic and end-of-life care counseling services will increase with the maturing of the baby boomers in California. Hospice care and service needs will escalate in a number of arenas. Many seniors will be isolated and lonely facing a terminal illness with minimal community support, or local family or friends. Grief services will be integral to the provision of counseling related to loss (e.g. traumatic life issues for adults and children such as death, violence, loss of job, health and substance abuse). Additionally, the escalating need for counseling services for the chronically sick that enhance psycho-social support, companionship and help with practicalities is cause for concern. As the number of patients requiring hospice in skilled nursing facilities and residential care units increase we can anticipate serving more patients in alternate living environments besides their own home.<sup>8</sup>

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<sup>8</sup> Hospice of the Valley, Trends Data , 2004 Year –End Report

The availability of timely hospice care to those who are most vulnerable is being seriously jeopardized. Decreased government funding, restricted access to health services and the projected growth in population and caregiver crisis within our community will undoubtedly have grave consequences to those who are in need of hospice and bereavement services. Between 2000 and 2040, the 60+ population in Santa Clara County is expected to increase 170%. End-of-life care and palliative care will grow increasingly important as more people live longer.<sup>9</sup>

United Way Silicon Valley understands the ongoing need for counseling and support that includes reducing violence, whether it is domestic or juvenile delinquency. Alcohol and drugs affect a high percentage of gang violence. Because of pain, loss and grief people are turning to adverse behaviors. Many substance abuse clients have a great history of grief and loss, the loss of something that they never had or experienced, or something that has happened to them. Immigrants and refugees have huge needs with respect to legal issues, and mental health counseling (not only to treat Post Traumatic Stress Syndrome for the tortured and persecuted, but also to treat severe depression as immigrants become lost in this society and lose the high self-esteem they enjoyed in their home countries). The underlying dilemma is that each of these issues; violence, substance abuse, and loss are inter-related and cannot be focused on in isolation. There are inherent and systemic social problems that are responsible for creating these macro cultural issues.

UWSV will offer the focus area of counsel and support that will provide programs and resources in the following areas:

**Violence**

- To include domestic violence, gang and youth violence diversion programs

**Substance Abuse**

- Alcohol and drug counseling for youth and adults, prevention education and recovery programs

**Immigration Needs**

- Assistance with legal status, programs that meet cultural and linguistic needs; focus on education and information on access to culturally sensitive programs.

**Grief**

- Grief counseling and counseling for end of life, traumatic life issues, post traumatic stress for children/adults, with special interest for immigrants and seniors. Identification of at risk seniors who live alone and connecting them to resources. Interventions could be designed that would allow for outcome measures that would target physical, psycho-social and spiritual stabilization.

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<sup>9</sup> Hospice of the Valley, Trends Data , 2004 Year –End Report

In conclusion, stability services such as housing, food security, clothing, health services, and mental health/violence/substance abuse counseling are of little value if not done in a manner that is both linguistically competent and also culturally sensitive. The three focus areas that comprise the Stability Impact Strategy are intertwined. Each area can impact another - mental health issues can impact housing and homelessness, and substance abuse may lead to crime or other abuse. It is a delicate balance between stability and self-sufficiency. Individuals often walk back and forth between the two striving for independence and well-being.